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INTRODUCTION

The **AvMed Miami-Dade County Medication Formulary** was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. AvMed recognizes that medication therapy is an integral part of effective health management. Due to the vast availability of medication options, a reasonable program for medication selection and use is warranted.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The **AvMed Miami-Dade County Medication Formulary** is reflective of current medical practice as of the date of review.

The information contained in this **AvMed Miami-Dade County Medication Formulary** and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This **AvMed Miami-Dade County Medication Formulary** is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the **AvMed Miami-Dade County Medication Formulary** is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at <https://www.ahrq.gov/gam/>, on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

The **AvMed Miami-Dade County Medication Formulary** is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at www.avmed.org/go/mdpht. AvMed welcomes your input and feedback on the information provided in this document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DEFINITIONS

Brand Medication - A prescription medication that is usually manufactured and sold under a name or trademark by a pharmaceutical manufacturer, or a medication that is identified as a Brand medication by AvMed. AvMed delegates determination of Generic/Brand status to our Pharmacy Benefits Manager.

Brand Additional Charge - The additional charge that must be paid if you or your prescriber choose a brand medication when a generic equivalent is available. The charge is the difference between the cost of the brand medication and the generic medication. This charge must be paid in addition to the applicable copayment.

Generic Medication - A prescription medication that has the same active ingredient as a brand medication or is identified as a generic medication by AvMed's Pharmacy Benefits Manager. Generic products approved by the United States Food and Drug Administration (FDA) are just as effective and safe as the brand-name products. Generic medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage form as brand-name medications.

Maintenance Medication - A medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

Participating Pharmacy - A pharmacy (retail, mail service, or specialty pharmacy) that has entered into an agreement with AvMed to provide prescription drugs to AvMed members and has been designated by AvMed as a participating pharmacy

Preferred Medication List - The listing of preferred medications based on clinical efficacy, relative safety and cost in comparison to similar medications within a therapeutic class. This multi-tiered list establishes different levels of copay for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by the P&T Committee.

Prescription Medication - A medication that has been approved by the FDA and that can only be dispensed pursuant to a prescription according to state and federal law.

Prior Authorization - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed. To initiate a prior authorization, please visit our website at www.avmed.org/go/mdpht to obtain a Medication Exception Request Form (MER).

Progressive Medication Program (Step Therapy) - Medications included in this program require trial of a first-line medication in order for a second-line medication to be covered under your pharmacy benefit. (Coverage for a third-line medication requires trial of one or more first-line **AND** second-line medications.) If for medical reasons you cannot use the first-line medication and require a second-line or third-line medication, your prescriber may request a prior authorization for you to have this medication covered. Certain medications may be grandfathered in for members who are controlled on a second-line or third-line medication.

Self-Administered Injectable Medication - A medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection. Prior authorization is required for most self-administered injectable medications, except Insulin.

Specialty Medication - A self-injectable or high-cost oral medication approved by the FDA. These medications must be prescribed by a physician and dispensed by either a retail or participating specialty pharmacy, depending on the medication. The Copayment levels for Specialty Medications apply regardless of provider. This means that you may be responsible for the appropriate Copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply

Quantity Limit - Medications included in this program allow a maximum quantity per prescription and/or time period for one copay or coinsurance. Quantity limits are developed based upon FDA approved medication labeling and nationally recognized therapeutic clinical guidelines. If your prescription exceeds the quantity limit, a prior authorization will be required.

BENEFIT COVERAGE AND LIMITATIONS

This medication formulary is for reference purposes only and does not guarantee nor define benefit coverage and limitations. Many members have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are not reflected in the ***AvMed Miami-Dade County Medication Formulary***. You may contact AvMed's Member Services Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of newly approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment in the event that either a medication was omitted or included in error, or that a medication was placed at an incorrect tier on this formulary. The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

Coverage

Your prescription medication coverage includes medications that require a prescription, are filled by an AvMed network pharmacy, and are prescribed by your AvMed provider in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine payment of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.

Your retail prescription medication coverage includes up to a 30-day supply of a medication for the listed copay. Your prescription may be refilled via retail or mail service after 75% of your previous fill has been used, and is subject to a maximum of 13 refills per

year. You also have the opportunity to obtain a 90-day supply of medications used for chronic conditions including, but not limited to, asthma, cardiovascular disease, and diabetes from the retail pharmacy for the applicable copay per 30-day supply. However, prior authorization may be required for certain covered medications.

Your mail-service prescription medication coverage includes up to a 90-day supply of a routine maintenance medication for the listed copay per your prescription benefits. If the amount of medication is less than a 90-day supply, such as a 75-day supply, you will still be charged the listed mail-service copay per your prescription benefits. Therefore, it is important that you only utilize this option for maintenance medications.

Your specialty medication coverage extends to many self-injectable and high-cost oral medications approved by the FDA. These medications must be ordered by a prescriber and dispensed by a retail or specialty pharmacy, depending on the type of medication. The Copayment levels for specialty medications apply regardless of provider. This means that you may be responsible for the appropriate Copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply. If applicable to your specific prescription benefits, specialty products will be covered as a specialty copayment.

Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid, clinical studies. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a member to experience an adverse event at higher doses.

Prior Authorization Process

The prior authorization process requires the practitioner to provide information to support a requested exception request. These authorization requests must be submitted to AvMed by fax to 877-535-1391 using the Medication Exception Request Form. The Medication Exception Request Form is available at:

<https://www.avmed.org/documents/20182/653919/Commercial+Medication+Exception+Request+Form/7f63dae5-5531-4354-9671-de967dc961d5>.

Information needed to make coverage determinations of medications requiring prior authorization may include lab values, prescription history, a statement of medical necessity and any other pertinent information to satisfy the established coverage guideline for the requested medication. Coverage determinations will be made within 1-2 business days if authorization is deemed urgent and within 3-5 business days if identified as standard or routine.

Member Initiated Prior Authorization Process

Members may request a prior authorization by directly contacting member services at the number on their membership card. The member should have the prescriber information (phone number) and any pertinent information related to the request to provide to the member services department. Members may also initiate the prior authorization process (Medication Exception) by logging into AvMed.org and then clicking the link "Prescription Info".

Quantity Limit Exception

Certain medications allow for a maximum quantity per prescription and/or time period for one copay or coinsurance. Medications with applicable quantity limits are noted on the formulary. Quantity limits are developed based upon FDA-approved medication labeling and nationally recognized therapeutic clinical guidelines. If a prescription exceeds the quantity limit, the prescriber should provide a statement of medical necessity and request a prior authorization as described above.

Progressive Medication Program (Step Therapy)

Medications included in this program require a trial of one or more first and/or second-line medications in order for the requested medication to be covered under the pharmacy benefit. If, for medical reasons, the member cannot use the first and/or second -line medication, the prescriber should request a prior authorization as described above.

Non-Formulary Medication Requests

A request for a non-formulary medication requires documentation from the member's medical records and/or prescription claims history verifying all of the following: statement of medical necessity; specific details of contraindications to ALL other formulary alternatives; AND therapeutic failure of adequate trials of one to three months of each and ALL other formulary alternatives. Non-formulary requests may be requested by the PRESCRIBER through the prior authorization process as described above.

Tier Description

Each copay tier is assigned an established copayment, which is the amount you pay when you fill a prescription. Consult your benefit documents to determine your specific copayments, coinsurance, and/or deductibles that are part of your plan. You and your doctor decide which medication is most appropriate for you.

- **Tier 1 - (Generics)** - These are preferred generic medications and are in the low to mid-range for out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decided they are appropriate to treat your condition.
- **Tier 2 - (Preferred Brands)** - These are preferred brand- or high cost generic medications and are in the mid to higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 that may be appropriate to treat your condition. If you are currently taking a Tier 2 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
- **Tier 3 - (Non-Preferred Brands and Specialty Medications)** - These are non-preferred brand- or non-preferred generic medications or specialty medications and are in the higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment. Distribution of specialty medications is limited to our specialty pharmacy.
- **Specialty Medications** - These are brand- or generic-name specialty medications or high cost medications and are typically the highest out-of-pocket expense which may apply to specific prescription benefits. Distribution of specialty medications is limited to our specialty pharmacy.

Common Medical Exclusions

Due to employer chosen benefit design parameters, there could be certain medication classes that are excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications that are specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over-the-counter (or OTC) medications or their equivalents unless otherwise specified in the medication formulary listing
- Investigational or experimental medication products, or any medication product used in an experimental manner (except as required by Florida statute)
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA)
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill
- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications for dental purposes, including fluoride medications
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins
- Nutritional supplements and Medical Foods
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

AvMed advocates the use of cost-effective generic medications where FDA-labeled brand-equivalent medications are available. A generic medication is approved by the FDA once the manufacturer has proven that it has the same active ingredient(s) as the brand-name medication. Generally, generic medications cost less than brand-name medications. If a member or a prescriber requests a brand-name product in lieu of an approved generic, the member, based upon his/her coverage, will typically be required to pay the generic copay plus the Brand Additional Charge.

Health Care Reform - Preventive Medications

The Patient Protection and Affordable Care Act that was recently passed allows members to receive preventive, evidence-based items and services at no cost to the member with certain stipulations. These items and services include, but are not limited to, certain medications including: fluoride products for members 5 years of age and under, aspirin for men 50 years of age and older, aspirin for females 12 years of age and older, folic acid for women of childbearing age, iron products for infants age 6 months to 11 months, vitamin D (over-the-counter) products for members 65 years of age or older, certain contraceptives and contraceptive devices for women (see chart below), and tobacco cessation medications (see chart below).

Some of the limitations for receiving these medications at no cost to the member require that: (1) a prescription is required, and (2) this coverage will only apply in a retail pharmacy. As new guidance continues to be released for coverage of preventive medications, the list and/or restrictions will be updated accordingly.

Contraceptive Type	Examples	Cost Share
Oral Generics	(multiple)	No cost share
Non-Oral and OTC	etonogestrel/EE ring, norelgestromin/EE, condoms, diaphragms, etc.	No cost share. OTCs require a prescription for coverage.
Other Contraceptive Methods	IUDs, Depo-Provera	No cost share - these are covered under the Medical Benefit because they are administered by a health care professional.
Oral Brands with no Generic	Lo Loestrin Fe	No cost share
Oral Brands with Generics	Loestrin Fe, Estrostep Fe, Ortho-Novum 7/7/7	Tier 3 Copay plus brand penalty - can request no cost share if Prior Authorization submitted and medical necessity is established.

Tobacco Cessation Coverage and Cost Share Policy:

Medication Type	Examples	Cost Share
Oral, prescription only	Bupropion SR, Chantix	No cost share. Limit of 168 days' supply per year.
Non-prescription / OTC	Nicotrol inhalers or nasal spray; generic nicotine patches, gums, lozenges	No cost share. Limit of 168 days' supply per year. Prescription from doctor required.
Brands with Generics	Nicorette, Nicoderm CQ	Not covered. Only the generic equivalents are covered.

TRANSITION OF CARE

The Transition-of-Care Form has been developed for newly enrolled members with AvMed Health Plans who require assistance with transition of care from their previous insurance carrier and their providers. The information provided on this form will help allow for a smooth transition of your medical care to AvMed providers. If any of the medications listed on the Transition-of-Care Form are within our Progressive Medication Program or Prior Authorization Program, AvMed will reach out to your provider/pharmacy to obtain the necessary information. If you have fulfilled the requirements of these programs, an authorization will be placed in the system to allow you to continue to get these medications.

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

Always ask your doctor to consider choosing an appropriate medication from the formulary that is on the lower tier selections, such as the Tier 1 copay or Tier 2 copay. Medications within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 medication, you may want to discuss with your doctor other medication alternatives that are on a lower copay tier.

MAIL-SERVICE PRESCRIPTIONS

Some members can order their prescriptions from a mail-service pharmacy. These members can receive up to a 90-day supply of certain medications through the mail for a specified copayment as outlined in their group benefits plan. Receiving a 90-day supply

of medication by mail may prove to be more economical for members, especially when filling prescriptions for routine or maintenance type medications. The convenience of mail service may also help members stay compliant with their medications. Simply write the prescription(s) for a 90-day supply and have the member submit it with their mail-service request forms to the address listed on the Mail Service Order Form. Members can print the request forms from our website at www.avmed.org/go/mdpht. Medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. Please advise members to allow up to 14 days for delivery from the time mail service receives the request. (Note: Per federal and/or state law, some controlled substance medications are not available through mail service, with the exception of some Schedule III, IV and V medications.) Any prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

We also offer a program called **FastStart®**, a streamlined process that encourages members to set up mail service delivery. At the member's request, a CVS Caremark® pharmacist will fax or call your office to get a prescription for your patient. It's that easy. The member can call 888-963-7290 to initiate mail service through FastStart.

MEDICATIONS PACKAGED AS A 90-DAY SUPPLY

Our pharmacy benefit covers some medications that are packaged, dispensed and sold as a 90-day supply. Members' prescribed medications packaged as such will be charged the applicable tier copayment for a 90-day supply whether the prescription is filled at retail or through the mail-service option. Members will still SAVE money when purchasing drugs packaged as 90-day supplies because they are paying less than three retail copayments for a 90-day supply of medication. Examples of medications packaged as 90-day supplies include: Estring, Femring, etonogestrel/EE ring, levonorgestrel/EE 0.15/30 and EE 10. Please consult our website for an up-to-date list of medications or call Member Services at the number on the back of your ID card for more information on coverage.

CONTACT INFORMATION

The **AvMed Miami-Dade County Medication Formulary** is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective agents. AvMed encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact AvMed's Member Services Department by calling the number listed on the back of your card.

For additional information, please visit our website at: www.avmed.org/go/mdpht.

LEGEND

MN-PA	Medical Necessity - Prior Authorization
OTC	Over the counter
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty drug (specialty copayment may apply for certain prescription benefits)
ST	Step Therapy
Brand	Brand products are listed in capitals.
Generic	Generic products are listed in lowercase italics.

NOTICE

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When viewing the *AvMed Miami-Dade County Medication Formulary* via the Internet, please be advised that the *AvMed Miami-Dade County Medication Formulary* is updated periodically and changes may appear prior to their effective date to allow for client notification.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (3 caps / 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (3 caps / 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (3 caps / 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (3 caps / 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (3 caps / 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (3 caps / 1 day)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (3 tabs / 1 day)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (3 tabs / 1 day)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (3 tabs / 1 day)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (3 tabs / 1 day)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (3 tabs / 1 day)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (3 tabs / 1 day)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (3 tabs / 1 day)
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg</i>	1	QL (4 caps / 1 day)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1	QL (20 mL / 1 day)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	1	QL (6 tabs / 1 day)
<i>procentra soln 5mg/5ml</i>	1	QL (20 mL / 1 day)
<i>VYVANSE CAPS 10mg</i>	3	QL (30 caps / 23 days)
<i>VYVANSE CAPS 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	3	QL (1 cap / 1 day)
<i>VYVANSE CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	3	QL (1 tab / 1 day)
<i>zenzedi tabs 5mg, 10mg</i>	1	QL (6 tabs / 1 day)
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	1	QL (1 cap / 1 day)
<i>clonidine hcl (adhd) tb12 .1mg</i>	1	
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1	QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
QELBREE CP24 100mg, 150mg, 200mg	2	QL (2 caps / 1 day)

STIMULANTS - MISC.

<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1	QL (1 tab / 1 day)
AZSTARYS CAP 26.1-5.2	2	QL (1 cap / 1 day)
AZSTARYS CAP 39.2-7.8	2	QL (1 cap / 1 day)
AZSTARYS CAP 52.3-10.	2	QL (1 cap / 1 day)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	QL (1 cap / 1 day)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	1	QL (2 tabs / 1 day)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg</i>	1	QL (90 tabs / 1 day)
<i>methylphenidate hcl cp24 10mg, 20mg, 30mg, 40mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	QL (1 cap / 1 day)
<i>methylphenidate hcl soln 5mg/5ml, 10mg/5ml</i>	1	QL (15 mL / 1 day)
<i>methylphenidate hcl tabs 5mg, 10mg, 20mg</i>	1	QL (3 tabs / 1 day)
<i>methylphenidate hcl tb24 18mg, 27mg, 54mg; tbc 18mg, 27mg, 54mg</i>	1	QL (1 tab / 1 day)
<i>methylphenidate hcl tb24 36mg; tbc 10mg, 20mg, 36mg</i>	1	QL (2 tabs / 1 day)
<i>modafinil tabs 100mg, 200mg</i>	1	QL (2 tabs / 1 day)
QUILLIVANT XR SRER 25mg/5ml	3	QL (12 mL / 1 day)

AMINOGLYCOSIDES

AMINOGLYCOSIDES

<i>neomycin sulfate tabs 500mg</i>	1	
<i>paromomycin sulfate caps 250mg</i>	1	
TOBI PODHALER CAPS 28mg	2	SP
<i>tobramycin nebu 300mg/5ml</i>	1	SP, QL (10 mL / 1 day)

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml	3	SP, PA
HUMIRA PSKT 40mg/0.8ml	3	SP, PA, QL (2.4 injections / 23 days)
HUMIRA PEDIA INJ CROHNS	3	SP, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	3	SP, PA
HUMIRA PEN PNKT 40mg/0.4ml, 80mg/0.8ml	3	SP, PA
HUMIRA PEN PNKT 40mg/0.8ml	3	SP, PA, QL (2 pens / 23 days)
HUMIRA PEN KIT PS/UV	3	SP, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	3	SP, PA, QL (2 pens / 23 days)
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	3	SP, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	3	SP, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	3	SP, PA, QL (2 pens / 23 days)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TB24 15mg, 30mg, 45mg	3	SP, PA
XELJANZ SOLN 1mg/ml; TABS 10mg	3	SP, PA
XELJANZ XR TB24 11mg	3	SP, PA, QL (1 tab / 1 day)
XELJANZ XR TB24 22mg	3	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	3	SP, PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>cataflam tabs 50mg</i>	1	QL (4 tabs / 1 day)
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	1	QL (2 caps / 1 day)
<i>diclofenac potassium tabs 50mg</i>	1	QL (4 tabs / 1 day)
<i>diclofenac sodium tb24 100mg</i>	1	QL (2 tabs / 1 day)
<i>diclofenac sodium tbec 25mg, 50mg, 75mg</i>	1	QL (4 tabs / 1 day)
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	QL (120 tabs / 30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	QL (90 tabs / 30 days)
<i>ec-naproxen tbec 375mg, 500mg</i>	1	QL (2 tabs / 1 day)
<i>etodolac caps 200mg</i>	1	QL (4 caps / 1 day)
<i>etodolac caps 300mg</i>	1	QL (3 caps / 1 day)
<i>etodolac tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	1	QL (2 tabs / 1 day)
<i>fenoprofen calcium caps 400mg</i>	1	
<i>fenoprofen calcium tabs 600mg</i>	1	QL (5 tabs / 1 day)
<i>flurbiprofen tabs 50mg, 100mg</i>	1	QL (3 tabs / 1 day)
<i>ibu tabs 400mg, 600mg, 800mg</i>	1	QL (4 tabs / 1 day)
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	QL (4 tabs / 1 day)
INDOCIN SUPP 50mg	2	QL (4 supp / 1 day)
<i>indomethacin caps 25mg, 50mg; cpcr 75mg</i>	1	QL (4 caps / 1 day)
<i>ketoprofen cp24 200mg</i>	1	QL (1 cap / 1 day)
<i>ketorolac tromethamine tabs 10mg</i>	1	QL (20 tabs / 23 days)
<i>meclofenamate sodium caps 50mg, 100mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>mefenamic acid caps 250mg</i>	1	QL (1 cap / 1 day)
<i>meloxicam susp 7.5mg/5ml</i>	1	QL (10 mL / 1 day)
<i>meloxicam tabs 7.5mg</i>	1	QL (2 tabs / 1 day)
<i>meloxicam tabs 15mg</i>	1	QL (1 tab / 1 day)
<i>nabumetone tabs 500mg</i>	1	QL (4 tabs / 1 day)
<i>nabumetone tabs 750mg</i>	1	QL (3 tabs / 1 day)
NALFON CAPS 400mg	3	
<i>naproxen susp 125mg/5ml</i>	1	QL (16 mL / 1 day)
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	QL (3 tabs / 1 day)
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	QL (90 tabs / 23 days)
<i>naproxen tbec 375mg, 500mg</i>	1	QL (2 tabs / 1 day)
<i>naproxen sodium tabs 275mg, 550mg</i>	1	QL (3 tabs / 1 day)
<i>naproxen sodium tb24 375mg, 500mg</i>	1	QL (2 tabs / 1 day)
<i>naproxen sodium tb24 750mg</i>	1	
<i>oxaprozin tabs 600mg</i>	1	QL (3 tabs / 1 day)
<i>piroxicam caps 10mg, 20mg</i>	1	
<i>relafen tabs 500mg</i>	1	QL (4 tabs / 1 day)
<i>relafen tabs 750mg</i>	1	QL (3 tabs / 1 day)
<i>sulindac tabs 150mg, 200mg</i>	1	

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TABS 30mg	3	SP, PA, QL (2 tabs / 1 day)
OTEZLA TAB 10/20/30	3	SP, PA, QL (2 tabs / 1 day)

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide tabs 10mg, 20mg</i>	1	
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SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL SOLN 25mg/0.5ml	3	SP, PA, QL (8 vials / 23 days)
ENBREL SOSY 25mg/0.5ml	3	SP, PA
ENBREL SOSY 50mg/ml	3	SP, PA, QL (67 syringes / 23 days)
ENBREL MINI SOCT 50mg/ml	3	SP, PA
ENBREL SURECLICK SOAJ 50mg/ml	3	SP, PA, QL (4 pens / 23 days)

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>bac</i>	1	QL (6 tabs / 1 day)
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL (8 tabs / 1 day)
<i>butalbital-acetaminophen-cafeine cap 50-300-40 mg</i>	1	QL (6 caps / 1 day)
<i>butalbital-acetaminophen-cafeine cap 50-325-40 mg</i>	1	QL (6 caps / 1 day)
<i>butalbital-acetaminophen-cafeine tab 50-325-40 mg</i>	1	QL (6 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (6 caps / 1 day)
<i>esgic</i>	3	QL (6 caps / 1 day)
<i>tencon</i>	1	QL (8 tabs / 1 day)
<i>vtol lq</i>	1	
<i>zebutal</i>	1	QL (6 caps / 1 day)

SALICYLATES

<i>diflunisal tabs 500mg</i>	1	QL (3 tabs / 1 day)
<i>salsalate tabs 500mg, 750mg</i>	1	

ANALGESICS - OPIOID

OPIOID AGONISTS

<i>codeine sulfate tabs 30mg</i>	3	
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	1	QL (0.333 patches / 1 day)
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg; tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	1	PA, QL (4 ea / 1 day)
<i>hydromorphone hcl liqd 1mg/ml</i>	1	QL (16 mL / 1 day)
<i>HYDROMORPHONE HCL SUPP 3mg</i>	3	
<i>hydromorphone hcl tabs 2mg, 4mg, 8mg</i>	1	
<i>hydromorphone hcl tb24 8mg</i>	1	QL (8 tabs / 1 day)
<i>hydromorphone hcl tb24 12mg, 16mg</i>	1	QL (4 tabs / 1 day)
<i>hydromorphone hcl tb24 32mg</i>	1	QL (2 tabs / 1 day)
<i>LAZANDA SOLN 100mcg/act, 400mcg/act</i>	3	PA, QL (1 bottle / 1 day)
<i>meperidine hcl soln 50mg/5ml; tabs 50mg</i>	1	
<i>methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg</i>	1	
<i>methadose tbso 40mg</i>	1	
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg</i>	1	QL (2 caps / 1 day)
<i>morphine sulfate soln 10mg/5ml</i>	1	QL (16 mL / 1 day)
<i>morphine sulfate soln 20mg/5ml, 20mg/ml; supp 30mg; tabs 15mg, 30mg; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	1	
<i>morphine sulfate supp 5mg, 10mg, 20mg</i>	3	
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	1	QL (1 cap / 1 day)
<i>OXAYDO TABS 5mg</i>	3	
<i>oxycodone hcl caps 5mg; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	
<i>oxycodone hcl conc 100mg/5ml</i>	1	QL (2 mL / 1 day)
<i>oxycodone hcl t12a 10mg, 20mg, 40mg, 80mg</i>	1	QL (2 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	2	QL (2 tabs / 1 day)
oxymorphone hcl tabs 5mg, 10mg	1	
oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg	1	QL (2 tabs / 1 day)
tramadol hcl tabs 50mg	1	QL (8 tabs / 1 day)
tramadol hcl tb24 100mg, 200mg, 300mg	1	QL (1 tab / 1 day)
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (16 mL / 1 day)
acetaminophen w/ codeine tab 300-15 mg	1	QL (12 tabs / 1 day)
acetaminophen w/ codeine tab 300-30 mg	1	QL (12 tabs / 1 day)
acetaminophen w/ codeine tab 300-60 mg	1	QL (12 tabs / 1 day)
ascomp/codeine	1	QL (6 caps / 1 day)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	QL (6 caps / 1 day)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	QL (6 caps / 1 day)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	QL (6 caps / 1 day)
endocet	1	
endocet	1	QL (7.143 tabs / 1 day)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL (18 mL / 1 day)
hydrocodone-acetaminophen tab 5-300 mg	1	QL (7.143 tabs / 1 day)
hydrocodone-acetaminophen tab 5-325 mg	1	QL (7.143 tabs / 1 day)
hydrocodone-acetaminophen tab 7.5-300 mg	1	QL (7.143 tabs / 1 day)
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL (7.143 tabs / 1 day)
hydrocodone-acetaminophen tab 10-300 mg	1	QL (7.143 tabs / 1 day)
hydrocodone-acetaminophen tab 10-325 mg	1	QL (6.67 tabs / 1 day)
hydrocodone-ibuprofen tab 5-200 mg	1	QL (6 tabs / 1 day)
hydrocodone-ibuprofen tab 7.5-200 mg	1	QL (6 tabs / 1 day)
hydrocodone-ibuprofen tab 10-200 mg	1	QL (6 tabs / 1 day)
oxycodone w/ acetaminophen soln 5-325 mg/5ml	3	QL (32 mL / 1 day)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	
oxycodone w/ acetaminophen tab 5-325 mg	1	QL (7.143 tabs / 1 day)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL (7.143 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (7.143 tabs / 1 day)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (8 tabs / 1 day)

OPIOID PARTIAL AGONISTS

<i>buprenorphine ptwk 5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	1	PA, QL (4 patches / 21 days)
<i>buprenorphine ptwk 7.5mcg/hr</i>	1	PA, QL (4 ea / 21 days)
<i>buprenorphine hcl subl 2mg</i>	1	QL (6 tabs / 1 day)
<i>buprenorphine hcl subl 8mg</i>	1	QL (3 tabs / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (6 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (2 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (3 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (2 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (6 tabs / 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (3 tabs / 1 day)
<i>butorphanol tartrate soln 10mg/ml</i>	1	PA, QL (0.067 bottles / 1 day)
ZUBSOLV SUB 0.7-0.18	3	QL (6 tabs / 1 day)
ZUBSOLV SUB 1.4-0.36	3	QL (6 tabs / 1 day)
ZUBSOLV SUB 2.9-0.71	3	QL (2 tabs / 1 day)
ZUBSOLV SUB 5.7-1.4	3	QL (3 tabs / 1 day)
ZUBSOLV SUB 8.6-2.1	3	
ZUBSOLV SUB 11.4-2.9	3	QL (4 tabs / 1 day)

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

<i>oxandrolone tabs 2.5mg, 10mg</i>	1	QL (60 tabs / 1 day)
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ANDROGENS

