



# Formulario de listado de medicamentos 2018

Empleados del Programa de  
Beneficios de Salud para  
Empleados Federales



MFEHBDF18-SP Listados actualizados 03/2018

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# 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):**

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

405.280.2989 (local)

1.877.280.2989 (número gratuito)

711 (TTY)

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

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

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

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

405.280.2989 (local)

1.877.280.2989 (número gratuito)

711 (TTY)

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

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

**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 Programa de Beneficios de Salud para Empleados Federales.

## Materiales para miembros

Su material de membresía consiste en tres folletos. Cada uno tiene un propósito diferente.

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

Folleto	Propósito
<b><i>Folleto FEHB</i></b>	<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>
<b><i>Directorio de médicos y proveedores de servicios de salud (“Directorio de proveedores”)</i></b>	<ul style="list-style-type: none"><li>• Lista nuestra red de doctores, instalaciones y farmacias.</li><li>• Le informa si una instalación es preferida o no.</li></ul>
<b><i>Formulario de listado de medicamentos para los Empleados del Programa de Beneficios de Salud de Empleados Federales (“Formulario de medicamentos” o “Formulario”)</i></b>	<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.

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/HCG
4	Preferred Specialty
5	Specialty Drug
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.

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PS

Preferred Specialty

Preferred Specialty.

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HCG

High Cost Generic

High Cost Generic.

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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>	3	QL 8 / 30 days PA HCG
<i>dihydroergotamine mesylate (1 mg/ml amp, 1 mg/ml vl)</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	5	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 (100 MCG TAB, 200 MCG TAB, 300 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	Excluded Drugs	
<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
ASTRAMORPH-PF (1 MG/ML AMPUL, 10 MG/10 ML VIAL)	1	QL 50 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
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
DEMEROL (100 MG/ML AMPUL, 100 MG/ML CARPUJECT, 100 MG/ML VIAL)	3	QL 5 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
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>
<i>fentanyl</i>	1	<p>QL 0.5 / day</p> <p>PA</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg)</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 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 style="background-color: #f1c40f; color: white; padding: 2px 5px; border-radius: 3px;">HCG</div> </div> 4 / day At least 18 yrs old
<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 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	
<i>fentanyl 100 mcg/10 ml-d5w</i>	1	
<i>fentanyl-bup-ns 4 mcg/ml-0.1%</i>	1	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 96 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<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 (100 MCG TABLET, 200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET)	Excluded Drugs	
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
<i>hydrocodone-acetamin 2.5-325</i>	1	QL 20 / day AL At least 18 yrs old
<i>hydrocodone-acetamin 7.5-325</i>	1	QL 8 / day AL At least 18 yrs old
<i>hydrocodone-acetaminophen (5-300 mg, 7.5-300, 10-300 mg)</i>	1	QL 13 / day AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	QL 10 / day
<i>hydromorp 20 mcg-bupiv 0.1%-ns</i>	1	QL 3 / day
<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	QL 6 / day
<i>hydromorphone er</i>	3	<p>QL 2 / day</p> <p>PA</p> <p>HCG</p>
<i>hydromorphone hcl 1 mg/ml amp</i>	1	QL 13 / day
<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	QL 3 / day
<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	QL 4 / day
<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>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>hydromorphone hcl (2 mg/ml carpujct, 2 mg/ml isecure)</i>	1	QL 6 / day AL At least 18 yrs old
<i>hydromorphone hcl (2 mg/ml syringe, 2 mg/ml vial, hcl 2 mg/ml amp, 60 mg/30 ml syr)</i>	1	QL 6 / day
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	1	QL 6 / day AL At least 18 yrs old
<i>hydromorphone hcl (10 mg/ml vial, hcl 10 mg/ml vl, 50 mg/5 ml vial, 500 mg/50 ml via)</i>	1	QL 1 / day
<i>hydromorphone 15 mg/30 ml-ns</i>	1	QL 25 / day
<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	QL 1 / day
<i>hydromorphone hcl-0.9% nacl (30 mg/30 ml-ns, 55 mg/55 ml-ns)</i>	1	QL 13 / day
<i>hydromorphone 0.5 mg/50 ml-ns</i>	1	QL 5000 / day
<i>hydromorphone 1 mg/50 ml-ns</i>	1	QL 50 / day
<i>hydromorphone 2 mg/50 ml-ns</i>	1	QL 313 / day
<i>hydromorphone 25 mg/50 ml-ns</i>	1	QL 25 / day
<i>hydromorphone hcl-0.9% nacl (100 mg/50 ml-ns, 200 mg/100 ml-ns)</i>	1	QL 6 / day
<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 (ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET, ER 80 MG TABLET, ER 100 MG TABLET, ER 120 MG TABLET)	Excluded Drugs	



PRODUCT DESCRIPTION	TIER	LIMITS &
IBUDONE 10-200 MG TABLET	3	<p>QL 5 / day</p> <p>AL At least 16 yrs old</p>
IBUDONE 5-200 MG TABLET	1	<p>QL 6 / day</p> <p>AL At least 16 yrs old</p>
INFUMORPH 200 MG/20 ML AMPUL	3	<p>QL 5 / day</p>
INFUMORPH 500 MG/20 ML AMPUL	3	<p>QL 2 / day</p>
IONSYS	3	<p>QL 1 / day</p>
KADIAN (ER 10 MG CAPSULE, ER 20 MG CAPSULE, ER 30 MG CAPSULE, ER 40 MG CAPSULE, ER 50 MG CAPSULE, ER 60 MG CAPSULE, ER 80 MG CAPSULE, ER 100 MG CAPSULE, ER 200 MG CAPSULE)		Excluded Drugs
LAZANDA (100 MCG NASAL SPRAY, 300 MCG NASAL SPRAY, 400 MCG NASAL SPRAY)		Excluded Drugs
LORCET	1	<p>QL 12 / day</p> <p>AL At least 18 yrs old</p>
LORCET HD	1	<p>QL 12 / day</p> <p>AL At least 18 yrs old</p>
LORCET PLUS	1	<p>QL 6 / day</p> <p>AL At least 18 yrs old</p>
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 cartrdge</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>

PRODUCT DESCRIPTION	TIER	LIMITS &
<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 550 mg/55 ml-ns syr</i>	1	QL 50 / day
<i>meperidine hcl-0.9% nacl (250 mg/25 ml syr, 550 mg/55 ml syr, 1,000 mg/100 ml)</i>	1	QL 50 / day
<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>
<i>methadone hcl 10 mg/ml syringe</i>	1	<p>QL 2 / day</p> <p>PA</p>
<i>methadone hcl (5 mg/0.5 ml syringe, 10 mg/ml oral conc, hcl 10 mg tablet)</i>	1	<p>QL 2 / day</p> <p>PA</p>
<i>methadone hcl 5 mg tablet</i>	1	<p>QL 3 / day</p> <p>PA</p>
<i>methadone hcl (10 mg/ml vial, 200 mg/20 ml vl)</i>	1	QL 2 / day
METHADONE INTENSOL	1	<p>QL 2 / day</p> <p>PA</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
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 10 mg/ml isecure syrg</i>	1	QL 5 / day PA
<i>morphine 8 mg/ml isecure syrng</i>	1	QL 6 / day PA
<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 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

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>morphine sulfate ir 30 mg tab</i>	1	<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>2 / 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>
<i>morphine sulfate (0.5 mg/ml vial, 1 mg/2 ml syringe)</i>	1	<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>100 / day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div>
<i>morphine sulfate (10 mg/0.7 ml auto-inj, 15 mg/ml vial)</i>	1	<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>3 / day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div>
<i>morphine sulfate (10 mg/ml carpject, 10 mg/ml syringe, sulfate 10 mg/ml vial)</i>	1	<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: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div>
<i>morphine sulfate (25 mg/ml vial, 25 mg/ml vl)</i>	1	<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>2 / day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div>
<i>morphine sulfate 50 mg/ml vial</i>	1	<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: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div>
<i>morphine sulfate er (er 10 mg cap, er 20 mg cap, er 50 mg cap, er 100 mg cap)</i>	1	<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>2 / day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div>
<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	<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: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div>
<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	<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>3 / day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div>
<i>morphine 300 mg/30ml-0.9% nacl</i>	1	<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: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div>
<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	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div>
<i>morphine sulfate-0.9% nacl (1 mg/ml-0.9% syr, 2 mg/2 ml-0.9%, 100mg/100ml-0.9%)</i>	1	<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>50 / day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div>
<i>morphine sulfate-0.9% nacl (3 mg/3 ml-0.9% nacl, 1,000 mg/100 ml-ns)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<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 (ER 50 MG TABLET, ER 100 MG TABLET, ER 150 MG TABLET, ER 200 MG TABLET, ER 250 MG TABLET)	Excluded Drugs	
OPANA 1 MG/ML INJ AMPULE	3	QL 17 / day AL At least 18 yrs old
OPANA (5 MG TABLET, 10 MG TABLET)	3	QL 12 / day AL At least 18 yrs old
OXAYDO	3	QL 8 / day PA AL At least 18 yrs old

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

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>oxymorphone hcl er</i>	3	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>HCG</li> </ul>
PERCOCET (7.5-325 MG TABLET, 10-325 MG TABLET)	3	<ul style="list-style-type: none"> <li>QL 12 / day</li> <li>AL At least 18 yrs old</li> </ul>
PRIMLEV 10-300 MG TABLET	3	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>AL At least 18 yrs old</li> </ul>
PRIMLEV 5-300 MG TABLET	3	<ul style="list-style-type: none"> <li>QL 7 / day</li> <li>AL At least 18 yrs old</li> </ul>
PRIMLEV 7.5-300 MG TABLET	3	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>AL At least 18 yrs old</li> </ul>
REPREXAIN 10-200 MG TABLET	1	<ul style="list-style-type: none"> <li>QL 5 / day</li> <li>AL At least 16 yrs old</li> </ul>
REPREXAIN 2.5-200 MG TABLET	3	<ul style="list-style-type: none"> <li>QL 5 / day</li> <li>AL At least 16 yrs old</li> </ul>
REPREXAIN 5-200 MG TABLET	3	<ul style="list-style-type: none"> <li>QL 6 / day</li> <li>AL At least 16 yrs old</li> </ul>
ROXICODONE	3	<ul style="list-style-type: none"> <li>QL 8 / day</li> <li>AL At least 18 yrs old</li> </ul>
SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY, 1,200 MCG SPRAY, 1,600 MCG SPRAY)	Excluded Drugs	
SYNALGOS-DC	3	<ul style="list-style-type: none"> <li>QL 10 / day</li> <li>AL At least 12 yrs old</li> </ul>
<i>tramadol hcl</i>	1	<ul style="list-style-type: none"> <li>QL 8 / day</li> <li>AL At least 18 yrs old</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>tramadol hcl er (er 100 mg capsule, er 150 mg capsule, er 200 mg capsule, er 300 mg capsule)</i>	1	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
<i>tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, hcl er 100 mg tablet, hcl er 200 mg tablet, hcl er 300 mg tablet)</i>	3	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>HCG</li> </ul>
<i>tramadol hcl-acetaminophen</i>	1	<ul style="list-style-type: none"> <li>QL 8 / day</li> <li>AL At least 18 yrs old</li> </ul>
TREZIX	3	<ul style="list-style-type: none"> <li>QL 10 / day</li> <li>AL At least 18 yrs old</li> </ul>
TYLENOL-CODEINE NO.3	3	<ul style="list-style-type: none"> <li>QL 12 / day</li> <li>AL At least 12 yrs old</li> </ul>
TYLENOL-CODEINE NO.4	3	<ul style="list-style-type: none"> <li>QL 6 / day</li> <li>AL At least 12 yrs old</li> </ul>
ULTRACET	3	<ul style="list-style-type: none"> <li>QL 8 / day</li> <li>AL At least 18 yrs old</li> </ul>
ULTRAM	3	<ul style="list-style-type: none"> <li>QL 8 / day</li> <li>AL At least 18 yrs old</li> </ul>
ULTRAM ER	3	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
VERDROCET	1	<ul style="list-style-type: none"> <li>QL 20 / day</li> <li>AL At least 18 yrs old</li> </ul>
VICODIN	1	<ul style="list-style-type: none"> <li>QL 8 / day</li> <li>AL At least 18 yrs old</li> </ul>
VICODIN ES	1	<ul style="list-style-type: none"> <li>QL 13 / day</li> <li>AL At least 18 yrs old</li> </ul>



PRODUCT DESCRIPTION	TIER	LIMITS &
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 (ER 9 MG CAPSULE, ER 13.5 MG CAPSULE, ER 18 MG CAPSULE, ER 27 MG CAPSULE, ER 36 MG CAPSULE)	Excluded Drugs	
XYLON 10	1	
ZAMICET	3	<p>QL 90 / day</p> <p>AL At least 2 yrs old</p>
ZOHYDRO ER (ER 10 MG CAPSULE, ER 15 MG CAPSULE, ER 20 MG CAPSULE, ER 30 MG CAPSULE, ER 40 MG CAPSULE, ER 50 MG CAPSULE)	Excluded Drugs	
<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)	1	<p>QL 3 / day</p> <p>PA</p>
BUNAVAIL 4.2-0.7 MG FILM	1	<p>QL 2 / day</p> <p>PA</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
BUPRENEX	3	QL 17 / day
<i>buprenorphine</i>	3	QL 0.144 / day PA
<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	1	QL 3 / day PA
<i>buprenorphine hcl (0.3 mg/ml syring, 0.3 mg/ml vial)</i>	1	QL 17 / day
<i>buprenorphine-naloxone</i>	1	QL 3 / day PA
<i>butorphanol 10 mg/ml spray</i>	1	QL 0.3 / day AL At least 18 yrs old
<i>butorphanol 1 mg/ml vial</i>	1	QL 7 / day AL At least 18 yrs old
<i>butorphanol 2 mg/ml vial</i>	1	QL 4 / day AL At least 18 yrs old
BUTRANS	3	QL 0.144 / day PA
<i>nalbuphine 100 mg/10 ml vial</i>	1	QL 5 / day
<i>nalbuphine hcl (20 mg/ml ampul, 200 mg/10 ml vial)</i>	1	QL 3 / day
<i>pentazocine-naloxone hcl</i>	1	QL 12 / day AL At least 12 yrs old
SUBOXONE (2 MG-0.5 MG FILM, 8 MG-2 MG FILM)	1	QL 3 / day PA
SUBOXONE (4 MG-1 MG FILM, 12 MG-3 MG FILM)	1	QL 2 / day PA
TALWIN (30 MG/ML AMPUL, 30 MG/ML VIAL)	3	QL 5 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
ZUBSOLV	1	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>PA</li> </ul>
ANOREXIGENIC AGENTS AMPHETAMINE DERIVATIVES		
ADIPEX-P (37.5 MG CAPSULE, 37.5 MG TABLET)	3	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>AL At least 17 yrs old</li> </ul>
<i>diethylpropion hcl</i>	1	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>PA</li> <li>AL At least 16 yrs old</li> </ul>
<i>diethylpropion hcl er</i>	1	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> </ul>
LOMAIRA	1	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>PA</li> <li>AL At least 17 yrs old</li> </ul>
<i>phendimetrazine er 105 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> </ul>
<i>phendimetrazine 35 mg tablet</i>	1	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>PA</li> </ul>
<i>phentermine hcl (15 mg capsule, 30 mg capsule)</i>	1	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> </ul>
<i>phentermine hcl (37.5 mg capsule, 37.5 mg tablet)</i>	1	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>AL At least 17 yrs old</li> </ul>
QSYMIA	3	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
SUPRENZA ODT	3	PA
ANOREXIGENIC AGENTS, MISCELLANEOUS		
CONTRACE	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>	3	QL 60 / day HCG
<i>dextroamphetamine 10 mg tab</i>	3	QL 6 / day HCG
<i>dextroamphetamine 5 mg tab</i>	3	QL 2 / day HCG
<i>dextroamphetamine er 10 mg cap</i>	3	QL 5 / day HCG
<i>dextroamphetamine er 15 mg cap</i>	3	QL 4 / day HCG
<i>dextroamphetamine sulfate er (d-amphetamine er 5 mg capsule, dextroamphetamine er 5 mg cap)</i>	3	QL 2 / day HCG
<i>dextroamphetamine-amphet er</i>	1	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<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
DYANAVEL XR	3	QL 8 / day ST AL At least 6 yrs old
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, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	2	QL 1 / day
VYVANSE (10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET, 50 MG TABLET, 60 MG TABLET)	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

PRODUCT DESCRIPTION	TIER	LIMITS &
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
<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>	3	QL 2 / day HCG
<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>	3	QL 1 / day HCG
DOPRAM	3	
<i>doxapram hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
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
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)</i>	3	QL 1 / day HCG
<i>methylphenidate er 30 mg cap</i>	3	QL 2 / day HCG
<i>methylphenidate er (er 18 mg tab, er 27 mg tab, er 36 mg tab)</i>	1	QL 2 / day
<i>methylphenidate er (er 54 mg tab, er 72 mg tab)</i>	1	QL 1 / 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



PRODUCT DESCRIPTION	TIER	LIMITS &
<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>	3	QL 1 / day HCG
<i>methylphenidate hcl er (er 10 mg cap, er 50 mg cap, er 60 mg cap)</i>	1	QL 1 / day
<i>methylphenidate la (20 mg cap, 40 mg cap)</i>	3	QL 1 / day HCG
<i>methylphenidate la 30 mg cap</i>	3	QL 2 / day HCG
<i>methylphenidate la 60 mg cap</i>	1	QL 1 / 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

PRODUCT DESCRIPTION	TIER	LIMITS &
RITALIN 10 MG TABLET	3	<span>QL</span> 5 / day <span>ST</span>
RITALIN LA (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	3	<span>QL</span> 1 / day <span>ST</span>
RITALIN LA 30 MG CAPSULE	3	<span>QL</span> 2 / day <span>ST</span>
WAKEFULNESS-PROMOTING AGENTS		
<i>armodafinil</i>	3	<span>QL</span> 1 / day <span>PA</span> <span>HCG</span>
<i>modafinil</i>	1	<span>QL</span> 1 / day <span>PA</span>
NUVIGIL	3	<span>QL</span> 1 / day <span>PA</span>
PROVIGIL	3	<span>QL</span> 1 / day <span>PA</span>
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
ALBENZA	3	<span>QL</span> 4 / day <span>PA</span>
BILTRICIDE	3	<span>PA</span>
EMVERM	3	<span>PA</span>
<i>ivermectin</i>	1	<span>PA</span>
STROMEKTOL	3	<span>PA</span>

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>URINARY ANTI-INFECTIVES</b>		
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	QL 4 / day
UROGESIC-BLUE	3	
<b>ANTI-INFECTIVES (EENT)</b>		
<b>ANTIBACTERIALS (EENT)</b>		
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

PRODUCT DESCRIPTION	TIER	LIMITS &
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
<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-POLYCIN	1	QL 0.124 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
NEO-POLYCIN 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
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

PRODUCT DESCRIPTION	TIER	LIMITS &
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
<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	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>hydrocortisone-acetic acid</i>	1	
PAROEX	1	
PERIDEX	3	
PERIOGARD	1	
<i>povidone iodine</i>	1	
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)		
ACANYA GEL PUMP	Excluded Drugs	
AKTIPAK 3%-5% GEL POUCH	Excluded Drugs	
ALTABAX	3	PA
BACTROBAN (CREAM, OINTMENT)	3	
BENZACLIN (GEL, GEL 35G PUMP, GEL 50G PUMP)	Excluded Drugs	
BENZAMYCIN GEL	Excluded Drugs	
BENZAMYCINPAK GEL	Excluded Drugs	
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	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>clindamycin phos-benzoyl perox</i>	3	QL 1.5 / day HCG
<i>clindamycin phos-tretinoin</i>	3	QL 2 / day PA HCG
<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>	3	QL 1.667 / day HCG
CLINDESSE	3	
CORTISPORIN CREAM	3	QL 0.25 / day
CORTISPORIN OINTMENT	3	QL 0.5 / day
DUAC 1.2-5% GEL	Excluded Drugs	
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>	3	QL 1.60 / day HCG
EVOCLIN	3	QL 1.667 / day
<i>gentamicin sulfate (cream, ointment)</i>	1	
METROCREAM	3	
METROGEL (GEL, PUMP)	3	



PRODUCT DESCRIPTION	TIER	LIMITS &
METROGEL-VAGINAL	3	
METROLOTION	3	
<i>metronidazole (0.75% cream, 0.75% lotion, topical 1% gel)</i>	3	HCG
<i>metronidazole (top 1% gel pump, 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 (1.2 %-0.025 % GEL, 1.2%-0.025% GEL)	Excluded Drugs	
ZIANA GEL	Excluded Drugs	
<b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)</b>		
<i>acyclovir 5% ointment</i>	3	HCG
DENAVIR	3	QL 0.167 / day PA AL At least 12 yrs old
XERESE	3	QL 0.167 / day PA AL At least 6 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
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
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
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	
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	<span>QL</span> 4 / day
THERMAZENE	1	
VYTONE	3	<span>PA</span>

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>SCABICIDES AND PEDICULICIDES</b>		
ELIMITE	3	
EURAX (CREAM, LOTION)	3	ST
<i>lindane (lotion, shampoo)</i>	1	
<i>malathion</i>	3	HCG
NATROBA	3	ST
OVIDE	3	ST
<i>permethrin</i>	1	
SKLICE	3	ST
<i>spinosad</i>	3	HCG
ULESFIA	3	ST
<b>ANTI-INFLAMMATORY AGENTS (EENT)</b>		
<b>CORTICOSTEROIDS (EENT)</b>		
ALREX	3	QL 0.5 / day
BECONASE AQ	3	QL 1.667 / day
CORTANE-B	3	
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>	3	HCG
<i>fluorometholone</i>	1	QL 10 / fill

PRODUCT DESCRIPTION	TIER	LIMITS &
FML	3	QL 10 / fill
FML FORTE	3	QL 10 / fill
FML S.O.P.	3	QL 4 / fill
ILUVIEN	5	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	5	QL 0.04 / day NPS Non-Preferred Specialty Drug
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	

PRODUCT DESCRIPTION	TIER	LIMITS &
RETISERT	5	<span>QL</span> max 1 per 365 days <span>NPS</span> Non-Preferred Specialty Drug
RHINOCORT AQUA	3	<span>QL</span> 0.574 / day
TRIESENCE	3	<span>QL</span> 1 / day
VERAMYST	3	<span>QL</span> 0.357 / day
VEXOL	3	<span>QL</span> 10 / fill
ZETONNA	3	<span>QL</span> 0.22 / day
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
RESTASIS	2	<span>PA</span>
RESTASIS MULTIDOSE	2	<span>PA</span>
XIIDRA	3	<span>QL</span> 2 / day
		<span>PA</span>
		<span>AL</span> At least 17 yrs old
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
ACULAR	3	<span>QL</span> 15 / 30 days
ACULAR LS	3	<span>QL</span> 5 / fill
ACUVAIL	2	<span>QL</span> 1 / day
<i>bromfenac sodium</i>	1	<span>QL</span> 8 / rx
BROMSITE	3	<span>QL</span> 15/ 180 days
<i>diclofenac 0.1% eye drops</i>	1	<span>QL</span> 5 / fill
<i>flurbiprofen sodium</i>	1	<span>QL</span> 3/ fill
ILEVRO	3	<span>QL</span> 4 / fill
<i>ketorolac 0.4% ophth solution</i>	1	<span>QL</span> 5 / fill

PRODUCT DESCRIPTION	TIER	LIMITS &
<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
MAST-CELL STABILIZERS		
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	

