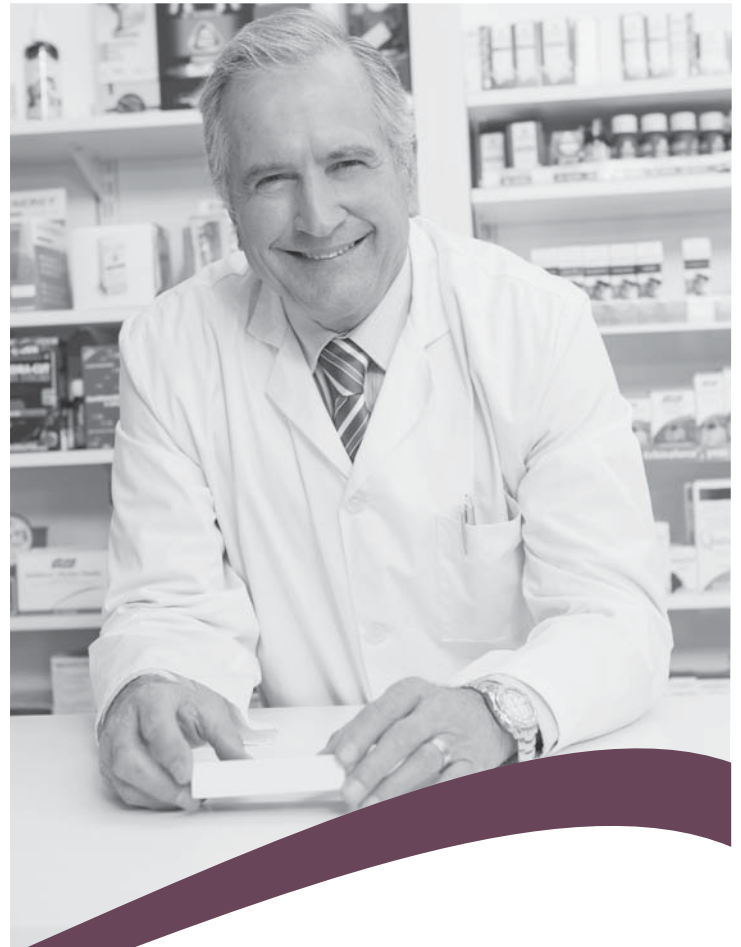




GlobalHealth

# Formulario de listado de medicamentos 2018

Para grupos  
pequeños y  
grandes



GlobalHealth, Inc.  
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Oklahoma City, OK 73104-5403  
[www.GlobalHealth.com/commercial](http://www.GlobalHealth.com/commercial)

MGDF18-SP Listas actualizados 03/2018

# NÚMEROS ÚTILES

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**Emisor del plan:****(Plan Issuer)**

GlobalHealth, Inc.  
PO Box 2393  
Oklahoma City, OK 73101-2393

**Atención al cliente, Manejo de enfermedades y asistencia con el idioma (GlobalHealth Customer Care, Language Assistance, and Disease Management):**

[CommercialAnswers@globalhealth.com](mailto:CommercialAnswers@globalhealth.com)

405.280.2964 (local)

1.877.280.2964 (número gratuito)

711 (TTY)

De lunes a viernes de 9 a.m. – 5 p.m. (hora central)

[www.GlobalHealth.com/commercial](http://www.GlobalHealth.com/commercial)

**Uso de sustancias y salud del comportamiento****(Behavioral Health and Substance Use):**

[CommercialAnswers@globalhealth.com](mailto:CommercialAnswers@globalhealth.com)

405.280.2964 (local)

1.877.280.2964 (número gratuito)

711 (TTY)

De lunes a viernes de 9 a.m. – 5 p.m. (hora central)

[www.GlobalHealth.com/commercial](http://www.GlobalHealth.com/commercial)

**Administrador de beneficios de farmacia:****Pharmacy Benefits Manager:**

Magellan Rx Management, LLC

Atención al cliente

1.800.424.1789 (número gratuito)

711 (TTY)

**Autorizaciones pre medicamentos:**

[gh.pharmacy@globalhealth.com](mailto:gh.pharmacy@globalhealth.com)

918.878.7361

**Enviar reclamaciones por correo postal a:**

Magellan Rx Management, LLC

PO Box 85042

Richmond, VA 23261-5042

**Farmacia de pedido por correo postal:****(Mail Order Pharmacy)**

Magellan Rx Management, LLC

1.800.424.1789 (número gratuito)

711 (TTY)

P.O. Box 620968

Orlando, FL 32862

**Línea de ayuda de enfermeras a toda hora****(24/7 Nurse Help Line):**

Línea de información

1.877.280.2993 (número gratuito)

**Oficial de cumplimiento de GlobalHealth****(Global Health Compliance Officer):**

1.877.280.5852 (número gratuito)

405.280.5852

[compliance@globalhealth.com](mailto:compliance@globalhealth.com)

**Oficial de privacidad de GlobalHealth****(GlobalHealth Privacy Officer):**

405.280.5524

[privacy@globalhealth.com](mailto:privacy@globalhealth.com)

# INFORMACIÓN IMPORTANTE

Este formulario aplica a los miembros inscritos a través de un empleador en cualquiera de los siguientes planes:

- Plan Platino sin seguro dental
- Plan Oro 1 con seguro dental
- Plan Oro 1 sin seguro dental
- Plan Estandar

## Materiales para miembros

Su extensa guía del [Miembro](#) contiene tres folletos. Cada uno tiene un propósito diferente.

**Dichos folletos son importantes documentos legales. Manténgalos en lugar seguro.**

Folleto	Propósito
<i>Manual del miembro –El nombre del su Manual del miembro dependerá del Plan en el que esté inscrito</i>	<ul style="list-style-type: none"><li>• Le habla sobre sus beneficios.<ul style="list-style-type: none"><li>○ Qué beneficios están cubiertos y cuánto va a pagar.</li><li>○ Cómo están cubiertos (incluyendo limitaciones y exclusiones).</li><li>○ Cómo usarlos.</li></ul></li></ul>
<i>Directorio de médicos y proveedores de servicios de salud (“Directorio de proveedores)</i>	<ul style="list-style-type: none"><li>• Lista nuestra <a href="#">Red</a> de doctores, <a href="#">Instalaciones</a> y farmacias.</li><li>• Le informa si una <a href="#">Instalación</a> es preferida o no.</li></ul>
<i>Formulario de listado de medicamentos para grupos pequeños o grupos grandes (“Formulario de medicamentos” o “Formulario”)</i>	<ul style="list-style-type: none"><li>• Listado de los medicamentos que cubrimos.</li><li>• Le informa en que <a href="#">nivel (tier)</a> se encuentra un medicamento.</li><li>• Le informa si existe alguna regla para obtener el medicamento.</li></ul>

Los materiales de los miembros están disponibles en nuestro sitio electrónico. Comuníquese con Atención al Cliente para obtener copias impresas sin cargo alguno. Sin embargo, tenga en cuenta que los listados del *Formulario de Medicamentos* y el *Directorio de Proveedores* más actualizados están en el sitio electrónico.

Cuando este documento dice “nosotros” o “nuestros”, significa GlobalHealth, Inc. Las palabras o frases que comienzan con letras mayúsculas están definidas en el glosario del *Manual del miembro*.

Para preguntas en específico sobre la cobertura, por favor llame al número de teléfono impreso en su tarjeta de identificación del miembro (Member ID card).

## **Medicamentos preferidos**

Los medicamentos preferidos están listados en este *Formulario de Medicamentos*. Los medicamentos en la lista están seleccionados en base a la calidad (eficiencia y seguridad), así como la efectividad en costo. Los doctores y farmacéuticos han trabajado juntos para desarrollar el Formulario, que incluye medicamentos genéricos y de marca que han sido aprobados por la Administración de Alimentos y Medicamentos de los Estados Unidos (U. S. Food and Drug Administration -“FDA”).

Para los miembros: Los medicamentos genéricos contienen los mismos ingredientes activos en las mismas cantidades que los productos de marca. Sin embargo, pueden diferir en color, figura o tamaño.

Para los médicos: Por favor recete los productos preferidos y permita la sustitución por genéricos cuando sea medicamento apropiado. Gracias.

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***LA LISTA EN ESTE DOCUMENTO ESTÁ EN VIGOR EN LA FECHA QUE SE INDICA EN LA PORTADA. ESTA LISTA ESTÁ SUJETA A CAMBIOS. Puede encontrar la lista más actualizada, incluyendo cualquier requerimiento de Manejo de Administración, en nuestro sitio electrónico. Comuníquese a Atención al Cliente para obtener copias impresas.***

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TIER	DESCRIPTION
0	Health Care Reform
1	Generics
2	Preferred Brands
3	Non-Preferred Brands
4	Specialty

TYPE	DESCRIPTION
QL	Quantity Limit There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization 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.
GL	Gender Limit This prescription drug is restricted for a single gender. .
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.
NPS	Non-Preferred Specialty Drug Non-Preferred Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.
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.

PS

Preferred Specialty

Preferred Specialty.

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LCG

Low Cost Generic

Generic drugs available at the lowest cost. Please note the specific strengths and dosage forms; other strengths and/or dosage forms of these products would be subject to the standard generic Cost-share.

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## LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>ADRENERGIC AGENTS</b>		
<b>ALPHA AND BETA ADRENERGIC AGONIST(RESPR)</b>		
ADRENACLICK	3	QL 2 / fill PA
<b>SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR)</b>		
<i>ipratropium-albuterol</i>	1	
<i>terbutaline sulfate 5 mg tab</i>	1	LCG
<b>ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)</b>		
<b>NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
CAFERGOT	3	
D.H.E.45	3	QL 10 / 30 days PA
DIBENZYLIN	3	
<i>dihydroergotamine 4 mg/ml spry</i>	1	QL 8 / 30 days PA
<i>dihydroergotamine mesylate (1 mg/ml amp, 1 mg/ml v1)</i>	1	PA
<i>ergoloid mesylates</i>	1	
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
MIGERGOT	3	
MIGRANAL	3	QL 8 / 30 days PA
<i>phenoxybenzamine hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>phentolamine mesylate</i>	1	
<i>phentolamine-alprostadi</i>	1	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>alfuzosin hcl er</i>	1	<span>QL</span> 1 / day <span>GL</span> Male
FLOMAX	3	<span>QL</span> 2 / day
<i>labetalol hcl (100 mg/20 ml vl, 200 mg/40 ml vl)</i>	1	
RAPAFLO	2	<span>QL</span> 1 / day <span>GL</span> Male
<i>tamsulosin hcl</i>	1	<span>QL</span> 2 / day
UROXATRAL	3	<span>QL</span> 1 / day <span>GL</span> Male
ANALGESICS AND ANTIPYRETICS		
ANALGESICS AND ANTIPYRETICS, MISC.		
<i>acetaminophen-cod #3 tablet</i>	1	<span>QL</span> 12 / day <span>AL</span> At least 12 yrs old
<i>acetaminophen-cod #4 tablet</i>	1	<span>QL</span> 6 / day <span>AL</span> At least 12 yrs old
ALLZITAL	3	<span>QL</span> 6 / day
BUPAP	3	<span>QL</span> 6 / day
<i>butalbital-acetaminophen</i>	3	<span>QL</span> 6 / day
<i>butalbital-acetaminophen-caffe (butalb-acetamin-caff 50-300-40, butalb-acetamin-caff 50-325-40, butalbit-acetaminophen-caff cp)</i>	1	<span>QL</span> 6 / day
CAPACET	1	<span>QL</span> 6 / day



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>clonidine hcl (1,000 mcg/10 ml vial, 5,000 mcg/10 ml vial)</i>	1	
DURACLON	3	
ESGIC CAPSULE	1	QL 6 / day
ESGIC 50-325-40 MG TABLET	3	QL 6 / day
FIORICET	3	QL 6 / day
GRALISE 30-DAY STARTER PACK	3	ST
GRALISE ER 300 MG TABLET	3	QL 1 / day ST
GRALISE ER 600 MG TABLET	3	QL 3 / day ST
<i>hydrocodone-acetamin 2.5-167/5</i>	1	QL 100 / day AL At least 2 yrs old
<i>isomethept-caff-acetaminophen</i>	1	
<i>isomethept-dichloralp-acetamin</i>	1	
LYRICA CR (CR 82.5 MG TABLET, CR 165 MG TABLET)	3	QL 4 / day PA
LYRICA CR 330 MG TABLET	3	QL 2 / day PA
MARGESIC	1	QL 6 / day
MARTEN-TAB	1	QL 6 / day
NODOLOR	1	
PERCOCET 5-325 MG TABLET	3	QL 12 / day AL At least 18 yrs old
PRIALT	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
PRODRIN	3	
TENCON	1	QL 6 / day
VANATOL LQ	3	
ZEBUTAL	1	QL 6 / day
<b>OPIATE AGONISTS</b>		
ABSTRAL	3	QL 4 / day PA AL At least 18 yrs old
<i>acetamin-caff-dihydrocod 320.5</i>	1	QL 10 / day AL At least 18 yrs old
<i>acetamin-caff-dihydrocod 325</i>	1	QL 10 / day
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i>	1	QL 139 / day AL At least 18 yrs old
<i>acetaminophen-cod #2 tablet</i>	1	QL 22 / day AL At least 18 yrs old
ACTIQ	3	QL 4 / day PA AL At least 18 yrs old
ARYMO ER	3	QL 3 / day PA
<i>asa-butalb-caffeine-codeine</i>	1	QL 6 / day AL At least 18 yrs old
ASCOMP WITH CODEINE	1	QL 6 / day AL At least 18 yrs old
<i>aspirin-caffeine-dihydrocodein</i>	1	QL 10 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
ASTRAMORPH-PF (1 MG/ML AMPUL, 10 MG/10 ML VIAL)	1	QL 50 / day
ASTRAMORPH-PF (1 MG/2 ML AMPULE, 5 MG/10 ML VIAL)	1	QL 100 / day
<i>belladonna-opium 16.2-30 supp</i>	1	QL 2 / day
<i>belladonna-opium 16.2-60 supp</i>	1	QL 1 / day
<i>butalb-acetaminoph-caff-codein</i>	1	QL 6 / day
<i>butalb-caff-acetaminoph-codein</i>	1	QL 6 / day
<i>butalbital compound-codeine</i>	1	QL 6 / day AL At least 18 yrs old
CAPITAL W-CODEINE	3	QL 125 / day AL At least 18 yrs old
<i>codeine sulfate</i>	1	QL 6 / day AL At least 18 yrs old
CONZIP (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	3	QL 1 / day PA AL At least 18 yrs old
DEMEROL (25 MG/0.5 ML AMPUL, 50 MG/ML AMPUL, 50 MG/ML CARPUJECT, 50 MG/ML VIAL, 75 MG/1.5 ML AMPUL, 100 MG/2 ML AMPUL)	3	QL 10 / day AL At least 18 yrs old
DEMEROL 25 MG/ML CARPUJECT	3	QL 20 / day AL At least 18 yrs old
DEMEROL 75 MG/ML SYRINGE	3	QL 7 / day AL At least 18 yrs old
DEMEROL 100 MG TABLET	3	QL 5 / day AL At least 18 yrs old
DEMEROL 50 MG TABLET	3	QL 10 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
DEMEROL (100 MG/ML AMPUL, 100 MG/ML CARPUJECT, 100 MG/ML VIAL)	3	<p>QL 5 / day</p> <p>AL At least 18 yrs old</p>
DILAUDID 2 MG/ML AMPUL	3	<p>QL 6 / day</p> <p>AL At least 18 yrs old</p>
DILAUDID 4 MG/ML AMPUL	3	<p>QL 3 / day</p> <p>AL At least 18 yrs old</p>
DILAUDID 5 MG/5 ML ORAL LIQUID	3	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>
DILAUDID (0.5 MG/0.5 ML SYRINGE, 1 MG/ML SYRINGE, 2 MG/ML SYRINGE, 4 MG/ML SYRINGE)	3	<p>AL At least 18 yrs old</p>
DILAUDID (2 MG TABLET, 4 MG TABLET, 8 MG TABLET)	3	<p>QL 6 / day</p> <p>AL At least 18 yrs old</p>
DILAUDID-HP	3	<p>QL 1 / day</p> <p>AL At least 18 yrs old</p>
DOLOPHINE HCL	3	<p>QL 3 / day</p> <p>PA</p>
DURAGESIC	3	<p>QL 0.5 / day</p> <p>PA</p>
DURAMORPH 10 MG/10 ML AMPUL	1	<p>QL 5 / day</p>
DURAMORPH 5 MG/10 ML AMPUL	1	<p>QL 10 / day</p>
EMBEDA	2	<p>QL 2 / day</p> <p>PA</p>
ENDOCET (5-325 TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	1	<p>QL 12 / day</p> <p>AL At least 18 yrs old</p>
EXALGO	3	<p>QL 2 / day</p> <p>PA</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fentanyl</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>0.5 / day</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>4 / day</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 18 yrs old</div> </div>
<i>fentanyl 2,500 mcg/50 ml syrng</i>	1	
<i>fentanyl 2,750 mcg/55 ml syr</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 8 / day
<i>fentanyl citrate (1,000 mcg/20 ml, 1,250 mcg/25 ml)</i>	1	
<i>fentanyl citrate (100 mcg/2 ml syringe, 1,500 mcg/30 ml syr)</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 8 / day
<i>fentanyl 250 mcg/5 ml syringe</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 2 / day
<i>fentanyl citrate 100 mcg/2 ml</i>	1	
<i>fentanyl 1,375 mcg/55-0.9%nacl</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 15 / day
<i>fentanyl 600 mcg/30ml-0.9%nacl</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 19 / day
<i>fentanyl citrate-0.9% nacl (300 mcg/30ml-0.9%nacl, 2,500mcg/250-0.9%nacl)</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 38 / day
<i>fentanyl citrate-0.9% nacl (5 mcg/ml-0.9% nacl, 5 mcg/ml-0.9% nacl vl, 15 mcg/3 ml-0.9% nacl, 25 mcg/2.5ml-0.9%nacl, 50 mcg/5 ml-0.9% nacl, 500 mcg/50ml-0.9%nacl, 1,000 mcg/100 ml-ns, 1,000mcg/50-0.9% nacl, 1,100 mcg/55-0.9%nacl, 1,250mcg/125-0.9%nacl, 1,250mcg/250-0.9%nacl, 5,000mcg/250-0.9%nacl)</i>	1	
<i>fentanyl 2,000mcg/100-0.9%nacl</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 19 / day
<i>fentanyl citrate-0.9% nacl (fentanyl-0.9%nacl 1,000mcg/100, fentanyl 10 mcg/ml-0.9% nacl, fentanyl 1,000mcg/100-0.9%nacl)</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 38 / day
<i>fentanyl 100 mcg/10ml-0.9%nacl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fentanyl 5 mcg/0.5ml-0.9% nacl</i>	1	
<i>fentanyl 100 mcg/10 ml-d5w</i>	1	
<i>fentanyl-bup-ns 4 mcg/ml-0.1%</i>	1	QL 96 / day
<i>fentanyl-bupiv-ns 2 mcg-0.1%</i>	1	QL 192 / day
<i>fentanyl-bupivacaine-0.9% nacl (2 mcg-bupiv 0.25%-ns, 2 mcg-bupivac 0.1%-ns, 2.5 mcg-bupiv 0.1%-ns)</i>	1	
<i>fentanyl-bupivacaine-0.9% nacl (fentanyl 2 mcg-bupiv 0.1%-ns, fentanyl 2mcg-bupiv 0.0625%-ns, fentanyl-bupiv-ns 2 mcg-0.125%)</i>	1	QL 192 / day
<i>fentanyl 1.5 mcg-bup 0.125%-ns</i>	1	
<i>fentanyl 10 mcg-bupiva 0.2%-ns</i>	1	QL 38 / day
<i>fentanyl 2 mcg-ropiv 0.1%-ns</i>	1	QL 192 / day
<i>fentanyl-ropiv-ns 2 mcg-0.1%</i>	1	QL 192 / day
<i>fentanyl 2 mcg-ropiv 0.15%-ns</i>	1	QL 192 / day
FENTORA	3	QL 4 / day PA AL At least 18 yrs old
FIORICET WITH CODEINE	3	QL 6 / day
FIORINAL WITH CODEINE #3	3	QL 6 / day AL At least 18 yrs old
HYCET	3	QL 140 / day AL At least 2 yrs old
<i>hydrocodone-acetaminophen (5-163/7.5, 10-325/15)</i>	1	AL At least 2 yrs old
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	1	QL 140 / day AL At least 2 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>hydrocodone-acetamin 2.5-325</i>	1	<p>QL 20 / day</p> <p>AL At least 18 yrs old</p>
<i>hydrocodone-acetamin 7.5-325</i>	1	<p>QL 8 / day</p> <p>AL At least 18 yrs old</p>
<i>hydrocodone-acetaminophen (5-300 mg, 7.5-300, 10-300 mg)</i>	1	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>
<i>hydrocodone-acetaminophen (5-325 mg, 10-325 mg)</i>	1	<p>QL 12 / day</p> <p>AL At least 18 yrs old</p>
<i>hydrocodone-ibuprofen (7.5-200, 10-200)</i>	1	<p>QL 5 / day</p> <p>AL At least 16 yrs old</p>
<i>hydrocodone-ibuprofen 5-200 mg</i>	1	<p>QL 6 / day</p> <p>AL At least 16 yrs old</p>
<i>hydromor 5 mcg-bupiva 0.1%-ns</i>	1	<p>QL 10 / day</p>
<i>hydromorp 20 mcg-bupiv 0.1%-ns</i>	1	<p>QL 3 / day</p>
<i>hydromorph-bupivac-0.9% nacl (10 mcg-bupiva 0.1%-ns, 20 mcg-bupi 0.125%-ns)</i>	1	
<i>hydromorph-ropiva-0.9% nacl</i>	1	<p>QL 6 / day</p>
<i>hydromorphone er</i>	1	<p>QL 2 / day</p> <p>PA</p>
<i>hydromorphone hcl 1 mg/ml amp</i>	1	<p>QL 13 / day</p>
<i>hydromorphone hcl 10 mg/ml amp</i>	1	<p>QL 1 / day</p> <p>AL At least 18 yrs old</p>
<i>hydromorphone hcl 4 mg/ml amp</i>	1	<p>QL 3 / day</p>
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	1	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>
<i>hydromorphone 3 mg suppos</i>	1	<p>QL 4 / day</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>hydromorphone 0.5 mg/0.5 ml</i>	1	<p>QL 50 / day</p> <p>AL At least 18 yrs old</p>
<i>hydromorphone 4 mg/ml carpujct</i>	1	<p>QL 3 / day</p> <p>AL At least 18 yrs old</p>
<i>hydromorphone hcl (1 mg/ml carpujct, 1 mg/ml syringe)</i>	1	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>
<i>hydromorphone hcl (2 mg/ml carpujct, 2 mg/ml isecure)</i>	1	<p>QL 6 / day</p> <p>AL At least 18 yrs old</p>
<i>hydromorphone hcl (2 mg/ml syringe, 2 mg/ml vial, hcl 2 mg/ml amp, 60 mg/30 ml syr)</i>	1	<p>QL 6 / day</p>
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	1	<p>QL 6 / day</p> <p>AL At least 18 yrs old</p>
<i>hydromorphone hcl (10 mg/ml vial, hcl 10 mg/ml vl, 50 mg/5 ml vial, 500 mg/50 ml via)</i>	1	<p>QL 1 / day</p>
<i>hydromorphone hcl-0.9% nacl (1 mg/5 ml-ns, 6 mg/30 ml-ns vl, 12 mg/30 ml-ns, 250 mg/250 ml-ns)</i>	1	
<i>hydromorphone hcl-0.9% nacl (10 mg/50 ml-ns, 50 mg/50 ml-ns)</i>	1	<p>QL 1 / day</p>
<i>hydromorphone hcl-0.9% nacl (30 mg/30 ml-ns, 55 mg/55 ml-ns)</i>	1	<p>QL 13 / day</p>
<i>hydromorphone 0.5 mg/50 ml-ns</i>	1	<p>QL 5000 / day</p>
<i>hydromorphone 1 mg/50 ml-ns</i>	1	<p>QL 50 / day</p>
<i>hydromorphone 2 mg/50 ml-ns</i>	1	<p>QL 313 / day</p>
<i>hydromorphone hcl-0.9% nacl (100 mg/50 ml-ns, 200 mg/100 ml-ns)</i>	1	<p>QL 6 / day</p>
<i>hydromorphone hcl-0.9% nacl (15 mg/30 ml-ns, 25 mg/50 ml-ns)</i>	1	<p>QL 25 / day</p>



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>hydromorphone hcl-0.9% nacl (hydromorphone 6 mg/30 ml-ns, hydromorphone 20 mg/100 ml-ns, hydromorphone-ns 6 mg/30 ml, hydromorphone-ns 10 mg/50 ml, hydromorphone-ns 20 mg/100 ml)</i>	1	QL 63 / day
<i>hydromorphone 0.5 mg/5 ml-d5w</i>	1	
HYSINGLA ER	3	QL 1 / day PA
IBUDONE 10-200 MG TABLET	3	QL 5 / day AL At least 16 yrs old
IBUDONE 5-200 MG TABLET	1	QL 6 / day AL At least 16 yrs old
INFUMORPH 200 MG/20 ML AMPUL	3	QL 5 / day
INFUMORPH 500 MG/20 ML AMPUL	3	QL 2 / day
IONSYS	3	QL 1 / day
KADIAN (ER 10 MG CAPSULE, ER 20 MG CAPSULE, ER 50 MG CAPSULE, ER 100 MG CAPSULE)	3	QL 2 / day PA
KADIAN (ER 30 MG CAPSULE, ER 40 MG CAPSULE, ER 60 MG CAPSULE, ER 80 MG CAPSULE, ER 200 MG CAPSULE)	3	QL 1 / day PA
LAZANDA	3	QL 4 / day PA AL At least 18 yrs old
LORCET	1	QL 12 / day AL At least 18 yrs old
LORCET HD	1	QL 12 / day AL At least 18 yrs old
LORCET PLUS	1	QL 6 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
LORTAB 10 MG-300 MG/15 ML ELXR	3	<p>QL 90 / day</p> <p>AL At least 2 yrs old</p>
LORTAB (5-325 MG TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	1	<p>QL 8 / day</p> <p>AL At least 18 yrs old</p>
<i>meperidine 10 mg/ml cartridge</i>	1	<p>QL 50 / day</p> <p>AL At least 18 yrs old</p>
<i>meperidine 50 mg/5 ml solution</i>	1	<p>QL 50 / day</p> <p>AL At least 18 yrs old</p>
<i>meperidine 100 mg tablet</i>	1	<p>QL 5 / day</p> <p>AL At least 18 yrs old</p>
<i>meperidine 50 mg tablet</i>	1	<p>QL 10 / day</p> <p>AL At least 18 yrs old</p>
<i>meperidine 100 mg/ml vial</i>	1	<p>QL 5 / day</p> <p>AL At least 18 yrs old</p>
<i>meperidine 25 mg/ml vial</i>	1	<p>QL 20 / day</p> <p>AL At least 18 yrs old</p>
<i>meperidine 50 mg/ml vial</i>	1	<p>QL 10 / day</p> <p>AL At least 18 yrs old</p>
<i>meperidine 300 mg/30 ml-ns syr</i>	1	
<i>meperidine hcl-0.9% nacl (meperidine 550 mg/55 ml-ns syr, meperidine-ns 250 mg/25 ml syr, meperidine-ns 550 mg/55 ml syr, meperidine-ns 1,000 mg/100 ml)</i>	1	<p>QL 50 / day</p>
<i>methadone 10 mg/5 ml solution</i>	1	<p>QL 8 / day</p> <p>PA</p>
<i>methadone 5 mg/5 ml solution</i>	1	<p>QL 18 / day</p> <p>PA</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>methadone hcl 10 mg/ml syringe</i>	1	QL 2 / day PA
<i>methadone hcl (5 mg/0.5 ml syringe, 10 mg/ml oral conc, hcl 10 mg tablet)</i>	1	QL 2 / day PA
<i>methadone hcl 5 mg tablet</i>	1	QL 3 / day PA
<i>methadone hcl (10 mg/ml vial, 200 mg/20 ml vl)</i>	1	QL 2 / day
METHADONE INTENSOL	1	QL 2 / day PA
METHADOSE 10 MG/ML ORAL CONC	3	QL 2 / day PA
MORPHABOND ER	3	QL 2 / day PA
<i>morphine sulfate (1 mg/ml vial p-f, sulfate 1 mg/ml vial, 30 mg/30 ml syringe)</i>	1	QL 50 / day PA
<i>morphine sulfate (5 mg/ml syringe, 5 mg/ml vial)</i>	1	QL 10 / day PA
<i>morphine sulf 10 mg/5 ml soln</i>	1	QL 25 / day
<i>morphine sulf 20 mg/5 ml soln</i>	1	QL 13 / day
<i>morphine sulf 10 mg suppos</i>	1	QL 5 / day
<i>morphine sulf 30 mg suppos</i>	1	QL 2 / day
<i>morphine sulf 5 mg suppos</i>	1	QL 10 / day
<i>morphine sulfate (20 mg suppos, 100 mg/5 ml soln)</i>	1	QL 3 / day
<i>morphine sulfate (10 mg/ml carpject, 10 mg/ml isecure syrg, 10 mg/ml syringe, sulfate 10 mg/ml vial)</i>	1	QL 5 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>morphine sulfate (2 mg/ml carpject, 2 mg/ml isecure syr, 2 mg/ml syringe)</i>	1	QL 25 / day PA
<i>morphine sulfate (4 mg/ml carpject, 4 mg/ml isecure syr, 4 mg/ml syringe, sulfate 4 mg/ml vial)</i>	1	QL 13 / day PA
<i>morphine sulfate (8 mg/ml carpject, 8 mg/ml isecure syrng, 8 mg/ml syringe, 8 mg/ml vial, sulfate 8 mg/ml vial)</i>	1	QL 6 / day PA
<i>morphine sulfate ir 15 mg tab</i>	1	QL 3 / day AL At least 18 yrs old
<i>morphine sulfate ir 30 mg tab</i>	1	QL 2 / day AL At least 18 yrs old
<i>morphine sulfate (0.5 mg/ml vial, 1 mg/2 ml syringe)</i>	1	QL 100 / day PA
<i>morphine sulfate (10 mg/0.7 ml auto-inj, 15 mg/ml vial)</i>	1	QL 3 / day PA
<i>morphine sulfate (25 mg/ml vial, 25 mg/ml vl)</i>	1	QL 2 / day PA
<i>morphine sulfate 50 mg/ml vial</i>	1	QL 1 / day PA
<i>morphine sulfate er (er 10 mg cap, er 20 mg cap, er 50 mg cap, er 100 mg cap)</i>	1	QL 2 / day PA
<i>morphine sulfate er (er 30 mg cap, er 45 mg cap, er 60 mg cap, er 75 mg cap, er 80 mg cap, er 90 mg cap, er 120 mg cap)</i>	1	QL 1 / day PA
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>	1	QL 3 / day PA
<i>morphine 300 mg/30ml-0.9% nacl</i>	1	QL 5 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>morphine sulfate-0.9% nacl (50 mg/25 ml-0.9% nacl, 150 mg/30 ml-0.9%nacl, 250 mg/50 ml-ns, 250mg/250ml-0.9% nacl, 275 mg/55-0.9% nacl)</i>	1	PA
<i>morphine sulfate-0.9% nacl (1 mg/ml-0.9% syr, 2 mg/2 ml-0.9%, 100mg/100ml-0.9%)</i>	1	QL 50 / day PA
<i>morphine sulfate-0.9% nacl (3 mg/3 ml-0.9% nacl, 1,000 mg/100 ml-ns)</i>	1	
<i>morphine sulfate-0.9% nacl (500mg/100ml-0.9% nacl, 1,250 mg/250 ml-ns)</i>	1	QL 10 / day PA
<i>morphine sulfate-0.9% nacl (morphine 10 mg/10 ml-ns syrng, morphine 30 mg/30 ml-0.9% nacl, morphine 50 mg/50 ml-0.9% nacl, morphine-ns 50 mg/50 ml bag, morphine-ns 100 mg/100 ml)</i>	1	QL 50 / day PA
<i>morphine 0.5 mg/0.5ml-0.9%nacl</i>	1	QL 100/ day PA
<i>morphine 0.5 mg/ml-0.9% nacl</i>	1	QL 100 / day PA
<i>morphine sulfate-d5w</i>	1	PA
MS CONTIN	3	QL 3 / day PA
NORCO	3	QL 12 / day AL At least 18 yrs old
NUCYNTA (50 MG TABLET, 75 MG TABLET)	3	QL 6 / day AL At least 18 yrs old
NUCYNTA 100 MG TABLET	3	QL 7 / day AL At least 18 yrs old
NUCYNTA ER	3	QL 2 / day PA AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
OPANA 1 MG/ML INJ AMPULE	3	<p>QL 17 / day</p> <p>AL At least 18 yrs old</p>
OPANA (5 MG TABLET, 10 MG TABLET)	3	<p>QL 12 / day</p> <p>AL At least 18 yrs old</p>
OXAYDO	3	<p>QL 8 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
<i>oxycodone hcl (5 mg capsule, 5 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	<p>QL 8 / day</p> <p>AL At least 18 yrs old</p>
<i>oxycodone hcl 100 mg/5 ml soln</i>	1	<p>QL 2 / day</p>
<i>oxycodone hcl 5 mg/5 ml soln</i>	1	<p>QL 33 / day</p>
<i>oxycodon 10 mg/0.5 ml oral syr</i>	1	<p>QL 4 / day</p>
<i>oxycodone hcl 10 mg tablet</i>	1	<p>QL 8 / day</p>
<i>oxycodone hcl er</i>	1	<p>QL 3 / day</p> <p>PA</p>
<i>oxycodone hcl-aspirin</i>	1	<p>QL 7 / day</p> <p>AL At least 18 yrs old</p>
<i>oxycodone hcl-ibuprofen</i>	1	<p>QL 4 / day</p> <p>AL At least 18 yrs old</p>
<i>oxycodone-acetaminophn 5-325/5</i>	1	<p>QL 62 / day</p> <p>AL At least 18 yrs old</p>
<i>oxycodon-acetaminophen 7.5-300</i>	1	<p>QL 4 / day</p> <p>AL At least 18 yrs old</p>
<i>oxycodone-acetaminophen (oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325)</i>	1	<p>QL 12 / day</p> <p>AL At least 18 yrs old</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>oxycodone-acetaminophen 10-300</i>	1	<p>QL 3 / day</p> <p>AL At least 18 yrs old</p>
<i>oxycodone-acetaminophen 5-300</i>	1	<p>QL 7 / day</p> <p>AL At least 18 yrs old</p>
OXYCONTIN	3	<p>QL 3 / day</p> <p>PA</p>
<i>oxymorphone hcl</i>	1	<p>QL 12 / day</p> <p>AL At least 18 yrs old</p>
<i>oxymorphone hcl er</i>	1	<p>QL 2 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
PERCOCET (7.5-325 MG TABLET, 10-325 MG TABLET)	3	<p>QL 12 / day</p> <p>AL At least 18 yrs old</p>
PRIMLEV 10-300 MG TABLET	3	<p>QL 3 / day</p> <p>AL At least 18 yrs old</p>
PRIMLEV 5-300 MG TABLET	3	<p>QL 7 / day</p> <p>AL At least 18 yrs old</p>
PRIMLEV 7.5-300 MG TABLET	3	<p>QL 4 / day</p> <p>AL At least 18 yrs old</p>
REPREXAIN 10-200 MG TABLET	1	<p>QL 5 / day</p> <p>AL At least 16 yrs old</p>
REPREXAIN 2.5-200 MG TABLET	3	<p>QL 5 / day</p> <p>AL At least 16 yrs old</p>
REPREXAIN 5-200 MG TABLET	3	<p>QL 6 / day</p> <p>AL At least 16 yrs old</p>
ROXICODONE	3	<p>QL 8 / day</p> <p>AL At least 18 yrs old</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
SUBSYS	3	<p>QL 12 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
SYNALGOS-DC	3	<p>QL 10 / day</p> <p>AL At least 12 yrs old</p>
<i>tramadol hcl</i>	1	<p>QL 8 / day</p> <p>AL At least 18 yrs old</p>
<i>tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, hcl er 100 mg capsule, hcl er 100 mg tablet, hcl er 150 mg capsule, hcl er 200 mg capsule, hcl er 200 mg tablet, hcl er 300 mg capsule, hcl er 300 mg tablet)</i>	1	<p>QL 1 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
<i>tramadol hcl-acetaminophen</i>	1	<p>QL 8 / day</p> <p>AL At least 18 yrs old</p>
TREZIX	3	<p>QL 10 / day</p> <p>AL At least 18 yrs old</p>
TYLENOL-CODEINE NO.3	3	<p>QL 12 / day</p> <p>AL At least 12 yrs old</p>
TYLENOL-CODEINE NO.4	3	<p>QL 6 / day</p> <p>AL At least 12 yrs old</p>
ULTRACET	3	<p>QL 8 / day</p> <p>AL At least 18 yrs old</p>
ULTRAM	3	<p>QL 8 / day</p> <p>AL At least 18 yrs old</p>
ULTRAM ER	3	<p>QL 1 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
VERDROCET	1	<p>QL 20 / day</p> <p>AL At least 18 yrs old</p>



PRODUCT DESCRIPTION	TIER	LIMITS &
VICODIN	1	<p>QL 8 / day</p> <p>AL At least 18 yrs old</p>
VICODIN ES	1	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>
VICODIN HP	1	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>
XARTEMIS XR	3	<p>QL 12 / day</p> <p>AL At least 18 yrs old</p>
XODOL 10-300	3	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>
XODOL 5-300	3	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>
XODOL 7.5-300	3	<p>QL 13 / day</p> <p>AL At least 18 yrs old</p>
XTAMPZA ER	3	<p>QL 2 / day</p> <p>PA</p>
XYLON 10	1	
ZAMICET	3	<p>QL 90 / day</p> <p>AL At least 2 yrs old</p>
ZOHYDRO ER	3	<p>QL 2 / day</p> <p>PA</p>
<b>OPIATE PARTIAL AGONISTS</b>		
BELBUCA	3	<p>QL 2 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
BUNAVAIL (2.1-0.3 MG FILM, 6.3-1 MG FILM)	3	<p>QL 3 / day</p> <p>PA</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
BUNAVAIL 4.2-0.7 MG FILM	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / day</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
BUPRENEX	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>17 / day</div> </div>
<i>buprenorphine</i>	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>0.144 / day</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>3 / day</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>buprenorphine hcl (0.3 mg/ml syring, 0.3 mg/ml vial)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>17 / day</div> </div>
<i>buprenorphine-naloxone</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>3 / day</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>butorphanol 10 mg/ml spray</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>0.3 / day</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 18 yrs old</div> </div>
<i>butorphanol 1 mg/ml vial</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>7 / day</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 18 yrs old</div> </div>
<i>butorphanol 2 mg/ml vial</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>4 / day</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 18 yrs old</div> </div>
BUTRANS	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>.144 / day</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>nalbuphine 100 mg/10 ml vial</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>5 / day</div> </div>
<i>nalbuphine hcl (20 mg/ml ampul, 200 mg/10 ml vial)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>3 / day</div> </div>
<i>pentazocine-naloxone hcl</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>12 / day</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 12 yrs old</div> </div>
SUBOXONE (2 MG-0.5 MG FILM, 8 MG-2 MG FILM)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>3 / day</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
SUBOXONE (4 MG-1 MG FILM, 12 MG-3 MG FILM)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / day</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
TALWIN (30 MG/ML AMPUL, 30 MG/ML VIAL)	3	QL 5 / day
ZUBSOLV	3	QL 3 / day PA
ANOREXIGENIC AGENTS		
AMPHETAMINE DERIVATIVES		
ADIPEX-P (37.5 MG CAPSULE, 37.5 MG TABLET)	3	QL 2 / day PA AL At least 17 yrs old
<i>diethylpropion hcl</i>	1	QL 3 / day PA AL At least 16 yrs old
<i>diethylpropion hcl er</i>	1	QL 1 / day PA
LOMAIRA	1	QL 3 / day PA AL At least 17 yrs old
<i>phendimetrazine er 105 mg cap</i>	1	QL 1 / day PA
<i>phendimetrazine 35 mg tablet</i>	1	QL 3 / day PA
<i>phentermine hcl (15 mg capsule, 30 mg capsule)</i>	1	QL 1 / day PA
<i>phentermine hcl (37.5 mg capsule, 37.5 mg tablet)</i>	1	QL 2 / day PA AL At least 17 yrs old
QSYMIA	3	QL 1 / day PA AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
SUPRENZA ODT	3	PA
ANOREXIGENIC AGENTS, MISCELLANEOUS		
CONTRAVE	3	QL 4 / day PA AL At least 18 yrs old
SELECTIVE SEROTONIN RECEPTOR AGONISTS		
BELVIO	3	QL 2 / day PA AL At least 18 yrs old
BELVIO XR	3	QL 1 / day PA AL At least 18 yrs old
ANOREXIGENICS; RESPIRATORY, CNS STIMULANTS		
AMPHETAMINES		
ADDERALL (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET, 12.5 MG TABLET, 15 MG TABLET, 20 MG TABLET)	3	QL 2 / day ST
ADDERALL XR	3	QL 2 / day ST
ADZENYS ER	3	QL 1 / day ST AL At least 6 yrs old
ADZENYS XR-ODT	3	QL 1 / day ST AL At least 6 yrs old
<i>benzphetamine hcl 25 mg tablet</i>	1	QL 3 / day PA AL At least 12 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>benzphetamine hcl 50 mg tablet</i>	1	QL 3 / day PA
DESOXYN	3	QL 5 / day ST
DEXEDRINE SPANSULE 10 MG	3	QL 5 / day ST
DEXEDRINE SPANSULE 15 MG	3	QL 4 / day ST
DEXEDRINE SPANSULE 5 MG	3	QL 2 / day ST
DEXEDRINE 10 MG TABLET	1	QL 6 / day
DEXEDRINE 5 MG TABLET	1	QL 2 / day
<i>dextroamphetamine 5 mg/5 ml</i>	1	QL 60 / day
<i>dextroamphetamine 10 mg tab</i>	1	QL 6 / day
<i>dextroamphetamine 5 mg tab</i>	1	QL 2 / day
<i>dextroamphetamine er 10 mg cap</i>	1	QL 5 / day
<i>dextroamphetamine er 15 mg cap</i>	1	QL 4 / day
<i>dextroamphetamine sulfate er (d-amphetamine er 5 mg capsule, dextroamphetamine er 5 mg cap)</i>	1	QL 2 / day
<i>dextroamphetamine-amphet er</i>	1	QL 2 / day
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)</i>	1	QL 2 / day
DYANAVAL XR	3	QL 8 / day ST AL At least 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
EVEKEO	3	QL 6 / day ST
<i>methamphetamine hcl</i>	1	QL 5 / day
MYDAYIS	3	QL 1 / day ST
PROCENTRA	3	QL 60 / day ST
REGIMEX	3	QL 3 / day PA AL At least 12 yrs old
VYVANSE (10 MG CAPSULE, 10 MG CHEWABLE TABLET, 20 MG CAPSULE, 20 MG CHEWABLE TABLET, 30 MG CAPSULE, 30 MG CHEWABLE TABLET, 40 MG CAPSULE, 40 MG CHEWABLE TABLET, 50 MG CAPSULE, 50 MG CHEWABLE TABLET, 60 MG CAPSULE, 60 MG CHEWABLE TABLET, 70 MG CAPSULE)	2	QL 1 / day
ZENZEDI (15 MG TABLET, 30 MG TABLET)	3	QL 2 / day ST
ZENZEDI (2.5 MG TABLET, 20 MG TABLET)	3	QL 3 / day ST
ZENZEDI 10 MG TABLET	1	QL 6 / day
ZENZEDI 5 MG TABLET	1	QL 2 / day
ZENZEDI 7.5 MG TABLET	3	QL 8 / day ST
RESPIRATORY AND CNS STIMULANTS		
APTENSIO XR	3	QL 1 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>caffeine and sodium benzoate</i>	1	
<i>caffeine cit 60 mg/3 ml oral</i>	1	
CONCERTA (ER 18 MG TABLET, ER 27 MG TABLET, ER 36 MG TABLET)	3	QL 2 / day ST
CONCERTA ER 54 MG TABLET	3	QL 1 / day ST
COTEMPLA XR-ODT	3	QL 1 / day ST
DAYTRANA	3	QL 1 / day ST
<i>dexmethylphenidate 10 mg tab</i>	1	QL 2 / day
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab)</i>	1	QL 3 / day
<i>dexmethylphenidate er 20 mg cp</i>	1	QL 2 / day
<i>dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp, er 15 mg cp, er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)</i>	1	QL 1 / day
DOPRAM	3	
<i>doxapram hcl</i>	1	
FOCALIN	3	QL 2 / day ST
FOCALIN XR (5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE, 35 MG CAPSULE, 40 MG CAPSULE)	3	QL 1 / day ST
FOCALIN XR 20 MG CAPSULE	3	QL 2 / day ST
METADATE CD	3	QL 1 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
METADATE ER	1	QL 3 / day LCG
METHYLIN 10 MG/5 ML SOLUTION	3	QL 30 / day ST
METHYLIN 5 MG/5 ML SOLUTION	3	QL 60 / day ST
METHYLIN (2.5 MG TAB, 5 MG TABLET, 10 MG TABLET)	3	QL 3 / day ST
<i>methylphenidate er (er 20 mg cap, er 40 mg cap, er 54 mg tab, er 72 mg tab)</i>	1	QL 1 / day
<i>methylphenidate er (er 18 mg tab, er 27 mg tab, er 30 mg cap, er 36 mg tab)</i>	1	QL 2 / day
<i>methylphenidate er 10 mg tab</i>	1	QL 5 / day
<i>methylphenidate er 20 mg tab</i>	1	QL 3 / day
<i>methylphenidate 10 mg/5 ml sol</i>	1	QL 30 / day
<i>methylphenidate 5 mg/5 ml soln</i>	1	QL 60 / day
<i>methylphenidate 2.5 mg chew tb</i>	1	
<i>methylphenidate hcl (5 mg chew tab, 10 mg chew tab, 20 mg tablet)</i>	1	QL 3 / day
<i>methylphenidate 10 mg tablet</i>	1	QL 5 / day LCG
<i>methylphenidate 5 mg tablet</i>	1	QL 3 / day LCG
<i>methylphenidate hcl cd</i>	1	QL 1 / day
<i>methylphenidate hcl er (er 10 mg cap, er 50 mg cap, er 60 mg cap)</i>	1	QL 1 / day



