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 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

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

Table of Contents

CURRENT AS OF 10/15/2025

Drug Name	Tier	Restrictions / Limits
ANALGESICS		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml	1	PA
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	PA; QL (3 ML per 1 day); AR
acetaminophen-codeine oral tablet	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
buprenorphine hcl injection	1	PA; ST
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	1	PA; ST; QL (3 EA per 1 day)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	1	PA; ST; QL (3 EA per 1 day); AR
butalbital-acetaminophen oral tablet 50-325 mg	1	QL (48 EA per 25 days)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	1	QL (48 EA per 25 days)
butalbital-acetaminophen-caff oral tablet	1	QL (48 EA per 25 days)
butalbital-aspirin-caffeine oral capsule	1	QL (48 EA per 30 days)
butorphanol injection	1	PA; ST; AR
butorphanol nasal	1	PA; ST; QL (2.5 ML per 30 days); AR
BUTRANS	2	PA; QL (4 EA per 28 days)
codeine sulfate	1	PA; ST; AR
codeine-butalbital-asa-caff	1	PA; ST; AR
diclofenac potassium oral tablet	1	
diflunisal	1	
dihydroergotamine injection	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)
ergotamine-caffeine	1	
fentanyl	1	PA; QL (10 EA per 22 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	PA; QL (3 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	PA; QL (3 EA per 1 day)
hydrocodone-ibuprofen	1	PA
hydromorphone (pf) injection solution 1 mg/ml, 4 mg/ml	2	PA
hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml	1	PA

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

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

Drug Name	Tier	Restrictions / Limits
TENCON	1	QL (48 EA per 25 days)
tramadol oral tablet 100 mg	2	PA; ST; QL (400 MG per 1 day)
tramadol oral tablet 25 mg	2	PA; ST
tramadol oral tablet 50 mg	1	PA; ST; QL (400 MG per 1 day); AR
tramadol oral tablet 75 mg	1	PA
tramadol-acetaminophen	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)
lidocaine hcl mucous membrane jelly	1	
lidocaine hcl mucous membrane jelly in applicator	1	QL (1 ML per 1 day)
lidocaine hcl mucous membrane solution 2 %	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	PA; QL (50 ML per 30 days)
lidocaine hcl topical cream 3 %	1	QL (30 GM per 28 days)
lidocaine topical adhesive patch,medicated 5 %	1	QL (3 Boxes per 22 days)
LIDOCAINE VISCOUS	1	QL (100 ML per 25 days)
lidocaine-prilocaine topical cream	1	QL (1 GM per 1 day)
LIDOCAN III	1	
LIDOCAN IV	1	
LIDOCAN V	1	
LIDODERM	2	QL (3 EA per 30 days)
midazolam (pf) injection solution	1	
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)	1	
midazolam (pf) injection syringe 5 mg/ml	1	PA
midazolam injection	1	
midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)	2	
phenazopyridine oral tablet 100 mg, 200 mg	1	
TRIDACAINE II	1	
TRIDACAINE III	1	
ZTLIDO	2	ST; QL (3 EA per 30 days)
ANTIALLERGY		
cromolyn oral	1	PA
ANTIARTHRITICS		
allopurinol oral tablet 100 mg, 300 mg	1	
CELEBREX	2	
colchicine oral tablet	1	QL (2 EA per 1 day)
diclofenac sodium oral	1	
etodolac	1	
febuxostat	1	ST
flurbiprofen	1	
IBU	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	2	
indomethacin oral capsule	1	
indomethacin oral capsule, extended release	1	

Drug Name	Tier	Restrictions / Limits
indomethacin rectal suppository 50 mg	1	
ketoprofen oral capsule 50 mg, 75 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr	1	
KINERET	2	PA; QL (28 ML per 28 days)
leflunomide	1	
meclofenamate	1	
meloxicam oral tablet	1	
nabumetone	1	
naproxen oral tablet	1	
naproxen oral tablet,delayed release (dr/ec)	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
OLUMIANT ORAL TABLET 1 MG	2	PA
OLUMIANT ORAL TABLET 2 MG, 4 MG	2	PA; QL (1 EA per 1 day)
ORENCIA (WITH MALTOSE)	2	PA; QL (4 EA per 22 days)
ORENCIA CLICKJECT	2	PA; QL (4 ML per 22 days)
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	
oxaprozin oral tablet	1	
penicillamine oral capsule	1	
piroxicam	1	
probenecid	1	
RINVOQ	2	PA; QL (1 EA per 1 day)
RINVOQ LQ	2	
sulindac	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)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	1	QL (375 ML per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	1	QL (2 EA per 1 day)
albuterol sulfate inhalation solution for nebulization 5 mg/ml	1	QL (2 ML per 1 day)
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet extended release 12 hr	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)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	ST; QL (120 ML per 30 days); AR
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	ST; QL (60 ML per 30 days); AR
COMBIVENT RESPIMAT	2	QL (2 GM per 30 days)
cromolyn inhalation	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
fluticasone propionate inhalation blister with device	2	
fluticasone propionate inhalation hfa aerosol inhaler	2	QL (1 GM per 22 days)
INCRUSE ELLIPTA	2	QL (1 EA per 30 days)
ipratropium bromide inhalation	1	QL (2 Boxes per 30 days)
ipratropium-albuterol	1	QL (3 Boxes per 30 days)
montelukast oral tablet	1	
montelukast oral tablet,chewable	1	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; ST
NUCALA SUBCUTANEOUS RECON SOLN	2	PA
NUCALA SUBCUTANEOUS SYRINGE	2	PA; ST
PROAIR RESPICLICK	2	ST; QL (4 EA per 72 days)
PULMICORT FLEXHALER	2	
QVAR REDIHALER	2	
roflumilast oral tablet 250 mcg	1	ST
roflumilast oral tablet 500 mcg	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	
theophylline	1	
TRELEGY ELLIPTA	2	PA; ST; QL (1 EA per 28 days)
VENTOLIN HFA	2	
XOLAIR	2	PA; ST
XOPENEX HFA	2	ST
ANTIBIOTICS		
amoxicillin	1	
amoxicillin-pot clavulanate	1	
ampicillin	1	

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

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

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

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

Drug Name	Tier	Restrictions / Limits
tetracycline oral capsule	1	
THALOMID	2	PA
TOBRADEX	2	
TOBRADEX ST	2	
tobramycin in 0.225 % nacl	1	QL (10 ML per 1 day)
tobramycin ophthalmic (eye)	1	
tobramycin sulfate injection solution 40 mg/ml	1	PA
tobramycin with nebulizer	2	QL (10 ML per 1 day)
tobramycin-dexamethasone	1	
trimethoprim	1	
URELLE	2	
URETRON D-S	1	
URYL	1	
vancomycin oral recon soln	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)
enoxaparin	1	
fondaparinux	1	QL (1 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	PA
FRAGMIN SUBCUTANEOUS SYRINGE	2	PA
HEP FLUSH-10 (PF)	1	
heparin (porcine)	1	
heparin lock flush (porcine)	1	
HEPARIN LOCKFLUSH(PORCINE)(PF)	1	
heparin, porcine (pf) injection solution	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/ml	2	
heparin, porcine (pf) intravenous	1	
JANTOVEN	1	
PRADAXA ORAL CAPSULE	2	
warfarin	1	
XARELTO DVT-PE TREAT 30D START	2	QL (1 EA per 90 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	ST; QL (20 ML per 1 day); AR
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG	2	
XARELTO ORAL TABLET 2.5 MG	2	QL (2 EA per 1 day)
ANTIDOTES		
KLOXXADO	2	QL (2 EA per 30 days)
nalmefene	2	
naloxone injection solution	1	QL (2 ML per 30 days)
naloxone injection syringe	1	