PRODUCT DESCRIPTION	TIER	LIMITS &
ANTIANEMIA DRUGS IRON PREPARATIONS		
ACTIVE FE	3	GL Female
FERAHEME	5	NPS Non-Preferred Specialty Drug
FEROCON	1	
FEROTRINSIC	1	
FERREX 150 FORTE	3	
FERRLECIT	5	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	
INFED	5	NPS Non-Preferred Specialty Drug
INJECTAFER	5	NPS Non-Preferred Specialty Drug
MAXARON FORTE	3	
MULTIGEN FOLIC	3	
MULTIGEN PLUS	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
POLYSACCHARIDE IRON FORTE	1	
<i>prenatal low iron</i>	3	GL Female
PROFERRIN-FORTE	3	
<i>sod ferric gluconate complex</i>	4	NPS Non-Preferred Specialty Drug
TRIFERIC (272 MG POWDER PACKET, 272 MG/50 ML AMPULE)	5	NPS Non-Preferred Specialty Drug
VENOFER	5	NPS Non-Preferred Specialty Drug
VINATE GT	3	GL Female
VINATE II	3	GL Female
VINATE ULTRA	3	GL Female
VIVA DHA	3	GL Female
VYNATAL-FA	1	GL Female
<b>ANTIARRHYTHMIC AGENTS</b>		
<b>CLASS IA ANTIARRHYTHMICS</b>		
<i>disopyramide phosphate</i>	1	
NORPACE	3	
NORPACE CR 100 MG CAPSULE	2	
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	



PRODUCT DESCRIPTION	TIER	LIMITS &
<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>	3	PA HCG
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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	<b>NPS</b> Non-Preferred Specialty Drug
<i>ibutilide fumarate</i>	1	
MULTAQ	3	<b>PA</b>
NEXTERONE	3	
PACERONE	1	
TIKOSYN (250 MCG CAPSULE, 500 MCG CAPSULE)	5	<b>NPS</b> 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	<b>QL</b> 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	5	PA NPS Non-Preferred Specialty Drug
TOBI PODHALER	5	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 (dr 250 mg cap, ec 250 mg cap)</i>	1	
<i>erythromycin (250 mg, 500 mg)</i>	3	HCG
<i>erythromycin 200 mg/5 ml gran</i>	1	
<i>erythromycin es 400 mg tab</i>	3	HCG
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	

PRODUCT DESCRIPTION	TIER	LIMITS &
CIPRO XR 1,000 MG TABLET	3	QL 14 / 1 rx
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 vial, 400 mg/40 ml vial)</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

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>SULFONAMIDES (SYSTEMIC)</b>		
AZULFIDINE (500 MG TABLET, ENTAB 500 MG)	3	
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

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>doxycycline hyc dr 200 mg tab</i>	3	QL 7/ rx ST HCG
<i>doxycycline hyclate (dr 50 mg tab, dr 75 mg tab, dr 100 mg tab, dr 150 mg tab)</i>	3	ST HCG
<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>	3	QL 3 / day ST HCG
<i>minocycline hcl er (er 90 mg tablet, er 135 mg tablet)</i>	3	QL 1 / day ST HCG
MONDOXYNE NL	1	
MONODOX	3	
MORGIDOX (50 MG CAPSULE, 100 MG CAPSULE)	1	
OKEBO	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
ORACEA	3	QL 1 / day PA
SOLODYN	3	QL 1 / day PA
TARGADOX	3	ST
<i>tetracycline hcl</i>	3	HCG
VIBRAMYCIN (25 MG/5 ML SUSP, 50 MG/5 ML SYRUP, 100 MG CAPSULE)	3	ST
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>	3	HCG
<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
OTHER MISC. ANTIBACTERIAL AGENTS		
PYLERA	2	QL 120 / 365 days PA
OXAZOLIDINONES		
<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	

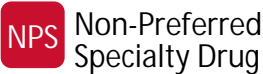






PRODUCT DESCRIPTION	TIER	LIMITS &
OSCIMIN SR	1	
PHENOHYTRO	1	
<i>propantheline bromide</i>	1	
ROBINUL (0.2 MG/ML VIAL, 0.4 MG/2 ML VIAL, 1 MG/5 ML VIAL, 4 MG/20 ML VIAL)	3	
ROBINUL FORTE	3	
SEEBRI NEOHALER	3	<span>QL</span> 2 / day <span>PA</span> <span>AL</span> At least 18 yrs old
SPIRIVA	2	<span>QL</span> 1 / day
SPIRIVA RESPIMAT	2	<span>QL</span> 1 / day
STIOLTO RESPIMAT	2	<span>QL</span> 0.134 / day
SYMAX	1	
SYMAX DUOTAB	3	
SYMAX-SL	1	
SYMAX-SR	1	
TUDORZA PRESSAIR 400 MCG INH	Excluded Drugs	
<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	
<b>COUMARIN DERIVATIVES</b>		
COUMADIN	2	

PRODUCT DESCRIPTION	TIER	LIMITS &
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)	5	NPS Non-Preferred Specialty Drug
ARIXTRA (7.5 MG/0.6 ML SYRINGE, 10 MG/0.8 ML SYRINGE)	5	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
XARELTO 15 MG TABLET	2	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	5	 Non-Preferred Specialty Drug
PRADAXA	2	 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	 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)	5	 Non-Preferred Specialty Drug
<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	

PRODUCT DESCRIPTION	TIER	LIMITS &
<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)	5	
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	QL 3 / day PA
BRIVIACT (10 MG/ML ORAL SOLN, 50 MG/5 ML VIAL)	3	QL 20 / day PA
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet)</i>	1	
<i>carbamazepine er (er 100 mg cap, er 200 mg cap, er 300 mg cap)</i>	1	
<i>carbamazepine er (er 100 mg tablet, er 200 mg tablet, er 400 mg tablet)</i>	3	HCG
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	PA
FYCOMPA 0.5 MG/ML ORAL SUSP	3	QL 6 / day

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>	3	HCG
<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 (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
ROWEEPRA	1	
SABRIL (500 MG POWDER PACKET, 500 MG TABLET)	5	<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>	3	<span>PA</span> <span>HCG</span>
TRILEPTAL (150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET)	3	
TROKENDI XR (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)	Excluded Drugs	
<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>

PRODUCT DESCRIPTION	TIER	LIMITS &
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET, STARTER KIT)	3	
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)	5	PA NPS Non-Preferred Specialty Drug
<b>HYDANTOINS</b>		
CEREBYX	3	
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	2	

PRODUCT DESCRIPTION	TIER	LIMITS &
DILANTIN-125	2	
<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



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>mirtazapine 7.5 mg tablet</i>	1	QL 2 / day
<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)</i>	3	QL 1 / day HCG
<i>desvenlafaxine er 100 mg tab</i>	3	QL 1 / day HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>desvenlafaxine fumarate er</i>	3	QL 1 / day HCG
<i>desvenlafaxine succinate er</i>	3	QL 1 / day HCG
<i>duloxetine hcl (dr 20 mg cap, dr 30 mg cap)</i>	1	QL 1 / day
<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
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
BRISDELLE	3	QL 1 / day PA
CELEXA	3	QL 1 / day
<i>citalopram hbr 10 mg/5 ml soln</i>	1	QL 20 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<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
<i>fluoxetine dr</i>	1	QL 0.142 / 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>	3	QL 2 / day HCG
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>	3	QL 1 / day AL At least 10 yrs old HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<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
<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

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

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>trazodone 300 mg tablet</i>	1	QL 1 / day
<i>trazodone 50 mg tablet</i>	1	QL 3 / day LCG
TRINTELLIX	3	QL 1 / day ST
VIIBRYD 10-20 MG STARTER PACK	3	
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL 1 / day
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>	3	HCG
<i>desipramine hcl</i>	3	HCG
<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>	3	HCG
<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	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>perphenazine-amitriptyline</i>	1	
<i>protriptyline hcl</i>	1	
SILENOR	3	QL 1 / day
SURMONTIL	3	
TOFRANIL	3	
<i>trimipramine maleate</i>	1	
<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	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<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
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
<b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS</b>		
<i>alogliptin 12.5 mg tablet</i>	Excluded Drugs	
<i>alogliptin 25 mg tablet</i>	Excluded Drugs	



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>alogliptin 6.25 mg tablet</i>	Excluded Drugs	
<i>alogliptin-metformin 12.5-1000</i>	Excluded Drugs	
<i>alogliptin-metformin 12.5-500</i>	Excluded Drugs	
<i>alogliptin-pioglit 12.5-15 mg</i>	Excluded Drugs	
<i>alogliptin-pioglit 12.5-30 mg</i>	Excluded Drugs	
<i>alogliptin-pioglit 12.5-45 mg</i>	Excluded Drugs	
<i>alogliptin-pioglit 25-15 mg tb</i>	Excluded Drugs	
<i>alogliptin-pioglit 25-30 mg tb</i>	Excluded Drugs	
<i>alogliptin-pioglit 25-45 mg tb</i>	Excluded Drugs	
JANUMET	2	QL 2 / day ST
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	2	QL 2 / day ST
JANUMET XR 100-1,000 MG TABLET	2	QL 1 / day ST
JANUVIA	2	QL 1 / day ST
JENTADUETO	2	QL 2 / day ST
JENTADUETO XR 2.5 MG-1,000 MG	2	QL 2 / day ST
JENTADUETO XR 5 MG-1,000 MG TB	2	QL 1 / day ST
KAZANO (12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	Excluded Drugs	
KOMBIGLYZE XR (2.5-1,000 MG TAB, 5-1,000 MG TAB, 5-500 MG TABLET)	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
NESINA (6.25 MG TABLET, 12.5 MG TABLET, 25 MG TABLET)	Excluded Drugs	
ONGLYZA (2.5 MG TABLET, 5 MG TABLET)	Excluded Drugs	
OSENI (12.5-15 MG TABLET, 12.5-30 MG TABLET, 12.5-45 MG TABLET, 25-15 MG TABLET, 25-30 MG TABLET, 25-45 MG TABLET)	Excluded Drugs	
TRADJENTA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>1 / day</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #2e3436; color: white; padding: 2px 5px; margin-right: 5px;">ST</div> </div>
<b>INCRETIN MIMETICS</b>		
ADLYXIN (10-20 MCG STARTER PACK, 20 MCG MAINTENANCE PK)	Excluded Drugs	
BYDUREON	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>0.15 / day</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #2e3436; color: white; padding: 2px 5px; margin-right: 5px;">ST</div> </div>
BYDUREON BCISE	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>0.15 / day</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #2e3436; color: white; padding: 2px 5px; margin-right: 5px;">ST</div> </div>
BYDUREON PEN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>.15 / day</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #2e3436; color: white; padding: 2px 5px; margin-right: 5px;">ST</div> </div>
BYETTA 10 MCG DOSE PEN INJ	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>0.8 / day</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #2e3436; color: white; padding: 2px 5px; margin-right: 5px;">ST</div> </div>
BYETTA 5 MCG DOSE PEN INJ	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>0.04 / day</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #2e3436; color: white; padding: 2px 5px; margin-right: 5px;">ST</div> </div>
SAXENDA	3	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>0.5 / day</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; margin-right: 5px;">AL</div> <span>At least 18 yrs old</span> </div>
TANZEUM (30 MG PEN, 50 MG PEN)	Excluded Drugs	
TRULICITY	2	<div style="display: flex; align-items: center;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>0.08 / day</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #2e3436; color: white; padding: 2px 5px; margin-right: 5px;">ST</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
VICTOZA 2-PAK	2	QL 0.3 / day ST
VICTOZA 3-PAK	2	QL 0.3 / day ST
<b>INSULINS</b>		
AFREZZA	3	PA
APIDRA 100 UNITS/ML VIAL		Excluded Drugs
APIDRA SOLOSTAR 100 UNITS/ML		Excluded Drugs
BASAGLAR 100 UNIT/ML KWIKPEN		Excluded Drugs
HUMALOG (100 UNITS/ML CARTRIDGE, 100 UNITS/ML VIAL)	2	QL 1 / day
HUMALOG JUNIOR KWIKPEN	2	QL 1 / day
HUMALOG KWIKPEN U-100	2	QL 1 / day
HUMALOG KWIKPEN U-200	2	QL 0.5 / day
HUMALOG MIX 50-50	2	QL 1 / day
HUMALOG MIX 50-50 KWIKPEN	2	QL 1 / day
HUMALOG MIX 75-25	2	QL 1 / day
HUMALOG MIX 75-25 KWIKPEN	2	QL 1 / day
HUMULIN R U-500	2	
HUMULIN R U-500 KWIKPEN	2	
LANTUS	2	QL 1 / day
LANTUS SOLOSTAR	2	QL 1 / day
LEVEMIR 100 UNITS/ML VIAL		Excluded Drugs
LEVEMIR FLEXTOUCH 100 UNITS/ML		Excluded Drugs

PRODUCT DESCRIPTION	TIER	LIMITS &
NOVOLIN 70-30 (100 UNIT/ML VIAL, RELION VIAL)	Excluded Drugs	
NOVOLIN N (N 100 UNITS/ML VIAL, RELION N 100 UNIT/ML)	Excluded Drugs	
NOVOLIN R (R 100 UNITS/ML VIAL, RELION R 100 UNIT/ML)	Excluded Drugs	
NOVOLOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	Excluded Drugs	
NOVOLOG 100 UNITS/ML FLEXPEN	Excluded Drugs	
NOVOLOG MIX 70-30 VIAL	Excluded Drugs	
NOVOLOG MIX 70-30 FLEXPEN SYRN	Excluded Drugs	
SOLIQUA 100-33	2	QL 0.6 / day PA
TOUJEO SOLOSTAR	2	QL 0.357 / day
TRESIBA FLEXTOUCH 100 UNITS/ML	Excluded Drugs	
TRESIBA FLEXTOUCH 200 UNITS/ML	Excluded Drugs	
XULTOPHY 100 UNIT-3.6MG/ML PEN	Excluded Drugs	
<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
<i>repaglinide-metformin hcl</i>	1	QL 5 / day
STARLIX	3	QL 3 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB</b>		
FARXIGA (5 MG TABLET, 10 MG TABLET)	Excluded Drugs	
GLYXAMBI	3	QL 1 / day PA
INVOKAMET	2	QL 2 / day ST
INVOKAMET XR	2	QL 2 / day ST
INVOKANA	2	QL 1 / day ST
JARDIANCE	2	QL 1 / day ST
SYNJARDY	2	QL 2 / day ST
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	2	QL 2 / day ST
SYNJARDY XR 25-1,000 MG TABLET	2	QL 1 / day ST
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	Excluded Drugs	
<b>SULFONYLUREAS</b>		
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>	3	QL 3 / day HCG
<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	5	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

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



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>scopolamine</i>	1	
SYNDROS	3	<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> 13 / day</div> <div style="margin-bottom: 5px;"><span style="background-color: brown; color: white; padding: 2px;">PA</span></div> <div><span style="background-color: pink; color: white; padding: 2px;">AL</span> At least 18 yrs old</div> </div>
TRANSDERM-SCOP	3	
<b>ANTI-HISTAMINES (GI DRUGS)</b>		
ANTIVERT	3	
COMPAZINE 25 MG SUPPOSITORY	1	
COMPAZINE (5 MG TABLET, 10 MG TABLET)	3	
COMPRO	1	
DICLEGIS	3	<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> 4 / day</div> <div><span style="background-color: brown; color: white; padding: 2px;">PA</span></div> </div>
<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	5	<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> 0.15 / 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>
<i>aprepitant 125-80-80 mg pack</i>	1	<span style="background-color: purple; color: white; padding: 2px;">QL</span> 3/ fill

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>aprepitant (40 mg capsule, 125 mg capsule)</i>	1	QL 0.08 / day
<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	5	QL 2 / fill NPS Non-Preferred Specialty Drug
VARUBI 90 MG TABLET	5	QL 0.15 / day PA NPS Non-Preferred Specialty Drug
VARUBI 166.5 MG/92.5 ML VIAL	5	PA NPS Non-Preferred Specialty Drug
<b>ANTIFUNGAL (SYSTEMIC)</b>		
<b>ALLYLAMINES</b>		
LAMISIL (125 MG GRANULES PACKET, 187.5 MG GRANULES PACK, 250 MG TABLET)	3	
<i>terbinafine hcl</i>	1	
<b>ANTIFUNGALS, MISCELLANEOUS</b>		
GRIS-PEG	3	
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	3	HCG
<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>	3	QL 20 / day HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	3	QL 4 / day HCG
<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	

PRODUCT DESCRIPTION	TIER	LIMITS &
TRIPLE DYE	3	
AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>clotrimazole 10 mg troche</i>	1	
<i>clotrimazole-betamethasone (crm, lot)</i>	1	
<i>econazole nitrate</i>	3	HCG
ECOZA	3	
ERTACZO	3	
EXELDERM (CREAM, SOLUTION)	3	
EXTINA	3	
GYNAZOLE 1	3	
JUBLIA	3	QL 0.54 / day PA AL At least 18 yrs old
<i>ketoconazole (cream, foam, shampoo)</i>	1	
LOTRISONE	3	
LUZU	3	QL 2 / day PA
<i>miconazole 3</i>	3	GL Female
NIZORAL	3	
ORAVIG	3	
<i>oxiconazole nitrate</i>	3	PA HCG
OXISTAT (CREAM, LOTION)	3	PA
TERAZOL 3	3	QL 1.5 / day GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
TERAZOL 7	3	QL 1.5 / day
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	1	QL 1.5 / day GL Female
VUSION	3	
XOLEGEL	3	PA
<i>zazole</i>	1	QL 1.5 / day GL 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	QL 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	QL 0.22 / day
CNL 8	3	
LOPROX (0.77% TOPICAL SUSP, 1% SHAMPOO)	3	
PENLAC	3	QL 0.22 / day
<b>OXABOROLES</b>		
KERYDIN	3	QL 0.67 / day PA AL At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>POLYENES (SKIN AND MUCOUS MEMBRANE)</b>		
NYAMYC	1	
NYATA 100,000 UNIT/GM POWDER	1	
<i>nystatin (unit/gm cream, unit/gm powd, units/gm oint)</i>	1	
<i>nystatin-triamcinolone (cream, ointm)</i>	3	HCG
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

PRODUCT DESCRIPTION	TIER	LIMITS &
<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
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 er 500 mg cap</i>	3	HCG
<i>acetazolamide (125 mg tablet, 250 mg tablet)</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>dorzolamide hcl</i>	1	QL 0.4 / day
<i>dorzolamide-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



PRODUCT DESCRIPTION	TIER	LIMITS &
<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
<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 0.0015% EYE DROPS	Excluded Drugs	
<b>ANTIHEMORRHAGIC AGENTS</b>		
<b>ANTIHEPARIN AGENTS</b>		
<i>protamine sulfate</i>	1	
<b>HEMOSTATICS</b>		
AFSTYLA	5	PA NPS Non-Preferred Specialty Drug
ALPHANATE	5	PA NPS Non-Preferred Specialty Drug
ALPHANINE SD	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
IDELVION	5	PA NPS Non-Preferred Specialty Drug
LYSTEDA	3	QL 6/ day plus 90/ 90 day limit GL Female
PROFILNINE	5	PA NPS Non-Preferred Specialty Drug
<i>tranexamic acid 650 mg tablet</i>	1	QL 6 / day GL Female
VONVENDI	5	PA NPS Non-Preferred Specialty Drug
<b>ANTIHISTAMINE DRUGS</b>		
<b>FIRST GENERATION ANTIHISTAMINES</b>		
ARBINOXA (4 MG TABLET, 4 MG/5 ML LIQUID)	1	AL At least 2 yrs old
<i>carbinoxamine maleate (4 mg/5 ml liquid, maleate 4 mg tab)</i>	1	AL At least 2 yrs old
<i>clemastine fumarate</i>	1	AL At least 2 yrs old
<i>cyproheptadine hcl (2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syr)</i>	1	AL 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	AL At least 2 yrs old
RYVENT	3	ST

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>SECOND GENERATION ANTIHISTAMINES</b>		
CLARINEX 0.5 MG/ML (2.5 MG/5)	3	QL 10 / day PA
CLARINEX 5 MG TABLET	3	QL 1 / day
CLARINEX-D 12 HOUR	3	QL 2 / day
<i>desloratadine (2.5 mg odt, 5 mg odt, 5 mg tablet)</i>	1	QL 1 / day
SEMPREX-D	3	QL 4 / day
XYZAL 2.5 MG/5 ML SOLUTION	3	QL 30 / day
XYZAL 5 MG TABLET	3	QL 1 / day
<b>ANTIHISTAMINES (RESPIRATORY TRACT AGNTS)</b>		
<b>FIRST GENERATION ANTIHIST.(RESPIR TRACT)</b>		
<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	
<b>ANTIHYPOLYCEMIC AGENTS</b>		
<b>ANTIHYPOLYCEMIC AGENTS, MISCELLANEOUS</b>		
PROGLYCEM	3	
<b>GLYCOGENOLYTIC AGENTS</b>		
GLUCAGEN 1 MG HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
<b>ANTILIPEMIC AGENTS</b>		
<b>ANTILIPEMIC AGENTS, MISCELLANEOUS</b>		
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	5	QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	5	<p>QL 2 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
KYNAMRO	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
LOVAZA	3	<p>QL 4 / day</p> <p>PA</p>
<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>	3	<p>QL 4 / day</p> <p>PA</p> <p>HCG</p>
TRIKLO	3	<p>QL 4 / day</p> <p>HCG</p>
VASCEPA	3	<p>QL 4 / day</p> <p>ST</p>
<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>	3	<p>QL 24 / day</p> <p>HCG</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>cholestyramine light packet</i>	3	QL 4 / day HCG
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	3	QL 24 / day HCG
PREVALITE PACKET	3	QL 4 / day HCG
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
CHOLESTEROL ABSORPTION INHIBITORS		
<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
FIBRIC ACID DERIVATIVES		
ANTARA 30 MG CAPSULE	3	QL 2 / day PA

PRODUCT DESCRIPTION	TIER	LIMITS &
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
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

PRODUCT DESCRIPTION	TIER	LIMITS &
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>	3	QL 1 / day HCG
<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
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	

PRODUCT DESCRIPTION	TIER	LIMITS &
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>	1	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
<i>simvastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL 1.5 / day HCR LCG
<i>simvastatin 5 mg tablet</i>	1	QL 1 / day HCR LCG
<i>simvastatin 80 mg tablet</i>	1	QL 1 / day PA
ZOCOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL 1.5 / day
ZOCOR 5 MG TABLET	3	QL 1 / day
ZOCOR 80 MG TABLET	3	QL 1 / day PA



PRODUCT DESCRIPTION	TIER	LIMITS &
<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>
<b>ANTIMIGRAINE AGENTS</b>		
<b>SELECTIVE SEROTONIN AGONISTS</b>		
<i>almotriptan malate</i>	3	<ul style="list-style-type: none"> <li>QL 0.4 / day</li> <li>HCG</li> </ul>
ALSUMA	3	<ul style="list-style-type: none"> <li>QL 0.167 / day</li> <li>ST</li> </ul>
AMERGE	3	<ul style="list-style-type: none"> <li>QL 0.3 / day</li> <li>ST</li> </ul>
AXERT	3	<ul style="list-style-type: none"> <li>QL 0.4 / day</li> <li>ST</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>eletriptan hbr</i>	3	QL 0.4 / day HCG
FROVA	3	QL 0.6 / day ST
<i>frovatriptan succinate</i>	3	QL 0.6 / day HCG
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
ONZETRA XSAIL	3	ST
RELPAX	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>	3	QL 6 / 30 days HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<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 vial)</i>	3	QL 0.167 / day HCG
<i>sumatriptan 6 mg/0.5 ml syrng</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>	3	QL 0.2 / day HCG
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
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, MISCELLANEOUS		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1	
ANTITUBERCULOSIS AGENTS		
CAPASTAT SULFATE	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	
ANTIPARKINSONIAN AGENTS (CNS)		
ADAMANTANES (CNS)		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml soln)</i>	1	
ANTICHOLINERGIC AGENTS (CNS)		
<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	

