

LEGEND

TIER	DESCRIPTION
1	Generics
2	Preferred Brands
3	Non-Preferred Brands
4	Preferred Specialty
5	Non-Preferred Specialty

TYPE	DESCRIPTION
QL	Quantity Limit There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
AL1	Age Limit This prescription drug may only be covered if you meet the minimum or maximum age limit.
LA	Limited Access This prescription drug is limited to certain pharmacies.
S	Specialty Drug Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.
ACA	Affordable Care Act This product is covered under the Affordable Care Act.
PREV	IRS Preventive Drug IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADHD/ANTI-NARCOLEPSY /ANTI-OBESITY/ANOREXIANT AGENTS		
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
<i>amphetamine sulfate tab 10 mg</i>	1	QL 180 / 30 Days ST AL1 Up to 25 yrs old
<i>amphetamine sulfate tab 5 mg</i>	1	QL 90 / 30 Days ST AL1 Up to 25 yrs old
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	AL1 Up to 25 yrs old
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	AL1 Up to 25 yrs old
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	AL1 Up to 25 yrs old
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	AL1 Up to 25 yrs old
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	AL1 Up to 25 yrs old
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	AL1 Up to 25 yrs old
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	AL1 Up to 25 yrs old
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	AL1 Up to 25 yrs old
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	AL1 Up to 25 yrs old
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	AL1 Up to 25 yrs old
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	AL1 Up to 25 yrs old
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	AL1 Up to 25 yrs old
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	AL1 Up to 25 yrs old
<i>armodafinil tab 150 mg</i>	1	QL 30 / 30 Days PA
<i>armodafinil tab 200 mg</i>	1	QL 30 / 30 Days PA
<i>armodafinil tab 250 mg</i>	1	QL 30 / 30 Days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>armodafinil tab 50 mg</i>	1	QL 60 / 30 Days PA
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL 90 / 30 Days AL1 Up to 25 yrs old
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL 30 / 30 Days AL1 Up to 25 yrs old
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL 60 / 30 Days AL1 Up to 25 yrs old
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL 60 / 30 Days AL1 Up to 25 yrs old
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL 30 / 30 Days AL1 Up to 25 yrs old
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL 30 / 30 Days AL1 Up to 25 yrs old
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL 30 / 30 Days AL1 Up to 25 yrs old
BENZPHETAMINE HCL 25 MG TAB	1	QL 90 / 30 Days PA PREV IRS Preventive Drug
<i>benzphetamine hcl tab 50 mg</i>	1	QL 90 / 30 Days PA PREV IRS Preventive Drug
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	QL 120 / 30 Days
CONTRAIVE 8-90 MG TAB ER 12H	2	QL 120 / 30 Days PA
COTEMPLA XR-ODT 17.3 MG TAB ER DISP	2	QL 60 / 30 Days ST AL1 Up to 25 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COTEMPLA XR-ODT 25.9 MG TAB ER DISP	2	<ul style="list-style-type: none"> QL 60 / 30 Days ST AL1 Up to 25 yrs old
COTEMPLA XR-ODT 8.6 MG TAB ER DISP	2	<ul style="list-style-type: none"> QL 30 / 30 Days ST AL1 Up to 25 yrs old
<i>dexmethylphenidate hcl tab 10 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days AL1 Up to 25 yrs old
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days AL1 Up to 25 yrs old
<i>dexmethylphenidate hcl tab 5 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days AL1 Up to 25 yrs old
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>dextroamphetamine sulfate tab 10 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days ST AL1 Up to 25 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine sulfate tab 15 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PA ST AL1 Up to 25 yrs old
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days ST AL1 Up to 25 yrs old
<i>dextroamphetamine sulfate tab 20 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PA ST AL1 Up to 25 yrs old
<i>dextroamphetamine sulfate tab 30 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PA ST AL1 Up to 25 yrs old
<i>dextroamphetamine sulfate tab 5 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days AL1 Up to 25 yrs old
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	<ul style="list-style-type: none"> QL 1800 Milliliters / 30 Days ST AL1 Up to 25 yrs old
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days ST AL1 Up to 25 yrs old
<i>diethylpropion hcl tab 25 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days PA PREV IRS Preventive Drug
DIETHYLPROPION HCL ER 75 MG TAB ER 24H	1	<ul style="list-style-type: none"> QL 30 / 30 Days PA PREV IRS Preventive Drug
DYANAVEL XR 10 MG TAB ER	2	<ul style="list-style-type: none"> QL 30 / 30 day(s) AL1 Up to 25 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DYANAVEL XR 15 MG TAB ER	2	<ul style="list-style-type: none"> QL 30 / 30 day(s) AL1 Up to 25 yrs old
DYANAVEL XR 2.5 MG/ML SUSP	2	<ul style="list-style-type: none"> QL 240 / 30 Days ST AL1 Up to 25 yrs old
DYANAVEL XR 20 MG TAB ER	2	<ul style="list-style-type: none"> QL 30 / 30 day(s) AL1 Up to 25 yrs old
DYANAVEL XR 5 MG TAB ER	2	<ul style="list-style-type: none"> QL 30 / 30 day(s) AL1 Up to 25 yrs old
EVEKEO ODT 10 MG TAB DISP	3	<ul style="list-style-type: none"> QL 30 / 30 Days ST AL1 Up to 25 yrs old
EVEKEO ODT 15 MG TAB DISP	3	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
EVEKEO ODT 20 MG TAB DISP	3	<ul style="list-style-type: none"> QL 90 / 30 Days ST AL1 Up to 25 yrs old
EVEKEO ODT 5 MG TAB DISP	3	<ul style="list-style-type: none"> QL 30 / 30 Days ST AL1 Up to 25 yrs old
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days
IMCIVREE 10 MG/ML SOLUTION	5	<ul style="list-style-type: none"> QL 9 / 30 Days PA LA Limited Access S Specialty Drug
JORNAY PM 100 MG CAP ER 24H	3	<ul style="list-style-type: none"> QL 30 / 30 Days PA AL1 Up to 25 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JORNAY PM 20 MG CAP ER 24H	3	<ul style="list-style-type: none"> QL 30 / 30 Days PA AL1 Up to 25 yrs old
JORNAY PM 40 MG CAP ER 24H	3	<ul style="list-style-type: none"> QL 30 / 30 Days PA AL1 Up to 25 yrs old
JORNAY PM 60 MG CAP ER 24H	3	<ul style="list-style-type: none"> QL 30 / 30 Days PA AL1 Up to 25 yrs old
JORNAY PM 80 MG CAP ER 24H	3	<ul style="list-style-type: none"> QL 30 / 30 Days PA AL1 Up to 25 yrs old
<i>lisdexamfetamine dimesylate cap 10 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>lisdexamfetamine dimesylate cap 20 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>lisdexamfetamine dimesylate cap 30 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>lisdexamfetamine dimesylate cap 40 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>lisdexamfetamine dimesylate cap 50 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>lisdexamfetamine dimesylate cap 60 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>lisdexamfetamine dimesylate cap 70 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
METHAMPHETAMINE HCL 5 MG TAB	1	<ul style="list-style-type: none"> PA ST AL1 Up to 25 yrs old
<i>methamphetamine hcl tab 5 mg</i>	1	<ul style="list-style-type: none"> PA ST AL1 Up to 25 yrs old
<i>methylphenidate td patch 10 mg/9hr</i>	1	<ul style="list-style-type: none"> QL 30 / 30 day(s) AL1 Up to 25 yrs old
<i>methylphenidate td patch 15 mg/9hr</i>	1	<ul style="list-style-type: none"> QL 30 / 30 day(s) AL1 Up to 25 yrs old
<i>methylphenidate td patch 20 mg/9hr</i>	1	<ul style="list-style-type: none"> QL 30 / 30 day(s) AL1 Up to 25 yrs old
<i>methylphenidate td patch 30 mg/9hr</i>	1	<ul style="list-style-type: none"> QL 30 / 30 day(s) AL1 Up to 25 yrs old
<i>methylphenidate hcl chew tab 10 mg</i>	1	<ul style="list-style-type: none"> QL 180 / 30 Days ST AL1 Up to 25 yrs old
<i>methylphenidate hcl tab 10 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days AL1 Up to 25 yrs old
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	<ul style="list-style-type: none"> QL 900 Milliliters / 30 Days ST AL1 Up to 25 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days ST AL1 Up to 25 yrs old
<i>methylphenidate hcl tab 20 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days AL1 Up to 25 yrs old
<i>methylphenidate hcl chew tab 5 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days ST AL1 Up to 25 yrs old
<i>methylphenidate hcl tab 5 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days AL1 Up to 25 yrs old
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	<ul style="list-style-type: none"> QL 450 Milliliters / 30 Days ST AL1 Up to 25 yrs old
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 25 yrs old</div> </div>
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 25 yrs old</div> </div>
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 25 yrs old</div> </div>
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 25 yrs old</div> </div>
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 25 yrs old</div> </div>
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>60 / 30 Days</div> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 25 yrs old</div> </div>
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 25 yrs old</div> </div>
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 25 yrs old</div> </div>
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 day(s)</div> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 25 yrs old</div> </div>
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 25 yrs old</div> </div>
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 25 yrs old</div> </div>
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 day(s)</div> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 25 yrs old</div> </div>
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 25 yrs old</div> </div>
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 25 yrs old</div> </div>
<i>methylphenidate hcl tab er 10 mg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>90 / 30 Days</div> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>Up to 25 yrs old</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>methylphenidate hcl tab er 20 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days AL1 Up to 25 yrs old
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
METHYLPHENIDATE HCL ER 27 MG TAB ER 24H	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days AL1 Up to 25 yrs old
METHYLPHENIDATE HCL ER 36 MG TAB ER 24H	1	<ul style="list-style-type: none"> QL 60 / 30 Days AL1 Up to 25 yrs old
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
METHYLPHENIDATE HCL ER 54 MG TAB ER 24H	1	<ul style="list-style-type: none"> QL 30 / 30 Days AL1 Up to 25 yrs old
<i>modafinil tab 100 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PA
<i>modafinil tab 200 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PA
ORLISTAT 120 MG CAP	3	<ul style="list-style-type: none"> QL 90 / 30 Days PA
<i>phendimetrazine tartrate tab 35 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days PA PREV IRS Preventive Drug
PHENDIMETRAZINE TARTRATE ER 105 MG CAP ER 24H	1	<ul style="list-style-type: none"> QL 30 / 30 Days PA PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phentermine hcl cap 15 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PA PREV IRS Preventive Drug
<i>phentermine hcl cap 30 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PA PREV IRS Preventive Drug
<i>phentermine hcl cap 37.5 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PA PREV IRS Preventive Drug
<i>phentermine hcl tab 37.5 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PA PREV IRS Preventive Drug
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	<ul style="list-style-type: none"> QL 1800 Milliliters / 30 Days ST AL1 Up to 25 yrs old
QSYMIA 11.25-69 MG CAP ER 24H	2	<ul style="list-style-type: none"> QL 14 / 365 Days PA
QSYMIA 15-92 MG CAP ER 24H	2	<ul style="list-style-type: none"> QL 30 / 30 Days PA
QSYMIA 3.75-23 MG CAP ER 24H	2	<ul style="list-style-type: none"> QL 14 / 365 Days PA
QSYMIA 7.5-46 MG CAP ER 24H	2	<ul style="list-style-type: none"> QL 30 / 30 Days PA
QUILLICHEW ER 20 MG CHER	2	<ul style="list-style-type: none"> QL 30 / 30 Days ST AL1 Up to 25 yrs old
QUILLICHEW ER 30 MG CHER	2	<ul style="list-style-type: none"> QL 60 / 30 Days ST AL1 Up to 25 yrs old
QUILLICHEW ER 40 MG CHER	2	<ul style="list-style-type: none"> QL 30 / 30 Days ST AL1 Up to 25 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUILLIVANT XR 25 MG/5ML SRER	2	<ul style="list-style-type: none"> QL 360 / 30 Days AL1 Up to 25 yrs old
SAXENDA 18 MG/3ML SOLN PEN	2	<ul style="list-style-type: none"> QL 15 / 30 Days PA
SUNOSI 150 MG TAB	2	<ul style="list-style-type: none"> QL 30 / 30 Days PA
SUNOSI 75 MG TAB	2	<ul style="list-style-type: none"> QL 30 / 30 Days PA
WAKIX 17.8 MG TAB	5	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
WAKIX 4.45 MG TAB	5	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
WEGOBY 0.25 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 / 30 Days PA
WEGOBY 0.5 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 / 30 Days PA
WEGOBY 1 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 / 30 Days PA
WEGOBY 1.7 MG/0.75ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 3 / 30 Days PA
WEGOBY 2.4 MG/0.75ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 3 / 30 Days PA
XENICAL 120 MG CAP	3	<ul style="list-style-type: none"> QL 90 / 30 Days PA
<i>dextroamphetamine sulfate tab 10 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days ST AL1 Up to 25 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine sulfate tab 15 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PA ST AL1 Up to 25 yrs old
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days ST AL1 Up to 25 yrs old
<i>dextroamphetamine sulfate tab 20 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PA ST AL1 Up to 25 yrs old
<i>dextroamphetamine sulfate tab 30 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PA ST AL1 Up to 25 yrs old
<i>dextroamphetamine sulfate tab 5 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days AL1 Up to 25 yrs old
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days ST AL1 Up to 25 yrs old
ZEPBOUND 10 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 / 28 Days PA
ZEPBOUND 10 MG/0.5ML SOLUTION	2	<ul style="list-style-type: none"> QL 2 / 28 Days PA
ZEPBOUND 12.5 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 / 28 Days PA
ZEPBOUND 15 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 / 28 Days PA
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 / 365 Days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEPBOUND 2.5 MG/0.5ML SOLUTION	2	QL 2 / 365 Days PA
ZEPBOUND 5 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 Days PA
ZEPBOUND 5 MG/0.5ML SOLUTION	2	QL 2 / 28 Days PA
ZEPBOUND 7.5 MG/0.5ML SOLN A-INJ	2	QL 2 / 28 Days PA
ZEPBOUND 7.5 MG/0.5ML SOLUTION	2	QL 2 / 28 Days PA
ANALGESIC/ANTI-INFLAMMATORY/MIGRAINE/GOUT AGENTS/ANESTHETICS		
ANALGESICS - ANTI-INFLAMMATORY		
AURANOFIN 3 MG CAP	1	QL 60 / 30 Days
<i>diclofenac potassium tab 50 mg</i>	1	QL 120 / 30 Days
<i>celecoxib cap 100 mg</i>	1	QL 60 / 30 Days
<i>celecoxib cap 200 mg</i>	1	QL 60 / 30 Days
<i>celecoxib cap 400 mg</i>	1	QL 30 / 30 Days ST
<i>celecoxib cap 50 mg</i>	1	QL 60 / 30 Days
<i>diclofenac potassium tab 50 mg</i>	1	QL 120 / 30 Days
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	QL 120 / 30 Days
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	QL 120 / 30 Days
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENBREL 25 MG RECON SOLN	4	<ul style="list-style-type: none"> QL 8 / 28 Days PA S Specialty Drug
ENBREL 25 MG/0.5ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 4 / 28 Days PA S Specialty Drug
ENBREL 25 MG/0.5ML SOLUTION	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
ENBREL 50 MG/ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 4 / 28 Days PA S Specialty Drug
ENBREL MINI 50 MG/ML SOLN CART	4	<ul style="list-style-type: none"> QL 4 / 28 Days PA S Specialty Drug
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 4 / 28 Days PA S Specialty Drug
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
FENOPROFEN CALCIUM 600 MG TAB	1	
<i>flurbiprofen tab 100 mg</i>	1	
FLURBIPROFEN 50 MG TAB	1	
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT	4	<ul style="list-style-type: none"> QL 2 / 28 day(s) PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
HUMIRA (2 SYRINGE) 10 MG/0.1ML PREF SY KT	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
HUMIRA (2 SYRINGE) 20 MG/0.2ML PREF SY KT	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
HUMIRA (2 SYRINGE) 40 MG/0.4ML PREF SY KT	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
HUMIRA 10 MG/0.1ML PREF SY KT	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
HUMIRA 40 MG/0.4ML PREF SY KT	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	4	<ul style="list-style-type: none"> QL 6 / 365 day(s) PA S Specialty Drug
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	4	<ul style="list-style-type: none"> QL 3 / 365 day(s) PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA-PED<40KG CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 2 / 365 Days </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>
HUMIRA-PED>=40KG CROHNS START 80 MG/0.8ML PREF SY KT	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 3 / 365 Days </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>
HUMIRA-PED>=40KG UC STARTER 80 MG/0.8ML AUT-IJ KIT	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 4 / 365 day(s) </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>
HUMIRA-PS/UV/ADOL HS STARTER 40 MG/0.8ML AUT-IJ KIT	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 4 / 365 day(s) </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>
HUMIRA-PSORIASIS/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 3 / 365 Days </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
ILARIS 150 MG/ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #2980b9; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access </div> <div style="display: flex; align-items: center;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	<div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">ST</div>
KETOPROFEN 50 MG CAP	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KETOPROFEN 75 MG CAP	1	
KETOPROFEN ER 200 MG CAP ER 24H	1	ST
<i>ketorolac tromethamine tab 10 mg</i>	1	QL 40 / 28 Days
<i>ketorolac tromethamine inj 15 mg/ml</i>	1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	1	
		QL 2.28 / 28 Days
KEVZARA 150 MG/1.14ML SOLN A-INJ	4	PA LA Limited Access S Specialty Drug
		QL 2.28 / 28 Days
KEVZARA 150 MG/1.14ML SOLN PRSYR	4	PA LA Limited Access S Specialty Drug
		QL 2.28 / 28 Days
KEVZARA 200 MG/1.14ML SOLN A-INJ	4	PA LA Limited Access S Specialty Drug
		QL 2.28 / 28 Days
KEVZARA 200 MG/1.14ML SOLN PRSYR	4	PA LA Limited Access S Specialty Drug
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
MECLOFENAMATE SODIUM 100 MG CAP	1	ST
MECLOFENAMATE SODIUM 50 MG CAP	1	ST
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	QL 60 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
OTEZLA 10 & 20 & 30 MG TAB THPK	4	QL 55 / Lifetime PA S Specialty Drug
OTEZLA 20 MG TAB	4	QL 60 / 30 Days PA S Specialty Drug
OTEZLA 30 MG TAB	4	QL 60 / 30 Days PA S Specialty Drug
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	4	QL 55 / 365 Days PA S Specialty Drug
OTREXUP 10 MG/0.4ML SOLN A-INJ	4	QL 1.6 / 28 Days PA S Specialty Drug
OTREXUP 12.5 MG/0.4ML SOLN A-INJ	4	QL 1.6 / 28 Days PA S Specialty Drug
OTREXUP 15 MG/0.4ML SOLN A-INJ	4	QL 1.6 / 28 Days PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTREXUP 17.5 MG/0.4ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 1.6 / 28 Days PA S Specialty Drug
OTREXUP 20 MG/0.4ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 1.6 / 28 Days PA S Specialty Drug
OTREXUP 22.5 MG/0.4ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 1.6 / 28 Days PA S Specialty Drug
OTREXUP 25 MG/0.4ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 1.6 / 28 Days PA S Specialty Drug
<i>oxaprozin tab 600 mg</i>	1	ST
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	QL 60 / 30 Days
<i>nabumetone tab 750 mg</i>	1	
RINVOQ 15 MG TAB ER 24H	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA S Specialty Drug
RINVOQ 30 MG TAB ER 24H	4	<ul style="list-style-type: none"> QL 30 / 30 day(s) PA S Specialty Drug
RINVOQ 45 MG TAB ER 24H	4	<ul style="list-style-type: none"> QL 56 / 365 day(s) PA S Specialty Drug
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
TOLMETIN SODIUM 400 MG CAP	1	ST
TYENNE 162 MG/0.9ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 3.6 / 28 Days PA S Specialty Drug
TYENNE 162 MG/0.9ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 3.6 / 28 Days PA S Specialty Drug
TYENNE 200 MG/10ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
TYENNE 400 MG/20ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
TYENNE 80 MG/4ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
ANALGESICS - NONNARCOTIC		
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL 180 / 30 Days
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL 180 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL 180 / 30 Days
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL 180 / 30 Days
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL 180 / 30 Days
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL 180 / 30 Days
<i>diflunisal tab 500 mg</i>	1	
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL 180 / 30 Days
TENCON 50-325 MG TAB	1	QL 180 / 30 Days
VTOL LQ 50-325-40 MG/15ML SOLUTION	1	QL 2700 Milliliters / 30 Days
ANALGESICS - OPIOID		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	1	
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	
APADAZ 4.08-325 MG TAB	3	QL 168 / 14 Days
APADAZ 6.12-325 MG TAB	3	QL 168 / 14 Days
APADAZ 8.16-325 MG TAB	3	QL 168 / 14 Days
APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP	1	
APAP-CAFF-DIHYDROCODEINE 325-30-16 MG TAB	1	QL 300 / 30 Days
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL 180 / 30 Days
BELBUCA 150 MCG FILM	2	QL 60 / 30 Days PA
BELBUCA 300 MCG FILM	2	QL 60 / 30 Days PA
BELBUCA 450 MCG FILM	2	QL 60 / 30 Days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BELBUCA 600 MCG FILM	2	QL 60 / 30 Days PA
BELBUCA 75 MCG FILM	2	QL 60 / 30 Days PA
BELBUCA 750 MCG FILM	2	QL 60 / 30 Days PA
BELBUCA 900 MCG FILM	2	QL 60 / 30 Days PA
BENZHYDROCODONE-ACETAMINOPHEN 4.08-325 MG TAB	3	QL 168 / 14 Days
BENZHYDROCODONE-ACETAMINOPHEN 6.12-325 MG TAB	3	QL 168 / 14 Days
BENZHYDROCODONE-ACETAMINOPHEN 8.16-325 MG TAB	3	QL 168 / 14 Days
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	QL 4 / 28 day(s)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	QL 4 / 28 day(s)
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	QL 4 / 28 day(s)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	QL 4 / 28 day(s)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	QL 4 / 28 day(s)
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	QL 90 / 30 Days
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QL 90 / 30 Days
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL 60 / 30 Days
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL 90 / 30 Days
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL 90 / 30 Days
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL 90 / 30 Days
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL 90 / 30 Days
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL 90 / 30 Days
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL 180 / 30 Days
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL 180 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BUTORPHANOL TARTRATE 1 MG/ML SOLUTION	1	QL 5 / 30 Days PA
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL 5 / 30 Days PA
BUTORPHANOL TARTRATE 2 MG/ML SOLUTION	1	QL 5 / 30 Days PA
CODEINE SULFATE 15 MG TAB	1	
CODEINE SULFATE 30 MG TAB	1	
<i>codeine sulfate tab 30 mg</i>	1	
CODEINE SULFATE 60 MG TAB	1	
CONZIP 100 MG CAP ER 24H	3	QL 30 / 30 Days
CONZIP 200 MG CAP ER 24H	3	QL 30 / 30 Days
CONZIP 300 MG CAP ER 24H	3	QL 30 / 30 Days
DSUVIA 30 MCG SL TAB	3	
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL 300 / 30 Days
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL 300 / 30 Days
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL 300 / 30 Days
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL 300 / 30 Days
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	QL 10 / 30 Days
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	QL 10 / 30 Days
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL 10 / 30 Days
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	QL 10 / 30 Days
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	QL 10 / 30 Days
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	QL 10 / 30 Days
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	QL 10 / 30 Days
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	QL 10 / 30 Days
FENTANYL CITRATE 1200 MCG LOZ HANDLE	1	QL 120 / 30 Days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	QL 120 / 30 Days PA
FENTANYL CITRATE 1600 MCG LOZ HANDLE	1	QL 120 / 30 Days PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	QL 120 / 30 Days PA
FENTANYL CITRATE 200 MCG LOZ HANDLE	1	QL 120 / 30 Days PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	QL 120 / 30 Days PA
FENTANYL CITRATE 400 MCG LOZ HANDLE	1	QL 120 / 30 Days PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	QL 120 / 30 Days PA
FENTANYL CITRATE 600 MCG LOZ HANDLE	1	QL 120 / 30 Days PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	QL 120 / 30 Days PA
FENTANYL CITRATE 800 MCG LOZ HANDLE	1	QL 120 / 30 Days PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	QL 120 / 30 Days PA
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	QL 60 / 30 Days
HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H	1	QL 60 / 30 Days
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	QL 30 / 30 Days
HYDROCODONE BITARTRATE ER 120 MG TB24 DETER	1	QL 30 / 30 Days
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	QL 60 / 30 Days
HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H	1	QL 60 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H	1	QL 60 / 30 Days
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	QL 30 / 30 Days
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	QL 60 / 30 Days
HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H	1	QL 60 / 30 Days
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	QL 30 / 30 Days
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	QL 60 / 30 Days
HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H	1	QL 60 / 30 Days
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	QL 30 / 30 Days
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	QL 60 / 30 Days
HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H	1	QL 60 / 30 Days
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	QL 30 / 30 Days
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	QL 30 / 30 Days
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	
HYDROCODONE-ACETAMINOPHEN 10-325 MG/15ML SOLUTION	1	
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	1	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	
HYDROCODONE-IBUPROFEN 10-200 MG TAB	1	
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	
HYDROCODONE-IBUPROFEN 5-200 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl tab 2 mg</i>	1	
<i>hydromorphone hcl tab 4 mg</i>	1	
<i>hydromorphone hcl tab 8 mg</i>	1	
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	QL 30 / 30 Days
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	QL 60 / 30 Days
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	QL 60 / 30 Days
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	QL 30 / 30 Days
<i>meperidine hcl tab 50 mg</i>	1	
MEPERIDINE HCL 50 MG/5ML SOLUTION	1	
<i>methadone hcl tab 10 mg</i>	1	
<i>methadone hcl soln 10 mg/5ml</i>	1	
<i>methadone hcl conc 10 mg/ml</i>	1	
<i>methadone hcl tab for oral susp 40 mg</i>	1	
<i>methadone hcl tab 5 mg</i>	1	
<i>methadone hcl soln 5 mg/5ml</i>	1	
<i>methadone hcl conc 10 mg/ml</i>	1	
<i>methadone hcl tab for oral susp 40 mg</i>	1	
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	1	
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	
MORPHINE SULFATE 15 MG TAB	1	
<i>morphine sulfate tab 15 mg</i>	1	
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	
MORPHINE SULFATE 30 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate tab 30 mg</i>	1	
<i>morphine sulfate cap er 24hr 10 mg</i>	1	QL 60 / 30 day(s)
MORPHINE SULFATE ER 10 MG CAP ER 24H	1	QL 60 / 30 day(s)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	QL 60 / 30 day(s)
MORPHINE SULFATE ER 100 MG CAP ER 24H	1	QL 60 / 30 day(s)
<i>morphine sulfate tab er 100 mg</i>	1	QL 90 / 30 Days
<i>morphine sulfate tab er 15 mg</i>	1	QL 90 / 30 Days
<i>morphine sulfate cap er 24hr 20 mg</i>	1	QL 60 / 30 day(s)
MORPHINE SULFATE ER 20 MG CAP ER 24H	1	QL 60 / 30 day(s)
<i>morphine sulfate tab er 200 mg</i>	1	QL 90 / 30 Days
<i>morphine sulfate cap er 24hr 30 mg</i>	1	QL 60 / 30 day(s)
MORPHINE SULFATE ER 30 MG CAP ER 24H	1	QL 60 / 30 day(s)
<i>morphine sulfate tab er 30 mg</i>	1	QL 90 / 30 Days
MORPHINE SULFATE ER 40 MG CAP ER 24H	1	QL 60 / 30 Days
<i>morphine sulfate cap er 24hr 50 mg</i>	1	QL 60 / 30 day(s)
MORPHINE SULFATE ER 50 MG CAP ER 24H	1	QL 60 / 30 day(s)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	QL 60 / 30 day(s)
MORPHINE SULFATE ER 60 MG CAP ER 24H	1	QL 60 / 30 day(s)
<i>morphine sulfate tab er 60 mg</i>	1	QL 90 / 30 Days
<i>morphine sulfate cap er 24hr 80 mg</i>	1	QL 60 / 30 day(s)
MORPHINE SULFATE ER 80 MG CAP ER 24H	1	QL 60 / 30 day(s)
MORPHINE SULFATE ER BEADS 120 MG CAP ER 24H	1	QL 30 / 30 Days
MORPHINE SULFATE ER BEADS 30 MG CAP ER 24H	1	QL 30 / 30 Days
MORPHINE SULFATE ER BEADS 45 MG CAP ER 24H	1	QL 30 / 30 Days
MORPHINE SULFATE ER BEADS 60 MG CAP ER 24H	1	QL 30 / 30 Days
MORPHINE SULFATE ER BEADS 75 MG CAP ER 24H	1	QL 30 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MORPHINE SULFATE ER BEADS 90 MG CAP ER 24H	1	QL 30 / 30 Days
<i>oxycodone hcl tab 10 mg</i>	1	
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	
<i>oxycodone hcl tab 15 mg</i>	1	
<i>oxycodone hcl tab 20 mg</i>	1	
<i>oxycodone hcl tab 30 mg</i>	1	
<i>oxycodone hcl cap 5 mg</i>	1	
<i>oxycodone hcl tab 5 mg</i>	1	
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL 300 / 30 Days
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL 300 / 30 Days
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL 300 / 30 Days
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	1	QL 1500 / 30 day(s)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL 300 / 30 Days
OXYCODONE-ASPIRIN 4.8355-325 MG TAB	1	
OXYCONTIN 10 MG TB12 DETER	2	QL 90 / 30 day(s)
OXYCONTIN 15 MG TB12 DETER	2	QL 90 / 30 day(s)
OXYCONTIN 20 MG TB12 DETER	2	QL 90 / 30 day(s)
OXYCONTIN 30 MG TB12 DETER	2	QL 90 / 30 day(s)
OXYCONTIN 40 MG TB12 DETER	2	QL 90 / 30 day(s)
OXYCONTIN 60 MG TB12 DETER	2	QL 90 / 30 day(s)
OXYCONTIN 80 MG TB12 DETER	2	QL 90 / 30 day(s)
<i>oxymorphone hcl tab 10 mg</i>	1	QL 360 / 30 Days
<i>oxymorphone hcl tab 5 mg</i>	1	QL 360 / 30 Days
OXYMORPHONE HCL ER 10 MG TAB ER 12H	1	QL 60 / 30 Days
OXYMORPHONE HCL ER 15 MG TAB ER 12H	1	QL 60 / 30 Days
OXYMORPHONE HCL ER 20 MG TAB ER 12H	1	QL 60 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXYMORPHONE HCL ER 30 MG TAB ER 12H	1	QL 60 / 30 Days
OXYMORPHONE HCL ER 40 MG TAB ER 12H	1	QL 60 / 30 Days
OXYMORPHONE HCL ER 5 MG TAB ER 12H	1	QL 60 / 30 Days
OXYMORPHONE HCL ER 7.5 MG TAB ER 12H	1	QL 60 / 30 Days
<i>pentazocine w/ naloxone tab 50-0.5 mg</i>	1	
		QL 0.5 / 30 Days
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	4	PA LA Limited Access S Specialty Drug
		QL 1.5 / 30 Days
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	4	PA LA Limited Access S Specialty Drug
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	QL 30 / 30 Days
TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H	1	QL 30 / 30 Days
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	QL 30 / 30 Days
TRAMADOL HCL (ER BIPHASIC) 200 MG TAB ER 24H	1	QL 30 / 30 Days
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	QL 30 / 30 Days
TRAMADOL HCL (ER BIPHASIC) 300 MG TAB ER 24H	1	QL 30 / 30 Days
<i>tramadol hcl tab 100 mg</i>	1	QL 120 / 30 Days
<i>tramadol hcl tab 50 mg</i>	1	
TRAMADOL HCL ER 100 MG CAP ER 24H	3	QL 30 / 30 Days
<i>tramadol hcl tab er 24hr 100 mg</i>	1	
TRAMADOL HCL ER 200 MG CAP ER 24H	3	QL 30 / 30 Days
<i>tramadol hcl tab er 24hr 200 mg</i>	1	
TRAMADOL HCL ER 300 MG CAP ER 24H	3	QL 30 / 30 Days
<i>tramadol hcl tab er 24hr 300 mg</i>	1	
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TREZIX 320.5-30-16 MG CAP	1	
XTAMPZA ER 13.5 MG CP12 DETER	3	QL 60 / 30 Days
XTAMPZA ER 18 MG CP12 DETER	3	QL 60 / 30 Days
XTAMPZA ER 27 MG CP12 DETER	3	QL 60 / 30 Days
XTAMPZA ER 36 MG CP12 DETER	3	QL 60 / 30 Days
XTAMPZA ER 9 MG CP12 DETER	3	QL 60 / 30 Days
ZUBSOLV 0.7-0.18 MG SL TAB	2	QL 90 / 30 Days
ZUBSOLV 1.4-0.36 MG SL TAB	2	QL 90 / 30 Days
ZUBSOLV 11.4-2.9 MG SL TAB	2	QL 60 / 30 Days
ZUBSOLV 2.9-0.71 MG SL TAB	2	QL 90 / 30 Days
ZUBSOLV 5.7-1.4 MG SL TAB	2	QL 90 / 30 Days
ZUBSOLV 8.6-2.1 MG SL TAB	2	QL 60 / 30 Days
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	QL 60 / 30 Days
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	QL 30 / 30 Days
<i>febuxostat tab 80 mg</i>	1	QL 30 / 30 Days
KRYSTEXXA 8 MG/ML SOLUTION	4	PA LA Limited Access S Specialty Drug
<i>probenecid tab 500 mg</i>	1	
MIGRAINE PRODUCTS		
AIMOVIG 140 MG/ML SOLN A-INJ	4	QL 1 / 30 Days PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AIMOVIG 70 MG/ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 2 / 30 Days PA S Specialty Drug
AJOVY 225 MG/1.5ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 1.5 / 30 Days PA S Specialty Drug
AJOVY 225 MG/1.5ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 1.5 / 30 Days PA S Specialty Drug
<i>almotriptan malate tab 12.5 mg</i>	1	<ul style="list-style-type: none"> QL 12 / 30 Days
<i>almotriptan malate tab 6.25 mg</i>	1	<ul style="list-style-type: none"> QL 12 / 30 Days
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	<ul style="list-style-type: none"> QL 12 / 30 Days
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	<ul style="list-style-type: none"> QL 12 / 30 Days
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 3 / 30 Days PA S Specialty Drug
EMGALITY 120 MG/ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA S Specialty Drug
EMGALITY 120 MG/ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA S Specialty Drug
ERGOTAMINE-CAFFEINE 1-100 MG TAB	1	<ul style="list-style-type: none"> QL 240 / 30 Days PA
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	<ul style="list-style-type: none"> QL 12 / 30 Days
MIGERGOT 2-100 MG SUPPOS	1	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	<ul style="list-style-type: none"> QL 12 / 30 Days
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	<ul style="list-style-type: none"> QL 12 / 30 Days
NURTEC 75 MG TAB DISP	4	<ul style="list-style-type: none"> QL 8 / 30 Days PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QULIPTA 10 MG TAB	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
QULIPTA 30 MG TAB	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
QULIPTA 60 MG TAB	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
REYVOW 100 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>8 / 30 Days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
REYVOW 50 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>4 / 30 Days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>12 / 30 Days</div>
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>12 / 30 Days</div>
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>12 / 30 Days</div>
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>12 / 30 Days</div>
<i>sumatriptan nasal spray 20 mg/act</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>12 / 30 Days</div>
<i>sumatriptan nasal spray 5 mg/act</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>12 / 30 Days</div>
<i>sumatriptan succinate tab 100 mg</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>12 / 30 Days</div>
<i>sumatriptan succinate tab 25 mg</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>12 / 30 Days</div>
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>6 / 30 Days</div>
<i>sumatriptan succinate tab 50 mg</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>12 / 30 Days</div>
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>6 / 30 Days</div>
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>12 / 30 Days</div>
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>6 / 30 Days</div>
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>6 / 30 Days</div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	1	QL 6 / 30 Days
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL 6 / 30 Days
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	1	QL 6 / 30 Days
UBRELVY 100 MG TAB	4	QL 16 / 30 day(s) PA S Specialty Drug
UBRELVY 50 MG TAB	4	QL 16 / 30 day(s) PA S Specialty Drug
VYEPTI 100 MG/ML SOLUTION	5	QL 3 / 90 Days PA LA Limited Access S Specialty Drug
<i>zolmitriptan tab 2.5 mg</i>	1	QL 12 / 30 Days
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL 12 / 30 Days
<i>zolmitriptan tab 5 mg</i>	1	QL 12 / 30 Days
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL 12 / 30 Days
ZOMIG 2.5 MG SOLUTION	2	QL 12 / 30 Days
<i>zolmitriptan tab 2.5 mg</i>	1	QL 12 / 30 Days
ZOMIG 5 MG SOLUTION	2	QL 12 / 30 Days
<i>zolmitriptan tab 5 mg</i>	1	QL 12 / 30 Days
ANTI-INFECTIVE AGENTS		
AMEBICIDES		
SOLOSEC 2 GM PACKET	2	QL 1 / 30 Days
AMINOGLYCOSIDES		
ARIKAYCE 590 MG/8.4ML SUSPENSION	4	QL 235.2 / 28 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	PA
TOBI PODHALER 28 MG CAP	4	QL 224 / 56 Day PA LA Limited Access S Specialty Drug
<i>tobramycin nebu soln 300 mg/4ml</i>	4	QL 224 / 56 Days PA S Specialty Drug
TOBRAMYCIN 300 MG/5ML NEBU SOLN	4	QL 280 / 56 Days PA S Specialty Drug
<i>tobramycin nebu soln 300 mg/5ml</i>	4	QL 280 / 56 Days PA S Specialty Drug
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	1	
EMVERM 100 MG CHEW TAB	2	
<i>ivermectin tab 3 mg</i>	1	QL 20 / 180 Days
<i>praziquantel tab 600 mg</i>	1	
ANTI-INFECTIVE AGENTS - MISC.		