<i>ANDRODERM PT24 2mg/24hr</i>	2	QL (1 patch / 1 day)
<i>ANDRODERM PT24 4mg/24hr</i>	2	QL (1 ea / 1 day)
<i>danazol caps 50mg, 100mg, 200mg</i>	1	
<i>testosterone gel 1%, 1.62%, 25mg/2.5gm, 40.5mg/2.5gm</i>	1	QL (5 gm / 1 day)
<i>testosterone gel 1%, 50mg/5gm</i>	1	QL (10 gm / 1 day)
<i>testosterone gel 10mg/act</i>	1	QL (4 gm / 1 day)
<i>testosterone gel 20.25mg/1.25gm</i>	1	QL (2.5 gm / 1 day)
<i>testosterone soln 30mg/act</i>	1	QL (6 mL / 1 day)
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1	
<i>testosterone enanthate soln 200mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
CORTIFOAM FOAM 10%	2	
hydrocortisone (intrarectal) enem 100mg/60ml	1	
RECTAL COMBINATIONS		
ANALPRAM-HC LOT 2.5%	3	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	1	
lidocaine-hydrocortisone acetate perianal cream 3-0.5%	1	QL (3.267 gm / 1 day)
lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%	1	
lidocaine-hydrocortisone acetate rectal cream kit 3-1%	1	
lidocort	1	QL (3.267 gm / 1 day)
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
anucort-hc supp 25mg	1	QL (1 ea / 1 day)
anusol-hc supp 25mg	1	QL (1 supp / 1 day)
hemmorex-hc supp 25mg	1	QL (1 supp / 1 day)
hemmorex-hc supp 30mg	1	QL (0.4 supp / 1 day)
hydrocortisone (rectal) crea 2.5%	1	QL (1 gm / 1 day)
hydrocortisone acetate (rectal) supp 25mg	1	QL (1 supp / 1 day)
hydrocortisone acetate (rectal) supp 30mg	1	QL (0.4 supp / 1 day)
procto-med hc crea 2.5%	1	QL (1 gm / 1 day)
proctosol hc crea 2.5%	1	QL (1 gm / 1 day)
proctozone-hc crea 2.5%	1	QL (1 gm / 1 day)
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tabs 200mg	1	
BENZNIDAZOLE TABS 12.5mg, 100mg	3	
ivermectin tabs 3mg	1	PA
praziquantel tabs 600mg	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
IMPAVIDO CAPS 50mg	3	PA
metronidazole caps 375mg; tabs 250mg, 500mg	1	
pentamidine isethionate solr 300mg	1	
tinidazole tabs 250mg, 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN TABS 200mg	3	QL (9 tabs / 23 days)
XIFAXAN TABS 550mg	2	PA, QL (60 tabs / 30 days)
ANTI-INFECTIVE MISC. - COMBINATIONS		
hyophen	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
sulfatrim pediatric	1	
urelle	1	
uro-458	1	
vilevev mb	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUSR 100mg/5ml	2	QL (180 mL / 23 days)
atovaquone susp 750mg/5ml	1	
LAMPIT TABS 30mg, 120mg	3	
nitazoxanide tabs 500mg	1	QL (6 tabs / 23 days)
GLYCOPEPTIDES		
vancomycin hcl caps 125mg, 250mg	1	QL (40 caps / 23 days)
LEPROSTATICS		
dapsone tabs 25mg, 100mg	2	
LINCOSAMIDES		
clindamycin hcl caps 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride solr 75mg/5ml	1	
MONOBACTAMS		
CAYSTON SOLR 75mg	2	SP, QL (84 vials / 23 days)
OXAZOLIDINONES		
linezolid susr 100mg/5ml	1	PA, QL (60 mL / 1 day)
linezolid tabs 600mg	1	PA, QL (2 tabs / 1 day)
PLEUROMUTILINS		
XENLETA TABS 600mg	3	PA
URINARY ANTI-INFECTIVES		
methenamine hippurate tabs 1gm	1	
methenamine mandelate tabs .5gm, 1gm	1	
nitrofurantoin susp 25mg/5ml	1	
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohydrate macro capsules 100mg</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tablets 500mg, 1000mg</i>	1	QL (2 tabs / 1 day)
NITRATES		
<i>isosorbide dinitrate tablets 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>isosorbide mononitrate tablets 10mg, 20mg; tablets 30mg, 60mg, 120mg</i>	1	
<i>NITRO-BID OINT 2%</i>	2	QL (4 gm / 1 day)
<i>NITRO-DUR Patch .3mg/hr, .8mg/hr</i>	2	QL (1 ea / 1 day)
<i>nitro-time capsules 2.5mg, 6.5mg, 9mg</i>	1	
<i>nitroglycerin patch .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	1	QL (1 patch / 1 day)
<i>nitroglycerin solution .4mg/spray; sublingual .3mg, .4mg, .6mg</i>	1	
<i>NITROMIST AERS 400mcg/spray</i>	2	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
<i>bupropion hcl tablets 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	1	
<i>hydroxyzine hcl syrup 10mg/5ml; tablets 10mg, 25mg, 50mg</i>	1	
<i>hydroxyzine pamoate capsules 25mg, 50mg, 100mg</i>	1	
<i>meprobamate tablets 200mg, 400mg</i>	1	
BENZODIAZEPINES		
<i>alprazolam tablets .25mg, .5mg, 1mg, 2mg</i>	1	
<i>alprazolam tablets .5mg, 1mg, 2mg, 3mg</i>	1	QL (1 tab / 1 day)
<i>alprazolam xr tablets .5mg, 1mg, 2mg, 3mg</i>	1	QL (1 tab / 1 day)
<i>chlordiazepoxide hcl capsules 5mg, 10mg, 25mg</i>	1	
<i>clonazepam dipotassium tablets 3.75mg, 7.5mg, 15mg</i>	1	
<i>diazepam solution 5mg/5ml</i>	3	
<i>diazepam tablets 2mg, 5mg, 10mg</i>	1	
<i>lorazepam concentration 2mg/ml</i>	1	QL (2 mL / 1 day)
<i>lorazepam tablets .5mg, 1mg, 2mg</i>	1	
<i>oxazepam capsules 10mg, 15mg, 30mg</i>	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate capsules 100mg, 150mg</i>	1	
<i>NORPACE CR CP12 100mg, 150mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1	
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	1	QL (2 tabs / 1 day)
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	1	SP, QL (2 caps / 1 day)
MULTAQ TABS 400mg	2	QL (2 tabs / 1 day)
<i>pacerone tabs 100mg, 200mg</i>	1	QL (2 ea / 1 day)
<i>pacerone tabs 400mg</i>	1	QL (2 tabs / 1 day)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	QL (8 mL / 1 day)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
NUCALA SOAJ 100mg/ml	3	SP, QL (0.108 injections / 1 day)
NUCALA SOLR 100mg	3	SP, QL (0.108 vials / 1 day)
NUCALA SOSY 100mg/ml	3	SP, QL (0.108 syringes / 1 day)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	2	QL (0.101 inhalers / 1 day)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	QL (30 blisters / 23 days)
<i>ipratropium bromide soln .02%</i>	1	QL (12 mL / 1 day)
SPIRIVA HANDIHALER CAPS 18mcg	2	QL (1 cap / 1 day)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	2	QL (1 inhaler / 23 days)
YUPELRI SOLN 175mcg/3ml	2	QL (90 mL / 23 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew 4mg, 5mg; tabs 10mg</i>	1	QL (1 tab / 1 day)
<i>montelukast sodium pack 4mg</i>	1	QL (1 packet / 1 day)
<i>zafirlukast tabs 10mg, 20mg</i>	1	QL (2 tabs / 1 day)
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TABS 500mcg	3	PA, QL (1 tab / 1 day)
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act	2	QL (0.033 inhalers / 1 day)
ARNUITY ELLIPTA AEPB 100mcg/act, 200mcg/act	2	QL (30 blisters / 23 days)
<i>budesonide (inhalation) susp 1mg/2ml</i>	1	QL (2 mL / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (inhalation) susp .5mg/2ml</i>	1	QL (4 mL / 1 day)
<i>budesonide (inhalation) susp .25mg/2ml</i>	1	QL (6 mL / 1 day)
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist	2	QL (2 inhalations / 1 day)
FLOVENT DISKUS AEPB 250mcg/blist	2	
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	2	QL (0.067 inhalers / 1 day)
FLUTICASONE PROPIONATE HF AERO 44mcg/act, 110mcg/act, 220mcg/act	2	QL (0.067 inhalers / 1 day)
PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act	2	QL (0.067 inhalers / 1 day)
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	2	QL (0.71 gm / 1 day)

SYMPATHOMIMETICS

ADVAIR DISKU AER 100/50	1	QL (2 inhalations / 1 day)
ADVAIR DISKU AER 250/50	1	QL (2 inhalations / 1 day)
ADVAIR DISKU AER 500/50	1	QL (2 inhalations / 1 day)
ADVAIR HFA AER 45/21	2	QL (0.033 inhalers / 1 day)
ADVAIR HFA AER 45/21	2	QL (0.05 inhalers / 1 day)
ADVAIR HFA AER 115/21	2	QL (0.033 inhalers / 1 day)
ADVAIR HFA AER 115/21	2	QL (0.05 inhalers / 1 day)
ADVAIR HFA AER 230/21	2	QL (0.033 inhalers / 1 day)
ADVAIR HFA AER 230/21	2	QL (0.05 inhalers / 1 day)
<i>albuterol sulfate aers 108mcg/act</i>	1	QL (2 inhalers / 23 days)
<i>albuterol sulfate aers 108mcg/act</i>	1	QL (2.537 inhalers / 23 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1	QL (12.5 ea / 1 day)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	1	QL (12.5 mL / 1 day)
<i>albuterol sulfate syrp 2mg/5ml</i>	1	QL (16 mL / 1 day)
<i>albuterol sulfate tabs 2mg, 4mg</i>	1	
ANORO ELLIPTA AER 62.5-25	2	QL (2 blisters / 1 day)
arformoterol tartrate nebu 15mcg/2ml	1	PA, QL (2 mL / 1 day)
BREO ELLIPTA INH 100-25	2	QL (2 blisters / 1 day)
BREO ELLIPTA INH 200-25	2	
BREZTRI AERO AER SPHERE	2	QL (3 inhalers / 75 days)

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AERO AER SPHERE	2	QL (5.441 inhalers / 75 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (1 inhaler / 23 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (0.033 inhalers / 1 day)
COMBIVENT AER 20-100	2	QL (0.067 inhalers / 1 day)
FLUTIC/VILAN INH 100-25	2	QL (2 blisters / 1 day)
FLUTIC/VILAN INH 200-25	2	
<i>formoterol fumarate nebu 20mcg/2ml</i>	1	PA, QL (60 mL / 1 day)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (18 mL / 1 day)
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	1	QL (96 ea / 23 days)
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1	QL (288 mL / 23 days)
<i>levalbuterol tartrate aero 45mcg/act</i>	1	QL (0.067 inhalers / 1 day)
PROAIR RESPICLICK AEPB 108mcg/act	2	QL (2 inhalers / 23 days)
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (2 inhalations / 1 day)
STIOLTO AER 2.5-2.5	2	QL (1 inhaler / 23 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	QL (1 inhaler / 23 days)
SYMBICORT AER 80-4.5	2	QL (1 inhaler / 23 days)
SYMBICORT AER 80-4.5	2	QL (1.478 inhalers / 23 days)
SYMBICORT AER 160-4.5	2	QL (0.033 inhalers / 1 day)
SYMBICORT AER 160-4.5	2	QL (0.057 inhalers / 1 day)
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	1	
TRELEGY AER 100MCG	2	QL (1 inhaler / 23 days)
TRELEGY AER 100MCG	2	QL (2.143 inhalers / 23 days)
TRELEGY AER 200MCG	2	QL (1 inhaler / 23 days)
TRELEGY AER 200MCG	2	QL (2.143 inhalers / 23 days)
XANTHINES		
ELIXOPHYLLIN ELIX 80mg/15ml	3	QL (480 mL / 1 day)
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	2	
<i>theophylline tb12 300mg, 450mg; tb24 400mg, 600mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TABS 2.5mg, 5mg	2	QL (2 tabs / 1 day)
ELIQUIS STARTER PACK TBPK 5mg	2	QL (2 tabs / 1 day)
XARELTO SUSR 1mg/ml	2	
XARELTO TABS 2.5mg	2	QL (2 ea / 1 day)
XARELTO TABS 10mg, 20mg	2	QL (1 tab / 1 day)
XARELTO TABS 15mg	2	QL (2 tabs / 1 day)
XARELTO STAR TAB 15/20MG	2	QL (51 tabs / 21 days)
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium soln 300mg/3ml</i>	1	QL (0.667 vials / 1 day)
<i>enoxaparin sodium sosy 30mg/0.3ml</i>	1	QL (6.667 syringes / 1 day)
<i>enoxaparin sodium sosy 40mg/0.4ml</i>	1	QL (5 syringes / 1 day)
<i>enoxaparin sodium sosy 60mg/0.6ml</i>	1	QL (3.333 syringes / 1 day)
<i>enoxaparin sodium sosy 80mg/0.8ml, 120mg/0.8ml</i>	1	QL (2.5 syringes / 1 day)
<i>enoxaparin sodium sosy 100mg/ml, 150mg/ml</i>	1	QL (2 syringes / 1 day)
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	1	QL (2 mL / 1 day)
FRAGMIN SOLN 95000unit/3.8ml	3	QL (0.263 vials / 1 day)
FRAGMIN SOSY 2500unit/0.2ml, 5000unit/0.2ml	3	QL (10 syringes / 1 day)
FRAGMIN SOSY 7500unit/0.3ml	3	QL (6.667 syringes / 1 day)
FRAGMIN SOSY 10000unit/ml	3	QL (2 syringes / 1 day)
FRAGMIN SOSY 12500unit/0.5ml	3	QL (4 syringes / 1 day)
FRAGMIN SOSY 15000unit/0.6ml	3	QL (3.333 syringes / 1 day)
FRAGMIN SOSY 18000unt/0.72ml	3	QL (2.778 syringes / 1 day)
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	1	
IN VITRO/LOCK ANTICOAGULANTS		
ACD FORMULA SOL A	2	
NOCLOT-50 SOL ACD-A	2	

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUSP .5mg/ml	3	PA, QL (24 mL / 1 day)
FYCOMPA TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	PA, QL (1 tab / 1 day)
ANTICONVULSANTS - BENZODIAZEPINES		
clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg	1	
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	3	QL (10 ea / 23 days)
NAYZILAM SOLN 5mg/0.1ml	3	PA
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	3	PA
ANTICONVULSANTS - MISC.		
APTiom TABS 200mg, 400mg, 600mg, 800mg	2	PA, QL (1 tab / 1 day)
carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	1	
epitol tabs 200mg	1	
gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg	1	
gabapentin soln 250mg/5ml, 300mg/6ml	1	QL (36 mL / 1 day)
lacosamide soln 10mg/ml	1	QL (1200 mL / 30 days)
lacosamide tabs 50mg, 100mg, 150mg, 200mg	1	QL (2 tabs / 1 day)
lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
levetiracetam soln 100mg/ml, 500mg/5ml	1	
levetiracetam tabs 250mg, 750mg, 1000mg	1	QL (3 tabs / 1 day)
levetiracetam tabs 500mg	1	QL (180 tabs / 23 days)
levetiracetam tabs 500mg; tb24 500mg	1	QL (6 tabs / 1 day)
levetiracetam tabs 1000mg	1	QL (90 tabs / 23 days)
levetiracetam tb24 750mg	1	QL (4 tabs / 1 day)
oxcarbazepine susp 300mg/5ml	1	QL (40 mL / 1 day)
oxcarbazepine tabs 150mg, 300mg, 600mg	1	
pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	1	QL (3 caps / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin caps 225mg, 300mg</i>	1	QL (2 caps / 1 day)
<i>pregabalin soln 20mg/ml</i>	1	QL (30 mL / 1 day)
<i>primidone tabs 50mg, 250mg</i>	1	
<i>roweepra tabs 500mg</i>	1	QL (6 tabs / 1 day)
<i>rufinamide susp 40mg/ml</i>	1	QL (80 mL / 1 day)
<i>rufinamide tabs 200mg, 400mg</i>	1	QL (8 tabs / 1 day)
<i>subvenite tabs 25mg, 100mg, 150mg, 200mg</i>	1	
<i>subvenite starter kit/blu kit 25mg</i>	1	
<i>subvenite starter kit/gre</i>	1	
<i>subvenite starter kit/ora</i>	1	
<i>topiramate csp 15mg, 25mg; tabs 25mg, 50mg, 100mg</i>	1	
<i>topiramate tabs 200mg</i>	1	QL (240 tabs / 23 days)
<i>topiramate tabs 200mg</i>	1	QL (8 tabs / 1 day)
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	
CARBAMATES		
<i>felbamate susp 600mg/5ml</i>	1	QL (30 mL / 1 day)
<i>felbamate tabs 400mg</i>	1	QL (9 tabs / 1 day)
<i>felbamate tabs 600mg</i>	1	QL (6 tabs / 1 day)
<i>XCOPRI TABS 50mg, 100mg, 150mg, 200mg</i>	3	PA
<i>XCOPRI PAK 12.5-25</i>	3	PA
<i>XCOPRI PAK 50-100MG</i>	3	PA
<i>XCOPRI PAK 100-150</i>	3	PA
<i>XCOPRI PAK 150-200</i>	3	PA
GABA MODULATORS		
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1	
<i>vigabatrin pack 500mg</i>	1	SP, PA, QL (5 packets / 1 day)
<i>vigabatrin tabs 500mg</i>	1	SP, PA, QL (6 tabs / 1 day)
<i>vigadrone pack 500mg</i>	1	SP, PA, QL (5 packets / 1 day)
HYDANTOINS		
<i>DILANTIN CAPS 30mg</i>	2	
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	1	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	
SUCCINIMIDES		
<i>CELONTIN CAPS 300mg</i>	2	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VALPROIC ACID		
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	1	
<i>valproate sodium soln 250mg/5ml</i>	1	
<i>valproic acid caps 250mg</i>	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1	QL (1 tab / 1 day)
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tabs 75mg, 100mg</i>	1	
<i>bupropion hcl tb12 100mg, 200mg</i>	1	QL (2 tabs / 1 day)
<i>bupropion hcl tb12 150mg</i>	1	QL (3 ea / 1 day)
<i>bupropion hcl tb24 150mg</i>	1	QL (3 tabs / 1 day)
<i>bupropion hcl tb24 300mg</i>	1	QL (1 tab / 1 day)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>EMSAM PT24 6mg/24hr, 12mg/24hr</i>	3	PA, QL (1 ea / 1 day)
<i>EMSAM PT24 9mg/24hr</i>	3	PA, QL (1 patch / 1 day)
<i>MARPLAN TABS 10mg</i>	3	
<i>phenelzine sulfate tabs 15mg</i>	1	
<i>tranylcypromine sulfate tabs 10mg</i>	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide soln 10mg/5ml</i>	1	QL (1200 mL / 1 day)
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	1	QL (60 tabs / 1 day)
<i>escitalopram oxalate soln 5mg/5ml</i>	1	QL (10 mL / 1 day)
<i>escitalopram oxalate tabs 5mg, 10mg, 20mg</i>	1	QL (2 tabs / 1 day)
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; soln 20mg/5ml</i>	1	
<i>fluoxetine hcl cpdr 90mg</i>	1	QL (0.133 caps / 1 day)
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	1	
<i>paroxetine hcl susp 10mg/5ml</i>	1	QL (20 mL / 1 day)
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg</i>	1	
<i>paroxetine hcl tb24 12.5mg, 25mg, 37.5mg</i>	1	QL (1 tab / 1 day)
<i>PEXEVA TABS 10mg, 20mg, 30mg</i>	3	
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	1	
SEROTONIN MODULATORS		
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1	QL (2 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	1	
TRINTELLIX TABS 5mg, 10mg, 20mg	2	QL (1 tab / 1 day)
VIIBRYD KIT STARTER	2	
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	1	QL (1 tab / 1 day)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	1	QL (1 tab / 1 day)
<i>duloxetine hcl cpep 20mg, 30mg</i>	1	QL (1 cap / 1 day)
<i>duloxetine hcl cpep 60mg</i>	1	QL (2 caps / 1 day)
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	QL (1 cap / 1 day)
FETZIMA CAP TITRATIO	3	QL (1 cap / 1 day)
<i>venlafaxine hcl cp24 37.5mg</i>	1	QL (1 cap / 1 day)
<i>venlafaxine hcl cp24 75mg</i>	1	QL (3 caps / 1 day)
<i>venlafaxine hcl cp24 150mg</i>	1	QL (2 caps / 1 day)
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	
<i>venlafaxine hcl tb24 37.5mg, 75mg, 150mg</i>	1	QL (1 tab / 1 day)
<i>venlafaxine hcl tb24 225mg</i>	2	QL (1 tab / 1 day)
TRICYCLIC AGENTS		
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>amoxapine tabs 25mg, 50mg, 150mg</i>	2	
<i>amoxapine tabs 100mg</i>	1	
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	1	
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	1	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	1	
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	1	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	1	
<i>protriptyline hcl tabs 5mg, 10mg</i>	1	
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	1	QL (3 tabs / 1 day)
<i>miglitol tabs 25mg, 50mg, 100mg</i>	1	QL (3 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	2	ST, QL (4 pens / 30 days)
SYMLINPEN 120 SOPN 2700mcg/2.7ml	2	ST, QL (4 pens / 30 days)
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	QL (1 tab / 1 day)
GLYXAMBI TAB 25-5 MG	2	QL (1 tab / 1 day)
JANUMET TAB 50-500MG	2	QL (2 tabs / 1 day)
JANUMET TAB 50-1000	2	QL (2 tabs / 1 day)
JANUMET XR TAB 50-500MG	2	QL (2 tabs / 1 day)
JANUMET XR TAB 50-1000	2	QL (2 tabs / 1 day)
JANUMET XR TAB 100-1000	2	QL (1 tab / 1 day)
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	QL (1 tab / 1 day)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	QL (1 tab / 1 day)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (2.8 tabs / 1 day)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (3 tabs / 1 day)
SOLQUA INJ 100/33	2	
SYNJARDY TAB	2	QL (2 tabs / 1 day)
SYNJARDY TAB 5-500MG	2	QL (2 tabs / 1 day)
SYNJARDY TAB 5-1000MG	2	QL (2 tabs / 1 day)
SYNJARDY TAB 12.5-500	2	QL (2 tabs / 1 day)
SYNJARDY XR TAB	2	QL (2 tabs / 1 day)
SYNJARDY XR TAB 5-1000MG	2	QL (2 tabs / 1 day)
SYNJARDY XR TAB 10-1000	2	QL (2 tabs / 1 day)
SYNJARDY XR TAB 25-1000	2	QL (2 tabs / 1 day)
TRIJARDY XR TAB	2	QL (1 tab / 1 day)
XIGDUO XR TAB 2.5-1000	2	QL (2 tabs / 1 day)
XIGDUO XR TAB 5-500MG	2	QL (2 tabs / 1 day)
XIGDUO XR TAB 5-1000MG	2	QL (2 tabs / 1 day)
XIGDUO XR TAB 10-500MG	2	QL (1 tab / 1 day)
XIGDUO XR TAB 10-1000	2	QL (1 tab / 1 day)
XULTOPHY INJ 100/3.6	2	
BIGUANIDES		
<i>metformin hcl soln 500mg/5ml</i>	1	
<i>metformin hcl tabs 500mg</i>	1	QL (4 tabs / 1 day)
<i>metformin hcl tabs 850mg, 1000mg</i>	1	QL (2.5 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tb24 500mg</i>	1	QL (4 tabs / 1 day); (generic GLUCOPHAGE XR)
<i>metformin hcl tb24 750mg</i>	1	QL (3 tabs / 1 day); (generic GLUCOPHAGE XR)
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3mg/dose	2	PA, QL (4 ea / 90 days)
BAQSIMI TWO PACK POWD 3mg/dose	2	PA, QL (4 ea / 90 days)
<i>diazoxide susp 50mg/ml</i>	1	
GLUCAGEN HYPOKIT SOLR 1mg	2	QL (2 syringes / 365 day)
<i>glucagon (rdna) kit 1mg</i>	1	QL (2 kits / 365 days)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TABS 25mg, 50mg, 100mg	2	QL (1 ea / 1 day)
INCRETIN MIMETIC AGENTS		
OZEMPIC SOPN 2mg/1.5ml	2	QL (1 pen / 30 days)
OZEMPIC SOPN 4mg/3ml	2	QL (2 pens / 30 days)
OZEMPIC INJ 8MG/3ML	2	QL (2 pens / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	2	QL (30 tabs / 30 day)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	QL (4 pens / 30 days)
VICTOZA SOPN 18mg/3ml	2	QL (3 pens / 30 days)
INSULIN		
ADMELOG SOLOSTAR SOPN 100unit/ml	2	QL (15 pens / 30 days)
APIDRA SOLN 100unit/ml	2	QL (4.5 vials / 30 days)
APIDRA SOLOSTAR SOPN 100unit/ml	2	QL (15 pens / 30 days)
FIASP FLEX INJ TOUCH	2	QL (15 pens / 30 days)
FIASP INJ 100/ML	2	QL (4.5 vials / 30 days)
FIASP PENFIL INJ U-100	2	QL (15 injections / 30 days)
HUMALOG SOCT 100unit/ml	2	QL (15 cartridges / 30 days)
HUMALOG SOLN 100unit/ml	2	QL (15 vials / 30 days)
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	2	QL (15 pens / 30 days)
HUMALOG KWIKPEN SOPN 100unit/ml	2	QL (15 pens / 30 days)
HUMALOG KWIKPEN SOPN 200unit/ml	2	QL (8 pens / 30 days)
HUMALOG MIX INJ 50/50	2	QL (4.5 vials / 30 days)
HUMALOG MIX INJ 50/50KWP	2	QL (15 pens / 30 days)
HUMALOG MIX INJ 75/25KWP	2	QL (15 pens / 30 days)
HUMALOG MIX SUS 75/25	2	QL (4.5 vials / 30 days)
HUMULIN INJ 70/30	2	QL (4.5 vials / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
HUMULIN INJ 70/30KWP	2	QL (15 pens / 30 days), OTC
HUMULIN N SUSP 100unit/ml	2	QL (4.5 vials / 30 days), OTC
HUMULIN N KWIKPEN SUPN 100unit/ml	2	QL (15 pens / 30 days), OTC
HUMULIN R SOLN 100unit/ml	2	QL (15 vials / 30 days), OTC
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	2	QL (2.25 vials / 30 days)
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	2	QL (15 pens / 30 days)
INS ASP PROT INJ FLEXPEN	2	QL (15 pens / 30 days)
INSULIN ASPA INJ 70/30	2	QL (4.5 vials / 30 days)
INSULIN ASPART SOLN 100unit/ml	2	QL (4.5 vials / 30 days)
INSULIN ASPART FLEXPEN SOPN 100unit/ml	2	QL (15 pens / 30 days)
INSULIN ASPART PENFILL SOCT 100unit/ml	2	QL (15 cartridges / 30 days)
INSULIN LISP INJ PROTAMIN	2	QL (15 pens / 30 days)
INSULIN LISPRO SOLN 100unit/ml	2	QL (4.5 vials / 30 days)
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	2	QL (15 pens / 30 days)
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	2	QL (15 pens / 30 days)
LANTUS SOLN 100unit/ml	2	QL (4.5 vials / 30 days)
LANTUS SOLOSTAR SOPN 100unit/ml	2	QL (15 pens / 30 days)
LEVEMIR SOLN 100unit/ml	2	QL (4.5 vials / 30 days)
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	QL (15 pens / 30 days)
NOVOLIN70/30 INJ RELION	2	QL (4.5 vials / 30 days), OTC
NOVOLIN INJ 70/30	2	QL (4.5 vials / 30 days), OTC
NOVOLIN INJ 70/30 FP	2	QL (15 pens / 30 days), OTC
NOVOLIN N SUSP 100unit/ml	2	QL (4.5 vials / 30 days), OTC
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	QL (15 pens / 30 days), OTC
NOVOLIN N RELION SUSP 100unit/ml	2	QL (4.5 vials / 30 days), OTC
NOVOLIN R SOLN 100unit/ml	2	QL (4.5 vials / 30 days), OTC
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	QL (15 pens / 30 days), OTC
NOVOLIN R RELION SOLN 100unit/ml	2	QL (4.5 vials / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG SOLN 100unit/ml	2	QL (4.5 vials / 30 days)
NOVOLOG FLEXPEN SOPN 100unit/ml	2	QL (15 pens / 30 days)
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	2	QL (15 pens / 30 days)
NOVOLOG MIX INJ 70/30	2	QL (4.5 vials / 30 days)
NOVOLOG MIX INJ FLEX REL	2	QL (15 pens / 30 days)
NOVOLOG MIX INJ FLEXPEN	2	QL (15 pens / 30 days)
NOVOLOG PENFILL SOCT 100unit/ml	2	QL (15 cartridges / 30 days)
NOVOLOG RELI INJ 70/30	2	QL (4.5 vials / 30 days)
NOVOLOG RELION SOLN 100unit/ml	2	QL (4.5 vials / 30 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	QL (3 pens / 30 days)
TOUJEO SOLOSTAR SOPN 300unit/ml	2	QL (6 pens / 30 days)
TRESIBA SOLN 100unit/ml	2	QL (4.5 vials / 30 days)
TRESIBA FLEXTOUCH SOPN 100unit/ml	2	QL (15 pens / 30 days)
TRESIBA FLEXTOUCH SOPN 200unit/ml	2	QL (9 pens / 30 days)