PRODUCT DESCRIPTION	TIER	LIMITS &
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	5	<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;">OL</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>
RYTARY	3	
SINEMET 10-100	3	
SINEMET 25-100	3	
SINEMET 25-250	3	
SINEMET CR	3	
STALEVO 100	3	
STALEVO 125	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
<b>MONOAMINE OXIDASE B INHIBITORS</b>		
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	
<b>ANTIPROTOZOALS</b>		
<b>AMEBICIDES</b>		
FLAGYL 500 MG TABLET	3	
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	

PRODUCT DESCRIPTION	TIER	LIMITS &
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	5	NPS Non-Preferred Specialty Drug
MEPRON	3	PA
METRO IV	3	
<i>metronidazole 375 mg capsule</i>	1	
NEBUPENT	3	
PENTAM 300	3	
TINDAMAX	3	
<i>tinidazole</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<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
ARISTADA ER 1064 MG/3.9 ML SYR	3	QL 0.15 / day PA AL At least 18 yrs old
ARISTADA ER 441 MG/1.6 ML SYRN	3	QL 0.07 / day PA AL At least 18 yrs old



PRODUCT DESCRIPTION	TIER	LIMITS &
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)</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 150 mg tablet, odt 200 mg tablet)</i>	1	<ul style="list-style-type: none"> <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>
FANAPT TITRATION PACK	3	<ul style="list-style-type: none"> <li>QL 8 / rx</li> <li>AL At least 18 yrs old</li> </ul>
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>ST</li> <li>AL At least 18 yrs old</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
FAZACLO (12.5 MG ODT, 25 MG ODT, 150 MG ODT, 200 MG ODT)	3	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>AL At least 18 yrs old</li> </ul>
FAZACLO 100 MG ODT	3	<ul style="list-style-type: none"> <li>QL 9 / day</li> <li>AL At least 18 yrs old</li> </ul>
GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	3	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>ST</li> <li>AL At least 18 yrs old</li> </ul>
GEODON 20 MG/ML VIAL	3	<ul style="list-style-type: none"> <li>ST</li> </ul>
INVEGA	3	<ul style="list-style-type: none"> <li>ST</li> <li>AL At least 12 yrs old</li> </ul>
INVEGA SUSTENNA 117 MG/0.75 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 SUSTENNA 156 MG/ML SYRG	3	<ul style="list-style-type: none"> <li>QL 0.04 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
INVEGA SUSTENNA 234 MG/1.5 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 SUSTENNA 39 MG/0.25 ML	3	<ul style="list-style-type: none"> <li>QL 0.0111 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> </ul>
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>

PRODUCT DESCRIPTION	TIER	LIMITS &
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	5	<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	
<i>olanzapine odt 10 mg tablet</i>	3	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>HCG</li> </ul>
<i>olanzapine odt 15 mg tablet</i>	3	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>HCG</li> </ul>
<i>olanzapine odt 20 mg tablet</i>	3	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>HCG</li> </ul>

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

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	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>AL At least 5 yrs old</li> </ul>
<i>risperidone 3 mg odt</i>	3	<ul style="list-style-type: none"> <li>QL 5 / day</li> <li>AL At least 5 yrs old</li> <li>HCG</li> </ul>
<i>risperidone 4 mg odt</i>	3	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>AL At least 5 yrs old</li> <li>HCG</li> </ul>
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt)</i>	3	<ul style="list-style-type: none"> <li>QL 8 / day</li> <li>AL At least 5 yrs old</li> <li>HCG</li> </ul>
SAPHRIS	3	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>ST</li> <li>AL At least 10 yrs old</li> </ul>
SEROQUEL (25 MG TABLET, 50 MG TABLET)	3	<ul style="list-style-type: none"> <li>QL 6 / day</li> <li>AL At least 10 yrs old</li> </ul>
SEROQUEL 100 MG TABLET	3	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>AL At least 10 yrs old</li> </ul>
SEROQUEL 200 MG TABLET	3	<ul style="list-style-type: none"> <li>QL 1.5 / day</li> <li>AL At least 10 yrs old</li> </ul>
SEROQUEL 300 MG TABLET	3	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>AL At least 10 yrs old</li> </ul>
SEROQUEL 400 MG TABLET	3	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>AL At least 10 yrs old</li> </ul>
SEROQUEL XR SAMPLE KIT	2	<ul style="list-style-type: none"> <li>AL At least 10 yrs old</li> </ul>
SEROQUEL XR (300 MG TABLET, 400 MG TABLET)	2	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>AL At least 10 yrs old</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
SEROQUEL XR 150 MG TABLET	2	<p>QL 5 / day</p> <p>AL At least 10 yrs old</p>
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>

PRODUCT DESCRIPTION	TIER	LIMITS &
ZYPREXA ZYDIS 10 MG TABLET	3	<p>QL 3 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA ZYDIS 15 MG TABLET	3	<p>QL 2 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA ZYDIS 20 MG TABLET	3	<p>QL 1 / day</p> <p>AL At least 13 yrs old</p>
ZYPREXA ZYDIS 5 MG TABLET	3	<p>QL 6 / day</p> <p>AL At least 13 yrs old</p>
<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	LCG
<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>	3	HCG










PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fluphenazine decanoate</i>	1	
<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	5	OL 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	5	NPS Non-Preferred Specialty Drug
<b>HIV NONNUCLEOSIDE REV. TRANSCRIP. INHIB.</b>		
EDURANT	4	PS

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	4	NPS Non-Preferred Specialty Drug
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)	5	NPS Non-Preferred Specialty Drug
SUSTIVA (50 MG CAPSULE, 200 MG CAPSULE, 600 MG TABLET)	5	NPS Non-Preferred Specialty Drug
VIRAMUNE (50 MG/5 ML SUSP, 200 MG TABLET)	5	NPS Non-Preferred Specialty Drug
VIRAMUNE XR	5	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	5	NPS Non-Preferred Specialty Drug
COMPLERA	4	PS
DESCOVY	5	QL 1 / day NPS Non-Preferred Specialty Drug
<i>didanosine</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4	PS
EPZICOM	5	NPS Non-Preferred Specialty Drug
GENVOYA	5	NPS Non-Preferred Specialty Drug
<i>lamivudine-zidovudine</i>	4	NPS Non-Preferred Specialty Drug
ODEFSEY	5	NPS Non-Preferred Specialty Drug
RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE, 200 MG/20 ML VIAL)	5	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	5	NPS Non-Preferred Specialty Drug
<i>tenofovir disoproxil fumarate</i>	4	PS
TRIUMEQ	5	NPS Non-Preferred Specialty Drug
TRIZIVIR	5	NPS Non-Preferred Specialty Drug
TRUVADA	4	PS
VIDEX	4	PS
VIDEX EC	5	NPS Non-Preferred Specialty Drug
VIREAD POWDER	5	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)	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET)	5	NPS Non-Preferred Specialty Drug
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule)</i>	4	NPS Non-Preferred Specialty Drug
HIV PROTEASE INHIBITORS		
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	4	PS
<i>atazanavir sulfate</i>	4	PS
CRIVAN	4	PS
EVOTAZ	5	NPS Non-Preferred Specialty Drug
<i>fosamprenavir calcium</i>	4	NPS 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)	5	NPS Non-Preferred Specialty Drug
LEXIVA (50 MG/ML SUSPENSION, 700 MG TABLET)	5	NPS Non-Preferred Specialty Drug
<i>lopinavir-ritonavir</i>	4	PS
NORVIR (80 MG/ML SOLUTION, 100 MG SOFTGEL CAP, 100 MG TABLET)	5	NPS Non-Preferred Specialty Drug
PREZCOBIX	5	NPS 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	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
CATHFLO ACTIVASE	5	 Non-Preferred Specialty Drug
TNKASE	3	
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES		
ANTITOXINS AND IMMUNE GLOBULINS		
CUVITRU	5	  Non-Preferred Specialty Drug
TOXOIDS		
BOOSTRIX TDAP VACCINE SYRINGE	0	
VACCINES		
<i>bcg (tice strain)</i>	5	 Non-Preferred Specialty Drug
HEPLISAV-B	0	
THERACYS	5	 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>	3	QL 1 / day HCG

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-bicarb 40-1,100 cap</i>	3	ST HCG
<i>omeprazole-bicarb 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



PRODUCT DESCRIPTION	TIER	LIMITS &
ZEGERID (20 MG PACKET, 40 MG CAPSULE)	3	ST
ZEGERID 40 MG PACKET	3	QL 1 / day ST
ANTIVIRALS (SYSTEMIC)		
ADAMANTANES		
FLUMADINE	3	
<i>rimantadine hcl</i>	1	
ANTIVIRALS, MISCELLANEOUS		
<i>foscarnet sodium</i>	1	
FOSCAVIR	3	
INTERFERONS		
ALFERON N	5	NPS 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)	5	PA NPS Non-Preferred Specialty Drug
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	5	PA NPS Non-Preferred Specialty Drug
PEGASYS PROCLICK	5	PA NPS Non-Preferred Specialty Drug
PEGINTRON	4	PA PS
PEGINTRON REDIPEN	4	PA PS
SYLATRON	5	PA NPS 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	5	QL 20 / day PA NPS Non-Preferred Specialty Drug
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
<i>cidofovir</i>	4	NPS Non-Preferred Specialty Drug
COPEGUS	5	QL 6 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
CYTOVENE	5	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	5	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)	5	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	5	QL 6 / day PA NPS Non-Preferred Specialty Drug
REBETOL 40 MG/ML SOLUTION	5	QL 30 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
RIBASPHERE (200 MG CAPSULE, 200 MG TABLET)	4	<p>QL 6 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
RIBASPHERE 400 MG TABLET	5	<p>QL 3 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
RIBASPHERE 600 MG TABLET	5	<p>QL 2 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
RIBASPHERE RIBAPAK	5	<p>QL 2 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
RIBATAB	5	<p>QL 2 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	4	<p>QL 6 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
<i>ribavirin 6 gm inhalation vial</i>	1	
SITAVIG	3	<p>QL 2 / fill</p> <p>PA</p> <p>AL At least 18 yrs old</p>
TYZEKA	5	<p>QL 1 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>valacyclovir</i>	3	HCG
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	5	PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
VIRAZOLE	3	
VISTIDE	5	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	5	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>	3	HCG
<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>	3	HCG
<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>	3	HCG
<i>levalbuterol hcl</i>	3	HCG
<i>levalbuterol tar hfa 45mcg inh</i>	Excluded Drugs	
<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 .8 / day
PROAIR RESPICLICK	2	QL 0.07 / day
PROVENTIL HFA 90 MCG INHALER	Excluded Drugs	
SEREVENT DISKUS	2	QL 2 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
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 45 MCG INHALER	Excluded Drugs	
BLOOD FORMATION, COAGULATION, THROMBOSIS		
HEMATOPOIETIC AGENTS		
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 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	5	PA NPS Non-Preferred Specialty Drug
GRANIX	5	PA NPS Non-Preferred Specialty Drug
LEUKINE	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
MIRCERA	5	PA NPS Non-Preferred Specialty Drug
MOZOBIL	5	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	5	PA NPS Non-Preferred Specialty Drug
PROCRIT	4	PA PS
PROMACTA	5	PA NPS Non-Preferred Specialty Drug
ZARXIO	5	QL 90 / 30 days PA NPS Non-Preferred Specialty Drug
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline</i>	1	
BRONCHODILATORS		
XANTHINE DERIVATIVES		
<i>aminophylline 250 mg/10 ml vial</i>	1	
THEO-24 ER 300 MG CAPSULE	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
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
<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 (24hr er 120 mg cap, 24hr er 180 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

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	
<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	



PRODUCT DESCRIPTION	TIER	LIMITS &
<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>	3	QL 1 / day HCG
<i>amlodipine-valsartan (5-320 mg, 10-160 mg, 10-320 mg)</i>	1	QL 1 / day
<i>amlodipine-valsartan 5-160 mg</i>	1	QL 2 / day
<i>amlodipine-valsartan-hctz</i>	3	QL 1 / day HCG
AZOR	3	QL 1 / day
CARDENE I.V. 25 MG/10 ML AMPUL	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
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>	3	HCG
<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
<i>nimodipine</i>	1	
<i>nisoldipine</i>	3	QL 1 / day HCG
NORVASC	3	QL 1 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
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	
LANOXIN PEDIATRIC	2	

PRODUCT DESCRIPTION	TIER	LIMITS &
<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
<i>carvedilol</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	5	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	
<i>labetalol hcl-d5w</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
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	
TENORETIC 50	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
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	5	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NPS</div> <div>Non-Preferred Specialty Drug</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>	3	<div style="background-color: #FFD700; padding: 2px 5px; border-radius: 3px;">HCG</div>
<i>atomoxetine hcl</i>	1	<div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> 2 / day <div style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">AL</div> At least 6 yrs old
AUSTEDO	5	<div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> 4 / day <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">AL</div> At least 18 yrs old <div style="background-color: #C00000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">NPS</div> Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>carbidopa</i>	1	
<i>flumazenil</i>	1	
<i>guanfacine hcl er</i>	1	
INGREZZA 40 MG CAPSULE	5	<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	5	<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 &
NUEDEXTA	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	5	PA NPS Non-Preferred Specialty Drug
XYREM	5	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 (0.4 MG, 2 MG)	Excluded Drugs	
<i>naloxone hcl (0.4 mg/ml carpuject, 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
REVIA	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
VIVITROL	5	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	
FOURTH GENERATION CEPHALOSPORINS		
<i>cefepime</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	1	
<i>cefditoren pivoxil</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>cefixime</i>	3	QL 1200 / 90 days HCG
<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>	3	HCG
<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 (55-14 MCG, 113-14 MCG, 232-14 MCG)	Excluded Drugs	
ALVESCO (80 MCG INHALER, 160 MCG INHALER)	Excluded Drugs	
ARNUIITY ELLIPTA 100 MCG INH	2	QL 2 / day
ARNUIITY ELLIPTA 200 MCG INH	2	QL 1 / day
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 110 MCG #7, TWISTHALER 220 MCG #14, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120)	Excluded Drugs	
ASMANEX HFA (HFA 100 MCG INHALER, HFA 200 MCG INHALER)	Excluded Drugs	
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 (100 MCG/5 MCG INHALER, 200 MCG/5 MCG INHALER)	Excluded Drugs	
FLOVENT 250 MCG DISKUS	2	QL 8 / day
FLOVENT DISKUS (50 MCG, 100 MCG)	2	QL 4 / day
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

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fluticasone-salmeterol</i>	1	 0.04 / day  At least 12 yrs old
PULMICORT	3	 120 / 30 days
PULMICORT FLEXHALER	2	 0.07 / day
QVAR (40 MCG ORAL INHALER, 80 MCG ORAL INHALER)	Excluded Drugs	
QVAR REDHALER (40 MCG, 80 MCG)	Excluded Drugs	
SYMBICORT	2	 0.4 / day
CYSTIC FIBROSIS (CFTR) MODULATORS		
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
KALYDECO (50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	 2 / day   Non-Preferred Specialty Drug
ORKAMBI	5	 4 / day   Non-Preferred Specialty Drug
DEPIGMENTING AND PIGMENTING AGENTS		
PIGMENTING AGENTS		
8-MOP	3	
<i>methoxsalen</i>	1	
OXSORALEN-ULTRA	3	
UVADEX	5	 Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	5	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; margin-right: 5px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div>
<b>DIABETES MELLITUS</b>		
<i>accu-chek aviva plus test strip</i>	Excluded Drugs	
<i>accu-chek aviva plus test strip</i>	Excluded Drugs	
<i>accu-chek aviva test strips</i>	Excluded Drugs	
<i>accu-chek aviva test strips</i>	Excluded Drugs	
<i>accu-chek compact plus strips</i>	Excluded Drugs	
<i>accu-chek compact plus strips</i>	Excluded Drugs	
<i>accu-chek guide test strip</i>	Excluded Drugs	
<i>accu-chek guide test strip</i>	Excluded Drugs	
<i>accu-chek smartview test strip</i>	Excluded Drugs	
<i>accu-chek smartview test strip</i>	Excluded Drugs	
<i>accutrend glucose test strip</i>	Excluded Drugs	
<i>accutrend glucose test strip</i>	Excluded Drugs	
<i>acura test strips</i>	Excluded Drugs	
<i>acura test strips</i>	Excluded Drugs	
<i>advocate redi-code test strip</i>	Excluded Drugs	
<i>advocate redi-code test strip</i>	Excluded Drugs	
<i>advocate redi-code+ test strip</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>advocate redi-code+ test strip</i>	Excluded Drugs	
<i>advocate test strip</i>	Excluded Drugs	
<i>advocate test strip</i>	Excluded Drugs	
<i>agamatrix amp test strips</i>	Excluded Drugs	
<i>agamatrix amp test strips</i>	Excluded Drugs	
<i>assure 4 test strips</i>	Excluded Drugs	
<i>assure 4 test strips</i>	Excluded Drugs	
<i>assure platinum test strips</i>	Excluded Drugs	
<i>assure platinum test strips</i>	Excluded Drugs	
<i>assure prism multi test strips</i>	Excluded Drugs	
<i>assure prism multi test strips</i>	Excluded Drugs	
<i>bg-star glucose test strips</i>	Excluded Drugs	
<i>bg-star glucose test strips</i>	Excluded Drugs	
<i>blood glucose test strip</i>	Excluded Drugs	
<i>blood glucose test strip</i>	Excluded Drugs	
<i>blood glucose test strips</i>	Excluded Drugs	
<i>blood glucose test strips</i>	Excluded Drugs	
<i>breeze 2 disc test strip</i>	Excluded Drugs	
<i>breeze 2 disc test strip</i>	Excluded Drugs	
<i>careone blood glucose tst strp</i>	Excluded Drugs	
<i>careone blood glucose tst strp</i>	Excluded Drugs	
<i>caresens n test strips</i>	Excluded Drugs	
<i>caresens n test strips</i>	Excluded Drugs	
<i>choicedm clarus test strips</i>	Excluded Drugs	
<i>choicedm clarus test strips</i>	Excluded Drugs	



