



Health Choice Utah Medicaid

PREFERRED DRUG LIST

LISTA DE MEDICAMENTOS PREFERIDOS

HEALTH | CHOICE
UTAH

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. |
| HYB | Hybrid PDL Preferred | Preferred status on the Utah Department of Health & Human Services' Hybrid Preferred Drug List (PDL) |
| HYB | Hybrid PDL Non-Preferred | Non-Preferred status on the Utah Department of Health & Human Services' Hybrid Preferred Drug List (PDL) |

| 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 XR-ODT 12.5 MG TAB ER DISP</i> | 8 | |
| <i>ADZENYS XR-ODT 15.7 MG TAB ER DISP</i> | 8 | |
| <i>ADZENYS XR-ODT 18.8 MG TAB ER DISP</i> | 8 | |
| <i>ADZENYS XR-ODT 3.1 MG TAB ER DISP</i> | 8 | |
| <i>ADZENYS XR-ODT 6.3 MG TAB ER DISP</i> | 8 | |
| <i>ADZENYS XR-ODT 9.4 MG TAB ER DISP</i> | 8 | |
| <i>amphetamine sulfate tab 10 mg</i> | 8 | QL |
| <i>amphetamine sulfate tab 5 mg</i> | 8 | QL |
| <i>amphetamine tab extended release disintegrating 12.5 mg</i> | 8 | QL PA AL1 At least 6 yrs old |
| <i>amphetamine tab extended release disintegrating 15.7 mg</i> | 8 | QL PA AL1 At least 6 yrs old |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------------------|
| <i>amphetamine tab extended release disintegrating 18.8 mg</i> | 8 | QL PA AL1 At least 6 yrs old |
| <i>amphetamine tab extended release disintegrating 3.1 mg</i> | 8 | QL PA AL1 At least 6 yrs old |
| <i>amphetamine tab extended release disintegrating 6.3 mg</i> | 8 | QL PA AL1 At least 6 yrs old |
| <i>amphetamine tab extended release disintegrating 9.4 mg</i> | 8 | QL PA AL1 At least 6 yrs old |
| <i>DESOXYN 5 MG TAB</i> | 8 | |
| <i>DEXEDRINE 10 MG CAP ER 24H</i> | 8 | QL |
| <i>DEXEDRINE 15 MG CAP ER 24H</i> | 8 | QL |
| <i>DEXEDRINE 5 MG CAP ER 24H</i> | 8 | |
| <i>dextroamphetamine sulfate cap er 24hr 10 mg</i> | 8 | QL |
| <i>dextroamphetamine sulfate cap er 24hr 15 mg</i> | 8 | QL |
| <i>dextroamphetamine sulfate cap er 24hr 5 mg</i> | 8 | QL |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> | 8 | |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> | 8 | |
| <i>dextroamphetamine sulfate tab 10 mg</i> | 8 | QL |
| <i>dextroamphetamine sulfate tab 10 mg</i> | 8 | QL |
| <i>dextroamphetamine sulfate tab 15 mg</i> | 8 | |
| <i>dextroamphetamine sulfate tab 15 mg</i> | 8 | |
| <i>dextroamphetamine sulfate tab 2.5 mg</i> | 8 | |
| <i>dextroamphetamine sulfate tab 2.5 mg</i> | 8 | |
| <i>dextroamphetamine sulfate tab 20 mg</i> | 8 | |
| <i>dextroamphetamine sulfate tab 20 mg</i> | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>dextroamphetamine sulfate tab 30 mg</i> | 8 | |
| <i>dextroamphetamine sulfate tab 30 mg</i> | 8 | |
| <i>dextroamphetamine sulfate tab 5 mg</i> | 8 | QL |
| <i>dextroamphetamine sulfate tab 5 mg</i> | 8 | QL |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| 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 | |
| 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>COTEMPLA XR-ODT 8.6 MG TAB ER DISP</i> | 8 | |
| <i>DAYTRANA 10 MG/9HR PATCH</i> | 8 | QL |
| <i>DAYTRANA 15 MG/9HR PATCH</i> | 8 | QL |
| <i>DAYTRANA 20 MG/9HR PATCH</i> | 8 | QL |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| JORNAY PM 100 MG CAP ER 24H | 8 | |
| JORNAY PM 20 MG CAP ER 24H | 8 | |
| JORNAY PM 40 MG CAP ER 24H | 8 | |
| JORNAY PM 60 MG CAP ER 24H | 8 | |
| 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>methylphenidate hcl cap er 40 mg (cd)</i> | 8 | QL |
| <i>methylphenidate hcl cap er 50 mg (cd)</i> | 8 | QL |
| <i>methylphenidate hcl cap er 60 mg (cd)</i> | 8 | QL |
| <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 ER(DIFFUS) 27 MG TAB ER</i> | 8 | QL |
| <i>METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB ER</i> | 8 | QL |
| <i>METHYLPHENIDATE HCL ER(DIFFUS) 54 MG TAB ER</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 diffusion 27 mg</i> | 8 | QL |
| <i>methylphenidate hcl tab er diffusion 36 mg</i> | 8 | QL |
| <i>methylphenidate hcl tab er diffusion 54 mg</i> | 8 | QL |
| <i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> | 8 | QL |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------------|
| <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 |
| <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 AL1 At least 6 yrs old |
| QUILLICHEW ER 30 MG CHER | 8 | QL AL1 At least 6 yrs old |
| QUILLICHEW ER 40 MG CHER | 8 | QL AL1 At least 6 yrs old |
| QUILLIVANT XR 25 MG/5ML SRER | 8 | QL AL1 6 to 99 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-----------------------------|------|-----------------------|
| 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 | |
| ALTERNATIVE MEDICINES | | |
| ALTERNATIVE MEDICINE - ME'S | | |
| melatonin chew tab 2.5 mg | 1 | |
| melatonin chew tab 2.5 mg | 1 | |
| melatonin chew tab 2.5 mg | 1 | |
| melatonin chew tab 2.5 mg | 1 | |
| melatonin chew tab 2.5 mg | 1 | |
| melatonin chew tab 2.5 mg | 1 | |
| melatonin chew tab 2.5 mg | 1 | |
| melatonin chew tab 2.5 mg | 1 | |
| melatonin tab 3 mg | 1 | |
| melatonin tab 3 mg | 1 | |
| melatonin tab 3 mg | 1 | |
| melatonin tab 3 mg | 1 | |
| melatonin tab 3 mg | 1 | |
| melatonin tab 3 mg | 1 | |
| melatonin tab 3 mg | 1 | |
| melatonin tab 3 mg | 1 | |
| melatonin tab 5 mg | 1 | |
| melatonin tab 5 mg | 1 | |
| melatonin tab 5 mg | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| <i>melatonin tab 5 mg</i> | 1 | |
| <i>melatonin tab 5 mg</i> | 1 | |
| <i>melatonin tab 5 mg</i> | 1 | |
| <i>melatonin tab 5 mg</i> | 1 | |
| <i>melatonin tab 5 mg</i> | 1 | |
| <i>melatonin tab 5 mg</i> | 1 | |
| <i>melatonin tab 5 mg</i> | 1 | |
| AMINOGLYCOSIDES | | |
| <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 1.2-0.9 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 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>STREPTOMYCIN SULFATE 1 GM RECON SOLN</i> | 1 | |
| <i>TOBI 300 MG/5ML NEBU SOLN</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <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>TOBRAMYCIN 300 MG/5ML NEBU SOLN</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <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>tobramycin nebu soln 300 mg/5ml</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <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>TOBRAMYCIN SULFATE 1.2 GM RECON SOLN</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| TOBRAMYCIN SULFATE 10 MG/ML SOLUTION | 1 | S Specialty Drug |
| tobramycin sulfate for inj 1.2 gm | 1 | |
| tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv) | 1 | S Specialty Drug |
| tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv) | 1 | S Specialty Drug |
| ZEMDRI 500 MG/10ML SOLUTION | 1 | |
| ANALGESICS - ANTI-INFLAMMATORY | | |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | | |
| ABRILADA (1 PEN) 40 MG/0.8ML AUT-IJ KIT | 1 | PA S Specialty Drug HYB |
| ABRILADA (2 PEN) 40 MG/0.8ML AUT-IJ KIT | 1 | PA S Specialty Drug HYB |
| ABRILADA (2 SYRINGE) 20 MG/0.4ML PREF SY KT | 1 | PA S Specialty Drug HYB |
| ABRILADA (2 SYRINGE) 40 MG/0.8ML PREF SY KT | 1 | PA S Specialty Drug HYB |
| ADALIMUMAB-AACF (2 PEN) 40 MG/0.8ML AUT-IJ KIT | 1 | PA S Specialty Drug HYB |
| ADALIMUMAB-AACF (2 SYRINGE) 40 MG/0.8ML PREF SY KT | 1 | PA S Specialty Drug HYB |
| ADALIMUMAB-AACF(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT | 1 | PA S Specialty Drug HYB |
| ADALIMUMAB-AACF(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT | 1 | PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| <i>ADALIMUMAB-AATY (1 PEN) 40 MG/0.4ML AUT-IJ KIT</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-AATY (2 PEN) 40 MG/0.4ML AUT-IJ KIT</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-AATY (2 SYRINGE) 20 MG/0.2ML PREF SY KT</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-AATY (2 SYRINGE) 40 MG/0.4ML PREF SY KT</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-AATY CD/UC/HS START 80 MG/0.8ML AUT-IJ KIT</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-ADAZ 10 MG/0.1ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-ADAZ 20 MG/0.2ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------------|
| <i>ADALIMUMAB-ADB M (2 PEN) 40 MG/0.4ML AUT-IJ KIT</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-ADB M (2 PEN) 40 MG/0.8ML AUT-IJ KIT</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-ADB M (2 SYRINGE) 10 MG/0.2ML PREF SY KT</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-ADB M (2 SYRINGE) 20 MG/0.4ML PREF SY KT</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-ADB M (2 SYRINGE) 40 MG/0.4ML PREF SY KT</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-ADB M (2 SYRINGE) 40 MG/0.8ML PREF SY KT</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-ADB M(CD/UC/HS STRT) 40 MG/0.4ML AUT-IJ KIT</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-ADB M(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-ADB M(PS/UV STARTER) 40 MG/0.4ML AUT-IJ KIT</i> | 1 | PA S Specialty Drug HYB |
| <i>ADALIMUMAB-ADB M(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT</i> | 1 | PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>ADALIMUMAB-BWWD 40 MG/0.4ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 205 1175 237">PA</div> <div data-bbox="1117 254 1360 285">S Specialty Drug</div> <div data-bbox="1117 302 1175 333">HYB</div> |
| <i>ADALIMUMAB-FKJP (2 PEN) 40 MG/0.8ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 361 1175 392">PA</div> <div data-bbox="1117 409 1360 441">S Specialty Drug</div> <div data-bbox="1117 457 1175 489">HYB</div> |
| <i>ADALIMUMAB-FKJP (2 SYRINGE) 20 MG/0.4ML PREF SY KT</i> | 1 | <div data-bbox="1117 516 1175 548">PA</div> <div data-bbox="1117 564 1360 596">S Specialty Drug</div> <div data-bbox="1117 613 1175 644">HYB</div> |
| <i>ADALIMUMAB-FKJP (2 SYRINGE) 40 MG/0.8ML PREF SY KT</i> | 1 | <div data-bbox="1117 672 1175 703">PA</div> <div data-bbox="1117 720 1360 751">S Specialty Drug</div> <div data-bbox="1117 768 1175 800">HYB</div> |
| <i>ADALIMUMAB-RYVK (1 PEN) 80 MG/0.8ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 827 1175 858">PA</div> <div data-bbox="1117 875 1360 907">S Specialty Drug</div> <div data-bbox="1117 924 1175 955">HYB</div> |
| <i>ADALIMUMAB-RYVK (2 PEN) 40 MG/0.4ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 982 1175 1014">PA</div> <div data-bbox="1117 1031 1360 1062">S Specialty Drug</div> <div data-bbox="1117 1079 1175 1110">HYB</div> |
| <i>ADALIMUMAB-RYVK (2 SYRINGE) 40 MG/0.4ML PREF SY KT</i> | 1 | <div data-bbox="1117 1138 1175 1169">PA</div> <div data-bbox="1117 1186 1360 1218">S Specialty Drug</div> <div data-bbox="1117 1234 1175 1266">HYB</div> |
| <i>AMJEVITA 10 MG/0.2ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 1293 1175 1325">PA</div> <div data-bbox="1117 1341 1360 1373">S Specialty Drug</div> <div data-bbox="1117 1390 1175 1421">HYB</div> |
| <i>AMJEVITA 20 MG/0.2ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 1449 1175 1480">PA</div> <div data-bbox="1117 1497 1360 1528">S Specialty Drug</div> <div data-bbox="1117 1545 1175 1577">HYB</div> |
| <i>AMJEVITA 40 MG/0.4ML SOLN A-INJ</i> | 1 | <div data-bbox="1117 1604 1175 1635">PA</div> <div data-bbox="1117 1652 1360 1684">S Specialty Drug</div> <div data-bbox="1117 1701 1175 1732">HYB</div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>AMJEVITA 40 MG/0.8ML SOLN A-INJ</i> | 1 | <div data-bbox="1117 205 1175 237">PA</div> <div data-bbox="1117 254 1175 285">S</div> Specialty Drug <div data-bbox="1117 302 1175 333">HYB</div> |
| <i>AMJEVITA 40 MG/0.8ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 365 1175 396">PA</div> <div data-bbox="1117 413 1175 445">S</div> Specialty Drug <div data-bbox="1117 462 1175 493">HYB</div> |
| <i>AMJEVITA 80 MG/0.8ML SOLN A-INJ</i> | 1 | <div data-bbox="1117 516 1175 548">PA</div> <div data-bbox="1117 564 1175 596">S</div> Specialty Drug <div data-bbox="1117 613 1175 644">HYB</div> |
| <i>AMJEVITA-PED 15KG TO <30KG 20 MG/0.2ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 667 1175 699">PA</div> <div data-bbox="1117 716 1175 747">S</div> Specialty Drug <div data-bbox="1117 764 1175 795">HYB</div> |
| <i>AMJEVITA-PED 15KG TO <30KG 20 MG/0.4ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 819 1175 850">PA</div> <div data-bbox="1117 867 1175 898">S</div> Specialty Drug <div data-bbox="1117 915 1175 947">HYB</div> |
| <i>CYLTEZO (2 PEN) 40 MG/0.4ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 970 1175 1001">PA</div> <div data-bbox="1117 1018 1175 1050">S</div> Specialty Drug <div data-bbox="1117 1066 1175 1098">HYB</div> |
| <i>CYLTEZO (2 PEN) 40 MG/0.8ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 1121 1175 1152">PA</div> <div data-bbox="1117 1169 1175 1201">S</div> Specialty Drug <div data-bbox="1117 1218 1175 1249">HYB</div> |
| <i>CYLTEZO (2 SYRINGE) 10 MG/0.2ML PREF SY KT</i> | 1 | <div data-bbox="1117 1272 1175 1304">PA</div> <div data-bbox="1117 1320 1175 1352">S</div> Specialty Drug <div data-bbox="1117 1369 1175 1400">HYB</div> |
| <i>CYLTEZO (2 SYRINGE) 20 MG/0.4ML PREF SY KT</i> | 1 | <div data-bbox="1117 1423 1175 1455">PA</div> <div data-bbox="1117 1472 1175 1503">S</div> Specialty Drug <div data-bbox="1117 1520 1175 1551">HYB</div> |
| <i>CYLTEZO (2 SYRINGE) 40 MG/0.4ML PREF SY KT</i> | 1 | <div data-bbox="1117 1575 1175 1606">PA</div> <div data-bbox="1117 1623 1175 1654">S</div> Specialty Drug <div data-bbox="1117 1671 1175 1703">HYB</div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------------|
| CYLTEZO-CD/UC/HS STARTER 40 MG/0.4ML AUT-IJ KIT | 1 | PA S Specialty Drug HYB |
| CYLTEZO-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT | 1 | PA S Specialty Drug HYB |
| CYLTEZO-PSORIASIS/UV STARTER 40 MG/0.4ML AUT-IJ KIT | 1 | PA S Specialty Drug HYB |
| CYLTEZO-PSORIASIS/UV STARTER 40 MG/0.8ML AUT-IJ KIT | 1 | PA S Specialty Drug HYB |
| HADLIMA 40 MG/0.4ML SOLN PRSYR | 1 | PA S Specialty Drug HYB |
| HADLIMA 40 MG/0.8ML SOLN PRSYR | 1 | PA S Specialty Drug HYB |
| HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ | 1 | PA S Specialty Drug HYB |
| HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ | 1 | PA S Specialty Drug HYB |
| HULIO (2 PEN) 40 MG/0.8ML AUT-IJ KIT | 1 | PA S Specialty Drug HYB |
| HULIO (2 SYRINGE) 20 MG/0.4ML PEF SY KT | 1 | PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>HUMIRA (1 PEN) 80 MG/0.8ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 205 1175 235">PA</div> <div data-bbox="1117 254 1175 283">S</div> Specialty Drug <div data-bbox="1117 302 1175 331">HYB</div> |
| <i>HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 365 1175 394">PA</div> <div data-bbox="1117 413 1175 443">S</div> Specialty Drug <div data-bbox="1117 462 1175 491">HYB</div> |
| <i>HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 516 1175 546">PA</div> <div data-bbox="1117 564 1175 594">S</div> Specialty Drug <div data-bbox="1117 613 1175 642">HYB</div> |
| <i>HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 667 1175 697">PA</div> <div data-bbox="1117 716 1175 745">S</div> Specialty Drug <div data-bbox="1117 764 1175 793">HYB</div> |
| <i>HUMIRA (2 SYRINGE) 10 MG/0.1ML PREF SY KT</i> | 1 | <div data-bbox="1117 819 1175 848">PA</div> <div data-bbox="1117 867 1175 896">S</div> Specialty Drug <div data-bbox="1117 915 1175 945">HYB</div> |
| <i>HUMIRA (2 SYRINGE) 20 MG/0.2ML PREF SY KT</i> | 1 | <div data-bbox="1117 970 1175 999">PA</div> <div data-bbox="1117 1018 1175 1047">S</div> Specialty Drug <div data-bbox="1117 1066 1175 1096">HYB</div> |
| <i>HUMIRA (2 SYRINGE) 40 MG/0.4ML PREF SY KT</i> | 1 | <div data-bbox="1117 1121 1175 1150">PA</div> <div data-bbox="1117 1169 1175 1199">S</div> Specialty Drug <div data-bbox="1117 1218 1175 1247">HYB</div> |
| <i>HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT</i> | 1 | <div data-bbox="1117 1272 1175 1302">PA</div> <div data-bbox="1117 1320 1175 1350">S</div> Specialty Drug <div data-bbox="1117 1369 1175 1398">HYB</div> |
| <i>HUMIRA 10 MG/0.1ML PREF SY KT</i> | 1 | <div data-bbox="1117 1423 1175 1453">PA</div> <div data-bbox="1117 1472 1175 1501">S</div> Specialty Drug <div data-bbox="1117 1520 1175 1549">HYB</div> |
| <i>HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 1575 1175 1604">PA</div> <div data-bbox="1117 1623 1175 1652">S</div> Specialty Drug <div data-bbox="1117 1671 1175 1701">HYB</div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>HUMIRA-PED>/=40KG UC STARTER 80 MG/0.8ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 205 1170 237">PA</div> <div data-bbox="1117 254 1170 285">S</div> Specialty Drug <div data-bbox="1117 302 1170 333">HYB</div> |
| <i>HUMIRA-PS/UV/ADOL HS STARTER 40 MG/0.8ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 365 1170 396">PA</div> <div data-bbox="1117 413 1170 445">S</div> Specialty Drug <div data-bbox="1117 462 1170 493">HYB</div> |
| <i>HUMIRA-PSORIASIS/UEVIT STARTER 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 516 1170 548">PA</div> <div data-bbox="1117 564 1170 596">S</div> Specialty Drug <div data-bbox="1117 613 1170 644">HYB</div> |
| <i>HYRIMOZ 10 MG/0.1ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 667 1170 699">PA</div> <div data-bbox="1117 716 1170 747">S</div> Specialty Drug <div data-bbox="1117 764 1170 795">HYB</div> |
| <i>HYRIMOZ 20 MG/0.2ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 819 1170 850">PA</div> <div data-bbox="1117 867 1170 898">S</div> Specialty Drug <div data-bbox="1117 915 1170 947">HYB</div> |
| <i>HYRIMOZ 40 MG/0.4ML SOLN A-INJ</i> | 1 | <div data-bbox="1117 970 1170 1001">PA</div> <div data-bbox="1117 1018 1170 1050">S</div> Specialty Drug <div data-bbox="1117 1066 1170 1098">HYB</div> |
| <i>HYRIMOZ 40 MG/0.4ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 1121 1170 1152">PA</div> <div data-bbox="1117 1169 1170 1201">S</div> Specialty Drug <div data-bbox="1117 1218 1170 1249">HYB</div> |
| <i>HYRIMOZ 80 MG/0.8ML SOLN A-INJ</i> | 1 | <div data-bbox="1117 1272 1170 1304">PA</div> <div data-bbox="1117 1320 1170 1352">S</div> Specialty Drug <div data-bbox="1117 1369 1170 1400">HYB</div> |
| <i>HYRIMOZ-CROHNS/UC STARTER 80 MG/0.8ML SOLN A-INJ</i> | 1 | <div data-bbox="1117 1423 1170 1455">PA</div> <div data-bbox="1117 1472 1170 1503">S</div> Specialty Drug <div data-bbox="1117 1520 1170 1551">HYB</div> |
| <i>HYRIMOZ-CROHNS/UC STARTER PACK 80 MG/0.8ML SOLN A-INJ</i> | 1 | <div data-bbox="1117 1575 1170 1606">PA</div> <div data-bbox="1117 1623 1170 1654">S</div> Specialty Drug <div data-bbox="1117 1671 1170 1703">HYB</div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 205 1175 237">PA</div> <div data-bbox="1117 254 1175 285">S</div> Specialty Drug <div data-bbox="1117 302 1175 333">HYB</div> |
| <i>HYRIMOZ-PLAQ PSOR/UVEIT START 80 MG/0.8ML & 40MG/0.4ML SOLN A-INJ</i> | 1 | <div data-bbox="1117 365 1175 396">PA</div> <div data-bbox="1117 413 1175 445">S</div> Specialty Drug <div data-bbox="1117 462 1175 493">HYB</div> |
| <i>HYRIMOZ-PLAQUE PSORIASIS START 80 MG/0.8ML & 40MG/0.4ML SOLN A-INJ</i> | 1 | <div data-bbox="1117 516 1175 548">PA</div> <div data-bbox="1117 564 1175 596">S</div> Specialty Drug <div data-bbox="1117 613 1175 644">HYB</div> |
| <i>IDACIO (2 PEN) 40 MG/0.8ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 667 1175 699">PA</div> <div data-bbox="1117 716 1175 747">S</div> Specialty Drug <div data-bbox="1117 764 1175 795">HYB</div> |
| <i>IDACIO (2 SYRINGE) 40 MG/0.8ML PREF SY KT</i> | 1 | <div data-bbox="1117 819 1175 850">PA</div> <div data-bbox="1117 867 1175 898">S</div> Specialty Drug <div data-bbox="1117 915 1175 947">HYB</div> |
| <i>IDACIO-CROHNS/UC STARTER 40 MG/0.8ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 970 1175 1001">PA</div> <div data-bbox="1117 1018 1175 1050">S</div> Specialty Drug <div data-bbox="1117 1066 1175 1098">HYB</div> |
| <i>IDACIO-PSORIASIS STARTER 40 MG/0.8ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 1121 1175 1152">PA</div> <div data-bbox="1117 1169 1175 1201">S</div> Specialty Drug <div data-bbox="1117 1218 1175 1249">HYB</div> |
| <i>SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 1272 1175 1304">PA</div> <div data-bbox="1117 1320 1175 1352">S</div> Specialty Drug <div data-bbox="1117 1369 1175 1400">HYB</div> |
| <i>SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 1423 1175 1455">PA</div> <div data-bbox="1117 1472 1175 1503">S</div> Specialty Drug <div data-bbox="1117 1520 1175 1551">HYB</div> |
| <i>SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT</i> | 1 | <div data-bbox="1117 1575 1175 1606">PA</div> <div data-bbox="1117 1623 1175 1654">S</div> Specialty Drug <div data-bbox="1117 1671 1175 1703">HYB</div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <i>SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT</i> | 1 | <div data-bbox="1117 205 1175 237">PA</div> <div data-bbox="1117 254 1360 285">S Specialty Drug</div> <div data-bbox="1117 302 1175 333">HYB</div> |
| <i>SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT</i> | 1 | <div data-bbox="1117 363 1175 394">PA</div> <div data-bbox="1117 411 1360 443">S Specialty Drug</div> <div data-bbox="1117 459 1175 491">HYB</div> |
| <i>SIMPONI 100 MG/ML SOLN A-INJ</i> | 1 | <div data-bbox="1117 531 1175 562">PA</div> <div data-bbox="1117 579 1360 611">S Specialty Drug</div> <div data-bbox="1117 627 1175 659">HYB</div> |
| <i>SIMPONI 100 MG/ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 688 1175 720">PA</div> <div data-bbox="1117 737 1360 768">S Specialty Drug</div> <div data-bbox="1117 785 1175 816">HYB</div> |
| <i>SIMPONI 50 MG/0.5ML SOLN A-INJ</i> | 1 | <div data-bbox="1117 846 1175 877">PA</div> <div data-bbox="1117 894 1360 926">S Specialty Drug</div> <div data-bbox="1117 942 1175 974">HYB</div> |
| <i>SIMPONI 50 MG/0.5ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 1003 1175 1035">PA</div> <div data-bbox="1117 1052 1360 1083">S Specialty Drug</div> <div data-bbox="1117 1100 1175 1131">HYB</div> |
| <i>SIMPONI ARIA 50 MG/4ML SOLUTION</i> | 1 | <div data-bbox="1117 1161 1175 1192">PA</div> <div data-bbox="1117 1209 1175 1241">HYB</div> |
| <i>YUFLYMA (1 PEN) 40 MG/0.4ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 1276 1175 1308">PA</div> <div data-bbox="1117 1325 1360 1356">S Specialty Drug</div> <div data-bbox="1117 1373 1175 1404">HYB</div> |
| <i>YUFLYMA (1 PEN) 80 MG/0.8ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 1434 1175 1465">PA</div> <div data-bbox="1117 1482 1360 1514">S Specialty Drug</div> <div data-bbox="1117 1530 1175 1562">HYB</div> |
| <i>YUFLYMA (2 PEN) 40 MG/0.4ML AUT-IJ KIT</i> | 1 | <div data-bbox="1117 1591 1175 1623">PA</div> <div data-bbox="1117 1640 1360 1671">S Specialty Drug</div> <div data-bbox="1117 1688 1175 1719">HYB</div> |
| <i>YUFLYMA (2 SYRINGE) 20 MG/0.2ML PREF SY KT</i> | 1 | <div data-bbox="1117 1749 1175 1780">PA</div> <div data-bbox="1117 1797 1360 1829">S Specialty Drug</div> <div data-bbox="1117 1845 1175 1877">HYB</div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------------|
| <i>YUFLYMA (2 SYRINGE) 40 MG/0.4ML PREF SY KT</i> | 1 | PA S Specialty Drug HYB |
| <i>YUFLYMA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT</i> | 1 | PA S Specialty Drug HYB |
| <i>YUSIMRY 40 MG/0.8ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS | | |
| <i>OLUMIANT 1 MG TAB</i> | 1 | PA S Specialty Drug HYB |
| <i>OLUMIANT 2 MG TAB</i> | 1 | QL PA S Specialty Drug HYB |
| <i>RINVOQ 15 MG TAB ER 24H</i> | 1 | PA S Specialty Drug HYB |
| <i>RINVOQ 30 MG TAB ER 24H</i> | 1 | PA S Specialty Drug HYB |
| <i>RINVOQ 45 MG TAB ER 24H</i> | 1 | PA S Specialty Drug HYB |
| <i>RINVOQ LQ 1 MG/ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>XELJANZ 1 MG/ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------------|
| <i>XELJANZ 10 MG TAB</i> | 1 | PA S Specialty Drug HYB |
| <i>XELJANZ 5 MG TAB</i> | 1 | PA S Specialty Drug HYB |
| <i>XELJANZ XR 11 MG TAB ER 24H</i> | 1 | PA S Specialty Drug HYB |
| <i>XELJANZ XR 22 MG TAB ER 24H</i> | 1 | PA S Specialty Drug HYB |
| 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------------------|
| INTERLEUKIN-1 BLOCKERS | | |
| <i>ARCALYST 220 MG RECON SOLN</i> | 1 | PA S Specialty Drug HYB |
| INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) | | |
| <i>KINERET 100 MG/0.67ML SOLN PRSYR</i> | 1 | QL PA S Specialty Drug HYB |
| INTERLEUKIN-1BETA BLOCKERS | | |
| <i>ILARIS 150 MG/ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | |
| <i>ACTEMRA 162 MG/0.9ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>ACTEMRA 200 MG/10ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>ACTEMRA 400 MG/20ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>ACTEMRA 80 MG/4ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| <i>AVTOZMA 200 MG/10ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|----------------------------------|------|-------------------------------|
| AVTOZMA 400 MG/20ML SOLUTION | 1 | PA S Specialty Drug HYB |
| AVTOZMA 80 MG/4ML SOLUTION | 1 | PA S Specialty Drug HYB |
| KEVZARA 150 MG/1.14ML SOLN A-INJ | 1 | PA S Specialty Drug HYB |
| KEVZARA 150 MG/1.14ML SOLN PRSYR | 1 | PA S Specialty Drug HYB |
| KEVZARA 200 MG/1.14ML SOLN A-INJ | 1 | PA S Specialty Drug HYB |
| KEVZARA 200 MG/1.14ML SOLN PRSYR | 1 | PA S Specialty Drug HYB |
| TOFIDENCE 200 MG/10ML SOLUTION | 1 | PA S Specialty Drug HYB |
| TOFIDENCE 400 MG/20ML SOLUTION | 1 | PA S Specialty Drug HYB |
| TOFIDENCE 80 MG/4ML SOLUTION | 1 | PA S Specialty Drug HYB |
| TYENNE 162 MG/0.9ML SOLN A-INJ | 1 | PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| <i>TYENNE 200 MG/10ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>TYENNE 400 MG/20ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>TYENNE 80 MG/4ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS | | |
| <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 | |
| 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 | |
| <i>FENOPROFEN CALCIUM 400 MG CAP</i> | 1 | |
| <i>FENOPROFEN CALCIUM 600 MG TAB</i> | 1 | |
| <i>fenoprofen calcium cap 400 mg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|----------------------------------|------|-----------------------|
| <i>ibuprofen susp 100 mg/5ml</i> | 1 | |
| <i>ibuprofen susp 100 mg/5ml</i> | 1 | |
| <i>ibuprofen susp 100 mg/5ml</i> | 1 | |
| <i>ibuprofen susp 100 mg/5ml</i> | 1 | |
| <i>ibuprofen susp 100 mg/5ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen susp 40 mg/ml</i> | 1 | |
| <i>ibuprofen tab 200 mg</i> | 1 | |
| <i>ibuprofen tab 200 mg</i> | 1 | |
| <i>ibuprofen tab 200 mg</i> | 1 | |
| <i>ibuprofen tab 200 mg</i> | 1 | |
| <i>ibuprofen tab 200 mg</i> | 1 | |
| <i>ibuprofen tab 200 mg</i> | 1 | |
| <i>ibuprofen tab 200 mg</i> | 1 | |
| <i>ibuprofen tab 200 mg</i> | 1 | |
| <i>ibuprofen tab 200 mg</i> | 1 | |
| <i>ibuprofen tab 200 mg</i> | 1 | |
| <i>ibuprofen tab 200 mg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| KETOPROFEN ER 200 MG CAP ER 24H | 1 | |
| ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml) | 1 | QL |
| ketorolac tromethamine inj 15 mg/ml | 1 | |
| ketorolac tromethamine inj 30 mg/ml | 1 | |
| ketorolac tromethamine inj 30 mg/ml | 1 | |
| ketorolac tromethamine tab 10 mg | 1 | QL MFL 1 / 30 day(s) MDS1 5 / 1 day(s) |
| MECLOFENAMATE SODIUM 50 MG CAP | 1 | |
| mefenamic acid cap 250 mg | 1 | |
| meloxicam tab 15 mg | 1 | |
| meloxicam tab 7.5 mg | 1 | |
| nabumetone tab 500 mg | 1 | |
| nabumetone tab 500 mg | 1 | |
| nabumetone tab 750 mg | 1 | |
| nabumetone tab 750 mg | 1 | |
| naproxen sodium tab 220 mg | 1 | |
| naproxen sodium tab 220 mg | 1 | |
| naproxen sodium tab 220 mg | 1 | |
| naproxen sodium tab 220 mg | 1 | |
| naproxen sodium tab 220 mg | 1 | |
| naproxen sodium tab 220 mg | 1 | |
| naproxen sodium tab 220 mg | 1 | |
| naproxen sodium tab 220 mg | 1 | |
| naproxen sodium tab 220 mg | 1 | |
| naproxen sodium tab 220 mg | 1 | |
| naproxen sodium tab 220 mg | 1 | |
| naproxen sodium tab 220 mg | 1 | |
| naproxen sodium tab 220 mg | 1 | |
| naproxen sodium tab 220 mg | 1 | |
| naproxen sodium tab 220 mg | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| <i>naproxen sodium tab 220 mg</i> | 1 | |
| <i>naproxen sodium tab 220 mg</i> | 1 | |
| <i>naproxen sodium tab 220 mg</i> | 1 | |
| <i>naproxen sodium tab 220 mg</i> | 1 | |
| <i>naproxen sodium tab 220 mg</i> | 1 | |
| <i>naproxen sodium tab 220 mg</i> | 1 | |
| <i>naproxen sodium tab 220 mg</i> | 1 | |
| <i>naproxen sodium tab 220 mg</i> | 1 | |
| <i>naproxen sodium tab 220 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 | |
| TOLMETIN SODIUM 400 MG CAP | 1 | |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| <i>OTEZLA 10 & 20 & 30 MG TAB THPK</i> | 1 | <ul style="list-style-type: none"> QL PA S Specialty Drug HYB |
| <i>OTEZLA 20 MG TAB</i> | 1 | <ul style="list-style-type: none"> QL PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| <i>OTEZLA 30 MG TAB</i> | 1 | <ul style="list-style-type: none"> QL PA S Specialty Drug HYB |
| <i>OTEZLA 4 X 10 & 51 X20 MG TAB THPK</i> | 1 | <ul style="list-style-type: none"> QL PA S Specialty Drug HYB |
| <i>OTEZLA XR 75 MG TAB ER 24H</i> | 1 | <ul style="list-style-type: none"> PA S Specialty Drug |
| <i>OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK</i> | 1 | <ul style="list-style-type: none"> PA S Specialty Drug |
| PYRIMIDINE SYNTHESIS INHIBITORS | | |
| <i>leflunomide tab 10 mg</i> | 1 | <ul style="list-style-type: none"> QL |
| <i>leflunomide tab 20 mg</i> | 1 | <ul style="list-style-type: none"> QL |
| SELECTIVE COSTIMULATION MODULATORS | | |
| <i>ORENCIA 125 MG/ML SOLN PRSYR</i> | 1 | <ul style="list-style-type: none"> PA S Specialty Drug HYB |
| <i>ORENCIA 250 MG RECON SOLN</i> | 1 | <ul style="list-style-type: none"> PA HYB |
| <i>ORENCIA 50 MG/0.4ML SOLN PRSYR</i> | 1 | <ul style="list-style-type: none"> PA S Specialty Drug HYB |
| <i>ORENCIA 87.5 MG/0.7ML SOLN PRSYR</i> | 1 | <ul style="list-style-type: none"> PA S Specialty Drug HYB |
| <i>ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ</i> | 1 | <ul style="list-style-type: none"> PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | | |
| <i>ENBREL 25 MG/0.5ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>ENBREL 25 MG/0.5ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>ENBREL 50 MG/ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>ENBREL MINI 50 MG/ML SOLN CART</i> | 1 | PA S Specialty Drug HYB |
| <i>ENBREL SURECLICK 50 MG/ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| ANALGESICS - NONNARCOTIC | | |
| ANALGESICS OTHER | | |
| <i>acetaminophen cap 500 mg</i> | 1 | |
| <i>acetaminophen cap 500 mg</i> | 1 | |
| <i>acetaminophen cap 500 mg</i> | 1 | |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 160 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 80 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 80 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 80 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 80 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 80 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 80 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 80 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 80 mg</i> | 1 | PA |
| <i>acetaminophen chew tab 80 mg</i> | 1 | PA |
| <i>acetaminophen liquid 160 mg/5ml</i> | 1 | |
| <i>acetaminophen liquid 160 mg/5ml</i> | 1 | |
| <i>acetaminophen liquid 160 mg/5ml</i> | 1 | |
| <i>acetaminophen liquid 160 mg/5ml</i> | 1 | |
| <i>acetaminophen liquid 160 mg/5ml</i> | 1 | |
| <i>acetaminophen liquid 160 mg/5ml</i> | 1 | |
| <i>acetaminophen liquid 160 mg/5ml</i> | 1 | |
| <i>acetaminophen liquid 160 mg/5ml</i> | 1 | |
| <i>acetaminophen liquid 160 mg/5ml</i> | 1 | |
| <i>acetaminophen liquid 160 mg/5ml</i> | 1 | |
| <i>acetaminophen liquid 160 mg/5ml</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|------|-----------------------|
| <i>acetaminophen susp 160 mg/5ml</i> | 1 | |
| <i>acetaminophen susp 160 mg/5ml</i> | 1 | |
| <i>acetaminophen susp 160 mg/5ml</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 325 mg</i> | 1 | |
| <i>acetaminophen tab 500 mg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>aspirin tab 325 mg</i> | 1 | |
| <i>aspirin tab 325 mg</i> | 1 | |
| <i>aspirin tab 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 325 mg</i> | 1 | |
| <i>aspirin tab delayed release 81 mg</i> | 1 | PREV |
| <i>aspirin tab delayed release 81 mg</i> | 1 | PREV |
| <i>aspirin tab delayed release 81 mg</i> | 1 | PREV |
| <i>aspirin tab delayed release 81 mg</i> | 1 | PREV |
| <i>aspirin tab delayed release 81 mg</i> | 1 | PREV |
| <i>aspirin tab delayed release 81 mg</i> | 1 | PREV |
| <i>aspirin tab delayed release 81 mg</i> | 1 | PREV |
| <i>aspirin tab delayed release 81 mg</i> | 1 | PREV |
| <i>aspirin tab delayed release 81 mg</i> | 1 | PREV |
| <i>aspirin tab delayed release 81 mg</i> | 1 | PREV |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>aspirin tab delayed release 81 mg</i> | 1 | PREV |
| <i>aspirin tab delayed release 81 mg</i> | 1 | PREV |
| <i>aspirin tab delayed release 81 mg</i> | 1 | PREV |
| <i>aspirin tab delayed release 81 mg</i> | 1 | PREV |
| <i>diflunisal tab 500 mg</i> | 1 | |
| SALSALATE 500 MG TAB | 1 | |
| SALSALATE 750 MG TAB | 1 | |
| <i>salsalate tab 500 mg</i> | 1 | |
| <i>salsalate tab 750 mg</i> | 1 | |
| ANALGESICS - OPIOID | | |
| CODEINE COMBINATIONS | | |
| <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 |
| ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <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 |
| DIHYDROCODEINE COMBINATIONS | | |
| APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP | 1 | QL |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| HYDROCODONE COMBINATIONS | | |
| <i>HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION</i> | 1 | QL AL1 Up to 8 yrs old MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <i>hydrocodone-acetaminophen tab 7.5-300 mg</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <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 day(s) MDS1 7 / 1 day(s) |
| <i>hydrocodone-ibuprofen tab 10-200 mg</i> | 1 | QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> | 1 | QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <i>LORTAB 10-300 MG/15ML ELIXIR</i> | 1 | <ul style="list-style-type: none"> QL AL1 Up to 8 yrs old MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| OPIOID AGONISTS | | |
| <i>CODEINE SULFATE 15 MG TAB</i> | 1 | <ul style="list-style-type: none"> QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| <i>CODEINE SULFATE 60 MG TAB</i> | 1 | <ul style="list-style-type: none"> QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| <i>codeine sulfate tab 30 mg</i> | 1 | <ul style="list-style-type: none"> QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| <i>DISKETS 40 MG TAB SOL</i> | 1 | <ul style="list-style-type: none"> QL PA |
| <i>fentanyl citrate lozenge on a handle 1600 mcg</i> | 1 | <ul style="list-style-type: none"> QL PA MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| <i>fentanyl citrate lozenge on a handle 200 mcg</i> | 1 | <ul style="list-style-type: none"> QL PA MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| <i>fentanyl citrate lozenge on a handle 400 mcg</i> | 1 | <ul style="list-style-type: none"> QL PA MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| <i>fentanyl citrate lozenge on a handle 800 mcg</i> | 1 | <ul style="list-style-type: none"> QL PA MFL 1 / 60 DAYS MDS1 7 / 1 DAY |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <i>fentanyl td patch 72hr 100 mcg/hr</i> | 1 | QL PA |
| <i>fentanyl td patch 72hr 12 mcg/hr</i> | 1 | PA |
| <i>fentanyl td patch 72hr 25 mcg/hr</i> | 1 | QL PA |
| <i>fentanyl td patch 72hr 50 mcg/hr</i> | 1 | QL PA |
| <i>fentanyl td patch 72hr 75 mcg/hr</i> | 1 | QL PA |
| HYDROCODONE BITARTRATE ER 120 MG TB24 DETER | 1 | QL PA |
| <i>hydrocodone bitartrate tab er 24hr deter 100 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 |
| HYDROMORPHONE HCL 3 MG SUPPOS | 1 | MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| <i>hydromorphone hcl liqd 1 mg/ml</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <i>hydromorphone hcl tab 2 mg</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <i>hydromorphone hcl tab 4 mg</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <i>hydromorphone hcl tab 8 mg</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <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 5 MG/5ML SOLUTION</i> | 1 | QL PA |
| <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 |
| <i>MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <i>MORPHINE SULFATE 10 MG SUPPOS</i> | 1 | MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| <i>MORPHINE SULFATE 10 MG/5ML SOLUTION</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <i>MORPHINE SULFATE 20 MG SUPPOS</i> | 1 | MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| <i>MORPHINE SULFATE 20 MG/5ML SOLUTION</i> | 1 | QL AL1 Up to 8 yrs old MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <i>MORPHINE SULFATE 30 MG SUPPOS</i> | 1 | MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| <i>MORPHINE SULFATE 5 MG SUPPOS</i> | 1 | MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| MORPHINE SULFATE ER 30 MG CAP ER 24H | 1 | QL PA |
| MORPHINE SULFATE ER 50 MG CAP ER 24H | 1 | QL PA |
| MORPHINE SULFATE ER 60 MG CAP ER 24H | 1 | QL PA |
| MORPHINE SULFATE ER 80 MG CAP ER 24H | 1 | QL PA |
| morphine sulfate oral soln 10 mg/5ml | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| morphine sulfate oral soln 100 mg/5ml (20 mg/ml) | 1 | QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| morphine sulfate oral soln 20 mg/5ml | 1 | QL AL1 Up to 8 yrs old MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| morphine sulfate tab 15 mg | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| morphine sulfate tab 30 mg | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| morphine sulfate tab er 100 mg | 1 | QL PA |
| morphine sulfate tab er 15 mg | 1 | QL PA |
| morphine sulfate tab er 200 mg | 1 | QL PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>morphine sulfate tab er 30 mg</i> | 1 | QL PA |
| <i>morphine sulfate tab er 60 mg</i> | 1 | QL PA |
| <i>oxycodone hcl cap 5 mg</i> | 1 | QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <i>OXYCODONE HCL ER 10 MG TB12 DETER</i> | 1 | QL PA |
| <i>OXYCODONE HCL ER 20 MG TB12 DETER</i> | 1 | QL PA |
| <i>OXYCODONE HCL ER 40 MG TB12 DETER</i> | 1 | QL PA |
| <i>oxycodone hcl soln 5 mg/5ml</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <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 day(s) MDS1 7 / 1 day(s) |
| <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 day(s) MDS1 7 / 1 day(s) |

