



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

4/1/2026

### INTRODUCTION

This is the 2026 **CareSource Medicaid Preferred Drug List (PDL)**. This list can help providers pick the most fitting and lowest priced products. All Indiana Medicaid drugs are covered by CareSource. This is just a list of preferred drugs.

These drugs have been reviewed by the CareSource Pharmacy and Therapeutics (P&T) Committee. The list is up to date at the time of review.

We do not promise the accuracy of the data. It is also not meant to be a full list. It does not substitute for the provider's skill and judgment. This list is just a guide. Providers are fully responsible for all drug choices.

The list is subject to state rules. This can be:

- rules about generic options
- controlled substance schedules
- brand preference
- mandatory generics (when it applies)
- and other rules

We are not responsible for the actions of any provider. They should view the drug maker's standard references. National standards can be found online:

<http://www.guideline.gov>.

### PREFACE

The list is set up in sections. Each section is split up by therapeutic drug class by method of action. Products are listed by generic name. The brand name is also listed. This is for information only. Unless the drug is a special case, the dosage, forms and strengths are listed.

### P&T COMMITTEE

Safe and useful drug therapies are approved by a national P&T Committee. It is made up of:

- plan medical directors

- pharmacy staff
- the medical community

## DRUG LIST PRODUCT DESCRIPTIONS

A strength, dosage or other formulation may be covered only if it is listed. Other versions are not covered. Injectable forms of the product are an example. Extended- and delayed-release products have their own listing. Exceptions are noted.

### **Pregabalin**

All strengths of Lyrica would be part of this listing.

### **Lyrica**

### **Colestipol tabs**

The generic name is on the list. The oral packets and granules are not. They would have their own entry.

### **Colestid**

### **Metformin**

The immediate-release listing would not have the extended-release product.

### **Glucophage**

### **Metformin ext-rel**

A second listing shows the extended release. Dosage will be shown where the drug is listed.

### **Glucophage XR**

### **Neomycin/polymyxin B/hydrocortisone**

Cortisporin is only in the OTIC list. This only includes that solution and suspension. The cream is not on the list. It would be part of the DERMATOLOGY section.

### **Cortisporin**

## GENERIC SUBSTITUTION

A generic can be given instead of a brand-name product. This is done by a pharmacy. A brand-name drug with a generic will become not preferred. The generic will be covered instead. The list is subject to state laws on generic substitution.

Generic drugs often have lower prices than the brand name. They should be given first if all standards are followed. Generic drugs are:

- Approved by the U.S. FDA for safety and effectiveness. They are made under the same standards as brand names.
- Tested in humans. The generic must be absorbed at the same rate as the brand name. They may differ in size, color, and inactive ingredients.
- Made in the same strength and dosage as the brand name.
- A generic will have the same effect and be as safe as the brand name.

## PLAN DESIGN

The list shows a closed formulary plan. These drugs are covered by the plan as listed. Certain drugs are covered if some standards are met first. This can be:

- step therapy
- prior authorization (PA)
- quantity limits

Asks for drugs outside of these standards will be reviewed. If a drug is not listed, you can ask for an exception for coverage. Medical need asks will also be reviewed. This is based on PA steps or non-formulary standards.

## DISPENSING LIMITS

HIP Plus members can fill maintenance medications. This includes up to 90-day supplies and can be through a drug store or mail order. For Hoosier Healthwise and HIP Basic members, this is a 30-day supply limit.

## HIP BASIC and HIP STATE PLAN BASIC

HIP Basic is for HIP members who do not make their monthly Personal Wellness and Responsibility (POWER) Account payments for more than 60 days. HIP Basic members must make under a certain amount each month.

HIP Basic members have copays for most health care. This includes doctor visits, medication, and hospital stays. The copay costs vary.

HIP Basic meets the State of Indiana minimum coverage requirement. These plans do not cover dental or vision care. Other items not covered by these plans include, but are not limited to:

- bariatric surgery,
- Temporomandibular Joint (TMJ) Disorders
- or rides.

HIP Basic allows for fewer visits to therapists like physical, speech and occupational.

## HOOSIER HEALTHWISE PLAN A and PLAN C

Hoosier Healthwise offers health care for pregnant women and children. The program covers medical care like:

- doctor visits,
- medication,
- mental health care,
- dental care,

- hospital stays,
- surgeries,
- and family planning.

This is at little or no cost to the member or their family.

Package C is called Children's Health Insurance Program (CHIP). It is for children up to age 19. There is a small monthly payment. Some services have a copay. Payment amounts go off family income.

Most children will be in the Hoosier Healthwise Program. There are two benefit packages. You may be able to get one of these based on your family income. To learn more, visit: <https://fssabenefits.in.gov/bp/#/eligibility/eligibility-home>.

## NOTICE

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This list has brand-name prescription drugs that are trademarks or registered trademarks.

CareSource does not control the organizations listed. CareSource is not responsible for the accuracy of the content. These listings are not recommendations by CareSource.

**Note: This list is updated regularly. Changes may show before their effective date.**

## List of Abbreviations

**1:** Preferred generic product

**2:** Preferred brand product

**ACA:** Affordable Care Act

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

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

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

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

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

# Indiana Medicaid Preferred Drug List

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## CURRENT AS OF 4/1/2026

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

Drug Name	Tier	Restrictions / Limits
BUTRANS	2	PA; QL (4 EA per 28 days)
<i>codeine sulfate</i>	1	PA; ST; AR
<i>codeine-butalbital-asa-caff</i>	1	PA; ST; AR
<i>diclofenac potassium oral tablet</i>	1	
<i>diflunisal</i>	1	
<i>dihydroergotamine injection</i>	1	
DURAMORPH (PF)	1	PA
ELYXYB	2	PA; ST; QL (120 ML per 1 day)
EMGALITY PEN	2	PA; ST; QL (240 ML per 22 days); AR
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; ST; QL (240 ML per 22 days); AR
ENDOCET	1	PA; QL (3 EA per 1 day)
<i>ergotamine-caffeine</i>	1	
<i>fentanyl</i>	1	PA; QL (10 EA per 22 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA; QL (3 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; QL (3 EA per 1 day)
<i>hydrocodone-ibuprofen</i>	1	PA
<i>hydromorphone (pf) injection solution 1 mg/ml, 4 mg/ml</i>	2	PA
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	PA
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i>	1	PA

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

Drug Name	Tier	Restrictions / Limits
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	1	PA
<i>morphine intravenous solution 8 mg/ml</i>	2	PA
<i>morphine intravenous syringe</i>	1	PA
<i>morphine oral solution</i>	1	PA
<i>morphine oral tablet</i>	1	PA
<i>morphine oral tablet extended release</i>	1	PA; QL (3 EA per 1 day)
<i>morphine rectal</i>	1	PA
<i>nalbuphine</i>	1	PA
NUCYNTA	2	PA; QL (6 EA per 1 day)
NUCYNTA ER	2	PA; QL (2 EA per 1 day)
NURTEC ODT	2	PA; ST; AR
<i>oxycodone oral capsule</i>	1	PA
<i>oxycodone oral concentrate</i>	1	PA
<i>oxycodone oral solution</i>	1	PA
<i>oxycodone oral tablet</i>	1	PA
<i>oxycodone-acetaminophen oral tablet</i>	1	PA
<i>pentazocine-naloxone</i>	1	PA
QULIPTA	2	PA; ST; QL (30 EA per 28 days); AR
<i>rizatriptan oral tablet</i>	1	QL (12 EA per 22 days)
<i>rizatriptan oral tablet, disintegrating</i>	1	QL (12 EA per 30 days)
<i>sumatriptan</i>	1	QL (6 EA per 22 days)
<i>sumatriptan succinate oral</i>	1	QL (9 EA per 22 days)
<i>sumatriptan succinate subcutaneous</i>	1	QL (1 ML per 22 days)
TENCON	1	QL (48 EA per 25 days)

Drug Name	Tier	Restrictions / Limits
<i>tramadol oral tablet 100 mg</i>	2	PA; ST; QL (400 MG per 1 day)
<i>tramadol oral tablet 25 mg</i>	2	PA; ST
<i>tramadol oral tablet 50 mg</i>	1	PA; ST; QL (400 MG per 1 day); AR
<i>tramadol oral tablet 75 mg</i>	1	PA
<i>tramadol-acetaminophen</i>	1	PA; ST; QL (3 EA per 1 day); AR
UBRELVY	2	PA; ST; QL (10 EA per 20 days); AR

**ANESTHETICS**

GLYDO	1	QL (1 ML per 1 day)
LIDOCAN III	1	
LIDOCAN IV	1	
LIDOCAN V	1	
LIDODERM	2	QL (3 EA per 30 days)
<i>midazolam (pf) injection syringe</i>	1	
<i>midazolam injection</i>	1	
<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	2	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
TRIDACAINE II	1	
TRIDACAINE III	1	
ZTLIDO	2	ST; QL (3 EA per 30 days)

**ANTIALLERGY**

<i>cromolyn oral</i>	1	PA
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**ANTIARTHRITICS**

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
CELEBREX	2	

Drug Name	Tier	Restrictions / Limits
<i>colchicine oral tablet</i>	1	QL (2 EA per 1 day)
<i>diclofenac sodium oral</i>	1	
<i>etodolac</i>	1	
<i>febuxostat</i>	1	ST
<i>flurbiprofen</i>	1	
IBU	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN	2	
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>ketoprofen oral capsule 50 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr</i>	1	
KINERET	2	PA; QL (28 ML per 28 days)
<i>leflunomide</i>	1	
<i>meclofenamate</i>	1	
<i>meloxicam oral tablet</i>	1	
<i>nabumetone</i>	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
OLUMIANT ORAL TABLET 1 MG	2	PA
OLUMIANT ORAL TABLET 2 MG, 4 MG	2	PA; QL (1 EA per 1 day)
ORENCIA (WITH MALTOSE)	2	PA; QL (4 EA per 22 days)
ORENCIA CLICKJECT	2	PA; QL (4 ML per 22 days)

Drug Name	Tier	Restrictions / Limits
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 20 MG	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 (51), 10 MG (4)-20 MG (4)-30 MG(19)	2	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; QL (55 EA per 22 days)
OTEZLA XR	2	PA
OTEZLA XR INITIATION	2	PA
<i>oxaprozin oral tablet</i>	1	
<i>penicillamine oral capsule</i>	1	
<i>piroxicam</i>	1	
<i>probenecid</i>	1	
RINVOQ	2	PA; QL (1 EA per 1 day)
RINVOQ LQ	2	
<i>sulindac</i>	1	
ULORIC	2	
XELJANZ ORAL SOLUTION	2	PA; ST
XELJANZ ORAL TABLET 10 MG	2	PA; QL (30 EA per 30 days)
XELJANZ ORAL TABLET 5 MG	2	PA; QL (60 EA per 22 days)
XELJANZ XR	2	PA; QL (30 EA per 22 days)