INSULIN SENSITIZING AGENTS

<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1	QL (1 tab / 1 day)
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MEGLITINIDE ANALOGUES

<i>nateglinide tabs 60mg, 120mg</i>	1	QL (3 tabs / 1 day)
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	QL (4 tabs / 1 day)

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA TABS 5mg, 10mg	2	QL (1 tab / 1 day)
JARDIANCE TABS 10mg	2	QL (1 tab / 1 day)
JARDIANCE TABS 25mg	2	QL (2 tabs / 1 day)

SULFONYLUREAS

<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	1	
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1	

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TBEC 125mg	3	PA, QL (60 tabs / 1 day)
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ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl caps 2mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAPS 100mg	2	
deferasirox tabs 90mg, 180mg, 360mg	1	SP
deferasirox tbso 125mg, 250mg, 500mg	1	SP, QL (6 tabs / 1 day)
deferiprone tabs 500mg, 1000mg	1	SP, PA
FERRIPROX SOLN 100mg/ml	3	SP, PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
VISTOGARD PACK 10gm	3	SP, PA
OPIOID ANTAGONISTS		
naloxone hcl liqd 4mg/0.1ml	1	QL (2 ea / 23 days)
naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml	1	
naltrexone hcl tabs 50mg	1	
VIVITROL SUSR 380mg	3	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TABS 50mg	2	QL (8 tabs / 23 days)
granisetron hcl tabs 1mg	1	QL (2 tabs / 23 days)
ondansetron tbdp 4mg, 8mg	1	
ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg	1	
SANCUSO PTCH 3.1mg/24hr	3	PA, QL (4 patches / 23 days)
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tabs 25mg	1	
scopolamine pt72 1mg/3days	1	QL (4 patches / 23 days)
trimethobenzamide hcl caps 300mg	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	PA
dronabinol caps 2.5mg, 5mg, 10mg	1	PA, QL (2 caps / 1 day)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant caps 40mg	1	PA, QL (6 caps / 23 days)
aprepitant caps 80mg	1	PA, QL (4 ea / 23 days)
aprepitant caps 125mg	1	PA, QL (2 caps / 23 days)
aprepitant capsule therapy pack 80 & 125 mg	1	PA, QL (6 tabs / 23 days)
EMEND SUSR 125mg/5ml	2	PA, QL (3 kits / 23 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
ANTIFUNGALS		
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>terbinafine hcl tabs 250mg</i>	1	QL (30 tabs / 1 day)
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>CRESEMBA CAPS 186mg; SOLR 372mg</i>	3	PA
<i>fluconazole susr 10mg/ml, 40mg/ml</i>	1	
<i>fluconazole tabs 50mg, 100mg, 200mg</i>	1	QL (1 tab / 1 day)
<i>fluconazole tabs 150mg</i>	1	QL (4 tabs / 67 days)
<i>itraconazole caps 100mg</i>	1	PA, QL (30 caps / 1 day)
<i>itraconazole soln 10mg/ml</i>	1	PA, QL (30 mL / 1 day)
<i>ketoconazole tabs 200mg</i>	1	PA, QL (2 tabs / 1 day)
<i>NOXAFIL SUSP 40mg/ml</i>	3	PA
<i>posaconazole tbec 100mg</i>	1	PA
<i>voriconazole susr 40mg/ml</i>	1	QL (5 mL / 1 day)
<i>voriconazole tabs 50mg</i>	1	QL (4 tabs / 1 day)
<i>voriconazole tabs 200mg</i>	1	QL (2 tabs / 1 day)
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
<i>ryclora soln 2mg/5ml</i>	1	
ANTIHISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate tabs 4mg</i>	1	
ANTIHISTAMINES - NON-SEDATING		
<i>alavert tbdp 10mg</i>	1	OTC
<i>all day allergy tabs 10mg</i>	1	OTC
<i>all day allergy childrens soln 5mg/5ml</i>	1	OTC
<i>all-day allergy childrens soln 5mg/5ml</i>	1	OTC
<i>aller-ease tabs 60mg</i>	1	OTC
<i>allergy tabs 10mg</i>	1	OTC
<i>allergy 24-hr tabs 180mg</i>	1	QL (1 tab / 1 day), OTC
<i>allergy 24hour indoor/out tabs 10mg</i>	1	OTC
<i>allergy childrens syrp 5mg/5ml</i>	1	OTC
<i>allergy relief tabs 5mg, 10mg</i>	1	OTC
<i>allergy relief tabs 10mg</i>	1	QL (30 tabs / 1 day), OTC
<i>allergy relief 24hr tabs 180mg</i>	1	QL (1 tab / 1 day), OTC
<i>allergy relief 24hr/indoo tabs 180mg</i>	1	QL (1 tab / 1 day), OTC
<i>allergy relief childrens soln 5mg/5ml</i>	1	OTC
<i>cetirizine hcl chew 5mg; tabs 5mg, 10mg</i>	1	OTC
<i>cetirizine hcl soln 1mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine hcl allergy ch soln 5mg/5ml</i>	1	OTC
<i>cetirizine hydrochloride soln 5mg/5ml</i>	1	OTC
<i>claritin allergy children syrup 5mg/5ml</i>	1	OTC
<i>cvs allergy childrens syrup 5mg/5ml</i>	1	OTC
<i>cvs allergy relief tabs 10mg; tbdp 10mg</i>	1	OTC
<i>cvs allergy relief tabs 180mg</i>	1	QL (1 tab / 1 day), OTC
<i>cvs allergy relief childr soln 5mg/5ml; syrup 5mg/5ml</i>	1	OTC
<i>cvs indoor/outdoor allerg tabs 10mg</i>	1	OTC
<i>eq allergy childrens syrup 5mg/5ml</i>	1	OTC
<i>eq allergy relief soln 1mg/ml; tabs 10mg</i>	1	OTC
<i>eq allergy relief childre soln 5mg/5ml</i>	1	OTC
<i>eq cetirizine hydrochlori chew 10mg</i>	1	OTC
<i>eq loratadine tbdp 10mg</i>	1	OTC
<i>eq all day allergy tabs 10mg</i>	1	OTC
<i>fexofenadine hcl tabs 60mg</i>	1	OTC
<i>fexofenadine hcl tabs 180mg</i>	1	QL (1 tab / 1 day), OTC
<i>gnp all day allergy tabs 10mg</i>	1	OTC
<i>goodsense aller-ease tabs 180mg</i>	1	QL (1 tab / 1 day), OTC
<i>hm all day allergy childr soln 5mg/5ml</i>	1	OTC
<i>hm allergy relief tabs 10mg, 60mg</i>	1	OTC
<i>hm allergy relief tabs 180mg</i>	1	QL (1 tab / 1 day), OTC
<i>hm loratadine childrens syrup 5mg/5ml</i>	1	OTC
<i>12hr allergy relief tabs 60mg</i>	1	OTC
<i>24hr allergy relief tabs 180mg</i>	1	QL (1 tab / 1 day), OTC
<i>kls aller-fex tabs 180mg</i>	1	QL (1 tab / 1 day), OTC
<i>kls aller-tec tabs 10mg</i>	1	OTC
<i>kls aller-tec childrens soln 5mg/5ml</i>	1	OTC
<i>kls allerclear tabs 10mg</i>	1	QL (30 tabs / 1 day), OTC
<i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>	1	QL (150 mL / 1 day)
<i>levocetirizine dihydrochloride tabs 5mg</i>	1	QL (30 tabs / 1 day)
<i>loradamed tabs 10mg</i>	1	QL (30 tabs / 1 day), OTC
<i>loratadine tabs 10mg</i>	1	QL (30 tabs / 1 day), OTC
<i>loratadine tbdp 10mg</i>	1	OTC
<i>loratadine childrens syrup 5mg/5ml</i>	1	OTC
<i>mm fexofenadine hydrochlo tabs 180mg</i>	1	QL (1 tab / 1 day), OTC
<i>px childrens allergy soln 5mg/5ml</i>	1	OTC
<i>qc all day allergy tabs 10mg</i>	1	OTC
<i>qc allergy relief tabs 10mg, 60mg</i>	1	OTC
<i>qc childrens allergy soln 5mg/5ml</i>	1	OTC
<i>sb allergy tabs 10mg</i>	1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sm all day allergy tabs 10mg</i>	1	OTC
<i>sm all day allergy relief tabs 10mg</i>	1	QL (30 tabs / 1 day), OTC
<i>sm allergy childrens syrp 5mg/5ml</i>	1	OTC
<i>sm allergy relief tabs 60mg</i>	1	OTC
<i>sm loratadine tabs 10mg</i>	1	QL (30 tabs / 1 day), OTC
<i>triaminic allerchews tbdp 10mg</i>	1	OTC
<i>wal-fex tabs 180mg</i>	1	QL (1 tab / 1 day), OTC
<i>wal-fex 24 hour allergy tabs 180mg</i>	1	QL (1 tab / 1 day), OTC
<i>wal-fex allergy 12 hour tabs 60mg</i>	1	OTC
<i>wal-itin syrp 5mg/5ml; tbdp 10mg</i>	1	OTC
<i>wal-itin tabs 10mg</i>	1	QL (30 tabs / 1 day), OTC
<i>wal-itin aller-melts tbdp 10mg</i>	1	OTC
<i>wal-itin childrens soln 5mg/5ml</i>	1	OTC
<i>wal-vert tbdp 10mg</i>	1	OTC
<i>wal-zyr soln 5mg/5ml; tabs 10mg</i>	1	OTC
<i>wal-zyr allergy dye-free soln 1mg/ml</i>	1	OTC
<i>wal-zyr childrens chew 5mg, 10mg; soln 5mg/5ml</i>	1	OTC
<i>zyrtec chew 10mg</i>	1	OTC
<i>zyrtec childrens allergy chew 10mg</i>	1	OTC

ANTI HISTAMINES - PHENOTHIAZINES

<i>promethazine hcl soln 25mg/ml, 50mg/ml; syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>promethazine hcl supp 12.5mg, 25mg</i>	1	QL (0.4 supp / 1 day)
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	1	QL (0.4 supp / 1 day)

ANTI HISTAMINES - PIPERIDINES

<i>cypheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	1	
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ANTI HYPERLIPIDEMICS

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

<i>NEXLETOL TABS 180mg</i>	3	PA
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ANTI HYPERLIPIDEMICS - COMBINATIONS

<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (1 tab / 1 day)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (1 tab / 1 day)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (1 tab / 1 day)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (1 tab / 1 day)
<i>NEXLIZET TAB 180/10MG</i>	3	PA

ANTI HYPERLIPIDEMICS - MISC.

<i>icosapent ethyl caps 1gm</i>	1	QL (4 caps / 1 day)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	QL (4 caps / 1 day)
<i>VASCEPA CAPS .5gm, 1gm</i>	2	QL (4 caps / 1 day)

Drug Name	Drug Tier	Requirements/Limits
BILE ACID SEQUESTRANTS		
cholestyramine pack 4gm; powd 4gm/dose	1	
cholestyramine light pack 4gm; powd 4gm/dose	1	
colesevelam hcl pack 3.75gm	1	QL (1 packet / 1 day)
colesevelam hcl tabs 625mg	1	QL (7 tabs / 1 day)
colestipol hcl gran 5gm; pack 5gm; tabs 1gm	1	
prevalite pack 4gm; powd 4gm/dose	1	
FIBRIC ACID DERIVATIVES		
choline fenofibrate cpdr 45mg, 135mg	1	QL (1 cap / 1 day)
fenofibrate caps 50mg	1	QL (2 caps / 1 day)
fenofibrate caps 150mg	1	QL (1 cap / 1 day)
fenofibrate tabs 48mg, 54mg, 145mg, 160mg	1	QL (1 tab / 1 day)
fenofibrate micronized caps 30mg, 90mg	1	
fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg	1	QL (1 cap / 1 day)
gemfibrozil tabs 600mg	1	QL (2 tabs / 1 day)
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tabs 10mg, 20mg	1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
atorvastatin calcium tabs 40mg, 80mg	1	QL (1 tab / 1 day)
fluvastatin sodium caps 20mg, 40mg	1	QL (1 cap / 1 day); \$0 copay for members age 40 through 75
fluvastatin sodium tb24 80mg	1	QL (30 tabs / 1 day); \$0 copay for members age 40 through 75
lovastatin tabs 10mg, 20mg, 40mg	1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
rosuvastatin calcium tabs 5mg, 10mg	1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
rosuvastatin calcium tabs 20mg, 40mg	1	QL (1 tab / 1 day)
simvastatin tabs 5mg, 10mg, 20mg, 40mg	1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
simvastatin tabs 80mg	1	QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tabs 10mg</i>	1	QL (1 tab / 1 day)
NICOTINIC ACID DERIVATIVES		
<i>niacin (antihyperlipidemic) tabs 500mg; tbc 500mg, 750mg, 1000mg</i>	1	QL (2 tabs / 1 day)
<i>niacor tabs 500mg</i>	1	QL (2 tabs / 1 day)
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
<i>REPATHA SOSY 140mg/ml</i>	2	PA
<i>REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml</i>	2	PA
<i>REPATHA SURECLICK SOAJ 140mg/ml</i>	2	PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate soln 1mg/ml</i>	1	QL (5 mL / 1 day)
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	QL (1 tab / 1 day)
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	QL (2 caps / 1 day)
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl caps 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1	QL (1 tab / 1 day)
<i>EDARBI TABS 40mg, 80mg</i>	3	QL (1 tab / 1 day)
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1	QL (1 tab / 1 day)
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	QL (2 tabs / 1 day)
<i>olmesartan medoxomil tabs 5mg</i>	1	QL (2 tabs / 1 day)
<i>olmesartan medoxomil tabs 20mg, 40mg</i>	1	QL (1 tab / 1 day)
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	QL (1 tab / 1 day)
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1	QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine ptwk .1mg/24hr</i>	1	QL (4 patches / 28 days)
<i>clonidine ptwk .2mg/24hr</i>	1	QL (4 ea / 28 days)
<i>clonidine ptwk .3mg/24hr</i>	1	QL (8 ea / 28 days)
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (1 cap / 1 day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	QL (1 tab / 1 day)
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<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>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (2 tabs / 1 day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (1 tab / 1 day)
DUTOPROL TAB 50-12.5	2	QL (2 tabs / 1 day)
EDARBYCLOR TAB 40-12.5	3	QL (1 tab / 1 day)
EDARBYCLOR TAB 40-25MG	3	QL (1 tab / 1 day)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
EXFORGEH/5- TAB 160-25	3	QL (1 tab / 1 day)
EXFORGEH/10- TAB 320-25	3	QL (1 tab / 1 day)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	QL (2 tabs / 1 day)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	QL (1 tab / 1 day)
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (1 tab / 1 day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (1 tab / 1 day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (1 tab / 1 day)
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
TEKTURNA HCT TAB 150-12.5	2	QL (1 tab / 1 day)
TEKTURNA HCT TAB 150-25MG	2	QL (1 tab / 1 day)
TEKTURNA HCT TAB 300-12.5	2	QL (1 tab / 1 day)
TEKTURNA HCT TAB 300-25MG	2	QL (1 tab / 1 day)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (1 tab / 1 day)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (1 tab / 1 day)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (1 tab / 1 day)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (1 tab / 1 day)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (1 ea / 1 day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (1 ea / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (1 ea / 1 day)
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	QL (1 tab / 1 day)
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	QL (1 tab / 1 day)
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	QL (1 tab / 1 day)
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (1 tab / 1 day)
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	1	QL (1 tab / 1 day)
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tabs 25mg, 50mg</i>	1	QL (2 tabs / 1 day)
VASODILATORS		
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>minoxidil tabs 2.5mg, 10mg</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	QL (12 tabs / 274 days)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	QL (12 tabs / 274 days)
COARTEM TAB 20-120MG	2	QL (24 tabs / 23 days)
ANTIMALARIALS		
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1	QL (5 tabs / year)
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>mefloquine hcl tabs 250mg</i>	1	QL (4 tabs / 274 days)
<i>pyrimethamine tabs 25mg</i>	1	PA
<i>quinine sulfate caps 324mg</i>	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TABS 10mg	3	SP, PA
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine caps 250mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol hcl tabs 100mg, 400mg</i>	1	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml</i>	3	
<i>isoniazid tabs 100mg, 300mg</i>	1	
PASER PACK 4gm	2	
PRETOMANID TABS 200mg	3	PA
PRIFTIN TABS 150mg	2	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifabutin caps 150mg</i>	1	
<i>rifampin caps 150mg, 300mg</i>	1	
SIRTURO TABS 20mg	2	PA, QL (940 tabs / 135 days)
SIRTURO TABS 100mg	2	PA, QL (1.045 tabs / 1 day)
TRECTOR TABS 250mg	2	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide caps 25mg, 50mg</i>	1	
GLEOSTINE CAPS 10mg, 40mg, 100mg	2	SP, QL (3 caps / 23 days)
LEUKERAN TABS 2mg	2	
<i>melphalan tabs 2mg</i>	1	
MYLERAN TABS 2mg	2	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	1	SP

ANTIMETABOLITES

<i>capecitabine tabs 150mg, 500mg</i>	1	SP
<i>mercaptopurine tabs 50mg</i>	1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml</i>	1	SP
<i>methotrexate sodium tabs 2.5mg</i>	1	
TABLOID TABS 40mg	2	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	2	

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

INLYTA TABS 1mg, 5mg	3	SP, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	3	SP, PA, QL (2 ea / 1 day)
LENVIMA 10 MG DAILY DOSE CPPK 10mg	3	SP, PA, QL (2 ea / 1 day)
LENVIMA 20 MG DAILY DOSE CPPK 10mg	3	SP, PA, QL (2 ea / 1 day)
LENVIMA CAP 14 MG	3	SP, PA, QL (2 ea / 1 day)
LENVIMA CAP 18 MG	3	SP, PA, QL (3 ea / 1 day)

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 24 MG	3	SP, PA, QL (3 ea / 1 day)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TABS 50mg, 150mg	3	SP, PA, QL (4 tabs / 1 day)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TABS 10mg, 50mg	3	SP, PA
VENCLEXTA TAB START PK	3	SP, PA
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tabs 25mg, 100mg, 150mg	1	SP, PA, QL (1 tab / 1 day)
GILOTRIF TABS 20mg, 30mg, 40mg	3	SP, QL (1 tab / 1 day)
TAGRISSE TABS 40mg, 80mg	3	SP, PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAPS 150mg	3	SP, PA
ODOMZO CAPS 200mg	3	SP, PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tabs 250mg	1	SP, PA, QL (4 tabs / 1 day)
abiraterone acetate tabs 500mg	1	SP, PA, QL (2 tabs / 1 day)
anastrozole tabs 1mg	1	QL (1 tab / 1 day); \$0 copay for women ages 35 and older for the primary prevention of breast cancer
bicalutamide tabs 50mg	1	QL (1 tab / 1 day)
EMCYT CAPS 140mg	2	
ERLEADA TABS 60mg	3	SP, PA
exemestane tabs 25mg	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
flutamide caps 125mg	1	QL (6 caps / 1 day)
letrozole tabs 2.5mg	1	QL (1 tab / 1 day)
LYSODREN TABS 500mg	2	SP
megestrol acetate susp 40mg/ml	1	QL (480 mL / 23 days)
megestrol acetate susp 40mg/ml, 400mg/10ml	1	QL (16 mL / 1 day)
megestrol acetate tabs 20mg, 40mg	1	
nilutamide tabs 150mg	1	
NUBEQA TABS 300mg	3	SP, PA
SOLTAMOX SOLN 10mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tabs 60mg</i>	1	QL (1 tab / 1 day)
XTANDI CAPS 40mg; TABS 40mg, 80mg	3	SP, PA
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	3	SP, PA, QL (0.75 caps / 1 day)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO TBPK 40mg, 50mg, 60mg	3	SP, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	3	SP, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	3	SP, PA
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	3	SP, PA
LONSURF TAB 15-6.14	3	SP, PA
LONSURF TAB 20-8.19	3	SP, PA
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAPS 150mg	3	SP, PA
BALVERSA TABS 3mg, 4mg, 5mg	3	SP, PA
BOSULIF TABS 100mg, 400mg, 500mg	3	SP, PA
BRUKINSA CAPS 80mg	3	SP, PA
CABOMETYX TABS 20mg, 40mg, 60mg	3	SP, PA
CALQUENCE CAPS 100mg	3	SP, PA
CAPRELSA TABS 100mg, 300mg	2	SP, PA
COMETRIQ KIT 20mg	3	SP, PA, QL (0.036 kits / 1 day)
COMETRIQ KIT 100MG	3	SP, PA, QL (0.036 kits / 1 day)
COMETRIQ KIT 140MG	3	SP, PA, QL (0.036 kits / 1 day)
COTELLIC TABS 20mg	3	SP, PA
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	1	SP, PA, QL (1 tab / 1 day)
<i>everolimus tbso 2mg, 3mg, 5mg</i>	1	SP, PA, QL (1 ea / 1 day)
IBRANCE CAPS 75mg, 100mg, 125mg	3	SP, PA, QL (21 caps / 21 days)
IBRANCE TABS 75mg, 100mg, 125mg	3	SP, PA
IDHIFA TABS 50mg, 100mg	3	SP, PA, QL (1 tab / 1 day)
<i>imatinib mesylate tabs 100mg, 400mg</i>	1	SP, PA, QL (2 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPS 70mg	3	SP, PA, QL (1 cap / 1 day)
IMBRUVICA CAPS 140mg	3	SP, PA, QL (4 caps / 1 day)
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	3	SP, PA, QL (1 tab / 1 day)
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	3	SP, PA, QL (2 tabs / 1 day)
KOSELUGO CAPS 10mg, 25mg	3	SP, PA
<i>lapatinib ditosylate tabs 250mg</i>	1	SP, PA
LYNPARZA TABS 100mg	3	SP, PA, QL (6 tabs / 1 day)
LYNPARZA TABS 150mg	3	SP, PA, QL (4 tabs / 1 day)
MEKINIST TABS .5mg, 2mg	3	SP, PA, QL (1 tab / 1 day)
MEKTOVI TABS 15mg	3	SP, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	3	SP, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	3	SP, PA
PIQRAY 250MG TAB DOSE	3	SP, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	3	SP, PA
ROZLYTREK CAPS 100mg, 200mg	3	SP, PA
RUBRACA TABS 200mg, 250mg, 300mg	3	SP, PA
RYDAPT CAPS 25mg	3	SP, PA
<i>sorafenib tosylate tabs 200mg</i>	1	SP, PA, QL (4 tabs / 1 day)
SPRYCEL TABS 20mg, 70mg, 80mg, 100mg, 140mg	2	SP, PA, QL (1 tab / 1 day)
SPRYCEL TABS 50mg	2	SP, PA, QL (2 tabs / 1 day)
STIVARGA TABS 40mg	3	SP, PA, QL (3 tabs / 1 day)
<i>sunitinib malate caps 12.5mg, 25mg, 50mg</i>	1	SP, PA, QL (1 cap / 1 day)
<i>sunitinib malate caps 37.5mg</i>	1	SP, QL (1 cap / 1 day)
TAFINLAR CAPS 50mg, 75mg	3	SP, PA, QL (4 caps / 1 day)
TASIGNA CAPS 50mg	2	SP, PA, QL (4 caps / 1 day)
TASIGNA CAPS 150mg, 200mg	2	SP, PA
TIBSOVO TABS 250mg	3	SP, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	3	SP, PA
VITRAKVI CAPS 25mg	3	SP, PA, QL (2 caps / 1 day)
VITRAKVI CAPS 100mg	3	SP, PA, QL (6 caps / 1 day)

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI SOLN 20mg/ml	3	SP, PA, QL (10 mL / 1 day)
VOTRIENT TABS 200mg	2	SP, PA, QL (4 tabs / 1 day)
XALKORI CAPS 200mg, 250mg	3	SP, PA, QL (2 caps / 1 day)
XOSPATA TABS 40mg	3	SP, PA
ZEJULA CAPS 100mg	3	SP, PA, QL (1 cap / 1 day)
ZELBORAF TABS 240mg	3	SP, PA, QL (8 tabs / 1 day)
ZOLINZA CAPS 100mg	2	SP, QL (4 caps / 1 day)
ZYKADIA TABS 150mg	3	SP, PA
ANTINEOPLASTICS MISC.		
ACTIMMUNE SOLN 2000000unit/0.5ml	3	SP
ALFERON N SOLN 5000000unit/ml	3	SP, PA
bexarotene caps 75mg	1	SP
hydroxyurea caps 500mg	1	
MATULANE CAPS 50mg	2	SP
tretinoin (chemotherapy) caps 10mg	1	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg	1	
MESNEX TABS 400mg	3	
MITOTIC INHIBITORS		
etoposide caps 50mg	3	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tabs 25mg	1	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tabs .5mg, 1mg, 2mg	1	
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	1	
ANTIPARKINSON COMT INHIBITORS		
entacapone tabs 200mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl caps 100mg; soln 50mg/5ml	1	
amantadine hcl tabs 100mg	2	
APOKYN SOCT 30mg/3ml	3	SP, QL (0.2 injections / 1 day)
apomorphine hydrochloride soct 30mg/3ml	1	SP, QL (0.2 injections / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	QL (8 tabs / 1 day)
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	QL (8 tabs / 1 day)
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	QL (8 tabs / 1 day)
<i>carbidopa & levodopa tab 10-100 mg</i>	1	QL (8 tabs / 1 day)
<i>carbidopa & levodopa tab 25-100 mg</i>	1	QL (8 tabs / 1 day)
<i>carbidopa & levodopa tab 25-250 mg</i>	1	QL (8 tabs / 1 day)
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	QL (8 tabs / 1 day)
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	QL (8 tabs / 1 day)
<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	
DHIVY TAB 25-100MG	3	QL (8 tabs / 1 day)
INBRIJA CAPS 42mg	3	SP, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	2	QL (1 patch / 1 day)
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>pramipexole dihydrochloride tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	1	QL (1 tab / 1 day)
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tabs .5mg, 1mg</i>	1	QL (1 tab / 1 day)
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS - MISC.		
EQUETRO CP12 100mg, 200mg, 300mg	2	
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	2	QL (1 tab / 1 day)
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	1	QL (2 caps / 1 day)
BENZISOXAZOLES		
INVEGA HAFYERA SUSY 1092mg/3.5ml	3	QL (3.5 injections / 150 days)
INVEGA HAFYERA SUSY 1560mg/5ml	3	QL (5 injections / 150 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml	3	QL (1 injection / 23 days)
INVEGA SUSTENNA SUSY 234mg/1.5ml	3	QL (1.5 injections / 23 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	3	QL (1 injection / 67 days)
paliperidone tb24 1.5mg, 3mg, 6mg, 9mg	3	QL (1 tab / 1 day)
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	2	
risperidone soln 1mg/ml	1	QL (8 mL / 1 day)
risperidone tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .5mg, 1mg, 2mg, 3mg, 4mg	1	QL (2 tabs / 1 day)
risperidone tbdp .25mg	1	QL (8 ea / 1 day)
BUTYROPHENONES		
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol lactate conc 2mg/ml	1	
DIBENZAPINES		
asenapine maleate subl 2.5mg, 5mg, 10mg	1	QL (60 tabs / 23 days)
clozapine tabs 25mg, 50mg, 100mg, 200mg	1	
clozapine tbdp 12.5mg	1	QL (3 tabs / 1 day)
clozapine tbdp 25mg, 100mg, 200mg	1	QL (4 tabs / 1 day)
clozapine tbdp 150mg	1	QL (6 ea / 1 day)
loxapine succinate caps 5mg, 10mg, 25mg, 50mg	1	
olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg	1	QL (1 tab / 1 day)
quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg	1	QL (3 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tabs 300mg, 400mg; tb24 50mg, 150mg, 400mg</i>	1	QL (2 tabs / 1 day)
<i>quetiapine fumarate tb24 200mg, 300mg</i>	1	QL (1 tab / 1 day)
ZYPREXA RELPREVV SUSR 210mg, 300mg, 405mg	3	

