



San Francisco Health Plan Healthy Workers HMO Formulary

San Francisco Health Plan

# Healthy Workers HMO Prescription Drug Formulary

As of April 2025

This formulary was updated January 15, 2025. All previous versions are no longer in effect. The formulary is subject to change monthly and after each quarterly review by the San Francisco Health Plan Pharmacy & Therapeutics Committee.

Latest Formulary:

<https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/>

HW Benefits & Services:

<https://www.sfhp.org/programs/healthy-workers/benefits/>

# Informational Section

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## Introduction to the Formulary

The San Francisco Health Plan (SFHP) Formulary is a list of drug products that are approved by the Food and Drug Administration (FDA) and are eligible for coverage under the outpatient prescription benefit. Drugs on the SFHP Formulary are selected to reflect the most appropriate, high quality and cost-effective drug therapies. The SFHP Formulary includes brand and generic medications as well as some devices, in compliance with the Affordable Care Act (ACA) and California state regulations. The presence of a drug on the Formulary does not guarantee that you will be prescribed that drug by your provider.

## Definitions of Terms

The following is a list of common terms used throughout this Formulary and their meanings:

**“Brand name drug”** is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.

**“Coinsurance”** is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

**“Copayment”** is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

**“Deductible”** is the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

**“Drug Tier”** is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.

**“Enrollee”** is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscriber as defined in this section below.

**“Exception request”** is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

**“Exigent circumstances”** are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee’s life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug.

**“Formulary”** is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

**“Generic drug”** is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold and italicized lowercase*** letters.

**“Nonformulary drug”** is a prescription drug that is not listed on the health plan’s formulary.

**“Out-of-pocket cost”** are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

**“Pharmacy & Therapeutics Committee”** is a group of local prescribers and pharmacists that meet four times per year and determine which drugs will be on the formulary and the criteria used for the Prior Authorization review process.

**“Prescribing provider”** is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

**“Prescription”** is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

**“Prescription drug”** is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

**“Prior Authorization”** is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

**“Step therapy”** is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee’s prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

**“Subscriber”** means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

## **What is the difference between the outpatient prescription drug benefit and the medical benefit?**

The SFHP Formulary applies to the outpatient prescription drug benefit. The outpatient prescription drug benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded. A drug that is administered to you in a hospital or clinic by a health care professional is a medical benefit drug. Medical benefit drugs may include drugs for infusion therapy, blood products, and any drug that must be administered by a provider. Medical benefit drugs are not covered in the outpatient prescription drug benefit except for long-acting injectable drugs for necessary treatment of a mental health condition or substance use disorder. For more information on benefits under the Healthy Workers HMO plan please visit <https://www.sfhp.org/programs/healthy-workers/benefits/>.

## **Are any drugs excluded from the Formulary?**

The following drug classes are excluded from the Healthy Workers HMO Formulary:

- Drugs for use in sexual dysfunction, except when prescribed as a Medically Necessary Treatment of a Mental Health Condition or Substance Use Disorder.
- Compounded drug products when there are FDA approved and marketed products available for the diagnosis. Compounded drug products must also be demonstrated to be safe, effective, and stable for consideration of an exception to this exclusion.
- Healthcare provider administered drugs, except for long-acting injectable drugs for necessary treatment of a mental health condition or substance use disorder. Over-the-counter (OTC) vitamins that are not medically necessary, medications, and devices except aspirin to prevent cardiovascular disease and colorectal cancer for adults 50–59 years with a high cardiovascular risk, diabetic supplies, contraceptive devices and drugs, supplies and devices for the treatment of phenylketonuria (PKU), Medically Necessary Treatment of a Mental Health Condition or Substance Use Disorder, drugs to help you stop smoking, and prenatal vitamin, including folic acid and fluoride preparations if medically necessary and require a prescription.
- Prescriptions for drugs or devices which have not received approval from the FDA are excluded.

## **Who decides what drugs are on the Formulary?**

The SFHP Pharmacy and Therapeutics (P&T) Committee is responsible for selecting medications on the Formulary. The SFHP P&T Committee is composed of actively participating network physicians from various medical specialties and clinics and community clinical pharmacists along with the SFHP Chief Medical Officer and Pharmacy Director or designee. The SFHP P&T Committee reviews all new medications and new treatment guidelines to determine how well drugs work, the safety profile of the medications, and overall value when selecting the formulary list.

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 <https://www.sfhp.org/providers/pharmacy-services/prior-authorization-requests/>.

## How and when does the Formulary change?

The P&T Committee meets quarterly in January, April, July, and October to review Formulary changes based on safety, efficacy, and quality of care considerations. Quarterly Formulary updates approved during P&T Committee meetings go into effect by the 20<sup>th</sup> of the following month and are posted on the SFHP website for review. Other interim changes or updates will also be posted monthly for review. Once updated, previous Formulary documents are no longer considered in effect.

The following changes to the formulary may occur:

- A drug may be added to or removed from the Formulary
- A new generic form may be added to the Formulary when it becomes available
- A brand drug may be removed from the Formulary when a generic equal becomes available
- A drug may move tiers when a prior authorization or step requirements are added or removed
- Age or quantity limits may be added, removed, or changed

When a drug or dosage form is removed from the formulary or restrictions are added and it was previously approved for coverage for your medical condition, coverage for the drug will continue if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe for your condition. SFHP will notify you if a covered drug you are taking is removed from the formulary because the FDA deems the drug to be unsafe and it is removed from market, or because the manufacturer removes the drug from market.

The monthly updates to the SFHP Formulary can be accessed online from our website at <https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/>. You can also request information by calling SFHP Customer Service at **1(415) 547-7800** (local), **1(800) 288-5555** (toll-free), Monday–Friday, 8:30am–5:30pm.

## Filling a prescription

When you need medication, your Primary Care Physician (PCP) or referred specialist will prescribe it. You can obtain prescription drugs at any in-network retail pharmacy. To get the medication, take the prescription to a retail pharmacy listed in the Pharmacies section of the San Francisco Health Plan Healthy Workers HMO Provider Directory (<https://www.sfhp.org/programs/healthy-workers/find-a-provider/>) and show your enrollee ID card to the pharmacist. Prescriptions will be covered according to the SFHP Formulary document and restrictions outlined below.

## How to Read This Formulary

The SFHP Formulary document is listed alphabetically by drug class and includes the following information: drug name, dosage form, drug tier, along with any formulary restriction such as quantity limit, prior authorization or step therapy requirements.

### How can I find a drug on the Formulary list?

You can locate a prescription drug by looking up the therapeutic category and class of the drug or the **BRAND** or **generic** name of the drug in the alphabetical index. You can search this list by:

- Searching for the category or class to which the drug belongs and then searching for the name of the drug in alphabetical order OR
- Searching the index for the name of the drug in alphabetical order

### Formulary List

Drug type	How the drug name will appear in the formulary drug list
generic drug	<i>metronidazole oral tablet</i>
generic drug with a marketed brand name	<b><i>norgestimate</i></b> (Tri-Sprintec)
brand drug	ELIQUIS ORAL TABLET ( <b><i>apixaban</i></b> )

### How do I know if the drug listed is a brand or generic drug?

A drug is listed alphabetically by its **BRAND** and **generic** names in the therapeutic category and class to which it belongs. If a drug is only available as brand, the generic name is included after the brand name in parentheses and all ***bold and italicized lowercase*** letters. If a drug is available as a generic, it is listed by the generic name. Some generic drugs are marketed under a proprietary, trademark protected brand name. For these, the brand name will be listed after the generic name in parentheses and regular typeface with first letter of each word capitalized.

Generally, SFHP requires generic substitution when an equivalent generic product for a brand name drug is available (see Brand medication policy below). If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name

drug in all ***bold and italicized lowercase*** letters. If a generic equivalent for a brand name drug is not available or is not covered on the formulary, the drug will not be listed separately by its generic name.

### What if I cannot find a drug on the Formulary list?

If your medication is not listed in the SFHP Formulary list, it is called a nonformulary drug. Your provider must submit a prior authorization form to SFHP before the pharmacy can dispense the nonformulary drug. SFHP will review the request and determine if the medication will be authorized based on prior authorization criteria approved by the SFHP P&T Committee. Some Formulary medications also require your provider submit a prior authorization form before the pharmacy can dispense the drug if your prescription exceeds specific limits, requires step therapy, or is a medication with specific uses. SFHP's prior authorization criteria are approved by the SFHP P&T Committee and are consistent with professionally recognized treatment guidelines and standards of practice.

\* For more information about the prior authorization process, see the Formulary Restrictions section.

### What are Drug Tiers?

Drugs are placed on different tiers based on how they work, and their safety and cost compared to other drugs used for the same type of treatment.

- Tier 1 drugs are formulary generic drugs. Quantity and age limitations may apply.
- Tier 2 drugs are formulary brand name drugs. Quantity and age limitations may apply.
- Tier 3 drugs are formulary brand or generic drugs that require a prior authorization or require step therapy.
- Drugs with no tier are nonformulary drugs, excluded drugs, or drugs covered through the medical benefit.

Drug Tier		Coverage Requirements and Limits*
Tier 1	Formulary, generic	AL = Age Limit QL = Quantity Limit
Tier 2	Formulary, brand	
Tier 3	Formulary with Prior Authorization or Step Therapy required (may be brand or generic)	PA = Prior Authorization ST = Step Therapy

\*Drug tier and other restrictions are designated with symbols according to the key above. Please see the "Formulary Restrictions" section for further details on these limits.

Some medications may be listed in multiple tiers due to a particular strength being formulary and another strength or dosage form of the same medication requiring a prior authorization.

## Copayment Information:

Copayments for covered outpatient prescription medications are as described below. Cost-sharing does not exceed 50 percent of the cost to the plan.