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>clever choice micro test strip</i>	Excluded Drugs	
<i>clever choice micro test strip</i>	Excluded Drugs	
<i>clever choice pro test strip</i>	Excluded Drugs	
<i>clever choice pro test strip</i>	Excluded Drugs	
<i>clever choice talk test strips</i>	Excluded Drugs	
<i>clever choice talk test strips</i>	Excluded Drugs	
<i>clever choice test strips</i>	Excluded Drugs	
<i>clever choice test strips</i>	Excluded Drugs	
<i>clever choice voice+ tst strip</i>	Excluded Drugs	
<i>clever choice voice+ tst strip</i>	Excluded Drugs	
<i>contour next strips</i>	Excluded Drugs	
<i>contour next strips</i>	Excluded Drugs	
<i>contour test strips</i>	Excluded Drugs	
<i>contour test strips</i>	Excluded Drugs	
<i>control ast test strip</i>	Excluded Drugs	
<i>control test strips</i>	Excluded Drugs	
<i>cool glucose test strip</i>	Excluded Drugs	
<i>cool glucose test strip</i>	Excluded Drugs	
<i>cvs advanced glucose test str</i>	Excluded Drugs	
<i>cvs advanced glucose test str</i>	Excluded Drugs	
<i>dario blood glucose test strip</i>	Excluded Drugs	
<i>dario blood glucose test strip</i>	Excluded Drugs	
<i>diatrue plus test strip</i>	Excluded Drugs	
<i>diatrue plus test strip</i>	Excluded Drugs	
<i>easy check glucose test strip</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>easy check glucose test strip</i>	Excluded Drugs	
<i>easy gluco g2 test strip</i>	Excluded Drugs	
<i>easy gluco g2 test strip</i>	Excluded Drugs	
<i>easy plus glucose test strip</i>	Excluded Drugs	
<i>easy plus glucose test strip</i>	Excluded Drugs	
<i>easy plus ii test strips</i>	Excluded Drugs	
<i>easy plus ii test strips</i>	Excluded Drugs	
<i>easy step glucose test strips</i>	Excluded Drugs	
<i>easy step glucose test strips</i>	Excluded Drugs	
<i>easy talk glucose test strip</i>	Excluded Drugs	
<i>easy talk glucose test strip</i>	Excluded Drugs	
<i>easy touch glucose test strip</i>	Excluded Drugs	
<i>easy touch glucose test strip</i>	Excluded Drugs	
<i>easy trak glucose test strip</i>	Excluded Drugs	
<i>easy trak glucose test strip</i>	Excluded Drugs	
<i>easygluco plus test strips</i>	Excluded Drugs	
<i>easygluco plus test strips</i>	Excluded Drugs	
<i>easygluco test strips</i>	Excluded Drugs	
<i>easygluco test strips</i>	Excluded Drugs	
<i>easymax 15 glucose test strip</i>	Excluded Drugs	
<i>easymax 15 glucose test strip</i>	Excluded Drugs	
<i>easymax glucose test strips</i>	Excluded Drugs	
<i>easymax glucose test strips</i>	Excluded Drugs	
<i>element compact test strips</i>	Excluded Drugs	
<i>element compact test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>element test strips</i>	Excluded Drugs	
<i>element test strips</i>	Excluded Drugs	
<i>embrace evo test strips</i>	Excluded Drugs	
<i>embrace evo test strips</i>	Excluded Drugs	
<i>embrace glucose test strips</i>	Excluded Drugs	
<i>embrace glucose test strips</i>	Excluded Drugs	
<i>embrace pro test strips</i>	Excluded Drugs	
<i>embrace pro test strips</i>	Excluded Drugs	
<i>embrace test strips</i>	Excluded Drugs	
<i>embrace test strips</i>	Excluded Drugs	
<i>eq blood glucose test strip</i>	Excluded Drugs	
<i>eq blood glucose test strip</i>	Excluded Drugs	
<i>evencare g2 test strip</i>	Excluded Drugs	
<i>evencare g2 test strip</i>	Excluded Drugs	
<i>evencare g3 test strip</i>	Excluded Drugs	
<i>evencare g3 test strip</i>	Excluded Drugs	
<i>evencare glucose tst strips</i>	Excluded Drugs	
<i>evencare glucose tst strips</i>	Excluded Drugs	
<i>evencare mini glucose test str</i>	Excluded Drugs	
<i>evencare mini glucose test str</i>	Excluded Drugs	
<i>evolution test strips</i>	Excluded Drugs	
<i>evolution test strips</i>	Excluded Drugs	
<i>ez smart plus test strips</i>	Excluded Drugs	
<i>ez smart plus test strips</i>	Excluded Drugs	
<i>ez smart test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ez smart test strips</i>	Excluded Drugs	
<i>fifty50 glucose test strip</i>	Excluded Drugs	
<i>fifty50 glucose test strip</i>	Excluded Drugs	
<i>fora blood glucose test strip</i>	Excluded Drugs	
<i>fora blood glucose test strip</i>	Excluded Drugs	
<i>fora d15g glucose test strips</i>	Excluded Drugs	
<i>fora d15g glucose test strips</i>	Excluded Drugs	
<i>fora d20 glucose test strips</i>	Excluded Drugs	
<i>fora d20 glucose test strips</i>	Excluded Drugs	
<i>fora d40-g31 test strips</i>	Excluded Drugs	
<i>fora d40-g31 test strips</i>	Excluded Drugs	
<i>fora g20 glucose test strips</i>	Excluded Drugs	
<i>fora g20 glucose test strips</i>	Excluded Drugs	
<i>fora g30a glucose test strip</i>	Excluded Drugs	
<i>fora g30a glucose test strip</i>	Excluded Drugs	
<i>fora gd50 test strips</i>	Excluded Drugs	
<i>fora gd50 test strips</i>	Excluded Drugs	
<i>fora tn'g voice test strips</i>	Excluded Drugs	
<i>fora tn'g voice test strips</i>	Excluded Drugs	
<i>fora v10 glucose test strip</i>	Excluded Drugs	
<i>fora v10 glucose test strip</i>	Excluded Drugs	
<i>fora v10-v12-d10-d20 strips</i>	Excluded Drugs	
<i>fora v10-v12-d10-d20 strips</i>	Excluded Drugs	
<i>fora v12 glucose test strip</i>	Excluded Drugs	
<i>fora v12 glucose test strip</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fora v20 glucose test strips</i>	Excluded Drugs	
<i>fora v20 glucose test strips</i>	Excluded Drugs	
<i>fora v30a glucose test strip</i>	Excluded Drugs	
<i>fora v30a glucose test strip</i>	Excluded Drugs	
<i>foracare gd20 test strips</i>	Excluded Drugs	
<i>foracare gd20 test strips</i>	Excluded Drugs	
<i>foracare gd40 glucose strips</i>	Excluded Drugs	
<i>foracare gd40 glucose strips</i>	Excluded Drugs	
<i>fortiscare glucose test strips</i>	Excluded Drugs	
<i>fortiscare glucose test strips</i>	Excluded Drugs	
<i>freestyle insulinx strip nfrs</i>	Excluded Drugs	
<i>freestyle insulinx strip nfrs</i>	Excluded Drugs	
<i>freestyle insulinx test strip</i>	Excluded Drugs	
<i>freestyle insulinx test strip</i>	Excluded Drugs	
<i>freestyle insulinx test strips</i>	Excluded Drugs	
<i>freestyle insulinx test strips</i>	Excluded Drugs	
<i>freestyle lite test strip</i>	Excluded Drugs	
<i>freestyle lite test strip</i>	Excluded Drugs	
<i>freestyle lite test strip nfrs</i>	Excluded Drugs	
<i>freestyle lite test strip nfrs</i>	Excluded Drugs	
<i>freestyle lite test strips</i>	Excluded Drugs	
<i>freestyle lite test strips</i>	Excluded Drugs	
<i>freestyle prec neo test strips</i>	Excluded Drugs	
<i>freestyle prec neo test strips</i>	Excluded Drugs	
<i>freestyle test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>freestyle test strips</i>	Excluded Drugs	
<i>freestyle test strips nfrs</i>	Excluded Drugs	
<i>freestyle test strips nfrs</i>	Excluded Drugs	
g-4 test strips	Excluded Drugs	
g-4 test strips	Excluded Drugs	
<i>ge100 blood glucose test strip</i>	Excluded Drugs	
<i>ge100 blood glucose test strip</i>	Excluded Drugs	
<i>genstrip glucose test strip</i>	Excluded Drugs	
<i>genstrip glucose test strip</i>	Excluded Drugs	
<i>genultimate test strip</i>	Excluded Drugs	
<i>genultimate test strip</i>	Excluded Drugs	
<i>ght blood glucose test strip</i>	Excluded Drugs	
<i>ght blood glucose test strip</i>	Excluded Drugs	
<i>gluco navii glucose test strip</i>	Excluded Drugs	
<i>gluco navii glucose test strip</i>	Excluded Drugs	
<i>glucocard 01 sensor plus strip</i>	Excluded Drugs	
<i>glucocard 01 sensor plus strip</i>	Excluded Drugs	
<i>glucocard expression test strp</i>	Excluded Drugs	
<i>glucocard expression test strp</i>	Excluded Drugs	
<i>glucocard shine test strips</i>	Excluded Drugs	
<i>glucocard shine test strips</i>	Excluded Drugs	
<i>glucocard vital sensor strip</i>	Excluded Drugs	
<i>glucocard vital sensor strip</i>	Excluded Drugs	
<i>glucocard vital test strips</i>	Excluded Drugs	
<i>glucocard vital test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>glucocom glucose test strip</i>	Excluded Drugs	
<i>glucocom glucose test strip</i>	Excluded Drugs	
<i>gmate test strips</i>	Excluded Drugs	
<i>gmate test strips</i>	Excluded Drugs	
<i>gnp easy touch gluc test strip</i>	Excluded Drugs	
<i>gnp easy touch gluc test strip</i>	Excluded Drugs	
<i>gs blood glucose test strip</i>	Excluded Drugs	
<i>gs blood glucose test strip</i>	Excluded Drugs	
<i>healthpro glucose test strips</i>	Excluded Drugs	
<i>healthpro glucose test strips</i>	Excluded Drugs	
<i>humana true metrix test strips</i>	Excluded Drugs	
<i>humana true metrix test strips</i>	Excluded Drugs	
<i>humana truetest test strips</i>	Excluded Drugs	
<i>humana truetest test strips</i>	Excluded Drugs	
<i>iglucose test strip</i>	Excluded Drugs	
<i>iglucose test strip</i>	Excluded Drugs	
<i>infinity test strips</i>	Excluded Drugs	
<i>infinity test strips</i>	Excluded Drugs	
<i>kro premium blood glucose test</i>	Excluded Drugs	
<i>kro premium blood glucose test</i>	Excluded Drugs	
<i>liberty test strips</i>	Excluded Drugs	
<i>liberty test strips</i>	Excluded Drugs	
<i>maxima test strip</i>	Excluded Drugs	
<i>maxima test strip</i>	Excluded Drugs	
<i>meijer blood glucose test strp</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>meijer blood glucose test strp</i>	Excluded Drugs	
<i>microdot test strips</i>	Excluded Drugs	
<i>microdot test strips</i>	Excluded Drugs	
<i>microdot xtra test strips</i>	Excluded Drugs	
<i>microdot xtra test strips</i>	Excluded Drugs	
<i>myglucohealth test strips</i>	Excluded Drugs	
<i>myglucohealth test strips</i>	Excluded Drugs	
<i>neutek 2tek test strips</i>	Excluded Drugs	
<i>neutek 2tek test strips</i>	Excluded Drugs	
<i>nova max glucose test strip</i>	Excluded Drugs	
<i>nova max glucose test strip</i>	Excluded Drugs	
<i>on call express test strip</i>	Excluded Drugs	
<i>on call express test strip</i>	Excluded Drugs	
<i>on call plus test strip</i>	Excluded Drugs	
<i>on call plus test strip</i>	Excluded Drugs	
<i>on call vivid test strip</i>	Excluded Drugs	
<i>on call vivid test strip</i>	Excluded Drugs	
<i>onetouch ultra test strips</i>	2	QL 10 / day
<i>onetouch verio test strip</i>	2	QL 10 / day
<i>optium ez test strip</i>	Excluded Drugs	
<i>optium ez test strip</i>	Excluded Drugs	
<i>optium test strip</i>	Excluded Drugs	
<i>optium test strip</i>	Excluded Drugs	
<i>optumrx test strip</i>	Excluded Drugs	



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>optumrx test strip</i>	Excluded Drugs	
<i>pharmacist choice test strips</i>	Excluded Drugs	
<i>pharmacist choice test strips</i>	Excluded Drugs	
<i>precision pcx plus test str</i>	Excluded Drugs	
<i>precision pcx plus test str</i>	Excluded Drugs	
<i>precision pcx test strips</i>	Excluded Drugs	
<i>precision pcx test strips</i>	Excluded Drugs	
<i>precision point of care str</i>	Excluded Drugs	
<i>precision point of care str</i>	Excluded Drugs	
<i>precision q-i-d test strips</i>	Excluded Drugs	
<i>precision q-i-d test strips</i>	Excluded Drugs	
<i>precision xtra test strips</i>	Excluded Drugs	
<i>precision xtra test strips</i>	Excluded Drugs	
<i>premium blood glucose test str</i>	Excluded Drugs	
<i>premium blood glucose test str</i>	Excluded Drugs	
<i>premium blood glucose tst strp</i>	Excluded Drugs	
<i>premium blood glucose tst strp</i>	Excluded Drugs	
<i>premium v10 glucose test strip</i>	Excluded Drugs	
<i>premium v10 glucose test strip</i>	Excluded Drugs	
<i>prodigy no coding test strips</i>	Excluded Drugs	
<i>prodigy no coding test strips</i>	Excluded Drugs	
<i>pv truetrack smart sys strips</i>	Excluded Drugs	
<i>pv truetrack smart sys strips</i>	Excluded Drugs	
<i>quintet ac glucose test strips</i>	Excluded Drugs	
<i>quintet ac glucose test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>quintet glucose test strips</i>	Excluded Drugs	
<i>quintet glucose test strips</i>	Excluded Drugs	
<i>ra truetest glucose test strip</i>	Excluded Drugs	
<i>ra truetest glucose test strip</i>	Excluded Drugs	
<i>refuah plus test strips</i>	Excluded Drugs	
<i>refuah plus test strips</i>	Excluded Drugs	
<i>relion confirm-micro test strip</i>	Excluded Drugs	
<i>relion confirm-micro test strip</i>	Excluded Drugs	
<i>relion micro test strips</i>	Excluded Drugs	
<i>relion micro test strips</i>	Excluded Drugs	
<i>relion prime test strips</i>	Excluded Drugs	
<i>relion prime test strips</i>	Excluded Drugs	
<i>relion ultima test strips</i>	Excluded Drugs	
<i>relion ultima test strips</i>	Excluded Drugs	
<i>reveal test strip</i>	Excluded Drugs	
<i>reveal test strip</i>	Excluded Drugs	
<i>rexall blood glucose test strip</i>	Excluded Drugs	
<i>rexall blood glucose test strip</i>	Excluded Drugs	
<i>rightest gs100 test strips</i>	Excluded Drugs	
<i>rightest gs100 test strips</i>	Excluded Drugs	
<i>rightest gs250s test strips</i>	Excluded Drugs	
<i>rightest gs250s test strips</i>	Excluded Drugs	
<i>rightest gs260 test strips</i>	Excluded Drugs	
<i>rightest gs260 test strips</i>	Excluded Drugs	
<i>rightest gs300 test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>rightest gs300 test strips</i>	Excluded Drugs	
<i>rightest gs550 test strips</i>	Excluded Drugs	
<i>rightest gs550 test strips</i>	Excluded Drugs	
<i>smart sense test strips</i>	Excluded Drugs	
<i>smart sense test strips</i>	Excluded Drugs	
<i>smartest test strips</i>	Excluded Drugs	
<i>smartest test strips</i>	Excluded Drugs	
<i>solus v2 audible test strips</i>	Excluded Drugs	
<i>solus v2 audible test strips</i>	Excluded Drugs	
<i>sure-test easyplus mini strip</i>	Excluded Drugs	
<i>sure-test easyplus mini strip</i>	Excluded Drugs	
<i>td gold test strip</i>	Excluded Drugs	
<i>td gold test strip</i>	Excluded Drugs	
<i>telcare test strips</i>	Excluded Drugs	
<i>telcare test strips</i>	Excluded Drugs	
<i>test n'go glucose test strip</i>	Excluded Drugs	
<i>test n'go glucose test strip</i>	Excluded Drugs	
<i>true metrix glucose test strip</i>	Excluded Drugs	
<i>true metrix glucose test strip</i>	Excluded Drugs	
<i>truetest glucose test strip</i>	Excluded Drugs	
<i>truetest glucose test strip</i>	Excluded Drugs	
<i>truetest glucose test strips</i>	Excluded Drugs	
<i>truetest glucose test strips</i>	Excluded Drugs	
<i>truetrack glucose test strips</i>	Excluded Drugs	
<i>truetrack glucose test strips</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ultima test strips</i>	Excluded Drugs	
<i>ultima test strips</i>	Excluded Drugs	
<i>ultratrak test strip</i>	Excluded Drugs	
<i>ultratrak test strip</i>	Excluded Drugs	
<i>ultratrak ultimate test strips</i>	Excluded Drugs	
<i>ultratrak ultimate test strips</i>	Excluded Drugs	
<i>unistrip1 glucose test strip</i>	Excluded Drugs	
<i>unistrip1 glucose test strip</i>	Excluded Drugs	
<i>up &amp; up blood glucose tst strp</i>	Excluded Drugs	
<i>up &amp; up blood glucose tst strp</i>	Excluded Drugs	
v-r glucose test strip	Excluded Drugs	
v-r glucose test strip	Excluded Drugs	
<i>wavesense jazz test strips</i>	Excluded Drugs	
<i>wavesense jazz test strips</i>	Excluded Drugs	
<i>wavesense presto test strips</i>	Excluded Drugs	
<i>wavesense presto test strips</i>	Excluded Drugs	
<b>MYASTHENIA GRAVIS</b>		
ENLON	3	
ENLON-PLUS	3	
<b>PITUITARY FUNCTION</b>		
ACTHREL	5	<div style="display: inline-block; border: 1px solid black; padding: 2px;">PA</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; background-color: red; color: white;">NPS</div> Non-Preferred Specialty Drug
<b>ROENTGENOGRAPHY</b>		
OPTIRAY 240 (240 MG/ML) SYRN	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>THYROID FUNCTION</b>		
THYROGEN	5	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-right: 5px;">PA</div> <div style="background-color: #D9534F; color: white; padding: 2px 5px; margin-right: 5px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div>
<b>DIURETICS</b>		
<b>LOOP DIURETICS</b>		
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
DEMADEX	3	
EDECRIN	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	
LASIX	3	
<i>torseamide</i>	1	
<b>OSMOTIC DIURETICS</b>		
<i>mannitol (5% iv solution, 10% iv solution, 20% iv solution, 25% vial)</i>	1	
OSMITROL	1	
<b>POTASSIUM-SPARING DIURETICS</b>		
<i>amiloride hcl</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
DYAZIDE	3	
DYRENIUM	3	
MAXZIDE	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
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	
<b>THIAZIDE DIURETICS</b>		
<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	
<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	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
SAMSCA 30 MG TABLET	5	QL 2 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	
CYCLOSET	3	QL 6 / day PA
PARLODEL (2.5 MG TABLET, 5 MG CAPSULE)	3	
<b>NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST</b>		
APOKYN	5	PA NPS Non-Preferred Specialty Drug
MIRAPEX	3	
MIRAPEX ER	3	ST
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole er</i>	3	PA HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
REQUIP	3	
REQUIP XL	3	QL 1 / day
<i>ropinirole er</i>	1	QL 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	
ALKALINIZING AGENTS		
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	
AMMONIA DETOXICANTS		
BUPHENYL 500 MG TABLET	5	NPS Non-Preferred Specialty Drug
CARBAGLU	5	NPS Non-Preferred Specialty Drug



PRODUCT DESCRIPTION	TIER	LIMITS &
CONSTULOSE	1	
ENULOSE	1	
GENERLAC	1	
KRISTALOSE	1	
<i>lactulose</i>	1	
RAVICTI	5	<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>           20 / day            Non-Preferred            Specialty Drug         </div> </div>
<i>sodium phenylbutyrate 500mg tb</i>	4	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: red; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> </div> <div>           Non-Preferred            Specialty Drug         </div> </div>
<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	

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	
<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

PRODUCT DESCRIPTION	TIER	LIMITS &
ESTROGENS AND ANTIESTROGENS		
ANTIESTROGENS		
AROMASIN	3	
<i>exemestane</i>	1	
FEMARA	3	PA
<i>letrozole</i>	1	
ESTROGEN AGONIST-ANTAGONISTS		
<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
SOLTAMOX	3	
<i>tamoxifen citrate</i>	0	HCR
ESTROGENS		
ACTIVELLA	3	QL 1 / day GL Female
ALORA	3	QL 0.29 / day GL Female
AMABELZ	1	QL 1 / day GL Female
ANGELIQ	3	QL 1 / day GL Female

PRODUCT DESCRIPTION	TIER	LIMITS &
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>
ESTRACE 0.01% CREAM	2	<p>GL Female</p>
ESTRACE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	3	<p>QL 1 / day</p> <p>GL Female</p>
<i>estradiol (0.01% cream, 10 mcg vaginal insrt)</i>	1	<p>GL Female</p>
<i>estradiol (0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch)</i>	1	<p>QL 0.29 / day</p> <p>GL Female</p>
<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	<p>QL 0.15 / day</p> <p>GL Female</p>
<i>estradiol 0.06 mg/day patch</i>	1	<p>QL .15 / day</p> <p>GL Female</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>estradiol (0.5 mg tablet, 1 mg tablet)</i>	1	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>GL Female</li> <li>LCG</li> </ul>
<i>estradiol 2 mg tablet</i>	1	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>GL Female</li> </ul>
<i>estradiol valerate</i>	1	<ul style="list-style-type: none"> <li>GL Female</li> </ul>
<i>estradiol-norethindrone acetat</i>	1	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>GL Female</li> </ul>
ESTRING	2	<ul style="list-style-type: none"> <li>QL 90 days</li> <li>GL Female</li> </ul>
ESTROGEL	3	<ul style="list-style-type: none"> <li>QL 1.667 / day</li> <li>GL Female</li> </ul>
<i>estropipate</i>	1	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>GL Female</li> <li>LCG</li> </ul>
EVAMIST	3	<ul style="list-style-type: none"> <li>QL 0.54 / day</li> <li>GL Female</li> </ul>
FEMHRT	3	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>GL Female</li> </ul>
FEMRING	3	<ul style="list-style-type: none"> <li>QL 0.02 / day</li> <li>GL Female</li> </ul>
FYAVOLV	1	<ul style="list-style-type: none"> <li>GL Female</li> </ul>
JEVANTIQUE LO	3	<ul style="list-style-type: none"> <li>GL Female</li> </ul>
JINTELI	0	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>GL Female</li> <li>HCR</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
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
OGEN	3	<p>QL 1 / day</p> <p>GL Female</p>
PREFEST	3	<p>QL 1 / day</p> <p>GL Female</p>
PREMARIN VAGINAL CREAM-APPL	2	GL Female
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	2	<p>QL 1 / day</p> <p>GL Female</p>
PREMARIN 25 MG VIAL	2	
PREMPHASE	2	<p>QL 1 / day</p> <p>GL Female</p>
PREMPRO	2	<p>QL 1 / day</p> <p>GL Female</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
VAGIFEM	3	GL Female
VIVELLE-DOT	3	QL 8 / 28 days GL Female
YUVAFEM	1	GL Female
EYE, EAR, NOSE AND THROAT (EENT) PREPS. ANTIALLERGIC AGENTS		
ALOMIDE	3	QL 10 / fill
ASTEPRO	3	QL 2 / day
<i>azelastine hcl 0.05% drops</i>	1	QL 0.267 / day
<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	1	QL 2 / day
BEPREVE	3	QL 0.334 / day
DYMISTA	2	QL 0.8 / day
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>	3	QL 31 / 30 days HCG
PATADAY	3	QL 0.286 / day
PATANASE	3	QL 31 / 30 days
PATANOL	3	QL 0.286 / day










PRODUCT DESCRIPTION	TIER	LIMITS &
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	5	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	5	PA NPS Non-Preferred Specialty Drug
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)	5	QL 0.04 / day PA NPS Non-Preferred Specialty Drug
RESCULA 0.15% EYE DROPS	Excluded Drugs	
VISUDYNE	5	NPS Non-Preferred Specialty Drug
LOCAL ANESTHETICS (EENT)		
AKTEN	3	
ALCAINE	3	
ALTACAINE	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS &
FIRST GENERATION ANTIHISTAMINES		
PHENOTHIAZINE DERIVATIVES		
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 syrp, 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
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 DR 800 MG TABLET	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>balsalazide disodium</i>	1	
CANASA	2	
COLAZAL	3	
DELZICOL DR 400 MG CAPSULE	Excluded Drugs	
DIPENTUM	3	
GIAZO	3	GL Male
LIALDA DR 1.2 GM TABLET	Excluded Drugs	
LOTRONEX	3	PA GL Female AL At least 18 yrs old
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit)</i>	1	
<i>mesalamine dr 1.2 gm tablet</i>	3	HCG
<i>mesalamine 800 mg dr tablet</i>	Excluded Drugs	
PENTASA	3	
ROWASA (4 GM/60 ML ENEMA, 4 GM/60 ML ENEMA KIT)	3	
SFROWASA	3	
<b>ANTIDIARRHEA AGENTS</b>		
<i>diphenoxylat-atrop 2.5-0.025/5</i>	1	
FULYZAQ	5	NPS Non-Preferred Specialty Drug
LOMOTIL	3	
MOTOFEN	3	
MYTESI	5	NPS Non-Preferred Specialty Drug
<i>opium tincture</i>	1	QL 5 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>paregoric</i>	1	
XERMELO	5	<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: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> <div style="background-color: #DC143C; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> </div> <div>           At least 18 yrs old            Non-Preferred            Specialty Drug         </div> </div>
<b>CATHARTICS AND LAXATIVES</b>		
AMITIZA	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #800040; color: white; padding: 2px 5px; border-radius: 3px;">AL</div> </div> <div>           2 / day            At least 18 yrs old         </div> </div>
COLYTE WITH FLAVOR PACKETS	3	
GAVILYTE-C	0	<span style="background-color: #00B0F0; color: white; padding: 2px 5px; border-radius: 3px;">HCR</span>
GAVILYTE-G	0	<span style="background-color: #00B0F0; color: white; padding: 2px 5px; border-radius: 3px;">HCR</span>
GAVILYTE-N	0	<span style="background-color: #00B0F0; color: white; padding: 2px 5px; border-radius: 3px;">HCR</span>
GOLYTELY PACKET	0	<span style="background-color: #00B0F0; color: white; padding: 2px 5px; border-radius: 3px;">HCR</span>
GOLYTELY SOLUTION	3	
MOVIPREP	0	<span style="background-color: #00B0F0; color: white; padding: 2px 5px; border-radius: 3px;">HCR</span>
NULYTELY WITH FLAVOR PACKS	3	
OSMOPREP	3	
<i>peg 3350-electrolyte (3350 electrolyte soln, 3350-electrolyte solution)</i>	0	<span style="background-color: #00B0F0; color: white; padding: 2px 5px; border-radius: 3px;">HCR</span>
<i>peg-3350 and electrolytes</i>	0	<span style="background-color: #00B0F0; color: white; padding: 2px 5px; border-radius: 3px;">HCR</span>
<i>peg-3350 with flavor packs</i>	0	<span style="background-color: #00B0F0; color: white; padding: 2px 5px; border-radius: 3px;">HCR</span>
PEG-PREP	1	
PREPOPIK	3	<span style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2 / fill
SUPREP	3	<span style="background-color: #483D8B; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 354 / fill
TRILYTE WITH FLAVOR PACKETS	0	<span style="background-color: #00B0F0; color: white; padding: 2px 5px; border-radius: 3px;">HCR</span>