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

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <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 tab 50 mg</i> | 1 | QL |
| <i>tramadol hcl tab er 24hr 100 mg</i> | 1 | QL |
| <i>tramadol hcl tab er 24hr 200 mg</i> | 1 | QL |
| <i>tramadol hcl tab er 24hr 300 mg</i> | 1 | QL |
| OPIOID COMBINATIONS | | |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> | 1 | QL MFL 1 / 60 day(s) MDS1 7 / 1 day(s) |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 1 | <p>QL</p> <p>MFL 1 / 60 day(s)</p> <p>MDS1 7 / 1 day(s)</p> |
| OPIOID PARTIAL AGONISTS | | |
| <i>BELBUCA 150 MCG FILM</i> | 1 | <p>QL</p> <p>ST</p> |
| <i>BELBUCA 300 MCG FILM</i> | 1 | <p>QL</p> <p>ST</p> |
| <i>BELBUCA 450 MCG FILM</i> | 1 | <p>QL</p> <p>ST</p> |
| <i>BELBUCA 600 MCG FILM</i> | 1 | <p>QL</p> <p>ST</p> |
| <i>BELBUCA 75 MCG FILM</i> | 1 | <p>QL</p> <p>ST</p> |
| <i>BELBUCA 750 MCG FILM</i> | 1 | <p>QL</p> <p>ST</p> |
| <i>BELBUCA 900 MCG FILM</i> | 1 | <p>QL</p> <p>ST</p> |
| <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>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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| <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 |
| <i>butorphanol tartrate nasal soln 10 mg/ml</i> | 1 | QL MFL 1 / 60 DAYS MDS1 7 / 1 DAY |
| <i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i> | 1 | QL |
| <i>PENTAZOCINE-NALOXONE HCL 50-0.5 MG TAB</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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| ZUBSOLV 5.7-1.4 MG SL TAB | 8 | |
| ZUBSOLV 8.6-2.1 MG SL TAB | 8 | |
| TRAMADOL COMBINATIONS | | |
| tramadol-acetaminophen tab 37.5-325 mg | 1 | QL |
| ANDROGENS-ANABOLIC | | |
| ANDROGENS | | |
| danazol cap 100 mg | 1 | |
| danazol cap 200 mg | 1 | |
| danazol cap 50 mg | 1 | |
| METHITEST 10 MG TAB | 1 | |
| TESTOSTERONE 10 MG/ACT (2%) GEL | 1 | |
| TESTOSTERONE 12.5 MG/ACT (1%) GEL | 1 | |
| testosterone cypionate im inj in oil 100 mg/ml | 1 | |
| testosterone cypionate im inj in oil 100 mg/ml | 1 | |
| testosterone cypionate im inj in oil 200 mg/ml | 1 | PA |
| testosterone cypionate im inj in oil 200 mg/ml | 1 | |
| testosterone td gel 12.5 mg/act (1%) | 1 | |
| testosterone td gel 20.25 mg/act (1.62%) | 1 | QL |
| testosterone td soln 30 mg/act | 1 | |
| ANORECTAL AND RELATED PRODUCTS | | |
| INTRARECTAL STEROIDS | | |
| budesonide rectal foam 2 mg/act | 1 | QL |
| hydrocortisone enema 100 mg/60ml | 1 | |
| NITRATE VASODILATING AGENTS | | |
| nitroglycerin oint 0.4% | 1 | QL |
| RECTAL ANESTHETIC/STEROIDS | | |
| LIDOCAINE-HYDROCORT (PERIANAL) 3-0.5 % CREAM | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| LIDOCORT 3-0.5 % CREAM | 1 | |
| PROCTOFOAM HC 1-1 % FOAM | 1 | |
| RECTAL STEROIDS | | |
| HYDROCORTISONE (PERIANAL) 1 % CREAM | 1 | |
| hydrocortisone perianal cream 2.5% | 1 | |
| hydrocortisone perianal cream 2.5% | 1 | |
| hydrocortisone perianal cream 2.5% | 1 | |
| hydrocortisone perianal cream 2.5% | 1 | |
| PROCTOCORT 1 % CREAM | 1 | |
| ANTACIDS | | |
| ANTACID & SIMETHICONE | | |
| alum & mag hydroxide-simethicone chew tab 200-200-25 mg | 1 | PA |
| alum & mag hydroxide-simethicone chew tab 200-200-25 mg | 1 | PA |
| alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml | 1 | PA |
| alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml | 1 | PA |
| alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml | 1 | PA |
| alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml | 1 | PA |
| alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml | 1 | PA |
| alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml | 1 | PA |
| alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml | 1 | PA |
| alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml | 1 | PA |
| alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i> | 1 | PA |
| <i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i> | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> | 1 | PA |
| <i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> | 1 | PA |
| <i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> | 1 | PA |
| <i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> | 1 | PA |
| <i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> | 1 | PA |
| <i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> | 1 | PA |
| <i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> | 1 | PA |
| <i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> | 1 | PA |
| <i>aluminum hydroxide-magnesium carbonate susp 508-475 mg/10ml</i> | 1 | PA |
| <i>aluminum hydroxide-magnesium carbonate susp 508-475 mg/10ml</i> | 1 | PA |
| <i>aluminum hydroxide-magnesium carbonate susp 508-475 mg/10ml</i> | 1 | PA |
| ANTACIDS - ALUMINUM SALTS | | |
| ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION | 1 | PA |
| ANTACIDS - CALCIUM SALTS | | |
| <i>calcium carbonate (antacid) chew tab 1000 mg</i> | 1 | PA |
| <i>calcium carbonate (antacid) chew tab 1000 mg</i> | 1 | PA |
| <i>calcium carbonate (antacid) chew tab 1000 mg</i> | 1 | PA |
| <i>calcium carbonate (antacid) chew tab 1000 mg</i> | 1 | PA |
| <i>calcium carbonate (antacid) chew tab 1000 mg</i> | 1 | PA |
| <i>calcium carbonate (antacid) chew tab 1000 mg</i> | 1 | PA |
| <i>calcium carbonate (antacid) chew tab 1000 mg</i> | 1 | PA |
| <i>calcium carbonate (antacid) chew tab 1000 mg</i> | 1 | PA |
| <i>calcium carbonate (antacid) chew tab 1000 mg</i> | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| <i>calcium carbonate (antacid) chew tab 500 mg</i> | 1 | |
| <i>calcium carbonate (antacid) chew tab 500 mg</i> | 1 | |
| CALCIUM CARBONATE ANTACID 1250 MG/5ML SUSPENSION | 1 | PA |
| ANTACIDS - MAGNESIUM SALTS | | |
| <i>MAG 440 440 MG TAB</i> | 1 | |
| <i>magnesium oxide tab 420 mg</i> | 1 | |
| <i>magnesium oxide tab 420 mg</i> | 1 | |
| ANTHELMINTICS | | |
| <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) |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| <i>BACITRACIN 50000 UNIT RECON SOLN</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 | |
| <i>TRIMETHOPRIM 100 MG TAB</i> | 1 | |
| <i>trimethoprim tab 100 mg</i> | 1 | |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 | |
| ANTIPROTOZOAL AGENTS | | |
| <i>ALINIA 100 MG/5ML RECON SUSP</i> | 1 | PA |
| <i>atovaquone susp 750 mg/5ml</i> | 1 | |
| <i>LAMPIT 120 MG TAB</i> | 1 | |
| <i>LAMPIT 30 MG TAB</i> | 1 | |
| <i>nitazoxanide tab 500 mg</i> | 1 | QL PA |
| CARBAPENEM COMBINATIONS | | |
| <i>IMIPENEM-CILASTATIN 250 MG RECON SOLN</i> | 1 | |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i> | 1 | |
| CARBAPENEMS | | |
| <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 | |
| CYCLIC LIPOPEPTIDES | | |
| <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 | |
| GLYCOPEPTIDES | | |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| TYZAVAN 1000 MG/200ML SOLUTION | 1 | |
| VANCOMYCIN HCL 1 GM RECON SOLN | 1 | |
| VANCOMYCIN HCL 1.25 GM RECON SOLN | 1 | |
| VANCOMYCIN HCL 1.5 GM RECON SOLN | 1 | |
| VANCOMYCIN HCL 10 GM RECON SOLN | 1 | |
| VANCOMYCIN HCL 1000 MG/200ML SOLUTION | 1 | |
| VANCOMYCIN HCL 1250 MG/250ML SOLUTION | 1 | |
| VANCOMYCIN HCL 1500 MG/300ML SOLUTION | 1 | |
| 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| 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 | |
| LINCOSAMIDES | | |
| clindamycin hcl cap 150 mg | 1 | |
| clindamycin hcl cap 300 mg | 1 | |
| clindamycin hcl cap 75 mg | 1 | |
| clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) | 1 | |
| clindamycin phosphate inj 300 mg/2ml | 1 | |
| clindamycin phosphate inj 600 mg/4ml | 1 | |
| clindamycin phosphate inj 900 mg/6ml | 1 | |
| lincomycin hcl inj 300 mg/ml | 1 | |
| MONOBACTAMS | | |
| aztreonam for inj 1 gm | 1 | |
| aztreonam for inj 2 gm | 1 | |
| CAYSTON 75 MG RECON SOLN | 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> Specialty Drug </div> |
| OXAZOLIDINONES | | |
| linezolid for susp 100 mg/5ml | 1 | <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> 0 to 8 yrs old |
| LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION | 1 | |
| linezolid iv soln 600 mg/300ml (2 mg/ml) | 1 | |
| linezolid tab 600 mg | 1 | <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| POLYMYXINS | | |
| <i>colistimethate sod for inj 150 mg (colistin base activity)</i> | 1 | |
| <i>polymyxin b sulfate for inj 500000 unit</i> | 1 | |
| URINARY ANTI-INFECTIVES | | |
| <i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i> | 1 | |
| <i>methenamine hippurate tab 1 gm</i> | 1 | |
| METHENAMINE MANDELATE 1 GM TAB | 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 |
| ANTIANGINAL AGENTS | | |
| ANTIANGINALS-OTHER | | |
| <i>ranolazine tab er 12hr 1000 mg</i> | 1 | QL |
| <i>ranolazine tab er 12hr 500 mg</i> | 1 | QL |
| NITRATES | | |
| <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 tab 10 mg</i> | 1 | |
| <i>isosorbide mononitrate tab 20 mg</i> | 1 | |
| <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 | |
| <i>nitroglycerin oint 2%</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>nitroglycerin oint 2%</i> | 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 0.2 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 tl soln 0.4 mg/spray (400 mcg/spray)</i> | 1 | |
| NITROLINGUAL 0.4 MG/SPRAY SOLUTION | 1 | PA |
| ANTI-ANXIETY AGENTS | | |
| ANTI-ANXIETY AGENTS - MISC. | | |
| <i>BUCAPSOL 10 MG CAP</i> | 8 | |
| <i>BUCAPSOL 15 MG CAP</i> | 8 | |
| <i>BUCAPSOL 7.5 MG CAP</i> | 8 | |
| <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 | |
| HYDROXYZINE PAMOATE 100 MG CAP | 1 | |
| <i>hydroxyzine pamoate cap 25 mg</i> | 1 | |
| <i>hydroxyzine pamoate cap 50 mg</i> | 1 | |
| <i>meprobamate tab 200 mg</i> | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>meprobamate tab 400 mg</i> | 8 | |
| BENZODIAZEPINES | | |
| ALPRAZOLAM INTENSOL 1 MG/ML CONC | 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 |
| ATIVAN 0.5 MG TAB | 8 | |
| ATIVAN 1 MG TAB | 8 | |
| ATIVAN 2 MG TAB | 8 | |
| ATIVAN 2 MG/ML SOLUTION | 8 | |
| ATIVAN 4 MG/ML SOLUTION | 8 | |
| <i>chlordiazepoxide hcl cap 10 mg</i> | 8 | |
| <i>chlordiazepoxide hcl cap 25 mg</i> | 8 | |
| <i>chlordiazepoxide hcl cap 5 mg</i> | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--------------------------|
| <i>clorazepate dipotassium tab 15 mg</i> | 8 | |
| <i>clorazepate dipotassium tab 3.75 mg</i> | 8 | |
| <i>clorazepate dipotassium tab 7.5 mg</i> | 8 | |
| <i>DIAZEPAM 10 MG/2ML SOLN A-INJ</i> | 8 | |
| <i>DIAZEPAM 5 MG/ML SOLUTION</i> | 8 | |
| <i>diazepam conc 5 mg/ml</i> | 8 | QL AL1 0 to 8 yrs old |
| <i>diazepam conc 5 mg/ml</i> | 8 | QL AL1 0 to 8 yrs old |
| <i>diazepam inj 5 mg/ml</i> | 8 | |
| <i>diazepam oral soln 1 mg/ml</i> | 8 | QL AL1 0 to 8 yrs old |
| <i>diazepam tab 10 mg</i> | 8 | QL |
| <i>diazepam tab 2 mg</i> | 8 | QL |
| <i>diazepam tab 5 mg</i> | 8 | QL |
| <i>LORAZEPAM 2 MG/ML SOLN PRSYR</i> | 8 | |
| <i>LORAZEPAM 2 MG/ML SOLUTION</i> | 8 | |
| <i>lorazepam conc 2 mg/ml</i> | 8 | |
| <i>lorazepam conc 2 mg/ml</i> | 8 | |
| <i>lorazepam inj 2 mg/ml</i> | 8 | |
| <i>lorazepam inj 4 mg/ml</i> | 8 | |
| <i>lorazepam tab 0.5 mg</i> | 8 | QL |
| <i>lorazepam tab 1 mg</i> | 8 | QL |
| <i>lorazepam tab 2 mg</i> | 8 | QL |
| <i>LOREEV XR 1 MG CP24 SPRNK</i> | 8 | |
| <i>LOREEV XR 1.5 MG CP24 SPRNK</i> | 8 | |
| <i>LOREEV XR 2 MG CP24 SPRNK</i> | 8 | |
| <i>LOREEV XR 3 MG CP24 SPRNK</i> | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>oxazepam cap 10 mg</i> | 8 | QL |
| <i>oxazepam cap 15 mg</i> | 8 | QL |
| <i>oxazepam cap 30 mg</i> | 8 | QL |
| TRANXENE-T 7.5 MG TAB | 8 | |
| VALIUM 10 MG TAB | 8 | QL |
| VALIUM 2 MG TAB | 8 | QL |
| VALIUM 5 MG TAB | 8 | QL |
| XANAX 0.25 MG TAB | 8 | |
| XANAX 0.5 MG TAB | 8 | |
| XANAX 1 MG TAB | 8 | |
| XANAX 2 MG TAB | 8 | |
| XANAX XR 0.5 MG TAB ER 24H | 8 | |
| XANAX XR 1 MG TAB ER 24H | 8 | |
| XANAX XR 2 MG TAB ER 24H | 8 | |
| XANAX XR 3 MG TAB ER 24H | 8 | |
| ANTIARRHYTHMICS | | |
| ANTIARRHYTHMICS TYPE I-A | | |
| <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 | |
| QUINIDINE SULFATE 200 MG TAB | 1 | |
| QUINIDINE SULFATE 300 MG TAB | 1 | |
| ANTIARRHYTHMICS TYPE I-B | | |
| 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>lidocaine iv infusion in d5w inj 4 mg/ml</i> | 1 | |
| <i>lidocaine iv infusion in d5w inj 8 mg/ml</i> | 1 | |
| <i>mexiletine hcl cap 150 mg</i> | 1 | |
| <i>mexiletine hcl cap 200 mg</i> | 1 | |
| <i>mexiletine hcl cap 250 mg</i> | 1 | |
| ANTIARRHYTHMICS TYPE I-C | | |
| <i>flecainide acetate tab 100 mg</i> | 1 | |
| <i>flecainide acetate tab 150 mg</i> | 1 | |
| <i>flecainide acetate tab 50 mg</i> | 1 | |
| <i>propafenone hcl cap er 12hr 225 mg</i> | 1 | |
| <i>propafenone hcl cap er 12hr 325 mg</i> | 1 | |
| <i>propafenone hcl cap er 12hr 425 mg</i> | 1 | |
| <i>propafenone hcl tab 150 mg</i> | 1 | |
| <i>propafenone hcl tab 225 mg</i> | 1 | |
| <i>propafenone hcl tab 300 mg</i> | 1 | |
| ANTIARRHYTHMICS TYPE III | | |
| <i>amiodarone hcl tab 100 mg</i> | 1 | |
| <i>amiodarone hcl tab 100 mg</i> | 1 | |
| <i>amiodarone hcl tab 200 mg</i> | 1 | |
| <i>amiodarone hcl tab 200 mg</i> | 1 | |
| <i>amiodarone hcl tab 400 mg</i> | 1 | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | |
| ADRENERGIC COMBINATIONS | | |
| <i>ADVAIR DISKUS 100-50 MCG/ACT AER POW BA</i> | 1 | QL PA HYB |
| <i>ADVAIR DISKUS 250-50 MCG/ACT AER POW BA</i> | 1 | QL PA HYB |
| <i>ADVAIR DISKUS 500-50 MCG/ACT AER POW BA</i> | 1 | QL PA HYB |
| <i>ADVAIR HFA 115-21 MCG/ACT AEROSOL</i> | 1 | QL HYB |
| <i>ADVAIR HFA 230-21 MCG/ACT AEROSOL</i> | 1 | QL HYB |
| <i>ADVAIR HFA 45-21 MCG/ACT AEROSOL</i> | 1 | QL HYB |
| <i>AIRDUO RESPICLICK 113/14 113-14 MCG/ACT AER POW BA</i> | 1 | QL PA HYB |
| <i>AIRDUO RESPICLICK 232/14 232-14 MCG/ACT AER POW BA</i> | 1 | QL PA HYB |
| <i>AIRDUO RESPICLICK 55/14 55-14 MCG/ACT AER POW BA</i> | 1 | QL PA HYB |
| <i>AIRSUPRA 90-80 MCG/ACT AEROSOL</i> | 1 | PA HYB |
| <i>ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA</i> | 1 | QL HYB HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL</i> | 1 | QL PA HYB |
| <i>BREO ELLIPTA 100-25 MCG/ACT AER POW BA</i> | 1 | PA HYB |
| <i>BREO ELLIPTA 200-25 MCG/ACT AER POW BA</i> | 1 | PA HYB |
| <i>BREO ELLIPTA 50-25 MCG/INH AER POW BA</i> | 1 | PA HYB |
| <i>BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL</i> | 1 | PA HYB |
| <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> | 1 | QL PA HYB |
| <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> | 1 | QL PA HYB |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> | 1 | QL PA HYB |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> | 1 | QL PA HYB |
| <i>COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN</i> | 1 | QL HYB |
| <i>DUAKLIR PRESSAIR 400-12 MCG/ACT AER POW BA</i> | 1 | PA HYB |
| <i>DULERA 100-5 MCG/ACT AEROSOL</i> | 1 | QL HYB |
| <i>DULERA 200-5 MCG/ACT AEROSOL</i> | 1 | QL HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>DULERA 50-5 MCG/ACT AEROSOL</i> | 1 | QL HYB |
| <i>FLUTICASONE FUROATE-VILANTEROL 100-25 MCG/ACT AER POW BA</i> | 1 | PA HYB |
| <i>FLUTICASONE FUROATE-VILANTEROL 200-25 MCG/ACT AER POW BA</i> | 1 | PA HYB |
| <i>FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA</i> | 1 | QL PA HYB |
| <i>FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL</i> | 1 | PA HYB |
| <i>FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL</i> | 1 | PA HYB |
| <i>FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA</i> | 1 | QL PA HYB |
| <i>FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL</i> | 1 | PA HYB |
| <i>FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA</i> | 1 | QL PA HYB |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | 1 | QL HYB |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | 1 | QL PA HYB |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | 1 | QL HYB |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | 1 | QL PA HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | 1 | QL HYB |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | 1 | QL PA HYB |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | 1 | HYB |
| STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN | 1 | QL HYB |
| SYMBICORT 160-4.5 MCG/ACT AEROSOL | 1 | QL HYB |
| SYMBICORT 80-4.5 MCG/ACT AEROSOL | 1 | QL HYB |
| TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA | 1 | QL HYB |
| TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA | 1 | QL HYB |
| UMECLIDINIUM-VILANTEROL 62.5-25 MCG/ACT AER POW BA | 1 | QL PA HYB |
| 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| XOLAIR 75 MG/0.5ML SOLN PRSYR | 1 | PA S Specialty Drug |
| ANTI-INFLAMMATORY AGENTS | | |
| cromolyn sodium soln nebu 20 mg/2ml | 1 | |
| BETA ADRENERGICS | | |
| ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN | 1 | |
| ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN | 1 | QL PA HYB |
| albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) | 1 | QL PA HYB |
| albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) | 1 | QL HYB |
| albuterol sulfate soln nebu 0.5% (5 mg/ml) | 1 | HYB |
| albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) | 1 | QL HYB |
| albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) | 1 | QL HYB |
| albuterol sulfate syrup 2 mg/5ml | 1 | |
| albuterol sulfate tab 2 mg | 1 | |
| albuterol sulfate tab 4 mg | 1 | |
| arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) | 1 | PA HYB |
| BROVANA 15 MCG/2ML NEBU SOLN | 1 | PA HYB |
| formoterol fumarate soln nebu 20 mcg/2ml | 1 | PA HYB |
| levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) | 1 | QL HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i> | 1 | QL HYB |
| <i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i> | 1 | QL HYB |
| <i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i> | 1 | HYB |
| <i>LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL</i> | 1 | QL PA HYB |
| <i>PERFOROMIST 20 MCG/2ML NEBU SOLN</i> | 1 | PA HYB |
| <i>PROAIR RESPICLICK 108 (90 BASE) MCG/ACT AER POW BA</i> | 1 | PA HYB |
| <i>SEREVENT DISKUS 50 MCG/ACT AER POW BA</i> | 1 | QL HYB |
| <i>STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN</i> | 1 | PA HYB |
| <i>terbutaline sulfate tab 2.5 mg</i> | 1 | |
| <i>terbutaline sulfate tab 5 mg</i> | 1 | |
| <i>VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN</i> | 1 | QL HYB |
| <i>XOPENEX HFA 45 MCG/ACT AEROSOL</i> | 1 | QL PA HYB |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| <i>ATROVENT HFA 17 MCG/ACT AERO SOLN</i> | 1 | QL HYB |
| <i>INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA</i> | 1 | QL PA HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------------|
| <i>ipratropium bromide hfa inhal aerosol 17 mcg/act</i> | 1 | PA HYB |
| <i>ipratropium bromide inhal soln 0.02%</i> | 1 | HYB |
| <i>SPIRIVA HANDIHALER 18 MCG CAP</i> | 1 | QL HYB |
| <i>SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN</i> | 1 | QL HYB |
| <i>SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN</i> | 1 | QL HYB |
| <i>tiotropium bromide inhal cap 18 mcg (base equiv)</i> | 1 | PA HYB |
| <i>TUDORZA PRESSAIR 400 MCG/ACT AER POW BA</i> | 1 | QL PA HYB |
| <i>YUPELRI 175 MCG/3ML NEBU SOLN</i> | 1 | QL PA HYB |
| INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA) | | |
| <i>EXDENSUR 100 MG/ML SOLN PRSYR</i> | 1 | PA S Specialty Drug |
| <i>FASENRA 10 MG/0.5ML SOLN PRSYR</i> | 1 | QL PA S Specialty Drug |
| <i>FASENRA 30 MG/ML SOLN PRSYR</i> | 1 | QL PA S Specialty Drug |
| <i>FASENRA PEN 30 MG/ML SOLN A-INJ</i> | 1 | QL PA S Specialty Drug |
| <i>NUCALA 100 MG RECON SOLN</i> | 1 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <i>NUCALA 100 MG/ML SOLN A-INJ</i> | 1 | PA S Specialty Drug |
| <i>NUCALA 100 MG/ML SOLN PRSYR</i> | 1 | PA S Specialty Drug |
| <i>NUCALA 40 MG/0.4ML SOLN PRSYR</i> | 1 | PA S Specialty Drug |
| LEUKOTRIENE RECEPTOR ANTAGONISTS | | |
| <i>montelukast sodium chew tab 4 mg (base equiv)</i> | 1 | QL |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i> | 1 | QL |
| <i>montelukast sodium tab 10 mg (base equiv)</i> | 1 | QL |
| <i>zafirlukast tab 10 mg</i> | 1 | QL |
| <i>zafirlukast tab 20 mg</i> | 1 | QL |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| <i>roflumilast tab 250 mcg</i> | 1 | |
| <i>roflumilast tab 500 mcg</i> | 1 | |
| STEROID INHALANTS | | |
| <i>ALVESCO 160 MCG/ACT AERO SOLN</i> | 1 | PA HYB |
| <i>ALVESCO 80 MCG/ACT AERO SOLN</i> | 1 | PA HYB |
| <i>ARMONAIR DIGIHALER 113 MCG/ACT AER POW BA</i> | 1 | PA HYB |
| <i>ARMONAIR DIGIHALER 232 MCG/ACT AER POW BA</i> | 1 | PA HYB |
| <i>ARNUITY ELLIPTA 100 MCG/ACT AER POW BA</i> | 1 | QL HYB |
| <i>ARNUITY ELLIPTA 200 MCG/ACT AER POW BA</i> | 1 | QL HYB |
| <i>ARNUITY ELLIPTA 50 MCG/ACT AER POW BA</i> | 1 | QL HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA | 1 | QL HYB |
| ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA | 1 | QL HYB |
| ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA | 1 | QL HYB |
| ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA | 1 | QL HYB |
| ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA | 1 | QL HYB |
| ASMANEX HFA 100 MCG/ACT AEROSOL | 1 | QL HYB |
| ASMANEX HFA 200 MCG/ACT AEROSOL | 1 | QL HYB |
| ASMANEX HFA 50 MCG/ACT AEROSOL | 1 | QL HYB |
| budesonide inhalation susp 0.25 mg/2ml | 1 | HYB |
| budesonide inhalation susp 0.5 mg/2ml | 1 | QL HYB |
| budesonide inhalation susp 1 mg/2ml | 1 | QL HYB |
| FLUTICASONE FUROATE ELLIPTA 100 MCG/ACT AER POW BA | 1 | PA HYB |
| FLUTICASONE FUROATE ELLIPTA 200 MCG/ACT AER POW BA | 1 | PA HYB |
| FLUTICASONE FUROATE ELLIPTA 50 MCG/ACT AER POW BA | 1 | PA HYB |
| FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA | 1 | QL HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| <i>FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA</i> | 1 | QL HYB |
| <i>FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA</i> | 1 | QL HYB |
| <i>FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL</i> | 1 | QL HYB |
| <i>FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL</i> | 1 | QL HYB |
| <i>fluticasone propionate hfa inhal aero 44 mcg/act</i> | 1 | QL HYB |
| <i>PULMICORT 0.25 MG/2ML SUSPENSION</i> | 1 | PA HYB |
| <i>PULMICORT 0.5 MG/2ML SUSPENSION</i> | 1 | QL PA HYB |
| <i>PULMICORT 1 MG/2ML SUSPENSION</i> | 1 | PA HYB |
| <i>PULMICORT FLEXHALER 180 MCG/ACT AER POW BA</i> | 1 | QL HYB |
| <i>PULMICORT FLEXHALER 90 MCG/ACT AER POW BA</i> | 1 | QL HYB |
| <i>QVAR REDHALER 40 MCG/ACT AERO BA</i> | 1 | PA HYB |
| <i>QVAR REDHALER 80 MCG/ACT AERO BA</i> | 1 | PA HYB |
| 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| 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 | |
| ANTICOAGULANTS | | |
| COUMARIN ANTICOAGULANTS | | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---------------------------|
| DIRECT FACTOR XA INHIBITORS | | |
| <i>ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL</i> | 1 | QL AL1 Up to 8 yrs old |
| <i>ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL</i> | 1 | QL AL1 Up to 8 yrs old |
| <i>ELIQUIS 0.15 MG CAP SPRINK</i> | 1 | QL AL1 Up to 8 yrs old |
| <i>ELIQUIS 0.5 MG TAB SOL</i> | 1 | QL AL1 Up to 8 yrs old |
| <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>rivaroxaban for susp 1 mg/ml</i> | 1 | |
| <i>rivaroxaban tab 2.5 mg</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 10 MG TAB</i> | 1 | QL |
| <i>XARELTO 15 MG TAB</i> | 1 | QL |
| <i>XARELTO 20 MG TAB</i> | 1 | QL |
| <i>XARELTO STARTER PACK 15 & 20 MG TAB THPK</i> | 1 | QL |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| <i>HEPARIN (PORCINE) IN NAACL 1000-0.9 UT/500ML-% SOLUTION</i> | 1 | |
| <i>HEPARIN (PORCINE) IN NAACL 12500-0.45 UT/250ML-% SOLUTION</i> | 1 | |
| <i>HEPARIN (PORCINE) IN NAACL 2000-0.9 UNIT/L-% SOLUTION</i> | 1 | |
| <i>HEPARIN (PORCINE) IN NAACL 25000-0.45 UT/250ML-% SOLUTION</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| 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 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 |
| enoxaparin sodium inj soln pref syr 40 mg/0.4ml | 1 | QL |
| enoxaparin sodium inj soln pref syr 60 mg/0.6ml | 1 | QL |
| enoxaparin sodium inj soln pref syr 80 mg/0.8ml | 1 | QL |
| SYNTHETIC HEPARINOID-LIKE AGENTS | | |
| fondaparinux sodium subcutaneous inj 10 mg/0.8ml | 1 | QL |
| fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml | 1 | QL |
| fondaparinux sodium subcutaneous inj 5 mg/0.4ml | 1 | QL |
| fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml | 1 | QL |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| 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 |
| <i>FYCOMPA 10 MG TAB</i> | 8 | QL |
| <i>FYCOMPA 12 MG TAB</i> | 8 | QL |
| <i>FYCOMPA 2 MG TAB</i> | 8 | QL |
| <i>FYCOMPA 4 MG TAB</i> | 8 | QL |
| <i>FYCOMPA 6 MG TAB</i> | 8 | QL |
| <i>FYCOMPA 8 MG TAB</i> | 8 | QL |
| <i>perampanel susp 0.5 mg/ml</i> | 8 | QL ST |
| <i>perampanel tab 10 mg</i> | 8 | QL ST |
| <i>perampanel tab 12 mg</i> | 8 | QL ST |
| <i>perampanel tab 2 mg</i> | 8 | QL ST |
| <i>perampanel tab 4 mg</i> | 8 | QL ST |
| <i>perampanel tab 6 mg</i> | 8 | QL ST |
| <i>perampanel tab 8 mg</i> | 8 | QL ST |

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

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| ONFI 10 MG TAB | 8 | |
| ONFI 2.5 MG/ML SUSPENSION | 8 | |
| ONFI 20 MG TAB | 8 | |
| SYMPAZAN 10 MG FILM | 8 | S Specialty Drug |
| SYMPAZAN 20 MG FILM | 8 | S Specialty Drug |
| SYMPAZAN 5 MG FILM | 8 | S Specialty Drug |
| VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID | 8 | QL ST |
| VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK | 8 | QL ST |
| VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK | 8 | QL ST |
| VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID | 8 | QL ST |
| ANTICONVULSANTS - MISC. | | |
| APTIOM 200 MG TAB | 8 | |
| APTIOM 400 MG TAB | 8 | |
| APTIOM 600 MG TAB | 8 | |
| APTIOM 800 MG TAB | 8 | |
| BANZEL 200 MG TAB | 8 | |
| BANZEL 40 MG/ML SUSPENSION | 8 | |
| BANZEL 400 MG TAB | 8 | |
| brivaracetam iv soln 50 mg/5ml | 8 | |
| brivaracetam oral soln 10 mg/ml | 8 | ST |
| brivaracetam tab 10 mg | 8 | ST |
| brivaracetam tab 100 mg | 8 | ST |
| brivaracetam tab 25 mg | 8 | ST |
| brivaracetam tab 50 mg | 8 | ST |

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

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|------------------------------------|------|---------------------------|
| ELEPSIA XR 1500 MG TAB ER 24H | 8 | |
| EPIDIOLEX 100 MG/ML SOLUTION | 8 | PA S Specialty Drug |
| EPRONTIA 25 MG/ML SOLUTION | 8 | QL AL1 Up to 8 yrs old |
| eslicarbazepine acetate tab 200 mg | 8 | |
| eslicarbazepine acetate tab 400 mg | 8 | |
| eslicarbazepine acetate tab 600 mg | 8 | |
| eslicarbazepine acetate tab 800 mg | 8 | |
| FINTEPLA 2.2 MG/ML SOLUTION | 8 | S Specialty Drug |
| GABAPENTIN 25 MG TAB | 8 | |
| GABAPENTIN 50 MG TAB | 8 | |
| gabapentin cap 100 mg | 8 | QL |
| gabapentin cap 300 mg | 8 | QL |
| gabapentin cap 300 mg | 8 | QL |
| gabapentin cap 400 mg | 8 | QL |
| gabapentin cap 400 mg | 8 | QL |
| gabapentin oral soln 250 mg/5ml | 8 | QL |
| gabapentin tab 600 mg | 8 | QL |
| gabapentin tab 800 mg | 8 | QL |
| GABARONE 100 MG TAB | 8 | |
| GABARONE 400 MG TAB | 8 | |
| KEPPRA 100 MG/ML SOLUTION | 8 | |
| KEPPRA 1000 MG TAB | 8 | |
| KEPPRA 250 MG TAB | 8 | |
| KEPPRA 500 MG TAB | 8 | |
| KEPPRA 500 MG/5ML SOLUTION | 8 | |
| KEPPRA 750 MG TAB | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| KEPPRA XR 500 MG TAB ER 24H | 8 | |
| KEPPRA XR 750 MG TAB ER 24H | 8 | |
| lacosamide iv inj 200 mg/20ml (10 mg/ml) | 8 | |
| lacosamide oral solution 10 mg/ml | 8 | <div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> 0 to 8 yrs old </div> |
| lacosamide tab 100 mg | 8 | <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> |
| lacosamide tab 150 mg | 8 | <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> |
| lacosamide tab 200 mg | 8 | <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> |
| lacosamide tab 50 mg | 8 | <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> |
| 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| 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 | |
| lamotrigine orally disintegrating tab 100 mg | 8 | |
| lamotrigine orally disintegrating tab 200 mg | 8 | |
| lamotrigine orally disintegrating tab 25 mg | 8 | |
| lamotrigine orally disintegrating tab 50 mg | 8 | |
| lamotrigine tab 100 mg | 8 | |
| lamotrigine tab 100 mg | 8 | |
| lamotrigine tab 150 mg | 8 | |
| lamotrigine tab 150 mg | 8 | |
| lamotrigine tab 200 mg | 8 | |
| lamotrigine tab 200 mg | 8 | |
| lamotrigine tab 25 mg | 8 | |
| lamotrigine tab 25 mg | 8 | |
| lamotrigine tab 25 mg (42) & 100 mg (7) starter kit | 8 | |
| lamotrigine tab 25 mg (42) & 100 mg (7) starter kit | 8 | |
| lamotrigine tab 35 x 25 mg starter kit | 8 | |
| lamotrigine tab 35 x 25 mg starter kit | 8 | |
| lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit | 8 | |
| lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit | 8 | |
| lamotrigine tab chewable dispersible 25 mg | 8 | |
| lamotrigine tab chewable dispersible 5 mg | 8 | |
| lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> | 8 | |
| <i>lamotrigine tab disint 42 x 50mg & 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 |
| LEVETIRACETAM 250 MG TAB | 8 | |
| LEVETIRACETAM 500 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 | |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> | 8 | |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> | 8 | |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> | 8 | |
| <i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i> | 8 | |
| <i>levetiracetam oral soln 100 mg/ml</i> | 8 | |
| <i>levetiracetam tab 1000 mg</i> | 8 | |
| <i>levetiracetam tab 250 mg</i> | 8 | |
| <i>levetiracetam tab 500 mg</i> | 8 | |
| <i>levetiracetam tab 500 mg</i> | 8 | |
| <i>levetiracetam tab 750 mg</i> | 8 | |
| <i>levetiracetam tab er 24hr 500 mg</i> | 8 | QL |
| <i>levetiracetam tab er 24hr 750 mg</i> | 8 | QL |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| 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 | |
| MYSOLINE 250 MG TAB | 8 | |
| MYSOLINE 50 MG TAB | 8 | |
| NEURONTIN 100 MG CAP | 8 | |
| NEURONTIN 250 MG/5ML SOLUTION | 8 | |
| NEURONTIN 300 MG CAP | 8 | |
| NEURONTIN 400 MG CAP | 8 | |
| NEURONTIN 600 MG TAB | 8 | |
| NEURONTIN 800 MG TAB | 8 | |
| oxcarbazepine susp 300 mg/5ml (60 mg/ml) | 8 | |
| oxcarbazepine tab 150 mg | 8 | |
| oxcarbazepine tab 300 mg | 8 | |
| oxcarbazepine tab 600 mg | 8 | |
| oxcarbazepine tab er 24hr 150 mg | 8 | |
| oxcarbazepine tab er 24hr 300 mg | 8 | |
| oxcarbazepine tab er 24hr 600 mg | 8 | |
| OXTELLAR XR 150 MG TAB ER 24H | 8 | |
| OXTELLAR XR 300 MG TAB ER 24H | 8 | |
| OXTELLAR XR 600 MG TAB ER 24H | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|------|-----------------------|
| <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 |
| <i>PRIMIDONE 125 MG TAB</i> | 8 | |
| <i>primidone tab 250 mg</i> | 8 | |
| <i>primidone tab 50 mg</i> | 8 | |
| <i>QUDEXY XR 100 MG CP24 SPRNK</i> | 8 | QL |
| <i>QUDEXY XR 150 MG CP24 SPRNK</i> | 8 | QL |
| <i>QUDEXY XR 200 MG CP24 SPRNK</i> | 8 | QL |
| <i>QUDEXY XR 25 MG CP24 SPRNK</i> | 8 | QL |
| <i>QUDEXY XR 50 MG CP24 SPRNK</i> | 8 | QL |
| <i>rufinamide susp 40 mg/ml</i> | 8 | PA |
| <i>rufinamide tab 200 mg</i> | 8 | QL PA |
| <i>rufinamide tab 400 mg</i> | 8 | QL PA |
| <i>SPRITAM 1000 MG TAB</i> | 8 | |
| <i>SPRITAM 250 MG TAB</i> | 8 | |
| <i>SPRITAM 500 MG TAB</i> | 8 | |
| <i>SPRITAM 750 MG TAB</i> | 8 | |
| <i>SUBVENITE 10 MG/ML SUSPENSION</i> | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---------------------------|
| 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 | |
| TOPAMAX SPRINKLE 25 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 oral soln 25 mg/ml | 8 | QL AL1 Up to 8 yrs old |
| topiramate sprinkle cap 15 mg | 8 | QL |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|------|--------------------------|
| <i>topiramate sprinkle cap 25 mg</i> | 8 | QL |
| <i>topiramate sprinkle cap 50 mg</i> | 8 | |
| <i>topiramate tab 100 mg</i> | 8 | QL |
| <i>topiramate tab 200 mg</i> | 8 | QL |
| <i>topiramate tab 25 mg</i> | 8 | QL |
| <i>topiramate tab 50 mg</i> | 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 | |
| TROKENDI XR 25 MG CAP ER 24H | 8 | |
| TROKENDI XR 50 MG CAP ER 24H | 8 | |
| VIMPAT 10 MG/ML SOLUTION | 8 | QL AL1 0 to 8 yrs old |
| 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 | |
| <i>zonisamide cap 100 mg</i> | 8 | |
| <i>zonisamide cap 25 mg</i> | 8 | |
| <i>zonisamide cap 50 mg</i> | 8 | |
| ZTALMY 50 MG/ML SUSPENSION | 8 | S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| CARBAMATES | | |
| <i>felbamate susp 600 mg/5ml</i> | 8 | |
| <i>felbamate tab 400 mg</i> | 8 | |
| <i>felbamate tab 600 mg</i> | 8 | |
| <i>FELBATOL 400 MG TAB</i> | 8 | |
| <i>FELBATOL 600 MG TAB</i> | 8 | |
| <i>FELBATOL 600 MG/5ML SUSPENSION</i> | 8 | |
| <i>XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK</i> | 8 | QL ST |
| <i>XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK</i> | 8 | QL ST |
| <i>XCOPRI 100 MG TAB</i> | 8 | QL ST |
| <i>XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK</i> | 8 | QL ST |
| <i>XCOPRI 14 X 150 MG & 14 X 200 MG TAB THPK</i> | 8 | QL ST |
| <i>XCOPRI 14 X 50 MG & 14 X 100 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 |
| GABA MODULATORS | | |
| <i>GABITRIL 12 MG TAB</i> | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|----------------------------------|------|------------------------------|
| GABITRIL 16 MG TAB | 8 | |
| GABITRIL 2 MG TAB | 8 | |
| GABITRIL 4 MG TAB | 8 | |
| SABRIL 500 MG PACKET | 8 | S Specialty Drug |
| SABRIL 500 MG TAB | 8 | S Specialty Drug |
| TIAGABINE HCL 12 MG TAB | 8 | |
| TIAGABINE HCL 16 MG TAB | 8 | |
| tiagabine hcl tab 12 mg | 8 | |
| tiagabine hcl tab 16 mg | 8 | |
| tiagabine hcl tab 2 mg | 8 | |
| tiagabine hcl tab 4 mg | 8 | |
| vigabatrin powd pack 500 mg | 8 | S Specialty Drug |
| vigabatrin powd pack 500 mg | 8 | S Specialty Drug |
| vigabatrin powd pack 500 mg | 8 | S Specialty Drug |
| vigabatrin tab 500 mg | 8 | QL PA S Specialty Drug |
| vigabatrin tab 500 mg | 8 | QL PA S Specialty Drug |
| VIGAFYDE 100 MG/ML SOLUTION | 8 | S Specialty Drug |
| HYDANTOINS | | |
| CEREBYX 100 MG PE/2ML SOLUTION | 8 | |
| CEREBYX 500 MG PE/10ML SOLUTION | 8 | |
| DILANTIN 100 MG CAP | 8 | |
| DILANTIN 125 MG/5ML SUSPENSION | 8 | |
| DILANTIN 30 MG CAP | 8 | |
| DILANTIN INFATABS 50 MG CHEW TAB | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <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 | |
| SUCCINIMIDES | | |
| <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 | |
| VALPROIC ACID | | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 | |
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| <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 |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| <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 |
| <i>FORFIVO XL 450 MG TAB ER 24H</i> | 8 | |
| <i>WELLBUTRIN SR 100 MG TAB ER 12H</i> | 8 | |
| <i>WELLBUTRIN SR 150 MG TAB ER 12H</i> | 8 | |
| <i>WELLBUTRIN SR 200 MG TAB ER 12H</i> | 8 | |
| <i>WELLBUTRIN XL 150 MG TAB ER 24H</i> | 8 | |
| <i>WELLBUTRIN XL 300 MG TAB ER 24H</i> | 8 | |
| GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID | | |
| <i>ZULRESSO 100 MG/20ML SOLUTION</i> | 8 | S Specialty Drug |
| <i>ZURZUVAE 20 MG CAP</i> | 8 | PA S Specialty Drug |
| <i>ZURZUVAE 25 MG CAP</i> | 8 | PA S Specialty Drug |
| <i>ZURZUVAE 30 MG CAP</i> | 8 | PA S Specialty Drug |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| <i>EMSAM 12 MG/24HR PATCH 24HR</i> | 8 | QL ST |
| <i>EMSAM 6 MG/24HR PATCH 24HR</i> | 8 | QL ST |
| <i>EMSAM 9 MG/24HR PATCH 24HR</i> | 8 | QL ST |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| MARPLAN 10 MG TAB | 8 | |
| NARDIL 15 MG TAB | 8 | |
| PARNATE 10 MG TAB | 8 | |
| PHENELZINE SULFATE 15 MG TAB | 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 |
| 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 cap 30 mg | 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 15 MG CAP | 8 | |
| 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|--------------------------|
| <i>fluoxetine hcl cap 20 mg</i> | 8 | QL |
| <i>fluoxetine hcl cap 40 mg</i> | 8 | QL |
| <i>fluoxetine hcl solution 20 mg/5ml</i> | 8 | QL |
| <i>fluoxetine hcl tab 10 mg</i> | 8 | QL |
| <i>fluoxetine hcl tab 20 mg</i> | 8 | QL |
| <i>fluoxetine hcl tab 60 mg</i> | 8 | QL |
| <i>fluvoxamine maleate cap er 24hr 100 mg</i> | 8 | |
| <i>fluvoxamine maleate cap er 24hr 150 mg</i> | 8 | |
| <i>fluvoxamine maleate tab 100 mg</i> | 8 | QL |
| <i>fluvoxamine maleate tab 25 mg</i> | 8 | QL |
| <i>fluvoxamine maleate tab 50 mg</i> | 8 | QL |
| LEXAPRO 10 MG TAB | 8 | |
| LEXAPRO 20 MG TAB | 8 | |
| LEXAPRO 5 MG TAB | 8 | |
| PAROXETINE HCL 10 MG/5ML SUSPENSION | 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 |
| PAXIL 10 MG TAB | 8 | |
| PAXIL 10 MG/5ML SUSPENSION | 8 | |
| PAXIL 20 MG TAB | 8 | |
| PAXIL 30 MG TAB | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| PAXIL 40 MG TAB | 8 | |
| PAXIL CR 12.5 MG TAB ER 24H | 8 | |
| PAXIL CR 25 MG TAB ER 24H | 8 | |
| PAXIL CR 37.5 MG TAB ER 24H | 8 | |
| PEXEVA 10 MG TAB | 8 | |
| PEXEVA 20 MG TAB | 8 | |
| PEXEVA 30 MG TAB | 8 | |
| PEXEVA 40 MG TAB | 8 | |
| PROZAC 10 MG CAP | 8 | |
| PROZAC 20 MG CAP | 8 | |
| PROZAC 40 MG CAP | 8 | |
| SERTRALINE HCL 150 MG CAP | 8 | |
| SERTRALINE HCL 200 MG CAP | 8 | |
| sertraline hcl cap 150 mg | 8 | |
| sertraline hcl cap 200 mg | 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 | | |
| EXXUA 18.2 MG TAB ER 24H | 8 | |
| EXXUA 36.3 MG TAB ER 24H | 8 | |
| EXXUA 54.5 MG TAB ER 24H | 8 | |
| EXXUA 72.6 MG TAB ER 24H | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>EXXUA TITRATION PACK 18.2 MG TAB ER 24H</i> | 8 | |
| <i>NEFAZODONE HCL 100 MG TAB</i> | 8 | QL |
| <i>NEFAZODONE HCL 150 MG TAB</i> | 8 | QL |
| <i>NEFAZODONE HCL 200 MG TAB</i> | 8 | QL |
| <i>NEFAZODONE HCL 250 MG TAB</i> | 8 | QL |
| <i>NEFAZODONE HCL 50 MG TAB</i> | 8 | QL |
| <i>RALDESY 10 MG/ML SOLUTION</i> | 8 | |
| <i>trazodone hcl tab 100 mg</i> | 8 | |
| <i>trazodone hcl tab 150 mg</i> | 8 | |
| <i>trazodone hcl tab 300 mg</i> | 8 | |
| <i>trazodone hcl tab 50 mg</i> | 8 | |
| <i>TRINTELLIX 10 MG TAB</i> | 8 | QL ST |
| <i>TRINTELLIX 20 MG TAB</i> | 8 | QL ST |
| <i>TRINTELLIX 5 MG TAB</i> | 8 | QL ST |
| <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 & 20 MG KIT</i> | 8 | |
| <i>vilazodone hcl tab 10 mg</i> | 8 | QL |
| <i>vilazodone hcl tab 20 mg</i> | 8 | QL |
| <i>vilazodone hcl tab 40 mg</i> | 8 | QL |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <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 |
| <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 & 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <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 | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|------|-----------------------|
| <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 | |
| DOXEPIN HCL 10 MG/ML CONC | 8 | AL1 0 to 8 yrs old |
| <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 | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 | |
| <i>PAMELOR 10 MG CAP</i> | 8 | |
| <i>PAMELOR 25 MG CAP</i> | 8 | |
| <i>PAMELOR 50 MG CAP</i> | 8 | |
| <i>PAMELOR 75 MG CAP</i> | 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 | |
| ANTIDIABETICS | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| <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 | |
| ANTIDIABETIC - AMYLIN ANALOGS | | |
| <i>SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN</i> | 1 | PA |
| BIGUANIDES | | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>metformin hcl tab er 24hr 750 mg</i> | 1 | |
| DIABETIC OTHER | | |
| <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 PA |
| <i>glucagon for inj 1 mg</i> | 1 | QL |
| <i>GVOKE HYOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ</i> | 1 | QL |
| <i>GVOKE HYOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ</i> | 1 | QL |
| <i>GVOKE HYOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ</i> | 1 | QL |
| <i>GVOKE HYOPEN 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 1 MG/0.2ML SOLN PRSYR</i> | 1 | QL |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| <i>ALOGLIPTIN BENZOATE 12.5 MG TAB</i> | 1 | QL ST HYB |
| <i>ALOGLIPTIN BENZOATE 25 MG TAB</i> | 1 | QL ST HYB |
| <i>ALOGLIPTIN BENZOATE 6.25 MG TAB</i> | 1 | QL ST HYB |
| <i>BRYNOVIN 25 MG/ML SOLUTION</i> | 1 | ST HYB |
| <i>JANUVIA 100 MG TAB</i> | 1 | QL HYB |
| <i>JANUVIA 25 MG TAB</i> | 1 | QL HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| JANUVIA 50 MG TAB | 1 | QL HYB |
| NESINA 12.5 MG TAB | 1 | QL ST HYB |
| NESINA 25 MG TAB | 1 | QL ST HYB |
| ONGLYZA 2.5 MG TAB | 1 | QL ST HYB |
| ONGLYZA 5 MG TAB | 1 | QL HYB |
| saxagliptin hcl tab 2.5 mg (base equiv) | 1 | ST HYB |
| saxagliptin hcl tab 5 mg (base equiv) | 1 | ST HYB |
| SITAGLIPTIN 100 MG TAB | 1 | ST HYB |
| SITAGLIPTIN 25 MG TAB | 1 | ST HYB |
| SITAGLIPTIN 50 MG TAB | 1 | ST HYB |
| TRADJENTA 5 MG TAB | 1 | QL HYB |
| ZITUVIO 100 MG TAB | 1 | ST HYB |
| ZITUVIO 25 MG TAB | 1 | ST HYB |
| ZITUVIO 50 MG TAB | 1 | ST HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS | | |
| <i>ALOGLIPTIN-METFORMIN HCL 12.5-1000 MG TAB</i> | 1 | QL ST HYB |
| <i>ALOGLIPTIN-METFORMIN HCL 12.5-500 MG TAB</i> | 1 | ST HYB |
| <i>JANUMET 50-1000 MG TAB</i> | 1 | QL HYB |
| <i>JANUMET 50-500 MG TAB</i> | 1 | QL HYB |
| <i>JANUMET XR 100-1000 MG TAB ER 24H</i> | 1 | QL HYB |
| <i>JANUMET XR 50-1000 MG TAB ER 24H</i> | 1 | QL HYB |
| <i>JANUMET XR 50-500 MG TAB ER 24H</i> | 1 | QL HYB |
| <i>JENTADUETO 2.5-1000 MG TAB</i> | 1 | QL HYB |
| <i>JENTADUETO 2.5-500 MG TAB</i> | 1 | QL HYB |
| <i>JENTADUETO 2.5-850 MG TAB</i> | 1 | QL HYB |
| <i>JENTADUETO XR 2.5-1000 MG TAB ER 24H</i> | 1 | QL HYB |
| <i>JENTADUETO XR 5-1000 MG TAB ER 24H</i> | 1 | QL HYB |
| <i>KAZANO 12.5-1000 MG TAB</i> | 1 | QL ST HYB |
| <i>KAZANO 12.5-500 MG TAB</i> | 1 | ST HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i> | 1 | ST HYB |
| <i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i> | 1 | ST HYB |
| <i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i> | 1 | ST HYB |
| <i>SITAGLIPT BASE-METFORM HCL ER 100-1000 MG TAB ER 24H</i> | 1 | ST HYB |
| <i>SITAGLIPT BASE-METFORM HCL ER 50-1000 MG TAB ER 24H</i> | 1 | ST HYB |
| <i>SITAGLIPT BASE-METFORM HCL ER 50-500 MG TAB ER 24H</i> | 1 | ST HYB |
| <i>SITAGLIPTIN BASE-METFORMIN HCL 50-1000 MG TAB</i> | 1 | ST HYB |
| <i>SITAGLIPTIN BASE-METFORMIN HCL 50-500 MG TAB</i> | 1 | ST HYB |
| <i>ZITUVIMET 50-1000 MG TAB</i> | 1 | ST HYB |
| <i>ZITUVIMET 50-500 MG TAB</i> | 1 | ST HYB |
| <i>ZITUVIMET XR 100-1000 MG TAB ER 24H</i> | 1 | ST HYB |
| <i>ZITUVIMET XR 50-1000 MG TAB ER 24H</i> | 1 | ST HYB |
| <i>ZITUVIMET XR 50-500 MG TAB ER 24H</i> | 1 | ST HYB |
| DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS | | |
| <i>ALOGLIPTIN-PIOGLITAZONE 12.5-30 MG TAB</i> | 1 | ST HYB |
| <i>ALOGLIPTIN-PIOGLITAZONE 25-15 MG TAB</i> | 1 | ST HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>ALOGLIPTIN-PIOGLITAZONE 25-30 MG TAB</i> | 1 | ST HYB |
| <i>ALOGLIPTIN-PIOGLITAZONE 25-45 MG TAB</i> | 1 | ST HYB |
| HUMAN INSULIN | | |
| <i>ADMELOG 100 UNIT/ML SOLUTION</i> | 1 | QL PA HYB |
| <i>ADMELOG SOLOSTAR 100 UNIT/ML SOLN PEN</i> | 1 | QL PA HYB |
| <i>AFREZZA 12 UNIT POWDER</i> | 1 | PA HYB |
| <i>AFREZZA 4 UNIT POWDER</i> | 1 | PA HYB |
| <i>AFREZZA 60X4 & 60X8 & 60X12 UNIT POWDER</i> | 1 | PA HYB |
| <i>AFREZZA 8 UNIT POWDER</i> | 1 | PA HYB |
| <i>AFREZZA 90 X 4 UNIT & 90X8 UNIT POWDER</i> | 1 | PA HYB |
| <i>AFREZZA 90 X 8 UNIT & 90X12 UNIT POWDER</i> | 1 | PA HYB |
| <i>APIDRA 100 UNIT/ML SOLUTION</i> | 1 | QL PA HYB |
| <i>APIDRA SOLOSTAR 100 UNIT/ML SOLN PEN</i> | 1 | QL PA HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN</i> | 1 | PA HYB |
| <i>FIASP 100 UNIT/ML SOLUTION</i> | 1 | QL HYB |
| <i>FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN</i> | 1 | QL HYB |
| <i>FIASP PENFILL 100 UNIT/ML SOLN CART</i> | 1 | QL HYB |
| <i>FIASP PUMPCART 100 UNIT/ML SOLN CART</i> | 1 | QL HYB |
| <i>HUMALOG 100 UNIT/ML SOLN CART</i> | 1 | QL HYB |
| <i>HUMALOG 100 UNIT/ML SOLUTION</i> | 1 | QL HYB HYB |
| <i>HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN</i> | 1 | QL HYB |
| <i>HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN</i> | 1 | QL HYB |
| <i>HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN</i> | 1 | QL PA HYB |
| <i>HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION</i> | 1 | QL |
| <i>HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN</i> | 1 | QL HYB |
| <i>HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION</i> | 1 | QL HYB |
| <i>HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN</i> | 1 | QL HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| HUMALOG TEMPO PEN 100 UNIT/ML SOLN PEN | 1 | HYB |
| | | QL |
| HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION | 1 | HYB |
| | | HYB |
| HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN | 1 | QL |
| | | HYB |
| HUMULIN N 100 UNIT/ML SUSPENSION | 1 | QL |
| | | PA |
| | | HYB |
| HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN | 1 | QL |
| | | PA |
| | | HYB |
| HUMULIN R 100 UNIT/ML SOLUTION | 1 | QL |
| | | PA |
| | | HYB |
| HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION | 1 | QL |
| | | PA |
| | | HYB |
| HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN | 1 | QL |
| | | PA |
| | | HYB |
| INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN | 1 | QL |
| | | HYB |
| INSULIN ASPART 100 UNIT/ML SOLUTION | 1 | QL |
| | | HYB |
| INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN | 1 | QL |
| | | HYB |
| INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART | 1 | QL |
| | | HYB |
| INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION | 1 | QL |
| | | HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>INSULIN DEGLUDEC 100 UNIT/ML SOLUTION</i> | 1 | <ul style="list-style-type: none"> QL PA HYB |
| <i>INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN</i> | 1 | <ul style="list-style-type: none"> QL PA HYB |
| <i>INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN</i> | 1 | <ul style="list-style-type: none"> QL PA HYB |
| <i>INSULIN GLARGINE 100 UNIT/ML SOLUTION</i> | 1 | <ul style="list-style-type: none"> QL PA HYB |
| <i>INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN</i> | 1 | <ul style="list-style-type: none"> QL PA HYB |
| <i>INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN</i> | 1 | <ul style="list-style-type: none"> QL PA HYB |
| <i>INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN</i> | 1 | <ul style="list-style-type: none"> QL PA HYB |
| <i>INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN</i> | 1 | <ul style="list-style-type: none"> QL PA HYB |
| <i>INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION</i> | 1 | <ul style="list-style-type: none"> QL PA HYB |
| <i>INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN</i> | 1 | <ul style="list-style-type: none"> QL HYB HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN</i> | 1 | QL HYB |
| <i>INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN</i> | 1 | QL PA HYB |
| <i>KIRSTY 100 UNIT/ML SOLN PEN</i> | 1 | PA HYB |
| <i>KIRSTY 100 UNIT/ML SOLUTION</i> | 1 | PA HYB |
| <i>LANTUS 100 UNIT/ML SOLUTION</i> | 1 | QL HYB HYB |
| <i>LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN</i> | 1 | QL HYB HYB |
| <i>LEVEMIR 100 UNIT/ML SOLUTION</i> | 1 | QL HYB |
| <i>LEVEMIR FLEXPEN 100 UNIT/ML SOLN PEN</i> | 1 | QL HYB |
| <i>LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN</i> | 1 | QL HYB |
| <i>LYUMJEV 100 UNIT/ML SOLUTION</i> | 1 | QL PA HYB |
| <i>LYUMJEV KWIKPEN 100 UNIT/ML SOLN PEN</i> | 1 | QL PA HYB |
| <i>LYUMJEV KWIKPEN 200 UNIT/ML SOLN PEN</i> | 1 | QL PA HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>LYUMJEV TEMPO PEN 100 UNIT/ML SOLN PEN</i> | 1 | PA HYB |
| <i>MERILOG 100 UNIT/ML SOLUTION</i> | 1 | PA HYB |
| <i>MERILOG SOLOSTAR 100 UNIT/ML SOLN PEN</i> | 1 | PA HYB |
| <i>NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION</i> | 1 | QL PA HYB |
| <i>NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN</i> | 1 | QL PA HYB |
| <i>NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN</i> | 1 | QL PA HYB |
| <i>NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION</i> | 1 | QL PA HYB |
| <i>NOVOLIN N 100 UNIT/ML SUSPENSION</i> | 1 | QL HYB |
| <i>NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN</i> | 1 | QL HYB |
| <i>NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN</i> | 1 | QL HYB |
| <i>NOVOLIN N RELION 100 UNIT/ML SUSPENSION</i> | 1 | QL HYB |
| <i>NOVOLIN R 100 UNIT/ML SOLUTION</i> | 1 | QL PA HYB |
| <i>NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN</i> | 1 | QL PA HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN | 1 | QL PA HYB |
| NOVOLIN R RELION 100 UNIT/ML SOLUTION | 1 | QL PA HYB |
| NOVOLOG 100 UNIT/ML SOLUTION | 1 | QL HYB |
| NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN | 1 | QL HYB |
| NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN | 1 | QL HYB |
| NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN | 1 | QL HYB |
| NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION | 1 | QL HYB |
| NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN | 1 | QL HYB |
| NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION | 1 | QL HYB |
| NOVOLOG PENFILL 100 UNIT/ML SOLN CART | 1 | QL HYB |
| NOVOLOG RELION 100 UNIT/ML SOLUTION | 1 | QL HYB |
| REZVOGLAR KWIKPEN 100 UNIT/ML SOLN PEN | 1 | QL PA HYB |
| SEMGLEE (YFGN) 100 UNIT/ML SOLN PEN | 1 | QL HYB |
| SEMGLEE (YFGN) 100 UNIT/ML SOLUTION | 1 | QL HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>SEMGLEE 100 UNIT/ML SOLN PEN</i> | 1 | QL HYB |
| <i>SEMGLEE 100 UNIT/ML SOLUTION</i> | 1 | QL HYB |
| <i>TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN</i> | 1 | QL HYB |
| <i>TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN</i> | 1 | QL HYB |
| <i>TRESIBA 100 UNIT/ML SOLUTION</i> | 1 | QL PA HYB |
| <i>TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN</i> | 1 | QL PA HYB |
| <i>TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN</i> | 1 | QL PA HYB |
| INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS) | | |
| <i>MOUNJARO 10 MG/0.5ML SOLN A-INJ</i> | 1 | QL PA HYB |
| <i>MOUNJARO 12.5 MG/0.5ML SOLN A-INJ</i> | 1 | QL PA HYB |
| <i>MOUNJARO 15 MG/0.5ML SOLN A-INJ</i> | 1 | QL PA HYB |
| <i>MOUNJARO 2.5 MG/0.5ML SOLN A-INJ</i> | 1 | QL PA HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>MOUNJARO 7.5 MG/0.5ML SOLN A-INJ</i> | 1 | QL PA HYB |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | |
| <i>BYDUREON BCISE 2 MG/0.85ML A-INJ</i> | 1 | QL PA HYB |
| <i>BYETTA 10 MCG PEN 10 MCG/0.04ML SOLN PEN</i> | 1 | QL PA HYB |
| <i>BYETTA 5 MCG PEN 5 MCG/0.02ML SOLN PEN</i> | 1 | QL PA HYB |
| <i>EXENATIDE 10 MCG/0.04ML SOLN PEN</i> | 1 | QL PA HYB |
| <i>EXENATIDE 5 MCG/0.02ML SOLN PEN</i> | 1 | QL PA HYB |
| <i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i> | 1 | QL PA HYB |
| <i>OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN</i> | 1 | QL HYB |
| <i>OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN</i> | 1 | QL HYB |
| <i>OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN</i> | 1 | QL HYB |
| <i>OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN</i> | 1 | QL HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>OZEMPIC 4 MG TAB</i> | 1 | QL PA HYB |
| <i>OZEMPIC 9 MG TAB</i> | 1 | QL PA HYB |
| <i>RYBELSUS 14 MG TAB</i> | 1 | QL PA HYB |
| <i>RYBELSUS 3 MG TAB</i> | 1 | QL PA HYB |
| <i>RYBELSUS 7 MG TAB</i> | 1 | QL PA HYB |
| <i>TRULICITY 0.75 MG/0.5ML SOLN A-INJ</i> | 1 | QL HYB |
| <i>TRULICITY 1.5 MG/0.5ML SOLN A-INJ</i> | 1 | QL HYB |
| <i>TRULICITY 3 MG/0.5ML SOLN A-INJ</i> | 1 | QL HYB |
| <i>TRULICITY 4.5 MG/0.5ML SOLN A-INJ</i> | 1 | QL HYB |
| <i>VICTOZA 18 MG/3ML SOLN PEN</i> | 1 | QL HYB |
| INSULIN-INCRETIN MIMETIC COMBINATIONS | | |
| <i>SOLIQUA 100-33 UNT-MCG/ML SOLN PEN</i> | 1 | QL PA HYB |
| <i>XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN</i> | 1 | QL PA HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| MEGLITINIDE ANALOGUES | | |
| <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 |
| SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB | | |
| <i>TRIJARDY XR 10-5-1000 MG TAB ER 24H</i> | 1 | ST HYB |
| <i>TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H</i> | 1 | ST HYB |
| <i>TRIJARDY XR 25-5-1000 MG TAB ER 24H</i> | 1 | ST HYB |
| <i>TRIJARDY XR 5-2.5-1000 MG TAB ER 24H</i> | 1 | ST HYB |
| SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS | | |
| <i>GLYXAMBI 10-5 MG TAB</i> | 1 | ST HYB |
| <i>GLYXAMBI 25-5 MG TAB</i> | 1 | ST HYB |
| <i>QTERN 10-5 MG TAB</i> | 1 | ST HYB |
| <i>QTERN 5-5 MG TAB</i> | 1 | ST HYB |
| <i>STEGLUJAN 15-100 MG TAB</i> | 1 | ST HYB |
| <i>STEGLUJAN 5-100 MG TAB</i> | 1 | ST HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS | | |
| <i>dapagliflozin tab 10 mg</i> | 1 | ST HYB |
| <i>dapagliflozin tab 5 mg</i> | 1 | ST HYB |
| <i>FARXIGA 10 MG TAB</i> | 1 | QL HYB HYB |
| <i>FARXIGA 5 MG TAB</i> | 1 | QL HYB HYB |
| <i>INVOKANA 100 MG TAB</i> | 1 | QL ST HYB |
| <i>INVOKANA 300 MG TAB</i> | 1 | QL ST HYB |
| <i>JARDIANCE 10 MG TAB</i> | 1 | QL HYB |
| <i>JARDIANCE 25 MG TAB</i> | 1 | QL HYB |
| <i>STEGLATRO 15 MG TAB</i> | 1 | QL ST HYB |
| <i>STEGLATRO 5 MG TAB</i> | 1 | QL ST HYB |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB | | |
| <i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i> | 1 | ST HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i> | 1 | ST HYB |
| <i>INVOKAMET 150-1000 MG TAB</i> | 1 | QL ST HYB |
| <i>INVOKAMET 150-500 MG TAB</i> | 1 | QL ST HYB |
| <i>INVOKAMET 50-1000 MG TAB</i> | 1 | QL ST HYB |
| <i>INVOKAMET 50-500 MG TAB</i> | 1 | QL ST HYB |
| <i>INVOKAMET XR 150-1000 MG TAB ER 24H</i> | 1 | ST HYB |
| <i>INVOKAMET XR 150-500 MG TAB ER 24H</i> | 1 | ST HYB |
| <i>INVOKAMET XR 50-1000 MG TAB ER 24H</i> | 1 | ST HYB |
| <i>INVOKAMET XR 50-500 MG TAB ER 24H</i> | 1 | ST HYB |
| <i>SEGLUROMET 2.5-1000 MG TAB</i> | 1 | ST HYB |
| <i>SEGLUROMET 2.5-500 MG TAB</i> | 1 | ST HYB |
| <i>SEGLUROMET 7.5-1000 MG TAB</i> | 1 | ST HYB |
| <i>SEGLUROMET 7.5-500 MG TAB</i> | 1 | ST HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>SYNJARDY 12.5-1000 MG TAB</i> | 1 | QL HYB |
| <i>SYNJARDY 12.5-500 MG TAB</i> | 1 | QL HYB |
| <i>SYNJARDY 5-1000 MG TAB</i> | 1 | QL HYB |
| <i>SYNJARDY 5-500 MG TAB</i> | 1 | QL HYB |
| <i>SYNJARDY XR 10-1000 MG TAB ER 24H</i> | 1 | QL HYB |
| <i>SYNJARDY XR 12.5-1000 MG TAB ER 24H</i> | 1 | QL HYB |
| <i>SYNJARDY XR 25-1000 MG TAB ER 24H</i> | 1 | QL HYB |
| <i>SYNJARDY XR 5-1000 MG TAB ER 24H</i> | 1 | QL HYB |
| <i>XIGDUO XR 10-1000 MG TAB ER 24H</i> | 1 | HYB |
| <i>XIGDUO XR 10-500 MG TAB ER 24H</i> | 1 | HYB |
| <i>XIGDUO XR 2.5-1000 MG TAB ER 24H</i> | 1 | HYB |
| <i>XIGDUO XR 5-1000 MG TAB ER 24H</i> | 1 | HYB |
| <i>XIGDUO XR 5-500 MG TAB ER 24H</i> | 1 | HYB |
| SULFONYLUREA-BIGUANIDE COMBINATIONS | | |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 1 | ST HYB |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | 1 | ST HYB |
| <i>glipizide-metformin hcl tab 5-500 mg</i> | 1 | ST HYB |
| <i>glyburide-metformin tab 1.25-250 mg</i> | 1 | HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>glyburide-metformin tab 2.5-500 mg</i> | 1 | HYB |
| <i>glyburide-metformin tab 5-500 mg</i> | 1 | HYB |
| SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS | | |
| <i>DUETACT 30-2 MG TAB</i> | 1 | ST HYB |
| <i>DUETACT 30-4 MG TAB</i> | 1 | ST HYB |
| <i>pioglitazone hcl-glimepiride tab 30-2 mg</i> | 1 | ST HYB |
| <i>pioglitazone hcl-glimepiride tab 30-4 mg</i> | 1 | ST HYB |
| SULFONYLUREAS | | |
| <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 | |
| <i>GLYBURIDE MICRONIZED 1.5 MG TAB</i> | 1 | |
| <i>GLYBURIDE MICRONIZED 3 MG TAB</i> | 1 | |
| <i>GLYBURIDE MICRONIZED 6 MG TAB</i> | 1 | |
| <i>glyburide tab 1.25 mg</i> | 1 | |
| <i>glyburide tab 2.5 mg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>glyburide tab 5 mg</i> | 1 | |
| THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS | | |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | 1 | QL |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | 1 | QL |
| 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>loperamide hcl cap 2 mg</i> | 1 | |
| <i>loperamide hcl cap 2 mg</i> | 1 | |
| <i>loperamide hcl cap 2 mg</i> | 1 | |
| <i>loperamide hcl cap 2 mg</i> | 1 | |
| <i>loperamide hcl cap 2 mg</i> | 1 | |
| <i>loperamide hcl cap 2 mg</i> | 1 | |
| <i>loperamide hcl cap 2 mg</i> | 1 | |
| <i>loperamide hcl cap 2 mg</i> | 1 | |
| <i>loperamide hcl soln 1 mg/7.5ml</i> | 1 | PA |
| <i>loperamide hcl soln 1 mg/7.5ml</i> | 1 | PA |
| <i>loperamide hcl soln 1 mg/7.5ml</i> | 1 | PA |
| <i>loperamide hcl soln 1 mg/7.5ml</i> | 1 | PA |
| <i>loperamide hcl soln 1 mg/7.5ml</i> | 1 | PA |
| <i>loperamide hcl soln 1 mg/7.5ml</i> | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>loperamide hcl soln 1 mg/7.5ml</i> | 1 | PA |
| <i>loperamide hcl soln 1 mg/7.5ml</i> | 1 | PA |
| <i>loperamide hcl soln 1 mg/7.5ml</i> | 1 | PA |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>loperamide hcl tab 2 mg</i> | 1 | |
| <i>OPIUM 10 MG/ML (1%) TINCTURE</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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <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 |
| <i>FERRIPROX 100 MG/ML SOLUTION</i> | 1 | PA S Specialty Drug |
| <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 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 | |
| <i>naloxone hcl nasal spray 4 mg/0.1ml</i> | 8 | |
| <i>naloxone hcl nasal spray 4 mg/0.1ml</i> | 8 | QL |
| <i>naloxone hcl nasal spray 4 mg/0.1ml</i> | 8 | |
| <i>naloxone hcl soln prefilled syringe 0.4 mg/ml</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 | QL |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| OPVEE 2.7 MG/0.1ML SOLUTION | 8 | QL |
| REXTOVY 4 MG/0.25ML LIQUID | 8 | QL |
| VIVITROL 380 MG RECON SUSP | 8 | QL MFL 1 / 28 day(s) S Specialty Drug |
| ZIMHI 5 MG/0.5ML SOLN PRSYR | 8 | QL |
| ZURNAI 1.5 MG/0.5ML SOLN A-INJ | 8 | QL |
| ANTIEMETICS | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | |
| granisetron hcl inj 1 mg/ml | 1 | |
| granisetron hcl inj 4 mg/4ml (1 mg/ml) | 1 | |
| granisetron hcl tab 1 mg | 1 | QL |
| ONDANSETRON HCL +RFID 4 MG/2ML SOLN PRSYR | 1 | |
| ONDANSETRON HCL 4 MG/2ML SOLN PRSYR | 1 | |
| ondansetron hcl inj 4 mg/2ml (2 mg/ml) | 1 | |
| ondansetron hcl inj 4 mg/2ml (2 mg/ml) | 1 | |
| ondansetron hcl inj 40 mg/20ml (2 mg/ml) | 1 | |
| ondansetron hcl oral soln 4 mg/5ml | 1 | QL |
| ondansetron hcl tab 4 mg | 1 | QL |
| ondansetron hcl tab 8 mg | 1 | QL |
| ondansetron orally disintegrating tab 4 mg | 1 | QL |
| ondansetron orally disintegrating tab 8 mg | 1 | QL |
| SUSTOL 10 MG/0.4ML PRSYR | 1 | PA S Specialty Drug |
| ANTIEMETIC COMBINATIONS | | |
| AKYNZEO 300-0.5 MG CAP | 1 | QL PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ANTIEMETICS - ANTICHOLINERGIC | | |
| <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 | |
| ANTIEMETICS - MISCELLANEOUS | | |
| <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 |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| <i>aprepitant capsule 125 mg</i> | 1 | QL |
| <i>aprepitant capsule 80 mg</i> | 1 | QL |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | 1 | QL |
| ANTIFUNGALS | | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <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 |
| <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 - ALKYLAMINES | | |
| <i>chlorpheniramine maleate syrup 2 mg/5ml</i> | 1 | PA |
| <i>chlorpheniramine maleate syrup 2 mg/5ml</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| <i>chlorpheniramine maleate tab 4 mg</i> | 1 | PA |
| 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 cap 25 mg</i> | 1 | |
| <i>diphenhydramine hcl cap 25 mg</i> | 1 | |
| <i>diphenhydramine hcl cap 25 mg</i> | 1 | |
| <i>diphenhydramine hcl cap 25 mg</i> | 1 | |
| <i>diphenhydramine hcl cap 25 mg</i> | 1 | |
| <i>diphenhydramine hcl cap 25 mg</i> | 1 | |
| <i>diphenhydramine hcl cap 25 mg</i> | 1 | |
| <i>diphenhydramine hcl cap 25 mg</i> | 1 | |
| <i>diphenhydramine hcl cap 25 mg</i> | 1 | |
| <i>diphenhydramine hcl cap 25 mg</i> | 1 | |
| <i>diphenhydramine hcl cap 25 mg</i> | 1 | |
| <i>diphenhydramine hcl cap 25 mg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>cetirizine hcl tab 10 mg</i> | 1 | |
| <i>cetirizine hcl tab 10 mg</i> | 1 | |
| <i>cetirizine hcl tab 10 mg</i> | 1 | |
| <i>cetirizine hcl tab 10 mg</i> | 1 | |
| <i>cetirizine hcl tab 10 mg</i> | 1 | |
| <i>cetirizine hcl tab 10 mg</i> | 1 | |
| <i>cetirizine hcl tab 10 mg</i> | 1 | |
| <i>cetirizine hcl tab 5 mg</i> | 1 | |
| <i>cetirizine hcl tab 5 mg</i> | 1 | |
| <i>DESLORATADINE 2.5 MG TAB DISP</i> | 1 | QL |
| <i>DESLORATADINE 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 |
| <i>loratadine chew tab 5 mg</i> | 1 | PA |
| <i>loratadine chew tab 5 mg</i> | 1 | PA |
| <i>loratadine chew tab 5 mg</i> | 1 | PA |
| <i>loratadine chew tab 5 mg</i> | 1 | PA |
| <i>loratadine chew tab 5 mg</i> | 1 | PA |
| <i>loratadine chew tab 5 mg</i> | 1 | PA |
| <i>loratadine chew tab 5 mg</i> | 1 | PA |
| <i>loratadine chew tab 5 mg</i> | 1 | PA |
| <i>loratadine oral soln 5 mg/5ml</i> | 1 | |
| <i>loratadine oral soln 5 mg/5ml</i> | 1 | |
| <i>loratadine oral soln 5 mg/5ml</i> | 1 | |
| <i>loratadine oral soln 5 mg/5ml</i> | 1 | |
| <i>loratadine oral soln 5 mg/5ml</i> | 1 | |