The following copayments apply to prescriptions covered under the Healthy Workers HMO Formulary:

- **\$0 Copayment –**
  - Preventative medications, including but not limited to:
    - all contraceptives
    - medications approved for prevention of human immunodeficiency virus (HIV) infection
    - low-dose aspirin for heart disease prevention
    - vitamin D for fall prevention
    - statin medications for heart disease prevention
    - prenatal vitamins with folic acid
    - medications for tobacco cessation
  - Covid-19 Home Tests and Therapeutics provided at SFHP's in-network pharmacies.
- **\$5 Copayment** – generic medications listed on Tier 1 or Tier 3, and preferred brand medications listed on Tier 2 or Tier 3 that have a generic equivalent.
- **\$10 Copayment** – brand medications listed on Tier 2 or Tier 3

All \$0 copayment preventative medications on formulary are listed with the following symbol: 

The total amount of copayments and coinsurance an enrollee is required to pay does not exceed two hundred fifty dollars (\$250) for up to a 30-day supply of a covered outpatient prescription drug.

## Formulary Restrictions

The SFHP Formulary uses standard formulary restrictions designated with symbols including specific limits on drugs such as quantity limitations (QL) and age limitations (AL), step therapy (ST), and prior authorization (PA). All formulary restrictions are based on FDA approved indications, standards of practice, and safety considerations.

Prescriptions exceeding the formulary restrictions require that your prescriber submit a Prior Authorization request. Your pharmacist will get an electronic message from SFHP if a prescription has a formulary restriction requiring prior authorization and will inform you and your treating provider.

## What is Step Therapy?

Step Therapy (ST) medications require you to try one or more drugs to treat your medical condition before SFHP will cover a particular drug for the condition pursuant to a step therapy request. If your prescribing provider submits a request for step therapy exception, SFHP shall make exceptions to step therapy when the prior authorization criteria is met. SFHP will not require you to meet step therapy for a drug you are already taking as long as your provider continues to prescribe the drug, and the drug is still appropriate and considered safe and effective for your condition. To request exemption, a prior authorization should be submitted using the [Step Therapy Exception criteria](#).

Additional information for step therapy request approval can be found at

<https://www.sfhp.org/providers/pharmacy-services/prior-authorization-requests/> under the “Prior Authorization Criteria” section.

## What is the prior authorization request process?

The health plan shall cover nonformulary or restricted drugs when medically necessary. If a nonformulary drug, a drug restricted for prior authorization, a drug restricted for step therapy, or a prescription exceeding a quantity or age limitation is medically necessary; you or your provider can request SFHP to review the prescription for coverage. This process is called a prior authorization request or an exception request. Clinicians can submit a prior authorization request by:

1. **Fax:** Download a [Prior Authorization Request Form](#) and fax to **1(855) 461-2778** for both standard and urgent requests. Urgent requests should be clearly labeled “URGENT” at the top of the prior authorization request form.
2. **Phone:** Pharmacy Benefits Manager (PBM) Magellan at **1(800) 424-4331** to submit a verbal request.

The [Prior Authorization Request Form](#) can be accessed from our website at <https://www.sfhp.org/providers/pharmacy-services/prior-authorization-requests/>.

A pharmacist or Medical Director reviews all prior authorization requests and makes a decision to approve, approve with changes, deny, or ask your prescribing provider for more information based on criteria approved by the SFHP P&T Committee. Non-urgent requests are reviewed within 72 hours. When exigent circumstances exist, the request is expedited and reviewed within 24 hours. When exigent circumstances exist, the request may be labeled urgent. If the prior authorization request is approved, a message is sent by fax to the prescriber listed on the completed Prior Authorization Request Form, stating the medication will be covered by SFHP. When a non-urgent request is approved, the health plan will provide coverage for the duration of the prescription, including refills. When a request based on exigent circumstances is approved, the health plan will provide coverage for the duration of the exigency. If the health plan fails to respond to a completed prior authorization or step therapy request within 72 hours of receiving a non-urgent request or 24 hours of receiving a request based on exigent circumstances, the request is deemed granted for the duration of the prescription, including refills.

If the prior authorization request is denied or approved with changes, SFHP will send a letter to you and the prescribing provider. This letter includes the criteria reason for SFHP's decision. We also include instructions for how you may appeal if you disagree with the decision. If you disagree with SFHP's denial or approval with changes, you may submit an appeal to SFHP. SFHP will review your appeal within thirty (30) days. If your appeal is urgent, it will be reviewed within 72 hours. If your appeal is about a drug that is not on SFHP's formulary, you may file a grievance seeking an external exception request review. A grievance seeking an external exception request review is reviewed by an external review organization. An external review organization is not affiliated with or employed by SFHP. The external review organization will decide whether SFHP should cover the non-formulary drug based on your medical need. SFHP will notify you and your prescribing physician of the decision within 72 hours. If the original request was expedited, SFHP will notify you and your prescribing physician within 24 hours.

**\*\*Note:** Pursuant to section 1367.22 of the Health and Safety Code, SFHP will not limit or exclude coverage for a drug if the health plan previously approved coverage of the drug for an enrollee's medical condition and the prescribing provider continues to prescribe the drug for the medical condition, provided that the drug is appropriately prescribed and safe and effective for treating the enrollee's medical condition.

## Other Formulary Policies

### **Brand medication policy**

SFHP has a mandatory generic policy and requires generic substitution when an equivalent AB-rated generic or interchangeable biologic product for a brand name drug is available. Dispensing of these brand name drugs is allowed only in certain cases:

- Pharmacy bills brand medication as a generic product.
- Pharmacy is dispensing one (1) of the following narrow therapeutic index drugs/classes: Dilantin (phenytoin), thyroid hormones, Coumadin (warfarin).
- Prior authorization with documentation that two (2) generic medications from different manufacturers were tried and did not meet the medical needs of the Enrollee.

A prior authorization request should be submitted using the instructions above.

There may be rare exceptions to this policy. If the brand medication is included or preferred on the formulary when an equivalent generic or interchangeable biologic product is available, the lowest cost share (generic copayment) will apply.

### **Day supply policy**

SFHP standard day supply policy is 30-day supply prescription limit for most brand medications and 90-day supply prescription limit for generic medications with some exceptions. Refills are allowed when 75% of the medication has been used, except for opiate pain medications where refills are allowed when 90% of the medication has been used.

Exceptions to the 30-day supply prescription limit policy for brand medications are as follows:

- Up to a 12-month supply is allowed for contraceptives and contraceptive devices
- Up to 100-day supply is allowed for test strips, lancets, insulin syringes and urine ketone testing strips
- Up to 90-day supply is allowed for select medications used for treatment of chronic conditions. Examples of drug classes covered under this policy include but are not limited to antidiabetic medications including insulin, anticonvulsants, anticoagulants, antidepressants, antihyperlipidemics, antihypertensives, inhaled steroids.

Exceptions to the 90-day supply prescription limit policy for generic medications are as follows:

- Maximum of 30-day supply per fill is allowed for all opiate medications
- Maximum of 14-day supply per fill is allowed for Hepatitis C medications.

### **Therapeutic interchange policy**

Per American College of Clinical Pharmacy (ACCP), therapeutic interchange is defined as the dispensing of a drug that is therapeutically equivalent to but chemically different from the drug originally prescribed by a physician or other authorized prescriber. SFHP follows ACCP's definition of therapeutic interchange and will only employ therapeutic interchange with prescriber's approval. Criteria for consideration in therapeutic interchange include availability of agents within a therapeutic class, therapeutic equivalence, safety data, and costs.

### **Contraceptive policy**

Contraceptives are medications or devices, such as diaphragms, that help prevent pregnancy. SFHP covers up to a 12-month supply per prescription of FDA-approved contraceptives medications and devices including emergency contraception with no copayment.

### **Diabetic care policy**

SFHP covers FDA-approved medications for the treatment of diabetes, and diabetic testing devices and supplies. Covered devices and supplies include glucose monitors, test strips, syringes, lancets, and alcohol wipes.

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**ENGLISH - ATTENTION:** If you need help in your language, call **1(415) 547-7800** (TTY: **1(415) 547-7830** or **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1(415) 547-7800** (TTY: **1(415) 547-7830** or **711**). These services are free.

**يُرجى الانتباه، إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1(415) 547-7800 (TTY: 1(415) 547-7830 أو 711).**  
توفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برييل والخط الكبير.  
**اتصل بـ 1(415) 547-7800 (TTY: 1(415) 547-7830 أو 711). هذه الخدمات مجانية.**

**Հայերեն (ARMENIAN) - ՈՒՇԱԴՐՈՒԹՅՈՒՆ:** Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով,  
զանգահարեք **1(415) 547-7800** (TTY: **1(415) 547-7830** կամ **711**): Կան նաև օժանդակ միջոցներ ու  
ծառայություններ հաշվանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով  
ու խոշորատար տպագրված նյութեր: Զանգահարեք **1(415) 547-7800** (TTY: **1(415) 547-7830** կամ **711**):  
Այս ծառայություններն անվճար են:

**ខ្មែរ (CAMBODIAN) - ចំណាំ បើមុន ត្រូវ ការជំនួយ ជាតិសាស្ត្រ បែង្ហាញ សុខ ទូរសព្ទទៅលើខ្លួន  
1(415) 547-7800 (TTY: **1(415) 547-7830 ឬ 711**)។ ជំនួយ នឹង សេវាកម្ម សម្រាប់ ដែកនាំ ផ្តល់ជាតិសាស្ត្រ សេវាសង្គម និង សេវាសង្គម សម្រាប់ ដែកនាំ ផ្តល់ជាតិសាស្ត្រ ទៅលើខ្លួន។  
ទូរសព្ទមការលើខ្លួន 1(415) 547-7800 (TTY: **1(415) 547-7830 ឬ 711**)។ សេវាកម្ម និង សេវាសង្គម និង សេវាសង្គម ទៅលើខ្លួន 1(415) 547-7800 (TTY: **1(415) 547-7830 ឬ 711**)។**

**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: **1(415) 547-7830** 或 **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: **1(415) 547-7830** 或 **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: **1(415) 547-7830** 或 **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: **1(415) 547-7830** 或 **711**)。這些服務是免費的。

**فارسی (FARSI) -** توجه: اگر می خواهید به زبان خود کمک دریافت کنید، با **1(415) 547-7800** (TTY: **1(415) 547-7830 یا 711**) تماس بگیرید. کمک ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط بربل و چاپ با حروف بزرگ، نیز موجود است. با **1(415) 547-7800** (TTY: **1(415) 547-7830 یا 711**) تماس بگیرید. این خدمات رایگان هستند.

