



San Francisco Health Plan

Healthy Workers HMO

處方藥處方集

截止日期 December 2025

本處方集的最新更新時間為 December 20, 2025. 本處方集會有所變更，所有之前版本的處方集將不再有效。

最新的處方集：

sfhp.org/for-members/healthy-workers/benefits/pharmacy-services

HW 福利與服務：

sfhp.org/programs/healthy-workers/benefits



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資訊節

處方集簡介

San Francisco Health Plan (SFHP) 處方集是獲得 Food and Drug Administration (FDA) 批准並有資格享受門診患者處方福利承保的藥品的清單。SFHP 處方集中的藥物經過精心挑選，以反映最合適、高品質且具成本效益的藥物療法。根據 Affordable Care Act (ACA) 和 California 州法規規定，SFHP 處方集包括品牌藥、仿製藥以及一些裝置。處方集中列出某種藥物，並不保證您的醫療服務提供者必將為您開該藥物。

術語釋義

以下列出了本處方集中使用的常用術語及其含義：

「**品牌藥**」指以專有、受商標保護的名稱銷售的藥物。品牌藥應全部以大寫字母列出。

「**共保額**」是指受保人在支付免賠額後支付的某一百分比的承保醫療保健福利費用（如果免賠額適用於醫療保健福利，例如處方藥福利）。

「**共付額**」是指受保人在支付免賠額後支付的固定金額的承保醫療保健福利費用（如果免賠額適用於醫療保健福利，例如處方藥福利）。

「**免賠額**」是指受保人在其健康計劃根據保單條款開始支付全部或部分醫療保健福利費用之前，為承保的醫療保健福利支付的金額。

「**藥物等級**」是與健康計劃處方藥承保範圍內的特定費用分攤等級相對應的一組處方藥。處方藥所屬的等級決定了受保人應承擔的藥費份額。

「**受保人**」指已加入健康計劃並有權接受該計劃服務的個人。本處方集範本中所有對受保人的提及也應包括本節下文定義的訂戶。

「**例外申請**」是對處方藥承保的申請。如果受保人、其指定人或開處方的醫療保健服務提供者提出了處方藥承保的例外申請，則當確定該藥物對於治療受保人的病情為醫療上必需時，健康計劃必須承保該處方藥。

「**緊急情況**」是指受保人正在遭受健康狀況的折磨，這種健康狀況可能會嚴重傷害受保人的生命、健康或最大程度恢復身體機能的能力的情況，或者受保人目前正在使用非處方集藥物進行治療的情況。



「**處方集**」是健康計劃產品優先使用且符合承保條件的藥物的完整清單，包括健康計劃產品的門診處方藥福利所承保的所有藥物。處方集亦稱為處方藥清單。

「**仿製藥**」指在劑量、安全性、規格、服用方式、品質、表現和預期用途方面與品牌藥相同的藥物。仿製藥以**粗體和斜體小寫字母**列出。

「**非處方集藥**」指未列入健康計劃處方集的處方藥。

「**自付費用**」包括共付額、共保額和適用的免賠額，以及健康計劃未承保的醫療保健服務的所有費用。

「**藥房與治療委員會**」是一個本地開處方者與藥劑師團體，開處方者與藥劑師每年舉行四次會議，以確定哪些藥物將列入處方集及事先授權審核過程所使用的標準。

「**開處方提供者**」指有權為健康計劃受保人開處方以治療疾病的醫療保健提供者。

「**處方**」是開處方提供者為特定受保人開出的口頭、書面或電子訂單，其中包含處方藥名稱、所開藥物的數量、開處方日期、開處方提供者的姓名和聯絡資訊，如果是書面處方，則還包含開處方提供者的簽名，以及如果由受保人申請，還包含所開藥物適用的醫療狀況或用途。

「**處方藥**」指由受保人的開處方提供者所開的藥物，並且根據適用法律規定需要處方。

「**事先授權**」是健康計劃的要求，即受保人或受保人的開處方提供者必須先獲得健康計劃對處方藥的授權，然後健康計劃才能承保該藥物。當對於受保人獲取藥物而言為醫療上必需時，健康計劃應給予事先授權。

「**分步療法**」是一種指定治療特定醫療狀況並適合特定患者的不同處方藥的開藥順序的過程。健康計劃可能會要求受保人先嘗試一種或多種藥物來治療受保人的疾病，然後健康計劃才會根據分步治療申請承保治療該疾病的某種特定藥物。如果受保人的開處方提供者提出了分步療法例外申請，則健康計劃應在滿足標準的情況下對分步療法做出例外處理。

「**訂戶**」指負責向計劃付款的人，或以其就業或其他身分（家庭撫養除外）作為取得計劃會員資格依據的人。

如何閱讀本處方集

SFHP 處方集文件依藥物類別的字母順序列出，並包含以下資訊：藥物名稱、劑型、藥品等級以及任何處方集限制，例如數量限制、事先授權或分步療法要求。



我如何在處方集清單中找到藥物？

您可以透過在字母索引中尋找藥物的治療類別或藥物的品牌藥名稱或仿製藥名稱來找到處方藥。您可以透過以下方式搜尋此清單：

- 搜尋藥物所屬的類別，然後按字母順序搜尋藥物名稱，或
- 依字母順序搜尋藥物名稱的索引

處方集清單

藥物類型	藥物名稱在處方藥清單中的展現方式
仿製藥	<i>metronidazole oral tablet</i>
具有上市品牌名稱的仿製藥	<i>norgestimate</i> (Tri-Sprintec)
品牌藥	ELIQUIS ORAL TABLET (<i>apixaban</i>)

我如何知道所列藥物是品牌藥還是仿製藥？

藥物按其所屬的治療類別和等級按品牌藥名稱**仿製藥**名稱的字母順序列出。如果某種藥物僅有品牌藥，則仿製藥名稱將包含在品牌藥名稱後面的括號中，並且全部以**粗體和斜體小寫字母**表示。如果某種藥物有仿製藥，則會以仿製藥名稱列出。一些仿製藥以專有的、受商標保護的品牌藥名稱進行銷售。對於這些仿製藥，品牌藥名稱將在仿製藥名稱後面的括號中列出，並使用常規字體，每個單字的首字母大寫。

一般來說，當品牌藥有等效仿製藥時，SFHP 要求使用仿製藥（請參閱下面的品牌藥物政策）。如果品牌藥有仿製藥，且品牌藥和仿製藥均在承保範圍內，則仿製藥將與品牌藥分開列出，且採用全**粗體和斜體小寫字母**。如果品牌藥沒有等效仿製藥，或其仿製藥未在處方集中享受承保，則該藥物將不會以其仿製藥名稱單獨列出。

如果我在處方集清單中找不到某種藥物，該怎麼辦？

如果您的藥物未列在 SFHP 處方集清單中，則該藥物稱為非處方集藥。您的醫療服務提供者必須先向 SFHP 提交事先授權表，藥房才可以配該非處方集藥。SFHP 將審核該申請，並根據 SFHP P&T 委員會批准的先前授權標準確定是否授權該藥物。如果您的處方超出特定限制、需要分步療法或屬於特定用途的藥物，某些處方集藥物還要求您的提供者提交事先授權表，藥房才會配藥。SFHP 的事先授權標準已獲得 SFHP P&T 委員會的批准，並符合專業認可的治療指南和實務標準。

* 有關事先授權流程的更多資訊，請參閱「處方集限制」章節。



什麼是藥物等級？

根據藥物的效果以及與用於同一類型治療的其他藥物相比的安全性和成本，將藥物置於不同的等級。

- 第 1 級藥物是處方集仿製藥。可能有數量和年齡限制。
- 第 2 級藥物是處方集品牌藥。可能有數量和年齡限制。
- 第 3 級藥物是需要事先授權或需要分步療法的處方集品牌藥或仿製藥。
- 沒有等級的藥物是非處方集藥、排除藥物或醫療福利承保的藥物。

藥物等級		承保要求和限制*
第 1 級	處方集仿製藥	AL = 年齡限制
第 2 級	處方集品牌藥	QL = 數量限制
第 3 級	需要事先授權的處方集或分步療法（可能是品牌藥或仿製藥）	PA = 事先授權 ST = 分步療法

*藥物等級及其他限制依上述圖例以符號指定。有關這些限制的更多詳細資訊，請參閱「處方集限制」章節。

由於特定規格的藥物屬於處方集，而同一藥物的另一種規格或劑型則需要事先授權，因此某些藥物可能會被列為多個等級。

門診處方藥福利和醫療福利有什麼不同？

門診處方藥福利包括 FDA 批准的自行用藥的藥物，通常是口服或自行注射的藥物，其他情況除外。必須由醫療保健專業人員給您用藥的藥物通常由醫療福利提供。醫療福利藥物可能包括輸液治療藥物、血液製品以及任何必須由醫療保健專業人員用藥的藥物。門診處方藥福利不承保醫療福利藥物，但以下情況除外：用於精神健康疾病或物質使用障礙必要治療的長效注射藥物，以及用於 HIV-1 暴露前預防 (PrEP) 的注射藥物。有關必須由醫療保健專業人員給您用藥的藥物（也包含在門診處方藥福利中）的完整清單，以及如何透過醫療福利獲取藥物的資訊，請造訪 sfhp.org/for-members/healthy-workers/benefits/pharmacy-services 有關 Healthy Workers HMO 計劃福利的更多資訊，請造訪 sfhp.org/programs/healthy-workers/benefits。

是否有處方集不包含的藥物？

以下藥物類別不包含在 Healthy Workers HMO 處方集中：



- 用於治療性功能障礙的藥物，除非作為精神健康狀況或物質使用障礙的醫療上必需的治療。
- 有 FDA 批准和銷售的產品可用於診斷時的複方藥物產品。複方藥物產品也必須被證明是安全、有效和穩定的，才能考慮例外處理。
- 由醫療保健專業人員給藥的藥物，但用於精神健康疾病或物質使用障礙必要治療的長效注射藥物，以及用於 HIV-1 暴露前預防 (PrEP) 的注射藥物除外。
- 非醫療上必需的非處方 (OTC) 維生素、OTC 藥物和 OTC 裝置。例外包括：用於預防心血管疾病和結腸直腸癌（適用於心血管風險較高的 50–59 歲成年人）、糖尿病用品、避孕裝置和藥物、用於治療苯丙酮尿症 (PKU) 的用品和裝置、精神健康狀況或物質使用障礙的醫療上必需的治療、幫助您戒菸的藥物以及產前維生素，包括葉酸和氟化物（如果為醫療上必需且需要處方）。
- 未經 FDA 批准的藥品或裝置的處方不包括在內。

誰來決定處方集中包含哪些藥物？

SFHP 藥學和治療學 (P&T) 委員會負責選擇納入處方集的藥物。SFHP P&T 委員會由來自各個醫學專科和診所的積極參與網路醫師、社區臨床藥劑師以及 SFHP 首席醫療官和藥房主任或指定人員組成。SFHP P&T 委員會負責審核所有新藥和新治療指南，以確定藥物的效果、藥物的安全性以及選擇處方集清單時的整體價值。

SFHP providers may request evaluation of drugs for addition to or deletion from the Formulary by submitting the Formulary Modification Request Form available on our website at sfhp.org/providers/pharmacy-services/prior-authorization-requests.

如何以及何時更改處方集？

P&T 委員會於一月、四月、七月和十月每季度召開一次會議，根據安全性、有效性和照護品質考量事項審核處方集的變化。P&T 委員會會議批准的季度處方集更新將於下個月 20 日生效，並發佈在 SFHP 網站上供審核。其他臨時變更或更新也將每月發佈以供審核。更新之後，以前的處方集文件將不再有效。

處方集可能會發生以下變更：

- 藥物可能會被新增到處方集中或從處方集中刪除
- 當有新的仿製藥時，該仿製藥可能會新增到處方集中
- 當有仿製藥時，品牌藥可能會從處方集中刪除
- 當新增或刪除事先授權或分步要求時，藥物所屬等級可能會調整
- 可能會增加、刪除或更改年齡或數量限制



當某種藥物或劑型從處方集中刪除或增加了限制，並且其承保之前已獲準以用於您的疾病時，如果您的醫療服務提供者繼續開該藥物來治療您的疾病，並且該藥物的開藥方式適當且對您的疾病是安全的，則該藥物的承保將繼續。如果您正在服用的承保藥物因 FDA 認為該藥物不安全而退市，或因製造商將該藥物退市而從處方集中刪除，SFHP 將通知您。

您可以從我們的網站 sfhp.org/for-members/healthy-workers/benefits/pharmacy-services 線上瞭解 SFHP 處方集的每月更新。您亦可週一至週五的 8:30am–5:30pm 致電 SFHP 客戶服務部電話 1(415) 547-7800 (本地)、1(800) 288-5555 (免費) 索取資訊。

門診處方藥福利承保哪些預防服務？

根據《病患保護與平價醫療法案》(ACA) 和《Knox-Keene Health Care Service Plan Act》(Knox-Keene Act)，預防性服務無需事先授權即可獲得承保，並且不向受保人收取任何費用。門診處方藥福利承保的預防保健藥物是根據 United States Preventive Services Task Force 的建議確定的，免疫接種承保是根據聯邦 Centers for Disease Control and Prevention 免疫實踐諮詢委員會的建議確定的。有關門診處方藥福利承保的預防服務的更多詳細資訊，請造訪 sfhp.org/for-members/healthy-workers/benefits/pharmacy-services。有關如何獲得處方藥以及如何查找網路內藥房的資訊，請參閱下面的「配藥」章節。

什麼是避孕藥物或避孕裝置？

避孕用品是幫助預防懷孕的藥物或裝置，例如隔膜。根據法律規定，SFHP 每次配藥最多可承保 12 個月的 FDA 批准避孕藥和裝置，包括非處方 (OTC) 避孕用品，無需事先授權，也無共付額。OTC 避孕用品無需處方即可獲得承保。必須在參與計劃的網路內藥房出示受保人 ID 卡，藥房可處理處方集 OTC 避孕用品，該避孕用品無需事先授權且無共付額。非處方 (OTC) 避孕用品包括：

- 女用保險套
- 男用保險套
- 每日口服避孕藥 (Opill)
- 緊急口服避孕藥
- 殺精劑 (乳膏、薄膜、泡沫、凝膠、栓劑)

有關如何獲得處方避孕用品以及如何查找網路內藥房的資訊，請參閱下面的「配藥」章節。

承保哪些糖尿病照護藥物和產品？



SFHP 承保 FDA 核准的糖尿病（包括先前沒有糖尿病的女性在懷孕期間患有的糖尿病類型）治療藥物以及糖尿病檢測裝置和用品，無論您是否需要使用胰島素。門診處方藥福利承保的裝置和用品包括血糖儀、試紙、注射器、採血針、酒精濕紙巾和酮尿測試紙。有關如何獲得處方藥以及如何查找網路內藥房的資訊，請參閱下面的「配藥」。

配藥

當您需要藥物時，您的主診醫師 (PCP) 或轉診專科醫生會給您開藥。您可以在任何網路內零售藥房獲得處方藥。要取得藥物，請攜帶紙本處方前往《San Francisco Health Plan Healthy Workers HMO 提供者目錄》(sfhp.org/programs/healthy-workers/find-a-provider) 「藥房」章節列出的零售藥房，並向藥劑師出示您的受保人 ID 卡。您的主診醫師 (PCP) 或轉診專科醫生可能會選擇以電子方式將處方藥送到藥房。處方將根據本 SFHP 處方集文件和下述限制獲得承保。

受保人也可以透過郵購藥房取得藥物。這是一種續配維持藥物的便捷方式。維持藥物是醫生為維持健康而持續定期開的藥物。有關如何透過郵購藥房取得藥物的說明，請造訪以下網站的「郵購藥房」章節：sfhp.org/programs/healthy-workers/benefits/pharmacy-services。

任何專業藥房限制或其他網路承保限制對 SFHP Healthy Workers HMO 處方集中列出的藥物無效。SFHP Healthy Workers HMO 在網路中沒有任何專業藥房。



共付額資訊：

下列列出了承保門診處方藥的共付額。分攤費用不超過計劃成本的 50%。

Healthy Workers HMO 處方集承保的處方會有以下共付額：

- **\$5 共付額** — 列於第 1 級或第 3 級的仿製藥，以及列於第 2 級或第 3 級且有仿製藥的首選品牌藥物。
- **\$10 共付額** — 列於第 2 級或第 3 級的品牌藥物

受保人需要支付的共付額和共保額總額不超過最多 30 天門診處方藥供藥量的二百五十美元 (\$250)。

哪些藥物的費用被免除？

根據州或聯邦法律規定，部分藥物必須享有承保，且受保人無需支付自付費用。如需瞭解 \$0 共付額預防藥物和免疫接種的完整清單，請造訪 sfhp.org/programs/healthy-workers/benefits/pharmacy-services。

- **\$0 共付額** —
 - 預防性藥物，包括但不限於：
 - 所有避孕用品
 - 核准用於預防人類免疫缺陷病毒 (HIV) 感染的藥物
 - 低劑量阿斯匹靈
 - 他汀類藥物
 - 含葉酸的產前維生素
 - 乳癌預防藥物
 - 戒菸藥物
 - 免疫接種
 - SFHP 網路內藥房提供 Covid-19 家庭檢測和治療。
- 處方集中所有 \$0 共付額藥物均帶有此符號：



處方集限制

SFHP 處方集使用以符號指定的標準處方集限制，包括藥物的特定限制，例如數量限制 (QL) 和年齡限制 (AL)、分步療法 (ST) 和事先授權 (PA)。所有處方集限制均基於 FDA 批准的適應症、實踐標準和安全考慮事項。超出處方集限制的處方需要您的處方醫生提出事先授權申請。如果處方有需要事先授權的處方集限制，您的藥劑師將收到 SFHP 的電子訊息，並會通知您和您的治療提供者。

什麼是分步療法？

分步療法 (ST) 藥物要求您嘗試一種或多種藥物來治療您的疾病，然後 SFHP 才會根據分步療法申請承保治療疾病的特定藥物。如果您的開處方提供者提出了分步療法例外申請，SFHP 將在滿足事先授權標準的情況下對分步療法做出例外處理。只要您的醫療服務提供者繼續開藥，並且該藥物仍然適合您的病情並且被認為安全有效，SFHP 就不會要求您符合您正在服用的藥物的分步療法。要申請豁免，應使用[分步療法例外標準](#)提出事先授權。有關分步治療申請批准的更多資訊，請參閱「事先授權標準」章節下的sfhp.org/providers/pharmacy-services/prior-authorization-requests。