ALINIA 100 MG/5ML RECON SUSP	2	QL 60 / 90 Days PA
<i>atovaquone susp 750 mg/5ml</i>	1	
CAYSTON 75 MG RECON SOLN	4	QL 84 / 56 Day PA LA Limited Access S Specialty Drug
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	4	S Specialty Drug
<i>dapsone tab 100 mg</i>	1	
<i>dapsone tab 25 mg</i>	1	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
IMPAVIDO 50 MG CAP	4	QL 84 / 365 Day PA S Specialty Drug
<i>linezolid for susp 100 mg/5ml</i>	1	QL 1800 / 90 Days
<i>linezolid tab 600 mg</i>	1	QL 60 / 30 Days
<i>methenamine hippurate tab 1 gm</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>nitazoxanide tab 500 mg</i>	1	QL 6 / 90 Days PA
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
PRIMSOL 50 MG/5ML SOLUTION	3	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
TRIMETHOPRIM 100 MG TAB	1	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	
XENLETA 600 MG TAB	3	QL 10 / 180 Day PA LA Limited Access
XIFAXAN 200 MG TAB	2	QL 9 / 365 Days PA
XIFAXAN 550 MG TAB	2	PA
ANTIFUNGALS		
CRESEMBA 186 MG CAP	2	QL 60 / 30 day(s) PA
CRESEMBA 74.5 MG CAP	2	QL 150 / 30 day(s) PA
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>flucytosine cap 250 mg</i>	1	
<i>flucytosine cap 500 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>posaconazole tab delayed release 100 mg</i>	1	PA
<i>terbinafine hcl tab 250 mg</i>	1	
TOLSURA 65 MG CAP	3	QL 120 / 30 Days PA
<i>voriconazole tab 200 mg</i>	1	
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
ANTIMALARIALS		
ARAKODA 100 MG TAB	3	QL 12 / 180 Days PA
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	QL 2 / 365 day(s)
<i>pyrimethamine tab 25 mg</i>	1	PA LA Limited Access
<i>quinine sulfate cap 324 mg</i>	1	QL 42 / 30 Days
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE 250 MG CAP	1	
<i>ethambutol hcl tab 100 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
PRETOMANID 200 MG TAB	3	QL 30 / 30 Days PA
PRIFTIN 150 MG TAB	2	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO 100 MG TAB	4	QL 182 / 168 Days PA LA Limited Access S Specialty Drug
SIRTURO 20 MG TAB	4	QL 940 / 168 Days PA LA Limited Access S Specialty Drug
ANTIVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	4	QL 960 Milliliters / 30 Days S Specialty Drug
<i>abacavir sulfate tab 300 mg (base equiv)</i>	4	QL 60 / 30 Days S Specialty Drug
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	QL 30 / 30 Days S Specialty Drug
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	4	QL 60 / 30 day(s) S Specialty Drug
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA S Specialty Drug
APTIVUS 100 MG/ML SOLUTION	4	<ul style="list-style-type: none"> QL 380 Milliliters / 30 Days S Specialty Drug
APTIVUS 250 MG CAP	4	<ul style="list-style-type: none"> QL 120 / 30 Days S Specialty Drug
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days S Specialty Drug
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
BARACLUDE 0.05 MG/ML SOLUTION	4	<ul style="list-style-type: none"> QL 600 / 30 Days PA S Specialty Drug
BIKTARVY 30-120-15 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 day(s) S Specialty Drug
BIKTARVY 50-200-25 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
CABENUVA 400 & 600 MG/2ML SUSP	5	<ul style="list-style-type: none"> QL 4 / 30 Days PA LA Limited Access S Specialty Drug
CABENUVA 600 & 900 MG/3ML SUSP	5	<ul style="list-style-type: none"> QL 6 / 56 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CIMDUO 300-300 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
DESCOVY 120-15 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 day(s) S Specialty Drug
DESCOVY 200-25 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug ACA Affordable Care Act
DOVATO 50-300 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
EDURANT 25 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
EFAVIRENZ 200 MG CAP	4	<ul style="list-style-type: none"> QL 90 / 30 Days S Specialty Drug
EFAVIRENZ 50 MG CAP	4	<ul style="list-style-type: none"> QL 90 / 30 Days S Specialty Drug
<i>efavirenz tab 600 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
<i>emtricitabine caps 200 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug ACA Affordable Care Act
EMTRIVA 10 MG/ML SOLUTION	4	<ul style="list-style-type: none"> QL 850 Milliliters / 30 Days S Specialty Drug
<i>entecavir tab 0.5 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA S Specialty Drug
<i>entecavir tab 1 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA S Specialty Drug
EPCLUSA 150-37.5 MG PACKET	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA S Specialty Drug
EPCLUSA 200-50 MG PACKET	4	<ul style="list-style-type: none"> QL 56 / 28 Days PA S Specialty Drug
EPCLUSA 200-50 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA S Specialty Drug
EPCLUSA 400-100 MG TAB	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA S Specialty Drug
<i>etravirine tab 100 mg</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days S Specialty Drug
<i>etravirine tab 200 mg</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days S Specialty Drug
EVOTAZ 300-150 MG TAB	5	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	4	<ul style="list-style-type: none"> QL 120 / 30 Days S Specialty Drug
FUZEON 90 MG RECON SOLN	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA S Specialty Drug
GENVOYA 150-150-200-10 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
HARVONI 33.75-150 MG PACKET	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA S Specialty Drug
HARVONI 45-200 MG PACKET	4	<ul style="list-style-type: none"> QL 56 / 28 Days PA S Specialty Drug
HARVONI 45-200 MG TAB	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA S Specialty Drug
HARVONI 90-400 MG TAB	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA S Specialty Drug
INTELENCE 25 MG TAB	4	<ul style="list-style-type: none"> QL 120 / 30 Days S Specialty Drug
ISENTRESS 100 MG CHEW TAB	4	<ul style="list-style-type: none"> QL 180 / 30 Days S Specialty Drug
ISENTRESS 25 MG CHEW TAB	4	<ul style="list-style-type: none"> QL 180 / 30 Days S Specialty Drug
ISENTRESS 400 MG TAB	4	<ul style="list-style-type: none"> QL 120 / 30 Days S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JULUCA 50-25 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
LAGEVRIO 200 MG CAP	3	<ul style="list-style-type: none"> QL 40 / 90 Days
<i>lamivudine oral soln 10 mg/ml</i>	4	<ul style="list-style-type: none"> QL 960 / 30 Days S Specialty Drug
<i>lamivudine tab 100 mg (hbv)</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
<i>lamivudine tab 150 mg</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days S Specialty Drug
<i>lamivudine tab 300 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
<i>lamivudine oral soln 10 mg/ml</i>	4	<ul style="list-style-type: none"> QL 960 / 30 Days S Specialty Drug
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days S Specialty Drug
LIVTENCITY 200 MG TAB	5	<ul style="list-style-type: none"> QL 112 / 28 Days PA LA Limited Access S Specialty Drug
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	<ul style="list-style-type: none"> QL 90 / 30 Days S Specialty Drug
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	<ul style="list-style-type: none"> QL 120 / 30 Days S Specialty Drug
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	<ul style="list-style-type: none"> QL 320 Milliliters / 30 Days S Specialty Drug
<i>maraviroc tab 150 mg</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days S Specialty Drug
<i>maraviroc tab 300 mg</i>	4	<ul style="list-style-type: none"> QL 120 / 30 Days S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAVYRET 100-40 MG TAB	4	<ul style="list-style-type: none"> QL 84 / 28 Days PA S Specialty Drug
MAVYRET 50-20 MG PACKET	4	<ul style="list-style-type: none"> QL 140 / 28 Days PA S Specialty Drug
<i>nevirapine tab 200 mg</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days S Specialty Drug
NEVIRAPINE 50 MG/5ML SUSPENSION	4	<ul style="list-style-type: none"> QL 1200 Milliliters / 30 Days S Specialty Drug
NEVIRAPINE ER 100 MG TAB ER 24H	4	<ul style="list-style-type: none"> QL 90 / 30 day(s) S Specialty Drug
<i>nevirapine tab er 24hr 400 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
NORVIR 80 MG/ML SOLUTION	4	<ul style="list-style-type: none"> QL 450 Milliliters / 30 Days S Specialty Drug
ODEFSEY 200-25-25 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	<ul style="list-style-type: none"> QL 20 / 90 Days
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	<ul style="list-style-type: none"> QL 10 / 90 Days
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	<ul style="list-style-type: none"> QL 10 / 90 Days
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	3	<ul style="list-style-type: none"> QL 20 / 90 Days
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	3	<ul style="list-style-type: none"> QL 30 / 90 Days
PAXLOVID 6 X 150 MG & 5 X 100MG TAB THPK	3	<ul style="list-style-type: none"> QL 11 / 90 Days
PEGASYS 180 MCG/0.5ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 2 / 28 day(s) PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEGASYS 180 MCG/ML SOLUTION	4	<ul style="list-style-type: none"> QL 4 / 28 Days PA S Specialty Drug
PEGINTRON 50 MCG/0.5ML KIT	5	<ul style="list-style-type: none"> QL 4 / 28 Days PA S Specialty Drug
PREZISTA 100 MG/ML SUSPENSION	4	<ul style="list-style-type: none"> QL 400 / 30 day(s) S Specialty Drug
PREZISTA 150 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 day(s) S Specialty Drug
PREZISTA 600 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days S Specialty Drug
PREZISTA 75 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 day(s) S Specialty Drug
PREZISTA 800 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days S Specialty Drug
RELENZA DISKHALER 5 MG/ACT AER POW BA	3	<ul style="list-style-type: none"> QL 40 / 180 Day
REYATAZ 50 MG PACKET	4	<ul style="list-style-type: none"> QL 240 / 30 Days S Specialty Drug
RIBAVIRIN 200 MG CAP	4	<ul style="list-style-type: none"> QL 210 / 30 Days PA S Specialty Drug
<i>ribavirin cap 200 mg</i>	4	<ul style="list-style-type: none"> QL 210 / 30 Days PA S Specialty Drug
RIBAVIRIN 200 MG TAB	4	<ul style="list-style-type: none"> QL 210 / 30 Days PA S Specialty Drug
<i>ribavirin tab 200 mg</i>	4	<ul style="list-style-type: none"> QL 210 / 30 Days PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ribavirin for inhal soln 6 gm</i>	4	S Specialty Drug
RIMANTADINE HCL 100 MG TAB	1	
<i>ritonavir tab 100 mg</i>	4	QL 360 / 30 Days S Specialty Drug
RUKOBIA 600 MG TAB ER 12H	5	QL 60 / 30 Days PA S Specialty Drug
SELZENTRY 25 MG TAB	4	QL 240 / 30 Days S Specialty Drug
SELZENTRY 75 MG TAB	4	QL 120 / 30 Days S Specialty Drug
STAVUDINE 15 MG CAP	4	QL 60 / 30 Days S Specialty Drug
STAVUDINE 20 MG CAP	4	QL 60 / 30 Days S Specialty Drug
STAVUDINE 30 MG CAP	4	QL 60 / 30 Days S Specialty Drug
STAVUDINE 40 MG CAP	4	QL 60 / 30 Days S Specialty Drug
SYMTUZA 800-150-200-10 MG TAB	4	QL 30 / 30 Days S Specialty Drug
TEMIXYS 300-300 MG TAB	4	QL 30 / 30 Days S Specialty Drug
<i>tenofovir disoproxil fumarate tab 300 mg</i>	4	QL 30 / 30 Days S Specialty Drug
TIVICAY 10 MG TAB	4	QL 60 / 30 Days S Specialty Drug
TIVICAY 25 MG TAB	4	QL 60 / 30 Days S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TIVICAY 50 MG TAB	4	<p>QL 60 / 30 Days</p> <p>S Specialty Drug</p>
TIVICAY PD 5 MG TAB SOL	4	<p>QL 180 / 30 Days</p> <p>S Specialty Drug</p>
TRIUMEQ 600-50-300 MG TAB	4	<p>QL 30 / 30 Days</p> <p>S Specialty Drug</p>
TRIUMEQ PD 60-5-30 MG TAB SOL	4	<p>QL 180 / 30 Days</p> <p>S Specialty Drug</p>
TYBOST 150 MG TAB	5	<p>QL 30 / 30 Days</p> <p>S Specialty Drug</p>
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	
VIREAD 150 MG TAB	4	<p>QL 30 / 30 Days</p> <p>S Specialty Drug</p>
VIREAD 200 MG TAB	4	<p>QL 30 / 30 Days</p> <p>S Specialty Drug</p>
VIREAD 250 MG TAB	4	<p>QL 30 / 30 Days</p> <p>S Specialty Drug</p>
VIREAD 40 MG/GM POWDER	4	<p>QL 240 / 30 Days</p> <p>S Specialty Drug</p>
VOSEVI 400-100-100 MG TAB	4	<p>QL 28 / 28 Days</p> <p>PA</p> <p>S Specialty Drug</p>
<i>zidovudine cap 100 mg</i>	4	<p>QL 180 / 30 Days</p> <p>S Specialty Drug</p>
<i>zidovudine tab 300 mg</i>	4	<p>QL 60 / 30 Days</p> <p>S Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zidovudine syrup 10 mg/ml</i>	4	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 1920 Milliliters / 30 Days </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>
CEPHALOSPORINS		
CEFACLOR 125 MG/5ML RECON SUSP	1	
CEFACLOR 250 MG CAP	1	
CEFACLOR 250 MG/5ML RECON SUSP	1	
CEFACLOR 375 MG/5ML RECON SUSP	1	
CEFACLOR 500 MG CAP	1	
CEFACLOR ER 500 MG TAB ER 12H	1	
CEFADROXIL 1 GM TAB	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefdinir cap 300 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefepodoxime proxetil tab 100 mg</i>	1	
CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP	1	
<i>cefepodoxime proxetil tab 200 mg</i>	1	
CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
SUPRAX 100 MG CHEW TAB	3	
SUPRAX 200 MG CHEW TAB	3	
SUPRAX 500 MG/5ML RECON SUSP	3	
FLUOROQUINOLONES		
BAXDELA 450 MG TAB	2	QL 20 / 90 Days PA
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	1	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
CIPROFLOXACIN HCL 100 MG TAB	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
OFLOXACIN 300 MG TAB	1	
<i>ofloxacin tab 400 mg</i>	1	
MACROLIDES		
AZITHROMYCIN 1 GM PACKET	1	
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin tab 250 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
CLARITHROMYCIN 125 MG/5ML RECON SUSP	1	
<i>clarithromycin tab 250 mg</i>	1	
CLARITHROMYCIN 250 MG/5ML RECON SUSP	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
DIFICID 200 MG TAB	3	QL 60 / 30 Days PA
DIFICID 40 MG/ML RECON SUSP	3	QL 300 / 30 Days PA
E.E.S. 400 400 MG TAB	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
ERYTHROCIN STEARATE 250 MG TAB	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
ERYTHROMYCIN BASE 250 MG CP DR PART	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
ZITHROMAX 1 GM PACKET	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PENICILLINS		
AMOXICILLIN 125 MG CHEW TAB	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
AMOXICILLIN 250 MG CHEW TAB	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
AMOXICILLIN 400 MG/5ML RECON SUSP	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	1	
<i>ampicillin cap 500 mg</i>	1	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	2	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	
<i>penicillin v potassium tab 250 mg</i>	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	
<i>penicillin v potassium tab 500 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	1	QL 240 / 30 Days
TETRACYCLINES		
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate tab delayed release 75 mg</i>	1	PA
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
NUZYRA 150 MG TAB	3	QL 30 / 14 Days PA
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
VIBRAMYCIN 50 MG/5ML SYRUP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIHISTAMINES/NASAL AGENTS/COUGH & COLD/RESPIRATORY/MISC		
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ADVAIR HFA 115-21 MCG/ACT AEROSOL	2	QL 12 / 30 Days PREV IRS Preventive Drug
ADVAIR HFA 230-21 MCG/ACT AEROSOL	2	QL 12 / 30 Days PREV IRS Preventive Drug
ADVAIR HFA 45-21 MCG/ACT AEROSOL	2	QL 12 / 30 Days PREV IRS Preventive Drug
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	PREV IRS Preventive Drug
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	PREV IRS Preventive Drug
ALBUTEROL SULFATE 2.5 MG/0.5ML NEBU SOLN	1	
<i>albuterol sulfate tab 4 mg</i>	1	PREV IRS Preventive Drug
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	PREV IRS Preventive Drug
ALBUTEROL SULFATE ER 4 MG TAB ER 12H	1	
ALBUTEROL SULFATE ER 8 MG TAB ER 12H	1	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL 13 / 365 Days PREV IRS Preventive Drug
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	2	QL 60 / 30 Days PREV IRS Preventive Drug
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL 120 / 30 Days PREV IRS Preventive Drug
ARMONAIR DIGIHALER 113 MCG/ACT AER POW BA	2	QL 1 / 30 Days PA
ARMONAIR DIGIHALER 232 MCG/ACT AER POW BA	2	QL 1 / 30 Days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARMONAIR DIGIHALER 55 MCG/ACT AER POW BA	2	QL 1 / 30 Days PA
ARNUITY ELLIPTA 100 MCG/ACT AER POW BA	2	QL 30 / 30 Days PREV IRS Preventive Drug
ARNUITY ELLIPTA 200 MCG/ACT AER POW BA	2	QL 30 / 30 Days PREV IRS Preventive Drug
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA	2	QL 30 / 30 Days PREV IRS Preventive Drug
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	2	QL 1 / 30 Days
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	2	QL 1 / 30 Days
ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA	2	QL 1 / 30 Days
ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA	2	QL 1 / 30 Days
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	2	QL 1 / 30 Days
ASMANEX (7 METERED DOSES) 110 MCG/ACT AER POW BA	2	QL 1 / 30 Days
ASMANEX HFA 100 MCG/ACT AEROSOL	2	QL 13 / 30 day(s)
ASMANEX HFA 200 MCG/ACT AEROSOL	2	QL 13 / 30 day(s)
ASMANEX HFA 50 MCG/ACT AEROSOL	2	QL 13 / 30 day(s)
ATROVENT HFA 17 MCG/ACT AERO SOLN	3	QL 12.9 / 30 Days
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	2	QL 60 / 30 day(s) PREV IRS Preventive Drug
BREO ELLIPTA 200-25 MCG/ACT AER POW BA	2	QL 60 / 30 day(s) PREV IRS Preventive Drug
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	QL 60 / 30 Days PREV IRS Preventive Drug
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL 10.3 / 30 Days PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	<p>QL 10.3 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	<p>QL 10.7 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	<p>QL 120 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	<p>QL 120 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>budesonide inhalation susp 1 mg/2ml</i>	1	<p>QL 120 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	<p>QL 10.2 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	<p>QL 10.2 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	2	<p>QL 4 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	<p>PREV IRS Preventive Drug</p>
DULERA 100-5 MCG/ACT AEROSOL	2	<p>QL 13 / 30 day(s)</p> <p>PREV IRS Preventive Drug</p>
DULERA 200-5 MCG/ACT AEROSOL	2	<p>QL 13 / 30 day(s)</p> <p>PREV IRS Preventive Drug</p>
DULERA 50-5 MCG/ACT AEROSOL	2	<p>QL 13 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>theophylline elixir 80 mg/15ml</i>	1	<p>PREV IRS Preventive Drug</p>
FASENRA 10 MG/0.5ML SOLN PRSYR	4	<p>QL 0.5 / 56 Days</p> <p>PA</p> <p>LA Limited Access</p> <p>S Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FASENRA PEN 30 MG/ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 1 / 56 Days PA LA Limited Access S Specialty Drug
FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA	1	<ul style="list-style-type: none"> QL 60 / 30 Days PREV IRS Preventive Drug
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	1	<ul style="list-style-type: none"> QL 60 / 30 Days PREV IRS Preventive Drug
FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA	1	<ul style="list-style-type: none"> QL 60 / 30 Days PREV IRS Preventive Drug
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	1	<ul style="list-style-type: none"> QL 24 / 30 day(s) PREV IRS Preventive Drug
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	1	<ul style="list-style-type: none"> QL 24 / 30 day(s) PREV IRS Preventive Drug
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	1	<ul style="list-style-type: none"> QL 21.2 / 30 Days PREV IRS Preventive Drug
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PREV IRS Preventive Drug
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PREV IRS Preventive Drug
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PREV IRS Preventive Drug
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	<ul style="list-style-type: none"> PREV IRS Preventive Drug
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	2	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
<i>ipratropium bromide inhal soln 0.02%</i>	1	<ul style="list-style-type: none"> PREV IRS Preventive Drug
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	<ul style="list-style-type: none"> PREV IRS Preventive Drug
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	<ul style="list-style-type: none"> QL 450 / 30 Days
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	<ul style="list-style-type: none"> QL 450 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	<p>QL 90 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	<p>QL 450 / 30 Days</p>
LONHALA MAGNAIR REFILL KIT 25 MCG/ML SOLUTION	3	<p>QL 60 / 365 Days</p>
LONHALA MAGNAIR STARTER KIT 25 MCG/ML SOLUTION	3	<p>QL 60 / 365 Days</p>
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	<p>QL 30 / 30 day(s)</p> <p>PREV IRS Preventive Drug</p>
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	<p>PREV IRS Preventive Drug</p>
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	<p>PREV IRS Preventive Drug</p>
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	<p>PREV IRS Preventive Drug</p>
NUCALA 100 MG RECON SOLN	4	<p>PA</p> <p>LA Limited Access</p> <p>S Specialty Drug</p>
NUCALA 100 MG/ML SOLN A-INJ	4	<p>QL 1 / 28 Days</p> <p>PA</p> <p>LA Limited Access</p> <p>S Specialty Drug</p>
NUCALA 100 MG/ML SOLN PRSYR	4	<p>QL 1 / 28 Days</p> <p>PA</p> <p>LA Limited Access</p> <p>S Specialty Drug</p>
NUCALA 40 MG/0.4ML SOLN PRSYR	4	<p>QL 0.4 / 28 day(s)</p> <p>PA</p> <p>LA Limited Access</p> <p>S Specialty Drug</p>
QVAR REDIHALER 40 MCG/ACT AERO BA	2	<p>QL 31.8 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
QVAR REDIHALER 80 MCG/ACT AERO BA	2	<p>QL 21.2 / 30 Days</p> <p>PREV IRS Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>roflumilast tab 250 mcg</i>	1	<p>QL 28 / 180 Days</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
<i>roflumilast tab 500 mcg</i>	1	<p>QL 30 / 30 Days</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	2	<p>QL 4 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	2	<p>QL 4 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	2	<p>QL 4 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	2	<p>QL 4 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>terbutaline sulfate tab 2.5 mg</i>	1	PREV IRS Preventive Drug
<i>terbutaline sulfate tab 5 mg</i>	1	PREV IRS Preventive Drug
THEO-24 100 MG CAP ER 24H	2	PREV IRS Preventive Drug
THEO-24 200 MG CAP ER 24H	2	PREV IRS Preventive Drug
THEO-24 300 MG CAP ER 24H	2	PREV IRS Preventive Drug
THEO-24 400 MG CAP ER 24H	2	PREV IRS Preventive Drug
<i>theophylline elixir 80 mg/15ml</i>	1	PREV IRS Preventive Drug
<i>theophylline soln 80 mg/15ml</i>	1	PREV IRS Preventive Drug
THEOPHYLLINE ER 100 MG TAB ER 12H	1	PREV IRS Preventive Drug
THEOPHYLLINE ER 200 MG TAB ER 12H	1	PREV IRS Preventive Drug
<i>theophylline tab er 12hr 300 mg</i>	1	PREV IRS Preventive Drug
<i>theophylline tab er 24hr 400 mg</i>	1	PREV IRS Preventive Drug
<i>theophylline tab er 12hr 450 mg</i>	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>theophylline tab er 24hr 600 mg</i>	1	PREV IRS Preventive Drug
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	QL 60 / 30 Days PREV IRS Preventive Drug
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	QL 60 / 30 Days PREV IRS Preventive Drug
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL 60 / 30 Days PREV IRS Preventive Drug
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL 60 / 30 Days PREV IRS Preventive Drug
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL 60 / 30 Days PREV IRS Preventive Drug
XOLAIR 150 MG RECON SOLN	4	PA LA Limited Access S Specialty Drug
XOLAIR 150 MG/ML SOLN A-INJ	4	PA LA Limited Access S Specialty Drug
XOLAIR 150 MG/ML SOLN PRSYR	4	PA LA Limited Access S Specialty Drug
XOLAIR 300 MG/2ML SOLN A-INJ	4	PA LA Limited Access S Specialty Drug
XOLAIR 300 MG/2ML SOLN PRSYR	4	PA LA Limited Access S Specialty Drug
XOLAIR 75 MG/0.5ML SOLN A-INJ	4	PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOLAIR 75 MG/0.5ML SOLN PRSYR	4	PA LA Limited Access S Specialty Drug
<i>zafirlukast tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>zafirlukast tab 20 mg</i>	1	PREV IRS Preventive Drug
ANTIHISTAMINES		
<i>carbinoxamine maleate tab 4 mg</i>	1	
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	1	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
CLEMASTINE FUMARATE 2.68 MG TAB	1	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
DESLORATADINE 2.5 MG TAB DISP	1	QL 30 / 30 Days
<i>desloratadine tab 5 mg</i>	1	QL 30 / 30 Days
DESLORATADINE 5 MG TAB DISP	1	QL 30 / 30 Days
DEXCHLORPHENIRAMINE MALEATE 2 MG/5ML SOLUTION	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	QL 3600 / 30 Days
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	QL 3600 / 30 Days
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	1	QL 3600 / 30 Days
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	QL 3600 / 30 Days
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
PROMETHEGAN 50 MG SUPPOS	1	
RYCLORA 2 MG/5ML SOLUTION	1	
COUGH/COLD/ALLERGY		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
<i>benzonatate cap 100 mg</i>	1	
BENZONATATE 150 MG CAP	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	1	
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
PROMETHAZINE VC 6.25-5 MG/5ML SYRUP	1	
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
PROMETHAZINE-PHENYLEPHRINE 6.25-5 MG/5ML SYRUP	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
TUSSICAPS 10-8 MG CAP ER 12H	2	
TUXARIN ER 54.3-8 MG TAB ER 12H	3	QL 60 / 30 Days
NASAL AGENTS - SYSTEMIC AND TOPICAL		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	QL 30 / 30 day(s)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL 23 / 20 Days
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	QL 17 / 30 Days
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL 30.5 / 30 Days
		QL 2 / 365 day(s)
SINUVA 1350 MCG IMPLANT	5	PA LA Limited Access S Specialty Drug
RESPIRATORY AGENTS - MISC.		
