



Medicaid de Georgia de CareSource

1/1/2026

INTRODUCCIÓN

Este es el **Formulario de Medicaid o la Lista de medicamentos preferidos (Preferred Drug List, PDL) de CareSource de 2026**. Esta lista puede ayudar a los proveedores en la selección de productos clínicamente adecuados y de menor precio. Todos los medicamentos de Medicaid de Georgia están cubiertos por CareSource. Esta es solo una lista de medicamentos preferidos.

Estos medicamentos han sido revisados por el Comité de Farmacia y Terapéutica (Pharmacy and Therapeutics, P&T) de CareSource. La lista se encuentra actualizada al momento de la revisión.

No prometemos la exactitud de los datos. Tampoco pretende ser una lista completa. No sustituye el conocimiento, la habilidad y el criterio del proveedor. Todos los datos de la lista constituyen una guía. Los proveedores son totalmente responsables de todas las opciones de medicamentos.

La lista está sujeta a las leyes y normas específicas en cada estado. Estas pueden ser, entre otras:

- las de la opción genérica;
- las listas de sustancias controladas;
- la preferencia por la marca;
- los medicamentos genéricos obligatorios (cuando corresponda).

No asumimos ninguna responsabilidad por las acciones o brechas de ningún proveedor. Deben revisar los datos de los productos del fabricante de medicamentos o las referencias estándar.

PREFACIO

La lista está ordenada por secciones. Cada sección se divide por clase de medicamento terapéutico, según el método de acción. Los productos se mencionan por nombre genérico. El nombre de marca también figura en la lista. Esto es solo a fines informativos. A menos que el medicamento sea una inyección o un caso especial, se menciona la dosis, las formas y las concentraciones.

COMITÉ DE P&T

Se usa un Comité nacional de P&T para aprobar terapias farmacológicas seguras y útiles. Está compuesto por:

- los directores médicos del plan;
- el personal de farmacia;
- personas de la comunidad médica.

DETALLES SOBRE LA COBERTURA DE MEDICAMENTOS

Solo se puede cubrir una concentración, dosificación u otra formulación si se incluye en la lista. No se cubren otras concentraciones, dosificaciones ni formulaciones. Por ejemplo: formas inyectables del producto. Los productos de liberación prolongada y retardada tienen su propio listado.

metformina Glucophage

La lista de productos de liberación inmediata no tendría el producto de liberación extendida.

metformina ext-rel Glucophage XR

Un segundo listado muestra el producto de liberación prolongada.

Las formas de dosificación se incluirán en la sección en que se mencionan.

Neomicina/polimixina B/hidrocortisona Cortisporin

Cortisporin solo figura en la lista de ÓTICOS. Se limita a la solución y la suspensión. No se puede asumir que la crema figura en la lista. Debería formar parte de la sección DERMATOLOGÍA.

Autorización previa (PA)

CareSource puede necesitar que los proveedores nos informen por qué es necesario un medicamento o una cantidad. Esto se denomina PA (Prior Authorization). CareSource debe autorizar esta solicitud antes de que un afiliado reciba el medicamento. "PA" significa que se necesita una autorización previa. Estas son algunas de las razones para una PA:

- Existe un medicamento genérico o alternativo disponible.
- Podría haber abuso o uso indebido del medicamento.
- El medicamento necesita un manejo especial, supervisión o tiene un envío limitado.
- Existen otros medicamentos que se deben probar primero.

Solicitudes de PA

Los asociados de salud pueden solicitar una autorización previa en línea o por fax. Obtenga más información en la página de Proveedores en CareSource.com. Es posible que no aprobemos una solicitud de PA para un medicamento. Si no lo hacemos, le diremos al afiliado cómo apelar.

Límites de cantidad

Algunos medicamentos pueden tener límites sobre cuánto se puede administrar de una vez. La abreviatura "QL" (Quantity Limits) se usa para indicar que hay un límite de cantidad. Los QL se basan en la dosis sugerida por los fabricantes de medicamentos. También se tiene en cuenta la seguridad del paciente. La terapia con analgésicos opioides puede tener límites de cantidad. Estos se basan en la dosis recomendada por los fabricantes de medicamentos y/o en los reglamentos estatales.

Los límites de cantidad se encuentran en la lista a continuación.

Terapia escalonada

Es posible que los afiliados deban probar un medicamento antes de tomar otro. Esto se denomina terapia escalonada. Se debe probar un medicamento antes de que se apruebe el uso de otro. CareSource cubrirá ciertos medicamentos solo si se sigue el protocolo de terapia escalonada. Cuando es necesario, se usa "ST" (Step Therapy) en la lista.

Sustitución por medicamento genérico e intercambio terapéutico

La sustitución por un medicamento genérico es una acción de la farmacia. Se ofrece una versión genérica en lugar de un producto de marca. La letra cursiva significa que existe un genérico. No todas las concentraciones o formas de dosificación del genérico pueden estar disponibles como genéricos. Un medicamento de marca que tiene un producto genérico

pasará a no pertenecer al formulario. Se cubrirá el producto genérico en lugar del producto de marca. La lista está sujeta a los reglamentos estatales y las normas específicos sobre la sustitución por medicamentos genéricos.

Los medicamentos genéricos con frecuencia tienen un precio más bajo que los medicamentos de marca. Se deben prescribir en primer lugar si se siguen los estándares. Los medicamentos genéricos de venta con receta están:

- Aprobados por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) de EE. UU. Esto es por motivo de seguridad y eficacia. Están fabricados bajo los mismos estándares estrictos que los productos de marca.
- Probados en humanos. El genérico se debe absorber a la misma velocidad que el producto de marca. Puede diferir de la marca en el tamaño, el color y los ingredientes inactivos. Esto no altera su uso.
- Fabricados con la misma concentración y la misma forma de dosificación que los medicamentos de marca.

Un medicamento genérico tendrá el mismo efecto y será tan seguro como el de marca.

DISEÑO DEL PLAN

La lista muestra un diseño cerrado de plan del formulario. Los medicamentos incluidos en la lista están cubiertos por el plan según se muestra. Ciertos medicamentos están cubiertos si se cumplen con los estándares de gestión de uso. Puede ser ST, PA y/o QL. Se revisarán las solicitudes de medicamentos que no cumplan con los estándares de la lista. Si un medicamento no está en la lista, puede solicitar una excepción al formulario para la cobertura.

Se revisará la necesidad médica o la excepción al formulario. Esto se basa en medidas de PA o los criterios de prescripción estándar que no pertenecen al formulario. Un afiliado o un proveedor pueden solicitar una excepción al formulario. Complete el formulario que se encuentra en la página de la PDL en **CareSource.com**.

AVISO

Los datos de esta lista son privados. La información no se puede copiar en su totalidad o en parte sin una autorización por escrito.

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Esta lista contiene medicamentos con receta de marca que son marcas comerciales o marcas registradas.

CareSource no opera las organizaciones que se mencionan en esta lista. CareSource no es responsable de la confiabilidad del contenido. Estas listas no son una recomendación de CareSource.

Nota: Esta lista se actualiza periódicamente. Es posible que los cambios aparezcan antes de su fecha de entrada en vigencia.

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.

Georgia Medicaid Preferred Drug List (PDL)

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CURRENT AS OF 1/1/2026

Drug Name	Tier	Restrictions / Limits
ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	1	PA; QL (125 ML per 1 day)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	1	QL (125 ML per 1 day)
<i>acetaminophen-codeine oral tablet</i>	1	PA; QL (10 EA per 1 day)
AIMOVIG AUTOINJECTOR	2	PA; QL (1 ML per 30 days); AR
<i>almotriptan malate</i>	1	QL (12 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	1	QL (48 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	QL (48 EA per 30 days)
<i>diclofenac potassium oral tablet</i>	1	
<i>diflunisal</i>	1	
ELMIRON	2	
EMGALITY PEN	2	PA; QL (3 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (3 ML per 30 days)
ENDOCET	1	PA; QL (10 EA per 1 day)
<i>ergotamine-caffeine</i>	1	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (1 EA per 3 days)

Drug Name	Tier	Restrictions / Limits
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA; QL (125 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL (10 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	PA; QL (5 EA per 1 day)
<i>hydromorphone oral liquid</i>	1	PA; QL (6 ML per 1 day)
<i>hydromorphone oral tablet</i>	1	PA; QL (6 EA per 1 day)
<i>ketorolac oral</i>	1	QL (20 EA per 30 days)
METHADONE INTENSOL	1	PA
<i>methadone oral concentrate</i>	1	PA
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; QL (8.67 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (20 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (2 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	1	PA; QL (4 EA per 1 day)
MIGERGOT	1	
<i>morphine concentrate oral solution</i>	1	PA; QL (6 ML per 1 day)
<i>morphine oral capsule,extend.release pellets 10 mg, 20 mg, 50 mg, 80 mg</i>	1	PA; QL (2 EA per 1 day)
<i>morphine oral capsule,extend.release pellets 100 mg</i>	1	PA; QL (1 EA per 1 day)
<i>morphine oral solution</i>	1	PA; QL (30 ML per 1 day)
<i>morphine oral tablet</i>	1	PA; QL (6 EA per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	1	PA; QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	PA; QL (4 EA per 1 day)
<i>morphine rectal</i>	1	PA; QL (6 EA per 1 day)
<i>naratriptan</i>	1	QL (9 EA per 30 days)
<i>oxycodone oral capsule</i>	1	PA; QL (6 EA per 1 day)
<i>oxycodone oral concentrate</i>	1	PA; QL (6 ML per 1 day)
<i>oxycodone oral solution</i>	1	PA; QL (6 ML per 1 day)
<i>oxycodone oral tablet</i>	1	PA; QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral solution</i>	1	PA
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	1	
<i>rizatriptan</i>	1	QL (12 EA per 30 days)
<i>sumatriptan</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate oral</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe</i>	1	QL (5 ML per 30 days)

Drug Name	Tier	Restrictions / Limits
<i>tramadol oral tablet 50 mg</i>	1	PA; QL (8 EA per 1 day)
<i>tramadol-acetaminophen</i>	1	PA; QL (40 EA per 25 days)
<i>zolmitriptan oral</i>	1	QL (12 EA per 30 days)
ANESTHETICS		
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	QL (100 ML per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	QL (30 GM per 30 days)
LIDOCAINE VISCOUS	1	QL (100 ML per 30 days)
<i>lidocaine-prilocaine topical cream</i>	1	QL (30 GM per 30 days)
<i>midazolam (pf)</i>	1	AR
<i>midazolam injection</i>	1	AR
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
ANTIALLERGY		
<i>cromolyn oral</i>	1	PA
ANTIARTHRITICS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>celecoxib</i>	1	ST
<i>colchicine oral tablet</i>	1	QL (1 EA per 1 day)
<i>diclofenac sodium oral</i>	1	
<i>diclofenac-misoprostol</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen</i>	1	
IBU	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>leflunomide</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	
<i>naproxen-esomeprazole</i>	1	
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 (4)-30 MG (47)	2	PA; QL (55 EA per 274 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (19)	2	PA
<i>oxaprozin oral tablet</i>	1	
<i>penicillamine oral tablet</i>	1	PA
<i>probenecid</i>	1	
<i>sulindac</i>	1	
XELJANZ ORAL TABLET 10 MG	2	PA; QL (60 EA per 28 days)
XELJANZ ORAL TABLET 5 MG	2	PA; QL (60 EA per 30 days)
XELJANZ XR	2	PA; QL (30 EA per 30 days)
ANTIASTHMATICS		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL (4 EA per 90 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)