| 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 |
| <i>icosapent ethyl cap 1 gm</i> | 1 | QL |
| <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 |
| <i>colestipol hcl granule packets 5 gm</i> | 1 | |
| <i>colestipol hcl granules 5 gm</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>colestipol hcl tab 1 gm</i> | 1 | |
| FIBRIC ACID DERIVATIVES | | |
| <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 | |
| HMG COA REDUCTASE INHIBITORS | | |
| <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 |
| <i>fluvastatin sodium cap 40 mg (base equivalent)</i> | 1 | QL PREV |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <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 |
| <i>simvastatin tab 20 mg</i> | 1 | QL PREV |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <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-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 |
| SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS | | |
| <i>LEQVIO 284 MG/1.5ML SOLN PRSYR</i> | 1 | PA S Specialty Drug |
| ANTIHYPERTENSIVES | | |
| ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS | | |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> | 1 | |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | 1 | |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> | 1 | |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> | 1 | |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> | 1 | |
| <i>TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER</i> | 1 | QL |
| <i>TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER</i> | 1 | QL |
| <i>TRANDOLAPRIL-VERAPAMIL HCL ER 2-240 MG TAB ER</i> | 1 | QL |
| <i>TRANDOLAPRIL-VERAPAMIL HCL ER 4-240 MG TAB ER</i> | 1 | QL |
| ACE INHIBITORS | | |
| <i>benazepril hcl tab 10 mg</i> | 1 | |
| <i>benazepril hcl tab 20 mg</i> | 1 | |
| <i>benazepril hcl tab 40 mg</i> | 1 | |
| <i>benazepril hcl tab 5 mg</i> | 1 | |
| <i>captopril tab 100 mg</i> | 1 | |
| <i>captopril tab 12.5 mg</i> | 1 | |
| <i>captopril tab 25 mg</i> | 1 | |
| <i>captopril tab 50 mg</i> | 1 | |
| <i>enalapril maleate oral soln 1 mg/ml</i> | 1 | AL1 Up to 8 yrs old |
| <i>enalapril maleate tab 10 mg</i> | 1 | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <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 | |
| PERINDOPRIL ERBUMINE 2 MG TAB | 1 | |
| PERINDOPRIL ERBUMINE 8 MG TAB | 1 | |
| <i>perindopril erbumine tab 4 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 | |
| <i>trandolapril tab 2 mg</i> | 1 | |
| <i>trandolapril tab 4 mg</i> | 1 | |
| ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE | | |
| <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> | 1 | |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-15 MG TAB | 1 | |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB</i> | 1 | |
| <i>CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-25 MG TAB</i> | 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> | 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| <i>QUINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB</i> | 1 | PA |
| <i>QUINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB</i> | 1 | |
| <i>QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB</i> | 1 | |
| ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES | | |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> | 1 | |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> | 1 | QL |
| ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB | | |
| <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 | |
| TELMISARTAN-AMLODIPINE 40-10 MG TAB | 1 | QL |
| TELMISARTAN-AMLODIPINE 40-5 MG TAB | 1 | QL |
| TELMISARTAN-AMLODIPINE 80-10 MG TAB | 1 | QL |
| TELMISARTAN-AMLODIPINE 80-5 MG TAB | 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 & hydrochlorothiazide tab 100-12.5 mg</i> | 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> | 1 | |
| <i>losartan potassium & 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|---------------------------|
| <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>ARBLI 10 MG/ML SUSPENSION</i> | 1 | QL AL1 Up to 8 yrs old |
| <i>candesartan cilexetil tab 16 mg</i> | 1 | QL |
| <i>candesartan cilexetil tab 32 mg</i> | 1 | QL |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <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 | |
| ANTIADRENERGICS - CENTRALLY ACTING | | |
| <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 | |
| METHYLDOPA 500 MG TAB | 1 | |
| <i>methyldopa tab 250 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| BETA BLOCKER & DIURETIC COMBINATIONS | | |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | 1 | |
| <i>atenolol & chlorthalidone tab 50-25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | 1 | |
| DIRECT RENIN INHIBITORS | | |
| <i>aliskiren fumarate tab 150 mg (base equivalent)</i> | 1 | |
| <i>aliskiren fumarate tab 300 mg (base equivalent)</i> | 1 | |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| <i>eplerenone tab 25 mg</i> | 1 | QL |
| <i>eplerenone tab 50 mg</i> | 1 | QL |
| VASODILATORS | | |
| <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 | |
| ANTIMALARIALS | | |
| ANTIMALARIAL COMBINATIONS | | |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 1 | |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> | 1 | |
| CHLOROQUINE PHOSPHATE 250 MG TAB | 1 | |
| <i>chloroquine phosphate tab 250 mg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <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 | |
| <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 | |
| ANTIMYCOBACTERIAL AGENTS | | |
| <i>CYCLOSERINE 250 MG CAP</i> | 1 | |
| <i>ethambutol hcl tab 100 mg</i> | 1 | |
| <i>ethambutol hcl tab 400 mg</i> | 1 | |
| <i>ISONIAZID 100 MG/ML SOLUTION</i> | 1 | |
| <i>isoniazid syrup 50 mg/5ml</i> | 1 | |
| <i>isoniazid tab 100 mg</i> | 1 | |
| <i>isoniazid tab 300 mg</i> | 1 | |
| <i>PRETOMANID 200 MG TAB</i> | 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| ANDROGEN BIOSYNTHESIS INHIBITORS | | |
| <i>abiraterone acetate tab 250 mg</i> | 1 | QL |
| <i>abiraterone acetate tab 250 mg</i> | 1 | QL |
| ANTIANDROGENS | | |
| <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 150 MG TAB</i> | 1 | QL PA |
| <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 |
| ANTIESTROGENS | | |
| <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 |
| ANTIMETABOLITES | | |
| <i>capecitabine tab 150 mg</i> | 1 | |
| <i>capecitabine tab 500 mg</i> | 1 | |
| <i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i> | 1 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| <i>mercaptopurine tab 50 mg</i> | 1 | |
| METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION | 1 | |
| METHOTREXATE SODIUM (PF) 1000 MG/40ML SOLUTION | 1 | |
| METHOTREXATE SODIUM 250 MG/10ML SOLUTION | 1 | |
| METHOTREXATE SODIUM 50 MG/2ML SOLUTION | 1 | |
| <i>methotrexate sodium for inj 1 gm</i> | 1 | |
| <i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> | 1 | |
| <i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> | 1 | |
| <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> | 1 | |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i> | 1 | |
| 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 & 50 & 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>nilotinib hcl cap 150 mg (base equivalent)</i> | 1 | PA S Specialty Drug |
| <i>nilotinib hcl cap 200 mg (base equivalent)</i> | 1 | PA S Specialty Drug |
| <i>nilotinib hcl cap 50 mg (base equivalent)</i> | 1 | PA S Specialty Drug |
| <i>SCEMBLIX 100 MG TAB</i> | 1 | PA S Specialty Drug |
| <i>SCEMBLIX 20 MG TAB</i> | 1 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------------|
| <i>SCSEMBLIX 40 MG TAB</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>BRUKINSA 160 MG TAB</i> | 1 | PA S Specialty Drug |
| <i>BRUKINSA 80 MG CAP</i> | 1 | PA S Specialty Drug |
| <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 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 |
| 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 |
| TAGRISSE 40 MG TAB | 1 | PA S Specialty Drug |
| TAGRISSE 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 |
| LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK | 1 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------------|
| <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 |
| 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 |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|---|
| <i>POMALYST 4 MG CAP</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 |
| ANTINEOPLASTIC - KRAS INHIBITORS | | |
| <i>KRAZATI 200 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>LUMAKRAS 120 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>LUMAKRAS 240 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>LUMAKRAS 320 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 |
| ANTINEOPLASTIC - MEK INHIBITORS | | |
| <i>COTELLIC 20 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>KOSELUGO 10 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>KOSELUGO 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>KOSELUGO 5 MG CAP SPRINK</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>KOSELUGO 7.5 MG CAP SPRINK</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>MEKINIST 0.05 MG/ML RECON SOLN</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>MEKINIST 0.5 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>MEKINIST 2 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>MEKTOVI 15 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| 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 |
| ANTINEOPLASTIC - MULTIKINASE INHIBITORS | | |
| <i>CABOMETYX 20 MG TAB</i> | 1 | PA S Specialty Drug |
| <i>CABOMETYX 40 MG TAB</i> | 1 | PA S Specialty Drug |
| <i>CABOMETYX 60 MG TAB</i> | 1 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <i>CAPRELSA 100 MG TAB</i> | 1 | PA S Specialty Drug |
| <i>CAPRELSA 300 MG TAB</i> | 1 | PA S Specialty Drug |
| <i>lapatinib ditosylate tab 250 mg (base equiv)</i> | 1 | PA S Specialty Drug |
| <i>NERLYNX 40 MG TAB</i> | 1 | PA S Specialty Drug |
| <i>pazopanib hcl tab 200 mg (base equiv)</i> | 1 | PA S Specialty Drug |
| <i>QINLOCK 50 MG TAB</i> | 1 | PA S Specialty Drug |
| <i>sorafenib tosylate tab 200 mg (base equivalent)</i> | 1 | PA S Specialty Drug |
| <i>STIVARGA 40 MG TAB</i> | 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 |
| <i>TURALIO 125 MG CAP</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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| AYVAKIT 25 MG TAB | 1 | PA S Specialty Drug |
| AYVAKIT 300 MG TAB | 1 | PA S Specialty Drug |
| AYVAKIT 50 MG TAB | 1 | PA S Specialty Drug |
| ANTINEOPLASTIC - RET INHIBITORS | | |
| GAVRETO 100 MG CAP | 1 | PA S Specialty Drug |
| RETEVMO 120 MG TAB | 1 | PA S Specialty Drug |
| RETEVMO 160 MG TAB | 1 | PA S Specialty Drug |
| RETEVMO 40 MG CAP | 1 | PA S Specialty Drug |
| RETEVMO 40 MG TAB | 1 | PA S Specialty Drug |
| 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| ANTINEOPLASTIC - XPO1 INHIBITORS | | |
| <i>XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| <i>XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| <i>XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| <i>XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| <i>XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| <i>XPOVIO (60 MG TWICE 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 ONCE WEEKLY) 80 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 |
| ANTINEOPLASTIC COMBINATIONS | | |
| <i>KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| <i>KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| <i>KISQALI FEMARA (600 MG DOSE) 200 & 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| ANTINEOPLASTICS MISC. | | |
| <i>ACTIMMUNE 100 MCG/0.5ML SOLUTION</i> | 1 | PA S Specialty Drug |
| <i>hydroxyurea cap 500 mg</i> | 1 | |
| AROMATASE INHIBITORS | | |
| <i>anastrozole tab 1 mg</i> | 1 | QL 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 |
| FOLIC ACID ANTAGONISTS RESCUE AGENTS | | |
| <i>LEDERLE LEUCOVORIN 5 MG TAB</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------------|
| <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 | |
| IMIDAZOTETRAZINES | | |
| <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 |
| JANUS ASSOCIATED KINASE (JAK) INHIBITORS | | |
| <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 |
| LHRH ANALOGS | | |
| <i>ELIGARD 22.5 MG KIT</i> | 1 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <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 |
| MITOTIC INHIBITORS | | |
| <i>ETOPOSIDE 50 MG CAP</i> | 1 | PA S Specialty Drug |
| NITROGEN MUSTARDS AND RELATED ANALOGUES | | |
| <i>CYCLOPHOSPHAMIDE 25 MG CAP</i> | 1 | |
| <i>CYCLOPHOSPHAMIDE 50 MG CAP</i> | 1 | |
| <i>CYCLOPHOSPHAMIDE 50 MG TAB</i> | 1 | |
| <i>cyclophosphamide cap 25 mg</i> | 1 | |
| <i>cyclophosphamide cap 50 mg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------------|
| NITROSOUREAS | | |
| <i>lomustine cap 10 mg</i> | 1 | PA S Specialty Drug |
| <i>lomustine cap 100 mg</i> | 1 | PA S Specialty Drug |
| <i>lomustine cap 40 mg</i> | 1 | PA S Specialty Drug |
| PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS | | |
| <i>COPIKTRA 15 MG CAP</i> | 1 | PA S Specialty Drug |
| <i>COPIKTRA 25 MG CAP</i> | 1 | PA S Specialty Drug |
| <i>ITOVEBI 3 MG TAB</i> | 1 | PA S Specialty Drug |
| <i>ITOVEBI 9 MG TAB</i> | 1 | PA S Specialty Drug |
| <i>PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| <i>PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| <i>PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| <i>ZYDELIG 100 MG TAB</i> | 1 | PA S Specialty Drug |
| <i>ZYDELIG 150 MG TAB</i> | 1 | PA S Specialty Drug |
| POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS | | |
| <i>LYNPARZA 100 MG TAB</i> | 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; align-items: flex-start;"> <div style="background-color: #663399; 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>RUBRACA 200 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>RUBRACA 250 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>RUBRACA 300 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>TALZENNA 0.1 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 |
| <i>TALZENNA 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>TALZENNA 0.35 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>TALZENNA 0.5 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>TALZENNA 0.75 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>TALZENNA 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 |
| <i>ZEJULA 100 MG TAB</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #663399; 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>ZEJULA 200 MG TAB</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #663399; 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>ZEJULA 300 MG TAB</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #663399; 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------------|
| 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 | PA |
| SELECTIVE ESTROGEN RECEPTOR DEGRADERS | | |
| <i>ORSERDU 345 MG TAB</i> | 1 | PA S Specialty Drug |
| <i>ORSERDU 86 MG TAB</i> | 1 | PA S Specialty Drug |
| SELECTIVE RETINOID X RECEPTOR AGONISTS | | |
| <i>bexarotene cap 75 mg</i> | 1 | PA |
| TOPOISOMERASE I INHIBITORS | | |
| <i>HYCAMTIN 0.25 MG CAP</i> | 1 | PA S Specialty Drug |
| <i>HYCAMTIN 1 MG CAP</i> | 1 | PA S Specialty Drug |
| VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS | | |
| <i>INLYTA 1 MG TAB</i> | 1 | QL PA S Specialty Drug |
| <i>INLYTA 5 MG TAB</i> | 1 | QL PA S Specialty Drug |
| <i>LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK</i> | 1 | PA S Specialty Drug |
| <i>LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK</i> | 1 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| <i>LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK</i> | 1 | PA S Specialty Drug |
| <i>LENVIMA (18 MG DAILY DOSE) 10 MG & 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 & 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 |
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| <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>TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION</i> | 1 | AL1 Up to 8 yrs old |
| <i>trihexyphenidyl hcl tab 2 mg</i> | 1 | |
| <i>trihexyphenidyl hcl tab 5 mg</i> | 1 | |
| ANTIPARKINSON DOPAMINERGICS | | |
| <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 | |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| <i>rasagiline mesylate tab 0.5 mg (base equiv)</i> | 1 | QL |
| <i>rasagiline mesylate tab 1 mg (base equiv)</i> | 1 | QL |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>selegiline hcl cap 5 mg</i> | 1 | |
| <i>selegiline hcl tab 5 mg</i> | 1 | |
| CENTRAL/PERIPHERAL COMT INHIBITORS | | |
| <i>tolcapone tab 100 mg</i> | 1 | PA |
| DECARBOXYLASE INHIBITORS | | |
| <i>carbidopa tab 25 mg</i> | 1 | |
| LEVODOPA COMBINATIONS | | |
| <i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> | 1 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> | 1 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> | 1 | |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 1 | |
| <i>carbidopa & levodopa tab 25-100 mg</i> | 1 | |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 1 | |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | 1 | |
| <i>carbidopa & levodopa tab er 50-200 mg</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 | |
| <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 | |
| NONERGOLINE DOPAMINE RECEPTOR AGONISTS | | |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| 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 PA |
| CAPLYTA 21 MG CAP | 8 | QL PA |
| CAPLYTA 42 MG CAP | 8 | QL PA |
| EQUETRO 100 MG CAP ER 12H | 8 | QL |
| EQUETRO 200 MG CAP ER 12H | 8 | QL |
| EQUETRO 300 MG CAP ER 12H | 8 | QL |
| GEODON 20 MG CAP | 8 | |
| GEODON 20 MG RECON SOLN | 8 | |
| GEODON 40 MG CAP | 8 | |
| GEODON 60 MG CAP | 8 | |
| GEODON 80 MG CAP | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <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 0.5 MG CAP</i> | 8 | QL PA |
| <i>VRAYLAR 0.75 MG CAP</i> | 8 | QL PA |
| <i>VRAYLAR 1.5 & 3 MG CAP THPK</i> | 8 | QL PA |
| <i>VRAYLAR 1.5 MG CAP</i> | 8 | QL PA |
| <i>VRAYLAR 3 MG CAP</i> | 8 | QL PA |
| <i>VRAYLAR 4.5 MG CAP</i> | 8 | QL PA |
| <i>VRAYLAR 6 MG CAP</i> | 8 | QL PA |
| <i>ziprasidone hcl cap 20 mg</i> | 8 | QL |
| <i>ziprasidone hcl cap 40 mg</i> | 8 | QL |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 | |
| BENZISOXAZOLES | | |
| <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 PA |
| <i>FANAPT 10 MG TAB</i> | 8 | QL PA |
| <i>FANAPT 12 MG TAB</i> | 8 | QL PA |
| <i>FANAPT 2 MG TAB</i> | 8 | QL PA |
| <i>FANAPT 4 MG TAB</i> | 8 | QL PA |
| <i>FANAPT 6 MG TAB</i> | 8 | QL PA |
| <i>FANAPT 8 MG TAB</i> | 8 | QL PA |
| <i>FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB</i> | 8 | QL PA |
| <i>FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB</i> | 8 | QL PA |
| <i>FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB</i> | 8 | QL PA |

| 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 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 | PA |
| asenapine maleate sl tab 2.5 mg (base equiv) | 8 | PA |
| asenapine maleate sl tab 5 mg (base equiv) | 8 | PA |
| 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 | |
| SECUADO 7.6 MG/24HR PATCH 24HR | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| DIBENZODIAZEPINES | | |
| <i>clozapine orally disintegrating tab 100 mg</i> | 8 | |
| <i>clozapine orally disintegrating tab 12.5 mg</i> | 8 | QL |
| <i>clozapine orally disintegrating tab 150 mg</i> | 8 | QL |
| <i>clozapine orally disintegrating tab 200 mg</i> | 8 | QL |
| <i>clozapine orally disintegrating tab 25 mg</i> | 8 | QL |
| <i>clozapine tab 100 mg</i> | 8 | QL |
| <i>clozapine tab 200 mg</i> | 8 | QL |
| <i>clozapine tab 25 mg</i> | 8 | QL |
| <i>clozapine tab 50 mg</i> | 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 | |
| <i>quetiapine fumarate tab 100 mg</i> | 8 | QL |
| <i>quetiapine fumarate tab 200 mg</i> | 8 | QL |
| <i>quetiapine fumarate tab 25 mg</i> | 8 | QL |
| <i>quetiapine fumarate tab 300 mg</i> | 8 | QL |
| <i>quetiapine fumarate tab 400 mg</i> | 8 | QL |
| <i>quetiapine fumarate tab 50 mg</i> | 8 | QL |
| <i>quetiapine fumarate tab er 24hr 150 mg</i> | 8 | QL |
| <i>quetiapine fumarate tab er 24hr 200 mg</i> | 8 | QL |
| <i>quetiapine fumarate tab er 24hr 300 mg</i> | 8 | QL |
| <i>quetiapine fumarate tab er 24hr 400 mg</i> | 8 | QL |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|----------------------------|
| <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 | PA AL1 18 to 65 yrs old |
| COBENFY 125-30 MG CAP | 8 | PA AL1 18 to 65 yrs old |
| COBENFY 50-20 MG CAP | 8 | PA AL1 18 to 65 yrs old |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|----------------------------|
| COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK | 8 | PA AL1 18 to 65 yrs old |
| PHENOTHIAZINES | | |
| CHLORPROMAZINE HCL 100 MG/ML CONC | 8 | |
| CHLORPROMAZINE HCL 30 MG/ML CONC | 8 | |
| chlorpromazine hcl conc 100 mg/ml | 8 | |
| chlorpromazine hcl conc 30 mg/ml | 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 inj 10 mg/2ml | 8 | |
| prochlorperazine maleate tab 10 mg (base equivalent) | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <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 |
| ABILIFY MYCITE 2 MG TAB | 8 | S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <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 | QL |
| <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 PA |
| REXULTI 0.5 MG TAB | 8 | QL PA |
| REXULTI 1 MG TAB | 8 | QL PA |
| REXULTI 2 MG TAB | 8 | QL PA |
| REXULTI 3 MG TAB | 8 | QL PA |
| REXULTI 4 MG TAB | 8 | QL PA |
| 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 HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| <i>BIKTARVY 50-200-25 MG TAB</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px; margin-bottom: 2px;">QL</div> <div style="background-color: #a52a2a; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="margin-bottom: 2px;">Specialty Drug</div> <div style="background-color: #008000; color: white; padding: 2px;">HYB</div> </div> |
| <i>CABENUVA 400 & 600 MG/2ML SUSP</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8b4513; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="margin-bottom: 2px;">Specialty Drug</div> <div style="background-color: #008000; color: white; padding: 2px;">HYB</div> </div> |
| <i>CABENUVA 600 & 900 MG/3ML SUSP</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8b4513; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="margin-bottom: 2px;">Specialty Drug</div> <div style="background-color: #008000; color: white; padding: 2px;">HYB</div> </div> |
| <i>CIMDUO 300-300 MG TAB</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #a52a2a; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="margin-bottom: 2px;">Specialty Drug</div> <div style="background-color: #008000; color: white; padding: 2px;">HYB</div> </div> |
| <i>COMPLERA 200-25-300 MG TAB</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8b4513; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="margin-bottom: 2px;">Specialty Drug</div> <div style="background-color: #d9534f; color: white; padding: 2px;">HYB</div> </div> |
| <i>DELSTRIGO 100-300-300 MG TAB</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #a52a2a; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="margin-bottom: 2px;">Specialty Drug</div> <div style="background-color: #008000; color: white; padding: 2px;">HYB</div> </div> |
| <i>DESCOVY 120-15 MG TAB</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px; margin-bottom: 2px;">QL</div> <div style="background-color: #a52a2a; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="margin-bottom: 2px;">Specialty Drug</div> <div style="background-color: #008000; color: white; padding: 2px;">HYB</div> </div> |
| <i>DESCOVY 200-25 MG TAB</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px; margin-bottom: 2px;">QL</div> <div style="background-color: #a52a2a; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="margin-bottom: 2px;">Specialty Drug</div> <div style="background-color: #008000; color: white; padding: 2px;">HYB</div> </div> |
| <i>DOVATO 50-300 MG TAB</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #6a3d9a; color: white; padding: 2px; margin-bottom: 2px;">QL</div> <div style="background-color: #a52a2a; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="margin-bottom: 2px;">Specialty Drug</div> <div style="background-color: #008000; color: white; padding: 2px;">HYB</div> </div> |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #008000; color: white; padding: 2px;">HYB</div> </div> |
| <i>EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #a52a2a; color: white; padding: 2px; margin-bottom: 2px;">S</div> <div style="margin-bottom: 2px;">Specialty Drug</div> <div style="background-color: #008000; color: white; padding: 2px;">HYB</div> </div> |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> | 1 | <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8b4513; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #d9534f; color: white; padding: 2px;">HYB</div> </div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| <i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i> | 1 | <ul style="list-style-type: none"> QL PA S Specialty Drug HYB |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 1 | <ul style="list-style-type: none"> QL HYB |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 1 | <ul style="list-style-type: none"> QL HYB |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 1 | <ul style="list-style-type: none"> QL HYB |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 1 | <ul style="list-style-type: none"> QL HYB PREV |
| <i>EVOTAZ 300-150 MG TAB</i> | 1 | <ul style="list-style-type: none"> S Specialty Drug HYB |
| <i>GENVOYA 150-150-200-10 MG TAB</i> | 1 | <ul style="list-style-type: none"> QL S Specialty Drug HYB |
| <i>JULUCA 50-25 MG TAB</i> | 1 | <ul style="list-style-type: none"> PA S Specialty Drug HYB |
| <i>KALETRA 100-25 MG TAB</i> | 1 | <ul style="list-style-type: none"> PA S Specialty Drug HYB |
| <i>KALETRA 200-50 MG TAB</i> | 1 | <ul style="list-style-type: none"> PA S Specialty Drug HYB |
| <i>KALETRA 400-100 MG/5ML SOLUTION</i> | 1 | <ul style="list-style-type: none"> PA AL1 Up to 8 yrs old HYB |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 1 | <ul style="list-style-type: none"> HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------------|
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | 1 | AL1 Up to 8 yrs old HYB |
| <i>lopinavir-ritonavir tab 100-25 mg</i> | 1 | S Specialty Drug HYB |
| <i>lopinavir-ritonavir tab 200-50 mg</i> | 1 | S Specialty Drug HYB |
| <i>ODEFSEY 200-25-25 MG TAB</i> | 1 | QL PA S Specialty Drug HYB |
| <i>PREZCOBIX 675-150 MG TAB</i> | 1 | QL S Specialty Drug HYB |
| <i>PREZCOBIX 800-150 MG TAB</i> | 1 | QL S Specialty Drug HYB |
| <i>STRIBILD 150-150-200-300 MG TAB</i> | 1 | QL PA S Specialty Drug HYB |
| <i>SYMFI 600-300-300 MG TAB</i> | 1 | HYB |
| <i>SYMFI LO 400-300-300 MG TAB</i> | 1 | HYB |
| <i>SYMTUZA 800-150-200-10 MG TAB</i> | 1 | QL PA S Specialty Drug HYB |
| <i>TRIUMEQ 600-50-300 MG TAB</i> | 1 | QL S Specialty Drug HYB |
| <i>TRIUMEQ PD 60-5-30 MG TAB SOL</i> | 1 | QL S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| <i>TRUVADA 100-150 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: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div> |
| <i>TRUVADA 133-200 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: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div> |
| <i>TRUVADA 167-250 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: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div> |
| <i>TRUVADA 200-300 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: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div> |
| ANTIRETROVIRALS - CAPSID INHIBITORS | | |
| <i>SUNLENCA 300 MG TAB</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S Specialty Drug</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div> |
| <i>SUNLENCA 4 X 300 MG TAB THPK</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S Specialty Drug</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div> |
| <i>SUNLENCA 463.5 MG/1.5ML SOLUTION</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S Specialty Drug</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div> |
| <i>SUNLENCA 5 X 300 MG TAB THPK</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S Specialty Drug</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div> |
| <i>YEZTUGO 300 MG TAB</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S Specialty Drug</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div> |
| <i>YEZTUGO 463.5 MG/1.5ML SOLUTION</i> | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">S Specialty Drug</div> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------------|
| ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR) | | |
| <i>maraviroc tab 150 mg</i> | 1 | S Specialty Drug HYB |
| <i>maraviroc tab 300 mg</i> | 1 | S Specialty Drug HYB |
| <i>SELZENTRY 150 MG TAB</i> | 1 | PA S Specialty Drug HYB |
| <i>SELZENTRY 20 MG/ML SOLUTION</i> | 1 | S Specialty Drug HYB |
| <i>SELZENTRY 25 MG TAB</i> | 1 | PA S Specialty Drug |
| <i>SELZENTRY 300 MG TAB</i> | 1 | PA S Specialty Drug HYB |
| <i>SELZENTRY 75 MG TAB</i> | 1 | PA S Specialty Drug |
| ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR | | |
| <i>TROGARZO 200 MG/1.33ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| ANTIRETROVIRALS - FUSION INHIBITORS | | |
| <i>FUZEON 90 MG RECON SOLN</i> | 1 | PA S Specialty Drug HYB |
| ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR | | |
| <i>RUKOBIA 600 MG TAB ER 12H</i> | 1 | PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| ANTIRETROVIRALS - INTEGRASE INHIBITORS | | |
| <i>APRETUDE 600 MG/3ML SUSP</i> | 1 | S Specialty Drug HYB |
| <i>ISENTRESS 100 MG CHEW TAB</i> | 1 | QL AL1 Up to 8 yrs old S Specialty Drug HYB |
| <i>ISENTRESS 100 MG PACKET</i> | 1 | S Specialty Drug HYB |
| <i>ISENTRESS 25 MG CHEW TAB</i> | 1 | QL AL1 Up to 8 yrs old S Specialty Drug HYB |
| <i>ISENTRESS 400 MG TAB</i> | 1 | QL S Specialty Drug HYB |
| <i>ISENTRESS HD 600 MG TAB</i> | 1 | QL S Specialty Drug HYB |
| <i>TIVICAY 10 MG TAB</i> | 1 | QL S Specialty Drug HYB |
| <i>TIVICAY 25 MG TAB</i> | 1 | QL S Specialty Drug HYB |
| <i>TIVICAY 50 MG TAB</i> | 1 | QL S Specialty Drug HYB |
| <i>TIVICAY PD 5 MG TAB SOL</i> | 1 | S Specialty Drug HYB |
| <i>VOCABRIA 30 MG TAB</i> | 1 | PA HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| ANTIRETROVIRALS - PROTEASE INHIBITORS | | |
| <i>APTIVUS 250 MG CAP</i> | 1 | PA S Specialty Drug HYB |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i> | 1 | HYB |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i> | 1 | HYB |
| <i>atazanavir sulfate cap 300 mg (base equiv)</i> | 1 | HYB |
| <i>darunavir tab 600 mg</i> | 1 | QL S Specialty Drug HYB |
| <i>darunavir tab 800 mg</i> | 1 | QL S Specialty Drug HYB |
| <i>fosamprenavir calcium tab 700 mg (base equiv)</i> | 1 | PA HYB |
| <i>NORVIR 100 MG PACKET</i> | 1 | S Specialty Drug HYB |
| <i>NORVIR 100 MG TAB</i> | 1 | PA HYB |
| <i>PREZISTA 100 MG/ML SUSPENSION</i> | 1 | S Specialty Drug HYB |
| <i>PREZISTA 150 MG TAB</i> | 1 | QL S Specialty Drug HYB |
| <i>PREZISTA 600 MG TAB</i> | 1 | QL S Specialty Drug HYB |
| <i>PREZISTA 75 MG TAB</i> | 1 | QL S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| <i>PREZISTA 800 MG TAB</i> | 1 | <p>QL</p> <p>S Specialty Drug</p> <p>HYB</p> |
| <i>REYATAZ 200 MG CAP</i> | 1 | <p>PA</p> <p>HYB</p> |
| <i>REYATAZ 300 MG CAP</i> | 1 | <p>PA</p> <p>HYB</p> |
| <i>REYATAZ 50 MG PACKET</i> | 1 | <p>AL1 Up to 8 yrs old</p> <p>S Specialty Drug</p> <p>HYB</p> |
| <i>ritonavir tab 100 mg</i> | 1 | <p>HYB</p> |
| <i>VIRACEPT 250 MG TAB</i> | 1 | <p>PA</p> <p>S Specialty Drug</p> <p>HYB</p> |
| <i>VIRACEPT 625 MG TAB</i> | 1 | <p>PA</p> <p>S Specialty Drug</p> <p>HYB</p> |
| ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES | | |
| <i>EDURANT 25 MG TAB</i> | 1 | <p>QL</p> <p>PA</p> <p>S Specialty Drug</p> <p>HYB</p> |
| <i>EDURANT PED 2.5 MG TAB SOL</i> | 1 | <p>QL</p> <p>PA</p> <p>AL1 Up to 8 yrs old</p> <p>S Specialty Drug</p> <p>HYB</p> |
| <i>EFAVIRENZ 200 MG CAP</i> | 1 | <p>HYB</p> |
| <i>EFAVIRENZ 50 MG CAP</i> | 1 | <p>HYB</p> |
| <i>efavirenz tab 600 mg</i> | 1 | <p>HYB</p> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| <i>etravirine tab 100 mg</i> | 1 | <ul style="list-style-type: none"> QL S Specialty Drug HYB |
| <i>etravirine tab 200 mg</i> | 1 | <ul style="list-style-type: none"> QL S Specialty Drug HYB |
| <i>INTELENCE 100 MG TAB</i> | 1 | <ul style="list-style-type: none"> QL PA S Specialty Drug HYB |
| <i>INTELENCE 200 MG TAB</i> | 1 | <ul style="list-style-type: none"> QL PA S Specialty Drug HYB |
| <i>INTELENCE 25 MG TAB</i> | 1 | <ul style="list-style-type: none"> QL PA S Specialty Drug HYB |
| <i>NEVIRAPINE 50 MG/5ML SUSPENSION</i> | 1 | <ul style="list-style-type: none"> QL AL1 Up to 8 yrs old HYB |
| <i>nevirapine tab 200 mg</i> | 1 | <ul style="list-style-type: none"> HYB |
| <i>nevirapine tab er 24hr 400 mg</i> | 1 | <ul style="list-style-type: none"> QL HYB |
| <i>PIFELTRO 100 MG TAB</i> | 1 | <ul style="list-style-type: none"> PA S Specialty Drug HYB |
| ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES | | |
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i> | 1 | <ul style="list-style-type: none"> AL1 Up to 8 yrs old HYB |
| <i>abacavir sulfate tab 300 mg (base equiv)</i> | 1 | <ul style="list-style-type: none"> HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|----------------------------------|
| <i>ZIAGEN 20 MG/ML SOLUTION</i> | 1 | PA AL1 Up to 8 yrs old HYB |
| ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES | | |
| <i>emtricitabine caps 200 mg</i> | 1 | HYB |
| <i>EMTRIVA 10 MG/ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>EMTRIVA 200 MG CAP</i> | 1 | PA HYB |
| <i>EPIVIR 10 MG/ML SOLUTION</i> | 1 | PA HYB |
| <i>EPIVIR 150 MG TAB</i> | 1 | PA HYB |
| <i>EPIVIR 300 MG TAB</i> | 1 | QL PA HYB |
| <i>lamivudine oral soln 10 mg/ml</i> | 1 | HYB |
| <i>lamivudine tab 150 mg</i> | 1 | HYB |
| <i>lamivudine tab 300 mg</i> | 1 | QL HYB |
| ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES | | |
| <i>RETROVIR 10 MG/ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>RETROVIR 100 MG CAP</i> | 1 | PA HYB |
| <i>RETROVIR 50 MG/5ML SYRUP</i> | 1 | PA AL1 Up to 8 yrs old HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>zidovudine cap 100 mg</i> | 1 | HYB |
| <i>zidovudine syrup 10 mg/ml</i> | 1 | AL1 Up to 8 yrs old HYB |
| <i>zidovudine tab 300 mg</i> | 1 | HYB |
| ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES | | |
| <i>tenofovir disoproxil fumarate tab 300 mg</i> | 1 | QL HYB |
| <i>VIREAD 150 MG TAB</i> | 1 | S Specialty Drug HYB |
| <i>VIREAD 200 MG TAB</i> | 1 | S Specialty Drug HYB |
| <i>VIREAD 250 MG TAB</i> | 1 | S Specialty Drug HYB |
| <i>VIREAD 300 MG TAB</i> | 1 | QL PA HYB |
| <i>VIREAD 40 MG/GM POWDER</i> | 1 | AL1 Up to 8 yrs old S Specialty Drug HYB |
| ANTIVIRAL COMBINATIONS | | |
| <i>PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK</i> | 1 | QL |
| <i>PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK</i> | 1 | QL |
| <i>PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK</i> | 1 | QL |
| CMV AGENTS | | |
| <i>LIVTENCITY 200 MG TAB</i> | 1 | PA S Specialty Drug |
| <i>PREVYMIS 120 MG PACKET</i> | 1 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| <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 | |
| HEPATITIS B AGENTS | | |
| <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 |
| HEPATITIS C AGENT - COMBINATIONS | | |
| <i>EPCLUSA 150-37.5 MG PACKET</i> | 1 | PA HYB |
| <i>EPCLUSA 200-50 MG PACKET</i> | 1 | PA HYB |
| <i>EPCLUSA 200-50 MG TAB</i> | 1 | PA S Specialty Drug HYB |
| <i>EPCLUSA 400-100 MG TAB</i> | 1 | PA S Specialty Drug HYB |
| <i>HARVONI 33.75-150 MG PACKET</i> | 1 | PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <i>HARVONI 45-200 MG PACKET</i> | 1 | <div data-bbox="1117 201 1175 235">PA</div> <div data-bbox="1117 247 1175 281">S</div> Specialty Drug <div data-bbox="1117 298 1175 331">HYB</div> |
| <i>HARVONI 45-200 MG TAB</i> | 1 | <div data-bbox="1117 365 1175 399">PA</div> <div data-bbox="1117 411 1175 445">S</div> Specialty Drug <div data-bbox="1117 462 1175 495">HYB</div> |
| <i>HARVONI 90-400 MG TAB</i> | 1 | <div data-bbox="1117 529 1175 562">PA</div> <div data-bbox="1117 575 1175 609">S</div> Specialty Drug <div data-bbox="1117 625 1175 659">HYB</div> |
| <i>LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB</i> | 1 | <div data-bbox="1117 693 1175 726">PA</div> <div data-bbox="1117 739 1175 772">S</div> Specialty Drug <div data-bbox="1117 789 1175 823">HYB</div> |
| <i>MAVYRET 100-40 MG TAB</i> | 1 | <div data-bbox="1117 856 1175 890">PA</div> <div data-bbox="1117 903 1175 936">S</div> Specialty Drug <div data-bbox="1117 953 1175 987">HYB</div> |
| <i>MAVYRET 50-20 MG PACKET</i> | 1 | <div data-bbox="1117 1020 1175 1054">PA</div> <div data-bbox="1117 1066 1175 1100">S</div> Specialty Drug <div data-bbox="1117 1117 1175 1150">HYB</div> |
| <i>SOFOSBUVIR-VELPATASVIR 400-100 MG TAB</i> | 1 | <div data-bbox="1117 1184 1175 1218">PA</div> <div data-bbox="1117 1230 1175 1264">S</div> Specialty Drug <div data-bbox="1117 1281 1175 1314">HYB</div> |
| <i>VOSEVI 400-100-100 MG TAB</i> | 1 | <div data-bbox="1117 1348 1175 1381">PA</div> <div data-bbox="1117 1394 1175 1428">S</div> Specialty Drug <div data-bbox="1117 1444 1175 1478">HYB</div> |
| <i>ZEPATIER 50-100 MG TAB</i> | 1 | <div data-bbox="1117 1512 1175 1545">PA</div> <div data-bbox="1117 1558 1175 1591">S</div> Specialty Drug <div data-bbox="1117 1608 1175 1642">HYB</div> |
| HEPATITIS C AGENTS | | |
| <i>PEGASYS 180 MCG/0.5ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 1696 1175 1730">PA</div> <div data-bbox="1117 1743 1175 1776">S</div> Specialty Drug |
| <i>PEGASYS 180 MCG/ML SOLUTION</i> | 1 | <div data-bbox="1117 1806 1175 1839">PA</div> <div data-bbox="1117 1852 1175 1885">S</div> Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| <i>RIBAVIRIN 200 MG CAP</i> | 1 | |
| <i>RIBAVIRIN 200 MG TAB</i> | 1 | |
| <i>SOVALDI 150 MG PACKET</i> | 1 | PA S Specialty Drug HYB |
| <i>SOVALDI 200 MG PACKET</i> | 1 | PA S Specialty Drug HYB |
| <i>SOVALDI 200 MG TAB</i> | 1 | PA S Specialty Drug HYB |
| <i>SOVALDI 400 MG TAB</i> | 1 | PA S Specialty Drug HYB |
| HERPES AGENTS - PURINE ANALOGUES | | |
| <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 | |
| HERPES AGENTS - THYMIDINE ANALOGUES | | |
| <i>famciclovir tab 125 mg</i> | 1 | QL |
| <i>famciclovir tab 250 mg</i> | 1 | QL |
| <i>famciclovir tab 500 mg</i> | 1 | QL |
| INFLUENZA AGENTS | | |
| <i>RIMANTADINE HCL 100 MG TAB</i> | 1 | |