**हिन्दी (HINDI) -** ध्यान दें: यदि आपको अपनी भाषा में मदद चाहिए, तो **1(415) 547-7800** (TTY: **1(415) 547-7830** पर कॉल करें या **711**)। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे ब्रेल और बड़े प्रिंट में दस्तावेज़ भी उपलब्ध हैं। **1(415) 547-7800** (TTY: **1(415) 547-7830** पर कॉल करें या **711**)। ये सेवाएँ निःशुल्क हैं।

**HMOOB (HMONG) -** CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1(415) 547-7800** (TTY: **1(415) 547-7830**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1(415) 547-7800** (TTY: **1(415) 547-7830** los sis **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: **1(415) 547-7830** または **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: **1(415) 547-7830** または **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: **1(415) 547-7830** 또는 **711**으로 전화하십시오). 점자 및 큰 글씨로 된 문서 등 장애인을 위한 보조 도구와 서비스도 제공됩니다. **1(415) 547-7800** (TTY: **1(415) 547-7830** 또는 **711**으로 전화하십시오). 이러한 서비스는 무료입니다.

ພາກພາວ (LAO) - ຂໍຄວນວະວັງ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາກພາຂອງທ່ານ, ໃຫ້ໃຫ້ທ່າ  
1(415) 547-7800 (TTY: 1(415) 547-7830 ຫຼື 711). ການຊ່ວຍເຫຼືອ ດະວະ ການບໍລິການສໍາວັບຄົນຜິການເຊັ່ນ:  
ເອກະພານທີ່ເປັນດົວອັກສອນບຸນ ດະວະ ຕົວເມີນຂະໜາດໃຫຍ່ ຄູມ່ນລັງມືຢຸ່. ໂທ  
1(415) 547-7800 (TTY: 1(415) 547-7830 ຫຼື 711). ການບໍລິການເຫຼື່ອນັ້ນແມ່ນຝົກ.

**MIEN (MIEN)** - LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1(415) 547-7800** (TTY: **1(415) 547-7830** a/fai **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: **1(415) 547-7830** a/fai **711**). Naaiv deix gong benx wangy henh tengx oc.

**ਪੰਜਾਬੀ (PUNJABI)** - ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1(415) 547-7800** (TTY: **1(415) 547-7830** ਜਾਂ **711**)  
ਤੇ ਕਾਲ ਕਰੋ। ਅਪਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ  
**1(415) 547-7800** (TTY: **1(415) 547-7830** ਜਾਂ **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: **1(415) 547-7830** или **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: **1(415) 547-7830** или **711**). Эти услуги являются бесплатными.

**ESPAÑOL (SPANISH)** - ATENCIÓN: si necesita ayuda en su idioma, llame al **1(415) 547-7800** (TTY: **1(415) 547-7830** o al **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: **1(415) 547-7830** o al **711**). Estos servicios son gratuitos.

**TAGALOG (TAGALOG-FILIPINO)** - ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1(415) 547-7800** (TTY: **1(415) 547-7830** o **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: **1(415) 547-7830** o **711**). Libre ang mga serbisyoong ito.

**ภาษาไทย (THAI)** - โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรรหัสพีไอทีหมายเลข  
**1(415) 547-7800** (TTY: **1(415) 547-7830** หรือ **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ  
สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยหัวอักษรขนาดใหญ่ กรุณาโทรรหัสพีไอทีหมายเลข  
**1(415) 547-7800** (TTY: **1(415) 547-7830** หรือ **711**) บริการไม่มีค่าใช้จ่ายใด ๆ

**УКРАЇНСЬКОЮ (UKRAINIAN)** - УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1(415) 547-7800** (TTY: **1(415) 547-7830** або **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: **1(415) 547-7830** або **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: **1(415) 547-7830** hoặc **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: **1(415) 547-7830** hoặc **711**). Những dịch vụ này đều là miễn phí.

## NONDISCRIMINATION NOTICE

Discrimination is against the law. San Francisco Health Plan (SFHP) follows Federal civil rights laws. SFHP does not discriminate, exclude people, or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

SFHP provides:

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

If you need these services, contact SFHP Customer Service between 8:30am and 5:30pm, Monday through Friday, by calling **1(415) 547-7800** or **1(800) 288-5555** (toll-free). Or, if you cannot hear or speak well, please call TTY **1(415) 547-7800** or **1(888) 883-7347** (toll-free).

## HOW TO FILE A GRIEVANCE

If you believe that SFHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with SFHP. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact SFHP between 8:30am and 5:30pm, Monday through Friday, by calling **1(415) 547-7800** or **1(800) 288-5555** (toll-free). Or, if you cannot hear or speak well, please call TTY **1(415) 547-7830** or **1(888) 883-7347** (toll-free).
- In writing: Fill out a complaint form or write a letter and send it to:

San Francisco Health Plan  
P.O. Box 194247  
San Francisco, CA 94119
- In person: Visit your doctor's office or SFHP's Service Center and say you want to file a grievance. SFHP's Service Center is located at 7 Spring Street, San Francisco, CA 94104.
- Electronically: Visit SFHP's website at **sfhp.org**.

## OFFICE OF CIVIL RIGHTS

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the

U.S. Department of Health and Human Services, Office for Civil Rights, by phone, in writing, or electronically:

- By phone: Call **1(800) 368-1019**. If you cannot speak or hear well, please call TTY **1(800) 537-7697**.
- In writing: Fill out a complaint form or send a letter to:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Electronically: Visit the Office for Civil Rights Complaint Portal at <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

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## 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 \$0	20.0 per day
<b>DEVICES</b>			
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>blood pressure test kit-large kit</i>	1		
<i>covid-19 antigen immunoassay test</i>	2	QL \$0	8 / 30 days
<i>covid-19 molecular nucleic acid test assay</i>	2	QL \$0	8 / 30 days
<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		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>nasal airflow strips strip</i>	2		
<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
<b>DIAGNOSTIC AGENTS</b>			
<b>DIABETES MELLITUS</b>			
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
<b>EMOLLIENTS, DEMULCENTS, AND PROTECTANTS</b>			
<b>BASIC LOTIONS AND LINIMENTS</b>			
<i>ammonium lactate 12 % lotion</i>	1		
<b>BASIC OINTMENTS AND PROTECTANTS</b>			
<i>ammonium lactate 12 % cream (g)</i>	1		
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>			
<b>ANTIALLERGIC AGENTS</b>			
ALAWAY	1		
ALLERGY EYE DROPS	1		
CHILDREN'S ALAWAY	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
EYE ITCH RELIEF	1		
<i>ketotifen fumarate 0.025 % drops</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		
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>			
<b>CONTRACEPTIVES</b>			
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
<b>INSULINS</b>		
<b>INTERMEDIATE-ACTING INSULINS</b>		
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
<b>SHORT-ACTING INSULINS</b>		
HUMULIN R	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
<b>NONHORMONAL CONTRACEPTIVES</b>		
<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
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<b>REVERSIBLE COX-1/COX-2 INHIBITORS</b>		
<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
BP 5% GEL	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 0.4 mg tablet</i>	1	\$0
<i>folic acid 1 mg tablet</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(SYMPATH) 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 phosphate (300mg-15mg tablet, 300mg-30mg 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 CC PA	15 / 30 days
<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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<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
<b>OPIOID PARTIAL AGONISTS</b>			
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 CC PA	120 / 30 days
<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 CC PA	120 / 30 days
<b>ANOREXIGENIC AGENTS</b>			
<b>AMPHETAMINE DERIVATIVES</b>			
<i>phentermine hcl (15 mg capsule, 30 mg capsule, 37.5 mg capsule, 37.5 mg tablet)</i>	3	QL CC PA	30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
ANOREXIGENIC AGENTS		
CONTRAVE	3	QL 120 / 30 days CC PA QPD 4.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<b>RESPIRATORY AND CNS STIMULANTS</b>			
<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
<b>METADATE ER</b>	1		
<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
<b>WAKEFULNESS-PROMOTING AGENTS</b>			
<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
<b>ANTI-INFECTIVE AGENTS</b>		
<b>ANTHELMINTICS</b>		
<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
<b>URINARY ANTI-INFECTIVES</b>		
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate/macrocystals</i>	1	
<i>trimethoprim 100 mg tablet</i>	1	
<b>ANTI-INFECTIVES (EENT)</b>		
<b>ANTI-INFECTIVES, MISCELLANEOUS (52:04)</b>		
<i>acetic acid 2 % solution</i>	1	
<i>hydrocortisone/acetic acid 1 %-2 % drops</i>	1	
<b>ANTIBACTERIALS (52:04)</b>		
<i>AK-POLY-BAC</i>	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 hydiate 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	
GENTAK	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 EYE OINTMENT	3	ST
<i>tobramycin 0.3 % drops</i>	1	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
<i>metronidazole 0.75 % lotion</i>	1	QL	60 / 30 days	
<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	
<b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)</b>				
<i>acyclovir 5 % cream (g)</i>	3	CC PA QPD	0.17 per day	
<i>acyclovir 5 % oint. (g)</i>	3	QL CC PA QPD	0.5 / day 0.5 per day	
<b>ASTRINGENTS, ANTI-INFECTIVE</b>				
<i>selenium sulfide 2.5 % lotion</i>	1			
<i>silver sulfadiazine 1 % cream (g)</i>	1			
<b>SCABICIDES AND PEDICULICIDES</b>				
<i>malathion</i>	3	QL CC PA	59 / fill	
<i>permethrin 5 % cream (g)</i>	1	QL CC	120 / fill	
<i>spinosad</i>	3	C PA	Limit of 120 ml per fill equates to a limit of 1 bottle per fill	

