



CareSource Healthy Indiana Plan (HIP) Plus, HIP State Plan Plus

10/15/2025

INTRODUCTION

We are pleased to offer the 2025 **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 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 Department 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.

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: This document is updated periodically. Changes may appear prior to their effective date to allow for client notification.

List of Abbreviations

1: Preferred generic product

2: Preferred brand product

ACA: Affordable Care Act

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

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

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

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

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

Indiana Medicaid Preferred Drug List

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CURRENT AS OF 10/15/2025

Drug Name	Tier	Restrictions / Limits
ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	PA
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	PA; QL (3 ML per 1 day); AR
<i>acetaminophen-codeine oral tablet</i>	1	PA; QL (3 EA per 1 day); AR
AIMOVIG AUTOINJECTOR	2	QL (140 ML per 22 days)
AJOVY AUTOINJECTOR	2	PA; ST; QL (1.5 ML per 22 days)
AJOVY SYRINGE	2	PA; ST; QL (1.5 ML per 22 days)
ASCOMP WITH CODEINE	1	PA; ST; AR
<i>buprenorphine hcl injection</i>	1	PA; ST
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	1	PA; ST; QL (3 EA per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (48 EA per 25 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	QL (48 EA per 25 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	1	QL (48 EA per 25 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	QL (48 EA per 30 days)
<i>butorphanol injection</i>	1	PA; ST; AR
<i>butorphanol nasal</i>	1	PA; ST; QL (2.5 ML per 30 days); AR

Drug Name	Tier	Restrictions / Limits
BUTRANS	2	PA; QL (4 EA per 28 days)
<i>codeine sulfate</i>	1	PA; ST; AR
<i>codeine-bitalbital-asa-caff</i>	1	PA; ST; AR
<i>diclofenac potassium oral tablet</i>	1	
<i>diflunisal</i>	1	
<i>dihydroergotamine injection</i>	1	
DURAMORPH (PF)	1	PA
ELMIRON	2	
ELYXYB	2	PA; ST; QL (120 ML per 1 day)
EMGALITY PEN	2	PA; ST; QL (240 ML per 22 days); AR
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; ST; QL (240 ML per 22 days); AR
ENDOCET	1	PA; QL (3 EA per 1 day)
<i>ergotamine-caffeine</i>	1	
<i>fentanyl</i>	1	PA; QL (10 EA per 22 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA; QL (3 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; QL (3 EA per 1 day)
<i>hydrocodone-ibuprofen</i>	1	PA
<i>hydromorphone (pf) injection solution 1 mg/ml, 4 mg/ml</i>	2	PA
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	PA

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

Drug Name	Tier	Restrictions / Limits
<i>morphine injection syringe 4 mg/ml</i>	1	PA
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	1	PA
<i>morphine intravenous solution 8 mg/ml</i>	2	PA
<i>morphine intravenous syringe</i>	1	PA
<i>morphine oral solution</i>	1	PA
<i>morphine oral tablet</i>	1	PA
<i>morphine oral tablet extended release</i>	1	PA; QL (3 EA per 1 day)
<i>morphine rectal</i>	1	PA
<i>nalbuphine</i>	1	PA
NUCYNTA	2	PA; QL (6 EA per 1 day)
NUCYNTA ER	2	PA; QL (2 EA per 1 day)
NURTEC ODT	2	PA; ST; AR
<i>oxycodone oral capsule</i>	1	PA
<i>oxycodone oral concentrate</i>	1	PA
<i>oxycodone oral solution</i>	1	PA
<i>oxycodone oral tablet</i>	1	PA
<i>oxycodone-acetaminophen oral tablet</i>	1	PA; QL (3 EA per 1 day)
<i>pentazocine-naloxone</i>	1	PA
QULIPTA	2	PA; ST; QL (30 EA per 28 days); AR
<i>rizatriptan oral tablet</i>	1	QL (12 EA per 22 days)
<i>rizatriptan oral tablet,disintegrating</i>	1	QL (12 EA per 30 days)
<i>sumatriptan</i>	1	QL (6 EA per 22 days)
<i>sumatriptan succinate oral</i>	1	QL (9 EA per 22 days)
<i>sumatriptan succinate subcutaneous</i>	1	QL (1 ML per 22 days)

Drug Name	Tier	Restrictions / Limits
TENCON	1	QL (48 EA per 25 days)
<i>tramadol oral tablet 100 mg</i>	2	PA; ST; QL (400 MG per 1 day)
<i>tramadol oral tablet 25 mg</i>	2	PA; ST
<i>tramadol oral tablet 50 mg</i>	1	PA; ST; QL (400 MG per 1 day); AR
<i>tramadol oral tablet 75 mg</i>	1	PA
<i>tramadol-acetaminophen</i>	1	PA; ST; QL (3 EA per 1 day); AR
UBRELVY	2	PA; ST; QL (10 EA per 20 days); AR
ANESTHETICS		
DERMACINRX LIDOCAN	1	
GLYDO	1	QL (1 ML per 1 day)
<i>lidocaine hcl mucous membrane jelly</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL (1 ML per 1 day)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	PA; QL (50 ML per 30 days)
<i>lidocaine hcl topical cream 3 %</i>	1	QL (30 GM per 28 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	QL (3 Boxes per 22 days)
LIDOCAINE VISCOUS	1	QL (100 ML per 25 days)
<i>lidocaine-prilocaine topical cream</i>	1	QL (1 GM per 1 day)
LIDOCAN III	1	
LIDOCAN IV	1	

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

Drug Name	Tier	Restrictions / Limits
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr</i>	1	
KINERET	2	PA; QL (28 ML per 28 days)
<i>leflunomide</i>	1	
<i>meclofenamate</i>	1	
<i>meloxicam oral tablet</i>	1	
<i>nabumetone</i>	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
OLUMIANT ORAL TABLET 1 MG	2	PA
OLUMIANT ORAL TABLET 2 MG, 4 MG	2	PA; QL (1 EA per 1 day)
ORENCIA (WITH MALTOSE)	2	PA; QL (4 EA per 22 days)
ORENCIA CLICKJECT	2	PA; QL (4 ML per 22 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA; QL (4 ML per 22 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML, 87.5 MG/0.7 ML	2	PA
OTEZLA ORAL TABLET 30 MG	2	PA; QL (2 EA per 1 day)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; QL (55 EA per 22 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (19)	2	

Drug Name	Tier	Restrictions / Limits
<i>oxaprozin oral tablet</i>	1	
<i>penicillamine oral capsule</i>	1	
<i>piroxicam</i>	1	
<i>probenecid</i>	1	
RINVOQ	2	PA; QL (1 EA per 1 day)
RINVOQ LQ	2	
<i>sulindac</i>	1	
ULORIC	2	
XELJANZ ORAL SOLUTION	2	PA; ST
XELJANZ ORAL TABLET 10 MG	2	PA; QL (30 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	2	PA; QL (60 EA per 22 days)
ANTIASTHMATICS		
ADVAIR DISKUS	2	QL (1 EA per 22 days)
ADVAIR HFA	2	QL (1 EA per 22 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	1	QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	1	QL (2 EA per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	QL (2 ML per 1 day)
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
ANORO ELLIPTA	2	ST; QL (1 EA per 30 days)
ARNUITY ELLIPTA	2	QL (1 EA per 30 days)

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

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

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

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

Drug Name	Tier	Restrictions / Limits
<i>erythromycin with ethanol</i>	1	ST
<i>erythromycin-benzoyl peroxide</i>	1	ST
<i>ethambutol</i>	1	
<i>fidaxomicin</i>	1	PA
FIRVANQ	2	PA
<i>gentamicin</i>	1	
<i>isoniazid oral</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>methen-sod phos-meth blue-hyos</i>	1	
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	QL (70 GM per 30 days)
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet 75 mg</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
MORGIDOX	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	PA; ST; AR
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	AR
<i>moxifloxacin oral</i>	1	
<i>mupirocin</i>	1	QL (22 GM per 30 days)
<i>neomycin</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
NUVESSA	2	
<i>ofloxacin ophthalmic (eye)</i>	1	QL (10 ML per 30 days)
<i>ofloxacin otic (ear)</i>	1	
OTOVEL	2	
<i>penicillin v potassium</i>	1	
POLYCIN	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>pretomanid</i>	2	
PRIFTIN	2	PA; AR
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	
<i>silver sulfadiazine</i>	1	
SIRTURO	2	AR
SOLOSEC	2	
SSD	1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1	
<i>sulfacetamide-prednisolone</i>	1	
SULFACLEANSE 8-4	1	ST
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
SULFATRIM	1	
SUMAXIN TS	2	ST

Drug Name	Tier	Restrictions / Limits
<i>tetracycline oral capsule</i>	1	
THALOMID	2	PA
TOBRADEX	2	
TOBRADEX ST	2	
<i>tobramycin in 0.225 % nacl</i>	1	QL (10 ML per 1 day)
<i>tobramycin ophthalmic (eye)</i>	1	
<i>tobramycin sulfate injection solution 40 mg/ml</i>	1	PA
<i>tobramycin with nebulizer</i>	2	QL (10 ML per 1 day)
<i>tobramycin-dexamethasone</i>	1	
<i>trimethoprim</i>	1	
URELLE	2	
URETRON D-S	1	
URYL	1	
<i>vancomycin oral recon soln</i>	1	PA
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 EA per 28 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; QL (2 EA per 1 day)
ZYLET	2	
ANTICOAGULANTS		
ELIQUIS DVT-PE TREAT 30D START	2	QL (1 Pack per 90 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	2	QL (4 EA per 1 day)
<i>enoxaparin</i>	1	
<i>fondaparinux</i>	1	QL (1 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	PA

Drug Name	Tier	Restrictions / Limits
FRAGMIN SUBCUTANEOUS SYRINGE	2	PA
HEP FLUSH-10 (PF)	1	
<i>heparin (porcine)</i>	1	
<i>heparin lock flush (porcine)</i>	1	
HEPARIN LOCKFLUSH(PORCINE)(PF)	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/ml</i>	2	
<i>heparin, porcine (pf) intravenous</i>	1	
JANTOVEN	1	
PRADAXA ORAL CAPSULE	2	
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	2	QL (1 EA per 90 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	ST; QL (20 ML per 1 day); AR
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG	2	
XARELTO ORAL TABLET 2.5 MG	2	QL (2 EA per 1 day)
ANTIDOTES		
KLOXXADO	2	QL (2 EA per 30 days)
<i>nalmefene</i>	2	
<i>naloxone injection solution</i>	1	QL (2 ML per 30 days)
<i>naloxone injection syringe</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>naltrexone</i>	1	
OPVEE	2	QL (2 EA per 30 days)
RELISTOR SUBCUTANEOUS	2	PA
REXTOVY	2	
ZIMHI	2	
ANTIFUNGALS		
CICLODAN	1	
<i>ciclopirox topical cream</i>	1	
<i>ciclopirox topical solution</i>	1	
<i>clotrimazole mucous membrane</i>	1	
<i>clotrimazole-betamethasone topical cream</i>	1	QL (45 GM per 30 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	
EXELDERM	2	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (4 EA per 30 days)
<i>fluconazole oral tablet 50 mg</i>	1	QL (3 EA per 30 days)
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule</i>	1	QL (4 EA per 1 day)
JUBLIA	2	
<i>ketoconazole oral</i>	1	
<i>ketoconazole topical cream</i>	1	QL (2 GM per 1 day)
<i>ketoconazole topical shampoo</i>	1	QL (4 ML per 1 day)

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

Drug Name	Tier	Restrictions / Limits
ANTIHYPERGLYCEMICS		
<i>acarbose</i>	1	
FARXIGA	2	
FIASP FLEXTOUCH U-100 INSULIN	2	
FIASP PENFILL U-100 INSULIN	2	
FIASP PUMPCART	2	
FIASP U-100 INSULIN	2	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet 2.5 mg</i>	2	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (8 EA per 1 day)
<i>glyburide micronized oral tablet 3 mg</i>	1	
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (2 EA per 1 day)
<i>glyburide oral tablet 1.25 mg</i>	1	QL (16 EA per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	1	QL (8 EA per 1 day)
<i>glyburide oral tablet 5 mg</i>	1	QL (4 EA per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (260 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (5 EA per 1 day)
HUMALOG MIX 50-50 KWIKPEN	2	QL (45 ML per 25 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	QL (1 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
HUMULIN R U-500 (CONC) INSULIN	2	QL (40 ML per 25 days)
HUMULIN R U-500 (CONC) KWIKPEN	2	QL (40 ML per 25 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>	1	
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	1	QL (40 ML per 25 days)
<i>insulin aspart u-100</i>	2	QL (1 ML per 1 day)
<i>insulin lispro protamin-lispro</i>	1	
<i>insulin lispro subcutaneous insulin pen</i>	1	QL (1 ML per 1 day)
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	1	QL (1 ML per 1 day)
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	QL (30 EA per 28 days)
JENTADUETO	2	ST
JENTADUETO XR	2	ST
KAZANO	2	ST
LANTUS SOLOSTAR U-100 INSULIN	2	QL (1 ML per 1 day)
LANTUS U-100 INSULIN	2	
<i>liraglutide</i>	1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet 625 mg</i>	2	
<i>metformin oral tablet extended release 24 hr</i>	1	
OZEMPIC	2	PA; QL (3 ML per 22 days); AR

Drug Name	Tier	Restrictions / Limits
<i>pioglitazone</i>	1	QL (1 EA per 1 day)
<i>repaglinide</i>	1	
SOLIQUA 100/33	2	PA; ST; QL (0.6 ML per 1 day); AR
SYNJARDY	2	
TRADJENTA	2	ST
TRESIBA FLEXTOUCH U-100	2	QL (1 ML per 1 day)
TRESIBA FLEXTOUCH U-200	2	QL (1 ML per 1 day)
TRESIBA U-100 INSULIN	2	QL (40 ML per 25 days)
TRULICITY	2	PA; ST; QL (2 ML per 30 days); AR
VICTOZA 2-PAK	2	PA; ST; QL (1.8 MG per 1 day); AR
VICTOZA 3-PAK	2	PA; ST; QL (1.8 MG per 1 day); AR
XIGDUO XR	2	
ANTIINFECTIVES/MISCELLANEOUS		
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL (12 EA per 180 days)
<i>benznidazole</i>	2	
<i>chloroquine phosphate</i>	1	QL (10 EA per 180 days)
COARTEM	2	QL (24 EA per 180 days)
EMVERM	2	
<i>hydroxychloroquine</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL (20 EA per 90 days)
KRINTAFEL	2	
<i>mefloquine</i>	1	QL (6 EA per 180 days)
<i>praziquantel</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>primaquine</i>	1	QL (28 EA per 14 days)
<i>pyrimethamine</i>	1	
ANTIINFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS		
<i>adalimumab-adaz subcutaneous pen injector</i>	1	
<i>adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml</i>	1	
<i>adalimumab-fkjp</i>	2	PA
ENBREL MINI	2	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	2	PA; QL (4 ML per 22 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA; QL (4 ML per 28 days)
ENBREL SURECLICK	2	PA; QL (4 ML per 30 days)
HADLIMA	2	PA
HADLIMA PUSHTOUCH	2	PA
HADLIMA(CF)	2	PA
HADLIMA(CF) PUSHTOUCH	2	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML	2	PA; QL (2 EA per 22 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; QL (1 ML per 22 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	2	PA; QL (0.5 ML per 22 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; QL (1 ML per 22 days)

Drug Name	Tier	Restrictions / Limits
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	2	PA; QL (0.5 ML per 22 days)
ZYMFENTRA	2	PA
ANTINEOPLASTICS		
<i>abiraterone</i>	1	PA
ACTIMMUNE	2	PA
AFINITOR	2	PA
<i>anastrozole</i>	1	
<i>bexarotene oral</i>	1	PA
<i>bexarotene topical</i>	1	PA; QL (60 GM per 28 days)
<i>bicalutamide</i>	1	
<i>capecitabine</i>	1	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA
<i>diclofenac sodium topical gel 3 %</i>	1	PA
EFUDEX	2	
ELIGARD	2	
ELIGARD (3 MONTH)	2	
ELIGARD (4 MONTH)	2	
ELIGARD (6 MONTH)	2	
ERIVEDGE	2	PA
<i>erlotinib</i>	1	PA
<i>etoposide oral</i>	1	
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	1	PA
<i>everolimus (antineoplastic) oral tablet for suspension</i>	1	PA
<i>exemestane</i>	1	
FARYDAK	2	PA
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	

Drug Name	Tier	Restrictions / Limits
GILOTRIF	2	PA
HYCAMTIN	2	PA
<i>hydroxyurea</i>	1	
IBRANCE	2	PA
ICLUSIG	2	PA
<i>imatinib</i>	1	PA
IMBRUVICA ORAL CAPSULE	2	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL TABLET	2	PA; QL (1 EA per 1 day)
INLYTA	2	PA
JAKAFI	2	PA; QL (2 EA per 1 day)
<i>lapatinib</i>	1	PA
LENVIMA	2	PA
<i>letrozole</i>	1	PA
LEUKERAN	2	PA
<i>leuprolide subcutaneous kit</i>	1	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	2	
LUPRON DEPOT (4 MONTH)	2	
LUPRON DEPOT (6 MONTH)	2	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	2	
LYSODREN	2	
MATULANE	2	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL TABLET	2	PA
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
MYLERAN	2	PA

Drug Name	Tier	Restrictions / Limits
ONTRUZANT	2	
PANRETIN	2	PA
<i>pazopanib</i>	1	
POMALYST	2	PA
REVLIMID	2	PA
<i>romidepsin intravenous recon soln</i>	2	PA
<i>sorafenib</i>	1	PA
SPRYCEL	2	PA
<i>sunitinib malate</i>	1	PA
TABLOID	2	PA
TAFINLAR ORAL CAPSULE	2	PA
<i>tamoxifen</i>	1	
TASIGNA	2	PA
<i>temozolomide</i>	1	PA
<i>toremifene</i>	1	
TRAZIMERA	2	
TRELSTAR	2	
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	2	
VALCHLOR	2	PA; QL (2 GM per 1 day)
VOTRIENT	2	PA
XTANDI ORAL CAPSULE	2	PA
ZELBORAF	2	PA
ZOLADEX	2	
ZOLINZA	2	PA
ANTI-OBESITY DRUGS		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR	2	PA
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA

Drug Name	Tier	Restrictions / Limits
ANTIPARASITICS		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	PA; QL (18 ML per 1 day)
NATROBA	2	QL (1 ML Max Qty Per Fill Retail)
<i>nitazoxanide</i>	1	PA; QL (20 EA per 30 days)
<i>permethrin</i>	1	QL (1 GM Max Qty Per Fill Retail)
ULESFIA	2	ST; QL (227 GM per 30 days)
ANTIPARKINSON DRUGS		
<i>amantadine hcl</i>	1	
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
<i>pramipexole oral tablet</i>	1	
<i>ropinirole oral tablet</i>	1	
<i>selegiline hcl</i>	1	
<i>trihexyphenidyl</i>	1	
ZELAPAR	2	
ANTIPLATELET DRUGS		
<i>anagrelide</i>	1	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	QL (2 EA per 1 day)
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dipyridamole oral</i>	1	
<i>prasugrel hcl</i>	1	
ANTIVIRALS		
<i>abacavir</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>abacavir-lamivudine</i>	1	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir topical cream</i>	1	ST; QL (5 GM per 30 days)
<i>adefovir</i>	1	PA
APTIVUS	2	
<i>atazanavir</i>	1	
BARACLUDE ORAL SOLUTION	2	PA
BIKTARVY ORAL TABLET 30-120-15 MG	2	
BIKTARVY ORAL TABLET 50-200-25 MG	2	QL (1 EA per 1 day)
COMPLERA	2	
<i>darunavir</i>	1	
DELSTRIGO	2	
DESCOVY	2	PA
DOVATO	2	QL (1 EA per 1 day)
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofof</i>	1	
<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir (tdf)</i>	1	
EMTRIVA	2	
<i>entecavir</i>	1	PA
<i>etravirine</i>	1	
EVOTAZ	2	
<i>fosamprenavir</i>	1	
FUZEON	2	
GENVOYA	2	
ISENTRESS	2	

