



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

1/1/2024

## 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 to 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.

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**CURRENT AS OF 1/1/2024**

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<b>ANALGESICS</b>		
acetaminophen-codeine	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
buprenorphine hcl injection solution	1	
buprenorphine hcl injection syringe	1	PA
BUTALBITAL COMPOUND W/CODEINE	1	PA; AR
butalbital-acetaminop- caf-cod oral capsule 50- 300-40-30 mg	1	PA; QL (3 EA per 1 day)
butalbital-acetaminop- caf-cod oral capsule 50- 325-40-30 mg	1	PA; QL (3 EA per 1 day); AR
butalbital- acetaminophen oral tablet 50-325 mg	1	QL (48 EA per 25 days)
butalbital- acetaminophen-caff oral capsule 50-325-40 mg	1	QL (48 EA per 25 days)
butalbital- acetaminophen-caff oral tablet	1	QL (48 EA per 25 days)
butalbital-aspirin- caffeine oral capsule	1	QL (48 EA per 30 days)
butorphanol injection	1	PA; AR
butorphanol nasal	1	PA; QL (2.5 ML per 30 days); AR
BUTTRANS	2	PA; QL (4 EA per 28 days)
codeine sulfate	1	PA; AR
codeine-butalbital-asa- caff	1	PA; AR

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
diclofenac potassium oral tablet 50 mg	1	
diflunisal	1	
dihydroergotamine injection	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)
ergotamine-caffeine	1	
ESGIC	2	QL (48 EA per 25 days)
fentanyl	1	QL (10 EA per 22 days)
hydrocodone- acetaminophen oral solution 7.5-325 mg/15 ml	1	PA; QL (3 ML per 1 day)
hydrocodone- acetaminophen oral tablet 10-300 mg, 10- 325 mg, 5-300 mg, 5- 325 mg, 7.5-300 mg	1	PA; QL (3 EA per 1 day)
hydrocodone- acetaminophen oral tablet 7.5-325 mg	1	QL (3 EA per 1 day)
hydrocodone-ibuprofen	1	PA
hydromorphone (pf) injection solution 1 mg/ml, 10 mg/ml	1	PA
hydromorphone (pf) injection solution 2 mg/ml	1	
hydromorphone (pf) injection solution 4 mg/ml	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
hydromorphone injection solution	1		morphine intravenous solution 4 mg/ml, 8 mg/ml	2	
hydromorphone injection syringe 0.5 mg/0.5 ml	2		morphine intravenous syringe 2 mg/ml, 4 mg/ml	1	
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	1		morphine oral solution	1	PA
hydromorphone oral liquid	1		morphine oral tablet	1	PA
hydromorphone oral tablet	1		morphine oral tablet extended release	1	QL (3 EA per 1 day)
hydromorphone rectal	1	PA	morphine rectal	1	PA
IMITREX SUBCUTANEOUS	2	QL (1 ML per 22 days)	nalbuphine	1	PA
ketorolac oral	1	QL (20 EA per 30 days)	NUCYNTA	2	PA; QL (6 EA per 1 day)
levorphanol tartrate	1	PA	NUCYNTA ER	2	PA; QL (2 EA per 1 day)
meperidine	1	PA	NURTEC ODT	2	PA; AR
meperidine (pf)	1	PA	oxycodone oral capsule	1	PA
MIGERGOT	1		oxycodone oral concentrate	1	PA
morphine (pf) injection	1		oxycodone oral solution	1	PA
morphine (pf) intravenous patient control.analgesia soln	1		oxycodone oral tablet	1	PA
morphine concentrate oral solution	1	PA	oxycodone-acetaminophen oral solution 5-325 mg/5 ml	1	PA; QL (3 ML per 1 day)
morphine injection solution 10 mg/ml, 5 mg/ml	2	PA	oxycodone-acetaminophen oral tablet	1	PA; QL (3 EA per 1 day)
morphine injection solution 2 mg/ml, 4 mg/ml	2		pentazocine-naloxone	1	PA
morphine injection solution 8 mg/ml	1		QULIPTA	2	PA; QL (30 EA per 28 days); AR
morphine injection syringe 2 mg/ml	2		rizatriptan oral tablet	1	QL (12 EA per 22 days)
morphine injection syringe 4 mg/ml	1		rizatriptan oral tablet,disintegrating	1	QL (12 EA per 30 days)
morphine intravenous solution 10 mg/ml, 50 mg/ml	1		SPRIX	2	PA; QL (2 EA per 1 day)
			sumatriptan succinate oral	1	QL (9 EA per 22 days)
			sumatriptan succinate subcutaneous	1	QL (1 ML per 22 days)
			TENCON	1	QL (48 EA per 25 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
tramadol oral tablet 100 mg	2	PA; QL (400 EA per 1 day)
tramadol oral tablet 50 mg	1	PA; QL (400 EA per 1 day); AR
tramadol-acetaminophen	1	PA; QL (3 EA per 1 day); AR
UBRELVY ORAL TABLET 100 MG	2	PA; QL (10 EA per 14 days); AR
UBRELVY ORAL TABLET 50 MG	2	PA; QL (10 EA per 14 days)
ZEBUTAL	1	QL (48 EA per 25 days)
ZOMIG NASAL	2	QL (1 EA per 22 days)
<b>ANESTHETICS</b>		
GLYDO	1	QL (1 ML per 1 day)
lidocaine hcl mucous membrane jelly in applicator	1	QL (1 ML per 1 day)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	PA; QL (50 ML per 30 days)
lidocaine topical adhesive patch,medicated 5 %	1	QL (3 EA per 22 days)
LIDOCAINE VISCOUS	1	QL (100 ML per 25 days)
lidocaine-prilocaine topical cream	1	QL (1 GM per 1 day)
LIDODERM	2	QL (3 EA per 30 days)
midazolam (pf)	1	
midazolam injection	1	
midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)	2	
phenazopyridine	1	
<b>ANTIALERGY</b>		
cromolyn oral	1	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<b>ANTIARTHITICS</b>		
allopurinol oral tablet 100 mg, 300 mg	1	
CELEBREX	2	
colchicine oral tablet	1	QL (2 EA per 1 day)
diclofenac sodium oral	1	
EC-NAPROXEN	1	
etodolac	1	
febuxostat	1	ST
flurbiprofen	1	
IBU	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	2	
indomethacin oral	1	
ketoprofen oral capsule 50 mg, 75 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr	1	
KINERET	2	PA; QL (28 ML per 28 days)
leflunomide	1	
meclofenamate	1	
meloxicam oral tablet	1	
nabumetone	1	
naproxen oral tablet	1	
naproxen oral tablet,delayed release (dr/ec)	1	
naproxen sodium oral tablet 275 mg, 550 mg	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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA; QL (4 ML per 22 days)	<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL (3 GM per 22 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML, 87.5 MG/0.7 ML	2	PA	<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)
OTEZLA	2	PA; QL (2 EA per 1 day)	<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	1	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>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	QL (2 ML per 1 day)
oxaprozin	1		<i>albuterol sulfate oral syrup</i>	1	
penicillamine oral capsule	1		<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
piroxicam	1		ANORO ELLIPTA	2	QL (1 EA per 30 days)
probenecid	1		ARNUITY ELLIPTA	2	QL (1 EA per 30 days)
sulindac	1		ASMANEX HFA	2	QL (1 GM per 30 days)
ULORIC	2		ASMANEX TWISTHALER	2	QL (1 EA per 22 days)
VIMOVO	2		ATROVENT HFA	2	QL (2 GM per 30 days)
XELJANZ ORAL SOLUTION	2	PA	<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	QL (120 ML per 22 days); AR
XELJANZ ORAL TABLET	2	PA; QL (60 EA per 22 days)	<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	QL (60 ML per 22 days); AR
<b>ANTIASTHMATICS</b>			COMBIVENT RESPIMAT	2	QL (2 GM per 30 days)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE	2	QL (1 EA per 22 days)	<i>cromolyn inhalation</i>	1	QL (8 ML per 1 day)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 500-50 MCG/DOSE	2	ST; QL (1 EA per 22 days)	DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50- 5 MCG/ACTUATION	2	QL (2 Inhalers per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 45- 21 MCG/ACTUATION	2	QL (1 GM per 22 days)			
ADVAIR HFA INHALATION HFA AEROSOL INHALER 230-21 MCG/ACTUATION	2	ST; QL (1 GM per 22 days)			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
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)
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)
montelukast oral tablet	1	
<i>montelukast oral tablet, chewable</i>	1	
NUCALA	2	PA
PROAIR RESPICLICK	2	QL (4 EA per 72 days)
PROVENTIL HFA	2	PA; QL (3 GM per 22 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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<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)
<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>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
CENTANY	2	QL (22 GM per 30 days)	<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1		<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1		<i>erythromycin ophthalmic (eye)</i>	1	
<i>cephalexin oral tablet</i>	1		<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	
CILOXAN	2		<i>erythromycin with ethanol</i>	1	
CIPRO HC	2	PA	<i>erythromycin-benzoyl peroxide</i>	1	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1		<i>ethambutol</i>	1	
<i>ciprofloxacin hcl oral</i>	1		FIRVANQ	2	PA
<i>ciprofloxacin-dexamethasone</i>	1		FLAGYL	2	
<i>ciprofloxacin-fluocinolone</i>	1		<i>gentamicin ophthalmic (eye)</i>	1	
<i>clarithromycin</i>	1		<i>gentamicin topical</i>	1	
CLEOCIN VAGINAL CREAM	2		<i>isoniazid oral</i>	1	
CLINDACIN ETZ TOPICAL SWAB	1		<i>levofloxacin oral tablet</i>	1	
CLINDACIN P	1		<i>methenamine hippurate</i>	1	
<i>clindamycin hcl</i>	1		<i>methenamine mandelate</i>	1	
CLINDAMYCIN PEDIATRIC	1		<i>methen-sod phos-meth blue-hyos</i>	1	
<i>clindamycin phosphate topical</i>	1		<i>metronidazole oral</i>	1	
CORTISPORIN-TC	2		<i>metronidazole vaginal</i>	1	QL (70 GM per 30 days)
<i>dapsone oral</i>	1		<i>minocycline oral capsule</i>	1	
<i>dicloxacillin</i>	1		<i>minocycline oral tablet</i>	1	
<i>doxycycline hyclate oral capsule</i>	1		MONDOXYNE NL ORAL CAPSULE 100 MG	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1		MONODOX ORAL CAPSULE 100 MG, 50 MG	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1		MORGIDOX	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1		<i>moxifloxacin ophthalmic (eye) drops</i>	1	PA; ST; AR

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	AR	<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1	
<i>moxifloxacin oral</i>	1		<i>sulfacetamide-prednisolone</i>	1	
<i>mupirocin</i>	1	QL (22 GM per 30 days)	<i>sulfadiazine</i>	1	
<i>neomycin</i>	1		<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1		<b>SULFATRIM</b>	1	
<i>neomycin-polymyxin-gramicidin</i>	1		<i>tetracycline</i>	1	
<i>neomycin-polymyxin-hc</i>	1		<b>THALOMID</b>	2	PA
<i>nitrofurantoin macrocrystal</i>	1		<i>tobramycin in 0.225 % nacl</i>	1	QL (10 ML per 1 day)
<i>nitrofurantoin monohyd/m-cryst</i>	1		<i>tobramycin ophthalmic (eye)</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1		<i>tobramycin sulfate injection solution 40 mg/ml</i>	1	PA
<b>NUVESSA</b>	2		<i>tobramycin with nebulizer</i>	2	QL (10 ML per 1 day)
<i>ofloxacin ophthalmic (eye)</i>	1	QL (10 ML per 30 days)	<i>tobramycin-dexamethasone</i>	1	
<i>ofloxacin otic (ear)</i>	1		<b>TRECATOR</b>	2	PA
<b>OTOVEL</b>	2		<i>trimethoprim</i>	1	
<i>penicillin v potassium</i>	1		<b>URELLE</b>	2	
<b>POLYCIN</b>	1		<b>URETRON D-S</b>	1	
<i>polymyxin b sulf-trimethoprim</i>	1		<b>URO-458</b>	1	
<i>pretomanid</i>	2		<b>URYL</b>	1	
<b>PRIFTIN</b>	2	PA; AR	<i>vancomycin oral recon soln 50 mg/ml</i>	1	PA
<i>pyrazinamide</i>	1		<b>VIBRAMYCIN</b>	2	
<i>rifabutin</i>	1		<b>XIFAXAN ORAL TABLET 200 MG</b>	2	PA; QL (9 EA per 28 days)
<i>rifampin oral</i>	1		<b>XIFAXAN ORAL TABLET 550 MG</b>	2	PA; QL (2 EA per 1 day)
<i>silver sulfadiazine</i>	1		<b>ZYLET</b>	2	
<b>SIRTURO</b>	2	AR	<b>ANTICOAGULANTS</b>		
<b>SOLOSEC</b>	2		<i>ELIQUIS DVT-PE TREAT 30D START</i>	2	QL (1 Pack per 90 days)
<b>SSD</b>	1		<i>ELIQUIS ORAL TABLET 2.5 MG</i>	2	QL (2 EA per 1 day)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1		<i>ELIQUIS ORAL TABLET 5 MG</i>	2	QL (4 EA per 1 day)
<i>sulfacetamide sodium-sulfur topical lotion</i>	1				
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i>	1				