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

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

Drug Name	Tier	Restrictions / Limits
ANTIHYPERGLYCEMICS		
acarbose	1	
FARXIGA	2	
FIASP FLEXTOUCH U-100 INSULIN	2	
FIASP PENFILL U-100 INSULIN	2	
FIASP PUMPCART	2	
FIASP U-100 INSULIN	2	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	2	
glipizide oral tablet extended release 24hr	1	
glipizide-metformin	1	
glyburide micronized oral tablet 1.5 mg	1	QL (8 EA per 1 day)
glyburide micronized oral tablet 3 mg	1	
glyburide micronized oral tablet 6 mg	1	QL (2 EA per 1 day)
glyburide oral tablet 1.25 mg	1	QL (16 EA per 1 day)
glyburide oral tablet 2.5 mg	1	QL (8 EA per 1 day)
glyburide oral tablet 5 mg	1	QL (4 EA per 1 day)
glyburide-metformin oral tablet 1.25-250 mg	1	QL (260 EA per 30 days)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	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)
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)
insulin asp prt-insulin aspart subcutaneous insulin pen	1	
insulin asp prt-insulin aspart subcutaneous solution	1	QL (40 ML per 25 days)
insulin aspart u-100	2	QL (1 ML per 1 day)
insulin lispro protamin-lispro	1	
insulin lispro subcutaneous insulin pen	1	QL (1 ML per 1 day)
insulin lispro subcutaneous insulin pen, half-unit	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	
liraglutide	1	
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet 625 mg	2	
metformin oral tablet extended release 24 hr	1	
OZEMPIC	2	PA; QL (3 ML per 22 days); AR

Drug Name	Tier	Restrictions / Limits
pioglitazone	1	QL (1 EA per 1 day)
repaglinide	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		
atovaquone	1	
atovaquone-proguanil	1	QL (12 EA per 180 days)
benznidazole	2	
chloroquine phosphate	1	QL (10 EA per 180 days)
COARTEM	2	QL (24 EA per 180 days)
EMVERM	2	
hydroxychloroquine	1	
ivermectin oral tablet 3 mg	1	QL (20 EA per 90 days)
KRINTAFEL	2	
mefloquine	1	QL (6 EA per 180 days)
praziquantel	1	
primaquine	1	QL (28 EA per 14 days)
pyrimethamine	1	
ANTIINFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS		
adalimumab-adaz subcutaneous pen injector	1	
adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml	1	
adalimumab-fkjp	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		
abiraterone	1	PA
ACTIMMUNE	2	PA
AFINITOR	2	PA
anastrozole	1	
bexarotene oral	1	PA
bexarotene topical	1	PA; QL (60 GM per 28 days)
bicalutamide	1	
capecitabine	1	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA
diclofenac sodium topical gel 3 %	1	PA
EFUDEX	2	
ELIGARD	2	
ELIGARD (3 MONTH)	2	
ELIGARD (4 MONTH)	2	
ELIGARD (6 MONTH)	2	
ERIVEDGE	2	PA
erlotinib	1	PA
etoposide oral	1	
everolimus (antineoplastic) oral tablet 10 mg	1	PA
everolimus (antineoplastic) oral tablet for suspension	1	PA
exemestane	1	
FARYDAK	2	PA
fluorouracil topical cream 5 %	1	
fluorouracil topical solution	1	

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

Drug Name	Tier	Restrictions / Limits
ONTRUZANT	2	
PANRETIN	2	PA
pazopanib	1	
POMALYST	2	PA
REVLIMID	2	PA
romidepsin intravenous recon soln	2	PA
sorafenib	1	PA
SPRYCEL	2	PA
sunitinib malate	1	PA
TABLOID	2	PA
TAFINLAR ORAL CAPSULE	2	PA
tamoxifen	1	
TASIGNA	2	PA
temozolomide	1	PA
toremifene	1	
TRAZIMERA	2	
TRELSTAR	2	
tretinoin (antineoplastic)	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)
nitazoxanide	1	PA; QL (20 EA per 30 days)
permethrin	1	QL (1 GM Max Qty Per Fill Retail)
ULESFIA	2	ST; QL (227 GM per 30 days)
ANTIPARKINSON DRUGS		
amantadine hcl	1	
benztropine	1	
bromocriptine	1	
carbidopa-levodopa	1	
carbidopa-levodopa-entacapone	1	
entacapone	1	
pramipexole oral tablet	1	
ropinirole oral tablet	1	
selegiline hcl	1	
trihexyphenidyl	1	
ZELAPAR	2	
ANTIPLATELET DRUGS		
anagrelide	1	
aspirin-dipyridamole	1	
BRILINTA	2	QL (2 EA per 1 day)
cilostazol	1	
clopidogrel	1	
dipyridamole oral	1	
prasugrel hcl	1	
ANTIVIRALS		
abacavir	1	

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

Drug Name	Tier	Restrictions / Limits
ISENTRESS HD	2	
JULUCA	2	QL (1 EA per 1 day)
lamivudine oral solution	1	
lamivudine oral tablet 100 mg	1	PA
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine	1	
lopinavir-ritonavir	1	
maraviroc oral tablet 150 mg	1	PA; QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	1	PA; QL (4 EA per 1 day)
nevirapine	1	
NORVIR ORAL POWDER IN PACKET	2	QL (6 EA per 180 days)
ODEFSEY	2	
oseltamivir oral capsule 30 mg	1	QL (40 EA per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	1	QL (20 EA per 365 days)
oseltamivir oral suspension for reconstitution	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)
penciclovir	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)
ritonavir	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)
tenofovir disoproxil fumarate	1	
TIVICAY	2	
trifluridine	1	
TRIUMEQ	2	PA
valacyclovir	1	ST
valganciclovir	1	
VEREGEN	2	PA
VIRACEPT	2	
VIREAD	2	
XERESE	2	QL (1 EA per 90 days)
zidovudine	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
amphetamine sulfate oral tablet 10 mg	1	PA; ST; QL (6 EA per 1 day); AR
amphetamine sulfate oral tablet 5 mg	1	PA; ST; QL (2 EA per 1 day); AR
ARICEPT	2	PA; QL (1 EA per 1 day)
bethanechol chloride	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
dextroamphetamine sulfate oral capsule, extended release	1	PA; ST; QL (2 EA per 1 day); AR
dextroamphetamine sulfate oral solution	1	PA; ST; QL (40 ML per 1 day); AR
dextroamphetamine sulfate oral tablet 10 mg	1	PA; ST; QL (4 EA per 1 day); AR
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	PA; ST; QL (2 EA per 1 day); AR
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA; ST; QL (1 EA per 1 day); AR
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	1	PA; ST; QL (1 EA per 1 day); AR
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	1	PA; ST; QL (2 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
dextroamphetamine-amphetamine oral tablet	1	PA; ST; QL (3 EA per 1 day); AR
donepezil	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
epinephrine injection auto-injector 0.15 mg/0.15 ml	2	QL (4 EA per 365 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	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)
galantamine oral capsule,ext rel. pellets 24 hr	1	QL (1 EA per 1 day)
galantamine oral solution	1	QL (6 ML per 1 day)
galantamine oral tablet	1	QL (2 EA per 1 day)
MESTINON ORAL TABLET	2	
MESTINON TIMESPAN	2	
methamphetamine	1	PA; ST; AR
midodrine	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
pilocarpine hcl oral	1	
PROCENTRA	1	PA; ST; QL (40 ML per 1 day); AR
pyridostigmine bromide oral syrup	1	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
rivastigmine	1	QL (1 EA per 1 day)
rivastigmine tartrate	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	
ENGERIX-B (PF)	2	
ENGERIX-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
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		
aminocaproic acid oral	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
pentoxifylline	1	
tranexamic acid oral	1	ST
CARDIAC DRUGS		
amiodarone oral	1	
amlodipine	1	
CARDIZEM LA	2	
CARTIA XT	1	
CORLANOR ORAL SOLUTION	2	PA; ST
DIGITEK	1	
digoxin oral solution	1	

