



CareSource Healthy Indiana Plan (HIP) Basic, HIP State Plan Basic, and Hoosier Healthwise Preferred Drug List

10/1/2024

INTRODUCTION

We are pleased to offer the 2024 **CareSource Medicaid Formulary or Preferred Drug List (PDL)** as a guide to help you. This list can help medical providers in picking clinically-appropriate and lower-priced products for their patients. All Indiana Medicaid drugs are covered by CareSource but this is a list of preferred drugs.

The drugs listed have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee. The list reflects up-to-date medical practice at the time of review.

The data in this list and its appendices, if applicable, is supplied to assist medical providers. We do not warrant or assure accuracy of the data. It is also not meant to be complete in nature. This list is not meant 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 data in the list is provided as a guide for drug therapy choice. Specific drug choice for a unique patient rests fully with the prescriber.

The list is subject to state-specific laws and rules. This can include, but is not limited to, those about generic substitution, controlled substance schedules, preference for brands and mandatory generics where applicable.

We take no responsibility for the actions or gaps of any medical provider based on trust, in whole or in part, on the data contained in this list. The medical provider should review the drug maker's product information or standard references for details.

National standards can be found on the National Guideline Clearinghouse site at <http://www.guideline.gov>.

PREFACE

The list is set up in sections. Each section is split up by therapeutic drug class primarily defined by mechanism of action. Products are listed by generic name if available with brand name listed for information only. Unless the cited drug can be taken as an injection or a special case is noted, usually, all dosage forms and strengths of the drug cited are part of the list.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a national Pharmacy and Therapeutics (P&T) Committee are used to approve safe and clinically effective drug therapies. The CareSource P&T Committee is made up of the Plan's Medical Directors, Pharmacy staff and those in the medical community.

DRUG LIST PRODUCT DESCRIPTIONS

To help you know which exact strengths and dosage forms on the list are covered, examples are below. The basic ideas shown in the examples can often count for other entries in the list. Any exceptions are noted.

Listed products generally include all strengths and dosage forms of the cited brand-name product.

Pregabalin

Lyrica

Oral capsules, oral solution and all strengths of Lyrica would be part of this listing.

When a strength, dosage or different formulation is noted, only that specific strength, dosage or formulation may be covered. Other strengths/dosage/formulations, which includes injectable dosage forms of the listed product, are not covered.

Colestipol tabs

Colestid

The generic-name oral tablet formulation is on the list. From this entry, the oral packets and granules cannot be assumed to be on the list unless there is a unique entry.

Extended-release and delayed-release products have a separate 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 list. Dosage forms on the list 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 you cannot assume the topical cream is on the list unless there is an entry for this product in the DERMATOLOGY section of the list.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action in which a generic version is dispensed rather than a prescribed brand-name product. In most cases, a brand-name drug for which a generic product becomes available will become non-formulary. The generic product will be covered in the brand-name drug's place, when it is released into the market. But, the list is subject to state-specific regulations and rules about generic substitution and mandatory generic rules apply where needed.

Generic drugs are often priced lower than their brand-name equivalents and should be prescribed first, as long as the standards are followed. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are made under the same strict standards as brand-name drugs.

- Tested in humans to make sure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may differ 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 drug.
- Made in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to have the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

PLAN DESIGN

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

DISPENSING LIMITS

Maintenance medications can be filled up to 90 days through mail order or at most retail pharmacies for HIP Plus members. Hoosier Healthwise and HIP Basic members are limited to a 30-day supply.

HIP PLUS

HIP Plus is the recommended plan for all HIP members. It provides the best value coverage and includes vision and dental services. Your monthly cost, also called your POWER Account Contribution, is based on your income. You will not pay any other costs unless you go the Emergency Room for non-emergency services.

HIP Plus covers all of the health benefits required by federal law, plus vision and dental services. It also includes more annual visits to see physical, speech and occupational therapists than the HIP Basic program, and also covers additional services like bariatric surgery and Temporomandibular Joint Disorders (TMJ) treatments.

HIP STATE PLAN PLUS

The HIP State Plan Plus gives you a different set of benefits that work best for your situation or medical condition. You will get these benefits for a low, predictable monthly cost which is also called your POWER Account Contribution.

HIP Plus and HIP State Plus can cost you less since you do NOT have to make payments when you visit the doctor, fill a prescription or go to the hospital. If you are on HIP Plus or HIP State Plus and you DO NOT make your POWER Account Contribution, your benefits will cost more when you get care.

HIP STATE PLAN BASIC

HIP Basic is the plan for HIP members who do not make their monthly POWER Account Contributions for more than 60 days. HIP Basic members must have incomes that are \$1,564 or less per month for an individual or \$3,192 or less per month for a family of four. With

HIP Basic, you will have out of pocket expenses called copays. HIP Basic members have copays for most health services including visiting the doctor, filling a prescription and staying in the hospital. These copays may range from \$4 to \$8 per doctor visit or prescription filled and may be as high as \$75 per hospital stay.

HOOSIER HEALTHWISE PLAN A

Hoosier Healthwise is a health care program for pregnant women and children. The program covers medical care like doctor visits, prescription medicine, mental health care, dental care, hospitalizations, surgeries, and family planning at little or no cost to the member or the member's family.

Package A is a full-service plan for children and pregnant women.

HOOSIER HEALTHWISE PLAN C

Hoosier Healthwise is a health care program for pregnant women and children. The program covers medical care like doctor visits, prescription medicine, mental health care, dental care, hospitalizations, surgeries, and family planning at little or no cost to the member or the member's family.

Package C, or Children's Health Insurance Program (CHIP) is a full-service plan for children up to age 19. There is a small monthly premium payment and copay for some services based on family income. Most children will fall into the Hoosier Healthwise Program. You may qualify for one of two benefit packages based on income. Please follow this link to see CHIP Program Options by visiting: <http://member.indianamedicaid.com/am-i-eligible/eligibility-guide.aspx>

NOTICE

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This list refers to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

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

List of Abbreviations

1: Preferred generic product

2: Preferred brand product

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.

Indiana Medicaid Preferred Drug List

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CURRENT AS OF 10/1/2024

Drug Name	Tier	Restrictions / Limits
ANALGESICS		
<i>acetaminophen-codeine</i>	1	PA; QL (3 ML per 1 day); AR
AJOVY AUTOINJECTOR	2	PA; ST; QL (1.5 ML per 22 days)
AJOVY SYRINGE	2	PA; ST; QL (1.5 ML per 22 days)
ASCOMP WITH CODEINE	1	PA; ST; AR
<i>buprenorphine hcl injection</i>	1	PA; ST
<i>butalbital-acetaminop- caf-cod oral capsule 50- 300-40-30 mg</i>	1	PA; ST; QL (3 EA per 1 day)
<i>butalbital-acetaminop- caf-cod oral capsule 50- 325-40-30 mg</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>butalbital- acetaminophen oral tablet 50-325 mg</i>	1	QL (48 EA per 25 days)
<i>butalbital- acetaminophen-caff oral capsule 50-325-40 mg</i>	1	QL (48 EA per 25 days)
<i>butalbital- acetaminophen-caff oral tablet</i>	1	QL (48 EA per 25 days)
<i>butalbital-aspirin- caffeine oral capsule</i>	1	QL (48 EA per 30 days)
<i>butorphanol injection</i>	1	PA; ST; AR
<i>butorphanol nasal</i>	1	PA; ST; QL (2.5 ML per 30 days); AR
BUTRANS	2	PA; QL (4 EA per 28 days)
<i>codeine sulfate</i>	1	PA; ST; AR
<i>codeine-butalbital-asa- caff</i>	1	PA; ST; AR
<i>diclofenac potassium oral tablet</i>	1	
<i>diflunisal</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>dihydroergotamine injection</i>	1	
DURAMORPH (PF)	1	PA
ELMIRON	2	
ELYXYB	2	PA; ST; QL (120 ML per 1 day)
EMGALITY PEN	2	PA; ST; QL (240 ML per 22 days); AR
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; ST; QL (240 ML per 22 days); AR
ENDOCET	1	PA; QL (3 EA per 1 day)
<i>ergotamine-caffeine</i>	1	
ESGIC	2	QL (48 EA per 25 days)
<i>fentanyl</i>	1	PA; QL (10 EA per 22 days)
<i>hydrocodone- acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA; QL (3 ML per 1 day)
<i>hydrocodone- acetaminophen oral tablet 10-300 mg, 10- 325 mg, 5-300 mg, 5- 325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; QL (3 EA per 1 day)
<i>hydrocodone-ibuprofen</i>	1	PA
<i>hydromorphone (pf) injection solution 1 mg/ml, 4 mg/ml</i>	2	PA
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	PA
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i>	1	PA
<i>hydromorphone injection solution</i>	1	PA

Drug Name	Tier	Restrictions / Limits
<i>hydromorphone injection syringe 0.25 mg/0.5 ml, 0.5 mg/0.5 ml</i>	2	PA
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA
<i>hydromorphone oral liquid</i>	1	PA
<i>hydromorphone oral tablet</i>	1	PA
<i>hydromorphone rectal</i>	1	PA
IMITREX SUBCUTANEOUS	2	QL (1 ML per 22 days)
<i>ketorolac oral</i>	1	QL (20 EA per 30 days)
<i>levorphanol tartrate</i>	1	PA
<i>meperidine</i>	1	PA
<i>meperidine (pf)</i>	1	PA
MIGERGOT	1	
<i>morphine (pf) injection</i>	1	PA
<i>morphine (pf) intravenous patient control.analgesia soln</i>	1	PA
<i>morphine concentrate oral solution</i>	1	PA
<i>morphine concentrate oral syringe 10 mg/0.5 ml</i>	2	PA
<i>morphine concentrate oral syringe 20 mg/ml</i>	1	PA
<i>morphine injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml</i>	2	PA
<i>morphine injection solution 8 mg/ml</i>	1	
<i>morphine injection syringe 2 mg/ml</i>	2	PA
<i>morphine injection syringe 4 mg/ml</i>	1	PA

Drug Name	Tier	Restrictions / Limits
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	1	PA
<i>morphine intravenous solution 8 mg/ml</i>	2	PA
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA
<i>morphine intravenous syringe 8 mg/ml</i>	2	PA
<i>morphine oral solution</i>	1	PA
<i>morphine oral tablet</i>	1	PA
<i>morphine oral tablet extended release</i>	1	PA; QL (3 EA per 1 day)
<i>morphine rectal</i>	1	PA
<i>nalbuphine</i>	1	PA
NUCYNTA	2	PA; QL (6 EA per 1 day)
NUCYNTA ER	2	PA; QL (2 EA per 1 day)
NURTEC ODT	2	PA; ST; AR
<i>oxycodone oral capsule</i>	1	PA
<i>oxycodone oral concentrate</i>	1	PA
<i>oxycodone oral solution</i>	1	PA
<i>oxycodone oral tablet</i>	1	PA
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	PA; QL (3 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet</i>	1	PA; QL (3 EA per 1 day)
<i>pentazocine-naloxone</i>	1	PA
QULIPTA	2	PA; ST; QL (30 EA per 28 days); AR
<i>rizatriptan oral tablet</i>	1	QL (12 EA per 22 days)
<i>rizatriptan oral tablet, disintegrating</i>	1	QL (12 EA per 30 days)
SPRIX	2	PA; QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>sumatriptan</i>	1	QL (6 EA per 22 days)
<i>sumatriptan succinate oral</i>	1	QL (9 EA per 22 days)
<i>sumatriptan succinate subcutaneous</i>	1	QL (1 ML per 22 days)
TENCON	1	QL (48 EA per 25 days)
<i>tramadol oral tablet 100 mg</i>	2	PA; ST; QL (400 MG per 1 day)
<i>tramadol oral tablet 25 mg</i>	2	PA; ST
<i>tramadol oral tablet 50 mg</i>	1	PA; ST; QL (400 MG per 1 day); AR
<i>tramadol-acetaminophen</i>	1	PA; ST; QL (3 EA per 1 day); AR
UBRELVY	2	PA; ST; QL (10 EA per 20 days); AR
ANESTHETICS		
DERMACINRX LIDOCAN	1	
GLYDO	1	QL (1 ML per 1 day)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL (1 ML per 1 day)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	PA; QL (50 ML per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	QL (3 EA per 22 days)
LIDOCAINE VISCOUS	1	QL (100 ML per 25 days)
<i>lidocaine-prilocaine topical cream</i>	1	QL (1 GM per 1 day)
LIDOCAN III	1	
LIDOCAN IV	1	

Drug Name	Tier	Restrictions / Limits
LIDOCAN V	1	
LIDODERM	2	QL (3 EA per 30 days)
<i>midazolam (pf) injection solution</i>	1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)</i>	1	
<i>midazolam (pf) injection syringe 5 mg/ml</i>	1	PA
<i>midazolam injection</i>	1	
<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	2	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
TRIDACAINE	1	
TRIDACAINE II	1	
TRIDACAINE III	1	
ANTIALLERGY		
<i>cromolyn oral</i>	1	PA
ANTIARTHRITICS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
CELEBREX	2	
<i>colchicine oral tablet</i>	1	QL (2 EA per 1 day)
<i>diclofenac sodium oral</i>	1	
EC-NAPROXEN	1	
<i>etodolac</i>	1	
<i>febuxostat</i>	1	ST
<i>flurbiprofen</i>	1	
IBU	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN	2	
<i>indomethacin oral</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>ketoprofen oral capsule,ext rel. pellets 24 hr</i>	1	
KINERET	2	PA; QL (28 ML per 28 days)
<i>leflunomide</i>	1	
<i>meclofenamate</i>	1	
<i>meloxicam oral tablet</i>	1	
<i>nabumetone</i>	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen-esomeprazole</i>	1	PA
OLUMIANT ORAL TABLET 1 MG	2	PA
OLUMIANT ORAL TABLET 2 MG, 4 MG	2	PA; QL (1 EA per 1 day)
ORENCIA (WITH MALTOSE)	2	PA; QL (4 EA per 22 days)
ORENCIA CLICKJECT	2	PA; QL (4 ML per 22 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA; QL (4 ML per 22 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML, 87.5 MG/0.7 ML	2	PA
OTEZLA ORAL TABLET 30 MG	2	PA; QL (2 EA per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; QL (55 EA per 22 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	2	
<i>oxaprozin oral tablet</i>	1	
<i>penicillamine oral capsule</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>piroxicam</i>	1	
<i>probenecid</i>	1	
<i>sulindac</i>	1	
ULORIC	2	
XELJANZ ORAL SOLUTION	2	PA; ST
XELJANZ ORAL TABLET 10 MG	2	PA; QL (30 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	2	PA; QL (60 EA per 22 days)
ANTIASTHMATICS		
ADVAIR HFA	2	QL (1 GM per 22 days)
AIRDUO RESPICLICK	2	QL (1 EA per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	ST; QL (3 GM per 22 days)
<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>	1	QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	1	QL (2 EA per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	QL (2 ML per 1 day)
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
ANORO ELLIPTA	2	ST; QL (1 EA per 30 days)
ARNUITY ELLIPTA	2	QL (1 EA per 30 days)
ASMANEX HFA	2	QL (1 GM per 30 days)
ASMANEX TWISTHALER	2	QL (1 EA per 22 days)

Drug Name	Tier	Restrictions / Limits
ATROVENT HFA	2	QL (2 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	ST; QL (120 ML per 30 days); AR
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	ST; QL (60 ML per 30 days); AR
COMBIVENT RESPIMAT	2	QL (2 GM per 30 days)
<i>cromolyn inhalation</i>	1	QL (8 ML per 1 day)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	ST; QL (2 Inhalers per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	2	QL (1 Inhaler per 30 days)
ELIXOPHYLLIN	2	
FASENRA	2	PA; ST
<i>fluticasone propionate inhalation blister with device</i>	2	
<i>fluticasone propionate inhalation hfa aerosol inhaler</i>	2	QL (1 GM per 22 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose</i>	1	QL (1 EA per 22 days)
<i>fluticasone propion-salmeterol inhalation blister with device 500-50 mcg/dose</i>	1	PA; QL (1 EA per 22 days)
INCRUSE ELLIPTA	2	QL (1 EA per 30 days)
<i>ipratropium bromide inhalation</i>	1	QL (2 Boxes per 30 days)
<i>ipratropium-albuterol</i>	1	QL (3 Boxes per 30 days)

Drug Name	Tier	Restrictions / Limits
<i>montelukast oral tablet</i>	1	
<i>montelukast oral tablet, chewable</i>	1	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; ST
NUCALA SUBCUTANEOUS RECON SOLN	2	PA
NUCALA SUBCUTANEOUS SYRINGE	2	PA; ST
PROAIR RESPICLICK	2	ST; QL (4 EA per 72 days)
PULMICORT FLEXHALER	2	
QVAR REDIHALER	2	
<i>roflumilast oral tablet 250 mcg</i>	1	ST
<i>roflumilast oral tablet 500 mcg</i>	1	ST; QL (1 EA per 1 day)
SEREVENT DISKUS	2	QL (2 EA per 1 day)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	2	PA; ST; QL (1 GM per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	ST; QL (1 GM per 30 days)
SPIRIVA WITH HANDIHALER	2	QL (1 Inhaler per 30 days)
SYMBICORT	2	ST; QL (2 EA per 30 days)
THEO-24	2	
<i>theophylline</i>	1	
TRELEGY ELLIPTA	2	PA; ST; QL (1 EA per 28 days)
VENTOLIN HFA	2	ST
XOLAIR	2	PA; ST
XOPENEX HFA	2	ST
ANTIBIOTICS		
<i>amoxicillin</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
AVAR	1	
AVAR-E	2	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet 250 mg</i>	1	QL (6 EA per 30 days)
<i>azithromycin oral tablet 500 mg</i>	1	QL (7 EA per 30 days)
<i>azithromycin oral tablet 600 mg</i>	1	QL (1 EA per 1 day)
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	2	
BICILLIN L-A	2	
CAYSTON	2	PA; QL (84 ML per 28 days)
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefepodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
CENTANY	2	QL (22 GM per 30 days)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
CILOXAN	2	
CIPRO HC	2	PA
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>ciprofloxacin hcl oral</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>ciprofloxacin-dexamethasone</i>	1	
<i>clarithromycin</i>	1	
CLEOCIN VAGINAL CREAM	2	
CLINDACIN ETZ TOPICAL SWAB	1	ST
CLINDACIN P	1	ST
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
CLINDAMYCIN PEDIATRIC	1	
<i>clindamycin phosphate topical gel</i>	1	ST
<i>clindamycin phosphate topical gel, once daily</i>	1	ST
<i>clindamycin phosphate topical lotion</i>	1	ST
<i>clindamycin phosphate topical solution</i>	1	ST
<i>clindamycin phosphate topical swab</i>	1	ST
CORTISPORIN-TC	2	
<i>dapsone oral</i>	1	
<i>dicloxacillin</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	ST

Drug Name	Tier	Restrictions / Limits
<i>erythromycin ophthalmic (eye)</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	
<i>erythromycin with ethanol</i>	1	ST
<i>erythromycin-benzoyl peroxide</i>	1	ST
<i>ethambutol</i>	1	
FIRVANQ	2	PA
FLAGYL	2	
<i>gentamicin</i>	1	
<i>isoniazid oral</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>methen-sod phos-meth blue-hyos</i>	1	
<i>metronidazole oral</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	QL (70 GM per 30 days)
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
MONODOX ORAL CAPSULE 100 MG, 50 MG	2	
MORGIDOX	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	PA; ST; AR
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	AR
<i>moxifloxacin oral</i>	1	
<i>mupirocin</i>	1	QL (22 GM per 30 days)
<i>neomycin</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
NUVESSA	2	
<i>ofloxacin ophthalmic (eye)</i>	1	QL (10 ML per 30 days)
<i>ofloxacin otic (ear)</i>	1	
OTOVEL	2	
<i>penicillin v potassium</i>	1	
POLYCIN	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>pretomanid</i>	2	
PRIFTIN	2	PA; AR
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	
<i>silver sulfadiazine</i>	1	
SIRTURO	2	AR
SOLOSEC	2	
SSD	1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1	
<i>sulfacetamide-prednisolone</i>	1	

Drug Name	Tier	Restrictions / Limits
SULFACLEANSE 8-4	1	ST
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
SULFATRIM	1	
SUMAXIN TS	2	ST
<i>tetracycline oral capsule</i>	1	
THALOMID	2	PA
TOBRADEX	2	
TOBRADEX ST	2	
<i>tobramycin in 0.225 % nacl</i>	1	QL (10 ML per 1 day)
<i>tobramycin ophthalmic (eye)</i>	1	
<i>tobramycin sulfate injection solution 40 mg/ml</i>	1	PA
<i>tobramycin with nebulizer</i>	2	QL (10 ML per 1 day)
<i>tobramycin-dexamethasone</i>	1	
TRECTOR	2	PA
<i>trimethoprim</i>	1	
URELLE	2	
URETRON D-S	1	
URO-458	1	
URYL	1	
<i>vancomycin oral recon soln</i>	1	PA
VIBRAMYCIN	2	
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 EA per 28 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; QL (2 EA per 1 day)
ZYLET	2	
ANTICOAGULANTS		
ELIQUIS DVT-PE TREAT 30D START	2	QL (1 Pack per 90 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
ELIQUIS ORAL TABLET 5 MG	2	QL (4 EA per 1 day)
<i>enoxaparin</i>	1	
<i>fondaparinux</i>	1	QL (1 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	PA
FRAGMIN SUBCUTANEOUS SYRINGE	2	PA
HEP FLUSH-10 (PF)	1	
<i>heparin (porcine)</i>	1	
<i>heparin lock flush (porcine)</i>	1	
HEPARIN LOCKFLUSH(PORCINE)(PF)	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/ml</i>	2	
<i>heparin, porcine (pf) intravenous</i>	1	
<i>heparin, porcine (pf) subcutaneous</i>	2	
JANTOVEN	1	
PRADAXA ORAL CAPSULE	2	
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	2	QL (1 EA per 90 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	ST; QL (20 ML per 1 day); AR
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG	2	