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

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| <i>acebutolol hcl cap 200 mg</i> | 1 | |
| <i>acebutolol hcl cap 400 mg</i> | 1 | |
| <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 | |
| LOPRESSOR 10 MG/ML SOLUTION | 1 | AL1 Up to 8 yrs old |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--------------------------|
| TIMOLOL MALEATE 20 MG TAB | 1 | |
| TIMOLOL MALEATE 5 MG TAB | 1 | |
| timolol maleate tab 10 mg | 1 | |
| timolol maleate tab 5 mg | 1 | |
| CALCIUM CHANNEL BLOCKERS | | |
| amlodipine besylate tab 10 mg (base equivalent) | 1 | |
| amlodipine besylate tab 2.5 mg (base equivalent) | 1 | |
| amlodipine besylate tab 5 mg (base equivalent) | 1 | |
| CARDAMYST 2 X 70 MG/DOSE SOLUTION | 1 | QL MFL 4 / 365 day(s) |
| diltiazem hcl cap er 12hr 120 mg | 1 | |
| diltiazem hcl cap er 12hr 60 mg | 1 | |
| diltiazem hcl cap er 12hr 90 mg | 1 | |
| diltiazem hcl cap er 24hr 120 mg | 1 | |
| diltiazem hcl cap er 24hr 120 mg | 1 | |
| diltiazem hcl cap er 24hr 180 mg | 1 | |
| diltiazem hcl cap er 24hr 180 mg | 1 | |
| diltiazem hcl cap er 24hr 240 mg | 1 | |
| diltiazem hcl cap er 24hr 240 mg | 1 | |
| diltiazem hcl coated beads cap er 24hr 120 mg | 1 | |
| diltiazem hcl coated beads cap er 24hr 120 mg | 1 | |
| diltiazem hcl coated beads cap er 24hr 180 mg | 1 | |
| diltiazem hcl coated beads cap er 24hr 180 mg | 1 | |
| diltiazem hcl coated beads cap er 24hr 240 mg | 1 | |
| diltiazem hcl coated beads cap er 24hr 240 mg | 1 | |
| diltiazem hcl coated beads cap er 24hr 300 mg | 1 | |
| diltiazem hcl coated beads cap er 24hr 300 mg | 1 | |
| diltiazem hcl coated beads cap er 24hr 360 mg | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <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 | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 | |
| <i>isradipine cap 5 mg</i> | 1 | |
| KATERZIA 1 MG/ML SUSPENSION | 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 | |
| NISOLDIPINE ER 17 MG TAB ER 24H | 1 | |
| NISOLDIPINE ER 20 MG TAB ER 24H | 1 | |
| NISOLDIPINE ER 25.5 MG TAB ER 24H | 1 | |
| NISOLDIPINE ER 30 MG TAB ER 24H | 1 | |
| NISOLDIPINE ER 34 MG TAB ER 24H | 1 | |
| NISOLDIPINE ER 40 MG TAB ER 24H | 1 | |
| NISOLDIPINE ER 8.5 MG TAB ER 24H | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <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 | |
| NORLIQVA 1 MG/ML SOLUTION | 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 | |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| <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 | |
| CARDIOVASCULAR SGLT2 INHIBITORS | | |
| <i>INPEFA 200 MG TAB</i> | 1 | ST HYB |
| <i>INPEFA 400 MG TAB</i> | 1 | ST HYB |
| NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB | | |
| <i>ENTRESTO 15-16 MG CAP SPRINK</i> | 1 | QL |
| <i>ENTRESTO 6-6 MG CAP SPRINK</i> | 1 | QL |
| <i>sacubitril-valsartan tab 24-26 mg</i> | 1 | QL |
| <i>sacubitril-valsartan tab 49-51 mg</i> | 1 | QL |
| <i>sacubitril-valsartan tab 97-103 mg</i> | 1 | QL |
| PROSTAGLANDIN VASODILATORS | | |
| <i>epoprostenol sodium for inj 0.5 mg</i> | 1 | PA S Specialty Drug |
| <i>epoprostenol sodium for inj 1.5 mg</i> | 1 | PA S Specialty Drug |
| <i>ORENITRAM 0.125 MG TAB ER</i> | 1 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <i>ORENITRAM 0.25 MG TAB ER</i> | 1 | PA S Specialty Drug |
| <i>ORENITRAM 1 MG TAB ER</i> | 1 | PA S Specialty Drug |
| <i>ORENITRAM 2.5 MG TAB ER</i> | 1 | PA S Specialty Drug |
| <i>ORENITRAM 5 MG TAB ER</i> | 1 | PA S Specialty Drug |
| <i>ORENITRAM MONTH 1 0.125 & 0.25 MG TBER THPK</i> | 1 | PA S Specialty Drug |
| <i>ORENITRAM MONTH 2 0.125 & 0.25 MG TBER THPK</i> | 1 | PA S Specialty Drug |
| <i>ORENITRAM MONTH 3 0.125 & 0.25 & 1 MG TBER THPK</i> | 1 | PA S Specialty Drug |
| <i>REMODULIN 100 MG/20ML SOLUTION</i> | 1 | PA S Specialty Drug |
| <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>REMODULIN 8 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------------|
| <i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</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 |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| <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>bosentan tab for oral susp 32 mg</i> | 1 | PA S Specialty Drug |
| <i>OPSUMIT 10 MG TAB</i> | 1 | QL PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------------|
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| <i>sildenafil citrate for suspension 10 mg/ml</i> | 1 | |
| <i>sildenafil citrate tab 20 mg</i> | 1 | |
| <i>tadalafil tab 20 mg (pah)</i> | 1 | |
| <i>tadalafil tab 20 mg (pah)</i> | 1 | |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | |
| <i>UPTRAVI 1000 MCG TAB</i> | 1 | QL PA S Specialty Drug |
| <i>UPTRAVI 1200 MCG TAB</i> | 1 | QL PA S Specialty Drug |
| <i>UPTRAVI 1400 MCG TAB</i> | 1 | QL PA S Specialty Drug |
| <i>UPTRAVI 1600 MCG TAB</i> | 1 | QL PA S Specialty Drug |
| <i>UPTRAVI 200 & 800 MCG TAB THPK</i> | 1 | QL PA S Specialty Drug |
| <i>UPTRAVI 200 MCG TAB</i> | 1 | QL PA S Specialty Drug |
| <i>UPTRAVI 400 MCG TAB</i> | 1 | QL PA S Specialty Drug |
| <i>UPTRAVI 600 MCG TAB</i> | 1 | QL PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <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 |
| SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS | | |
| <i>tadalafil tab 5 mg</i> | 1 | |
| SINUS NODE INHIBITORS | | |
| <i>ivabradine hcl tab 5 mg (base equiv)</i> | 1 | <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> |
| <i>ivabradine hcl tab 7.5 mg (base equiv)</i> | 1 | <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> |
| CEPHALOSPORINS | | |
| CEPHALOSPORINS - 1ST GENERATION | | |
| <i>CEFADROXIL 1 GM TAB</i> | 1 | |
| <i>cefadroxil cap 500 mg</i> | 1 | |
| <i>cefadroxil for susp 250 mg/5ml</i> | 1 | |
| <i>cefadroxil for susp 500 mg/5ml</i> | 1 | |
| <i>CEFAZOLIN SODIUM 1 GM RECON SOLN</i> | 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 | |
| <i>CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN</i> | 1 | |
| <i>CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% SOLUTION</i> | 1 | |
| <i>CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN</i> | 1 | |
| <i>CEFAZOLIN SODIUM-DEXTROSE 2-4 GM/100ML-% SOLUTION</i> | 1 | |
| <i>CEFAZOLIN SODIUM-DEXTROSE 3-2 GM-%(50ML) RECON SOLN</i> | 1 | |
| <i>cephalexin cap 250 mg</i> | 1 | |
| <i>cephalexin cap 500 mg</i> | 1 | |
| <i>cephalexin for susp 125 mg/5ml</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>cephalexin for susp 250 mg/5ml</i> | 1 | |
| CEPHALOSPORINS - 2ND GENERATION | | |
| <i>CEFACLOR 125 MG/5ML RECON SUSP</i> | 1 | AL1 Up to 8 yrs old |
| <i>CEFACLOR 250 MG CAP</i> | 1 | QL |
| <i>CEFACLOR 375 MG/5ML RECON SUSP</i> | 1 | AL1 Up to 8 yrs old |
| <i>CEFACLOR 500 MG CAP</i> | 1 | QL |
| <i>CEFACLOR ER 500 MG TAB ER 12H</i> | 1 | QL |
| <i>cefotetan disodium for inj 1 gm</i> | 1 | |
| <i>cefotetan disodium for inj 2 gm</i> | 1 | |
| <i>cefoxitin sodium for iv soln 1 gm</i> | 1 | |
| <i>cefoxitin sodium for iv soln 10 gm</i> | 1 | |
| <i>cefoxitin sodium for iv soln 2 gm</i> | 1 | |
| <i>CEFOXITIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN</i> | 1 | |
| <i>CEFOXITIN SODIUM-DEXTROSE 2-2.2 GM-%(50ML) RECON SOLN</i> | 1 | |
| <i>cefprozil for susp 125 mg/5ml</i> | 1 | |
| <i>cefprozil for susp 250 mg/5ml</i> | 1 | |
| <i>cefprozil tab 250 mg</i> | 1 | |
| <i>cefprozil tab 500 mg</i> | 1 | |
| <i>cefuroxime axetil tab 250 mg</i> | 1 | |
| <i>cefuroxime axetil tab 500 mg</i> | 1 | |
| <i>cefuroxime sodium for inj 750 mg</i> | 1 | |
| <i>cefuroxime sodium for iv soln 1.5 gm</i> | 1 | |
| CEPHALOSPORINS - 3RD GENERATION | | |
| <i>cefdinir cap 300 mg</i> | 1 | |
| <i>cefdinir for susp 125 mg/5ml</i> | 1 | |
| <i>cefdinir for susp 250 mg/5ml</i> | 1 | |
| <i>CEFIXIME 100 MG/5ML RECON SUSP</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>cefixime cap 400 mg</i> | 1 | QL |
| <i>cefixime for susp 100 mg/5ml</i> | 1 | |
| <i>cefixime for susp 200 mg/5ml</i> | 1 | AL1 Up to 8 yrs old |
| <i>CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP</i> | 1 | AL1 Up to 8 yrs old |
| <i>CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP</i> | 1 | AL1 Up to 8 yrs old |
| <i>cefpodoxime proxetil tab 100 mg</i> | 1 | |
| <i>cefpodoxime proxetil tab 200 mg</i> | 1 | |
| <i>CEFTAZIDIME 6 GM RECON SOLN</i> | 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 1 GM RECON SOLN</i> | 1 | |
| <i>CEFTRIAXONE SODIUM 2 GM RECON SOLN</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 IN DEXTROSE 20 MG/ML SOLUTION</i> | 1 | |
| <i>CEFTRIAXONE SODIUM IN DEXTROSE 40 MG/ML SOLUTION</i> | 1 | |
| <i>CEFTRIAXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) RECON SOLN</i> | 1 | |
| <i>CEFTRIAXONE SODIUM-DEXTROSE 2-2.22 GM-%(50ML) RECON SOLN</i> | 1 | |
| <i>TAZICEF 1 GM RECON SOLN</i> | 1 | |
| <i>TAZICEF 6 GM RECON SOLN</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| CEPHALOSPORINS - 4TH GENERATION | | |
| 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 | |
| CONTRACEPTIVES | | |
| BIPHASIC CONTRACEPTIVES - ORAL | | |
| 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 |
| COMBINATION CONTRACEPTIVES - ORAL | | |
| 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 & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 1 | PREV |
| <i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 1 | PREV |
| <i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 1 | PREV |
| <i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 1 | PREV |
| <i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 1 | 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 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 & ethinyl estradiol tab 1 mg-35 mcg</i> | 1 | PREV |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> | 1 | PREV |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> | 1 | PREV |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> | 1 | PREV |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | 1 | PREV |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | 1 | PREV |