Drug Name	Tier	Restrictions / Limits
<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</i>	1	
ARNUITY ELLIPTA	2	QL (1 EA per 1 day)
ATROVENT HFA	2	QL (65 GM per 30 days)
<i>budesonide inhalation</i>	1	QL (4 ML per 1 day)
COMBIVENT RESPIMAT	2	QL (4 GM per 30 days)
<i>cromolyn inhalation</i>	1	QL (8 ML per 1 day)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	QL (13 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	2	
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	2	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	2	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	2	QL (11 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	2	QL (1 EA per 30 days)

Drug Name	Tier	Restrictions / Limits
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL (2 EA per 1 day)
<i>ipratropium bromide inhalation</i>	1	QL (10 ML per 1 day)
<i>ipratropium-albuterol</i>	1	QL (18 ML per 1 day)
<i>levalbuterol tartrate</i>	2	QL (1 GM per 1 day)
<i>montelukast</i>	1	
QVAR REDHALER	2	
SEREVENT DISKUS	2	QL (2 EA per 1 day)
SPIRIVA RESPIMAT	2	QL (4 GM per 30 days)
STIOLTO RESPIMAT	2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	2	QL (4 GM per 30 days)
<i>terbutaline oral</i>	1	
THEO-24	2	
<i>theophylline</i>	1	
TRELEGY ELLIPTA	2	PA; QL (1 unit per 28 days)
XOPENEX HFA	2	ST; QL (2 EA per 180 days)
ANTIBIOTICS		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
AVAR	1	QL (341 GM per 30 days)
AVAR-E	2	
AVIDOXY	1	
<i>azithromycin oral</i>	1	
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BICILLIN L-A	2	
<i>cefadroxil</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>cefdinir</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 250 mg</i>	1	
CIPRO ORAL SUSPENSION,MICRO CAPSULE RECON	2	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>clarithromycin</i>	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
CLINDAMYCIN PEDIATRIC	1	
<i>clindamycin phosphate topical gel</i>	1	
<i>clindamycin phosphate topical gel, once daily</i>	1	
<i>clindamycin phosphate topical lotion</i>	1	QL (2 ML per 1 day)
<i>clindamycin phosphate topical solution</i>	1	QL (2 ML per 1 day)
<i>clindamycin phosphate vaginal</i>	1	
<i>dapsone oral</i>	1	
<i>dicloxacillin</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	

Drug Name	Tier	Restrictions / Limits
<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 100 mg, 50 mg</i>	1	
E.E.S. 400	1	
ERY PADS	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	2	
ERYTHROCIN (AS STEARATE)	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	
<i>erythromycin with ethanol</i>	1	
<i>ethambutol</i>	1	
<i>fidaxomicin</i>	1	PA
FIRVANQ ORAL RECON SOLN 25 MG/ML	2	PA
<i>gentamicin ophthalmic (eye)</i>	1	
<i>gentamicin topical cream</i>	1	QL (1 GM per 1 day)
<i>gentamicin topical ointment</i>	1	QL (15 GM per 30 days)
<i>isoniazid oral</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>levofloxacin oral</i>	1	
<i>linezolid</i>	1	PA
<i>methen-sod phos-meth blue-hyos</i>	1	
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	QL (70 GM per 30 days)
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
MORGIDOX	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
<i>mupirocin</i>	1	QL (22 GM per 30 days)
<i>neomycin</i>	1	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
NEO-POLYCIN	1	
NEO-POLYCIN HC	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydr/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	QL (10 ML per 30 days)

Drug Name	Tier	Restrictions / Limits
<i>ofloxacin oral</i>	1	QL (2 EA per 1 day)
<i>ofloxacin otic (ear)</i>	1	
<i>penicillin v potassium</i>	1	
PLEXION TOPICAL CLEANSER	2	PA
POLYCIN	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	
<i>silver sulfadiazine</i>	1	
SSD	1	
SSS 10-5 TOPICAL CREAM	1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	QL (341 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	1	ST
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	1	QL (57 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	1	ST
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	ST
<i>sulfacetamide-prednisolone</i>	1	
SULFACLEANSE 8-4	1	ST
<i>sulfadiazine</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>sulfamethoxazole-trimethoprim oral</i>	1	
SULFATRIM	1	
<i>tetracycline oral capsule</i>	1	
THALOMID	2	PA
<i>tobramycin in 0.225 % nacl</i>	1	PA; QL (10 ML per 1 day)
<i>tobramycin ophthalmic (eye)</i>	1	
<i>tobramycin sulfate injection solution 40 mg/ml</i>	1	PA; AR
<i>tobramycin with nebulizer</i>	2	QL (10 ML per 1 day)
<i>tobramycin-dexamethasone</i>	1	
<i>trimethoprim</i>	1	
URETRON D-S	1	
URYL	1	
<i>vancomycin oral recon soln 50 mg/ml</i>	1	PA
VANDAZOLE	1	QL (70 GM per 30 days)
ANTICOAGULANTS		
ELIQUIS DVT-PE TREAT 30D START	2	
ELIQUIS ORAL TABLET	2	
<i>enoxaparin</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/ml</i>	1	
JANTOVEN	1	

Drug Name	Tier	Restrictions / Limits
PRADAXA ORAL CAPSULE	2	PA
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	2	QL (51 EA per 26 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	
XARELTO ORAL TABLET 2.5 MG	2	ST
ANTIDOTES		
KLOXXADO	2	QL (2 EA per 30 days)
<i>nalmefene</i>	2	QL (2 Units per 1 Month)
<i>naloxone injection solution</i>	1	QL (2 ML per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	1	
<i>naltrexone</i>	1	
OPVEE	2	QL (2 EA per 30 days)
ANTIFUNGALS		
CICLODAN KIT TOPICAL SOLUTION	1	
CICLODAN TOPICAL CREAM	1	QL (3 GM per 1 day)
CICLODAN TOPICAL SOLUTION	1	QL (6.6 ML per 30 days)
<i>ciclopirox topical cream</i>	1	QL (3 GM per 1 day)
<i>ciclopirox topical gel</i>	1	QL (3 GM per 1 day)
<i>ciclopirox topical shampoo</i>	1	
<i>ciclopirox topical solution</i>	1	QL (6.6 ML per 30 days)
<i>ciclopirox topical suspension</i>	1	QL (3 ML per 1 day)
<i>clotrimazole mucous membrane</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>clotrimazole-betamethasone topical cream</i>	1	QL (45 GM per 30 days)
<i>fluconazole</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<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)
NATACYN	2	QL (15 ML per 30 days)
NYAMYC	1	QL (2 GM per 1 day)
<i>nystatin oral</i>	1	
<i>nystatin topical cream</i>	1	QL (30 GM per 28 days)
<i>nystatin topical ointment</i>	1	QL (30 GM per 28 days)
<i>nystatin topical powder</i>	1	QL (2 GM per 1 day)
NYSTOP	1	QL (2 GM per 1 day)
<i>posaconazole oral tablet,delayed release (drlec)</i>	1	PA
<i>terbinafine hcl oral</i>	1	QL (1 EA per 1 day)
<i>terconazole</i>	1	
<i>voriconazole oral</i>	1	PA
ANTI HISTAMINE AND DECONGESTANT COMBINATION		
PROMETHAZINE VC	1	
<i>promethazine-phenylephrine</i>	1	
ANTI HISTAMINES		
<i>azelastine ophthalmic (eye)</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>clemastine oral tablet</i>	1	
<i>cyproheptadine</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine oral solution</i>	1	
<i>promethazine oral</i>	1	
ANTIHYPERGLYCEMICS		
<i>acarbose</i>	1	
<i>alogliptin</i>	2	ST; QL (1 EA per 1 day)
<i>alogliptin-metformin</i>	2	ST
<i>alogliptin-pioglitazone</i>	2	ST
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg</i>	1	ST; QL (30 EA per 30 days)
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i>	1	ST; QL (60 EA per 30 days)
<i>dapagliflozin propanediol</i>	1	ST; QL (30 EA per 30 days)
FARXIGA	2	PA; QL (30 EA per 30 days)
<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 extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (8 EA per 1 day)
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (4 EA per 1 day)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>glyburide oral tablet 1.25 mg</i>	1	QL (16 EA per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	1	QL (8 EA per 1 day)
<i>glyburide oral tablet 5 mg</i>	1	QL (4 EA per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	QL (260 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (5 EA per 1 day)
HUMULIN R U-500 (CONC) KWIKPEN	2	
<i>insulin glargine-yfgn</i>	2	
<i>insulin lispro subcutaneous insulin pen</i>	2	QL (45 ML per 30 days)
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	2	QL (1 ML per 1 day)
<i>insulin lispro subcutaneous solution</i>	2	QL (45 ML per 30 days)
<i>metformin oral solution</i>	1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>miglitol</i>	1	PA; ST
<i>nateglinide</i>	1	
OZEMPIC	2	ST; QL (3 ML per 28 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-metformin</i>	1	
<i>repaglinide</i>	1	
RYBELSUS	2	ST; QL (1 EA per 1 day); AR
SOLQUA 100/33	2	ST; QL (6 ML per 30 days)
ANTIINFECTIVES/MISCELLANEOUS		
<i>albendazole</i>	1	PA
<i>atovaquone</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>atovaquone-proguanil</i>	1	QL (12 EA per 180 days)
COARTEM	2	QL (24 EA per 180 days)
CUTTER BACKWOODS	2	QL (1 GM per 30 days)
CUTTER BACKWOODS DRY	2	QL (1 GM per 30 days)
CUTTER SKINSATIONS TOPICAL SPRAY, NON-AEROSOL	2	QL (1 ML per 30 days)
<i>hydroxychloroquine</i>	1	
INSECT REPELLENT (DEET)	2	QL (1 GM per 30 days)
INSECT REPELLENT (PICARIDIN)	2	QL (1 ML per 30 days)
<i>ivermectin oral tablet 3 mg</i>	1	QL (20 EA per 90 days)
<i>mefloquine</i>	1	QL (6 EA per 180 days)
OFF ACTIVE	2	QL (1 GM per 30 days)
OFF DEEP WOODS DRY	2	QL (1 GM per 30 days)
OFF DEEP WOODS SPORTSMEN	2	QL (1 ML per 30 days)
OFF DEEP WOODS TOPICAL AEROSOL, SPRAY	2	QL (1 GM per 30 days)
OFF DEEP WOODS TOPICAL SPRAY, NON-AEROSOL	2	QL (1 ML per 30 days)
OFF FAMILYCARE (WITH DEET)	2	QL (1 ML per 30 days)
OFF FAMILYCARE (WITH PICARIDIN)	2	QL (1 ML per 30 days)
<i>praziquantel</i>	1	PA
<i>pyrimethamine</i>	1	QL (3 EA per 1 day)
RANGER READY REPELLENT	2	QL (1 ML per 30 days)