事先授權申請的流程是怎樣的？

當醫療上需要時，健康計劃應承保非處方集藥物或限制藥物。如果非處方集藥物、有事先授權限制的藥物、有分步療法限制的藥物或超過數量或年齡限制的處方是醫療必需的；您或您的提供者可以請 SFHP 審核處方是否在承保範圍內。該流程稱為事先授權申請或例外申請。臨床醫師可以透過以下方式提出事先授權申請：

1. **傳真：**下載[事先授權申請表](#) 並傳真至 **1(855) 461-2778** 提出標準申請和緊急申請。緊急申請應在事先授權申請表的頂部清楚地標明「URGENT」。
2. **電話：**致電藥房福利經理 (PBM) Magellan 電話 (PBM) Magellan 電話 **1(800) 424-4331** 提出口頭申請。

您可以在我們的網站 sfhp.org/providers/pharmacy-services/prior-authorization-requests 獲取[事先授權申請表](#)。

藥劑師或醫療主任將審核所有事先授權申請，並根據 SFHP P&T 委員會批准的標準決定批准、變更後批准、拒絕或要求您的開處方提供者提供更多資訊。將在 72 小時內審核非緊急申請。發生緊急情況時，將加快提出申請，並在 24 小時內審核申請。發生緊急情況時，申請可能會被標記為緊急。如果事先授權申請獲得批准，則會透過傳真向填寫完畢的事先授權申請表中列出的處方醫生發送一條訊息，說明該藥物將由 SFHP 承保。當非緊



急申請獲得批准時，健康計劃將在處方（包括續配藥物）有效期內予以承保。當緊急情況申請獲得批准時，健康計劃將在緊急情況期間予以承保。如果健康計劃未能在收到非緊急申請後 72 小時內或緊急情況申請後 24 小時內對填寫完畢的事先授權或分步治療申請作出回應，則該申請將被視為在處方有效期內（包括續配藥物）獲得批准。

如果事先授權申請被拒絕或在變更後獲得批准，SFHP 將向您和開處方提供者寄送一封信。這封信包含 SFHP 做出該決定的標準理由。如果您不同意該決定，我們也提供了上訴方法的說明。如果您不同意 SFHP 的拒絕申請或進行變更後批准申請，您可以向 SFHP 提出上訴。SFHP 將在三十 (30) 日內審核您的申訴。如果您的上訴為緊急上訴，則會在 72 小時內審核您的上訴。如果您的上訴有關不在 SFHP 處方集中的藥物，您可以提出申訴以尋求外部例外申請審核。尋求外部例外申請審核的申訴由外部審核組織審核。外部審核組織不隸屬於或受僱於 SFHP。外部審核組織將基於您的醫療需要決定 SFHP 是否應該承保該非處方集藥物。SFHP 會在 72 小時內告訴您和您的開處方醫生其決定。如果最初申請被加急處理，則 SFHP 會在 24 小時內通知您和您的開處方醫生。

****注釋：**根據《健康與安全法》第 1367.22 條，如果健康計劃先前批准承保治療受保人疾病的藥物，並且開處方提供者繼續開該藥物來治療該疾病，則 SFHP 將不會限制或排除該藥物的承保，前提是該藥物的開藥方式適當，且對於治療受保人的疾病是安全有效的。

其他處方集政策

品牌藥政策

SFHP 具有強制性仿製藥政策，並要求當有與品牌藥等效的 AB 級仿製藥或可互換生物製品可用時使用仿製藥進行替代。僅在特定情況下允許配這些品牌藥物：

- 藥房將按照仿製藥對品牌藥物計費。
- 藥房正在配以下一 (1) 種窄治療指數藥物/類別：Dilantin (phenytoin)、甲狀腺激素、Coumadin (warfarin)。
- 已獲得事先授權，並有文件證明已嘗試過不同製造商的兩 (2) 種仿製藥，但均未滿足受保人的醫療需求。

應按照上述說明提出事先授權申請。

此政策可能存在罕見的例外情況。如果在有等效的仿製藥或可互換的生物製劑可用的情況下，藥物表中包括或優先選擇品牌藥物，則將採用最低成本分攤（仿製藥共付額）。



日供藥量政策

SFHP 標準日供藥量政策是，大多數品牌藥物為 30 天藥量處方限制，仿製藥為 90 天藥量處方限制，但有一些例外。當藥物已使用 75% 時允許續配藥物，但鴉片類止痛藥除外，此類藥物在已使用 90% 時允許續配藥物。

品牌藥物 30 天藥量處方限制政策的例外如下：

- 避孕用品和避孕裝置為最多 12 個月的供藥量
- 試紙、採血針、胰島素注射器和尿酮測試紙最多 100 天藥量
- 用於治療慢性病的特定藥物最多 90 天藥量。本政策承保的藥物類別包括但不限於抗糖尿病藥物（包括胰島素）、抗驚厥藥、抗凝血藥、抗憂鬱劑、抗高血脂藥物、抗高血壓藥、吸入性類固醇。

仿製藥物 90 天藥量處方限制政策的例外如下：

- 所有鴉片類藥物每次配藥最多 30 天藥量
- 治療 C 型肝炎藥物每次配藥最多 14 天藥量。

治療交換政策

根據 American College of Clinical Pharmacy (ACCP) 的定義，治療交換是指配發一種與醫生或其他授權處方醫生最初所開藥物在治療上效果相同但在化學上不同的藥物。

SFHP 遵循 ACCP 對治療交換的定義，並且只有在獲得處方醫生批准的情況下才會採用治療交換。治療交換的考慮標準包括治療類別中藥物的可用性、治療等效性、安全性數據和成本。



ENGLISH - ATTENTION: If you need help in your language, call **1(415) 547-7800** (TTY: **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1(415) 547-7800** (TTY: **711**). These services are free.

العربية (ARABIC) - يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1(415) 547-7800** (TTY: **711**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ **1(415) 547-7800** (TTY: **711**). هذه الخدمات مجانية.

Հայերեն (ARMENIAN) - Ուշադրություն: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, գանգահարեք **1(415) 547-7800** (TTY: **711**): Կան նաև օժանդակ փնջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1(415) 547-7800** (TTY: **711**): Այս ծառայություններն անվճար են:

ខ្មែរ (CAMBODIAN) - ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1(415) 547-7800** (TTY: **711**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរព្រម ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1(415) 547-7800** (TTY: **711**)។ សេវាកម្មទាំងនេះគឺឥតគិតថ្លៃ។

简体中文标语 (CHINESE - SIMPLIFIED) - 请注意: 如果您需要以您的母语提供帮助, 请致电 **1(415) 547-7800** (TTY: **711**)。另外还提供针对残疾人士的帮助和服务, 例如文盲和需要较大字体阅读, 也是方便取用的。请致电 **1(415) 547-7800** (TTY: **711**)。这些服务是免费的。

繁體中文 (CHINESE - TRADITIONAL) - 請注意: 如果您需要以您的母語提供幫助, 請致電 **1(415) 547-7800** (TTY: **711**)。另外還提供針對殘障人士的說明和服務, 例如盲文和需要較大字體閱讀, 也是方便取用的。請致電 **1(415) 547-7800** (TTY: **711**)。這些服務是免費的。

فارسی (FARSI) - توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1(415) 547-7800** (TTY: **711**) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1(415) 547-7800** (TTY: **711**) تماس بگیرید. این خدمات رایگان هستند.

हिंदी (HINDI) - ध्यान दें: यदि आपको अपनी भाषा में मदद चाहिए, तो **1(415) 547-7800** (TTY: **711**)। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे ब्रेल और बड़े प्रिंट में दस्तावेज़ भी उपलब्ध हैं। **1(415) 547-7800** (TTY: **711**)। ये सेवाएँ नि:शुल्क हैं।

HMOOB (HMONG) - CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1(415) 547-7800** (TTY: **711**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntwv su thiab luam tawm ua tus ntwv loj. Hu rau **1(415) 547-7800** (TTY: **711**). Cov kev pabcuam no pub dawb.

日本語 (JAPANESE) - 注記: あなたの言語でサポートが必要な場合は、**1(415) 547-7800** (TTY: **711** までお電話ください)。また、点字や大きな活字で作成したドキュメントなど、障害をお持ちの方のための補助やサービスもご利用いただけます。**1(415) 547-7800** (TTY: **711** までお電話ください)。これらのサービスは無料です。



한국어 (KOREAN) - 주의: 자국어로 도움이 필요한 경우, **1(415) 547-7800** (TTY: **711** 으로 전화하십시오). 점자 및 큰 글씨로 된 문서 등 장애인을 위한 보조 도구와 서비스도 제공됩니다. **1(415) 547-7800** (TTY: **711** 으로 전화하십시오). 이러한 서비스는 무료입니다.

ພາສາລາວ (LAO) - ຂໍຄວນລະວັງ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາ **1(415) 547-7800** (TTY: **711**). ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການເຊັ່ນ: ເອກະສານທີ່ເປັນດັວ ອັກສອນນຸນ ແລະ ດົວພິມຂະໜາດໃຫຍ່ ແມ່ນຍັງມີຢູ່. ໂທ **1(415) 547-7800** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ແມ່ນຟຣີ.

MIEN (MIEN) - LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1(415) 547-7800** (TTY: **711**). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1(415) 547-7800** (TTY: **711**). Naaiv deix gong benx wangv henh tengx oc.

ਪੰਜਾਬੀ (PUNJABI) - ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1(415) 547-7800** (TTY: **711** 'ਤੇ ਕਾਲ ਕਰੋ)। ਅਪਰਜ ਲੇਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1(415) 547-7800** (TTY: **711** 'ਤੇ ਕਾਲ ਕਰੋ)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

РУССКИЙ (RUSSIAN) - ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1(415) 547-7800** (линия TTY: **711**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1(415) 547-7800** (линия TTY: **711**). Эти услуги являются бесплатными.

ESPAÑOL (SPANISH) - ATENCIÓN: si necesita ayuda en su idioma, llame al **1(415) 547-7800** (TTY: **711**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1(415) 547-7800** (TTY: **711**). Estos servicios son gratuitos.

TAGALOG (TAGALOG-FILIPINO) - ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1(415) 547-7800** (TTY: **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1(415) 547-7800** (TTY: **711**). Libre ang mga serbisyong ito.

ภาษาไทย (THAI) - โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1(415) 547-7800** (TTY: **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1(415) 547-7800** (TTY: **711**) บริการไม่มีค่าใช้จ่ายใด ๆ

УКРАЇНСЬКОЮ (UKRAINIAN) - УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1(415) 547-7800** (TTY: **711**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1(415) 547-7800** (TTY: **711**). Ці послуги є безкоштовними.

TIẾNG VIỆT (VIETNAMESE) - CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1(415) 547-7800** (TTY: **711**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1(415) 547-7800** (TTY: **711**). Những dịch vụ này đều là miễn phí.



無歧視聲明

歧視屬於違法行為。San Francisco Health Plan (SFHP) 遵守聯邦民權法。SFHP 不會因種族膚色、國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘疾而歧視、排斥或區別對待他人。

SFHP 提供：

- 為殘障人士提供免費援助和服務，以幫助他們更好地溝通，例如：
 - 合格的手語翻譯員
 - 其他格式的書面資訊（大號字體、音訊、易懂的電子格式、其他格式）
- 為主要語言不是英語的人士提供免費語言服務，例如：
 - 合格的口譯員
 - 以其他語言書寫的資訊

如果您需要這些服務，請於週一至週五 8:30am 至 5:30pm 之間致電 **1(415) 547-7800** 或 **1(800) 288-5555** (免費) 聯絡 SFHP 客戶服務部。或者，如果您有聽說障礙，請致電 TTY **711**。

如何提出申訴

如果您認為 SFHP 未能提供這些服務或基於種族、膚色、國籍、血統、宗教信仰、性、婚姻狀況、性別、性別認同、性取向、年齡或者殘障情況歧視您，您可以向 SFHP 提出申訴。您可以透過電話、以書面形式、當面或電子方式提起申訴：

- 透過電話：請於週一至週五 8:30am 至 5:30pm 致電 **1(415) 547-7800** 或 **1(800) 288-5555** (免費) 聯絡 SFHP。或者，如果您有聽說障礙，請撥打 TTY **711** (免費)。
- 以書面形式：填寫一份投訴表單或寫一封信，並寄送至：
San Francisco Health Plan
P.O. Box 194247
San Francisco, CA 94119
- 當面：前往您的醫生辦公室或 SFHP 的服務中心，表示您想提出申訴。SFHP 的服務中心位於 550 Kearny Street, Lower Level, San Francisco, CA 94108。
- 電子方式：造訪 SFHP 的網站 **sfhp.org**。



OFFICE OF CIVIL RIGHTS

如果您認為您因種族、膚色、國籍、年齡、殘障或性別而受到歧視，您也可以透過電話、以書面形式或電子方式向 U.S. Department of Health and Human Services, Office for Civil Rights 提出民權投訴：

- 透過電話：致電 **1(800) 368-1019**。如果您有聽說障礙，請撥打 TTY **1(800) 537-7697**。

- 書面形式：填寫一份投訴表單或寄信至：

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building

Washington, D.C. 20201

可造訪網址 <http://www.hhs.gov/ocr/office/file/index.html> 獲取投訴表單

- 電子方式：造訪 Office for Civil Rights 投訴入口網站：
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

TIER	DESCRIPTION	
1	Tier1	
2	Tier2	
3	Tier3	
TYPE	DESCRIPTION	
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
CC	Clinical Criteria	Your provider is required to get prior authorization before you fill your prescription, which ensures appropriate use of the selected drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before you move up a “step” to other drug options.
AL	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
C	Custom	This drug has unique restrictions.
HCR	Health Care Reform Products	The Affordable Care Act (ACA) requires certain preventive generic products to be covered at zero dollar copay. This does not include plans that are grandfathered.
PA	PA Applies	Your provider is required to get prior authorization before you fill your prescription, which ensures appropriate use of the selected drug. Without prior approval, we may not cover this drug.
QPD	Quantity Per Day	Quantity Per Day.
B4G	Brand For Generic	Brand products that would bypass the DAW penalty. The strategy prefers brands over generics.

\$0

\$0 Copay

\$0 Copay

LIST OF COVERED OVER-THE-COUNTER MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
<i>alcohol antiseptic pads med. pad</i>	1	
ANTIANEMIA DRUGS		
IRON PREPARATIONS		
FEROSUL	1	HCR \$0
FERRO-TIME	1	HCR \$0
<i>ferrous sulfate 325(65) mg tablet</i>	1	HCR \$0
ANTIEMETICS		
ANTIHISTAMINES (GI DRUGS)		
<i>meclizine hcl</i>	1	
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)		
AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>clotrimazole 1 % solution</i>	1	QL 180 / 30 days
ANTIHISTAMINE DRUGS		
SECOND GENERATION ANTIHISTAMINES		
<i>levocetirizine dihydrochloride</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
HISTAMINE H2-ANTAGONISTS		
<i>cimetidine</i>	1	
<i>famotidine 20 mg tablet</i>	1	
PROTON-PUMP INHIBITORS		
<i>esomeprazole magnesium 20 mg capsule dr</i>	1	
<i>lansoprazole 15 mg capsule dr</i>	1	
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
NICORETTE 2 MG LOZENGE	1	QPD 20.0 per day \$0
<i>nicotine (7mg/24hr patch td24, 14mg/24hr patch td24, 21 mg/24hr patch td24, 21-14-7mg patch dysq)</i>	1	QPD 1.0 per day \$0
<i>nicotine polacrilex (2 mg gum, 4 mg gum)</i>	1	QPD 12.0 per day \$0
<i>nicotine polacrilex (2 mg lozenge, 2 mg lozng mini, 4 mg lozenge, 4 mg lozng mini)</i>	1	QPD 20.0 per day \$0
QUIT 2 MG CHEWING GUM	1	QPD 12.0 per day \$0
QUIT 2 MG LOZENGE	1	QPD 20.0 per day \$0
QUIT 4 MG CHEWING GUM	1	QPD 12.0 per day \$0
QUIT 4 MG LOZENGE	1	QPD 20.0 per day \$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STOP SMOKING AID	1	QPD 20.0 per day \$0
DEVICES		
ACCU-CHEK AVIVA SOLUTION	1	
ACCU-CHEK FASTCLIX LANCET DRUM	1	
ACCU-CHEK GUIDE L1-L2 CTRL SOL (NDC: 65702071310)	1	
ACCU-CHEK GUIDE ME GLUCOSE MTR	1	QL 1 / 365 days
ACCU-CHEK GUIDE MONITOR SYSTEM	1	QL 1 / 365 days
ACCU-CHEK SMARTVIEW CONTRL SOL	1	
<i>covid-19 antigen immunoassay test</i>	2	QL 8 / 30 days \$0
<i>covid-19 molecular nucleic acid test assay</i>	2	QL 8 / 30 days \$0
<i>diabetic needles</i>	1	
<i>diabetic syringes</i>	1	
<i>digital thermometer</i>	1	
<i>gloves (each, package)</i>	1	
<i>inhaler, assist devices, accessories</i>	2	
<i>inhaler,assist device with large mask</i>	2	QL 2 / 365 days
<i>inhaler,assist device with small mask</i>	2	QL 2 / 365 days
<i>lancets each</i>	1	
<i>lancing device/lancets</i>	1	
<i>medical supply, miscellaneous each</i>	1	
<i>nasal airflow strips strip</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nebulizer</i>	2	QL 2 / 365 days
<i>nebulizer and compressor</i>	2	QL 2 / 365 days
<i>peak flow meter</i>	2	QL 2 / 365 days
<i>spirometers and accessories</i>	2	QL 2 / 365 days
DIAGNOSTIC AGENTS		
DIABETES MELLITUS		
ACCU-CHEK AVIVA PLUS TEST STRP (NDC: 65702040710)	1	QPD 4.0 per day
ACCU-CHEK AVIVA PLUS TEST STRP (NDC: 65702040810)	1	QPD 4.0 per day
ACCU-CHEK GUIDE TEST STRIP (NDC: 65702071110)	1	QPD 4.0 per day
ACCU-CHEK GUIDE TEST STRIP (NDC: 65702071210)	1	QPD 4.0 per day
ACCU-CHEK SMARTVIEW TEST STRIP	2	QPD 4.0 per day
<i>blood sugar diagnostic</i>	1	QPD 4.0 per day
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
BASIC LOTIONS AND LINIMENTS		
<i>ammonium lactate 12 % lotion</i>	1	
BASIC OINTMENTS AND PROTECTANTS		
<i>ammonium lactate 12 % cream (g)</i>	1	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ANTIALLERGIC AGENTS		
ALAWAY	1	
ALLERGY EYE DROPS	1	
CHILDREN'S ALAWAY	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EYE ITCH RELIEF	1	
<i>ketotifen fumarate</i>	1	
<i>olopatadine hcl (0.1 % drops, 0.2 % drops)</i>	3	CC ST QPD 0.17 per day
PATADAY ONCE DAILY 0.7% DROPS	3	CC ST
WAL-ZYR 0.025% EYE DROPS	1	
ZADITOR	1	
HORMONES AND SYNTHETIC SUBSTITUTES		
CONTRACEPTIVES		
AFTER PILL	1	HCR \$0
AFTERA	1	\$0
ECONTRA EZ	1	\$0
ECONTRA ONE-STEP	1	\$0
HER STYLE	1	HCR \$0
<i>levonorgestrel</i>	1	\$0
MY CHOICE	1	\$0
MY WAY	1	\$0
NEW DAY	1	\$0
OPCICON ONE-STEP	1	\$0
OPILL	2	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPTION 2	1	\$0
TAKE ACTION	1	\$0
INSULINS		
INTERMEDIATE-ACTING INSULINS		
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
SHORT-ACTING INSULINS		
HUMULIN R	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NONHORMONAL CONTRACEPTIVES		
<i>condoms, female</i>	1	\$0
<i>condoms, latex, lubricated</i>	1	\$0
<i>condoms, latex, non-lubricated</i>	1	\$0
<i>condoms, non-latex, lubricated</i>	1	\$0
VCF (FILM, GEL)	1	\$0
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
REVERSIBLE COX-1/COX-2 INHIBITORS		
<i>ibuprofen 100 mg/5ml oral susp</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SALICYLATES		
<i>aspirin 81 mg</i>	1	\$0
SKIN AND MUCOUS MEMBRANE AGENTS		
KERATOLYTIC AGENTS		
ACNE MEDICATION 5% GEL	1	QL 60 / 30 days
<i>benzoyl peroxide 5 % gel (gram)</i>	1	QL 60 / 30 days
URINE AND FECES CONTENTS		
KETONES		
<i>urine acetone test,strips</i>	1	QL 100 / 100 days
VITAMINS		
MULTIVITAMIN PREPARATIONS		
<i>prenatal with folic acid</i>	1	\$0
VITAMIN B COMPLEX		
<i>folic acid</i>	1	\$0
MYNEPHRON	1	
NEPHRO-VITE	1	
RENA-VITE	1	

LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENT (12:16)		
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
ERGOMAR	2	
<i>ergotamine tartrate/caffeine</i>	1	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>alfuzosin hcl</i>	1	
<i>tamsulosin hcl</i>	1	
ANALGESICS AND ANTIPYRETICS		
OPIOID AGONISTS (28:08)		
<i>acetaminophen with codeine 120-12mg/5 solution</i>	1	CC QPD 12.0 per day
<i>acetaminophen with codeine 300mg-30mg tablet</i>	1	QL 4 / day CC AL At least 12 yrs old QPD 4.0 per day
<i>acetaminophen with codeine phosphate (300mg-15mg tablet, 300mg-60mg tablet)</i>	1	CC QPD 4.0 per day
<i>codeine sulfate (30 mg tablet, 60 mg tablet)</i>	1	CC QPD 4.0 per day
<i>codeine sulfate 15 mg tablet</i>	1	CC
ENDOCET	1	CC QPD 4.0 per day
<i>fentanyl</i>	3	QL 15 / 30 days CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)</i>	1	CC QPD 4.0 per day
<i>hydrocodone/acetaminophen 2.5-325 mg tablet</i>	1	QL 4 / day CC QPD 4.0 per day
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet)</i>	1	CC QPD 4.0 per day
<i>hydromorphone hcl 8 mg tablet</i>	1	QL 4 / day CC QPD 4.0 per day
<i>morphine sulfate (10 mg/5 ml solution, 20 mg/5 ml solution, 100 mg/5ml solution)</i>	1	CC QPD 12.0 per day
<i>morphine sulfate 15 mg tablet</i>	1	CC QPD 4.0 per day
<i>morphine sulfate 30 mg tablet</i>	1	QL 4 / day CC QPD 4.0 per day
<i>morphine sulfate (15 mg tablet er, 100 mg tablet er, 200 mg tablet er)</i>	1	QL 3 / day CC QPD 3.0 per day
<i>morphine sulfate (30 mg tablet er, 60 mg tablet er)</i>	1	CC QPD 3.0 per day
<i>oxycodone hcl (5 mg/5 ml solution, 20 mg/ml oral conc)</i>	1	CC QPD 12.0 per day
<i>oxycodone hcl (10 mg tab er 12h, 20 mg tab er 12h, 40 mg tab er 12h, 80 mg tab er 12h)</i>	3	CC PA QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxycodone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	CC QPD 4.0 per day
<i>oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet, hcl/acetaminophen 7.5-325 mg tablet, hcl/acetaminophen 10mg-325mg tablet)</i>	1	CC QPD 4.0 per day
<i>oxymorphone hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>tramadol hcl 50 mg tablet</i>	1	CC QPD 8.0 per day
<i>tramadol hcl/acetaminophen</i>	1	CC QPD 4.0 per day
OPIOID PARTIAL AGONISTS		
BRIXADI	2	
<i>buprenorphine (5 mcg/hr patch tdwk, 10 mcg/hr patch tdwk)</i>	1	CC
<i>buprenorphine hcl (2 mg tab subl, 8 mg tab subl)</i>	1	QL 120 / 30 days
<i>buprenorphine hcl/naloxone hcl (/naloxone 2 mg-0.5mg film, /naloxone 4mg-1mg film, /naloxone 8 mg-2 mg film, /naloxone 12 mg-3 mg film)</i>	3	QL 120 / 30 days CC PA
<i>buprenorphine hcl/naloxone hcl (/naloxone 2 mg-0.5mg tab subl, /naloxone 8 mg-2 mg tab subl)</i>	1	QL 120 / 30 days
SUBLOCADE	2	
ZUBSOLV	3	QL 120 / 30 days CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANOREXIGENIC AGENTS		
AMPHETAMINE DERIVATIVES		
<i>phentermine hcl (15 mg capsule, 30 mg capsule, 37.5 mg capsule, 37.5 mg tablet)</i>	3	QL 30 / 30 days CC PA
ANOREXIGENICS; RESPIRATORY, CNS STIMULANTS		
AMPHETAMINES		
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg cap er 24h, dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 12.5 mg tablet, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 15 mg tablet, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 20 mg tablet, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg cap er 24h, dextroamphetamine/amphetamine 30 mg tablet)</i>	1	QL 60 / 30 days
<i>dextroamphetamine sulfate (5 mg capsule er, 10 mg capsule er, 15 mg capsule er)</i>	1	QL 60 / 30 days
<i>dextroamphetamine sulfate 10 mg tablet</i>	1	QL 120 / 30 days AL At least 5 yrs old PA
<i>dextroamphetamine sulfate 5 mg tablet</i>	1	QL 60 / 30 days AL At least 5 yrs old PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANOREXIGENIC AGENTS		
CONTRACE	3	QL CC PA QPD 120 / 30 days 4.0 per day
RESPIRATORY AND CNS STIMULANTS		
<i>atomoxetine hcl</i>	1	QL 60 / 30 days
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg cpbp 50-50, 5 mg tablet, 10 mg cpbp 50-50, 10 mg tablet, 15 mg cpbp 50-50, 20 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)</i>	1	QL 60 / 30 days
<i>methylphenidate hcl (10 mg cpbp 30-70, 10 mg cpbp 50-50, 10 mg tablet er, 18 mg tab er 24, 20 mg cpbp 30-70, 20 mg cpbp 50-50, 27 mg tab er 24, 30 mg cpbp 30-70, 30 mg cpbp 50-50, 36 mg tab er 24, 40 mg cpbp 30-70, 40 mg cpbp 50-50, 50 mg cpbp 30-70, 54 mg tab er 24, 60 mg cpbp 30-70, 60 mg cpbp 50-50)</i>	1	QL 60 / 30 days
<i>methylphenidate hcl 10 mg/5 ml solution</i>	1	QL 900 / 30 days
<i>methylphenidate hcl 5 mg/5 ml solution</i>	1	QL 300 / 30 days
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 20 mg tablet er)</i>	1	QL 90 / 30 days
WAKEFULNESS-PROMOTING AGENTS		
<i>armodafinil</i>	3	QL CC PA QPD 90 / 90 days 1.0 per day
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	3	CC PA QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole 200 mg tablet</i>	1	QL 6 / 365 days
<i>ivermectin 3 mg tablet</i>	1	QL 30 / 365 days CC
<i>praziquantel 600 mg tablet</i>	1	QL 15 / 365 days
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>trimethoprim 100 mg tablet</i>	1	
ANTI-INFECTIVES (EENT)		
ANTI-INFECTIVES, MISCELLANEOUS (52:04)		
<i>acetic acid 2 % solution</i>	1	
<i>hydrocortisone/acetic acid</i>	1	
ANTIBACTERIALS (52:04)		
AK-POLY-BAC	1	
<i>bacitracin 500 unit/g oint. (g)</i>	1	
<i>bacitracin/polymyxin b sulfate</i>	1	
<i>ciprofloxacin hcl 0.3 % drops</i>	1	
<i>ciprofloxacin hcl/dexamethasone</i>	1	QL 7.5 / 30 days
<i>doxycycline hyclate 20 mg tablet</i>	1	QL 60 / 30 days
<i>erythromycin base 5 mg/gram oint. (g)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>erythromycin base in ethanol (in 2 % gel (gram), in 2 % solution)</i>	1	
<i>gentamicin sulfate 0.3 % drops</i>	1	
<i>moxifloxacin hcl 400 mg tablet</i>	3	CC PA QPD 1.0 per day
NEO-POLYCIN	1	
NEO-POLYCIN HC	1	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	1	
<i>neomycin sulfate/bacitracin/polymyxin b</i>	1	
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>	1	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp, neomycin/polymyxin b/hydrocort 3.5-10k-1 solution, neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp)</i>	1	
<i>neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))</i>	1	
<i>ofloxacin 0.3 % drops</i>	1	
POLYCIN	1	
<i>polymyxin b sulfate/trimethoprim</i>	1	
<i>sulfacetamide sodium (10 % drops, 10 % oint. (g))</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX	3	ST
<i>tobramycin 0.3 % drops</i>	1	
<i>tobramycin/dexamethasone</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIFUNGALS (EENT)		
NATACYN	2	
ANTIVIRALS (EENT)		
<i>trifluridine 1 % drops</i>	1	
ZIRGAN	2	
ASTRINGENTS (52:04)		
<i>chlorhexidine gluconate</i>	1	
PAROEX	1	
PERIOGARD	1	
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
ANTIBACTERIALS (84:04)		
<i>azelaic acid 15 % gel (gram)</i>	1	QL 50 / 30 days CC QPD 1.7 per day
AZELEX	3	CC PA QPD 1.0 per day
FINACEA 15% FOAM	3	CC PA QPD 1.7 per day
<i>metronidazole (0.75 % cream (g), 0.75 % gel (gram))</i>	1	QL 45 / 30 days
<i>metronidazole (1 % gel (gram), 1 % gel w/pump)</i>	3	QL 60 / 30 days ST
<i>metronidazole 0.75 % lotion</i>	1	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mupirocin 2 % oint. (g)</i>	1	
ROSADAN (CREAM, GEL)	1	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	1	QL 120 / 30 days
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
<i>acyclovir 5 % cream (g)</i>	3	CC PA QPD 0.17 per day
<i>acyclovir 5 % oint. (g)</i>	3	QL 0.5 / day CC PA QPD 0.5 per day
ASTRINGENTS, ANTI-INFECTIVE		
<i>selenium sulfide 2.5 % lotion</i>	1	
<i>silver sulfadiazine 1 % cream (g)</i>	1	
SCABICIDES AND PEDICULICIDES		
<i>malathion</i>	3	QL 59 / fill CC PA
<i>permethrin 5 % cream (g)</i>	1	
<i>spinosad</i>	3	QL 120 / fill CC C Limit of 120 ml per fill equates to a limit of 1 bottle per fill PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFLAMMATORY AGENTS (EENT)		
CORTICOSTEROIDS (EENT)		
<i>difluprednate</i>	3	QL 5 / 30 days ST
FLAC OTIC OIL	1	
<i>fluocinolone acetonide oil</i>	1	
<i>fluorometholone</i>	1	
<i>fluticasone propionate 50 mcg spray susp</i>	1	QL 16 / 30 days
PRED MILD	3	ST
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate 1 % drops</i>	1	
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
<i>diclofenac sodium 0.1 % drops</i>	1	QL 5 / fill
<i>ketorolac tromethamine 0.4 % drops</i>	1	QL 5 / fill
<i>ketorolac tromethamine 0.5 % drops</i>	1	QL 10 / fill C Limit of 10 ml per fill
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
LEUKOTRIENE MODIFIERS		
<i>montelukast sodium 10 mg tablet</i>	1	
MAST-CELL STABILIZERS		
<i>cromolyn sodium (20 mg/2 ml ampul-neb, 20 mg/ml oral conc)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)		
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
ANUCORT-HC	1	
ANUSOL-HC 25 MG SUPPOSITORY	1	
<i>betamethasone dipropionate (0.05 % cream (g), 0.05 % lotion, 0.05 % oint. (g))</i>	1	QPD 8.0 per day
<i>betamethasone dipropionate 0.05 % gel (gram)</i>	1	
<i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % lotion, betamethasone/propylene 0.05 % oint. (g))</i>	1	QPD 4.0 per day
<i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	1	QPD 8.0 per day
<i>clobetasol propionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % shampoo, 0.05 % solution)</i>	1	QPD 4.0 per day
CLODAN 0.05% SHAMPOO	1	QPD 4.0 per day
<i>desoximetasone 0.25 % cream (g)</i>	1	QPD 4.0 per day
<i>desoximetasone 0.25 % oint. (g)</i>	1	CC QPD 4.0 per day
<i>fluocinolone acetonide 0.025 % cream (g)</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	QPD 4.0 per day
<i>fluocinolone acetonide 0.01 % solution</i>	1	QPD 6.0 per day
<i>fluocinolone acetonide/shower cap</i>	1	QPD 4.0 per day
<i>fluocinonide (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution)</i>	1	QPD 8.0 per day
<i>fluticasone propionate 0.05 % cream (g)</i>	1	QPD 8.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>halobetasol propionate (0.05 % cream (g), 0.05 % oint. (g))</i>	1	QPD 4.0 per day
HEMMOREX-HC 25 MG SUPPOSITORY	1	
<i>hydrocortisone 1 % cream (g)</i>	1	CC QPD 8.0 per day
<i>hydrocortisone 2.5 % crm/pe app</i>	1	QPD 2.0 per day
<i>hydrocortisone 100mg/60ml enema</i>	1	
<i>hydrocortisone (2.5 % cream (g), 2.5 % lotion, 2.5 % oint. (g))</i>	1	QPD 8.0 per day
<i>hydrocortisone acetate 25 mg supp.rect</i>	1	
<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	1	QPD 8.0 per day
<i>nystatin/triamcinolone acetonide (nystatin/triamcin 100000-0.1 cream (g), nystatin/triamcin 100000-0.1 oint. (g), nystatin/triamcinolone acet 100000-0.1 cream (g), nystatin/triamcinolone acet 100000-0.1 oint. (g))</i>	1	QL 480 / 30 days
ORALONE	1	
PROCTO-MED HC	1	QPD 2.0 per day
PROCTOFOAM-HC	2	
PROCTOSOL-HC	1	QPD 2.0 per day
PROCTOZONE-HC	1	QPD 2.0 per day
<i>triamcinolone acetonide (0.025 % cream (g), 0.025 % lotion, 0.025 % oint. (g), 0.1 % lotion, 0.5 % cream (g), 0.5 % oint. (g))</i>	1	QPD 8.0 per day
<i>triamcinolone acetonide (0.1 % cream (g), 0.1 % oint. (g))</i>	1	QPD 16.0 per day
<i>triamcinolone acetonide 0.1 % paste (g)</i>	1	
TRIDERM 0.1% CREAM	1	QPD 16.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIDERM 0.5% CREAM	1	QPD 8.0 per day
IMMUNOMODULATORY AGENTS (84:06)		
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	3	CC ST QPD 1.0 per day
JANUS KINASE INHIBITORS (84:06)		
CIBINQO	3	CC PA QPD 1.0 per day
ANTIANEMIA DRUGS		
IRON PREPARATIONS		
NEONATAL FE	2	
ANTIARRHYTHMIC AGENTS		
CLASS IA ANTIARRHYTHMICS		
<i>disopyramide phosphate</i>	1	
NORPACE CR	2	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate (200 mg tablet, 300 mg tablet)</i>	1	
CLASS IB ANTIARRHYTHMICS		
<i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>	1	
CLASS IC ANTIARRHYTHMICS		
<i>flecainide acetate</i>	1	
<i>propafenone hcl (150 mg tablet, 225 mg tablet, 300 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLASS III ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	
<i>dofetilide</i>	1	
MULTAQ	2	
PACERONE 200 MG TABLET	1	
CLASS IV ANTIARRHYTHMICS		
CARTIA XT	1	
DILT-XR	1	
<i>diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg cap sa 24h, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 240 mg cap er 24h, 240 mg cap er deg, 240 mg cap sa 24h, 300 mg cap er 24h, 300 mg cap sa 24h, 360 mg cap er 24h, 360 mg cap sa 24h, 420 mg cap sa 24h)</i>	1	
TAZTIA XT (180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	1	
TAZTIA XT 120 MG CAPSULE	1	QL 30 / 30 days
TIADYLT ER	1	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg cap24h pel, 180 mg tablet er, 240 mg cap24h pel, 240 mg tablet er, 360 mg cap24h pel)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIBACTERIALS (08:12)		
AMINOGLYCOSIDE ANTIBIOTICS		
<i>neomycin sulfate 500 mg tablet</i>	1	
<i>tobramycin in 0.225 % sodium chloride</i>	3	CC PA QPD 5.0 per day
QUINOLONE ANTIBIOTICS		
<i>ciprofloxacin hcl (100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)		
<i>sulfadiazine 500 mg tablet</i>	1	
<i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160 mg tablet)</i>	1	
<i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>	1	
TETRACYCLINE ANTIBIOTICS		
AVIDOXY	1	
<i>doxycycline hyclate (50 mg capsule, 100 mg capsule, 100 mg tablet)</i>	1	QL 60 / 30 days
<i>doxycycline monohydrate (50 mg capsule, 100 mg capsule, 100 mg tablet)</i>	1	QL 60 / 30 days
LYMEPAK	1	QL 60 / 30 days
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	1	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONDOXYNE NL 100 MG CAPSULE	1	
ANTIBACTERIALS, MISCELLANEOUS		
GLYCOPEPTIDE ANTIBIOTICS		
<i>vancomycin hcl (125 mg capsule, 250 mg capsule)</i>	1	
LINCOMYCIN ANTIBIOTICS		
CLEOCIN 100 MG VAGINAL OVULE	2	
CLINDACIN P	1	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	1	
<i>clindamycin phosphate (1 % gel (gram), 1 % lotion, 1 % med. swab, 1 % solution, 2 % cream/appl)</i>	1	
OXAZOLIDINONE ANTIBIOTICS		
<i>linezolid 600 mg tablet</i>	1	
RIFAMYCIN ANTIBIOTICS		
XIFAXAN	3	CC ST QPD 3.0 per day
ANTICHOLINERGIC AGENTS		
ANTIMUSCARINICS/ANTISPASMODICS		
ATROVENT HFA	2	QPD 0.9 per day
BEVESPI AEROSPHERE	2	QPD 0.36 per day
<i>chlordiazepoxide/clidinium bromide</i>	1	
COMBIVENT RESPIMAT	2	QPD 0.2 per day
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	1	
<i>hyoscyamine sulfate (0.125 mg tab subl, 0.125 mg tablet, 0.375 mg tab er 12h)</i>	1	
INCRUSE ELLIPTA	2	QPD 1.0 per day
<i>ipratropium bromide 0.2 mg/ml solution</i>	1	QPD 11.0 per day
<i>ipratropium bromide/albuterol sulfate</i>	1	QPD 19.0 per day
OSCIMIN	1	
OSCIMIN SL	1	
<i>scopolamine</i>	1	QL 4 per fill
SPIRIVA RESPIMAT	2	QPD 0.14 per day
STIOLTO RESPIMAT	2	QPD 0.14 per day
SYMAX-SL	1	
SYMAX-SR	1	
TRELEGY ELLIPTA	3	ST QPD 2.0 per day
ANTICOAGULANTS		
COUMARIN DERIVATIVES		
JANTOVEN	1	
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS DVT-PE TREAT START 5MG	2	QL 74 / 30 days
ELIQUIS (2.5 MG TABLET, 5 MG TABLET)	2	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rivaroxaban 1 mg/ml susp recon</i>	1	QPD 30.0 per day
<i>rivaroxaban 2.5 mg tablet</i>	1	QPD 2.0 per day
XARELTO 1 MG/ML SUSPENSION	2	QPD 30.0 per day
XARELTO DVT-PE TREAT START 30D	2	QL 51 / 30 days
XARELTO (2.5 MG TABLET, 15 MG TABLET, 20 MG TABLET)	2	QL 60 / 30 days
XARELTO 10 MG TABLET	2	QL 30 / 30 days
DIRECT THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate</i>	3	CC PA QPD 2.0 per day
HEPARINS		
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	1	QL 60 / 30 days