PHENOTHIAZINES

<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	
<i>compro supp 25mg</i>	1	
<i>fluphenazine decanoate soln 25mg/ml</i>	1	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	1	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	1	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	1	

QUINOLINONE DERIVATIVES

ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	3	PA
<i>aripiprazole soln 1mg/ml</i>	1	QL (10 mL / 1 day)
<i>aripiprazole tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	1	QL (1 tab / 1 day)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	3	PA, QL (1 injection / 23 days)
ARISTADA INITIO PRSY 675mg/2.4ml	3	PA
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	

THIOXANTHENES

<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	1	
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ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20mg/ml</i>	1	SP, QL (30 mL / 1 day)
<i>abacavir sulfate tabs 300mg</i>	1	SP, QL (2 tabs / 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	SP, QL (1 tab / 1 day)
APTIVUS CAPS 250mg	2	SP, QL (4 caps / 1 day)
<i>atazanavir sulfate caps 150mg, 300mg</i>	1	SP, QL (1 cap / 1 day)
<i>atazanavir sulfate caps 200mg</i>	1	SP, QL (2 caps / 1 day)
BIKTARVY TAB	2	SP, QL (1 tab / 1 day)
CIMDUO TAB 300-300	2	SP, QL (1 tab / 1 day)
COMPLERA TAB	2	SP, QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO TAB	2	SP, QL (1 tab / 1 day)
DESCOVY TAB 120-15MG	2	SP, QL (1 tab / 1 day)
DESCOVY TAB 200/25MG	2	SP, QL (1 tab / 1 day); Exception process available for \$0 copay when medically necessary for pre- exposure prophylaxis
DOVATO TAB 50-300MG	2	SP, QL (1 tab / 1 day)
EDURANT TABS 25mg	3	SP, QL (1 tab / 1 day)
<i>efavirenz caps 50mg, 200mg</i>	1	SP, QL (1 cap / 1 day)
<i>efavirenz tabs 600mg</i>	1	SP, QL (1 tab / 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	SP, QL (1 tab / 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	SP, QL (1 tab / 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	SP, QL (1 tab / 1 day)
<i>emtricitabine caps 200mg</i>	1	SP, QL (1 cap / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	SP, QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	SP, QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	SP, QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	SP, QL (1 tab / 1 day); \$0 copay for pre- exposure prophylaxis
EMTRIVA SOLN 10mg/ml	2	SP, QL (2.5 mL / 1 day)
<i>etravirine tabs 100mg, 200mg</i>	1	SP, QL (2 tabs / 1 day)
EVOTAZ TAB 300-150	2	SP, QL (30 tabs / 23 days)
<i>fosamprenavir calcium tabs 700mg</i>	1	SP, QL (4 tabs / 1 day)
FUZEON SOLR 90mg	2	SP
GENVOYA TAB	2	SP, QL (1 tab / 1 day)
INTELENCE TABS 25mg	2	SP, QL (4 tabs / 1 day)
INTELENCE TABS 100mg, 200mg	2	SP, QL (2 tabs / 1 day)
ISENTRESS CHEW 25mg, 100mg; TABS 400mg	2	SP, QL (2 tabs / 1 day)
ISENTRESS PACK 100mg	2	SP
ISENTRESS HD TABS 600mg	2	SP, QL (2 tabs / 1 day)
JULUCA TAB 50-25MG	2	SP, QL (1 tab / 1 day)
<i>lamivudine soln 10mg/ml</i>	1	SP
<i>lamivudine tabs 150mg, 300mg</i>	1	SP, QL (2 tabs / 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	SP

Drug Name	Drug Tier	Requirements/Limits
LEXIVA SUSP 50mg/ml	2	SP, QL (120 mL / 23 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	SP, QL (20 mL / 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	SP, QL (4 tabs / 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	SP, QL (4 tabs / 1 day)
<i>maraviroc tabs 150mg, 300mg</i>	1	SP
<i>nevirapine susp 50mg/5ml</i>	1	SP
<i>nevirapine tabs 200mg</i>	1	SP, QL (2 tabs / 1 day)
<i>nevirapine tb24 100mg</i>	1	SP, QL (4 tabs / 1 day)
<i>nevirapine tb24 400mg</i>	1	SP, QL (1 tab / 1 day)
NORVIR PACK 100mg; SOLN 80mg/ml	2	SP
ODEFSEY TAB	2	SP, QL (1 tab / 1 day)
PIFELTRO TABS 100mg	2	SP, QL (1 tab / 1 day)
PREZCOBIX TAB 800-150	2	SP, QL (30 tabs / 23 days)
PREZISTA SUSP 100mg/ml	2	SP, QL (13.333 mL / 1 day)
PREZISTA TABS 75mg	2	SP, QL (16 tabs / 1 day)
PREZISTA TABS 150mg	2	SP, QL (8 tabs / 1 day)
PREZISTA TABS 600mg	2	SP, QL (2 tabs / 1 day)
PREZISTA TABS 800mg	2	SP, QL (1 tab / 1 day)
REYATAZ PACK 50mg	2	SP
<i>ritonavir tabs 100mg</i>	1	SP
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg	2	SP
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	1	SP, QL (2 caps / 1 day)
STRIBILD TAB	2	SP, QL (1 tab / 1 day)
SYMTUZA TAB	2	SP, QL (1 tab / 1 day)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	SP, QL (1 tab / 1 day)
TIVICAY TABS 10mg, 25mg, 50mg	2	SP, QL (2 tabs / 1 day)
TIVICAY PD TBSO 5mg	2	SP, QL (6 tabs / 1 day)
TRIUMEQ PD TAB	2	SP, QL (6 tabs / 1 day)
TRIUMEQ TAB	2	SP, QL (1 tab / 1 day)
TRIZIVIR TAB	3	SP, QL (2 tabs / 1 day)
TYBOST TABS 150mg	2	SP, QL (1 tab / 1 day)
VIRACEPT TABS 250mg, 625mg	2	SP, QL (4 tabs / 1 day)
VIREAD POWD 40mg/gm	2	SP, QL (1 gm / 1 day)
VIREAD TABS 150mg, 200mg, 250mg	2	SP, QL (1 tab / 1 day)
<i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i>	1	SP
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	3	
CMV AGENTS		
PREVYMIS TABS 240mg, 480mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	1	
HEPATITIS AGENTS		
<i>adefovir dipivoxil tabs 10mg</i>	1	SP, QL (1 tab / 1 day)
BARACLUDE SOLN .05mg/ml	2	SP, QL (6 mL / 1 day)
<i>entecavir tabs .5mg, 1mg</i>	1	SP, QL (1 tab / 1 day)
EPCLUSA PAK 150-37.5	3	SP, PA; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	3	SP, PA; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	3	SP, PA; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	3	SP, PA; For genotypes 1, 2, 3, 4, 5, 6
EPIVIR HBV SOLN 5mg/ml	2	SP
HARVONI PAK	3	SP, PA; For genotypes 1, 4, 5, and 6
HARVONI PAK 45-200MG	3	SP, PA; For genotypes 1, 4, 5, and 6
HARVONI TAB 45-200MG	3	SP, PA; For genotypes 1, 4, 5, and 6
HARVONI TAB 90-400MG	3	SP, PA, QL (1 tab / 1 day); For genotypes 1, 4, 5, and 6
<i>lamivudine (hcv) tabs 100mg</i>	1	SP, QL (3 tabs / 1 day)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	3	SP, PA
<i>ribavirin (hepatitis c) tabs 200mg</i>	1	SP, PA
SOVALDI PACK 150mg, 200mg; TABS 200mg, 400mg	3	SP, PA
VEMLIDY TABS 25mg	3	SP, QL (1 tab / 1 day)
VOSEVI TAB	3	SP, PA; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
HERPES AGENTS		
<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	1	
<i>famciclovir tabs 125mg, 250mg</i>	1	QL (3 tabs / 1 day)
<i>famciclovir tabs 500mg</i>	1	QL (2 tabs / 1 day)
<i>valacyclovir hcl tabs 1gm</i>	1	QL (3 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl tabs 500mg</i>	1	QL (2 tabs / 1 day)
<i>valacyclovir hcl tabs 1000mg</i>	1	QL (60 tabs / 23 days)
INFLUENZA AGENTS		
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg</i>	1	QL (20 ea / 180 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	1	QL (150 mL / 180 days)
RELENZA DISKHALER AEPB 5mg/blister	3	QL (0.005 inhalers / 1 day)
<i>rimantadine hydrochloride tabs 100mg</i>	1	QL (0.5 tabs / 1 day)
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
<i>ribavirin solr 6gm</i>	3	PA
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	QL (2 tabs / 1 day)
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1	QL (1 cap / 1 day)
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl caps 200mg, 400mg</i>	1	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	QL (1 tab / 1 day)
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	1	
<i>nebivolol hcl tabs 2.5mg, 5mg</i>	1	
<i>nebivolol hcl tabs 10mg</i>	1	QL (4 tabs / 1 day)
<i>nebivolol hcl tabs 20mg</i>	1	QL (2 tabs / 1 day)
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	
<i>pindolol tabs 5mg, 10mg</i>	2	
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg</i>	1	QL (1 cap / 1 day)
<i>propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg</i>	1	
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	1	QL (2 tabs / 1 day)
CARDIZEM LA TB24 120mg	2	QL (1 tab / 1 day)
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	1	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg</i>	1	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>diltiazem hcl coated beads cp24 360mg</i>	1	QL (1 cap / 1 day)
<i>diltiazem hcl coated beads tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	QL (1 tab / 1 day)
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	1	
<i>isradipine caps 2.5mg, 5mg</i>	1	QL (4 caps / 1 day)
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	QL (1 tab / 1 day)
<i>nicardipine hcl caps 20mg, 30mg</i>	1	
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	1	
<i>nimodipine caps 30mg</i>	1	QL (8.4 caps / 1 day)
<i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	1	QL (1 tab / 1 day)
NYMALIZE SOLN 6mg/ml	3	
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg</i>	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digitek tabs 125mcg, 250mcg</i>	1	
<i>digoxin tabs .125mg, .25mg, 62.5mcg</i>	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	3	SP, PA

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	QL (1 tab / 1 day)
ENTRESTO TAB 24-26MG	2	QL (2 tabs / 1 day)
ENTRESTO TAB 49-51MG	2	QL (2 tabs / 1 day)
ENTRESTO TAB 97-103MG	2	QL (2 tabs / 1 day)
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	QL (6 tabs / 1 day)
IMPOTENCE AGENTS		
CAVERJECT SOLR 20mcg, 40mcg	3	PA, QL (6 vials / 23 days)
CAVERJECT IMPULSE KIT 10mcg	3	PA, QL (6 each / 23 days)
CAVERJECT IMPULSE KIT 20mcg	3	PA, QL (6 kits / 23 days)
EDEX KIT 10mcg	3	PA, QL (6 each / 23 days)
EDEX KIT 20mcg, 40mcg	3	PA, QL (6 kits / 23 days)
MUSE PLLT 250mcg, 500mcg, 1000mcg	3	PA, QL (6 sup / 23 days)
<i>sildenafil citrate tabs 25mg, 50mg, 100mg</i>	1	PA, QL (6 tabs / 23 days)
<i>tadalafil tabs 2.5mg, 5mg</i>	1	QL (1 tab / 1 day)
<i>tadalafil tabs 10mg, 20mg</i>	1	PA, QL (6 tabs / 23 days)
<i>varafenafil hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	PA, QL (6 tabs / 23 days)

Drug Name	Drug Tier	Requirements/Limits
PROSTAGLANDIN VASODILATORS		
ORENITRAM TBCR 1mg	3	SP, PA, QL (8 tabs / 1 day)
ORENITRAM TBCR .125mg, .25mg, 2.5mg	3	SP, PA, QL (4 tabs / 1 day)
TYVASO SOLN .6mg/ml	3	SP, PA, QL (87 mL / 23 days)
TYVASO REFILL SOLN .6mg/ml	3	SP, PA, QL (87 mL / 23 days)
TYVASO STARTER SOLN .6mg/ml	3	SP, PA, QL (87 mL / 23 days)
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	3	SP, PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tabs 5mg, 10mg</i>	1	SP, PA, QL (1 tab / 1 day)
<i>bosentan tabs 62.5mg</i>	1	SP, PA, QL (4 tabs / 1 day)
<i>bosentan tabs 125mg</i>	1	SP, PA, QL (2 tabs / 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq tabs 20mg</i>	3	SP, PA, QL (2 tabs / 1 day)
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml</i>	1	SP, PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	1	SP, PA, QL (90 tabs / 1 day)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	3	SP, PA, QL (2 tabs / 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRA VI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	SP, PA
UPTRA VI PACK TAB 200/800	3	SP, PA
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	SP, PA, QL (90 tabs / 23 days)
SINUS NODE INHIBITORS		
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	2	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAPS 61mg	3	SP, PA
VYNDAQEL CAPS 20mg	3	SP, PA

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1	
<i>cephalexin caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
CEFACTOR ER TB12 500mg	2	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	1	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	1	
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	2	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle</i>	1	\$0 copay
<i>altavera</i>	1	\$0 copay
<i>alyacen 1/35</i>	1	\$0 copay
<i>alyacen 7/7/7</i>	1	\$0 copay
<i>amethia</i>	1	\$0 copay
<i>amethyst</i>	1	\$0 copay
<i>apri</i>	1	\$0 copay
<i>aranelle</i>	1	\$0 copay
<i>ashlyna</i>	1	\$0 copay
<i>aubra</i>	1	\$0 copay
<i>aubra eq</i>	1	\$0 copay
<i>aurovela 1.5/30</i>	1	\$0 copay
<i>aurovela 1/20</i>	1	\$0 copay
<i>aurovela 24 fe</i>	1	\$0 copay
<i>aurovela fe 1.5/30</i>	1	\$0 copay
<i>aurovela fe 1/20</i>	1	\$0 copay
<i>aviane</i>	1	\$0 copay
<i>ayuna</i>	1	\$0 copay
<i>azurette</i>	1	\$0 copay
<i>balziva</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi 24 fe</i>	1	\$0 copay
<i>blisovi fe 1.5/30</i>	1	\$0 copay
<i>blisovi fe 1/20</i>	1	\$0 copay
<i>briellyn</i>	1	\$0 copay
<i>camrese</i>	1	\$0 copay
<i>camrese lo</i>	1	\$0 copay
<i>charlotte 24 fe</i>	1	\$0 copay
<i>chateal</i>	1	\$0 copay
<i>chateal eq</i>	1	\$0 copay
<i>cryselle-28</i>	1	\$0 copay
<i>cyred</i>	1	\$0 copay
<i>cyred eq</i>	1	\$0 copay
<i>dasetta 1/35</i>	1	\$0 copay
<i>dasetta 7/7/7</i>	1	\$0 copay
<i>daysee</i>	1	\$0 copay
<i>delyla</i>	1	\$0 copay
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	\$0 copay
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	\$0 copay
<i>dolishale</i>	1	\$0 copay
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	\$0 copay
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	\$0 copay
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	\$0 copay
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	\$0 copay
<i>elinest</i>	1	\$0 copay
<i>emoquette</i>	1	\$0 copay
<i>enpresse-28</i>	1	\$0 copay
<i>enskyce</i>	1	\$0 copay
<i>estarylla</i>	1	\$0 copay
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	\$0 copay
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	\$0 copay
<i>falmina</i>	1	\$0 copay
<i>fayosim</i>	1	\$0 copay
<i>femynor</i>	1	\$0 copay
<i>finzala</i>	1	\$0 copay
<i>gemmily</i>	1	\$0 copay
<i>hailey 1.5/30</i>	1	\$0 copay
<i>hailey 24 fe</i>	1	\$0 copay
<i>hailey fe 1.5/30</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>hailey fe 1/20</i>	1	\$0 copay
<i>iclevia</i>	1	\$0 copay
<i>introvale</i>	1	\$0 copay
<i>isibloom</i>	1	\$0 copay
<i>jaimiess</i>	1	\$0 copay
<i>jasmiel</i>	1	\$0 copay
<i>jolessa</i>	1	\$0 copay
<i>juleber</i>	1	\$0 copay
<i>junel 1.5/30</i>	1	\$0 copay
<i>junel 1/20</i>	1	\$0 copay
<i>junel fe 1.5/30</i>	1	\$0 copay
<i>junel fe 1/20</i>	1	\$0 copay
<i>junel fe 24</i>	1	\$0 copay
<i>kaitlib fe</i>	1	\$0 copay
<i>kalliga</i>	1	\$0 copay
<i>kariva</i>	1	\$0 copay
<i>kelnor 1/35</i>	1	\$0 copay
<i>kelnor 1/35</i>	1	QL (28 tabs / 28 days); \$0 copay
<i>kelnor 1/50</i>	1	\$0 copay
<i>kurvelo</i>	1	\$0 copay
<i>larin 1.5/30</i>	1	\$0 copay
<i>larin 1/20</i>	1	\$0 copay
<i>larin 24 fe</i>	1	\$0 copay
<i>larin fe 1.5/30</i>	1	\$0 copay
<i>larin fe 1/20</i>	1	\$0 copay
<i>layolis fe</i>	1	\$0 copay
<i>leena</i>	1	\$0 copay
<i>lessina</i>	1	\$0 copay
<i>levonest</i>	1	\$0 copay
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	\$0 copay
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	\$0 copay
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	\$0 copay
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	\$0 copay
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	\$0 copay
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	\$0 copay
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	1	\$0 copay
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>levora 0.15/30-28</i>	1	\$0 copay
LO LOESTRIN TAB 1-10-10	2	\$0 copay
<i>lo-zumandimine</i>	1	\$0 copay
<i>loestrin 1.5/30-21</i>	1	\$0 copay
<i>loestrin 1/20-21</i>	1	QL (21 tabs / 28 days); \$0 copay
<i>loestrin fe 1.5/30</i>	1	\$0 copay
<i>loestrin fe 1/20</i>	1	\$0 copay
<i>lojaimiess</i>	1	\$0 copay
<i>loryna</i>	1	\$0 copay
<i>low-ogestrel</i>	1	\$0 copay
<i>lutra</i>	1	\$0 copay
<i>marlissa</i>	1	\$0 copay
<i>merzee</i>	1	\$0 copay
<i>microgestin 1.5/30</i>	1	\$0 copay
<i>microgestin 1/20</i>	1	\$0 copay
<i>microgestin 24 fe</i>	1	\$0 copay
<i>microgestin fe 1.5/30</i>	1	\$0 copay
<i>microgestin fe 1/20</i>	1	\$0 copay
<i>mili</i>	1	\$0 copay
<i>mono-lynyah</i>	1	\$0 copay
NATAZIA TAB	2	\$0 copay
<i>necon 0.5/35-28</i>	1	\$0 copay
<i>nikki</i>	1	\$0 copay
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	\$0 copay
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	\$0 copay
<i>norethindrone ace-ethinyl estrad-fe tab 1- 20/1-30/1-35 mg-mcg</i>	1	\$0 copay
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	\$0 copay
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	\$0 copay
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	\$0 copay
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	\$0 copay
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	\$0 copay
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	\$0 copay
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	\$0 copay
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	\$0 copay
<i>nortrel 0.5/35 (28)</i>	1	\$0 copay
<i>nortrel 1/35</i>	1	\$0 copay
<i>nortrel 7/7/7</i>	1	\$0 copay
<i>nylia 1/35</i>	1	\$0 copay
<i>nylia 7/7/7</i>	1	\$0 copay
<i>nymyo</i>	1	\$0 copay
<i>ocella</i>	1	\$0 copay
<i>philith</i>	1	\$0 copay
<i>pimtrea</i>	1	\$0 copay
<i>pirmella 1/35</i>	1	\$0 copay
<i>pirmella 7/7/7</i>	1	\$0 copay
<i>portia-28</i>	1	\$0 copay
<i>reclipsen</i>	1	\$0 copay
<i>rivelsa</i>	1	\$0 copay
<i>setlakin</i>	1	\$0 copay
<i>simliya</i>	1	\$0 copay
<i>simpesse</i>	1	\$0 copay
<i>sprintec 28</i>	1	\$0 copay
<i>sronyx</i>	1	\$0 copay
<i>syeda</i>	1	\$0 copay
<i>tarina 24 fe</i>	1	\$0 copay
<i>tarina fe 1/20</i>	1	\$0 copay
<i>tarina fe 1/20 eq</i>	1	\$0 copay
<i>taysofy</i>	1	\$0 copay
<i>tilia fe</i>	1	\$0 copay
<i>tri femynor</i>	1	\$0 copay
<i>tri-estarylla</i>	1	\$0 copay
<i>tri-legest fe</i>	1	\$0 copay
<i>tri-linyah</i>	1	\$0 copay
<i>tri-lo-estarylla</i>	1	\$0 copay
<i>tri-lo-marzia</i>	1	\$0 copay
<i>tri-lo-mili</i>	1	\$0 copay
<i>tri-lo-sprintec</i>	1	\$0 copay
<i>tri-mili</i>	1	\$0 copay
<i>tri-nymyo</i>	1	\$0 copay
<i>tri-sprintec</i>	1	\$0 copay
<i>tri-vylibra</i>	1	\$0 copay
<i>tri-vylibra lo</i>	1	\$0 copay
<i>trivora-28</i>	1	\$0 copay
<i>tydemy</i>	1	\$0 copay
<i>velivet</i>	1	\$0 copay
<i>vestura</i>	1	\$0 copay
<i>vienva</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>viorele</i>	1	\$0 copay
<i>volnea</i>	1	\$0 copay
<i>vyfemla</i>	1	\$0 copay
<i>vylibra</i>	1	\$0 copay
<i>wera</i>	1	\$0 copay
<i>wymzya fe</i>	1	\$0 copay
<i>zovia 1/35</i>	1	\$0 copay
<i>zumandimine</i>	1	\$0 copay
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>xulane</i>	1	\$0 copay
<i>zafemy</i>	1	\$0 copay
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>eluryng</i>	1	QL (13 rings / 300 days); \$0 copay
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	QL (13 rings / 300 days); \$0 copay
EMERGENCY CONTRACEPTIVES		
<i>aftera tabs 1.5mg</i>	1	OTC; \$0 copay
<i>afterpill tabs 1.5mg</i>	1	OTC; \$0 copay
<i>econtra ez tabs 1.5mg</i>	1	OTC; \$0 copay
<i>econtra one-step tabs 1.5mg</i>	1	OTC; \$0 copay
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	1	OTC; \$0 copay
<i>my choice tabs 1.5mg</i>	1	OTC; \$0 copay
<i>my way tabs 1.5mg</i>	1	OTC; \$0 copay
<i>new day tabs 1.5mg</i>	1	OTC; \$0 copay
<i>opcicon one-step tabs 1.5mg</i>	1	OTC; \$0 copay
<i>option 2 tabs 1.5mg</i>	1	OTC; \$0 copay
<i>react tabs 1.5mg</i>	1	OTC; \$0 copay
<i>take action tabs 1.5mg</i>	1	OTC; \$0 copay
PROGESTIN CONTRACEPTIVES - INJECTABLE		
<i>DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml</i>	3	QL (6.154 injections / 300 days); \$0 copay
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	1	QL (4 injections / 300 days); \$0 copay
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila tabs .35mg</i>	1	\$0 copay
<i>deblitane tabs .35mg</i>	1	\$0 copay
<i>errin tabs .35mg</i>	1	\$0 copay
<i>heather tabs .35mg</i>	1	\$0 copay
<i>incassia tabs .35mg</i>	1	\$0 copay
<i>jencycla tabs .35mg</i>	1	\$0 copay
<i>lyleq tabs .35mg</i>	1	\$0 copay
<i>lyza tabs .35mg</i>	1	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>nora-be tabs .35mg</i>	1	\$0 copay
<i>norethindrone (contraceptive) tabs .35mg</i>	1	\$0 copay
<i>norlyroc tabs .35mg</i>	1	\$0 copay
<i>sharobel tabs .35mg</i>	1	\$0 copay

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

<i>budesonide cpep 3mg</i>	1	QL (3 caps / 1 day)
<i>budesonide tb24 9mg</i>	1	QL (1 tab / 1 day)
<i>dexamethasone elix .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	1	
<i>dexamethasone soln .5mg/5ml</i>	2	
<i>hidex 6-day tbpk 1.5mg</i>	1	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	1	
MEDROL TABS 2mg	3	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1	
MILLIPRED TABS 5mg	1	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 6.7mg/5ml, 15mg/5ml; tbdp 10mg, 15mg, 30mg</i>	1	
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	3	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	1	
PREDNISONE INTENSOL CONC 5mg/ml	2	
<i>taperdex 6-day tbpk 1.5mg</i>	1	

MINERALOCORTICIDS

<i>fludrocortisone acetate tabs .1mg</i>	1	
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COUGH/COLD/ALLERGY

ANTITUSSIVES

<i>benzonatate caps 100mg</i>	1	QL (3 caps / 1 day)
<i>benzonatate caps 150mg</i>	1	
<i>benzonatate caps 200mg</i>	1	QL (90 caps / 23 days)
DEXTROMETHOR POW HBR	3	
DEXTROMETHOR POW HBR MONO	3	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL (16 mL / 1 day); Excludes children under 6 years
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	Excludes children under 6 years

Drug Name	Drug Tier	Requirements/Limits
<i>hydromet</i>	1	QL (16 mL / 1 day); Excludes children under 6 years