ARALAST NP 1000 MG RECON SOLN	4	PA LA Limited Access S Specialty Drug
ARALAST NP 500 MG RECON SOLN	4	PA LA Limited Access S Specialty Drug
GLASSIA 1000 MG/50ML SOLUTION	4	PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KALYDECO 13.4 MG PACKET	4	<ul style="list-style-type: none"> QL 56 / 28 Days PA LA Limited Access S Specialty Drug
KALYDECO 150 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
KALYDECO 25 MG PACKET	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
KALYDECO 5.8 MG PACKET	4	<ul style="list-style-type: none"> QL 56 / 28 Days PA LA Limited Access S Specialty Drug
KALYDECO 50 MG PACKET	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
KALYDECO 75 MG PACKET	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
OFEV 100 MG CAP	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
OFEV 150 MG CAP	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORKAMBI 100-125 MG PACKET	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
ORKAMBI 100-125 MG TAB	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
ORKAMBI 150-188 MG PACKET	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
ORKAMBI 200-125 MG TAB	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
ORKAMBI 75-94 MG PACKET	4	<ul style="list-style-type: none"> QL 56 / 28 day(s) PA S Specialty Drug
<i>pirfenidone cap 267 mg</i>	4	<ul style="list-style-type: none"> QL 270 / 30 Days PA LA Limited Access S Specialty Drug
<i>pirfenidone tab 267 mg</i>	4	<ul style="list-style-type: none"> QL 270 / 30 Days PA LA Limited Access S Specialty Drug
PIRFENIDONE 534 MG TAB	4	<ul style="list-style-type: none"> QL 90 / 30 day(s) PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROLASTIN-C 1000 MG RECON SOLN	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
PROLASTIN-C 1000 MG/20ML SOLUTION	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
PULMOZYME 2.5 MG/2.5ML SOLUTION	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 150 / 30 Days</div> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
SYMDEKO 100-150 & 150 MG TAB THPK	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 56 / 28 Days</div> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
SYMDEKO 50-75 & 75 MG TAB THPK	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 56 / 28 Days</div> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
TRIKAFTA 100-50-75 & 150 MG TAB THPK	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 84 / 28 Days</div> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
TRIKAFTA 100-50-75 & 75 MG THER PACK	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 56 / 28 Days</div> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">QL 84 / 28 Days</div> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEMAIRA 1000 MG RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c08040; color: white; padding: 2px;">PA</div> <div style="background-color: #4a86e8; color: white; padding: 2px;">LA</div> <div style="background-color: #c0392b; color: white; padding: 2px;">S</div> </div> Limited Access Specialty Drug
ZEMAIRA 4000 MG RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c08040; color: white; padding: 2px;">PA</div> <div style="background-color: #4a86e8; color: white; padding: 2px;">LA</div> <div style="background-color: #c0392b; color: white; padding: 2px;">S</div> </div> Limited Access Specialty Drug
ZEMAIRA 5000 MG RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c08040; color: white; padding: 2px;">PA</div> <div style="background-color: #4a86e8; color: white; padding: 2px;">LA</div> <div style="background-color: #c0392b; color: white; padding: 2px;">S</div> </div> Limited Access Specialty Drug
ANTINEOPLASTIC AGENTS AND ADJUNCTIVE THERAPIES		
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
<i>abiraterone acetate tab 250 mg</i>	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b459f; color: white; padding: 2px;">QL</div> <div style="background-color: #c08040; color: white; padding: 2px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px;">S</div> </div> 120 / 30 Days Specialty Drug
<i>abiraterone acetate tab 500 mg</i>	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b459f; color: white; padding: 2px;">QL</div> <div style="background-color: #c08040; color: white; padding: 2px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px;">S</div> </div> 60 / 30 Days Specialty Drug
<i>abiraterone acetate tab 250 mg</i>	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b459f; color: white; padding: 2px;">QL</div> <div style="background-color: #c08040; color: white; padding: 2px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px;">S</div> </div> 120 / 30 Days Specialty Drug
ALECENSA 150 MG CAP	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b459f; color: white; padding: 2px;">QL</div> <div style="background-color: #c08040; color: white; padding: 2px;">PA</div> <div style="background-color: #4a86e8; color: white; padding: 2px;">LA</div> <div style="background-color: #c0392b; color: white; padding: 2px;">S</div> </div> 240 / 30 Days Limited Access Specialty Drug
ALFERON N 5000000 UNIT/ML SOLUTION	4	<div style="background-color: #c0392b; color: white; padding: 2px;">S</div> Specialty Drug
ALUNBRIG 180 MG TAB	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b459f; color: white; padding: 2px;">QL</div> <div style="background-color: #c08040; color: white; padding: 2px;">PA</div> <div style="background-color: #4a86e8; color: white; padding: 2px;">LA</div> <div style="background-color: #c0392b; color: white; padding: 2px;">S</div> </div> 30 / 30 Days Limited Access Specialty Drug
ALUNBRIG 30 MG TAB	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b459f; color: white; padding: 2px;">QL</div> <div style="background-color: #c08040; color: white; padding: 2px;">PA</div> <div style="background-color: #4a86e8; color: white; padding: 2px;">LA</div> <div style="background-color: #c0392b; color: white; padding: 2px;">S</div> </div> 180 / 30 Days Limited Access Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALUNBRIG 90 & 180 MG TAB THPK	4	<ul style="list-style-type: none"> QL 60 / 365 Days PA LA Limited Access S Specialty Drug
ALUNBRIG 90 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
<i>anastrozole tab 1 mg</i>	1	<ul style="list-style-type: none"> PREV IRS Preventive Drug
AYVAKIT 100 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
AYVAKIT 200 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
AYVAKIT 25 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
AYVAKIT 300 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
AYVAKIT 50 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
BALVERSA 3 MG TAB	4	<ul style="list-style-type: none"> QL 84 / 28 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BALVERSA 4 MG TAB	4	<ul style="list-style-type: none"> QL 56 / 28 Days PA LA Limited Access S Specialty Drug
BALVERSA 5 MG TAB	5	<ul style="list-style-type: none"> QL 28 / 28 Days PA LA Limited Access S Specialty Drug
BESREMI 500 MCG/ML SOLN PRSYR	5	<ul style="list-style-type: none"> QL 2 / 28 day(s) PA LA Limited Access S Specialty Drug
<i>bexarotene cap 75 mg</i>	4	<ul style="list-style-type: none"> PA S Specialty Drug
<i>bicalutamide tab 50 mg</i>	1	
BOSULIF 100 MG CAP	4	<ul style="list-style-type: none"> QL 150 / 30 Days PA LA Limited Access S Specialty Drug
BOSULIF 100 MG TAB	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
BOSULIF 400 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
BOSULIF 50 MG CAP	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BOSULIF 500 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
BRAFTOVI 75 MG CAP	5	<ul style="list-style-type: none"> QL 180 / 30 Days PA LA Limited Access S Specialty Drug
BRUKINSA 80 MG CAP	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
CABOMETYX 20 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
CABOMETYX 40 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
CABOMETYX 60 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
CALQUENCE 100 MG CAP	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
CALQUENCE 100 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>capecitabine tab 150 mg</i>	4	PA S Specialty Drug
<i>capecitabine tab 500 mg</i>	4	PA S Specialty Drug
CAPRELSA 100 MG TAB	4	QL 60 / 30 Days PA LA Limited Access S Specialty Drug
CAPRELSA 300 MG TAB	4	QL 30 / 30 Days PA LA Limited Access S Specialty Drug
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	4	QL 56 / 28 Days PA LA Limited Access S Specialty Drug
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	4	QL 120 / 30 Days PA LA Limited Access S Specialty Drug
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	4	QL 84 / 28 Days PA LA Limited Access S Specialty Drug
COPIKTRA 15 MG CAP	4	QL 60 / 30 Days PA LA Limited Access S Specialty Drug
COPIKTRA 25 MG CAP	4	QL 60 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COTELLIC 20 MG TAB	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
CYCLOPHOSPHAMIDE 25 MG CAP	4	<ul style="list-style-type: none"> S Specialty Drug
<i>cyclophosphamide cap 25 mg</i>	4	<ul style="list-style-type: none"> S Specialty Drug
CYCLOPHOSPHAMIDE 25 MG TAB	4	<ul style="list-style-type: none"> S Specialty Drug
CYCLOPHOSPHAMIDE 50 MG CAP	4	<ul style="list-style-type: none"> S Specialty Drug
<i>cyclophosphamide cap 50 mg</i>	4	<ul style="list-style-type: none"> S Specialty Drug
CYCLOPHOSPHAMIDE 50 MG TAB	4	<ul style="list-style-type: none"> S Specialty Drug
DARZALEX FASPRO 1800-30000 MG-UT/15ML SOLUTION	5	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug
<i>dasatinib tab 100 mg</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA S Specialty Drug
<i>dasatinib tab 140 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA S Specialty Drug
<i>dasatinib tab 20 mg</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA S Specialty Drug
<i>dasatinib tab 50 mg</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA S Specialty Drug
<i>dasatinib tab 70 mg</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA S Specialty Drug
<i>dasatinib tab 80 mg</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DAURISMO 100 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
DAURISMO 25 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
ELIGARD 22.5 MG KIT	4	<ul style="list-style-type: none"> QL 1 / 84 Days PA S Specialty Drug
ELIGARD 30 MG KIT	4	<ul style="list-style-type: none"> QL 1 / 120 Days PA S Specialty Drug
ELIGARD 45 MG KIT	4	<ul style="list-style-type: none"> QL 1 / 180 Days PA S Specialty Drug
ELIGARD 7.5 MG KIT	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA S Specialty Drug
EMCYT 140 MG CAP	4	<ul style="list-style-type: none"> S Specialty Drug
ERIVEDGE 150 MG CAP	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
ERLEADA 240 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
ERLEADA 60 MG TAB	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
ETOPOSIDE 50 MG CAP	4	<ul style="list-style-type: none"> S Specialty Drug
<i>everolimus tab 10 mg</i>	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA LA Limited Access S Specialty Drug
<i>everolimus tab for oral susp 2 mg</i>	4	<ul style="list-style-type: none"> QL 56 / 28 Days PA LA Limited Access S Specialty Drug
<i>everolimus tab 2.5 mg</i>	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA LA Limited Access S Specialty Drug
<i>everolimus tab for oral susp 3 mg</i>	4	<ul style="list-style-type: none"> QL 84 / 28 Days PA LA Limited Access S Specialty Drug
<i>everolimus tab 5 mg</i>	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>everolimus tab for oral susp 5 mg</i>	4	<ul style="list-style-type: none"> QL 56 / 28 Days PA LA Limited Access S Specialty Drug
<i>everolimus tab 7.5 mg</i>	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA LA Limited Access S Specialty Drug
<i>exemestane tab 25 mg</i>	1	PREV IRS Preventive Drug
FARYDAK 10 MG CAP	5	<ul style="list-style-type: none"> QL 6 / 21 Days PA LA Limited Access S Specialty Drug
FARYDAK 15 MG CAP	5	<ul style="list-style-type: none"> QL 6 / 21 Days PA LA Limited Access S Specialty Drug
FARYDAK 20 MG CAP	5	<ul style="list-style-type: none"> QL 6 / 21 Days PA LA Limited Access S Specialty Drug
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	4	<ul style="list-style-type: none"> QL 2 / 365 Days PA S Specialty Drug
FIRMAGON 80 MG RECON SOLN	4	<ul style="list-style-type: none"> QL 1 Vial / 28 Days PA S Specialty Drug
FLUTAMIDE 125 MG CAP	1	
FOTIVDA 0.89 MG CAP	5	<ul style="list-style-type: none"> QL 21 / 28 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FOTIVDA 1.34 MG CAP	5	<ul style="list-style-type: none"> QL 21 / 28 Days PA LA Limited Access S Specialty Drug
GAVRETO 100 MG CAP	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
GAZYVA 1000 MG/40ML SOLUTION	4	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug
<i>gefitinib tab 250 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA S Specialty Drug
GILOTRIF 20 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
GILOTRIF 30 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
GILOTRIF 40 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
GLEOSTINE 10 MG CAP	4	<ul style="list-style-type: none"> PA S Specialty Drug
GLEOSTINE 100 MG CAP	4	<ul style="list-style-type: none"> PA S Specialty Drug
GLEOSTINE 40 MG CAP	4	<ul style="list-style-type: none"> PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLIADEL WAFER 7.7 MG WAFER	4	S Specialty Drug
HYCAMTIN 0.25 MG CAP	4	PA S Specialty Drug
HYCAMTIN 1 MG CAP	4	PA S Specialty Drug
<i>hydroxyurea cap 500 mg</i>	1	
IBRANCE 100 MG CAP	4	QL 21 / 28 Days PA LA Limited Access S Specialty Drug
IBRANCE 100 MG TAB	4	QL 21 / 28 Days PA LA Limited Access S Specialty Drug
IBRANCE 125 MG CAP	4	QL 21 / 28 Days PA LA Limited Access S Specialty Drug
IBRANCE 125 MG TAB	4	QL 21 / 28 Days PA LA Limited Access S Specialty Drug
IBRANCE 75 MG CAP	4	QL 21 / 28 Days PA LA Limited Access S Specialty Drug
IBRANCE 75 MG TAB	4	QL 21 / 28 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ICLUSIG 15 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
ICLUSIG 30 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
ICLUSIG 45 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
IDHIFA 100 MG TAB	5	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
IDHIFA 50 MG TAB	5	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA S Specialty Drug
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA S Specialty Drug
IMBRUVICA 140 MG CAP	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMBRUVICA 280 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
IMBRUVICA 420 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
IMBRUVICA 560 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
IMBRUVICA 70 MG CAP	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
IMBRUVICA 70 MG/ML SUSPENSION	4	<ul style="list-style-type: none"> QL 216 / 30 Days PA LA Limited Access S Specialty Drug
INLYTA 1 MG TAB	4	<ul style="list-style-type: none"> QL 180 / 30 Days PA LA Limited Access S Specialty Drug
INLYTA 5 MG TAB	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
INQOVI 35-100 MG TAB	5	<ul style="list-style-type: none"> QL 5 Milliliters / 28 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INREBIC 100 MG CAP	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
INTRON A 10000000 UNIT/ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
INTRON A 6000000 UNIT/ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
JAKAFI 10 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
JAKAFI 15 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
JAKAFI 20 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
JAKAFI 25 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
JAKAFI 5 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
JAYPIRCA 100 MG TAB	5	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JAYPIRCA 50 MG TAB	5	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
KISQALI (200 MG DOSE) 200 MG TAB THPK	5	<ul style="list-style-type: none"> QL 21 / 28 Days PA S Specialty Drug
KISQALI (400 MG DOSE) 200 MG TAB THPK	5	<ul style="list-style-type: none"> QL 42 / 28 Days PA S Specialty Drug
KISQALI (600 MG DOSE) 200 MG TAB THPK	5	<ul style="list-style-type: none"> QL 63 / 28 Days PA S Specialty Drug
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	5	<ul style="list-style-type: none"> QL 49 / 28 Days PA S Specialty Drug
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	5	<ul style="list-style-type: none"> QL 70 / 28 Days PA S Specialty Drug
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	5	<ul style="list-style-type: none"> QL 91 / 28 Days PA S Specialty Drug
KOSELUGO 10 MG CAP	4	<ul style="list-style-type: none"> QL 240 / 30 Days PA LA Limited Access S Specialty Drug
KOSELUGO 25 MG CAP	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>letrozole tab 2.5 mg</i>	1	PREV IRS Preventive Drug
<i>leucovorin calcium tab 10 mg</i>	1	
<i>leucovorin calcium for inj 100 mg</i>	4	S Specialty Drug
<i>leucovorin calcium tab 15 mg</i>	1	
<i>leucovorin calcium for inj 200 mg</i>	4	S Specialty Drug
<i>leucovorin calcium tab 25 mg</i>	1	
<i>leucovorin calcium for inj 350 mg</i>	4	S Specialty Drug
<i>leucovorin calcium tab 5 mg</i>	1	
<i>leucovorin calcium for inj 50 mg</i>	4	S Specialty Drug
<i>leucovorin calcium for inj 500 mg</i>	4	S Specialty Drug
LEUKERAN 2 MG TAB	2	
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE	4	QL 1 / 84 Days PA S Specialty Drug
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	PA S Specialty Drug
<i>leuprolide acetate inj kit 5 mg/ml</i>	4	PA S Specialty Drug
LONSURF 15-6.14 MG TAB	4	PA LA Limited Access S Specialty Drug
LONSURF 20-8.19 MG TAB	4	PA LA Limited Access S Specialty Drug
LORBRENA 100 MG TAB	4	QL 30 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUMAKRAS 120 MG TAB	5	<ul style="list-style-type: none"> QL 240 / 30 Days PA LA Limited Access S Specialty Drug
LUMAKRAS 240 MG TAB	5	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
LUMAKRAS 320 MG TAB	5	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA S Specialty Drug
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	4	<ul style="list-style-type: none"> QL 1 / 84 Days PA S Specialty Drug
LYNPARZA 100 MG TAB	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
LYNPARZA 150 MG TAB	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
LYSODREN 500 MG TAB	4	<ul style="list-style-type: none"> QL 600 / 30 Days PA LA Limited Access S Specialty Drug
MATULANE 50 MG CAP	4	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	1	
MEKINIST 0.05 MG/ML RECON SOLN	4	<ul style="list-style-type: none"> QL 1170 / 35 Days PA LA Limited Access S Specialty Drug
MEKINIST 0.5 MG TAB	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
MEKINIST 2 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
MEKTOVI 15 MG TAB	5	<ul style="list-style-type: none"> QL 180 / 30 Days PA LA Limited Access S Specialty Drug
MELPHALAN 2 MG TAB	4	<ul style="list-style-type: none"> PA S Specialty Drug
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	4	<ul style="list-style-type: none"> S Specialty Drug
<i>mercaptopurine tab 50 mg</i>	1	
<i>mesna tab 400 mg</i>	4	<ul style="list-style-type: none"> S Specialty Drug
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION	1	
METHOTREXATE SODIUM (PF) 1000 MG/40ML SOLUTION	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	1	
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	1	
MVASI 100 MG/4ML SOLUTION	5	PA S Specialty Drug
MVASI 400 MG/16ML SOLUTION	5	PA S Specialty Drug
MYLERAN 2 MG TAB	4	PA S Specialty Drug
NERLYNX 40 MG TAB	4	QL 180 / 30 day(s) PA LA Limited Access S Specialty Drug
<i>nilutamide tab 150 mg</i>	1	
NINLARO 2.3 MG CAP	4	QL 3 / 28 Days PA LA Limited Access S Specialty Drug
NINLARO 3 MG CAP	4	QL 3 / 28 Days PA LA Limited Access S Specialty Drug
NINLARO 4 MG CAP	4	QL 3 / 28 Days PA LA Limited Access S Specialty Drug
NUBEQA 300 MG TAB	4	QL 120 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ODOMZO 200 MG CAP	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA S Specialty Drug
<i>pazopanib hcl tab 200 mg (base equiv)</i>	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
PEMAZYRE 13.5 MG TAB	5	<ul style="list-style-type: none"> QL 14 / 21 Days PA LA Limited Access S Specialty Drug
PEMAZYRE 4.5 MG TAB	5	<ul style="list-style-type: none"> QL 14 / 21 Days PA LA Limited Access S Specialty Drug
PEMAZYRE 9 MG TAB	5	<ul style="list-style-type: none"> QL 14 / 21 Days PA LA Limited Access S Specialty Drug
PHESGO 60-60-2000 MG-MG-U/ML SOLUTION	5	<ul style="list-style-type: none"> QL 10 / 21 Days PA S Specialty Drug
PHESGO 80-40-2000 MG-MG-U/ML SOLUTION	5	<ul style="list-style-type: none"> QL 15 / 365 Day PA S Specialty Drug
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA LA Limited Access S Specialty Drug
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	4	<ul style="list-style-type: none"> QL 56 / 28 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	4	<ul style="list-style-type: none"> QL 56 / 28 Days PA LA Limited Access S Specialty Drug
POMALYST 1 MG CAP	4	<ul style="list-style-type: none"> QL 21 / 28 Days PA LA Limited Access S Specialty Drug
POMALYST 2 MG CAP	4	<ul style="list-style-type: none"> QL 21 / 28 Days PA LA Limited Access S Specialty Drug
POMALYST 3 MG CAP	4	<ul style="list-style-type: none"> QL 21 / 28 Days PA LA Limited Access S Specialty Drug
POMALYST 4 MG CAP	4	<ul style="list-style-type: none"> QL 21 / 28 Days PA LA Limited Access S Specialty Drug
QINLOCK 50 MG TAB	5	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
RETEVMO 120 MG TAB	5	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
RETEVMO 160 MG TAB	5	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RETEVMO 40 MG CAP	5	<ul style="list-style-type: none"> QL 180 / 30 Days PA LA Limited Access S Specialty Drug
RETEVMO 40 MG TAB	5	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
RETEVMO 80 MG CAP	5	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
RETEVMO 80 MG TAB	5	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
ROZLYTREK 100 MG CAP	4	<ul style="list-style-type: none"> QL 150 / 30 Days PA LA Limited Access S Specialty Drug
ROZLYTREK 200 MG CAP	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
ROZLYTREK 50 MG PACKET	4	<ul style="list-style-type: none"> QL 168 / 28 Days PA LA Limited Access S Specialty Drug
RUBRACA 200 MG TAB	5	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RUBRACA 250 MG TAB	5	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
RUBRACA 300 MG TAB	5	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
RUXIENCE 100 MG/10ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
RUXIENCE 500 MG/50ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
RYDAPT 25 MG CAP	4	<ul style="list-style-type: none"> QL 240 / 30 Days PA S Specialty Drug
SCSEMBLIX 100 MG TAB	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
SCSEMBLIX 20 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
SCSEMBLIX 40 MG TAB	4	<ul style="list-style-type: none"> QL 300 / 30 Days PA LA Limited Access S Specialty Drug
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA S Specialty Drug
<i>sunitinib malate cap 25 mg (base equivalent)</i>	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA S Specialty Drug
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA S Specialty Drug
<i>sunitinib malate cap 50 mg (base equivalent)</i>	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA S Specialty Drug
SYNRIBO 3.5 MG RECON SOLN	4	<ul style="list-style-type: none"> PA S Specialty Drug
TABLOID 40 MG TAB	5	<ul style="list-style-type: none"> S Specialty Drug
TABRECTA 150 MG TAB	5	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
TABRECTA 200 MG TAB	5	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
TAFINLAR 10 MG TAB SOL	4	<ul style="list-style-type: none"> QL 840 / 28 Days PA LA Limited Access S Specialty Drug
TAFINLAR 50 MG CAP	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAFINLAR 75 MG CAP	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
TAGRISSO 40 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 day(s) PA LA Limited Access S Specialty Drug
TAGRISSO 80 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 day(s) PA LA Limited Access S Specialty Drug
TALZENNA 0.1 MG CAP	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
TALZENNA 0.25 MG CAP	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
TALZENNA 0.35 MG CAP	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
TALZENNA 0.5 MG CAP	4	<ul style="list-style-type: none"> QL 30 / 30 day(s) PA LA Limited Access S Specialty Drug
TALZENNA 0.75 MG CAP	4	<ul style="list-style-type: none"> QL 30 / 30 day(s) PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TALZENNA 1 MG CAP	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	PREV IRS Preventive Drug
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	<ul style="list-style-type: none"> ACA Affordable Care Act PREV IRS Preventive Drug
TASIGNA 150 MG CAP	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA S Specialty Drug
TASIGNA 200 MG CAP	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA S Specialty Drug
TASIGNA 50 MG CAP	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA S Specialty Drug
TAZVERIK 200 MG TAB	4	<ul style="list-style-type: none"> QL 240 / 30 Days PA LA Limited Access S Specialty Drug
<i>temozolomide cap 100 mg</i>	4	<ul style="list-style-type: none"> PA S Specialty Drug
<i>temozolomide cap 140 mg</i>	4	<ul style="list-style-type: none"> PA S Specialty Drug
<i>temozolomide cap 180 mg</i>	4	<ul style="list-style-type: none"> PA S Specialty Drug
<i>temozolomide cap 20 mg</i>	4	<ul style="list-style-type: none"> PA S Specialty Drug
<i>temozolomide cap 250 mg</i>	4	<ul style="list-style-type: none"> PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>temozolomide cap 5 mg</i>	4	PA S Specialty Drug
TEPMETKO 225 MG TAB	5	QL 60 / 30 Days PA LA Limited Access S Specialty Drug
TIBSOVO 250 MG TAB	4	QL 60 / 30 Days PA LA Limited Access S Specialty Drug
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1	PREV IRS Preventive Drug
<i>everolimus tab 10 mg</i>	4	QL 28 / 28 Days PA LA Limited Access S Specialty Drug
<i>everolimus tab 2.5 mg</i>	4	QL 28 / 28 Days PA LA Limited Access S Specialty Drug
<i>everolimus tab 5 mg</i>	4	QL 28 / 28 Days PA LA Limited Access S Specialty Drug
<i>everolimus tab 7.5 mg</i>	4	QL 28 / 28 Days PA LA Limited Access S Specialty Drug
<i>tretinoin cap 10 mg</i>	1	
TREXALL 10 MG TAB	2	
TREXALL 15 MG TAB	2	
TREXALL 5 MG TAB	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TREXALL 7.5 MG TAB	2	
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK	5	<ul style="list-style-type: none"> QL 21 / 28 Days PA LA Limited Access S Specialty Drug
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK	5	<ul style="list-style-type: none"> QL 42 / 28 Days PA LA Limited Access S Specialty Drug
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK	5	<ul style="list-style-type: none"> QL 42 / 28 Days PA LA Limited Access S Specialty Drug
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK	5	<ul style="list-style-type: none"> QL 63 / 28 Days PA LA Limited Access S Specialty Drug
TUKYSA 150 MG TAB	5	<ul style="list-style-type: none"> QL 120 / 30 day(s) PA LA Limited Access S Specialty Drug
TUKYSA 50 MG TAB	5	<ul style="list-style-type: none"> QL 120 / 30 day(s) PA LA Limited Access S Specialty Drug
TURALIO 125 MG CAP	5	<ul style="list-style-type: none"> QL 120 / 30 day(s) PA LA Limited Access S Specialty Drug
TURALIO 200 MG CAP	5	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UKONIQ 200 MG TAB	5	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
VANTAS 50 MG KIT	4	<ul style="list-style-type: none"> QL 1 / 365 Days PA S Specialty Drug
VENCLEXTA 10 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
VENCLEXTA 100 MG TAB	4	<ul style="list-style-type: none"> QL 180 / 30 day(s) PA LA Limited Access S Specialty Drug
VENCLEXTA 50 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	4	<ul style="list-style-type: none"> QL 42 / 365 Days PA LA Limited Access S Specialty Drug
VERZENIO 100 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
VERZENIO 150 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERZENIO 200 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
VERZENIO 50 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
VITRAKVI 100 MG CAP	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
VITRAKVI 20 MG/ML SOLUTION	4	<ul style="list-style-type: none"> QL 300 / 30 Days PA LA Limited Access S Specialty Drug
VITRAKVI 25 MG CAP	4	<ul style="list-style-type: none"> QL 180 / 30 Days PA LA Limited Access S Specialty Drug
VIZIMPRO 15 MG TAB	5	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
VIZIMPRO 30 MG TAB	5	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
VIZIMPRO 45 MG TAB	5	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WELIREG 40 MG TAB	5	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
XALKORI 150 MG CAP SPRINK	4	<ul style="list-style-type: none"> QL 180 / 30 Days PA LA Limited Access S Specialty Drug
XALKORI 20 MG CAP SPRINK	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
XALKORI 200 MG CAP	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
XALKORI 250 MG CAP	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
XALKORI 50 MG CAP SPRINK	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
XATMEP 2.5 MG/ML SOLUTION	3	<ul style="list-style-type: none"> PA
XOSPATA 40 MG TAB	5	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
XTANDI 40 MG CAP	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XTANDI 40 MG TAB	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
XTANDI 80 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
YONSA 125 MG TAB	4	<ul style="list-style-type: none"> QL 120 / 30 day(s) PA LA Limited Access S Specialty Drug
ZEJULA 100 MG CAP	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
ZEJULA 100 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
ZEJULA 200 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
ZEJULA 300 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
ZELBORAF 240 MG TAB	4	<ul style="list-style-type: none"> QL 240 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZIRABEV 100 MG/4ML SOLUTION	5	PA S Specialty Drug
ZIRABEV 400 MG/16ML SOLUTION	5	PA S Specialty Drug
ZOLADEX 10.8 MG IMPLANT	4	QL 1 / 84 Days PA S Specialty Drug
ZOLADEX 3.6 MG IMPLANT	4	QL 1 / 28 Days PA S Specialty Drug
ZOLINZA 100 MG CAP	4	QL 120 / 30 Days PA S Specialty Drug
ZYDELIG 100 MG TAB	4	QL 60 / 30 Days PA LA Limited Access S Specialty Drug
ZYDELIG 150 MG TAB	4	QL 60 / 30 Days PA LA Limited Access S Specialty Drug
ZYKADIA 150 MG TAB	5	QL 90 / 30 Days PA LA Limited Access S Specialty Drug
CARDIOVASCULAR AGENTS		
ANTIANGINAL AGENTS		
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>isosorbide dinitrate tab 40 mg</i>	1	
<i>isosorbide dinitrate tab 5 mg</i>	1	
ISOSORBIDE MONONITRATE 10 MG TAB	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
ISOSORBIDE MONONITRATE 20 MG TAB	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
NITRO-BID 2 % OINTMENT	1	
NITRO-TIME 2.5 MG CAP ER	1	
NITRO-TIME 6.5 MG CAP ER	1	
NITRO-TIME 9 MG CAP ER	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
NITROLINGUAL 0.4 MG/SPRAY SOLUTION	1	
NITROMIST 400 MCG/SPRAY AERO SOLN	3	
<i>ranolazine tab er 12hr 1000 mg</i>	1	QL 60 / 30 Days
<i>ranolazine tab er 12hr 500 mg</i>	1	QL 60 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	4	S Specialty Drug
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	S Specialty Drug
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	S Specialty Drug
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>flecainide acetate tab 50 mg</i>	1	
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>quinidine gluconate tab er 324 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
ANTHYPERLIPIDEMICS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	PREV IRS Preventive Drug
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	PREV IRS Preventive Drug
<i>cholestyramine powder packets 4 gm</i>	1	PREV IRS Preventive Drug
<i>cholestyramine powder 4 gm/dose</i>	1	PREV IRS Preventive Drug
<i>cholestyramine light powder packets 4 gm</i>	1	PREV IRS Preventive Drug
<i>cholestyramine light powder 4 gm/dose</i>	1	PREV IRS Preventive Drug
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>colesevelam hcl tab 625 mg</i>	1	QL 180 / 30 Days PREV IRS Preventive Drug
<i>colestipol hcl tab 1 gm</i>	1	PREV IRS Preventive Drug
<i>colestipol hcl granules 5 gm</i>	1	PREV IRS Preventive Drug
<i>colestipol hcl granule packets 5 gm</i>	1	PREV IRS Preventive Drug
<i>ezetimibe tab 10 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL 30 / 30 Days ST PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate tab 120 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>fenofibrate micronized cap 134 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
<i>fenofibrate tab 145 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
FENOFIBRATE 150 MG CAP	2	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
<i>fenofibrate tab 160 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
<i>fenofibrate micronized cap 200 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
<i>fenofibrate tab 40 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days ST PREV IRS Preventive Drug
<i>fenofibrate tab 48 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
FENOFIBRATE 50 MG CAP	2	<ul style="list-style-type: none"> QL 60 / 30 Days PREV IRS Preventive Drug
<i>fenofibrate tab 54 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days PREV IRS Preventive Drug
<i>fenofibrate micronized cap 67 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PREV IRS Preventive Drug
<i>fenofibrate micronized cap 130 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>fenofibrate micronized cap 134 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate micronized cap 200 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
<i>fenofibrate micronized cap 43 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
<i>fenofibrate micronized cap 67 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PREV IRS Preventive Drug
FENOFIBRIC ACID 105 MG TAB	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
FENOFIBRIC ACID 35 MG TAB	1	<ul style="list-style-type: none"> QL 60 / 30 Days PREV IRS Preventive Drug
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST ACA Affordable Care Act PREV IRS Preventive Drug
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST ACA Affordable Care Act PREV IRS Preventive Drug
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST ACA Affordable Care Act PREV IRS Preventive Drug
<i>gemfibrozil tab 600 mg</i>	1	<ul style="list-style-type: none"> PREV IRS Preventive Drug
<i>icosapent ethyl cap 0.5 gm</i>	1	<ul style="list-style-type: none"> QL 240 / 30 Days
<i>icosapent ethyl cap 1 gm</i>	1	<ul style="list-style-type: none"> QL 120 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JUXTAPID 10 MG CAP	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
JUXTAPID 20 MG CAP	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
JUXTAPID 30 MG CAP	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
JUXTAPID 5 MG CAP	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
LIPOFEN 150 MG CAP	2	<ul style="list-style-type: none"> QL 30 / 30 Days
LIPOFEN 50 MG CAP	2	<ul style="list-style-type: none"> QL 60 / 30 Days
<i>lovastatin tab 10 mg</i>	1	<ul style="list-style-type: none"> PREV IRS Preventive Drug
<i>lovastatin tab 20 mg</i>	1	<ul style="list-style-type: none"> ACA Affordable Care Act PREV IRS Preventive Drug
<i>lovastatin tab 40 mg</i>	1	<ul style="list-style-type: none"> ACA Affordable Care Act PREV IRS Preventive Drug
NEXLETOL 180 MG TAB	2	<ul style="list-style-type: none"> QL 30 / 30 Days PA
NEXLIZET 180-10 MG TAB	2	<ul style="list-style-type: none"> QL 30 / 30 Days PA
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PREV IRS Preventive Drug
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	<p>QL 90 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	<p>QL 120 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>pitavastatin calcium tab 1 mg</i>	1	<p>QL 30 / 30 Days</p> <p>ST</p> <p>PREV IRS Preventive Drug</p>
<i>pitavastatin calcium tab 2 mg</i>	1	<p>QL 30 / 30 Days</p> <p>ST</p> <p>PREV IRS Preventive Drug</p>
<i>pitavastatin calcium tab 4 mg</i>	1	<p>QL 30 / 30 Days</p> <p>ST</p> <p>PREV IRS Preventive Drug</p>
<i>pravastatin sodium tab 10 mg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>pravastatin sodium tab 20 mg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>pravastatin sodium tab 40 mg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>pravastatin sodium tab 80 mg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>cholestyramine light powder packets 4 gm</i>	1	<p>PREV IRS Preventive Drug</p>
<i>cholestyramine light powder 4 gm/dose</i>	1	<p>PREV IRS Preventive Drug</p>
REPATHA 140 MG/ML SOLN PRSYR	4	<p>QL 2 / 28 Days</p> <p>PA</p> <p>S Specialty Drug</p>
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	4	<p>QL 3.5 / 28 Days</p> <p>PA</p> <p>S Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
<i>rosuvastatin calcium tab 10 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ACA Affordable Care Act PREV IRS Preventive Drug
<i>rosuvastatin calcium tab 20 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
<i>rosuvastatin calcium tab 40 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
<i>rosuvastatin calcium tab 5 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ACA Affordable Care Act PREV IRS Preventive Drug
<i>simvastatin tab 10 mg</i>	1	<ul style="list-style-type: none"> ACA Affordable Care Act PREV IRS Preventive Drug
<i>simvastatin tab 20 mg</i>	1	<ul style="list-style-type: none"> ACA Affordable Care Act PREV IRS Preventive Drug
<i>simvastatin tab 40 mg</i>	1	<ul style="list-style-type: none"> ACA Affordable Care Act PREV IRS Preventive Drug
<i>simvastatin tab 5 mg</i>	1	<ul style="list-style-type: none"> PREV IRS Preventive Drug
<i>simvastatin tab 80 mg</i>	1	<ul style="list-style-type: none"> PREV IRS Preventive Drug
ANTIHYPERTENSIVES		
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	<ul style="list-style-type: none"> PREV IRS Preventive Drug
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	<ul style="list-style-type: none"> PREV IRS Preventive Drug
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	<ul style="list-style-type: none"> PREV IRS Preventive Drug
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	<ul style="list-style-type: none"> PREV IRS Preventive Drug
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	<ul style="list-style-type: none"> PREV IRS Preventive Drug
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	<ul style="list-style-type: none"> PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL 45 / 30 Days PREV IRS Preventive Drug
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	QL 30 / 30 Days ST PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	PREV IRS Preventive Drug
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	PREV IRS Preventive Drug
<i>benazepril hcl tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>benazepril hcl tab 20 mg</i>	1	PREV IRS Preventive Drug
<i>benazepril hcl tab 40 mg</i>	1	PREV IRS Preventive Drug
<i>benazepril hcl tab 5 mg</i>	1	PREV IRS Preventive Drug
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PREV IRS Preventive Drug
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PREV IRS Preventive Drug
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	PREV IRS Preventive Drug
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	PREV IRS Preventive Drug
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	PREV IRS Preventive Drug
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	PREV IRS Preventive Drug
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	PREV IRS Preventive Drug
<i>candesartan cilexetil tab 16 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>candesartan cilexetil tab 32 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>candesartan cilexetil tab 4 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>candesartan cilexetil tab 8 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>captopril tab 100 mg</i>	1	PREV IRS Preventive Drug
<i>captopril tab 12.5 mg</i>	1	PREV IRS Preventive Drug
<i>captopril tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>captopril tab 50 mg</i>	1	PREV IRS Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-15 MG TAB	1	PREV IRS Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB	1	PREV IRS Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB	1	PREV IRS Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-25 MG TAB	1	PREV IRS Preventive Drug
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	PREV IRS Preventive Drug
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	PREV IRS Preventive Drug
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	PREV IRS Preventive Drug
<i>clonidine hcl tab 0.1 mg</i>	1	PREV IRS Preventive Drug
<i>clonidine hcl tab 0.2 mg</i>	1	PREV IRS Preventive Drug
<i>clonidine hcl tab 0.3 mg</i>	1	PREV IRS Preventive Drug
<i>doxazosin mesylate tab 1 mg</i>	1	PREV IRS Preventive Drug
<i>doxazosin mesylate tab 2 mg</i>	1	PREV IRS Preventive Drug
<i>doxazosin mesylate tab 4 mg</i>	1	PREV IRS Preventive Drug
<i>doxazosin mesylate tab 8 mg</i>	1	PREV IRS Preventive Drug
EDARBYCLOR 40-12.5 MG TAB	2	QL 30 / 30 Days ST
EDARBYCLOR 40-25 MG TAB	2	QL 30 / 30 Days ST
<i>enalapril maleate tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>enalapril maleate tab 2.5 mg</i>	1	PREV IRS Preventive Drug
<i>enalapril maleate tab 20 mg</i>	1	PREV IRS Preventive Drug
<i>enalapril maleate tab 5 mg</i>	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	PREV IRS Preventive Drug
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	PREV IRS Preventive Drug
<i>eplerenone tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>eplerenone tab 50 mg</i>	1	PREV IRS Preventive Drug
<i>fosinopril sodium tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>fosinopril sodium tab 20 mg</i>	1	PREV IRS Preventive Drug
<i>fosinopril sodium tab 40 mg</i>	1	PREV IRS Preventive Drug
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	PREV IRS Preventive Drug
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	PREV IRS Preventive Drug
<i>guanfacine hcl tab 1 mg</i>	1	PREV IRS Preventive Drug
<i>guanfacine hcl tab 2 mg</i>	1	PREV IRS Preventive Drug
<i>hydralazine hcl tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>hydralazine hcl tab 100 mg</i>	1	PREV IRS Preventive Drug
<i>hydralazine hcl tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>hydralazine hcl tab 50 mg</i>	1	PREV IRS Preventive Drug
<i>irbesartan tab 150 mg</i>	1	PREV IRS Preventive Drug
<i>irbesartan tab 300 mg</i>	1	PREV IRS Preventive Drug
<i>irbesartan tab 75 mg</i>	1	PREV IRS Preventive Drug
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	PREV IRS Preventive Drug
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	PREV IRS Preventive Drug
<i>lisinopril tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>lisinopril tab 2.5 mg</i>	1	PREV IRS Preventive Drug
<i>lisinopril tab 20 mg</i>	1	PREV IRS Preventive Drug
<i>lisinopril tab 30 mg</i>	1	PREV IRS Preventive Drug
<i>lisinopril tab 40 mg</i>	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lisinopril tab 5 mg</i>	1	PREV IRS Preventive Drug
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	PREV IRS Preventive Drug
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	PREV IRS Preventive Drug
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	PREV IRS Preventive Drug
<i>losartan potassium tab 100 mg</i>	1	PREV IRS Preventive Drug
<i>losartan potassium tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>losartan potassium tab 50 mg</i>	1	PREV IRS Preventive Drug
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	PREV IRS Preventive Drug
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	PREV IRS Preventive Drug
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	PREV IRS Preventive Drug
METHYLDOPA 250 MG TAB	1	PREV IRS Preventive Drug
<i>methyldopa tab 250 mg</i>	1	PREV IRS Preventive Drug
METHYLDOPA 500 MG TAB	1	PREV IRS Preventive Drug
<i>methyldopa tab 500 mg</i>	1	PREV IRS Preventive Drug
METHYLDOPA-HYDROCHLOROTHIAZIDE 250-15 MG TAB	1	PREV IRS Preventive Drug
METHYLDOPA-HYDROCHLOROTHIAZIDE 250-25 MG TAB	1	PREV IRS Preventive Drug
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	PREV IRS Preventive Drug
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	PREV IRS Preventive Drug
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	PREV IRS Preventive Drug
<i>metyrosine cap 250 mg</i>	4	QL 480 / 16 day(s) PA S Specialty Drug
<i>minoxidil tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>minoxidil tab 2.5 mg</i>	1	PREV IRS Preventive Drug
<i>moexipril hcl tab 15 mg</i>	1	PREV IRS Preventive Drug
<i>moexipril hcl tab 7.5 mg</i>	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olmesartan medoxomil tab 20 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>olmesartan medoxomil tab 40 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>olmesartan medoxomil tab 5 mg</i>	1	QL 60 / 30 Days PREV IRS Preventive Drug
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
PERINDOPRIL ERBUMINE 2 MG TAB	1	PREV IRS Preventive Drug
<i>perindopril erbumine tab 2 mg</i>	1	PREV IRS Preventive Drug
<i>perindopril erbumine tab 4 mg</i>	1	PREV IRS Preventive Drug
PERINDOPRIL ERBUMINE 8 MG TAB	1	PREV IRS Preventive Drug
<i>perindopril erbumine tab 8 mg</i>	1	PREV IRS Preventive Drug
<i>phenoxybenzamine hcl cap 10 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prazosin hcl cap 1 mg</i>	1	PREV IRS Preventive Drug
<i>prazosin hcl cap 2 mg</i>	1	PREV IRS Preventive Drug
<i>prazosin hcl cap 5 mg</i>	1	PREV IRS Preventive Drug
PROPRANOLOL-HCTZ 40-25 MG TAB	1	PREV IRS Preventive Drug
PROPRANOLOL-HCTZ 80-25 MG TAB	1	PREV IRS Preventive Drug
QBRELIS 1 MG/ML SOLUTION	3	QL 2400 Milliliters / 30 Days PA
<i>quinapril hcl tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>quinapril hcl tab 20 mg</i>	1	PREV IRS Preventive Drug
<i>quinapril hcl tab 40 mg</i>	1	PREV IRS Preventive Drug
<i>quinapril hcl tab 5 mg</i>	1	PREV IRS Preventive Drug
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	PREV IRS Preventive Drug
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	PREV IRS Preventive Drug
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	PREV IRS Preventive Drug
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	PREV IRS Preventive Drug
<i>ramipril cap 1.25 mg</i>	1	PREV IRS Preventive Drug
<i>ramipril cap 10 mg</i>	1	PREV IRS Preventive Drug
<i>ramipril cap 2.5 mg</i>	1	PREV IRS Preventive Drug
<i>ramipril cap 5 mg</i>	1	PREV IRS Preventive Drug
TEKTURNA HCT 150-12.5 MG TAB	2	QL 30 / 30 Days ST PREV IRS Preventive Drug
TEKTURNA HCT 150-25 MG TAB	2	QL 30 / 30 Days ST PREV IRS Preventive Drug
TEKTURNA HCT 300-12.5 MG TAB	2	QL 30 / 30 Days ST PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEKTURNA HCT 300-25 MG TAB	2	<ul style="list-style-type: none"> QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>telmisartan tab 20 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
<i>telmisartan tab 40 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
<i>telmisartan tab 80 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PREV IRS Preventive Drug
TELMISARTAN-AMLODIPINE 40-10 MG TAB	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST PREV IRS Preventive Drug
TELMISARTAN-AMLODIPINE 40-5 MG TAB	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST PREV IRS Preventive Drug
TELMISARTAN-AMLODIPINE 80-10 MG TAB	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST PREV IRS Preventive Drug
TELMISARTAN-AMLODIPINE 80-5 MG TAB	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	<p>QL 30 / 30 Days</p> <p>ST</p> <p>PREV IRS Preventive Drug</p>
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	<p>QL 30 / 30 Days</p> <p>ST</p> <p>PREV IRS Preventive Drug</p>
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	<p>QL 30 / 30 Days</p> <p>ST</p> <p>PREV IRS Preventive Drug</p>
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	<p>QL 30 / 30 Days</p> <p>ST</p> <p>PREV IRS Preventive Drug</p>
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	PREV IRS Preventive Drug
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	PREV IRS Preventive Drug
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	PREV IRS Preventive Drug
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	PREV IRS Preventive Drug
<i>trandolapril tab 1 mg</i>	1	PREV IRS Preventive Drug
<i>trandolapril tab 2 mg</i>	1	PREV IRS Preventive Drug
<i>trandolapril tab 4 mg</i>	1	PREV IRS Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER	1	<p>ST</p> <p>PREV IRS Preventive Drug</p>
TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER	1	<p>ST</p> <p>PREV IRS Preventive Drug</p>
TRANDOLAPRIL-VERAPAMIL HCL ER 2-240 MG TAB ER	1	<p>ST</p> <p>PREV IRS Preventive Drug</p>
TRANDOLAPRIL-VERAPAMIL HCL ER 4-240 MG TAB ER	1	<p>ST</p> <p>PREV IRS Preventive Drug</p>
<i>valsartan tab 160 mg</i>	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valsartan tab 320 mg</i>	1	PREV IRS Preventive Drug
<i>valsartan tab 40 mg</i>	1	PREV IRS Preventive Drug
<i>valsartan tab 80 mg</i>	1	PREV IRS Preventive Drug
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	PREV IRS Preventive Drug
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	PREV IRS Preventive Drug
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	PREV IRS Preventive Drug
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	PREV IRS Preventive Drug
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
VECAMYL 2.5 MG TAB	2	
BETA BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	1	PREV IRS Preventive Drug
<i>acebutolol hcl cap 400 mg</i>	1	PREV IRS Preventive Drug
<i>atenolol tab 100 mg</i>	1	PREV IRS Preventive Drug
<i>atenolol tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>atenolol tab 50 mg</i>	1	PREV IRS Preventive Drug
<i>betaxolol hcl tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>betaxolol hcl tab 20 mg</i>	1	PREV IRS Preventive Drug
<i>bisoprolol fumarate tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>bisoprolol fumarate tab 5 mg</i>	1	PREV IRS Preventive Drug
<i>carvedilol tab 12.5 mg</i>	1	PREV IRS Preventive Drug
<i>carvedilol tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>carvedilol tab 3.125 mg</i>	1	PREV IRS Preventive Drug
<i>carvedilol tab 6.25 mg</i>	1	PREV IRS Preventive Drug
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	QL 30 / 30 Days ST PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST PREV IRS Preventive Drug
HEMANGEOL 4.28 MG/ML SOLUTION	2	
<i>labetalol hcl tab 100 mg</i>	1	PREV IRS Preventive Drug
<i>labetalol hcl tab 200 mg</i>	1	PREV IRS Preventive Drug
<i>labetalol hcl tab 300 mg</i>	1	PREV IRS Preventive Drug
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	PREV IRS Preventive Drug
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	PREV IRS Preventive Drug
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	PREV IRS Preventive Drug
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	PREV IRS Preventive Drug
<i>metoprolol tartrate tab 100 mg</i>	1	PREV IRS Preventive Drug
<i>metoprolol tartrate tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>metoprolol tartrate tab 37.5 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days ST PREV IRS Preventive Drug
<i>metoprolol tartrate tab 50 mg</i>	1	PREV IRS Preventive Drug
<i>metoprolol tartrate tab 75 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days ST PREV IRS Preventive Drug
<i>nadolol tab 20 mg</i>	1	<ul style="list-style-type: none"> ST PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nadolol tab 40 mg</i>	1	ST PREV IRS Preventive Drug
<i>nadolol tab 80 mg</i>	1	ST PREV IRS Preventive Drug
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	QL 60 / 30 Days ST PREV IRS Preventive Drug
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>pindolol tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>pindolol tab 5 mg</i>	1	PREV IRS Preventive Drug
<i>propranolol hcl tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>propranolol hcl tab 20 mg</i>	1	PREV IRS Preventive Drug
PROPRANOLOL HCL 20 MG/5ML SOLUTION	1	
<i>propranolol hcl tab 40 mg</i>	1	PREV IRS Preventive Drug
PROPRANOLOL HCL 40 MG/5ML SOLUTION	1	
<i>propranolol hcl tab 60 mg</i>	1	PREV IRS Preventive Drug
<i>propranolol hcl tab 80 mg</i>	1	PREV IRS Preventive Drug
<i>propranolol hcl cap er 24hr 120 mg</i>	1	PREV IRS Preventive Drug
<i>propranolol hcl cap er 24hr 160 mg</i>	1	PREV IRS Preventive Drug
<i>propranolol hcl cap er 24hr 60 mg</i>	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>propranolol hcl cap er 24hr 80 mg</i>	1	PREV IRS Preventive Drug
<i>sotalol hcl tab 120 mg</i>	1	PREV IRS Preventive Drug
<i>sotalol hcl tab 160 mg</i>	1	PREV IRS Preventive Drug
<i>sotalol hcl tab 240 mg</i>	1	PREV IRS Preventive Drug
<i>sotalol hcl tab 80 mg</i>	1	PREV IRS Preventive Drug
<i>sotalol hcl (afib/afI) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afI) tab 160 mg</i>	1	
<i>sotalol hcl (afib/afI) tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	PREV IRS Preventive Drug
<i>sotalol hcl tab 160 mg</i>	1	PREV IRS Preventive Drug
<i>sotalol hcl tab 240 mg</i>	1	PREV IRS Preventive Drug
<i>sotalol hcl tab 80 mg</i>	1	PREV IRS Preventive Drug
SOTYLIZE 5 MG/ML SOLUTION	2	
<i>timolol maleate tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>timolol maleate tab 20 mg</i>	1	PREV IRS Preventive Drug
<i>timolol maleate tab 5 mg</i>	1	PREV IRS Preventive Drug
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	PREV IRS Preventive Drug
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	PREV IRS Preventive Drug
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl tab 120 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl tab 30 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl tab 60 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl tab 90 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl tab er 24hr 120 mg</i>	1	ST PREV IRS Preventive Drug
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl tab er 24hr 180 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl tab er 24hr 240 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl tab er 24hr 300 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl tab er 24hr 360 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl tab er 24hr 420 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	ST PREV IRS Preventive Drug
<i>felodipine tab er 24hr 10 mg</i>	1	PREV IRS Preventive Drug
<i>felodipine tab er 24hr 2.5 mg</i>	1	PREV IRS Preventive Drug
<i>felodipine tab er 24hr 5 mg</i>	1	PREV IRS Preventive Drug
<i>isradipine cap 2.5 mg</i>	1	PREV IRS Preventive Drug
<i>isradipine cap 5 mg</i>	1	PREV IRS Preventive Drug
KATERZIA 1 MG/ML SUSPENSION	3	QL 300 / 30 Days ST
<i>diltiazem hcl tab er 24hr 180 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl tab er 24hr 240 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl tab er 24hr 300 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl tab er 24hr 360 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl tab er 24hr 420 mg</i>	1	PREV IRS Preventive Drug
<i>nicardipine hcl cap 20 mg</i>	1	PREV IRS Preventive Drug
<i>nicardipine hcl cap 30 mg</i>	1	PREV IRS Preventive Drug
<i>nifedipine cap 10 mg</i>	1	PREV IRS Preventive Drug
<i>nifedipine cap 20 mg</i>	1	PREV IRS Preventive Drug
<i>nifedipine tab er 24hr 30 mg</i>	1	PREV IRS Preventive Drug
<i>nifedipine tab er 24hr 60 mg</i>	1	PREV IRS Preventive Drug
<i>nifedipine tab er 24hr 90 mg</i>	1	PREV IRS Preventive Drug
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	PREV IRS Preventive Drug
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	PREV IRS Preventive Drug
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nimodipine cap 30 mg</i>	1	ST PREV IRS Preventive Drug
<i>nisoldipine tab er 24hr 17 mg</i>	1	ST PREV IRS Preventive Drug
NISOLDIPINE ER 20 MG TAB ER 24H	1	ST PREV IRS Preventive Drug
NISOLDIPINE ER 25.5 MG TAB ER 24H	1	ST PREV IRS Preventive Drug
NISOLDIPINE ER 30 MG TAB ER 24H	1	ST PREV IRS Preventive Drug
<i>nisoldipine tab er 24hr 34 mg</i>	1	ST PREV IRS Preventive Drug
NISOLDIPINE ER 40 MG TAB ER 24H	1	ST PREV IRS Preventive Drug
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	ST PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	PREV IRS Preventive Drug
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>verapamil hcl tab 120 mg</i>	1	PREV IRS Preventive Drug
<i>verapamil hcl tab 40 mg</i>	1	PREV IRS Preventive Drug
<i>verapamil hcl tab 80 mg</i>	1	PREV IRS Preventive Drug
VERAPAMIL HCL ER 100 MG CAP ER 24H	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>verapamil hcl cap er 24hr 120 mg</i>	1	PREV IRS Preventive Drug
<i>verapamil hcl tab er 120 mg</i>	1	PREV IRS Preventive Drug
<i>verapamil hcl cap er 24hr 180 mg</i>	1	PREV IRS Preventive Drug
<i>verapamil hcl tab er 180 mg</i>	1	PREV IRS Preventive Drug
VERAPAMIL HCL ER 200 MG CAP ER 24H	1	QL 60 / 30 Days PREV IRS Preventive Drug
<i>verapamil hcl cap er 24hr 240 mg</i>	1	PREV IRS Preventive Drug
<i>verapamil hcl tab er 240 mg</i>	1	PREV IRS Preventive Drug
VERAPAMIL HCL ER 300 MG CAP ER 24H	1	QL 30 / 30 Days PREV IRS Preventive Drug
VERAPAMIL HCL ER 360 MG CAP ER 24H	1	PREV IRS Preventive Drug
CARDIOTONICS		
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
CARDIOVASCULAR AGENTS - MISC.		