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>methylphenidate la (20 mg cap, 40 mg cap, 60 mg cap)</i>	1	QL 1 / day
<i>methylphenidate la 30 mg cap</i>	1	QL 2 / day
QUILLICHEW ER (ER 20 MG CHEW TAB, ER 40 MG CHEW TAB)	3	QL 1 / day ST AL At least 6 yrs old
QUILLICHEW ER 30 MG CHEW TAB	3	QL 2 / day ST AL At least 6 yrs old
QUILLIVANT XR	3	QL 12 / day ST
RITALIN (5 MG TABLET, 20 MG TABLET)	3	QL 3 / day ST
RITALIN 10 MG TABLET	3	QL 5 / day ST
RITALIN LA (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	3	QL 1 / day ST
RITALIN LA 30 MG CAPSULE	3	QL 2 / day ST
<b>WAKEFULNESS-PROMOTING AGENTS</b>		
<i>armodafinil</i>	1	QL 1 / day PA
<i>modafinil</i>	1	QL 1 / day PA
NUVIGIL	3	QL 1 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
PROVIGIL	3	<div style="display: inline-block; background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 1 / day <div style="display: inline-block; background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
ALBENZA	3	<div style="display: inline-block; background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 4 / day <div style="display: inline-block; background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
BILTRICIDE	3	<div style="display: inline-block; background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
EMVERM	3	<div style="display: inline-block; background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
<i>ivermectin</i>	1	<div style="display: inline-block; background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
STROMEKTOL	3	<div style="display: inline-block; background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
URINARY ANTI-INFECTIVES		
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	
<i>nitrofurantoin (25 mg/5 ml susp, mcr 25 mg cap, mcr 50 mg cap, mcr 100 mg cap)</i>	1	
<i>nitrofurantoin mono-macro</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
URIBEL	1	<div style="display: inline-block; background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 4 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
UROGESIC-BLUE	3	
ANTI-INFECTIVES (EENT)		
ANTIBACTERIALS (EENT)		
AK-POLY-BAC	1	QL 0.434 / day
AZASITE	3	QL 0.36/day
<i>bacitracin 500 unit/gm ophth</i>	1	QL 0.434 / day
<i>bacitracin-polymyxin</i>	1	QL 0.434 / day
BACTROBAN NASAL	2	PA
BESIVANCE	3	QL 0.767 / day
BLEPH-10	3	QL 5 / fill
BLEPHAMIDE	3	QL 5 / fill
BLEPHAMIDE S.O.P.	3	QL 4 / fill
CETRAXAL	3	QL 0.567 / day
CILOXAN (EYE DROPS, OINTMENT)	3	QL 0.767 / day
CIPRO HC	3	QL 0.434 / day
CIPRODEX	2	QL 0.257 / day
<i>ciprofloxacin 0.2% otic soln</i>	1	QL 0.567 / day
<i>ciprofloxacin 0.3% eye drop</i>	1	QL 0.767 / day
COLY-MYCIN S	3	QL 10 / fill
CORTISPORIN-TC	3	QL 10 / fill
<i>doxycycline hyclate 20 mg tab</i>	1	
<i>erythromycin 0.5% eye ointment</i>	1	QL 0.54 / day
FLOXIN	3	QL 10 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>gatifloxacin</i>	1	QL 0.36/day
GENTAK	1	QL 0.54 / day
<i>gentamicin sulfate (0.3% drops, 3 mg/ml drops)</i>	1	QL 2.143 / day
<i>gentamicin 0.3% eye ointment</i>	1	QL 0.54 / day
<i>levofloxacin 0.5% eye drops</i>	1	QL 0.767 / day
MAXITROL EYE DROPS	3	QL 5 / fill
MAXITROL EYE OINTMENT	3	QL 4 / fill
MOXEZA	2	QL 0.434 / day
<i>moxifloxacin 0.5% eye drops</i>	1	QL 0.434 / day
NEO-POLYICIN	1	QL 0.124 / day
NEO-POLYICIN HC	1	QL 4 / fill
<i>neomycin-bacitracin-poly-hc</i>	1	QL 4 / fill
<i>neomycin-bacitracin-polymyxin</i>	1	QL 0.124 / day
<i>neomyc-polym-dexameth eye drop</i>	1	QL 5 / fill
<i>neomyc-polym-dexamet eye ointm</i>	1	QL 4 / fill
<i>neomycin-polymyxin-gramicidin</i>	1	QL 1.47 / day
<i>neomycin-poly-hc eye drops</i>	1	QL 10/ fill
<i>neomycin-polymyxin-hc ear susp</i>	1	QL 10 / fill
<i>neomycin-polymyxin-hydrocort</i>	1	QL 10 / fill
NEOSPORIN	3	QL 1.47 / day
OCUFLOX	3	QL 1.47 / day
<i>ofloxacin 0.3% ear drops</i>	1	QL 10 / 30 days
<i>ofloxacin 0.3% eye drops</i>	1	QL 1.47 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
OTIPRIO	3	
OTOVEL	3	
POLYCIN	1	QL 0.434 / day
<i>polymyxin b sul-trimethoprim</i>	1	QL 1.47 / day
POLYTRIM	3	QL 1.47 / day
PRED-G 1% EYE DROPS	3	QL 5 / fill
PRED-G S.O.P. EYE OINTMENT	3	QL 4 / fill
<i>sulfacetamide 10% eye drops</i>	1	QL 5 / fill
<i>sulfacetamide 10% eye ointment</i>	1	QL 4 / fill
<i>sulfacetamide-prednisolone</i>	1	QL 5 / fill
TOBRADEX EYE DROPS	3	QL 5 / fill
TOBRADEX EYE OINTMENT	3	QL 4 / fill
TOBRADEX ST	3	QL 5 / fill
<i>tobramycin 0.3% eye drops</i>	1	QL 2.143 / day
<i>tobramycin-dexamethasone</i>	1	QL 5 / fill
TOBREX 0.3% EYE DROPS	3	QL 2.143 / day
TOBREX 0.3% EYE OINTMENT	3	QL 0.54 / day
<i>vancomycin 2 mg/0.2 ml syringe</i>	1	
VIGAMOX	2	QL 0.434 / day
ZYLET	3	QL 5 / fill
ZYMAXID	3	QL 0.36/day
<b>ANTIFUNGALS (EENT)</b>		
NATACYN	3	QL 0.767 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>ANTIVIRALS (EENT)</b>		
<i>trifluridine</i>	1	
VIROPTIC	3	
ZIRGAN	3	QL 0.167 / day
<b>EENT ANTI-INFECTIVES, MISCELLANEOUS</b>		
ACETASOL HC	1	
<i>acetic acid 2% ear solution</i>	1	
<i>acetic acid-aluminum</i>	1	
BETADINE	3	
<i>chlorhexidine gluconate</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
PAROEX	1	
PERIDEX	3	
PERIOGARD	1	
<i>povidone iodine</i>	1	
<b>ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)</b>		
<b>ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)</b>		
ACANYA	3	QL 1.667 / day PA
AKTIPAK	3	PA
ALTABAX	3	PA
BACTROBAN (CREAM, OINTMENT)	3	
BENZACLIN (GEL, GEL 35G PUMP, GEL 50G PUMP)	3	QL 1.667 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
BENZAMYCIN	3	QL 1.6 / day PA
CENTANY	3	PA
CLEOCIN 2% VAGINAL CREAM	3	
CLEOCIN 100 MG VAGINAL OVULE	2	
CLEOCIN T 1% GEL	3	QL 75 / 30 days
CLEOCIN T (LOION, PLEDGES, SOLUION)	3	
CLINDACIN ETZ 1% PLEDGET	1	
CLINDACIN P	1	
CLINDAGEL	3	QL 75 / 30 days PA
<i>clindamax</i>	1	
<i>clindamycin phos-benzoyl perox</i>	1	QL 1.5 / day
<i>clindamycin phos-tretinoin</i>	1	QL 2 / day PA
<i>clindamycin phosphate 1% foam</i>	1	QL 1.667 / day
<i>clindamycin ph 1% gel</i>	1	QL 75 / 30 days
<i>clindamycin phosphate (ph 1% solution, phos 1% pledget, phosp 1% lotion, 2% vaginal cream)</i>	1	
<i>clindamycin-benzoyl peroxide (clinda-benzoyl 1-5% pump, clindamycin-benzoyl 1-5%)</i>	1	QL 1.667 / day
CLINDESSE	3	
CORTISPORIN CREAM	3	QL 0.25 / day
CORTISPORIN OINTMENT	3	QL 0.5 / day
DUAC	3	QL 1.5 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
ERY	1	
ERYGEL	3	QL 1 / day
<i>erythromycin 2% gel</i>	1	QL 1 / day
<i>erythromycin (pledgets, solution)</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	QL 1.60 / day
EVOCLIN	3	QL 1.667 / day
<i>gentamicin sulfate (cream, ointment)</i>	1	
METROCREAM	3	
METROGEL (GEL, PUMP)	3	
METROGEL-VAGINAL	3	
METROLOTION	3	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 1% gel, vaginal 0.75% gl)</i>	1	
<i>mupirocin (cream, ointment)</i>	1	
NEO-SYNALAR 0.5%-0.025% CREAM	3	
NEUAC GEL	1	QL 1.5 / day
NORITATE	3	PA
NUVESSA	3	
ONEXTON 1.2%-3.75% GEL	3	QL 1.667 / day
ONEXTON GEL PUMP	3	QL 1.967 / day
ROSDAN 0.75% CREAM	1	
ROSDAN (CREAM KIT, GEL KIT)	3	
VANDAZOLE	1	
VELTIN	3	QL 2 / day PA



PRODUCT DESCRIPTION	TIER	LIMITS &
ZIANA	3	<span>QL</span> 2 / day <span>PA</span>
<b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)</b>		
<i>acyclovir 5% ointment</i>	1	
DENAVIR	3	<span>QL</span> 0.167 / day <span>PA</span> <span>AL</span> At least 12 yrs old
XERESE	3	<span>QL</span> 0.167 / day <span>PA</span> <span>AL</span> At least 6 yrs old
ZOVIRAX 5% CREAM	2	<span>QL</span> 0.167 / day <span>PA</span> <span>AL</span> At least 12 yrs old
ZOVIRAX 5% OINTMENT	3	<span>QL</span> 30 / fill <span>PA</span> <span>AL</span> At least 12 yrs old
<b>LOCAL ANTI-INFECTIVES, MISCELLANEOUS</b>		
AVC	3	
DERMAZENE	1	
FEM PH	3	
<i>hydrocortisone-iodoquinol</i>	1	
<i>hydrocortisone-iodoquinol-aloe</i>	1	
IODOFLEX	3	
IODOSORB	3	
KLARON	3	<span>QL</span> 4 / day
RELAGARD	3	












PRODUCT DESCRIPTION	TIER	LIMITS &
SILVADENE	3	
<i>silver nitrate (0.5% soln, 10% ointment, 25% solution, 50% solution)</i>	1	
<i>silver sulfadiazine</i>	1	
SSD	1	
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	1	QL 4 / day
THERMAZENE	1	
VYTONE	3	PA
SCABICIDES AND PEDICULICIDES		
ELIMITE	3	
EURAX (CREAM, LOTION)	3	ST
<i>lindane (lotion, shampoo)</i>	1	
<i>malathion</i>	1	
NATROBA	3	ST
OVIDE	3	ST
<i>permethrin</i>	1	
SKLICE	3	ST
<i>spinosad</i>	1	
ULESFIA	3	ST
ANTI-INFLAMMATORY AGENTS (EENT)		
CORTICOSTEROIDS (EENT)		
ALREX	3	QL 0.5 / day
BECONASE AQ	3	QL 1.667 / day
CORTANE-B	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
DERMOTIC	3	
<i>dexamethasone 0.1% eye drop</i>	1	QL 10 / fill
DUREZOL	3	
FLAREX	3	QL 10 / fill
<i>flunisolide</i>	1	QL .834 / day
<i>fluocinolone acetonide oil</i>	1	
<i>fluorometholone</i>	1	QL 10 / fill
FML	3	QL 10 / fill
FML FORTE	3	QL 10 / fill
FML S.O.P.	3	QL 4 / fill
ILUVIEN	4	QL max 1 per 365 days NPS Non-Preferred Specialty Drug
LOTEMAX 0.5% OPHTHALMIC GEL	3	QL 10 / fill
LOTEMAX 0.5% EYE DROPS	3	QL 21 / fill
LOTEMAX 0.5% EYE OINTMENT	3	QL 4 / fill
MAXIDEX	3	QL 10 / fill
<i>mometasone furoate 50 mcg spry</i>	1	QL 0.567 / day PA
NASONEX	3	QL 0.567 / day PA
OMNARIS	3	QL 0.434 / day
OMNIPRED	3	QL 21 / fill
OZURDEX	4	QL 0.04 / day NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
PRED FORTE	3	QL 21 / fill
PRED MILD	3	QL 21 / fill
<i>prednisolone acetate</i>	1	QL 21 / fill
<i>prednisolone sod 1% eye drop</i>	1	
QNASL	3	QL 0.3 / day
QNASL CHILDREN	3	
RETISERT	4	QL max 1 per 365 days NPS Non-Preferred Specialty Drug
RHINOCORT AQUA	3	QL 0.574 / day
TRIESENCE	3	QL 1 / day
VERAMYST	3	QL 0.357 / day
VEXOL	3	QL 10 / fill
ZETONNA	3	QL 0.22 / day
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
XIIDRA	3	QL 2 / day PA AL At least 17 yrs old
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
ACULAR	3	QL 15 / 30 days
ACULAR LS	3	QL 5 / fill
ACUVAIL	2	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>bromfenac sodium</i>	1	QL 8 / rx
BROMSITE	3	QL 15/ 180 days
<i>diclofenac 0.1% eye drops</i>	1	QL 5 / fill
<i>flurbiprofen sodium</i>	1	QL 3/ fill
ILEVRO	3	QL 4 / fill
<i>ketorolac 0.4% ophth solution</i>	1	QL 5 / fill
<i>ketorolac 0.5% ophth solution</i>	1	QL 15 / 30 days
NEVANAC	3	QL 3/ fill
OCUFEN	3	QL 3/ fill
PROLENSA	3	QL 3/ fill
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
LEUKOTRIENE MODIFIERS		
ACCOLATE	3	QL 2 / day
<i>montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	1	QL 1 / day
SINGULAIR (4 MG GRANULES, 4 MG TABLET CHEW, 5 MG TABLET CHEW, 10 MG TABLET)	3	QL 1 / day
<i>zafirlukast</i>	1	QL 2 / day
<i>zileuton er</i>	3	QL 4 / day ST
ZYFLO	3	QL 4 / day ST
ZYFLO CR	3	QL 4 / day ST

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>MAST-CELL STABILIZERS</b>		
ALOCRIL	3	QL 5 / fill
<i>cromolyn 20 mg/2 ml neb soln</i>	1	
<i>cromolyn 4% eye drops</i>	1	QL 10 / fill
<i>cromolyn 100 mg/5 ml oral conc</i>	1	
GASTROCROM	3	
<b>ANTIANEMIA DRUGS</b>		
<b>IRON PREPARATIONS</b>		
ACTIVE FE	3	GL Female
FERAHEME	4	NPS Non-Preferred Specialty Drug
FEROCON	1	
FEROTRINSIC	1	
FERREX 150 FORTE	3	
FERRLECIT	4	NPS Non-Preferred Specialty Drug
FOCALGIN DSS	3	GL Female
FOLIVANE-PLUS	3	
FUSION PLUS	3	
FUSION SPRINKLES	3	
HEMATINIC WITH FOLIC ACID	1	
HEMATRON-AF	3	
HEMAX	1	
HEMOCYTE-F	1	
ICAR-C PLUS	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
INFED	4	 Non-Preferred Specialty Drug
INJECTAFER	4	 Non-Preferred Specialty Drug
MAXARON FORTE	3	
MULTIGEN FOLIC	3	
MULTIGEN PLUS	3	
POLYSACCHARIDE IRON FORTE	1	
<i>prenatal low iron</i>	3	 Female
PROFERRIN-FORTE	3	
<i>sod ferric gluconate complex</i>	4	 Non-Preferred Specialty Drug
TRIFERIC (272 MG POWDER PACKET, 272 MG/50 ML AMPULE)	4	 Non-Preferred Specialty Drug
VENOFER	4	 Non-Preferred Specialty Drug
VINATE GT	3	 Female
VINATE II	3	 Female
VINATE ULTRA	3	 Female
VIVA DHA	3	 Female
VYNATAL-FA	1	 Female
<b>ANTIARRHYTHMIC AGENTS</b>		
<b>CLASS IA ANTIARRHYTHMICS</b>		
<i>disopyramide phosphate</i>	1	
NORPACE	3	
NORPACE CR 100 MG CAPSULE	2	

PRODUCT DESCRIPTION	TIER	LIMITS &
NORPACE CR 150 MG CAPSULE	3	
<i>procainamide 500 mg/ml vial</i>	1	
<i>quinidine gluc er 324 mg tab</i>	1	
<i>quinidine gluc 80 mg/ml vial</i>	1	
<i>quinidine sulfate (sulf er 300 mg tab, sulfate 200 mg tab, sulfate 300 mg tab)</i>	1	
<b>CLASS IB ANTIARRHYTHMICS</b>		
<i>buffered lidocaine</i>	3	
<i>lidocaine hcl (hcl 1% abboject, hcl 1% syringe, hcl 2% abboject, hcl 2% luer-jet, hcl 2% syringe, hcl 2% vial, 40 mg/2 ml (2%) syrg, 100 mg/5 ml (2%) syr, hcl 100 mg/10 ml syr)</i>	1	
<i>lidocaine hcl in 5% dextrose</i>	1	
<i>mexiletine hcl</i>	1	
XYLOCAINE IV	3	
<b>CLASS IC ANTIARRHYTHMICS</b>		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	PA
RYTHMOL	3	
RYTHMOL SR	3	PA
<b>CLASS II ANTIARRHYTHMICS</b>		
<i>atenolol (25 mg tablet, 50 mg tablet)</i>	1	LCG
<i>atenolol 100 mg tablet</i>	1	
<i>metoprolol succinate (er 25 mg tab, er 100 mg tab, er 200 mg tab)</i>	1	



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>metoprolol tartrate (25 mg tab, 50 mg tab)</i>	1	LCG
<i>metoprolol tartrate 100 mg tab</i>	1	
<i>propranolol 10 mg tablet</i>	1	
<b>CLASS III ANTIARRHYTHMICS</b>		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	
<i>amiodarone hcl (150 mg/3 ml syringe, 150 mg/3 ml vial, 450 mg/9 ml vial, 900 mg/18 ml vial)</i>	1	
<i>amiodarone hcl-d5w (amiodarone 150 mg/100 ml-d5w, amiodarone 450 mg/250 ml-d5w, amiodarone 750 mg/500 ml-d5w, amiodarone 900 mg/500 ml-d5w, amiodarone-d5w 150 mg/100 ml)</i>	1	
CORDARONE	2	
CORVERT	3	
<i>dofetilide (250 mcg capsule, 500 mcg capsule)</i>	4	NPS Non-Preferred Specialty Drug
<i>ibutilide fumarate</i>	1	
MULTAQ	3	PA
NEXTERONE	3	
PACERONE	1	
TIKOSYN (250 MCG CAPSULE, 500 MCG CAPSULE)	4	NPS Non-Preferred Specialty Drug
<b>CLASS IV ANTIARRHYTHMICS</b>		
ADENOCARD	3	
<i>adenosine (6 mg/2 ml syringe, 6 mg/2 ml vial, 12 mg/4 ml syringe, 12 mg/4 ml vial)</i>	1	
<i>verapamil er 240 mg tablet</i>	1	OL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate</i>	1	
BETHKIS	4	PA PS
<i>gentamicin sulfate (10 mg/ml vial, 20 mg/2 ml vial, ped 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	1	
<i>gentamicin sulfate in ns</i>	1	
<i>neomycin sulfate</i>	1	
<i>streptomycin sulfate</i>	1	
TOBI	4	PA NPS Non-Preferred Specialty Drug
TOBI PODHALER	4	PA NPS Non-Preferred Specialty Drug
<i>tobramycin (300 mg/5 ml ampule, pak 300 mg/5 ml)</i>	4	PA NPS Non-Preferred Specialty Drug
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	1	
<i>tobramycin sulfate in ns</i>	1	
<b>CHLORAMPHENICOL</b>		
<i>chloramphenicol sod succinate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>MACROLIDES</b>		
E.E.S. 200	3	
E.E.S. 400	3	
ERY-TAB	3	
ERYPED 200	2	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE (1 GM ADDVANT VIAL, 500 MG ADDVNT VL, 500 MG VIAL)	3	
ERYTHROCIN STEARATE	3	
<i>erythromycin (250 mg filmtab, dr 250 mg cap, ec 250 mg cap, 500 mg filmtab)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5 ml gran, es 400 mg tab)</i>	1	
PCE	3	
<b>QUINOLONES</b>		
AVELOX	3	QL 21 / fill
AVELOX ABC PACK	3	QL 5 / day
AVELOX IV	3	
BAXDELA (300 MG VIAL, 450 MG TABLET)	3	QL max 14 days PA
CIPRO 10% SUSPENSION	3	QL 10 / day
CIPRO 5% SUSPENSION	3	QL 7 / day
CIPRO (250 MG TABLET, 500 MG TABLET)	3	QL 2 / day
CIPRO I.V.	3	
CIPRO XR 1,000 MG TABLET	3	QL 14 / 1 rx

PRODUCT DESCRIPTION	TIER	LIMITS &
CIPRO XR 500 MG TABLET	3	QL 28 / fill
<i>ciprofloxacin 250 mg/5 ml susp</i>	1	QL 7 / day
<i>ciprofloxacin 500 mg/5 ml susp</i>	1	QL 10 / day
<i>ciprofloxacin (200 mg/20 ml vl, 400 mg/40 ml vl)</i>	1	
<i>ciprofloxacin er 1,000 mg tab</i>	1	QL 14 / 1 rx
<i>ciprofloxacin er 500 mg tablet</i>	1	QL 28 / fill
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 750 mg tab)</i>	1	QL 2 / day
<i>ciprofloxacin hcl 500 mg tab</i>	1	QL 2 / day LCG
<i>ciprofloxacin-d5w</i>	1	
FACTIVE	3	QL 7 / day PA
LEVAQUIN	3	QL 30 / fill
<i>levofloxacin (25 mg/ml solution, 250 mg/10 ml soln, 500 mg/20 ml soln)</i>	1	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	QL 30 / fill
<i>levofloxacin (500 mg/20 ml vial, 750 mg/30 ml vial)</i>	1	
<i>levofloxacin-d5w</i>	1	
<i>moxifloxacin 400 mg/250 ml bag</i>	1	
<i>moxifloxacin hcl 400 mg tablet</i>	1	QL 21 / fill
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	1	QL 56 / fill
<b>SULFONAMIDES (SYSTEMIC)</b>		
AZULFIDINE (500 MG TABLET, ENTAB 500 MG)	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-tmp ds tablet</i>	1	LCG
<i>sulfamethoxazole-trimethoprim (ss tablet, susp)</i>	1	
<i>sulfamethoxazole-tmp inj vial</i>	1	
<i>sulfasalazine</i>	1	
<i>sulfasalazine dr</i>	1	
SULFATRIM	1	
<b>TETRACYCLINES</b>		
ACTICLATE	3	ST
ADOXA	3	ST
AVIDOXY	1	
<i>demeclocycline hcl</i>	1	
DORYX DR 200 MG TABLET	3	QL 7/ rx ST
DORYX DR 50 MG TABLET	3	ST
DORYX MPC	3	ST
DOXY 100	1	
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline hyclate (75 mg tab, 150 mg tab)</i>	3	ST
<i>doxycycline hyc dr 200 mg tab</i>	1	QL 7/ rx ST
<i>doxycycline hyclate (dr 50 mg tab, dr 75 mg tab, dr 100 mg tab, dr 150 mg tab)</i>	1	ST

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>doxycycline hyc 100 mg vial</i>	1	
<i>doxycycline ir-dr</i>	1	QL 1 / day
<i>doxycycline mono 150 mg cap</i>	1	QL 30 / fill
<i>doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 75 mg capsule, mono 75 mg tablet, mono 100 mg cap, mono 100 mg tablet, mono 150 mg tablet)</i>	1	
MINOCIN (50 MG CAP, 75 MG CAP, 100 MG CAP)	3	
MINOCIN 100 MG VIAL	3	
<i>minocycline hcl (50 mg capsule, hcl 50 mg tablet, 75 mg capsule, hcl 75 mg tablet, 100 mg capsule, hcl 100 mg tablet)</i>	1	
<i>minocycline er 45 mg tablet</i>	1	QL 3 / day ST
<i>minocycline hcl er (er 90 mg tablet, er 135 mg tablet)</i>	1	QL 1 / day ST
MONDOXYNE NL	1	
MONODOX	3	
MORGIDOX (50 MG CAPSULE, 100 MG CAPSULE)	1	
OKEBO	1	
ORACEA	3	QL 1 / day PA
SOLODYN	3	QL 1 / day PA
TARGADOX	3	ST
<i>tetracycline hcl</i>	1	LCG
VIBRAMYCIN (25 MG/5 ML SUSP, 50 MG/5 ML SYRUP, 100 MG CAPSULE)	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTIBACTERIALS, MISCELLANEOUS		
BACITRACINS		
BACIIM	1	
<i>bacitracin (unit vial, units vial)</i>	1	
CYCLIC LIPOPEPTIDES		
CUBICIN	3	
CUBICIN RF	3	
<i>daptomycin</i>	1	
GLYCOPEPTIDES		
VANCOGIN HCL	3	
<i>vancomycin</i>	1	
<i>vancomycin hcl (125 mg capsule, 250 mg capsule)</i>	1	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 1g/200 ml bag, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 125 mg/2.5 ml oral, 500 mg a-v vial, 500 mg vial, hcl 750 mg vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>vancomycin hcl-0.9% nacl (vanco 1 gram/150 ml-0.9%, vanco 1 gram/250 ml-0.9%, vanco 1.25 gm/150 ml-0.9%, vanco 1.25 gm/250 ml-0.9%, vanco 1.5 gm/150 ml-0.9%, vanco 1.5 gm/250 ml-0.9%, vanco 1.5 gm/300 ml-0.9%, vanco 1.5 gm/500 ml-0.9%, vanco 1.75 g/250 ml-0.9%, vanco 1.75 gm/500 ml-0.9%, vanco 2 gram/250 ml-0.9%, vanco 2 gram/500 ml-0.9%, vanco 500 mg/100 ml-0.9%, vanco 750 mg/150 ml-0.9%, vanco 750 mg/250 ml-0.9%, vancomycin 1 g/100ml-0.9%, vancomycin 1 g/200ml-0.9%)</i>	1	
<i>vancomycin hcl-d5w (vancomycin 1 gram/100 ml-d5w, vancomycin 1 gram/250 ml-d5w, vancomycin 1.25 gram/250ml-d5w, vancomycin 1.5 gram/250 ml-d5w, vancomycin 1.5 gram/500 ml-d5w, vancomycin 1.75 gram/500ml-d5w, vancomycin 750 mg/250 ml-d5w, vancomycin-d5w 1.5 gram/250 ml, vancomycin-d5w 500 mg/100 ml)</i>	1	
VIBATIV	3	
<b>LINCOMYCINS</b>		
CLEOCIN HCL	3	QL 4 / day
CLEOCIN PALMITATE	3	QL 70/ day
CLEOCIN PHOSPHATE (PHOS 9 G/60 ML VIAL, 150 MG/ML ADDVN VIAL, PHOS 150 MG/ML VIAL, PHOS 300 MG/2 ML VIAL, PHOS 300 MG/2ML ADDVAN, PHOS 600 MG/4 ML VIAL, PHOS 900 MG/6 ML VIAL)	3	
CLEOCIN PHOSPHATE IN D5W	3	
<i>clindamycin hcl</i>	1	QL 4 / day
<i>clindamycin palmitate hcl</i>	1	QL 70/ day
<i>clindamycin pediatric</i>	1	QL 70/ day



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>clindamycin phosphate (ph 9 g/60 ml vial, 300 mg/2 ml addvan, ph 300 mg/2 ml vl, 600 mg/4 ml addvan, ph 600 mg/4 ml vl, 900 mg/6 ml addvan, ph 900 mg/6 ml vl)</i>	1	
<i>clindamycin phosphate-d5w</i>	1	
<i>clindamycin-0.9% nacl</i>	1	
LINCOCIN	3	
<i>lincomycin hcl</i>	1	QL 10 / day
<b>OTHER MISC. ANTIBACTERIAL AGENTS</b>		
PYLERA	2	QL 120 / 365 days PA
<b>OXAZOLIDINONES</b>		
<i>linezolid 600 mg/300 ml iv sol</i>	1	
<i>linezolid 100 mg/5 ml susp</i>	1	QL 900 / rx
<i>linezolid 600 mg tablet</i>	1	QL 2 / day
<i>linezolid-0.9% nacl</i>	1	
SIVEXTRO 200 MG TABLET	3	QL 6 / 30 days PA
SIVEXTRO 200 MG VIAL	3	QL 6 / 30 days PA
ZYVOX (200 MG/100 ML IV SOLN, 600 MG/300 ML IV SOLN)	3	PA
ZYVOX 100 MG/5 ML SUSPENSION	3	QL 900 / rx PA
ZYVOX 600 MG TABLET	3	QL 2 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>POLYMYXINS</b>		
<i>colistimethate</i>	1	
COLY-MYCIN M PARENTERAL	3	
<i>polymyxin b sulfate</i>	1	
<b>RIFAMYCINS</b>		
RIFADIN IV 600 MG VIAL	3	
XIFAXAN	3	PA
<b>STREPTOGRAMINS</b>		
SYNERCID	3	
<b>ANTICHOLINERGIC AGENTS</b>		
<b>ANTIMUSCARINICS/ANTISPASMODICS</b>		
ANASPAZ	3	
ANORO ELLIPTA	2	QL 2 / day
ATROVENT HFA	3	QL 1.29 / day
B-DONNA	1	
BENTYL 10 MG/ML AMPUL	3	
BENTYL (10 MG CAPSULE, 20 MG TABLET)	3	
BEVESPI AEROSPHERE	3	QL 0.357 / day ST
CANTIL	3	
<i>chlordiazepoxide-clidinium</i>	1	
COMBIVENT RESPIMAT	2	QL 0.267 / day
CUVPOSA	3	
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	1	LCG

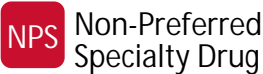






PRODUCT DESCRIPTION	TIER	LIMITS &
<i>dicyclomine 20 mg/2 ml vial</i>	1	
<i>diphenoxylate-atrop 2.5-0.025</i>	1	
DONNATAL (ELIXIR, TABLET)	3	
ED-SPAZ	1	
<i>glycopyrrolate (0.2 mg/ml vial, 0.4 mg/2 ml syr, 0.4 mg/2 ml vl, 0.6 mg/3 ml syr, 1 mg/5 ml syrng, 1 mg/5 ml vial, 4 mg/20 ml vial)</i>	1	
<i>glycopyrrolate (1.5 mg tablet, 2 mg tablet)</i>	1	
<i>glycopyrrolate-sterile water</i>	1	
<i>hyoscyamine sulfate (0.125 mg odt, 0.125 mg tab sl, 0.125 mg/5 ml elix, 0.125 mg/ml drop, sulf 0.125 mg tab)</i>	1	
<i>hyoscyamine sulfate er</i>	1	
<i>hyoscyamine sulfate sr</i>	1	
HYOSYNE (0.125 MG/ML DROP, 125 MCG/5 ML ELIXIR)	1	
INCRUSE ELLIPTA	2	QL 1 / day
<i>ipratropium br 0.02% soln</i>	1	QL 12.5 / day
LEVBID	3	
LEVSIN 0.125 MG TABLET	3	
LEVSIN-SL	3	
LIBRAX	3	
<i>methscopolamine bromide</i>	1	
NULEV	1	
OSCIMIN (0.125 MG ODT, 0.125 MG TABLET)	1	
OSCIMIN SL	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
OSCIMIN SR	1	
PHENOHYTRO	1	
<i>propantheline bromide</i>	1	
ROBINUL (0.2 MG/ML VIAL, 0.4 MG/2 ML VIAL, 1 MG/5 ML VIAL, 4 MG/20 ML VIAL)	3	
ROBINUL FORTE	3	
SEEBRI NEOHALER	3	QL 2 / day PA AL At least 18 yrs old
SPIRIVA	2	QL 1 / day
SPIRIVA RESPIMAT	2	QL 1 / day
STIOLTO RESPIMAT	2	QL 0.134 / day
SYMAX	1	
SYMAX DUOTAB	3	
SYMAX-SL	1	
SYMAX-SR	1	
TUDORZA PRESSAIR	3	QL 0.04 / day PA
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>benztropine mes 2 mg tablet</i>	1	
<b>ANTICOAGULANTS</b>		
<b>ANTICOAGULANTS, MISCELLANEOUS</b>		
<i>sodium citrate 4% syringe</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>COUMARIN DERIVATIVES</b>		
COUMADIN	2	
JANTOVEN (1 MG TABLET, 2.5 MG TABLET, 3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	1	LCG
JANTOVEN (2 MG TABLET, 6 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	1	
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	1	LCG
<i>warfarin sodium (6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ARIXTRA (2.5 MG/0.5 ML SYRINGE, 5 MG/0.4 ML SYRINGE)	4	NPS Non-Preferred Specialty Drug
ARIXTRA (7.5 MG/0.6 ML SYRINGE, 10 MG/0.8 ML SYRINGE)	4	NPS Non-Preferred Specialty Drug
BEVYXXA	3	<ul style="list-style-type: none"> <li>QL 1.25 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
ELIQUIS 5 MG STARTER PACK	3	<ul style="list-style-type: none"> <li>QL 100 / 30 days</li> <li>PA</li> </ul>
ELIQUIS (2.5 MG TABLET, 5 MG TABLET)	3	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> </ul>
<i>fondaparinux sodium</i>	4	NPS Non-Preferred Specialty Drug
SAVAYSA	3	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> </ul>
XARELTO STARTER PACK	2	
XARELTO (10 MG TABLET, 20 MG TABLET)	2	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
XARELTO 15 MG TABLET	2	QL 2 / day
<b>DIRECT THROMBIN INHIBITORS</b>		
ANGIOMAX	3	
<i>argatroban</i>	1	
<i>argatrobn-0.9% nacl 250 mg/250</i>	3	
<i>argatroban-0.9% nacl (argatroban 50 mg/50ml-0.9%nacl, argatrobn-0.9% nacl 125 mg/125)</i>	1	
<i>argatroban-sodium chloride</i>	1	
<i>bivalirudin (250 mg add-vant vl, 250 mg vial)</i>	1	
IPRIVASK	4	NPS Non-Preferred Specialty Drug
PRADAXA	2	QL 2 / day
<b>HEPARINS</b>		
<i>enoxaparin sodium (30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr, 100 mg/ml syringe, 120 mg/0.8 ml syr, 150 mg/ml syringe, 300 mg/3 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
FRAGMIN (2,500 UNITS/0.2 ML SYR, 5,000 UNITS/0.2 ML SYR, 7,500 UNITS/0.3 ML SYR, 10,000 UNITS/ML SYRING, 12,500 UNITS/0.5 ML, 15,000 UNITS/0.6 ML, 18,000 UNITS/0.72 ML, 95,000 UNITS/3.8 ML VL)	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>heparin flush (hep-lock flush 10 units/ml kit, hep-lock flush 100 unit/ml kit, heparin 2 unit/2 ml (1/ml) syr, heparin 3 unit/3 ml (1/ml) syr, heparin 5 unit/5 ml (1/ml) syr, heparin 10 unit/10 ml (1/ml), heparin 30 units/3 ml (10/ml), heparin 60 units/6 ml (10/ml), heparin iv flush 1 unit/ml syr, heparin iv flush 100 units/ml)</i>	1	
<i>heparin flush 10 units/ml syr</i>	1	
<i>heparin lock (lock flush 10 units/ml, 20 units/2 ml (10/ml), lock flush 100 unit/ml, 200 unit/2 ml (100/ml))</i>	1	
<i>heparin lock (30 unit/3 ml (10/ml), 50 units/5 ml (10/ml), 100 unit/10 ml (10/ml), 300 unit/3 ml (100/ml), 500 unit/5 ml (100/ml), 1,000 unit/10 (100/ml), 3,000 unit/30 (100/ml))</i>	1	
<i>heparin sodium (1,000 unit/ml vial, 5,000 unit/ 0.5 ml, 5,000 unit/0.5 ml, 5,000 unit/ml syr, 5,000 unit/ml syrg, 5,000 unit/ml vial, 10,000 unit/ml vl, 20,000 unit/ml vl)</i>	1	
<i>heparin sodium (2,000 unit/2 ml vial, 10,000 unit/10 ml vial, 30,000 unit/30 ml vial, 40,000 units/4 ml vial, 50,000 unit/10 ml vial, 50,000 units/10 ml vl, 50,000 units/5 ml vial)</i>	1	
<i>heparin sodium in 0.45% nacl</i>	1	
<i>heparin sodium-0.45% nacl (2.5 unit/10 ml-1/2 ns, 3 unit/3 ml-1/2 ns, 10 unit/10 ml-1/2 ns, 100 unit/100 ml-1/2 ns, 5,000 unit/1,000-1/2ns, 25,000 unit/500-1/2 ns)</i>	1	
<i>heparin sodium-0.9% nacl (heparin 1,000 unit/1,000 ml-ns, heparin-ns 1,000 units/500 ml, heparin-ns 2,000 unit/1,000 ml)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>heparin sodium-0.9% nacl (heparin 100 unit/100 ml-ns, heparin 250 unit/250 ml-ns, heparin 500 unit/500 ml-ns, heparin 2,000 unit/500 ml-ns, heparin 2,500 unit/250 ml-ns, heparin 2,500 unit/500 ml-ns, heparin 3,000 unit/500 ml-ns, heparin 4,000 unit/1,000 ml-ns, heparin 4,000 unit/500 ml-ns, heparin 5,000 unit/1,000 ml-ns, heparin 5,000 unit/5 ml-ns, heparin 5,000 unit/500 ml-ns, heparin 6,000 unit/1,000 ml-ns, heparin 10,000 unit/1,000ml-ns, heparin 25,000 unit/250 ml-ns, heparin 30,000 unit/1,000-ns, heparin-ns 30 units/3 ml syrng)</i>	1	
<i>heparin sodium-d5w (12,500 unit/250 ml, 25,000 unit/250 ml, 25,000 unit/500 ml)</i>	1	
<i>heparin sodium-d5w (12,500 unit/250, 20,000 unit/500, 25,000 unit/250, 25,000 unit/500)</i>	1	
LOVENOX (30 MG/0.3 ML SYRINGE, 40 MG/0.4 ML SYRINGE, 60 MG/0.6 ML SYRINGE, 80 MG/0.8 ML SYRINGE, 100 MG/ML SYRINGE, 120 MG/0.8 ML SYRINGE, 150 MG/ML SYRINGE, 300 MG/3 ML VIAL)	4	
HEPARIN 50 UNITS/5 ML (10/ML)	1	
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS, MISCELLANEOUS</b>		
APTIOM	3	
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	3	
BRIVIACT (10 MG TABLET, 50 MG TABLET)	3	 
BRIVIACT 100 MG TABLET	3	 
BRIVIACT 25 MG TABLET	3	 



