Programa Planning for Healthy Babies (P4HB) - Atención entre embarazos (IPC) de CareSource

1/1/2026

INTRODUCCIÓN

Este es el **Formulario o la Lista de medicamentos preferidos (Preferred Drug List, PDL) de Medicaid de CareSource** de 2026. Esta lista puede ayudarles 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
Una segunda lista 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 contenga un producto genérico no pertenecerá 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 Lista de medicamentos preferidos (PDL) en **CareSource.com**.

AVISO

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 P4HB Inter-Pregnancy Care

Table of Contents

CURRENT AS OF 1/1/2026

Drug Name	Tier	Restrictions / Limits
ANALGESICS		
diclofenac potassium oral tablet 50 mg	1	
diflunisal	1	
ketorolac oral	1	QL (20 EA per 30 days)
ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
ANTIARTHRITICS		
celecoxib	1	ST
colchicine oral tablet	1	QL (1 EA per 1 day)
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
etodolac	1	
flurbiprofen	1	
IBU	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ketoprofen oral capsule 50 mg, 75 mg	1	
meloxicam oral tablet	1	
nabumetone	1	
naproxen oral tablet,delayed release (dr/ec)	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
probenecid	1	
sulindac	1	
ANTIASTHMATICS		
albuterol sulfate inhalation hfa aerosol inhaler	1	QL (4 GM per 90 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	1	QL (375 ML per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	1	QL (2 EA per 1 day)
albuterol sulfate inhalation solution for nebulization 5 mg/ml	1	QL (2 ML per 1 day)
albuterol sulfate oral	1	
ARNUITY ELLIPTA	2	QL (1 EA per 1 day)
ATROVENT HFA	2	QL (65 GM per 30 days)
budesonide inhalation	1	QL (4 ML per 1 day)
COMBIVENT RESPIMAT	2	QL (4 GM per 30 days)
cromolyn inhalation	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	
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation	2	QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	2	QL (22 GM per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated	2	QL (1 EA per 30 days)

Drug Name	Tier	Restrictions / Limits
fluticasone propion-salmeterol inhalation blister with device	1	QL (2 EA per 1 day)
ipratropium bromide inhalation	1	QL (10 ML per 1 day)
ipratropium-albuterol	1	QL (18 ML per 1 day)
levalbuterol tartrate	2	QL (1 GM per 1 day)
montelukast	1	
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)
terbutaline oral	1	
THEO-24	2	
theophylline oral elixir	1	
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr	1	
TRELEGY ELLIPTA	2	PA; QL (1 EA per 28 days)
ANTIBIOTICS		
amoxicillin	1	
amoxicillin-pot clavulanate oral suspension for reconstitution	1	
amoxicillin-pot clavulanate oral tablet	1	
amoxicillin-pot clavulanate oral tablet,chewable	1	
ampicillin	1	
AVIDOXY	1	
azithromycin oral	1	
cefadroxil	1	
cefdinir	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml	1	
clarithromycin	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl	1	
CLINDAMYCIN PEDIATRIC	1	
clindamycin phosphate vaginal	1	
dapsone oral	1	
dicloxacillin	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet	1	
E.E.S. 400	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	