ADEMPAS 0.5 MG TAB	4	QL 90 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADEMPAS 1 MG TAB	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
ADEMPAS 1.5 MG TAB	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
ADEMPAS 2 MG TAB	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
ADEMPAS 2.5 MG TAB	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
<i>tadalafil tab 20 mg (pah)</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA S Specialty Drug
<i>ambrisentan tab 10 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
<i>ambrisentan tab 5 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
<i>bosentan tab 125 mg</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bosentan tab 62.5 mg</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
CAVERJECT 20 MCG RECON SOLN	2	<ul style="list-style-type: none"> QL 6 / 30 Days
CAVERJECT 40 MCG RECON SOLN	2	<ul style="list-style-type: none"> QL 6 / 30 Days
CAVERJECT IMPULSE 10 MCG KIT	2	<ul style="list-style-type: none"> QL 6 / 30 Days
CAVERJECT IMPULSE 20 MCG KIT	2	<ul style="list-style-type: none"> QL 6 / 30 Days
EDEX 10 MCG KIT	2	<ul style="list-style-type: none"> QL 6 / 30 Days
EDEX 20 MCG KIT	2	<ul style="list-style-type: none"> QL 6 / 30 Days
ENTRESTO 24-26 MG TAB	2	<ul style="list-style-type: none"> QL 60 / 30 day(s) PA PREV IRS Preventive Drug
ENTRESTO 49-51 MG TAB	2	<ul style="list-style-type: none"> QL 60 / 30 day(s) PA PREV IRS Preventive Drug
ENTRESTO 97-103 MG TAB	2	<ul style="list-style-type: none"> QL 60 / 30 day(s) PA PREV IRS Preventive Drug
<i>epoprostenol sodium for inj 0.5 mg</i>	4	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug
<i>epoprostenol sodium for inj 1.5 mg</i>	4	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug
OPSUMIT 10 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORENITRAM 0.125 MG TAB ER	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
ORENITRAM 0.25 MG TAB ER	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
ORENITRAM 1 MG TAB ER	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
ORENITRAM 2.5 MG TAB ER	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
ORENITRAM 5 MG TAB ER	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
<i>sildenafil citrate for suspension 10 mg/ml</i>	4	<ul style="list-style-type: none"> QL 224 / 30 Days PA S Specialty Drug
<i>sildenafil citrate tab 100 mg</i>	1	<ul style="list-style-type: none"> QL 6 / 30 Days
<i>sildenafil citrate tab 20 mg</i>	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA S Specialty Drug
<i>sildenafil citrate tab 25 mg</i>	1	<ul style="list-style-type: none"> QL 6 / 30 Days
<i>sildenafil citrate tab 50 mg</i>	1	<ul style="list-style-type: none"> QL 6 / 30 Days
<i>tadalafil tab 20 mg (pah)</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tadalafil tab 10 mg</i>	1	QL 6 / 30 Days
<i>tadalafil tab 2.5 mg</i>	1	QL 30 / 30 Days
<i>tadalafil tab 20 mg</i>	1	QL 6 / 30 Days
<i>tadalafil tab 5 mg</i>	1	QL 30 / 30 Days
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	4	PA S Specialty Drug
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	4	PA S Specialty Drug
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	4	PA S Specialty Drug
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	4	PA S Specialty Drug
TYVASO 0.6 MG/ML SOLUTION	4	PA LA Limited Access S Specialty Drug
TYVASO DPI INSTITUTIONAL KIT 16 MCG POWDER	4	QL 112 / 28 day(s) PA LA Limited Access S Specialty Drug
TYVASO DPI INSTITUTIONAL KIT 32 MCG POWDER	4	QL 112 / 28 day(s) PA LA Limited Access S Specialty Drug
TYVASO DPI INSTITUTIONAL KIT 48 MCG POWDER	4	QL 112 / 28 day(s) PA LA Limited Access S Specialty Drug
TYVASO DPI INSTITUTIONAL KIT 64 MCG POWDER	4	QL 112 / 28 day(s) PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER	4	<ul style="list-style-type: none"> QL 224 / 28 day(s) PA LA Limited Access S Specialty Drug
TYVASO DPI MAINTENANCE KIT 16 MCG POWDER	4	<ul style="list-style-type: none"> QL 112 / 28 day(s) PA LA Limited Access S Specialty Drug
TYVASO DPI MAINTENANCE KIT 32 MCG POWDER	4	<ul style="list-style-type: none"> QL 112 / 28 day(s) PA LA Limited Access S Specialty Drug
TYVASO DPI MAINTENANCE KIT 48 MCG POWDER	4	<ul style="list-style-type: none"> QL 112 / 28 day(s) PA LA Limited Access S Specialty Drug
TYVASO DPI MAINTENANCE KIT 64 MCG POWDER	4	<ul style="list-style-type: none"> QL 112 / 28 day(s) PA LA Limited Access S Specialty Drug
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	4	<ul style="list-style-type: none"> QL 196 / 28 day(s) PA LA Limited Access S Specialty Drug
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	4	<ul style="list-style-type: none"> QL 252 / 28 day(s) PA LA Limited Access S Specialty Drug
TYVASO REFILL 0.6 MG/ML SOLUTION	4	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO STARTER 0.6 MG/ML SOLUTION	4	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug
UPTRAVI 1000 MCG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
UPTRAVI 1200 MCG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
UPTRAVI 1400 MCG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
UPTRAVI 1600 MCG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
UPTRAVI 200 & 800 MCG TAB THPK	4	<ul style="list-style-type: none"> QL 200 / 365 Days PA LA Limited Access S Specialty Drug
UPTRAVI 200 MCG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
UPTRAVI 400 MCG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UPTRAVI 600 MCG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
UPTRAVI 800 MCG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
<i>ildenafil hcl tab 10 mg</i>	1	<ul style="list-style-type: none"> QL 6 / 30 Days
<i>ildenafil hcl orally disintegrating tab 10 mg</i>	1	<ul style="list-style-type: none"> QL 6 / 30 Days
<i>ildenafil hcl tab 2.5 mg</i>	1	<ul style="list-style-type: none"> QL 6 / 30 Days
<i>ildenafil hcl tab 20 mg</i>	1	<ul style="list-style-type: none"> QL 6 / 30 Days
<i>ildenafil hcl tab 5 mg</i>	1	<ul style="list-style-type: none"> QL 6 / 30 Days
VENTAVIS 10 MCG/ML SOLUTION	5	<ul style="list-style-type: none"> QL 270 / 30 Days PA LA Limited Access S Specialty Drug
VENTAVIS 20 MCG/ML SOLUTION	5	<ul style="list-style-type: none"> QL 270 / 30 Days PA LA Limited Access S Specialty Drug
VERQUVO 10 MG TAB	3	<ul style="list-style-type: none"> QL 30 / 30 Days PA
VERQUVO 2.5 MG TAB	3	<ul style="list-style-type: none"> QL 30 / 30 Days PA
VERQUVO 5 MG TAB	3	<ul style="list-style-type: none"> QL 30 / 30 Days PA
VYNDAMAX 61 MG CAP	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VYNDAQEL 20 MG CAP	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
DIURETICS		
<i>acetazolamide tab 125 mg</i>	1	PREV IRS Preventive Drug
<i>acetazolamide tab 250 mg</i>	1	PREV IRS Preventive Drug
<i>acetazolamide cap er 12hr 500 mg</i>	1	PREV IRS Preventive Drug
ALDACTAZIDE 50-50 MG TAB	3	
<i>amiloride hcl tab 5 mg</i>	1	PREV IRS Preventive Drug
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	PREV IRS Preventive Drug
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	1	PREV IRS Preventive Drug
<i>bumetanide tab 0.5 mg</i>	1	PREV IRS Preventive Drug
<i>bumetanide tab 1 mg</i>	1	PREV IRS Preventive Drug
<i>bumetanide tab 2 mg</i>	1	PREV IRS Preventive Drug
<i>chlorthalidone tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>chlorthalidone tab 50 mg</i>	1	PREV IRS Preventive Drug
<i>dichlorphenamide tab 50 mg</i>	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA S Specialty Drug
DIURIL 250 MG/5ML SUSPENSION	2	
<i>ethacrynic acid tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>furosemide oral soln 10 mg/ml</i>	1	PREV IRS Preventive Drug
<i>furosemide tab 20 mg</i>	1	PREV IRS Preventive Drug
<i>furosemide tab 40 mg</i>	1	PREV IRS Preventive Drug
FUROSEMIDE 8 MG/ML SOLUTION	1	PREV IRS Preventive Drug
<i>furosemide tab 80 mg</i>	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrochlorothiazide cap 12.5 mg</i>	1	PREV IRS Preventive Drug
<i>hydrochlorothiazide tab 12.5 mg</i>	1	PREV IRS Preventive Drug
<i>hydrochlorothiazide tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>hydrochlorothiazide tab 50 mg</i>	1	PREV IRS Preventive Drug
<i>indapamide tab 1.25 mg</i>	1	PREV IRS Preventive Drug
<i>indapamide tab 2.5 mg</i>	1	PREV IRS Preventive Drug
<i>methazolamide tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>methazolamide tab 50 mg</i>	1	PREV IRS Preventive Drug
<i>metolazone tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>metolazone tab 2.5 mg</i>	1	PREV IRS Preventive Drug
<i>metolazone tab 5 mg</i>	1	PREV IRS Preventive Drug
<i>dichlorphenamide tab 50 mg</i>	4	QL 120 / 30 Days PA S Specialty Drug
<i>spironolactone tab 100 mg</i>	1	PREV IRS Preventive Drug
<i>spironolactone tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>spironolactone susp 25 mg/5ml</i>	1	QL 450 / 30 Days PA PREV IRS Preventive Drug
<i>spironolactone tab 50 mg</i>	1	PREV IRS Preventive Drug
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	PREV IRS Preventive Drug
<i>toremide tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>toremide tab 100 mg</i>	1	PREV IRS Preventive Drug
<i>toremide tab 20 mg</i>	1	PREV IRS Preventive Drug
<i>toremide tab 5 mg</i>	1	PREV IRS Preventive Drug
<i>triamterene cap 100 mg</i>	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>triamterene cap 50 mg</i>	1	PREV IRS Preventive Drug
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	PREV IRS Preventive Drug
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	PREV IRS Preventive Drug
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	PREV IRS Preventive Drug
VASOPRESSORS		
<i>droxidopa cap 100 mg</i>	4	QL 126 / 365 Days PA LA Limited Access S Specialty Drug
<i>droxidopa cap 200 mg</i>	4	QL 180 / 30 Days PA LA Limited Access S Specialty Drug
<i>droxidopa cap 300 mg</i>	4	QL 180 / 30 Days PA LA Limited Access S Specialty Drug
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ	1	QL 4 / 365 Days PA
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL 4 Vials / 365 Days PREV IRS Preventive Drug
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	QL 4 / 365 Days PA PREV IRS Preventive Drug
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL 4 / 365 Days PREV IRS Preventive Drug
EPIPEN 2-PAK 0.3 MG/0.3ML SOLN A-INJ	2	QL 4 / 365 Days PREV IRS Preventive Drug
EPIPEN JR 2-PAK 0.15 MG/0.3ML SOLN A-INJ	2	QL 4 / 365 Day PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>midodrine hcl tab 10 mg</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS		
ANTIANXIETY AGENTS		
<i>alprazolam tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	
<i>alprazolam tab er 24hr 1 mg</i>	1	
<i>alprazolam tab er 24hr 2 mg</i>	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
ALPRAZOLAM INTENSOL 1 MG/ML CONC	1	
<i>alprazolam ER</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diazepam tab 10 mg</i>	1	
DIAZEPAM 10 MG/2ML SOLN A-INJ	1	
<i>diazepam tab 2 mg</i>	1	
<i>diazepam tab 5 mg</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
HYDROXYZINE PAMOATE 100 MG CAP	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	QL 480 Milliliters / 30 Days PREV IRS Preventive Drug
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	QL 45 / 30 Days PREV IRS Preventive Drug
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	QL 120 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	QL 60 / 30 Days
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	QL 90 / 30 Days
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	QL 60 / 30 Days
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	QL 90 / 30 Days
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	QL 30 / 30 Days
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	QL 60 / 30 Days
EMSAM 12 MG/24HR PATCH 24HR	3	QL 30 / 30 Days PA
EMSAM 6 MG/24HR PATCH 24HR	3	QL 30 / 30 Days PA
EMSAM 9 MG/24HR PATCH 24HR	3	QL 30 / 30 Days PA
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	PREV IRS Preventive Drug
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	PREV IRS Preventive Drug
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	PREV IRS Preventive Drug
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	PREV IRS Preventive Drug
FETZIMA 120 MG CAP ER 24H	2	QL 30 / 30 Days
FETZIMA 20 MG CAP ER 24H	2	QL 30 / 30 Days
FETZIMA 40 MG CAP ER 24H	2	QL 30 / 30 Days
FETZIMA 80 MG CAP ER 24H	2	QL 30 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FETZIMA TITRATION 20 & 40 MG CP24 THPK	2	QL 28 / 365 Day
<i>fluoxetine hcl cap 10 mg</i>	1	PREV IRS Preventive Drug
<i>fluoxetine hcl tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>fluoxetine hcl cap 20 mg</i>	1	PREV IRS Preventive Drug
<i>fluoxetine hcl tab 20 mg</i>	1	PREV IRS Preventive Drug
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	PREV IRS Preventive Drug
<i>fluoxetine hcl cap 40 mg</i>	1	PREV IRS Preventive Drug
<i>fluoxetine hcl tab 60 mg</i>	1	PREV IRS Preventive Drug
FLUOXETINE HCL 90 MG CAP DR	1	ST
<i>fluvoxamine maleate tab 100 mg</i>	1	PREV IRS Preventive Drug
<i>fluvoxamine maleate tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>fluvoxamine maleate tab 50 mg</i>	1	PREV IRS Preventive Drug
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	QL 60 / 30 Days ST PREV IRS Preventive Drug
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	QL 60 / 30 Days ST PREV IRS Preventive Drug
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
MAPROTILINE HCL 25 MG TAB	1	
MAPROTILINE HCL 50 MG TAB	1	
MAPROTILINE HCL 75 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MARPLAN 10 MG TAB	3	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
NEFAZODONE HCL 100 MG TAB	1	
NEFAZODONE HCL 150 MG TAB	1	
NEFAZODONE HCL 200 MG TAB	1	
NEFAZODONE HCL 250 MG TAB	1	
NEFAZODONE HCL 50 MG TAB	1	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>paroxetine hcl tab 20 mg</i>	1	PREV IRS Preventive Drug
<i>paroxetine hcl tab 30 mg</i>	1	PREV IRS Preventive Drug
<i>paroxetine hcl tab 40 mg</i>	1	PREV IRS Preventive Drug
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	ST PREV IRS Preventive Drug
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	ST PREV IRS Preventive Drug
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	ST PREV IRS Preventive Drug
PHENELZINE SULFATE 15 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	PREV IRS Preventive Drug
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	PREV IRS Preventive Drug
<i>sertraline hcl tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>sertraline hcl tab 50 mg</i>	1	PREV IRS Preventive Drug
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	5	QL 8 / 28 Days PA LA Limited Access S Specialty Drug
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	5	QL 12 Auto-Injectors / 28 Days PA LA Limited Access S Specialty Drug
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
TRINTELLIX 10 MG TAB	2	QL 30 / 30 Days ST
TRINTELLIX 20 MG TAB	2	QL 30 / 30 Days ST
TRINTELLIX 5 MG TAB	2	QL 30 / 30 Days ST
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	ST
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	ST
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	ST
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	ST
<i>vilazodone hcl tab 10 mg</i>	1	QL 30 / 30 Days ST
<i>vilazodone hcl tab 20 mg</i>	1	QL 30 / 30 Days ST
<i>vilazodone hcl tab 40 mg</i>	1	QL 30 / 30 Days ST
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ABILIFY MAINTENA 300 MG PRSYR	2	QL 1 / 30 Days PA
ABILIFY MAINTENA 300 MG SRER	2	QL 1 / 30 Days PA
ABILIFY MAINTENA 400 MG PRSYR	2	QL 1 / 30 Days PA
ABILIFY MAINTENA 400 MG SRER	2	QL 1 / 30 Days PA
<i>aripiprazole oral solution 1 mg/ml</i>	1	ST
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	QL 30 / 30 Days
<i>aripiprazole tab 15 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	QL 30 / 30 Days
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
ARISTADA 1064 MG/3.9ML PRSYR	2	QL 3.9 / 56 Day PA
ARISTADA 441 MG/1.6ML PRSYR	2	QL 1.6 / 28 Days PA
ARISTADA 662 MG/2.4ML PRSYR	2	QL 2.4 / 28 Days PA
ARISTADA 882 MG/3.2ML PRSYR	2	QL 3.2 / 28 Days PA
ARISTADA INITIO 675 MG/2.4ML PRSYR	2	QL 2.4 / 365 Day PA
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	QL 60 / 30 Days ST
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	QL 60 / 30 Days ST
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	QL 60 / 30 Days ST
CAPLYTA 10.5 MG CAP	2	QL 30 / 30 day(s)
CAPLYTA 21 MG CAP	2	QL 30 / 30 day(s)
CAPLYTA 42 MG CAP	2	QL 30 / 30 Days
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
CHLORPROMAZINE HCL 100 MG/ML CONC	1	QL 120 / 30 Days
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHLORPROMAZINE HCL 30 MG/ML CONC	1	QL 150 / 30 Days
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
CLOZAPINE 12.5 MG TAB DISP	1	
CLOZAPINE 150 MG TAB DISP	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
FANAPT 1 MG TAB	3	QL 60 / 30 Days
FANAPT 10 MG TAB	3	QL 60 / 30 Days
FANAPT 12 MG TAB	3	QL 60 / 30 Days
FANAPT 2 MG TAB	3	QL 60 / 30 Days
FANAPT 4 MG TAB	3	QL 60 / 30 Days
FANAPT 6 MG TAB	3	QL 60 / 30 Days
FANAPT 8 MG TAB	3	QL 60 / 30 Days
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	3	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
FLUPHENAZINE HCL 5 MG/ML CONC	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	3	QL 0.75 / 28 Days PA
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	3	QL 1 / 28 Days PA
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	3	QL 1.5 / 28 Days PA
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	QL 0.25 / 28 Days PA
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	3	QL 0.5 / 28 Days PA
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	3	QL 0.875 / 90 Days PA
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	3	QL 1.315 / 90 Days PA
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	3	QL 1.75 / 90 Days PA
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	3	QL 2.625 / 90 Days PA
<i>lithium oral solution 8 meq/5ml</i>	1	
LITHIUM CARBONATE 150 MG CAP	1	
<i>lithium carbonate cap 150 mg</i>	1	
LITHIUM CARBONATE 300 MG CAP	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
LITHIUM CARBONATE 600 MG CAP	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	QL 30 / 30 Days ST
<i>lurasidone hcl tab 20 mg</i>	1	QL 30 / 30 Days ST
<i>lurasidone hcl tab 40 mg</i>	1	QL 30 / 30 Days ST
<i>lurasidone hcl tab 60 mg</i>	1	QL 30 / 30 Days ST
<i>lurasidone hcl tab 80 mg</i>	1	QL 60 / 30 Days ST
MOLINDONE HCL 10 MG TAB	1	
MOLINDONE HCL 25 MG TAB	1	
MOLINDONE HCL 5 MG TAB	1	
NUPLAZID 10 MG TAB	5	QL 30 / 30 Days PA LA Limited Access S Specialty Drug
NUPLAZID 34 MG CAP	5	QL 30 / 30 Days PA LA Limited Access S Specialty Drug
<i>olanzapine for im inj 10 mg</i>	1	QL 90 / 30 Days
<i>olanzapine tab 10 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	QL 30 / 30 Days ST
<i>paliperidone tab er 24hr 3 mg</i>	1	QL 30 / 30 Days ST
<i>paliperidone tab er 24hr 6 mg</i>	1	QL 60 / 30 Days ST
<i>paliperidone tab er 24hr 9 mg</i>	1	QL 30 / 30 Days ST
<i>perphenazine tab 16 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
PERSERIS 120 MG PRSYR	2	QL 1 / 28 Days PA
PERSERIS 90 MG PRSYR	2	QL 1 / 28 Days PA
<i>prochlorperazine suppos 25 mg</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	QL 60 / 30 Days
<i>quetiapine fumarate tab 200 mg</i>	1	QL 60 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quetiapine fumarate tab 25 mg</i>	1	QL 120 / 30 Days
<i>quetiapine fumarate tab 300 mg</i>	1	QL 60 / 30 Days
<i>quetiapine fumarate tab 400 mg</i>	1	QL 60 / 30 Days
<i>quetiapine fumarate tab 50 mg</i>	1	QL 120 / 30 Days
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	QL 60 / 30 Days
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	QL 60 / 30 Days
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	QL 60 / 30 Days
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	QL 60 / 30 Days
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	QL 60 / 30 Days
REXULTI 0.25 MG TAB	2	QL 30 / 30 Days
REXULTI 0.5 MG TAB	2	QL 30 / 30 Days
REXULTI 1 MG TAB	2	QL 30 / 30 Days
REXULTI 2 MG TAB	2	QL 30 / 30 Days
REXULTI 3 MG TAB	2	QL 30 / 30 Days
REXULTI 4 MG TAB	2	QL 30 / 30 Days
<i>risperidone tab 0.25 mg</i>	1	
RISPERIDONE 0.25 MG TAB DISP	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	QL 120 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	1	QL 2 / 28 Days PA
<i>risperidone microspheres for im extended rel susp 25 mg</i>	1	QL 2 / 28 Days PA
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	1	QL 2 / 28 Days PA
<i>risperidone microspheres for im extended rel susp 50 mg</i>	1	QL 2 / 28 Days PA
SECUADO 3.8 MG/24HR PATCH 24HR	3	QL 30 / 30 Days PA
SECUADO 5.7 MG/24HR PATCH 24HR	3	QL 30 / 30 Days PA
SECUADO 7.6 MG/24HR PATCH 24HR	3	QL 30 / 30 Days PA
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
VRAYLAR 1.5 & 3 MG CAP THPK	2	QL 7 / 365 Days ST
VRAYLAR 1.5 MG CAP	2	QL 30 / 30 Days ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VRAYLAR 3 MG CAP	2	QL 30 / 30 Days ST
VRAYLAR 4.5 MG CAP	2	QL 30 / 30 Days ST
VRAYLAR 6 MG CAP	2	QL 30 / 30 Days ST
<i>ziprasidone hcl cap 20 mg</i>	1	QL 60 / 30 Days
<i>ziprasidone hcl cap 40 mg</i>	1	QL 60 / 30 Days
<i>ziprasidone hcl cap 60 mg</i>	1	QL 60 / 30 Days
<i>ziprasidone hcl cap 80 mg</i>	1	QL 60 / 30 Days
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	QL 60 / 30 Days PA
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BELSOMRA 10 MG TAB	3	QL 30 / 30 Days PA
BELSOMRA 15 MG TAB	3	QL 30 / 30 Days PA
BELSOMRA 20 MG TAB	3	QL 30 / 30 Days PA
BELSOMRA 5 MG TAB	3	QL 30 / 30 Days PA
DAYVIGO 10 MG TAB	2	QL 30 / 30 Days
DAYVIGO 5 MG TAB	2	QL 30 / 30 Days
EDLUAR 5 MG SL TAB	3	QL 30 / 30 Days ST
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	QL 30 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eszopiclone tab 2 mg</i>	1	QL 30 / 30 Days
<i>eszopiclone tab 3 mg</i>	1	QL 30 / 30 Days
FLURAZEPAM HCL 15 MG CAP	1	
FLURAZEPAM HCL 30 MG CAP	1	
<i>phenobarbital tab 100 mg</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
QUVIVIQ 25 MG TAB	3	QL 30 / 30 day(s) PA
QUVIVIQ 50 MG TAB	3	QL 30 / 30 day(s) PA
<i>ramelteon tab 8 mg</i>	1	QL 30 / 30 Days
<i>tasimelteon capsule 20 mg</i>	4	QL 30 / 30 Days PA S Specialty Drug
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 30 mg</i>	1	
<i>temazepam cap 7.5 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	
<i>zaleplon cap 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	QL 30 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zolpidem tartrate tab 5 mg</i>	1	QL 30 / 30 Days
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL 30 / 30 Days
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL 30 / 30 Days
DERMATOLOGICAL/ANORECTAL/MOUTH-THROAT/DENTAL/OPHTHALMIC/OTIC		
ANORECTAL AND RELATED PRODUCTS		
ANALPRAM-HC 2.5-1 % LOTION	3	
<i>budesonide rectal foam 2 mg/act</i>	1	
<i>budesonide rectal foam 2 mg/act</i>	1	
CORTIFOAM 10 % FOAM	2	
HYDROCORTISONE (PERIANAL) 1 % CREAM	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
<i>nitroglycerin oint 0.4%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>hydrocortisone perianal cream 1%</i>	1	
PROCTOCORT 1 % CREAM	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
DERMATOLOGICALS		
ABRAVO EMULSION	1	
<i>isotretinoin cap 10 mg</i>	1	PA
<i>isotretinoin cap 20 mg</i>	1	PA
<i>isotretinoin cap 30 mg</i>	1	PA
<i>isotretinoin cap 40 mg</i>	1	PA
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>acyclovir oint 5%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>adapalene cream 0.1%</i>	1	AL1 Up to 25 yrs old
<i>adapalene gel 0.1%</i>	1	AL1 Up to 25 yrs old
ADAPALENE 0.1 % SOLUTION	1	AL1 Up to 25 yrs old
<i>adapalene gel 0.3%</i>	1	AL1 Up to 25 yrs old
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	AL1 Up to 25 yrs old
ADBRY 150 MG/ML SOLN PRSYR	4	QL 4 / 28 day(s) PA LA Limited Access S Specialty Drug
ADBRY 300 MG/2ML SOLN A-INJ	4	QL 4 / 28 Days PA LA Limited Access S Specialty Drug
AKLIEF 0.005 % CREAM	3	QL 45 / 30 Days
ALA SCALP 2 % LOTION	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	1	
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
AMCINONIDE 0.1 % CREAM	1	
AMCINONIDE 0.1 % LOTION	1	
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
<i>isotretinoin cap 10 mg</i>	1	PA
<i>isotretinoin cap 20 mg</i>	1	PA
<i>isotretinoin cap 30 mg</i>	1	PA
<i>isotretinoin cap 40 mg</i>	1	PA
APEXICON E 0.05 % CREAM	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARAZLO 0.045 % LOTION	3	QL 45 / 30 Days
ATOPAVO EMULSION	1	
<i>tretinoin cream 0.025%</i>	1	AL1 Up to 25 yrs old
<i>tretinoin gel 0.025%</i>	1	AL1 Up to 25 yrs old
AVO CREAM EMULSION	1	
<i>azelaic acid gel 15%</i>	1	AL1 Up to 25 yrs old
AZELEX 20 % CREAM	3	AL1 Up to 25 yrs old
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	AL1 Up to 25 yrs old
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate aerosol foam 0.12%</i>	1	
<i>bexarotene gel 1%</i>	4	PA S Specialty Drug
BIAFINE EMULSION	1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	QL 30 / 30 Days PA
<i>calcipotriene cream 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
CALCIPOTRIENE 0.005 % SOLUTION	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	1	PA
<i>calcipotriene oint 0.005%</i>	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	
CAPEX 0.01 % SHAMPOO	3	
CENTANY 2 % OINTMENT	3	
CENTANY AT 2 % KIT	3	
CIBINQO 100 MG TAB	4	QL 30 / 30 day(s) PA S Specialty Drug
CIBINQO 200 MG TAB	4	QL 30 / 30 day(s) PA S Specialty Drug
CIBINQO 50 MG TAB	4	QL 30 / 30 day(s) PA S Specialty Drug
<i>ciclopirox solution 8%</i>	1	
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox solution 8%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>isotretinoin cap 10 mg</i>	1	PA
<i>isotretinoin cap 20 mg</i>	1	PA
<i>isotretinoin cap 30 mg</i>	1	PA
<i>isotretinoin cap 40 mg</i>	1	PA
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate gel 1% (once-daily)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clindamycin phosphate gel 1% (twice-daily)</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	AL1 Up to 25 yrs old
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	AL1 Up to 25 yrs old
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
CLOBETASOL PROPIONATE 0.025 % CREAM	3	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate spray 0.05%</i>	1	
<i>clobetasol propionate lotion 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate emulsion foam 0.05%</i>	1	
<i>clocortolone pivalate cream 0.1%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1	
CORDRAN 0.025 % CREAM	3	
CROTAN 10 % LOTION	1	
<i>dapsone gel 5%</i>	1	AL1 Up to 25 yrs old
<i>dapsone gel 7.5%</i>	1	AL1 Up to 25 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desonide cream 0.05%</i>	1	
DESONIDE 0.05 % GEL	1	
<i>desonide gel 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone spray 0.25%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>desonide gel 0.05%</i>	1	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	
DIFFERIN 0.1 % LOTION	3	AL1 Up to 25 yrs old
DIFLORASONE DIACETATE 0.05 % CREAM	1	
<i>diflorasone diacetate oint 0.05%</i>	1	
DRYSOL 20 % SOLUTION	2	
DUPIXENT 100 MG/0.67ML SOLN PRSYR	4	QL 1.34 / 28 Days PA S Specialty Drug
DUPIXENT 200 MG/1.14ML SOLN A-INJ	4	QL 2.28 / 28 day(s) PA S Specialty Drug
DUPIXENT 200 MG/1.14ML SOLN PRSYR	4	QL 2.28 / 28 Days PA S Specialty Drug
DUPIXENT 300 MG/2ML SOLN A-INJ	4	QL 4 / 28 day(s) PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUPIXENT 300 MG/2ML SOLN PRSYR	4	QL 4 / 28 Days PA S Specialty Drug
<i>econazole nitrate cream 1%</i>	1	
ENSTILAR 0.005-0.064 % FOAM	2	QL 60 / 30 Days
EPIFOAM 1-1 % FOAM	3	
ERTACZO 2 % CREAM	3	
ERY 2 % PAD	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
EUCRISA 2 % OINTMENT	2	QL 60 / 30 Days PA
FINACEA 15 % FOAM	2	
FLECTOR 1.3 % PATCH	2	PA
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluocinonide cream 0.1%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
FLUOROURACIL 2 % SOLUTION	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 5%</i>	1	
FLURANDRENOLIDE 0.05 % LOTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>flurandrenolide lotion 0.05%</i>	1	
<i>flurandrenolide oint 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
FLUTICASONE PROPIONATE 0.05 % LOTION	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
FORAXA EMULSION	1	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>halcinonide cream 0.1%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate foam 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
HYDROCORTISONE 2 % LOTION	1	
<i>hydrocortisone cream 2.5%</i>	1	
HYDROCORTISONE 2.5 % LOTION	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
HYDROCORTISONE BUTYR LIPO BASE 0.1 % CREAM	1	
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate lotion 0.1%</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>imiquimod cream 5%</i>	1	
IMPOYZ 0.025 % CREAM	3	
<i>isotretinoin cap 10 mg</i>	1	PA
<i>isotretinoin cap 20 mg</i>	1	PA
<i>isotretinoin cap 30 mg</i>	1	PA
<i>isotretinoin cap 40 mg</i>	1	PA
IVERMECTIN 0.5 % LOTION	1	