PRODUCT DESCRIPTION	TIER	LIMITS &
BRIVIACT 75 MG TABLET	3	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>3 / day</div> </div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; margin-top: 2px;">PA</div>
BRIVIACT (10 MG/ML ORAL SOLN, 50 MG/5 ML VIAL)	3	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>20 / day</div> </div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; margin-top: 2px;">PA</div>
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet)</i>	1	
<i>carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i>	1	
CARBATROL	2	
DEPACON	3	
DEPAKENE (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	3	
DEPAKOTE	3	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLE	2	
<i>divalproex sodium (dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)</i>	1	
<i>divalproex sodium er</i>	1	
EPITOL	1	
EQUETRO	3	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp)</i>	1	
FELBATOL (400 MG TABLET, 600 MG TABLET, 600 MG/5 ML SUSP)	3	<div style="background-color: #f39c12; color: white; padding: 2px 5px;">PA</div>
FYCOMPA 0.5 MG/ML ORAL SUSP	3	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <div>6 / day</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
FYCOMPA (2 MG TABLET, 2 MG-4 MG TABLET KIT, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	QL 1 / day
<i>gabapentin (100 mg capsule, 300 mg capsule, 400 mg capsule)</i>	1	QL 9 / day
<i>gabapentin (250 mg/5 ml soln, 300 mg/6 ml soln)</i>	1	QL 72 / day
<i>gabapentin 600 mg tablet</i>	1	QL 6 / day
<i>gabapentin 800 mg tablet</i>	1	QL 5 / day
GABITRIL (12 MG TABLET, 16 MG TABLET)	2	
GABITRIL (2 MG TABLET, 4 MG TABLET)	3	
HORIZANT ER 300 MG TABLET	3	QL 4 / day PA
HORIZANT ER 600 MG TABLET	3	QL 2 / day PA
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	3	
KEPPRA 500 MG/5 ML VIAL	3	
KEPPRA XR	3	
LAMICTAL (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	3	
LAMICTAL (5 MG DISPER TABLET, 25 MG DISPER TABLET)	3	PA
LAMICTAL (BLUE)	3	PA
LAMICTAL (GREEN)	3	
LAMICTAL (ORANGE)	3	
LAMICTAL ODT	3	PA
LAMICTAL ODT (BLUE)	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS &
LAMICTAL ODT (GREEN)	3	PA
LAMICTAL ODT (ORANGE)	3	PA
LAMICTAL XR	3	
LAMICTAL XR (BLUE)	3	
LAMICTAL XR (GREEN)	3	
LAMICTAL XR (ORANGE)	3	
<i>lamotrigine (25 mg tablet, 25 mg tb start kit, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab)</i>	1	PA
<i>lamotrigine (blue)</i>	1	
<i>lamotrigine (green)</i>	1	
<i>lamotrigine (orange)</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	PA
<i>lamotrigine odt (blue)</i>	1	
<i>lamotrigine odt (green)</i>	1	
<i>lamotrigine odt (orange)</i>	1	
<i>levetiracetam 500 mg/5 ml soln</i>	1	QL 946 / 30 days
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 750 mg tablet, 1,000 mg tablet)</i>	1	
<i>levetiracetam 500 mg/5 ml vial</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam-nacl</i>	1	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	3	QL 2 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	3	QL 3 / day PA
LYRICA 20 MG/ML ORAL SOLUTION	3	QL 30 / day PA
<i>magnesium sulfate-0.9% nacl (1 g/100 ml-0.9% nacl, 3 gm/50 ml-0.9% nacl, 4 gm/50 ml-0.9% nacl, 6 g/100 ml-0.9% nacl, 6 gm/50 ml-0.9% nacl, 10 g/250 ml-0.9%nacl, 40 g/1000ml-0.9%nacl, 40 g/500 ml-0.9%nacl)</i>	1	
<i>magnesium sulfate-d5w (4 gram/100, 4 gram/50 bag, 5 gram/100, 6 gram/100, 6 gram/50, 10 gram/100, 20 gram/1000, 20 gram/500, 40 gram/1000, 40 gram/500, 50 gram/500)</i>	1	
<i>magnesium-lactated ringers (20 gram/250, 40 gram/500, 50 gram/500)</i>	1	
NEURONTIN (100 MG CAPSULE, 300 MG CAPSULE, 400 MG CAPSULE)	3	QL 9 / day
NEURONTIN 250 MG/5 ML SOLN	3	QL 72 / day
NEURONTIN 600 MG TABLET	3	QL 6 / day
NEURONTIN 800 MG TABLET	3	QL 5 / day
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml susp, 600 mg tablet)</i>	1	
OXTELLAR XR	3	PA
POTIGA (200 MG TABLET, 300 MG TABLET, 400 MG TABLET)	3	QL 3 / day PA
POTIGA 50 MG TABLET	3	QL 9 / day PA
QUDEXY XR	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS &
ROWEEPRA	1	
SABRIL (500 MG POWDER PACKET, 500 MG TABLET)	4	<span>QL</span> 6 / day <span>PA</span> <span>NPS</span> Non-Preferred Specialty Drug
SPRITAM	3	<span>QL</span> 3 / day <span>AL</span> At least 4 yrs old
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	3	
TEGRETOL XR	2	
<i>tiagabine hcl</i>	1	
TOPAMAX (15 MG SPRINKLE CAP, 25 MG SPRINKLE CAP, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	2	
<i>topiramate 15 mg sprinkle cap</i>	1	<span>LCG</span>
<i>topiramate (25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>topiramate er</i>	1	<span>PA</span>
TRILEPTAL (150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET)	3	
TROKENDI XR	3	<span>ST</span>
<i>valproate sodium</i>	1	
<i>valproic acid (250 mg capsule, 250 mg/5 ml soln, 500 mg/10 ml sol)</i>	1	
<i>vigabatrin</i>	4	<span>QL</span> 6 / day <span>PA</span> <span>PS</span>
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET, STARTER KIT)	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
VIMPAT 200 MG/20 ML VIAL	3	
ZONEGRAN	2	
<i>zonisamide (25 mg capsule, 100 mg capsule)</i>	1	
<i>zonisamide 50 mg capsule</i>	1	LCG
<b>BARBITURATES (ANTICONVULSANTS)</b>		
MYSOLINE	3	
<i>primidone</i>	1	
<b>BENZODIAZEPINES (ANTICONVULSANTS)</b>		
ATIVAN 4 MG/ML VIAL	1	
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	1	QL 10 / day
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 0.5 mg tablet, 1 mg dis tablet, 1 mg odt, 1 mg tablet)</i>	1	QL 3 / day
<i>diazepam 10 mg/2 ml isecure</i>	1	
KLONOPIN (0.5 MG TABLET, 1 MG TABLET)	3	QL 3 / day
KLONOPIN 2 MG TABLET	3	QL 10 / day
<i>lorazepam 2 mg/ml vial</i>	1	
ONFI (2.5 MG/ML SUSPENSION, 10 MG TABLET, 20 MG TABLET)	4	PA NPS Non-Preferred Specialty Drug
<b>HYDANTOINS</b>		
CEREBYX	3	
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	2	
DILANTIN-125	2	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fosphenytoin sodium</i>	1	
PEGANONE	3	
PHENYTEK	2	
<i>phenytoin (50 mg infatab, 50 mg tablet chew, 100 mg/4 ml susp, 125 mg/5 ml susp)</i>	1	
<i>phenytoin sodium (50 mg/ml ampul, 50 mg/ml syringe, 50 mg/ml vial, 100 mg/2 ml vial, 250 mg/5 ml vial)</i>	1	
<i>phenytoin sodium extended</i>	1	
<b>SUCCINIMIDES</b>		
CELONTIN	3	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	1	
ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	2	
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, MISCELLANEOUS</b>		
APLENZIN	3	QL 1 / day
<i>bupropion hcl 100 mg tablet</i>	1	QL 5 / day
<i>bupropion hcl 75 mg tablet</i>	1	QL 6 / day
<i>bupropion hcl sr (150 mg tablet, 200 mg tablet)</i>	1	QL 2 / day
<i>bupropion hcl sr 100 mg tablet</i>	1	QL 4 / day
<i>bupropion hcl xl 150 mg tablet</i>	1	QL 3 / day
<i>bupropion hcl xl 300 mg tablet</i>	1	QL 1 / day
FORFIVO XL	3	QL 1 / day
<i>mirtazapine 7.5 mg tablet</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>mirtazapine (15 mg odt, 15 mg tablet, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)</i>	1	QL 1 / day
REMERON (15 MG SOLTAB, 15 MG TABLET, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB, 45 MG TABLET)	3	QL 1 / day
WELLBUTRIN 100 MG TABLET	3	QL 5 / day
WELLBUTRIN 75 MG TABLET	3	QL 6 / day
WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	3	QL 2 / day
WELLBUTRIN SR 100 MG TABLET	3	QL 4 / day
WELLBUTRIN XL 150 MG TABLET	3	QL 3 / day
WELLBUTRIN XL 300 MG TABLET	3	QL 1 / day
<b>MONOAMINE OXIDASE INHIBITORS</b>		
MARPLAN	3	QL 6 / day
NARDIL	3	QL 6 / day
PARNATE	3	QL 6 / day
<i>phenelzine sulfate</i>	1	QL 6 / day
<i>tranylcypromine sulfate</i>	1	QL 6 / day
<b>SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR</b>		
CYMBALTA (20 MG CAPSULE, 30 MG CAPSULE)	3	QL 1 / day
CYMBALTA 60 MG CAPSULE	3	QL 2 / day
<i>desvenlafaxine er (er 50 mg tab, er 50 mg tablet, er 100 mg tab)</i>	1	QL 1 / day
<i>desvenlafaxine fumarate er</i>	1	QL 1 / day
<i>desvenlafaxine succinate er</i>	1	QL 1 / day
<i>duloxetine hcl (dr 20 mg cap, dr 30 mg cap)</i>	1	QL 1 / day



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>duloxetine hcl (dr 40 mg cap, dr 60 mg cap)</i>	1	QL 2 / day
EFFEXOR XR (37.5 MG CAPSULE, 150 MG CAPSULE)	3	QL 1 / day
EFFEXOR XR 75 MG CAPSULE	3	QL 3 / day
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	3	QL 1 / day ST
IRENKA	3	QL 2 / day
KHEDEZLA	3	QL 1 / day
PRISTIQ	3	QL 1 / day
<i>venlafaxine hcl (37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	1	
<i>venlafaxine hcl 25 mg tablet</i>	1	LCG
<i>venlafaxine hcl er 75 mg cap</i>	1	QL 3 / day
<i>venlafaxine hcl er (er 37.5 mg cap, er 37.5 mg tab, er 75 mg tab, er 150 mg cap, er 150 mg tab, er 225 mg tab)</i>	1	QL 1 / day
<b>SELECTIVE-SEROTONIN REUPTAKE INHIBITORS</b>		
BRISDELLE	3	QL 1 / day PA
CELEXA	3	QL 1 / day
<i>citalopram hbr 10 mg/5 ml soln</i>	1	QL 20 / day
<i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL 1 / day LCG
<i>escitalopram oxalate 5 mg/5 ml</i>	1	QL 20 / day
<i>escitalopram 20 mg tablet</i>	1	QL 1 / day
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	1	QL 1.5 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fluoxetine dr</i>	1	QL .144 / day
<i>fluoxetine hcl 10 mg capsule</i>	1	QL 1 / day LCG
<i>fluoxetine hcl 20 mg capsule</i>	1	QL 4 / day LCG
<i>fluoxetine hcl 40 mg capsule</i>	1	QL 2 / day
<i>fluoxetine 20 mg/5 ml solution</i>	1	QL 20 / day
<i>fluoxetine hcl 10 mg tablet</i>	1	QL 1.5 / day LCG
<i>fluoxetine hcl 20 mg tablet</i>	1	QL 4 / day
<i>fluoxetine hcl 60 mg tablet</i>	1	QL 1.5 / day
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	1	QL 1 / day
<i>fluvoxamine maleate 100 mg tab</i>	1	QL 3 / day
<i>fluvoxamine maleate er</i>	1	QL 2 / day
LEXAPRO 5 MG/5 ML SOLUTION	3	QL 20 / day
LEXAPRO (5 MG TABLET, 10 MG TABLET)	3	QL 1.5 / day
LEXAPRO 20 MG TABLET	3	QL 1 / day
<i>olanzapine-fluoxetine hcl</i>	1	QL 1 / day AL At least 10 yrs old
<i>paroxetine cr (cr 25 mg tablet, cr 37.5 mg tablet)</i>	1	QL 2 / day
<i>paroxetine cr 12.5 mg tablet</i>	1	QL 1 / day
<i>paroxetine er (er 25 mg tablet, er 37.5 mg tablet)</i>	1	QL 2 / day
<i>paroxetine er 12.5 mg tablet</i>	1	QL 1 / day
<i>paroxetine hcl 10 mg tablet</i>	1	QL 1.5 / day LCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>paroxetine hcl 20 mg tablet</i>	1	QL 1 / day LCG
<i>paroxetine hcl 30 mg tablet</i>	1	QL 2 / day
<i>paroxetine hcl 40 mg tablet</i>	1	QL 1 / day
<i>paroxetine mesylate</i>	1	QL 1 / day
PAXIL 10 MG/5 ML SUSPENSION	3	QL 42 / day PA
PAXIL (20 MG TABLET, 40 MG TABLET)	3	QL 1 / day
PAXIL 10 MG TABLET	3	QL 1.5 / day
PAXIL 30 MG TABLET	3	QL 2 / day
PAXIL CR (CR 25 MG TABLET, CR 37.5 MG TABLET)	3	QL 2 / day
PAXIL CR 12.5 MG TABLET	3	QL 1 / day
PEXEVA	3	QL 1 / day PA
PROZAC 10 MG PULVULE	3	
PROZAC 20 MG PULVULE	3	QL 4 / day
PROZAC 40 MG PULVULE	3	QL 2 / day
PROZAC WEEKLY	3	QL 0.15 / day
SARAFEM 10 MG TABLET	3	QL 1.5 / day
SARAFEM 20 MG TABLET	3	QL 4 / day
<i>sertraline 20 mg/ml oral conc</i>	1	QL 10 / day
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	1	QL 1.5 / day LCG
<i>sertraline hcl 100 mg tablet</i>	1	QL 2 / day LCG

PRODUCT DESCRIPTION	TIER	LIMITS &
SYMBYAX	3	<span>QL</span> 1 / day <span>AL</span> At least 10 yrs old
ZOLOFT (20 MG/ML ORAL CONC, 20 MG/ML ORAL SOLN)	3	<span>QL</span> 10 / day
ZOLOFT (25 MG TABLET, 50 MG TABLET)	3	<span>QL</span> 1.5 / day
ZOLOFT 100 MG TABLET	3	<span>QL</span> 2 / day
<b>SEROTONIN MODULATORS</b>		
BRINTELLIX	3	<span>QL</span> 1 / day <span>ST</span>
<i>nefazodone hcl 100 mg tablet</i>	1	<span>QL</span> 6 / day
<i>nefazodone hcl 150 mg tablet</i>	1	<span>QL</span> 4 / day
<i>nefazodone hcl 200 mg tablet</i>	1	<span>QL</span> 3 / day
<i>nefazodone hcl 250 mg tablet</i>	1	<span>QL</span> 2.5 / day
<i>nefazodone hcl 50 mg tablet</i>	1	<span>QL</span> 12 / day
<i>trazodone 100 mg tablet</i>	1	<span>QL</span> 4 / day <span>LCG</span>
<i>trazodone 150 mg tablet</i>	1	<span>QL</span> 2 / day <span>LCG</span>
<i>trazodone 300 mg tablet</i>	1	<span>QL</span> 1 / day
<i>trazodone 50 mg tablet</i>	1	<span>QL</span> 3 / day <span>LCG</span>
TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	3	<span>QL</span> 1 / day <span>ST</span>
VIIBRYD 10-20 MG STARTER PACK	3	
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	<span>QL</span> 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
<i>amitriptyline hcl</i>	1	LCG
<i>amoxapine</i>	1	
ANAFRANIL	3	
<i>chlordiazepoxide-amitriptyline</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	1	LCG
<i>doxepin hcl (10 mg/ml oral conc, 75 mg capsule, 150 mg capsule)</i>	1	
<i>imipramine hcl</i>	1	LCG
<i>imipramine pamoate</i>	1	
<i>maprotiline hcl</i>	1	
NORPRAMIN	3	
<i>nortriptyline hcl (10 mg/5 ml sol, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)</i>	1	
PAMELOR	3	
<i>perphenazine-amitriptyline</i>	1	
<i>protriptyline hcl</i>	1	
SILENOR	3	QL 1 / day
SURMONTIL	3	
TOFRANIL	3	
<i>trimipramine maleate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>ANTIDIABETIC AGENTS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose 100 mg tablet</i>	1	QL 3 / day
<i>acarbose 25 mg tablet</i>	1	QL 12 / day
<i>acarbose 50 mg tablet</i>	1	QL 6 / day
GLYSET	3	QL 3 / day
<i>miglitol</i>	1	QL 3 / day
PRECOSE 100 MG TABLET	3	QL 3 / day
PRECOSE 25 MG TABLET	3	QL 12 / day
PRECOSE 50 MG TABLET	3	QL 6 / day
<b>AMYLINOMIMETICS</b>		
SYMLINPEN 120	2	QL 0.4 / day
SYMLINPEN 60	2	QL 0.2 / day
<b>ANTIDIABETIC AGENTS, MISCELLANEOUS</b>		
KORLYM	4	PA NPS Non-Preferred Specialty Drug
<b>BIGUANIDES</b>		
AVANDAMET 2 MG-500 MG TABLET	2	QL 2 / day PA
GLUCOPHAGE 1,000 MG TABLET	3	QL 2.5 / day
GLUCOPHAGE 500 MG TABLET	3	QL 5 / day
GLUCOPHAGE 850 MG TABLET	3	QL 3 / day
GLUCOPHAGE XR 500 MG TAB	3	QL 5 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
GLUCOPHAGE XR 750 MG TAB	3	QL 3 / day
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	1	QL 4 / day
<i>metformin hcl 1,000 mg tablet</i>	1	QL 2.5 / day LCG
<i>metformin hcl 500 mg tablet</i>	1	QL 5 / day LCG
<i>metformin hcl 850 mg tablet</i>	1	QL 3 / day LCG
<i>metformin hcl er 500 mg tablet</i>	1	QL 5 / day C Only Glucophage ER generic covered LCG
<i>metformin hcl er 750 mg tablet</i>	1	QL 3 / day C Only Glucophage ER generic covered
RIOMET	3	QL 25 / day
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
<i>alogliptin</i>	3	QL 1 / day PA
<i>alogliptin-metformin</i>	3	QL 2 / day PA
<i>alogliptin-pioglitazone</i>	3	QL 1 / day PA
JANUMET	2	QL 2 / day
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	2	QL 2 / day
JANUMET XR 100-1,000 MG TABLET	2	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
JANUVIA	2	QL 1 / day
JENTADUETO	2	QL 2 / day
JENTADUETO XR 2.5 MG-1,000 MG	2	QL 2 / day
JENTADUETO XR 5 MG-1,000 MG TB	2	QL 1 / day
KAZANO	3	QL 2 / day PA
KOMBIGLYZE XR	3	QL 1 / day PA
NESINA	3	QL 1 / day PA
ONGLYZA	3	QL 1 / day PA
OSENI	3	QL 1 / day PA
TRADJENTA	2	QL 1 / day
INCRETIN MIMETICS		
ADLYXIN 10-20 MCG STARTER PACK	3	QL 14 / 1 rx PA
ADLYXIN 20 MCG MAINTENANCE PK	3	QL 0.22 / day PA
BYDUREON	2	QL 0.15 / day
BYDUREON BCISE	2	QL 0.15 / day
BYDUREON PEN	2	QL .15 / day
BYETTA 10 MCG DOSE PEN INJ	2	QL 0.8 / day
BYETTA 5 MCG DOSE PEN INJ	2	QL 0.04 / day



PRODUCT DESCRIPTION	TIER	LIMITS &
SAXENDA	3	<ul style="list-style-type: none"> <li>QL 0.5 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
TANZEUM	3	<ul style="list-style-type: none"> <li>QL 0.144 / day</li> <li>PA</li> </ul>
TRULICITY	2	<ul style="list-style-type: none"> <li>QL 0.08 / day</li> </ul>
VICTOZA 2-PAK	2	<ul style="list-style-type: none"> <li>QL 0.3 / day</li> </ul>
VICTOZA 3-PAK	2	<ul style="list-style-type: none"> <li>QL 0.3 / day</li> </ul>
<b>INSULINS</b>		
AFREZZA	3	<ul style="list-style-type: none"> <li>PA</li> </ul>
APIDRA	3	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>ST</li> </ul>
APIDRA SOLOSTAR	3	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>ST</li> </ul>
BASAGLAR KWIKPEN U-100	3	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> </ul>
HUMALOG (100 UNITS/ML CARTRIDGE, 100 UNITS/ML VIAL)	2	<ul style="list-style-type: none"> <li>QL 1 / day</li> </ul>
HUMALOG JUNIOR KWIKPEN	2	<ul style="list-style-type: none"> <li>QL 1 / day</li> </ul>
HUMALOG KWIKPEN U-100	2	<ul style="list-style-type: none"> <li>QL 1 / day</li> </ul>
HUMALOG KWIKPEN U-200	2	<ul style="list-style-type: none"> <li>QL 0.5 / day</li> </ul>
HUMALOG MIX 50-50	2	<ul style="list-style-type: none"> <li>QL 1 / day</li> </ul>
HUMALOG MIX 50-50 KWIKPEN	2	<ul style="list-style-type: none"> <li>QL 1 / day</li> </ul>
HUMALOG MIX 75-25	2	<ul style="list-style-type: none"> <li>QL 1 / day</li> </ul>
HUMALOG MIX 75-25 KWIKPEN	2	<ul style="list-style-type: none"> <li>QL 1 / day</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
HUMULIN R U-500	2	
HUMULIN R U-500 KWIKPEN	2	
LANTUS	2	QL 1 / day
LANTUS SOLOSTAR	2	QL 1 / day
LEVEMIR	2	QL 1 / day
LEVEMIR FLEXTOUCH	2	QL 1 / day
NOVOLOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	2	QL 1 / day
NOVOLOG FLEXPEN	2	QL 1 / day
NOVOLOG MIX 70-30	2	QL 1 / day
NOVOLOG MIX 70-30 FLEXPEN	2	QL 1 / day
SOLIQUA 100-33	2	QL 0.6 / day PA
TOUJEO SOLOSTAR	2	QL 0.357 / day
TRESIBA FLEXTOUCH U-100	3	QL 1 / day
TRESIBA FLEXTOUCH U-200	3	QL 1 / day
XULTOPHY 100-3.6	3	QL 0.5 / day PA
<b>MEGLITINIDES</b>		
<i>nateglinide</i>	1	QL 3 / day
PRANDIN (0.5 MG TABLET, 1 MG TABLET)	3	QL 4 / day
PRANDIN 2 MG TABLET	3	QL 8 / day
<i>repaglinide (0.5 mg tablet, 1 mg tablet)</i>	1	QL 4 / day
<i>repaglinide 2 mg tablet</i>	1	QL 8 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>repaglinide-metformin hcl</i>	1	QL 5 / day
STARLIX	3	QL 3 / day
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
FARXIGA	3	QL 1 / day PA
GLYXAMBI	3	QL 1 / day PA
INVOKAMET	2	QL 2 / day
INVOKAMET XR	2	QL 2 / day
INVOKANA	2	QL 1 / day
JARDIANCE	2	QL 1 / day
SYNJARDY	2	QL 2 / day
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	2	QL 2 / day
SYNJARDY XR 25-1,000 MG TABLET	2	QL 1 / day
XIGDUO XR (2.5 MG TAB, 5 MG TABLET)	3	QL 2 / day PA
XIGDUO XR (5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	3	QL 1 / day PA
SULFONYLUREAS		
AMARYL	3	
<i>chlorpropamide 100 mg tablet</i>	1	
<i>chlorpropamide 250 mg tablet</i>	1	QL 3 / day
DIABETA	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>glimepiride</i>	1	LCG
<i>glipizide</i>	1	LCG
<i>glipizide er</i>	1	LCG
<i>glipizide xl</i>	1	LCG
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	1	QL 4 / day
<i>glipizide-metformin 2.5-250 mg</i>	1	QL 8 / day
GLUCOTROL	3	
GLUCOTROL XL	3	
GLUCOVANCE	3	QL 4 / day
<i>glyburide</i>	1	LCG
<i>glyburide micronized</i>	1	LCG
<i>glyburid-metformin 1.25-250 mg</i>	1	QL 8 / day LCG
GLYNASE	3	
<i>tolazamide 250 mg tablet</i>	1	QL 4 / day
<i>tolazamide 500 mg tablet</i>	1	QL 2 / day
<i>tolbutamide</i>	1	QL 6 / day
<b>THIAZOLIDINEDIONES</b>		
ACTOPLUS MET	3	QL 3 / day
ACTOPLUS MET XR 15-1,000 MG TB	2	QL 3 / day ST
ACTOPLUS MET XR 30-1,000 MG TB	2	QL 1 / day ST
ACTOS (15 MG TABLET, 45 MG TABLET)	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
AVANDAMET 2 MG-1,000 MG TAB	2	QL 2 / day PA
AVANDIA 2 MG TABLET	2	QL 3 / day PA
AVANDIA 4 MG TABLET	2	QL 2 / day PA
DUETACT	3	QL 1 / day
<i>pioglitazone hcl (15 mg tablet, 45 mg tablet)</i>	1	QL 1 / day
<i>pioglitazone-glimepiride</i>	1	QL 1 / day
<i>pioglitazone-metformin</i>	1	QL 3 / day
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
ANZEMET (50 MG TABLET, 100 MG TABLET)	3	QL 0.15 / day
ANZEMET 20 MG/ML VIAL	4	NPS Non-Preferred Specialty Drug
<i>granisetron hcl 1 mg tablet</i>	1	QL 6 / 30 days
<i>granisetron hcl (0.1 mg/ml vial, 1 mg/ml vial, 4 mg/4 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>ondansetron hcl (4 mg/2 ml isecure, hcl 4 mg/2 ml amp, hcl 4 mg/2 ml syr, hcl 4 mg/2 ml vial, 40 mg/20 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>ondansetron 4 mg/5 ml solution</i>	1	QL 20 / day
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	1	QL 24 / 30 days C Max allowable-3/day with max of 24 / 30 days
<i>ondansetron hcl 24 mg tablet</i>	1	QL 3 days

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ondansetron hcl-0.9% nacl</i>	1	
<i>ondansetron hcl-d5w</i>	1	
<i>ondansetron odt</i>	1	<span>QL</span> 24 / 30 days <span>C</span> Max allowable-3/day with max of 24 / 30 days
SANCUSO	4	<span>QL</span> 0.144 / day <span>NPS</span> Non-Preferred Specialty Drug
ZOFRAN 4 MG/5 ML ORAL SOLN	3	<span>QL</span> 20 / day
ZOFRAN (4 MG TABLET, 8 MG TABLET)	3	<span>QL</span> 24 / 30 days <span>C</span> Max allowable-3/day with max of 24 / 30 days
ZOFRAN 2 MG/ML VIAL	4	<span>NPS</span> Non-Preferred Specialty Drug
ZOFRAN ODT	3	<span>QL</span> 24 / 30 days <span>C</span> Max allowable-3/day with max of 24 / 30 days
ZUPLENZ	3	<span>QL</span> 24 / 30 days
ANTIEMETICS, MISCELLANEOUS		
CESAMET	4	<span>QL</span> 0.67 / day <span>PA</span> <span>NPS</span> Non-Preferred Specialty Drug
<i>dronabinol</i>	1	<span>QL</span> 5 / day
MARINOL	3	<span>QL</span> 5 / day <span>PA</span>
<i>scopolamine</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
SYNDROS	3	<span>QL</span> 13 / day <span>PA</span> <span>AL</span> At least 18 yrs old
TRANSDERM-SCOP	3	
<b>ANTIHISTAMINES (GI DRUGS)</b>		
ANTIVERT	3	
COMPAZINE 25 MG SUPPOSITORY	1	
COMPAZINE (5 MG TABLET, 10 MG TABLET)	3	
COMPRO	1	
DICLEGIS	3	<span>QL</span> 4 / day <span>PA</span>
<i>dimenhydrinate</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
TIGAN 300 MG CAPSULE	3	
TIGAN 100 MG/ML VIAL	3	
<i>trimethobenzamide hcl</i>	1	
<b>NEUROKININ-1 RECEPTOR ANTAGONISTS</b>		
AKYNZEO	4	<span>QL</span> 0.15 / day <span>PA</span> <span>NPS</span> Non-Preferred Specialty Drug
<i>aprepitant 125-80-80 mg pack</i>	1	<span>QL</span> 3/ fill
<i>aprepitant (40 mg capsule, 125 mg capsule)</i>	1	<span>QL</span> 0.08 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>aprepitant 80 mg capsule</i>	1	QL 0.15 / day
EMEND TRIPACK	3	QL 3/ fill
EMEND (40 MG CAPSULE, 125 MG CAPSULE, 125 MG POWDER PACKET)	3	QL 0.08 / day
EMEND 80 MG CAPSULE	3	QL 0.15 / day
EMEND 150 MG VIAL	4	QL 2 / fill NPS Non-Preferred Specialty Drug
VARUBI 90 MG TABLET	4	QL 0.15 / day PA NPS Non-Preferred Specialty Drug
VARUBI 166.5 MG/92.5 ML VIAL	4	PA NPS Non-Preferred Specialty Drug
ANTIFUNGAL (SYSTEMIC)		
ALLYLAMINES		
LAMISIL (125 MG GRANULES PACKET, 187.5 MG GRANULES PACK, 250 MG TABLET)	3	
<i>terbinafine hcl</i>	1	
ANTIFUNGALS, MISCELLANEOUS		
GRIS-PEG	3	
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>triacetin</i>	1	



PRODUCT DESCRIPTION	TIER	LIMITS &
<b>AZOLES</b>		
CRESEMBA (186 MG CAPSULE, 372 MG VIAL)	3	PA
DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	3	
DIFLUCAN 150 MG TABLET	3	QL 0.4 / day GL Female
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>fluconazole 150 mg tablet</i>	1	QL 0.4 / day LCG
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in saline</i>	1	
<i>fluconazole-nacl</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole 200 mg tablet</i>	1	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)	3	
NOXAFIL 300 MG/16.7 ML VIAL	3	
ONMEL	3	PA
SPORANOX (10 MG/ML SOLUTION, 100 MG CAPSULE)	3	
VFEND 40 MG/ML SUSPENSION	3	QL 20 / day
VFEND (50 MG TABLET, 200 MG TABLET)	3	QL 4 / day
VFEND IV	3	PA
<i>voriconazole 40 mg/ml susp</i>	1	QL 20 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	1	QL 4 / day
<i>voriconazole 200 mg vial</i>	1	PA
<b>ECHINOCANDINS</b>		
CANCIDAS	3	
<i>caspofungin acetate</i>	1	
ERAXIS (WATER DILUENT)	3	
MYCAMINE	3	
<b>POLYENES</b>		
AMBISOME	3	
<i>amphotericin b</i>	1	
<i>nystatin (100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml sus, 50,000,000 units pwd, 150,000,000 units pwd, 500,000,000 units pwd)</i>	1	
<b>PYRIMIDINES</b>		
ANCOBON	3	
<i>flucytosine</i>	1	
<b>ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)</b>		
<b>ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)</b>		
<i>naftifine hcl</i>	1	
NAFTIN (1% GEL, 2% CREAM, 2% GEL)	3	
<b>ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC</b>		
ALA-QUIN	3	
EXODERM	1	
TRIPLE DYE	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>AZOLES (SKIN AND MUCOUS MEMBRANE)</b>		
<i>clotrimazole 10 mg troche</i>	1	
<i>clotrimazole-betamethasone (crm, lot)</i>	1	
<i>econazole nitrate</i>	1	
ECOZA	3	
ERTACZO	3	
EXELDERM (CREAM, SOLUTION)	3	
EXTINA	3	
GYNAZOLE 1	3	
JUBLIA	3	<p>QL 0.54 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
<i>ketoconazole (cream, foam, shampoo)</i>	1	
LOTRISONE	3	
LUZU	3	<p>QL 2 / day</p> <p>PA</p>
<i>miconazole 3</i>	3	GL Female
NIZORAL	3	
ORAVIG	3	
<i>oxiconazole nitrate</i>	1	PA
OXISTAT (CREAM, LOTION)	3	PA
TERAZOL 3	3	GL Female
TERAZOL 7	3	
<i>terconazole (0.4% cream, 0.8% cream)</i>	1	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>terconazole 80 mg suppository</i>	1	<span>QL</span> 1.5 / day <span>GL</span> Female
VUSION	3	
XOLEGEL	3	<span>PA</span>
<i>zazole</i>	1	<span>QL</span> 1.5 / day <span>GL</span> Female
<b>BENZYLAMINES (SKIN AND MUCOUS MEMBRANE)</b>		
MENTAX	3	
<b>HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)</b>		
CICLODAN 0.77% CREAM KIT	3	
CICLODAN 0.77% CREAM	1	
CICLODAN 8% SOLUTION	1	<span>QL</span> 0.22 / day
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	1	
<i>ciclopirox 8% solution</i>	1	<span>QL</span> 0.22 / day
CNL 8	3	
LOPROX (0.77% TOPICAL SUSP, 1% SHAMPOO)	3	
PENLAC	3	<span>QL</span> 0.3 / day
<b>OXABOROLES</b>		
KERYDIN	3	<span>QL</span> 0.67 / day <span>PA</span> <span>AL</span> At least 18 yrs old
<b>POLYENES (SKIN AND MUCOUS MEMBRANE)</b>		
NYAMYC	1	
NYATA 100,000 UNIT/GM POWDER	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>nystatin (unit/gm cream, unit/gm powd, units/gm oint)</i>	1	
<i>nystatin-triamcinolone (cream, ointm)</i>	1	
NYSTOP	1	
PEDIADERM AF	3	
<b>ANTIGLAUCOMA AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS (EENT)</b>		
ALPHAGAN P 0.1% DROPS	2	QL 0.4 / day
ALPHAGAN P 0.15% EYE DROPS	3	QL 0.4 / day
<i>brimonidine tartrate</i>	1	QL 0.4 / day
COMBIGAN	2	QL 0.334 / day
<b>BETA-ADRENERGIC BLOCKING AGENTS (EENT)</b>		
BETAGAN	3	QL 0.4 / day
<i>betaxolol hcl 0.5% eye drop</i>	1	QL 0.54 / day
BETIMOL 0.25% EYE DROPS	3	QL 0.286 / day
BETIMOL 0.5% EYE DROPS	3	QL 0.334 / day
BETOPTIC S	3	QL 0.54 / day
<i>carteolol hcl</i>	1	QL 0.334 / day
ISTALOL	3	QL 0.286 / day
<i>levobunolol hcl</i>	1	QL 0.4 / day
<i>metipranolol</i>	1	QL 0.334 / day
<i>timolol maleate (drops, maleate drops)</i>	1	QL 0.334 / day
<i>timolol maleate (0.25% gel-solution, 0.25% gfs gel-solution, maleate 0.25% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	1	QL 0.286 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
TIMOPTIC 0.25% EYE DROPS	3	QL 0.286 / day
TIMOPTIC 0.5% EYE DROPS	3	QL 0.334 / day
TIMOPTIC OCUDOSE	3	QL 2 / day
TIMOPTIC-XE	3	QL 0.286 / day
<b>CARBONIC ANHYDRASE INHIBITORS (EENT)</b>		
<i>acetazolamide (125 mg tablet, 250 mg tablet, er 500 mg cap)</i>	1	
<i>acetazolamide sodium</i>	1	
AZOPT	2	QL 0.334 / day
COSOPT	3	QL 0.334 / day
COSOPT PF	3	QL 2 / day
DIAMOX SEQUELS	3	
<i>orzolamide hcl</i>	1	QL 0.4 / day
<i>orzolamide-timolol</i>	1	QL 0.334 / day
<i>methazolamide</i>	1	
NEPTAZANE	3	
SIMBRINZA	3	QL 0.4 / day
TRUSOPT	3	QL 0.4 / day
<b>MIOTICS</b>		
ISOPTO CARPINE	3	QL 0.54 / day
MIOCHOL-E	3	
MIOSTAT	3	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	1	QL 0.54 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>PROSTAGLANDIN ANALOGS</b>		
<i>bimatoprost 0.03% eye drops</i>	1	QL 0.13 / day
<i>latanoprost</i>	1	QL 0.13 / day
LUMIGAN	2	QL 0.13 / day
TRAVATAN Z	2	QL 0.167 / day
<i>travoprost</i>	1	QL 0.167 / day
XALATAN	3	QL 0.13 / day
ZIOPTAN	3	QL 1 / day
<b>ANTIHEMORRHAGIC AGENTS</b>		
<b>ANTIHEPARIN AGENTS</b>		
<i>protamine sulfate</i>	1	
<b>HEMOSTATICS</b>		
AFSTYLA	4	PA NPS Non-Preferred Specialty Drug
ALPHANATE	4	PA NPS Non-Preferred Specialty Drug
ALPHANINE SD	4	NPS Non-Preferred Specialty Drug
IDELVION	4	PA NPS Non-Preferred Specialty Drug
LYSTEDA	3	QL 6/ day plus 90/ 90 day limit GL Female
PROFILNINE	4	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>tranexamic acid 650 mg tablet</i>	1	<span>QL</span> 6 / day <span>GL</span> Female
VONVENDI	4	<span>PA</span> <span>NPS</span> Non-Preferred Specialty Drug
<b>ANTIHISTAMINE DRUGS</b>		
<b>FIRST GENERATION ANTIHISTAMINES</b>		
ARBINOXA (4 MG TABLET, 4 MG/5 ML LIQUID)	1	<span>AL</span> At least 2 yrs old
<i>carbinoxamine maleate (4 mg/5 ml liquid, maleate 4 mg tab)</i>	1	<span>AL</span> At least 2 yrs old
<i>clemastine fumarate</i>	1	<span>AL</span> At least 2 yrs old
<i>cyproheptadine hcl (2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)</i>	1	<span>AL</span> At least 2 yrs old
<i>diphenhydramine hcl (50 mg/ml syrng, 50 mg/ml vial)</i>	1	
<i>diphenhydramine-0.9% nacl</i>	1	
KARBINAL ER	3	<span>AL</span> At least 2 yrs old
RYVENT	3	<span>ST</span>
<b>SECOND GENERATION ANTIHISTAMINES</b>		
CLARINEX 0.5 MG/ML (2.5 MG/5)	3	<span>QL</span> 10 / day <span>PA</span>
CLARINEX 5 MG TABLET	3	<span>QL</span> 1 / day
CLARINEX-D 12 HOUR	3	<span>QL</span> 2 / day
<i>desloratadine (2.5 mg odt, 5 mg odt, 5 mg tablet)</i>	1	<span>QL</span> 1 / day
SEMPREX-D	3	<span>QL</span> 4 / day



PRODUCT DESCRIPTION	TIER	LIMITS &
XYZAL 2.5 MG/5 ML SOLUTION	3	QL 30 / day
XYZAL 5 MG TABLET	3	QL 1 / day
ANTIHISTAMINES (RESPIRATORY TRACT AGENTS)		
FIRST GENERATION ANTIHIST.(RESPIR TRACT)		
<i>promethazine hcl (25 mg/ml syringe, 25 mg/ml vial, 50 mg/ml ampul, 50 mg/ml vial)</i>	1	AL At least 2 yrs old
<i>promethazine vc</i>	1	
ANTIHYPOGLYCEMIC AGENTS		
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS		
PROGLYCEM	3	
GLYCOGENOLYTIC AGENTS		
GLUCAGEN 1 MG HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
ANTILIPEMIC AGENTS		
ANTILIPEMIC AGENTS, MISCELLANEOUS		
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	4	QL 2 / day PA NPS Non-Preferred Specialty Drug
KYNAMRO	4	QL 0.15 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
LOVAZA	3	QL 4 / day PA
<i>niacin er (er 750 mg tablet, er 1,000 mg tablet)</i>	1	QL 2 / day
<i>niacin er 500 mg tablet</i>	1	QL 3 / day
NIACOR	3	QL 12 / day
NIASPAN (ER 750 MG TABLET, ER 1,000 MG TABLET)	3	QL 2 / day
NIASPAN ER 500 MG TABLET	3	QL 3 / day
<i>omega-3 acid ethyl esters</i>	1	QL 4 / day PA
TRIKLO	1	QL 4 / day
VASCEPA	3	QL 4 / day ST
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine powder</i>	1	QL 24 / day
<i>cholestyramine packet</i>	1	QL 4 / day
<i>cholestyramine light powder</i>	1	QL 24 / day
<i>cholestyramine light packet</i>	1	QL 4 / day
COLESTID (FLAVORED GRANULES, GRANULES, GRANULES PACKET)	3	QL 6 / day
COLESTID 1 GM TABLET	3	QL 4 / day
<i>colestipol hcl (granules, granules packet)</i>	1	QL 6 / day
<i>colestipol hcl (hcl 1 gm tablet, micronized 1 gm tab)</i>	1	QL 4 / day
PREVALITE POWDER	1	QL 24 / day
PREVALITE PACKET	1	QL 4 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
QUESTRAN POWDER	3	QL 24 / day
QUESTRAN PACKET	3	QL 4 / day
QUESTRAN LIGHT	3	QL 24 / day
WELCHOL 3.75G PACKET	2	QL 1 / day
WELCHOL 625 MG TABLET	2	QL 6 / day
<b>CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	1	QL 1 / day
<i>ezetimibe-simvastatin</i>	1	QL 1 / day
VYTORIN	3	QL 1 / day
ZETIA	3	QL 1 / day
<b>FIBRIC ACID DERIVATIVES</b>		
ANTARA 30 MG CAPSULE	3	QL 2 / day PA
ANTARA 90 MG CAPSULE	3	QL 1 / day PA
<i>fenofibrate (40 mg tablet, 50 mg capsule)</i>	1	QL 2 / day
<i>fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 150 mg capsule, 160 mg tablet, 200 mg capsule)</i>	1	QL 1 / day
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)</i>	1	QL 2 / day
<i>fenofibrate 120 mg tablet</i>	1	QL 1 / day
<i>fenofibric acid (105 mg tablet, dr 135 mg cap)</i>	1	QL 1 / day
<i>fenofibric acid (35 mg tablet, dr 45 mg cap)</i>	1	QL 2 / day
FENOGLIDE 120 MG TABLET	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
FENOGLIDE 40 MG TABLET	3	QL 2 / day
FIBRICOR 105 MG TABLET	3	QL 1 / day
FIBRICOR 35 MG TABLET	3	QL 2 / day
<i>gemfibrozil</i>	1	QL 2 / day
LIPOFEN 150 MG CAPSULE	3	QL 1 / day PA
LIPOFEN 50 MG CAPSULE	3	QL 2 / day PA
LOFIBRA (67 MG CAPSULE, 134 MG CAPSULE, 160 MG TABLET, 200 MG CAPSULE)	3	QL 1 / day
LOFIBRA 54 MG TABLET	3	QL 2 / day
LOPID	3	QL 2 / day
TRICOR 145 MG TABLET	3	QL 1 / day
TRICOR 48 MG TABLET	3	QL 2 / day
TRIGLIDE	3	QL 1 / day PA
TRILIPIX DR 135 MG CAPSULE	3	QL 1 / day
TRILIPIX DR 45 MG CAPSULE	3	QL 2 / day
HMG-COA REDUCTASE INHIBITORS		
ALTOPREV	3	QL 1 / day
<i>amlodipine-atorvastatin</i>	1	QL 1 / day
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>	0	QL 1 / day HCR
<i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>	1	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
CADUET	3	QL 1 / day
CRESTOR	3	QL 1 / day
FLOLIPID	2	PA
<i>fluvastatin er</i>	1	QL 1 / day
<i>fluvastatin sodium 20 mg cap</i>	1	QL 1 / day
<i>fluvastatin sodium 40 mg cap</i>	1	QL 2 / day
LESCOL 20 MG CAPSULE	3	QL 1 / day
LESCOL 40 MG CAPSULE	3	QL 2 / day
LESCOL XL	3	
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL 1 / day
LIPITOR 80 MG TABLET	3	
LIVALO	3	QL 1 / day
<i>lovastatin (10 mg tablet, 20 mg tablet)</i>	0	QL 1 / day HCR
<i>lovastatin 40 mg tablet</i>	0	QL 2 / day HCR
PRAVACHOL	3	QL 1 / day
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	0	QL 1 / day HCR LCG
<i>pravastatin sodium 80 mg tab</i>	0	HCR
<i>rosuvastatin calcium (20 mg tab, 40 mg tab)</i>	1	QL 1 / day
<i>rosuvastatin calcium (5 mg tab, 10 mg tab)</i>	0	QL 1 / day HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>simvastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	0	<ul style="list-style-type: none"> <li>QL 1.5 / day</li> <li>HCR</li> <li>LCG</li> </ul>
<i>simvastatin 5 mg tablet</i>	0	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>HCR</li> <li>LCG</li> </ul>
<i>simvastatin 80 mg tablet</i>	1	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> </ul>
ZOCOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	<ul style="list-style-type: none"> <li>QL 1.5 / day</li> </ul>
ZOCOR 5 MG TABLET	3	<ul style="list-style-type: none"> <li>QL 1 / day</li> </ul>
ZOCOR 80 MG TABLET	3	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> </ul>
<b>PCSK9 INHIBITORS</b>		
PRALUENT PEN	4	<ul style="list-style-type: none"> <li>QL 0.08 / day</li> <li>PA</li> <li>PS</li> </ul>
PRALUENT SYRINGE	4	<ul style="list-style-type: none"> <li>QL 0.08 / day</li> <li>PA</li> <li>PS</li> </ul>
REPATHA PUSHTRONEX	4	<ul style="list-style-type: none"> <li>QL 0.13 / day</li> <li>PA</li> <li>PS</li> </ul>
REPATHA SURECLICK	4	<ul style="list-style-type: none"> <li>QL 0.08 / day</li> <li>PA</li> <li>PS</li> </ul>
REPATHA SYRINGE	4	<ul style="list-style-type: none"> <li>QL 0.08 / day</li> <li>PA</li> <li>PS</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTIMIGRAINE AGENTS		
SELECTIVE SEROTONIN AGONISTS		
<i>almotriptan malate</i>	1	QL 0.4 / day
ALSUMA	3	QL 0.167 / day ST
AMERGE	3	QL 0.3 / day ST
AXERT	3	QL 0.4 / day ST
<i>eletriptan hbr</i>	1	QL 0.4 / day
FROVA	3	QL 0.6 / day ST
<i>frovatriptan succinate</i>	1	QL 0.6 / day
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT, 6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT, 6 MG/0.5 ML VIAL)	3	QL 0.167 / day ST
IMITREX (5 MG NASAL SPRAY, 20 MG NASAL SPRAY)	3	QL 6 / 30 days ST
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	3	QL 0.3 / day ST
MAXALT	3	QL 0.6 / day ST
MAXALT MLT	3	QL 0.6 / day ST
<i>naratriptan</i>	1	QL 0.6 / day
<i>naratriptan hcl</i>	1	QL 0.6 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
ONZETRA XSAIL	3	ST
RELPAK	3	QL 0.4 / day ST
<i>rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)</i>	1	QL 0.6 / day
<i>sumatriptan</i>	1	QL 6 / 30 days
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml inject, 6 mg/0.5 ml refill, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial)</i>	1	QL 0.167 / day
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	QL 0.3 / day
SUMAVEL DOSEPRO	3	QL 0.134 / day ST
TREXIMET	3	QL 0.3 / day ST
ZEMBRACE SYMTOUCH	3	QL 0.134 / day ST
<i>zolmitriptan</i>	1	QL 0.2 / day
<i>zolmitriptan odt</i>	1	QL 0.2 / day
ZOMIG (2.5 MG NASAL SPRAY, 5 MG NASAL SPRAY)	2	QL 0.2 / day ST
ZOMIG (2.5 MG TABLET, 5 MG TABLET)	3	QL 0.2 / day ST
ZOMIG ZMT	3	QL 0.2 / day ST