Drug Name	Tier	Restrictions / Limits
ISENTRESS HD	2	
JULUCA	2	QL (1 EA per 1 day)
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 100 mg</i>	1	PA
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine</i>	1	
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc oral tablet 150 mg</i>	1	PA; QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	1	PA; QL (4 EA per 1 day)
<i>nevirapine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	QL (6 EA per 180 days)
ODEFSEY	2	
<i>oseltamivir oral capsule 30 mg</i>	1	QL (40 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (20 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	1	QL (360 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 300 MG (150 MG X 2)-100 MG	2	QL (1 pack per 30 days)
<i>penciclovir</i>	1	
PIFELTRO	2	
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	
PREZISTA ORAL SUSPENSION	2	QL (1 ML per 1 day)
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
RELENZA DISKHALER	2	QL (40 EA per 365 days)
<i>ritonavir</i>	1	

Drug Name	Tier	Restrictions / Limits
SELZENTRY ORAL SOLUTION	2	PA; QL (1840 ML per 30 days)
STRIBILD	2	
SYMTUZA	2	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
<i>trifluridine</i>	1	
TRIUMEQ	2	PA
<i>valacyclovir</i>	1	ST
<i>valganciclovir</i>	1	
VEREGEN	2	PA
VIRACEPT	2	
VIREAD	2	
XERESE	2	QL (1 EA per 90 days)
<i>zidovudine</i>	1	
ZIRGAN	2	PA
AUTONOMIC DRUGS		
ADDERALL ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	2	PA; ST; QL (3 EA per 1 day); AR
ADDERALL ORAL TABLET 12.5 MG	2	PA; QL (3 EA per 1 day); AR
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	2	PA; ST; QL (1 EA per 1 day); AR
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	2	PA; ST; QL (2 EA per 1 day); AR
ADLARITY	2	ST; QL (4 EA per 28 days); AR
ADZENYS XR-ODT	2	PA; ST; QL (1 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
<i>amphetamine sulfate oral tablet 10 mg</i>	1	PA; ST; QL (6 EA per 1 day); AR
<i>amphetamine sulfate oral tablet 5 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
ARICEPT	2	PA; QL (1 EA per 1 day)
<i>bethanechol chloride</i>	1	
DESOXYN	2	PA; AR
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	2	PA; ST; QL (2 EA per 1 day); AR
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG	2	PA; ST
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>dextroamphetamine sulfate oral solution</i>	1	PA; ST; QL (40 ML per 1 day); AR
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	PA; ST; QL (4 EA per 1 day); AR
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
<i>dextroamphetamine-amphetamine oral tablet</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>donepezil</i>	1	QL (1 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	2	PA; ST; QL (8 ML per 1 day); AR
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	PA; ST; QL (1 EA per 1 day); AR
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	2	QL (4 EA per 365 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (4 EA per 365 days)
EVEKEO ORAL TABLET 10 MG	2	PA; ST; QL (6 EA per 1 day); AR
EVEKEO ORAL TABLET 5 MG	2	PA; ST; QL (2 EA per 1 day); AR
EXELON PATCH	2	PA; QL (1 EA per 1 day)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	QL (1 EA per 1 day)
<i>galantamine oral solution</i>	1	QL (6 ML per 1 day)
<i>galantamine oral tablet</i>	1	QL (2 EA per 1 day)
MESTINON ORAL TABLET	2	
MESTINON TIMESPAN	2	
<i>methamphetamine</i>	1	PA; ST; AR
<i>midodrine</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA; ST; QL (1 EA per 1 day); AR
<i>pilocarpine hcl oral</i>	1	

Drug Name	Tier	Restrictions / Limits
PROCENTRA	1	PA; ST; QL (40 ML per 1 day); AR
<i>pyridostigmine bromide oral syrup</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>rivastigmine</i>	1	QL (1 EA per 1 day)
<i>rivastigmine tartrate</i>	1	QL (2 EA per 1 day)
XELSTRYM	2	PA; ST; QL (1 EA per 1 day); AR
ZENZEDI ORAL TABLET 10 MG	1	PA; ST; QL (4 EA per 1 day); AR
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	2	PA; ST; QL (2 EA per 1 day); AR
ZENZEDI ORAL TABLET 5 MG	1	PA; ST; QL (2 EA per 1 day); AR
BIOLOGICALS		
ACTHIB (PF)	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	
AREXVY (PF)	2	
BEXSERO	2	
BOOSTRIX TDAP	2	
CAPVAXIVE	2	
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
ENGRIX-B (PF)	2	
ENGRIX-B PEDIATRIC (PF)	2	
GARDASIL 9 (PF)	2	
GRASTEK	2	PA; AR
HAVRIX (PF)	2	

Drug Name	Tier	Restrictions / Limits
HEPLISAV-B (PF)	2	
HIBERIX (PF)	2	
INFANRIX (DTAP) (PF)	2	
IPOL	2	
JYNNEOS (PF)	2	
KINRIX (PF)	2	
M-M-R II (PF)	2	
MRESVIA (PF)	2	
PALFORZIA (LEVEL 1)	2	PA; AR
PALFORZIA (LEVEL 2)	2	PA; AR
PALFORZIA (LEVEL 3)	2	PA; AR
PALFORZIA (LEVEL 4)	2	PA; AR
PALFORZIA (LEVEL 5)	2	PA; AR
PALFORZIA (LEVEL 6)	2	PA; AR
PALFORZIA (LEVEL 7)	2	PA; AR
PALFORZIA (LEVEL 8)	2	PA; AR
PALFORZIA (LEVEL 9)	2	PA; AR
PALFORZIA (LEVEL 10)	2	PA; AR
PALFORZIA (LEVEL 11 UP-DOSE)	2	PA; QL (1 EA per 28 days); AR
PALFORZIA INITIAL (4-17 YRS)	2	PA; AR
PALFORZIA LEVEL 11 MAINTENANCE	2	PA; QL (1 EA per 28 days); AR
PALYNZIQ	2	PA
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	
PENBRAYA (PF)	2	
PENTACEL ACTHIB COMPONENT (PF)	2	
PNEUMOVAX-23	2	
PROQUAD (PF)	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	
RAGWITEK	2	PA

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

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

Drug Name	Tier	Restrictions / Limits
<i>verapamil oral tablet 120 mg, 80 mg</i>	1	
<i>verapamil oral tablet 40 mg</i>	1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	1	
CARDIOVASCULAR		
<i>acebutolol oral capsule 200 mg</i>	1	QL (6 EA per 1 day)
<i>acebutolol oral capsule 400 mg</i>	1	QL (3 EA per 1 day)
<i>aliskiren</i>	1	
ALYQ	1	PA
<i>amlodipine-benazepril</i>	1	QL (30 EA per 22 days)
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>atorvastatin</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bosentan oral tablet</i>	1	PA
<i>captopril-hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
CATAPRES-TTS-1	2	PA; QL (1 Patch per 7 days)
CATAPRES-TTS-2	2	PA; QL (2 Patches per 7 days)
CATAPRES-TTS-3	2	PA; QL (2 EA per 7 days)
<i>cholestyramine (with sugar) oral powder</i>	1	
CHOLESTYRAMINE LIGHT ORAL POWDER	1	

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

Drug Name	Tier	Restrictions / Limits
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan oral tablet 100 mg</i>	1	QL (1 EA per 1 day)
<i>losartan oral tablet 25 mg, 50 mg</i>	1	QL (2 EA per 1 day)
<i>losartan-hydrochlorothiazide</i>	1	
<i>lovastatin</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metirosine</i>	1	PA
<i>minoxidil oral</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg</i>	1	QL (1 EA per 1 day)
<i>olmesartan oral tablet 5 mg</i>	1	QL (3 EA per 1 day)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; ST; QL (2 ML per 22 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	2	PA; ST; QL (4 ML per 22 days)
<i>pravastatin</i>	1	
<i>prazosin</i>	1	
PREVALITE	1	
<i>propranolol</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
PROSTIN VR PEDIATRIC	2	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	

Drug Name	Tier	Restrictions / Limits
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	2	PA
REPATHA PUSHTRONEX	2	PA; ST; QL (3.5 ML per 28 days)
REPATHA SURECLICK	2	PA; ST; QL (2 ML per 28 days)
REPATHA SYRINGE	2	PA; ST; QL (2 ML per 28 days)
<i>rosuvastatin</i>	1	
<i>sacubitril-valsartan</i>	1	PA
<i>sildenafil (pulm.hypertension) intravenous</i>	1	PA; QL (60 ML per 1 day)
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	1	PA; ST; QL (60 ML per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	1	PA; QL (60 EA per 1 day)
<i>simvastatin</i>	1	
SOTALOL AF	1	
<i>sotalol oral</i>	1	
<i>tadalafil (pulm. hypertension)</i>	1	PA; QL (2 EA per 1 day)
<i>telmisartan</i>	1	QL (1 EA per 1 day)
<i>terazosin</i>	1	
TRACLEER ORAL TABLET FOR SUSPENSION	2	PA
<i>treprostinil sodium</i>	1	PA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	PA; QL (2 EA per 1 day)
<i>valsartan oral tablet 320 mg</i>	1	PA; QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide</i>	1	
VELETRI	1	PA

Drug Name	Tier	Restrictions / Limits
CNS DRUGS		
AMPYRA	2	PA
AUSTEDO	2	PA; ST; QL (4 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	2	PA; ST; AR
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	2	PA; ST
AUSTEDO XR TITRATION KT(WK1-4)	2	PA; ST
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE	2	PA; QL (2 ML per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; QL (4 EA per 28 days)
BAFIERTAM	2	PA; QL (4 EA per 1 day)
BETASERON SUBCUTANEOUS KIT	2	PA; QL (14 EA per 22 days)
<i>caffeine citrate oral</i>	1	AR
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension</i>	1	PA
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	PA
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	2	
CELONTIN	2	

Drug Name	Tier	Restrictions / Limits
<i>clobazam oral suspension</i>	1	QL (32 ML per 1 day)
<i>clobazam oral tablet 10 mg</i>	1	QL (8 EA per 1 day)
<i>clobazam oral tablet 20 mg</i>	1	QL (4 EA per 1 day)
<i>clonazepam</i>	1	PA; QL (3 EA per 1 day)
COPAXONE	2	PA
<i>dalfampridine</i>	1	PA; QL (2 EA per 1 day)
DEPAKOTE	2	PA
DEPAKOTE ER	2	PA
DEPAKOTE SPRINKLES	2	PA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	QL (10 doses per 30 days)
DILANTIN	2	
DILANTIN EXTENDED	2	
DILANTIN INFATABS	2	
DILANTIN-125	2	
<i>dimethyl fumarate</i>	1	PA; QL (2 EA per 1 day)
<i>divalproex</i>	1	
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; ST; QL (300 ML per 22 days); AR
EPRONTIA	2	PA; ST; QL (16 ML per 1 day)
<i>ethosuximide</i>	1	
<i>felbamate oral suspension</i>	1	PA
FELBATOL	2	
<i> fingolimod</i>	1	PA; QL (1 EA per 1 day)
<i>fosphenytoin</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (6 EA per 1 day)
<i>gabapentin oral capsule 300 mg</i>	1	QL (9 EA per 1 day)
<i>gabapentin oral solution</i>	1	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	1	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	1	QL (4 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	2	PA; QL (1 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG	2	PA; QL (1 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG, 750 MG, 900 MG	2	PA; QL (2 EA per 1 day)
GRALISE ORAL TABLET, EXT REL 24HR DOSE PACK	2	PA; QL (1 Pack per 90 days)
INGREZZA INITIATION PK(TARDIV)	2	PA; ST; QL (28 EA per 22 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	2	PA; ST
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	2	PA; ST; QL (30 EA per 22 days)
INGREZZA SPRINKLE	2	PA
KEPPRA INTRAVENOUS	2	PA
KEPPRA ORAL SOLUTION	2	PA; QL (30 ML per 1 day)
KEPPRA ORAL TABLET 1,000 MG	2	PA; QL (3 EA per 1 day)
KEPPRA ORAL TABLET 250 MG	2	PA; QL (2 EA per 1 day)
KEPPRA ORAL TABLET 500 MG	2	PA; QL (6 EA per 1 day)
KEPPRA ORAL TABLET 750 MG	2	PA; QL (4 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	2	PA; QL (2 EA per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	2	PA; QL (4 EA per 1 day)
KESIMPTA PEN	2	PA
KLONOPIN ORAL TABLET 0.5 MG	2	PA; QL (2 EA per 1 day)
KLONOPIN ORAL TABLET 1 MG, 2 MG	2	PA; QL (3 EA per 1 day)
<i>lacosamide oral tablet</i>	1	ST
LAMICTAL	2	PA
LAMICTAL ODT	2	PA
LAMICTAL ODT STARTER (BLUE)	2	PA
LAMICTAL ODT STARTER (GREEN)	2	PA
LAMICTAL ODT STARTER (ORANGE)	2	PA
LAMICTAL STARTER (BLUE) KIT	2	PA
LAMICTAL STARTER (GREEN) KIT	2	PA
LAMICTAL STARTER (ORANGE) KIT	2	PA
LAMICTAL XR	2	PA
LAMICTAL XR STARTER (BLUE)	2	
LAMICTAL XR STARTER (GREEN)	2	
LAMICTAL XR STARTER (ORANGE)	2	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	QL (1 Pak per 90 days)
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>lamotrigine oral tablet, disintegrating</i>	1	
<i>lamotrigine oral tablets, dose pack</i>	1	QL (1 Pak per 90 days)
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral solution</i>	1	QL (30 ML per 1 day)
<i>levetiracetam oral tablet 1,000 mg</i>	1	QL (3 EA per 1 day)
<i>levetiracetam oral tablet 250 mg</i>	1	QL (2 EA per 1 day)
<i>levetiracetam oral tablet 500 mg</i>	1	QL (6 EA per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	1	QL (4 EA per 1 day)
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	1	QL (2 EA per 1 day)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	1	QL (4 EA per 1 day)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	2	PA; QL (3 EA per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG	2	PA; QL (2 EA per 1 day)
LYRICA ORAL SOLUTION	2	PA; QL (30 ML per 1 day)
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	QL (1 EA per 1 day)
<i>memantine oral solution</i>	1	QL (10 ML per 1 day)
<i>memantine oral tablet</i>	1	QL (2 EA per 1 day)
<i>memantine oral tablets, dose pack</i>	2	QL (1 Pak per 90 days)
<i>memantine-donepezil</i>	1	QL (1 EA per 1 day)
NAMENDA TITRATION PAK	2	QL (1 Pak per 90 days)

Drug Name	Tier	Restrictions / Limits
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	QL (1 EA per 1 day)
NAMENDA XR ORAL CAPSULE,SPRINKLE, ER 24HR	2	PA; QL (1 EA per 1 day)
NAMZARIC	2	QL (1 EA per 1 day)
NAYZILAM	2	QL (10 EA per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	2	PA; QL (6 EA per 1 day)
NEURONTIN ORAL CAPSULE 300 MG	2	PA; QL (9 EA per 1 day)
NEURONTIN ORAL SOLUTION	2	PA; QL (72 ML per 1 day)
NEURONTIN ORAL TABLET 600 MG	2	PA; QL (6 EA per 1 day)
NEURONTIN ORAL TABLET 800 MG	2	PA; QL (4 EA per 1 day)
NUEDEXTA	2	PA
OCREVUS ZUNOVO	2	PA
ONFI ORAL SUSPENSION	2	PA; QL (32 ML per 1 day)
ONFI ORAL TABLET 10 MG	2	PA; QL (8 EA per 1 day)
ONFI ORAL TABLET 20 MG	2	PA; QL (4 EA per 1 day)
<i>oxcarbazepine</i>	1	
OXTELLAR XR	2	
PHENYTEK	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>pregabalin oral solution</i>	1	QL (30 ML per 1 day)
<i>primidone oral tablet 125 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
REBIF (WITH ALBUMIN)	2	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; QL (4.2 ML per 28 days)
REBIF TITRATION PACK	2	PA
<i>riluzole</i>	1	PA
ROWEEPRA	1	QL (6 EA per 1 day)
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	1	QL (2 EA per 1 day)
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	1	QL (4 EA per 1 day)
SUBVENITE	1	
SUBVENITE STARTER (BLUE) KIT	1	
SUBVENITE STARTER (GREEN) KIT	1	
SUBVENITE STARTER (ORANGE) KIT	1	
SYMPAZAN ORAL FILM 10 MG, 5 MG	2	QL (8 EA per 1 day)
SYMPAZAN ORAL FILM 20 MG	2	QL (4 EA per 1 day)
TASCENSO ODT	2	PA; ST; QL (1 EA per 1 day)
TEGRETOL	2	

Drug Name	Tier	Restrictions / Limits
TEGRETOL XR	2	
<i>teriflunomide</i>	1	PA
<i>tetrabenazine</i>	1	PA; ST
<i>tiagabine</i>	1	
TOPAMAX	2	PA
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral capsule, extended release 24hr</i>	1	PA
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	PA; QL (2 EA per 1 day)
<i>topiramate oral tablet</i>	1	
TRILEPTAL	2	PA
TROKENDI XR	2	QL (2 EA per 1 day)
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	QL (10 Doses per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	QL (5 EA per 30 days)
WAKIX	2	PA; ST; QL (2 EA per 1 day); AR
ZEPOSIA	2	PA; QL (30 EA per 22 days)
ZEPOSIA STARTER KIT (28-DAY)	2	PA

Drug Name	Tier	Restrictions / Limits
ZEPOSIA STARTER PACK (7-DAY)	2	PA; QL (1 Dose pack per 77 days)
<i>zonisamide oral capsule 100 mg</i>	1	ST; QL (2 EA per 1 day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>	1	ST; QL (1 EA per 1 day)
COLONY STIMULATING FACTORS		
ARANESP (IN POLYSORBATE)	2	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML	2	PA; QL (32 ML per 28 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA
FYLNETRA	2	
NEUPOGEN	2	
PROMACTA ORAL TABLET 12.5 MG	2	PA; QL (90 EA per 28 days)
PROMACTA ORAL TABLET 25 MG	2	PA; QL (30 EA per 28 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	2	PA; QL (60 EA per 28 days)
RELEUKO	2	
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML	2	PA; QL (24 ML per 22 days)
RETACRIT INJECTION SOLUTION 2,000 UNIT/ML	2	PA; QL (120 ML per 22 days)
RETACRIT INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML	2	PA
RETACRIT INJECTION SOLUTION 3,000 UNIT/ML	2	PA; QL (80 ML per 22 days)

