



MARKETPLACE PLAN |

*Georgia*  
**Drug Formulary**  
*2023*

# INTRODUCTION

We are pleased to provide the 2023 CareSource Drug Formulary. The Drug Formulary is a list of the drugs covered by CareSource.

This document is divided into three parts:

1. The [Introduction](#) – Provides important facts about the CareSource prescription drug benefit. This section explains terms, such as network pharmacy, prior authorizations, quantity limits, step therapy, therapeutic interchange and exceptions.
2. The [Drug Formulary](#) – Lists the drugs we cover.
3. The [Index](#) – Lists all of the covered drugs in alphabetical order. You can find the Index in the back of this document.

## PRESCRIPTION DRUG COVERAGE DETAILS

### Best Medical Practices

We want to make sure our members get the safest, most cost-effective drugs for their needs. We use evidence-based guidelines to make sure our Formulary meets best medical practices.

### Network Pharmacies

CareSource provides coverage for prescription drugs and some prescription medical supplies. CareSource contracts with pharmacies in order to provide members with a full range of prescription benefits. Members may choose and receive prescriptions from any pharmacy that is contracted with CareSource. These are often referred to as network pharmacies. It is important that members receive prescriptions from network pharmacies because prescriptions received from non-network pharmacies are generally not reimbursable or covered by CareSource, except as otherwise required by applicable federal and state law and your Evidence of Coverage. Accordingly, members may be responsible for the entire amount charged by a non-network pharmacy.

Network pharmacies can include local pharmacies, mail-order pharmacies or specialty pharmacies. To find a network pharmacy, use our online Find a Pharmacy tool under “Quick Links” at [CareSource.com/marketplace](https://www.caresource.com/marketplace).

CareSource may also cover drugs administered in the member’s home, such as medicines given through a home health agency.

### Cost Sharing

Members may pay part of the costs of some drugs and supplies. These cost-sharing amounts are called deductibles, copays and/or coinsurance. For some drugs, members may pay coinsurance. Coinsurance is a percent of a drug's cost.

The Drug Formulary shows drugs in different levels or tiers. Drugs are grouped into tiers based on the amounts that members pay.

### **Tiered Medications**

The CareSource Formulary has up to five levels or tiers, including tiers 0, 1, 2, 3, and 4. In general, the higher the cost-sharing tier number, the higher the cost for the drug. In general, the copay amount increases as the tier number increases. All deductibles, coinsurance and copay amounts paid count toward members' maximum out-of-pocket amount.

To find tier levels for drugs, go to the [drug list](#) section of this document.

### **Prior Authorizations**

CareSource may require health partners (doctors or other providers) to send us information about why a drug or a certain amount is needed. This is called a prior authorization request. CareSource must approve the request before a member can get the drug. The abbreviation "PA" is used in the Drug Formulary to show that a prior authorization is needed.

Here are some reasons for a prior authorization:

- A generic or alternative drug is available.
- The drug can be misused or abused.
- The drug requires special handling, monitoring or is available from limited shipping locations.
- There are other drugs that must be tried first.

### **Prior Authorization Requests**

Health partners may make prior authorization requests electronically or by phone or fax. Please call the Provider Services telephone number for your state and follow the prompts, or fax to the Medical Management provider fax number for your state.

We may not approve a prior authorization request for a drug. If we don't, we will send the member information about how to appeal our decision.

### **Quantity Limits**

Some drugs have limits on how much can be given to a member at one time. The abbreviation "QL" is used in the Drug Formulary to show there is a quantity limit. Quantity limits are based on the drug makers' recommended dosing frequencies. Patient safety is also considered.

Therapy with opioid analgesics may have quantity limits based on drug makers' recommended dosing frequencies and/or state regulations.

## **Step Therapy**

Members may need to try one drug before taking another. This is called Step Therapy. A member must first try one medicine on the Formulary before another Formulary drug would be approved for use.

CareSource will cover certain drugs only if Step Therapy is used. The abbreviation “ST” is used in the Drug Formulary to show when Step Therapy is required.

## **Generic Substitution and Therapeutic Interchange**

A pharmacy may provide a generic drug in place of a brand-name drug. This is called generic substitution. Members and health partners can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. This is known as therapeutic interchange.

Generic drugs usually cost less than their brand-name equivalents.

Note to Health Partners: Generic drugs should be considered the first line of prescribing, subject to applicable rules.

Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drugs.
- Manufactured in the same strength and dosage form as the brand-name drugs.
- In most instances, a brand-name drug for which a generic product becomes available will become non-Formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the Formulary document is subject to state- specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Choosing a brand name drug when there is a generic available may cost you more. When a generic is available and you choose the brand name drug, you may be responsible to pay the cost difference between the two in addition to your copay or coinsurance. Or you could be responsible for the entire cost of the brand.

## **Tell Us the Medical Reasons for Exceptions**

Sometimes a member may have a drug allergy or intolerance or, a certain drug may not be effective for a member. In these cases, the member or the member’s representative may ask for an exception to a drug listed on the Drug Formulary. The member or member’s representative may make the request online or by calling Member Services. The member services telephone number for your state is listed on the back of the member ID card.

CareSource then contacts the appropriate health partner. CareSource may ask the health partner to provide written clinical documentation about why the member needs an exception. Health partners must provide this information.

Typically, our Drug Formulary includes more than one drug for treating a condition. These medicines are called “alternative” drugs. CareSource will generally not approve the request for an exception if an alternative drug would be just as effective as the drug requested and would not cause other health problems.

### **Specialty Pharmacy**

One specialty pharmacy that CareSource works with to supply specialty medications that health partners may prescribe is Accredo Pharmacy. Accredo Pharmacy can:

- Accept new prescriptions from your provider or transfers from your current pharmacy
- Deliver members’ specialty medicines to their homes, workplaces or their doctors’ offices
- Help members learn about their specialty medications and give them support from specially-trained health care professionals

For more information, call Accredo Pharmacy at 1-866-231-3520. Hours are Monday through Friday from 8 a.m. to 11 p.m. Eastern Time (ET). If Accredo Pharmacy is not the right choice for you, use the Find A Pharmacy tool on CareSource.com to see what other specialty pharmacies are available.

### **Mail Order Medications**

CareSource works with Express Scripts Pharmacy to supply prescription medicines to members’ homes. This could change a member’s copay amount. Express Scripts Pharmacy can:

- Accept prescriptions from your provider or transfers from your current pharmacy.
- Deliver prescriptions to members’ homes, workplaces or doctors’ offices.

For more information, call CareSource Member Services at **1-833-230-2099 (TTY: 711)**. Hours are Monday through Friday from 7 a.m. to 7 p.m. Eastern Time.

Members may also access the [express-scripts.com](http://express-scripts.com) website through the CareSource member portal to manage prescription refills for their specialty and mail order medications and to check coverage. To create an account on the CareSource member portal, go to [mycaresource.com](http://mycaresource.com).

### **Medications Administered in the Health Partner Setting**

Medications that are administered in a health partner setting will be billed to the health plan under your medical benefit. Such settings include a physician office, hospital outpatient department, clinic, dialysis center, or infusion center. Prior authorization requirements exist for many injectable medicines.

## **Medication Therapy Management Program**

CareSource offers a Medication Therapy Management (MTM) program for all members. MTM services allow local pharmacists to work with doctors and other prescribers to enhance quality of care, improve medication compliance, address medication needs, and provide health care to patients in a cost-effective manner. Members and health partners may be contacted by a pharmacist to discuss medications. We encourage members to talk with their pharmacists about their medications. This can help members to get the best results from the medications they are taking.

## **HOW TO USE THIS DOCUMENT**

Go to the [Index](#) to look up a drug by name. Drugs are listed in alphabetical order. The Index will show the page number on which the drug is found in the Drug Formulary. Turn to that page number to get details about the drug.

Note to Health Partners: The CareSource Drug Formulary is organized by sections. Each section is divided by therapeutic drug class, primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

## **ADDITIONAL INFORMATION FOR HEALTH PARTNERS**

The drugs represented have been reviewed and approved by a Pharmacy, Therapeutics and Technology (PT&T) Committee for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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

National guidelines can be found on the National Guideline Clearinghouse site at [www.guideline.gov](http://www.guideline.gov).

## CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

CareSource has easy-to-use online drug formulary tools that can help you save time by quickly looking up medications to make sure they are covered by CareSource. Also, you can check for generic alternatives, prior authorization requirements, and any restrictions or limits that may apply. To start using the tool, visit [CareSource.com](https://www.caresource.com), and visit the Pharmacy page of the appropriate line of business, and select Formulary Search Tool. You can also find CareSource policies on the [CareSource.com](https://www.caresource.com) Health Partner Policies page.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics (P&T) Committee are utilized to approve safe and clinically effective drug therapies. The P&T Committee is a multi-disciplinary committee whose voting members include physicians and pharmacists with many different specialties. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers. The CareSource Pharmacy & Therapeutics (P&T) Committee also includes regional member demographics in its formulary recommendations.

## DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, we have provided examples below. The general principles shown in the examples can usually be extended to other entries in the document.

When a strength, dosage or different formulation is specified, only that specific strength, dosage or formulation may be covered. Other strengths/dosages/formulations, including injectable dosage forms of the reference product, are not covered. Extended-release and delayed-release products require their own entry.

### **metformin Glucophage**

The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

### **metformin ext-rel Glucophage XR**

A separate entry for Glucophage XR confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

### **neomycin/polymyxin B/hydrocortisone Cortisporin**

Since Cortisporin is listed only in the OTIC section, it is limited to the OTIC solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

## PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a Formulary exception may be requested for coverage. Medical necessity or Formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

## NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for member notification.

While we make every effort to ensure that our Drug Formulary is up-to-date, this list may have changed since printing. For the most up-to-date information, you must use the 'Find My Prescription' tool on [CareSource.com/Marketplace](https://www.caresource.com/marketplace), or contact Member Services at the toll-free telephone number on your ID card to confirm the accuracy of the information in this copy of the Drug Formulary.

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**List of Abbreviations**

**ACA:** Affordable Care Act

**AR:** Age Restriction. For certain drugs, the drug may be covered for members in a certain age range without a prior authorization.

**OTC:** Over-the-Counter. An OTC drug is a non-prescription drug.

**PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

**ST:** Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

CURRENT AS OF 10/1/2023

Drug Name	Tier	Restrictions/ Limits
<b>ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC</b>		
<b>ANALGESIC OPIOID AGONISTS</b>		
<i>codeine sulfate</i>	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; QL (15 EA per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>hydromorphone oral liquid</i>	Tier 1	PA; QL (6 ML per 1 day)
<i>hydromorphone oral tablet</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>hydromorphone oral tablet extended release 24 hr</i>	Tier 1	QL (60 EA per 30 days)
<i>levorphanol tartrate</i>	Tier 1	
METHADONE INTENSOL	Tier 1	PA
<i>methadone oral concentrate</i>	Tier 1	PA
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	PA; QL (8.67 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	PA; QL (20 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
<i>morphine concentrate oral solution</i>	Tier 1	PA; QL (6 ML per 1 day)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 50 mg, 80 mg</i>	Tier 1	PA; QL (90 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>morphine oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>morphine oral tablet</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>morphine oral tablet extended release</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>morphine rectal</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>oxycodone oral capsule</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>oxycodone oral concentrate</i>	Tier 1	PA; QL (6 ML per 1 day)
<i>oxycodone oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>oxycodone oral tablet</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>oxycodone oral tablet, oral only, ext.rel. 12 hr</i>	Tier 2	PA; QL (90 EA per 30 days)
<i>oxymorphone oral tablet</i>	Tier 1	PA
<i>oxymorphone oral tablet extended release 12 hr</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	Tier 1	PA; QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	Tier 1	PA; QL (30 EA per 30 days)
<b>ANALGESIC OPIOID CODEINE COMBINATIONS</b>		
<i>acetaminophen-codeine oral solution</i>	Tier 1	PA; QL (125 ML per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<b>ANALGESIC OPIOID HYDROCODONE AND NON-SALICYLATE COMBINATIONS</b>		

Drug Name	Tier	Restrictions/ Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	
<b>ANALGESIC OPIOID HYDROCODONE AND NSAID COMBINATIONS</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	Tier 1	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	PA; QL (5 EA per 1 day)
<b>ANALGESIC OPIOID HYDROCODONE COMBINATIONS</b>		
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	Tier 1	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	PA; QL (5 EA per 1 day)
<b>ANALGESIC OPIOID OXYCODONE AND NON-SALICYLATE COMBINATIONS</b>		
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral solution</i>	Tier 1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)

Drug Name	Tier	Restrictions/ Limits
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	Tier 1	PA
<b>ANALGESIC OPIOID OXYCODONE COMBINATIONS</b>		
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral solution</i>	Tier 1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	Tier 1	PA
<b>ANALGESIC OPIOID PARTIAL-MIXED AGONISTS</b>		
<i>buprenorphine</i>	Tier 1	PA
<i>buprenorphine hcl injection solution</i>	Tier 1	
<b>ANALGESIC OPIOID TRAMADOL AND NON-SALICYLATE COMBINATIONS</b>		
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
<b>ANALGESIC OPIOID TRAMADOL COMBINATIONS</b>		
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>ANALGESIC OR ANTIPYRETIC NON-OPIOID/SEDATIVE COMBINATIONS</b>		
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
ZEBUTAL	Tier 1	QL (48 EA per 30 days)
<b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, NON-SELECTIVE</b>		
ENBREL MINI	Tier 4	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	Tier 4	PA; QL (8 ML per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	Tier 4	PA; QL (4 ML per 28 days)
ENBREL SURECLICK	Tier 4	PA; QL (4 ML per 28 days)
<b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, TNF-ALPHA SEL</b>		
<i>adalimumab-adaz</i>	Tier 4	PA
<i>adalimumab-fkjp</i>	Tier 4	PA
CIMZIA	Tier 4	PA; QL (2 EA per 28 days)
CIMZIA POWDER FOR RECONST	Tier 4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT	Tier 4	PA; QL (6 EA per 365 days)
HADLIMA	Tier 4	PA
HADLIMA PUSHTOUCH	Tier 4	PA

Drug Name	Tier	Restrictions/ Limits
HADLIMA(CF)	Tier 4	PA
HADLIMA(CF) PUSHTOUCH	Tier 4	PA
HUMIRA	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA PEN	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	Tier 4	PA; QL (6 EA per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	Tier 4	PA; QL (4 EA per 365 days)
HUMIRA(CF)	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA; QL (2 EA per 365 days)
HUMIRA(CF) PEN	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 4	PA; QL (3 EA per 365 days)
<b>DMARD - ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS</b>		
<i>adalimumab-adaz</i>	Tier 4	PA
<i>adalimumab-fkjp</i>	Tier 4	PA
CIMZIA	Tier 4	PA; QL (2 EA per 28 days)
CIMZIA POWDER FOR RECONST	Tier 4	PA; QL (1 EA per 28 days)

Drug Name	Tier	Restrictions/ Limits
CIMZIA STARTER KIT	Tier 4	PA; QL (6 EA per 365 days)
ENBREL MINI	Tier 4	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	Tier 4	PA; QL (8 ML per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	Tier 4	PA; QL (4 ML per 28 days)
ENBREL SURECLICK	Tier 4	PA; QL (4 ML per 28 days)
HADLIMA	Tier 4	PA
HADLIMA PUSHTOUCH	Tier 4	PA
HADLIMA(CF)	Tier 4	PA
HADLIMA(CF) PUSHTOUCH	Tier 4	PA
HUMIRA	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA PEN	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	Tier 4	PA; QL (6 EA per 365 days)
HUMIRA PEN PSOR- UVEITS-ADOL HS	Tier 4	PA; QL (4 EA per 365 days)
HUMIRA(CF)	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 4	PA; QL (3 EA per 365 days)

Drug Name	Tier	Restrictions/ Limits
<b>DMARD - ANTIMALARIALS</b>		
<i>hydroxychloroquine</i>	Tier 1	
<b>DMARD - ANTIMETABOLITES</b>		
<i>methotrexate sodium oral</i>	Tier 1	
TREXALL	Tier 2	
<b>DMARD - IMMUNOSUPPRESSIVES</b>		
<i>azathioprine</i>	Tier 1	
<i>cyclophosphamide oral capsule</i>	Tier 1	
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine oral</i>	Tier 1	
GENGRAF	Tier 1	
<i>mycophenolate mofetil</i>	Tier 1	
<b>DMARD - INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS, MONOCLONAL ANTIBODY</b>		
ACTEMRA ACTPEN	Tier 4	PA; QL (2 ML per 28 days)
ACTEMRA SUBCUTANEOUS	Tier 4	PA; QL (2 ML per 28 days)
<b>DMARD - JANUS KINASE (JAK) INHIBITORS</b>		
RINVOQ	Tier 4	PA; QL (1 EA per 1 day)
<b>DMARD - OTHER</b>		
D-PENAMINE	Tier 2	PA
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>penicillamine</i>	Tier 1	PA
<i>sulfasalazine</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>DMARD - PHOSPHODIESTERAS E-4 (PDE4) INHIBITORS</b>		
OTEZLA	Tier 4	PA; QL (60 EA per 30 days)
<b>DMARD - PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide</i>	Tier 1	QL (30 EA per 30 days)
<b>NSAID ANALGESIC AND HISTAMINE H2 RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>ibuprofen-famotidine</i>	Tier 1	
<b>NSAID ANALGESIC AND PROSTAGLANDIN ANALOG COMBINATIONS</b>		
<i>diclofenac-misoprostol</i>	Tier 1	
<b>NSAID ANALGESIC AND PROTON PUMP INHIBITOR COMBINATIONS</b>		
<i>naproxen-esomeprazole</i>	Tier 1	ST
<b>NSAID ANALGESIC, CYCLOOXYGENASE-2 (COX-2) SELECTIVE INHIBITORS</b>		
<i>celecoxib</i>	Tier 1	ST
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - ANTHRANILIC ACID DERIVATIVES</b>		
<i>mefenamic acid</i>	Tier 1	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - OTHER</b>		
<i>ketorolac oral</i>	Tier 1	QL (20 EA per 30 days)
<i>nabumetone</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>sulindac</i>	Tier 1	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - OXICAM DERIVATIVES</b>		
<i>meloxicam oral tablet 15 mg</i>	Tier 1	
<i>meloxicam oral tablet 7.5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>piroxicam</i>	Tier 1	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - PHENYLACETIC ACID DERIVATIVES</b>		
<i>diclofenac potassium oral tablet 25 mg</i>	Tier 2	
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - PROPIONIC ACID DERIVATIVES</b>		
EC-NAPROXEN	Tier 1	
<i>fenoprofen oral tablet</i>	Tier 1	ST
<i>flurbiprofen</i>	Tier 1	
IBU	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg</i>	Tier 1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>naproxen oral tablet</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>oxaprozin</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>NSAID ANALGESICS, (COX NON-SPECIFIC) - INDOLE ACETIC ACID DERIVATIVES</b>		
<i>etodolac</i>	Tier 1	
<i>indomethacin oral capsule</i>	Tier 1	
<b>SALICYLATE ANALGESIC AND SEDATIVE COMBINATIONS</b>		
<i>butalbital-aspirin- caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
<b>SALICYLATE ANALGESICS</b>		
<i>diflunisal</i>	Tier 1	
<b>ANESTHETICS</b>		
<b>GENERAL ANESTHETIC - INHALANT VOLATILE</b>		
<i>desflurane</i>	Tier 1	
FORANE	Tier 1	
<i>isoflurane</i>	Tier 1	
<i>sevoflurane</i>	Tier 1	
TERRELL	Tier 1	
<b>GENERAL ANESTHETIC - PARENTERAL, BENZODIAZEPINES</b>		
<i>midazolam (pf) injection solution</i>	Tier 1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam injection</i>	Tier 1	
<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	Tier 2	
<b>LOCAL ANESTHETIC - AMIDES</b>		
<i>lidocaine hcl laryngotracheal</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>ANORECTAL PREPARATIONS</b>		
<b>ANAL FISSURE PAIN/TREATMENT AGENTS - NITRATES</b>		
RECTIV	Tier 2	PA
<b>ANORECTAL - GLUCOCORTICOIDS</b>		
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator</i>	Tier 1	
PROCTO-MED HC	Tier 1	
PROCTOSOL HC	Tier 1	
PROCTOZONE-HC	Tier 1	
<b>ANTIDOTES AND OTHER REVERSAL AGENTS</b>		
<b>ANTIDOTE - ACETAMINOPHEN POISONING</b>		
<i>acetylcysteine</i>	Tier 1	
<b>CHELATING AGENTS - COPPER</b>		
D-PENAMINE	Tier 2	PA
<i>penicillamine</i>	Tier 1	PA
<b>CHELATING AGENTS - IRON</b>		
<i>deferasirox oral tablet</i>	Tier 4	
<i>deferasirox oral tablet, dispersible</i>	Tier 4	
<b>MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY- ACTING</b>		
MOVANTIK	Tier 2	PA; QL (30 EA per 30 days)



Drug Name	Tier	Restrictions/ Limits
<b>OPIOID REVERSAL AGENTS - OPIOID ANTAGONISTS</b>		
<i>nalmefene</i>	Tier 2	QL (2 Units per 1 Month)
<i>naloxone injection solution</i>	Tier 1	QL (2 ML per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	
<b>ANTI-INFECTIVE AGENTS</b>		
<b>AMINOGLYCOSIDE ANTIBIOTIC</b>		
<i>neomycin</i>	Tier 1	
<i>tobramycin sulfate injection recon soln</i>	Tier 1	PA
<i>tobramycin sulfate injection solution 40 mg/ml</i>	Tier 1	PA
<b>AMINOPENICILLIN ANTIBIOTIC</b>		
<i>amoxicillin</i>	Tier 1	
<i>ampicillin</i>	Tier 1	
<b>AMINOPENICILLIN ANTIBIOTIC - BETA-LACTAMASE INHIBITOR COMBINATIONS</b>		
<i>amoxicillin-pot clavulanate</i>	Tier 1	
<b>ANTHELMINTIC AGENTS - BENZIMIDAZOLE DERIVATIVES</b>		
<i>albendazole</i>	Tier 1	PA; QL (120 EA per 30 days)
EMVERM	Tier 2	QL (6 EA per 30 days)
<b>ANTHELMINTIC AGENTS - MACROCYCLIC LACTONES</b>		