Drug Name	Tier	Restrictions / Limits
REPEL 100	2	QL (1 ML per 30 days)
REPEL FAMILY	2	QL (1 GM per 30 days)
REPEL HUNTER'S	2	QL (1 GM per 30 days)
REPEL SPORTSMEN	2	QL (1 GM per 30 days)
REPEL SPORTSMEN DRY	2	QL (1 GM per 30 days)
REPEL SPORTSMEN MAX TOPICAL AEROSOL, SPRAY	2	QL (1 GM per 30 days)
REPEL SPORTSMEN MAX TOPICAL SPRAY, NON-AEROSOL	2	QL (1 ML per 30 days)
TOTAL HOME INSECT REPELLENT	2	QL (1 ML per 30 days)
ULTRATHON TOPICAL AEROSOL, SPRAY	2	QL (1 GM per 30 days)
ANTIINFLAM. TUMOR NECROSIS FACTOR INHIBITING AGENTS		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	2	PA
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	2	PA
<i>adalimumab-adbm subcutaneous pen injector kit</i>	2	PA
<i>adalimumab-adbm subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.4 ml, 40 mg/0.8 ml</i>	2	PA
<i>adalimumab-adbm(cf) 10 mg/0.2 ml syringe</i>	1	
<i>adalimumab-adbm(cf) 20 mg/0.4 ml syringe</i>	2	PA
<i>adalimumab-adbm(cf) 40 mg/0.8 ml syringe</i>	2	PA

Drug Name	Tier	Restrictions / Limits
ENBREL MINI	2	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	2	QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA; QL (4 ML per 28 days)
ENBREL SURECLICK	2	PA; QL (4 ML per 28 days)
HADLIMA	2	PA
HADLIMA PUSHTOUCH	2	PA
HADLIMA(CF)	2	PA
HADLIMA(CF) PUSHTOUCH	2	PA
ANTINEOPLASTICS		
<i>abiraterone</i>	1	PA
AFINITOR	2	PA
AFINITOR DISPERZ	2	PA
<i>anastrozole</i>	1	
<i>bexarotene oral</i>	1	PA
<i>bicalutamide</i>	1	
<i>capecitabine</i>	1	PA
CAPRELSA	2	PA
<i>cyclophosphamide oral capsule</i>	1	PA
ERIVEDGE	2	PA
<i>erlotinib</i>	1	PA
<i>etoposide oral</i>	1	
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	1	PA
<i>everolimus (antineoplastic) oral tablet for suspension</i>	1	PA
<i>exemestane</i>	1	
<i>fluorouracil topical cream 5 %</i>	1	QL (3 GM per 1 day)
<i>fluorouracil topical solution</i>	1	QL (10 ML per 30 days)
GILOTRIF	2	PA

Drug Name	Tier	Restrictions / Limits
<i>hydroxyurea</i>	1	
IBRANCE	2	PA
<i>imatinib</i>	1	PA
IMBRUVICA ORAL CAPSULE	2	PA; QL (1 EA per 1 day); AR
IMBRUVICA ORAL TABLET	2	PA; QL (1 EA per 1 day); AR
INLYTA	2	PA
JAKAFI	2	PA; QL (2 EA per 1 day)
<i>lapatinib</i>	1	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	2	PA
<i>letrozole</i>	1	PA
LEUKERAN	2	PA
LYSODREN	2	
MATULANE	2	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL TABLET	2	PA
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium oral</i>	1	
MYLERAN	2	PA
<i>pazopanib oral tablet 200 mg</i>	1	PA
REVLIMID	2	PA
<i>sorafenib</i>	1	PA
<i>sunitinib malate</i>	1	PA
SUTENT	2	PA
TAFINLAR ORAL CAPSULE	2	PA
<i>tamoxifen</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>temozolomide</i>	1	PA
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	2	
TYKERB	2	PA
VOTRIENT	2	
ZELBORAF	2	PA
ZOLINZA	2	PA
ANTIPARASITICS		
<i>malathion</i>	1	QL (59 ML per 30 days)
<i>permethrin</i>	1	QL (2 GM per 1 day)
<i>spinosad</i>	1	PA; QL (4 ML per 1 day)
ANTIPARKINSON DRUGS		
<i>amantadine hcl</i>	1	
<i>benztropine oral</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-entacapone</i>	1	
<i>entacapone</i>	1	
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i>	1	PA
<i>ropinirole oral tablet</i>	1	
<i>selegiline hcl</i>	1	
<i>trihexyphenidyl</i>	1	
ANTIPLATELET DRUGS		
<i>anagrelide</i>	1	
BRILINTA	2	PA; ST
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>dipyridamole oral</i>	1	
<i>prasugrel hcl</i>	1	
<i>ticagrelor</i>	1	PA; ST
ANTIVIRALS		
<i>abacavir oral solution</i>	1	QL (30 ML per 1 day)
<i>abacavir oral tablet</i>	1	QL (2 EA per 1 day)
<i>abacavir-lamivudine</i>	1	QL (1 EA per 1 day)
<i>acyclovir oral</i>	1	
<i>acyclovir topical ointment</i>	1	ST; QL (15 GM per 22 days); AR
<i>adefovir</i>	1	PA; AR
APTIVUS	2	QL (4 EA per 1 day)
<i>atazanavir oral capsule 150 mg</i>	1	QL (1 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i>	1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</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	QL (1 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	1	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	1	QL (1 EA per 1 day)
DELSTRIGO	2	QL (1 EA per 1 day)
DESCOVY	2	PA
DOVATO	2	QL (1 EA per 1 day)
<i>efavirenz</i>	1	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>efavirenz-emtricitabin-tenofo</i>	1	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofo</i> <i>disop oral tablet</i> <i>400-300-300 mg</i>	1	
<i>emtricitabine</i>	1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir</i> <i>(tdf)</i>	1	QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE	2	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	2	QL (680 ML per 30 days)
<i>entecavir</i>	1	PA
<i>etravirine oral tablet 100 mg</i>	1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	1	QL (2 EA per 1 day)
EVOTAZ	2	QL (1 EA per 1 day)
<i>fosamprenavir</i>	1	QL (2 EA per 1 day)
GENVOYA	2	QL (1 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET	2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET	2	QL (4 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE	2	QL (6 EA per 1 day)
JULUCA	2	QL (1 EA per 1 day)
KALETRA ORAL TABLET 100-25 MG	2	QL (8 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	2	QL (4 EA per 1 day)
LAGEVRIO (EUA)	2	QL (8 units per 1 day); AR
<i>lamivudine oral solution</i>	1	QL (30 ML per 1 day)
<i>lamivudine oral tablet 100 mg</i>	1	PA
<i>lamivudine oral tablet 150 mg</i>	1	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>lamivudine oral tablet 300 mg</i>	1	QL (1 EA per 1 day)
<i>lamivudine-zidovudine</i>	1	QL (2 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	QL (8 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1	QL (4 EA per 1 day)
<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 oral suspension</i>	1	QL (40 ML per 1 day)
<i>nevirapine oral tablet</i>	1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	QL (1 EA per 1 day)
NORVIR ORAL POWDER IN PACKET	2	QL (6 EA per 180 days)
ODEFSEY	2	
<i>oseltamivir oral capsule 30 mg</i>	1	QL (40 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (20 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	1	QL (360 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (4 EA per 1 day); AR
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)- 100 MG	2	QL (6 EA per 1 day); AR
PEGASYS SUBCUTANEOUS SOLUTION	2	PA; QL (4 ML per 28 days)

Drug Name	Tier	Restrictions / Limits
PEGASYS SUBCUTANEOUS SYRINGE	2	PA; QL (2 ML per 28 days)
<i>penciclovir</i>	1	PA; ST; QL (5 GM per 30 days)
PIFELTRO	2	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION	2	QL (1 ML per 1 day)
PREZISTA ORAL TABLET 150 MG	2	QL (6 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	2	QL (10 EA per 1 day)
<i>ribavirin oral</i>	1	
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
SELZENTRY ORAL SOLUTION	2	PA; QL (1840 ML per 25 days)
<i>sofosbuvir-velpatasvir</i>	2	PA; QL (1 EA per 1 day)
STRIBILD	2	QL (1 EA per 1 day)
SYMTUZA	2	QL (1 EA per 1 day)
SYNAGIS	2	PA; QL (2 ML per 28 days)
<i>tenofovir disoproxil fumarate</i>	1	QL (1 EA per 1 day)
TIVICAY	2	QL (2 EA per 1 day)
<i>trifluridine</i>	1	
TRIUMEQ	2	QL (1 EA per 1 day)
TRUVADA	2	QL (1 EA per 1 day)
<i>valacyclovir</i>	1	
VIRACEPT ORAL TABLET 250 MG	2	QL (10 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
VIRACEPT ORAL TABLET 625 MG	2	QL (4 EA per 1 day)
VIREAD ORAL POWDER	2	QL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL (1 EA per 1 day)
<i>zidovudine oral capsule</i>	1	QL (6 EA per 1 day)
<i>zidovudine oral syrup</i>	1	QL (60 ML per 1 day)
<i>zidovudine oral tablet</i>	1	
AUTONOMIC DRUGS		
<i>bethanechol chloride</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg, 7.5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet</i>	1	QL (3 EA per 1 day)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	2	QL (4 EA per 365 days)

Drug Name	Tier	Restrictions / Limits
<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</i>	1	
<i>midodrine</i>	1	
<i>phenoxybenzamine</i>	1	PA
<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 tartrate</i>	1	
ZENZEDI ORAL TABLET 2.5 MG	2	QL (1 EA per 1 day)
BIOLOGICALS		
ABRYSVO (PF)	2	AR
ACTHIB (PF)	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	
AREXVY (PF)	2	
BEXSERO	2	
BOOSTRIX TDAP	2	
CAPVAXIVE	2	
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
ENGRIX-B (PF)	2	
ENGRIX-B PEDIATRIC (PF)	2	
GARDASIL 9 (PF)	2	
HAVRIX (PF)	2	
HEPLISAV-B (PF)	2	
HIBERIX (PF)	2	
INFANRIX (DTAP) (PF)	2	
IPOL	2	
JYNNEOS (PF)	2	
KINRIX (PF)	2	

Drug Name	Tier	Restrictions / Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	2	
M-M-R II (PF)	2	
MRESVIA (PF)	1	
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	
PENBRAYA (PF)	2	
PENTACEL (PF)	2	
PENTACEL ACTHIB COMPONENT (PF)	2	
PNEUMOVAX-23	2	
PROQUAD (PF)	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	2	
RHOGAM ULTRA-FILTERED PLUS	2	
ROTATEQ VACCINE	2	
SHINGRIX (PF)	2	
TENIVAC (PF)	2	
TRUMENBA	2	
TWINRIX (PF)	2	
VAQTA (PF)	2	
VARIVAX (PF)	2	
VARIZIG	2	
BLOOD		
EMPAVELI	2	PA; QL (8 Vials per 28 days); AR
<i>pentoxifylline</i>	1	
PYRUKYND	2	PA; QL (2 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
CARDIAC DRUGS		
<i>amiodarone oral tablet 200 mg, 400 mg</i>	1	
<i>amlodipine</i>	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	2	
CARTIA XT	1	
DIGITEK	1	
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>diltiazem hcl oral</i>	1	
DILT-XR	1	
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>felodipine</i>	1	
<i>flecainide</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	2	
MATZIM LA	1	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
NITRO-DUR	2	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	1	
NITRO-TIME	1	
NORPACE CR	2	

Drug Name	Tier	Restrictions / Limits
PACERONE ORAL TABLET 200 MG	1	
<i>propafenone</i>	1	
<i>ranolazine</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	1	
<i>verapamil oral tablet 40 mg</i>	1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	1	
CARDIOVASCULAR		
<i>ambrisentan</i>	1	PA; QL (30 EA per 28 days)
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiacid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>atorvastatin</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
<i>cholestyramine (with sugar)</i>	1	
CHOLESTYRAMINE LIGHT	1	