Drug Name	Tier	Restrictions / Limits
<b>ANTIASTHMATIC</b>		
ADVAIR DISKUS	2	QL (1 EA per 22 days)
ADVAIR HFA	2	QL (1 EA per 22 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	1	QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	1	QL (2 EA per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	QL (2 ML per 1 day)
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
ANORO ELLIPTA	2	QL (1 EA per 30 days)
ARNUITY ELLIPTA	2	QL (1 EA per 30 days)
ASMANEX HFA	2	QL (1 GM per 30 days)
ASMANEX TWISTHALER	2	QL (1 EA per 22 days)
ATROVENT HFA	2	QL (2 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	ST; QL (120 ML per 30 days); AR
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	ST; QL (60 ML per 30 days); AR
COMBIVENT RESPIMAT	2	QL (2 GM per 30 days)
<i>cromolyn inhalation</i>	1	QL (8 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5MCG/ACTUATION, 50-5 MCG/ACTUATION	2	ST; QL (2 Inhalers per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	2	QL (1 Inhaler per 30 days)
FASENRA	2	PA; ST
FASENRA PEN	2	PA; ST
<i>fluticasone propionate inhalation blister with device</i>	2	
<i>fluticasone propionate inhalation hfa aerosol inhaler</i>	2	QL (1 GM per 22 days)
INCRUSE ELLIPTA	2	QL (1 EA per 30 days)
<i>ipratropium bromide inhalation hfa aerosol inhaler</i>	1	QL (2 inhalers per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	QL (2 Boxes per 30 days)
<i>ipratropium-albuterol</i>	1	QL (3 Boxes per 30 days)
<i>montelukast oral tablet</i>	1	
<i>montelukast oral tablet, chewable</i>	1	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; ST
NUCALA SUBCUTANEOUS RECON SOLN	2	PA
NUCALA SUBCUTANEOUS SYRINGE	2	PA; ST
PULMICORT FLEXHALER	2	
QVAR REDHALER	2	
<i>roflumilast oral tablet 250 mcg</i>	1	ST
<i>roflumilast oral tablet 500 mcg</i>	1	ST; QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
SEREVENT DISKUS	2	QL (2 EA per 1 day)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	2	PA; QL (1 GM per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (1 GM per 30 days)
SPIRIVA WITH HANDIHALER	2	QL (1 Inhaler per 30 days)
SYMBICORT	2	ST; QL (2 EA per 30 days)
THEO-24	2	
<i>theophylline</i>	1	
VENTOLIN HFA	2	
XOLAIR	2	PA; ST
XOPENEX HFA	2	ST
<b>ANTIBIOTICS</b>		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
AVAR	1	
AVAR-E	2	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet 250 mg</i>	1	QL (6 EA per 30 days)
<i>azithromycin oral tablet 500 mg</i>	1	QL (7 EA per 30 days)
<i>azithromycin oral tablet 600 mg</i>	1	QL (1 EA per 1 day)
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	2	
BICILLIN L-A	2	
CAYSTON	2	PA; QL (84 ML per 28 days)
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
CENTANY	2	QL (22 GM per 30 days)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
CILOXAN	2	
CIPRO HC	2	PA
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>clarithromycin</i>	1	
CLEOCIN VAGINAL CREAM	2	
CLINDACIN ETZ TOPICAL SWAB	1	ST
CLINDACIN P	1	ST
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
CLINDAMYCIN PEDIATRIC	1	
<i>clindamycin phosphate topical gel</i>	1	ST
<i>clindamycin phosphate topical gel, once daily</i>	1	ST
<i>clindamycin phosphate topical lotion</i>	1	ST
<i>clindamycin phosphate topical solution</i>	1	ST
CORTISPORIN-TC	2	
<i>dapsone oral</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>dicloxacillin</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	ST
<i>erythromycin ophthalmic (eye)</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	
<i>erythromycin with ethanol</i>	1	ST
<i>erythromycin-benzoyl peroxide</i>	1	ST
<i>ethambutol</i>	1	
<i>fidaxomicin</i>	1	PA
FIRVANQ	2	PA
<i>gentamicin</i>	1	
<i>isoniazid oral</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>methen-sod phos-meth blue-hyos</i>	1	
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>metronidazole vaginal gel 0.75 % (37.5mg/5g)</i>	1	QL (70 GM per 30 days)
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
MORGIDOX	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	PA; ST; AR
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	AR
<i>moxifloxacin oral</i>	1	
<i>mupirocin</i>	1	QL (22 GM per 30 days)
<i>neomycin</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
NUVESSA	2	
<i>ofloxacin ophthalmic (eye)</i>	1	QL (10 ML per 30 days)
<i>ofloxacin otic (ear)</i>	1	
OTOVEL	2	
<i>penicillin v potassium</i>	1	
POLYCIN	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>pretomanid</i>	2	
PRIFTIN	2	PA; AR
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	
<i>silver sulfadiazine</i>	1	

Drug Name	Tier	Restrictions / Limits
SIRTURO	2	AR
SOLOSEC	2	
SSD	1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	1	
<i>sulfacetamide-prednisolone</i>	1	
SULFACLEANSE 8-4	1	ST
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
SULFATRIM	1	
SUMAXIN TS	2	ST
<i>tetracycline oral capsule</i>	1	
THALOMID	2	PA
TOBRADEX	2	
TOBRADEX ST	2	
<i>tobramycin in 0.225% nacl</i>	1	QL (10 ML per 1 day)
<i>tobramycin ophthalmic (eye)</i>	1	
<i>tobramycin sulfate injection solution 40 mg/ml</i>	1	PA
<i>tobramycin with nebulizer</i>	2	QL (10 ML per 1 day)
<i>tobramycin-dexamethasone</i>	1	
<i>trimethoprim</i>	1	
URELLE	2	
URETRON D-S	1	
URYL	1	
<i>vancomycin oral recon soln</i>	1	PA
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 EA per 28 days)

Drug Name	Tier	Restrictions / Limits
XIFAXAN ORAL TABLET 550 MG	2	PA; QL (2 EA per 1 day)
ZYLET	2	
<b>ANTICOAGULANTS</b>		
ELIQUIS DVT-PE TREAT 30D START	2	QL (1 Pack per 90 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	2	QL (4 EA per 1 day)
ELIQUIS ORAL TABLET FOR SUSPENSION	2	ST; QL (16 EA per 1 day)
ELIQUIS SPRINKLE	2	ST; QL (2 EA per 1 day)
<i>enoxaparin</i>	1	
<i>fondaparinux</i>	1	QL (1 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	PA
FRAGMIN SUBCUTANEOUS SYRINGE	2	PA
HEP FLUSH-10 (PF)	1	
<i>heparin (porcine)</i>	1	
<i>heparin lock flush (porcine)</i>	1	
HEPARIN LOCKFLUSH (PORCIN E)(PF)	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/ml</i>	2	
<i>heparin, porcine (pf) intravenous</i>	1	
JANTOVEN	1	

Drug Name	Tier	Restrictions / Limits
<i>rivaroxaban oral tablet</i>	1	QL (2 EA per 1 day)
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	2	QL (1 EA per 90 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	ST; QL (20 ML per 1 day); AR
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG	2	
<b>ANTIDOTES</b>		
KLOXXADO	2	QL (2 EA per 30 days)
<i>nalmefene</i>	2	
<i>naloxone injection solution</i>	1	QL (2 ML per 30 days)
<i>naloxone injection syringe</i>	1	
<i>naltrexone</i>	1	
OPVEE	2	QL (2 EA per 30 days)
RELISTOR SUBCUTANEOUS	2	PA
REXTOVY	2	
ZIMHI	2	
<b>ANTIFUNGALS</b>		
CICLODAN	1	
<i>ciclopirox topical cream</i>	1	
<i>ciclopirox topical solution</i>	1	
<i>clotrimazole mucous membrane</i>	1	
<i>clotrimazole-betamethasone topical cream</i>	1	QL (45 GM per 30 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	
EXELDERM	2	

Drug Name	Tier	Restrictions / Limits
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (4 EA per 30 days)
<i>fluconazole oral tablet 50 mg</i>	1	QL (3 EA per 30 days)
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule</i>	1	QL (4 EA per 1 day)
<i>ketoconazole oral</i>	1	
<i>ketoconazole topical cream</i>	1	QL (2 GM per 1 day)
<i>ketoconazole topical shampoo</i>	1	QL (4 ML per 1 day)
KLAYESTA	1	
NYAMYC	1	QL (2 GM per 1 day)
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
<i>nystatin topical cream</i>	1	
<i>nystatin topical ointment</i>	1	
<i>nystatin topical powder</i>	1	QL (2 GM per 1 day)
<i>nystatin-triamcinolone</i>	1	
NYSTOP	1	QL (2 GM per 1 day)
<i>terbinafine hcl oral</i>	1	QL (1 EA per 1 day)
<i>terconazole vaginal cream</i>	1	
<b>ANTI-HISTAMINE AND DECONGESTANT COMBINATION</b>		
PROMETHAZINE VC	1	

Drug Name	Tier	Restrictions / Limits
<i>promethazine-phenylephrine</i>	1	
<b>ANTI-HISTAMINES</b>		
<i>azelastine ophthalmic (eye)</i>	1	
BEPREVE	2	
<i>clemastine oral tablet</i>	1	
<i>cyproheptadine</i>	1	
<i>hydroxyzine hcl intramuscular</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	QL (100 ML per 1 day)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	1	QL (4 EA per 1 day)
<i>hydroxyzine hcl oral tablet 50 mg</i>	1	QL (8 EA per 1 day)
<i>hydroxyzine pamoate</i>	1	QL (4 EA per 1 day)
<i>levocetirizine oral solution</i>	1	ST; QL (10 ML per 1 day); AR
<i>promethazine oral</i>	1	
<b>ANTI-HYPERGLYCEMICS</b>		
<i>acarbose</i>	1	
FARXIGA	2	
FIASP FLEXTOUCH U-100 INSULIN	2	
FIASP PENFILL U-100 INSULIN	2	
FIASP PUMPCART	2	
FIASP U-100 INSULIN	2	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet 2.5 mg</i>	2	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide oral tablet 1.25 mg</i>	1	QL (16 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>glyburide oral tablet 2.5 mg</i>	1	QL (8 EA per 1 day)
<i>glyburide oral tablet 5 mg</i>	1	QL (4 EA per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (260 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (5 EA per 1 day)
GLYXAMBI	2	
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)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	QL (40 ML per 25 days)
<i>insulin lispro protamin-lispro</i>	1	
<i>insulin lispro subcutaneous insulin pen</i>	1	QL (1 ML per 1 day)
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	1	QL (1 ML per 1 day)
JANUVIA	2	ST
JARDIANCE	2	QL (30 EA per 28 days)
JENTADUETO	2	ST
JENTADUETO XR	2	ST
KAZANO	2	ST
LANTUS SOLOSTAR U-100 INSULIN	2	QL (1 ML per 1 day)
LANTUS U-100 INSULIN	2	
<i>liraglutide</i>	1	PA; QL (1.8 MG per 28 days); AR

Drug Name	Tier	Restrictions / Limits
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet 625 mg</i>	2	
<i>metformin oral tablet extended release 24 hr</i>	1	
NOVOLOG FLEXPEN U-100 INSULIN	2	QL (1 ML per 1 day)
NOVOLOG MIX 70-30 U-100 INSULIN	2	QL (40 ML per 25 days)
NOVOLOG MIX 70-30FLEXPEN U-100	2	QL (1 ML per 1 day)
NOVOLOG PENFILL U-100 INSULIN	2	QL (1 ML per 1 day)
NOVOLOG U-100 INSULIN ASPART	2	QL (1 ML per 1 day)
OZEMPIC	2	PA; QL (3 ML per 22 days); AR
<i>pioglitazone</i>	1	QL (1 EA per 1 day)
<i>repaglinide</i>	1	
<i>sitagliptin-metformin oral tablet, er multiphase 24 hr</i>	1	ST
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

Drug Name	Tier	Restrictions / Limits
VICTOZA 3-PAK	2	PA; ST; QL (1.8 MG per 1 day); AR
XIGDUO XR	2	
<b>ANTIINFECTIVES/MISCELLANEOUS</b>		
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	1	QL (12 EA per 180 days)
<i>benznidazole</i>	2	
<i>chloroquine phosphate</i>	1	QL (10 EA per 180 days)
COARTEM	2	QL (24 EA per 180 days)
EMVERM	2	
<i>hydroxychloroquine</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL (20 EA per 90 days)
KRINTAFEL	2	
<i>mefloquine</i>	1	QL (6 EA per 180 days)
<i>praziquantel</i>	1	
<i>primaquine</i>	1	QL (28 EA per 14 days)
<i>pyrimethamine</i>	1	
<b>ANTI INFLAM. TUMOR NECROSIS FACTOR INHIBITING AGENTS</b>		
<i>adalimumab-adaz subcutaneous pen injector</i>	1	
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml</i>	1	PA
<i>adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml</i>	1	
ENBREL MINI	2	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	2	PA; QL (4 ML per 22 days)