Drug Name	Tier	Restrictions / Limits
ERYTHROCIN (AS STEARATE)	1	
erythromycin ethylsuccinate	1	
erythromycin oral capsule,delayed release(dr/ec)	1	
erythromycin oral tablet	1	
levofloxacin oral	1	
methen-sod phos-meth blue-hyos	1	
metronidazole oral capsule	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	QL (70 GM per 30 days)
minocycline oral capsule	1	
minocycline oral tablet	1	
MONDOXYNE NL	1	
MORGIDOX	1	
moxifloxacin ophthalmic (eye) drops, viscous	1	
neomycin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd/m-cryst	1	
ofloxacin oral	1	QL (2 EA per 1 day)
penicillin v potassium	1	
sulfacetamide sodium-sulfur topical pads, medicated	1	
sulfamethoxazole-trimethoprim oral	1	
SULFATRIM	1	
tetracycline oral capsule	1	
trimethoprim	1	
URETRON D-S	1	
URYL	1	
vancomycin oral capsule	1	PA
VANDAZOLE	1	QL (70 GM per 30 days)
ANTICOAGULANTS		
ELIQUIS DVT-PE TREAT 30D START	2	
ELIQUIS ORAL TABLET	2	
enoxaparin	1	
JANTOVEN	1	
warfarin	1	
XARELTO DVT-PE TREAT 30D START	2	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	
XARELTO ORAL TABLET 2.5 MG	2	ST
ANTIFUNGALS		
clotrimazole mucous membrane	1	
fluconazole	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
ketoconazole oral	1	
NATACYN	2	QL (15 ML per 30 days)
nystatin oral suspension	1	
terbinafine hcl oral	1	QL (1 EA per 1 day)
terconazole	1	
voriconazole oral	1	PA
ANTIHYPERGLYCEMICS		
acarbose	1	
alogliptin	2	ST
alogliptin-metformin	2	ST
alogliptin-pioglitazone	2	ST

Drug Name	Tier	Restrictions / Limits
dapagliflozin propanediol-metformin	1	ST
dapagliflozin propanediol	1	ST
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide-metformin	1	
glyburide micronized oral tablet 1.5 mg	1	QL (8 EA per 1 day)
glyburide micronized oral tablet 3 mg	1	QL (4 EA per 1 day)
glyburide micronized oral tablet 6 mg	1	QL (2 EA per 1 day)
glyburide oral tablet 1.25 mg	1	QL (16 EA per 1 day)
glyburide oral tablet 2.5 mg	1	QL (8 EA per 1 day)
glyburide oral tablet 5 mg	1	QL (4 EA per 1 day)
glyburide-metformin oral tablet 1.25-250 mg	1	QL (260 EA per 30 days)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	QL (5 EA per 1 day)
HUMULIN R U-500 (CONC) KWIKPEN	2	
insulin glargine-yfgn	2	
insulin lispro subcutaneous insulin pen	2	QL (45 ML per 30 days)
insulin lispro subcutaneous insulin pen, half-unit	2	QL (1 ML per 1 day)
insulin lispro subcutaneous solution	2	QL (45 ML per 30 days)
INVOKAMET	1	ST
INVOKAMET XR	1	
metformin oral solution	1	
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet extended release 24 hr	1	
miglitol	1	ST
nateglinide	1	
pioglitazone	1	
pioglitazone-glimepiride	1	ST
pioglitazone-metformin	1	
repaglinide	1	
RYBELSUS	2	QL (1 EA per 1 day)
ANTIINFECTIVES/MISCELLANEOUS		
CUTTER BACKWOODS	OTC	QL (1 prescription claim per 30 days)
CUTTER BACKWOODS DRY	OTC	QL (1 prescription claim per 30 days)
CUTTER LEMON EUCALYPTUS	OTC	QL (1 prescription claim per 30 days)
CUTTER NATURAL INSECT REPELLNT	OTC	QL (1 prescription claim per 30 days)
CUTTER NATURAL REPELLENT2	OTC	QL (1 prescription claim per 30 days)
CUTTER SKINSATIONS TOPICAL SPRAY,NON-AEROSOL	OTC	QL (1 prescription claim per 30 days)
INSECT REPELLENT (DEET)	OTC	QL (1 prescription claim per 30 days)
INSECT REPELLENT (PICARIDIN)	OTC	QL (1 prescription claim per 30 days)