Drug Name	Tier	Restrictions / Limits
<i>clonidine</i>	1	
<i>clonidine hcl oral tablet 0.1 mg</i>	1	QL (24 EA per 1 day)
<i>clonidine hcl oral tablet 0.2 mg</i>	1	QL (12 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	1	QL (8 EA per 1 day)
<i>colestipol oral tablet</i>	1	
<i>doxazosin</i>	1	
<i>enalapril maleate oral solution</i>	1	AR
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO	2	PA; QL (60 EA per 30 days)
EPANED	2	
<i>ezetimibe</i>	1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>gemfibrozil</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine oral</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>losartan-hydrochlorothiazide</i>	1	
<i>lovastatin</i>	1	
<i>methyldopa</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metyrosine</i>	1	PA
<i>minoxidil oral</i>	1	
<i>nadolol</i>	1	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiacid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>pravastatin</i>	1	
<i>prazosin</i>	1	
PRESTALIA ORAL TABLET 14-10 MG	2	PA
PREVALITE	1	
<i>propranolol oral</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
REPATHA PUSHTRONEX	2	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK	2	PA
REPATHA SYRINGE	2	PA; QL (2 ML per 28 days)
<i>rosuvastatin</i>	1	ST
<i>sacubitril-valsartan</i>	1	PA; QL (60 EA per 30 days)
<i>salmon oil-omega-3 fatty acids</i>	2	
<i>sildenafil (pulm.hypertension) oral tablet</i>	1	PA; QL (75 EA per 30 days)

Drug Name	Tier	Restrictions / Limits
<i>simvastatin</i>	1	
SOTALOL AF	1	
<i>sotalol oral</i>	1	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
<i>terazosin</i>	1	
<i>trandolapril</i>	1	
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
CNS DRUGS		
AUSTEDO ORAL TABLET 12 MG	2	PA; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG	2	PA; QL (60 EA per 30 days)
AUSTEDO ORAL TABLET 9 MG	2	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	2	PA; QL (2 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG	2	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; QL (30 MCG per 7 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; QL (4 EA per 30 days)
BANZEL ORAL SUSPENSION	2	PA
BANZEL ORAL TABLET	2	PA; ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBATROL	2	
<i>clobazam oral suspension</i>	1	ST
<i>clobazam oral tablet</i>	1	ST
<i>clonazepam oral tablet</i>	1	QL (4 EA per 1 day)
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	2	
DILANTIN INFATABS	2	
DILANTIN-125	2	
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg (14)- 240 mg (46)</i>	1	PA
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 240 mg</i>	1	PA; QL (60 EA per 28 days)
<i>divalproex</i>	1	
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; AR
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
<i> fingolimod</i>	1	PA; QL (1 EA per 1 day)
<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 (12 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>gabapentin oral solution</i>	1	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	1	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	1	QL (4 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	2	PA; QL (1 EA per 1 day); AR
<i>glatiramer</i>	1	
GLATOPA	1	
<i>lacosamide oral tablet</i>	1	PA; ST; AR
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
<i>memantine oral tablets, dose pack</i>	2	
<i>methsuximide</i>	1	
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
OXTELLAR XR	2	
<i>perampanel</i>	1	ST
PHENYTEK	2	
<i>phenytoin</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	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	PA; QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	1	PA; QL (30 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
REBIF (WITH ALBUMIN)	2	PA; QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; QL (6 ML per 28 days)
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; QL (4.2 ML per 28 days)
ROWEEPRA	1	
<i>rufinamide oral suspension</i>	1	PA
<i>rufinamide oral tablet</i>	1	ST
SUBVENITE ORAL TABLET	1	
TEGRETOL	2	
TEGRETOL XR	2	
<i>teriflunomide</i>	1	PA; QL (1 EA per 1 day)
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
VUMERITY	2	PA; QL (4 EA per 1 day)
ZEPOSIA	2	PA; QL (30 EA per 30 days); AR
ZEPOSIA STARTER KIT (28-DAY)	2	PA; QL (1 EA per 365 days); AR
ZEPOSIA STARTER PACK (7-DAY)	2	PA; QL (1 PACK per 365 days); AR
<i>zonisamide</i>	1	

Drug Name	Tier	Restrictions / Limits
COLONY STIMULATING FACTORS		
<i>eltrombopag olamine oral tablet</i>	1	
ZARXIO	2	PA
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	QL (1 EA per 1 day)
APRI	1	
ARANELLE (28)	1	
ASHLYNA	1	QL (1 EA per 1 day)
AUBRA	1	
AUBRA EQ	1	
AUROVELA 1.5/30 (21)	1	
AUROVELA 1/20 (21)	1	
AUROVELA 24 FE	1	
AUROVELA FE 1.5/30 (28)	1	
AUROVELA FE 1-20 (28)	1	
AVIANE	1	
AYUNA	1	
AZURETTE (28)	1	
BALZIVA (28)	1	
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)

Drug Name	Tier	Restrictions / Limits
CAMRESE LO	1	QL (1 EA per 1 day)
CAYA CONTOURED	2	QL (1 EA per 365 days)
CAZIENT (28)	1	
CHATEAL EQ (28)	1	
CRYSSELLE (28)	1	
CYRED	1	
CYRED EQ	1	
DASETTA 1/35 (28)	1	
DASETTA 7/7/7 (28)	1	
DAYSEE	1	QL (1 EA per 1 day)
DEBLITANE	1	
DEPO-SUBQ PROVERA 104	2	
<i>desog-e.estradiol</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	PA
<i>drospirenone-ethinyl estradiol</i>	1	
ELINEST	1	
ELLA	2	
ELURYNG	1	
ENPRESSE	1	
ENSKYCE	1	
ERRIN	1	
ESTARYLLA	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
FALMINA (28)	1	
FEMCAP	2	QL (1 EA per 365 days)
HAILEY 24 FE	1	
HAILEY FE 1.5/30 (28)	1	
HAILEY FE 1/20 (28)	1	

Drug Name	Tier	Restrictions / Limits
HEATHER	1	
INCASSIA	1	
ISIBLOOM	1	
JASMIEL (28)	1	
JENCYCLA	1	
JOLESSA	1	QL (1 EA per 1 day)
JULEBER	1	
JUNEL 1.5/30 (21)	1	
JUNEL 1/20 (21)	1	
JUNEL FE 1.5/30 (28)	1	
JUNEL FE 1/20 (28)	1	
JUNEL FE 24	1	
KAITLIB FE	1	
KARIVA (28)	1	
KELNOR 1/35 (28)	1	
KURVELO (28)	1	
<i>l norgest/e.estradiol-e.estradiol</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>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	1	QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic</i>	1	
LEVORA-28	1	
LORYNA (28)	1	
LOW-OGESTREL (28)	1	

Drug Name	Tier	Restrictions / Limits
LO-ZUMANDIMINE (28)	1	
LUTERA (28)	1	
LYZA	1	
MARLISSA (28)	1	
<i>medroxyprogesterone intramuscular</i>	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	
MONO-LINYAH	1	
NECON 0.5/35 (28)	1	
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 oral tablet</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	
OCELLA	1	
PHILITH	1	
PIMTREA (28)	1	
PORTIA 28	1	
RECLIPSEN (28)	1	

Drug Name	Tier	Restrictions / Limits
SETLAKIN	1	QL (1 EA per 1 day)
SHAROBEL	1	
SIMLIYA (28)	1	
SIMPESSE	1	QL (1 EA per 1 day)
SPRINTEC (28)	1	
SRONYX	1	
SYEDA	1	
TARINA 24 FE	1	
TARINA FE 1/20 (28)	1	
TARINA FE 1-20 EQ (28)	1	
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	
TULANA	1	
VELIVET TRIPHASIC REGIMEN (28)	1	
VESTURA (28)	1	
VIENVA	1	
VIORELE (28)	1	
VYFEMLA (28)	1	
VYLIBRA	1	
WERA (28)	1	
WIDE-SEAL DIAPHRAGM 60	2	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65	2	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70	2	QL (2 EA per 365 days)

Drug Name	Tier	Restrictions / Limits
WIDE-SEAL DIAPHRAGM 75	2	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80	2	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85	2	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90	2	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95	2	QL (2 EA per 365 days)
WYMZYA FE	1	
XULANE	1	
ZAFEMY	1	
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	QL (4 ML per 1 day); AR
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml (5 ml)</i>	1	QL (4 ML per 1 day)
HYDROMET	1	QL (4 ML per 1 day); AR
<i>promethazine-codeine</i>	1	AR
<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	

Drug Name	Tier	Restrictions / Limits
<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	
JYNARQUE ORAL TABLET	2	QL (2 EA per 1 day)
<i>methazolamide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>tolvaptan oral tablet 15 mg</i>	1	
<i>torsemide</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	
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>azelastine-fluticasone</i>	1	
<i>betaxolol ophthalmic (eye)</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclopentolate</i>	1	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
DEXTENZA	1	PA

Drug Name	Tier	Restrictions / Limits
DEXYCU (PF)	1	PA; AR
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>dorzolamide</i>	1	
<i>dorzolamide (pf)</i>	2	
<i>dorzolamide-timolol</i>	1	
<i>fluorometholone</i>	1	
HOMATROPAIRE	1	
<i>hydrocortisone-acetic acid</i>	1	QL (10 ML per 30 days)
<i>ipratropium bromide nasal</i>	1	QL (4 ML per 1 day)
ISOPTO ATROPINE	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	1	QL (5 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1	
<i>latanoprost</i>	1	
<i>levobunolol</i>	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone acetate (pf)</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	2	
<i>tropicamide</i>	1	
ELECT/CALORIC/H2O		
ACTICAL	1	
AURYXIA	2	

Drug Name	Tier	Restrictions / Limits
BAQSIMI	2	PA; ST; QL (2 EA per 365 days)
BIOCAL	2	
CALCIUM 500	1	
CALCIUM 500 + D	1	
CALCIUM 500 WITH D	1	
CALCIUM 600	1	
CALCIUM 600 + D(3) ORAL CAPSULE	1	
CALCIUM 600 + D(3) ORAL TABLET 600 MG-10 MCG (400 UNIT)	1	
CALCIUM 600 WITH VITAMIN D3 ORAL TABLET,CHEWABLE	1	
<i>calcium acetate(phosphat bind)</i>	1	
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)</i>	1	
<i>calcium carbonate oral tablet,chewable 500 mg calcium (1,250 mg)</i>	1	
<i>calcium carbonate-vit d3-min</i>	1	
<i>calcium carbonate-vitamin d3 oral capsule 600 mg-10 mcg (400 unit)</i>	1	
<i>calcium carbonate-vitamin d3 oral tablet 250 mg-3 mcg (120 unit), 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 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)</i>	1	
CALCIUM CITRATE + D	1	

Drug Name	Tier	Restrictions / Limits
<i>calcium citrate oral tablet</i>	1	
<i>calcium citrate-vitamin d3 oral tablet</i>	1	
CALCIUM WITH VITAMIN D	1	
CALTRATE WITH VITAMIN D3	2	
CITRACAL + D MAXIMUM	2	
CITRACAL REGULAR	2	
CITRACAL-D3 MAXIMUM PLUS	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	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	1	
<i>electrolytes-dextrose oral solution</i>	1	
ENFAMIL ENFALYTE	2	
FEOSOL ORAL TABLET 325 MG (65 MG IRON)	1	
FERATE	1	
FER-IN-SOL	2	
FEROSUL	1	
FERREX 150	1	
FERRIC X-150	1	
FERROCITE	1	
FERRO-TIME	1	
<i>ferrous fumarate oral tablet 324 mg (106 mg iron)</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>ferrous gluconate oral tablet 240 mg (27 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	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	
<i>fluoride (sodium) oral tablet, chewable</i>	1	
GLUCAGON (HCL) EMERGENCY KIT	2	
GLUCAGON EMERGENCY KIT (HUMAN)	2	QL (2 EA per 30 days)
<i>glucose oral tablet, chewable 4 gram</i>	1	
IFEREX 150	1	
IRON (FERROUS SULFATE)	1	
IRON ORAL TABLET	1	
KIONEX (WITH SORBITOL)	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
L-GLUTAMINE ORAL TABLET 500 MG	1	
LIQUID CALCIUM WITH VITAMIN D	2	
<i>magnesium oxide oral tablet 250 mg magnesium, 400 mg magnesium</i>	1	