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>CHOLELITHOLYTIC AGENTS</b>		
ACTIGALL	3	
CHENODAL	5	 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 (DR 2,600 UNIT CAP, DR 4,200 UNIT CAP, DR 10,500 UNIT CAP, DR 16,800 UNIT CAP, DR 21,000 UNIT CAP)		Excluded Drugs
PERTZYE (DR 4,000 UNIT CAPSULE, DR 8,000 UNIT CAPSULE, DR 16,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE)		Excluded Drugs
VIOKACE (10,440-39,150 TB, 20,880-78,300 TB)		Excluded Drugs
ZENPEP	2	
<b>GI DRUGS, MISCELLANEOUS</b>		
CHOLBAM 250 MG CAPSULE	5	 7 / day   Non-Preferred Specialty Drug
CHOLBAM 50 MG CAPSULE	5	 4 / day   Non-Preferred Specialty Drug
ENTEREG	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
ENTYVIO	5	<ul style="list-style-type: none"> <li>QL 2 / 30 days</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
GATTEX	5	<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 (12.5 MG TABLET, 25 MG TABLET)	Excluded Drugs	
OCALIVA	5	<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	PA
RELISTOR 150 MG TABLET	3	PA
RESTORA SPRINKLES	3	
SYMPROIC 0.2 MG TABLET	Excluded Drugs	
VIBERZI	2	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> </ul>
XENICAL	3	
<b>PROKINETIC AGENTS</b>		
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml sol)</i>	1	LCG
<i>metoclopramide 10 mg/2 ml syr</i>	1	
<i>metoclopramide 10 mg/2 ml vial</i>	1	LCG
<i>metoclopramide hcl odt</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
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>	3	QL 1 / day PA HCG
DETROL	3	QL 2 / day
DETROL LA	3	QL 1 / day
DITROPAN XL 10 MG TABLET	3	QL 2 / day
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



PRODUCT DESCRIPTION	TIER	LIMITS &
<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>	3	QL 1 / day HCG
TOVIAZ	3	QL 1 / day
<i>trospium chloride</i>	3	QL 2 / day HCG
<i>trospium chloride er</i>	3	QL 1 / day HCG
VESICARE	2	QL 1 / day
GONADOTROPINS AND ANTIGONADOTROPINS		
ANTIGONADTROPINS		
CETROTIDE	4	PA GL Female PS
FIRMAGON	5	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

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>chorionic gonadotropin</i>	4	NPS Non-Preferred Specialty Drug
ELIGARD	5	PA NPS Non-Preferred Specialty Drug
FOLLISTIM AQ (75 UNIT VIAL, 300 UNIT CARTRIDG, 600 UNIT CARTRIDG, 900 UNIT CARTRIDG)	5	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
<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	5	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)	5	PA NPS Non-Preferred Specialty Drug
LUPRON DEPOT 3.75 MG KIT	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
LUPRON DEPO 11.25MG (LUPANETA)	5	PA NPS Non-Preferred Specialty Drug
LUPRON DEPOT 3.75MG (LUPANETA)	5	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)	5	PA NPS Non-Preferred Specialty Drug
MENOPUR	4	PA GL Female PS
NOVAREL	5	PA NPS Non-Preferred Specialty Drug
OVIDREL	4	PA PS
PREGNYL	5	PA NPS Non-Preferred Specialty Drug
SUPPRELIN LA	5	PA NPS Non-Preferred Specialty Drug
SYNAREL	5	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)	5	PA NPS Non-Preferred Specialty Drug
VANTAS	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
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
HCV PROTEASE INHIBITORS		
MAVYRET	4	QL 3 / day PA AL At least 18 yrs old PS
OLYSIO	5	QL 1 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>HCV REPLICATION COMPLEX INHIBITORS</b>		
DAKLINZA	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
TECHNIVIE	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
VIEKIRA PAK	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
VIEKIRA XR	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
ZEPATIER	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>ADRENALS</b>		
A-HYDROCORT	3	
A-METHAPRED	1	
ARISTOSPAN	3	
<i>betamethasone acetate-sod phos</i>	1	
<i>budesonide ec</i>	3	PA HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
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)	5	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-bottom: 2px;">AL</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-bottom: 2px;">NPS</div> </div> At least 5 yrs old Non-Preferred Specialty Drug
ENTOCORT EC	3	<div style="background-color: #8B4513; color: white; padding: 2px 5px;">PA</div>
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	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; margin-bottom: 2px;">QL</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px;">AL</div> </div> 1 / day At least 18 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
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	
<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	
PREDNISON 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	

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	<span>QL</span> 1 / day <span>PA</span> <span>GL</span> Male
ANDROGEL (1.62% GEL PUMP, 1.62%(1.25G) GEL PCKT, 1.62%(2.5G) GEL PCKT)	2	<span>QL</span> 5 / day <span>PA</span> <span>GL</span> Male
ANDROGEL (1% GEL PUMP, 1%(2.5G) GEL PACKET, 1%(5G) GEL PACKET)	Excluded Drugs	
ANDROID	3	<span>PA</span> <span>GL</span> Male
ANDROXY	3	<span>PA</span> <span>GL</span> Male
AVEED	5	<span>PA</span> <span>NPS</span> Non-Preferred Specialty Drug
AXIRON 30 MG/ACTUATION SOLN	Excluded Drugs	
COVARYX	1	<span>GL</span> Female
COVARYX H.S.	1	<span>GL</span> Female
<i>danazol</i>	1	



PRODUCT DESCRIPTION	TIER	LIMITS &
DELATESTRYL	3	PA GL Male
DEPO-TESTOSTERONE (100 MG/ML VL, 200 MG/ML)	3	GL Male
EEMT	1	GL Female
EEMT H.S.	1	GL Female
<i>estrogen-methyltestosterone</i>	1	GL Female
FORTESTA 10 MG GEL PUMP	Excluded Drugs	
METHITEST	3	PA GL Male
<i>methyltestosterone</i>	1	
NATESTO	3	QL 3 / day PA GL Male AL At least 18 yrs old
STRIANT	3	PA GL Male
TESTIM 1% (50MG) GEL	Excluded Drugs	
TESTOPEL	5	PA GL Male NPS Non-Preferred Specialty Drug
<i>testosterone (10 mg gel pump, 12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 30 mg/1.5 ml pump, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	3	HCG
<i>testosterone cypionate</i>	1	GL Male
<i>testosterone enanthate</i>	1	PA GL Male

PRODUCT DESCRIPTION	TIER	LIMITS &
TESTRED	3	PA GL Male
VOGELXO (12.5 MG/1.25 PUMP, 50 MG/5 GEL, 50 MG/5 GEL PACKT)	Excluded Drugs	
CONTRACEPTIVES		
ALTAVERA	0	QL 1 / day GL Female HCR
ALYACEN	0	GL Female HCR
AMETHIA	0	QL 91 days GL Female HCR
AMETHIA LO	0	QL 91 days GL Female HCR
AMETHYST	0	QL 1 / day GL Female HCR
APRI	0	GL Female HCR
ARANELLE	0	GL Female HCR
ASHLYNA	0	GL Female HCR
AUBRA	0	QL 1 / day GL Female HCR

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

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

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>drospirenone-ethinyl estradiol</i>	0	GL Female HCR
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

PRODUCT DESCRIPTION	TIER	LIMITS &
FEMCON FE	3	GL Female
FEMYNOR	0	GL Female HCR
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

PRODUCT DESCRIPTION	TIER	LIMITS &
JOLIVETTE	0	GL Female HCR
JULEBER	0	GL Female HCR
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

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



PRODUCT DESCRIPTION	TIER	LIMITS &
LILLOW	0	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>GL Female</li> <li>HCR</li> </ul>
LO LOESTRIN FE	0	<ul style="list-style-type: none"> <li>GL Female</li> <li>HCR</li> </ul>
LOESTRIN	3	<ul style="list-style-type: none"> <li>GL Female</li> </ul>
LOESTRIN FE	3	<ul style="list-style-type: none"> <li>GL Female</li> </ul>
LOMEDIA 24 FE	0	<ul style="list-style-type: none"> <li>GL Female</li> <li>HCR</li> </ul>
LORYNA	0	<ul style="list-style-type: none"> <li>GL Female</li> <li>HCR</li> </ul>
LOSEASONIQUE	3	<ul style="list-style-type: none"> <li>QL 91 days</li> <li>GL Female</li> </ul>
LOW-OGESTREL	0	<ul style="list-style-type: none"> <li>GL Female</li> <li>HCR</li> </ul>
LUTERA	0	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>GL Female</li> <li>HCR</li> </ul>
LYZA	0	<ul style="list-style-type: none"> <li>GL Female</li> <li>HCR</li> </ul>
MARLISSA	0	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>GL Female</li> <li>HCR</li> </ul>
MELODETTA 24 FE	0	<ul style="list-style-type: none"> <li>GL Female</li> <li>HCR</li> </ul>
MIBELAS 24 FE	0	<ul style="list-style-type: none"> <li>GL Female</li> <li>HCR</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
MICROGESTIN	0	GL Female HCR
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
<b>LEPTINS</b>		
MYALEPT	5	PA NPS Non-Preferred Specialty Drug
<b>PITUITARY</b>		
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)	5	PA NPS Non-Preferred Specialty Drug
HUMATROPE (5 MG VIAL, 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	5	PA NPS Non-Preferred Specialty Drug
NOCTIVA	3	
NORDITROPIN FLEXPRO	4	PA PS



PRODUCT DESCRIPTION	TIER	LIMITS &
NUTROPIN AQ	5	PA NPS Non-Preferred Specialty Drug
NUTROPIN AQ NUSPIN	5	PA NPS Non-Preferred Specialty Drug
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	5	PA NPS Non-Preferred Specialty Drug
SAIZEN (5 MG VIAL, 8.8 MG CLICK.EASY CARTG, 8.8 MG VIAL)	5	PA NPS Non-Preferred Specialty Drug
SAIZEN-SAIZENPREP	5	PA NPS Non-Preferred Specialty Drug
SEROSTIM	5	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	5	PA NPS Non-Preferred Specialty Drug
ZORBTIVE	5	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>	3	QL 0.29 / day HCG
<i>clonidine 0.1 mg/day patch</i>	3	QL 0.15 / day HCG
<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>	3	QL 4 / day HCG
CLORPRES	3	
<i>guanfacine hcl</i>	1	
KAPVAY	3	QL 4 / day ST
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>methyldopate hcl</i>	1	
TENEX	3	
DIRECT VASODILATORS		
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	
HYPOTENSIVE AGENTS, MISCELLANEOUS		
CORLOPAM (10 MG/ML AMPUL, 10 MG/ML VIAL)	3	
VECAMYL	5	PA NPS Non-Preferred Specialty Drug
PERIPHERAL ADRENERGIC INHIBITORS		
<i>reserpine</i>	1	
ION-REMOVING AGENTS		
OTHER ION-REMOVING AGENTS		
RADIOGARDASE	3	
PHOSPHATE-REMOVING AGENTS		
AURYXIA	3	
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	1	
ELIPHOS	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	3	
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>	3	HCG
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	<span style="background-color: purple; color: white; padding: 2px;">QL</span> 1 / day <span style="background-color: brown; color: white; padding: 2px;">PA</span>
<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	5	PA NPS Non-Preferred Specialty Drug
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>5-ALPHA-REDUCTASE INHIBITORS</b>		
AVODART	3	QL 1 / day GL Male
<i>dutasteride</i>	3	QL 1 / day GL Male HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>dutasteride-tamsulosin</i>	1	<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;">GL</div> Male
<i>finasteride 5 mg tablet</i>	1	<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;">GL</div> Male
JALYN	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;">GL</div> Male
PROSCAR	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;">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	5	<div style="display: inline-block; background-color: red; 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 vl)</i>	4	<div style="display: inline-block; background-color: red; 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 vl)</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	5	NPS Non-Preferred Specialty Drug
VORAXAZE	5	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	5	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 sodium (5 mg tablet, 10 mg tab)</i>	1	QL 1 / day
<i>alendronate sodium (sod 70 mg/75 ml, sodium 35 mg tab, sodium 40 mg tab, sodium 70 mg tab)</i>	1	QL .15 / day
ATELVIA	3	QL 0.15 / day ST
BINOSTO	3	QL .15 / day
BONIVA 3 MG/3 ML SYRINGE	5	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
<i>ibandronate sodium 150 mg tab</i>	1	QL 0.04 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	5	NPS Non-Preferred Specialty Drug
<i>risedronate sodium 150 mg tab</i>	3	QL 0.04 / day HCG
<i>risedronate sodium 30 mg tab</i>	3	HCG
<i>risedronate sodium 35 mg tab</i>	3	QL 0.15 / day HCG
<i>risedronate sodium 5 mg tablet</i>	3	QL 1 / day HCG
<i>risedronate sodium dr</i>	1	
XGEVA	5	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)	5	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
KEVEYIS	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
COMPLEMENT INHIBITORS		
BERINERT (500 UNIT KIT, 500 UNIT VIAL)	5	PA NPS Non-Preferred Specialty Drug
CINRYZE	5	PA NPS Non-Preferred Specialty Drug
FIRAZYR	5	PA NPS Non-Preferred Specialty Drug
HAEGARDA	5	QL 1.25 / day PA NPS Non-Preferred Specialty Drug
KALBITOR	5	PA NPS Non-Preferred Specialty Drug
RUCONEST	5	QL 0.87 / day PA NPS Non-Preferred Specialty Drug
SOLIRIS	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<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)	5	<ul style="list-style-type: none"> <li>QL 0.15 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
ARAVA	3	
CIMZIA (200 MG VIAL KIT, 200 MG/ML SYRINGE KIT)	5	<ul style="list-style-type: none"> <li>QL 0.08 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
CIMZIA 200 MG/ML STARTER KIT	5	<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>

PRODUCT DESCRIPTION	TIER	LIMITS &
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>
HUMIRA PEN PSORIASIS-UVEITIS	4	<ul style="list-style-type: none"> <li>QL 0.22 / day</li> <li>PA</li> <li>PS</li> </ul>
KEVZARA	5	<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	5	<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	

PRODUCT DESCRIPTION	TIER	LIMITS &
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
ORENCIA CLICKJECT	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET, STARTER PACK)	5	<p>QL 2 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
OTREXUP	3	<p>QL 0.08 / day</p> <p>PA</p>
RASUVO (10 MG/0.2 ML, 12.5 MG/0.25 ML)	3	<p>QL .08 / day</p> <p>PA</p>
RASUVO (7.5 MG/0.15 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 27.5 MG/0.55 ML, 30 MG/0.6 ML)	3	<p>QL 0.08 / day</p> <p>PA</p>
RENFLEXIS	5	<p>QL 10 / 30 days</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
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)	5	<p>QL 0.04 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
SIMPONI ARIA	5	<p>QL 0.1 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
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	5	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
XELJANZ XR	5	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<b>IMMUNOMODULATORY AGENTS</b>		
ACTIMMUNE	5	NPS Non-Preferred Specialty Drug
AUBAGIO	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>PS</li> </ul>
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG, PREFILLED SYR 30 MCG KT)	4	<ul style="list-style-type: none"> <li>QL 0.15 / day</li> <li>PA</li> <li>PS</li> </ul>
AVONEX PEN (PEN 30 MCG/0.5 ML, PEN 30 MCG/0.5 ML KIT)	4	<ul style="list-style-type: none"> <li>QL 0.15 / day</li> <li>PA</li> <li>PS</li> </ul>
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	5	<ul style="list-style-type: none"> <li>QL 0.5 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
COPAXONE	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>PS</li> </ul>






















PRODUCT DESCRIPTION	TIER	LIMITS &
EXTAVIA (0.3 MG KIT, 0.3 MG VIAL)	5	<ul style="list-style-type: none"> <li>QL 0.5 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
GILENYA	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>PS</li> </ul>
GLATOPA	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
PLEGRIDY 125 MCG/0.5 ML SYRING	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	5	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
PROLEUKIN	5	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	5	<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	5	<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)	5	<ul style="list-style-type: none"> <li>QL 0.22 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
REBIF REBIDOSE TITRATION PACK	5	<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	5	<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)	5	<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)	5	<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 &
TYSABRI	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div>
ZINBRYTA	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL 1 / day</div> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div>
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ASTAGRAF XL 0.5 MG CAPSULE	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL 15 / day</div> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div>
ASTAGRAF XL 1 MG CAPSULE	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL 30 / day</div> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div>
ASTAGRAF XL 5 MG CAPSULE	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL 6 / day</div> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div>
AZASAN	3	
<i>azathioprine</i>	1	
<i>azathioprine sodium</i>	1	
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div>
BENLYSTA 120 MG VIAL	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL 0.25 / day</div> <div style="margin-right: 10px;">PA</div> <div style="margin-right: 10px;">NPS</div> <div>Non-Preferred Specialty Drug</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
BENLYSTA 400 MG VIAL	5	<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)	5	NPS Non-Preferred Specialty Drug
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	1	PA
<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	NPS Non-Preferred Specialty Drug
<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	5	<p>QL 1 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
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

PRODUCT DESCRIPTION	TIER	LIMITS &
MYFORTIC	5	NPS Non-Preferred Specialty Drug
NEORAL (25 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	5	NPS Non-Preferred Specialty Drug
NULOJIX	5	PA NPS Non-Preferred Specialty Drug
PROGRAF 5 MG/ML AMPULE	5	NPS Non-Preferred Specialty Drug
PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	5	NPS Non-Preferred Specialty Drug
PURIXAN	5	PA NPS Non-Preferred Specialty Drug
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)	5	NPS Non-Preferred Specialty Drug
SANDIMMUNE 50 MG/ML AMPUL	5	NPS Non-Preferred Specialty Drug
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE)	5	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

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>tacrolimus 5 mg capsule</i>	4	 4 / day  Non-Preferred Specialty Drug
ZORTRESS	5	  Non-Preferred Specialty Drug
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
AMPYRA	4	 2 / day  
ARCALYST	5	  Non-Preferred Specialty Drug
CARDIOVID PLUS	3	
CARNITOR (100 MG/ML ORAL SOLN, 330 MG TABLET)	3	
CARNITOR 1 GM/5 ML VIAL	3	
CARNITOR SF	3	
CERDELGA	5	 2 / day   Non-Preferred Specialty Drug
CYSTADANE	5	 Non-Preferred Specialty Drug
CYSTAGON 150 MG CAPSULE	5	 13 / day   Non-Preferred Specialty Drug
CYSTAGON 50 MG CAPSULE	5	 40/ day   Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
DEMSER	3	
DYSPORT	5	PA NPS Non-Preferred Specialty Drug
ILARIS 150 MG/ML VIAL	5	QL 0.04 / day PA NPS Non-Preferred Specialty Drug
ILARIS 180 MG VIAL	5	QL 0.4 / day PA NPS Non-Preferred Specialty Drug
KUVAN (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	5	PA NPS Non-Preferred Specialty Drug
<i>levocarnitine 200 mg/ml vial</i>	1	
MYOBLOC	5	PA NPS Non-Preferred Specialty Drug
NEXAVIR	3	
NITYR	5	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)	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
POTABA	3	
PROCYSBI DR 25 MG CAPSULE	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
PROCYSBI DR 75 MG CAPSULE	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN 0.05 MG/ML AMPUL	5	QL 30 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN 0.1 MG/ML AMPUL	5	QL 15 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN 0.5 MG/ML AMPUL	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN 0.2 MG/ML VIAL	5	QL 8 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN 1 MG/ML VIAL	5	QL 1.5 / day PA NPS Non-Preferred Specialty Drug
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 30 MG KT, 30 MG VL)	5	QL 0.04 / day PA NPS Non-Preferred Specialty Drug



PRODUCT DESCRIPTION	TIER	LIMITS &
SANDOSTATIN LAR DEPOT (20 MG KT, 20 MG VL)	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">0.07 / day</div> </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> <div style="margin-left: 5px;">Non-Preferred Specialty Drug</div> </div> </div>
THIOLA	3	<div style="display: flex; align-items: center;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
TYBOST	4	<div style="display: flex; align-items: center;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">PS</div> </div>
XEOMIN	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> <div style="margin-left: 5px;">Non-Preferred Specialty Drug</div> </div> </div>
XURIDEN	5	<div style="display: flex; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> <div style="margin-left: 5px;">Non-Preferred Specialty Drug</div> </div>
ZAVESCA	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> <div style="margin-left: 5px;">Non-Preferred Specialty Drug</div> </div> </div>
PROTECTIVE AGENTS		
<i>amifostine</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> <div style="margin-left: 5px;">Non-Preferred Specialty Drug</div> </div>
<i>dexrazoxane</i>	4	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> <div style="margin-left: 5px;">Non-Preferred Specialty Drug</div> </div> </div>
ELMIRON	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 / day</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> </div>
ETHYOL	5	<div style="display: flex; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> <div style="margin-left: 5px;">Non-Preferred Specialty Drug</div> </div>
<i>mesna</i>	4	<div style="display: flex; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> <div style="margin-left: 5px;">Non-Preferred Specialty Drug</div> </div>
MESNEX (1 GRAM/10 ML VIAL, 400 MG TABLET)	5	<div style="display: flex; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> <div style="margin-left: 5px;">Non-Preferred Specialty Drug</div> </div>
ZINECARD	5	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #c00000; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> <div style="margin-left: 5px;">Non-Preferred Specialty Drug</div> </div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<b>CYCLOOXYGENASE-2 (COX-2) INHIBITORS</b>		
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
<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 50 MG POWDER PACKET	Excluded Drugs	
DAYPRO	3	
<i>diclofenac potassium</i>	1	
<i>diclofenac 1.5% topical soln</i>	3	PA HCG
<i>diclofenac sodium 1% gel</i>	3	QL 1000/ 30 days HCG
<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	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>diclofenac sodium-misoprostol</i>	1	
<i>diflunisal</i>	1	
DUEXIS 800-26.6 MG TABLET	Excluded Drugs	
DYLOJECT	3	
EC-NAPROSYN	3	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i>	1	
<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 er 200 mg capsule</i>	3	HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ketoprofen 50 mg capsule</i>	1	LCG
<i>ketoprofen 75 mg capsule</i>	1	
<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
<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	3	PA HCG
LODINE	3	
<i>meclofenamate sodium</i>	1	
<i>mefenamic acid</i>	3	QL 5 / day HCG
<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	

PRODUCT DESCRIPTION	TIER	LIMITS &
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>	3	HCG
<i>naproxen sod cr 500 mg tablet</i>	3	PA HCG
<i>naproxen sodium ds</i>	1	
<i>naproxen sod er 375 mg tablet</i>	3	PA HCG
NEOPROFEN	3	
<i>oxaprozin</i>	3	HCG
PENNSAID 2% PUMP	Excluded Drugs	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>tolmetin sodium (200 mg tab, 400 mg cap, 600 mg tab)</i>	1	
VIMOVO (DR 375-20 MG TABLET, DR 500-20 MG TABLET)	Excluded Drugs	
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 (18 MG CAPSULE, 35 MG CAPSULE)	Excluded Drugs	
SALICYLATES		
<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	
PARATHYROID AND ANTIPARATHYROID AGENTS		
ANTIPARATHYROID AGENTS		
<i>calcitonin-salmon</i>	1	QL 0.13 / day
FORTICAL	3	QL 0.13 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
MIACALCIN 200 UNIT NASAL SPRAY	3	QL 0.13 / day
MIACALCIN 400 UNIT/2 ML VIAL	5	NPS Non-Preferred Specialty Drug
SENSIPAR (30 MG TABLET, 60 MG TABLET)	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
SENSIPAR 90 MG TABLET	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
<b>PARATHYROID AGENTS</b>		
FORTEO	5	PA NPS Non-Preferred Specialty Drug
NATPARA	5	PA NPS Non-Preferred Specialty Drug
TYMLOS	5	QL 1.60 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
<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	LCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>amoxicillin er</i>	1	
<i>amoxicillin-clavulanate pot er</i>	3	HCG
<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	
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	



