

CDPHP Commercial Clinical Formulary-2 2023

NON-DISCRIMINATION/MULTI-LANGUAGE INTERPRETER SERVICES: APPLIES TO MEMBERS/ENROLLEES ONLY

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CDPHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CDPHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the CDPHP Civil Rights Coordinator.

If you believe that CDPHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: CDPHP Civil Rights Coordinator, 500 Patroon Creek Blvd., Albany, NY 12206, 1-844-391-4803 (TTY/TDD: 711), Fax (518) 641-3401. You can file a grievance by mail, fax, or electronically at <https://www.cdphp.com/customer-support/email-cdphp>. If you need help filing a grievance, the CDPHP Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019 (TDD 1-800-537-7697).

Multi-language Interpreter Services

ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call the number on your member ID card (TTY: 711).

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員 ID 卡上的電話（聽力障礙電傳：711）。

ВНИМАНИЕ: Если вы говорите на иностранном языке, вы можете воспользоваться бесплатными услугами перевода. Позвоните по номеру на вашей ID карточке участника (Телетайп: 711).

ATANSYON: Si ou pale yon lang ki pa Angle, wap jwenn sèvis asistans lang gratis disponib pou ou. Rele nimewo ki sou kat ID manm ou a (TTY: 711).

주의: 영어 이외의 언어를 사용하는 경우 무료로 언어 지원 서비스를 받을 수 있습니다. 귀하의 회원 ID 카드에 있는 번호로 전화하십시오(TTY: 711).

ATTENZIONE: Se non parla inglese né una lingua anglofona, sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero presente sulla scheda ID dei membri (TTY: 711).

אויפמערקזאם: אויב איר רעדט, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט דעם נומער אויף אייער מעמבער ID קארטל (TTY: 711)

মনোযোগ দিন: আপনি যদি ইংরেজি বহির্ভূত কোন ভাষায় কথা বলেন, আপনার জন্য বিনা খরচায় ভাষা সহায়তা উপলভ্য রয়েছে। আপনার সদস্য আইডি কার্ডের নম্বরে কল করুন (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer na Twojej członkowskiej karcie ID (TTY: 711).

تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، تتوفر إليك خدمات مساعدة اللغة مجاناً. اتصل بالرقم الموجود ببطاقة الهوية لعضويتك (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez au numéro indiqué sur votre carte de membre (ATS : 711).

توجه دیں: اگر آپ انگریزی کے علاوہ دوسری زبان بولتے ہیں تو، آپ کے لیے زبان کی اعانت کی خدمات مفت دستیاب ہیں۔ اپنے ممبر آئی ڈی کارڈ پر درج نمبر پر کال کریں (TTY: 711)۔

ATENSYON: Kung nagsasalita kayo ng wikang iba sa Ingles, magagamit niyo ang mga serbisyo sa tulong sa wika nang walang bayad. Tawagan ang numero sa inyong card miyembro ID (TTY: 711).

ΠΡΟΣΟΧΗ: Αν δεν μιλάτε Αγγλικά, υπάρχουν στη διάθεσή σας υπηρεσίες γλωσσικής υποστήριξης οι οποίες παρέχονται δωρεάν. Καλέστε τον αριθμό που θα βρείτε στην ατομική σας ταυτότητα μέλους (TTY: 711).

VINI RE: Nëse flisni një gjuhë jo-anglisht, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Telefonojini numrit në kartën tuaj të ID të anëtarit (TTY: 711).

CDPHP® Commercial Formulary 2

INTRODUCTION

CDPHP® (Capital District Physicians' Health Plan, Inc. and CDPHP Universal Benefits,® Inc.) is pleased to provide the *CDPHP Commercial Formulary 2* as a useful reference and informational tool to assist practitioners in selecting clinically appropriate and cost-effective drug therapies.

The information contained in this *CDPHP Commercial Formulary 2* and its appendices is provided by CDPHP, solely for the convenience of medical practitioners. CDPHP does not warrant or assure accuracy of such information. This *CDPHP Commercial Formulary 2* is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical practitioner in his/her choice of prescription drugs. All the information in the *CDPHP Commercial Formulary 2* is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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

National guidelines can be found on the National Guideline Clearinghouse site at <http://www.guideline.gov>.

Please note, the information found in the *CDPHP Commercial Formulary 2* does not apply to any of the CDPHP Medicare or Medicaid products that offer prescription drug benefits. For information on these plans, please visit the Medicare or Medicaid Information section on <http://www.cdphp.com>.

PREFACE

The *CDPHP Commercial Formulary 2* represents CDPHP's prescription drug formulary and is organized by sections. The first section includes a list of CDPHP drugs requiring prior authorization. Thereafter, each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed alphabetically within each tier. This is a comprehensive list, only dosage forms and strengths of the drug cited are included in the *CDPHP Commercial Formulary 2*. **Generics should be considered the first line of prescribing.**

The CDPHP formulary is a closed formulary. In a closed formulary, drugs are either covered or not covered. Products not covered are only available by medical exception.

Coverage of any agent listed in the formulary is subject to the member's contract and prescription drug rider. Quantity limits, prior authorization, dose optimization, and/or step therapy requirements may apply. Non self-administered Injectables are generally covered under the medical benefit. Injectables that are listed in the *CDPHP Commercial Formulary 2* are covered under the prescription drug coverage section of the member contract. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not covered. Enteral nutrition products which have been authorized for coverage will have a tier 3 cost share unless otherwise specified in the member contract.

Drugs represented in the *CDPHP Commercial Formulary 2* may have varying cost to the member. Tier 1 medications are available at the lowest cost, and tier 3 medications and medications not on the list will cost the most.

The tiered format places drugs into tiers in the following manner:

Tier 1: Generic prescription drugs which offer the most cost-effective alternative to available brand-name prescription drug products. It may also include those brand-name prescription drug products determined by the Plan's Pharmacy and Therapeutics (P&T) Committee to be included in quality initiative programs.

Tier 2: Preferred brand-name prescription drug products which offer overall clinical and/or financial value. Selected generic prescription drug products may also be included in this tier if they are not as cost effective as a tier 1 generic drug.

Tier 3: All other covered brand-name or generic prescription drugs which do not offer significant clinical and/or cost advantages over a tier 1 or a tier 2 drug.

Due to Federal and New York State mandates, certain drug classes will have no member cost share or a reduced member cost share than what is stated in this document. Examples of these drug classes include, but are not limited to, diabetic drugs, oral contraceptives and oral oncology drugs.

Please note that all new drugs will be excluded from the formulary and require prior authorization until reviewed by the CDPHP P&T Committee.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The CDPHP P&T Committee includes a cross-section of practicing network physicians and pharmacists whose primary role on the committee is to ensure that the most clinically appropriate and cost-effective drugs will be available for CDPHP members. The P&T Committee is responsible for reviewing new drugs, reviewing and revising pharmacy policies, reviewing patient profiles and drug utilization review quarterly reports, and reviewing clinical initiatives/programs for all lines of business. The members of the P&T Committee are bound by a confidentiality and conflict of interest agreement, which is renewed annually.

The actions of the CDPHP P&T Committee are communicated after each committee meeting by posting final decisions on the CDPHP Web page Formulary Updates section of Rx Corner on the Providers tab of <http://www.cdphp.com>.

PRODUCT SELECTION CRITERIA

All new drugs will not be included on the formulary and require prior authorization review until reviewed by the P&T Committee.

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire CDPHP formulary is reviewed on an annual basis.

Quantity limitations, prior authorizations, dose optimization, and/or step therapy may also apply to formulary drugs. **Drugs not listed on the formulary document are not covered unless medical exception procedures have been followed and a medical exception is approved.** Please note that certain drugs are additionally not covered as described in member contracts (e.g., cosmetic agents).

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. Drugs Listed on the formulary in **lowercase font** indicate generic drug and listings in **upper case font** indicate Brand drug.

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Research shows that members can save an average of 30-80% when they fill their prescriptions with a generic drug instead of a brand-name drug.

Prescription generic drugs undergo a strict U.S. Food and Drug Administration (FDA) approval process. Here are just some of the FDA standards and practices that generic manufacturers must follow:

- A generic medicine must be bioequivalent (performs in the same manner) to its brand-name counterpart.
- A generic medicine must pass the FDA's review for both active and inactive ingredients.
- The manufacturer facility of the generic medicine must pass FDA inspection.
- The generic medicine must have the same active ingredients and be available in the same strength and dosage form as its brand-name counterpart.
- The label of the generic medicine must include the same information found on the packaging of its brand-name counterpart.
- Finally, the FDA continues to monitor the generic drug for quality control after it has been approved (<http://www.fda.gov>).

The FDA is very strict in their review of a generic medicine before it goes to market. In most cases, the average person would not be able to tell the difference between a generic and a brand-name drug, other than the size, color, or shape. U.S. trademark laws require that generics look different from their brand-name equivalents.

SPECIALTY DRUGS (SP)

Specialty pharmaceuticals are used in the management of complex chronic or genetic conditions and certain catastrophic diseases. They are often injectable medications, but they may also include oral agents. CDPHP has chosen ConnectRx Latham or CVS Caremark Specialty Pharmacy Services to dispense certain high-cost injectables and biotech drugs for its members.

Both offer the following:

- The ability to receive a 30-day supply of medications and additional supplies needed for the medications. Medications can be sent to a patient's home, another address selected by the patient, a doctor's office, or they can be picked up at the pharmacy.
- Help for side effects, educational materials about certain health issues and refill reminder calls.
- ConnectRx offers free, personal delivery, convenience, a hassle-free transfer process, and deep discounts on generic drugs.
- CVS Caremark provides access to health care professionals for emergencies 24 hours a day, seven days a week and Patient Resource Centers where CDPHP members can find the latest news, helpful tips and tools, drug information, safety alerts, support groups, community links, and other useful resources.

Get Started with ConnectRx Latham

Call (518) 313-1016 or toll free at (855)-967-5900 or visit online at <http://www.pharmacyconnectrx.com>.

Get started with CVS Caremark Specialty Pharmacy Services

Call 1-800-237-2767, fax 1-800-323-2445, or visit them online at <https://www.cvsspecialty.com>.

Drugs marked with a "SP" symbol are required to be filled through ConnectRX or the CVS Specialty Pharmacy or another pharmacy in the CDPHP specialty network. ConnectRX can be contacted by calling, toll free at (855)-967-5900. CVS Specialty Pharmacy can be contacted by calling, toll-free at 1-800-237-2767.

PRIOR AUTHORIZATION (PA) OR MEDICAL NECESSITY PRIOR AUTHORIZATION (MNPA)

CDPHP requires prior authorization for certain drugs before they will be approved for coverage. Coverage will be approved when specific approval criteria for that drug is met, according to CDPHP policies. In addition, drugs identified through the Plan's drug utilization review program as being used off-label will be subject to prior authorization requirements as described in the CDPHP pharmacy policy, Off-Label Uses of FDA-Approved Drugs, and/or a drug specific policy. As defined by the U.S. Food and Drug Administration (FDA), off-label usage is the use of a drug product for an indication, dosage form, dose regimen, population, or other use parameter not mentioned in the approved labeling of that drug.

Drugs indicated as requiring prior authorization is subject to change from time to time. If a drug is listed as requiring prior authorization, the prescribing practitioner should initiate a prior authorization request with CDPHP. Prior authorization can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208.

Drugs that require prior authorization are noted within this booklet by the " PA or MNPA " symbol. Drugs subject to drug utilization reviews are noted with a "**DUR**" symbol.

PRESCRIPTION QUANTITY MANAGEMENT

CDPHP, working closely with the P&T Committee members, has chosen to limit the quantity of certain drugs that CDPHP may cover for a member. Quantity limits are in place for quality and/or clinical considerations. The list of drugs that have quantity limits is subject to change from time to time and may not be all-inclusive. Drugs that have quantity limits are noted within this booklet by the "**QL or QLC**" symbol.

DOSE OPTIMIZATION

Dose optimization is a program to support appropriate and cost-effective drug therapy by recommending a higher once-daily dose of a product when members are taking multiple-daily doses of a lower strength. For example, a member may be taking two 20 mg tablets of a drug per day when only one 40 mg tablet could be used. If a practitioner determines that multiple daily doses are medically necessary, please submit the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration.

STEP THERAPY (ST)

The Step Therapy (ST) program is another form of prior authorization. The step therapy program uses a standard protocol to determine if members qualify for a drug that otherwise would not be covered. Using

the standard protocol, certain drugs are not covered unless members have tried one or more "prerequisite therapy" medication(s) first.

Drugs that require step therapy are noted within this booklet by the "ST" symbol. The list of drugs that require step therapy is subject to change from time to time and may not be all-inclusive.

If it is medically necessary for a member to use a step therapy medication as initial therapy without trying a "prerequisite therapy" drug, the practitioner can request coverage of the step therapy medication by submitting the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration.

MEDICAL EXCEPTION PROCESS

The CDPHP P&T Committee developed the Medical Exception policy so that practitioners may request a drug not included on the formulary for a specific patient when medically necessary. The Medical Exception process is coordinated through CDPHP's Pharmacy Department. Requests are processed in the order received. Medical exceptions can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208. In addition, a member may initiate a medical exception request by calling the telephone number printed on their CDPHP identification card or by utilizing the "Medical Exception Request" option found under Prescription Forms & Lists on the Forms and Tools section on the members tab of CDPHP's website, www.cdphp.com. A response will be sent to both the medical practitioner and member as soon as possible.

EDITOR

Your comments and suggestions regarding the *CDPHP Commercial Formulary 2* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

CDPHP Pharmacy Department
500 Patroon Creek Boulevard
Albany, NY 12206-1057
Email: pharmacy@cdphp.com
www.cdphp.com

LEGEND

DUR	Subject to drug utilization review
OTC	Over the Counter
PA	Prior Authorization
PD	Preventive Drug
QL	Quantity Limit applied on number of doses per day
QLC	Quantity Limit applied over a specific time period
SP	Required to fill through ConnectRx at (518) 313-1016 or toll-free at (855)-967-5900 or CVS Specialty Pharmacy, toll-free at 1-800-237-2767, or another pharmacy in the CDPHP specialty network
ST	Step Therapy criteria applies
Rx4L	Rx4Less Program Applies (specific maintenance medications; visit cdphp.com/save)
ACA	Covered under the Affordable Care Act; no member cost share
MNPA	Medical Necessity Prior Authorization

NOTICE

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The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with CDPHP. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between CDPHP and such third party pharmaceutical companies.