Drug Name	Tier	Restrictions/ Limits
<i>ivermectin oral</i>	Tier 1	QL (20 EA per 30 days)
<b>ANTHELMINTIC AGENTS OTHER</b>		
<i>praziquantel</i>	Tier 1	
<b>ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim oral</i>	Tier 1	
SULFATRIM	Tier 1	
<b>ANTIBACTERIAL FOLATE ANTAGONIST OTHERS</b>		
<i>trimethoprim</i>	Tier 1	
<b>ANTIBACTERIAL NITROFURAN DERIVATIVES</b>		
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohyd/m-cryst</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	
<b>ANTIFUNGAL - ALLYLAMINES</b>		
<i>terbinafine hcl oral</i>	Tier 1	QL (1 EA per 1 day)
<b>ANTIFUNGAL - AMPHOTERIC POLYENE MACROLIDES</b>		
<i>nystatin oral tablet</i>	Tier 1	
<b>ANTIFUNGAL - FLUORINATED PYRIMIDINE-TYPE AGENTS</b>		
<i>flucytosine</i>	Tier 1	
<b>ANTIFUNGAL - IMIDAZOLES</b>		

Drug Name	Tier	Restrictions/ Limits
<i>ketoconazole oral</i>	Tier 1	
<b>ANTIFUNGAL - TRIAZOLES</b>		
CRESEMBA ORAL CAPSULE 186 MG	Tier 3	PA
<i>fluconazole oral suspension for reconstitution</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	
<i>fluconazole oral tablet 150 mg</i>	Tier 1	QL (2 EA per 30 days)
<i>voriconazole oral</i>	Tier 1	PA
<b>ANTIFUNGAL OTHER</b>		
<i>griseofulvin microsize</i>	Tier 1	
<i>griseofulvin ultramicrosize</i>	Tier 1	
<b>ANTILEPTIC - IMMUNOMODULATOR S</b>		
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	Tier 4	PA; QL (60 EA per 30 days)
<b>ANTILEPTIC - SULFONE AGENTS</b>		
<i>dapsone oral</i>	Tier 1	
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	Tier 1	QL (60 EA per 180 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	Tier 1	QL (180 EA per 180 days)
COARTEM	Tier 2	QL (24 EA per 30 days)
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate</i>	Tier 1	QL (1000 EA per 1 day)
<i>hydroxychloroquine</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>mefloquine</i>	Tier 1	QL (13 EA per 180 days)
<i>pyrimethamine</i>	Tier 4	PA
<i>quinine sulfate</i>	Tier 1	QL (42 EA per 30 days)
<b>ANTIPROTOZOAL AGENTS - NITROIMIDAZOLE DERIVATIVES</b>		
<i>benznidazole oral tablet 100 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>benznidazole oral tablet 12.5 mg</i>	Tier 2	QL (720 EA per 365 days)
<b>ANTIPROTOZOAL AGENTS - OTHER</b>		
<i>atovaquone</i>	Tier 1	
<b>ANTIPROTOZOAL AGENTS (ANTIPARASITIC) - 5- NITROTHIAZOLYL DERIVATIVES</b>		
<i>nitazoxanide</i>	Tier 1	QL (14 EA per 30 days)
<b>ANTIPROTOZOAL- ANTIBACTERIAL 1ST GENERATION 2- METHYL-5- NITROIMIDAZOLE</b>		
<i>metronidazole oral</i>	Tier 1	
<b>ANTIPROTOZOAL- ANTIBACTERIAL 2ND GENERATION 2- METHYL-5- NITROIMIDAZOLE</b>		
<i>tinidazole oral tablet 250 mg</i>	Tier 1	QL (40 EA per 30 days)
<i>tinidazole oral tablet 500 mg</i>	Tier 1	QL (20 EA per 30 days)
<b>ANTIRETROVIRAL - CCR5 CO-RECEPTOR ANTAGONIST</b>		
<i>maraviroc oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions/ Limits
<i>maraviroc oral tablet 300 mg</i>	Tier 1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION	Tier 2	QL (1840 ML per 30 days)
<b>ANTIRETROVIRAL - HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS</b>		
APRETUDE	Tier 10	
ISENTRESS ORAL POWDER IN PACKET	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET	Tier 2	QL (4 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE	Tier 2	QL (6 EA per 1 day)
<b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NNRTI COMBINATIONS</b>		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	Tier 10	QL (1 ML per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	Tier 10	QL (1 ML per 365 days)
JULUCA	Tier 2	QL (1 EA per 1 day)
<b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NRTI COMBINATIONS</b>		
DOVATO	Tier 2	QL (1 EA per 1 day)
<b>ANTIRETROVIRAL - NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIB (NNRTI)</b>		
<i>efavirenz oral capsule</i>	Tier 1	QL (3 EA per 1 day)

Drug Name	Tier	Restrictions/ Limits
<i>efavirenz oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>nevirapine oral suspension</i>	Tier 1	QL (40 ML per 1 day)
<i>nevirapine oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	QL (1 EA per 1 day)
PIFELTRO	Tier 2	QL (1 EA per 1 day)
<b>ANTIRETROVIRAL - NUCLEOSIDE AND NUCLEOTIDE ANALOG RTIS COMBINATIONS</b>		
DESCOVY ORAL TABLET 120-15 MG	Tier 2	ST
DESCOVY ORAL TABLET 200-25 MG	Tier 2	ST; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 0	QL (1 EA per 1 day)
<b>ANTIRETROVIRAL - NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>		
<i>abacavir oral solution</i>	Tier 1	QL (30 ML per 1 day)
<i>abacavir oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>emtricitabine</i>	Tier 1	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	Tier 2	QL (680 ML per 30 days)
<i>lamivudine oral solution</i>	Tier 1	QL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)

Drug Name		Restrictions/ Limits
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>ANTIRETROVIRAL - NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS</b>		
<i>tenofovir disoproxil fumarate</i>	Tier 1	QL (1 EA per 1 day)
VIREAD ORAL POWDER	Tier 2	QL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (1 EA per 1 day)
<b>ANTIRETROVIRAL COMBINATIONS - PROTEASE INHIBITORS</b>		
EVOTAZ	Tier 2	QL (1 EA per 1 day)
<i>lopinavir-ritonavir oral solution</i>	Tier 1	QL (13 ML per 1 day)
PREZCOBIX	Tier 2	QL (1 EA per 1 day)
<b>ANTIRETROVIRAL-NUCLEOSIDE AND NUCLEOTIDE ANALOGS,PROTEASE INHIBITORS</b>		
SYMTUZA	Tier 2	QL (1 EA per 1 day)
<b>ANTIRETROVIRAL- INTEGRASE INHIBITOR,NUCLEOSIDE AND NUCLEOTIDE RTIS COMB</b>		
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 2	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
GENVOYA	Tier 2	QL (1 EA per 1 day)
STRIBILD	Tier 2	QL (1 EA per 1 day)

Drug Name		Restrictions/ Limits
<b>ANTIRETROVIRAL-NUCLEOSIDE ANALOGS AND INTEGRASE INHIBITOR COMBINATIONS</b>		
TRIUMEQ	Tier 2	PA; QL (1 EA per 1 day)
<b>ANTIRETROVIRAL-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) COMB</b>		
<i>abacavir-lamivudine</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine-zidovudine</i>	Tier 1	QL (2 EA per 1 day)
<b>ANTIRETROVIRAL-NUCLEOSIDE, NUCLEOTIDE ANALOGS AND NON-NUCLEOSIDE RTI</b>		
COMPLERA	Tier 2	QL (1 EA per 1 day)
DELSTRIGO	Tier 2	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	Tier 1	
ODEFSEY	Tier 2	QL (1 EA per 1 day)
<b>ANTITUBERCULAR - AMINO BENZOIC ACID ANALOGS</b>		
PASER	Tier 2	
<b>ANTITUBERCULAR - D-ALANINE ANALOGS</b>		
<i>cycloserine</i>	Tier 2	
<b>ANTITUBERCULAR - ISONICOTINIC ACID DERIVATIVES</b>		
<i>isoniazid oral</i>	Tier 1	

Drug Name		Restrictions/ Limits
<b>ANTITUBERCULAR - NIACINAMIDE DERIVATIVES</b>		
<i>pyrazinamide</i>	Tier 1	
<b>ANTITUBERCULAR - NITROIMIDAZOLE DERIVATIVES</b>		
<i>pretomanid</i>	Tier 2	PA; QL (1 EA per 1 day)
<b>ANTITUBERCULAR - RIFAMYCIN AND DERIVATIVES</b>		
<i>rifabutin</i>	Tier 1	
<i>rifampin oral</i>	Tier 1	
<b>ANTITUBERCULAR AGENTS OTHER</b>		
<i>ethambutol</i>	Tier 1	
<b>CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION</b>		
<i>cefadroxil</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution</i>	Tier 1	
<i>cephalexin oral tablet 250 mg</i>	Tier 1	
<b>CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION</b>		
<i>cefprozil</i>	Tier 1	
<i>cefuroxime axetil</i>	Tier 1	
<b>CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION</b>		
<i>cefdinir</i>	Tier 1	
<b>FLUOROQUINOLONE ANTIBIOTICS</b>		
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin hcl oral</i>	Tier 1	
<i>levofloxacin oral</i>	Tier 1	

Drug Name		Restrictions/ Limits
<i>moxifloxacin oral</i>	Tier 1	
<i>ofloxacin oral</i>	Tier 1	QL (2 EA per 1 day)
<b>GLYCOPEPTIDE ANTIBIOTICS</b>		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 2	PA; QL (300 ML per 30 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	Tier 2	PA; QL (450 ML per 30 days)
<i>vancomycin oral capsule 125 mg</i>	Tier 1	PA; QL (40 EA per 30 days)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	PA; QL (80 EA per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	PA; QL (450 ML per 30 days)
<b>HEPATITIS B TREATMENT- NUCLEOSIDE ANALOGS (ANTIVIRAL)</b>		
BARACLUDE ORAL SOLUTION	Tier 2	
<i>entecavir</i>	Tier 1	
<i>lamivudine oral tablet 100 mg</i>	Tier 1	
<b>HEPATITIS B TREATMENT- NUCLEOTIDE ANALOGS (ANTIVIRAL)</b>		
<i>adefovir</i>	Tier 1	
<i>tenofovir disoproxil fumarate</i>	Tier 1	QL (1 EA per 1 day)
VIREAD ORAL POWDER	Tier 2	QL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (1 EA per 1 day)
<b>HEPATITIS C - INTERFERONS</b>		

Drug Name	Tier	Restrictions/ Limits
PEGASYS SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (2 ML per 28 days)
<b>HEPATITIS C - NS5B POLYMERASE AND NS5A INHIBITOR COMBINATIONS</b>		
<i>sofosbuvir-velpatasvir</i>	Tier 4	PA; QL (1 EA per 1 day)
<b>HEPATITIS C - NUCLEOSIDE ANALOGS</b>		
<i>ribavirin oral</i>	Tier 4	
<b>HERPES ANTIVIRAL AGENT - PURINE ANALOGS</b>		
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>valacyclovir</i>	Tier 1	QL (30 EA per 30 days)
<b>HERPES ANTIVIRAL AGENT - THYMIDINE ANALOGS</b>		
<i>famciclovir oral tablet 125 mg, 500 mg</i>	Tier 1	QL (21 EA per 30 days)
<i>famciclovir oral tablet 250 mg</i>	Tier 1	QL (60 EA per 30 days)
<b>INFLUENZA ANTIVIRAL AGENTS - NEURAMINIDASE INHIBITORS</b>		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (40 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	Tier 1	QL (360 ML per 365 days)

Drug Name	Tier	Restrictions/ Limits
<b>INFLUENZA ANTIVIRAL AGENTS - PA ENDONUCLEASE INHIBITOR</b>		
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 2	QL (4 EA per 365 days)
<b>INFLUENZA-A ANTIVIRAL AGENTS</b>		
<i>rimantadine</i>	Tier 1	
<b>LINCOSAMIDE ANTIBIOTICS</b>		
<i>clindamycin hcl</i>	Tier 1	
CLINDAMYCIN PEDIATRIC	Tier 1	
<b>MACROLIDE ANTIBIOTICS</b>		
<i>azithromycin oral</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	PA; QL (1 ML per 30 days)
DIFICID ORAL TABLET	Tier 2	PA; QL (20 EA per 30 days)
ERYTHROCIN (AS STEARATE)	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin oral</i>	Tier 1	
<b>MISC ANTI-INFECTIVE</b>		
<i>pentamidine inhalation</i>	Tier 1	PA; QL (1 EA per 28 days)
<b>MISC ANTI-INFECTIVE COMBINATIONS</b>		
URETRON D-S	Tier 1	
URO-SP	Tier 1	
UTIRA-C	Tier 1	
<b>OXAZOLIDINONE ANTIBIOTICS</b>		
<i>linezolid</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>PENICILLIN ANTIBIOTIC - NATURAL</b>		
<i>penicillin v potassium</i>	Tier 1	
<b>PENICILLIN ANTIBIOTIC - PENICILLINASE-RESISTANT</b>		
<i>dicloxacillin</i>	Tier 1	
<b>PROTEASE INHIBITORS (NON-PEPTIDIC) ANTIRETROVIRAL</b>		
APTIVUS	Tier 2	QL (4 EA per 1 day)
PREZCOBIX	Tier 2	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION	Tier 2	QL (1 ML per 1 day)
PREZISTA ORAL TABLET 150 MG	Tier 2	QL (6 EA per 1 day)
PREZISTA ORAL TABLET 600 MG	Tier 2	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	QL (10 EA per 1 day)
PREZISTA ORAL TABLET 800 MG	Tier 2	QL (1 EA per 1 day)
<b>PROTEASE INHIBITORS (PEPTIDIC) ANTIRETROVIRAL</b>		
<i>atazanavir oral capsule 150 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	Tier 1	
EVOTAZ	Tier 2	QL (1 EA per 1 day)
<i>fosamprenavir</i>	Tier 1	QL (2 EA per 1 day)
LEXIVA ORAL SUSPENSION	Tier 2	QL (56 ML per 1 day)

Drug Name	Tier	Restrictions/ Limits
NORVIR ORAL POWDER IN PACKET	Tier 2	QL (6 EA per 180 days)
<i>ritonavir</i>	Tier 1	
VIRACEPT ORAL TABLET 250 MG	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	Tier 2	QL (4 EA per 1 day)
<b>RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS</b>		
<i>rifabutin</i>	Tier 1	
<i>rifampin oral</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG	Tier 2	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA; QL (60 EA per 30 days)
<b>SARS-COV-2 ANTIVIRAL AGENT - RNA POLYMERASE INHIBITORS</b>		
LAGEVRIO (EUA)	Tier 2	QL (40 EA per 180 days)
<b>SULFONAMIDE ANTIBIOTIC</b>		
<i>sulfadiazine</i>	Tier 1	
<b>TETRACYCLINE ANTIBIOTICS</b>		
<i>demeclocycline</i>	Tier 1	
<i>doxycycline hyclate oral capsule</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST

Drug Name		Restrictions/ Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>tetracycline</i>	Tier 1	
<b>ANTINEOPLASTICS</b>		
<b>ANTINEOPLASTIC - CYP17 (17 ALPHA-HYDROXYLASE/C17,20-LYASE) INHIBITOR</b>		
<i>abiraterone oral tablet 250 mg</i>	Tier 4	PA; QL (120 EA per 30 days)
<b>ANTINEOPLASTIC - 1ST GENERATION EGFR TYROSINE KINASE INHIBITOR</b>		
<i>erlotinib oral tablet 100 mg, 150 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<b>ANTINEOPLASTIC - 2ND GENERATION EGFR TYROSINE KINASE INHIBITOR</b>		
GILOTRIF	Tier 4	PA; QL (30 EA per 30 days)
<b>ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES</b>		
MYLERAN	Tier 2	
<b>ANTINEOPLASTIC - ALKYLATING AGENT - METHYLHYDRAZINES</b>		
MATULANE	Tier 4	

Drug Name		Restrictions/ Limits
<b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS</b>		
<i>cyclophosphamide oral capsule</i>	Tier 1	
LEUKERAN	Tier 2	
<i>melphalan</i>	Tier 1	
<b>ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES</b>		
<i>temozolomide</i>	Tier 4	
<b>ANTINEOPLASTIC - ANTIADRENALS</b>		
LYSODREN	Tier 4	
<b>ANTINEOPLASTIC - ANTIANDROGENS</b>		
<i>abiraterone oral tablet 250 mg</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>bicalutamide</i>	Tier 1	
<i>nilutamide</i>	Tier 1	PA
<b>ANTINEOPLASTIC - ANTIMETABOLITE - FOLIC ACID ANALOGS</b>		
<i>methotrexate sodium oral</i>	Tier 1	
TREXALL	Tier 2	
<b>ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS</b>		
<i>mercaptopurine</i>	Tier 1	
<b>ANTINEOPLASTIC - ANTIMETABOLITE - PYRIMIDINE ANALOGS</b>		
<i>capecitabine</i>	Tier 4	PA
<b>ANTINEOPLASTIC - ANTIMETABOLITE - UREA DERIVATIVES</b>		
<i>hydroxyurea</i>	Tier 1	



Drug Name	Tier	Restrictions/ Limits
<b>ANTINEOPLASTIC - AROMATASE INHIBITORS</b>		
<i>anastrozole</i>	Tier 0	
<i>exemestane</i>	Tier 0	
<i>letrozole</i>	Tier 1	
<b>ANTINEOPLASTIC - BRAF KINASE INHIBITORS</b>		
TAFINLAR ORAL CAPSULE	Tier 4	PA; QL (120 EA per 30 days)
ZELBORAF	Tier 4	PA; QL (240 EA per 30 days)
<b>ANTINEOPLASTIC - BRUTON'S TYROSINE KINASE (BTK) INHIBITOR</b>		
IMBRUVICA ORAL CAPSULE 140 MG	Tier 4	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	Tier 4	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	Tier 4	
IMBRUVICA ORAL TABLET	Tier 4	PA; QL (30 EA per 30 days)
<b>ANTINEOPLASTIC - CYCLIN-DEPENDENT KINASE (CDK) 4/6 INHIBITORS</b>		
IBRANCE	Tier 4	PA; QL (21 EA per 30 days)
<b>ANTINEOPLASTIC - EPIPODOPHYLLOTOXINS</b>		
<i>etoposide oral</i>	Tier 1	
<b>ANTINEOPLASTIC - ESTROGENS</b>		
EMCYT	Tier 2	
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR</b>		

Drug Name	Tier	Restrictions/ Limits
ERIVEDGE	Tier 4	PA; QL (30 EA per 30 days)
<b>ANTINEOPLASTIC - HISTONE DEACETYLASE (HDAC) INHIBITORS</b>		
ZOLINZA	Tier 4	PA
<b>ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS</b>		
JAKAFI	Tier 4	PA; QL (60 EA per 30 days)
<b>ANTINEOPLASTIC - LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
ELIGARD	Tier 4	
ELIGARD (3 MONTH)	Tier 4	
ELIGARD (4 MONTH)	Tier 4	
ELIGARD (6 MONTH)	Tier 4	
<b>ANTINEOPLASTIC - MAST CELL STABILIZERS</b>		
<i>cromolyn oral</i>	Tier 1	
<b>ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS</b>		
MEKINIST ORAL TABLET 0.5 MG	Tier 4	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	Tier 4	PA; QL (30 EA per 30 days)
<b>ANTINEOPLASTIC - MULTIKINASE INHIBITORS</b>		
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	Tier 4	PA
<i>sorafenib</i>	Tier 4	PA; QL (120 EA per 30 days)
<b>ANTINEOPLASTIC - PROGESTINS</b>		

Drug Name	Tier	Restrictions/ Limits
<i>megestrol oral tablet</i>	Tier 1	
<b>ANTINEOPLASTIC - PROTEIN-TYROSINE KINASE INHIBITORS</b>		
CAPRELSA ORAL TABLET 100 MG	Tier 4	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	Tier 4	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	Tier 4	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	Tier 4	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	Tier 4	
IMBRUVICA ORAL TABLET	Tier 4	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	Tier 4	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	Tier 4	PA; QL (120 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	Tier 4	PA
OFEV	Tier 4	PA; QL (60 EA per 30 days)
<i>sunitinib malate oral capsule 12.5 mg</i>	Tier 4	PA; QL (90 EA per 30 days)
<i>sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg</i>	Tier 4	PA; QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
VOTRIENT	Tier 4	PA; QL (120 EA per 30 days)
<b>ANTINEOPLASTIC - RETINOIDS</b>		
<i>tretinoin (antineoplastic)</i>	Tier 1	
<b>ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>		
<i>tamoxifen</i>	Tier 0	
<i>toremifene</i>	Tier 1	
<b>ANTINEOPLASTIC - SELECTIVE RETINOID X RECEPTOR AGONISTS</b>		
<i>bexarotene oral</i>	Tier 4	PA
<b>ANTINEOPLASTIC - THALIDOMIDE ANALOGS</b>		
<i>lenalidomide</i>	Tier 4	PA; QL (30 EA per 30 days)
POMALYST	Tier 4	PA
REVLIMID	Tier 4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	Tier 4	PA; QL (60 EA per 30 days)
<b>ANTINEOPLASTIC ANTIBIOTIC - ANTHRACYCLINES</b>		
<i>valrubicin</i>	Tier 4	PA
<b>METHOTREXATE RESCUE AGENTS</b>		
<i>leucovorin calcium oral</i>	Tier 1	
<b>METHOTREXATE RESCUE AGENTS - FOLIC ACID ANTAGONIST TYPE</b>		

Drug Name	Tier	Restrictions/ Limits
<i>leucovorin calcium oral</i>	Tier 1	
<b>BIOLOGICALS</b>		
<b>HEPATITIS A AND HEPATITIS B VACCINE COMBINATIONS</b>		
TWINRIX (PF)	Tier 0	
<b>HEPATITIS A VACCINE - SINGLE AGENTS</b>		
HAVRIX (PF)	Tier 0	
VAQTA (PF)	Tier 0	
<b>HEPATITIS B VACCINE COMBINATIONS</b>		
PEDIARIX (PF)	Tier 0	
<b>HEPATITIS B VACCINES - SINGLE AGENTS</b>		
ENGERIX-B (PF)	Tier 0	
ENGERIX-B PEDIATRIC (PF)	Tier 0	
HEPLISAV-B (PF)	Tier 0	
PREHEVBRIO (PF)	Tier 0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML	Tier 0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	Tier 0	
<b>LIVE VACCINE AND LIVE VIRUS FORMULATIONS</b>		
<i>bcg vaccine, live (pf)</i>	Tier 0	
M-M-R II (PF)	Tier 0	
PRIORIX (PF)	Tier 0	
PROQUAD (PF)	Tier 0	
ROTATEQ VACCINE	Tier 0	
STAMARIL (PF)	Tier 0	