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
enoxaparin	1	
fondaparinux	1	QL (1 ML per 1 day)
FRAGMIN SUBCUTANEOUS SYRINGE	2	PA
heparin (porcine)	1	
HEPARIN LOCKFLUSH(PORCIN E)(PF) INTRAVENOUS SYRINGE 100 UNIT/ML	1	
heparin, porcine (pf) injection solution	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/ml	2	
heparin, porcine (pf) intravenous syringe	1	
heparin, porcine (pf) subcutaneous	2	
JANTOVEN	1	
PRADAXA ORAL CAPSULE	2	
warfarin	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)
nalmefene	1	
naloxone injection solution	1	QL (2 ML per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
naloxone injection syringe	1	
naltrexone	1	
OPVEE	2	QL (2 EA per 30 days)
RELISTOR ORAL	2	ST; QL (3 EA per 1 day)
ZIMHI	2	
<b>ANTIFUNGALS</b>		
CICLODAN	1	
ciclopirox topical cream	1	
ciclopirox topical solution	1	
clotrimazole mucous membrane	1	
clotrimazole- betamethasone topical cream	1	QL (45 GM per 30 days)
clotrimazole- betamethasone topical lotion	1	
EXELDERM	2	
fluconazole	1	
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
itraconazole oral capsule	1	QL (4 EA per 1 day)
JUBLIA	2	
ketoconazole oral	1	
ketoconazole topical cream	1	QL (2 GM per 1 day)
ketoconazole topical shampoo	1	QL (4 ML per 1 day)
NYAMYC	1	QL (2 GM per 1 day)
nystatin oral	1	
nystatin topical cream	1	
nystatin topical ointment	1	
nystatin topical powder	1	QL (2 GM per 1 day)
nystatin-triamcinolone	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
NYSTOP	1	QL (2 GM per 1 day)	FARXIGA ORAL TABLET 10 MG	2	QL (30 EA per 28 days)
terbinafine hcl oral	1	QL (1 EA per 1 day)	FARXIGA ORAL TABLET 5 MG	2	QL (30 EA per 23 days)
terconazole vaginal cream	1		glimepiride	1	
<b>ANTIHISTAMINE AND DECONGESTANT COMBINATION</b>			glipizide oral tablet 10 mg, 5 mg	1	
PROMETHAZINE VC	1		glipizide oral tablet extended release 24hr	1	
<b>ANTIHISTAMINES</b>			glipizide-metformin	1	ST
azelastine ophthalmic (eye)	1		GLUMETZA	2	
BEPREVE	2		glyburide micronized oral tablet 1.5 mg	1	QL (8 EA per 1 day)
clemastine oral tablet 2.68 mg	1		glyburide micronized oral tablet 3 mg	1	
cyproheptadine	1		glyburide micronized oral tablet 6 mg	1	QL (2 EA per 1 day)
hydroxyzine hcl intramuscular	1		glyburide oral tablet 1.25 mg	1	QL (16 EA per 1 day)
hydroxyzine hcl oral solution 10 mg/5 ml	1	QL (100 ML per 1 day)	glyburide oral tablet 2.5 mg	1	QL (8 EA per 1 day)
hydroxyzine hcl oral tablet 10 mg, 25 mg	1	QL (4 EA per 1 day)	glyburide oral tablet 5 mg	1	QL (4 EA per 1 day)
hydroxyzine hcl oral tablet 50 mg	1	QL (8 EA per 1 day)	glyburide-metformin oral tablet 1.25-250 mg	1	QL (260 EA per 30 days)
hydroxyzine pamoate	1	QL (4 EA per 1 day)	glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	ST; QL (5 EA per 1 day)
levocetirizine oral solution	1	QL (10 ML per 1 day); AR	HUMALOG JUNIOR KWIKPEN U-100	2	
promethazine oral	1		HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
VISTARIL	2	PA; QL (4 EA per 1 day)	HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	QL (24 ML per 25 days)
<b>ANTIHYPER-GLYCEMICS</b>			HUMALOG MIX 50-50 INSULN U-100	2	QL (40 ML per 25 days)
acarbose	1		HUMALOG MIX 50-50 KWIKPEN	2	QL (45 ML per 25 days)
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); AR			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
HUMALOG MIX 75-25 KWIKPEN	2	QL (45 ML per 25 days)	LEVEMIR U-100 INSULIN	2	QL (1 ML per 1 day)
HUMALOG MIX 75-25(U-100)INSULN	2	QL (40 ML per 25 days)	<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	QL (1 ML per 1 day)	<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2		NOVOLOG FLEXPEN U-100 INSULIN	2	QL (1 ML per 1 day)
HUMULIN R U-500 (CONC) INSULIN	2	QL (1 ML per 1 day)	NOVOLOG MIX 70-30 U-100 INSULN	2	QL (40 ML per 25 days)
HUMULIN R U-500 (CONC) KWIKPEN	2	QL (1 ML per 1 day)	NOVOLOG MIX 70-30FLEXPEN U-100	2	QL (1 ML per 1 day)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>	1		NOVOLOG PENFILL U-100 INSULIN	2	QL (1 ML per 1 day)
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	2	QL (40 ML per 25 days)	OZEMPIC	2	PA; QL (3 ML per 22 days); AR
<i>insulin degludec subcutaneous insulin pen</i>	2	ST; QL (1 ML per 1 day)	<i>pioglitazone</i>	1	ST; QL (34 EA per 30 days)
<i>insulin degludec subcutaneous solution</i>	2	ST; QL (40 ML per 25 days)	<i>repaglinide</i>	1	
INVOKAMET	2		SOLIQUA 100/33	2	PA; ST; QL (0.6 ML per 1 day); AR
INVOKANA	2		SYMLINPEN 120	2	ST
JANUMET	2	ST	SYMLINPEN 60	2	ST
JANUMET XR	2	ST	SYNJARDY	2	
JANUVIA	2	ST	TRADJENTA	2	ST
JARDIANCE	2	QL (30 EA per 28 days)	TRULICITY	2	PA; ST; QL (2 ML per 30 days); AR
JENTADUETO	2	ST	VICTOZA 2-PAK	2	PA; ST; QL (0.3 ML per 1 day); AR
JENTADUETO XR	2	ST	VICTOZA 3-PAK	2	PA; ST; AR
KAZANO	2	ST	XIGDUO XR	2	
LANTUS SOLOSTAR U-100 INSULIN	2	QL (1 ML per 1 day)	<b>ANTIINFECTIVES/ MISCELLANEOUS</b>		
LANTUS U-100 INSULIN	2		atovaquone	1	
LEVEMIR FLEXPEN	2	QL (1 ML per 1 day)	atovaquone-proguanil	1	QL (12 EA per 180 days)
			benznidazole	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>chloroquine phosphate</i>	1	QL (10 EA per 180 days)	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA; QL (3 EA per 15 days)
COARTEM	2	QL (24 EA per 180 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)
EMVERM	2		HUMIRA(CF) PEN PEDIATRIC UC	2	PA; QL (2 EA per 22 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	1		HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; QL (3 EA per 15 days)
<i>ivermectin oral</i>	1	QL (20 EA per 90 days)	HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; QL (4 EA per 22 days)
KRINTAFEL	2		HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; QL (2 EA per 22 days)
<i>mefloquine</i>	1	QL (6 EA per 180 days)	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML	2	PA; QL (2 EA per 22 days)
<i>praziquantel</i>	1		HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; QL (4 EA per 22 days)
<i>primaquine</i>	1	QL (28 EA per 14 days)	SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; QL (1 ML per 22 days)
<i>pyrimethamine</i>	1		SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	2	PA; QL (0.5 ML per 22 days)
<b>ANTIINFLAM. TUMOR NECROSIS FACTOR INHIBITING AGENTS</b>			SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; QL (1 ML per 22 days)
<i>adalimumab-fkjp</i>	2	PA	SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	2	PA; QL (0.5 ML per 22 days)
ENBREL MINI	2	PA; QL (4 ML per 28 days)			
ENBREL SUBCUTANEOUS SOLUTION	2	PA; QL (4 ML per 22 days)			
ENBREL SUBCUTANEOUS SYRINGE	2	PA; QL (4 ML per 28 days)			
ENBREL SURECLICK	2	PA; QL (4 ML per 30 days)			
HADLIMA	2				
HADLIMA PUSHTOUCH	2				
HADLIMA(CF)	2				
HADLIMA(CF) PUSH TOUCH	2				
HUMIRA	2	PA; QL (4 EA per 22 days)			
HUMIRA PEN	2	PA; QL (4 EA per 22 days)			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<b>ANTINEOPLASTICS</b>		
abiraterone	1	PA
ACTIMMUNE	2	PA
AFINITOR	2	PA
anastrozole	1	
bexarotene oral	1	PA
bexarotene topical	1	PA; QL (60 GM per 28 days)
bicalutamide	1	
capecitabine	1	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA
diclofenac sodium topical gel 3 %	1	PA
EFUDEX	2	
ELIGARD	2	
ELIGARD (3 MONTH)	2	
ELIGARD (4 MONTH)	2	
ELIGARD (6 MONTH)	2	
EMCYT	2	PA
ERIVEDGE	2	PA
erlotinib	1	PA
etoposide oral	1	
everolimus (antineoplastic) oral tablet 10 mg	1	PA
everolimus (antineoplastic) oral tablet for suspension	1	PA
exemestane	1	
FARYDAK	2	PA
fluorouracil topical cream 5 %	1	
fluorouracil topical solution	1	
GILOTrif	2	PA
HYCAMTIN	2	PA
hydroxyurea	1	
IBRANCE	2	PA
ICLUSIG	2	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
imatinib	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)
lapatinib	1	PA
LENVIMA	2	PA
letrozole	1	PA
LEUKERAN	2	PA
leuprolide subcutaneous kit	1	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	2	
LUPRON DEPOT (4 MONTH)	2	
LUPRON DEPOT (6 MONTH)	2	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	2	
LYSODREN	2	
MATULANE	2	
megestrol oral tablet	1	
MEKINIST ORAL TABLET	2	PA
melphalan	1	PA
mercaptopurine	1	
methotrexate sodium	1	
methotrexate sodium (pf) injection solution	1	
MYLERAN	2	PA
PANRETIN	2	PA
POMALYST	2	PA
REVLIMID	2	PA
RITUXAN	2	PA
romidepsin intravenous recon soln	2	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
sorafenib	1	PA
SPRYCEL	2	PA
sunitinib malate	1	PA
TABLOID	2	PA
TAFINLAR ORAL CAPSULE	2	PA
tamoxifen	1	
TASIGNA	2	PA
temozolomide	1	PA
toremifene	1	
TRELSTAR	2	
tretinoin (antineoplastic)	1	
TREXALL	2	
VALCHLOR	2	PA; QL (2 GM per 1 day)
VOTRIENT	2	PA
XALKORI ORAL CAPSULE	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)
NATROBA	2	QL (1 ML Max Qty Per Fill Retail)
nitazoxanide	1	PA; QL (20 EA per 30 days)
permethrin	1	QL (1 GM Max Qty Per Fill Retail)
ULESFIA	2	ST; QL (227 GM per 30 days)
<b>ANTIPARKINSON DRUGS</b>		
amantadine hcl	1	
benztropine	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
bromocriptine	1	
carbidopa-levodopa	1	
carbidopa-levodopa-entacapone	1	
entacapone	1	
pramipexole oral tablet	1	
ropinirole oral tablet	1	
selegiline hcl	1	
trihexyphenidyl	1	
ZELAPAR	2	
<b>ANTIPLATELET DRUGS</b>		
anagrelide	1	
aspirin-dipyridamole	1	
BRILINTA	2	QL (2 EA per 1 day)
cilostazol	1	
clopidogrel	1	
dipyridamole oral	1	
prasugrel	1	
<b>ANTIVIRALS</b>		
abacavir	1	
abacavir-lamivudine	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
adefovir	1	PA
APTIVUS	2	
atazanavir	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
didanosine	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
DOVATO	2	QL (1 EA per 1 day)	<i>oseltamivir oral capsule 30 mg</i>	1	QL (40 EA per 365 days)
EDURANT	2		<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (20 EA per 365 days)
<i>efavirenz</i>	1		<i>oseltamivir oral suspension for reconstitution</i>	1	QL (360 ML per 365 days)
<i>efavirenz-emtricitabin-tenofov</i>	1		PAXLOVID	2	
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i>	1		PIFELTRO	2	
<i>emtricitabine</i>	1		PREZCOBIX	2	
<i>emtricitabine-tenofov (tdf)</i>	1		PREZISTA ORAL SUSPENSION	2	QL (1 ML per 1 day)
EMTRIVA	2		PREZISTA ORAL TABLET	2	
<i>entecavir</i>	1	PA	RELENZA DISKHALER	2	QL (40 EA per 365 days)
<i>etravirine</i>	1		<i>ritonavir</i>	1	
EVOTAZ	2		SELZENTRY ORAL SOLUTION	2	PA; QL (1840 ML per 30 days)
<i>fosamprenavir</i>	1		SELZENTRY ORAL TABLET 25 MG	2	PA; QL (160 EA per 25 days)
FUZEON	2		SELZENTRY ORAL TABLET 75 MG	2	PA; QL (2 EA per 1 day)
GENVOYA	2		<i>stavudine</i>	1	
ISENTRESS	2		STRIBILD	2	
ISENTRESS HD	2		SYMTUZA	2	QL (1 EA per 1 day)
JULUCA	2	QL (1 EA per 1 day)	<i>tenofov disoproxil fumarate</i>	1	
LAGEVRIO (EUA)	2	QL (8 EA per 1 day); AR	TIVICAY	2	
<i>lamivudine oral solution</i>	1		<i>trifluridine</i>	1	
<i>lamivudine oral tablet 100 mg</i>	1	PA	TRIUMEQ	2	PA
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1		<i>valacyclovir</i>	1	ST
<i>lamivudine-zidovudine</i>	1		<i>valganciclovir</i>	1	
LEXIVA ORAL SUSPENSION	2		VEREGEN	2	PA
<i>lopinavir-ritonavir</i>	1		VIRACEPT	2	
<i>maraviroc oral tablet 150 mg</i>	1	PA; QL (2 EA per 1 day)	VIREAD	2	
<i>maraviroc oral tablet 300 mg</i>	1	PA; QL (4 EA per 1 day)	XERESE	2	QL (1 EA per 90 days)
<i>nevirapine</i>	1		<i>zidovudine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	QL (6 EA per 180 days)	ZIRGAN	2	PA
ODEFSEY	2				