Drug Name	Tier	Restrictions / Limits
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
diltiazem hcl intravenous solution	1	
diltiazem hcl oral	1	
DILT-XR	1	
disopyramide phosphate	1	
dofetilide	1	
felodipine	1	
flecainide	1	
ISORDIL TITRADOSE	2	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
ivabradine	1	PA; ST
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	2	
nifedipine	1	
nimodipine oral capsule	1	
NITRO-BID	1	
NITRO-DUR	2	
nitroglycerin oral	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual	1	
NITRO-TIME	1	
NORLIQVA	2	PA; ST
NORPACE CR	2	
PACERONE ORAL TABLET 200 MG	1	
propafenone	1	
ranolazine	1	
TIADYLT ER	1	
verapamil oral capsule,ext rel. pellets 24 hr	1	
verapamil oral tablet 120 mg, 80 mg	1	
verapamil oral tablet 40 mg	1	QL (12 EA per 1 day)
verapamil oral tablet extended release	1	
CARDIOVASCULAR		
acebutolol oral capsule 200 mg	1	QL (6 EA per 1 day)
acebutolol oral capsule 400 mg	1	QL (3 EA per 1 day)
aliskiren	1	
ALYQ	1	PA
amlodipine-benazepril	1	QL (30 EA per 22 days)
atenolol	1	
atenolol-chlorthalidone	1	
atorvastatin	1	
benazepril	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide	1	
bosentan oral tablet	1	PA
captopril-hydrochlorothiazide	1	
carvedilol	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)
cholestyramine (with sugar) oral powder	1	
CHOLESTYRAMINE LIGHT ORAL POWDER	1	

Drug Name	Tier	Restrictions / Limits
clonidine hcl oral tablet 0.1 mg	1	PA; ST; QL (24 EA per 1 day); AR
clonidine hcl oral tablet 0.2 mg	1	PA; ST; QL (12 EA per 1 day); AR
clonidine hcl oral tablet 0.3 mg	1	PA; ST; QL (8 EA per 1 day); AR
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr	1	ST; QL (4 EA per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	1	ST; QL (8 EA per 28 days)
colesevelam	1	
DEMSER	2	
doxazosin	1	
EDARBI	2	QL (1 EA per 1 day)
EDARBYCLOR	2	
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	2	PA; ST
ergoloid	1	QL (3 EA per 1 day)
ezetimibe	1	
ezetimibe-simvastatin	1	ST
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg	1	
fenofibrate nanocrystallized	1	
fenofibrate oral tablet 160 mg, 54 mg	1	
fosinopril	1	
gemfibrozil	1	
guanfacine oral tablet	1	PA; ST
hydralazine oral	1	
irbesartan	1	QL (1 EA per 1 day)
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
losartan oral tablet 100 mg	1	QL (1 EA per 1 day)
losartan oral tablet 25 mg, 50 mg	1	QL (2 EA per 1 day)
losartan-hydrochlorothiazide	1	
lovastatin	1	
methyldopa	1	
methyldopa-hydrochlorothiazide	1	
metoprolol succinate	1	
metoprolol tartrate oral	1	
metyrosine	1	PA
minoxidil oral	1	
nadolol	1	
nebivolol	1	
olmesartan oral tablet 20 mg, 40 mg	1	QL (1 EA per 1 day)
olmesartan oral tablet 5 mg	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)
pravastatin	1	
prazosin	1	
PREVALITE	1	
propranolol	1	
propranolol-hydrochlorothiazid	1	
PROSTIN VR PEDIATRIC	2	
quinapril-hydrochlorothiazide	1	
ramipril	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)
rosuvastatin	1	
sacubitril-valsartan	1	PA
sildenafil (pulm.hypertension) intravenous	1	PA; QL (60 ML per 1 day)
sildenafil (pulm.hypertension) oral suspension for reconstitution	1	PA; ST; QL (60 ML per 1 day)
sildenafil (pulm.hypertension) oral tablet	1	PA; QL (60 EA per 1 day)
simvastatin	1	
SOTALOL AF	1	
sotalol oral	1	
tadalafil (pulm. hypertension)	1	PA; QL (2 EA per 1 day)
telmisartan	1	QL (1 EA per 1 day)
terazosin	1	
TRACLEER ORAL TABLET FOR SUSPENSION	2	PA
treprostinil sodium	1	PA
valsartan oral tablet 160 mg, 40 mg, 80 mg	1	PA; QL (2 EA per 1 day)
valsartan oral tablet 320 mg	1	PA; QL (1 EA per 1 day)
valsartan-hydrochlorothiazide	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)
caffeine citrate oral	1	AR
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension	1	PA
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	PA
carbamazepine oral tablet,chewable	1	
CARBATROL	2	
CELONTIN	2	

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

Drug Name	Tier	Restrictions / Limits
gabapentin oral capsule 100 mg, 400 mg	1	QL (6 EA per 1 day)
gabapentin oral capsule 300 mg	1	QL (9 EA per 1 day)
gabapentin oral solution	1	QL (72 ML per 1 day)
gabapentin oral tablet 600 mg	1	QL (6 EA per 1 day)
gabapentin oral tablet 800 mg	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)
lacosamide oral tablet	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	
lamotrigine oral tablet	1	
lamotrigine oral tablet disintegrating, dose pk	1	QL (1 Pak per 90 days)
lamotrigine oral tablet extended release 24hr	1	
lamotrigine oral tablet, chewable dispersible	1	
lamotrigine oral tablet,disintegrating	1	
lamotrigine oral tablets,dose pack	1	QL (1 Pak per 90 days)
levetiracetam intravenous	1	
levetiracetam oral solution	1	QL (30 ML per 1 day)
levetiracetam oral tablet 1,000 mg	1	QL (3 EA per 1 day)
levetiracetam oral tablet 250 mg	1	QL (2 EA per 1 day)
levetiracetam oral tablet 500 mg	1	QL (6 EA per 1 day)
levetiracetam oral tablet 750 mg	1	QL (4 EA per 1 day)
levetiracetam oral tablet extended release 24 hr 500 mg	1	QL (2 EA per 1 day)
levetiracetam oral tablet extended release 24 hr 750 mg	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)
memantine oral capsule,sprinkle,er 24hr	1	QL (1 EA per 1 day)
memantine oral solution	1	QL (10 ML per 1 day)
memantine oral tablet	1	QL (2 EA per 1 day)
memantine oral tablets,dose pack	2	QL (1 Pak per 90 days)
memantine-donepezil	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)
oxcarbazepine	1	
OXTELLAR XR	2	
PHENYTEK	2	
phenytoin	1	
phenytoin sodium extended	1	
phenytoin sodium intravenous solution	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	QL (3 EA per 1 day)
pregabalin oral capsule 225 mg, 300 mg	1	QL (2 EA per 1 day)
pregabalin oral solution	1	QL (30 ML per 1 day)
primidone oral tablet 125 mg	2	
primidone oral tablet 250 mg, 50 mg	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
riluzole	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	
teriflunomide	1	PA
tetrabenazine	1	PA; ST
tiagabine	1	
TOPAMAX	2	PA
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	
topiramate oral capsule,extended release 24hr	1	PA
topiramate oral capsule,sprinkle,er 24hr	1	PA; QL (2 EA per 1 day)
topiramate oral tablet	1	
TRILEPTAL	2	PA
TROKENDI XR	2	QL (2 EA per 1 day)
valproate sodium	1	
valproic acid	1	
valproic acid (as sodium salt)	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
ZEPOSIA STARTER PACK (7-DAY)	2	PA; QL (1 Dose pack per 77 days)
zonisamide oral capsule 100 mg	1	ST; QL (2 EA per 1 day)
zonisamide oral capsule 25 mg, 50 mg	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)
CAZIANT (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	
desog-e.estradiol/e.estradiol	1	
DOLISHALE	1	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	1	PA
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	1	
drospirenone-ethinyl estradiol	1	
ELINEST	1	
ELLA	2	QL (6 EA per 365 days)
ELURYNG	1	
EMZAHH	1	
ENILLORING	1	