CDPHP does not operate the websites/organizations listed here, nor are they responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by CDPHP.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>aspirin (aspirin chew tab 81 mg, aspirin tab 325 mg, aspirin tab delayed release 81 mg, aspirin tab delayed release 325 mg)</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>butalbital-aspirin-caffeine</i>	1	
<i>celecoxib (celecoxib cap 100 mg, celecoxib cap 200 mg, celecoxib cap 400 mg)</i>	2	QL 60 EA / 30 day(s)
<i>celecoxib cap 50 mg</i>	1	QL 60 EA / 30 day(s)
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium (diclofenac sodium tab delayed release 25 mg, diclofenac sodium tab delayed release 50 mg, diclofenac sodium tab delayed release 75 mg, diclofenac sodium tab er 24hr 100 mg)</i>	1	RX4L Rx4Less Program
<i>diclofenac sodium (topical) (diclofenac sodium gel 1%, diclofenac sodium gel 1% (1.16% diethylamine equiv))</i>	1	QL 1000 GM / 30 day(s)
<i>diclofenac sodium soln 1.5%</i>	3	
<i>diclofenac w/ misoprostol</i>	3	
<i>diflunisal</i>	1	
<i>etodolac (etodolac cap 200 mg, etodolac cap 300 mg, etodolac tab 400 mg, etodolac tab 500 mg)</i>	1	
<i>fenoprofen calcium tab 600 mg</i>	2	
FLURBIPROFEN (FLURBIPROFEN 50 MG TAB, FLURBIPROFEN TAB 100 MG)	1	
<i>ibuprofen (ibuprofen susp 100 mg/5ml, ibuprofen tab 400 mg, ibuprofen tab 600 mg, ibuprofen tab 800 mg)</i>	1	RX4L Rx4Less Program
<i>indomethacin (indomethacin cap 25 mg, indomethacin cap 50 mg, indomethacin cap er 75 mg)</i>	1	
KETOPROFEN 50 MG CAP	1	
KETOPROFEN ER	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	QLC 20 EA / 30 day(s)
MECLOFENAMATE SODIUM	1	
<i>mefenamic acid</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>meloxicam (meloxicam tab 7.5 mg, meloxicam tab 15 mg)</i>	1	RX4L Rx4Less Program
<i>nabumetone</i>	1	
<i>naproxen (naproxen susp 125 mg/5ml, naproxen tab 250 mg, naproxen tab 375 mg, naproxen tab 500 mg, naproxen tab ec 375 mg, naproxen tab ec 500 mg)</i>	1	
<i>naproxen sodium (naproxen sodium tab 275 mg, naproxen sodium tab 550 mg)</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
TOLMETIN SODIUM	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i>	1	QL 4 EA / 28 day(s)
<i>fentanyl (fentanyl td patch 72hr 100 mcg/hr, fentanyl td patch 72hr 12 mcg/hr, fentanyl td patch 72hr 25 mcg/hr, fentanyl td patch 72hr 50 mcg/hr, fentanyl td patch 72hr 75 mcg/hr)</i>	1	QL 10 EA / 30 day(s) PA
<i>hydromorphone hcl (hydromorphone hcl tab er 24hr 12 mg, hydromorphone hcl tab er 24hr 16 mg, hydromorphone hcl tab er 24hr 32 mg, hydromorphone hcl tab er 24hr 8 mg)</i>	3	QL 60 EA / 30 day(s) PA
<i>methadone hcl (methadone hcl tab 5 mg, methadone hcl tab 10 mg)</i>	1	QL 90 EA / 30 day(s) PA
<i>morphine sulfate (morphine sulfate tab er 15 mg, morphine sulfate tab er 30 mg)</i>	1	QL 90 EA / 30 day(s) PA
<i>morphine sulfate tab er 60 mg</i>	1	QL 60 EA / 30 day(s) PA
NUCYNTA ER	3	QL 60 EA / 30 day(s) PA
OXYCODONE HCL ER (OXYCODONE HCL ER 10 MG TB12 DETER, OXYCODONE HCL ER 15 MG TB12 DETER, OXYCODONE HCL ER 20 MG TB12 DETER, OXYCODONE HCL ER 40 MG TB12 DETER, OXYCODONE HCL ER 80 MG TB12 DETER)	3	QL 90 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXYCONTIN (OXYCONTIN 10 MG TB12 DETER, OXYCONTIN 15 MG TB12 DETER, OXYCONTIN 20 MG TB12 DETER, OXYCONTIN 40 MG TB12 DETER, OXYCONTIN 80 MG TB12 DETER)	3	QL 90 EA / 30 day(s) PA
OXYMORPHONE HCL ER	3	QL 60 EA / 30 day(s) PA
<i>TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)</i>	2	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)</i>	2	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)</i>	2	QL 30 EA / 30 day(s)
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine (acetaminophen w/ codeine tab 300-30 mg, acetaminophen w/ codeine tab 300-60 mg)</i>	1	QL 240 EA / 30 day(s)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL 3750 / 30 day(s)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL 300 EA / 30 day(s)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL 90 EA / 30 day(s)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QLC 5 ML / 30 day(s)
CODEINE SULFATE (CODEINE SULFATE 30 MG TAB, CODEINE SULFATE TAB 30 MG)	3	
<i>fentanyl citrate (fentanyl citrate lozenge on a handle 200 mcg, fentanyl citrate lozenge on a handle 400 mcg, fentanyl citrate lozenge on a handle 600 mcg, fentanyl citrate lozenge on a handle 800 mcg, fentanyl citrate lozenge on a handle 1200 mcg, fentanyl citrate lozenge on a handle 1600 mcg)</i>	1	QL 120 EA / 30 day(s) PA
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen tab 5-325 mg, hydrocodone-acetaminophen tab 7.5-325 mg, hydrocodone-acetaminophen tab 10-325 mg)</i>	1	QL 240 EA / 30 day(s)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL 4500 ML / 30 day(s)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL 180 EA / 30 day(s)
<i>hydromorphone hcl (hydromorphone hcl tab 2 mg, hydromorphone hcl tab 4 mg)</i>	1	QL 180 EA / 30 day(s)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	QL 180 ML / 30 day(s)
<i>hydromorphone hcl tab 8 mg</i>	1	QL 120 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate (morphine sulfate 20 mg/5ml solution, morphine sulfate oral soln 10 mg/5ml, morphine sulfate oral soln 20 mg/5ml)</i>	1	QL 900 ML / 30 day(s)
<i>morphine sulfate (morphine sulfate 30 mg tab, morphine sulfate tab 30 mg)</i>	1	QL 120 EA / 30 day(s) PA
<i>morphine sulfate (morphine sulfate 5 mg suppos, morphine sulfate 10 mg suppos, morphine sulfate 15 mg tab, morphine sulfate 20 mg suppos, morphine sulfate oral soln 100 mg/5ml (20 mg/ml), morphine sulfate tab 15 mg)</i>	1	QL 180 EA / 30 day(s)
<i>nalbuphine hcl</i>	1	PA
NUCYNTA	2	PA
<i>oxycodone hcl (oxycodone hcl tab 15 mg, oxycodone hcl tab 20 mg)</i>	1	QL 120 EA / 30 day(s) PA
<i>oxycodone hcl (oxycodone hcl tab 5 mg, oxycodone hcl tab 10 mg)</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone hcl cap 5 mg</i>	1	QL 180 EA / 30 day(s)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL 900 ML / 30 day(s)
<i>oxycodone hcl tab 30 mg</i>	1	QL 60 EA / 30 day(s) PA
<i>oxycodone w/ acetaminophen (oxycodone w/ acetaminophen tab 2.5-325 mg, oxycodone w/ acetaminophen tab 5-325 mg, oxycodone w/ acetaminophen tab 7.5-325 mg)</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL 180 EA / 30 day(s)
OXYCODONE-ASPIRIN	1	QL 360 EA / 30 day(s)
OXYCODONE-IBUPROFEN	1	QL 270 EA / 30 day(s)
<i>oxymorphone hcl</i>	1	QL 120 EA / 30 day(s) PA
<i>tramadol hcl tab 50 mg</i>	1	QL 240 EA / 30 day(s)
<i>tramadol-acetaminophen</i>	1	QL 240 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (lidocaine hcl cream 3%, lidocaine hcl gel 2%, lidocaine hcl lotion 3%, lidocaine hcl soln 4%, lidocaine hcl urethral/mucosal gel prefilled syringe 2%)</i>	1	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>lidocaine oint 5%</i>	2	
<i>lidocaine patch 5%</i>	2	QL 90 EA / 30 day(s)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	
NAYZILAM	3	QL 4 EA / 30 day(s)
SYNERA	3	PA
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	2	PD Preventive Drug
<i>disulfiram</i>	2	PD Preventive Drug
VIVITROL	2	PD Preventive Drug
OPIOID DEPENDENCE		
<i>buprenorphine hcl (buprenorphine hcl sl tab 2 mg (base equiv), buprenorphine hcl sl tab 8 mg (base equiv))</i>	1	QL 90 EA / 30 day(s) PD Preventive Drug
<i>buprenorphine hcl-naloxone hcl dihydrate (buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv), buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv))</i>	2	QL 90 EA / 30 day(s) PD Preventive Drug
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL 60 EA / 30 day(s) PD Preventive Drug
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	PD Preventive Drug
ZUBSOLV (ZUBSOLV 0.7-0.18 MG SL TAB, ZUBSOLV 1.4-0.36 MG SL TAB, ZUBSOLV 2.9-0.71 MG SL TAB, ZUBSOLV 5.7-1.4 MG SL TAB)	2	QL 90 EA / 30 day(s) PD Preventive Drug
ZUBSOLV 11.4-2.9 MG SL TAB	2	QL 30 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZUBSOLV 8.6-2.1 MG SL TAB	2	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PD Preventive Drug
OPIOID REVERSAL AGENTS		
KLOXXADO	3	<ul style="list-style-type: none"> PD Preventive Drug
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	3	<ul style="list-style-type: none"> PD Preventive Drug
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
<i>naltrexone hcl</i>	1	<ul style="list-style-type: none"> PD Preventive Drug
NARCAN	3	<ul style="list-style-type: none"> PD Preventive Drug
SMOKING CESSATION AGENTS		
APO-VARENICLINE	3	<ul style="list-style-type: none"> ACA Affordable Care Act PD Preventive Drug
<i>bupropion hcl (smoking deterrent)</i>	1	<ul style="list-style-type: none"> ACA Affordable Care Act PD Preventive Drug
CHANTIX 0.5 MG TAB	3	<ul style="list-style-type: none"> PD Preventive Drug
<i>nicotine (nicotine 21-14-7 mg/24hr kit, nicotine td patch 24hr 14 mg/24hr, nicotine td patch 24hr 21 mg/24hr, nicotine td patch 24hr 7 mg/24hr)</i>	1	<ul style="list-style-type: none"> ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>nicotine polacrilex (nicotine polacrilex gum 2 mg, nicotine polacrilex gum 4 mg, nicotine polacrilex lozenge 2 mg, nicotine polacrilex lozenge 4 mg)</i>	1	<ul style="list-style-type: none"> ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
NICOTROL	3	<ul style="list-style-type: none"> PA ACA Affordable Care Act PD Preventive Drug
NICOTROL NS	3	<ul style="list-style-type: none"> PA ACA Affordable Care Act PD Preventive Drug
<i>varenicline tartrate (varenicline tartrate tab 0.5 mg (base equiv), varenicline tartrate tab 1 mg (base equiv), varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack)</i>	3	<ul style="list-style-type: none"> ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>gentamicin sulfate (topical)</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	3	PA
STREPTOMYCIN SULFATE	2	PA
ANTIBACTERIALS, OTHER		
<i>acetic acid (otic)</i>	1	
ALTABAX	3	
<i>aztreonam</i>	3	PA
CLEOCIN 100 MG SUPPOS	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
<i>daptomycin (daptomycin 500 mg recon soln, daptomycin for iv soln 500 mg)</i>	3	PA
<i>fosfomicin tromethamine</i>	3	
<i>linezolid (linezolid for susp 100 mg/5ml, linezolid tab 600 mg)</i>	2	
<i>methenamine hippurate</i>	1	
<i>metronidazole (metronidazole cap 375 mg, metronidazole tab 250 mg, metronidazole tab 500 mg)</i>	1	
<i>metronidazole (topical) (metronidazole cream 0.75%, metronidazole gel 0.75%, metronidazole lotion 0.75%)</i>	2	
<i>metronidazole vaginal</i>	1	
NITROFURANTOIN (NITROFURANTOIN 50 MG/5ML SUSPENSION, NITROFURANTOIN SUSP 25 MG/5ML)	2	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystalline cap 50 mg, nitrofurantoin macrocrystalline cap 100 mg)</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	2	
<i>nitrofurantoin monohyd macro</i>	1	
PRIMSOL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tinidazole</i>	2	
TRIMETHOPRIM (TRIMETHOPRIM 100 MG TAB, TRIMETHOPRIM TAB 100 MG)	1	
<i>vancomycin hcl (vancomycin hcl cap 125 mg (base equivalent), vancomycin hcl cap 250 mg (base equivalent))</i>	3	
<i>vancomycin hcl (vancomycin hcl for oral soln 25 mg/ml (base equivalent), vancomycin hcl for oral soln 50 mg/ml (base equivalent))</i>	2	
VANDAZOLE	1	
XIFAXAN 200 MG TAB	3	QL 126 EA / 30 day(s)
XIFAXAN 550 MG TAB	2	
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR (CEFACLOR 125 MG/5ML RECON SUSP, CEFACLOR 250 MG CAP, CEFACLOR 250 MG/5ML RECON SUSP, CEFACLOR 375 MG/5ML RECON SUSP, CEFACLOR 500 MG CAP)	1	
CEFACLOR ER	2	
<i>cefadroxil (cefadroxil 1 gm tab, cefadroxil cap 500 mg, cefadroxil for susp 250 mg/5ml, cefadroxil for susp 500 mg/5ml)</i>	1	
<i>cefdinir (cefdinir cap 300 mg, cefdinir for susp 125 mg/5ml, cefdinir for susp 250 mg/5ml)</i>	1	
<i>cefepime hcl (cefepime hcl for inj 1 gm, cefepime hcl for iv soln 2 gm)</i>	2	PA
<i>cefixime (cefixime cap 400 mg, cefixime for susp 100 mg/5ml, cefixime for susp 200 mg/5ml)</i>	2	
<i>cefpodoxime proxetil (cefpodoxime proxetil for susp 50 mg/5ml, cefpodoxime proxetil for susp 100 mg/5ml, cefpodoxime proxetil tab 100 mg, cefpodoxime proxetil tab 200 mg)</i>	1	
<i>cefprozil (cefprozil for susp 125 mg/5ml, cefprozil for susp 250 mg/5ml, cefprozil tab 250 mg, cefprozil tab 500 mg)</i>	1	
<i>ceftazidime</i>	2	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ceftriaxone sodium (ceftriaxone sodium for inj 1 gm, ceftriaxone sodium for inj 2 gm, ceftriaxone sodium for inj 10 gm, ceftriaxone sodium for inj 250 mg, ceftriaxone sodium for inj 500 mg, ceftriaxone sodium for iv soln 1 gm, ceftriaxone sodium for iv soln 2 gm)</i>	2	PA
<i>cefuroxime axetil</i>	1	
<i>cephalexin (cephalexin 250 mg tab, cephalexin 500 mg tab, cephalexin cap 250 mg, cephalexin cap 500 mg, cephalexin for susp 125 mg/5ml, cephalexin for susp 250 mg/5ml)</i>	1	
CEPHALEXIN 750 MG CAP	2	
KEFLEX 750 MG CAP	2	
SUPRAX (SUPRAX 100 MG CHEW TAB, SUPRAX 200 MG CHEW TAB)	2	
TAZICEF (TAZICEF 1 GM RECON SOLN, TAZICEF 6 GM RECON SOLN)	3	PA
BETA-LACTAM, PENICILLINS		
<i>amoxicillin & pot clavulanate (amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, amoxicillin & k clavulanate for susp 250-62.5 mg/5ml, amoxicillin & k clavulanate for susp 400-57 mg/5ml, amoxicillin & k clavulanate for susp 600-42.9 mg/5ml, amoxicillin & k clavulanate tab 250-125 mg, amoxicillin & k clavulanate tab 500-125 mg, amoxicillin & k clavulanate tab 875-125 mg)</i>	1	
<i>amoxicillin (amoxicillin 125 mg chew tab, amoxicillin 250 mg chew tab, amoxicillin (trihydrate) cap 250 mg, amoxicillin (trihydrate) cap 500 mg, amoxicillin (trihydrate) for susp 125 mg/5ml, amoxicillin (trihydrate) for susp 200 mg/5ml, amoxicillin (trihydrate) for susp 250 mg/5ml, amoxicillin (trihydrate) for susp 400 mg/5ml, amoxicillin (trihydrate) tab 500 mg, amoxicillin (trihydrate) tab 875 mg)</i>	1	
AMOXICILLIN-POT CLAVULANATE	1	
AMOXICILLIN-POT CLAVULANATE ER	1	
AMPICILLIN	1	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	2	
<i>dicloxacillin sodium</i>	1	
<i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium tab 250 mg, penicillin v potassium tab 500 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MACROLIDES		
<i>azithromycin (azithromycin 1 gm packet, azithromycin for susp 100 mg/5ml, azithromycin for susp 200 mg/5ml, azithromycin tab 250 mg, azithromycin tab 500 mg, azithromycin tab 600 mg)</i>	1	
<i>clarithromycin (clarithromycin 125 mg/5ml recon susp, clarithromycin 250 mg/5ml recon susp, clarithromycin tab 250 mg, clarithromycin tab 500 mg, clarithromycin tab er 24hr 500 mg)</i>	1	
DIFICID (DIFICID 40 MG/ML RECON SUSP, DIFICID 200 MG TAB)	3	ST
E.E.S. 400	1	
ERYTHROCIN STEARATE	1	
<i>erythromycin base (erythromycin base 250 mg cp dr part, erythromycin tab 500 mg)</i>	1	
<i>erythromycin base (erythromycin tab delayed release 250 mg, erythromycin tab delayed release 333 mg, erythromycin tab delayed release 500 mg)</i>	3	
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate for susp 200 mg/5ml, erythromycin ethylsuccinate for susp 400 mg/5ml)</i>	3	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	1	
QUINOLONES		
BAXDELA 450 MG TAB	3	PA MNPA
BESIVANCE	2	
CILOXAN 0.3 % OINTMENT	3	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	2	
<i>ciprofloxacin hcl (ciprofloxacin hcl 100 mg tab, ciprofloxacin hcl tab 250 mg (base equiv), ciprofloxacin hcl tab 500 mg (base equiv), ciprofloxacin hcl tab 750 mg (base equiv))</i>	1	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>levofloxacin (levofloxacin 25 mg/ml solution, levofloxacin oral soln 25 mg/ml, levofloxacin tab 250 mg, levofloxacin tab 500 mg, levofloxacin tab 750 mg)</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
<i>ofloxacin tab 400 mg</i>	3	PA MNPA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SULFONAMIDES		
<i>sulfacetamide sodium (acne)</i>	1	
SULFADIAZINE (SULFADIAZINE 500 MG TAB, SULFADIAZINE TAB 500 MG)	3	
<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim susp 200-40 mg/5ml, sulfamethoxazole-trimethoprim tab 400-80 mg, sulfamethoxazole-trimethoprim tab 800-160 mg)</i>	1	
TETRACYCLINES		
<i>demeclocycline hcl</i>	1	
<i>doxycycline (monohydrate) (doxycycline monohydrate cap 50 mg, doxycycline monohydrate cap 100 mg, doxycycline monohydrate for susp 25 mg/5ml)</i>	1	
<i>doxycycline (monohydrate) (doxycycline monohydrate cap 75 mg, doxycycline monohydrate cap 150 mg)</i>	3	ST
<i>doxycycline hyclate (doxycycline hyclate cap 50 mg, doxycycline hyclate cap 100 mg, doxycycline hyclate tab 20 mg, doxycycline hyclate tab 100 mg)</i>	1	
<i>minocycline hcl (minocycline hcl cap 50 mg, minocycline hcl cap 75 mg, minocycline hcl cap 100 mg)</i>	1	
<i>tetracycline hcl</i>	3	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
<i>divalproex sodium (divalproex sodium cap delayed release sprinkle 125 mg, divalproex sodium tab delayed release 125 mg, divalproex sodium tab delayed release 250 mg, divalproex sodium tab delayed release 500 mg, divalproex sodium tab er 24 hr 250 mg, divalproex sodium tab er 24 hr 500 mg)</i>	1	PD Preventive Drug
<i>felbamate (felbamate tab 400 mg, felbamate tab 600 mg)</i>	3	PD Preventive Drug
FINTEPLA	3	PA SP Specialty
FYCOMPA 10 MG TAB	3	PA PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine (lamotrigine orally disintegrating tab 25 mg, lamotrigine orally disintegrating tab 100 mg, lamotrigine orally disintegrating tab 200 mg, lamotrigine tab er 24hr 100 mg, lamotrigine tab er 24hr 200 mg, lamotrigine tab er 24hr 25 mg, lamotrigine tab er 24hr 250 mg, lamotrigine tab er 24hr 300 mg, lamotrigine tab er 24hr 50 mg)</i>	2	PD Preventive Drug
<i>lamotrigine (lamotrigine tab 25 mg, lamotrigine tab 100 mg, lamotrigine tab 150 mg, lamotrigine tab 200 mg, lamotrigine tab chewable dispersible 5 mg, lamotrigine tab chewable dispersible 25 mg)</i>	1	PD Preventive Drug
<i>levetiracetam (levetiracetam oral soln 100 mg/ml, levetiracetam tab 250 mg, levetiracetam tab 500 mg, levetiracetam tab 750 mg, levetiracetam tab 1000 mg, levetiracetam tab er 24hr 500 mg, levetiracetam tab er 24hr 750 mg)</i>	1	PD Preventive Drug
<i>topiramate (topiramate cap er 24hr 100 mg, topiramate cap er 24hr 25 mg, topiramate cap er 24hr 50 mg)</i>	3	ST PD Preventive Drug
<i>topiramate (topiramate sprinkle cap 15 mg, topiramate sprinkle cap 25 mg, topiramate tab 25 mg, topiramate tab 50 mg, topiramate tab 100 mg, topiramate tab 200 mg)</i>	1	PD Preventive Drug
TROKENDI XR (TROKENDI XR 25 MG CAP ER 24H, TROKENDI XR 50 MG CAP ER 24H, TROKENDI XR 100 MG CAP ER 24H)	3	ST PD Preventive Drug ! See important benefit information at end of document
TROKENDI XR 200 MG CAP ER 24H	3	ST PD Preventive Drug ! See important benefit information at end of document
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	PD Preventive Drug
<i>valproic acid</i>	1	PD Preventive Drug
XCOPRI	3	PD Preventive Drug
XCOPRI (250 MG DAILY DOSE) (XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK, XCOPRI (250 MG DAILY DOSE) 50 & 200 MG TAB THPK)	3	PD Preventive Drug
XCOPRI (350 MG DAILY DOSE)	3	PD Preventive Drug
ZTALMY	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	3	PD Preventive Drug
<i>ethosuximide (ethosuximide cap 250 mg, ethosuximide soln 250 mg/5ml)</i>	1	PD Preventive Drug
<i>methsuximide</i>	3	PD Preventive Drug
GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam (clobazam tab 10 mg, clobazam tab 20 mg)</i>	3	PA MNPA PD Preventive Drug
<i>clobazam suspension 2.5 mg/ml</i>	3	PD Preventive Drug
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	2	
<i>gabapentin (gabapentin cap 100 mg, gabapentin cap 300 mg, gabapentin cap 400 mg, gabapentin tab 600 mg, gabapentin tab 800 mg)</i>	1	
<i>phenobarbital (phenobarbital tab 15 mg, phenobarbital tab 16.2 mg, phenobarbital tab 30 mg, phenobarbital tab 32.4 mg, phenobarbital tab 60 mg, phenobarbital tab 64.8 mg, phenobarbital tab 97.2 mg, phenobarbital tab 100 mg)</i>	1	PD Preventive Drug
PRIMIDONE (PRIMIDONE 125 MG TAB, PRIMIDONE TAB 50 MG, PRIMIDONE TAB 250 MG)	1	PD Preventive Drug
<i>tiagabine hcl</i>	2	PD Preventive Drug
VALTOCO 10 MG DOSE	3	QL 2 EA / 30 day(s)
VALTOCO 15 MG DOSE	3	QL 2 EA / 30 day(s)
VALTOCO 20 MG DOSE	3	QL 2 EA / 30 day(s)
VALTOCO 5 MG DOSE	3	QL 2 EA / 30 day(s)
<i>vigabatrin</i>	3	PA PD Preventive Drug SP Specialty
SODIUM CHANNEL AGENTS		
APTIOM 200 MG TAB	3	PA PD Preventive Drug
<i>carbamazepine (carbamazepine chew tab 100 mg, carbamazepine tab 200 mg)</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 100 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 200 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 300 MG CAP ER 12H (generic of CARBATROL)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 400 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	1	PD Preventive Drug
<i>lacosamide (lacosamide oral solution 10 mg/ml, lacosamide tab 50 mg, lacosamide tab 100 mg, lacosamide tab 150 mg, lacosamide tab 200 mg)</i>	2	PD Preventive Drug
<i>oxcarbazepine (oxcarbazepine susp 300 mg/5ml (60 mg/ml), oxcarbazepine tab 150 mg, oxcarbazepine tab 300 mg, oxcarbazepine tab 600 mg)</i>	1	PD Preventive Drug
PEGANONE	3	PA PD Preventive Drug
<i>phenytoin</i>	1	PD Preventive Drug
<i>phenytoin sodium extended cap 100 mg</i>	1	PD Preventive Drug
<i>rufinamide (rufinamide susp 40 mg/ml, rufinamide tab 200 mg, rufinamide tab 400 mg)</i>	3	PA PD Preventive Drug
<i>zonisamide</i>	1	PD Preventive Drug
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl (bupropion hcl tab 75 mg, bupropion hcl tab 100 mg, bupropion hcl tab er 12hr 100 mg, bupropion hcl tab er 12hr 150 mg, bupropion hcl tab er 12hr 200 mg, bupropion hcl tab er 24hr 150 mg, bupropion hcl tab er 24hr 300 mg)</i>	1	
LYBALVI	3	PA
MAPROTILINE HCL	1	
<i>mirtazapine</i>	1	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MARPLAN	3	
PHENELZINE SULFATE (PHENELZINE SULFATE 15 MG TAB, PHENELZINE SULFATE TAB 15 MG)	2	
<i>tranylcypromine sulfate</i>	1	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (citalopram hydrobromide oral soln 10 mg/5ml, citalopram hydrobromide tab 10 mg (base equiv), citalopram hydrobromide tab 20 mg (base equiv), citalopram hydrobromide tab 40 mg (base equiv))</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>desvenlafaxine succinate</i>	2	
<i>escitalopram oxalate (escitalopram oxalate soln 5 mg/5ml (base equiv), escitalopram oxalate tab 5 mg (base equiv), escitalopram oxalate tab 10 mg (base equiv), escitalopram oxalate tab 20 mg (base equiv))</i>	1	PD Preventive Drug
FETZIMA (FETZIMA 20 MG CAP ER 24H, FETZIMA 40 MG CAP ER 24H, FETZIMA 80 MG CAP ER 24H)	3	ST
FETZIMA 120 MG CAP ER 24H	3	
FETZIMA TITRATION	3	ST
<i>fluoxetine hcl (fluoxetine hcl 60 mg tab, fluoxetine hcl tab 10 mg, fluoxetine hcl tab 20 mg, fluoxetine hcl tab 60 mg)</i>	2	PD Preventive Drug
<i>fluoxetine hcl (fluoxetine hcl cap 10 mg, fluoxetine hcl cap 20 mg, fluoxetine hcl cap 40 mg, fluoxetine hcl solution 20 mg/5ml)</i>	1	RX4L Rx4Less Program PD Preventive Drug
FLUOXETINE HCL (PMDD)	1	
<i>fluvoxamine maleate (fluvoxamine maleate tab 25 mg, fluvoxamine maleate tab 50 mg, fluvoxamine maleate tab 100 mg)</i>	1	PD Preventive Drug
NEFAZODONE HCL (NEFAZODONE HCL 100 MG TAB, NEFAZODONE HCL 200 MG TAB, NEFAZODONE HCL 250 MG TAB)	1	
<i>paroxetine hcl (paroxetine hcl tab 10 mg, paroxetine hcl tab 20 mg, paroxetine hcl tab 30 mg, paroxetine hcl tab 40 mg)</i>	1	PD Preventive Drug
<i>paroxetine hcl (paroxetine hcl tab er 24hr 12.5 mg, paroxetine hcl tab er 24hr 25 mg)</i>	2	PD Preventive Drug
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sertraline hcl (sertraline hcl oral concentrate for solution 20 mg/ml, sertraline hcl tab 25 mg, sertraline hcl tab 50 mg, sertraline hcl tab 100 mg)</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>trazodone hcl (trazodone hcl tab 50 mg, trazodone hcl tab 100 mg, trazodone hcl tab 150 mg, trazodone hcl tab 300 mg)</i>	1	RX4L Rx4Less Program
TRINTELLIX	2	ST
<i>venlafaxine hcl (venlafaxine hcl cap er 24hr 150 mg (base equivalent), venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), venlafaxine hcl cap er 24hr 75 mg (base equivalent), venlafaxine hcl tab 25 mg (base equivalent), venlafaxine hcl tab 37.5 mg (base equivalent), venlafaxine hcl tab 50 mg (base equivalent), venlafaxine hcl tab 75 mg (base equivalent), venlafaxine hcl tab 100 mg (base equivalent))</i>	1	
VIIBRYD STARTER PACK	3	ST
<i>vilazodone hcl</i>	3	
TRICYCLICS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	3	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (doxepin hcl cap 10 mg, doxepin hcl cap 25 mg, doxepin hcl cap 50 mg, doxepin hcl cap 75 mg, doxepin hcl cap 100 mg, doxepin hcl cap 150 mg, doxepin hcl conc 10 mg/ml)</i>	1	
<i>imipramine hcl</i>	1	
<i>nortriptyline hcl (nortriptyline hcl 10 mg/5ml solution, nortriptyline hcl cap 10 mg, nortriptyline hcl cap 25 mg, nortriptyline hcl cap 50 mg, nortriptyline hcl cap 75 mg)</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	3	
ANTIEMETICS		
ANTIEMETICS, OTHER		
BONJESTA	2	QLC 180 EA / 365 day(s)
<i>doxylamine-pyridoxine</i>	2	QLC 360 EA / 365 day(s)
<i>meclizine hcl (meclizine hcl tab 12.5 mg, meclizine hcl tab 25 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metoclopramide hcl (metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv), metoclopramide hcl tab 5 mg (base equivalent), metoclopramide hcl tab 10 mg (base equivalent))</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl (promethazine hcl suppos 12.5 mg, promethazine hcl suppos 25 mg, promethazine hcl tab 12.5 mg, promethazine hcl tab 25 mg, promethazine hcl tab 50 mg)</i>	1	
<i>scopolamine</i>	3	
<i>trimethobenzamide hcl</i>	1	
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant (aprepitant capsule 40 mg, aprepitant capsule 125 mg)</i>	3	QL 2 EA / 30 day(s)
<i>aprepitant capsule 80 mg</i>	3	QL 4 EA / 30 day(s)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	3	QL 6 EA / 30 day(s)
<i>dronabinol</i>	1	QL 60 EA / 30 day(s)
EMEND 125 MG/5ML RECON SUSP	3	QL 3 EA / 15 day(s) PA
<i>granisetron hcl tab 1 mg</i>	1	QLC 6 EA / 15 day(s)
<i>ondansetron</i>	1	
<i>ondansetron hcl (ondansetron hcl 24 mg tab, ondansetron hcl tab 24 mg)</i>	1	QLC 1 EA / 15 day(s)
<i>ondansetron hcl (ondansetron hcl tab 4 mg, ondansetron hcl tab 8 mg)</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QLC 100 ML / 15 day(s)
<i>palonosetron hcl (palonosetron hcl 0.25 mg/5ml soln prsyr, palonosetron hcl iv soln 0.25 mg/5ml (base equivalent), palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv))</i>	3	PA QLC 5 ML / 15 day(s)
SANCUSO	3	QL 1 EA / 15 day(s)
VARUBI (180 MG DOSE)	2	QL 4 EA / 28 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIFUNGALS		
ABELCET	2	PA
AMPHOTERICIN B	2	PA
<i>caspofungin acetate (caspofungin acetate 50 mg recon soln, caspofungin acetate 70 mg recon soln, caspofungin acetate for iv soln 50 mg, caspofungin acetate for iv soln 70 mg)</i>	3	PA
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole (topical) (clotrimazole cream 1%, clotrimazole soln 1%)</i>	1	
CRESEMBA (CRESEMBA 74.5 MG CAP, CRESEMBA 186 MG CAP)	3	
<i>econazole nitrate</i>	1	
ERAXIS	3	PA
<i>fluconazole (fluconazole for susp 10 mg/ml, fluconazole for susp 40 mg/ml, fluconazole tab 50 mg, fluconazole tab 100 mg, fluconazole tab 150 mg, fluconazole tab 200 mg)</i>	1	
<i>flucytosine cap 250 mg</i>	3	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	3	
<i>griseofulvin ultramicrosize</i>	3	
<i>itraconazole cap 100 mg</i>	2	
<i>itraconazole oral soln 10 mg/ml</i>	3	
<i>ketoconazole</i>	1	
<i>ketoconazole (topical) (ketoconazole cream 2%, ketoconazole shampoo 2%)</i>	1	
LULICONAZOLE	3	PA
MENTAX	3	PA MNPA
<i>miconazole nitrate cream 2%</i>	1	OTC Over the Counter
<i>naftifine hcl (naftifine hcl 1 % cream, naftifine hcl cream 1%, naftifine hcl cream 2%, naftifine hcl gel 1%)</i>	3	
NAFTIN 1 % GEL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOXAFIL 40 MG/ML SUSPENSION	3	
<i>nystatin</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>nystatin (topical) (nystatin cream 100000 unit/gm, nystatin oint 100000 unit/gm, nystatin topical powder 100000 unit/gm)</i>	1	
<i>oxiconazole nitrate</i>	3	
OXISTAT 1 % LOTION	3	
<i>posaconazole (posaconazole susp 40 mg/ml, posaconazole tab delayed release 100 mg)</i>	3	
SULCONAZOLE NITRATE 1 % CREAM	3	
<i>terbinafine hcl</i>	1	
<i>terconazole vaginal (terconazole vaginal cream 0.4%, terconazole vaginal cream 0.8%)</i>	1	
<i>voriconazole (voriconazole tab 50 mg, voriconazole tab 200 mg)</i>	3	
ANTIGOUT AGENTS		
<i>allopurinol (allopurinol tab 100 mg, allopurinol tab 300 mg)</i>	1	RX4L Rx4Less Program
COLCHICINE (COLCHICINE 0.6 MG CAP, COLCHICINE TAB 0.6 MG)	2	
<i>colchicine w/ probenecid</i>	1	
<i>febuxostat</i>	3	
MITIGARE	2	
<i>probenecid</i>	1	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone</i>	1	
<i>rifabutin</i>	3	
ANTITUBERCULARS		
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID SYRUP 50 MG/5ML, ISONIAZID TAB 300 MG)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PASER	3	
PRETOMANID	3	PA
PRIFTIN	2	
<i>pyrazinamide</i>	1	
RIFAMATE	3	
<i>rifampin (rifampin cap 150 mg, rifampin cap 300 mg)</i>	1	
RIFATER	2	
SIRTURO	3	PA
TRECATOR	3	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE CAP 25 MG, CYCLOPHOSPHAMIDE CAP 50 MG)	2	
GLEOSTINE	2	
GLIADEL WAFER	2	
LEUKERAN	2	
MATULANE	2	SP Specialty
MELPHALAN	2	
MYLERAN	2	
<i>temozolomide</i>	3	PA SP Specialty
VALCHLOR	3	PA
ANTIANDROGENS		
<i>abiraterone acetate (abiraterone acetate tab 250 mg, abiraterone acetate tab 500 mg)</i>	2	PA SP Specialty
<i>bicalutamide</i>	1	
ERLEADA	2	PA SP Specialty
FLUTAMIDE	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nilutamide</i>	2	
NUBEQA	2	PA SP Specialty
ORSERDU	3	PA SP Specialty
XTANDI	2	PA SP Specialty
ANTIANGIOGENIC AGENTS		
<i>lenalidomide</i>	3	PA SP Specialty
POMALYST	3	PA MNPA SP Specialty
REVLIMID (REVLIMID 2.5 MG CAP, REVLIMID 5 MG CAP, REVLIMID 10 MG CAP, REVLIMID 15 MG CAP, REVLIMID 25 MG CAP)	3	PA SP Specialty
THALOMID	3	PA SP Specialty
ANTIESTROGENS/MODIFIERS		
EMCYT	2	SP Specialty
<i>tamoxifen citrate</i>	1	ACA Affordable Care Act
<i>toremifene citrate</i>	2	
ANTIMETABOLITES		
<i>capecitabine</i>	2	SP Specialty
DROXIA	2	
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
PURIXAN	2	SP Specialty
TABLOID	3	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTICS, OTHER		
AYVAKIT	3	QL 30 EA / 30 day(s) PA
BRUKINSA	3	PA SP Specialty
EXKIVITY	3	PA
KISQALI FEMARA (400 MG DOSE)	3	PA SP Specialty
KISQALI FEMARA (600 MG DOSE)	3	PA SP Specialty
KISQALI FEMARA(200 MG DOSE)	3	PA SP Specialty
KRAZATI	3	PA SP Specialty
<i>leucovorin calcium (leucovorin calcium tab 5 mg, leucovorin calcium tab 10 mg, leucovorin calcium tab 15 mg, leucovorin calcium tab 25 mg)</i>	1	
LONSURF	3	PA SP Specialty
LUMAKRAS	3	PA SP Specialty
LYSODREN	2	SP Specialty
MESNEX 400 MG TAB	2	SP Specialty
<i>mitoxantrone hcl</i>	3	PA
NINLARO	3	PA SP Specialty
RETEVMO	3	PA SP Specialty
ROZLYTREK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TABRECTA	3	PA SP Specialty
TAZVERIK	3	PA SP Specialty
TICE BCG	3	
VIJOICE	3	PA
VONJO	3	PA
XPOVIO (100 MG ONCE WEEKLY)	3	PA SP Specialty
XPOVIO (40 MG ONCE WEEKLY)	3	PA SP Specialty
XPOVIO (40 MG TWICE WEEKLY)	3	PA SP Specialty
XPOVIO (60 MG ONCE WEEKLY)	3	PA SP Specialty
XPOVIO (60 MG TWICE WEEKLY)	3	PA SP Specialty
XPOVIO (80 MG ONCE WEEKLY)	3	PA SP Specialty
XPOVIO (80 MG TWICE WEEKLY)	3	PA SP Specialty
ZANOSAR	3	PA
ZOLINZA	3	PA SP Specialty
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole</i>	1	
<i>exemestane</i>	2	
<i>letrozole</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	1	
HYCAMTIN (HYCAMTIN 0.25 MG CAP, HYCAMTIN 1 MG CAP)	3	PA SP Specialty
MOLECULAR TARGET INHIBITORS		
ALECENSA	3	PA SP Specialty
BALVERSA	3	PA SP Specialty
BOSULIF	3	PA SP Specialty
CABOMETYX	2	PA SP Specialty
CAPRELSA	3	PA SP Specialty
COMETRIQ (100 MG DAILY DOSE)	3	PA SP Specialty
COMETRIQ (140 MG DAILY DOSE)	3	PA SP Specialty
COMETRIQ (60 MG DAILY DOSE)	3	PA SP Specialty
COTELLIC	3	PA SP Specialty
ERIVEDGE	3	PA SP Specialty
<i>erlotinib hcl</i>	3	PA SP Specialty
<i>everolimus</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GAVRETO	3	PA SP Specialty
GILOTRIF	3	PA SP Specialty
IBRANCE	2	PA SP Specialty
ICLUSIG (ICLUSIG 10 MG TAB, ICLUSIG 15 MG TAB, ICLUSIG 30 MG TAB, ICLUSIG 45 MG TAB)	3	PA SP Specialty
<i>imatinib mesylate</i>	3	PA SP Specialty
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 70 MG/ML SUSPENSION, IMBRUVICA 140 MG CAP, IMBRUVICA 140 MG TAB, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB, IMBRUVICA 560 MG TAB)	3	PA
INLYTA	3	PA SP Specialty
JAKAFI	3	QL 60 EA / 30 day(s) PA SP Specialty
KISQALI (200 MG DOSE)	3	PA SP Specialty
KISQALI (400 MG DOSE)	3	PA SP Specialty
KISQALI (600 MG DOSE)	3	PA SP Specialty
<i>lapatinib ditosylate</i>	2	PA SP Specialty
LENVIMA (10 MG DAILY DOSE)	3	PA SP Specialty
LENVIMA (12 MG DAILY DOSE)	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LENVIMA (14 MG DAILY DOSE)	3	PA SP Specialty
LENVIMA (18 MG DAILY DOSE)	3	PA SP Specialty
LENVIMA (20 MG DAILY DOSE)	3	PA SP Specialty
LENVIMA (24 MG DAILY DOSE)	3	PA SP Specialty
LENVIMA (4 MG DAILY DOSE)	3	PA SP Specialty
LENVIMA (8 MG DAILY DOSE)	3	PA SP Specialty
LYNPARZA	2	PA SP Specialty
LYTGOBI (12 MG DAILY DOSE)	3	PA SP Specialty
LYTGOBI (16 MG DAILY DOSE)	3	PA SP Specialty
LYTGOBI (20 MG DAILY DOSE)	3	PA SP Specialty
MEKINIST (MEKINIST 0.05 MG/ML RECON SOLN, MEKINIST 0.5 MG TAB, MEKINIST 2 MG TAB)	3	PA SP Specialty
ODOMZO	3	PA SP Specialty
PIQRAY (200 MG DAILY DOSE)	3	PA SP Specialty
PIQRAY (250 MG DAILY DOSE)	3	PA SP Specialty
PIQRAY (300 MG DAILY DOSE)	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REZLIDHIA	3	PA SP Specialty
RUBRACA	2	PA SP Specialty
RYDAPT	3	PA SP Specialty
<i>sorafenib tosylate</i>	3	PA SP Specialty
SPRYCEL	3	PA SP Specialty
STIVARGA	3	PA SP Specialty
<i>sunitinib malate</i>	3	PA SP Specialty
TAFINLAR	3	PA SP Specialty
TAGRISO	3	PA SP Specialty
TASIGNA	3	PA SP Specialty
TRUSELTIQ (100MG DAILY DOSE)	3	PA SP Specialty
TRUSELTIQ (125MG DAILY DOSE)	3	PA SP Specialty
TRUSELTIQ (50MG DAILY DOSE)	3	PA SP Specialty
TRUSELTIQ (75MG DAILY DOSE)	3	PA SP Specialty
UKONIQ	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VENCLEXTA	3	PA SP Specialty
VENCLEXTA STARTING PACK	3	PA SP Specialty
VERZENIO	2	PA SP Specialty
VIZIMPRO	3	PA SP Specialty
VOTRIENT	3	PA SP Specialty
XALKORI	3	PA SP Specialty
XOSPATA	3	PA SP Specialty
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	2	QL 30 EA / 30 day(s) PA SP Specialty
ZEJULA 100 MG CAP	2	PA SP Specialty
ZELBORAF	3	PA SP Specialty
ZYDELIG	3	PA SP Specialty
ZYKADIA	3	PA SP Specialty
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
RITUXAN 100 MG/10ML SOLUTION	3	PA ST
RITUXAN 500 MG/50ML SOLUTION	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RETINOIDS		
<i>bexarotene</i>	3	PA SP Specialty
PANRETIN		
<i>tretinoin (chemotherapy)</i>	1	PA
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole</i>	3	
<i>ivermectin tab 3 mg</i>	3	
<i>praziquantel</i>	3	
ANTIPROTOZOALS		
ALINIA 100 MG/5ML RECON SUSP	2	
<i>atovaquone</i>	3	
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	1	
COARTEM		
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl</i>	1	
<i>nitazoxanide</i>	2	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	3	
<i>primaquine phosphate (primaquine phosphate 26.3 (15 base) mg tab, primaquine phosphate tab 26.3 mg (15 mg base))</i>	3	
<i>pyrimethamine</i>	3	PA
<i>quinine sulfate</i>	3	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate (benztropine mesylate tab 0.5 mg, benztropine mesylate tab 1 mg, benztropine mesylate tab 2 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trihexyphenidyl hcl (trihexyphenidyl hcl 0.4 mg/ml solution, trihexyphenidyl hcl oral soln 0.4 mg/ml, trihexyphenidyl hcl tab 2 mg, trihexyphenidyl hcl tab 5 mg)</i>	1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (amantadine hcl cap 100 mg, amantadine hcl soln 50 mg/5ml, amantadine hcl tab 100 mg)</i>	1	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>entacapone</i>	2	
<i>tolcapone</i>	3	PA
DOPAMINE AGONISTS		
<i>bromocriptine mesylate</i>	1	
KYNMOBI	3	PA SP Specialty
NEUPRO	2	
<i>pramipexole dihydrochloride (pramipexole dihydrochloride tab 0.125 mg, pramipexole dihydrochloride tab 0.25 mg, pramipexole dihydrochloride tab 0.5 mg, pramipexole dihydrochloride tab 0.75 mg, pramipexole dihydrochloride tab 1 mg, pramipexole dihydrochloride tab 1.5 mg)</i>	1	
<i>pramipexole dihydrochloride (pramipexole dihydrochloride tab er 24hr 0.375 mg, pramipexole dihydrochloride tab er 24hr 0.75 mg, pramipexole dihydrochloride tab er 24hr 1.5 mg, pramipexole dihydrochloride tab er 24hr 2.25 mg, pramipexole dihydrochloride tab er 24hr 3 mg, pramipexole dihydrochloride tab er 24hr 3.75 mg, pramipexole dihydrochloride tab er 24hr 4.5 mg)</i>	3	
<i>ropinirole hydrochloride (ropinirole hydrochloride tab 0.25 mg, ropinirole hydrochloride tab 0.5 mg, ropinirole hydrochloride tab 1 mg, ropinirole hydrochloride tab 2 mg, ropinirole hydrochloride tab 3 mg, ropinirole hydrochloride tab 4 mg, ropinirole hydrochloride tab 5 mg)</i>	1	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	3	
<i>carbidopa-levodopa (carbidopa & levodopa tab 10-100 mg, carbidopa & levodopa tab 25-100 mg, carbidopa & levodopa tab 25-250 mg, carbidopa & levodopa tab er 25-100 mg, carbidopa & levodopa tab er 50-200 mg)</i>	1	
DUOPA	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INBRIJA	3	PA
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate</i>	2	
<i>selegiline hcl</i>	1	
ANTISPASTICITY AGENTS		
<i>baclofen (baclofen tab 5 mg, baclofen tab 10 mg, baclofen tab 20 mg)</i>	1	
<i>dantrolene sodium (dantrolene sodium cap 25 mg, dantrolene sodium cap 50 mg, dantrolene sodium cap 100 mg)</i>	1	
<i>tizanidine hcl</i>	1	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>foscarnet sodium</i>	3	
LIVTENCITY	3	PA
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	3	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	3	
ZIRGAN	3	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	3	PA
BARACLUDE 0.05 MG/ML SOLUTION	2	
<i>entecavir</i>	2	
EPIVIR HBV 5 MG/ML SOLUTION	2	
<i>lamivudine (hbv)</i>	2	
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET	3	PA SP Specialty
PEGINTRON	3	PA
<i>ribavirin (hepatitis c)</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RIBAVIRIN (RIBAVIRIN 200 MG CAP, RIBAVIRIN 200 MG TAB)	3	PA SP Specialty
SOVALDI 400 MG TAB	3	SP Specialty
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY	2	
DOVATO	2	
GENVOYA	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
STRIBILD	2	
TIVICAY	2	
TIVICAY PD	2	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA	2	
DELSTRIGO	2	
EDURANT	2	
<i>efavirenz (efavirenz 50 mg cap, efavirenz 200 mg cap, efavirenz tab 600 mg)</i>	2	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	2	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	2	
<i>etravirine</i>	2	
INTELENCE 25 MG TAB	2	
<i>nevirapine (nevirapine 50 mg/5ml suspension, nevirapine tab 200 mg)</i>	1	
<i>nevirapine tab er 24hr 400 mg</i>	2	
ODEFSEY	2	
PIFELTRO	2	
RESCRIPTOR	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate (abacavir sulfate soln 20 mg/ml (base equiv), abacavir sulfate tab 300 mg (base equiv))</i>	2	
<i>abacavir sulfate-lamivudine</i>	2	
<i>abacavir sulfate-lamivudine-zidovudine</i>	2	
CIMDUO	2	
DESCOVY (DESCOVY 120-15 MG TAB, DESCOVY 200-25 MG TAB)	2	ACA Affordable Care Act
DIDANOSINE	1	
<i>emtricitabine</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg, emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg, emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg)</i>	2	ACA Affordable Care Act
EMTRIVA 10 MG/ML SOLUTION	2	
<i>lamivudine (lamivudine tab 150 mg, lamivudine tab 300 mg)</i>	2	
<i>lamivudine oral soln 10 mg/ml</i>	1	
<i>lamivudine-zidovudine</i>	2	
STAVUDINE (STAVUDINE 15 MG CAP, STAVUDINE 20 MG CAP, STAVUDINE 30 MG CAP, STAVUDINE 40 MG CAP, STAVUDINE CAP 15 MG, STAVUDINE CAP 20 MG, STAVUDINE CAP 30 MG, STAVUDINE CAP 40 MG)	1	
<i>tenofovir disoproxil fumarate</i>	2	ACA Affordable Care Act
TRIUMEQ	2	
TRIUMEQ PD	2	
TRIZIVIR	2	
VIDEX	2	
VIDEX EC 125 MG CAP DR	2	
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	2	ACA Affordable Care Act
<i>zidovudine (zidovudine cap 100 mg, zidovudine syrup 10 mg/ml, zidovudine tab 300 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, OTHER		
FUZEON	3	
<i>maraviroc</i>	2	
RUKOBIA	2	
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 25 MG TAB, SELZENTRY 75 MG TAB)	2	
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK)	2	
TYBOST	2	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS	2	
<i>atazanavir sulfate</i>	2	
CRIXIVAN	2	
<i>darunavir</i>	2	
EVOTAZ	2	
<i>fosamprenavir calcium</i>	2	
INVIRASE	2	
LEXIVA 50 MG/ML SUSPENSION	2	
<i>lopinavir-ritonavir (lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml), lopinavir-ritonavir tab 100-25 mg, lopinavir-ritonavir tab 200-50 mg)</i>	2	
NORVIR 80 MG/ML SOLUTION	2	
PREZCOBIX	2	
PREZISTA (PREZISTA 75 MG TAB, PREZISTA 150 MG TAB, PREZISTA 600 MG TAB, PREZISTA 800 MG TAB)	2	
REYATAZ 50 MG PACKET	2	
<i>ritonavir</i>	2	
SYMTUZA	2	
VIRACEPT	2	
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate (oseltamivir phosphate cap 45 mg (base equiv), oseltamivir phosphate cap 75 mg (base equiv))</i>	2	QLC 14 EA / 180 day(s)
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QLC 28 EA / 180 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	QLC 180 ML / 180 day(s)
RELENZA DISKHALER	2	QLC 40 EA / 180 day(s)
RIMANTADINE HCL	1	
TAMIFLU (TAMIFLU 45 MG CAP, TAMIFLU 75 MG CAP)	2	QLC 14 EA / 180 day(s)
TAMIFLU 30 MG CAP	2	QLC 28 EA / 180 day(s)
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	QLC 1 EA / 180 day(s)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	QLC 1 EA / 180 day(s)
ANTIHERPETIC AGENTS		
<i>acyclovir (acyclovir cap 200 mg, acyclovir susp 200 mg/5ml, acyclovir tab 400 mg, acyclovir tab 800 mg)</i>	1	
<i>famciclovir</i>	1	
TRIFLURIDINE	1	
<i>valacyclovir hcl</i>	1	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose</i>	1	PD Preventive Drug
AVANDIA	3	PD Preventive Drug
FARXIGA	2	PD Preventive Drug
<i>glimepiride</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glipizide (glipizide tab 5 mg, glipizide tab 10 mg, glipizide tab er 24hr 10 mg, glipizide tab er 24hr 2.5 mg, glipizide tab er 24hr 5 mg)</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glipizide-metformin hcl</i>	1	PD Preventive Drug
<i>glyburide</i>	1	PD Preventive Drug
<i>glyburide micronized</i>	1	PD Preventive Drug
<i>glyburide-metformin</i>	1	PD Preventive Drug
GLYXAMBI	2	QL 30 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JARDIANCE	2	PD Preventive Drug
JENTADUETO	2	QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL 30 EA / 30 day(s) PD Preventive Drug
KERENDIA	3	PA
<i>metformin hcl (metformin hcl tab 500 mg, metformin hcl tab 850 mg, metformin hcl tab 1000 mg)</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
METFORMIN HCL ER 500 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	RX4L Rx4Less Program PD Preventive Drug
METFORMIN HCL ER 750 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	RX4L Rx4Less Program PD Preventive Drug
<i>miglitol (miglitol 25 mg tab, miglitol 50 mg tab, miglitol 100 mg tab, miglitol tab 25 mg, miglitol tab 50 mg, miglitol tab 100 mg)</i>	3	PD Preventive Drug
MOUNJARO	2	QL 2 ML / 28 day(s) DUR PD Preventive Drug
<i>nateglinide</i>	1	PD Preventive Drug
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	QL 1.5 ML / 28 day(s) DUR PD Preventive Drug
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	QL 3 ML / 28 day(s) DUR PD Preventive Drug
OZEMPIC (1 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	QL 3 ML / 28 day(s) DUR PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	<p>QL 0.1072 ML / 1 day(s)</p> <p>DUR</p> <p>PD Preventive Drug</p>
OZEMPIC (2 MG/DOSE)	2	<p>QL 3 ML / 28 day(s)</p> <p>DUR</p> <p>PD Preventive Drug</p>
<i>pioglitazone hcl</i>	1	<p>PD Preventive Drug</p>
<i>pioglitazone hcl-glimepiride</i>	2	<p>PD Preventive Drug</p>
<i>pioglitazone hcl-metformin hcl</i>	2	<p>PD Preventive Drug</p>
<i>repaglinide</i>	1	<p>PD Preventive Drug</p>
RYBELSUS (RYBELSUS 7 MG TAB, RYBELSUS 14 MG TAB)	2	<p>QL 30 EA / 30 day(s)</p> <p>DUR</p> <p>PD Preventive Drug</p>
RYBELSUS 3 MG TAB	2	<p>DUR</p> <p>QLC 30 EA / 180 day(s)</p> <p>PD Preventive Drug</p>
SOLIQUA	2	<p>PD Preventive Drug</p>
SYMLINPEN 120	3	<p>PD Preventive Drug</p>
SYMLINPEN 60	3	<p>PD Preventive Drug</p>
SYNJARDY	2	<p>PD Preventive Drug</p>
SYNJARDY XR	2	<p>PD Preventive Drug</p>
TOLBUTAMIDE	1	<p>PD Preventive Drug</p>
TRADJENTA	2	<p>QL 30 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
TRIJARDY XR	2	<p>PD Preventive Drug</p>
TRULICITY	2	<p>QL 2 ML / 28 day(s)</p> <p>DUR</p> <p>PD Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VICTOZA	2	<p>QL 9 ML / 30 day(s)</p> <p>DUR</p> <p>PD Preventive Drug</p>
XIGDUO XR	2	<p>PD Preventive Drug</p>
XULTOPHY	2	<p>PD Preventive Drug</p>
GLYCEMIC AGENTS		
BAQSIMI ONE PACK	2	<p>PD Preventive Drug</p>
BAQSIMI TWO PACK	2	<p>PD Preventive Drug</p>
<i>diazoxide</i>	3	<p>PD Preventive Drug</p>
GLUCAGEN HYPOKIT	2	<p>PD Preventive Drug</p>
<i>glucagon (rdna)</i>	2	<p>PD Preventive Drug</p>
GLUCAGON EMERGENCY (GLUCAGON EMERGENCY 1 MG KIT, GLUCAGON EMERGENCY 1 MG/ML RECON SOLN)	2	<p>PD Preventive Drug</p>
GVOKE HYPOPEN 1-PACK	2	<p>PD Preventive Drug</p>
GVOKE HYPOPEN 2-PACK	2	<p>PD Preventive Drug</p>
GVOKE KIT	2	
GVOKE PFS	2	<p>PD Preventive Drug</p>
INSULINS		
ADMELOG	3	<p>PA MNPA</p> <p>PD Preventive Drug</p>
APIDRA SOLOSTAR	3	<p>PA MNPA</p> <p>PD Preventive Drug</p>
BASAGLAR KWIKPEN	2	<p>PD Preventive Drug</p>
BASAGLAR TEMPO PEN	2	<p>PD Preventive Drug</p>
FIASP	2	<p>PD Preventive Drug</p>
FIASP FLEXTOUCH	2	<p>PD Preventive Drug</p>
FIASP PENFILL	2	<p>PD Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIASP PUMPCART	2	PD Preventive Drug
HUMALOG 100 UNIT/ML SOLUTION	3	PA MNPA PD Preventive Drug
HUMALOG MIX 50/50 KWIKPEN	3	PA MNPA PD Preventive Drug
HUMULIN R U-500 (CONCENTRATED)	2	PD Preventive Drug
HUMULIN R U-500 KWIKPEN	2	QL 18 ML / 30 day(s) PD Preventive Drug
INSULIN ASP PROT & ASP FLEXPEN	2	PD Preventive Drug
INSULIN ASPART	2	PD Preventive Drug
INSULIN ASPART FLEXPEN	2	PD Preventive Drug
INSULIN ASPART PENFILL	2	PD Preventive Drug
INSULIN ASPART PROT & ASPART	2	PD Preventive Drug
INSULIN GLARGINE SOLOSTAR	2	PD Preventive Drug
INSULIN LISPRO	3	PA MNPA PD Preventive Drug
LANTUS SOLOSTAR	2	PD Preventive Drug
LEVEMIR FLEXPEN	3	PA MNPA PD Preventive Drug
LEVEMIR FLEXTOUCH	3	PA MNPA PD Preventive Drug
NOVOLIN 70/30	2	PD Preventive Drug OTC Over the Counter
NOVOLIN 70/30 FLEXPEN	2	PD Preventive Drug OTC Over the Counter
NOVOLIN 70/30 FLEXPEN RELION	2	PD Preventive Drug OTC Over the Counter
NOVOLIN 70/30 RELION	2	PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLIN N	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div>
NOVOLIN N FLEXPEN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div>
NOVOLIN N FLEXPEN RELION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div>
NOVOLIN N RELION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div>
NOVOLIN R	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div>
NOVOLIN R FLEXPEN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div>
NOVOLIN R FLEXPEN RELION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div>
NOVOLIN R RELION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div>
NOVOLOG	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
NOVOLOG 70/30 FLEXPEN RELION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
NOVOLOG FLEXPEN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
NOVOLOG FLEXPEN RELION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
NOVOLOG MIX 70/30	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
NOVOLOG MIX 70/30 FLEXPEN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
NOVOLOG MIX 70/30 RELION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
NOVOLOG PENFILL	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
NOVOLOG RELION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>
SEMGLEE 100 UNIT/ML SOLN PEN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ELIQUIS	2	PD Preventive Drug
ELIQUIS DVT/PE STARTER PACK	2	PD Preventive Drug
<i>enoxaparin sodium (enoxaparin sodium inj soln pref syr 30 mg/0.3ml, enoxaparin sodium inj soln pref syr 40 mg/0.4ml, enoxaparin sodium inj soln pref syr 60 mg/0.6ml, enoxaparin sodium inj soln pref syr 80 mg/0.8ml, enoxaparin sodium inj soln pref syr 100 mg/ml, enoxaparin sodium inj soln pref syr 120 mg/0.8ml, enoxaparin sodium inj soln pref syr 150 mg/ml)</i>	1	
<i>fondaparinux sodium</i>	3	
FRAGMIN (FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR, FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, FRAGMIN 10000 UNIT/4ML SOLUTION, FRAGMIN 10000 UNIT/ML SOLN PRSYR, FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR, FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR, FRAGMIN 18000 UNT/0.72ML SOLN PRSYR)	3	
FRAGMIN 95000 UNIT/3.8ML SOLUTION	3	PA
<i>heparin sodium (porcine) (heparin sodium (porcine) inj 1000 unit/ml, heparin sodium (porcine) inj 5000 unit/ml, heparin sodium (porcine) inj 10000 unit/ml, heparin sodium (porcine) pf inj 5000 unit/0.5ml)</i>	1	PA
SAVAYSA 15 MG TAB	3	PA MNPA PD Preventive Drug
<i>warfarin sodium</i>	1	RX4L Rx4Less Program PD Preventive Drug
XARELTO (XARELTO 1 MG/ML RECON SUSP, XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	2	PD Preventive Drug
XARELTO STARTER PACK	2	PD Preventive Drug
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl</i>	1	
ARANESP (ALBUMIN FREE)	3	PA SP Specialty

















PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOZOBIL	3	PA SP Specialty
MULPLETA	3	PA SP Specialty
<i>plerixafor</i>	3	PA
PROCRIT 40000 UNIT/ML SOLUTION	3	PA SP Specialty
PROMACTA (PROMACTA 12.5 MG PACKET, PROMACTA 12.5 MG TAB, PROMACTA 25 MG TAB, PROMACTA 50 MG TAB, PROMACTA 75 MG TAB)	3	PA SP Specialty
PROMACTA 25 MG PACKET	3	SP Specialty
PYRUKYND	3	PA
PYRUKYND TAPER PACK	3	PA
RETACRIT	2	PA SP Specialty
<i>tranexamic acid (tranexamic acid iv soln 1000 mg/10ml (100 mg/ml), tranexamic acid tab 650 mg)</i>	1	
UDENYCA 6 MG/0.6ML SOLN A-INJ	2	SP Specialty
ZARXIO	2	PA SP Specialty
ZIEXTENZO	2	PA SP Specialty
HEMOSTASIS AGENTS		
AMICAR (AMICAR 500 MG TAB, AMICAR 1000 MG TAB)	3	
<i>aminocaproic acid (aminocaproic acid oral soln 0.25 gm/ml, aminocaproic acid tab 500 mg, aminocaproic acid tab 1000 mg)</i>	3	
<i>phytonadione tab 5 mg</i>	2	
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole</i>	2	PD Preventive Drug
BRILINTA	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	PD Preventive Drug
<i>dipyridamole (dipyridamole tab 25 mg, dipyridamole tab 50 mg, dipyridamole tab 75 mg)</i>	1	PD Preventive Drug
DOPTELET	3	PA SP Specialty
OXBRYTA (OXBRYTA 300 MG TAB, OXBRYTA 500 MG TAB)	3	QL 90 EA / 30 day(s) PA SP Specialty
OXBRYTA 300 MG TAB SOL	3	QL 1 EA / 30 day(s) PA SP Specialty
<i>prasugrel hcl</i>	2	PD Preventive Drug
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine</i>	1	PD Preventive Drug
<i>clonidine hcl</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>guanfacine hcl</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>methyldopa (methyldopa 250 mg tab, methyldopa 500 mg tab, methyldopa tab 250 mg, methyldopa tab 500 mg)</i>	1	PD Preventive Drug
<i>midodrine hcl</i>	1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate</i>	1	
<i>phenoxybenzamine hcl</i>	3	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (candesartan cilexetil tab 4 mg, candesartan cilexetil tab 8 mg, candesartan cilexetil tab 32 mg)</i>	2	PD Preventive Drug
EDARBI	3	ST PD Preventive Drug
EPROSARTAN MESYLATE	3	ST PD Preventive Drug
<i>irbesartan</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>losartan potassium</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>olmesartan medoxomil</i>	1	PD Preventive Drug
<i>telmisartan</i>	3	PD Preventive Drug
<i>valsartan (valsartan tab 40 mg, valsartan tab 80 mg, valsartan tab 160 mg, valsartan tab 320 mg)</i>	3	PD Preventive Drug
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>captopril</i>	1	PD Preventive Drug
<i>enalapril maleate (enalapril maleate tab 2.5 mg, enalapril maleate tab 5 mg, enalapril maleate tab 10 mg, enalapril maleate tab 20 mg)</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>fosinopril sodium</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>lisinopril</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>moexipril hcl</i>	1	PD Preventive Drug
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 8 MG TAB, PERINDOPRIL ERBUMINE TAB 2 MG, PERINDOPRIL ERBUMINE TAB 4 MG, PERINDOPRIL ERBUMINE TAB 8 MG)	1	PD Preventive Drug
<i>quinapril hcl</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ramipril</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>trandolapril</i>	1	PD Preventive Drug
ANTIARRHYTHMICS		
<i>amiodarone hcl (amiodarone hcl tab 200 mg, amiodarone hcl tab 400 mg)</i>	1	
<i>amiodarone hcl tab 100 mg</i>	2	
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	3	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	3	
NORPACE CR	3	
PROCAINAMIDE HCL (PROCAINAMIDE HCL 500 MG/ML SOLUTION, PROCAINAMIDE HCL INJ 500 MG/ML)	3	PA
<i>procainamide hcl inj 100 mg/ml</i>	1	PA
<i>propafenone hcl (propafenone hcl cap er 12hr 225 mg, propafenone hcl cap er 12hr 325 mg, propafenone hcl cap er 12hr 425 mg)</i>	2	
<i>propafenone hcl (propafenone hcl tab 150 mg, propafenone hcl tab 225 mg, propafenone hcl tab 300 mg)</i>	1	
<i>quinidine gluconate</i>	1	
<i>sotalol hcl (afib/afI)</i>	1	PD Preventive Drug
<i>sotalol hcl (sotalol hcl tab 80 mg, sotalol hcl tab 120 mg, sotalol hcl tab 160 mg, sotalol hcl tab 240 mg)</i>	1	PD Preventive Drug
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	1	PD Preventive Drug
<i>atenolol</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>betaxolol hcl (betaxolol hcl tab 10 mg, betaxolol hcl tab 20 mg)</i>	1	PD Preventive Drug
<i>bisoprolol fumarate</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carvedilol</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>labetalol hcl (labetalol hcl tab 100 mg, labetalol hcl tab 200 mg, labetalol hcl tab 300 mg)</i>	1	PD Preventive Drug
<i>metoprolol succinate (metoprolol succinate tab er 24hr 100 mg (tartrate equiv), metoprolol succinate tab er 24hr 200 mg (tartrate equiv), metoprolol succinate tab er 24hr 25 mg (tartrate equiv), metoprolol succinate tab er 24hr 50 mg (tartrate equiv))</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metoprolol tartrate (metoprolol tartrate tab 25 mg, metoprolol tartrate tab 50 mg, metoprolol tartrate tab 100 mg)</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>nadolol</i>	1	PD Preventive Drug
<i>nebivolol hcl</i>	2	PD Preventive Drug
<i>pindolol</i>	1	PD Preventive Drug
<i>propranolol hcl (propranolol hcl 40 mg/5ml solution, propranolol hcl cap er 24hr 120 mg, propranolol hcl cap er 24hr 160 mg, propranolol hcl cap er 24hr 60 mg, propranolol hcl cap er 24hr 80 mg, propranolol hcl oral soln 20 mg/5ml, propranolol hcl tab 10 mg, propranolol hcl tab 20 mg, propranolol hcl tab 40 mg, propranolol hcl tab 60 mg, propranolol hcl tab 80 mg)</i>	1	RX4L Rx4Less Program PD Preventive Drug
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>felodipine</i>	1	PD Preventive Drug
<i>isradipine</i>	1	PD Preventive Drug
<i>nicardipine hcl (nicardipine hcl cap 20 mg, nicardipine hcl cap 30 mg)</i>	1	PD Preventive Drug
<i>nifedipine (nifedipine tab er 24hr 30 mg, nifedipine tab er 24hr 60 mg, nifedipine tab er 24hr 90 mg, nifedipine tab er 24hr osmotic release 30 mg, nifedipine tab er 24hr osmotic release 60 mg, nifedipine tab er 24hr osmotic release 90 mg)</i>	1	PD Preventive Drug
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	PD Preventive Drug
NISOLDIPINE ER	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CARDIZEM LA 120 MG TAB ER 24H	2	 Preventive Drug  See important benefit information at end of document
<i>diltiazem hcl (diltiazem hcl cap er 24hr 120 mg, diltiazem hcl cap er 24hr 180 mg, diltiazem hcl cap er 24hr 240 mg, diltiazem hcl tab 30 mg, diltiazem hcl tab 60 mg, diltiazem hcl tab 90 mg, diltiazem hcl tab 120 mg, diltiazem hcl tab er 24hr 180 mg, diltiazem hcl tab er 24hr 240 mg, diltiazem hcl tab er 24hr 300 mg, diltiazem hcl tab er 24hr 360 mg, diltiazem hcl tab er 24hr 420 mg)</i>	1	 Preventive Drug
<i>diltiazem hcl coated beads (diltiazem hcl coated beads cap er 24hr 120 mg, diltiazem hcl coated beads cap er 24hr 180 mg, diltiazem hcl coated beads cap er 24hr 240 mg, diltiazem hcl coated beads cap er 24hr 300 mg, diltiazem hcl coated beads cap er 24hr 360 mg)</i>	1	 Preventive Drug
<i>diltiazem hcl extended release beads</i>	1	 Preventive Drug
<i>diltiazem hcl tab er 24hr 120 mg</i>	2	 Preventive Drug
<i>verapamil hcl (verapamil hcl cap er 24hr 120 mg, verapamil hcl cap er 24hr 180 mg, verapamil hcl cap er 24hr 240 mg, verapamil hcl tab 40 mg, verapamil hcl tab 80 mg, verapamil hcl tab 120 mg, verapamil hcl tab er 120 mg, verapamil hcl tab er 180 mg, verapamil hcl tab er 240 mg)</i>	1	 Rx4Less Program  Preventive Drug
VERAPAMIL HCL ER	1	 Preventive Drug
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide (acetazolamide tab 125 mg, acetazolamide tab 250 mg)</i>	1	
<i>acetazolamide sodium</i>	2	
<i>aliskiren fumarate</i>	3	 Preventive Drug
<i>amiloride & hydrochlorothiazide</i>	1	 Preventive Drug
AMILORIDE-HYDROCHLOROTHIAZIDE	1	 Preventive Drug
<i>amlodipine besylate-benazepril hcl</i>	1	 Preventive Drug
<i>amlodipine besylate-olmesartan medoxomil</i>	3	 Preventive Drug
<i>amlodipine besylate-valsartan</i>	2	 Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine-valsartan-hydrochlorothiazide</i>	2	PD Preventive Drug
<i>atenolol & chlorthalidone</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>benazepril & hydrochlorothiazide</i>	1	PD Preventive Drug
<i>bisoprolol & hydrochlorothiazide</i>	1	RX4L Rx4Less Program PD Preventive Drug
CAMZYOS	3	QL 30 EA / 30 day(s) PA
CAPTOPRIL-HYDROCHLOROTHIAZIDE	1	PD Preventive Drug
CORLANOR (CORLANOR 5 MG TAB, CORLANOR 5 MG/5ML SOLUTION, CORLANOR 7.5 MG TAB)	3	
<i>digoxin (digoxin 0.05 mg/ml solution, digoxin oral soln 0.05 mg/ml, digoxin tab 125 mcg (0.125 mg), digoxin tab 250 mcg (0.25 mg))</i>	1	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	3	
<i>enalapril maleate & hydrochlorothiazide</i>	1	RX4L Rx4Less Program PD Preventive Drug
ENTRESTO	3	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	PD Preventive Drug
<i>irbesartan-hydrochlorothiazide</i>	1	PD Preventive Drug
<i>lisinopril & hydrochlorothiazide</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>losartan potassium & hydrochlorothiazide</i>	1	PD Preventive Drug
<i>metoprolol & hydrochlorothiazide</i>	1	PD Preventive Drug
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	3	PD Preventive Drug
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	PD Preventive Drug
<i>pentoxifylline</i>	1	
PROPRANOLOL-HCTZ	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab, quinapril-hydrochlorothiazide tab 10-12.5 mg, quinapril-hydrochlorothiazide tab 20-12.5 mg, quinapril-hydrochlorothiazide tab 20-25 mg)</i>	1	PD Preventive Drug
<i>ranolazine</i>	2	
<i>spironolactone & hydrochlorothiazide</i>	1	PD Preventive Drug
<i>telmisartan-hydrochlorothiazide</i>	3	PD Preventive Drug
<i>triamterene & hydrochlorothiazide</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>valsartan-hydrochlorothiazide</i>	1	PD Preventive Drug
VYNDAMAX	3	PA SP Specialty
DIURETICS, LOOP		
<i>bumetanide (bumetanide tab 0.5 mg, bumetanide tab 1 mg, bumetanide tab 2 mg)</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>ethacrynic acid</i>	3	
<i>furosemide (furosemide tab 20 mg, furosemide tab 40 mg, furosemide tab 80 mg)</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>furosemide oral soln 10 mg/ml</i>	1	PA PD Preventive Drug
<i>torseamide</i>	1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl</i>	1	
CAROSPIR	2	PD Preventive Drug
<i>eplerenone</i>	1	
<i>spironolactone (spironolactone tab 25 mg, spironolactone tab 50 mg, spironolactone tab 100 mg)</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>triamterene</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIURETICS, THIAZIDE		
CHLOROTHIAZIDE	1	PD Preventive Drug
<i>chlorthalidone</i>	1	PD Preventive Drug
DIURIL	3	PD Preventive Drug
<i>hydrochlorothiazide (hydrochlorothiazide cap 12.5 mg, hydrochlorothiazide tab 12.5 mg, hydrochlorothiazide tab 25 mg, hydrochlorothiazide tab 50 mg)</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>indapamide</i>	1	PD Preventive Drug
<i>metolazone</i>	1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate</i>	1	PD Preventive Drug
<i>fenofibrate (fenofibrate tab 54 mg, fenofibrate tab 145 mg, fenofibrate tab 160 mg)</i>	1	PD Preventive Drug
<i>fenofibrate micronized (fenofibrate micronized cap 67 mg, fenofibrate micronized cap 134 mg, fenofibrate micronized cap 200 mg)</i>	1	PD Preventive Drug
<i>fenofibrate tab 48 mg</i>	2	PD Preventive Drug
<i>gemfibrozil</i>	1	PD Preventive Drug
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (atorvastatin calcium tab 40 mg (base equivalent), atorvastatin calcium tab 80 mg (base equivalent))</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>atorvastatin calcium 10 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>atorvastatin calcium 20 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>fluvastatin sodium (fluvastatin sodium cap 20 mg (base equivalent), fluvastatin sodium cap 40 mg (base equivalent))</i>	3	ACA Affordable Care Act PD Preventive Drug
LIVALO	3	ST PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lovastatin</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>pravastatin sodium (pravastatin sodium tab 10 mg, pravastatin sodium tab 20 mg, pravastatin sodium tab 40 mg, pravastatin sodium tab 80 mg)</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>rosuvastatin calcium (rosuvastatin calcium tab 5 mg, rosuvastatin calcium tab 10 mg, rosuvastatin calcium tab 20 mg, rosuvastatin calcium tab 40 mg)</i>	2	ACA Affordable Care Act PD Preventive Drug
<i>simvastatin (simvastatin tab 5 mg, simvastatin tab 10 mg, simvastatin tab 20 mg, simvastatin tab 40 mg, simvastatin tab 80 mg)</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (cholestyramine powder 4 gm/dose, cholestyramine powder packets 4 gm)</i>	1	PD Preventive Drug
<i>cholestyramine light (cholestyramine light powder 4 gm/dose, cholestyramine light powder packets 4 gm)</i>	1	PD Preventive Drug
<i>colesevelam hcl</i>	3	PD Preventive Drug
<i>colestipol hcl (colestipol hcl granule packets 5 gm, colestipol hcl granules 5 gm, colestipol hcl tab 1 gm)</i>	1	PD Preventive Drug
<i>ezetimibe</i>	3	PD Preventive Drug
<i>ezetimibe-simvastatin</i>	3	PD Preventive Drug
<i>icosapent ethyl</i>	2	PD Preventive Drug
JUXTAPID	3	PA SP Specialty
<i>niacin (antihyperlipidemic) (niacin tab er 500 mg (antihyperlipidemic), niacin tab er 750 mg (antihyperlipidemic), niacin tab er 1000 mg (antihyperlipidemic))</i>	2	PD Preventive Drug
<i>omega-3-acid ethyl esters</i>	3	PD Preventive Drug
REPATHA	2	QL 2 ML / 28 day(s) PA
REPATHA PUSHRONEX SYSTEM	2	QL 3.5 ML / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REPATHA SURECLICK	2	QL 2 ML / 28 day(s) PA
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (hydralazine hcl tab 10 mg, hydralazine hcl tab 25 mg, hydralazine hcl tab 50 mg, hydralazine hcl tab 100 mg)</i>	1	PD Preventive Drug
<i>minoxidil</i>	1	PD Preventive Drug
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (isosorbide dinitrate tab 5 mg, isosorbide dinitrate tab 10 mg, isosorbide dinitrate tab 20 mg, isosorbide dinitrate tab 30 mg)</i>	1	PD Preventive Drug
<i>isosorbide mononitrate (isosorbide mononitrate 10 mg tab, isosorbide mononitrate 20 mg tab, isosorbide mononitrate tab 10 mg, isosorbide mononitrate tab 20 mg, isosorbide mononitrate tab er 24hr 120 mg, isosorbide mononitrate tab er 24hr 30 mg, isosorbide mononitrate tab er 24hr 60 mg)</i>	1	PD Preventive Drug
NITRO-DUR (NITRO-DUR 0.3 MG/HR PATCH 24HR, NITRO-DUR 0.8 MG/HR PATCH 24HR)	2	PD Preventive Drug
<i>nitroglycerin (nitroglycerin sl tab 0.3 mg, nitroglycerin sl tab 0.4 mg, nitroglycerin sl tab 0.6 mg, nitroglycerin td patch 24hr 0.1 mg/hr, nitroglycerin td patch 24hr 0.2 mg/hr, nitroglycerin td patch 24hr 0.4 mg/hr, nitroglycerin td patch 24hr 0.6 mg/hr)</i>	1	
RECTIV	3	PA
CENTRAL NERVOUS SYSTEM		
ANTIDEMENTIA		
<i>donepezil hydrochloride (donepezil hydrochloride tab 5 mg, donepezil hydrochloride tab 10 mg)</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	3	
ERGOLOID MESYLATES	1	PA
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg/ml solution, galantamine hydrobromide cap er 24hr 16 mg, galantamine hydrobromide cap er 24hr 24 mg, galantamine hydrobromide cap er 24hr 8 mg, galantamine hydrobromide tab 4 mg, galantamine hydrobromide tab 8 mg, galantamine hydrobromide tab 12 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>memantine hcl (memantine hcl cap er 24hr 14 mg, memantine hcl cap er 24hr 21 mg, memantine hcl cap er 24hr 28 mg, memantine hcl cap er 24hr 7 mg, memantine hcl oral solution 2 mg/ml, memantine hcl tab 5 mg, memantine hcl tab 10 mg, memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack)</i>	2	
NAMENDA XR TITRATION PACK	2	
<i>rivastigmine</i>	2	
<i>rivastigmine tartrate</i>	1	
ANTIPSYCHOTICS		
<i>aripiprazole (aripiprazole orally disintegrating tab 10 mg, aripiprazole orally disintegrating tab 15 mg)</i>	2	QL 30 EA / 30 day(s) PA
<i>aripiprazole (aripiprazole tab 10 mg, aripiprazole tab 15 mg, aripiprazole tab 20 mg, aripiprazole tab 30 mg)</i>	1	QL 30 EA / 30 day(s)
<i>aripiprazole (aripiprazole tab 2 mg, aripiprazole tab 5 mg)</i>	1	QL 60 EA / 30 day(s)
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL 600 ML / 30 day(s)
<i>asenapine maleate</i>	2	QL 60 EA / 30 day(s)
CAPLYTA (CAPLYTA 10.5 MG CAP, CAPLYTA 21 MG CAP, CAPLYTA 42 MG CAP)	3	PA
<i>chlorpromazine hcl (chlorpromazine hcl tab 10 mg, chlorpromazine hcl tab 25 mg, chlorpromazine hcl tab 50 mg, chlorpromazine hcl tab 100 mg, chlorpromazine hcl tab 200 mg)</i>	1	
<i>clozapine (clozapine tab 25 mg, clozapine tab 50 mg, clozapine tab 100 mg, clozapine tab 200 mg)</i>	1	
FANAPT	3	QL 60 EA / 30 day(s) PA
FANAPT TITRATION PACK	3	PA
<i>fluphenazine decanoate</i>	1	PA
<i>fluphenazine hcl (fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl tab 1 mg, fluphenazine hcl tab 2.5 mg, fluphenazine hcl tab 5 mg, fluphenazine hcl tab 10 mg)</i>	1	
HALDOL DECANOATE	3	PA
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>haloperidol lactate inj 5 mg/ml</i>	1	PA
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
INVEGA SUSTENNA	3	PA
INVEGA TRINZA	3	PA
LATUDA	3	QL 30 EA / 30 day(s) See important benefit information at end of document
<i>loxapine succinate</i>	1	
<i>lurasidone hcl</i>	1	QL 30 EA / 30 day(s)
<i>olanzapine (olanzapine orally disintegrating tab 5 mg, olanzapine orally disintegrating tab 10 mg, olanzapine orally disintegrating tab 15 mg, olanzapine orally disintegrating tab 20 mg, olanzapine tab 2.5 mg, olanzapine tab 5 mg, olanzapine tab 7.5 mg, olanzapine tab 10 mg, olanzapine tab 15 mg, olanzapine tab 20 mg)</i>	1	QL 90 EA / 30 day(s)
<i>paliperidone</i>	2	QL 30 EA / 30 day(s)
PIMOZIDE	3	PA
<i>quetiapine fumarate (quetiapine fumarate tab 25 mg, quetiapine fumarate tab 50 mg, quetiapine fumarate tab 200 mg, quetiapine fumarate tab 300 mg, quetiapine fumarate tab 400 mg)</i>	1	QL 120 EA / 30 day(s) RX4L Rx4Less Program
<i>quetiapine fumarate (quetiapine fumarate tab er 24hr 150 mg, quetiapine fumarate tab er 24hr 200 mg, quetiapine fumarate tab er 24hr 300 mg, quetiapine fumarate tab er 24hr 400 mg)</i>	2	QL 30 EA / 30 day(s)
<i>quetiapine fumarate tab 100 mg</i>	1	QL 120 / 30 day(s) RX4L Rx4Less Program
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	QL 60 EA / 30 day(s)
REXULTI	3	QL 30 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>risperidone (risperidone 0.25 mg tab disp, risperidone orally disintegrating tab 0.5 mg, risperidone orally disintegrating tab 1 mg, risperidone orally disintegrating tab 2 mg, risperidone orally disintegrating tab 3 mg, risperidone orally disintegrating tab 4 mg, risperidone tab 0.25 mg, risperidone tab 0.5 mg, risperidone tab 1 mg, risperidone tab 2 mg, risperidone tab 3 mg, risperidone tab 4 mg)</i>	1	QL 90 EA / 30 day(s)
<i>risperidone soln 1 mg/ml</i>	1	
SECUADO	3	PA
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
VRAYLAR	3	QL 30 EA / 30 day(s) PA
<i>ziprasidone hcl</i>	2	QL 60 EA / 30 day(s)
ANXIOLYTICS		
<i>alprazolam (alprazolam tab 0.25 mg, alprazolam tab 0.5 mg, alprazolam tab 1 mg, alprazolam tab 2 mg)</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam (alprazolam tab er 24hr 0.5 mg, alprazolam tab er 24hr 1 mg, alprazolam tab er 24hr 2 mg, alprazolam tab er 24hr 3 mg)</i>	2	QL 60 EA / 30 day(s)
<i>bupirone hcl (bupirone hcl tab 5 mg, bupirone hcl tab 7.5 mg, bupirone hcl tab 10 mg, bupirone hcl tab 15 mg, bupirone hcl tab 30 mg)</i>	1	RX4L Rx4Less Program
<i>chlordiazepoxide hcl</i>	1	
<i>clonazepam (clonazepam orally disintegrating tab 0.125 mg, clonazepam orally disintegrating tab 0.25 mg, clonazepam orally disintegrating tab 0.5 mg, clonazepam orally disintegrating tab 1 mg, clonazepam orally disintegrating tab 2 mg)</i>	2	PD Preventive Drug
<i>clonazepam (clonazepam tab 0.5 mg, clonazepam tab 1 mg, clonazepam tab 2 mg)</i>	1	PD Preventive Drug
<i>clorazepate dipotassium</i>	1	QL 120 EA / 30 day(s)
<i>diazepam (diazepam tab 2 mg, diazepam tab 5 mg, diazepam tab 10 mg)</i>	1	QL 120 EA / 30 day(s)
<i>diazepam oral soln 1 mg/ml</i>	1	QL 1200 ML / 30 day(s)


PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lorazepam (lorazepam tab 0.5 mg, lorazepam tab 1 mg, lorazepam tab 2 mg)</i>	1	QL 150 EA / 30 day(s)
<i>meprobamate</i>	2	
<i>oxazepam</i>	1	QL 120 EA / 30 day(s)
MIGRAINE		
AIMOVIG	2	QL 1 ML / 28 day(s) PA
AJOVY	2	QL 1.5 ML / 28 day(s) PA
<i>almotriptan malate</i>	3	QL 8 EA / 30 day(s)
CAFERGOT	3	
<i>candesartan cilexetil tab 16 mg</i>	2	PD Preventive Drug
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	2	QL 8 ML / 30 day(s)
<i>eletriptan hydrobromide</i>	2	QL 12 EA / 30 day(s)
EMGALITY	2	QL 1 ML / 28 day(s) PA
EMGALITY (300 MG DOSE)	2	PA QLC 9 ML / 180 day(s)
<i>ergotamine w/ caffeine</i>	1	
<i>frovatriptan succinate</i>	3	QL 9 EA / 30 day(s) ST
IMITREX STATDOSE REFILL 6 MG/0.5ML SOLN CART	1	QL 3 ML / 30 day(s)
MIGRANAL	2	QL 8 ML / 30 day(s)
<i>naratriptan hcl</i>	1	QL 12 EA / 30 day(s)
NURTEC	3	QL 16 EA / 30 day(s) PA
QULIPTA	3	PA
REYVOW	3	QL 8 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rizatriptan benzoate</i>	1	QL 12 EA / 30 day(s)
<i>sumatriptan</i>	1	QL 6 EA / 30 day(s)
<i>sumatriptan succinate (sumatriptan succinate inj 6 mg/0.5ml, sumatriptan succinate solution auto-injector 4 mg/0.5ml, sumatriptan succinate solution auto-injector 6 mg/0.5ml, sumatriptan succinate solution cartridge 6 mg/0.5ml)</i>	1	QL 3 ML / 30 day(s)
<i>sumatriptan succinate (sumatriptan succinate tab 25 mg, sumatriptan succinate tab 50 mg, sumatriptan succinate tab 100 mg)</i>	1	QL 12 EA / 30 day(s)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	1	QL 3 ML / 30 day(s)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	
<i>timolol maleate</i>	1	PD Preventive Drug
UBRELVY	3	QL 16 EA / 30 day(s) PA
<i>zolmitriptan (zolmitriptan 2.5 mg solution, zolmitriptan nasal spray 5 mg/spray unit)</i>	3	QL 6 EA / 30 day(s)
<i>zolmitriptan (zolmitriptan orally disintegrating tab 2.5 mg, zolmitriptan orally disintegrating tab 5 mg, zolmitriptan tab 2.5 mg, zolmitriptan tab 5 mg)</i>	1	QL 12 EA / 30 day(s)
MISCELLANEOUS		
GUANIDINE HCL	3	PA MNPA
LITHIUM	1	
<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap, lithium carbonate cap 150 mg, lithium carbonate cap 300 mg, lithium carbonate cap 600 mg, lithium carbonate tab 300 mg, lithium carbonate tab er 300 mg, lithium carbonate tab er 450 mg)</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine cap er 24hr 10 mg, amphetamine-dextroamphetamine cap er 24hr 15 mg, amphetamine-dextroamphetamine cap er 24hr 20 mg, amphetamine-dextroamphetamine cap er 24hr 25 mg, amphetamine-dextroamphetamine cap er 24hr 30 mg, amphetamine-dextroamphetamine cap er 24hr 5 mg)</i>	1	QL 60 EA / 30 day(s)
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine tab 5 mg, amphetamine-dextroamphetamine tab 7.5 mg, amphetamine-dextroamphetamine tab 10 mg, amphetamine-dextroamphetamine tab 12.5 mg, amphetamine-dextroamphetamine tab 15 mg, amphetamine-dextroamphetamine tab 20 mg, amphetamine-dextroamphetamine tab 30 mg)</i>	1	QL 90 EA / 30 day(s)
<i>dextroamphetamine sulfate (dextroamphetamine sulfate cap er 24hr 10 mg, dextroamphetamine sulfate cap er 24hr 15 mg, dextroamphetamine sulfate cap er 24hr 5 mg, dextroamphetamine sulfate tab 5 mg, dextroamphetamine sulfate tab 10 mg)</i>	1	QL 120 EA / 30 day(s)
<i>lisdexamfetamine dimesylate (lisdexamfetamine dimesylate cap 10 mg, lisdexamfetamine dimesylate cap 20 mg, lisdexamfetamine dimesylate cap 30 mg, lisdexamfetamine dimesylate cap 40 mg, lisdexamfetamine dimesylate cap 50 mg, lisdexamfetamine dimesylate cap 60 mg, lisdexamfetamine dimesylate cap 70 mg)</i>	2	QL 30 EA / 30 days
<i>methamphetamine hcl</i>	3	
VYVANSE (VYVANSE 10 MG CAP, VYVANSE 20 MG CAP, VYVANSE 30 MG CAP, VYVANSE 40 MG CAP, VYVANSE 50 MG CAP, VYVANSE 60 MG CAP, VYVANSE 70 MG CAP)	2	QL 30 EA / 30 day(s) See important benefit information at end of document
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl</i>	1	
<i>clonidine hcl 0.1 mg tab er 12h (generic of KAPVAY)</i>	1	
<i>Dexmethylphenidate HCl 10 MG TAB (generic of FOCALIN)</i>	1	QL 90 EA / 30 day(s)
<i>Dexmethylphenidate HCl 2.5 MG TAB (generic of FOCALIN)</i>	1	QL 90 EA / 30 day(s)
<i>Dexmethylphenidate HCl 5 MG TAB (generic of FOCALIN)</i>	1	QL 90 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>Dexmethylphenidate HCl ER 10 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)
<i>Dexmethylphenidate HCl ER 15 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)
<i>Dexmethylphenidate HCl ER 20 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)
<i>Dexmethylphenidate HCl ER 25 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)
<i>Dexmethylphenidate HCl ER 30 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)
<i>Dexmethylphenidate HCl ER 35 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)
<i>Dexmethylphenidate HCl ER 40 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)
<i>Dexmethylphenidate HCl ER 5 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)
<i>guanfacine hcl (adhd)</i>	1	
<i>Methylphenidate 10 MG/9HR PATCH (generic of DAYTRANA)</i>	3	QL 30 EA / 30 day(s)
<i>Methylphenidate 15 MG/9HR PATCH (generic of DAYTRANA)</i>	3	QL 30 EA / 30 day(s)
<i>Methylphenidate 20 MG/9HR PATCH (generic of DAYTRANA)</i>	3	QL 30 EA / 30 day(s)
<i>Methylphenidate 30 MG/9HR PATCH (generic of DAYTRANA)</i>	3	QL 30 EA / 30 day(s)
<i>methylphenidate hcl (methylphenidate hcl tab er 24hr 27 mg, methylphenidate hcl tab er 24hr 36 mg, methylphenidate hcl tab er 24hr 54 mg)</i>	1	
<i>Methylphenidate HCl 10 MG TAB (generic of RITALIN)</i>	1	QL 90 EA / 30 day(s)
<i>Methylphenidate HCl 10 MG/5ML SOLUTION (generic of METHYLIN)</i>	2	
<i>Methylphenidate HCl 20 MG TAB (generic of RITALIN)</i>	1	QL 90 EA / 30 day(s)
<i>Methylphenidate HCl 5 MG TAB (generic of RITALIN)</i>	1	QL 90 EA / 30 day(s)
<i>Methylphenidate HCl 5 MG/5ML SOLUTION (generic of METHYLIN)</i>	1	QL 1800 ML / 30 day(s)
<i>Methylphenidate HCl ER (CD) 10 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 20 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>Methylphenidate HCl ER (CD) 30 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 40 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 50 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 60 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (LA) 10 MG CAP ER 24H (generic of RITALIN LA)</i>	3	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (LA) 20 MG CAP ER 24H (generic of RITALIN LA)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (LA) 30 MG CAP ER 24H (generic of RITALIN LA)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (LA) 40 MG CAP ER 24H (generic of RITALIN LA)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER 10 MG TAB ER (generic of METADATE ER)</i>	1	
<i>Methylphenidate HCl ER 20 MG TAB ER (generic of METADATE ER)</i>	1	
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
QUILLICHEW ER	3	QL 60 EA / 30 day(s)
QUILLIVANT XR	3	QL 360 ML / 30 day(s)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO	3	PA SP Specialty
AUSTEDO XR	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR PATIENT TITRATION	3	PA SP Specialty
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine (butalbital-acetaminophen-caffeine cap 50-300-40 mg, butalbital-acetaminophen-caffeine cap 50-325-40 mg, butalbital-acetaminophen-caffeine tab 50-325-40 mg)</i>	1	
CONTRAVE	3	PA
INGREZZA	3	PA SP Specialty
NUDEXTA	3	PA
<i>phentermine hcl</i>	1	PA
QSYMIA	2	PA
RELYVRIO	3	PA SP Specialty
RILUTEK	3	
<i>riluzole</i>	3	
<i>tetrabenazine</i>	3	PA SP Specialty
FIBROMYALGIA AGENTS		
<i>duloxetine hcl (duloxetine hcl enteric coated pellets cap 20 mg (base eq), duloxetine hcl enteric coated pellets cap 30 mg (base eq), duloxetine hcl enteric coated pellets cap 60 mg (base eq))</i>	1	
<i>pregabalin (pregabalin cap 25 mg, pregabalin cap 50 mg, pregabalin cap 75 mg, pregabalin cap 100 mg, pregabalin cap 150 mg, pregabalin cap 200 mg, pregabalin cap 225 mg, pregabalin cap 300 mg, pregabalin soln 20 mg/ml)</i>	1	
SAVELLA	3	
SAVELLA TITRATION PACK	3	
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	2	PA SP Specialty  See important benefit information at end of document