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
ZOVIRAX TOPICAL CREAM	2		<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	QL (1 EA per 1 day); AR
<b>AUTONOMIC DRUGS</b>			<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	1	QL (2 EA per 1 day); AR
ADDERALL	2	PA; QL (3 EA per 1 day); AR	<i>dextroamphetamine-amphetamine oral tablet</i>	1	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	<i>donepezil</i>	1	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	2	PA; QL (2 EA per 1 day); AR	DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	2	QL (8 ML per 1 day); AR
ADLARITY	2	QL (4 EA per 28 days); AR	DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	QL (1 EA per 1 day); AR
ADZENYS XR-ODT	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)
amphetamine	2	QL (15 ML per 1 day); AR	<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)
amphetamine sulfate oral tablet 10 mg	1	QL (6 EA per 1 day); AR	EVEKEO ODT	2	QL (2 EA per 1 day); AR
amphetamine sulfate oral tablet 5 mg	1	QL (2 EA per 1 day); AR	EVEKEO ORAL TABLET 10 MG	2	PA; QL (6 EA per 1 day); AR
ARICEPT	2	PA; QL (1 EA per 1 day)	EVEKEO ORAL TABLET 5 MG	2	PA; QL (2 EA per 1 day); AR
<i>bethanechol chloride</i>	1		EXELON PATCH	2	PA; QL (1 EA per 1 day)
DESOXYN	2	PA; AR	<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	QL (1 EA per 1 day)
DEXEDRINE SPANSULE	2	PA; QL (2 EA per 1 day); AR	<i>galantamine oral solution</i>	1	QL (6 ML per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	QL (2 EA per 1 day); AR	<i>galantamine oral tablet</i>	1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	1	QL (40 ML per 1 day); AR	MESTINON ORAL TABLET	2	
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (4 EA per 1 day); AR	MESTINON TIMESPAN	2	
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (2 EA per 1 day); AR	<i>methamphetamine</i>	1	AR
<i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i>	1	QL (1 EA per 1 day); AR			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>midodrine</i>	1	
MYDAYIS	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	
rivastigmine	1	QL (1 EA per 1 day)
rivastigmine tartrate	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, 20 MG, 30 MG	2	PA; QL (2 EA per 1 day); AR
ZENZEDI ORAL TABLET 2.5 MG	2	QL (1 EA per 1 day); AR
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	2	QL (2 EA per 1 day); AR
ZENZEDI ORAL TABLET 5 MG	1	QL (1 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	
BEXZERO	2	
BOOSTRIX TDAP	2	
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
ENGERIX-B (PF)	2	
ENGERIX-B PEDIATRIC (PF)	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
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	
MENACTRA (PF)	2	
M-M-R II (PF)	2	
PALFORZIA (LEVEL 1)	2	PA
PALFORZIA (LEVEL 2)	2	PA
PALFORZIA (LEVEL 3)	2	PA
PALFORZIA (LEVEL 4)	2	PA
PALFORZIA (LEVEL 5)	2	PA
PALFORZIA (LEVEL 6)	2	PA
PALFORZIA (LEVEL 7)	2	PA
PALFORZIA (LEVEL 8)	2	PA
PALFORZIA (LEVEL 9)	2	PA
PALFORZIA (LEVEL 10)	2	PA
PALFORZIA (LEVEL 11 UP-DOSE)	2	PA; QL (1 EA per 28 days)
PALFORZIA INITIAL DOSE	2	PA
PALFORZIA LEVEL 11 MAINTENANCE	2	PA; QL (1 EA per 28 days)
PALYNZIQ	2	PA
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	
PENTACEL ACTHIB COMPONENT (PF)	2	
PNEUMOVAX-23	2	
PREVNAR 13 (PF)	2	
PROQUAD (PF)	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	
RAGWITEK	2	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML	2		<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	2		<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
RHOGAM ULTRA-FILTERED PLUS	2		<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
TDVAX	2		<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	
TENIVAC (PF)	2		<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
TRUMENBA	2		<i>diltiazem hcl oral tablet</i>	1	
TWINRIX (PF)	2		<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
VAQTA (PF)	2		DILT-XR	1	
VARIVAX (PF)	2		<i>disopyramide phosphate</i>	1	
VARIZIG	2		<i>dofetilide</i>	1	
VAXNEUVANCE (PF)	2		<i>felodipine</i>	1	
<b>BLOOD</b>			<i>flecainide</i>	1	
<i>aminocaproic acid oral</i>	1		<i>ISORDIL TITRADOSE</i>	2	
DROXIA	2	PA	<i>isosorbide dinitrate</i>	1	
EMPAVELI	2	PA; QL (8 ML per 28 days); AR	<i>isosorbide mononitrate</i>	1	
ENDARI ORAL POWDER IN PACKET 5 GRAM	2	PA	<i>LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)</i>	2	
ENDARI ORAL POWDER IN PACKET 5 GRAM	2	PA; AR	<i>nifedipine</i>	1	
<i>pentoxifylline</i>	1		<i>nimodipine</i>	1	
<i>tranexamic acid oral</i>	1	ST	NITRO-BID	1	
<b>CARDIAC DRUGS</b>			NITRO-DUR	2	
<i>amiodarone oral</i>	1		<i>nitroglycerin oral</i>	1	
<i>amlodipine</i>	1		<i>nitroglycerin sublingual</i>	1	
CALAN SR	2	PA	<i>nitroglycerin transdermal</i>	1	
CARDIZEM LA	2		<i>nitroglycerin translingual</i>	1	
CARTIA XT	1		NITRO-TIME	1	
CORLANOR	2	PA			
DIGITEK	1				
DIGOX	1				
<i>digoxin oral solution</i>	1				

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
NORLIQVA	2	ST	<i>cholestyramine (with sugar) oral powder</i>	1	
NORPACE CR	2		CHOLESTYRAMINE LIGHT ORAL POWDER	1	
PACERONE ORAL TABLET 200 MG, 400 MG	1		<i>clonidine hcl oral tablet 0.1 mg</i>	1	QL (24 EA per 1 day); AR
<i>propafenone</i>	1		<i>clonidine hcl oral tablet 0.2 mg</i>	1	QL (12 EA per 1 day); AR
<i>ranolazine</i>	1		<i>clonidine hcl oral tablet 0.3 mg</i>	1	QL (8 EA per 1 day); AR
TAZTIA XT	1		<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i>	1	QL (4 EA per 28 days)
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1		<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>	1	QL (8 EA per 28 days)
<i>verapamil oral tablet 120 mg, 80 mg</i>	1		<i>colesevelam</i>	1	
<i>verapamil oral tablet 40 mg</i>	1	QL (12 EA per 1 day)	DEM SER	2	
<i>verapamil oral tablet extended release</i>	1		DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG	2	QL (2 EA per 1 day)
<b>CARDIOVASCULAR</b>			DIOVAN ORAL TABLET 320 MG	2	QL (1 EA per 1 day)
<i>acebutolol oral capsule 200 mg</i>	1	QL (6 EA per 1 day)	<i>doxazosin</i>	1	
<i>acebutolol oral capsule 400 mg</i>	1	QL (3 EA per 1 day)	EDARBI	2	QL (1 EA per 1 day)
<i>aliskiren</i>	1		EDARBYCLOR	2	
<i>amlodipine-benazepril</i>	1	QL (30 EA per 22 days)	<i>enalapril maleate oral tablet</i>	1	
<i>atenolol</i>	1		<i>enalapril-hydrochlorothiazide</i>	1	
<i>atenolol-chlorthalidone</i>	1		ENTRESTO	2	PA
<i>atorvastatin</i>	1		<i>ergoloid</i>	1	QL (3 EA per 1 day)
<i>benazepril</i>	1		<i>ezetimibe</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1		<i>ezetimibe-simvastatin</i>	1	ST
<i>bisoprolol fumarate</i>	1		<i>fenofibrate nanocrystallized</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1		<i>fenofibrate oral capsule</i>	1	
<i>captopril-hydrochlorothiazide</i>	1		<i>fenofibrate oral tablet 120 mg, 40 mg, 54 mg</i>	1	
<i>carvedilol</i>	1		<i>fosinopril</i>	1	
CATAPRES-TTS-1	2	PA; QL (4 EA per 23 days)	<i>gemfibrozil</i>	1	
CATAPRES-TTS-2	2	PA; QL (4 EA per 23 days)			
CATAPRES-TTS-3	2	PA; QL (8 EA per 23 days)			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>guanfacine oral tablet</i>	1		<i>quinapril-hydrochlorothiazide</i>	1	
<i>hydralazine oral</i>	1		<i>ramipril</i>	1	
<i>irbesartan</i>	1	QL (1 EA per 1 day)	<b>REMODULIN</b>	2	PA
<i>labetalol oral</i>	1		<b>REPATHA PUSHTRONEX</b>	2	PA; QL (3.5 ML per 28 days)
<i>lisinopril</i>	1		<b>REPATHA SURECLICK</b>	2	PA; QL (2 ML per 28 days)
<i>lisinopril-hydrochlorothiazide</i>	1		<b>REPATHA SYRINGE</b>	2	PA; QL (2 ML per 28 days)
<i>losartan oral tablet 100 mg</i>	1	QL (1 EA per 1 day)	<b>REVATIO ORAL SUSPENSION FOR RECONSTITUTION</b>	2	PA; QL (60 MG per 1 day)
<i>losartan oral tablet 25 mg, 50 mg</i>	1	QL (2 EA per 1 day)	<i>rosuvastatin</i>	1	
<i>losartan-hydrochlorothiazide</i>	1		<i>sildenafil (pulm.hypertension) intravenous</i>	1	QL (60 ML per 1 day)
<i>lovastatin</i>	1		<i>sildenafil (pulm.hypertension) oral tablet</i>	1	PA; QL (60 EA per 1 day)
<i>methyldopa</i>	1		<i>simvastatin</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1		<b>SOTALOL AF</b>	1	
<i>metoprolol succinate</i>	1		<i>sotalol oral</i>	1	
<i>metoprolol tartrate oral</i>	1		<i>tadalafil (pulm. hypertension)</i>	1	PA; QL (2 EA per 1 day)
<i>metyrosine</i>	1	PA	<i>telmisartan</i>	1	QL (1 EA per 1 day)
<b>MINIPRESS</b>	2	PA	<i>terazosin</i>	1	
<i>minoxidil oral</i>	1		<b>TRACLEER</b>	2	PA
<i>nebivolol</i>	1		<i>treprostinil sodium</i>	1	PA
<i>olmesartan oral tablet 20 mg, 40 mg</i>	1	QL (1 EA per 1 day)	<i>valsartan-hydrochlorothiazide</i>	1	
<i>olmesartan oral tablet 5 mg</i>	1	QL (3 EA per 1 day)	<b>VELETRI</b>	1	PA
<b>PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML</b>	2	PA; QL (2 ML per 22 days)	<b>WELCHOL ORAL POWDER IN PACKET</b>	1	PA
<b>PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML</b>	2	PA; QL (4 ML per 22 days)	<b>CNS DRUGS</b>		
<i>pravastatin</i>	1		<b>AUSTEDO</b>	2	PA; QL (4 EA per 1 day)
<i>prazosin</i>	1		<b>AUSTEDO 12MG START TITR(WK1-4)</b>	2	PA
<b>PREVALITE</b>	1		<b>AUSTEDO TD TITRATN PK (WK 1-2)</b>	2	PA
<i>propranolol</i>	1		<b>AUSTEDO XR</b>	2	PA; AR
<i>propranolol-hydrochlorothiazid</i>	1				
<i>quinapril</i>	1				