PRODUCT DESCRIPTION	TIER	LIMITS &
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, MISCELLANEOUS		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1	
ANTITUBERCULOSIS AGENTS		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
<i>isoniazid 100 mg/ml vial</i>	1	
MYAMBUTOL	3	
MYCOBUTIN	3	
PASER	3	
PRIFTIN	3	QL 1.25 / day
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
RIFADIN (150 MG CAPSULE, 300 MG CAPSULE)	3	
RIFAMATE	3	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	1	
<i>rifampin iv 600 mg vial</i>	1	
RIFATER	3	
SIRTURO	3	PA
TRECTOR	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>ANTIPARKINSONIAN AGENTS (CNS)</b>		
<b>ADAMANTANES (CNS)</b>		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml soln)</i>	1	
<b>ANTICHOLINERGIC AGENTS (CNS)</b>		
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet)</i>	1	
<i>benztropine mesylate (2 mg/2 ml ampule, 2 mg/2 ml vial)</i>	1	
COGENTIN	3	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml elx, 5 mg tablet)</i>	1	
<b>CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.</b>		
COMTAN	3	
<i>entacapone</i>	1	
TASMAR	3	
<i>tolcapone</i>	1	
<b>DOPAMINE PRECURSORS</b>		
<i>carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)</i>	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
DUOPA	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: purple; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: brown; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: red; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> </div> <div>           1 / day            Non-Preferred            Specialty Drug         </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
RYTARY	3	
SINEMET 10-100	3	
SINEMET 25-100	3	
SINEMET 25-250	3	
SINEMET CR	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
MONOAMINE OXIDASE B INHIBITORS		
AZILECT	3	
ELDEPRYL	3	
EMSAM	3	QL 1 / day
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl (5 mg capsule, 5 mg tablet)</i>	1	
XADAGO	3	QL 1 / day PA AL At least 18 yrs old
ZELAPAR	3	
ANTIPROTOZOALS		
AMEBICIDES		
FLAGYL 500 MG TABLET	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
FLAGYL ER	3	
<i>metronidazole 500 mg/100 ml</i>	1	
<i>metronidazole (250 mg tablet, 500 mg tablet)</i>	1	
<i>paromomycin sulfate</i>	1	
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i>	1	PA
<i>chloroquine phosphate</i>	1	
COARTEM	3	
<i>hydroxychloroquine sulfate</i>	1	
MALARONE	3	PA
<i>mefloquine hcl</i>	1	
PLAQUENIL	3	
<i>primaquine</i>	1	
QUALAQUIN	3	QL 42 / 365 days PA
<i>quinine sulfate</i>	1	QL 42 / 365 days PA
<b>ANTIPROTOZOALS, MISCELLANEOUS</b>		
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	3	PA
<i>atovaquone</i>	1	PA
FLAGYL (250 MG TABLET, 375 CAPSULE)	3	
IMPAVIDO	4	NPS Non-Preferred Specialty Drug
MEPRON	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS &
METRO IV	3	
<i>metronidazole 375 mg capsule</i>	1	
NEBUPENT	3	
PENTAM 300	3	
TINDAMAX	3	
<i>tinidazole</i>	1	
<b>ANTIPSYCHOTIC AGENTS</b>		
<b>ANTIPSYCHOTICS, MISCELLANEOUS</b>		
ADASUVE	3	AL At least 18 yrs old
<i>loxapine</i>	1	AL At least 18 yrs old
<i>molindone hcl</i>	1	
ORAP	3	
<i>pimozide</i>	1	
<b>ATYPICAL ANTIPSYCHOTICS</b>		
ABILIFY	3	QL 1 / day AL At least 6 yrs old
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	3	QL 0.04 / day PA AL At least 18 yrs old
<i>aripiprazole 1 mg/ml solution</i>	1	QL 30 / day AL At least 6 yrs old
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	QL 1 / day AL At least 6 yrs old
<i>aripiprazole odt</i>	1	QL 1 / day AL At least 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
ARISTADA ER 1064 MG/3.9 ML SYR	3	<ul style="list-style-type: none"> <li>QL 0.15 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
ARISTADA ER 441 MG/1.6 ML SYRN	3	<ul style="list-style-type: none"> <li>QL 0.07 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
ARISTADA ER 662 MG/2.4 ML SYRN	3	<ul style="list-style-type: none"> <li>QL 0.08 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
ARISTADA ER 882 MG/3.2 ML SYRN	3	<ul style="list-style-type: none"> <li>QL 0.12 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
<i>clozapine 100 mg tablet</i>	1	<ul style="list-style-type: none"> <li>QL 9 / day</li> <li>AL At least 18 yrs old</li> </ul>
<i>clozapine 200 mg tablet</i>	1	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>AL At least 18 yrs old</li> </ul>
<i>clozapine 25 mg tablet</i>	1	<ul style="list-style-type: none"> <li>QL 18 / day</li> <li>AL At least 18 yrs old</li> </ul>
<i>clozapine 50 mg tablet</i>	1	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>AL At least 18 yrs old</li> </ul>
<i>clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 150 mg tablet, odt 200 mg tablet)</i>	1	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>AL At least 18 yrs old</li> </ul>
<i>clozapine odt 100 mg tablet</i>	1	<ul style="list-style-type: none"> <li>QL 9 / day</li> <li>AL At least 18 yrs old</li> </ul>
CLOZARIL 100 MG TABLET	3	<ul style="list-style-type: none"> <li>QL 9 / day</li> <li>AL At least 18 yrs old</li> </ul>
CLOZARIL 25 MG TABLET	3	<ul style="list-style-type: none"> <li>QL 18 / day</li> <li>AL At least 18 yrs old</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
FANAPT TITRATION PACK	3	<p>QL 8 / rx</p> <p>AL At least 18 yrs old</p>
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	<p>QL 2 / day</p> <p>ST</p> <p>AL At least 18 yrs old</p>
FAZACLO (12.5 MG ODT, 25 MG ODT, 150 MG ODT, 200 MG ODT)	3	<p>QL 3 / day</p> <p>AL At least 18 yrs old</p>
FAZACLO 100 MG ODT	3	<p>QL 9 / day</p> <p>AL At least 18 yrs old</p>
GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	3	<p>QL 2 / day</p> <p>ST</p> <p>AL At least 18 yrs old</p>
GEODON 20 MG/ML VIAL	3	ST
INVEGA	3	<p>ST</p> <p>AL At least 12 yrs old</p>
INVEGA SUSTENNA 117 MG/0.75 ML	3	<p>QL 0.0333 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
INVEGA SUSTENNA 156 MG/ML SYRG	3	<p>QL 0.04 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
INVEGA SUSTENNA 234 MG/1.5 ML	3	<p>QL 0.057 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
INVEGA SUSTENNA 39 MG/0.25 ML	3	<p>QL 0.0111 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
INVEGA SUSTENNA 78 MG/0.5 ML	3	<ul style="list-style-type: none"> <li>QL 0.02 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
INVEGA TRINZA 273 MG/0.875 ML	3	<ul style="list-style-type: none"> <li>QL 0.0333 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
INVEGA TRINZA 410 MG/1.315 ML	3	<ul style="list-style-type: none"> <li>QL 0.057 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
INVEGA TRINZA 546 MG/1.75 ML	3	<ul style="list-style-type: none"> <li>QL 0.067 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
INVEGA TRINZA 819 MG/2.625 ML	3	<ul style="list-style-type: none"> <li>QL 0.1 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
LATUDA	3	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>AL At least 13 yrs old</li> </ul>
NUPLAZID	4	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>olanzapine (2.5 mg tablet, 5 mg tablet)</i>	1	QL 6 / day
<i>olanzapine 10 mg tablet</i>	1	QL 3 / day
<i>olanzapine 15 mg tablet</i>	1	QL 2 / day
<i>olanzapine 20 mg tablet</i>	1	QL 1 / day
<i>olanzapine 7.5 mg tablet</i>	1	QL 4 / day
<i>olanzapine 10 mg vial</i>	1	



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>olanzapine odt 10 mg tablet</i>	1	QL 3 / day
<i>olanzapine odt 15 mg tablet</i>	1	QL 2 / day
<i>olanzapine odt 20 mg tablet</i>	1	QL 1 / day
<i>olanzapine odt 5 mg tablet</i>	1	QL 6 / day
<i>paliperidone er</i>	1	AL At least 12 yrs old
<i>quetiapine fumarate (25 mg tab, 50 mg tab)</i>	1	QL 6 / day AL At least 10 yrs old
<i>quetiapine fumarate 100 mg tab</i>	1	QL 3 / day AL At least 10 yrs old
<i>quetiapine fumarate 200 mg tab</i>	1	QL 1.5 / day AL At least 10 yrs old
<i>quetiapine fumarate 300 mg tab</i>	1	QL 1 / day AL At least 10 yrs old
<i>quetiapine fumarate 400 mg tab</i>	1	QL 2 / day AL At least 10 yrs old
<i>quetiapine er 150 mg tablet</i>	1	QL 5 / day PA AL At least 10 yrs old
<i>quetiapine er 200 mg tablet</i>	1	QL 4 / day PA AL At least 10 yrs old
<i>quetiapine er 50 mg tablet</i>	1	QL 6 / day PA AL At least 10 yrs old
<i>quetiapine fumarate er (er 300 mg tablet, er 400 mg tablet)</i>	1	QL 2 / day PA AL At least 10 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
REXULTI	3	<p>QL 1 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
RISPERDAL 1 MG/ML SOLUTION	3	<p>QL 16/day</p> <p>AL At least 5 yrs old</p>
RISPERDAL (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	3	<p>QL 8 / day</p> <p>AL At least 5 yrs old</p>
RISPERDAL 3 MG TABLET	3	<p>QL 5 / day</p> <p>AL At least 5 yrs old</p>
RISPERDAL 4 MG TABLET	3	<p>QL 4 / day</p> <p>AL At least 5 yrs old</p>
RISPERDAL CONSTA	3	<p>QL 0.1 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
RISPERDAL M-TAB (0.5 MG ODT, 1 MG ODT, 2 MG ODT)	3	<p>QL 8 / day</p> <p>AL At least 5 yrs old</p>
RISPERDAL M-TAB 3 MG ODT	3	<p>QL 5 / day</p> <p>AL At least 5 yrs old</p>
RISPERDAL M-TAB 4 MG ODT	3	<p>QL 4 / day</p> <p>AL At least 5 yrs old</p>
<i>risperidone 1 mg/ml solution</i>	1	<p>QL 16/day</p> <p>AL At least 5 yrs old</p>
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	<p>QL 8 / day</p> <p>AL At least 5 yrs old</p>
<i>risperidone 3 mg tablet</i>	1	<p>QL 5 / day</p> <p>AL At least 5 yrs old</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>risperidone 4 mg tablet</i>	1	<p>QL 4 / day</p> <p>AL At least 5 yrs old</p>
<i>risperidone 3 mg odt</i>	1	<p>QL 5 / day</p> <p>AL At least 5 yrs old</p>
<i>risperidone 4 mg odt</i>	1	<p>QL 4 / day</p> <p>AL At least 5 yrs old</p>
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt)</i>	1	<p>QL 8 / day</p> <p>AL At least 5 yrs old</p>
SAPHRIS	3	<p>QL 2 / day</p> <p>ST</p> <p>AL At least 10 yrs old</p>
SEROQUEL (25 MG TABLET, 50 MG TABLET)	3	<p>QL 6 / day</p> <p>AL At least 10 yrs old</p>
SEROQUEL 100 MG TABLET	3	<p>QL 3 / day</p> <p>AL At least 10 yrs old</p>
SEROQUEL 200 MG TABLET	3	<p>QL 1.5 / day</p> <p>AL At least 10 yrs old</p>
SEROQUEL 300 MG TABLET	3	<p>QL 1 / day</p> <p>AL At least 10 yrs old</p>
SEROQUEL 400 MG TABLET	3	<p>QL 2 / day</p> <p>AL At least 10 yrs old</p>
SEROQUEL XR SAMPLE KIT	2	<p>AL At least 10 yrs old</p>
SEROQUEL XR (300 MG TABLET, 400 MG TABLET)	2	<p>QL 2 / day</p> <p>AL At least 10 yrs old</p>
SEROQUEL XR 150 MG TABLET	2	<p>QL 5 / day</p> <p>AL At least 10 yrs old</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
SEROQUEL XR 200 MG TABLET	2	<p>QL 4 / day</p> <p>AL At least 10 yrs old</p>
SEROQUEL XR 50 MG TABLET	2	<p>QL 6 / day</p> <p>AL At least 10 yrs old</p>
VERSACLOZ	3	<p>QL 20 / day</p> <p>AL At least 18 yrs old</p>
VRAYLAR (1.5 MG CAPSULE, 1.5 MG-3 MG PACK, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	3	<p>QL 1 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
<i>ziprasidone hcl</i>	1	<p>QL 2 / day</p> <p>AL At least 18 yrs old</p>
ZYPREXA (2.5 MG TABLET, 5 MG TABLET)	3	<p>QL 6 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA 10 MG TABLET	3	<p>QL 3 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA 15 MG TABLET	3	<p>QL 2 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA 20 MG TABLET	3	<p>QL 1 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA 7.5 MG TABLET	3	<p>QL 4 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA 10 MG VIAL	3	<p>AL At least 13 yrs old</p>
ZYPREXA RELPREVV	3	<p>QL 0.08 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p>
ZYPREXA ZYDIS 10 MG TABLET	3	<p>QL 3 / day</p> <p>AL At least 13 yrs old</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
ZYPREXA ZYDIS 15 MG TABLET	3	<span>QL</span> 2 / day <span>AL</span> At least 13 yrs old
ZYPREXA ZYDIS 20 MG TABLET	3	<span>QL</span> 1 / day <span>AL</span> At least 13 yrs old
ZYPREXA ZYDIS 5 MG TABLET	3	<span>QL</span> 6 / day <span>AL</span> At least 13 yrs old
<b>BUTYROPHENONES</b>		
HALDOL	3	
HALDOL DECANOATE 100	3	
HALDOL DECANOATE 50	3	
<i>haloperidol 5 mg/ml ampul</i>	1	
<i>haloperidol (0.5 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>haloperidol 1 mg tablet</i>	1	<span>LCG</span>
<i>haloperidol decanoate (dec 500 mg/5 ml vl, decan 50 mg/ml amp)</i>	1	
<i>haloperidol decanoate (50 mg/ml vial, 100 mg/ml vial)</i>	1	
<i>haloperidol decanoate 100</i>	1	
<i>haloperidol lac 2 mg/ml conc</i>	1	
<i>haloperidol lactate (5 mg/ml vial, 50 mg/10 ml vl)</i>	1	
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine 25 mg/ml amp</i>	1	
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>fluphenazine decanoate</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>	1	
<i>fluphenazine 2.5 mg/ml vial</i>	1	
<i>perphenazine</i>	1	AL At least 18 yrs old
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	1	
<b>ANTIRETROVIRALS</b>		
<b>HIV ENTRY AND FUSION INHIBITORS</b>		
FUZEON	4	QL 2 / day NPS Non-Preferred Specialty Drug
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	4	PS
<b>HIV INTEGRASE INHIBITORS</b>		
ISENTRESS 100 MG POWDER PACKET	4	PS
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW, 400 MG TABLET)	4	PS
ISENTRESS HD	4	PS
TIVICAY	4	NPS Non-Preferred Specialty Drug
<b>HIV NONNUCLEOSIDE REV. TRANSCRIP. INHIB.</b>		
EDURANT	4	PS
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug








PRODUCT DESCRIPTION	TIER	LIMITS &
INTELENCE	4	PS
<i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug
<i>nevirapine er</i>	4	NPS Non-Preferred Specialty Drug
RESCRIPTOR (100 MG TABLET, 200 MG TABLET)	4	NPS Non-Preferred Specialty Drug
SUSTIVA (50 MG CAPSULE, 200 MG CAPSULE, 600 MG TABLET)	4	NPS Non-Preferred Specialty Drug
VIRAMUNE (50 MG/5 ML SUSP, 200 MG TABLET)	4	NPS Non-Preferred Specialty Drug
VIRAMUNE XR	4	NPS Non-Preferred Specialty Drug
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug
<i>abacavir-lamivudine</i>	4	NPS Non-Preferred Specialty Drug
<i>abacavir-lamivudine-zidovudine</i>	4	NPS Non-Preferred Specialty Drug
ATRIPLA	4	PS
COMBIVIR	4	NPS Non-Preferred Specialty Drug
COMPLERA	4	PS
DESCOVY	4	QL 1 / day NPS Non-Preferred Specialty Drug
<i>didanosine</i>	4	NPS Non-Preferred Specialty Drug
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4	PS

PRODUCT DESCRIPTION	TIER	LIMITS &
EPZICOM	4	NPS Non-Preferred Specialty Drug
GENVOYA	4	NPS Non-Preferred Specialty Drug
<i>lamivudine-zidovudine</i>	4	NPS Non-Preferred Specialty Drug
ODEFSEY	4	NPS Non-Preferred Specialty Drug
RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE, 200 MG/20 ML VIAL)	4	NPS Non-Preferred Specialty Drug
<i>stavudine (1 mg/ml solution, 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	4	NPS Non-Preferred Specialty Drug
STRIBILD	4	NPS Non-Preferred Specialty Drug
<i>tenofovir disoproxil fumarate</i>	4	PS
TRIUMEQ	4	NPS Non-Preferred Specialty Drug
TRIZIVIR	4	NPS Non-Preferred Specialty Drug
TRUVADA	4	PS
VIDEX	4	PS
VIDEX EC	4	NPS Non-Preferred Specialty Drug
VIREAD POWDER	4	NPS Non-Preferred Specialty Drug
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	4	PS
ZERIT (1 MG/ML SOLUTION, 15 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	NPS Non-Preferred Specialty Drug
ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET)	4	NPS Non-Preferred Specialty Drug



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule)</i>	4	<b>NPS</b> Non-Preferred Specialty Drug
<b>HIV PROTEASE INHIBITORS</b>		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	4	PS
<i>atazanavir sulfate</i>	4	PS
CRIXIVAN	4	PS
EVOTAZ	4	<b>NPS</b> Non-Preferred Specialty Drug
<i>fosamprenavir calcium</i>	4	<b>NPS</b> Non-Preferred Specialty Drug
INVIRASE (200 MG CAPSULE, 500 MG TABLET)	4	PS
KALETRA (80 MG-20 MG/ML SOLN, 100-25 MG TABLET, 200-50 MG TABLET)	4	<b>NPS</b> Non-Preferred Specialty Drug
LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET)	4	<b>NPS</b> Non-Preferred Specialty Drug
<i>lopinavir-ritonavir</i>	4	PS
NORVIR (80 MG/ML SOLUTION, 100 MG SOFTGEL CAP, 100 MG TABLET)	4	<b>NPS</b> Non-Preferred Specialty Drug
PREZCOBIX	4	<b>NPS</b> Non-Preferred Specialty Drug
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	4	PS
REYATAZ (150 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	4	PS
REYATAZ 50 MG POWDER PACKET	4	PS
VIRACEPT	4	PS

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>ANTITHROMBOTIC AGENTS</b>		
<b>PLATELET-AGGREGATION INHIBITORS</b>		
AGGRASTAT (3.75 MG/15 ML VIAL, 5 MG/100 ML IV SOLN, 5 MG/100 ML VIAL, 12.5 MG/250 ML)	3	
BRILINTA	2	QL 2 / day
<i>cilostazol</i>	1	QL 2 / day
<i>clopidogrel</i>	1	QL 1 / day
EFFIENT	3	QL 1 / day
<i>eptifibatide</i>	1	
INTEGRILIN	3	
KENGREAL	3	
LEVACET	3	PA
PLAVIX	3	QL 1 / day
<i>prasugrel hcl</i>	1	QL 1 / day
REOPRO	3	
<i>ticlopidine hcl</i>	1	QL 2 / day
ZONTIVITY	3	QL 1 / day PA
<b>PLATELET-REDUCING AGENTS</b>		
AGRYLIN	3	QL 4 / day
<i>anagrelide hcl</i>	1	QL 4 / day
<b>THROMBOLYTIC AGENTS</b>		
ACTIVASE	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
CATHFLO ACTIVASE	4	 Non-Preferred Specialty Drug
TNKASE	3	
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES		
ANTITOXINS AND IMMUNE GLOBULINS		
CUVITRU	4	  Non-Preferred Specialty Drug
TOXOIDS		
BOOSTRIX TDAP VACCINE SYRINGE	0	
VACCINES		
<i>bcg (tice strain)</i>	4	 Non-Preferred Specialty Drug
HEPLISAV-B	0	
THERACYS	4	 Non-Preferred Specialty Drug
VAXCHORA ACTIVE COMPONENT	2	
VAXCHORA VACCINE	2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
HISTAMINE H2-ANTAGONISTS		
<i>cimetidine (200 mg tablet, 300 mg tablet, 300 mg/5 ml soln, 400 mg tablet, 800 mg tablet)</i>	1	
<i>famotidine (20 mg piggyback, 20 mg/2 ml syringe, 20 mg/2 ml vial, 40 mg/4 ml vial, 200 mg/20 ml vial, 500 mg/50 ml vial)</i>	1	
<i>famotidine (40 mg tablet, 40 mg/5 ml susp)</i>	1	
<i>famotidine-0.9% nacl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>nizatidine (15 mg/ml solution, 300 mg capsule)</i>	1	
<i>nizatidine 150 mg capsule</i>	1	QL 2 / day
PEPCID (20 MG TABLET, 40 MG TABLET, 40 MG/5 ML ORAL SUSP)	3	
<i>ranitidine hcl (15 mg/ml syrup, 150 mg tablet, 150 mg/10 ml syrup, 300 mg capsule, 300 mg tablet)</i>	1	
<i>ranitidine hcl (50 mg/2 ml vial, 150 mg/6 ml vl)</i>	1	
ZANTAC (150 MG TABLET, 300 MG TABLET)	3	
ZANTAC (50 MG/2 ML VIAL, 150 MG/6 ML VIAL, 1,000 MG/40 ML VIAL)	3	
<b>PROSTAGLANDINS</b>		
CYTOTEC	3	
<i>misoprostol</i>	1	
<b>PROTECTANTS</b>		
CARAFATE 1 GM/10 ML SUSP	2	
CARAFATE 1 GM TABLET	3	
<i>sucralfate</i>	1	
<b>PROTON-PUMP INHIBITORS</b>		
ACIPHEX	3	QL 2 / day ST
ACIPHEX SPRINKLE	3	QL 1 / day ST
DEXILANT	3	QL 1 / day ST
<i>esomeprazole mag dr 40 mg cap</i>	1	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>esomeprazole sodium</i>	1	
<i>esomeprazole strontium</i>	1	QL 1 / day ST
<i>lansoprazole dr 30 mg capsule</i>	1	QL 1 / day
NEXIUM DR 40 MG CAPSULE	3	QL 1 / day ST
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET, DR 10 MG PACKET, DR 20 MG PACKET, DR 40 MG PACKET)	3	QL 2 / day ST
NEXIUM I.V.	3	
OMECLAMOX-PAK	3	QL 80 / 365 days PA
<i>omeprazole (dr 10 mg capsule, dr 40 mg capsule)</i>	1	QL 1 / day
<i>omeprazole-sodium bicarbonate (40-1, 100 cap, 40-1, 680 pkt)</i>	1	ST
<i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>	1	QL 1 / day LCG
<i>pantoprazole sodium 40 mg vial</i>	1	
PREVACID (15 MG SOLUTAB, DR 15 MG CAPSULE, 30 MG SOLUTAB, DR 30 MG CAPSULE)	3	QL 1 / day ST
PRILOSEC	3	ST
PROTONIX (DR 20 MG TABLET, 40 MG SUSPENSION, DR 40 MG TABLET)	3	QL 1 / day ST
PROTONIX IV	3	
<i>rabeprazole sodium</i>	1	QL 2 / day
ZEGERID (20 MG PACKET, 40 MG CAPSULE)	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS &
ZEGERID 40 MG PACKET	3	<div style="display: inline-block; background-color: purple; color: white; padding: 2px;">QL</div> 1 / day <div style="display: inline-block; background-color: green; color: white; padding: 2px;">ST</div>
ANTIVIRALS (SYSTEMIC)		
ADAMANTANES		
FLUMADINE	3	
<i>rimantadine hcl</i>	1	
ANTIVIRALS, MISCELLANEOUS		
<i>foscarnet sodium</i>	1	
FOSCAVIR	3	
INTERFERONS		
ALFERON N	4	<div style="display: inline-block; background-color: red; color: white; padding: 2px;">NPS</div> Non-Preferred Specialty Drug
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	4	<div style="display: inline-block; background-color: brown; color: white; padding: 2px;">PA</div> <div style="display: inline-block; background-color: red; color: white; padding: 2px;">NPS</div> Non-Preferred Specialty Drug
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	4	<div style="display: inline-block; background-color: brown; color: white; padding: 2px;">PA</div> <div style="display: inline-block; background-color: red; color: white; padding: 2px;">NPS</div> Non-Preferred Specialty Drug
PEGASYS PROCLICK	4	<div style="display: inline-block; background-color: brown; color: white; padding: 2px;">PA</div> <div style="display: inline-block; background-color: red; color: white; padding: 2px;">NPS</div> Non-Preferred Specialty Drug
PEGINTRON	4	<div style="display: inline-block; background-color: brown; color: white; padding: 2px;">PA</div> <div style="display: inline-block; background-color: pink; color: white; padding: 2px;">PS</div>
PEGINTRON REDIPEN	4	<div style="display: inline-block; background-color: brown; color: white; padding: 2px;">PA</div> <div style="display: inline-block; background-color: pink; color: white; padding: 2px;">PS</div>
SYLATRON	4	<div style="display: inline-block; background-color: brown; color: white; padding: 2px;">PA</div> <div style="display: inline-block; background-color: red; color: white; padding: 2px;">NPS</div> Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>NEURAMINIDASE INHIBITORS</b>		
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	1	QL 20 / 365 days
<i>oseltamivir 6 mg/ml suspension</i>	1	QL 180 / 30 days
RELENZA	3	QL 40 / 365 days
TAMIFLU (30 MG CAPSULE, 45 MG CAPSULE, 75 MG CAPSULE)	3	QL 20 / 365 days
TAMIFLU 6 MG/ML SUSPENSION	3	QL 180 / 30 days
<b>NUCLEOSIDES AND NUCLEOTIDES</b>		
<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir sodium (sodium 1 gm vial, 500 mg/10 ml vial, sodium 500 mg vial, 1,000 mg/20 ml vial)</i>	1	
<i>acyclovir sodium-d5w</i>	1	
<i>adefovir dipivoxil</i>	4	NPS Non-Preferred Specialty Drug
BARACLUDE 0.05 MG/ML SOLUTION	4	QL 20 / day PA NPS Non-Preferred Specialty Drug
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
<i>cidofovir</i>	4	NPS Non-Preferred Specialty Drug
COPEGUS	4	QL 6 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
CYTOVENE	4	NPS Non-Preferred Specialty Drug
<i>entecavir</i>	4	QL 1 / day NPS Non-Preferred Specialty Drug
<i>famciclovir (125 mg tablet, 500 mg tablet)</i>	1	
FAMVIR (125 MG TABLET, 500 MG TABLET)	3	
<i>ganciclovir</i>	4	NPS Non-Preferred Specialty Drug
<i>ganciclovir sodium</i>	4	NPS Non-Preferred Specialty Drug
HEPSERA	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
MODERIBA (200-400 MG DOSEPACK, 400-400 MG DOSEPACK, 600-400 MG DOSEPACK, 600-600 MG DOSEPACK)	4	QL 2 / day PA NPS Non-Preferred Specialty Drug
MODERIBA 200 MG TABLET	4	QL 6 / day PA NPS Non-Preferred Specialty Drug
REBETOL 200 MG CAPSULE	4	QL 6 / day PA NPS Non-Preferred Specialty Drug
REBETOL 40 MG/ML SOLUTION	4	QL 30 / day PA NPS Non-Preferred Specialty Drug



PRODUCT DESCRIPTION	TIER	LIMITS &
RIBASPHERE (200 MG CAPSULE, 200 MG TABLET)	4	<ul style="list-style-type: none"> <li>QL 6 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
RIBASPHERE 400 MG TABLET	4	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
RIBASPHERE 600 MG TABLET	4	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
RIBASPHERE RIBAPAK	4	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
RIBATAB	4	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	4	<ul style="list-style-type: none"> <li>QL 6 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>ribavirin 6 gm inhalation vial</i>	1	
SITAVIG	3	<ul style="list-style-type: none"> <li>QL 2 / fill</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
TYZEKA	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>valacyclovir</i>	1	
VALCYTE 50 MG/ML SOLUTION	3	
VALCYTE 450 MG TABLET	3	QL 4 / day
<i>valganciclovir hcl 50 mg/ml</i>	1	
<i>valganciclovir 450 mg tablet</i>	1	QL 4 / day
VALTREX	3	
		QL 1 / day
VEMLIDY	4	PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
VIRAZOLE	3	
VISTIDE	4	NPS Non-Preferred Specialty Drug
ZOVIRAX (200 MG CAPSULE, 200 MG/5 ML SUSP, 400 MG TABLET, 800 MG TABLET)	3	
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC		
AMBIEN	3	QL 1 / day ST
AMBIEN CR	3	QL 1 / day ST
BELSOMRA	3	ST
<i>bupirone hcl</i>	1	
<i>dexmedetomidine 200 mcg/2 ml</i>	1	
<i>droperidol (2.5 mg/ml ampul, 2.5 mg/ml vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
EDLUAR	3	QL 1 / day ST
<i>eszopiclone (1 mg tablet, 2 mg tablet)</i>	1	QL 1 / day
<i>eszopiclone 3 mg tablet</i>	1	QL 1 / day AL Up to 65 yrs old
HETLIOZ	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
<i>hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 10 mg tablet, hcl 25 mg tablet, 50 mg/25 ml syrup, hcl 50 mg tablet)</i>	1	AL At least 2 yrs old
<i>hydroxyzine hcl (25 mg/ml vial, 50 mg/ml vial, 100 mg/2 ml vial, 500 mg/10 ml vial)</i>	1	AL At least 2 yrs old
<i>hydroxyzine pam 100 mg cap</i>	1	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	1	AL At least 2 yrs old
INTERMEZZO	3	QL 1 / day ST
LUNESTA (1 MG TABLET, 2 MG TABLET)	3	QL 1 / day ST
LUNESTA 3 MG TABLET	3	QL 1 / day ST AL Up to 65 yrs old
<i>meprobamate</i>	1	
PRECEDEX (80 MCG/20 ML INJECT, 200 MCG/2 ML VIAL, 200 MCG/50 ML INJECT, 400 MCG/100 ML INJECT)	3	
<i>promethazine 12.5 mg suppos</i>	1	AL At least 2 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
PROMETHEGAN 50 MG SUPPOSITORY	1	AL At least 2 yrs old
ROZEREM	3	QL 1 / day ST
SONATA	3	QL 1 / day ST
VISTARIL	3	AL At least 2 yrs old
<i>zaleplon</i>	1	QL 1 / day
<i>zolpidem tartrate (tart 1.75 mg tab sl, tart 3.5 mg tablet sl, tartrate 5 mg tablet, tartrate 10 mg tablet)</i>	1	QL 1 / day
<i>zolpidem tartrate er</i>	1	QL 1 / day
ZOLPIMIST	3	QL 0.257 / day PA
<b>BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)</b>		
AMYTAL SODIUM	3	
BUTISOL SODIUM	3	
NEMBUTAL SODIUM	3	
<i>pentobarbital 1,000 mg/20 ml</i>	1	
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	1	
<i>phenobarbital sodium</i>	1	
SECONAL SODIUM	3	
<b>BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP)</b>		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QL 4 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>alprazolam 2 mg tablet</i>	1	QL 5 / day
<i>alprazolam er (er 0.5 mg tablet, er 1 mg tablet)</i>	1	QL 1 / day
<i>alprazolam er 2 mg tablet</i>	1	QL 5 / day
<i>alprazolam er 3 mg tablet</i>	1	QL 3 / day
ALPRAZOLAM INTENSOL	3	QL 10 / day
<i>alprazolam odt (odt 0.25 mg tab, odt 0.5 mg tab, odt 1 mg tab)</i>	1	QL 4 / day
<i>alprazolam odt 2 mg tab</i>	1	QL 5 / day
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	1	QL 1 / day
<i>alprazolam xr 2 mg tablet</i>	1	QL 5 / day
<i>alprazolam xr 3 mg tablet</i>	1	QL 3 / day
ATIVAN (0.5 MG TABLET, 1 MG TABLET)	3	QL 3 / day
ATIVAN 2 MG TABLET	3	QL 5 / day
ATIVAN (2 MG/ML VIAL, 20 MG/10 ML VIAL, 40 MG/10 ML VIAL)	3	
<i>chlordiazepoxide 10 mg capsule</i>	1	QL 30 / day
<i>chlordiazepoxide 25 mg capsule</i>	1	QL 12 / day
<i>chlordiazepoxide 5 mg capsule</i>	1	QL 4 / day
<i>clorazepate 15 mg tablet</i>	1	QL 6 / day
<i>clorazepate 3.75 mg tablet</i>	1	QL 24 / day
<i>clorazepate 7.5 mg tablet</i>	1	QL 12 / day
DIASTAT	3	QL 0.07 / day
DIASTAT ACUDIAL	3	QL 0.07 / day
<i>diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syst, 20 mg rectal gel syst)</i>	1	QL 0.07 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml oral soln, 5 mg/5 ml solution, 5 mg/ml oral conc, 5 mg/ml vial, 10 mg tablet, 10 mg/2 ml carpject, 10 mg/2 ml syringe, 50 mg/10 ml vial)</i>	1	
DORAL	3	QL 1 / day
<i>estazolam</i>	1	QL 1 / day
<i>flurazepam hcl</i>	1	QL 1 / day
HALCION	3	QL 2 / day
<i>lorazepam (2 mg tablet, 2 mg/ml oral concent)</i>	1	QL 5 / day
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	QL 3 / day
<i>lorazepam (2 mg/ml carpject, 2 mg/ml syringe, 4 mg/ml carpject, 4 mg/ml vial, 20 mg/10 ml vial, 40 mg/10 ml vial)</i>	1	
LORAZEPAM INTENSOL	1	QL 5 / day
<i>lorazepam-0.9% nacl</i>	1	
<i>lorazepam-d5w</i>	1	
<i>midazolam hcl 2 mg/ml syrup</i>	1	
<i>midazolam 55 mg/55 ml-0.9%nacl</i>	1	
<i>midazolam 50 mg/50 ml-d5w bag</i>	1	
<i>oxazepam</i>	1	QL 4 / day
<i>quazepam</i>	1	QL 1 / day
RESTORIL	3	QL 1 / day
<i>temazepam</i>	1	QL 1 / day
TRANXENE T-TAB 3.75 MG	3	QL 24 / day
TRANXENE T-TAB 7.5 MG	3	QL 12 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>triazolam 0.125 mg tablet</i>	1	QL 1 / day
<i>triazolam 0.25 mg tablet</i>	1	QL 2 / day
VALIUM	3	
XANAX (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET)	3	QL 4 / day
XANAX 2 MG TABLET	3	QL 5 / day
XANAX XR (0.5 MG TABLET, 1 MG TABLET)	3	QL 1 / day
XANAX XR 2 MG TABLET	3	QL 5 / day
XANAX XR 3 MG TABLET	3	QL 3 / day
<b>AUTONOMIC DRUGS</b>		
<b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)</b>		
ARICEPT (5 MG TABLET, 10 MG TABLET)	3	AL At least 40 yrs old
ARICEPT 23 MG TABLET	3	ST AL At least 40 yrs old
<i>bethanechol chloride</i>	1	
BLOXIVERZ	3	
<i>cevimeline hcl</i>	1	
<i>donepezil hcl</i>	1	AL At least 40 yrs old
<i>donepezil hcl odt</i>	1	AL At least 40 yrs old
EVOXAC	3	
EXELON (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 4.6 MG/24HR PATCH, 6 MG CAPSULE, 9.5 MG/24HR PATCH, 13.3 MG/24HR PATCH)	3	AL At least 40 yrs old
<i>galantamine er</i>	1	
<i>galantamine hbr</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>galantamine hydrobromide</i>	1	
<i>guanidine hcl</i>	1	
MESTINON 60 MG/5 ML SYRUP	2	
MESTINON (60 MG TABLET, 180 MG TIMESPAN)	3	
<i>neostigmine 3 mg/3 ml syringe</i>	1	
<i>neostigmine methylsulfate (2 mg/2 ml syringe, 4 mg/4 ml syringe, 5 mg/10 ml vial, 5 mg/5 ml syringe, 10 mg/10 ml vial)</i>	1	
<i>neostigmine 5 mg/5 ml-water</i>	1	
<i>physostigmine salicylate</i>	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>pyridostigmine bromide er</i>	1	
RAZADYNE	3	
RAZADYNE ER	3	
REGONOL	3	
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	1	AL At least 40 yrs old
SALAGEN	3	
URECHOLINE	3	
BETA-3-ADRENERGIC AGONISTS		
SELECTIVE BETA-3-ADRENERGIC AGONISTS		
MYRBETRIQ	2	QL 1 / day



PRODUCT DESCRIPTION	TIER	LIMITS &
BETA-ADRENERGIC AGONISTS		
NON-SELECTIVE BETA-ADRENERGIC AGONISTS		
<i>isoproterenol hcl</i>	1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
<i>albuterol sulfate (sulf 2 mg/5 ml syrup, sulfate er 4 mg tab, sulfate er 8 mg tab)</i>	1	
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	1	LCG
<i>albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol)</i>	1	QL 18 / day
<i>albuterol sulfate (2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution)</i>	1	QL 18 / day LCG
ARCAPTA NEOHALER	3	QL 1 / day ST
BROVANA	3	QL 4 / day
FORADIL	3	QL 3 / day
<i>levalbuterol concentrate</i>	1	
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate hfa</i>	3	QL 1.5 / day PA
<i>metaproterenol sulfate (10 mg tablet, 10 mg/5 ml syr, 20 mg tablet)</i>	1	
PERFOROMIST	3	QL 120 / 30 days
PROAIR HFA	2	QL 0.8 / day
PROAIR RESPICLICK	2	QL 0.07 / day
PROVENTIL HFA	3	QL 0.6 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
SEREVENT DISKUS	2	QL 2 / day
STRIVERDI RESPIMAT	2	QL .144 / day ST
<i>terbutaline sulfate 2.5 mg tab</i>	1	LCG
<i>terbutaline sulf 1 mg/ml vial</i>	1	
UTIBRON NEOHALER	3	QL 2 / day ST AL At least 18 yrs old
VENTOLIN HFA	2	QL 1.5 / day
XOPENEX	3	
XOPENEX CONCENTRATE	3	
XOPENEX HFA	3	QL 1.5 / day PA
<b>BLOOD FORMATION, COAGULATION, THROMBOSIS</b>		
<b>HEMATOPOIETIC AGENTS</b>		
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 150 MCG/0.75 ML VIAL, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	4	PA PS
EPOGEN	4	PA NPS Non-Preferred Specialty Drug
GRANIX	4	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
LEUKINE	4	PA NPS Non-Preferred Specialty Drug
MIRCERA	4	PA NPS Non-Preferred Specialty Drug
MOZOBIL	4	PA NPS Non-Preferred Specialty Drug
NEULASTA (6 MG/0.6 ML SYRINGE, ONPRO 6 MG/0.6 ML KIT)	4	PA PS
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYR, 480 MCG/1.6 ML VIAL)	4	PA PS
NPLATE	4	PA NPS Non-Preferred Specialty Drug
PROCRIT	4	PA PS
PROMACTA	4	PA NPS Non-Preferred Specialty Drug
ZARXIO	4	QL 90 / 30 days PA NPS Non-Preferred Specialty Drug
<b>HEMORRHEOLOGIC AGENTS</b>		
<i>pentoxifylline</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
BRONCHODILATORS		
XANTHINE DERIVATIVES		
<i>aminophylline 250 mg/10 ml v1</i>	1	
THEO-24 ER 300 MG CAPSULE	3	
CALCIUM-CHANNEL BLOCKING AGENTS		
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
CALAN	3	QL 3 / day
CALAN SR	3	QL 1 / day
CARDIZEM	3	QL 4 / day
CARDIZEM CD (180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	3	
CARDIZEM CD 120 MG CAPSULE	3	QL 1 / day
CARDIZEM LA (300 MG TABLET, 360 MG TABLET, 420 MG TABLET)	3	QL 1 / day
CARDIZEM LA 120 MG TABLET	3	QL 4 / day
CARDIZEM LA 180 MG TABLET	3	QL 3 / day
CARDIZEM LA 240 MG TABLET	3	QL 2 / day
CARTIA XT	1	QL 1 / day
DILT XR 120 MG CAPSULE	1	QL 1 / day
DILT-XR (180 MG CAPSULE, 240 MG CAPSULE)	1	
<i>diltiazem 12hr er</i>	1	
<i>diltiazem 24hr cd (24hr 180 mg cap, 24hr 240 mg cap, 24hr 300 mg cap, 24hr 360 mg cap)</i>	1	
<i>diltiazem 24hr cd 120 mg cap</i>	1	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>diltiazem 24hr er (24hr er 240 mg cap, 24hr er 300 mg cap, 24hr er 360 mg cap, 24hr er 420 mg cap)</i>	1	
<i>diltiazem 24hr er 180 mg cap</i>	1	QL 1 / day
<i>diltiazem 24hr er (24hr er 120 mg cap, 24hr er 300 mg tab, 24hr er 360 mg tab, 24hr er 420 mg tab)</i>	1	QL 1 / day
<i>diltiazem 24hr er 180 mg tab</i>	1	QL 3 / day
<i>diltiazem 24hr er 240 mg tab</i>	1	QL 2 / day
<i>diltiazem er (er 120 mg capsule, er 180 mg capsule)</i>	1	QL 1 / day
<i>diltiazem er 240 mg capsule</i>	1	
<i>diltiazem 90 mg tablet</i>	1	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 120 mg tablet)</i>	1	QL 4 / day
<i>diltiazem hcl (25 mg/5 ml vial, 50 mg/10 ml vial, hcl 100 mg vial, 125 mg/25 ml vial)</i>	1	
<i>diltiazem hcl-0.9% nacl</i>	1	
<i>diltiazem 125 mg/125 ml-d5w</i>	1	
MATZIM LA (300 MG TABLET, 360 MG TABLET, 420 MG TABLET)	1	QL 1 / day
MATZIM LA 180 MG TABLET	1	QL 3 / day
MATZIM LA 240 MG TABLET	1	QL 2 / day
TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE)	1	QL 1 / day
TAZTIA XT (240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	1	
TIAZAC (ER 120 MG CAPSULE, ER 180 MG CAPSULE)	3	QL 1 / day
TIAZAC (ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>verapamil er (er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule)</i>	1	QL 1 / day
<i>verapamil er pm (er 200 mg capsule, er 300 mg capsule)</i>	1	QL 1 / day
<i>verapamil 360 mg cap pellet</i>	1	QL 1 / day
<i>verapamil hcl (2.5 mg/ml ampul, 2.5 mg/ml syringe, 2.5 mg/ml vial)</i>	1	
<i>verapamil 40 mg tablet</i>	1	
<i>verapamil hcl (80 mg tablet, 120 mg tablet)</i>	1	QL 3 / day
<i>verapamil 5 mg/2 ml vial</i>	1	
<i>verapamil sr</i>	1	QL 1 / day
VERELAN	3	QL 1 / day
VERELAN PM (200 MG CAP PELLETT, 300 MG CAP PELLETT)	3	QL 1 / day
<b>DIHYDROPYRIDINES</b>		
ADALAT CC 30 MG TABLET	3	QL 1 / day
ADALAT CC 60 MG TABLET	3	QL 2 / day
ADALAT CC 90 MG TABLET	3	
AFEDITAB CR 30 MG TABLET	1	QL 1 / day
AFEDITAB CR 60 MG TABLET	1	QL 2 / day
<i>amlodipine besylate</i>	1	QL 1 / day
<i>amlodipine besylate-benazepril</i>	1	QL 1 / day
<i>amlodipine-olmesartan</i>	1	QL 1 / day
<i>amlodipine-valsartan (5-320 mg, 10-160 mg, 10-320 mg)</i>	1	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>amlodipine-valsartan 5-160 mg</i>	1	QL 2 / day
<i>amlodipine-valsartan-hctz</i>	1	QL 1 / day
AZOR	3	QL 1 / day
CARDENE I.V. 25 MG/10 ML AMPUL	3	
CARDENE I.V. (CARDENE-DEX 20 MG/200 ML SOLN, CARDENE-DEX 40 MG/200 ML IV, CARDENE-NACL 20 MG/200 ML SOLN, CARDENE-NACL 40 MG/200 ML IV)	3	
CLEVIPREX	3	
EXFORGE	3	QL 1 / day
EXFORGE HCT	3	QL 1 / day
<i>felodipine er</i>	1	QL 1 / day
<i>isradipine 2.5 mg capsule</i>	1	QL 2 / day
<i>isradipine 5 mg capsule</i>	1	QL 4 / day
LOTREL	3	QL 1 / day
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	1	
<i>nicardipine 2.5 mg/ml syringe</i>	1	
<i>nicardipine hcl (25 mg/10 ml ampule, 25 mg/10 ml vial)</i>	1	
<i>nicardipine hcl-0.9% nacl</i>	1	
<i>nicardipine hcl-d5w</i>	1	
NIFEDICAL XL	1	QL 1 / day
<i>nifedipine</i>	1	QL 4 / day
<i>nifedipine er (er 30 mg tablet, er 90 mg tablet)</i>	1	QL 1 / day
<i>nifedipine er 60 mg tablet</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	QL 1 / day
NORVASC	3	QL 1 / day
NYMALIZE	3	QL 120 / day
PROCARDIA	3	QL 4 / day
PROCARDIA XL	3	QL 1 / day
SULAR	3	QL 1 / day
CALCIUM-CHANNEL BLOCKING AGENTS(HYPOTEN) DIHYDROPYRIDINES (HYPOTENSIVE AGENTS)		
CARDENE SR 30 MG CAPSULE	3	QL 2 / day
CARDIAC DRUGS CARDIAC DRUGS, MISCELLANEOUS		
CORLANOR	2	QL 2 / day ST
RANEXA	2	QL 2 / day
CARDIOTONIC AGENTS		
DIGITEK	1	
DIGOX	1	
<i>digoxin (0.05 mg/ml solution, 0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	1	
<i>digoxin (0.25 mg/ml syringe, 500 mcg/2 ml ampule)</i>	1	
LANOXIN 500 MCG/2 ML AMPULE	2	
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 187.5 MCG TABLET, 250 MCG TABLET)	2	