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole foam 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>ketoconazole foam 2%</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
KLISYRI (250 MG) 1 % OINTMENT	3	QL 5 / 30 Days PA
KLISYRI (350 MG) 1 % OINTMENT	3	QL 5 / 30 Days PA
LEVULAN KERASTICK 20 % RECON SOLN	3	QL 2 / Lifetime PA
LICART 1.3 % PATCH 24HR	2	QL 30 / 30 Days PA
<i>lidocaine oint 5%</i>	1	QL 100 / 30 Days
<i>lidocaine patch 5%</i>	1	QL 90 / 30 Days
<i>lidocaine hcl soln 4%</i>	1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	
<i>lidocaine patch 5%</i>	1	QL 90 / 30 Days
LINDANE 1 % SHAMPOO	1	
MAFENIDE ACETATE 5 % PACKET	1	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>malathion lotion 0.5%</i>	1	
METHOXSALEN RAPID 10 MG CAP	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>mupirocin oint 2%</i>	1	
<i>mupirocin calcium cream 2%</i>	1	
<i>isotretinoin cap 10 mg</i>	1	PA
<i>isotretinoin cap 20 mg</i>	1	PA
<i>isotretinoin cap 30 mg</i>	1	PA
<i>isotretinoin cap 40 mg</i>	1	PA
NAFTIFINE HCL 1 % CREAM	1	
<i>naftifine hcl gel 1%</i>	1	
<i>naftifine hcl cream 2%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	AL1 Up to 25 yrs old
<i>flurandrenolide lotion 0.05%</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
OPZELURA 1.5 % CREAM	3	QL 60 / 30 Days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXISTAT 1 % LOTION	3	PA
<i>permethrin cream 5%</i>	1	
<i>pimecrolimus cream 1%</i>	1	
PODOFILOX 0.5 % SOLUTION	1	
<i>podofilox soln 0.5%</i>	1	
PRAMOSONE 1-1 % CREAM	3	
PRAMOSONE 1-2.5 % LOTION	3	
PREDNICARBATE 0.1 % CREAM	1	
PREDNICARBATE 0.1 % OINTMENT	1	
QBREXZA 2.4 % PAD	3	QL 30 / 30 Days PA AL1 Up to 25 yrs old
REGRANEX 0.01 % GEL	2	PA
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
SANTYL 250 UNIT/GM OINTMENT	2	
SCENESSE 16 MG IMPLANT	5	QL 1 / 60 Days PA LA Limited Access S Specialty Drug
<i>selenium sulfide lotion 2.5%</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PEF SY KT	4	QL 1 / 84 Days PA S Specialty Drug
SKYRIZI 150 MG/ML SOLN PRSYR	4	QL 1 / 84 Days PA S Specialty Drug
SKYRIZI PEN 150 MG/ML SOLN A-INJ	4	QL 1 / 84 Days PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SONAFINE EMULSION	1	
SOTYKTU 6 MG TAB	5	<ul style="list-style-type: none"> QL 30 / 30 Days PA S Specialty Drug
SPINOSAD 0.9 % SUSPENSION	1	
<i>silver sulfadiazine cream 1%</i>	1	
STELARA 45 MG/0.5ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 0.5 / 84 Days PA S Specialty Drug
STELARA 45 MG/0.5ML SOLUTION	4	<ul style="list-style-type: none"> QL 0.5 / 84 Days PA S Specialty Drug
STELARA 90 MG/ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 1 / 84 Days PA S Specialty Drug
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	AL1 Up to 25 yrs old
SULFAMYLON 85 MG/GM CREAM	2	
<i>tacrolimus oint 0.03%</i>	1	
<i>tacrolimus oint 0.1%</i>	1	
TALTZ 20 MG/0.25ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 0.25 / 28 Days PA LA Limited Access S Specialty Drug
TALTZ 40 MG/0.5ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 0.5 / 28 Days PA LA Limited Access S Specialty Drug
TALTZ 80 MG/ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TALTZ 80 MG/ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA LA Limited Access S Specialty Drug
<i>tazarotene gel 0.05%</i>	1	
<i>tazarotene cream 0.1%</i>	1	AL1 Up to 25 yrs old
<i>tazarotene gel 0.1%</i>	1	
<i>clobetasol propionate emulsion foam 0.05%</i>	1	
TREMFYA 100 MG/ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 1 / 56 Days PA S Specialty Drug
TREMFYA ONE-PRESS 100 MG/ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 1 / 56 Days PA S Specialty Drug
TREMFYA PEN 100 MG/ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 1 / 56 Days PA S Specialty Drug
<i>tretinoin gel 0.01%</i>	1	AL1 Up to 25 yrs old
<i>tretinoin cream 0.025%</i>	1	AL1 Up to 25 yrs old
<i>tretinoin gel 0.025%</i>	1	AL1 Up to 25 yrs old
<i>tretinoin cream 0.05%</i>	1	AL1 Up to 25 yrs old
<i>tretinoin gel 0.05%</i>	1	AL1 Up to 25 yrs old
<i>tretinoin cream 0.1%</i>	1	AL1 Up to 25 yrs old
<i>tretinoin microsphere gel 0.04%</i>	1	AL1 Up to 25 yrs old
<i>tretinoin microsphere gel 0.1%</i>	1	AL1 Up to 25 yrs old
<i>tretinoin microsphere gel 0.04%</i>	1	AL1 Up to 25 yrs old
<i>tretinoin microsphere gel 0.1%</i>	1	AL1 Up to 25 yrs old
<i>triamcinolone acetonide cream 0.025%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN	1	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>lidocaine patch 5%</i>	1	QL 90 / 30 Days
<i>lidocaine patch 5%</i>	1	QL 90 / 30 Days
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
VALCHLOR 0.016 % GEL	4	PA LA Limited Access S Specialty Drug
VTAMA 1 % CREAM	3	QL 60 / 30 day(s) PA
WINLEVI 1 % CREAM	3	QL 60 / 30 Days PA
XEPI 1 % CREAM	3	QL 30 / 30 Days PA
<i>isotretinoin cap 10 mg</i>	1	PA
<i>isotretinoin cap 20 mg</i>	1	PA
<i>isotretinoin cap 30 mg</i>	1	PA
<i>isotretinoin cap 40 mg</i>	1	PA
ZORYVE 0.3 % CREAM	3	QL 60 / 30 Days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>sodium fluoride paste 1.1%</i>	1	
<i>clotrimazole troche 10 mg</i>	1	
<i>sodium fluoride cream 1.1%</i>	1	
DENTA 5000 PLUS SENSITIVE 1.1-5 % GEL	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride paste 1.1%</i>	1	
<i>sodium fluoride paste 1.1%</i>	1	
FLUORIDEX SENSITIVITY RELIEF 1.1-5 % GEL	1	
<i>sodium fluoride paste 1.1%</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride paste 1.1%</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
LIDOCAINE HCL 4 % SOLUTION	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
NYSTATIN 100000 UNIT/ML SUSPENSION	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
ORAVIG 50 MG TAB	3	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride cream 1.1%</i>	1	
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL	1	
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride paste 1.1%</i>	1	
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
OPHTHALMIC AGENTS		
<i>bacitracin-polymyxin b ophth oint</i>	1	
ALOMIDE 0.1 % SOLUTION	3	
ALPHAGAN P 0.1 % SOLUTION	1	
APRACLONIDINE HCL 0.5 % SOLUTION	1	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
ATROPINE SULFATE 1 % SOLUTION	1	
ATROPINE SULFATE 1 % SOLUTION	1	
<i>atropine sulfate ophth soln 1%</i>	1	
AZASITE 1 % SOLUTION	2	
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
BESIVANCE 0.6 % SUSPENSION	3	ST
BETAXOLOL HCL 0.5 % SOLUTION	1	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
<i>bimatoprost ophth soln 0.03%</i>	1	ST
BLEPHAMIDE 10-0.2 % SUSPENSION	3	
BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT	3	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
BROMSITE 0.075 % SOLUTION	2	QL 5 / 30 Days
CARTEOLOL HCL 1 % SOLUTION	1	
CEQUA 0.09 % SOLUTION	3	QL 60 / 30 Days PA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
		QL 60 / 28 Days PA
CYSTARAN 0.44 % SOLUTION	4	LA Limited Access S Specialty Drug
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
		QL 2 / 365 day(s) PA
DEXTENZA 0.4 MG INSERT	5	S Specialty Drug
		QL 2 / Lifetime PA
DEXYCU 9 % SUSPENSION	5	S Specialty Drug
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
		PA
EYLEA 2 MG/0.05ML SOLN PRSYR	4	LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EYLEA 2 MG/0.05ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c08040; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #4a86e8; color: white; padding: 2px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
EYLEA HD 8 MG/0.07ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #9b59b6; color: white; padding: 2px; border-radius: 3px;">QL</div> 0.07 / 56 Days <div style="background-color: #c08040; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #4a86e8; color: white; padding: 2px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
FLAREX 0.1 % SUSPENSION	3	
<i>fluorometholone ophth susp 0.1%</i>	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
FML 0.1 % OINTMENT	2	
FML FORTE 0.25 % SUSPENSION	3	
<i>gatifloxacin ophth soln 0.5%</i>	1	
GENTAK 0.3 % OINTMENT	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
ILUVIEN 0.19 MG IMPLANT	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c08040; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #4a86e8; color: white; padding: 2px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
LEVOFLOXACIN 0.5 % SOLUTION	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
LEVOFLOXACIN 1.5 % SOLUTION	1	
<i>loteprednol etabonate ophth susp 0.2%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXIDEX 0.1 % SUSPENSION	3	
MIEBO 1.338 GM/ML SOLUTION	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #9b59b6; color: white; padding: 2px; border-radius: 3px;">QL</div> 6 / 30 Days <div style="background-color: #c08040; color: white; padding: 2px; border-radius: 3px;">PA</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MITOSOL 0.2 MG KIT	3	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	1	ST
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	ST
NATACYN 5 % SUSPENSION	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
OXERVATE 0.002 % SOLUTION	4	<ul style="list-style-type: none"> QL 56 / 28 Days PA LA Limited Access S Specialty Drug
OZURDEX 0.7 MG IMPLANT	5	<ul style="list-style-type: none"> QL 2 / 90 Days LA Limited Access S Specialty Drug
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
PRED MILD 0.12 % SUSPENSION	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRED-G 0.3-1 % SUSPENSION	3	
PRED-G S.O.P. 0.3-0.6 % OINTMENT	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
RESTASIS 0.05 % EMULSION	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>60 / 30 day(s)</div> </div> <div style="margin-top: 5px;">PA</div>
RESTASIS MULTIDOSE 0.05 % EMULSION	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>5.5 / 30 Days</div> </div> <div style="margin-top: 5px;">PA</div>
RETISERT 0.59 MG IMPLANT	5	<div style="margin-top: 10px;">PA</div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">LA</div> <div>Limited Access</div> </div> <div style="margin-top: 5px;">S Specialty Drug</div>
ROCKLATAN 0.02-0.005 % SOLUTION	3	
SULFACETAMIDE SODIUM 10 % OINTMENT	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
<i>timolol maleate preservative free ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
TOBRADEX ST 0.3-0.05 % SUSPENSION	2	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
TOBREX 0.3 % OINTMENT	3	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIFLURIDINE 1 % SOLUTION	1	
UPNEEQ 0.1 % SOLUTION	3	QL 30 / 30 Days PA
VEVYE 0.1 % SOLUTION	3	QL 2 / 28 Days PA
VISCOAT 20-15 MG/0.5ML SOLN PRSYR	5	S Specialty Drug
VISCOAT 30-22.5 MG/0.75ML SOLN PRSYR	5	S Specialty Drug
ZIRGAN 0.15 % GEL	3	
ZYLET 0.5-0.3 % SUSPENSION	2	
OTIC AGENTS		
<i>acetic acid otic soln 2%</i>	1	
CIPRO HC 0.2-1 % SUSPENSION	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CIPROFLOXACIN-FLUOCINOLONE PF 0.3-0.025 % SOLUTION	2	QL 56 / 365 Days
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
OTOVEL 0.3-0.025 % SOLUTION	2	QL 56 / 365 Days
ENDOCRINE AND METABOLIC AGENTS		
ANDROGENS-ANABOLIC		
ANDRODERM 2 MG/24HR PATCH 24HR	2	PA
ANDRODERM 4 MG/24HR PATCH 24HR	2	PA
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>danazol cap 50 mg</i>	1	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	
METHITEST 10 MG TAB	2	PA
<i>methyltestosterone cap 10 mg</i>	1	PA
NATESTO 5.5 MG/ACT GEL	2	PA
OXANDROLONE 10 MG TAB	1	
<i>oxandrolone tab 10 mg</i>	1	
OXANDROLONE 2.5 MG TAB	1	
<i>oxandrolone tab 2.5 mg</i>	1	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA
TESTOSTERONE 10 MG/ACT (2%) GEL	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
TESTOSTERONE 12.5 MG/ACT (1%) GEL	1	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA
<i>testosterone td soln 30 mg/act</i>	1	PA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	PA
TESTOSTERONE 50 MG/5GM (1%) GEL	1	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	
XYOSTED 100 MG/0.5ML SOLN A-INJ	3	PA
XYOSTED 50 MG/0.5ML SOLN A-INJ	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XYOSTED 75 MG/0.5ML SOLN A-INJ	3	PA
ANTIDIABETICS		
<i>acarbose tab 100 mg</i>	1	PREV IRS Preventive Drug
<i>acarbose tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>acarbose tab 50 mg</i>	1	PREV IRS Preventive Drug
BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN	3	
BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN	3	
BYDUREON BCISE 2 MG/0.85ML A-INJ	2	QL 3.4 / 28 Days PA PREV IRS Preventive Drug
BYETTA 10 MCG PEN 10 MCG/0.04ML SOLN PEN	2	QL 2.4 / 28 Days PA PREV IRS Preventive Drug
BYETTA	2	QL 1.2 / 28 Days PA PREV IRS Preventive Drug
CYCLOSET 0.8 MG TAB	3	QL 180 / 30 Days
<i>diazoxide susp 50 mg/ml</i>	1	PREV IRS Preventive Drug
<i>glimepiride tab 1 mg</i>	1	PREV IRS Preventive Drug
<i>glimepiride tab 2 mg</i>	1	PREV IRS Preventive Drug
<i>glimepiride tab 4 mg</i>	1	PREV IRS Preventive Drug
<i>glipizide tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>glipizide tab 5 mg</i>	1	PREV IRS Preventive Drug
<i>glipizide tab er 24hr 10 mg</i>	1	PREV IRS Preventive Drug
<i>glipizide tab er 24hr 2.5 mg</i>	1	PREV IRS Preventive Drug
<i>glipizide tab er 24hr 5 mg</i>	1	PREV IRS Preventive Drug
<i>glipizide tab er 24hr 10 mg</i>	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glipizide tab er 24hr 2.5 mg</i>	1	PREV IRS Preventive Drug
<i>glipizide tab er 24hr 5 mg</i>	1	PREV IRS Preventive Drug
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	PREV IRS Preventive Drug
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	PREV IRS Preventive Drug
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	PREV IRS Preventive Drug
GLUCAGEN HYPOKIT 1 MG RECON SOLN	2	QL 2 / 365 Days PREV IRS Preventive Drug
<i>glucagon (rdna) for inj kit 1 mg</i>	1	QL 2 / 365 Days PREV IRS Preventive Drug
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	QL 2 / 365 day(s) PREV IRS Preventive Drug
<i>glyburide tab 1.25 mg</i>	1	PREV IRS Preventive Drug
<i>glyburide tab 2.5 mg</i>	1	PREV IRS Preventive Drug
<i>glyburide tab 5 mg</i>	1	PREV IRS Preventive Drug
GLYBURIDE MICRONIZED 1.5 MG TAB	1	PREV IRS Preventive Drug
GLYBURIDE MICRONIZED 3 MG TAB	1	PREV IRS Preventive Drug
GLYBURIDE MICRONIZED 6 MG TAB	1	PREV IRS Preventive Drug
<i>glyburide-metformin tab 1.25-250 mg</i>	1	PREV IRS Preventive Drug
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PREV IRS Preventive Drug
<i>glyburide-metformin tab 5-500 mg</i>	1	PREV IRS Preventive Drug
GLYXAMBI 10-5 MG TAB	2	QL 30 / 30 Days PREV IRS Preventive Drug
GLYXAMBI 25-5 MG TAB	2	QL 30 / 30 Days PREV IRS Preventive Drug
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QL 0.4 / 365 Days PREV IRS Preventive Drug
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	QL 0.4 / 365 Days PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GVOKE HYOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	<p>QL 0.4 / 365 Days</p> <p>PREV IRS Preventive Drug</p>
GVOKE HYOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	<p>QL 0.4 / 365 Days</p> <p>PREV IRS Preventive Drug</p>
GVOKE KIT 1 MG/0.2ML SOLUTION	2	<p>QL 0.4 / year(s)</p> <p>PREV IRS Preventive Drug</p>
HUMALOG 100 UNIT/ML SOLN CART	2	PREV IRS Preventive Drug
HUMALOG 100 UNIT/ML SOLUTION	2	PREV IRS Preventive Drug
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION	2	PREV IRS Preventive Drug
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	2	PREV IRS Preventive Drug
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	2	PREV IRS Preventive Drug
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	2	PREV IRS Preventive Drug
HUMALOG TEMPO PEN 100 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	2	PREV IRS Preventive Drug
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION	2	PREV IRS Preventive Drug
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	1	PREV IRS Preventive Drug
INSULIN LISPRO 100 UNIT/ML SOLUTION	1	PREV IRS Preventive Drug
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	1	PREV IRS Preventive Drug
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	1	PREV IRS Preventive Drug
JARDIANCE 10 MG TAB	2	<p>QL 30 / 30 Days</p> <p>PREV IRS Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JARDIANCE 25 MG TAB	2	<p>QL 30 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
JENTADUETO 2.5-1000 MG TAB	2	<p>QL 60 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
JENTADUETO 2.5-500 MG TAB	2	<p>QL 60 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
JENTADUETO 2.5-850 MG TAB	2	<p>QL 60 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	<p>QL 60 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
JENTADUETO XR 5-1000 MG TAB ER 24H	2	<p>QL 30 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
LEVEMIR 100 UNIT/ML SOLUTION	2	PREV IRS Preventive Drug
LEVEMIR FLEXPEN 100 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
LYUMJEV 100 UNIT/ML SOLUTION	2	PREV IRS Preventive Drug
LYUMJEV KWIKPEN 100 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
LYUMJEV KWIKPEN 200 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
LYUMJEV TEMPO PEN 100 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
<i>metformin hcl tab 1000 mg</i>	1	PREV IRS Preventive Drug
<i>metformin hcl tab 500 mg</i>	1	PREV IRS Preventive Drug
<i>metformin hcl oral soln 500 mg/5ml</i>	1	<p>QL 750 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>metformin hcl tab 850 mg</i>	1	PREV IRS Preventive Drug
<i>metformin hcl tab er 24hr 500 mg</i>	1	<p>QL 150 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>metformin hcl tab er 24hr 750 mg</i>	1	<p>QL 90 / 30 Days</p> <p>PREV IRS Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mifepristone tab 300 mg</i>	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
MIGLITOL 100 MG TAB	1	<ul style="list-style-type: none"> QL 90 / 30 Days PREV IRS Preventive Drug
<i>miglitol tab 100 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days PREV IRS Preventive Drug
MIGLITOL 25 MG TAB	1	<ul style="list-style-type: none"> QL 90 / 30 Days PREV IRS Preventive Drug
<i>miglitol tab 25 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days PREV IRS Preventive Drug
MIGLITOL 50 MG TAB	1	<ul style="list-style-type: none"> QL 90 / 30 Days PREV IRS Preventive Drug
<i>miglitol tab 50 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days PREV IRS Preventive Drug
MOUNJARO 10 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 / 28 day(s) PA PREV IRS Preventive Drug
MOUNJARO 12.5 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 / 28 day(s) PA PREV IRS Preventive Drug
MOUNJARO 15 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 / 28 day(s) PA PREV IRS Preventive Drug
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 / 28 day(s) PA PREV IRS Preventive Drug
MOUNJARO 5 MG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 / 28 day(s) PA PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ	2	<p>QL 2 / 28 day(s)</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
<i>nateglinide tab 120 mg</i>	1	<p>PREV IRS Preventive Drug</p>
<i>nateglinide tab 60 mg</i>	1	<p>PREV IRS Preventive Drug</p>
OZEMPIC	2	<p>QL 1.5 / 28 Days</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
OZEMPIC	2	<p>PA</p> <p>PREV IRS Preventive Drug</p>
OZEMPIC	2	<p>QL 3 / 28 Days</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
OZEMPIC	2	<p>QL 3 / 28 Days</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
OZEMPIC	2	<p>QL 3 / 28 day(s)</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	<p>PREV IRS Preventive Drug</p>
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	<p>PREV IRS Preventive Drug</p>
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	<p>PREV IRS Preventive Drug</p>
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	<p>QL 30 / 30 day(s)</p> <p>PREV IRS Preventive Drug</p>
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	<p>QL 30 / 30 day(s)</p> <p>PREV IRS Preventive Drug</p>
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	<p>QL 90 / 30 day(s)</p> <p>PREV IRS Preventive Drug</p>
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	<p>QL 90 / 30 day(s)</p> <p>PREV IRS Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>repaglinide tab 0.5 mg</i>	1	<p>QL 90 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>repaglinide tab 1 mg</i>	1	<p>QL 90 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>repaglinide tab 2 mg</i>	1	<p>QL 240 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
RYBELSUS 14 MG TAB	2	<p>QL 30 / 30 Days</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
RYBELSUS 3 MG TAB	2	<p>QL 30 / 365 Days</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
RYBELSUS 7 MG TAB	2	<p>QL 30 / 30 Days</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	1	<p>QL 30 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	<p>QL 30 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
SEMGLEE (YFGN) 100 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
SEMGLEE (YFGN) 100 UNIT/ML SOLUTION	2	PREV IRS Preventive Drug
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN	2	<p>QL 15 / 25 Days</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	2	<p>PA</p> <p>PREV IRS Preventive Drug</p>
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	2	<p>PA</p> <p>PREV IRS Preventive Drug</p>
SYNJARDY 12.5-1000 MG TAB	2	<p>QL 60 / 30 Days</p> <p>PREV IRS Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYNJARDY 12.5-500 MG TAB	2	QL 60 / 30 Days PREV IRS Preventive Drug
SYNJARDY 5-1000 MG TAB	2	QL 60 / 30 Days PREV IRS Preventive Drug
SYNJARDY 5-500 MG TAB	2	QL 60 / 30 Days PREV IRS Preventive Drug
SYNJARDY XR 10-1000 MG TAB ER 24H	2	QL 30 / 30 Days PREV IRS Preventive Drug
SYNJARDY XR 12.5-1000 MG TAB ER 24H	2	QL 60 / 30 Days PREV IRS Preventive Drug
SYNJARDY XR 25-1000 MG TAB ER 24H	2	QL 30 / 30 Days PREV IRS Preventive Drug
SYNJARDY XR 5-1000 MG TAB ER 24H	2	QL 60 / 30 Days PREV IRS Preventive Drug
TOLBUTAMIDE 500 MG TAB	1	PREV IRS Preventive Drug
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
TRADJENTA 5 MG TAB	2	QL 30 / 30 Days PREV IRS Preventive Drug
TRESIBA 100 UNIT/ML SOLUTION	2	PREV IRS Preventive Drug
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	2	PREV IRS Preventive Drug
TRIJARDY XR 10-5-1000 MG TAB ER 24H	2	QL 30 / 30 Days PREV IRS Preventive Drug
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H	2	QL 60 / 30 Days PREV IRS Preventive Drug
TRIJARDY XR 25-5-1000 MG TAB ER 24H	2	QL 30 / 30 Days PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H	2	<p>QL 60 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
TRULICITY 0.75 MG/0.5ML SOLN A-INJ	2	<p>QL 2 / 28 day(s)</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
TRULICITY 1.5 MG/0.5ML SOLN A-INJ	2	<p>QL 2 / 28 day(s)</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
TRULICITY 3 MG/0.5ML SOLN A-INJ	2	<p>QL 2 / 28 day(s)</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
TRULICITY 4.5 MG/0.5ML SOLN A-INJ	2	<p>QL 2 / 28 day(s)</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	2	<p>QL 15 / 28 Days</p> <p>PA</p> <p>PREV IRS Preventive Drug</p>
ZEGALOGUE 0.6 MG/0.6ML SOLN A-INJ	2	<p>QL 1.2 / 365 Days</p> <p>PREV IRS Preventive Drug</p>
ZEGALOGUE 0.6 MG/0.6ML SOLN PRSYR	2	<p>QL 1.2 / 365 Days</p> <p>PREV IRS Preventive Drug</p>
CONTRACEPTIVES		
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	<p>QL 91 / 91 Days</p> <p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	<p>QL 91 / 91 Days</p> <p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	QL 91 / 91 Days ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	QL 91 / 91 Days ACA Affordable Care Act PREV IRS Preventive Drug
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	QL 91 / 91 Days ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	3	QL 0.65 / 84 Days ACA Affordable Care Act
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>drosiprenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROSPIREN-ETH ESTRAD-LEVOMEFOL 3-0.03-0.451 MG TAB	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL 1 / 28 Days PREV IRS Preventive Drug
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL 1 / 28 Days PREV IRS Preventive Drug
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	QL 1 / 28 Days PREV IRS Preventive Drug
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL 1 / 28 Days PREV IRS Preventive Drug
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	QL 1 / 28 Days PREV IRS Preventive Drug
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	QL 91 / 91 Days ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL 1 / 28 Days PREV IRS Preventive Drug
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	<p>QL 91 / 91 Days</p> <p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone tab 0.35 mg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	<p>QL 91 / 91 Days</p> <p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	<p>QL 91 / 91 Days</p> <p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>drosiprenone-ethinyl estradiol tab 3-0.02 mg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone tab 0.35 mg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	<p>QL 91 / 91 Days</p> <p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
KYLEENA 19.5 MG IUD	2	LA Limited Access ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	QL 91 / 91 Days ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	QL 91 / 91 Days ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	QL 91 / 91 Days ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	QL 91 / 91 Days ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LILETTA (52 MG) 20.1 MCG/DAY IUD	2	<p>LA Limited Access</p> <p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	<p>QL 91 / 91 Days</p> <p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone tab 0.35 mg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone tab 0.35 mg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	<p>QL 1 / 84 Days</p> <p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	<p>QL 1 / 84 Days</p> <p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	<p>PREV IRS Preventive Drug</p>
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
MIRENA (52 MG) 20 MCG/DAY IUD	2	<p>LA Limited Access</p> <p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	<p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
NEXPLANON 68 MG IMPLANT	2	<p>LA Limited Access</p> <p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	QL 3 / 28 Days PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	PREV IRS Preventive Drug
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
PARAGARD INTRAUTERINE COPPER IUD	2	LA Limited Access ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	QL 91 / 91 Days ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	QL 91 / 91 Days ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	QL 91 / 91 Days ACA Affordable Care Act PREV IRS Preventive Drug
SKYLA 13.5 MG IUD	2	LA Limited Access ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	PREV IRS Preventive Drug
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone tab 0.35 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	QL 3 / 28 Days ACA Affordable Care Act PREV IRS Preventive Drug
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	QL 3 / 28 Days PREV IRS Preventive Drug
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA Affordable Care Act PREV IRS Preventive Drug
CORTICOSTEROIDS		
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>budesonide tab er 24hr 9 mg</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>deflazacort tab 18 mg</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
<i>deflazacort susp 22.75 mg/ml</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
<i>deflazacort tab 30 mg</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
<i>deflazacort tab 36 mg</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
<i>deflazacort tab 6 mg</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
DEPO-MEDROL 20 MG/ML SUSPENSION	3	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	1	
MEDROL 2 MG TAB	3	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	1	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	1	
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	1	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	1	
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	1	
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	1	
ORTIKOS 6 MG CAP ER 24H	3	QL 30 / 30 Days
ORTIKOS 9 MG CAP ER 24H	3	QL 30 / 30 Days
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP	1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 15 MG TAB DISP	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREDNISOLONE SODIUM PHOSPHATE 30 MG TAB DISP	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab 5 mg</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	1	
<i>prednisone tab 50 mg</i>	1	
PREDNISONE INTENSOL 5 MG/ML CONC	1	
SOLU-CORTEF 250 MG RECON SOLN	2	
SOLU-CORTEF 500 MG RECON SOLN	2	
SOLU-MEDROL 2 GM RECON SOLN	2	
TARPEYO 4 MG CAP DR	5	<ul style="list-style-type: none"> QL 120 / 30 day(s) PA LA Limited Access S Specialty Drug
ENDOCRINE AND METABOLIC AGENTS - MISC.		