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
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 oral tablet 0.5 mg</i>	1	PA; QL (2 EA per 1 day)
<i>clonazepam oral tablet 1 mg, 2 mg</i>	1	PA; QL (3 EA per 1 day)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg</i>	1	PA; QL (2 EA per 1 day)
<i>clonazepam oral tablet,disintegrating 1 mg, 2 mg</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

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
DEPAKOTE SPRINKLES	2	PA
DIASTAT	1	
DIASTAT ACUDIAL	2	
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	2	
DILANTIN INFATABS	2	
DILANTIN-125	2	
<i>dimethyl fumarate</i>	1	PA; QL (2 EA per 1 day)
<i>divalproex</i>	1	
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	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)
INGREZZA	2	PA; QL (30 EA per 22 days)
INGREZZA INITIATION PACK	2	PA; QL (28 EA per 22 days)
KEPPRA INTRAVENOUS	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
KEPPRA ORAL SOLUTION	1	PA; QL (30 ML per 1 day)	<i>levetiracetam oral tablet 1,000 mg</i>	1	QL (3 EA per 1 day)
KEPPRA ORAL TABLET 1,000 MG	1	PA; QL (3 EA per 1 day)	<i>levetiracetam oral tablet 250 mg</i>	1	QL (2 EA per 1 day)
KEPPRA ORAL TABLET 250 MG	1	PA; QL (2 EA per 1 day)	<i>levetiracetam oral tablet 500 mg</i>	1	QL (6 EA per 1 day)
KEPPRA ORAL TABLET 500 MG	1	PA; QL (6 EA per 1 day)	<i>levetiracetam oral tablet 750 mg</i>	1	QL (4 EA per 1 day)
KEPPRA ORAL TABLET 750 MG	1	PA; QL (4 EA per 1 day)	<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	1	QL (2 EA per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	1	PA; QL (2 EA per 1 day)	<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	1	QL (4 EA per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	1	PA; 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)
KESIMPTA PEN	2	PA	LYRICA ORAL CAPSULE 225 MG, 300 MG	2	PA; QL (2 EA per 1 day)
KLONOPIN ORAL TABLET 0.5 MG	2	PA; QL (2 EA per 1 day)	LYRICA ORAL SOLUTION	2	PA; QL (30 ML per 1 day)
KLONOPIN ORAL TABLET 1 MG, 2 MG	2	PA; QL (3 EA per 1 day)	<i>memantine oral capsule,sprinkle,er 24hr</i>	1	QL (1 EA per 1 day)
<i>lacosamide oral tablet</i>	1	ST	<i>memantine oral solution</i>	1	QL (10 ML per 1 day)
LAMICTAL	2	PA	<i>memantine oral tablet</i>	1	QL (2 EA per 1 day)
LAMICTAL ODT	2	PA	<i>memantine oral tablets,dose pack</i>	2	QL (2 EA per 1 day)
LAMICTAL ODT STARTER (BLUE)	2	PA	NAMENDA	2	PA; QL (2 EA per 1 day)
LAMICTAL ODT STARTER (GREEN)	2	PA	NAMENDA TITRATION PAK	2	QL (2 EA per 1 day)
LAMICTAL ODT STARTER (ORANGE)	2	PA	NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	QL (1 EA per 1 day)
LAMICTAL STARTER (BLUE) KIT	2	PA	NAMENDA XR ORAL CAPSULE,SPRINKLE, ER 24HR	2	PA; QL (1 EA per 1 day)
LAMICTAL STARTER (GREEN) KIT	2	PA	NAMZARIC	2	QL (1 EA per 1 day)
LAMICTAL STARTER (ORANGE) KIT	2	PA	NAYZILAM	2	QL (10 EA per 24 days)
LAMICTAL XR	2	PA			
<i>lamotrigine</i>	1				
<i>levetiracetam intravenous</i>	1				
<i>levetiracetam oral solution</i>	1	QL (30 ML per 1 day)			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	2	PA; QL (6 EA per 1 day)	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; QL (4.2 ML per 28 days)
NEURONTIN ORAL CAPSULE 300 MG	2	PA; QL (9 EA per 1 day)	REBIF TITRATION PACK	2	PA
NEURONTIN ORAL SOLUTION	2	PA; QL (72 ML per 1 day)	riluzole	1	PA
NEURONTIN ORAL TABLET 600 MG	2	PA; QL (6 EA per 1 day)	ROWEEPRA	1	QL (6 EA per 1 day)
NEURONTIN ORAL TABLET 800 MG	2	PA; QL (4 EA per 1 day)	ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	1	QL (2 EA per 1 day)
NUEDEXTA	2	PA	ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	1	QL (4 EA per 1 day)
ONFI ORAL SUSPENSION	2	PA; QL (32 ML per 1 day)	SUBVENITE	1	
ONFI ORAL TABLET 10 MG	2	PA; QL (8 EA per 1 day)	SUBVENITE STARTER (BLUE) KIT	1	
ONFI ORAL TABLET 20 MG	2	PA; QL (4 EA per 1 day)	SUBVENITE STARTER (GREEN) KIT	1	
<i>oxcarbazepine</i>	1		SUBVENITE STARTER (ORANGE) KIT	1	
OXTELLAR XR	2		SYMPAZAN ORAL FILM 10 MG, 5 MG	2	QL (8 EA per 1 day)
<i>phenytoin</i>	1		SYMPAZAN ORAL FILM 20 MG	2	QL (4 EA per 1 day)
<i>phenytoin sodium extended</i>	1		TASCENO ODT	2	PA; QL (1 EA per 1 day)
<i>phenytoin sodium intravenous solution</i>	1		TEGRETOL	2	
PLEGRIDY	2	PA; QL (1 ML per 22 days)	TEGRETOL XR	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; QL (3 EA per 1 day)	<i>teriflunomide</i>	1	PA
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	PA; QL (2 EA per 1 day)	<i>tetrabenazine</i>	1	PA
<i>pregabalin oral solution</i>	1	PA; QL (30 ML per 1 day)	TOPAMAX	2	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1		<i>topiramate oral capsule, sprinkle</i>	1	
QUDEXY XR	2		<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	QL (2 EA per 1 day)
REBIF (WITH ALBUMIN)	2	PA; QL (6 ML per 28 days)	<i>topiramate oral tablet</i>	1	
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA	TRILEPTAL	2	PA
			TROKENDI XR	2	QL (2 EA per 1 day)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
valproate sodium	1	
valproic acid	1	
valproic acid (as sodium salt)	1	
VALTOCO	2	QL (5 EA per 30 days)
WAKIX	2	PA; QL (2 EA per 1 day)
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)
zonisamide oral capsule 100 mg	1	QL (2 EA per 1 day)
zonisamide oral capsule 25 mg, 50 mg	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
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)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML	2	PA; QL (24 ML per 22 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
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	
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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
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)
CAZIANT (28)	1	
CHARLOTTE 24 FE	1	
CHATEAL (28)	1	
CHATEAL EQ (28)	1	
CRYSELLE (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	
desog-e.estradiol/e.estradiol	1	
desogestrel-ethinyl estradiol	1	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	1	PA
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	1	
drospirenone-ethinyl estradiol	1	
ELINEST	1	
ELLA	2	QL (6 EA per 365 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
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	
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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>I norgest/e.estriadiol-e.estrad 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>medroxyprogesterone intramuscular</i>	1	QL (1 ML per 67 days)
<i>I norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1		MERZEE	1	
LARIN 1.5/30 (21)	1		MIBELAS 24 FE	1	
LARIN 1/20 (21)	1		MICROGESTIN 1.5/30 (21)	1	
LARIN 24 FE	1		MICROGESTIN 1/20 (21)	1	
LARIN FE 1.5/30 (28)	1		MICROGESTIN FE 1.5/30 (28)	1	
LARIN FE 1/20 (28)	1		MICROGESTIN FE 1/20 (28)	1	
LAYOLIS FE	1		MILI	1	
LEENA 28	1		MINASTRIN 24 FE	2	PA
LESSINA	1		MIRENA	2	
LEVONEST (28)	1		MONO-LINYAH	1	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1		NATAZIA	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	QL (1 EA per 1 day)	NECON 0.5/35 (28)	1	
<i>levonorg-eth estrad triphasic</i>	1		NEXPLANON	2	
LEVORA-28	1		NEXTSTELLIS	2	QL (28 EA per 22 days)
LILETTA	2		NIKKI (28)	1	
LO LOESTRIN FE	2		NORA-BE	1	
LOESTRIN 1.5/30 (21)	2	PA	<i>noreth-ethinyl estradiol-iron</i>	1	
LOESTRIN 1/20 (21)	2	PA	<i>norethindrone (contraceptive)</i>	1	
LOESTRIN FE 1.5/30 (28-DAY)	2	PA	<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
LOESTRIN FE 1/20 (28-DAY)	2	PA	<i>norethindrone-e.estriadiol-iron</i>	1	
LORYNA (28)	1		<i>norgestimate-ethinyl estradiol</i>	1	
LOW-OGESTREL (28)	1		NORTREL 0.5/35 (28)	1	
LO-ZUMANDIMINE (28)	1		NORTREL 1/35 (21)	1	
LUTERA (28)	1		NORTREL 1/35 (28)	1	
LYZA	1		NORTREL 7/7/7 (28)	1	
MARLISSA (28)	1		NUVARING	2	PA
			OCELLA	1	
			PARAGARD T 380A	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
PHEXXI	2	QL (1 Box per 30 days)	TYBLUME	2	
PHILITH	1		TYDEMY	1	
PIMTREA (28)	1		VELIVET TRIPHASIC REGIMEN (28)	1	
PORTIA 28	1		VESTURA (28)	1	
QUARTETTE	2	PA	VIENVA	1	
RECLIPSEN (28)	1		VIORELE (28)	1	
SETLAKIN	1	QL (1 EA per 1 day)	VYFEMLA (28)	1	
SHAROBEL	1		VYLIBRA	1	
SIMLIYA (28)	1		WERA (28)	1	
SIMPESSE	1	QL (1 EA per 1 day)	WIDE-SEAL DIAPHRAGM 60	2	
SKYLA	2		WIDE-SEAL DIAPHRAGM 65	2	
SLYND	2		WIDE-SEAL DIAPHRAGM 70	2	
SPRINTEC (28)	1		WIDE-SEAL DIAPHRAGM 75	2	
SRONYX	1		WIDE-SEAL DIAPHRAGM 80	2	
SYEDA	1		WIDE-SEAL DIAPHRAGM 85	2	
TARINA 24 FE	1		WIDE-SEAL DIAPHRAGM 90	2	
TARINA FE 1/20 (28)	1		WIDE-SEAL DIAPHRAGM 95	2	
TARINA FE 1-20 EQ (28)	1		WYMZYA FE	1	
TAYSOFY	1		XULANE	1	ST
TAYTULLA	2		YASMIN (28)	2	PA
TILIA FE	1		YAZ (28)	2	PA
TRI-ESTARYLLA	1		ZARAH	1	
TRI-LEGEST FE	1		ZOVIA 1-35 (28)	1	
TRI-LINYAH	1		ZUMANDIMINE (28)	1	
TRI-LO-ESTARYLLA	1		<b>COUGH/COLD PREPARATIONS</b>		
TRI-LO-MARZIA	1		benzonatate oral capsule 100 mg, 200 mg	1	QL (4 EA per 1 day)
TRI-LO-MILI	1		BROMFED DM	2	
TRI-LO-SPRINTEC	1		brompheniramine-pseudoeph-dm	1	
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)			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
hydrocodone-homatropine oral syrup	1	PA; QL (6 OZ per 1 RX); AR
hydrocodone-homatropine oral tablet	1	PA; AR
HYDROMET	1	QL (180 ML per 1 per fill); AR
PROMETHAZINE VC-CODEINE	1	PA; AR
promethazine-codeine	1	PA; QL (180 per fill Max Qty Per Fill Retail)
promethazine-dm	1	
<b>DIAGNOSTIC</b>		
GLUCAGEN DIAGNOSTIC KIT	2	
<b>DIURETICS</b>		
acetazolamide	1	
amiloride	1	
amiloride-hydrochlorothiazide	1	
bumetanide oral	1	
chlorthalidone	1	
DIURIL	2	
eplerenone	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet	1	
hydrochlorothiazide	1	
indapamide	1	
methazolamide	1	
metolazone	1	
spironolactone oral tablet	1	
spironolacton-hydrochlorothiaz	1	
tolvaptan	1	PA
torsemide	1	
triamterene-hydrochlorothiazid oral capsule	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	1	QL (1 EA per 1 day)
triamterene-hydrochlorothiazid oral tablet 75-50 mg	1	
<b>EENT PREPS</b>		
acetic acid otic (ear)	1	
ALPHAGAN P	2	
ALREX	2	
ALTACAINE	1	PA
apraclonidine	1	
atropine ophthalmic (eye)	1	
azelastine nasal aerosol,spray	1	
AZOPT	2	
BETOPTIC S	2	
brimonidine ophthalmic (eye) drops 0.2 %	1	
carteolol	1	
COMBIGAN	2	
cromolyn ophthalmic (eye)	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 1 %, 2 %	2	
cyclopentolate	1	
DERMOTIC OIL	2	
dexamethasone sodium phosphate ophthalmic (eye)	1	
diclofenac sodium ophthalmic (eye)	1	
difluprednate	1	
dorzolamide	1	
dorzolamide (pf)	1	
dorzolamide-timolol	1	
dorzolamide-timolol (pf)	1	
DYMISTA	2	
flurbiprofen sodium	1	
FML LIQUIFILM	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
HOMATROPAIRE	1		<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
IOPIDINE	2		TRAVATAN Z	2	
<i>ipratropium bromide nasal</i>	1		<i>tropicamide</i>	1	
ISOPTO ATROPINE	2		XIIDRA	2	PA; QL (60 EA per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	1	QL (5 ML per 30 days)	<b>ELECT/CALORIC/H2O</b>		
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1		BAQSIMI	2	QL (2 EA per 365 days)
<i>latanoprost</i>	1		<i>calcium acetate</i>	1	
<i>levobunolol</i>	1		<i>calcium acetate(phosphat bind)</i>	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2	PA	DENTA 5000 PLUS	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	2	PA	EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	1	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	2		<i>fluoride (sodium) dental cream</i>	1	
LUMIGAN	2		FOSRENOL ORAL TABLET,CHEWABLE	2	
OMNARIS	2		GLUCAGEN HYPOKIT	2	QL (2 EA per 30 days)
OXERVATE	2	PA	GVOKE	2	
<i>phenylephrine hcl ophthalmic (eye)</i>	1		GVOKE HYPOPEN 1-PACK	2	
<i>pilocarpine hcl ophthalmic (eye)</i>	1		GVOKE HYPOPEN 2-PACK	2	
PRED FORTE	2		GVOKE PFS 1-PACK SYRINGE	2	
