



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

7/1/2024

## 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.

CareSource does not operate the websites/organizations listed here, nor is it responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by CareSource.

**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 7/1/2024

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

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

Drug Name	Tier	Restrictions / Limits
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	
<i>hydromorphone oral tablet</i>	1	
<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>mepерidine</i>	1	PA
<i>mepерidine (pf)</i>	1	PA
MIGERGOT	1	
<i>morphine (pf) injection</i>	1	
<i>morphine (pf) intravenous patient control.analgesia soln</i>	1	
<i>morphine concentrate oral solution</i>	1	PA
<i>morphine injection solution 10 mg/ml, 5 mg/ml</i>	2	PA
<i>morphine injection solution 2 mg/ml, 4 mg/ml</i>	2	
<i>morphine injection solution 8 mg/ml</i>	1	
<i>morphine injection syringe 2 mg/ml</i>	2	
<i>morphine injection syringe 4 mg/ml</i>	1	
<i>morphine intravenous solution 10 mg/ml, 50 mg/ml</i>	1	
<i>morphine intravenous solution 4 mg/ml, 8 mg/ml</i>	2	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral solution</i>	1	PA

Drug Name	Tier	Restrictions / Limits
<i>morphine oral tablet</i>	1	PA
<i>morphine oral tablet extended release</i>	1	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; 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; 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)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</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; QL (400 MG per 1 day)



Drug Name	Tier	Restrictions / Limits
<i>tramadol oral tablet 50 mg</i>	1	PA; QL (400 MG per 1 day); AR
<i>tramadol-acetaminophen</i>	1	PA; QL (3 EA per 1 day); AR
UBRELVY	2	PA; QL (10 EA per 20 days); AR
<i>zolmitriptan nasal</i>	1	QL (1 EA per 22 days)
<b>ANESTHETICS</b>		
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 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)
LIDODERM	2	QL (3 EA per 30 days)
<i>midazolam (pf)</i>	1	
<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	
<b>ANTIALLERGY</b>		
<i>cromolyn oral</i>	1	PA
<b>ANTIARTHRITICS</b>		
<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	

Drug Name	Tier	Restrictions / Limits
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 capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<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	
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)

Drug Name	Tier	Restrictions / Limits
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML, 87.5 MG/0.7 ML	2	PA
OTEZLA	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)
<i>oxaprozin oral tablet</i>	1	
<i>penicillamine oral capsule</i>	1	
<i>piroxicam</i>	1	
<i>probenecid</i>	1	
<i>sulindac</i>	1	
ULORIC	2	
VIMOVO	2	
XELJANZ ORAL SOLUTION	2	PA
XELJANZ ORAL TABLET	2	PA; QL (60 EA per 22 days)
<b>ANTIASTHMATICS</b>		
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	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	

Drug Name	Tier	Restrictions / Limits
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
ANORO ELLIPTA	2	QL (1 EA per 30 days)
ARNUIITY 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)
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	QL (120 ML per 30 days); AR
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	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	QL (2 Inhalers per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	2	QL (1 Inhaler per 30 days)
ELIXOPHYLLIN	2	
<i>fluticasone propionate inhalation blister with device</i>	1	
<i>fluticasone propionate inhalation hfa aerosol inhaler</i>	1	QL (1 GM per 22 days)
<i>fluticasone propion- salmeterol inhalation aerosol powdr breath activated</i>	1	QL (1 EA per 22 days)

Drug Name	Tier	Restrictions / Limits
<i>fluticasone propion-salmeterol inhalation blister with device</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)
<i>montelukast oral tablet</i>	1	
<i>montelukast oral tablet, chewable</i>	1	
NUCALA	2	PA
PROAIR RESPICLICK	2	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	2	QL (1 GM per 30 days)
SPIRIVA WITH HANDIHALER	2	QL (1 Inhaler per 30 days)
SYMBICORT	2	QL (2 EA per 30 days)
THEO-24	2	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide</i>	1	QL (1 EA per 30 days)
TRELEGY ELLIPTA	2	ST; QL (1 EA per 28 days)
XOPENEX HFA	2	

Drug Name	Tier	Restrictions / Limits
<b>ANTIBIOTICS</b>		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
AVAR	1	
AVAR-E	2	
AVAR-E GREEN	2	
AVAR-E LS	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

Drug Name	Tier	Restrictions / Limits
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-fluocinolone</i>	1	
<i>clarithromycin</i>	1	
CLEOCIN VAGINAL CREAM	2	
CLINDACIN ETZ TOPICAL SWAB	1	
CLINDACIN P	1	
<i>clindamycin hcl</i>	1	
CLINDAMYCIN PEDIATRIC	1	
<i>clindamycin phosphate topical</i>	1	
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	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
<i>ethambutol</i>	1	
FIRVANQ	2	PA
FLAGYL	2	
<i>gentamicin ophthalmic (eye)</i>	1	
<i>gentamicin topical</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	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>neomycin-polymyxin-hc</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	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
SULFATRIM	1	
<i>tetracycline oral capsule</i>	1	

Drug Name	Tier	Restrictions / Limits
THALOMID	2	PA
<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	
TRECATOR	2	PA
<i>trimethoprim</i>	1	
URELLE	2	
URETRON D-S	1	
URO-458	1	
URYL	1	
<i>vancomycin oral recon soln 50 mg/ml</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	
<b>ANTICOAGULANTS</b>		
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)
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 SYRINGE	2	PA
<i>heparin (porcine)</i>	1	