PRODUCT DESCRIPTION	TIER	LIMITS &
LANOXIN PEDIATRIC	2	
<b>CARDIOVASCULAR DRUGS</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
CARDURA	3	
CARDURA XL	3	QL 1 / day ST
<i>doxazosin mesylate</i>	1	
MINIPRESS	3	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl</i>	1	
<i>atenolol-chlorthalidone</i>	1	
BETAPACE	3	
BETAPACE AF	3	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	LCG
BREVIBLOC (100 MG/10 ML VIAL, 2,000 MG/100 ML BAG, 2,500 MG/250 ML BAG)	3	
BYSTOLIC (5 MG TABLET, 10 MG TABLET)	2	QL 3 / day
BYSTOLIC 2.5 MG TABLET	2	QL 1 / day
BYSTOLIC 20 MG TABLET	2	QL 2 / day
BYVALSON	2	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>carvedilol</i>	1	
<i>carvedilol er (er 10 mg capsule, er 20 mg capsule, er 40 mg capsule)</i>	1	QL 2 / day
<i>carvedilol er 80 mg capsule</i>	1	QL 1 / day
COREG	3	
COREG CR (CR 10 MG CAPSULE, CR 20 MG CAPSULE, CR 40 MG CAPSULE)	3	QL 2 / day ST
COREG CR 80 MG CAPSULE	3	QL 1 / day ST
CORGARD	3	
CORZIDE	3	
DUTOPROL	3	QL 2 / day
<i>esmolol hcl 100 mg/10 ml syr</i>	1	
<i>esmolol hcl 100 mg/10 ml syrg</i>	1	
<i>esmolol hcl 100 mg/10 ml vial</i>	1	
HEMANGEOL	4	NPS Non-Preferred Specialty Drug
INDERAL LA	3	
INDERAL XL	3	ST
INNOPRAN XL	3	ST
<i>labetalol hcl (20 mg/4 ml syr, 20 mg/4 ml syrng, 25 mg/5 ml syrng, 50 mg/10 ml syrg)</i>	1	
<i>labetalol hcl 20 mg/4 ml crpj</i>	1	
<i>labetalol hcl 25 mg/5 ml syr</i>	1	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>labetalol hcl-d5w</i>	1	
LEVATOL	3	
LOPRESSOR 5 MG/5 ML AMPUL	3	
LOPRESSOR (50 MG TABLET, 100 MG TABLET)	3	
LOPRESSOR HCT	3	
<i>metoprolol succ er 50 mg tab</i>	1	
<i>metoprolol tartrate (1 mg/ml carpject, tart 5 mg/5 ml amp, tart 5 mg/5 ml vial)</i>	1	
<i>metoprolol tartrate (37.5 mg tb, 75 mg tab)</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	
<i>nadolol-bendroflumethiazide</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	1	
<i>propranolol 1 mg/ml vial</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
SECTRAL	3	
SORINE	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
<i>sotalol hcl</i>	1	
SOTYLIZE	3	
TENORETIC 100	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
TENORETIC 50	3	
TENORMIN	3	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
TOPROL XL	3	
ZEBETA	3	
ZIAC	3	
CELLULAR AND GENE THERAPY		
CELLULAR THERAPY		
PROVENGE	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> <div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; padding: 2px 5px; margin-right: 5px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div> </div>
CENTRAL NERVOUS SYSTEM AGENTS		
ANTIMANIC AGENTS		
<i>lithium</i>	1	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er</i>	1	
LITHOBID	3	
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>acamprosate calcium</i>	1	
<i>atomoxetine hcl</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL 2 / day</div> <div style="margin-right: 10px;">AL At least 6 yrs old</div> </div>
AUSTEDO	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL 4 / day</div> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">AL At least 18 yrs old</div> <div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; padding: 2px 5px; margin-right: 5px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>carbidopa</i>	1	
<i>flumazenil</i>	1	
<i>guanfacine hcl er</i>	1	
INGREZZA 40 MG CAPSULE	4	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
INGREZZA 80 MG CAPSULE	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
INTUNIV	3	QL 1 / day
LODOSYN	3	
<i>memantine hcl 2 mg/ml solution</i>	1	<ul style="list-style-type: none"> <li>QL 360 / 30 days</li> <li>AL At least 40 yrs old</li> </ul>
<i>memantine 5-10 mg titration pk</i>	1	AL At least 40 yrs old
<i>memantine hcl 10 mg tablet</i>	1	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>AL At least 40 yrs old</li> </ul>
<i>memantine hcl 5 mg tablet</i>	1	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>AL At least 40 yrs old</li> </ul>
NAMENDA (2 MG/ML SOLUTION, 5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET)	3	AL At least 40 yrs old
NAMENDA XR (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE, TITRATION PACK)	3	<ul style="list-style-type: none"> <li>ST</li> <li>AL At least 40 yrs old</li> </ul>
NAMZARIC (7 MG-10 MG CAPSULE, 14 MG-10 MG CAPSULE, 21 MG-10 MG CAPSULE, 28 MG-10 MG CAPSULE, TITRATION PACK)	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS &
NUDEXTA	2	PA
RILUTEK	3	
<i>riluzole</i>	1	
STRATTERA	3	QL 2 / day AL At least 6 yrs old
<i>tetrabenazine</i>	4	PA NPS Non-Preferred Specialty Drug
XENAZINE	4	PA NPS Non-Preferred Specialty Drug
XYREM	4	QL 18 / day PA NPS Non-Preferred Specialty Drug
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	3	QL 2 / day ST
<b>OPIATE ANTAGONISTS</b>		
DEPADE	1	
EVZIO	3	QL 2 / rx PA
<i>naloxone hcl (0.4 mg/ml carpject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>	1	
<i>naltrexone hcl</i>	1	
NARCAN 2 MG NASAL SPRAY	3	QL 5 / 30 days
NARCAN 4 MG NASAL SPRAY	3	QL 2 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS &
REVIA	3	
VIVITROL	4	PA NPS Non-Preferred Specialty Drug
CEPHALOSPORINS		
FIFTH GENERATION CEPHALOSPORINS		
TEFLARO	3	PA
FIRST GENERATION CEPHALOSPORINS		
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	1	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i>	1	
<i>cefazolin sodium-0.9% nacl (1 g/10 ml-ns syringe, 2 g/10 ml-ns syringe, 2 g/100 ml-0.9% nacl, 2 g/50 ml-0.9% nacl, 3 g/100 ml-0.9% nacl)</i>	1	
<i>cefazolin sodium-d5w (2 gram/100, 2 gram/50 bag, 3 gram/100)</i>	1	
<i>cefazolin sodium-dextrose (1 g/50, 2 g/100, 2 g/50)</i>	1	
<i>cefazolin sodium-sterile water</i>	1	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 750 mg capsule)</i>	1	
DAXBIA	3	QL 4 / day ST
KEFLEX	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>FOURTH GENERATION CEPHALOSPORINS</b>		
<i>cefepime</i>	1	
<i>cefepime hcl</i>	1	
<i>cefepime-dextrose</i>	1	
MAXIPIME (1 GM ADD-VANTAGE VL, 1 GRAM VIAL, 2 GM ADD-VANTAGE VL, 2 GRAM VIAL)	3	
<b>SECOND GENERATION CEPHALOSPORINS</b>		
<i>cefaclor (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 375 mg/5 ml suspen, 500 mg capsule)</i>	1	
<i>cefaclor er</i>	1	QL 20 / 30 days
<i>cefoxitin 1 gm vial</i>	1	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	1	
CEFTIN (125 MG/5 ML ORAL SUSP, 250 MG/5 ML ORAL SUSP)	2	
CEFTIN (250 MG TABLET, 500 MG TABLET)	3	
<i>cefuroxime</i>	1	
<i>cefuroxime sodium</i>	1	
MEFOXIN	3	
ZINACEF (1.5 GM TWISTVIAL, 1.5 GM VIAL, 1.5 GRAM/50 ML, 7.5 GM VIAL, 750 MG TWISTVIAL, 750 MG VIAL)	3	
<b>THIRD GENERATION CEPHALOSPORINS</b>		
AVYCAZ	3	
CEDAX (180 MG/5 ML SUSPENSION, 400 MG CAPSULE)	3	



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefixime</i>	1	QL 1200 / 90 days
<i>cefotaxime sodium (1 gm vial, 2 gm vial, 500 mg vial)</i>	1	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	1	
<i>ceftazidime (1 gm piggyback, 1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial)</i>	1	
<i>ceftibuten (180 mg/5 ml susp, 400 mg capsule)</i>	1	
<i>ceftriaxone (1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	1	
CLAFORAN (1 GM ADD-VANTAGE VL, 1 GM VIAL, 2 GM ADD-VANTAGE VL, 2 GM VIAL, 500 MG VIAL)	3	
CLAFORAN-DEXTROSE	3	
FORTAZ (1 GM TWISTVIAL, 1 GM VIAL, 2 GM TWISTVIAL, 2 GM VIAL, 6 GM VIAL, 500 MG VIAL)	3	
FORTAZ IN ISO-OSMOTIC DEXTROSE	3	
SPECTRACEF	3	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE, 500 MG/5 ML SUSPENSION)	3	
SUPRAX (100 MG/5 ML SUSPENSION, 200 MG/5 ML SUSPENSION)	3	QL 1200 / 90 days
TAZICEF (1 GM ADD-VANTAGE VIAL, 1 GRAM VIAL, 2 GM ADD-VANTAGE, 2 GRAM VIAL, 6 GRAM VIAL)	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
CORTICOSTEROIDS (RESPIRATORY TRACT)		
ORALLY INHALED PREPARATIONS (STEROIDS)		
ADVAIR DISKUS	2	QL 2 / day
ADVAIR HFA	2	QL 0.4 / day
AEROSPAN	2	QL 0.334 / day
AIRDUO RESPICLICK	3	QL 0.04 / day PA AL At least 12 yrs old
ALVESCO	3	QL 0.434 / day PA
ARMONAIR RESPICLICK	3	QL 0.04 / day PA
ARNUIITY ELLIPTA 100 MCG INH	2	QL 2 / day
ARNUIITY ELLIPTA 200 MCG INH	2	QL 1 / day
ASMANEX	3	QL 0.04 / day PA
ASMANEX HFA	3	QL 0.434 / day PA
BREO ELLIPTA	2	QL 2 / day
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	1	
DULERA	3	QL 0.434 / day PA
FLOVENT 250 MCG DISKUS	2	QL 8 / day
FLOVENT DISKUS (50 MCG, 100 MCG)	2	QL 4 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
FLOVENT HFA (HFA 110 MCG INHALER, HFA 220 MCG INHALER)	2	QL 0.8 / day
FLOVENT HFA 44 MCG INHALER	2	QL 0.767 / day
<i>fluticasone-salmeterol</i>	1	QL 0.04 / day AL At least 12 yrs old
PULMICORT	3	QL 120 / 30 days
PULMICORT FLEXHALER	2	QL 0.07 / day
QVAR 40 MCG ORAL INHALER	2	QL 0.6 / day
QVAR 80 MCG ORAL INHALER	2	QL 0.87 / day
QVAR REDHALER 40 MCG	2	QL 0.6 / day
QVAR REDHALER 80 MCG	2	QL 0.87 / day
SYMBICORT	2	QL 0.4 / day
CYSTIC FIBROSIS (CFTR) MODULATORS		
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
KALYDECO (50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	4	QL 2 / day PA NPS Non-Preferred Specialty Drug
ORKAMBI	4	QL 4 / day PA NPS Non-Preferred Specialty Drug
DEPIGMENTING AND PIGMENTING AGENTS		
PIGMENTING AGENTS		
8-MOP	3	
<i>methoxsalen</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
OXSORALEN-ULTRA	3	
UVADEX	4	<b>NPS</b> Non-Preferred Specialty Drug
<b>DIAGNOSTIC AGENTS</b>		
<b>ADRENOCORTICAL INSUFFICIENCY</b>		
CORTROSYN	3	
<i>cosyntropin (0.25 mg vial, 0.25 mg/ml)</i>	1	
H.P. ACTHAR	4	<b>PA</b> <b>NPS</b> Non-Preferred Specialty Drug
<b>DIABETES MELLITUS</b>		
<i>accu-chek aviva plus test strp</i>	2	<b>QL</b> 10 / day
<i>accu-chek aviva test strips</i>	2	<b>QL</b> 10 / day
<i>accu-chek compact plus strips</i>	2	<b>QL</b> 10 / day
<i>accu-chek guide test strip</i>	2	<b>QL</b> 10 / day
<i>accu-chek smartview test strip</i>	2	<b>QL</b> 10 / day
<i>accutrend glucose test strip</i>	3	<b>QL</b> 10 / day <b>PA</b>
<i>acura test strips</i>	3	<b>QL</b> 10 / day <b>PA</b>
<i>advocate redi-code test strip</i>	3	<b>QL</b> 10 / day <b>PA</b>
<i>advocate redi-code+ test strip</i>	3	<b>QL</b> 10 / day <b>PA</b>
<i>advocate test strip</i>	3	<b>QL</b> 10 / day <b>PA</b>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>agamatrix amp test strips</i>	3	QL 10 / day PA
<i>assure 4 test strips</i>	3	QL 10 / day PA
<i>assure platinum test strips</i>	3	QL 10 / day PA
<i>assure prism multi test strips</i>	3	QL 10 / day PA
<i>bg-star glucose test strips</i>	3	QL 10 / day PA
<i>blood glucose test strip</i>	3	QL 10 / day PA
<i>blood glucose test strips</i>	3	QL 10 / day PA
<i>breeze 2 disc test strip</i>	3	QL 10 / day PA
<i>careone blood glucose tst strp</i>	3	QL 10 / day PA
<i>caresens n test strips</i>	3	QL 10 / day PA
<i>choicedm clarus test strips</i>	3	QL 10 / day PA
<i>clever choice micro test strip</i>	3	QL 10 / day PA
<i>clever choice pro test strip</i>	3	QL 10 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>clever choice talk test strips</i>	3	QL 10 / day PA
<i>clever choice test strips</i>	3	QL 10 / day PA
<i>clever choice voice+ tst strip</i>	3	QL 10 / day PA
<i>contour next strips</i>	3	QL 10 / day PA
<i>contour test strips</i>	3	QL 10 / day PA
<i>control ast test strip</i>	3	QL 10 / day PA
<i>control test strips</i>	3	QL 10 / day PA
<i>cool glucose test strip</i>	3	QL 10 / day PA
<i>cvs advanced glucose test str</i>	3	QL 10 / day PA
<i>dario blood glucose test strip</i>	3	QL 10 / day PA
<i>diatrue plus test strip</i>	3	QL 10 / day PA
<i>easy check glucose test strip</i>	3	QL 10 / day PA
<i>easy gluco g2 test strip</i>	3	QL 10 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>easy plus glucose test strip</i>	3	QL 10 / day PA
<i>easy plus ii test strips</i>	3	QL 10 / day PA
<i>easy step glucose test strips</i>	3	QL 10 / day PA
<i>easy talk glucose test strip</i>	3	QL 10 / day PA
<i>easy touch glucose test strip</i>	3	QL 10 / day PA
<i>easy trak glucose test strip</i>	3	QL 10 / day PA
<i>easygluco plus test strips</i>	3	QL 10 / day PA
<i>easygluco test strips</i>	3	QL 10 / day PA
<i>easymax 15 glucose test strip</i>	3	QL 10 / day PA
<i>easymax glucose test strips</i>	3	QL 10 / day PA
<i>element compact test strips</i>	3	QL 10 / day PA
<i>element test strips</i>	3	QL 10 / day PA
<i>embrace evo test strips</i>	3	QL 10 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>embrace glucose test strips</i>	3	QL 10 / day PA
<i>embrace pro test strips</i>	3	QL 10 / day PA
<i>embrace test strips</i>	3	QL 10 / day PA
<i>eq blood glucose test strip</i>	3	QL 10 / day PA
<i>evencare g2 test strip</i>	3	QL 10 / day PA
<i>evencare g3 test strip</i>	3	QL 10 / day PA
<i>evencare glucose tst strips</i>	3	QL 10 / day PA
<i>evencare mini glucose test str</i>	3	QL 10 / day PA
<i>evolution test strips</i>	3	QL 10 / day PA
<i>ez smart plus test strips</i>	3	QL 10 / day PA
<i>ez smart test strips</i>	3	QL 10 / day PA
<i>fifty50 glucose test strip</i>	3	QL 10 / day PA
<i>fora blood glucose test strip</i>	3	QL 10 / day PA



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fora d15g glucose test strips</i>	3	QL 10 / day PA
<i>fora d20 glucose test strips</i>	3	QL 10 / day PA
<i>fora d40-g31 test strips</i>	3	QL 10 / day PA
<i>fora g20 glucose test strips</i>	3	QL 10 / day PA
<i>fora g30a glucose test strip</i>	3	QL 10 / day PA
<i>fora gd50 test strips</i>	3	QL 10 / day PA
<i>fora tn'g voice test strips</i>	3	QL 10 / day PA
<i>fora v10 glucose test strip</i>	3	QL 10 / day PA
<i>fora v10-v12-d10-d20 strips</i>	3	QL 10 / day PA
<i>fora v12 glucose test strip</i>	3	QL 10 / day PA
<i>fora v20 glucose test strips</i>	3	QL 10 / day PA
<i>fora v30a glucose test strip</i>	3	QL 10 / day PA
<i>foracare gd20 test strips</i>	3	QL 10 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>foracare gd40 glucose strips</i>	3	QL 10 / day PA
<i>fortiscare glucose test strips</i>	3	QL 10 / day PA
<i>freestyle insulinx strip nfrs</i>	3	QL 10 / day PA
<i>freestyle insulinx test strip</i>	3	QL 10 / day PA
<i>freestyle insulinx test strips</i>	3	QL 10 / day PA
<i>freestyle lite test strip</i>	3	QL 10 / day PA
<i>freestyle lite test strip nfrs</i>	3	QL 10 / day PA
<i>freestyle lite test strips</i>	3	QL 10 / day PA
<i>freestyle prec neo test strips</i>	3	QL 10 / day PA
<i>freestyle test strips</i>	3	QL 10 / day PA
<i>freestyle test strips nfrs</i>	3	QL 10 / day PA
g-4 test strips	3	QL 10 / day PA
<i>ge100 blood glucose test strip</i>	3	QL 10 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>genstrip glucose test strip</i>	3	QL 10 / day PA
<i>genultimate test strip</i>	3	QL 10 / day PA
<i>ght blood glucose test strip</i>	3	QL 10 / day PA
<i>gluco navii glucose test strip</i>	3	QL 10 / day PA
<i>glucocard 01 sensor plus strip</i>	3	QL 10 / day PA
<i>glucocard expression test strip</i>	3	QL 10 / day PA
<i>glucocard shine test strips</i>	3	QL 10 / day PA
<i>glucocard vital sensor strip</i>	3	QL 10 / day PA
<i>glucocard vital test strips</i>	3	QL 10 / day PA
<i>glucocom glucose test strip</i>	3	QL 10 / day PA
<i>gmate test strips</i>	3	QL 10 / day PA
<i>gnp easy touch gluc test strip</i>	3	QL 10 / day PA
<i>gs blood glucose test strip</i>	3	QL 10 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>healthpro glucose test strips</i>	3	QL 10 / day PA
<i>humana true metrix test strips</i>	3	QL 10 / day PA
<i>humana truetest test strips</i>	3	QL 10 / day PA
<i>iglucose test strip</i>	3	QL 10 / day PA
<i>infinity test strips</i>	3	QL 10 / day PA
<i>kro premium blood glucose test</i>	3	QL 10 / day PA
<i>liberty test strips</i>	3	QL 10 / day PA
<i>maxima test strip</i>	3	QL 10 / day PA
<i>meijer blood glucose test strp</i>	3	QL 10 / day PA
<i>microdot test strips</i>	3	QL 10 / day PA
<i>microdot xtra test strips</i>	3	QL 10 / day PA
<i>myglucohealth test strips</i>	3	QL 10 / day PA
<i>neutek 2tek test strips</i>	3	QL 10 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>nova max glucose test strip</i>	3	QL 10 / day PA
<i>on call express test strip</i>	3	QL 10 / day PA
<i>on call plus test strip</i>	3	QL 10 / day PA
<i>on call vivid test strip</i>	3	QL 10 / day PA
<i>onetouch ultra test strips</i>	2	QL 10 / day
<i>onetouch ultra test strips</i>	2	QL 10 / day
<i>onetouch verio test strip</i>	2	QL 10 / day
<i>onetouch verio test strip</i>	2	QL 10 / day
<i>optium ez test strip</i>	3	QL 10 / day PA
<i>optium test strip</i>	3	QL 10 / day PA
<i>optumrx test strip</i>	3	QL 10 / day PA
<i>pharmacist choice test strips</i>	3	QL 10 / day PA
<i>precision pcx plus test str</i>	3	QL 10 / day PA
<i>precision pcx test strips</i>	3	QL 10 / day PA
<i>precision point of care str</i>	3	QL 10 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>precision q-i-d test strips</i>	3	QL 10 / day PA
<i>precision xtra test strips</i>	3	QL 10 / day PA
<i>premium blood glucose test str</i>	3	QL 10 / day PA
<i>premium blood glucose tst strp</i>	3	QL 10 / day PA
<i>premium v10 glucose test strip</i>	3	QL 10 / day PA
<i>prodigy no coding test strips</i>	3	QL 10 / day PA
<i>pv truetrack smart sys strips</i>	3	QL 10 / day PA
<i>quintet ac glucose test strips</i>	3	QL 10 / day PA
<i>quintet glucose test strips</i>	3	QL 10 / day PA
<i>ra truetest glucose test strip</i>	3	QL 10 / day PA
<i>refuah plus test strips</i>	3	QL 10 / day PA
<i>reliion confirm-micro test strp</i>	3	QL 10 / day PA
<i>reliion micro test strips</i>	3	QL 10 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>relion prime test strips</i>	3	QL 10 / day PA
<i>relion ultima test strips</i>	3	QL 10 / day PA
<i>reveal test strip</i>	3	QL 10 / day PA
<i>rexall blood glucose test strip</i>	3	QL 10 / day PA
<i>rightest gs100 test strips</i>	3	QL 10 / day PA
<i>rightest gs250s test strips</i>	3	QL 10 / day PA
<i>rightest gs260 test strips</i>	3	QL 10 / day PA
<i>rightest gs300 test strips</i>	3	QL 10 / day PA
<i>rightest gs550 test strips</i>	3	QL 10 / day PA
<i>smart sense test strips</i>	3	QL 10 / day PA
<i>smartest test strips</i>	3	QL 10 / day PA
<i>solus v2 audible test strips</i>	3	QL 10 / day PA
<i>sure-test easyplus mini strip</i>	3	QL 10 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>td gold test strip</i>	3	QL 10 / day PA
<i>telcare test strips</i>	3	QL 10 / day PA
<i>test n'go glucose test strip</i>	3	QL 10 / day PA
<i>true metrix glucose test strip</i>	3	QL 10 / day PA
<i>truetest glucose test strip</i>	3	QL 10 / day PA
<i>truetest glucose test strips</i>	3	QL 10 / day PA
<i>truetrack glucose test strips</i>	3	QL 10 / day PA
<i>ultima test strips</i>	3	QL 10 / day PA
<i>ultratrak test strip</i>	3	QL 10 / day PA
<i>ultratrak ultimate test strips</i>	3	QL 10 / day PA
<i>unistrip1 glucose test strip</i>	3	QL 10 / day PA
<i>up &amp; up blood glucose tst strp</i>	3	QL 10 / day PA
v-r glucose test strip	3	QL 10 / day PA



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>wavesense jazz test strips</i>	3	<div style="display: inline-block; background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 10 / day <div style="display: inline-block; background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
<i>wavesense presto test strips</i>	3	<div style="display: inline-block; background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 10 / day <div style="display: inline-block; background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
<b>MYASTHENIA GRAVIS</b>		
ENLON	3	
ENLON-PLUS	3	
<b>PITUITARY FUNCTION</b>		
ACTHREL	4	<div style="display: inline-block; background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: inline-block; background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> Non-Preferred Specialty Drug
<b>ROENTGENOGRAPHY</b>		
OPTIRAY 240 (240 MG/ML) SYRN	3	
<b>THYROID FUNCTION</b>		
THYROGEN	4	<div style="display: inline-block; background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="display: inline-block; background-color: #e74c3c; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> Non-Preferred Specialty Drug
<b>DIURETICS</b>		
<b>LOOP DIURETICS</b>		
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
DEMADEX	3	
EDECIN	3	
<i>ethacrynic acid</i>	1	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 40 mg/5 ml soln, 80 mg tablet)</i>	1	
<i>furosemide 100 mg/100 ml-ns</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
LASIX	3	
<i>torseamide</i>	1	
OSMOTIC DIURETICS		
<i>mannitol (5% iv solution, 10% iv solution, 20% iv solution, 25% vial)</i>	1	
OSMITROL	1	
POTASSIUM-SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
DYAZIDE	3	
DYRENIUM	3	
MAXZIDE	3	
MAXZIDE-25 MG	3	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 50-25 mg cap, 75-50 mg tab)</i>	1	
THIAZIDE DIURETICS		
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	1	
DIURIL	3	
<i>hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 50 mg tab)</i>	1	
<i>hydrochlorothiazide 25 mg tab</i>	1	LCG
<i>methyclothiazide</i>	1	
MICROZIDE	3	
SODIUM DIURIL	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
<b>VASOPRESSIN ANTAGONISTS</b>		
SAMSCA 15 MG TABLET	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
SAMSCA 30 MG TABLET	4	QL 2 / day PA NPS Non-Preferred Specialty Drug
<b>DIURETICS (HYPOTENSIVE AGENTS)</b>		
<b>THIAZIDE DIURETICS(HYPOTENSIVE AGENTS)</b>		
<i>lisinopril-hctz 10-12.5 mg tab</i>	1	QL 2 / day
<i>lisinopril-hctz 20-25 mg tab</i>	1	QL 2 / day LCG
<i>losartan-hctz 50-12.5 mg tab</i>	1	QL 2 / day
<i>losartan-hydrochlorothiazide (100-12.5 mg tab, 100-25 mg tab)</i>	1	QL 1 / day
<b>DOPAMINE RECEPTOR AGONISTS</b>		
<b>ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS</b>		
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	1	
<i>cabergoline</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
CYCLOSET	3	<div style="display: inline-block; background-color: purple; color: white; padding: 2px;">QL</div> 6 / day <div style="display: inline-block; background-color: brown; color: white; padding: 2px;">PA</div>
PARLODEL (2.5 MG TABLET, 5 MG CAPSULE)	3	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
APOKYN	4	<div style="display: inline-block; background-color: brown; color: white; padding: 2px;">PA</div> <div style="display: inline-block; background-color: red; color: white; padding: 2px;">NPS</div> Non-Preferred Specialty Drug
MIRAPEX	3	
MIRAPEX ER	3	<div style="display: inline-block; background-color: green; color: white; padding: 2px;">ST</div>
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole er</i>	1	<div style="display: inline-block; background-color: brown; color: white; padding: 2px;">PA</div>
REQUIP	3	
REQUIP XL	3	<div style="display: inline-block; background-color: purple; color: white; padding: 2px;">QL</div> 1 / day
<i>ropinirole er</i>	1	<div style="display: inline-block; background-color: purple; color: white; padding: 2px;">QL</div> 1 / day
<i>ropinirole hcl</i>	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE ACIDIFYING AGENTS		
K-PHOS NEUTRAL	3	
K-PHOS NO.2	3	
K-PHOS ORIGINAL	3	
PHOSPHA 250 NEUTRAL	1	
VIRT-PHOS 250 NEUTRAL	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>ALKALINIZING AGENTS</b>		
CYTRA-2	1	
CYTRA-K CRYSTALS PACKET	1	
<i>potassium citrate er</i>	1	
<i>sodium citrate-citric acid</i>	1	
TARON-CRYSTALS	1	
<i>tromethamine-sterile water</i>	1	
UROCIT-K	3	
VIRTRATE-2	1	
<b>AMMONIA DETOXICANTS</b>		
BUPHENYL 500 MG TABLET	4	NPS Non-Preferred Specialty Drug
CARBAGLU	4	NPS Non-Preferred Specialty Drug
CONSTULOSE	1	
ENULOSE	1	
GENERLAC	1	
KRISTALOSE	1	
<i>lactulose</i>	1	
RAVICTI	4	QL 20 / day PA NPS Non-Preferred Specialty Drug
<i>sodium phenylbutyrate 500mg tb</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>CALORIC AGENTS</b>		
<i>amino acid 3%-d10w</i>	1	
CLINIMIX N14G30E	3	
CLINIMIX N9G15E	3	
<b>IRRIGATING SOLUTIONS</b>		
RESECTISOL	3	
<b>REPLACEMENT PREPARATIONS</b>		
<i>calcium gluconate-0.9% nacl (1 g/50-0.9%, 1 g/60-0.9%, 2 g/120-0.9%, 2 g/50-0.9%, 2 g/70-0.9%)</i>	1	
<i>calcium gluconate-d5w (1 g/110, 1 g/60 bag, 4 g/250)</i>	1	
<i>dextrose 5%-0.2% nacl-kcl</i>	1	
<i>dextrose 5%-0.225% nacl-kcl</i>	1	
<i>dextrose 5%-0.3% nacl-kcl</i>	1	
<i>dextrose 5%-0.33% nacl-kcl</i>	1	
<i>dextrose 5%-0.45% nacl-kcl</i>	1	
<i>dextrose 5%-1/2ns-kcl</i>	1	
<i>dextrose 5%-1/4ns-kcl</i>	1	
<i>dextrose 5%-ns-kcl</i>	1	
<i>dextrose 5%-potassium chloride</i>	1	
EFFER-K (10 TABLET EFF, 20 TABLET EFF)	3	
EFFER-K 25 MEQ TABLET EFF	1	
K EFFERVESCENT	1	
K-SOL	1	
K-TAB ER	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
KLOR-CON 20 MEQ PACKET	1	
KLOR-CON 25 MEQ PACKET	3	
KLOR-CON 10	1	
KLOR-CON 8	1	
KLOR-CON M10	1	
KLOR-CON M15	3	
KLOR-CON M20	1	
KLOR-CON SPRINKLE	1	
KLOR-CON-EF	1	
<i>potassium acetate</i>	1	
<i>potassium bicarbonate</i>	1	
<i>potassium chl-normal saline</i>	1	
<i>potassium chloride (2 meq/ml iv sol, 2 meq/ml vial, er 8 meq capsule, er 8 meq tablet, 10 meq/100 ml sol, 10 meq/5 ml conc, 10 meq/50 ml sol, 10% (20 meq/15 ml, 10% (40 meq/30 ml, er 10 meq capsule, er 10 meq tablet, 20 meq packet, 20 meq/10 ml conc, 20 meq/100 ml sol, 20 meq/50 ml sol, 20% (40 meq/15 ml, er 20 meq tablet, 25 meq tab eff, 30 meq/100 ml sol, 30 meq/15 ml conc, 40 meq/100 ml sol, 40 meq/20 ml conc)</i>	1	
<i>potassium chloride in d5lr</i>	1	
<i>potassium chloride-0.9% nacl (10 meq/1,000ml-ns, 10 meq/100 ml-ns, 20 meq/250 ml-ns)</i>	1	
<i>potassium chloride-nacl</i>	1	
<i>potassium cl-lidocaine-ns</i>	1	
<i>potassium phosphate-0.9% nacl (10 mmol/250 ml-ns, 15 mmol/100 ml-ns, 30 mmol/250 ml-ns, 30 mmol/500 ml-ns)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>sodium phos 30 mmol/250 ml-ns</i>	1	
<i>sodium phosphate-d5w</i>	1	
<i>zinc chloride</i>	1	
<i>zinc sulfate</i>	1	
<b>URICOSURIC AGENTS</b>		
DUZALLO	3	PA
<i>probenecid</i>	1	QL 4 / day
<i>probenecid-colchicine</i>	1	QL 2 / day
ZURAMPIC	3	QL 1 / day PA AL At least 18 yrs old
<b>ESTROGENS AND ANTIESTROGENS</b>		
<b>ANTIESTROGENS</b>		
AROMASIN	3	
<i>exemestane</i>	1	
FEMARA	3	PA
<i>letrozole</i>	1	
<b>ESTROGEN AGONIST-ANTAGONISTS</b>		
<i>clomiphene citrate</i>	1	GL Female
EVISTA	3	QL 1 / day
FARESTON	2	
OSPHENA	3	
<i>raloxifene hcl</i>	0	HCR
SEROPHENE	1	GL Female








PRODUCT DESCRIPTION	TIER	LIMITS &
SOLTAMOX	3	
<i>tamoxifen citrate</i>	0	HCR
ESTROGENS		
ACTIVELLA	3	<p>QL 1 / day</p> <p>GL Female</p>
ALORA	3	<p>QL 0.29 / day</p> <p>GL Female</p>
AMABELZ	1	<p>QL 1 / day</p> <p>GL Female</p>
ANGELIQ	3	<p>QL 1 / day</p> <p>GL Female</p>
CLIMARA	3	<p>QL 0.15 / day</p> <p>GL Female</p>
CLIMARA PRO	2	<p>QL 0.15 / day</p> <p>GL Female</p>
COMBIPATCH	3	<p>QL 0.29 / day</p> <p>GL Female</p>
DELESTROGEN	3	<p>GL Female</p>
DEPO-ESTRADIOL	3	<p>GL Female</p>
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 1 MG GEL PACKET)	2	<p>GL Female</p>
DUAVEE	2	
ELESTRIN	3	<p>GL Female</p>
ENJUVIA	2	<p>QL 1 / day</p> <p>GL Female</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
ESTRACE 0.01% CREAM	2	GL Female
ESTRACE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	3	QL 1 / day GL Female
<i>estradiol (0.01% cream, 10 mcg vaginal insrt)</i>	1	GL Female
<i>estradiol (0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch)</i>	1	QL 0.29 / day GL Female
<i>estradiol (tds 0.025 mg/day, 0.0375 mg/day patch, tds 0.0375 mg/day, tds 0.05 mg/day, tds 0.06 mg/day, 0.075 mg/day patch, tds 0.075 mg/day, tds 0.1 mg/day)</i>	1	QL 0.15 / day GL Female
<i>estradiol 0.06 mg/day patch</i>	1	QL .15 / day GL Female
<i>estradiol (0.5 mg tablet, 1 mg tablet)</i>	1	QL 1 / day GL Female LCG
<i>estradiol 2 mg tablet</i>	1	QL 1 / day GL Female
<i>estradiol valerate</i>	1	GL Female
<i>estradiol-norethindrone acetat</i>	1	QL 1 / day GL Female
ESTRING	2	QL 90 days GL Female
ESTROGEL	3	QL 1.667 / day GL Female
<i>estropipate</i>	1	QL 1 / day GL Female LCG

PRODUCT DESCRIPTION	TIER	LIMITS &
EVAMIST	3	<p>QL 0.54 / day</p> <p>GL Female</p>
FEMHRT	3	<p>QL 1 / day</p> <p>GL Female</p>
FEMRING	3	<p>QL 0.02 / day</p> <p>GL Female</p>
FYAVOLV	1	GL Female
JEVANTIQUE LO	3	GL Female
JINTELI	0	<p>QL 1 / day</p> <p>GL Female</p> <p>HCR</p>
LOPREEZA	1	<p>QL 1 / day</p> <p>GL Female</p>
MENEST (0.625 MG TABLET, 1.25 MG TABLET, 2.5 MG TABLET)	3	<p>QL 1 / day</p> <p>GL Female</p>
MENEST 0.3 MG TABLET	2	<p>QL 1 / day</p> <p>GL Female</p>
MENOSTAR	3	<p>QL 0.15 / day</p> <p>GL Female</p>
MIMVEY	1	<p>QL 1 / day</p> <p>GL Female</p>
MIMVEY LO	1	
MINIVELLE	3	<p>QL 0.29 / day</p> <p>GL Female</p>
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	0	HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
OGEN	3	<span>QL</span> 1 / day <span>GL</span> Female
PREFEST	3	<span>QL</span> 1 / day <span>GL</span> Female
PREMARIN VAGINAL CREAM-APPL	2	<span>GL</span> Female
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	2	<span>QL</span> 1 / day <span>GL</span> Female
PREMARIN 25 MG VIAL	2	
PREMPHASE	2	<span>QL</span> 1 / day <span>GL</span> Female
PREMPRO	2	<span>QL</span> 1 / day <span>GL</span> Female
VAGIFEM	3	<span>GL</span> Female
VIVELLE-DOT	3	<span>QL</span> 8 / 28 days <span>GL</span> Female
YUVAFEM	1	<span>GL</span> Female
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ANTIALLERGIC AGENTS		
ALOMIDE	3	<span>QL</span> 10 / fill
ASTEPRO	3	<span>QL</span> 2 / day
<i>azelastine hcl 0.05% drops</i>	1	<span>QL</span> 0.267 / day
<i>azelastine hcl (0.1% (137 mcg) sphy, 0.15% nasal spray)</i>	1	<span>QL</span> 2 / day
BEPREVE	3	<span>QL</span> 0.334 / day
DYMISTA	2	<span>QL</span> 0.8 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
ELESTAT	3	QL 0.286 / day
EMADINE	3	QL 5 / fill
<i>epinastine hcl</i>	1	QL 0.286 / day
LASTACAFT	3	QL 3 / 30 days ST
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	1	QL 0.286 / day
<i>olopatadine 665 mcg nasal spry</i>	1	QL 31 / 30 days
PATADAY	3	QL 0.286 / day
PATANASE	3	QL 31 / 30 days
PATANOL	3	QL 0.286 / day
PAZEO	3	QL 0.286 / day
EENT DRUGS, MISCELLANEOUS		
<i>apraclonidine hcl</i>	1	QL 0.8 / day
ATROVENT	3	QL 2 / day
<i>bevacizumab</i>	4	PA NPS Non-Preferred Specialty Drug
CYSTARAN	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
IOPIDINE (0.5% DROPS, 1% DROPS)	3	QL 0.8 / day
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	1	QL 2 / day
JETREA 2.5 MG/ML VIAL	4	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
LUCENTIS (0.3 MG VIAL, 0.3 MG/0.05 ML VIAL, 0.5 MG VIAL, 0.5 MG/0.05 ML SYRING, 0.5 MG/0.05 ML VIAL)	4	 0.04 / day   Non-Preferred Specialty Drug
RESCULA	3	 0.2 / day
VISUDYNE	4	 Non-Preferred Specialty Drug
<b>LOCAL ANESTHETICS (EENT)</b>		
AKTEN	3	
ALCAINE	3	
ALTACAIN	1	
ALTAFLUOR	1	
<i>cocaine hcl</i>	1	
FLUCAINE	1	
<i>fluorescein-benoxinate</i>	1	
<i>fluorescein-proparacaine</i>	1	
FLUROX	1	
<i>proparacaine hcl</i>	1	
TETCAINE	1	
<i>tetracaine hcl (eye drops, steri-unit sol)</i>	1	
TETRAVISC	1	
TETRAVISC FORTE	1	
TREAGAN OTIC	3	
<b>MYDRIATICS</b>		
<i>atropine sulfate (drops, ointment)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
HOMATROPAIRE	1	
<i>homatropine hydrobromide</i>	1	
ISOPTO ATROPINE	3	
OMIDRIA	3	
<b>VASOCONSTRICTORS</b>		
ADRENALIN CHLORIDE	3	PA
<i>naphazoline hcl</i>	1	
<i>phenylephrine hcl (2.5% drop, 10% drops)</i>	1	
TYZINE (PEDIATRIC 0.05% DROP, 0.1% NOSE DROPS, 0.1% NOSE SPRAY)	3	
<b>FIRST GENERATION ANTIHISTAMINES</b>		
<b>PHENOTHIAZINE DERIVATIVES</b>		
PHENADOZ	1	AL At least 2 yrs old
PHENERGAN (12.5 MG, 25 MG, 50 MG)	1	AL At least 2 yrs old
PHENERGAN (25 MG/ML AMPUL, 25 MG/ML VIAL, 50 MG/ML AMPUL, 50 MG/ML VIAL)	3	AL At least 2 yrs old
<i>promethazine 25 mg/ml ampul</i>	1	AL At least 2 yrs old
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrup, 12.5 mg tablet, 25 mg suppository, 50 mg suppository, 50 mg tablet)</i>	1	AL At least 2 yrs old
<i>promethazine 25 mg tablet</i>	1	AL At least 2 yrs old LCG
<i>promethazine hcl-0.9% nacl</i>	1	
<i>promethazine-phenylephrine</i>	1	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY)	1	AL At least 2 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
PROPYLAMINE DERIVATIVES		
CENTERGY	1	
RESPA A.R.	3	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
<i>alosetron hcl</i>	1	GL Female AL At least 18 yrs old
APRISO	2	
ASACOL HD	3	PA
<i>balsalazide disodium</i>	1	
CANASA	2	
COLAZAL	3	
DELZICOL	3	PA
DIPENTUM	3	
GIAZO	3	GL Male
LIALDA	3	PA
LOTRONEX	3	PA GL Female AL At least 18 yrs old
<i>mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 4 gm/60 ml kit)</i>	1	
<i>mesalamine 800 mg dr tablet</i>	3	PA
PENTASA	3	
ROWASA (4 GM/60 ML ENEMA, 4 GM/60 ML ENEMA KIT)	3	



PRODUCT DESCRIPTION	TIER	LIMITS &
SFROWASA	3	
<b>ANTIDIARRHEA AGENTS</b>		
<i>diphenoxylat-atrop 2.5-0.025/5</i>	1	
FULYZAQ	4	NPS Non-Preferred Specialty Drug
LOMOTIL	3	
MOTOFEN	3	
MYTESI	4	NPS Non-Preferred Specialty Drug
<i>opium tincture</i>	1	QL 5 / day
<i>paregoric</i>	1	
XERMELO	4	PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
<b>CATHARTICS AND LAXATIVES</b>		
AMITIZA	2	QL 2 / day AL At least 18 yrs old
COLYTE WITH FLAVOR PACKETS	3	
GAVILYTE-C	0	HCR
GAVILYTE-G	0	HCR
GAVILYTE-N	0	HCR
GOLYTELY PACKET	0	HCR
GOLYTELY SOLUTION	3	
MOVIPREP	0	HCR
NULYTELY WITH FLAVOR PACKS	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
OSMOPREP	3	
<i>peg-3350-electrolyte (3350 electrolyte soln, 3350-electrolyte solution)</i>	0	HCR
<i>peg-3350 and electrolytes</i>	0	HCR
<i>peg-3350 with flavor packs</i>	0	HCR
PEG-PREP	1	
PREPOPIK	3	QL 2 / fill
SUPREP	3	QL 354 / fill
TRILYTE WITH FLAVOR PACKETS	0	HCR
<b>CHOLELITHOLYTIC AGENTS</b>		
ACTIGALL	3	
CHENODAL	4	NPS Non-Preferred Specialty Drug
URSO	3	
URSO FORTE	3	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	1	
<b>DIGESTANTS</b>		
CREON	2	
PANCREAZE	3	PA
PERTZYE	3	PA
VIOKACE	3	PA
ZENPEP	2	