PRODUCT DESCRIPTION	TIER	LIMITS &
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	
<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)</b>		
<b>ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN)</b>		
<i>losartan potassium 50 mg tab</i>	1	QL 2 / day LCG

PRODUCT DESCRIPTION	TIER	LIMITS &
<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</b>		
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND	3	QL 1 / day
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

PRODUCT DESCRIPTION	TIER	LIMITS &
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
<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

PRODUCT DESCRIPTION	TIER	LIMITS &
MICARDIS HCT 80-12.5 MG TABLET	3	QL 2 / day
<i>olmesartan medoxomil</i>	1	QL 3 / day
<i>olmesartan-amlodipine-hctz</i>	3	QL 1 / day HCG
<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>	3	QL 2 / day HCG
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>	3	QL 1 / day HCG
TRIBENZOR	3	QL 1 / day
TWYNSTA	3	QL 1 / day
<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
<b>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS</b>		
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

PRODUCT DESCRIPTION	TIER	LIMITS &
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
<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

PRODUCT DESCRIPTION	TIER	LIMITS &
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
VASOTEC	3	QL 2 / day
ZESTORETIC	3	QL 2 / day
ZESTRIL	3	QL 1 / day
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS		
ALDACTAZIDE	3	
ALDACTONE	3	
CAROSPIR	2	PA
<i>eplerenone</i>	3	HCG
INSPRA	3	
<i>spironolactone</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>spironolactone-hctz</i>	1	
<b>RENIN INHIBITORS</b>		
TEKAMLO	3	QL 1 / day
TEKTURNA	3	QL 1 / day ST
TEKTURNA HCT	3	QL 1 / day ST
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS (RESPIRATORY)</b>		
NUCALA	5	QL 0.04 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
<b>ANTIFIBROTIC AGENTS</b>		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	5	QL 9 / day PA NPS Non-Preferred Specialty Drug
ESBRIET 801 MG TABLET	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
OFEV	5	QL 2 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	QL 60 / day AL At least 18 yrs old
HYCOFENIX	3	QL 40/ day AL At least 18 yrs old
<i>hydrocod-cpm-pseudoephedrine</i>	1	QL 20 / day AL At least 18 yrs old
<i>hydrocodone-chlorpheniramne er</i>	1	QL 10 / day AL At least 6 yrs old
<i>hydrocodone-homatropine mbr (soln, syrup)</i>	1	QL 30 / day AL At least 2 yrs old
<i>hydrocodone-homatropine 5-1.5</i>	1	QL 6 / day AL At least 6 yrs old
HYDROMET	1	QL 30 / day AL At least 2 yrs old
OBREDON	3	QL 60 / day AL At least 18 yrs old
<i>promethazine vc-codeine</i>	1	QL 30 / day AL At least 6 yrs old
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	AL At least 2 yrs old LCG



PRODUCT DESCRIPTION	TIER	LIMITS &
<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>
ZUTRIPRO	3	<p>QL 20 / day</p> <p>AL At least 18 yrs old</p>
<b>MUCOLYTIC AGENTS</b>		
<i>acetylcysteine (10% vial, 20% vial)</i>	1	
PULMOZYME	5	<p>QL 5 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
<b>PHOSPHODIESTERASE TYPE 4 INHIBITORS</b>		
DALIRESP	3	<p>QL 1 / day</p> <p>PA</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>PULMONARY SURFACTANTS</b>		
CUROSURF	3	
INFASURF	3	
SURVANTA	3	
<b>RESPIRATORY TRACT AGENTS, MISCELLANEOUS</b>		
ARALAST NP	5	PA NPS Non-Preferred Specialty Drug
GLASSIA	5	PA NPS Non-Preferred Specialty Drug
PROLASTIN C 1,000 MG VIAL	5	PA NPS Non-Preferred Specialty Drug
XOLAIR	5	PA AL At least 6 yrs old NPS Non-Preferred Specialty Drug
ZEMAIRA	5	PA NPS Non-Preferred Specialty Drug
<b>VASODILATING AGENTS (RESPIRATORY TRACT)</b>		
ADEMPAS	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
<i>epoprostenol sodium</i>	4	NPS Non-Preferred Specialty Drug
FLOLAN	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
LETAIRIS	4	<p>QL 1 / day</p> <p>PA</p> <p>PS</p>
OPSUMIT	5	<p>QL 1 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
ORENITRAM ER	5	<p>QL 3 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
REMODULIN	5	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
<i>sildenafil</i>	4	<p>QL 3 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TRACLEER (32 MG TABLET FOR SUSP, 62.5 MG TABLET, 125 MG TABLET)	4	<p>QL 2 / day</p> <p>PA</p> <p>PS</p>
TYVASO	5	<p>QL 1 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TYVASO INSTITUTIONAL START KIT	5	<p>QL 1 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TYVASO REFILL KIT	5	<p>QL 1 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>




PRODUCT DESCRIPTION	TIER	LIMITS &
TYVASO STARTER KIT	5	<p>QL 1 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
UPTRAVI 200-800 TITRATION PACK	5	<p>PA</p> <p>AL At least 18 yrs old</p> <p>NPS Non-Preferred Specialty Drug</p>
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)	5	<p>QL 2 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p> <p>NPS Non-Preferred Specialty Drug</p>
VELETRI	5	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
VENTAVIS	5	<p>QL 9 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>

## SKELETAL MUSCLE RELAXANTS

### CENTRALLY ACTING SKELETAL MUSCLE RELAXANT

AMRIX (ER 15 MG CAPSULE, ER 30 MG CAPSULE)	Excluded Drugs	
<i>carisoprodol</i>	1	
<i>carisoprodol compound</i>	1	
<i>carisoprodol compound-codeine</i>	1	QL 21 / day
<i>carisoprodol-aspirin</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	QL 21 / day

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine 10 mg tablet</i>	1	LCG
<i>cyclobenzaprine hcl (5 mg tablet, 7.5 mg tablet)</i>	1	
FEXMID	3	
LORZONE	3	PA
METAXALL	1	
<i>metaxalone</i>	3	HCG
<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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS &
<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)	5	 Non-Preferred Specialty Drug
LIORESAL INTRATHECAL (10 MG/20 ML K, 10 MG/5 ML K, 40 MG/20 ML K)	5	 Non-Preferred Specialty Drug
LIORESAL IT 0.05 MG/1 ML AMP	5	 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	
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)</b>		
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	

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	
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>	3	HCG
DESOWEN (CREAM, LOTION)	3	
<i>desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment)</i>	3	HCG
<i>diflorasone diacetate (cream, ointment)</i>	1	
DIPROLENE (LOTION, OINTMENT)	3	
DIPROLENE AF	3	

PRODUCT DESCRIPTION	TIER	LIMITS &
ELOCON (CREAM, LOTION, OINTMENT)	3	
EPIFOAM	3	
EUCRISA	2	<span>QL</span> 2.143 / day <span>ST</span> <span>AL</span> At least 2 yrs old
<i>fluocinolone acetonide (0.01% body oil, 0.01% cream, 0.01% scalp oil, 0.025% cream, 0.025% ointment)</i>	3	<span>HCG</span>
<i>fluocinolone 0.01% solution</i>	1	
<i>fluocinonide 0.1% cream</i>	1	<span>PA</span>
<i>fluocinonide (cream, gel, ointment, solution)</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluticasone propionate (0.005% oint, 0.05% cream, 0.05% lotion)</i>	1	
<i>halobetasol propionate (cream, ointmnt)</i>	3	<span>HCG</span>
HALOG (CREAM, OINTMENT)	3	<span>PA</span>
HEMMOREX-HC	1	
<i>hydrocortisone (1% absorbase, 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	



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>hydrocortisone-pramoxine hcl</i>	1	
IMPOYZ	3	
KENALOG	3	
<i>lidocaine-hc 3-0.5% cream</i>	3	HCG
LOCOID (CREAM, LOTION, OINTMENT, SOLUTION)	3	PA
<i>lokara</i>	1	
LUXIQ	3	
MICORT-HC	3	
<i>mometasone furoate (cream, oint, soln)</i>	1	
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	

PRODUCT DESCRIPTION	TIER	LIMITS &
PROCTOSOL-HC	1	
PROCTOZONE-HC	1	
PSORCON	3	
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

PRODUCT DESCRIPTION	TIER	LIMITS &
VERDESO	3	
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		
ANA-LEX 2-2% CREAM	3	
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>	3	QL 3 / day PA HCG
<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	

PRODUCT DESCRIPTION	TIER	LIMITS &
LIDOVEX	3	
LIDTOPIC MAX	3	
LP LITE PAK	1	
NUMBONEX	3	
<i>phenazopyridine hcl</i>	1	
PLIAGLIS	3	
PONTOCAINE	3	
PRE-ATTACHED LTA KIT	3	
PRUDOXIN	3	<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> <div>49 / fill</div> </div>
PYRIDIUM	3	
REGENECARE	3	
SPRAY AND STRETCH	3	
SYNERA	3	<div style="background-color: brown; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
ZONALON	3	<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> <div>49 / fill</div> </div>
<b>ASTRINGENTS</b>		
DRYSOL	3	
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
ATRALIN	3	<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> <div>1.5 / day</div> </div>
AVITA (CREAM, GEL)	1	
KEPIVANCE	5	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: red; color: white; padding: 2px 5px; border-radius: 3px;">NPS</div> </div> <div>Non-Preferred Specialty Drug</div> </div>
REGRANEX	3	<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> <div>1 / day</div> </div>

PRODUCT DESCRIPTION	TIER	LIMITS &
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
TRETIN-X (0.0375% CREAM, 0.075% CREAM)	3	
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.05% gel, 0.1% cream)</i>	1	
<i>tretinoin microsphere (gel 0.04% pump, gel 0.04% tube, gel 0.1% pump, gel 0.1% tube)</i>	3	QL 1.667 / day PA HCG
<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	

PRODUCT DESCRIPTION	TIER	LIMITS &
KERAFOAM	3	
KERALAC	3	
KERALYT	3	
LATRIX	1	
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	























PRODUCT DESCRIPTION	TIER	LIMITS &
ULTRASAL-ER	3	
UMECTA (EMULSION, NAIL FILM PEN, NAIL FILM SUSP)	3	
UMECTA 40% MOUSSE	1	
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>	3	QL 2 / day HCG
<i>acitretin 10 mg capsule</i>	3	QL 4 / day HCG

PRODUCT DESCRIPTION	TIER	LIMITS &
ACZONE (5% GEL, 7.5% GEL PUMP)	3	QL 3 / day
<i>adapalene (0.1% cream, 0.3% gel, 0.3% gel pump)</i>	3	QL 1.5 / day HCG
<i>adapalene 0.1% lotion</i>	1	QL 2 / day
<i>adapalene-benzoyl peroxide</i>	3	QL 1.5 / day
ALDARA	3	QL 0.434 / day AL At least 12 yrs old
AMNESTEEM	3	PA HCG
AZELEX	3	QL 1.667 / day
<i>calcipotriene (cream, ointment)</i>	3	QL 2 / day HCG
<i>calcipotriene 0.005% solution</i>	1	QL 2 / day
<i>calcipotriene-betamethasone dp</i>	1	QL 3 / day PA
CALCITRENE	1	QL 2 / day
<i>calcitriol 3 mcg/g ointment</i>	1	QL 3.334 / day
CARAC	2	
CLARAVIS	3	PA HCG
CONDYLOX (GEL, TOPICAL SOLN)	3	
COSENTYX (2 SYRINGES)	5	QL 0.357 / day PA NPS Non-Preferred Specialty Drug
COSENTYX PEN	5	QL 0.357 / day PA NPS Non-Preferred Specialty Drug



PRODUCT DESCRIPTION	TIER	LIMITS &
COSENTYX PEN (2 PENS)	5	<ul style="list-style-type: none"> <li>QL 0.357 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
COSENTYX SYRINGE	5	<ul style="list-style-type: none"> <li>QL 0.357 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>dapsone 5% gel</i>	1	<ul style="list-style-type: none"> <li>QL 3 / day</li> </ul>
DEBACTEROL (SOLUTION, SWABSTICK)	3	
<i>diclofenac sodium 3% gel</i>	1	<ul style="list-style-type: none"> <li>QL 100 / 30 days</li> <li>PA</li> </ul>
DIFFERIN (0.1% CREAM, 0.3% GEL, 0.3% GEL PUMP)	3	<ul style="list-style-type: none"> <li>QL 1.5 / day</li> </ul>
DIFFERIN 0.1% LOTION	3	<ul style="list-style-type: none"> <li>QL 1.967 / day</li> </ul>
DOVONEX	3	<ul style="list-style-type: none"> <li>QL 2 / day</li> </ul>
DUPIXENT	5	<ul style="list-style-type: none"> <li>QL 0.15 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
EFUDEX	3	
ELIDEL	2	<ul style="list-style-type: none"> <li>QL 2.5 / day</li> <li>ST</li> <li>AL At least 2 yrs old</li> </ul>
ENSTILAR	3	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> </ul>
EPIDUO 0.1-2.5% GEL	3	<ul style="list-style-type: none"> <li>QL 1.667 / day</li> </ul>
EPIDUO 0.1-2.5% GEL PUMP	3	<ul style="list-style-type: none"> <li>QL 1.5 / day</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
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
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	QL 0.434 / day AL At least 12 yrs old
<i>isotretinoin</i>	1	PA
MIRVASO (GEL, GEL PUMP)	2	QL 1 / day
MUCOTROL	3	
MYORISAN	3	PA HCG
PANRETIN	3	
PICATO	3	ST
PODOCON-25	3	PA
<i>podofilox</i>	1	
PROTOPIC 0.03% OINTMENT	3	QL 2.5 / day ST AL At least 2 yrs old
PROTOPIC 0.1% OINTMENT	3	QL 2.5 / day ST AL At least 16 yrs old

PRODUCT DESCRIPTION	TIER	LIMITS &
PYROGALLIC ACID	1	
QUTENZA	5	 Non-Preferred Specialty Drug
RECTIV	3	
RHOFADE	3	 1.25 / day 
SANTYL	3	
SOLARAZE	3	 100 / 30 days 
SOOLANTRA	2	 1.5 / day
SORIATANE (17.5 MG CAPSULE, 25 MG CAPSULE)	3	 2 / day
SORIATANE 10 MG CAPSULE	3	 4 / day
SORILUX	3	 2 / day
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	5	 0.08 / day   Non-Preferred Specialty Drug
STELARA 130 MG/26 ML VIAL	5	 3.73 / day   Non-Preferred Specialty Drug
TACLONEX OINTMENT	3	 3 / day 
TACLONEX 0.005%-0.064% SUSPENS	3	 4 / day 
<i>tacrolimus (0.03% ointment, 0.1% ointment)</i>	3	 100 / 30 days  

PRODUCT DESCRIPTION	TIER	LIMITS &
TALTZ AUTOINJECTOR	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TALTZ AUTOINJECTOR (2 PACK)	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TALTZ AUTOINJECTOR (3 PACK)	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TALTZ SYRINGE	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TALTZ SYRINGE (2 PACK)	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TALTZ SYRINGE (3 PACK)	5	<p>QL 0.15 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
TARGRETIN 1% GEL	5	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
<i>tazarotene</i>	3	<p>QL 1.47 / day</p> <p>HCG</p>
TAZORAC (0.05% CREAM, 0.1% CREAM)	3	<p>QL 2 / day</p>
TAZORAC (0.05% GEL, 0.1% GEL)	3	<p>QL 3.334 / day</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
TOLAK	3	<ul style="list-style-type: none"> <li>QL 1.47 / day</li> <li>ST</li> </ul>
TREMFYA	5	<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>
TRI-CHLOR	3	
<i>trichloroacetic acid (20%, 25%, 50%, 75%, 80%, 85%, 90%, 100%)</i>	1	
VALCHLOR	5	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
VECTICAL	3	QL 3.334 / day
VEREGEN	3	PA
ZENATANE	3	<ul style="list-style-type: none"> <li>PA</li> <li>HCG</li> </ul>
ZYCLARA (CREAM, CREAM PUMP)	3	<ul style="list-style-type: none"> <li>QL 56 / 60 days</li> <li>AL At least 12 yrs old</li> </ul>
ZYCLARA 2.5% CREAM PUMP	3	<ul style="list-style-type: none"> <li>QL 56 / 30 days</li> <li>AL At least 12 yrs old</li> </ul>
SMOOTH MUSCLE RELAXANTS		
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<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	

PRODUCT DESCRIPTION	TIER	LIMITS &
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	
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
SOMATOSTATIN AGONISTS		
SIGNIFOR	5	PA NPS Non-Preferred Specialty Drug
SIGNIFOR LAR (20 MG KIT, 20 MG VIAL)	5	QL 0.1 / day PA NPS Non-Preferred Specialty Drug
SIGNIFOR LAR (40 MG KIT, 40 MG VIAL)	5	QL 0.067 / day PA NPS Non-Preferred Specialty Drug
SIGNIFOR LAR (60 MG KIT, 60 MG VIAL)	5	QL 0.04 / day PA NPS Non-Preferred Specialty Drug
SOMATULINE DEPOT	5	QL 0.02 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>		
<b>SOMATOTROPIN AGONISTS</b>		
EGRIFTA	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
INCRELEX	5	PA NPS Non-Preferred Specialty Drug
<b>SOMATOTROPIN ANTAGONISTS</b>		
SOMAVERT	5	NPS 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	





PRODUCT DESCRIPTION	TIER	LIMITS &
<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
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	5	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	



PRODUCT DESCRIPTION	TIER	LIMITS &
<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	
TYGACIL	3	
<b>THYROID AND ANTITHYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
TAPAZOLE	3	
<b>THYROID AGENTS</b>		
ARMOUR THYROID	3	
CYTOMEL	3	
LEVO-T	1	

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS &
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	
UNCATEGORIZED		
<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 starttr 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 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>	Excluded Drugs	
ABRAXANE	5	PA NPS Non-Preferred Specialty Drug
<i>accu-chek aviva connect meter</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>accu-chek aviva connect meter</i>	Excluded Drugs	
<i>accu-chek aviva plus meter</i>	Excluded Drugs	
<i>accu-chek aviva plus meter</i>	Excluded Drugs	
<i>accu-chek combo system</i>	Excluded Drugs	
<i>accu-chek compact plus kit</i>	Excluded Drugs	
<i>accu-chek compact plus kit</i>	Excluded Drugs	
<i>accu-chek guide monitor system</i>	Excluded Drugs	
<i>accu-chek guide monitor system</i>	Excluded Drugs	
<i>accu-chek nano smartview meter</i>	Excluded Drugs	
<i>accu-chek nano smartview meter</i>	Excluded Drugs	
<i>accu-chek voicemate system</i>	Excluded Drugs	
<i>accu-chek voicemate system</i>	Excluded Drugs	
ADCETRIS	5	  Non-Preferred Specialty Drug
ADRIAMYCIN	4	 Non-Preferred Specialty Drug
ADRUCIL	4	 Non-Preferred Specialty Drug
<i>advocate blood glucose monitor</i>	Excluded Drugs	
<i>advocate blood glucose monitor</i>	Excluded Drugs	
<i>advocate duo glu-wrist monitor</i>	Excluded Drugs	
<i>advocate duo meter</i>	Excluded Drugs	
<i>advocate duo meter</i>	Excluded Drugs	
<i>advocate redi-code duo meter</i>	Excluded Drugs	
<i>advocate redi-code glu meter</i>	Excluded Drugs	







PRODUCT DESCRIPTION	TIER	LIMITS &
<i>advocate redi-code glu meter</i>	Excluded Drugs	
<i>advocate redi-code glu monitor</i>	Excluded Drugs	
<i>advocate redi-code glu monitor</i>	Excluded Drugs	
<i>advocate redi-code plus meter</i>	Excluded Drugs	
<i>advocate redi-code plus meter</i>	Excluded Drugs	
AFINITOR (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	5	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
AFINITOR 2.5 MG TABLET	5	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
AFINITOR DISPERZ	5	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>agamatrix amp gluc monitor sys</i>	Excluded Drugs	
<i>agamatrix amp gluc monitor sys</i>	Excluded Drugs	
ALDURAZYME	5	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
ALECENSA	5	<ul style="list-style-type: none"> <li>QL 8 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
ALIMTA	5	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
ALKERAN 2 MG TABLET	3	
ALKERAN 50 MG VIAL	5	NPS Non-Preferred Specialty Drug
ALLFEN CDX	3	
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK)	5	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ALUNBRIG 180 MG TABLET	5	QL 1 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ALUNBRIG 30 MG TABLET	5	QL 6 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
ARRANON	5	NPS Non-Preferred Specialty Drug
ARZERRA	5	PA NPS Non-Preferred Specialty Drug
<i>assure platinum glucose meter</i>	Excluded Drugs	
<i>assure platinum glucose meter</i>	Excluded Drugs	
<i>assure prism multi meter</i>	Excluded Drugs	
<i>assure prism multi meter</i>	Excluded Drugs	
AVAILNEX	3	

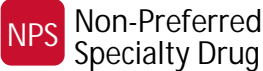
PRODUCT DESCRIPTION	TIER	LIMITS &
AVASTIN	5	PA NPS Non-Preferred Specialty Drug
AVENOVA	3	
<i>azacitidine</i>	4	NPS Non-Preferred Specialty Drug
BELEODAQ	5	PA NPS Non-Preferred Specialty Drug
<i>betamethasone 12 mg/2 ml-water</i>	1	
<i>bicalutamide</i>	1	
BICNU	5	NPS Non-Preferred Specialty Drug
BLEO 15K	5	NPS Non-Preferred Specialty Drug
<i>bleomycin sulfate</i>	4	NPS Non-Preferred Specialty Drug
BLINCYTO (35 MCG VIAL, 35MCG VIAL+STABILIZER)	5	NPS Non-Preferred Specialty Drug
<i>blood glucose monitoring syst</i>		Excluded Drugs
<i>blood glucose monitoring syst</i>		Excluded Drugs
<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

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>busulfan</i>	4	NPS Non-Preferred Specialty Drug
BUSULFEX	5	NPS Non-Preferred Specialty Drug
CA-DTPA	1	
CABOMETYX 20 MG TABLET	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
CABOMETYX 40 MG TABLET	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
CABOMETYX 60 MG TABLET	5	QL 1.5 / day PA NPS Non-Preferred Specialty Drug
CAMPATH	5	PA NPS Non-Preferred Specialty Drug
CAMPTOSAR	5	NPS Non-Preferred Specialty Drug
<i>capecitabine</i>	4	PA NPS Non-Preferred Specialty Drug
CAPRELSA 100 MG TABLET	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
CAPRELSA 300 MG TABLET	5	QL 1 / day PA NPS Non-Preferred Specialty Drug