Drug Name	Tier	Restrictions / Limits
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 100 UNIT/ML	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 syringe</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	
XARELTO ORAL TABLET 2.5 MG	2	QL (2 EA per 1 day)
<b>ANTIDOTES</b>		
KLOXXADO	2	QL (2 EA per 30 days)
<i>nalmefene</i>	1	
<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 ORAL	2	ST; QL (3 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
ZIMHI	2	
<b>ANTIFUNGALS</b>		
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 ultramicronsize</i>	1	
<i>itraconazole oral capsule</i>	1	QL (4 EA per 1 day)
JUBLIA	2	
<i>ketconazole oral</i>	1	
<i>ketconazole topical cream</i>	1	QL (2 GM per 1 day)
<i>ketconazole topical shampoo</i>	1	QL (4 ML per 1 day)
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	



Drug Name	Tier	Restrictions / Limits
<b>ANTI-HISTAMINE AND DECONGESTANT COMBINATION</b>		
PROMETHAZINE VC	1	
<b>ANTI-HISTAMINES</b>		
<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	QL (10 ML per 1 day); AR
<i>promethazine oral</i>	1	
VISTARIL	2	PA; QL (4 EA per 1 day)
<b>ANTIHYPER-GLYCEMICS</b>		
<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; QL (0.08 ML per 1 day)
FARXIGA	2	
<i>glimepiride</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	ST
GLUMETZA	2	

Drug Name	Tier	Restrictions / Limits
<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	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	
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>	1	

Drug Name	Tier	Restrictions / Limits
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	1	QL (40 ML per 25 days)
<i>insulin aspart u-100</i>	1	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
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 extended release 24 hr 750 mg</i>	1	
NOVOLOG MIX 70-30 U-100 INSULN	2	QL (40 ML per 25 days)
NOVOLOG MIX 70-30FLEXPEN U-100	2	QL (1 ML per 1 day)
OZEMPIC	2	PA; 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

Drug Name	Tier	Restrictions / Limits
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	
<b>ANTIINFECTIVES/ MISCELLANEOUS</b>		
<i>atovaquone</i>	1	
<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 oral tablet 200 mg</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	
<b>ANTIINFLAM. TUMOR NECROSIS FACTOR INHIBITING AGENTS</b>		
<i>adalimumab-fkjp</i>	2	PA
ENBREL MINI	2	PA; QL (4 ML per 28 days)



Drug Name	Tier	Restrictions / Limits
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 PUSHTOUCH	2	PA
HADLIMA(CF)	2	PA
HADLIMA(CF) PUSHTOUCH	2	PA
HUMIRA	2	PA; QL (4 EA per 22 days)
HUMIRA PEN	2	PA; QL (4 EA per 22 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA; QL (3 EA per 15 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; QL (2 EA per 15 days)
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)

Drug Name	Tier	Restrictions / Limits
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)
<b>ANTINEOPLASTICS</b>		
<i>abiraterone</i>	1	PA
ACTIMMUNE	2	PA
AFINITOR	2	PA
<i>anastrozole</i>	1	
<i>bexarotene oral</i>	1	PA
<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	
EMCYT	2	PA
ERIVEDGE	2	PA
<i>erlotinib</i>	1	PA
<i>etoposide oral</i>	1	

Drug Name	Tier	Restrictions / Limits
<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
HYCAMTIN	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
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	

Drug Name	Tier	Restrictions / Limits
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
PANRETIN	2	PA
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
TAFINLAR ORAL CAPSULE	2	PA
<i>tamoxifen</i>	1	
TASIGNA	2	PA
<i>temozolomide</i>	1	PA
<i>toremifene</i>	1	
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
<b>ANTIPARASITICS</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	PA; QL (18 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
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	
<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	

Drug Name	Tier	Restrictions / Limits
<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	
DELSTRIGO	2	
DESCOVY	2	PA
<i>didanosine</i>	1	
DOVATO	2	QL (1 EA per 1 day)
EDURANT	2	
<i>efavirenz oral tablet</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

Drug Name	Tier	Restrictions / Limits
<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)
<i>oseltamivir oral suspension for reconstitution</i>	1	QL (360 ML per 365 days)
PAXLOVID	2	
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)
<i>stavudine</i>	1	
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

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

Drug Name	Tier	Restrictions / Limits
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	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	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	QL (1 EA per 1 day); AR
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	QL (1 EA per 1 day); AR
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	1	QL (2 EA per 1 day); AR
<i>dextroamphetamine-amphetamine oral tablet</i>	1	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	QL (8 ML per 1 day); AR
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	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; QL (6 EA per 1 day); AR
EVEKEO ORAL TABLET 5 MG	2	PA; QL (2 EA per 1 day); AR
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)

Drug Name	Tier	Restrictions / Limits
<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	AR
<i>midodrine</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	QL (1 EA per 1 day); AR
<i>pilocarpine hcl oral</i>	1	
PROCENTRA	1	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	QL (1 EA per 1 day); AR
ZENZEDI ORAL TABLET 10 MG	1	QL (4 EA per 1 day); AR
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	2	QL (2 EA per 1 day); AR
ZENZEDI ORAL TABLET 5 MG	1	QL (2 EA per 1 day); AR
<b>BIOLOGICALS</b>		
ACTHIB (PF)	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	
BEXSERO	2	
BOOSTRIX TDAP	2	

Drug Name	Tier	Restrictions / Limits
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
ENGERIX-B (PF)	2	
ENGERIX-B PEDIATRIC (PF)	2	
GARDASIL 9 (PF)	2	
GRASTEK	2	PA; AR
HAVRIX (PF)	2	
HEPLISAV-B (PF)	2	
HIBERIX (PF)	2	
INFANRIX (DTAP) (PF)	2	
IPOL	2	
KINRIX (PF)	2	
M-M-R II (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	
PENTACEL ACTHIB COMPONENT (PF)	2	
PNEUMOVAX-23	2	
PROQUAD (PF)	2	

Drug Name	Tier	Restrictions / Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	
RAGWITEK	2	PA
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	
<b>BLOOD</b>		
<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
<b>CARDIAC DRUGS</b>		
<i>amiodarone oral</i>	1	
<i>amlodipine</i>	1	
CARDIZEM LA	2	
CARTIA XT	1	
CORLANOR	2	PA