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	
halobetasol propionate (0.05 % cream (g), 0.05 % oint. (g))	1	QPD	4.0 per day
HEMMOREX-HC 25 MG SUPPOSITORY	1		
hydrocortisone 1 % cream (g)	1	CC	
hydrocortisone 2.5 % crm/pe app	1	QPD	8.0 per day
hydrocortisone 100mg/60ml enema	1		
hydrocortisone (2.5 % cream (g), 2.5 % lotion, 2.5 % oint. (g))	1	QPD	8.0 per day
hydrocortisone acetate 25 mg supp.rect	1		
mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)	1	QPD	8.0 per day
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))	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
triamcinolone acetonide (0.025 % cream (g), 0.025 % lotion, 0.025 % oint. (g), 0.1 % lotion, 0.5 % cream (g), 0.5 % oint. (g))	1	QPD	8.0 per day
triamcinolone acetonide (0.1 % cream (g), 0.1 % oint. (g))	1	QPD	16.0 per day
triamcinolone acetonide 0.1 % paste (g)	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)</i>	3	QL CC ST AL QPD	30 / 30 days At least 2 yrs old 1.0 per day
<i>tacrolimus 0.1 % oint. (g)</i>	3	QL CC ST AL QPD	30 / 30 days At least 16 yrs old 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		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quinidine sulfate (200 mg tablet, 300 mg tablet)</i>	1	
<b>CLASS IB ANTIARRHYTHMICS</b>		
<i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>	1	
<b>CLASS IC ANTIARRHYTHMICS</b>		
<i>flecainide acetate</i>	1	
<i>propafenone hcl (150 mg tablet, 225 mg tablet, 300 mg tablet)</i>	1	
<b>CLASS III ANTIARRHYTHMICS</b>		
<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	
<b>CLASS IV ANTIARRHYTHMICS</b>		
CARTIA XT	1	
DILT-XR	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<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		
<b>ANTIBACTERIALS (08:12)</b>			
<b>AMINOGLYCOSIDE ANTIBIOTICS</b>			
<i>neomycin sulfate 500 mg tablet</i>	1		
<i>tobramycin in 0.225 % sodium chloride</i>	3	CC PA QPD	5.0 per day
<b>QUINOLONE ANTIBIOTICS</b>			
<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		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>SULFONAMIDE ANTIBIOTICS (SYSTEMIC)</b>		
sulfadiazine 500 mg tablet	1	
sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160 mg tablet)	1	
sulfasalazine (500 mg tablet, 500 mg tablet dr)	1	
<b>TETRACYCLINE ANTIBIOTICS</b>		
AVIDOXY	1	
doxycycline hydiate (50 mg capsule, 100 mg capsule, 100 mg tablet)	1	QL 60 / 30 days
doxycycline monohydrate (50 mg capsule, 100 mg capsule, 100 mg tablet)	1	QL 60 / 30 days
LYMEPAK	1	QL 60 / 30 days
minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)	1	QL 60 / 30 days
MONDOXYNE NL 100 MG CAPSULE	1	
<b>ANTIBACTERIALS, MISCELLANEOUS</b>		
<b>GLYCOPEPTIDE ANTIBIOTICS</b>		
vancomycin hcl (125 mg capsule, 250 mg capsule)	1	
<b>LINCOMYCIN ANTIBIOTICS</b>		
CLEOCIN 100 MG VAGINAL OVULE	2	
CLINDACIN P	1	
clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)	1	
clindamycin phosphate (1 % gel (gram), 1 % lotion, 1 % med. swab, 1 % solution, 2 % cream/appi)	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
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		
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
STIOLTO RESPIMAT	2	QPD	0.14 per day
SYMAX-SL	1		
SYMAX-SR	1		
TRELEGY ELLIPTA	3	ST QPD	2.0 per day
<b>ANTICOAGULANTS</b>			
<b>COUMARIN DERIVATIVES</b>			
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		
<b>DIRECT FACTOR XA INHIBITORS</b>			
ELIQUIS DVT-PE TREAT START 5MG	2	QL	74 / 30 days
ELIQUIS (2.5 MG TABLET, 5 MG TABLET)	2	QL	60 / 30 days
XARELTO 1 MG/ML SUSPENSION	2	QPD	20.0 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
<b>DIRECT THROMBIN INHIBITORS</b>			
<i>dabigatran etexilate mesylate (75 mg capsule, 150 mg capsule)</i>	3	QL CC PA QPD	60 / 30 days 2.0 per day
<i>dabigatran etexilate mesylate 110 mg capsule</i>	3	CC PA QPD	2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>HEPARINS</b>		
<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	
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS, MISCELLANEOUS</b>		
<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	
<b>EPITOL</b>	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	
<b>ROWEEPRA</b>	1	
<b>SUBVENITE</b>	1	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>BARBITURATES (ANTICONVULSANTS)</b>		
<i>primidone (50 mg tablet, 250 mg tablet)</i>	1	
<b>BENZODIAZEPINES (ANTICONVULSANTS)</b>		
<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
<b>GABA-MEDIATED ANTICONVULSANTS</b>		
<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	
<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	
<b>HYDANTOINS</b>		
<i>DILANTIN 100 MG CAPSULE</i>	2	
<i>PHENYTEK</i>	2	
<i>phenytoin sodium extended</i>	1	
<b>ION CHANNEL INHIBITION AGENTS</b>		
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 CC PA
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<b>SEROTONIN MODULATORS</b>		
<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	
<b>TRICYCLICS, OTHER NOREPI-RU INHIBITORS</b>		
<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	
<b>ANTIDIABETIC AGENTS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>BIGUANIDES</b>		
<i>metformin hcl (500 mg tab er 24h, 500 mg tablet, 750 mg tab er 24h, 850 mg tablet, 1000 mg tablet)</i>	1	
<b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS</b>		
<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
<b>INCRETIN MIMETICS</b>		
<i>MOUNJARO</i>	3	CC ST QPD 0.08 per day
<i>OZEMPIC</i>	3	CC ST QPD 0.108 per day
<i>RYBELSUS</i>	3	CC ST QPD 1.0 per day
<i>SAXENDA</i>	3	CC PA QPD 0.5 per day
<i>VICTOZA 2-PAK</i>	3	QL 27 / 90 days CC ST QPD 0.3 per day B4G

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
VICTOZA 3-PAK	3	QL CC ST QPD B4G	27 / 90 days  0.3 per day  B4G
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, 2.5 MG/0.5 ML VIAL, 5 MG/0.5 ML PEN, 5 MG/0.5 ML VIAL, 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
<b>MEGLITINIDES</b>			
<i>nateglinide</i>	1		
<i>repaglinide</i>	1		
<b>SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB</b>			
FARXIGA	3	CC ST QPD	1.0 per day
GLYXAMBI	3	CC ST QPD	1.0 per day
JARDIANCE	3	CC ST QPD	1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
SYNJARDY	3	CC ST QPD	2.0 per day	
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	3	CC ST QPD	2.0 per day	
SYNJARDY XR 25-1,000 MG TABLET	3	CC ST QPD	1.0 per day	
TRIJARDY XR	3	CC ST QPD	1.0 per day	
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	3	CC ST 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)	3	CC ST 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THIAZOLIDINEDIONES		
<i>pioglitazone hcl</i>	1	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	1			
<i>prochlorperazine</i>	1			
<i>prochlorperazine maleate (5 mg tablet, 10 mg tablet)</i>	1			
<b>NEUROKININ-1 RECEPTOR ANTAGONISTS</b>				
AKYNZEO 300-0.5 MG CAPSULE	3	QL CC PA	2 / 30 days	
<i>aprepitant (80 mg capsule, 125 mg capsule, 125mg-80mg cap ds pk)</i>	3	QL CC PA	6 / 30 days	
<i>aprepitant 40 mg capsule</i>	3	QL CC PA	1 per fill	
<b>ANTIFUNGAL (SYSTEMIC)</b>				
<b>ANTIFUNGALS, MISCELLANEOUS</b>				
<i>griseofulvin ultramicrosize (125 mg tablet, 250 mg tablet)</i>	1			
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	1			
<b>AZOLE ANTIFUNGALS</b>				
<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
<b>ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)</b>			
<b>ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)</b>			
<i>terbinafine hcl 250 mg tablet</i>	1	QL	180 / 365 days
<b>AZOLES (SKIN AND MUCOUS MEMBRANE)</b>			
<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
GYNIAZOLE 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		
<b>HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)</b>			
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
<b>POLYENES (SKIN AND MUCOUS MEMBRANE)</b>			
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		
<b>ANTIGLAUCOMA AGENTS</b>			
<b>ALPHA-ADRENERGIC AGONISTS (EENT)</b>			
<i>brimonidine tartrate (0.1 % drops, 0.15 % drops, 0.2 % drops)</i>	1		
<i>brimonidine tartrate/timolol maleate</i>	1		
<b>BETA-ADRENERGIC BLOCKING AGENTS (EENT)</b>			
<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		
<b>CARBONIC ANHYDRASE INHIBITORS (EENT)</b>			
<i>acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)</i>	1		
<i>dorzolamide hcl</i>	1		
<b>MIOTICS</b>			
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	1		
<b>PROSTAGLANDIN ANALOGS</b>			
<i>bimatoprost 0.03 % drops</i>	1		
<i>latanoprost 0.005 % drops</i>	1		
<i>travoprost</i>	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIHEMORRHAGIC AGENTS</b>		
<b>HEMOSTATICS</b>		
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	
<b>ANTIHISTAMINE DRUGS</b>		
<b>SECOND GENERATION ANTIHISTAMINES</b>		
<i>desloratadine 5 mg tablet</i>	1	
<i>levocetirizine dihydrochloride 5 mg tablet</i>	1	
<b>ANTIHYPOLYCEMIC AGENTS</b>		
<b>GLYCOGENOLYTIC AGENTS</b>		
BAQSIMI	2	
GLUCAGON 1 MG EMERGENCY KIT	1	
<b>ANTILIPIDEMIC AGENTS</b>		
<b>ANTILIPIDEMIC AGENTS, MISCELLANEOUS</b>		
<i>niacin 500 mg tablet</i>	1	
NIACOR	1	
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine</i>	1	
<i>cholestyramine (with sugar) (4 g powd pack, 4 g powder)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cholestyramine/aspartame (cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder)</i>	1	
<i>colestipol hcl 1 g tablet</i>	1	
PREVALITE (PACKET, POWDER)	1	
<b>CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	1	
<b>FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (54 mg tablet, 160 mg tablet)</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate,micronized (43 mg capsule, 67 mg capsule, 130 mg capsule, 134 mg capsule, 200 mg capsule)</i>	1	
<i>fenofibric acid (choline)</i>	1	
<i>gemfibrozil 600 mg tablet</i>	1	
<b>HMG-COA REDUCTASE INHIBITORS</b>		
<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
<b>PCSK9 INHIBITORS</b>		
PRALUENT PEN	3	CC PA QPD 0.07 per day
REPATHA PUSHTRONEX	3	CC PA QPD 0.2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
REPATHA SURECLICK	3	CC PA QPD 0.08 per day		
REPATHA SYRINGE	3	CC PA QPD 0.08 per day		
<b>ANTIMETABOLITES, IMMUNOSUPPRESS THERAPY</b>				
<b>ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC</b>				
<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			
<b>ANTIMIGRAINE AGENTS</b>				
<b>CALCITONIN GENE-RELATED PEPTIDE ANTAG.</b>				
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		