Drug Name	Tier	Restrictions / Limits
ENPRESSE	1	
ENSKYCE	1	
ERRIN	1	
ESTARYLLA	1	
ethynodiol diac-eth estradiol	1	
etonogestrel-ethinyl estradiol	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	
KARIVA (28)	1	
KELNOR 1/35 (28)	1	
KURVELO (28)	1	
KYLEENA	2	
l norgest/e.estradiol-e.estrad	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	
levonorgest-eth.estradiol-iron	1	
levonorgestrel-ethinyl estrad oral tablet	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	QL (1 EA per 1 day)
levonorg-eth estrad triphasic	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
medroxyprogesterone intramuscular	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	
norelgestromin-ethin.estradiol	1	
noreth-ethinyl estradiol-iron	1	
norethindrone (contraceptive)	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	
norethindrone-e.estradiol-iron	1	
norgestimate-ethinyl estradiol	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		
benzonatate	1	QL (4 EA per 1 day)
BROMFED DM	2	
brompheniramine-pseudoeph-dm	1	
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	1	PA; ST; QL (6 OZ per 1 RX); AR
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml (5 ml)	1	PA; ST
hydrocodone-homatropine oral tablet	1	PA; ST; AR
HYDROMET	1	PA; ST; QL (180 ML per 1 per fill); AR
promethazine-codeine	1	PA; ST; QL (180 per fill Max Qty Per Fill Retail)
promethazine-dm	1	
DIURETICS		
acetazolamide	1	
amiloride	1	
amiloride-hydrochlorothiazide	1	
bumetanide oral	1	
chlorthalidone	1	
DIURIL	2	
eplerenone	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet	1	
hydrochlorothiazide	1	
indapamide	1	
methazolamide	1	
metolazone	1	

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

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

Drug Name	Tier	Restrictions / Limits
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
PRED MILD	2	
prednisolone acetate	1	
prednisolone acetate (pf)	2	
prednisolone sodium phosphate ophthalmic (eye)	1	
PROLENSA	2	
RESTASIS	2	PA; ST; QL (2 EA per 1 day)
RHOPRESSA	2	
ROCKLATAN	2	
SIMBRINZA	2	ST
tetracaine hcl	1	PA
tetracaine hcl (pf) ophthalmic (eye)	2	PA
timolol maleate (pf)	1	
timolol maleate ophthalmic (eye) drops	1	
timolol maleate ophthalmic (eye) drops, once daily	1	
TRAVATAN Z	2	
tropicamide	1	
XIIDRA	2	PA; ST; QL (60 EA per 30 days)
ELECT/CALORIC/H2O		
arginine (l-arginine) oral capsule	2	
arginine (l-arginine) oral powder	2	
arginine (l-arginine) oral powder in packet 500 mg	2	
arginine (l-arginine) oral tablet	1	
arginine hcl (l-arginine)	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	
calcium acetate	1	
calcium acetate(phosphat bind)	1	
calcium carbonate oral tablet 500 mg calcium (1,250 mg)	1	
calcium carbonate oral tablet,chewable 500 mg calcium (1,250 mg)	1	
calcium carbonate-vit d3-min	1	
calcium carbonate-vitamin d3 oral capsule 600 mg-10 mcg (400 unit)	1	
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)	2	
calcium carbonate-vitamin d3 oral tablet 1,000 mg-20 mcg (800 unit)	2	

Drug Name	Tier	Restrictions / Limits
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)	1	
calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-10 mcg (400 unit)	1	
calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-2.5 mcg (100 unit)	2	
CALCIUM CITRATE + D	1	
calcium citrate-vitamin d3 oral liquid	1	
calcium citrate-vitamin d3 oral tablet	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	
dextrose oral gel	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	
ferrous sulfate oral drops	1	
ferrous sulfate oral elixir	1	
ferrous sulfate oral solution	1	
ferrous sulfate oral tablet	1	
ferrous sulfate oral tablet,delayed release (dr/ec)	1	
FE-VITE ORAL DROPS	1	
fluoride (sodium) dental cream	1	
GLUCOSE GEL	1	
glucose oral tablet,chewable 4 gram	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	
magnesium oxide oral tablet 400 mg magnesium	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
polysaccharide iron complex	1	
potassium chloride oral capsule, extended release	1	
potassium chloride oral liquid	1	
potassium chloride oral packet	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet,er particles/crystals	1	
potassium citrate oral tablet extended release	1	
potassium iodide oral solution	1	
PURE L-CITRULLINE ORAL CAPSULE	2	
RENVELA	2	
sevelamer hcl oral tablet 800 mg	1	
SF 5000 PLUS	1	
SODIUM FLUORIDE 5000 PLUS	1	
sodium polystyrene sulfonate	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	
zinc sulfate oral capsule	1	
ZINC-220	1	

Drug Name	Tier	Restrictions / Limits
GASTROINTESTINAL		
alosetron	1	PA
ANALPRAM-HC RECTAL	2	
aprepitant oral capsule 40 mg	1	QL (6 EA per 1 Fill)
aprepitant oral capsule 80 mg	1	PA; QL (6 EA per 1 Fill)
aprepitant oral capsule,dose pack	1	QL (2 packs per 1 Rx)
APRISO	2	
balsalazide	1	
chlordiazepoxide-clidinium	1	
CHOLBAM	2	PA
cimetidine oral tablet 300 mg, 400 mg, 800 mg	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	
dicyclomine oral capsule	1	
dicyclomine oral solution	1	
dicyclomine oral tablet 20 mg	1	
DIPENTUM	2	
diphenoxylate-atropine	1	
ED-SPAZ	1	
ENULOSE	1	

Drug Name	Tier	Restrictions / Limits
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	QL (1 EA per 1 day)
famotidine oral tablet 40 mg	1	QL (60 EA per 30 days)
FIBER (WITH ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	2	
FIBER THERAPY (PSYLLIUM-SUCRO)	2	
fosaprepitant	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	
glycopyrrolate oral solution	1	PA
glycopyrrolate oral tablet	1	
hydrocortisone-pramoxine rectal cream	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sublingual	1	
HYOSYNE	1	
icosapent ethyl	1	QL (4 EA per 1 day); AR
KONSYL (SUGAR)	2	
KRISTALOSE	2	
lactulose oral packet 10 gram	1	
lactulose oral solution	1	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	ST; QL (1 EA per 1 day)
LIALDA	2	