Drug Name	Tier	Restrictions / Limits
RETACRIT INJECTION SOLUTION 4,000 UNIT/ML	2	PA; QL (60 ML per 22 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; QL (6 ML per 22 days)
CONTRACEPTIVES		
AFIRMELLE	1	
ALTAVERA (28)	1	
ALYACEN 1/35 (28)	1	
ALYACEN 7/7/7 (28)	1	
AMETHIA	1	QL (1 EA per 1 day)
AMETHYST (28)	1	
ANNOVERA	2	
APRI	1	
ARANELLE (28)	1	
ASHLYNA	1	QL (1 EA per 1 day)
AUBRA	1	
AUBRA EQ	1	
AUROVELA 1.5/30 (21)	1	
AUROVELA 1/20 (21)	1	
AUROVELA 24 FE	1	
AUROVELA FE 1.5/30 (28)	1	
AUROVELA FE 1-20 (28)	1	
AVIANE	1	
AYUNA	1	
AZURETTE (28)	1	
BALCOLTRA	2	
BALZIVA (28)	1	
BEYAZ	2	PA
BLISOVI 24 FE	1	
BLISOVI FE 1.5/30 (28)	1	
BLISOVI FE 1/20 (28)	1	
BRIELLYN	1	
CAMILA	1	

Drug Name	Tier	Restrictions / Limits
CAMRESE	1	QL (1 EA per 1 day)
CAMRESE LO	1	QL (1 EA per 1 day)
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	2	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	2	QL (2 EA per 365 days)
CAZANT (28)	1	
CHARLOTTE 24 FE	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	
<i>desog-e.estradiol/e.estradiol</i>	1	
DOLISHALE	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	PA
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELINEST	1	
ELLA	2	QL (6 EA per 365 days)
ELURYNG	1	
EMZAHH	1	
ENILLORING	1	

Drug Name	Tier	Restrictions / Limits
ENPRESSE	1	
ENSKYCE	1	
ERRIN	1	
ESTARYLLA	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
FALMINA (28)	1	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	2	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	2	QL (2 EA per 365 days)
FINZALA	1	
GEMMILY	1	
HAILEY	1	
HAILEY 24 FE	1	
HAILEY FE 1.5/30 (28)	1	
HAILEY FE 1/20 (28)	1	
HALOETTE	1	
HEATHER	1	
ICLEVIA	1	
INCASSIA	1	
ISIBLOOM	1	
JAIMIESS	1	
JASMIEL (28)	1	
JENCYCLA	1	
JOLESSA	1	QL (1 EA per 1 day)
JOYEAUX	1	
JULEBER	1	
JUNEL 1.5/30 (21)	1	
JUNEL 1/20 (21)	1	
JUNEL FE 1.5/30 (28)	1	
JUNEL FE 1/20 (28)	1	
JUNEL FE 24	1	
KAITLIB FE	1	
KALLIGA	1	

Drug Name	Tier	Restrictions / Limits
KARIVA (28)	1	
KELNOR 1/35 (28)	1	
KURVELO (28)	1	
KYLEENA	2	
<i>l norgest/e.estradiol-e.estrad</i>	1	QL (1 EA per 1 day)
LARIN 1.5/30 (21)	1	
LARIN 1/20 (21)	1	
LARIN 24 FE	1	
LARIN FE 1.5/30 (28)	1	
LARIN FE 1/20 (28)	1	
LEENA 28	1	
LESSINA	1	
LEVONEST (28)	1	
<i>levonorgest-eth.estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic</i>	1	
LEVORA-28	1	
LILETTA	2	
LO LOESTRIN FE	2	
LOESTRIN 1.5/30 (21)	2	PA
LOESTRIN 1/20 (21)	2	PA
LOESTRIN FE 1.5/30 (28-DAY)	2	PA
LOESTRIN FE 1/20 (28-DAY)	2	PA
LOJAIMIESS	1	
LORYNA (28)	1	
LOW-OGESTREL (28)	1	
LO-ZUMANDIMINE (28)	1	
LUTERA (28)	1	
LYLEQ	1	
LYZA	1	
MARLISSA (28)	1	

Drug Name	Tier	Restrictions / Limits
<i>medroxyprogesterone intramuscular</i>	1	QL (1 ML per 67 days)
MERZEE	1	
MIBELAS 24 FE	1	
MICROGESTIN 1.5/30 (21)	1	
MICROGESTIN 1/20 (21)	1	
MICROGESTIN FE 1.5/30 (28)	1	
MICROGESTIN FE 1/20 (28)	1	
MILI	1	
MIRENA	2	
MONO-LINYAH	1	
NATAZIA	2	
NECON 0.5/35 (28)	1	
NEXPLANON	2	
NEXTSTELLIS	2	QL (28 EA per 22 days)
NIKKI (28)	1	
NORA-BE	1	
<i>norelgestromin-ethin.estradiol</i>	1	
<i>noreth-ethinyl estradiol-iron</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
NORTREL 0.5/35 (28)	1	
NORTREL 1/35 (21)	1	
NORTREL 1/35 (28)	1	
NORTREL 7/7/7 (28)	1	
NUVARING	2	PA

Drug Name	Tier	Restrictions / Limits
NYLIA 1/35 (28)	1	
NYLIA 7/7/7 (28)	1	
OCELLA	1	
PARAGARD T 380A	2	
PARAGARD T380A (SINGLE HAND)	2	
PHEXXI	2	QL (1 Box per 30 days)
PHILITH	1	
PIMTREA (28)	1	
PORTIA 28	1	
RECLIPSEN (28)	1	
RIVELSA	1	
SAFYRAL	2	PA
SETLAKIN	1	QL (1 EA per 1 day)
SHAROBEL	1	
SIMLIYA (28)	1	
SIMPESSE	1	QL (1 EA per 1 day)
SKYLA	2	
SLYND	2	
SPRINTEC (28)	1	
SRONYX	1	
SYEDA	1	
TARINA 24 FE	1	
TARINA FE 1/20 (28)	1	
TARINA FE 1-20 EQ (28)	1	
TAYTULLA	2	PA
TILIA FE	1	
TRI-ESTARYLLA	1	
TRI-LEGEST FE	1	
TRI-LINYAH	1	
TRI-LO-ESTARYLLA	1	
TRI-LO-MARZIA	1	
TRI-LO-MILI	1	
TRI-LO-SPRINTEC	1	
TRI-MILI	1	

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

Drug Name	Tier	Restrictions / Limits
ZUMANDIMINE (28)	1	
COUGH/COLD PREPARATIONS		
<i>benzonatate</i>	1	QL (4 EA per 1 day)
BROMFED DM	2	
<i>brompheniramine-pseudoeph-dm</i>	1	
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	1	PA; ST; QL (6 OZ per 1 RX); AR
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml (5 ml)</i>	1	PA; ST
<i>hydrocodone-homatropine oral tablet</i>	1	PA; ST; AR
HYDROMET	1	PA; ST; QL (180 ML per 1 per fill); AR
<i>promethazine-codeine</i>	1	PA; ST; QL (180 per fill Max Qty Per Fill Retail)
<i>promethazine-dm</i>	1	
DIURETICS		
<i>acetazolamide</i>	1	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
<i>chlorthalidone</i>	1	
DIURIL	2	
<i>eplerenone</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methazolamide</i>	1	
<i>metolazone</i>	1	

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

Drug Name	Tier	Restrictions / Limits
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>dorzolamide</i>	1	
<i>dorzolamide (pf)</i>	2	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf)</i>	1	
DUREZOL	2	
DYMISTA	2	
FLAREX	2	
<i>fluocinolone acetonide oil</i>	1	
<i>flurbiprofen sodium</i>	1	
FML LIQUIFILM	2	
HOMATROPAIRE	1	
IOPIDINE	2	
<i>ipratropium bromide nasal</i>	1	
ISOPTO ATROPINE	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	1	QL (5 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1	
<i>latanoprost</i>	1	
<i>levobunolol</i>	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2	PA
LOTEMAX OPHTHALMIC (EYE) OINTMENT	2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
LUMIGAN	2	
NEVANAC	2	
OMNARIS	2	
OXERVATE	2	PA
<i>phenylephrine hcl ophthalmic (eye)</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
PRED MILD	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone acetate (pf)</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
PROLENSA	2	
RESTASIS	2	PA; ST; QL (2 EA per 1 day)
RHOPRESSA	2	
ROCKLATAN	2	
SIMBRINZA	2	ST
<i>tetracaine hcl</i>	1	PA
<i>tetracaine hcl (pf) ophthalmic (eye)</i>	2	PA
<i>timolol maleate (pf)</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
TRAVATAN Z	2	
<i>tropicamide</i>	1	
XIIDRA	2	PA; ST; QL (60 EA per 30 days)
ELECT/CALORIC/H2O		
<i>arginine (l-arginine) oral capsule</i>	2	
<i>arginine (l-arginine) oral powder</i>	2	
<i>arginine (l-arginine) oral powder in packet 500 mg</i>	2	
<i>arginine (l-arginine) oral tablet</i>	1	
<i>arginine hcl (l-arginine)</i>	2	

Drug Name	Tier	Restrictions / Limits
BAQSIMI	2	QL (2 EA per 365 days)
CAL-CITRATE	2	
CALCIUM 500	1	
CALCIUM 500 + D ORAL TABLET 500 MG-5 MCG (200 UNIT)	1	
CALCIUM 500 + D ORAL TABLET,CHEWABLE	1	
CALCIUM 600 + D(3)	1	
CALCIUM 600 WITH VITAMIN D3	1	
<i>calcium acetate</i>	1	
<i>calcium acetate(phosphat bind)</i>	1	
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg)</i>	1	
<i>calcium carbonate oral tablet,chewable 500 mg calcium (1,250 mg)</i>	1	
<i>calcium carbonate-vit d3-min</i>	1	
<i>calcium carbonate-vitamin d3 oral capsule 600 mg-10 mcg (400 unit)</i>	1	
<i>calcium carbonate-vitamin d3 oral capsule 600 mg-12.5 mcg (500 unit), 600 mg-25 mcg (1,000 unit), 600 mg-62.5 mcg (2,500 unit)</i>	2	
<i>calcium carbonate-vitamin d3 oral tablet 1,000 mg-20 mcg (800 unit)</i>	2	

Drug Name	Tier	Restrictions / Limits
<i>calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-15 mcg (600 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)</i>	1	
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-10 mcg (400 unit)</i>	1	
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-2.5 mcg (100 unit)</i>	2	
CALCIUM CITRATE + D	1	
<i>calcium citrate-vitamin d3 oral liquid</i>	1	
<i>calcium citrate-vitamin d3 oral tablet</i>	1	
CALCIUM WITH VITAMIN D	1	
CAL-QUICK	2	
CALTRATE 600 PLUS D	2	
CALTRATE WITH VITAMIN D3	2	
CITRACAL + D MAXIMUM	2	
CITRACAL REGULAR	2	
CITRACAL-D3 PETITES	2	
DENTA 5000 PLUS	1	
DEX4 GLUCOSE ORAL TABLET,CHEWABLE	1	
DEX4 GLUCOSE POUCH PACK	1	
DEX4 GLUCOSE QUICK DISSOLVE	1	
<i>dextrose oral gel</i>	1	

Drug Name	Tier	Restrictions / Limits
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	1	
FEOSOL ORAL TABLET 325 MG (65 MG IRON)	1	
FEROSUL	1	
FERREX 150	1	
FERRIC X-150	1	
FERRO-TIME	1	
<i>ferrous sulfate oral drops</i>	1	
<i>ferrous sulfate oral elixir</i>	1	
<i>ferrous sulfate oral solution</i>	1	
<i>ferrous sulfate oral tablet</i>	1	
<i>ferrous sulfate oral tablet,delayed release (dr/ec)</i>	1	
FE-VITE ORAL DROPS	1	
<i>fluoride (sodium) dental cream</i>	1	
GLUCOSE GEL	1	
<i>glucose oral tablet,chewable 4 gram</i>	1	
GLUTOSE-5	1	
GVOKE	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS 1-PACK SYRINGE	2	
GVOKE PFS 2-PACK SYRINGE	2	
HI-CAL PLUS VIT D	1	
IFEREX 150	1	
IRON (FERROUS SULFATE)	1	
IRON ORAL TABLET	1	

Drug Name	Tier	Restrictions / Limits
KIONEX (WITH SORBITOL)	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
KLOR-CON/EF	1	
L-ARGININE(ALPHA-KETOGLUTARAT)	2	
LIQUID CALCIUM WITH VITAMIN D	2	
LOKELMA	2	
MAGNEBIND 300	2	QL (300 EA per 30 days)
MAGNEBIND 400	2	
<i>magnesium oxide oral tablet 400 mg magnesium</i>	1	
MGO	1	
MYFERON 150	1	
NOVAFERRUM YUMMY PEDIATRIC	2	PA
OYSCO 500/D	1	
OYSTER SHELL + D3	1	
OYSTER SHELL CALCIUM	1	
OYSTER SHELL CALCIUM 500	1	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 250 MG-3.125 MCG (125 UNIT)	2	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG-5 MCG (200 UNIT)	1	
PEDIA IRON ORAL DROPS	1	
POLY-IRON	1	

Drug Name	Tier	Restrictions / Limits
<i>polysaccharide iron complex</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
<i>potassium citrate oral tablet extended release</i>	1	
<i>potassium iodide oral solution</i>	1	
PURE L-CITRULLINE ORAL CAPSULE	2	
REVELA	2	
<i>sevelamer hcl oral tablet 800 mg</i>	1	
SF 5000 PLUS	1	
SODIUM FLUORIDE 5000 PLUS	1	
<i>sodium polystyrene sulfonate</i>	1	
SPS (WITH SORBITOL)	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	2	
ZEGALOGUE AUTOINJECTOR	2	
ZEGALOGUE SYRINGE	2	
ZINC (WITH A AND C) LOZENGES	2	
<i>zinc sulfate oral capsule</i>	1	
ZINC-220	1	

Drug Name	Tier	Restrictions / Limits
GASTROINTESTINAL		
<i>alosetron</i>	1	PA
ANALPRAM-HC RECTAL	2	
<i>aprepitant oral capsule 40 mg</i>	1	QL (6 EA per 1 Fill)
<i>aprepitant oral capsule 80 mg</i>	1	PA; QL (6 EA per 1 Fill)
<i>aprepitant oral capsule, dose pack</i>	1	QL (2 packs per 1 Rx)
APRISO	2	
<i>balsalazide</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
CHOLBAM	2	PA
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	QL (60 EA per 30 days)
COMPRO	1	
CONSTULOSE	1	
CREON	2	
DAILY FIBER (PSYLLIUM-ASPART)	2	
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM	2	
DEXILANT	2	QL (1 EA per 1 day)
DICLEGIS	2	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
DIPENTUM	2	
<i>diphenoxylate-atropine</i>	1	
ED-SPAZ	1	
ENULOSE	1	

Drug Name	Tier	Restrictions / Limits
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (1 EA per 1 day)
<i>famotidine oral tablet 40 mg</i>	1	QL (60 EA per 30 days)
FIBER (WITH ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	2	
FIBER THERAPY (PSYLLIUM-SUCRO)	2	
<i>fosaprepitant</i>	1	QL (2 Vials per 1 Fill)
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N	1	
GENERLAC	1	
GERI-MUCIL (ASPARTAME)	2	
GERI-MUCIL (SUGAR)	2	
<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	
<i>icosapent ethyl</i>	1	QL (4 EA per 1 day); AR
KONSYL (SUGAR)	2	
KRISTALOSE	2	
<i>lactulose oral packet 10 gram</i>	1	
<i>lactulose oral solution</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	ST; QL (1 EA per 1 day)
LIALDA	2	

Drug Name	Tier	Restrictions / Limits
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	PA; QL (98 GM per 30 days)
LINZESS	2	ST
LITHOSTAT	2	PA
<i>loperamide oral capsule</i>	1	QL (12 EA per 14 days)
<i>lubiprostone</i>	1	ST
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	1	
<i>mesalamine rectal</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
META APPETITE CTRL (ASPARTAME)	2	
METAMUCIL (WITH SUGAR) ORAL POWDER 3 GRAM/7 GRAM	2	
METAMUCIL FREE (WITH SUGAR)	2	
<i>methscopolamine</i>	1	
<i>metoclopramide hcl oral</i>	1	
<i>misoprostol</i>	1	
MOTEGRITY	2	ST
MYTESI	2	PA
NEXIUM PACKET	2	PA; QL (1 EA per 1 day)
<i>nizatidine</i>	1	QL (60 EA per 30 days)
NULEV	2	
<i>omega 3-dha-epa-fish oil oral capsule 1,200 (144-216) mg, 200-300-1,000 mg</i>	2	
<i>omega-3 acid ethyl esters</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 40 mg</i>	1	QL (2 EA per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg</i>	1	QL (4 EA per 1 day)
<i>ondansetron hcl (pf)</i>	1	
<i>ondansetron hcl intravenous</i>	1	
<i>ondansetron hcl oral solution</i>	1	QL (1 Bottle per 1 Fill)
<i>ondansetron hcl oral tablet</i>	1	QL (90 EA per 30 days)
<i>ondansetron oral tablet, disintegrating 16 mg</i>	2	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL (90 EA per 30 days)
<i>opium tincture</i>	1	PA
OSCIMIN	1	
OSCIMIN SL	1	
PANCREAZE	2	
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (2 EA per 1 day)
<i>peg 3350-electrolytes</i>	1	
<i>peg-electrolyte soln</i>	1	
PENTASA	2	
PHEBURANE	2	PA; QL (7 Bottles per 28 days)
PROBIOTIC 4X	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	PA
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	1	
<i>prochlorperazine maleate</i>	1	PA

Drug Name	Tier	Restrictions / Limits
<i>promethazine rectal</i>	1	
PROMETHEGAN	1	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	2	PA; ST; QL (1 EA per 1 day)
<i>psyllium husk (with sugar)</i>	1	
PYLERA	2	
RECTIV	2	
REGULOID (ASPARTAME)	2	
REGULOID (PSYLLIUM HUSK) ORAL POWDER	2	
REGULOID (PSYLLIUM HUSK-SUCRO)	2	
ROBINUL	2	
ROBINUL FORTE	2	
<i>senna leaf extract</i>	2	
SENNA ORAL SYRUP 176 MG/5 ML	2	
SFROWASA	2	
<i>sodium phenylbutyrate</i>	1	PA
SUCRAID	2	PA
<i>sucralfate oral suspension</i>	1	PA; ST; AR
<i>sucralfate oral tablet</i>	1	
<i>sulfasalazine</i>	1	
SYMAX-SL	1	
SYMAX-SR	1	
<i>trimethobenzamide</i>	1	
<i>ursodiol</i>	1	
VOQUEZNA TRIPLE PAK	2	
ZENPEP	2	
HORMONES		
ANDROGEL	2	PA; QL (150 GM per 30 days)
ANGELIQ	2	