Drug Name	Tier	Restrictions / Limits
XARELTO ORAL TABLET 2.5 MG	2	QL (2 EA per 1 day)
ANTIDOTES		
KLOXXADO	2	QL (2 EA per 30 days)
<i>nalmefene</i>	2	
<i>naloxone injection solution</i>	1	QL (2 ML per 30 days)
<i>naloxone injection syringe</i>	1	
<i>naltrexone</i>	1	
OPVEE	2	QL (2 EA per 30 days)
RELISTOR SUBCUTANEOUS	2	PA
ZIMHI	2	
ANTIFUNGALS		
CICLODAN	1	
<i>ciclopirox topical cream</i>	1	
<i>ciclopirox topical solution</i>	1	
<i>clotrimazole mucous membrane</i>	1	
<i>clotrimazole-betamethasone topical cream</i>	1	QL (45 GM per 30 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	
EXELDERM	2	
<i>fluconazole</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole oral capsule</i>	1	QL (4 EA per 1 day)
JUBLIA	2	
<i>ketoconazole oral</i>	1	
<i>ketoconazole topical cream</i>	1	QL (2 GM per 1 day)
<i>ketoconazole topical shampoo</i>	1	QL (4 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
KLAYESTA	1	
NYAMYC	1	QL (2 GM per 1 day)
<i>nystatin oral</i>	1	
<i>nystatin topical cream</i>	1	
<i>nystatin topical ointment</i>	1	
<i>nystatin topical powder</i>	1	QL (2 GM per 1 day)
<i>nystatin-triamcinolone</i>	1	
NYSTOP	1	QL (2 GM per 1 day)
<i>terbinafine hcl oral</i>	1	QL (1 EA per 1 day)
<i>terconazole vaginal cream</i>	1	
ANTI-HISTAMINE AND DECONGESTANT COMBINATION		
PROMETHAZINE VC	1	
<i>promethazine-phenylephrine</i>	1	
ANTI-HISTAMINES		
<i>azelastine ophthalmic (eye)</i>	1	
BEPREVE	2	
<i>clemastine oral tablet</i>	1	
<i>cyproheptadine</i>	1	
<i>hydroxyzine hcl intramuscular</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	QL (100 ML per 1 day)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	1	QL (4 EA per 1 day)
<i>hydroxyzine hcl oral tablet 50 mg</i>	1	QL (8 EA per 1 day)
<i>hydroxyzine pamoate</i>	1	QL (4 EA per 1 day)
<i>levocetirizine oral solution</i>	1	ST; QL (10 ML per 1 day); AR
<i>promethazine oral</i>	1	

Drug Name	Tier	Restrictions / Limits
VISTARIL	2	PA; QL (4 EA per 1 day)
ANTIHYPERGLYCE MICS		
<i>acarbose</i>	1	
APIDRA SOLOSTAR U-100 INSULIN	2	QL (1 ML per 1 day)
APIDRA U-100 INSULIN	2	QL (1 ML per 1 day)
BYETTA	2	PA; ST; QL (0.08 ML per 1 day)
FARXIGA	2	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet 2.5 mg</i>	2	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	ST
GLUMETZA	2	
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (8 EA per 1 day)
<i>glyburide micronized oral tablet 3 mg</i>	1	
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (2 EA per 1 day)
<i>glyburide oral tablet 1.25 mg</i>	1	QL (16 EA per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	1	QL (8 EA per 1 day)
<i>glyburide oral tablet 5 mg</i>	1	QL (4 EA per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	ST; QL (260 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	ST; QL (5 EA per 1 day)
HUMALOG JUNIOR KWIKPEN U-100	2	

Drug Name	Tier	Restrictions / Limits
HUMALOG KWIKPEN INSULIN	2	QL (1 ML per 1 day)
HUMALOG MIX 50-50 INSULN U-100	2	QL (40 ML per 25 days)
HUMALOG MIX 50-50 KWIKPEN	2	QL (45 ML per 25 days)
HUMALOG MIX 75-25 KWIKPEN	2	QL (45 ML per 25 days)
HUMALOG MIX 75-25(U-100)INSULN	2	QL (40 ML per 25 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	QL (1 ML per 1 day)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN R U-500 (CONC) INSULIN	2	QL (1 ML per 1 day)
HUMULIN R U-500 (CONC) KWIKPEN	2	QL (1 ML per 1 day)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>	2	
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	2	QL (40 ML per 25 days)
<i>insulin aspart u-100</i>	2	QL (1 ML per 1 day)
<i>insulin degludec subcutaneous insulin pen</i>	2	QL (1 ML per 1 day)
<i>insulin degludec subcutaneous solution</i>	2	QL (40 ML per 25 days)
INVOKAMET	2	
INVOKANA	2	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	QL (30 EA per 28 days)
JENTADUETO	2	ST
JENTADUETO XR	2	ST

Drug Name	Tier	Restrictions / Limits
KAZANO	2	ST
LANTUS SOLOSTAR U-100 INSULIN	2	QL (1 ML per 1 day)
LANTUS U-100 INSULIN	2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet 625 mg</i>	2	
<i>metformin oral tablet extended release 24 hr</i>	1	
NOVOLOG MIX 70-30 U-100 INSULIN	2	QL (40 ML per 25 days)
NOVOLOG MIX 70-30FLEXPEN U-100	2	QL (1 ML per 1 day)
OZEMPIC	2	PA; ST; QL (3 ML per 22 days); AR
<i>pioglitazone</i>	1	ST; QL (34 EA per 30 days)
<i>repaglinide</i>	1	
SOLIQUA 100/33	2	PA; ST; QL (0.6 ML per 1 day); AR
SYMLINPEN 120	2	ST
SYMLINPEN 60	2	ST
SYNJARDY	2	
TRADJENTA	2	ST
TRULICITY	2	PA; ST; QL (2 ML per 30 days); AR
VICTOZA 2-PAK	2	PA; ST; QL (1.8 MG per 1 day); AR
VICTOZA 3-PAK	2	PA; ST; QL (1.8 MG per 1 day); AR
XIGDUO XR	2	
ANTIINFECTIVES/MISCELLANEOUS		
<i>atovaquone</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>atovaquone-proguanil</i>	1	QL (12 EA per 180 days)
<i>benznidazole</i>	2	
<i>chloroquine phosphate</i>	1	QL (10 EA per 180 days)
COARTEM	2	QL (24 EA per 180 days)
EMVERM	2	
<i>hydroxychloroquine</i>	1	
<i>ivermectin oral</i>	1	QL (20 EA per 90 days)
KRINTAFEL	2	
<i>mefloquine</i>	1	QL (6 EA per 180 days)
<i>praziquantel</i>	1	
<i>primaquine</i>	1	QL (28 EA per 14 days)
<i>pyrimethamine</i>	1	
ANTIINFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS		
<i>adalimumab-fkjp</i>	2	PA
ENBREL MINI	2	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	2	PA; QL (4 ML per 22 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA; QL (4 ML per 28 days)
ENBREL SURECLICK	2	PA; QL (4 ML per 30 days)
HADLIMA	2	PA
HADLIMA PUSH TOUCH	2	PA
HADLIMA(CF)	2	PA
HADLIMA(CF) PUSH TOUCH	2	PA
HUMIRA	2	PA; QL (4 EA per 22 days)

Drug Name	Tier	Restrictions / Limits
HUMIRA PEN	2	PA; QL (4 EA per 22 days)
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA
HUMIRA(CF) PEN PEDIATRIC UC	2	PA; QL (2 EA per 22 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; QL (3 EA per 15 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; QL (4 EA per 22 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; QL (2 EA per 22 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML	2	PA; QL (2 EA per 22 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; QL (4 EA per 22 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; QL (1 ML per 22 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	2	PA; QL (0.5 ML per 22 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; QL (1 ML per 22 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	2	PA; QL (0.5 ML per 22 days)
ANTINEOPLASTICS		
<i>abiraterone</i>	1	PA
ACTIMMUNE	2	PA
AFINITOR	2	PA
<i>anastrozole</i>	1	
<i>bexarotene oral</i>	1	PA

Drug Name	Tier	Restrictions / Limits
<i>bexarotene topical</i>	1	PA; QL (60 GM per 28 days)
<i>bicalutamide</i>	1	
<i>capecitabine</i>	1	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA
<i>diclofenac sodium topical gel 3 %</i>	1	PA
EFUDEX	2	
ELIGARD	2	
ELIGARD (3 MONTH)	2	
ELIGARD (4 MONTH)	2	
ELIGARD (6 MONTH)	2	
ERIVEDGE	2	PA
<i>erlotinib</i>	1	PA
<i>etoposide oral</i>	1	
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	1	PA
<i>everolimus (antineoplastic) oral tablet for suspension</i>	1	PA
<i>exemestane</i>	1	
FARYDAK	2	PA
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
GILOTRIF	2	PA
HYCANTIN	2	PA
<i>hydroxyurea</i>	1	
IBRANCE	2	PA
ICLUSIG	2	PA
<i>imatinib</i>	1	PA
IMBRUVICA ORAL CAPSULE	2	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL TABLET	2	PA; QL (1 EA per 1 day)
INLYTA	2	PA

Drug Name	Tier	Restrictions / Limits
JAKAFI	2	PA; QL (2 EA per 1 day)
<i>lapatinib</i>	1	PA
LENVIMA	2	PA
<i>letrozole</i>	1	PA
LEUKERAN	2	PA
<i>leuprolide subcutaneous kit</i>	1	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	2	
LUPRON DEPOT (4 MONTH)	2	
LUPRON DEPOT (6 MONTH)	2	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	2	
LYSODREN	2	
MATULANE	2	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL TABLET	2	PA
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
MYLERAN	2	PA
ONTRUZANT	2	
PANRETIN	2	PA
<i>pazopanib</i>	1	
POMALYST	2	PA
REVLIMID	2	PA
<i>romidepsin intravenous recon soln</i>	2	PA
<i>sorafenib</i>	1	PA
SPRYCEL	2	PA
<i>sunitinib malate</i>	1	PA
TABLOID	2	PA

Drug Name	Tier	Restrictions / Limits
TAFINLAR ORAL CAPSULE	2	PA
<i>tamoxifen</i>	1	
TASIGNA	2	PA
<i>temozolomide</i>	1	PA
<i>toremifene</i>	1	
TRAZIMERA	2	
TRELSTAR	2	
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	2	
VALCHLOR	2	PA; QL (2 GM per 1 day)
VOTRIENT	2	PA
XTANDI ORAL CAPSULE	2	PA
ZELBORAF	2	PA
ZOLADEX	2	
ZOLINZA	2	PA
ANTIPARASITICS		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	PA; QL (18 ML per 1 day)
NATROBA	2	QL (1 ML Max Qty Per Fill Retail)
<i>nitazoxanide</i>	1	PA; QL (20 EA per 30 days)
<i>permethrin</i>	1	QL (1 GM Max Qty Per Fill Retail)
ULESFIA	2	ST; QL (227 GM per 30 days)
ANTIPARKINSON DRUGS		
<i>amantadine hcl</i>	1	
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>entacapone</i>	1	
<i>pramipexole oral tablet</i>	1	
<i>ropinirole oral tablet</i>	1	
<i>selegiline hcl</i>	1	
<i>trihexyphenidyl</i>	1	
ZELAPAR	2	
ANTIPLATELET DRUGS		
<i>anagrelide</i>	1	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	QL (2 EA per 1 day)
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dipyridamole oral</i>	1	
<i>prasugrel</i>	1	
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	1	PA
APTIVUS	2	
<i>atazanavir</i>	1	
BARACLUDE ORAL SOLUTION	2	PA
BIKTARVY ORAL TABLET 30-120-15 MG	2	
BIKTARVY ORAL TABLET 50-200-25 MG	2	QL (1 EA per 1 day)
COMPLERA	2	
<i>darunavir</i>	1	
DELSTRIGO	2	
DESCOVY	2	PA
DOVATO	2	QL (1 EA per 1 day)
EDURANT	2	

Drug Name	Tier	Restrictions / Limits
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabine-tenofovir</i>	1	
<i>efavirenz-lamivudine-tenofovir disop oral tablet 400-300-300 mg</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir (tdf)</i>	1	
EMTRIVA	2	
<i>entecavir</i>	1	PA
<i>etravirine</i>	1	
EVOTAZ	2	
<i>fosamprenavir</i>	1	
FUZEON	2	
GENVOYA	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL (1 EA per 1 day)
LAGEVRIO (EUA)	2	QL (8 EA per 1 day); AR
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 100 mg</i>	1	PA
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine</i>	1	
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc oral tablet 150 mg</i>	1	PA; QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	1	PA; QL (4 EA per 1 day)
<i>nevirapine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	QL (6 EA per 180 days)
ODEFSEY	2	
<i>oseltamivir oral capsule 30 mg</i>	1	QL (40 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (20 EA per 365 days)

Drug Name	Tier	Restrictions / Limits
<i>oseltamivir oral suspension for reconstitution</i>	1	QL (360 ML per 365 days)
PAXLOVID	2	
<i>penciclovir</i>	1	
PIFELTRO	2	
PREZCOBIX	2	
PREZISTA ORAL SUSPENSION	2	QL (1 ML per 1 day)
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
RELENZA DISKHALER	2	QL (40 EA per 365 days)
<i>ritonavir</i>	1	
SELZENTRY ORAL SOLUTION	2	PA; QL (1840 ML per 30 days)
STRIBILD	2	
SYMTUZA	2	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
<i>trifluridine</i>	1	
TRIUMEQ	2	PA
<i>valacyclovir</i>	1	ST
<i>valganciclovir</i>	1	
VEREGEN	2	PA
VIRACEPT	2	
VIREAD	2	
XERESE	2	QL (1 EA per 90 days)
<i>zidovudine</i>	1	
ZIRGAN	2	PA
ZOVIRAX TOPICAL CREAM	2	

Drug Name	Tier	Restrictions / Limits
AUTONOMIC DRUGS		
ADDERALL ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	2	PA; ST; QL (3 EA per 1 day); AR
ADDERALL ORAL TABLET 12.5 MG	2	PA; QL (3 EA per 1 day); AR
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	2	PA; ST; QL (1 EA per 1 day); AR
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	2	PA; ST; QL (2 EA per 1 day); AR
ADLARITY	2	ST; QL (4 EA per 28 days); AR
ADZENYS XR-ODT	2	PA; ST; QL (1 EA per 1 day); AR
<i>amphetamine</i>	2	QL (15 ML per 1 day); AR
<i>amphetamine sulfate oral tablet 10 mg</i>	1	PA; ST; QL (6 EA per 1 day); AR
<i>amphetamine sulfate oral tablet 5 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
ARICEPT	2	PA; QL (1 EA per 1 day)
<i>bethanechol chloride</i>	1	
DESOXYN	2	PA; AR
DEXEDRINE SPANSULE	2	PA; ST; QL (2 EA per 1 day); AR
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>dextroamphetamine sulfate oral solution</i>	1	PA; ST; QL (40 ML per 1 day); AR

Drug Name	Tier	Restrictions / Limits
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	PA; ST; QL (4 EA per 1 day); AR
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>dextroamphetamine-amphetamine oral tablet</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>donepezil</i>	1	QL (1 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	2	PA; ST; QL (8 ML per 1 day); AR
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	PA; ST; QL (1 EA per 1 day); AR
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	2	QL (4 EA per 365 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (4 EA per 365 days)
EVEKEO ORAL TABLET 10 MG	2	PA; ST; QL (6 EA per 1 day); AR
EVEKEO ORAL TABLET 5 MG	2	PA; ST; QL (2 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
EXELON PATCH	2	PA; QL (1 EA per 1 day)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	QL (1 EA per 1 day)
<i>galantamine oral solution</i>	1	QL (6 ML per 1 day)
<i>galantamine oral tablet</i>	1	QL (2 EA per 1 day)
MESTINON ORAL TABLET	2	
MESTINON TIMESPAN	2	
<i>methamphetamine</i>	1	PA; ST; AR
<i>midodrine</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA; ST; QL (1 EA per 1 day); AR
<i>pilocarpine hcl oral</i>	1	
PROCENTRA	1	PA; ST; QL (40 ML per 1 day); AR
<i>pyridostigmine bromide oral syrup</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>rivastigmine</i>	1	QL (1 EA per 1 day)
<i>rivastigmine tartrate</i>	1	QL (2 EA per 1 day)
XELSTRYM	2	PA; ST; QL (1 EA per 1 day); AR
ZENZEDI ORAL TABLET 10 MG	1	PA; ST; QL (4 EA per 1 day); AR
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	2	PA; ST; QL (2 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
ZENZEDI ORAL TABLET 5 MG	1	PA; ST; QL (2 EA per 1 day); AR
BIOLOGICALS		
ACTHIB (PF)	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	
AFLURIA TRIV 2024-2025	2	
AFLURIA TRIV 2024-2025 (PF)	2	
AREXVY (PF)	2	
BEXSERO	2	
BOOSTRIX TDAP	2	
CAPVAXIVE	2	
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
ENGERIX-B (PF)	2	
ENGERIX-B PEDIATRIC (PF)	2	
FLUAD TRIV 2024-25(65Y UP)(PF)	2	
FLUARIX TRIV 2024-2025 (PF)	2	
FLUBLOK TRIV 2024-2025 (PF)	2	
FLUCELVAX TRIV 2024-2025	2	
FLUCELVAX TRIV 2024-2025 (PF)	2	
FLULAVAL TRIV 2024-2025 (PF)	2	
FLUZONE HIGH-DOSE TRIV 24-25	2	
FLUZONE TRIV 2024-2025	2	
FLUZONE TRIV 2024-2025 (PF)	2	
GARDASIL 9 (PF)	2	
GRASTEK	2	PA; AR
HAVRIX (PF)	2	
HEPLISAV-B (PF)	2	

Drug Name	Tier	Restrictions / Limits
HIBERIX (PF)	2	
INFANRIX (DTAP) (PF)	2	
IPOL	2	
IXCHIQ (PF)	2	
JYNNEOS (PF)	2	
KINRIX (PF)	2	
M-M-R II (PF)	2	
MRESVIA (PF)	2	
PALFORZIA (LEVEL 1)	2	PA; AR
PALFORZIA (LEVEL 2)	2	PA; AR
PALFORZIA (LEVEL 3)	2	PA; AR
PALFORZIA (LEVEL 4)	2	PA; AR
PALFORZIA (LEVEL 5)	2	PA; AR
PALFORZIA (LEVEL 6)	2	PA; AR
PALFORZIA (LEVEL 7)	2	PA; AR
PALFORZIA (LEVEL 8)	2	PA; AR
PALFORZIA (LEVEL 9)	2	PA; AR
PALFORZIA (LEVEL 10)	2	PA; AR
PALFORZIA (LEVEL 11 UP-DOSE)	2	PA; QL (1 EA per 28 days); AR
PALFORZIA INITIAL DOSE	2	PA; AR
PALFORZIA LEVEL 11 MAINTENANCE	2	PA; QL (1 EA per 28 days); AR
PALYNZIQ	2	PA
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	
PENBRAYA (PF)	2	
PENTACEL ACTHIB COMPONENT (PF)	2	
PNEUMOVAX-23	2	
PREHEVBRIO (PF)	2	
PROQUAD (PF)	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	
RAGWITEK	2	PA

Drug Name	Tier	Restrictions / Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	2	
RHOGAM ULTRA-FILTERED PLUS	2	
TDVAX	2	
TENIVAC (PF)	2	
TRUMENBA	2	
TWINRIX (PF)	2	
VAQTA (PF)	2	
VARIVAX (PF)	2	
VARIZIG	2	
VAXNEUVANCE (PF)	2	
BLOOD		
<i>aminocaproic acid oral</i>	1	
DROXIA	2	PA
EMPAVELI	2	PA; QL (8 ML per 28 days); AR
ENDARI ORAL POWDER IN PACKET 5 GRAM	2	PA
ENDARI ORAL POWDER IN PACKET 5 GRAM	2	PA; AR
<i>pentoxifylline</i>	1	
<i>tranexamic acid oral</i>	1	ST
CARDIAC DRUGS		
<i>amiodarone oral</i>	1	
<i>amlodipine</i>	1	
CARDIZEM LA	2	
CARTIA XT	1	
CORLANOR ORAL SOLUTION	2	PA; ST
DIGITEK	1	
<i>digoxin oral solution</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>diltiazem hcl intravenous solution</i>	1	
<i>diltiazem hcl oral</i>	1	
DILT-XR	1	
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>felodipine</i>	1	
<i>flecainide</i>	1	
ISORDIL TITRADOSE	2	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>ivabradine</i>	1	PA; ST
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	2	
<i>nifedipine</i>	1	
<i>nimodipine oral capsule</i>	1	
NITRO-BID	1	
NITRO-DUR	2	
<i>nitroglycerin oral</i>	1	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin translingual</i>	1	
NITRO-TIME	1	
NORLIQVA	2	PA; ST
NORPACE CR	2	
PACERONE ORAL TABLET 200 MG, 400 MG	1	
<i>propafenone</i>	1	
<i>ranolazine</i>	1	
TIADYLT ER	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	