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

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

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

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

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|----------------------------------|
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 1 | PREV |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 1 | PREV |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 1 | PREV |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 1 | PREV |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 1 | PREV |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 1 | PREV |
| <i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> | 1 | PREV |
| <i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> | 1 | PREV |
| <i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> | 1 | PREV |
| <i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> | 1 | PREV |
| <i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> | 1 | PREV |
| <i>TYBLUME 0.1-20 MG-MCG CHEW TAB</i> | 1 | PREV |
| <i>VALTYA 1/50 1-50 MG-MCG 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 MFL 1 / 365 day(s) 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <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 |
| <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 |
| <i>levonorgestrel tab 1.5 mg</i> | 1 | PREV |
| <i>levonorgestrel tab 1.5 mg</i> | 1 | PREV |
| <i>levonorgestrel tab 1.5 mg</i> | 1 | PREV |
| <i>levonorgestrel tab 1.5 mg</i> | 1 | PREV |
| <i>levonorgestrel tab 1.5 mg</i> | 1 | PREV |
| <i>levonorgestrel tab 1.5 mg</i> | 1 | PREV |
| <i>levonorgestrel tab 1.5 mg</i> | 1 | PREV |
| <i>levonorgestrel tab 1.5 mg</i> | 1 | PREV |
| <i>levonorgestrel tab 1.5 mg</i> | 1 | PREV |
| <i>levonorgestrel tab 1.5 mg</i> | 1 | PREV |
| <i>levonorgestrel tab 1.5 mg</i> | 1 | PREV |
| <i>levonorgestrel tab 1.5 mg</i> | 1 | PREV |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>levonorgestrel tab 1.5 mg</i> | 1 | PREV |
| <i>levonorgestrel tab 1.5 mg</i> | 1 | PREV |
| <i>levonorgestrel tab 1.5 mg</i> | 1 | PREV |
| EXTENDED-CYCLE CONTRACEPTIVES - ORAL | | |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> | 1 | PREV |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> | 1 | PREV |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> | 1 | PREV |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> | 1 | PREV |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | 1 | QL PREV |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | 1 | QL PREV |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | 1 | QL PREV |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | 1 | QL PREV |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | 1 | QL PREV |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | 1 | QL PREV |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | 1 | QL PREV |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | 1 | QL PREV |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | 1 | QL PREV |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | 1 | QL PREV |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 1 | QL PREV |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 1 | QL PREV |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 1 | QL PREV |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 1 | QL PREV |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 1 | QL PREV |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| <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 |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| <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 |
| <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 |
| OPILL 0.075 MG TAB | 1 | |
| SLYND 4 MG TAB | 1 | |
| TRIPHASIC CONTRACEPTIVES - ORAL | | |
| ARANELLE 0.5/1/0.5-35 MG-MCG TAB | 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 |
| <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 0.5-35/1-35/0.5-35 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 |
| <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>VELIVET 0.1/0.125/0.15 -0.025 MG TAB</i> | 1 | PREV |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| CORTICOSTEROIDS | | |
| GLUCOCORTICOSTEROIDS | | |
| <i>ALKINDI SPRINKLE 0.5 MG CAP SPRINK</i> | 1 | QL AL1 Up to 8 yrs old S Specialty Drug |
| <i>ALKINDI SPRINKLE 1 MG CAP SPRINK</i> | 1 | QL AL1 Up to 8 yrs old S Specialty Drug |
| <i>ALKINDI SPRINKLE 2 MG CAP SPRINK</i> | 1 | QL AL1 Up to 8 yrs old S Specialty Drug |
| <i>ALKINDI SPRINKLE 5 MG CAP SPRINK</i> | 1 | QL AL1 Up to 8 yrs old S Specialty Drug |
| <i>budesonide delayed release particles cap 3 mg</i> | 1 | QL |
| <i>budesonide tab er 24hr 9 mg</i> | 1 | QL |
| <i>CORTISONE ACETATE 25 MG TAB</i> | 1 | |
| <i>DEXAMETHASONE 0.5 MG/5ML SOLUTION</i> | 1 | |
| <i>dexamethasone elixir 0.5 mg/5ml</i> | 1 | |
| <i>DEXAMETHASONE INTENSOL 1 MG/ML CONC</i> | 1 | AL1 Up to 8 yrs old |
| <i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i> | 1 | |
| <i>DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML SOLUTION</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 | |
| <i>dexamethasone tab 0.75 mg</i> | 1 | |
| <i>dexamethasone tab 1 mg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 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 | |
| <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 |
| <i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i> | 1 | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <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 | |
| SOLU-CORTEF 1000 MG RECON SOLN | 1 | QL |
| SOLU-CORTEF 250 MG RECON SOLN | 1 | QL |
| SOLU-CORTEF 500 MG RECON SOLN | 1 | QL |
| SOLU-MEDROL 2 GM RECON SOLN | 1 | |
| TARPEYO 4 MG CAP DR | 1 | PA S Specialty Drug |
| <i>triamcinolone acetonide inj susp 10 mg/ml</i> | 1 | |
| MINERALOCORTICOIDS | | |
| <i>fludrocortisone acetate tab 0.1 mg</i> | 1 | |
| COUGH/COLD/ALLERGY | | |
| ANTITUSSIVE - NONNARCOTIC | | |
| <i>benzonatate cap 100 mg</i> | 1 | |
| <i>benzonatate cap 150 mg</i> | 1 | |
| <i>benzonatate cap 200 mg</i> | 1 | |
| <i>dextromethorphan polistirex extended release susp 30 mg/5ml</i> | 1 | |
| <i>dextromethorphan polistirex extended release susp 30 mg/5ml</i> | 1 | |
| <i>dextromethorphan polistirex extended release susp 30 mg/5ml</i> | 1 | |
| <i>dextromethorphan polistirex extended release susp 30 mg/5ml</i> | 1 | |
| <i>dextromethorphan polistirex extended release susp 30 mg/5ml</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i> | 1 | |
| MAR-COF CG EXPECTORANT 225-7.5 MG/5ML LIQUID | 1 | PA |
| ANTITUSSIVE-EXPECTORANT - DECONGEST-ANALGESIC | | |
| <i>DURAFLU 60-20-200-325 MG TAB</i> | 1 | |
| DECONGESTANT & ANTIHISTAMINE | | |
| <i>ALAHIST D 17.5-10 MG TAB</i> | 1 | PA |
| <i>ALAHIST PE 2-7.5 MG TAB</i> | 1 | PA |
| <i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i> | 1 | |
| <i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i> | 1 | |
| <i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i> | 1 | |
| <i>chlorpheniramine & pseudoephedrine tab 4-60 mg</i> | 1 | |
| <i>chlorpheniramine & pseudoephedrine tab 4-60 mg</i> | 1 | |
| <i>chlorpheniramine & pseudoephedrine tab 4-60 mg</i> | 1 | |
| <i>chlorpheniramine & pseudoephedrine tab 4-60 mg</i> | 1 | |
| <i>chlorpheniramine & pseudoephedrine tab 4-60 mg</i> | 1 | |
| <i>LOHIST-D 2-30 MG/5ML LIQUID</i> | 1 | |
| <i>NASOPEN PE 50-10 MG/15ML LIQUID</i> | 1 | |
| <i>POLY HIST FORTE 10.5-10 MG TAB</i> | 1 | |
| <i>triprolidine & pseudoephedrine tab 2.5-60 mg</i> | 1 | |
| <i>triprolidine & pseudoephedrine tab 2.5-60 mg</i> | 1 | |
| <i>triprolidine & pseudoephedrine tab 2.5-60 mg</i> | 1 | |
| <i>triprolidine & pseudoephedrine tab 2.5-60 mg</i> | 1 | |
| DECONGESTANT-ANALGESIC | | |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>phenylephrine w/ acetaminophen tab 5-325 mg</i> | 1 | PA |
| <i>pseudoephedrine-naproxen sodium tab er 12hr 120-220 mg</i> | 1 | |
| <i>pseudoephedrine-naproxen sodium tab er 12hr 120-220 mg</i> | 1 | |
| <i>pseudoephedrine-naproxen sodium tab er 12hr 120-220 mg</i> | 1 | |
| <i>pseudoephedrine-naproxen sodium tab er 12hr 120-220 mg</i> | 1 | |
| <i>pseudoephedrine-naproxen sodium tab er 12hr 120-220 mg</i> | 1 | |
| DECONGESTANT-ANTIHISTAMINE-ANALGESIC | | |
| <i>chlorphen-phenylephrine w/ apap tab 2-5-325 mg</i> | 1 | PA |
| <i>chlorphen-phenylephrine w/ apap tab 2-5-325 mg</i> | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>chlorphen-phenylephrine w/ apap tab 2-5-325 mg</i> | 1 | PA |
| <i>chlorphen-phenylephrine w/ apap tab 2-5-325 mg</i> | 1 | PA |
| <i>chlorphen-phenylephrine w/ apap tab 2-5-325 mg</i> | 1 | PA |
| <i>chlorphen-phenylephrine w/ apap tab 2-5-325 mg</i> | 1 | PA |
| <i>chlorphen-phenylephrine w/ apap tab 2-5-325 mg</i> | 1 | PA |
| <i>chlorphen-phenylephrine w/ apap tab 2-5-325 mg</i> | 1 | PA |
| <i>chlorphen-phenylephrine w/ apap tab 2-5-325 mg</i> | 1 | PA |
| <i>chlorphen-phenylephrine w/ apap tab 2-5-325 mg</i> | 1 | PA |
| <i>chlorphen-phenylephrine w/ apap tab 2-5-325 mg</i> | 1 | PA |
| <i>chlorphen-phenylephrine w/ apap tab 2-5-325 mg</i> | 1 | PA |
| <i>chlorphen-phenylephrine w/ apap tab 2-5-325 mg</i> | 1 | PA |
| <i>chlorphen-phenylephrine w/ apap tab 2-5-325 mg</i> | 1 | PA |
| <i>chlorphen-phenylephrine w/ apap tab 2-5-325 mg</i> | 1 | PA |
| <i>diphenhydramine-phenylephrine-apap packet 25-10-650 mg</i> | 1 | PA |
| <i>diphenhydramine-phenylephrine-apap packet 25-10-650 mg</i> | 1 | PA |
| <i>diphenhydramine-phenylephrine-apap packet 25-10-650 mg</i> | 1 | PA |
| <i>diphenhydramine-phenylephrine-apap packet 25-10-650 mg</i> | 1 | PA |
| <i>diphenhydramine-phenylephrine-apap packet 25-10-650 mg</i> | 1 | PA |
| <i>diphenhydramine-phenylephrine-apap packet 25-10-650 mg</i> | 1 | PA |
| <i>diphenhydramine-phenylephrine-apap packet 25-10-650 mg</i> | 1 | PA |
| <i>diphenhydramine-phenylephrine-apap packet 25-10-650 mg</i> | 1 | PA |
| <i>diphenhydramine-phenylephrine-apap packet 25-10-650 mg</i> | 1 | PA |
| NOREL AD 4-10-325 MG TAB | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| MISC. RESPIRATORY INHALANTS | | |
| <i>NEBUSAL 3 % NEBU SOLN</i> | 1 | |
| <i>PULMOSAL 7 % NEBU SOLN</i> | 1 | |
| <i>SODIUM CHLORIDE 3 % NEBU SOLN</i> | 1 | |
| <i>SODIUM CHLORIDE 7 % NEBU SOLN</i> | 1 | |
| MUCOLYTICS | | |
| <i>acetylcysteine inhal soln 10%</i> | 1 | |
| <i>acetylcysteine inhal soln 20%</i> | 1 | |
| NON-NARC ANTITUSSIVE-ANTIHISTAMINE | | |
| <i>CHLO HIST 12.5-1 MG/5ML SOLUTION</i> | 1 | |
| <i>ENDAL 1.25-10 MG/5ML LIQUID</i> | 1 | |
| <i>NINJACOF 12.5-12.5 MG/5ML LIQUID</i> | 1 | |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i> | 1 | |
| <i>VANACOF 2 12.5-1 MG/5ML SOLUTION</i> | 1 | |
| <i>VANACOF CP 12.5-25 MG/15ML LIQUID</i> | 1 | |
| NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE | | |
| <i>ALAHIST DM 5-12.5-10 MG/5ML LIQUID</i> | 1 | |
| <i>CHLO TUSS 30-1-12.5 MG/5ML LIQUID</i> | 1 | |
| <i>HISTEX-DM 10-2.5-20 MG/5ML SYRUP</i> | 1 | |
| <i>NINJACOF-D 30-12.5-12.5 MG/5ML LIQUID</i> | 1 | |
| <i>POLY-HIST DM 5-25-10 MG/5ML LIQUID</i> | 1 | |
| <i>POLYTUSSIN DM 5-10-1 MG/5ML SYRUP</i> | 1 | PA |
| <i>POLYTUSSIN DM 5-12.5-7.5 MG/5ML LIQUID</i> | 1 | |
| <i>PSE-DEXCHLORPHEN-CHLOPHEDIANOL 30-1-12.5 MG/5ML LIQUID</i> | 1 | PA |
| <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>VANACOF 30-1-12.5 MG/5ML LIQUID</i> | 1 | PA |
| <i>WESTUSSIN DM 1-10-5 MG/5ML SYRUP</i> | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE-ANALG | | |
| <i>pe-dm-apap & pe-cpm-dm-apap tab day/night therapy pack</i> | 1 | |
| <i>pe-dm-apap & pe-cpm-dm-apap tab day/night therapy pack</i> | 1 | |
| <i>pe-dm-apap & pe-cpm-dm-apap tab day/night therapy pack</i> | 1 | |
| <i>pe-dm-apap & pe-cpm-dm-apap tab day/night therapy pack</i> | 1 | |
| <i>pe-dm-apap & pe-cpm-dm-apap tab day/night therapy pack</i> | 1 | |
| <i>pe-dm-apap & pe-cpm-dm-apap tab day/night therapy pack</i> | 1 | |
| <i>pe-dm-apap & pe-cpm-dm-apap tab day/night therapy pack</i> | 1 | |
| <i>pe-dm-apap & pe-cpm-dm-apap tab day/night therapy pack</i> | 1 | |
| <i>pe-dm-apap & pe-cpm-dm-apap tab day/night therapy pack</i> | 1 | |
| <i>pe-dm-apap & pe-cpm-dm-apap tab day/night therapy pack</i> | 1 | |
| <i>pe-dm-apap & pe-cpm-dm-apap tab day/night therapy pack</i> | 1 | |
| <i>pe-dm-apap & pe-cpm-dm-apap tab day/night therapy pack</i> | 1 | |
| OPIOID ANTITUSSIVE-ANTIHISTAMINE | | |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> | 1 | QL MFL 3 / 180 DAYS |
| OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE | | |
| <i>CAPCOF 5-2-10 MG/5ML SYRUP</i> | 1 | |
| <i>POLY-TUSSIN AC 10-4-10 MG/5ML LIQUID</i> | 1 | |
| DERMATOLOGICALS | | |
| ACNE ANTIBIOTICS | | |
| <i>clindamycin phosphate lotion 1%</i> | 1 | |
| <i>clindamycin phosphate soln 1%</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <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 | |
| ERYTHROMYCIN 2 % GEL | 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 |
| AVAR CLEANSER 10-5 % LIQUID | 1 | |
| AVAR-E EMOLLIENT 10-5 % CREAM | 1 | |
| <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 | |
| SSS 10-5 10-5 % CREAM | 1 | |
| SULFACETAMIDE SODIUM-SULFUR 10-2 % LIQUID | 1 | |
| SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM | 1 | |
| SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID | 1 | |
| SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION | 1 | |
| SULFACLEANSE 8/4 8-4 % SUSPENSION | 1 | |
| ACNE PRODUCTS | | |
| <i>adapalene cream 0.1%</i> | 1 | |
| <i>adapalene gel 0.3%</i> | 1 | |
| <i>isotretinoin cap 10 mg</i> | 1 | QL |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------|------|-----------------------|
| <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 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 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 |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| <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 | |
| WINLEVI 1 % CREAM | 1 | ST |
| ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS | | |
| LEQSELVI 8 MG TAB | 1 | PA S Specialty Drug HYB |
| LITFULO 50 MG CAP | 1 | PA S Specialty Drug HYB |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | |
| DICLOFENAC EPOLAMINE 1.3 % PATCH | 1 | QL PA |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | QL |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 1 | |
| <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 | |
| <i>ciclopirox solution 8%</i> | 1 | |
| <i>ciclopirox solution 8%</i> | 1 | |
| <i>CICLOPIROX TREATMENT 8 % KIT</i> | 1 | |
| <i>LOPROX 0.77 % KIT</i> | 1 | |
| <i>NAFTIFINE HCL 1 % CREAM</i> | 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------|
| ANTIFUNGALS - TOPICAL COMBINATIONS | | |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | 1 | |
| <i>CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION</i> | 1 | |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> | 1 | |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i> | 1 | |
| ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL | | |
| <i>FLUOROURACIL 0.5 % CREAM</i> | 1 | |
| <i>fluorouracil cream 5%</i> | 1 | QL |
| ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S | | |
| <i>diclofenac sodium (actinic keratoses) gel 3%</i> | 1 | QL |
| ANTIPSORIATICS | | |
| <i>CALCIPOTRIENE 0.005 % SOLUTION</i> | 1 | |
| <i>calcipotriene cream 0.005%</i> | 1 | |
| <i>calcipotriene oint 0.005%</i> | 1 | |
| <i>calcipotriene oint 0.005%</i> | 1 | |
| <i>CALCITRIOL 3 MCG/GM OINTMENT</i> | 1 | PA |
| <i>tazarotene cream 0.1%</i> | 1 | |
| | | QL |
| <i>VTAMA 1 % CREAM</i> | 1 | PA HYB |
| ANTIPSORIATICS - SYSTEMIC | | |
| <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 |
| | | PA |
| <i>BIMZELX 160 MG/ML SOLN A-INJ</i> | 1 | S Specialty Drug HYB |
| | | PA |
| <i>BIMZELX 160 MG/ML SOLN PRSYR</i> | 1 | S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------------|
| <i>BIMZELX 320 MG/2ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| <i>BIMZELX 320 MG/2ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR</i> | 1 | QL PA S Specialty Drug HYB |
| <i>COSENTYX 125 MG/5ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>COSENTYX 150 MG/ML SOLN PRSYR</i> | 1 | QL PA S Specialty Drug HYB |
| <i>COSENTYX 75 MG/0.5ML SOLN PRSYR</i> | 1 | QL PA S Specialty Drug HYB |
| <i>COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ</i> | 1 | QL PA S Specialty Drug HYB |
| <i>COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ</i> | 1 | QL PA S Specialty Drug HYB |
| <i>COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ</i> | 1 | QL PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--------------------------------------|
| <i>ILUMYA 100 MG/ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>IMULDOSA 45 MG/0.5ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>IMULDOSA 90 MG/ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>METHOXSALLEN RAPID 10 MG CAP</i> | 1 | PA |
| <i>OTULFI 45 MG/0.5ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>OTULFI 45 MG/0.5ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>OTULFI 90 MG/ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>PYZCHIVA 45 MG/0.5ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| <i>PYZCHIVA 45 MG/0.5ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB HYB |
| <i>PYZCHIVA 45 MG/0.5ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>PYZCHIVA 90 MG/ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|--------------------------------------|
| <i>PYZCHIVA 90 MG/ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB HYB |
| <i>SELARSDI 45 MG/0.5ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>SELARSDI 90 MG/ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>SKYRIZI 150 MG/ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>SKYRIZI PEN 150 MG/ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| <i>SOTYKTU 6 MG TAB</i> | 1 | PA S Specialty Drug HYB |
| <i>SPEVIGO 150 MG/ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>SPEVIGO 300 MG/2ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>SPEVIGO 450 MG/7.5ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>STARJEMZA 45 MG/0.5ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <i>STARJEMZA 45 MG/0.5ML SOLUTION</i> | 1 | <div data-bbox="1117 205 1175 237">PA</div> <div data-bbox="1117 254 1175 285">S</div> Specialty Drug <div data-bbox="1117 302 1175 333">HYB</div> |
| <i>STARJEMZA 90 MG/ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 365 1175 396">PA</div> <div data-bbox="1117 413 1175 445">S</div> Specialty Drug <div data-bbox="1117 462 1175 493">HYB</div> |
| <i>STELARA 45 MG/0.5ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 516 1175 548">PA</div> <div data-bbox="1117 564 1175 596">S</div> Specialty Drug <div data-bbox="1117 613 1175 644">HYB</div> |
| <i>STELARA 45 MG/0.5ML SOLUTION</i> | 1 | <div data-bbox="1117 667 1175 699">PA</div> <div data-bbox="1117 716 1175 747">S</div> Specialty Drug <div data-bbox="1117 764 1175 795">HYB</div> |
| <i>STELARA 90 MG/ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 819 1175 850">PA</div> <div data-bbox="1117 867 1175 898">S</div> Specialty Drug <div data-bbox="1117 915 1175 947">HYB</div> |
| <i>STEQEYMA 45 MG/0.5ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 970 1175 1001">PA</div> <div data-bbox="1117 1018 1175 1050">S</div> Specialty Drug <div data-bbox="1117 1066 1175 1098">HYB</div> |
| <i>STEQEYMA 45 MG/0.5ML SOLUTION</i> | 1 | <div data-bbox="1117 1121 1175 1152">PA</div> <div data-bbox="1117 1169 1175 1201">S</div> Specialty Drug <div data-bbox="1117 1218 1175 1249">HYB</div> |
| <i>STEQEYMA 90 MG/ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 1272 1175 1304">PA</div> <div data-bbox="1117 1320 1175 1352">S</div> Specialty Drug <div data-bbox="1117 1369 1175 1400">HYB</div> |
| <i>TALTZ 20 MG/0.25ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 1423 1175 1455">PA</div> <div data-bbox="1117 1472 1175 1503">S</div> Specialty Drug <div data-bbox="1117 1520 1175 1551">HYB</div> |
| <i>TALTZ 40 MG/0.5ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 1575 1175 1606">PA</div> <div data-bbox="1117 1623 1175 1654">S</div> Specialty Drug <div data-bbox="1117 1671 1175 1703">HYB</div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--|
| <i>TALTZ 80 MG/ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 205 1170 235">PA</div> <div data-bbox="1117 254 1170 283">S</div> Specialty Drug <div data-bbox="1117 302 1170 331">HYB</div> |
| <i>TREMFYA 100 MG/ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 361 1170 390">PA</div> <div data-bbox="1117 409 1170 438">S</div> Specialty Drug <div data-bbox="1117 457 1170 487">HYB</div> |
| <i>TREMFYA ONE-PRESS 100 MG/ML SOLN PEN</i> | 1 | <div data-bbox="1117 516 1170 546">PA</div> <div data-bbox="1117 564 1170 594">S</div> Specialty Drug <div data-bbox="1117 613 1170 642">HYB</div> |
| <i>TREMFYA PEN 100 MG/ML SOLN A-INJ</i> | 1 | <div data-bbox="1117 672 1170 701">PA</div> <div data-bbox="1117 720 1170 749">S</div> Specialty Drug <div data-bbox="1117 768 1170 798">HYB</div> |
| <i>USTEKINUMAB 45 MG/0.5ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 827 1170 856">PA</div> <div data-bbox="1117 875 1170 905">S</div> Specialty Drug <div data-bbox="1117 924 1170 953">HYB</div> |
| <i>USTEKINUMAB 45 MG/0.5ML SOLUTION</i> | 1 | <div data-bbox="1117 982 1170 1012">PA</div> <div data-bbox="1117 1031 1170 1060">S</div> Specialty Drug <div data-bbox="1117 1079 1170 1108">HYB</div> |
| <i>USTEKINUMAB 90 MG/ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 1138 1170 1167">PA</div> <div data-bbox="1117 1186 1170 1215">S</div> Specialty Drug <div data-bbox="1117 1234 1170 1264">HYB</div> |
| <i>USTEKINUMAB-AAUZ 45 MG/0.5ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 1293 1170 1323">PA</div> <div data-bbox="1117 1341 1170 1371">S</div> Specialty Drug <div data-bbox="1117 1390 1170 1419">HYB</div> |
| <i>USTEKINUMAB-AAUZ 90 MG/ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 1449 1170 1478">PA</div> <div data-bbox="1117 1497 1170 1526">S</div> Specialty Drug <div data-bbox="1117 1545 1170 1575">HYB</div> |
| <i>USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR</i> | 1 | <div data-bbox="1117 1604 1170 1633">PA</div> <div data-bbox="1117 1652 1170 1682">S</div> Specialty Drug <div data-bbox="1117 1701 1170 1730">HYB</div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| <i>USTEKINUMAB-TTWE 45 MG/0.5ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>USTEKINUMAB-TTWE 45 MG/0.5ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>USTEKINUMAB-TTWE 90 MG/ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>YESINTEK 45 MG/0.5ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>YESINTEK 45 MG/0.5ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>YESINTEK 90 MG/ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| ANTISEBORRHEIC PRODUCTS | | |
| <i>SELENIUM SULFIDE 2.25 % SHAMPOO</i> | 1 | |
| <i>SELENIUM SULFIDE 2.5 % LOTION</i> | 1 | |
| <i>selenium sulfide shampoo 2.25%</i> | 1 | |
| <i>SULFACETAMIDE SODIUM (CLEANS) 10 % GEL</i> | 1 | |
| ANTIVIRALS - TOPICAL | | |
| <i>acyclovir oint 5%</i> | 1 | QL |
| ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS | | |
| <i>ANZUPGO 20 MG/GM CREAM</i> | 1 | PA HYB |
| <i>CIBINQO 100 MG TAB</i> | 1 | PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------------|
| <i>CIBINQO 200 MG TAB</i> | 1 | PA S Specialty Drug HYB |
| <i>CIBINQO 50 MG TAB</i> | 1 | PA S Specialty Drug HYB |
| <i>OPZELURA 1.5 % CREAM</i> | 1 | QL PA HYB |
| ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES | | |
| <i>ADBRY 150 MG/ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>ADBRY 300 MG/2ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| <i>DUPIXENT 100 MG/0.67ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>DUPIXENT 200 MG/1.14ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| <i>DUPIXENT 200 MG/1.14ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>DUPIXENT 300 MG/2ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| <i>DUPIXENT 300 MG/2ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| <i>EBGLYSS 250 MG/2ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| <i>EBGLYSS 250 MG/2ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| BURN PRODUCTS | | |
| <i>MAFENIDE ACETATE 5 % PACKET</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 | |
| <i>alclometasone dipropionate cream 0.05%</i> | 1 | |
| <i>AMCINONIDE 0.1 % CREAM</i> | 1 | |
| <i>APEXICON E 0.05 % CREAM</i> | 1 | |
| <i>BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL</i> | 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 0.1 % LOTION</i> | 1 | |
| <i>betamethasone valerate aerosol foam 0.12%</i> | 1 | |
| <i>betamethasone valerate cream 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 | |
| <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 | |
| DESOXIMETASONE 0.05 % GEL | 1 | |
| <i>desoximetasone cream 0.05%</i> | 1 | |
| <i>desoximetasone cream 0.25%</i> | 1 | |
| <i>desoximetasone oint 0.25%</i> | 1 | |
| DIFLORASONE DIACETATE 0.05 % CREAM | 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 | |
| FLUTICASONE PROPIONATE 0.05 % LOTION | 1 | |
| <i>fluticasone propionate cream 0.05%</i> | 1 | |
| <i>fluticasone propionate oint 0.005%</i> | 1 | |
| <i>halobetasol propionate cream 0.05%</i> | 1 | |
| <i>halobetasol propionate oint 0.05%</i> | 1 | |
| HYDROCORTISONE 2.5 % LOTION | 1 | |
| HYDROCORTISONE ACETATE 1 % CREAM | 1 | PA |
| <i>hydrocortisone acetate oint 1%</i> | 1 | |
| HYDROCORTISONE BUTYRATE 0.1 % CREAM | 1 | |
| HYDROCORTISONE BUTYRATE 0.1 % OINTMENT | 1 | |
| HYDROCORTISONE BUTYRATE 0.1 % SOLUTION | 1 | |
| <i>hydrocortisone butyrate lotion 0.1%</i> | 1 | |
| <i>hydrocortisone cream 0.5%</i> | 1 | |
| <i>hydrocortisone cream 1%</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|----------------------------------|------|-----------------------|
| <i>hydrocortisone cream 1%</i> | 1 | |
| <i>hydrocortisone cream 2.5%</i> | 1 | |
| <i>hydrocortisone oint 1%</i> | 1 | |
| <i>hydrocortisone oint 2.5%</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>hydrocortisone valerate cream 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 | |
| TRIAMCINOLONE ACETONIDE 0.025 % LOTION | 1 | |
| <i>triamcinolone acetonide cream 0.025%</i> | 1 | |
| <i>triamcinolone acetonide cream 0.1%</i> | 1 | |
| <i>triamcinolone acetonide cream 0.5%</i> | 1 | |
| <i>triamcinolone acetonide cream 0.5%</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 40 % CREAM</i> | 1 | |
| <i>UREA 41 % CREAM</i> | 1 | PA |
| <i>urea cream 40%</i> | 1 | |
| <i>UREMEZ-40 40 % CREAM</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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| <i>ketoconazole shampoo 2%</i> | 1 | |
| <i>oxiconazole nitrate cream 1%</i> | 1 | |
| IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL | | |
| <i>imiquimod cream 5%</i> | 1 | |
| INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC | | |
| <i>NEMLUVIO 30 MG A-INJ</i> | 1 | PA S Specialty Drug HYB |
| KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS | | |
| <i>PODOFILOX 0.5 % SOLUTION</i> | 1 | |
| LOCAL ANESTHETICS - TOPICAL | | |
| <i>LIDOCAINE HCL 3 % CREAM</i> | 1 | |
| <i>lidocaine hcl soln 4%</i> | 1 | |
| <i>LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL</i> | 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 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 |
| <i>LIDOPIN 3 % CREAM</i> | 1 | |
| MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL | | |
| <i>HYFTOR 0.2 % GEL</i> | 1 | PA S Specialty Drug HYB |
| <i>pimecrolimus cream 1%</i> | 1 | QL HYB |
| <i>tacrolimus oint 0.03%</i> | 1 | HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>tacrolimus oint 0.1%</i> | 1 | HYB |
| OXABOROLE-RELATED ANTIFUNGALS - TOPICAL | | |
| <i>tavaborole soln 5%</i> | 1 | QL ST |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL | | |
| <i>EUCRISA 2 % OINTMENT</i> | 1 | PA HYB |
| <i>ZORYVE 0.05 % CREAM</i> | 1 | QL PA HYB |
| <i>ZORYVE 0.15 % CREAM</i> | 1 | QL PA HYB |
| <i>ZORYVE 0.3 % CREAM</i> | 1 | QL PA |
| ROSACEA AGENTS | | |
| <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 | |
| <i>metronidazole gel 0.75%</i> | 1 | |
| <i>metronidazole gel 1%</i> | 1 | |
| <i>metronidazole lotion 0.75%</i> | 1 | |
| SCABICIDE COMBINATIONS | | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |
| <i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> | 1 | |
| VANALICE 0.3-3.5 % GEL | 1 | PA |
| SCABICIDES & PEDICULICIDES | | |
| <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>CONTOUR NEXT TEST STRIP</i> | 1 | QL PA HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>CONTOUR TEST STRIP</i> | 1 | QL PA HYB |
| <i>FREESTYLE INSULINX TEST STRIP</i> | 1 | QL HYB |
| <i>FREESTYLE LITE TEST STRIP</i> | 1 | QL HYB |
| <i>FREESTYLE PRECISION NEO TEST STRIP</i> | 1 | QL HYB |
| <i>FREESTYLE TEST STRIP</i> | 1 | QL HYB |
| <i>PRECISION XTRA BLOOD GLUCOSE STRIP</i> | 1 | QL HYB |
| <i>RELION BLOOD GLUCOSE TEST STRIP</i> | 1 | QL PA HYB |
| <i>TRUE METRIX BLOOD GLUCOSE TEST STRIP</i> | 1 | QL PA HYB |
| 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 |
| <i>ZENPEP 10000-32000 UNIT CP DR PART</i> | 1 | PA |
| <i>ZENPEP 15000-47000 UNIT CP DR PART</i> | 1 | PA |
| <i>ZENPEP 20000-63000 UNIT CP DR PART</i> | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| 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 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 | |
| ethacrynic acid tab 25 mg | 1 | |
| FUROSEMIDE 10 MG/ML SOLUTION | 1 | |
| FUROSEMIDE 8 MG/ML SOLUTION | 1 | AL1 Up to 8 yrs old |
| furosemide inj 10 mg/ml | 1 | |
| furosemide tab 20 mg | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---------------------------|
| <i>furosemide tab 40 mg</i> | 1 | |
| <i>furosemide tab 80 mg</i> | 1 | |
| <i>toremide tab 10 mg</i> | 1 | |
| <i>toremide tab 100 mg</i> | 1 | |
| <i>toremide tab 20 mg</i> | 1 | |
| <i>toremide tab 5 mg</i> | 1 | |
| POTASSIUM SPARING DIURETICS | | |
| <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 | |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| <i>chlorthalidone tab 25 mg</i> | 1 | |
| <i>chlorthalidone tab 50 mg</i> | 1 | |
| <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 | |
| <i>indapamide tab 2.5 mg</i> | 1 | |
| <i>INZIRQO 10 MG/ML RECON SUSP</i> | 1 | QL AL1 Up to 8 yrs old |
| <i>metolazone tab 10 mg</i> | 1 | |
| <i>metolazone tab 2.5 mg</i> | 1 | |
| <i>metolazone tab 5 mg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--------------------------|
| 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 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 | |
| DOPAMINE RECEPTOR AGONISTS | | |
| <i>cabergoline tab 0.5 mg</i> | 1 | |
| GAA DEFICIENCY TREATMENT - AGENTS | | |
| <i>LUMIZYME 50 MG RECON SOLN</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| GROWTH HORMONES | | |
| <i>NORDITROPIN FLEXPPO 10 MG/1.5ML SOLN PEN</i> | 1 | PA S Specialty Drug |
| <i>NORDITROPIN FLEXPPO 15 MG/1.5ML SOLN PEN</i> | 1 | PA S Specialty Drug |
| <i>NORDITROPIN FLEXPPO 5 MG/1.5ML SOLN PEN</i> | 1 | PA S Specialty Drug |
| HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS | | |
| <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>paricalcitol cap 1 mcg</i> | 1 | |
| <i>paricalcitol cap 2 mcg</i> | 1 | |
| <i>paricalcitol cap 4 mcg</i> | 1 | |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| NEUROKININ 1 & 3 (NK1/NK3) RECEPTOR ANTAGONISTS | | |
| <i>LYNKUET 60 MG CAP</i> | 1 | PA |
| NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS | | |
| <i>VEOZAH 45 MG TAB</i> | 1 | PA |
| OVULATION STIMULANTS-GONADOTROPINS | | |
| <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 UNT/0.48ML SOLN PEN</i> | 1 | PA S Specialty Drug |
| <i>GONAL-F RFF REDIJECT 450 UNT/0.72ML SOLN PEN</i> | 1 | PA S Specialty Drug |
| <i>GONAL-F RFF REDIJECT 900 UNT/1.44ML SOLN PEN</i> | 1 | PA S Specialty Drug |
| <i>MENOPUR 75 UNIT RECON SOLN</i> | 1 | PA S Specialty Drug |
| <i>NOVAREL 5000 UNIT RECON SOLN</i> | 1 | PA S Specialty Drug |
| <i>PREGNYL 10000 UNIT RECON SOLN</i> | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| PARATHYROID HORMONE AND DERIVATIVES | | |
| <i>teriparatide soln pen-inj 560 mcg/2.24ml</i> | 1 | PA S Specialty Drug |
| <i>TYMLOS 3120 MCG/1.56ML SOLN PEN</i> | 1 | 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 |
| SCLEROSTIN INHIBITORS | | |
| <i>EVENITY 105 MG/1.17ML SOLN PRSYR</i> | 1 | QL PA MFL 12 / 9999 DAYS S Specialty Drug |
| SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) | | |
| <i>raloxifene hcl tab 60 mg</i> | 1 | QL PREV |
| SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS | | |
| <i>tolvaptan (hyponatremia) tab 15 mg</i> | 1 | S Specialty Drug |
| <i>tolvaptan (hyponatremia) tab 30 mg</i> | 1 | S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <i>tolvaptan tab 15 mg</i> | 1 | S Specialty Drug |
| <i>tolvaptan tab 30 mg</i> | 1 | S Specialty Drug |
| <i>tolvaptan tab therapy pack 15 mg</i> | 1 | S Specialty Drug |
| <i>tolvaptan tab therapy pack 30 & 15 mg</i> | 1 | S Specialty Drug |
| <i>tolvaptan tab therapy pack 45 & 15 mg</i> | 1 | S Specialty Drug |
| <i>tolvaptan tab therapy pack 60 & 30 mg</i> | 1 | S Specialty Drug |
| <i>tolvaptan tab therapy pack 90 & 30 mg</i> | 1 | S Specialty Drug |
| SOMATOSTATIC AGENTS | | |
| <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 preservative free (pf) inj 4 mcg/ml</i> | 1 | |
| <i>DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION</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 & norethindrone acetate tab 0.5-0.1 mg</i> | 1 | |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 1 | |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 1 | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | 1 | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | 1 | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | 1 | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</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 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 0.05 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 0.1 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 |
| <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 | |
| <i>estrogens, conjugated tab 0.3 mg</i> | 1 | |
| <i>estrogens, conjugated tab 0.45 mg</i> | 1 | |
| <i>estrogens, conjugated tab 0.625 mg</i> | 1 | |
| <i>estrogens, conjugated tab 0.9 mg</i> | 1 | |
| <i>estrogens, conjugated tab 1.25 mg</i> | 1 | |
| <i>MENEST 0.3 MG TAB</i> | 1 | |
| <i>MENEST 0.625 MG TAB</i> | 1 | |
| <i>MENEST 1.25 MG TAB</i> | 1 | |
| <i>PREMARIN 25 MG RECON SOLN</i> | 1 | |
| FLUOROQUINOLONES | | |
| <i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i> | 1 | AL1 Up to 8 yrs old |
| <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 | |
| <i>CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION</i> | 1 | |
| <i>CIPROFLOXACIN IN D5W 400 MG/200ML SOLUTION</i> | 1 | |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i> | 1 | |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <i>levofloxacin in d5w iv soln 750 mg/150ml</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 |
| MOXIFLOXACIN HCL 400 MG/250ML SOLUTION | 1 | |
| MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION | 1 | PA |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i> | 1 | |
| OFLOXACIN 300 MG TAB | 1 | |
| OFLOXACIN 400 MG TAB | 1 | |
| GASTROINTESTINAL AGENTS - MISC. | | |
| 5-HT4 RECEPTOR AGONISTS | | |
| <i>prucalopride succinate tab 1 mg (base equivalent)</i> | 1 | QL PA |
| <i>prucalopride succinate tab 2 mg (base equivalent)</i> | 1 | QL PA |
| BILE ACID SYNTHESIS DISORDER AGENTS | | |
| CTEXLI 250 MG TAB | 1 | PA S Specialty Drug |
| GALLSTONE SOLUBILIZING AGENTS | | |
| <i>ursodiol cap 300 mg</i> | 1 | |
| <i>ursodiol tab 250 mg</i> | 1 | |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| GASTROINTESTINAL STIMULANTS | | |
| <i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i> | 1 | |
| <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 & cleanser wipe kit**</i> | 1 | |
| <i>balsalazide disodium cap 750 mg</i> | 1 | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| INTEGRIN RECEPTOR ANTAGONISTS | | |
| <i>ENTYVIO 300 MG RECON SOLN</i> | 1 | PA HYB |
| <i>ENTYVIO PEN 108 MG/0.68ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| INTERLEUKIN ANTAGONISTS | | |
| <i>IMULDOSA 130 MG/26ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| <i>OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>OMVOH 100 MG/ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| <i>OMVOH 100 MG/ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>OMVOH 200 MG/2ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| <i>OMVOH 200 MG/2ML SOLN PRSYR</i> | 1 | PA S Specialty Drug HYB |
| <i>OMVOH 300 MG/15ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|--|
| <i>OTULFI 130 MG/26ML SOLUTION</i> | 1 | <div data-bbox="1117 205 1170 237">PA</div> <div data-bbox="1117 254 1170 285">S</div> Specialty Drug <div data-bbox="1117 302 1170 333">HYB</div> |
| <i>PYZCHIVA 130 MG/26ML SOLUTION</i> | 1 | <div data-bbox="1117 361 1170 392">PA</div> <div data-bbox="1117 409 1170 441">S</div> Specialty Drug <div data-bbox="1117 457 1170 489">HYB</div> |
| <i>SELARSDI 130 MG/26ML SOLUTION</i> | 1 | <div data-bbox="1117 516 1170 548">PA</div> <div data-bbox="1117 564 1170 596">S</div> Specialty Drug <div data-bbox="1117 613 1170 644">HYB</div> |
| <i>SKYRIZI 180 MG/1.2ML SOLN CART</i> | 1 | <div data-bbox="1117 672 1170 703">PA</div> <div data-bbox="1117 720 1170 751">S</div> Specialty Drug <div data-bbox="1117 768 1170 800">HYB</div> |
| <i>SKYRIZI 360 MG/2.4ML SOLN CART</i> | 1 | <div data-bbox="1117 827 1170 858">PA</div> <div data-bbox="1117 875 1170 907">S</div> Specialty Drug <div data-bbox="1117 924 1170 955">HYB</div> |
| <i>SKYRIZI 600 MG/10ML SOLUTION</i> | 1 | <div data-bbox="1117 982 1170 1014">PA</div> <div data-bbox="1117 1031 1170 1062">S</div> Specialty Drug <div data-bbox="1117 1079 1170 1110">HYB</div> |
| <i>STARJEMZA 130 MG/26ML SOLUTION</i> | 1 | <div data-bbox="1117 1138 1170 1169">PA</div> <div data-bbox="1117 1186 1170 1218">S</div> Specialty Drug <div data-bbox="1117 1234 1170 1266">HYB</div> |
| <i>STELARA 130 MG/26ML SOLUTION</i> | 1 | <div data-bbox="1117 1293 1170 1325">PA</div> <div data-bbox="1117 1341 1170 1373">S</div> Specialty Drug <div data-bbox="1117 1390 1170 1421">HYB</div> |
| <i>STEQEYMA 130 MG/26ML SOLUTION</i> | 1 | <div data-bbox="1117 1449 1170 1480">PA</div> <div data-bbox="1117 1497 1170 1528">S</div> Specialty Drug <div data-bbox="1117 1545 1170 1577">HYB</div> |
| <i>TREMFYA 200 MG/20ML SOLUTION</i> | 1 | <div data-bbox="1117 1604 1170 1635">PA</div> <div data-bbox="1117 1652 1170 1684">S</div> Specialty Drug <div data-bbox="1117 1701 1170 1732">HYB</div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-------------------------------|
| <i>TREMFYA PEN 200 MG/2ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| <i>TREMFYA-CD/UC INDUCTION 200 MG/2ML SOLN A-INJ</i> | 1 | PA S Specialty Drug HYB |
| <i>USTEKINUMAB 130 MG/26ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>USTEKINUMAB-TTWE 130 MG/26ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| <i>YESINTEK 130 MG/26ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |
| 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------------|
| <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 | |
| SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS (GI) | | |
| <i>VELSIPITY 2 MG TAB</i> | 1 | PA S Specialty Drug HYB |
| TUMOR NECROSIS FACTOR ALPHA BLOCKERS | | |
| <i>AVSOLA 100 MG RECON SOLN</i> | 1 | PA S Specialty Drug HYB |
| <i>CIMZIA (1 SYRINGE) 200 MG/ML PREF SY KT</i> | 1 | PA S Specialty Drug HYB |
| <i>CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT</i> | 1 | PA S Specialty Drug HYB |
| <i>CIMZIA 2 X 200 MG KIT</i> | 1 | PA S Specialty Drug HYB |
| <i>CIMZIA-STARTER 200 MG/ML PREF SY KT</i> | 1 | PA S Specialty Drug HYB |
| <i>INFLECTRA 100 MG RECON SOLN</i> | 1 | PA S Specialty Drug HYB |
| <i>INFLIXIMAB 100 MG RECON SOLN</i> | 1 | PA HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------------|
| <i>REMICADE 100 MG RECON SOLN</i> | 1 | PA HYB |
| <i>RENFLXIS 100 MG RECON SOLN</i> | 1 | PA HYB |
| <i>ZYMFENTRA (1 PEN) 120 MG/ML AUT-IJ KIT</i> | 1 | PA S Specialty Drug HYB |
| <i>ZYMFENTRA (2 PEN) 120 MG/ML AUT-IJ KIT</i> | 1 | PA S Specialty Drug HYB |
| <i>ZYMFENTRA (2 SYRINGE) 120 MG/ML PEF SY KT</i> | 1 | PA S Specialty Drug HYB |
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| 5-ALPHA REDUCTASE INHIBITORS | | |
| <i>dutasteride cap 0.5 mg</i> | 1 | QL |
| <i>finasteride tab 5 mg</i> | 1 | QL |
| ALPHA 1-ADRENOCEPTOR ANTAGONISTS | | |
| <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 |
| ANTI-INFECTIVE GENITOURINARY IRRIGANTS | | |
| <i>NEOMYCIN-POLYMYXIN B GU 40-200000 SOLUTION</i> | 1 | |
| CITRATES | | |
| <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>POTASSIUM CITRATE-CITRIC ACID 1100-334 MG/5ML SOLUTION</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| SOD CITRATE-CITRIC ACID 1.5-1 GM/15ML SOLUTION | 1 | |
| SOD CITRATE-CITRIC ACID 3-2 GM/30ML SOLUTION | 1 | |
| SOD CITRATE-CITRIC ACID 500-334 MG/5ML SOLUTION | 1 | |
| SODIUM CITRATE-CITRIC ACID 1500-1002 MG/15ML SOLUTION | 1 | |
| SODIUM CITRATE-CITRIC ACID 3000-2004 MG/30ML SOLUTION | 1 | |
| CYSTINOSIS AGENTS | | |
| CYSTAGON 150 MG CAP | 1 | PA S Specialty Drug |
| CYSTAGON 50 MG CAP | 1 | PA S Specialty Drug |
| GENITOURINARY IRRIGANTS | | |
| acetic acid irrigation soln 0.25% | 1 | |
| ARGYLE STERILE SALINE 0.9 % SOLUTION | 1 | |
| CURITY STERILE SALINE 0.9 % SOLUTION | 1 | |
| glycine irrigation soln 1.5% | 1 | |
| glycine irrigation soln 1.5% | 1 | |
| SODIUM CHLORIDE 0.9 % SOLUTION | 1 | |
| sodium chloride irrigation soln 0.9% | 1 | |
| IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG | | |
| FILSPARI 200 MG TAB | 1 | PA S Specialty Drug |
| FILSPARI 400 MG TAB | 1 | PA S Specialty Drug |
| IGAN AGENTS - ENDOTHELIN RECEPTOR ANTAGONIST | | |
| VANRAFIA 0.75 MG TAB | 1 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| PHOSPHATES | | |
| <i>K-PHOS NO 2 305-700 MG TAB</i> | 1 | |
| PROSTATIC HYPERTROPHY AGENT COMBINATIONS | | |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | 1 | QL |
| URINARY ANALGESICS | | |
| <i>PHENAZOPYRIDINE HCL 100 MG TAB</i> | 1 | |
| <i>PHENAZOPYRIDINE HCL 200 MG TAB</i> | 1 | |
| <i>phenazopyridine hcl tab 100 mg</i> | 1 | |
| <i>phenazopyridine hcl tab 200 mg</i> | 1 | |
| <i>phenazopyridine hcl tab 200 mg</i> | 1 | |
| GOUT AGENTS | | |
| GOUT AGENT COMBINATIONS | | |
| <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 |
| URICOSURICS | | |
| <i>probenecid tab 500 mg</i> | 1 | |
| HEMATOLOGICAL AGENTS - MISC. | | |
| ANTIHEMOPHILIC PRODUCTS | | |
| <i>ADVATE 1000 UNIT RECON SOLN</i> | 8 | PA S Specialty Drug |
| <i>ADVATE 1500 UNIT RECON SOLN</i> | 8 | PA S Specialty Drug |
| <i>ADVATE 2000 UNIT RECON SOLN</i> | 8 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|------------------------|
| <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 |
| <i>AFSTYLA 2000 UNIT KIT</i> | 8 | PA S Specialty Drug |
| <i>AFSTYLA 250 UNIT KIT</i> | 8 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <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 |
| <i>ALPROLIX 250 UNIT RECON SOLN</i> | 8 | PA S Specialty Drug |
| <i>ALPROLIX 3000 UNIT RECON SOLN</i> | 8 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------|------|------------------------|
| 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 |
| CORIFACT 1000-1600 UNIT KIT | 8 | S Specialty Drug |
| ELOCTATE 1000 UNIT RECON SOLN | 8 | PA S Specialty Drug |
| ELOCTATE 1500 UNIT RECON SOLN | 8 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|------|------------------------|
| <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 |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| <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 |
| <i>IDELVION 500 UNIT RECON SOLN</i> | 8 | PA S Specialty Drug |
| <i>IXINITY 1000 UNIT RECON SOLN</i> | 8 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|------------------------|
| <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 |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|------------------------|
| <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>NOVOEIGHT 1000 UNIT RECON SOLN</i> | 8 | PA S Specialty Drug |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|------------------------|
| <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 |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <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 |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| <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 |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <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 |
| ANTIHEMOPHILIC PRODUCTS - ANTITHROMBIN-DIRECTED SIRNA | | |
| <i>QFITLIA 20 MG/0.2ML SOLUTION</i> | 8 | S Specialty Drug |
| <i>QFITLIA 50 MG/0.5ML SOLN A-INJ</i> | 8 | S Specialty Drug |
| ANTIHEMOPHILIC PRODUCTS - GENE THERAPY AGENTS | | |
| <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 |
| <i>HEMGENIX 18 X 10 ML SUSP THPK</i> | 8 | S Specialty Drug |
| <i>HEMGENIX 19 X 10 ML SUSP THPK</i> | 8 | S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------|------|-----------------------|
| 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 |
| HEMGENIX 44 X 10 ML SUSP THPK | 8 | S Specialty Drug |
| HEMGENIX 45 X 10 ML SUSP THPK | 8 | S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| 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 |
| HAEGARDA 2000 UNIT RECON SOLN | 1 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <i>HAEGARDA 3000 UNIT RECON SOLN</i> | 1 | PA S Specialty Drug |
| COMPLEMENT FACTOR B INHIBITORS | | |
| <i>FABHALTA 200 MG CAP</i> | 1 | PA S Specialty Drug |
| DIRECT-ACTING P2Y12 INHIBITORS | | |
| <i>ticagrelor tab 60 mg</i> | 1 | QL |
| <i>ticagrelor tab 90 mg</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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i> | 1 | |
| <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 25 MG KIT | 1 | |
| 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 | |
| XROMI 100 MG/ML SOLUTION | 1 | AL1 Up to 8 yrs old |
| 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| 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 |
| 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| RETACRIT 2000 UNIT/ML SOLUTION | 1 | PA |
| RETACRIT 20000 UNIT/ML SOLUTION | 1 | PA S Specialty Drug |
| 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 |
| NYPOZI 300 MCG/0.5ML SOLN PRSYR | 1 | QL S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <i>NYPOZI 480 MCG/0.8ML SOLN PRSYR</i> | 1 | QL S Specialty Drug |
| <i>NYVEPRIA 6 MG/0.6ML SOLN PRSYR</i> | 1 | QL S Specialty Drug |
| <i>RELEUKO 300 MCG/0.5ML SOLN PRSYR</i> | 1 | QL S Specialty Drug |
| <i>RELEUKO 480 MCG/0.8ML SOLN PRSYR</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 |
| IRON | | |
| <i>FERROUS GLUCONATE 239 (27 FE) MG TAB</i> | 1 | |
| <i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> | 1 | |
| <i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> | 1 | |
| <i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> | 1 | |
| <i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> | 1 | |
| <i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> | 1 | |
| <i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> | 1 | |
| <i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i> | 1 | |
| <i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i> | 1 | |
| <i>ferrous gluconate tab 324 mg (38 mg elemental iron)</i> | 1 | |
| FERROUS SULFATE 27 MG TAB | 1 | PA |
| <i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i> | 1 | |
| <i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i> | 1 | |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> | 1 | |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> | 1 | |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> | 1 | |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> | 1 | |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> | 1 | |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> | 1 | |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> | 1 | |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> | 1 | |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> | 1 | |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> | 1 | |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 27 mg (elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate tab 27 mg (elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate tab 27 mg (elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 1 | |
| <i>ferrous sulfate tab ec 324 mg (65 mg fe equivalent)</i> | 1 | PA |
| <i>ferrous sulfate tab ec 324 mg (65 mg fe equivalent)</i> | 1 | PA |
| <i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i> | 1 | |
| <i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i> | 1 | |
| <i>ferrous sulfate tab er 45 mg (elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate tab er 45 mg (elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate tab er 45 mg (elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate tab er 45 mg (elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate tab er 45 mg (elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate tab er 45 mg (elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate tab er 45 mg (elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate tab er 45 mg (elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate tab er 45 mg (elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate tab er 45 mg (elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate tab er 50 mg (elemental fe)</i> | 1 | PA |
| <i>ferrous sulfate tab er 50 mg (elemental fe)</i> | 1 | PA |
| IRON 28 MG TAB | 1 | PA |
| IRON 90 (18 FE) MG TAB | 1 | PA |
| SLOW RELEASE IRON 47.5 MG TAB ER | 1 | PA |
| SPATONE PUR-ABSORB IRON 5 MG/20ML SOLUTION | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| THROMBOPOIETIN (TPO) RECEPTOR AGONISTS | | |
| <i>eltrombopag olamine powder pack for susp 12.5 mg (base eq)</i> | 1 | PA S Specialty Drug |
| <i>eltrombopag olamine powder pack for susp 25 mg (base equiv)</i> | 1 | PA S Specialty Drug |
| <i>eltrombopag olamine tab 12.5 mg (base equiv)</i> | 1 | PA S Specialty Drug |
| <i>eltrombopag olamine tab 25 mg (base equiv)</i> | 1 | PA S Specialty Drug |
| <i>eltrombopag olamine tab 50 mg (base equiv)</i> | 1 | PA S Specialty Drug |
| <i>eltrombopag olamine tab 75 mg (base equiv)</i> | 1 | PA S Specialty Drug |
| HEMOSTATICS | | |
| HEMOSTATICS - SYSTEMIC | | |
| <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 | |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| BARBITURATE HYPNOTICS | | |
| <i>NEMBUTAL 50 MG/ML SOLUTION</i> | 8 | |
| <i>pentobarbital sodium inj 50 mg/ml</i> | 8 | |
| <i>PHENOBARBITAL 100 MG TAB</i> | 8 | |
| <i>PHENOBARBITAL 15 MG TAB</i> | 8 | |
| <i>PHENOBARBITAL 16.2 MG TAB</i> | 8 | |
| <i>PHENOBARBITAL 20 MG/5ML ELIXIR</i> | 8 | |
| <i>PHENOBARBITAL 30 MG TAB</i> | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| PHENOBARBITAL 30 MG/7.5ML ELIXIR | 8 | |
| PHENOBARBITAL 32.4 MG TAB | 8 | |
| PHENOBARBITAL 60 MG TAB | 8 | |
| PHENOBARBITAL 60 MG/15ML ELIXIR | 8 | |
| PHENOBARBITAL 64.8 MG TAB | 8 | |
| PHENOBARBITAL 97.2 MG TAB | 8 | |
| phenobarbital elixir 20 mg/5ml | 8 | |
| PHENOBARBITAL SODIUM 130 MG/ML SOLUTION | 8 | |
| PHENOBARBITAL SODIUM 65 MG/ML SOLUTION | 8 | |
| phenobarbital tab 100 mg | 8 | |
| phenobarbital tab 15 mg | 8 | |
| phenobarbital tab 16.2 mg | 8 | |
| phenobarbital tab 30 mg | 8 | |
| phenobarbital tab 32.4 mg | 8 | |
| phenobarbital tab 60 mg | 8 | |
| phenobarbital tab 64.8 mg | 8 | |
| phenobarbital tab 97.2 mg | 8 | |
| SEZABY 100 MG RECON SOLN | 8 | |
| BENZODIAZEPINE HYPNOTICS | | |
| estazolam tab 1 mg | 1 | QL |
| estazolam tab 2 mg | 1 | QL |
| FLURAZEPAM HCL 15 MG CAP | 1 | QL |
| FLURAZEPAM HCL 30 MG CAP | 1 | QL |
| midazolam hcl inj 10 mg/10ml (base equivalent) | 1 | |
| midazolam hcl inj 10 mg/2ml (base equivalent) | 1 | |
| midazolam hcl inj 2 mg/2ml (base equivalent) | 1 | |
| midazolam hcl inj 25 mg/5ml (base equivalent) | 1 | |
| midazolam hcl inj 5 mg/5ml (base equivalent) | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 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 |
| HYPNOTICS - TRICYCLIC AGENTS | | |
| <i>doxepin hcl (sleep) tab 3 mg (base equiv)</i> | 1 | |
| <i>doxepin hcl (sleep) tab 6 mg (base equiv)</i> | 1 | |
| 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 tab 10 mg</i> | 1 | QL |
| <i>zolpidem tartrate tab 5 mg</i> | 1 | QL |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>zolpidem tartrate tab er 12.5 mg</i> | 1 | QL |
| <i>zolpidem tartrate tab er 6.25 mg</i> | 1 | QL |
| OREXIN RECEPTOR ANTAGONISTS | | |
| <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 |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | |
| <i>ramelteon tab 8 mg</i> | 1 | QL |
| LAXATIVES | | |
| BOWEL EVACUANT COMBINATIONS | | |
| <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 |
| ELECTROLYTE-BASED OSMOTIC LAXATIVES | | |
| <i>magnesium hydroxide susp 400 mg/5ml</i> | 1 | |
| <i>magnesium hydroxide susp 400 mg/5ml</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 1 | PREV |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 1 | PREV |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 1 | PREV |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 1 | PREV |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | 1 | PREV |
| STIMULANT LAXATIVES | | |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl suppos 10 mg</i> | 1 | PREV |
| <i>bisacodyl tab delayed release 5 mg</i> | 1 | PREV |
| <i>bisacodyl tab delayed release 5 mg</i> | 1 | PREV |
| <i>bisacodyl tab delayed release 5 mg</i> | 1 | PREV |
| <i>bisacodyl tab delayed release 5 mg</i> | 1 | PREV |
| <i>bisacodyl tab delayed release 5 mg</i> | 1 | PREV |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>bisacodyl tab delayed release 5 mg</i> | 1 | PREV |
| <i>bisacodyl tab delayed release 5 mg</i> | 1 | PREV |
| <i>sennosides syrup 8.8 mg/5ml</i> | 1 | |
| <i>sennosides syrup 8.8 mg/5ml</i> | 1 | |
| <i>sennosides syrup 8.8 mg/5ml</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|------------------------------------|------|-----------------------|
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| <i>sennosides tab 8.6 mg</i> | 1 | |
| SURFACTANT LAXATIVES | | |
| <i>docusate calcium cap 240 mg</i> | 1 | PA |
| <i>docusate calcium cap 240 mg</i> | 1 | PA |
| <i>docusate calcium cap 240 mg</i> | 1 | PA |
| <i>docusate calcium cap 240 mg</i> | 1 | PA |
| <i>docusate calcium cap 240 mg</i> | 1 | PA |
| <i>docusate calcium cap 240 mg</i> | 1 | PA |
| <i>docusate calcium cap 240 mg</i> | 1 | PA |
| <i>docusate calcium cap 240 mg</i> | 1 | PA |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 100 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium cap 250 mg</i> | 1 | |
| <i>docusate sodium liquid 150 mg/15ml</i> | 1 | PA |
| <i>docusate sodium liquid 150 mg/15ml</i> | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>docusate sodium liquid 150 mg/15ml</i> | 1 | PA |
| <i>docusate sodium liquid 150 mg/15ml</i> | 1 | PA |
| <i>docusate sodium liquid 150 mg/15ml</i> | 1 | PA |
| <i>docusate sodium liquid 150 mg/15ml</i> | 1 | PA |
| LOCAL ANESTHETICS-PARENTERAL | | |
| LOCAL ANESTHETICS - AMIDES | | |
| <i>LIDOCAINE HCL 100 MG/5ML SOLN PRSYR</i> | 1 | |
| <i>lidocaine hcl local inj 2%</i> | 1 | |
| <i>lidocaine hcl local preservative free (pf) inj 2%</i> | 1 | |
| LOCAL ANESTHETICS - ESTERS | | |
| <i>NESACAINE 1 % SOLUTION</i> | 1 | |
| MACROLIDES | | |
| AZITHROMYCIN | | |
| <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 |
| CLARITHROMYCIN | | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--------------------------------|
| ERYTHROMYCINS | | |
| <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 | |
| <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 |
| FIDAXOMICIN | | |
| <i>DIFICID 40 MG/ML RECON SUSP</i> | 1 | QL ST MDS1 10 / 1 day(s) |
| <i>fidaxomicin tab 200 mg</i> | 1 | QL ST MDS1 10 / 1 day(s) |
| MEDICAL DEVICES AND SUPPLIES | | |
| APPLICATORS,COTTON BALLS,ETC | | |
| <i>ADVOCATE ALCOHOL PREP PADS 70 % PAD</i> | 1 | |
| <i>ALCOHOL PADS 70 % PAD</i> | 1 | |
| <i>ALCOHOL PREP PAD</i> | 1 | |
| <i>ALCOHOL PREP 70 % PAD</i> | 1 | |
| <i>ALCOHOL PREP PADS 70 % PAD</i> | 1 | |
| <i>ALCOHOL SWABS PAD</i> | 1 | |
| <i>ALCOHOL SWABS 70 % PAD</i> | 1 | |
| <i>ALCOHOL SWABSTICK PAD</i> | 1 | |
| <i>AUM ALCOHOL PREP PADS 70 % PAD</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>BD SWAB SINGLE USE REGULAR PAD</i> | 1 | |
| <i>BD SWABS SINGLE USE BUTTERFLY PAD</i> | 1 | |
| <i>CARETOUCH ALCOHOL PREP 70 % PAD</i> | 1 | |
| <i>COMFORT TOUCH ALCOHOL PREP 70 % PAD</i> | 1 | |
| <i>CURITY ALCOHOL PREPS 70 % PAD</i> | 1 | |
| <i>CVS ALCOHOL PREP PADS 70 % PAD</i> | 1 | |
| <i>CVS PREP 70 % PAD</i> | 1 | |
| <i>DROPSAFE ALCOHOL PREP 70 % PAD</i> | 1 | |
| <i>EASY COMFORT ALCOHOL PADS PAD</i> | 1 | |
| <i>EASY TOUCH ALCOHOL PREP MEDIUM 70 % PAD</i> | 1 | |
| <i>EQL ALCOHOL SWABS 70 % PAD</i> | 1 | |
| <i>FIFTY50 ALCOHOL PREP 70 % PAD</i> | 1 | |
| <i>GLOBAL ALCOHOL PREP EASE 70 % PAD</i> | 1 | |
| <i>GNP ALCOHOL SWABS 70 % PAD</i> | 1 | |
| <i>GOODSENSE ALCOHOL SWABS 70 % PAD</i> | 1 | |
| <i>H-E-B INCONTROL ALCOHOL PAD</i> | 1 | |
| <i>HM STERILE ALCOHOL PREP PAD</i> | 1 | |
| <i>MEIJER ALCOHOL SWABS 70 % PAD</i> | 1 | |
| <i>PHARMACIST CHOICE ALCOHOL PAD</i> | 1 | |
| <i>PRO COMFORT ALCOHOL 70 % PAD</i> | 1 | |
| <i>PURE COMFORT ALCOHOL PREP PAD</i> | 1 | |
| <i>QC ALCOHOL SWABS 70 % PAD</i> | 1 | |
| <i>RA ALCOHOL SWABS 70 % PAD</i> | 1 | |
| <i>REALITY SWABS PAD</i> | 1 | |
| <i>RELION ALCOHOL SWABS PAD</i> | 1 | |
| <i>RELION ALCOHOL SWABS 70 % PAD</i> | 1 | |
| <i>SAPS CARE ALCOHOL PREP 70 % PAD</i> | 1 | |
| <i>SAPS HEALTH ALCOHOL PREP PAD</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| SAPS HEALTH ALCOHOL PREP 70 % PAD | 1 | |
| SAPS HEALTH CARE ALCOHOL PREP 70 % PAD | 1 | |
| SB ALCOHOL PREP 70 % PAD | 1 | |
| SM ALCOHOL PREP PAD | 1 | |
| SM ALCOHOL PREP 70 % PAD | 1 | |
| SURE COMFORT ALCOHOL PREP 70 % PAD | 1 | |
| TRUE COMFORT ALCOHOL PREP PADS 70 % PAD | 1 | |
| TRUE COMFORT PRO ALCOHOL PREP 70 % PAD | 1 | |
| ULTICARE ALCOHOL SWABS PAD | 1 | |
| ULTICARE ALCOHOL SWABS 70 % PAD | 1 | |
| ULTILET ALCOHOL SWABS PAD | 1 | |
| ULTRA-CARE ALCOHOL PREP PADS 70 % PAD | 1 | |
| WEBCOL ALCOHOL PREP LARGE 70 % PAD | 1 | |
| WEBCOL ALCOHOL PREP MEDIUM 70 % PAD | 1 | |
| ZEV RX STERILE ALCOHOL PREP PAD 70 % PAD | 1 | |
| CONDOMS - FEMALE | | |
| FC2 FEMALE CONDOM MISC | 1 | QL PREV |
| CONDOMS - MALE | | |
| AIMSCO LUBRICATED MISC | 1 | QL |
| CONDOMS MISC | 1 | QL |
| DUREX EXTRA SENSITIVE THIN DEVICE | 1 | QL |
| DUREX EXTRA SENSITIVE THIN MISC | 1 | QL |
| DUREX REALFEEL DEVICE | 1 | QL |
| DUREX TROPICAL MISC | 1 | QL |
| FANTASY LUBRICATED MISC | 1 | QL |
| FANTASY LUBRICATED/SPERMICIDE MISC | 1 | QL |
| K-Y ME & YOU EXTRA LUBRICATED DEVICE | 1 | QL |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>K-Y ME & YOU INTENSE DEVICE</i> | 1 | QL |
| <i>KAMELEON LUBRICATED MISC</i> | 1 | QL |
| <i>KIMONO MISC</i> | 1 | QL |
| <i>KIMONO COLORS DEVICE</i> | 1 | QL |
| <i>KIMONO MAXX-LARGE FLARE MISC</i> | 1 | QL |
| <i>KIMONO MICRO THIN MISC</i> | 1 | QL |
| <i>KIMONO MICRO THIN PLUS MISC</i> | 1 | QL |
| <i>KIMONO PLUS MISC</i> | 1 | QL |
| <i>KIMONO PS MISC</i> | 1 | QL |
| <i>KIMONO PS PLUS MISC</i> | 1 | QL |
| <i>KIMONO SENSATION MISC</i> | 1 | QL |
| <i>KIMONO SENSATION PLUS MISC</i> | 1 | QL |
| <i>KIMONO SPECIAL DEVICE</i> | 1 | QL |
| <i>MAXX MISC</i> | 1 | QL |
| <i>MAXX PLUS MISC</i> | 1 | QL |
| <i>PREMIUM CONDOMS LUBRICATED MISC</i> | 1 | QL |
| <i>REALITY LATEX CONDOMS MISC</i> | 1 | QL |
| <i>REALITY LATEX/ULTRA TEXTURED DEVICE</i> | 1 | QL |
| <i>REALITY LATEX/ULTRA THIN DEVICE</i> | 1 | QL |
| <i>TROJAN BARESKIN DEVICE</i> | 1 | QL |
| <i>TROJAN ENZ MISC</i> | 1 | QL |
| <i>TROJAN MAGNUM MISC</i> | 1 | QL |
| <i>TROJAN ULTRA RIBBED LUBRICATED DEVICE</i> | 1 | QL |
| <i>TROJAN ULTRA THIN MISC</i> | 1 | QL |
| <i>TROJAN ULTRA THIN/SPERMICIDAL MISC</i> | 1 | QL |
| <i>TROJAN-ENZ LUBRICATED MISC</i> | 1 | QL |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| TROJAN-ENZ/SPERMICIDAL MISC | 1 | QL |
| TRUE COVER DEVICE | 1 | QL |
| TRUSTEX COLOR CONDOMS + LUBE MISC | 1 | QL |
| TRUSTEX LUB/RIBBED/STUDED MISC | 1 | QL |
| TRUSTEX LUB/SPERMICIDE EX ST MISC | 1 | QL |
| TRUSTEX LUB/SPERMICIDE XL MISC | 1 | QL |
| TRUSTEX LUBRICATED MISC | 1 | QL |
| TRUSTEX LUBRICATED EX LARGE MISC | 1 | QL |
| TRUSTEX LUBRICATED EXTRA ST MISC | 1 | QL |
| TRUSTEX LUBRICATED/SPERMICIDE MISC | 1 | QL |
| TRUSTEX NATURAL CONDOMS + LUBE MISC | 1 | QL |
| TRUSTEX NON-LUBRICATED MISC | 1 | QL |
| TRUSTEX RIA LUB/SPERMICIDE MISC | 1 | QL |
| TRUSTEX RIA LUBRICATED MISC | 1 | QL |
| TRUSTEX RIA NON-LUBRICATED MISC | 1 | QL |
| TRUSTEX-NONOXYNOL-9/RIB/STUD MISC | 1 | QL |
| GLUCOSE MONITOR & KETONE MONITOR COMBINATIONS | | |
| PRECISION XTRA-GLUCOSE/KETONE DEVICE | 1 | HYB |
| GLUCOSE MONITORING TEST SUPPLIES | | |
| ACCU-CHEK FASTCLIX LANCET KIT | 1 | PA |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT | 1 | PA |
| ADJUSTABLE LANCING DEVICE MISC | 1 | |
| ADVOCATE LANCING DEVICE MISC | 1 | |
| ADVOCATE RAPID-SAFE LANCING MISC | 1 | |
| AUTO-LANCET MISC | 1 | |
| AUTO-LANCET MINI MISC | 1 | |
| AUTOLET II CLINISAFE KIT | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| AUTOLET LANCING DEVICE MISC | 1 | HYB |
| AUTOLET LITE CLINISAFE KIT | 1 | PA |
| AUTOLET LITE LANCING DEVICE MISC | 1 | |
| AUTOLET LITE STARTER PACK KIT | 1 | PA |
| AUTOLET MINI MISC | 1 | |
| AUTOLET PLUS MISC | 1 | |
| CARDIOCOM LANCING DEVICE MISC | 1 | |
| CAREONE ADVANCED LANCING DEV MISC | 1 | |
| CARETOUCH LANCING/EJECTOR MISC | 1 | |
| CHOSEN LANCING DEVICE MISC | 1 | |
| CONTOUR NEXT EZ W/DEVICE KIT | 1 | PA HYB |
| CONTOUR NEXT GEN MONITOR W/DEVICE KIT | 1 | PA HYB |
| CVS LANCING DEVICE MISC | 1 | |
| DEXCOM G6 RECEIVER DEVICE | 1 | QL PA HYB |
| DEXCOM G6 SENSOR MISC | 1 | QL PA HYB |
| DEXCOM G6 TRANSMITTER MISC | 1 | QL PA HYB |
| DEXCOM G7 15 DAY SENSOR MISC | 1 | QL PA HYB |
| DEXCOM G7 RECEIVER DEVICE | 1 | QL PA HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>DEXCOM G7 SENSOR MISC</i> | 1 | QL PA HYB |
| <i>DIATHRIVE LANCING DEVICE MISC</i> | 1 | |
| <i>DROPLET GENTEEL LANCING DEVICE MISC</i> | 1 | |
| <i>DROPLET LANCING DEVICE MISC</i> | 1 | |
| <i>DRUG MART LANCING DEVICE MISC</i> | 1 | |
| <i>EASY MINI EJECT LANCING DEVICE MISC</i> | 1 | |
| <i>EASY MINI LANCING DEVICE MISC</i> | 1 | |
| <i>EASY TOUCH LANCING DEVICE MISC</i> | 1 | |
| <i>EMBRACE LANCING DEVICE/EJECTOR MISC</i> | 1 | |
| <i>FONDCIRCLE LANCING DEVICE MISC</i> | 1 | |
| <i>FORA LANCING DEVICE MISC</i> | 1 | |
| <i>FREDS PHARMACY AUTOLET LANCING MISC</i> | 1 | |
| <i>FREESTYLE FREEDOM LITE W/DEVICE KIT</i> | 1 | HYB |
| <i>FREESTYLE LIBRE 14 DAY READER DEVICE</i> | 1 | QL PA HYB |
| <i>FREESTYLE LIBRE 14 DAY SENSOR MISC</i> | 1 | QL PA HYB |
| <i>FREESTYLE LIBRE 2 PLUS SENSOR MISC</i> | 1 | QL PA HYB |
| <i>FREESTYLE LIBRE 2 READER DEVICE</i> | 1 | QL PA HYB |
| <i>FREESTYLE LIBRE 2 SENSOR MISC</i> | 1 | QL PA HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>FREESTYLE LIBRE 3 PLUS SENSOR MISC</i> | 1 | QL PA HYB |
| <i>FREESTYLE LIBRE 3 READER DEVICE</i> | 1 | QL PA HYB |
| <i>FREESTYLE LIBRE 3 SENSOR MISC</i> | 1 | QL PA HYB |
| <i>FREESTYLE LIBRE READER DEVICE</i> | 1 | QL PA HYB |
| <i>FREESTYLE LITE DEVICE</i> | 1 | |
| <i>FREESTYLE LITE W/DEVICE KIT</i> | 1 | HYB |
| <i>FREESTYLE PRECISION NEO SYSTEM W/DEVICE KIT</i> | 1 | HYB |
| <i>GENTEEL LANCING KIT (BLUE) KIT</i> | 1 | PA |
| <i>GENTEEL PLUS LANCING (BLACK) MISC</i> | 1 | |
| <i>GENTEEL PLUS LANCING (PURPLE) MISC</i> | 1 | |
| <i>GENTEEL PLUS LANCING (WHITE) MISC</i> | 1 | |
| <i>GENTEEL PLUS LANCING DEV(BLUE) MISC</i> | 1 | |
| <i>GENTEEL PLUS LANCING DEV(PINK) MISC</i> | 1 | |
| <i>GLOBAL LANCING DEVICE MISC</i> | 1 | |
| <i>GNP LANCING SYSTEM DEVICE MISC</i> | 1 | |
| <i>GOJJI LANCING DEVICE/CLEAR CAP MISC</i> | 1 | |
| <i>GOODSENSE LANCING DEVICE MISC</i> | 1 | |
| <i>GUARDIAN 4 GLUCOSE SENSOR MISC</i> | 1 | PA HYB |
| <i>GUARDIAN 4 TRANSMITTER MISC</i> | 1 | PA HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| GUARDIAN LINK 3 TRANSMITTER MISC | 1 | PA HYB |
| GUARDIAN SENSOR (3) MISC | 1 | PA HYB |
| GUARDIAN SENSOR 3 MISC | 1 | PA HYB |
| H-E-B INCONTROL ADV LANCING MISC | 1 | |
| HEALTH CARE LANCING DEVICE MISC | 1 | |
| HEALTHY ACCENTS LANCING DEVICE MISC | 1 | |
| HYPOLANCE AST LANCING KIT | 1 | PA |
| IHEALTH LANCING DEVICE MISC | 1 | |
| IN TOUCH LANCING DEVICE MISC | 1 | |
| KROGER AUTOLET LANCING DEVICE MISC | 1 | |
| KROGER LANCING DEVICE MISC | 1 | |
| LANCET DEVICE MISC | 1 | |
| LANCET DEVICE WITH EJECTOR MISC | 1 | |
| LANCETS MISC | 1 | |
| LANCETS 30G MISC | 1 | |
| LANCETS THIN MISC | 1 | |
| LANCING DEVICE MISC | 1 | |
| LANZO MISC | 1 | |
| LEADER ADVANCED LANCING DEVICE MISC | 1 | |
| LIBERTY MINI LANCING DEVICE MISC | 1 | |
| LITE TOUCH LANCING PEN MISC | 1 | |
| LIVE BETTER ADV LANCING DEVICE MISC | 1 | |
| MICROLET LANCETS MISC | 1 | PA HYB |