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
PRIFTIN	2		
<i>pyrazinamide 500 mg tablet</i>	1		
<i>rifabutin</i>	1		
<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	
TRECATOR	2		
<b>ANTINEOPLASTIC AGENTS</b>			
<i>abiraterone acetate 250 mg tablet</i>	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	
AYVAKIT	3	CC PA	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	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
COTELLIC	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cyclophosphamide (25 mg capsule, 50 mg capsule)	3	CC PA
DANZITEN	3	CC PA
dasatinib	3	CC PA
DAURISMO	3	CC PA
EMCYT	3	CC PA
ERIVEDGE	3	CC PA
ERLEADA	3	CC PA
erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)	3	CC PA
everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)	1	
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)	3	CC PA
exemestane	1	\$0
EXKIVITY	3	CC PA
FARYDAK	3	CC PA
FOTIVDA	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FRUZAQLA	3	CC PA
<i>gefitinib</i>	3	CC PA
GILOTRIF	3	CC PA
GLEOSTINE	3	CC PA
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	3	CC PA
<i>hydroxyurea 500 mg capsule</i>	1	
IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	3	CC PA
ICLUSIG	3	CC PA
IDHIFA	3	CC PA
<i>imatinib mesylate</i>	3	CC PA
IMBRUVICA (70 MG CAPSULE, 140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	3	CC PA
INLYTA	3	CC PA
INQOVI	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INREBIC	3	CC PA
ITOVEBI	3	CC PA
IWILFIN	3	CC PA
JAKAFI	3	CC PA
JAYPIRCA	3	CC PA
KISQALI	3	CC PA
KOSELUGO	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
LONSURF	3	PA	
LORBRENA	3	CC PA	
LUMAKRAS	3	CC PA	
LYNPARZA	3	CC PA	
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 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 CC	16 / 28 days
MYLERAN	3	CC PA	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NERLYNX	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
PURIXAN	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QINLOCK	3	CC PA
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
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
SPRYCEL	3	CC PA
STIVARGA	3	CC PA
<i>sunitinib malate</i>	3	CC PA
SYNRIBO	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TABLOID	3	PA
TABRECTA	3	CC PA
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	3	CC PA
TAGRISSO	3	CC PA
TALZENNA	3	CC PA
TASIGNA	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
TRUSELTIQ	3	CC PA
TUKYSA	3	CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TURALIO	3	CC PA
VANFLYTA	3	CC PA
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XTANDI (40 MG CAPSULE, 40 MG TABLET, 80 MG TABLET)	3	CC PA
YONSA	3	CC PA
ZEJULA (100 MG CAPSULE, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	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 rapi-dis, carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tab rapi-dis, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-250mg tab rapi-dis, 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		
AMEBICIDES		
<i>paromomycin sulfate 250 mg capsule</i>	1	
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 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS				
<i>nitazoxanide 500 mg tablet</i>	1	QL	30 / 365 days	
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/applicator, 250 mg tablet, 500 mg tablet)</i>	1			
ANTIPSYCHOTIC AGENTS				
ATYPICAL ANTIPSYCHOTICS				
ABILIFY ASIMTUFII 720 MG/2.4ML	3	QL CC ST	2.4/60 days	
ABILIFY ASIMTUFII 960 MG/3.2ML	3	QL CC ST	3.2 / 60 days	
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	3	QL CC ST	1 / 30 days	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<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 CC ST	3.9 / 60 days
ARISTADA ER 441 MG/1.6 ML SYRN	3	QL CC ST	1.6 / 30 days
ARISTADA ER 662 MG/2.4 ML SYRN	3	QL CC ST	2.4 / 30 days
ARISTADA ER 882 MG/3.2 ML SYRN	3	QL CC ST	3.2 / 30 days
ARISTADA INITIO	3	QL CC ST	2.4 / 42 days
<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 CC ST	0.75 / 30 days
ERZOFRI 156 MG/ML SYRINGE	3	QL CC ST	1 / 30 days
ERZOFRI 234 MG/1.5 ML SYRINGE	3	QL CC ST	1.5 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
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		
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		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
INVEGA TRINZA 273 MG/0.88 ML	3	QL CC ST	0.88 / 90 days
INVEGA TRINZA 410 MG/1.32 ML	3	QL CC ST	1.32 / 90 days
INVEGA TRINZA 546 MG/1.75 ML	3	QL CC ST	1.75 / 90 days
INVEGA TRINZA 819 MG/2.63 ML	3	QL CC ST	2.63 / 90 days
<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 CC ST	1 / 30 days
<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 CC ST	1 / 14 days
UZEDY ER 100 MG/0.28 ML SYRING	3	QL CC ST	0.28 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
UZEDY ER 125 MG/0.35 ML SYRING	3	QL CC ST	0.35 / 30 days
UZEDY ER 150 MG/0.42 ML SYRING	3	QL CC ST	0.42 / 30 days
UZEDY ER 200 MG/0.56 ML SYRING	3	QL CC ST	0.56 / 30 days
UZEDY ER 250 MG/0.7 ML SYRINGE	3	QL CC ST	0.7 / 30 days
UZEDY ER 50 MG/0.14 ML SYRINGE	3	QL CC ST	0.14 / 30 days
UZEDY ER 75 MG/0.21 ML SYRINGE	3	QL CC ST	0.21 / 30 days
<i>ziprasidone hcl</i>	1		
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT, 300 MG VIAL, 300 MG VL KIT)	3	QL CC ST	2 / 30 days
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	3	QL CC ST	1 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>BUTYROPHENONES</b>		
<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
<i>haloperidol lactate 2 mg/ml oral conc</i>	1	
<b>DIBENZOXAPINES</b>		
<i>loxpipine succinate</i>	1	
<b>DIPHENYLBUTYLPERIDINES</b>		
<i>pimozide</i>	1	
<b>PHENOTHIAZINES</b>		
<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	
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIRETROVIRALS		
ANTIRETROVIRALS, MISCELLANEOUS		
TYBOST	2	
HIV ENTRY AND FUSION INHIBITORS		
FUZEON	3	CC PA
<i>maraviroc</i>	1	
SELZENTRY (25 MG TABLET, 75 MG TABLET)	2	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
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.TRANSKRIP. 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nevirapine (50 mg/5 ml oral susp, 100 mg tab er 24h, 200 mg tablet, 400 mg tab er 24h)</i>	1	
<b>HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS</b>		
<i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>	1	
<i>abacavir sulfate/lamivudine</i>	1	
COMPLERA	2	
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/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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIUMEQ	2	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	2	
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	1	
<b>HIV PROTEASE INHIBITOR ANTIRETROVIRALS</b>		
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTITHROMBOTIC AGENTS</b>		
<b>PLATELET-AGGREGATION INHIBITORS</b>		
BRILINTA	2	QL 60 / 30 days
<i>cilostazol</i>	1	QL 60 / 30 days
<i>clopidogrel bisulfate 75 mg tablet</i>	1	
<i>prasugrel hcl</i>	1	QL 30 / 30 days
<b>PLATELET-REDUCING AGENTS</b>		
<i>anagrelide hcl</i>	1	
<b>ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES</b>		
<b>TOXOIDS</b>		
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
<b>VACCINES</b>		
ABRYSVO	2	
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
BEXSERO	2	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAPVAXIVE	2	\$0
COMIRNATY 2024-2025	2	\$0
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	2	\$0
FLUARIX TRIVALENT 2024-2025	2	QL \$0 1 fill/year
FLUBLOK TRIVALENT 2024-2025	2	QL \$0 1 fill/year
FLUCELVAX TRIVALENT 2024-2025 (2024-2025 SYR, 2024-2025 VL)	2	QL \$0 1 fill/year
FLULALVAL TRIVALENT 2024-2025	2	QL \$0 1 fill/year
FLUZONE TRIVALENT 2024-2025 (2024-25 SYRG, 2024-25 VIAL)	2	QL \$0 1 fill/year
GARDASIL 9 (9 SYRINGE, 9 VIAL)	2	\$0
HAVRIX	2	QL \$0 1 fill/6 months
HEPLISAV-B	2	\$0
IMOVAX RABIES VACCINE	2	
IPOP (SINGLE DOSE SYRINGE, VIAL)	2	
IXCHIQ	2	
IXIARO	2	
JYNNEOS	2	
JYNNEOS (NATIONAL STOCKPILE)	2	
M-M-R II VACCINE	2	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
MRESVIA	2	AL At least 60 yrs old
NOVAVAX COVID 2024-2025 (EUA)	2	\$0
PENBRAYA	2	\$0
PNEUMOVAX 23 (23 SYRINGE, 23 VIAL)	2	\$0
PREVNAR 13	2	\$0
PREVNAR 20	2	\$0
PRIORIX	2	\$0
RABAVERT	2	
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
STAMARIL	2	
TICOVAC	2	
TRUMENBA	2	\$0
TWINRIX	2	\$0
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	2	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VAXNEUVANCE	2	\$0
VIVOTIF	2	
YF-VAX	2	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		
<b>HISTAMINE H2-ANTAGONISTS</b>		
<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	
<b>PROSTAGLANDINS</b>		
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	1	\$0
<b>PROTECTANTS</b>		
<i>sucralfate 1 g tablet</i>	1	
<b>PROTON-PUMP INHIBITORS</b>		
<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	
<b>ANTIVIRALS (SYSTEMIC)</b>		
<b>CORONAVIRUS (COVID-19)</b>		
PAXLOVID	2	QPD 6.0 per day \$0
PAXLOVID (EUA)	2	QPD 6.0 per day \$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<b>ENDONUCLEASE INHIBITORS</b>			
XOFLUZA	2	QL	2 / 180 days
<b>NEURAMINIDASE INHIBITOR ANTIVIRALS</b>			
<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
<b>NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS</b>			
<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 \$0	8.0 per day
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VEMLIDY	2	
<b>ANXIOLYTICS, SEDATIVES AND HYPNOTICS</b>		
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC</b>		
<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	
<b>BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)</b>		
<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	
<b>BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP)</b>		
<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
<b>MELATONIN RECEPTOR AGONISTS</b>		
<i>ramelteon</i>	3	QL 30 / 30 days CC PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<b>NON-BENZODIAZEPINE ANXIOLYTICS</b>			
<i>buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	1		
<b>NON-BENZODIAZEPINE HYPNOTICS</b>			
<i>eszopiclone (2 mg tablet, 3 mg tablet)</i>	3	QL CC ST	30 / 30 days
<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 ST	30 / 30 days
<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 CC ST	30 / 30 days
<b>AUTONOMIC DRUGS</b>			
<b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)</b>			
<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	
pilocarpine hcl 7.5 mg tablet	1	QL	120 / 30 days
pyridostigmine bromide (60 mg tablet, 60 mg/5 ml solution, 180 mg tablet er)	1		
rivastigmine	1		
rivastigmine tartrate	1		