Drug Name	Tier	Restrictions / Limits
NATRAPEL TOPICAL AEROSOL,SPRAY	OTC	QL (1 prescription claim per 30 days)
OFF ACTIVE	OTC	QL (1 prescription claim per 30 days)
OFF DEEP WOODS DRY	OTC	QL (1 prescription claim per 30 days)
OFF DEEP WOODS SPORTSMEN	OTC	QL (1 prescription claim per 30 days)
OFF DEEP WOODS TOPICAL AEROSOL,SPRAY	OTC	QL (1 prescription claim per 30 days)
OFF DEEP WOODS TOPICAL SPRAY,NON-AEROSOL	OTC	QL (1 prescription claim per 30 days)
OFF FAMILYCARE (WITH DEET)	OTC	QL (1 prescription claim per 30 days)
OFF FAMILYCARE(WITH PICARIDIN)	OTC	QL (1 prescription claim per 30 days)
RANGER READY REPELLENT	OTC	QL (1 prescription claim per 30 days)
REPEL 100	OTC	QL (1 prescription claim per 30 days)
REPEL FAMILY	OTC	QL (1 prescription claim per 30 days)
REPEL HUNTER'S	OTC	QL (1 prescription claim per 30 days)
REPEL LEMON EUCALYPTUS	OTC	QL (1 prescription claim per 30 days)
REPEL SPORTSMEN	OTC	QL (1 prescription claim per 30 days)
REPEL SPORTSMEN DRY	OTC	QL (1 prescription claim per 30 days)
REPEL SPORTSMEN MAX	OTC	QL (1 prescription claim per 30 days)
REPEL TICK DEFENSE	OTC	QL (1 prescription claim per 30 days)
TOTAL HOME INSECT REPELLENT	OTC	QL (1 prescription claim per 30 days)
ULTRATHON	OTC	QL (1 prescription claim per 30 days)
ANTINEOPLASTICS		
VOTRIENT	2	
ANTIPLATELET DRUGS		
BRILINTA	2	PA; ST
cilostazol	1	
clopidogrel	1	
dipyridamole oral	1	
prasugrel hcl	1	
ANTIVIRALS		
acyclovir oral capsule	1	

Drug Name	Tier	Restrictions / Limits
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
LAGEVRIO (EUA)	2	
valacyclovir	1	
AUTONOMIC DRUGS		
dextroamphetamine sulfate oral capsule, extended release	1	QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	1	
dextroamphetamine sulfate oral tablet 5 mg	1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet	1	QL (3 EA per 1 day)
midodrine	1	
pyridostigmine bromide oral syrup	1	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
BIOLOGICALS		
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	
BOOSTRIX TDAP	2	
ENGERIX-B (PF)	2	

Drug Name	Tier	Restrictions / Limits
ENGERIX-B PEDIATRIC (PF)	2	
HEPLISAV-B (PF)	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	
TENIVAC (PF)	2	
BLOOD		
pentoxifylline	1	
CARDIAC DRUGS		
amiodarone oral tablet 200 mg	1	
amlodipine	1	
CARTIA XT	1	
DIGITEK	1	
digoxin oral solution	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	
diltiazem hcl oral capsule,extended release 24 hr	1	
diltiazem hcl oral capsule,extended release 24hr	1	
diltiazem hcl oral tablet	1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	

Drug Name	Tier	Restrictions / Limits
DILT-XR	1	
disopyramide phosphate	1	
dofetilide	1	
felodipine	1	
flecainide	1	
isosorbide mononitrate	1	
MATZIM LA	1	
nifedipine oral tablet extended release	1	
nitroglycerin transdermal patch 24 hour	1	
propafenone	1	
ranolazine	1	
verapamil oral capsule,ext rel. pellets 24 hr	1	
verapamil oral tablet 120 mg, 80 mg	1	
verapamil oral tablet 40 mg	1	QL (12 EA per 1 day)
verapamil oral tablet extended release	1	
CARDIOVASCULAR		
amlodipine-benazepril	1	
amlodipine-olmesartan	1	
amlodipine-valsartan	1	
amlodipine-valsartan-hcthiazid	1	
atenolol	1	
atenolol-chlorthalidone	1	
atorvastatin	1	
benazepril	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide	1	
candesartan	1	

Drug Name	Tier	Restrictions / Limits
candesartan-hydrochlorothiazid	1	
captopril	1	
captopril-hydrochlorothiazide	1	
carvedilol	1	
CHOLESTYRAMINE LIGHT	1	
clonidine	1	
colestipol oral tablet	1	
doxazosin	1	
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	2	PA
ezetimibe	1	
fenofibrate micronized	1	
fosinopril	1	
fosinopril-hydrochlorothiazide	1	
gemfibrozil	1	
guanfacine oral tablet	1	
hydralazine oral	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
losartan	1	
losartan-hydrochlorothiazide	1	
lovastatin	1	
methyldopa	1	
metoprolol succinate	1	
metoprolol ta-hydrochlorothiaz	1	
metoprolol tartrate oral	1	