Drug Name	Tier	Restrictions / Limits
MAGOX	2	
MGO	1	
MYFERON 150	1	
NU-IRON	2	
ONEVITE CALCIUM-D3 ORAL TABLET 500 MG-5 MCG (200 UNIT)	1	
ORALYTE	1	
OYSCO 500/D	1	
OYSTER SHELL + D3	1	
OYSTER SHELL CALCIUM	1	
OYSTER SHELL CALCIUM 500	1	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 250 MG-3.125 MCG (125 UNIT)	2	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG-10 MCG (400 UNIT), 500 MG-5 MCG (200 UNIT)	1	
PEDIA IRON ORAL DROPS	1	
PEDIALYTE ADVANCED CARE	OTC	
PEDIALYTE FREEZER POPS	OTC	
PEDIALYTE ORAL SOLUTION	OTC	
PEDIALYTE SINGLES	OTC	
PEDIATRIC ELECTROLYTE ORAL SOLUTION	1	
PHOSPHA 250 NEUTRAL	1	
PHOSPHO-TRIN 250 NEUTRAL	1	
POLY-IRON	1	
<i>polysaccharide iron complex</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</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	
SF 5000 PLUS	1	
SODIUM FLUORIDE 5000 PLUS	1	
<i>sodium polystyrene sulfonate</i>	1	
SPS (WITH SORBITOL)	1	
TRUEPLUS GLUCOSE ORAL TABLET,CHEWABLE	2	
GASTROINTESTINAL		
ACIDOPHILUS PROBIOTIC BLEND	2	
<i>acidophilus-pectin, citrus oral capsule 100 million cell-10 mg</i>	2	
ADULT 50 PLUS PROBIOTIC	2	
ADVANCED PROBIOTIC	2	
ADVANCED PROBIOTIC-14	2	
ALIGN (B.LONGUM)	2	
<i>amoxicil-clarithromy-lansopraz</i>	1	
<i>balsalazide</i>	1	
BIO-K PLUS	2	

Drug Name	Tier	Restrictions / Limits
<i>chlordiazepoxide-clidinium</i>	1	
<i>cimetidine hcl</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CONSTULOSE	1	
CREON	2	
CULTURELLE KIDS GENTLE-GO	2	
CULTURELLE KIDS PROBIOTICS ORAL POWDER IN PACKET	2	
CULTURELLE PRO-WELL 3-IN-1	2	
DAILY PROBIOTIC	2	
DAILY PROBIOTIC (10 STRAINS)	2	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
DIGESTIVE PROBIOTIC ORAL CAPSULE 3 BILLION CELL	2	
DIGESTIVE PROBIOTIC ORAL CAPSULE, SPRINKLE	2	
<i>diphenoxylate-atropine</i>	1	
ED-SPAZ	1	
ENULOSE	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	1	QL (180 EA per 365 days)
<i>famotidine oral suspension for reconstitution</i>	1	AR
<i>famotidine oral tablet 40 mg</i>	1	

Drug Name	Tier	Restrictions / Limits
FISH OIL ORAL CAPSULE 1,000 (120-180) MG, 1,200 (144-216) MG, 360-1,200 MG, 60-90-500 MG, 900 MG-360 MG- 455 MG-1,000 MG	2	
FISH OIL ORAL CAPSULE 300-1,000 MG, 300-500 MG	1	
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 300-1,000 MG	1	
FLORAJEN DIGESTION	2	
FLORAJEN KIDS	2	
FLORASTOR	1	
FLORASTORKIDS	2	
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N	1	
GENERLAC	1	
glycopyrrolate oral solution	1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	
granisetron hcl oral	1	QL (15 EA per 30 days)
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sublingual	1	
<i>L.acidoph</i> , <i>saliva-b.bif-s.therm</i>	2	
<i>L.acidophilus-bifido.longum</i> oral capsule,delayed release(dr/ec) 16 mg	1	
<i>lactobac acidoph-fructooligos</i>	1	
LACTO-PECTIN	2	
<i>lactulose oral solution</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>loperamide oral capsule</i>	1	QL (2 EA per 1 day)
<i>lubiprostone</i>	1	ST; QL (60 EA per 26 days)
MEGA PROBIOTIC	2	
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>metoclopramide hcl oral</i>	1	
<i>misoprostol</i>	1	QL (4 EA per 1 day)
MOOD SUPPORT PROBIOTIC	2	
<i>nizatidine</i>	1	
NULEV	2	
<i>omega 3-dha-epa-fish oil oral capsule 1,000 (120-180) mg, 300-1,000 mg</i>	1	
<i>omega 3-dha-epa-fish oil oral capsule 1,200 (144-216) mg, 200-300-1,000 mg, 300 mg (120 mg- 180mg)-1,000 mg, 60-90-500 mg</i>	2	
<i>omega 3-dha-epa-fish oil oral capsule,delayed release(dr/ec) 300 mg (120 mg- 180mg)-1,000 mg, 300-1,000 mg</i>	1	
<i>omega 3-dha-epa-fish oil oral capsule,delayed release(dr/ec) 600 mg-216 mg- 324 mg-1,200 mg</i>	2	
<i>omega-3 acid ethyl esters</i>	1	
<i>omega-3 fatty acids</i>	1	
<i>omega-3 fatty acids-fish oil oral capsule 300-1,000 mg</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>omega-3s-dha-epa-fish oil oral capsule 300-250-1,000 mg, 600-1,000 mg</i>	2	
<i>omega-3s-dha-epa-fish oil oral capsule, delayed release(dr/ec) 300-1,000 mg, 720-1,200 mg</i>	2	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	QL (2 EA per 1 day)
<i>ondansetron hcl oral</i>	1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
OSCIMIN	1	
OSCIMIN SL	1	
OVEGA-3 ORAL CAPSULE 500-270-135 MG, 500-320-130 MG	2	
PANCREAZE	2	
<i>pantoprazole oral granules dr for susp in packet</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (6 EA per 1 day)
<i>peg 3350-electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	PA
<i>peg-electrolyte soln</i>	1	
PEPCID	2	
PERTZYE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 8,000-28,750-30,250 UNIT	2	PA
PHILLIPS' COLON HEALTH	2	
PREORBOTIC	2	
PROBIOTIC 4X	1	

Drug Name	Tier	Restrictions / Limits
PROBIOTIC ACIDOPHILUS-PECTIN	2	
PROBIOTIC BLEND	2	
PROBIOTIC COLON SUPPORT ORAL CAPSULE 240 MG (3 BILLION CELL)	2	
PROBIOTIC DIGESTIVE SYSTEM SUP	2	
PROBIOTIC ORAL CAPSULE 100 BILLION CELL	2	
PROBIOTIC ORAL CAPSULE 20 BILLION CELL, 3 BILLION CELL	1	
PROBIOTIC PEARLS	2	
PROBIOTIC PEARLS ACIDOPHILUS	2	
PROBIOTIC PEARLS COMPLETE	2	
<i>prochlorperazine maleate</i>	1	
<i>promethazine rectal</i>	1	
PROMETHEGAN	1	
PROVAD	2	
PROVELLA	2	
RESTORA	2	
RISA-BID	2	
RISAQUAD	1	
RISAQUAD-2	1	
SENIOR PROBIOTIC	1	
<i>senna leaf extract</i>	2	
SENNAL ORAL SYRUP 176 MG/5 ML	2	
SMART HEART OMEGA-3	1	
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	QL (4 EA per 1 day)
<i>sulfasalazine</i>	1	

Drug Name	Tier	Restrictions / Limits
SUPER DHA GEMS	2	
SUPER OMEGA-3	1	
SYMAX-SR	1	
<i>trimethobenzamide</i>	1	
ULTIMATE PROBIOTIC-10	2	
ULTRA FLORA PLUS	2	
ULTRA OMEGA-3	1	
<i>ursodiol</i>	1	
VIOKACE	2	
ZELAC	2	
HORMONES		
<i>budesonide oral capsule, delayed, extend. release</i>	1	
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
COMBIPATCH	2	
CORTIFOAM	2	
<i>cortisone</i>	1	
COVARYX	1	
COVARYX H.S.	1	
CRINONE VAGINAL GEL 4 %	2	
<i>danazol</i>	1	
<i>desmopressin nasal spray with pump</i>	1	
<i>desmopressin oral</i>	1	
DEXAMETHASONE INTENSOL	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
DEXONTO	2	

Drug Name	Tier	Restrictions / Limits
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	1	PA
EEMT	1	
EEMT HS	1	
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	PA
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr</i>	2	PA
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal tablet</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	1	
<i>fludrocortisone</i>	1	
FYAVOLV	1	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal</i>	1	
INCRELEX	2	PA; AR
JINTELI	1	
<i>medroxyprogesterone oral</i>	1	
<i>melatonin oral capsule</i>	2	
<i>melatonin oral drops</i>	2	
<i>melatonin oral liquid 2.5 mg/10 ml</i>	2	
<i>melatonin oral tablet 1 mg, 10 mg, 3 mg, 5 mg</i>	1	
<i>melatonin oral tablet 12 mg</i>	2	

Drug Name	Tier	Restrictions / Limits
<i>melatonin oral tablet extended release 1 mg, 3 mg</i>	1	
<i>melatonin oral tablet extended release 10 mg</i>	2	
<i>melatonin oral tablet, ir and er, biphasic</i>	2	
<i>melatonin oral tablet, chewable 2.5 mg, 5 mg</i>	2	
<i>melatonin oral tablet, disintegrating 1 mg, 10 mg, 12 mg, 5 mg</i>	2	
<i>melatonin oral tablet, disintegrating 3 mg</i>	1	
<i>melatonin-pyridoxine hcl (b6) oral tablet 1-10 mg, 3-10 mg</i>	1	
<i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 3-10 mg</i>	1	
<i>methylergonovine oral</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets, dose pack</i>	1	
MIMVEY	1	
NOCDURNA (MEN)	2	PA; AR
NOCDURNA (WOMEN)	2	PA; AR
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OMNITROPE SUBCUTANEOUS RECON SOLN	2	PA
ORIAHNN	2	PA; QL (2 EA per 1 day); AR
ORILISSA ORAL TABLET 150 MG	2	PA; QL (1 EA per 1 day); AR

Drug Name	Tier	Restrictions / Limits
ORILISSA ORAL TABLET 200 MG	2	PA; QL (2 EA per 1 day); AR
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	PA
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	1	
<i>prednisone</i>	1	
PREDNISONE INTENSOL	1	
<i>progesterone micronized oral</i>	1	
SYNAREL	2	PA
<i>testosterone transdermal gel</i>	1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	PA
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	1	PA; QL (100 GM per 30 days)
VITAJoy MELATONIN	2	
IMMUNOSUPPRESSANTS		
ACTEMRA ACTPEN	2	PA
<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; QL (2.28 ML per 28 days)