<i>alendronate sodium tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>alendronate sodium tab 35 mg</i>	1	PREV IRS Preventive Drug
ALENDRONATE SODIUM 5 MG TAB	1	PREV IRS Preventive Drug
<i>alendronate sodium tab 70 mg</i>	1	PREV IRS Preventive Drug
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	PREV IRS Preventive Drug
<i>*betaine powder for oral solution***</i>	1	
BRINEURA 2 X 150 MG/5ML KIT	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BYNFEZIA PEN 2500 MCG/ML (2.8 ML) SOLN PEN	4	PA LA Limited Access S Specialty Drug
<i>cabergoline tab 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>carglumic acid soluble tab 200 mg</i>	4	PA S Specialty Drug
<i>cetorelix acetate for inj kit 0.25 mg</i>	4	PA S Specialty Drug
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	4	S Specialty Drug
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	4	PA S Specialty Drug
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	4	PA S Specialty Drug
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	4	PA S Specialty Drug
<i>clomiphene citrate tab 50 mg</i>	1	
CLOMIPHENE CITRATE 50 MG TAB	1	
<i>clomiphene citrate tab 50 mg</i>	1	
CRYSVITA 10 MG/ML SOLUTION	5	QL 2 / 28 Days PA LA Limited Access S Specialty Drug
CRYSVITA 20 MG/ML SOLUTION	5	QL 3 / 28 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CRYSVITA 30 MG/ML SOLUTION	5	<ul style="list-style-type: none"> QL 3 / 28 Days PA LA Limited Access S Specialty Drug
DDAVP RHINAL TUBE 0.01 % SOLUTION	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
<i>desmopressin acetate inj 4 mcg/ml</i>	1	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	1	
DOXERCALCIFEROL 0.5 MCG CAP	1	
<i>doxercalciferol cap 0.5 mcg</i>	1	
DOXERCALCIFEROL 1 MCG CAP	1	
<i>doxercalciferol cap 1 mcg</i>	1	
DOXERCALCIFEROL 2.5 MCG CAP	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
EVENITY 105 MG/1.17ML SOLN PRSYR	5	<ul style="list-style-type: none"> QL 2.34 / 30 Days PA S Specialty Drug
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	4	<ul style="list-style-type: none"> PA S Specialty Drug
GALAFOLD 123 MG CAP	4	<ul style="list-style-type: none"> QL 14 / 28 Days PA LA Limited Access S Specialty Drug
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	4	<ul style="list-style-type: none"> PA S Specialty Drug
GENOTROPIN 12 MG CARTRIDGE	4	<ul style="list-style-type: none"> PA S Specialty Drug
GENOTROPIN 5 MG CARTRIDGE	4	<ul style="list-style-type: none"> PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENOTROPIN MINIQUICK 0.2 MG PRSYR	4	PA S Specialty Drug
GENOTROPIN MINIQUICK 0.4 MG PRSYR	4	PA S Specialty Drug
GENOTROPIN MINIQUICK 0.6 MG PRSYR	4	PA S Specialty Drug
GENOTROPIN MINIQUICK 0.8 MG PRSYR	4	PA S Specialty Drug
GENOTROPIN MINIQUICK 1 MG PRSYR	4	PA S Specialty Drug
GENOTROPIN MINIQUICK 1.2 MG PRSYR	4	PA S Specialty Drug
GENOTROPIN MINIQUICK 1.4 MG PRSYR	4	PA S Specialty Drug
GENOTROPIN MINIQUICK 1.6 MG PRSYR	4	PA S Specialty Drug
GENOTROPIN MINIQUICK 1.8 MG PRSYR	4	PA S Specialty Drug
GENOTROPIN MINIQUICK 2 MG PRSYR	4	PA S Specialty Drug
GONAL-F 1050 UNIT RECON SOLN	4	S Specialty Drug
GONAL-F 450 UNIT RECON SOLN	4	S Specialty Drug
GONAL-F RFF 75 UNIT RECON SOLN	4	S Specialty Drug
GONAL-F RFF REDIJECT 300 UNIT/0.5ML SOLN PEN	4	S Specialty Drug
GONAL-F RFF REDIJECT 450 UNT/0.75ML SOLN PEN	4	S Specialty Drug
GONAL-F RFF REDIJECT 900 UNIT/1.5ML SOLN PEN	4	S Specialty Drug
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	QL 1 / 28 Days PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	4	<ul style="list-style-type: none"> QL 3 / 84 Days PA S Specialty Drug
<i>sapropterin dihydrochloride powder packet 100 mg</i>	4	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug
<i>sapropterin dihydrochloride tab 100 mg</i>	4	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug
<i>sapropterin dihydrochloride powder packet 500 mg</i>	4	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug
JYNARQUE 15 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
JYNARQUE 15 MG TAB THPK	5	<ul style="list-style-type: none"> QL 56 / 28 Days PA LA Limited Access S Specialty Drug
JYNARQUE 30 & 15 MG TAB THPK	5	<ul style="list-style-type: none"> QL 56 / 28 Days PA LA Limited Access S Specialty Drug
JYNARQUE 30 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
JYNARQUE 45 & 15 MG TAB THPK	5	<ul style="list-style-type: none"> QL 56 / 28 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JYNARQUE 60 & 30 MG TAB THPK	5	<ul style="list-style-type: none"> QL 56 / 28 Days PA LA Limited Access S Specialty Drug
JYNARQUE 90 & 30 MG TAB THPK	5	<ul style="list-style-type: none"> QL 56 / 28 Days PA LA Limited Access S Specialty Drug
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
LUPANETA PACK 11.25 & 5 MG KIT	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA S Specialty Drug
LUPANETA PACK 3.75 & 5 MG KIT	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA S Specialty Drug
LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA S Specialty Drug
LUPRON DEPOT-PED (1-MONTH) 15 MG KIT	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA S Specialty Drug
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA S Specialty Drug
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT	4	<ul style="list-style-type: none"> QL 1 / 84 Days PA S Specialty Drug
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	4	<ul style="list-style-type: none"> QL 1 / 84 Days PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mifepristone tab 200 mg</i>	1	
MYALEPT 11.3 MG RECON SOLN	4	PA LA Limited Access S Specialty Drug
<i>nitisinone cap 10 mg</i>	4	PA LA Limited Access S Specialty Drug
<i>nitisinone cap 2 mg</i>	4	PA LA Limited Access S Specialty Drug
<i>nitisinone cap 20 mg</i>	4	PA LA Limited Access S Specialty Drug
<i>nitisinone cap 5 mg</i>	4	PA LA Limited Access S Specialty Drug
NITYR 10 MG TAB	5	PA LA Limited Access S Specialty Drug
NITYR 2 MG TAB	5	PA LA Limited Access S Specialty Drug
NITYR 5 MG TAB	5	PA LA Limited Access S Specialty Drug
NOVAREL 10000 UNIT RECON SOLN	4	S Specialty Drug
NOVAREL 5000 UNIT RECON SOLN	4	S Specialty Drug
OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR	4	PA S Specialty Drug
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA S Specialty Drug
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA S Specialty Drug
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	4	PA S Specialty Drug
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA S Specialty Drug
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	4	PA S Specialty Drug
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	PA S Specialty Drug
OMNITROPE 10 MG/1.5ML SOLN CART	4	PA S Specialty Drug
OMNITROPE 5 MG/1.5ML SOLN CART	4	PA S Specialty Drug
OMNITROPE 5.8 MG RECON SOLN	4	PA S Specialty Drug
ORFADIN 4 MG/ML SUSPENSION	4	PA LA Limited Access S Specialty Drug
ORILISSA 150 MG TAB	4	QL 30 / 30 Days PA S Specialty Drug
ORILISSA 200 MG TAB	4	QL 60 / 30 Days PA S Specialty Drug
OSPHENA 60 MG TAB	3	QL 30 / 30 Days
OVIDREL 250 MCG/0.5ML SOLN PRSYR	4	PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	5	PA LA Limited Access S Specialty Drug
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	5	PA LA Limited Access S Specialty Drug
PALYNZIQ 20 MG/ML SOLN PRSYR	4	PA LA Limited Access S Specialty Drug
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
PARSABIV 10 MG/2ML SOLUTION	5	PA LA Limited Access S Specialty Drug
PARSABIV 2.5 MG/0.5ML SOLUTION	5	PA LA Limited Access S Specialty Drug
PARSABIV 5 MG/ML SOLUTION	5	PA LA Limited Access S Specialty Drug
PREGNYL 10000 UNIT RECON SOLN	4	S Specialty Drug
PROLIA 60 MG/ML SOLN PRSYR	4	QL 1 / 180 Days PA S Specialty Drug PREV IRS Preventive Drug
<i>raloxifene hcl tab 60 mg</i>	1	QL 30 / 30 Days ACA Affordable Care Act PREV IRS Preventive Drug
RAVICTI 1.1 GM/ML LIQUID	4	QL 525 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RAYALDEE 30 MCG CAP ER	3	<ul style="list-style-type: none"> QL 60 / 30 Days PA
RECORLEV 150 MG TAB	5	<ul style="list-style-type: none"> QL 240 / 30 day(s) PA LA Limited Access S Specialty Drug
<i>risedronate sodium tab 150 mg</i>	1	<ul style="list-style-type: none"> QL 1 / 28 Days ST PREV IRS Preventive Drug
<i>risedronate sodium tab 30 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>risedronate sodium tab 35 mg</i>	1	<ul style="list-style-type: none"> QL 4 / 28 Days ST PREV IRS Preventive Drug
<i>risedronate sodium tab delayed release 35 mg</i>	1	<ul style="list-style-type: none"> QL 4 / 28 Days ST PREV IRS Preventive Drug
<i>risedronate sodium tab 5 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST PREV IRS Preventive Drug
<i>sapropterin dihydrochloride powder packet 100 mg</i>	4	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug
<i>sapropterin dihydrochloride tab 100 mg</i>	4	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug
<i>sapropterin dihydrochloride powder packet 500 mg</i>	4	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEROSTIM 5 MG RECON SOLN	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c08040; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #4a86e8; color: white; padding: 2px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
SEROSTIM 6 MG RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c08040; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #4a86e8; color: white; padding: 2px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
SIGNIFOR 0.3 MG/ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b4ef2; color: white; padding: 2px; border-radius: 3px;">QL</div> 60 / 30 Days <div style="background-color: #c08040; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #4a86e8; color: white; padding: 2px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
SIGNIFOR 0.6 MG/ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b4ef2; color: white; padding: 2px; border-radius: 3px;">QL</div> 60 / 30 Days <div style="background-color: #c08040; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #4a86e8; color: white; padding: 2px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
SIGNIFOR 0.9 MG/ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b4ef2; color: white; padding: 2px; border-radius: 3px;">QL</div> 60 / 30 Days <div style="background-color: #c08040; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #4a86e8; color: white; padding: 2px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
SKYTROFA 11 MG CARTRIDGE	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b4ef2; color: white; padding: 2px; border-radius: 3px;">QL</div> 8 / 28 Days <div style="background-color: #c08040; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
SKYTROFA 13.3 MG CARTRIDGE	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b4ef2; color: white; padding: 2px; border-radius: 3px;">QL</div> 4 / 28 Days <div style="background-color: #c08040; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
SKYTROFA 3 MG CARTRIDGE	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b4ef2; color: white; padding: 2px; border-radius: 3px;">QL</div> 4 / 28 Days <div style="background-color: #c08040; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
SKYTROFA 3.6 MG CARTRIDGE	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b4ef2; color: white; padding: 2px; border-radius: 3px;">QL</div> 4 / 28 Days <div style="background-color: #c08040; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
SKYTROFA 4.3 MG CARTRIDGE	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6b4ef2; color: white; padding: 2px; border-radius: 3px;">QL</div> 4 / 28 Days <div style="background-color: #c08040; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYTROFA 5.2 MG CARTRIDGE	4	<p>QL 4 / 28 Days</p> <p>PA</p> <p>S Specialty Drug</p>
SKYTROFA 6.3 MG CARTRIDGE	4	<p>QL 4 / 28 Days</p> <p>PA</p> <p>S Specialty Drug</p>
SKYTROFA 7.6 MG CARTRIDGE	4	<p>QL 8 / 28 Days</p> <p>PA</p> <p>S Specialty Drug</p>
SKYTROFA 9.1 MG CARTRIDGE	4	<p>QL 8 / 28 Days</p> <p>PA</p> <p>S Specialty Drug</p>
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	4	<p>PA</p> <p>LA Limited Access</p> <p>S Specialty Drug</p>
<i>sodium phenylbutyrate tab 500 mg</i>	4	<p>PA</p> <p>LA Limited Access</p> <p>S Specialty Drug</p>
SOGROYA 10 MG/1.5ML SOLN PEN	4	<p>PA</p> <p>LA Limited Access</p> <p>S Specialty Drug</p>
SOGROYA 15 MG/1.5ML SOLN PEN	4	<p>PA</p> <p>LA Limited Access</p> <p>S Specialty Drug</p>
SOGROYA 5 MG/1.5ML SOLN PEN	4	<p>PA</p> <p>LA Limited Access</p> <p>S Specialty Drug</p>
SOMAVERT 10 MG RECON SOLN	4	<p>PA</p> <p>LA Limited Access</p> <p>S Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOMAVERT 15 MG RECON SOLN	4	PA LA Limited Access S Specialty Drug
SOMAVERT 20 MG RECON SOLN	4	PA LA Limited Access S Specialty Drug
SOMAVERT 25 MG RECON SOLN	4	PA LA Limited Access S Specialty Drug
SOMAVERT 30 MG RECON SOLN	4	PA LA Limited Access S Specialty Drug
STRENSIQ 18 MG/0.45ML SOLUTION	4	PA LA Limited Access S Specialty Drug
STRENSIQ 28 MG/0.7ML SOLUTION	4	PA LA Limited Access S Specialty Drug
STRENSIQ 40 MG/ML SOLUTION	4	PA LA Limited Access S Specialty Drug
STRENSIQ 80 MG/0.8ML SOLUTION	4	PA LA Limited Access S Specialty Drug
SUPPRELIN LA 50 MG KIT	5	QL 1 / 365 Days PA LA Limited Access S Specialty Drug
SYNAREL 2 MG/ML SOLUTION	4	PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	4	<ul style="list-style-type: none"> QL 2.48 / 30 Days PA S Specialty Drug PREV IRS Preventive Drug
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	4	<ul style="list-style-type: none"> QL 2.4 / 30 Days PA S Specialty Drug PREV IRS Preventive Drug
TOLVAPTAN 15 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
<i>tolvaptan tab 15 mg</i>	4	<ul style="list-style-type: none"> QL 30 / 30 day(s) PA LA Limited Access S Specialty Drug
<i>tolvaptan tab 30 mg</i>	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
TRIPTODUR 22.5 MG SRER	4	<ul style="list-style-type: none"> QL 1 / 180 Days PA LA Limited Access S Specialty Drug
TYMLOS 3120 MCG/1.56ML SOLN PEN	4	<ul style="list-style-type: none"> QL 1.56 / 30 Days PA LA Limited Access S Specialty Drug PREV IRS Preventive Drug
VOXZOGO 0.4 MG RECON SOLN	5	<ul style="list-style-type: none"> QL 30 / 30 day(s) PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VOXZOGO 0.56 MG RECON SOLN	5	<ul style="list-style-type: none"> QL 30 / 30 day(s) PA LA Limited Access S Specialty Drug
VOXZOGO 1.2 MG RECON SOLN	5	<ul style="list-style-type: none"> QL 30 / 30 day(s) PA LA Limited Access S Specialty Drug
XGEVA 120 MG/1.7ML SOLUTION	4	<ul style="list-style-type: none"> QL 1.7 / 28 Days PA S Specialty Drug
XURIDEN 2 GM PACKET	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
ZOLEDRONIC ACID 4 MG/100ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	<ul style="list-style-type: none"> PA S Specialty Drug
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	<ul style="list-style-type: none"> QL 100 / 365 Days PA S Specialty Drug PREV IRS Preventive Drug
ZORBTIVE 8.8 MG RECON SOLN	5	<ul style="list-style-type: none"> PA S Specialty Drug
ESTROGENS		
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	PREV IRS Preventive Drug
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	PREV IRS Preventive Drug
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	2	<ul style="list-style-type: none"> QL 4 / 28 Days PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMBIPATCH 0.05-0.14 MG/DAY PATCH TW	2	<p>QL 8 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
COMBIPATCH 0.05-0.25 MG/DAY PATCH TW	2	<p>QL 8 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
DEPO-ESTRADIOL 5 MG/ML OIL	2	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	<p>QL 8 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	<p>QL 8 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	<p>QL 8 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	<p>QL 8 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	<p>QL 8 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
DUAVEE 0.45-20 MG TAB	2	<p>QL 30 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	<p>QL 8 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	<p>QL 4 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	<p>QL 8 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	<p>QL 4 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	<p>QL 8 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	<p>QL 4 / 28 Days</p> <p>PREV IRS Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	<p>QL 4 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	<p>QL 8 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	<p>QL 4 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	<p>QL 8 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	<p>QL 4 / 28 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	<p>QL 30 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol tab 0.5 mg</i>	1	<p>PREV IRS Preventive Drug</p>
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	<p>QL 30 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	<p>QL 30 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	1	<p>QL 50 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol tab 1 mg</i>	1	<p>PREV IRS Preventive Drug</p>
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	<p>QL 30 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	<p>QL 37.5 / 30 Days</p> <p>PREV IRS Preventive Drug</p>
<i>estradiol tab 2 mg</i>	1	<p>PREV IRS Preventive Drug</p>
<i>estradiol valerate im in oil 10 mg/ml</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	<p>PREV IRS Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	PREV IRS Preventive Drug
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	QL 28 / 28 Days PREV IRS Preventive Drug
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	QL 28 / 28 Days PREV IRS Preventive Drug
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	QL 8 / 28 Days PREV IRS Preventive Drug
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	QL 8 / 28 Days PREV IRS Preventive Drug
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	QL 8 / 28 Days PREV IRS Preventive Drug
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	QL 8 / 28 Days PREV IRS Preventive Drug
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	QL 8 / 28 Days PREV IRS Preventive Drug
MENEST 0.3 MG TAB	3	QL 30 / 30 Days
MENEST 0.625 MG TAB	3	QL 30 / 30 Days
MENEST 1.25 MG TAB	3	QL 30 / 30 Days
MENEST 2.5 MG TAB	3	QL 30 / 30 Days
MENOSTAR 14 MCG/24HR PATCH WK	3	QL 4 / 28 Days
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	PREV IRS Preventive Drug
MYFEMBREE 40-1-0.5 MG TAB	5	QL 28 / 28 Days PA S Specialty Drug
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 28 / 28 Days</div> <div>PREV IRS Preventive Drug</div> </div>
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 56 / 28 Days</div> <div>PA</div> <div>S Specialty Drug</div> </div>
PREFEST 1/1-0.09 MG (15/15) TAB	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 / 30 Days</div> </div>
PREMARIN 0.3 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 / 30 Days</div> <div>PREV IRS Preventive Drug</div> </div>
PREMARIN 0.45 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 / 30 Days</div> <div>PREV IRS Preventive Drug</div> </div>
PREMARIN 0.625 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 / 30 Days</div> <div>PREV IRS Preventive Drug</div> </div>
PREMARIN 0.9 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 / 30 Days</div> <div>PREV IRS Preventive Drug</div> </div>
PREMARIN 1.25 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 30 / 30 Days</div> <div>PREV IRS Preventive Drug</div> </div>
PREMPHASE 0.625-5 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 28 / 28 Days</div> <div>PREV IRS Preventive Drug</div> </div>
PREMPRO 0.3-1.5 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 28 / 28 Days</div> <div>PREV IRS Preventive Drug</div> </div>
PREMPRO 0.45-1.5 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 28 / 28 Days</div> <div>PREV IRS Preventive Drug</div> </div>
PREMPRO 0.625-2.5 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 28 / 28 Days</div> <div>PREV IRS Preventive Drug</div> </div>
PREMPRO 0.625-5 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 28 / 28 Days</div> <div>PREV IRS Preventive Drug</div> </div>
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	1	
<i>methylergonovine maleate tab 0.2 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROGESTINS		
<i>norethindrone acetate tab 5 mg</i>	1	
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	4	QL 5 Vials / 35 days PA S Specialty Drug
MAKENA 275 MG/1.1ML SOLN A-INJ	5	QL 4.4 / 28 Days PA LA Limited Access S Specialty Drug
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	
THYROID AGENTS		
ADTHYZA 120 MG TAB	1	PREV IRS Preventive Drug
ADTHYZA 130 MG TAB	1	QL 30 / 30 Days PREV IRS Preventive Drug
ADTHYZA 15 MG TAB	1	PREV IRS Preventive Drug
ADTHYZA 16.25 MG TAB	1	QL 30 / 30 Days PREV IRS Preventive Drug
ADTHYZA 30 MG TAB	1	PREV IRS Preventive Drug
ADTHYZA 32.5 MG TAB	1	QL 30 / 30 Days PREV IRS Preventive Drug
ADTHYZA 60 MG TAB	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADTHYZA 65 MG TAB	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #00b050; color: white; padding: 2px 5px; border-radius: 3px;">PREV</div> <div>IRS Preventive Drug</div> </div>
ADTHYZA 90 MG TAB	1	<div style="background-color: #00b050; color: white; padding: 2px 5px; border-radius: 3px;">PREV</div> <div>IRS Preventive Drug</div>
ADTHYZA 97.5 MG TAB	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 Days</div> <div style="background-color: #00b050; color: white; padding: 2px 5px; border-radius: 3px;">PREV</div> <div>IRS Preventive Drug</div> </div>
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>methimazole tab 5 mg</i>	1	
NIVA THYROID 120 MG TAB	1	PREV IRS Preventive Drug
NIVA THYROID 15 MG TAB	1	PREV IRS Preventive Drug
NIVA THYROID 30 MG TAB	1	PREV IRS Preventive Drug
NIVA THYROID 60 MG TAB	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NIVA THYROID 90 MG TAB	1	PREV IRS Preventive Drug
NP THYROID 120 MG TAB	1	PREV IRS Preventive Drug
NP THYROID 15 MG TAB	1	PREV IRS Preventive Drug
NP THYROID 30 MG TAB	1	PREV IRS Preventive Drug
NP THYROID 60 MG TAB	1	PREV IRS Preventive Drug
NP THYROID 90 MG TAB	1	PREV IRS Preventive Drug
<i>propylthiouracil tab 50 mg</i>	1	
THYROID 120 MG TAB	1	PREV IRS Preventive Drug
THYROID 15 MG TAB	1	PREV IRS Preventive Drug
THYROID 30 MG TAB	1	PREV IRS Preventive Drug
THYROID 60 MG TAB	1	PREV IRS Preventive Drug
THYROID 90 MG TAB	1	PREV IRS Preventive Drug
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
GASTROINTESTINAL AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS		
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>loperamide hcl cap 2 mg</i>	1	
MOTOFEN 1-0.025 MG TAB	3	
ANTIEMETICS		
AKYNZEO 300-0.5 MG CAP	3	QL 1 / 30 Days PA
ANZEMET 100 MG TAB	3	PA
ANZEMET 50 MG TAB	3	PA
<i>aprepitant capsule 125 mg</i>	1	QL 1 / 28 Days PA
<i>aprepitant capsule 40 mg</i>	1	QL 1 / 28 Days
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL 6 / 28 Days PA
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL 6 / 28 Days PA
<i>aprepitant capsule 80 mg</i>	1	QL 1 / 28 Days PA
<i>dronabinol cap 10 mg</i>	1	QL 60 / 30 Days PA
<i>dronabinol cap 2.5 mg</i>	1	QL 60 / 30 Days PA
<i>dronabinol cap 5 mg</i>	1	QL 60 / 30 Days PA
EMEND 125 MG/5ML RECON SUSP	2	QL 60 / 30 Days PA
<i>granisetron hcl tab 1 mg</i>	1	
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl chew tab 25 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>ondansetron orally disintegrating tab 4 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ondansetron orally disintegrating tab 8 mg</i>	1	
ONDANSETRON HCL 24 MG TAB	1	QL 30 / 30 Days
<i>ondansetron hcl tab 4 mg</i>	1	QL 90 / 30 Days
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 8 mg</i>	1	QL 90 / 30 Days
SANCUSO 3.1 MG/24HR PATCH	3	QL 1 / 28 Days PA
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	QL 10 / 30 Days
SYNDROS 5 MG/ML SOLUTION	3	PA
TIGAN 100 MG/ML SOLUTION	3	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK	2	QL 30 / 30 Days PA
DIGESTIVE AIDS		
CREON 12000-38000 UNIT CP DR PART	2	
CREON 24000-76000 UNIT CP DR PART	2	
CREON 3000-9500 UNIT CP DR PART	2	
CREON 36000-114000 UNIT CP DR PART	2	
CREON 6000-19000 UNIT CP DR PART	2	
VIOKACE 10440-39150 UNIT TAB	2	
VIOKACE 20880-78300 UNIT TAB	2	
ZENPEP 10000-32000 UNIT CP DR PART	2	
ZENPEP 15000-47000 UNIT CP DR PART	2	
ZENPEP 20000-63000 UNIT CP DR PART	2	
ZENPEP 25000-79000 UNIT CP DR PART	2	
ZENPEP 3000-10000 UNIT CP DR PART	2	
ZENPEP 40000-126000 UNIT CP DR PART	2	
ZENPEP 5000-24000 UNIT CP DR PART	2	
ZENPEP 60000-189600 UNIT CP DR PART	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GASTROINTESTINAL AGENTS - MISC.		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days PA
<i>alvimopan cap 12 mg</i>	1	
APRISO 0.375 GM CAP ER 24H	1	<ul style="list-style-type: none"> QL 120 / 30 Days
<i>balsalazide disodium cap 750 mg</i>	1	
BYLVAY (PELLETS) 200 MCG CAP SPRINK	5	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
BYLVAY (PELLETS) 600 MCG CAP SPRINK	5	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
BYLVAY 1200 MCG CAP	5	<ul style="list-style-type: none"> QL 150 / 30 Days PA LA Limited Access S Specialty Drug
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
CHOLBAM 250 MG CAP	4	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug
CHOLBAM 50 MG CAP	4	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT	5	<ul style="list-style-type: none"> QL 1 / 28 day(s) PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CIMZIA 2 X 200 MG KIT	5	<ul style="list-style-type: none"> QL 1 / 28 Days PA S Specialty Drug
CIMZIA-STARTER 200 MG/ML PREF SY KT	5	<ul style="list-style-type: none"> QL 3 / 365 day(s) PA S Specialty Drug
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
DIPENTUM 250 MG CAP	3	ST
ENTYVIO PEN 108 MG/0.68ML SOLN A-INJ	5	<ul style="list-style-type: none"> QL 1.36 / 28 day(s) PA LA Limited Access S Specialty Drug
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
FOSRENOL 1000 MG PACKET	2	
FOSRENOL 750 MG PACKET	2	
GATTEX 5 MG KIT	5	<ul style="list-style-type: none"> PA LA Limited Access S Specialty Drug
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
INFLECTRA 100 MG RECON SOLN	4	<ul style="list-style-type: none"> PA S Specialty Drug
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1	
LINZESS 145 MCG CAP	2	<ul style="list-style-type: none"> QL 30 / 30 Days PA
LINZESS 290 MCG CAP	2	<ul style="list-style-type: none"> QL 30 / 30 Days PA
LINZESS 72 MCG CAP	2	<ul style="list-style-type: none"> QL 30 / 30 Days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lubiprostone cap 24 mcg</i>	1	QL 60 / 30 Days PA
<i>lubiprostone cap 8 mcg</i>	1	QL 60 / 30 Days PA
<i>mesalamine tab delayed release 1.2 gm</i>	1	QL 120 / 30 Days ST
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine cap dr 400 mg</i>	1	QL 180 / 30 Days
<i>mesalamine tab delayed release 800 mg</i>	1	QL 180 / 30 Days
<i>mesalamine cap er 500 mg</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
MOVANTIK 12.5 MG TAB	2	QL 30 / 30 Days PA
MOVANTIK 25 MG TAB	2	QL 30 / 30 Days PA
OCALIVA 10 MG TAB	4	QL 30 / 30 Days PA LA Limited Access S Specialty Drug
OCALIVA 5 MG TAB	4	QL 30 / 30 Days PA LA Limited Access S Specialty Drug
PENTASA 250 MG CAP ER	2	ST
PENTASA 500 MG CAP ER	2	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prucalopride succinate tab 1 mg (base equivalent)</i>	1	QL 30 / 30 Days PA
<i>prucalopride succinate tab 2 mg (base equivalent)</i>	1	QL 30 / 30 Days PA
RELISTOR 12 MG/0.6ML SOLUTION	2	QL 16.8 / 28 Days PA
RELISTOR 150 MG TAB	2	QL 90 / 30 Days PA
RELISTOR 8 MG/0.4ML SOLUTION	2	QL 11.2 / 28 Days PA
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
SFROWASA 4 GM/60ML ENEMA	3	
SKYRIZI 180 MG/1.2ML SOLN CART	4	QL 1.2 / 56 Days PA S Specialty Drug
SKYRIZI 360 MG/2.4ML SOLN CART	4	QL 2.4 / 56 day(s) PA S Specialty Drug
SKYRIZI 600 MG/10ML SOLUTION	4	QL 30 / 365 day(s) PA S Specialty Drug
STELARA 130 MG/26ML SOLUTION	4	QL 104 / Lifetime PA S Specialty Drug
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMPROIC 0.2 MG TAB	2	<ul style="list-style-type: none"> QL 30 / 30 Days PA
TREMFYA 200 MG/20ML SOLUTION	4	<ul style="list-style-type: none"> QL 60 / 365 Days PA S Specialty Drug
TREMFYA 200 MG/2ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
TREMFYA CROHNS INDUCTION 200 MG/2ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
TREMFYA PEN 200 MG/2ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA S Specialty Drug
TRULANCE 3 MG TAB	2	<ul style="list-style-type: none"> QL 30 / 30 Days PA
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
VELPHORO 500 MG CHEW TAB	2	
VELSIPITY 2 MG TAB	5	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
VIBERZI 100 MG TAB	2	<ul style="list-style-type: none"> QL 60 / 30 Days PA
VIBERZI 75 MG TAB	2	<ul style="list-style-type: none"> QL 60 / 30 Days PA
XERMELO 250 MG TAB	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYMFENTRA (1 PEN) 120 MG/ML AUT-IJ KIT	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA LA Limited Access S Specialty Drug
ZYMFENTRA (2 PEN) 120 MG/ML AUT-IJ KIT	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA LA Limited Access S Specialty Drug
ZYMFENTRA (2 SYRINGE) 120 MG/ML PREF SY KT	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA LA Limited Access S Specialty Drug
LAXATIVES		
<i>lactulose solution 10 gm/15ml</i>	1	
GAVILYTE-C 240 GM RECON SOLN	1	<ul style="list-style-type: none"> QL 8000 / 365 day(s) PREV IRS Preventive Drug
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	<ul style="list-style-type: none"> QL 8000 / 365 day(s) ACA Affordable Care Act PREV IRS Preventive Drug
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	<ul style="list-style-type: none"> QL 8000 / 365 day(s) ACA Affordable Care Act PREV IRS Preventive Drug
<i>lactulose oral crystal packet 10 gm</i>	1	
<i>lactulose oral crystal packet 20 gm</i>	1	
<i>lactulose oral crystal packet 10 gm</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
<i>lactulose oral crystal packet 20 gm</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days PA
<i>lactulose solution 10 gm/15ml</i>	1	
OSMOPREP 1.102-0.398 GM TAB	3	<ul style="list-style-type: none"> QL 64 / 365 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	<p>QL 8000 / 365 day(s)</p> <p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	<p>QL 8000 / 365 day(s)</p> <p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	<p>QL 2 / 365 day(s)</p> <p>PREV IRS Preventive Drug</p>
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	<p>QL 2 / 365 day(s)</p> <p>PREV IRS Preventive Drug</p>
PEG-PREP 5-210 MG-GM KIT	1	<p>QL 2 / 365 day(s)</p> <p>ACA Affordable Care Act</p> <p>PREV IRS Preventive Drug</p>
SUTAB 1479-225-188 MG TAB	2	<p>QL 48 / 365 day(s)</p> <p>PREV IRS Preventive Drug</p>
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
AMOXICILL-CLARITHRO-LANSOPRAZ 500 & 500 & 30 MG THER PACK	1	<p>QL 112 / 365 Days</p>
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	<p>QL 112 / 365 Days</p>
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
CIMETIDINE HCL 300 MG/5ML SOLUTION	1	
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL 30 / 30 Days ST
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	1	QL 30 / 30 Days ST
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL 30 / 30 Days ST
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL 30 / 30 Days ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL 30 / 30 Days ST
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL 30 / 30 Days ST
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	1	QL 30 / 30 Days ST
ESOMEPRAZOLE STRONTIUM 49.3 MG CAP DR	1	QL 60 / 30 Days ST
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
HELIDAC THERAPY MISC	2	QL 224 / 365 Day
<i>lansoprazole cap delayed release 15 mg</i>	1	
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	1	
<i>lansoprazole cap delayed release 30 mg</i>	1	
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
NIZATIDINE 15 MG/ML SOLUTION	1	
<i>nizatidine cap 150 mg</i>	1	
NIZATIDINE 300 MG CAP	1	
OMECLAMOX-PAK 500-500-20 MG MISC	2	QL 80 / 365 Days
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	1	QL 60 / 30 Days ST
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
PRILOSEC 10 MG PACKET	2	ST
PRILOSEC 2.5 MG PACKET	2	ST
PYLERA 140-125-125 MG CAP	2	QL 120 / 365 Days
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL 30 / 30 Days
<i>sucralfate tab 1 gm</i>	1	
<i>sucralfate susp 1 gm/10ml</i>	1	
TALICIA 250-12.5-10 MG CAP DR	2	QL 168 / 180 Days
VOQUEZNA 10 MG TAB	3	QL 180 / 365 Days
VOQUEZNA 20 MG TAB	3	QL 60 / 365 Days
VOQUEZNA DUAL PAK 500-20 MG THER PACK	3	QL 112 / 365 day(s) PA
VOQUEZNA TRIPLE PAK 500-500-20 MG THER PACK	3	QL 112 / 365 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENITOURINARY ANTISPASMODICS/VAGINAL PRODUCTS/MISC		
GENITOURINARY AGENTS - MISCELLANEOUS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
CYSTAGON 150 MG CAP	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
CYSTAGON 50 MG CAP	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
<i>dutasteride cap 0.5 mg</i>	1	QL 30 / 30 Days
ELMIRON 100 MG CAP	2	
<i>finasteride tab 5 mg</i>	1	
LITHOSTAT 250 MG TAB	3	
OXLUMO 94.5 MG/0.5ML SOLUTION	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
<i>phenazopyridine hcl tab 200 mg</i>	1	
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
PROCYSBI 25 MG CAP DR	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
PROCYSBI 300 MG PACKET	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>
PROCYSBI 75 MG CAP DR	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;">PA</div> <div style="margin-bottom: 5px;">LA Limited Access</div> <div>S Specialty Drug</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROCYSBI 75 MG PACKET	5	PA LA Limited Access S Specialty Drug
<i>silodosin cap 4 mg</i>	1	QL 30 / 30 Days ST
<i>silodosin cap 8 mg</i>	1	QL 30 / 30 Days ST
<i>tamsulosin hcl cap 0.4 mg</i>	1	
<i>tiopronin tab 100 mg</i>	4	PA LA Limited Access S Specialty Drug
<i>tiopronin tab delayed release 100 mg</i>	4	PA LA Limited Access S Specialty Drug
<i>tiopronin tab delayed release 300 mg</i>	4	PA LA Limited Access S Specialty Drug
<i>tiopronin tab delayed release 100 mg</i>	4	PA LA Limited Access S Specialty Drug
<i>tiopronin tab delayed release 300 mg</i>	4	PA LA Limited Access S Specialty Drug
URINARY ANTISPASMODICS		
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	QL 30 / 30 Days ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	QL 30 / 30 Days ST
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	QL 30 / 30 Days ST
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	QL 30 / 30 Days ST
<i>flavoxate hcl tab 100 mg</i>	1	
GEMTESA 75 MG TAB	2	QL 30 / 30 Days ST
<i>mirabegron tab er 24 hr 25 mg</i>	1	QL 30 / 30 Days ST
<i>mirabegron tab er 24 hr 50 mg</i>	1	QL 30 / 30 Days ST
MYRBETRIQ 8 MG/ML SRER	2	QL 30 / 30 Days
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	QL 450 / 30 day(s)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	QL 30 / 30 Days ST
<i>solifenacin succinate tab 5 mg</i>	1	QL 30 / 30 Days ST
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	QL 30 / 30 Days ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	QL 30 / 30 Days ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trosipium chloride tab 20 mg</i>	1	
<i>trosipium chloride cap er 24hr 60 mg</i>	1	QL 30 / 30 Days ST
VAGINAL AND RELATED PRODUCTS		
CLEOCIN 100 MG SUPPOS	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE 2 % CREAM	3	
ENDOMETRIN 100 MG INSERT	2	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tab 10 mcg</i>	1	
ESTRING 2 MG RING	2	QL 1 / 90 Days
ESTRING 7.5 MCG/24HR RING	2	QL 1 / 90 Days
GYNAZOLE-1 2 % CREAM	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
MICONAZOLE 3 200 MG SUPPOS	1	
PREMARIN 0.625 MG/GM CREAM	2	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
VANDAZOLE 0.75 % GEL	1	
<i>estradiol vaginal tab 10 mcg</i>	1	
HEMATOLOGICAL AGENTS		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	1	QL 60 / 30 Days
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	QL 60 / 30 Days
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	QL 60 / 30 Days
ELIQUIS 2.5 MG TAB	2	QL 60 / 30 Days PREV IRS Preventive Drug
ELIQUIS 5 MG TAB	2	QL 75 / 30 Days PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	2	QL 75 / 30 Days PREV IRS Preventive Drug
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1	PREV IRS Preventive Drug
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1	PREV IRS Preventive Drug
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1	PREV IRS Preventive Drug
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	PREV IRS Preventive Drug
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	PREV IRS Preventive Drug
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	PREV IRS Preventive Drug
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1	PREV IRS Preventive Drug
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1	PREV IRS Preventive Drug
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	PREV IRS Preventive Drug
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	PREV IRS Preventive Drug
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	PREV IRS Preventive Drug
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	PREV IRS Preventive Drug
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	PREV IRS Preventive Drug
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	PREV IRS Preventive Drug
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	PREV IRS Preventive Drug
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	3	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	PREV IRS Preventive Drug
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 1 mg</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 2 mg</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 2.5 mg</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 3 mg</i>	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>warfarin sodium tab 4 mg</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 5 mg</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 6 mg</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 7.5 mg</i>	1	PREV IRS Preventive Drug
<i>rivaroxaban tab 2.5 mg</i>	1	QL 60 / 30 Days PREV IRS Preventive Drug
<i>warfarin sodium tab 1 mg</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 10 mg</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 2 mg</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 2.5 mg</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 3 mg</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 4 mg</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 5 mg</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 6 mg</i>	1	PREV IRS Preventive Drug
<i>warfarin sodium tab 7.5 mg</i>	1	PREV IRS Preventive Drug
XARELTO 1 MG/ML RECON SUSP	2	QL 600 / 30 day(s) PREV IRS Preventive Drug
XARELTO 10 MG TAB	2	QL 30 / 30 Days PREV IRS Preventive Drug
XARELTO 15 MG TAB	2	QL 60 / 30 Days PREV IRS Preventive Drug
XARELTO 20 MG TAB	2	QL 30 / 30 Days PREV IRS Preventive Drug
XARELTO STARTER PACK 15 & 20 MG TAB THPK	2	QL 51 / 365 Days PREV IRS Preventive Drug
HEMATOLOGICAL AGENTS - MISC.		