Drug Name	Tier	Restrictions / Limits
metyrosine	1	
minoxidil oral	1	
nadolol	1	
olmesartan	1	
olmesartan-amlodipin-hcthiazid	1	
olmesartan-hydrochlorothiazide	1	
pravastatin	1	
PREVALITE	1	
propranolol oral	1	
quinapril	1	
quinapril-hydrochlorothiazide	1	
ramipril	1	
rosuvastatin	1	
salmon oil-omega-3 fatty acids	OTC	
simvastatin	1	
SOTALOL AF	1	
sotalol oral	1	
telmisartan	1	
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazid	1	
terazosin	1	
trandolapril	1	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
CNS DRUGS		
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet,chewable 100 mg	1	
CELONTIN	2	
clobazam oral suspension	1	ST
clobazam oral tablet	1	ST
clonazepam oral tablet	1	QL (4 EA per 1 day)
diazepam rectal	1	
DILANTIN	2	
DILANTIN EXTENDED	2	
divalproex	1	
ethosuximide	1	
felbamate	1	
FYCOMPA	2	ST
gabapentin oral capsule 100 mg, 400 mg	1	QL (6 EA per 1 day)
gabapentin oral capsule 300 mg	1	QL (9 EA per 1 day)
gabapentin oral solution	1	QL (72 ML per 1 day)
gabapentin oral tablet 600 mg	1	QL (6 EA per 1 day)
gabapentin oral tablet 800 mg	1	QL (4 EA per 1 day)
lamotrigine oral tablet	1	
lamotrigine oral tablet, chewable dispersible	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
levetiracetam oral tablet extended release 24 hr	1	
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	
OXTELLAR XR	2	PA
phenytoin	1	

Drug Name	Tier	Restrictions / Limits
phenytoin sodium extended	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	PA; QL (3 EA per 1 day)
pregabalin oral capsule 225 mg, 300 mg	1	PA; QL (2 EA per 1 day)
pregabalin oral solution	1	PA; QL (30 ML per 1 day)
primidone oral tablet 250 mg, 50 mg	1	
ROWEEPRA	1	
SUBVENITE ORAL TABLET	1	
tiagabine	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	
topiramate oral tablet	1	
zonisamide	1	
CONTRACEPTIVES		
AFIRMELLE	1	
ALTAVERA (28)	1	
ALYACEN 1/35 (28)	1	
ALYACEN 7/7/7 (28)	1	
AMETHIA	1	QL (1 EA per 1 day)
AMETHYST (28)	1	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)
CAMRESE LO	1	QL (1 EA per 1 day)
CAYA CONTOURED	2	QL (2 EA per 365 Days)
CAZIANT (28)	1	
CHATEAL EQ (28)	1	
CRYSELLE (28)	1	
CYRED	1	
CYRED EQ	1	
DASETTA 1/35 (28)	1	
DASETTA 7/7/7 (28)	1	
DAYSEE	1	QL (1 EA per 1 day)
DEBLITANE	1	
DEPO-SUBQ PROVERA 104	2	
desog-e.estradiol/e.estradiol	1	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	1	PA
drospirenone-ethinyl estradiol	1	
ELINEST	1	
ELURYNG	1	
ENPRESSE	1	
ENSKYCE	1	