Drug Name	Tier	Restrictions/ Limits
VARIVAX (PF)	Tier 0	
VIVOTIF	Tier 0	
YF-VAX (PF)	Tier 0	
<b>TOXOID VACCINE COMBINATIONS</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF)	Tier 0	
BOOSTRIX TDAP	Tier 0	
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier 0	
INFANRIX (DTAP) (PF)	Tier 0	
KINRIX (PF)	Tier 0	
PEDIARIX (PF)	Tier 0	
PENTACEL (PF)	Tier 0	
QUADRACEL (PF)	Tier 0	
TDVAX	Tier 0	
TENIVAC (PF)	Tier 0	
<b>VACCINE BACTERIAL - GRAM NEGATIVE BACILLI (NON- ENTERIC)</b>		
ACTHIB (PF)	Tier 0	
HIBERIX (PF)	Tier 0	
PEDVAX HIB (PF)	Tier 0	
PENTACEL ACTHIB COMPONENT (PF)	Tier 0	
TYPHIM VI	Tier 0	
VIVOTIF	Tier 0	
<b>VACCINE BACTERIAL - GRAM NEGATIVE COCCI</b>		
MENACTRA (PF)	Tier 0	
MENVEO A-C-Y-W- 135-DIP (PF) INTRAMUSCULAR KIT	Tier 0	
<b>VACCINE BACTERIAL - GRAM POSITIVE COCCI</b>		
PNEUMOVAX-23	Tier 0	

Drug Name	Tier	Restrictions/ Limits
PREVNAR 13 (PF)	Tier 0	
PREVNAR 20 (PF)	Tier 0	
VAXNEUVANCE (PF)	Tier 0	
<b>VACCINE BACTERIAL - MENINGOCOCCAL GROUP B VACCINES</b>		
BEXSERO	Tier 0	
TRUMENBA	Tier 0	
<b>VACCINE BACTERIAL - OTHER</b>		
<i>bcg vaccine, live (pf)</i>	Tier 0	
<b>VACCINE BACTERIAL - TOXIN-PRODUCING BACILLI</b>		
BIOTHRAX	Tier 0	
<b>VACCINE VIRAL - COVID-19 (SARS-COV-2)</b>		
NOVAVAX COVID-19 VACC,ADJ(EUA)	Tier 0	QL (3 ML per 365 days)
<b>VACCINE VIRAL - HUMAN PAPILOMAVIRUS (HPV) VACCINES</b>		
GARDASIL 9 (PF)	Tier 0	
<b>VACCINE VIRAL - JAPANESE ENCEPHALITIS</b>		
IXIARO (PF)	Tier 0	
<b>VACCINE VIRAL - MEASLES</b>		
M-M-R II (PF)	Tier 0	
PRIORIX (PF)	Tier 0	
PROQUAD (PF)	Tier 0	
<b>VACCINE VIRAL - MUMPS AND RELATED</b>		
M-M-R II (PF)	Tier 0	
PRIORIX (PF)	Tier 0	
PROQUAD (PF)	Tier 0	

Drug Name	Tier	Restrictions/ Limits
<b>VACCINE VIRAL - POLIOMYELITIS</b>		
IPOL	Tier 0	
<b>VACCINE VIRAL - RABIES</b>		
IMOVAX RABIES VACCINE (PF)	Tier 0	
RABAVERT (PF)	Tier 0	
<b>VACCINE VIRAL - ROTAVIRUS</b>		
ROTATEQ VACCINE	Tier 0	
<b>VACCINE VIRAL - RUBELLA</b>		
M-M-R II (PF)	Tier 0	
PRIORIX (PF)	Tier 0	
PROQUAD (PF)	Tier 0	
<b>VACCINE VIRAL - VARICELLA</b>		
PROQUAD (PF)	Tier 0	
SHINGRIX (PF)	Tier 0	
VARIVAX (PF)	Tier 0	
<b>VACCINE VIRAL - YELLOW FEVER</b>		
STAMARIL (PF)	Tier 0	
YF-VAX (PF)	Tier 0	
<b>VACCINE VIRAL COMBINATIONS</b>		
M-M-R II (PF)	Tier 0	
PRIORIX (PF)	Tier 0	
PROQUAD (PF)	Tier 0	
<b>CARDIOVASCULAR THERAPY AGENTS</b>		
<b>ACE INHIBITOR AND CALCIUM CHANNEL BLOCKER COMBINATIONS</b>		
<i>amlodipine-benazepril</i>	Tier 1	
<b>ACE INHIBITOR AND DIURETIC COMBINATIONS</b>		

Drug Name	Tier	Restrictions/ Limits
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<b>ACE INHIBITORS</b>		
<i>benazepril</i>	Tier 1	
<i>captopril</i>	Tier 1	
<i>enalapril maleate oral solution</i>	Tier 1	ST
<i>enalapril maleate oral tablet</i>	Tier 1	
<i>fosinopril</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>quinapril</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	Tier 1	
<i>spironolactone</i>	Tier 1	
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER COMB.</b>		
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>telmisartan-amlodipine</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER-DIURETIC</b>		
<i>olmesartan-amlodipin-hcthiiazid</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-DIURETIC COMBINATIONS</b>		
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR BLOCKER-NEPRILYSIN INHIBITOR COMB. (ARNI)</b>		
ENTRESTO	Tier 2	PA; QL (60 EA per 30 days)
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>		
<i>candesartan</i>	Tier 1	
<i>irbesartan</i>	Tier 1	
<i>losartan</i>	Tier 1	
<i>olmesartan</i>	Tier 1	
<i>telmisartan</i>	Tier 1	
<i>valsartan oral tablet</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>ANTIANGINAL - CORONARY VASODILATORS (NITRATES)</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
NITRO-DUR	Tier 2	
<i>nitroglycerin sublingual</i>	Tier 1	
<i>nitroglycerin transdermal</i>	Tier 1	
<i>nitroglycerin translingual</i>	Tier 1	
NITRO-TIME	Tier 1	
<b>ANTIANGINAL AND ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC</b>		
<i>ranolazine</i>	Tier 1	
<b>ANTIARRHYTHMIC - CLASS IA</b>		
<i>disopyramide phosphate</i>	Tier 1	
NORPACE CR	Tier 2	
<i>quinidine sulfate</i>	Tier 1	
<b>ANTIARRHYTHMIC - CLASS IC</b>		
<i>flecainide</i>	Tier 1	
<i>propafenone</i>	Tier 1	
<b>ANTIARRHYTHMIC - CLASS II</b>		
SOTALOL AF	Tier 1	
<i>sotalol oral</i>	Tier 1	
<b>ANTIARRHYTHMIC - CLASS III</b>		
<i>amiodarone oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>dofetilide</i>	Tier 1	
PACERONE ORAL TABLET 200 MG, 400 MG	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>ANTIARRHYTHMIC - CLASS IV</b>		
<i>verapamil oral tablet 120 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet 40 mg</i>	Tier 1	QL (12 EA per 1 day)
<b>ANTIHYPERTENSIVE C - BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine (with sugar)</i>	Tier 1	
CHOLESTYRAMINE LIGHT	Tier 1	
<i>cholestyramine-aspartame</i>	Tier 1	
<i>colesevelam oral powder in packet</i>	Tier 1	QL (30 EA per 30 days)
<i>colesevelam oral tablet</i>	Tier 1	QL (180 EA per 30 days)
<i>colestipol oral tablet</i>	Tier 1	
<b>ANTIHYPERTENSIVE C - FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate micronized oral capsule 90 mg</i>	Tier 2	ST
<i>fenofibrate nanocrystallized</i>	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>gemfibrozil</i>	Tier 1	
<b>ANTIHYPERTENSIVE C - HMG COA REDUCTASE INHIBITORS (STATINS)</b>		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>fluvastatin oral capsule 20 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	Tier 0	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	Tier 0	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	Tier 0	QL (60 EA per 30 days)
<i>pravastatin</i>	Tier 0	QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	QL (30 EA per 30 days)
<b>ANTIHYPERTENSIVE C - NICOTINIC ACID DERIVATIVES</b>		
<i>niacin oral tablet extended release 24 hr</i>	Tier 1	
<b>ANTIHYPERTENSIVE C - OMEGA-3 FATTY ACID TYPE</b>		
<i>omega-3 acid ethyl esters</i>	Tier 1	
<b>ANTIHYPERTENSIVE C - PCSK9 INHIBITOR, MONOCLONAL ANTIBODY (MAB)</b>		
REPATHA PUSHTRONEX	Tier 2	PA; QL (1 ML per 28 days)
<b>ANTIHYPERTENSIVE C - PCSK9 INHIBITORS</b>		
REPATHA PUSHTRONEX	Tier 2	PA; QL (1 ML per 28 days)

Drug Name	Tier	Restrictions/ Limits
<b>ANTIHYPERTENSIVE C - SELECTIVE CHOLESTEROL ABSORPTION INHIBITOR</b>		
<i>ezetimibe</i>	Tier 1	
<b>ANTIHYPERTENSIVE C-HMG COA REDUCT INHIB AND CHOLESTEROL ABSORP INHIBIT</b>		
<i>ezetimibe-simvastatin</i>	Tier 1	ST; QL (30 EA per 30 days)
<b>BETA BLOCKERS CARDIAC SELECTIVE</b>		
<i>atenolol</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>BETA BLOCKERS CARDIAC SELECTIVE, INTRINSIC SYMPATHOMIMETIC ACTIVITY</b>		
<i>acebutolol</i>	Tier 1	
<b>BETA BLOCKERS NON-CARDIAC SELECTIVE</b>		
<i>nadolol</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
SOTALOL AF	Tier 1	
<i>sotalol oral</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	
<b>CALCIUM CHANNEL BLOCKERS - BENZOTHIAZEPINES</b>		
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	Tier 2	
CARTIA XT	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	Tier 1	
<i>diltiazem hcl oral tablet</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
DILT-XR	Tier 1	
MATZIM LA	Tier 1	
TAZTIA XT	Tier 1	
<b>CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES</b>		
<i>amlodipine</i>	Tier 1	
<i>felodipine</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<b>CALCIUM CHANNEL BLOCKERS - PHENYLAKYLAMINES</b>		
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet 40 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	Tier 1	
<b>CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.</b>		
<i>atenolol-chlorthalidone</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<b>CARDIOVASCULAR SYMPATHOMIMETIC - ANAPHYLAXIS THERAPY SINGLE AGENTS</b>		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	Tier 2	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (2 EA per 30 days)
<b>CARDIOVASCULAR SYMPATHOMIMETICS</b>		
<i>midodrine</i>	Tier 1	
<b>CENTRAL ALPHA-2 RECEPTOR AGONISTS</b>		
<i>clonidine</i>	Tier 1	QL (4 EA per 30 days)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>guanfacine oral tablet</i>	Tier 1	
<i>methyldopa</i>	Tier 1	
<b>DIGITALIS GLYCOSIDES</b>		
DIGITEK	Tier 1	
DIGOX	Tier 1	
<i>digoxin oral solution</i>	Tier 1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
<b>DIRECT ACTING VASODILATORS</b>		
<i>hydralazine oral</i>	Tier 1	
<i>minoxidil oral</i>	Tier 1	



Drug Name	Tier	Restrictions/ Limits
<b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, NON- SELECTIVE</b>		
<i>spironolactone</i>	Tier 1	
<b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, SELECTIVE</b>		
<i>eplerenone</i>	Tier 1	
<b>DIURETIC - CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	Tier 1	
<i>methazolamide</i>	Tier 1	
<b>DIURETIC - LOOP</b>		
<i>bumetanide oral</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet</i>	Tier 1	
<i>toremide</i>	Tier 1	
<b>DIURETIC - POTASSIUM SPARING</b>		
<i>amiloride</i>	Tier 1	
<b>DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS</b>		
<i>amiloride- hydrochlorothiazide</i>	Tier 1	
<i>spironolacton- hydrochlorothiaz</i>	Tier 1	
<i>triamterene- hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene- hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions/ Limits
<i>triamterene- hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
<b>DIURETIC - SELECTIVE ARGININE VASOPRESSIN V2 RECEPTOR ANTAGONISTS</b>		
<i>tolvaptan oral tablet 15 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<b>DIURETIC - THIAZIDES AND RELATED</b>		
<i>chlorthalidone</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
<b>NON-CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.</b>		
<i>propranolol- hydrochlorothiazid</i>	Tier 1	
<b>PERIPHERAL ALPHA- 1 RECEPTOR BLOCKERS</b>		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>phenoxybenzamine</i>	Tier 1	
<i>prazosin</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	Tier 1	QL (60 EA per 30 days)
<b>PHEOCHROMOCYTO MA, AGENTS TO TREAT</b>		
<i>metyrosine</i>	Tier 1	PA

Drug Name	Tier	Restrictions/ Limits
<b>PULMONARY ANTIHYPERTENSIVE AGENTS - PROSTACYCLIN-TYPE</b>		
ORENITRAM	Tier 4	PA
VENTAVIS	Tier 4	PA; QL (270 ML per 30 days)
<b>PULMONARY ARTERIAL HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>bosentan</i>	Tier 4	PA; QL (2 EA per 1 day)
<b>PULMONARY ARTERIAL HYPERTENSION - SELECTIVE CGMP-PDE5 INHIBITORS</b>		
<i>sildenafil (pulm.hypertension) oral tablet</i>	Tier 4	PA; QL (90 EA per 30 days)
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>AGENTS TO TREAT EPISODIC CLUSTER HEADACHES</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA; QL (1 ML per 28 days)
<b>ANTIANKXIETY AGENT - ANTIHISTAMINE TYPE</b>		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>ANTIANKXIETY AGENT - BENZODIAZEPINES</b>		
<i>alprazolam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>chlordiazepoxide hcl</i>	Tier 1	QL (4 EA per 1 day)
<i>clonazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>clorazepate dipotassium</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>lorazepam oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>oxazepam</i>	Tier 1	QL (4 EA per 1 day)
<b>ANTIANKXIETY AGENT - DICARBAMATE TYPE</b>		
<i>meprobamate</i>	Tier 1	
<b>ANTIANKXIETY AGENT - NON-BENZODIAZEPINE</b>		
<i>bupirone</i>	Tier 1	
<b>ANTICONVULSANT - AMPA-TYPE GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA	Tier 2	ST
<b>ANTICONVULSANT - BARBITURATES AND DERIVATIVES</b>		
<i>phenobarbital</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
<b>ANTICONVULSANT - BENZODIAZEPINES</b>		
<i>clobazam</i>	Tier 1	PA
<i>clonazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam rectal</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
NAYZILAM	Tier 2	PA; QL (2 EA per 30 days)
VALTOCO	Tier 2	PA; QL (2 EA per 30 days)
<b>ANTICONVULSANT - CARBAMATES</b>		
<i>felbamate</i>	Tier 1	
<b>ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES</b>		
<i>divalproex</i>	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
<b>ANTICONVULSANT - FUNCTIONALIZED AMINO ACID</b>		
<i>lacosamide oral tablet</i>	Tier 1	ST
<b>ANTICONVULSANT - GABA ANALOGS</b>		
<i>gabapentin oral capsule 100 mg, 400 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral capsule 300 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>gabapentin oral solution</i>	Tier 1	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<b>ANTICONVULSANT - GABA RE-UPTAKE INHIBITOR, NIPECOTIC ACID DERIVATIVES</b>		

Drug Name	Tier	Restrictions/ Limits
<i>tiagabine</i>	Tier 1	
<b>ANTICONVULSANT - HYDANTOINS</b>		
DILANTIN	Tier 2	
<i>phenytoin</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
<b>ANTICONVULSANT - IMINOSTILBENE DERIVATIVES</b>		
APTOM	Tier 3	
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	Tier 1	
<i>carbamazepine oral tablet</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier 1	
<i>carbamazepine oral tablet, chewable</i>	Tier 1	
EPITOL	Tier 1	
<i>oxcarbazepine</i>	Tier 1	
OXTELLAR XR	Tier 2	ST
<b>ANTICONVULSANT - MONOSACCHARIDE DERIVATIVES</b>		
<i>topiramate oral capsule, sprinkle</i>	Tier 1	
<i>topiramate oral tablet</i>	Tier 1	
<b>ANTICONVULSANT - PHENYLTRIAZINE DERIVATIVES</b>		
<i>lamotrigine oral tablet</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr</i>	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>ANTICONVULSANT - PYRROLIDINE DERIVATIVES</b>		
<i>levetiracetam oral</i>	Tier 1	
ROWEEPRA	Tier 1	
ROWEEPRA XR	Tier 1	
<b>ANTICONVULSANT - SUCCINIMIDES</b>		
CELONTIN	Tier 2	
<i>ethosuximide</i>	Tier 1	
<b>ANTICONVULSANT - SULFONAMIDE DERIVATIVES</b>		
<i>zonisamide</i>	Tier 1	
<b>ANTIDEPRESSANT - ALPHA-2 RECEPTOR ANTAGONISTS (NASSA)</b>		
<i>mirtazapine</i>	Tier 1	
<b>ANTIDEPRESSANT - MAO INHIBITOR NONSELECTIVE AND IRREVERSIBLE- TYPES A,B</b>		
EMSAM	Tier 2	
<i>phenelzine</i>	Tier 1	
<i>tranylcypromine</i>	Tier 1	
<b>ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram oral solution</i>	Tier 1	
<i>citalopram oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	Tier 1	
<i>escitalopram oxalate oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	Tier 1	QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>fluoxetine oral capsule 20 mg</i>	Tier 1	
<i>fluoxetine oral capsule 40 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>fluoxetine oral solution</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	Tier 1	ST
<i>fluvoxamine oral capsule,extended release 24hr</i>	Tier 1	ST; QL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	Tier 1	ST; QL (60 EA per 30 days)
<i>sertraline oral concentrate</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	Tier 1	QL (45 EA per 30 days)
<b>ANTIDEPRESSANT - SEROTONIN-2 ANTAGONIST- REUPTAKE INHIBITORS (SARIS)</b>		
<i>nefazodone</i>	Tier 1	QL (2 EA per 1 day)
<i>trazodone</i>	Tier 1	
<b>ANTIDEPRESSANT - SEROTONIN- NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		

Drug Name	Tier	Restrictions/ Limits
<i>desvenlafaxine</i>	Tier 2	ST; QL (30 EA per 30 days)
<i>desvenlafaxine succinate</i>	Tier 1	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
SAVELLA ORAL TABLET	Tier 2	ST; QL (60 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet</i>	Tier 1	QL (90 EA per 30 days)
<b>ANTIDEPRESSANT - SSRI AND 5HT1A PARTIAL AGONIST</b>		
<i>vilazodone</i>	Tier 1	QL (30 EA per 30 days)
<b>ANTIDEPRESSANT - TRICYCLIC AND ANTIPSYCHOTIC, PHENOTHIAZINE COMB</b>		
<i>perphenazine-amitriptyline</i>	Tier 1	
<b>ANTIDEPRESSANT - TRICYCLIC-BENZODIAZEPINE COMBINATIONS</b>		
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>ANTIDEPRESSANT-SSRI AND ATYPICAL ANTIPSYCH,DOPAMINE,SEROTONIN ANTAGON</b>		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	Tier 1	ST
<b>ANTIDEPRESSANT-NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)</b>		
<i>bupropion hcl oral tablet</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	Tier 1	QL (60 EA per 30 days)
<b>ANTIDEPRESSANT-TRICYCLICS AND RELATED (NON-SELECT REUPTAKE INHIBITORS)</b>		
<i>amitriptyline</i>	Tier 1	
<i>amoxapine</i>	Tier 1	
<i>clomipramine</i>	Tier 1	
<i>desipramine</i>	Tier 1	
<i>doxepin oral capsule</i>	Tier 1	
<i>doxepin oral concentrate</i>	Tier 1	
<i>imipramine hcl</i>	Tier 1	
<i>imipramine pamoate</i>	Tier 1	
<i>nortriptyline</i>	Tier 1	
<i>protriptyline</i>	Tier 1	
<i>trimipramine</i>	Tier 1	
<b>ANTIPARKINSON - DOPAMINERGIC-PERIPH COMT-DOPA-DECARBOXYLASE INHIB COMB</b>		

Drug Name	Tier	Restrictions/ Limits
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
<b>ANTIPARKINSON - DOPAMINERG-PERIPHERAL DOPA-DECARBOXYLASE INHIBIT COMB</b>		
<i>carbidopa-levodopa oral tablet</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release</i>	Tier 1	
<b>ANTIPARKINSON ADJUVANT - CENTRAL/PERIPHERAL COMT INHIBITORS</b>		
<i>tolcapone</i>	Tier 1	
<b>ANTIPARKINSON ADJUVANT - PERIPHERAL COMT INHIBITORS</b>		
<i>entacapone</i>	Tier 1	
<b>ANTIPARKINSON ADJUVANT - PERIPHERAL DOPA-DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa</i>	Tier 1	
<b>ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS</b>		
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
<b>ANTIPARKINSON THERAPY - ERGOT ALKALOIDS AND DERIVATIVES</b>		
<i>bromocriptine</i>	Tier 1	
<b>ANTIPARKINSON THERAPY - MONOAMINE OXIDASE INHIBITOR(MAO-B)</b>		
<i>rasagiline</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>selegiline hcl</i>	Tier 1	
<b>ANTIPARKINSON THERAPY - NON-ERGOT DOPAMINE AGONIST AGENTS</b>		
<i>amantadine hcl</i>	Tier 1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	Tier 2	ST
<i>pramipexole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 8 mg</i>	Tier 1	ST
<b>ANTIPSYCHOTIC - ATYP DOPAMINE-SEROTONIN ANTAG DIBENZO-OXEPINO PYRROLES</b>		
SECUADO	Tier 2	PA; QL (30 EA per 30 days)
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BENZISOTHIAZOLON ES</b>		
<i>ziprasidone hcl</i>	Tier 1	QL (60 EA per 30 days)
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BENZISOXAZOLE DERIV</b>		
FANAPT ORAL TABLET	Tier 3	ST; QL (60 EA per 30 days)
INVEGA SUSTENNA	Tier 2	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	QL (1 ML per 90 days)