ADYNOVATE 1000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADYNOVATE 1500 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
ADYNOVATE 2000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
ADYNOVATE 250 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
ADYNOVATE 3000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
ADYNOVATE 500 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
ADYNOVATE 750 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
AFSTYLA 1000 UNIT KIT	4	LA Limited Access S Specialty Drug
AFSTYLA 1500 UNIT KIT	4	LA Limited Access S Specialty Drug
AFSTYLA 2000 UNIT KIT	4	LA Limited Access S Specialty Drug
AFSTYLA 250 UNIT KIT	4	LA Limited Access S Specialty Drug
AFSTYLA 2500 UNIT KIT	4	LA Limited Access S Specialty Drug
AFSTYLA 3000 UNIT KIT	4	LA Limited Access S Specialty Drug
AFSTYLA 500 UNIT KIT	4	LA Limited Access S Specialty Drug
ALPHANATE 1000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
ALPHANATE 1500 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHANATE 2000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div>Limited Access</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
ALPHANATE 250 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div>Limited Access</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
ALPHANATE 500 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div>Limited Access</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
ALPHANINE SD 1000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div>Limited Access</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
ALPHANINE SD 1500 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div>Limited Access</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
ALPHANINE SD 500 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div>Limited Access</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
ALPROLIX 1000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div>Limited Access</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
ALPROLIX 2000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div>Limited Access</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
ALPROLIX 250 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div>Limited Access</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
ALPROLIX 3000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div>Limited Access</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
ALPROLIX 4000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div>Limited Access</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
ALPROLIX 500 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div>Limited Access</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
ALTUVIIIIO 1000 UNIT RECON SOLN	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div>Limited Access</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>
ALTUVIIIIO 2000 UNIT RECON SOLN	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div>Limited Access</div> <div style="background-color: #a52a2a; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div>Specialty Drug</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALTUVIIIIO 250 UNIT RECON SOLN	5	PA LA Limited Access S Specialty Drug
ALTUVIIIIO 3000 UNIT RECON SOLN	5	PA LA Limited Access S Specialty Drug
ALTUVIIIIO 4000 UNIT RECON SOLN	5	PA LA Limited Access S Specialty Drug
ALTUVIIIIO 500 UNIT RECON SOLN	5	PA LA Limited Access S Specialty Drug
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	QL 60 / 30 Days PREV IRS Preventive Drug
BERINERT 500 UNIT KIT	5	PA LA Limited Access S Specialty Drug
BRILINTA 60 MG TAB	2	QL 60 / 30 Days PREV IRS Preventive Drug
CABLIVI 11 MG KIT	5	QL 60 / 180 Days PA LA Limited Access S Specialty Drug
<i>cilostazol tab 100 mg</i>	1	PREV IRS Preventive Drug
<i>cilostazol tab 50 mg</i>	1	PREV IRS Preventive Drug
CINRYZE 500 UNIT RECON SOLN	4	PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	PREV IRS Preventive Drug
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	PREV IRS Preventive Drug
COAGADEX 250 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
COAGADEX 500 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
CORIFACT 1000-1600 UNIT KIT	4	LA Limited Access S Specialty Drug
<i>dipyridamole tab 25 mg</i>	1	PREV IRS Preventive Drug
<i>dipyridamole tab 50 mg</i>	1	PREV IRS Preventive Drug
<i>dipyridamole tab 75 mg</i>	1	PREV IRS Preventive Drug
ELOCTATE 1000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
ELOCTATE 1500 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
ELOCTATE 2000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
ELOCTATE 250 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
ELOCTATE 3000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
ELOCTATE 4000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
ELOCTATE 500 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
ELOCTATE 5000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
ELOCTATE 6000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELOCTATE 750 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access </div> <div style="display: flex; align-items: center;"> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>
EMPAVELI 1080 MG/20ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 160 / 28 Days <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access </div> <div style="display: flex; align-items: center;"> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>
GIVLAARI 189 MG/ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access </div> <div style="display: flex; align-items: center;"> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>
HAEGARDA 2000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access </div> <div style="display: flex; align-items: center;"> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>
HAEGARDA 3000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access </div> <div style="display: flex; align-items: center;"> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>
HEMLIBRA 105 MG/0.7ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access </div> <div style="display: flex; align-items: center;"> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>
HEMLIBRA 12 MG/0.4ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access </div> <div style="display: flex; align-items: center;"> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>
HEMLIBRA 150 MG/ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access </div> <div style="display: flex; align-items: center;"> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>
HEMLIBRA 30 MG/ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access </div> <div style="display: flex; align-items: center;"> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>
HEMLIBRA 300 MG/2ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access </div> <div style="display: flex; align-items: center;"> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMLIBRA 60 MG/0.4ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> </div> Limited Access Specialty Drug
HUMATE-P 1000-2400 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> </div> Limited Access Specialty Drug
HUMATE-P 250-600 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> </div> Limited Access Specialty Drug
HUMATE-P 500-1200 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> </div> Limited Access Specialty Drug
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> </div> Limited Access Specialty Drug
IXINITY 1000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> </div> Limited Access Specialty Drug
IXINITY 1500 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> </div> Limited Access Specialty Drug
IXINITY 2000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> </div> Limited Access Specialty Drug
IXINITY 250 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> </div> Limited Access Specialty Drug
IXINITY 3000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> </div> Limited Access Specialty Drug
IXINITY 500 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> </div> Limited Access Specialty Drug
JIVI 1000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> </div> Limited Access Specialty Drug
JIVI 2000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> </div> Limited Access Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JIVI 3000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c08040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>
JIVI 4000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c08040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>
JIVI 500 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c08040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>
KCENTRA 1000 UNIT KIT	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>
KCENTRA 500 UNIT KIT	5	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>
KOGENATE FS 1000 UNIT KIT	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>
KOGENATE FS 2000 UNIT KIT	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>
KOGENATE FS 250 UNIT KIT	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>
KOGENATE FS 3000 UNIT KIT	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>
KOGENATE FS 500 UNIT KIT	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>
MONONINE 1000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>
NOVOEIGHT 1000 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>
NOVOEIGHT 1500 UNIT RECON SOLN	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #3498db; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOEIGHT 2000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
NOVOEIGHT 250 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
NOVOEIGHT 3000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
NOVOEIGHT 500 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
NUWIQ 1000 UNIT KIT	4	LA Limited Access S Specialty Drug
NUWIQ 1000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
NUWIQ 1500 UNIT KIT	4	LA Limited Access S Specialty Drug
NUWIQ 1500 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
NUWIQ 2000 UNIT KIT	4	LA Limited Access S Specialty Drug
NUWIQ 2000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
NUWIQ 250 UNIT KIT	4	LA Limited Access S Specialty Drug
NUWIQ 250 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
NUWIQ 2500 UNIT KIT	4	LA Limited Access S Specialty Drug
NUWIQ 2500 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
NUWIQ 3000 UNIT KIT	4	LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUWIQ 3000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
NUWIQ 4000 UNIT KIT	4	LA Limited Access S Specialty Drug
NUWIQ 4000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
NUWIQ 500 UNIT KIT	4	LA Limited Access S Specialty Drug
NUWIQ 500 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
OBIZUR 500 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
ORLADEYO 110 MG CAP	5	QL 30 / 30 Days PA LA Limited Access S Specialty Drug
ORLADEYO 150 MG CAP	5	QL 30 / 30 Days PA LA Limited Access S Specialty Drug
<i>pentoxifylline tab er 400 mg</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	QL 30 / 30 Days PREV IRS Preventive Drug
PROFILNINE 1000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
PROFILNINE 1500 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
PROFILNINE 500 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBINYN 1000 UNIT RECON SOLN	5	LA Limited Access S Specialty Drug
REBINYN 2000 UNIT RECON SOLN	5	LA Limited Access S Specialty Drug
REBINYN 3000 UNIT RECON SOLN	5	LA Limited Access S Specialty Drug
REBINYN 500 UNIT RECON SOLN	5	LA Limited Access S Specialty Drug
RIXUBIS 1000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
RIXUBIS 2000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
RIXUBIS 250 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
RIXUBIS 3000 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
RIXUBIS 500 UNIT RECON SOLN	4	LA Limited Access S Specialty Drug
RUCONEST 2100 UNIT RECON SOLN	4	PA LA Limited Access S Specialty Drug
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	4	PA LA Limited Access S Specialty Drug
SEVENFACT 1 MG RECON SOLN	4	S Specialty Drug
SEVENFACT 5 MG RECON SOLN	4	S Specialty Drug
SOLIRIS 300 MG/30ML SOLUTION	4	PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAKHZYRO 150 MG/ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 2 / 28 Days PA LA Limited Access S Specialty Drug
TAKHZYRO 300 MG/2ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 4 / 28 day(s) PA LA Limited Access S Specialty Drug
TAKHZYRO 300 MG/2ML SOLUTION	4	<ul style="list-style-type: none"> QL 4 / 28 Days PA LA Limited Access S Specialty Drug
TAVALISSE 100 MG TAB	5	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
TAVALISSE 150 MG TAB	5	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
<i>ticagrelor tab 90 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days
TRETTEN 2500 UNIT RECON SOLN	4	<ul style="list-style-type: none"> LA Limited Access S Specialty Drug
ULTOMIRIS 1100 MG/11ML SOLUTION	4	<ul style="list-style-type: none"> QL 33 / 56 Days PA LA Limited Access S Specialty Drug
ULTOMIRIS 300 MG/30ML SOLUTION	4	<ul style="list-style-type: none"> QL 360 / 56 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTOMIRIS 300 MG/3ML SOLUTION	4	<ul style="list-style-type: none"> QL 36 / 56 Days PA LA Limited Access S Specialty Drug
VONVENDI 1300 UNIT RECON SOLN	4	<ul style="list-style-type: none"> LA Limited Access S Specialty Drug
VONVENDI 650 UNIT RECON SOLN	4	<ul style="list-style-type: none"> LA Limited Access S Specialty Drug
WILATE 1000-1000 UNIT KIT	4	<ul style="list-style-type: none"> LA Limited Access S Specialty Drug
WILATE 500-500 UNIT KIT	4	<ul style="list-style-type: none"> LA Limited Access S Specialty Drug
XYNTHA 1000 UNIT KIT	4	<ul style="list-style-type: none"> LA Limited Access S Specialty Drug
XYNTHA 2000 UNIT KIT	4	<ul style="list-style-type: none"> LA Limited Access S Specialty Drug
XYNTHA 250 UNIT KIT	4	<ul style="list-style-type: none"> LA Limited Access S Specialty Drug
XYNTHA 500 UNIT KIT	4	<ul style="list-style-type: none"> LA Limited Access S Specialty Drug
XYNTHA SOLOFUSE 1000 UNIT KIT	4	<ul style="list-style-type: none"> LA Limited Access S Specialty Drug
XYNTHA SOLOFUSE 2000 UNIT KIT	4	<ul style="list-style-type: none"> LA Limited Access S Specialty Drug
XYNTHA SOLOFUSE 250 UNIT KIT	4	<ul style="list-style-type: none"> LA Limited Access S Specialty Drug
XYNTHA SOLOFUSE 3000 UNIT KIT	4	<ul style="list-style-type: none"> LA Limited Access S Specialty Drug
XYNTHA SOLOFUSE 500 UNIT KIT	4	<ul style="list-style-type: none"> LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMATOPOIETIC AGENTS		
CERDELGA 84 MG CAP	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
DOPTELET 20 MG TAB	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
DROXIA 200 MG CAP	2	
DROXIA 300 MG CAP	2	
DROXIA 400 MG CAP	2	
FULPHILA 6 MG/0.6ML SOLN PRSYR	5	<ul style="list-style-type: none"> QL 0.6 / 21 Days PA S Specialty Drug
GRANIX 300 MCG/0.5ML SOLN PRSYR	4	<ul style="list-style-type: none"> PA S Specialty Drug
GRANIX 300 MCG/ML SOLUTION	4	<ul style="list-style-type: none"> S Specialty Drug
GRANIX 480 MCG/0.8ML SOLN PRSYR	4	<ul style="list-style-type: none"> PA S Specialty Drug
GRANIX 480 MCG/1.6ML SOLUTION	4	<ul style="list-style-type: none"> S Specialty Drug
<i>glutamine (sickle cell) powd pack 5 gm</i>	4	<ul style="list-style-type: none"> QL 180 / 30 Days PA S Specialty Drug
LEUKINE 250 MCG RECON SOLN	4	<ul style="list-style-type: none"> PA S Specialty Drug
<i>miglustat cap 100 mg</i>	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULPLETA 3 MG TAB	4	<ul style="list-style-type: none"> QL 7 / 90 Days PA S Specialty Drug
NEULASTA 6 MG/0.6ML SOLN PRSYR	4	<ul style="list-style-type: none"> PA S Specialty Drug
NEULASTA ONPRO 6 MG/0.6ML PREF SY KT	4	<ul style="list-style-type: none"> PA S Specialty Drug
NEUPOGEN 300 MCG/0.5ML SOLN PRSYR	4	<ul style="list-style-type: none"> PA S Specialty Drug
NEUPOGEN 300 MCG/ML SOLUTION	4	<ul style="list-style-type: none"> QL 10 / 30 Days PA S Specialty Drug
NEUPOGEN 480 MCG/0.8ML SOLN PRSYR	4	<ul style="list-style-type: none"> PA S Specialty Drug
NEUPOGEN 480 MCG/1.6ML SOLUTION	4	<ul style="list-style-type: none"> QL 16 Vials / 30 Days PA S Specialty Drug
NPLATE 125 MCG RECON SOLN	4	<ul style="list-style-type: none"> PA S Specialty Drug
NPLATE 250 MCG RECON SOLN	4	<ul style="list-style-type: none"> PA S Specialty Drug
NPLATE 500 MCG RECON SOLN	4	<ul style="list-style-type: none"> PA S Specialty Drug
OXBRYTA 300 MG TAB	4	<ul style="list-style-type: none"> QL 90 / 30 day(s) PA LA Limited Access S Specialty Drug
OXBRYTA 300 MG TAB SOL	4	<ul style="list-style-type: none"> QL 150 / 30 day(s) PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXBRYTA 500 MG TAB	4	<ul style="list-style-type: none"> QL 90 / 30 Days PA LA Limited Access S Specialty Drug
PROCRIT 10000 UNIT/ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
PROCRIT 2000 UNIT/ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
PROCRIT 20000 UNIT/ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
PROCRIT 3000 UNIT/ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
PROCRIT 4000 UNIT/ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
PROCRIT 40000 UNIT/ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
PROMACTA 12.5 MG PACKET	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
PROMACTA 12.5 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
PROMACTA 25 MG PACKET	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
PROMACTA 25 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROMACTA 50 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
PROMACTA 75 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
REBLOZYL 25 MG RECON SOLN	5	<ul style="list-style-type: none"> PA S Specialty Drug
REBLOZYL 75 MG RECON SOLN	5	<ul style="list-style-type: none"> PA S Specialty Drug
RETACRIT 10000 UNIT/ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
RETACRIT 2000 UNIT/ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
RETACRIT 20000 UNIT/ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
RETACRIT 3000 UNIT/ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
RETACRIT 4000 UNIT/ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
RETACRIT 40000 UNIT/ML SOLUTION	4	<ul style="list-style-type: none"> PA S Specialty Drug
SIKLOS 100 MG TAB	3	
SIKLOS 1000 MG TAB	3	
STIMUFEND 6 MG/0.6ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 0.6 / 21 Days PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	4	PA S Specialty Drug
HEMOSTATICS		
<i>tranexamic acid tab 650 mg</i>	1	QL 30 / 28 Days
MISCELLANEOUS PRODUCTS		
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANDEXXA 200 MG RECON SOLN	5	LA Limited Access S Specialty Drug
CHEMET 100 MG CAP	2	
<i>deferasirox tab for oral susp 125 mg</i>	4	PA S Specialty Drug
<i>deferasirox granules packet 180 mg</i>	4	PA S Specialty Drug
<i>deferasirox tab 180 mg</i>	4	PA S Specialty Drug
<i>deferasirox tab for oral susp 250 mg</i>	4	PA S Specialty Drug
<i>deferasirox granules packet 360 mg</i>	4	PA S Specialty Drug
<i>deferasirox tab 360 mg</i>	4	PA S Specialty Drug
<i>deferasirox tab for oral susp 500 mg</i>	4	PA S Specialty Drug
<i>deferasirox granules packet 90 mg</i>	4	PA S Specialty Drug
<i>deferasirox tab 90 mg</i>	4	PA S Specialty Drug
<i>deferasirox granules packet 180 mg</i>	4	PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>deferasirox granules packet 360 mg</i>	4	PA S Specialty Drug
<i>deferasirox granules packet 90 mg</i>	4	PA S Specialty Drug
<i>deferiprone tab 1000 mg</i>	4	PA S Specialty Drug
<i>deferiprone tab 500 mg</i>	4	PA S Specialty Drug
<i>deferoxamine mesylate for inj 500 mg</i>	4	PA S Specialty Drug
FERRIPROX 100 MG/ML SOLUTION	4	PA LA Limited Access S Specialty Drug
FERRIPROX TWICE-A-DAY 1000 MG TAB	4	QL 60 / 30 Days PA LA Limited Access S Specialty Drug
NALOXONE HCL 0.4 MG/ML SOLN CART	1	
NALOXONE HCL 0.4 MG/ML SOLN PRSYR	1	
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	QL 60 / 30 Days
VIVITROL 380 MG RECON SUSP	4	QL 1 / 28 Days PA S Specialty Drug
ZIMHI 5 MG/0.5ML SOLN PRSYR	3	
MEDICAL DEVICES AND SUPPLIES		
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	2	QL 1 / 365 Days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEXCOM G4 PLAT PED RECEIVER DEVICE	2	QL 1 / 365 Days PA
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	2	QL 1 / 365 Days PA
DEXCOM G4 PLATINUM RECEIVER DEVICE	2	QL 1 / 365 Days PA
DEXCOM G4 PLATINUM TRANSMITTER MISC	2	QL 1 / 365 Days PA
DEXCOM G5 MOB/G4 PLAT SENSOR MISC	2	QL 1 / 365 Days PA
DEXCOM G5 MOBILE RECEIVER DEVICE	2	QL 1 / 365 Days PA
DEXCOM G5 MOBILE TRANSMITTER MISC	2	QL 1 / 365 Days PA
DEXCOM G5 RECEIVER KIT DEVICE	2	QL 1 / 365 Days PA
DEXCOM G6 RECEIVER DEVICE	2	QL 1 / 365 Days PA
DEXCOM G6 SENSOR MISC	2	QL 1 / 365 Days PA
DEXCOM G6 TRANSMITTER MISC	2	QL 1 / 365 Days PA
DEXCOM G7 RECEIVER DEVICE	2	PA
DEXCOM G7 SENSOR MISC	2	QL 1 / 365 Days PA
FREESTYLE LIBRE 14 DAY READER DEVICE	2	QL 1 / 365 Days PA
FREESTYLE LIBRE 14 DAY SENSOR MISC	2	QL 1 / 365 Days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE LIBRE 2 PLUS SENSOR MISC	2	QL 2 / 30 Days PA
FREESTYLE LIBRE 2 READER DEVICE	2	QL 1 / 365 day(s) PA
FREESTYLE LIBRE 2 SENSOR MISC	2	QL 1 / 365 Days PA
FREESTYLE LIBRE 3 PLUS SENSOR MISC	2	QL 1 / 365 Days PA
FREESTYLE LIBRE 3 READER DEVICE	2	PA
FREESTYLE LIBRE 3 SENSOR MISC	2	QL 1 / 365 Days PA
FREESTYLE LIBRE READER DEVICE	2	QL 1 / 365 Days PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	2	QL 10 / 30 Days PA
OMNIPOD 5 G6 INTRO (GEN 5) KIT	2	QL 1 / Lifetime PA
OMNIPOD 5 G6 PODS (GEN 5) MISC	2	QL 10 / 30 Days PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	QL 1 / Lifetime PA
OMNIPOD 5 G7 PODS (GEN 5) MISC	2	QL 10 / 30 Days PA
OMNIPOD 5 LIBRE2 PLUS G6 KIT	2	QL 1 / Lifetime PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	2	QL 10 / 30 Days PA
OMNIPOD CLASSIC PDM (GEN 3) KIT	2	QL 1 / Lifetime PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNIPOD CLASSIC PODS (GEN 3) MISC	2	QL 10 / 30 Days PA
OMNIPOD DASH INTRO (GEN 4) KIT	2	QL 1 / Lifetime PA
OMNIPOD DASH PDM (GEN 4) KIT	2	QL 1 / Lifetime PA
OMNIPOD DASH PODS (GEN 4) MISC	2	QL 10 / 30 Days PA
OMNIPOD GO 10 UNIT/24HR KIT	2	QL 10 / 30 Days PA
OMNIPOD GO 15 UNIT/24HR KIT	2	QL 10 / 30 Days PA
OMNIPOD GO 20 UNIT/24HR KIT	2	QL 10 / 30 Days PA
OMNIPOD GO 25 UNIT/24HR KIT	2	QL 10 / 30 Days PA
OMNIPOD GO 30 UNIT/24HR KIT	2	QL 10 / 30 Days PA
OMNIPOD GO 35 UNIT/24HR KIT	2	QL 10 / 30 Days PA
OMNIPOD GO 40 UNIT/24HR KIT	2	QL 10 / 30 Days PA
TWIIST STARTER KIT KIT	2	QL 1 / 365 Days PA
V-GO 20 20 UNIT/24HR KIT	2	QL 30 / 30 Days PA
V-GO 30 30 UNIT/24HR KIT	2	QL 30 / 30 Days PA
V-GO 40 40 UNIT/24HR KIT	2	QL 30 / 30 Days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MISCELLANEOUS THERAPEUTIC CLASSES		
ASTAGRAF XL 0.5 MG CAP ER 24H	3	
ASTAGRAF XL 1 MG CAP ER 24H	3	
ASTAGRAF XL 5 MG CAP ER 24H	3	
<i>azathioprine tab 100 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
<i>azathioprine tab 100 mg</i>	1	
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
BENLYSTA 120 MG RECON SOLN	4	PA LA Limited Access S Specialty Drug
BENLYSTA 200 MG/ML SOLN A-INJ	4	QL 4 / 28 Days PA LA Limited Access S Specialty Drug
BENLYSTA 200 MG/ML SOLN PRSYR	4	QL 4 / 28 Days PA LA Limited Access S Specialty Drug
BENLYSTA 400 MG RECON SOLN	4	PA LA Limited Access S Specialty Drug
<i>trientine hcl cap 250 mg</i>	4	QL 240 / 30 Days PA S Specialty Drug
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyclosporine modified cap 50 mg</i>	1	
ENSPRYNG 120 MG/ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA S Specialty Drug
ENVARUSUS XR 0.75 MG TAB ER 24H	3	
ENVARUSUS XR 1 MG TAB ER 24H	3	
ENVARUSUS XR 4 MG TAB ER 24H	3	
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.5 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
<i>everolimus tab 1 mg</i>	1	QL 60 / 30 day(s)
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	1	
<i>lenalidomide cap 10 mg</i>	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA LA Limited Access S Specialty Drug
<i>lenalidomide cap 15 mg</i>	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA LA Limited Access S Specialty Drug
<i>lenalidomide caps 2.5 mg</i>	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA LA Limited Access S Specialty Drug
<i>lenalidomide cap 20 mg</i>	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lenalidomide cap 25 mg</i>	4	<ul style="list-style-type: none"> QL 21 / 28 Days PA LA Limited Access S Specialty Drug
<i>lenalidomide cap 5 mg</i>	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA LA Limited Access S Specialty Drug
LOKELMA 10 GM PACKET	2	<ul style="list-style-type: none"> QL 30 / 30 Days
LOKELMA 5 GM PACKET	2	<ul style="list-style-type: none"> QL 90 / 30 Days
LUPKYNIS 7.9 MG CAP	5	<ul style="list-style-type: none"> QL 180 / 30 Days PA LA Limited Access S Specialty Drug
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
<i>penicillamine cap 250 mg</i>	4	<ul style="list-style-type: none"> QL 180 / 30 Days PA S Specialty Drug
<i>penicillamine tab 250 mg</i>	1	
PROGRAF 0.2 MG PACKET	2	
PROGRAF 1 MG PACKET	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REVLIMID 15 MG CAP	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA LA Limited Access S Specialty Drug
REVLIMID 2.5 MG CAP	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA LA Limited Access S Specialty Drug
REVLIMID 20 MG CAP	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA LA Limited Access S Specialty Drug
REVLIMID 25 MG CAP	4	<ul style="list-style-type: none"> QL 21 / 28 Days PA LA Limited Access S Specialty Drug
REVLIMID 5 MG CAP	4	<ul style="list-style-type: none"> QL 28 / 28 Days PA LA Limited Access S Specialty Drug
REZUROCK 200 MG TAB	5	<ul style="list-style-type: none"> QL 30 / 30 day(s) PA LA Limited Access S Specialty Drug
SANDIMMUNE 100 MG/ML SOLUTION	2	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 2 mg</i>	1	
SOLESTA 50-15 MG/ML GEL	5	<ul style="list-style-type: none"> PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	1	
SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
THALOMID 100 MG CAP	4	PA LA Limited Access S Specialty Drug
THALOMID 150 MG CAP	4	PA LA Limited Access S Specialty Drug
THALOMID 200 MG CAP	4	PA LA Limited Access S Specialty Drug
THALOMID 50 MG CAP	4	PA LA Limited Access S Specialty Drug
<i>trientine hcl cap 250 mg</i>	4	QL 240 / 30 Days PA S Specialty Drug
TRIENTINE HCL 500 MG CAP	4	QL 120 / 30 Days PA LA Limited Access S Specialty Drug
VELTASSA 16.8 GM PACKET	2	QL 30 / 30 Days
VELTASSA 25.2 GM PACKET	2	QL 30 / 30 Days
VELTASSA 8.4 GM PACKET	2	QL 30 / 30 Days
XIAFLEX 0.9 MG RECON SOLN	4	PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZOKINVY 50 MG CAP	5	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
ZOKINVY 75 MG CAP	5	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
NEUROMUSCULAR AGENTS		
ANTICONVULSANTS		
BRIVIACT 10 MG TAB	3	QL 120 / 30 Days
BRIVIACT 10 MG/ML SOLUTION	3	QL 600 / 30 Days
BRIVIACT 100 MG TAB	3	QL 60 / 30 Days
BRIVIACT 25 MG TAB	3	QL 60 / 30 Days
BRIVIACT 50 MG TAB	3	QL 60 / 30 Days
BRIVIACT 75 MG TAB	3	QL 60 / 30 Days
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
CARBAMAZEPINE 200 MG CHEW TAB	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam suspension 2.5 mg/ml</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clobazam tab 20 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
DIASTAT PEDIATRIC 2.5 MG GEL	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
DIAZEPAM 2.5 MG GEL	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
DILANTIN 30 MG CAP	2	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
EPIDIOLEX 100 MG/ML SOLUTION	4	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>
<i>carbamazepine tab 200 mg</i>	1	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
<i>felbamate susp 600 mg/5ml</i>	1	
FINTEPLA 2.2 MG/ML SOLUTION	5	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 360 / 30 Days </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #0056B3; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> Limited Access </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #A52A2A; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 100 mg</i>	1	QL 60 / 30 Days
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 150 mg</i>	1	QL 60 / 30 Days
<i>lacosamide tab 200 mg</i>	1	QL 60 / 30 Days
<i>lacosamide tab 50 mg</i>	1	QL 60 / 30 Days
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	QL 60 / 30 Days
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	QL 60 / 30 Days
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	QL 60 / 30 Days
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	QL 60 / 30 Days
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
<i>methsuximide cap 300 mg</i>	1	
NAYZILAM 5 MG/0.1ML SOLUTION	2	QL 10 / 30 Days PA
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
<i>oxcarbazepine tab er 24hr 150 mg</i>	1	
<i>oxcarbazepine tab er 24hr 300 mg</i>	1	
<i>oxcarbazepine tab er 24hr 600 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>pregabalin cap 100 mg</i>	1	QL 90 / 30 Days
<i>pregabalin cap 150 mg</i>	1	QL 90 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pregabalin soln 20 mg/ml</i>	1	QL 600 / 30 Days ST
<i>pregabalin cap 200 mg</i>	1	QL 90 / 30 Days
<i>pregabalin cap 225 mg</i>	1	QL 90 / 30 Days
<i>pregabalin cap 25 mg</i>	1	QL 90 / 30 Days
<i>pregabalin cap 300 mg</i>	1	QL 60 / 30 Days
<i>pregabalin cap 50 mg</i>	1	QL 90 / 30 Days
<i>pregabalin cap 75 mg</i>	1	QL 90 / 30 Days
<i>primidone tab 250 mg</i>	1	
<i>primidone tab 50 mg</i>	1	
QUDEXY XR 100 MG CP24 SPRNK	3	QL 60 / 30 Days
QUDEXY XR 150 MG CP24 SPRNK	3	QL 60 / 30 Days
QUDEXY XR 200 MG CP24 SPRNK	3	QL 60 / 30 Days
QUDEXY XR 25 MG CP24 SPRNK	3	QL 60 / 30 Days
QUDEXY XR 50 MG CP24 SPRNK	3	QL 60 / 30 Days
<i>levetiracetam tab 500 mg</i>	1	
<i>rufinamide tab 200 mg</i>	1	QL 240 / 30 Days
<i>rufinamide susp 40 mg/ml</i>	1	QL 3220 / 30 Days
<i>rufinamide tab 400 mg</i>	1	QL 240 / 30 Days
SPRITAM 1000 MG TAB	3	QL 60 / 30 Days
SPRITAM 250 MG TAB	3	QL 60 / 30 Days
SPRITAM 500 MG TAB	3	QL 60 / 30 Days
SPRITAM 750 MG TAB	3	QL 60 / 30 Days
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMPAZAN 10 MG FILM	3	
SYMPAZAN 20 MG FILM	3	
SYMPAZAN 5 MG FILM	3	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 100 mg</i>	1	QL 60 / 30 Days
<i>topiramate cap er 24hr sprinkle 150 mg</i>	1	QL 60 / 30 Days
<i>topiramate cap er 24hr sprinkle 200 mg</i>	1	QL 60 / 30 Days
<i>topiramate cap er 24hr sprinkle 25 mg</i>	1	QL 60 / 30 Days
<i>topiramate cap er 24hr sprinkle 50 mg</i>	1	QL 60 / 30 Days
TROKENDI XR 100 MG CAP ER 24H	1	QL 90 / 30 Days
TROKENDI XR 200 MG CAP ER 24H	1	QL 60 / 30 Days
TROKENDI XR 25 MG CAP ER 24H	1	QL 60 / 30 Days
TROKENDI XR 50 MG CAP ER 24H	1	QL 60 / 30 Days
<i>valproic acid cap 250 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	3	QL 10 / 30 Days PA
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	3	QL 20 / 30 Days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	3	<ul style="list-style-type: none"> QL 20 / 30 Days PA
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	3	<ul style="list-style-type: none"> QL 10 / 30 Days PA
<i>vigabatrin powd pack 500 mg</i>	4	<ul style="list-style-type: none"> QL 180 / 30 Days PA LA Limited Access S Specialty Drug
<i>vigabatrin tab 500 mg</i>	4	<ul style="list-style-type: none"> QL 180 / 30 Days PA LA Limited Access S Specialty Drug
<i>vigabatrin powd pack 500 mg</i>	4	<ul style="list-style-type: none"> QL 180 / 30 Days PA LA Limited Access S Specialty Drug
<i>vigabatrin tab 500 mg</i>	4	<ul style="list-style-type: none"> QL 180 / 30 Days PA LA Limited Access S Specialty Drug
<i>vigabatrin powd pack 500 mg</i>	4	<ul style="list-style-type: none"> QL 180 / 30 Days PA LA Limited Access S Specialty Drug
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	3	<ul style="list-style-type: none"> QL 56 / 28 Days
XCOPRI (250 MG DAILY DOSE) 50 & 200 MG TAB THPK	3	<ul style="list-style-type: none"> QL 28 / 28 Days
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	3	<ul style="list-style-type: none"> QL 60 / 30 Days
XCOPRI 100 MG TAB	3	<ul style="list-style-type: none"> QL 30 / 30 Days
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	3	<ul style="list-style-type: none"> QL 28 / 28 Days
XCOPRI 14 X 150 MG & 14 X 200 MG TAB THPK	3	<ul style="list-style-type: none"> QL 28 / 28 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK	3	QL 28 / 28 Days
XCOPRI 150 MG TAB	3	QL 30 / 30 Days
XCOPRI 200 MG TAB	3	QL 30 / 30 Days
XCOPRI 25 MG TAB	3	QL 30 / 30 Days
XCOPRI 50 MG TAB	3	QL 30 / 30 Days
<i>zonisamide cap 100 mg</i>	1	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE HCL 125 MG TAB	1	
PYRIDOSTIGMINE BROMIDE 30 MG TAB	3	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
		QL 300 / 30 Days
		PA
RUZURGI 10 MG TAB	4	AL1 6 to 17 yrs old
		LA Limited Access
		S Specialty Drug
ANTIPARKINSON AND RELATED THERAPY AGENTS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>carbidopa tab 25 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
CARBIDOPA-LEVODOPA 10-100 MG TAB DISP	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
CARBIDOPA-LEVODOPA 25-100 MG TAB DISP	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
CARBIDOPA-LEVODOPA 25-250 MG TAB DISP	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
CARBIDOPA-LEVODOPA-ENTACAPONE 12.5-50-200 MG TAB	1	QL 240 / 30 day(s)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	QL 240 / 30 day(s)
CARBIDOPA-LEVODOPA-ENTACAPONE 18.75-75-200 MG TAB	1	QL 240 / 30 Days
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	QL 240 / 30 day(s)
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	QL 240 / 30 day(s)
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	QL 240 / 30 day(s)
CARBIDOPA-LEVODOPA-ENTACAPONE 37.5-150-200 MG TAB	1	QL 240 / 30 day(s)
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	QL 240 / 30 day(s)
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	QL 180 / 30 day(s)
DUOPA 4.63-20 MG/ML SUSPENSION	5	LA Limited Access S Specialty Drug
<i>entacapone tab 200 mg</i>	1	
GOCOVRI 137 MG CAP ER 24H	3	QL 60 / 30 Days PA LA Limited Access
GOCOVRI 68.5 MG CAP ER 24H	3	QL 60 / 30 Days PA LA Limited Access