Drug Name	Tier	Restrictions / Limits
verapamil oral tablet 120 mg, 80 mg	1	
verapamil oral tablet 40 mg	1	QL (12 EA per 1 day)
verapamil oral tablet extended release	1	
CARDIOVASCULAR		
acebutolol oral capsule 200 mg	1	QL (6 EA per 1 day)
acebutolol oral capsule 400 mg	1	QL (3 EA per 1 day)
aliskiren	1	
ALYQ	1	PA
amlodipine-benazepril	1	QL (30 EA per 22 days)
atenolol	1	
atenolol-chlorthalidone	1	
atorvastatin	1	
benazepril	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
captopril-hydrochlorothiazide	1	
carvedilol	1	
CATAPRES-TTS-1	2	PA; QL (4 EA per 23 days)
CATAPRES-TTS-2	2	PA; QL (4 EA per 23 days)
CATAPRES-TTS-3	2	PA; QL (8 EA per 23 days)
cholestyramine (with sugar) oral powder	1	
CHOLESTYRAMINE LIGHT ORAL POWDER	1	
clonidine hcl oral tablet 0.1 mg	1	PA; ST; QL (24 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
clonidine hcl oral tablet 0.2 mg	1	PA; ST; QL (12 EA per 1 day); AR
clonidine hcl oral tablet 0.3 mg	1	PA; ST; QL (8 EA per 1 day); AR
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr	1	ST; QL (4 EA per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	1	ST; QL (8 EA per 28 days)
colesevelam	1	
DEMSER	2	
doxazosin	1	
EDARBI	2	QL (1 EA per 1 day)
EDARBYCLOR	2	
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	2	PA; ST
ergoloid	1	QL (3 EA per 1 day)
ezetimibe	1	
ezetimibe-simvastatin	1	ST
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg	1	
fenofibrate nanocrystallized	1	
fenofibrate oral tablet 160 mg, 54 mg	1	
fosinopril	1	
gemfibrozil	1	
guanfacine oral tablet	1	ST
hydralazine oral	1	
irbesartan	1	QL (1 EA per 1 day)
labetalol oral	1	
lisinopril	1	

Drug Name	Tier	Restrictions / Limits
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan oral tablet 100 mg</i>	1	QL (1 EA per 1 day)
<i>losartan oral tablet 25 mg, 50 mg</i>	1	QL (2 EA per 1 day)
<i>losartan-hydrochlorothiazide</i>	1	
<i>lovastatin</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	1	PA
<i>minoxidil oral</i>	1	
<i>nebivolol</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg</i>	1	QL (1 EA per 1 day)
<i>olmesartan oral tablet 5 mg</i>	1	QL (3 EA per 1 day)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; ST; QL (2 ML per 22 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	2	PA; ST; QL (4 ML per 22 days)
<i>pravastatin</i>	1	
<i>prazosin</i>	1	
PREVALITE	1	
<i>propranolol</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
REMODULIN	2	PA
REPATHA PUSHTRONEX	2	PA; ST; QL (3.5 ML per 28 days)

Drug Name	Tier	Restrictions / Limits
REPATHA SURECLICK	2	PA; ST; QL (2 ML per 28 days)
REPATHA SYRINGE	2	PA; ST; QL (2 ML per 28 days)
<i>rosuvastatin</i>	1	
<i>sildenafil (pulm.hypertension) intravenous</i>	1	PA; QL (60 ML per 1 day)
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	1	PA; ST; QL (60 ML per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	1	PA; QL (60 EA per 1 day)
<i>simvastatin</i>	1	
SOTALOL AF	1	
<i>sotalol oral</i>	1	
<i>tadalafil (pulm.hypertension)</i>	1	PA; QL (2 EA per 1 day)
<i>telmisartan</i>	1	QL (1 EA per 1 day)
<i>terazosin</i>	1	
TRACLEER	2	PA
<i>treprostinil sodium</i>	1	PA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	PA; QL (2 EA per 1 day)
<i>valsartan oral tablet 320 mg</i>	1	PA; QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide</i>	1	
VELETRI	1	PA
CNS DRUGS		
AUSTEDO	2	PA; ST; QL (4 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	2	PA; ST; AR

Drug Name	Tier	Restrictions / Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	2	PA; ST
AUSTEDO XR TITRATION KT(WK1-4)	2	PA; ST
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	2	PA; QL (2 ML per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; QL (4 EA per 28 days)
BAFIERTAM	2	PA; QL (4 EA per 1 day)
BETASERON SUBCUTANEOUS KIT	2	PA; QL (14 EA per 22 days)
<i>caffeine citrate oral</i>	1	AR
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension</i>	1	PA
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	PA
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	2	
CELONTIN	2	
<i>clobazam oral suspension</i>	1	QL (32 ML per 1 day)
<i>clobazam oral tablet 10 mg</i>	1	QL (8 EA per 1 day)
<i>clobazam oral tablet 20 mg</i>	1	QL (4 EA per 1 day)
<i>clonazepam</i>	1	PA; QL (3 EA per 1 day)
COPAXONE	2	PA

Drug Name	Tier	Restrictions / Limits
<i>dalfampridine</i>	1	PA; QL (2 EA per 1 day)
DEPAKOTE	2	PA
DEPAKOTE ER	2	PA
DEPAKOTE SPRINKLES	2	PA
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	2	
DILANTIN INFATABS	2	
DILANTIN-125	2	
<i>dimethyl fumarate</i>	1	PA; QL (2 EA per 1 day)
<i>divalproex</i>	1	
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; ST; QL (300 ML per 22 days); AR
EPITOL	1	
EPRONTIA	2	PA; ST; QL (16 ML per 1 day)
<i>ethosuximide</i>	1	
<i>felbamate oral suspension</i>	1	PA
FELBATOL	2	
<i> fingolimod</i>	1	PA; QL (1 EA per 1 day)
<i>fosphenytoin</i>	1	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (6 EA per 1 day)
<i>gabapentin oral capsule 300 mg</i>	1	QL (9 EA per 1 day)
<i>gabapentin oral solution</i>	1	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	1	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	1	QL (4 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	2	PA; QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG	2	PA; QL (1 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG, 750 MG, 900 MG	2	PA; QL (2 EA per 1 day)
GRALISE ORAL TABLET, EXT REL 24HR DOSE PACK	2	PA; QL (1 Pack per 90 days)
INGREZZA INITIATION PK(TARDIV)	2	PA; ST; QL (28 EA per 22 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	2	PA; ST
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	2	PA; ST; QL (30 EA per 22 days)
KEPPRA INTRAVENOUS	2	PA
KEPPRA ORAL SOLUTION	2	PA; QL (30 ML per 1 day)
KEPPRA ORAL TABLET 1,000 MG	2	PA; QL (3 EA per 1 day)
KEPPRA ORAL TABLET 250 MG	2	PA; QL (2 EA per 1 day)
KEPPRA ORAL TABLET 500 MG	2	PA; QL (6 EA per 1 day)
KEPPRA ORAL TABLET 750 MG	2	PA; QL (4 EA per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	2	PA; QL (2 EA per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	2	PA; QL (4 EA per 1 day)
KESIMPTA PEN	2	PA
KLONOPIN ORAL TABLET 0.5 MG	2	PA; QL (2 EA per 1 day)
KLONOPIN ORAL TABLET 1 MG, 2 MG	2	PA; QL (3 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>lacosamide oral tablet</i>	1	ST
LAMICTAL	2	PA
LAMICTAL ODT	2	PA
LAMICTAL ODT STARTER (BLUE)	2	PA
LAMICTAL ODT STARTER (GREEN)	2	PA
LAMICTAL ODT STARTER (ORANGE)	2	PA
LAMICTAL STARTER (BLUE) KIT	2	PA
LAMICTAL STARTER (GREEN) KIT	2	PA
LAMICTAL STARTER (ORANGE) KIT	2	PA
LAMICTAL XR	2	PA
LAMICTAL XR STARTER (BLUE)	2	
LAMICTAL XR STARTER (GREEN)	2	
LAMICTAL XR STARTER (ORANGE)	2	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	QL (1 Pak per 90 days)
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet, disintegrating</i>	1	
<i>lamotrigine oral tablets, dose pack</i>	1	QL (1 Pak per 90 days)
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral solution</i>	1	QL (30 ML per 1 day)
<i>levetiracetam oral tablet 1,000 mg</i>	1	QL (3 EA per 1 day)
<i>levetiracetam oral tablet 250 mg</i>	1	QL (2 EA per 1 day)
<i>levetiracetam oral tablet 500 mg</i>	1	QL (6 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>levetiracetam oral tablet 750 mg</i>	1	QL (4 EA per 1 day)
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	1	QL (2 EA per 1 day)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	1	QL (4 EA per 1 day)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	2	PA; QL (3 EA per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG	2	PA; QL (2 EA per 1 day)
LYRICA ORAL SOLUTION	2	PA; QL (30 ML per 1 day)
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	QL (1 EA per 1 day)
<i>memantine oral solution</i>	1	QL (10 ML per 1 day)
<i>memantine oral tablet</i>	1	QL (2 EA per 1 day)
<i>memantine oral tablets, dose pack</i>	2	QL (1 Pak per 90 days)
NAMENDA TITRATION PAK	2	QL (1 Pak per 90 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	2	QL (1 EA per 1 day)
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR	2	PA; QL (1 EA per 1 day)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	2	QL (1 Pak per 90 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	2	QL (1 EA per 1 day)
NAYZILAM	2	QL (10 EA per 24 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	2	PA; QL (6 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
NEURONTIN ORAL CAPSULE 300 MG	2	PA; QL (9 EA per 1 day)
NEURONTIN ORAL SOLUTION	2	PA; QL (72 ML per 1 day)
NEURONTIN ORAL TABLET 600 MG	2	PA; QL (6 EA per 1 day)
NEURONTIN ORAL TABLET 800 MG	2	PA; QL (4 EA per 1 day)
NUEDEXTA	2	PA
ONFI ORAL SUSPENSION	2	PA; QL (32 ML per 1 day)
ONFI ORAL TABLET 10 MG	2	PA; QL (8 EA per 1 day)
ONFI ORAL TABLET 20 MG	2	PA; QL (4 EA per 1 day)
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
OXTELLAR XR	2	
PHENYTEK	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
PLEGRIDY	2	PA; QL (1 ML per 22 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	1	QL (30 ML per 1 day)
<i>primidone oral tablet 125 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR	2	
REBIF (WITH ALBUMIN)	2	PA; QL (6 ML per 28 days)

Drug Name	Tier	Restrictions / Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; QL (4.2 ML per 28 days)
REBIF TITRATION PACK	2	PA
<i>riluzole</i>	1	PA
ROWEEPRA	1	QL (6 EA per 1 day)
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	1	QL (2 EA per 1 day)
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	1	QL (4 EA per 1 day)
SUBVENITE	1	
SUBVENITE STARTER (BLUE) KIT	1	
SUBVENITE STARTER (GREEN) KIT	1	
SUBVENITE STARTER (ORANGE) KIT	1	
SYMPAZAN ORAL FILM 10 MG, 5 MG	2	QL (8 EA per 1 day)
SYMPAZAN ORAL FILM 20 MG	2	QL (4 EA per 1 day)
TASCENSO ODT	2	PA; ST; QL (1 EA per 1 day)
TEGRETOL	2	
TEGRETOL XR	2	
<i>teriflunomide</i>	1	PA
<i>tetrabenazine</i>	1	PA; ST
<i>tiagabine</i>	1	
TOPAMAX	2	PA
<i>topiramate oral capsule, sprinkle</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>topiramate oral capsule, extended release 24hr</i>	1	PA
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	PA; QL (2 EA per 1 day)
<i>topiramate oral tablet</i>	1	
TRILEPTAL	2	PA
TROKENDI XR	2	QL (2 EA per 1 day)
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
VALTOCO	2	QL (5 EA per 30 days)
WAKIX	2	PA; ST; QL (2 EA per 1 day); AR
ZEPOSIA	2	PA; QL (30 EA per 22 days)
ZEPOSIA STARTER KIT (28-DAY)	2	PA
ZEPOSIA STARTER PACK (7-DAY)	2	PA; QL (1 Dose pack per 77 days)
<i>zonisamide oral capsule 100 mg</i>	1	ST; QL (2 EA per 1 day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>	1	ST; QL (1 EA per 1 day)
COLONY STIMULATING FACTORS		
ARANESP (IN POLYSORBATE)	2	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML	2	PA; QL (32 ML per 28 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA

Drug Name	Tier	Restrictions / Limits
FYLNETRA	2	
NEUPOGEN	2	
NYVEPRIA	2	
PROMACTA ORAL TABLET 12.5 MG	2	PA; QL (90 EA per 28 days)
PROMACTA ORAL TABLET 25 MG	2	PA; QL (30 EA per 28 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	2	PA; QL (60 EA per 28 days)
RELEUKO	2	
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML	2	PA; QL (24 ML per 22 days)
RETACRIT INJECTION SOLUTION 2,000 UNIT/ML	2	PA; QL (120 ML per 22 days)
RETACRIT INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML	2	PA
RETACRIT INJECTION SOLUTION 3,000 UNIT/ML	2	PA; QL (80 ML per 22 days)
RETACRIT INJECTION SOLUTION 4,000 UNIT/ML	2	PA; QL (60 ML per 22 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; QL (6 ML per 22 days)
CONTRACEPTIVES		
AFIRMELLE	1	
ALTAVERA (28)	1	
ALYACEN 1/35 (28)	1	
ALYACEN 7/7/7 (28)	1	
AMETHIA	1	QL (1 EA per 1 day)
AMETHYST (28)	1	
ANNOVERA	2	
APRI	1	
ARANELLE (28)	1	
ASHLYNA	1	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
AUBRA	1	
AUBRA EQ	1	
AUROVELA 1.5/30 (21)	1	
AUROVELA 1/20 (21)	1	
AUROVELA 24 FE	1	
AUROVELA FE 1.5/30 (28)	1	
AUROVELA FE 1-20 (28)	1	
AVIANE	1	
AYUNA	1	
AZURETTE (28)	1	
BALCOLTRA	2	
BALZIVA (28)	1	
BEYAZ	2	PA
BLISOVI 24 FE	1	
BLISOVI FE 1.5/30 (28)	1	
BLISOVI FE 1/20 (28)	1	
BRIELLYN	1	
CAMILA	1	
CAMRESE	1	QL (1 EA per 1 day)
CAMRESE LO	1	QL (1 EA per 1 day)
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	2	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	2	QL (2 EA per 365 days)
CAZIAN (28)	1	
CHARLOTTE 24 FE	1	
CHATEAL (28)	1	
CHATEAL EQ (28)	1	
CRYSSELLE (28)	1	
CYRED	1	
CYRED EQ	1	
DASETTA 1/35 (28)	1	
DASETTA 7/7/7 (28)	1	

Drug Name	Tier	Restrictions / Limits
DAYSEE	1	QL (1 EA per 1 day)
DEBLITANE	1	
DEPO-SUBQ PROVERA 104	2	
<i>desog-e.estradiol/e.estradiol</i>	1	
DOLISHALE	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	PA
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELINEST	1	
ELLA	2	QL (6 EA per 365 days)
ELURYNG	1	
EMZAHH	1	
ENILLORING	1	
ENPRESSE	1	
ENSKYCE	1	
ERRIN	1	
ESTARYLLA	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
FALMINA (28)	1	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	2	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	2	QL (2 EA per 365 days)
FINZALA	1	
GEMMILY	1	
HAILEY	1	

Drug Name	Tier	Restrictions / Limits
HAILEY 24 FE	1	
HAILEY FE 1.5/30 (28)	1	
HAILEY FE 1/20 (28)	1	
HALOETTE	1	
HEATHER	1	
ICLEVIA	1	
INCASSIA	1	
ISIBLOOM	1	
JAIMIESS	1	
JASMIEL (28)	1	
JENCYCLA	1	
JOLESSA	1	QL (1 EA per 1 day)
JOYEAUX	1	
JULEBER	1	
JUNEL 1.5/30 (21)	1	
JUNEL 1/20 (21)	1	
JUNEL FE 1.5/30 (28)	1	
JUNEL FE 1/20 (28)	1	
JUNEL FE 24	1	
KAITLIB FE	1	
KALLIGA	1	
KARIVA (28)	1	
KELNOR 1/35 (28)	1	
KELNOR 1/50 (28)	1	
KURVELO (28)	1	
KYLEENA	2	
<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>	1	QL (1 EA per 1 day)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/0.15 mg-25 mcg</i>	1	
LARIN 1.5/30 (21)	1	
LARIN 1/20 (21)	1	

Drug Name	Tier	Restrictions / Limits
LARIN 24 FE	1	
LARIN FE 1.5/30 (28)	1	
LARIN FE 1/20 (28)	1	
LAYOLIS FE	1	
LEENA 28	1	
LESSINA	1	
LEVONEST (28)	1	
<i>levonorgest-eth.estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	1	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic</i>	1	
LEVORA-28	1	
LILETTA	2	
LO LOESTRIN FE	2	
LOESTRIN 1.5/30 (21)	2	PA
LOESTRIN 1/20 (21)	2	PA
LOESTRIN FE 1.5/30 (28-DAY)	2	PA
LOESTRIN FE 1/20 (28-DAY)	2	PA
LOJAIMIESS	1	
LORYNA (28)	1	
LOW-OGESTREL (28)	1	
LO-ZUMANDIMINE (28)	1	
LUTERA (28)	1	
LYLEQ	1	
LYZA	1	
MARLISSA (28)	1	
<i>medroxyprogesterone intramuscular</i>	1	QL (1 ML per 67 days)
MERZEE	1	
MIBELAS 24 FE	1	
MICROGESTIN 1.5/30 (21)	1	

Drug Name	Tier	Restrictions / Limits
MICROGESTIN 1/20 (21)	1	
MICROGESTIN 24 FE	1	
MICROGESTIN FE 1.5/30 (28)	1	
MICROGESTIN FE 1/20 (28)	1	
MILI	1	
MIRENA	2	
MONO-LINYAH	1	
NATAZIA	2	
NECON 0.5/35 (28)	1	
NEXPLANON	2	
NEXTSTELLIS	2	QL (28 EA per 22 days)
NIKKI (28)	1	
NORA-BE	1	
<i>norelgestromin-ethin.estradiol</i>	1	
<i>noreth-ethinyl estradiol-iron</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
NORTREL 0.5/35 (28)	1	
NORTREL 1/35 (21)	1	
NORTREL 1/35 (28)	1	
NORTREL 7/7/7 (28)	1	
NUVARING	2	PA
NYLIA 1/35 (28)	1	
NYLIA 7/7/7 (28)	1	
NYMYO	1	
OCELLA	1	
PARAGARD T 380A	2	

Drug Name	Tier	Restrictions / Limits
PHEXXI	2	QL (1 Box per 30 days)
PHILITH	1	
PIMTREA (28)	1	
PORTIA 28	1	
QUARTETTE	2	PA
RECLIPSEN (28)	1	
RIVELSA	1	
SAFYRAL	2	PA
SETLAKIN	1	QL (1 EA per 1 day)
SHAROBEL	1	
SIMLIYA (28)	1	
SIMPESSE	1	QL (1 EA per 1 day)
SKYLA	2	
SLYND	2	
SPRINTEC (28)	1	
SRONYX	1	
SYEDA	1	
TARINA 24 FE	1	
TARINA FE 1/20 (28)	1	
TARINA FE 1-20 EQ (28)	1	
TAYTULLA	2	PA
TILIA FE	1	
TRI-ESTARYLLA	1	
TRI-LEGEST FE	1	
TRI-LINYAH	1	
TRI-LO-ESTARYLLA	1	
TRI-LO-MARZIA	1	
TRI-LO-MILI	1	
TRI-LO-SPRINTEC	1	
TRI-MILI	1	
TRI-NYMYO	1	
TRI-SPRINTEC (28)	1	
TRIVORA (28)	1	
TRI-VYLIBRA	1	
TRI-VYLIBRA LO	1	

Drug Name	Tier	Restrictions / Limits
TULANA	1	
TURQOZ (28)	1	
TWIRLA	2	QL (3 EA per 22 days)
TYBLUME	2	
TYDEMY	1	
VELIVET TRIPHASIC REGIMEN (28)	1	
VESTURA (28)	1	
VIENVA	1	
VIORELE (28)	1	
VOLNEA (28)	1	
VYFEMLA (28)	1	
VYLIBRA	1	
WERA (28)	1	
WIDE-SEAL DIAPHRAGM 60	2	
WIDE-SEAL DIAPHRAGM 65	2	
WIDE-SEAL DIAPHRAGM 70	2	
WIDE-SEAL DIAPHRAGM 75	2	
WIDE-SEAL DIAPHRAGM 80	2	
WIDE-SEAL DIAPHRAGM 85	2	
WIDE-SEAL DIAPHRAGM 90	2	
WIDE-SEAL DIAPHRAGM 95	2	
WYMZYA FE	1	
XULANE	1	
YASMIN (28)	2	PA
YAZ (28)	2	PA
ZARAH	1	
ZOVIA 1-35 (28)	1	
ZUMANDIMINE (28)	1	

Drug Name	Tier	Restrictions / Limits
COUGH/COLD PREPARATIONS		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	QL (4 EA per 1 day)
BROMFED DM	2	
<i>brompheniramine-pseudoeph-dm</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	PA; ST; QL (6 OZ per 1 RX); AR
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)</i>	1	PA; ST
<i>hydrocodone-homatropine oral tablet</i>	1	PA; ST; AR
HYDROMET	1	PA; ST; QL (180 ML per 1 per fill); AR
<i>promethazine-codeine</i>	1	PA; ST; QL (180 per fill Max Qty Per Fill Retail)
<i>promethazine-dm</i>	1	
DIURETICS		
<i>acetazolamide</i>	1	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
<i>chlorthalidone</i>	1	
DIURIL	2	
<i>eplerenone</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methazolamide</i>	1	
<i>metolazone</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>tolvaptan</i>	1	PA
<i>torseamide</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	1	
EENT PREPS		
<i>acetic acid otic (ear)</i>	1	
ALPHAGAN P	2	
ALREX	2	
ALTACAINE	1	PA
<i>apraclonidine</i>	1	
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment</i>	1	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	
AZOPT	2	
BETOPTIC S	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>carteolol</i>	1	
COMBIGAN	2	
<i>cromolyn ophthalmic (eye)</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 1 %, 2 %	2	
<i>cyclopentolate</i>	1	
DERMOTIC OIL	2	