Drug Name	Tier	Restrictions / Limits
<i>budesonide oral capsule, delayed, extend. release</i>	1	
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
CHILDREN'S SLEEP (MELATONIN) ORAL LIQUID	2	
CLIMARA PRO	2	ST
COMBIPATCH	2	
CORTIFOAM	2	
<i>cortisone</i>	1	
COVARYX	1	
COVARYX H.S.	1	
<i>deflazacort oral tablet</i>	1	PA
DEPO-ESTRADIOL	2	
DEPO-TESTOSTERONE	2	PA
<i>desmopressin nasal spray with pump</i>	1	
<i>desmopressin oral</i>	1	
DEXAMETHASONE INTENSOL	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
DEXONTO	2	
EEMT	1	
EEMT HS	1	
EMFLAZA ORAL SUSPENSION	2	PA; QL (117 ML per 30 days); AR
EMFLAZA ORAL TABLET 18 MG	2	PA; QL (30 EA per 30 days); AR
EMFLAZA ORAL TABLET 30 MG, 36 MG	2	PA; QL (90 EA per 30 days); AR

Drug Name	Tier	Restrictions / Limits
EMFLAZA ORAL TABLET 6 MG	2	PA; QL (60 EA per 30 days); AR
<i>estradiol oral</i>	1	
<i>estradiol transdermal gel in metered-dose pump</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRING	2	
<i>estrogens-methyltestosterone</i>	1	
EVAMIST	2	
FENSOLVI	2	
<i>fludrocortisone</i>	1	
FYAVOLV	1	
GENOTROPIN	2	PA; ST
GENOTROPIN MINIQUEL	2	PA; ST
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal</i>	1	
JINTELI	1	
KIDS MELATONIN	1	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	2	
LUPRON DEPOT-PED	2	
LUPRON DEPOT-PED (3 MONTH)	2	
MEDROL (PAK)	2	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	2	

Drug Name	Tier	Restrictions / Limits
<i>medroxyprogesterone oral</i>	1	
<i>melatonin oral capsule</i>	2	
<i>melatonin oral drops</i>	2	PA
<i>melatonin oral liquid 2.5 mg/10 ml</i>	2	
<i>melatonin oral liquid 5 mg/15 ml</i>	1	
<i>melatonin oral tablet 1 mg, 10 mg, 3 mg, 5 mg</i>	1	
<i>melatonin oral tablet 12 mg</i>	2	
<i>melatonin oral tablet, chewable 2.5 mg, 5 mg</i>	2	
<i>melatonin oral tablet, disintegrating 1 mg</i>	2	
<i>melatonin-lemon balm leaf extr</i>	2	
<i>melatonin-pyridoxine hcl (b6) oral tablet 1-10 mg, 3-10 mg</i>	1	
MENEST	2	
<i>methylergonovine oral</i>	1	
<i>methyprednisolone</i>	1	
MIMVEY	1	
MINIVELLE	2	
MYFEMBREE	2	PA; QL (1 EA per 1 day)
NORDITROPIN FLEXP	2	PA; ST
<i>norethindrone acetate</i>	1	
<i>octreotide acetate</i>	1	PA
ORIAHNN	2	PA; ST; QL (2 EA per 1 day)
ORILISSA ORAL TABLET 150 MG	2	PA; ST; QL (1 EA per 1 day)
ORILISSA ORAL TABLET 200 MG	2	PA; ST; QL (2 EA per 1 day)
PEDIAPRED	2	

Drug Name	Tier	Restrictions / Limits
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone</i>	1	
PREDNISONE INTENSOL	1	
PREMARIN	2	
PREMPRO	2	
<i>progesterone</i>	1	
<i>progesterone micronized oral</i>	1	
PROVERA	2	
SEROSTIM	2	PA; ST; QL (30 EA per 22 days)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	2	PA; ST
SOGROYA	2	PA
SUPPRELIN LA	2	
SYNAREL	2	
TESTIM	2	PA; ST; QL (60 EA per 30 days); AR
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; ST; QL (300 GM per 22 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; ST; QL (150 GM per 22 days); AR

Drug Name	Tier	Restrictions / Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	PA; ST; QL (30 GM per 30 days); AR
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	1	PA; QL (60 GM per 30 days); AR
TRIPTODUR	2	
VAGIFEM	2	
VITAJoy MELATONIN	2	
VIVELLE-DOT	2	
IMMUNOSUPPRESSANTS		
ACTEMRA ACTPEN	2	PA
ACTEMRA INTRAVENOUS	2	PA; ST
ACTEMRA SUBCUTANEOUS	2	PA; ST; QL (3.6 ML per 22 days)
<i>azathioprine oral tablet 50 mg</i>	1	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral</i>	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; ST; QL (2.28 ML per 22 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; ST; QL (4 ML per 22 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; ST; QL (2.28 ML per 22 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; ST; QL (4 ML per 22 days)
ENSPRYNG	2	PA; QL (1 ML per 28 days); AR

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

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

Drug Name	Tier	Restrictions / Limits
EASYPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2"	2	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8"	2	
FLEXICHAMBER	2	QL (2 EA per 365 days)
FLEXICHAMBER-LG CHILD MASK	2	QL (2 EA per 365 days)
FLEXICHAMBER-SM ADULT MASK	2	QL (2 EA per 365 days)
FLEXICHAMBER-SM CHILD MASK	2	QL (2 EA per 365 days)
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1/2 ml 27 gauge x 1/2"</i>	2	QL (400 EA per 30 days)
INSUPEN PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	2	
LITE TOUCH-MEDIUM MASK	2	QL (2 EA per 365 days)
LITEAIRE MDI CHAMBER	2	QL (2 EA per 365 days)
LITETOUCH-LARGE MASK	2	QL (2 EA per 365 days)
LITETOUCH-SMALL MASK	2	QL (2 EA per 365 days)
MAGELLAN INSULIN SAFETY SYRNG	2	QL (400 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	2	QL (400 EA per 30 days)
MICROCHAMBER	2	QL (2 EA per 365 days)
MINI WRIGHT PEAK FLOW METER	2	QL (1 EA per 365 days)
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions / Limits
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)
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)

Drug Name	Tier	Restrictions / Limits
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)
MUSCLE RELAXANTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>baclofen oral tablet 15 mg</i>	2	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine oral tablet</i>	1	
<i>methocarbamol injection</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate</i>	1	
<i>tizanidine oral tablet</i>	1	
PRE-NATAL VITAMINS		
CADEAU DHA	2	
CLASSIC PRENATAL	1	
COMPLETENATE	1	
KOSHER PRENATAL PLUS IRON	2	
KPN	2	
MINI PRENATAL	2	
M-NATAL PLUS	1	
ONE A DAY WOMEN'S PRENATAL DHA	2	
ONE DAILY PRENATAL	1	
ONE-A-DAY PRENATAL-1	2	
<i>pnv no.95-ferrous fumarate-fa</i>	1	
PRENATABS FA	1	
PRENATABS RX	1	

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

Drug Name	Tier	Restrictions / Limits
<i>prenatal vit-iron fum-folic ac</i>	1	
SE-NATAL 19 CHEWABLE	1	
SIMILAC PRENATAL	2	
THERANATAL COMPLETE	2	PA
THERANATAL ONE	2	
THERANATAL ORAL TABLET	2	
THRIVITE RX	2	
TRICARE	2	
TRINATAL RX 1	1	
WOMEN'S PRENATAL PLUS DHA	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	2	PA; ST; QL (1 ML per 56 days); AR
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	2	PA; ST; QL (1 EA per 56 days); AR
ABILIFY MAINTENA	2	PA; ST; QL (1 EA per 28 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 30 MG, 5 MG	2	PA; ST; QL (1 EA per 1 day); AR
ABILIFY ORAL TABLET 20 MG	2	PA; ST; QL (2 EA per 1 day); AR
ALPRAZOLAM INTENSOL	1	PA; QL (4 ML per 1 day)
<i>alprazolam oral tablet</i>	1	PA; QL (4 EA per 1 day)
<i>alprazolam oral tablet extended release 24 hr</i>	1	PA; QL (1 EA per 1 day)
<i>alprazolam oral tablet,disintegrating</i>	1	PA; QL (4 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>amitriptyline oral tablet 10 mg</i>	1	QL (4 EA per 1 day)
<i>amitriptyline oral tablet 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>amitriptyline-chlordiazepoxide</i>	1	PA
<i>amoxapine oral tablet 100 mg, 50 mg</i>	1	QL (4 EA per 1 day)
<i>amoxapine oral tablet 150 mg, 25 mg</i>	1	QL (2 EA per 1 day)
ANAFRANIL ORAL CAPSULE 25 MG	2	PA; QL (2 EA per 1 day)
ANAFRANIL ORAL CAPSULE 50 MG	2	PA; QL (5 EA per 1 day)
ANAFRANIL ORAL CAPSULE 75 MG	2	PA; QL (3 EA per 1 day)
APLENZIN	2	ST; QL (1 EA per 1 day)
APTENSIO XR	2	PA; ST; QL (1 EA per 1 day); AR
<i>aripiprazole oral solution</i>	1	PA; ST; QL (30 ML per 1 day); AR
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 30 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>aripiprazole oral tablet 20 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>aripiprazole oral tablet 5 mg</i>	1	PA; ST; QL (1.5 EA per 1 day); AR
<i>aripiprazole oral tablet,disintegrating</i>	1	PA; ST; QL (2 EA per 1 day); AR
ARISTADA INITIO	2	QL (2.4 ML per 180 days); AR
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	QL (1 ML per 56 days); AR

Drug Name	Tier	Restrictions / Limits
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	QL (1 ML per 28 days); AR
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>armodafinil oral tablet 50 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>asenapine maleate</i>	1	PA; ST; QL (2 EA per 1 day); AR
ATIVAN ORAL TABLET 0.5 MG, 1 MG	2	PA; QL (3 EA per 1 day)
ATIVAN ORAL TABLET 2 MG	2	PA; QL (4 EA per 1 day)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	ST; QL (2 EA per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	ST; QL (1 EA per 1 day)
AUVELITY	2	ST; QL (2 EA per 1 day); AR
AZSTARYS	2	PA; ST; QL (1 EA per 1 day); AR
<i>bupropion hcl oral tablet</i>	1	ST; QL (4 EA per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	ST; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	2	ST; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	ST; QL (2 EA per 1 day)
<i>buspirone oral tablet 10 mg</i>	1	QL (4 EA per 1 day)
<i>buspirone oral tablet 15 mg, 5 mg, 7.5 mg</i>	1	QL (3 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>buspirone oral tablet 30 mg</i>	1	QL (2 EA per 1 day)
CAPLYTA	2	PA; ST; QL (1 EA per 1 day); AR
CELEXA ORAL TABLET 10 MG, 20 MG	2	PA; QL (1.5 EA per 1 day)
CELEXA ORAL TABLET 40 MG	2	PA; QL (1 EA per 1 day)
<i>chlordiazepoxide hcl</i>	1	PA; QL (4 EA per 1 day)
<i>chlorpromazine injection</i>	1	PA
<i>chlorpromazine oral concentrate 100 mg/ml</i>	1	PA; QL (8 ML per 1 day)
<i>chlorpromazine oral concentrate 30 mg/ml</i>	1	PA; QL (26.7 ML per 1 day)
<i>chlorpromazine oral tablet</i>	1	PA; QL (4 EA per 1 day)
<i>citalopram oral capsule</i>	2	QL (1 EA per 1 day)
<i>citalopram oral solution</i>	1	QL (20 ML per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	ST; QL (1.5 EA per 1 day)
<i>citalopram oral tablet 40 mg</i>	1	ST; QL (1 EA per 1 day)
<i>clomipramine oral capsule 25 mg</i>	1	QL (2 EA per 1 day)
<i>clomipramine oral capsule 50 mg</i>	1	QL (5 EA per 1 day)
<i>clomipramine oral capsule 75 mg</i>	1	QL (3 EA per 1 day)
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	PA; ST; QL (4 EA per 1 day)
<i>clorazepate dipotassium</i>	1	PA; QL (4 EA per 1 day)
<i>clozapine oral tablet 100 mg</i>	1	PA; ST; QL (6 EA per 1 day); AR
<i>clozapine oral tablet 200 mg, 25 mg, 50 mg</i>	1	PA; ST; QL (3 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
<i>clozapine oral tablet, disintegrating 100 mg</i>	1	PA; ST; QL (6 EA per 1 day); AR
<i>clozapine oral tablet, disintegrating 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	PA; ST; QL (3 EA per 1 day); AR
CLOZARIL ORAL TABLET 100 MG	2	PA; ST; QL (6 EA per 1 day)
CLOZARIL ORAL TABLET 200 MG, 50 MG	2	PA; QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 25 MG	2	PA; ST; QL (3 EA per 1 day)
COBENFY	2	PA; QL (2 EA per 1 day); AR
COBENFY STARTER PACK	2	PA; QL (1 EA per 90 days); AR
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG	2	PA; ST; QL (1 EA per 1 day); AR
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG, 54 MG	2	PA; ST; QL (2 EA per 1 day); AR
COTEMPLA XR-ODT ORAL TABLET, DISINTEGR BIPHASE 24H 17.3 MG, 25.9 MG	2	PA; ST; QL (2 EA per 1 day); AR
COTEMPLA XR-ODT ORAL TABLET, DISINTEGR BIPHASE 24H 8.6 MG	2	PA; ST; QL (1 EA per 1 day); AR
DAYTRANA	2	PA; ST; QL (1 EA per 1 day); AR
<i>desipramine oral tablet 10 mg</i>	1	QL (4 EA per 1 day)
<i>desipramine oral tablet 100 mg</i>	1	QL (3 EA per 1 day)
<i>desipramine oral tablet 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (2 EA per 1 day)

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

Drug Name	Tier	Restrictions / Limits
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	2	PA; QL (2 EA per 1 day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG	2	PA; QL (1 EA per 1 day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	2	PA; QL (3 EA per 1 day)
EMSAM	2	QL (1 EA per 1 day)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	2	QL (4 EA per 1 day)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG	2	QL (8 EA per 1 day)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	2	QL (5 EA per 1 day)
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	QL (1 EA per 28 days); AR
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	2	QL (1 EA per 180 days); AR
<i>escitalopram oxalate oral solution</i>	1	QL (20 ML per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg</i>	1	QL (1.5 EA per 1 day)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	QL (1 EA per 1 day)
FANAPT	2	PA; ST; QL (2 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
FANAPT TITRATION PACK A	2	PA; ST; QL (1 PACK per 90 days); AR
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	QL (1 EA per 1 day)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (1 EA per 1 day)
<i>fluoxetine oral capsule 20 mg</i>	1	QL (4 EA per 1 day)
<i>fluoxetine oral capsule 40 mg</i>	1	QL (2 EA per 1 day)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	QL (4 EA per 28 days)
<i>fluoxetine oral solution</i>	1	QL (20 ML per 1 day)
<i>fluoxetine oral tablet 10 mg</i>	1	QL (1.5 EA per 1 day)
<i>fluoxetine oral tablet 20 mg</i>	1	QL (4 EA per 1 day)
<i>fluoxetine oral tablet 60 mg</i>	1	QL (1 EA per 1 day)
<i>fluphenazine decanoate</i>	1	PA; ST; AR
<i>fluphenazine hcl injection</i>	1	PA; ST; AR
<i>fluphenazine hcl oral concentrate</i>	1	PA; ST; AR
<i>fluphenazine hcl oral elixir</i>	1	PA; ST; AR
<i>fluphenazine hcl oral tablet</i>	1	PA; ST; QL (4 EA per 1 day); AR
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (3 EA per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	1	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
FOCALIN ORAL TABLET 10 MG	2	PA; ST; QL (4 EA per 1 day); AR
FOCALIN ORAL TABLET 2.5 MG, 5 MG	2	PA; ST; QL (2 EA per 1 day); AR
FOCALIN XR	2	PA; ST; QL (1 EA per 1 day); AR
FORFIVO XL	2	ST; QL (1 EA per 1 day)
GEODON INTRAMUSCULAR	2	PA; ST
GEODON ORAL CAPSULE 20 MG, 40 MG	2	PA; ST; QL (2 EA per 1 day)
GEODON ORAL CAPSULE 60 MG, 80 MG	2	PA; ST; QL (3 EA per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	PA; ST; QL (1 EA per 1 day)
<i>haloperidol</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>haloperidol decanoate</i>	1	PA; ST; AR
<i>haloperidol lactate</i>	1	PA; ST; AR
<i>imipramine hcl oral tablet 10 mg</i>	1	QL (2 EA per 1 day)
<i>imipramine hcl oral tablet 25 mg</i>	1	QL (1 EA per 1 day)
<i>imipramine hcl oral tablet 50 mg</i>	1	QL (6 EA per 1 day)
<i>imipramine pamoate oral capsule 100 mg</i>	1	QL (3 EA per 1 day)
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	1	QL (2 EA per 1 day)
<i>imipramine pamoate oral capsule 75 mg</i>	1	QL (1 EA per 1 day)
INTUNIV ER	2	PA; ST; QL (1 EA per 1 day)
INVEGA	2	PA; ST; AR

Drug Name	Tier	Restrictions / Limits
INVEGA HAFYERA	2	PA; ST; QL (1 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	PA; ST; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA; ST; QL (2 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	PA; ST; QL (1 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML, 546 MG/1.75 ML	2	PA; ST; QL (2 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	PA; ST; QL (3 ML per 90 days)
JORNAY PM	2	PA; ST; QL (1 EA per 1 day); AR
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	PA; ST; QL (1 EA per 1 day); AR
LATUDA ORAL TABLET 80 MG	2	PA; ST; QL (2 EA per 1 day); AR
LEXAPRO ORAL TABLET 10 MG, 20 MG	2	PA; QL (1.5 EA per 1 day)
LEXAPRO ORAL TABLET 5 MG	2	PA; QL (1 EA per 1 day)
<i>lisdexamfetamine</i>	1	QL (1 EA per 1 day); AR
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
LITHOBID	2	PA
LORAZEPAM INTENSOL	1	PA

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

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

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

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

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

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

Drug Name	Tier	Restrictions / Limits
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	2	PA; ST; QL (1 EA per 1 day); AR
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	2	PA; ST; QL (2 EA per 1 day); AR
QUILLIVANT XR	2	PA; ST; QL (12 ML per 1 day); AR
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	2	PA; ST
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG	2	PA; ST; QL (2 EA per 1 day); AR
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 63 MG, 72 MG	2	PA; ST; QL (1 EA per 1 day); AR
REMERON	2	PA; QL (1 EA per 1 day)
REMERON SOLTAB	2	PA; QL (1 EA per 1 day)
REXULTI ORAL TABLET	2	PA; ST; QL (1 EA per 1 day); AR
RISPERDAL	2	PA; ST; AR
RISPERDAL CONSTA	2	PA; ST; QL (2 EA per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml</i>	1	PA; ST; QL (2 EA per 28 days); AR