COUGH/COLD/ALLERGY COMBINATIONS

<i>alavert allergy/sinus</i>	1	QL (60 ea / 1 day), OTC
<i>alavert d-12 hour allergy</i>	1	QL (60 ea / 1 day), OTC
<i>allergy relief d</i>	1	QL (60 ea / 1 day), OTC
<i>allergy relief d-12</i>	1	QL (60 ea / 1 day), OTC
<i>allergy relief d-24</i>	1	QL (30 tabs / 1 day), OTC
<i>allergy relief-d</i>	1	QL (60 ea / 1 day), OTC
<i>allergy relief/nasal deco</i>	1	QL (30 tabs / 1 day), OTC
<i>allergy-relief-d</i>	1	QL (30 tabs / 1 day), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	1	QL (60 ea / 1 day), OTC
<i>cvs allergy relief-d</i>	1	QL (30 tabs / 1 day), OTC
<i>cvs allergy relief-d</i>	1	QL (60 ea / 1 day), OTC
<i>cvs allergy relief-d12</i>	1	QL (60 ea / 1 day), OTC
<i>eq allergy relief nasal d</i>	1	QL (60 ea / 1 day), OTC
<i>eq allergy relief/nasal d</i>	1	QL (30 tabs / 1 day), OTC
<i>eql allergy/congestion re</i>	1	QL (30 tabs / 1 day), OTC
<i>g tussin ac</i>	1	OTC; Excludes children under 12 years; OTC
GILPHEX TR TAB 10-388MG	3	
<i>goodsense all day allergy</i>	1	QL (60 ea / 1 day), OTC
<i>guaiatussin ac</i>	1	OTC; Excludes children under 12 years; OTC
<i>guaifenesin ac</i>	1	OTC; Excludes children under 12 years; OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	OTC; Excludes children under 12 years; OTC
<i>hm allergy & congestion</i>	1	QL (60 ea / 1 day), OTC
<i>hm allergy complete-d</i>	1	QL (60 ea / 1 day), OTC
<i>hm allergy relief & nasal</i>	1	QL (30 tabs / 1 day), OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (4 mL / 1 day); Excludes children under 6 years
<i>kls aller-tec d</i>	1	QL (60 ea / 1 day), OTC
<i>kls allerclear d-12 hr</i>	1	QL (60 ea / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>kls allerclear d-24hr</i>	1	QL (30 tabs / 1 day), OTC
<i>loratadine-d 12hr</i>	1	QL (60 ea / 1 day), OTC
<i>loratadine-d 24hr</i>	1	QL (30 tabs / 1 day), OTC
<i>maxi-tuss ac</i>	1	OTC; Excludes children under 12 years; OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine vc</i>	1	
<i>promethazine vc/codeine</i>	1	Excludes children under 12 years
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	Excludes children under 12 years
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	Excludes children under 12 years
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<i>px allergy relief d</i>	1	QL (30 tabs / 1 day), OTC
<i>px allergy relief d</i>	1	QL (60 ea / 1 day), OTC
<i>ra allergy & congestion r</i>	1	QL (60 ea / 1 day), OTC
<i>ra allergy relief & nasal</i>	1	QL (30 tabs / 1 day), OTC
<i>ra allergy relief/nasal d</i>	1	QL (30 tabs / 1 day), OTC
<i>ra cetiri-d</i>	1	QL (60 ea / 1 day), OTC
<i>ra lorata-d</i>	1	QL (30 tabs / 1 day), OTC
<i>sb allergy relief/nasal d</i>	1	QL (30 tabs / 1 day), OTC
<i>sm lorata-dine d</i>	1	QL (30 tabs / 1 day), OTC
<i>sm loratadine d 12hr</i>	1	QL (60 tabs / 1 day), OTC
<i>wal-itin d</i>	1	QL (60 ea / 1 day), OTC
<i>wal-itin d 24 hour</i>	1	QL (30 tabs / 1 day), OTC
<i>wal-zyr d</i>	1	QL (60 ea / 1 day), OTC
EXPECTORANTS		
BROMHEXINE POW HCL	3	
GUAIFENESIN POW	1	
MISC. RESPIRATORY INHALANTS		
NEBUSAL NEBU 6%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride (inhalant) nebu .9%, 3%, 10%</i>	1	
MUCOLYTICS		
<i>ACETYLCYST POW</i>	1	
<i>acetylcysteine soln 10%, 20%</i>	1	
<i>N-ACETYL-L- POW CYSTEINE</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane caps 10mg, 20mg, 40mg</i>	1	QL (2 caps / 1 day)
<i>accutane caps 30mg</i>	3	QL (2 caps / 1 day)
<i>adapalene crea .1%; gel .1%, .3%</i>	1	QL (45 gm / 23 days)
<i>amnesteem caps 10mg, 20mg, 40mg</i>	1	QL (2 caps / 1 day)
<i>avar cleanser</i>	1	
<i>avar-e emollient</i>	1	
<i>avar-e green</i>	1	
<i>avita crea .025%; gel .025%</i>	1	QL (45 gm / 23 days)
<i>AZELEX CREA 20%</i>	2	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 23 days)
<i>bp cleansing wash</i>	1	
<i>claravis caps 10mg, 20mg, 40mg</i>	1	QL (2 caps / 1 day)
<i>claravis caps 30mg</i>	3	QL (2 ea / 1 day)
<i>clindacin etz pledgets swab 1%</i>	1	
<i>clindacin-p swab 1%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate (topical) foam 1%</i>	1	QL (3.333 gm / 1 day)
<i>clindamycin phosphate (topical) gel 1%; lotn 1%; soln 1%; swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	QL (50 gm / 23 days)
<i>DIFFERIN LOTN .1%</i>	2	QL (59 mL / 23 days)
<i>ery pads 2%</i>	1	
<i>erythromycin (acne aid) gel 2%; soln 2%</i>	1	
<i>FABIOR FOAM .1%</i>	2	QL (50 gm / 23 days)
<i>isotretinoin caps 10mg, 20mg, 25mg, 35mg</i>	1	QL (2 caps / 1 day)
<i>isotretinoin caps 30mg</i>	3	QL (2 caps / 1 day)
<i>isotretinoin caps 40mg</i>	1	QL (2 ea / 1 day)
<i>myorisan caps 10mg, 20mg, 40mg</i>	1	QL (2 caps / 1 day)
<i>myorisan caps 30mg</i>	3	QL (2 caps / 1 day)
<i>neuac</i>	1	
<i>SOD SUL/SULF EMU 10-5%</i>	1	QL (11.833 mL / 1 day)
<i>SOD SUL/SULF SUS 10-5%</i>	1	QL (11.367 gm / 1 day)
<i>sss 10%-5%</i>	1	
<i>sulfacetamide sodium (acne) lotn 10%</i>	1	QL (11.2 mL / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	1	
TAZAROTENE FOAM .1%	2	QL (50 gm / 23 days)
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	1	QL (45 gm / 23 days)
<i>tretinoin microsphere gel .04%, .1%</i>	1	QL (50 gm / 23 days)
<i>zenatane caps 10mg, 20mg, 40mg</i>	1	QL (2 caps / 1 day)
<i>zenatane caps 30mg</i>	3	QL (2 caps / 1 day)
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine ptch 1.3%</i>	1	QL (2 ea / 1 day)
<i>diclofenac sodium (topical) gel 1%</i>	1	QL (3.333 gm / 1 day)
<i>diclofenac sodium (topical) soln 1.5%</i>	1	QL (10 mL / 1 day)
ANTIBIOTICS - TOPICAL		
ALTABAX OINT 1%	3	QL (15 gm / 23 days)
CENTANY OINT 2%	3	QL (44 gm / 23 days)
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	1	
<i>mupirocin oint 2%</i>	1	QL (44 gm / 23 days)
<i>mupirocin calcium (topical) crea 2%</i>	1	QL (30 gm / 23 days)
ANTIFUNGALS - TOPICAL		
<i>ciclodan soln 8%</i>	1	
<i>ciclopirox gel .77%; soln 8%</i>	1	
<i>ciclopirox sham 1%</i>	1	QL (8 mL / 1 day)
<i>ciclopirox olamine crea .77%; susp .77%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>corti-sav</i>	1	QL (0.967 gm / 1 day)
<i>dermazene</i>	1	QL (0.967 gm / 1 day)
<i>econazole nitrate crea 1%</i>	1	
ERTACZO CREA 2%	3	QL (2 gm / 1 day)
<i>iodoquinol-hc cream 1-1%</i>	1	QL (0.967 gm / 1 day)
<i>ketoconazole (topical) crea 2%</i>	1	QL (4 gm / 1 day)
<i>ketoconazole (topical) sham 2%</i>	1	QL (8 mL / 1 day)
<i>naftifine hcl crea 1%, 2%</i>	1	
NAFTIN GEL 1%	3	
NAFTIN GEL 2%	2	
<i>nyamyc powd 100000unit/gm</i>	1	
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>nystop powd 100000unit/gm</i>	1	
<i>oxiconazole nitrate crea 1%</i>	1	QL (2 gm / 1 day)
OXISTAT LOTN 1%	2	QL (2 mL / 1 day)
<i>sulconazole nitrate crea 1%; soln 1%</i>	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene (topical) gel 1%</i>	1	SP
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA, QL (3.333 gm / 1 day)
<i>fluorouracil (topical) crea 5%</i>	1	QL (40 gm / 23 days)
<i>fluorouracil (topical) crea .5%</i>	1	QL (30 gm / 23 days)
<i>fluorouracil (topical) soln 2%, 5%</i>	1	QL (10 mL / 23 days)
PANRETIN GEL .1%	2	QL (2 gm / 1 day)
VALCHLOR GEL .016%	3	SP, PA, QL (2 gm / 1 day)
ANTIPRURITICS - TOPICAL		
<i>doxepin hcl (antipruritic) crea 5%</i>	1	PA, QL (1.5 gm / 1 day)
ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg</i>	1	QL (1 cap / 1 day)
<i>acitretin caps 25mg</i>	1	QL (30 caps / 1 day)
<i>calcipotriene crea .005%</i>	1	QL (4 gm / 1 day)
<i>calcipotriene oint .005%</i>	1	QL (2 gm / 1 day)
<i>calcipotriene soln .005%</i>	1	QL (2 mL / 1 day)
<i>calcitrene oint .005%</i>	1	QL (2 gm / 1 day)
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	3	SP, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	3	SP, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	3	SP, PA; For pediatric patients less than 50kg
<i>methoxsalen rapid caps 10mg</i>	1	
SKYRIZI PSKT 75mg/0.83ml; SOSY 150mg/ml	3	SP, PA
SKYRIZI PEN SOAJ 150mg/ml	3	SP, PA
STELARA SOLN 45mg/0.5ml; SOSY 45mg/0.5ml, 90mg/ml	3	SP, PA
<i>tazarotene crea .1%</i>	1	QL (1 gm / 1 day)
TAZORAC CREA .05%	3	QL (1 gm / 1 day)
TAZORAC GEL .05%, .1%	2	QL (1 gm / 1 day)
ZITHRANOL SHAM 1%	3	QL (2.833 gm / 1 day)
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotn 2.5%</i>	1	
<i>selenium sulfide sham 2.25%</i>	1	QL (6 mL / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium liqd 10%</i>	1	QL (12 gm / 1 day)
<i>sulfacetamide sodium sham 10%</i>	1	QL (237 mL / 1 day)
ANTIVIRALS - TOPICAL		
<i>acyclovir topical crea 5%</i>	1	QL (5 gm / 23 days)
<i>acyclovir topical oint 5%</i>	1	QL (15 gm / 23 days)
DENAVIR CREA 1%	3	QL (5 gm / 23 days)
XERESE CRE 5-1%	3	QL (5 gm / 23 days)
BURN PRODUCTS		
<i>silver sulfadiazine crea 1%</i>	1	
<i>ssd crea 1%</i>	1	
SULFAMYLON CREA 85mg/gm	2	
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort crea 2.5%</i>	1	
ALA-SCALP LOTN 2%	3	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1	
<i>amcinonide crea .1%; lotn .1%</i>	1	
APEXICON E CREA .05%	3	QL (2 gm / 1 day)
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	1	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	1	
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	1	
<i>betamethasone valerate foam .12%</i>	1	QL (3.333 gm / 1 day)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	1	QL (3.333 gm / 1 day)
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	1	QL (8 gm / 1 day)
CAPEX SHAM .01%	2	
<i>clobetasol propionate crea .05%; gel .05%; oint .05%; soln .05%</i>	1	
<i>clobetasol propionate foam .05%</i>	1	QL (100 gm / 23 days)
<i>clobetasol propionate liqd .05%</i>	1	QL (59 mL / 23 days)
<i>clobetasol propionate lotn .05%; sham .05%</i>	1	QL (7.867 mL / 1 day)
<i>clobetasol propionate emo crea .05%</i>	1	
<i>clobetasol propionate emollient base crea .05%</i>	1	
<i>clobetasol propionate emulsion foam .05%</i>	1	QL (3.333 gm / 1 day)
<i>clocortolone pivalate crea .1%</i>	1	
<i>clodan sham .05%</i>	1	QL (7.867 mL / 1 day)
CLODERM CREA .1%	3	
CORDRAN OINT .05%	3	

Drug Name	Drug Tier	Requirements/Limits
CORDRAN TAPE 4mcg/sqcm	2	
<i>desonide crea .05%; lotn .05%; oint .05%</i>	1	
<i>desoximetasone crea .05%, .25%; gel .05%; liqd .25%; oint .05%, .25%</i>	1	
<i>diflorasone diacetate crea .05%; oint .05%</i>	1	
EPIFOAM AER 1%	2	
<i>fluocinolone acetonide crea .01%, .025%; oil .01%; oint .025%; soln .01%</i>	1	
<i>fluocinonide crea .05%, .1%</i>	1	QL (4 gm / 1 day)
<i>fluocinonide gel .05%; oint .05%; soln .05%</i>	1	
<i>fluocinonide emulsified base crea .05%</i>	1	
<i>flurandrenolide crea .05%; lotn .05%</i>	1	
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	1	
<i>halcinonide crea .1%</i>	1	QL (4 gm / 1 day)
<i>halobetasol propionate crea .05%; oint .05%</i>	1	
HALOG OINT .1%	2	
<i>hydrocortisone (topical) crea 2.5%; lotn 2.5%; oint 2.5%</i>	1	
<i>hydrocortisone butyrate crea .1%; lotn .1%; oint .1%; soln .1%</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base crea .1%</i>	1	
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1	
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	1	
PANDEL CREA .1%	3	QL (2.667 gm / 1 day)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE OIN 2.5%	3	
<i>pramoxine-hc cream 1-2.5%</i>	1	
<i>prednicarbate oint .1%</i>	1	
TEXACORT SOLN 2.5%	3	
<i>tovet foam .05%</i>	1	QL (3.333 gm / 1 day)
<i>triamcinolone acetonide (topical) aers .147mg/gm; crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .05%, .1%, .5%</i>	1	
<i>trianex oint .05%</i>	1	
<i>triderm crea .5%</i>	1	
<i>tritocin oint .05%</i>	1	
VERDESO FOAM .05%	3	QL (100 gm / 23 days)

Drug Name	Drug Tier	Requirements/Limits
ECZEMA AGENTS		
DUPIXENT SOPN 200mg/1.14ml	3	SP, PA, QL (0.079 pens / 1 day)
DUPIXENT SOPN 300mg/2ml	3	SP, QL (0.075 pens / 1 day)
DUPIXENT SOSY 100mg/0.67ml	3	SP, PA, QL (0.072 syringes / 1 day)
DUPIXENT SOSY 200mg/1.14ml	3	SP, QL (0.079 syringes / 1 day)
DUPIXENT SOSY 300mg/2ml	3	SP, QL (0.075 syringes / 1 day)
ENZYMES - TOPICAL		
SANTYL OINT 250unit/gm	2	
HAIR GROWTH AGENTS		
<i>bimatoprost (topical) soln .03%</i>	1	QL (5 mL / 23 days)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod crea 5%</i>	1	QL (24 ea / 46 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus crea 1%</i>	1	QL (4 gm / 1 day)
<i>tacrolimus (topical) oint .03%, .1%</i>	1	QL (4 gm / 1 day)
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL .5%	3	QL (0.117 gm / 1 day)
<i>keralyt sham 6%</i>	1	QL (177 mL / 1 day)
<i>podofilox soln .5%</i>	1	QL (3.5 mL / 1 day)
<i>salicylic acid sham 6%</i>	1	QL (177 mL / 1 day)
LOCAL ANESTHETICS - TOPICAL		
ANACAINE OINT 10%	2	
<i>glydo prsy 2%</i>	1	
<i>lido-sorb lotn 3%</i>	1	QL (5.9 mL / 1 day)
LIDOCA/TETRA CRE 7/7%	3	
<i>lidocaine oint 5%</i>	1	PA, QL (50 gm / 25 days)
<i>lidocaine ptch 5%</i>	1	QL (2 ea / 1 day)
<i>lidocaine ptch 5%</i>	1	QL (2 patches / 1 day)
<i>lidocaine hcl crea 3%; gel 2%; prsy 2%</i>	1	
<i>lidocaine hcl lotn 3%</i>	1	QL (5.9 mL / 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	
<i>lidopin crea 3%</i>	1	
PLIAGLIS CRE 7-7%	3	
<i>proxivol gel 2%</i>	1	
SYNERA DIS 70-70MG	2	QL (0.067 patches / 1 day)
<i>7t lido gel gel 2%</i>	1	
<i>zionodil lotn 3%</i>	1	QL (5.9 mL / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>zionodil 100 lotn 3%</i>	1	QL (5.9 mL / 1 day)
MISC. DERMATOLOGICAL PRODUCTS		
ATOPICLAIR CRE	2	QL (200 gm / 23 days)
MISC. TOPICAL		
DRYSOL SOLN 20%	3	
XERAC AC SOLN 6.25%	2	QL (2 mL / 1 day)
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	QL (50 gm / 23 days)
FINACEA FOAM 15%	2	QL (50 gm / 23 days)
<i>metronidazole (topical) crea .75%; gel .75%</i>	1	QL (45 gm / 23 days)
<i>metronidazole (topical) gel 1%</i>	1	QL (60 gm / 23 days)
<i>metronidazole (topical) lotn .75%</i>	1	QL (60 mL / 23 days)
MIRVASO GEL .33%	3	PA, QL (30 gm / 23 days)
<i>rosadan crea .75%; gel .75%</i>	1	QL (45 gm / 23 days)
SCABICIDES & PEDICULICIDES		
<i>crotan lotn 10%</i>	1	
<i>lindane sham 1%</i>	1	
<i>malathion lotn .5%</i>	1	
<i>permethrin crea 5%</i>	1	
<i>ra lice treatment lotn 1%</i>	1	OTC
<i>sm lice treatment lotn 1%</i>	1	OTC
WOUND CARE PRODUCTS		
REGRANEX GEL .01%	3	PA
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
<i>westab max</i>	1	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
SUCRAID SOLN 8500unit/ml	2	SP
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 40000UNT	2	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	1	
methazolamide tabs 25mg, 50mg	1	
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 50/50	3	
amiloride & hydrochlorothiazide tab 5-50 mg	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 tabs .5mg, 1mg, 2mg	1	
ethacrynic acid tabs 25mg	1	
furosemide soln 8mg/ml, 10mg/ml; tabs 20mg, 40mg, 80mg	1	
SOAANZ TABS 20mg	3	
torsemide tabs 5mg, 10mg, 20mg, 100mg	1	
POTASSIUM SPARING DIURETICS		
amiloride hcl tabs 5mg	1	
spironolactone tabs 25mg, 50mg, 100mg	1	
triamterene caps 50mg, 100mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tabs 25mg, 50mg	1	
DIURIL SUSP 250mg/5ml	3	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	1	
indapamide tabs 1.25mg, 2.5mg	1	
metolazone tabs 2.5mg, 5mg, 10mg	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium soln 70mg/75ml	1	QL (300 mL / 23 days)
alendronate sodium tabs 5mg, 10mg	1	QL (30 tabs / 23 days)
alendronate sodium tabs 35mg, 70mg	1	QL (0.15 tabs / 1 day)
calcitonin (salmon) soln 200unit/act	1	QL (3.7 mL / 23 days)
calcitonin (salmon) soln 200unit/ml	1	PA, QL (15 vials / 23 days)

Drug Name	Drug Tier	Requirements/Limits
FORTEO SOPN 600mcg/2.4ml	3	SP, QL (0.045 pens / 1 day)
FOSAMAX + D TAB 70-2800	2	QL (4 tabs / 23 days)
FOSAMAX + D TAB 70-5600	2	QL (4 tabs / 23 days)
<i>ibandronate sodium tabs 150mg</i>	1	QL (1 tab / 23 days)
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	3	SP, PA, QL (2 cartridges / 21 days)
<i>risedronate sodium tabs 5mg, 30mg</i>	1	QL (30 tabs / 23 days)
<i>risedronate sodium tabs 35mg</i>	1	QL (4 tabs / 23 days)
<i>risedronate sodium tabs 150mg</i>	1	QL (1 tab / 23 days)
<i>risedronate sodium tbec 35mg</i>	1	QL (4 ea / 23 days)
TYMLOS SOPN 3120mcg/1.56ml	3	SP, QL (0.036 pens / 1 day)
GNRH/LHRH ANTAGONISTS		
ORILISSA TABS 150mg, 200mg	2	PA
GROWTH HORMONES		
GENOTROPIN CART 5mg, 12mg	3	SP, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	SP, PA
NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	SP, PA
HORMONE RECEPTOR MODULATORS		
<i>raloxifene hcl tabs 60mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX SOLN 40mg/4ml	3	SP
METABOLIC MODIFIERS		
<i>*betaine powder for oral solution***</i>	1	SP
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1	
<i>carglumic acid tbso 200mg</i>	1	SP
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	1	SP, QL (2 tabs / 1 day)
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	1	
<i>levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg</i>	1	
<i>nitisinone caps 2mg, 5mg, 10mg</i>	1	SP
NITYR TABS 2mg, 5mg, 10mg	3	SP, PA
ORFADIN CAPS 20mg; SUSP 4mg/ml	2	SP
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	1	
RAVICTI LIQD 1.1gm/ml	3	SP, PA, QL (17.5 mL / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate tabs 500mg</i>	3	SP, PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	SP, PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10mg, 20mg	2	PA, QL (1 tab / 1 day)
POSTERIOR PITUITARY HORMONES		
DESMOPRESSIN ACETATE SOLN 1.5mg/ml	3	SP, PA
<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	1	
<i>desmopressin acetate spray soln .01%</i>	1	
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	1	
STIMATE SOLN 1.5mg/ml	3	SP, PA
PROLACTIN INHIBITORS		
<i>cabergoline tabs .5mg</i>	1	
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE SOLN 120mg/0.5ml	3	SP, PA, QL (0.036 syringes / 1 day)
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	SP, PA, QL (2 ampules / 1 day)
SOMATULINE DEPOT SOLN 60mg/0.2ml	3	SP, PA, QL (0.054 syringes / 1 day)
SOMATULINE DEPOT SOLN 90mg/0.3ml, 120mg/0.5ml	3	SP, PA, QL (0.036 syringes / 1 day)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE TABS 15mg, 30mg	3	SP, PA, QL (2 tabs / 1 day)
JYNARQUE TBPk 15mg	3	SP, PA
JYNARQUE PAK 30-15MG	3	SP, PA
JYNARQUE PAK 45-15MG	3	SP, PA, QL (2 tabs / 1 day)
JYNARQUE PAK 60-30MG	3	SP, PA, QL (2 tabs / 1 day)
JYNARQUE PAK 90-30MG	3	SP, PA, QL (2 tabs / 1 day)
<i>tolvaptan tabs 15mg</i>	1	SP, PA, QL (2 ea / 1 day)
<i>tolvaptan tabs 30mg</i>	1	SP, PA, QL (2 tabs / 1 day)
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>amabelz</i>	1	QL (1 tab / 1 day)
ANGELIQ TAB 0.5-1MG	3	QL (1 tab / 1 day)
ANGELIQ TAB 0.25-0.5	3	QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
CLIMARA PRO DIS WEEKLY	2	QL (0.143 patches / 1 day)
COMBIPATCH DIS	2	QL (0.286 patches / 1 day)
<i>covaryx</i>	1	
<i>covaryx hs</i>	1	
DUAVEE TAB 0.45-20	3	QL (1 tab / 1 day)
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i>	1	
<i>esterified estrogens/meth</i>	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	QL (1 tab / 1 day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	QL (1 tab / 1 day)
<i>fyavolv</i>	1	
<i>fyavolv</i>	1	QL (1 tab / 1 day)
<i>jinteli</i>	1	QL (1 ea / 1 day)
<i>mimvey</i>	1	QL (1 tab / 1 day)
MYFEMBREE TAB	2	PA, QL (1 tab / 1 day)
<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	QL (1 tab / 1 day)
ORIAHNN CAP	2	PA
PREFEST TAB	2	
PREMPHASE TAB	2	QL (1 tab / 1 day)
PREMPRO TAB	2	QL (1 tab / 1 day)
PREMPRO TAB 0.3-1.5	2	QL (1 tab / 1 day)
PREMPRO TAB 0.45-1.5	2	QL (1 tab / 1 day)
PREMPRO TAB 0.625-5	2	QL (1 tab / 1 day)
ESTROGENS		
ALORA PTTW .025mg/24hr	3	QL (8 ea / 23 days)
ALORA PTTW .075mg/24hr, .1mg/24hr	3	QL (8 patches / 23 days)
DIVIGEL GEL 1.25mg/1.25gm	3	QL (1.25 gm / 1 day)
DIVIGEL GEL 1mg/gm	3	QL (1 gm / 1 day)
DIVIGEL GEL .5mg/0.5gm	3	QL (1 packet / 1 day)
DIVIGEL GEL .25mg/0.25gm, .75mg/0.75gm	3	QL (1 ea / 1 day)
<i>dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	QL (8 ea / 23 days)
ELESTRIN GEL .06%	3	QL (0.867 gm / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	QL (8 ea / 23 days)
<i>estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	1	QL (0.143 patches / 1 day)
<i>estradiol tabs .5mg, 1mg, 2mg</i>	1	
<i>estradiol valerate oil 20mg/ml</i>	1	
ESTROGEL GEL .06%	3	QL (3.333 gm / 1 day)
EVAMIST SOLN 1.53mg/spray	3	QL (8.1 mL / 23 days)
<i>lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	QL (8 ea / 23 days)
MENEST TABS .3mg, .625mg, 1.25mg	2	
MENOSTAR PTWK 14mcg/24hr	2	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	QL (8 patches / 30 days)

FLUOROQUINOLONES

FLUOROQUINOLONES

BAXDELA TABS 450mg	3	QL (2 tabs / 1 day)
CIPRO SUSR 5gm/100ml	2	
CIPRO SUSR 500mg/5ml	3	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin soln 25mg/ml</i>	1	
<i>levofloxacin tabs 250mg, 500mg</i>	1	QL (30 tabs / 67 days)
<i>levofloxacin tabs 750mg</i>	1	QL (14 tabs / 23 days)
<i>moxifloxacin hcl tabs 400mg</i>	1	QL (1 tab / 1 day)

GASTROINTESTINAL AGENTS - MISC.

BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAPS 50mg, 250mg	3	SP, PA
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FARNESOID X RECEPTOR (FXR) AGONISTS

OICALIVA TABS 5mg, 10mg	3	SP, PA
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GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	1	
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GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	1	
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GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

<i>lubiprostone caps 8mcg</i>	1	
<i>lubiprostone caps 24mcg</i>	1	QL (2 caps / 1 day)

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg	1	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOLN 9.5mg/ml	3	SP, PA, QL (3 mL / 1 day)
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium caps 750mg	1	QL (9 caps / 1 day)
DIPENTUM CAPS 250mg	3	QL (4 caps / 1 day)
mesalamine cp24 .375gm	1	QL (4 caps / 1 day)
mesalamine cpcr 500mg	1	QL (8 caps / 1 day)
mesalamine cpdr 400mg	1	QL (12 caps / 1 day)
mesalamine enem 4gm	1	QL (120 mL / 1 day)
mesalamine supp 1000mg	1	QL (2 ea / 1 day)
mesalamine tbec 1.2gm	1	QL (4 tabs / 1 day)
mesalamine tbec 800mg	1	QL (6 tabs / 1 day)
mesalamine w/ cleanser kit 4gm	1	
PENTASA CPCR 250mg	2	QL (8 caps / 1 day)
sulfasalazine tabs 500mg; tbec 500mg	1	
INTESTINAL ACIDIFIERS		
enulose soln 10gm/15ml	1	QL (96 mL / 1 day)
generlac soln 10gm/15ml	1	QL (96 mL / 1 day)
lactulose (encephalopathy) soln 10gm/15ml	1	QL (96 mL / 1 day)
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosecron hcl tabs .5mg, 1mg	1	PA, QL (60 tabs / 1 day)
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	QL (1 cap / 1 day)
VIBERZI TABS 75mg, 100mg	2	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TABS 12.5mg, 25mg	2	QL (1 tab / 1 day)
RELISTOR SOLN 8mg/0.4ml	3	QL (2.667 syringes / 1 day)
RELISTOR SOLN 12mg/0.6ml	3	QL (1.778 injections / 1 day)
RELISTOR SOLN 12mg/0.6ml	3	QL (1.778 syringes / 1 day)
RELISTOR TABS 150mg	3	QL (3 tabs / 1 day)
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	2	ST
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	1	
calcium acetate (phosphate binder) tabs 667mg	1	OTC
calphron tabs 667mg	1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate chew 500mg, 1000mg</i>	1	QL (4 tabs / 1 day)
<i>lanthanum carbonate chew 750mg</i>	1	QL (5 tabs / 1 day)
<i>sevelamer carbonate pack .8gm, 2.4gm</i>	1	
<i>sevelamer carbonate tabs 800mg</i>	1	QL (17.5 tabs / 1 day)
<i>sevelamer hcl tabs 400mg, 800mg</i>	1	QL (12 tabs / 1 day)
VELPHORO CHEW 500mg	3	ST, QL (6 tabs / 1 day)
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5mg	3	SP, PA, QL (1 kit / 1 day)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TABS 250mg	3	SP, PA
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	2	
ALKALINIZERS		
<i>cytra k crystals</i>	1	
ORACIT SOL	2	
<i>potassium citrate (alkalinizer) tbc 10meq, 15meq, 540mg</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON CAPS 50mg, 150mg	2	SP
PROCYSBI CPDR 25mg, 75mg	3	SP, PA, QL (35 caps / 1 day)
PROCYSBI PACK 75mg, 300mg	3	SP, PA, QL (8 packets / 1 day)
GENITOURINARY IRRIGANTS		
<i>acetic acid soln .25%</i>	1	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAPS 100mg	3	
RIMSO-50 SOLN 50%	2	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tb24 10mg</i>	1	QL (1 tab / 1 day)
CARDURA XL TB24 4mg, 8mg	3	QL (1 tab / 1 day)
<i>dutasteride caps .5mg</i>	1	QL (1 cap / 1 day)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (1 cap / 1 day)
<i>finasteride tabs 5mg</i>	1	QL (1 tab / 1 day)
<i>tamsulosin hcl caps .4mg</i>	1	QL (2 caps / 1 day)
URINARY ANALGESICS		
<i>phenazo tabs 200mg</i>	1	
<i>phenazopyridine hcl tabs 100mg, 200mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
URINARY STONE AGENTS		
LITHOSTAT TABS 250mg	2	
THIOLA EC TBEC 100mg, 300mg	2	SP, PA
tiopronin tabs 100mg	1	SP, PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tabs 100mg, 300mg	1	
colchicine caps .6mg	1	QL (2 caps / 1 day)
colchicine tabs .6mg	1	QL (2 tabs / 1 day)
febuxostat tabs 40mg, 80mg	1	QL (1 tab / 1 day)
URICOSURICS		
probenecid tabs 500mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	3	SP, PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate soln 30mg/3ml	1	SP
sajazir soln 30mg/3ml	1	SP
COMPLEMENT INHIBITORS		
HAEGARDA SOLR 2000unit, 3000unit	3	SP, PA
HEMATORHEOLOGIC AGENTS		
pentoxifylline tbc 400mg	1	
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl caps .5mg, 1mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	QL (2 caps / 1 day)
BRILINTA TABS 60mg, 90mg	2	QL (2 tabs / 1 day)
cilostazol tabs 50mg, 100mg	1	QL (2 tabs / 1 day)
clopidogrel bisulfate tabs 75mg	1	QL (1.1 tabs / 1 day)
clopidogrel bisulfate tabs 300mg	1	QL (0.067 tabs / 1 day)
dipyridamole tabs 25mg, 50mg, 75mg	1	
prasugrel hcl tabs 5mg, 10mg	1	QL (1.167 tabs / 1 day)
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat caps 100mg	1	SP, QL (3 caps / 1 day)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAPS 200mg, 300mg, 400mg	2	
COBALAMINS		
cyanocobalamin soln 1000mcg/ml	1	
dodex soln 1000mcg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
NASCOBAL SOLN 500mcg/0.1ml	3	PA, QL (4 ea / 25 days)
FOLIC ACID/FOLATES		
<i>folic acid tabs 1mg</i>	1	
<i>kp folic acid tabs 1mg</i>	1	OTC
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 500mcg/ml	3	SP, ST
ARANESP ALBUMIN FREE SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml	3	SP, PA
GRANIX SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	SP, PA
LEUKINE SOLR 250mcg	3	SP, PA
MULPLETA TABS 3mg	3	SP, PA
NEULASTA SOSY 6mg/0.6ml	3	SP, QL (2 syringes / 1 day)
NEULASTA ONPRO KIT PSKT 6mg/0.6ml	3	SP, QL (1.2 mL / 1 day)
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	SP, PA
PROMACTA PACK 25mg; TABS 75mg	3	SP, PA
PROMACTA TABS 12.5mg, 25mg, 50mg	3	SP, PA, QL (1 tab / 1 day)
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 20000unit/2ml, 20000unit/ml, 40000unit/ml	3	SP, PA
UDENYCA SOSY 6mg/0.6ml	3	SP, PA
ZARXIO SOSY 300mcg/0.5ml	3	SP, PA
ZARXIO SOSY 480mcg/0.8ml	3	SP, PA, QL (1.25 syringes / 1 day)

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid tabs 500mg, 1000mg</i>	1	
<i>tranexamic acid tabs 650mg</i>	1	QL (30 tabs / 23 days)

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

<i>phenobarbital elix 20mg/5ml; tabs 15mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1	
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NON-BARBITURATE HYPNOTICS

AMBIEN TABS 5mg, 10mg	3	QL (1 tab / 1 day)
AMBIEN CR TBCR 6.25mg, 12.5mg	3	QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>estazolam tabs 1mg, 2mg</i>	1	
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1	QL (1 tab / 1 day)
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1	QL (1 cap / 1 day)
<i>triazolam tabs .125mg, .25mg</i>	1	
<i>zaleplon caps 5mg, 10mg</i>	1	QL (1 cap / 1 day)
<i>zolpidem tartrate tabs 5mg, 10mg; tbc</i> <i>6.25mg, 12.5mg</i>	1	QL (1 tab / 1 day)

SELECTIVE MELATONIN RECEPTOR AGONISTS

<i>ramelteon tabs 8mg</i>	1	QL (1 tab / 1 day)
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LAXATIVES

LAXATIVE COMBINATIONS

<i>CLENPIQ SOL</i>	2	\$0 copay for members age 50 through 74, Tier 3 for all others
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i>	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
<i>SUPREP BOWEL SOL PREP KIT</i>	2	

LAXATIVES - MISCELLANEOUS

<i>constulose soln 10gm/15ml</i>	1	QL (96 mL / 1 day)
<i>KRISTALOSE PACK 10gm</i>	2	QL (2880 packets / 1 day)
<i>KRISTALOSE PACK 20gm</i>	2	QL (144 packets / 1 day)
<i>LACTULOSE PACK 10gm</i>	2	QL (2880 packets / 1 day)
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	1	QL (96 mL / 1 day)

SALINE LAXATIVES

<i>OSMOPREP TAB 1.5GM</i>	2	
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MACROLIDES

AZITHROMYCIN

<i>azithromycin pack 1gm</i>	3	QL (2 packets / 23 days)
<i>azithromycin susr 100mg/5ml, 200mg/5ml</i>	1	
<i>azithromycin tabs 250mg, 500mg</i>	1	QL (12 tabs / 23 days)
<i>azithromycin tabs 600mg</i>	1	QL (30 tabs / 23 days)

Drug Name	Drug Tier	Requirements/Limits
CLARITHROMYCIN		
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	1	
ERYTHROMYCINS		
e.e.s. 400 tabs 400mg	1	
ery-tab tbec 250mg, 333mg, 500mg	2	
erythrocin stearate tabs 250mg	1	
erythromycin base cpep 250mg	1	
erythromycin base tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg	2	
erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg	1	
FIDAXOMICIN		
DIFICID SUSR 40mg/ml	3	PA, QL (13.7 mL / 1 day)
DIFICID TABS 200mg	3	PA, QL (0.667 tabs / 1 day)
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHEK LIQ SMART	2	OTC
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	
DEXCOM G6 MIS TRANSMIT	2	
LANCETS	2	QL (204 boxes / 23 days), OTC
OMNIPOD 5 G6 KIT INTRO	2	QL (1 kit / 1 day)
OMNIPOD 5 G6 MIS PODS	2	
OMNIPOD DASH KIT INTRO	2	QL (1 kit / 1 day)
OMNIPOD DASH MIS PODS	2	
OMNIPOD MIS CLASSIC	2	
OMNIPOD MIS POD PALS	2	OTC
OMNIPOD PDM KIT CLASSIC	2	QL (1 kit / 1 day)
V-GO 20 KIT	3	QL (0.033 kits / 1 day)
V-GO 30 KIT	3	QL (0.033 kits / 1 day)
V-GO 40 KIT	3	QL (0.033 kits / 1 day)
PARENTERAL THERAPY SUPPLIES		
ABOUTTIME MIS 30GX5/16	2	QL (4 boxes / 1 day), OTC
ABOUTTIME MIS 31GX3/16	2	QL (4 boxes / 1 day), OTC
ABOUTTIME MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
ABOUTTIME MIS 32GX5/32	2	QL (4 boxes / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
ARGYLE EXTEN MIS TUBE 20"	2	
ASSEMBLY MIS FIXTURE	2	
ASSURE ID MIS 0.5/31G	2	QL (4 boxes / 1 day), OTC
ASSURE ID MIS 1ML/31G	2	QL (4 boxes / 1 day), OTC
ASSURE ID MIS 30GX5/16	2	QL (4 boxes / 1 day), OTC
AUM MINI PEN MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
AUM MINI PEN MIS 32GX5MM	2	QL (4 boxes / 1 day), OTC
AUM MINI PEN MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
AUM MINI PEN MIS 32GX8MM	2	QL (4 boxes / 1 day), OTC
AUM MINI PEN MIS 33GX4MM	2	QL (4 each / 1 day), OTC
AUM MINI PEN MIS 33GX5MM	2	QL (4 each / 1 day), OTC
AUM MINI PEN MIS 33GX6MM	2	QL (4 each / 1 day), OTC
AUM READYGRD MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
AUM SAFETY MIS 31GX4MM	2	QL (4 each / 1 day), OTC
AUM SAFETY MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
AUTOJECT 2 MIS	2	OTC
AUTOPEN MIS 1 UNIT	2	OTC
AUTOPEN MIS 1-21UNIT	2	OTC
AUTOPEN MIS 2 UNIT	2	OTC
AUTOPEN MIS 2-42UNIT	2	OTC
AUTOSHIELD MIS 29X3/16"	2	QL (4 boxes / 1 day), OTC
AUTOSHIELD MIS 29X5/16"	2	QL (4 boxes / 1 day), OTC
AUTOSHIELD MIS 30GX5MM	2	QL (4 boxes / 1 day), OTC
AV FISTULA MIS 15GX1"	2	OTC
AV FISTULA MIS 16GX1"	2	OTC
AV FISTULA MIS 17GX1"	2	OTC
BD FILTR NDL MIS 5 MICRON	2	OTC
BD LUER-LOK MIS ACCESS	2	OTC
BD PEN MINI MIS	2	OTC
BD PEN MIS	2	OTC

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDL MIS 29GX12.7	2	QL (4 boxes / 1 day), OTC
BD PEN NEEDL MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
BD PEN NEEDL MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
BD PEN NEEDL MIS 32GX4MM	2	QL (4 each / 1 day)
BD PEN NEEDL MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
BD PEN NEEDL MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
BD Q-STYLE MIS ACCESS	2	OTC
BD Q-STYLE MIS ADAPTER	2	OTC
BD Q-STYLE MIS EXTENSIO	2	OTC
BD SAF-T-INT KIT 18GX1"	2	OTC
BD SAFETY-LO MIS SET	2	OTC
BD SHARPS MIS 1.4QT	2	OTC
BD U-500 MIS 31GX6MM	2	QL (4 each / 1 day)
BD VACUTAIN MIS SET	2	OTC
BLOOD NEEDLE MIS HOLDER	2	OTC
BURETTE SET MIS 100ML	2	
CAREFINE MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
CAREFINE MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
CAREFINE MIS 32GX5MM	2	QL (4 boxes / 1 day), OTC
CAREFINE MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
CARETOUCH MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
CARETOUCH MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
CARETOUCH MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
CARETOUCH MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
CARETOUCH MIS 32GX5MM	2	QL (4 boxes / 1 day), OTC
CARPUJECT MIS HOLDER	2	OTC
CEQUR SIMPL KIT PATCH 2U	2	
CEQUR SIMPL KIT STARTER	2	
CLEAR GLASS MIS VIAL 5ML	2	
CLICKFINE MIS 31GX1/4"	2	QL (4 boxes / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
CLICKFINE MIS 31GX3/16	2	QL (4 boxes / 1 day), OTC
CLICKFINE MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
CLICKFINE MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
CLICKFINE MIS 32GX5/32	2	QL (4 boxes / 1 day), OTC
COMFORT EZ MIS 29GX12MM	2	QL (4 boxes / 1 day), OTC
COMFORT EZ MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
COMFORT EZ MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
COMFORT EZ MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
COMFORT EZ MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
COMFORT EZ MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
COMFORT EZ MIS 32GX5MM	2	QL (4 boxes / 1 day), OTC
COMFORT EZ MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
COMFORT EZ MIS 32GX8MM	2	QL (4 boxes / 1 day), OTC
COMFORT EZ MIS 33GX4MM	2	QL (4 each / 1 day), OTC
COMFORT EZ MIS 33GX5MM	2	QL (4 each / 1 day), OTC
COMFORT EZ MIS 33GX6MM	2	QL (4 each / 1 day), OTC
COMFORT EZ MIS 33GX8MM	2	QL (4 each / 1 day), OTC
COMFORT TOUC MIS 31GX4MM	2	QL (4 each / 1 day), OTC
COMFORT TOUC MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
COMFORT TOUC MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
COMFORT TOUC MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
COMFORT TOUC MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
COMFORT TOUC MIS 32GX5MM	2	QL (4 boxes / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUC MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
COMFORT TOUC MIS 32GX8MM	2	QL (4 boxes / 1 day), OTC
COMFORT TOUC MIS 33GX1/4"	2	QL (4 each / 1 day), OTC
COMFORT TOUC MIS 33GX3/16	2	QL (4 each / 1 day), OTC
COMFORT TOUC MIS 33GX5/32	2	QL (4 each / 1 day), OTC
COMPL NEEDLE MIS COLL SYS	2	OTC
CONNECTOR MIS LUER LOC	2	
CONNECTOR MIS Y-SITE	2	
DIATHRIVE MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
DIATHRIVE MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
DIATHRIVE MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
DIATHRIVE MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
DROPLET MICR MIS 34GX9/64	2	QL (4 each / 1 day), OTC
DROPSAFE MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
EASY COMFORT MIS 31GX1/4"	2	QL (4 boxes / 1 day), OTC
EASY COMFORT MIS 31GX3/16	2	QL (4 boxes / 1 day), OTC
EASY COMFORT MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
EASY COMFORT MIS 32GX5/32	2	QL (4 boxes / 1 day), OTC
EASY TOUCH MIS 29GX1/2"	2	QL (4 boxes / 1 day), OTC
EASY TOUCH MIS 29GX5MM	2	QL (4 boxes / 1 day), OTC
EASY TOUCH MIS 29GX8MM	2	QL (4 boxes / 1 day), OTC
EASY TOUCH MIS 30G	2	QL (4 each / 1 day), OTC
EASY TOUCH MIS 31GX1/4"	2	QL (4 boxes / 1 day), OTC
EASY TOUCH MIS 31GX3/16	2	QL (4 boxes / 1 day), OTC
EASY TOUCH MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH MIS 32GX1/4"	2	QL (4 boxes / 1 day), OTC
EASY TOUCH MIS 32GX3/16	2	QL (4 boxes / 1 day), OTC
EASY TOUCH MIS 32GX5/32	2	QL (4 boxes / 1 day), OTC
EASY TOUCH MIS 32GX5MM	2	QL (4 boxes / 1 day), OTC
EASY TOUCH MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
FIFTY50 MIS 31GX3/16	2	QL (4 boxes / 1 day), OTC
FIFTY50 MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
FIFTY50 MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
FIFTY50 PEN MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
FIFTY50 PEN MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
FIFTY50 PEN MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
FILTER ASPIR MIS 18GX3"	2	
FILTER NEEDL MIS 18GX1.5"	2	
FILTER NEEDL MIS 20GX1.5"	2	
FLUID ADMINI MIS LG-BORE	2	OTC
GNP ULTICARE MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
GNP ULTICARE MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
GNP ULTICARE MIS 32GX1/4"	2	QL (4 boxes / 1 day), OTC
GNP ULTICARE MIS 32GX5/32	2	QL (4 boxes / 1 day), OTC
HI-VOL PUMP MIS CHAM SET	2	OTC
HM INSULIN S MIS 0.3/31G	2	QL (4 boxes / 1 day), OTC
HM INSULIN S MIS 1ML/30G	2	QL (4 boxes / 1 day), OTC
HM ULTICARE MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
I-PORT ADV MIS 6MM	2	
I-PORT ADV MIS 9MM	2	
IN CONTROL MIS 31GX3/16	2	QL (4 boxes / 1 day), OTC
IN CONTROL MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
IN CONTROL MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
IN CONTROL MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
INCONTROL MIS 29GX12MM	2	QL (4 boxes / 1 day), OTC
INCONTROL MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
INCONTROL MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
INCONTROL MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
INFUSION MIS ADAPTER	2	
INFUSION MIS CLAMP	2	
INFUSION SET MIS 19GX1"	2	OTC
INFUSION SET MIS 19GX3/4"	2	OTC
INFUSION SET MIS 20GX1"	2	OTC
INFUSION SET MIS 20GX1.5"	2	OTC
INFUSION SET MIS 20GX3/4"	2	OTC
INFUSION SET MIS 22GX1"	2	OTC
INFUSION SET MIS 22GX1.5"	2	OTC
INFUSION SET MIS 22GX3/4"	2	OTC
INJECT-EASE MIS	2	OTC
INJECTOR CAP MIS PHASEAL	2	
INJECTOR MIS LUER LOC	2	
INPEN 100EL MIS BLUE-HUM	2	
INPEN 100EL MIS GREY-HUM	2	
INPEN 100EL MIS PINK HUM	2	
INPEN 100NN MIS BLUE NOV	2	
INPEN 100NN MIS GREY NOV	2	
INPEN 100NN MIS PINK NOV	2	
INS SY 0.3ML MIS 30GX1/2"	2	QL (4 boxes / 1 day), OTC
INS SY 0.3ML MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
INS SY 0.5ML MIS 30GX1/2"	2	QL (4 boxes / 1 day), OTC
INS SY 0.5ML MIS 30GX5/16	2	QL (4 boxes / 1 day), OTC
INS SY 1/2ML MIS 30GX1/2"	2	QL (4 boxes / 1 day), OTC
INS SYR 1ML MIS 30GX1/2"	2	QL (4 boxes / 1 day), OTC
INS SYR 1ML MIS 30GX5/16	2	QL (4 boxes / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
INS SYR 1ML MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
INS SYR .3ML MIS 30GX1/2"	2	QL (4 boxes / 1 day), OTC
INSUFロン MIS 25GX0.71	2	
INSULIN PEN MIS 29GX12MM	2	QL (4 boxes / 1 day), OTC
INSULIN PEN MIS 31GX4MM	2	QL (4 each / 1 day), OTC
INSULIN PEN MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
INSULIN SRYG MIS 1ML/32G	2	QL (4 each / 1 day), OTC
INSULIN SYRG MIS 0.3/29G	2	QL (4 each / 1 day)
INSULIN SYRG MIS 0.3/29G	2	QL (4 each / 1 day), OTC
INSULIN SYRG MIS 0.3/30G	2	QL (4 boxes / 1 day)
INSULIN SYRG MIS 0.3/30G	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 0.3/30G	2	QL (4 each / 1 day), OTC
INSULIN SYRG MIS 0.3/31G	2	QL (4 boxes / 1 day)
INSULIN SYRG MIS 0.3/31G	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 0.3/31G	2	QL (4 each / 1 day), OTC
INSULIN SYRG MIS 0.3ML/30	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 0.3ML/31	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 0.5/27G	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 0.5/28G	2	QL (4 boxes / 1 day)
INSULIN SYRG MIS 0.5/28G	2	QL (120 boxes / 23 days), OTC
INSULIN SYRG MIS 0.5/28G	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 0.5/29G	2	QL (120 boxes / 23 days)
INSULIN SYRG MIS 0.5/29G	2	QL (4 boxes / 1 day)
INSULIN SYRG MIS 0.5/29G	2	QL (120 boxes / 23 days), OTC
INSULIN SYRG MIS 0.5/29G	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 0.5/30G	2	QL (4 boxes / 1 day)
INSULIN SYRG MIS 0.5/30G	2	QL (120 boxes / 23 days), OTC

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 0.5/30G	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 0.5/30G	2	QL (4 each / 1 day), OTC
INSULIN SYRG MIS 0.5/31G	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 0.5/31G	2	QL (4 each / 1 day), OTC
INSULIN SYRG MIS 0.5/32G	2	QL (4 each / 1 day), OTC
INSULIN SYRG MIS 1/2ML/30	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 1/2ML/31	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 1ML	2	QL (4 boxes / 1 day)
INSULIN SYRG MIS 1ML	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 1ML/25G	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 1ML/26G	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 1ML/27G	2	QL (4 boxes / 1 day)
INSULIN SYRG MIS 1ML/27G	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 1ML/28G	2	QL (120 boxes / 23 days)
INSULIN SYRG MIS 1ML/28G	2	QL (4 boxes / 1 day)
INSULIN SYRG MIS 1ML/28G	2	QL (120 boxes / 23 days), OTC
INSULIN SYRG MIS 1ML/28G	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 1ML/29G	2	QL (120 boxes / 23 days)
INSULIN SYRG MIS 1ML/29G	2	QL (4 boxes / 1 day)
INSULIN SYRG MIS 1ML/29G	2	QL (120 boxes / 23 days), OTC
INSULIN SYRG MIS 1ML/29G	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 1ML/30G	2	QL (4 boxes / 1 day)
INSULIN SYRG MIS 1ML/30G	2	QL (120 boxes / 23 days), OTC
INSULIN SYRG MIS 1ML/30G	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 1ML/30G	2	QL (4 each / 1 day), OTC
INSULIN SYRG MIS 1ML/31G	2	QL (120 boxes / 23 days), OTC

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 1ML/31G	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 1ML/31G	2	QL (4 each / 1 day), OTC
INSULIN SYRG MIS 2/27.5G	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 27GX1/2"	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 28GX1/2"	2	QL (120 boxes / 23 days), OTC
INSULIN SYRG MIS 28GX1/2"	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 29GX1/2"	2	QL (120 boxes / 23 days), OTC
INSULIN SYRG MIS 29GX1/2"	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 29GX1/2"	2	QL (4 each / 1 day), OTC
INSULIN SYRG MIS 30GX1/2"	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 30GX5/16	2	QL (120 boxes / 23 days), OTC
INSULIN SYRG MIS 30GX5/16	2	QL (4 boxes / 1 day), OTC
INSULIN SYRG MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
INSULIN SYRI MIS 0.3/31G	2	QL (4 boxes / 1 day), OTC
INSUPEN MIS 29GX12MM	2	QL (4 boxes / 1 day), OTC
INSUPEN MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
INSUPEN MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
INSUPEN MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
INSUPEN MIS 33GX4MM	2	QL (4 each / 1 day), OTC
INSUPEN SENS MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
INSUPEN SENS MIS 32GX8MM	2	QL (4 boxes / 1 day), OTC
INSUPEN ULTR MIS 30GX8MM	2	QL (4 boxes / 1 day), OTC
INSUPEN ULTR MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
INSUPEN ULTR MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
INTRO NEEDLE MIS 18GX1.25	2	
IV ADMIN SET MIS 37"	2	
IV ADMIN SET MIS 73"	2	
IV ADMIN SET MIS 75"	2	
IV ADMIN SET MIS 78"	2	
IV ADMIN SET MIS 83"	2	
IV ADMIN SET MIS 84"	2	
IV ADMIN SET MIS 85"	2	
IV ADMIN SET MIS 89"	2	
IV ADMIN SET MIS 92"	2	
IV ADMIN SET MIS 100"	2	
IV ADMIN SET MIS 106"	2	
IV ADMIN SET MIS 112"	2	
IV BAG HANGR MIS PHASEAL	2	
IV CATHETER MIS 14GX2"	2	OTC
IV CATHETER MIS 16GX1.25	2	OTC
IV CATHETER MIS 16GX2"	2	OTC
IV CATHETER MIS 16GX2.5"	2	OTC
IV CATHETER MIS 18GX1.5"	2	OTC
IV CATHETER MIS 18GX1.25	2	OTC
IV CATHETER MIS 18GX2"	2	OTC
IV CATHETER MIS 20GX1"	2	OTC
IV CATHETER MIS 20GX1.25	2	OTC
IV CATHETER MIS 20GX2"	2	OTC
IV CATHETER MIS 22GX1"	2	OTC
IV CATHETER MIS 24GX3/4"	2	OTC
IV EXTENSION MIS 6"	2	
IV EXTENSION MIS 7"	2	
IV EXTENSION MIS 8"	2	
IV EXTENSION MIS 18"	2	
IV EXTENSION MIS 36"	2	
IV POLE MIS	2	OTC
IV TRANSFER MIS SPIKE	2	OTC
J-TIP KIT KIT ADAPTERS	2	
J-TIP NEEDLE MIS 0.5ML	2	OTC
KOKO PEAK MIS ADAPTER	2	OTC
KOKO PEAK MIS PRO 6	2	OTC
KOKO PEAK PR MIS SOFTWARE	2	OTC
LITETOUCH MIS 29GX12.7	2	QL (4 boxes / 1 day), OTC
LITETOUCH MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
LTXF 3-PORT MIS ADAPTER	2	OTC

Drug Name	Drug Tier	Requirements/Limits
LTXF PRIM IV MIS SET/MICR	2	OTC
LTXF PRM CNV MIS 106INC	2	OTC
LTXF SECONDA MIS 19G NDL	2	OTC
LUER HOLDER MIS REGULAR	2	OTC
MAXICOMFORT MIS 27GX1/2	2	QL (4 boxes / 1 day), OTC
MAXICOMFORT MIS 27GX1/2"	2	QL (4 boxes / 1 day), OTC
MAXICOMFORT MIS 31GX1/4"	2	QL (4 boxes / 1 day), OTC
MED PREP MIS CANNULA	2	
MM PENTIPS MIS 29GX12MM	2	QL (4 boxes / 1 day)
MM PENTIPS MIS 31GX5MM	2	QL (4 boxes / 1 day)
MM PENTIPS MIS 31GX8MM	2	QL (4 boxes / 1 day)
MM PENTIPS MIS 32GX4MM	2	QL (4 boxes / 1 day)
MONOJECT LS MIS CANN/BLN	2	
MONOJECT MIS TIP CAPS	2	OTC
MONOJECT SYR MIS BLUNTTIP	2	OTC
MONOJECT SYR MIS TIP CAPS	2	OTC
MULTI-DRAW MIS 20GX1"	2	
MULTI-DRAW MIS 21GX1"	2	
MULTI-DRAW MIS 22GX1"	2	
NEEDL COLLEC MIS DISPOSAL	2	OTC
NEEDLE	2	
NEEDLE	2	OTC
NEEDLE COLLE MIS DISPOSAL	2	OTC
NEEDLE TIP MIS 16GX1.5"	2	
NEEDLELESS MIS CONNECTO	2	
NEEDLELESS MIS PORT CON	2	
NERIA 29G MIS 6MM	2	OTC
NERIA 29G MIS 8MM	2	OTC
NERIA 29G MIS 10MM	2	OTC
NERIA MULTI MIS 2 X 10MM	2	OTC
NERIA MULTI MIS 3 X 10MM	2	OTC
NERIA MULTI MIS 4 X 12MM	2	OTC
NERIA SOFT MIS 25G-13MM	2	OTC
NERIA SOFT MIS 25G-17MM	2	OTC
NORDIPEN 5 MIS DEVICE	2	
NORDIPEN DEL MIS SYSTEM	2	OTC
NOVOFINE AUT MIS 30GX8MM	2	QL (4 boxes / 1 day), OTC
NOVOFINE MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
NOVOFINE PLS MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
NOVOPEN ECHO MIS	2	
OMNITROPE 5 MIS DEVICE	2	
OMNITROPE 5 MIS DEVICE	2	OTC
OMNITROPE 10 MIS DEVICE	2	OTC
PEN NEEDLE MIS 29GX1/2"	2	QL (4 boxes / 1 day), OTC
PEN NEEDLE MIS 29GX3/16	2	QL (4 boxes / 1 day), OTC
PEN NEEDLE MIS 29GX5/16	2	QL (4 boxes / 1 day), OTC
PEN NEEDLE MIS 31GX3/16	2	QL (4 boxes / 1 day), OTC
PEN NEEDLE MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
PEN NEEDLE MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
PEN NEEDLE MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
PEN NEEDLE MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
PEN NEEDLE MIS 32GX1/4"	2	QL (4 boxes / 1 day), OTC
PEN NEEDLE MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
PEN NEEDLE MIS 32GX5/32	2	QL (4 boxes / 1 day), OTC
PEN NEEDLE MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
PEN NEEDLE MIS 33GX4MM	2	QL (4 each / 1 day), OTC
PEN NEEDLES MIS 29GX1/2"	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 29GX10MM	2	QL (4 each / 1 day), OTC
PEN NEEDLES MIS 29GX12.7	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 29GX12MM	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 30GX3/16	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 30GX5/16	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 30GX5MM	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 30GX8MM	2	QL (4 boxes / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 31GX1/4"	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 31GX3/16	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 32GX1/4	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 32GX1/4"	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 32GX3/16	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 32GX5/16	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 32GX5/32	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 32GX5/32	2	QL (4 each / 1 day), OTC
PEN NEEDLES MIS 32GX5MM	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 32GX8MM	2	QL (4 boxes / 1 day), OTC
PEN NEEDLES MIS 33GX4MM	2	QL (4 each / 1 day), OTC
PEN NEEDLES MIS 33GX5/32	2	QL (4 each / 1 day), OTC
PEN NEEDLES MIS 33GX5MM	2	QL (4 each / 1 day), OTC
PEN NEEDLES MIS 33GX6MM	2	QL (4 each / 1 day), OTC
PENTIPS MIS 29GX12MM	2	QL (4 boxes / 1 day)
PENTIPS MIS 29GX12MM	2	QL (4 boxes / 1 day), OTC
PENTIPS MIS 31GX5MM	2	QL (4 boxes / 1 day)
PENTIPS MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
PENTIPS MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
PENTIPS MIS 31GX8MM	2	QL (4 boxes / 1 day)
PENTIPS MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
PENTIPS MIS 32GX4MM	2	QL (4 boxes / 1 day)
PENTIPS MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
PENTIPS MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
PREVENT DROP MIS 31GX1/4"	2	QL (4 boxes / 1 day), OTC
PREVENT DROP MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
PREVENT SAFE MIS 31GX1/4"	2	QL (4 boxes / 1 day), OTC
PREVENT SAFE MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
PRO COMFORT MIS 0.5/30G	2	QL (4 boxes / 1 day), OTC
PRO COMFORT MIS 0.5/31G	2	QL (4 boxes / 1 day), OTC
PRO COMFORT MIS 1ML/30G	2	QL (4 boxes / 1 day), OTC
PRO COMFORT MIS 1ML/31G	2	QL (4 boxes / 1 day), OTC
PRO COMFORT MIS 31GX8MM	2	QL (4 boxes / 1 day)
PRO COMFORT MIS 32GX4MM	2	QL (4 boxes / 1 day)
PRO COMFORT MIS 32GX5MM	2	QL (4 boxes / 1 day)
PRO COMFORT MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
PROTECTOR 14 MIS PHASEAL	2	
PROTECTOR 21 MIS PHASEAL	2	
PROTECTOR 28 MIS PHASEAL	2	
PROTECTOR 50 MIS PHASEAL	2	
PTS CAPILLAR MIS TUBE	2	OTC
PURE COMFORT MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
PURE COMFORT MIS 32GX5MM	2	QL (4 boxes / 1 day), OTC
PURE COMFORT MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
PURE COMFORT MIS 32GX8MM	2	QL (4 boxes / 1 day), OTC
RA PEN NEEDL MIS 31GX3/16	2	QL (4 boxes / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
RELION PEN MIS 29GX12MM	2	QL (4 boxes / 1 day), OTC
RELION PEN MIS 31GX1/4"	2	QL (4 boxes / 1 day), OTC
RELION PEN MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
RELION PEN MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
RELION PEN MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
RELION PEN MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
RELION PEN MIS 32GX5/32	2	QL (4 boxes / 1 day), OTC
SAF-T-INTIMA MIS 20GX1"	2	OTC
SAF-T-INTIMA MIS 22GX3/4"	2	OTC
SAF-T-INTIMA MIS 24GX3/4"	2	OTC
SCALP VEIN MIS 19GX3/4"	2	OTC
SCALP VEIN MIS 20GX3/4"	2	OTC
SCALP VEIN MIS 21GX3/4"	2	OTC
SCALP VEIN MIS 22GX3/4"	2	OTC
SCALP VEIN MIS 23GX3/4"	2	OTC
SCALP VEIN MIS 24GX3/4"	2	OTC
SCALP VEIN MIS 25GX3/4"	2	OTC
SCALP VEIN MIS 27GX3/4"	2	OTC
SEALS BOTTLE MIS /VIALS	2	OTC
SECONDARY MIS SET/DRIP	2	
SECURESAFE MIS 0.5/29G	2	QL (4 boxes / 1 day), OTC
SECURESAFE MIS 1ML/29G	2	QL (4 boxes / 1 day), OTC
SECURESAFE MIS 30GX5/16	2	QL (4 boxes / 1 day), OTC
SHARP CONTAI MIS	2	
SHARPS CONT MIS 1QUART	2	OTC
SHARPS CONT MIS 2QUART	2	OTC
SHARPS CONT MIS 5GAL	2	OTC
SHARPS CONT MIS 14QT	2	
SHARPS CONT MIS HOME	2	OTC
SHARPS DISP MIS 1 GALLON	2	OTC
SHARPS DISP MIS 1 QUART	2	OTC
SHARPS DISP MIS 2 GALLON	2	OTC
SHARPS DISP MIS 3 GALLON	2	OTC
SIMPLICITY MIS INSERTER	2	
SMALL VIAL MIS ADAPTER	2	OTC
SMARTIP SYR MIS /CANNULA	2	