PRODUCT DESCRIPTION	TIER	LIMITS &
<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	 Non-Preferred Specialty Drug
CARDENE SR 45 MG CAPSULE	3	 2 / day
<i>careone glucose monitoring sys</i>	Excluded Drugs	
<i>careone glucose monitoring sys</i>	Excluded Drugs	
<i>caresens n blood glucose syst</i>	Excluded Drugs	
<i>caresens n blood glucose syst</i>	Excluded Drugs	
<i>caresens n voice glucose meter</i>	Excluded Drugs	
<i>caresens n voice glucose meter</i>	Excluded Drugs	
<i>caresens n voice glucose sys</i>	Excluded Drugs	
<i>caresens n voice glucose sys</i>	Excluded Drugs	
CASODEX	3	
CEDAX 90 MG/5 ML SUSPENSION	3	
CEREZYME	5	  Non-Preferred Specialty Drug
<i>chemstrip bg diary</i>	Excluded Drugs	
<i>choicedm clarus monitor system</i>	Excluded Drugs	
<i>choicedm clarus monitor system</i>	Excluded Drugs	
<i>cisplatin</i>	4	 Non-Preferred Specialty Drug
<i>cladribine</i>	4	 Non-Preferred Specialty Drug
<i>clever chek blood glucose syst</i>	Excluded Drugs	
<i>clever chek blood glucose syst</i>	Excluded Drugs	
<i>clever choice blood glucos sys</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>clever choice blood glucos sys</i>	Excluded Drugs	
<i>clever choice glucose monitor</i>	Excluded Drugs	
<i>clever choice glucose monitor</i>	Excluded Drugs	
<i>clever choice hd glucose syst</i>	Excluded Drugs	
<i>clever choice hd glucose syst</i>	Excluded Drugs	
<i>clever choice micro monitor</i>	Excluded Drugs	
<i>clever choice micro monitor</i>	Excluded Drugs	
<i>clever choice pro glucose mtr</i>	Excluded Drugs	
<i>clever choice pro glucose mtr</i>	Excluded Drugs	
<i>clever choice talk glucose sys</i>	Excluded Drugs	
<i>clever choice talk glucose sys</i>	Excluded Drugs	
<i>clofarabine</i>	4	NPS Non-Preferred Specialty Drug
CLOLAR	5	NPS Non-Preferred Specialty Drug
COMETRIQ 100 MG DAILY-DOSE PK	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
COMETRIQ 140 MG DAILY-DOSE PK	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
COMETRIQ 60 MG DAILY-DOSE PACK	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
<i>contour link meter</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>contour link meter</i>	Excluded Drugs	
<i>contour meter</i>	Excluded Drugs	
<i>contour meter</i>	Excluded Drugs	
<i>contour meter system</i>	Excluded Drugs	
<i>contour meter system</i>	Excluded Drugs	
<i>contour next ez meter</i>	Excluded Drugs	
<i>contour next ez meter</i>	Excluded Drugs	
<i>contour next ez meter system</i>	Excluded Drugs	
<i>contour next ez meter system</i>	Excluded Drugs	
<i>contour next link 2.4 meter kt</i>	Excluded Drugs	
<i>contour next link 2.4 meter kt</i>	Excluded Drugs	
<i>contour next link meter</i>	Excluded Drugs	
<i>contour next link meter</i>	Excluded Drugs	
<i>contour next meter</i>	Excluded Drugs	
<i>contour next meter</i>	Excluded Drugs	
<i>contour next one meter</i>	Excluded Drugs	
<i>contour next one meter</i>	Excluded Drugs	
<i>contour next usb meter</i>	Excluded Drugs	
<i>contour next usb meter</i>	Excluded Drugs	
<i>control ast monitoring system</i>	Excluded Drugs	
<i>cool blood glucose meter</i>	Excluded Drugs	
<i>cool blood glucose meter</i>	Excluded Drugs	
<i>cool blood glucose meter kit</i>	Excluded Drugs	
<i>cool blood glucose meter kit</i>	Excluded Drugs	
COSMEGEN	5	

PRODUCT DESCRIPTION	TIER	LIMITS &
COTELLIC	5	<ul style="list-style-type: none"> <li><span style="background-color: #6a3d9a; color: white; padding: 2px;">QL</span> 2.5 / day</li> <li><span style="background-color: #8b6914; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #c00000; color: white; padding: 2px;">AL</span> At least 18 yrs old</li> <li><span style="background-color: #c00000; color: white; padding: 2px;">NPS</span> Non-Preferred Specialty Drug</li> </ul>
<i>cvx advanced glucose meter</i>	Excluded Drugs	
<i>cvx advanced glucose meter</i>	Excluded Drugs	
CYRAMZA	5	<ul style="list-style-type: none"> <li><span style="background-color: #8b6914; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #c00000; color: white; padding: 2px;">NPS</span> Non-Preferred Specialty Drug</li> </ul>
<i>cytarabine</i>	4	<span style="background-color: #c00000; color: white; padding: 2px;">NPS</span> Non-Preferred Specialty Drug
<i>dacarbazine</i>	4	<span style="background-color: #c00000; color: white; padding: 2px;">NPS</span> Non-Preferred Specialty Drug
DACOGEN	5	<span style="background-color: #c00000; color: white; padding: 2px;">NPS</span> Non-Preferred Specialty Drug
<i>dario blood glucose monitor</i>	Excluded Drugs	
DARZALEX	5	<ul style="list-style-type: none"> <li><span style="background-color: #8b6914; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #c00000; color: white; padding: 2px;">NPS</span> Non-Preferred Specialty Drug</li> </ul>
<i>daunorubicin hcl (20 mg vial, 20 mg/4 ml vial)</i>	4	<span style="background-color: #c00000; color: white; padding: 2px;">NPS</span> Non-Preferred Specialty Drug
DAUNOXOME	5	<span style="background-color: #c00000; color: white; padding: 2px;">NPS</span> Non-Preferred Specialty Drug
<i>decitabine</i>	4	<span style="background-color: #c00000; color: white; padding: 2px;">NPS</span> Non-Preferred Specialty Drug
DEPOCYT	5	<span style="background-color: #c00000; color: white; padding: 2px;">NPS</span> Non-Preferred Specialty Drug
<i>dexchlorpheniramine maleate</i>	1	
<i>dexcom g4 (ped) receiver kit</i>	Excluded Drugs	











PRODUCT DESCRIPTION	TIER	LIMITS &
<i>dexcom g4 receiver kit</i>	Excluded Drugs	
<i>dexcom g4 receiver-share (ped)</i>	Excluded Drugs	
<i>dexcom g4 receiver-share kit</i>	Excluded Drugs	
<i>dexcom g5 receiver kit</i>	Excluded Drugs	
<i>dexcom receiver kit</i>	Excluded Drugs	
<i>diatrue plus blood glucose sys</i>	Excluded Drugs	
<i>diatrue plus blood glucose sys</i>	Excluded Drugs	
DILUENT FOR ELITEK	3	
DOCEFREZ	5	 Non-Preferred Specialty Drug
<i>docetaxel</i>	4	 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	 Non-Preferred Specialty Drug
DROXIA	3	
<i>easy check blood glucose sys</i>	Excluded Drugs	
<i>easy check blood glucose sys</i>	Excluded Drugs	
<i>easy check glucose meter</i>	Excluded Drugs	
<i>easy check glucose meter</i>	Excluded Drugs	
<i>easy plus blood glucose kit</i>	Excluded Drugs	
<i>easy plus blood glucose kit</i>	Excluded Drugs	
<i>easy plus blood glucose system</i>	Excluded Drugs	
<i>easy plus blood glucose system</i>	Excluded Drugs	
<i>easy plus ii blood glucose sys</i>	Excluded Drugs	
<i>easy plus ii blood glucose sys</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>easy step blood glucose meter</i>	Excluded Drugs	
<i>easy step blood glucose meter</i>	Excluded Drugs	
<i>easy step glucose system kit</i>	Excluded Drugs	
<i>easy step glucose system kit</i>	Excluded Drugs	
<i>easy talk blood glucose meter</i>	Excluded Drugs	
<i>easy talk blood glucose meter</i>	Excluded Drugs	
<i>easy talk glucose system kit</i>	Excluded Drugs	
<i>easy talk glucose system kit</i>	Excluded Drugs	
<i>easy touch glucose monitor sys</i>	Excluded Drugs	
<i>easy touch glucose monitor sys</i>	Excluded Drugs	
<i>easy trak blood glucose meter</i>	Excluded Drugs	
<i>easy trak blood glucose meter</i>	Excluded Drugs	
<i>easy trak glucose system kit</i>	Excluded Drugs	
<i>easy trak glucose system kit</i>	Excluded Drugs	
<i>easygluco meter</i>	Excluded Drugs	
<i>easygluco meter</i>	Excluded Drugs	
<i>easygluco meter starter kit</i>	Excluded Drugs	
<i>easygluco meter starter kit</i>	Excluded Drugs	
<i>easygluco plus meter kit</i>	Excluded Drugs	
<i>easygluco plus meter kit</i>	Excluded Drugs	
<i>easygluco plus starter kit</i>	Excluded Drugs	
<i>easygluco plus starter kit</i>	Excluded Drugs	
<i>easymax I blood glucose system</i>	Excluded Drugs	
<i>easymax I blood glucose system</i>	Excluded Drugs	
<i>easymax ng blood glucose sys</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>easymax ng blood glucose sys</i>	Excluded Drugs	
<i>easymax ng glucose system kit</i>	Excluded Drugs	
<i>easymax ng glucose system kit</i>	Excluded Drugs	
<i>easymax v speaking glucose sys</i>	Excluded Drugs	
<i>easymax v speaking glucose sys</i>	Excluded Drugs	
<i>easymax v2 blood glucose sys</i>	Excluded Drugs	
<i>easymax v2 blood glucose sys</i>	Excluded Drugs	
<i>eclipse needle</i>	3	
ELAPRASE	5	PA NPS Non-Preferred Specialty Drug
ELELYSO	4	PA PS
<i>element compact glucose meter</i>	Excluded Drugs	
<i>element compact glucose meter</i>	Excluded Drugs	
<i>element compact v glucose mtr</i>	Excluded Drugs	
<i>element compact v glucose mtr</i>	Excluded Drugs	
<i>element plus blood glucose kit</i>	Excluded Drugs	
<i>element plus blood glucose kit</i>	Excluded Drugs	
ELITEK	5	NPS Non-Preferred Specialty Drug
ELLENC	5	NPS Non-Preferred Specialty Drug
<i>embrace blood glucose kit</i>	Excluded Drugs	
<i>embrace blood glucose kit</i>	Excluded Drugs	
<i>embrace blood glucose system</i>	Excluded Drugs	



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>embrace blood glucose system</i>	Excluded Drugs	
<i>embrace evo blood glucose kit</i>	Excluded Drugs	
<i>embrace evo blood glucose kit</i>	Excluded Drugs	
<i>embrace pro blood glucose mtr</i>	Excluded Drugs	
<i>embrace pro blood glucose mtr</i>	Excluded Drugs	
EMCYT	5	NPS Non-Preferred Specialty Drug
<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	5	PA NPS Non-Preferred Specialty Drug
ERIVEDGE	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
ERWINAZE	5	NPS Non-Preferred Specialty Drug
<i>ethyl acetate</i>	1	
ETOPOPHOS	5	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>	Excluded Drugs	



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>evencare g2 blood glucose sys</i>	Excluded Drugs	
<i>evencare g3 blood glucose sys</i>	Excluded Drugs	
<i>evencare g3 blood glucose sys</i>	Excluded Drugs	
<i>evencare mini monitor system</i>	Excluded Drugs	
<i>evencare mini monitor system</i>	Excluded Drugs	
<i>evencare monitoring system</i>	Excluded Drugs	
<i>evencare monitoring system</i>	Excluded Drugs	
<i>evolution blood glucose meter</i>	Excluded Drugs	
<i>evolution blood glucose meter</i>	Excluded Drugs	
EVOMELA	5	 Non-Preferred Specialty Drug
EXJADE	5	  Non-Preferred Specialty Drug
<i>ez smart plus system kit</i>	Excluded Drugs	
<i>ez smart plus system kit</i>	Excluded Drugs	
<i>ez smart system kit</i>	Excluded Drugs	
<i>ez smart system kit</i>	Excluded Drugs	
FABRAZYME	5	  Non-Preferred Specialty Drug
FARYDAK	5	  Non-Preferred Specialty Drug
FASLODEX	5	 1.25 / day   Non-Preferred Specialty Drug







PRODUCT DESCRIPTION	TIER	LIMITS &
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	5	PA NPS Non-Preferred Specialty Drug
<i>fifty50 2.0 glucose meter</i>	Excluded Drugs	
<i>fifty50 2.0 glucose meter</i>	Excluded Drugs	
<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	5	PA NPS Non-Preferred Specialty Drug
<i>fora d10 blood glucose system</i>	Excluded Drugs	
<i>fora d20 blood glucose system</i>	Excluded Drugs	
<i>fora d20 blood glucose system</i>	Excluded Drugs	
<i>fora g20 blood glucose system</i>	Excluded Drugs	
<i>fora g20 blood glucose system</i>	Excluded Drugs	
<i>fora g30a blood glucose system</i>	Excluded Drugs	
<i>fora g30a blood glucose system</i>	Excluded Drugs	
<i>fora gd50 blood glucose system</i>	Excluded Drugs	
<i>fora gd50 blood glucose system</i>	Excluded Drugs	
<i>fora premium v10 glucose meter</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>fora premium v10 glucose meter</i>	Excluded Drugs	
<i>fora test n'go voice system</i>	Excluded Drugs	
<i>fora test n'go voice system</i>	Excluded Drugs	
<i>fora tn'g voice glucose meter</i>	Excluded Drugs	
<i>fora tn'g voice glucose meter</i>	Excluded Drugs	
<i>fora v10 blood glucose system</i>	Excluded Drugs	
<i>fora v10 blood glucose system</i>	Excluded Drugs	
<i>fora v12 blood glucose system</i>	Excluded Drugs	
<i>fora v12 blood glucose system</i>	Excluded Drugs	
<i>fora v20 blood glucose system</i>	Excluded Drugs	
<i>fora v20 blood glucose system</i>	Excluded Drugs	
<i>fora v30a blood glucose system</i>	Excluded Drugs	
<i>fora v30a blood glucose system</i>	Excluded Drugs	
<i>foracare gd20 glucose system</i>	Excluded Drugs	
<i>foracare gd20 glucose system</i>	Excluded Drugs	
<i>foracare gd40a glucose system</i>	Excluded Drugs	
<i>foracare gd40a glucose system</i>	Excluded Drugs	
<i>foracare gd40b glucose system</i>	Excluded Drugs	
<i>foracare gd40b glucose system</i>	Excluded Drugs	
FORMA-RAY	3	
<i>fortiscare blood glucose syst</i>	Excluded Drugs	
<i>fortiscare blood glucose syst</i>	Excluded Drugs	
<i>freestyle flash system kit</i>	Excluded Drugs	
<i>freestyle flash system kit</i>	Excluded Drugs	
<i>freestyle freedom kit</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>freestyle freedom kit</i>	Excluded Drugs	
<i>freestyle freedom lite meter</i>	Excluded Drugs	
<i>freestyle freedom lite meter</i>	Excluded Drugs	
<i>freestyle freedom lite nfrs</i>	Excluded Drugs	
<i>freestyle freedom lite nfrs</i>	Excluded Drugs	
<i>freestyle insulinx glucose sys</i>	Excluded Drugs	
<i>freestyle insulinx glucose sys</i>	Excluded Drugs	
<i>freestyle lite meter</i>	Excluded Drugs	
<i>freestyle lite meter</i>	Excluded Drugs	
<i>freestyle lite meter nfrs</i>	Excluded Drugs	
<i>freestyle lite meter nfrs</i>	Excluded Drugs	
<i>freestyle navigator sensor kit</i>	Excluded Drugs	
<i>freestyle navigator sensor kit</i>	Excluded Drugs	
<i>freestyle precision neo meter</i>	Excluded Drugs	
<i>freestyle precision neo meter</i>	Excluded Drugs	
<i>freestyle sidekick ii valpk</i>	Excluded Drugs	
<i>freestyle sidekick ii valpk</i>	Excluded Drugs	
<i>freestyle system kit</i>	Excluded Drugs	
<i>freestyle system kit</i>	Excluded Drugs	
GALZIN	3	
GAZYVA	5	  Non-Preferred Specialty Drug
<i>gdrive blood glucose system</i>	Excluded Drugs	
<i>gdrive blood glucose system</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ge100 blood glucose system</i>	Excluded Drugs	
<i>ge100 blood glucose system</i>	Excluded Drugs	
GEL-ONE	5	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	5	NPS Non-Preferred Specialty Drug
<i>gentamicin-sodium citrate</i>	1	
GENVISC 850	5	PA NPS Non-Preferred Specialty Drug
GILOTRIF	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
GLEEVEC 100 MG TABLET	4	QL 8 / day PA PS
GLEEVEC 400 MG TABLET	4	QL 2 / day PA PS
GLEOSTINE	3	
GLIADEL	3	
<i>gluco navii glucose monitor kt</i>	Excluded Drugs	
<i>gluco navii glucose monitor kt</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>glucocard 01 meter kit</i>	Excluded Drugs	
<i>glucocard 01 meter kit</i>	Excluded Drugs	
<i>glucocard expression meter</i>	Excluded Drugs	
<i>glucocard expression meter</i>	Excluded Drugs	
<i>glucocard expression meter kit</i>	Excluded Drugs	
<i>glucocard expression meter kit</i>	Excluded Drugs	
<i>glucocard shine meter</i>	Excluded Drugs	
<i>glucocard shine meter</i>	Excluded Drugs	
<i>glucocard shine meter kit</i>	Excluded Drugs	
<i>glucocard shine meter kit</i>	Excluded Drugs	
<i>glucocard shine xl meter</i>	Excluded Drugs	
<i>glucocard shine xl meter</i>	Excluded Drugs	
<i>glucocard vital meter kit</i>	Excluded Drugs	
<i>glucocard vital meter kit</i>	Excluded Drugs	
<i>glucocom blood glucose kit</i>	Excluded Drugs	
<i>glucocom blood glucose kit</i>	Excluded Drugs	
<i>glucocom blood glucose meter</i>	Excluded Drugs	
<i>glucocom blood glucose meter</i>	Excluded Drugs	
<i>glucocom value kit</i>	Excluded Drugs	
<i>glucocom value kit</i>	Excluded Drugs	
<i>gmate smart meter kit</i>	Excluded Drugs	
<i>gmate smart meter kit</i>	Excluded Drugs	
<i>gmate smart starter kit</i>	Excluded Drugs	
<i>gmate smart starter kit</i>	Excluded Drugs	
<i>gmate voice meter monitor syst</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>gmate voice meter monitor syst</i>	Excluded Drugs	
<i>gmate voice starter kit</i>	Excluded Drugs	
<i>gmate voice starter kit</i>	Excluded Drugs	
<i>gnp easy touch glucose monitor</i>	Excluded Drugs	
<i>gnp easy touch glucose monitor</i>	Excluded Drugs	
<i>gs blood glucose monitor sys</i>	Excluded Drugs	
<i>gs blood glucose monitor sys</i>	Excluded Drugs	
<i>guardian link 3</i>	3	
<i>guardian real-time glu monitor</i>	Excluded Drugs	
<i>guardian sensor 3</i>	3	
HALAVEN	5	  Non-Preferred Specialty Drug
<i>haloperidol lac 5 mg/ml syring</i>	1	
<i>healthpro glucose monitor syst</i>	Excluded Drugs	
<i>healthpro glucose monitor syst</i>	Excluded Drugs	
HERCEPTIN	5	  Non-Preferred Specialty Drug
HEXALEN	5	  Non-Preferred Specialty Drug
HICON	3	
<i>humana true metrix air glu mtr</i>	Excluded Drugs	
<i>humana true metrix air glu mtr</i>	Excluded Drugs	
<i>humana true metrix air meter</i>	Excluded Drugs	
<i>humana true metrix air meter</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>humana trueresult glucose mtr</i>	Excluded Drugs	
<i>humana trueresult glucose mtr</i>	Excluded Drugs	
HYALGAN (20 MG/2 ML SYRINGE, 20 MG/2 ML VIAL)	5	PA NPS Non-Preferred Specialty Drug
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	5	PA NPS Non-Preferred Specialty Drug
HYCAMTIN 4 MG VIAL	5	NPS Non-Preferred Specialty Drug
HYDREA	3	
<i>hydroxyurea</i>	1	
HYLATOPICPLUS (CREAM, EMOLLIENT FOAM, LOTION)	3	
HYMOVIS	5	PA NPS Non-Preferred Specialty Drug
IBRANCE 100 MG CAPSULE	5	QL 1.25 / day PA NPS Non-Preferred Specialty Drug
IBRANCE 125 MG CAPSULE	5	QL 1 / day PA NPS Non-Preferred Specialty Drug
IBRANCE 75 MG CAPSULE	5	QL 1.667 / day PA NPS Non-Preferred Specialty Drug
ICLUSIG 15 MG TABLET	5	QL 2 / day PA NPS Non-Preferred Specialty Drug















PRODUCT DESCRIPTION	TIER	LIMITS &
ICLUSIG 45 MG TABLET	5	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
IDAMYCIN PFS	5	<ul style="list-style-type: none"> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>idarubicin hcl</i>	4	<ul style="list-style-type: none"> <li>NPS Non-Preferred Specialty Drug</li> </ul>
IDHIFA	5	<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>
IFEX	5	<ul style="list-style-type: none"> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>ifosfamide (1 gm vial, 1 gm/20 ml vial, 3 gm vial, 3 gm/60 ml vial)</i>	4	<ul style="list-style-type: none"> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>ifosfamide-mesna</i>	4	<ul style="list-style-type: none"> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>iglucose blood glucose monitor</i>	Excluded Drugs	
<i>iglucose blood glucose monitor</i>	Excluded Drugs	
IMBRUVICA	5	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>infinity meter kit</i>	Excluded Drugs	
<i>infinity meter kit</i>	Excluded Drugs	
<i>infinity starter kit</i>	Excluded Drugs	
<i>infinity starter kit</i>	Excluded Drugs	
INLYTA	4	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>PA</li> <li>PS</li> </ul>










PRODUCT DESCRIPTION	TIER	LIMITS &
IRESSA	5	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>irinotecan hcl</i>	4	<ul style="list-style-type: none"> <li>NPS Non-Preferred Specialty Drug</li> </ul>
ISTODAX	5	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
IXEMPRA	5	<ul style="list-style-type: none"> <li>NPS Non-Preferred Specialty Drug</li> </ul>
JADENU	5	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
JADENU SPRINKLE	5	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
JAKAFI	5	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>jazz wireless 2 meter kit</i>	Excluded Drugs	
<i>jazz wireless 2 meter kit</i>	Excluded Drugs	
JEVTANA	5	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
KADCYLA	5	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
KEYTRUDA (50 MG VIAL, 100 MG/4 ML VIAL)	5	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS &
KISQALI 200 MG DAILY DOSE	5	<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>
KISQALI 400 MG DAILY DOSE	5	<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>
KISQALI 600 MG DAILY DOSE	5	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
KISQALI FEMARA 200 MG CO-PACK	5	<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>
KISQALI FEMARA 400 MG CO-PACK	5	<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>
KISQALI FEMARA 600 MG CO-PACK	5	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>kro premium blood glucose syst</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>kro premium blood glucose syst</i>	Excluded Drugs	
KYPROLIS	5	PA NPS Non-Preferred Specialty Drug
LENVIMA	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
LEUKERAN	3	
<i>liberty blood glucose monitor</i>	Excluded Drugs	
<i>liberty blood glucose monitor</i>	Excluded Drugs	
<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	5	QL 2.15 / day PA NPS Non-Preferred Specialty Drug
LONSURF 20 MG-8.19 MG TABLET	5	QL 3 / day PA NPS Non-Preferred Specialty Drug
LUMINAL SODIUM	3	
LUMIZYME	5	PA NPS Non-Preferred Specialty Drug
LYNPARZA (50 MG CAPSULE, 100 MG TABLET, 150 MG TABLET)	5	PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug




PRODUCT DESCRIPTION	TIER	LIMITS &
LYSODREN	5	 Non-Preferred Specialty Drug
MARQIBO	5	  Non-Preferred Specialty Drug
MATULANE	5	 Non-Preferred Specialty Drug
MAXIFED CDX	3	
MAXIPHEN CD	3	
MAXIPHEN CDX	3	
MEKINIST 0.5 MG TABLET	5	 4 / day   Non-Preferred Specialty Drug
MEKINIST 2 MG TABLET	5	 1 / day   Non-Preferred Specialty Drug
<i>melphalan</i>	1	
<i>melphalan hcl</i>	4	 Non-Preferred Specialty Drug
METASTRON	3	
METHERGINE	1	
<i>methylergonovine 0.2 mg tablet</i>	1	
<i>microdot blood glucose system</i>	Excluded Drugs	
<i>microdot blood glucose system</i>	Excluded Drugs	
<i>minimed 630g guardian start kt</i>	3	
<i>mitomycin</i>	4	 Non-Preferred Specialty Drug

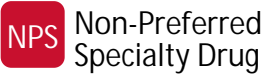
PRODUCT DESCRIPTION	TIER	LIMITS &
<i>mitoxantrone hcl</i>	4	PA NPS Non-Preferred Specialty Drug
MONOVISC	5	PA NPS Non-Preferred Specialty Drug
MUSTARGEN	5	NPS Non-Preferred Specialty Drug
<i>myglucohealth monitoring kit</i>	Excluded Drugs	
<i>myglucohealth monitoring kit</i>	Excluded Drugs	
MYLERAN	5	NPS Non-Preferred Specialty Drug
NAGLAZYME	5	PA NPS Non-Preferred Specialty Drug
NAVELBINE	5	NPS Non-Preferred Specialty Drug
<i>needle</i>	3	
NERLYNX	5	QL 6 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
NEXAVAR	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
NILANDRON	5	PA NPS Non-Preferred Specialty Drug
<i>nilutamide</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
NINLARO	5	 0.124 / day   At least 18 yrs old  Non-Preferred Specialty Drug
NIPENT	5	 Non-Preferred Specialty Drug
<i>nova max blood glucose meter</i>	Excluded Drugs	
<i>nova max blood glucose meter</i>	Excluded Drugs	
<i>novamax plus glu-ket ctrl soln</i>	Excluded Drugs	
NUMOISYN LOZENGE	3	
ODOMZO	5	 1 / day   Non-Preferred Specialty Drug
<i>on call express ctrl soln pak</i>	Excluded Drugs	
<i>on call express meter</i>	Excluded Drugs	
<i>on call express meter</i>	Excluded Drugs	
<i>on call express meter system</i>	Excluded Drugs	
<i>on call express meter system</i>	Excluded Drugs	
<i>on call plus meter</i>	Excluded Drugs	
<i>on call plus meter</i>	Excluded Drugs	
<i>on call vivid meter</i>	Excluded Drugs	
<i>on call vivid meter</i>	Excluded Drugs	
<i>on call vivid pal meter</i>	Excluded Drugs	
<i>on call vivid pal meter</i>	Excluded Drugs	
ONCASPAR	5	 Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>onetouch ultra2 glucose syst</i>	2	
<i>onetouch ultramini meter</i>	2	
<i>onetouch verio flex starttr 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 system kit</i>	2	
<i>onetouch verio meter system</i>	2	
<i>onetouch verio sync syst kit</i>	2	
ONXOL	4	NPS Non-Preferred Specialty Drug
OPDIVO	5	PA NPS Non-Preferred Specialty Drug
<i>optumrx blood glucose meter</i>		Excluded Drugs
<i>optumrx blood glucose meter</i>		Excluded Drugs
<i>optumrx blood glucose system</i>		Excluded Drugs
<i>optumrx blood glucose system</i>		Excluded Drugs
ORAFATE	5	NPS Non-Preferred Specialty Drug
ORTHOVISC	5	PA NPS Non-Preferred Specialty Drug
<i>oxaliplatin (50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial)</i>	4	NPS 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	NPS Non-Preferred Specialty Drug




PRODUCT DESCRIPTION	TIER	LIMITS &
<i>pen needle 30g x 5/16"</i>	2	
<i>pentetate calcium trisodium</i>	1	
<i>pentetate zinc trisodium</i>	1	
PERJETA	5	  Non-Preferred Specialty Drug
<i>pharmacist choice glucose sys</i>		Excluded Drugs
<i>pharmacist choice glucose sys</i>		Excluded Drugs
<i>pharmacist choice mini glu sys</i>		Excluded Drugs
<i>pharmacist choice mini glu sys</i>		Excluded Drugs
PHOTOFRIN	5	 Non-Preferred Specialty Drug
PNV-DHA PLUS	3	
PNV-IRON	3	
<i>precision link direct monit</i>		Excluded Drugs
<i>precision link direct monit</i>		Excluded Drugs
<i>precision xtra monitor</i>		Excluded Drugs
<i>precision xtra monitor</i>		Excluded Drugs
<i>precision xtra monitor nfrs</i>		Excluded Drugs
<i>precision xtra monitor nfrs</i>		Excluded Drugs
<i>precision xtra monitor system</i>		Excluded Drugs
<i>precision xtra monitor system</i>		Excluded Drugs
<i>premium blood glucose monitor</i>		Excluded Drugs
<i>premium blood glucose monitor</i>		Excluded Drugs
<i>premium blood glucose system</i>		Excluded Drugs
<i>premium blood glucose system</i>		Excluded Drugs

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>premium v10 blood glucose mtr</i>	Excluded Drugs	
<i>premium v10 blood glucose mtr</i>	Excluded Drugs	
<i>presto pro blood glucose meter</i>	Excluded Drugs	
<i>presto pro blood glucose meter</i>	Excluded Drugs	
<i>prodigy autocode meter kit</i>	Excluded Drugs	
<i>prodigy autocode meter kit</i>	Excluded Drugs	
<i>prodigy autocode monitor syst</i>	Excluded Drugs	
<i>prodigy autocode monitor syst</i>	Excluded Drugs	
<i>prodigy pocket meter kit</i>	Excluded Drugs	
<i>prodigy pocket meter kit</i>	Excluded Drugs	
<i>prodigy voice meter kit</i>	Excluded Drugs	
<i>prodigy voice meter kit</i>	Excluded Drugs	
PROTHELIAL	5	 Non-Preferred Specialty Drug
<i>pv truetrack smart system</i>	Excluded Drugs	
<i>pv truetrack smart system</i>	Excluded Drugs	
<i>quintet ac blood glucose meter</i>	Excluded Drugs	
<i>quintet ac blood glucose meter</i>	Excluded Drugs	
<i>quintet blood glucose system</i>	Excluded Drugs	
<i>quintet blood glucose system</i>	Excluded Drugs	
<i>ra blood glucose monitor</i>	Excluded Drugs	
<i>ra blood glucose monitor</i>	Excluded Drugs	
<i>refuah plus monitoring system</i>	Excluded Drugs	
<i>refuah plus monitoring system</i>	Excluded Drugs	
<i>relion all-in-one meter kit</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>relion all-in-one meter kit</i>	Excluded Drugs	
<i>relion confirm glucose monitor</i>	Excluded Drugs	
<i>relion confirm glucose monitor</i>	Excluded Drugs	
<i>relion confirm system kit</i>	Excluded Drugs	
<i>relion confirm system kit</i>	Excluded Drugs	
<i>relion micro blood glucose sys</i>	Excluded Drugs	
<i>relion micro blood glucose sys</i>	Excluded Drugs	
<i>relion micro system</i>	Excluded Drugs	
<i>relion micro system kit</i>	Excluded Drugs	
<i>relion micro system kit</i>	Excluded Drugs	
<i>relion prime blood glucose mtr</i>	Excluded Drugs	
<i>relion prime blood glucose mtr</i>	Excluded Drugs	
<i>relion ultima glucose meter</i>	Excluded Drugs	
<i>relion ultima glucose meter</i>	Excluded Drugs	
<i>reveal blood glucose meter</i>	Excluded Drugs	
<i>reveal blood glucose meter</i>	Excluded Drugs	
<i>rexall glucose monitoring sys</i>	Excluded Drugs	
<i>rexall glucose monitoring sys</i>	Excluded Drugs	
<i>rightest gm100 system kit</i>	Excluded Drugs	
<i>rightest gm100 system kit</i>	Excluded Drugs	
<i>rightest gm250s glucose meter</i>	Excluded Drugs	
<i>rightest gm250s glucose meter</i>	Excluded Drugs	
<i>rightest gm260 glucose meter</i>	Excluded Drugs	
<i>rightest gm260 glucose meter</i>	Excluded Drugs	
<i>rightest gm300 system kit</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>rightest gm300 system kit</i>	Excluded Drugs	
<i>rightest gm550 system kit</i>	Excluded Drugs	
<i>rightest gm550 system kit</i>	Excluded Drugs	
RITUXAN	5	PA NPS Non-Preferred Specialty Drug
RITUXAN HYCELA	5	PA NPS Non-Preferred Specialty Drug
<i>romidepsin</i>	4	PA NPS Non-Preferred Specialty Drug
RUBRACA (200 MG TABLET, 250 MG TABLET)	5	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
RUBRACA 300 MG TABLET	5	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
RYDAPT	5	QL 2 / day PA AL At least 18 yrs old NPS Non-Preferred Specialty Drug
<i>sidekick blood glucose system</i>	Excluded Drugs	
SILVRSTAT	3	
<i>smart caresens n glucose system</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>smart caresens n glucose systm</i>	Excluded Drugs	
<i>smart sense monitoring system</i>	Excluded Drugs	
<i>smart sense monitoring system</i>	Excluded Drugs	
<i>smartest eject meter</i>	Excluded Drugs	
<i>smartest eject meter</i>	Excluded Drugs	
<i>smartest persona glucose meter</i>	Excluded Drugs	
<i>smartest persona glucose meter</i>	Excluded Drugs	
<i>smartest persona starter kit</i>	Excluded Drugs	
<i>smartest persona starter kit</i>	Excluded Drugs	
<i>smartest pronto glucose meter</i>	Excluded Drugs	
<i>smartest pronto glucose meter</i>	Excluded Drugs	
<i>smartest pronto starter kit</i>	Excluded Drugs	
<i>smartest pronto starter kit</i>	Excluded Drugs	
<i>smartest protege meter</i>	Excluded Drugs	
<i>smartest protege meter</i>	Excluded Drugs	
<i>smartest smart code meter</i>	Excluded Drugs	
<i>smartest smart code meter</i>	Excluded Drugs	
<i>smartest talking meter</i>	Excluded Drugs	
<i>smartest talking meter</i>	Excluded Drugs	
SOLESTA	5	 Non-Preferred Specialty Drug
<i>solus v2 audible meter</i>	Excluded Drugs	
<i>solus v2 audible meter</i>	Excluded Drugs	
<i>solus v2 audible meter sys kit</i>	Excluded Drugs	
<i>solus v2 audible meter sys kit</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
SP ANTIPRURITIC	3	
SPRYCEL (100 MG TABLET, 140 MG TABLET)	5	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
SPRYCEL (70 MG TABLET, 80 MG TABLET)	5	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
SPRYCEL 20 MG TABLET	5	<ul style="list-style-type: none"> <li>QL 9 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
SPRYCEL 50 MG TABLET	5	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
STIVARGA	5	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
STRENSIQ	4	<ul style="list-style-type: none"> <li>PA</li> <li>PS</li> </ul>
SUCRAID	5	<ul style="list-style-type: none"> <li>NPS Non-Preferred Specialty Drug</li> </ul>
SUPARTZ FX	5	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>sure-test easyplus mini meter</i>	Excluded Drugs	
<i>sure-test easyplus mini meter</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>surechek blood glucose monitor</i>	Excluded Drugs	
<i>surechek blood glucose monitor</i>	Excluded Drugs	
SUTENT (37.5 MG CAPSULE, 50 MG CAPSULE)	4	QL 1 / day PA PS
SUTENT 12.5 MG CAPSULE	4	QL 7 / day PA PS
SUTENT 25 MG CAPSULE	4	QL 3 / day PA PS
SYLVANT	5	PA NPS Non-Preferred Specialty Drug
SYNRIBO	5	PA NPS Non-Preferred Specialty Drug
SYNVISC	4	PA PS
SYNVISC-ONE	4	PA PS
SYPRINE	5	PA NPS Non-Preferred Specialty Drug
TABLOID	3	PA
TAFINLAR 50 MG CAPSULE	5	QL 6 / day PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
TAFINLAR 75 MG CAPSULE	5	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
TAGRISSO	4	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>PS</li> </ul>
TARCEVA (100 MG TABLET, 150 MG TABLET)	5	<ul style="list-style-type: none"> <li>QL 1 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
TARCEVA 25 MG TABLET	5	<ul style="list-style-type: none"> <li>QL 6 / day</li> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
TASIGNA	4	<ul style="list-style-type: none"> <li>QL 4 / day</li> <li>PA</li> <li>PS</li> </ul>
TAXOTERE	5	<ul style="list-style-type: none"> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>td gold blood glucose monitor</i>	Excluded Drugs	
<i>td gold blood glucose monitor</i>	Excluded Drugs	
<i>td gold voice glucose monitor</i>	Excluded Drugs	
<i>td gold voice glucose monitor</i>	Excluded Drugs	
TECENTRIQ	5	<ul style="list-style-type: none"> <li>PA</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
<i>telcare blood glucose monitor</i>	Excluded Drugs	



PRODUCT DESCRIPTION	TIER	LIMITS &
<i>telcare blood glucose monitor</i>	Excluded Drugs	
TEMODAR (5 MG CAPSULE, 20 MG CAPSULE, 100 MG CAPSULE, 140 MG CAPSULE, 180 MG CAPSULE, 250 MG CAPSULE)	5	PA NPS Non-Preferred Specialty Drug
TEMODAR 100 MG VIAL	4	PS
<i>temozolomide</i>	4	PA NPS Non-Preferred Specialty Drug
<i>teniposide</i>	4	NPS Non-Preferred Specialty Drug
<i>test n'go blood glucose system</i>	Excluded Drugs	
<i>test n'go blood glucose system</i>	Excluded Drugs	
<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	5	QL 0.29 / day PA NPS Non-Preferred Specialty Drug
TREANDA (25 MG VIAL, 45 MG/0.5 ML VIAL, 100 MG VIAL, 180 MG/2 ML VIAL)	5	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)	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>true metrix air glucose meter</i>	Excluded Drugs	
<i>true metrix air glucose meter</i>	Excluded Drugs	
<i>true metrix blood glucose mtr</i>	Excluded Drugs	
<i>true metrix blood glucose mtr</i>	Excluded Drugs	
<i>true metrix go glucose meter</i>	Excluded Drugs	
<i>true metrix go glucose meter</i>	Excluded Drugs	
<i>true2go blood glucose system</i>	Excluded Drugs	
<i>true2go blood glucose system</i>	Excluded Drugs	
<i>trueresult blood glucose systm</i>	Excluded Drugs	
<i>trueresult blood glucose systm</i>	Excluded Drugs	
<i>truetrack blood glucose system</i>	Excluded Drugs	
<i>truetrack blood glucose system</i>	Excluded Drugs	
<i>truetrack smart system</i>	Excluded Drugs	
<i>truetrack smart system</i>	Excluded Drugs	
TYKERB	4	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; margin-bottom: 2px;">OL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px;">PS</div> </div> 6 / day
<i>ultima monitor kit</i>	Excluded Drugs	
<i>ultima monitor kit</i>	Excluded Drugs	
<i>ultratrak blood glucose meter</i>	Excluded Drugs	
<i>ultratrak blood glucose meter</i>	Excluded Drugs	
<i>ultratrak pro glucose mtr sys</i>	Excluded Drugs	
<i>ultratrak pro glucose mtr sys</i>	Excluded Drugs	
<i>ultratrak pro meter kit</i>	Excluded Drugs	
<i>ultratrak pro meter kit</i>	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
<i>ultrarak ultimate glucose mtr</i>	Excluded Drugs	
<i>ultrarak ultimate glucose mtr</i>	Excluded Drugs	
UNITUXIN	5	PA NPS Non-Preferred Specialty Drug
<i>up &amp; up blood monitoring syst</i>	Excluded Drugs	
<i>up &amp; up blood monitoring syst</i>	Excluded Drugs	
VALSTAR	5	NPS Non-Preferred Specialty Drug
VECTIBIX	5	PA NPS Non-Preferred Specialty Drug
VELCADE	5	PA NPS Non-Preferred Specialty Drug
VENATAL COMPLETE DHA	3	GL Female
VENCLEXTA	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
VENCLEXTA STARTING PACK	5	QL 1.5 / day PA NPS Non-Preferred Specialty Drug
VIDAZA	5	NPS Non-Preferred Specialty Drug
VIMIZIM	5	NPS Non-Preferred Specialty Drug
<i>vinblastine sulfate</i>	4	NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
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
VITRASE	3	
VOTRIENT	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
VPRIV	5	PA NPS Non-Preferred Specialty Drug
<i>wavesense amp system kit</i>	Excluded Drugs	
<i>wavesense amp system kit</i>	Excluded Drugs	
<i>wavesense presto system kit</i>	Excluded Drugs	
<i>wavesense presto system kit</i>	Excluded Drugs	
XALKORI	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
XELODA	5	QL 4 / day PA NPS Non-Preferred Specialty Drug
XIAFLEX	5	NPS Non-Preferred Specialty Drug
XOFIGO	5	PA NPS Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
XTANDI	5	<p>QL 4 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
YERVOY	5	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
ZALTRAP	5	<p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
ZANOSAR	5	<p>NPS Non-Preferred Specialty Drug</p>
ZEJULA	5	<p>QL 3 / day</p> <p>PA</p> <p>AL At least 18 yrs old</p> <p>NPS Non-Preferred Specialty Drug</p>
ZELBORAF	5	<p>QL 8 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
ZEVALIN	5	<p>NPS Non-Preferred Specialty Drug</p>
ZN-DTPA	1	
ZOLINZA	5	<p>QL 4 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>
ZOTEX-C	3	
ZYDELIG	5	<p>QL 2 / day</p> <p>PA</p> <p>NPS Non-Preferred Specialty Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS &
ZYKADIA	5	<ul style="list-style-type: none"> <li>QL 8 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
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 er 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>

PRODUCT DESCRIPTION	TIER	LIMITS &
MINITRAN	1	QL 1 / day
NITRO-BID	2	QL 4 / day
NITRO-DUR	3	QL 1 / day
NITRO-TIME	1	QL 4 / day
<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>	3	QL 0.3 / day HCG
<i>nitroglycerin lingual 0.4 mg</i>	3	QL 0.8 / day HCG
<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	5	QL 2 / day PA NPS Non-Preferred Specialty Drug
LEVITRA (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	Excluded Drugs	

PRODUCT DESCRIPTION	TIER	LIMITS &
REVATIO 10 MG/ML ORAL SUSP	5	<ul style="list-style-type: none"> <li>QL 6 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
REVATIO 20 MG TABLET	5	<ul style="list-style-type: none"> <li>QL 3 / day</li> <li>PA</li> <li>AL At least 18 yrs old</li> <li>NPS Non-Preferred Specialty Drug</li> </ul>
REVATIO 10 MG/12.5 ML VIAL	5	<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>
<i>sildenafil 10 mg/12.5 ml vial</i>	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>
STAXYN 10 MG ODT	Excluded Drugs	
STENDRA (50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	Excluded Drugs	
VASODILATING AGENTS, MISCELLANEOUS		
AGGRENOX	3	<ul style="list-style-type: none"> <li>QL 2 / day</li> </ul>
<i>aspirin-dipyridamole er</i>	3	<ul style="list-style-type: none"> <li>QL 2 / day</li> <li>HCG</li> </ul>
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	1	<ul style="list-style-type: none"> <li>QL 4 / day</li> </ul>
<i>isoxsuprine hcl</i>	1	
NATRECOR	3	



PRODUCT DESCRIPTION	TIER	LIMITS &
<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
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

PRODUCT DESCRIPTION	TIER	LIMITS &
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
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	

PRODUCT DESCRIPTION	TIER	LIMITS &
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
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

PRODUCT DESCRIPTION	TIER	LIMITS &
VP-HEME OB	3	GL Female
VP-HEME ONE	3	GL Female
VP-PNV-DHA	3	
<b>VITAMIN B COMPLEX</b>		
B-12 COMPLIANCE	3	
B-12 KIT	1	
CARDIOTEK-RX	3	
<i>cyanocobalamin injection</i>	1	
FOLBEE	1	
FOLBEE AR	3	
FOLGARD RX	3	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS &
<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	<b>NPS</b> Non-Preferred Specialty Drug
<i>doxercalciferol (4 mcg/2 ml amp, 4 mcg/2 ml vl)</i>	4	<b>NPS</b> Non-Preferred Specialty Drug
<b>DRISDOL</b>	3	
<b>HECTOROL (0.5 MCG CAPSULE, 1 MCG CAPSULE, 2.5 MCG CAPSULE)</b>	5	<b>NPS</b> Non-Preferred Specialty Drug
<b>HECTOROL (2 MCG/ML VIAL, 4 MCG/2 ML VIAL)</b>	5	<b>NPS</b> Non-Preferred Specialty Drug
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	4	<b>NPS</b> Non-Preferred Specialty Drug
<i>paricalcitol (2 mcg/ml vial, 5 mcg/ml vial, 10 mcg/2 ml vial)</i>	4	<b>NPS</b> Non-Preferred Specialty Drug
<b>RAYALDEE</b>	5	<b>NPS</b> Non-Preferred Specialty Drug
<b>ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)</b>	3	
<i>vitamin d2</i>	1	
<b>ZEMPLAR (1 MCG CAPSULE, 2 MCG CAPSULE)</b>	5	<b>PA</b> <b>NPS</b> Non-Preferred Specialty Drug
<b>ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)</b>	5	<b>PA</b> <b>NPS</b> Non-Preferred Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS &
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<i>vitamin k1</i>	1	

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# NOTIFICACIÓN SOBRE NO DISCRIMINACIÓN

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GlobalHealth:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
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  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes capacitados.
  - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con Atención al Cliente 1-877-280-2989 (número gratuito).

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Puede obtener los formularios de reclamo en el sitio web

<http://www.hhs.gov/ocr/office/file/index.html>.

Language	Translation
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-280-2989 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-280-2989 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-280-2989 (TTY: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-280-2989 OR (TTY: 711)번으로 전화해 주십시오.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-280-2989 (TTY: 711).
Arabic	117) اتصل. إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان: ملحوظة 1-4692-082-778-1 (هاتف الصم والبكم برقم)
Burmese	သတိပြုရန် - အကယုၣ် သုၣ်သညၣ်မနုၣ်မာၣ်ကး ကို ဂုၣ်တပါက၊ ဘာသာစကး အကူအညီ၊ အခမဲ့၊ သုၣ်အတၢ်ဣ စီစဉ်ဆော့ၣ်ရၢ်ပေးပါမညၣ်။ ဖုၣ်နံပါတ် 1-877-280-2989 (TTY: 711) သို့မူ ခေၣ်ဆိၣ်ပါ။
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-280-2989 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-280-2989 (TTY: 711).
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-280-2989 (ATS: 711).
Laotian	ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທ 1-877-280-2989 (TTY: 711).
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-280-2989 (TTY: 711).
Urdu	1-877-280-2989 کریں کال - ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو ہیں، بولتے اردو آپ اگر: خبردار (TTY: 711).
Cherokee	Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-877-280-2989 (TTY: 711).
Persian	اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما: توجه 1-877-280-2989 (TTY: 711) فراهم می باشد.





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