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AVONEX PEN	3	PA SP Specialty
AVONEX PREFILLED	3	PA SP Specialty
BAFIERTAM	2	PA SP Specialty
BETASERON	3	PA SP Specialty
COPAXONE	2	PA SP Specialty ! See important benefit information at end of document
<i>dalfampridine</i>	1	SP Specialty
<i>dimethyl fumarate (dimethyl fumarate capsule delayed release 120 mg, dimethyl fumarate capsule delayed release 240 mg, dimethyl fumarate capsule dr starter pack 120 mg & 240 mg)</i>	2	PA SP Specialty
<i>fingolimod hcl</i>	2	PA SP Specialty
<i>glatiramer acetate</i>	2	PA SP Specialty
KESIMPTA	3	PA SP Specialty
MAVENCLAD (10 TABS)	3	PA SP Specialty
MAVENCLAD (4 TABS)	3	PA SP Specialty
MAVENCLAD (5 TABS)	3	PA SP Specialty
MAVENCLAD (6 TABS)	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAVENCLAD (7 TABS)	3	PA SP Specialty
MAVENCLAD (8 TABS)	3	PA SP Specialty
MAVENCLAD (9 TABS)	3	PA SP Specialty
MAYZENT	2	PA SP Specialty
MAYZENT STARTER PACK	2	PA SP Specialty
REBIF	3	PA SP Specialty
REBIF REBIDOSE	3	PA SP Specialty
REBIF REBIDOSE TITRATION PACK	3	PA SP Specialty
REBIF TITRATION PACK	3	PA SP Specialty
<i>teriflunomide</i>	2	PA SP Specialty
TY SABRI	3	PA
VUMERITY	2	PA SP Specialty
VUMERITY (STARTER)	2	PA SP Specialty
ZEPOSIA	2	PA SP Specialty
ZEPOSIA 7-DAY STARTER PACK	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEPOSIA STARTER KIT	2	PA SP Specialty
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl</i>	3	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
DEBACTEROL	3	PA MNPA
KEPIVANCE	3	PA
<i>pilocarpine hcl (oral)</i>	1	
<i>sodium fluoride (dental) (sodium fluoride cream 1.1%, sodium fluoride gel 1.1% (0.5% f))</i>	1	
<i>sodium fluoride rinse 0.2%</i>	2	
<i>triamcinolone acetonide (mouth)</i>	1	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
<i>acitretin</i>	3	
<i>adapalene (adapalene cream 0.1%, adapalene gel 0.1%)</i>	1	
<i>adapalene gel 0.3%</i>	2	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	3	ST
<i>azelaic acid</i>	3	
AZELEX	3	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	
<i>clindamycin phosphate-tretinoin</i>	3	
<i>isotretinoin (isotretinoin cap 10 mg, isotretinoin cap 20 mg, isotretinoin cap 30 mg, isotretinoin cap 40 mg)</i>	1	
<i>tazarotene (tazarotene cream 0.1%, tazarotene gel 0.05%, tazarotene gel 0.1%)</i>	3	
TAZORAC 0.05 % CREAM	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tretinoin (tretinoin cream 0.025%, tretinoin cream 0.05%, tretinoin cream 0.1%, tretinoin gel 0.01%, tretinoin gel 0.025%)</i>	1	
<i>tretinoin microsphere gel 0.08%</i>	3	
DERMATITIS AND PRURITUS AGENTS		
<i>alclometasone dipropionate oint 0.05%</i>	1	
AMCINONIDE (AMCINONIDE 0.1 % CREAM, AMCINONIDE 0.1 % LOTION, AMCINONIDE 0.1 % OINTMENT, AMCINONIDE OINT 0.1%)	1	
<i>betamethasone dipropionate (topical) (betamethasone dipropionate cream 0.05%, betamethasone dipropionate lotion 0.05%)</i>	1	
BETAMETHASONE DIPROPIONATE AUG	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone valerate (betamethasone valerate cream 0.1% (base equivalent), betamethasone valerate lotion 0.1% (base equivalent), betamethasone valerate oint 0.1% (base equivalent))</i>	1	
<i>betamethasone valerate aerosol foam 0.12%</i>	2	
<i>clobetasol propionate (clobetasol propionate cream 0.05%, clobetasol propionate foam 0.05%, clobetasol propionate gel 0.05%, clobetasol propionate lotion 0.05%, clobetasol propionate oint 0.05%, clobetasol propionate soln 0.05%)</i>	1	
<i>clobetasol propionate emollient base</i>	1	
CORDRAN 4 MCG/SQCM TAPE	3	
<i>desonide (desonide cream 0.05%, desonide oint 0.05%)</i>	1	
<i>desoximetasone (desoximetasone cream 0.05%, desoximetasone cream 0.25%, desoximetasone gel 0.05%, desoximetasone oint 0.25%)</i>	3	
<i>doxepin hcl (antipruritic)</i>	3	PA
<i>fluocinolone acetonide (fluocinolone acetonide cream 0.025%, fluocinolone acetonide oint 0.025%, fluocinolone acetonide soln 0.01%)</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	
<i>fluocinonide (fluocinonide cream 0.05%, fluocinonide gel 0.05%, fluocinonide oint 0.05%, fluocinonide soln 0.05%)</i>	1	
<i>flurandrenolide (flurandrenolide cream 0.05%, flurandrenolide lotion 0.05%)</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluticasone propionate (fluticasone propionate cream 0.05%, fluticasone propionate oint 0.005%)</i>	1	
<i>halobetasol propionate (halobetasol propionate cream 0.05%, halobetasol propionate oint 0.05%)</i>	1	
HYDROCORTISONE BUTYRATE (HYDROCORTISONE BUTYRATE 0.1 % CREAM, HYDROCORTISONE BUTYRATE 0.1 % SOLUTION, HYDROCORTISONE BUTYRATE CREAM 0.1%)	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>lactic acid (ammonium lactate) (lactic acid (ammonium lactate) cream 12%, lactic acid (ammonium lactate) lotion 12%)</i>	1	OTC Over the Counter
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>pimecrolimus</i>	2	QL 30 GM / 30 day(s)
PRAMOX	1	
<i>selenium sulfide lotion 2.5%</i>	1	
<i>tacrolimus (topical)</i>	2	QL 30 GM / 30 day(s)
<i>triamcinolone acetonide (topical) (triamcinolone acetonide cream 0.025%, triamcinolone acetonide cream 0.1%, triamcinolone acetonide cream 0.5%, triamcinolone acetonide lotion 0.025%, triamcinolone acetonide lotion 0.1%, triamcinolone acetonide oint 0.025%, triamcinolone acetonide oint 0.1%, triamcinolone acetonide oint 0.5%)</i>	1	
DERMATOLOGICAL AGENTS, OTHER		
ANALPRAM HC	2	
ANALPRAM HC SINGLES	2	
<i>benzoyl peroxide (benzoyl peroxide gel 5%, benzoyl peroxide gel 10%, benzoyl peroxide liq 10%)</i>	1	OTC Over the Counter
<i>calcipotriene (calcipotriene cream 0.005%, calcipotriene oint 0.005%)</i>	2	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	3	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	3	
CALCITRIOL 3 MCG/GM OINTMENT	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clotrimazole w/ betamethasone (clotrimazole w/ betamethasone cream 1-0.05%, clotrimazole w/ betamethasone lotion 1-0.05%)</i>	1	
CONDYLOX	3	
<i>diclofenac sodium (actinic keratoses)</i>	3	
DRYSOL	1	
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	1	
<i>fluorouracil (topical)</i>	1	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	2	
<i>imiquimod cream 5%</i>	1	
METHOXSALEN RAPID (METHOXSALEN RAPID 10 MG CAP, METHOXSALEN RAPID CAP 10 MG)	3	
NEO-SYNALAR 0.5-0.025 % CREAM	3	PA
<i>nystatin-triamcinolone</i>	1	
OTEZLA 30 MG TAB	2	QL 60 EA / 30 day(s) PA SP Specialty
PICATO	3	PA
<i>podofilox (podofilox 0.5 % solution, podofilox soln 0.5%)</i>	1	
<i>pramoxine-hc cream 1-2.5%</i>	2	
PROCTOFOAM HC	3	
<i>salicylic acid cream 6%</i>	1	
SANTYL	3	
<i>selenium sulfide shampoo 2.25%</i>	1	
<i>silver sulfadiazine</i>	1	
<i>sulfacetamide sodium liquid 10%</i>	1	
<i>sulfacetamide sodium w/ sulfur (sulfacetamide sodium w/ sulfur cleanser 10-5%, sulfacetamide sodium w/ sulfur cleansing pad 10-4%, sulfacetamide sodium w/ sulfur cream 10-5%)</i>	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION	1	
ULESFIA	3	
VECTICAL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VEREGEN	3	PA
PEDICULICIDES/SCABICIDES		
CROTAN	3	
EURAX 10 % CREAM	3	
<i>ivermectin (rosacea)</i>	3	
IVERMECTIN 0.5 % LOTION	3	PA
IVERMECTIN 1 % CREAM	3	
<i>malathion</i>	3	ST
<i>permethrin cream 5%</i>	1	
SOOLANTRA	3	
SPINOSAD	3	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir oint 5%</i>	2	QL 15 GM / 30 day(s)
CENTANY	1	
<i>ciclopirox (ciclopirox gel 0.77%, ciclopirox shampoo 1%, ciclopirox solution 8%)</i>	1	
<i>clindamycin phosphate (topical) (clindamycin phosphate gel 1%, clindamycin phosphate lotion 1%, clindamycin phosphate soln 1%)</i>	1	
<i>erythromycin (acne aid) (erythromycin gel 2%, erythromycin soln 2%)</i>	1	
<i>mafenide acetate</i>	3	
<i>mupirocin</i>	1	
<i>penciclovir</i>	3	QL 5 / 30 day(s) ST
SULFAMYLON 5 % PACKET	3	PA
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	OTC Over the Counter PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUTREN 1.5	2	OTC Over the Counter
<i>potassium chloride (potassium chloride cap er 8 meq, potassium chloride cap er 10 meq, potassium chloride oral soln 10% (20 meq/15ml), potassium chloride oral soln 20% (40 meq/15ml), potassium chloride tab er 8 meq (600 mg), potassium chloride tab er 10 meq, potassium chloride tab er 20 meq (1500 mg))</i>	1	
POTASSIUM CHLORIDE ER	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	3	
<i>potassium chloride microencapsulated crystals er (potassium chloride microencapsulated crys er tab 10 meq, potassium chloride microencapsulated crys er tab 20 meq)</i>	1	
<i>potassium citrate (alkalinizer) (potassium citrate tab er 5 meq (540 mg), potassium citrate tab er 10 meq (1080 mg))</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	
<i>sodium chloride (gu irrigant)</i>	1	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	ACA Affordable Care Act
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	3	
<i>deferasirox (deferasirox tab for oral susp 125 mg, deferasirox tab for oral susp 250 mg, deferasirox tab for oral susp 500 mg)</i>	3	PA SP Specialty
<i>deferiprone</i>	3	PA SP Specialty
FERRIPROX 100 MG/ML SOLUTION	3	PA SP Specialty
FERRIPROX TWICE-A-DAY	3	PA SP Specialty
JYNARQUE (JYNARQUE 15 MG TAB, JYNARQUE 30 & 15 MG TAB THPK, JYNARQUE 30 MG TAB, JYNARQUE 45 & 15 MG TAB THPK, JYNARQUE 60 & 30 MG TAB THPK, JYNARQUE 90 & 30 MG TAB THPK)	3	PA SP Specialty
JYNARQUE 15 MG TAB THPK	3	SP Specialty
<i>tolvaptan (tolvaptan 15 mg tab, tolvaptan tab 15 mg, tolvaptan tab 30 mg)</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trientine hcl</i>	3	PA SP Specialty
PHOSPHATE BINDERS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
FOSRENOL (FOSRENOL 750 MG PACKET, FOSRENOL 1000 MG PACKET)	3	
<i>lanthanum carbonate</i>	3	
<i>sevelamer carbonate</i>	2	
<i>sevelamer hcl (sevelamer hcl 400 mg tab, sevelamer hcl tab 800 mg)</i>	3	
VELPHORO	3	PA ST
POTASSIUM BINDERS		
LOKELMA	2	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
SPS	1	
VELTASSA	2	
VITAMINS		
<i>*amino acids tab***</i>	1	OTC Over the Counter
<i>*omega-3 fatty acids cap 1000 mg**</i>	1	OTC Over the Counter
<i>acetylcysteine (nutrient)</i>	1	OTC Over the Counter
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i>	1	ACA Affordable Care Act OTC Over the Counter
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL B-CALM	3	
CITRANATAL BLOOM DHA	3	
CITRANATAL DHA	3	
CITRANATAL HARMONY	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CITRANATAL RX	3	
<i>ferrous sulfate (ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe))</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)</i>	3	ACA Affordable Care Act OTC Over the Counter
FLUORABON	3	ACA Affordable Care Act
FLURA-DROPS	1	ACA Affordable Care Act
FOLBIC	1	OTC Over the Counter
<i>folic acid (folic acid tab 1 mg, folic acid tab 400 mcg, folic acid tab 800 mcg)</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>irrigation solutions, physiological</i>	1	
MULTIVITAMIN + FLUORIDE	1	PD Preventive Drug OTC Over the Counter
N-A-C SUSTAIN	1	OTC Over the Counter
NAFRINSE DROPS	1	ACA Affordable Care Act
NEONATAL + DHA	3	
NEONATAL 19	3	
NEONATAL FE	3	
NIVA-FOL	1	OTC Over the Counter
O-CAL FA	1	
<i>ped multivitamins w/fl & iron</i>	1	PD Preventive Drug
<i>pediatric multivitamins w/fl (*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***, *pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***, *pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***)</i>	1	PD Preventive Drug
<i>pediatric vitamins acid w/ fluoride (*pediatric vitamins acid w/ fluoride soln 0.25 mg/ml***, *pediatric vitamins acid w/ fluoride soln 0.5 mg/ml***)</i>	1	PD Preventive Drug
<i>potassium bicarbonate</i>	2	
PRENAISSANCE PLUS	3	
PRENATAL 27-1 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRENATAL PLUS	1	
PRENATAL PLUS VITAMIN/MINERAL	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATRIX	1	
PRENATRYL	1	
<i>sodium fluoride (sodium fluoride 1.1 (0.5 f) mg tab, sodium fluoride 2.2 (1 f) mg tab, sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), sodium fluoride chew tab 1 mg f (from 2.2 mg naf), sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf), sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf))</i>	1	ACA Affordable Care Act
VITAFOL STRIPS	3	
WESTAB MAX	1	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
AMITIZA 24 MCG CAP	3	PA MNPA ! See important benefit information at end of document
<i>lactulose (encephalopathy)</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
LINZESS	2	
<i>lubiprostone cap 24 mcg</i>	3	PA MNPA
MOVANTIK	2	QL 30 EA / 30 day(s)
MOVIPREP	3	ACA Affordable Care Act
OSMOPREP	3	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	ACA Affordable Care Act
<i>polyethylene glycol 3350 (polyethylene glycol 3350 oral packet 17 gm, polyethylene glycol 3350 oral powder 17 gm/scoop)</i>	1	OTC Over the Counter
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	3	ACA Affordable Care Act
TRULANCE	2	
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diphenoxylate w/ atropine</i>	1	
DIPHENOXYLATE-ATROPINE	1	
<i>loperamide hcl cap 2 mg</i>	1	
MYTESI	3	PA MNPA
VIBERZI	3	PA
ZELNORM	3	
ANTISPASMODICS, GASTROINTESTINAL		
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
<i>dicyclomine hcl (dicyclomine hcl cap 10 mg, dicyclomine hcl oral soln 10 mg/5ml, dicyclomine hcl tab 20 mg)</i>	1	
<i>glycopyrrolate (glycopyrrolate tab 1 mg, glycopyrrolate tab 2 mg)</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	3	PA
<i>hyoscyamine sulfate (hyoscyamine sulfate sl tab 0.125 mg, hyoscyamine sulfate tab 0.125 mg, hyoscyamine sulfate tab disint 0.125 mg, hyoscyamine sulfate tab er 12hr 0.375 mg)</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
GASTROINTESTINAL AGENTS, OTHER		
GAVILYTE-C	1	ACA Affordable Care Act
GOLYTELY 227.1 GM RECON SOLN	3	ACA Affordable Care Act
MOTOFEN	3	
ORLISTAT	3	PA
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	ACA Affordable Care Act
<i>ursodiol (ursodiol cap 300 mg, ursodiol tab 250 mg, ursodiol tab 500 mg)</i>	1	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (cimetidine tab 300 mg, cimetidine tab 400 mg)</i>	1	
CIMETIDINE HCL (CIMETIDINE HCL, CIMETIDINE HCL 300 MG/5ML SOLUTION)	3	
<i>cimetidine tab 800 mg</i>	3	
<i>famotidine (famotidine tab 20 mg, famotidine tab 40 mg)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>famotidine for susp 40 mg/5ml</i>	3	
NIZATIDINE (NIZATIDINE 15 MG/ML SOLUTION, NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP, NIZATIDINE CAP 150 MG, NIZATIDINE CAP 300 MG)	3	
<i>ranitidine hcl (ranitidine hcl cap 150 mg, ranitidine hcl cap 300 mg, ranitidine hcl syrup 15 mg/ml (75 mg/5ml), ranitidine hcl tab 150 mg, ranitidine hcl tab 300 mg)</i>	3	
PROTECTANTS		
<i>misoprostol</i>	1	
<i>sucralfate susp 1 gm/10ml</i>	2	
<i>sucralfate tab 1 gm</i>	1	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	3	QL 30 / 30 day(s) ST
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	OTC Over the Counter
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	
<i>lansoprazole</i>	1	
<i>omeprazole (omeprazole cap delayed release 10 mg, omeprazole cap delayed release 20 mg, omeprazole cap delayed release 40 mg, omeprazole delayed release tab 20 mg)</i>	1	
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	1	OTC Over the Counter
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	1	OTC Over the Counter
<i>pantoprazole sodium (pantoprazole sodium ec tab 20 mg (base equiv), pantoprazole sodium ec tab 40 mg (base equiv))</i>	1	
<i>rabeprazole sodium ec tab 20 mg</i>	3	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ARALAST NP 500 MG RECON SOLN	3	PA MNPA SP Specialty
<i>betaine</i>	3	PA
BYLVAY	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BYLVAY (PELLETS)	3	PA SP Specialty
CEREZYME	3	PA SP Specialty
CHOLBAM 250 MG CAP	3	PA
CREON	2	
CYSTAGON	3	PA SP Specialty
DAYBUE	3	PA SP Specialty
FABRAZYME	3	PA SP Specialty
GLASSIA	3	PA MNPA SP Specialty
JOENJA	3	PA SP Specialty
LIVMARLI	3	PA
LUMIZYME	3	PA SP Specialty
<i>miglustat</i>	3	PA SP Specialty
<i>nitisinone cap 10 mg</i>	3	SP Specialty
PANCREAZE	2	
PERTZYE (PERTZYE 8000 UNIT CP DR PART, PERTZYE 16000 UNIT CP DR PART, PERTZYE 24000-86250 UNIT CP DR PART)	2	
PERTZYE 4000 UNIT CP DR PART	3	
PROLASTIN-C 1000 MG RECON SOLN	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sapropterin dihydrochloride (sapropterin dihydrochloride powder packet 100 mg, sapropterin dihydrochloride powder packet 500 mg, sapropterin dihydrochloride tab 100 mg)</i>	3	PA SP Specialty
SKYCLARYS	3	PA SP Specialty
<i>sodium phenylbutyrate tab 500 mg</i>	3	PA SP Specialty
STRENSIQ	3	PA SP Specialty
SUCRAID	3	PA SP Specialty
VIKACE	2	
VYNDAQEL	3	PA SP Specialty
ZEMAIRA	3	PA SP Specialty
ZENPEP	2	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide</i>	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	3	PA MNPA
<i>flavoxate hcl</i>	2	
GELNIQUE	2	
GEMTESA	3	QL 30 EA / 30 day(s)
MYRBETRIQ (MYRBETRIQ 8 MG/ML SRER, MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	2	
<i>oxybutynin chloride (oxybutynin chloride solution 5 mg/5ml, oxybutynin chloride tab 5 mg, oxybutynin chloride tab er 24hr 10 mg, oxybutynin chloride tab er 24hr 15 mg, oxybutynin chloride tab er 24hr 5 mg)</i>	1	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate (tolterodine tartrate cap er 24hr 2 mg, tolterodine tartrate cap er 24hr 4 mg)</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolterodine tartrate (tolterodine tartrate tab 1 mg, tolterodine tartrate tab 2 mg)</i>	2	
<i>tropium chloride (tropium chloride cap er 24hr 60 mg, tropium chloride tab 20 mg)</i>	2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl</i>	1	
CARDURA XL	3	ST
<i>dutasteride</i>	3	
<i>dutasteride-tamsulosin hcl</i>	3	
<i>finasteride</i>	1	
<i>silodosin</i>	3	
<i>tadalafil (tadalafil tab 2.5 mg, tadalafil tab 10 mg, tadalafil tab 20 mg)</i>	3	QL 4 EA / 30 day(s)
<i>tadalafil tab 5 mg</i>	3	QL 30 EA / 30 day(s)
<i>tamsulosin hcl</i>	1	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride</i>	1	
ELMIRON	3	
ENCARE	2	ACA Affordable Care Act OTC Over the Counter
OPTIONS GYNOL II CONTRACEPTIVE	2	ACA Affordable Care Act OTC Over the Counter
<i>penicillamine tab 250 mg</i>	3	SP Specialty
<i>phenazopyridine hcl (phenazopyridine hcl tab 100 mg, phenazopyridine hcl tab 200 mg)</i>	1	
SHUR-SEAL CONTRACEPTIVE	2	ACA Affordable Care Act OTC Over the Counter
<i>sildenafil citrate</i>	2	QL 4 EA / 30 day(s)
TODAY SPONGE	2	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VCF VAGINAL CONTRACEPTIVE (VCF VAGINAL CONTRACEPTIVE 4 % GEL, VCF VAGINAL CONTRACEPTIVE 12.5 % FOAM, VCF VAGINAL CONTRACEPTIVE 28 % FILM)	2	ACA Affordable Care Act OTC Over the Counter
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented (betamethasone dipropionate augmented cream 0.05%, betamethasone dipropionate augmented lotion 0.05%)</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	3	
DEXAMETHASONE (DEXAMETHASONE 0.5 MG TAB, DEXAMETHASONE 0.5 MG/5ML SOLUTION, DEXAMETHASONE 0.75 MG TAB, DEXAMETHASONE 1 MG TAB, DEXAMETHASONE ELIXIR 0.5 MG/5ML, DEXAMETHASONE TAB 0.75 MG, DEXAMETHASONE TAB 1.5 MG, DEXAMETHASONE TAB 2 MG, DEXAMETHASONE TAB 4 MG, DEXAMETHASONE TAB 6 MG)	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	1	PA
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone acetate (rectal) (hydrocortisone acetate suppos 25 mg, hydrocortisone acetate suppos 30 mg)</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
MEDROL 2 MG TAB	3	
<i>methylprednisolone</i>	1	
<i>mometasone furoate (mometasone furoate cream 0.1%, mometasone furoate oint 0.1%)</i>	1	
PREDNICARBATE 0.1 % OINTMENT	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prednisolone sodium phosphate (prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate oral soln 25 mg/5ml (base eq))</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisone (prednisone 5 mg/5ml solution, prednisone tab 1 mg, prednisone tab 2.5 mg, prednisone tab 5 mg, prednisone tab 10 mg, prednisone tab 20 mg, prednisone tab 50 mg, prednisone tab therapy pack 5 mg (21), prednisone tab therapy pack 5 mg (48), prednisone tab therapy pack 10 mg (21), prednisone tab therapy pack 10 mg (48))</i>	1	RX4L Rx4Less Program
PREDNISONE INTENSOL	3	
SOLU-CORTEF 100 MG RECON SOLN	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN	3	PA SP Specialty ! See important benefit information at end of document
<i>desmopressin acetate (desmopressin acetate tab 0.1 mg, desmopressin acetate tab 0.2 mg)</i>	1	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
FOLLISTIM AQ	2	PA SP Specialty
GENOTROPIN 12 MG CARTRIDGE	3	SP Specialty
HUMATROPE	3	PA SP Specialty
INCRELEX	3	PA SP Specialty
MENOPUR	2	PA SP Specialty
NOCDURNA	3	PA
NOCTIVA	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NORDITROPIN FLEXPRO	2	PA SP Specialty
NOVAREL 10000 UNIT RECON SOLN	3	PA SP Specialty ! See important benefit information at end of document
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 10 MG/1.5ML SOLN CART)	3	PA SP Specialty
ORIAHNN	2	PA
OVIDREL	2	PA SP Specialty
PREGNYL	2	PA SP Specialty
STIMATE	3	SP Specialty
ZORBTIVE	2	PA SP Specialty
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
ANDRODERM 2 MG/24HR PATCH 24HR	2	QL 60 EA / 30 day(s)
ANDRODERM 4 MG/24HR PATCH 24HR	2	QL 30 EA / 30 day(s)
<i>danazol</i>	1	
<i>methyltestosterone</i>	3	
TESTOSTERONE (TESTOSTERONE 12.5 MG/ACT (1%) GEL, TESTOSTERONE 25 MG/2.5GM (1%) GEL, TESTOSTERONE 50 MG/5GM (1%) GEL, TESTOSTERONE TD GEL 12.5 MG/ACT (1%), TESTOSTERONE TD GEL 25 MG/2.5GM (1%), TESTOSTERONE TD GEL 50 MG/5GM (1%))	2	QL 300 GM / 30 day(s)
<i>testosterone (testosterone td gel 20.25 mg/1.25gm (1.62%), testosterone td gel 20.25 mg/act (1.62%), testosterone td gel 40.5 mg/2.5gm (1.62%))</i>	2	QL 150 GM / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TESTOSTERONE CYPIONATE (TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION, TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML, TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML)	1	
<i>testosterone enanthate (testosterone enanthate 200 mg/ml solution, testosterone enanthate im inj in oil 200 mg/ml)</i>	1	
ESTROGENS		
ANNOVERA	3	QLC 1 EA / 365 day(s) ACA Affordable Care Act
CLIMARA PRO	2	
CLOMID	2	
CLOMIPHENE CITRATE	1	
DELESTROGEN 10 MG/ML OIL	3	! See important benefit information at end of document
DEPO-ESTRADIOL	3	
<i>desogestrel & ethinyl estradiol</i>	1	ACA Affordable Care Act
<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	ACA Affordable Care Act
<i>desogestrel-ethinyl estradiol (triphasic)</i>	1	ACA Affordable Care Act
DIVIGEL 1.25 MG/1.25GM GEL	3	! See important benefit information at end of document
<i>drospirenone-ethinyl estradiol</i>	1	ACA Affordable Care Act
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	3	ACA Affordable Care Act
DUAVEE	3	PA
ELESTRIN	3	
<i>esterified estrogens & methyltestosterone (esterified estrogens & methyltestosterone tab 0.625-1.25 mg, esterified estrogens & methyltestosterone tab 1.25-2.5 mg)</i>	3	
<i>estradiol & norethindrone acetate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol (estradiol tab 0.5 mg, estradiol tab 1 mg, estradiol tab 2 mg, estradiol td patch twice weekly 0.025 mg/24hr, estradiol td patch twice weekly 0.0375 mg/24hr, estradiol td patch twice weekly 0.05 mg/24hr, estradiol td patch twice weekly 0.075 mg/24hr, estradiol td patch twice weekly 0.1 mg/24hr, estradiol td patch weekly 0.025 mg/24hr, estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), estradiol td patch weekly 0.05 mg/24hr, estradiol td patch weekly 0.06 mg/24hr, estradiol td patch weekly 0.075 mg/24hr, estradiol td patch weekly 0.1 mg/24hr)</i>	1	
<i>estradiol (estradiol td gel 0.25 mg/0.25gm (0.1%), estradiol td gel 0.5 mg/0.5gm (0.1%), estradiol td gel 0.75 mg/0.75gm (0.1%), estradiol td gel 1 mg/gm (0.1%), estradiol td gel 1.25 mg/1.25gm (0.1%))</i>	3	
<i>estradiol vaginal (estradiol vaginal cream 0.1 mg/gm, estradiol vaginal tab 10 mcg)</i>	1	
ESTRING	3	
ESTROGEL	3	
<i>ethynodiol diacet & eth estrad</i>	1	ACA Affordable Care Act
<i>etonogestrel-ethinyl estradiol</i>	3	ACA Affordable Care Act
EVAMIST	3	
FEMRING	3	QL 1 EA / 90 day(s)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	2	ACA Affordable Care Act
<i>levonorgestrel & eth estradiol (levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg)</i>	1	ACA Affordable Care Act
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	ACA Affordable Care Act
<i>levonorgestrel-ethinyl estradiol (91-day) (levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7), levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7), levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg)</i>	1	ACA Affordable Care Act
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	1	ACA Affordable Care Act
LO LOESTRIN FE	2	ACA Affordable Care Act
MENEST	3	
MENOSTAR	3	
NATAZIA	2	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEXTSTELLIS	2	ACA Affordable Care Act
<i>norelgestromin-ethinyl estradiol</i>	3	QL 3 EA / 28 day(s) ACA Affordable Care Act
<i>norethin acet & estrad-fe (norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg, norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24))</i>	1	ACA Affordable Care Act
<i>norethindrone & eth estradiol (norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg, norethindrone & ethinyl estradiol tab 1 mg-35 mcg)</i>	1	ACA Affordable Care Act
<i>norethindrone & ethinyl estradiol-fe (norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg)</i>	1	ACA Affordable Care Act
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	3	ACA Affordable Care Act
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	ACA Affordable Care Act
<i>norethindrone acet & eth estra (norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg)</i>	1	ACA Affordable Care Act
<i>norethindrone acetate-ethinyl estradiol</i>	3	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	1	ACA Affordable Care Act
<i>norethindrone-eth estradiol (triphasic) (norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg)</i>	1	ACA Affordable Care Act
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	ACA Affordable Care Act
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	ACA Affordable Care Act
<i>norgestimate-ethinyl estradiol</i>	1	ACA Affordable Care Act
<i>norgestrel & ethinyl estradiol</i>	1	ACA Affordable Care Act
OGESTREL	1	ACA Affordable Care Act
OSPHENA	2	
PREFEST	3	
PREMARIN (PREMARIN 0.3 MG TAB, PREMARIN 0.45 MG TAB, PREMARIN 0.625 MG TAB, PREMARIN 0.625 MG/GM CREAM, PREMARIN 0.9 MG TAB, PREMARIN 1.25 MG TAB)	3	
PREMPHASE	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREMPRO	3	
<i>raloxifene hcl</i>	2	PD Preventive Drug
VELIVET	1	ACA Affordable Care Act
XULANE	3	QL 3 EA / 28 day(s) ACA Affordable Care Act
ZAFEMY	3	QL 3 EA / 28 day(s) ACA Affordable Care Act
PROGESTINS		
CRINONE	2	PA
DEPO-SUBQ PROVERA 104	3	ACA Affordable Care Act
ELLA	3	ACA Affordable Care Act
ENDOMETRIN	3	
KYLEENA	3	ACA Affordable Care Act
<i>levonorgestrel (emergency oc)</i>	1	ACA Affordable Care Act OTC Over the Counter
LILETTA (52 MG)	2	ACA Affordable Care Act
<i>medroxyprogesterone acetate</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	ACA Affordable Care Act
<i>megestrol acetate (megestrol acetate susp 40 mg/ml, megestrol acetate tab 20 mg, megestrol acetate tab 40 mg)</i>	1	
MIRENA (52 MG)	3	ACA Affordable Care Act
NEXPLANON	3	ACA Affordable Care Act
<i>norethindrone (contraceptive)</i>	1	ACA Affordable Care Act
<i>norethindrone acetate</i>	1	
PHEXXI	3	ACA Affordable Care Act
<i>progesterone (progesterone cap 100 mg, progesterone cap 200 mg)</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYLA	3	ACA Affordable Care Act
SLYND	3	ACA Affordable Care Act
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID	1	
LEVOTHYROXINE SODIUM (LEVOTHYROXINE SODIUM 13 MCG CAP, LEVOTHYROXINE SODIUM 25 MCG CAP, LEVOTHYROXINE SODIUM 50 MCG CAP, LEVOTHYROXINE SODIUM 75 MCG CAP, LEVOTHYROXINE SODIUM 88 MCG CAP, LEVOTHYROXINE SODIUM 100 MCG CAP, LEVOTHYROXINE SODIUM 112 MCG CAP, LEVOTHYROXINE SODIUM 125 MCG CAP, LEVOTHYROXINE SODIUM 137 MCG CAP, LEVOTHYROXINE SODIUM 150 MCG CAP, LEVOTHYROXINE SODIUM 175 MCG CAP, LEVOTHYROXINE SODIUM 200 MCG CAP)	2	
<i>levothyroxine sodium (levothyroxine sodium tab 25 mcg, levothyroxine sodium tab 50 mcg, levothyroxine sodium tab 75 mcg, levothyroxine sodium tab 88 mcg, levothyroxine sodium tab 100 mcg, levothyroxine sodium tab 112 mcg, levothyroxine sodium tab 125 mcg, levothyroxine sodium tab 137 mcg, levothyroxine sodium tab 150 mcg, levothyroxine sodium tab 175 mcg, levothyroxine sodium tab 200 mcg, levothyroxine sodium tab 300 mcg)</i>	1	
<i>liothyronine sodium (liothyronine sodium tab 5 mcg, liothyronine sodium tab 25 mcg, liothyronine sodium tab 50 mcg)</i>	1	
NATURE-THROID (NATURE-THROID 81.25 MG TAB, NATURE-THROID 113.75 MG TAB)	1	
NIVA THYROID	1	
NP THYROID	1	
SYNTHROID	2	
<i>thyroid (thyroid 15 mg tab, thyroid 30 mg tab, thyroid 60 mg tab, thyroid 90 mg tab, thyroid 120 mg tab, thyroid tab 15 mg (1/4 grain), thyroid tab 30 mg (1/2 grain), thyroid tab 60 mg (1 grain), thyroid tab 90 mg (1 1/2 grain), thyroid tab 120 mg (2 grain))</i>	1	
TIROSINT	2	
TIROSINT-SOL	2	
WP THYROID (WP THYROID 81.25 MG TAB, WP THYROID 113.75 MG TAB)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline</i>	1	
<i>cetrorelix acetate</i>	2	PA
CETROTIDE	2	PA
FIRMAGON	3	PA SP Specialty
FIRMAGON (240 MG DOSE)	3	PA SP Specialty
<i>ganirelix acetate (ganirelix acetate 250 mcg/0.5ml soln prsy, ganirelix acetate soln prefilled syringe 250 mcg/0.5ml)</i>	2	PA SP Specialty
<i>leuprolide acetate</i>	3	SP Specialty
LUPANETA PACK	3	SP Specialty
LUPRON DEPOT (1-MONTH)	3	SP Specialty
LUPRON DEPOT (3-MONTH)	3	SP Specialty
LUPRON DEPOT (4-MONTH)	3	SP Specialty
LUPRON DEPOT (6-MONTH)	3	SP Specialty
LUPRON DEPOT-PED (1-MONTH)	3	SP Specialty
LUPRON DEPOT-PED (3-MONTH)	3	SP Specialty
LUPRON DEPOT-PED (6-MONTH)	3	SP Specialty
<i>octreotide acetate (octreotide acetate 50 mcg/ml soln prsy, octreotide acetate 100 mcg/ml soln prsy, octreotide acetate 500 mcg/ml soln prsy, octreotide acetate inj 50 mcg/ml (0.05 mg/ml), octreotide acetate inj 100 mcg/ml (0.1 mg/ml), octreotide acetate inj 200 mcg/ml (0.2 mg/ml), octreotide acetate inj 500 mcg/ml (0.5 mg/ml), octreotide acetate inj 1000 mcg/ml (1 mg/ml))</i>	3	SP Specialty
ORGOVYX	3	PA SP Specialty
ORLISSA	2	PA
SOMATULINE DEPOT	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOMAVERT	3	PA SP Specialty
SYNAREL	2	
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>potassium iodide (expectorant)</i>	3	
<i>propylthiouracil</i>	1	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT	3	PA MNPA SP Specialty
<i>icatibant acetate</i>	3	PA MNPA SP Specialty
TAKHZYRO	3	PA SP Specialty
IMMUNOGLOBULINS		
GAMMAGARD 1 GM/10ML SOLUTION	3	PA SP Specialty
GAMMAKED 1 GM/10ML SOLUTION	3	PA SP Specialty
HYQVIA 10 GM/100ML KIT	3	PA MNPA SP Specialty
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST	3	PA SP Specialty
BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	3	PA SP Specialty
COSENTYX (300 MG DOSE)	2	QL 2 ML / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COSENTYX 150 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1 ML / 28 day(s) PA SP Specialty
COSENTYX 300 MG/2ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 mL / 28 day(s) PA SP Specialty
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.5 mL / 28 day(s) PA SP Specialty
COSENTYX SENSOREADY (300 MG)	2	<ul style="list-style-type: none"> QL 2 ML / 28 day(s) PA SP Specialty
COSENTYX SENSOREADY PEN	2	<ul style="list-style-type: none"> QL 1 ML / 28 day(s) PA SP Specialty
DUPIXENT	3	<ul style="list-style-type: none"> PA SP Specialty
EMPAVELI	3	<ul style="list-style-type: none"> PA
ENSPRYNG	3	<ul style="list-style-type: none"> PA SP Specialty
KEVZARA	3	<ul style="list-style-type: none"> QL 2.28 mL / 28 day(s) PA SP Specialty
OTEZLA 10 & 20 & 30 MG TAB THPK	2	<ul style="list-style-type: none"> QL 55 EA / 28 day(s) PA SP Specialty
PALFORZIA (12 MG DAILY DOSE)	3	<ul style="list-style-type: none"> PA SP Specialty
PALFORZIA (120 MG DAILY DOSE)	3	<ul style="list-style-type: none"> PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALFORZIA (160 MG DAILY DOSE)	3	PA SP Specialty
PALFORZIA (20 MG DAILY DOSE)	3	PA SP Specialty
PALFORZIA (200 MG DAILY DOSE)	3	PA SP Specialty
PALFORZIA (240 MG DAILY DOSE)	3	PA SP Specialty
PALFORZIA (3 MG DAILY DOSE)	3	PA SP Specialty
PALFORZIA (300 MG MAINTENANCE)	3	PA SP Specialty
PALFORZIA (300 MG TITRATION)	3	PA SP Specialty
PALFORZIA (40 MG DAILY DOSE)	3	PA SP Specialty
PALFORZIA (6 MG DAILY DOSE)	3	PA SP Specialty
PALFORZIA (80 MG DAILY DOSE)	3	PA SP Specialty
PALFORZIA INITIAL ESCALATION	3	PA SP Specialty
RIDAURA	3	PA MNPA
SIMULECT	3	PA
SKYRIZI (150 MG DOSE)	2	PA QLC 2 EA / 84 days SP Specialty
SKYRIZI 150 MG/ML SOLN PRSYR	2	PA QLC 1 ML / 84 days SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI 180 MG/1.2ML SOLN CART	2	PA QLC 1.2 ML / 56 days SP Specialty
SKYRIZI 360 MG/2.4ML SOLN CART	2	PA QLC 2.4 ML / 56 days SP Specialty
SKYRIZI PEN	2	PA QLC 1 ML / 84 days SP Specialty
STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION)	2	PA QLC 1 ML / 84 days SP Specialty
STELARA 90 MG/ML SOLN PRSYR	2	PA QLC 1 ML / 56 days SP Specialty
TREMFYA	2	PA QLC 1 ML / 56 days SP Specialty
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	2	QL 60 EA / 30 day(s) PA SP Specialty
XELJANZ 1 MG/ML SOLUTION	2	QL 240 mL / 24 day(s) PA SP Specialty
IMMUNOSTIMULANTS		
ACTIMMUNE	3	PA SP Specialty
INTRON A (INTRON A 6000000 UNIT/ML SOLUTION, INTRON A 10000000 UNIT RECON SOLN, INTRON A 10000000 UNIT/ML SOLUTION, INTRON A 18000000 UNIT RECON SOLN, INTRON A 50000000 UNIT RECON SOLN)	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEGASYS	3	PA SP Specialty
PEGASYS PROCLICK	3	PA SP Specialty
IMMUNOSUPPRESSANTS		
<i>azathioprine tab 50 mg</i>	1	
<i>cyclosporine modified (for microemulsion) (cyclosporine modified cap 25 mg, cyclosporine modified cap 50 mg, cyclosporine modified cap 100 mg, cyclosporine modified oral soln 100 mg/ml)</i>	1	
ENBREL (ENBREL 25 MG RECON SOLN, ENBREL 25 MG/0.5ML SOLUTION)	2	QL 4 mL / 28 day(s) PA SP Specialty
ENBREL (ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 50 MG/ML SOLN PRSYR)	2	QL 4 ML / 30 day(s) PA SP Specialty
ENBREL MINI	2	QL 4 mL / 28 day(s) PA SP Specialty
ENBREL SURECLICK	2	QL 4 mL / 28 day(s) PA SP Specialty
<i>everolimus (immunosuppressant) (everolimus tab 0.25 mg, everolimus tab 0.5 mg, everolimus tab 0.75 mg)</i>	3	PA SP Specialty
<i>everolimus tab 1 mg</i>	3	SP Specialty
HUMIRA (HUMIRA 10 MG/0.1ML PREF SY KT, HUMIRA 20 MG/0.2ML PREF SY KT, HUMIRA 20 MG/0.4ML PREF SY KT)	2	QL 2 EA / 28 day(s) PA SP Specialty
HUMIRA 40 MG/0.4ML PREF SY KT	2	QL 4 EA / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA 40 MG/0.8ML PEF SY KT	2	<ul style="list-style-type: none"> QL 4 ea / 28 day(s) PA SP Specialty
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PEF SY KT	2	<ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP Specialty
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PEF SY KT	2	<ul style="list-style-type: none"> QL 3 EA / 28 day(s) PA SP Specialty
HUMIRA PEN (HUMIRA PEN 40 MG/0.4ML PEN KIT, HUMIRA PEN 40 MG/0.8ML PEN KIT)	2	<ul style="list-style-type: none"> QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA PEN 80 MG/0.8ML PEN KIT	2	<ul style="list-style-type: none"> QL 2 ea / 28 day(s) PA SP Specialty
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	2	<ul style="list-style-type: none"> QL 6 ea / 28 day(s) PA SP Specialty
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	2	<ul style="list-style-type: none"> QL 3 EA / 28 day(s) PA SP Specialty
HUMIRA PEN-PEDIATRIC UC START	2	<ul style="list-style-type: none"> QL 4 ea / 28 day(s) PA SP Specialty
HUMIRA PEN-PS/UV/ADOL HS START	2	<ul style="list-style-type: none"> QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA PEN-PSOR/UEIT STARTER	2	<ul style="list-style-type: none"> QL 3 ea / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>leflunomide</i>	1	
LUPKYNIS	3	PA
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	
<i>mycophenolate mofetil (mycophenolate mofetil cap 250 mg, mycophenolate mofetil tab 500 mg)</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	
<i>mycophenolate sodium</i>	3	
NULOJIX	3	PA
RINVOQ	2	QL 30 EA / 30 day(s) PA SP Specialty
<i>sirolimus (sirolimus oral soln 1 mg/ml, sirolimus tab 0.5 mg, sirolimus tab 1 mg, sirolimus tab 2 mg)</i>	2	
<i>tacrolimus (tacrolimus cap 0.5 mg, tacrolimus cap 1 mg, tacrolimus cap 5 mg)</i>	1	
<i>temsirolimus</i>	3	PA
XELJANZ XR	2	QL 30 EA / 30 day(s) PA SP Specialty
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium</i>	1	
DIPENTUM	3	
<i>mesalamine (mesalamine 800 mg tab dr, mesalamine suppos 1000 mg, mesalamine tab delayed release 1.2 gm, mesalamine tab delayed release 800 mg)</i>	2	
<i>mesalamine cap er 24hr 0.375 gm</i>	3	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine w/ cleanser</i>	1	
PENTASA 250 MG CAP ER	3	PA
<i>sulfasalazine</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCOCORTICOIDS		
<i>budesonide delayed release particles cap 3 mg</i>	2	
<i>hydrocortisone</i>	1	
<i>hydrocortisone (intrarectal)</i>	1	
TARPEYO	3	PA
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (alendronate sodium 5 mg tab, alendronate sodium tab 10 mg, alendronate sodium tab 35 mg, alendronate sodium tab 70 mg)</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	PD Preventive Drug
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	PD Preventive Drug
<i>calcitriol (calcitriol cap 0.25 mcg, calcitriol cap 0.5 mcg, calcitriol oral soln 1 mcg/ml)</i>	1	
<i>cholecalciferol (cholecalciferol cap 10 mcg (400 unit), cholecalciferol chew tab 10 mcg (400 unit), cholecalciferol oral liquid 10 mcg/ml (400 unit/ml), cholecalciferol tab 10 mcg (400 unit))</i>	1	OTC Over the Counter
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	2	OTC Over the Counter
<i>cinacalcet hcl</i>	3	PA SP Specialty
<i>doxercalciferol (doxercalciferol cap 0.5 mcg, doxercalciferol cap 1 mcg, doxercalciferol cap 2.5 mcg)</i>	2	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
FORTEO	2	QLC 57.6 ML / 730 day(s) SP Specialty
FOSAMAX PLUS D 70-5600 MG-UNIT TAB	3	PD Preventive Drug
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	3	PD Preventive Drug
NATPARA	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pamidronate disodium (pamidronate disodium 6 mg/ml solution, pamidronate disodium 30 mg recon soln, pamidronate disodium 90 mg recon soln, pamidronate disodium iv soln 3 mg/ml, pamidronate disodium iv soln 9 mg/ml)</i>	2	PA
<i>paricalcitol (paricalcitol cap 1 mcg, paricalcitol cap 2 mcg, paricalcitol cap 4 mcg)</i>	2	
<i>risedronate sodium (risedronate sodium tab 5 mg, risedronate sodium tab 30 mg, risedronate sodium tab 35 mg, risedronate sodium tab 150 mg)</i>	3	PD Preventive Drug
TYMLOS	2	QL 1.56 ML / 30 day(s) SP Specialty
MISCELLANEOUS THERAPEUTIC AGENTS		
ALCOHOL SWABS	1	OTC Over the Counter
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	2	
BARIUM SULFATE	3	
CAYA	2	ACA Affordable Care Act
CONTOUR BLOOD GLUCOSE SYSTEM	2	PD Preventive Drug OTC Over the Counter
CONTOUR NEXT EZ	2	PD Preventive Drug OTC Over the Counter
CONTOUR NEXT GEN MONITOR W/DEVICE KIT	2	PD Preventive Drug OTC Over the Counter
CONTOUR NEXT LINK	2	PD Preventive Drug OTC Over the Counter
CONTOUR NEXT MONITOR	2	PD Preventive Drug OTC Over the Counter
CONTOUR NEXT ONE KIT	2	PD Preventive Drug OTC Over the Counter
CONTOUR NEXT TEST	2	QL 100 EA / 30 day(s) OTC Over the Counter
CONTOUR TEST	2	QL 100 EA / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
D-XYLOSE	3	
DROPSAFE SAFETY SYRINGE/NEEDLE (DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC, DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML MISC, DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC, DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC, DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC)	2	
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC	2	PD Preventive Drug
FC FEMALE CONDOM	2	ACA Affordable Care Act OTC Over the Counter
FC2 FEMALE CONDOM	2	ACA Affordable Care Act OTC Over the Counter
FEMCAP	2	ACA Affordable Care Act
FIRST-LANSOPRAZOLE	2	
FIXODENT EXTRA HOLD	3	OTC Over the Counter
INSULIN SYRINGE-NEEDLE U-100 (INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC, INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC, INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML MISC, INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC)	2	
KLUTCH	3	OTC Over the Counter
LANCETS	2	OTC Over the Counter
OMEPRAZOLE+SYRSPEND SF ALKA	2	
OMNIFLEX DIAPHRAGM	2	ACA Affordable Care Act
OMNIPOD 5 G6 INTRO (GEN 5)	2	QLC 1 EA / 700 day(s)
OMNIPOD 5 G6 POD (GEN 5)	2	QL 10 EA / 27 day(s)
OMNIPOD 5 PACK	2	QL 10 EA / 30 day(s)
OMNIPOD CLASSIC PDM (GEN 3)	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	QL 10 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNIPOD POD PALS	2	<p>QL 10 / 30 day(s)</p> <p>OTC Over the Counter</p>
ONETOUCH SOLUTIONS STARTER KIT	2	<p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
ONETOUCH ULTRA STRIP	2	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
ONETOUCH ULTRA 2	2	<p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
ONETOUCH ULTRA MINI	2	<p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
ONETOUCH ULTRALINK	2	<p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
ONETOUCH VERIO STRIP	2	<p>QL 100 EA / 30 day(s)</p> <p>OTC Over the Counter</p>
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	2	<p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
ONETOUCH VERIO IQ SYSTEM	2	<p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
ONETOUCH VERIO REFLECT	2	<p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
ONETOUCH VERIO SYNC SYSTEM	2	<p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
ONETOUCH VERIO W/DEVICE KIT	2	<p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
PARAGARD INTRAUTERINE COPPER	3	<p>ACA Affordable Care Act</p>
PEAK FLOW METERS	2	<p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
PEN NEEDLES 30G X 5 MM MISC	2	
PERMA-GRIP	3	<p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POLIGRIP SUPER STRONG EX ST	3	OTC Over the Counter
RUZURGI	3	PA SP Specialty
SAXENDA	2	QL 15 ML / 30 day(s) PA
SODIUM SACCHARIN POWDER	3	OTC Over the Counter
VOWST	3	PA SP Specialty
WEGOVY (WEGOVY 0.25 MG/0.5ML SOLN A-INJ, WEGOVY 0.5 MG/0.5ML SOLN A-INJ, WEGOVY 1 MG/0.5ML SOLN A-INJ)	2	QL 2 ML / 28 day(s) PA
WEGOVY (WEGOVY 1.7 MG/0.75ML SOLN A-INJ, WEGOVY 2.4 MG/0.75ML SOLN A-INJ)	2	QL 3 ML / 28 day(s) PA
WIDE-SEAL DIAPHRAGM 60	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 65	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 70	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 75	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 80	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 85	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 90	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 95	2	ACA Affordable Care Act
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
ATROPINE SULFATE (ATROPINE SULFATE 0.025 % SOLUTION, ATROPINE SULFATE 0.05 % SOLUTION, ATROPINE SULFATE 1 % SOLUTION)	1	
<i>atropine sulfate (ophthalmic) (atropine sulfate ophth oint 1%, atropine sulfate ophth soln 1%)</i>	1	
<i>bacitracin-poly-neomycin-hc</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>brimonidine tartrate-timolol maleate</i>	2	
<i>cyclosporine (ophth)</i>	2	
<i>dorzolamide hcl-timolol maleate (dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf, dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%)</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
HOMATROPAIRE	1	
ISOPTO ATROPINE	1	
LACRISERT	3	PA
<i>neomycin-polymy-dexameth (neomycin-polymyxin-dexamethasone ophth oint 0.1%, neomycin-polymyxin-dexamethasone ophth susp 0.1%)</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
NEOMYCIN-POLYMYXIN-HC	1	
<i>phenylephrine hcl (mydriatic)</i>	1	
RESTASIS MULTIDOSE	2	
ROCKLATAN	3	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX 0.3-0.1 % OINTMENT	3	
<i>tobramycin-dexamethasone</i>	1	
<i>tropicamide ophth soln 0.5%</i>	1	
XIIDRA	2	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIAL	3	
ALOMIDE	3	PA MNPA
<i>azelastine hcl (ophth)</i>	1	
<i>bepotastine besilate</i>	2	
<i>cromolyn sodium (ophth)</i>	1	PD Preventive Drug
CROMOLYN SODIUM 4 % SOLUTION	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>epinastine hcl (ophth)</i>	2	
<i>ketotifen fumarate (ophth)</i>	1	OTC Over the Counter
LASTACAFT	3	OTC Over the Counter
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	2	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	3	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	3	PA
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	3	
GENTAK	1	
<i>gentamicin sulfate (ophth)</i>	1	
KLARITY-A	3	PA
<i>levofloxacin (ophth)</i>	2	
LEVOFLOXACIN 0.5 % SOLUTION	2	
<i>moxifloxacin hcl (ophth)</i>	2	
NATACYN	3	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin (ophth)</i>	1	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX	2	
<i>bromfenac sodium (ophth)</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>diclofenac sodium (ophth)</i>	1	
<i>difluprednate</i>	2	
<i>fluorometholone (ophth)</i>	1	
FLURBIPROFEN SODIUM	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LOTEMAX 0.5 % OINTMENT	2	
LOTEMAX SM	2	
<i>loteprednol etabonate (loteprednol etabonate 0.5 % gel, loteprednol etabonate ophth gel 0.5%)</i>	2	
<i>loteprednol etabonate ophth susp 0.5%</i>	3	
NEVANAC	3	
PRED FORTE	1	
PRED MILD	3	
PREDNISOLONE ACETATE	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl (ophth)</i>	1	
BETAXOLOL HCL 0.5 % SOLUTION	1	
BETOPTIC-S	3	
CARTEOLOL HCL	1	
LEVOBUNOLOL HCL	1	
<i>timolol maleate (ophth) (timolol maleate ophth gel forming soln 0.25%, timolol maleate ophth gel forming soln 0.5%, timolol maleate ophth soln 0.25%, timolol maleate ophth soln 0.5%)</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	3	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
ALPHAGAN P 0.1 % SOLUTION	2	
APRACLONIDINE HCL (APRACLONIDINE HCL 0.5 % SOLUTION, APRACLONIDINE HCL OPHTH SOLN 0.5% (BASE EQUIVALENT))	3	
<i>brimonidine tartrate (brimonidine tartrate ophth soln 0.15%, brimonidine tartrate ophth soln 0.2%)</i>	1	
<i>brimonidine tartrate ophth soln 0.1%</i>	2	
<i>brinzolamide</i>	3	
<i>dorzolamide hcl ophth soln 2%</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methazolamide</i>	1	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl (pilocarpine hcl ophth soln 2%, pilocarpine hcl ophth soln 4%)</i>	1	
<i>pilocarpine hcl ophth soln 1%</i>	3	
RHOPRESSA	3	
SIMBRINZA	3	PA MNPA
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost</i>	3	
<i>latanoprost ophth soln 0.005%</i>	1	
LUMIGAN	2	
<i>tafluprost</i>	3	
<i>travoprost</i>	3	
VYZULTA	3	
OTIC AGENTS		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	2	
CIPROFLOXACIN-FLUOCINOLONE PF	3	PA MNPA
COLY-MYCIN S	3	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	
HYDROCORTISONE-ACETIC ACID	1	
<i>neomycin-polymyxin-hc (otic) (neomycin-polymyxin-hc otic soln 1%, neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%)</i>	1	
<i>ofloxacin (otic)</i>	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ALVESCO 160 MCG/ACT AERO SOLN	3	PD Preventive Drug
ARNUIITY ELLIPTA	2	QL 30 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>budesonide (inhalation) (budesonide inhalation susp 0.25 mg/2ml, budesonide inhalation susp 0.5 mg/2ml)</i>	1	<p>QL 120 ML / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>budesonide inhalation susp 1 mg/2ml</i>	2	<p>QL 60 ML / 30 day(s)</p> <p>PD Preventive Drug</p>
FLOVENT DISKUS (FLOVENT DISKUS 50 MCG/ACT AER POW BA, FLOVENT DISKUS 100 MCG/ACT AER POW BA)	2	<p>QL 120 EA / 30 day(s)</p> <p>PD Preventive Drug</p> <p>! See important benefit information at end of document</p>
FLOVENT DISKUS 250 MCG/ACT AER POW BA	2	<p>QL 240 EA / 30 day(s)</p> <p>PD Preventive Drug</p> <p>! See important benefit information at end of document</p>
FLOVENT HFA (FLOVENT HFA 110 MCG/ACT AEROSOL, FLOVENT HFA 220 MCG/ACT AEROSOL)	2	<p>QL 24 GM / 30 day(s)</p> <p>PD Preventive Drug</p> <p>! See important benefit information at end of document</p>
FLOVENT HFA 44 MCG/ACT AEROSOL	2	<p>QL 21.2 GM / 30 day(s)</p> <p>PD Preventive Drug</p> <p>! See important benefit information at end of document</p>
<i>flunisolide (nasal)</i>	3	<p>QL 50 ML / 30 day(s)</p>
<i>fluticasone propionate (nasal)</i>	1	<p>QL 16 GM / 30 day(s)</p>
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL)	2	<p>QL 24 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	2	<p>QL 21.2 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>mometasone furoate (nasal)</i>	2	
PULMICORT FLEXHALER	2	<p>QL 1 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
QVAR REDIHALER	2	<p>QL 21.2 GM / 30 day(s)</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIHISTAMINES		
<i>azelastine hcl</i>	1	QL 60 ML / 30 day(s)
<i>azelastine hcl-fluticasone propionate</i>	3	
<i>carbinoxamine maleate tab 4 mg</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 (cyproheptadine hcl syrup 2 mg/5ml, cyproheptadine hcl tab 4 mg)</i>	1	
<i>desloratadine tab 5 mg</i>	3	
<i>diphenhydramine hcl (diphenhydramine hcl cap 50 mg, diphenhydramine hcl elixir 12.5 mg/5ml)</i>	1	OTC Over the Counter
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	PA
<i>fexofenadine hcl (fexofenadine hcl tab 60 mg, fexofenadine hcl tab 180 mg)</i>	3	OTC Over the Counter
<i>hydroxyzine hcl (hydroxyzine hcl syrup 10 mg/5ml, hydroxyzine hcl tab 10 mg, hydroxyzine hcl tab 25 mg, hydroxyzine hcl tab 50 mg)</i>	1	
<i>hydroxyzine pamoate (hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate cap 25 mg, hydroxyzine pamoate cap 50 mg)</i>	1	
<i>levocetirizine dihydrochloride (levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml), levocetirizine dihydrochloride tab 5 mg)</i>	2	
<i>olopatadine hcl (nasal)</i>	3	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	
RYCLORA	3	
ANTILEUKOTRIENES		
<i>montelukast sodium (montelukast sodium chew tab 4 mg (base equiv), montelukast sodium chew tab 5 mg (base equiv), montelukast sodium oral granules packet 4 mg (base equiv), montelukast sodium tab 10 mg (base equiv))</i>	1	PD Preventive Drug
<i>zafirlukast</i>	2	PD Preventive Drug
<i>zileuton</i>	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	3	QL 26 GM / 30 day(s)
INCRUSE ELLIPTA	2	QL 30 EA / 30 day(s) PD Preventive Drug
<i>ipratropium bromide</i>	1	QL 300 ML / 30 day(s) RX4L Rx4Less Program
<i>ipratropium bromide (nasal)</i>	1	
SPIRIVA HANDIHALER	2	QL 30 EA / 30 day(s)
SPIRIVA RESPIMAT	2	QL 4 GM / 30 day(s)
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate (albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate soln nebu 0.5% (5 mg/ml))</i>	1	QL 60 EA / 30 day(s)
<i>albuterol sulfate (albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), albuterol sulfate soln nebu 1.25 mg/3ml (base equiv))</i>	1	QL 375 ML / 30 day(s)
<i>albuterol sulfate (albuterol sulfate syrup 2 mg/5ml, albuterol sulfate tab 2 mg, albuterol sulfate tab 4 mg)</i>	1	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proair hfa)</i>	1	QL 17 GM / 30 day(s)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proventil hfa)</i>	1	QL 13.4 GM / 30 day(s)
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN (GENERIC OF VENTOLIN HFA)	1	QL 36 GM / 30 day(s)
<i>arformoterol tartrate</i>	3	QL 120 ML / 30 day(s) PD Preventive Drug
<i>epinephrine (anaphylaxis) (epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000), epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000))</i>	1	QLC 6 EA / 365 day(s)
<i>epinephrine (epinephrine 0.1 mg/10ml soln prsy, epinephrine 1 mg/10ml soln prsy, epinephrine soln prefilled syringe 1 mg/10ml (0.1 mg/ml))</i>	1	
EPINEPHRINE (EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ, EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ)	1	QLC 6 EA / 365 day(s)
EIPEN 2-PAK	2	QLC 6 EA / 365 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPIPEN JR 2-PAK	2	QLC 6 EA / 365 day(s)
<i>formoterol fumarate</i>	3	QL 120 ML / 30 day(s) PD Preventive Drug
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL 288 ML / 30 day(s)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	3	QL 288 ML / 30 day(s)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	3	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	3	QL 288 EA / 30 day(s)
LEVALBUTEROL TARTRATE	2	QL 30 GM / 30 day(s)
SEREVENT DISKUS	3	QL 60 EA / 30 day(s) PD Preventive Drug
SYMJEPI	2	QLC 6 EA / 365 day(s)
<i>terbutaline sulfate (terbutaline sulfate tab 2.5 mg, terbutaline sulfate tab 5 mg)</i>	1	
CYSTIC FIBROSIS AGENTS		
KALYDECO (KALYDECO 13.4 MG PACKET, KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET)	3	PA SP Specialty
ORKAMBI (ORKAMBI 75-94 MG PACKET, ORKAMBI 100-125 MG PACKET, ORKAMBI 100-125 MG TAB, ORKAMBI 150-188 MG PACKET, ORKAMBI 200-125 MG TAB)	3	PA SP Specialty
PULMOZYME	3	SP Specialty
SYMDEKO	3	PA SP Specialty
TOBRAMYCIN (TOBRAMYCIN 300 MG/5ML NEBU SOLN, TOBRAMYCIN NEBU SOLN 300 MG/5ML)	3	SP Specialty
TRIKAFTA	3	PA SP Specialty
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>roflumilast</i>	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>theophylline (theophylline tab er 12hr 300 mg, theophylline tab er 12hr 450 mg, theophylline tab er 24hr 400 mg, theophylline tab er 24hr 600 mg)</i>	1	
THEOPHYLLINE ER	1	PD Preventive Drug
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	3	PA SP Specialty
<i>ambrisentan</i>	3	QL 30 EA / 30 day(s) PA SP Specialty
<i>bosentan</i>	3	QL 60 EA / 30 day(s) SP Specialty
<i>epoprostenol sodium</i>	3	PA SP Specialty
LIQREV	2	PA SP Specialty
OPSUMIT	3	PA SP Specialty
<i>sildenafil citrate (pulmonary hypertension) (sildenafil citrate for suspension 10 mg/ml, sildenafil citrate iv soln 10 mg/12.5ml (base equivalent))</i>	3	PA SP Specialty
<i>sildenafil citrate tab 20 mg</i>	1	SP Specialty
<i>tadalafil (pulmonary hypertension)</i>	3	PA
TRACLEER 32 MG TAB SOL	3	SP Specialty
<i>treprostinil</i>	3	PA SP Specialty
TYVASO	3	PA SP Specialty
TYVASO DPI MAINTENANCE KIT	3	PA
TYVASO DPI TITRATION KIT	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO REFILL	3	PA SP Specialty
TYVASO STARTER	3	PA SP Specialty
PULMONARY FIBROSIS AGENTS		
ESBRIET 267 MG CAP	3	PA SP Specialty ! See important benefit information at end of document
OFEV	3	PA SP Specialty
<i>pirfenidone (pirfenidone cap 267 mg, pirfenidone tab 801 mg)</i>	3	PA
<i>pirfenidone tab 267 mg</i>	3	
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine</i>	1	
ADVAIR DISKUS	2	QL 60 EA / 30 day(s) PD Preventive Drug ! See important benefit information at end of document
ADVAIR HFA	2	QL 12 GM / 30 day(s) PD Preventive Drug
AIRDUO RESPICLICK 113/14	1	QL 1 EA / 30 day(s) PD Preventive Drug
AIRDUO RESPICLICK 55/14	1	QL 1 EA / 30 day(s) PD Preventive Drug
ANORO ELLIPTA	2	QL 60 EA / 30 day(s) PD Preventive Drug
<i>benzonatate (benzonatate cap 100 mg, benzonatate cap 200 mg)</i>	1	
BREO ELLIPTA (BREO ELLIPTA 100-25 MCG/ACT AER POW BA, BREO ELLIPTA 200-25 MCG/ACT AER POW BA)	2	QL 60 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
BREZTRI AEROSPHERE	2	<p>QL 23.6 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>budesonide-formoterol fumarate dihydrate</i>	2	<p>QL 10.3 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
COMBIVENT RESPIMAT	2	<p>QL 8 GM / 30 day(s)</p>
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	<p>QL 240 ML / 30 day(s)</p> <p>PD Preventive Drug</p>
DULERA	2	<p>QL 13 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA)	1	<p>QL 1 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>fluticasone-salmeterol (fluticasone-salmeterol aer powder ba 100-50 mcg/act, fluticasone-salmeterol aer powder ba 250-50 mcg/act, fluticasone-salmeterol aer powder ba 500-50 mcg/act)</i>	1	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>guaifenesin-codeine (guaifenesin-codeine liquid 225-7.5 mg/5ml, guaifenesin-codeine soln 100-10 mg/5ml)</i>	1	<p>OTC Over the Counter</p>
<i>hydrocodone bitartrate-homatropine methylbromide (hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml, hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg)</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex</i>	1	
<i>ipratropium-albuterol</i>	1	<p>QL 540 ML / 30 day(s)</p>
PROMETHAZINE VC/CODEINE	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenylephrine-codeine</i>	1	
<i>pseudoephed-bromphen-dm</i>	1	
STIOLTO RESPIMAT	2	<p>QL 4 GM / 30 day(s)</p> <p>PD Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYMBICORT	2	<p>QL 10.3 GM / 30 day(s)</p> <p>PD Preventive Drug</p> <p>! See important benefit information at end of document</p>
TRELEGY ELLIPTA	2	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
TUSNEL C	1	OTC Over the Counter
VIRTUSSIN DAC	1	OTC Over the Counter
SKELETAL MUSCLE RELAXANTS		
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)</i>	3	PA MNPA
<i>cyclobenzaprine hcl (cyclobenzaprine hcl tab 5 mg, cyclobenzaprine hcl tab 10 mg)</i>	1	
<i>metaxalone tab 800 mg</i>	3	
<i>methocarbamol (methocarbamol tab 500 mg, methocarbamol tab 750 mg)</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>orphenadrine w/ aspirin & caff (orphenadrine w/ aspirin & caffeine tab 25-385-30 mg, orphenadrine w/ aspirin & caffeine tab 50-770-60 mg)</i>	1	
ORPHENADRINE-ASPIRIN-CAFFEINE	1	
ORPHENGESIC FORTE	1	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
BELSOMRA	3	PA MNPA
DORAL	3	<p>QL 30 EA / 30 day(s)</p> <p>PA MNPA</p>
<i>estazolam tab 1 mg</i>	1	QL 30 EA / 30 day(s)
<i>eszopiclone</i>	2	QL 30 EA / 30 day(s)
FLURAZEPAM HCL 15 MG CAP	3	<p>QL 30 EA / 30 day(s)</p> <p>PA MNPA</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUAZEPAM	3	<ul style="list-style-type: none"> QL 30 EA / 30 day(s) PA MNPA
<i>ramelteon</i>	2	<ul style="list-style-type: none"> QL 30 EA / 30 day(s)
<i>temazepam</i>	1	<ul style="list-style-type: none"> QL 30 EA / 30 day(s)
<i>triazolam</i>	1	<ul style="list-style-type: none"> QL 30 EA / 30 day(s)
<i>zaleplon</i>	1	<ul style="list-style-type: none"> QL 30 EA / 30 day(s)
<i>zolpidem tartrate (zolpidem tartrate tab 5 mg, zolpidem tartrate tab 10 mg, zolpidem tartrate tab er 6.25 mg, zolpidem tartrate tab er 12.5 mg)</i>	1	<ul style="list-style-type: none"> QL 30 EA / 30 day(s)
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil</i>	1	<ul style="list-style-type: none"> QL 30 EA / 30 day(s)
<i>modafinil tab 100 mg</i>	1	<ul style="list-style-type: none"> QL 60 EA / 30 day(s)
<i>modafinil tab 200 mg</i>	1	<ul style="list-style-type: none"> QL 30 EA / 30 day(s)
SODIUM OXYBATE	3	<ul style="list-style-type: none"> PA SP Specialty
SUNOSI 150 MG TAB	3	<ul style="list-style-type: none"> QL 30 EA / 30 day(s) PA
SUNOSI 75 MG TAB	3	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PA
WAKIX	3	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PA SP Specialty
XYREM	3	<ul style="list-style-type: none"> PA SP Specialty ! See important benefit information at end of document
XYWAV	3	<ul style="list-style-type: none"> PA SP Specialty