Drug Name	Tier	Restrictions / Limits
DIGITEK	1	
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</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	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	2	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
NITRO-BID	1	
NITRO-DUR	2	
<i>nitroglycerin oral</i>	1	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>nitroglycerin translingual</i>	1	
NITRO-TIME	1	
NORLIQVA	2	ST
NORPACE CR	2	
PACERONE ORAL TABLET 200 MG, 400 MG	1	
<i>propafenone</i>	1	
<i>ranolazine</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	1	
<i>verapamil oral tablet 40 mg</i>	1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	1	
<b>CARDIOVASCULAR</b>		
<i>acebutolol oral capsule 200 mg</i>	1	QL (6 EA per 1 day)
<i>acebutolol oral capsule 400 mg</i>	1	QL (3 EA per 1 day)
<i>aliskiren</i>	1	
<i>amlodipine-benazepril</i>	1	QL (30 EA per 22 days)
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>atorvastatin</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
CATAPRES-TTS-1	2	PA; QL (4 EA per 23 days)
CATAPRES-TTS-2	2	PA; QL (4 EA per 23 days)

Drug Name	Tier	Restrictions / Limits
CATAPRES-TTS-3	2	PA; QL (8 EA per 23 days)
<i>cholestyramine (with sugar) oral powder</i>	1	
CHOLESTYRAMINE LIGHT ORAL POWDER	1	
<i>clonidine hcl oral tablet 0.1 mg</i>	1	QL (24 EA per 1 day); AR
<i>clonidine hcl oral tablet 0.2 mg</i>	1	QL (12 EA per 1 day); AR
<i>clonidine hcl oral tablet 0.3 mg</i>	1	QL (8 EA per 1 day); AR
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i>	1	QL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>	1	QL (8 EA per 28 days)
<i>colesevelam</i>	1	
DEMSEER	2	
<i>doxazosin</i>	1	
EDARBI	2	QL (1 EA per 1 day)
EDARBYCLOR	2	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO	2	PA
<i>ergoloid</i>	1	QL (3 EA per 1 day)
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	ST
<i>fenofibrate micronized oral capsule 130 mg, 43 mg, 90 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral capsule</i>	1	
<i>fenofibrate oral tablet 120 mg, 40 mg, 54 mg</i>	1	
<i>fosinopril</i>	1	
<i>gemfibrozil</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>guanfacine oral tablet</i>	1	
<i>hydralazine oral</i>	1	
<i>irbesartan</i>	1	QL (1 EA per 1 day)
<i>labetalol oral</i>	1	
<i>lisinopril</i>	1	
<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; QL (2 ML per 22 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	2	PA; 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	



Drug Name	Tier	Restrictions / Limits
<i>ramipril</i>	1	
REMODULIN	2	PA
REPATHA PUSHTRONEX	2	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK	2	PA; QL (2 ML per 28 days)
REPATHA SYRINGE	2	PA; QL (2 ML per 28 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	2	PA; QL (60 MG per 1 day)
<i>rosuvastatin</i>	1	
<i>sildenafil (pulm.hypertension) intravenous</i>	1	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-hydrochlorothiazide</i>	1	
VELETRI	1	PA
WELCHOL ORAL POWDER IN PACKET	1	PA
<b>CNS DRUGS</b>		
AUSTEDO	2	PA; QL (4 EA per 1 day)
AUSTEDO 12MG START TITR(WK1-4)	2	PA
AUSTEDO TD TITRATN PK (WK 1-2)	2	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	2	PA; AR

Drug Name	Tier	Restrictions / Limits
AUSTEDO XR TITRATION KT(WK1-4)	2	PA; AR
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)
BANZEL ORAL SUSPENSION	2	PA
BETASERON SUBCUTANEOUS KIT	2	PA; QL (14 EA per 22 days)
<i>caffeine citrate oral</i>	1	AR
<i>carbamazepine</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
<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)

Drug Name	Tier	Restrictions / Limits
<i>divalproex</i>	1	
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	QL (300 ML per 22 days); AR
EPITOL	1	
EPRONTIA	2	QL (16 ML per 1 day)
<i>ethosuximide</i>	1	
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	2	PA; QL (1 EA per 1 day)
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	2	PA; QL (30 EA per 22 days)
INGREZZA INITIATION PK(TARDIV)	2	PA; QL (28 EA per 22 days)
KEPPRA INTRAVENOUS	2	
KEPPRA ORAL SOLUTION	1	PA; QL (30 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
KEPPRA ORAL TABLET 1,000 MG	1	PA; QL (3 EA per 1 day)
KEPPRA ORAL TABLET 250 MG	1	PA; QL (2 EA per 1 day)
KEPPRA ORAL TABLET 500 MG	1	PA; QL (6 EA per 1 day)
KEPPRA ORAL TABLET 750 MG	1	PA; QL (4 EA per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	1	PA; QL (2 EA per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	1	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)
<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
<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	

Drug Name	Tier	Restrictions / Limits
<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)
<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)

Drug Name	Tier	Restrictions / Limits
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)
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</i>	1	
OXTELLAR XR	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)

Drug Name	Tier	Restrictions / Limits
<i>pregabalin oral solution</i>	1	QL (30 ML per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR	2	
REBIF (WITH ALBUMIN)	2	PA; QL (6 ML per 28 days)
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; QL (1 EA per 1 day)
TEGRETOL	2	
TEGRETOL XR	2	
<i>teriflunomide</i>	1	PA

Drug Name	Tier	Restrictions / Limits
<i>tetrabenazine</i>	1	PA
TOPAMAX	2	PA
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	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; 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	QL (2 EA per 1 day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>	1	QL (1 EA per 1 day)
<b>COLONY STIMULATING FACTORS</b>		
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	
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)
<b>CONTRACEPTIVES</b>		
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)
AUBRA	1	
AUBRA EQ	1	
AUROVELA 1.5/30 (21)	1	