Drug Name	Tier	Restrictions / Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; QL (4 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; QL (2.28 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; QL (4 ML per 28 days)
ENSPRYNG	2	PA; QL (1 SYRINGE per 28 days); AR
<i>everolimus</i> (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg	1	
GENGRAF	1	
HYFTOR	2	PA; QL (20 GM per 18 days)
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
NEORAL	2	
<i>pimecrolimus</i>	1	PA
SANDIMMUNE ORAL	2	
<i>sirolimus oral tablet</i>	1	
STEQEYMA	2	PA
<i>tacrolimus oral capsule</i>	1	
<i>tacrolimus topical</i>	1	QL (1 GM per 1 day)
TYENNE AUTOINJECTOR	2	
TYENNE SUBCUTANEOUS	2	
YESINTEK SUBCUTANEOUS	2	PA

Drug Name	Tier	Restrictions / Limits
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 FLOW-VU,L MSK	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,M MSK	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,S MSK	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS Z STAT	2	QL (2 EA per 365 days)
AEROCHAMBER PLUS Z STAT LG MSK	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)
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	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions / Limits
BREATHERITE MDI SPACER	2	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK, NEO.	2	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK, ADULT	2	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK, CHILD	2	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK, INFANT	2	QL (2 EA per 365 days)
BREATHERITE SPACER-MASK, S.CHLD	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)
COMPACT SPACE CHAMBER-LRG MASK	2	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER-MED MASK	2	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER-SM MASK	2	QL (2 EA per 365 days)
DEXCOM G6 RECEIVER	2	PA; QL (1 EA per 1 LIFETIME); AR
DEXCOM G6 SENSOR	2	PA; QL (3 EA per 28 days); AR
DEXCOM G6 TRANSMITTER	2	PA; QL (1 EA per 90 days); AR

Drug Name	Tier	Restrictions / Limits
DEXCOM G7 15 DAY SENSOR	2	PA; QL (3 EA per 28 days); AR
DEXCOM G7 RECEIVER	2	PA; QL (1 EA per 1 LIFETIME); AR
DEXCOM G7 SENSOR	2	PA; QL (3 EA per 28 days); AR
EASIVENT HOLDING CHAMBER	2	QL (2 EA per 365 days)
EASIVENT MASK LARGE	2	QL (2 EA per 365 days)
EASIVENT MASK MEDIUM	2	QL (2 EA per 365 days)
EASIVENT MASK SMALL	2	QL (2 EA per 365 days)
EASYPPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2"	2	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8"	2	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	2	QL (400 EA per 30 days)
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)
FREESTYLE LIBRE 14 DAY READER	2	PA; QL (1 EA per 1 LIFETIME); AR
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL (2 EA per 28 days); AR
FREESTYLE LIBRE 2 PLUS SENSOR	2	AR

Drug Name	Tier	Restrictions / Limits
FREESTYLE LIBRE 2 READER	2	PA; QL (1 EA per 1 LIFETIME); AR
FREESTYLE LIBRE 2 SENSOR	2	PA; QL (2 EA per 28 days); AR
FREESTYLE LIBRE 3 PLUS SENSOR	2	AR
FREESTYLE LIBRE 3 READER	2	PA; QL (1 EA per 1 LIFETIME); AR
FREESTYLE LIBRE 3 SENSOR	2	PA; QL (2 EA per 28 days); AR
<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	QL (400 EA per 30 days)
INTEGRA SYRINGE	2	QL (400 EA per 30 days)
LITEAIRE MDI CHAMBER	2	QL (2 EA per 365 days)
MAGELLAN INSULIN SAFETY SYRNG	2	QL (400 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	2	QL (400 EA per 30 days)
MICROCHAMBER	2	QL (2 EA per 365 days)
MICROSPACER	2	QL (2 EA per 365 days)
MINI WRIGHT PEAK FLOW METER	2	QL (1 EA per 365 days)
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions / Limits
MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 3 ML 20 GAUGE X 1"	2	QL (400 EA per 30 days)
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 22 GAUGE X 1 1/2"	2	QL (400 EA per 30 days)
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)
TRUZONE PEAK FLOW METER	2	QL (1 EA per 365 days)
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	2	QL (400 EA per 30 days)
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	2	QL (400 EA per 30 days)
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VORTEX HOLDING CHAMBER	2	QL (2 EA per 365 days)

Drug Name	Tier	Restrictions / Limits
MUSCLE RELAXANTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>baclofen oral tablet 15 mg</i>	2	
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral</i>	1	
<i>tizanidine oral tablet</i>	1	
PRE-NATAL VITAMINS		
COMPLETENATE	1	
KOSHER PRENATAL PLUS IRON	2	
KPN	2	
M-NATAL PLUS	1	
ONE A DAY WOMEN'S PRENATAL DHA	2	
<i>pnv no.95-ferrous fumarate-fa</i>	1	
PRENATABS FA	1	
PRENATABS RX	1	
PRENATAL 19 ORAL TABLET,CHEWABLE	1	
PRENATAL MULTI	2	
PRENATAL MULTIVITAMINS	1	
PRENATAL ONE DAILY	1	
PRENATAL ORAL TABLET 28 MG IRON-800 MCG	1	
PRENATAL ORAL TABLET 28-800 MG-MCG	2	

Drug Name	Tier	Restrictions / Limits
PRENATAL PLUS	1	
PRENATAL PLUS (CALCIUM CARB)	1	
PRENATAL TABLET	1	
<i>prenatal vit no.179-iron-folic</i>	1	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG	2	
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	
THRIVITE RX	2	
TRICARE	2	
TRINATAL RX 1	1	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	
<i>alprazolam oral tablet</i>	1	QL (4 EA per 1 day)
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 30 mg</i>	1	QL (1 EA per 1 day)
<i>aripiprazole oral tablet 2 mg, 20 mg</i>	1	QL (2 EA per 1 day)
<i>aripiprazole oral tablet 5 mg</i>	1	QL (1.5 EA per 1 day)
ARISTADA INITIO	2	QL (3 ML per 180 days); AR
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	QL (4 ML per 60 days)

Drug Name	Tier	Restrictions / Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	QL (2 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	QL (3 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	QL (3.2 ML per 28 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (2 EA per 1 day)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	QL (1 EA per 1 day)
bupropion hcl oral tablet	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	QL (1 EA per 1 day)
bupropion hcl oral tablet sustained-release 12 hr	1	
buspirone	1	
chlordiazepoxide hcl	1	QL (4 EA per 1 day)
chlorpromazine oral tablet	1	
citalopram oral solution	1	
citalopram oral tablet	1	
clomipramine	1	
clonidine hcl oral tablet extended release 12 hr	1	QL (4 EA per 1 day)
clorazepate dipotassium	1	QL (4 EA per 1 day)
clozapine oral tablet	1	
desipramine	1	
dexmethylphenidate oral capsule,er biphasic 50-50	1	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
dexmethylphenidate oral tablet 10 mg	1	QL (4 EA per 1 day)
dexmethylphenidate oral tablet 2.5 mg, 5 mg	1	QL (2 EA per 1 day)
diazepam oral tablet	1	QL (4 EA per 1 day)
doxepin oral capsule	1	
doxepin oral concentrate	1	
duloxetine	1	
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	
fluoxetine oral capsule	1	
fluoxetine oral solution	1	
fluoxetine oral tablet	1	
fluphenazine decanoate	1	
fluphenazine hcl	1	
fluvoxamine	1	
guanfacine oral tablet extended release 24 hr	1	QL (1 EA per 1 day)
haloperidol	1	
haloperidol decanoate	1	
haloperidol lactate	1	
imipramine hcl	1	
imipramine pamoate	1	
INVEGA HAFYERA	2	PA; QL (1 SYRINGE per 180 days); AR
INVEGA SUSTENNA	2	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	QL (1 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML, 546 MG/1.75 ML	2	QL (2 ML per 90 days)

Drug Name	Tier	Restrictions / Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	QL (3 ML per 90 days)
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
LITHOBID	2	
<i>lorazepam oral tablet</i>	1	QL (3 EA per 1 day)
<i>loxapine succinate</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet</i>	1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 54 mg</i>	1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg</i>	2	
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable</i>	1	QL (3 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>mirtazapine</i>	1	
<i>nefazodone</i>	1	QL (2 EA per 1 day)
<i>nortriptyline</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg</i>	1	QL (2 EA per 1 day)
<i>olanzapine oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	QL (1 EA per 1 day)
<i>olanzapine oral tablet 20 mg</i>	1	QL (3 EA per 1 day)
<i>oxazepam</i>	1	QL (4 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	QL (2 EA per 1 day)
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	PA; QL (1 EA per 1 day)
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
<i>pimozide</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (3 EA per 1 day)
<i>quetiapine oral tablet 300 mg</i>	1	QL (2 EA per 1 day)
<i>quetiapine oral tablet 400 mg</i>	1	QL (4 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (1 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	1	QL (3 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 400 mg, 50 mg</i>	1	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 72 MG	2	QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 36 MG, 54 MG	2	QL (2 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	2	
RISPERDAL CONSTA	2	
<i>risperidone microspheres</i>	1	
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
<i>venlafaxine oral capsule,extended release 24hr</i>	1	
<i>venlafaxine oral tablet</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	1	QL (2 EA per 1 day)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	QL (3 EA per 1 day)
SEDATIVE/HYPNOTICS		
<i>doxepin oral tablet</i>	1	
<i>estazolam</i>	1	QL (1 EA per 1 day)
<i>phenobarbital</i>	1	
<i>triazolam</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>zolpidem oral tablet</i>	1	QL (1 EA per 1 day)
SKIN PREPS		
ALA-CORT	1	QL (28.25 GM per 30 days)
<i>alclometasone</i>	1	QL (2 GM per 1 day)
AQUA CARE TOPICAL CREAM	1	
AQUA CARE TOPICAL LOTION	1	QL (16 ML per 1 day)
AVITA TOPICAL CREAM	1	QL (45 GM per 30 days)
AVITA TOPICAL GEL	2	QL (45 GM per 30 days)
BESER	1	PA; QL (4 ML per 1 day)
<i>betamethasone dipropionate topical cream</i>	1	QL (45 GM per 30 days)
<i>betamethasone dipropionate topical lotion</i>	1	QL (2 ML per 1 day)
<i>betamethasone dipropionate topical ointment</i>	1	PA; QL (45 GM per 30 days)
<i>betamethasone valerate topical cream</i>	1	QL (45 GM per 30 days)
<i>betamethasone valerate topical lotion</i>	1	QL (2 ML per 1 day)
<i>betamethasone valerate topical ointment</i>	1	QL (45 GM per 30 days)
<i>betamethasone, augmented topical cream</i>	1	QL (50 GM per 30 days)
<i>betamethasone, augmented topical lotion</i>	1	QL (2 ML per 1 day)
<i>betamethasone, augmented topical ointment</i>	1	QL (45 GM per 30 days)