Drug Name	Tier	Restrictions/ Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML, 546 MG/1.75 ML	Tier 2	QL (2 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 2	QL (3 ML per 90 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 1	QL (60 EA per 30 days)
RISPERDAL CONSTA	Tier 2	
<i>risperidone oral solution</i>	Tier 1	
<i>risperidone oral tablet</i>	Tier 1	QL (60 EA per 30 days)
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE- SEROTONIN ANTAG- DIBENZODIAZEPINE DER</b>		
<i>clozapine oral tablet</i>	Tier 1	
<b>ANTIPSYCHOTIC - BUTYROPHENONE DERIVATIVES</b>		
<i>haloperidol</i>	Tier 1	
<i>haloperidol lactate oral</i>	Tier 1	
<b>ANTIPSYCHOTIC - DIBENZOXAZEPINE DERIVATIVES</b>		
<i>loxapine succinate</i>	Tier 1	
<b>ANTIPSYCHOTIC - DIPHENYLBUTYLPIPE RIDINE DERIVATIVES</b>		
<i>pimozide</i>	Tier 1	
<b>ANTIPSYCHOTIC - PHENOTHIAZINES, ALIPHATIC</b>		
<i>chlorpromazine oral</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERAZINE</b>		
<i>fluphenazine decanoate</i>	Tier 1	
<i>fluphenazine hcl</i>	Tier 1	
<i>perphenazine</i>	Tier 1	
<i>prochlorperazine maleate</i>	Tier 1	
<i>trifluoperazine</i>	Tier 1	
<b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERIDINE</b>		
<i>thioridazine</i>	Tier 1	
<b>ANTIPSYCHOTIC - THIOXANTHENES</b>		
<i>thiothixene</i>	Tier 1	
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE- SEROTONIN ANTAG- DIBENZODIAZEPINE DER</b>		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE- SEROTONIN ANTAG- THIENOBENZODIAZE PINES</b>		
<i>olanzapine oral tablet</i>	Tier 1	QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	Tier 1	ST
<b>ANTIPSYCHOTIC-ATYPICAL,D2 RECEPTOR PARTIAL AGONIST-5HT SEROTONIN MIXED</b>		
ABILIFY MAINTENA	Tier 2	
<i>aripiprazole oral tablet</i>	Tier 1	QL (30 EA per 30 days)
ARISTADA INITIO	Tier 2	QL (3 ML per 180 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	QL (4 ML per 60 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	QL (2 ML per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	QL (3 ML per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 2	QL (3.2 ML per 30 days)
<b>ANTIPSYCHOTIC-ATYPICAL,D3/D2 RECEPTOR PARTIAL AGONIST-SEROTONIN MIXED</b>		
VRAYLAR ORAL CAPSULE,DOSE PACK	Tier 2	QL (1 EA per 365 days)
<b>ATTENTION DEFICIT-HYPERACT. DISORDER (ADHD)-ALPHA-2 RECEPTOR AGONIST</b>		

Drug Name	Tier	Restrictions/ Limits
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier 1	QL (4 EA per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	Tier 1	QL (1 EA per 1 day)
<b>ATTENTION DEFICIT-HYPERACTIVITY (ADHD) THERAPY, STIMULANT-TYPE</b>		
<i>amphetamine sulfate</i>	Tier 1	
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	Tier 1	
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet</i>	Tier 1	QL (3 EA per 1 day)
METADATE ER	Tier 1	QL (3 EA per 1 day)
<i>methamphetamine</i>	Tier 1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	Tier 1	QL (1 EA per 1 day)



Drug Name	Tier	Restrictions/ Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 60 mg</i>	Tier 1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	Tier 1	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 54 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable</i>	Tier 1	QL (3 EA per 1 day)
RELEXXII	Tier 2	ST; QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG	Tier 2	QL (1 EA per 1 day)
<b>ATTENTION DEFICIT-HYPERACTIVITY DISORDER (ADHD) THERAPY, NRI-TYPE</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions/ Limits
<b>BENZODIAZEPINES</b>		
<i>alprazolam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
<i>chlordiazepoxide hcl</i>	Tier 1	QL (4 EA per 1 day)
<i>chlordiazepoxide-clidinium</i>	Tier 1	
<i>clobazam</i>	Tier 1	PA
<i>clonazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>clorazepate dipotassium</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam rectal</i>	Tier 1	
<i>estazolam</i>	Tier 1	QL (15 EA per 30 days)
<i>lorazepam oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>midazolam (pf) injection solution</i>	Tier 1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam injection</i>	Tier 1	
<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	Tier 2	
NAYZILAM	Tier 2	PA; QL (2 EA per 30 days)
<i>oxazepam</i>	Tier 1	QL (4 EA per 1 day)
<i>quazepam</i>	Tier 1	QL (15 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (15 EA per 30 days)
<i>triazolam</i>	Tier 1	QL (15 EA per 30 days)
VALTOCO	Tier 2	PA; QL (2 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>BIPOLAR THERAPY AGENTS - ANTICONVULSANT TYPE</b>		
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	Tier 1	
<i>carbamazepine oral tablet</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier 1	
<i>carbamazepine oral tablet, chewable</i>	Tier 1	
<i>divalproex</i>	Tier 1	
EPITOL	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
<b>BIPOLAR THERAPY AGENTS - ATYPICAL ANTIPSYCHOTICS</b>		
<i>aripiprazole oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>olanzapine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	Tier 1	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>risperidone oral solution</i>	Tier 1	
<i>risperidone oral tablet</i>	Tier 1	QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK	Tier 2	QL (1 EA per 365 days)
<i>ziprasidone hcl</i>	Tier 1	QL (60 EA per 30 days)
<b>BIPOLAR THERAPY AGENTS - LITHIUM</b>		
<i>lithium carbonate</i>	Tier 1	
<b>CANNABIS AND CANNABINOIDS</b>		
<i>dronabinol</i>	Tier 1	PA
<b>CNS STIMULANT - AMPHETAMINE COMBINATIONS</b>		
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<b>CNS STIMULANT - AMPHETAMINES</b>		
<i>amphetamine sulfate</i>	Tier 1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	Tier 1	
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methamphetamine</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
ZENZEDI ORAL TABLET 2.5 MG	Tier 2	QL (1 EA per 1 day)
<b>FIBROMYALGIA AGENTS - GABA ANALOGS</b>		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<b>FIBROMYALGIA AGENTS - SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)</b>		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
SAVELLA ORAL TABLET	Tier 2	ST; QL (60 EA per 30 days)
<b>HYPNOTICS - MELATONIN M1/M2 RECEPTOR AGONISTS</b>		
<i>ramelteon</i>	Tier 1	QL (15 EA per 30 days)
<b>MIGRAINE THERAPY - CARBOXYLIC ACID DERIVATIVES</b>		
<i>divalproex oral tablet extended release 24 hr</i>	Tier 1	
<b>MIGRAINE THERAPY - CGRP LIGAND BLOCKER, MONOCLONAL ANTIBODY</b>		

Drug Name	Tier	Restrictions/ Limits
EMGALITY PEN	Tier 2	PA; QL (1 ML per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA; QL (1 ML per 28 days)
<b>MIGRAINE THERAPY - CGRP RECEPTOR BLOCKERS (GEPANTS AND MAB)</b>		
AIMOVI AUTOINJECTOR	Tier 2	PA; QL (1 ML per 28 days)
<b>MIGRAINE THERAPY - ERGOT ALKALOIDS AND DERIVATIVES</b>		
<i>dihydroergotamine nasal</i>	Tier 1	ST; QL (8 ML per 30 days)
<b>MIGRAINE THERAPY - ERGOT COMBINATIONS</b>		
<i>ergotamine-caffeine</i>	Tier 1	
<b>MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1)</b>		
<i>almotriptan malate oral tablet 12.5 mg</i>	Tier 1	QL (24 EA per 30 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>eletriptan</i>	Tier 1	QL (18 EA per 30 days)
<i>frovatriptan</i>	Tier 1	QL (27 EA per 30 days)
<i>naratriptan</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral</i>	Tier 1	QL (18 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	Tier 1	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 1	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe</i>	Tier 1	QL (8 ML per 30 days)
<i>zolmitriptan oral</i>	Tier 1	QL (18 EA per 30 days)
<b>MIGRAINE THERAPY - SEROTONIN AGONIST 5-HT(1) AND NSAID COMB.</b>		
<i>sumatriptan-naproxen</i>	Tier 1	ST; QL (18 EA per 30 days)
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<b>MOVEMENT DISORDER THERAPY - HUNTINGTON'S DISEASE</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 4	PA; QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>MOVEMENT DISORDER THERAPY - TARDIVE DYSKINESIA</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
<b>NARCOLEPSY THERAPY AGENTS - H3-RECEPTOR ANTAGONIST/INVERSE AGONIST</b>		
WAKIX ORAL TABLET 17.8 MG	Tier 4	PA; QL (60 EA per 30 days)
WAKIX ORAL TABLET 4.45 MG	Tier 4	PA; QL (30 EA per 30 days)
<b>NARCOLEPSY THERAPY AGENTS - NON-SYMPATHOMIMETIC</b>		
<i>armodafinil</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	Tier 1	PA; QL (60 EA per 30 days)
<b>NARCOLEPSY THERAPY AGENTS - STIMULANT-TYPE, PIPERADINE DERIVATIVE</b>		
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	Tier 1	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable</i>	Tier 1	QL (3 EA per 1 day)

Drug Name	Tier	Restrictions/ Limits
<b>NARCOLEPSY THERAPY AGENTS- STIMULANT- TYPE,SYMPATHOMIM ETIC,AMPHETAMINES</b>		
<i>amphetamine sulfate</i>	Tier 1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	Tier 1	
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine- amphetamine oral tablet</i>	Tier 1	QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG	Tier 2	QL (1 EA per 1 day)
<b>SEDATIVE-HYPNOTIC - BARBITURATES</b>		
<i>phenobarbital</i>	Tier 1	
<b>SEDATIVE-HYPNOTIC - BENZODIAZEPINES</b>		
<i>estazolam</i>	Tier 1	QL (15 EA per 30 days)
<i>quazepam</i>	Tier 1	QL (15 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (15 EA per 30 days)
<i>triazolam</i>	Tier 1	QL (15 EA per 30 days)
<b>SEDATIVE-HYPNOTIC - GABA-RECEPTOR MODULATORS</b>		
<i>eszopiclone</i>	Tier 1	PA; QL (15 EA per 30 days)
<i>zaleplon</i>	Tier 1	QL (15 EA per 30 days)
<i>zolpidem oral tablet</i>	Tier 1	QL (15 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>SEDATIVE-HYPNOTIC - TRICYCLIC ANTIDEPRESSANT TYPE</b>		
<i>doxepin oral tablet</i>	Tier 1	ST; QL (15 EA per 30 days)
<b>CHEMICAL DEPENDENCY, AGENTS TO TREAT</b>		
<b>AGENTS FOR OPIOID WITHDRAWAL, OPIOID-TYPE</b>		
<i>buprenorphine hcl sublingual</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>buprenorphine- naloxone sublingual tablet 2-0.5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>buprenorphine- naloxone sublingual tablet 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>ALCOHOL ABSTINENCE THERAPY - GLUTAMATE AND GABA SYSTEM TYPE</b>		
<i>acamprosate</i>	Tier 1	
<b>ALCOHOL ABSTINENCE THERAPY - OPIOID RECEPTOR ANTAGONIST-TYPE</b>		
VIVITROL	Tier 4	QL (1 EA per 30 days)
<b>ALCOHOL DETERRENTS</b>		
<i>disulfiram</i>	Tier 1	
<b>SMOKING DETERRENTS - NE AND DOPAMINE REUPTAKE INHIBITOR (NDRI)- TYPE</b>		
<i>bupropion hcl (smoking deter)</i>	Tier 0	

Drug Name	Tier	Restrictions/ Limits
<b>SMOKING DETERRENTS - NICOTINE-TYPE</b>		
NICOTROL	Tier 0	QL (180 DAYS per 365 days)
NICOTROL NS	Tier 0	QL (180 DAYS per 365 days)
<b>SMOKING DETERRENTS - NICOTINIC RECEPTOR PARTIAL AGONIST, ALPHA4BETA2</b>		
CHANTIX	Tier 0	
CHANTIX CONTINUING MONTH BOX	Tier 0	
CHANTIX STARTING MONTH BOX	Tier 0	
<i>varenicline</i>	Tier 0	
<b>CHEMICALS- PHARMACEUTICAL ADJUVANTS</b>		
<b>BULK CHEMICALS</b>		
<i>guaiaicol</i>	Tier 2	
<b>CHEMICALS - CRYOPRESERVATIVE AGENTS</b>		
CRYOSERV	Tier 1	
<b>CHEMICALS - SOLVENTS</b>		
MURI-LUBE	Tier 2	
<b>PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES</b>		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
PULMOSAL	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 10 %</i>	Tier 1	QL (4 ML per 1 day)
<b>COGNITIVE DISORDER THERAPY</b>		
<b>ALZHEIMER'S DISEASE THERAPY - CHOLINESTERASE INHIBITORS</b>		
<i>donepezil oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>galantamine</i>	Tier 1	
<i>rivastigmine tartrate</i>	Tier 1	
<b>ALZHEIMER'S DISEASE THERAPY - NMDA RECEPTOR ANTAGONISTS</b>		
<i>memantine oral solution</i>	Tier 1	
<i>memantine oral tablet</i>	Tier 1	
<i>memantine oral tablets, dose pack</i>	Tier 2	
<b>COGNITIVE DISORDER THERAPY - CEREBRAL VASODILATORS</b>		
<i>ergoloid</i>	Tier 1	
<b>CONTRACEPTIVES</b>		
<b>CONTRACEPTIVE INJECTABLE - PROGESTIN</b>		
DEPO-SUBQ PROVERA 104	Tier 2	QL (1 ML per 90 days)
<i>medroxyprogesterone intramuscular</i>	Tier 0	QL (1 ML per 90 days)
<b>CONTRACEPTIVE INTRAUTERINE - PROGESTERONE IUD</b>		
MIRENA	Tier 10	

Drug Name	Tier	Restrictions/ Limits
<b>CONTRACEPTIVE ORAL - BIPHASIC</b>		
AMETHIA	Tier 0	QL (1 EA per 1 day)
ASHLYNA	Tier 0	QL (1 EA per 1 day)
AZURETTE (28)	Tier 0	
CAMRESE	Tier 0	QL (1 EA per 1 day)
CAMRESE LO	Tier 0	QL (1 EA per 1 day)
DAYSEE	Tier 0	QL (1 EA per 1 day)
<i>desog- e.estradiol/e.estradiol</i>	Tier 0	
JAIMIESS	Tier 0	QL (1 EA per 1 day)
KARIVA (28)	Tier 0	
<i>l norgest/e.estradiol- e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 0	QL (1 EA per 1 day)
LO LOESTRIN FE	Tier 0	ST
LOJAIMIESS	Tier 0	QL (1 EA per 1 day)
PIMTREA (28)	Tier 0	
SIMLIYA (28)	Tier 0	
SIMPESSE	Tier 0	QL (1 EA per 1 day)
VIORELE (28)	Tier 0	
VOLNEA (28)	Tier 0	
<b>CONTRACEPTIVE ORAL - MONOPHASIC</b>		
AFIRMELLE	Tier 0	
ALTAVERA (28)	Tier 0	
ALYACEN 1/35 (28)	Tier 0	
AMETHYST (28)	Tier 0	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions/ Limits
APRI	Tier 0	
AUBRA	Tier 0	
AUBRA EQ	Tier 0	
AUROVELA 1.5/30 (21)	Tier 0	
AUROVELA 1/20 (21)	Tier 0	
AUROVELA 24 FE	Tier 0	
AUROVELA FE 1.5/30 (28)	Tier 0	
AUROVELA FE 1-20 (28)	Tier 0	
AVIANE	Tier 0	
AYUNA	Tier 0	
BALZIVA (28)	Tier 0	
BLISOVI 24 FE	Tier 0	
BLISOVI FE 1.5/30 (28)	Tier 0	
BLISOVI FE 1/20 (28)	Tier 0	
BRIELLYN	Tier 0	
CHARLOTTE 24 FE	Tier 0	
CHATEAL (28)	Tier 0	
CHATEAL EQ (28)	Tier 0	
CRYSSELLE (28)	Tier 0	
CYRED	Tier 0	
CYRED EQ	Tier 0	
DASETTA 1/35 (28)	Tier 0	
<i>desogestrel-ethinyl estradiol</i>	Tier 0	
DOLISHALE	Tier 0	QL (1 EA per 1 day)
<i>drospirenone- e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	Tier 0	
<i>drospirenone-ethinyl estradiol</i>	Tier 0	
ELINEST	Tier 0	
ENSKYCE	Tier 0	
ESTARYLLA	Tier 0	

## Georgia Marketplace

Drug Name	Tier	Restrictions/ Limits
<i>ethynodiol diac-eth estradiol</i>	Tier 0	
FALMINA (28)	Tier 0	
FINZALA	Tier 0	
GEMMILY	Tier 0	
HAILEY	Tier 0	
HAILEY 24 FE	Tier 0	
HAILEY FE 1.5/30 (28)	Tier 0	
HAILEY FE 1/20 (28)	Tier 0	
ICLEVIA	Tier 0	QL (1 EA per 1 day)
ISIBLOOM	Tier 0	
JASMIEL (28)	Tier 0	
JOLESSA	Tier 0	QL (1 EA per 1 day)
JULEBER	Tier 0	
JUNEL 1.5/30 (21)	Tier 0	
JUNEL 1/20 (21)	Tier 0	
JUNEL FE 1.5/30 (28)	Tier 0	
JUNEL FE 1/20 (28)	Tier 0	
JUNEL FE 24	Tier 0	
KAITLIB FE	Tier 0	
KALLIGA	Tier 0	
KELNOR 1/35 (28)	Tier 0	
KELNOR 1-50 (28)	Tier 0	
KURVELO (28)	Tier 0	
LARIN 1.5/30 (21)	Tier 0	
LARIN 1/20 (21)	Tier 0	
LARIN 24 FE	Tier 0	
LARIN FE 1.5/30 (28)	Tier 0	
LARIN FE 1/20 (28)	Tier 0	
LAYOLIS FE	Tier 0	
LESSINA	Tier 0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 0	

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Drug Name	Tier	Restrictions/ Limits
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	Tier 0	QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	Tier 0	QL (1 EA per 1 day)
LEVORA-28	Tier 0	
LORYNA (28)	Tier 0	
LOW-OGESTREL (28)	Tier 0	
LO-ZUMANDIMINE (28)	Tier 0	
LUTERA (28)	Tier 0	
MARLISSA (28)	Tier 0	
MERZEE	Tier 0	
MIBELAS 24 FE	Tier 0	
MICROGESTIN 1.5/30 (21)	Tier 0	
MICROGESTIN 1/20 (21)	Tier 0	
MICROGESTIN 24 FE	Tier 0	
MICROGESTIN FE 1.5/30 (28)	Tier 0	
MICROGESTIN FE 1/20 (28)	Tier 0	
MILI	Tier 0	
MONO-LINYAH	Tier 0	
NECON 0.5/35 (28)	Tier 0	
NIKKI (28)	Tier 0	
<i>noreth-ethinyl estradiol-iron</i>	Tier 0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 0	
<i>norethindrone-e.estradiol-iron oral capsule</i>	Tier 0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 0	



Georgia Marketplace

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Drug Name	Tier	Restrictions/ Limits
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	Tier 0	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 0	
NORTREL 0.5/35 (28)	Tier 0	
NORTREL 1/35 (21)	Tier 0	
NORTREL 1/35 (28)	Tier 0	
NYLIA 1/35 (28)	Tier 0	
NYMYO	Tier 0	
OCELLA	Tier 0	
PHILITH	Tier 0	
PORTIA 28	Tier 0	
RECLIPSEN (28)	Tier 0	
SETLAKIN	Tier 0	QL (1 EA per 1 day)
SPRINTEC (28)	Tier 0	
SRONYX	Tier 0	
SYEDA	Tier 0	
TARINA 24 FE	Tier 0	
TARINA FE 1/20 (28)	Tier 0	
TARINA FE 1-20 EQ (28)	Tier 0	
TAYSOFY	Tier 0	
TAYTULLA	Tier 0	ST
TYDEMY	Tier 0	
VESTURA (28)	Tier 0	
VIENVA	Tier 0	
VYFEMLA (28)	Tier 0	
VYLIBRA	Tier 0	
WERA (28)	Tier 0	
WYMZYA FE	Tier 0	
ZARAH	Tier 0	
ZOVIA 1-35 (28)	Tier 0	
ZUMANDIMINE (28)	Tier 0	

Drug Name	Tier	Restrictions/ Limits
<b>CONTRACEPTIVE ORAL - PROGESTIN</b>		
CAMILA	Tier 0	
DEBLITANE	Tier 0	
ERRIN	Tier 0	
HEATHER	Tier 0	
INCASSIA	Tier 0	
JENCYCLA	Tier 0	
LYLEQ	Tier 0	
LYZA	Tier 0	
NORA-BE	Tier 0	
<i>norethindrone (contraceptive)</i>	Tier 0	
SHAROBEL	Tier 0	
TULANA	Tier 0	
<b>CONTRACEPTIVE ORAL - QUADRAPHASIC</b>		
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	Tier 0	
RIVELSA	Tier 0	
<b>CONTRACEPTIVE ORAL - TRIPHASIC</b>		
ALYACEN 7/7/7 (28)	Tier 0	
ARANELLE (28)	Tier 0	
CAZANT (28)	Tier 0	
DASETTA 7/7/7 (28)	Tier 0	
ENPRESSE	Tier 0	
LEENA 28	Tier 0	
LEVONEST (28)	Tier 0	
<i>levonorg-eth estrad triphasic</i>	Tier 0	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	Tier 0	