Drug Name	Drug Tier	Requirements/Limits
SOLUTION DEV MIS TRANSFER	2	OTC
SPINAL NEEDL MIS 18GX3.5"	2	OTC
SPINAL NEEDL MIS 20GX3.5"	2	OTC
SPINAL NEEDL MIS 22GX3.5"	2	OTC
SPINAL NEEDL MIS 25GX3.5"	2	OTC
STERI-TAMP MIS 13MM	2	OTC
STERI-TAMP MIS 20MM	2	OTC
STERI-TAMP MIS 28MM	2	OTC
STERI-TAMP MIS SEAL/BAG	2	OTC
STERI-TAMP MIS SEAL/SYG	2	OTC
STERIL EMPTY MIS VIAL10ML	2	OTC
STERIL EMPTY MIS VIAL30ML	2	OTC
STERILE VIAL MIS EMPTY	2	OTC
SURE COMFORT MIS 0.5/31G	2	QL (4 each / 1 day), OTC
SURE COMFORT MIS 29GX1/2"	2	QL (4 boxes / 1 day), OTC
SURE COMFORT MIS 30GX5/16	2	QL (4 boxes / 1 day), OTC
SURE COMFORT MIS 31GX1/4	2	QL (4 boxes / 1 day)
SURE COMFORT MIS 31GX3/16	2	QL (4 boxes / 1 day), OTC
SURE COMFORT MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
SURE COMFORT MIS 31GX6MM	2	QL (4 each / 1 day), OTC
SURE COMFORT MIS 32GX5/32	2	QL (4 boxes / 1 day)
SURE COMFORT MIS 32GX5/32	2	QL (4 boxes / 1 day), OTC
SURE COMFORT MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
SYR FILTER MIS 65MM	2	
SYR FILTER MIS 90MM	2	
SYR/FILT/MEM MIS TITAN3	2	
SYRINGE	2	
SYRINGE	2	OTC
SYRINGE BARR MIS LUER10ML	2	OTC
SYRINGE BARR MIS LUER 1ML	2	OTC
SYRINGE BARR MIS LUER 3ML	2	OTC
SYRINGE BARR MIS LUER 5ML	2	OTC
SYRINGE BARR MIS UNI 3ML	2	OTC
SYRINGE BARR MIS UNI 5ML	2	OTC
SYRINGE BARR MIS UNI 10ML	2	OTC
SYRINGE FILT MIS 25MM	2	
SYRINGE FILT MIS 25MM	2	OTC
SYRINGE FILT MIS 32MM	2	

Drug Name	Drug Tier	Requirements/Limits
SYRINGE FILT MIS 33MM	2	
SYRINGE FLTR MIS 32MM	2	
SYRINGE MIS 0.5/30G	2	QL (4 ea / 1 day), OTC
SYRINGE MIS 0.5/30G	2	QL (4 each / 1 day), OTC
1ML SYRINGE MIS 29G	2	QL (4 ea / 1 day), OTC
1ML SYRINGE MIS 30G	2	QL (4 ea / 1 day), OTC
1ML SYRINGE MIS 30G	2	QL (4 each / 1 day), OTC
SYRINGE TRAY MIS PHASEAL	2	
SYRINGE/NEEDLE	2	
SYRINGE/NEEDLE	2	OTC
1ML TB SYRNG MIS LUER SLP	2	
TENDER 1 KIT INFUSION	2	
1ST TIER UNI MIS 29GX12MM	2	QL (4 boxes / 1 day), OTC
1ST TIER UNI MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
1ST TIER UNI MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
1ST TIER UNI MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
1ST TIER UNI MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
TIER UNI PLS MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
ULTICARE MIC MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
ULTICARE MIS 30GX3/16	2	QL (4 boxes / 1 day), OTC
ULTICARE MIS 30GX5/16	2	QL (4 boxes / 1 day), OTC
ULTICARE PEN MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
ULTICARE PEN MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
ULTICARE PEN MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
ULTIGUARD MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
ULTIGUARD MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
ULTIGUARD MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
ULTIGUARD MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
ULTILET PEN MIS 29GX12.7	2	QL (4 boxes / 1 day), OTC
ULTILET PEN MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
ULTILET PEN MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
ULTILET PEN MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
ULTRA FLO MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
ULTRA FLO MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
ULTRA FLO MIS PEN NEED	2	QL (4 boxes / 1 day), OTC
ULTRA FLO MIS PEN NEED	2	QL (4 each / 1 day), OTC
UNFINE PNTP MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
UNIFINE PLUS MIS 31GX1/4"	2	QL (4 boxes / 1 day), OTC
UNIFINE PLUS MIS 31GX3/16	2	QL (4 boxes / 1 day), OTC
UNIFINE PLUS MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
UNIFINE PLUS MIS 32GX5/32	2	QL (4 boxes / 1 day), OTC
UNIFINE PLUS MIS 33GX5/32	2	QL (4 each / 1 day), OTC
UNIFINE PNTP MIS 29GX1/2"	2	QL (4 boxes / 1 day), OTC
UNIFINE PNTP MIS 29GX12MM	2	QL (4 boxes / 1 day), OTC
UNIFINE PNTP MIS 30GX3/16	2	QL (4 boxes / 1 day), OTC
UNIFINE PNTP MIS 31GX3/16	2	QL (4 boxes / 1 day), OTC
UNIFINE PNTP MIS 31GX5/16	2	QL (4 boxes / 1 day), OTC
UNIFINE PNTP MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
UNIFINE PNTP MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
UNIFINE PNTP MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PNTP MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
UNIFINE PNTP MIS 32GX5/32	2	QL (4 boxes / 1 day), OTC
UNIFINE PNTP MIS 32GX6MM	2	QL (4 boxes / 1 day), OTC
UNIFINE PNTP MIS 33GX4MM	2	QL (4 each / 1 day), OTC
UNIFINE SAFE MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
UNIFINE ULTR MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
UNIFINE ULTR MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
UNIFINE ULTR MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
UNIFINE ULTR MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC
UNIV SYR TIP MIS ADAPTOR	2	OTC
UNIVERSAL MIS ADAPTER	2	OTC
VACUUM FILTR MIS 0.20UM	2	
VIAL ACCESS MIS CANN 6ML	2	
VIAL STOPPER MIS 13MM	2	
ZEVRX MIS 31GX5MM	2	QL (4 boxes / 1 day), OTC
ZEVRX MIS 31GX6MM	2	QL (4 boxes / 1 day), OTC
ZEVRX MIS 31GX8MM	2	QL (4 boxes / 1 day), OTC
ZEVRX MIS 32GX4MM	2	QL (4 boxes / 1 day), OTC

RESPIRATORY THERAPY SUPPLIES

AERCHMBR PLS MIS FLOW-VU	2	QL (1 box / year)
AERCHMBR PLS MIS LRG MASK	2	QL (1 box / year)
AERCHMBR PLS MIS MED MASK	2	QL (1 box / year)
AERCHMBR PLS MIS SM MASK	2	QL (1 box / year)
AERCHMBR Z- MIS STAT PLS	2	QL (1 box / year)
AEROCHAMBER MIS CHAMBER	2	QL (1 each / year)
AEROCHAMBER MIS FLOSIGNA	2	QL (1 box / year)
AEROCHAMBER MIS MV	2	QL (1 box / year)
AEROCHAMBER MIS PLUS	2	QL (1 box / year)
AEROVENT MIS PLUS	2	QL (1 each / year)
BREATHE EASE MIS LG MASK	2	QL (1 each / year)
BREATHE EASE MIS MED MASK	2	QL (1 each / year)
BREATHE EASE MIS SM MASK	2	QL (1 each / year)
COMPACT SPAC MIS CHAMBER	2	QL (1 each / year)

Drug Name	Drug Tier	Requirements/Limits
COMPACT SPAC MIS LG MASK	2	QL (1 each / year)
COMPACT SPAC MIS MD MASK	2	QL (1 each / year)
COMPACT SPAC MIS SM MASK	2	QL (1 each / year)
EASIVENT MIS	2	QL (1 box / year)
EASIVENT MIS MASK LG	2	QL (1 box / year)
EASIVENT MIS MASK MED	2	QL (1 box / year)
EASIVENT MIS MASK SM	2	QL (1 box / year)
FLEXICHAMBER MIS	2	QL (1 each / year)
HOLD CHAMBER MIS ADLT LG	2	QL (1 each / year)
HOLD CHAMBER MIS ADLT LG	2	QL (1 each / year), OTC
HOLD CHAMBER MIS MEDIUM	2	QL (1 each / year)
HOLD CHAMBER MIS MEDIUM	2	QL (1 each / year), OTC
HOLD CHAMBER MIS SMALL	2	QL (1 each / year)
HOLD CHAMBER MIS SMALL	2	QL (1 each / year), OTC
HOLDING CHAM MIS ADULT	2	QL (1 each / year), OTC
HOLDING CHAM MIS CHILD	2	QL (1 each / year), OTC
INSPIRACHAMB MIS LARGE	2	QL (1 each / year)
INSPIRACHAMB MIS MEDIUM	2	QL (1 each / year)
INSPIRACHAMB MIS MOUTHPC	2	QL (1 each / year)
INSPIRACHAMB MIS SMALL	2	QL (1 each / year)
INSPIREASE MIS DD SYST	2	QL (1 box / year)
MICROCHAMBER MIS	2	QL (1 each / year)
MICROSPACER MIS	2	QL (1 box / year)
OPTICHAMBER MIS DIA LG	2	QL (1 each / year)
OPTICHAMBER MIS DIA MD	2	QL (1 box / year)
OPTICHAMBER MIS DIA SM	2	QL (1 box / year)
OPTICHAMBER MIS DIAMOND	2	QL (1 box / year)
POCKET CHAMB MIS	2	QL (1 each / year)
POCKET SPACE MIS	2	QL (1 each / year)
PROCARE MIS ADULT	2	QL (1 each / year), OTC
PROCARE MIS CHILD	2	QL (1 each / year), OTC
PURE COMFORT MIS SPACER	2	QL (1 each / year), OTC
RITEFLO MIS	2	QL (1 each / year)
SPACE CHAMBR MIS ANTI-STA	2	QL (1 each / year)
SPACE CHAMBR MIS LARGE	2	QL (1 each / year)
SPACE CHAMBR MIS MEDIUM	2	QL (1 each / year)
SPACE CHAMBR MIS SMALL	2	QL (1 each / year)
SPACER CHAMB MIS ADULT	2	QL (1 box / year), OTC
SPACER CHAMB MIS CHILD	2	QL (1 box / year), OTC
SPACER CHAMB MIS INFANT	2	QL (1 each / year), OTC
VORTEX VALVE MIS CHAMBER	2	QL (1 each / year)
VORTEX/MASK MIS CHILDS	2	

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	3	PA
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	3	PA
NURTEC TBDP 75mg	2	ST, QL (48 tabs / 75 days)
UBRELVY TABS 50mg	2	ST, QL (48 ea / 75 days)
UBRELVY TABS 100mg	2	ST, QL (48 tabs / 75 days)
MIGRAINE COMBINATIONS		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
<i>migergot</i>	1	QL (0.667 supp / 1 day)
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate soln 1mg/ml</i>	1	PA, QL (6 ampules / 1 day)
ERGOMAR SUBL 2mg	2	
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA PACK 50mg	3	QL (9 packets / 23 days)
SEROTONIN AGONISTS		
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	1	QL (0.2 ea / 1 day)
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	1	QL (0.2 tabs / 1 day)
<i>eletriptan hydrobromide tabs 20mg</i>	1	QL (6 ea / 23 days)
<i>eletriptan hydrobromide tabs 40mg</i>	1	QL (0.2 ea / 1 day)
<i>frovatriptan succinate tabs 2.5mg</i>	1	QL (0.3 tabs / 1 day)
<i>naratriptan hcl tabs 1mg</i>	1	QL (9 tabs / 23 days)
<i>naratriptan hcl tabs 2.5mg</i>	1	QL (0.3 tabs / 1 day)
REYVOW TABS 50mg, 100mg	2	
<i>rizatriptan benzoate tabs 5mg, 10mg</i>	1	QL (0.4 ea / 1 day)
<i>rizatriptan benzoate tbdp 5mg, 10mg</i>	1	QL (0.4 tabs / 1 day)
<i>sumatriptan soln 5mg/act, 20mg/act</i>	2	QL (0.2 inhalers / 1 day)
<i>sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml</i>	1	PA, QL (0.4 injections / 1 day)
<i>sumatriptan succinate tabs 25mg, 100mg</i>	1	QL (0.3 tabs / 1 day)
<i>sumatriptan succinate tabs 50mg</i>	1	QL (0.3 ea / 1 day)
<i>zolmitriptan soln 2.5mg</i>	1	
<i>zolmitriptan soln 5mg</i>	1	QL (180 ea / 23 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	1	QL (0.2 tabs / 1 day)
MINERALS & ELECTROLYTES		
PHOSPHATE		
<i>phospha 250 neutral</i>	1	
<i>phospho-trin 250 neutral</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phospho-trin k500 tabs 500mg</i>	1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	1	
POTASSIUM		
<i>effer-k tbef 25meq</i>	1	
EFFER-K TAB 10MEQ	3	
EFFER-K TAB 20MEQ	3	
<i>k-prime tbef 25meq</i>	1	
<i>klor-con pack 20meq</i>	1	
<i>klor-con 8 tbcr 8meq</i>	1	
<i>klor-con 10 tbcr 10meq</i>	1	
<i>klor-con m10 tbcr 10meq</i>	1	
<i>klor-con m15 tbcr 15meq</i>	1	
<i>klor-con m20 tbcr 20meq</i>	1	
<i>klor-con/ef tbef 25meq</i>	1	
<i>potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%, 20%; tbcr 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq</i>	1	
ZINC		
GALZIN CAPS 25mg, 50mg	2	
WILZIN CAPS 25mg	2	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>trientine hcl caps 250mg</i>	1	SP, PA
IMMUNOMODULATORS		
<i>lenalidomide caps 5mg, 10mg, 15mg, 25mg</i>	1	SP, PA, QL (1 cap / 1 day)
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 25mg	3	SP, PA, QL (1 cap / 1 day)
REVLIMID CAPS 20mg	3	SP, PA, QL (0.75 caps / 1 day)
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	2	SP
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CP24 1mg	3	SP, QL (4 caps / 1 day)
ASTAGRAF XL CP24 .5mg, 5mg	3	SP, QL (3 caps / 1 day)
<i>azasan tabs 75mg, 100mg</i>	1	
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	1	
<i>cyclosporine caps 25mg, 100mg</i>	1	SP
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	1	SP
ENVARUSUS XR TB24 1mg	3	SP, QL (4 tabs / 1 day)
ENVARUSUS XR TB24 .75mg, 4mg	3	SP, QL (3 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg</i>	1	SP, QL (2 tabs / 1 day)
<i>engraf caps 25mg, 100mg; soln 100mg/ml</i>	1	SP
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	1	SP
<i>mycophenolate sodium tbec 180mg, 360mg</i>	1	SP
SANDIMMUNE SOLN 100mg/ml	3	SP
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1	SP
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	1	SP
POTASSIUM REMOVING AGENTS		
LOKELMA PACK 5gm, 10gm	2	
<i>*sodium polystyrene sulfonate powder**</i>	1	QL (16 gm / 1 day)
<i>sps susp 15gm/60ml</i>	1	QL (16 mL / 1 day)
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl (mouth-throat) soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troc 10mg</i>	1	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	1	QL (32 mL / 1 day)
<i>periogard soln .12%</i>	1	QL (32 mL / 1 day)
DENTAL PRODUCTS		
<i>denta 5000 plus crea 1.1%</i>	1	
<i>sf 5000 plus crea 1.1%</i>	1	
<i>sodium fluoride 5000 plus crea 1.1%</i>	1	
<i>sodium fluoride 5000 ppm crea 1.1%</i>	1	
<i>sodium fluoride (dental) crea 1.1%</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>oralone dental paste pste .1%</i>	1	
<i>triamcinolone acetanide (mouth) pste .1%</i>	1	
THROAT PRODUCTS - MISC.		
AQUORAL SPR	3	QL (4 mL / 1 day)
<i>cevimeline hcl caps 30mg</i>	1	QL (3 caps / 1 day)
EPISIL LIQ	3	PA, QL (1.333 mL / 1 day)
MUGARD LIQ	3	SP, PA, QL (4 mL / 1 day)
NUMOISYN LIQ	3	QL (4 mL / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1	
MULTIVITAMINS		
<i>PRENATAL VITAMINS</i>		
ATABEX EC TAB 29-1MG	3	QL (1 tab / 1 day)
ATABEX OB TAB 29-1MG	3	QL (1 tab / 1 day)
C-NATE DHA CAP 28-1-200	3	QL (30 caps / 23 days)
CO-NATAL FA TAB 29-1MG	3	QL (1 tab / 1 day)
COMPLETE NAT PAK DHA	3	QL (2 boxes / 1 day)
COMPLETENATE CHW	3	QL (1 tab / 1 day)
CONCEPT DHA CAP	3	QL (1 cap / 1 day)
CONCEPT OB CAP	3	QL (1 cap / 1 day)
DUET DHA 400 MIS 25-1-400	3	QL (2 boxes / 1 day)
DUET DHA MIS BALANCED	3	QL (2 boxes / 1 day)
<i>elite-ob</i>	3	QL (1 tab / 1 day)
ENBRACE HR CAP	3	QL (30 caps / 23 days)
FOLIVANE-OB CAP	3	QL (1 cap / 1 day)
<i>inatal gt</i>	3	QL (1 tab / 1 day)
JENLIVA CAP	3	QL (1 cap / 1 day)
KOSHR PRENAT TAB 30-1MG	3	QL (1 tab / 1 day)
M-NATAL PLUS TAB	3	QL (1 tab / 1 day)
NATACHEW CHW	3	QL (1 tab / 1 day)
NATALVIT TAB 75-1MG	3	QL (1 tab / 1 day)
NEEVO DHA CAP 27-1.13	3	QL (1 cap / 1 day)
NEONATAL PLS TAB 27-1MG	3	QL (1 tab / 1 day)
NEONATAL TAB COMPLTE	3	QL (1 tab / 1 day)
NEONATAL TAB PLUS	3	QL (1 tab / 1 day)
NESTABS DHA PAK	3	QL (2 boxes / 1 day)
NESTABS TAB	3	QL (2 tabs / 1 day)
NIVA-PLUS TAB	3	QL (1 tab / 1 day)
OB COMPLETE CAP ONE	3	QL (1 cap / 1 day)
OB COMPLETE CAP PETITE	3	QL (1 cap / 1 day)
OB COMPLETE TAB	3	QL (1 tab / 1 day)
OB COMPLETE TAB PREMIER	3	QL (1 tab / 1 day)
OB COMPLETE/ CAP DHA	3	QL (1 cap / 1 day)
OBSTETRIX EC TAB	3	QL (1 tab / 1 day)
OBSTETRIX PAK DHA	3	QL (2 boxes / 1 day)
OBSTETR X ONE CAP 38-1-225	3	QL (1 cap / 1 day)
ONE VITE TAB 1MG PLUS	3	QL (1 tab / 1 day)
<i>pnv-dha</i>	3	QL (1 cap / 1 day)
PNV-DHA CAP DOCUSATE	3	QL (30 caps / 23 days)
PNV-OMEGA CAP	3	QL (30 caps / 23 days)
<i>pnv-select</i>	3	QL (30 tabs / 23 days)
PREMESISR X TAB	3	QL (1 tab / 1 day)
PRENA1 CHW	3	QL (30 ea / 23 days)

Drug Name	Drug Tier	Requirements/Limits
PRENA1 PEARL CAP	3	QL (1 ea / 1 day)
PRENA 1 TRUE MIS	3	
PRENAISSANCE CAP	3	QL (30 caps / 23 days)
PRENAISSANCE CAP PLUS	3	QL (60 caps / 23 days)
<i>prenatabs rx</i>	3	QL (1 tab / 1 day)
<i>prenatal 19</i>	3	QL (1 tab / 1 day)
PRENATAL 19 CHW 29-1MG	3	QL (1 tab / 1 day)
PRENATAL 19 TAB 29-1MG	3	QL (1 tab / 1 day)
PRENATAL TAB 27-1MG	3	QL (1 tab / 1 day)
PRENATAL TAB PLUS	3	QL (1 tab / 1 day)
PRENATAL VIT TAB LOW IRON	3	QL (1 tab / 1 day)
PRENATAL-U CAP 106.5-1	3	QL (1 cap / 1 day)
PRENATE AM TAB 1MG	3	QL (1 tab / 1 day)
PRENATE CAP ENHANCE	3	QL (1 cap / 1 day)
PRENATE CAP ESSENT	3	QL (1 cap / 1 day)
PRENATE CAP PIXIE	3	QL (1 cap / 1 day)
PRENATE CAP RESTORE	3	QL (1 cap / 1 day)
PRENATE CHW 0.6-0.4	3	QL (1 tab / 1 day)
PRENATE DHA CAP	3	QL (1 cap / 1 day)
PRENATE MINI CAP	3	QL (1 cap / 1 day)
PRENATE TAB ELITE	3	QL (1 tab / 1 day)
PRENATRIX TAB	3	QL (1 tab / 1 day)
PRENATRYL TAB	3	QL (1 tab / 1 day)
PRIMACARE CAP	3	QL (1 cap / 1 day)
PROVIDA OB CAP	3	QL (1 cap / 1 day)
REDICHEW RX CHW	3	QL (30 ea / 23 days)
RELNATE DHA CAP	3	QL (60 caps / 23 days)
SE-NATAL 19 CHW	3	QL (1 tab / 1 day)
SE-NATAL 19 TAB	3	QL (1 tab / 1 day)
SELECT-OB CHW	3	QL (30 tabs / 23 days)
SELECT-OB CHW	3	QL (60 tabs / 23 days)
SELECT-OB+ PAK DHA	3	QL (2 boxes / 1 day)
TARON-C DHA CAP	3	QL (1 cap / 1 day)
TARON-PREX CAP	3	QL (1 cap / 1 day)
THRIVITE RX TAB 29-1MG	3	QL (1 tab / 1 day)
TRICARE TAB PRENATAL	3	QL (1 tab / 1 day)
TRINATAL RX TAB 1	3	QL (1 tab / 1 day)
<i>trinate</i>	3	QL (1 tab / 1 day)
TRISTART DHA CAP	3	QL (1 cap / 1 day)
VINATE II TAB	3	QL (1 tab / 1 day)
VINATE ONE TAB	3	QL (1 tab / 1 day)
VIRT-NATE CAP DHA	3	QL (1 cap / 1 day)
VIRT-PN DHA CAP	3	QL (1 cap / 1 day)
VITAFOL CAP ULTRA	3	QL (1 cap / 1 day)
VITAFOL CHW GUMMIES	3	QL (3 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
VITAFOL-NANO TAB	3	QL (1 tab / 1 day)
VITAFOL-OB PAK +DHA	3	QL (2 boxes / 1 day)
VITAFOL-OB TAB 65-1MG	3	QL (1 tab / 1 day)
VITAFOL-ONE CAP	3	QL (30 caps / 23 days)
VITAPEARL CAP	3	QL (1 ea / 1 day)
VITATHELY TAB	3	QL (1 tab / 1 day)
VITATRUE MIS	3	
VIVA DHA CAP	3	QL (60 caps / 23 days)
WESCAP-C DHA CAP	3	QL (1 cap / 1 day)
WESCAP-PN CAP DHA	3	QL (1 cap / 1 day)
WESNATE DHA CAP	3	QL (1 cap / 1 day)
WESTAB PLUS TAB 27-1MG	3	QL (1 tab / 1 day)
WESTGEL DHA CAP	3	QL (1 cap / 1 day)
ZATEAN-PN CAP DHA	3	QL (1 cap / 1 day)

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tabs 5mg, 10mg, 20mg</i>	1	
<i>carisoprodol tabs 350mg</i>	1	QL (4 tabs / 1 day)
<i>chlorzoxazone tabs 500mg</i>	1	
<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>	1	QL (3 tabs / 1 day)
<i>fexmid tabs 7.5mg</i>	1	QL (3 tabs / 1 day)
<i>metaxalone tabs 800mg</i>	1	QL (4 tabs / 1 day)
<i>methocarbamol tabs 500mg, 750mg</i>	1	
<i>orphenadrine citrate tb12 100mg</i>	1	QL (2 tabs / 1 day)
<i>tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg</i>	1	
<i>vanadom tabs 350mg</i>	1	QL (4 tabs / 1 day)