<i>enoxaparin sodium (30mg/0.3ml syringe, 300 mg/3ml vial, 300mg/3ml vial)</i>	1	QL 18 / 30 days
<i>enoxaparin sodium (80mg/0.8ml syringe, 120mg/.8ml syringe)</i>	1	QL 48 / 30 days
<i>enoxaparin sodium 40mg/0.4ml syringe</i>	1	QL 24 / 30 days
<i>enoxaparin sodium 60mg/0.6ml syringe</i>	1	QL 36 / 30 days
<i>heparin sodium,porcine (10000/ml vial, 20000/ml vial)</i>	1	
<i>heparin sodium,porcine in 0.45 % sodium chloride (in 12500/250 iv soln, in 25000/250 iv soln)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTICONVULSANTS		
ANTICONVULSANTS, MISCELLANEOUS		
<i>carbamazepine (100 mg cpmp 12hr, 100 mg tab chew, 100 mg tab er 12h, 200 mg cpmp 12hr, 200 mg tab er 12h, 200 mg tablet, 300 mg cpmp 12hr, 400 mg tab er 12h)</i>	1	
EPITOL	1	
<i>lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>levetiracetam (250 mg tablet, 500 mg tablet, 750 mg tablet, 1000 mg tablet)</i>	1	
ROWEEPRA	1	
SUBVENITE (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	1	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
BARBITURATES (ANTICONVULSANTS)		
<i>primidone (50 mg tablet, 250 mg tablet)</i>	1	
BENZODIAZEPINES (ANTICONVULSANTS)		
<i>clobazam (10 mg tablet, 20 mg tablet)</i>	1	
<i>clonazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	QL 60 / 30 days
GABA-MEDIATED ANTICONVULSANTS		
<i>divalproex sodium (125 mg tablet dr, 250 mg tab er 24h, 250 mg tablet dr, 500 mg tab er 24h, 500 mg tablet dr)</i>	1	
<i>gabapentin (100 mg capsule, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule, 300 mg capsule)</i>	1	QL 2 / day
<i>valproic acid 250 mg capsule</i>	1	
HYDANTOINS		
DILANTIN 100 MG CAPSULE	2	
PHENYTEK	2	
<i>phenytoin sodium extended</i>	1	
ION CHANNEL INHIBITION AGENTS		
<i>lacosamide (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 600 mg tablet)</i>	1	
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	1	
SUCCINIMIDES		
<i>ethosuximide 250 mg capsule</i>	1	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, MISCELLANEOUS		
<i>bupropion hcl 150 mg tab er 12h</i>	1	\$0
<i>bupropion hcl (75 mg tablet, 100 mg tab sr 12h, 100 mg tablet, 150 mg tab er 24h, 150 mg tab sr 12h, 200 mg tab sr 12h, 300 mg tab er 24h)</i>	1	
ZURZUVAE	3	QL 28 per 30 days CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
<i>desvenlafaxine succinate</i>	1	
<i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 40 mg capsule dr, 60 mg capsule dr)</i>	1	
<i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i>	1	
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
<i>citalopram hydrobromide (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>fluoxetine hcl (10 mg capsule, 10 mg tablet, 20 mg capsule, 20 mg tablet, 40 mg capsule, 60 mg tablet)</i>	1	
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1	
<i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
SEROTONIN MODULATORS		
<i>mirtazapine (7.5 mg tablet, 15 mg tab rapdis, 15 mg tablet, 30 mg tab rapdis, 30 mg tablet, 45 mg tab rapdis, 45 mg tablet)</i>	1	
<i>nefazodone hcl</i>	1	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
<i>amitriptyline hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	1	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	1	
<i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	1	
<i>doxepin hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	1	
<i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	
<i>nortriptyline hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	1	
ANTIDIABETIC AGENTS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
BIGUANIDES		
<i>metformin hcl (500 mg tab er 24h, 500 mg tablet, 750 mg tab er 24h, 850 mg tablet, 1000 mg tablet)</i>	1	
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
<i>alogliptin benzoate</i>	3	CC ST QPD 1.0 per day
<i>alogliptin benzoate/metformin hcl</i>	3	CC ST QPD 2.0 per day
<i>alogliptin benzoate/pioglitazone hcl</i>	3	CC ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INCRETIN MIMETICS		
<i>liraglutide</i>	3	CC PA QPD 0.5 per day
MOUNJARO	3	CC ST QPD 0.08 per day
OZEMPIC	3	CC ST QPD 0.108 per day
RYBELSUS	3	CC ST QPD 1.0 per day
WEGOVY (0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN)	3	CC PA QPD 0.072 per day
WEGOVY (1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN)	3	CC PA QPD 0.108 per day
ZEPBOUND (2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN)	3	CC PA QPD 0.8 per day
MEGLITINIDES		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
FARXIGA	2	QPD 1.0 per day
GLYXAMBI	2	QPD 1.0 per day
JARDIANCE	2	QPD 1.0 per day
SYNJARDY	2	QPD 2.0 per day
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	2	QPD 2.0 per day
SYNJARDY XR 25-1,000 MG TABLET	2	QPD 1.0 per day
TRIJARDY XR	2	QPD 1.0 per day
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	2	QPD 1.0 per day
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	2	QPD 2.0 per day
SULFONYLUREAS		
<i>glimepiride (1 mg tablet, 2 mg tablet, 4 mg tablet)</i>	1	
<i>glipizide (2.5 mg tab er 24, 5 mg tab er 24, 5 mg tablet, 10 mg tab er 24, 10 mg tablet)</i>	1	
<i>glipizide/metformin hcl</i>	1	
<i>glyburide (1.25 mg tablet, 2.5 mg tablet, 5 mg tablet)</i>	1	
<i>glyburide/metformin hcl</i>	1	
THIAZOLIDINEDIONES		
<i>pioglitazone hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIDOTE THERAPEUTICS		
ALCOHOL DETERRENTS (91:02)		
<i>acamprosate calcium</i>	1	QL 120 / 30 days
<i>disulfiram (250 mg tablet, 500 mg tablet)</i>	1	
ANTIDOTES (91:04)		
ACETAMINOPHEN ANTIDOTE		
<i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>	1	
CHEMOTHERAPY ANTIDOTES/PROTECTANTS		
ELMIRON	2	
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	1	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tablet</i>	1	CC QPD 2.0 per day
<i>ondansetron 4 mg tab rapdis</i>	1	QL 180 / 30 days
<i>ondansetron 8 mg tab rapdis</i>	1	QL 90 / 30 days
<i>ondansetron hcl 4 mg tablet</i>	1	QL 180 / 30 days
<i>ondansetron hcl 8 mg tablet</i>	1	QL 90 / 30 days
ANTIHISTAMINES (GI DRUGS)		
COMPRO	1	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	1	
<i>prochlorperazine</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prochlorperazine maleate (5 mg tablet, 10 mg tablet)</i>	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS		
AKYNZEO 300-0.5 MG CAPSULE	3	QL 2 / 30 days CC PA
<i>aprepitant (80 mg capsule, 125 mg capsule, 125mg-80mg cap ds pk)</i>	3	QL 6 / 30 days CC PA
<i>aprepitant 40 mg capsule</i>	3	QL 1 per fill CC PA
ANTIFUNGAL (SYSTEMIC)		
ANTIFUNGALS, MISCELLANEOUS		
<i>griseofulvin ultramicrosize (125 mg tablet, 250 mg tablet)</i>	1	
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	1	
AZOLE ANTIFUNGALS		
<i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>itraconazole 100 mg capsule</i>	1	
<i>voriconazole 200 mg/5ml susp recon</i>	3	CC PA
<i>voriconazole 200 mg tablet</i>	3	CC PA QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>voriconazole 50 mg tablet</i>	3	CC PA QPD 4.0 per day
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)		
<i>terbinafine hcl 250 mg tablet</i>	1	QL 180 / 365 days
AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>clotrimazole 1 % solution</i>	1	QL 180 / 30 days
<i>clotrimazole 10 mg troche</i>	1	
<i>clotrimazole/betamethasone dip 1 %-0.05 % cream (g)</i>	1	QL 180 / 30 days
<i>econazole nitrate 1 % cream (g)</i>	1	QL 340 / 30 days
GYNAZOLE 1	1	
<i>ketoconazole (2 % cream (g), 2 % shampoo, 200 mg tablet)</i>	1	
<i>miconazole nitrate 200 mg supp.vag</i>	1	
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>	1	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)		
CICLODAN (0.77% CREAM, 8% SOLUTION)	1	
<i>ciclopirox 1 % shampoo</i>	1	QL 120 / 30 days
<i>ciclopirox 8 % solution</i>	1	QL 0.22 / day
<i>ciclopirox olamine 0.77 % cream (g)</i>	1	QL 90 / 30 days
POLYENES (SKIN AND MUCOUS MEMBRANE)		
KLAYESTA	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NYAMYC	1	
<i>nystatin (100000/g cream (g), 100000/g oint. (g))</i>	1	QL 120 / 30 days
<i>nystatin 100000/g powder</i>	1	QL 1280 / 30 days
<i>nystatin (500k unit tablet, 100000/ml oral susp)</i>	1	
ANTIGLAUCOMA AGENTS		
ALPHA-ADRENERGIC AGONISTS (52:40)		
<i>brimonidine tartrate (0.1 % drops, 0.15 % drops, 0.2 % drops)</i>	1	
<i>brimonidine tartrate/timolol maleate</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS (52:40)		
<i>betaxolol hcl 0.5 % drops</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>levobunolol hcl</i>	1	
<i>timolol maleate (0.25 % drops, 0.5 % drops)</i>	1	
CARBONIC ANHYDRASE INHIBITORS (52:40)		
<i>acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)</i>	1	
<i>dorzolamide hcl</i>	1	
MIOTICS		
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	1	
PROSTAGLANDIN ANALOGS		
<i>bimatoprost 0.03 % drops</i>	1	
<i>latanoprost 0.005 % drops</i>	1	
<i>travoprost</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIHEMORRHAGIC AGENTS		
HEMOSTATICS		
ALPHANATE (1,000-400 UNIT VIAL, 1,500-600 UNIT VIAL)	2	
ALPHANINE SD 500 UNIT VIAL	2	
HUMATE-P 1,200 UNIT VWF:RCO	2	
<i>tranexamic acid 650 mg tablet</i>	1	QL 30 / 30 days
XYNTHA 1,000 UNIT KIT	2	
XYNTHA SOLOFUSE (UNIT KIT, UNIT SYR)	2	
ANTIHISTAMINE DRUGS		
SECOND GENERATION ANTIHISTAMINES		
<i>desloratadine 5 mg tablet</i>	1	
<i>levocetirizine dihydrochloride 5 mg tablet</i>	1	
ANTIHYPOLYCEMIC AGENTS		
GLYCOGENOLYTIC AGENTS		
BAQSIMI	2	
GLUCAGON EMERGENCY KIT	1	
ANTILIPEMIC AGENTS		
ANTILIPEMIC AGENTS, MISCELLANEOUS		
<i>niacin 500 mg tablet</i>	1	
NIACOR	1	
BILE ACID SEQUESTRANTS		
<i>cholestyramine (4 g powd pack, 4 g powder, powder)</i>	1	
<i>cholestyramine (with sugar) (4 g powd pack, 4 g powder)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>colestipol hcl 1 g tablet</i>	1	
PREVALITE (PACKET, POWDER)	1	
CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (54 mg tablet, 160 mg tablet)</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate, micronized</i>	1	
<i>fenofibric acid (choline)</i>	1	
<i>gemfibrozil 600 mg tablet</i>	1	
HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	\$0
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	\$0
<i>pravastatin sodium</i>	1	\$0
<i>rosuvastatin calcium</i>	1	\$0
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	\$0
PCSK9 INHIBITORS		
PRALUENT PEN	3	CC
		PA
		QPD 0.07 per day
REPATHA PUSHTRONEX	3	CC
		PA
REPATHA SURECLICK	3	CC
		PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REPATHA SYRINGE	3	CC PA
ANTIMETABOLITES, IMMUNOSUPPRESS THERAPY ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
<i>azathioprine (50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	1	
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	1	
<i>mycophenolate sodium</i>	1	
ANTIMIGRAINE AGENTS CALCITONIN GENE-RELATED PEPTIDE ANTAG.		
AIMOVIG AUTOINJECTOR	3	CC PA QPD 0.07 per day
EMGALITY PEN	3	CC PA QPD 0.036 per day
EMGALITY 120 MG/ML SYRINGE	3	CC PA QPD 0.036 per day
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	3	QL max 9/180 days CC PA
QULIPTA	3	CC PA QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE SEROTONIN AGONISTS		
<i>naratriptan hcl</i>	3	QL 36 / 30 days CC ST QPD 1.2 per day
<i>rizatriptan benzoate (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet)</i>	1	QPD 1.2 per day
<i>sumatriptan (5 mg spray, 20 mg spray)</i>	3	QL 6 / 30 days CC PA
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	QL 36 / 30 days QPD 1.2 per day
ANTIMYCOBACTERIALS		
ANTILEPROSY AGENTS		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1	
ANTITUBERCULOSIS AGENTS		
<i>cycloserine 250 mg capsule</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid (100 mg tablet, 300 mg tablet)</i>	1	
<i>pretomanid</i>	3	CC PA QPD 1.0 per day
PRIFTIN	2	
<i>pyrazinamide 500 mg tablet</i>	1	
<i>rifabutin</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	1	
SIRTURO 100 MG TABLET	3	CC PA QPD 0.9 per day
SIRTURO 20 MG TABLET	3	CC PA QPD 4.3 per day
TRECTOR	2	
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate 250 mg tablet</i>	3	CC PA
ABIRTEGA	3	CC PA
AKEEGA	3	CC PA
ALECENSA	3	CC PA
ALUNBRIG (30 MG TABLET, 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	3	CC PA
<i>anastrozole 1 mg tablet</i>	1	\$0
AUGTYRO	3	CC PA
AVMAPKI	3	CC PA
AVMAPKI-FAKZYNJA	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AYVAKIT	3	CC PA
BALVERSA	3	CC PA
BESREMI	3	CC PA
<i>bexarotene 75 mg capsule</i>	3	CC PA
<i>bicalutamide</i>	1	
BOSULIF (100 MG TABLET, 400 MG TABLET, 500 MG TABLET)	3	CC PA
BRAFTOVI	3	CC PA
BRUKINSA (80 MG CAPSULE, 160 MG TABLET)	3	CC PA
CABOMETYX	3	CC PA
CALQUENCE	3	CC PA
<i>capecitabine</i>	3	CC PA
CAPRELSA	3	CC PA
COMETRIQ	3	CC PA
COPIKTRA	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COTELLIC	3	CC PA
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	3	CC PA
DANZITEN	3	CC PA
<i>dasatinib</i>	3	CC PA
DAURISMO	3	CC PA
EMCYT	3	CC PA
ENSACOVE	3	CC PA
ERIVEDGE	3	CC PA
ERLEADA	3	CC PA
<i>erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)</i>	3	CC PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	1	
<i>everolimus (2 mg tab susp, 2.5 mg tablet, 3 mg tab susp, 5 mg tab susp, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	3	CC PA
<i>exemestane</i>	1	\$0
EXKIVITY	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FAKZYNJA	3	CC PA
FARYDAK	3	CC PA
FOTIVDA	3	CC PA
FRUZAQLA	3	CC PA
<i>gefitinib</i>	3	CC PA
GILOTRIF	3	CC PA
GLEOSTINE	3	CC PA
GOMEKLI (1 MG CAPSULE, 1 MG TABLET FOR SUSP, 2 MG CAPSULE)	3	CC PA
HERNEXEOS	3	CC PA
HYCAMTIN	3	CC PA
<i>hydroxyurea 500 mg capsule</i>	1	
HYRNUO	3	CC PA
IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IBTROZI	3	CC PA
ICLUSIG	3	CC PA
IDHIFA	3	CC PA
<i>imatinib mesylate (100 mg tablet, 400 mg tablet)</i>	3	CC PA
IMBRUVICA (70 MG CAPSULE, 140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET)	3	CC PA
INLURIYO	3	CC PA
INLYTA	3	CC PA
INQOVI	3	CC PA
INREBIC	3	CC PA
ITOVEBI	3	CC PA
IWILFIN	3	CC PA
JAKAFI	3	CC PA
JAYPIRCA	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KISQALI	3	CC PA
KOMZIFTI	3	CC PA
KOSELUGO (10 MG CAPSULE, 25 MG CAPSULE)	3	CC PA
KRAZATI	3	CC PA
<i>lapatinib ditosylate</i>	3	CC PA
LAZCLUZE	3	CC PA
<i>lenalidomide</i>	3	CC PA
LENVIMA	3	CC PA
<i>letrozole 2.5 mg tablet</i>	1	\$0
LEUKERAN	3	CC PA
LONSURF	3	PA
LORBRENA	3	CC PA
LUMAKRAS	3	CC PA
LYNPARZA	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYSODREN	3	CC PA
LYTGOBI	3	CC PA
MATULANE	3	CC PA
MEKINIST (0.5 MG TABLET, 2 MG TABLET)	3	CC PA
MEKTOVI	3	CC PA
<i>melphalan</i>	1	
<i>mercaptopurine 20 mg/ml oral susp</i>	3	CC PA
<i>mercaptopurine 50 mg tablet</i>	1	CC
<i>methotrexate sodium 2.5 mg tablet</i>	1	
<i>methotrexate sodium 25 mg/ml vial</i>	1	QL 16 / 28 days
<i>methotrexate sodium/pf 25 mg/ml vial</i>	1	QL 16 / 28 days CC
MODEYSO	3	CC PA
MYLERAN	3	CC PA
NERLYNX	3	CC PA
<i>nilotinib d-tartrate</i>	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nilotinib hcl</i>	3	CC PA
NINLARO	3	CC PA
NUBEQA	3	CC PA
ODOMZO	3	CC PA
OGSIVEO	3	CC PA
OJJAARA	3	CC PA
ONUREG	3	CC PA
ORSERDU	3	CC PA
<i>pazopanib hcl</i>	3	CC PA
PEMAZYRE	3	CC PA
PIQRAY	3	CC PA
POMALYST	3	CC PA
QINLOCK	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RETEVMO (40 MG CAPSULE, 40 MG TABLET, 80 MG CAPSULE, 80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	3	CC PA
REVUFORJ	3	CC PA
REZLIDHIA	3	CC PA
ROMVIMZA	3	CC PA
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	3	CC PA
RUBRACA	3	CC PA
RYDAPT	3	CC PA
SCEMBLIX	3	CC PA
<i>sorafenib tosylate</i>	3	CC PA
STIVARGA	3	CC PA
<i>sunitinib malate</i>	3	CC PA