PRODUCT DESCRIPTION	TIER	LIMITS &
GI DRUGS, MISCELLANEOUS		
CHOLBAM 250 MG CAPSULE	4	<ul style="list-style-type: none"> <li>QL 7 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
CHOLBAM 50 MG CAPSULE	4	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
ENTEREG	3	
ENTYVIO	4	<ul style="list-style-type: none"> <li>QL 2/ 30 days</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
GATTEX	4	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
LINZESS	2	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>ST</li> </ul>
MOVANTIK	3	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> </ul>
OCALIVA	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	3	<ul style="list-style-type: none"> <li>PA</li> </ul>
RELISTOR 150 MG TABLET	3	<ul style="list-style-type: none"> <li>PA</li> </ul>
RESTORA SPRINKLES	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
TRULANCE	3	<span>QL</span> 1 / day <span>PA</span> <span>AL</span> At least 18 yrs old
VIBERZI	2	<span>QL</span> 2 / day <span>PA</span>
XENICAL	3	
PROKINETIC AGENTS		
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml sol)</i>	1	<span>LCG</span>
<i>metoclopramide 10 mg/2 ml syr</i>	1	
<i>metoclopramide 10 mg/2 ml vial</i>	1	<span>LCG</span>
<i>metoclopramide hcl odt</i>	1	
METOZOLV ODT	3	
REGLAN	3	
GENERAL ANESTHETICS		
BARBITURATES (GENERAL ANESTHETICS)		
<i>methohexital-sterile water</i>	1	
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
ANTIMUSCARINICS		
<i>darifenacin er</i>	1	<span>QL</span> 1 / day <span>PA</span>
DETROL	3	<span>QL</span> 2 / day
DETROL LA	3	<span>QL</span> 1 / day
DITROPAN XL 10 MG TABLET	3	<span>QL</span> 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
DITROPAN XL 5 MG TABLET	3	QL 1 / day
ENABLEX	3	QL 1 / day PA
<i>flavoxate hcl</i>	1	
GELNIQUE 3% GEL	3	QL 3.067 / day ST
GELNIQUE (GEL PUMP, GEL SACHETS)	3	QL 1 / day ST
<i>oxybutynin 5 mg/5 ml syrup</i>	1	QL 20 / day
<i>oxybutynin 5 mg tablet</i>	1	QL 4 / day
<i>oxybutynin cl er 10 mg tablet</i>	1	QL 2 / day
<i>oxybutynin cl er 5 mg tablet</i>	1	QL 1 / day
OXYTROL	3	QL 0.357 / day ST
<i>tolterodine tartrate</i>	1	QL 2 / day
<i>tolterodine tartrate er</i>	1	QL 1 / day
TOVIAZ	3	QL 1 / day
<i>trospium chloride</i>	1	QL 2 / day
<i>trospium chloride er</i>	1	QL 1 / day
VESICARE	2	QL 1 / day
GONADOTROPINS AND ANTIGONADOTROPINS		
ANTIGONADTROPINS		
CETROTIDE	4	PA GL Female PS

PRODUCT DESCRIPTION	TIER	LIMITS &
FIRMAGON	4	PA NPS Non-Preferred Specialty Drug
<i>ganirelix acetate</i>	4	GL Female NPS Non-Preferred Specialty Drug
GONADOTROPINS		
BRAVELLE	4	PA GL Female PS
<i>chorionic gonadotropin</i>	4	NPS Non-Preferred Specialty Drug
ELIGARD	4	PA NPS Non-Preferred Specialty Drug
FOLLISTIM AQ (75 UNIT VIAL, 300 UNIT CARTRIDG, 600 UNIT CARTRIDG, 900 UNIT CARTRIDG)	4	PA NPS Non-Preferred Specialty Drug
GONAL-F	4	PA PS
GONAL-F RFF	4	PA GL Female PS
GONAL-F RFF REDI-JECT	4	PA GL Female PS
<i>leuprolide acetate (1 mg/0.2 ml vial, 2wk 1 mg/0.2 ml kit)</i>	4	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	4	PA NPS Non-Preferred Specialty Drug
LUPANETA PACK	4	PA NPS Non-Preferred Specialty Drug
LUPRON DEPOT (DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 11.25 MG 3MO KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	4	PA NPS Non-Preferred Specialty Drug
LUPRON DEPOT 3.75 MG KIT	4	PA NPS Non-Preferred Specialty Drug
LUPRON DEPO 11.25MG (LUPANETA)	4	PA NPS Non-Preferred Specialty Drug
LUPRON DEPOT 3.75MG (LUPANETA)	4	PA NPS Non-Preferred Specialty Drug
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 11.25 MG KIT, 15 MG KIT, 30 MG 3MO KIT)	4	PA NPS Non-Preferred Specialty Drug
MENOPUR	4	PA GL Female PS
NOVAREL	4	PA NPS Non-Preferred Specialty Drug
OVIDREL	4	PA PS
PREGNYL	4	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
SUPPRELIN LA	4	PA NPS Non-Preferred Specialty Drug
SYNAREL	4	PA NPS Non-Preferred Specialty Drug
TRELSTAR (3.75 MG SYRINGE, 3.75 MG VIAL, 11.25 MG SYRINGE, 11.25 MG VIAL, 22.5 MG SYRINGE, 22.5 MG VIAL)	4	PA NPS Non-Preferred Specialty Drug
VANTAS	4	PA NPS Non-Preferred Specialty Drug
ZOLADEX	4	PA PS
HCV ANTIVIRALS		
HCV POLYMERASE INHIBITORS		
EPCLUSA	4	QL 1 / day PA PS
HARVONI	4	QL 1 / day PA PS
SOVALDI	4	QL 1 / day PA PS
VOSEVI	4	QL 1 / day PA AL At least 18 yrs old PS



PRODUCT DESCRIPTION	TIER	LIMITS &
<b>HCV PROTEASE INHIBITORS</b>		
MAVYRET	4	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>PS</li> </ul>
OLYSIO	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<b>HCV REPLICATION COMPLEX INHIBITORS</b>		
DAKLINZA	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
TECHNIVIE	4	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
VIEKIRA PAK	4	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
VIEKIRA XR	4	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
ZEPATIER	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
A-HYDROCORT	3	
A-METHAPRED	1	
ARISTOSPAN	3	
<i>betamethasone acetate-sod phos</i>	1	
<i>budesonide ec</i>	1	PA
CELESTONE	3	
CORTEF	3	
<i>cortisone acetate</i>	1	
DECADRON	1	
DELTASONE	1	
DEPO-MEDROL	3	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i>	1	
<i>dexamethasone-0.9% nacl</i>	1	
DEXPAK	3	
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	4	PA AL At least 5 yrs old NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ENTOCORT EC	3	PA
EZ USE JOINT-TUNNEL-TRIGGER	3	
FLO-PRED	3	
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
INTRAROSA	3	<span style="background-color: #800080; color: white; padding: 2px;">QL</span> 1 / day <span style="background-color: #800080; color: white; padding: 2px;">AL</span> At least 18 yrs old
KENALOG-10	3	
KENALOG-40	3	
LOCORT	3	
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	3	
MEDROL 2 MG TABLET	2	
<i>methylprednisolone (4 mg dosepak, 4 mg tablet, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodium succ</i>	1	
MILLIPRED (5 MG TABLET, 10 MG/5 ML SOLUTION)	3	
MILLIPRED DP	3	
ORAPRED ODT	3	
PEDIAPRED	3	
<i>prednisolone</i>	1	
<i>prednisolone sodium phos odt</i>	1	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15 mg/5 ml soln, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
PREDNISONE INTENSOL	2	
RAYOS	3	
SOLU-CORTEF	3	
SOLU-MEDROL (1 GM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL, 2,000 MG VIAL)	3	
<i>triamcinolone acetonide (acet 40 mg/ml vl, acet 40mg/ml vl, acet 50mg/5ml vl, 200 mg/5 ml vial, 400 mg/10 ml vl)</i>	1	
UCERIS (2 MG RECTAL FOAM, 9 MG ER TABLET)	3	
VERIPRED 20	3	
ZODEX	3	
ZONACORT	3	
<b>ANDROGENS</b>		
ANDRODERM	2	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>GL Male</li> </ul>
ANDROGEL 1% GEL PUMP	3	<ul style="list-style-type: none"> <li>QL 10 / day</li> <li>PA</li> <li>GL Male</li> </ul>
ANDROGEL (1.62% GEL PUMP, 1.62%(1.25G) GEL PCKT, 1.62%(2.5G) GEL PCKT)	2	<ul style="list-style-type: none"> <li>QL 5 / day</li> <li>PA</li> <li>GL Male</li> </ul>
ANDROGEL 1%(2.5G) GEL PACKET	3	<ul style="list-style-type: none"> <li>QL 2.5 / day</li> <li>PA</li> <li>GL Male</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
ANDROGEL 1%(5G) GEL PACKET	3	<span>QL</span> 5 / day <span>PA</span> <span>GL</span> Male
ANDROID	3	<span>PA</span> <span>GL</span> Male
ANDROXY	3	<span>PA</span> <span>GL</span> Male
AVEED	4	<span>PA</span> <span>NPS</span> Non-Preferred Specialty Drug
AXIRON	3	<span>QL</span> 6 / day <span>PA</span> <span>GL</span> Male
COVARYX	1	<span>GL</span> Female
COVARYX H.S.	1	<span>GL</span> Female
<i>danazol</i>	1	
DELATESTRYL	3	<span>PA</span> <span>GL</span> Male
DEPO-TESTOSTERONE (100 MG/ML VL, 200 MG/ML)	3	<span>GL</span> Male
EEMT	1	<span>GL</span> Female
EEMT H.S.	1	<span>GL</span> Female
<i>estrogen-methyltestosterone</i>	1	<span>GL</span> Female
FORTESTA	3	<span>QL</span> 4 / day <span>PA</span> <span>GL</span> Male
METHITEST	3	<span>PA</span> <span>GL</span> Male

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>methylltestosterone</i>	1	
NATESTO	3	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>PA</li> <li>GL Male</li> <li>AL At least 18 yrs old</li> </ul>
STRIANT	3	<ul style="list-style-type: none"> <li>PA</li> <li>GL Male</li> </ul>
TESTIM	3	<ul style="list-style-type: none"> <li>QL 300 / 30 days</li> <li>PA</li> <li>GL Male</li> </ul>
TESTOPEL	4	<ul style="list-style-type: none"> <li>PA</li> <li>GL Male</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>testosterone 10 mg gel pump</i>	1	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>GL Male</li> </ul>
<i>testosterone (12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	1	<ul style="list-style-type: none"> <li>GL Male</li> </ul>
<i>testosterone 30 mg/1.5 ml pump</i>	1	<ul style="list-style-type: none"> <li>QL 6 / day</li> <li>PA</li> <li>GL Male</li> </ul>
<i>testosterone cypionate</i>	1	<ul style="list-style-type: none"> <li>GL Male</li> </ul>
<i>testosterone enanthate</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>GL Male</li> </ul>
TESTRED	3	<ul style="list-style-type: none"> <li>PA</li> <li>GL Male</li> </ul>
VOGELXO (12.5 MG/1.25 PUMP, 50 MG/5 GEL, 50 MG/5 GEL PACKT)	3	<ul style="list-style-type: none"> <li>QL 10 / day</li> <li>PA</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
CONTRACEPTIVES		
ALTAVERA	0	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>GL Female</li> <li>HCR</li> </ul>
ALYACEN	0	<ul style="list-style-type: none"> <li>GL Female</li> <li>HCR</li> </ul>
AMETHIA	0	<ul style="list-style-type: none"> <li>QL 91 days</li> <li>GL Female</li> <li>HCR</li> </ul>
AMETHIA LO	0	<ul style="list-style-type: none"> <li>QL 91 days</li> <li>GL Female</li> <li>HCR</li> </ul>
AMETHYST	0	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>GL Female</li> <li>HCR</li> </ul>
APRI	0	<ul style="list-style-type: none"> <li>GL Female</li> <li>HCR</li> </ul>
ARANELLE	0	<ul style="list-style-type: none"> <li>GL Female</li> <li>HCR</li> </ul>
ASHLYNA	0	<ul style="list-style-type: none"> <li>GL Female</li> <li>HCR</li> </ul>
AUBRA	0	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>GL Female</li> <li>HCR</li> </ul>
AVIANE	0	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>GL Female</li> <li>HCR</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
AZURETTE	0	GL Female HCR
BALZIVA	0	GL Female HCR
BEKYREE	0	GL Female HCR
BEYAZ	3	GL Female
BLISOVI 24 FE	0	GL Female HCR
BLISOVI FE	0	GL Female HCR
BREVICON	3	GL Female
BRIELLYN	0	GL Female HCR
CAMILA	0	GL Female HCR
CAMRESE	0	QL 91 days GL Female HCR
CAMRESE LO	0	QL 91 days GL Female HCR
CAZIAN	0	GL Female HCR
CHATEAL	0	QL 1 / day GL Female HCR



PRODUCT DESCRIPTION	TIER	LIMITS &
CRYSSELLE	0	GL Female HCR
CYCLAFEM	0	GL Female HCR
CYCLESSA	3	GL Female
CYRED	0	GL Female HCR
DASETТА	0	GL Female HCR
DAYSEE	0	QL 91 days GL Female HCR
DEBLITANE	0	GL Female HCR
DELYLA	0	QL 1 / day GL Female HCR
DESOGEN	3	GL Female
<i>desogestr-eth estrad eth estra</i>	0	GL Female HCR
<i>desogestrel-ethinyl estradiol</i>	0	GL Female HCR
<i>drospirenone-eth estra-levomef</i>	0	GL Female HCR
<i>drospirenone-ethinyl estradiol</i>	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
ELINEST	0	GL Female HCR
ELLA	0	QL 1 / day GL Female HCR
EMOQUETTE	0	GL Female HCR
ENPRESSE	0	GL Female HCR
ENSKYCE	0	GL Female HCR
ERRIN	0	GL Female HCR
ESTARYLLA	0	GL Female HCR
ESTROSTEP FE	3	GL Female
<i>ethynodiol-ethinyl estradiol</i>	0	GL Female HCR
FALMINA	0	QL 1 / day GL Female HCR
FAYOSIM	0	QL 91 days GL Female HCR
FEMCON FE	3	GL Female
FEMYNOR	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
GENERESS FE	3	GL Female
GIANVI	0	GL Female HCR
GILDAGIA	0	GL Female HCR
GILDESS	0	GL Female HCR
GILDESS 24 FE	0	GL Female HCR
GILDESS FE	0	GL Female HCR
HEATHER	0	GL Female HCR
INTROVALE	0	QL 91 days GL Female HCR
ISIBLOOM	0	GL Female HCR
JENCYCLA	0	GL Female HCR
JOLESSA	0	QL 91 days GL Female HCR
JOLIVETTE	0	GL Female HCR
JULEBER	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
JUNEL	0	GL Female HCR
JUNEL FE	0	GL Female HCR
JUNEL FE 24	0	GL Female HCR
KAITLIB FE	0	GL Female HCR
KARIVA	0	GL Female HCR
KELNOR 1-35	0	GL Female HCR
KIMIDESS	0	GL Female HCR
KURVELO	0	QL 1 / day GL Female HCR
LARIN	0	GL Female HCR
LARIN 24 FE	0	GL Female HCR
LARIN FE	0	GL Female HCR
LARISSIA	0	QL 1 / day GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
LAYOLIS FE	0	GL Female HCR
LEENA	0	GL Female HCR
LESSINA	0	QL 1 / day GL Female HCR
LEVONEST	0	GL Female HCR
<i>levono-e estrad 0.15-0.03-0.01</i>	0	GL Female HCR
<i>levonorg-eth estrad eth estrad (levono-e estrad 0.10-0.02-0.01, levonorg 0.15mg-ee 20-25-30mcg)</i>	0	QL 91 days GL Female HCR
<i>levonor-eth estrad 0.15-0.03</i>	0	QL 91 days GL Female HCR
<i>levonor-eth estrad triphasic</i>	0	GL Female HCR
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg)</i>	0	QL 1 / day GL Female HCR
LEVORA-28	0	QL 1 / day GL Female HCR
LILLOW	0	QL 1 / day GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
LO LOESTRIN FE	0	GL Female HCR
LOESTRIN	3	GL Female
LOESTRIN FE	3	GL Female
LOMEDIA 24 FE	0	GL Female HCR
LORYNA	0	GL Female HCR
LOSEASONIQUE	3	QL 91 days GL Female
LOW-OGESTREL	0	GL Female HCR
LUTERA	0	QL 1 / day GL Female HCR
LYZA	0	GL Female HCR
MARLISSA	0	QL 1 / day GL Female HCR
MELODETTA 24 FE	0	GL Female HCR
MIBELAS 24 FE	0	GL Female HCR
MICROGESTIN	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
MICROGESTIN 24 FE	0	GL Female HCR
MICROGESTIN FE	0	GL Female HCR
MINASTRIN 24 FE	3	GL Female
MIRCETTE	3	GL Female
MODICON	3	GL Female
MONO-LINYAH	0	GL Female HCR
MONONESSA	0	GL Female HCR
MYZILRA	0	GL Female HCR
NATAZIA	2	GL Female
NECON (0.5-35-28 TABLET, 1-35-28 TABLET, 1-50-28 TABLET, 10-11-28 TABLET)	0	GL Female HCR
NECON 7-7-7-28 TABLET	3	QL 1 / day GL Female HCR
NIKKI	0	GL Female HCR
NOR-Q-D	3	GL Female
NORA-BE	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>norethin-eth estra-ferrous fum (noret-estr-fe 0.4-0.035(21)-75, noreth-estr-ad-fe 1-0.02(21)-75, noreth-estr-ad-fe 1-0.02(24)-75, norethin-estra-fe 0.8-0.025 mg)</i>	0	GL Female HCR
<i>norethind-eth estrad 1-0.02 mg</i>	0	GL Female HCR
<i>norethindrone</i>	0	GL Female HCR
<i>norgestimate-ethinyl estradiol</i>	0	GL Female HCR
NORINYL 1+50	0	GL Female HCR
NORINYL 1-35	3	GL Female
NORLYDA	0	GL Female HCR
NORLYROC	0	GL Female HCR
NORTREL	0	GL Female HCR
NUVARING	0	GL Female HCR
OCELLA	0	GL Female HCR
OGESTREL	0	QL 1 / day GL Female HCR
ORSYTHIA	0	QL 1 / day GL Female HCR



PRODUCT DESCRIPTION	TIER	LIMITS &
ORTHO MICRONOR	3	GL Female
ORTHO TRI-CYCLEN	3	GL Female
ORTHO TRI-CYCLEN LO	3	GL Female
ORTHO-CYCLEN	3	GL Female
ORTHO-NOVUM	3	GL Female
OVCON-35	3	GL Female
PHILITH	0	GL Female HCR
PIMTREA	0	GL Female HCR
PIRMELLA	0	GL Female HCR
PORTIA	0	QL 1 / day GL Female HCR
PREVIFEM	0	GL Female HCR
QUARTETTE	3	GL Female
QUASENSE	0	QL 91 days GL Female HCR
RAJANI	0	GL Female HCR
RECLIPSEN	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
RIVELSA	0	<p>QL 91 days</p> <p>GL Female</p> <p>HCR</p>
SAFYRAL	3	<p>GL Female</p>
SEASONIQUE	3	<p>QL 91 days</p> <p>GL Female</p>
SETLAKIN	0	<p>QL 91 days</p> <p>GL Female</p> <p>HCR</p>
SHAROBEL	0	<p>GL Female</p> <p>HCR</p>
SPRINTEC	0	<p>GL Female</p> <p>HCR</p>
SRONYX	0	<p>QL 1 / day</p> <p>GL Female</p> <p>HCR</p>
SYEDA	0	<p>GL Female</p> <p>HCR</p>
TARINA FE	0	<p>GL Female</p> <p>HCR</p>
TAYTULLA	0	<p>GL Female</p> <p>HCR</p>
TILIA FE	0	<p>GL Female</p> <p>HCR</p>
TRI FEMYNOR	0	<p>GL Female</p> <p>HCR</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
TRI-ESTARYLLA	0	GL Female HCR
TRI-LEGEST FE	0	GL Female HCR
TRI-LINYAH	0	GL Female HCR
TRI-LO-ESTARYLLA	0	GL Female HCR
TRI-LO-MARZIA	0	GL Female HCR
TRI-LO-SPRINTEC	0	GL Female HCR
TRI-NORINYL	3	GL Female
TRI-PREVIFEM	0	GL Female HCR
TRI-SPRINTEC	0	GL Female HCR
TRI-VYLIBRA	0	GL Female HCR
TRINESSA	0	GL Female HCR
TRINESSA LO	0	GL Female HCR
TRIVORA-28	0	GL Female HCR
VELIVET	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
VESTURA	0	GL Female HCR
VIENVA	0	QL 1 / day GL Female HCR
VIORELE	0	GL Female HCR
VYFEMLA	0	GL Female HCR
VYLIBRA	0	GL Female HCR
WERA	0	GL Female HCR
WYMZYA FE	0	GL Female HCR
XULANE	0	QL 0.12 / day GL Female HCR
YASMIN 28	3	GL Female
YAZ	3	GL Female
ZARAH	0	GL Female HCR
ZENCHENT	0	GL Female HCR
ZENCHENT FE	0	GL Female HCR

PRODUCT DESCRIPTION	TIER	LIMITS &
ZOVIA 1-35E	0	GL Female HCR
ZOVIA 1-50E	0	GL Female HCR
LEPTINS		
MYALEPT	4	PA NPS Non-Preferred Specialty Drug
PITUITARY		
DDAVP (0.01% NASAL SPRAY, 0.1 MG TABLET, 0.2 MG TABLET, 10 MCG/0.1 ML SOLUTION)	3	
DDAVP (4 MCG/ML AMPUL, 4 MCG/ML VIAL)	3	
<i>desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg/ml sol, acetate 0.1 mg tb, acetate 0.2 mg tb, 10 mcg/0.1 ml spr)</i>	1	
<i>desmopressin acetate (ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 40 mcg/10 ml vial)</i>	1	
GENOTROPIN (MINIQUICK 0.2 MG, MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	4	PA NPS Non-Preferred Specialty Drug
HUMATROPE (5 MG VIAL, 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	4	PA NPS Non-Preferred Specialty Drug
NOCTIVA	3	
NORDITROPIN FLEXPRO	4	PA PS

PRODUCT DESCRIPTION	TIER	LIMITS &
NUTROPIN AQ	4	PA NPS Non-Preferred Specialty Drug
NUTROPIN AQ NUSPIN	4	PA NPS Non-Preferred Specialty Drug
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	4	PA NPS Non-Preferred Specialty Drug
SAIZEN (5 MG VIAL, 8.8 MG CLICK.EASY CARTG, 8.8 MG VIAL)	4	PA NPS Non-Preferred Specialty Drug
SAIZEN-SAIZENPREP	4	PA NPS Non-Preferred Specialty Drug
SEROSTIM	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
<i>vasopressin</i>	1	
<i>vasopressin-0.9% nacl (40 unit/100 ml-ns, 50 unit/250 ml-ns, 100 unit/100 ml-ns, 100 unit/250 ml-ns)</i>	1	
<i>vasopressin-d5w (60 unit/100 ml-d5w, 100 unit/100ml-d5w)</i>	1	
ZOMACTON	4	PA NPS Non-Preferred Specialty Drug
ZORBTIVE	4	QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>PROGESTINS</b>		
AYGESTIN	3	GL Female
CRINONE 4% GEL	3	GL Female
CRINONE 8% GEL	3	GL Female
ENDOMETRIN	4	GL Female PS
<i>hydroxyprogesterone caproate</i>	4	PA GL Female NPS Non-Preferred Specialty Drug
MAKENA (250 MG/ML VIAL, 1,250 MG/5 ML VIAL)	4	PA GL Female PS
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	GL Female LCG
<i>medroxyprogesterone 150 mg/ml</i>	0	QL 0.04 / day GL Female HCR
MEGACE	3	
MEGACE ES	3	GL Female
<i>megestrol acetate (acet 40 mg/ml susp, acet 400 mg/10 ml, 625 mg/5 ml susp)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	1	
<i>norethindrone ac (lupaneta)</i>	1	GL Female
<i>norethindrone acetate</i>	1	GL Female
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	1	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>progesterone oil 50 mg/ml v1</i>	1	GL Female
<i>progesterone in oil</i>	1	GL Female
PROMETRIUM	3	GL Female
PROVERA	3	GL Female
HYPOTENSIVE AGENTS		
CENTRAL ALPHA-AGONISTS		
CATAPRES	3	
CATAPRES-TTS 1	3	QL 0.15 / day
CATAPRES-TTS 2	3	QL 0.4 / day
CATAPRES-TTS 3	3	QL 0.4 / day
<i>clonidine (0.2 mg/day patch, 0.3 mg/day patch)</i>	1	QL 0.29 / day
<i>clonidine 0.1 mg/day patch</i>	1	QL 0.15 / day
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet)</i>	1	LCG
<i>clonidine hcl 0.3 mg tablet</i>	1	LCG
<i>clonidine hcl er</i>	1	QL 4 / day
CLORPRES	3	
<i>guanfacine hcl</i>	1	
KAPVAY	3	QL 4 / day ST
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>methyldopate hcl</i>	1	
TENEX	3	



PRODUCT DESCRIPTION	TIER	LIMITS &
<b>DIRECT VASODILATORS</b>		
BIDIL	3	QL 6 / day
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>hydralazine 20 mg/ml vial</i>	1	
<i>minoxidil</i>	1	
NITROPRESS	3	
<i>sodium nitroprusside</i>	1	
<b>HYPOTENSIVE AGENTS, MISCELLANEOUS</b>		
CORLOPAM (10 MG/ML AMPUL, 10 MG/ML VIAL)	3	
VECAMYL	4	PA NPS Non-Preferred Specialty Drug
<b>PERIPHERAL ADRENERGIC INHIBITORS</b>		
<i>reserpine</i>	1	
<b>ION-REMOVING AGENTS</b>		
<b>OTHER ION-REMOVING AGENTS</b>		
RADIOGARDASE	3	
<b>PHOSPHATE-REMOVING AGENTS</b>		
AURYXIA	3	
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	1	
ELIPHOS	3	
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
FOSRENOL (500 MG TABLET CHEW, 750 MG TABLET CHEW, 1,000 MG TABLET CHEW)	2	
<i>lanthanum carbonate</i>	1	
PHOSLYRA	3	
RENAGEL	3	
REVELA (0.8 GM POWDER PACKET, 2.4 GM POWDER PACKET)	3	
REVELA 800 MG TABLET	2	
<i>sevelamer carbonate (0.8 gm powder packet, 2.4 gm powder packet, carbonate 800 mg tab)</i>	1	
VELPHORO	3	
<b>POTASSIUM-REMOVING AGENTS</b>		
KAYEXALATE	3	
KIONEX (15 GM/60 ML SUSPENSION, POWDER)	1	
<i>sodium polystyrene sulfonate (sod polystyren sulf 15 g/60 ml, sodium polystyrene sulf powder, sps 15 gm/60 ml suspension, sps 30 gm/120 ml enema, sps 50 gm/200 ml enema)</i>	1	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA)	1	
VELTASSA	3	<div style="display: flex; align-items: center;"> <div style="background-color: purple; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>1 / day</span> </div> <div style="background-color: brown; color: white; padding: 2px 5px; margin-top: 2px;">PA</div>
<b>MACROLIDES</b>		
<b>KETOLIDES</b>		
KETEK	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>OTHER MACROLIDES</b>		
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 500 mg tablet, 600 mg tablet)</i>	1	
<i>azithromycin 250 mg tablet</i>	1	QL 6 / 5 days
<i>azithromycin i.v. 500 mg vial</i>	1	
BIAXIN (250 MG TABLET, 250 MG/5 ML SUSPENSION, 500 MG TABLET)	3	
<i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i>	1	
<i>clarithromycin er</i>	1	
DIFICID	3	PA
ZITHROMAX 100 MG/5 ML SUSP	3	QL 30 / fill
ZITHROMAX 200 MG/5 ML SUSP	3	QL 60 / fill
ZITHROMAX (1 GM POWDER PACKET, 250 MG Z-PAK TABLET)	3	
ZITHROMAX 250 MG TABLET	3	QL 6 / 5 days
ZITHROMAX 500 MG TABLET	3	QL 5 / fill
ZITHROMAX 600 MG TABLET	3	QL 0.29 / day
ZITHROMAX I.V. 500 MG VIAL	3	
ZITHROMAX TRI-PAK	3	
ZMAX	2	QL 60 / fill
<b>MISCELLANEOUS B-LACTAM ANTIBIOTICS</b>		
<b>CARBAPENEMS</b>		
DORIBAX	3	
<i>doripenem</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>imipenem-cilastatin sodium</i>	1	
INVANZ (1 GM ADD-VANTAGE VIAL, 1 GM VIAL)	3	
<i>meropenem</i>	1	
<i>meropenem-0.9% nacl</i>	1	
MERREM	3	
PRIMAXIN	3	
<b>CEPHAMYCINS</b>		
CEFOTAN	3	
<i>cefotetan</i>	1	
<i>cefotetan &amp; dextrose</i>	1	
<i>cefoxitin (2 gm vial, 10 gm vial)</i>	1	
<i>cefoxitin sodium</i>	1	
<b>MONOBACTAMS</b>		
AZACTAM	3	
AZACTAM-ISO-OSMOTIC DEXTROSE	3	
<i>aztreonam</i>	1	
CAYSTON	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #DC143C; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> </div> <div> <p>Non-Preferred Specialty Drug</p> </div> </div>
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>5-ALPHA-REDUCTASE INHIBITORS</b>		
AVODART	3	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 / day</div> <div><span style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">GL</span> Male</div> </div>
<i>dutasteride</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 / day</div> <div><span style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">GL</span> Male</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>dutasteride-tamsulosin</i>	1	<div style="display: inline-block; background-color: #8e44ad; color: white; padding: 2px;">QL</div> 1 / day <div style="display: inline-block; background-color: #27ae60; color: white; padding: 2px;">GL</div> Male
<i>finasteride 5 mg tablet</i>	1	<div style="display: inline-block; background-color: #8e44ad; color: white; padding: 2px;">QL</div> 1 / day <div style="display: inline-block; background-color: #27ae60; color: white; padding: 2px;">GL</div> Male
JALYN	3	<div style="display: inline-block; background-color: #8e44ad; color: white; padding: 2px;">QL</div> 1 / day <div style="display: inline-block; background-color: #27ae60; color: white; padding: 2px;">GL</div> Male
PROSCAR	3	<div style="display: inline-block; background-color: #8e44ad; color: white; padding: 2px;">QL</div> 1 / day <div style="display: inline-block; background-color: #27ae60; color: white; padding: 2px;">GL</div> Male
<b>ALCOHOL DETERRENTS</b>		
ANTABUSE	3	
<i>disulfiram</i>	1	
<b>ANTIDOTES</b>		
BAL IN OIL	3	
<i>calcium disodium versenate</i>	1	
CHEMET	3	
<i>deferoxamine mesylate</i>	1	
DESFERAL	3	
DESFERAL MESYLATE	3	
DUODOTE	3	
FUSILEV	4	<div style="display: inline-block; background-color: #e91e63; color: white; padding: 2px;">NPS</div> Non-Preferred Specialty Drug
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
<i>leucovorin calcium (50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vial)</i>	4	<div style="display: inline-block; background-color: #e91e63; color: white; padding: 2px;">NPS</div> Non-Preferred Specialty Drug
<i>levoleucovorin calcium (50 mg vial, 175 mg vial, 175 mg/17.5 ml, 250 mg/25 ml vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>methylene blue (ampul, vial)</i>	1	
NITHIODOLE	3	
<i>pralidoxime chloride</i>	1	
PROTOPAM CHLORIDE	3	
<i>sodium thiosulfate</i>	1	
VISTOGARD	4	NPS Non-Preferred Specialty Drug
VORAXAZE	4	NPS Non-Preferred Specialty Drug
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol 100 mg tablet</i>	1	QL 3 / day LCG
<i>allopurinol 300 mg tablet</i>	1	QL 2 / day LCG
<i>allopurinol sodium</i>	1	
ALOPRIM	3	
<i>colchicine 0.6 mg capsule</i>	1	QL 2 / day
<i>colchicine 0.6 mg tablet</i>	1	QL 4 / day
COLCRYS	2	QL 4 / day
KRYSTEXXA	4	QL 0.07 / day PA NPS Non-Preferred Specialty Drug
MITIGARE	3	QL 2 / day ST
<i>naproxen 375 mg tablet</i>	1	LCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>naproxen (ec 375 mg tablet, ec 500 mg tablet)</i>	1	
<i>naproxen sodium</i>	1	
ULORIC	2	QL 1 / day ST
ZYLOPRIM 100 MG TABLET	3	QL 3 / day
ZYLOPRIM 300 MG TABLET	3	QL 2 / day
<b>BONE RESORPTION INHIBITORS</b>		
ACTONEL (5 MG TABLET, 30 MG TABLET)	3	QL 1 / day
ACTONEL 150 MG TABLET	3	QL 0.04 / day
ACTONEL 35 MG TABLET	3	QL 0.15 / day
<i>alendronate sod 70 mg/75 ml</i>	1	QL 12.5 / day
<i>alendronate sodium (35 mg tab, 40 mg tab, 70 mg tab)</i>	1	QL .15 / day
<i>alendronate sodium (5 mg tablet, 10 mg tab)</i>	1	QL 1 / day
ATELVIA	3	QL 0.15 / day ST
BINOSTO	3	QL .15 / day
BONIVA 3 MG/3 ML SYRINGE	4	NPS Non-Preferred Specialty Drug
BONIVA 150 MG TABLET	3	QL 0.04 / day
<i>etidronate disodium</i>	1	
FOSAMAX	3	QL .15 / day
FOSAMAX PLUS D	3	QL 0.15 / day
<i>ibandronate 3 mg/3 ml syringe</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ibandronate sodium 150 mg tab</i>	1	QL 0.04 / day
<i>ibandronate 3 mg/3 ml vial</i>	4	NPS Non-Preferred Specialty Drug
<i>pamidronate disodium (30 mg/10 ml vial, disod 30 mg vial, 60 mg/10 ml vial, 90 mg/10 ml vial, disod 90 mg vial)</i>	4	NPS Non-Preferred Specialty Drug
PROLIA	4	QL 0.13 / day PA PS
RECLAST	4	NPS Non-Preferred Specialty Drug
<i>risedronate sodium 150 mg tab</i>	1	QL 0.04 / day
<i>risedronate sodium 30 mg tab</i>	1	
<i>risedronate sodium 35 mg tab</i>	1	QL 0.15 / day
<i>risedronate sodium 5 mg tablet</i>	1	QL 1 / day
<i>risedronate sodium dr</i>	1	
XGEVA	4	QL 0.07 / day PA NPS Non-Preferred Specialty Drug
<i>zoledronic acid 5 mg/100 ml</i>	4	NPS Non-Preferred Specialty Drug
<i>zoledronic acid (4 mg vial, 4 mg/100 ml, 4 mg/5 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
ZOMETA (4 MG/100 ML INJECTION, 4 MG/5 ML VIAL)	4	NPS Non-Preferred Specialty Drug
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
KEVEYIS	4	QL 4 / day PA NPS Non-Preferred Specialty Drug



PRODUCT DESCRIPTION	TIER	LIMITS &
<b>COMPLEMENT INHIBITORS</b>		
BERINERT (500 UNIT KIT, 500 UNIT VIAL)	4	PA NPS Non-Preferred Specialty Drug
CINRYZE	4	PA NPS Non-Preferred Specialty Drug
FIRAZYR	4	PA NPS Non-Preferred Specialty Drug
HAEGARDA	4	QL 1.25 / day PA NPS Non-Preferred Specialty Drug
KALBITOR	4	PA NPS Non-Preferred Specialty Drug
RUCONEST	4	QL 0.87 / day PA NPS Non-Preferred Specialty Drug
SOLIRIS	4	PA NPS Non-Preferred Specialty Drug
<b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS</b>		
ACTEMRA (80 MG/4 ML VIAL, 162 MG/0.9 ML SYRINGE, 200 MG/10 ML VIAL, 400 MG/20 ML VIAL)	4	QL 0.15 / day PA NPS Non-Preferred Specialty Drug
ARAVA	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
CIMZIA (200 MG VIAL KIT, 200 MG/ML STARTER KIT, 200 MG/ML SYRINGE KIT)	4	<ul style="list-style-type: none"> <li>QL 3/ fill</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
CUPRIMINE	3	
DEPEN	2	
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 50 MG/ML SYRINGE)	4	<ul style="list-style-type: none"> <li>QL 0.29 / day</li> <li>PA</li> <li>PS</li> </ul>
ENBREL MINI	4	<ul style="list-style-type: none"> <li>QL 0.15 / day</li> <li>PA</li> <li>PS</li> </ul>
ENBREL SURECLICK	4	<ul style="list-style-type: none"> <li>QL 0.15 / day</li> <li>PA</li> <li>PS</li> </ul>
HUMIRA (20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	4	<ul style="list-style-type: none"> <li>QL 0.22 / day</li> <li>PA</li> <li>PS</li> </ul>
HUMIRA 10 MG/0.2 ML SYRINGE	4	<ul style="list-style-type: none"> <li>QL 0.15 / day</li> <li>PA</li> <li>PS</li> </ul>
HUMIRA PEDIATRIC CROHN'S	4	<ul style="list-style-type: none"> <li>QL 0.22 / day</li> <li>PA</li> <li>PS</li> </ul>
HUMIRA PEN	4	<ul style="list-style-type: none"> <li>QL 0.22 / day</li> <li>PA</li> <li>PS</li> </ul>
HUMIRA PEN CROHN-UC-HS STARTER	4	<ul style="list-style-type: none"> <li>QL 0.22 / day</li> <li>PA</li> <li>PS</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
HUMIRA PEN PSORIASIS-UVEITIS	4	<ul style="list-style-type: none"> <li>QL 0.22 / day</li> <li>PA</li> <li>PS</li> </ul>
INFLECTRA	4	<ul style="list-style-type: none"> <li>QL 10 / 30 days</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
KEVZARA	4	<ul style="list-style-type: none"> <li>QL 0.1 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
KINERET	4	<ul style="list-style-type: none"> <li>QL 10 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>leflunomide</i>	1	
<i>methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	1	
<i>methotrexate sodium</i>	1	
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	4	<ul style="list-style-type: none"> <li>QL 0.15 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
ORENCIA CLICKJECT	4	<ul style="list-style-type: none"> <li>QL 0.15 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET, STARTER PACK)	4	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
OTREXUP	3	<ul style="list-style-type: none"> <li>QL 0.08 / day</li> <li>PA</li> </ul>
RASUVO	3	<ul style="list-style-type: none"> <li>QL 0.08 / day</li> <li>PA</li> </ul>
RENFLEXIS	4	<ul style="list-style-type: none"> <li>QL 10 / 30 days</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
RHEUMATREX	3	
RIDAURA	2	
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE, 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	4	<ul style="list-style-type: none"> <li>QL 0.04 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
SIMPONI ARIA	4	<ul style="list-style-type: none"> <li>QL 0.1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
TREXALL	2	
XATMEP	3	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>PA</li> <li>AL Up to 18 yrs old</li> </ul>
XELJANZ	4	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
XELJANZ XR	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
IMMUNOMODULATORY AGENTS		
ACTIMMUNE	4	NPS Non-Preferred Specialty Drug
AUBAGIO	4	QL 1 / day PA PS
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG, PREFILLED SYR 30 MCG KT)	4	QL 0.15 / day PA PS
AVONEX PEN (PEN 30 MCG/0.5 ML, PEN 30 MCG/0.5 ML KIT)	4	QL 0.15 / day PA PS
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	4	QL 0.5 / day PA NPS Non-Preferred Specialty Drug
COPAXONE	4	QL 1 / day PA PS
EXTAVIA (0.3 MG KIT, 0.3 MG VIAL)	4	QL 0.5 / day PA NPS Non-Preferred Specialty Drug
GILENYA	4	QL 1 / day PA PS
GLATOPA	4	QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
PLEGRIDY 125 MCG/0.5 ML SYRINGE	4	<ul style="list-style-type: none"> <li>QL 0.04 / day</li> <li>PA</li> <li>PS</li> </ul>
PLEGRIDY SYRINGE STARTER PACK	4	<ul style="list-style-type: none"> <li>QL 1/ lifetime</li> <li>PA</li> <li>PS</li> </ul>
PLEGRIDY 125 MCG/0.5 ML PEN	4	<ul style="list-style-type: none"> <li>QL 0.04 / day</li> <li>PA</li> <li>PS</li> </ul>
PLEGRIDY PEN INJ STARTER PACK	4	<ul style="list-style-type: none"> <li>QL 1/ lifetime</li> <li>PA</li> <li>PS</li> </ul>
POMALYST	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
PROLEUKIN	4	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	4	<ul style="list-style-type: none"> <li>QL 0.22 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
REBIF TITRATION PACK	4	<ul style="list-style-type: none"> <li>QL 4.2 / 365 days</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	4	<ul style="list-style-type: none"> <li>QL 0.22 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
REBIF REBIDOSE TITRATION PACK	4	<ul style="list-style-type: none"> <li>QL 4.2 / 365 days</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
REVLIMID	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
TECFIDERA	4	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>PS</li> </ul>
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	4	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
TYSABRI	4	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
ZINBRYTA	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ASTAGRAF XL 0.5 MG CAPSULE	4	<ul style="list-style-type: none"> <li>QL 15 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
ASTAGRAF XL 1 MG CAPSULE	4	<p>QL 30 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
ASTAGRAF XL 5 MG CAPSULE	4	<p>QL 6 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
AZASAN	3	
<i>azathioprine</i>	1	
<i>azathioprine sodium</i>	1	
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	4	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
BENLYSTA 120 MG VIAL	4	<p>QL 0.25 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
BENLYSTA 400 MG VIAL	4	<p>QL 0.07 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET, 500 MG VIAL)	4	<p>NPS Non-Preferred Specialty Drug</p>
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	1	<p>PA</p>
<i>cyclophosphamide (1 gm vial, 2 gm vial, 500 mg vial)</i>	4	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
<i>cyclosporine 50 mg/ml ampul</i>	4	<p>NPS Non-Preferred Specialty Drug</p>