Drug Name	Tier	Restrictions / Limits
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	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	
DAYSEE	1	QL (1 EA per 1 day)
DEBLITANE	1	
DEPO-SUBQ PROVERA 104	2	
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	

Drug Name	Tier	Restrictions / Limits
<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	
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	2	QL (2 EA per 365 days)
FINZALA	1	
GEMMILY	1	
HAILEY	1	
HAILEY 24 FE	1	
HAILEY FE 1.5/30 (28)	1	
HAILEY FE 1/20 (28)	1	
HEATHER	1	
INCASSIA	1	
ISIBLOOM	1	
JASMIEL (28)	1	
JENCYCLA	1	
JOLESSA	1	QL (1 EA per 1 day)
JULEBER	1	
JUNEL 1.5/30 (21)	1	
JUNEL 1/20 (21)	1	
JUNEL FE 1.5/30 (28)	1	

Drug Name	Tier	Restrictions / Limits
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	
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>levonorgestrel-ethinyl estradiol oral tablet</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	QL (1 EA per 1 day)
<i>levonorg-eth estradiol 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



Drug Name	Tier	Restrictions / Limits
LOESTRIN FE 1.5/30 (28-DAY)	2	PA
LOESTRIN FE 1/20 (28-DAY)	2	PA
LORYNA (28)	1	
LOW-OGESTREL (28)	1	
LO-ZUMANDIMINE (28)	1	
LUTERA (28)	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	
MICROGESTIN 1/20 (21)	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>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	

Drug Name	Tier	Restrictions / Limits
<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
OCELLA	1	
PARAGARD T 380A	2	
PHEXXI	2	QL (1 Box per 30 days)
PHILITH	1	
PIMTREA (28)	1	
PORTIA 28	1	
QUARTETTE	2	PA
RECLIPSEN (28)	1	
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	
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	

Drug Name	Tier	Restrictions / Limits
TRI-MILI	1	
TRI-SPRINTEC (28)	1	
TRIVORA (28)	1	
TRI-VYLIBRA	1	
TRI-VYLIBRA LO	1	
TULANA	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	
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	ST
YASMIN (28)	2	PA
YAZ (28)	2	PA
ZARAH	1	
ZOVIA 1-35 (28)	1	
ZUMANDIMINE (28)	1	

Drug Name	Tier	Restrictions / Limits
<b>COUGH/COLD PREPARATIONS</b>		
<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</i>	1	PA; QL (6 OZ per 1 RX); AR
<i>hydrocodone-homatropine oral tablet</i>	1	PA; AR
HYDROMET	1	QL (180 ML per 1 per fill); AR
<i>promethazine-codeine</i>	1	PA; QL (180 per fill Max Qty Per Fill Retail)
<i>promethazine-dm</i>	1	
<b>DIURETICS</b>		
<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	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>tolvaptan</i>	1	PA
<i>torseamide</i>	1	



Drug Name	Tier	Restrictions / Limits
<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	
<b>EENT PREPS</b>		
<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	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>dorzolamide</i>	1	
<i>dorzolamide (pf)</i>	1	
<i>dorzolamide-timolol</i>	1	

Drug Name	Tier	Restrictions / Limits
<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 OPHTHALMIC (EYE) DROPS,GEL	2	PA
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	2	PA
LOTEMAX OPHTHALMIC (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	
PRED MILD	2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
RESTASIS	2	PA; QL (2 EA per 1 day)
RHOPRESSA	2	
ROCKLATAN	2	
<i>tetracaine hcl</i>	1	PA

Drug Name	Tier	Restrictions / Limits
<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; QL (60 EA per 30 days)
<b>ELECT/CALORIC/H2O</b>		
BAQSIMI	2	QL (2 EA per 365 days)
<i>calcium acetate</i>	1	
<i>calcium acetate(phosphat bind)</i>	1	
DENTA 5000 PLUS	1	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	1	
<i>fluoride (sodium) dental cream</i>	1	
FOSRENOL ORAL TABLET,CHEWABLE	2	
GLUCAGEN HYPOKIT	2	QL (2 EA per 30 days)
GVOKE	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS 1-PACK SYRINGE	2	
GVOKE PFS 2-PACK SYRINGE	2	
KLOR-CON 10	1	
KLOR-CON 8	1	
KLOR-CON M10	1	
KLOR-CON M15	1	

Drug Name	Tier	Restrictions / Limits
KLOR-CON M20	1	
KLOR-CON/EF	1	
LOKELMA	2	
MAGNEBIND 300	2	QL (300 EA per 30 days)
MAGNEBIND 400	2	
<i>potassium chloride oral</i>	1	
<i>potassium citrate oral tablet extended release</i>	1	
<i>potassium iodide oral solution</i>	1	
REVELA	2	
SF 5000 PLUS	1	
SODIUM FLUORIDE 5000 PLUS	1	
<i>sodium polystyrene sulfonate</i>	1	
SPS (WITH SORBITOL)	1	
VELTASSA	2	
ZEGALOGUE AUTOINJECTOR	2	
ZEGALOGUE SYRINGE	2	
<b>GASTRO-INTESTINAL</b>		
<i>alose tron</i>	1	PA
ANALPRAM-HC RECTAL	2	
<i>aprepitant oral capsule 40 mg</i>	1	QL (6 EA per 1 Fill)
APRISO	2	
<i>balsalazide</i>	1	
CARAFATE ORAL SUSPENSION	2	ST; AR
<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	

Drug Name	Tier	Restrictions / Limits
CONSTULOSE	1	
CREON	2	
DELZICOL	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	2	QL (6 EA Max Qty Per Fill Retail)
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)
<i>fosaprepitant</i>	1	QL (2 Vials per 1 Fill)
GAVILYTE-C	1	
GAVILYTE-G	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	
KRISTALOSE	2	
<i>lactulose</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	QL (1 EA per 1 day)
LIALDA	2	