Drug Name	Tier	Restrictions / Limits
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>dorzolamide</i>	1	
<i>dorzolamide (pf)</i>	2	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf)</i>	1	
DUREZOL	2	
DYMISTA	2	
<i>flurbiprofen sodium</i>	1	
FML LIQUIFILM	2	
HOMATROPAIRE	1	
IOPIDINE	2	
<i>ipratropium bromide nasal</i>	1	
ISOPTO ATROPINE	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	1	QL (5 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1	
<i>latanoprost</i>	1	
<i>levobunolol</i>	1	
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	2	PA
LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION	2	PA
LOTEMAX OPTHALMIC (EYE) OINTMENT	2	
LUMIGAN	2	
OMNARIS	2	
OXERVATE	2	PA
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
<i>pilocarpine hcl ophthalmic (eye)</i>	1	
PRED FORTE	2	

Drug Name	Tier	Restrictions / Limits
PRED MILD	2	
<i>prednisolone acetate (pf)</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
RESTASIS	2	PA; ST; QL (2 EA per 1 day)
RHOPRESSA	2	
ROCKLATAN	2	
<i>tetracaine hcl</i>	1	PA
<i>tetracaine hcl (pf) ophthalmic (eye)</i>	2	PA
<i>timolol maleate (pf)</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
TRAVATAN Z	2	
<i>tropicamide</i>	1	
XIIDRA	2	PA; ST; QL (60 EA per 30 days)
ELECT/CALORIC/H2 O		
<i>arginine (l-arginine) oral capsule</i>	2	
<i>arginine (l-arginine) oral powder</i>	2	
<i>arginine (l-arginine) oral powder in packet 500 mg</i>	2	
<i>arginine (l-arginine) oral tablet</i>	1	
<i>arginine hcl (l-arginine)</i>	2	
BAQSIMI	2	QL (2 EA per 365 days)
CAL-CITRATE	2	
CALCIUM 500	1	
CALCIUM 500 + D ORAL TABLET 500 MG-5 MCG (200 UNIT)	1	

Drug Name	Tier	Restrictions / Limits
CALCIUM 500 + D ORAL TABLET,CHEWABLE	1	
CALCIUM 600 + D(3)	1	
CALCIUM 600 WITH VITAMIN D3	1	
<i>calcium acetate</i>	1	
<i>calcium acetate(phosphat bind)</i>	1	
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg)</i>	1	
<i>calcium carbonate oral tablet,chewable 500 mg calcium (1,250 mg)</i>	1	
<i>calcium carbonate-vit d3-min</i>	1	
<i>calcium carbonate-vitamin d3 oral capsule 600 mg-10 mcg (400 unit)</i>	1	
<i>calcium carbonate-vitamin d3 oral capsule 600 mg-12.5 mcg (500 unit), 600 mg-25 mcg (1,000 unit), 600 mg-62.5 mcg (2,500 unit)</i>	2	
<i>calcium carbonate-vitamin d3 oral tablet 1,000 mg-20 mcg (800 unit)</i>	2	
<i>calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-15 mcg (600 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)</i>	1	
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-10 mcg (400 unit)</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-2.5 mcg (100 unit)</i>	2	
CALCIUM CITRATE + D	1	
<i>calcium citrate-vitamin d3 oral liquid</i>	1	
<i>calcium citrate-vitamin d3 oral tablet</i>	1	
CALCIUM WITH VITAMIN D	1	
CAL-QUICK	2	
CALTRATE 600 PLUS D	2	
CALTRATE WITH VITAMIN D3	2	
CERALYTE-70 ORAL SOLUTION	2	
CITRACAL + D MAXIMUM	2	
CITRACAL REGULAR	2	
CITRACAL-D3 PETITES	2	
DENTA 5000 PLUS	1	
DEX4 GLUCOSE ORAL TABLET,CHEWABLE	1	
DEX4 GLUCOSE POUCH PACK	1	
DEX4 GLUCOSE QUICK DISSOLVE	1	
<i>dextrose oral gel</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	1	
FEOSOL ORAL TABLET 325 MG (65 MG IRON)	1	
FEROSUL	1	
FERREX 150	1	
FERRIC X-150	1	
FERRO-TIME	1	

Drug Name	Tier	Restrictions / Limits
<i>ferrous sulfate oral drops</i>	1	
<i>ferrous sulfate oral elixir</i>	1	
<i>ferrous sulfate oral solution</i>	1	
<i>ferrous sulfate oral tablet</i>	1	
<i>ferrous sulfate oral tablet, delayed release (dr/ec)</i>	1	
FE-VITE ORAL DROPS	1	
<i>fluoride (sodium) dental cream</i>	1	
FOSRENOL ORAL TABLET, CHEWABLE	2	
GLUCO BURST	1	
GLUCOSE GEL	1	
<i>glucose oral tablet, chewable 4 gram</i>	1	
GLUTOSE-5	1	
GVOKE	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS 1-PACK SYRINGE	2	
GVOKE PFS 2-PACK SYRINGE	2	
HI-CAL PLUS VIT D	1	
IFEREX 150	1	
IRON (FERROUS SULFATE)	1	
IRON ORAL TABLET	1	
KIONEX (WITH SORBITOL)	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	

Drug Name	Tier	Restrictions / Limits
KLOR-CON/EF	1	
L-ARGININE(ALPHA-KETOGLUTARAT)	2	
LIQUID CALCIUM WITH VITAMIN D	2	
LOKELMA	2	
MAGNEBIND 300	2	QL (300 EA per 30 days)
MAGNEBIND 400	2	
<i>magnesium oxide oral tablet 400 mg magnesium</i>	1	
MGO	1	
MYFERON 150	1	
NOVAFERRUM ORAL DROPS	2	PA
OS-CAL 500 + D3 ORAL TABLET 500 MG-15 MCG (600 UNIT)	2	
OYSCO 500/D	1	
OYSTER SHELL + D3	1	
OYSTER SHELL CALCIUM	1	
OYSTER SHELL CALCIUM 500	1	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 250 MG-3.125 MCG (125 UNIT)	2	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG-5 MCG (200 UNIT)	1	
PEDIA IRON ORAL DROPS	1	
POLY-IRON	1	
<i>polysaccharide iron complex</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
<i>potassium citrate oral tablet extended release</i>	1	
<i>potassium iodide oral solution</i>	1	
PURE L-CITRULLINE ORAL CAPSULE	2	
REVELA	2	
<i>sevelamer hcl oral tablet 800 mg</i>	1	
SF 5000 PLUS	1	
SODIUM FLUORIDE 5000 PLUS	1	
<i>sodium polystyrene sulfonate</i>	1	
SPS (WITH SORBITOL)	1	
UPCAL D ORAL POWDER	2	
VELTASSA	2	
ZEGALOGUE AUTOINJECTOR	2	
ZEGALOGUE SYRINGE	2	
ZINC (WITH A AND C) LOZENGES	2	
<i>zinc sulfate oral capsule</i>	1	
ZINC-220	1	
GASTROINTESTINAL		
<i>alosetron</i>	1	PA
ANALPRAM-HC RECTAL	2	

Drug Name	Tier	Restrictions / Limits
<i>aprepitant oral capsule 40 mg</i>	1	QL (6 EA per 1 Fill)
<i>aprepitant oral capsule 80 mg</i>	1	PA; QL (6 EA per 1 Fill)
APRISO	2	
<i>balsalazide</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
CHOLBAM	2	PA
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	QL (60 EA per 30 days)
COMPRO	1	
CONSTULOSE	1	
CREON	2	
DAILY FIBER (PSYLLIUM-ASPART)	2	
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM	2	
DEXILANT	2	QL (1 EA per 1 day)
DICLEGIS	2	
<i>dicyclomine oral</i>	1	
DIPENTUM	2	
<i>diphenoxylate-atropine</i>	1	
ED-SPAZ	1	
EMEND ORAL CAPSULE, DOSE PACK	2	PA; QL (3 EA per 11 days)
ENULOSE	1	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (1 EA per 1 day)
<i>famotidine oral tablet 40 mg</i>	1	QL (60 EA per 30 days)
FIBER (WITH ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	2	

Drug Name	Tier	Restrictions / Limits
FIBER THERAPY (PSYLLIUM-SUCRO)	2	
<i>fosaprepitant</i>	1	QL (2 Vials per 1 Fill)
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N	1	
GENERLAC	1	
<i>glycopyrrolate oral solution</i>	1	PA
<i>glycopyrrolate oral tablet</i>	1	
<i>hydrocortisone-pramoxine rectal cream</i>	1	
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
HYOSYNE	1	
KONSYL (SUGAR) ORAL POWDER 3 GRAM/12 GRAM	2	
KRISTALOSE	2	
<i>lactulose</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	ST; QL (1 EA per 1 day)
LIALDA	2	
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	PA; QL (98 GM per 30 days)
LINZESS	2	ST
LITHOSTAT	2	PA
<i>loperamide oral capsule</i>	1	QL (2 EA per 1 day); AR
<i>lubiprostone</i>	1	ST
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine rectal</i>	1	
<i>mesalamine with cleansing wipe</i>	1	

Drug Name	Tier	Restrictions / Limits
META APPETITE CTRL (ASPARTAME)	2	
METAMUCIL (WITH SUGAR) ORAL POWDER 3 GRAM/7 GRAM	2	
METAMUCIL FREE	2	
<i>methscopolamine</i>	1	
<i>metoclopramide hcl oral</i>	1	
<i>misoprostol</i>	1	
MYTESI	2	PA
NEXIUM PACKET	2	QL (1 EA per 1 day)
<i>nizatidine</i>	1	QL (60 EA per 30 days)
NULEV	2	
<i>omega 3-dha-epa-fish oil oral capsule 1,200 (144-216) mg, 200-300-1,000 mg</i>	2	
<i>omega-3 acid ethyl esters</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 40 mg</i>	1	QL (2 EA per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg</i>	1	QL (4 EA per 1 day)
<i>ondansetron hcl (pf)</i>	1	
<i>ondansetron hcl intravenous</i>	1	
<i>ondansetron hcl oral solution</i>	1	QL (1 Bottle per 1 Fill)
<i>ondansetron hcl oral tablet</i>	1	QL (90 EA per 30 days)
<i>ondansetron oral tablet, disintegrating 16 mg</i>	2	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL (90 EA per 30 days)
<i>opium tincture</i>	1	PA
OSCIMIN	1	

Drug Name	Tier	Restrictions / Limits
OSCIMIN SL	1	
PANCREAZE	2	
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (2 EA per 1 day)
<i>peg 3350-electrolytes</i>	1	
<i>peg-electrolyte soln</i>	1	
PENTASA	2	
PHEBURANE	2	PA; QL (7 Bottles per 28 days)
PROBIOTIC 4X	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	PA
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	1	
<i>prochlorperazine maleate</i>	1	PA
<i>promethazine rectal</i>	1	
PROMETHEGAN	1	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	2	ST; QL (1 EA per 1 day)
<i>psyllium husk (with sugar)</i>	1	
PYLERA	2	
RECTIV	2	
REGULOID (ASPARTAME)	2	
REGULOID (PSYLLIUM HUSK) ORAL POWDER	2	
REGULOID (PSYLLIUM HUSK-SUCRO)	2	
ROBINUL	2	
ROBINUL FORTE	2	
<i>senna leaf extract</i>	2	

Drug Name	Tier	Restrictions / Limits
SENNA ORAL SYRUP 176 MG/5 ML	2	
SFROWASA	2	
<i>sodium phenylbutyrate</i>	1	PA
SUCRAID	2	PA
<i>sucralfate oral suspension</i>	1	PA; ST; AR
<i>sucralfate oral tablet</i>	1	
<i>sulfasalazine</i>	1	
SYMAX-SL	1	
SYMAX-SR	1	
<i>trimethobenzamide</i>	1	
<i>ursodiol</i>	1	
VASCEPA	2	ST; QL (4 EA per 1 day); AR
ZENPEP	2	
HORMONES		
ANDRODERM	2	PA; ST; QL (1 Box per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	2	PA; QL (150 GM per 30 days)
<i>budesonide oral capsule, delayed, extend. release</i>	1	
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
CHILDREN'S SLEEP (MELATONIN) ORAL LIQUID	2	
CORTIFOAM	2	
<i>cortisone</i>	1	
COVARYX	1	
COVARYX H.S.	1	
<i>deflazacort oral tablet</i>	1	PA
DEPO-ESTRADIOL	2	
DEPO-TESTOSTERONE	2	PA

Drug Name	Tier	Restrictions / Limits
<i>desmopressin nasal spray with pump</i>	1	
<i>desmopressin oral</i>	1	
DEXAMETHASONE INTENSOL	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
DEXONTO	2	
EEMT	1	
EEMT HS	1	
EMFLAZA ORAL SUSPENSION	2	PA; QL (117 ML per 30 days); AR
EMFLAZA ORAL TABLET 18 MG	2	PA; QL (30 EA per 30 days); AR
EMFLAZA ORAL TABLET 30 MG, 36 MG	2	PA; QL (90 EA per 30 days); AR
EMFLAZA ORAL TABLET 6 MG	2	PA; QL (60 EA per 30 days); AR
<i>estradiol oral</i>	1	
<i>estradiol transdermal gel in metered-dose pump</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRING	2	
<i>estrogens-methyltestosterone</i>	1	
EVAMIST	2	
FENSOLVI	2	
<i>fludrocortisone</i>	1	
FYAVOLV	1	

Drug Name	Tier	Restrictions / Limits
GENOTROPIN	2	PA; ST
GENOTROPIN MINIQUICK	2	PA; ST
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal</i>	1	
JINTELI	1	
KIDS MELATONIN	1	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	2	
LUPRON DEPOT-PED	2	
LUPRON DEPOT-PED (3 MONTH)	2	
MEDROL (PAK)	2	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	2	
<i>medroxyprogesterone oral</i>	1	
<i>melatonin oral capsule</i>	2	
<i>melatonin oral drops</i>	2	PA
<i>melatonin oral liquid 1 mg/ml, 2.5 mg/10 ml</i>	2	
<i>melatonin oral liquid 5 mg/15 ml</i>	1	
<i>melatonin oral tablet 1 mg, 10 mg, 3 mg, 5 mg</i>	1	
<i>melatonin oral tablet 12 mg, 300 mcg</i>	2	
<i>melatonin oral tablet, chewable 2.5 mg, 5 mg</i>	2	
<i>melatonin oral tablet, disintegrating 1 mg</i>	2	
<i>melatonin-lemon balm leaf extr</i>	2	

Drug Name	Tier	Restrictions / Limits
<i>melatonin-pyridoxine hcl (b6) oral tablet 1-10 mg, 3-10 mg</i>	1	
MENEST	2	
<i>methylergonovine oral</i>	1	
<i>methylprednisolone</i>	1	
MIMVEY	1	
MINIVELLE	2	
NORDITROPIN FLEXPRO	2	PA; ST
<i>norethindrone acetate</i>	1	
<i>octreotide acetate</i>	1	PA
ORIAHNN	2	PA; ST; QL (2 EA per 1 day)
ORLISSA ORAL TABLET 150 MG	2	PA; ST; QL (1 EA per 1 day)
ORLISSA ORAL TABLET 200 MG	2	PA; ST; QL (2 EA per 1 day)
PEDIAPRED	2	
<i>prednisolone oral solution</i>	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>	1	
<i>prednisone</i>	1	
PREDNISONE INTENSOL	1	
PREMARIN	2	
PREMPRO	2	
<i>progesterone</i>	1	
<i>progesterone micronized</i>	1	
PROVERA	2	
SEROSTIM	2	PA; ST; QL (30 EA per 22 days)
SKYTROFA	2	PA; ST
SUPPRELIN LA	2	
SYNAREL	2	

Drug Name	Tier	Restrictions / Limits
TESTIM	2	PA; ST; QL (60 EA per 30 days); AR
<i>testosterone cypionate</i>	1	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; ST; QL (300 GM per 22 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; ST; QL (150 GM per 22 days); AR
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	PA; ST; QL (30 GM per 30 days); AR
TRIPTODUR	2	
VAGIFEM	2	
VITAJoy MELATONIN	2	
VIVELLE-DOT	2	
IMMUNOSUPPRESSANTS		
ACTEMRA ACTPEN	2	PA
ACTEMRA INTRAVENOUS	2	PA; ST
ACTEMRA SUBCUTANEOUS	2	PA; ST; QL (3.6 ML per 22 days)
<i>azathioprine oral tablet 50 mg</i>	1	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral</i>	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; ST; QL (2.28 ML per 22 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; ST; QL (4 ML per 22 days)

Drug Name	Tier	Restrictions / Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; ST; QL (2.28 ML per 22 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; ST; QL (4 ML per 22 days)
ENSPRYNG	2	PA; QL (1 ML per 28 days); AR
<i>everolimus (immunosuppressive)</i>	1	
GENGRAF	1	
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
NEORAL	2	
<i>pimecrolimus</i>	1	PA; ST; QL (100 GM per 25 days)
SANDIMMUNE ORAL	2	
<i>sirolimus</i>	1	
<i>tacrolimus oral capsule</i>	1	
<i>tacrolimus topical</i>	1	PA; ST
MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON DRUG		
ACE AEROSOL CLOUD ENHANCER	2	QL (2 EA per 365 days)
AEROCHAMBER MINI	2	QL (2 EA per 365 days)
AEROCHAMBER MV	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS Z STAT	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS Z STAT MD MSK	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS Z STAT SM MSK	2	QL (2 EA per 365 days)

Drug Name	Tier	Restrictions / Limits
AEROCHAMBER Z-STAT PLUS-FLW SG	2	QL (2 EA per 365 days)
AEROTRACH PLUS	2	QL (2 EA per 365 days)
AEROVENT PLUS	2	QL (2 EA per 365 days)
BD INSULIN SYRINGE U-500	2	QL (400 EA per 30 days)
BD PRECISIONGLIDE NEEDLE 27 GAUGE X 3/8"	2	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"	2	
BREATHERITE MDI SPACER	2	QL (2 EA per 365 days)
BREATHERITE VALVED MDI CHAMBER	2	QL (2 EA per 365 days)
BREATHERITE VALVED MDI SPACER	2	QL (2 EA per 365 days)
CLEVER CHOICE CHAMBER-LRG MASK	2	QL (2 EA per 365 days)
CLEVER CHOICE CHAMBER-MED MASK	2	QL (2 EA per 365 days)
CLEVER CHOICE CHAMBER-SM MASK	2	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER	2	QL (2 EA per 365 days)
DEXCOM G6 RECEIVER	2	QL (1 EA per 1 LIFETIME)
DEXCOM G6 SENSOR	2	QL (3 EA per 28 days)
DEXCOM G6 TRANSMITTER	2	QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	2	QL (1 EA per 1 Year)
DEXCOM G7 SENSOR	2	QL (3 EA per 28 days)
EASIVENT HOLDING CHAMBER	2	QL (2 EA per 365 days)

Drug Name	Tier	Restrictions / Limits
EASYPPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2"	2	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8"	2	
FLEXICHAMBER	2	QL (2 EA per 365 days)
FLEXICHAMBER-LG CHILD MASK	2	QL (2 EA per 365 days)
FLEXICHAMBER-SM ADULT MASK	2	QL (2 EA per 365 days)
FLEXICHAMBER-SM CHILD MASK	2	QL (2 EA per 365 days)
LITE TOUCH-MEDIUM MASK	2	QL (2 EA per 365 days)
LITEAIRE MDI CHAMBER	2	QL (2 EA per 365 days)
LITETOUCH-LARGE MASK	2	QL (2 EA per 365 days)
LITETOUCH-SMALL MASK	2	QL (2 EA per 365 days)
MAGELLAN INSULIN SAFETY SYRNG	2	QL (400 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	2	QL (400 EA per 30 days)
MICROCHAMBER	2	QL (2 EA per 365 days)
MINI WRIGHT PEAK FLOW METER	2	QL (1 EA per 365 days)
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	2	QL (400 EA per 30 days)
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1"	2	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 22 GAUGE X 1 1/2"	2	

Drug Name	Tier	Restrictions / Limits
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	2	QL (400 EA per 30 days)
OPTICHAMBER ADULT MASK-LARGE	2	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND LG MASK	2	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND VHC	2	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-MED MSK	2	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-SML MASK	2	QL (2 EA per 365 days)
PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	QL (400 EA per 30 days)
POCKET CHAMBER	2	QL (2 EA per 365 days)
PROCARE SPACER WITH ADULT MASK	2	QL (2 EA per 365 days)
PROCARE SPACER WITH CHILD MASK	2	QL (2 EA per 365 days)
PROCHAMBER	2	QL (2 EA per 365 days)
RITEFLO AEROCHAMBER	2	QL (2 EA per 365 days)
SILICONE MASK - INFANT	2	QL (2 EA per 365 days)
SPACE CHAMBER	2	
SPACE CHAMBER WITH LARGE MASK	2	
SPACE CHAMBER WITH MEDIUM MASK	2	
SPACE CHAMBER WITH SMALL MASK	2	
TRUZONE PEAK FLOW METER	2	QL (1 EA per 365 days)
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	2	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	2	
VORTEX HOLDING CHAMBER	2	QL (2 EA per 365 days)