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>cyclosporine (25 mg capsule, 100 mg capsule, 100 mg/ml soln)</i>	4	NPS Non-Preferred Specialty Drug
<i>cyclosporine modified (25 mg, 50 mg)</i>	4	NPS Non-Preferred Specialty Drug
ENVARUSUS XR	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
GENGRAF (25 MG CAPSULE, 50 MG CAPSULE, 100 MG/ML SOLUTION)	4	NPS Non-Preferred Specialty Drug
IMURAN	3	
<i>mercaptopurine</i>	1	
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug
<i>mycophenolate mofetil (200 mg/ml susp, 500 mg vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>mycophenolic acid</i>	4	NPS Non-Preferred Specialty Drug
MYFORTIC	4	NPS Non-Preferred Specialty Drug
NEORAL (25 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	4	NPS Non-Preferred Specialty Drug
NULOJIX	4	PA NPS Non-Preferred Specialty Drug
PROGRAF 5 MG/ML AMPULE	4	NPS Non-Preferred Specialty Drug
PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	4	NPS Non-Preferred Specialty Drug
PURIXAN	4	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)	4	NPS Non-Preferred Specialty Drug
SANDIMMUNE 50 MG/ML AMPUL	4	NPS Non-Preferred Specialty Drug
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE)	4	NPS Non-Preferred Specialty Drug
SANDIMMUNE 100 MG/ML SOLN	4	PS
SIMULECT	3	
<i>sirolimus (1 mg tablet, 2 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug
<i>sirolimus 0.5 mg tablet</i>	4	NPS Non-Preferred Specialty Drug
<i>tacrolimus 0.5 mg capsule</i>	4	QL 2 / day NPS Non-Preferred Specialty Drug
<i>tacrolimus 1 mg capsule</i>	4	QL 8 / day NPS Non-Preferred Specialty Drug
<i>tacrolimus 5 mg capsule</i>	4	QL 4 / day NPS Non-Preferred Specialty Drug
ZORTRESS	4	PA NPS Non-Preferred Specialty Drug
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
AMPYRA	4	QL 2 / day PA PS
ARCALYST	4	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
CARDIOVID PLUS	3	
CARNITOR (100 MG/ML ORAL SOLN, 330 MG TABLET)	3	
CARNITOR 1 GM/5 ML VIAL	3	
CARNITOR SF	3	
CERDELGA	4	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
CYSTADANE	4	<ul style="list-style-type: none"> <li>NPS Non-Preferred Specialty Drug</li> </ul>
CYSTAGON 150 MG CAPSULE	4	<ul style="list-style-type: none"> <li>QL 13 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
CYSTAGON 50 MG CAPSULE	4	<ul style="list-style-type: none"> <li>QL 40/ day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
DEMSER	3	
DYSPORT	4	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
ILARIS 150 MG/ML VIAL	4	<ul style="list-style-type: none"> <li>QL 0.04 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
ILARIS 180 MG VIAL	4	<ul style="list-style-type: none"> <li>QL 0.4 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
KUVAN (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	4	PA NPS Non-Preferred Specialty Drug
<i>levocarnitine (1 g/10 ml soln, 330 mg tablet)</i>	1	
<i>levocarnitine 200 mg/ml vial</i>	1	
MYOBLOC	4	PA NPS Non-Preferred Specialty Drug
NEXAVIR	3	
NITYR	4	PA NPS Non-Preferred Specialty Drug
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	4	PA NPS Non-Preferred Specialty Drug
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	4	PA NPS Non-Preferred Specialty Drug
POTABA	3	
PROCYSBI DR 25 MG CAPSULE	4	QL 3 / day PA NPS Non-Preferred Specialty Drug
PROCYSBI DR 75 MG CAPSULE	4	QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
SANDOSTATIN 0.05 MG/ML AMPUL	4	<p>QL 30 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
SANDOSTATIN 0.1 MG/ML AMPUL	4	<p>QL 15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
SANDOSTATIN 0.5 MG/ML AMPUL	4	<p>QL 3 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
SANDOSTATIN 0.2 MG/ML VIAL	4	<p>QL 8 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
SANDOSTATIN 1 MG/ML VIAL	4	<p>QL 1.5 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 30 MG KT, 30 MG VL)	4	<p>QL 0.04 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
SANDOSTATIN LAR DEPOT (20 MG KT, 20 MG VL)	4	<p>QL 0.07 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
THIOLA	3	PA
TYBOST	4	PS
XEOMIN	4	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
XURIDEN	4	NPS Non-Preferred Specialty Drug
ZAVESCA	4	PA NPS Non-Preferred Specialty Drug
PROTECTIVE AGENTS		
<i>amifostine</i>	4	NPS Non-Preferred Specialty Drug
<i>dexrazoxane</i>	4	PA NPS Non-Preferred Specialty Drug
ELMIRON	2	QL 3 / day PA
ETHYOL	4	NPS Non-Preferred Specialty Drug
<i>mesna</i>	4	NPS Non-Preferred Specialty Drug
MESNEX (1 GRAM/10 ML VIAL, 400 MG TABLET)	4	NPS Non-Preferred Specialty Drug
ZINECARD	4	PA NPS Non-Preferred Specialty Drug
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
CELEBREX (50 MG CAPSULE, 200 MG CAPSULE)	3	QL 2 / day
CELEBREX 100 MG CAPSULE	3	QL 3 / day
CELEBREX 400 MG CAPSULE	3	QL 1 / day
<i>celecoxib (50 mg capsule, 200 mg capsule)</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>celecoxib 100 mg capsule</i>	1	QL 3 / day
<i>celecoxib 400 mg capsule</i>	1	QL 1 / day
<b>OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS</b>		
ANAPROX DS	3	
ANSAID	3	
ARTHROTEC 50	3	
ARTHROTEC 75	3	
CALDOLOR	3	
CAMBIA	3	QL 1 / day PA
DAYPRO	3	
<i>diclofenac potassium</i>	1	
<i>diclofenac 1.5% topical soln</i>	1	PA
<i>diclofenac sodium 1% gel</i>	1	QL 1000/ 30 days
<i>diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium-misoprostol</i>	1	
<i>diflunisal</i>	1	
DUEXIS	3	QL 3 / day PA
DYLOJECT	3	
EC-NAPROSYN	3	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>etodolac er</i>	1	
FELDENE	3	
<i>fenoprofen calcium (200 mg capsule, 400 mg capsule, 600 mg tablet)</i>	1	
FENORTHO	3	
FLECTOR	3	QL 2 / day
<i>flurbiprofen</i>	1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	LCG
<i>ibuprofen lysine</i>	3	
INDOCIN 25 MG/5 ML SUSPENSION	3	QL 6 / day
INDOCIN 50 MG SUPPOSITORY	3	QL 4 / day
INDOCIN I.V.	3	
<i>indomethacin 25 mg capsule</i>	1	LCG
<i>indomethacin 50 mg capsule</i>	1	
<i>indomethacin 1 mg vial</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen (75 mg capsule, er 200 mg capsule)</i>	1	
<i>ketoprofen 50 mg capsule</i>	1	LCG
<i>ketorolac tromethamine (15 mg/ml carpject, 15 mg/ml isecure syr, 15 mg/ml vial)</i>	1	QL 40 / 23 days
<i>ketorolac tromethamine (30 mg/ml carpject, 60 mg/2 ml carpject, 60 mg/2 ml vial)</i>	1	QL 20 / 30 days LCG
<i>ketorolac tromethamine (30 mg/ml isecure syr, 30 mg/ml syringe)</i>	1	QL 20 / 23 days
<i>ketorolac 10 mg tablet</i>	1	QL 21 / fill LCG



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ketorolac 30 mg/ml vial</i>	1	QL 20 / 23 days LCG
<i>ketorolac tromethamine (60 mg/2 ml syringe, 300 mg/10 ml vial)</i>	1	QL 20 / 30 days
KLOFENSAID II	1	PA
LODINE	3	
<i>meclofenamate sodium</i>	1	
<i>mefenamic acid</i>	1	QL 5 / day
<i>meloxicam 7.5 mg/5 ml susp</i>	1	QL 10 / day
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	QL 1 / day LCG
MOBIC 7.5 MG/5 ML SUSPENSION	3	QL 10 / day
MOBIC (7.5 MG TABLET, 15 MG TABLET)	3	QL 1 / day
<i>nabumetone</i>	1	
NALFON	3	
NAPRELAN (CR 375 MG TABLET, CR 500 MG TABLET)	3	PA
NAPRELAN CR 750 MG TABLET	3	QL 1 / day PA
NAPROSYN (125 MG/5 ML SUSPEN, 500 MG TABLET)	3	
<i>naproxen (125 mg/5 ml suspen, 500 mg kit, 500 mg tablet)</i>	1	LCG
<i>naproxen (250 mg tablet, dr 375 mg tablet, dr 500 mg tablet)</i>	1	
<i>naproxen sod cr 375 mg tablet</i>	1	
<i>naproxen sod cr 500 mg tablet</i>	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>naproxen sodium ds</i>	1	
<i>naproxen sod er 375 mg tablet</i>	1	PA
NEOPROFEN	3	
<i>oxaprozin</i>	1	
PENNSAID 2% PUMP	3	QL 3.8 / day PA
<i>piroxicam</i>	1	AL Up to 75 yrs old
PONSTEL	3	QL 5 / day
PROFENO	1	
SPRIX	3	QL 5 days PA
<i>sulindac</i>	1	
TIVORBEX	3	
<i>tolmetin sodium (200 mg tab, 400 mg cap, 600 mg tab)</i>	1	
VIMOVO	3	QL 2 / day ST
VIVLODEX	3	QL 1 / day PA AL At least 18 yrs old
VOLTAREN	3	QL 1000/ 30 days
VOLTAREN-XR	3	
ZIPSOR	3	QL 4 / day PA
ZORVOLEX	3	QL 3 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>SALICYLATES</b>		
<i>butalbital-aspirin-caffeine (butalb-aspirin-caffe 50-325-40, butalbital-asa-caffeine cap)</i>	1	QL 6 / day
<i>choline mag trisalicylate</i>	1	
DISALCID	3	
DURLAZA	3	QL 1 / day PA
FIORINAL	3	QL 6 / day
<i>salsalate</i>	1	
<b>PARATHYROID AND ANTIPARATHYROID AGENTS</b>		
<b>ANTIPARATHYROID AGENTS</b>		
<i>calcitonin-salmon</i>	1	QL 0.13 / day
FORTICAL	3	QL 0.13 / day
MIACALCIN 200 UNIT NASAL SPRAY	3	QL 0.13 / day
MIACALCIN 400 UNIT/2 ML VIAL	4	NPS Non-Preferred Specialty Drug
SENSIPAR (30 MG TABLET, 60 MG TABLET)	4	QL 2 / day PA NPS Non-Preferred Specialty Drug
SENSIPAR 90 MG TABLET	4	QL 4 / day PA NPS Non-Preferred Specialty Drug
<b>PARATHYROID AGENTS</b>		
FORTEO	4	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
NATPARA	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span>PA</span></div> <div style="margin-bottom: 5px;"><span>NPS</span> Non-Preferred Specialty Drug</div> <div style="margin-bottom: 5px;"><span>QL</span> 1.60 / day</div> </div>
TYMLOS	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span>PA</span></div> <div style="margin-bottom: 5px;"><span>AL</span> At least 18 yrs old</div> <div style="margin-bottom: 5px;"><span>NPS</span> Non-Preferred Specialty Drug</div> </div>
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (125 mg tab chew, 250 mg tab chew, 250 mg/5 ml susp, 500 mg capsule)</i>	1	
<i>amoxicillin (125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 400 mg/5 ml susp, 875 mg tablet)</i>	1	<span>LCG</span>
<i>amoxicillin er</i>	1	
<i>amoxicillin-clavulanate pot er</i>	1	
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	1	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm vial, 125 mg vial, 250 mg vial, 500 mg vial)</i>	1	
<i>ampicillin trihydrate (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule)</i>	1	
<i>ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial)</i>	1	
AUGMENTIN 125-31.25 MG/5 ML	2	

PRODUCT DESCRIPTION	TIER	LIMITS &
AUGMENTIN (250-62.5 MG/5 ML, 500-125 TABLET, 875-125 TABLET)	3	
AUGMENTIN ES-600	3	
AUGMENTIN XR	3	
MOXATAG	3	
UNASYN (1.5 GM VIAL, 3 GM VIAL)	3	
<b>EXTENDED-SPECTRUM PENICILLINS</b>		
<i>piperacil-tazobact 13.5 gm vl</i>	3	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 40.5 gram)</i>	1	
ZOSYN (2.25 GM/50 ML GALAXY BAG, 2.25 GRAM VIAL, 3.375 GM/50 ML GALAXY, 3.375 GRAM VIAL, 4.5 GM/100 ML GALAXY BAG, 4.5 GRAM VIAL, 40.5 GRAM BULK VIAL)	3	
<b>NATURAL PENICILLINS</b>		
BICILLIN C-R	3	
BICILLIN L-A	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin gk-iso-osm dextrose</i>	1	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	1	LCG
PFIZERPEN	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin 250 mg capsule</i>	1	
<i>dicloxacillin 500 mg capsule</i>	1	LCG
<i>nafcillin</i>	3	
<i>nafcillin sodium (1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bulk vial, 10 gm vial)</i>	1	
<i>oxacillin</i>	3	
<i>oxacillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm vial)</i>	1	
<b>RENIN-ANGIOTENSIN-ALDOSTER. INHIB(HYPOTN) ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN)</b>		
<i>losartan potassium 50 mg tab</i>	1	QL 2 / day LCG
<b>ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN)</b>		
<i>captopril 100 mg tablet</i>	1	QL 4 / day
<i>enalapril maleate</i>	1	QL 2 / day
<i>lisinopril (2.5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	QL 1 / day LCG
<i>lisinopril (5 mg tablet, 30 mg tablet)</i>	1	QL 1 / day
<i>lisinopril 40 mg tablet</i>	1	QL 2 / day
<i>ramipril 1.25 mg capsule</i>	1	QL 2 / day
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
ATACAND HCT (32-12.5 MG TAB, 32-25 MG TABLET)	3	QL 1 / day
ATACAND HCT 16-12.5 MG TAB	3	QL 2 / day
AVALIDE 150-12.5 MG TABLET	3	QL 2 / day
AVALIDE 300-12.5 MG TABLET	3	QL 1 / day
AVAPRO	3	QL 1 / day
BENICAR	3	QL 3 / day
BENICAR HCT	3	QL 1 / day
<i>candesartan cilexetil</i>	1	QL 1 / day
<i>candesartan-hctz 16-12.5 mg tb</i>	1	QL 2 / day
<i>candesartan-hydrochlorothiazid (32-12.5 mg tb, 32-25 mg tab)</i>	1	QL 1 / day
COZAAR (25 MG TABLET, 50 MG TABLET)	3	QL 2 / day
COZAAR 100 MG TABLET	3	QL 1 / day
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	3	QL 2 / day
DIOVAN 320 MG TABLET	3	QL 1 / day
DIOVAN HCT (320-12.5 MG TAB, 320-25 MG TABLET)	3	QL 1 / day
DIOVAN HCT (80-12.5 MG TABLET, 160-12.5 MG TAB, 160-25 MG TABLET)	3	QL 2 / day
EDARBI	3	QL 1 / day ST
EDARBYCLOR	3	QL 1 / day ST
ENTRESTO	3	QL 2 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>eprosartan mesylate</i>	1	QL 1 / day
HYZAAR (100-12.5 TABLET, 100-25 TABLET)	3	QL 1 / day
HYZAAR 50-12.5 TABLET	3	QL 2 / day
<i>irbesartan</i>	1	QL 1 / day
<i>irbesartan-hctz 150-12.5 mg tb</i>	1	QL 2 / day
<i>irbesartan-hctz 300-12.5 mg tb</i>	1	QL 1 / day
<i>losartan potassium 100 mg tab</i>	1	QL 1 / day LCG
<i>losartan potassium 25 mg tab</i>	1	QL 2 / day LCG
MICARDIS	3	QL 1 / day
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	3	QL 1 / day
MICARDIS HCT 80-12.5 MG TABLET	3	QL 2 / day
<i>olmesartan medoxomil</i>	1	QL 3 / day
<i>olmesartan-amlodipine-hctz</i>	1	QL 1 / day
<i>olmesartan-hydrochlorothiazide</i>	1	QL 1 / day
<i>telmisartan</i>	1	QL 1 / day
<i>telmisartan-amlodipine</i>	1	QL 1 / day
<i>telmisartan-hctz 80-12.5 mg tb</i>	1	QL 2 / day
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>	1	QL 1 / day
TRIBENZOR	3	QL 1 / day
TWYNSTA	3	QL 1 / day



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1	QL 2 / day
<i>valsartan 320 mg tablet</i>	1	QL 1 / day
<i>valsartan-hydrochlorothiazide (320-12.5 mg tab, 320-25 mg tab)</i>	1	QL 1 / day
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab)</i>	1	QL 2 / day
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
ACCUPRIL	3	QL 2 / day
ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	3	QL 2 / day
ACCURETIC 20-25 MG TABLET	3	QL 1 / day
ACEON	3	QL 1 / day
ALTACE	3	QL 2 / day
<i>benazepril hcl (10 mg tablet, 40 mg tablet)</i>	1	QL 2 / day
<i>benazepril hcl 20 mg tablet</i>	1	QL 4 / day
<i>benazepril hcl 5 mg tablet</i>	1	QL 3 / day
<i>benazepril-hydrochlorothiazide</i>	1	QL 1 / day
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	QL 4 / day
<i>captopril-hydrochlorothiazide</i>	1	QL 2 / day
<i>enalapril-hctz 10-25 mg tablet</i>	1	QL 2 / day
<i>enalapril-hctz 5-12.5 mg tab</i>	1	
<i>enalaprilat</i>	1	
EPANED (1 MG/ML ORAL SOLUTION, 1 MG/ML SOLUTION)	3	QL 5 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fosinopril sodium</i>	1	QL 2 / day
<i>fosinopril-hydrochlorothiazide</i>	1	QL 2 / day
<i>lisinopril-hctz 20-12.5 mg tab</i>	1	QL 2 / day
LOTENSIN 20 MG TABLET	3	QL 4 / day
LOTENSIN 40 MG TABLET	3	QL 2 / day
LOTENSIN HCT	3	QL 1 / day
MAVIK	3	QL 2 / day
<i>moexipril hcl</i>	1	QL 1 / day
<i>moexipril-hydrochlorothiazide</i>	1	QL 2 / day
<i>perindopril erbumine</i>	1	QL 1 / day
PRESTALIA	3	QL 1 / day ST
PRINIVIL	3	QL 1 / day
QBRELIS	3	QL 40/ day
<i>quinapril hcl</i>	1	QL 2 / day
<i>quinapril-hctz 20-25 mg tab</i>	1	QL 1 / day
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	1	QL 2 / day
<i>ramipril (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	QL 2 / day
TARKA	3	QL 1 / day
<i>trandolapril</i>	1	QL 2 / day
<i>trandolapril-verapamil er</i>	1	
VASERETIC	3	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
VASOTEC	3	QL 2 / day
ZESTORETIC	3	QL 2 / day
ZESTRIL	3	QL 1 / day
MINERALOCORTICOID (ALDOSTERONE) ANTAGNISTS		
ALDACTAZIDE	3	
ALDACTONE	3	
CAROSPIR	2	PA
<i>eplerenone</i>	1	
INSPRA	3	
<i>spironolactone</i>	1	
<i>spironolactone-hctz</i>	1	
RENIN INHIBITORS		
TEKAMLO	3	QL 1 / day
TEKTURNA	3	QL 1 / day ST
TEKTURNA HCT	3	QL 1 / day ST
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
NUCALA	4	QL 0.04 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>ANTIFIBROTIC AGENTS</b>		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	4	<p>QL 9 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
ESBRIET 801 MG TABLET	4	<p>QL 3 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
OFEV	4	<p>QL 2 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	1	AL At least 11 yrs old
BROMFED DM	1	AL At least 2 yrs old
<i>brompheniramine-pseudoephed-dm</i>	1	AL At least 2 yrs old
CENTERGY DM	1	
FLOWTUSS	3	<p>QL 60 / day</p> <p>AL At least 18 yrs old</p>
HYCOFENIX	3	<p>QL 40/ day</p> <p>AL At least 18 yrs old</p>
<i>hydrocod-cpm-pseudoephedrine</i>	1	<p>QL 20 / day</p> <p>AL At least 18 yrs old</p>
<i>hydrocodone-chlorpheniramne er</i>	1	<p>QL 10 / day</p> <p>AL At least 6 yrs old</p>
<i>hydrocodone-homatropine mbr (soln, syrup)</i>	1	<p>QL 30 / day</p> <p>AL At least 2 yrs old</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>hydrocodone-homatropine 5-1.5</i>	1	<p>QL 6 / day</p> <p>AL At least 6 yrs old</p>
HYDROMET	1	<p>QL 30 / day</p> <p>AL At least 2 yrs old</p>
OBREDON	3	<p>QL 60 / day</p> <p>AL At least 18 yrs old</p>
<i>promethazine vc-codeine</i>	1	<p>QL 30 / day</p> <p>AL At least 6 yrs old</p>
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	<p>AL At least 2 yrs old</p> <p>LCG</p>
<i>promethazine-phenyleph-codeine</i>	1	<p>QL 30 / day</p> <p>AL At least 6 yrs old</p>
REZIRA	3	<p>QL 20 / day</p> <p>AL At least 18 yrs old</p>
TESSALON PERLE	3	<p>AL At least 11 yrs old</p>
TUSSICAPS	3	<p>QL 6 / day</p> <p>AL At least 6 yrs old</p>
TUSSIGON	1	<p>QL 6 / day</p> <p>AL At least 6 yrs old</p>
TUSSIONEX	3	<p>QL 10 / day</p> <p>AL At least 6 yrs old</p>
TUZISTRA XR	3	<p>QL 20 / day</p> <p>AL At least 18 yrs old</p>
VITUZ	3	<p>QL 4 / day</p> <p>AL At least 6 yrs old</p>




PRODUCT DESCRIPTION	TIER	LIMITS &
ZUTRIPRO	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>20 / day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 18 yrs old</div> </div> </div>
<b>MUCOLYTIC AGENTS</b>		
<i>acetylcysteine (10% vial, 20% vial)</i>	1	
PULMOZYME	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>5 / day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div> </div>
<b>PHOSPHODIESTERASE TYPE 4 INHIBITORS</b>		
DALIRESP	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 / day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div>
<b>PULMONARY SURFACTANTS</b>		
CUROSURF	3	
INFASURF	3	
SURVANTA	3	
<b>RESPIRATORY TRACT AGENTS, MISCELLANEOUS</b>		
ARALAST NP	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div> </div>
GLASSIA	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div> </div>
PROLASTIN C 1,000 MG VIAL	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div> </div>
XOLAIR	4	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div>At least 6 yrs old</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
ZEMAIRA	4	PA NPS Non-Preferred Specialty Drug
VASODILATING AGENTS (RESPIRATORY TRACT)		
ADEMPAS	4	QL 3 / day PA NPS Non-Preferred Specialty Drug
<i>epoprostenol sodium</i>	4	NPS Non-Preferred Specialty Drug
FLOLAN	4	PA NPS Non-Preferred Specialty Drug
LETAIRIS	4	QL 1 / day PA PS
OPSUMIT	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
ORENITRAM ER	4	QL 3 / day PA NPS Non-Preferred Specialty Drug
REMODULIN	4	PA NPS Non-Preferred Specialty Drug
<i>sildenafil</i>	4	QL 3 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
TRACLEER (32 MG TABLET FOR SUSP, 62.5 MG TABLET, 125 MG TABLET)	4	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>PS</li> </ul>
TYVASO	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
TYVASO INSTITUTIONAL START KIT	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
TYVASO REFILL KIT	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
TYVASO STARTER KIT	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
UPTRAVI 200-800 TITRATION PACK	4	<ul style="list-style-type: none"> <li>PA</li> <li>AL At least 18 yrs old</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
UPTRAVI (200 MCG TABLET, 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)	4	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
VELETRI	4	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>



PRODUCT DESCRIPTION	TIER	LIMITS &
VENTAVIS	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: purple; color: white; padding: 2px;">QL</span> 9 / day</div> <div style="margin-bottom: 5px;"><span style="background-color: brown; color: white; padding: 2px;">PA</span></div> <div><span style="background-color: red; color: white; padding: 2px;">NPS</span> Non-Preferred Specialty Drug</div> </div>
SKELETAL MUSCLE RELAXANTS		
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT		
AMRIX	3	<span style="background-color: green; color: white; padding: 2px;">ST</span>
<i>carisoprodol</i>	1	
<i>carisoprodol compound</i>	1	
<i>carisoprodol compound-codeine</i>	1	<span style="background-color: purple; color: white; padding: 2px;">QL</span> 21 / day
<i>carisoprodol-aspirin</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	<span style="background-color: purple; color: white; padding: 2px;">QL</span> 21 / day
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine 10 mg tablet</i>	1	<span style="background-color: brown; color: white; padding: 2px;">LCG</span>
<i>cyclobenzaprine hcl (5 mg tablet, 7.5 mg tablet)</i>	1	
FEXMID	3	
LORZONE	3	<span style="background-color: brown; color: white; padding: 2px;">PA</span>
METAXALL	1	
<i>metaxalone</i>	1	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1	
<i>methocarbamol 1,000 mg/10 ml</i>	1	
PARAFON FORTE DSC	3	
ROBAXIN 500 MG TABLET	3	
ROBAXIN 1,000 MG/10 ML VIAL	3	
ROBAXIN-750	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
SKELAXIN	3	
SOMA	3	
<i>tizanidine hcl (2 mg capsule, 2 mg tablet, 4 mg capsule, 4 mg tablet, 6 mg capsule)</i>	1	
ZANAFLEX (2 MG CAPSULE, 4 MG CAPSULE, 4 MG TABLET, 6 MG CAPSULE)	3	
<b>DIRECT-ACTING SKELETAL MUSCLE RELAXANTS</b>		
DANTRIUM (25 MG CAPSULE, 50 MG CAPSULE)	3	
DANTRIUM 20 MG VIAL	3	
<i>dantrolene sodium</i>	1	
REVONTO	1	
<b>GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT</b>		
<i>baclofen</i>	1	
GABLOFEN (50 MCG/ML SYRINGE, 10,000 MCG/20 ML SYRG, 10,000 MCG/20 ML VIAL, 20,000 MCG/20 ML SYRG, 20,000 MCG/20 ML VIAL, 40,000 MCG/20 ML SYRG, 40,000 MCG/20 ML VIAL)	4	 Non-Preferred Specialty Drug
LIORESAL INTRATHECAL (10 MG/20 ML K, 10 MG/5 ML K, 40 MG/20 ML K)	4	 Non-Preferred Specialty Drug
LIORESAL IT 0.05 MG/1 ML AMP	4	 Non-Preferred Specialty Drug
<b>SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS</b>		
<i>orphenadrine er 100 mg tablet</i>	1	
<i>orphenadrine citrate (30 mg/ml vial, 60 mg/2 ml ampule, 60 mg/2 ml vial)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)		
ALA-CORT	1	
ALA-SCALP	3	
<i>alclometasone dipropionate (dipr oint, dipro crm)</i>	1	
<i>amcinonide (cream, lotion, ointment)</i>	1	
ANALPRAM HC (1% CREAM, 2.5%-1% CREAM, 2.5%-1% CRM SINGLE, 2.5%-1% LOTION)	3	
ANUCORT-HC	1	
ANUSOL-HC 2.5% CREAM	3	
ANUSOL-HC 25 MG SUPPOSITORY	1	
APEXICON E	3	
<i>betamethasone dipropionate (aug crm, aug gel, aug lot, aug oin, crm, lot, oint)</i>	1	
<i>betamethasone valerate (va 0.1% cream, va 0.1% lotion, valer 0.1% ointm, valer 0.12% foam)</i>	1	
CAPEX SHAMPOO	3	
<i>clobetasol emollient (emollient crm, emollnt foam)</i>	1	
<i>clobetasol emulsion</i>	1	
<i>clobetasol propionate (cream, gel, ointment, prop foam, prop spray, shampoo, solution, topical lotn)</i>	1	
CLOBEX (SHAMPOO, SPRAY, TOPICAL LOTION)	3	
<i>clocortolone pivalate</i>	1	
CLODAN 0.05% SHAMPOO	1	
CLODERM	3	
COLOCORT	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
CORDRAN 0.05% CREAM	3	QL 2 / day PA
CORDRAN 0.05% LOTION	3	QL 4 / day
CORDRAN 0.05% OINTMENT	3	
CORMAX	1	
CORTENEMA	3	
CORTIFOAM	3	
CUTIVATE (CREAM, LOTION)	3	
DERMA-SMOOTH-FS (BODY OIL, SCALP OIL)	3	
DERMATOP (EMOLLIENT CREAM, OINTMENT)	3	
DESONATE	3	
<i>desonide (cream, lotion, ointment)</i>	1	
DESOWEN (CREAM, LOTION)	3	
<i>desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment)</i>	1	
<i>diflorasone diacetate (cream, ointment)</i>	1	
DIPROLENE (LOTION, OINTMENT)	3	
DIPROLENE AF	3	
ELOCON (CREAM, LOTION, OINTMENT)	3	
EPIFOAM	3	
EUCRISA	2	QL 2.143 / day ST AL At least 2 yrs old
<i>fluocinolone acetonide (0.01% body oil, 0.01% cream, 0.01% scalp oil, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fluocinonide 0.1% cream</i>	1	PA
<i>fluocinonide (cream, gel, ointment, solution)</i>	1	
<i>fluocinonide-e</i>	1	
<i>flurandrenolide 0.05% cream</i>	3	QL 2 / day PA
<i>flurandrenolide 0.05% lotion</i>	3	QL 4 / day
<i>flurandrenolide 0.05% ointment</i>	3	
<i>fluticasone propionate (0.005% oint, 0.05% cream, 0.05% lotion)</i>	1	
<i>halobetasol propionate (cream, ointmnt)</i>	1	
HALOG (CREAM, OINTMENT)	3	PA
HEMMOREX-HC	1	
<i>hydrocortisone (1% absorbbase, 1% cream, 2.5% cream, 2.5% lotion, 2.5% ointment, 100 mg/60 ml)</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint, hydrocortisone butyr soln)</i>	1	
<i>hydrocortisone valerate (cream, ointmt)</i>	1	
<i>hydrocortisone-pramoxine (1%-1% crm, 2.5%-1% cm, 2.5-1% crm)</i>	1	
<i>hydrocortisone-pramoxine hcl</i>	1	
IMPOYZ	3	
KENALOG	3	
<i>lidocaine-hc 3-0.5% cream</i>	1	
LOCOID (CREAM, LOTION, OINTMENT, SOLUTION)	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>lokara</i>	1	
LUXIQ	3	
MICORT-HC	3	
<i>mometasone furoate (cream, oint, soln)</i>	1	
NOLIX 0.05% CREAM	3	QL 8 / day
NOLIX 0.05% LOTION	3	QL 4 / day
NOVACORT GEL	3	
OLUX	3	PA
OLUX-E	3	
ORALONE	1	
PANDEL	3	
PRAMCORT	1	
PRAMOSONE (1% LOTION, 1%-1% CREAM, 1%-1% OINTMENT, 2.5%-1% CREAM, 2.5%-1% LOTION, 2.5%-1% OINTMENT)	3	
PRAMOSONE E	3	
<i>prednicarbate (cream, ointment)</i>	1	
PROCORT	3	
PROCTO-MED HC	1	
PROCTO-PAK	1	
PROCTOCORT (1% CREAM, 30 MG SUPPOSITORY)	3	
PROCTOFOAM-HC	2	
PROCTOSOL-HC	1	
PROCTOZONE-HC	1	
PSORCON	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
RIMSO-50	3	
SANADERMRX	1	
SCALACORT	1	
SERNIVO	3	PA
SYNALAR (0.01% SOLUTION, 0.025% CREAM)	3	
SYNALAR TS	3	
TEMOVATE (CREAM, OINTMENT)	3	
TEMOVATE EMOLLIENT	3	
TEXACORT	3	
TOPICORT (0.05% CREAM, 0.05% GEL, 0.05% OINTMENT, 0.25% CREAM, 0.25% OINTMENT, 0.25% SPRAY)	3	
<i>triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.1% paste, 0.147 mg/g spray, 0.5% cream, 0.5% ointment)</i>	1	
TRIANEX	3	PA
TRIDERM	1	
TRIDESILON	3	
ULTRAVATE 0.05% LOTION	3	PA
ULTRAVATE (CREAM, OINTMENT)	3	
VANOS	3	ST
VANOXIDE-HC	3	QL 0.84 / day
VERDESO	3	
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		
ANA-LEX 2-2% CREAM	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
ANACAINE	3	
ANASTIA	3	
CETACAINE	3	
CIDALEAZE	1	
<i>doxepin 5% cream</i>	1	QL 49 / fill PA
EMLA	3	
<i>ethyl chloride</i>	1	
<i>lidocaine 5% patch</i>	1	QL 3 / day PA
<i>lidocaine hcl (3% cream, hcl 3% lotion, hcl 4% solution)</i>	1	
<i>lidocaine-hydrocortisone (lidocaine-hc 2.8-0.55% gel, lidocaine-hydrocort 3-2.5% gel)</i>	1	
<i>lidocaine-prilocaine</i>	1	
<i>lidocaine-tetracaine</i>	1	
LIDODERM	3	QL 3 / day PA
LIDOPIN 3% CREAM	1	
LIDOPIN 3.25% CREAM	3	
LIDOPRIL	1	
LIDOTRAL	3	
LIDOVEX	3	
LIDTOPIC MAX	3	
LP LITE PAK	1	
NUMBONEX	3	



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>phenazopyridine hcl</i>	1	
PLIAGLIS	3	
PONTOCAINE	3	
PRE-ATTACHED LTA KIT	3	
PRUDOXIN	3	QL 49 / fill PA
PYRIDIUM	3	
REGENECARE	3	
SPRAY AND STRETCH	3	
SYNERA	3	PA
ZONALON	3	QL 49 / fill PA
<b>ASTRINGENTS</b>		
DRYSOL	3	
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
ATRALIN	3	QL 1.5 / day
AVITA (CREAM, GEL)	1	
KEPIVANCE	4	NPS Non-Preferred Specialty Drug
REGRANEX	3	QL 1 / day PA
RETIN-A (0.01% GEL, 0.025% CREAM, 0.025% GEL, 0.05% CREAM, 0.1% CREAM)	3	
RETIN-A MICRO	3	QL 50 / 30 days
RETIN-A MICRO PUMP	3	QL 50 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS &
TRETIN-X (0.0375% CREAM, 0.075% CREAM)	3	
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	1	
<i>tretinoin 0.05% gel</i>	1	QL 1.5 / day
<i>tretinoin microsphere (gel 0.04% pump, gel 0.04% tube, gel 0.1% pump, gel 0.1% tube)</i>	1	QL 1.667 / day PA
<b>KERATOLYTIC AGENTS</b>		
ALUVEA	3	
BENSAL HP	3	
BENZEFOAM	3	QL 2 / day
BENZEFOAM ULTRA	3	QL 3.334 / day
BENZEPRO (6% FOAMING CLOTHS, 7% CREAMY WASH)	1	
<i>pr benzoyl peroxide 7% wash</i>	1	
BP-50% UREA	1	
BPO (4% GEL, 8% GEL)	3	
BPO 6% FOAMING CLOTHS	1	QL 2 / day
CEM-UREA	3	
GORDO-UREA 40% OINTMENT	3	
HYDRO 35	3	
HYDRO 40	3	
KERAFOAM	3	
KERALAC	3	
KERALYT	3	
LATRIX	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
NUOX	3	QL 1.47 / day
PACNEX	1	
PACNEX HP	3	
PACNEX LP	3	
<i>potassium hydroxide</i>	1	
PR BENZOYL PEROXIDE	1	
REA LO 40 (40 CM, 40 TION)	1	
REMEVEN	1	
RYNODERM	3	
SALACYN (CREAM, LOTION)	1	
SALEX 6% SHAMPOO	3	
<i>salicylic acid (6% cream, 6% foam, 6% gel, 6% lotion, 6% shampoo, 26% liquid, 27.5% liquid)</i>	1	
<i>salicylic acid er</i>	1	
SALIMEZ FORTE	3	
SALKERA	3	
SALVAX	3	
<i>silver nitrate 10% solution</i>	1	
<i>grafco silver nit applicator</i>	1	
<i>silver nitrate applicator</i>	3	
SSS 10-5 (10-5 CREAM, 10-5 FOAM)	1	
ULTRASAL-ER	3	
UMECTA (EMULSION, NAIL FILM PEN, NAIL FILM SUSP)	3	
UMECTA 40% MOUSSE	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
UMECTA PD (PD EMULSION, PD SUSPENSION)	3	
URAMAXIN (20% FOAM, 45% LOTION, 45% NAIL GEL, 45% UREA CREAM)	3	
URAMAXIN GT 45% PRE-FILLED APP	3	
URE-K	1	
<i>urea (35% foam, 39% cream, 40% cream, 40% gel, 40% lotion, 40% nail film susp, 45% cream, 45% lotion, 45% nail gel, 47% cream, 50% cream)</i>	1	
<i>urea 50% nail stick</i>	3	
UREVAZ	3	PA
UTOPIC	3	
VIRASAL	3	
<b>KERATOPLASTIC AGENTS</b>		
<i>coal tar</i>	1	
DRITHOCREME HP	3	
ZITHRANOL	3	
ZITHRANOL-RR	3	
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC.</b>		
ABSORICA	3	PA
<i>acitretin (17.5 mg capsule, 25 mg capsule)</i>	1	QL 2 / day
<i>acitretin 10 mg capsule</i>	1	QL 4 / day
ACZONE (5% GEL, 7.5% GEL PUMP)	3	QL 3 / day
<i>adapalene (0.1% cream, 0.3% gel, 0.3% gel pump)</i>	1	QL 1.5 / day
<i>adapalene 0.1% lotion</i>	1	QL 2 / day
<i>adapalene-benzoyl peroxide</i>	3	QL 1.5 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
ALDARA	3	<p>QL 0.434 / day</p> <p>AL At least 12 yrs old</p>
AMNESTEEM	1	PA
AZELEX	3	QL 1.667 / day
<i>calcipotriene (cream, ointment, solution)</i>	1	QL 2 / day
<i>calcipotriene-betamethasone dp</i>	1	<p>QL 3 / day</p> <p>PA</p>
CALCITRENE	1	QL 2 / day
<i>calcitriol 3 mcg/g ointment</i>	1	QL 3.334 / day
CARAC	2	
CLARAVIS	1	PA
CONDYLOX (GEL, TOPICAL SOLN)	3	
COSENTYX (2 SYRINGES)	4	<p>QL 0.357 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
COSENTYX PEN	4	<p>QL 0.357 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
COSENTYX PEN (2 PENS)	4	<p>QL 0.357 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
COSENTYX SYRINGE	4	<p>QL 0.357 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>dapsone 5% gel</i>	1	QL 3 / day
DEBACTEROL (SOLUTION, SWABSTICK)	3	
<i>diclofenac sodium 3% gel</i>	1	QL 100 / 30 days PA
DIFFERIN (0.1% CREAM, 0.3% GEL, 0.3% GEL PUMP)	3	QL 1.5 / day
DIFFERIN 0.1% LOTION	3	QL 1.967 / day
DOVONEX	3	QL 2 / day
DUPIXENT	4	QL 0.15 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
EFUDEX	3	
ELIDEL	2	QL 2.5 / day ST AL At least 2 yrs old
ENSTILAR	3	QL 2 / day PA
EPIDUO 0.1-2.5% GEL	3	QL 1.667 / day
EPIDUO 0.1-2.5% GEL PUMP	3	QL 1.5 / day
EPIDUO FORTE	3	QL 1.667 / day
FABIOR	3	QL 3.73 / day PA AL Up to 34 yrs old
FINACEA (FOAM, GEL)	3	QL 50 / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS &
FLUOROPLEX	2	
<i>fluorouracil (0.5% cream, 2% topical soln, 5% cream, 5% topical soln)</i>	1	
FORMADON	1	
<i>formaldehyde</i>	1	
<i>imiquimod</i>	1	<span>QL</span> 0.434 / day <span>AL</span> At least 12 yrs old
<i>isotretinoin</i>	1	<span>PA</span>
MIRVASO (GEL, GEL PUMP)	2	<span>QL</span> 1 / day
MUCOTROL	3	
MYORISAN	1	<span>PA</span>
PANRETIN	3	
PICATO	3	<span>ST</span>
PODOCON-25	3	<span>PA</span>
<i>podofilox</i>	1	
PROTOPIC 0.03% OINTMENT	3	<span>QL</span> 2.5 / day <span>ST</span> <span>AL</span> At least 2 yrs old
PROTOPIC 0.1% OINTMENT	3	<span>QL</span> 2.5 / day <span>ST</span> <span>AL</span> At least 16 yrs old
PYROGALLIC ACID	1	
QUTENZA	4	<span>NPS</span> Non-Preferred Specialty Drug
RECTIV	3	
RHOFADE	3	<span>QL</span> 1.25 / day <span>PA</span>

PRODUCT DESCRIPTION	TIER	LIMITS &
SANTYL	3	
SILIQ	4	PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
SOLARAZE	3	QL 100 / 30 days PA
SOOLANTRA	2	QL 1.5 / day
SORIATANE (17.5 MG CAPSULE, 25 MG CAPSULE)	3	QL 2 / day
SORIATANE 10 MG CAPSULE	3	QL 4 / day
SORILUX	3	QL 2 / day
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	4	QL 0.08 / day PA NPS Non-Preferred Specialty Drug
STELARA 130 MG/26 ML VIAL	4	QL 3.73 / day PA NPS Non-Preferred Specialty Drug
TACLONEX OINTMENT	3	QL 3 / day PA
TACLONEX 0.005%-0.064% SUSPENS	3	QL 4 / day PA
<i>tacrolimus (0.03% ointment, 0.1% ointment)</i>	1	QL 100 / 30 days ST
TALTZ AUTOINJECTOR	4	QL 0.15 / day PA NPS Non-Preferred Specialty Drug



PRODUCT DESCRIPTION	TIER	LIMITS &
TALTZ AUTOINJECTOR (2 PACK)	4	<ul style="list-style-type: none"> <li>QL 0.15 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
TALTZ AUTOINJECTOR (3 PACK)	4	<ul style="list-style-type: none"> <li>QL 0.15 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
TALTZ SYRINGE	4	<ul style="list-style-type: none"> <li>QL 0.15 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
TALTZ SYRINGE (2 PACK)	4	<ul style="list-style-type: none"> <li>QL 0.15 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
TALTZ SYRINGE (3 PACK)	4	<ul style="list-style-type: none"> <li>QL 0.15 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
TARGRETIN 1% GEL	4	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>tazarotene</i>	1	<ul style="list-style-type: none"> <li>QL 1.47 / day</li> </ul>
TAZORAC (0.05% CREAM, 0.1% CREAM)	3	<ul style="list-style-type: none"> <li>QL 2 / day</li> </ul>
TAZORAC (0.05% GEL, 0.1% GEL)	3	<ul style="list-style-type: none"> <li>QL 3.334 / day</li> </ul>
TOLAK	3	<ul style="list-style-type: none"> <li>QL 1.47 / day</li> <li>ST</li> </ul>
TREMFYA	4	<ul style="list-style-type: none"> <li>QL 0.04 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
TRI-CHLOR	3	
<i>trichloroacetic acid (20%, 25%, 50%, 75%, 80%, 85%, 90%, 100%)</i>	1	
VALCHLOR	4	QL 3 / day PA NPS Non-Preferred Specialty Drug
VECTICAL	3	QL 3.334 / day
VEREGEN	3	PA
ZENATANE	1	PA
ZYCLARA (CREAM, CREAM PUMP)	3	QL 56 / 60 days AL At least 12 yrs old
ZYCLARA 2.5% CREAM PUMP	3	QL 56 / 30 days AL At least 12 yrs old
<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>		
<i>aminophylline 500 mg/20 ml v1</i>	1	
ELIXOPHYLLIN	3	
THEO-24 (ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 400 MG CAPSULE)	3	
THEOCHRON	1	
<i>theophylline (80 mg/15 ml soln, er 400 mg tablet, er 600 mg tablet)</i>	1	
<i>theophylline anhydrous</i>	1	
<i>theophylline in 5% dextrose</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>SOMATOSTATIN AGONISTS AND ANTAGONISTS</b>		
<b>SOMATOSTATIN AGONISTS</b>		
SIGNIFOR	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div style="margin-bottom: 5px;"><span style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</span> Non-Preferred Specialty Drug</div> </div>
SIGNIFOR LAR (20 MG KIT, 20 MG VIAL)	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 0.1 / day</div> <div style="margin-bottom: 5px;"><span style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div style="margin-bottom: 5px;"><span style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</span> Non-Preferred Specialty Drug</div> </div>
SIGNIFOR LAR (40 MG KIT, 40 MG VIAL)	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 0.067 / day</div> <div style="margin-bottom: 5px;"><span style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div style="margin-bottom: 5px;"><span style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</span> Non-Preferred Specialty Drug</div> </div>
SIGNIFOR LAR (60 MG KIT, 60 MG VIAL)	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 0.04 / day</div> <div style="margin-bottom: 5px;"><span style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div style="margin-bottom: 5px;"><span style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</span> Non-Preferred Specialty Drug</div> </div>
SOMATULINE DEPOT	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 0.02 / day</div> <div style="margin-bottom: 5px;"><span style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div style="margin-bottom: 5px;"><span style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</span> Non-Preferred Specialty Drug</div> </div>
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>		
<b>SOMATOTROPIN AGONISTS</b>		
EGRIFTA	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2 / day</div> <div style="margin-bottom: 5px;"><span style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div style="margin-bottom: 5px;"><span style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</span> Non-Preferred Specialty Drug</div> </div>
INCRELEX	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="margin-bottom: 5px;"><span style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></div> <div style="margin-bottom: 5px;"><span style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</span> Non-Preferred Specialty Drug</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>SOMATOTROPIN ANTAGONISTS</b>		
SOMAVERT	4	<b>NPS</b> Non-Preferred Specialty Drug
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		
<b>ALPHA- AND BETA-ADRENERGIC AGONISTS</b>		
ADRENALIN	3	
ADYPHREN	3	QL 2 / fill
ADYPHREN AMP	3	QL 2 / fill
ADYPHREN AMP II	3	QL 2 / fill
ADYPHREN II	3	QL 2 / fill
AUVI-Q	3	QL 2 / fill PA
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	1	QL 2 / fill
<i>epinephrine (0.1 mg/ml syringe, 1 mg/ml ampul, 1 mg/ml vial)</i>	1	
<i>epinephrine hcl-0.9% nacl (0.16 mg/10 ml-ns, 0.8 mg/50 ml-ns)</i>	1	
<i>epinephrine hcl-d5w (1 mg/250, 5 mg/250)</i>	1	
<i>epinephrine 100 mcg/10 ml-d5w</i>	1	
EPINEPHRINESNAP-V	3	QL 2 / fill
EPIPEN	3	QL 2 / fill PA
EPIPEN 2-PAK	3	QL 2 / fill PA
EPIPEN JR 2-PAK	3	QL 4 / fill PA