Drug Name	Tier	Restrictions / Limits
<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, extended release</i>	1	PA
<i>mesalamine rectal</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
<i>methscopolamine</i>	1	
<i>metoclopramide hcl oral</i>	1	
<i>misoprostol</i>	1	
NEXIUM PACKET	2	QL (1 EA per 1 day)
<i>nizatidine</i>	1	QL (60 EA per 30 days)
NULEV	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</i>	1	QL (90 EA per 30 days)
<i>ondansetron hcl (pf) injection solution</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>opium tincture</i>	1	PA
OSCIMIN	1	
OSCIMIN SL	1	

Drug Name	Tier	Restrictions / Limits
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)
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine rectal</i>	1	
PROMETHEGAN	1	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	2	QL (1 EA per 1 day)
PYLERA	2	
RECTIV	2	
ROBINUL	2	
ROBINUL FORTE	2	
SFROWASA	2	
<i>sodium phenylbutyrate</i>	1	
SUCRAID	2	PA
<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	QL (4 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
<b>HORMONES</b>		
AMABELZ	1	
ANDRODERM	2	PA; 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	
CORTIFOAM	2	
COVARYX	1	
COVARYX H.S.	1	
DEPO-ESTRADIOL	2	
DEPO-TESTOSTERONE	2	PA
<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	

Drug Name	Tier	Restrictions / Limits
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 patch weekly 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</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	
GENOTROPIN	2	PA
GENOTROPIN MINIQUICK	2	PA
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal</i>	1	
JINTELI	1	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	

Drug Name	Tier	Restrictions / Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	2	
LUPRON DEPOT-PED (3 MONTH)	2	
LUPRON DEPOT-PED INTRAMUSCULAR KIT	2	
MEDROL (PAK)	2	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	2	
<i>medroxyprogesterone oral</i>	1	
MENEST	2	
<i>methylergonovine oral</i>	1	
<i>methylprednisolone</i>	1	
MIMVEY	1	
MINIVELLE	2	
NORDITROPIN FLEXPPO	2	PA
<i>norethindrone acetate</i>	1	
<i>octreotide acetate</i>	1	PA
ORIAHNN	2	PA; QL (2 EA per 1 day)
ORILISSA ORAL TABLET 150 MG	2	PA; QL (1 EA per 1 day)
ORILISSA ORAL TABLET 200 MG	2	PA; 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	

Drug Name	Tier	Restrictions / Limits
<i>progesterone micronized</i>	1	
PROVERA	2	
SEROSTIM	2	PA; QL (30 EA per 22 days)
SKYTROFA	2	PA
SUPPRELIN LA	2	
SYNAREL	2	
TESTIM	2	QL (60 EA per 30 days); AR
<i>testosterone cypionate</i>	1	PA
<i>testosterone transdermal gel</i>	1	QL (300 GM per 22 days); AR
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; 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; QL (150 GM per 22 days); AR
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	PA; QL (30 GM per 30 days); AR
<i>testosterone transdermal solution in metered pump w/app</i>	1	QL (180 ML per 22 days)
TRIPTODUR	2	
VAGIFEM	2	
VIVELLE-DOT	2	
<b>IMMUNO-SUPPRESSANTS</b>		
ACTEMRA INTRAVENOUS	2	PA
ACTEMRA SUBCUTANEOUS	2	PA; 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	

Drug Name	Tier	Restrictions / Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; QL (2.28 ML per 22 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; QL (4 ML per 22 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; QL (2.28 ML per 22 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; QL (4 ML per 22 days)
ELIDEL	2	PA
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	
SANDIMMUNE ORAL	2	
<i>sirolimus</i>	1	
<i>tacrolimus oral</i>	1	
<i>tacrolimus topical</i>	1	PA
<b>MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON DRUG</b>		
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)



Drug Name	Tier	Restrictions / Limits
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)
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 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 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)
LITETAIRE 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)
RITFLO 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)
VORTEX VHC FROG MASK-CHILD	2	QL (2 EA per 365 days)

Drug Name	Tier	Restrictions / Limits
VORTEX VHC LADYBUG MASK-TODDLR	2	
<b>MUSCLE RELAXANTS</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine oral tablet</i>	1	
<i>methocarbamol injection</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral</i>	1	
<i>tizanidine oral tablet</i>	1	
<b>PRE-NATAL VITAMINS</b>		
KOSHER PRENATAL PLUS IRON	2	
M-NATAL PLUS	1	
PRENATABS FA	1	
PRENATABS RX	1	
PRENATAL 19 ORAL TABLET,CHEWABLE	2	
PRENATAL PLUS	1	
PRENATAL PLUS (CALCIUM CARB)	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
SE-NATAL 19 CHEWABLE	1	
THRIVITE RX	2	
TRICARE	2	
TRINATAL RX 1	1	