PRED MILD	2		GVOKE PFS 2-PACK SYRINGE	2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1		KLOR-CON 10	1	
RESTASIS	2	PA; QL (2 EA per 1 day)	KLOR-CON 8	1	
RHOPRESSA	2		KLOR-CON M10	1	
ROCKLATAN	2		KLOR-CON M15	1	
<i>tetracaine hcl</i>	1	PA	KLOR-CON M20	1	
<i>tetracaine hcl (pf) ophthalmic (eye)</i>	2	PA	KLOR-CON/EF	1	
<i>timolol maleate (pf)</i>	1		LOKELMA	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1		MAGNEBIND 300	2	QL (300 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
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	
RENELA	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>alosetron</i>	1	PA
AMITIZA	2	ST
ANALPRAM-HC RECTAL	2	
ANALPRAM-HC SINGLES	2	
APRISO	2	
<i>balsalazide</i>	1	
BUPHENYL ORAL POWDER	2	
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	
CONSTULOSE	1	
CREON	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>lidocaine hcl-hydrocortisone 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>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	
PANCREAZE	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<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	
<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	
ROBINUL	2	
ROBINUL FORTE	2	
SFROWASA	2	
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
ZENPEP	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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
cabergoline	1		estrogens-methyltestosterone	1	
calcitonin (salmon) nasal	1		EVAMIST	2	
CORTIFOAM	2		FENSOLVI	2	
COVARYX	1		fludrocortisone	1	
COVARYX H.S.	1		FYAVOLV	1	
DEPO-ESTRADIOL	2		GENOTROPIN	2	PA
DEPO-TESTOSTERONE	2	PA	GENOTROPIN MINIQUICK	2	PA
desmopressin nasal spray with pump	1		hydrocortisone oral	1	
desmopressin oral	1		hydrocortisone rectal	1	
DEXAMETHASONE INTENSOL	1		JINTELI	1	
dexamethasone oral elixir	1		LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	
dexamethasone oral solution	1		LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	2	
dexamethasone oral tablet	1		LUPRON DEPOT-PED (3 MONTH)	2	
DEXONTO	2		LUPRON DEPOT-PED INTRAMUSCULAR KIT	2	
EEMT	1		MEDROL (PAK)	2	
EEMT HS	1		MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	2	
EMFLAZA ORAL SUSPENSION	2	PA; QL (117 ML per 28 days)	medroxyprogesterone oral	1	
EMFLAZA ORAL TABLET 18 MG	2	PA; QL (30 EA per 28 days)	MENEST	2	
EMFLAZA ORAL TABLET 30 MG, 36 MG	2	PA; QL (90 EA per 28 days)	methylergonovine oral	1	
EMFLAZA ORAL TABLET 6 MG	2	PA; QL (60 EA per 28 days)	methylprednisolone	1	
estradiol oral	1		MIMVEY	1	
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	1		MINIVELLE	2	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1		MYFEMBREE	2	PA; QL (1 EA per 1 day)
estradiol-norethindrone acet	1		NORDITROPIN FLEXPRO	2	PA
ESTRING	2		norethindrone acetate	1	
			octreotide acetate	1	PA
			ORIAHNN	2	PA; QL (2 EA per 1 day)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
ORILISSA ORAL TABLET 150 MG	2	PA; QL (1 EA per 1 day)	<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	PA; QL (30 GM per 30 days); AR
ORILISSA ORAL TABLET 200 MG	2	PA; QL (2 EA per 1 day)	<i>testosterone transdermal solution in metered pump w/app</i>	1	QL (180 ML per 22 days)
PEDIAPRED	2		TRIPTODUR	2	
<i>prednisolone oral solution</i>	1		VAGIFEM	2	
<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		VIVELLE-DOT	2	
<i>prednisone</i>	1		<b>IMMUNO-SUPPRESSANTS</b>		
PREDNISONE INTENSOL	1		ACTEMRA INTRAVENOUS	2	PA
PREMARIN	2		ACTEMRA SUBCUTANEOUS	2	PA; QL (3.6 ML per 22 days)
PREMPRO	2		<i>azathioprine oral tablet 50 mg</i>	1	
<i>progesterone</i>	1		<i>cyclosporine modified</i>	1	
<i>progesterone micronized</i>	1		<i>cyclosporine oral</i>	1	
PROVERA	2		DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; QL (2.28 ML per 22 days)
SEROSTIM	2	PA; QL (30 EA per 22 days)	DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; QL (4 ML per 22 days)
SKYTROFA	2	PA	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; QL (2.28 ML per 22 days)
SUPPRELIN LA	2		DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; QL (4 ML per 22 days)
SYNAREL	2		ELIDEL	2	PA
TESTIM	2	QL (60 EA per 30 days); AR	ENSPRYNG	2	PA; QL (1 ML per 28 days); AR
<i>testosterone cypionate</i>	1	PA	<i>everolimus (immunosuppressive)</i>	1	
<i>testosterone transdermal gel</i>	1	QL (300 GM per 22 days); AR	GENGRAF	1	
<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>mycophenolate mofetil</i>	1	
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	QL (150 GM per 22 days); AR	<i>mycophenolate sodium</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
NEORAL	2		CLEVER CHOICE CHAMBER-LRG MASK	2	QL (2 EA per 365 days)
SANDIMMUNE ORAL	2		CLEVER CHOICE CHAMBER-MED MASK	2	QL (2 EA per 365 days)
<i>sirolimus</i>	1		CLEVER CHOICE CHAMBER-SM MASK	2	QL (2 EA per 365 days)
<i>tacrolimus oral</i>	1		COMPACT SPACE CHAMBER	2	QL (2 EA per 365 days)
<i>tacrolimus topical</i>	1	PA	DEXCOM G6 RECEIVER	2	QL (1 EA per 1 LIFETIME)
<b>MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG</b>			DEXCOM G6 SENSOR	2	QL (3 EA per 28 days)
ACE AEROSOL CLOUD ENHANCER	2	QL (2 EA per 365 days)	DEXCOM G6 TRANSMITTER	2	QL (1 EA per 90 days)
AEROCHAMBER MINI	2	QL (2 EA per 365 days)	DEXCOM G7 RECEIVER	2	QL (1 EA per 1 Year)
AEROCHAMBER MV	2	QL (2 EA per 365 days)	DEXCOM G7 SENSOR	2	QL (3 EA per 28 days)
AEROCHAMBER PLUS FLOW-VU	2	QL (2 EA per 365 days)	EASIVENT HOLDING CHAMBER	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS Z STAT	2	QL (2 EA per 365 days)	EASYPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2"	2	
AEROCHAMBER PLUS Z STAT MD MSK	2	QL (2 EA per 365 days)	ECLIPSE NEEDLE NEEDLE 25 GAUGE X 5/8"	2	
AEROCHAMBER PLUS Z STAT SM MSK	2	QL (2 EA per 365 days)	FLEXICHAMBER	2	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS-FLW SG	2	QL (2 EA per 365 days)	FLEXICHAMBER-LG CHILD MASK	2	QL (2 EA per 365 days)
AEROTRACH PLUS	2	QL (2 EA per 365 days)	FLEXICHAMBER-SM ADULT MASK	2	QL (2 EA per 365 days)
AEROVENT PLUS	2	QL (2 EA per 365 days)	FLEXICHAMBER-SM CHILD MASK	2	QL (2 EA per 365 days)
BD INSULIN SYRINGE U-500	2	QL (400 EA per 30 days)	LITE TOUCH-MEDIUM MASK	2	QL (2 EA per 365 days)
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"	2		LITEAIRE MDI CHAMBER	2	QL (2 EA per 365 days)
BREATHERITE MDI SPACER	2	QL (2 EA per 365 days)	LITETOUGH-LARGE MASK	2	QL (2 EA per 365 days)
BREATHERITE VALVED MDI CHAMBER	2	QL (2 EA per 365 days)	LITETOUGH-SMALL MASK	2	QL (2 EA per 365 days)
BREATHERITE VALVED MDI SPACER	2	QL (2 EA per 365 days)	MAGELLAN INSULIN SAFETY SYRNG	2	QL (400 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
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 SYRINGE 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	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	2	QL (400 EA per 30 days)
OPTICHAMBER ADULT MASK-LARGE	2	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND LG MASK	2	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND VHC	2	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-MED MSK	2	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-SML MASK	2	QL (2 EA per 365 days)
PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	QL (400 EA per 30 days)
POCKET CHAMBER	2	QL (2 EA per 365 days)
PROCARE SPACER WITH ADULT MASK	2	QL (2 EA per 365 days)
PROCARE SPACER WITH CHILD MASK	2	QL (2 EA per 365 days)
PROCHAMBER	2	QL (2 EA per 365 days)
RITEFLO AEROCHAMBER	2	QL (2 EA per 365 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
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)
VORTEX VHC LADYBUG MASK- TODDLR	2	
<b>MUSCLE RELAXANTS</b>		
AMRIX	2	ST
<i>baclofen oral tablet</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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
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	
<b>PSYCHO-THERAPEUTIC DRUGS</b>		
ABILIFY	2	PA; AR
ABILIFY ASIMTUFI INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	2	QL (1 ML per 56 days); AR
ABILIFY ASIMTUFI 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)
ABILIFY MYCITE STARTER KIT	2	QL (30 EA per 90 days)
ALPRAZOLAM INTENSOL	1	PA
alprazolam oral tablet 0.25 mg, 0.5 mg	1	QL (3 EA per 1 day)
alprazolam oral tablet 1 mg, 2 mg	1	PA
alprazolam oral tablet extended release 24 hr	1	PA
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg	1	QL (3 EA per 1 day)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
alprazolam oral tablet,disintegrating 1 mg, 2 mg	1	PA
amitriptyline oral tablet 10 mg	1	QL (4 EA per 1 day)
amitriptyline oral tablet 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	QL (3 EA per 1 day)
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg	1	PA
amitriptyline-chlordiazepoxide oral tablet 25-10 mg	1	
amoxapine oral tablet 100 mg, 50 mg	1	QL (4 EA per 1 day)
amoxapine oral tablet 150 mg, 25 mg	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
aripiprazole oral solution	1	QL (30 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 30 mg	1	QL (1 EA per 1 day); AR
aripiprazole oral tablet 20 mg	1	QL (2 EA per 1 day); AR
aripiprazole oral tablet 5 mg	1	QL (1.5 EA per 1 day); AR
aripiprazole oral tablet,disintegrating	1	QL (2 EA per 1 day)
ARISTADA INITIO	2	QL (1 ML per 180 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	QL (1 ML per 60 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
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)	CELEXA ORAL TABLET 10 MG, 20 MG	2	PA; QL (1.5 EA per 1 day)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1	PA; QL (1 EA per 1 day)	CELEXA ORAL TABLET 40 MG	2	PA; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	1	PA; QL (2 EA per 1 day)	chlordiazepoxide hcl oral capsule 10 mg, 5 mg	1	PA; QL (3 EA per 1 day)
asenapine maleate	1	QL (2 EA per 1 day); AR	chlordiazepoxide hcl oral capsule 25 mg	1	PA; QL (4 EA per 1 day)
ATIVAN ORAL TABLET 0.5 MG, 1 MG	2	PA; QL (3 EA per 1 day)	chlorpromazine injection	1	
ATIVAN ORAL TABLET 2 MG	2	PA; QL (4 EA per 1 day)	chlorpromazine oral concentrate 100 mg/ml	1	QL (8 ML per 1 day)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (2 EA per 1 day)	chlorpromazine oral concentrate 30 mg/ml	1	QL (26.7 ML per 1 day)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	QL (1 EA per 1 day)	chlorpromazine oral tablet	1	QL (4 EA per 1 day)
AUVELITY	2	QL (2 EA per 1 day); AR	citalopram oral capsule	2	QL (1 EA per 1 day)
AZSTARYS	2	QL (1 EA per 1 day); AR	citalopram oral solution	1	QL (20 ML per 1 day)
bupropion hcl oral tablet	1	QL (4 EA per 1 day)	citalopram oral tablet 10 mg, 20 mg	1	ST; QL (1.5 EA per 1 day)
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	QL (1 EA per 1 day)	citalopram oral tablet 40 mg	1	ST; QL (1 EA per 1 day)
bupropion hcl oral tablet extended release 24 hr 450 mg	2	QL (1 EA per 1 day)	clomipramine oral capsule 25 mg	1	QL (2 EA per 1 day)
bupropion hcl oral tablet sustained-release 12 hr	1	QL (2 EA per 1 day)	clomipramine oral capsule 50 mg	1	QL (5 EA per 1 day)
buspirone oral tablet 10 mg	1	QL (4 EA per 1 day)	clomipramine oral capsule 75 mg	1	QL (3 EA per 1 day)
buspirone oral tablet 15 mg, 5 mg, 7.5 mg	1	QL (3 EA per 1 day)	clonidine hcl oral tablet extended release 12 hr	1	ST; QL (4 EA per 1 day)
buspirone oral tablet 30 mg	1	QL (2 EA per 1 day)	clorazepate dipotassium	1	PA; QL (4 EA per 1 day)
CAPLYTA	2	QL (1 EA per 1 day)	clozapine oral tablet 100 mg	1	QL (6 EA per 1 day); AR
			clozapine oral tablet 200 mg, 25 mg, 50 mg	1	QL (3 EA per 1 day); AR
			clozapine oral tablet,disintegrating 100 mg	1	QL (6 EA per 1 day)
			clozapine oral tablet,disintegrating 12.5 mg, 150 mg, 200 mg, 25 mg	1	QL (3 EA per 1 day)