PRODUCT DESCRIPTION	TIER	LIMITS &
EPISNAP	3	QL 2 / fill
EPY	3	QL 2 / fill
<i>norepinephrine bitar-0.9% nacl (norepineph 0.8 mg/50-0.9% nacl, norepineph 15 mg/250-0.9% nacl, norepineph 16 mg/500-0.9% nacl, norepinephr 0.16 mg/10 ml-ns)</i>	1	
<i>norepinephrine bitartrate-d5w (100 mcg/10, 160 mcg/10)</i>	1	
NORTHERA	4	QL 84 / 14 days PA NPS Non-Preferred Specialty Drug
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>midodrine hcl</i>	1	
<i>phenylephrine 100 mg/250 ml-ns</i>	1	
<i>phenylephrine hcl-0.9% nacl (5 mg/50 ml-ns, 10 mg/250 ml-ns, 25 mg/250 ml-ns, 30 mg/250 ml-ns, 100 mcg/10 ml-ns, 100 mg/100 ml-ns, 200 mcg/2 ml-ns, 200 mg/250 ml-ns, 1,200mcg/10ml-ns)</i>	1	
<i>phenylephrine 100 mg/250ml-d5w</i>	1	
<i>phenylephrine hcl-d5w (8 mg/100 ml-d5w, 10 mg/250 ml-d5w, 20 mg/250 ml-d5w, 20 mg/500 ml-d5w, 25 mg/250 ml-d5w, 30 mg/250 ml-d5w, 50 mg/250 ml-d5w, 200 mg/250ml-d5w)</i>	1	
<i>phenylephrine hcl-water</i>	1	
<b>TETRACYCLINES</b>		
<b>GLYCYLCYCLINES</b>		
<i>tigecycline</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
TYGACIL	3	
THYROID AND ANTITHYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
TAPAZOLE	3	
THYROID AGENTS		
ARMOUR THYROID	3	
CYTOMEL	3	
LEVO-T	1	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet)</i>	1	LCG
<i>levothyroxine sodium (75 mcg tablet, 88 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
<i>levothyroxine sodium (100 mcg vial, 200 mcg vial, 500 mcg vial)</i>	1	
LEVOXYL (25 MCG TABLET, 50 MCG TABLET, 100 MCG TABLET)	1	LCG
LEVOXYL (75 MCG TABLET, 88 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
<i>liothyronine sod 10 mcg/ml vl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
NATURE-THROID	3	
NP THYROID	1	
SYNTHROID	2	
<i>thyroid (15 mg tablet, 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	1	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
TIROSINT	3	QL 1 / day
TRIOSTAT	3	
UNITHROID (25 MCG TABLET, 50 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET)	1	LCG
UNITHROID (75 MCG TABLET, 88 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	1	
WESTHROID	3	
WP THYROID	3	
<b>UNCATEGORIZED</b>		
<i>onetouch ultra test strips</i>	2	QL 10 / day
<i>onetouch ultra2 glucose syst</i>	2	
<i>onetouch ultramini meter</i>	2	
<i>onetouch verio flex startr kit</i>	2	QL 10 / day
<i>onetouch verio flex system kit</i>	2	QL 10 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>onetouch verio iq meter</i>	2	
<i>onetouch verio iq system kit</i>	2	
<i>onetouch verio meter system</i>	2	
<i>onetouch verio sync syst kit</i>	2	
<i>onetouch verio test strip</i>	2	QL 10 / day
Uncategorized		
Unclassified		
<i>2tek glucose-wrist monitor kit</i>	3	
ABRAXANE	4	PA NPS Non-Preferred Specialty Drug
<i>accu-chek aviva connect meter</i>	2	
<i>accu-chek aviva plus meter</i>	2	
<i>accu-chek compact plus kit</i>	2	
<i>accu-chek guide monitor system</i>	2	
<i>accu-chek nano smartview meter</i>	2	
<i>accu-chek voicemate system</i>	2	
ADCETRIS	4	PA NPS Non-Preferred Specialty Drug
ADRIAMYCIN	4	NPS Non-Preferred Specialty Drug
ADRUCIL	4	NPS Non-Preferred Specialty Drug
<i>advocate blood glucose monitor</i>	3	PA
<i>advocate duo glu-wrist monitor</i>	3	



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>advocate duo meter</i>	3	PA
<i>advocate redi-code duo meter</i>	3	PA
<i>advocate redi-code glu meter</i>	3	PA
<i>advocate redi-code glu monitor</i>	3	PA
<i>advocate redi-code plus meter</i>	3	PA
AFINITOR (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	4	QL 2 / day PA NPS Non-Preferred Specialty Drug
AFINITOR 2.5 MG TABLET	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
AFINITOR DISPERZ	4	PA NPS Non-Preferred Specialty Drug
<i>agamatrix amp gluc monitor sys</i>	3	PA
ALDURAZYME	4	PA NPS Non-Preferred Specialty Drug
ALECENSA	4	QL 8 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ALIMTA	4	PA NPS Non-Preferred Specialty Drug
ALKERAN 2 MG TABLET	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
ALKERAN 50 MG VIAL	4	NPS Non-Preferred Specialty Drug
ALLFEN CDX	3	
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK)	4	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ALUNBRIG 180 MG TABLET	4	QL 1 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ALUNBRIG 30 MG TABLET	4	QL 6 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ARRANON	4	NPS Non-Preferred Specialty Drug
ARZERRA	4	PA NPS Non-Preferred Specialty Drug
<i>assure platinum glucose meter</i>	3	PA
<i>assure prism multi meter</i>	3	PA
AVAILNEX	3	
AVASTIN	4	PA NPS Non-Preferred Specialty Drug
AVENOVA	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>azacitidine</i>	4	NPS Non-Preferred Specialty Drug
BELEODAQ	4	PA NPS Non-Preferred Specialty Drug
<i>betamethasone 12 mg/2 ml-water</i>	1	
<i>bicalutamide</i>	1	
BICNU	4	NPS Non-Preferred Specialty Drug
BLEO 15K	4	NPS Non-Preferred Specialty Drug
<i>bleomycin sulfate</i>	4	NPS Non-Preferred Specialty Drug
BLINCYTO (35 MCG VIAL, 35MCG VIAL+STABILIZER)	4	NPS Non-Preferred Specialty Drug
<i>blood glucose monitoring syst</i>	3	PA
<i>bortezomib</i>	4	PA NPS Non-Preferred Specialty Drug
BOSULIF (400 MG TABLET, 500 MG TABLET)	4	QL 1 / day PA PS
BOSULIF 100 MG TABLET	4	QL 4 / day PA PS
<i>busulfan</i>	4	NPS Non-Preferred Specialty Drug
BUSULFEX	4	NPS Non-Preferred Specialty Drug
CA-DTPA	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
CABOMETYX 20 MG TABLET	4	<p>QL 4 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
CABOMETYX 40 MG TABLET	4	<p>QL 2 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
CABOMETYX 60 MG TABLET	4	<p>QL 1.5 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
CAMPATH	4	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
CAMPTOSAR	4	<p>NPS Non-Preferred Specialty Drug</p>
<i>capecitabine</i>	4	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
CAPRELSA 100 MG TABLET	4	<p>QL 2 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
CAPRELSA 300 MG TABLET	4	<p>QL 1 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
<i>carboplatin (50 mg/5 ml vial, 150 mg vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)</i>	4	<p>NPS Non-Preferred Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
CARDENE SR 45 MG CAPSULE	3	QL 2 / day
<i>careone glucose monitoring sys</i>	3	PA
<i>caresens n blood glucose syst</i>	3	PA
<i>caresens n voice glucose meter</i>	3	PA
<i>caresens n voice glucose sys</i>	3	PA
CASODEX	3	
CEDAX 90 MG/5 ML SUSPENSION	3	
CEREZYME	4	PA NPS Non-Preferred Specialty Drug
<i>choicedm clarus monitor system</i>	3	PA
<i>cisplatin</i>	4	NPS Non-Preferred Specialty Drug
<i>cladribine</i>	4	NPS Non-Preferred Specialty Drug
<i>clever chek blood glucose syst</i>	3	PA
<i>clever choice blood glucos sys</i>	3	PA
<i>clever choice glucose monitor</i>	3	PA
<i>clever choice hd glucose syst</i>	3	PA
<i>clever choice micro monitor</i>	3	PA
<i>clever choice pro glucose mtr</i>	3	PA
<i>clever choice talk glucose sys</i>	3	PA
<i>clofarabine</i>	4	NPS Non-Preferred Specialty Drug
CLOLAR	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
COMETRIQ 100 MG DAILY-DOSE PK	4	<p>QL 2 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
COMETRIQ 140 MG DAILY-DOSE PK	4	<p>QL 4 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
COMETRIQ 60 MG DAILY-DOSE PACK	4	<p>QL 3 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
<i>contour link meter</i>	3	PA
<i>contour meter</i>	3	PA
<i>contour meter system</i>	3	PA
<i>contour next ez meter</i>	3	PA
<i>contour next ez meter system</i>	3	PA
<i>contour next link 2.4 meter kt</i>	3	PA
<i>contour next link meter</i>	3	PA
<i>contour next meter</i>	3	PA
<i>contour next one meter</i>	3	PA
<i>contour next usb meter</i>	3	PA
<i>control ast monitoring system</i>	3	<p>QL 10 / day</p> <p>PA</p>
<i>cool blood glucose meter</i>	3	PA
<i>cool blood glucose meter kit</i>	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS &
COSMEGEN	4	NPS Non-Preferred Specialty Drug
		QL 2.5 / day
COTELLIC	4	PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
<i>cvs advanced glucose meter</i>	3	PA
CYRAMZA	4	PA NPS Non-Preferred Specialty Drug
<i>cytarabine</i>	4	NPS Non-Preferred Specialty Drug
<i>dacarbazine</i>	4	NPS Non-Preferred Specialty Drug
DACOGEN	4	NPS Non-Preferred Specialty Drug
DARZALEX	4	PA NPS Non-Preferred Specialty Drug
<i>daunorubicin hcl (20 mg vial, 20 mg/4 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
DAUNOXOME	4	NPS Non-Preferred Specialty Drug
<i>decitabine</i>	4	NPS Non-Preferred Specialty Drug
DEPOCYT	4	NPS Non-Preferred Specialty Drug
<i>dexchlorpheniramine maleate</i>	1	
<i>dexcom g4 transmitter kit</i>	3	
<i>dexcom g5 transmitter kit</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>dexcom g5-g4 sensor</i>	3	
<i>diatrue plus blood glucose sys</i>	3	PA
DILUENT FOR ELITEK	3	
DOCEFREZ	4	NPS Non-Preferred Specialty Drug
<i>docetaxel</i>	4	NPS Non-Preferred Specialty Drug
<i>doxorubicin hcl (10 mg vial, 10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
DROXIA	3	
<i>easy check blood glucose sys</i>	3	PA
<i>easy check glucose meter</i>	3	PA
<i>easy plus blood glucose kit</i>	3	PA
<i>easy plus blood glucose system</i>	3	PA
<i>easy plus ii blood glucose sys</i>	3	PA
<i>easy step blood glucose meter</i>	3	PA
<i>easy step glucose system kit</i>	3	PA
<i>easy talk blood glucose meter</i>	3	PA
<i>easy talk glucose system kit</i>	3	PA
<i>easy touch glucose monitor sys</i>	3	PA
<i>easy trak blood glucose meter</i>	3	PA
<i>easy trak glucose system kit</i>	3	PA
<i>easygluco meter</i>	3	PA
<i>easygluco meter starter kit</i>	3	PA



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>easygluco plus meter kit</i>	3	PA
<i>easygluco plus starter kit</i>	3	PA
<i>easymax I blood glucose system</i>	3	PA
<i>easymax ng blood glucose sys</i>	3	PA
<i>easymax ng glucose system kit</i>	3	PA
<i>easymax v speaking glucose sys</i>	3	PA
<i>easymax v2 blood glucose sys</i>	3	PA
<i>eclipse needle</i>	3	
ELAPRASE	4	PA NPS Non-Preferred Specialty Drug
ELELYSO	4	PA PS
<i>element compact glucose meter</i>	3	PA
<i>element compact v glucose mtr</i>	3	PA
<i>element plus blood glucose kit</i>	3	PA
ELITEK	4	NPS Non-Preferred Specialty Drug
ELLECE	4	NPS Non-Preferred Specialty Drug
<i>embrace blood glucose kit</i>	3	PA
<i>embrace blood glucose system</i>	3	PA
<i>embrace evo blood glucose kit</i>	3	PA
<i>embrace pro blood glucose mtr</i>	3	PA
EMCYT	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>enlite</i>	3	
<i>enlite glucose sensor</i>	3	
<i>enteral gravity bag set-enfit</i>	3	
<i>epirubicin hcl (50 mg/25 ml vial, hcl 50 mg vial, 200 mg/100 ml vial, hcl 200 mg vial)</i>	4	NPS Non-Preferred Specialty Drug
EPISIL	3	
ERBITUX	4	PA NPS Non-Preferred Specialty Drug
ERIVEDGE	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
ERWINAZE	4	NPS Non-Preferred Specialty Drug
<i>ethyl acetate</i>	1	
ETOPOPHOS	4	NPS Non-Preferred Specialty Drug
<i>etoposide (50 mg capsule, 100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
EUFLEXXA	4	PA PS
<i>evencare g2 blood glucose sys</i>	3	PA
<i>evencare g3 blood glucose sys</i>	3	PA
<i>evencare mini monitor system</i>	3	PA
<i>evencare monitoring system</i>	3	PA
<i>evolution blood glucose meter</i>	3	PA
EVOMELA	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
EXJADE	4	PA NPS Non-Preferred Specialty Drug
<i>ez smart plus system kit</i>	3	PA
<i>ez smart system kit</i>	3	PA
FABRAZYME	4	PA NPS Non-Preferred Specialty Drug
FARYDAK	4	PA NPS Non-Preferred Specialty Drug
FASLODEX	4	QL 1.25 / day PA NPS Non-Preferred Specialty Drug
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	4	PA NPS Non-Preferred Specialty Drug
<i>fifty50 2.0 glucose meter</i>	3	PA
<i>filter needle 5 micron</i>	3	
<i>floxuridine</i>	4	NPS Non-Preferred Specialty Drug
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>fluorouracil (2.5 gm/50 ml btl, 2.5 gm/50 ml vial, 5 gm/100 ml btl, 5 gm/100 ml vial, 500 mg/10 ml vial, 1,000 mg/20 ml vl, 2,500 mg/50 ml vl, 5,000 mg/100 ml)</i>	4	NPS Non-Preferred Specialty Drug
<i>flutamide</i>	1	
FOLOTYN	4	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fora d10 blood glucose system</i>	3	
<i>fora d20 blood glucose system</i>	3	PA
<i>fora g20 blood glucose system</i>	3	PA
<i>fora g30a blood glucose system</i>	3	PA
<i>fora gd50 blood glucose system</i>	3	PA
<i>fora premium v10 glucose meter</i>	3	PA
<i>fora test n'go voice system</i>	3	PA
<i>fora tn'g voice glucose meter</i>	3	PA
<i>fora v10 blood glucose system</i>	3	PA
<i>fora v12 blood glucose system</i>	3	PA
<i>fora v20 blood glucose system</i>	3	PA
<i>fora v30a blood glucose system</i>	3	PA
<i>foracare gd20 glucose system</i>	3	PA
<i>foracare gd40a glucose system</i>	3	PA
<i>foracare gd40b glucose system</i>	3	PA
FORMA-RAY	3	
<i>fortiscare blood glucose syst</i>	3	PA
<i>freestyle flash system kit</i>	3	PA
<i>freestyle freedom kit</i>	3	PA
<i>freestyle freedom lite meter</i>	3	PA
<i>freestyle freedom lite nfrs</i>	3	PA
<i>freestyle insulinx glucose sys</i>	3	PA
<i>freestyle lite meter</i>	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>freestyle lite meter nfrs</i>	3	PA
<i>freestyle navigator</i>	3	
<i>freestyle precision neo meter</i>	3	PA
<i>freestyle sidekick ii valpk</i>	3	PA
<i>freestyle system kit</i>	3	PA
GALZIN	3	
GAZYVA	4	PA NPS Non-Preferred Specialty Drug
<i>gdrive blood glucose system</i>	3	PA
<i>ge100 blood glucose system</i>	3	PA
GEL-ONE	4	PA NPS Non-Preferred Specialty Drug
<i>gemcitabine hcl (1 gram/26.3 ml vl, hcl 1 gram vial, hcl 1 gram/10 ml, hcl 1.5 gram/15 ml, 2 gram/52.6 ml vl, hcl 2 gram vial, hcl 2 gram/20 ml, 200 mg/5.26 ml vl, hcl 200 mg vial, hcl 200 mg/2 ml vl)</i>	4	NPS Non-Preferred Specialty Drug
GEMZAR	4	NPS Non-Preferred Specialty Drug
<i>gentamicin-sodium citrate</i>	1	
GENVISC 850	4	PA NPS Non-Preferred Specialty Drug
GILOTRIF	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
GLEEVEC 100 MG TABLET	4	QL 8 / day PA PS

PRODUCT DESCRIPTION	TIER	LIMITS &
GLEEVEC 400 MG TABLET	4	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin: 2px;">2 / day</div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">PS</div> </div>
GLEOSTINE	3	
GLIADEL	3	
<i>gluco navii glucose monitor kt</i>	3	PA
<i>glucocard 01 meter kit</i>	3	PA
<i>glucocard expression meter</i>	3	PA
<i>glucocard expression meter kit</i>	3	PA
<i>glucocard shine meter</i>	3	PA
<i>glucocard shine meter kit</i>	3	PA
<i>glucocard shine xl meter</i>	3	PA
<i>glucocard vital meter kit</i>	3	PA
<i>glucocom blood glucose kit</i>	3	PA
<i>glucocom blood glucose meter</i>	3	PA
<i>glucocom value kit</i>	3	PA
<i>gmate smart meter kit</i>	3	PA
<i>gmate smart starter kit</i>	3	PA
<i>gmate voice meter monitor syst</i>	3	PA
<i>gmate voice starter kit</i>	3	PA
<i>gnp easy touch glucose monitor</i>	3	PA
<i>gs blood glucose monitor sys</i>	3	PA
<i>guardian link 3</i>	3	
<i>guardian rt charger</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>guardian rt system</i>	3	
<i>guardian sensor 3</i>	3	
<i>guardian test plug</i>	3	
HALAVEN	4	PA NPS Non-Preferred Specialty Drug
<i>haloperidol lac 5 mg/ml syring</i>	1	
<i>healthpro glucose monitor syst</i>	3	PA
HERCEPTIN	4	PA NPS Non-Preferred Specialty Drug
HEXALEN	4	PA NPS Non-Preferred Specialty Drug
HICON	3	
<i>humana true metrix air glu mtr</i>	3	PA
<i>humana true metrix air meter</i>	3	PA
<i>humana trueresult glucose mtr</i>	3	PA
HYALGAN (20 MG/2 ML SYRINGE, 20 MG/2 ML VIAL)	4	PA NPS Non-Preferred Specialty Drug
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	4	PA NPS Non-Preferred Specialty Drug
HYCAMTIN 4 MG VIAL	4	NPS Non-Preferred Specialty Drug
HYDREA	3	
<i>hydroxyurea</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
HYLATOPICPLUS (CREAM, EMOLLIENT FOAM, LOTION)	3	
HYMOVIS	4	PA NPS Non-Preferred Specialty Drug
IBRANCE 100 MG CAPSULE	4	QL 1.25 / day PA NPS Non-Preferred Specialty Drug
IBRANCE 125 MG CAPSULE	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
IBRANCE 75 MG CAPSULE	4	QL 1.667 / day PA NPS Non-Preferred Specialty Drug
ICLUSIG 15 MG TABLET	4	QL 2 / day PA NPS Non-Preferred Specialty Drug
ICLUSIG 45 MG TABLET	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
IDAMYCIN PFS	4	NPS Non-Preferred Specialty Drug
<i>idarubicin hcl</i>	4	NPS Non-Preferred Specialty Drug
IDHIFA	4	QL 1 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug



PRODUCT DESCRIPTION	TIER	LIMITS &
IFEX	4	NPS Non-Preferred Specialty Drug
<i>ifosfamide (1 gm vial, 1 gm/20 ml vial, 3 gm vial, 3 gm/60 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
<i>ifosfamide-mesna</i>	4	NPS Non-Preferred Specialty Drug
<i>iglucose blood glucose monitor</i>	3	PA
IMBRUVICA	4	QL 4 / day PA NPS Non-Preferred Specialty Drug
<i>infinity meter kit</i>	3	PA
<i>infinity starter kit</i>	3	PA
INLYTA	4	QL 4 / day PA PS
IRESSA	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
<i>irinotecan hcl</i>	4	NPS Non-Preferred Specialty Drug
ISTODAX	4	PA NPS Non-Preferred Specialty Drug
IXEMPRA	4	NPS Non-Preferred Specialty Drug
JADENU	4	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
JADENU SPRINKLE	4	PA NPS Non-Preferred Specialty Drug
JAKAFI	4	QL 2 / day PA NPS Non-Preferred Specialty Drug
<i>jazz wireless 2 meter kit</i>	3	PA
JEVTANA	4	PA NPS Non-Preferred Specialty Drug
KADCYLA	4	PA NPS Non-Preferred Specialty Drug
KEYTRUDA (50 MG VIAL, 100 MG/4 ML VIAL)	4	PA NPS Non-Preferred Specialty Drug
KISQALI 200 MG DAILY DOSE	4	QL 1 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
KISQALI 400 MG DAILY DOSE	4	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
KISQALI 600 MG DAILY DOSE	4	QL 3 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
















PRODUCT DESCRIPTION	TIER	LIMITS &
KISQALI FEMARA 200 MG CO-PACK	4	<p>QL 1 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p> <p>NPS Non-Preferred Specialty Drug</p>
KISQALI FEMARA 400 MG CO-PACK	4	<p>QL 2 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p> <p>NPS Non-Preferred Specialty Drug</p>
KISQALI FEMARA 600 MG CO-PACK	4	<p>QL 3 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p> <p>NPS Non-Preferred Specialty Drug</p>
<i>kro premium blood glucose syst</i>	3	PA
KYPROLIS	4	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
LENVIMA	4	<p>QL 3 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
LEUKERAN	3	
<i>liberty blood glucose monitor</i>	3	PA
<i>lidocaine hcl (hcl 50 mg/5 ml syrng, 200 mg/20 ml(1%) syr, 400mg/20ml (2%) syr)</i>	1	
<i>lidocaine 5 mg/ml-0.9% nacl</i>	1	
LONSURF 15 MG-6.14 MG TABLET	4	<p>QL 2.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
LONSURF 20 MG-8.19 MG TABLET	4	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
LUMINAL SODIUM	3	
LUMIZYME	4	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
LYNPARZA (50 MG CAPSULE, 100 MG TABLET, 150 MG TABLET)	4	<ul style="list-style-type: none"> <li>PA</li> <li>AL At least 18 yrs old</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
LYSODREN	4	<ul style="list-style-type: none"> <li>NPS Non-Preferred Specialty Drug</li> </ul>
MARQIBO	4	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
MATULANE	4	<ul style="list-style-type: none"> <li>NPS Non-Preferred Specialty Drug</li> </ul>
MAXIFED CDX	3	
MAXIPHEN CD	3	
MAXIPHEN CDX	3	
MEKINIST 0.5 MG TABLET	4	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
MEKINIST 2 MG TABLET	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>


PRODUCT DESCRIPTION	TIER	LIMITS &
<i>mephalan</i>	1	
<i>mephalan hcl</i>	4	NPS Non-Preferred Specialty Drug
METASTRON	3	
METHERGINE	1	
<i>methylergonovine 0.2 mg tablet</i>	1	
<i>microdot blood glucose system</i>	3	PA
<i>minilink real-time transmitter</i>	3	
<i>minimed 630g guardian start kt</i>	3	
<i>mitomycin</i>	4	NPS Non-Preferred Specialty Drug
<i>mitoxantrone hcl</i>	4	PA NPS Non-Preferred Specialty Drug
MONOVISC	4	PA NPS Non-Preferred Specialty Drug
MUSTARGEN	4	NPS Non-Preferred Specialty Drug
<i>myglucohealth monitoring kit</i>	3	PA
MYLERAN	4	NPS Non-Preferred Specialty Drug
NAGLAZYME	4	PA NPS Non-Preferred Specialty Drug
NAVELBINE	4	NPS Non-Preferred Specialty Drug
<i>needle</i>	3	
NERLYNX	4	QL 6 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
NEXAVAR	4	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
NILANDRON	4	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>nilutamide</i>	4	<ul style="list-style-type: none"> <li>NPS Non-Preferred Specialty Drug</li> </ul>
NINLARO	4	<ul style="list-style-type: none"> <li>QL 0.124 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
NIPENT	4	<ul style="list-style-type: none"> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>nova max blood glucose meter</i>	3	<ul style="list-style-type: none"> <li>PA</li> </ul>
NUMOISYN LOZENGE	3	
ODOMZO	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>on call express meter</i>	3	<ul style="list-style-type: none"> <li>PA</li> </ul>
<i>on call express meter system</i>	3	<ul style="list-style-type: none"> <li>PA</li> </ul>
<i>on call plus meter</i>	3	<ul style="list-style-type: none"> <li>PA</li> </ul>
<i>on call vivid meter</i>	3	<ul style="list-style-type: none"> <li>PA</li> </ul>
<i>on call vivid pal meter</i>	3	<ul style="list-style-type: none"> <li>PA</li> </ul>
ONCASPAR	4	<ul style="list-style-type: none"> <li>NPS Non-Preferred Specialty Drug</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>onetouch ultra2 glucose syst</i>	2	
<i>onetouch ultra2 glucose syst</i>	2	
<i>onetouch ultramini meter</i>	2	
<i>onetouch ultramini meter</i>	2	
<i>onetouch verio flex startr kit</i>	2	QL 10 / day
<i>onetouch verio flex startr kit</i>	2	QL 10 / day
<i>onetouch verio flex system kit</i>	2	QL 10 / day
<i>onetouch verio flex system kit</i>	2	QL 10 / day
<i>onetouch verio iq meter</i>	2	
<i>onetouch verio iq meter</i>	2	
<i>onetouch verio iq system kit</i>	2	
<i>onetouch verio iq system kit</i>	2	
<i>onetouch verio meter system</i>	2	
<i>onetouch verio meter system</i>	2	
<i>onetouch verio sync syst kit</i>	2	
<i>onetouch verio sync syst kit</i>	2	
ONXOL	4	NPS Non-Preferred Specialty Drug
OPDIVO	4	PA NPS Non-Preferred Specialty Drug
<i>optumrx blood glucose meter</i>	3	PA
<i>optumrx blood glucose system</i>	3	PA
ORAFATE	4	NPS Non-Preferred Specialty Drug
ORTHOVISC	4	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>oxaliplatin (50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial)</i>	4	 Non-Preferred Specialty Drug
<i>oxytocin 20 unit/500 ml-ns</i>	1	
<i>oxytocin 30 unit/500 ml-d5w</i>	1	
<i>paclitaxel</i>	4	 Non-Preferred Specialty Drug
<i>paradigm real-time</i>	3	
<i>pen needle 30g x 5/16"</i>	2	
<i>pentetate calcium trisodium</i>	1	
<i>pentetate zinc trisodium</i>	1	
PERJETA	4	  Non-Preferred Specialty Drug
<i>pharmacist choice glucose sys</i>	3	
<i>pharmacist choice mini glu sys</i>	3	
PHOTOFRIN	4	 Non-Preferred Specialty Drug
PNV-IRON	3	
<i>precision link direct monit</i>	3	
<i>precision xtra monitor</i>	3	
<i>precision xtra monitor nfrs</i>	3	
<i>precision xtra monitor system</i>	3	
<i>premium blood glucose monitor</i>	3	
<i>premium blood glucose system</i>	3	
<i>premium v10 blood glucose mtr</i>	3	
<i>presto pro blood glucose meter</i>	3	



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>prodigy autocode meter kit</i>	3	PA
<i>prodigy autocode monitor syst</i>	3	PA
<i>prodigy pocket meter kit</i>	3	PA
<i>prodigy voice meter kit</i>	3	PA
PROTHELIAL	4	 Non-Preferred Specialty Drug
<i>pv truetrack smart system</i>	3	PA
QUADRAMET	3	
<i>quintet ac blood glucose meter</i>	3	PA
<i>quintet blood glucose system</i>	3	PA
<i>ra blood glucose monitor</i>	3	PA
<i>refuah plus monitoring system</i>	3	PA
<i>relion all-in-one meter kit</i>	3	PA
<i>relion confirm glucose monitor</i>	3	PA
<i>relion confirm system kit</i>	3	PA
<i>relion micro blood glucose sys</i>	3	PA
<i>relion micro system</i>	3	PA
<i>relion micro system kit</i>	3	PA
<i>relion prime blood glucose mtr</i>	3	PA
<i>relion ultima glucose meter</i>	3	PA
<i>replacement pediatric monitor</i>	3	
<i>reveal blood glucose meter</i>	3	PA
<i>rexall glucose monitoring sys</i>	3	PA
<i>rightest gm100 system kit</i>	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>rightest gm250s glucose meter</i>	3	PA
<i>rightest gm260 glucose meter</i>	3	PA
<i>rightest gm300 system kit</i>	3	PA
<i>rightest gm550 system kit</i>	3	PA
RITUXAN	4	PA NPS Non-Preferred Specialty Drug
RITUXAN HYCELA	4	PA NPS Non-Preferred Specialty Drug
<i>romidepsin</i>	4	PA NPS Non-Preferred Specialty Drug
RUBRACA (200 MG TABLET, 250 MG TABLET)	4	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
RUBRACA 300 MG TABLET	4	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
RYDAPT	4	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
SILVRSTAT	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>smart caresens n glucose system</i>	3	PA
<i>smart sense monitoring system</i>	3	PA
<i>smartest eject meter</i>	3	PA
<i>smartest persona glucose meter</i>	3	PA
<i>smartest persona starter kit</i>	3	PA
<i>smartest pronto glucose meter</i>	3	PA
<i>smartest pronto starter kit</i>	3	PA
<i>smartest protege meter</i>	3	PA
<i>smartest smart code meter</i>	3	PA
<i>smartest talking meter</i>	3	PA
<i>sof-sensor</i>	3	
SOLESTA	4	NPS Non-Preferred Specialty Drug
<i>solus v2 audible meter</i>	3	PA
<i>solus v2 audible meter sys kit</i>	3	PA
SP ANTIPRURITIC	3	
SPRYCEL (100 MG TABLET, 140 MG TABLET)	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
SPRYCEL (70 MG TABLET, 80 MG TABLET)	4	QL 2 / day PA NPS Non-Preferred Specialty Drug
SPRYCEL 20 MG TABLET	4	QL 9 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
SPRYCEL 50 MG TABLET	4	<p>QL 3 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
STIVARGA	4	<p>QL 4 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
STRENSIQ	4	<p>PA</p> <p>PS</p>
SUCRAID	4	<p>NPS Non-Preferred Specialty Drug</p>
SUPARTZ FX	4	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
<i>sure-test easyplus mini meter</i>	3	<p>PA</p>
<i>surechek blood glucose monitor</i>	3	<p>PA</p>
SUTENT (37.5 MG CAPSULE, 50 MG CAPSULE)	4	<p>QL 1 / day</p> <p>PA</p> <p>PS</p>
SUTENT 12.5 MG CAPSULE	4	<p>QL 7 / day</p> <p>PA</p> <p>PS</p>
SUTENT 25 MG CAPSULE	4	<p>QL 3 / day</p> <p>PA</p> <p>PS</p>
SYLVANT	4	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
SYNRIBO	4	PA NPS Non-Preferred Specialty Drug
SYNVISC	4	PA PS
SYNVISC-ONE	4	PA PS
SYPRINE	4	PA NPS Non-Preferred Specialty Drug
TABLOID	3	PA
TAFINLAR 50 MG CAPSULE	4	QL 6 / day PA NPS Non-Preferred Specialty Drug
TAFINLAR 75 MG CAPSULE	4	QL 4 / day PA NPS Non-Preferred Specialty Drug
TAGRISSO	4	QL 1 / day PA AL At least 18 yrs old PS
TARCEVA (100 MG TABLET, 150 MG TABLET)	4	QL 1 / day PA NPS Non-Preferred Specialty Drug
TARCEVA 25 MG TABLET	4	QL 6 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
TASIGNA	4	<p>QL 4 / day</p> <p>PA</p> <p>PS</p>
TAXOTERE	4	NPS Non-Preferred Specialty Drug
<i>td gold blood glucose monitor</i>	3	PA
<i>td gold voice glucose monitor</i>	3	PA
TECENTRIQ	4	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
<i>telcare blood glucose monitor</i>	3	PA
TEMODAR (5 MG CAPSULE, 20 MG CAPSULE, 100 MG CAPSULE, 140 MG CAPSULE, 180 MG CAPSULE, 250 MG CAPSULE)	4	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TEMODAR 100 MG VIAL	4	PS
<i>temozolomide</i>	4	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
<i>teniposide</i>	4	NPS Non-Preferred Specialty Drug
<i>test n'go blood glucose system</i>	3	PA
<i>thiotepa</i>	4	NPS Non-Preferred Specialty Drug
TOPOSAR	4	NPS Non-Preferred Specialty Drug
<i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
TORISEL	4	<p>QL 0.29 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
TREANDA (25 MG VIAL, 45 MG/0.5 ML VIAL, 100 MG VIAL, 180 MG/2 ML VIAL)	4	PA NPS Non-Preferred Specialty Drug
<i>tretinoin 10 mg capsule</i>	4	QL 90 / 365 days NPS Non-Preferred Specialty Drug
TRISENOX (10 MG/10 ML AMPULE, 12 MG/6 ML VIAL)	4	PA NPS Non-Preferred Specialty Drug
<i>true metrix air glucose meter</i>	3	PA
<i>true metrix blood glucose mtr</i>	3	PA
<i>true metrix go glucose meter</i>	3	PA
<i>true2go blood glucose system</i>	3	PA
<i>trueresult blood glucose system</i>	3	PA
<i>truetrack blood glucose system</i>	3	PA
<i>truetrack smart system</i>	3	PA
TYKERB	4	QL 6 / day PA PS
<i>ultima monitor kit</i>	3	PA
<i>ultratrak blood glucose meter</i>	3	PA
<i>ultratrak pro glucose mtr sys</i>	3	PA
<i>ultratrak pro meter kit</i>	3	PA
<i>ultratrak ultimate glucose mtr</i>	3	PA
UNITUXIN	4	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>up &amp; up blood monitoring syst</i>	3	PA
VALSTAR	4	NPS Non-Preferred Specialty Drug
VECTIBIX	4	PA NPS Non-Preferred Specialty Drug
VELCADE	4	PA NPS Non-Preferred Specialty Drug
VENATAL COMPLETE DHA	3	GL Female
VENCLEXTA	4	QL 4 / day PA NPS Non-Preferred Specialty Drug
VENCLEXTA STARTING PACK	4	QL 1.5 / day PA NPS Non-Preferred Specialty Drug
VIDAZA	4	NPS Non-Preferred Specialty Drug
VIMIZIM	4	NPS Non-Preferred Specialty Drug
<i>vinblastine sulfate</i>	4	NPS Non-Preferred Specialty Drug
VINCASAR PFS	4	NPS Non-Preferred Specialty Drug
<i>vincristine sulfate</i>	4	NPS Non-Preferred Specialty Drug
<i>vinorelbine tartrate</i>	4	NPS Non-Preferred Specialty Drug
VITASPIRE	3	GL Female



PRODUCT DESCRIPTION	TIER	LIMITS &
VITRASE	3	
VOTRIENT	4	<p>QL 4 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
VPRIV	4	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
<i>wavesense amp system kit</i>	3	PA
<i>wavesense presto system kit</i>	3	PA
XALKORI	4	<p>QL 2 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
XELODA	4	<p>QL 4 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
XIAFLEX	4	NPS Non-Preferred Specialty Drug
XOFIGO	4	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
XTANDI	4	<p>QL 4 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
YERVOY	4	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
ZALTRAP	4	PA NPS Non-Preferred Specialty Drug
ZANOSAR	4	NPS Non-Preferred Specialty Drug
ZEJULA	4	QL 3 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ZELBORAF	4	QL 8 / day PA NPS Non-Preferred Specialty Drug
ZEVALIN	4	NPS Non-Preferred Specialty Drug
ZN-DTPA	1	
ZOLINZA	4	QL 4 / day PA NPS Non-Preferred Specialty Drug
ZOTEX-C	3	
ZYDELIG	4	QL 2 / day PA NPS Non-Preferred Specialty Drug
ZYKADIA	4	QL 8 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ZYTIGA 250 MG TABLET	4	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>PA</li> <li>PS</li> </ul>
ZYTIGA 500 MG TABLET	4	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>PS</li> </ul>
<b>VASODILATING AGENTS NITRATES AND NITRITES</b>		
<i>amyl nitrite</i>	1	
DILATRATE-SR	3	<ul style="list-style-type: none"> <li>QL 4 / day</li> </ul>
GONITRO	3	<ul style="list-style-type: none"> <li>QL 1.25 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
ISOCHRON	1	<ul style="list-style-type: none"> <li>QL 4 / day</li> </ul>
ISORDIL	3	<ul style="list-style-type: none"> <li>QL 12 / day</li> </ul>
ISORDIL TITRADOSE	3	<ul style="list-style-type: none"> <li>QL 12 / day</li> </ul>
<i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	<ul style="list-style-type: none"> <li>QL 12 / day</li> </ul>
<i>isosorbide dinitrate 40 mg tablet</i>	1	<ul style="list-style-type: none"> <li>QL 4 / day</li> </ul>
<i>isosorbide mononitrate</i>	1	<ul style="list-style-type: none"> <li>QL 2 / day</li> </ul>
<i>isosorbide mononitrate er</i>	1	<ul style="list-style-type: none"> <li>QL 2 / day</li> </ul>
MINITRAN	1	<ul style="list-style-type: none"> <li>QL 1 / day</li> </ul>
NITRO-BID	2	<ul style="list-style-type: none"> <li>QL 4 / day</li> </ul>
NITRO-DUR	3	<ul style="list-style-type: none"> <li>QL 1 / day</li> </ul>
NITRO-TIME	1	<ul style="list-style-type: none"> <li>QL 4 / day</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>nitroglycerin (er 2.5 mg cap, er 6.5 mg cap, er 9 mg capsule)</i>	1	QL 4 / day
<i>nitroglycerin 400 mcg spray</i>	1	QL 0.3 / day
<i>nitroglycerin lingual 0.4 mg</i>	1	QL 0.8 / day
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	1	QL 6 / day
<i>nitroglycerin 5 mg/ml vial</i>	1	
<i>nitroglycerin in d5w</i>	1	
<i>nitroglycerin patch</i>	1	QL 1 / day
NITROLINGUAL	3	QL 0.8 / day
NITROMIST	3	QL 0.3 / day
NITRONAL (25 MG/25 ML AMPULE, 50 MG/50 ML VIAL)	3	
NITROSTAT	3	QL 6 / day
<b>PHOSPHODIESTERASE TYPE 5 INHIBITORS</b>		
ADCIRCA	4	QL 2 / day PA NPS Non-Preferred Specialty Drug
REVATIO 10 MG/ML ORAL SUSP	4	QL 6 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
REVATIO 20 MG TABLET	4	QL 3 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
REVATIO 10 MG/12.5 ML VIAL	4	PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
<i>sildenafil 10 mg/12.5 ml vial</i>	4	PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
VASODILATING AGENTS, MISCELLANEOUS		
AGGRENEX	3	QL 2 / day
<i>aspirin-dipyridamole er</i>	1	QL 2 / day
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	1	QL 4 / day
<i>isoxsuprine hcl</i>	1	
NATRECOR	3	
<i>papaverine hcl</i>	1	
<i>papaverine-alprostadil</i>	1	
PERSANTINE	3	QL 4 / day
VITAMINS		
MULTIVITAMIN PREPARATIONS		
ATABEX EC	3	GL Female
CADEAU DHA	3	
DOTHELLE DHA	3	
ELITE OB DHA	3	GL Female
ELITE-OB	3	GL Female
ELITE-OB 400	3	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
FOCALGIN 90 DHA	3	
FOCALGIN CA	3	GL Female
FOLBECAL	3	GL Female
<i>levomefolate dha</i>	3	GL Female
MACNATAL CN DHA	3	GL Female
MATERNITY	1	GL Female
MAXINATE	3	GL Female
MYNATAL (CAPSULE, ULTRACAPLET)	3	GL Female
MYNATAL ADVANCE	3	GL Female
MYNATAL PLUS	3	GL Female
MYNATAL-Z	3	GL Female
MYNATE 90 PLUS	3	GL Female
NEWGEN	3	
O-CAL FA	3	GL Female
OBSTETRIX EC	3	GL Female
OBSTETRIX ONE	1	GL Female
OBTREX DHA	3	GL Female
PNV 29-1	3	GL Female
PNV-DHA + DOCUSATE	3	GL Female
PNV-OMEGA	3	GL Female
PNV-VP-U	3	
PRENA1 CHEW	3	GL Female
PRENA1 PEARL	3	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
PRENA1 TRUE	3	GL Female
PRENAISSANCE NEXT	3	GL Female
PRENATABS RX	3	GL Female
<i>prenatal plus multivitamin tab</i>	3	
<i>prenatal-u</i>	3	GL Female
PREPLUS	3	GL Female
PRETAB	3	GL Female
PROVIDA DHA	3	
PROVIDA OB	3	GL Female
R-NATAL OB	3	GL Female
RULAVITE DHA	3	
THRIVITE 19	3	
THRIVITE RX	3	
TRI-TABS DHA	3	GL Female
TRICARE PRENATAL	3	GL Female
TRINATE	3	GL Female
TRIVEEN-ONE	3	GL Female
TRIVEEN-U	3	GL Female
TRUST NATAL DHA	3	GL Female
VINATE DHA	3	GL Female
VINATE DHA RF	3	GL Female
VINATE ONE	3	GL Female
VINATE PN CARE	3	GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
VINATE-M	3	GL Female
VIRT-ADVANCE	3	GL Female
VIRT-C DHA	3	
VIRT-NATE	3	GL Female
VIRT-NATE DHA	3	GL Female
VIRT-PN	3	GL Female
VIRT-PN DHA	3	GL Female
VIRT-PN PLUS	3	GL Female
VITAFOL GUMMIES	3	GL Female
VITATRUE	3	GL Female
VOL-TAB RX	3	GL Female
VP-CH-PNV	3	GL Female
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FOLBEE	1	
FOLBEE AR	3	
FOLGARD RX	3	



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>folic acid 1 mg tablet</i>	1	
<i>folic acid 5 mg/ml vial</i>	1	
<i>folic acid-vit b6-vit b12</i>	1	
FOLPLEX 2.2	1	
<i>hydroxocobalamin</i>	1	
NASCOBAL	3	PA
NEURIN-SL	3	
<i>pyridoxine hcl</i>	1	
<i>thiamine hcl</i>	1	
VIRT-GARD	1	
VIRT-VITE	1	
VITA-RESPA	3	
<b>VITAMIN C</b>		
<i>ascorbic acid</i>	1	
<b>VITAMIN D</b>		
<i>calcitriol 1 mcg/ml ampul</i>	1	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	1	
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>	4	NPS Non-Preferred Specialty Drug
<i>doxercalciferol (4 mcg/2 ml amp, 4 mcg/2 ml vl)</i>	4	NPS Non-Preferred Specialty Drug
DRISDOL	3	
HECTOROL (0.5 MCG CAPSULE, 1 MCG CAPSULE, 2.5 MCG CAPSULE)	4	NPS Non-Preferred Specialty Drug
HECTOROL (2 MCG/ML VIAL, 4 MCG/2 ML VIAL)	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	4	NPS Non-Preferred Specialty Drug
<i>paricalcitol (2 mcg/ml vial, 5 mcg/ml vial, 10 mcg/2 ml vial)</i>	4	NPS Non-Preferred Specialty Drug
RAYALDEE	4	NPS Non-Preferred Specialty Drug
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	3	
<i>vitamin d2</i>	1	
ZEMPLAR (1 MCG CAPSULE, 2 MCG CAPSULE)	4	PA NPS Non-Preferred Specialty Drug
ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	4	PA NPS Non-Preferred Specialty Drug
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Language	Translation
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<b>Laotian</b>	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທ 1-877-280-2964 (TTY: 711).
<b>Thai</b>	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-280-2964 (TTY: 711).
<b>Urdu</b>	1-877-280-2964 کریں کال - ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو ہیں، بولتے اردو آپ اگر: خبردار 2964 (TTY: 711).
<b>Cherokee</b>	Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-877-280-2964 (TTY: 711).
<b>Persian</b>	اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما: توجه با تماس بگیرید. فراهم می باشد 1-877-280-2964 (TTY: 711)





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