## SMOKING CESSATION AGENTS

NICOTROL	3	CC PA QPD \$0	16.8 per day
NICOTROL NS	3	CC PA QPD \$0	4.0 per day
varenicline tartrate 0.5 (11)-1 tab ds pk	1	QL \$0	53 / 28 days
varenicline tartrate (0.5 mg tablet, 1 mg tablet)	1	\$0	

## BETA-ADRENERGIC AGONISTS

### SELECTIVE BETA-2-ADRENERGIC AGONISTS

albuterol sulfate 90 mcg hfa aer ad	1	QPD	1.2 per day
albuterol sulfate 5 mg/ml solution	1	QPD	3.4 per day
albuterol sulfate (2 mg tablet, 4 mg tablet)	1	QPD	4.0 per day
albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2.5 mg/0.5 vial-neb)	1		
albuterol sulfate 2.5 mg/3ml vial-neb	1	QPD	18.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
BREYNA	1	QPD	0.7 per day
<i>budesonide/formoterol fumarate</i>	1	QPD	0.7 per day
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 55-14 mcg aer pow ba, propion/salmeterol 113-14 mcg aer pow ba, propion/salmeterol 232-14 mcg aer pow ba)</i>	1	QPD	0.04 per day
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 100-50 mcg blst w/dev, propion/salmeterol 250-50 mcg blst w/dev, 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
<b>HEMATOPOIETIC AGENTS</b>				
FYLNETRA	3	CC	PA	QPD 0.08 per day
JESDUVROQ	3	CC	PA	
<i>plerixafor</i>	3	CC	PA	
PROMACTA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	3	CC	PA	QPD 1.0 per day
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
RELEUKO 300 MCG/ML VIAL	3	CC	PA	QPD 0.5 per day
RELEUKO 480 MCG/1.6 ML VIAL	3	CC	PA	QPD 0.8 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
RETACRIT 20,000 UNIT/2 ML VIAL	3	CC PA QPD	0.86 per day
<b>HEMORRHEOLOGIC AGENTS</b>			
<i>pentoxifylline 400 mg tablet er</i>	1	QL	90 / 30 days
<b>CALCINEURIN INHIBITORS (90:28)</b>			
<i>CALCINEURIN INHIBITORS, MISC (90:28)</i>			
<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		
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>			
<b>DIHYDROPYRIDINES</b>			
<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		
<b>CARDIAC DRUGS</b>			
<b>CARDIAC DRUGS, MISCELLANEOUS</b>			
<i>ranolazine</i>	3	ST	
<b>CARDIOTONIC AGENTS</b>			
DIGITEK	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg tablet)</i>	1	
<b>CARDIOVASCULAR DRUGS</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<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	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<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	
<i>SOTALOL AF</i>	1	
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
NAMZARIC (7 MG-10 MG CAPSULE, TITRATION PACK)	2		
NUEDEXTA	3	CC PA QPD 2.0 per day	
<b>OPIOID ANTAGONISTS (28:10)</b>			
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		
<b>VESICULAR MONOAMINE TRANSPORT2 INHIBITOR</b>			
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS	2	
OPIOID ANTAGONISTS (56:18)		
MOVANTIK	3	<div style="display: flex; justify-content: space-between;"> <span>CC</span> <span>PA</span> <span>QPD 1.0 per day</span> </div>
SYMPROIC	3	<div style="display: flex; justify-content: space-between;"> <span>CC</span> <span>PA</span> <span>QPD 1.0 per day</span> </div>
CYSTIC FIBROSIS (CFTR) MODULATORS		
CYSTIC FIBROSIS (CFTR) CORRECTORS		
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	3	<div style="display: flex; justify-content: space-between;"> <span>CC</span> <span>PA</span> <span>QPD 2.0 per day</span> </div>
ORKAMBI (100 MG TABLET, 200 MG TABLET)	3	<div style="display: flex; justify-content: space-between;"> <span>CC</span> <span>PA</span> <span>QPD 4.0 per day</span> </div>
SYMDEKO	3	<div style="display: flex; justify-content: space-between;"> <span>CC</span> <span>PA</span> <span>QPD 2.0 per day</span> </div>
TRIKAFTA 100-50-75 MG/150 MG	3	<div style="display: flex; justify-content: space-between;"> <span>CC</span> <span>PA</span> <span>QPD 3.0 per day</span> </div>
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	3	<div style="display: flex; justify-content: space-between;"> <span>CC</span> <span>PA</span> <span>QPD 2.0 per day</span> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
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		
DEPIGMENTING AND PIGMENTING AGENTS			
PIGMENTING AGENTS			
<i>methoxsalen 10 mg cap lg rap</i>	1	QL	12 / 28 days
DEVICES			
<i>blood-glucose meter,continuous</i>	3	QL CC PA	1 / 365 days
<i>blood-glucose sensor</i>	3	QL CC PA	3 / 30 days
<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 CC PA	1 / 365 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>flash glucose sensor</i>	3	QL CC PA	3 / 30 days
<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
<i>mucus clearing device</i>	2	QL	2 / 365 days
<i>nasal exhalation resistance 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

## DIAGNOSTIC AGENTS

## CARDIAC FUNCTION

*dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)*

1

## 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
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			
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>torsemide</i>	1		
OSMOTIC DIURETICS			
<i>urea 40 % cream (g)</i>	1	QL	198.4 / 30 days
POTASSIUM-SPARING DIURETICS			
<i>amiloride hcl 5 mg tablet</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			
<i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1		
THIAZIDE-LIKE DIURETICS			
<i>chlorthalidone</i>	1		
<i>indapamide</i>	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
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 10 g/15 ml solution</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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
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		
<b>URICOSURIC AGENTS</b>			
<i>probenecid</i>	1		
<b>EMOLLIENTS, DEMULCENTS, AND PROTECTANTS</b>			
<b>BASIC LOTIONS AND LINIMENTS</b>			
<i>ammonium lactate 12 % lotion</i>	1		
<b>BASIC OINTMENTS AND PROTECTANTS</b>			
<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 CC PA	30 / 30 days
SANTYL	2	QL	30 / 30 days
<b>ENZYMES</b>			
<b>ENZYME COFACTORS/CHAPERONES</b>			
<i>nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	3	CC PA	
<i>nitisinone 20 mg capsule</i>	3	CC PA	
<b>ENZYME INHIBITORS</b>			
CERDELGA	3	CC PA QPD	2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
<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	