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

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

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

Drug Name	Tier	Restrictions / Limits
budesonide oral capsule,delayed,extend. release	1	
cabergoline	1	
calcitonin (salmon) nasal	1	
CHILDREN'S SLEEP (MELATONIN) ORAL LIQUID	2	
CLIMARA PRO	2	ST
COMBIPATCH	2	
CORTIFOAM	2	
cortisone	1	
COVARYX	1	
COVARYX H.S.	1	
deflazacort oral tablet	1	PA
DEPO-ESTRADIOL	2	
DEPO-TESTOSTERONE	2	PA
desmopressin nasal spray with pump	1	
desmopressin oral	1	
DEXAMETHASONE INTENSOL	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	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
estradiol oral	1	
estradiol transdermal gel in metered-dose pump	1	
estradiol transdermal patch weekly	1	
estradiol valerate	1	
estradiol-norethindrone acet	1	
ESTRING	2	
estrogens-methyltestosterone	1	
EVAMIST	2	
FENSOLVI	2	
fludrocortisone	1	
FYAVOLV	1	
GENOTROPIN	2	PA; ST
GENOTROPIN MINIQUICK	2	PA; ST
hydrocortisone oral	1	
hydrocortisone rectal	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
medroxyprogesterone oral	1	
melatonin oral capsule	2	
melatonin oral drops	2	PA
melatonin oral liquid 2.5 mg/10 ml	2	
melatonin oral liquid 5 mg/15 ml	1	
melatonin oral tablet 1 mg, 10 mg, 3 mg, 5 mg	1	
melatonin oral tablet 12 mg	2	
melatonin oral tablet,chewable 2.5 mg, 5 mg	2	
melatonin oral tablet,disintegrating 1 mg	2	
melatonin-lemon balm leaf extr	2	
melatonin-pyridoxine hcl (b6) oral tablet 1-10 mg, 3-10 mg	1	
MENEST	2	
methylergonovine oral	1	
methylprednisolone	1	
MIMVEY	1	
MINIVELLE	2	
MYFEMBREE	2	PA; QL (1 EA per 1 day)
NORDITROPIN FLEXPRO	2	PA; ST
norethindrone acetate	1	
octreotide acetate	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
prednisolone oral solution	1	
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)	1	
prednisone	1	
PREDNISONE INTENSOL	1	
PREMARIN	2	
PREMPRO	2	
progesterone	1	
progesterone micronized oral	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
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA; ST; QL (300 GM per 22 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; ST; QL (150 GM per 22 days); AR
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1	PA; ST; QL (30 GM per 30 days); AR
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	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)
azathioprine oral tablet 50 mg	1	
cyclosporine modified	1	
cyclosporine oral	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
everolimus (immunosuppressive)	1	
GENGRAF	1	
KEVZARA SUBCUTANEOUS PEN INJECTOR	2	PA
KEVZARA SUBCUTANEOUS SYRINGE	2	PA; QL (2.28 ML per 22 days)
mycophenolate mofetil	1	
mycophenolate sodium	1	
NEMLUVIO	2	
NEORAL	2	
pimecrolimus	1	PA; ST; QL (100 GM per 25 days)
SANDIMMUNE ORAL	2	
sirolimus	1	
tacrolimus oral capsule	1	
tacrolimus topical	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)
insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1/2 ml 27 gauge x 1/2"	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)
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		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	2	
chlorzoxazone	1	
cyclobenzaprine oral tablet	1	
methocarbamol injection	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate	1	
tizanidine oral tablet	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	
pnv no.95-ferrous fumarate-fa	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	
prenatal vit no.179-iron-folic	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
prenatal vit-iron fum-folic ac	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)
alprazolam oral tablet	1	PA; QL (4 EA per 1 day)
alprazolam oral tablet extended release 24 hr	1	PA; QL (1 EA per 1 day)
alprazolam oral tablet,disintegrating	1	PA; QL (4 EA per 1 day)
amitriptyline oral tablet 10 mg	1	QL (4 EA per 1 day)
amitriptyline oral tablet 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	QL (3 EA per 1 day)
amitriptyline-chlordiazepoxide	1	PA
amoxapine oral tablet 100 mg, 50 mg	1	QL (4 EA per 1 day)
amoxapine oral tablet 150 mg, 25 mg	1	QL (2 EA per 1 day)
ANAFRANIL ORAL CAPSULE 25 MG	2	PA; QL (2 EA per 1 day)
ANAFRANIL ORAL CAPSULE 50 MG	2	PA; QL (5 EA per 1 day)
ANAFRANIL ORAL CAPSULE 75 MG	2	PA; QL (3 EA per 1 day)
APLENZIN	2	ST; QL (1 EA per 1 day)
APTENSIO XR	2	PA; ST; QL (1 EA per 1 day); AR
aripiprazole oral solution	1	PA; ST; QL (30 ML per 1 day); AR
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 30 mg	1	PA; ST; QL (1 EA per 1 day); AR
aripiprazole oral tablet 20 mg	1	PA; ST; QL (2 EA per 1 day); AR
aripiprazole oral tablet 5 mg	1	PA; ST; QL (1.5 EA per 1 day); AR
aripiprazole oral tablet,disintegrating	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
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1	PA; ST; QL (1 EA per 1 day); AR
armodafinil oral tablet 50 mg	1	PA; ST; QL (2 EA per 1 day); AR
asenapine maleate	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)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	ST; QL (2 EA per 1 day)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	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
bupropion hcl oral tablet	1	ST; QL (4 EA per 1 day)
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	ST; QL (1 EA per 1 day)
bupropion hcl oral tablet extended release 24 hr 450 mg	2	ST; QL (1 EA per 1 day)
bupropion hcl oral tablet sustained-release 12 hr	1	ST; QL (2 EA per 1 day)
buspirone oral tablet 10 mg	1	QL (4 EA per 1 day)
buspirone oral tablet 15 mg, 5 mg, 7.5 mg	1	QL (3 EA per 1 day)
buspirone oral tablet 30 mg	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)
chlordiazepoxide hcl	1	PA; QL (4 EA per 1 day)
chlorpromazine injection	1	PA
chlorpromazine oral concentrate 100 mg/ml	1	PA; QL (8 ML per 1 day)
chlorpromazine oral concentrate 30 mg/ml	1	PA; QL (26.7 ML per 1 day)
chlorpromazine oral tablet	1	PA; QL (4 EA per 1 day)
citalopram oral capsule	2	QL (1 EA per 1 day)
citalopram oral solution	1	QL (20 ML per 1 day)
citalopram oral tablet 10 mg, 20 mg	1	ST; QL (1.5 EA per 1 day)
citalopram oral tablet 40 mg	1	ST; QL (1 EA per 1 day)
clomipramine oral capsule 25 mg	1	QL (2 EA per 1 day)
clomipramine oral capsule 50 mg	1	QL (5 EA per 1 day)
clomipramine oral capsule 75 mg	1	QL (3 EA per 1 day)
clonidine hcl oral tablet extended release 12 hr	1	PA; ST; QL (4 EA per 1 day)
clorazepate dipotassium	1	PA; QL (4 EA per 1 day)
clozapine oral tablet 100 mg	1	PA; ST; QL (6 EA per 1 day); AR
clozapine oral tablet 200 mg, 25 mg, 50 mg	1	PA; ST; QL (3 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
clozapine oral tablet,disintegrating 100 mg	1	PA; ST; QL (6 EA per 1 day); AR
clozapine oral tablet,disintegrating 12.5 mg, 150 mg, 200 mg, 25 mg	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,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG	2	PA; ST; QL (2 EA per 1 day); AR
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER 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
desipramine oral tablet 10 mg	1	QL (4 EA per 1 day)
desipramine oral tablet 100 mg	1	QL (3 EA per 1 day)
desipramine oral tablet 150 mg, 25 mg, 50 mg, 75 mg	1	QL (2 EA per 1 day)
desvenlafaxine oral tablet extended release 24 hr 100 mg	2	QL (2 EA per 1 day)
desvenlafaxine oral tablet extended release 24 hr 50 mg	2	QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	1	QL (2 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg	1	QL (1 EA per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50	1	PA; ST; QL (1 EA per 1 day); AR
dexmethylphenidate oral tablet 10 mg	1	PA; ST; QL (4 EA per 1 day); AR
dexmethylphenidate oral tablet 2.5 mg, 5 mg	1	PA; ST; QL (2 EA per 1 day); AR
diazepam injection	1	PA
DIAZEPAM INTENSOL	1	PA; QL (8 ML per 1 day)
diazepam oral concentrate	1	PA; QL (8 ML per 1 day)
diazepam oral solution	1	PA; QL (8 ML per 1 day)
diazepam oral tablet	1	PA; QL (4 EA per 1 day)
doxepin oral capsule 10 mg	1	QL (4 EA per 1 day)
doxepin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	QL (2 EA per 1 day)
doxepin oral concentrate	1	QL (30 ML per 1 day)
DRIZALMA SPRINKLE	2	QL (2 EA per 1 day)
droperidol	1	
duloxetine	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
escitalopram oxalate oral solution	1	QL (20 ML per 1 day)
escitalopram oxalate oral tablet 10 mg, 20 mg	1	QL (1.5 EA per 1 day)
escitalopram oxalate oral tablet 5 mg	1	QL (1 EA per 1 day)
FANAPT	2	PA; ST; QL (2 EA per 1 day); AR
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)
fluoxetine oral capsule 10 mg	1	QL (1 EA per 1 day)
fluoxetine oral capsule 20 mg	1	QL (4 EA per 1 day)
fluoxetine oral capsule 40 mg	1	QL (2 EA per 1 day)
fluoxetine oral capsule,delayed release(dr/ec)	1	QL (4 EA per 28 days)
fluoxetine oral solution	1	QL (20 ML per 1 day)
fluoxetine oral tablet 10 mg	1	QL (1.5 EA per 1 day)
fluoxetine oral tablet 20 mg	1	QL (4 EA per 1 day)
fluoxetine oral tablet 60 mg	1	QL (1 EA per 1 day)
fluphenazine decanoate	1	PA; ST; AR
fluphenazine hcl injection	1	PA; ST; AR
fluphenazine hcl oral concentrate	1	PA; ST; AR
fluphenazine hcl oral elixir	1	PA; ST; AR
fluphenazine hcl oral tablet	1	PA; ST; QL (4 EA per 1 day); AR
fluvoxamine oral capsule,extended release 24hr	1	QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg	1	QL (3 EA per 1 day)
fluvoxamine oral tablet 25 mg, 50 mg	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)
guanfacine oral tablet extended release 24 hr	1	PA; ST; QL (1 EA per 1 day)
haloperidol	1	PA; ST; QL (3 EA per 1 day); AR
haloperidol decanoate	1	PA; ST; AR
haloperidol lactate	1	PA; ST; AR
imipramine hcl oral tablet 10 mg	1	QL (2 EA per 1 day)
imipramine hcl oral tablet 25 mg	1	QL (1 EA per 1 day)
imipramine hcl oral tablet 50 mg	1	QL (6 EA per 1 day)
imipramine pamoate oral capsule 100 mg	1	QL (3 EA per 1 day)
imipramine pamoate oral capsule 125 mg, 150 mg	1	QL (2 EA per 1 day)
imipramine pamoate oral capsule 75 mg	1	QL (1 EA per 1 day)
INTUNIV ER	2	PA; ST; QL (1 EA per 1 day)
INVEGA	2	PA; ST; AR
INVEGA HAFYERA	2	PA; ST; QL (1 ML per 180 days)
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)
lisdexamfetamine	1	QL (1 EA per 1 day); AR
lithium carbonate	1	
lithium citrate	1	
LITHOBID	2	PA
LORAZEPAM INTENSOL	1	PA