Drug Name	Tier	Restrictions / Limits
ENBREL SUBCUTANEOUS SYRINGE	2	PA; QL (4 ML per 28 days)
ENBREL SURECLICK	2	PA; QL (4 ML per 30 days)
HADLIMA	2	PA
HADLIMA PUSH TOUCH	2	PA
HADLIMA(CF)	2	PA
HADLIMA(CF) PUSH TOUCH	2	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; QL (1 ML per 22 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	2	PA; QL (0.5 ML per 22 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; QL (1 ML per 22 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	2	PA; QL (0.5 ML per 22 days)
ZYMFENTRA	2	PA
<b>ANTINEOPLASTICS</b>		
<i>abiraterone</i>	1	PA
ACTIMMUNE	2	PA
AFINITOR	2	PA
<i>bexarotene oral</i>	1	PA
<i>bexarotene topical</i>	1	PA; QL (60 GM per 28 days)
<i>bicalutamide</i>	1	
<i>capecitabine</i>	1	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY (80 MG X1-20 MG X1)	2	PA
<i>diclofenac sodium topical gel 3 %</i>	1	PA
EFUDEX	2	
ELIGARD	2	

Drug Name	Tier	Restrictions / Limits
ELIGARD (3 MONTH)	2	
ELIGARD (4 MONTH)	2	
ELIGARD (6 MONTH)	2	
ERIVEDGE	2	PA
<i>erlotinib</i>	1	PA
<i>etoposide oral</i>	1	
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	1	PA
<i>everolimus (antineoplastic) oral tablet for suspension</i>	1	PA
FARYDAK	2	PA
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
GILOTRIF	2	PA
HYCAMTIN	2	PA
<i>hydroxyurea</i>	1	
IBRANCE	2	PA
ICLUSIG	2	PA
<i>imatinib</i>	1	PA
IMBRUVICA ORAL CAPSULE	2	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL TABLET	2	PA; QL (1 EA per 1 day)
INLYTA	2	PA
JAKAFI	2	PA; QL (2 EA per 1 day)
<i>lapatinib</i>	1	PA
LENVIMA	2	PA
LEUKERAN	2	PA
<i>leuprolide subcutaneous kit</i>	1	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	2	
LUPRON DEPOT (4 MONTH)	2	

Drug Name	Tier	Restrictions / Limits
LUPRON DEPOT (6 MONTH)	2	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	2	
MATULANE	2	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL TABLET	2	PA
<i>mercaptapurine oral tablet</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
MYLERAN	2	PA
ONTRUZANT	2	
PANRETIN	2	PA
<i>pazopanib</i>	1	
POMALYST	2	PA
REVLIMID	2	PA
<i>romidepsin intravenous recon soln</i>	2	PA
<i>sorafenib</i>	1	PA
SPRYCEL	2	PA
<i>sunitinib malate</i>	1	PA
TABLOID	2	PA
TAFINLAR ORAL CAPSULE	2	PA
<i>tamoxifen</i>	1	
TASIGNA	2	PA
<i>temozolomide</i>	1	PA
<i>toremifene</i>	1	
TRAZIMERA	2	
TRELSTAR	2	
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	2	
VALCHLOR	2	PA; QL (2 GM per 1 day)
VOTRIENT	2	PA

Drug Name	Tier	Restrictions / Limits
XTANDI ORAL CAPSULE	2	PA
ZELBORAF	2	PA
ZOLADEX	2	
ZOLINZA	2	PA
<b>INCRETINMIMETICS</b>		
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
<b>ANTIPARASITICS</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	PA; QL (18 ML per 1 day)
NATROBA	2	QL (1 ML per 30 per fills)
<i>nitazoxanide</i>	1	PA; QL (20 EA per 30 days)
<i>permethrin</i>	1	QL (1 GM per 30 per fills)
<i>spinosad</i>	2	QL (1 ML per 30 per fills)
ULESFIA	2	ST; QL (227 GM per 30 days)
<b>ANTIPARKINSON DRUGS</b>		
<i>amantadine hcl</i>	1	
<i>benztropine</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	

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

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

Drug Name	Tier	Restrictions / Limits
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (20 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	1	QL (360 ML per 365 days)
PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10) - 100 MG (10), 300 MG (150 MG X 2) - 100 MG	2	QL (1 pack per 30 days)
<i>penciclovir</i>	1	
PIFELTRO	2	
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	
PREZISTA ORAL SUSPENSION	2	QL (1 ML per 1 day)
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
RELENZA DISKHALER	2	QL (40 EA per 365 days)
<i>ritonavir</i>	1	
SELZENTRY ORAL SOLUTION	2	PA; QL (1840 ML per 30 days)
STRIBILD	2	
SYM TUZA	2	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
<i>trifluridine</i>	1	
TRIUMEQ	2	PA
<i>valacyclovir</i>	1	ST
<i>valganciclovir</i>	1	
VEREGEN	2	PA
VIRACEPT	2	
VIREAD	2	
XERESE	2	QL (1 EA per 90 days)
<i>zidovudine</i>	1	

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

Drug Name	Tier	Restrictions / Limits
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>dextroamphetamine-amphetamine oral tablet</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>donepezil</i>	1	QL (1 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	2	PA; ST; QL (8 ML per 1 day); AR
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	PA; ST; QL (1 EA per 1 day); AR
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	2	QL (4 EA per 365 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (4 EA per 365 days)
<i>galantamine oral capsule ext rel. pellets 24 hr</i>	1	QL (1 EA per 1 day)
<i>galantamine oral solution</i>	1	ST; QL (6 ML per 1 day)
<i>galantamine oral tablet</i>	1	QL (2 EA per 1 day)
MESTINON ORAL TABLET	2	
MESTINON TIMESPAN	2	
<i>methamphetamine</i>	1	PA; ST; AR
<i>midodrine</i>	1	
<i>pilocarpine hcl oral</i>	1	
<i>pyridostigmine bromide oral syrup</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>rivastigmine</i>	1	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>rivastigmine tartrate</i>	1	QL (2 EA per 1 day)
<b>BIOLOGICALS</b>		
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	
HAVRIX (PF)	2	
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

Drug Name	Tier	Restrictions / Limits
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	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40MCG/ML, 5MCG/0.5ML	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	2	
RHOGAM ULTRA-FILTERED PLUS	2	
TAKHZYRO	2	QL (2 EA per 28 days); AR
TENIVAC (PF)	2	
TRUMENBA	2	
TWINRIX (PF)	2	
VAQTA (PF)	2	
VARIVAX (PF)	2	
VARIZIG	2	
VAXNEUVANCE (PF)	2	
<b>BLOOD</b>		
<i>aminocaproic acid oral</i>	1	
DROXIA	2	PA
EMPAVELI	2	PA; QL (8 ML per 28 days); AR
<i>pentoxifylline</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>tranexamic acid oral</i>	1	ST
<b>CARDIAC DRUGS</b>		
<i>amiodarone oral</i>	1	
<i>amlodipine</i>	1	
CARDIZEM LA	2	
CARTIA XT	1	
CORLANOR ORAL SOLUTION	2	PA; ST
DIGITEK	1	
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>diltiazem hcl intravenous solution</i>	1	
<i>diltiazem hcl oral</i>	1	
DILT-XR	1	
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>felodipine</i>	1	
<i>flecainide</i>	1	
ISORDIL TITRADOSE	2	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>ivabradine</i>	1	PA; ST
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	2	
<i>nifedipine</i>	1	
<i>nimodipine oral capsule</i>	1	
NITRO-BID	1	
NITRO-DUR	2	
<i>nitroglycerin oral</i>	1	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	1	

Drug Name	Tier	Restrictions / Limits
NITRO-TIME	1	
NORLIQVA	2	PA; ST
NORPACE CR	2	
PACERONE ORAL TABLET 200 MG	1	
<i>propafenone</i>	1	
<i>ranolazine</i>	1	
TIADYLT ER	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	1	
<i>verapamil oral tablet 40 mg</i>	1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	1	
<b>CARDIOVASCULAR</b>		
<i>acebutolol oral capsule 200 mg</i>	1	QL (6 EA per 1 day)
<i>acebutolol oral capsule 400 mg</i>	1	QL (3 EA per 1 day)
<i>aliskiren</i>	1	
ALYQ	1	PA
<i>amlodipine-benazepril</i>	1	QL (30 EA per 22 days)
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
ATORVALIQ	2	
<i>atorvastatin</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bosentan oral tablet</i>	1	PA
<i>captopril-hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	

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

Drug Name	Tier	Restrictions / Limits
<i>hydralazine oral</i>	1	
<i>irbesartan</i>	1	QL (1 EA per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan oral tablet 100 mg</i>	1	QL (1 EA per 1 day)
<i>losartan oral tablet 25 mg, 50 mg</i>	1	QL (2 EA per 1 day)
<i>losartan-hydrochlorothiazide</i>	1	
<i>lovastatin</i>	1	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine</i>	1	PA
<i>minoxidil oral</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg</i>	1	QL (1 EA per 1 day)
<i>olmesartan oral tablet 5 mg</i>	1	QL (3 EA per 1 day)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; ST; QL (2 ML per 22 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	2	PA; ST; QL (4 ML per 22 days)
<i>pravastatin</i>	1	
<i>prazosin</i>	1	
PREVALITE	1	
<i>propranolol</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	

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

Drug Name	Tier	Restrictions / Limits
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	PA; QL (2 EA per 1 day)
<i>valsartan oral tablet 320 mg</i>	1	PA; QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide</i>	1	
VELETRI	1	PA
<b>CNS DRUGS</b>		
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 KIT (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)
BETASERON SUBCUTANEOUS KIT	2	PA; QL (14 EA per 22 days)
BRIUMVI	2	PA
<i>caffeine citrate oral</i>	1	AR
<i>carbamazepine</i>	1	
CARBATROL	2	
CELONTIN	2	
<i>clobazam oral suspension</i>	1	QL (32 ML per 1 day)
<i>clobazam oral tablet 10 mg</i>	1	QL (8 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>clobazam oral tablet 20 mg</i>	1	QL (4 EA per 1 day)
<i>clonazepam</i>	1	PA; QL (3 EA per 1 day)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	2	PA
<i>dalfampridine</i>	1	PA; QL (2 EA per 1 day)
DEPAKOTE SPRINKLES	2	PA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	QL (10 doses per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	QL (10 EA per 30 days)
DILANTIN	2	
DILANTIN EXTENDED	2	
DILANTIN INFATABS	2	
DILANTIN-125	2	
<i>dimethyl fumarate</i>	1	PA; QL (2 EA per 1 day)
<i>divalproex</i>	1	
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; ST; QL (300 ML per 22 days); AR
EPRONTIA	2	PA; QL (16 ML per 1 day)
<i>ethosuximide</i>	1	
<i>felbamate oral suspension</i>	1	PA
FELBATOL	2	
<i> fingolimod</i>	1	PA; QL (1 EA per 1 day)
<i>fosphenytoin</i>	1	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (6 EA per 1 day)
<i>gabapentin oral capsule 300 mg</i>	1	QL (9 EA per 1 day)
<i>gabapentin oral tablet 600 mg</i>	1	QL (6 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>gabapentin oral tablet 800 mg</i>	1	QL (4 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	2	PA; QL (1 EA per 1 day)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 ML per 25 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	1	PA; QL (12 ML per 25 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG	2	PA; QL (1 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG, 750 MG, 900 MG	2	PA; QL (2 EA per 1 day)
GRALISE ORAL TABLET, EXT REL 24HR DOSE PACK	2	PA; QL (1 Pack per 90 days)
INGREZZA	2	PA; ST; QL (30 EA per 22 days)
INGREZZA INITIATION PK(TARDIV)	2	PA; ST; QL (28 EA per 22 days)
INGREZZA SPRINKLE	2	PA
KESIMPTA PEN	2	PA
<i>lacosamide oral tablet</i>	1	ST
LAMICTAL ODT STARTER (BLUE)	2	
LAMICTAL ODT STARTER (GREEN)	2	
LAMICTAL ODT STARTER (ORANGE)	2	
LAMICTAL STARTER (BLUE) KIT	2	
LAMICTAL STARTER (GREEN) KIT	2	
LAMICTAL STARTER (ORANGE) KIT	2	