Drug Name	Tier	Restrictions / Limits
ERRIN	1	
ESTARYLLA	1	
ethynodiol diac-eth estradiol	1	
etonogestrel-ethinyl estradiol	1	
FALMINA (28)	1	
FEMCAP	2	QL (2 EA per 365 Days)
HAILEY 24 FE	1	
HAILEY FE 1.5/30 (28)	1	
HAILEY FE 1/20 (28)	1	
HEATHER	1	
INCASSIA	1	
ISIBLOOM	1	
JASMIEL (28)	1	
JENCYCLA	1	
JOLESSA	1	QL (1 EA per 1 day)
JULEBER	1	
JUNEL 1.5/30 (21)	1	
JUNEL 1/20 (21)	1	
JUNEL FE 1.5/30 (28)	1	
JUNEL FE 1/20 (28)	1	
JUNEL FE 24	1	
KAITLIB FE	1	
KARIVA (28)	1	
KELNOR 1/35 (28)	1	
KURVELO (28)	1	
l norgest/e.estradiol-e.estrad	1	QL (1 EA per 1 day)
LARIN 1.5/30 (21)	1	
LARIN 1/20 (21)	1	
LARIN 24 FE	1	
LARIN FE 1.5/30 (28)	1	
LARIN FE 1/20 (28)	1	
LESSINA	1	
LEVONEST (28)	1	

Drug Name	Tier	Restrictions / Limits
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	1	QL (1 EA per 1 day)
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	QL (1 EA per 1 day)
levonorg-eth estrad triphasic	1	
LEVORA-28	1	
LORYNA (28)	1	
LOW-OGESTREL (28)	1	
LO-ZUMANDIMINE (28)	1	
LUTERA (28)	1	
LYZA	1	
MARLISSA (28)	1	
medroxyprogesterone intramuscular	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	
noreth-ethinyl estradiol-iron	1	
norethindrone (contraceptive)	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	

Drug Name	Tier	Restrictions / Limits
norethindrone-e.estradiol-iron oral tablet	1	
norgestimate-ethinyl estradiol	1	
NORTREL 0.5/35 (28)	1	
NORTREL 1/35 (21)	1	
NORTREL 1/35 (28)	1	
NORTREL 7/7/7 (28)	1	
OCELLA	1	
PHILITH	1	
PIMTREA (28)	1	
PORTIA 28	1	
RECLIPSEN (28)	1	
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	

Drug Name	Tier	Restrictions / Limits
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 prescription claim(s) per 365 days)
WIDE-SEAL DIAPHRAGM 65	2	QL (2 prescription claim(s) per 365 days)
WIDE-SEAL DIAPHRAGM 70	2	QL (2 prescription claim(s) per 365 days)
WIDE-SEAL DIAPHRAGM 75	2	QL (2 prescription claim(s) per 365 days)
WIDE-SEAL DIAPHRAGM 80	2	QL (2 prescription claim(s) per 365 days)
WIDE-SEAL DIAPHRAGM 85	2	QL (2 prescription claim(s) per 365 days)
WIDE-SEAL DIAPHRAGM 90	2	QL (2 prescription claim(s) per 365 days)
WIDE-SEAL DIAPHRAGM 95	2	QL (2 prescription claim(s) per 365 days)
WYMZYA FE	1	
XULANE	1	
ZAFEMY	1	

Drug Name	Tier	Restrictions / Limits
ZARAH	1	
ZOVIA 1-35 (28)	1	
ZUMANDIMINE (28)	1	
DIURETICS		
acetazolamide	1	
amiloride	1	
amiloride-hydrochlorothiazide	1	
bumetanide oral	1	
chlorthalidone	1	
eplerenone	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet	1	
hydrochlorothiazide	1	
indapamide	1	
methazolamide	1	
metolazone	1	
spironolactone oral tablet	1	
spironolacton-hydrochlorothiaz	1	
torsemide	1	
triamterene-hydrochlorothiazid oral capsule	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	1	QL (1 EA per 1 day)
triamterene-hydrochlorothiazid oral tablet 75-50 mg	1	
ELECT/CALORIC/H2O		
CALCIUM 500 + D ORAL TABLET 500 MG-5 MCG (200 UNIT)	OTC	
CALCIUM 500 WITH D	OTC	
CALCIUM 600 WITH VITAMIN D3 ORAL CAPSULE	OTC	