SYNRIBO	3	CC PA
TABLOID	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TABRECTA	3	CC PA
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	3	CC PA
TAGRISSO	3	CC PA
TALZENNA	3	CC PA
TAZVERIK	3	CC PA
<i>temozolomide</i>	3	CC PA
TEPMETKO	3	CC PA
TIBSOVO	3	CC PA
<i>tretinoin 10 mg capsule</i>	3	CC PA
TRUQAP	3	CC PA
TUKYSA	3	CC PA
TURALIO	3	CC PA
VANFLYTA	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VENCLEXTA	3	CC PA
VENCLEXTA STARTING PACK	3	CC PA
VERZENIO	3	CC PA
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	3	CC PA
VIZIMPRO	3	CC PA
VONJO	3	CC PA
VORANIGO	3	CC PA
WELIREG	3	CC PA
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	3	CC PA
XOSPATA	3	CC PA
XPOVIO	3	CC PA
XTANDI (40 MG CAPSULE, 40 MG TABLET, 80 MG TABLET)	3	CC PA
YONSA	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEJULA	3	CC PA
ZELBORAF	3	CC PA
ZOLINZA	3	CC PA
ZYDELIG	3	CC PA
ZYKADIA	3	CC PA
ANTIPARKINSONIAN AGENTS (CNS)		
ADAMANTANES (CNS)		
<i>amantadine hcl (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet)</i>	1	
ANTICHOLINERGIC AGENTS (CNS)		
<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml solution, 5 mg tablet)</i>	1	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
<i>entacapone</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DOPAMINE PRECURSORS		
<i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tab rapdis, carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tab rapdis, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-250mg tab rapdis, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 50mg-200mg tablet er)</i>	1	
<i>carbidopa/levodopa/entacapone</i>	1	
MONOAMINE OXIDASE B INHIBITORS		
<i>selegiline hcl (5 mg capsule, 5 mg tablet)</i>	1	
ANTIPROTOZOALS		
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	1	QL 180 / 365 days
<i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>	1	
<i>hydroxychloroquine sulfate (100 mg tablet, 200 mg tablet, 300 mg tablet, 400 mg tablet)</i>	1	
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	1	
<i>pyrimethamine 25 mg tablet</i>	3	CC PA QPD 3.0 per day
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS		
<i>nitazoxanide 500 mg tablet</i>	1	QL 30 / 365 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIPROTOZOALS, P JIROVECII PNEUMONIA		
<i>atovaquone 750 mg/5ml oral susp</i>	1	
<i>pentamidine isethionate 300 mg vial-neb</i>	3	CC PA QPD 0.04 per day
ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE		
<i>tinidazole (250 mg tablet, 500 mg tablet)</i>	1	QL 30 / 365 days
ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE		
NITROIMIDAZOLE DERIVATIVES, MISC		
<i>metronidazole (0.75 % gel w/appl, 250 mg tablet, 500 mg tablet)</i>	1	
ANTIPSYCHOTIC AGENTS		
ATYPICAL ANTIPSYCHOTICS		
ABILIFY ASIMTUFII 720 MG/2.4ML	3	QL 2.4/60 days CC ST
ABILIFY ASIMTUFII 960 MG/3.2ML	3	QL 3.2 / 60 days CC ST
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	3	QL 1 / 30 days CC ST
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	
ARISTADA ER 1064 MG/3.9 ML SYR	3	QL 3.9 / 60 days CC ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARISTADA ER 441 MG/1.6 ML SYRN	3	QL 1.6 / 30 days CC ST
ARISTADA ER 662 MG/2.4 ML SYRN	3	QL 2.4 / 30 days CC ST
ARISTADA ER 882 MG/3.2 ML SYRN	3	QL 3.2 / 30 days CC ST
ARISTADA INITIO	3	QL 2.4 / 42 days CC ST
<i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
ERZOFRI 117 MG/0.75 ML SYRINGE	3	QL 0.75 / 30 days CC ST
ERZOFRI 156 MG/ML SYRINGE	3	QL 1 / 30 days CC ST
ERZOFRI 234 MG/1.5 ML SYRINGE	3	QL 1.5 / 30 days CC ST
ERZOFRI 351 MG/2.25 ML SYRINGE	3	QL 2.25 / 30 days CC ST
ERZOFRI 39 MG/0.25 ML SYRINGE	3	CC ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERZOFRI 78 MG/0.5 ML SYRINGE	3	QL 0.5 / 30 days CC ST
INVEGA HAFYERA 1,092 MG/3.5 ML	3	QL 3.5 / 180 days CC ST
INVEGA HAFYERA 1,560 MG/5 ML	3	QL 5 / 180 days CC ST
INVEGA SUSTENNA 117 MG/0.75 ML	3	QL 0.75 / 30 days CC ST
INVEGA SUSTENNA 156 MG/ML SYRG	3	QL 1 / 30 days CC ST
INVEGA SUSTENNA 234 MG/1.5 ML	3	QL 1.5 / 30 days CC ST
INVEGA SUSTENNA 39 MG/0.25 ML	3	QL 0.25 / 30 days CC ST
INVEGA SUSTENNA 78 MG/0.5 ML	3	QL 0.5 / 30 days CC ST
INVEGA TRINZA 273 MG/0.88 ML	3	QL 0.88 / 90 days CC ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVEGA TRINZA 410 MG/1.32 ML	3	QL 1.32 / 90 days CC ST
INVEGA TRINZA 546 MG/1.75 ML	3	QL 1.75 / 90 days CC ST
INVEGA TRINZA 819 MG/2.63 ML	3	QL 2.63 / 90 days CC ST
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	1	
PERSERIS	3	QL 1 / 30 days CC ST
<i>quetiapine fumarate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet, 400 mg tablet)</i>	1	
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	1	
<i>risperidone microspheres</i>	3	QL 1 / 14 days CC ST
UZEDY ER 100 MG/0.28 ML SYRING	3	QL 0.28 / 30 days CC ST
UZEDY ER 125 MG/0.35 ML SYRING	3	QL 0.35 / 30 days CC ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UZEDY ER 150 MG/0.42 ML SYRING	3	QL 0.42 / 30 days CC ST
UZEDY ER 200 MG/0.56 ML SYRING	3	QL 0.56 / 30 days CC ST
UZEDY ER 250 MG/0.7 ML SYRINGE	3	QL 0.7 / 30 days CC ST
UZEDY ER 50 MG/0.14 ML SYRINGE	3	QL 0.14 / 30 days CC ST
UZEDY ER 75 MG/0.21 ML SYRINGE	3	QL 0.21 / 30 days CC ST
<i>ziprasidone hcl</i>	1	
ZYPREXA RELPREVV (210 MG VL KIT, 300 MG VL KIT)	3	QL 2 / 30 days CC ST
ZYPREXA RELPREVV 405 MG VL KIT	3	QL 1 / 30 days CC ST
BUTYROPHENONES		
<i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml ampul, 100 mg/ml vial)</i>	3	CC ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>haloperidol lactate 2 mg/ml oral conc</i>	1	
DIBENZOXAPINES		
<i>loxapine succinate</i>	1	
DIPHENYLBUTYLPERIDINES		
<i>pimozide</i>	1	
PHENOTHIAZINES		
<i>fluphenazine decanoate 25 mg/ml vial</i>	3	QL 5 / 30 days CC ST
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	1	
<i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>trifluoperazine hcl</i>	1	
THIOXANTHENES		
<i>thiothixene</i>	1	
ANTIRETROVIRALS		
ANTIRETROVIRALS, MISCELLANEOUS		
TYBOST	2	
HIV CAPSID INHIBITORS		
YEZTUGO (300 MG TABLET, 463.5 MG/1.5 ML VIAL)	2	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HIV ENTRY AND FUSION INHIBITORS		
<i>maraviroc</i>	1	
SELZENTRY (25 MG TABLET, 75 MG TABLET)	2	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
APRETUDE	2	HCR \$0
BIKTARVY 50-200-25 MG TABLET	2	
DOVATO	2	
ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	2	
ISENTRESS HD	2	
JULUCA	2	
TIVICAY	2	
VOCABRIA	2	
HIV NONNUCLEOSIDE REV.TRANScrip. INHIB.		
DELSTRIGO	2	
EDURANT	2	
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	1	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	1	
<i>etravirine</i>	1	
INTELENCE 25 MG TABLET	2	
<i>nevirapine (50 mg/5 ml oral susp, 100 mg tab er 24h, 200 mg tablet, 400 mg tab er 24h)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>	1	
<i>abacavir sulfate/lamivudine</i>	1	
DESCOVY 200-25 MG TABLET	2	HCR \$0
<i>didanosine</i>	1	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine/tenofovir (tdf) 200-300 mg tablet</i>	1	HCR \$0
<i>emtricitabine/tenofovir disoproxil fumarate (emtricitabine/tenofovir 100-150 mg tablet, emtricitabine/tenofovir 133-200 mg tablet, emtricitabine/tenofovir 167-250 mg tablet)</i>	1	
EMTRIVA 10 MG/ML SOLUTION	2	
GENVOYA	2	
<i>lamivudine (10 mg/ml solution, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	1	
<i>lamivudine/zidovudine</i>	1	
ODEFSEY	2	
<i>stavudine</i>	1	
STRIBILD	2	
<i>tenofovir disoproxil fumarate</i>	1	
TRIUMEQ	2	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	1	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS		
APTIVUS	2	
<i>atazanavir sulfate</i>	1	
<i>darunavir</i>	1	
<i>darunavir ethanolate</i>	1	
EVOTAZ	2	
<i>fosamprenavir calcium</i>	1	
LEXIVA 50 MG/ML SUSPENSION	2	
<i>lopinavir/ritonavir (lopinavir/ritonavir 100mg-25mg tablet, lopinavir/ritonavir 200mg-50mg tablet, lopinavir/ritonavir 400-100/5 solution)</i>	1	
PREZCOBIX	2	
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET)	2	
REYATAZ 50 MG POWDER PACKET	2	
<i>ritonavir</i>	1	
SYMTUZA	3	CC PA
VIRACEPT	2	
ANTITHROMBOTIC AGENTS		
PLATELET-AGGREGATION INHIBITORS		
<i>cilostazol</i>	1	QL 60 / 30 days
<i>clopidogrel bisulfate 75 mg tablet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	1	
<i>prasugrel hcl</i>	1	QL 30 / 30 days
<i>ticagrelor</i>	1	QL 60 / 30 days
PLATELET-REDUCING AGENTS		
<i>anagrelide hcl</i>	1	
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
TOXOIDS		
ADACEL TDAP (SYRINGE, VIAL)	2	\$0
BOOSTRIX TDAP VACCINE SYRINGE	2	\$0
TENIVAC (SYRINGE, VIAL)	2	\$0
<i>tetanus and diphtheria toxoids, adult</i>	2	\$0
VACCINES		
ABRYSVO	2	\$0
AFLURIA 2025-2026	2	\$0
AFLURIA 2025-2026 (3YR UP)	2	\$0
AFLURIA TRIV 2024-25 (3YR UP)	2	QL 1 fill/year \$0
AFLURIA TRIVALENT 2024-25	2	QL 1 fill/year \$0
AREXVY	2	AL At least 50 yrs old \$0
BEXSERO	2	\$0
CAPVAXIVE	2	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMIRNATY 2024-2025	2	\$0
COMIRNATY 2025-2026 (12Y UP)	2	\$0
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	2	\$0
FLUAD 2025-2026	2	\$0
FLUARIX 2025-2026	2	\$0
FLUARIX TRIVALENT 2024-2025	2	QL 1 fill/year \$0
FLUBLOK 2025-2026	2	\$0
FLUBLOK TRIVALENT 2024-2025	2	QL 1 fill/year \$0
FLUCELVAX 2025-2026 (2025-2026 SYRINGE, 2025-2026 VIAL)	2	\$0
FLUCELVAX TRIVALENT 2024-2025 (2024-2025 SYR, 2024-2025 VL)	2	QL 1 fill/year \$0
FLULAVAL 2025-2026	2	\$0
FLULAVAL TRIVALENT 2024-2025	2	QL 1 fill/year \$0
FLUMIST 2025-2026	2	\$0
FLUMIST HOME 2025-2026	2	\$0
FLUZONE 2025-2026 (2025-2026 SYRINGE, 2025-2026 VIAL)	2	\$0
FLUZONE HIGH-DOSE 2025-2026	2	\$0
FLUZONE TRIV SOUTHERN HEM 2025	2	QL 1 fill/year \$0
FLUZONE TRIVALENT 2024-2025 (2024-25 SYRG, 2024-25 VIAL)	2	QL 1 fill/year \$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GARDASIL 9 (9 SYRINGE, 9 VIAL)	2	\$0
HAVRIX	2	QL 1 fill/6 months \$0
HEPLISAV-B	2	\$0
IMOVAX RABIES VACCINE	2	\$0
IPOD (SINGLE DOSE SYRINGE, VIAL)	2	
IXCHIQ	2	\$0
IXIARO	2	\$0
JYNNEOS	2	\$0
JYNNEOS (NATIONAL STOCKPILE)	2	\$0
M-M-R II VACCINE	2	\$0
MENQUADFI	2	\$0
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	2	\$0
MNEXSPIKE 2025-2026 (12Y UP)	2	\$0
MRESVIA	2	\$0
NOVAVAX COVID 2024-2025 (EUA)	2	\$0
NUVAXOVID 2025-2026	2	\$0
PENBRAYA	2	\$0
PENMENVY MEN A-B-C-W-Y	2	\$0
PENMENVY MENACWY COMPONENT	2	\$0
PENMENVY MENB COMPONENT	2	\$0
PNEUMOVAX 23 (23 SYRINGE, 23 VIAL)	2	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREVNAR 13	2	\$0
PREVNAR 20	2	\$0
PRIORIX	2	\$0
RABAVERT	2	\$0
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL)	2	\$0
SHINGRIX	2	\$0
SPIKEVAX 2024-2025	2	\$0
SPIKEVAX 2025-2026 (12Y UP)	2	\$0
STAMARIL	2	\$0
TICOVAC	2	\$0
TRUMENBA	2	\$0
TWINRIX	2	\$0
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	2	\$0
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	2	QL 1 fill/6 months \$0
VARIVAX VACCINE	2	\$0
VAXCHORA VACCINE	2	\$0
VAXNEUVANCE	2	\$0
VIVOTIF	2	\$0
YF-VAX	2	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
HISTAMINE H2-ANTAGONISTS		
<i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	1	
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	
PROSTAGLANDINS		
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	1	\$0
PROTECTANTS		
<i>sucralfate 1 g tablet</i>	1	
PROTON-PUMP INHIBITORS		
<i>esomeprazole magnesium 20 mg capsule dr</i>	1	
<i>lansoprazole (15 mg capsule dr, 30 mg capsule dr)</i>	1	
<i>omeprazole (10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr)</i>	1	
<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	1	
<i>rabeprazole sodium 20 mg tablet dr</i>	1	
ANTIVIRALS (SYSTEMIC)		
CORONAVIRUS (COVID-19)		
PAXLOVID	2	QPD 6.0 per day \$0
ENDONUCLEASE INHIBITORS		
XOFLUZA	2	QL 2 / 180 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEURAMINIDASE INHIBITOR ANTIVIRALS		
<i>oseltamivir phosphate (30 mg capsule, 75 mg capsule)</i>	1	
<i>oseltamivir phosphate (6 mg/ml susp recon, 45 mg capsule)</i>	1	AL Up to 12 yrs old
RELENZA	2	QL 20 / 30 days
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS		
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	1	QL 150 / 30 days
<i>entecavir</i>	1	QL 30 / 30 days
<i>famciclovir 125 mg tablet</i>	1	QL 60 / 30 days
<i>famciclovir 250 mg tablet</i>	1	QL 90 / 30 days
<i>famciclovir 500 mg tablet</i>	1	QL 120 / 30 days
LAGEVRIO (EUA)	2	QPD 8.0 per day \$0
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	1	
<i>valacyclovir hcl 1000 mg tablet</i>	1	QL 120 / 30 days
<i>valacyclovir hcl 500 mg tablet</i>	1	QL 90 / 30 days
<i>valganciclovir hcl 50 mg/ml soln recon</i>	3	CC PA QPD 36.0 per day
<i>valganciclovir hcl 450 mg tablet</i>	3	CC PA QPD 4.0 per day
VEMLIDY	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC		
<i>hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	
<i>hydroxyzine pamoate (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>butalb/acetaminophen/caffeine 50-325-40 tablet</i>	3	CC PA QPD 2.0 per day
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i>	1	
BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>chlordiazepoxide hcl</i>	1	QL 120 / 30 days
<i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i>	1	QL 3 / 365 days
<i>diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	QL 120 / 30 days
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	QL 90 / 30 days
<i>lorazepam 2 mg tablet</i>	1	QL 150 / 30 days
NAYZILAM	2	QL 3 / 365 days
<i>temazepam</i>	1	QL 30 / 30 days
VALTOCO	2	QL 3 / 365 days
MELATONIN RECEPTOR AGONISTS		
<i>ramelteon</i>	3	QL 30 / 30 days CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NON-BENZODIAZEPINE ANXIOLYTICS		
<i>buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	1	
NON-BENZODIAZEPINE HYPNOTICS		
<i>eszopiclone (2 mg tablet, 3 mg tablet)</i>	3	QL 30 / 30 days CC ST
<i>eszopiclone 1 mg tablet</i>	1	QL 30 / 30 days
<i>zaleplon</i>	1	QL 30 / 30 days
<i>zolpidem tartrate 10 mg tablet</i>	1	QL 30 / 30 days ST
<i>zolpidem tartrate 5 mg tablet</i>	1	QL 30 / 30 days
<i>zolpidem tartrate (6.25 mg tab mphase, 12.5 mg tab mphase)</i>	3	QL 30 / 30 days CC ST
AUTONOMIC DRUGS		
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
<i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	
<i>cevimeline hcl</i>	1	QL 90 / 30 days
<i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 23 mg tablet)</i>	1	
<i>galantamine hbr (4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i>	1	
<i>pilocarpine hcl 5 mg tablet</i>	1	QL 180 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pilocarpine hcl 7.5 mg tablet</i>	1	QL 120 / 30 days
<i>pyridostigmine bromide (60 mg tablet, 60 mg/5 ml solution, 180 mg tablet er)</i>	1	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SMOKING CESSATION AGENTS		
NICOTROL NS	3	CC
		PA
		QPD 4.0 per day
		\$0
<i>varenicline tartrate 0.5 (11)-1 tab ds pk</i>	1	QL 53 / 28 days \$0
<i>varenicline tartrate (0.5 mg tablet, 1 mg tablet)</i>	1	\$0
BETA-ADRENERGIC AGONISTS		
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
<i>albuterol sulfate 90 mcg hfa aer ad</i>	1	QPD 1.2 per day
<i>albuterol sulfate 5 mg/ml solution</i>	1	QPD 3.4 per day
<i>albuterol sulfate (2 mg tablet, 4 mg tablet)</i>	1	QPD 4.0 per day
<i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2.5 mg/0.5 vial-neb)</i>	1	
<i>albuterol sulfate 2.5 mg/3ml vial-neb</i>	1	QPD 18.0 per day
BREYNA	1	QPD 0.7 per day
<i>budesonide/formoterol fumarate</i>	1	QPD 0.7 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluticasone propionate/salmeterol xinafoate</i> (<i>propion/salmeterol 55-14 mcg aer pow ba,</i> <i>propion/salmeterol 113-14 mcg aer pow ba,</i> <i>propion/salmeterol 232-14 mcg aer pow ba</i>)	1	QPD 0.04 per day