Drug Name	Tier	Restrictions/ Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	Tier 0	
NORTREL 7/7/7 (28)	Tier 0	
NYLIA 7/7/7 (28)	Tier 0	
TILIA FE	Tier 0	
TRI-ESTARYLLA	Tier 0	
TRI-LEGEST FE	Tier 0	
TRI-LINYAH	Tier 0	
TRI-LO-ESTARYLLA	Tier 0	
TRI-LO-MARZIA	Tier 0	
TRI-LO-MILI	Tier 0	
TRI-LO-SPRINTEC	Tier 0	
TRI-MILI	Tier 0	
TRI-NYMYO	Tier 0	
TRI-SPRINTEC (28)	Tier 0	
TRIVORA (28)	Tier 0	
TRI-VYLIBRA	Tier 0	
TRI-VYLIBRA LO	Tier 0	
VELIVET TRIPHASIC REGIMEN (28)	Tier 0	
<b>CONTRACEPTIVE TRANSDERMAL COMBINATIONS - ESTROGEN AND PROGESTIN COMB.</b>		
XULANE	Tier 0	
ZAFEMY	Tier 0	
<b>CONTRACEPTIVES - INTRAVAGINAL, SYSTEMIC - ESTROGEN AND PROGESTIN COMB.</b>		
ELURYNG	Tier 0	
<i>etonogestrel-ethinyl estradiol</i>	Tier 0	
HALOETTE	Tier 0	
NUVARING	Tier 0	

Drug Name	Tier	Restrictions/ Limits
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA	Tier 0	QL (1 EA per 30 days)
<b>EMERGENCY CONTRACEPTIVES - PROGESTERONE AGONIST/ANTAGONIST TYPE</b>		
ELLA	Tier 0	QL (1 EA per 30 days)
<b>DERMATOLOGICAL</b>		
<b>ACNE THERAPY SYSTEMIC - RETINOIDS AND DERIVATIVES</b>		
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE</b>		
CLINDACIN ETZ TOPICAL SWAB	Tier 1	
<i>clindamycin phosphate topical gel</i>	Tier 1	QL (120 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	Tier 1	QL (150 ML per 30 days)
<i>clindamycin phosphate topical lotion</i>	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution</i>	Tier 1	QL (120 ML per 30 days)
<i>dapsone topical gel</i>	Tier 1	
ERY PADS	Tier 1	
<i>erythromycin with ethanol</i>	Tier 1	
<i>sulfacetamide sodium (acne)</i>	Tier 1	QL (118 ML per 30 days)
<b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE-KERATOLYTIC COMBINATIONS</b>		

Drug Name	Tier	Restrictions/ Limits
AVAR	Tier 1	QL (341 GM per 30 days)
AVAR-E	Tier 2	ST
AVAR-E GREEN	Tier 2	ST
AVAR-E LS	Tier 2	ST; QL (57 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
SSS 10-5 TOPICAL CREAM	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (341 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	Tier 1	QL (57 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea</i>	Tier 1	
SULFACLEANSE 8-4	Tier 1	ST
<b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE-RETINOID COMBINATIONS</b>		

Drug Name	Tier	Restrictions/ Limits
<i>clindamycin-tretinoin</i>	Tier 1	
<b>ACNE THERAPY TOPICAL - RETINOID COMBINATIONS OTHER</b>		
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	Tier 1	
<b>ACNE THERAPY TOPICAL - RETINOIDS AND DERIVATIVES</b>		
<i>adapalene topical lotion</i>	Tier 2	ST
AVITA TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
AVITA TOPICAL GEL	Tier 2	QL (45 GM per 30 days)
<i>tretinoin</i>	Tier 1	QL (45 GM per 30 days)
<b>ANTIPSORIATIC - VITAMIN D ANALOG - GLUCOCORTICOID COMBINATIONS</b>		
<i>calcipotriene-betamethasone</i>	Tier 1	QL (60 GM per 30 days)
<b>ANTIPSORIATIC AGENTS - INTERLEUKIN 12 AND IL-23 INHIBITORS, MC ANTIBODY</b>		
STELARA SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (45 ML per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Tier 4	PA; QL (90 MG per 90 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 4	PA; QL (90 ML per 60 days)
<b>ANTIPSORIATIC AGENTS - INTERLEUKIN-23 (IL-23) ANTAGONIST, MC ANTIBODY</b>		

Drug Name	Tier	Restrictions/ Limits
SKYRIZI SUBCUTANEOUS PEN INJECTOR	Tier 4	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (1 ML per 84 days)
TREMFYA	Tier 4	PA; QL (100 ML per 60 days)
<b>ANTIPSORIATIC AGENTS- INTERLEUKIN-17 (IL- 17) ANTAGONIST, MC ANTIBODY</b>		
COSENTYX (2 SYRINGES)	Tier 4	PA; QL (1 ML per 30 days)
COSENTYX PEN	Tier 4	PA; QL (1 ML per 30 days)
COSENTYX PEN (2 PENS)	Tier 4	PA; QL (1 ML per 30 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; QL (1 ML per 30 days)
<b>DERMATITIS - JANUS KINASE (JAK) INHIBITORS</b>		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	Tier 4	PA; QL (1 EA per 1 day)
<b>DERMATITIS AGENTS,SYSTEMIC- IL-4 RECEPTOR ALPHA ANTAGONIST (IL-4RA) MAB</b>		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	Tier 4	PA; QL (400 MG per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 4	PA; QL (600 MG per 30 days)

Drug Name	Tier	Restrictions/ Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA; QL (1.34 ML per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	Tier 4	PA; QL (400 MG per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	Tier 4	PA; QL (600 MG per 30 days)
<b>DERMATOLOGICAL - ANTIBACTERIAL AMINOGLYCOSIDES</b>		
<i>gentamicin topical</i>	Tier 1	QL (60 GM per 30 days)
<b>DERMATOLOGICAL - ANTIBACTERIAL OTHER</b>		
<i>mupirocin</i>	Tier 1	QL (44 GM per 30 days)
<b>DERMATOLOGICAL - ANTIBACTERIAL PLEUROMUTILIN DERIVATIVES</b>		
ALTABAX	Tier 3	ST; QL (30 GM per 30 days)
<b>DERMATOLOGICAL - ANTIBACTERIAL QUINOLONES</b>		
XEPI	Tier 2	ST; QL (30 GM per 30 days)
<b>DERMATOLOGICAL - ANTIFUNGAL ALLYLAMINES</b>		
<i>naftifine topical cream</i>	Tier 1	PA; QL (60 GM per 30 days)
<b>DERMATOLOGICAL - ANTIFUNGAL AMPHOTERIC POLYENE MACROLIDES</b>		
NYAMYC	Tier 1	QL (180 GM per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>nystatin topical cream</i>	Tier 1	QL (30 GM per 30 days)
<i>nystatin topical ointment</i>	Tier 1	QL (30 GM per 30 days)
<i>nystatin topical powder</i>	Tier 1	QL (180 GM per 30 days)
NYSTOP	Tier 1	QL (180 GM per 30 days)
<b>DERMATOLOGICAL - ANTIFUNGAL BENZYLAMINES</b>		
MENTAX	Tier 2	ST; QL (30 GM per 30 days)
<b>DERMATOLOGICAL - ANTIFUNGAL HYDROXYPYRIDINONE</b>		
CICLODAN KIT TOPICAL COMBO PACK	Tier 2	
CICLODAN KIT TOPICAL SOLUTION	Tier 2	ST
CICLODAN TOPICAL CREAM	Tier 1	QL (90 GM per 30 days)
CICLODAN TOPICAL SOLUTION	Tier 1	QL (6.6 ML per 30 days)
<i>ciclopirox topical cream</i>	Tier 1	QL (90 GM per 30 days)
<i>ciclopirox topical gel</i>	Tier 1	QL (45 GM per 30 days)
<i>ciclopirox topical shampoo</i>	Tier 1	QL (120 ML per 30 days)
<i>ciclopirox topical solution</i>	Tier 1	QL (6.6 ML per 30 days)
<i>ciclopirox topical suspension</i>	Tier 1	QL (60 ML per 30 days)
<i>ciclopirox-ure-camph-menth-euc</i>	Tier 1	
<b>DERMATOLOGICAL - ANTIFUNGAL IMIDAZOLE AND RELATED AGENTS</b>		
<i>econazole</i>	Tier 1	QL (85 GM per 30 days)

Drug Name	Tier	Restrictions/ Limits
ERTACZO	Tier 2	QL (60 GM per 30 days)
<i>ketoconazole topical cream</i>	Tier 1	QL (60 GM per 30 days)
<i>ketoconazole topical shampoo</i>	Tier 1	QL (120 ML per 30 days)
<i>luliconazole</i>	Tier 2	PA; QL (60 GM per 30 days)
<i>oxiconazole</i>	Tier 1	PA; QL (60 GM per 30 days)
<i>sulconazole</i>	Tier 2	PA; QL (60 GM per 30 days)
<b>DERMATOLOGICAL - ANTIFUNGAL-GLUCOCORTICOID COMBINATIONS</b>		
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>nystatin-triamcinolone</i>	Tier 1	QL (60 GM per 30 days)
<b>DERMATOLOGICAL - ANTINEOPLASTIC ANTIMETABOLITES</b>		
<i>fluorouracil topical cream 5 %</i>	Tier 1	QL (3 GM per 1 day)
<i>fluorouracil topical solution</i>	Tier 1	QL (10 ML per 30 days)
<b>DERMATOLOGICAL - ANTINEOPLASTIC SELECTIVE RETINOID X RECEPTOR AGONIST</b>		
<i>bexarotene topical</i>	Tier 4	PA; QL (60 GM per 30 days)
<b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, VITAMIN A DERIVATIVES</b>		
<i>acitretin</i>	Tier 1	
<b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS TOPICAL</b>		

Drug Name	Tier	Restrictions/ Limits
<i>calcipotriene scalp</i>	Tier 1	QL (120 ML per 30 days)
<i>calcipotriene topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>calcipotriene topical ointment</i>	Tier 1	QL (120 GM per 30 days)
<i>calcitriol topical</i>	Tier 1	
<i>halobetasol propionate topical foam</i>	Tier 1	ST
<b>DERMATOLOGICAL - ANTIPSORIATICS SYSTEMIC, PHOSPHODIESTERASE 4 INHIB.</b>		
OTEZLA	Tier 4	PA; QL (60 EA per 30 days)
<b>DERMATOLOGICAL - ANTISEBORRHEIC</b>		
<i>selenium sulfide topical lotion</i>	Tier 1	
<b>DERMATOLOGICAL - ANTIVIRAL, HERPES</b>		
<i>acyclovir topical ointment</i>	Tier 1	ST; QL (30 GM per 30 days)
<i>penciclovir</i>	Tier 1	ST; QL (5 GM per 30 days)
<b>DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE</b>		
<i>mafenide acetate</i>	Tier 1	
<i>silver sulfadiazine</i>	Tier 1	
SSD	Tier 1	
<b>DERMATOLOGICAL - CALCINEURIN INHIBITORS</b>		
<i>pimecrolimus</i>	Tier 1	PA; ST; QL (100 GM per 30 days)
<i>tacrolimus topical</i>	Tier 1	QL (100 GM per 30 days)
<b>DERMATOLOGICAL - ENZYMES</b>		

Drug Name	Tier	Restrictions/ Limits
SANTYL	Tier 2	QL (180 GM per 30 days)
<b>DERMATOLOGICAL - GLUCOCORTICOID</b>		
ALA-CORT	Tier 1	QL (28.35 GM per 30 days)
<i>alclometasone</i>	Tier 1	QL (2 GM per 1 day)
BESER	Tier 1	ST; QL (4 ML per 1 day)
<i>betamethasone dipropionate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone dipropionate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone dipropionate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>betamethasone valerate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone valerate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone valerate topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone, augmented topical cream</i>	Tier 1	QL (50 GM per 30 days)
<i>betamethasone, augmented topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone, augmented topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>clobetasol scalp</i>	Tier 1	ST; QL (100 ML per 30 days)
<i>clobetasol topical cream</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>clobetasol topical gel</i>	Tier 1	ST; QL (120 GM per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>clobetasol topical ointment</i>	Tier 1	QL (120 GM per 30 days)
<i>clobetasol topical shampoo</i>	Tier 1	ST; QL (236 ML per 30 days)
<i>clobetasol-emollient topical cream</i>	Tier 1	QL (120 GM per 30 days)
CLODAN	Tier 1	ST; QL (236 ML per 30 days)
<i>desonide topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>desonide topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>desoximetasone topical cream 0.05 %</i>	Tier 1	ST
<i>desoximetasone topical cream 0.25 %</i>	Tier 1	ST; QL (2 GM per 1 day)
<i>desoximetasone topical gel</i>	Tier 1	ST
<i>desoximetasone topical ointment</i>	Tier 1	ST
<i>desoximetasone topical spray, non-aerosol</i>	Tier 1	ST
<i>diflorasone</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>fluocinolone and shower cap</i>	Tier 1	QL (1 ML per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	QL (120 GM per 30 days)
<i>fluocinolone topical cream 0.025 %</i>	Tier 1	QL (2 GM per 1 day)
<i>fluocinolone topical oil</i>	Tier 1	QL (120 ML per 30 days)
<i>fluocinolone topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>fluocinolone topical solution</i>	Tier 1	QL (120 ML per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	ST; QL (120 GM per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>fluocinonide topical gel</i>	Tier 1	PA; QL (120 GM per 30 days)
<i>fluocinonide topical ointment</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>fluocinonide topical solution</i>	Tier 1	QL (120 ML per 30 days)
FLUOCINONIDE-E	Tier 1	QL (120 GM per 30 days)
<i>fluocinonide-emollient</i>	Tier 1	QL (120 GM per 30 days)
<i>flurandrenolide topical cream</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>flurandrenolide topical lotion</i>	Tier 1	ST; QL (120 ML per 30 days)
<i>fluticasone propionate topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>fluticasone propionate topical lotion</i>	Tier 1	ST; QL (4 ML per 1 day)
<i>fluticasone propionate topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>halcinonide</i>	Tier 1	ST
<i>halobetasol propionate topical cream</i>	Tier 1	ST
<i>halobetasol propionate topical foam</i>	Tier 1	ST
<i>hydrocortisone butyrate topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>hydrocortisone butyrate topical solution</i>	Tier 1	ST; QL (120 ML per 30 days)
<i>hydrocortisone butyr-emollient</i>	Tier 1	QL (120 GM per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	QL (1 GM per 1 day)
<i>hydrocortisone topical cream with perineal applicator</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	QL (118 ML per 30 days)
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone valerate topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>mometasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical solution</i>	Tier 1	QL (2 ML per 1 day)
<i>prednicarbate topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>prednicarbate topical ointment</i>	Tier 1	
PROCTO-MED HC	Tier 1	
PROCTOSOL HC	Tier 1	
PROCTOZONE-HC	Tier 1	
<i>triamcinolone acetonide topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Tier 1	ST
TRIDERM TOPICAL CREAM 0.5 %	Tier 1	ST; QL (454 GM per 30 days)
TRITOCIN	Tier 1	ST
<b>DERMATOLOGICAL - IMMUNOMODULATOR - IMIDAZOQUINOLINAMINES</b>		
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	PA; QL (24 EA per 30 days)
<b>DERMATOLOGICAL - KERATOLYTIC-ANTIMITOTIC SINGLE AGENTS</b>		

Drug Name	Tier	Restrictions/ Limits
<i>podofilox</i>	Tier 1	QL (1 ML per 30 days)
<i>salicylic acid topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>salicylic acid topical cream, extended release</i>	Tier 1	QL (454 GM per 30 days)
<i>salicylic acid topical lotion</i>	Tier 1	QL (473 ML per 30 days)
<i>salicylic acid topical lotion, extended release</i>	Tier 1	QL (473 GM per 30 days)
<i>salicylic acid topical shampoo</i>	Tier 1	QL (177 ML per 30 days)
<i>salicylic acid-ceramides no.1</i>	Tier 1	
SALIMEZ	Tier 1	QL (454 GM per 30 days)
TRI-CHLOR	Tier 1	
<i>trichloroacetic acid topical recon soln 30 %, 35 %, 40 %, 50 %, 80 %, 85 %, 90 %</i>	Tier 2	
<b>DERMATOLOGICAL - LOCAL ANESTHETIC COMBINATIONS</b>		
DERMACINRX PRIZOPAK	Tier 1	
<i>lidocaine-prilocaine topical cream</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine-prilocaine topical kit</i>	Tier 1	
<b>DERMATOLOGICAL - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS</b>		
HYFTOR	Tier 4	PA; QL (20 GM per 21 days)
<b>DERMATOLOGICAL - PROTECTANTS</b>		
<i>zinc oxide topical paste</i>	Tier 2	
<b>DERMATOLOGICAL - RETINOIDS (VITAMIN A DERIVATIVES) - TOPICAL COSMETIC</b>		



Drug Name	Tier	Restrictions/ Limits
<i>tretinoin (emollient)</i>	Tier 1	
<b>DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL</b>		
<i>brimonidine topical</i>	Tier 1	
<i>metronidazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical lotion</i>	Tier 1	QL (59 ML per 30 days)
ROSADAN TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
ROSADAN TOPICAL GEL	Tier 1	QL (45 GM per 30 days)
<i>sulfacetamide sod- sulfur-urea</i>	Tier 1	
<b>DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC AMIDES</b>		
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	PA; QL (1 EA per 1 day)
LIDOPIN TOPICAL CREAM 3 %	Tier 1	QL (30 GM per 30 days)
<b>DERMATOLOGICAL ANTIPRURITICS - ANTI HISTAMINES</b>		
<i>doxepin topical</i>	Tier 1	ST; QL (45 GM per 30 days)
<b>SCABICIDE AND PEDICULICIDE SINGLE AGENTS</b>		
<i>lindane</i>	Tier 1	QL (2 ML per 1 day)
<i>malathion</i>	Tier 1	QL (59 ML per 30 days)
<i>permethrin</i>	Tier 1	QL (2 GM per 1 day)
<i>spinosad</i>	Tier 1	PA; QL (4 ML per 1 day)
ULESFIA	Tier 2	QL (227 GM per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>DIAGNOSTIC AGENTS</b>		
<b>CONTRAST MEDIA - IODINATED IONIC</b>		
MD-GASTROVIEW	Tier 1	
<b>DIAGNOSTIC DRUGS - GASTROINTESTINAL RADIOLOGICAL ADJUNCT</b>		
GLUCAGEN DIAGNOSTIC KIT	Tier 2	
<i>glucagon hcl injection recon soln 1 mg/ml</i>	Tier 2	
<b>DIAGNOSTIC DRUGS - GLUCOSE TOLERANCE TEST, ORAL</b>		
GLUTOL GEL	Tier 2	
<b>EATING DISORDER THERAPY</b>		
<b>APPETITE STIMULANTS - CANNABINOIDS</b>		
<i>dronabinol</i>	Tier 1	PA
<b>APPETITE STIMULANTS - PROGESTIN HORMONE TYPE</b>		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	Tier 1	
<b>ELECTROLYTE BALANCE- NUTRITIONAL PRODUCTS</b>		
<b>B-COMPLEX VITAMIN COMBINATIONS</b>		
B COMPLEX 1 (WITH FOLIC ACID)	Tier 0	
<i>b complex-vitamin c- folic acid oral tablet</i>	Tier 0	

Drug Name	Tier	Restrictions/ Limits
BALANCE B-100 (FOLIC ACID)	Tier 0	
BALANCE B-50 (WITH FOLIC ACID)	Tier 0	
BALANCED B-100 ORAL TABLET	Tier 0	
B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG- MG	Tier 0	
DIALYVITE 800 ORAL TABLET	Tier 0	
FULL SPECTRUM B- VITAMIN C	Tier 0	
KOBEE	Tier 0	
RENA-VITE	Tier 0	
STRESS FORMULA WITH IRON	Tier 0	
STRESS FORMULA WITH IRON(SULF)	Tier 0	
SUPER B MAXI COMPLEX	Tier 0	
SUPER QUINTS	Tier 0	
<i>vitamin b complex-folic acid oral tablet</i>	Tier 0	
<b>ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN</b>		
<i>sodium polystyrene sulfonate</i>	Tier 1	
SPS (WITH SORBITOL)	Tier 1	
<b>MINERALS AND ELECTROLYTES - IODINE</b>		
<i>potassium iodide oral solution</i>	Tier 1	
SSKI	Tier 2	
<b>MINERALS AND ELECTROLYTES - IRON</b>		
AURYXIA	Tier 2	

Drug Name	Tier	Restrictions/ Limits
<b>MINERALS AND ELECTROLYTES - POTASSIUM, ORAL</b>		
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON 10	Tier 1	
KLOR-CON 8	Tier 1	
KLOR-CON M10	Tier 1	
KLOR-CON M15	Tier 1	
KLOR-CON M20	Tier 1	
KLOR-CON/EF	Tier 1	
<i>potassium chloride oral capsule, extended release</i>	Tier 1	
<i>potassium chloride oral liquid</i>	Tier 1	
<i>potassium chloride oral tablet extended release</i>	Tier 1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	Tier 1	
<b>MULTIVITAMIN AND MINERAL COMBINATIONS</b>		
WESCAP-C DHA	Tier 1	
<b>NUTRITIONAL PRODUCT - CARBOHYDRATES, ORAL</b>		
ENFAMIL GLUCOSE	Tier 2	
<b>PEDIATRIC VITAMINS WITH FLUORIDE AND MINERALS COMBINATIONS</b>		
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
<b>PEDIATRIC VITAMINS WITH FLUORIDE COMBINATIONS</b>		

Drug Name	Tier	Restrictions/ Limits
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
MULTIVITAMIN WITH FLUORIDE	Tier 0	
MULTI-VITAMIN WITH FLUORIDE	Tier 0	
MULTIVITAMINS WITH FLUORIDE	Tier 0	
MVC-FLUORIDE	Tier 0	
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	
VITAMINS A,C,D AND FLUORIDE	Tier 0	
<b>PRENATAL VITAMINS AND MINERALS</b>		
CLASSIC PRENATAL	Tier 0	
ONE DAILY PRENATAL	Tier 0	
<i>pnv cmb#95-ferrous fumarate-fa</i>	Tier 0	
PRENATAL COMPLETE	Tier 0	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0	
PRENATAL MULTIVITAMINS	Tier 0	
PRENATAL ONE DAILY	Tier 0	
PRENATAL ORAL TABLET 28 MG IRON-800 MCG	Tier 0	
PRENATAL TABLET	Tier 0	
<i>prenatal vit no. 179-iron-folic</i>	Tier 0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0	
PRENATAL VITAMIN WITH MINERALS	Tier 0	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0	