Drug Name	Tier	Restrictions / Limits
<b>PSYCHO-THERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	2	QL (1 ML per 56 days); AR
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	2	QL (1 EA per 56 days); AR
ABILIFY MAINTENA	2	QL (1 EA per 28 days)
ABILIFY MYCITE MAINTENANCE KIT	2	QL (30 EA per 28 days); AR
ABILIFY MYCITE STARTER KIT	2	QL (30 EA per 90 days); AR
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 30 MG, 5 MG	2	PA; QL (1 EA per 1 day); AR
ABILIFY ORAL TABLET 20 MG	2	PA; QL (2 EA per 1 day); AR
ALPRAZOLAM INTENSOL	1	PA; QL (4 ML per 1 day)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	1	QL (4 EA per 1 day)
<i>alprazolam oral tablet 1 mg, 2 mg</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 0.25 mg, 0.5 mg</i>	1	QL (4 EA per 1 day)
<i>alprazolam oral tablet,disintegrating 1 mg, 2 mg</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	
<i>amoxapine oral tablet 100 mg, 50 mg</i>	1	QL (4 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<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	QL (1 EA per 1 day)
APTENSIO XR	2	PA; QL (1 EA per 1 day); AR
<i>aripiprazole oral solution</i>	1	QL (30 ML per 1 day); AR
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 30 mg</i>	1	QL (1 EA per 1 day); AR
<i>aripiprazole oral tablet 20 mg</i>	1	QL (2 EA per 1 day); AR
<i>aripiprazole oral tablet 5 mg</i>	1	QL (1.5 EA per 1 day); AR
<i>aripiprazole oral tablet,disintegrating</i>	1	QL (2 EA per 1 day); AR
ARISTADA INITIO	2	QL (1 ML per 180 days); AR
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	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	QL (1 ML per 28 days); AR
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (1 EA per 1 day); AR
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (2 EA per 1 day); AR
<i>asenapine maleate</i>	1	QL (2 EA per 1 day); AR
ATIVAN ORAL TABLET 0.5 MG, 1 MG	2	PA; QL (3 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
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	QL (2 EA per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 EA per 1 day)
AUVELITY	2	QL (2 EA per 1 day); AR
AZSTARYS	2	QL (1 EA per 1 day); AR
<i>bupropion hcl oral tablet</i>	1	QL (4 EA per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL (1 EA per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	2	QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	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	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	
<i>chlorpromazine oral concentrate 100 mg/ml</i>	1	QL (8 ML per 1 day)
<i>chlorpromazine oral concentrate 30 mg/ml</i>	1	QL (26.7 ML per 1 day)
<i>chlorpromazine oral tablet</i>	1	QL (4 EA per 1 day)
<i>citalopram oral capsule</i>	2	QL (1 EA per 1 day)

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

Drug Name	Tier	Restrictions / Limits
COTEMPLA XR-ODT ORAL TABLET,DISINTEGR BIPHASE 24H 8.6 MG	2	QL (1 EA per 1 day); AR
CYMBALTA	2	PA; QL (2 EA per 1 day)
DAYTRANA	2	QL (1 EA per 1 day); AR
<i>desipramine oral tablet 10 mg</i>	1	QL (4 EA per 1 day)
<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	QL (1 EA per 1 day); AR
<i>dexmethylphenidate oral tablet 10 mg</i>	1	QL (4 EA per 1 day); AR
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	1	QL (2 EA per 1 day); AR
<i>diazepam injection</i>	1	
DIAZEPAM INTENSOL	1	QL (8 ML per 1 day)
<i>diazepam oral concentrate</i>	1	QL (8 ML per 1 day)
<i>diazepam oral solution</i>	1	QL (8 ML per 1 day)
<i>diazepam oral tablet</i>	1	QL (4 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<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)
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	QL (2 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
FANAPT ORAL TABLETS,DOSE PACK	2	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)
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	AR
<i>fluphenazine hcl injection</i>	1	AR
<i>fluphenazine hcl oral concentrate</i>	1	AR
<i>fluphenazine hcl oral elixir</i>	1	AR
<i>fluphenazine hcl oral tablet</i>	1	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; QL (4 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
FOCALIN ORAL TABLET 2.5 MG, 5 MG	2	PA; QL (2 EA per 1 day); AR
FOCALIN XR	2	PA; QL (1 EA per 1 day); AR
FORFIVO XL	2	QL (1 EA per 1 day)
GEODON INTRAMUSCULAR	2	PA
GEODON ORAL CAPSULE 20 MG, 40 MG	2	PA; QL (2 EA per 1 day)
GEODON ORAL CAPSULE 60 MG, 80 MG	2	PA; QL (3 EA per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	QL (1 EA per 1 day)
HALDOL DECANOATE	2	
<i>haloperidol</i>	1	QL (3 EA per 1 day); AR
<i>haloperidol decanoate</i>	1	AR
<i>haloperidol lactate</i>	1	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; QL (1 EA per 1 day)
INVEGA	2	PA; AR
INVEGA HAFYERA	2	QL (1 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	QL (1 ML per 28 days)

Drug Name	Tier	Restrictions / Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	QL (2 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	QL (1 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML, 546 MG/1.75 ML	2	QL (2 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	QL (3 ML per 90 days)
JORNAY PM	2	QL (1 EA per 1 day); AR
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	PA; QL (1 EA per 1 day); AR
LATUDA ORAL TABLET 80 MG	2	PA; 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	QL (1 EA per 1 day); AR
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	2	
LITHOBID	2	
LORAZEPAM INTENSOL	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	QL (4 EA per 1 day)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG	2	QL (1 EA per 1 day)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG	2	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 3 MG	2	QL (3 EA per 1 day)
<i>loxapine succinate</i>	1	QL (4 EA per 1 day); AR
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (1 EA per 1 day); AR
<i>lurasidone oral tablet 80 mg</i>	1	QL (2 EA per 1 day); AR
LYBALVI	2	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 ER	1	QL (3 EA per 1 day); AR
METHYLIN ORAL SOLUTION 10 MG/5 ML	2	PA; QL (30 ML per 1 day); AR
METHYLIN ORAL SOLUTION 5 MG/5 ML	2	PA; QL (60 ML per 1 day); AR
<i>methylphenidate</i>	1	QL (1 EA per 1 day); AR
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	QL (1 EA per 1 day); AR
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	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	QL (1 EA per 1 day); AR
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	1	QL (2 EA per 1 day); AR
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	QL (30 ML per 1 day); AR
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	QL (60 ML per 1 day); AR
<i>methylphenidate hcl oral tablet</i>	1	QL (3 EA per 1 day); AR