Drug Name	Tier	Restrictions / Limits
calcium acetate(phosphat bind)	1	
calcium carbonate-vitamin d3 oral capsule 600 mg-25 mcg (1,000 unit)	OTC	
calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-15 mcg (600 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)	OTC	
CALCIUM WITH VITAMIN D	OTC	
CENTRATEX	OTC	
CHROMAGEN(SUMALATE-QUATREFOLI)	OTC	
DEX4 GLUCOSE ORAL TABLET,CHEWABLE	OTC	
DEX4 GLUCOSE POUCH PACK	OTC	
DEX4 GLUCOSE QUICK DISSOLVE	OTC	
dextrose oral gel	OTC	
fluoride (sodium) oral	OTC	
GLUCOSE GEL	OTC	
glucose oral tablet,chewable 4 gram	OTC	
GLUTOSE-15	OTC	
GLUTOSE-45	OTC	
GLUTOSE-5	OTC	
HEMATINIC PLUS VIT/MINERALS	OTC	
HEMATINIC/FOLIC ACID	OTC	
HEMATOGEN FORTE	OTC	
HEMOCYTE-PLUS	OTC	
KLOR-CON 10	1	

Drug Name	Tier	Restrictions / Limits
KLOR-CON 8	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
LIQUID CALCIUM WITH VITAMIN D	OTC	
ONEVITE CALCIUM-D3 ORAL TABLET 500 MG-5 MCG (200 UNIT)	OTC	
OYSCO 500/D	OTC	
OYSTER SHELL + D3	OTC	
OYSTER SHELL CALCIUM-VIT D3	OTC	
potassium chloride oral capsule, extended release	1	
potassium chloride oral liquid	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet,er particles/crystals	1	
potassium citrate oral tablet extended release	1	
potassium citrate-citric acid	OTC	
TRICON	OTC	
TRIGELS-F FORTE	OTC	
GASTROINTESTINAL		
amoxicil-clarithromy-lansopraz	1	
omega-3 acid ethyl esters	1	
SUPER OMEGA-3	OTC	
HORMONES		
COMBIPATCH	2	
COVARYX	1	
COVARYX H.S.	1	
danazol	1	
desmopressin oral	1	
EEMT	1	
EEMT HS	1	
estradiol-norethindrone acet	1	
estrogens-methyltestosterone	1	
FYAVOLV	1	
hydrocortisone oral	1	
JINTELI	1	
medroxyprogesterone oral	1	
methylergonovine oral	1	
methylprednisolone	1	
MIMVEY	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone	1	
PREDNISONE INTENSOL	1	
progesterone micronized oral	1	
MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG		
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)

Drug Name	Tier	Restrictions / Limits
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)
AEROVENT PLUS	2	QL (2 EA per 365 days)
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)
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)
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)
FREESTYLE LIBRE 14 DAY READER	2	PA; QL (1 EA per 1 lifetime)
FREESTYLE LIBRE 2 READER	2	PA; QL (1 EA per 1 lifetime)
insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1/2 ml 27 gauge x 1/2"	2	QL (400 EA per 30 days)
INTEGRA SYRINGE	2	QL (400 EA per 30 days)
LITEAIRE MDI CHAMBER	2	QL (2 EA per 365 days)
MICROCHAMBER	2	QL (2 EA per 365 days)
MICROSPACER	2	QL (2 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)
OPTICHAMBER DIAMOND LG MASK	2	QL (2 EA per 365 days)

Drug Name	Tier	Restrictions / Limits
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)
PROCHAMBER	2	QL (2 EA per 365 days)
RITEFLO AEROCHAMBER	2	QL (2 EA per 365 days)
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VORTEX HOLDING CHAMBER	2	QL (2 EA per 365 days)
PRE-NATAL VITAMINS		
COMPLETENATE	OTC	
KOSHER PRENATAL PLUS IRON	2	
M-NATAL PLUS	1	
PRENATABS FA	1	
PRENATABS RX	1	
PRENATAL 19 ORAL TABLET,CHEWABLE	OTC	
PRENATAL MULTI	OTC	
PRENATAL PLUS	1	
PRENATAL PLUS (CALCIUM CARB)	1	
PRENATAL TABLET	OTC	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG	OTC	
PRENATAL VITAMIN PLUS LOW IRON	OTC	
PRENATAL VITAMIN WITH MINERALS	OTC	