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

Drug Name	Tier	Restrictions / Limits
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	2	ST; QL (4 KITS per 30 days); AR
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	2	ST; QL (4 EA per 30 days); AR
SUNOSI	2	PA; ST; QL (1 EA per 1 day); AR
thioridazine	1	PA; ST; QL (4 EA per 1 day); AR
thiothixene	1	PA; ST; QL (3 EA per 1 day); AR
tranylcypromine	1	QL (6 EA per 1 day)
trazodone oral tablet 100 mg, 150 mg	1	QL (3 EA per 1 day)
trazodone oral tablet 300 mg, 50 mg	1	QL (2 EA per 1 day)
trifluoperazine oral tablet 1 mg, 2 mg, 5 mg	1	PA; ST; QL (2 EA per 1 day); AR
trifluoperazine oral tablet 10 mg	1	PA; ST; QL (4 EA per 1 day); AR
trimipramine oral capsule 100 mg	1	QL (3 EA per 1 day)
trimipramine oral capsule 25 mg, 50 mg	1	QL (1 EA per 1 day)
TRINTELLIX	2	QL (1 EA per 1 day)
UZEDY	2	PA; ST; QL (1 EA per 28 days); AR
venlafaxine besylate	2	QL (2 EA per 1 day)
venlafaxine oral capsule, extended release 24hr 150 mg	1	ST; QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
venlafaxine oral capsule, extended release 24hr 37.5 mg	1	ST; QL (1 EA per 1 day)
venlafaxine oral capsule, extended release 24hr 75 mg	1	QL (3 EA per 1 day)
venlafaxine oral tablet	1	QL (3 EA per 1 day)
venlafaxine oral tablet extended release 24hr 150 mg	1	QL (2 EA per 1 day)
venlafaxine oral tablet extended release 24hr 225 mg, 37.5 mg	1	QL (1 EA per 1 day)
venlafaxine oral tablet extended release 24hr 75 mg	1	QL (3 EA per 1 day)
VERSACLOZ	2	PA; ST; QL (12 ML per 1 day)
VIIIBRYD	2	PA; QL (1 EA per 1 day)
vilazodone oral tablet 10 mg	1	QL (1 EA per 1 day)
vilazodone oral tablet 20 mg, 40 mg	1	ST; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG	2	PA; ST; QL (2 EA per 1 day); AR
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	2	PA; ST; QL (1 EA per 1 day); AR
VYVANSE	2	QL (1 EA per 1 day); AR
WELLBUTRIN SR	2	PA; ST; QL (2 EA per 1 day)
WELLBUTRIN XL	2	PA; ST; QL (1 EA per 1 day)
XANAX ORAL TABLET 0.25 MG, 0.5 MG	2	PA; QL (3 EA per 1 day)
XANAX ORAL TABLET 1 MG, 2 MG	2	PA; QL (4 EA per 1 day)
XANAX XR	2	PA; QL (1 EA per 1 day)

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

SEDATIVE/HYPNOTICS

AMBIEN	2	PA; QL (1 EA per 1 day)
AMBIEN CR	2	PA; QL (1 EA per 1 day)
ATIVAN INJECTION	2	PA
BELSOMRA	2	ST; QL (1 EA per 1 day); AR
DAYVIGO	2	ST; QL (1 EA per 1 day); AR
DORAL	2	PA; QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>doxepin oral tablet</i>	1	QL (1 EA per 1 day)
EDLUAR	2	QL (1 EA per 1 day)
<i>estazolam</i>	1	PA; QL (1 EA per 1 day)
<i>eszopiclone</i>	1	QL (1 EA per 1 day)
<i>flurazepam</i>	1	PA; QL (1 EA per 1 day)
HALCION	2	PA; QL (1 EA per 1 day)
HETLIOZ	2	PA; ST; QL (1 EA per 1 day); AR
HETLIOZ LQ	2	PA; ST; QL (5 ML per 1 day); AR
IGALMI	2	PA; ST; QL (2 EA per 30 days)
<i>lorazepam injection</i>	1	PA
LUMRYZ	2	
LUNESTA	2	PA; QL (1 EA per 1 day)
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml)</i>	2	PA
<i>midazolam oral syrup 2 mg/ml</i>	1	PA
<i>pentobarbital sodium</i>	1	
<i>phenobarbital</i>	1	
<i>phenobarbital sodium</i>	1	
<i>quazepam</i>	2	PA; QL (1 EA per 1 day)
QUVIVIQ	2	ST; QL (1 EA per 1 day); AR
<i>ramelteon</i>	1	QL (1 EA per 1 day)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG	2	PA; QL (1 EA per 1 day)
RESTORIL ORAL CAPSULE 7.5 MG	2	PA

Drug Name	Tier	Restrictions / Limits
ROZEREM	2	PA; QL (1 EA per 1 day)
SILENOR	2	PA; QL (1 EA per 1 day)
<i>sodium oxybate</i>	2	PA; ST; QL (18 ML per 1 day); AR
<i>tasimelteon</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>temazepam</i>	1	PA; QL (1 EA per 1 day)
<i>triazolam</i>	1	PA; QL (1 EA per 1 day)
XYREM	2	PA; ST; QL (18 ML per 1 day); AR
XYWAV	2	PA; ST; QL (9 Grams per 1 day); AR
<i>zaleplon</i>	1	QL (2 EA per 1 day)
<i>zolpidem oral capsule</i>	2	QL (1 EA per 1 day)
<i>zolpidem oral tablet</i>	1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase</i>	1	QL (1 EA per 1 day)
<i>zolpidem sublingual</i>	1	QL (1 EA per 1 day)
SKIN PREPS		
ACCUTANE	1	
<i>acitretin</i>	1	PA
ALA-CORT	1	
<i>alclometasone topical cream</i>	1	
<i>alclometasone topical ointment</i>	1	QL (2 GM per 1 day)
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	ST; AR
AZELEX	2	

Drug Name	Tier	Restrictions / Limits
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	1	PA
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	1	
<i>calcipotriene scalp</i>	1	QL (2 ML per 1 day)
<i>calcipotriene topical cream</i>	1	QL (4 GM per 1 day)
CLARAVIS	1	ST; AR
<i>clindamycin-benzoyl peroxide topical gel</i>	1	ST
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	ST
<i>clobetasol scalp</i>	1	PA
<i>clobetasol topical cream 0.05 %</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)

Drug Name	Tier	Restrictions / Limits
<i>clobetasol-emollient topical cream</i>	1	
CLODAN	1	PA; QL (118 ML per 30 days)
COSENTYX (2 SYRINGES)	2	PA; QL (2 ML per 28 days)
COSENTYX PEN	2	PA; QL (2 ML per 28 days)
COSENTYX PEN (2 PENS)	2	PA; QL (2 ML per 22 days)
COSENTYX SUBCUTANEOUS	2	PA; QL (1 ML per 22 days)
COSENTYX UNOREADY PEN	2	PA
<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	PA; ST
DIFFERIN TOPICAL LOTION	2	
<i>diflorasone</i>	1	PA; QL (2 GM per 1 day)
ENSTILAR	2	
EPIDUO FORTE	2	PA
EUCRISA	2	PA
FINACEA	2	ST
<i>fluocinolone and shower cap</i>	1	QL (1 ML per 28 days)
<i>fluocinolone topical cream</i>	1	QL (2 GM per 1 day)
<i>fluocinolone topical oil</i>	1	
<i>fluocinolone topical ointment</i>	1	QL (2 GM per 1 day)
<i>fluocinolone topical solution</i>	1	QL (4 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>fluocinonide topical cream</i>	1	PA
<i>fluocinonide topical gel</i>	1	PA; QL (2 GM per 1 day)
<i>fluocinonide topical ointment</i>	1	PA; QL (2 GM per 1 day)
<i>fluocinonide topical solution</i>	1	QL (4 ML per 1 day)
FLUOCINONIDE-E	1	
<i>fluocinonide-emollient</i>	1	
<i>fluticasone propionate topical cream</i>	1	QL (2 GM per 1 day)
<i>fluticasone propionate topical ointment</i>	1	QL (2 GM per 1 day)
<i>hydrocortisone butyrate topical ointment</i>	1	
<i>hydrocortisone butyrate topical solution</i>	1	QL (2 ML per 1 day)
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	PA; QL (29 GM per 30 days)
METROCREAM	2	
METROLOTION	2	
<i>metronidazole topical cream</i>	1	AR
<i>metronidazole topical gel</i>	1	AR
<i>metronidazole topical lotion</i>	1	AR
<i>mometasone topical</i>	1	
NEUAC	1	ST
OPZELURA	2	PA; QL (360 GM per 1 Year)

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

Drug Name	Tier	Restrictions / Limits
TRIDERM	1	QL (454 GM per 30 days)
<i>urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	1	
<i>urea topical lotion 40 %</i>	2	
VECTICAL	2	
ZENATANE	1	ST; AR
ZIANA	2	PA; ST
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ST; QL (1 EA per 1 day)
CHANTIX CONTINUING MONTH BOX	2	AR
CHANTIX ORAL TABLET 0.5 MG	2	
CHANTIX ORAL TABLET 1 MG	2	AR
CHANTIX STARTING MONTH BOX	2	PA; AR
<i>varenicline tartrate oral tablet</i>	1	ST; AR
<i>varenicline tartrate oral tablets, dose pack</i>	1	ST; QL (1 Pack per 90 days); AR
THYROID PREPS		
ARMOUR THYROID	2	
EUTHYROX	1	
<i>levothyroxine oral tablet</i>	1	
LEVOXYL	1	
<i>liothyronine oral</i>	1	
<i>methimazole</i>	1	
NP THYROID	1	
<i>propylthiouracil</i>	1	
SYNTHROID	2	
<i>thyroid (pork)</i>	1	
UNITHROID	1	

Drug Name	Tier	Restrictions / Limits
UNCLASSIFIED DRUG PRODUCTS		
<i>acamprosate</i>	1	
ADBRY	2	PA; ST
<i>alendronate oral tablet</i>	1	
<i>alfuzosin</i>	1	
<i>arginine (l-arginine) (bulk) crystals</i>	2	
BASE, PCCA SYRUP VEHICLE	2	
<i>buprenorphine hcl sublingual</i>	1	QL (24 MG per 1 day)
<i>buprenorphine-naloxone sublingual tablet</i>	1	QL (24 MG per 1 day)
CARBAGLU	2	PA
CHEMET	2	
<i>chloral hydrate (bulk)</i>	2	
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>cinacalcet</i>	1	
<i>cpd vehicle susp.sugar-free 12</i>	2	
<i>deferasirox oral tablet, dispersible</i>	1	PA
<i>disulfiram</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>dutasteride</i>	1	
ESBRIET ORAL CAPSULE	2	PA; QL (9 EA per 1 day)
<i>fesoterodine</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
FLAVOR BLEND 2 IN 1	2	
FLAVOR PLUS	2	
FLAVOR SWEET	2	
FLAVOR SWEET-SF	2	
<i>fluphenazine decanoate (bulk) liquid</i>	2	AR

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

Drug Name	Tier	Restrictions / Limits
OFEV ORAL CAPSULE 100 MG	2	PA; QL (3 EA per 1 day)
OFEV ORAL CAPSULE 150 MG	2	PA; QL (2 EA per 1 day)
ONE DAILY WOMEN'S METABOLISM	2	
ORA-BLEND	2	
ORA-BLEND SF	2	
ORAL MIX	2	
ORAL MIX SF	2	
ORAL SUSPEND	2	
ORAL SYRUP	2	
ORAL SYRUP SF	2	
ORALONE	1	
ORA-PLUS	2	
ORA-SWEET	1	
ORA-SWEET SF	2	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	2	
ORFADIN ORAL CAPSULE 20 MG	2	PA
ORFADIN ORAL SUSPENSION	2	PA
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL	2	
<i>paricalcitol oral capsule 4 mcg</i>	1	ST
PAROEX ORAL RINSE	1	
<i>paroxetine mesylate(menop.sym)</i>	1	ST
PCCA-PLUS BASE	2	
PERIOGARD	1	

Drug Name	Tier	Restrictions / Limits
PHYTOMULTI	2	
<i>pirfenidone oral capsule</i>	1	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	PA
PULMOSAL	1	
PULMOZYME	2	PA; QL (2.5 ML per 1 day)
<i>raloxifene</i>	1	
<i>risedronate oral tablet</i>	1	PA; ST
<i>sapropterin</i>	1	PA
SAVELLA ORAL TABLET	2	
SAVELLA ORAL TABLETS,DOSE PACK	2	QL (1 Pak per 90 days)
<i>selegiline hcl (bulk)</i>	2	
SENSIPAR	2	
<i>simple syrup</i>	1	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	1	
<i>sodium chloride inhalation solution for nebulization 10 %</i>	1	QL (4 ML per 1 day)
<i>sodium phenylbutyrate (bulk)</i>	1	
<i>solifenacin</i>	1	
SOMAVERT	2	PA; QL (30 Vials per 30 days); AR
STRENSIQ	2	PA
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	2	PA; ST; QL (100 mg per 30 days); AR
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	2	PA; ST; QL (300 mg per 30 days); AR

Drug Name	Tier	Restrictions / Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	PA; ST; QL (24 mg per 1 day); AR
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	2	PA; ST; QL (24 MG per 1 day); AR
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	2	ST; QL (24 mg per 1 day); AR
SUSPENDRX ANHYDROUS SWEETENED	2	
SUSPENDRX ANHYDROUS UNSWEET	2	
SWEET-SF	2	
SYRPALTA VEHICLE	1	
SYRSPEND SF LIQUID	2	
SYRUP VEHICLE SF	2	
<i>tamsulosin</i>	1	
TEZSPIRE	2	PA; ST
THIOLA EC	2	
<i>tolterodine</i>	1	
<i>triamcinolone acetonide dental</i>	1	
TYBOST	2	
VERSA FREE	2	
VERSA PLUS	2	
VITAMIN D3 COMPLETE	2	
VIVITROL	2	QL (1 EA per 30 days)
VYNDAMAX	2	PA; QL (1 EA per 1 day)
VYNDAQEL	2	PA; QL (4 EA per 1 day)
ZUBSOLV	2	ST; QL (17.2 MG per 1 day); AR
VITAMINS		
A THRU Z	1	

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

Drug Name	Tier	Restrictions / Limits
ALIVE WOMEN'S ULTRA POTENCY	2	
AMLADEX	2	
ANIMAL CHEWS	1	
APATATE FORTE	1	
AQUA-E	2	
AQUASOL A	2	
<i>ascorbic acid (vitamin c) oral tablet</i>	1	
B COMPLEX	2	
BABY DDROPS	2	
BABY VITAMIN D3	2	
BABY'S SUPER DAILY D3	2	
BACMIN	2	
BARIATRIC MULTIVITAMINS ORAL CAPSULE 45 MG IRON- 800 MCG-120 MCG	2	
BIO-35, GLUTEN FREE	2	
BIOCEL (WITH LUTEIN)	1	
BIO-D-MULSION	2	
<i>biotin oral capsule 5 mg</i>	1	
C COMPLEX	1	
C-1000	1	
C-1000 WITH ROSE HIPS	1	
C-500 ORAL TABLET	1	
CALCIDOL	1	
<i>calcitriol oral</i>	1	
CENTRAL-VITE	2	
CENTRAVITES	1	
CENTRAVITES 50 PLUS	1	
CENTRAVITES ADULTS	2	
CENTRUM ADULT 50 FRESH-FRUITY	2	

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

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

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

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

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

Drug Name	Tier	Restrictions / Limits
FLINTSTONES SOUR GUMMIES	2	
FLINTSTONES TAB CHEW	2	
FLINTSTONES WITH IRON	2	
FLINTSTONES/EXTRA C ORAL TABLET,CHEWABLE 100 MCG	2	
FOLAGENT DHA	2	
FOLAMAX	2	
FOLAMED DHA	2	
FORTAVIT	2	
FREEDAVITE	2	
GENADEK	2	
GENADEK STEP 1	2	
GENADEK STEP 2	2	
GUMMI BEAR MULTIVITAMIN	1	
GUMMY DINOS	2	
HIGH POTENCY MULTIVIT (W-IRON)	1	
HONEY BEARS MULTIVITAMIN	1	
INFANT-TODDLER MULTIVITAMIN	2	
INFANT-TODDLER MULTIVIT-IRON	1	
JUST 4 KIDZ MULTIVIT-PROBIOTIC	2	
KIDS' GUMMY	2	
KIDS MULTIVITAMIN-MINERALS ORAL TABLET,CHEWABLE 200 MCG	2	
KIDS VITAMIN D3	1	
K-PAX IMMUNE SUPPORT	2	
<i>levomefolate calcium</i>	1	PA
LIQUID B-12	1	
LITTLE ANIMALS	1	

Drug Name	Tier	Restrictions / Limits
LITTLE ANIMALS-IRON	1	
<i>Imefol ca-acetyl-meb12-algal</i>	2	PA
LYSIPLEX PLUS ORAL LIQUID	1	
MEGA MULTI FOR WOMEN	1	
MEGA MULTIVITAMIN FOR MEN	1	
MEN 50 PLUS ADVANCED ONE DAILY	2	
MEN'S 50 PLUS DAILY FORMULA	2	
MEN'S 50 PLUS MULTIVITAMIN	2	
MEN'S DAILY	2	
MEN'S DAILY FORMULA	2	
MEN'S DAILY GUMMIES	2	
MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	2	
MEN'S ONE DAILY	2	
MILLTRIUM SENIOR	1	
MONOCAPS	2	
MULTI COMPLETE WITH IRON	1	
MULTI FOR HER 50 PLUS	2	
MULTI FOR HER ORAL CAPSULE	2	
MULTI FOR HER ORAL TABLET	1	
MULTI PRO	2	
MULTI VITAMIN	2	
MULTIPLE VITAMIN-MINERALS	1	
MULTIPLE VITAMINS	1	
<i>multivit with min-folic acid oral tablet</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>multivit,calc,min-fa-k1-lycop</i>	2	
<i>multivitamin</i>	1	
MULTIVITAMIN 50 PLUS	1	
MULTIVITAMIN GUMMIES	2	
MULTI-VITAMIN HP/MINERALS	1	
<i>multivitamin with iron</i>	1	
MULTIVITAMIN WITH MINERALS	1	
MULTIVITAMIN WOMEN 50 PLUS	1	
MULTI-VITE ORAL LIQUID 9 MG IRON/15 ML	2	
<i>multivit-min-ferrous fumarate</i>	2	
<i>multivit-min-ferrous gluconate oral liquid 9 mg iron/ 15 ml (15 ml)</i>	2	
<i>multivit-min-folic acid-lutein</i>	2	
<i>multivit-min-iron fum-folic ac</i>	1	
MVW COMPLETE FORMUL MULTIVIT	2	
MVW COMPLETE FORMULATION D3000	2	
MVW COMPLETE FORMULATION D5000	2	
MY-VITALIFE	1	
NEOVITE	2	
<i>niacin (inositol niacinate) oral tablet</i>	2	
<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i>	1	
<i>niacinamide oral tablet 500 mg</i>	1	
NOVAFERRUM YUM PEDIATR MV-IRON	2	

Drug Name	Tier	Restrictions / Limits
NOVAMV MMM PEDIATRIC MULTIVIT	2	
OMNICAP	1	
ONE DAILY	1	
ONE DAILY CALCIUM/IRON	1	
ONE DAILY COMPLETE ORAL TABLET 18-0.4 MG	1	
ONE DAILY ESSENTIAL ORAL TABLET , 0.4 MG, 400 MCG	1	
ONE DAILY ESSENTIAL ORAL TABLET 0.5 MG	2	
ONE DAILY FOR MEN	1	
ONE DAILY FOR MEN 50 PLUS ADV	1	
ONE DAILY FOR WOMEN	1	
ONE DAILY HEALTHY WEIGHT	2	
ONE DAILY MAXIMUM	1	
ONE DAILY MEN'S 50 PLUS MEMORY	1	
ONE DAILY MEN'S 50 PLUS W-D3	2	
ONE DAILY MEN'S HEALTH	2	
ONE DAILY MULTI-VIT W-MINERAL	1	
ONE DAILY MULTIVITAMIN	1	
ONE DAILY MULTIVITAMIN-IRON	2	
ONE DAILY MULTIVIT-IRON(FOLIC)	1	
ONE DAILY PLUS IRON	1	
ONE DAILY WOMEN 50 PLUS	1	
ONE DAILY WOMEN 50 PLUS(VIT K)	2	