Drug Name	Tier	Restrictions / Limits
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 250 MG, 300 MG, 50 MG	2	PA
LAMICTAL XR STARTER (BLUE)	2	
LAMICTAL XR STARTER (GREEN)	2	
LAMICTAL XR STARTER (ORANGE)	2	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet, disintegrating</i>	1	
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral solution</i>	1	QL (30 ML per 1 day)
<i>levetiracetam oral tablet 1,000 mg</i>	1	QL (3 EA per 1 day)
<i>levetiracetam oral tablet 250 mg</i>	1	QL (2 EA per 1 day)
<i>levetiracetam oral tablet 500 mg</i>	1	QL (6 EA per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	1	QL (4 EA per 1 day)
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	1	QL (2 EA per 1 day)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	1	QL (4 EA per 1 day)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	2	QL (3 EA per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG	2	QL (2 EA per 1 day)
LYRICA ORAL SOLUTION	2	QL (30 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	QL (1 EA per 1 day)
<i>memantine oral solution</i>	1	QL (10 ML per 1 day)
<i>memantine oral tablet</i>	1	QL (2 EA per 1 day)
<i>memantine oral tablets, dose pack</i>	2	QL (1 Pak per 90 days)
NAYZILAM	2	QL (10 EA per 30 days)
NEURONTIN ORAL CAPSULE 100MG,400MG	2	QL (6 EA per 1 day)
NEURONTIN ORAL CAPSULE 300 MG	2	QL (9 EA per 1 day)
NEURONTIN ORAL SOLUTION	2	QL (72 ML per 1 day)
NEURONTIN ORAL TABLET 600 MG	2	QL (6 EA per 1 day)
NEURONTIN ORAL TABLET 800 MG	2	QL (4 EA per 1 day)
NUEDEXTA	2	PA
OCREVUS ZUNOVO	2	PA
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
OXTELLAR XR	2	
PHENYTEK	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (2 EA per 1 day)
<i>primidone oral tablet 125 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	

Drug Name	Tier	Restrictions / Limits
REBIF (WITH ALBUMIN)	2	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/ 0.5 ML, 44 MCG/0.5 ML	2	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML – 22 MCG/0.5ML (6)	2	PA; QL (4.2 ML per 28 days)
REBIF TITRATION PACK	2	PA
<i>riluzole</i>	1	PA
ROWEEPRA	1	QL (6 EA per 1 day)
TASCENSO ODT	2	PA; ST; QL (1 EA per 1 day)
TEGRETOL	2	
TEGRETOL XR	2	
<i>teriflunomide</i>	1	PA
<i>tetrabenazine</i>	1	PA; ST
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST; QL (2 EA per 1 day)
<i>topiramate oral tablet</i>	1	
TROKENDI XR	2	QL (2 EA per 1 day)
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	QL (10 Doses per 30 days)

Drug Name	Tier	Restrictions / Limits
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 EA per 30 days)
ZEPOSIA	2	PA; QL (30 EA per 22 days)
ZEPOSIA STARTER KIT (28-DAY)	2	PA
ZEPOSIA STARTER PACK (7-DAY)	2	PA; QL (1 Dose pack per 77 days)
<i>zonisamide oral capsule 100 mg</i>	1	ST; QL (2 EA per 1 day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>	1	ST; QL (1 EA per 1 day)

**COLONY STIMULATING FACTORS**

ARANESP (IN POLYSORBATE)	2	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML	2	PA; QL (32 ML per 28 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA
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	

Drug Name	Tier	Restrictions / Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML	2	PA; QL (24 ML per 22 days)
RETACRIT INJECTION SOLUTION 2,000 UNIT/ML	2	PA; QL (120 ML per 22 days)
RETACRIT INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML	2	PA
RETACRIT INJECTION SOLUTION 3,000 UNIT/ML	2	PA; QL (80 ML per 22 days)
RETACRIT INJECTION SOLUTION 4,000 UNIT/ML	2	PA; QL (60 ML per 22 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; QL (6 ML per 22 days)

Drug Name	Tier	Restrictions / Limits
AYUNA	1	
AZURETTE (28)	1	
BALCOLTRA	2	
BALZIVA (28)	1	
BEYAZ	2	PA
BLISOVI 24 FE	1	
BLISOVI FE 1.5/30 (28)	1	
BLISOVI FE 1/20 (28)	1	
BRIELLYN	1	
CAMILA	1	
CAMRESE	1	QL (1 EA per 1 day)
CAMRESE LO	1	QL (1 EA per 1 day)
CAYA CONTOURED	2	QL (2 EA per 365 days)
CAZIAN (28)	1	
CHARLOTTE 24 FE	1	
CHATEAL EQ (28)	1	
CRYSSELLE (28)	1	
CYRED	1	
CYRED EQ	1	
DASETTA 1/35 (28)	1	
DASETTA 7/7/7 (28)	1	
DAYSEE	1	QL (1 EA per 1 day)
DEBLITANE	1	
DEPO-SUBQ PROVERA 104	2	
<i>desog-e.estradiol/ e.estradiol</i>	1	
DOLISHALE	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	PA
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	

**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	

Drug Name	Tier	Restrictions / Limits
<i>drospirenone-ethinyl estradiol</i>	1	
ELINEST	1	
ELLA	2	QL (6 EA per 365 days)
ELURYNG	1	
EMZAHH	1	
ENILLORING	1	
ENPRESSE	1	
ENSKYCE	1	
ERRIN	1	
ESTARYLLA	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
FALMINA (28)	1	
FEMCAP	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	

Drug Name	Tier	Restrictions / Limits
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	
<i>l norgest/e.estradiol-e.estrad</i>	1	QL (1 EA per 1 day)
LARIN 1.5/30 (21)	1	
LARIN 1/20 (21)	1	
LARIN 24 FE	1	
LARIN FE 1.5/30 (28)	1	
LARIN FE 1/20 (28)	1	
LESSINA	1	
LEVONEST (28)	1	
<i>levonorgest-eth.estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	1	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic</i>	1	
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	

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

Drug Name	Tier	Restrictions / Limits
NYLIA 1/35 (28)	1	
NYLIA 7/7/7 (28)	1	
OCELLA	1	
PARAGARD T 380A	2	
PARAGARD T380A (SINGLE HAND)	2	
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	
SYEDA	1	
TARINA 24 FE	1	
TARINA FE 1/20 (28)	1	
TARINA FE 1-20 EQ (28)	1	
TAYTULLA	2	PA
TILIA FE	1	
TRI-ESTARYLLA	1	
TRI-LEGEST FE	1	
TRI-LINYAH	1	
TRI-LO-ESTARYLLA	1	
TRI-LO-MARZIA	1	
TRI-LO-MILI	1	
TRI-LO-SPRINTEC	1	
TRI-MILI	1	
TRI-SPRINTEC (28)	1	
TRI-VYLIBRA	1	
TRI-VYLIBRA LO	1	

Drug Name	Tier	Restrictions / Limits
TULANA	1	
TURQOZ (28)	1	
TWIRLA	2	QL (3 EA per 22 days)
TYBLUME	2	
TYDEMY	1	
VELIVET TRIPHASIC REGIMEN (28)	1	
VESTURA (28)	1	
VIENVA	1	
VIORELE (28)	1	
VOLNEA (28)	1	
VYFEMLA (28)	1	
VYLIBRA	1	
WERA (28)	1	
WYMZYA FE	1	
XULANE	1	
YASMIN (28)	2	PA
YAZ (28)	2	PA
ZARAH	1	
ZOVIA 1-35 (28)	1	
ZUMANDIMINE (28)	1	
COUGH/COLD PREPARATIONS		
<i>benzonatate</i>	1	QL (4 EA per 1 day)
BROMFED DM	2	
<i>brompheniramine-pseudoeph-dm</i>	1	
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	1	PA; ST; QL (6 OZ per 1 RX); AR
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml (5 ml)</i>	1	PA; ST
<i>hydrocodone-homatropine oral tablet</i>	1	PA; ST; QL (36 RX per 30 RXs); AR

Drug Name	Tier	Restrictions / Limits
HYDROMET	1	PA; ST; QL (180 ML per 1 per fill); AR
<i>promethazine-codeine</i>	1	PA; ST; QL (180 per fill per 30 days)
<i>promethazine-dm</i>	1	
DIURETICS		
<i>acetazolamide</i>	1	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
<i>chlorthalidone</i>	1	
DIURIL	2	
<i>eplerenone</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>methazolamide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>tolvaptan</i>	1	PA
<i>toremide</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	1	
EENT PREPS		
<i>acetic acid otic (ear)</i>	1	
ALPHAGAN P	2	

Drug Name	Tier	Restrictions / Limits
ALREX	2	
ALTACAINE	1	PA
<i>apraclonidine</i>	1	
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	1	
AZOPT	2	
BETOPTIC S	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>carteolol</i>	1	
COMBIGAN	2	
<i>cromolyn ophthalmic (eye)</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 1 %, 2 %	2	
<i>cyclopentolate</i>	1	
DERMOTIC OIL	2	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>dorzolamide</i>	1	
<i>dorzolamide (pf)</i>	2	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf)</i>	1	
DUREZOL	2	
DYMISTA	2	
FLAREX	2	
<i>fluocinolone acetonide oil</i>	1	
<i>flurbiprofen sodium</i>	1	
FML LIQUIFILM	2	
HOMATROPAIRE	1	
IOPIDINE	2	
<i>ipratropium bromide nasal</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	1	QL (5 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1	
<i>latanoprost</i>	1	
<i>levobunolol</i>	1	
LOTEMAX OPHTHALMIC (EYE) DROPS, GEL	2	PA
LOTEMAX OPHTHALMIC (EYE) OINTMENT	2	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i>	1	
LUMIGAN	2	
NEVANAC	2	
OMNARIS	2	
OXERVATE	2	PA
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
PRED MILD	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone acetate (pf)</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
PROLENSA	2	
RESTASIS	2	PA; ST; QL (2 EA per 1 day)
RHOPRESSA	2	
ROCKLATAN	2	
SIMBRINZA	2	ST
<i>tetracaine hcl</i>	1	PA
<i>tetracaine hcl (pf) ophthalmic (eye)</i>	2	PA
<i>timolol maleate (pf)</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
TRAVATAN Z	2	
<i>tropicamide</i>	1	
XIIDRA	2	PA; ST; QL (60 EA per 30 days)
<b>ELECT/CALORIC/H2O</b>		
<i>arginine (l-arginine) oral capsule</i>	2	
<i>arginine (l-arginine) oral powder</i>	2	
<i>arginine (l-arginine) oral powder in packet 500 mg</i>	2	
<i>arginine (l-arginine) oral tablet</i>	1	
<i>arginine hcl (l-arginine)</i>	2	
BAQSIMI	2	QL (2 EA per 365 days)
CAL-CITRATE	2	
CALCIUM 500 + D ORAL TABLET 500 MG - 5 MCG (200 UNIT)	1	
CALCIUM 500 + D ORAL TABLET, CHEWABLE	1	
CALCIUM 600 + D(3)	1	
CALCIUM 600 WITH VITAMIN D3	1	
<i>calcium acetate</i>	1	
<i>calcium acetate (phosphat bind)</i>	1	
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg)</i>	1	
<i>calcium carbonate oral tablet, chewable 500 mg calcium (1,250 mg)</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>calcium carbonate-vit d3-min</i>	1	
<i>calcium carbonate-vitamin d3 oral capsule 600 mg-10 mcg (400 unit)</i>	1	
<i>calcium carbonate-vitamin d3 oral capsule 600 mg-12.5 mcg (500 unit), 600 mg-25 mcg (1,000 unit), 600 mg-62.5 mcg (2,500 unit)</i>	2	
<i>calcium carbonate-vitamin d3 oral tablet 1,000 mg-20 mcg (800 unit)</i>	2	
<i>calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-15 mcg (600 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)</i>	1	
<i>calcium carbonate-vitamin d3 oral tablet, chewable 500 mg-10 mcg (400 unit)</i>	1	
<i>calcium carbonate-vitamin d3 oral tablet, chewable 500 mg-2.5 mcg (100 unit)</i>	2	
CALCIUM CITRATE + D	1	
<i>calcium citrate-vitamin d3 oral liquid</i>	1	
<i>calcium citrate-vitamin d3 oral tablet</i>	1	
CALCIUM WITH VITAMIN D	1	
CAL-QUICK	2	
CALTRATE 600 PLUS D	2	