Drug Name	Tier	Restrictions / Limits
<i>methylphenidate hcl oral tablet extended release</i>	1	QL (3 EA per 1 day); AR
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg</i>	1	QL (1 EA per 1 day); AR
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 54 mg</i>	1	QL (2 EA per 1 day); AR
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg</i>	2	AR
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	2	QL (1 EA per 1 day); AR
<i>methylphenidate hcl oral tablet, chewable</i>	1	QL (3 EA per 1 day); AR
<i>mirtazapine</i>	1	QL (1 EA per 1 day)
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (1 EA per 1 day)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (2 EA per 1 day)
<i>molindone oral tablet 10 mg, 5 mg</i>	1	QL (4 EA per 1 day); AR
<i>molindone oral tablet 25 mg</i>	1	QL (9 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)

Drug Name	Tier	Restrictions / Limits
NUPLAZID	2	QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	2	PA; QL (1 EA per 1 day); AR
NUVIGIL ORAL TABLET 50 MG	2	PA; QL (2 EA per 1 day); AR
<i>olanzapine intramuscular</i>	1	AR
<i>olanzapine oral tablet 10 mg, 15 mg</i>	1	QL (2 EA per 1 day); AR
<i>olanzapine oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	QL (1 EA per 1 day); AR
<i>olanzapine oral tablet 20 mg</i>	1	QL (3 EA per 1 day); AR
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg</i>	1	QL (2 EA per 1 day); AR
<i>olanzapine oral tablet, disintegrating 20 mg</i>	1	QL (3 EA per 1 day); AR
<i>olanzapine oral tablet, disintegrating 5 mg</i>	1	QL (1 EA per 1 day); AR
<i>olanzapine-fluoxetine oral capsule 12-25 mg</i>	1	QL (1 EA per 1 day); AR
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	ST; QL (1 EA per 1 day); AR
<i>oxazepam oral capsule 10 mg, 15 mg</i>	1	PA; QL (4 EA per 1 day)
<i>oxazepam oral capsule 30 mg</i>	1	QL (4 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	QL (1 EA per 1 day); AR
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	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)

Drug Name	Tier	Restrictions / Limits
PAMELOR ORAL CAPSULE 75 MG	2	PA; QL (2 EA per 1 day)
<i>paroxetine hcl oral suspension</i>	1	QL (40 ML per 1 day); AR
<i>paroxetine hcl oral tablet 10 mg</i>	1	QL (1.5 EA per 1 day); AR
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (1 EA per 1 day); AR
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	QL (2 EA per 1 day); AR
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg</i>	1	QL (1 EA per 1 day); AR
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	1	QL (2 EA per 1 day); AR
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG	2	PA; QL (1 EA per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 37.5 MG	2	PA; QL (2 EA per 1 day)
PAXIL ORAL SUSPENSION	2	PA; QL (40 ML per 1 day)
PAXIL ORAL TABLET 10 MG	2	PA; QL (1.5 EA per 1 day)
PAXIL ORAL TABLET 20 MG	2	PA; QL (1 EA per 1 day)
PAXIL ORAL TABLET 30 MG, 40 MG	2	PA; QL (2 EA per 1 day)
<i>perphenazine</i>	1	QL (4 EA per 1 day); AR
<i>perphenazine-amitriptyline</i>	1	AR
PERSERIS	2	QL (1 EA per 28 days)
<i>phenelzine</i>	1	QL (6 EA per 1 day)
<i>pimozide oral tablet 1 mg</i>	1	QL (10 EA per 1 day); AR
<i>pimozide oral tablet 2 mg</i>	1	QL (5 EA per 1 day); AR

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



Drug Name	Tier	Restrictions / Limits
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	1	QL (4 EA per 1 day); AR
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	1	QL (2 EA per 1 day); AR
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	2	QL (1 EA per 1 day); AR
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	2	QL (2 EA per 1 day); AR
QUILLIVANT XR	2	QL (12 ML per 1 day); AR
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG	2	QL (2 EA per 1 day); AR
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 63 MG, 72 MG	2	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	QL (1 EA per 1 day); AR
RISPERDAL	2	PA; AR
RISPERDAL CONSTA	2	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	QL (2 EA per 28 days); AR
<i>risperidone microspheres intramuscular suspension,extended rel recon 50 mg/2 ml</i>	1	QL (2 EA per 28 days)

Drug Name	Tier	Restrictions / Limits
<i>risperidone oral solution</i>	1	QL (8 ML per 1 day); AR
<i>risperidone oral tablet</i>	1	QL (2 EA per 1 day); AR
<i>risperidone oral tablet,disintegrating</i>	1	QL (2 EA per 1 day); AR
RITALIN	2	PA; QL (3 EA per 1 day); AR
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 40 MG	2	PA; QL (1 EA per 1 day); AR
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 30 MG	2	PA; QL (2 EA per 1 day); AR
SAPHRIS	2	PA; AR
SECUADO	2	QL (1 EA per 1 day); AR
SEROQUEL	2	PA; AR
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	2	PA; 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)
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; QL (2 EA per 1 day)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	2	PA; QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
SUNOSI	2	PA; QL (1 EA per 1 day); AR
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	2	PA; QL (1 EA per 1 day)
<i>thioridazine</i>	1	QL (4 EA per 1 day); AR
<i>thiothixene</i>	1	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	QL (2 EA per 1 day); AR
<i>trifluoperazine oral tablet 10 mg</i>	1	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)
UZEDY	2	QL (1 EA per 28 days); AR
<i>venlafaxine besylate</i>	1	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)

Drug Name	Tier	Restrictions / Limits
<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	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	QL (2 EA per 1 day); AR
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	2	QL (1 EA per 1 day); AR
VYVANSE	2	QL (1 EA per 1 day); AR
WELLBUTRIN SR	2	PA; QL (2 EA per 1 day)
WELLBUTRIN XL	2	PA; 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	QL (2 EA per 1 day); AR
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	QL (3 EA per 1 day); AR
<i>ziprasidone mesylate</i>	1	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; QL (28 EA per 365 days); AR