Drug Name	Tier	Restrictions / Limits
VORTEX VHC FROG MASK-CHILD	2	QL (2 EA per 365 days)
VORTEX VHC LADYBUG MASK-TODDLR	2	
MUSCLE RELAXANTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>baclofen oral tablet 15 mg</i>	2	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine oral tablet</i>	1	
LYVISPAH	2	PA; ST; AR
<i>methocarbamol injection</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate</i>	1	
<i>tizanidine oral tablet</i>	1	
PRE NATAL VITAMINS		
CADEAU DHA	2	
CLASSIC PRENATAL	1	
COMPLETENATE	1	
KOSHER PRENATAL PLUS IRON	2	
KPN	2	
MINI PRENATAL	2	
M-NATAL PLUS	1	
ONE A DAY WOMEN'S PRENATAL DHA	2	
ONE DAILY PRENATAL	1	
ONE-A-DAY PRENATAL-1	2	
<i>pnv cmb#95-ferrous fumarate-fa</i>	1	
PRENATABS FA	1	
PRENATABS RX	1	

Drug Name	Tier	Restrictions / Limits
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG	1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	2	
PRENATAL 19 ORAL TABLET,CHEWABLE	2	
PRENATAL COMPLETE	1	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	2	
PRENATAL MULTI	2	
PRENATAL MULTI-DHA (ALGAL OIL)	1	PA
PRENATAL MULTI-DHA(WITH VIT K)	2	PA
PRENATAL MULTIVITAMINS	1	
PRENATAL ONE DAILY	1	
PRENATAL ORAL TABLET 28 MG IRON-800 MCG	1	
PRENATAL ORAL TABLET 28-800 MG-MCG	2	
PRENATAL PLUS	1	
PRENATAL PLUS (CALCIUM CARB)	1	
PRENATAL TABLET	1	
<i>prenatal vit no. 179-iron-folic</i>	1	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATAL VITAMIN WITH MINERALS	1	

Drug Name	Tier	Restrictions / Limits
<i>prenatal vit-iron fum-folic ac</i>	1	
SE-NATAL 19 CHEWABLE	1	
SIMILAC PRENATAL	2	
THERANATAL COMPLETE	2	PA
THERANATAL ONE	2	
THERANATAL ORAL TABLET	2	
THERANATAL OVAVITE	2	
THRIVITE RX	2	
TRICARE	2	
TRINATAL RX 1	1	
ULTRA PRENATAL PLUS DHA	2	
WOMEN'S PRENATAL PLUS DHA	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	2	PA; ST; QL (1 ML per 56 days); AR
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	2	PA; ST; QL (1 EA per 56 days); AR
ABILIFY MAINTENA	2	PA; ST; QL (1 EA per 28 days)
ABILIFY MYCITE MAINTENANCE KIT	2	PA; ST; QL (30 EA per 28 days); AR
ABILIFY MYCITE STARTER KIT	2	PA; ST; QL (30 EA per 90 days); AR
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 30 MG, 5 MG	2	PA; ST; QL (1 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
ABILIFY ORAL TABLET 20 MG	2	PA; ST; QL (2 EA per 1 day); AR
ALPRAZOLAM INTENSOL	1	PA; QL (4 ML per 1 day)
<i>alprazolam oral tablet</i>	1	PA; QL (4 EA per 1 day)
<i>alprazolam oral tablet extended release 24 hr</i>	1	PA; QL (1 EA per 1 day)
<i>alprazolam oral tablet, disintegrating</i>	1	PA; QL (4 EA per 1 day)
<i>amitriptyline oral tablet 10 mg</i>	1	QL (4 EA per 1 day)
<i>amitriptyline oral tablet 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>amitriptyline-chlordiazepoxide</i>	1	PA
<i>amoxapine oral tablet 100 mg, 50 mg</i>	1	QL (4 EA per 1 day)
<i>amoxapine oral tablet 150 mg, 25 mg</i>	1	QL (2 EA per 1 day)
ANAFRANIL ORAL CAPSULE 25 MG	2	PA; QL (2 EA per 1 day)
ANAFRANIL ORAL CAPSULE 50 MG	2	PA; QL (5 EA per 1 day)
ANAFRANIL ORAL CAPSULE 75 MG	2	PA; QL (3 EA per 1 day)
APLENZIN	2	ST; QL (1 EA per 1 day)
APTENSIO XR	2	PA; ST; QL (1 EA per 1 day); AR
<i>aripiprazole oral solution</i>	1	PA; ST; QL (30 ML per 1 day); AR
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 30 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>aripiprazole oral tablet 20 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>aripiprazole oral tablet 5 mg</i>	1	PA; ST; QL (1.5 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
<i>aripiprazole oral tablet, disintegrating</i>	1	PA; ST; QL (2 EA per 1 day); AR
ARISTADA INITIO	2	PA; ST; QL (1 ML per 180 days); AR
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	2	PA; ST; QL (1 ML per 60 days); AR
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	PA; ST; QL (1 ML per 28 days); AR
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>armodafinil oral tablet 50 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>asenapine maleate</i>	1	PA; ST; QL (2 EA per 1 day); AR
ATIVAN ORAL TABLET 0.5 MG, 1 MG	2	PA; QL (3 EA per 1 day)
ATIVAN ORAL TABLET 2 MG	2	PA; QL (4 EA per 1 day)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	ST; QL (2 EA per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	ST; QL (1 EA per 1 day)
AUVELITY	2	ST; QL (2 EA per 1 day); AR
AZSTARYS	2	PA; ST; QL (1 EA per 1 day); AR
<i>bupropion hcl oral tablet</i>	1	ST; QL (4 EA per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	ST; QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	2	ST; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	ST; QL (2 EA per 1 day)
<i>bupirone oral tablet 10 mg</i>	1	QL (4 EA per 1 day)
<i>bupirone oral tablet 15 mg, 5 mg, 7.5 mg</i>	1	QL (3 EA per 1 day)
<i>bupirone oral tablet 30 mg</i>	1	QL (2 EA per 1 day)
CAPLYTA	2	PA; ST; QL (1 EA per 1 day); AR
CELEXA ORAL TABLET 10 MG, 20 MG	2	PA; QL (1.5 EA per 1 day)
CELEXA ORAL TABLET 40 MG	2	PA; QL (1 EA per 1 day)
<i>chlordiazepoxide hcl</i>	1	PA; QL (4 EA per 1 day)
<i>chlorpromazine injection</i>	1	PA
<i>chlorpromazine oral concentrate 100 mg/ml</i>	1	PA; QL (8 ML per 1 day)
<i>chlorpromazine oral concentrate 30 mg/ml</i>	1	PA; QL (26.7 ML per 1 day)
<i>chlorpromazine oral tablet</i>	1	PA; QL (4 EA per 1 day)
<i>citalopram oral capsule</i>	2	QL (1 EA per 1 day)
<i>citalopram oral solution</i>	1	QL (20 ML per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	ST; QL (1.5 EA per 1 day)
<i>citalopram oral tablet 40 mg</i>	1	ST; QL (1 EA per 1 day)
<i>clomipramine oral capsule 25 mg</i>	1	QL (2 EA per 1 day)
<i>clomipramine oral capsule 50 mg</i>	1	QL (5 EA per 1 day)
<i>clomipramine oral capsule 75 mg</i>	1	QL (3 EA per 1 day)
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	PA; ST; QL (4 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>clorazepate dipotassium</i>	1	PA; QL (4 EA per 1 day)
<i>clozapine oral tablet 100 mg</i>	1	PA; ST; QL (6 EA per 1 day); AR
<i>clozapine oral tablet 200 mg, 25 mg, 50 mg</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>clozapine oral tablet, disintegrating 100 mg</i>	1	PA; ST; QL (6 EA per 1 day); AR
<i>clozapine oral tablet, disintegrating 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	PA; ST; QL (3 EA per 1 day); AR
CLOZARIL ORAL TABLET 100 MG	2	PA; ST; QL (6 EA per 1 day)
CLOZARIL ORAL TABLET 200 MG, 50 MG	2	PA; QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 25 MG	2	PA; ST; QL (3 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG	2	PA; ST; QL (1 EA per 1 day); AR
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG, 54 MG	2	PA; ST; QL (2 EA per 1 day); AR
COTEMPLA XR-ODT ORAL TABLET, DISINTEGR BIPHASE 24H 17.3 MG, 25.9 MG	2	PA; ST; QL (2 EA per 1 day); AR
COTEMPLA XR-ODT ORAL TABLET, DISINTEGR BIPHASE 24H 8.6 MG	2	PA; ST; QL (1 EA per 1 day); AR
CYMBALTA	2	PA; QL (2 EA per 1 day)
DAYTRANA	2	PA; ST; QL (1 EA per 1 day); AR
<i>desipramine oral tablet 10 mg</i>	1	QL (4 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>desipramine oral tablet 100 mg</i>	1	QL (3 EA per 1 day)
<i>desipramine oral tablet 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (2 EA per 1 day)
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg</i>	2	QL (2 EA per 1 day)
<i>desvenlafaxine oral tablet extended release 24 hr 50 mg</i>	2	QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	1	QL (2 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg</i>	1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>dexmethylphenidate oral tablet 10 mg</i>	1	PA; ST; QL (4 EA per 1 day); AR
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>diazepam injection</i>	1	PA
DIAZEPAM INTENSOL	1	PA; QL (8 ML per 1 day)
<i>diazepam oral concentrate</i>	1	PA; QL (8 ML per 1 day)
<i>diazepam oral solution</i>	1	PA; QL (8 ML per 1 day)
<i>diazepam oral tablet</i>	1	PA; QL (4 EA per 1 day)
<i>doxepin oral capsule 10 mg</i>	1	QL (4 EA per 1 day)
<i>doxepin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (2 EA per 1 day)
<i>doxepin oral concentrate</i>	1	QL (30 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
DRIZALMA SPRINKLE	2	QL (2 EA per 1 day)
<i>droperidol</i>	1	
<i>duloxetine</i>	1	QL (2 EA per 1 day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	2	PA; QL (2 EA per 1 day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG	2	PA; QL (1 EA per 1 day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	2	PA; QL (3 EA per 1 day)
EMSAM	2	QL (1 EA per 1 day)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	2	QL (4 EA per 1 day)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	2	QL (8 EA per 1 day)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	2	QL (5 EA per 1 day)
<i>escitalopram oxalate oral solution</i>	1	QL (20 ML per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg</i>	1	QL (1.5 EA per 1 day)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	QL (1 EA per 1 day)
FANAPT ORAL TABLET	2	PA; ST; QL (2 EA per 1 day); AR
FANAPT ORAL TABLETS,DOSE PACK	2	PA; ST; QL (1 PACK per 90 days); AR
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	QL (1 EA per 1 day)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (1 EA per 1 day)
<i>fluoxetine oral capsule 20 mg</i>	1	QL (4 EA per 1 day)
<i>fluoxetine oral capsule 40 mg</i>	1	QL (2 EA per 1 day)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	QL (4 EA per 28 days)
<i>fluoxetine oral solution</i>	1	QL (20 ML per 1 day)
<i>fluoxetine oral tablet 10 mg</i>	1	QL (1.5 EA per 1 day)
<i>fluoxetine oral tablet 20 mg</i>	1	QL (4 EA per 1 day)
<i>fluoxetine oral tablet 60 mg</i>	1	QL (1 EA per 1 day)
<i>fluphenazine decanoate</i>	1	PA; ST; AR
<i>fluphenazine hcl injection</i>	1	PA; ST; AR
<i>fluphenazine hcl oral concentrate</i>	1	PA; ST; AR
<i>fluphenazine hcl oral elixir</i>	1	PA; ST; AR
<i>fluphenazine hcl oral tablet</i>	1	PA; ST; QL (4 EA per 1 day); AR
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (3 EA per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	1	QL (1 EA per 1 day)
FOCALIN ORAL TABLET 10 MG	2	PA; ST; QL (4 EA per 1 day); AR
FOCALIN ORAL TABLET 2.5 MG, 5 MG	2	PA; ST; QL (2 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
FOCALIN XR	2	PA; ST; QL (1 EA per 1 day); AR
FORFIVO XL	2	ST; QL (1 EA per 1 day)
GEODON INTRAMUSCULAR	2	PA; ST
GEODON ORAL CAPSULE 20 MG, 40 MG	2	PA; ST; QL (2 EA per 1 day)
GEODON ORAL CAPSULE 60 MG, 80 MG	2	PA; ST; QL (3 EA per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	ST; QL (1 EA per 1 day)
HALDOL DECANOATE	2	PA; ST
<i>haloperidol</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>haloperidol decanoate</i>	1	PA; ST; AR
<i>haloperidol lactate</i>	1	PA; ST; AR
<i>imipramine hcl oral tablet 10 mg</i>	1	QL (2 EA per 1 day)
<i>imipramine hcl oral tablet 25 mg</i>	1	QL (1 EA per 1 day)
<i>imipramine hcl oral tablet 50 mg</i>	1	QL (6 EA per 1 day)
<i>imipramine pamoate oral capsule 100 mg</i>	1	QL (3 EA per 1 day)
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	1	QL (2 EA per 1 day)
<i>imipramine pamoate oral capsule 75 mg</i>	1	QL (1 EA per 1 day)
INTUNIV ER	2	PA; ST; QL (1 EA per 1 day)
INVEGA	2	PA; ST; AR
INVEGA HAFYERA	2	PA; ST; QL (1 ML per 180 days)

Drug Name	Tier	Restrictions / Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	PA; ST; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA; ST; QL (2 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	PA; ST; QL (1 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML, 546 MG/1.75 ML	2	PA; ST; QL (2 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	PA; ST; QL (3 ML per 90 days)
JORNAY PM	2	PA; ST; QL (1 EA per 1 day); AR
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	PA; ST; QL (1 EA per 1 day); AR
LATUDA ORAL TABLET 80 MG	2	PA; ST; QL (2 EA per 1 day); AR
LEXAPRO ORAL TABLET 10 MG, 20 MG	2	PA; QL (1.5 EA per 1 day)
LEXAPRO ORAL TABLET 5 MG	2	PA; QL (1 EA per 1 day)
<i>lisdexamfetamine</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
LITHOBID	2	PA
LORAZEPAM INTENSOL	1	PA
<i>lorazepam oral concentrate</i>	1	PA

Drug Name	Tier	Restrictions / Limits
<i>lorazepam oral tablet</i>	1	PA; QL (4 EA per 1 day)
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 1.5 MG	2	PA; ST; QL (1 EA per 1 day)
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 2 MG	2	PA; ST; QL (2 EA per 1 day)
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 3 MG	2	PA; ST; QL (3 EA per 1 day)
<i>loxapine succinate</i>	1	PA; ST; QL (4 EA per 1 day); AR
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>lurasidone oral tablet 80 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
LYBALVI	2	PA; ST; QL (30 EA per 28 days)
MARPLAN	2	QL (3 EA per 1 day)
<i>meprobamate</i>	1	QL (4 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG	2	QL (1 EA per 1 day); AR
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	QL (1 EA per 1 Day); AR
METADATE ER	1	QL (3 EA per 1 day); AR
METHYLIN ORAL SOLUTION 10 MG/5 ML	2	PA; ST; QL (30 ML per 1 day); AR
METHYLIN ORAL SOLUTION 5 MG/5 ML	2	PA; ST; QL (60 ML per 1 day); AR

Drug Name	Tier	Restrictions / Limits
<i>methylphenidate</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	PA; ST; QL (30 ML per 1 day); AR
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	PA; ST; QL (60 ML per 1 day); AR
<i>methylphenidate hcl oral tablet</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>methylphenidate hcl oral tablet extended release</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 54 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg</i>	2	PA; ST; AR
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	2	PA; ST; QL (1 EA per 1 day); AR
<i>methylphenidate hcl oral tablet, chewable</i>	1	PA; ST; QL (3 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
<i>mirtazapine</i>	1	QL (1 EA per 1 day)
<i>modafinil oral tablet 100 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>modafinil oral tablet 200 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>molindone oral tablet 10 mg</i>	1	QL (4 EA per 1 day); AR
<i>molindone oral tablet 25 mg</i>	1	PA; ST; QL (9 EA per 1 day); AR
<i>molindone oral tablet 5 mg</i>	1	PA; ST; QL (4 EA per 1 day); AR
NARDIL	2	PA; QL (6 EA per 1 day)
<i>nefazodone</i>	1	QL (2 EA per 1 day)
NORPRAMIN ORAL TABLET 10 MG	2	PA; QL (4 EA per 1 day)
NORPRAMIN ORAL TABLET 25 MG	2	PA; QL (2 EA per 1 day)
<i>nortriptyline oral capsule 10 mg, 25 mg</i>	1	QL (4 EA per 1 day)
<i>nortriptyline oral capsule 50 mg</i>	1	QL (3 EA per 1 day)
<i>nortriptyline oral capsule 75 mg</i>	1	QL (2 EA per 1 day)
<i>nortriptyline oral solution</i>	1	QL (20 ML per 1 day)
NUPLAZID	2	PA; QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	2	PA; ST; QL (1 EA per 1 day); AR
NUVIGIL ORAL TABLET 50 MG	2	PA; ST; QL (2 EA per 1 day); AR
<i>olanzapine intramuscular</i>	1	PA; ST; AR
<i>olanzapine oral tablet 10 mg, 15 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
<i>olanzapine oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>olanzapine oral tablet 20 mg</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>olanzapine oral tablet, disintegrating 20 mg</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>olanzapine oral tablet, disintegrating 5 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>olanzapine-fluoxetine</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>oxazepam</i>	1	PA; QL (4 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
PAMELOR ORAL CAPSULE 10 MG, 25 MG	2	PA; QL (4 EA per 1 day)
PAMELOR ORAL CAPSULE 50 MG	2	PA; QL (3 EA per 1 day)
PAMELOR ORAL CAPSULE 75 MG	2	PA; QL (2 EA per 1 day)
<i>paroxetine hcl oral suspension</i>	1	ST; QL (40 ML per 1 day); AR
<i>paroxetine hcl oral tablet 10 mg</i>	1	ST; QL (1.5 EA per 1 day); AR
<i>paroxetine hcl oral tablet 20 mg</i>	1	ST; QL (1 EA per 1 day); AR
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	ST; QL (2 EA per 1 day); AR
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg</i>	1	ST; QL (1 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	1	ST; QL (2 EA per 1 day); AR
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG	2	PA; ST; QL (1 EA per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 37.5 MG	2	PA; ST; QL (2 EA per 1 day)
PAXIL ORAL SUSPENSION	2	PA; ST; QL (40 ML per 1 day)
PAXIL ORAL TABLET 10 MG	2	PA; ST; QL (1.5 EA per 1 day)
PAXIL ORAL TABLET 20 MG	2	PA; ST; QL (1 EA per 1 day)
PAXIL ORAL TABLET 30 MG, 40 MG	2	PA; ST; QL (2 EA per 1 day)
<i>perphenazine</i>	1	PA; ST; QL (4 EA per 1 day); AR
<i>perphenazine-amitriptyline</i>	1	PA; ST; AR
PERSERIS	2	PA; ST; QL (1 EA per 28 days)
<i>phenelzine</i>	1	QL (6 EA per 1 day)
<i>pimozide oral tablet 1 mg</i>	1	PA; ST; QL (10 EA per 1 day); AR
<i>pimozide oral tablet 2 mg</i>	1	PA; ST; QL (5 EA per 1 day); AR
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	PA; QL (2 EA per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	PA; QL (1 EA per 1 day)
<i>protriptyline</i>	1	QL (4 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
PROVIGIL ORAL TABLET 100 MG	2	PA; ST; QL (1 EA per 1 day); AR
PROVIGIL ORAL TABLET 200 MG	2	PA; ST; QL (2 EA per 1 day); AR
PROZAC ORAL CAPSULE 10 MG	2	PA; QL (1 EA per 1 day)
PROZAC ORAL CAPSULE 20 MG	2	PA; QL (4 EA per 1 day)
PROZAC ORAL CAPSULE 40 MG	2	PA; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	2	ST; QL (1 EA per 1 day); AR
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	2	ST; QL (2 EA per 1 day); AR
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	2	ST; QL (3 EA per 1 day); AR
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>quetiapine oral tablet 150 mg</i>	2	PA; ST; QL (2 EA per 1 day); AR
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA; ST; QL (4 EA per 1 day); AR
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	1	PA; ST; QL (4 EA per 1 day); AR
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	2	PA; ST; QL (1 EA per 1 day); AR
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	2	PA; ST; QL (2 EA per 1 day); AR
QUILLIVANT XR	2	PA; ST; QL (12 ML per 1 day); AR
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	2	PA; ST
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG	2	PA; ST; QL (2 EA per 1 day); AR
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 63 MG, 72 MG	2	PA; ST; QL (1 EA per 1 day); AR
REMERON	2	PA; QL (1 EA per 1 day)
REMERON SOLTAB	2	PA; QL (1 EA per 1 day)
REXULTI ORAL TABLET	2	PA; ST; QL (1 EA per 1 day); AR
RISPERDAL	2	PA; ST; AR
RISPERDAL CONSTA	2	PA; ST; QL (2 EA per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml</i>	1	PA; ST; QL (2 EA per 28 days); AR