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INBRIJA 42 MG CAP	4	<ul style="list-style-type: none"> QL 60 / 30 Days PA LA Limited Access S Specialty Drug
KYNMOBI 10 MG FILM	2	<ul style="list-style-type: none"> QL 150 / 30 Days PA
KYNMOBI 15 MG FILM	2	<ul style="list-style-type: none"> QL 150 / 30 Days PA
KYNMOBI 20 MG FILM	2	<ul style="list-style-type: none"> QL 150 / 30 Days PA
KYNMOBI 25 MG FILM	2	<ul style="list-style-type: none"> QL 150 / 30 Days PA
KYNMOBI 30 MG FILM	2	<ul style="list-style-type: none"> QL 150 / 30 Days PA
NEUPRO 1 MG/24HR PATCH 24HR	2	<ul style="list-style-type: none"> QL 30 / 30 Days
NEUPRO 2 MG/24HR PATCH 24HR	2	<ul style="list-style-type: none"> QL 30 / 30 Days
NEUPRO 3 MG/24HR PATCH 24HR	2	<ul style="list-style-type: none"> QL 30 / 30 Days
NEUPRO 4 MG/24HR PATCH 24HR	2	<ul style="list-style-type: none"> QL 30 / 30 Days
NEUPRO 6 MG/24HR PATCH 24HR	2	<ul style="list-style-type: none"> QL 30 / 30 Days
NEUPRO 8 MG/24HR PATCH 24HR	2	<ul style="list-style-type: none"> QL 30 / 30 Days
NOURIANZ 20 MG TAB	3	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access
NOURIANZ 40 MG TAB	3	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access
ONGENTYS 25 MG CAP	3	<ul style="list-style-type: none"> QL 30 / 30 Days
ONGENTYS 50 MG CAP	3	<ul style="list-style-type: none"> QL 30 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	QL 30 / 30 Days
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	QL 30 / 30 Days
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	QL 30 / 30 Days
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	QL 30 / 30 Days
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	QL 30 / 30 Days
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	QL 30 / 30 Days
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	QL 30 / 30 Days
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	QL 30 / 30 Days
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	QL 30 / 30 Days
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	QL 60 / 30 Days
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	QL 30 / 30 Days
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	QL 30 / 30 Days
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	QL 30 / 30 Days
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	QL 30 / 30 Days
<i>selegiline hcl cap 5 mg</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>selegiline hcl tab 5 mg</i>	1	
<i>tolcapone tab 100 mg</i>	1	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
XADAGO 100 MG TAB	3	QL 30 / 30 Days PA
XADAGO 50 MG TAB	3	QL 30 / 30 Days PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>baclofen tab 5 mg</i>	1	
<i>carisoprodol tab 250 mg</i>	1	ST
<i>carisoprodol tab 350 mg</i>	1	
CARISOPRODOL-ASPIRIN-CODEINE 200-325-16 MG TAB	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
DUROLANE 60 MG/3ML PRSYR	5	QL 6 Syringes / 180 Days PA S Specialty Drug
EUFLEXXA 20 MG/2ML SOLN PRSYR	4	QL 12 / 180 Days PA S Specialty Drug
GELSYN-3 16.8 MG/2ML SOLN PRSYR	5	QL 12 / 180 Days PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metaxalone tab 400 mg</i>	1	ST
<i>metaxalone tab 800 mg</i>	1	ST
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
MONOVISC 88 MG/4ML SOLN PRSYR	4	QL 8 Syringes / 180 Days PA S Specialty Drug
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
ORTHOVISC 30 MG/2ML SOLN PRSYR	4	QL 16 / 180 Days PA S Specialty Drug
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	QL 270 / 30 Days ST
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	QL 270 / 30 Days
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	QL 270 / 30 Days ST
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	QL 270 / 30 Days
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	QL 180 / 30 Days ST
<i>carisoprodol tab 350 mg</i>	1	
EVRYSDI 0.75 MG/ML RECON SOLN	5	QL 200 Strips / 30 Days PA LA Limited Access S Specialty Drug
EVRYSDI 5 MG TAB	5	QL 30 / 30 Days PA LA Limited Access S Specialty Drug
<i>riluzole tab 50 mg</i>	1	
TIGLUTIK 50 MG/10ML SUSPENSION	3	QL 600 / 30 Days LA Limited Access

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUTRITIONAL PRODUCTS		
MINERALS & ELECTROLYTES		
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	1	
SODIUM FLUORIDE 1.1 (0.5 F) MG TAB	1	
SODIUM FLUORIDE 2.2 (1 F) MG TAB	1	
MULTIVITAMINS		
ATABEX EC 29-1 MG TAB DR	3	
ATABEX OB 29-1 MG TAB	2	PREV IRS Preventive Drug
C-NATE DHA 28-1-200 MG CAP	1	PREV IRS Preventive Drug
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG MISC	3	
CITRANATAL BLOOM 90-1 MG TAB	3	
CITRANATAL DHA 27-1 & 250 MG MISC	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CO-NATAL FA TAB	1	QL 30 / 30 Days PREV IRS Preventive Drug
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	1	
COMPLETENATE 29-1 MG CHEW TAB	1	
CONCEPT DHA 53.5-38-1 MG CAP	1	
CONCEPT OB 130-92.4-1 MG CAP	1	
DUET DHA 400 25-1 & 400 MG MISC	3	
DUET DHA BALANCED 25-1 & 267 MG MISC	3	
ELITE-OB 50-1.25 MG TAB	1	PREV IRS Preventive Drug
ENBRACE HR CAP	3	
FOLIVANE-OB 85-1 MG CAP	1	
INATAL GT TAB	1	PREV IRS Preventive Drug
JENLIVA PRENATAL/POSTNATAL 1 MG CAP	1	PREV IRS Preventive Drug
KOSHER PRENATAL PLUS IRON 30-1 MG TAB	3	
M-NATAL PLUS 27-1 MG TAB	1	QL 30 / 30 Days
NATACHEW 28-1 MG CHEW TAB	3	
NEEVO DHA 27-1.13 MG CAP	3	PREV IRS Preventive Drug
NEONATAL COMPLETE 27-1 MG TAB	1	QL 30 / 30 Days PREV IRS Preventive Drug
NEONATAL PLUS 27-1 MG TAB	1	QL 30 / 30 Days PREV IRS Preventive Drug
NESTABS 32-1 MG TAB	2	
NESTABS DHA 32-1 MG MISC	2	
NESTABS ONE 38-1-225 MG CAP	3	
NIVA-PLUS 27-1 MG TAB	1	QL 30 / 30 Days PREV IRS Preventive Drug
OB COMPLETE 50-1.25 MG TAB	1	PREV IRS Preventive Drug
OB COMPLETE ONE 50-1-476 MG CAP	3	PREV IRS Preventive Drug
OB COMPLETE PETITE 35-5-1-200 MG CAP	3	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OB COMPLETE PREMIER 30-20-1 MG TAB	3	PREV IRS Preventive Drug
OB COMPLETE/DHA 30-10-1-200 MG CAP	3	PREV IRS Preventive Drug
OBSTETRIX EC (WITH DOCUSATE) 29-1 MG TAB	2	
OBSTETRIX ONE (WITH DOCUSATE) 38-1-225 MG CAP	3	
ONE VITE WOMENS PLUS 27-1 MG TAB	1	QL 30 / 30 Days PREV IRS Preventive Drug
PNV TABS 29-1 29-1 MG TAB	1	PREV IRS Preventive Drug
PNV-DHA 27-0.6-0.4-300 MG CAP	1	
PNV-DHA+DOCUSATE 27-1.25-300 MG CAP	1	PREV IRS Preventive Drug
PNV-OMEGA 28-0.6-0.4-340 MG CAP	1	
PNV-SELECT 27-0.6-0.4 MG TAB	1	
PRENA 1 TRUE 30-1.4 & 300 MG MISC	1	
PRENA1 1.4 MG CHEW TAB	1	
PRENA1 PEARL 30-1.4-200 MG CAP ER	1	
PRENAISSANCE 29-1.25-325 MG CAP	1	PREV IRS Preventive Drug
PRENAISSANCE PLUS 28-1-250 MG CAP	1	PREV IRS Preventive Drug
PRENATAL 19 CHEW TAB	1	
PRENATAL 19 29-1 MG CHEW TAB	1	PREV IRS Preventive Drug
PRENATAL 19 29-1 MG TAB	1	PREV IRS Preventive Drug
PRENATAL 27-1 MG TAB	1	QL 30 / 30 Days PREV IRS Preventive Drug
PRENATAL PLUS 27-1 MG TAB	1	QL 30 / 30 Days PREV IRS Preventive Drug
PRENATAL PLUS IRON 29-1 MG TAB	1	PREV IRS Preventive Drug
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	1	QL 30 / 30 Days
PRENATAL VITAMIN PLUS LOW IRON 27-1 MG TAB	1	QL 30 / 30 Days
PRENATAL-U 106.5-1 MG CAP	1	
PRENATE 0.6-0.4 MG CHEW TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRENATE DHA 18-0.6-0.4-300 MG CAP	3	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	3	
PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP	3	
PRENATE MINI 18-0.6-0.4-350 MG CAP	3	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP	3	
PRENATE RESTORE 27-0.6-0.4-400 MG CAP	3	
PREPLUS 27-1 MG TAB	1	QL 30 / 30 Days PREV IRS Preventive Drug
PRETAB 29-1 MG TAB	1	QL 30 / 30 Days PREV IRS Preventive Drug
PRIMACARE 30-1-470 MG CAP	3	
PROVIDA OB 20-20-1.25 MG CAP	3	
RELNATE DHA 28-1-200 MG CAP	1	PREV IRS Preventive Drug
SE-NATAL 19 29-1 MG CHEW TAB	1	
SE-NATAL 19 29-1 MG TAB	1	
SELECT-OB 29-0.6-0.4 MG CHEW TAB	3	
SELECT-OB 29-1 MG CHEW TAB	3	
SELECT-OB+DHA 29-1 & 250 MG MISC	2	
TARON-C DHA 35-1 MG CAP	1	
TARON-PREX 30-1.2-265 MG CAP	1	PREV IRS Preventive Drug
THRIVITE RX 29-1 MG TAB	1	
TRICARE TAB	1	QL 30 / 30 Days
TRINATAL RX 1 60-1 MG TAB	1	
TRINATE TAB	1	
TRIVEEN-DUO DHA 29-1-200 & 300 MG MISC	1	PREV IRS Preventive Drug
VINATE DHA RF 27-1.13 MG CAP	3	PREV IRS Preventive Drug
VINATE II 29-1 MG TAB	2	PREV IRS Preventive Drug
VINATE ONE 60-1 MG TAB	1	PREV IRS Preventive Drug
VIRT-C DHA 53.5-38-1 MG CAP	1	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIRT-NATE DHA 28-1-200 MG CAP	1	PREV IRS Preventive Drug
VIRT-PN DHA 27-0.6-0.4-300 MG CAP	1	PREV IRS Preventive Drug
VIRT-PN PLUS 28-0.6-0.4-340 MG CAP	1	PREV IRS Preventive Drug
VITAFOL FE+ 90-0.6-0.4-200 MG CAP	3	
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB	3	
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP	3	
VITAFOL-OB TAB	1	
VITAFOL-OB+DHA 65-1 & 250 MG MISC	2	
VITAFOL-ONE 29-1-200 MG CAP	2	
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP	2	PREV IRS Preventive Drug
VITAMEDMD REDICHEW RX 1.4 MG CHEW TAB	1	
VITAPEARL 30-1.4-200 MG CAP ER	1	PREV IRS Preventive Drug
VITATHELY WITH GINGER 27-1 MG TAB	1	QL 30 / 30 Days PREV IRS Preventive Drug
VITATRUE 30-1.4 & 300 MG MISC	1	
VIVA DHA 28-1-200 MG CAP	1	PREV IRS Preventive Drug
VP-PNV-DHA 28-1-215.8 MG CAP	3	
WESCAP-C DHA 53.5-38-1 MG CAP	1	
WESCAP-PN DHA 27-0.6-0.4-300 MG CAP	1	
WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC	1	QL 60 / 30 Days
WESNATE DHA 28-1-200 MG CAP	1	PREV IRS Preventive Drug
WESTAB PLUS 27-1 MG TAB	1	QL 30 / 30 Days
ZATEAN-PN DHA 27-0.6-0.4-300 MG CAP	1	
ZATEAN-PN PLUS 28-0.6-0.4-340 MG CAP	1	PREV IRS Preventive Drug
NUTRIENTS		
DOJOLVI 100 % LIQUID	5	PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISCELLANEOUS		
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	QL 180 / 30 Days
ADDYI 100 MG TAB	3	QL 30 / 30 Days PA
AUSTEDO 12 MG TAB	5	QL 120 / 30 Days PA LA Limited Access S Specialty Drug
AUSTEDO 6 MG TAB	5	QL 240 / 30 Days PA LA Limited Access S Specialty Drug
AUSTEDO 9 MG TAB	5	QL 180 / 30 Days PA LA Limited Access S Specialty Drug
AUSTEDO XR 12 MG TAB ER 24H	5	QL 30 / 30 Days PA S Specialty Drug
AUSTEDO XR 18 MG TAB ER 24H	5	QL 30 / 30 Days PA LA Limited Access S Specialty Drug
AUSTEDO XR 24 MG TAB ER 24H	5	QL 30 / 30 Days PA S Specialty Drug
AUSTEDO XR 30 MG TAB ER 24H	5	QL 30 / 30 Days PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR 36 MG TAB ER 24H	5	<ul style="list-style-type: none"> QL 30 / 30 Days PA S Specialty Drug
AUSTEDO XR 42 MG TAB ER 24H	5	<ul style="list-style-type: none"> QL 30 / 30 Days PA S Specialty Drug
AUSTEDO XR 48 MG TAB ER 24H	5	<ul style="list-style-type: none"> QL 30 / 30 Days PA S Specialty Drug
AUSTEDO XR 6 MG TAB ER 24H	5	<ul style="list-style-type: none"> QL 30 / 30 Days PA S Specialty Drug
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5	<ul style="list-style-type: none"> QL 28 / 365 Days PA LA Limited Access S Specialty Drug
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5	<ul style="list-style-type: none"> QL 42 / 365 Days PA S Specialty Drug
AVONEX	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA S Specialty Drug
AVONEX	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA S Specialty Drug
BAFIERTAM 95 MG CAP DR	4	<ul style="list-style-type: none"> QL 120 / 30 Days PA LA Limited Access S Specialty Drug
BETASERON 0.3 MG KIT	4	<ul style="list-style-type: none"> QL 14 / 28 Days PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	QL 60 / 30 Days PREV IRS Preventive Drug
CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TAB	1	
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB	1	
<i>dalfampridine tab er 12hr 10 mg</i>	4	QL 60 / 30 Days PA LA Limited Access S Specialty Drug
<i>dimethyl fumarate capsule delayed release 120 mg</i>	4	QL 14 / 365 Days PA S Specialty Drug
<i>dimethyl fumarate capsule delayed release 240 mg</i>	4	QL 60 / 30 Days PA S Specialty Drug
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	QL 60 / 365 day(s) PA LA Limited Access S Specialty Drug
<i>disulfiram tab 250 mg</i>	1	QL 30 / 30 Days
<i>disulfiram tab 500 mg</i>	1	QL 30 / 30 Days
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	QL 30 / 30 Days
<i>donepezil hydrochloride tab 23 mg</i>	1	QL 30 / 30 Days
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	QL 30 / 30 Days
ERGOLOID MESYLATES 1 MG TAB	1	
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	4	QL 30 / 30 Days PA S Specialty Drug
<i>galantamine hydrobromide tab 12 mg</i>	1	QL 60 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>galantamine hydrobromide tab 4 mg</i>	1	QL 60 / 30 Days
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	1	QL 300 / 30 Days
<i>galantamine hydrobromide tab 8 mg</i>	1	QL 60 / 30 Days
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	QL 30 / 30 Days
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	QL 30 / 30 Days
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	QL 30 / 30 Days
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	QL 30 / 30 Days PA S Specialty Drug
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	QL 12 Auto-Injectors / 28 Days PA S Specialty Drug
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	QL 30 / 30 Days PA S Specialty Drug
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	QL 12 Auto-Injectors / 28 Days PA S Specialty Drug
INGREZZA 40 & 80 MG CAP THPK	5	QL 28 / 365 Days PA LA Limited Access S Specialty Drug
INGREZZA 40 MG CAP	5	QL 60 / 30 Days PA LA Limited Access S Specialty Drug
INGREZZA 60 MG CAP	5	QL 30 / 30 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INGREZZA 80 MG CAP	5	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
KESIMPTA 20 MG/0.4ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 0.4 / 28 Days PA S Specialty Drug
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	1	<ul style="list-style-type: none"> QL 224 / 28 Days PA
LUMRYZ 4.5 GM PACKET	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
LUMRYZ 6 GM PACKET	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
LUMRYZ 7.5 GM PACKET	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
LUMRYZ 9 GM PACKET	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
LUMRYZ STARTER PACK 4.5 & 6 & 7.5 GM THER PACK	4	<ul style="list-style-type: none"> QL 28 / 365 Days PA LA Limited Access S Specialty Drug
LYBALVI 10-10 MG TAB	2	<ul style="list-style-type: none"> QL 30 / 30 Days
LYBALVI 15-10 MG TAB	2	<ul style="list-style-type: none"> QL 30 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYBALVI 20-10 MG TAB	2	QL 30 / 30 Days
LYBALVI 5-10 MG TAB	2	QL 30 / 30 Days
MAVENCLAD (10 TABS) 10 MG TAB THPK	4	QL 20 / 365 Days PA LA Limited Access S Specialty Drug
MAVENCLAD (4 TABS) 10 MG TAB THPK	4	QL 8 / 365 day(s) PA LA Limited Access S Specialty Drug
MAVENCLAD (5 TABS) 10 MG TAB THPK	4	QL 10 / 365 Days PA LA Limited Access S Specialty Drug
MAVENCLAD (6 TABS) 10 MG TAB THPK	4	QL 12 / 365 Days PA LA Limited Access S Specialty Drug
MAVENCLAD (7 TABS) 10 MG TAB THPK	4	QL 14 / 365 Days PA LA Limited Access S Specialty Drug
MAVENCLAD (8 TABS) 10 MG TAB THPK	4	QL 16 / 365 Days PA LA Limited Access S Specialty Drug
MAVENCLAD (9 TABS) 10 MG TAB THPK	4	QL 18 / 365 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAYZENT 1 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 day(s) PA LA Limited Access S Specialty Drug
MAYZENT 2 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
MAYZENT STARTER PACK 0.25 MG TAB THPK	4	<ul style="list-style-type: none"> QL 7 / 365 Days PA LA Limited Access S Specialty Drug
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	4	<ul style="list-style-type: none"> QL 12 / 365 Days PA LA Limited Access S Specialty Drug
<i>memantine hcl tab 10 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days
<i>memantine hcl oral solution 2 mg/ml</i>	1	<ul style="list-style-type: none"> QL 360 / 30 Days
<i>memantine hcl oral solution 2 mg/ml</i>	1	<ul style="list-style-type: none"> QL 360 / 30 Days
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	<ul style="list-style-type: none"> QL 49 / 365 Days
<i>memantine hcl tab 5 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days
<i>memantine hcl cap er 24hr 14 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST
<i>memantine hcl cap er 24hr 21 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST
<i>memantine hcl cap er 24hr 28 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST
<i>memantine hcl cap er 24hr 7 mg</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	QL 30 / 30 Days ST
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	QL 30 / 30 Days ST
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	QL 30 / 30 Days ST
NAMENDA XR TITRATION PACK 7 & 14 & 21 & 28 MG CAP ER 24H	3	QL 28 / 365 Days
NAMZARIC 7 & 14 & 21 & 28 -10 MG CP24 THPK	2	QL 28 / 365 Days
NAMZARIC 7-10 MG CAP ER 24H	2	QL 30 / 30 Days ST
NICOTROL 10 MG INHALER	3	ACA Affordable Care Act
NICOTROL NS 10 MG/ML SOLUTION	3	ACA Affordable Care Act
NUEDEXTA 20-10 MG CAP	2	QL 60 / 30 Days PA
OCREVUS 300 MG/10ML SOLUTION	4	QL 20 / 180 Days PA LA Limited Access S Specialty Drug
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	QL 30 / 30 Days
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	QL 30 / 30 Days
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	QL 30 / 30 Days
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	QL 30 / 30 Days
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	QL 30 / 30 Days
PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIMOZIDE 1 MG TAB	1	
PIMOZIDE 2 MG TAB	1	
PLEGRIDY 125 MCG/0.5ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 1 / 28 day(s) PA LA Limited Access S Specialty Drug
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 1 / 28 Days PA LA Limited Access S Specialty Drug
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 1 / 365 day(s) PA LA Limited Access S Specialty Drug
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 1 / 365 Days PA LA Limited Access S Specialty Drug
PONVORY 20 MG TAB	4	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
PONVORY STARTER PACK 2-3-4-5-6-7-8-9 & 10 MG TAB THPK	4	<ul style="list-style-type: none"> QL 14 / 365 Days PA LA Limited Access S Specialty Drug
<i>pregabalin tab er 24hr 165 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days ST
<i>pregabalin tab er 24hr 330 mg</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days ST
<i>pregabalin tab er 24hr 82.5 mg</i>	1	<ul style="list-style-type: none"> QL 90 / 30 Days ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBIF 22 MCG/0.5ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 6 / 28 Days PA S Specialty Drug
REBIF 44 MCG/0.5ML SOLN PRSYR	4	<ul style="list-style-type: none"> QL 6 / 28 Days PA S Specialty Drug
REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 6 / 28 Days PA S Specialty Drug
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	4	<ul style="list-style-type: none"> QL 6 / 28 Days PA S Specialty Drug
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	4	<ul style="list-style-type: none"> QL 4.2 / 365 Days PA S Specialty Drug
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	4	<ul style="list-style-type: none"> QL 4.2 / 365 Days PA S Specialty Drug
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	<ul style="list-style-type: none"> QL 30 / 30 Days ST
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	<ul style="list-style-type: none"> QL 60 / 30 Days
SAVELLA 100 MG TAB	2	<ul style="list-style-type: none"> QL 60 / 30 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SAVELLA 12.5 MG TAB	2	QL 60 / 30 Days
SAVELLA 25 MG TAB	2	QL 60 / 30 Days
SAVELLA 50 MG TAB	2	QL 60 / 30 Days
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	2	
SODIUM OXYBATE 500 MG/ML SOLUTION	4	QL 540 / 30 Days
		PA
		LA Limited Access
		S Specialty Drug
TASCENSO ODT 0.25 MG TAB DISP	4	QL 30 / 30 day(s)
		PA
		S Specialty Drug
TASCENSO ODT 0.5 MG TAB DISP	4	QL 30 / 30 Days
		PA
		S Specialty Drug
TEGSEDI 284 MG/1.5ML SOLN PRSYR	5	QL 6 / 28 Days
		PA
		LA Limited Access
		S Specialty Drug
<i>teriflunomide tab 14 mg</i>	4	QL 30 / 30 Days
		PA
		S Specialty Drug
<i>teriflunomide tab 7 mg</i>	4	QL 30 / 30 Days
		PA
		S Specialty Drug
<i>tetrabenazine tab 12.5 mg</i>	4	QL 120 / 30 Days
		PA
		LA Limited Access
		S Specialty Drug
<i>tetrabenazine tab 25 mg</i>	4	QL 120 / 30 Days
		PA
		LA Limited Access
		S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYSABRI 300 MG/15ML CONC	5	<ul style="list-style-type: none"> QL 15 / 28 Days PA LA Limited Access S Specialty Drug
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	<ul style="list-style-type: none"> QL 53 / 365 Days ACA Affordable Care Act
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	<ul style="list-style-type: none"> QL 90 / 365 Days ACA Affordable Care Act
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	<ul style="list-style-type: none"> QL 90 / 365 Days ACA Affordable Care Act
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	<ul style="list-style-type: none"> QL 90 / 365 Days ACA Affordable Care Act
XYWAV 500 MG/ML SOLUTION	4	<ul style="list-style-type: none"> QL 540 / 30 Days PA LA Limited Access S Specialty Drug
ZEPOSIA 0.92 MG CAP	5	<ul style="list-style-type: none"> QL 30 / 30 Days PA LA Limited Access S Specialty Drug
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	5	<ul style="list-style-type: none"> QL 7 / 30 Days PA LA Limited Access S Specialty Drug
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	5	<ul style="list-style-type: none"> QL 37 / 30 Days PA LA Limited Access S Specialty Drug
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG(21) CAP THPK	5	<ul style="list-style-type: none"> QL 28 / 365 Days PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VACCINES/TOXOIDS/PASSIVE IMMUNIZING/ALLERGENIC EXTRACTS/MISC		
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
GRASTEK 2800 BAU SL TAB	2	QL 30 / 30 Days
ODACTRA 12 SQ-HDM SL TAB	2	
ORALAIR 300 IR SL TAB	2	QL 30 / 30 Days LA Limited Access
RAGWITEK 12 AMB A 1-U SL TAB	2	QL 30 / 30 Days
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
ASCENIV 5 GM/50ML SOLUTION	5	PA LA Limited Access S Specialty Drug
BIVIGAM 10 GM/100ML SOLUTION	5	PA S Specialty Drug
BIVIGAM 5 GM/50ML SOLUTION	5	PA S Specialty Drug
CUVITRU 1 GM/5ML SOLUTION	5	PA LA Limited Access S Specialty Drug
CUVITRU 10 GM/50ML SOLUTION	5	PA LA Limited Access S Specialty Drug
CUVITRU 2 GM/10ML SOLUTION	5	PA LA Limited Access S Specialty Drug
CUVITRU 4 GM/20ML SOLUTION	5	PA LA Limited Access S Specialty Drug
CUVITRU 8 GM/40ML SOLUTION	5	PA LA Limited Access S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYTOGAM 50 MG/ML SOLUTION	4	S Specialty Drug
FLEBOGAMMA DIF 0.5 GM/10ML SOLUTION	5	PA S Specialty Drug
FLEBOGAMMA DIF 10 GM/100ML SOLUTION	5	PA S Specialty Drug
FLEBOGAMMA DIF 10 GM/200ML SOLUTION	5	PA S Specialty Drug
FLEBOGAMMA DIF 2.5 GM/50ML SOLUTION	5	PA S Specialty Drug
FLEBOGAMMA DIF 20 GM/200ML SOLUTION	5	PA S Specialty Drug
FLEBOGAMMA DIF 20 GM/400ML SOLUTION	5	PA S Specialty Drug
FLEBOGAMMA DIF 5 GM/100ML SOLUTION	5	PA S Specialty Drug
FLEBOGAMMA DIF 5 GM/50ML SOLUTION	5	PA S Specialty Drug
GAMASTAN INJECTABLE	4	PA S Specialty Drug
GAMMAGARD 1 GM/10ML SOLUTION	5	PA S Specialty Drug
GAMMAGARD 10 GM/100ML SOLUTION	5	PA S Specialty Drug
GAMMAGARD 2.5 GM/25ML SOLUTION	5	PA S Specialty Drug
GAMMAGARD 20 GM/200ML SOLUTION	5	PA S Specialty Drug
GAMMAGARD 30 GM/300ML SOLUTION	5	PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GAMMAGARD 5 GM/50ML SOLUTION	5	PA S Specialty Drug
GAMMAGARD S/D LESS IGA 10 GM RECON SOLN	4	PA S Specialty Drug
GAMMAGARD S/D LESS IGA 5 GM RECON SOLN	4	PA S Specialty Drug
GAMMAPLEX 10 GM/100ML SOLUTION	5	PA S Specialty Drug
GAMMAPLEX 10 GM/200ML SOLUTION	5	PA S Specialty Drug
GAMMAPLEX 20 GM/200ML SOLUTION	5	PA S Specialty Drug
GAMMAPLEX 20 GM/400ML SOLUTION	5	PA S Specialty Drug
GAMMAPLEX 5 GM/100ML SOLUTION	5	PA S Specialty Drug
GAMMAPLEX 5 GM/50ML SOLUTION	5	PA S Specialty Drug
GAMUNEX-C 1 GM/10ML SOLUTION	4	PA S Specialty Drug
GAMUNEX-C 10 GM/100ML SOLUTION	4	PA S Specialty Drug
GAMUNEX-C 2.5 GM/25ML SOLUTION	4	PA S Specialty Drug
GAMUNEX-C 20 GM/200ML SOLUTION	4	PA S Specialty Drug
GAMUNEX-C 40 GM/400ML SOLUTION	4	PA S Specialty Drug
GAMUNEX-C 5 GM/50ML SOLUTION	4	PA S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYPERRHO S/D 250 UNIT SOLN PRSYR	5	S Specialty Drug
HYPERTET 250 UNIT/ML SOLN PRSYR	2	
HYQVIA 10 GM/100ML KIT	5	PA LA Limited Access S Specialty Drug
HYQVIA 2.5 GM/25ML KIT	5	PA LA Limited Access S Specialty Drug
HYQVIA 20 GM/200ML KIT	5	PA LA Limited Access S Specialty Drug
HYQVIA 30 GM/300ML KIT	5	PA LA Limited Access S Specialty Drug
HYQVIA 5 GM/50ML KIT	5	PA LA Limited Access S Specialty Drug
MICRHOGAM ULTRA-FILTERED PLUS 250 UNIT SOLN PRSYR	5	S Specialty Drug
RHOGAM ULTRA-FILTERED PLUS 1500 UNIT SOLN PRSYR	5	S Specialty Drug
RHOPHYLAC 1500 UNIT/2ML SOLN PRSYR	5	S Specialty Drug
SYNAGIS 100 MG/ML SOLUTION	4	PA LA Limited Access S Specialty Drug
SYNAGIS 50 MG/0.5ML SOLUTION	4	PA LA Limited Access S Specialty Drug
VARIZIG 125 UNIT/1.2ML SOLUTION	2	
WINRHO SDF 2500 UNIT/2.2ML SOLUTION	5	S Specialty Drug
WINRHO SDF 5000 UNIT/4.4ML SOLUTION	5	S Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XEMBIFY 1 GM/5ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
XEMBIFY 10 GM/50ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
XEMBIFY 2 GM/10ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
XEMBIFY 4 GM/20ML SOLUTION	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #0056B3; color: white; padding: 2px; border-radius: 3px;">LA</div> Limited Access <div style="background-color: #A52A2A; color: white; padding: 2px; border-radius: 3px;">S</div> Specialty Drug </div>
TOXOIDS		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #333; color: white; padding: 2px; border-radius: 3px;">ACA</div> Affordable Care Act <div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 3px;">PREV</div> IRS Preventive Drug </div>
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #333; color: white; padding: 2px; border-radius: 3px;">ACA</div> Affordable Care Act <div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 3px;">PREV</div> IRS Preventive Drug </div>
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSPENSION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #333; color: white; padding: 2px; border-radius: 3px;">ACA</div> Affordable Care Act <div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 3px;">PREV</div> IRS Preventive Drug </div>
DAPTACEL 23-15-5 SUSPENSION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #333; color: white; padding: 2px; border-radius: 3px;">ACA</div> Affordable Care Act <div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 3px;">PREV</div> IRS Preventive Drug </div>
DIPHtheria-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #333; color: white; padding: 2px; border-radius: 3px;">ACA</div> Affordable Care Act <div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 3px;">PREV</div> IRS Preventive Drug </div>
INFANRIX 25-58-10 SUSPENSION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #333; color: white; padding: 2px; border-radius: 3px;">ACA</div> Affordable Care Act <div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 3px;">PREV</div> IRS Preventive Drug </div>
KINRIX SUSPENSION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #333; color: white; padding: 2px; border-radius: 3px;">ACA</div> Affordable Care Act <div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 3px;">PREV</div> IRS Preventive Drug </div>
KINRIX 0.5 ML SUSP PRSYR	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #333; color: white; padding: 2px; border-radius: 3px;">ACA</div> Affordable Care Act <div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 3px;">PREV</div> IRS Preventive Drug </div>
PEDIARIX SUSP PRSYR	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #333; color: white; padding: 2px; border-radius: 3px;">ACA</div> Affordable Care Act <div style="background-color: #00CED1; color: white; padding: 2px; border-radius: 3px;">PREV</div> IRS Preventive Drug </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PENTACEL RECON SUSP	2	ACA Affordable Care Act PREV IRS Preventive Drug
QUADRACEL SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
QUADRACEL 0.5 ML SUSP PRSYR	2	PREV IRS Preventive Drug
TDVAX 2-2 LF/0.5ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
TENIVAC 5-2 LFU INJECTABLE	2	ACA Affordable Care Act PREV IRS Preventive Drug
VAXELIS SUSP PRSYR	2	PREV IRS Preventive Drug
VAXELIS SUSPENSION	2	PREV IRS Preventive Drug
VACCINES		
ABRYSVO 120 MCG/0.5ML RECON SOLN	2	PREV IRS Preventive Drug
ACTHIB RECON SOLN	2	ACA Affordable Care Act PREV IRS Preventive Drug
AFLURIA SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
AFLURIA QUADRIVALENT SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
AFLURIA QUADRIVALENT 0.25 ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
AFLURIA QUADRIVALENT 0.5 ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
AREXVY 120 MCG/0.5ML RECON SUSP	2	PREV IRS Preventive Drug
ASTRAZENECA COVID-19 VACCINE 0.5 ML SUSPENSION	2	QL 2 / 365 day(s)
BEXSERO SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAPVAXIVE 0.5 ML SOLN PRSYR	2	PREV IRS Preventive Drug
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
COMIRNATY 30 MCG/0.3ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
ENGERIX-B 10 MCG/0.5ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
ENGERIX-B 20 MCG/ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
ENGERIX-B 20 MCG/ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
FLUAD 0.5 ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
FLUAD QUADRIVALENT 0.5 ML PRSYR	2	PREV IRS Preventive Drug
FLUARIX 0.5 ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
FLUBLOK 0.5 ML SOLN PRSYR	2	PREV IRS Preventive Drug
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
FLUCELVAX SUSPENSION	2	PREV IRS Preventive Drug
FLUCELVAX 0.5 ML SUSP PRSYR	2	PREV IRS Preventive Drug
FLUCELVAX QUADRIVALENT SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
FLUCELVAX QUADRIVALENT 0.5 ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
FLULAVAL 0.5 ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
FLUMIST LIQUID	2	PREV IRS Preventive Drug
FLUMIST QUADRIVALENT SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
FLUZONE SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
FLUZONE 0.5 ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR	2	PREV IRS Preventive Drug
FLUZONE QUADRIVALENT SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
FLUZONE QUADRIVALENT 0.5 ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
FLUZONE QUADRIVALENT 0.5 ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
GARDASIL 9 SUSP PRSYR	2	QL 1.5 / Lifetime PREV IRS Preventive Drug
GARDASIL 9 SUSPENSION	2	QL 1.5 / Lifetime ACA Affordable Care Act PREV IRS Preventive Drug
HAVRIX 1440 EL U/ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
HAVRIX 720 EL U/0.5ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
HAVRIX 720 EL U/0.5ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
HIBERIX 10 MCG RECON SOLN	2	ACA Affordable Care Act PREV IRS Preventive Drug
IPOL INJECTABLE	2	ACA Affordable Care Act PREV IRS Preventive Drug
JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION	2	
M-M-R II RECON SOLN	2	ACA Affordable Care Act PREV IRS Preventive Drug
MENACTRA SOLUTION	2	ACA Affordable Care Act PREV IRS Preventive Drug
MENQUADFI SOLUTION	2	ACA Affordable Care Act PREV IRS Preventive Drug
MENVEO RECON SOLN	2	ACA Affordable Care Act PREV IRS Preventive Drug
MENVEO SOLUTION	2	PREV IRS Preventive Drug
MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION	2	PREV IRS Preventive Drug
MODERNA COVID-19 BIVAL BOOSTER 50 MCG/0.5ML SUSPENSION	2	QL 0.5 / year(s) PREV IRS Preventive Drug
MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION	2	QL 0.5 / year(s) PREV IRS Preventive Drug
MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	2	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MRESVIA 50 MCG/0.5ML SUSP PRSYR	2	PREV IRS Preventive Drug
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	2	PREV IRS Preventive Drug
NOVAVAX COVID-19 VACCINE 5 MCG/0.5ML SUSPENSION	2	PREV IRS Preventive Drug
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
PENBRAYA RECON SUSP	2	PREV IRS Preventive Drug
PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION	2	
PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION	2	QL 0.2 / year(s)
PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION	2	QL 0.3 / year(s)
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.2ML SUSPENSION	2	PREV IRS Preventive Drug
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.2ML SUSPENSION	2	PREV IRS Preventive Drug
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION	2	QL 2 / 365 day(s)
PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
PNEUMOVAX 23 25 MCG/0.5ML SOLUTION	2	ACA Affordable Care Act PREV IRS Preventive Drug
PREHEVBRIO 10 MCG/ML SUSPENSION	2	PREV IRS Preventive Drug
PREVNAR 13 SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREVNAR 20 0.5 ML SUSP PRSYR	2	PREV IRS Preventive Drug
PRIORIX RECON SUSP	2	PREV IRS Preventive Drug
PROQUAD RECON SUSP	2	PREV IRS Preventive Drug
RABAVERT RECON SUSP	2	
RECOMBIVAX HB 10 MCG/ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
RECOMBIVAX HB 10 MCG/ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
RECOMBIVAX HB 40 MCG/ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
ROTARIX RECON SUSP	2	ACA Affordable Care Act PREV IRS Preventive Drug
ROTARIX SUSPENSION	2	PREV IRS Preventive Drug
ROTATEQ SOLUTION	2	ACA Affordable Care Act PREV IRS Preventive Drug
SANOFI COVID-19 VAC (BOOSTER) 5 MCG/0.5ML EMULSION	2	
SHINGRIX 50 MCG/0.5ML RECON SUSP	2	QL 2 / Lifetime ACA Affordable Care Act PREV IRS Preventive Drug
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
SPIKEVAX 50 MCG/0.5ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION	2	PREV IRS Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUMENBA SUSP PRSYR	2	ACA Affordable Care Act PREV IRS Preventive Drug
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	2	PREV IRS Preventive Drug
VAQTA 25 UNIT/0.5ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
VAQTA 50 UNIT/ML SUSPENSION	2	ACA Affordable Care Act PREV IRS Preventive Drug
VARIVAX 1350 PFU/0.5ML RECON SUSP	2	ACA Affordable Care Act PREV IRS Preventive Drug
VAXNEUVANCE 0.5 ML SUSP PRSYR	2	PREV IRS Preventive Drug

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