Drug Name	Tier	Restrictions / Limits
ZURZUVAE ORAL CAPSULE 30 MG	2	PA; QL (14 EA per 365 days); AR
ZYPREXA	2	PA; AR
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	2	QL (2 EA per 28 days); AR
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	QL (1 EA per 28 days); AR
ZYPREXA ZYDIS	2	PA; AR
<b>SEDATIVE/ HYPNOTICS</b>		
AMBIEN	2	PA; QL (1 EA per 1 day)
AMBIEN CR	2	PA; QL (1 EA per 1 day)
AMYTAL	2	
ATIVAN INJECTION	2	PA
BELSOMRA	2	QL (1 EA per 1 day); AR
DAYVIGO	2	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	QL (1 EA per 1 day)
<i>eszopiclone</i>	1	QL (1 EA per 1 day)
<i>flurazepam</i>	1	QL (1 EA per 1 day)
HALCION	2	PA; QL (1 EA per 1 day)
HETLIOZ	2	PA; QL (1 EA per 1 day); AR
HETLIOZ LQ	2	PA; QL (5 ML per 1 day); AR

Drug Name	Tier	Restrictions / Limits
IGALMI	2	QL (2 EA per 30 days)
<i>lorazepam injection</i>	1	
LUNESTA	2	PA; QL (1 EA per 1 day)
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml)</i>	2	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>pentobarbital sodium</i>	1	
<i>phenobarbital</i>	1	
<i>phenobarbital sodium</i>	1	
<i>quazepam</i>	2	QL (1 EA per 1 day)
QUVIVIQ	2	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)
SILENOR	2	PA; QL (1 EA per 1 day)
<i>sodium oxybate</i>	1	QL (18 ML per 1 day); AR
<i>tasimelteon</i>	1	QL (1 EA per 1 day); AR
<i>temazepam</i>	1	QL (1 EA per 1 day)
<i>triazolam</i>	1	QL (1 EA per 1 day)
XYREM	2	PA; QL (18 ML per 1 day); AR
XYWAV	2	PA; QL (18 ML 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)

Drug Name	Tier	Restrictions / Limits
<i>zolpidem sublingual</i>	1	QL (1 EA per 1 day)
<b>SKIN PREPS</b>		
ACCUTANE	2	
<i>acitretin</i>	1	PA
<i>adapalene topical cream</i>	1	ST; AR
<i>adapalene topical gel 0.3 %</i>	1	ST; AR
ALA-CORT	1	
<i>alclometasone topical cream</i>	1	
<i>alclometasone topical ointment</i>	1	QL (2 GM per 1 day)
AMNESTEEM	1	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)

Drug Name	Tier	Restrictions / Limits
CLARAVIS	1	AR
<i>clindamycin-benzoyl peroxide topical gel</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	
<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	
<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)

Drug Name	Tier	Restrictions / Limits
<i>fluocinolone topical solution</i>	1	QL (4 ML per 1 day)
<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 2.5 %</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	

Drug Name	Tier	Restrictions / Limits
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	2	
PENNSAID TOPICAL SOLUTION IN PACKET	1	
<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	
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	2	PA
<i>tazarotene topical cream</i>	1	
<i>triamcinolone acetonide topical cream</i>	1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	QL (454 GM per 30 days)
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	AR
ZIANA	2	PA
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	1	QL (1 EA per 1 day)
CHANTIX	2	AR
CHANTIX CONTINUING MONTH BOX	2	AR
CHANTIX STARTING MONTH BOX	2	AR
<i>varenicline</i>	1	AR
<b>THYROID PREPS</b>		
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	
UNITHROID	1	
<b>UNCLASSIFIED DRUG PRODUCTS</b>		
<i>acamprosate</i>	1	
ADBRY	2	PA
<i>alendronate oral tablet</i>	1	
<i>alfuzosin</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	QL (3 EA per 3 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (3 EA per 3 days)
CARBAGLU	2	
CHEMET	2	
<i>chloral hydrate (bulk)</i>	2	
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>cinacalcet</i>	1	
<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</i>	1	
<i>fluphenazine decanoate (bulk) liquid</i>	2	AR
<i>fluphenazine decanoate (bulk) oil</i>	2	
FORTEO	2	PA; QL (2.4 ML per 22 days)
GALZIN	2	PA
GELNIQUE	2	
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	



Drug Name	Tier	Restrictions / Limits
<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)
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)
ORALONE	1	
ORFADIN ORAL CAPSULE 20 MG	2	PA
ORFADIN ORAL CAPSULE 5 MG	2	
ORFADIN ORAL SUSPENSION	2	PA
<i>oxybutynin chloride oral syrup</i>	1	
<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	
PERIOGARD	1	
<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	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>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; QL (100 mg per 30 days); AR
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	2	PA; QL (300 mg per 30 days); AR
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	PA; QL (24 mg per 1 day); AR
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	2	PA; QL (24 MG per 1 day); AR



Drug Name	Tier	Restrictions / Limits
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	2	QL (24 mg per 1 day); AR
<i>tamsulosin</i>	1	
TEZSPIRE	2	PA
THIOLA EC	2	
<i>triamcinolone acetone dental</i>	1	
TYBOST	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	QL (17.2 MG per 1 day); AR
<b>VITAMINS</b>		
AQUASOL A	2	
<i>biotin oral capsule 5 mg</i>	1	
<i>calcitriol oral</i>	1	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
DRISDOL	2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	PA; QL (15 EA per 28 days)
VITAMIN D2	1	

**Medical Benefit**

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
ADUHELM	2	
FASENRA PEN	2	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA
<i>infliximab</i>	1	PA
OCREVUS	2	QL (20 ML per 153 days)
RITUXAN	2	PA
SIMPONI ARIA	2	PA
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	PA
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