Drug Name	Tier	Restrictions / Limits
ONE DAILY WOMENS 50 PLUS	1	
ONE DAILY WOMEN'S HEALTH	1	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-25 MCG	2	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-450 MG CA	1	
ONE-A-DAY ENERGY	2	
ONE-A-DAY ESSENTIAL	1	
ONE-A-DAY KID'S	2	
ONE-A-DAY MEN VITACRAVES	2	
ONE-A-DAY MENOPAUSE FORMULA	2	
ONE-A-DAY MEN'S 50 PLUS	2	
ONE-A-DAY MEN'S COMPLETE	2	
ONE-A-DAY MEN'S MULTIVITAMIN	2	
ONE-A-DAY PROACTIVE 65 PLUS	2	
ONE-A-DAY TEEN ADVANTAGE	1	
ONE-A-DAY TEEN HER VITACRAVES	2	
ONE-A-DAY TEEN HIM VITACRAVES	2	
ONE-A-DAY VITACRAVES	2	
ONE-A-DAY VITACRAVES IMMUNITY	2	
ONE-A-DAY WEIGHTSMART	2	
ONE-A-DAY WOMEN VITACRAVES	2	

Drug Name	Tier	Restrictions / Limits
ONE-A-DAY WOMEN'S 50 PLUS	2	
ONE-A-DAY WOMEN'S ACTIVE	2	
ONE-A-DAY WOMENS FORMULA	2	
ONE-A-DAY WOMEN'S HEALTHY SKIN	2	
ONE-A-DAY WOMEN'S PETITES	2	
ONE-DAILY MULTI	2	
ONEVITE(WITH LUTEIN)	2	
OPTIMAL D3	1	
OPURITY MULTIVITAMIN	2	
<i>pedi multivit no.194-iron sulf</i>	2	
PEDIA D-VITE ORAL DROPS	1	
PEDIA POLY-VITE WITH IRON ORAL DROPS	2	
PEDIATRIC D-VITE	1	
<i>pediatric multivitamin no.171</i>	2	
PEDIATRIC POLY-VITE	2	
PEDIATRIC POLY-VITE WITH IRON	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	PA; QL (15 EA per 28 days)
POLY-VI-SOL ORAL DROPS	2	
POLY-VI-SOL WITH IRON	2	
POLY-VITA DROPS	2	
POLY-VITA WITH IRON	2	
PROCERV HP	2	
PROFOLA	2	
PRORENAL QD	2	

Drug Name	Tier	Restrictions / Limits
PROTECT CARDIO AF	2	
PROTECT PLUS SO	2	
<i>pyridoxine (vitamin b6)</i> oral tablet 100 mg, 50 mg	1	
QUFLORA PEDIATRIC	2	
QUINTABS	2	
QUINTABS-M	2	
QUINTABS-M IRON FREE	1	
REMEDIENT	2	
REQ49 PLUS	2	
<i>riboflavin (vitamin b2)</i> oral tablet 100 mg, 50 mg	1	
SCOOBY-DOO ONE A DAY KIDS	2	
SENIOR TABS	1	
SENTRY	1	
SENTRY SENIOR	1	
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG	1	
SOLO	2	
SOOTHING PUREWAY-C	1	
SPECTRAVITE ADULT	1	
SPECTRAVITE ADULT 50 PLUS	1	
SPECTRAVITE ADULT 50 PLUS(LUT)	2	
SPECTRAVITE ADVANCED FORMULA	1	
SPECTRAVITE MEN'S	1	
SPECTRAVITE WOMEN	1	
SPECTRAVITE WOMEN 50 PLUS	1	
STRESS B WITH ZINC	1	
STRESS FORMULA	1	
STRESS FORMULA WITH ZINC	1	

Drug Name	Tier	Restrictions / Limits
STROVITE ONE	2	
SUPER MULTIPLE - LOW IRON	2	
SUPER MULTIVITAMIN	1	
SUPER THERA VITE M	1	
SUPPORT	1	
TAB-A-VITE	1	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG	1	
THERA	1	
THERA-D	1	
THERAGRAN-M PREMIER 50 PLUS	2	
THERALOGIX COMPANION	1	
THERA-M ORAL TABLET 19 MG IRON-400 MCG	2	
THERA-M ORAL TABLET 27-0.4 MG, 9 MG IRON-400 MCG	1	
THERAMILL FORTE	2	
THERAPEUTIC-M	1	
THERA-TABS	1	
THERATRUM COMPLETE 50 PLUS/LUT	1	
THERATRUM COMPLETE 50 PLUS-LYC	1	
THERATRUM COMPLETE WITH LUTEIN	1	
THEREMS MULTIVITAMIN	1	
<i>thiamine hcl (vitamin b1)</i> oral tablet 100 mg, 250 mg, 50 mg	1	
<i>thiamine mononitrate (vit b1)</i> oral tablet 100 mg	1	

Drug Name	Tier	Restrictions / Limits
TRI-VI-SOL	2	
UDAMIN SP	2	
ULTRA FREEDA	2	
V-C FORTE	1	
VIC-FORTE	1	
VITABEX PLUS	2	
VITACEL (WITH LUTEIN)	1	
VITAJEY DAILY D	1	
VITALEE	1	
VITALETS	1	
<i>vitamin a oral capsule 3,000 mcg (10,000 unit)</i>	1	
<i>vitamin a palmitate oral capsule</i>	2	
<i>vitamin a palmitate oral tablet 3,000 mcg (10,000 unit)</i>	2	
VITAMIN B-1	1	
VITAMIN B-1 (MONONITRATE)	1	
VITAMIN B-12 ORAL TABLET 1,000 MCG	1	
VITAMIN B-2 ORAL TABLET 100 MG, 50 MG	1	
VITAMIN B-6 ORAL TABLET 100 MG, 250 MG, 50 MG	1	
VITAMIN C ORAL TABLET 1,000 MG, 250 MG, 500 MG	1	
VITAMIN C ORAL TABLET EXTENDED RELEASE 1,000 MG	1	
VITAMIN C WITH ROSE HIPS ORAL TABLET	1	
VITAMIN C WITH ROSE HIPS ORAL TABLET EXTENDED RELEASE 1,000 MG	1	
VITAMIN D2	1	

Drug Name	Tier	Restrictions / Limits
VITAMIN D3	1	
<i>vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 45 mg (100 unit), 90 mg (200 unit)</i>	1	
<i>vitamin e (dl, acetate) oral drops 22.5 mg (50 unit)/ml</i>	1	
<i>vitamin e (dl, acetate) oral drops 45 mg/0.25ml 100 unit/0.25ml</i>	2	
<i>vitamin e acetate</i>	1	
<i>vitamin e mixed oral capsule 400 unit</i>	1	
<i>vitamin e oral capsule 268 mg (400 unit)</i>	1	
VITAMINS A-D-E SELENIUM	2	
VITATRUM	1	
VITREXYL	2	
VITREXYL PLUS IRON	2	
VITRUM SENIOR ORAL TABLET	1	
VITRUM SENIOR ORAL TABLET 500-300-250 MCG	2	
WEEKLY-D	1	
WOMEN'S 50 PLUS ADVANCED	2	
WOMEN'S 50 PLUS DAILY FORMULA	2	
WOMEN'S 50 PLUS MULTIVITAMIN	2	
WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG, 18 MG IRON-400 MCG-500 MG CA	2	
WOMEN'S DAILY FORMULA ORAL TABLET 27-0.4 MG	1	
WOMENS DAILY GUMMIES	2	

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

Medical Benefit

Drug Name	Tier	Restrictions / Limits
COSENTYX INTRAVENOUS	2	
FERRLECIT	2	
FULPHILA	2	QL (1.2 ML per 22 days)
INFED	2	
<i>infliximab</i>	2	PA
OCREVUS	2	PA; QL (20 ML per 153 days)
RITUXAN	2	PA
SIMPONI ARIA	2	PA
TYSABRI	2	PA
VENOFER	2	

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AZOPT.....	31	BREATHERITE VALVED MDI		CAMRESE LO.....	27
AZSTARYS.....	44	CHAMBER.....	40	<i>capecitabine</i>	14
AZURETTE (28).....	27	BREATHERITE VALVED MDI		CAPLYTA.....	44
B COMPLEX.....	60	SPACER.....	40	<i>captopril-hydrochlorothiazide</i>	20
BABY DDROPS.....	60	BRIELLYN.....	27	CAPVAXIVE.....	18
BABY VITAMIN D3.....	60	BRILINTA.....	15	CARBAGLU.....	57
BABY'S SUPER DAILY D3.....	60	<i>brimonidine</i>	31	<i>carbamazepine</i>	22
<i>bacitracin-polymyxin b</i>	8	BROMFED DM.....	30	CARBATROL.....	22
<i>baclofen</i>	42	<i>bromocriptine</i>	15	<i>carbidopa-levodopa</i>	15
BACMIN.....	60	<i>brompheniramine-pseudoeph-</i>		<i>carbidopa-levodopa-</i>	
BAFIERTAM.....	22	<i>dm</i>	30	<i>entacapone</i>	15
BALCOLTRA.....	27	<i>budesonide</i>	7, 37	CARDIZEM LA.....	19
<i>balsalazide</i>	35	<i>bumetanide</i>	30	<i>carteolol</i>	31
BALZIVA (28).....	27	<i>buprenorphine hcl</i>	3, 57	CARTIA XT.....	19
BAQSIMI.....	32	<i>buprenorphine-naloxone</i>	57	<i>carvedilol</i>	20
BARACLUDE.....	16	<i>bupropion hcl</i>	44	CATAPRES-TTS-1.....	20
BARIATRIC MULTIVITAMINS....	60	<i>bupropion hcl (smoking deter)</i>	56	CATAPRES-TTS-2.....	20
BASE, PCCA SYRUP		<i>buspirone</i>	44	CATAPRES-TTS-3.....	20
VEHICLE.....	57	<i>butalbital-acetaminop-caf-cod</i>	3	CAYA CONTOURED.....	27
BD ECLIPSE LUER-LOK.....	40	<i>butalbital-acetaminophen</i>	3	CAYSTON.....	8
BD PRECISIONGLIDE.....	40	<i>butalbital-acetaminophen-caff</i>	3	CAZANT (28).....	27

<i>cefactor</i>	8	CHILDREN'S CHEWABLE		CLINDAMYCIN PEDIATRIC.....	8
<i>cefadroxil</i>	8	MULTIVITMN	60	<i>clindamycin phosphate</i>	8
<i>cefdinir</i>	8	CHILDREN'S CHEWABLE		<i>clindamycin-benzoyl peroxide</i>	54
<i>cefpodoxime</i>	8	VITAMIN.....	61	<i>clobazam</i>	23
<i>cefprozil</i>	8	CHILDREN'S CHEWABLES.....	61	<i>clobetasol</i>	54
<i>cefuroxime axetil</i>	8	CHILDREN'S CHEWABLES		<i>clobetasol-emollient</i>	55
CELEBREX	5	EXTRA C	61	CLODAN	55
CELEXA	44	CHILDREN'S MULTI-VIT		<i>clomipramine</i>	44
CELONTIN	22	GUMMIES	61	<i>clonazepam</i>	23
CENTANY	8	CHILDREN'S MULTIVITAMIN....	61	<i>clonidine</i>	21
CENTRAL-VITE.....	60	CHILDREN'S MULTIVITAMIN		<i>clonidine hcl</i>	21, 44
CENTRAVITES	60	GUMMY	61	<i>clopidogrel</i>	15
CENTRAVITES 50 PLUS.....	60	CHILDREN'S SLEEP		<i>clorazepate dipotassium</i>	44
CENTRAVITES ADULTS.....	60	(MELATONIN).....	37	<i>clotrimazole</i>	11
CENTRUM	60	<i>chloral hydrate (bulk)</i>	57	<i>clotrimazole-betamethasone</i>	11
CENTRUM ADULT 50 FRESH-		<i>chlordiazepoxide hcl</i>	44	<i>clozapine</i>	44, 45
FRUITY	60	<i>chlordiazepoxide-clidinium</i>	35	CLOZARIL.....	45
CENTRUM CHEWABLES.....	60	<i>chlorhexidine gluconate</i>	57	COARTEM	13
CENTRUM COMPLETE.....	60	<i>chloroquine phosphate</i>	13	COBENFY	45
CENTRUM KIDS (VIT D3, VIT		<i>chlorpromazine</i>	44	COBENFY STARTER PACK	45
K).....	60	<i>chlorthalidone</i>	30	<i>codeine sulfate</i>	3
CENTRUM MEN.....	60	<i>chlorzoxazone</i>	42	<i>codeine-butalbital-asa-caff</i>	3
CENTRUM SILVER.....	60	CHOLBAM	35	<i>colchicine</i>	5
CENTRUM SPECIALIST		<i>cholecalciferol (vitamin d3)</i>	61	<i>colesevelam</i>	21
HEART	60	<i>cholestyramine (with sugar)</i>	20	COMBIGAN.....	31
CENTRUM ULTRA MEN'S.....	60	CHOLESTYRAMINE LIGHT.....	20	COMBIPATCH	37
CENTRUM WOMEN	60	CICLODAN.....	11	COMBIVENT RESPIMAT.....	7
CENTURY	60	<i>ciclopirox</i>	11	COMETRIQ.....	14
CENTURY MATURE.....	60	<i>cilostazol</i>	15	COMPACT SPACE CHAMBER.	40
<i>cephalexin</i>	8	CILOXAN	8	COMPLERA	16
CEROVITE JR	60	<i>cimetidine</i>	35	COMPLETE MULTIVITAMIN-	
CEROVITE SENIOR.....	60	<i>cinacalcet</i>	57	MINERAL	61
CERTA PLUS.....	60	CIPRO HC.....	8	COMPLETE MV ADULT 50	
CERTAVITE SENIOR	60	<i>ciprofloxacin hcl</i>	8	PLUS.....	61
CERTAVITE-ANTIOXIDANT	60	<i>ciprofloxacin-dexamethasone</i>	8	COMPLETENATE	42
CHANTIX.....	56	<i>citalopram</i>	44	COMPRO	35
CHANTIX CONTINUING		CITRACAL + D MAXIMUM.....	33	CONCERTA.....	45
MONTH BOX.....	56	CITRACAL REGULAR	33	CONSTULOSE.....	35
CHANTIX STARTING MONTH		CITRACAL-D3 PETITES	33	COPAXONE	23
BOX.....	56	CLARAVIS.....	54	CORLANOR.....	19
CHARLOTTE 24 FE	27	<i>clarithromycin</i>	8	CORTIFOAM.....	37
CHATEAL EQ (28)	27	CLASSIC PRENATAL	42	<i>cortisone</i>	37
CHEMET	57	<i>clemastine</i>	11	CORTISPORIN-TC	8
CHILD CHEWABLE VITAMN		CLEOCIN	8	CORVITA	61
COMPLETE.....	60	CLEVER CHOICE CHAMBER-		CORVITE	61
CHILD COMPLETE		LRG MASK	40	CORVITE FREE.....	61
MULTIVITAMIN	60	CLEVER CHOICE CHAMBER-		COSENTYX.....	55, 69
CHILD MULTIVITAMIN PLUS		MED MASK.....	40	COSENTYX (2 SYRINGES).....	55
IRON	60	CLEVER CHOICE CHAMBER-		COSENTYX PEN	55
CHILDREN MULTIVITAMIN	60	SM MASK.....	40	COSENTYX PEN (2 PENS).....	55
CHILDREN'S CHEW		CLIMARA PRO.....	37	COSENTYX UNOREADY PEN	55
MULTIVITAMIN	60	CLINDACIN ETZ	8	COTEMPLA XR-ODT.....	45
CHILDREN'S CHEWABLE		CLINDACIN P.....	8	COVARYX.....	37
COMPLETE.....	60	<i>clindamycin hcl</i>	8	COVARYX H.S.....	37
		<i>clindamycin palmitate hcl</i>	8	<i>cpd vehicle susp.sugar-free</i>	12 57

CREON	35	DEMSEER	21	DIABETES HEALTH	
<i>cromolyn</i>	5, 7, 31	DENTA 5000 PLUS	33	FORMULA	62
CRYSSELLE (28)	27	DEPAKOTE	23	DIALYVITE SUPREME D	62
<i>cyanocobalamin (vitamin b-12)</i>	61	DEPAKOTE ER	23	DIALYVITE VITAMIN D	62
<i>cyclobenzaprine</i>	42	DEPAKOTE SPRINKLES	23	<i>diazepam</i>	23, 45
CYCLOGYL	31	DEPO-ESTRADIOL	37	DIAZEPAM INTENSOL	45
<i>cyclopentolate</i>	31	DEPO-SUBQ PROVERA 104	27	DICLEGIS	35
<i>cyclosporine</i>	39	DEPO-TESTOSTERONE	37	<i>diclofenac potassium</i>	3
<i>cyclosporine modified</i>	39	DERMACINRX FOLIFLEX	62	<i>diclofenac sodium</i>	5, 14, 31
<i>cyproheptadine</i>	11	DERMACINRX FOLITIN-Z	62	<i>dicloxacillin</i>	8
CYRED	27	DERMACINRX LIDOCAN	5	<i>dicyclomine</i>	35
CYRED EQ	27	DERMACINRX MULTITAM	62	DIFFERIN	55
D3-2000	61	DERMACINRX VENEXA	62	<i>diflorasone</i>	55
D3-5000	61	DERMACINRX VENEXA FE	62	<i>diflunisal</i>	3
DAILY FIBER (PSYLLIUM- ASPART)	35	DERMACINRX VENTRIXYL	62	DIGITEK	19
DAILY FIBER (PSYLLIUM- SUCROSE)	35	DERMACINRX VENTRIXYL FE	62	<i>digoxin</i>	19, 20
DAILY GUMMIES	61	DERMACINRX VITRAMYN	62	<i>dihydroergotamine</i>	3
DAILY MULTIPLE FOR WOMEN	61	DERMACINRX VITRANOL	62	DILANTIN	23
DAILY MULTIVITAMIN	61	DERMACINRX VITRANOL FE	62	DILANTIN EXTENDED	23
DAILY MULTI-VITAMIN	61	DERMACINRX VITREXATE	62	DILANTIN INFATABS	23
DAILY MULTIVITAMIN WITH IRON	61	DERMACINRX VITREXATE FE	62	DILANTIN-125	23
DAILY VALUE	61	DERMACINRX ZINTREXYL-C	62	<i>diltiazem hcl</i>	20
DAILY VITAMIN FORMULA	61	DERMOTIC OIL	31	DILT-XR	20
DAILY VITAMIN FORMULA- IRON	61	DESCOVY	16	<i>dimethyl fumarate</i>	23
DAILY VITAMIN WITH IRON	61	<i>desipramine</i>	45	DIPENTUM	35
DAILY VITES/IRON	61	<i>desmopressin</i>	37	<i>diphenoxylate-atropine</i>	35
DAILY-VITE	61	<i>desog-e.estradiol/e.estradiol</i>	27	<i>dipyridamole</i>	15
DAILY-VITE (WITH FOLIC ACID)	61	<i>desonide</i>	55	<i>disopyramide phosphate</i>	20
<i>dalfampridine</i>	23	<i>desoximetasone</i>	55	<i>disulfiram</i>	57
<i>dapsone</i>	8	DESOXYN	17	DIURIL	30
DAPTACEL (DTAP PEDIATRIC) (PF)	18	<i>desvenlafaxine</i>	45	<i>divalproex</i>	23
<i>darunavir</i>	16	<i>desvenlafaxine succinate</i>	45	<i>dofetilide</i>	20
DASETTA 1/35 (28)	27	DEX4 GLUCOSE	33	DOLISHALE	27
DASETTA 7/7/7 (28)	27	DEX4 GLUCOSE POUCH PACK	33	<i>donepezil</i>	18
DAYAVITE	62	DEX4 GLUCOSE QUICK DISSOLVE	33	DORAL	53
DAYSEE	27	<i>dexamethasone</i>	37	<i>dorzolamide</i>	31
DAYTRANA	45	DEXAMETHASONE INTENSOL	37	<i>dorzolamide (pf)</i>	31
DAYVIGO	53	<i>dexamethasone sodium phosphate</i>	31	<i>dorzolamide-timolol</i>	31
DEBLITANE	27	DEXCOM G6 RECEIVER	40	<i>dorzolamide-timolol (pf)</i>	31
DECARA	62	DEXCOM G6 SENSOR	40	DOVATO	16
DECUBI VITE	62	DEXCOM G6 TRANSMITTER	40	<i>doxazosin</i>	21
<i>deferasirox</i>	57	DEXCOM G7 RECEIVER	40	<i>doxepin</i>	45, 53
<i>deflazacort</i>	37	DEXCOM G7 SENSOR	40	<i>doxycycline hyclate</i>	8, 57
DEKAS BARIATRIC	62	DEXEDRINE SPANSULE	17	<i>doxycycline monohydrate</i>	8
DEKAS PLUS (FOLIC ACID)	62	DEXILANT	35	DRIZALMA SPRINKLE	45
DEKAS PLUS LIQUID	62	<i>dexmethylphenidate</i>	45	<i>droperidol</i>	45
DELSTRIGO	16	DEXONTO	37	<i>drospirenone-e.estradiol-lm.fa</i>	27
DELTA D3	62	<i>dextroamphetamine sulfate</i>	17	<i>drospirenone-ethinyl estradiol</i>	27
		<i>dextroamphetamine- amphetamine</i>	17, 18	DROXIA	19
		<i>dextrose</i>	33	DULERA	7
				<i>duloxetine</i>	45
				DUPIXENT PEN	39
				DUPIXENT SYRINGE	39
				DURAMORPH (PF)	3
				DUREZOL	31