Drug Name	Tier	Restrictions / Limits
lorazepam oral concentrate	1	PA
lorazepam oral tablet	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)
loxapine succinate	1	PA; ST; QL (4 EA per 1 day); AR
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	PA; ST; QL (1 EA per 1 day); AR
lurasidone oral tablet 80 mg	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)
meprobamate	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
methylphenidate	1	PA; ST; QL (1 EA per 1 day); AR
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	1	PA; ST; QL (1 EA per 1 day); AR
methylphenidate hcl oral capsule, er biphasic 30-70	1	PA; ST; QL (1 EA per 1 day); AR
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg	1	PA; ST; QL (1 EA per 1 day); AR
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	1	PA; ST; QL (2 EA per 1 day); AR
methylphenidate hcl oral solution 10 mg/5 ml	1	PA; ST; QL (30 ML per 1 day); AR
methylphenidate hcl oral solution 5 mg/5 ml	1	PA; ST; QL (60 ML per 1 day); AR
methylphenidate hcl oral tablet	1	PA; ST; QL (3 EA per 1 day); AR
methylphenidate hcl oral tablet extended release	1	PA; ST; QL (3 EA per 1 day); AR
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg	1	PA; ST; QL (1 EA per 1 day); AR
methylphenidate hcl oral tablet extended release 24hr 36 mg, 54 mg	1	PA; ST; QL (2 EA per 1 day); AR
methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg	2	PA; ST; AR
methylphenidate hcl oral tablet extended release 24hr 72 mg	2	PA; ST; QL (1 EA per 1 day); AR
methylphenidate hcl oral tablet,chewable	1	PA; ST; QL (3 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
mirtazapine	1	QL (1 EA per 1 day)
modafinil oral tablet 100 mg	1	PA; QL (1 EA per 1 day); AR
modafinil oral tablet 200 mg	1	PA; QL (2 EA per 1 day); AR
molindone oral tablet 10 mg	1	QL (4 EA per 1 day); AR
molindone oral tablet 25 mg	1	PA; ST; QL (9 EA per 1 day); AR
molindone oral tablet 5 mg	1	PA; ST; QL (4 EA per 1 day); AR
NARDIL	2	PA; QL (6 EA per 1 day)
nefazodone	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)
nortriptyline oral capsule 10 mg, 25 mg	1	QL (4 EA per 1 day)
nortriptyline oral capsule 50 mg	1	QL (3 EA per 1 day)
nortriptyline oral capsule 75 mg	1	QL (2 EA per 1 day)
nortriptyline oral solution	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
olanzapine intramuscular	1	PA; ST; AR
olanzapine oral tablet 10 mg, 15 mg	1	PA; ST; QL (2 EA per 1 day); AR
olanzapine oral tablet 2.5 mg, 5 mg, 7.5 mg	1	PA; ST; QL (1 EA per 1 day); AR
olanzapine oral tablet 20 mg	1	PA; ST; QL (3 EA per 1 day); AR
olanzapine oral tablet,disintegrating 10 mg, 15 mg	1	PA; ST; QL (2 EA per 1 day); AR
olanzapine oral tablet,disintegrating 20 mg	1	PA; ST; QL (3 EA per 1 day); AR
olanzapine oral tablet,disintegrating 5 mg	1	PA; ST; QL (1 EA per 1 day); AR
olanzapine-fluoxetine	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
oxazepam	1	PA; QL (4 EA per 1 day)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	PA; ST; QL (1 EA per 1 day); AR
paliperidone oral tablet extended release 24hr 6 mg	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)
paroxetine hcl oral suspension	1	ST; QL (40 ML per 1 day); AR
paroxetine hcl oral tablet 10 mg	1	ST; QL (1.5 EA per 1 day); AR
paroxetine hcl oral tablet 20 mg	1	ST; QL (1 EA per 1 day); AR
paroxetine hcl oral tablet 30 mg, 40 mg	1	ST; QL (2 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg	1	ST; QL (1 EA per 1 day); AR
paroxetine hcl oral tablet extended release 24 hr 37.5 mg	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)
perphenazine	1	PA; ST; QL (4 EA per 1 day); AR
perphenazine-amitriptyline	1	PA; ST; AR
PERSERIS	2	PA; ST; QL (1 EA per 28 days)
phenelzine	1	QL (6 EA per 1 day)
pimozide oral tablet 1 mg	1	PA; ST; QL (10 EA per 1 day); AR
pimozide oral tablet 2 mg	1	PA; ST; QL (5 EA per 1 day); AR
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	2	PA; QL (2 EA per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	PA; QL (1 EA per 1 day)
protriptyline	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
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	PA; ST; QL (3 EA per 1 day); AR
quetiapine oral tablet 150 mg	2	PA; ST; QL (2 EA per 1 day); AR
quetiapine oral tablet 300 mg, 400 mg	1	PA; ST; QL (4 EA per 1 day); AR
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	PA; ST; QL (1 EA per 1 day); AR
quetiapine oral tablet extended release 24 hr 300 mg	1	PA; ST; QL (3 EA per 1 day); AR
quetiapine oral tablet extended release 24 hr 400 mg	1	PA; ST; QL (4 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
quetiapine oral tablet extended release 24 hr 50 mg	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)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml	1	PA; ST; QL (2 EA per 28 days); AR
risperidone microspheres intramuscular suspension,extended rel recon 50 mg/2 ml	1	PA; ST; QL (2 EA per 28 days)
risperidone oral solution	1	PA; ST; QL (8 ML per 1 day); AR
risperidone oral tablet	1	PA; ST; QL (2 EA per 1 day); AR
risperidone oral tablet,disintegrating	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
sertraline oral capsule 150 mg	2	QL (2 EA per 1 day)
sertraline oral capsule 200 mg	2	QL (1 EA per 1 day)
sertraline oral concentrate	1	QL (10 ML per 1 day)
sertraline oral tablet 100 mg	1	QL (3 EA per 1 day)
sertraline oral tablet 25 mg, 50 mg	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)
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)
VIIBRYD	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
ziprasidone hcl oral capsule 20 mg, 40 mg	1	PA; ST; QL (2 EA per 1 day); AR
ziprasidone hcl oral capsule 60 mg, 80 mg	1	PA; ST; QL (3 EA per 1 day); AR
ziprasidone mesylate	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
doxepin oral tablet	1	QL (1 EA per 1 day)
EDLUAR	2	QL (1 EA per 1 day)
estazolam	1	PA; QL (1 EA per 1 day)
eszopiclone	1	QL (1 EA per 1 day)
flurazepam	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)
lorazepam injection	1	PA
LUMRYZ	2	
LUNESTA	2	PA; QL (1 EA per 1 day)
midazolam oral syrup 10 mg/5 ml (2 mg/ml)	2	PA
midazolam oral syrup 2 mg/ml	1	PA
pentobarbital sodium	1	
phenobarbital	1	
phenobarbital sodium	1	
quazepam	2	PA; QL (1 EA per 1 day)
QUVIVIQ	2	ST; QL (1 EA per 1 day); AR
ramelteon	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)
sodium oxybate	2	PA; ST; QL (18 ML per 1 day); AR
tasimelteon	1	PA; ST; QL (1 EA per 1 day); AR
temazepam	1	PA; QL (1 EA per 1 day)
triazolam	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
zaleplon	1	QL (2 EA per 1 day)
zolpidem oral capsule	2	QL (1 EA per 1 day)
zolpidem oral tablet	1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase	1	QL (1 EA per 1 day)
zolpidem sublingual	1	QL (1 EA per 1 day)
SKIN PREPS		
ACCUTANE	1	
acitretin	1	PA
ALA-CORT	1	
alclometasone topical cream	1	
alclometasone topical ointment	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
betamethasone dipropionate topical cream	1	
betamethasone dipropionate topical lotion	1	
betamethasone dipropionate topical ointment	1	PA
betamethasone valerate topical cream	1	
betamethasone valerate topical lotion	1	
betamethasone valerate topical ointment	1	
betamethasone, augmented topical cream	1	
betamethasone, augmented topical lotion	1	
betamethasone, augmented topical ointment	1	
calcipotriene scalp	1	QL (2 ML per 1 day)
calcipotriene topical cream	1	QL (4 GM per 1 day)
CLARAVIS	1	ST; AR
clindamycin-benzoyl peroxide topical gel	1	ST
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	1	ST
clobetasol scalp	1	PA
clobetasol topical cream 0.05 %	1	PA
clobetasol topical gel	1	PA
clobetasol topical ointment	1	
clobetasol topical shampoo	1	PA; QL (118 ML per 30 days)