Drug Name	Tier	Restrictions / Limits
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	2	PA; QL (2 ML per 28 days)
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	2	PA; QL (2 ML per 28 days)
<i>calcipotriene scalp</i>	1	QL (2 ML per 1 day)
<i>calcipotriene topical cream</i>	1	QL (4 GM per 1 day)
<i>calcipotriene topical ointment</i>	1	QL (4 GM per 1 day)
<i>clobetasol scalp</i>	1	PA; QL (50 ML per 30 days)
<i>clobetasol topical cream 0.05 %</i>	1	PA; QL (2 GM per 1 day)
<i>clobetasol topical gel</i>	1	PA; QL (2 GM per 1 day)
<i>clobetasol topical ointment</i>	1	QL (2 GM per 1 day)
<i>clobetasol topical shampoo</i>	1	PA; QL (118 ML per 30 days)
<i>clobetasol-emollient topical cream</i>	1	QL (2 GM per 1 day)
CLODAN	1	PA; QL (118 ML per 30 days)
COSENTYX (2 SYRINGES)	2	PA; QL (2 ML per 28 days)
COSENTYX PEN	2	PA; QL (1 ML per 28 days)
COSENTYX PEN (2 PENS)	2	PA; QL (2 ML per 28 days)
COSENTYX SUBCUTANEOUS	2	PA; QL (1 ML per 28 days)
COSENTYX UNOREADY PEN	2	PA
<i>desonide topical cream</i>	1	QL (2 GM per 1 day)
<i>desonide topical ointment</i>	1	QL (2 GM per 1 day)

Drug Name	Tier	Restrictions / Limits
<i>desoximetasone topical cream 0.25 %</i>	1	QL (2 GM per 1 day)
<i>diflorasone</i>	1	PA; QL (2 GM per 1 day)
DRYSOL	2	QL (37.5 ML per 30 days)
DRYSOL DAB-O-MATIC	2	QL (37.5 ML per 30 days)
<i>fluocinolone and shower cap</i>	1	QL (1 PACK per 28 days)
<i>fluocinolone topical cream 0.01 %</i>	1	QL (120 GM per 30 days)
<i>fluocinolone topical cream 0.025 %</i>	1	QL (2 GM per 1 day)
<i>fluocinolone topical oil</i>	1	QL (120 ML per 30 days)
<i>fluocinolone topical ointment</i>	1	QL (2 GM per 1 day)
<i>fluocinolone topical solution</i>	1	QL (120 ML per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	1	PA; QL (2 GM per 1 day)
<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	QL (2 GM per 1 day)
<i>fluocinonide-emollient</i>	1	QL (120 GM per 30 days)
<i>fluticasone propionate topical cream</i>	1	QL (2 GM per 1 day)
<i>fluticasone propionate topical lotion</i>	1	PA; QL (4 ML per 1 day)
<i>fluticasone propionate topical ointment</i>	1	QL (2 GM per 1 day)
GORMEL	1	
GORMEL TEN	1	QL (16 GM per 1 day)
<i>hydrocortisone butyrate topical cream</i>	1	QL (45 GM per 30 days)

Drug Name	Tier	Restrictions / Limits
<i>hydrocortisone butyrate topical ointment</i>	1	QL (45 GM per 30 days)
<i>hydrocortisone butyrate topical solution</i>	1	QL (2 ML per 1 day)
<i>hydrocortisone topical cream 2.5 %</i>	1	QL (1 GM per 1 day)
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone topical lotion 2 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	QL (118 ML per 30 days)
<i>hydrocortisone topical ointment 2.5 %</i>	1	QL (28.25 GM per 30 days)
<i>hydrocortisone valerate topical cream</i>	1	QL (2 GM per 1 day)
<i>imiquimod topical cream in packet 3.75 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i>	1	PA; QL (24 EA per 28 days)
<i>metronidazole topical cream</i>	1	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	1	QL (45 GM per 30 days)
<i>metronidazole topical lotion</i>	1	QL (59 ML per 30 days)
<i>mometasone topical cream</i>	1	QL (45 GM per 30 days)
<i>mometasone topical ointment</i>	1	QL (45 GM per 30 days)
<i>mometasone topical solution</i>	1	QL (2 ML per 1 day)
<i>podofilox topical solution</i>	1	QL (1 PACK per 28 days)
PRAMOSONE TOPICAL CREAM	2	PA
PRAMOSONE TOPICAL LOTION 2.5-1 %	2	PA
<i>prednicarbate</i>	1	QL (2 GM per 1 day)
PROCTO-MED HC	1	
PROCTOSOL HC	1	

Drug Name	Tier	Restrictions / Limits
PROCTOZONE-HC	1	
ROSADAN TOPICAL CREAM	1	QL (45 GM per 30 days)
ROSADAN TOPICAL GEL	1	QL (45 GM per 30 days)
<i>salicylic acid topical cream</i>	1	QL (454 GM per 30 days)
<i>salicylic acid topical cream,extended release</i>	1	QL (454 GM per 30 days)
<i>salicylic acid topical lotion</i>	1	QL (473 ML per 30 days)
<i>salicylic acid topical lotion,extended release</i>	1	QL (473 GM per 30 days)
<i>salicylic acid topical shampoo</i>	1	QL (177 ML per 30 days)
SANTYL	2	QL (60 GM per 28 days)
<i>selenium sulfide topical lotion</i>	1	
SILIQ	2	PA; QL (3 ML per 28 days); AR
<i>sulfacetamide sodium (acne)</i>	1	QL (118 ML per 30 days)
<i>tretinoin</i>	1	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	QL (2 ML per 1 day)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	
TRIDERM	1	QL (454 GM per 30 days)
<i>urea topical cream 10 %, 40 %</i>	1	
<i>urea topical lotion 10 %</i>	1	QL (16 ML per 1 day)
UREACIN-10	2	QL (16 ML per 1 day)

Drug Name	Tier	Restrictions / Limits
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	
THYROID PREPS		
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	
UNCLASSIFIED DRUG PRODUCTS		
<i>acamprosate</i>	1	
AIRBORNE (ASCORBATE SODIUM)	2	
AIRBORNE (WITH LYSINE ACETATE)	2	
<i>alendronate oral tablet</i>	1	
<i>alfuzosin</i>	1	
ANTIOXIDANT A/C/E/SELENIUM	1	
BACID WITH LACTOSPORE	2	
BASE, PCCA SYRUP VEHICLE	2	
<i>buprenorphine hcl sublingual</i>	1	QL (3 EA per 1 day); AR
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	PA; QL (1 Tablet per 1 day); AR
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (1 Tablet per 1 day); AR
<i>carglumic acid</i>	1	PA

Drug Name	Tier	Restrictions / Limits
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>cpd vehicle susp.sugar-free 12</i>	2	
<i>deferasirox oral tablet, dispersible</i>	1	PA
<i>disulfiram</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
DRY EYE FORMULA	2	
E-400 C-500 AND BETA CAROTENE	1	
EVRYSDI ORAL RECON SOLN	2	PA; QL (160 ML per 21 days)
<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>flavoxate</i>	1	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	2	PA; AR
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	2	PA
HAIR-SKIN-NAIL(VIT A,C-BIOTIN)	2	
<i>ibandronate oral</i>	1	
IMMUNE SUPPORT ORAL TABLET,CHEWABLE	2	
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	2	PA; QL (56 EA per 30 days); AR
KALYDECO ORAL TABLET	2	PA; QL (60 EA per 30 days); AR
<i>leucovorin calcium oral</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	PA
MX-SOL	2	
MX-SOL BLEND	2	
MX-SOL BLEND SF	2	
MX-SOL SUSPEND	2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	1	
OCUVITE LUTEIN AND ZEAXANTHIN	2	
OFEV ORAL CAPSULE 100 MG	2	PA; QL (3 EA per 1 day)
OFEV ORAL CAPSULE 150 MG	2	PA; QL (60 EA per 30 days)
OMEGA-3 FISH OIL ORAL CAPSULE 300-1,000 MG	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	
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG	2	PA; QL (112 EA per 30 days); AR
ORKAMBI ORAL GRANULES IN PACKET 150-188 MG, 75-94 MG	2	PA; QL (56 EA per 30 days); AR

Drug Name	Tier	Restrictions / Limits
ORKAMBI ORAL TABLET	2	PA; QL (112 EA per 30 days); AR
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
PAROEX ORAL RINSE	1	
PCCA-PLUS BASE	2	
PERIOGARD	1	
PROBIOTIC (B. COAGULANS) ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
PROXEED PLUS	2	
PULMOSAL	1	
PULMOZYME	2	PA; QL (2.5 MG per 1 day); AR
<i>raloxifene</i>	1	
<i>sapropterin oral powder in packet 500 mg</i>	1	PA
<i>sapropterin oral tablet,soluble</i>	1	PA
<i>simple syrup</i>	1	
SIMPLYTHICK	2	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	1	
<i>sodium chloride inhalation solution for nebulization 10 %</i>	1	QL (4 ML per 1 day)
SUSPENDRX ANHYDROUS SWEETENED	2	
SUSPENDRX ANHYDROUS UNSWEET	2	
SWEET-SF	2	

Drug Name	Tier	Restrictions / Limits
SYMDEKO	2	PA; QL (56 EA per 30 days); AR
SYRPALTA VEHICLE	2	
SYRSPEND SF LIQUID	2	
SYRUP VEHICLE SF	2	
<i>tamsulosin</i>	1	
<i>tolterodine oral capsule,extended release 24hr</i>	1	ST
<i>tolterodine oral tablet</i>	1	
<i>triamcinolone acetonide dental</i>	1	
TRIKAFTA	2	PA; QL (84 EA per 28 days); AR
<i>trospium</i>	1	ST
TYBOST	2	
VERSA FREE	2	
VERSA PLUS	2	
VIVITROL	2	QL (1 EA per 30 days)
VITAMINS		
50 PLUS ADULT EYE HEALTH	2	
A THRU Z ADVANCED FORMULA	1	
ADULT MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	2	
ADULT ONE DAILY GUMMIES	2	
ADVANCED MULTI EA	2	
ANIMAL CHEWS	1	
APATATE FORTE	1	
<i>ascorbic acid (vitamin c) oral tablet</i>	1	
<i>ascorbic acid (vitamin c) oral tablet,chewable 250 mg, 500 mg</i>	1	

Drug Name	Tier	Restrictions / Limits
<i>ascorbic acid-ascorbate sodium oral tablet,chewable 500 mg</i>	1	
B COMPLEX 1 (WITH FOLIC ACID)	1	
B COMPLEX PLUS VITAMIN C	2	
<i>b complex-vitamin c-folic acid oral tablet</i>	1	
B-12 DOTS	1	
BABY DDROPS	2	
BABY VITAMIN D3	2	
BABY'S SUPER DAILY D3	2	
BALANCE B-50 (WITH FOLIC ACID)	1	
BARIATRIC MULTIVITAMINS ORAL CAPSULE 45 MG IRON- 800 MCG-120 MCG	2	
B-COMPLEX PLUS VIT C (CALCIUM)	2	
<i>b-complex with vitamin c oral tablet</i>	1	
BIO-35, GLUTEN FREE	2	
BIO-D-MULSION	2	
<i>biotin oral capsule 5 mg</i>	1	
BODY, HAIR, SKIN AND NAILS	2	
C COMPLEX	1	
C-1000	1	
C-1000 WITH ROSE HIPS	1	
C-500 ORAL TABLET	1	
C-500 ORAL TABLET,CHEWABLE	1	
CALCIDOL	1	
<i>calcitriol oral</i>	1	
CENTRUM COMPLETE	2	
CENTRUM KIDS (VIT D3, VIT K)	2	

Drug Name	Tier	Restrictions / Limits
CENTRUM ORAL LIQUID 9 MG IRON/15 ML	2	
CENTRUM WOMEN	1	
CENTURY	1	
CEREFOLIN NAC (ALGAL OIL)	2	
CEROVITE JR	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 CHEW MULTIVIT-IRON	2	
CHILDREN'S CHEWABLE MULTIVITMN	1	
CHILDREN'S CHEWABLE VITAMIN	2	
CHILDREN'S CHEWABLES	1	
CHILDREN'S CHEWABLES EXTRA C	1	
CHILDREN'S MULTI-VIT GUMMIES	2	
CHILDREN'S MULTIVITAMIN	2	
CHILD'S OMEGA-3 DHA MULTIVITAM	2	