DIRECT MUSCLE RELAXANTS

<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	1	
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MUSCLE RELAXANT COMBINATIONS

<i>norgesic</i>	1	QL (4 tabs / 1 day)
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	1	QL (4 tabs / 1 day)

NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL AGENT COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (0.043 bottles / 1 day)
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NASAL ANTIALLERGY

<i>azelastine hcl soln .15%, 137mcg/spray</i>	1	QL (0.033 bottles / 1 day)
<i>cromolyn sodium (nasal) aers 5.2mg/act</i>	1	QL (0.867 mL / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl (nasal) soln .6%</i>	1	QL (0.033 bottles / 1 day)

NASAL ANTICHOLINERGICS

<i>ipratropium bromide (nasal) soln .03%</i>	1	QL (1 mL / 1 day)
<i>ipratropium bromide (nasal) soln .06%</i>	1	QL (0.5 mL / 1 day)

NASAL STEROIDS

BECONASE AQ SUSP 42mcg/spray	3	QL (0.033 inhalers / 1 day)
<i>flunisolide (nasal) soln .025%</i>	1	QL (0.033 bottles / 1 day)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1	QL (1 bottle / 23 days)
<i>mometasone furoate (nasal) susp 50mcg/act</i>	1	QL (1.133 gm / 1 day)
OMNARIS SUSP 50mcg/act	3	QL (0.033 inhalers / 1 day)
QNASL AERS 80mcg/act	3	QL (0.034 inhalers / 1 day)
QNASL CHILDRENS AERS 40mcg/act	3	ST, QL (1 inhaler / 23 days)
ZETONNA AERS 37mcg/act	3	QL (0.033 inhalers / 1 day)

NEUROMUSCULAR AGENTS

ALS AGENTS

RADICAVA ORS SUSP 105mg/5ml	3	SP, PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	3	SP, PA
<i>riluzole tabs 50mg</i>	1	QL (2 tabs / 1 day)

SPINAL MUSCULAR ATROPHY AGENTS (SMA)

EVRYSDI SOLR .75mg/ml	3	SP, PA
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OPHTHALMIC AGENTS

BETA-BLOCKERS - OPHTHALMIC

<i>betaxolol hcl (ophth) soln .5%</i>	1	QL (10 mL / 23 days)
BETIMOL SOLN .25%, .5%	2	QL (10 mL / 23 days)
BETOPTIC-S SUSP .25%	2	QL (10 mL / 23 days)
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	QL (0.34 mL / 1 day)
<i>carteolol hcl (ophth) soln 1%</i>	1	QL (10 mL / 23 days)
DORZOL/TIMOL SOL 22.3-6.8	3	QL (10 mL / 23 days)
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	QL (60 ea / 23 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	QL (10 mL / 23 days)
<i>levobunolol hcl soln .5%</i>	1	QL (10 mL / 23 days)

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	1	QL (10 mL / 23 days)
<i>timolol maleate (ophth) soln .5%</i>	1	QL (60 ea / 23 days)
TIMOPTIC OCUDOSE SOLN .5%	3	QL (60 ea / 30 days)
TIMOPTIC OCUDOSE SOLN .25%	3	QL (60 ea / 23 days)
CYCLOPLEGIC MYDRIATICS		
<i>altafrin soln 10%</i>	1	
<i>atropine sulfate (ophthalmic) soln 1%</i>	1	QL (15 mL / 23 days)
CYCLOMYDRIL SOL OP	3	QL (2 mL / 23 days)
<i>homatropaire soln 5%</i>	1	QL (15 mL / 23 days)
ISOPTO ATROPINE SOLN 1%	3	QL (15 mL / 23 days)
<i>phenylephrine hcl (mydriatic) soln 10%</i>	1	
MIOTICS		
PHOSPHOLINE IODIDE SOLR .125%	2	QL (15 mL / 23 days)
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	QL (15 mL / 23 days)
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOLN .1%	2	QL (10 mL / 23 days)
<i>brimonidine tartrate soln .2%</i>	1	
<i>brimonidine tartrate soln .15%</i>	1	QL (10 mL / 23 days)
SIMBRINZA SUS 1-0.2%	2	QL (0.54 mL / 1 day)
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	1	QL (4 gm / 23 days)
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1	QL (4 gm / 23 days)
<i>bacitracin-polymyxin b ophth oint</i>	1	QL (4 gm / 23 days)
BESIVANCE SUSP .6%	3	QL (5 mL / 23 days)
CILOXAN OINT .3%	2	QL (4 gm / 23 days)
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1	QL (5 mL / 23 days)
<i>erythromycin (ophth) oint 5mg/gm</i>	1	QL (4 gm / 23 days)
<i>gatifloxacin (ophth) soln .5%</i>	1	QL (3 mL / 23 days)
<i>gentak oint .3%</i>	1	QL (4 gm / 23 days)
<i>gentamicin sulfate (ophth) soln .3%</i>	1	QL (15 mL / 23 days)
<i>levofloxacin (ophth) soln .5%</i>	1	QL (10 mL / 23 days)
<i>moxifloxacin hcl (ophth) soln .5%</i>	1	QL (3 mL / 23 days)
NATACYN SUSP 5%	3	QL (15 mL / 23 days)
<i>neo-polycin</i>	1	QL (4 gm / 23 days)
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	QL (4 gm / 23 days)
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	QL (10 mL / 23 days)
<i>ofloxacin (ophth) soln .3%</i>	1	QL (10 mL / 23 days)
<i>polycin</i>	1	QL (4 gm / 23 days)
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	QL (10 mL / 23 days)
<i>sulfacetamide sodium (ophth) soln 10%</i>	1	
<i>tobramycin (ophth) soln .3%</i>	1	QL (10 mL / 23 days)

Drug Name	Drug Tier	Requirements/Limits
TOBREX OINT .3%	3	QL (4 gm / 23 days)
<i>trifluridine soln 1%</i>	1	QL (8 mL / 23 days)
ZIRGAN GEL .15%	3	QL (5 gm / 23 days)
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMUL .05%	2	QL (2 single use vials / 1 day)
RESTASIS MULTIDOSE EMUL .05%	2	QL (0.184 mL / 1 day)
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	QL (5 mL / 23 days)
<i>altacaine soln .5%</i>	1	
<i>proparacaine hcl soln .5%</i>	1	QL (15 mL / 23 days)
<i>tetracaine hcl (ophth) soln .5%</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOLN .002%	3	SP, PA
OPHTHALMIC STEROIDS		
ALREX SUSP .2%	3	QL (5 mL / 23 days)
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	QL (4 gm / 23 days)
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	1	
<i>difluprednate emul .05%</i>	1	QL (10 mL / 23 days)
FLAREX SUSP .1%	3	QL (0.34 mL / 1 day)
<i>fluorometholone (ophth) susp .1%</i>	1	QL (10 mL / 23 days)
FML OINT .1%	2	QL (4 gm / 23 days)
FML FORTE SUSP .25%	3	QL (10 mL / 23 days)
LOTEMAX OINT .5%	3	QL (4 gm / 23 days)
<i>loteprednol etabonate gel .5%</i>	1	QL (5 gm / 23 days)
<i>loteprednol etabonate susp .5%</i>	1	QL (5 mL / 23 days)
MAXIDEX SUSP .1%	3	
<i>neo-polycin hc</i>	1	QL (4 gm / 23 days)
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED MILD SUSP .12%	2	QL (0.34 mL / 1 day)
<i>prednisolone acetate (ophth) susp 1%</i>	1	
PREDNISOLONE ACETATE P-F SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	QL (15 mL / 23 days)
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	QL (15 mL / 23 days)
TOBRADEX OIN 0.3-0.1%	2	QL (4 gm / 23 days)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	QL (10 mL / 23 days)

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMICS - MISC.		
<i>alaway soln .025%</i>	1	QL (10 mL / 23 days), OTC
<i>alaway childrens allergy soln .025%</i>	1	QL (10 mL / 23 days), OTC
ALOCRIIL SOLN 2%	2	QL (15 mL / 23 days)
ALOMIDE SOLN .1%	2	QL (10 mL / 23 days)
<i>azelastine hcl (ophth) soln .05%</i>	1	QL (6 mL / 23 days)
<i>bepotastine besilate soln 1.5%</i>	1	QL (10 mL / 23 days)
<i>brinzolamide susp 1%</i>	1	QL (10 mL / 23 days)
<i>bromfenac sodium (ophth) soln .09%</i>	1	QL (5 mL / 23 days)
<i>claritin eye soln .025%</i>	1	QL (10 mL / 23 days), OTC
<i>cromolyn sodium (ophth) soln 4%</i>	1	QL (10 mL / 23 days)
<i>cvs allergy eye drops soln .025%</i>	1	QL (10 mL / 23 days), OTC
<i>cvs eye itch relief soln .025%</i>	1	QL (10 mL / 23 days), OTC
CYSTARAN SOLN .44%	2	SP, PA, QL (60 mL / 23 days)
<i>diclofenac sodium (ophth) soln .1%</i>	1	QL (0.34 mL / 1 day)
<i>dorzolamide hcl soln 2%</i>	1	QL (10 mL / 23 days)
DORZOLAMIDE HCL SOLN 2%	3	QL (10 mL / 23 days)
<i>epinastine hcl (ophth) soln .05%</i>	1	QL (5 mL / 23 days)
<i>eye itch relief soln .025%</i>	1	QL (10 mL / 23 days), OTC
<i>flurbiprofen sodium soln .03%</i>	1	QL (3 mL / 23 days)
ILEVRO SUSP .3%	3	QL (2 mL / 23 days)
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	1	QL (5 mL / 23 days)
<i>ketotifen fumarate (ophth) soln .025%</i>	1	QL (10 mL / 23 days), OTC
NEVANAC SUSP .1%	2	
<i>olopatadine hcl soln .1%, .2%</i>	1	QL (10 mL / 23 days)
PROLENSA SOLN .07%	3	QL (3 mL / 23 days)
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost soln .03%</i>	1	QL (5 mL / 23 days)
<i>latanoprost soln .005%</i>	1	QL (2.5 mL / 23 days)
<i>latanoprost soln .005%</i>	1	QL (5 mL / 23 days)
LATANOPROST SOLN .005%	3	QL (2.5 mL / 23 days)
LUMIGAN SOLN .01%	2	QL (3 mL / 23 days)
<i>travoprost soln .004%</i>	1	QL (0.2 mL / 1 day)
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid (otic) soln 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl (otic) soln .2%</i>	1	QL (14 ea / 23 days)
<i>ofloxacin (otic) soln .3%</i>	1	QL (20 mL / 23 days)
OTIC COMBINATIONS		
CIPRO HC SUS OTIC	2	QL (10 mL / 23 days)
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	QL (8 mL / 23 days)
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	1	QL (14 ea / 23 days)
<i>cortic-nd</i>	1	
CORTISPORIN SUS -TC OTIC	2	
<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	
OTOVEL DRO	3	QL (14 ea / 23 days)
PRAMOTIC DRO 1-0.1%	3	QL (10 mL / 23 days)
OTIC STEROIDS		
<i>flac oil .01%</i>	1	
<i>fluocinolone acetonide (otic) oil .01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
OXYTOCICS		
<i>methergine tabs .2mg</i>	1	
<i>methylergonovine maleate tabs .2mg</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	SP, PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	SP, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3	SP, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3	SP, PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	3	SP, PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200	3	SP, PA
HYQVIA INJ 5-400	3	SP, PA
HYQVIA INJ 10-800	3	SP, PA
HYQVIA INJ 20-1600	3	SP, PA

Drug Name	Drug Tier	Requirements/Limits
HYQVIA INJ 30-2400	3	SP, PA
PENICILLINS		
AMINOPENICILLINS		
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	1	
ampicillin caps 500mg	1	
NATURAL PENICILLINS		
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	QL (42 tabs / 30 days)
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium caps 250mg, 500mg	1	
PROGESTINS		
PROGESTINS		
MAKENA SOAJ 275mg/1.1ml	3	SP, PA
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	1	
megestrol acetate (appetite) susp 625mg/5ml	1	QL (5 mL / 1 day)
norethindrone acetate tabs 5mg	1	
progesterone caps 100mg, 200mg	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tbec 333mg	1	
disulfiram tabs 250mg, 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN 500mg/ml	2	SP, PA, QL (240 mL / 1 day)
ANTIDEMENTIA AGENTS		
donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg	1	QL (1 tab / 1 day)
donepezil hydrochloride tbdp 5mg, 10mg	1	QL (1 ea / 1 day)
galantamine hydrobromide cp24 8mg, 16mg, 24mg	1	QL (1 cap / 1 day)
galantamine hydrobromide soln 4mg/ml	1	QL (20 mL / 1 day)
galantamine hydrobromide tabs 4mg, 8mg, 12mg	1	QL (2 tabs / 1 day)
memantine hcl cp24 7mg, 14mg, 21mg, 28mg	1	QL (1 cap / 1 day)
memantine hcl soln 2mg/ml, 10mg/5ml	1	QL (2 mL / 1 day)
memantine hcl tabs 5mg, 10mg	1	QL (2 tabs / 1 day)
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	QL (49 tabs / 28 days)
rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (1 patch / 1 day)
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	1	QL (2 caps / 1 day)
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
olanzapine-fluoxetine hcl cap 3-25 mg	1	QL (1 cap / 1 day)
olanzapine-fluoxetine hcl cap 6-25 mg	1	QL (1 cap / 1 day)
olanzapine-fluoxetine hcl cap 6-50 mg	1	QL (1 cap / 1 day)
olanzapine-fluoxetine hcl cap 12-25 mg	1	QL (1 cap / 1 day)
olanzapine-fluoxetine hcl cap 12-50 mg	1	QL (1 cap / 1 day)
perphenazine-amitriptyline tab 2-10 mg	2	
perphenazine-amitriptyline tab 2-25 mg	2	
perphenazine-amitriptyline tab 4-10 mg	2	
perphenazine-amitriptyline tab 4-25 mg	2	
perphenazine-amitriptyline tab 4-50 mg	2	
FIBROMYALGIA AGENTS		
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	2	QL (2 tabs / 1 day)
SAVELLA MIS TITR PAK	2	QL (55 tabs / 28 days)
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6mg, 9mg, 12mg	3	SP, PA
tetrabenazine tabs 12.5mg	1	SP, PA, QL (6 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine tabs 25mg</i>	1	SP, PA, QL (3 tabs / 1 day)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg	3	SP, PA, QL (2 tabs / 1 day)
AUBAGIO TABS 7mg, 14mg	3	SP, QL (1 tab / 1 day)
AVONEX PSKT 30mcg/0.5ml	3	SP, PA, QL (0.04 injections / 1 day)
AVONEX PEN AJKT 30mcg/0.5ml	3	SP, PA, QL (0.04 injections / 1 day)
BETASERON KIT .3mg	3	SP, PA, QL (15 injections / 23 days)
COPAXONE SOSY 20mg/ml	3	SP, QL (1 injection / 1 day)
COPAXONE SOSY 40mg/ml	3	SP, QL (0.43 injections / 1 day)
<i>dalfampridine tb12 10mg</i>	1	SP, PA, QL (2 tabs / 1 day)
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	1	SP, PA, QL (2 caps / 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	SP, PA, QL (0.033 kits / 1 day)
GILENYA CAPS .5mg	3	SP, PA, QL (1 cap / 1 day)
KESIMPTA SOAJ 20mg/0.4ml	3	SP, QL (0.038 pens / 1 day)
MAVENCLAD TBPK 10mg	3	SP, QL (20 tabs / 270 days)
MAYZENT TABS 1mg, 2mg	3	SP, PA, QL (1 tab / 1 day)
MAYZENT TABS .25mg	3	SP, QL (4 tabs / 1 day)
MAYZENT STARTER PACK TBPK .25mg	3	SP, PA, QL (7 tabs / 5 days)
MAYZENT STARTER PACK TBPK .25mg	3	SP, QL (12 tabs / 5 days)
REBIF SOSY 22mcg/0.5ml	3	SP, PA, QL (12 injections / 30 days)
REBIF SOSY 44mcg/0.5ml	3	SP, QL (12 injections / 23 days)
REBIF REBIDO INJ TITRATN	3	SP, PA, QL (4.2 mL / 30 days)
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	3	SP, PA, QL (12 injections / 30 days)
REBIF TITRTN INJ PACK	3	SP, PA, QL (4.2 mL / 30 days)
TECFIDERA CPDR 120mg, 240mg	3	SP, PA, QL (2 caps / 1 day)

Drug Name	Drug Tier	Requirements/Limits
TECFIDERA MIS STARTER	3	SP, PA, QL (2 caps / 1 day)
ZEPOSIA CAPS .92mg	3	SP, QL (1 cap / 1 day)
ZEPOSIA 7DAY CAP STR PACK	3	SP, QL (1 ea / 1 day)
ZEPOSIA CAP STR KIT	3	SP, QL (1 ea / 1 day)
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	3	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>pimozide tabs 1mg, 2mg</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	1	\$0 limited to 2 treatment cycles/year
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PACK 25mg, 50mg, 75mg; TABS 150mg	3	SP, PA
ORKAMBI TAB 100-125	3	SP, PA, QL (4 tabs / 1 day)
ORKAMBI TAB 200-125	3	SP, PA, QL (4 tabs / 1 day)
PULMOZYME SOLN 2.5mg/2.5ml	2	SP, QL (2.5 mL / 1 day)
SYMDEKO TAB 50-75MG	3	SP, PA
SYMDEKO TAB 100-150	3	SP, PA
TRIKAFTA TAB	3	SP, PA, QL (3 tabs / 1 day)
TRIKAFTA TAB	3	SP, QL (3 tabs / 1 day)
PULMONARY FIBROSIS AGENTS		
ESBRIET CAPS 267mg	3	SP, PA
OFEV CAPS 100mg, 150mg	3	SP, PA
<i>pirfenidone tabs 267mg, 801mg</i>	3	SP, PA
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine tabs 500mg</i>	1	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TABS 150mg	3	
TETRACYCLINES		
<i>avidoxy tabs 100mg</i>	1	
<i>coremino tb24 45mg, 90mg, 135mg</i>	1	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	1	
<i>doxycycline (monohydrate) caps 50mg, 150mg</i>	1	QL (1 cap / 1 day)
<i>doxycycline (monohydrate) caps 75mg, 100mg; susr 25mg/5ml; tabs 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) tabs 50mg, 150mg</i>	1	QL (1 tab / 1 day)
<i>doxycycline (monohydrate) tabs 75mg</i>	1	QL (2 tabs / 1 day)
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg; tbec 75mg, 100mg, 150mg, 200mg</i>	1	
<i>lymepak tabs 100mg</i>	1	
<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	1	QL (2 caps / 1 day)
<i>minocycline hcl tabs 50mg, 75mg, 100mg</i>	1	QL (2 tabs / 1 day)
<i>minocycline hcl tb24 45mg, 90mg, 135mg</i>	1	
<i>mondoxylene nl caps 100mg</i>	1	
<i>tetracycline hcl caps 250mg, 500mg</i>	1	
VIBRAMYCIN SYRP 50mg/5ml	3	

THYROID AGENTS

ANTITHYROID AGENTS

<i>methimazole tabs 5mg, 10mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	

THYROID HORMONES

ARMOUR THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg	2	
<i>euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1	
<i>levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1	
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	1	
<i>np thyroid 15 tabs 15mg</i>	1	
<i>np thyroid 30 tabs 30mg</i>	1	
<i>np thyroid 60 tabs 60mg</i>	1	
<i>np thyroid 90 tabs 90mg</i>	1	
<i>np thyroid 120 tabs 120mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	1	
<i>ed-spaz tbdp .125mg</i>	1	
<i>glycopyrrolate soln 1mg/5ml; tabs 1mg, 2mg</i>	1	
<i>hyoscyamine sulfate elix .125mg/5ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	1	
<i>hyosyne elix .125mg/5ml</i>	1	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	1	
<i>nulev tbdp .125mg</i>	1	
<i>oscimin subl .125mg; tabs .125mg</i>	1	
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	1	
<i>phenohydro</i>	1	
H-2 ANTAGONISTS		
<i>acid controller maximum s tabs 20mg</i>	1	OTC
<i>acid reducer maximum stre tabs 20mg</i>	1	OTC
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1	
<i>cvs acid controller maxim tabs 20mg</i>	1	OTC
<i>eq famotidine maximum str tabs 20mg</i>	1	OTC
<i>eql heartburn prevention/ tabs 20mg</i>	1	OTC
<i>famotidine susr 40mg/5ml</i>	1	QL (5 mL / 1 day)
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>famotidine maximum streng tabs 20mg</i>	1	OTC
<i>mm acid-pep maximum stren tabs 20mg</i>	1	OTC
<i>nizatidine caps 150mg</i>	1	QL (2 caps / 1 day)
<i>nizatidine caps 300mg</i>	1	QL (1 cap / 1 day)
<i>zantac 360 maximum streng tabs 20mg</i>	1	OTC
MISC. ANTI-ULCER		
<i>sucralfate susp 1gm/10ml</i>	1	QL (40 mL / 1 day)
<i>sucralfate tabs 1gm</i>	1	QL (4 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
PROTON PUMP INHIBITORS		
<i>acid reducer tbec 20mg</i>	1	QL (2 tabs / 1 day), OTC
<i>cvs omeprazole tbec 20mg</i>	1	QL (2 tabs / 1 day), OTC
<i>dexlansoprazole cpdr 30mg, 60mg</i>	1	QL (1 cap / 1 day)
<i>eq esomeprazole magnesium cpdr 20mg</i>	1	QL (2 caps / 1 day), OTC
<i>esomeprazole magnesium cpdr 20mg</i>	1	QL (2 caps / 1 day), OTC
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	1	QL (2 caps / 1 day)
<i>esomeprazole magnesium pack 10mg, 20mg, 40mg</i>	1	QL (2 packets / 1 day)
<i>lansoprazole cpdr 15mg</i>	1	QL (2 caps / 1 day)
<i>lansoprazole cpdr 15mg</i>	1	QL (2 caps / 1 day), OTC
<i>lansoprazole cpdr 30mg</i>	1	QL (60 caps / 1 day)
<i>lansoprazole tbdd 15mg, 30mg</i>	1	QL (2 ea / 1 day)
NEXIUM PACK 2.5mg, 5mg	1	QL (2 packets / 1 day)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	QL (2 caps / 1 day)
<i>omeprazole tbec 20mg</i>	1	QL (2 tabs / 1 day), OTC
<i>omeprazole magnesium tbec 20mg</i>	1	QL (2 tabs / 1 day), OTC
<i>pantoprazole sodium pack 40mg</i>	1	QL (2 packets / 1 day)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1	QL (2 tabs / 1 day)
PRILOSEC PACK 2.5mg, 10mg	3	QL (2 packets / 1 day)
<i>qc esomeprazole magnesium cpdr 20mg</i>	1	QL (2 caps / 1 day), OTC
<i>rabeprazole sodium tbec 20mg</i>	1	QL (2 tabs / 1 day)
RABEPRAZOLE SODIUM DR SPR CPSP 10mg	3	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tabs 100mcg, 200mcg</i>	1	QL (4 tabs / 1 day)
ULCER THERAPY COMBINATIONS		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	QL (14 ea / 23 days)
<i>cvs omeprazole/sodium bic</i>	1	QL (2 caps / 1 day), OTC
PYLERA CAP	3	QL (120 caps / 23 days)
TALICIA CAP	2	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	1	QL (1 tab / 1 day)
<i>fesoterodine fumarate tb24 4mg, 8mg</i>	1	QL (1 tab / 1 day)
<i>oxybutynin chloride syrp 5mg/5ml</i>	1	QL (16 mL / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tabs 5mg</i>	1	QL (16 tabs / 1 day)
<i>oxybutynin chloride tb24 5mg, 10mg, 15mg</i>	1	QL (1 tab / 1 day)
OXYTROL PTTW 3.9mg/24hr	3	
<i>solifenacin succinate tabs 5mg, 10mg</i>	1	QL (1 tab / 1 day)
<i>tolterodine tartrate cp24 2mg, 4mg</i>	1	QL (1 cap / 1 day)
<i>tolterodine tartrate tabs 1mg, 2mg</i>	1	QL (2 tabs / 1 day)
<i>tropium chloride cp24 60mg</i>	1	QL (1 cap / 1 day)
<i>tropium chloride tabs 20mg</i>	1	QL (2 tabs / 1 day)
VESICARE LS SUSP 5mg/5ml	3	

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

MYRBETRIQ SRER 8mg/ml	2	QL (10 mL / 1 day)
MYRBETRIQ TB24 25mg, 50mg	2	QL (1 tab / 1 day)

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1	
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URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tabs 100mg</i>	1	QL (8 tabs / 1 day)
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VACCINES

BACTERIAL VACCINES

PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml	3	\$0 copay
PREVNAR 13 INJ	3	\$0 copay
PREVNAR 20 INJ	3	\$0 copay
VAXNEUVANCE INJ	3	\$0 copay

VIRAL VACCINES

AFLURIA QUAD INJ 2022-23	3	\$0 copay
FLUAD QUADRI INJ 2022-23	3	\$0 copay
FLUARIX QUAD INJ 2022-23	3	\$0 copay
FLUBLOK QUAD INJ 2022-23	3	\$0 copay for members age 19 and older, otherwise not covered
FLUCLVX QUAD INJ 2022-23	3	\$0 copay
FLULAVAL QUA INJ 2022-23	3	\$0 copay
FLUMIST QUAD SUS 2022-23	3	\$0 copay
FLUZONE HD INJ 2022-23	3	\$0 copay
FLUZONE QUAD INJ 2022-23	3	\$0 copay
SANOFI COVID-19 VACCINE/A EMUL 5mcg/0.5ml	3	\$0 copay
SHINGRIX SUSR 50mcg/0.5ml	3	\$0 copay

VAGINAL AND RELATED PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

FEM PH GEL	2	
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VAGINAL ANTI-INFECTIVES

CLEOCIN SUPP 100mg	3	QL (0.2 supp / 1 day)
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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate vaginal crea 2%</i>	1	
GYNAZOLE-1 CREA 2%	2	
<i>metronidazole vaginal gel .75%</i>	1	QL (70 gm / 23 days)
NUVESSA GEL 1.3%	2	QL (2 gm / 23 days)
<i>terconazole vaginal crea .4%</i>	1	QL (3 gm / 1 day)
<i>terconazole vaginal crea .8%</i>	1	QL (40 gm / 23 days)
<i>terconazole vaginal supp 80mg</i>	1	QL (6 supp / 23 days)
VANDAZOLE GEL .75%	3	QL (70 gm / 23 days)

VAGINAL ESTROGENS

<i>estradiol vaginal crea .1mg/gm</i>	1	
<i>estradiol vaginal tabs 10mcg</i>	1	QL (0.6 tabs / 1 day)
ESTRING RING 2mg	2	QL (0.012 rings / 1 day)
FEMRING RING .05mg/24hr, .1mg/24hr	3	QL (0.012 rings / 1 day)
PREMARIN CREA .625mg/gm	2	QL (3 gm / 1 day)
<i>yuvaferm tabs 10mcg</i>	1	QL (0.6 tabs / 1 day)

VAGINAL PROGESTINS

CRINONE GEL 4%, 8%	3	PA
ENDOMETRIN INST 100mg	3	PA, QL (2 ea / 1 day)

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i>	1	QL (5 pens / year)
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	1	QL (2.5 pens / year)
EPIPEN 2-PAK SOAJ .3mg/0.3ml	2	QL (5 pens / year)
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	2	QL (5 pens / year)

VASOPRESSORS

<i>midodrine hcl tabs 2.5mg, 5mg</i>	1	QL (6 tabs / 1 day)
<i>midodrine hcl tabs 10mg</i>	1	QL (3 tabs / 1 day)

VITAMINS

OIL SOLUBLE VITAMINS

<i>ergocalciferol caps 1.25mg, 50000unit</i>	1	
<i>phytonadione tabs 5mg</i>	1	

WATER SOLUBLE VITAMINS

<i>endur-acin tbc 250mg</i>	1	OTC
<i>niacin tbc 250mg</i>	1	OTC
<i>sm niacin cr tbc 250mg</i>	1	OTC

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