Drug Name	Tier	Restrictions / Limits
clobetasol-emollient topical cream	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
desonide topical cream	1	
desonide topical ointment	1	
desoximetasone topical cream 0.25 %	1	
desoximetasone topical ointment 0.05 %	1	QL (4 GM per 1 day)
DIFFERIN TOPICAL CREAM	2	PA
DIFFERIN TOPICAL GEL WITH PUMP	2	PA; ST
DIFFERIN TOPICAL LOTION	2	
diflorasone	1	PA; QL (2 GM per 1 day)
ENSTILAR	2	
EPIDUO FORTE	2	PA
EUCRISA	2	PA
FINACEA	2	ST
fluocinolone and shower cap	1	QL (1 ML per 28 days)
fluocinolone topical cream	1	QL (2 GM per 1 day)
fluocinolone topical oil	1	
fluocinolone topical ointment	1	QL (2 GM per 1 day)
fluocinolone topical solution	1	QL (4 ML per 1 day)
fluocinonide topical cream	1	PA
fluocinonide topical gel	1	PA; QL (2 GM per 1 day)
fluocinonide topical ointment	1	PA; QL (2 GM per 1 day)
fluocinonide topical solution	1	QL (4 ML per 1 day)
FLUOCINONIDE-E	1	
fluocinonide-emollient	1	
fluticasone propionate topical cream	1	QL (2 GM per 1 day)
fluticasone propionate topical ointment	1	QL (2 GM per 1 day)
hydrocortisone butyrate topical ointment	1	
hydrocortisone butyrate topical solution	1	QL (2 ML per 1 day)
hydrocortisone topical cream 2.5 %	1	
hydrocortisone topical cream with perineal applicator	1	
hydrocortisone topical lotion 2 %, 2.5 %	1	
hydrocortisone topical ointment 2.5 %	1	
hydrocortisone valerate topical cream	1	
lidocaine hcl-hydrocortison ac topical	1	PA; QL (29 GM per 30 days)
METROCREAM	2	
METROLOTION	2	
metronidazole topical cream	1	AR
metronidazole topical gel	1	AR
metronidazole topical lotion	1	AR
mometasone topical	1	
NEUAC	1	ST
OPZELURA	2	PA; QL (360 GM per 1 Year)

Drug Name	Tier	Restrictions / Limits
PENNSAID	2	
podofilox topical solution	1	QL (1 ML per 28 days)
prednicarbate topical ointment	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)
selenium sulfide topical lotion	1	
sulfacetamide sodium topical cleanser, gel	1	ST
sulfacetamide sodium topical shampoo 10 %	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
tazarotene topical cream 0.1 %	1	
triamcinolone acetonide topical cream	1	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	QL (454 GM per 30 days)
TRI-CHLOR	1	
TRIDERM	1	QL (454 GM per 30 days)
urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %	1	
urea topical lotion 40 %	2	
VECTICAL	2	
ZENATANE	1	ST; AR
ZIANA	2	PA; ST
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	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
varenicline tartrate oral tablet	1	ST; AR
varenicline tartrate oral tablets,dose pack	1	ST; QL (1 Pack per 90 days); AR
THYROID PREPS		
ARMOUR THYROID	2	
EUTHYROX	1	
levothyroxine oral tablet	1	
LEVOXYL	1	
liothyronine oral	1	
methimazole	1	
NP THYROID	1	
propylthiouracil	1	
SYNTHROID	2	
thyroid (pork)	1	
UNITHROID	1	