Drug Name	Tier	Restrictions / Limits
CALTRATE WITH VITAMIN D3	2	
CITRACAL + D MAXIMUM	2	
CITRACAL REGULAR	2	
CITRACAL-D3 PETITES	2	
DENTA 5000 PLUS	1	
DEX4 GLUCOSE ORAL TABLET,CHEWABLE	1	
DEX4 GLUCOSE POUCH PACK	1	
DEX4 GLUCOSE QUICK DISSOLVE	1	
<i>dextrose oral gel</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 25MEQ	1	
FEOSOL ORAL TABLET 325 MG (65 MG IRON)	1	
FEROSUL	1	
FERREX 150	1	
FERRIC X-150	1	
FERRO-TIME	1	
<i>ferrous sulfate oral drops</i>	1	
<i>ferrous sulfate oral elixir</i>	1	
<i>ferrous sulfate oral solution</i>	1	
<i>ferrous sulfate oral tablet</i>	1	
<i>ferrous sulfate oral tablet, delayed release (dr/ec)</i>	1	
FE-VITE ORAL DROPS	1	
<i>fluoride (sodium) dental cream</i>	1	
GLUCOSE GEL	1	
<i>glucose oral tablet, chewable 4 gram</i>	1	

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

Drug Name	Tier	Restrictions / Limits
OYSTER SHELL CALCIUM 500	1	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 250 MG-3.125 MCG (125 UNIT)	2	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG-5 MCG (200 UNIT)	1	
PEDIA IRON ORAL DROPS	1	
POLY-IRON	1	
<i>polysaccharide iron complex</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
<i>potassium citrate oral tablet extended release</i>	1	
<i>potassium iodide oral solution</i>	1	
PURE L-CITRULLINE ORAL CAPSULE	2	
RENVELA	2	
<i>sevelamer hcl oral tablet 800 mg</i>	1	
SF 5000 PLUS	1	
SODIUM FLUORIDE 5000 PLUS	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	

Drug Name	Tier	Restrictions / Limits
SPS (WITH SORBITOL)	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	2	
ZINC (WITH A AND C) LOZENGES	2	
<i>zinc sulfate oral capsule</i>	1	
ZINC-220	1	
<b>GASTROINTESTINAL</b>		
<i>alose tron</i>	1	PA
ANALPRAM-HC RECTAL	2	
ANALPRAM-HC SINGLES	2	
<i>aprepitant oral capsule 40 mg</i>	1	QL (6 EA per 1 Fill)
<i>aprepitant oral capsule 80 mg</i>	1	PA; QL (6 EA per 1 Fill)
<i>aprepitant oral capsule, dose pack</i>	1	QL (2 packs per 1 Rx)
<i>balsalazide</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
CHOLBAM	2	PA
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	QL (60 EA per 30 days)
COMPRO	1	
CONSTULOSE	1	
CREON	2	
DAILY FIBER (PSYLLIUM-ASPART)	2	
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM	2	
DEXILANT	2	QL (1 EA per 1 day)
DICLEGIS	2	

Drug Name	Tier	Restrictions / Limits
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
DIPENTUM	2	
<i>diphenoxylate-atropine</i>	1	
ED-SPAZ	1	
ENULOSE	1	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (1 EA per 1 day)
<i>famotidine oral tablet 40 mg</i>	1	QL (60 EA per 30 days)
FIBER (WITH ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	2	
FIBER THERAPY (PSYLLIUM-SUCRO)	2	
<i>fosaprepitant</i>	1	QL (2 Vials per 1 Fill)
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N	1	
GENERLAC	1	
GERI-MUCIL (ASPARTAME)	2	
GERI-MUCIL (SUGAR)	2	
<i>glycopyrrolate oral solution</i>	1	PA
<i>glycopyrrolate oral tablet</i>	1	
<i>hydrocortisone-pramoxine rectal cream</i>	1	
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
HYOSYNE	1	

Drug Name	Tier	Restrictions / Limits
<i>icosapent ethyl</i>	1	QL (4 EA per 1 day); AR
KONSYL (SUGAR)	2	
KRISTALOSE	2	
<i>lactulose oral packet 10 gram</i>	1	
<i>lactulose oral solution</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	ST; QL (1 EA per 1 day)
LINZESS	2	ST
LITHOSTAT	2	PA
<i>loperamide oral capsule</i>	1	QL (12 EA per 14 days)
<i>lubiprostone</i>	1	ST
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine oral capsule, extended release 24hr</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	
<i>mesalamine rectal</i>	1	
<i>mesalamine with cleansing wipe</i>	1	
META APPETITE CTRL (ASPARTAME)	2	
METAMUCIL (WITH SUGAR) ORAL POWDER 3 GRAM/7 GRAM	2	
METAMUCIL FREE (WITH SUGAR)	2	
<i>methscopolamine</i>	1	
<i>metoclopramide hcl oral</i>	1	
<i>misoprostol</i>	1	
MOTTEGRITY	2	ST
MYTESI	2	PA
NEXIUM PACKET	2	PA; QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>nizatidine</i>	1	QL (60 EA per 30 days)
NULEV	2	
<i>omega 3-dha-epa-fish oil oral capsule</i> 1,200 (144-216) mg, 200-300-1,000 mg	2	
<i>omega-3 acid ethyl esters</i>	1	
<i>omeprazole oral capsule, delayed release (dr/ec)</i> 10 mg, 40 mg	1	QL (2 EA per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec)</i> 20 mg	1	QL (4 EA per 1 day)
<i>ondansetron hcl (pf)</i>	1	
<i>ondansetron hcl intravenous</i>	1	
<i>ondansetron hcl oral solution</i>	1	QL (1 Bottle per 1 Fill)
<i>ondansetron hcl oral tablet</i>	1	QL (90 EA per 30 days)
<i>ondansetron oral tablet, disintegrating 16 mg</i>	2	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL (90 EA per 30 days)
<i>opium tincture</i>	1	PA
OSCIMIN	1	
OSCIMIN SL	1	
PANCREAZE	2	
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (2 EA per 1 day)
<i>peg 3350-electrolytes</i>	1	
<i>peg-electrolyte soln</i>	1	
PENTASA	2	
PHEBURANE	2	PA; QL (7 Bottles per 28 days)
PROBIOTIC 4X	1	

Drug Name	Tier	Restrictions / Limits
<i>prochlorperazine edisylate injection solution</i> 10 mg/2 ml (5 mg/ml)	1	PA
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	1	
<i>prochlorperazine maleate</i>	1	PA
<i>promethazine rectal</i>	1	
PROMETHEGAN	1	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	2	PA; ST; QL (1 EA per 1 day)
<i>psyllium husk (with sugar)</i>	1	
PYLERA	2	
RECTIV	2	
REGULOID (ASPARTAME)	2	
REGULOID (PSYLLIUM HUSK) ORAL POWDER	2	
REGULOID (PSYLLIUM HUSK-SUCRO)	2	
ROBINUL	2	
ROBINUL FORTE	2	
<i>senna leaf extract</i>	2	
SENNA ORAL SYRUP 176 MG/5 ML	2	
<i>sodium phenylbutyrate</i>	1	PA
SUCRAID	2	PA
<i>sucrafate oral suspension</i>	1	PA; ST; AR
<i>sucrafate oral tablet</i>	1	
<i>sulfasalazine</i>	1	
SYMAX-SL	1	
SYMAX-SR	1	
<i>trimethobenzamide</i>	1	
<i>ursodiol</i>	1	
VOQUEZNA TRIPLE PAK	2	

Drug Name	Tier	Restrictions / Limits
ZENPEP	2	
<b>HORMONES</b>		
ANDROGEL	2	PA; QL (150 GM per 30 days)
ANGELIQ	2	
<i>budesonide oral capsule, delayed, extend. release</i>	1	
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
CHILDREN'S SLEEP (MELATONIN) ORAL LIQUID	2	
CLIMARA PRO	2	
COMBIPATCH	2	
CORTIFOAM	2	
<i>cortisone</i>	1	
COVARYX	1	
COVARYX H.S.	1	
<i>deflazacort oral tablet</i>	1	PA
DEPO-ESTRADIOL	2	
DEPO-TESTOSTERONE	2	PA
<i>desmopressin nasal spray with pump</i>	1	
<i>desmopressin oral</i>	1	
DEXAMETHASONE INTENSOL	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
DEXONTO	2	
EEMT	1	
EEMT HS	1	
EMFLAZA ORAL SUSPENSION	2	PA; QL (117 ML per 30 days); AR

Drug Name	Tier	Restrictions / Limits
EMFLAZA ORAL TABLET 18 MG	2	PA; QL (30 EA per 30 days); AR
EMFLAZA ORAL TABLET 30 MG, 36 MG	2	PA; QL (90 EA per 30 days); AR
EMFLAZA ORAL TABLET 6 MG	2	PA; QL (60 EA per 30 days); AR
<i>estradiol oral</i>	1	
<i>estradiol transdermal gel in metered-dose pump</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRING	2	
<i>estrogens-methyltestosterone</i>	1	
EVAMIST	2	
FENSOLVI	2	
<i>fludrocortisone</i>	1	
FYAVOLV	1	
GENOTROPIN	2	PA; ST
GENOTROPIN MINIQUICK	2	PA; ST
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal</i>	1	
JINTELI	1	
KIDS MELATONIN	1	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	2	
LUPRON DEPOT-PED	2	
LUPRON DEPOT-PED (3 MONTH)	2	

Drug Name	Tier	Restrictions / Limits
MEDROL (PAK)	2	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	2	
<i>medroxyprogesterone oral</i>	1	
<i>melatonin oral capsule</i>	2	
<i>melatonin oral drops</i>	2	PA
<i>melatonin oral liquid 2.5 mg/10 ml</i>	2	
<i>melatonin oral liquid 5 mg/15 ml</i>	1	
<i>melatonin oral tablet 1 mg, 10 mg, 3 mg, 5 mg</i>	1	
<i>melatonin oral tablet 12 mg</i>	2	
<i>melatonin oral tablet, chewable 2.5 mg, 5 mg</i>	2	
<i>melatonin oral tablet, disintegrating 1 mg</i>	2	
<i>melatonin-lemon balm leaf extr</i>	2	
<i>melatonin-pyridoxine hcl (b6) oral tablet 1-10 mg, 3-10 mg</i>	1	
MENEST	2	
<i>methylergonovine oral</i>	1	
<i>methylprednisolone</i>	1	
MIMVEY	1	
MINIVELLE	2	
MYFEMBREE	2	PA; QL (1 EA per 1 day)
NORDITROPIN FLEXPRO	2	PA; ST
<i>norethindrone acetate</i>	1	
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)

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

Drug Name	Tier	Restrictions / Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	PA; ST; QL (30 GM per 30 days); AR
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	1	PA; QL (60 GM per 30 days); AR
TRIPTODUR	2	
VAGIFEM	2	
VITAJoy MELATONIN	2	
VIVELLE-DOT	2	

**IMMUNOSUPPRESSANTS**

<i>azathioprine oral tablet 50 mg</i>	1	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral</i>	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; ST; QL (2.28 ML per 22 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; ST; QL (4 ML per 22 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; ST; QL (2.28 ML per 22 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; ST; QL (4 ML per 22 days)
ENSPRYNG	2	PA; QL (1 ML per 28 days); AR
<i>everolimus (immunosuppressive)</i>	1	
GENGRAF	1	
KEVZARA SUBCUTANEOUS PEN INJECTOR	2	PA

Drug Name	Tier	Restrictions / Limits
KEVZARA SUBCUTANEOUS SYRINGE	2	PA; QL (2.28 ML per 22 days)
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
NEORAL	2	
<i>pimecrolimus</i>	1	PA; ST; QL (100 GM per 25 days)
PYZCHIVA	2	PA
PYZCHIVA AUTOINJECTOR	2	PA
SANDIMMUNE ORAL	2	
SELARSDI	2	PA
<i>sirolimus</i>	1	
<i>tacrolimus oral capsule</i>	1	
<i>tacrolimus topical</i>	1	PA; ST
TYENNE	2	PA
TYENNE AUTOINJECTOR	2	PA

**MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG**

ACE AEROSOL CLOUD ENHANCER	2	QL (2 EA per 365 days)
AEROCHAMBER MINI	2	QL (2 EA per 365 days)
AEROCHAMBER MV	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS Z STAT	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS Z STAT MD MSK	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS Z STAT SM MSK	2	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS-FLW SG	2	QL (2 EA per 365 days)

Drug Name	Tier	Restrictions / Limits
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)
EASYPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2"	2	

Drug Name	Tier	Restrictions / Limits
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8"	2	
FLEXICHAMBER	2	QL (2 EA per 365 days)
FLEXICHAMBER-LG CHILD MASK	2	QL (2 EA per 365 days)
FLEXICHAMBER-SM ADULT MASK	2	QL (2 EA per 365 days)
FLEXICHAMBER-SM CHILD MASK	2	QL (2 EA per 365 days)
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1/2 ml 27 gauge x 1/2"</i>	2	QL (400 EA per 30 days)
INSUPEN PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	2	
LITE TOUCH-MEDIUM MASK	2	QL (2 EA per 365 days)
LITEAIRE MDI CHAMBER	2	QL (2 EA per 365 days)
LITETOUCH-LARGE MASK	2	QL (2 EA per 365 days)
LITETOUCH-SMALL MASK	2	QL (2 EA per 365 days)
MAGELLAN INSULIN SAFETY SYRNG	2	QL (400 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	2	QL (400 EA per 30 days)
MEDTRONIC EXT INFUSION SET 23"	2	
MEDTRONIC EXT INFUSION SET 32"	2	
MEDTRONIC EXT INFUSION SET 43"	2	
MICROCHAMBER	2	QL (2 EA per 365 days)
MINI WRIGHT PEAK FLOW METER	2	QL (1 EA per 365 days)
MINIMED INSTINCT SENSOR	2	

Drug Name	Tier	Restrictions / Limits
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	2	QL (400 EA per 30 days)
MONOJECT MAGELLAN SAFETY SYRNG 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)
SIMPLERA SENSOR	2	
SIMPLERA SYNC SENSOR	2	
SPACE CHAMBER	2	

Drug Name	Tier	Restrictions / Limits
SPACE CHAMBER WITH LARGE MASK	2	
SPACE CHAMBER WITH MEDIUM MASK	2	
SPACE CHAMBER WITH SMALL MASK	2	
TRUZONE PEAK FLOW METER	2	QL (1 EA per 365 days)
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	2	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	2	
VORTEX HOLDING CHAMBER	2	QL (2 EA per 365 days)

**MUSCLE RELAXANTS**

<i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i>	1	ST
<i>baclofen oral solution 5 mg/5 ml</i>	1	ST; AR
<i>baclofen oral suspension</i>	1	ST
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>baclofen oral tablet 15 mg</i>	2	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine oral tablet</i>	1	
<i>methocarbamol injection</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate</i>	1	
<i>tizanidine oral tablet</i>	1	

**PRE-NATAL VITAMINS**

CADEAU DHA	2	
CLASSIC PRENATAL	1	
COMPLETENATE	1	

Drug Name	Tier	Restrictions / Limits
KOSHER PRENATAL PLUS IRON	2	
KPN	2	
MINI PRENATAL	2	
M-NATAL PLUS	1	
ONE A DAY WOMEN'S PRENATAL DHA	2	
ONE-A-DAY PRENATAL-1	2	
<i>pnv no.95-ferrous fumarate-fa</i>	1	
PRENATABS FA	1	
PRENATABS RX	1	
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	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	

Drug Name	Tier	Restrictions / Limits
PRENATAL PLUS (CALCIUM CARB)	1	
PRENATAL TABLET	1	
<i>prenatal vit no.179-iron-folic</i>	1	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATAL VITAMIN WITH MINERALS	1	
<i>prenatal vit-iron fum-folic ac</i>	1	
SE-NATAL 19 CHEWABLE	1	
SIMILAC PRENATAL	2	
THERANATAL COMPLETE	2	PA
THERANATAL ONE	2	
THERANATAL ORAL TABLET	2	
THRIVITE RX	2	
TRICARE	2	
TRINATAL RX 1	1	
WOMEN'S PRENATAL PLUS DHA	2	

**PSYCHOTHERAPEUTIC DRUGS**

ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	2	PA; ST; QL (1 ML per 56 days); AR
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	2	PA; ST; QL (1 EA per 56 days); AR
ABILIFY MAINTENA	2	PA; ST; QL (1 EA per 28 days)
ALPRAZOLAM INTENSOL	1	PA; QL (4 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>alprazolam oral tablet</i>	1	PA; QL (4 EA per 1 day)
<i>alprazolam oral tablet extended release 24 hr</i>	1	PA; QL (1 EA per 1 day)
<i>alprazolam oral tablet, disintegrating</i>	1	PA; QL (4 EA per 1 day)
<i>amitriptyline oral tablet 10 mg</i>	1	QL (4 EA per 1 day)
<i>amitriptyline oral tablet 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>amitriptyline-chlordiazepoxide</i>	1	PA
<i>amoxapine oral tablet 100 mg, 50 mg</i>	1	QL (4 EA per 1 day)
<i>amoxapine oral tablet 150 mg, 25 mg</i>	1	QL (2 EA per 1 day)
ALENZIN	2	ST; QL (1 EA per 1 day)
<i>aripiprazole oral solution</i>	1	PA; ST; QL (30 ML per 1 day); AR
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 30 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>aripiprazole oral tablet 20 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>aripiprazole oral tablet 5 mg</i>	1	PA; ST; QL (1.5 EA per 1 day); AR
<i>aripiprazole oral tablet, disintegrating</i>	1	PA; ST; QL (2 EA per 1 day); AR
ARISTADA INITIO	2	PA; QL (2.4 ML per 180 days); AR
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	2	PA; 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	PA; QL (1 ML per 28 days); AR
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>armodafinil oral tablet 50 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>asenapine maleate</i>	1	PA; QL (2 EA per 1 day); AR
<i>atomoxetine oral capsule 10mg, 18mg, 25mg, 40mg</i>	1	ST; QL (2 EA per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	ST; QL (1 EA per 1 day)
AUVELITY	2	QL (2 EA per 1 day); AR
AZSTARYS	2	PA; ST; QL (1 EA per 1 day); AR
<i>bupropion hcl oral tablet</i>	1	ST; QL (4 EA per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	ST; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	ST; QL (2 EA per 1 day)
<i>bupirone oral tablet 10 mg</i>	1	QL (4 EA per 1 day)
<i>bupirone oral tablet 15 mg, 5 mg, 7.5 mg</i>	1	QL (3 EA per 1 day)
<i>bupirone oral tablet 30 mg</i>	1	QL (2 EA per 1 day)
CAPLYTA	2	PA; QL (1 EA per 1 day); AR
<i>chlordiazepoxide hcl</i>	1	PA; QL (4 EA per 1 day)
<i>chlorpromazine injection</i>	1	PA
<i>chlorpromazine oral concentrate 100 mg/ml</i>	1	PA; QL (8 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>chlorpromazine oral concentrate 30 mg/ml</i>	1	PA; QL (26.7 ML per 1 day)
<i>chlorpromazine oral tablet</i>	1	PA; QL (4 EA per 1 day)
<i>citalopram oral solution</i>	1	PA; ST; QL (20 ML per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	PA; QL (1.5 EA per 1 day)
<i>citalopram oral tablet 40 mg</i>	1	PA; QL (1 EA per 1 day)
<i>clomipramine oral capsule 25 mg</i>	1	QL (2 EA per 1 day)
<i>clomipramine oral capsule 50 mg</i>	1	QL (5 EA per 1 day)
<i>clomipramine oral capsule 75 mg</i>	1	QL (3 EA per 1 day)
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	PA; ST; QL (4 EA per 1 day)
<i>clorazepate dipotassium</i>	1	PA; QL (4 EA per 1 day)
<i>clozapine oral tablet 100 mg</i>	1	PA; QL (6 EA per 1 day); AR
<i>clozapine oral tablet 200 mg, 25 mg, 50 mg</i>	1	PA; QL (3 EA per 1 day); AR
<i>clozapine oral tablet, disintegrating 100 mg</i>	1	ST; QL (6 EA per 1 day); AR
<i>clozapine oral tablet, disintegrating 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	ST; QL (3 EA per 1 day); AR
DAYTRANA	2	PA; ST; QL (1 EA per 1 day); AR
<i>desipramine oral tablet 10 mg</i>	1	QL (4 EA per 1 day)
<i>desipramine oral tablet 100 mg</i>	1	QL (3 EA per 1 day)
<i>desipramine oral tablet 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (2 EA per 1 day)
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg</i>	2	PA; QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>desvenlafaxine oral tablet extended release 24 hr 50 mg</i>	2	PA; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	1	PA; QL (2 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg</i>	1	PA; QL (1 EA per 1 day)
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>dexmethylphenidate oral tablet 10 mg</i>	1	PA; ST; QL (4 EA per 1 day); AR
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>diazepam injection</i>	1	PA
DIAZEPAM INTENSOL	1	PA; QL (8 ML per 1 day)
<i>diazepam oral concentrate</i>	1	PA; QL (8 ML per 1 day)
<i>diazepam oral solution</i>	1	PA; QL (8 ML per 1 day)
<i>diazepam oral tablet</i>	1	PA; QL (4 EA per 1 day)
<i>doxepin oral capsule 10 mg</i>	1	QL (4 EA per 1 day)
<i>doxepin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (2 EA per 1 day)
<i>doxepin oral concentrate</i>	1	QL (30 ML per 1 day)
<i>droperidol</i>	1	
<i>duloxetine</i>	1	PA; QL (2 EA per 1 day)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG	2	QL (4 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
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	PA; QL (1 EA per 28 days); AR
ERZOFRI INTRAMUSCULAR SYRINGE 351MG/2.25ML	2	PA; QL (1 EA per 180 days); AR
<i>escitalopram oxalate oral solution</i>	1	PA; ST; QL (20 ML per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg</i>	1	PA; QL (1.5 EA per 1 day)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	PA; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE, EXT REL 24 HR DOSE PACK 20 MG (2)- 40 MG (26)	2	PA; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	2	PA; QL (1 EA per 1 day)
<i>fluoxetine oral capsule 10 mg</i>	1	PA; QL (1 EA per 1 day)
<i>fluoxetine oral capsule 20 mg</i>	1	PA; QL (4 EA per 1 day)
<i>fluoxetine oral capsule 40 mg</i>	1	PA; QL (2 EA per 1 day)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	PA; QL (4 EA per 28 days)
<i>fluoxetine oral solution</i>	1	PA; ST; QL (20 ML per 1 day)
<i>fluoxetine oral tablet 10 mg</i>	1	PA; QL (1.5 EA per 1 day)
<i>fluoxetine oral tablet 20 mg</i>	1	PA; QL (4 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>fluoxetine oral tablet 60 mg</i>	1	PA; QL (1 EA per 1 day)
<i>fluphenazine decanoate</i>	1	PA; AR
<i>fluphenazine hcl injection</i>	1	PA; AR
<i>fluphenazine hcl oral concentrate</i>	1	PA; AR
<i>fluphenazine hcl oral elixir</i>	1	PA; AR
<i>fluphenazine hcl oral tablet</i>	1	PA; QL (4 EA per 1 day); AR
<i>fluvoxamine oral tablet 100 mg</i>	1	PA; QL (3 EA per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	1	PA; QL (1 EA per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	PA; ST; QL (1 EA per 1 day)
<i>haloperidol</i>	1	PA; QL (3 EA per 1 day); AR
<i>haloperidol decanoate</i>	1	PA; AR
<i>haloperidol lactate</i>	1	PA; AR
<i>imipramine hcl oral tablet 10 mg</i>	1	QL (2 EA per 1 day)
<i>imipramine hcl oral tablet 25 mg</i>	1	QL (1 EA per 1 day)
<i>imipramine hcl oral tablet 50 mg</i>	1	QL (6 EA per 1 day)
<i>imipramine pamoate oral capsule 100 mg</i>	1	QL (3 EA per 1 day)
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	1	QL (2 EA per 1 day)
<i>imipramine pamoate oral capsule 75 mg</i>	1	QL (1 EA per 1 day)
INVEGA HAFYERA	2	PA; 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; QL (1 ML per 28 days)