<i>dutasteride</i>	57	ENDUR-VM WITH IRON.....	62	EVEKEO	18
D-VI-SOL.....	62	ENGERIX-B (PF).....	18	<i>everolimus (antineoplastic)</i>	14
DYANAVEL XR	18	ENGERIX-B PEDIATRIC (PF) ...	18	<i>everolimus</i>	
DYMISTA	31	ENILLORING.....	27	(<i>immunosuppressive</i>)	40
E-200.....	62	<i>enoxaparin</i>	10	EVOTAZ.....	16
EASIVENT HOLDING		ENPRESSE.....	28	EXELDERM.....	11
CHAMBER	40	ENSKYCE	28	EXELON PATCH.....	18
EASYPOINT NEEDLE	41	ENSPRYNG	39	<i>exemestane</i>	14
ECLIPSE NEEDLE.....	41	ENSTILAR.....	55	<i>ezetimibe</i>	21
EDARBI.....	21	<i>entacapone</i>	15	<i>ezetimibe-simvastatin</i>	21
EDARBYCLOR.....	21	<i>entecavir</i>	16	FALMINA (28)	28
EDLUAR.....	53	ENTRESTO.....	21	<i>famotidine</i>	35
ED-SPAZ.....	35	ENULOSE	35	FANAPT	46
EDURANT	16	EPIDUO FORTE	55	FANAPT TITRATION PACK A...	46
EEMT	37	<i>epinephrine</i>	18	FARXIGA	12
EEMT HS	37	<i>eplerenone</i>	30	FARYDAK	14
<i>efavirenz</i>	16	EPOGEN.....	26	FASENRA	7
<i>efavirenz-emtricitabin-tenofov</i>	16	EPRONTIA.....	23	FASENRA PEN	7
<i>efavirenz-lamivu-tenofov disop</i>	16	EQUETRO	46	<i>febuxostat</i>	5
EFFER-K.....	33	<i>ergocalciferol (vitamin d2)</i>	62	<i>felbamate</i>	23
EFFEXOR XR	46	<i>ergoloid</i>	21	FELBATOL.....	23
EFUDEX.....	14	<i>ergotamine-caffeine</i>	3	<i>felodipine</i>	20
ELDERTONIC	62	ERIVEDGE.....	14	FEMCAP	28
ELIGARD.....	14	<i>erlotinib</i>	14	<i>fenofibrate</i>	21
ELIGARD (3 MONTH)	14	ERRIN	28	<i>fenofibrate micronized</i>	21
ELIGARD (4 MONTH)	14	<i>erythromycin</i>	8	<i>fenofibrate nanocrystallized</i>	21
ELIGARD (6 MONTH)	14	<i>erythromycin ethylsuccinate</i>	8	FENSOLVI.....	38
ELINEST	27	<i>erythromycin with ethanol</i>	9	<i>fentanyl</i>	3
ELIQUIS	10	<i>erythromycin-benzoyl peroxide</i>	9	FEOSOL.....	33
ELIQUIS DVT-PE TREAT 30D		ERZOFRI	46	FEROSUL.....	33
START	10	ESBRIET	57	FERREX 150.....	33
ELLA.....	27	<i>escitalopram oxalate</i>	46	FERRIC X-150.....	33
ELMIRON	3	<i>esomeprazole magnesium</i>	35	FERRLECIT	69
ELURYNG	27	ESSENTIA.....	62	FERRO-TIME	33
ELYXYB	3	ESSENTIAL MAN.....	62	<i>ferrous sulfate</i>	33
EMFLAZA.....	37, 38	ESSENTIAL MAN 50 PLUS	62	<i>fesoterodine</i>	57
EMGALITY PEN.....	3	ESSENTIAL WOMAN 50 PLUS.	62	FETZIMA.....	46
EMGALITY SYRINGE	3, 23	ESTARYLLA.....	28	FE-VITE.....	33
EMPAVELI	19	<i>estazolam</i>	53	FIASP FLEXTOUCH U-100	
EMSAM	46	<i>estradiol</i>	38	INSULIN	12
<i>emtricitabine</i>	16	<i>estradiol valerate</i>	38	FIASP PENFILL U-100	
<i>emtricitabine-tenofovir (tdf)</i>	16	<i>estradiol-norethindrone acet</i>	38	INSULIN	12
EMTRIVA	16	ESTRING	38	FIASP PUMPCART.....	12
EMVERM	13	<i>estrogens-methyltestosterone</i>	38	FIASP U-100 INSULIN	12
EMZAHH	27	<i>eszopiclone</i>	53	FIBER (WITH ASPARTAME)	35
<i>enalapril maleate</i>	21	<i>ethambutol</i>	9	FIBER THERAPY (PSYLLIUM-	
<i>enalapril-hydrochlorothiazide</i>	21	<i>ethosuximide</i>	23	SUCRO).....	35
ENBREL.....	13	<i>ethynodiol diac-eth estradiol</i>	28	<i>fidaxomicin</i>	9
ENBREL MINI	13	<i>etodolac</i>	5	FINACEA.....	55
ENBREL SURECLICK.....	13	<i>etonogestrel-ethinyl estradiol</i>	28	<i>finasteride</i>	57
ENDARI.....	19	<i>etoposide</i>	14	<i>ingolimod</i>	23
ENDOCET.....	3	<i>etravirine</i>	16	FINZALA	28
ENDUR-ACIN	62	EUCRISA	55	FIRVANQ	9
ENDUR-C WITH ROSE HIPS	62	EUTHYROX	56	FLAREX	31
ENDUR-VM IRON-FREE	62	EVAMIST	38	FLAVOR BLEND 2 IN 1	57

FLAVOR PLUS.....	57	<i>fosamprenavir</i>	16	GVOKE PFS 1-PACK	
FLAVOR SWEET	57	<i>fosaprepitant</i>	35	SYRINGE	33
FLAVOR SWEET-SF	57	<i>fosinopril</i>	21	GVOKE PFS 2-PACK	
<i>flecainide</i>	20	<i>fosphenytoin</i>	23	SYRINGE	33
FLEXICHAMBER	41	FRAGMIN.....	10	HADLIMA	13
FLEXICHAMBER-LG CHILD		FREEDAVITE.....	63	HADLIMA PUSHTOUCH.....	13
MASK	41	FULPHILA	69	HADLIMA(CF)	13
FLEXICHAMBER-SM ADULT		<i>furosemide</i>	30	HADLIMA(CF) PUSHTOUCH.....	13
MASK	41	FUZEON	16	HAEGARDA	57
FLEXICHAMBER-SM CHILD		FYAVOLV	38	HAILEY	28
MASK	41	FYLNETRA.....	26	HAILEY 24 FE	28
FLINTSTONES COMPLETE.....	62	<i>gabapentin</i>	23	HAILEY FE 1.5/30 (28).....	28
FLINTSTONES COMPLETE		<i>galantamine</i>	18	HAILEY FE 1/20 (28).....	28
(FE SULF)	62	GALZIN	57	HALCION	53
FLINTSTONES GUMMIES	62	GARDASIL 9 (PF)	18	HALOETTE	28
FLINTSTONES GUMMIES		GAVILYTE-C.....	35	<i>haloperidol</i>	47
OMEGA-3.....	62	GAVILYTE-G.....	35	<i>haloperidol decanoate</i>	47
FLINTSTONES MULTI-VIT		GAVILYTE-N.....	35	<i>haloperidol lactate</i>	47
GUMMIES	62	<i>gemfibrozil</i>	21	HAVRIX (PF)	18
FLINTSTONES PLUS		GEMMILY.....	28	HEATHER	28
CALCIUM	62	GENADEK.....	63	HEP FLUSH-10 (PF)	10
FLINTSTONES SOUR		GENADEK STEP 1	63	<i>heparin (porcine)</i>	10
GUMMIES	63	GENADEK STEP 2	63	<i>heparin lock flush (porcine)</i>	10
FLINTSTONES TAB CHEW.....	63	GENERLAC.....	35	HEPARIN	
FLINTSTONES WITH IRON	63	GENGRAF	40	LOCKFLUSH(PORCINE)(PF)	10
FLINTSTONES/EXTRA C.....	63	GENOTROPIN	38	<i>heparin, porcine (pf)</i>	10
<i>fluconazole</i>	11	GENOTROPIN MINIQUEL	38	HEPLISAV-B (PF)	19
<i>fludrocortisone</i>	38	<i>gentamicin</i>	9	HETLIOZ	53
<i>fluocinolone</i>	55	GENVOYA	16	HETLIOZ LQ	53
<i>fluocinolone acetonide oil</i>	31	GEODON	47	HIBERIX (PF)	19
<i>fluocinolone and shower cap</i>	55	GERI-MUCIL (ASPARTAME).....	35	HI-CAL PLUS VIT D.....	33
<i>fluocinonide</i>	55	GERI-MUCIL (SUGAR)	35	HIGH POTENCY MULTIVIT	
FLUOCINONIDE-E.....	55	GILENYA.....	23	(W-IRON)	63
<i>fluocinonide-emollient</i>	55	GILOTRIF	14	HOMATROPAIRE	31
<i>fluoride (sodium)</i>	33	<i>glimepiride</i>	12	HONEY BEARS	
<i>fluorouracil</i>	14	<i>glipizide</i>	12	MULTIVITAMIN	63
<i>fluoxetine</i>	46	<i>glipizide-metformin</i>	12	HUMALOG MIX 50-50	
<i>fluphenazine decanoate</i>	46	<i>glucose</i>	33	KWIKPEN.....	12
<i>fluphenazine decanoate (bulk)</i>	57	GLUCOSE GEL.....	33	HUMALOG U-100 INSULIN	12
<i>fluphenazine hcl</i>	46	GLUTOSE-5.....	33	HUMIRA(CF).....	13
<i>flurazepam</i>	53	<i>glyburide</i>	12	HUMULIN R U-500 (CONC)	
<i>flurbiprofen</i>	5	<i>glyburide micronized</i>	12	INSULIN	12
<i>flurbiprofen sodium</i>	31	<i>glyburide-metformin</i>	12	HUMULIN R U-500 (CONC)	
<i>fluticasone propionate</i>	7, 55	<i>glycopyrrolate</i>	35	KWIKPEN.....	12
<i>fluvoxamine</i>	46	GLYDO.....	5	HYCANTIN.....	14
FML LIQUIFILM.....	31	GRALISE.....	23	<i>hydralazine</i>	21
FOCALIN.....	47	GRASTEK	18	<i>hydrochlorothiazide</i>	30
FOCALIN XR.....	47	<i>griseofulvin microsize</i>	11	<i>hydrocodone-acetaminophen</i>	3
FOLAGENT DHA	63	<i>griseofulvin ultramicrosize</i>	11	<i>hydrocodone-homatropine</i>	30
FOLAMAX	63	<i>guanfacine</i>	21, 47	<i>hydrocodone-ibuprofen</i>	3
FOLAMED DHA	63	GUMMI BEAR MULTIVITAMIN	63	<i>hydrocortisone</i>	38, 55
<i>fondaparinux</i>	10	GUMMY DINOS	63	<i>hydrocortisone butyrate</i>	55
FORFIVO XL.....	47	GVOKE	33	<i>hydrocortisone valerate</i>	55
FORTAVIT.....	63	GVOKE HYPOPEN 1-PACK.....	33	<i>hydrocortisone-pramoxine</i>	35
FORTEO	57	GVOKE HYPOPEN 2-PACK.....	33	HYDROMET	30

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<i>oxaprozin</i>	6	PEDIA IRON.....	34	POLYCIN	9
<i>oxazepam</i>	49	PEDIA POLY-VITE WITH IRON.....	65	POLY-IRON.....	34
<i>oxcarbazepine</i>	25	PEDIAPRED.....	38	<i>polymyxin b sulf-trimethoprim</i>	9
OXERVATE.....	31	PEDIARIX (PF).....	19	<i>polysaccharide iron complex</i>	34
OXTELLAR XR.....	25	PEDIATRIC D-VITE	65	POLY-VI-SOL.....	65
<i>oxybutynin chloride</i>	58	<i>pediatric multivitamin no.171</i>	65	POLY-VI-SOL WITH IRON.....	65
<i>oxycodone</i>	4	PEDIATRIC POLY-VITE	65	POLY-VITA DROPS.....	65
<i>oxycodone-acetaminophen</i>	4	PEDIATRIC POLY-VITE WITH		POLY-VITA WITH IRON	65
OXYTROL	58	IRON	65	POMALYST.....	15
OYSCO 500/D.....	34	PEDVAX HIB (PF).....	19	PORTIA 28.....	29
OYSTER SHELL + D3	34	<i>peg 3350-electrolytes</i>	36	<i>potassium chloride</i>	34
OYSTER SHELL CALCIUM	34	<i>peg-electrolyte soln</i>	36	<i>potassium citrate</i>	34
OYSTER SHELL CALCIUM		PEN NEEDLE.....	41	<i>potassium iodide</i>	34
500	34	PENBRAYA (PF).....	19	PRADAXA	10
OYSTER SHELL CALCIUM-		<i>penciclovir</i>	16	PRALUENT PEN.....	21
VIT D3.....	34	<i>penicillamine</i>	6	<i>pramipexole</i>	15
OZEMPIC.....	12	<i>penicillin v potassium</i>	9	<i>prasugrel hcl</i>	15
PACERONE	20	PENNSAID	56	<i>pravastatin</i>	21
PALFORZIA (LEVEL 1).....	19	PENTACEL ACTHIB		<i>praziquantel</i>	13
PALFORZIA (LEVEL 2).....	19	COMPONENT (PF)	19	<i>prazosin</i>	21
PALFORZIA (LEVEL 3).....	19	PENTASA	36	PRED MILD.....	32
PALFORZIA (LEVEL 4).....	19	<i>pentazocine-naloxone</i>	4	<i>prednicarbate</i>	56
PALFORZIA (LEVEL 5).....	19	<i>pentobarbital sodium</i>	53	<i>prednisolone</i>	39
PALFORZIA (LEVEL 6).....	19	<i>pentoxifylline</i>	19	<i>prednisolone acetate</i>	32
PALFORZIA (LEVEL 7).....	19	PERIOGARD.....	58	<i>prednisolone acetate (pf)</i>	32
PALFORZIA (LEVEL 8).....	19	<i>permethrin</i>	15	<i>prednisolone sodium phosphate</i>	
PALFORZIA (LEVEL 9).....	19	<i>perphenazine</i>	50		32, 39
PALFORZIA (LEVEL 10).....	19	<i>perphenazine-amitriptyline</i>	50	<i>prednisone</i>	39
PALFORZIA (LEVEL 11 UP-		PERSERIS	50	PREDNISONE INTENSOL.....	39
DOSE).....	19	PHEBURANE	36	<i>pregabalin</i>	25