## ESTROGENS AND ANTIESTROGENS

### ESTROGEN AGONIST-ANTAGONISTS

<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<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
<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 ST	1 / 90 days
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		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ANTI-INFLAMMATORY AGENTS (EENT)		
<i>cyclosporine 0.05 % droperette</i>	3	CC PA QPD 2.0 per day
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 % jelly(ml), 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<b>CATHARTICS AND LAXATIVES</b>			
GAVILYTE-C	1	C \$0	\$0 copay for age 50-75
GAVILYTE-G	1	C \$0	\$0 copay for age 50-75
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	1	C \$0	\$0 copay for age 50-75
<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>	1	C \$0	\$0 copay for age 50-75
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	1	C \$0	\$0 copay for age 50-75
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	C \$0	\$0 copay for age 50-75
<b>CHOLELITHOLYTIC AGENTS</b>			
OCALIVA	3	CC PA QPD	1.0 per day
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	1		
<b>DIGESTANTS</b>			
CREON	2		
ZENPEP	2		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
GI DRUGS, MISCELLANEOUS			
<i>dronabinol</i>	3	CC PA QPD 3.0 per day	
<b>PROKINETIC AGENTS</b>			
<i>metoclopramide hcl (5 mg tablet, 10 mg tablet)</i>	1		
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>			
<b>ANTIMUSCARINICS</b>			
<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>solifenacain 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	
<b>GOLD COMPOUNDS</b>			
RIDAURA	2		
<b>GONADOTROPINS AND ANTIGONADOTROPINS</b>			
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	
<b>GONADOTROPINS</b>			
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	<div style="display: flex; justify-content: space-between;"> <span>QL</span> <span>1 / 30 days</span> </div> <div style="display: flex; justify-content: space-between;"> <span>CC</span> </div> <div style="display: flex; justify-content: space-between;"> <span>PA</span> </div>
HCV ANTIVIRALS		
HCV POLYMERASE INHIBITOR ANTIVIRALS		
<i>sofosbuvir/velpatasvir</i>	3	<div style="display: flex; justify-content: space-between;"> <span>QL</span> <span>14 / 14 days</span> </div> <div style="display: flex; justify-content: space-between;"> <span>CC</span> </div> <div style="display: flex; justify-content: space-between;"> <span>PA</span> </div>
VOSEVI	3	<div style="display: flex; justify-content: space-between;"> <span>QL</span> <span>14 / 14 days</span> </div> <div style="display: flex; justify-content: space-between;"> <span>CC</span> </div> <div style="display: flex; justify-content: space-between;"> <span>PA</span> </div>
HCV PROTEASE INHIBITOR ANTIVIRALS		
MAVYRET (50-20 MG PELLET PACKET, 100-40 MG TABLET)	3	<div style="display: flex; justify-content: space-between;"> <span>QL</span> <span>42 / 14 days</span> </div> <div style="display: flex; justify-content: space-between;"> <span>CC</span> </div> <div style="display: flex; justify-content: space-between;"> <span>PA</span> </div>
HEAVY METAL ANTAGONISTS		
CHEMET	3	<div style="display: flex; justify-content: space-between;"> <span>CC</span> </div> <div style="display: flex; justify-content: space-between;"> <span>PA</span> </div>
<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	<div style="display: flex; justify-content: space-between;"> <span>CC</span> </div> <div style="display: flex; justify-content: space-between;"> <span>PA</span> </div>
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ARNUITY ELLIPTA	2	<div style="display: flex; justify-content: space-between;"> <span>QPD</span> <span>2.0 per day</span> </div>
ASMANEX	2	<div style="display: flex; justify-content: space-between;"> <span>QPD</span> <span>0.07 per day</span> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
ASMANEX HFA <i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb)</i>	2	QPD	0.9 per day
<i>budesonide 3 mg capdr - er</i>	1	QPD	4.0 per day
<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 PA QPD	Up to 60 mg per day allowed across all tablet strengths. 8.0 per day
ISTURISA 10 MG TABLET	3	CC C PA QPD	Up to 60 mg per day allowed across all tablet strengths. 6.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
ISTURISA 5 MG TABLET	3	CC C PA QPD	Up to 60 mg per day allowed across all tablet strengths.	12.0 per day
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 15 mg/5 ml solution</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			
PREDNISONE INTENSOL	1			
PULMICORT FLEXHALER	2	QPD	0.07 per day	
QVAR REDIHALER	2	QPD	0.8 per day	
<b>ANDROGENS</b>				
<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 CC PA	150 / 30 days	
<i>testosterone (1.25g-1.62 gel packet, 2.5g-1.62% gel packet, 20.25/1.25 gel md pmp)</i>	3	QL CC PA	75 / 30 days	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>testosterone 25mg(1%) gel packet</i>	3	QL CC PA	225 / 30 days
<i>testosterone 50 mg (1%) gel packet</i>	3	QL CC PA	300 / 30 days
<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
<b>CONTRACEPTIVES</b>			
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AVIANE	1	\$0
AYUNA	1	\$0
AZURETTE	1	\$0
BALZIVA	1	\$0
BLISOVI 24 FE	1	\$0
BLISOVI FE	1	\$0
BRIELLYN	1	\$0
CAMILA	1	\$0
CAMRESE	1	\$0
CAMRESE LO	1	\$0
CAZIANT	1	\$0
CHARLOTTE 24 FE	1	\$0
CHATEAL EQ	1	\$0
CRYSELLE	1	\$0
CYRED	1	\$0
CYRED EQ	1	\$0
DASETTA	1	\$0
DAYSEE	1	\$0
DEBLITANE	1	\$0
<i>desogestrel-ethinyl estradiol</i>	1	\$0
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	1	\$0
DOLISHALE	1	\$0
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	1	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELINEST	1	\$0
ELLA	2	\$0
ELURYNG	1	\$0
EMZAHH	1	\$0
ENILLORING	1	\$0
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
FEMLYV	1	\$0
FINZALA	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ISIBLOOM	1	\$0
JAIMIESS	1	\$0
JASMIEL	1	\$0
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
LEENA	1	\$0
LESSINA	1	\$0
LEVONEST	1	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgestrel/ethinyl estradiol (levonorgestrel/ethin.estradiol 0.1-0.02mg tablet, levonorgestrel/ethin.estradiool 0.15-0.03 tablet, levonorgestrel/ethin.estradiool 0.15-0.03 tbdspk 3mo, levonorgestrel/ethin.estradiool 6-5-10 tablet, levonorgestrel/ethin.estradiool 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
LUTERA	1	\$0
LYLEQ	1	\$0
LYZA	1	\$0
MARLISSA	1	\$0
MERZEE	1	\$0
MIBELAS 24 FE	1	\$0
MICROGESTIN	1	\$0
MICROGESTIN 24 FE	1	\$0
MICROGESTIN FE	1	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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/ethynodiol diacetate</i>	1	\$0
<i>norethindrone 0.35 mg tablet</i>	1	\$0
<i>norethindrone acetate-ethynodiol diacetate (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>	1	\$0
<i>norethindrone acetate-ethynodiol/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-ethynodiol/ferrous fumarate</i>	1	\$0
<i>norgestimate-ethynodiol diacetate (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)</i>	1	\$0
NORTREL	1	\$0
NYLIA	1	\$0
NYMYO	1	\$0
OCELLA	1	\$0
PHILITH	1	\$0
PIMTREA	1	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PORTIA	1	\$0
RECLIPSEN	1	\$0
RIVELSA	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
TRI-LO-MILI	1	\$0
TRI-LO-SPRINTEC	1	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
XULANE	1	\$0
ZAFEMY	1	\$0
ZARAH	1	\$0
ZOVIA 1-35	1	\$0

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZUMANDIMINE	1	\$0
<b>PITUITARY</b>		
<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
<b>PROGESTINS</b>		
DEPO-SUBQ PROVERA 104	2	\$0
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	
<i>progesterone, micronized (100 mg capsule, 200 mg capsule)</i>	1	QL 30 / 30 days
<b>IMMUNOMODULATORY AGENTS (90:00)</b>		
<b>COMPLEMENT INHIBITOR AGENTS (90:20)</b>		
TAVNEOS	3	CC PA QPD 6.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>INSULINS</b>		
<b>LONG-ACTING INSULINS</b>		
<i>insulin degludec (100/ml (3) insulin pen, 100/ml vial, 200/ml (3) insulin pen)</i>	3	CC ST
<i>insulin glargine, human recombinant analog (100/ml (3) insulin pen, 100/ml vial)</i>	1	
<i>insulin glargine-yfgn (100/ml (3) insulin pen, 100/ml vial)</i>	1	
REZVOGLAR KWIKPEN	1	
<b>RAPID-ACTING INSULINS</b>		
ADMELOG	2	
ADMELOG SOLOSTAR	2	
<i>insulin aspart protamine human/insulin aspart (art prot/insulin 70-30/ml insulin pen, art prot/insulin 70-30/ml vial)</i>	1	
<i>insulin lispro (100/ml insulin pen, 100/ml vial)</i>	1	
<i>insulin lispro protamine and insulin lispro</i>	1	
<b>SHORT-ACTING INSULINS</b>		
HUMULIN R U-500	3	ST
HUMULIN R U-500 KWIKPEN	3	ST
<b>INTERLEUKIN-MEDIATED AGENTS</b>		
<b>INTERLEUKIN-MEDIATED AGENTS, MISC</b>		
ACTEMRA 162 MG/0.9 ML SYRINGE	3	CC PA QPD 0.13 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
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
<b>ION-REMOVING AGENTS</b>				
<b>PHOSPHATE-REMOVING AGENTS</b>				
<i>calcium acetate</i>	1			
<i>lanthanum carbonate</i>	3	CC	PA	QPD 3.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<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	