| MICROLET NEXT LANCING DEVICE MISC | 1 | |
| MINI LANCING DEVICE MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| MINIMED INSTINCT GLUC SENSOR MISC | 1 | PA HYB |
| MM LANCING DEVICE MISC | 1 | |
| MULTI-LANCET DEVICE MISC | 1 | |
| MULTI-LANCET DEVICE 2 KIT | 1 | PA |
| NOVA SUREFLEX LANCING DEVICE MISC | 1 | |
| ONETOUCH DELICA PLUS LANCING MISC | 1 | |
| PRODIGY LANCING DEVICE MISC | 1 | |
| PX ADVANCED LANCING DEVICE MISC | 1 | |
| PX LANCET AUTO INJECTOR MISC | 1 | |
| QC ADVANCED LANCING DEVICE MISC | 1 | |
| RELION LANCING DEVICE KIT | 1 | PA |
| RELION LANCING DEVICE MISC | 1 | |
| RELION PREMIER VOICE MONITOR DEVICE | 1 | PA HYB |
| RIGHTEST GD500 LANCING DEVICE MISC | 1 | |
| SAFETY LANCET 30G/PRESSURE ACT MISC | 1 | |
| SAFETY LANCETS 28G MISC | 1 | |
| SELECT-LITE DEVICE/LANCETS KIT | 1 | PA |
| SELECT-LITE LANCING DEVICE MISC | 1 | |
| SENSILANCE SAFETY LANCETS 21G MISC | 1 | |
| SHOPKO AUTOLET LANCING DEVICE MISC | 1 | |
| SIMPLE DIAGNOSTICS LANCING DEV MISC | 1 | |
| SM TRUEDRAW LANCING DEVICE MISC | 1 | |
| SMART DIABETES VANTAGE LANCING MISC | 1 | |
| SOLUS V2 LANCING DEVICE MISC | 1 | |
| SURE COMFORT LANCING PEN MISC | 1 | |
| TGT LANCING DEVICE MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| TODAYS HEALTH LANCING DEVICE MISC | 1 | |
| TRUE METRIX AIR GLUCOSE METER W/DEVICE KIT | 1 | PA HYB |
| TRUE METRIX GO GLUCOSE METER W/DEVICE KIT | 1 | PA HYB |
| TRUE METRIX METER W/DEVICE KIT | 1 | PA HYB |
| TRUEDRAW LANCING DEVICE MISC | 1 | HYB |
| TRUEPLUS LANCETS 28G MISC | 1 | HYB |
| TRUEPLUS LANCETS 30G MISC | 1 | HYB |
| TRUEPLUS LANCETS 33G MISC | 1 | HYB |
| TWIST TOP LANCETS 30G MISC | 1 | |
| ULTI-LANCE AUTOMATIC MISC | 1 | |
| UNILET MICRO-THIN 33G MISC | 1 | HYB |
| UNILET SUPER-THIN 30G MISC | 1 | HYB |
| UNILET ULTRA-THIN 28G MISC | 1 | HYB |
| VALUE PLUS LANCING DEVICE MISC | 1 | |
| VIDA MIA AUTOLET LANCING DEV MISC | 1 | |
| VIVAGUARD LANCING DEVICE MISC | 1 | |
| INSULIN ADMINISTRATION SUPPLIES | | |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | 1 | QL PA HYB |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC | 1 | QL PA HYB |
| OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT | 1 | QL PA HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|------------------------------------|------|---|
| OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC | 1 | <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">HYB</div> </div> |
| MISC. DEVICES | | |
| 14-COUNT WARMER MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| 3-IN-1 BEDSIDE TOILET MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| ACU-LIFE CRUSHER/CONTAINER MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| ADJUST BATH/SHOWER SEAT MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| ADJUST BATH/SHOWER SEAT/BACK MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| ADJUST FOLD CANE/YORK HANDLE MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| ADJUSTABLE ALUMINUM CANE MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| ADJUSTABLE ALUMINUM CANE 3/4" MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| ADJUSTABLE ALUMINUM CANE 5/8" MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| ADJUSTABLE ALUMINUM CANE 7/8" MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| ADJUSTABLE COMMODE 3-IN-1 MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| ADJUSTABLE FOLDING CANE MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| ADULT PUSH BUTTON ALUM CRUTCH MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| ALEVE TENS REFILL PADS MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| ALL-BODY MASSAGE MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| ALUMINUM BLANKET SUPPORT MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| ALUMINUM FLIP OFF SEALS 13MM MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| AMEDA ADAPTER CAP MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| AMEDA BREAST FLANGE INSERT MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| AMEDA CUSTOMFIT BREAST FLANGE MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| AMEDA DIAPHRAGMS MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| AMEDA DUAL HYGIENIKIT SYSTEM MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| AMEDA DUAL HYGIENIKIT W/ADAPT MISC | 1 | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| AMEDA ELITE BREAST PUMP MISC | 1 | PA |
| AMEDA FINESSE BREAST PUMP MISC | 1 | PA |
| AMEDA FLEXISHIELD MISC | 1 | PA |
| AMEDA MYA JOY BREAST PUMP MISC | 1 | PA |
| AMEDA MYA JOY BREAST PUMP/TOTE MISC | 1 | PA |
| AMEDA ONE-HAND BREAST PUMP MISC | 1 | PA |
| AMEDA PLATINUM BREAST PUMP MISC | 1 | PA |
| AMEDA PURELY YOURS BREAST PUMP MISC | 1 | PA |
| AMEDA SILICONE TUBING MISC | 1 | PA |
| AMEDA TUBING ADAPTER MISC | 1 | PA |
| AMEDA VALVES MISC | 1 | PA |
| AMIELLE RESTORE VAG EXERCISERS MISC | 1 | PA |
| AMIELLE VAGINAL TRAINER MISC | 1 | PA |
| AQUA FILTER HOLDERS MISC | 1 | PA |
| ARGYLE TRACH TUBE HOLDER MISC | 1 | PA |
| BABY FRIDGE MISC | 1 | PA |
| BAMBOO CANE MISC | 1 | PA |
| BANDAGE SCISSORS MISC | 1 | PA |
| BARIATRIC ALUMINUM CANE MISC | 1 | PA |
| BATH BENCH WITH BACK MISC | 1 | PA |
| BATH/SHOWER SEAT MISC | 1 | PA |
| BATHTUB SAFETY RAIL MISC | 1 | PA |
| BD SAFE CLIP NEEDLE CLIPPER MISC | 1 | PA |
| BED WEDGE MISC | 1 | PA |
| BEUTLICH PH TEST ROLL MISC | 1 | PA |
| BI-FOCAL MAGNIFIER MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| BLOOD COLLECTION TUBE HOLDER MISC | 1 | PA |
| BLOOD PRESSURE SMART CARD MISC | 1 | PA |
| BMI DIGITAL SMART SCALE MISC | 1 | PA |
| BODY COMPOSITION SCALE MISC | 1 | PA |
| BOULES QUIES EAR PLUGS MISC | 1 | PA |
| BREAST PUMP MISC | 1 | PA |
| BREATHE COMFORT NASAL ASPIRATO MISC | 1 | PA |
| BREATHE COMFORT NASAL IRRIGAT MISC | 1 | PA |
| BREATHE EASE PULSE OXIMETER MISC | 1 | PA |
| CANE MISC | 1 | PA |
| CANE FOR BLIND FOLDING MISC | 1 | PA |
| CANE HOLDER MISC | 1 | PA |
| CANE TIPS MISC | 1 | PA |
| CANE TIPS 3/4" MISC | 1 | PA |
| CANE TIPS 7/8" MISC | 1 | PA |
| CANE TIPS FOR ALUM 3/4" MISC | 1 | PA |
| CANE TIPS FOR WOOD 3/4" MISC | 1 | PA |
| CANE TIPS FOR WOOD 5/8" MISC | 1 | PA |
| CANE TIPS FOR WOOD 7/8" MISC | 1 | PA |
| CANE WRIST STRAP MISC | 1 | PA |
| CANE/OFFSET HANDLE MISC | 1 | PA |
| CANE/T-HANDLE MISC | 1 | PA |
| CARDIAC CARE PORT BP/ECG MONIT MISC | 1 | PA |
| CARETOUCH PULSE OXIMETER MISC | 1 | PA |
| CAREX COCCYX CUSHION MISC | 1 | PA |
| CAREX ULTRA GRABBER 32" MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| CAREX WHEELCHAIR MISC | 1 | PA |
| CERVICAL PILLOW MISC | 1 | PA |
| CERVICAL PILLOW/COVER MISC | 1 | PA |
| CHEMO TRANSFER PIN MISC | 1 | PA |
| CINIS PREEMIE HALO LARGE MISC | 1 | PA |
| CINIS PREEMIE HALO MEDIUM MISC | 1 | PA |
| CINIS PREEMIE HALO SMALL MISC | 1 | PA |
| CLASSIC DENTAL GUARD MISC | 1 | PA |
| CLASSICS ROLLING WALKER MISC | 1 | PA |
| CLEVER CHOICE BMI SCALE MISC | 1 | PA |
| CLEVER CHOICE BREAST PUMP MISC | 1 | PA |
| CLEVER CHOICE HEARING AMPLIFIE MISC | 1 | PA |
| CLEVER CHOICE HYDROTHERAPY SYS MISC | 1 | PA |
| CLINERE EARWAX CLEANERS MISC | 1 | PA |
| CLINERE EARWAX REMOVER MISC | 1 | PA |
| CLIP & STOR MISC | 1 | PA |
| COLD SEAL BLISTER/LG 62 DOSE MISC | 1 | PA |
| COLD SEAL BLISTER/MD 28 DOSE MISC | 1 | PA |
| COLD SEAL BLISTER/MD 31 DOSE MISC | 1 | PA |
| COLD SEAL BLISTER/MD 90 DOSE MISC | 1 | PA |
| COLD SEAL BLISTER/SM 28 DOSE MISC | 1 | PA |
| COLD SEAL BLISTER/SM 31 DOSE MISC | 1 | PA |
| COLD SEAL BLISTERS/LARGE MISC | 1 | PA |
| COMFORT CURVE MASSAGE CUSHION MISC | 1 | PA |
| COMFORT FIT FLANGES LARGE MISC | 1 | PA |
| COMFORT PERSONAL CLEANS CART MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| COMFORT PERSONAL MICROWAVE MISC | 1 | PA |
| COMFORT PERSONAL SHAMPOO CAP MISC | 1 | PA |
| COMFORT PERSONAL WARMER 14-CT MISC | 1 | PA |
| COMFORT PERSONAL WARMER 28-CT MISC | 1 | PA |
| COMMODE MISC | 1 | PA |
| COMMODE 3-IN-1 MISC | 1 | PA |
| COMMODE BEDSIDE MISC | 1 | PA |
| COMMODE BEDSIDE/BACK MISC | 1 | PA |
| COMMODE PAIL MISC | 1 | PA |
| COMMODE SPLASH GUARD MISC | 1 | PA |
| CONTOUR BACK CUSHION MISC | 1 | PA |
| CONTOUR FITTED SHEETS MISC | 1 | PA |
| CONTOUR MATTRESS COVER MISC | 1 | PA |
| CRUTCH MISC | 1 | PA |
| CRUTCH ACCESSORY KIT MISC | 1 | PA |
| CRUTCH HANDGRIPS MISC | 1 | PA |
| CRUTCH PILLOWS/ARM/HAND MISC | 1 | PA |
| CRUTCH SET MISC | 1 | PA |
| CRUTCH TIPS MISC | 1 | PA |
| CRUTCH UNDERARM PADS MISC | 1 | PA |
| CRUTCH-MATE ADULT ARM MISC | 1 | PA |
| CRUTCH-MATE ADULT FOREARM MISC | 1 | PA |
| CRUTCH-MATE ADULT HAND GRIP LG MISC | 1 | PA |
| CRUTCH-MATE ADULT HAND GRIPS MISC | 1 | PA |
| CRUTCHES-ALUMINUM MISC | 1 | PA |
| CUSTOM-FLEX MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| CVS ALKALINE BATTERIES SIZE AA MISC | 1 | PA |
| CVS CANE MISC | 1 | PA |
| CVS CRUTCHES MISC | 1 | PA |
| CVS DIABETIC ORGANIZER MISC | 1 | PA |
| CVS EAR PLUGS MISC | 1 | PA |
| CVS GEL GRIP FOLDING CANE MISC | 1 | PA |
| CVS INFLATABLE VINYL CUSHION MISC | 1 | PA |
| CVS PILL SPLITTER MISC | 1 | PA |
| CVS PULSE OXIMETER MISC | 1 | PA |
| CVS QUAD CANE MISC | 1 | PA |
| CVS READY SET GO BATH BENCH MISC | 1 | PA |
| CVS REUSABLE SHEET PROTECTOR MISC | 1 | PA |
| CVS RUBBER CUSHION MISC | 1 | PA |
| DEEP-TISSUE MISC | 1 | PA |
| DENTAL GUARD MISC | 1 | PA |
| DENTEK PROF-FIT DENTAL GUARD MISC | 1 | PA |
| DIFFUSER ULTRA SONIC MISC | 1 | PA |
| DIGITAL GLASS SCALE MISC | 1 | PA |
| DIGITAL SCALE/BLUETOOTH MISC | 1 | PA |
| DINAMAP MONITOR PROBE COVERS MISC | 1 | PA |
| DISP SINGLE HEAD STETHOSCOPE MISC | 1 | PA |
| DISPOSABLE BULB/VALVE MISC | 1 | PA |
| DIVERTER VALVE MISC | 1 | PA |
| DOVER COMMODORE SPECIMEN COLLECT MISC | 1 | PA |
| DOVER MIDSTREAM SPECIMEN CATCH MISC | 1 | PA |
| DROPTAINER TIP CAPS MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| DUAL PADDLE FOLDING WALKER MISC | 1 | PA |
| DUNLAP FOAM RING CUSHION MISC | 1 | PA |
| DUNLAP INFLATABLE VINYL RING MISC | 1 | PA |
| E-Z LOCK RAISED TOILET SEAT MISC | 1 | PA |
| EAR WAX REMOVAL/TRI-STREAM TIP MISC | 1 | PA |
| EARPLUGS MISC | 1 | PA |
| EASY FEED ELECTRIC BREAST PUMP MISC | 1 | PA |
| EGG CRATE BED PAD MISC | 1 | PA |
| ELECTRODES 2"X2"/REUSABLE MISC | 1 | PA |
| ELECTROTHERAPY PAIN RELIEF MISC | 1 | PA |
| ELON PROFESSIONAL NAIL CARE MISC | 1 | PA |
| ELONGATED TOILET SEAT ELEVATOR MISC | 1 | PA |
| ELOSHIELD FACE SHIELD MISC | 1 | PA |
| ENDOSCOPIC DELIVERY SYSTEM MISC | 1 | PA |
| ENDURANCE FOUR LEG SEAT CANE MISC | 1 | PA |
| ENDURANCE HD COMMUNE MISC | 1 | PA |
| EQ BATH & SHOWER SEAT/BACK MISC | 1 | PA |
| EQ CRUTCHES MISC | 1 | PA |
| EQ FOLDING WALKER MISC | 1 | PA |
| EQ WHEELCHAIR FOLDING BLACK MISC | 1 | PA |
| EQL EAR PLUGS/SILICONE MISC | 1 | PA |
| EQL MUSTACHE/BEARD SCISSORS MISC | 1 | PA |
| EQL SKIN CARE TOOL MISC | 1 | PA |
| EVERYDAY PICK MISC | 1 | PA |
| EXTENDABLE BEDSIDE RAIL MISC | 1 | PA |
| EYE/EAR DROPPER MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| EZY DOSE ADULT-LOCK PILL CUT MISC | 1 | PA |
| EZY DOSE COLD SEAL CRD 28 DOSE MISC | 1 | PA |
| EZY DOSE COLD SEAL CRD 62 DOSE MISC | 1 | PA |
| EZY DOSE COLD SEAL CRD 90 DOSE MISC | 1 | PA |
| EZY DOSE CUT N CRUSH MISC | 1 | PA |
| EZY DOSE DELUXE PILL CUTTER MISC | 1 | PA |
| EZY DOSE EZY CRUSH PILL CRUSH MISC | 1 | PA |
| EZY DOSE MEDICINE CUPS MISC | 1 | PA |
| EZY DOSE PILL CUTTER MISC | 1 | PA |
| EZY DOSE PILL CUTTER ORIGINAL MISC | 1 | PA |
| FACE SHIELD MISC | 1 | PA |
| FALL MAT MISC | 1 | PA |
| FASHION CANE/T-HANDLE MISC | 1 | PA |
| FETAL DOPPLER MISC | 1 | PA |
| FLA ADJUST AIR ANKLE WALKER MISC | 1 | PA |
| FLAORTHO WALKER MISC | 1 | PA |
| FLEX & GO FOLDING CANE MISC | 1 | PA |
| FLEX SHIELD WITH EAR LOOPS MISC | 1 | PA |
| FLEX SHIELD WITH TIE STRINGS MISC | 1 | PA |
| FLEX THERAPY MISC | 1 | PA |
| FLIGHT EAR PLUGS MISC | 1 | PA |
| FOAM CHAIR CUSHION MISC | 1 | PA |
| FOAM CRUTCH PAD MISC | 1 | PA |
| FOAM CUSHION MISC | 1 | PA |
| FOAM EAR PLUGS MISC | 1 | PA |
| FOAM INVALID CUSHION MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| FOLDING CANE MISC | 1 | PA |
| FOLDING COMMODE MISC | 1 | PA |
| FOLDING PADDLE WALKER MISC | 1 | PA |
| FOLDING REACHER MISC | 1 | PA |
| FOLDING SEAT CANE MISC | 1 | PA |
| FOLDING WALKER MISC | 1 | PA |
| FOLDING WALKER/ADULT MISC | 1 | PA |
| FOLDING WALKING CANE MISC | 1 | PA |
| FONDCIRCLE BODY FAT SCALE MISC | 1 | PA |
| FONDCIRCLE BODY WEIGHT SCALE MISC | 1 | PA |
| FONDCIRCLE DIGITAL BODY TAPE M MISC | 1 | PA |
| FONDCIRCLE ENT SMART OTOSCOPE MISC | 1 | PA |
| FONDCIRCLE MULTI-FUNC OTOSCOPE MISC | 1 | PA |
| FONDCIRCLE PORTABLE ECG MONITO MISC | 1 | PA |
| FONDCIRCLE PULSE OXIMETER MISC | 1 | PA |
| FOOT MASSAGER MISC | 1 | PA |
| FORA GATEWAY MISC | 1 | PA |
| FORA GW9014 TELEHEALTH GATEWAY MISC | 1 | PA |
| FORA TN'G SCALE 550 MISC | 1 | PA |
| FREE SPIRIT KNEE/LEG WALKER MISC | 1 | PA |
| FREESTYLE DOUBLE BREASTPUMP MISC | 1 | PA |
| FT COMFORT FOAM EAR PLUGS MISC | 1 | PA |
| GETGO ROLLING WALKER MISC | 1 | PA |
| GNP ASSORTED COMBS MISC | 1 | PA |
| GNP DELUXE PULSE OXIMETER MISC | 1 | PA |
| GNP DIGITAL WEIGHT SCALE MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| GNP FOAM EAR PLUGS MISC | 1 | PA |
| GNP NAIL CLIPPERS MISC | 1 | PA |
| GNP POCKET TISSUE MISC | 1 | PA |
| GNP PULSE OXIMETER MISC | 1 | PA |
| GNP REACHER 32" MISC | 1 | PA |
| GNP TWEEZERS SLANT TIP MISC | 1 | PA |
| GNP ULTRA PILL CRUSHER MISC | 1 | PA |
| GNP ULTRA PILL SPLITTER MISC | 1 | PA |
| GOJJI WEIGHT SCALE MISC | 1 | PA |
| GROOVE ROLLING WALKER MISC | 1 | PA |
| HAND HELD SHOWER SPRAY MISC | 1 | PA |
| HARMONY BREASTPUMP MISC | 1 | PA |
| HEAD HALTER MISC | 1 | PA |
| HEAD HALTER OVER DOOR TRACTION MISC | 1 | PA |
| HEAD LICE COMB MISC | 1 | PA |
| HEAT THERAPY MISC | 1 | PA |
| HEELBOOT LARGE MISC | 1 | PA |
| HEELBOOT LAUNDRY BAG MISC | 1 | PA |
| HEELBOOT LINER LARGE MISC | 1 | PA |
| HEELBOOT LINER REGULAR MISC | 1 | PA |
| HEELBOOT REGULAR MISC | 1 | PA |
| HEELBOOT WALK PAD MISC | 1 | PA |
| HIBICLENS FOOT PEDAL MISC | 1 | PA |
| HIBICLENS HAND PUMP 16OZ MISC | 1 | PA |
| HIBICLENS HAND PUMP 32OZ MISC | 1 | PA |
| HIBICLENS HAND PUMP GALLON MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| HIBICLENS HAND PUMP NON FOAM MISC | 1 | PA |
| HIBICLENS PUMP ASSEMBLY MISC | 1 | PA |
| HIBICLENS WALL DISPENSER/FOOT MISC | 1 | PA |
| HIBICLENS WALL DISPENSER/HAND MISC | 1 | PA |
| HM COMFORT FOAM EAR PLUGS MISC | 1 | PA |
| HOME STYLE BED RAILS MISC | 1 | PA |
| HOT-COLD THERAPY MISC | 1 | PA |
| HURRICAINA DISPENSING CAP MISC | 1 | PA |
| HURRICAINA LIQUID DISPENSER MISC | 1 | PA |
| HURRICAINA SPR EXTENSION TUBES MISC | 1 | PA |
| HURRIPAK PERIO IRRIGATION TIPS MISC | 1 | PA |
| HURRIPAK PERIODONTAL ANESTHETI MISC | 1 | PA |
| HURRYCANE FREEDOM EDITION CANE MISC | 1 | PA |
| ICY DIAMOND TOTE CANVAS MISC | 1 | PA |
| ICY DIAMOND TOTE NON LEATHER MISC | 1 | PA |
| ICY HOT TENS THERAPY REFILL MISC | 1 | PA |
| INFLATABLE NECK REST MISC | 1 | PA |
| ITOUCH SURE PELVIC EXERCISER MISC | 1 | PA |
| J & J ANTISEPTIC WIPES MISC | 1 | PA |
| J & J INSTANT COLD PACK MISC | 1 | PA |
| J & J TOURNIQUET MISC | 1 | PA |
| JOURNEY SERIES ROLLING WALKER MISC | 1 | PA |
| KABOOTI MISC | 1 | PA |
| KABOOTI ICE MISC | 1 | PA |
| KANESON BREAST PUMP/NURSER MISC | 1 | PA |
| KANGAROO RIGID CONTAINER MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|------------------------------------|------|-----------------------|
| KEGEL BALL TRAINER MISC | 1 | PA |
| KEGEL FIT MISC | 1 | PA |
| KEGEL TONER PELVIC TRAINER MISC | 1 | PA |
| LAB COAT-DISPOSABLE MISC | 1 | PA |
| LADYCARE MENOPAUSE MISC | 1 | PA |
| LANSINOH BREASTFEEDING PILLOW MISC | 1 | PA |
| LANSINOH BREASTMILK COLLECTOR MISC | 1 | PA |
| LANSINOH EXTRA PUMPING SET MISC | 1 | PA |
| LANSINOH MANUAL BREAST PUMP MISC | 1 | PA |
| LANSINOH POSTPART WASH BOTTLE MISC | 1 | PA |
| LANSINOH PUMP ADAPTERS MISC | 1 | PA |
| LANSINOH SMART PUMP TOTE BAGS MISC | 1 | PA |
| LANSINOH SMARTPUMP MISC | 1 | PA |
| LANSINOH SMARTPUMP 2.0 MISC | 1 | PA |
| LATCH ASSIST NIPPLE EVERTER MISC | 1 | PA |
| LITE'N UP 50 MISC | 1 | PA |
| LITE'N UP 90 MISC | 1 | PA |
| LOS YANKAUER HOLDER MISC | 1 | PA |
| LULLABY DBL ELECT BREAST PUMP MISC | 1 | PA |
| LUMBAR CUSHION MISC | 1 | PA |
| LUMBAR SUPPORT CUSHION MISC | 1 | PA |
| MAGNIFIER HANDS-FREE MISC | 1 | PA |
| MASSAGER MISC | 1 | PA |
| MATTRESS COVER MISC | 1 | PA |
| MATTRESS PAD MISC | 1 | PA |
| MEDELA DOUBLE BREAST PUMP MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| MEDELA LACTINA DOUBLE PUMPING MISC | 1 | PA |
| MEDELA PUMP IN STYLE MISC | 1 | PA |
| MEDI-COOLER MISC | 1 | PA |
| MEDI-FRIDGE IIX MISC | 1 | PA |
| MEDICINE DROPPER MISC | 1 | PA |
| MEDICINE DROPPER/CALIBRATED MISC | 1 | PA |
| MEDICINE SPOON MISC | 1 | PA |
| METAL REACHER MISC | 1 | PA |
| MICROCLENS WALL MOUNT BRACKET MISC | 1 | PA |
| MINI DIFFUSER MISC | 1 | PA |
| MINI TRANSFER PIN MISC | 1 | PA |
| MN8 MISC | 1 | PA |
| MOIST-SURE REPLACEMENT COVER/L MISC | 1 | PA |
| MOIST-SURE REPLACEMENT COVER/M MISC | 1 | PA |
| MOIST-SURE REPLACEMENT COVER/P MISC | 1 | PA |
| MOISTUREPLUS COVER LARGE MISC | 1 | PA |
| MOISTUREPLUS COVER/MEDIUM MISC | 1 | PA |
| MOISTUREPLUS COVER/PETITE MISC | 1 | PA |
| MONOJECT BLOOD COLLECTION SET MISC | 1 | PA |
| MONOJECT BLOOD COLLECTION TUBE MISC | 1 | PA |
| MUCOSAL ATOMIZATION DEVICE MISC | 1 | PA |
| NAILIT MISC | 1 | PA |
| NASADOCK MISC | 1 | PA |
| NATURAL WOOD CANE MISC | 1 | PA |
| NATURAL WOOD WALKING STICK MISC | 1 | PA |
| NATURESPIRIT MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| NEXCARE COMFORT FOAM EAR PLUGS MISC | 1 | PA |
| NEXCARE REUSABLE EAR PLUGS MISC | 1 | PA |
| NG SECURE MISC | 1 | PA |
| NIX ELECTRONIC LICE COMB MISC | 1 | PA |
| NIX METAL TWO-SIDED COMB MISC | 1 | PA |
| NOURI AUTO MISC | 1 | PA |
| NOURI DUO MISC | 1 | PA |
| NOVA BATH SEAT MISC | 1 | PA |
| NOVA CUSHION GEL SEAT PAD MISC | 1 | PA |
| NOVA QUAD TIP-FOUR PRONGS MISC | 1 | PA |
| NUASKIN FACIAL SCRUBBER MISC | 1 | PA |
| NUASKIN SKIN TAG REMOVER MISC | 1 | PA |
| NUASKIN VACUUM PRO MISC | 1 | PA |
| NVZZLER PRO DOUBLE BREAST PUMP MISC | 1 | PA |
| NVZZLER SINGLE BREAST PUMP MISC | 1 | PA |
| O-RING CUSHION MISC | 1 | PA |
| OFFSET CANE MISC | 1 | PA |
| ONE OUNCE MEDICINE CUPS MISC | 1 | PA |
| ONE STEP AT A TIME FILTERS MISC | 1 | PA |
| ONE-DAY-AT-A-TIME PLANNER MISC | 1 | PA |
| ORABRUSH MISC | 1 | PA |
| ORAL DOSE SYRINGE MISC | 1 | PA |
| ORAL ENDOTRACHEAL DEVICE MISC | 1 | PA |
| ORAL MEDICINE DROPPER MISC | 1 | PA |
| ORAL SYRINGE/BRUSH MISC | 1 | PA |
| ORIG MCKENZIE CERVICAL ROLL MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|------------------------------------|------|-----------------------|
| OSTEOBOOST BELT LARGE MISC | 1 | PA |
| OSTEOBOOST BELT MEDIUM MISC | 1 | PA |
| OSTEOBOOST BELT SMALL MISC | 1 | PA |
| PEDAL EXERCISER MISC | 1 | PA |
| PERSONALFIT FLEX CONNECTORS MISC | 1 | PA |
| PILL BOX 7 DAY MISC | 1 | PA |
| PILL COUNTING TRAY/RIGHT HAND MISC | 1 | PA |
| PILL CRUSHER MISC | 1 | PA |
| PILL POUCH MISC | 1 | PA |
| PILL SPLITTER MISC | 1 | PA |
| PLASTIC BED PAN MISC | 1 | PA |
| PLATFORM WALKER ATTACHMENT MISC | 1 | PA |
| PLATINUM REACHER 31" MISC | 1 | PA |
| POCKET MAGNIFIER MISC | 1 | PA |
| POSTURE SEAT MISC | 1 | PA |
| POWER ADAPTOR PUMP IN STYLE MISC | 1 | PA |
| PRECISION CATHETER URINE SYS KIT | 1 | PA |
| PRECISION MIDSTREAM KIT KIT | 1 | PA |
| PRECISION SPECIMEN CONTAINER MISC | 1 | PA |
| PRECISION SPUTUM COLLECTOR MISC | 1 | PA |
| PRECISION STOOL COLLECTOR MISC | 1 | PA |
| PRECISION TISSUE GRINDER MISC | 1 | PA |
| PRECISION TISSUE GRINDER 15ML MISC | 1 | PA |
| PRECISION TISSUE GRINDER 50ML MISC | 1 | PA |
| PRECISION URINE SPECIMEN SYS KIT | 1 | PA |
| PRECISION URINE SPECIMEN SYS MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| PREMIUM PILL CRUSHER MISC | 1 | PA |
| PRO COMFORT FOOT BATH MISC | 1 | PA |
| PRO COMFORT PULSE OXIMETER MISC | 1 | PA |
| PROTECTIVE SAFETY EYEWARE MISC | 1 | PA |
| PULSE OXIMETER MISC | 1 | PA |
| PULSE OXIMETER DELUXE MISC | 1 | PA |
| PULSE OXIMETER FOR FINGER MISC | 1 | PA |
| PUMP IN STYLE ADVANCED MISC | 1 | PA |
| PUMP IN STYLE/MAXFLOW MISC | 1 | PA |
| PUMP IN STYLE/MAXFLOW TUBING MISC | 1 | PA |
| PURE COMFORT LEG COMP MASSAGER MISC | 1 | PA |
| QUAD CANE MISC | 1 | PA |
| QUAD CANE TIPS MISC | 1 | PA |
| QUAD CANE/SMALL BASE MISC | 1 | PA |
| QUICK-FIT CRUTCHES MISC | 1 | PA |
| RA DELUXE PULSE OXIMETER MISC | 1 | PA |
| RA EXTRA COMFORT NIGHT PROTECT MISC | 1 | PA |
| RAISED TOILET SEAT MISC | 1 | PA |
| RAISED TOILET SEAT/LOCK MISC | 1 | PA |
| RAISED TOILET SEAT/LOCK & ARMS MISC | 1 | PA |
| RECONSTITUBE MISC | 1 | PA |
| REFLECTIONS AA BREAST PROSTHES MISC | 1 | PA |
| RELION PULSE OXIMETER MISC | 1 | PA |
| REPLACEMENT NECKBAND STRAPS MISC | 1 | PA |
| RING CUSHION 14" MISC | 1 | PA |
| RING CUSHION 16" MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| RING CUSHION 18" MISC | 1 | PA |
| RO2 FINGER PULSE OXIMETER MISC | 1 | PA |
| ROLLATOR ULTRA-LIGHT MISC | 1 | PA |
| ROLLER WALKER MISC | 1 | PA |
| ROLLING WALKER/BURGUNDY MISC | 1 | PA |
| ROUND SHOWER STOOL MISC | 1 | PA |
| RUBBER BATH MAT MISC | 1 | PA |
| RUBBER INFLATABLE CUSHION MISC | 1 | PA |
| RX LOCKING CAP MISC | 1 | PA |
| SAFE-SENSE BEARD NET MISC | 1 | PA |
| SAFE-SENSE HEAD COVER 21" MISC | 1 | PA |
| SAFE-SENSE HEAD COVER CIRC 21" MISC | 1 | PA |
| SAFE-SENSE SHOE COVER NON-SKID MISC | 1 | PA |
| SEAL-TIGHT CAST/BANDAGE MISC | 1 | PA |
| SEAL-TIGHT MID-ARM PROTECTOR MISC | 1 | PA |
| SHOWER-PAK MISC | 1 | PA |
| SIGNATURE PRO ELEC BREAST PUMP MISC | 1 | PA |
| SILICONE EAR PLUGS MISC | 1 | PA |
| SILICONE EAR PLUGS FOR KIDS MISC | 1 | PA |
| SILICONE EARPLUGS CHILDRENS MISC | 1 | PA |
| SIMPLE WISHES PUMPING BRA MISC | 1 | PA |
| SIMPLYGO BREAST PUMP MISC | 1 | PA |
| SITZ BATH MISC | 1 | PA |
| SLEEPRIGHT BREATHE AID MISC | 1 | PA |
| SLEEPRIGHT DENTAL GUARD MISC | 1 | PA |
| SLEEPRIGHT DENTAL GUARD DURA MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------|------|-----------------------|
| SLEEPRIGHT DENTAL GUARD SLIM MISC | 1 | PA |
| SLEEPRIGHT SPORT BREATHE AID MISC | 1 | PA |
| SLEEPRIGHT VAPOR INHALER MISC | 1 | PA |
| SM FOAM EAR PLUGS MISC | 1 | PA |
| SM WALKER/YOUTH MISC | 1 | PA |
| SOFT HANDS COTTON GLOVE MISC | 1 | PA |
| SOOTHIES COOLING GEL PADS MISC | 1 | PA |
| SOOTHIES GEL PADS MISC | 1 | PA |
| SPLASH SHIELD FULL FACE MISC | 1 | PA |
| SPLASH SHIELD SHORT FACE MISC | 1 | PA |
| SPLIT HANDGRIPS MISC | 1 | PA |
| SPRAY APPLICATOR KIT MISC | 1 | PA |
| STANDARD CRUTCH TIP MISC | 1 | PA |
| STEEL ROLLING WALKER MISC | 1 | PA |
| STEP COUNTER MISC | 1 | PA |
| STEP N REST II WALKER MISC | 1 | PA |
| STEP N REST WALKER MISC | 1 | PA |
| STETHOSCOPE MISC | 1 | PA |
| STETHOSCOPE DUAL HEAD MISC | 1 | PA |
| STETHOSCOPE SINGLE HEAD MISC | 1 | PA |
| STOCKING APPLICATOR PETITE MISC | 1 | PA |
| STOCKING APPLICATOR REGULAR MISC | 1 | PA |
| STOP LICE EGG & NIT REMOVAL MISC | 1 | PA |
| SUCTION GRAB BAR MISC | 1 | PA |
| SUCTION TIPS MISC | 1 | PA |
| SUPPOSITORY MOLD 2GM MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| SUPPOSITORY MOLDS 1.3 ML MISC | 1 | PA |
| SUPPOSITORY MOLDS 2 CC/V-NOTCH MISC | 1 | PA |
| SUPPOSITORY MOLDS 2 ML MISC | 1 | PA |
| SUPPOSITORY MOLDS 2.25 ML MISC | 1 | PA |
| SUPPOSITORY MOLDS 3 ML MISC | 1 | PA |
| SUPPOSITORY SHELLS 2.0 ML MISC | 1 | PA |
| SURELIFE CLEARWAVE II OXIMETER MISC | 1 | PA |
| SURELIFE CLEARWAVE OXIMETER MISC | 1 | PA |
| SWIM EARPLUGS MISC | 1 | PA |
| SWING MAXI HANDS-FREE PUMP MISC | 1 | PA |
| SYMPHONY DOUBLE PUMPING SYSTEM MISC | 1 | PA |
| TABLET CUTTER-CRUSHER MISC | 1 | PA |
| TABLET CUTTER/CRUSHER MISC | 1 | PA |
| TABLET CUTTER/DELUXE SAFETY MISC | 1 | PA |
| TABLET CUTTER/SAFETY SHIELD MISC | 1 | PA |
| TAKEAWAY ENVIRONMENTAL RETURN MISC | 1 | PA |
| THE DOCTORS NIGHTGUARD MISC | 1 | PA |
| THE SIDE RESTER CUSHION MISC | 1 | PA |
| TOILET SAFETY FRAME MISC | 1 | PA |
| TOILET SEAT ELEVATOR MISC | 1 | PA |
| TOMMEE TIPPEE BREAST PUMP MISC | 1 | PA |
| TOMMEE TIPPEE BREAST PUMP ADTP MISC | 1 | PA |
| TONGUE CLEANER/COMFORT CURVE MISC | 1 | PA |
| TONGUE DEPRESSORS MISC | 1 | PA |
| TOOTHETTE BITE BLOCK MISC | 1 | PA |
| TOPI-CLICK 1 PORT MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| TOPI-CLICK 140 MISC | 1 | PA |
| TOPI-CLICK 3 PORT MISC | 1 | PA |
| TOPI-CLICK APPLICATOR MISC | 1 | PA |
| TOPI-CLICK DOSE CHECK MISC | 1 | PA |
| TOPI-CLICK MICRO ANGLED AA MISC | 1 | PA |
| TOPI-CLICK MICRO PIN POINT AA MISC | 1 | PA |
| TOPI-CLICK MICRO ROUNDED AA MISC | 1 | PA |
| TOPI-CLICK UV BLOCKING MISC | 1 | PA |
| TOPI-CLICK VAGINAL APPLICATOR MISC | 1 | PA |
| TOPI-CLICK VAGINAL DOSE LOADER MISC | 1 | PA |
| TOPI-CLICK VAGINAL DOSING MISC | 1 | PA |
| TOTAL COMFORT CHAIR CUSHION MISC | 1 | PA |
| TOTAL COMFORT SEAT CUSHION MISC | 1 | PA |
| TRACTION FLOOR STAND MISC | 1 | PA |
| TRACTION HEAD HALTER ROPE MISC | 1 | PA |
| TRACTION PELVIC BELT MISC | 1 | PA |
| TRACTION WEIGHT BAG MISC | 1 | PA |
| TRANSFER BENCH MISC | 1 | PA |
| TRANSFER BOARD MISC | 1 | PA |
| TRANSFER PIN MISC | 1 | PA |
| TRANSPORT CHAIR MISC | 1 | PA |
| TRAVEL POUCH MISC | 1 | PA |
| TRAVELER 3 WHEEL ROLL WALKER MISC | 1 | PA |
| TRI-GRIP BATHTUB RAIL MISC | 1 | PA |
| TRIGGER RELEASE JUNIOR WALKER MISC | 1 | PA |
| TRIO ROLLING WALKER MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|------------------------------------|------|-----------------------|
| TRU-FIT MAGNETIX ANKLE MISC | 1 | PA |
| TRU-FIT MAGNETIX BACK MISC | 1 | PA |
| TRU-FIT MAGNETIX ELBOW MISC | 1 | PA |
| TRU-FIT MAGNETIX MAGNETS MISC | 1 | PA |
| TRU-FIT MAGNETIX OPEN KNEE MISC | 1 | PA |
| TRU-FIT MAGNETIX WRIST MISC | 1 | PA |
| TRUE COMFORT FOLDING 2 WHEEL MISC | 1 | PA |
| TRUE COMFORT FOLDING WALKER MISC | 1 | PA |
| TRUE COMFORT HEIGHT ADJ CANE MISC | 1 | PA |
| TRUE COMFORT QUAD ADJ CANE MISC | 1 | PA |
| TUB TRANSFER BOARD MISC | 1 | PA |
| TWIN MEDICINE SPOON MISC | 1 | PA |
| ULTRA CARE EAR WAX REMOVER MISC | 1 | PA |
| ULTRA COMFORT BODY MASSAGER MISC | 1 | PA |
| ULTRA FIT SMART BODY SCALE MISC | 1 | PA |
| UNIVERSAL QUICK ADJUST CRUTCH MISC | 1 | PA |
| UNIVERSAL TIPS MISC | 1 | PA |
| UNIVERSAL WALKER ORGANIZER MISC | 1 | PA |
| UNODOSE APPLICATOR MISC | 1 | PA |
| VANISHPOINT TUBE HOLDER MISC | 1 | PA |
| VIBE 6 MISC | 1 | PA |
| VIBRATING FOOT BATH MISC | 1 | PA |
| VIDA CELLULAR SCALE MISC | 1 | PA |
| VINYL INFLATABLE CUSHION MISC | 1 | PA |
| VIVI EPI MISC | 1 | PA |
| WALKER MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|------------------------------------|------|-----------------------|
| WALKER AUTO GLIDES MISC | 1 | PA |
| WALKER BASKET MISC | 1 | PA |
| WALKER GLIDE WHEELS MISC | 1 | PA |
| WALKER SKI GLIDES MISC | 1 | PA |
| WALKER SWIVEL WHEELS MISC | 1 | PA |
| WALKER TALL EXTENSION LEGS MISC | 1 | PA |
| WALKER TIPS MISC | 1 | PA |
| WALKER TIPS 1-1/8" MISC | 1 | PA |
| WALKER WHEELS MISC | 1 | PA |
| WALL GRAB BAR MISC | 1 | PA |
| WASH GLOVES PRE-MOISTENED MISC | 1 | PA |
| WATERPROOF SHEETING MISC | 1 | PA |
| WET-STOP 3 MISC | 1 | PA |
| WHEELCHAIR MISC | 1 | PA |
| WHEELCHAIR CUSHION MISC | 1 | PA |
| WHEELCHAIR INVALID RING MISC | 1 | PA |
| WITHINGS BODY SCALE MISC | 1 | PA |
| WOODEN CANE 7/8" MISC | 1 | PA |
| WORK BELT MISC | 1 | PA |
| WRIST BRACE MISC | 1 | PA |
| WRIST SLEEP SUPPORT MISC | 1 | PA |
| YOUTH PUSH BUTTON ALUM CRUTCH MISC | 1 | PA |
| ZEWA ELECTRODES MISC | 1 | PA |
| ZIPPERED MATTRESS COVER MISC | 1 | PA |
| ZOOM 20 ROLLING WALKER MISC | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| NEEDLES & SYRINGES | | |
| 1ST TIER UNIFINE PENTIPS 29G X 12MM MISC | 1 | |
| 1ST TIER UNIFINE PENTIPS 31G X 5 MM MISC | 1 | |
| 1ST TIER UNIFINE PENTIPS 31G X 6 MM MISC | 1 | |
| 1ST TIER UNIFINE PENTIPS 31G X 8 MM MISC | 1 | |
| 1ST TIER UNIFINE PENTIPS 32G X 4 MM MISC | 1 | |
| 1ST TIER UNIFINE PENTIPS 32G X 6 MM MISC | 1 | |
| 1ST TIER UNIFINE PENTIPS 33G X 4 MM MISC | 1 | |
| 1ST TIER UNIFINE PENTIPS PLUS 29G X 12MM MISC | 1 | |
| 1ST TIER UNIFINE PENTIPS PLUS 31G X 5 MM MISC | 1 | |
| 1ST TIER UNIFINE PENTIPS PLUS 31G X 6 MM MISC | 1 | |
| 1ST TIER UNIFINE PENTIPS PLUS 31G X 8 MM MISC | 1 | |
| 1ST TIER UNIFINE PENTIPS PLUS 32G X 4 MM MISC | 1 | |
| 1ST TIER UNIFINE PENTIPS PLUS 33G X 4 MM MISC | 1 | |
| ABOUTTIME PEN NEEDLE 30G X 8 MM MISC | 1 | |
| ABOUTTIME PEN NEEDLE 31G X 5 MM MISC | 1 | |
| ABOUTTIME PEN NEEDLE 31G X 8 MM MISC | 1 | |
| ABOUTTIME PEN NEEDLE 32G X 4 MM MISC | 1 | |
| ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC | 1 | |
| ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM MISC | 1 | |
| ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM MISC | 1 | |
| ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM MISC | 1 | |
| ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM MISC | 1 | |
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 1 | |
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| 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 DUO PRO PEN NEEDLES 31G X 5 MM MISC | 1 | |
| ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML MISC | 1 | |
| ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML MISC | 1 | |
| ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC | 1 | |
| ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM MISC | 1 | |
| AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM MISC | 1 | |
| AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM MISC | 1 | |
| AUM MINI INSULIN PEN NEEDLE 32G X 4 MM MISC | 1 | |
| AUM MINI INSULIN PEN NEEDLE 32G X 5 MM MISC | 1 | |
| AUM MINI INSULIN PEN NEEDLE 32G X 6 MM MISC | 1 | |
| AUM MINI INSULIN PEN NEEDLE 32G X 8 MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| AUM MINI INSULIN PEN NEEDLE 33G X 4 MM MISC | 1 | |
| AUM MINI INSULIN PEN NEEDLE 33G X 5 MM MISC | 1 | |
| AUM MINI INSULIN PEN NEEDLE 33G X 6 MM MISC | 1 | |
| AUM PEN NEEDLE 32G X 4 MM MISC | 1 | |
| AUM PEN NEEDLE 32G X 5 MM MISC | 1 | |
| AUM PEN NEEDLE 32G X 6 MM MISC | 1 | |
| AUM PEN NEEDLE 33G X 4 MM MISC | 1 | |
| AUM PEN NEEDLE 33G X 5 MM MISC | 1 | |
| AUM PEN NEEDLE 33G X 6 MM MISC | 1 | |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC | 1 | |
| AUM SAFETY PEN NEEDLE 31G X 4 MM MISC | 1 | |
| AUM SAFETY PEN NEEDLE 31G X 5 MM MISC | 1 | |
| AURORA PEN NEEDLES 29G X 12MM MISC | 1 | |
| AURORA PEN NEEDLES 31G X 6 MM MISC | 1 | |
| AURORA PEN NEEDLES 31G X 8 MM MISC | 1 | |
| AURORA UNIFINE PENTIPS 31G X 5 MM MISC | 1 | |
| AURORA UNIFINE PENTIPS 32G X 4 MM MISC | 1 | |
| BD AUTOSHIELD DUO 30G X 5 MM MISC | 1 | |
| BD BLUNT FILL NEEDLE 18G X 1" MISC | 1 | |
| BD BLUNT FILL NEEDLE 18G X 1-1/2" MISC | 1 | |
| BD BLUNT FILL NEEDLE W/FILTER 18G X 1-1/2" MISC | 1 | |
| BD DISP NEEDLE 23G X 1" MISC | 1 | |
| BD DISP NEEDLE 25G X 1" MISC | 1 | |
| BD DISP NEEDLE 30G X 1" MISC | 1 | |
| BD DISP NEEDLES 16G X 1-1/2" MISC | 1 | |
| BD DISP NEEDLES 18G X 1-1/2" MISC | 1 | |
| BD DISP NEEDLES 19G X 1" MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>BD DISP NEEDLES 20G X 1" MISC</i> | 1 | |
| <i>BD DISP NEEDLES 20G X 1-1/2" MISC</i> | 1 | |
| <i>BD DISP NEEDLES 21G X 1-1/2" MISC</i> | 1 | |
| <i>BD DISP NEEDLES 22G X 1-1/2" MISC</i> | 1 | |
| <i>BD DISP NEEDLES 25G X 5/8" MISC</i> | 1 | |
| <i>BD DISP NEEDLES 25G X 7/8" MISC</i> | 1 | |
| <i>BD DISP NEEDLES 27G X 1/2" MISC</i> | 1 | |
| <i>BD DISP NEEDLES 30G X 1/2" MISC</i> | 1 | |
| <i>BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" MISC</i> | 1 | |
| <i>BD ECLIPSE NEEDLE 18G X 1-1/2" MISC</i> | 1 | |
| <i>BD ECLIPSE NEEDLE 21G X 1" MISC</i> | 1 | |
| <i>BD ECLIPSE NEEDLE 21G X 1-1/2" MISC</i> | 1 | |
| <i>BD ECLIPSE NEEDLE 23G X 1" MISC</i> | 1 | |
| <i>BD ECLIPSE NEEDLE 25G X 1" MISC</i> | 1 | |
| <i>BD ECLIPSE NEEDLE 25G X 1-1/2" MISC</i> | 1 | |
| <i>BD ECLIPSE NEEDLE 25G X 5/8" MISC</i> | 1 | |
| <i>BD ECLIPSE NEEDLE 27G X 1/2" MISC</i> | 1 | |
| <i>BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2" MISC</i> | 1 | |
| <i>BD HYPODERMIC NEEDLE 16G X 1" MISC</i> | 1 | |
| <i>BD HYPODERMIC NEEDLE 18G X 1" MISC</i> | 1 | |
| <i>BD HYPODERMIC NEEDLE 18G X 1-1/2" MISC</i> | 1 | |
| <i>BD HYPODERMIC NEEDLE 19G X 1" MISC</i> | 1 | |
| <i>BD HYPODERMIC NEEDLE 19G X 1-1/2" MISC</i> | 1 | |
| <i>BD HYPODERMIC NEEDLE 21G X 1" MISC</i> | 1 | |
| <i>BD HYPODERMIC NEEDLE 21G X 2" MISC</i> | 1 | |
| <i>BD HYPODERMIC NEEDLE 22G X 1" MISC</i> | 1 | |
| <i>BD HYPODERMIC NEEDLE 22G X 1-1/2" MISC</i> | 1 | |
| <i>BD HYPODERMIC NEEDLE 23G X 1" MISC</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>BD HYPODERMIC NEEDLE 23G X 3/4" MISC</i> | 1 | |
| <i>BD HYPODERMIC NEEDLE 25G X 1-1/2" MISC</i> | 1 | |
| <i>BD HYPODERMIC NEEDLE 26G X 1/2" MISC</i> | 1 | |
| <i>BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML MISC</i> | 1 | |
| <i>BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE 27G X 1/2" 1 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE 29G X 1/2" 1 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE U-100 1 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML MISC</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML MISC</i> | 1 | |
| <i>BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML MISC</i> | 1 | |
| <i>BD INTEGRA NEEDLE 23G X 1" MISC</i> | 1 | |
| <i>BD LUER-LOK SYRINGE 25G X 5/8" 1 ML MISC</i> | 1 | |
| <i>BD NOKOR ADMIX NEEDLE 18G X 1-1/2" MISC</i> | 1 | |
| <i>BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM MISC</i> | 1 | |
| <i>BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM MISC</i> | 1 | |
| <i>BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC</i> | 1 | |
| <i>BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM MISC</i> | 1 | |
| <i>BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM MISC</i> | 1 | |
| <i>BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM MISC</i> | 1 | |
| <i>BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" MISC</i> | 1 | |
| <i>BD PRECISIONGLIDE NEEDLE 27G X 1-1/2" MISC</i> | 1 | |
| <i>BD PRECISIONGLIDE NEEDLE 27G X 3/8" MISC</i> | 1 | |
| <i>BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC</i> | 1 | |
| <i>BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC</i> | 1 | |
| <i>BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC</i> | 1 | |
| <i>BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC</i> | 1 | |
| <i>BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML MISC</i> | 1 | |
| <i>BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC</i> | 1 | |
| <i>BD SAFETYGLIDE NEEDLE 18G X 1-1/2" MISC</i> | 1 | |
| <i>BD SAFETYGLIDE NEEDLE 21G X 1" MISC</i> | 1 | |
| <i>BD SAFETYGLIDE NEEDLE 23G X 1-1/2" MISC</i> | 1 | |
| <i>BD SAFETYGLIDE NEEDLE 25G X 1" MISC</i> | 1 | |
| <i>BD SAFETYGLIDE NEEDLE 25G X 5/8" MISC</i> | 1 | |
| <i>BD SAFETYGLIDE NEEDLE 27G X 5/8" MISC</i> | 1 | |
| <i>BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2" MISC</i> | 1 | |
| <i>BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" MISC</i> | 1 | |
| <i>BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1" MISC</i> | 1 | |
| <i>BD SYRINGE/NEEDLE 25G X 5/8" 1 ML MISC</i> | 1 | |
| <i>BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC</i> | 1 | |
| <i>BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML MISC</i> | 1 | |
| <i>BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML MISC</i> | 1 | |
| <i>BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML MISC</i> | 1 | |
| <i>CAREFINE PEN NEEDLES 29G X 12MM MISC</i> | 1 | |
| <i>CAREFINE PEN NEEDLES 30G X 8 MM MISC</i> | 1 | |
| <i>CAREFINE PEN NEEDLES 31G X 6 MM MISC</i> | 1 | |
| <i>CAREFINE PEN NEEDLES 31G X 8 MM MISC</i> | 1 | |
| <i>CAREFINE PEN NEEDLES 32G X 4 MM MISC</i> | 1 | |
| <i>CAREFINE PEN NEEDLES 32G X 5 MM MISC</i> | 1 | |
| <i>CAREFINE PEN NEEDLES 32G X 6 MM MISC</i> | 1 | |
| <i>CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC | 1 | |
| CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML MISC | 1 | |
| CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| CAREONE UNIFINE PENTIPS 29G X 12MM MISC | 1 | |
| CAREONE UNIFINE PENTIPS 31G X 5 MM MISC | 1 | |
| CAREONE UNIFINE PENTIPS 31G X 6 MM MISC | 1 | |
| CAREONE UNIFINE PENTIPS 31G X 8 MM MISC | 1 | |
| CAREONE UNIFINE PENTIPS 32G X 4 MM MISC | 1 | |
| CAREONE UNIFINE PENTIPS PLUS 29G X 12MM MISC | 1 | |
| CAREONE UNIFINE PENTIPS PLUS 31G X 5 MM MISC | 1 | |
| CAREONE UNIFINE PENTIPS PLUS 31G X 6 MM MISC | 1 | |
| CAREONE UNIFINE PENTIPS PLUS 31G X 8 MM MISC | 1 | |
| CAREONE UNIFINE PENTIPS PLUS 32G X 4 MM MISC | 1 | |
| CAREONE UNIFINE PENTIPS PLUS 33G X 4 MM MISC | 1 | |
| CAREPOINT POLY HUB NEEDLE 18G X 1" MISC | 1 | |
| CAREPOINT POLY HUB NEEDLE 18G X 1-1/2" MISC | 1 | |
| CAREPOINT POLY HUB NEEDLE 20G X 1" MISC | 1 | |
| CAREPOINT POLY HUB NEEDLE 21G X 1" MISC | 1 | |
| CAREPOINT POLY HUB NEEDLE 21G X 1-1/2" MISC | 1 | |
| CAREPOINT POLY HUB NEEDLE 22G X 1" MISC | 1 | |
| CAREPOINT POLY HUB NEEDLE 22G X 1-1/2" MISC | 1 | |
| CAREPOINT POLY HUB NEEDLE 23G X 1" MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| CAREPOINT POLY HUB NEEDLE 23G X 1-1/2" MISC | 1 | |
| CAREPOINT POLY HUB NEEDLE 25G X 1" MISC | 1 | |
| CAREPOINT POLY HUB NEEDLE 25G X 1-1/2" MISC | 1 | |
| CAREPOINT POLY HUB NEEDLE 25G X 5/8" MISC | 1 | |
| CAREPOINT POLY HUB NEEDLE 27G X 1/2" MISC | 1 | |
| CAREPOINT POLY HUB NEEDLE 30G X 1/2" MISC | 1 | |
| CAREPOINT PRECISION POLY HUB 23G X 1" MISC | 1 | |
| CAREPOINT PRECISION POLY HUB 25G X 5/8" MISC | 1 | |
| CAREPOINT SAFETY 1ST NEEDLE 23G X 1" MISC | 1 | |
| CAREPOINT SAFETY 1ST NEEDLE 23G X 1-1/2" MISC | 1 | |
| CAREPOINT SAFETY 1ST NEEDLE 25G X 1" MISC | 1 | |
| CAREPOINT SAFETY 1ST NEEDLE 25G X 1-1/2" MISC | 1 | |
| CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" MISC | 1 | |
| CAREPOINT SAFETY 1ST SYR/NEEDLE 25G X 1" 1 ML MISC | 1 | |
| CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" MISC | 1 | |
| CARETOUCH HYPODERMIC NEEDLE 20G X 1" MISC | 1 | |
| CARETOUCH HYPODERMIC NEEDLE 22G X 1" MISC | 1 | |
| CARETOUCH HYPODERMIC NEEDLE 23G X 1" MISC | 1 | |
| CARETOUCH HYPODERMIC NEEDLE 23G X 1-1/2" MISC | 1 | |
| CARETOUCH HYPODERMIC NEEDLE 25G X 1" MISC | 1 | |
| CARETOUCH HYPODERMIC NEEDLE 25G X 1-1/2" MISC | 1 | |
| CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" MISC | 1 | |
| CARETOUCH HYPODERMIC NEEDLE 26G X 1" MISC | 1 | PA |
| CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2" MISC | 1 | |
| CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML MISC | 1 | |
| CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| CARETOUCH PEN NEEDLES 29G X 12MM MISC | 1 | |
| CARETOUCH PEN NEEDLES 31G X 5 MM MISC | 1 | |
| CARETOUCH PEN NEEDLES 31G X 6 MM MISC | 1 | |
| CARETOUCH PEN NEEDLES 31G X 8 MM MISC | 1 | |
| CARETOUCH PEN NEEDLES 32G X 4 MM MISC | 1 | |
| CARETOUCH PEN NEEDLES 32G X 5 MM MISC | 1 | |
| CARETOUCH PEN NEEDLES 33G X 4 MM MISC | 1 | |
| CLEVER CHOICE COMFORT EZ 29G X 12MM MISC | 1 | |
| CLEVER CHOICE COMFORT EZ 33G X 4 MM MISC | 1 | |
| CLICKFINE PEN NEEDLES 31G X 5 MM MISC | 1 | |
| CLICKFINE PEN NEEDLES 31G X 6 MM MISC | 1 | |
| CLICKFINE PEN NEEDLES 31G X 8 MM MISC | 1 | |
| CLICKFINE PEN NEEDLES 32G X 4 MM MISC | 1 | |
| COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC | 1 | |
| COMFORT EZ PEN NEEDLES 31G X 5 MM MISC | 1 | |
| COMFORT EZ PEN NEEDLES 31G X 6 MM MISC | 1 | |
| COMFORT EZ PEN NEEDLES 31G X 8 MM MISC | 1 | |
| COMFORT EZ PEN NEEDLES 32G X 4 MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| COMFORT EZ PEN NEEDLES 32G X 5 MM MISC | 1 | |
| COMFORT EZ PEN NEEDLES 32G X 6 MM MISC | 1 | |
| COMFORT EZ PEN NEEDLES 32G X 8 MM MISC | 1 | |
| COMFORT EZ PEN NEEDLES 33G X 4 MM MISC | 1 | |
| COMFORT EZ PEN NEEDLES 33G X 5 MM MISC | 1 | |
| COMFORT EZ PEN NEEDLES 33G X 6 MM MISC | 1 | |
| COMFORT EZ PEN NEEDLES 33G X 8 MM MISC | 1 | |
| COMFORT EZ PRO PEN NEEDLES 30G X 8 MM MISC | 1 | |
| COMFORT EZ PRO PEN NEEDLES 31G X 4 MM MISC | 1 | |
| COMFORT EZ PRO PEN NEEDLES 31G X 5 MM MISC | 1 | |
| COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC | 1 | |
| COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM MISC | 1 | |
| COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM MISC | 1 | |
| COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM MISC | 1 | |
| COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM MISC | 1 | |
| COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM MISC | 1 | |
| COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM MISC | 1 | |
| COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM MISC | 1 | |
| COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM MISC | 1 | |
| COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM MISC | 1 | |
| COMFORT TOUCH INSULIN PEN NEED 33G X 5 MM MISC | 1 | |
| COMFORT TOUCH INSULIN PEN NEED 33G X 6 MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| DIATHRIVE PEN NEEDLE 31G X 5 MM MISC | 1 | |
| DIATHRIVE PEN NEEDLE 31G X 6 MM MISC | 1 | |
| DIATHRIVE PEN NEEDLE 31G X 8 MM MISC | 1 | |
| DIATHRIVE PEN NEEDLE 32G X 4 MM MISC | 1 | |
| DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| DROPLET MICRON 34G X 3.5 MM MISC | 1 | |
| DROPLET PEN NEEDLES 29G X 10MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>DROPLET PEN NEEDLES 29G X 12MM MISC</i> | 1 | |
| <i>DROPLET PEN NEEDLES 30G X 8 MM MISC</i> | 1 | |
| <i>DROPLET PEN NEEDLES 31G X 5 MM MISC</i> | 1 | |
| <i>DROPLET PEN NEEDLES 31G X 6 MM MISC</i> | 1 | |
| <i>DROPLET PEN NEEDLES 31G X 8 MM MISC</i> | 1 | |
| <i>DROPLET PEN NEEDLES 32G X 4 MM MISC</i> | 1 | |
| <i>DROPLET PEN NEEDLES 32G X 5 MM MISC</i> | 1 | |
| <i>DROPLET PEN NEEDLES 32G X 6 MM MISC</i> | 1 | |
| <i>DROPLET PEN NEEDLES 32G X 8 MM MISC</i> | 1 | |
| <i>DROPSAFE AUTOPROTECT DUO 31G X 4 MM MISC</i> | 1 | |
| <i>DROPSAFE AUTOPROTECT DUO 31G X 5 MM MISC</i> | 1 | |
| <i>DROPSAFE AUTOPROTECT DUO 31G X 8 MM MISC</i> | 1 | |
| <i>DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM MISC</i> | 1 | |
| <i>DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM MISC</i> | 1 | |
| <i>DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM MISC</i> | 1 | |
| <i>DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC</i> | 1 | |
| <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>DROPSAFE SICURA 25G X 1" MISC</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>DROPSAFE SICURA 25G X 5/8" MISC</i> | 1 | |
| <i>DRUG MART UNIFINE PENTIPS 29G X 12MM MISC</i> | 1 | |
| <i>DRUG MART UNIFINE PENTIPS 31G X 5 MM MISC</i> | 1 | |
| <i>DRUG MART UNIFINE PENTIPS 31G X 6 MM MISC</i> | 1 | |
| <i>DRUG MART UNIFINE PENTIPS 31G X 8 MM MISC</i> | 1 | |
| <i>DRUG MART UNIFINE PENTIPS 32G X 4 MM MISC</i> | 1 | |
| <i>DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC</i> | 1 | |
| <i>EASY COMFORT INSULIN SYRINGE 29G X 5/16" 0.5 ML MISC</i> | 1 | |
| <i>EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML MISC</i> | 1 | |
| <i>EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC</i> | 1 | |
| <i>EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC</i> | 1 | |
| <i>EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC</i> | 1 | |
| <i>EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC</i> | 1 | |
| <i>EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC</i> | 1 | |
| <i>EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC</i> | 1 | |
| <i>EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC</i> | 1 | |
| <i>EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC</i> | 1 | |
| <i>EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML MISC</i> | 1 | |
| <i>EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC</i> | 1 | |
| <i>EASY COMFORT PEN NEEDLES 29G X 4MM MISC</i> | 1 | |
| <i>EASY COMFORT PEN NEEDLES 29G X 5MM MISC</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| EASY COMFORT PEN NEEDLES 31G X 5 MM MISC | 1 | |
| EASY COMFORT PEN NEEDLES 31G X 6 MM MISC | 1 | |
| EASY COMFORT PEN NEEDLES 31G X 8 MM MISC | 1 | |
| EASY COMFORT PEN NEEDLES 32G X 4 MM MISC | 1 | |
| EASY COMFORT PEN NEEDLES 33G X 4 MM MISC | 1 | |
| EASY COMFORT PEN NEEDLES 33G X 5 MM MISC | 1 | |
| EASY COMFORT PEN NEEDLES 33G X 6 MM MISC | 1 | |
| EASY GLIDE PEN NEEDLES 33G X 4 MM MISC | 1 | |
| EASY TOUCH FLIPLock INSULIN SY 29G X 1/2" 1 ML MISC | 1 | |
| EASY TOUCH FLIPLock INSULIN SY 30G X 1/2" 1 ML MISC | 1 | |
| EASY TOUCH FLIPLock INSULIN SY 30G X 5/16" 1 ML MISC | 1 | |
| EASY TOUCH FLIPLock INSULIN SY 31G X 5/16" 1 ML MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 18G X 1" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 18G X 1-1/2" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 19G X 1" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 19G X 1-1/2" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 20G X 1" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 20G X 1-1/2" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 21G X 1" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 21G X 1-1/2" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 22G X 1" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 22G X 1-1/2" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 22G X 3/4" MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| EASY TOUCH FLIPLock NEEDLES 23G X 1" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 23G X 1-1/2" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 23G X 5/8" MISC | 1 | PA |
| EASY TOUCH FLIPLock NEEDLES 25G X 1" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 25G X 1-1/2" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 25G X 5/8" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 26G X 1/2" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 27G X 1" MISC | 1 | PA |
| EASY TOUCH FLIPLock NEEDLES 27G X 1/2" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 28G X 1/2" MISC | 1 | PA |
| EASY TOUCH FLIPLock NEEDLES 29G X 1/2" MISC | 1 | PA |
| EASY TOUCH FLIPLock NEEDLES 30G X 1/2" MISC | 1 | |
| EASY TOUCH FLIPLock NEEDLES 30G X 5/16" MISC | 1 | PA |
| EASY TOUCH FLIPLock NEEDLES 31G X 5/16" MISC | 1 | PA |
| EASY TOUCH FLIPLock SAFETY SYR 25G X 1" 1 ML MISC | 1 | |
| EASY TOUCH FLURINGE 25G X 1" 1 ML MISC | 1 | |
| EASY TOUCH FLURINGE 25G X 5/8" 1 ML MISC | 1 | |
| EASY TOUCH FLURINGE FLIPLock 25G X 1" 1 ML MISC | 1 | |
| EASY TOUCH FLURINGE FLIPLock 25G X 5/8" 1 ML MISC | 1 | |
| EASY TOUCH FLURINGE SHEATHLock 25G X 1" 1 ML MISC | 1 | |
| EASY TOUCH FLURINGE SHEATHLock 25G X 5/8" 1 ML MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 16G X 1" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 16G X 1-1/2" MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| EASY TOUCH HYPODERMIC NEEDLE 18G X 1" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 18G X 1-1/2" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 18G X 1.25" MISC | 1 | PA |
| EASY TOUCH HYPODERMIC NEEDLE 19G X 1" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 19G X 1-1/2" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 20G X 1" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 20G X 1-1/2" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 21G X 1" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 21G X 1-1/2" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 22G X 1" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 22G X 1-1/2" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 23G X 1" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/2" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 23G X 1-1/4" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 23G X 3/4" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 24G X 1" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 24G X 1.25" MISC | 1 | PA |
| EASY TOUCH HYPODERMIC NEEDLE 25G X 1" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 25G X 1-1/2" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 25G X 5/8" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 26G X 1/2" MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| EASY TOUCH HYPODERMIC NEEDLE 26G X 3/8" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 26G X 5/8" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/2" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 27G X 1-1/4" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 27G X 1/2" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 30G X 1" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 30G X 1/2" MISC | 1 | |
| EASY TOUCH HYPODERMIC NEEDLE 31G X 5/16" MISC | 1 | PA |
| EASY TOUCH HYPODERMIC NEEDLE 32G X 5/16" MISC | 1 | PA |
| EASY TOUCH INSULIN BARRELS U-100 1 ML MISC | 1 | |
| EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC | 1 | |
| EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC | 1 | |
| EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML MISC | 1 | |
| EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC | 1 | |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML MISC | 1 | |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML MISC | 1 | |
| EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML MISC | 1 | |
| EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC | 1 | |
| EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC | 1 | |
| EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC | 1 | |
| EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML MISC | 1 | |
| EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| EASY TOUCH PEN NEEDLES 29G X 12MM MISC | 1 | |
| EASY TOUCH PEN NEEDLES 30G X 5 MM MISC | 1 | |
| EASY TOUCH PEN NEEDLES 30G X 6 MM MISC | 1 | PA |
| EASY TOUCH PEN NEEDLES 30G X 8 MM MISC | 1 | |
| EASY TOUCH PEN NEEDLES 31G X 5 MM MISC | 1 | |
| EASY TOUCH PEN NEEDLES 31G X 6 MM MISC | 1 | |
| EASY TOUCH PEN NEEDLES 31G X 8 MM MISC | 1 | |
| EASY TOUCH PEN NEEDLES 32G X 4 MM MISC | 1 | |
| EASY TOUCH PEN NEEDLES 32G X 5 MM MISC | 1 | |
| EASY TOUCH PEN NEEDLES 32G X 6 MM MISC | 1 | |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM MISC | 1 | |
| EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM MISC | 1 | |
| EASY TOUCH SAFETY SYRINGE 25G X 1" 1 ML MISC | 1 | |
| EASY TOUCH SAFETY SYRINGE 25G X 5/8" 1 ML MISC | 1 | |
| EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML MISC | 1 | |
| EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| EASYPOINT NEEDLE 18G X 1" MISC | 1 | |
| EASYPOINT NEEDLE 18G X 1-1/2" MISC | 1 | |
| EASYPOINT NEEDLE 20G X 1" MISC | 1 | |
| EASYPOINT NEEDLE 20G X 1-1/2" MISC | 1 | |
| EASYPOINT NEEDLE 21G X 1" MISC | 1 | |
| EASYPOINT NEEDLE 21G X 1-1/2" MISC | 1 | |
| EASYPOINT NEEDLE 22G X 1" MISC | 1 | |
| EASYPOINT NEEDLE 22G X 1-1/2" MISC | 1 | |
| EASYPOINT NEEDLE 23G X 1" MISC | 1 | |
| EASYPOINT NEEDLE 25G X 1" MISC | 1 | |
| EASYPOINT NEEDLE 25G X 1-1/2" MISC | 1 | |
| EASYPOINT NEEDLE 25G X 5/8" MISC | 1 | |
| EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC | 1 | |
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC | 1 | |
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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-100 27G X 5/8" 1 ML MISC</i> | 1 | |
| <i>EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC</i> | 1 | |
| <i>EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML MISC</i> | 1 | |
| <i>EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML MISC</i> | 1 | |
| <i>EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 1 ML MISC</i> | 1 | |
| <i>EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML MISC</i> | 1 | |
| <i>EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC</i> | 1 | |
| <i>EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 1 ML MISC</i> | 1 | |
| <i>EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML MISC</i> | 1 | |
| <i>EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML MISC</i> | 1 | |
| <i>EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC</i> | 1 | |
| <i>EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC</i> | 1 | |
| <i>EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC</i> | 1 | |
| <i>EMBECTA PEN NEEDLE U/F 29G X 12.7MM MISC</i> | 1 | |
| <i>EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM MISC</i> | 1 | |
| <i>EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM MISC</i> | 1 | |
| <i>EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM MISC</i> | 1 | |
| <i>EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM MISC</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| EMBRACE PEN NEEDLES 29G X 12MM MISC | 1 | QL |
| EMBRACE PEN NEEDLES 30G X 5 MM MISC | 1 | |
| EMBRACE PEN NEEDLES 30G X 8 MM MISC | 1 | |
| EMBRACE PEN NEEDLES 31G X 6 MM MISC | 1 | |
| EMBRACE PEN NEEDLES 31G X 8 MM MISC | 1 | |
| EMBRACE PEN NEEDLES 32G X 4 MM MISC | 1 | |
| EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 1 | |
| EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| EQL INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| EQL INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| EQL INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| EQL INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| EQL INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML MISC | 1 | |
| EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 1 ML MISC | 1 | |
| EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.3 ML MISC | 1 | |
| EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.5 ML MISC | 1 | |
| EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 1 ML MISC | 1 | |
| EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.3 ML MISC | 1 | |
| EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.5 ML MISC | 1 | |
| EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 1 ML MISC | 1 | |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| EXEL COMFORT POINT PEN NEEDLE 31G X 4 MM MISC | 1 | |
| EXEL COMFORT POINT PEN NEEDLE 31G X 6 MM MISC | 1 | |
| EXEL COMFORT POINT PEN NEEDLE 31G X 8 MM MISC | 1 | |
| FIFTY50 PEN NEEDLES 31G X 5 MM MISC | 1 | |
| FIFTY50 PEN NEEDLES 31G X 8 MM MISC | 1 | |
| FIFTY50 PEN NEEDLES 32G X 4 MM MISC | 1 | |
| FIFTY50 PEN NEEDLES 32G X 6 MM MISC | 1 | |
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML MISC | 1 | |
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML MISC | 1 | |
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML MISC | 1 | |
| FLOW-EZE VENTED NEEDLE MISC | 1 | |
| FREDS PHARMACY UNIFINE PENTIP+ 31G X 5 MM MISC | 1 | |
| FREDS PHARMACY UNIFINE PENTIP+ 31G X 8 MM MISC | 1 | |
| FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC | 1 | |
| GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM MISC | 1 | |
| GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM MISC | 1 | |
| GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM MISC | 1 | |
| GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM MISC | 1 | |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML MISC | 1 | |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML MISC | 1 | |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML MISC | 1 | |
| GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC | 1 | |
| GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML MISC | 1 | |
| GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML MISC | 1 | |
| GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.3 ML MISC | 1 | |
| GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML MISC | 1 | |
| GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML MISC | 1 | |
| GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.3 ML MISC | 1 | |
| GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.5 ML MISC | 1 | |
| GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML MISC | 1 | |
| GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.3 ML MISC | 1 | |
| GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML MISC | 1 | |
| GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML MISC | 1 | |
| GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.3 ML MISC | 1 | |
| GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 0.5 ML MISC | 1 | |
| GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML MISC | 1 | |
| GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML MISC | 1 | |
| GLOBAL INSULIN SYRINGES 30G X 5/16" 0.3 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC | 1 | |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC | 1 | |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML MISC | 1 | |
| GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| GNP CLICKFINE PEN NEEDLES 31G X 6 MM MISC | 1 | |
| GNP CLICKFINE PEN NEEDLES 31G X 8 MM MISC | 1 | |
| GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC | 1 | |
| GNP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 1 | |
| GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| GNP INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| GNP INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| GNP INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| GNP INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| GNP INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| GNP INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML MISC | 1 | |
| GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML MISC | 1 | |
| GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC | 1 | |
| GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML MISC | 1 | |
| GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML MISC | 1 | |
| GNP PEN NEEDLES 31G X 5 MM MISC | 1 | |
| GNP PEN NEEDLES 31G X 8 MM MISC | 1 | |
| GNP PEN NEEDLES 32G X 4 MM MISC | 1 | |
| GNP PEN NEEDLES 32G X 6 MM MISC | 1 | |
| GNP ULTICARE PEN NEEDLES 31G X 5 MM MISC | 1 | |
| GNP ULTICARE PEN NEEDLES 31G X 8 MM MISC | 1 | |
| GNP ULTICARE PEN NEEDLES 32G X 4 MM MISC | 1 | |
| GNP ULTICARE PEN NEEDLES 32G X 6 MM MISC | 1 | |
| GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM MISC | 1 | |
| GNP ULTIGUARD SAFEPACK NEEDLE 31G X 8 MM MISC | 1 | |
| GNP ULTIGUARD SAFEPACK NEEDLE 32G X 4 MM MISC | 1 | |
| GNP ULTIGUARD SAFEPACK NEEDLE 32G X 6 MM MISC | 1 | |
| GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML MISC | 1 | |
| GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC | 1 | |
| GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM MISC | 1 | |
| GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM MISC | 1 | |
| GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM MISC | 1 | |
| GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>H-E-B INCONTROL PEN NEEDLES 29G X 12MM MISC</i> | 1 | |
| <i>H-E-B INCONTROL PEN NEEDLES 31G X 5 MM MISC</i> | 1 | |
| <i>H-E-B INCONTROL PEN NEEDLES 31G X 6 MM MISC</i> | 1 | |
| <i>H-E-B INCONTROL PEN NEEDLES 31G X 8 MM MISC</i> | 1 | |
| <i>H-E-B INCONTROL PEN NEEDLES 32G X 4 MM MISC</i> | 1 | |
| <i>H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM MISC</i> | 1 | |
| <i>H-E-B INCONTROL UNIFINE PENTIP 31G X 6 MM MISC</i> | 1 | |
| <i>H-E-B INCONTROL UNIFINE PENTIP 31G X 8 MM MISC</i> | 1 | |
| <i>H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM MISC</i> | 1 | |
| <i>H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM MISC</i> | 1 | |
| <i>HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML MISC</i> | 1 | |
| <i>HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML MISC</i> | 1 | |
| <i>HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML MISC</i> | 1 | |
| <i>HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML MISC</i> | 1 | |
| <i>HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML MISC</i> | 1 | |
| <i>HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML MISC</i> | 1 | |
| <i>HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC</i> | 1 | |
| <i>HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC</i> | 1 | |
| <i>HEALTHWISE PEN NEEDLES 29G X 12MM MISC</i> | 1 | |
| <i>HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM MISC</i> | 1 | |
| <i>HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM MISC</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC | 1 | |
| HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM MISC | 1 | |
| HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM MISC | 1 | |
| HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM MISC | 1 | |
| HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM MISC | 1 | |
| HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM MISC | 1 | |
| HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML MISC | 1 | |
| HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC | 1 | |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC | 1 | |
| HUBER NEEDLE 19G X 1" MISC | 1 | |
| HUBER NEEDLE 20G X 1" MISC | 1 | |
| HUBER NEEDLE 20G X 1-1/2" MISC | 1 | |
| HUBER NEEDLE 22G X 1" MISC | 1 | |
| HUBER NEEDLE 22G X 1-1/2" MISC | 1 | |
| HUBER NEEDLE 22G X 3/4" MISC | 1 | |
| HYPODERMIC NEEDLE 18G X 1" MISC | 1 | |
| HYPODERMIC NEEDLE 18G X 1-1/2" MISC | 1 | |
| HYPODERMIC NEEDLE 19G X 1" MISC | 1 | |
| HYPODERMIC NEEDLE 19G X 1-1/2" MISC | 1 | |
| HYPODERMIC NEEDLE 20G X 1" MISC | 1 | |
| HYPODERMIC NEEDLE 20G X 1-1/2" MISC | 1 | |
| HYPODERMIC NEEDLE 21G X 1" MISC | 1 | |
| HYPODERMIC NEEDLE 21G X 1-1/2" MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>HYPODERMIC NEEDLE 21G X 1-1/4" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 22G X 1" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 22G X 1-1/2" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 22G X 3/4" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 23G X 1" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 23G X 1-1/2" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 23G X 3/4" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 25G X 1" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 25G X 1-1/2" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 25G X 5/8" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 26G X 1/2" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 26G X 3/8" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 26G X 5/8" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 27G X 1-1/2" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 27G X 1-1/4" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 27G X 1/2" MISC</i> | 1 | |
| <i>HYPODERMIC NEEDLE 30G X 1/2" MISC</i> | 1 | |
| <i>INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM MISC</i> | 1 | |
| <i>INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM MISC</i> | 1 | |
| <i>INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM MISC</i> | 1 | |
| <i>INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC</i> | 1 | |
| <i>INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC</i> | 1 | |
| <i>INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC</i> | 1 | |
| <i>INSULIN SYRINGE 29G X 1/2" 1 ML MISC</i> | 1 | |
| <i>INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC</i> | 1 | |
| <i>INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC</i> | 1 | |
| <i>INSULIN SYRINGE 30G X 5/16" 1 ML MISC</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML MISC | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML MISC | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML MISC | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML MISC | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML MISC | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.3 ML MISC | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML MISC | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML MISC | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML MISC | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML MISC | 1 | |
| INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.3 ML MISC | 1 | |
| 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 | |
| INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| INSULIN SYRINGE/NEEDLE 28G X 1/2" 0.5 ML MISC | 1 | |
| INSULIN SYRINGE/NEEDLE 28G X 1/2" 1 ML MISC | 1 | |
| INSUPEN PEN NEEDLES 29G X 12MM MISC | 1 | |
| INSUPEN PEN NEEDLES 31G X 5 MM MISC | 1 | |
| INSUPEN PEN NEEDLES 31G X 8 MM MISC | 1 | |
| INSUPEN PEN NEEDLES 32G X 4 MM MISC | 1 | |
| INSUPEN PEN NEEDLES 33G X 4 MM MISC | 1 | |
| INSUPEN SENSITIVE 32G X 6 MM MISC | 1 | |
| INSUPEN SENSITIVE 32G X 8 MM MISC | 1 | |
| INSUPEN ULTRAFIN 30G X 8 MM MISC | 1 | |
| INSUPEN ULTRAFIN 31G X 6 MM MISC | 1 | |
| INSUPEN ULTRAFIN 31G X 8 MM MISC | 1 | |
| INSUPEN32G EXTR3ME 32G X 6 MM MISC | 1 | |
| KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| KINRAY INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| KINRAY INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC | 1 | |
| KMART VALU INSULIN SYRINGE 29G U-100 1 ML MISC | 1 | |
| KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML MISC | 1 | |
| KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC | 1 | |
| KMART VALU INSULIN SYRINGE 30G U-100 1 ML MISC | 1 | |
| KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 1 | |
| KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| KROGER INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| KROGER INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| KROGER INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| KROGER INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| KROGER INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| KROGER INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| KROGER PEN NEEDLES 29G X 12MM MISC | 1 | |
| KROGER PEN NEEDLES 31G X 5 MM MISC | 1 | |
| KROGER PEN NEEDLES 31G X 6 MM MISC | 1 | |
| KROGER PEN NEEDLES 31G X 8 MM MISC | 1 | |
| KROGER PEN NEEDLES 32G X 4 MM MISC | 1 | |
| KROGER PEN NEEDLES 33G X 4 MM MISC | 1 | |
| LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC | 1 | |
| LEADER INSULIN SYRINGE 28G X 1/2" 1 ML MISC | 1 | |
| LEADER INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 1 | |