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CLOZARIL ORAL TABLET 100 MG	2	PA; QL (6 EA per 1 day)	<i>dexamethylphenidate oral capsule,er biphasic 50-50</i>	1	QL (1 EA per 1 day); AR
CLOZARIL ORAL TABLET 200 MG, 25 MG, 50 MG	2	PA; QL (3 EA per 1 day)	<i>dexamethylphenidate oral tablet 10 mg</i>	1	QL (4 EA per 1 day); AR
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG	2	PA; QL (1 EA per 1 day); AR	<i>dexamethylphenidate oral tablet 2.5 mg, 5 mg</i>	1	QL (2 EA per 1 day); AR
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG, 54 MG	2	PA; QL (2 EA per 1 day); AR	<i>diazepam injection</i>	1	
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG	2	QL (2 EA per 1 day); AR	DIAZEPAM INTENSOL	1	QL (8 ML per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 8.6 MG	2	QL (1 EA per 1 day); AR	<i>diazepam oral concentrate</i>	1	QL (8 ML per 1 day)
CYMBALTA	2	PA; QL (2 EA per 1 day)	<i>diazepam oral solution</i>	1	QL (8 ML per 1 day)
DAYTRANA	2	QL (1 EA per 1 day); AR	<i>diazepam oral tablet</i>	1	QL (4 EA per 1 day)
desipramine oral tablet 10 mg	1	QL (4 EA per 1 day)	<i>doxepin oral capsule 10 mg</i>	1	QL (4 EA per 1 day)
desipramine oral tablet 100 mg	1	QL (3 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)
desipramine oral tablet 150 mg, 25 mg, 50 mg, 75 mg	1	QL (2 EA per 1 day)	<i>doxepin oral concentrate</i>	1	QL (30 ML per 1 day)
desvenlafaxine oral tablet extended release 24 hr 100 mg	2	QL (2 EA per 1 day)	DRIZALMA SPRINKLE	2	QL (2 EA per 1 day)
desvenlafaxine oral tablet extended release 24 hr 50 mg	2	QL (1 EA per 1 day)	<i>droperidol</i>	1	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	1	ST; QL (2 EA per 1 day)	<i>duloxetine</i>	1	QL (2 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg	1	ST; QL (1 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)

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EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	2	QL (8 EA per 1 day)	<i>fluvoxamine oral capsule,extended release 24hr</i>	1	QL (2 EA per 1 day)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	2	QL (5 EA per 1 day)	<i>fluvoxamine oral tablet 100 mg</i>	1	QL (3 EA per 1 day)
<i>escitalopram oxalate oral solution</i>	1	QL (20 ML per 1 day)	<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	1	QL (1 EA per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg</i>	1	ST; QL (1.5 EA per 1 day)	FOCALIN ORAL TABLET 10 MG	2	PA; QL (4 EA per 1 day); AR
<i>escitalopram oxalate oral tablet 5 mg</i>	1	ST; QL (1 EA per 1 day)	FOCALIN ORAL TABLET 2.5 MG, 5 MG	2	PA; QL (2 EA per 1 day); AR
FANAPT	2	QL (2 EA per 1 day)	FOCALIN XR	2	PA; QL (1 EA per 1 day); AR
FETZIMA	2	QL (1 EA per 1 day)	FORFIVO XL	2	QL (1 EA per 1 day)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (1 EA per 1 day)	GEODON INTRAMUSCULAR	2	PA
<i>fluoxetine oral capsule 20 mg</i>	1	QL (4 EA per 1 day)	GEODON ORAL CAPSULE 20 MG, 40 MG	2	PA; QL (2 EA per 1 day)
<i>fluoxetine oral capsule 40 mg</i>	1	QL (2 EA per 1 day)	GEODON ORAL CAPSULE 60 MG, 80 MG	2	PA; QL (3 EA per 1 day)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	QL (4 EA per 28 days)	<i>guanfacine oral tablet extended release 24 hr</i>	1	QL (1 EA per 1 day)
<i>fluoxetine oral solution</i>	1	QL (20 ML per 1 day)	HALDOL DECANOATE	2	
<i>fluoxetine oral tablet 10 mg</i>	1	QL (1.5 EA per 1 day)	<i>haloperidol</i>	1	QL (3 EA per 1 day); AR
<i>fluoxetine oral tablet 20 mg</i>	1	QL (4 EA per 1 day)	<i>haloperidol decanoate</i>	1	
<i>fluoxetine oral tablet 60 mg</i>	1	QL (1 EA per 1 day)	<i>haloperidol lactate</i>	1	
<i>fluphenazine decanoate</i>	1		<i>imipramine hcl oral tablet 10 mg</i>	1	QL (2 EA per 1 day)
<i>fluphenazine hcl injection</i>	1		<i>imipramine hcl oral tablet 25 mg</i>	1	QL (1 EA per 1 day)
<i>fluphenazine hcl oral concentrate</i>	1		<i>imipramine hcl oral tablet 50 mg</i>	1	QL (6 EA per 1 day)
<i>fluphenazine hcl oral elixir</i>	1		<i>imipramine pamoate oral capsule 100 mg</i>	1	QL (3 EA per 1 day)
<i>fluphenazine hcl oral tablet</i>	1	QL (4 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)