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DEXAMETHASONE	78	diflunisal	1
DEXAMETHASONE INTENSOL	78	difluprednate	100
dexamethasone sodium phosphate	78	digoxin	48
DEXAMETHASONE SODIUM PHOSPHATE	100	dihydroergotamine mesylate	56
dexlansoprazole	74	diltiazem hcl	47
Dexmethylphenidate HCl 10 MG TAB (generic of FOCALIN)	58	diltiazem hcl coated beads	47
Dexmethylphenidate HCl 2.5 MG TAB (generic of FOCALIN)	58	diltiazem hcl extended release beads	47
Dexmethylphenidate HCl 5 MG TAB (generic of FOCALIN)	58	dimethyl fumarate	62
Dexmethylphenidate HCl ER 10 MG CAP ER 24H (generic of FOCALIN XR)	59	DIPENTUM	93
Dexmethylphenidate HCl ER 15 MG CAP ER 24H (generic of FOCALIN XR)	59	diphenhydramine hcl	104
Dexmethylphenidate HCl ER 20 MG CAP ER 24H (generic of FOCALIN XR)	59	diphenoxylate w/ atropine	73
Dexmethylphenidate HCl ER 25 MG CAP ER 24H (generic of FOCALIN XR)	59	DIPHENOXYLATE-ATROPINE	73
Dexmethylphenidate HCl ER 30 MG CAP ER 24H (generic of FOCALIN XR)	59	dipyridamole	43
Dexmethylphenidate HCl ER 35 MG CAP ER 24H (generic of FOCALIN XR)	59	disopyramide phosphate	45
Dexmethylphenidate HCl ER 40 MG CAP ER 24H (generic of FOCALIN XR)	59	disulfiram	5
Dexmethylphenidate HCl ER 5 MG CAP ER 24H (generic of FOCALIN XR)	59	DIURIL	50
dextroamphetamine sulfate	58	divalproex sodium	11
DIAZEPAM	13	DIVIGEL	81
diazepam	55	dofetilide	45
diazoxide	38	donepezil hydrochloride	52
diclofenac potassium	1	DOPTELET	43
diclofenac sodium	1	DORAL	110
diclofenac sodium (actinic keratoses)	67	dorzolamide hcl	101
		dorzolamide hcl-timolol maleate	99
		DOVATO	32
		doxazosin mesylate	43
		doxepin hcl	16
		doxepin hcl (antipruritic)	65
		doxercalciferol	94
		doxycycline (monohydrate)	11
		doxycycline hyclate	11
		doxylamine-pyridoxine	16
		dronabinol	17
		DROPSAFE SAFETY SYRINGE/NEEDLE	96