<i>fluticasone propionate/salmeterol xinafoate</i> (<i>propion/salmeterol 100-50 mcg blst w/dev,</i> <i>propion/salmeterol 250-50 mcg blst w/dev,</i> <i>propion/salmeterol 500-50 mcg blst w/dev</i>)	1	QPD 2.0 per day
<i>levalbuterol hcl (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb)</i>	3	ST QPD 12.0 per day
<i>levalbuterol hcl 0.31mg/3ml vial-neb</i>	3	ST QPD 8.0 per day
<i>levalbuterol hcl 1.25mg/0.5 vial-neb</i>	3	ST QPD 5.0 per day
<i>levalbuterol tartrate</i>	3	ST QPD 1.0 per day
STRIVERDI RESPIMAT	2	QPD 0.15 per day
<i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>	1	
WIXELA INHUB	1	QPD 2.0 per day
BLOOD FORMATION, COAGULATION, THROMBOSIS BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.		
OXBRYTA 500 MG TABLET	3	CC PA
HEMATOPOIETIC AGENTS		
<i>eltrombopag olamine (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	3	CC PA QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FYLNETRA	3	CC PA QPD 0.08 per day
JESDUVROQ	3	CC PA
<i>plerixafor</i>	3	CC PA
RELEUKO 300 MCG/0.5 ML SYRINGE	3	CC PA QPD 0.25 per day
RELEUKO 480 MCG/0.8 ML SYRINGE	3	CC PA QPD 0.4 per day
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL)	3	CC PA QPD 0.43 per day
RETACRIT 20,000 UNIT/2 ML VIAL	3	CC PA QPD 0.86 per day
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline 400 mg tablet er</i>	1	QL 90 / 30 days
CALCINEURIN INHIBITORS (90:28)		
CALCINEURIN INHIBITORS, MISC (90:28)		
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	1	
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALCIUM-CHANNEL BLOCKING AGENTS		
DIHYDROPYRIDINES		
<i>amlodipine besylate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	
<i>amlodipine besylate/benazepril hcl</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>felodipine</i>	1	
<i>nifedipine (30 mg tab er 24, 30 mg tablet er, 60 mg tab er 24, 60 mg tablet er, 90 mg tab er 24, 90 mg tablet er)</i>	1	
CARDIAC DRUGS		
CARDIAC DRUGS, MISCELLANEOUS		
<i>ranolazine</i>	3	ST
CARDIOTONIC AGENTS		
DIGITEK	1	
<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet)</i>	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS (24:16)		
<i>doxazosin mesylate (1 mg tablet, 2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	1	
<i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>	1	
<i>terazosin hcl</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS (24:20)		
<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>atenolol/chlorthalidone</i>	1	
<i>bisoprolol fumarate (5 mg tablet, 10 mg tablet)</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 40 mg tablet, 60 mg cap sa 24h, 60 mg tablet, 80 mg cap sa 24h, 80 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h)</i>	1	
SOTALOL AF	1	
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	1	
CARDIOVASCULAR DRUGS, NSAID ANTI-INFL		
<i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i>	1	QL 60 / 30 days
CENTRAL ALPHA-AGONISTS		
<i>clonidine (0.2mg/24hr patch tdwk, 0.3mg/24hr patch tdwk)</i>	1	QL 8 / 28 days
<i>clonidine 0.1mg/24hr patch tdwk</i>	1	QL 4 / 28 days
<i>clonidine hcl (0.1 mg tab er 12h, 0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>guanfacine hcl (1 mg tab er 24h, 1 mg tablet, 2 mg tab er 24h, 2 mg tablet, 3 mg tab er 24h, 4 mg tab er 24h)</i>	1	
<i>methyldopa</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
<i>riluzole</i>	1	
ANTIMANIC AGENTS		
<i>lithium carbonate (150 mg capsule, 300 mg capsule, 300 mg tablet, 300 mg tablet er, 450 mg tablet er, 600 mg capsule)</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>carbidopa 25 mg tablet</i>	1	
<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5 mg-10 mg tab ds pk, 7 mg cap spr 24, 10 mg tablet, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24)</i>	1	
<i>memantine hcl/donepezil hcl</i>	1	
NAMENDA XR TITRATION PACK	2	
NAMZARIC (7 MG-10 MG CAPSULE, TITRATION PACK)	2	
NUEDEXTA	3	CC PA QPD 2.0 per day
OPIOID ANTAGONISTS (28:10)		
KLOXXADO	2	
<i>naloxone hcl (0.4 mg/ml cartridge, 0.4 mg/ml syringe, 0.4 mg/ml vial, 1 mg/ml syringe, 4 mg spray)</i>	1	
<i>naltrexone hcl 50 mg tablet</i>	1	
OPVEE	2	
VIVITROL	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
AUSTEDO	3	QL 120 / 30 days CC PA QPD 4.0 per day
INGREZZA	3	CC PA QPD 1.0 per day
INGREZZA INITIATION PK(TARDIV)	3	CC PA QPD 1.0 per day
<i>tetrabenazine</i>	3	CC PA QPD 4.0 per day
CEPHALOSPORIN ANTIBIOTICS		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefadroxil 500 mg capsule</i>	1	
<i>cephalexin (250 mg capsule, 500 mg capsule)</i>	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefaclor (250 mg capsule, 500 mg capsule)</i>	1	
<i>cefprozil 125 mg/5ml susp recon</i>	1	AL Up to 12 yrs old
<i>cefprozil (250 mg tablet, 500 mg tablet)</i>	1	
<i>cefuroxime axetil</i>	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefdinir 300 mg capsule</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cefixime 400 mg capsule</i>	1	
<i>cefpodoxime proxetil (100 mg tablet, 200 mg tablet)</i>	1	
COMPLEMENT INHIBITORS (92:32)		
BRADYKININ RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	3	CC PA QPD 3.0 per day
CONSTIPATION THERAPY		
CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	3	CC PA QPD 2.0 per day
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS	2	
OPIOID ANTAGONISTS (56:18)		
MOVANTIK	3	CC PA QPD 1.0 per day
SYMPROIC	3	CC PA QPD 1.0 per day
CYSTIC FIBROSIS (CFTR) MODULATORS		
CYSTIC FIBROSIS (CFTR) CORRECTORS		
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	3	CC PA QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORKAMBI (100 MG TABLET, 200 MG TABLET)	3	CC PA QPD 4.0 per day
SYMDEKO	3	CC PA QPD 2.0 per day
TRIKAFTA 100-50-75 MG/150 MG	3	CC PA QPD 3.0 per day
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	3	CC PA QPD 2.0 per day
DENTAL AGENTS		
NUTRITIONAL SUPPLEMENTS		
DENTA 5000 PLUS	1	
DENTAGEL	1	
<i>fluoride (sodium) (1.1 % cream (g), 1.1 % gel (gram))</i>	1	
FRAICHE 5000	1	
SF	1	
SF 5000 PLUS	1	
SODIUM FLUORIDE 5000 PLUS	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEPIGMENTING AND PIGMENTING AGENTS		
PIGMENTING AGENTS		
<i>methoxsalen 10 mg cap lq rap</i>	1	QL 12 / 28 days
DEVICES		
<i>blood-glucose meter,continuous</i>	3	QL 1 / 365 days CC PA
<i>blood-glucose sensor</i>	3	QL 3 / 30 days CC PA
<i>compressor, for nebulizer</i>	2	QL 2 / 365 days
<i>diabetic needles</i>	1	
<i>diabetic syringes</i>	1	
<i>flash glucose scanning reader</i>	3	QL 1 / 365 days CC PA
<i>flash glucose sensor</i>	3	QL 3 / 30 days CC PA
<i>inhaler, assist devices</i>	2	QL 2 / 365 days
<i>inhaler,assist device,accessory each</i>	2	QL 2 / 365 days
<i>inhaler,assist device with large mask</i>	2	QL 2 / 365 days
<i>inhaler,assist device with medium mask</i>	2	QL 2 / 365 days
<i>inhaler,assist device with small mask</i>	2	QL 2 / 365 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mucus clearing device</i>	2	QL 2 / 365 days
<i>nasal exhalation resistanc.dev each</i>	2	QL 2 / 365 days
<i>nebulizer</i>	2	QL 2 / 365 days
<i>nebulizer and compressor</i>	2	QL 2 / 365 days
<i>peak flow meter</i>	2	QL 2 / 365 days
<i>peak flow meter/inhaler, assist devices</i>	2	QL 2 / 365 days
<i>spirometers and accessories</i>	2	QL 2 / 365 days
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	3	CC PA QPD 0.15 per day
ORENCIA CLICKJECT	3	CC PA QPD 0.15 per day
MONOCARBOXYLIC ACID AMIDE AGENTS		
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	1	
DIURETICS (40:28)		
LOOP DIURETICS (40:28)		
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet)</i>	1	
<i>torseamide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OSMOTIC DIURETICS (40:28)		
<i>urea 40 % cream (g)</i>	1	QL 198.4 / 30 days
POTASSIUM-SPARING DIURETICS (40:28)		
<i>amiloride hcl</i>	1	
<i>triamterene/hydrochlorothiazide (triamterene/hydrochlorothiazid 37.5-25 mg capsule, triamterene/hydrochlorothiazid 37.5-25 mg tablet, triamterene/hydrochlorothiazid 75 mg-50mg tablet)</i>	1	
THIAZIDE DIURETICS (40:28)		
<i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	
THIAZIDE-LIKE DIURETICS (40:28)		
<i>chlorthalidone</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
DOPAMINE RECEPTOR AGONISTS		
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	1	
<i>cabergoline</i>	1	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	1	
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
<i>potassium citrate</i>	1	QL 120 / 30 days
AMMONIA DETOXICANTS		
CONSTULOSE	1	
ENULOSE	1	
GENERLAC	1	
<i>lactulose</i>	1	
<i>sodium phenylbutyrate 0.94 g/g powder</i>	1	
IRRIGATING SOLUTIONS		
<i>sodium chloride for inhalation (0.9 % vial-neb, 3 % vial-neb, 7 % vial-neb)</i>	1	
REPLACEMENT PREPARATIONS		
KLOR-CON M10	1	
KLOR-CON M20	1	
<i>potassium chloride (8 capsule er, 8 tablet er, 10 capsule er, 10 tab er prt, 10 tablet er, 20 tab er prt, 20 tablet er)</i>	1	
URICOSURIC AGENTS		
<i>probenecid</i>	1	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
BASIC LOTIONS AND LINIMENTS		
<i>ammonium lactate 12 % lotion</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BASIC OINTMENTS AND PROTECTANTS		
<i>ammonium lactate 12 % cream (g)</i>	1	
<i>calcipotriene (0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution)</i>	1	QL 60 / 30 days
<i>nitroglycerin 0.4% (w/w) oint. (g)</i>	3	QL 30 / 30 days CC PA
SANTYL	2	QL 30 / 30 days
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
<i>nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	3	CC PA
<i>nitisinone 20 mg capsule</i>	3	CC PA
ENZYME INHIBITORS		
CERDELGA	3	CC PA QPD 2.0 per day
<i>miglustat</i>	3	CC PA QPD 3.0 per day
OPFOLDA	3	CC PA QPD 0.3 per day
YARGESA	3	CC PA QPD 3.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESTROGENS AND ANTIESTROGENS		
ESTROGEN AGONIST-ANTAGONISTS		
CLOMID	3	CC PA
<i>clomiphene citrate 50 mg tablet</i>	3	CC PA
MILOPHENE	3	CC PA
<i>raloxifene hcl</i>	1	\$0
SOLTAMOX	3	CC PA
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	1	\$0
<i>toremifene citrate</i>	3	CC PA
ESTROGENS		
CLIMARA PRO	2	QL 4 / 28 days
COMBIPATCH	2	QL 8 / 28 days
DEPO-ESTRADIOL	2	
DOTTI (0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)	1	QL 24 / 84 days
DOTTI 0.025 MG PATCH	1	
<i>estradiol 1.25 g gel md pmp</i>	1	QL 50 / 30 days
<i>estradiol (.0375mg/24 patch tds, 0.05mg/24h patch tds, .075mg/24h patch tds, 0.1mg/24hr patch tds)</i>	1	QL 24 / 84 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol (.025mg/24h patch tdwk, .0375mg/24 patch tdwk, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, .075mg/24h patch tdwk, 0.1mg/24hr patch tdwk)</i>	1	QL 4 / 28 days
<i>estradiol (0.01 % cream/appl, .025mg/24h patch tds, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg tablet)</i>	1	
<i>estradiol valerate (10 mg/ml vial, 20 mg/ml vial, 40 mg/ml vial)</i>	1	QL 10 / 90 days
ESTRING	3	QL 1 / 90 days ST
FYAVOLV 1 MG-5 MCG TABLET	1	
JINTELI	1	
LYLLANA (0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)	1	QL 24 / 84 days
LYLLANA 0.025 MG PATCH	1	
MENOSTAR	2	
<i>norethindrone ac-eth estradiol 1mg-5mcg tablet</i>	1	
PREMARIN VAGINAL CREAM-APPL	3	ST
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	2	
PREMPHASE	2	
PREMPRO	2	
YUVAFEM	1	
EYE, EAR, NOSE AND THROAT (EENT) PREPS. ANTI-INFLAMMATORY AGENTS (EENT)		
<i>cyclosporine 0.05 % dropperette</i>	3	CC PA QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIALLERGIC AGENTS		
<i>azelastine hcl 0.05 % drops</i>	1	
<i>azelastine hcl 137 mcg spray/pump</i>	1	QL 30 / 30 days
<i>cromolyn sodium 4 % drops</i>	1	
<i>olopatadine hcl (0.1 % drops, 0.2 % drops)</i>	3	CC ST QPD 0.17 per day
EENT DRUGS, MISCELLANEOUS		
<i>ipratropium bromide (21 mcg spray, 42 mcg spray)</i>	1	
LOCAL ANESTHETICS (EENT)		
<i>lidocaine hcl 2 % solution</i>	1	
<i>proparacaine hcl 0.5 % drops</i>	1	
MYDRIATICS		
<i>atropine sulfate 1 % drops</i>	1	
<i>cyclopentolate hcl</i>	1	
<i>tropicamide 1 % drops</i>	1	
FIRST GENERATION ANTIHISTAMINES		
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.		
<i>cyproheptadine hcl 4 mg tablet</i>	1	
PHENOTHIAZINE DERIVATIVES		
<i>promethazine hcl (12.5 mg supp.rect, 12.5 mg tablet, 25 mg supp.rect, 25 mg tablet, 50 mg tablet, 50 mg/ml ampul)</i>	1	
<i>promethazine hcl 50 mg/ml vial</i>	1	AL At least 2 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY)	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
<i>alosetron hcl</i>	3	CC PA QPD 2.0 per day
<i>balsalazide disodium</i>	1	
<i>mesalamine (1.2 g tablet dr, 4 g/60 ml enema, 1000 mg supp.rect)</i>	1	
<i>mesalamine 800 mg tablet dr</i>	3	ST
ANTIDIARRHEA AGENTS		
<i>diphenoxylate hcl/atropine 2.5-.025mg tablet</i>	1	
<i>loperamide hcl 2 mg capsule</i>	1	QL 30 / 30 days
VIBERZI	3	CC PA QPD 2.0 per day
CATHARTICS AND LAXATIVES		
GAVILYTE-C	1	C \$0 copay for age 45-75 \$0
GAVILYTE-G	1	C \$0 copay for age 45-75 \$0
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	1	C \$0 copay for age 45-75 \$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>	1	C \$0 \$0 copay for age 45-75
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	1	C \$0 \$0 copay for age 45-75
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	C \$0 \$0 copay for age 45-75
CHOLELITHOLYTIC AGENTS		
IQIRVO	3	CC PA QPD 1.0 per day
LIVDELZI	3	CC PA QPD 1.0 per day
OALIVA	3	CC PA QPD 1.0 per day
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	1	
DIGESTANTS		
CREON	2	
ZENPEP	2	
GI DRUGS, MISCELLANEOUS		
<i>dronabinol</i>	3	CC PA QPD 3.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROKINETIC AGENTS		
<i>metoclopramide hcl (5 mg tablet, 10 mg tablet)</i>	1	
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
ANTIMUSCARINICS		
<i>oxybutynin chloride (5 mg tab er 24, 5 mg tablet, 5 mg/5 ml syrup, 10 mg tab er 24, 15 mg tab er 24)</i>	1	
<i>solifenacin succinate</i>	3	QL 90 / 90 days ST QPD 1.0 per day
<i>tolterodine tartrate (2 mg cap er 24h, 4 mg cap er 24h)</i>	3	QL 30 / 30 days CC ST QPD 1.0 per day
<i>tolterodine tartrate (1 mg tablet, 2 mg tablet)</i>	3	QL 60 / 30 days CC ST QPD 2.0 per day
<i>trospium chloride 60 mg cap er 24h</i>	3	QL 30 / 30 days CC ST QPD 1.0 per day
<i>trospium chloride 20 mg tablet</i>	3	QL 60 / 30 days CC ST QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOLD COMPOUNDS		
<i>auranofin</i>	1	
GONADOTROPINS AND ANTIGONADOTROPINS		
ANTIGONADTROPINS		
ORGOVYX	3	CC PA
ORIAHNN	3	CC PA QPD 2.0 per day
ORILISSA 150 MG TABLET	3	CC PA QPD 1.0 per day
ORILISSA 200 MG TABLET	3	CC PA QPD 2.0 per day
GONADOTROPINS		
ELIGARD	3	CC PA
<i>leuprolide acetate (1 mg/0.2ml kit, 1 mg/0.2ml vial, 22.5 mg vial)</i>	3	CC PA
LUPRON DEPOT (DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	3	CC PA
LUPRON DEPOT 11.25 MG 3MO KIT	3	QL 1 / 90 days CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUPRON DEPOT 3.75 MG KIT	3	QL 1 / 30 days CC PA
HCV ANTIVIRALS		
HCV POLYMERASE INHIBITOR ANTIVIRALS		
<i>sofosbuvir/velpatasvir</i>	3	QL 28 / 28 days CC PA
VOSEVI	3	QL 28 / 28 days CC PA
HCV PROTEASE INHIBITOR ANTIVIRALS		
MAVYRET (50-20 MG PELLET PACKET, 100-40 MG TABLET)	3	QL 84 / 28 days CC PA
HEAVY METAL ANTAGONISTS		
CHEMET	3	CC PA
<i>deferasirox (90 mg gran pack, 90 mg tablet, 125 mg tab disper, 180 mg gran pack, 180 mg tablet, 250 mg tab disper, 360 mg gran pack, 360 mg tablet, 500 mg tab disper)</i>	3	CC PA
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ARNUIITY ELLIPTA	2	QPD 2.0 per day B4G