Drug Name	Tier	Restrictions / Limits
<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), 250 mcg (10,000 unit), 50 mcg (2,000 unit)</i>	1	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/drop (400 unit/drop), 125 mcg/0.5 ml (5k unit/0.5ml)</i>	2	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml), 125 mcg/ml (5,000 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	
COMPLETE MULTIVITAMIN-MINERAL ORAL LIQUID	2	
COMPLETE MULTIVITAMIN-MINERAL ORAL TABLET	1	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg</i>	1	
<i>cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg, 2,500 mcg</i>	1	
D3 PLUS K2 DOTS	2	
D3-2000	1	
DAILY GUMMIES	2	
DAILY MULTIVITAMIN	2	

Drug Name	Tier	Restrictions / Limits
DAILY MULTIVITAMIN WITH IRON	1	
DAILY VITAMIN FORMULA-IRON	1	
DAILY VITAMIN WITH IRON	1	
DAILY VITES/IRON	1	
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)	1	
DECUBI VITE	2	
DEKAS BARIATRIC	2	
DEKAS PLUS (FOLIC ACID)	2	
DELTA D3	1	
DEPLIN (ALGAL OIL)	2	
DIALYVITE 800 ORAL TABLET	1	
DIALYVITE 800 ORAL TABLET,CHEWABLE	2	
DIALYVITE ORAL TABLET 1-100-300-50 MG-MG-MCG-MG	1	
DIALYVITE VITAMIN D	1	
D-VI-SOL	1	
E-200	1	
ELFOLATE	1	
EMERGEN-C	2	
EMERGEN-C IMMUNE PLUS ORAL POWDER EFFERVESCENT IN PACKET	2	
EMERGEN-C KIDZ DRINK MIX	2	
EMERGEN-C MSM LITE	2	
ENDUR-ACIN	1	
ENDUR-C WITH ROSE HIPS ORAL TABLET EXTENDED RELEASE 1,000 MG	1	
ENDUR-VM IRON-FREE	2	

Drug Name	Tier	Restrictions / Limits
ENDUR-VM WITH IRON	2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>ergocalciferol (vitamin d2) oral drops</i>	1	
ESSENTIA	1	
FLINTSTONES COMPLETE	2	
FLINTSTONES COMPLETE (FE SULF)	2	
FLINTSTONES GUMMIES	2	
FLINTSTONES MULTI-VIT GUMMIES	2	
FLINTSTONES MULTIVITAMIN ORAL TABLET,CHEWABLE 300 MCG	2	
FLINTSTONES SOUR GUMMIES	2	
FLINTSTONES TAB CHEW	2	
FLINTSTONES WITH IRON	2	
FOLBEE PLUS	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	
FOLTANX RF	1	
FORTAVIT	2	
FRUIT C-500	1	
FULL SPECTRUM B-VITAMIN C	1	
GUMMI BEAR MULTIVITAMIN	1	
GUMMY DINOS	2	
HAIR-SKIN-NAILS (MV-FA-BIOTIN)	2	
HEALTHY EYES SUPERVISION	1	
HONEY BEARS MULTIVITAMIN	1	

Drug Name	Tier	Restrictions / Limits
K2 PLUS D3	2	
KIDS' GUMMY	2	
KOBEE	1	
<i>levomefolate calcium</i>	1	
<i>levomefolate-algal oil</i>	1	
<i>levomefol-b6-meb12-algal oil</i>	1	
LITTLE ANIMALS	1	
<i>Imefol ca-acetyl-meb12-algal</i>	2	
L-METHYLFOLATE FORTE	1	
LYSIPLEX PLUS ORAL LIQUID	1	
MACULAR HEALTH FORMULA	2	
MAXIMUM D3	2	
MEN'S DAILY	2	
MEN'S DAILY GUMMIES	2	
MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	2	
MERIBIN	2	
METAFOLBIC PLUS	1	
METAFOLBIC PLUS RF	1	
METANX (ALGAL OIL)	2	
MULTI COMPLETE WITH IRON	1	
MULTI FOR HER 50 PLUS ORAL CAPSULE	2	
MULTI FOR HER ORAL CAPSULE	2	
MULTI VITAMIN	2	
<i>multivitamin with iron</i>	1	
MULTI-VITE ORAL LIQUID 9 MG IRON/15 ML	2	
<i>multivit-min-folic acid-lutein</i>	2	

Drug Name	Tier	Restrictions / Limits
MVW COMPLETE FORMUL MULTIVIT	2	
MVW COMPLETE FORMULATION D3000	2	
MVW COMPLETE FORMULATION D5000	2	
MYNEPHROCAPS	1	
MYNEPHRON	1	
MY-VITALIFE	1	
NANOVM T-F	2	
NEPHRO-VITE	2	
<i>niacin (inositol niacinate) oral capsule 500 mg</i>	1	
<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i>	1	
<i>niacin oral tablet extended release 1,000 mg</i>	2	
<i>niacin oral tablet extended release 250 mg, 500 mg</i>	1	
<i>niacinamide oral tablet 500 mg</i>	1	
NIVA-PLUS	2	
NOVAFERRUM YUM PEDIATR MV-IRON	2	
NOVAMV MMM PEDIATRIC MULTIVIT	2	
OCUVITE ADULT 50 PLUS	2	
ONCOVITE	2	
ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG	2	
ONE DAILY MULTIVITAMIN-IRON	2	
ONE DAILY MULTIVIT-IRON(FOLIC)	1	
ONE DAILY PLUS IRON	1	
ONE DAILY WOMENS 50 PLUS	1	

Drug Name	Tier	Restrictions / Limits
ONE-A-DAY CHOLESTEROL PLUS	2	
ONE-A-DAY KID'S	2	
ONE-A-DAY MEN VITACRAVES	2	
ONE-A-DAY TEEN ADVANTAGE ORAL TABLET 18-400 MG-MCG	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 WOMEN VITACRAVES	2	
OPURITY MULTIVITAMIN	2	
PEDIA TRI-VITE	2	
<i>phytonadione (vitamin k1) oral tablet 100 mcg</i>	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL (15 EA per 28 days)
POLY-VI-SOL ORAL DROPS	2	
POLY-VI-SOL WITH IRON	2	
PRESERVISION AREDS ORAL CAPSULE	2	
PREVENT	2	
PRORENAL QD	2	
PROTECT CARDIO AF	2	
PROTECT PLUS SO	2	
<i>pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>pyridoxine (vitamin b6) oral tablet 500 mg</i>	2	

Drug Name	Tier	Restrictions / Limits
QUINTABS	2	
QUINTABS-M IRON FREE	1	
RENAL CAPS	1	
RENAL VITAMIN	2	
RENAL-VITE	2	
RENA-VITE	1	
RENO CAPS	1	
<i>riboflavin (vitamin b2) oral tablet 100 mg, 50 mg</i>	1	
SCOOBY-DOO ONE A DAY	2	
SCOOBY-DOO ONE A DAY KIDS	2	
SENTRY	1	
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG, 750 MG	2	
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG	1	
SPECTRAVITE ADULT 50 PLUS(LUT)	2	
SPECTRAVITE ADVANCED FORMULA	1	
STRAWBERRY C	1	
STRESS FORMULA WITH IRON(SULF)	1	
SUPER B/C	1	
SUPER QUINTS	1	
SUPER QUINTS B-50	1	
SUPPORT	1	
SUPPORT-500	2	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG	1	
THERA	1	
THERA-D	1	

Drug Name	Tier	Restrictions / Limits
THERALOGIX COMPANION	1	
THERA-TABS	1	
<i>thiamine hcl (vitamin b1) oral tablet</i>	1	
<i>thiamine mononitrate (vit b1) oral tablet 100 mg</i>	1	
TRIPHROCAPS	1	
TRI-VI-SOL	2	
TROPICAL LIQUID NUTRITION	2	
V-C FORTE	1	
VIC-FORTE	1	
VITABEX PLUS	2	
VITALEE	1	
<i>vitamin a oral capsule 3,000 mcg (10,000 unit)</i>	1	
<i>vitamin a palmitate oral capsule</i>	2	
<i>vitamin b complex oral capsule</i>	1	
<i>vitamin b complex oral tablet</i>	1	
<i>vitamin b complex-folic acid oral tablet</i>	1	
VITAMIN B-1 (MONONITRATE)	1	
VITAMIN B-1 ORAL TABLET 100 MG, 50 MG	1	
VITAMIN B-12 ORAL TABLET 1,000 MCG, 100 MCG, 250 MCG, 500 MCG	1	
VITAMIN B-12 SUBLINGUAL TABLET 2,500 MCG	1	
VITAMIN B-2 ORAL TABLET 100 MG, 50 MG	1	
VITAMIN B-6 ORAL TABLET 100 MG, 25 MG, 50 MG	1	

Drug Name	Tier	Restrictions / Limits
VITAMIN C FIZZY DRINK	2	
VITAMIN C ORAL TABLET	1	
VITAMIN C ORAL TABLET EXTENDED RELEASE 1,000 MG	1	
VITAMIN C ORAL TABLET,CHEWABLE 250 MG, 500 MG	1	
VITAMIN C WITH ROSE HIPS ORAL TABLET	1	
VITAMIN C WITH ROSE HIPS ORAL TABLET EXTENDED RELEASE 1,000 MG	1	
VITAMIN C WITH ROSE HIPS ORAL TABLET,CHEWABLE	2	
VITAMIN D2	1	
VITAMIN D3 ORAL CAPSULE	1	
VITAMIN D3 ORAL TABLET	1	
<i>vitamin e (dl, acetate) oral capsule</i>	1	
<i>vitamin e (dl, acetate) oral drops 22.5 mg (50 unit)/ml</i>	1	
<i>vitamin e acetate</i>	1	
<i>vitamin e mixed oral capsule</i>	1	
<i>vitamin e oral capsule</i>	1	
VITAMINS B COMPLEX	1	
WOMENS DAILY GUMMIES	2	
WOMEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	2	
YELETS	1	

Drug Name	Tier	Restrictions / Limits
ZOO FRIENDS	2	

Medical Benefit

Drug Name	Tier	Restrictions / Limits
FERRLECIT	2	
<i>icatibant</i>	1	PA
INFED	2	
NEULASTA	2	PA; QL (1.2 ML per 28 days)
NEULASTA ONPRO	2	PA; QL (1.2 ML per 28 days)
VENOFER	2	

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<i>chlordiazepoxide-clidinium</i>	27	COMBIPATCH	30	DAILY VITAMIN WITH IRON	45
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<i>chlorthalidone</i>	23	COMPACT SPACE CHAMBER-MED MASK	33	<i>dantrolene</i>	35
<i>chlorzoxazone</i>	35	COMPACT SPACE CHAMBER-SM MASK	33	<i>dapaglifloz propaned-metformin</i>	10
<i>cholecalciferol (vitamin d3)</i>	44	COMPLERA	13	<i>dapagliflozin propanediol</i>	10
<i>cholestyramine (with sugar)</i>	17	COMPLETE MULTIVITAMIN-MINERAL	44	<i>dapsone</i>	6
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<i>clobetasol</i>	39	<i>cyclosporine</i>	31	DEXAMETHASONE INTENSOL	30
<i>clobetasol-emollient</i>	39	<i>cyclosporine modified</i>	31	<i>dexamethasone sodium phosphate</i>	24
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