drospirenone-ethinyl estradiol	81	ENCARE	77
drospirenone-ethinyl estradiol-levomefolate calcium . 81		ENDOMETRIN	84
DROXIA	21	enoxaparin sodium	41
DRYSOL	67	ENSPRYNG	88
DUAVEE	81	entacapone	30
DULERA	109	entecavir	31
duloxetine hcl	61	ENTRESTO	48
DUOPA	30	epinastine hcl (ophth)	100
DUPIXENT	88	epinephrine	105
dutasteride	77	EPINEPHRINE	105
dutasteride-tamsulosin hcl	77	epinephrine (anaphylaxis)	105
E		EPIPEN 2-PAK	105
E.E.S. 400	10	EPIPEN JR 2-PAK	106
EASY COMFORT INSULIN SYRINGE	96	EPIVIR HBV	31
econazole nitrate	18	eplerenone	49
EDARBI	44	epoprostenol sodium	107
EDURANT	32	EPROSARTAN MESYLATE	44
efavirenz	32	ERAXIS	18
efavirenz-emtricitabine-tenofovir disoproxil fumarate . 32		ergocalciferol	94
efavirenz-lamivudine-tenofovir disoproxil fumarate . . 32		ERGOLOID MESYLATES	52
ELESTRIN	81	ergotamine w/ caffeine	56
eletriptan hydrobromide	56	ERIVEDGE	24
ELIQUIS	41	ERLEADA	20
ELIQUIS DVT/PE STARTER PACK	41	erlotinib hcl	24
ELLA	84	ERYTHROCIN STEARATE	10
ELMIRON	77	erythromycin (acne aid)	68
EMCYT	21	erythromycin (ophth)	100
EMEND	17	erythromycin base	10
EMGALITY	56	erythromycin ethylsuccinate	10
EMGALITY (300 MG DOSE)	56	ERYTHROMYCIN ETHYLSUCCINATE	10
EMPAVELI	88	ESBRIET	108
EMSAM	14	escitalopram oxalate	15
emtricitabine	33	esomeprazole magnesium	74
emtricitabine-tenofovir disoproxil fumarate	33	estazolam	110
EMTRIVA	33	esterified estrogens & methyltestosterone	81
enalapril maleate	44	estradiol	82
enalapril maleate & hydrochlorothiazide	48	estradiol & norethindrone acetate	81
ENBREL	91	estradiol vaginal	82
ENBREL MINI	91	ESTRING	82
ENBREL SURECLICK	91	ESTROGEL	82
		eszopiclone	110