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASMANEX	2	QPD 0.07 per day
ASMANEX HFA	2	QPD 0.9 per day
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb)</i>	1	QPD 4.0 per day
<i>budesonide 3 mg capdr - er</i>	1	
<i>deflazacort (6 mg tablet, 18 mg tablet, 22.75mg/ml oral susp, 30 mg tablet, 36 mg tablet)</i>	3	CC PA
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1	
DEXAMETHASONE INTENSOL	1	
<i>dexamethasone sodium phosphate 0.1 % drops</i>	1	
<i>fludrocortisone acetate 0.1 mg tablet</i>	1	
<i>fluticasone propionate (110 mcg aer w/adap, 220 mcg aer w/adap)</i>	1	QPD 0.8 per day
<i>fluticasone propionate 44 mcg aer w/adap</i>	1	QPD 0.71 per day
<i>fluticasone propionate (50 mcg blst w/dev, 100 mcg blst w/dev, 250 mcg blst w/dev)</i>	1	QPD 4.0 per day
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
ISTURISA 1 MG TABLET	3	CC C Up to 60 mg per day allowed across all tablet strengths. PA QPD 8.0 per day
ISTURISA 5 MG TABLET	3	CC C Up to 60 mg per day allowed across all tablet strengths. PA QPD 12.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEDROL 2 MG TABLET	2	
<i>methylprednisolone (4 mg tab ds pk, 4 mg tablet, 8 mg tablet, 16 mg tablet, 32 mg tablet)</i>	1	
<i>prednisolone</i>	1	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab ds pk, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
PREDNISON INTENSOL	1	
PULMICORT FLEXHALER	2	QPD 0.07 per day
QVAR REDHALER	2	QPD 0.8 per day
ANDROGENS		
<i>danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	1	
KYZATREX	3	CC PA
METHITEST	2	
<i>testosterone (12.5/1.25g gel md pmp, 50 mg (1%) gel (gram))</i>	3	QL 150 / 30 days CC PA
<i>testosterone (1.25g-1.62 gel packet, 2.5g-1.62% gel packet, 20.25/1.25 gel md pmp)</i>	3	QL 75 / 30 days CC PA
<i>testosterone 25mg(1%) gel packet</i>	3	QL 225 / 30 days CC PA
<i>testosterone 50 mg (1%) gel packet</i>	3	QL 300 / 30 days CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)</i>	1	QL 5 / 30 days
<i>testosterone enanthate</i>	1	QL 5 / 30 days
CONTRACEPTIVES		
AFIRMELLE	1	\$0
ALTAVERA	1	\$0
ALYACEN	1	\$0
AMETHIA	1	\$0
AMETHYST	1	\$0
ANNOVERA	2	\$0
APRI	1	\$0
ARANELLE	1	\$0
ASHLYNA	1	\$0
AUBRA	1	\$0
AUBRA EQ	1	\$0
AUROVELA	1	\$0
AUROVELA 24 FE	1	\$0
AUROVELA FE	1	\$0
AVERI	2	\$0
AVIANE	1	\$0
AYUNA	1	\$0
AZURETTE	1	\$0
BALZIVA	1	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLISOVI 24 FE	1	\$0
BLISOVI FE	1	\$0
BRIELLYN	1	\$0
CAMILA	1	\$0
CAMRESE	1	\$0
CAMRESE LO	1	\$0
CAZANT	1	\$0
CHARLOTTE 24 FE	1	\$0
CHATEAL EQ	1	\$0
CRYSSELLE	1	\$0
CYRED	1	\$0
CYRED EQ	1	\$0
DASETTA	1	\$0
DAYSEE	1	\$0
DEBLITANE	1	\$0
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	1	\$0
DOLISHALE	1	\$0
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	1	\$0
ELINEST	1	\$0
ELLA	2	\$0
ELURYNG	1	\$0
EMZAHH	1	\$0
ENILLORING	1	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENPRESSE	1	\$0
ENSKYCE	1	\$0
ERRIN	1	\$0
ESTARYLLA	1	\$0
<i>ethinyl estradiol/drospirenone</i>	1	\$0
<i>ethynodiol diacetate-ethinyl estradiol</i>	1	\$0
<i>etonogestrel/ethinyl estradiol</i>	1	\$0
FALMINA	1	\$0
FEIRZA	1	\$0
FEMLYV	1	\$0
FINZALA	1	\$0
GALBRIELA	1	\$0
GEMMILY	1	\$0
HAILEY	1	\$0
HAILEY 24 FE	1	\$0
HAILEY FE	1	\$0
HALOETTE	1	\$0
HEATHER	1	\$0
ICLEVIA	1	\$0
INCASSIA	1	\$0
ISIBLOOM	1	\$0
JAIMIESS	1	\$0
JASMIEL	1	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JENCYCLA	1	\$0
JOLESSA	1	\$0
JOYEAUX	1	\$0
JULEBER	1	\$0
JUNEL	1	\$0
JUNEL FE	1	\$0
JUNEL FE 24	1	\$0
KAITLIB FE	1	\$0
KALLIGA	1	\$0
KARIVA	1	\$0
KELNOR 1-35	1	\$0
KELNOR 1-50	1	\$0
KURVELO	1	\$0
LARIN	1	\$0
LARIN 24 FE	1	\$0
LARIN FE	1	\$0
LAYOLIS FE	1	\$0
LEENA	1	\$0
LESSINA	1	\$0
LEVONEST	1	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel/ethinyl estradiol</i> <i>(levonorgestrel/ethin.estradiol 0.1-0.02mg tablet,</i> <i>levonorgestrel/ethin.estradiol 0.15-0.03 tablet,</i> <i>levonorgestrel/ethin.estradiol 0.15-0.03 tbdspk 3mo,</i> <i>levonorgestrel/ethin.estradiol 6-5-10 tablet,</i> <i>levonorgestrel/ethin.estradiol 90-20 mcg tablet)</i>	1	\$0
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	1	\$0
<i>levonorgestrel/ethinyl estradiol/iron</i>	1	\$0
LEVORA-28	1	\$0
LO LOESTRIN FE	2	\$0
LO-ZUMANDIMINE	1	\$0
LOESTRIN	1	\$0
LOESTRIN FE 1.5-30 TABLET	1	\$0
LOJAIMIESS	1	\$0
LORYNA	1	\$0
LOW-OGESTREL	1	\$0
LUIZZA	2	\$0
LUTERA	1	\$0
LYLEQ	1	\$0
LYZA	1	\$0
MARLISSA	1	\$0
MELEYA	1	\$0
MERZEE	1	\$0
MIBELAS 24 FE	1	\$0
MICROGESTIN	1	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MICROGESTIN FE	1	\$0
MILI	1	\$0
MINZOYA	1	\$0
MONO-LINYAH	1	\$0
NATAZIA	2	\$0
NECON	1	\$0
NEXTSTELLIS	2	\$0
NIKKI	1	\$0
NORA-BE	1	\$0
<i>norelgestromin/ethinyl estradiol</i>	1	\$0
<i>norethindrone 0.35 mg tablet</i>	1	\$0
<i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>	1	\$0
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) capsule, 1mg-20(24) tab chew, 1.5-30(21) tablet, 5-7-9-7 tablet)</i>	1	\$0
<i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	1	\$0
<i>norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)</i>	1	\$0
NORTREL	1	\$0
NYLIA	1	\$0
OCELLA	1	\$0
ORQUIDEA	1	\$0
PHILITH	1	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIMTREA	1	\$0
PORTIA	1	\$0
RECLIPSEN	1	\$0
RIVELSA	1	\$0
ROSYRAH	1	\$0
SETLAKIN	1	\$0
SHAROBEL	1	\$0
SIMLIYA	1	\$0
SIMPESSE	1	\$0
SLYND	2	\$0
SPRINTEC	1	\$0
SRONYX	1	\$0
SYEDA	1	\$0
TARINA 24 FE	1	\$0
TARINA FE	1	\$0
TARINA FE 1-20 EQ	1	\$0
TAYSOFY	1	\$0
TILIA FE	1	\$0
TRI-ESTARYLLA	1	\$0
TRI-LEGEST FE	1	\$0
TRI-LINYAH	1	\$0
TRI-LO-ESTARYLLA	1	\$0
TRI-LO-MARZIA	1	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRI-LO-MILI	1	\$0
TRI-LO-SPRINTEC	1	\$0
TRI-MILI	1	\$0
TRI-NYMYO	1	\$0
TRI-SPRINTEC	1	\$0
TRI-VYLIBRA	1	\$0
TRI-VYLIBRA LO	1	\$0
TRIVORA-28	1	\$0
TULANA	1	\$0
TURQOZ	1	\$0
TWIRLA	2	\$0
TYDEMY	1	\$0
VALTYA	1	\$0
VELIVET	2	\$0
VESTURA	1	\$0
VIENVA	1	\$0
VIORELE	1	\$0
VOLNEA	1	\$0
VYFEMLA	1	\$0
VYLIBRA	1	\$0
WERA	1	\$0
WYMZYA FE	1	\$0
XARAH FE	1	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XELRIA FE	1	\$0
XULANE	1	\$0
ZAFEMY	1	\$0
ZARAH	1	\$0
ZOVIA 1-35	1	\$0
ZUMANDIMINE	1	\$0
PITUITARY		
<i>desmopressin acetate 10/spray spray/pump</i>	1	QPD 0.5 per day
<i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet)</i>	1	
<i>desmopressin acetate (non-refrigerated)</i>	1	QPD 0.5 per day
PROGESTINS		
CRINONE 8% GEL	3	CC PA
DEPO-SUBQ PROVERA 104	2	\$0
ENDOMETRIN	3	CC PA
GALLIFREY	1	
<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	
<i>medroxyprogesterone acetate (150 mg/ml syringe, 150 mg/ml vial)</i>	1	\$0
<i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp)</i>	1	
<i>norethindrone acetate 5 mg tablet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>progesterone, micronized (100 mg capsule, 200 mg capsule)</i>	1	QL 30 / 30 days
IMMUNOMODULATORY AGENTS (90:00)		
COMPLEMENT INHIBITOR AGENTS (90:20)		
TAVNEOS	3	CC PA QPD 6.0 per day
INSULINS		
LONG-ACTING INSULINS		
<i>insulin degludec (100/ml (3) insuln pen, 100/ml vial, 200/ml (3) insuln pen)</i>	3	CC ST
<i>insulin glargine, human recombinant analog (100/ml (3) insuln pen, 100/ml vial)</i>	1	
<i>insulin glargine-yfgn (100/ml (3) insuln pen, 100/ml vial)</i>	1	
REZVOGLAR KWIKPEN	1	
RAPID-ACTING INSULINS		
ADMELOG	2	
ADMELOG SOLOSTAR	2	
<i>insulin aspart protamine human/insulin aspart (art prot/insuln 70-30/ml insuln pen, art prot/insuln 70-30/ml vial)</i>	1	
<i>insulin lispro (100/ml insuln pen, 100/ml vial)</i>	1	
<i>insulin lispro protamine and insulin lispro</i>	1	
SHORT-ACTING INSULINS		
HUMULIN R U-500	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMULIN R U-500 KWIKPEN	3	ST
INTERLEUKIN-MEDIATED AGENTS		
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA 162 MG/0.9 ML SYRINGE	3	CC PA QPD 0.13 per day
ACTEMRA ACTPEN	3	CC PA QPD 0.13 per day
COSENTYX (2 SYRINGES)	3	CC PA QPD 0.08 per day
COSENTYX SENSOREADY (2 PENS)	3	CC PA QPD 0.08 per day
COSENTYX SENSOREADY PEN	3	CC PA QPD 0.08 per day
COSENTYX SYRINGE	3	CC PA QPD 0.08 per day
COSENTYX UNOREADY PEN	3	CC PA QPD 0.08 per day
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	3	CC PA QPD 0.018 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ION-REMOVING AGENTS		
PHOSPHATE-REMOVING AGENTS		
<i>calcium acetate</i>	1	
<i>lanthanum carbonate</i>	3	CC PA QPD 3.0 per day
<i>sevelamer carbonate 0.8 g powd pack</i>	3	CC PA QPD 6.0 per day
<i>sevelamer carbonate 2.4 g powd pack</i>	3	CC PA QPD 3.0 per day
<i>sevelamer carbonate 800 mg tablet</i>	1	
<i>sevelamer hcl</i>	3	CC PA QPD 9.0 per day
POTASSIUM-REMOVING AGENTS		
LOKELMA	2	QL 35 / 30 days
<i>sodium polystyrene sulfonate</i>	1	
SPS 15 GM/60 ML SUSPENSION	2	
VELTASSA (8.4 GM POWDER PACKET, 16.8 GM POWDER PACKET, 25.2 GM POWDER PACKET)	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JANUS KINASE INHIBITORS (90:24)		
JANUS KINASE INHIBITORS, MISCELLANEOUS		
OLUMIANT	3	CC PA QPD 1.0 per day
XELJANZ (5 MG TABLET, 10 MG TABLET)	3	CC PA QPD 2.0 per day
XELJANZ XR	3	CC PA QPD 1.0 per day
KALLIKREIN-KININ SYSTEM INHIBITORS		
KALLIKREIN INHIBITORS (24:48:08)		
ORLADEYO	3	CC PA QPD 1.0 per day
TAKHZYRO 300 MG/2 ML VIAL	3	CC PA QPD 0.15 per day
MACROLIDE ANTIBIOTICS		
ERYTHROMYCIN ANTIBIOTICS		
ERYTHROCIN STEARATE	1	
<i>erythromycin base (250 mg capsule dr, 250 mg tablet, 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet, 500 mg tablet dr)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>erythromycin ethylsuccinate 400 mg tablet</i>	1	
OTHER MACROLIDE ANTIBIOTICS		
<i>azithromycin (1 g packet, 250 mg tablet, 500 mg tablet, 600 mg tablet)</i>	1	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	1	
<i>fidaxomicin</i>	3	CC PA
MINERALOCORTICOID (ALDOSTERONE) ANTAGNISTS STEROIDAL MINERALOCORTICOID RECEPTOR ANT		
<i>eplerenone</i>	3	ST
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
MISC. BETA-LACTAM ANTIBIOTICS MONOBACTAM ANTIBIOTICS		
CAYSTON	3	CC PA QPD 1.5 per day
MISCELLANEOUS THERAPEUTIC AGENTS 5-ALPHA-REDUCTASE INHIBITORS (92:04)		
<i>dutasteride 0.5 mg capsule</i>	1	
<i>finasteride 5 mg tablet</i>	1	
ANTIGOUT AGENTS		
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>febuxostat</i>	3	CC PA QPD 1.0 per day
BONE RESORPTION INHIBITORS		
<i>alendronate sodium (5 mg tablet, 10 mg tablet, 35 mg tablet, 70 mg tablet)</i>	1	
<i>ibandronate sodium 150 mg tablet</i>	1	
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
<i>betaine</i>	1	
EVRYSDI 60 MG/80 ML(0.75MG/ML)	3	CC PA
<i>glutamine 5 g powd pack</i>	3	CC PA
<i>levocarnitine 100 mg/ml solution</i>	1	
<i>levocarnitine (with sugar) 100 mg/ml solution</i>	1	
REZUROCK	3	CC PA
SKYCLARYS	3	CC PA QPD 3.0 per day
PROTECTIVE AGENTS		
<i>dalfampridine 10 mg tab er 12h</i>	3	CC PA QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MTOR INHIBITORS		
MTOR INHIBITORS, MISCELLANEOUS		
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
MULTIPLE SCLEROSIS AGENTS		
AMINO ACID POLYMERS		
<i>glatiramer acetate 20 mg/ml syringe</i>	3	CC PA QPD 1.0 per day
<i>glatiramer acetate 40 mg/ml syringe</i>	3	CC PA QPD 0.43 per day
GLATOPA 20 MG/ML SYRINGE	3	CC PA QPD 1.0 per day
GLATOPA 40 MG/ML SYRINGE	3	CC PA QPD 0.43 per day
ANTIMETABOLITES		
MAVENCLAD	3	CC PA
FUMARATES		
<i>dimethyl fumarate (120 mg capsule dr, 240 mg capsule dr)</i>	3	CC PA QPD 2.0 per day
<i>dimethyl fumarate 120-240 mg capsule dr</i>	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INTERFERONS		
AVONEX (4 PACK)	3	CC PA QPD 0.08 per day
AVONEX PEN (4 PACK)	3	CC PA QPD 0.08 per day
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	3	CC PA QPD 0.5 per day
EXTAVIA (0.3 MG KIT, 0.3 MG VIAL)	3	CC PA QPD 0.5 per day
REBIF	3	CC PA QPD 0.22 per day
REBIF REBIDOSE	3	CC PA
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
<i>fingolimod hcl</i>	3	CC PA QPD 1.0 per day
GILENYA 0.25 MG CAPSULE	3	CC PA QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NONHORMONAL CONTRACEPTIVES		
<i>diaphragms</i>	1	\$0
PHEXX	2	\$0
PHEXXI	2	\$0
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)</i>	1	
REVERSIBLE COX-1/COX-2 INHIBITORS		
<i>diclofenac potassium 50 mg tablet</i>	1	
<i>diclofenac sodium 1 % gel (gram)</i>	1	QL 300 / 30 days
<i>diclofenac sodium (25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)</i>	1	
<i>diclofenac sodium/misoprostol</i>	1	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tab er 24h, 400 mg tablet, 500 mg tab er 24h, 500 mg tablet, 600 mg tab er 24h)</i>	1	
<i>flurbiprofen 100 mg tablet</i>	1	
IBU	1	
<i>ibuprofen (100 mg/5ml oral susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	
<i>indomethacin (25 mg capsule, 50 mg capsule, 50 mg supp.rect, 75 mg capsule er)</i>	1	
<i>ketorolac tromethamine 10 mg tablet</i>	1	QL 20 / 30 days
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nabumetone (500 mg tablet, 750 mg tablet)</i>	1	
<i>naproxen (250 mg tablet, 375 mg tablet, 375 mg tablet dr, 500 mg tablet, 500 mg tablet dr)</i>	1	
<i>naproxen sodium (275 mg tablet, 550 mg tablet)</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	1	
<i>sulindac (150 mg tablet, 200 mg tablet)</i>	1	
SALICYLATES		
<i>aspirin/dipyridamole</i>	1	QL 60 / 30 days
<i>butalbital/aspirin/caffeine 50-325-40 tablet</i>	3	CC PA QPD 2.0 per day
<i>salsalate (500 mg tablet, 750 mg tablet)</i>	1	
OXYTOCICS		
<i>methylergonovine maleate 0.2 mg tablet</i>	1	QL 30 / 30 days
<i>mifepristone 200 mg tablet</i>	1	HCR \$0
PARATHYROID AND ANTIPARATHYROID AGENTS		
ANTIPARATHYROID AGENTS		
<i>calcitonin,salmon,synthetic 200/spray spray/pump</i>	1	
<i>cinacalcet hcl</i>	1	QPD 4.0 per day
PARATHYROID AGENTS		
<i>teriparatide</i>	3	CC PA QPD 0.083 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYMLOS	3	CC PA QPD 0.052 per day
PENICILLIN ANTIBIOTICS		
AMINOPENICILLIN ANTIBIOTICS		
<i>amoxicillin (250 mg capsule, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	1	
<i>amoxicillin/potassium clavulanate (amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 875-125 mg tablet, amoxicillin/potassium 1000-62.5 tab er 12h)</i>	1	
<i>ampicillin trihydrate</i>	1	
NATURAL PENICILLIN ANTIBIOTICS		
<i>penicillin v potassium (250 mg tablet, 500 mg tablet)</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	
PHOSPHODIESTERASE-4 INHIBITORS (90:24)		
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA (10-20-30MG START 14 DAY, 10-20-30MG START 28 DAY, 30 MG TABLET)	3	CC PA QPD 2.0 per day
OTEZLA (10-20 MG STARTER 28 DAY, 20 MG TABLET)	3	CC PA
OTEZLA XR (INITIATION PK 28 DAY, 75 MG TABLET)	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB ANGIOTENSIN II RECEPTOR ANTAGONIST/NEPROLYS		
<i>sacubitril/valsartan</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>losartan potassium (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MINERALOCORTICOID (ALDOSTERONE) ANTAGNISTS		
KERENDIA (10 MG TABLET, 20 MG TABLET)	3	CC PA QPD 1.0 per day
RESPIRATORY TRACT AGENTS		
ANTIFIBROTIC AGENTS		
<i>pirfenidone 267 mg tablet</i>	3	CC PA QPD 6.0 per day
<i>pirfenidone 534 mg tablet</i>	3	CC PA
<i>pirfenidone 801 mg tablet</i>	3	CC PA QPD 3.0 per day
ANTITUSSIVES		
<i>benzonatate</i>	1	
<i>promethazine hcl/codeine 6.25-10/5 syrup</i>	1	
<i>promethazine hcl/dextromethorphan hbr</i>	1	
MUCOLYTIC AGENTS		
PULMOZYME	3	CC PA QPD 2.5 per day
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
<i>roflumilast</i>	3	CC PA QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASODILATING AGENTS (RESPIRATORY TRACT)		
ADEMPAS	3	QL 90 / 30 days CC PA
<i>ambrisentan</i>	3	QL 30 / 30 days CC PA
<i>treprostinil sodium</i>	3	CC PA
TYVASO	3	CC PA QPD 2.9 per day
TYVASO INSTITUTIONAL START KIT	3	QL 81.2 / 28 days CC PA
TYVASO REFILL KIT	3	CC PA QPD 2.9 per day
TYVASO STARTER KIT	3	QL 81.2 / 28 days CC PA
UPTRAVI 200-800 TITRATION PACK	3	QL 200 / 28 days CC PA QPD 2.0 per day
UPTRAVI (400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	3	CC PA QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UPTRAVI 200 MCG TABLET	3	QL 140 / 28 days CC PA QPD 2.0 per day
SKELETAL MUSCLE RELAXANTS		
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT		
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	1	QL 90 / 30 days
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1	QL 120 / 30 days
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	1	QL 90 / 30 days
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPROLIFERANTS		
<i>fluorouracil 5 % cream (g)</i>	1	QL 1 / 365 days
<i>imiquimod 5 % cream pack</i>	1	AL At least 12 yrs old
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>lidocaine 5 % adh. patch</i>	1	
<i>lidocaine 5 % oint. (g)</i>	1	QL 60 / 30 days
<i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>	1	
<i>phenazopyridine hcl (100 mg tablet, 200 mg tablet)</i>	1	
ASTRINGENTS (84:12)		
DRYSOL	2	QL 75 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CELL STIMULANTS AND PROLIFERANTS		
<i>tretinoin (0.025 % cream (g), 0.05 % cream (g), 0.1 % cream (g))</i>	1	QL 20 / 30 days CC AL Up to 30 yrs old QPD 0.7 per day
<i>tretinoin (0.01 % gel (gram), 0.025 % gel (gram))</i>	1	QL 15 / 30 days CC AL Up to 30 yrs old QPD 0.5 per day
KERATOLYTIC AGENTS		
ACCUTANE	3	QL 60 / 30 days CC PA
<i>acitretin</i>	3	CC PA QPD 2.0 per day
<i>adapalene 0.3 % gel (gram)</i>	1	CC AL Up to 30 yrs old QPD 1.5 per day
AMNESTEEM	3	QL 60 / 30 days CC PA
CLARAVIS	3	QL 60 / 30 days CC PA
<i>isotretinoin (10 mg capsule, 20 mg capsule, 25 mg capsule, 30 mg capsule, 35 mg capsule, 40 mg capsule)</i>	3	QL 60 / 30 days CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>podofilox 0.5 % solution</i>	1	
ZENATANE	3	QL 60 / 30 days CC PA
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
DUPIXENT 200 MG/1.14 ML PEN	3	CC PA QPD 0.09 per day
DUPIXENT 300 MG/2 ML PEN	3	CC PA QPD 0.15 per day
DUPIXENT 200 MG/1.14 ML SYRINGE	3	CC PA QPD 0.09 per day
DUPIXENT 300 MG/2 ML SYRINGE	3	CC PA QPD 0.15 per day
SMOOTH MUSCLE RELAXANTS		
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>theophylline anhydrous (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
SOMATOSTATIN AGONISTS		
MYCAPSSA	3	CC PA QPD 4.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>octreotide acetate (100 mcg/ml ampul, 100 mcg/ml vial)</i>	3	CC PA QPD 15.0 per day
<i>octreotide acetate (500 mcg/ml ampul, 500 mcg/ml vial)</i>	3	CC PA QPD 3.0 per day
<i>octreotide acetate (50 mcg/ml syringe, 100 mcg/ml syringe, 500 mcg/ml syringe)</i>	3	CC PA
<i>octreotide acetate (50 mcg/ml ampul, 50 mcg/ml vial)</i>	3	CC PA QPD 30.0 per day
<i>octreotide acetate 1000mcg/ml vial</i>	3	CC PA QPD 1.5 per day
<i>octreotide acetate 200 mcg/ml vial</i>	3	CC PA QPD 7.5 per day
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
SOMATOTROPIN ANTAGONISTS		
SOMAVERT	3	CC PA QPD 1.0 per day
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
<i>epinephrine (0.15/0.15 auto inject, 0.15mg/0.3 auto inject, 0.3mg/0.3 auto inject)</i>	1	QL 6 / 365 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC AGONISTS (12:12)		
<i>midodrine hcl</i>	1	
THYROID AND ANTITHYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole (5 mg tablet, 10 mg tablet)</i>	1	
<i>propylthiouracil 50 mg tablet</i>	1	
THYROID AGENTS		
ADTHYZA (15 MG TABLET, 30 MG TABLET, 60 MG TABLET, 90 MG TABLET, 120 MG TABLET)	2	
ARMOUR THYROID	2	
EUTHYROX	2	
LEVO-T	2	
<i>levothyroxine sodium (13 mcg capsule, 25 mcg capsule, 25 mcg tablet, 50 mcg capsule, 50 mcg tablet, 75 mcg capsule, 75 mcg tablet, 88 mcg capsule, 88 mcg tablet, 100 mcg capsule, 100 mcg tablet, 112 mcg capsule, 112 mcg tablet, 125 mcg capsule, 125 mcg tablet, 137 mcg capsule, 137 mcg tablet, 150 mcg capsule, 150 mcg tablet, 175 mcg capsule, 175 mcg tablet, 200 mcg capsule, 200 mcg tablet, 300 mcg tablet)</i>	1	
LEVOXYL	2	
<i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>	1	
NIVA THYROID	2	
NP THYROID	2	
RENTHYROID	2	
SYNTHROID	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>thyroid,pork (15 mg tablet, 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	1	
TIROSINT (13 MCG CAPSULE, 25 MCG CAPSULE, 50 MCG CAPSULE, 75 MCG CAPSULE, 88 MCG CAPSULE, 100 MCG CAPSULE, 112 MCG CAPSULE, 125 MCG CAPSULE, 137 MCG CAPSULE, 150 MCG CAPSULE, 175 MCG CAPSULE, 200 MCG CAPSULE)	2	
TIROSINT (37.5 MCG CAPSULE, 44 MCG CAPSULE, 62.5 MCG CAPSULE)	2	
TIROSINT-SOL	2	
UNITHROID	2	
TUMOR NECROSIS FACTOR INHIBITORS		
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
<i>adalimumab-aaty (20mg/0.2ml syringekit, 40mg/0.4ml autoinjkrit, 40mg/0.4ml syringekit, 80mg/0.8ml autoinjkrit)</i>	3	CC PA QPD 0.15 per day
<i>adalimumab-adaz (10mg/0.1ml syringe, 20mg/0.2ml syringe, 40mg/0.4ml pen injctr, 40mg/0.4ml syringe, 80mg/0.8ml pen injctr)</i>	3	CC PA QPD 0.15 per day
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	3	CC PA QPD 0.15 per day
ENBREL MINI	3	CC PA QPD 0.15 per day
ENBREL SURECLICK	3	CC PA QPD 0.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HADLIMA	3	CC PA QPD 0.15 per day
HADLIMA PUSHTOUCH	3	CC PA QPD 0.15 per day
HADLIMA(CF)	3	CC PA QPD 0.15 per day
HADLIMA(CF) PUSHTOUCH	3	CC PA QPD 0.15 per day
HUMIRA	3	CC PA QPD 0.15 per day
HUMIRA PEN	3	CC PA QPD 0.15 per day
HUMIRA(CF) (10 MG/0.1 ML SYRING, 20 MG/0.2 ML SYRING, 40 MG/0.4 ML SYRING)	3	CC PA QPD 0.15 per day
HUMIRA(CF) PEN (PEN 40 MG/0.4 ML, PEN 80 MG/0.8 ML)	3	CC PA QPD 0.15 per day
HUMIRA(CF) PEN CROHN'S-UC-HS	3	CC PA QPD 0.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA(CF) PEN PEDIATRIC UC	3	CC PA QPD 0.15 per day
HUMIRA(CF) PEN PSOR-UV-ADOL HS	3	CC PA QPD 0.15 per day
SIMLANDI(CF)	3	CC PA QPD 0.15 per day
SIMLANDI(CF) AUTOINJECTOR	3	CC PA QPD 0.15 per day
VASODILATING AGENTS		
DIRECT VASODILATORS		
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	1	
NITRATES AND NITRITES		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate (10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	1	
NITRO-BID	2	
<i>nitroglycerin (0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASODILATING AGENTS (RESPIRATORY TRACT)		
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)		
ALYQ	3	CC PA QPD 2.0 per day
<i>sildenafil citrate 20 mg tablet</i>	3	CC PA QPD 12.0 per day
<i>tadalafil 20 mg tablet</i>	3	CC PA QPD 2.0 per day
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES		
VENTAVIS	3	CC PA QPD 9.0 per day
VITAMINS		
MULTIVITAMIN PREPARATIONS		
<i>prenatal with folic acid</i>	2	\$0
VITAMIN B COMPLEX		
<i>cyanocobalamin (vitamin b-12)</i>	1	QL 1 / 30 days
DIALYVITE	2	
<i>folic acid 1 mg tablet</i>	1	\$0
MYNEPHROCAPS	1	
MYNEPHRON	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RENA-VITE RX	1	
RENO CAPS	1	
TRIPHROCAPS	1	
VIRT-CAPS	1	
WESCAPS	1	
VITAMIN D		
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule)</i>	1	
<i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>	1	\$0
VITAMIN K ACTIVITY		
<i>phytonadione (vit k1) 5 mg tablet</i>	1	