Drug Name	Tier	Restrictions / Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA; QL (2 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	PA; QL (1 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML, 546 MG/1.75 ML	2	PA; QL (2 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	PA; QL (3 ML per 90 days)
JORNAY PM	2	ST; QL (1 EA per 1 day); AR
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	ST
LORAZEPAM INTENSOL	1	PA
<i>lorazepam oral concentrate</i>	1	PA
<i>lorazepam oral tablet</i>	1	PA; QL (4 EA per 1 day)
<i>loxapine succinate</i>	1	PA; QL (4 EA per 1 day); AR
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	PA; QL (1 EA per 1 day); AR
<i>lurasidone oral tablet 80 mg</i>	1	PA; QL (2 EA per 1 day); AR
LYBALVI	2	PA; QL (30 EA per 28 days)
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	PA; ST; QL (30 ML per 1 day); AR
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	PA; ST; QL (60 ML per 1 day); AR
<i>methylphenidate hcl oral tablet</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>methylphenidate hcl oral tablet extended release</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg</i>	1	PA; ST; QL (1 EA per 1 day); AR
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 54 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg</i>	2	PA; ST; AR
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	2	PA; ST; QL (1 EA per 1 day); AR
<i>methylphenidate hcl oral tablet, chewable</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>mirtazapine</i>	1	QL (1 EA per 1 day)
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (1 EA per 1 day); AR
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (2 EA per 1 day); AR
<i>molindone oral tablet 10 mg, 5 mg</i>	1	PA; QL (4 EA per 1 day); AR
<i>molindone oral tablet 25 mg</i>	1	PA; QL (9 EA per 1 day); AR
<i>nefazodone</i>	1	QL (2 EA per 1 day)

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

Drug Name	Tier	Restrictions / Limits
<i>paroxetine hcl oral tablet 10 mg</i>	1	PA; QL (1.5 EA per 1 day); AR
<i>paroxetine hcl oral tablet 20 mg</i>	1	PA; QL (1 EA per 1 day); AR
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	PA; QL (2 EA per 1 day); AR
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg</i>	1	PA; QL (1 EA per 1 day); AR
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	1	QL (2 EA per 1 day); AR
<i>perphenazine</i>	1	PA; QL (4 EA per 1 day); AR
<i>perphenazine-amitriptyline protriptyline</i>	1	PA; AR
<i>perphenazine-amitriptyline protriptyline</i>	1	QL (4 EA per 1 day)
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	2	ST; QL (1 EA per 1 day); AR
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG	2	ST; QL (2 EA per 1 day); AR
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	2	ST; QL (3 EA per 1 day); AR
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA; QL (3 EA per 1 day); AR
<i>quetiapine oral tablet 150 mg</i>	2	PA; QL (2 EA per 1 day); AR
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA; QL (4 EA per 1 day); AR
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	PA; QL (1 EA per 1 day); AR
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	1	PA; QL (3 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	1	PA; QL (4 EA per 1 day); AR
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	1	PA; QL (2 EA per 1 day); AR
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER. BIPHASIC 24HR 20 MG, 40 MG	2	PA; ST; QL (1 EA per 1 day); AR
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER. BIPHASIC 24HR 30 MG	2	PA; ST; QL (2 EA per 1 day); AR
QUILLIVANT XR	2	PA; ST; QL (12 ML per 1 day); AR
REXULTI ORAL TABLET	2	PA; QL (1 EA per 1 day); AR
RISPERDAL CONSTA	2	PA; QL (2 EA per 28 days)
<i>risperidone oral solution</i>	1	ST; QL (8 ML per 1 day); AR
<i>risperidone oral tablet</i>	1	PA; QL (2 EA per 1 day); AR
<i>risperidone oral tablet, disintegrating 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	ST; QL (2 EA per 1 day); AR
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>sertraline oral concentrate</i>	1	ST; QL (10 ML per 1 day)
<i>sertraline oral tablet 100 mg</i>	1	QL (3 EA per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	1	QL (2 EA per 1 day)
<i>thioridazine</i>	1	PA; QL (4 EA per 1 day); AR
<i>thiothixene</i>	1	PA; QL (3 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
<i>trazodone oral tablet 100 mg, 150 mg</i>	1	QL (3 EA per 1 day)
<i>trazodone oral tablet 300 mg, 50 mg</i>	1	QL (2 EA per 1 day)
<i>trifluoperazine oral tablet 1 mg, 2 mg, 5 mg</i>	1	PA; QL (2 EA per 1 day); AR
<i>trifluoperazine oral tablet 10 mg</i>	1	PA; QL (4 EA per 1 day); AR
TRINTELLIX	2	QL (1 EA per 1 day)
UZEDY	2	PA; ST; QL (1 EA per 28 days); AR
<i>venlafaxine besylate</i>	2	PA; QL (2 EA per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	1	PA; QL (2 EA per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	1	PA; QL (1 EA per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	PA; QL (3 EA per 1 day)
<i>venlafaxine oral tablet</i>	1	PA; QL (3 EA per 1 day)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	1	PA; QL (2 EA per 1 day)
<i>venlafaxine oral tablet extended release 24hr 225 mg, 37.5 mg</i>	1	PA; QL (1 EA per 1 day)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	1	PA; QL (3 EA per 1 day)
<i>vilazodone</i>	1	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 ORAL CAPSULE	2	QL (1 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
VYVANSE ORAL TABLET, CHEWABLE	2	ST; QL (1 EA per 1 day); AR
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	1	PA; ST; QL (2 EA per 1 day); AR
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	PA; ST; QL (3 EA per 1 day); AR
<i>ziprasidone mesylate</i>	1	PA; ST; AR
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 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		
BELSOMRA	2	ST; QL (1 EA per 1 day); AR
<i>doxepin oral tablet</i>	1	QL (1 EA per 1 day)
<i>estazolam</i>	1	PA; QL (1 EA per 1 day)
<i>eszopiclone</i>	1	QL (1 EA per 1 day)
<i>lorazepam injection</i>	1	PA
LUMRYZ	2	
LUNESTA	2	PA; QL (1 EA per 1 day)
<i>midazolam oral</i>	1	
<i>pentobarbital sodium</i>	1	
<i>phenobarbital</i>	1	
<i>phenobarbital sodium</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>ramelteon</i>	1	QL (1 EA per 1 day)
<i>temazepam</i>	1	PA; QL (1 EA per 1 day)
<i>triazolam</i>	1	PA; QL (1 EA per 1 day)
<i>zaleplon</i>	1	QL (2 EA per 1 day)
<i>zolpidem oral tablet</i>	1	QL (1 EA per 1 day)
<i>zolpidem oral tablet, ext release multiphase</i>	1	QL (1 EA per 1 day)
SKIN PREPS		
ACCUTANE	1	
<i>acitretin</i>	1	PA
ALA-CORT	1	
<i>alclometasone topical cream</i>	1	
<i>alclometasone topical ointment</i>	1	QL (2 GM per 1 day)
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	ST; AR
AZELEX	2	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	1	
<i>calcipotriene scalp</i>	1	QL (2 ML per 1 day)
<i>calcipotriene topical cream</i>	1	QL (4 GM per 1 day)

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

Drug Name	Tier	Restrictions / Limits
<i>fluocinolone topical oil</i>	1	
<i>fluocinolone topical ointment</i>	1	QL (2 GM per 1 day)
<i>fluocinolone topical solution</i>	1	QL (4 ML per 1 day)
<i>fluocinonide topical cream 0.05 %</i>	1	PA
<i>fluocinonide topical gel</i>	1	PA; QL (2 GM per 1 day)
<i>fluocinonide topical ointment</i>	1	PA; QL (2 GM per 1 day)
<i>fluocinonide topical solution</i>	1	QL (4 ML per 1 day)
FLUOCINONIDE-E	1	
<i>fluocinonide-emollient</i>	1	
<i>fluticasone propionate topical cream</i>	1	QL (2 GM per 1 day)
<i>fluticasone propionate topical ointment</i>	1	QL (2 GM per 1 day)
<i>hydrocortisone butyrate topical ointment</i>	1	
<i>hydrocortisone butyrate topical solution</i>	1	QL (2 ML per 1 day)
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
METROCREAM	2	
METROLOTION	2	
<i>metronidazole topical gel</i>	1	
<i>mometasone topical</i>	1	
NEUAC	1	ST
OPZELURA	2	PA; QL (360 GM per 1 Year)

Drug Name	Tier	Restrictions / Limits
<i>podofilox topical solution</i>	1	QL (1 ML per 28 days)
PROCTO-MED HC	1	
PROCTOSOL HC	1	
PROCTOZONE-HC	1	
ROSADAN TOPICAL CREAM	1	
ROSADAN TOPICAL GEL	1	
SANTYL	2	QL (60 GM per 28 days)
<i>selenium sulfide topical lotion</i>	1	
<i>sulfacetamide sodium topical cleanser, gel</i>	1	ST
<i>sulfacetamide sodium topical shampoo 10 %</i>	1	
TACLONEX	2	
TALTZ AUTOINJECTOR	2	PA; QL (1 ML per 22 days)
TALTZ AUTOINJECTOR (2 PACK)	2	PA; QL (2 ML per 2 days)
TALTZ AUTOINJECTOR (3 PACK)	2	PA; QL (3 ML per 22 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	2	PA
<i>tazarotene topical cream 0.1 %</i>	1	
<i>tretinoin topical cream</i>	1	QL (45 GM per 30 days); AR
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	ST; QL (45 GM per 30 days); AR
<i>triamcinolone acetonide topical cream</i>	1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	QL (454 GM per 30 days)
TRI-CHLOR	1	

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

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

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

Drug Name	Tier	Restrictions / Limits
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
ORLADEYO ORAL CAPSULE	2	QL (28 EA per 28 days); AR
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL	2	
<i>paricalcitol oral capsule 4 mcg</i>	1	ST
PAROEX ORAL RINSE	1	
<i>paroxetine mesylate (menop.sym)</i>	1	PA
PCCA-PLUS BASE	2	
PERIOGARD	1	

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

Drug Name	Tier	Restrictions / Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG	2	QL (24 mg per 1 day); AR
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	2	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 SWEET-SF	2	
SYRPALTA VEHICLE	1	
SYRSPEND SF LIQUID	2	
SYRUP VEHICLE SF	2	
<i>tamsulosin</i>	1	
TEZSPIRE	2	PA; ST
THIOLA EC	2	
<i>tolterodine</i>	1	
<i>triamcinolone acetonide dental</i>	1	
VERSA FREE	2	
VERSA PLUS	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
<b>VITAMINS</b>		
A THRU Z	1	
A THRU Z ADVANCED FORMULA	1	
A THRU Z HIGH POTENCY	1	

Drug Name	Tier	Restrictions / Limits
A THRU Z MEN'S ULTIMATE	2	
A THRU Z SELECT 50PLUS FORMULA	1	
A THRU Z SELECT ORAL TABLET, 500-300-250 MCG	1	
A THRU Z SELECT WOMEN'S	1	
ABC COMPLETE SENIOR WOMEN'S	2	
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	
ALIVE WOMEN'S ULTRA POTENCY	2	
AMLADEX	2	

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

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

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

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

Drug Name	Tier	Restrictions / Limits
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)	1	
DECUBI VITE	2	
DEKAS PLUS (FOLIC ACID)	2	
DEKAS PLUS LIQUID	2	
DELTA D3	1	
DIABETES HEALTH FORMULA	2	
DIALYVITE SUPREME D	2	
DIALYVITE VITAMIN D	1	
D-VI-SOL	1	
E-200	1	
ELDERTONIC	2	
ENDUR-ACIN	1	
ENDUR-C WITH ROSE HIPS ORAL TABLET EXTENDED RELEASE 1,000 MG	1	
ENDUR-VM IRON-FREE	2	
ENDUR-VM WITH IRON	2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 50 mcg (2,000 unit)</i>	2	
<i>ergocalciferol (vitamin d2) oral drops</i>	1	
<i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)</i>	1	
<i>ergocalciferol (vitamin d2) oral tablet 50 mcg (2,000 unit)</i>	2	
ESSENTIA	1	
ESSENTIAL MAN	2	
ESSENTIAL MAN 50 PLUS	2	