Drug Name	Tier	Restrictions / Limits
UNCLASSIFIED DRUG PRODUCTS		
acamprosate	1	
ADBRY	2	PA; ST
alendronate oral tablet	1	
alfuzosin	1	
arginine (l-arginine) (bulk) crystals	2	
BASE, PCCA SYRUP VEHICLE	2	
buprenorphine hcl sublingual	1	QL (24 MG per 1 day)
buprenorphine-naloxone sublingual tablet	1	QL (24 MG per 1 day)
CARBAGLU	2	PA
CHEMET	2	
chloral hydrate (bulk)	2	
chlorhexidine gluconate mucous membrane	1	
cinacalcet	1	
cpd vehicle susp.sugar-free 12	2	
deferasirox oral tablet, dispersible	1	PA
disulfiram	1	
doxycycline hyclate oral tablet 20 mg	1	
dutasteride	1	
ESBRIET ORAL CAPSULE	2	PA; QL (9 EA per 1 day)
fesoterodine	1	
finasteride oral tablet 5 mg	1	
FLAVOR BLEND 2 IN 1	2	
FLAVOR PLUS	2	
FLAVOR SWEET	2	
FLAVOR SWEET-SF	2	
fluphenazine decanoate (bulk) liquid	2	AR
fluphenazine decanoate (bulk) oil	2	
FORTEO	2	PA; ST; QL (2.4 ML per 22 days)
GALZIN	2	PA
HAEGARDA	2	PA
HYPER-SAL	2	
ibandronate oral	1	
icatibant	1	PA
leucovorin calcium oral	1	
levocarnitine (with sugar)	1	
levocarnitine oral solution 100 mg/ml	1	
MEGAVITE	2	
MEGAVITE GOLDEN YEARS 55 PLUS	2	
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	1	PA
MESNEX ORAL	2	
miglustat	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	
nitisinone	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
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet 2.5 mg	2	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr	1	
OXYTROL	2	
paricalcitol oral capsule 4 mcg	1	ST
PAROEX ORAL RINSE	1	
paroxetine mesylate(menop.sym)	1	ST
PCCA-PLUS BASE	2	
PERIOGARD	1	

Drug Name	Tier	Restrictions / Limits
PHYTOMULTI	2	
pirfenidone oral capsule	1	PA
pirfenidone oral tablet 267 mg, 801 mg	1	PA
PULMOSAL	1	
PULMOZYME	2	PA; QL (2.5 ML per 1 day)
raloxifene	1	
risedronate oral tablet	1	PA; ST
sapropterin	1	PA
SAVELLA ORAL TABLET	2	
SAVELLA ORAL TABLETS,DOSE PACK	2	QL (1 Pak per 90 days)
selegiline hcl (bulk)	2	
SENSIPAR	2	
simple syrup	1	
sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %	1	
sodium chloride inhalation solution for nebulization 10 %	1	QL (4 ML per 1 day)
sodium phenylbutyrate (bulk)	1	
solifenacin	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	
tamsulosin	1	
TEZSPIRE	2	PA; ST
THIOLA EC	2	
tolterodine	1	
triamcinolone acetonide dental	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	
ascorbic acid (vitamin c) oral tablet	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	
biotin oral capsule 5 mg	1	
C COMPLEX	1	
C-1000	1	
C-1000 WITH ROSE HIPS	1	
C-500 ORAL TABLET	1	
CALCIDOL	1	
calcitriol oral	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	
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)	1	
cholecalciferol (vitamin d3) oral capsule 62.5 mcg (2,500 unit)	2	
cholecalciferol (vitamin d3) oral drops 10 mcg/drop (400 unit/drop)	2	
cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)	1	
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)	1	
cholecalciferol (vitamin d3) oral tablet,chewable 10 mcg (400 unit), 25 mcg (1,000 unit)	1	
COMPLETE MULTIVITAMIN-MINERAL ORAL LIQUID	2	
COMPLETE MULTIVITAMIN-MINERAL ORAL TABLET	1	
COMPLETE MV ADULT 50 PLUS	1	
CORVITA	1	
CORVITE	2	
CORVITE FREE	2	
cyanocobalamin (vitamin b-12) injection	1	
cyanocobalamin (vitamin b-12) oral capsule 1,000 mcg	2	
cyanocobalamin (vitamin b-12) oral liquid	2	
cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg	1	
cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg	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	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
ergocalciferol (vitamin d2) oral capsule 50 mcg (2,000 unit)	2	
ergocalciferol (vitamin d2) oral drops	1	
ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)	1	
ergocalciferol (vitamin d2) oral tablet 50 mcg (2,000 unit)	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	
levomefolate calcium	1	PA
LIQUID B-12	1	
LITTLE ANIMALS	1	
LITTLE ANIMALS-IRON	1	
lmefol ca-acetyl-meb12-algal	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	
multivit with min-folic acid oral tablet	1	

Drug Name	Tier	Restrictions / Limits
multivit,calc,min-fa-k1-lycop	2	
multivitamin	1	
MULTIVITAMIN 50 PLUS	1	
MULTIVITAMIN GUMMIES	2	
MULTI-VITAMIN HP/MINERALS	1	
multivitamin with iron	1	
MULTIVITAMIN WITH MINERALS	1	
MULTIVITAMIN WOMEN 50 PLUS	1	
MULTI-VITE ORAL LIQUID 9 MG IRON/15 ML	2	
multivit-min-ferrous fumarate	2	
multivit-min-ferrous gluconate oral liquid 9 mg iron/ 15 ml (15 ml)	2	
multivit-min-folic acid-lutein	2	
multivit-min-iron fum-folic ac	1	
MVW COMPLETE FORMUL MULTIVIT	2	
MVW COMPLETE FORMULATION D3000	2	
MVW COMPLETE FORMULATION D5000	2	
MY-VITALIFE	1	
NEOVITE	2	
niacin (inositol niacinate) oral tablet	2	
niacin oral tablet 100 mg, 250 mg, 50 mg	1	
niacinamide oral tablet 500 mg	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	
pedi multivit no.194-iron sulf	2	
PEDIA D-VITE ORAL DROPS	1	
PEDIA POLY-VITE WITH IRON ORAL DROPS	2	
PEDIATRIC D-VITE	1	
pediatric multivitamin no.171	2	
PEDIATRIC POLY-VITE	2	
PEDIATRIC POLY-VITE WITH IRON	2	
phytonadione (vitamin k1) oral tablet 5 mg	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	
pyridoxine (vitamin b6) 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	
riboflavin (vitamin b2) 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	
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	
thiamine hcl (vitamin b1) oral tablet 100 mg, 250 mg, 50 mg	1	
thiamine mononitrate (vit b1) 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	
VITAJOY DAILY D	1	
VITALEE	1	
VITALETS	1	
vitamin a oral capsule 3,000 mcg (10,000 unit)	1	
vitamin a palmitate oral capsule	2	
vitamin a palmitate oral tablet 3,000 mcg (10,000 unit)	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	
VITAMIN D3	1	
vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 45 mg (100 unit), 90 mg (200 unit)	1	
vitamin e (dl, acetate) oral drops 22.5 mg (50 unit)/ml	1	
vitamin e (dl, acetate) oral drops 45 mg/0.25ml 100 unit/0.25ml	2	
vitamin e acetate	1	
vitamin e mixed oral capsule 400 unit	1	
vitamin e oral capsule 268 mg (400 unit)	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	
infliximab	2	PA
OCREVUS	2	PA; QL (20 ML per 153 days)
RITUXAN	2	PA
SIMPONI ARIA	2	PA
TYSABRI	2	PA
VENOFER	2	

Index