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lanthanum carbonate	107	liothyronine sodium	123
lapatinib ditosylate	47	liraglutide	32
LARIN	99	lisinopril	116
LARIN 24 FE	99	lisinopril/hydrochlorothiazide	116
LARIN FE	99	lithium carbonate	77
latanoprost	37	LIVDELZI	90
LAYOLIS FE	99	LO LOESTRIN FE	100
LAZCLUZE	47	LO-ZUMANDIMINE	100
LEENA	99	LOESTRIN	100
leflunomide	82	LOESTRIN FE	100
lenalidomide	47	LOJAIMIESS	100
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LESSINA	99	LONSURF	47
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levalbuterol hcl	73	LORYNA	100
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levonorgestrel/ethinyl estradiol and ethinyl estradiol	100	LYLLANA	87
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MELEYA	100	minoxidil	126
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MERZEE	100	MONO-LINYAH	101
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ONUREG	49	chloride/potassium chloride	89
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REPATHA SURECLICK	39	SELZENTRY	61
REPATHA SYRINGE	40	sertraline hcl	30
RETACRIT	74	SETLAKIN	102
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ROSADAN	18	sodium polystyrene sulfonate	107
rosuvastatin calcium	39	sodium sulfate/potassium sulfate/magnesium sulfate	90
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