PREMARIN	39	PROMACTA.....	26	RECTIV	37
PREMPRO	39	<i>promethazine</i>	11, 37	REGULOID (ASPARTAME)	37
PRENATABS FA	42	PROMETHAZINE VC.....	11	REGULOID (PSYLLIUM HUSK) 37	
PRENATABS RX.....	42	<i>promethazine-codeine</i>	30	REGULOID (PSYLLIUM HUSK-	
PRENATAL	42	<i>promethazine-dm</i>	30	SUCRO)	37
PRENATAL + DHA.....	42	<i>promethazine-phenylephrine</i>	11	RELENZA DISKHALER.....	16
PRENATAL 19	42	PROMETHEGAN	37	RELEUKO	26
PRENATAL COMPLETE.....	42	<i>propafenone</i>	20	RELEXXII	51
PRENATAL FORMULA.....	42	<i>propranolol</i>	21	RELISTOR	11
PRENATAL MULTI.....	42	<i>propranolol-hydrochlorothiazid</i> 21		REMEDIENT	66
PRENATAL MULTI-DHA		<i>propylthiouracil</i>	56	REMERON.....	51
(ALGAL OIL).....	42	PROQUAD (PF)	19	REMERON SOLTAB.....	51
PRENATAL MULTI-DHA(WITH		PRORENAL QD	65	REMODULIN.....	22
VIT K).....	42	PROSTIN VR PEDIATRIC	21	REVELA	34
PRENATAL MULTIVITAMINS	42	PROTECT CARDIO AF	66	<i>repaglinide</i>	13
PRENATAL ONE DAILY	42	PROTECT PLUS SO.....	66	REPATHA PUSHTRONEX.....	22
PRENATAL PLUS	42	PROTONIX.....	37	REPATHA SURECLICK	22
PRENATAL PLUS (CALCIUM		<i>protriptyline</i>	50	REPATHA SYRINGE	22
CARB).....	42	PROVERA.....	39	REQ49 PLUS	66
PRENATAL TABLET	42	PROVIGIL	50	RESTASIS.....	32
<i>prenatal vit no.179-iron-folic</i>	42	PROZAC	50	RESTORIL	53
PRENATAL VITAMIN	42	<i>psyllium husk (with sugar)</i>	37	RETACRIT	26, 27
PRENATAL VITAMIN PLUS		PULMICORT FLEXHALER	7	REVLIMID	15
LOW IRON	42	PULMOSAL.....	58	REXTOVY	11
PRENATAL VITAMIN WITH		PULMOZYME.....	58	REXULTI	51
MINERALS	42	PURE L-CITRULLINE	34	RHOGAM ULTRA-FILTERED	
<i>prenatal vit-iron fum-folic ac</i>	43	PYLERA	37	PLUS.....	19
<i>pretomanid</i>	9	<i>pyrazinamide</i>	9	RHOPRESSA.....	32
PREVALITE.....	21	<i>pyridostigmine bromide</i>	18	<i>riboflavin (vitamin b2)</i>	66
PREZCOBIX.....	16	<i>pyridoxine (vitamin b6)</i>	66	<i>rifabutin</i>	9
PREZISTA.....	16	<i>pyrimethamine</i>	13	<i>rifampin</i>	9
PRIFTIN	9	QELBREE	50	<i>riluzole</i>	25
<i>primaquine</i>	13	QUADRACEL (PF).....	19	RINVOQ	6
<i>primidone</i>	25	<i>quazepam</i>	53	RINVOQ LQ	6
PRISTIQ	50	<i>quetiapine</i>	50, 51	<i>risedronate</i>	58
PROAIR RESPIClick	7	QUFLORA PEDIATRIC.....	66	RISPERDAL	51
<i>probenecid</i>	6	QUILLICHEW ER	51	RISPERDAL CONSTA	51
PROBIOTIC 4X.....	36	QUILLIVANT XR	51	<i>risperidone</i>	51
PROCARE SPACER WITH		<i>quinapril-hydrochlorothiazide</i>	21	<i>risperidone microspheres</i>	51
ADULT MASK	41	QUINTABS	66	RITALIN	51
PROCARE SPACER WITH		QUINTABS-M.....	66	RITALIN LA	51
CHILD MASK	41	QUINTABS-M IRON FREE	66	RITEFLO AEROCHAMBER	41
PROCENTRA.....	18	QULIPTA.....	4	<i>ritonavir</i>	16
PROCERV HP.....	65	QUVIVIQ	53	RITUXAN	69
PROCHAMBER.....	41	QVAR REDIHALER.....	7	<i>rivastigmine</i>	18
<i>prochlorperazine</i>	36	RAGWITEK	19	<i>rivastigmine tartrate</i>	18
<i>prochlorperazine edisylate</i>	36	<i>raloxifene</i>	58	RIVELSA	29
<i>prochlorperazine maleate</i>	36	<i>ramelteon</i>	53	<i>rizatriptan</i>	4
PROCTO-MED HC	56	<i>ramipril</i>	21	ROBINUL	37
PROCTOSOL HC	56	<i>ranolazine</i>	20	ROBINUL FORTE	37
PROCTOZONE-HC	56	REBIF (WITH ALBUMIN)	25	ROCKLATAN	32
PROFOLA	65	REBIF REBIDOSE	25	<i>roflumilast</i>	7
<i>progesterone</i>	39	REBIF TITRATION PACK.....	25	<i>romidepsin</i>	15
<i>progesterone micronized</i>	39	RECLIPSEN (28).....	29	<i>ropinirole</i>	15
PROLENSA.....	32	RECOMBIVAX HB (PF)	19	ROSADAN	56

<i>rosuvastatin</i>	22	SODIUM FLUORIDE 5000		SUBVENITE STARTER (BLUE)	
ROWEEPRA	25	PLUS	34	KIT	25
ROWEEPRA XR	25	<i>sodium oxybate</i>	54	SUBVENITE STARTER	
ROZEREM	54	<i>sodium phenylbutyrate</i>	37	(GREEN) KIT	25
RYKINDO	51	<i>sodium phenylbutyrate (bulk)</i>	58	SUBVENITE STARTER	
<i>sacubitril-valsartan</i>	22	<i>sodium polystyrene sulfonate</i>	34	(ORANGE) KIT	25
SAFYRAL	29	SOGROYA	39	SUCRAID	37
SANDIMMUNE	40	<i>solifenacin</i>	58	<i>sucralfate</i>	37
SANTYL	56	SOLQUA 100/33	13	<i>sulfacetamide sodium</i>	9, 56
SAPHRIS	51	SOLO	66	<i>sulfacetamide sodium-sulfur</i>	9
<i>sapropterin</i>	58	SOLOSEC	9	<i>sulfacetamide-prednisolone</i>	9
SAVELLA	58	SOMAVERT	58	SULFACLEANSE 8-4	9
SCOOBY-DOO ONE A DAY		SOOTHING PUREWAY-C	66	<i>sulfadiazine</i>	9
KIDS	66	<i>sorafenib</i>	15	<i>sulfamethoxazole-trimethoprim</i>	9
SECUADO	51	<i>sotalol</i>	22	<i>sulfasalazine</i>	37
<i>selegiline hcl</i>	15	SOTALOL AF	22	SULFATRIM	9
<i>selegiline hcl (bulk)</i>	58	SPACE CHAMBER	41	<i>sulindac</i>	6
<i>selenium sulfide</i>	56	SPACE CHAMBER WITH		<i>sumatriptan</i>	4
SELZENTRY	17	LARGE MASK	41	<i>sumatriptan succinate</i>	4
SE-NATAL 19 CHEWABLE	43	SPACE CHAMBER WITH		SUMAXIN TS	9
SENIOR TABS	66	MEDIUM MASK	41	<i>sunitinib malate</i>	15
SENNA	37	SPACE CHAMBER WITH		SUNOSI	52
<i>senna leaf extract</i>	37	SMALL MASK	41	SUPER MULTIPLE - LOW	
SENSIPAR	58	SPECTRAVITE ADULT	66	IRON	66
SENTRY	66	SPECTRAVITE ADULT 50		SUPER MULTIVITAMIN	66
SENTRY SENIOR	66	PLUS	66	SUPER THERA VITE M	66
SEREVENT DISKUS	7	SPECTRAVITE ADULT 50		SUPPORT	66
SEROQUEL	51	PLUS(LUT)	66	SUPPRELIN LA	39
SEROQUEL XR	51	SPECTRAVITE ADVANCED		SUSPENDRX ANHYDROUS	
SEROSTIM	39	FORMULA	66	SWEETENED	59
<i>sertraline</i>	51	SPECTRAVITE MEN'S	66	SUSPENDRX ANHYDROUS	
SETLAKIN	29	SPECTRAVITE WOMEN	66	UNSWEET	59
<i>sevelamer hcl</i>	34	SPECTRAVITE WOMEN 50		SWEET-SF	59
SF 5000 PLUS	34	PLUS	66	SYEDA	29
SFROWASA	37	SPIRIVA RESPIMAT	7	SYMAX-SL	37
SHAROBEL	29	SPIRIVA WITH HANDIHALER	7	SYMAX-SR	37
<i>sildenafil (pulm.hypertension)</i>	22	<i>spironolactone</i>	31	SYMBICORT	7
SILENOR	54	<i>spironolacton-hydrochlorothiaz</i>	31	SYMPAZAN	25
SILICONE MASK - INFANT	41	SPRAVATO	52	SYMTOZA	17
<i>silver sulfadiazine</i>	9	SPRINTEC (28)	29	SYNAREL	39
SIMBRINZA	32	SPRYCEL	15	SYNJARDY	13
SIMILAC PRENATAL	43	SPS (WITH SORBITOL)	34	SYNTHROID	56
SIMLIYA (28)	29	SRONYX	29	SYRPALTA VEHICLE	59
SIMPESSE	29	SSD	9	SYRSPEND SF LIQUID	59
<i>simple syrup</i>	58	STRENSIQ	58	SYRUP VEHICLE SF	59
SIMPONI	13, 14	STRESS B WITH ZINC	66	TAB-A-VITE	66
SIMPONI ARIA	69	STRESS FORMULA	66	TAB-A-VITE MULTIVITAMIN	
<i>simvastatin</i>	22	STRESS FORMULA WITH		W-IRON	66
<i>sirolimus</i>	40	ZINC	66	TABLOID	15
SIRTURO	9	STRIBILD	17	TACLONEX	56
SKYLA	29	STROVITE ONE	66	<i>tacrolimus</i>	40
SKYTROFA	39	SUBLOCADE	58	<i>tadalafil (pulm. hypertension)</i>	22
SLO-NIACIN	66	SUBOXONE	59	TAFINLAR	15
SLYND	29	SUBVENITE	25	TALTZ AUTOINJECTOR	56
<i>sodium chloride</i>	58				

TALTZ AUTOINJECTOR (2 PACK)	56	THEREMS MULTIVITAMIN.....	66	<i>trifluridine</i>	17
TALTZ AUTOINJECTOR (3 PACK)	56	<i>thiamine hcl (vitamin b1)</i>	66	<i>trihexyphenidyl</i>	15
TALTZ SYRINGE	56	<i>thiamine mononitrate (vit b1)</i>	66	TRI-LEGEST FE	29
<i>tamoxifen</i>	15	THIOLA EC	59	TRILEPTAL	26
<i>tamsulosin</i>	59	<i>thioridazine</i>	52	TRI-LINYAH	29
TARINA 24 FE	29	<i>thiothixene</i>	52	TRI-LO-ESTARYLLA.....	29
TARINA FE 1/20 (28)	29	THRIVITE RX.....	43	TRI-LO-MARZIA.....	29
TARINA FE 1-20 EQ (28).....	29	<i>thyroid (pork)</i>	56	TRI-LO-MILI	29
TASCENSO ODT	25	TIADYLT ER	20	TRI-LO-SPRINTEC	29
TASIGNA.....	15	<i>tiagabine</i>	26	<i>trimethobenzamide</i>	37
<i>tasimelteon</i>	54	TILIA FE	29	<i>trimethoprim</i>	10
TAYTULLA	29	<i>timolol maleate</i>	32	TRI-MILI	29
<i>tazarotene</i>	56	<i>timolol maleate (pf)</i>	32	<i>trimipramine</i>	52
TEGRETOL	25	TIVICAY	17	TRINATAL RX 1.....	43
TEGRETOL XR.....	26	<i>tizanidine</i>	42	TRINTELLIX.....	52
<i>telmisartan</i>	22	TOBRADEX.....	10	TRIPTODUR	39
<i>temazepam</i>	54	TOBRADEX ST.....	10	TRI-SPRINTEC (28).....	30
<i>temozolomide</i>	15	<i>tobramycin</i>	10	TRIUMEQ.....	17
TENCON	5	<i>tobramycin in 0.225 % nacl</i>	10	TRI-VI-SOL.....	67
TENIVAC (PF).....	19	<i>tobramycin sulfate</i>	10	TRI-VYLIBRA	30
<i>tenofovir disoproxil fumarate</i>	17	<i>tobramycin with nebulizer</i>	10	TRI-VYLIBRA LO	30
<i>terazosin</i>	22	<i>tobramycin-dexamethasone</i>	10	TROKENDI XR.....	26
<i>terbinafine hcl</i>	11	<i>tolterodine</i>	59	<i>tropicamide</i>	32
<i>terconazole</i>	11	<i>tolvaptan</i>	31	TRULICITY	13
<i>teriflunomide</i>	26	TOPAMAX.....	26	TRUMENBA	19
TESTIM	39	<i>topiramate</i>	26	TRUZONE PEAK FLOW METER.....	41
<i>testosterone</i>	39	<i>toremifene</i>	15	TUBERCULIN SYRINGE	42
<i>tetrabenazine</i>	26	<i>torsemide</i>	31	TULANA	30
<i>tetracaine hcl</i>	32	TRACLEER	22	TURQOZ (28).....	30
<i>tetracaine hcl (pf)</i>	32	TRADJENTA	13	TWINRIX (PF)	19
<i>tetracycline</i>	10	<i>tramadol</i>	5	TWIRLA.....	30
TEZSPIRE.....	59	<i>tramadol-acetaminophen</i>	5	TYBLUME	30
THALOMID.....	10	<i>tranexamic acid</i>	19	TYBOST	59
THEO-24	7	<i>tranylcypromine</i>	52	TYDEMY	30
<i>theophylline</i>	7	TRAVATAN Z.....	32	TYENNE.....	40
THERA	66	TRAZIMERA.....	15	TYENNE AUTOINJECTOR.....	40
THERA-D	66	<i>trazodone</i>	52	TYSABRI.....	69
THERAGRAN-M PREMIER 50 PLUS.....	66	TRELEGY ELLIPTA	7	UBRELVY	5
THERALOGIX COMPANION	66	TRELSTAR.....	15	UDAMIN SP	67
THERA-M.....	66	<i>treprostinil sodium</i>	22	ULESFIA	15
THERAMILL FORTE	66	TRESIBA FLEXTOUCH U-100	13	ULORIC.....	6
THERANATAL.....	43	TRESIBA FLEXTOUCH U-200	13	ULTICARE.....	42
THERANATAL COMPLETE	43	TRESIBA U-100 INSULIN	13	ULTRA FREEDA	67
THERANATAL ONE	43	<i>tretinoin (antineoplastic)</i>	15	UNITHROID	56
THERAPEUTIC-M	66	TREXALL	15	<i>urea</i>	56
THERA-TABS.....	66	<i>triamcinolone acetonide</i>	56, 59	URELLE	10
THERATRUM COMPLETE 50 PLUS/LUT	66	<i>triamterene-hydrochlorothiazid</i>	31	URETRON D-S	10
THERATRUM COMPLETE 50 PLUS-LYC.....	66	<i>triazolam</i>	54	<i>ursodiol</i>	37
THERATRUM COMPLETE WITH LUTEIN	66	TRICARE	43	URL.....	10
		TRI-CHLOR.....	56	UZEDY	52
		TRIDACAINE II.....	5	VAGIFEM	39
		TRIDACAINE III.....	5	<i>valacyclovir</i>	17
		TRIDERM.....	56	VALCHLOR.....	15
		TRI-ESTARYLLA.....	29	<i>valganciclovir</i>	17
		<i>trifluoperazine</i>	52		

<i>valproate sodium</i>	26	VITAMIN D3 COMPLETE	59	XARELTO DVT-PE TREAT	
<i>valproic acid</i>	26	<i>vitamin e</i>	67	30D START	10
<i>valproic acid (as sodium salt)</i>	26	<i>vitamin e (dl, acetate)</i>	67	XELJANZ	6
<i>valsartan</i>	22	<i>vitamin e acetate</i>	67	XELSTRYM	18
<i>valsartan-hydrochlorothiazide</i>	22	<i>vitamin e mixed</i>	67	XERESE	17
VALTOCO	26	VITAMINS A-D-E SELENIUM	67	XIFAXAN	10
<i>vancomycin</i>	10	VITATRUM	67	XIGDUO XR	13
VAQTA (PF)	19	VITREXYL	67	XIIDRA	32
<i>varenicline tartrate</i>	56	VITREXYL PLUS IRON	67	XOLAIR	7
VARIVAX (PF)	19	VITRUM SENIOR	67	XOPENEX HFA	7
VARIZIG	19	VIVELLE-DOT	39	XTANDI	15
VAXNEUVANCE (PF)	19	VIVITROL	59	XULANE	30
V-C FORTE	67	VOLNEA (28)	30	XYREM	54
VECTICAL	56	VOQUEZNA TRIPLE PAK	37	XYWAV	54
VELETRI	22	VORTEX HOLDING		XYZBAC	68
VELIVET TRIPHASIC		CHAMBER	42	YASMIN (28)	30
REGIMEN (28)	30	VOTRIENT	15	YAZ (28)	30
VELTASSA	34	VRAYLAR	52	YELETS	68
<i>venlafaxine</i>	52	VYFEMLA (28)	30	<i>zaleplon</i>	54
<i>venlafaxine besylate</i>	52	VYLIBRA	30	ZARAH	30
VENOFER	69	VYNDAMAX	59	ZEGALOGUE	
VENTOLIN HFA	7	VYNDAQEL	59	AUTOINJECTOR	34
<i>verapamil</i>	20	VYVANSE	52	ZEGALOGUE SYRINGE	34
VEREGEN	17	WAKIX	26	ZELAPAR	15
VERSA FREE	59	<i>warfarin</i>	10	ZELBORAF	15
VERSA PLUS	59	WEEKLY-D	67	ZENATANE	56
VERSACLOZ	52	WELLBUTRIN SR	52	ZENPEP	37
VESTURA (28)	30	WELLBUTRIN XL	52	ZENZEDI	18
VIC-FORTE	67	WERA (28)	30	ZEPBOUND	15
VICTOZA 2-PAK	13	WIDE-SEAL DIAPHRAGM 60....	30	ZEPOSIA	26
VICTOZA 3-PAK	13	WIDE-SEAL DIAPHRAGM 65....	30	ZEPOSIA STARTER KIT (28-	
VIENVA	30	WIDE-SEAL DIAPHRAGM 70....	30	DAY)	26
VIIBRYD	52	WIDE-SEAL DIAPHRAGM 75....	30	ZEPOSIA STARTER PACK (7-	
<i>vilazodone</i>	52	WIDE-SEAL DIAPHRAGM 80....	30	DAY)	26
VIORELE (28)	30	WIDE-SEAL DIAPHRAGM 85....	30	ZIANA	56
VIRACEPT	17	WIDE-SEAL DIAPHRAGM 90....	30	<i>zidovudine</i>	17
VIREAD	17	WIDE-SEAL DIAPHRAGM 95....	30	ZIMHI	11
VITABEX PLUS	67	WOMEN'S 50 PLUS		ZINC (WITH A AND C)	
VITACEL (WITH LUTEIN)	67	ADVANCED	67	LOZENGES	34
VITAJoy DAILY D	67	WOMEN'S 50 PLUS DAILY		<i>zinc sulfate</i>	34
VITAJoy MELATONIN	39	FORMULA	67	ZINC WITH VITAMINS A AND	
VITALEE	67	WOMEN'S 50 PLUS		C	68
VITALETS	67	MULTIVITAMIN	67	ZINC-220	34
<i>vitamin a</i>	67	WOMEN'S DAILY FORMULA	67	<i>ziprasidone hcl</i>	53
<i>vitamin a palmitate</i>	67	WOMENS DAILY GUMMIES	67	<i>ziprasidone mesylate</i>	53
VITAMIN B-1	67	WOMEN'S MULTIVITAMIN	68	ZIRGAN	17
VITAMIN B-1		WOMEN'S MULTIVITAMIN		ZOLADEx	15
(MONONITRATE)	67	GUMMIES	68	ZOLINZA	15
VITAMIN B-12	67	WOMEN'S ONE DAILY	68	ZOLOFT	53
VITAMIN B-2	67	WOMEN'S PRENATAL PLUS		<i>zolpidem</i>	54
VITAMIN B-6	67	DHA	43	<i>zonisamide</i>	26
VITAMIN C	67	WYMZYA FE	30	ZOO FRIENDS	68
VITAMIN C WITH ROSE HIPS	67	XANAX	52	ZOVIA 1-35 (28)	30
VITAMIN D2	67	XANAX XR	52	ZTLIDO	5
VITAMIN D3	67	XARELTO	10	ZUBSOLV	59

ZUMANDIMINE (28).....	30
ZURZUVAE	53
ZYLET	10
ZYMFENTRA	14
ZYPREXA.....	53
ZYPREXA RELPREVV	53
ZYVIT	68

RR2022-IN-MMED-3127a-V.28; First Use: 12/13/2022

OMPP Approved: 12/13/2022