Drug Name	Tier	Restrictions / Limits
<i>risperidone microspheres intramuscular suspension,extended rel recon 50 mg/2 ml</i>	1	PA; ST; QL (2 EA per 28 days)
<i>risperidone oral solution</i>	1	PA; ST; QL (8 ML per 1 day); AR
<i>risperidone oral tablet</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>risperidone oral tablet,disintegrating</i>	1	PA; ST; QL (2 EA per 1 day); AR
RITALIN	2	PA; ST; QL (3 EA per 1 day); AR
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 40 MG	2	PA; ST; QL (1 EA per 1 day); AR
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 30 MG	2	PA; ST; QL (2 EA per 1 day); AR
RYKINDO	2	QL (2 EA per 28 days); AR
SAPHRIS	2	PA; ST; AR
SECUADO	2	PA; ST; QL (1 EA per 1 day); AR
SEROQUEL	2	PA; ST; AR
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	2	PA; ST; AR
<i>sertraline oral capsule 150 mg</i>	2	QL (2 EA per 1 day)
<i>sertraline oral capsule 200 mg</i>	2	QL (1 EA per 1 day)
<i>sertraline oral concentrate</i>	1	QL (10 ML per 1 day)
<i>sertraline oral tablet 100 mg</i>	1	QL (3 EA per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	1	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	2	ST; QL (4 KITS per 30 days); AR
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	2	ST; QL (4 EA per 30 days); AR
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	2	PA; ST; QL (2 EA per 1 day)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	2	PA; ST; QL (1 EA per 1 day)
SUNOSI	2	PA; ST; QL (1 EA per 1 day); AR
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	2	PA; ST; QL (1 EA per 1 day)
<i>thioridazine</i>	1	PA; ST; QL (4 EA per 1 day); AR
<i>thiothixene</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>tranylcypromine</i>	1	QL (6 EA per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg</i>	1	QL (3 EA per 1 day)
<i>trazodone oral tablet 300 mg, 50 mg</i>	1	QL (2 EA per 1 day)
<i>trifluoperazine oral tablet 1 mg, 2 mg, 5 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>trifluoperazine oral tablet 10 mg</i>	1	PA; ST; QL (4 EA per 1 day); AR
<i>trimipramine oral capsule 100 mg</i>	1	QL (3 EA per 1 day)
<i>trimipramine oral capsule 25 mg, 50 mg</i>	1	QL (1 EA per 1 day)
TRINTELLIX	2	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
UZEDY	2	PA; ST; QL (1 EA per 28 days); AR
<i>venlafaxine besylate</i>	2	QL (2 EA per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	1	ST; QL (2 EA per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	1	ST; QL (1 EA per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	QL (3 EA per 1 day)
<i>venlafaxine oral tablet</i>	1	QL (3 EA per 1 day)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	1	QL (2 EA per 1 day)
<i>venlafaxine oral tablet extended release 24hr 225 mg, 37.5 mg</i>	1	QL (1 EA per 1 day)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	1	QL (3 EA per 1 day)
VERSACLOZ	2	PA; ST; QL (12 ML per 1 day)
VIIBRYD	2	PA; QL (1 EA per 1 day)
<i>vilazodone oral tablet 10 mg</i>	1	QL (1 EA per 1 day)
<i>vilazodone oral tablet 20 mg, 40 mg</i>	1	ST; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG	2	PA; ST; QL (2 EA per 1 day); AR
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	2	PA; ST; QL (1 EA per 1 day); AR
VYVANSE	2	PA; ST; QL (1 EA per 1 day); AR
WELLBUTRIN SR	2	PA; ST; QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
WELLBUTRIN XL	2	PA; ST; QL (1 EA per 1 day)
XANAX ORAL TABLET 0.25 MG, 0.5 MG	2	PA; QL (3 EA per 1 day)
XANAX ORAL TABLET 1 MG, 2 MG	2	PA; QL (4 EA per 1 day)
XANAX XR	2	PA; QL (1 EA per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>ziprasidone mesylate</i>	1	PA; ST; AR
ZOLOFT ORAL CONCENTRATE	2	PA; QL (10 ML per 1 day)
ZOLOFT ORAL TABLET 100 MG	2	PA; QL (3 EA per 1 day)
ZOLOFT ORAL TABLET 25 MG, 50 MG	2	PA; QL (2 EA per 1 day)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	2	PA; ST; QL (28 EA per 365 days); AR
ZURZUVAE ORAL CAPSULE 30 MG	2	PA; ST; QL (14 EA per 365 days); AR
ZYPREXA	2	PA; ST; AR
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	2	PA; ST; QL (2 EA per 28 days); AR
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	PA; ST; QL (1 EA per 28 days); AR
ZYPREXA ZYDIS	2	PA; ST; AR
SEDATIVE/HYPNOTICS		
AMBIEN	2	PA; QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
AMBIEN CR	2	PA; QL (1 EA per 1 day)
ATIVAN INJECTION	2	PA
BELSOMRA	2	ST; QL (1 EA per 1 day); AR
DAYVIGO	2	ST; QL (1 EA per 1 day); AR
DORAL	2	PA; QL (1 EA per 1 day)
<i>doxepin oral tablet</i>	1	QL (1 EA per 1 day)
EDLUAR	2	QL (1 EA per 1 day)
<i>estazolam</i>	1	PA; QL (1 EA per 1 day)
<i>eszopiclone</i>	1	QL (1 EA per 1 day)
<i>flurazepam</i>	1	PA; QL (1 EA per 1 day)
HALCION	2	PA; QL (1 EA per 1 day)
HETLIOZ	2	PA; ST; QL (1 EA per 1 day); AR
HETLIOZ LQ	2	PA; ST; QL (5 ML per 1 day); AR
IGALMI	2	PA; ST; QL (2 EA per 30 days)
<i>lorazepam injection</i>	1	PA
LUMRYZ	2	
LUNESTA	2	PA; QL (1 EA per 1 day)
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml)</i>	2	PA
<i>midazolam oral syrup 2 mg/ml</i>	1	PA
<i>pentobarbital sodium</i>	1	
<i>phenobarbital</i>	1	
<i>phenobarbital sodium</i>	1	
<i>quazepam</i>	2	PA; QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
QUVIVIQ	2	ST; QL (1 EA per 1 day); AR
<i>ramelteon</i>	1	QL (1 EA per 1 day)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG	2	PA; QL (1 EA per 1 day)
RESTORIL ORAL CAPSULE 7.5 MG	2	PA
ROZEREM	2	PA; QL (1 EA per 1 day)
SILENOR	2	PA; QL (1 EA per 1 day)
<i>sodium oxybate</i>	2	PA; ST; QL (18 ML per 1 day); AR
<i>tasimelteon</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>temazepam</i>	1	PA; QL (1 EA per 1 day)
<i>triazolam</i>	1	PA; QL (1 EA per 1 day)
XYREM	2	PA; ST; QL (18 ML per 1 day); AR
XYWAV	2	PA; ST; QL (9 Grams per 1 day); AR
<i>zaleplon</i>	1	QL (2 EA per 1 day)
<i>zolpidem oral capsule</i>	2	QL (1 EA per 1 day)
<i>zolpidem oral tablet</i>	1	QL (1 EA per 1 day)
<i>zolpidem oral tablet, ext release multiphase</i>	1	QL (1 EA per 1 day)
<i>zolpidem sublingual</i>	1	QL (1 EA per 1 day)
SKIN PREPS		
ACCUTANE	1	
<i>acitretin</i>	1	PA
<i>adapalene topical cream</i>	1	ST; AR

Drug Name	Tier	Restrictions / Limits
<i>adapalene topical gel 0.3 %</i>	1	ST; AR
<i>adapalene topical gel with pump</i>	1	ST
ALA-CORT	1	
<i>alclometasone topical cream</i>	1	
<i>alclometasone topical ointment</i>	1	QL (2 GM per 1 day)
AMNESTEEM	1	ST; AR
AZELEX	2	
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	1	PA
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	1	
<i>calcipotriene scalp</i>	1	QL (2 ML per 1 day)
<i>calcipotriene topical cream</i>	1	QL (4 GM per 1 day)
CLARAVIS	1	ST; AR
<i>clindamycin-benzoyl peroxide topical gel</i>	1	ST

Drug Name	Tier	Restrictions / Limits
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	ST
<i>clobetasol scalp</i>	1	PA
<i>clobetasol topical cream</i>	1	PA
<i>clobetasol topical gel</i>	1	PA
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical shampoo</i>	1	PA; QL (118 ML per 30 days)
<i>clobetasol-emollient topical cream</i>	1	
CLODAN	1	PA; QL (118 ML per 30 days)
<i>desonide topical cream</i>	1	
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical ointment 0.05 %</i>	1	QL (4 GM per 1 day)
DIFFERIN TOPICAL CREAM	2	PA
DIFFERIN TOPICAL GEL WITH PUMP	2	
DIFFERIN TOPICAL LOTION	2	
<i>diflorasone</i>	1	PA; QL (2 GM per 1 day)
ENSTILAR	2	
EPIDUO FORTE	2	PA
FINACEA	2	ST
<i>fluocinolone and shower cap</i>	1	QL (1 ML per 28 days)
<i>fluocinolone topical cream</i>	1	QL (2 GM per 1 day)
<i>fluocinolone topical oil</i>	1	
<i>fluocinolone topical ointment</i>	1	QL (2 GM per 1 day)
<i>fluocinolone topical solution</i>	1	QL (4 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>fluocinonide topical cream</i>	1	PA
<i>fluocinonide topical gel</i>	1	PA; QL (2 GM per 1 day)
<i>fluocinonide topical ointment</i>	1	PA; QL (2 GM per 1 day)
<i>fluocinonide topical solution</i>	1	QL (4 ML per 1 day)
FLUOCINONIDE-E	1	
<i>fluocinonide-emollient</i>	1	
<i>fluticasone propionate topical cream</i>	1	QL (2 GM per 1 day)
<i>fluticasone propionate topical ointment</i>	1	QL (2 GM per 1 day)
<i>hydrocortisone butyrate topical ointment</i>	1	
<i>hydrocortisone butyrate topical solution</i>	1	QL (2 ML per 1 day)
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	PA; QL (29 GM per 30 days)
METROCREAM	2	
METROLOTION	2	
<i>metronidazole topical cream</i>	1	AR
<i>metronidazole topical gel</i>	1	AR
<i>metronidazole topical lotion</i>	1	AR
<i>mometasone topical</i>	1	
NEUAC	1	ST
PENNSAID	2	

Drug Name	Tier	Restrictions / Limits
<i>podofilox topical solution</i>	1	QL (1 ML per 28 days)
<i>prednicarbate topical ointment</i>	1	
PROCTO-MED HC	1	
PROCTOSOL HC	1	
PROCTOZONE-HC	1	
REGRANEX	2	PA; QL (15 GM per 28 days)
RETIN-A	2	ST
ROSADAN TOPICAL CREAM	1	
ROSADAN TOPICAL GEL	1	
SANTYL	2	QL (60 GM per 28 days)
<i>selenium sulfide topical lotion</i>	1	
<i>sulfacetamide sodium topical cleanser, gel</i>	1	ST
<i>sulfacetamide sodium topical shampoo 10 %</i>	1	
TACLONEX	2	
TALTZ AUTOINJECTOR	2	PA; QL (1 ML per 22 days)
TALTZ AUTOINJECTOR (2 PACK)	2	PA; QL (2 ML per 2 days)
TALTZ AUTOINJECTOR (3 PACK)	2	PA; QL (3 ML per 22 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	2	PA
<i>tazarotene topical cream 0.1 %</i>	1	
<i>triamcinolone acetonide topical cream</i>	1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	QL (454 GM per 30 days)

Drug Name	Tier	Restrictions / Limits
TRI-CHLOR	1	
TRIDERM	1	QL (454 GM per 30 days)
<i>urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	1	
<i>urea topical lotion 40 %</i>	2	
VECTICAL	2	
ZENATANE	1	ST; AR
ZIANA	2	PA; ST
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ST; QL (1 EA per 1 day)
CHANTIX	2	AR
CHANTIX CONTINUING MONTH BOX	2	AR
CHANTIX STARTING MONTH BOX	2	PA; AR
<i>varenicline</i>	1	ST; AR
THYROID PREPS		
ARMOUR THYROID	2	
EUTHYROX	1	
<i>levothyroxine oral tablet</i>	1	
LEVOXYL	1	
<i>liothyronine oral</i>	1	
<i>methimazole</i>	1	
NP THYROID	1	
<i>propylthiouracil</i>	1	
SYNTHROID	2	
<i>thyroid (pork)</i>	1	
UNITHROID	1	
UNCLASSIFIED DRUG PRODUCTS		
<i>acamprosate</i>	1	
ADBRY	2	PA; ST
<i>alendronate oral tablet</i>	1	
<i>alfuzosin</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>arginine (l-arginine) (bulk) crystals</i>	2	
BASE, PCCA SYRUP VEHICLE	2	
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	ST; QL (3 EA per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	ST; QL (3 EA per 3 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	ST; QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	ST; QL (3 EA per 3 days)
CARBAGLU	2	PA
CHEMET	2	
<i>chloral hydrate (bulk)</i>	2	
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>cinacalcet</i>	1	
<i>cpd vehicle susp.sugar-free 12</i>	2	
<i>deferasirox oral tablet, dispersible</i>	1	PA
<i>disulfiram</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>dutasteride</i>	1	
ESBRIET ORAL CAPSULE	2	PA; QL (9 EA per 1 day)
<i>fesoterodine</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
FLAVOR BLEND 2 IN 1	2	
FLAVOR PLUS	2	
FLAVOR SWEET	2	
FLAVOR SWEET-SF	2	
<i>fluphenazine decanoate (bulk) liquid</i>	2	AR
<i>fluphenazine decanoate (bulk) oil</i>	2	

Drug Name	Tier	Restrictions / Limits
FORTEO	2	PA; ST; QL (2.4 ML per 22 days)
GALZIN	2	PA
HAEGARDA	2	PA
HYPER-SAL	2	
<i>icatibant</i>	1	PA
<i>leucovorin calcium oral</i>	1	
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
MEGAVITE	2	
MEGAVITE GOLDEN YEARS 55 PLUS	2	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	PA
MESNEX ORAL	2	
<i>miglustat</i>	1	PA; QL (90 EA per 28 days)
MX-SOL	2	
MX-SOL BLEND	2	
MX-SOL BLEND SF	2	
MX-SOL SF	2	
MX-SOL SUSPEND	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	1	
<i>nitisinone</i>	1	PA
OFEV ORAL CAPSULE 100 MG	2	PA; QL (3 EA per 1 day)
OFEV ORAL CAPSULE 150 MG	2	PA; QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
ONE DAILY WOMEN'S METABOLISM	2	
ORA-BLEND	2	
ORA-BLEND SF	2	
ORAL MIX	2	
ORAL MIX SF	2	
ORAL SUSPEND	2	
ORAL SYRUP	2	
ORAL SYRUP SF	2	
ORALONE	1	
ORA-PLUS	2	
ORA-SWEET	1	
ORA-SWEET SF	2	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	2	
ORFADIN ORAL CAPSULE 20 MG	2	PA
ORFADIN ORAL SUSPENSION	2	PA
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL	2	
<i>paricalcitol oral capsule 4 mcg</i>	1	ST
PAROEX ORAL RINSE	1	
<i>paroxetine mesylate(menop.sym)</i>	1	ST
PCCA-PLUS BASE	2	
PERIOGARD	1	
PHYTOMULTI	2	
<i>pirfenidone oral capsule</i>	1	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	PA

Drug Name	Tier	Restrictions / Limits
PULMOSAL	1	
PULMOZYME	2	PA; QL (2.5 ML per 1 day)
<i>raloxifene</i>	1	
<i>risedronate oral tablet</i>	1	PA; ST
<i>sapropterin</i>	1	PA
SAVELLA ORAL TABLET	2	
SAVELLA ORAL TABLETS,DOSE PACK	2	QL (1 Pak per 90 days)
<i>selegiline hcl (bulk)</i>	2	
SENSIPAR	2	
<i>simple syrup</i>	1	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	1	
<i>sodium chloride inhalation solution for nebulization 10 %</i>	1	QL (4 ML per 1 day)
<i>sodium phenylbutyrate (bulk)</i>	1	
<i>solifenacin</i>	1	
SOMAVERT	2	PA; QL (30 Vials per 30 days); AR
STRENSIQ	2	PA
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	2	PA; ST; QL (100 mg per 30 days); AR
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	2	PA; ST; QL (300 mg per 30 days); AR
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	PA; ST; QL (24 mg per 1 day); AR

Drug Name	Tier	Restrictions / Limits
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	2	PA; ST; QL (24 MG per 1 day); AR
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	2	ST; QL (24 mg per 1 day); AR
SUSPENDRX ANHYDROUS SWEETENED	2	
SUSPENDRX ANHYDROUS UNSWEET	2	
SWEET-SF	2	
SYRPALTA VEHICLE	1	
SYRSPEND SF LIQUID	2	
SYRUP VEHICLE SF	2	
<i>tamsulosin</i>	1	
TEZSPIRE	2	PA; ST
THIOLA EC	2	
<i>triamcinolone acetonide dental</i>	1	
TYBOST	2	
VERSA FREE	2	
VERSA PLUS	2	
VITAMIN D3 COMPLETE	2	
VIVITROL	2	QL (1 EA per 30 days)
VYNDAMAX	2	PA; QL (1 EA per 1 day)
VYNDAQEL	2	PA; QL (4 EA per 1 day)
ZUBSOLV	2	ST; QL (17.2 MG per 1 day); AR
VITAMINS		
A THRU Z	1	
A THRU Z ADVANCED FORMULA	1	
A THRU Z HIGH POTENCY	1	

Drug Name	Tier	Restrictions / Limits
A THRU Z MEN'S ULTIMATE	2	
A THRU Z SELECT 50PLUS FORMULA	1	
A THRU Z SELECT ORAL TABLET , 500-300-250 MCG	1	
A THRU Z SELECT WOMEN'S	1	
ABC COMPLETE SENIOR WOMEN'S	2	
ABC PLUS	1	
ACTIVNUTRIENTS CHEWABLE	2	
ADEK GUMMIES PLUS ZINC	2	
ADULT MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	2	
ADULT ONE DAILY GUMMIES	2	
ADULTS 50 PLUS	1	
ADULTS' DAILY FORMULA	2	
ADULTS MULTIVITAMIN	2	
ADVANCED MULTI EA	2	
ALIVE MAX POTENCY	2	
ALIVE PREMIUM PRENATAL	2	
ALIVE WOMEN'S 50 PLUS (BLEND)	2	
ALIVE WOMEN'S 50 PLUS GUMMY	2	
ALIVE WOMEN'S 50 PLUS ULTRA	2	
ALIVE WOMEN'S ENERGY	2	
ALIVE WOMEN'S GUMMY VITAMIN	2	
ALIVE WOMEN'S ULTRA POTENCY	2	

Drug Name	Tier	Restrictions / Limits
AMLADEX	2	
ANIMAL CHEWS	1	
APATATE FORTE	1	
AQUA-E	2	
AQUASOL A	2	
<i>ascorbic acid (vitamin c) oral tablet</i>	1	
B COMPLEX	2	
BABY DDROPS	2	
BABY VITAMIN D3	2	
BABY'S SUPER DAILY D3	2	
BACMIN	2	
BARIATRIC MULTIVITAMINS	2	
BIO-35, GLUTEN FREE	2	
BIOCEL (WITH LUTEIN)	1	
BIO-D-MULSION	2	
BIOTECT PLUS	1	
<i>biotin oral capsule 5 mg</i>	1	
C COMPLEX	1	
C-1000	1	
C-1000 WITH ROSE HIPS	1	
C-500 ORAL TABLET	1	
CALCIDOL	1	
<i>calcitriol oral</i>	1	
CENTRAL-VITE	2	
CENTRAVITES	1	
CENTRAVITES 50 PLUS	1	
CENTRAVITES ADULTS	2	
CENTRUM ADULT 50 FRESH-FRUITY	2	
CENTRUM CHEWABLES	2	
CENTRUM COMPLETE	2	

Drug Name	Tier	Restrictions / Limits
CENTRUM KIDS (VIT D3, VIT K)	2	
CENTRUM MEN	2	
CENTRUM ORAL LIQUID 9 MG IRON/15 ML	2	
CENTRUM ORAL TABLET	1	
CENTRUM SILVER ORAL TABLET,CHEWABLE	2	
CENTRUM SPECIALIST HEART	2	
CENTRUM ULTRA MEN'S	2	
CENTRUM WOMEN	1	
CENTURY	1	
CENTURY MATURE	1	
CEROVITE JR	1	
CEROVITE SENIOR	1	
CERTA PLUS	1	
CERTAVITE SENIOR	1	
CERTAVITE-ANTIOXIDANT	1	
CHILD CHEWABLE VITAMN COMPLETE	2	
CHILD COMPLETE MULTIVITAMIN	2	
CHILD MULTIVITAMIN PLUS IRON	2	
CHILDREN MULTIVITAMIN	2	
CHILDREN'S CHEW MULTIVITAMIN	1	
CHILDREN'S CHEWABLE COMPLETE	2	
CHILDREN'S CHEWABLE MULTIVITMN	1	
CHILDREN'S CHEWABLE VITAMIN	2	

Drug Name	Tier	Restrictions / Limits
CHILDREN'S CHEWABLES	1	
CHILDREN'S CHEWABLES EXTRA C	1	
CHILDREN'S MULTI-VIT GUMMIES	2	
CHILDREN'S MULTIVITAMIN	2	
CHILDREN'S MULTIVITAMIN GUMMY	2	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	1	
<i>cholecalciferol (vitamin d3) oral capsule 62.5 mcg (2,500 unit)</i>	2	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/drop (400 unit/drop)</i>	2	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i>	1	
<i>cholecalciferol (vitamin d3) oral tablet 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	1	
<i>cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	1	
COMPLETE MULTIVITAMIN-MINERAL ORAL LIQUID	2	