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INVEGA	2	PA; AR	<i>lorazepam oral tablet 2 mg</i>	1	QL (4 EA per 1 day)
INVEGA HAFYERA	2	QL (1 ML per 180 days)	LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG	2	QL (1 EA per 1 day)
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)	LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG	2	QL (2 EA per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	QL (2 ML per 28 days)	LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 3 MG	2	QL (3 EA per 1 day)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	QL (1 ML per 90 days)	<i>loxapine succinate</i>	1	QL (4 EA per 1 day)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML, 546 MG/1.75 ML	2	QL (2 ML per 90 days)	<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (1 EA per 1 day); AR
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	QL (3 ML per 90 days)	<i>lurasidone oral tablet 80 mg</i>	1	QL (2 EA per 1 day); AR
JORNAY PM	2	QL (1 EA per 1 day); AR	LYBALVI	2	QL (30 EA per 28 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	PA; QL (1 EA per 1 day); AR	MARPLAN	2	QL (3 EA per 1 day)
LATUDA ORAL TABLET 80 MG	2	PA; QL (2 EA per 1 day); AR	<i>meprobamate</i>	1	QL (4 EA per 1 day)
LEXAPRO ORAL TABLET 10 MG, 20 MG	2	PA; QL (1.5 EA per 1 day)	METADATE ER	1	QL (3 EA per 1 day); AR
LEXAPRO ORAL TABLET 5 MG	2	PA; QL (1 EA per 1 day)	METHYLIN ORAL SOLUTION 10 MG/5 ML	2	PA; QL (30 ML per 1 day); AR
<i>lisdexamfetamine</i>	1	QL (1 EA per 1 day); AR	METHYLIN ORAL SOLUTION 5 MG/5 ML	2	PA; QL (60 ML per 1 day); AR
<i>lithium carbonate</i>	1		<i>methylphenidate</i>	1	QL (1 EA per 1 day); AR
LITHOBID	2		<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	QL (1 EA per 1 day); AR
LORAZEPAM INTENSOL	1		<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	QL (1 EA per 1 day); AR
<i>lorazepam oral concentrate</i>	1		<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>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	1	QL (2 EA per 1 day); AR	NORPRAMIN ORAL TABLET 25 MG	2	PA; QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	QL (30 ML per 1 day); AR	<i>nortriptyline oral capsule 10 mg, 25 mg</i>	1	QL (4 EA per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	QL (60 ML per 1 day); AR	<i>nortriptyline oral capsule 50 mg</i>	1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet</i>	1	QL (3 EA per 1 day); AR	<i>nortriptyline oral capsule 75 mg</i>	1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	1	QL (3 EA per 1 day); AR	<i>nortriptyline oral solution</i>	1	QL (20 ML per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg</i>	1	QL (1 EA per 1 day); AR	NUPLAZID	2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 54 mg</i>	1	QL (2 EA per 1 day); AR	NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	2	PA; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg</i>	2	AR	NUVIGIL ORAL TABLET 50 MG	2	PA; QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	2	QL (1 EA per 1 day); AR	<i>olanzapine intramuscular</i>	1	AR
<i>methylphenidate hcl oral tablet,chewable</i>	1	QL (3 EA per 1 day); AR	<i>olanzapine oral tablet 10 mg, 15 mg</i>	1	QL (2 EA per 1 day); AR
<i>mirtazapine</i>	1	QL (1 EA per 1 day)	<i>olanzapine oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	QL (1 EA per 1 day); AR
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (1 EA per 1 day)	<i>olanzapine oral tablet 20 mg</i>	1	QL (3 EA per 1 day); AR
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (2 EA per 1 day)	<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg</i>	1	QL (2 EA per 1 day); AR
<i>molindone oral tablet 10 mg, 5 mg</i>	1	QL (4 EA per 1 day); AR	<i>olanzapine oral tablet,disintegrating 20 mg</i>	1	QL (3 EA per 1 day); AR
<i>molindone oral tablet 25 mg</i>	1	QL (9 EA per 1 day); AR	<i>olanzapine oral tablet,disintegrating 5 mg</i>	1	QL (1 EA per 1 day); AR
<i>NARDIL</i>	2	PA; QL (6 EA per 1 day)	<i>olanzapine-fluoxetine oral capsule 12-25 mg</i>	1	QL (1 EA per 1 day)
<i>nefazodone</i>	1	QL (2 EA per 1 day)	<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>NORPRAMIN ORAL TABLET 10 MG</i>	2	PA; QL (4 EA per 1 day)	<i>oxazepam oral capsule 10 mg, 15 mg</i>	1	PA; QL (3 EA per 1 day)
			<i>oxazepam oral capsule 30 mg</i>	1	QL (4 EA per 1 day)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	QL (1 EA per 1 day); AR	<i>perphenazine-amitriptyline</i>	1	AR
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	QL (2 EA per 1 day); AR	<i>PERSERIS</i>	2	QL (1 EA per 28 days)
<i>PAMELOR ORAL CAPSULE 10 MG, 25 MG</i>	2	PA; QL (4 EA per 1 day)	<i>phenelzine</i>	1	QL (6 EA per 1 day)
<i>PAMELOR ORAL CAPSULE 50 MG</i>	2	PA; QL (3 EA per 1 day)	<i>pimozide oral tablet 1 mg</i>	1	QL (10 EA per 1 day); AR
<i>PAMELOR ORAL CAPSULE 75 MG</i>	2	PA; QL (2 EA per 1 day)	<i>pimozide oral tablet 2 mg</i>	1	QL (5 EA per 1 day); AR
<i>paroxetine hcl oral suspension</i>	1	ST; QL (40 ML per 1 day); AR	<i>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG</i>	2	PA; QL (2 EA per 1 day)
<i>paroxetine hcl oral tablet 10 mg</i>	1	ST; QL (1.5 EA per 1 day); AR	<i>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG</i>	2	PA; QL (1 EA per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	1	ST; QL (1 EA per 1 day); AR	<i>protriptyline</i>	1	QL (4 EA per 1 day)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	ST; QL (2 EA per 1 day); AR	<i>PROVIGIL ORAL TABLET 100 MG</i>	2	PA; QL (1 EA per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg</i>	1	ST; QL (1 EA per 1 day); AR	<i>PROVIGIL ORAL TABLET 200 MG</i>	2	PA; QL (2 EA per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	1	ST; QL (2 EA per 1 day); AR	<i>PROZAC ORAL CAPSULE 10 MG</i>	2	PA; QL (1 EA per 1 day)
<i>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG</i>	2	PA; QL (1 EA per 1 day)	<i>PROZAC ORAL CAPSULE 20 MG</i>	2	PA; QL (4 EA per 1 day)
<i>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 37.5 MG</i>	2	PA; QL (2 EA per 1 day)	<i>PROZAC ORAL CAPSULE 40 MG</i>	2	PA; QL (2 EA per 1 day)
<i>PAXIL ORAL SUSPENSION</i>	2	PA; QL (40 ML per 1 day)	<i>QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG</i>	2	QL (1 EA per 1 day)
<i>PAXIL ORAL TABLET 10 MG</i>	2	PA; QL (1.5 EA per 1 day)	<i>QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG</i>	2	QL (2 EA per 1 day)
<i>PAXIL ORAL TABLET 20 MG</i>	2	PA; QL (1 EA per 1 day)	<i>QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG</i>	2	QL (3 EA per 1 day)
<i>PAXIL ORAL TABLET 30 MG, 40 MG</i>	2	PA; QL (2 EA per 1 day)	<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (3 EA per 1 day); AR
<i>perphenazine</i>	1	QL (4 EA per 1 day); AR			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
quetiapine oral tablet 150 mg	1	QL (2 EA per 1 day); AR	risperidone oral tablet 0.25 mg	1	QL (2 EA per 1 day)
quetiapine oral tablet 300 mg, 400 mg	1	QL (4 EA per 1 day); AR	risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL (2 EA per 1 day); AR
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	QL (1 EA per 1 day); AR	risperidone oral tablet,disintegrating	1	QL (2 EA per 1 day)
quetiapine oral tablet extended release 24 hr 300 mg	1	QL (3 EA per 1 day); AR	RITALIN	2	PA; QL (3 EA per 1 day); AR
quetiapine oral tablet extended release 24 hr 400 mg	1	QL (4 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
quetiapine oral tablet extended release 24 hr 50 mg	1	QL (2 EA per 1 day); AR	RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 30 MG	2	PA; 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	SAPHRIS	2	PA; AR
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	2	QL (2 EA per 1 day); AR	SECUADO	2	QL (1 EA per 1 day)
QUILLIVANT XR	2	QL (12 ML per 1 day); AR	SEROQUEL	2	PA; AR
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG	2	QL (2 EA per 1 day); AR	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	2	PA; AR
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 63 MG, 72 MG	2	QL (1 EA per 1 day); AR	sertraline oral capsule 150 mg	2	QL (2 EA per 1 day)
REMERON	2	PA; QL (1 EA per 1 day)	sertraline oral capsule 200 mg	2	QL (1 EA per 1 day)
REMERON SOLTAB	2	PA; QL (1 EA per 1 day)	sertraline oral concentrate	1	ST; QL (10 ML per 1 day)
REXULTI ORAL TABLET	2	QL (1 EA per 1 day); AR	sertraline oral tablet 100 mg	1	ST; QL (3 EA per 1 day)
RISPERDAL	2	PA; AR	sertraline oral tablet 25 mg, 50 mg	1	ST; QL (2 EA per 1 day)
RISPERDAL CONSTA	2	QL (2 EA per 28 days)	SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2)	2	ST; QL (4 KITS per 30 days); AR
risperidone oral solution	1	QL (8 ML per 1 day); 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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	2	PA; QL (1 EA per 1 day)	<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	1	QL (2 EA per 1 day)
SUNOSI	2	PA; QL (1 EA per 1 day)	<i>venlafaxine oral tablet extended release 24hr 225 mg, 37.5 mg</i>	1	QL (1 EA per 1 day)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	2	PA; QL (1 EA per 1 day)	<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	1	QL (3 EA per 1 day)
<i>thioridazine</i>	1	QL (4 EA per 1 day); AR	VERSACLOZ	2	QL (12 ML per 1 day)
<i>thiothixene</i>	1	QL (3 EA per 1 day); AR	VIIBRYD ORAL TABLET	2	PA; QL (1 EA per 1 day)
<i>tranylcypromine</i>	1	QL (6 EA per 1 day)	VIIBRYD ORAL TABLETS,DOSE PACK	2	
<i>trazodone oral tablet 100 mg, 150 mg</i>	1	QL (3 EA per 1 day)	<i>vilazodone oral tablet 10 mg</i>	1	QL (1 EA per 1 day)
<i>trazodone oral tablet 300 mg, 50 mg</i>	1	QL (2 EA per 1 day)	<i>vilazodone oral tablet 20 mg, 40 mg</i>	1	ST; QL (1 EA per 1 day)
<i>trifluoperazine oral tablet 1 mg, 2 mg, 5 mg</i>	1	QL (2 EA per 1 day); AR	VRAYLAR ORAL CAPSULE 1.5 MG	2	QL (2 EA per 1 day)
<i>trifluoperazine oral tablet 10 mg</i>	1	QL (4 EA per 1 day); AR	VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	2	QL (1 EA per 1 day)
<i>trimipramine oral capsule 100 mg</i>	1	QL (3 EA per 1 day)	VRAYLAR ORAL CAPSULE,DOSE PACK	2	QL (28 EA per 28 days)
<i>trimipramine oral capsule 25 mg, 50 mg</i>	1	QL (1 EA per 1 day)	VYVANSE	2	QL (1 EA per 1 day); AR
TRINTELLIX	2	QL (1 EA per 1 day)	WELLBUTRIN SR	2	PA; QL (2 EA per 1 day)
UZEDY	2	QL (1 EA per 28 days); AR	WELLBUTRIN XL	2	PA; QL (1 EA per 1 day)
<i>venlafaxine besylate</i>	1	QL (2 EA per 1 day)	XANAX ORAL TABLET 0.25 MG, 0.5 MG	2	PA; QL (3 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	1	ST; QL (2 EA per 1 day)	XANAX ORAL TABLET 1 MG, 2 MG	2	PA; QL (4 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	1	ST; QL (1 EA per 1 day)	XANAX XR	2	PA; QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	ST; QL (3 EA per 1 day)	<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	1	QL (2 EA per 1 day); AR
<i>venlafaxine oral tablet</i>	1	QL (3 EA per 1 day)	<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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
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)
ZULRESSO	2	
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)
DAYVIGO	2	QL (1 EA per 1 day)
DORAL	2	PA; QL (1 EA per 1 day)
doxepin oral tablet	1	QL (1 EA per 1 day)
EDLUAR	2	QL (1 EA per 1 day)
estazolam oral tablet 1 mg	1	PA; QL (1 EA per 1 day)
estazolam oral tablet 2 mg	1	QL (1 EA per 1 day)
eszopiclone	1	QL (1 EA per 1 day)
HALCION	2	PA; QL (1 EA per 1 day)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
HETLIOZ	2	PA; QL (1 EA per 1 day)
HETLIOZ LQ	2	PA; QL (5 ML per 1 day)
IGALMI	2	
<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	PA; QL (1 EA per 1 day)
QUVIVIQ	2	QL (1 EA per 1 day)
<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)
ROZEREM	2	QL (1 EA per 1 day)
SILENOR	2	PA; QL (1 EA per 1 day)
<i>temazepam oral capsule 15 mg, 7.5 mg</i>	1	PA; QL (1 EA per 1 day)
<i>temazepam oral capsule 22.5 mg, 30 mg</i>	1	QL (1 EA per 1 day)
<i>triazolam</i>	1	PA; QL (1 EA per 1 day)
XYREM	2	PA; QL (18 ML per 1 day)
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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>zolpidem oral tablet,ext release multiphase</i>	1	QL (1 EA per 1 day)
<i>zolpidem sublingual</i>	1	QL (1 EA per 1 day)
<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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>calcipotriene topical cream</i>	1	QL (4 GM per 1 day)
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
<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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
fluocinolone topical ointment	1	QL (2 GM per 1 day)	metronidazole topical lotion	1	AR
fluocinolone topical solution	1	QL (4 ML per 1 day)	mometasone topical	1	
fluocinonide topical cream	1	PA	NEUAC	1	
fluocinonide topical gel	1	PA; QL (2 GM per 1 day)	PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	2	
fluocinonide topical ointment	1	PA; QL (2 GM per 1 day)	PENNSAID TOPICAL SOLUTION IN PACKET	1	
fluocinonide topical solution	1	QL (4 ML per 1 day)	podofilox topical solution	1	QL (1 ML per 28 days)
FLUOCINONIDE-E	1		prednicarbate topical ointment	1	
fluocinonide-emollient	1		PROCTO-MED HC	1	
fluticasone propionate topical cream	1	QL (2 GM per 1 day)	PROCTOSOL HC	1	
fluticasone propionate topical ointment	1	QL (2 GM per 1 day)	PROCTOZONE-HC	1	
hydrocortisone butyrate topical ointment	1		REGRANEX	2	PA; QL (15 GM per 28 days)
hydrocortisone butyrate topical solution	1	QL (2 ML per 1 day)	RETIN-A	2	ST
hydrocortisone buty- emollient	1		ROSADAN TOPICAL CREAM	1	
hydrocortisone topical cream 2.5 %	1		ROSADAN TOPICAL GEL	1	
hydrocortisone topical cream with perineal applicator	1		SANTYL	2	QL (60 GM per 28 days)
hydrocortisone topical lotion 2.5 %	1		selenium sulfide topical lotion	1	
hydrocortisone topical ointment 2.5 %	1		sulfacetamide sodium topical cleanser, gel	1	
hydrocortisone valerate topical cream	1		TACLONEX TOPICAL SUSPENSION	2	
lidocaine hcl- hydrocortisone ac topical	1	PA; QL (29 GM per 30 days)	TALTZ AUTOINJECTOR	2	PA; QL (1 ML per 22 days)
METROCREAM	2		TALTZ AUTOINJECTOR (2 PACK)	2	PA; QL (2 ML per 2 days)
METROLOTION	2		TALTZ AUTOINJECTOR (3 PACK)	2	PA; QL (3 ML per 22 days)
metronidazole topical cream	1	AR	TALTZ SYRINGE	2	PA
metronidazole topical gel	1	AR	tazarotene topical cream	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>triamcinolone acetonide topical cream</i>	1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	QL (454 GM per 30 days)
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 deterrent)</i>	1	
CHANTIX	2	AR
CHANTIX CONTINUING MONTH BOX	2	AR
CHANTIX STARTING MONTH BOX	2	AR
varenicline	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>		
acamprosate	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
ADBRY	2	PA
<i>alendronate oral tablet</i>	1	
<i>alfuzosin</i>	1	
<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>finasteride</i>	1	
<i>fluphenazine decanoate (bulk)</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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	1		PULMOZYME	2	PA; QL (2.5 ML per 1 day)
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	PA	<i>raloxifene</i>	1	
MESNEX ORAL	2		<i>risedronate oral tablet</i>	1	ST
<i>miglustat</i>	1	PA; QL (90 EA per 28 days)	<i>sapropterin</i>	1	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2		SAVELLA	2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	1		<i>selegiline hcl (bulk)</i>	2	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	PA	SENSIPAR	2	
OFEV ORAL CAPSULE 100 MG	2	PA; QL (3 EA per 1 day)	<i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	1	
OFEV ORAL CAPSULE 150 MG	2	PA; QL (2 EA per 1 day)	<i>sodium chloride inhalation solution for nebulization 10 %</i>	1	QL (4 ML per 1 day)
ORALONE	1		<i>solifenacain</i>	1	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	2		SOMAVERT	2	PA
<i>oxybutynin chloride oral syrup</i>	1		SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	2	QL (100 mg per 30 days); AR
<i>oxybutynin chloride oral tablet 5 mg</i>	1		SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	2	QL (300 mg per 30 days); AR
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1		SUBOXONE SUBLINGUAL FILM 12-3 MG	2	PA; QL (24 mg per 1 day); AR
OXYTROL	2		SUBOXONE SUBLINGUAL FILM 2-0.5 MG	2	PA; QL (24 MG per 1 day); AR
<i>paricalcitol oral capsule 4 mcg</i>	1	ST	SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	2	QL (24 mg per 1 day); AR
PAROEX ORAL RINSE	1		<i>tamsulosin</i>	1	
<i>paroxetine mesylate(menop.sym)</i>	1		TEZSPIRE	2	PA
PERIOGARD	1		TOVIAZ	2	PA
<i>pirlenidone oral tablet 267 mg, 801 mg</i>	1	PA	<i>triamcinolone acetonide dental</i>	1	
PULMOSAL	1		TYBOST	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
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**

Drug Name	Tier	Restrictions / Limits
ADUHELM	2	
FASENRA	2	PA
FASENRA PEN	2	PA
<i>infliximab</i>	1	PA
OCREVUS	2	QL (20 ML per 153 days)
SIMPONI ARIA	2	PA
XOLAIR	2	PA