## 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS				
KALLIKREIN-KININ SYSTEM INHIBITORS						
KALLIKREIN						
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					
<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					
DIFICID 200 MG TABLET	3	QL CC PA	20 / 10 days			
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS						
STEROIDAL MINERALOCORTICOID RECEPTOR ANT						
<i>eplerenone</i>	3	ST				

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<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
<b>PROTECTIVE AGENTS</b>			
<i>dalfampridine 10 mg tab er 12h</i>	3	CC	PA QPD 2.0 per day
<b>MTOR INHIBITORS</b>			
<b>MTOR INHIBITORS, MISCELLANEOUS</b>			
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1		
<b>MULTIPLE SCLEROSIS AGENTS</b>			
<b>AMINO ACID POLYMERS</b>			
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
GLATOPA 40 MG/ML SYRINGE	3	CC PA QPD	0.43 per day	
<b>ANTIMETABOLITES</b>				
MAVENCLAD	3	CC PA		
<b>FUMARATES</b>				
<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		
<b>INTERFERONS</b>				
AVONEX PREFILLED SYR 30 MCG KT	3	CC PA QPD	0.08 per day	
AVONEX PEN 30 MCG/0.5 ML KIT	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
REBIF REBIDOSE	3	CC PA	
<b>SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS</b>			
<i>fingolimod hcl</i>	3	CC PA QPD 1.0 per day	
<b>GILENYA 0.25 MG CAPSULE</b>			
	3	CC PA QPD 1.0 per day	
<b>NONHORMONAL CONTRACEPTIVES</b>			
<i>diaphragms</i>	1	\$0	
PHEXXI	1	\$0	
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>			
<b>CYCLOOXYGENASE-2 (COX-2) INHIBITORS</b>			
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)</i>	1		
<b>REVERSIBLE COX-1/COX-2 INHIBITORS</b>			
<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		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>flurbiprofen 100 mg tablet</i>	1		
<i>IBU</i>	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		
<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		
<b>SALICYLATES</b>			
<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		
<b>OXYTOCICS</b>			
<i>methylergonovine maleate 0.2 mg tablet</i>	1	QL	30 / 30 days
<i>mifepristone 200 mg tablet</i>	1	HCR \$0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PARATHYROID AND ANTIPARATHYROID AGENTS		
ANTIPARATHYROID AGENTS		
<i>calcitonin, salmon, synthetic 200/spray spray/pump</i>	1	
<i>cinacalcet hcl</i>	3	<div style="display: flex; justify-content: space-between;"> <span>CC</span> <span>PA</span> <span>QPD 4.0 per day</span> </div>
PARATHYROID AGENTS		
<i>teriparatide</i>	3	<div style="display: flex; justify-content: space-between;"> <span>CC</span> <span>PA</span> <span>QPD 0.083 per day</span> </div>
TYMLOS	3	<div style="display: flex; justify-content: space-between;"> <span>CC</span> <span>PA</span> <span>QPD 0.052 per day</span> </div>
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB		
ANGIOTENSIN II RECEPTOR ANTAGONIST/NEPROLYS		
ENTRESTO	2	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS</b>		
<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	
<b>MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS</b>		
KERENDIA	3	<div style="display: flex; justify-content: space-around;"> <span>CC</span> <span>PA</span> <span>QPD</span> <span>1.0 per day</span> </div>
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTIFIBROTIC AGENTS</b>		
<i>pirfenidone 267 mg tablet</i>	3	<div style="display: flex; justify-content: space-around;"> <span>CC</span> <span>PA</span> <span>QPD</span> <span>6.0 per day</span> </div>
<i>pirfenidone 534 mg tablet</i>	3	<div style="display: flex; justify-content: space-around;"> <span>CC</span> <span>PA</span> </div>
<i>pirfenidone 801 mg tablet</i>	3	<div style="display: flex; justify-content: space-around;"> <span>CC</span> <span>PA</span> <span>QPD</span> <span>3.0 per day</span> </div>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<b>ANTITUSSIVES</b>			
<i>benzonatate</i>	1		
<i>promethazine hcl/codeine 6.25-10/5 syrup</i>	1		
<i>promethazine hcl/dextromethorphan hbr</i>	1		
<b>MUCOLYTIC AGENTS</b>			
PULMOZYME	3	CC PA QPD	2.5 per day
<b>PHOSPHODIESTERASE TYPE 4 INHIBITORS</b>			
<i>roflumilast</i>	3	CC PA QPD	1.0 per day
<b>VASODILATING AGENTS (RESPIRATORY TRACT)</b>			
ADEMPAS	3	QL CC PA	90 / 30 days
<i>ambrisentan</i>	3	QL CC PA	30 / 30 days
<i>treprostинil sodium</i>	3	CC PA	
TYVASO	3	CC PA QPD	2.9 per day
TYVASO INSTITUTIONAL START KIT	3	QL CC PA	81.2 / 28 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
TYVASO REFILL KIT	3	CC PA QPD	2.9 per day	
TYVASO STARTER KIT	3	QL CC PA	81.2 / 28 days	
UPTRAVI 200-800 TITRATION PACK	3	QL CC PA QPD	200 / 28 days 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	
UPTRAVI 200 MCG TABLET	3	QL CC PA QPD	140 / 28 days 2.0 per day	
<b>SKELETAL MUSCLE RELAXANTS</b>				
<b>CENTRALLY ACTING SKELETAL MUSCLE RELAXANT</b>				
<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	
<b>GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT</b>				
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1			

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>			
<b>ANTIPROLIFERANTS</b>			
<i>fluorouracil 5 % cream (g)</i>	1	QL	1 / 365 days
<i>imiquimod 5 % cream pack</i>	1	AL	At least 12 yrs old
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>			
<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		
<b>ASTRINGENTS (84:12)</b>			
DRYSOL	2	QL	75 / 30 days
<b>CELL STIMULANTS AND PROLIFERANTS</b>			
<i>tretinoin (0.025 % cream (g), 0.05 % cream (g), 0.1 % cream (g))</i>	1	QL CC AL QPD	20 / 30 days Up to 30 yrs old 0.7 per day
<i>tretinoin (0.01 % gel (gram), 0.025 % gel (gram))</i>	1	QL CC AL QPD	15 / 30 days Up to 30 yrs old 0.5 per day
<b>KERATOLYTIC AGENTS</b>			
ACCUTANE	3	QL CC PA	60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
<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		
MYORISAN	3	QL 60 / 30 days CC PA		
<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		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS					
DUPIXENT 300 MG/2 ML PEN	3	CC	PA	QPD 0.15 per day			
DUPIXENT 100 MG/0.67 ML SYRING	3	CC	PA	QPD 0.05 per day			
DUPIXENT 200 MG/1.14 ML SYRING	3	CC	PA	QPD 0.09 per day			
DUPIXENT 300 MG/2 ML SYRINGE	3	CC	PA	QPD 0.15 per day			
<b>SMOOTH MUSCLE RELAXANTS</b>							
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>							
<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						
<b>SOMATOSTATIN AGONISTS AND ANTAGONISTS</b>							
<b>SOMATOSTATIN AGONISTS</b>							
MYCAPSSA	3	CC	PA	QPD 4.0 per day			
<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			

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
<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
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## 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
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### ALPHA-ADRENERGIC AGONISTS

<i>midodrine hcl</i>	1
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PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
SYNTHROID	2	
<i>thyroid,pork (15 mg tablet, 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 syringe/kit, 40mg/0.4ml autoinj/kit, 40mg/0.4ml syringe/kit, 80mg/0.8ml autoinj/kit)</i>	3	CC PA QPD 0.15 per day
<i>adalimumab-adaz (40mg/0.4ml pen injctr, 40mg/0.4ml syringe)</i>	3	CC PA QPD 0.15 per day
ENBREL (25 MG KIT, 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
HADLIMA	3	CC PA QPD 0.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
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 PEN CROHN'S-UC-HS	3	CC	PA	QPD 0.15 per day
HUMIRA PEN PSOR-UVEITS-ADOL HS	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) PEDIATRIC CROHN'S	3	CC	PA	QPD 0.15 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS		
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
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) 40 MG/0.4 ML SYRG	3	CC	PA	QPD 0.15 per day
SIMLANDI(CF) AUTOINJECTOR	3	CC	PA	QPD 0.15 per day

## VASODILATING AGENTS

### DIRECT VASODILATORS

*hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)*

1

*minoxidil (2.5 mg tablet, 10 mg tablet)*

1

### NITRATES AND NITRITES

*isosorbide dinitrate*

1

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<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		
<b>VASODILATING AGENTS (RESPIRATORY TRACT)</b>			
<b>PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)</b>			
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
<b>PROSTACYCLIN &amp; PROSTACYCLIN DERIVATIVES</b>			
VENTAVIS	3	CC PA QPD	9.0 per day
<b>VITAMINS</b>			
<b>MULTIVITAMIN PREPARATIONS</b>			
<i>prenatal with folic acid</i>	2	\$0	
<b>VITAMIN B COMPLEX</b>			
<i>cyanocobalamin (vitamin b-12)</i>	1	QL	1 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIALYVITE	2	
<i>folic acid 1 mg tablet</i>	1	\$0
MYNEPHROCAPS	1	
MYNEPHRON	1	
RENA-VITE RX	1	
RENO CAPS	1	
TRIPHROCAPS	1	
VIRT-CAPS	1	
WESCAPS	1	
<b>VITAMIN D</b>		
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule)</i>	1	
<i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>	1	\$0
<b>VITAMIN K ACTIVITY</b>		
<i>phytonadione (vit k1) 5 mg tablet</i>	1	

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