Drug Name	Tier	Restrictions / Limits
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	
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	
GUMMI BEAR MULTIVITAMIN	1	
GUMMY DINOS	2	
HIGH POTENCY MULTIVIT (W-IRON)	1	
INFANT-TODDLER MULTIVITAMIN	2	
INFANT-TODDLER MULTIVIT-IRON	1	
JUST 4 KIDZ MULTIVIT-PROBIOTIC	2	
KIDS' GUMMY	2	
K-PAX IMMUNE SUPPORT	2	
<i>levomefolate calcium</i>	1	PA

Drug Name	Tier	Restrictions / Limits
LIQUID B-12	1	
LITTLE ANIMALS	1	
<i>Imefol ca-acetyl-meb12-algal</i>	2	PA
LYSIPLEX PLUS ORAL LIQUID	1	
MEGA MULTI FOR WOMEN	1	
MEGA MULTIVITAMIN FOR MEN	1	
MEN 50 PLUS ADVANCED ONE DAILY	2	
MEN'S 50 PLUS DAILY FORMULA	2	
MEN'S 50 PLUS MULTIVITAMIN	2	
MEN'S DAILY	2	
MEN'S DAILY FORMULA	2	
MEN'S DAILY GUMMIES	2	
MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	2	
MEN'S ONE DAILY	2	
MILLTRIUM SENIOR	1	
MONOCAPS	2	
MULTI COMPLETE WITH IRON	1	
MULTI FOR HER 50 PLUS ORAL CAPSULE	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	

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

Drug Name	Tier	Restrictions / Limits
ONE DAILY ESSENTIAL ORAL TABLET , 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 ORAL TABLET 18-0.4 MG	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	
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	

Drug Name	Tier	Restrictions / Limits
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	
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	

Drug Name	Tier	Restrictions / Limits
ONEVITE(WITH LUTEIN)	2	
OPTIMAL D3	1	
OPURITY MULTIVITAMIN	2	
<i>pedi multivit no.194-iron sulf</i>	2	
PEDIA D-VITE ORAL DROPS	1	
PEDIA POLY-VITE WITH IRON ORAL DROPS	2	
PEDIATRIC D-VITE	1	
<i>pediatric multivitamin no.171</i>	2	
PEDIATRIC POLY-VITE	2	
PEDIATRIC POLY-VITE WITH IRON	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	PA; QL (15 EA per 28 days)
POLY-VI-SOL ORAL DROPS	2	
POLY-VI-SOL WITH IRON	2	
POLY-VITA DROPS	2	
POLY-VITA WITH IRON	2	
PROCERV HP	2	
PROFOLA	2	
PRORENAL QD	2	
PROTECT CARDIO AF	2	
PROTECT PLUS SO	2	
<i>pyridoxine (vitamin b6) oral tablet 100 mg, 50 mg</i>	1	
QUINTABS	2	
QUINTABS-M	2	
QUINTABS-M IRON FREE	1	
REMEDIENT	2	
REQ49 PLUS	2	

Drug Name	Tier	Restrictions / Limits
<i>riboflavin (vitamin b2) oral tablet 100 mg</i>	1	
SCOOBY-DOO ONE A DAY KIDS	2	
SENIOR TABS	1	
SENTRY	1	
SENTRY SENIOR	1	
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG	1	
SOLO	2	
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 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	

Drug Name	Tier	Restrictions / Limits
THERALOGIX COMPANION	1	
THERA-M ORAL TABLET 19 MG IRON-400 MCG	2	
THERA-M ORAL TABLET 27-0.4 MG, 9 MG IRON-400 MCG	1	
THERAMILL FORTE	2	
THERAPEUTIC-M	1	
THERA-TABS	1	
THERATRUM COMPLETE 50 PLUS/LUT	1	
THERATRUM COMPLETE 50 PLUS-LYC	1	
THERATRUM COMPLETE WITH LUTEIN	1	
THEREMS MULTIVITAMIN	1	
<i>thiamine hcl (vitamin b1) oral tablet</i>	1	
<i>thiamine mononitrate (vit b1) oral tablet 100 mg</i>	1	
TRI-VI-SOL	2	
UDAMIN SP	2	
ULTRA FREEDA	2	
V-C FORTE	1	
VIC-FORTE	1	
VITABEX PLUS	2	
VITACEL (WITH LUTEIN)	1	
VITAJOY DAILY D	1	
VITALEE	1	
VITALETS	1	
<i>vitamin a oral capsule 3,000 mcg (10,000 unit)</i>	1	
<i>vitamin a palmitate oral capsule 3,000 mcg (10,000 unit)</i>	2	

Drug Name	Tier	Restrictions / Limits
<i>vitamin a palmitate oral tablet 3,000 mcg (10,000 unit)</i>	2	
VITAMIN B-1	1	
VITAMIN B-1 (MONONITRATE)	1	
VITAMIN B-12 ORAL TABLET 1,000 MCG	1	
VITAMIN B-2 ORAL TABLET 100 MG, 50 MG	1	
VITAMIN B-6 ORAL TABLET 100 MG, 250 MG, 50 MG	1	
VITAMIN C ORAL TABLET 1,000 MG, 250 MG, 500 MG	1	
VITAMIN C ORAL TABLET EXTENDED RELEASE 1,000 MG	1	
VITAMIN C WITH ROSE HIPS ORAL TABLET	1	
VITAMIN C WITH ROSE HIPS ORAL TABLET EXTENDED RELEASE 1,000 MG	1	
VITAMIN D2	1	
VITAMIN D3	1	
<i>vitamin e (dl, acetate) oral capsule 180 mg (400unit), 45 mg (100 unit), 90 mg (200 unit)</i>	1	
<i>vitamin e (dl, acetate) oral drops 22.5 mg (50 unit)/ml</i>	1	
<i>vitamin e (dl, acetate) oral drops 45 mg/0.25ml 100 unit/0.25ml</i>	2	
<i>vitamin e acetate</i>	1	
<i>vitamin e mixed oral capsule 400 unit</i>	1	
<i>vitamin e oral capsule 268 mg (400 unit)</i>	1	

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<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
VITAMINS A-D-E SELENIUM	2	
VITREXYL	2	
VITREXYL PLUS IRON	2	
WEEKLY-D	1	
WOMEN'S 50 PLUS DAILY FORMULA	2	
WOMEN'S 50 PLUS MULTIVITAMIN	2	
WOMEN'S DAILY FORMULA	2	
WOMENS DAILY GUMMIES	2	
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**

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
FERRLECIT	2	
FULPHILA	2	QL (1.2 ML per 22 days)
INFED	2	
<i>infliximab</i>	2	PA
OCREVUS	2	PA; QL (20 ML per 153 days)
<i>octreotide acetate</i>	1	PA
RITUXAN	2	PA
SIMPONI ARIA	2	PA
TYSABRI	2	PA
VENOFER	2	

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		TRI-LO-ESTARYLLA.....	27	<i>varenicline tartrate</i> .....	49
		TRI-LO-MARZIA.....	27	VARIVAX (PF).....	18
		TRI-LO-MILI.....	27	VARIZIG.....	18
		TRI-LO-SPRINTEC.....	27		

VAXNEUVANCE (PF).....	18	VOTRIENT.....	14	ZINC (WITH A AND C)	
V-C FORTE.....	59	VRAYLAR.....	46	LOZENGES.....	32
VECTICAL.....	49	VTAMA.....	49	<i>zinc sulfate</i> .....	32
VELETRI.....	21	VYFEMLA (28).....	28	ZINC WITH VITAMINS A AND	
VELIVET TRIPHASIC		VYLIBRA.....	28	C.....	60
REGIMEN (28).....	28	VYNDAMAX.....	52	ZINC-220.....	32
VELTASSA.....	32	VYNDAQEL.....	52	<i>ziprasidone hcl</i> .....	47
<i>venlafaxine</i> .....	46	VYVANSE.....	46, 47	<i>ziprasidone mesylate</i> .....	47
<i>venlafaxine besylate</i> .....	46	<i>warfarin</i> .....	10	ZIRGAN.....	17
VENOFER.....	61	WEEKLY-D.....	60	ZOLADEX.....	15
VENTOLIN HFA.....	7	WERA (28).....	28	ZOLINZA.....	15
<i>verapamil</i> .....	19	WOMEN'S 50 PLUS DAILY		<i>zolpidem</i> .....	47
VEREGEN.....	16	FORMULA.....	60	<i>zonisamide</i> .....	24
VERSA FREE.....	52	WOMEN'S 50 PLUS		ZOO FRIENDS.....	60
VERSA PLUS.....	52	MULTIVITAMIN.....	60	ZOVIA 1-35 (28).....	28
VESTURA (28).....	28	WOMEN'S DAILY FORMULA....	60	ZTLIDO.....	5
VIC-FORTE.....	59	WOMENS DAILY GUMMIES....	60	ZUBSOLV.....	52
VICTOZA 2-PAK.....	12	WOMEN'S MULTIVITAMIN.....	60	ZUMANDIMINE (28).....	28
VICTOZA 3-PAK.....	13	WOMEN'S MULTIVITAMIN		ZURZUVAE.....	47
VIENVA.....	28	GUMMIES.....	60	ZYLET.....	10
<i>vilazodone</i> .....	46	WOMEN'S ONE DAILY.....	60	ZYMFENTRA.....	13
VIORELE (28).....	28	WOMEN'S PRENATAL PLUS		ZYPREXA RELPREVV.....	47
VIRACEPT.....	16	DHA.....	40	ZYVIT.....	60
VIREAD.....	16	WYMZYA FE.....	28		
VITABEX PLUS.....	59	XARELTO.....	10		
VITACEL (WITH LUTEIN).....	59	XARELTO DVT-PE TREAT			
VITAJLOY DAILY D.....	59	30D START.....	10		
VITAJLOY MELATONIN.....	37	XELJANZ.....	6		
VITALEE.....	59	XELJANZ XR.....	6		
VITALETS.....	59	XERESE.....	16		
<i>vitamin a</i> .....	59	XIFAXAN.....	9, 10		
<i>vitamin a palmitate</i> .....	59	XIGDUO XR.....	13		
VITAMIN B-1.....	59	XIIDRA.....	30		
VITAMIN B-1		XOLAIR.....	7		
(MONONITRATE).....	59	XOPENEX HFA.....	7		
VITAMIN B-12.....	59	XTANDI.....	15		
VITAMIN B-2.....	59	XULANE.....	28		
VITAMIN B-6.....	59	XYZBAC.....	60		
VITAMIN C.....	59	YASMIN (28).....	28		
VITAMIN C WITH ROSE HIPS..	59	YAZ (28).....	28		
VITAMIN D2.....	59	YELETS.....	60		
VITAMIN D3.....	59	<i>zaleplon</i> .....	47		
<i>vitamin e</i> .....	59	ZARAH.....	28		
<i>vitamin e (dl, acetate)</i> .....	59	ZELAPAR.....	15		
<i>vitamin e acetate</i> .....	59	ZELBORAF.....	15		
<i>vitamin e mixed</i> .....	59	ZENATANE.....	49		
VITAMINS A-D-E SELENIUM....	60	ZENPEP.....	35		
VITREXYL.....	60	ZEPBOUND.....	15		
VITREXYL PLUS IRON.....	60	ZEPOSIA.....	24		
VIVELLE-DOT.....	37	ZEPOSIA STARTER KIT (28-			
VIVITROL.....	52	DAY).....	24		
VOLNEA (28).....	28	ZEPOSIA STARTER PACK (7-			
VOQUEZNA TRIPLE PAK.....	34	DAY).....	24		
VORTEX HOLDING		<i>zidovudine</i> .....	16		
CHAMBER.....	39	ZIMHI.....	10		