Drug Name	Tier	Restrictions / Limits
COMPLETE MULTIVITAMIN-MINERAL ORAL TABLET	1	
COMPLETE MV ADULT 50 PLUS	1	
CORVITA	1	
CORVITE	2	
CORVITE FREE	2	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>cyanocobalamin (vitamin b-12) oral capsule 1,000 mcg</i>	2	
<i>cyanocobalamin (vitamin b-12) oral liquid</i>	2	
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg</i>	1	
<i>cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg</i>	1	
D3-2000	1	
D3-5000	1	
DAILY GUMMIES	2	
DAILY MULTIPLE FOR WOMEN	2	
DAILY MULTIVITAMIN	2	
DAILY MULTI-VITAMIN	1	
DAILY MULTIVITAMIN WITH IRON	1	
DAILY VALUE	1	
DAILY VITAMIN FORMULA	1	
DAILY VITAMIN FORMULA-IRON	1	
DAILY VITAMIN WITH IRON	1	
DAILY VITES/IRON	1	
DAILY-VITE	1	
DAILY-VITE (WITH FOLIC ACID)	1	

Drug Name	Tier	Restrictions / Limits
DAYAVITE	2	
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)	1	
DECUBI VITE	2	
DEKAS BARIATRIC	2	
DEKAS PLUS (FOLIC ACID)	2	
DEKAS PLUS LIQUID	2	
DELTA D3	1	
DERMACINRX FOLIFLEX	2	
DERMACINRX FOLITIN-Z	2	
DERMACINRX MULTITAM	2	
DERMACINRX RIBOTIN-E	2	
DERMACINRX VENEXA	2	
DERMACINRX VENEXA FE	2	
DERMACINRX VENTRIXYL	2	
DERMACINRX VENTRIXYL FE	2	
DERMACINRX VITRAMYN	2	
DERMACINRX VITRANOL	2	
DERMACINRX VITRANOL FE	2	
DERMACINRX VITREXATE	2	
DERMACINRX VITREXATE FE	2	
DERMACINRX ZINTREXYL-C	2	
DIABETES HEALTH FORMULA	2	
DIALYVITE SUPREME D	2	
DIALYVITE VITAMIN D	1	

Drug Name	Tier	Restrictions / Limits
DRISDOL	2	
D-VI-SOL	1	
E-200	1	
ELDERTONIC	2	
ENDUR-ACIN	1	
ENDUR-C WITH ROSE HIPS ORAL TABLET EXTENDED RELEASE 1,000 MG	1	
ENDUR-VM IRON-FREE	2	
ENDUR-VM WITH IRON	2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 50 mcg (2,000 unit)</i>	2	
<i>ergocalciferol (vitamin d2) oral drops</i>	1	
<i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)</i>	1	
<i>ergocalciferol (vitamin d2) oral tablet 50 mcg (2,000 unit)</i>	2	
ESSENTIA	1	
ESSENTIAL MAN	2	
ESSENTIAL MAN 50 PLUS	2	
ESSENTIAL WOMAN 50 PLUS	2	
FLINTSTONES COMPLETE	2	
FLINTSTONES COMPLETE (FE SULF)	2	
FLINTSTONES GUMMIES	2	
FLINTSTONES GUMMIES OMEGA-3	2	
FLINTSTONES MULTI-VIT GUMMIES	2	

Drug Name	Tier	Restrictions / Limits
FLINTSTONES PLUS CALCIUM	2	
FLINTSTONES SOUR GUMMIES	2	
FLINTSTONES TAB CHEW	2	
FLINTSTONES WITH IRON	2	
FLINTSTONES/EXTRA C ORAL TABLET,CHEWABLE 100 MCG	2	
FOLAGENT DHA	2	
FOLAMAX	2	
FOLAMED DHA	2	
FORTAVIT	2	
FREEDAVITE	2	
GENADEK	2	
GENADEK STEP 1	2	
GENADEK STEP 2	2	
GUMMI BEAR MULTIVITAMIN	1	
GUMMIES CHILDREN MULTIVITAMIN	2	
GUMMY DINOS	2	
HIGH POTENCY MULTIVIT (W-IRON)	1	
HIGH POTENCY MULTIVITAMIN	2	
HONEY BEARS MULTIVITAMIN	1	
INFANT-TODDLER MULTIVITAMIN	2	
INFANT-TODDLER MULTIVIT-IRON	1	
JUST 4 KIDZ MULTIVIT-PROBIOTIC	2	
KIDS' GUMMY	2	
KIDS MULTIVITAMIN-MINERALS ORAL TABLET,CHEWABLE 200 MCG	2	

Drug Name	Tier	Restrictions / Limits
KIDS VITAMIN D3	1	
K-PAX IMMUNE SUPPORT	2	
<i>levomefolate calcium</i>	1	PA
LIQUID B-12	1	
LITTLE ANIMALS	1	
LITTLE ANIMALS-IRON	1	
<i>Imefol ca-acetyl-meb12-algal</i>	2	PA
L-METHYL-B6-B12	1	PA
L-METHYLFOLATE ORAL TABLET 15 MG	1	PA; AR
L-METHYLFOLATE ORAL TABLET 7.5 MG	1	PA
LYSIPLEX PLUS ORAL LIQUID	1	
MEGA MULTI FOR WOMEN	1	
MEGA MULTIVITAMIN FOR MEN	1	
MEN 50 PLUS ADVANCED ONE DAILY	2	
MEN'S 50 PLUS DAILY FORMULA	2	
MEN'S 50 PLUS MULTIVITAMIN	2	
MEN'S DAILY	2	
MEN'S DAILY FORMULA	2	
MEN'S DAILY GUMMIES	2	
MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	2	
MEN'S ONE DAILY	2	
MILLTRIUM SENIOR	1	
MONOCAPS	2	
MULTI COMPLETE WITH IRON	1	

Drug Name	Tier	Restrictions / Limits
MULTI FOR HER 50 PLUS	2	
MULTI FOR HER ORAL CAPSULE	2	
MULTI FOR HER ORAL TABLET	1	
MULTI PRO	2	
MULTI VITAMIN	2	
MULTI-DAY PLUS MINERALS	2	
MULTI-DAY WITH IRON	1	
MULTIPLE VITAMIN-MINERALS	1	
MULTIPLE VITAMINS	1	
<i>multivit with min-folic acid oral tablet</i>	1	
<i>multivit,calc,min-fa-k1-lycop</i>	2	
<i>multivitamin</i>	1	
MULTIVITAMIN 50 PLUS	1	
MULTIVITAMIN GUMMIES	2	
MULTI-VITAMIN HP/MINERALS	1	
<i>multivitamin with iron</i>	1	
MULTIVITAMIN WITH MINERALS	1	
MULTIVITAMIN WOMEN 50 PLUS	1	
MULTI-VITE ORAL LIQUID 9 MG IRON/15 ML	2	
<i>multivit-min-ferrous fumarate</i>	2	
<i>multivit-min-ferrous gluconate</i>	2	
<i>multivit-min-iron fum-folic ac</i>	1	
<i>mv-min-folic acid-lutein</i>	2	
MVW COMPLETE FORMUL MULTIVIT	2	

Drug Name	Tier	Restrictions / Limits
MVW COMPLETE FORMULATION D3000	2	
MVW COMPLETE FORMULATION D5000	2	
MY-VITALIFE	1	
NEOVITE	2	
<i>niacin (inositol niacinate) oral tablet</i>	2	
<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i>	1	
<i>niacinamide oral tablet 500 mg</i>	1	
NOVAFERRUM PEDIATRIC MV-IRON	2	
NOVAMV	2	
OMNICAP	1	
ONE DAILY	1	
ONE DAILY CALCIUM/IRON	1	
ONE DAILY COMPLETE ORAL TABLET 18-0.4 MG	1	
ONE DAILY ESSENTIAL ORAL TABLET , 0.4 MG, 400 MCG	1	
ONE DAILY ESSENTIAL ORAL TABLET 0.5 MG	2	
ONE DAILY FOR MEN	1	
ONE DAILY FOR MEN 50 PLUS ADV	1	
ONE DAILY FOR WOMEN	1	
ONE DAILY HEALTHY WEIGHT	2	
ONE DAILY MAXIMUM	1	
ONE DAILY MEN'S 50 PLUS MEMORY	1	
ONE DAILY MEN'S 50 PLUS W-D3	2	
ONE DAILY MEN'S HEALTH	2	

Drug Name	Tier	Restrictions / Limits
ONE DAILY MULTI-VIT W-MINERAL	1	
ONE DAILY MULTIVITAMIN	1	
ONE DAILY MULTIVITAMIN-IRON	2	
ONE DAILY MULTIVIT-IRON(FOLIC)	1	
ONE DAILY PLUS IRON	1	
ONE DAILY WOMEN 50 PLUS	1	
ONE DAILY WOMEN 50 PLUS(VIT K)	2	
ONE DAILY WOMENS 50 PLUS	1	
ONE DAILY WOMEN'S HEALTH	1	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-25 MCG	2	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-450 MG CA	1	
ONE-A-DAY ENERGY	2	
ONE-A-DAY ESSENTIAL	1	
ONE-A-DAY KID'S	2	
ONE-A-DAY MEN VITACRAVES	2	
ONE-A-DAY MENOPAUSE FORMULA	2	
ONE-A-DAY MEN'S 50 PLUS	2	
ONE-A-DAY MEN'S COMPLETE	2	
ONE-A-DAY MEN'S MULTIVITAMIN	2	
ONE-A-DAY PROACTIVE 65 PLUS	2	

Drug Name	Tier	Restrictions / Limits
ONE-A-DAY TEEN ADVANTAGE	1	
ONE-A-DAY TEEN HER VITACRAVES	2	
ONE-A-DAY TEEN HIM VITACRAVES	2	
ONE-A-DAY VITACRAVES	2	
ONE-A-DAY VITACRAVES IMMUNITY	2	
ONE-A-DAY WEIGHTSMART	2	
ONE-A-DAY WOMEN VITACRAVES	2	
ONE-A-DAY WOMEN'S 50 PLUS	2	
ONE-A-DAY WOMEN'S ACTIVE	2	
ONE-A-DAY WOMENS FORMULA	2	
ONE-A-DAY WOMEN'S HEALTHY SKIN	2	
ONE-A-DAY WOMEN'S PETITES	2	
ONE-DAILY MULTI	2	
ONEVITE(WITH LUTEIN)	2	
OPTIMAL D3	1	
OPURITY MULTIVITAMIN	2	
<i>pedi multivit no. 194-iron sulf</i>	2	
PEDIA D-VITE ORAL DROPS	1	
PEDIA POLY-VITE	2	
PEDIA POLY-VITE WITH IRON	2	
PEDIATRIC D-VITE	1	
<i>pediatric multivitamin no. 171</i>	2	
PEDIATRIC POLY-VITE	2	

Drug Name	Tier	Restrictions / Limits
PEDIATRIC POLY-VITE WITH IRON	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	PA; QL (15 EA per 28 days)
POLY-VI-SOL ORAL DROPS	2	
POLY-VI-SOL WITH IRON	2	
POLY-VITA DROPS	2	
POLY-VITA WITH IRON	2	
PROCERV HP	2	
PROFOLA	2	
PRORENAL QD	2	
PROTECT CARDIO AF	2	
PROTECT PLUS SO	2	
<i>pyridoxine (vitamin b6) oral tablet 100 mg, 250 mg, 50 mg</i>	1	
QUFLORA PEDIATRIC	2	
QUINTABS	2	
QUINTABS-M	2	
QUINTABS-M IRON FREE	1	
REMEDIENT	2	
REQ49 PLUS	2	
<i>riboflavin (vitamin b2) oral tablet 100 mg, 50 mg</i>	1	
SCOOBY-DOO ONE A DAY KIDS	2	
SENIOR TABS	1	
SENTRY	1	
SENTRY SENIOR	1	
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG	1	
SOLO	2	
SOOTHING PUREWAY-C	1	
SPECTRAVITE ADULT	1	

Drug Name	Tier	Restrictions / Limits
SPECTRAVITE ADULT 50 PLUS	1	
SPECTRAVITE ADULT 50 PLUS(LUT)	2	
SPECTRAVITE ADVANCED FORMULA	1	
SPECTRAVITE MEN'S	1	
SPECTRAVITE WOMEN	1	
SPECTRAVITE WOMEN 50 PLUS	1	
STRESS B WITH ZINC	1	
STRESS FORMULA	1	
STRESS FORMULA WITH ZINC	1	
STROVITE ONE	2	
SUNVITE	1	
SUPER MULTIPLE - LOW IRON	2	
SUPER MULTIVITAMIN	1	
SUPER THERA VITE M	1	
SUPPORT	1	
TAB-A-VITE	1	
TAB-A-VITE MULTIVITAMIN W- IRON ORAL TABLET 15 MG IRON- 400 MCG	1	
THERA	1	
THERA-D	1	
THERAGRAN-M PREMIER 50 PLUS	2	
THERALOGIX COMPANION	1	
THERA-M ORAL TABLET 19 MG IRON- 400 MCG	2	
THERA-M ORAL TABLET 27-0.4 MG	1	
THERAMILL FORTE	2	
THERAPEUTIC-M	1	
THERA-TABS	1	

Drug Name	Tier	Restrictions / Limits
THERATRUM COMPLETE 50 PLUS/LUT	1	
THERATRUM COMPLETE 50 PLUS-LYC	1	
THERATRUM COMPLETE WITH LUTEIN	1	
THEREMS MULTIVITAMIN	1	
<i>thiamine hcl (vitamin b1) oral tablet 100 mg, 250 mg, 50 mg</i>	1	
<i>thiamine mononitrate (vit b1) oral tablet 100 mg</i>	1	
TRI-VI-SOL	2	
UDAMIN SP	2	
ULTRA FREEDA	2	
V-C FORTE	1	
VIC-FORTE	1	
VITABEX PLUS	2	
VITACEL (WITH LUTEIN)	1	
VITAJOY DAILY D	1	
VITALEE	1	
VITALETS	1	
<i>vitamin a oral capsule 3,000 mcg (10,000 unit)</i>	1	
<i>vitamin a palmitate oral capsule</i>	2	
<i>vitamin a palmitate oral tablet 3,000 mcg (10,000 unit)</i>	2	
VITAMIN B-1	1	
VITAMIN B-1 (MONONITRATE)	1	
VITAMIN B-12 ORAL TABLET 1,000 MCG	1	
VITAMIN B-2 ORAL TABLET 100 MG, 50 MG	1	

Drug Name	Tier	Restrictions / Limits
VITAMIN B-6 ORAL TABLET 100 MG, 250 MG, 50 MG	1	
VITAMIN C ORAL TABLET 1,000 MG, 250 MG, 500 MG	1	
VITAMIN C ORAL TABLET EXTENDED RELEASE 1,000 MG	1	
VITAMIN C WITH ROSE HIPS ORAL TABLET	1	
VITAMIN C WITH ROSE HIPS ORAL TABLET EXTENDED RELEASE 1,000 MG	1	
VITAMIN D2	1	
VITAMIN D3	1	
<i>vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 45 mg (100 unit), 90 mg (200 unit)</i>	1	
<i>vitamin e (dl, acetate) oral drops 22.5 mg (50 unit)/ml</i>	1	
<i>vitamin e (dl, acetate) oral drops 45 mg/0.25ml 100 unit/0.25ml</i>	2	
<i>vitamin e acetate</i>	1	
<i>vitamin e mixed oral capsule 400 unit</i>	1	
<i>vitamin e oral capsule 268 mg (400 unit)</i>	1	
VITAMINS A-D-E SELENIUM	2	
VITATRUM	1	
VITREXYL	2	
VITREXYL PLUS IRON	2	
VITRUM SENIOR ORAL TABLET	1	
VITRUM SENIOR ORAL TABLET 500-300-250 MCG	2	
WEEKLY-D	1	

Drug Name	Tier	Restrictions / Limits
WOMEN'S 50 PLUS ADVANCED	2	
WOMEN'S 50 PLUS DAILY FORMULA	2	
WOMEN'S 50 PLUS MULTIVITAMIN	2	
WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG, 18 MG IRON-400 MCG-500 MG CA	2	
WOMEN'S DAILY FORMULA ORAL TABLET 27-0.4 MG	1	
WOMENS DAILY GUMMIES	2	
WOMEN'S MULTIVITAMIN	2	
WOMEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	2	
WOMEN'S MULTIVITAMIN W-BIOTIN	2	
WOMEN'S ONE DAILY ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	2	
XYZBAC	2	
YELETS	1	
ZINC WITH VITAMINS A AND C	1	
ZOO FRIENDS	2	
ZYVIT	2	

Medical Benefit

Drug Name	Tier	Restrictions / Limits
ADUHELM	2	
FASENRA PEN	2	PA; ST
<i>infliximab</i>	2	PA
OCREVUS	2	PA; QL (20 ML per 153 days)
RITUXAN	2	PA
SIMPONI ARIA	2	PA
ZULRESSO	2	PA; ST

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ATIVAN.....	44, 53	<i>benzonatate</i>	31	C-1000 WITH ROSE HIPS	60
<i>atomoxetine</i>	44	<i>benztropine</i>	15	C-500	60
<i>atorvastatin</i>	21	BEPREVE	11	<i>cabergoline</i>	37
<i>atovaquone</i>	13	BESIVANCE.....	8	CADEAU DHA.....	42
<i>atovaquone-proguanil</i>	13	<i>betamethasone dipropionate</i>	54	<i>caffeine citrate</i>	23
<i>atropine</i>	31	<i>betamethasone valerate</i>	54	CALCIDOL	60
ATROVENT HFA	7	<i>betamethasone, augmented</i>	54	<i>calcipotriene</i>	54
AUBRA	27	BETASERON	23	<i>calcitonin (salmon)</i>	37
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AUROVELA 1/20 (21)	27	<i>bexarotene</i>	14	CALCIUM 500	32
AUROVELA 24 FE	27	BEXSERO.....	19	CALCIUM 500 + D.....	32, 33
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AUVELITY	44	BIO-D-MULSION.....	60	<i>calcium carbonate-vit d3-min</i>	33
AVAR.....	8	BIOTECT PLUS	60	<i>calcium carbonate-vitamin d3</i>	33
AVAR-E	8	<i>biotin</i>	60	CALCIUM CITRATE + D	33
AVIANE.....	27	<i>bisoprolol fumarate</i>	21	<i>calcium citrate-vitamin d3</i>	33
AVONEX.....	23	<i>bisoprolol-hydrochlorothiazide</i>	21	CALCIUM WITH VITAMIN D	33
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AZOPT.....	31	BREATHERITE VALVED MDI		CAMRESE LO.....	27
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<i>bacitracin-polymyxin b</i>	8	BROMFED DM.....	31	CARBATROL	23
<i>baclofen</i>	42	<i>bromocriptine</i>	15	<i>carbidopa-levodopa</i>	15
BACMIN.....	60	<i>brompheniramine-pseudoeph-</i>		<i>carbidopa-levodopa-</i>	
BAFIERTAM	23	<i>dm</i>	31	<i>entacapone</i>	15