Drug Name	Tier	Restrictions/ Limits
<b>SODIUM CHLORIDE FLUSHES</b>		
BD POSIFLUSH NORMAL SALINE 0.9	Tier 1	
MONOJECT 0.9% SODIUM CHLORIDE	Tier 1	
MONOJECT PREFILL ADVANCED NS	Tier 1	
NORMAL SALINE FLUSH	Tier 1	
<b>VITAMINS - B PREPARATION COMBINATIONS</b>		
FOLTABS 800	Tier 0	
<b>VITAMINS - B-12, CYANOCOBALAMIN AND DERIVATIVES</b>		
<i>cyanocobalamin (vitamin b-12) injection</i>	Tier 1	
<b>VITAMINS - D DERIVATIVES</b>		
<i>calcitriol oral</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
VITAMIN D2	Tier 1	
<b>VITAMINS - FOLIC ACID AND DERIVATIVES</b>		
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 0	
<b>VITAMINS - FOLIC ACID COMBINATIONS</b>		
FOLTABS 800	Tier 0	
<b>VITAMINS - K, PHYTONADIONE AND DERIVATIVES</b>		
<i>phytonadione (vitamin k1) injection solution 1 mg/0.5 ml</i>	Tier 2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	QL (10 EA per 30 days)
<b>ENDOCRINE</b>		
<b>ADRENAL STEROID INHIBITORS</b>		
ISTURISA ORAL TABLET 1 MG	Tier 4	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	Tier 4	PA; QL (60 EA per 30 days)
<b>AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)</b>		
BAQSIMI	Tier 2	ST; QL (2 EA per 30 days)
DEX4 GLUCOSE BITS	Tier 1	
DEX4 GLUCOSE ORAL TABLET,CHEWABLE	Tier 1	
DEX4 GLUCOSE POUCH PACK	Tier 1	
DEX4 GLUCOSE QUICK DISSOLVE	Tier 1	
<i>dextrose oral gel</i>	Tier 1	
GLUCAGEN HYPOKIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON (HCL) EMERGENCY KIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 1	QL (2 EA per 30 days)
GLUCO BURST	Tier 1	
GLUCOSE BITS	Tier 1	
GLUCOSE GEL	Tier 1	
<i>glucose oral tablet,chewable 4 gram</i>	Tier 1	
GLUTOSE-5	Tier 1	
RELION GLUCOSE	Tier 1	
<b>ANDROGEN - SINGLE AGENTS</b>		
<i>methyltestosterone</i>	Tier 1	
<i>testosterone cypionate</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>testosterone enanthate</i>	Tier 1	
<i>testosterone transdermal gel</i>	Tier 1	PA; QL (60 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	Tier 1	PA; QL (75 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	Tier 1	PA; QL (30 GM per 30 days)
<b>ANTIDIURETIC AND VASOPRESSOR HORMONES</b>		
<i>desmopressin injection</i>	Tier 4	
<i>desmopressin nasal spray with pump</i>	Tier 1	
<i>desmopressin oral</i>	Tier 1	
<b>ANTIHYPERGLYCEMI C - ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	Tier 1	
<i>miglitol</i>	Tier 1	
<b>ANTIHYPERGLYCEMI C - AMYLIN ANALOG-TYPE</b>		
SYMLINPEN 120	Tier 2	ST; QL (19 ML per 30 days)
SYMLINPEN 60	Tier 2	ST; QL (11 ML per 30 days)
<b>ANTIHYPERGLYCEMI C - DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>alogliptin</i>	Tier 1	ST; QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>ANTIHYPERGLYCEMI C - DUAL GIP AND GLP-1 RECEPTOR AGONISTS</b>		
MOUNJARO	Tier 2	PA; QL (2 ML per 28 days)
<b>ANTIHYPERGLYCEMI C - GLUCAGON-LIKE PEPTIDE-1 (GLP-1) RECEPTOR AGONISTS</b>		
RYBELSUS	Tier 2	PA; QL (30 EA per 30 days)
TRULICITY	Tier 2	PA; QL (2 ML per 22 days)
<b>ANTIHYPERGLYCEMI C - MEGLITINIDE ANALOGS</b>		
<i>nateglinide</i>	Tier 1	
<i>repaglinide</i>	Tier 1	
<b>ANTIHYPERGLYCEMI C - SGLT-2 INHIBITOR AND BIGUANIDE COMBINATIONS</b>		
SEGLUROMET	Tier 2	ST; QL (60 EA per 30 days)
SYNJARDY	Tier 2	ST; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10- 1,000 MG, 12.5-1,000 MG, 5-1,000 MG	Tier 2	ST; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25- 1,000 MG	Tier 2	ST; QL (30 EA per 30 days)
<b>ANTIHYPERGLYCEMI C - SODIUM GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>		
FARXIGA	Tier 2	QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
JARDIANCE	Tier 2	ST; QL (30 EA per 30 days)
STEGLATRO	Tier 2	ST; QL (30 EA per 30 days)
<b>ANTIHYPERGLYCEMI C - SULFONYLUREA AND BIGUANIDE COMBINATIONS</b>		
<i>glipizide-metformin</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Tier 1	QL (260 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5- 500 mg</i>	Tier 1	QL (5 EA per 1 day)
<b>ANTIHYPERGLYCEMI C - SULFONYLUREA DERIVATIVES</b>		
<i>glimepiride</i>	Tier 1	
<i>glipizide</i>	Tier 1	
<i>glyburide micronized oral tablet 1.5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>glyburide micronized oral tablet 3 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>glyburide micronized oral tablet 6 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>glyburide oral tablet 1.25 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>glyburide oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>ANTIHYPERGLYCEMI C - THIAZOLIDINEDIONE AND BIGUANIDE COMBINATIONS</b>		
<i>pioglitazone-metformin</i>	Tier 1	QL (90 EA per 30 days)
<b>ANTIHYPERGLYCEMI C - THIAZOLIDINEDIONE AND SULFONYLUREA COMBINATIONS</b>		

Drug Name	Tier	Restrictions/ Limits
<i>pioglitazone-glimepiride</i>	Tier 1	ST; QL (30 EA per 30 days)
<b>ANTIHYPERGLYCEMIC-DIPEPTIDYL PEPTIDASE-4 INHIBIT AND THIAZOLIDINEDIONE</b>		
<i>alogliptin-pioglitazone</i>	Tier 2	ST; QL (30 EA per 30 days)
<b>ANTIHYPERGLYCEMIC-DIPEPTIDYL PEPTIDASE-4(DPP-4)INHIBITOR AND BIGUANIDE</b>		
<i>alogliptin-metformin</i>	Tier 2	ST; QL (60 EA per 30 days)
<b>ANTIHYPERGLYCEMIC-INSULIN, LONG ACTING AND GLP-1 RECEPTOR AGONIST COMB</b>		
SOLIQUA 100/33	Tier 2	ST; QL (15 ML per 30 days)
XULTOPHY 100/3.6	Tier 2	PA; ST; QL (15 ML per 30 days)
<b>ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES</b>		
<i>methimazole</i>	Tier 1	
<b>ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES</b>		
<i>propylthiouracil</i>	Tier 1	
<b>BONE FORMATION STIMULATING AGENTS - PARATHYROID HORMONE-TYPE</b>		
<i>teriparatide</i>	Tier 4	PA; QL (1 ML per 28 days)

Drug Name	Tier	Restrictions/ Limits
<b>BONE RESORPTION INHIBITORS - BISPHOSPHONATES</b>		
<i>alendronate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>ibandronate oral</i>	Tier 1	QL (1 EA per 28 days)
<i>risedronate oral tablet 150 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	Tier 1	QL (4 EA per 30 days)
<b>CALCIMIMETIC, PARATHYROID CALCIUM RECEPTOR SENSITIVITY ENHANCER</b>		
<i>cinacalcet</i>	Tier 1	PA
<b>CALCITONINS</b>		
<i>calcitonin (salmon) nasal</i>	Tier 1	
<b>ESTROGEN-ANDROGEN</b>		
COVARYX	Tier 1	
COVARYX H.S.	Tier 1	
EEMT	Tier 1	
EEMT HS	Tier 1	
<i>estrogens-methyltestosterone</i>	Tier 1	
<b>ESTROGEN-PROGESTIN</b>		
COMBIPATCH	Tier 2	
<i>estradiol-norethindrone acet</i>	Tier 1	
FYAVOLV	Tier 1	
MIMVEY	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>norethindrone ac-eth estradiol oral tablet 0.5- 2.5 mg-mcg, 1-5 mg- mcg</i>	Tier 1	
<b>ESTROGENS</b>		
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (8 EA per 30 days)
<i>estradiol oral</i>	Tier 1	
<i>estradiol transdermal patch semiweekly</i>	Tier 1	QL (8 EA per 30 days)
<i>estradiol transdermal patch weekly</i>	Tier 1	QL (4 EA per 30 days)
<b>FERTILITY ENHANCER - LUTEAL PHASE SUPPORTING, PROGESTERONE- TYPE</b>		
CRINONE VAGINAL GEL 8 %	Tier 4	
<b>FERTILITY ENHANCER - OVULATION STIMULANT - SYNTHETIC (NON- FSH)</b>		
CLOMID	Tier 1	
<i>clomiphene citrate</i>	Tier 1	
<b>GLUCOCORTICOIDS</b>		
<i>cortisone</i>	Tier 1	
DEXAMETHASONE INTENSOL	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
EMFLAZA ORAL SUSPENSION	Tier 4	PA; QL (117 ML per 30 days)
EMFLAZA ORAL TABLET 18 MG	Tier 4	PA; QL (30 EA per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG	Tier 4	PA; QL (90 EA per 30 days)
EMFLAZA ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
<i>hydrocortisone oral</i>	Tier 1	
<i>methylprednisolone</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISONE INTENSOL	Tier 1	
<b>GONADOTROPIN INHIBITOR PITUITARY SUPPRESSANTS</b>		
<i>danazol</i>	Tier 1	
<b>GROWTH HORMONES</b>		
OMNITROPE SUBCUTANEOUS CARTRIDGE	Tier 4	
OMNITROPE SUBCUTANEOUS RECON SOLN	Tier 4	PA
SKYTROFA	Tier 4	PA
<b>HUMAN INSULINS - SHORT ACTING</b>		
HUMULIN R U-500 (CONC) INSULIN	Tier 2	
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	

Drug Name	Tier	Restrictions/ Limits
<b>INSULIN ANALOGS - FIXED COMBINATIONS</b>		
<i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	Tier 2	QL (40 ML per 30 days)
<i>insulin lispro protamin-lispro</i>	Tier 2	QL (1 ML per 1 day)
<b>INSULIN ANALOGS - LONG ACTING</b>		
BASAGLAR KWIKPEN U-100 INSULIN	Tier 2	QL (45 ML per 30 days)
TRESIBA FLEXTOUCH U-100	Tier 2	QL (45 ML per 30 days)
TRESIBA FLEXTOUCH U-200	Tier 2	QL (27 ML per 30 days)
TRESIBA U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
<b>INSULIN ANALOGS - RAPID ACTING</b>		
<i>insulin aspart u-100 subcutaneous insulin pen</i>	Tier 2	
<i>insulin aspart u-100 subcutaneous solution</i>	Tier 2	
<i>insulin lispro subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days)
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	Tier 2	QL (1 ML per 1 day)
<i>insulin lispro subcutaneous solution</i>	Tier 2	QL (45 ML per 30 days)
<b>INSULIN RESPONSE ENHANCERS - BIGUANIDES</b>		
<i>metformin oral solution</i>	Tier 1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>metformin oral tablet extended release 24 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	Tier 1	QL (60 EA per 30 days)
<b>INSULIN RESPONSE ENHANCERS - THIAZOLIDINEDIONE S (PPAR-GAMMA AGONISTS)</b>		
<i>pioglitazone</i>	Tier 1	QL (30 EA per 30 days)
<b>INSULIN-LIKE GROWTH FACTOR-1 (IGF-1)</b>		
INCRELEX	Tier 4	
<b>LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
SYNAREL	Tier 2	
<b>MINERALOCORTICOID S</b>		
<i>fludrocortisone</i>	Tier 1	
<b>OXYTOCIC - ERGOT ALKALOIDS</b>		
METHERGINE	Tier 1	ST; QL (240 EA per 30 days)
<i>methylergonovine oral</i>	Tier 1	QL (240 EA per 30 days)
<b>PROGESTINS</b>		
<i>medroxyprogesterone oral</i>	Tier 1	
<i>norethindrone acetate</i>	Tier 1	
<i>progesterone micronized</i>	Tier 1	
<b>PROLACTIN INHIBITOR - ERGOT DERIVATIVE DOPAMINE RECEPTOR AGONISTS</b>		



Drug Name	Tier	Restrictions/ Limits
<i>cabergoline</i>	Tier 1	QL (8 EA per 30 days)
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>		
<i>raloxifene</i>	Tier 0	
<b>THYROID HORMONES - ANIMAL SOURCE (PORCINE)</b>		
NP THYROID	Tier 1	
<b>THYROID HORMONES - SYNTHETIC T3 (TRIIODOTHYRONINE)</b>		
<i>liothyronine oral</i>	Tier 1	
<b>THYROID HORMONES - SYNTHETIC T4 (THYROXINE)</b>		
EUTHYROX	Tier 1	
<i>levothyroxine oral tablet</i>	Tier 1	
LEVOXYL	Tier 1	
UNITHROID	Tier 1	
<b>GASTROINTESTINAL THERAPY AGENTS</b>		
<b>ANTIDIARRHEAL - ANTIPERISTALTIC AGENTS</b>		
<i>loperamide oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<b>ANTIDIARRHEAL ANTIPERISTALTIC-ANTICHOLINERGIC COMBINATIONS</b>		
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
<b>ANTIEMETIC - ANTICHOLINERGICS</b>		
<i>scopolamine base</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>ANTIEMETIC - ANTIHISTAMINE-VITAMIN COMBINATIONS</b>		
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<b>ANTIEMETIC - CANNABINOID TYPE</b>		
<i>dronabinol</i>	Tier 1	PA
<b>ANTIEMETIC - DOPAMINE (D2)/5-HT3 ANTAGONISTS</b>		
<i>trimethobenzamide</i>	Tier 1	
<b>ANTIEMETIC - PHENOTHIAZINES</b>		
<i>prochlorperazine maleate</i>	Tier 1	
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 1	
PROMETHEGAN	Tier 1	
<b>ANTIEMETIC - SELECTIVE SEROTONIN 5-HT3 ANTAGONISTS</b>		
<i>granisetron hcl oral</i>	Tier 1	QL (6 EA per 30 days)
<i>ondansetron</i>	Tier 1	QL (9 EA per 30 days)
<i>ondansetron hcl oral solution</i>	Tier 1	QL (100 ML per 30 days)
<i>ondansetron hcl oral tablet</i>	Tier 1	QL (9 EA per 30 days)
<b>ANTIEMETIC - SUBSTANCE P-NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant oral capsule 125 mg, 40 mg</i>	Tier 1	PA; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 1	PA; QL (2 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>ANTIEMETIC - SUBSTANCE P- NEUROKININ 1 AND 5- HT3 RECEPT ANTAGONIST COMB</b>		
AKYNZEO (NETUPITANT)	Tier 3	QL (1 EA per 30 days)
<b>CHRONIC IDIOPATHIC CONST. AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>		
TRULANCE	Tier 2	PA; QL (1 EA per 1 day)
<b>COLONIC ACIDIFIER (AMMONIA INHIBITOR)</b>		
ENULOSE	Tier 1	
GENERLAC	Tier 1	
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml)</i>	Tier 1	
<b>DIGESTIVE ENZYME MIXTURES</b>		
CREON	Tier 2	
VIOKACE	Tier 2	
<b>GALLSTONE SOLUBILIZING (LITHOLYSIS) AGENTS</b>		
<i>ursodiol</i>	Tier 1	
<b>GASTRIC ACID SECRETION REDUCER - HISTAMINE H2- RECEPTOR ANTAGONISTS</b>		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension</i>	Tier 1	
<i>famotidine oral tablet 40 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>nizatidine</i>	Tier 1	
<b>GASTRIC ACID SECRETION REDUCER - PROTON PUMP INHIBITORS (PPIS)</b>		
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	Tier 1	ST; QL (60 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	Tier 1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	Tier 1	ST
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	Tier 1	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	Tier 1	ST; QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>GASTRIC ACID SECRETION REDUCER-PROTON PUMP INHIBITOR AND ANTACID COMB</b>		
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	Tier 1	PA
<b>GASTRIC MUCOSA - CYTOPROTECTIVE PROSTAGLANDIN ANALOGS</b>		
<i>misoprostol</i>	Tier 1	QL (4 EA per 1 day)
<b>GASTROINTESTINAL PROKINETIC AGENTS - D2 ANTAGONIST/5-HT4 AGONISTS</b>		
<i>metoclopramide hcl oral</i>	Tier 1	
<b>GI ANTISPASMODIC - BELLADONNA ALKALOIDS</b>		
ED-SPAZ	Tier 1	
<i>hyoscyamine sulfate oral</i>	Tier 1	
<i>hyoscyamine sulfate sublingual</i>	Tier 1	
HYOSYNE	Tier 1	
<i>methscopolamine</i>	Tier 1	
OSCIMIN	Tier 1	
OSCIMIN SL	Tier 1	
SYMAX-SR	Tier 1	
<b>GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS</b>		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES</b>		
<i>dicyclomine oral</i>	Tier 1	
<b>GI ANTISPASMODIC AND BENZODIAZEPINE COMBINATIONS</b>		
<i>chlordiazepoxide-clidinium</i>	Tier 1	
<b>GI ANTISPASMODIC COMBINATIONS OTHER</b>		
<i>chlordiazepoxide-clidinium</i>	Tier 1	
<b>H. PYLORI THERAPY - PROTON PUMP INHIBITOR AND ANTIBIOTICS COMBINATIONS</b>		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)
<b>IBS AGENT - GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATOR AGENTS</b>		
<i>lubiprostone</i>	Tier 1	QL (60 EA per 30 days)
<b>IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>		
TRULANCE	Tier 2	PA; QL (1 EA per 1 day)
<b>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>alosetron</i>	Tier 1	
<b>INFLAMMATORY BOWEL AGENT - INTERLEUKIN-12 AND IL-23 INHIBITORS, MC AB</b>		

Drug Name	Tier	Restrictions/ Limits
STELARA INTRAVENOUS	Tier 4	PA; QL (104 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (45 ML per 84 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 4	PA; QL (90 ML per 60 days)
<b>INFLAMMATORY BOWEL AGENT - INTERLEUKIN-23 (IL- 23) INHIBITOR, MC AB</b>		
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	Tier 4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	Tier 4	PA; QL (1 ML per 84 days)
<b>INFLAMMATORY BOWEL AGENT - AMINOSALICYLATES AND RELATED AGENTS</b>		
<i>balsalazide</i>	Tier 1	
DIPENTUM	Tier 2	
<i>mesalamine oral capsule (with del rel tablets)</i>	Tier 1	
<i>mesalamine oral capsule, extended release 24hr</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	Tier 1	
<i>mesalamine rectal enema</i>	Tier 1	
<i>mesalamine with cleansing wipe</i>	Tier 1	
<i>sulfasalazine</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>INFLAMMATORY BOWEL AGENT - GLUCOCORTICOIDS</b>		
<i>budesonide oral capsule, delayed, extend. release</i>	Tier 1	
CORTIFOAM	Tier 2	
<i>hydrocortisone rectal</i>	Tier 1	
<b>INFLAMMATORY BOWEL AGENT - JANUS KINASE (JAK) INHIBITORS</b>		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	Tier 4	PA; QL (1 EA per 1 day)
<b>INFLAMMATORY BOWEL AGENT - SPHINGOSINE 1- PHOSPHATE RECEPTOR MODULATOR</b>		
ZEPOSIA	Tier 4	PA
ZEPOSIA STARTER PACK (7-DAY)	Tier 4	PA; QL (1 EA per 365 days)
<b>INFLAMMATORY BOWEL AGENT - TUMOR NECROSIS FACTOR ALPHA BLOCKERS</b>		
<i>adalimumab-adaz</i>	Tier 4	PA
<i>adalimumab-fkjp</i>	Tier 4	PA
CIMZIA	Tier 4	PA; QL (2 EA per 28 days)
CIMZIA POWDER FOR RECONST	Tier 4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT	Tier 4	PA; QL (6 EA per 365 days)
HADLIMA	Tier 4	PA
HADLIMA PUSHTOUCH	Tier 4	PA
HADLIMA(CF)	Tier 4	PA
HADLIMA(CF) PUSHTOUCH	Tier 4	PA

Drug Name	Tier	Restrictions/ Limits
HUMIRA	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA PEN	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	Tier 4	PA; QL (6 EA per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	Tier 4	PA; QL (4 EA per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA; QL (2 EA per 365 days)
HUMIRA(CF) PEN	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 4	PA; QL (2 EA per 28 days)
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron</i>	Tier 1	
<i>lubiprostone</i>	Tier 1	QL (60 EA per 30 days)
<b>LAXATIVE - SALINE AND OSMOTIC</b>		
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>LAXATIVE - SALINE/OSMOTIC MIXTURES</b>		
GAVILYTE-C	Tier 0	
GAVILYTE-G	Tier 0	
<i>peg 3350-electrolytes</i>	Tier 0	
<i>peg-electrolyte soln</i>	Tier 0	
<i>sodium,potassium,mag sulfates</i>	Tier 0	
<b>LAXATIVE - STIMULANT AND SALINE/OSMOTIC COMBINATIONS</b>		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	Tier 0	
<b>PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES</b>		
<i>sucralfate oral suspension</i>	Tier 1	
<i>sucralfate oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<b>GENITOURINARY THERAPY</b>		
<b>BPH AGENT - 5-ALPHA REDUCTASE INHIB AND ALPHA-1 ADRENOCEPTOR ANTAG COMB</b>		
<i>dutasteride-tamsulosin</i>	Tier 1	ST
<b>CYSTINOSIS THERAPY (CYSTINE DEPLETING AGENTS)</b>		
CYSTAGON	Tier 4	
<b>G.U. IRRIGANTS</b>		
GLYCINE UROLOGIC	Tier 1	
<i>glycine urologic solution</i>	Tier 1	
<b>INTERSTITIAL CYSTITIS AGENTS</b>		