ethacrynic acid	49	FETZIMA	15
ethambutol hcl	19	FETZIMA TITRATION	15
ethosuximide	13	fexofenadine hcl	104
ethynodiol diacet & eth estrad	82	FIASP	38
etodolac	1	FIASP FLEXTOUCH	38
etonogestrel-ethinyl estradiol	82	FIASP PENFILL	38
ETOPOSIDE	24	FIASP PUMPCART	39
etravirine	32	finasteride	77
EURAX	68	fingolimod hcl	62
EVAMIST	82	FINTEPLA	11
everolimus	24	FIRMAGON	86
everolimus (immunosuppressant)	91	FIRMAGON (240 MG DOSE)	86
EVOTAZ	34	FIRST-LANSOPRAZOLE	96
exemestane	23	FIXODENT EXTRA HOLD	96
EXKIVITY	22	flavoxate hcl	76
ezetimibe	51	flecainide acetate	45
ezetimibe-simvastatin	51	FLOVENT DISKUS	103
		FLOVENT HFA	103
F		fluconazole	18
FABRAZYME	75	flucytosine	18
famciclovir	35	fludrocortisone acetate	78
famotidine	73,74	flunisolide (nasal)	103
FANAPT	53	fluocinolone acetonide	65
FANAPT TITRATION PACK	53	fluocinolone acetonide (otic)	102
FARXIGA	35	fluocinonide	65
FC FEMALE CONDOM	96	FLUORABON	71
FC2 FEMALE CONDOM	96	fluorometholone (ophth)	100
febuxostat	19	FLUOROURACIL	67
felbamate	11	fluorouracil (topical)	67
felodipine	46	fluoxetine hcl	15
FEMCAP	96	FLUOXETINE HCL (PMDD)	15
FEMRING	82	fluphenazine decanoate	53
fenofibrate	50	fluphenazine hcl	53
fenofibrate micronized	50	FLURA-DROPS	71
fenoprofen calcium	1	flurandrenolide	65
fentanyl	2	FLURAZEPAM HCL	110
fentanyl citrate	3	FLURBIPROFEN	1
FERRIPROX	69	FLURBIPROFEN SODIUM	100
FERRIPROX TWICE-A-DAY	69	FLUTAMIDE	20
ferrous sulfate	71	fluticasone propionate	66
fesoterodine fumarate	76	fluticasone propionate (nasal)	103

FLUTICASONE PROPIONATE HFA	103	GILOTRIF	25
FLUTICASONE-SALMETEROL	109	GLASSIA	75
fluticasone-salmeterol	109	glatiramer acetate	62
fluvastatin sodium	50	GLEOSTINE	20
fluvoxamine maleate	15	GLIADEL WAFER	20
FOLBIC	71	glimepiride	35
folic acid	71	glipizide	35
FOLLISTIM AQ	79	glipizide-metformin hcl	35
fondaparinux sodium	41	GLUCAGEN HYPOKIT	38
formoterol fumarate	106	glucagon (rdna)	38
FORTEO	94	GLUCAGON EMERGENCY	38
FOSAMAX PLUS D	94	glyburide	35
fosamprenavir calcium	34	glyburide micronized	35
foscarnet sodium	31	glyburide-metformin	35
fosfomycin tromethamine	7	glycopyrrolate	73
fosinopril sodium	44	GLYXAMBI	35
fosinopril sodium & hydrochlorothiazide	48	GOLYTELY	73
FOSRENOL	70	granisetron hcl	17
FRAGMIN	41	griseofulvin microsize	18
frovatriptan succinate	56	griseofulvin ultramicrosize	18
furosemide	49	guaifenesin-codeine	109
FUZEON	34	guanfacine hcl	43
FYCOMPA	11	guanfacine hcl (adhd)	59
G		GUANIDINE HCL	57
gabapentin	13	GVOKE HYPOPEN 1-PACK	38
galantamine hydrobromide	52	GVOKE HYPOPEN 2-PACK	38
GAMMAGARD	87	GVOKE KIT	38
GAMMAKED	87	GVOKE PFS	38
ganirelix acetate	86	H	
gatifloxacin (ophth)	100	HALDOL DECANOATE	53
GAVILYTE-C	73	halobetasol propionate	66
GAVRETO	25	haloperidol	53
GELNIQUE	76	haloperidol decanoate	53
gemfibrozil	50	haloperidol lactate	54
GEMTESA	76	heparin sodium (porcine)	41
GENOTROPIN	79	HOMATROPAIRE	99
GENTAK	100	HUMALOG	39
gentamicin sulfate (ophth)	100	HUMALOG MIX 50/50 KWIKPEN	39
gentamicin sulfate (topical)	7	HUMATROPE	79
GENVOYA	32	HUMIRA	91,92

ivermectin	29
IVERMECTIN	68
ivermectin (rosacea)	68

J

JAKAFI	25
JARDIANCE	36
JENTADUETO	36
JENTADUETO XR	36
JOENJA	75
JULUCA	32
JUXTAPID	51
JYNARQUE	69

K

KALYDECO	106
KEFLEX	9
KEPIVANCE	64
KERENDIA	36
KESIMPTA	62
ketoconazole	18
ketoconazole (topical)	18
KETOPROFEN	1
KETOPROFEN ER	1
ketorolac tromethamine	1
ketorolac tromethamine (ophth)	101
ketotifen fumarate (ophth)	100
KEVZARA	88
KISQALI (200 MG DOSE)	25
KISQALI (400 MG DOSE)	25
KISQALI (600 MG DOSE)	25
KISQALI FEMARA (400 MG DOSE)	22
KISQALI FEMARA (600 MG DOSE)	22
KISQALI FEMARA(200 MG DOSE)	22
KLARITY-A	100
KLOXXADO	6
KLUTCH	96
KRAZATI	22
KYLEENA	84
KYNMOBI	30

L

labetalol hcl	46
lacosamide	14
LACRISERT	99
lactic acid (ammonium lactate)	66
lactulose	72
lactulose (encephalopathy)	72
lamivudine	33
lamivudine (hbv)	31
lamivudine-zidovudine	33
lamotrigine	12
LANCETS	96
lansoprazole	74
lanthanum carbonate	70
LANTUS SOLOSTAR	39
lapatinib ditosylate	25
LASTACAPT	100
latanoprost	102
LATUDA	54
leflunomide	93
lenalidomide	21
LENVIMA (10 MG DAILY DOSE)	25
LENVIMA (12 MG DAILY DOSE)	25
LENVIMA (14 MG DAILY DOSE)	26
LENVIMA (18 MG DAILY DOSE)	26
LENVIMA (20 MG DAILY DOSE)	26
LENVIMA (24 MG DAILY DOSE)	26
LENVIMA (4 MG DAILY DOSE)	26
LENVIMA (8 MG DAILY DOSE)	26
letrozole	23
leucovorin calcium	22
LEUKERAN	20
leuprolide acetate	86
levalbuterol hcl	106
LEVALBUTEROL TARTRATE	106
LEVEMIR FLEXPEN	39
LEVEMIR FLEXTOUCH	39
levetiracetam	12
LEVOBUNOLOL HCL	101
levocetirizine dihydrochloride	104

levofloxacin	10	lubiprostone	72
LEVOFLOXACIN	100	LULICONAZOLE	18
levofloxacin (ophth)	100	LUMAKRAS	22
levonorgestrel & eth estradiol	82	LUMIGAN	102
levonorgestrel (emergency oc)	84	LUMIZYME	75
levonorgestrel-eth estradiol (triphasic)	82	LUPANETA PACK	86
levonorgestrel-ethinyl estradiol (91-day)	82	LUPKYNIS	93
levonorgestrel-ethinyl estradiol (continuous)	82	LUPRON DEPOT (1-MONTH)	86
LEVOTHYROXINE SODIUM	85	LUPRON DEPOT (3-MONTH)	86
levothyroxine sodium	85	LUPRON DEPOT (4-MONTH)	86
LEXIVA	34	LUPRON DEPOT (6-MONTH)	86
lidocaine	5	LUPRON DEPOT-PED (1-MONTH)	86
lidocaine hcl	5	LUPRON DEPOT-PED (3-MONTH)	86
lidocaine hcl (mouth-throat)	5	LUPRON DEPOT-PED (6-MONTH)	86
lidocaine-prilocaine	5	lurasidone hcl	54
LILETTA (52 MG)	84	LYBALVI	14
linezolid	7	LYNPARZA	26
LINZESS	72	LYSODREN	22
liothyronine sodium	85	LYTGOBI (12 MG DAILY DOSE)	26
LIQREV	107	LYTGOBI (16 MG DAILY DOSE)	26
lisdexamfetamine dimesylate	58	LYTGOBI (20 MG DAILY DOSE)	26
lisinopril	44		
lisinopril & hydrochlorothiazide	48	M	
LITHIUM	57	mafenide acetate	68
lithium carbonate	57	malathion	68
LIVALO	50	MAPROTILINE HCL	14
LIVMARLI	75	maraviroc	34
LIVTENCITY	31	MARPLAN	15
LO LOESTRIN FE	82	MATULANE	20
LOKELMA	70	MAVENCLAD (10 TABS)	62
LONSURF	22	MAVENCLAD (4 TABS)	62
loperamide hcl	73	MAVENCLAD (5 TABS)	62
lopinavir-ritonavir	34	MAVENCLAD (6 TABS)	62
lorazepam	56	MAVENCLAD (7 TABS)	63
losartan potassium	44	MAVENCLAD (8 TABS)	63
losartan potassium & hydrochlorothiazide	48	MAVENCLAD (9 TABS)	63
LOTEMAX	101	MAVYRET	31
LOTEMAX SM	101	MAYZENT	63
loteprednol etabonate	101	MAYZENT STARTER PACK	63
lovastatin	51	meclizine hcl	16
loxapine succinate	54	MECLOFENAMATE SODIUM	1

MEDROL	78	Methylphenidate 20 MG/9HR PATCH (generic of DAYTRANA)	59
medroxyprogesterone acetate	84	Methylphenidate 30 MG/9HR PATCH (generic of DAYTRANA)	59
medroxyprogesterone acetate (contraceptive)	84	methylphenidate hcl	59
mefenamic acid	1	Methylphenidate HCl 10 MG TAB (generic of RITALIN)	59
mefloquine hcl	29	Methylphenidate HCl 10 MG/5ML SOLUTION (generic of METHYLIN)	59
megestrol acetate	84	Methylphenidate HCl 20 MG TAB (generic of RITALIN)	59
MEKINIST	26	Methylphenidate HCl 5 MG TAB (generic of RITALIN)	59
meloxicam	2	Methylphenidate HCl 5 MG/5ML SOLUTION (generic of METHYLIN)	59
MELPHALAN	20	Methylphenidate HCl ER (CD) 10 MG CAP ER (generic of METADATE CD)	59
memantine hcl	53	Methylphenidate HCl ER (CD) 20 MG CAP ER (generic of METADATE CD)	59
MENEST	82	Methylphenidate HCl ER (CD) 30 MG CAP ER (generic of METADATE CD)	60
MENOPUR	79	Methylphenidate HCl ER (CD) 40 MG CAP ER (generic of METADATE CD)	60
MENOSTAR	82	Methylphenidate HCl ER (CD) 50 MG CAP ER (generic of METADATE CD)	60
MENTAX	18	Methylphenidate HCl ER (CD) 60 MG CAP ER (generic of METADATE CD)	60
meprobamate	56	Methylphenidate HCl ER (LA) 10 MG CAP ER 24H (generic of RITALIN LA)	60
mercaptapurine	21	Methylphenidate HCl ER (LA) 20 MG CAP ER 24H (generic of RITALIN LA)	60
mesalamine	93	Methylphenidate HCl ER (LA) 30 MG CAP ER 24H (generic of RITALIN LA)	60
mesalamine w/ cleanser	93	Methylphenidate HCl ER 10 MG TAB ER (generic of METADATE ER)	60
MESNEX	22	Methylphenidate HCl ER 20 MG TAB ER (generic of METADATE ER)	60
metaxalone	110	methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)	60
metformin hcl	36		
METFORMIN HCL ER 500 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	36		
METFORMIN HCL ER 750 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	36		
methadone hcl	2		
methamphetamine hcl	58		
methazolamide	102		
methenamine hippurate	7		
methimazole	87		
methocarbamol	110		
methotrexate sodium	93		
METHOXSALLEN RAPID	67		
methscopolamine bromide	73		
methsuximide	13		
methyl dopa	43		

methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)	60	MOZOBIL	42
methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)	60	MULPLETA	42
methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)	60	MULTAQ	45
methylprednisolone	78	MULTIVITAMIN + FLUORIDE	71
methyltestosterone	80	MULTIVITAMIN/FLUORIDE	68
metoclopramide hcl	17	mupirocin	68
metolazone	50	mycophenolate mofetil	93
metoprolol & hydrochlorothiazide	48	mycophenolate sodium	93
metoprolol succinate	46	MYLERAN	20
metoprolol tartrate	46	MYRBETRIQ	76
metronidazole	7	MYTESI	73
metronidazole (topical)	7		
metronidazole vaginal	7	N	
mexiletine hcl	45	N-A-C SUSTAIN	71
miconazole nitrate (topical)	18	nabumetone	2
midodrine hcl	43	nadolol	46
miglitol	36	NAFRINSE DROPS	71
miglustat	75	naftifine hcl	18
MIGRANAL	56	NAFTIN	18
minocycline hcl	11	nalbuphine hcl	4
minoxidil	52	naloxone hcl	6
MIRENA (52 MG)	84	naltrexone hcl	6
mirtazapine	14	NAMENDA XR TITRATION PACK	53
misoprostol	74	naproxen	2
MITIGARE	19	naproxen sodium	2
mitoxantrone hcl	22	naratriptan hcl	56
modafinil	111	NARCAN	6
moexipril hcl	44	NATACYN	100
mometasone furoate	66,78	NATAZIA	82
mometasone furoate (nasal)	103	nateglinide	36
montelukast sodium	104	NATPARA	94
morphine sulfate	2,4	NATURE-THROID	85
MOTOFEN	73	NAYZILAM	5
MOUNJARO	36	nebivolol hcl	46
MOVANTIK	72	NEFAZODONE HCL	15
MOVIPREP	72	NEO-SYNALAR	67
moxifloxacin hcl	10	neomycin sulfate	7
moxifloxacin hcl (ophth)	100	neomycin-polymyx-dexameth	99
		NEOMYCIN-POLYMYXIN-GRAMICIDIN	99
		NEOMYCIN-POLYMYXIN-HC	99
		neomycin-polymyxin-hc (otic)	102

NEONATAL + DHA	71	norethindrone acetate-ethinyl estradiol-fe	83
NEONATAL 19	71	norethindrone-eth estradiol (triphasic)	83
NEONATAL FE	71	norgestimate-ethinyl estradiol	83
NEUPRO	30	norgestimate-ethinyl estradiol (triphasic)	83
NEVANAC	101	norgestrel & ethinyl estradiol	83
nevirapine	32	NORPACE CR	45
NEXPLANON	84	nortriptyline hcl	16
NEXTSTELLIS	83	NORVIR	34
niacin (antihyperlipidemic)	51	NOVAREL	80
nicardipine hcl	46	NOVOLIN 70/30	39
nicotine	6	NOVOLIN 70/30 FLEXPEN	39
nicotine polacrilex	6	NOVOLIN 70/30 FLEXPEN RELION	39
NICOTROL	6	NOVOLIN 70/30 RELION	39
NICOTROL NS	6	NOVOLIN N	40
nifedipine	46	NOVOLIN N FLEXPEN	40
nilutamide	21	NOVOLIN N FLEXPEN RELION	40
nimodipine	46	NOVOLIN N RELION	40
NINLARO	22	NOVOLIN R	40
nisoldipine	46	NOVOLIN R FLEXPEN	40
NISOLDIPINE ER	46	NOVOLIN R FLEXPEN RELION	40
nitazoxanide	29	NOVOLIN R RELION	40
nitisinone	75	NOVOLOG	40
NITRO-DUR	52	NOVOLOG 70/30 FLEXPEN RELION	40
NITROFURANTOIN	7	NOVOLOG FLEXPEN	40
nitrofurantoin macrocrystal	7	NOVOLOG FLEXPEN RELION	40
nitrofurantoin monohyd macro	7	NOVOLOG MIX 70/30	40
nitroglycerin	52	NOVOLOG MIX 70/30 FLEXPEN	40
NIVA THYROID	85	NOVOLOG MIX 70/30 RELION	40
NIVA-FOL	71	NOVOLOG PENFILL	40
NIZATIDINE	74	NOVOLOG RELION	40
NOCDURNA	79	NOXAFIL	19
NOCTIVA	79	NP THYROID	85
NORDITROPIN FLEXPEN	80	NUBEQA	21
norelgestromin-ethinyl estradiol	83	NUCYNTA	4
norethin acet & estrad-fe	83	NUCYNTA ER	2
norethindrone & eth estradiol	83	NUEDEXTA	61
norethindrone & ethinyl estradiol-fe	83	NULOJIX	93
norethindrone (contraceptive)	84	NURTEC	56
norethindrone acet & eth estra	83	NUTREN 1.5	69
norethindrone acetate	84	nystatin	19
norethindrone acetate-ethinyl estradiol	83	nystatin (mouth-throat)	19

nystatin (topical)	19	ONETOUCH ULTRA MINI	97
nystatin-triamcinolone	67	ONETOUCH ULTRALINK	97
O			
O-CAL FA	71	ONETOUCH VERIO	97
octreotide acetate	86	ONETOUCH VERIO FLEX SYSTEM	97
ODEFSEY	32	ONETOUCH VERIO IQ SYSTEM	97
ODOMZO	26	ONETOUCH VERIO REFLECT	97
OFEV	108	ONETOUCH VERIO SYNC SYSTEM	97
ofloxacin	10	OPSUMIT	107
ofloxacin (ophth)	100	OPTIONS GYNOL II CONTRACEPTIVE	77
ofloxacin (otic)	102	ORGOVYX	86
OGESTREL	83	ORIAHNN	80
olanzapine	54	ORLISSA	86
olmesartan medoxomil	44	ORKAMBI	106
olmesartan medoxomil-amlodipine- hydrochlorothiazide	48	ORLISTAT	73
olmesartan medoxomil-hydrochlorothiazide	48	orphenadrine citrate	110
olopatadine hcl	100	orphenadrine w/ aspirin & caff	110
olopatadine hcl (nasal)	104	ORPHENADRINE-ASPIRIN-CAFFEINE	110
omega-3 fatty acids	70	ORPHENGESIC FORTE	110
omega-3-acid ethyl esters	51	ORSERDU	21
omeprazole	74	oseltamivir phosphate	34,35
omeprazole magnesium	74	OSMOPREP	72
OMEPRAZOLE+SYRSPEND SF ALKA	96	OSPHERA	83
omeprazole-sodium bicarbonate	74	OTEZLA	67,88
OMNIFLEX DIAPHRAGM	96	OVIDREL	80
OMNIPOD 5 G6 INTRO (GEN 5)	96	oxaprozin	2
OMNIPOD 5 G6 POD (GEN 5)	96	oxazepam	56
OMNIPOD 5 PACK	96	OXBRYTA	43
OMNIPOD CLASSIC PDM (GEN 3)	96	oxcarbazepine	14
OMNIPOD DASH INTRO (GEN 4)	96	oxiconazole nitrate	19
OMNIPOD DASH PDM (GEN 4)	96	OXISTAT	19
OMNIPOD DASH PODS (GEN 4)	96	oxybutynin chloride	76
OMNIPOD POD PALS	97	oxycodone hcl	4
OMNITROPE	80	OXYCODONE HCL ER	2
ondansetron	17	oxycodone w/ acetaminophen	4
ondansetron hcl	17	OXYCODONE-ASPIRIN	4
ONETOUCH SOLUTIONS STARTER KIT	97	OXYCODONE-IBUPROFEN	4
ONETOUCH ULTRA	97	OXYCONTIN	3
ONETOUCH ULTRA 2	97	oxymorphone hcl	4
		OXYMORPHONE HCL ER	3
		OZEMPIC (0.25 OR 0.5 MG/DOSE)	36
		OZEMPIC (1 MG/DOSE)	36,37

OZEMPIC (2 MG/DOSE) 37

P

PALFORZIA (12 MG DAILY DOSE) 88
PALFORZIA (120 MG DAILY DOSE) 88
PALFORZIA (160 MG DAILY DOSE) 89
PALFORZIA (20 MG DAILY DOSE) 89
PALFORZIA (200 MG DAILY DOSE) 89
PALFORZIA (240 MG DAILY DOSE) 89
PALFORZIA (3 MG DAILY DOSE) 89
PALFORZIA (300 MG MAINTENANCE) 89
PALFORZIA (300 MG TITRATION) 89
PALFORZIA (40 MG DAILY DOSE) 89
PALFORZIA (6 MG DAILY DOSE) 89
PALFORZIA (80 MG DAILY DOSE) 89
PALFORZIA INITIAL ESCALATION 89
paliperidone 54
palonosetron hcl 17
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Formulary Changes Pending

The Plan's pharmacy & therapeutics (P&T) committee develops CDPHP drug formularies to ensure that the most clinically appropriate and cost-effective drugs are available to CDPHP enrollees. The committee meets every other month and will make formulary changes during those meetings. Current CDPHP enrollees using a drug therapy on the date of the change made at the P&T meeting will be able to continue to use the drug with the same benefit until the end of their current plan year if the change would be considered as a negative change. Enrollees new to CDPHP after the date of the P&T meeting will be subject to the formulary change made. Enrollees and their corresponding providers will be notified in writing of any pending negative change at least 90 days prior to the date the enrollee will be subject to the change made.

Please refer to the table below for pending formulary changes.

Drug Name/Strength	Formulary Change Action	Date of Formulary Change	Date Formulary Change Will Be Effective For Enrollees Using Therapy on Date of Change
Amitiza oral capsules 24 mcg	Brand name not covered	2-1-2023	2-29-2024
Divigel transdermal gel/jelly 1.25mg	Brand name not covered	2-1-2023	2-29-2024
Esbriet oral capsule 267mg	Brand name not covered	2-1-2023	2-29-2024
Trokendi XR capsules 25, 50, 100mg oral capsules	Brand name not covered	2-1-2023	2-29-2024

Drug Name/Strength	Formulary Change Action	Date of Formulary Change	Date Formulary Change Will Be Effective For Enrollees Using Therapy on Date of Change
Aubagio oral tablets	Brand name not covered	4-19-2023	4-30-2024
Cardizem LA 120mg oral tablets	Brand name not covered	4-19-2023	4-30-2024
Latuda oral tablets	Brand name not covered	4-19-2023	4-30-2024
Trokendi XR capsules 200mg oral capsules	Brand name not covered	4-19-2023	4-30-2024

Drug Name/Strength	Formulary Change Action	Date of Formulary Change	Date Formulary Change Will Be Effective For Enrollees Using Therapy on Date of Change
Advair Diskus	Brand name not covered	1-1-2024	Date of enrollee's renewal in 2024
Copaxone injection	Brand name not covered	9-13-2023	Date of enrollee's renewal in 2024
Flovent Diskus	Not covered	1-1-2024	Date of enrollee's renewal in 2024
Flovent HFA	Brand name not covered	1-1-2024	Date of enrollee's renewal in 2024
HCG injection	Not covered	9-13-2023	Date of enrollee's renewal in 2024
Novarel injection	Not covered	9-13-2023	Date of enrollee's renewal in 2024
Prezista 600mg and 800mg tablets	Brand name not covered	9-13-2023	Date of enrollee's renewal in 2024
Symbicort Inhaler	Brand name not covered	1-1-2024	Date of enrollee's renewal in 2024
Vyvanse capsules	Brand name not covered	9-13-2023	Date of enrollee's renewal in 2024