CARDIZEM LA.....	20	CHILD CHEWABLE VITAMN		CLEVER CHOICE CHAMBER-	
<i>carteolol</i>	31	COMPLETE	60	LRG MASK	40
CARTIA XT	20	CHILD COMPLETE		CLEVER CHOICE CHAMBER-	
<i>carvedilol</i>	21	MULTIVITAMIN	60	MED MASK.....	40
CATAPRES-TTS-1	21	CHILD MULTIVITAMIN PLUS		CLEVER CHOICE CHAMBER-	
CATAPRES-TTS-2	21	IRON.....	60	SM MASK.....	40
CATAPRES-TTS-3	21	CHILDREN MULTIVITAMIN	60	CLINDACIN ETZ	8
CAYA CONTOURED	27	CHILDREN'S CHEW		CLINDACIN P.....	8
CAYSTON	8	MULTIVITAMIN	60	<i>clindamycin hcl</i>	8
CAZIAN (28)	27	CHILDREN'S CHEWABLE		<i>clindamycin palmitate hcl</i>	8
<i>cefaclor</i>	8	COMPLETE	60	CLINDAMYCIN PEDIATRIC	8
<i>cefadroxil</i>	8	CHILDREN'S CHEWABLE		<i>clindamycin phosphate</i>	8
<i>cefdinir</i>	8	MULTIVITM N	60	<i>clindamycin-benzoyl peroxide</i>	
<i>cefepodoxime</i>	8	CHILDREN'S CHEWABLE		54, 55
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<i>cefuroxime axetil</i>	8	CHILDREN'S CHEWABLES.....	61	<i>clobetasol</i>	55
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CENTRAVITES ADULTS.....	60	CHILDREN'S SLEEP		<i>clorazepate dipotassium</i>	45
CENTRUM.....	60	(MELATONIN).....	37	<i>clotrimazole</i>	11
CENTRUM ADULT 50 FRESH-		<i>chloral hydrate (bulk)</i>	57	<i>clotrimazole-betamethasone</i>	11
FRUITY.....	60	<i>chlordiazepoxide hcl</i>	44	<i>clozapine</i>	45
CENTRUM CHEWABLES.....	60	<i>chlordiazepoxide-clidinium</i>	35	CLOZARIL.....	45
CENTRUM COMPLETE.....	60	<i>chlorhexidine gluconate</i>	57	COARTEM	13
CENTRUM KIDS (VIT D3, VIT		<i>chloroquine phosphate</i>	13	<i>codeine sulfate</i>	3
K).....	60	<i>chlorpromazine</i>	44	<i>codeine-butalbital-asa-caff</i>	3
CENTRUM MEN	60	<i>chlorthalidone</i>	31	<i>colchicine</i>	5
CENTRUM SILVER	60	<i>chlorzoxazone</i>	42	<i>colesevelam</i>	21
CENTRUM SPECIALIST		CHOLBAM	35	COMBIGAN.....	31
HEART	60	<i>cholecalciferol (vitamin d3)</i>	61	COMBIVENT RESPIMAT	7
CENTRUM ULTRA MEN'S.....	60	<i>cholestyramine (with sugar)</i>	21	COMETRIQ.....	14
CENTRUM WOMEN	60	CHOLESTYRAMINE LIGHT	21	COMPACT SPACE CHAMBER.	40
CENTURY	60	CICLODAN	11	COMPLERA	16
CENTURY MATURE.....	60	<i>ciclopirox</i>	11	COMPLETE MULTIVITAMIN-	
<i>cephalexin</i>	8	<i>cilostazol</i>	16	MINERAL	61
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CEROVITE JR.....	60	<i>cimetidine</i>	35	PLUS.....	61
CEROVITE SENIOR.....	60	<i>cinacalcet</i>	57	COMPLETENATE	42
CERTA PLUS.....	60	CIPRO HC	8	COMPRO	35
CERTAVITE SENIOR	60	<i>ciprofloxacin hcl</i>	8	CONCERTA	45
CERTAVITE-ANTIOXIDANT	60	<i>ciprofloxacin-dexamethasone</i>	8	CONSTULOSE.....	35
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<i>cyclosporine modified</i>	39	DEPO-TESTOSTERONE	37	DICLEGIS	35
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<i>fluocinonide</i>	55	GENOTROPIN	38	<i>heparin lock flush (porcine)</i>	10
FLUOCINONIDE-E.....	55	GENOTROPIN MINIQUICK	38	HEPARIN	
<i>fluocinonide-emollient</i>	55	<i>gentamicin</i>	9	LOCKFLUSH(PORCINE)(PF).....	10
<i>fluoride (sodium)</i>	34	GENVOYA	16	<i>heparin, porcine (pf)</i>	10
<i>fluorouracil</i>	14	GEODON	47	HEPLISAV-B (PF)	19
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<i>fluphenazine decanoate</i>	46	GILOTTRIF	14	HETLIOZ LQ.....	53
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<i>fluphenazine hcl</i>	46	<i>glipizide</i>	12	HI-CAL PLUS VIT D	34
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ONE-A-DAY WOMEN'S HEALTHY SKIN.....	65	<i>oxazepam</i>	49	PEDIARIX (PF).....	19
ONE-A-DAY WOMEN'S PETITES.....	65	<i>oxcarbazepine</i>	25	PEDIATRIC D-VITE.....	65
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ONFI	25	<i>oxybutynin chloride</i>	58	PEDIATRIC POLY-VITE WITH IRON	66
ONTRUZANT	15	<i>oxycodone</i>	4	PEDVAX HIB (PF)	19
<i>opium tincture</i>	36	<i>oxycodone-acetaminophen</i>	4	<i>peg 3350-electrolytes</i>	37
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OPTICHAMBER DIAMOND VHC.....	41	OYSTER SHELL + D3.....	34	PENBRAYA (PF)	19
OPTICHAMBER DIAMOND-MED MSK.....	41	OYSTER SHELL CALCIUM 500.....	34	<i>penciclovir</i>	17
OPTICHAMBER DIAMOND-SML MASK	41	OYSTER SHELL CALCIUM-VIT D3.....	34	<i>penicillamine</i>	6
OPTIMAL D3	65	OZEMPIC.....	13	<i>penicillin v potassium</i>	9
OPURITY MULTIVITAMIN	65	PACERONE	20	PENNSAID	55
OPVEE	11	PALFORZIA (LEVEL 1).....	19	PENTACEL ACTHIB COMPONENT (PF)	19
ORA-BLEND	58	PALFORZIA (LEVEL 2).....	19	PENTASA	37
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ORAL MIX SF.....	58	PALFORZIA (LEVEL 5).....	19	<i>pentoxifylline</i>	20
ORAL SUSPEND	58	PALFORZIA (LEVEL 6).....	19	PERIOGARD.....	58
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ORAL SYRUP SF	58	PALFORZIA (LEVEL 8).....	19	<i>perphenazine</i>	50
ORALONE	58	PALFORZIA (LEVEL 9).....	19	<i>perphenazine-amitriptyline</i>	50
ORA-PLUS.....	58	PALFORZIA (LEVEL 10).....	19	PERSERIS	50
ORA-SWEET	58	PALFORZIA (LEVEL 11 UP-DOSE)	19	PHEBURANE	37
ORA-SWEET SF.....	58	PALFORZIA INITIAL DOSE	19	<i>phenazopyridine</i>	5
ORENCIA	6	PALFORZIA LEVEL 11 MAINTENANCE	19	<i>phenelzine</i>	50
ORENCIA (WITH MALTOSE)	6	<i>paliperidone</i>	49	<i>phenobarbital</i>	53
ORENCIA CLICKJECT	6	PALYNZIQ	19	<i>phenobarbital sodium</i>	53
ORFADIN.....	58	PAMELOR	49	<i>phenylephrine hcl</i>	32
ORIAHNN	39	PANCREAZE	37	PHENYTEK.....	25
ORILISSA	39	PANRETIN	15	<i>phenytoin</i>	25
		<i>pantoprazole</i>	37	<i>phenytoin sodium</i>	25
		PARAGARD T 380A.....	29	<i>phenytoin sodium extended</i>	25
		<i>paricalcitol</i>	58	PHEXXI	30
		PAROEX ORAL RINSE.....	58	PHILITH	30
		<i>paroxetine hcl</i>	49, 50	PHYTOMULTI	58
		<i>paroxetine mesylate (m.e.n.o.p.s.y.m.)</i>	58	<i>phytonadione (vitamin k1)</i>	66
		PAXIL.....	50	PIFELTRO.....	17
		PAXIL CR.....	50	<i>pilocarpine hcl</i>	18, 32
				<i>pimecrolimus</i>	40
				<i>pimozide</i>	50
				PIMTREA (28).....	30
				<i>pioglitazone</i>	13

<i>pirfenidone</i>	58	PRENATAL PLUS	42	PROVERA.....	39
<i>piroxicam</i>	6	PRENATAL PLUS (CALCIUM		PROVIGIL	50
PLEGRIDY.....	25	CARB).....	42	PROZAC	50
PNEUMOVAX-23	19	PRENATAL TABLET	42	<i>psyllium husk (with sugar)</i>	37
<i>pnv cmb#95-ferrous fumarate-</i>		<i>prenatal vit no.179-iron-folic</i>	42	PULMICORT FLEXHALER.....	7
<i>fa</i>	42	PRENATAL VITAMIN.....	42	PULMOSAL.....	58
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POLY-IRON.....	34	MINERALS.....	42	<i>pyrazinamide</i>	9
<i>polymyxin b sulf-trimethoprim</i>	9	<i>prenatal vit-iron fum-folic ac.</i>	43	<i>pyridostigmine bromide</i>	18
<i>polysaccharide iron complex</i>	34	<i>pretomanid</i>	9	<i>pyridoxine (vitamin b6)</i>	66
POLY-VI-SOL	66	PREVALITE	22	<i>pyrimethamine</i>	13
POLY-VI-SOL WITH IRON.....	66	PREZCOBIX	17	QELBREE	50
POLY-VITA DROPS	66	PREZISTA	17	QUADRACEL (PF)	19
POLY-VITA WITH IRON	66	PRIFTIN.....	9	QUARTETTE.....	30
POMALYST	15	<i>primaquine</i>	13	<i>quazepam</i>	53
PORTIA 28	30	<i>primidone</i>	25	QUDEXY XR	25
<i>potassium chloride</i>	34, 35	PRISTIQ.....	50	<i>quetiapine</i>	50
<i>potassium citrate</i>	35	PROAIR RESPICLICK	7	QUFLORA PEDIATRIC	66
<i>potassium iodide</i>	35	<i>probenecid</i>	6	QUILLICHEW ER	51
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<i>pramipexole</i>	16	ADULT MASK.....	41	<i>quinapril-hydrochlorothiazide</i>	22
<i>prasugrel</i>	16	PROCARE SPACER WITH		QUINTABS.....	66
<i>pravastatin</i>	22	CHILD MASK	41	QUINTABS-M.....	66
<i>praziquantel</i>	13	PROCENTRA.....	18	QUINTABS-M IRON FREE.....	66
<i>prazosin</i>	22	PROCERV HP	66	QULIPTA.....	4
PRED FORTE.....	32	PROCHAMBER	41	QUVIVIQ	54
PRED MILD	32	<i>prochlorperazine</i>	37	QVAR REDIHALER.....	7
<i>prednicarbate</i>	56	<i>prochlorperazine edisylate</i>	37	RAGWITEK	19
<i>prednisolone</i>	39	<i>prochlorperazine maleate</i>	37	<i>raloxifene</i>	58
<i>prednisolone acetate (pf)</i>	32	PROCTO-MED HC	56	<i>ramelteon</i>	54
<i>prednisolone sodium phosphate</i>		PROCTOSOL HC	56	<i>ramipril</i>	22
.....	32, 39	PROCTOZONE-HC	56	<i>ranolazine</i>	20
<i>prednisone</i>	39	PROFOLA.....	66	REBIF (WITH ALBUMIN)	25
PREDNISONONE INTENSOL.....	39	<i>progesterone</i>	39	REBIF REBIDOSE	26
<i>pregabalin</i>	25	<i>progesterone micronized</i>	39	REBIF TITRATION PACK	26
PREHEVBRIO (PF).....	19	PROMACTA.....	27	RECLIPSEN (28).....	30
PREMARIN.....	39	<i>promethazine</i>	11, 37	RECOMBIVAX HB (PF).....	20
PREMPRO.....	39	PROMETHAZINE VC.....	11	RECTIV	37
PRENATABS FA.....	42	<i>promethazine-codeine</i>	31	REGRANEX	56
PRENATABS RX	42	<i>promethazine-dm</i>	31	REGULOID (ASPARTAME).....	37
PRENATAL.....	42	<i>promethazine-phenylephrine</i>	11	REGULOID (PSYLLIUM HUSK) 37	
PRENATAL + DHA.....	42	PROMETHEGAN	37	REGULOID (PSYLLIUM HUSK-	
PRENATAL 19.....	42	<i>propafenone</i>	20	SUCRO).....	37
PRENATAL COMPLETE.....	42	<i>propranolol</i>	22	RELENZA DISKHALER.....	17
PRENATAL FORMULA.....	42	<i>propranolol-hydrochlorothiazid</i>	22	RELEUKO	27
PRENATAL MULTI	42	<i>propylthiouracil</i>	56	RELEXXII	51
PRENATAL MULTI-DHA		PROQUAD (PF)	19	RELISTOR	11
(ALGAL OIL)	42	PRORENAL QD	66	REMEDIENT	66
PRENATAL MULTI-DHA(WITH		PROTECT CARDIO AF.....	66	REMERON.....	51
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<i>repaglinide</i>	13	<i>selenium sulfide</i>	56	SPACE CHAMBER WITH	
REPATHA PUSHTRONEX.....	22	SELZENTRY	17	MEDIUM MASK	41
REPATHA SURECLICK.....	22	SE-NATAL 19 CHEWABLE	43	SPACE CHAMBER WITH	
REPATHA SYRINGE	22	SENIOR TABS.....	66	SMALL MASK	41
REQ49 PLUS.....	66	SENNA	37	SPECTRAVITE ADULT.....	66
RESTASIS	32	<i>senna leaf extract</i>	37	SPECTRAVITE ADULT 50	
RESTORIL.....	54	SENSIPAR.....	58	PLUS.....	66
RETACRIT	27	SENTRY	66	SPECTRAVITE ADULT 50	
RETIN-A	56	SENTRY SENIOR.....	66	PLUS(LUT).....	66
REVLIMID.....	15	SEREVENT DISKUS.....	7	SPECTRAVITE ADVANCED	
REXULTI.....	51	SEROQUEL	51	FORMULA.....	66
RHOGAM ULTRA-FILTERED		SEROQUEL XR	51	SPECTRAVITE MEN'S	66
PLUS	20	SEROSTIM	39	SPECTRAVITE WOMEN	66
RHOPRESSA	32	<i>sertraline</i>	51	SPECTRAVITE WOMEN 50	
<i>riboflavin (vitamin b2)</i>	66	SETLAKIN.....	30	PLUS.....	66
<i>rifabutin</i>	9	<i>sevelamer hcl</i>	35	SPIRIVA RESPIMAT	7
<i>rifampin</i>	9	SF 5000 PLUS	35	SPIRIVA WITH HANDIHALER	7
<i>riluzole</i>	26	SFROWASA.....	37	<i>spironolactone</i>	31
<i>risedronate</i>	58	SHAROBEL	30	<i>spironolacton-hydrochlorothiaz</i>	31
RISPERDAL.....	51	<i>sildenafil (pulm.hypertension)</i>	22	SPRAVATO.....	52
RISPERDAL CONSTA.....	51	SILENOR	54	SPRINTEC (28).....	30
<i>risperidone</i>	51	SILICONE MASK - INFANT	41	SPRIX	4
<i>risperidone microspheres</i>	51	<i>silver sulfadiazine</i>	9	SPRYCEL	15
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<i>ritonavir</i>	17	<i>simple syrup</i>	58	STRATTERA.....	52
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<i>rivastigmine</i>	18	SIMPONI ARIA.....	69	STRESS B WITH ZINC	66
<i>rivastigmine tartrate</i>	18	<i>simvastatin</i>	22	STRESS FORMULA	66
RIVELSA.....	30	<i>sirolimus</i>	40	STRESS FORMULA WITH	
<i>rizatriptan</i>	4	SIRTURO.....	9	ZINC.....	66
ROBINUL.....	37	SKYLA	30	STRIBILD	17
ROBINUL FORTE	37	SKYTROFA.....	39	STROVITE ONE.....	66
ROCKLATAN.....	32	SLO-NIACIN.....	66	SUBLOCADE	58
<i>roflumilast</i>	7	SLYND.....	30	SUBOXONE	58, 59
<i>romidepsin</i>	15	<i>sodium chloride</i>	58	SUBVENITE.....	26
<i>ropinirole</i>	16	SODIUM FLUORIDE 5000		SUBVENITE STARTER (BLUE)	
ROSDAN	56	PLUS	35	KIT	26
<i>rosuvastatin</i>	22	<i>sodium oxybate</i>	54	SUBVENITE STARTER	
ROWEEPRA.....	26	<i>sodium phenylbutyrate</i>	37	(GREEN) KIT.....	26
ROWEEPRA XR.....	26	<i>sodium phenylbutyrate (bulk)</i>	58	SUBVENITE STARTER	
ROZEREM.....	54	<i>sodium polystyrene sulfonate</i>	35	(ORANGE) KIT.....	26
RYKINDO	51	<i>solifenacin</i>	58	SUCRAID	37
SAFYRAL	30	SOLQUA 100/33	13	<i>sucralfate</i>	37
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SANTYL.....	56	SOLOSEC.....	9	<i>sulfacetamide sodium-sulfur</i>	9
SAPHRIS.....	51	SOMAVERT	58	<i>sulfacetamide-prednisolone</i>	9
<i>sapropterin</i>	58	SOOTHING PUREWAY-C	66	SULFACLEANSE 8-4	10
SAVELLA.....	58	<i>sorafenib</i>	15	<i>sulfadiazine</i>	10
SCOOBY-DOO ONE A DAY		<i>sotalol</i>	22	<i>sulfamethoxazole-trimethoprim</i>	10
KIDS	66	SOTALOL AF.....	22	<i>sulfasalazine</i>	37
SECUADO	51	SPACE CHAMBER	41	SULFATRIM.....	10
<i>selegiline hcl</i>	16	SPACE CHAMBER WITH		<i>sulindac</i>	6
<i>selegiline hcl (bulk)</i>	58	LARGE MASK.....	41	<i>sumatriptan</i>	5

<i>sumatriptan succinate</i>	5	TDVAX.....	20	<i>timolol maleate (pf)</i>	32
SUMAXIN TS	10	TEGRETOL.....	26	TIVICAY	17
<i>sunitinib malate</i>	15	TEGRETOL XR.....	26	<i>tizanidine</i>	42
SUNOSI.....	52	<i>telmisartan</i>	22	TOBRADEX	10
SUNVITE	66	<i>temazepam</i>	54	TOBRADEX ST.....	10
SUPER MULTIPLE - LOW		<i>temozolomide</i>	15	<i>tobramycin</i>	10
IRON.....	66	TENCON.....	5	<i>tobramycin in 0.225 % nacl</i>	10
SUPER MULTIVITAMIN.....	66	TENIVAC (PF).....	20	<i>tobramycin sulfate</i>	10
SUPER THERA VITE M.....	66	<i>tenofovir disoproxil fumarate</i>	17	<i>tobramycin with nebulizer</i>	10
SUPPORT	66	<i>terazosin</i>	22	<i>tobramycin-dexamethasone</i>	10
SUPPRELIN LA	39	<i>terbinafine hcl</i>	11	<i>tolvaptan</i>	31
SUSPENDRX ANHYDROUS		<i>terconazole</i>	11	TOPAMAX.....	26
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UNSWEET	59	<i>testosterone</i>	39	<i>torseamide</i>	31
SWEET-SF	59	<i>testosterone cypionate</i>	39	TRACLEER	22
SYEDA	30	<i>tetrabenazine</i>	26	TRADJENTA	13
SYMAX-SL.....	37	<i>tetracaine hcl</i>	32	<i>tramadol</i>	5
SYMAX-SR	37	<i>tetracaine hcl (pf)</i>	32	<i>tramadol-acetaminophen</i>	5
SYMBICORT.....	7	<i>tetracycline</i>	10	<i>tranexamic acid</i>	20
SYMBYAX	52	TEZSPIRE	59	<i>tranylcypromine</i>	52
SYMLINPEN 120	13	THALOMID	10	TRAVATAN Z.....	32
SYMLINPEN 60	13	THEO-24.....	7	TRAZIMERA.....	15
SYMPAZAN	26	<i>theophylline</i>	7	<i>trazodone</i>	52
SYMTUZA.....	17	THERA.....	66	TRECTOR	10
SYNAREL.....	39	THERA-D.....	66	TRELEGY ELLIPTA	7
SYNJARDY.....	13	THERAGRAN-M PREMIER 50		TRELSTAR	15
SYNTHROID.....	56	PLUS	66	<i>treprostinil sodium</i>	22
SYRPALTA VEHICLE	59	THERALOGIX COMPANION	66	<i>tretinoin (antineoplastic)</i>	15
SYRSPEND SF LIQUID	59	THERA-M.....	66	TREXALL	15
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TAB-A-VITE MULTIVITAMIN		THERANATAL COMPLETE	43	<i>triazolam</i>	54
W-IRON	66	THERANATAL ONE	43	TRICARE	43
TABLOID	15	THERANATAL OVAVITE	43	TRI-CHLOR.....	56
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<i>tacrolimus</i>	40	THERA-TABS	66	TRIDACAINE II.....	5
<i>tadalafil (pulm. hypertension)</i>	22	THERATRUM COMPLETE 50		TRIDACAINE III.....	5
TAFINLAR	15	PLUS/LUT	67	TRIDERM.....	56
TALTZ AUTOINJECTOR	56	THERATRUM COMPLETE 50		TRI-ESTARYLLA.....	30
TALTZ AUTOINJECTOR (2		PLUS-LYC	67	<i>trifluoperazine</i>	52
PACK).....	56	THERATRUM COMPLETE		<i>trifluridine</i>	17
TALTZ AUTOINJECTOR (3		WITH LUTEIN	67	<i>trihexyphenidyl</i>	16
PACK).....	56	THEREMS MULTIVITAMIN	67	TRI-LEGEST FE.....	30
TALTZ SYRINGE	56	<i>thiamine hcl (vitamin b1)</i>	67	TRILEPTAL	26
<i>tamoxifen</i>	15	<i>thiamine mononitrate (vit b1)</i>	67	TRI-LINYAH	30
<i>tamsulosin</i>	59	THIOLA EC	59	TRI-LO-ESTARYLLA	30
TARINA 24 FE	30	<i>thioridazine</i>	52	TRI-LO-MARZIA.....	30
TARINA FE 1/20 (28).....	30	<i>thiothixene</i>	52	TRI-LO-MILI	30
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TASIGNA	15	TIADYLT ER	20	<i>trimethoprim</i>	10
<i>tasimelteon</i>	54	<i>tiagabine</i>	26	TRI-MILI	30
TAYTULLA.....	30	TILIA FE.....	30	<i>trimipramine</i>	52
<i>tazarotene</i>	56	<i>timolol maleate</i>	32	TRINATAL RX 1.....	43

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TRI-NYMYO.....	30	V-C FORTE.....	67	VIVITROL.....	59
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TRI-SPRINTEC (28).....	30	VELETRI.....	22	VORTEX HOLDING CHAMBER.....	41
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<i>tropicamide</i>	32	VEREGEN.....	17	VYNDAMAX.....	59
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TUBERCULIN SYRINGE.....	41	VESTURA (28).....	30	WAKIX.....	26
TULANA.....	30	VIBRAMYCIN.....	10	<i>warfarin</i>	10
TURQOZ (28).....	30	VIC-FORTE.....	67	WEEKLY-D.....	67
TWINRIX (PF).....	20	VICTOZA 2-PAK.....	13	WELLBUTRIN SR.....	52
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UBRELVY.....	5	VIORELE (28).....	30	WIDE-SEAL DIAPHRAGM 70....	30
UDAMIN SP.....	67	VIRACEPT.....	17	WIDE-SEAL DIAPHRAGM 75....	30
ULESFIA.....	15	VIREAD.....	17	WIDE-SEAL DIAPHRAGM 80....	30
ULORIC.....	6	VISTARIL.....	12	WIDE-SEAL DIAPHRAGM 85....	30
ULTICARE.....	41	VITABEX PLUS.....	67	WIDE-SEAL DIAPHRAGM 90....	30
ULTRA FREEDA.....	67	VITACEL (WITH LUTEIN).....	67	WIDE-SEAL DIAPHRAGM 95....	30
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