Drug Name	Tier	Restrictions/ Limits
ELMIRON	Tier 2	
<b>OVERACTIVE BLADDER AGENTS - BETA -3 ADRENERGIC RECEPTOR AGONIST</b>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	Tier 2	ST
<b>PHOSPHATE BINDERS</b>		
AURYXIA	Tier 2	
<i>calcium acetate(phosphat bind)</i>	Tier 1	QL (360 EA per 30 days)
<i>lanthanum</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>sevelamer carbonate oral tablet</i>	Tier 1	PA; QL (270 EA per 30 days)
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	PA; QL (90 EA per 30 days)
<b>PHOSPHATE BINDERS - CALCIUM- BASED</b>		
<i>calcium acetate(phosphat bind)</i>	Tier 1	QL (360 EA per 30 days)
<b>PHOSPHATE BINDERS - IRON- BASED</b>		
AURYXIA	Tier 2	
<b>POLYCYSTIC KIDNEY DISEASE - VASOPRESSIN V2 RECEPTOR ANTAGONISTS</b>		
JYNARQUE ORAL TABLET 15 MG	Tier 4	PA; QL (60 EA per 30 days)
JYNARQUE ORAL TABLET 30 MG	Tier 4	PA; QL (30 EA per 30 days)
<b>PROSTATIC HYPERTROPHY AGENT - ALPHA-1- ADRENOCEPTOR ANTAGONISTS</b>		

Drug Name	Tier	Restrictions/ Limits
<i>alfuzosin</i>	Tier 1	
<i>silodosin</i>	Tier 1	
<i>tamsulosin</i>	Tier 1	
<b>PROSTATIC HYPERTROPHY AGENT - TYPE II 5- ALPHA REDUCTASE INHIBITORS</b>		
<i>finasteride oral tablet 5 mg</i>	Tier 1	
<b>PROSTATIC HYPERTROPHY AGENT-SEL.CGMP PHOSPHODIESTERAS E TYPE5 INHIBITOR</b>		
<i>tadalafil oral tablet 5 mg</i>	Tier 1	PA; QL (8 EA per 30 days)
<b>PROSTATIC HYPERTROPHY AGENT-TYPE I AND II 5-ALPHA REDUCTASE INHIBITORS</b>		
<i>dutasteride</i>	Tier 1	ST
<b>URINARY ALKALINIZER - CITRATES</b>		
<i>potassium citrate oral tablet extended release</i>	Tier 1	
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine</i>	Tier 1	
<b>URINARY ANTIBACTERIAL - NITROFURAN DERIVATIVES</b>		
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohyd/m-cryst</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>URINARY ANTI- INFECTIVE METHENAMINE- ANTISPAS-ANALG COMBINATIONS</b>		
URETRON D-S	Tier 1	
URO-SP	Tier 1	
UTIRA-C	Tier 1	
<b>URINARY ANTISPASMODIC - ANTICHOL., M(3) MUSCARINIC SELECTIVE (BLADDER)</b>		
<i>darifenacin</i>	Tier 1	
<i>solifenacin</i>	Tier 1	
<b>URINARY ANTISPASMODIC - ANTICHOLINERGICS, NON-SELECTIVE</b>		
ED-SPAZ	Tier 1	
<i>hyoscyamine sulfate oral</i>	Tier 1	
<i>hyoscyamine sulfate sublingual</i>	Tier 1	
HYOSYNE	Tier 1	
OSCIMIN	Tier 1	
OSCIMIN SL	Tier 1	
SYMAX-SR	Tier 1	
<b>URINARY ANTISPASMODIC - SMOOTH MUSCLE RELAXANTS</b>		
<i>flavoxate</i>	Tier 1	
<i>oxybutynin chloride oral syrup</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>tolterodine oral capsule, extended release 24hr</i>	Tier 1	ST
<i>tolterodine oral tablet</i>	Tier 1	
<i>trospium</i>	Tier 1	
<b>URINARY RETENTION THERAPY - PARASYMPATHOMIM ETIC AGENTS</b>		
<i>bethanechol chloride</i>	Tier 1	
<b>GOUT AND HYPERURICEMIA THERAPY</b>		
<b>GOUT ACUTE THERAPY - ANTIMITOTICS</b>		
<i>colchicine (gout) oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<b>GOUT AND HYPERURICEMIA - ANTIMITOTIC- URICOSURIC COMBINATIONS</b>		
<i>probenecid-colchicine</i>	Tier 1	ST
<b>HYPERURICEMIA THERAPY - URICOSURICS</b>		
<i>probenecid</i>	Tier 1	
<b>HYPERURICEMIA THERAPY - XANTHINE OXIDASE INHIBITORS</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>febuxostat</i>	Tier 1	ST
<b>HEMATOLOGICAL AGENTS</b>		
<b>ANTICOAGULANTS - CITRATE-BASED</b>		
ACD SOLUTION A	Tier 2	
ACD-A	Tier 2	
<i>anticoag citrate phos dextrose</i>	Tier 2	

Drug Name	Tier	Restrictions/ Limits
<b>ANTICOAGULANTS - COUMARIN</b>		
JANTOVEN	Tier 1	
<i>warfarin</i>	Tier 1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS	Tier 2	
ELIQUIS DVT-PE TREAT 30D START	Tier 2	
XARELTO DVT-PE TREAT 30D START	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	PA
XARELTO ORAL TABLET	Tier 2	
<b>GRANULOCYTE COLONY-STIMULATING FACTOR (G-CSF)</b>		
ZARXIO	Tier 4	PA
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline</i>	Tier 1	
<b>HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS</b>		
<i>tranexamic acid oral</i>	Tier 1	
<b>HEMOSTATIC TOPICAL AGENTS</b>		
MONSEL'S	Tier 2	
SURGIFOAM TOPICAL SPONGE 12-7 MM	Tier 1	
<b>HEPARINS</b>		
<i>heparin (porcine) injection solution 5,000 unit/ml</i>	Tier 1	
<b>INDIRECT FACTOR XA INHIBITORS</b>		
<i>fondaparinux</i>	Tier 4	

Drug Name	Tier	Restrictions/ Limits
<b>LOW MOLECULAR WEIGHT HEPARINS</b>		
<i>enoxaparin</i>	Tier 4	
<b>PLATELET AGGREGATION INHIB - CYCLOPENTYL-TRIAZOLO-PYRIMIDINES (CPTPS)</b>		
BRILINTA	Tier 2	ST
<b>PLATELET AGGREGATION INHIBITOR COMBINATIONS</b>		
<i>aspirin-dipyridamole</i>	Tier 1	ST
<b>PLATELET AGGREGATION INHIBITORS - PHOSPHODIESTERASE III INHIBITORS</b>		
<i>cilostazol</i>	Tier 1	
<b>PLATELET AGGREGATION INHIBITORS - QUINAZOLINE AGENTS</b>		
<i>anagrelide</i>	Tier 1	
<b>PLATELET AGGREGATION INHIBITORS - THIENOPYRIDINE AGENTS</b>		
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
<i>prasugrel</i>	Tier 1	
<b>PLATELET AGGREGATION INHIB-PDESTERASE AND ADENOSINE DEAMINASE INHIBITR</b>		
<i>dipyridamole oral</i>	Tier 1	
<b>THROMBOPOIETIN RECEPTOR AGONISTS</b>		



Drug Name	Tier	Restrictions/ Limits
PROMACTA ORAL TABLET 12.5 MG	Tier 4	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	Tier 4	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	Tier 4	PA; QL (60 EA per 30 days)
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<b>IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS</b>		
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine oral</i>	Tier 1	
GENGRAF	Tier 1	
<i>tacrolimus oral</i>	Tier 1	
<b>IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</b>		
<i>mycophenolate mofetil</i>	Tier 1	
<i>mycophenolate sodium</i>	Tier 1	
<b>IMMUNOSUPPRESSIVE - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS</b>		
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	Tier 1	
<i>sirolimus oral tablet</i>	Tier 1	
<b>IMMUNOSUPPRESSIVE - PURINE ANALOGS</b>		
<i>azathioprine</i>	Tier 1	
<b>LOCOMOTOR SYSTEM</b>		
<b>ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS</b>		
<i>pyridostigmine bromide oral syrup</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release</i>	Tier 1	
<b>SKELETAL MUSCLE RELAXANT - CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen oral tablet</i>	Tier 1	
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
CYCLOTENS STARTER	Tier 2	
<i>metaxalone oral tablet 800 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate oral</i>	Tier 1	
<i>tizanidine oral tablet</i>	Tier 1	
<b>SKELETAL MUSCLE RELAXANT - DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene oral</i>	Tier 1	
<b>SKELETAL MUSCLE RELAXANT - OPIOID ANALGESIC COMBINATIONS</b>		
<i>carisoprodol-aspirin-codeine</i>	Tier 1	
<b>SKELETAL MUSCLE RELAXANT, SALICYLATE, AND OPIOID ANALGESIC COMB.</b>		
<i>carisoprodol-aspirin-codeine</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME)</b>		
<b>MEDICAL SUPPLIES AND DME - BLOOD COLLECTION NEEDLES</b>		
MONOJECT BLOOD COLLECTION	Tier 2	
<b>MEDICAL SUPPLIES AND DME - CERVICAL CAPS</b>		
FEMCAP	Tier 0	QL (1 EA per 365 days)
<b>MEDICAL SUPPLIES AND DME - DIAPHRAGMS</b>		
CAYA CONTOURED	Tier 0	QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 60	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95	Tier 0	QL (2 EA per 365 days)
<b>MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES</b>		
DEXCOM G6 RECEIVER	Tier 2	PA; QL (1 EA per 1 LIFETIME)

Drug Name	Tier	Restrictions/ Limits
DEXCOM G6 SENSOR	Tier 2	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER	Tier 2	PA; QL (1 EA per 90 days)
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA; ST; QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	PA; ST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 2	PA; ST; QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE 2 SENSOR	Tier 2	PA; ST; QL (2 EA per 28 days)
<b>MEDICAL SUPPLIES AND DME - INSULIN NEEDLES-SYRINGES AND ADMIN SUPPLIES</b>		
BD INSULIN SYRINGE U-500	Tier 2	QL (400 EA per 30 days)
<b>MEDICAL SUPPLIES AND DME - NEEDLES AND SYRINGES</b>		
BD FILTER NEEDLE-5 MICRON	Tier 2	
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 2	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 2	QL (400 EA per 30 days)
INTEGRA SYRINGE	Tier 2	QL (400 EA per 30 days)
MAGELLAN SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
MAGELLAN TUBERCULIN SAFETY SYR	Tier 2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
MONOJECT CONTROL SYRINGE LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT HYPODERMIC NEEDLES NEEDLE 25 GAUGE X 1 1/2", 25 GAUGE X 1", 26 GAUGE X 1 1/2", 30 GAUGE X 3/4"	Tier 2	
MONOJECT MAGELLAN SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT REGULAR LUER SYRINGE 12 ML	Tier 2	QL (400 EA per 30 days)
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 21X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 6 ML	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE SYRINGE 3 ML, 6 ML, 6 ML 22 X 1 1/2"	Tier 2	QL (400 EA per 30 days)
MONOJECT TB LUER LOK	Tier 2	QL (400 EA per 30 days)
<i>safety needles</i>	Tier 2	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2"	Tier 2	
SURGUARD2 SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
TOOMEY SYRINGE	Tier 2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	Tier 2	QL (400 EA per 30 days)
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 2	QL (400 EA per 30 days)
<b>MEDICAL SUPPLIES AND DME - RESPIRATORY THERAPY SUPPLIES</b>		
AEROCHAMBER PLUS FLOW-VU,L MSK	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK	Tier 2	
BREATHERITE SPACER-MASK, NEO.	Tier 2	
BREATHERITE SPACER-MASK,ADULT	Tier 2	
BREATHERITE SPACER-MASK,CHILD	Tier 2	
BREATHERITE SPACER-MASK,INFANT	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD	Tier 2	
CLEVER CHOICE CHAMBER-LRG MASK	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK	Tier 2	
COMPACT SPACE CHAMBER-MED MASK	Tier 2	

Drug Name	Tier	Restrictions/ Limits
COMPACT SPACE CHAMBER-SM MASK	Tier 2	
EASIVENT MASK LARGE	Tier 2	
EASIVENT MASK MEDIUM	Tier 2	
EASIVENT MASK SMALL	Tier 2	
FLEXICHAMBER-LG CHILD MASK	Tier 2	
FLEXICHAMBER-SM ADULT MASK	Tier 2	
FLEXICHAMBER-SM CHILD MASK	Tier 2	
LITE TOUCH-MEDIUM MASK	Tier 2	
LITETOUCH-LARGE MASK	Tier 2	
LITETOUCH-SMALL MASK	Tier 2	
OPTICHAMBER ADULT MASK-LARGE	Tier 2	
OPTICHAMBER DIAMOND LG MASK	Tier 2	
OPTICHAMBER DIAMOND-MED MSK	Tier 2	
OPTICHAMBER DIAMOND-SML MASK	Tier 2	
PROCARE SPACER WITH ADULT MASK	Tier 2	
PROCARE SPACER WITH CHILD MASK	Tier 2	
SILICONE MASK - INFANT	Tier 2	
SPACE CHAMBER WITH LARGE MASK	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK	Tier 2	
SPACE CHAMBER WITH SMALL MASK	Tier 2	
VORTEX VHC FROG MASK-CHILD	Tier 2	

Drug Name	Tier	Restrictions/ Limits
VORTEX VHC LADYBUG MASK-TODDLR	Tier 2	
<b>MEDICAL SUPPLY, FDB SUPERSET</b>		
<b>MEDICAL SUPPLY, FDB SUPERSET</b>		
AEROCHAMBER PLUS FLOW-VU,L MSK	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK	Tier 2	
BD FILTER NEEDLE-5 MICRON	Tier 2	
BD INSULIN SYRINGE U-500	Tier 2	QL (400 EA per 30 days)
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 2	
BREATHERITE SPACER-MASK, NEO.	Tier 2	
BREATHERITE SPACER-MASK,ADULT	Tier 2	
BREATHERITE SPACER-MASK,CHILD	Tier 2	
BREATHERITE SPACER-MASK,INFANT	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD	Tier 2	
CAYA CONTOURED	Tier 0	QL (1 EA per 365 days)
CLEVER CHOICE CHAMBER-LRG MASK	Tier 2	

Drug Name	Tier	Restrictions/ Limits
CLEVER CHOICE CHAMBER-MED MASK	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK	Tier 2	
COMPACT SPACE CHAMBER-MED MASK	Tier 2	
COMPACT SPACE CHAMBER-SM MASK	Tier 2	
DEXCOM G6 RECEIVER	Tier 2	PA; QL (1 EA per 1 LIFETIME)
DEXCOM G6 SENSOR	Tier 2	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER	Tier 2	PA; QL (1 EA per 90 days)
EASIVENT MASK LARGE	Tier 2	
EASIVENT MASK MEDIUM	Tier 2	
EASIVENT MASK SMALL	Tier 2	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 2	QL (400 EA per 30 days)
FEMCAP	Tier 0	QL (1 EA per 365 days)
FLEXICHAMBER-LG CHILD MASK	Tier 2	
FLEXICHAMBER-SM ADULT MASK	Tier 2	
FLEXICHAMBER-SM CHILD MASK	Tier 2	
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA; ST; QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	PA; ST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 2	PA; ST; QL (1 EA per 1 Lifetime)

Drug Name	Tier	Restrictions/ Limits
FREESTYLE LIBRE 2 SENSOR	Tier 2	PA; ST; QL (2 EA per 28 days)
INTEGRA SYRINGE	Tier 2	QL (400 EA per 30 days)
LITE TOUCH-MEDIUM MASK	Tier 2	
LITETOUCH-LARGE MASK	Tier 2	
LITETOUCH-SMALL MASK	Tier 2	
MAGELLAN SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
MAGELLAN TUBERCULIN SAFETY SYR	Tier 2	QL (400 EA per 30 days)
MONOJECT BLOOD COLLECTION	Tier 2	
MONOJECT CONTROL SYRINGE LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT HYPODERMIC NEEDLES NEEDLE 25 GAUGE X 1 1/2", 25 GAUGE X 1", 26 GAUGE X 1 1/2", 30 GAUGE X 3/4"	Tier 2	
MONOJECT MAGELLAN SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT REGULAR LUER SYRINGE 12 ML	Tier 2	QL (400 EA per 30 days)
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 21X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 6 ML	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE SYRINGE 3 ML, 6 ML, 6 ML 22 X 1 1/2"	Tier 2	QL (400 EA per 30 days)
MONOJECT TB LUER LOK	Tier 2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
OPTICHAMBER ADULT MASK-LARGE	Tier 2	
OPTICHAMBER DIAMOND LG MASK	Tier 2	
OPTICHAMBER DIAMOND-MED MSK	Tier 2	
OPTICHAMBER DIAMOND-SML MASK	Tier 2	
PROCARE SPACER WITH ADULT MASK	Tier 2	
PROCARE SPACER WITH CHILD MASK	Tier 2	
<i>safety needles</i>	Tier 2	
SILICONE MASK - INFANT	Tier 2	
SPACE CHAMBER WITH LARGE MASK	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK	Tier 2	
SPACE CHAMBER WITH SMALL MASK	Tier 2	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2"	Tier 2	
SURGUARD2 SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
TOOMEY SYRINGE	Tier 2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	Tier 2	QL (400 EA per 30 days)
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 2	QL (400 EA per 30 days)
VORTEX VHC FROG MASK-CHILD	Tier 2	
VORTEX VHC LADYBUG MASK- TODDLR	Tier 2	
WIDE-SEAL DIAPHRAGM 60	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95	Tier 0	QL (2 EA per 365 days)
<b>METABOLIC MODIFIERS</b>		
<b>HYPERPARATHYROID TREATMENT AGENTS - VITAMIN D ANALOG- TYPE</b>		
<i>calcitriol oral</i>	Tier 1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>	Tier 1	ST
<b>PHARMACOEHNANC ER - CYTOCHROME P450 INHIBITORS</b>		
TYBOST	Tier 2	
<b>PHENYLKETONURIA( PKU) TX AGENTS - COFACTOR OF PHENYLALANINE HYDROXYLASE</b>		

Drug Name	Tier	Restrictions/ Limits
<i>sapropterin</i>	Tier 4	
<b>MOUTH-THROAT- DENTAL - PREPARATIONS</b>		
<b>DENTAL PRODUCT - FLUORIDE PREPARATIONS</b>		
DENTA 5000 PLUS	Tier 1	
<i>fluoride (sodium) dental cream</i>	Tier 1	
<i>fluoride (sodium) dental gel</i>	Tier 1	
<i>fluoride (sodium) dental paste</i>	Tier 1	
<i>fluoride (sodium) oral</i>	Tier 0	
LUDENT FLUORIDE	Tier 0	
SF	Tier 1	
SF 5000 PLUS	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH	Tier 1	
SODIUM FLUORIDE 5000 PLUS	Tier 1	
<b>MOUTH AND THROAT - ANTIFUNGALS</b>		
<i>clotrimazole mucous membrane</i>	Tier 1	
<i>nystatin oral suspension</i>	Tier 1	
<b>MOUTH AND THROAT - ANTISEPTICS</b>		
<i>chlorhexidine gluconate mucous membrane</i>	Tier 1	
PAROEX ORAL RINSE	Tier 1	
PERIOGARD	Tier 1	
<b>MOUTH AND THROAT - GLUCOCORTICOIDS</b>		
ORALONE	Tier 1	
<i>triamcinolone acetonide dental</i>	Tier 1	
<b>MOUTH AND THROAT - LOCAL ANESTHETIC AMIDES</b>		

Drug Name	Tier	Restrictions/ Limits
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
LIDOCAINE VISCOUS	Tier 1	QL (100 ML per 30 days)
<b>MOUTH AND THROAT - SALIVA STIMULANTS</b>		
<i>cevimeline</i>	Tier 1	ST
<i>pilocarpine hcl oral</i>	Tier 1	
<b>PERIODONTAL PRODUCT - TETRACYCLINE- TYPE, COLLAGENASE INHIBITORS</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<b>THERAPY FOR DROOLING- PRIMARY OR SECONDARY SIALORRHEA- ANTICHOLINERGIC</b>		
<i>glycopyrrolate oral solution</i>	Tier 1	
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>MULTIPLE SCLEROSIS AGENT - INTERFERONS</b>		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	Tier 4	PA; QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	Tier 4	PA; QL (1 EA per 28 days)
EXTAVIA	Tier 4	PA; QL (15 EA per 30 days)
REBIF (WITH ALBUMIN)	Tier 4	PA; QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 4	PA; QL (6 ML per 30 days)

Drug Name	Tier	Restrictions/ Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; QL (5 ML per 30 days)
<b>MULTIPLE SCLEROSIS AGENT - OTHERS</b>		
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	Tier 4	PA; QL (1 ML per 28 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	Tier 4	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 4	PA; QL (1 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	Tier 4	PA; QL (12 ML per 28 days)
VUMERITY	Tier 4	PA; QL (120 EA per 30 days)
<b>MULTIPLE SCLEROSIS AGENT - POTASSIUM CHANNEL BLOCKER</b>		
<i>dalfampridine</i>	Tier 4	PA; QL (60 EA per 30 days)
<b>MULTIPLE SCLEROSIS AGENT - PYRIMIDINE SYNTHESIS INHIBITORS</b>		
AUBAGIO	Tier 4	PA; QL (30 EA per 30 days)
<b>MULTIPLE SCLEROSIS AGENT - SPHINGOSINE 1- PHOSPHATE RECEPTOR MODULATOR</b>		

Drug Name	Tier	Restrictions/ Limits
<i> fingolimod</i>	Tier 4	PA; QL (30 EA per 30 days)
ZEPOSIA	Tier 4	PA
ZEPOSIA STARTER PACK (7-DAY)	Tier 4	PA; QL (1 EA per 365 days)
<b>OPHTHALMIC AGENTS</b>		
<b>MIOTICS - CHOLINESTERASE INHIBITORS</b>		
PHOSPHOLINE IODIDE	Tier 4	
<b>MIOTICS - DIRECT ACTING</b>		
<i>pilocarpine hcl ophthalmic (eye)</i>	Tier 1	
<b>OPHTHALMIC - ANTIBACTERIAL- GLUCOCORTICOID COMBINATIONS</b>		
<i>neomycin-bacitracin- poly-hc</i>	Tier 1	
<i>neomycin-polymyxin b- dexameth</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	Tier 1	
NEO-POLYCIN HC	Tier 1	
<i>sulfacetamide- prednisolone</i>	Tier 1	
<i>tobramycin- dexamethasone</i>	Tier 1	
<b>OPHTHALMIC - ANTICHOLINERGICS</b>		
<i>atropine ophthalmic (eye) drops</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment</i>	Tier 1	
<i>cyclopentolate</i>	Tier 1	
HOMATROPAIRE	Tier 1	
<i>tropicamide</i>	Tier 1	
<b>OPHTHALMIC - ANTIHISTAMINES</b>		