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PROCHAMBER .....	36	<i>ramelteon</i> .....	46	ROZEREM .....	46
<i>prochlorperazine</i> .....	32	<i>ramipril</i> .....	21	SANDIMMUNE .....	35
<i>prochlorperazine edisylate</i> .....	32	<i>ranolazine</i> .....	20	SANTYL .....	48
<i>prochlorperazine maleate</i> .....	32	REBIF (WITH ALBUMIN) .....	24	SAPHRIS .....	44
PROCTO-MED HC .....	48	REBIF REBIDOSE .....	24	<i>sapropterin</i> .....	50
PROCTOSOL HC .....	48	REBIF TITRATION PACK .....	24	SAVELLA .....	50
PROCTOZONE-HC .....	48	RECLIPSEN (28) .....	28	SECUADO .....	44
<i>progesterone</i> .....	34	RECOMBIVAX HB (PF) .....	19	<i>selegiline hcl</i> .....	15
<i>progesterone micronized</i> .....	34	REGRANEX .....	48	<i>selegiline hcl (bulk)</i> .....	50
PROMACTA .....	25	RELENZA DISKHALER .....	16	<i>selenium sulfide</i> .....	48
<i>promethazine</i> .....	11, 32	RELEXXII .....	44	SELZENTRY .....	16
PROMETHAZINE VC .....	11	RELISTOR .....	10	SE-NATAL 19 CHEWABLE .....	37
PROMETHAZINE VC-CODEINE .....	29	REMERON .....	44	SENSIPAR .....	50
<i>promethazine-codeine</i> .....	29	REMERON SOLTAB .....	44	SEREVENT DISKUS .....	7
<i>promethazine-dm</i> .....	29	REMODULIN .....	21	SEROQUEL .....	44
PROMETHEGAN .....	32	RENVELA .....	31	SEROQUEL XR .....	44
<i>propafenone</i> .....	20	<i>repaglinide</i> .....	12	SEROSTIM .....	34
<i>propranolol</i> .....	21	REPATHA PUSHTRONEX .....	21	<i>sertraline</i> .....	44
<i>propranolol-hydrochlorothiazid</i> .....	21	REPATHA SURECLICK .....	21	SETLAKIN .....	28
<i>propylthiouracil</i> .....	49	REPATHA SYRINGE .....	21	SF 5000 PLUS .....	31
		RESTASIS .....	30	SFROWASA .....	32
		RESTORIL .....	46	SHAROBEL .....	28
		RETACRIT .....	25	<i>sildenafil (pulm.hypertension)</i> .....	21
		RETIN-A .....	48	SILENOR .....	46
		REVATIO .....	21	SILICONE MASK - INFANT .....	36
		REVLIMID .....	14	<i>silver sulfadiazine</i> .....	9

SIMLIYA (28) .....	28	sulfacetamide-prednisolone .....	9	terconazole .....	11
SIMPESSE .....	28	sulfadiazine .....	9	teriflunomide .....	24
SIMPONI .....	13	sulfamethoxazole-trimethoprim .....	9	TESTIM .....	34
SIMPONI ARIA .....	52	sulfasalazine .....	32	testosterone .....	34
simvastatin .....	21	SULFATRIM .....	9	testosterone cypionate .....	34
sirolimus .....	35	sulindac .....	6	tetrabenazine .....	24
SIRTURO .....	9	sumatriptan succinate .....	4	tetracaine hcl .....	30
SKYLA .....	28	sunitinib malate .....	15	tetracaine hcl (pf) .....	30
SKYTROFA .....	34	SUNOSI .....	45	tetracycline .....	9
SLYND .....	28	SUPPRELIN LA .....	34	TEZSPIRE .....	50
sodium chloride .....	50	SYEDA .....	28	THALOMID .....	9
SODIUM FLUORIDE 5000		SYMAX-SL .....	32	THEO-24 .....	7
PLUS .....	31	SYMAX-SR .....	32	theophylline .....	7
sodium polystyrene sulfonate .....	31	SYMBICORT .....	7	thioridazine .....	45
solifenacin .....	50	SYMBYAX .....	45	thiothixene .....	45
SOLIQUA 100/33 .....	12	SYMLINPEN 120 .....	12	THRIVITE RX .....	37
SOLOSEC .....	9	SYMLINPEN 60 .....	12	TILIA FE .....	28
SOMAVERT .....	50	SYMPAZAN .....	24	timolol maleate .....	30
sorafenib .....	15	SYMTUZA .....	16	timolol maleate (pf) .....	30
sotalol .....	21	SYNAREL .....	34	tiotropium bromide .....	7
SOTALOL AF .....	21	SYNJARDY .....	12	TIVICAY .....	16
SPACE CHAMBER .....	36	SYNTROID .....	49	tizanidine .....	36
SPACE CHAMBER WITH LARGE MASK .....	36	TABLOID .....	15	tobramycin .....	9
SPACE CHAMBER WITH MEDIUM MASK .....	36	TACLONEX .....	48	tobramycin in 0.225 % nacl .....	9
SPACE CHAMBER WITH SMALL MASK .....	36	tacrolimus .....	35	tobramycin sulfate .....	9
SPIRIVA RESPIMAT .....	7	tadalafil (pulm. hypertension) .....	21	tobramycin with nebulizer .....	9
SPIRIVA WITH HANDIHALER .....	7	TAFINLAR .....	15	tobramycin-dexamethasone .....	9
spironolactone .....	29	TALTZ AUTOINJECTOR .....	48	tolvaptan .....	29
spironolacton-hydrochlorothiaz..	29	TALTZ AUTOINJECTOR (2 PACK) .....	48	TOPAMAX .....	24
SPRAVATO .....	44	TALTZ AUTOINJECTOR (3 PACK) .....	48	topiramate .....	24
SPRINTEC (28) .....	28	TALTZ SYRINGE .....	48	toremifene .....	15
SPRIX .....	4	tamoxifen .....	15	torsemide .....	29
SPRYCEL .....	15	tamsulosin .....	50	TOVIAZ .....	50
SPS (WITH SORBITOL) .....	31	TARINA 24 FE .....	28	TRACLEER .....	21
SRONYX .....	28	TARINA FE 1/20 (28) .....	28	TRADJENTA .....	12
SSD .....	9	TARINA FE 1-20 EQ (28) .....	28	tramadol .....	5
stavudine .....	16	TASCENO ODT .....	24	tramadol-acetaminophen .....	5
STRATTERA .....	44, 45	TASIGNA .....	15	tranexamic acid .....	19
STRIBILD .....	16	TAYSOFY .....	28	tranylcypromine .....	45
SUBLOCADE .....	50	TAYTULLA .....	28	TRAVATAN Z .....	30
SUBOXONE .....	50	tazarotene .....	48	trazodone .....	45
SUBVENITE .....	24	TAZTIA XT .....	20	TRECATOR .....	9
SUBVENITE STARTER (BLUE) KIT .....	24	TDVAX .....	19	TRELEGY ELLIPTA .....	7
SUBVENITE STARTER (GREEN) KIT .....	24	TEGRETOL .....	24	TRELSTAR .....	15
SUBVENITE STARTER (ORANGE) KIT .....	24	TEGRETOL XR .....	24	treprostinil sodium .....	21
SUCRAID .....	32	telmisartan .....	21	tretinoin (antineoplastic) .....	15
sucralfate .....	32	temazepam .....	46	TREXALL .....	15
sulfacetamide sodium .....	9, 48	temozolomide .....	15	triamicinolone acetonide .....	49, 50
sulfacetamide sodium-sulfur .....	9	TENCON .....	4	triamterene-hydrochlorothiazid .....	29
		TENIVAC (PF) .....	19	triazolam .....	46
		tenofovir disoproxil fumarate .....	16	TRICARE .....	37
		terazosin .....	21	TRI-CHLOR .....	49
		terbinafine hcl .....	11	TRIDERM .....	49
				TRI-ESTARYLLA .....	28
				trifluoperazine .....	45

trifluridine .....	16	vancomycin .....	9	WIDE-SEAL DIAPHRAGM 80 ....	28
trihexyphenidyl .....	15	VAQTA (PF) .....	19	WIDE-SEAL DIAPHRAGM 85 ....	28
TRI-LEGEST FE .....	28	varenicline .....	49	WIDE-SEAL DIAPHRAGM 90 ....	28
TRILEPTAL .....	24	VARIVAX (PF) .....	19	WIDE-SEAL DIAPHRAGM 95 ....	28
TRI-LINYAH .....	28	VARIZIG .....	19	WYMZYA FE .....	28
TRI-LO-ESTARYLLA .....	28	VASCEPA .....	32	XALKORI .....	15
TRI-LO-MARZIA .....	28	VAXNEUVANCE (PF) .....	19	XANAX .....	45
TRI-LO-MILI .....	28	VECTICAL .....	49	XANAX XR .....	45
TRI-LO-SPRINTEC .....	28	VELETRI .....	21	XARELTO .....	10
trimethobenzamide .....	32	VELIVET TRIPHASIC .....		XARELTO DVT-PE TREAT .....	
trimethoprim .....	9	REGIMEN (28) .....	28	30D START .....	10
TRI-MILI .....	28	VELTASSA .....	31	XELJANZ .....	6
trimipramine .....	45	venlafaxine .....	45	XELSTRYM .....	18
TRINATAL RX 1 .....	37	venlafaxine besylate .....	45	XERESE .....	16
TRINTELLIX .....	45	verapamil .....	20	XIFAXAN .....	9
TRIPTODUR .....	34	VEREGEN .....	16	XIGDUO XR .....	12
TRI-SPRINTEC (28) .....	28	VERSACLOZ .....	45	XIIDRA .....	30
TRIUMEQ .....	16	VESTURA (28) .....	28	XOLAIR .....	52
TRIVORA (28) .....	28	VIBRAMYCIN .....	9	XTANDI .....	15
TRI-VYLIBRA .....	28	VICTOZA 2-PAK .....	12	XULANE .....	28
TRI-VYLIBRA LO .....	28	VICTOZA 3-PAK .....	12	XYREM .....	46
TROKENDI XR .....	24	VIENVA .....	28	XYWAV .....	46
tropicamide .....	30	VIIBRYD .....	45	YASMIN (28) .....	28
TRULICITY .....	12	vilazodone .....	45	YAZ (28) .....	28
TRUMENBA .....	19	VIMOVO .....	6	zaleplon .....	46
TRUZONE PEAK FLOW METER .....	36	VIORELE (28) .....	28	ZARAH .....	28
TUBERCULIN SYRINGE .....	36	VIRACEPT .....	16	ZEBUTAL .....	5
TULANA .....	28	VIREAD .....	16	ZEGALOGUE .....	
TWINRIX (PF) .....	19	VISTARIL .....	11	AUTOINJECTOR .....	31
TWIRLA .....	28	VITAMIN D2 .....	51	ZEGALOGUE SYRINGE .....	31
TYBLUME .....	28	VIVELLE-DOT .....	34	ZELAPAR .....	15
TYBOST .....	50	VIVITROL .....	51	ZELBORAF .....	15
TYDEMY .....	28	VORTEX HOLDING .....		ZENATANE .....	49
UBRELVY .....	5	CHAMBER .....	36	ZENPEP .....	32
ULESFIA .....	15	VORTEX VHC FROG MASK- CHILD .....	36	ZENZEDI .....	18
ULORIC .....	6	CHILD .....	36	ZEPOSIA .....	25
ULTICARE .....	36	VORTEX VHC LADYBUG .....		ZEPOSIA STARTER KIT (28- DAY) .....	25
UNITHROID .....	49	MASK-TODDLR .....	36	DAY) .....	25
urea .....	49	VOTRIENT .....	15	ZEPOSIA STARTER PACK (7- DAY) .....	25
URELLE .....	9	VRAYLAR .....	45	DAY) .....	25
URETRON D-S .....	9	VYFEMLA (28) .....	28	ZIANA .....	49
URO-458 .....	9	VYLIBRA .....	28	zidovudine .....	16
ursodiol .....	32	VYNDAMAX .....	51	ZIMHI .....	10
URYL .....	9	VYNDAQEL .....	51	ziprasidone hcl .....	45
UZEDY .....	45	VYVANSE .....	45	ziprasidone mesylate .....	45
VAGIFEM .....	34	WAKIX .....	25	ZIRGAN .....	16
valacyclovir .....	16	warfarin .....	10	ZOLADEX .....	15
VALCHLOR .....	15	WELCHOL .....	21	ZOLINZA .....	15
valganciclovir .....	16	WELLBUTRIN SR .....	45	ZOLOFT .....	45, 46
valproate sodium .....	25	WELLBUTRIN XL .....	45	zolpidem .....	46, 47
valproic acid .....	25	WERA (28) .....	28	ZOMIG .....	5
valproic acid (as sodium salt) .....	25	WIDE-SEAL DIAPHRAGM 60 ....	28	zonisamide .....	25
valsartan-hydrochlorothiazide .....	21	WIDE-SEAL DIAPHRAGM 65 ....	28	ZOVIA 1-35 (28) .....	28
VALTOCO .....	25	WIDE-SEAL DIAPHRAGM 70 ....	28	ZOVIRAX .....	17
		WIDE-SEAL DIAPHRAGM 75 ....	28	ZUBSOLV .....	51

ZULRESSO .....	46
ZUMANDIMINE (28) .....	28
ZYLET .....	9
ZYPREXA .....	46
ZYPREXA RELPREVV .....	46
ZYPREXA ZYDIS .....	46

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