| LEADER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| LEADER INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| LEADER INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| LEADER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| LEADER INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| LEADER INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| LEADER INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| LEADER INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| LEADER UNIFINE PENTIPS 31G X 5 MM MISC | 1 | |
| LEADER UNIFINE PENTIPS 32G X 4 MM MISC | 1 | |
| LEADER UNIFINE PENTIPS PLUS 31G X 5 MM MISC | 1 | |
| LEADER UNIFINE PENTIPS PLUS 31G X 8 MM MISC | 1 | |
| LEADER UNIFINE PENTIPS PLUS 32G X 4 MM MISC | 1 | |
| LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML MISC | 1 | |
| LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 1 | |
| LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| LITETOUCH PEN NEEDLES 29G X 12.7MM MISC | 1 | |
| LITETOUCH PEN NEEDLES 31G X 5 MM MISC | 1 | |
| LITETOUCH PEN NEEDLES 31G X 6 MM MISC | 1 | |
| LITETOUCH PEN NEEDLES 31G X 8 MM MISC | 1 | |
| LITETOUCH PEN NEEDLES 32G X 4 MM MISC | 1 | |
| LONGS INSULIN SYRINGE 31G X 5/16" 0.5 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| 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 | |
| MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC | 1 | |
| MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML MISC | 1 | |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM MISC | 1 | |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM MISC | 1 | |
| MAXICOMFORT II PEN NEEDLE 31G X 6 MM MISC | 1 | |
| MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML MISC | 1 | |
| MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML MISC | 1 | |
| MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC | 1 | |
| MEDICINE SHOPPE PEN NEEDLES 31G X 6 MM MISC | 1 | |
| MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM MISC | 1 | |
| MEIJER PEN NEEDLES 29G X 12MM MISC | 1 | |
| MEIJER PEN NEEDLES 31G X 6 MM MISC | 1 | |
| MEIJER PEN NEEDLES 31G X 8 MM MISC | 1 | |
| MICRODOT PEN NEEDLE 31G X 6 MM MISC | 1 | |
| MICRODOT PEN NEEDLE 32G X 4 MM MISC | 1 | |
| MICRODOT PEN NEEDLE 33G X 4 MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML MISC | 1 | |
| MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.5 ML MISC | 1 | |
| MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 1 ML MISC | 1 | |
| MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC | 1 | |
| MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC | 1 | |
| MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC | 1 | |
| MM PEN NEEDLES 31G X 5 MM MISC | 1 | |
| MM PEN NEEDLES 31G X 6 MM MISC | 1 | |
| MM PEN NEEDLES 31G X 8 MM MISC | 1 | |
| MM PEN NEEDLES 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 | |
| MONOJECT HYPODERMIC NEEDLE 19G X 1" MISC | 1 | |
| MONOJECT HYPODERMIC NEEDLE 19G X 1-1/2" MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| 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 25G X 5/8" 1 ML MISC | 1 | |
| MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC | 1 | |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| 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 31G 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 MEDICATION TRANSF NDL 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 29G X 1/2" 0.3 ML MISC | 1 | |
| MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| MONOJECT ULTRA COMFORT SYRINGE 29G 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 | |
| MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| MS INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| MS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| MS INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| MULTI-DRAW NEEDLE 20G X 1-1/2" MISC | 1 | |
| MULTI-DRAW NEEDLE 21G X 1-1/2" MISC | 1 | |
| MULTI-DRAW NEEDLE 22G X 1-1/2" MISC | 1 | |
| NOKOR VENTED NEEDLE 18G X 1" MISC | 1 | |
| NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC | 1 | |
| NOVOFINE PEN NEEDLE 32G X 6 MM MISC | 1 | |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| PC UNIFINE PENTIPS 29G X 12MM MISC | 1 | |
| PC UNIFINE PENTIPS 31G X 5 MM MISC | 1 | |
| PC UNIFINE PENTIPS 31G X 6 MM MISC | 1 | |
| PC UNIFINE PENTIPS 31G X 8 MM MISC | 1 | |
| PEN NEEDLE/5-BEVEL TIP 31G X 8 MM MISC | 1 | |
| PEN NEEDLE/5-BEVEL TIP 32G X 4 MM MISC | 1 | |
| PEN NEEDLES 29G X 12MM MISC | 1 | |
| PEN NEEDLES 30G X 5 MM MISC | 1 | |
| PEN NEEDLES 30G X 8 MM MISC | 1 | |
| PEN NEEDLES 31G X 5 MM MISC | 1 | |
| PEN NEEDLES 31G X 6 MM MISC | 1 | |
| PEN NEEDLES 31G X 8 MM MISC | 1 | |
| PEN NEEDLES 32G X 4 MM MISC | 1 | |
| PEN NEEDLES 32G X 5 MM MISC | 1 | |
| PEN NEEDLES 32G X 6 MM MISC | 1 | |
| PEN NEEDLES 33G X 4 MM MISC | 1 | |
| PEN NEEDLES 5/16" 31G X 8 MM MISC | 1 | |
| PENTIPS 29G X 12MM MISC | 1 | |
| PENTIPS 31G X 5 MM MISC | 1 | |
| PENTIPS 31G X 6 MM MISC | 1 | |
| PENTIPS 31G X 8 MM MISC | 1 | |
| PENTIPS 32G X 4 MM MISC | 1 | |
| PENTIPS 32G X 6 MM MISC | 1 | |
| PENTIPS GENERIC PEN NEEDLES 29G X 12MM MISC | 1 | |
| PENTIPS GENERIC PEN NEEDLES 31G X 5 MM MISC | 1 | |
| PENTIPS GENERIC PEN NEEDLES 31G X 6 MM MISC | 1 | |
| PENTIPS GENERIC PEN NEEDLES 31G X 8 MM MISC | 1 | |
| PENTIPS GENERIC PEN NEEDLES 32G X 4 MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| PENTIPS GENERIC PEN NEEDLES 32G X 6 MM MISC | 1 | |
| PERFECT POINT SAFETY NEEDLE 25G X 1" MISC | 1 | |
| PIP PEN NEEDLES 31G X 5MM 31G X 5 MM MISC | 1 | |
| PIP PEN NEEDLES 32G X 4MM 32G X 4 MM MISC | 1 | |
| POLY HUB NEEDLE 18G X 1" MISC | 1 | |
| POLY HUB NEEDLE 18G X 1-1/2" MISC | 1 | |
| POLY HUB NEEDLE 21G X 1" MISC | 1 | |
| POLY HUB NEEDLE 21G X 1-1/2" MISC | 1 | |
| POLY HUB NEEDLE 22G X 1" MISC | 1 | |
| POLY HUB NEEDLE 22G X 1-1/2" MISC | 1 | |
| POLY HUB NEEDLE 23G X 1" MISC | 1 | |
| POLY HUB NEEDLE 23G X 1-1/2" MISC | 1 | |
| POLY HUB NEEDLE 25G X 1" MISC | 1 | |
| POLY HUB NEEDLE 25G X 1-1/2" MISC | 1 | |
| POLY HUB NEEDLE 25G X 5/8" MISC | 1 | |
| POLY HUB NEEDLE 27G X 1-1/4" MISC | 1 | |
| POLY HUB NEEDLE 27G X 1/2" MISC | 1 | |
| POLY HUB NEEDLE 30G X 1/2" MISC | 1 | |
| PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC | 1 | |
| PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 1 ML MISC | 1 | |
| PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 1 | |
| PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC</i> | 1 | |
| <i>PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC</i> | 1 | |
| <i>PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC</i> | 1 | |
| <i>PREFERRED PLUS UNIFINE PENTIPS 31G X 5 MM MISC</i> | 1 | |
| <i>PREFERRED PLUS UNIFINE PENTIPS 31G X 6 MM MISC</i> | 1 | |
| <i>PREFERRED PLUS UNIFINE PENTIPS 31G X 8 MM MISC</i> | 1 | |
| <i>PREFERRED PLUS UNIFINE PENTIPS 32G X 4 MM MISC</i> | 1 | |
| <i>PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM MISC</i> | 1 | |
| <i>PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM MISC</i> | 1 | |
| <i>PREVENT SAFETY PEN NEEDLES 31G X 6 MM MISC</i> | 1 | |
| <i>PREVENT SAFETY PEN NEEDLES 31G X 8 MM MISC</i> | 1 | |
| <i>PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC</i> | 1 | |
| <i>PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC</i> | 1 | |
| <i>PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC</i> | 1 | |
| <i>PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC</i> | 1 | |
| <i>PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC</i> | 1 | |
| <i>PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC</i> | 1 | |
| <i>PRO COMFORT PEN NEEDLES 32G X 4 MM MISC</i> | 1 | |
| <i>PRO COMFORT PEN NEEDLES 32G X 5 MM MISC</i> | 1 | |
| <i>PRO COMFORT PEN NEEDLES 32G X 6 MM MISC</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| PRO COMFORT PEN NEEDLES 32G X 8 MM MISC | 1 | |
| PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML MISC | 1 | |
| PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| PURE COMFORT PEN NEEDLE 32G X 4 MM MISC | 1 | |
| PURE COMFORT PEN NEEDLE 32G X 5 MM MISC | 1 | |
| PURE COMFORT PEN NEEDLE 32G X 6 MM MISC | 1 | |
| PURE COMFORT PEN NEEDLE 32G X 8 MM MISC | 1 | |
| PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC | 1 | |
| PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM MISC | 1 | |
| PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC | 1 | |
| PX EXTRA SHORT PEN NEEDLES 31G X 6 MM MISC | 1 | |
| PX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC | 1 | |
| PX MINI PEN NEEDLES 31G X 5 MM MISC | 1 | |
| PX PEN NEEDLE 29G X 12MM MISC | 1 | |
| PX PEN NEEDLE 31G X 8 MM MISC | 1 | |
| PX SHORTLENGTH PEN NEEDLES 31G X 8 MM MISC | 1 | |
| QC PEN NEEDLES 29G X 12MM MISC | 1 | |
| QC PEN NEEDLES 31G X 6 MM MISC | 1 | |
| QC PEN NEEDLES 31G X 8 MM MISC | 1 | |
| QC UNIFINE PENTIPS 32G X 4 MM MISC | 1 | |
| QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM MISC | 1 | |
| QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM MISC | 1 | |
| QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM MISC | 1 | |
| QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM MISC | 1 | |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM MISC | 1 | |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM MISC | 1 | |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM MISC | 1 | |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM MISC | 1 | |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM MISC | 1 | |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM MISC | 1 | |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM MISC | 1 | |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM MISC | 1 | |
| RA INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| RA INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| RA INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| RA INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| RA PEN NEEDLES 31G X 5 MM MISC | 1 | |
| RA PEN NEEDLES 31G X 8 MM MISC | 1 | |
| RAYA SURE PEN NEEDLE 29G X 12MM MISC | 1 | |
| RAYA SURE PEN NEEDLE 31G X 4 MM MISC | 1 | |
| RAYA SURE PEN NEEDLE 31G X 5 MM MISC | 1 | |
| RAYA SURE PEN NEEDLE 31G X 6 MM MISC | 1 | |
| RAYA SURE PEN NEEDLE 31G X 8 MM MISC | 1 | |
| REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC | 1 | |
| REALITY INSULIN SYRINGE 28G X 1/2" 1 ML MISC | 1 | |
| REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| REALITY INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC | 1 | |
| RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC | 1 | |
| RELION INSULIN SYRINGE 31G X 15/64" 1 ML MISC | 1 | |
| RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| RELION INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| RELION INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| RELION MINI PEN NEEDLES 31G X 6 MM MISC | 1 | |
| RELION PEN NEEDLES 29G X 12MM MISC | 1 | |
| RELION PEN NEEDLES 31G X 6 MM MISC | 1 | |
| RELION PEN NEEDLES 31G X 8 MM MISC | 1 | |
| RELION PEN NEEDLES 32G X 4 MM MISC | 1 | |
| RELION SHORT PEN NEEDLES 31G X 8 MM MISC | 1 | |
| SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML MISC | 1 | |
| SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML MISC | 1 | |
| SAFETY INSULIN SYRINGES 30G X 1/2" 1 ML MISC | 1 | |
| SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML MISC | 1 | |
| SAFETY PEN NEEDLES 30G X 5 MM MISC | 1 | |
| SAFETY PEN NEEDLES 30G X 8 MM MISC | 1 | |
| SAFETY SYRINGE/NEEDLE 25G X 5/8" 1 ML MISC | 1 | |
| SB INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| SB INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| SB INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| SB INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| SB INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| SECURESAFE HYPODERMIC NEEDLE 19G X 1" MISC | 1 | |
| SECURESAFE HYPODERMIC NEEDLE 19G X 1-1/2" MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| SECURESAFE HYPODERMIC NEEDLE 21G X 1-1/2" MISC | 1 | |
| SECURESAFE HYPODERMIC NEEDLE 22G X 1" MISC | 1 | |
| SECURESAFE HYPODERMIC NEEDLE 25G X 1-1/2" MISC | 1 | |
| SECURESAFE HYPODERMIC NEEDLE 26G X 1/2" MISC | 1 | |
| SECURESAFE HYPODERMIC NEEDLE 27G X 1/2" MISC | 1 | |
| SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC | 1 | |
| SHOPKO UNIFINE PENTIPS 29G X 12MM MISC | 1 | |
| SHOPKO UNIFINE PENTIPS 31G X 5 MM MISC | 1 | |
| SHOPKO UNIFINE PENTIPS 31G X 8 MM MISC | 1 | |
| SHOPKO UNIFINE PENTIPS 32G X 4 MM MISC | 1 | |
| SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM MISC | 1 | |
| SHOPKO UNIFINE PENTIPS PLUS 31G X 5 MM MISC | 1 | |
| SHOPKO UNIFINE PENTIPS PLUS 31G X 8 MM MISC | 1 | |
| SHOPKO UNIFINE PENTIPS PLUS 32G X 4 MM MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| SURE COMFORT PEN NEEDLES 29G X 12.7MM MISC | 1 | |
| SURE COMFORT PEN NEEDLES 30G X 8 MM MISC | 1 | |
| SURE COMFORT PEN NEEDLES 31G X 5 MM MISC | 1 | |
| SURE COMFORT PEN NEEDLES 31G X 6 MM MISC | 1 | |
| SURE COMFORT PEN NEEDLES 31G X 8 MM MISC | 1 | |
| SURE COMFORT PEN NEEDLES 32G X 4 MM MISC | 1 | |
| SURE COMFORT PEN NEEDLES 32G X 6 MM MISC | 1 | |
| SYRINGE LUER SLIP 25G X 5/8" 1 ML MISC | 1 | |
| TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 1 | |
| TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| TECHLITE INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| TECHLITE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC | 1 | |
| TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML MISC | 1 | |
| TECHLITE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| TECHLITE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| TECHLITE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC | 1 | |
| TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC | 1 | |
| TECHLITE INSULIN SYRINGE 31G X 15/64" 1 ML MISC | 1 | |
| TECHLITE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| TECHLITE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| TECHLITE PEN NEEDLES 29G X 10MM MISC | 1 | |
| TECHLITE PEN NEEDLES 29G X 12MM MISC | 1 | |
| TECHLITE PEN NEEDLES 31G X 5 MM MISC | 1 | |
| TECHLITE PEN NEEDLES 31G X 8 MM MISC | 1 | |
| TECHLITE PEN NEEDLES 32G X 4 MM MISC | 1 | |
| TECHLITE PEN NEEDLES 32G X 6 MM MISC | 1 | |
| TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC | 1 | |
| TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC | 1 | |
| TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC | 1 | |
| TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC | 1 | |
| TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM MISC | 1 | |
| TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM MISC | 1 | |
| TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML MISC | 1 | |
| TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML MISC | 1 | |
| TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML MISC | 1 | |
| TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML MISC | 1 | |
| TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML MISC | 1 | |
| TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML MISC | 1 | |
| TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML MISC | 1 | |
| TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML MISC | 1 | |
| TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC | 1 | |
| TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC | 1 | |
| TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC | 1 | |
| TRUE COMFORT PEN NEEDLES 31G X 5 MM MISC | 1 | |
| TRUE COMFORT PEN NEEDLES 31G X 6 MM MISC | 1 | |
| TRUE COMFORT PEN NEEDLES 31G X 8 MM MISC | 1 | |
| TRUE COMFORT PEN NEEDLES 32G X 4 MM MISC | 1 | |
| TRUE COMFORT PEN NEEDLES 32G X 5 MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| TRUE COMFORT PEN NEEDLES 32G X 6 MM MISC | 1 | |
| TRUE COMFORT PEN NEEDLES 33G X 4 MM MISC | 1 | |
| TRUE COMFORT PEN NEEDLES 33G X 5 MM MISC | 1 | |
| TRUE COMFORT PEN NEEDLES 33G X 6 MM MISC | 1 | |
| TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML MISC | 1 | |
| TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML MISC | 1 | |
| TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML MISC | 1 | |
| TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML MISC | 1 | |
| TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML MISC | 1 | |
| TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML MISC | 1 | |
| TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML MISC | 1 | |
| TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML MISC | 1 | |
| TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM MISC | 1 | |
| TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM MISC | 1 | |
| TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM MISC | 1 | |
| TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC | 1 | |
| TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC | 1 | |
| TRUE COMFORT SAFETY PEN NEEDLE 31G X 6 MM MISC | 1 | |
| TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC | 1 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM MISC | 1 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM MISC | 1 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM MISC | 1 | |
| TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM MISC | 1 | |
| TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC | 1 | |
| TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML MISC | 1 | |
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 1 | |
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| TRUEPLUS PEN NEEDLES 29G X 12MM MISC | 1 | |
| TRUEPLUS PEN NEEDLES 31G X 5 MM MISC | 1 | |
| TRUEPLUS PEN NEEDLES 31G X 6 MM MISC | 1 | |
| TRUEPLUS PEN NEEDLES 31G X 8 MM MISC | 1 | |
| TRUEPLUS 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| ULTICARE MICRO PEN NEEDLES 31G X 6 MM MISC | 1 | |
| ULTICARE MICRO PEN NEEDLES 31G X 8 MM MISC | 1 | |
| ULTICARE MICRO PEN NEEDLES 32G X 4 MM MISC | 1 | |
| ULTICARE MINI PEN NEEDLES 30G X 5 MM MISC | 1 | |
| ULTICARE MINI PEN NEEDLES 31G X 6 MM MISC | 1 | |
| ULTICARE MINI PEN NEEDLES 32G X 6 MM MISC | 1 | |
| ULTICARE PEN NEEDLES 29G X 12.7MM MISC | 1 | |
| ULTICARE PEN NEEDLES 31G X 5 MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| ULTICARE SHORT PEN NEEDLES 30G X 8 MM MISC | 1 | |
| ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC | 1 | |
| ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM MISC | 1 | |
| ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM MISC | 1 | |
| ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM MISC | 1 | |
| ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM MISC | 1 | |
| ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM MISC | 1 | |
| ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM MISC | 1 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML MISC | 1 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML MISC | 1 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML MISC | 1 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML MISC | 1 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML MISC | 1 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML MISC | 1 | |
| ULTILET PEN NEEDLE 29G X 12.7MM MISC | 1 | |
| ULTILET PEN NEEDLE 31G X 5 MM MISC | 1 | |
| ULTILET PEN NEEDLE 31G X 8 MM MISC | 1 | |
| ULTILET PEN NEEDLE 32G X 4 MM MISC | 1 | |
| ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM MISC | 1 | |
| ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM MISC | 1 | |
| ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM MISC | 1 | |
| ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM MISC | 1 | |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML MISC | 1 | |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML MISC | 1 | |
| ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML MISC | 1 | |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 1 | |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC | 1 | |
| ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC | 1 | |
| ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML MISC | 1 | |
| ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| ULTRA THIN PEN NEEDLES 32G X 4 MM MISC | 1 | |
| ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML MISC | 1 | |
| ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML MISC | 1 | |
| ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML MISC | 1 | |
| ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML MISC | 1 | |
| ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML MISC | 1 | |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM MISC | 1 | |
| ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM MISC | 1 | |
| ULTRA-THIN II PEN NEEDLES 29G X 12.7MM MISC | 1 | |
| ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC | 1 | |
| ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML MISC | 1 | |
| ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | 1 | |
| ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| ULTRACARE PEN NEEDLES 31G X 5 MM MISC | 1 | |
| ULTRACARE PEN NEEDLES 31G X 6 MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| ULTRACARE PEN NEEDLES 31G X 8 MM MISC | 1 | |
| ULTRACARE PEN NEEDLES 32G X 4 MM MISC | 1 | |
| ULTRACARE PEN NEEDLES 32G X 5 MM MISC | 1 | |
| ULTRACARE PEN NEEDLES 32G X 6 MM MISC | 1 | |
| ULTRACARE PEN NEEDLES 33G X 4 MM MISC | 1 | |
| UNIFINE OTC PEN NEEDLES 31G X 5 MM MISC | 1 | |
| UNIFINE OTC PEN NEEDLES 32G X 4 MM MISC | 1 | |
| UNIFINE PEN NEEDLES 32G X 4 MM MISC | 1 | |
| UNIFINE PENTIPS 29G X 12MM MISC | 1 | |
| UNIFINE PENTIPS 30G X 5 MM MISC | 1 | |
| UNIFINE PENTIPS 31G X 5 MM MISC | 1 | |
| UNIFINE PENTIPS 31G X 6 MM MISC | 1 | |
| UNIFINE PENTIPS 31G X 8 MM MISC | 1 | |
| UNIFINE PENTIPS 32G X 4 MM MISC | 1 | |
| UNIFINE PENTIPS 32G X 6 MM MISC | 1 | |
| UNIFINE PENTIPS 33G X 4 MM MISC | 1 | |
| UNIFINE PENTIPS PLUS 29G X 12MM MISC | 1 | |
| UNIFINE PENTIPS PLUS 30G X 5 MM MISC | 1 | |
| UNIFINE PENTIPS PLUS 31G X 5 MM MISC | 1 | |
| UNIFINE PENTIPS PLUS 31G X 6 MM MISC | 1 | |
| UNIFINE PENTIPS PLUS 31G X 8 MM MISC | 1 | |
| UNIFINE PENTIPS PLUS 32G X 4 MM MISC | 1 | |
| UNIFINE PENTIPS PLUS 33G X 4 MM MISC | 1 | |
| UNIFINE PROTECT PEN NEEDLE 30G X 5 MM MISC | 1 | |
| UNIFINE PROTECT PEN NEEDLE 30G X 8 MM MISC | 1 | |
| UNIFINE PROTECT PEN NEEDLE 32G X 4 MM MISC | 1 | |
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM MISC | 1 | |
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM MISC | 1 | |
| UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM MISC | 1 | |
| UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM MISC | 1 | |
| UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM MISC | 1 | |
| UNIFINE ULTRA PEN NEEDLE 31G X 5 MM MISC | 1 | |
| UNIFINE ULTRA PEN NEEDLE 31G X 6 MM MISC | 1 | |
| UNIFINE ULTRA PEN NEEDLE 31G X 8 MM MISC | 1 | |
| UNIFINE ULTRA PEN NEEDLE 32G X 4 MM MISC | 1 | |
| VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| VALUMARK PEN NEEDLES 29G X 12MM MISC | 1 | |
| VALUMARK PEN NEEDLES 31G X 6 MM MISC | 1 | |
| VALUMARK PEN NEEDLES 31G X 8 MM MISC | 1 | |
| VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML MISC | 1 | |
| VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC | 1 | |
| VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML MISC | 1 | |
| VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML MISC | 1 | |
| VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| VANISHPOINT SYRINGE 25G X 1" 1 ML MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| VERIFINE INSULIN PEN NEEDLE 29G X 12MM MISC | 1 | |
| VERIFINE INSULIN PEN NEEDLE 31G X 5 MM MISC | 1 | |
| VERIFINE INSULIN PEN NEEDLE 31G X 8 MM MISC | 1 | |
| VERIFINE INSULIN PEN NEEDLE 32G X 4 MM MISC | 1 | |
| VERIFINE INSULIN PEN NEEDLE 32G X 6 MM MISC | 1 | |
| VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML MISC | 1 | |
| VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC | 1 | |
| VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML MISC | 1 | |
| VERIFINE INSULIN SYRINGE 30G X 1/2" 1 ML MISC | 1 | |
| VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| VERIFINE INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC | 1 | |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | 1 | |
| VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML MISC | 1 | |
| VERIFINE PLUS PEN NEEDLE 31G X 5 MM MISC | 1 | |
| VERIFINE PLUS PEN NEEDLE 31G X 8 MM MISC | 1 | |
| VERIFINE PLUS PEN NEEDLE 32G X 4 MM MISC | 1 | |
| VERISAFE SAFE STERILE SYRINGE 25G X 1" 1 ML MISC | 1 | |
| VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" MISC | 1 | |
| VERISAFE SAFETY STERILE NEEDLE 25G X 1" MISC | 1 | |
| VIDA MIA UNIFINE PENTIPS 29G X 12MM MISC | 1 | |
| VIDA MIA UNIFINE PENTIPS 31G X 6 MM MISC | 1 | |
| VIDA MIA UNIFINE PENTIPS 31G X 8 MM MISC | 1 | |
| VIDA MIA UNIFINE PENTIPS 32G X 4 MM MISC | 1 | |
| VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | 1 | |
| WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM MISC | 1 | |
| WEGMANS UNIFINE PENTIPS PLUS 31G X 6 MM MISC | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM MISC | 1 | |
| WEGMANS UNIFINE PENTIPS PLUS 32G X 4 MM MISC | 1 | |
| YALE DISP NEEDLES 21G X 1-1/4" MISC | 1 | |
| ZEV RX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC | 1 | |
| ZEV RX INSULIN SYRINGE 30G X 1/2" 1 ML MISC | 1 | |
| ZEV RX INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | 1 | |
| ZEV RX INSULIN SYRINGE 30G X 5/16" 1 ML MISC | 1 | |
| ZEV RX PEN NEEDLES 31G X 5 MM MISC | 1 | |
| ZEV RX PEN NEEDLES 31G X 6 MM MISC | 1 | |
| ZEV RX PEN NEEDLES 31G X 8 MM MISC | 1 | |
| ZEV RX PEN NEEDLES 32G X 4 MM MISC | 1 | |
| SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES | | |
| AEROCHAMBER HOLDING CHAMBER DEVICE | 1 | |
| AEROCHAMBER MINI CHAMBER DEVICE | 1 | |
| 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| 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 | |
| AEROCHAMBER2GO ANTI-STATIC DEVICE | 1 | |
| AEROVENT PLUS DEVICE | 1 | |
| BREATHE COMFORT CHAMBER/ADULT DEVICE | 1 | |
| BREATHE COMFORT CHAMBER/CHILD 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 | |
| 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| FLEXICHAMBER CHILD MASK/SMALL MISC | 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 | |
| PRO COMFORT SPACER ADULT MISC | 1 | |
| PRO COMFORT SPACER CHILD MISC | 1 | |
| PRO COMFORT SPACER INFANT DEVICE | 1 | |
| PROCARE SPACER/ADULT MASK DEVICE | 1 | |
| PROCARE SPACER/CHILD MASK DEVICE | 1 | |
| PROCHAMBER VHC DEVICE | 1 | |
| PURE COMFORT SPACER CHAMBER DEVICE | 1 | |
| RITEFLO DEVICE | 1 | |
| 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>QULIPTA 30 MG TAB</i> | 1 | QL PA |
| <i>QULIPTA 60 MG TAB</i> | 1 | QL PA |
| <i>UBRELVY 100 MG TAB</i> | 1 | QL PA |
| <i>UBRELVY 50 MG TAB</i> | 1 | QL PA |
| CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES | | |
| <i>AIMOVIG 140 MG/ML SOLN A-INJ</i> | 1 | QL PA |
| <i>AIMOVIG 70 MG/ML SOLN A-INJ</i> | 1 | QL PA |
| <i>AJOVY 225 MG/1.5ML SOLN A-INJ</i> | 1 | QL PA |
| <i>AJOVY 225 MG/1.5ML SOLN PRSYR</i> | 1 | QL PA |
| <i>EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR</i> | 1 | QL PA |
| <i>EMGALITY 120 MG/ML SOLN A-INJ</i> | 1 | QL PA |
| <i>EMGALITY 120 MG/ML SOLN PRSYR</i> | 1 | QL PA |
| ERGOT COMBINATIONS | | |
| <i>MIGERGOT 2-100 MG SUPPOS</i> | 1 | |
| <i>ERGOMAR 2 MG SL TAB</i> | 1 | QL |
| SELECTIVE SEROTONIN AGONISTS 5-HT(1) | | |
| <i>almotriptan malate tab 12.5 mg</i> | 1 | QL |
| <i>almotriptan malate tab 6.25 mg</i> | 1 | QL |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>eletriptan hydrobromide tab 20 mg (base equivalent)</i> | 1 | QL |
| <i>eletriptan hydrobromide tab 40 mg (base equivalent)</i> | 1 | QL |
| <i>frovatriptan succinate tab 2.5 mg (base equivalent)</i> | 1 | QL |
| <i>naratriptan hcl tab 1 mg (base equiv)</i> | 1 | QL |
| <i>naratriptan hcl tab 2.5 mg (base equiv)</i> | 1 | QL |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> | 1 | QL |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i> | 1 | QL |
| <i>rizatriptan benzoate tab 10 mg (base equivalent)</i> | 1 | QL |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i> | 1 | QL |
| <i>sumatriptan nasal spray 20 mg/act</i> | 1 | QL |
| <i>sumatriptan nasal spray 5 mg/act</i> | 1 | QL |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i> | 1 | QL |
| <i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i> | 1 | QL |
| <i>sumatriptan succinate tab 100 mg</i> | 1 | QL |
| <i>sumatriptan succinate tab 25 mg</i> | 1 | QL |
| <i>sumatriptan succinate tab 50 mg</i> | 1 | QL |
| ZOLMITRIPTAN 2.5 MG SOLUTION | 1 | QL ST |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| ZOMIG 2.5 MG SOLUTION | 1 | QL ST |
| MINERALS & ELECTROLYTES | | |
| BICARBONATES | | |
| SODIUM BICARBONATE 7.5 % SOLUTION | 1 | |
| sodium bicarbonate iv soln 4.2% | 1 | |
| sodium bicarbonate iv soln 8.4% | 1 | |
| ELECTROLYTES & DEXTROSE | | |
| dextrose 5% in lactated ringers | 1 | |
| dextrose 5% w/ sodium chloride 0.45% | 1 | |
| dextrose 5% w/ sodium chloride 0.9% | 1 | |
| DEXTROSE-NAACL 5-0.9 % SOLUTION | 1 | |
| DEXTROSE-SODIUM CHLORIDE 5-0.2 % SOLUTION | 1 | |
| DEXTROSE-SODIUM CHLORIDE 5-0.225 % SOLUTION | 1 | |
| DEXTROSE-SODIUM CHLORIDE 5-0.33 % SOLUTION | 1 | |
| DEXTROSE-SODIUM CHLORIDE 5-0.45 % SOLUTION | 1 | |
| DEXTROSE-SODIUM CHLORIDE 5-0.9 % SOLUTION | 1 | |
| kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj | 1 | |
| kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj | 1 | |
| kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj | 1 | |
| kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj | 1 | |
| kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj | 1 | |
| kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj | 1 | |
| kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj | 1 | |
| KCL IN DEXTROSE-NAACL 10-5-0.45 MEQ/L-%% SOLUTION | 1 | |
| KCL IN DEXTROSE-NAACL 20-5-0.2 MEQ/L-%% SOLUTION | 1 | |
| KCL IN DEXTROSE-NAACL 20-5-0.225 MEQ/L-%% SOLUTION | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>KCL IN DEXTROSE-NACL 20-5-0.45 MEQ/L-%-% SOLUTION</i> | 1 | |
| <i>KCL IN DEXTROSE-NACL 20-5-0.9 MEQ/L-%-% SOLUTION</i> | 1 | |
| <i>KCL IN DEXTROSE-NACL 30-5-0.45 MEQ/L-%-% SOLUTION</i> | 1 | |
| <i>KCL IN DEXTROSE-NACL 40-5-0.45 MEQ/L-%-% SOLUTION</i> | 1 | |
| <i>KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION</i> | 1 | |
| <i>KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION</i> | 1 | |
| <i>NORMOSOL-M IN D5W SOLUTION</i> | 1 | |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> | 1 | |
| <i>POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION</i> | 1 | |
| ELECTROLYTES PARENTERAL | | |
| <i>HYPERLYTE-CR CONC</i> | 1 | |
| <i>ISOLYTE-S PH 7.4 SOLUTION</i> | 1 | |
| <i>KCL (0.149%) IN NACL 20-0.45 MEQ/L-% SOLUTION</i> | 1 | |
| <i>KCL (0.149%) IN NACL 20-0.9 MEQ/L-% SOLUTION</i> | 1 | |
| <i>KCL (0.298%) IN NACL 40-0.9 MEQ/L-% SOLUTION</i> | 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 | |
| <i>LACTATED RINGERS SOLUTION</i> | 1 | |
| <i>PLASMA-LYTE A SOLUTION</i> | 1 | |
| <i>POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION</i> | 1 | |
| <i>POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION</i> | 1 | |
| <i>POTASSIUM CHLORIDE IN NACL 40-0.9 MEQ/L-% SOLUTION</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>ringer's solution</i> | 1 | |
| TPN ELECTROLYTES CONC | 1 | |
| FLUORIDE | | |
| SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB | 1 | PREV |
| SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB | 1 | PREV |
| SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION | 1 | PREV |
| SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB | 1 | PREV |
| PHOSPHATE | | |
| PHOSPHA 250 NEUTRAL 155-852-130 MG TAB | 1 | |
| PHOSPHO-TRIN 250 NEUTRAL 155-852-130 MG TAB | 1 | |
| PHOSPHO-TRIN K500 500 MG TAB | 1 | |
| PHOSPHOROUS 155-852-130 MG TAB | 1 | |
| WES-PHOS 250 NEUTRAL 155-852-130 MG TAB | 1 | |
| POTASSIUM | | |
| EFFER-K 25 MEQ EFFER TAB | 1 | |
| KLOR-CON 10 10 MEQ TAB ER | 1 | PA |
| KLOR-CON 8 MEQ TAB ER | 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 | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <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 | |
| <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 | |
| SODIUM | | |
| SODIUM CHLORIDE 0.9 % SOLUTION | 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 | |
| <i>sodium chloride iv soln 5%</i> | 1 | |
| <i>sodium chloride preservative free (pf) inj 0.9%</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| 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 | |
| <i>SANDIMMUNE 100 MG/ML SOLUTION</i> | 8 | S Specialty Drug |
| <i>SANDIMMUNE 25 MG CAP</i> | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------------|
| <i>SANDIMMUNE 50 MG/ML SOLUTION</i> | 8 | S Specialty Drug |
| IMMUNE GLOBULIN IMMUNOSUPPRESSANTS | | |
| <i>ATGAM 50 MG/ML SOLUTION</i> | 8 | S Specialty Drug |
| <i>THYMOGLOBULIN 25 MG RECON SOLN</i> | 8 | S Specialty Drug |
| IMMUNOMODULATORS - BTK INHIBITORS | | |
| <i>RHAPSIDO 25 MG TAB</i> | 1 | PA 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 |
| INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS | | |
| <i>CELLCEPT 200 MG/ML RECON SUSP</i> | 8 | AL1 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 | S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|---------------------------|
| <i>mycophenolate mofetil cap 250 mg</i> | 8 | |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i> | 8 | PA AL1 Up to 8 yrs old |
| <i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i> | 8 | S Specialty Drug |
| <i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i> | 8 | S 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 | |
| MYFORTIC 180 MG TAB DR | 8 | |
| MYFORTIC 360 MG TAB DR | 8 | |
| 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 | |
| RINGERS IRRIGATION SOLUTION | 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------|------|--|
| 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 |
| everolimus tab 0.25 mg | 8 | QL |
| everolimus tab 0.5 mg | 8 | QL |
| everolimus tab 0.75 mg | 8 | QL |
| everolimus tab 1 mg | 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 |
| 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| <i>tacrolimus cap 5 mg</i> | 8 | |
| <i>tacrolimus cap er 24hr 0.5 mg</i> | 8 | QL PA |
| <i>tacrolimus cap er 24hr 1 mg</i> | 8 | QL PA |
| <i>tacrolimus cap er 24hr 5 mg</i> | 8 | QL PA |
| <i>tacrolimus inj 5 mg/ml</i> | 8 | S Specialty Drug |
| 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 |
| POTASSIUM REMOVING AGENTS | | |
| <i>*sodium polystyrene sulfonate powder**</i> | 1 | |
| LOKELMA 10 GM PACKET | 1 | PA |
| LOKELMA 5 GM PACKET | 1 | PA |
| <i>sodium polystyrene sulfonate susp 15 gm/60ml</i> | 1 | |
| <i>sodium polystyrene sulfonate susp 15 gm/60ml</i> | 1 | |
| <i>sodium polystyrene sulfonate susp 15 gm/60ml</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-------------------------------|
| <i>SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION</i> | 1 | |
| <i>VELTASSA 1 GM PACKET</i> | 1 | QL PA |
| <i>VELTASSA 16.8 GM PACKET</i> | 1 | QL PA |
| <i>VELTASSA 25.2 GM PACKET</i> | 1 | QL PA |
| <i>VELTASSA 8.4 GM PACKET</i> | 1 | QL PA |
| PURINE ANALOGS | | |
| <i>AZATHIOPRINE SODIUM 100 MG RECON SOLN</i> | 8 | |
| <i>azathioprine tab 100 mg</i> | 8 | |
| <i>azathioprine tab 100 mg</i> | 8 | |
| <i>azathioprine tab 50 mg</i> | 8 | |
| <i>azathioprine tab 75 mg</i> | 8 | |
| <i>azathioprine tab 75 mg</i> | 8 | |
| <i>IMURAN 50 MG TAB</i> | 8 | |
| ROCK INHIBITORS | | |
| <i>REZUROCK 200 MG TAB</i> | 1 | PA S Specialty Drug |
| SELECTIVE T-CELL COSTIMULATION BLOCKERS | | |
| <i>NULOJIX 250 MG RECON SOLN</i> | 8 | |
| TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS | | |
| <i>SAPHNELO 300 MG/2ML SOLUTION</i> | 1 | PA S Specialty Drug HYB |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| <i>LIDOCAINE HCL 4 % SOLUTION</i> | 1 | |
| <i>lidocaine hcl viscous soln 2%</i> | 1 | |
| ANTI-INFECTIVES - THROAT | | |
| <i>clotrimazole troche 10 mg</i> | 1 | |
| <i>NYSTATIN 100000 UNIT/ML SUSPENSION</i> | 1 | |
| <i>nystatin susp 100000 unit/ml</i> | 1 | |
| ANTISEPTICS - MOUTH/THROAT | | |
| <i>chlorhexidine gluconate soln 0.12%</i> | 1 | |
| <i>chlorhexidine gluconate soln 0.12%</i> | 1 | |
| FLUORIDE DENTAL PRODUCTS | | |
| <i>DENTA 5000 PLUS 1.1 % CREAM</i> | 1 | |
| <i>DENTAGEL 1.1 % GEL</i> | 1 | |
| <i>FRAICHE 5000 DENTAL 1.1 % GEL</i> | 1 | |
| <i>SF 1.1 % GEL</i> | 1 | |
| <i>SF 5000 PLUS 1.1 % CREAM</i> | 1 | |
| <i>SODIUM FLUORIDE 1.1 % CREAM</i> | 1 | |
| <i>SODIUM FLUORIDE 1.1 % GEL</i> | 1 | |
| <i>SODIUM FLUORIDE 5000 PLUS 1.1 % CREAM</i> | 1 | |
| <i>SODIUM FLUORIDE 5000 PPM 1.1 % GEL</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 | |
| SALIVA STIMULANTS | | |
| <i>cevimeline hcl cap 30 mg</i> | 1 | |
| <i>pilocarpine hcl tab 5 mg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>pilocarpine hcl tab 7.5 mg</i> | 1 | |
| STERIODS - MOUTH/THROAT/DENTAL | | |
| <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 | |
| MULTIVITAMINS | | |
| PED MULTI VITAMINS W/FL & FE | | |
| <i>FLORAFOL FE PEDIATRIC 0.25-7 MG/ML SOLUTION</i> | 1 | |
| <i>MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION</i> | 1 | |
| PED MV W/ FLUORIDE | | |
| <i>*pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml***</i> | 1 | |
| <i>*pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml***</i> | 1 | AL1 Up to 8 yrs old |
| <i>MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION</i> | 1 | |
| <i>MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION</i> | 1 | AL1 Up to 8 yrs old |
| PED VITAMINS ACD W/ FLUORIDE | | |
| <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 |
| PRENATAL MV & MIN W/FE-FA | | |
| <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>MATRONEX 27-1 MG TAB</i> | 1 | |
| <i>NATALCHEW 29-1 MG CHEW TAB</i> | 1 | PA |
| <i>NEONATAL COMPLETE 27-1 MG TAB</i> | 1 | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>PNV 27-CA/FE/FA 60-1 MG TAB</i> | 1 | PA |
| <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 |
| <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>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 | |
| <i>PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL</i> | | |
| <i>COMPLETE NATAL DHA 29-1-200 & 200 MG MISC</i> | 1 | |
| <i>WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| MUSCULOSKELETAL THERAPY AGENTS | | |
| CENTRAL MUSCLE RELAXANTS | | |
| BACLOFEN 5 MG/5ML SOLUTION | 1 | |
| BACLOFEN 50 MCG/ML SOLN PRSYR | 1 | |
| baclofen oral soln 10 mg/5ml | 1 | |
| baclofen susp 25 mg/5ml | 1 | |
| baclofen tab 10 mg | 1 | QL |
| baclofen tab 20 mg | 1 | QL |
| baclofen tab 5 mg | 1 | QL |
| chlorzoxazone tab 250 mg | 1 | |
| chlorzoxazone tab 500 mg | 1 | |
| cyclobenzaprine hcl tab 10 mg | 1 | |
| cyclobenzaprine hcl tab 5 mg | 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 | |
| metaxalone tab 800 mg | 1 | QL |
| methocarbamol tab 500 mg | 1 | |
| methocarbamol tab 750 mg | 1 | |
| orphenadrine citrate tab er 12hr 100 mg | 1 | |
| tizanidine hcl cap 2 mg (base equivalent) | 1 | |
| tizanidine hcl cap 4 mg (base equivalent) | 1 | |
| tizanidine hcl cap 6 mg (base equivalent) | 1 | |
| tizanidine hcl tab 2 mg (base equivalent) | 1 | |
| tizanidine hcl tab 4 mg (base equivalent) | 1 | |
| DIRECT MUSCLE RELAXANTS | | |
| dantrolene sodium cap 100 mg | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <i>dantrolene sodium cap 25 mg</i> | 1 | |
| <i>dantrolene sodium cap 50 mg</i> | 1 | |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | |
| NASAL AGENTS - MISC. | | |
| <i>NOZIN NASAL SANITIZER POPSWAB SWAB</i> | 1 | |
| 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>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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|------|-----------------------|
| ELEVIDYS 12.5-13.4 KG 13 X 10 ML KIT | 8 | S Specialty Drug |
| ELEVIDYS 13.5-14.4 KG 14 X 10 ML KIT | 8 | S Specialty Drug |
| ELEVIDYS 14.5-15.4 KG 15 X 10 ML KIT | 8 | S Specialty Drug |
| ELEVIDYS 15.5-16.4 KG 16 X 10 ML KIT | 8 | S Specialty Drug |
| ELEVIDYS 16.5-17.4 KG 17 X 10 ML KIT | 8 | S Specialty Drug |
| ELEVIDYS 17.5-18.4 KG 18 X 10 ML KIT | 8 | S Specialty Drug |
| ELEVIDYS 18.5-19.4 KG 19 X 10 ML KIT | 8 | S Specialty Drug |
| ELEVIDYS 19.5-20.4 KG 20 X 10 ML KIT | 8 | S Specialty Drug |
| ELEVIDYS 20.5-21.4 KG 21 X 10 ML KIT | 8 | S Specialty Drug |
| 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|------|-----------------------|
| 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 |
| 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| <i>ELEVIDYS 64.5-65.4 KG 65 X 10 ML KIT</i> | 8 | S Specialty Drug |
| <i>ELEVIDYS 65.5-66.4 KG 66 X 10 ML KIT</i> | 8 | S Specialty Drug |
| <i>ELEVIDYS 66.5-67.4 KG 67 X 10 ML KIT</i> | 8 | S Specialty Drug |
| <i>ELEVIDYS 67.5-68.4 KG 68 X 10 ML KIT</i> | 8 | S Specialty Drug |
| <i>ELEVIDYS 68.5-69.4 KG 69 X 10 ML KIT</i> | 8 | S Specialty Drug |
| <i>ELEVIDYS 69.5 KG PLUS 70 X 10 ML KIT</i> | 8 | S Specialty Drug |
| SPINAL MUSCULAR ATROPHY-GENE THERAPY AGENTS | | |
| <i>ZOLGENSMA 20.6-21.0 KG 14X8.3 ML KIT</i> | 8 | |
| <i>ZOLGENSMA 10.1-10.5 KG 7X8.3 ML KIT</i> | 8 | PA |
| <i>ZOLGENSMA 10.6-11.0 KG 2X5.5ML & 6X8.3ML KIT</i> | 8 | PA |
| <i>ZOLGENSMA 11.1-11.5 KG 1X5.5ML & 7X8.3ML KIT</i> | 8 | PA |
| <i>ZOLGENSMA 11.6-12.0 KG 8X8.3 ML KIT</i> | 8 | PA |
| <i>ZOLGENSMA 12.1-12.5 KG 2X5.5ML & 7X8.3ML KIT</i> | 8 | PA |
| <i>ZOLGENSMA 12.6-13.0 KG 1X5.5ML & 8X8.3ML KIT</i> | 8 | PA |
| <i>ZOLGENSMA 13.1-13.5 KG 9X8.3 ML KIT</i> | 8 | PA |
| <i>ZOLGENSMA 13.6-14.0 KG 2X5.5ML & 8X8.3ML KIT</i> | 8 | |
| <i>ZOLGENSMA 14.1-14.5 KG 1X5.5ML & 9X8.3ML KIT</i> | 8 | |
| <i>ZOLGENSMA 14.6-15.0 KG 10X8.3 ML KIT</i> | 8 | |
| <i>ZOLGENSMA 15.1-15.5 KG 2X5.5ML & 9X8.3ML KIT</i> | 8 | |
| <i>ZOLGENSMA 15.6-16.0 KG 1X5.5ML & 10X8.3ML KIT</i> | 8 | |
| <i>ZOLGENSMA 16.1-16.5 KG 11X8.3 ML KIT</i> | 8 | |
| <i>ZOLGENSMA 16.6-17.0 KG 2X5.5ML & 10X8.3ML KIT</i> | 8 | |
| <i>ZOLGENSMA 17.1-17.5 KG 1X5.5ML & 11X8.3ML KIT</i> | 8 | |
| <i>ZOLGENSMA 17.6-18.0 KG 12X8.3 ML KIT</i> | 8 | |
| <i>ZOLGENSMA 18.1-18.5 KG 2X5.5ML & 11X8.3ML KIT</i> | 8 | |
| <i>ZOLGENSMA 18.6-19.0 KG 1X5.5ML & 12X8.3ML KIT</i> | 8 | |
| <i>ZOLGENSMA 19.1-19.5 KG 13X8.3 ML KIT</i> | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| 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 |
| 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 | | |
| AMINO ACIDS-SINGLE | | |
| CITRULLINE 1000 1 GM PACKET | 1 | PA |
| CITRULLINE1000 1 GM PACKET | 1 | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| CARBOHYDRATES | | |
| <i>DEXTROSE 10 % SOLUTION</i> | 1 | |
| <i>DEXTROSE 5 % SOLUTION</i> | 1 | |
| <i>DEXTROSE 50 % SOLUTION</i> | 1 | |
| <i>DEXTROSE 70 % SOLUTION</i> | 1 | |
| <i>dextrose inj 10%</i> | 1 | |
| <i>dextrose inj 5%</i> | 1 | |
| <i>dextrose inj 50%</i> | 1 | |
| <i>GLUCOSE (DEXTROSE) 50 % SOLUTION</i> | 1 | |
| LIPIDS | | |
| <i>DOJOLVI 100 % LIQUID</i> | 1 | PA S Specialty Drug |
| OPHTHALMIC AGENTS | | |
| ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB | | |
| <i>SIMBRINZA 1-0.2 % SUSPENSION</i> | 1 | |
| BETA-BLOCKERS - OPTHALMIC | | |
| <i>BETAXOLOL HCL 0.5 % SOLUTION</i> | 1 | |
| <i>CARTEOLOL HCL 1 % SOLUTION</i> | 1 | |
| <i>LEVOBUNOLOL HCL 0.5 % SOLUTION</i> | 1 | |
| <i>timolol maleate ophth gel forming soln 0.25%</i> | 1 | |
| <i>timolol maleate ophth gel forming soln 0.5%</i> | 1 | |
| <i>timolol maleate ophth soln 0.25%</i> | 1 | |
| <i>timolol maleate ophth soln 0.5%</i> | 1 | |
| <i>timolol maleate ophth soln 0.5% (once-daily)</i> | 1 | |
| BETA-BLOCKERS - OPTHALMIC COMBINATIONS | | |
| <i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> | 1 | |
| <i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> | 1 | |
| <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> | 1 | |
| <i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> | 1 | |
| CYCLOPLEGIC MYDRIATIC COMBINATIONS | | |
| <i>CYCLOMYDRIL 0.2-1 % SOLUTION</i> | 1 | |
| CYCLOPLEGIC MYDRIATICS | | |
| <i>ATROPINE SULFATE 1 % SOLUTION</i> | 1 | |
| <i>atropine sulfate ophth soln 1%</i> | 1 | |
| <i>cyclopentolate hcl ophth soln 1%</i> | 1 | |
| <i>ISOPTO ATROPINE 1 % SOLUTION</i> | 1 | |
| <i>phenylephrine hcl ophth soln 10%</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 | |
| LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG | | |
| <i>XIIDRA 5 % SOLUTION</i> | 1 | |
| MIOTICS - DIRECT ACTING | | |
| <i>MIOCHOL-E 20 MG RECON SOLN</i> | 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 | |
| OPHTHALMIC ANTI-INFECTIVE COMBINATIONS | | |
| <i>BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT</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 | |
| <i>NEOMYCIN-BACITRACIN ZN-POLYMYX 5-400-10000 OINTMENT</i> | 1 | |
| <i>NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | 1 | |
| OPHTHALMIC ANTIALLERGIC | | |
| <i>azelastine hcl ophth soln 0.05%</i> | 1 | |
| <i>CROMOLYN SODIUM 4 % SOLUTION</i> | 1 | |
| <i>epinastine hcl ophth soln 0.05%</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 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>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% (pf)</i> | 1 | |
| OPHTHALMIC IRRIGATION SOLUTIONS | | |
| <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 |
|---|------|------------------------|
| OPHTHALMIC LOCAL ANESTHETICS | | |
| ALTACAINE 0.5 % SOLUTION | 1 | |
| proparacaine hcl ophth soln 0.5% | 1 | |
| TETRACAINE HCL 0.5 % SOLUTION | 1 | |
| tetracaine hcl ophth soln 0.5% | 1 | |
| OPHTHALMIC NERVE GROWTH FACTORS | | |
| OXERVATE 0.002 % SOLUTION | 1 | PA S Specialty Drug |
| OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS | | |
| ACUVAIL 0.45 % SOLUTION | 1 | |
| bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) | 1 | QL |
| diclofenac sodium ophth soln 0.1% | 1 | |
| FLURBIPROFEN SODIUM 0.03 % SOLUTION | 1 | |
| ILEVRO 0.3 % SUSPENSION | 1 | PA |
| ketorolac tromethamine ophth soln 0.4% | 1 | |
| ketorolac tromethamine ophth soln 0.5% | 1 | |
| NEVANAC 0.1 % SUSPENSION | 1 | PA |
| OPHTHALMIC RHO KINASE INHIBITORS | | |
| RHOPRESSA 0.02 % SOLUTION | 1 | ST |
| OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS | | |
| APRACLONIDINE HCL 0.5 % SOLUTION | 1 | |
| brimonidine tartrate ophth soln 0.2% | 1 | |
| OPHTHALMIC STEROID COMBINATIONS | | |
| BACITRA-NEOMYCIN-POLYMYXIN-HC 1 % OINTMENT | 1 | |
| neomycin-polymyxin-dexamethasone ophth oint 0.1% | 1 | |
| neomycin-polymyxin-dexamethasone ophth susp 0.1% | 1 | |
| NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION | 1 | |
| TOBRADEX 0.3-0.1 % OINTMENT | 1 | |
| tobramycin-dexamethasone ophth susp 0.3-0.1% | 1 | |
| OPHTHALMIC STEROIDS | | |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION | 1 | |
| difluprednate ophth emulsion 0.05% | 1 | QL |
| FLAREX 0.1 % SUSPENSION | 1 | |
| fluorometholone ophth susp 0.1% | 1 | |
| FML FORTE 0.25 % SUSPENSION | 1 | |
| LOTEMAX 0.5 % OINTMENT | 1 | ST |
| loteprednol etabonate ophth gel 0.5% | 1 | |
| loteprednol etabonate ophth susp 0.2% | 1 | ST |
| loteprednol etabonate ophth susp 0.5% | 1 | QL |
| MAXIDEX 0.1 % SUSPENSION | 1 | |
| PRED MILD 0.12 % SUSPENSION | 1 | |
| prednisolone acetate ophth susp 1% | 1 | QL |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION | 1 | |
| RETISERT 0.59 MG IMPLANT | 1 | |
| OPHTHALMIC SULFONAMIDES | | |
| SULFACETAMIDE SODIUM 10 % SOLUTION | 1 | |
| OPHTHALMICS - CYSTINOSIS AGENTS | | |
| CYSTADROPS 0.37 % SOLUTION | 1 | PA S Specialty Drug |
| CYSTARAN 0.44 % SOLUTION | 1 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| PROSTAGLANDINS - OPHTHALMIC | | |
| <i>bimatoprost ophth soln 0.03%</i> | 1 | |
| <i>latanoprost ophth soln 0.005%</i> | 1 | QL |
| TRAVATAN Z 0.004 % SOLUTION | 1 | PA |
| <i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> | 1 | QL |
| OTIC AGENTS | | |
| OTIC AGENTS - MISCELLANEOUS | | |
| <i>acetic acid otic soln 2%</i> | 1 | |
| OTIC ANTI-INFECTIVES | | |
| <i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i> | 1 | |
| <i>ofloxacin otic soln 0.3%</i> | 1 | |
| OTIC STEROID-ANTI-INFECTIVE COMBINATIONS | | |
| CIPRO HC 0.2-1 % SUSPENSION | 1 | |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> | 1 | |
| <i>ciprofloxacin-hydrocortisone otic susp 0.2-1%</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 | |
| OTIC STEROIDS | | |
| <i>fluocinolone acetonide (otic) oil 0.01%</i> | 1 | |
| <i>fluocinolone acetonide (otic) oil 0.01%</i> | 1 | |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i> | 1 | |
| OXYTOCICS | | |
| ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS | | |
| HEMABATE 250 MCG/ML SOLUTION | 1 | |
| <i>methylergonovine maleate tab 0.2 mg</i> | 1 | QL |
| <i>methylergonovine maleate tab 0.2 mg</i> | 1 | QL |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| PASSIVE IMMUNIZING AND TREATMENT AGENTS | | |
| ANTIVIRAL MONOCLONAL ANTIBODIES | | |
| <i>BEBTELOVIMAB 175 MG/2ML SOLUTION</i> | 8 | |
| <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 |
| IMMUNE SERUMS | | |
| <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 |
| <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 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| MONOCLONAL ANTIBODY - COMBINATIONS | | |
| <i>EVUSHELD 150 & 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 | |
| <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 | |
| <i>AMOXICILLIN 125 MG CHEW TAB</i> | 1 | |
| <i>AMOXICILLIN 250 MG CHEW TAB</i> | 1 | |
| <i>ampicillin cap 500 mg</i> | 1 | |
| <i>AMPICILLIN SODIUM 1 GM RECON SOLN</i> | 1 | |
| <i>AMPICILLIN SODIUM 2 GM RECON SOLN</i> | 1 | |
| <i>ampicillin sodium for inj 1 gm</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 | | |
| <i>BICILLIN L-A 1200000 UNIT/2ML SUSP PRSYR</i> | 1 | |
| <i>BICILLIN L-A 2400000 UNIT/4ML SUSP PRSYR</i> | 1 | |
| <i>BICILLIN L-A 600000 UNIT/ML SUSP PRSYR</i> | 1 | |
| <i>PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML SOLUTION</i> | 1 | |
| <i>PENICILLIN G POT IN DEXTROSE 60000 UNIT/ML SOLUTION</i> | 1 | |
| <i>penicillin g potassium for inj 20000000 unit</i> | 1 | |
| <i>penicillin g potassium for inj 5000000 unit</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 | |
| PENICILLIN COMBINATIONS | | |
| <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> | 1 | |
| <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | 1 | |
| <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | 1 | |
| <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> | 1 | |
| <i>amoxicillin & k clavulanate tab 250-125 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate tab 500-125 mg</i> | 1 | |
| <i>amoxicillin & k clavulanate tab 875-125 mg</i> | 1 | |
| <i>AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|-----------------------|
| AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB | 1 | |
| ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm | 1 | |
| ampicillin & sulbactam sodium for inj 3 (2-1) gm | 1 | |
| ampicillin & sulbactam sodium for iv soln 15 (10-5) gm | 1 | |
| ampicillin & sulbactam sodium for iv soln 3 (2-1) gm | 1 | |
| AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) GM RECON SOLN | 1 | |
| BICILLIN C-R 1200000 UNIT/2ML SUSPENSION | 1 | |
| BICILLIN C-R 900/300 900000-300000 UNIT/2ML SUSPENSION | 1 | |
| piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) | 1 | |
| piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm) | 1 | |
| piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm) | 1 | |
| piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) | 1 | |
| piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm) | 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 | | |
| dicloxacillin sodium cap 250 mg | 1 | |
| dicloxacillin sodium cap 500 mg | 1 | |
| nafcillin sodium for inj 1 gm | 1 | |
| nafcillin sodium for inj 2 gm | 1 | |
| nafcillin sodium for iv soln 10 gm | 1 | |
| oxacillin sodium for inj 1 gm (base equivalent) | 1 | |
| oxacillin sodium for inj 2 gm (base equivalent) | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>oxacillin sodium for iv soln 10 gm (base equivalent)</i> | 1 | |
| OXACILLIN SODIUM IN DEXTROSE 2 GM/50ML SOLUTION | 1 | |
| PHARMACEUTICAL ADJUVANTS | | |
| PARENTERAL VEHICLES | | |
| <i>SALINE BACTERIOSTATIC 0.9 % SOLUTION</i> | 1 | |
| <i>SODIUM CHLORIDE BACTERIOSTATIC 0.9 % SOLUTION</i> | 1 | |
| <i>STERILE WATER FOR INJECTION SOLUTION</i> | 1 | PA |
| <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>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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB | 8 | |
| CHOLINOMIMETICS - ACHE INHIBITORS | | |
| donepezil hydrochloride orally disintegrating tab 10 mg | 1 | QL |
| donepezil hydrochloride orally disintegrating tab 5 mg | 1 | QL |
| donepezil hydrochloride tab 10 mg | 1 | QL |
| donepezil hydrochloride tab 23 mg | 1 | QL |
| donepezil hydrochloride tab 5 mg | 1 | QL |
| GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION | 1 | |
| galantamine hydrobromide cap er 24hr 16 mg | 1 | QL |
| galantamine hydrobromide cap er 24hr 24 mg | 1 | QL |
| galantamine hydrobromide cap er 24hr 8 mg | 1 | QL |
| galantamine hydrobromide tab 12 mg | 1 | |
| galantamine hydrobromide tab 4 mg | 1 | |
| galantamine hydrobromide tab 8 mg | 1 | |
| rivastigmine tartrate cap 1.5 mg (base equivalent) | 1 | QL |
| rivastigmine tartrate cap 3 mg (base equivalent) | 1 | QL |
| rivastigmine tartrate cap 4.5 mg (base equivalent) | 1 | QL |
| rivastigmine tartrate cap 6 mg (base equivalent) | 1 | QL |
| rivastigmine td patch 24hr 13.3 mg/24hr | 1 | QL |
| rivastigmine td patch 24hr 4.6 mg/24hr | 1 | QL |
| rivastigmine td patch 24hr 9.5 mg/24hr | 1 | QL |
| FIBROMYALGIA AGENT - SNRIS | | |
| SAVELLA 100 MG TAB | 1 | QL PA |
| SAVELLA 12.5 MG TAB | 1 | QL PA |
| SAVELLA 25 MG TAB | 1 | QL PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|------------------------|
| SAVELLA 50 MG TAB | 1 | QL PA |
| SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC | 1 | PA |
| MOVEMENT DISORDER DRUG THERAPY | | |
| tetrabenazine tab 12.5 mg | 1 | QL PA |
| tetrabenazine tab 25 mg | 1 | QL PA |
| MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS | | |
| teriflunomide tab 14 mg | 1 | PA S Specialty Drug |
| teriflunomide tab 7 mg | 1 | PA S Specialty Drug |
| MULTIPLE SCLEROSIS AGENTS | | |
| glatiramer acetate soln prefilled syringe 20 mg/ml | 1 | QL |
| glatiramer acetate soln prefilled syringe 40 mg/ml | 1 | QL |
| MULTIPLE SCLEROSIS AGENTS - INTERFERONS | | |
| BETASERON 0.3 MG KIT | 1 | PA S Specialty Drug |
| REBIF 22 MCG/0.5ML SOLN PRSYR | 1 | PA S Specialty Drug |
| REBIF 44 MCG/0.5ML SOLN PRSYR | 1 | PA S Specialty Drug |
| REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ | 1 | PA S Specialty Drug |
| REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ | 1 | PA S Specialty Drug |
| REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ | 1 | PA S Specialty Drug |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <i>REBIF TITRATION PACK 6X8.8 & 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 |
| MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS | | |
| <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 & 240 mg</i> | 1 | QL |
| MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS | | |
| <i>dalfampridine tab er 12hr 10 mg</i> | 1 | QL |
| N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS | | |
| <i>MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB</i> | 1 | QL |
| <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 5 mg</i> | 1 | QL |
| PHENOTHIAZINES & TRICYCLIC AGENTS | | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|--------------------------|
| PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS | | |
| <i>FLUOXETINE HCL (PMDD) 10 MG TAB</i> | 1 | QL |
| <i>FLUOXETINE HCL (PMDD) 20 MG TAB</i> | 1 | QL |
| PSEUDOBULBAR AFFECT AGENT COMBINATIONS | | |
| <i>NUDEXTA 20-10 MG CAP</i> | 1 | PA |
| <i>pimozide tab 1 mg</i> | 1 | QL |
| <i>pimozide tab 2 mg</i> | 1 | QL |
| SMOKING DETERRENTS | | |
| <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 & 1 MG X 42 TAB THPK</i> | 1 | QL MFL 1 / 365 day(s) |
| <i>NICOTINE 21-14-7 MG/24HR KIT</i> | 1 | PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|------|-----------------------|
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PA PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PA PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | PREV |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|----------------------------------|
| <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 & 42 x 1 mg start pack</i> | 1 | QL MFL 1 / 365 day(s) PREV |
| SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS | | |
| <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 12 X 0.25 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| <i>MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| THIENBENZODIAZEPINES & OPIOID ANTAGONISTS | | |
| <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 | |
| THIENBENZODIAZEPINES & SSRIS | | |
| <i>olanzapine-fluoxetine hcl cap 12-25 mg</i> | 8 | |
| <i>olanzapine-fluoxetine hcl cap 12-50 mg</i> | 8 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <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 3-25 MG CAP</i> | 8 | |
| <i>SYMBYAX 6-25 MG CAP</i> | 8 | |
| 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|------------------------|
| <i>ORKAMBI 75-94 MG PACKET</i> | 1 | PA S Specialty Drug |
| <i>SYMDEKO 100-150 & 150 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| <i>SYMDEKO 50-75 & 75 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| <i>TRIKAFTA 100-50-75 & 150 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| <i>TRIKAFTA 100-50-75 & 75 MG THER PACK</i> | 1 | PA S Specialty Drug |
| <i>TRIKAFTA 50-25-37.5 & 75 MG TAB THPK</i> | 1 | PA S Specialty Drug |
| <i>TRIKAFTA 80-40-60 & 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| 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 | |
| <i>demeclocycline hcl tab 300 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>minocycline hcl tab 50 mg</i> | 1 | |
| <i>tetracycline hcl cap 250 mg</i> | 1 | |
| <i>tetracycline hcl cap 500 mg</i> | 1 | |
| 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>EVEXITHROID 120 MG TAB</i> | 1 | |
| <i>EVEXITHROID 15 MG TAB</i> | 1 | |
| <i>EVEXITHROID 180 MG TAB</i> | 1 | |
| <i>EVEXITHROID 30 MG TAB</i> | 1 | |
| <i>EVEXITHROID 45 MG TAB</i> | 1 | |
| <i>EVEXITHROID 60 MG TAB</i> | 1 | |
| <i>EVEXITHROID 75 MG TAB</i> | 1 | |
| <i>EVEXITHROID 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 | |
| <i>levothyroxine sodium tab 125 mcg</i> | 1 | |
| <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 200 mcg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <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 | |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|------|-----------------------|
| <i>liothyronine sodium tab 25 mcg</i> | 1 | |
| <i>liothyronine sodium tab 5 mcg</i> | 1 | |
| <i>liothyronine sodium tab 5 mcg</i> | 1 | |
| <i>liothyronine sodium tab 50 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 | |
| <i>NP THYROID 90 MG TAB</i> | 1 | |
| <i>RENTHYROID 120 MG TAB</i> | 1 | |
| <i>RENTHYROID 15 MG TAB</i> | 1 | |
| <i>RENTHYROID 30 MG TAB</i> | 1 | |
| <i>RENTHYROID 45 MG TAB</i> | 1 | |
| <i>RENTHYROID 60 MG TAB</i> | 1 | |
| <i>RENTHYROID 75 MG TAB</i> | 1 | |
| <i>RENTHYROID 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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---------------------------------|
| <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 SUSP PRSYR</i> | 1 | AL1 At least 19 yrs old PREV |
| <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 |
| <i>INFANRIX 25-58-10 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---------------------------------|
| <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 LF/0.5ML SUSPENSION</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 |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS | | |
| ANTISPASMODICS | | |
| <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 | |
| BELLADONNA ALKALOIDS | | |
| <i>HYOSCYAMINE SULFATE 0.125 MG SL TAB</i> | 1 | |
| <i>HYOSCYAMINE SULFATE 0.125 MG TAB</i> | 1 | |
| <i>HYOSCYAMINE SULFATE 0.125 MG TAB DISP</i> | 1 | |
| <i>HYOSCYAMINE SULFATE 0.125 MG/5ML ELIXIR</i> | 1 | AL1 Up to 8 yrs old |
| <i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> | 1 | AL1 Up to 8 yrs old |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>HYOSCYAMINE SULFATE ER 0.375 MG TAB ER 12H</i> | 1 | |
| <i>HYOSCYAMINE SULFATE SL 0.125 MG SL TAB</i> | 1 | |
| <i>hyoscyamine sulfate tab disint 0.125 mg</i> | 1 | |
| <i>hyoscyamine sulfate tab disint 0.125 mg</i> | 1 | |
| <i>HYOSYNE 0.125 MG/5ML ELIXIR</i> | 1 | AL1 Up to 8 yrs old |
| <i>NULEV 0.125 MG TAB DISP</i> | 1 | |
| <i>OSCIMIN 0.125 MG SL TAB</i> | 1 | |
| <i>OSCIMIN 0.125 MG TAB</i> | 1 | |
| H-2 ANTAGONISTS | | |
| <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 | |
| <i>famotidine tab 10 mg</i> | 1 | |
| <i>famotidine tab 10 mg</i> | 1 | |
| <i>famotidine tab 10 mg</i> | 1 | |
| <i>famotidine tab 10 mg</i> | 1 | |
| <i>famotidine tab 10 mg</i> | 1 | |
| <i>famotidine tab 10 mg</i> | 1 | |
| <i>famotidine tab 10 mg</i> | 1 | |
| <i>famotidine tab 10 mg</i> | 1 | |
| <i>famotidine tab 10 mg</i> | 1 | |
| <i>famotidine tab 10 mg</i> | 1 | |
| <i>famotidine tab 10 mg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|---------------------------------|
| <i>famotidine tab 20 mg</i> | 1 | |
| <i>famotidine tab 20 mg</i> | 1 | |
| <i>famotidine tab 20 mg</i> | 1 | |
| <i>famotidine tab 20 mg</i> | 1 | |
| <i>famotidine tab 20 mg</i> | 1 | |
| <i>famotidine tab 40 mg</i> | 1 | |
| <i>NIZATIDINE 300 MG CAP</i> | 1 | |
| <i>nizatidine cap 150 mg</i> | 1 | |
| MISC. ANTI-ULCER | | |
| <i>sucralfate susp 1 gm/10ml</i> | 1 | AL1 Up to 12 yrs old |
| <i>sucralfate tab 1 gm</i> | 1 | |
| PROTON PUMP INHIBITOR-ANTACID COMBINATIONS | | |
| <i>KONVOMEPEP 2-84 MG/ML RECON SUSP</i> | 1 | QL PA AL1 Up to 8 yrs old |
| PROTON PUMP INHIBITORS | | |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|---------------------------|
| <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 | |
| FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION | 1 | QL AL1 Up to 8 yrs old |
| FIRST-OMEPRAZOLE 2 MG/ML SUSPENSION | 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 AL1 Up to 8 yrs old |
| <i>lansoprazole tab delayed release orally disintegrating 30 mg</i> | 1 | QL 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 magnesium delayed release tab 20 mg (base equiv)</i> | 1 | PA |
| <i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i> | 1 | PA |
| <i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i> | 1 | PA |
| OMEPRAZOLE+SYRSPEND SF ALKA 2 MG/ML SUSPENSION | 1 | QL AL1 Up to 8 yrs old |
| PANTOPRAZOLE SODIUM 40 MG RECON SOLN | 1 | PA |
| <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 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|---------------------------|
| QUATERNARY ANTICHOLINERGICS | | |
| <i>glycopyrrolate oral soln 1 mg/5ml</i> | 1 | |
| <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 | |
| <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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---------------------------------|
| <i>tolterodine tartrate tab 2 mg</i> | 1 | QL |
| <i>trospium chloride cap er 24hr 60 mg</i> | 1 | |
| <i>trospium 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 |
| MYRBETRIQ 8 MG/ML SRER | 1 | QL ST AL1 Up to 8 yrs old |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | |
| <i>bethanechol chloride tab 10 mg</i> | 1 | |
| <i>bethanechol chloride tab 25 mg</i> | 1 | |
| <i>bethanechol chloride tab 5 mg</i> | 1 | |
| <i>bethanechol chloride tab 50 mg</i> | 1 | |
| URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS | | |
| <i>flavoxate hcl tab 100 mg</i> | 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|---------------------------------|
| <i>MENACTRA SOLUTION</i> | 1 | AL1 At least 19 yrs old PREV |
| <i>MENQUADFI SOLUTION</i> | 1 | AL1 At least 19 yrs old PREV |
| <i>MENQUADFI 0.5 ML SOLUTION</i> | 1 | AL1 At least 19 yrs old PREV |
| <i>MENVEO RECON SOLN</i> | 1 | AL1 19 to 55 yrs old PREV |
| <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 | AL1 At least 19 yrs old PREV |
| <i>PENMENVY RECON SUSP</i> | 1 | AL1 At least 19 yrs old 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| 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>ABRYSV0 120 MCG/0.5ML RECON SOLN</i> | 1 | AL1 At least 19 yrs old PREV |
| <i>ACAM2000 RECON SOLN</i> | 1 | AL1 At least 19 yrs old PREV |
| <i>AFLURIA SUSPENSION</i> | 1 | AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV |
| <i>AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR</i> | 1 | AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV |
| <i>AFLURIA QUADRIVALENT SUSPENSION</i> | 1 | AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV |
| <i>AFLURIA QUADRIVALENT 0.5 ML SUSP PRSYR</i> | 1 | AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV |
| <i>AREXVY 120 MCG/0.5ML RECON SUSP</i> | 1 | AL1 At least 19 yrs old PREV |
| <i>COMIRNATY 30 MCG/0.3ML SUSP PRSYR</i> | 1 | AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| <i>COMIRNATY 30 MCG/0.3ML SUSPENSION</i> | 1 | AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV |
| <i>COMIRNATY 5-11 YEARS 10 MCG/0.3ML SUSPENSION</i> | 1 | AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV |
| <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 |