Drug Name	Tier	Restrictions/ Limits
<i>azelastine ophthalmic (eye)</i>	Tier 1	
<i>epinastine</i>	Tier 1	
ZERVIATE	Tier 2	
<b>OPHTHALMIC - ANTI-INFLAMMATORY, GLUCOCORTICOIDS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	Tier 1	
<i>fluorometholone</i>	Tier 1	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension</i>	Tier 1	
<i>prednisolone acetate</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	Tier 1	
<b>OPHTHALMIC - ANTI-INFLAMMATORY, IMMUNOMODULATORS</b>		
<i>cyclosporine ophthalmic (eye)</i>	Tier 1	QL (60 EA per 30 days)
<b>OPHTHALMIC - ANTI-INFLAMMATORY, NSAIDS</b>		
<i>bromfenac</i>	Tier 1	
<i>diclofenac sodium ophthalmic (eye)</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 1	QL (5 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<b>OPHTHALMIC - BETA BLOCKERS-ADRENERGIC COMBINATIONS</b>		
<i>brimonidine-timolol</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>OPHTHALMIC - BETA BLOCKERS-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS</b>		
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	Tier 1	
<b>OPHTHALMIC - CARBONIC ANHYDRASE INHIBITORS</b>		
<i>dorzolamide</i>	Tier 1	
<b>OPHTHALMIC - DIAGNOSTIC AGENTS</b>		
BIOGLO	Tier 1	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG	Tier 1	
<b>OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>carteolol</i>	Tier 1	
<i>levobunolol</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	Tier 1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	Tier 2	

Drug Name	Tier	Restrictions/ Limits
<b>OPHTHALMIC - IRRIGATION SOLUTIONS</b>		
BALANCED SALT	Tier 1	
BSS	Tier 1	
<b>OPHTHALMIC - LOCAL ANESTHETIC ESTERS</b>		
<i>proparacaine</i>	Tier 1	
<b>OPHTHALMIC - MAST CELL STABILIZERS</b>		
ALOMIDE	Tier 2	
<i>cromolyn ophthalmic (eye)</i>	Tier 1	
<b>OPHTHALMIC - SURGICAL AIDS OTHER</b>		
OCUCOAT	Tier 1	
<b>OPHTHALMIC - VISCOELASTIC AGENTS</b>		
BIOLON	Tier 1	
<b>OPHTHALMIC ANTIBACTERIAL MIXTURES</b>		
<i>bacitracin-polymyxin b</i>	Tier 1	
<i>neomycin-bacitracin- polymyxin</i>	Tier 1	
<i>neomycin-polymyxin- gramicidin</i>	Tier 1	
NEO-POLYCIN	Tier 1	
POLYCIN	Tier 1	
<i>polymyxin b sulf- trimethoprim</i>	Tier 1	
<b>OPHTHALMIC ANTIBIOTIC - AMINOGLYCOSIDES</b>		
<i>gentamicin ophthalmic (eye)</i>	Tier 1	
<i>tobramycin ophthalmic (eye)</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>OPHTHALMIC ANTIBIOTIC - DEHYDROPEPTIDASE INHIBITORS</b>		
<i>bacitracin ophthalmic (eye)</i>	Tier 1	
<b>OPHTHALMIC ANTIBIOTIC - FLUOROQUINOLONE S</b>		
<i>ciprofloxacin hcl ophthalmic (eye)</i>	Tier 1	
<i>gatifloxacin</i>	Tier 1	
<i>levofloxacin ophthalmic (eye)</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye)</i>	Tier 1	
<i>ofloxacin ophthalmic (eye)</i>	Tier 1	QL (10 ML per 30 days)
<b>OPHTHALMIC ANTIBIOTIC - MACROLIDES</b>		
AZASITE	Tier 2	
<i>erythromycin ophthalmic (eye)</i>	Tier 1	
<b>OPHTHALMIC ANTIBIOTIC - SULFONAMIDES</b>		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	Tier 1	
<b>OPHTHALMIC ANTIFUNGALS</b>		
NATACYN	Tier 2	QL (15 ML per 30 days)
<b>OPHTHALMIC ANTIFUNGALS - TETRAENE POLYENE- TYPE</b>		
NATACYN	Tier 2	QL (15 ML per 30 days)
<b>OPHTHALMIC ANTIVIRALS</b>		
<i>trifluridine</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>OPHTHALMIC- INTRAOCULAR PRESS. REDUCING, SEL. ALPHA ADRENERGIC AGONISTS</b>		
<i>apraclonidine</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	Tier 1	
IOPIDINE	Tier 2	
<b>OPHTHALMIC- INTRAOCULAR PRESSURE REDUCING AGENTS, PROSTAGLANDIN ANALOGS</b>		
<i>bimatoprost ophthalmic (eye)</i>	Tier 1	ST
<i>latanoprost</i>	Tier 1	
<i>tafluprost (pf)</i>	Tier 1	ST
<i>travoprost</i>	Tier 1	ST
<b>ORGAN PRESERVATION SOLUTIONS</b>		
<b>CARDIOPLEGIC SOLUTIONS</b>		
<i>cardioplegic soln</i>	Tier 1	
<b>OTIC (EAR)</b>		
<b>OTIC (EAR) - ANTI- INFECTIVE- GLUCOCORTICOID COMBINATIONS</b>		
CIPRO HC	Tier 3	
<i>ciprofloxacin- dexamethasone</i>	Tier 1	ST
<i>ciprofloxacin- fluocinolone</i>	Tier 2	
<i>neomycin-polymyxin-hc otic (ear)</i>	Tier 1	
<b>OTIC (EAR) - ANTI- INFECTIVES OTHER</b>		
<i>acetic acid otic (ear)</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>OTIC (EAR) - FLUOROQUINOLONE S</b>		
<i>ciprofloxacin hcl otic (ear)</i>	Tier 1	
<i>ofloxacin otic (ear)</i>	Tier 1	
<b>OTIC (EAR) - GLUCOCORTICIDS</b>		
<i>fluocinolone acetonide oil</i>	Tier 1	
<i>hydrocortisone-acetic acid</i>	Tier 1	QL (10 ML per 30 days)
<b>RENAL REPLACEMENT THERAPY</b>		
<b>PERITONEAL DIALYSIS SOLUTIONS</b>		
DELFLX WITH 2.5 % DEXTROSE	Tier 1	
DELFLX-LC/1.5% DEXTROSE	Tier 1	
DELFLX-LC/2.5% DEXTROSE	Tier 1	
DELFLX-LC/4.25% DEXTROSE	Tier 1	
EXTRANEAL 7.5 %	Tier 2	
<b>RESPIRATORY THERAPY AGENTS</b>		
<b>1ST GENERATION ANTI-HISTAMINE- DECONGESTANT COMBINATIONS</b>		
PROMETHAZINE VC	Tier 1	
<b>ANTI-HISTAMINE - 1ST GENERATION - ALKYLAMINES</b>		
<i>dexchlorpheniramine maleate</i>	Tier 1	
<b>ANTI-HISTAMINE - 1ST GENERATION - ETHANOLAMINES</b>		
<i>carbinoxamine maleate oral liquid</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	Tier 1	ST
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<b>ANTIHISTAMINE - 1ST GENERATION - PHENOTHIAZINES</b>		
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 1	
PROMETHEGAN	Tier 1	
<b>ANTIHISTAMINE - 1ST GENERATION - PIPERIDINES</b>		
<i>cyproheptadine</i>	Tier 1	
<b>ANTIHISTAMINES - 1ST GENERATION</b>		
<i>carbinoxamine maleate oral liquid</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	Tier 1	ST
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine</i>	Tier 1	
<i>dexchlorpheniramine maleate</i>	Tier 1	
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 1	
PROMETHEGAN	Tier 1	
<b>ANTIHISTAMINES - 2ND GENERATION</b>		
<i>desloratadine oral tablet</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>levocetirizine oral solution</i>	Tier 1	
<b>ANTIHISTAMINES - 2ND GENERATION - PIPERAZINES</b>		

Drug Name	Tier	Restrictions/ Limits
<i>levocetirizine oral solution</i>	Tier 1	
<b>ANTIHISTAMINES - 2ND GENERATION - PIPERIDINES</b>		
<i>desloratadine oral tablet</i>	Tier 1	ST; QL (30 EA per 30 days)
<b>ANTITUSSIVES - NON-OPIOID</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>benzonatate oral capsule 150 mg</i>	Tier 1	
<b>ASTHMA THERAPY - 5-LIPOXYGENASE INHIBITORS</b>		
<i>zileuton</i>	Tier 1	ST
<b>ASTHMA THERAPY - INHALED CORTICOSTEROIDS (GLUCOCORTICOIDS)</b>		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier 3	QL (13 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	QL (7 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA	Tier 2	QL (13 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	Tier 2	QL (4 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	Tier 2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier 2	QL (11 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 2	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 2	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 2	QL (11 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	Tier 2	QL (11 GM per 30 days)

Drug Name	Tier	Restrictions/ Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	Tier 2	QL (22 GM per 30 days)
<b>ASTHMA THERAPY - INTERLEUKIN-4 (IL-4) RECEPTOR ALPHA ANTAGONISTS, MAB</b>		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	Tier 4	PA; QL (400 MG per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 4	PA; QL (600 MG per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA; QL (1.34 ML per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	Tier 4	PA; QL (400 MG per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	Tier 4	PA; QL (600 MG per 30 days)
<b>ASTHMA THERAPY - LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
<i>montelukast</i>	Tier 1	
<i>zafirlukast</i>	Tier 1	ST
<b>ASTHMA THERAPY - MAST CELL STABILIZERS</b>		
<i>cromolyn inhalation</i>	Tier 1	QL (8 ML per 1 day)
<b>ASTHMA THERAPY - XANTHINES</b>		
ELIXOPHYLLIN	Tier 2	
THEO-24	Tier 2	
<i>theophylline oral elixir</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>theophylline oral solution</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr</i>	Tier 1	
<b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED LONG ACTING</b>		
SPIRIVA RESPIMAT	Tier 2	QL (4 GM per 30 days)
<b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED SHORT ACTING</b>		
ATROVENT HFA	Tier 2	QL (26 GM per 30 days)
<i>ipratropium bromide inhalation</i>	Tier 1	QL (10 ML per 1 day)
<b>ASTHMA/COPD - BETA 2-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING</b>		
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)
<b>ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, LONG ACTING</b>		
SEREVENT DISKUS	Tier 2	QL (60 EA per 30 days)
<b>ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, SHORT ACTING</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	Tier 1	QL (17 GM per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	Tier 1	QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	QL (2 EA per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier 1	QL (2 ML per 1 day)
<i>levalbuterol tartrate</i>	Tier 2	QL (30 GM per 30 days)
<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC AGENTS</b>		
<i>albuterol sulfate oral</i>	Tier 1	
<i>terbutaline oral</i>	Tier 1	
<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC-ANTICHOLINERGIC COMBINATIONS</b>		
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC-GLUCOCORTICOID COMBINATIONS</b>		
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 3	PA; QL (60 EA per 30 days)
<i>budesonide-formoterol</i>	Tier 2	PA; QL (11 GM per 30 days)

Drug Name	Tier	Restrictions/ Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	PA; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	PA; QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<b>ASTHMA/COPD TX - BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORTICOID COMB,</b>		
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
<b>CYSTIC FIBROSIS - INHALED AMINOGLYCOSIDES</b>		
<i>tobramycin in 0.225 % nacl</i>	Tier 4	PA; QL (280 ML per 30 days)
<i>tobramycin inhalation</i>	Tier 4	PA; QL (224 ML per 30 days)
<i>tobramycin with nebulizer</i>	Tier 4	PA; QL (280 ML per 30 days)
<b>CYSTIC FIBROSIS - INHALED MONOBACTAMS</b>		
CAYSTON	Tier 4	PA; QL (84 ML per 30 days)
<b>CYSTIC FIBROSIS-TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) POTENTIATOR</b>		

Drug Name	Tier	Restrictions/ Limits
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 4	PA; QL (56 EA per 30 days)
KALYDECO ORAL TABLET	Tier 4	PA; QL (60 EA per 30 days)
<b>CYSTIC FIB-TRANSMEMB CONDUCT. REG.(CFTR) POTENTIATOR AND CORRECTOR CMB</b>		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 4	PA; QL (56 EA per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	Tier 4	PA
ORKAMBI ORAL TABLET	Tier 4	PA; QL (112 EA per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	Tier 4	PA; QL (84 EA per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA
<b>ELASTASE INHIBITORS</b>		
PROLASTIN-C	Tier 10	
<b>MUCOLYTICS</b>		
<i>acetylcysteine</i>	Tier 1	
PULMOZYME	Tier 4	PA; QL (2.5 ML per 1 day)
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide nasal</i>	Tier 1	QL (30 ML per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>NASAL ANTIHISTAMINE AND ANTI-INFLAMMATORY STEROID COMBINATIONS</b>		
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
<b>NASAL ANTIHISTAMINES</b>		
<i>azelastine nasal aerosol, spray</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol</i>	Tier 1	
<i>olopatadine nasal</i>	Tier 1	QL (31 GM per 30 days)
<b>NASAL CORTICOSTEROIDS</b>		
<i>flunisolide</i>	Tier 1	ST; QL (50 ML per 30 days)
<i>mometasone nasal</i>	Tier 1	ST; QL (17 GM per 30 days)
<b>NON-OPIOID ANTITUSSIVE-1ST GEN.ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b>		
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
<b>NON-OPIOID ANTITUSSIVE-ANTIHISTAMINE COMBINATIONS</b>		
<i>promethazine-dm</i>	Tier 1	
<b>OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS</b>		
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
<b>OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMB.</b>		

Drug Name	Tier	Restrictions/ Limits
PROMETHAZINE VC-CODEINE	Tier 1	
<b>OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS</b>		
HYDROMET	Tier 1	QL (4 ML per 1 day)
<b>PULMONARY FIBROSIS TREATMENT AGENTS - MULTIKINASE INHIBITORS</b>		
OFEV	Tier 4	PA; QL (60 EA per 30 days)
<b>VAGINAL PRODUCTS</b>		
<b>VAGINAL ANTIBACTERIAL - LINCOSAMIDES</b>		
CLEOCIN VAGINAL SUPPOSITORY	Tier 2	
<i>clindamycin phosphate vaginal</i>	Tier 1	
<b>VAGINAL ANTIFUNGAL - TRIAZOLES</b>		
<i>terconazole</i>	Tier 1	
<b>VAGINAL ANTIPROTOZOAL-ANTIBACTERIAL - NITROIMIDAZOLE DERIVATIVES</b>		
<i>metronidazole vaginal</i>	Tier 1	QL (70 GM per 30 days)
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
<b>VAGINAL ESTROGENS</b>		
<i>estradiol vaginal tablet</i>	Tier 1	
<b>VAGINAL PROGESTINS</b>		
CRINONE VAGINAL GEL 4 %	Tier 2	



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<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
BEYFORTUS	Tier 10	PA
FASENRA	Tier 10	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
FASENRA PEN	Tier 10	PA
SYNAGIS	Tier 10	PA; QL (2 ML per 28 days)

<b>A</b>		
<i>abacavir</i> .....	11	<i>alogliptin-pioglitazone</i> .....
<i>abacavir-lamivudine</i> .....	12	ALOMIDE .....
ABILIFY MAINTENA .....	32	<i>alosetron</i> .....
<i>abiraterone</i> .....	16	<i>alprazolam</i> .....
<i>acamprosate</i> .....	37	ALTABAX .....
<i>acarbose</i> .....	52	ALTAVERA (28) .....
ACD SOLUTION A .....	63	ALVESCO .....
ACD-A .....	63	ALYACEN 1/35 (28) .....
<i>acebutolol</i> .....	23	ALYACEN 7/7/7 (28) .....
<i>acetaminophen-codeine</i> .....	3	<i>amantadine hcl</i> .....
<i>acetazolamide</i> .....	25	<i>ambrisentan</i> .....
<i>acetic acid</i> .....	75	AMETHIA .....
<i>acetylcysteine</i> .....	8, 79	AMETHYST (28) .....
<i>acitretin</i> .....	45	<i>amiloride</i> .....
ACTEMRA .....	6	<i>amiloride-hydrochlorothiazide</i> .....
ACTEMRA ACTPEN .....	6	<i>amiodarone</i> .....
ACTHIB (PF) .....	19	<i>amitriptyline</i> .....
<i>acyclovir</i> .....	14, 46	<i>amitriptyline-chlordiazepoxide</i>
ADACEL(TDAP		.....
ADOLESN/ADULT)(PF) .....	19	<i>amlodipine</i> .....
<i>adalimumab-adaz</i> .....	5, 60	<i>amlodipine-benazepril</i> .....
<i>adalimumab-fkjp</i> .....	5, 60	<i>amlodipine-olmesartan</i> .....
<i>adapalene</i> .....	43	<i>amlodipine-valsartan</i> .....
<i>adapalene-benzoyl peroxide</i> .....	43	<i>amoxapine</i> .....
<i>adefovir</i> .....	13	<i>amoxicil-clarithromy-lansopraz</i>
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AEROCHAMBER PLUS FLOW-		<i>amoxicillin-pot clavulanate</i> .....
VU,M MSK .....	67, 68	<i>amphetamine sulfate</i> .....
AEROCHAMBER PLUS FLOW-		<i>ampicillin</i> .....
VU,S MSK .....	67, 68	<i>anagrelide</i> .....
AEROCHAMBER PLUS Z		<i>anastrozole</i> .....
STAT LG MSK .....	67, 68	<i>anticoag citrate phos dextrose</i>
AEROCHAMBER PLUS Z		.....
STAT MD MSK .....	67, 68	<i>apraclonidine</i> .....
AEROCHAMBER PLUS Z		<i>aprepitant</i> .....
STAT SM MSK .....	67, 68	APRETUDE .....
AFIRMELLE .....	39	APRI .....
AIMOVIG AUTOINJECTOR .....	35	APTIOM .....
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<i>albendazole</i> .....	9	<i>aripiprazole</i> .....
<i>albuterol sulfate</i> .....	78	ARISTADA .....
<i>alclometasone</i> .....	46	ARISTADA INITIO .....
<i>alendronate</i> .....	54	<i>armodafinil</i> .....
<i>alfuzosin</i> .....	62	ARNUITY ELLIPTA .....
<i>allopurinol</i> .....	63	ASHLYNA .....
<i>almotriptan malate</i> .....	35	ASMANEX HFA .....
<i>alogliptin</i> .....	52	<i>aspirin-dipyridamole</i> .....
<i>alogliptin-metformin</i> .....	54	<i>atazanavir</i> .....
		<i>atenolol</i> .....
		<i>atenolol-chlorthalidone</i> .....
		<i>atomoxetine</i> .....
		<i>atorvastatin</i> .....
		<i>atovaquone</i> .....
		<i>atovaquone-proguanil</i> .....
		<i>atropine</i> .....
		ATROVENT HFA .....
		AUBAGIO .....
		AUBRA .....
		AUBRA EQ .....
		AUROVELA 1.5/30 (21) .....
		AUROVELA 1/20 (21) .....
		AUROVELA 24 FE .....
		AUROVELA FE 1.5/30 (28) .....
		AUROVELA FE 1-20 (28) .....
		AURYXIA .....
		AUSTEDO .....
		AVAR .....
		AVAR-E .....
		AVAR-E GREEN .....
		AVAR-E LS .....
		AVIANE .....
		AVITA .....
		AVONEX .....
		AYUNA .....
		AZASITE .....
		<i>azathioprine</i> .....
		<i>azelastine</i> .....
		<i>azelastine-fluticasone</i> .....
		<i>azithromycin</i> .....
		AZURETTE (28) .....
		<b>B</b>
		B COMPLEX 1 (WITH FOLIC
		ACID) .....
		<i>b complex-vitamin c-folic acid</i> .....
		<i>bacitracin</i> .....
		<i>bacitracin-polymyxin b</i> .....
		<i>baclofen</i> .....
		BALANCE B-100 (FOLIC ACID)
		.....
		BALANCE B-50 (WITH FOLIC
		ACID) .....
		BALANCED B-100 .....
		BALANCED SALT .....
		<i>balsalazide</i> .....
		BALZIVA (28) .....
		BAQSIMI .....
		BARACLUDGE .....
		BASAGLAR KWIKPEN U-100
		INSULIN .....
		<i>bcg vaccine, live (pf)</i> .....

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BD INSULIN SYRINGE U-500  
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*benazepril-hydrochlorothiazide*  
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*benzonatate* .....76

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*bupropion hcl (smoking deter)*37

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*butalbital-aspirin-caffeine* ..... 8

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**TELUGU** - భాషా సాయం సర్వీసులు, మీకు ఉచితంగా లభ్యమవుతాయి. కాల్ చేయండి: 1-833-230-2099 (TTY: 711).

**BURMESE** - ဘာသာစကားဆိုင်ရာအကူအညီဝန်ဆောင်မှုများအား သင့်အတွက် အခမဲ့ ရရှိနိုင်ပါသည်။ ဖုန်းခေါ်ရန်: 1-833-230-2099 (TTY: 711).

**ARABIC** - تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم: 1-833-230-2099 (هاتف نصي: 711).

**URDU** - زبان کی معاونتی ترجمانی خدمات، آپ کے لیے بالکل مفت یا - فری آف چارج دستیاب ہیں۔ کال کریں: 1-833-230-2099 (TTY: 711)

**PENNSYLVANIA DUTCH** - Mir kenne dich Hilf griege mit Deitsch, unni as es dich ennich eppes koschte zellt. Ruf 1-833-230-2099 (TTY: 711) uff.

**RUSSIAN** - Вам доступны бесплатно услуги языкового сопровождения. Позвоните по номеру: 1-833-230-2099 (TTY: 711).

**TAGALOG** - May mga serbisyong tulong sa wika, na walang bayad, na magagamit mo. Tumawag sa: 1-833-230-2099 (TTY: 711).

**VIETNAMESE** - Dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi: 1-833-230-2099 (TTY: 711).

**GUJARATI** - ભાષા સહાય સેવાઓ તમારા માટે નિ:શુલ્ક છે. 1-833-230-2099 (TTY: 711) પર કોલ કરો.

**PORTUGUESE** - Serviços linguísticos gratuitos disponíveis para você. Ligue para: 1-833-230-2099 (TTY: 711).

**MARSHALLESE** - Jerbal in jibañ ikijen kajin, ejelok onean, ej bellok ñan eok. Kurlok: 1-833-230-2099 (TTY: 711).

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