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

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|---|
| <i>FLUZONE QUADRIVALENT SUSPENSION</i> | 1 | AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV |
| <i>FLUZONE QUADRIVALENT 0.5 ML SUSP PRSYR</i> | 1 | AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV |
| <i>FLUZONE QUADRIVALENT 0.5 ML SUSPENSION</i> | 1 | AL1 At least 19 yrs old MFL 1 / 365 day(s) PREV |
| <i>GARDASIL 9 SUSPENSION</i> | 1 | AL1 19 to 45 yrs old PREV |
| <i>GARDASIL 9 0.5 ML SUSP PRSYR</i> | 1 | AL1 19 to 45 yrs old PREV |
| <i>HAVRIX 1440 EL U/ML SUSP PRSYR</i> | 1 | AL1 At least 19 yrs old PREV |
| <i>HAVRIX 720 EL U/0.5ML SUSP PRSYR</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>IPOX SUSPENSION</i> | 1 | AL1 At least 19 yrs old PREV |
| <i>JYNNEOS 0.5 ML SUSPENSION</i> | 1 | AL1 At least 19 yrs old PREV |
| <i>MNEXSPIKE 10 MCG/0.2ML SUSP PRSYR</i> | 1 | AL1 At least 19 yrs old MFL 3 / 1 year(s) 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 |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| MODERNA COVID-19 BIVAL BOOSTER 50 MCG/0.5ML SUSPENSION | 1 | AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV |
| MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION | 1 | AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV |
| MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION | 1 | AL1 At least 19 yrs old MFL 3 / 365 day(s) PREV |
| MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR | 1 | AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV |
| MRESVIA 50 MCG/0.5ML SUSP PRSYR | 1 | AL1 At least 18 yrs old PREV |
| NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR | 1 | AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV |
| NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION | 1 | AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV |
| NUVAXOVID COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR | 1 | AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV |
| PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION | 1 | AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV |
| PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION | 1 | AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV |
| PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION | 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/0.3ML SUSPENSION | 1 | AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV |
| PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML 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 |
| 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 |
| ROTATEQ SOLUTION | 1 | AL1 Up to 8 yrs old PREV |
| SHINGRIX 50 MCG/0.5ML RECON SUSP | 1 | PREV |
| SHINGRIX 50 MCG/0.5ML SUSP PRSYR | 1 | PREV |
| SPIKEVAX 50 MCG/0.5ML SUSP PRSYR | 1 | AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV |
| SPIKEVAX 50 MCG/0.5ML SUSPENSION | 1 | AL1 At least 19 yrs old MFL 3 / 365 day(s) PREV |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|--|
| <i>SPIKEVAX 6M-11Y 25 MCG/0.25ML SUSP PRSYR</i> | 1 | AL1 At least 19 yrs old MFL 3 / 1 year(s) PREV |
| <i>VAQTA 25 UNIT/0.5ML SUSP PRSYR</i> | 1 | AL1 At least 19 yrs old PREV |
| <i>VAQTA 25 UNIT/0.5ML SUSPENSION</i> | 1 | AL1 At least 19 yrs old PREV |
| <i>VAQTA 50 UNIT/ML SUSP PRSYR</i> | 1 | AL1 At least 19 yrs old PREV |
| <i>VAQTA 50 UNIT/ML SUSPENSION</i> | 1 | AL1 At least 19 yrs old 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>clotrimazole vaginal cream 1%</i> | 1 | |
| <i>clotrimazole vaginal cream 1%</i> | 1 | |
| <i>clotrimazole vaginal cream 1%</i> | 1 | |
| <i>clotrimazole vaginal cream 1%</i> | 1 | |
| <i>clotrimazole vaginal cream 1%</i> | 1 | |
| <i>clotrimazole vaginal cream 1%</i> | 1 | |
| <i>clotrimazole vaginal cream 1%</i> | 1 | |
| <i>clotrimazole vaginal cream 2%</i> | 1 | |
| <i>clotrimazole vaginal cream 2%</i> | 1 | |
| <i>clotrimazole vaginal cream 2%</i> | 1 | |
| <i>clotrimazole vaginal cream 2%</i> | 1 | |
| <i>clotrimazole vaginal cream 2%</i> | 1 | |
| <i>clotrimazole vaginal cream 2%</i> | 1 | |
| <i>miconazole nitrate vaginal cream 2%</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|------|-----------------------|
| <i>miconazole nitrate vaginal cream 2%</i> | 1 | |
| <i>miconazole nitrate vaginal cream 2%</i> | 1 | |
| <i>miconazole nitrate vaginal cream 2%</i> | 1 | |
| <i>miconazole nitrate vaginal cream 2%</i> | 1 | |
| <i>miconazole nitrate vaginal cream 2%</i> | 1 | |
| <i>miconazole nitrate vaginal cream 2%</i> | 1 | |
| <i>miconazole nitrate vaginal cream 2%</i> | 1 | |
| <i>miconazole nitrate vaginal cream 2%</i> | 1 | |
| <i>miconazole nitrate vaginal cream 2%</i> | 1 | |
| <i>miconazole nitrate vaginal cream 2%</i> | 1 | |
| <i>miconazole nitrate vaginal cream 2%</i> | 1 | |
| <i>miconazole nitrate vaginal cream 2%</i> | 1 | |
| <i>miconazole nitrate vaginal cream 2%</i> | 1 | |
| <i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i> | 1 | |
| <i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i> | 1 | |
| <i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i> | 1 | |
| <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 | |
| SPERMICIDES | | |
| <i>ENCARE 100 MG SUPPOS</i> | 1 | PREV |
| <i>OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL</i> | 1 | PREV |
| <i>TODAY SPONGE 1000 MG MISC</i> | 1 | PREV |
| <i>VCF VAGINAL CONTRACEPTIVE 28 % FILM</i> | 1 | PREV |
| <i>VCF VAGINAL CONTRACEPTIVE 4 % GEL</i> | 1 | PREV |
| 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>PHEXX 1.8-1-0.4 % GEL</i> | 1 | QL PREV |
| <i>PHEXXI 1.8-1-0.4 % GEL</i> | 1 | QL PREV |
| VAGINAL ESTROGENS | | |
| <i>estradiol vaginal cream 0.01%</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 pf inj 1 mg/ml</i> | 1 | QL |
| <i>midodrine hcl tab 10 mg</i> | 1 | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|------|---|
| <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 | <div data-bbox="1117 436 1175 470">QL</div> <div data-bbox="1117 487 1175 520">PA</div> |
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i> | 1 | <div data-bbox="1117 550 1175 583">QL</div> |
| VITAMIN K | | |
| <i>phytonadione tab 5 mg</i> | 1 | <div data-bbox="1117 676 1175 709">QL</div> |

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