Drug Name	Tier	Restrictions / Limits
prenatal vit-iron fum-folic ac	OTC	
SE-NATAL 19 CHEWABLE	1	
THERANATAL ORAL TABLET	OTC	
THRIVITE RX	2	
TRICARE	2	
TRINATAL RX 1	1	
PSYCHOTHERAPEUTIC DRUGS		
amitriptyline	1	
amitriptyline-chlordiazepoxide	1	
amoxapine	1	
aripiprazole oral tablet 10 mg, 15 mg, 30 mg	1	QL (1 EA per 1 day)
aripiprazole oral tablet 2 mg, 20 mg	1	QL (2 EA per 1 day)
aripiprazole oral tablet 5 mg	1	QL (1.5 EA per 1 day)
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	
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)
clozapine oral tablet	1	
desipramine	1	

Drug Name	Tier	Restrictions / Limits
dexmethylphenidate oral capsule,er biphasic 50-50	1	QL (1 EA per 1 day)
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)
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 hcl oral	1	
fluvoxamine	1	
guanfacine oral tablet extended release 24 hr	1	QL (1 EA per 1 day)
haloperidol	1	
haloperidol lactate oral	1	
imipramine hcl	1	
lithium carbonate	1	
loxapine succinate	1	
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg	1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	1	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml	1	QL (30 ML per 1 day)
methylphenidate hcl oral solution 5 mg/5 ml	1	QL (60 ML per 1 day)
methylphenidate hcl oral tablet	1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release	1	QL (3 EA per 1 day)

Drug Name	Tier	Restrictions / Limits
methylphenidate hcl oral tablet,chewable	1	QL (3 EA per 1 day)
mirtazapine	1	
nefazodone	1	QL (2 EA per 1 day)
nortriptyline	1	
olanzapine oral tablet 10 mg, 15 mg	1	QL (2 EA per 1 day)
olanzapine oral tablet 2.5 mg, 5 mg, 7.5 mg	1	QL (1 EA per 1 day)
olanzapine oral tablet 20 mg	1	QL (3 EA per 1 day)
paroxetine hcl oral tablet	1	
paroxetine hcl oral tablet extended release 24 hr	1	
perphenazine	1	
perphenazine-amitriptyline	1	
pimozide	1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (3 EA per 1 day)
quetiapine oral tablet 300 mg, 400 mg	1	QL (4 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	QL (1 EA per 1 day)
quetiapine oral tablet extended release 24 hr 300 mg	1	QL (3 EA per 1 day)
quetiapine oral tablet extended release 24 hr 400 mg, 50 mg	1	QL (2 EA per 1 day)
risperidone oral solution	1	
risperidone oral tablet	1	
sertraline oral concentrate	1	
sertraline oral tablet	1	
thioridazine	1	
thiothixene	1	
tranylcypromine	1	

Drug Name	Tier	Restrictions / Limits
trazodone	1	
trifluoperazine	1	
trimipramine	1	
venlafaxine oral capsule,extended release 24hr	1	
venlafaxine oral tablet	1	
ziprasidone hcl oral capsule 20 mg, 40 mg	1	QL (2 EA per 1 day)
ziprasidone hcl oral capsule 60 mg, 80 mg	1	QL (3 EA per 1 day)
SEDATIVE/HYPNOTICS		
phenobarbital	1	
THYROID PREPS		
EUTHYROX	1	
levothyroxine oral tablet	1	
LEVOXYL	1	
liothyronine oral	1	
methimazole	1	
propylthiouracil	1	
SYNTHROID	2	
UNITHROID	1	
UNCLASSIFIED DRUG PRODUCTS		
AIRBORNE (ASCORBATE SODIUM)	OTC	
AIRBORNE (WITH LYSINE ACETATE)	OTC	
alendronate oral tablet	1	
buprenorphine-naloxone sublingual tablet	1	PA; QL (3 EA per 1 day); AR
DIABETIC SUPPORT FORMULA	OTC	
doxycycline hyclate oral tablet 20 mg	1	
DRY EYE FORMULA	OTC	
HAIR, SKIN AND NAILS ADVANCED	OTC	

Drug Name	Tier	Restrictions / Limits
HAIR-SKIN-NAIL(VIT A,C-BIOTIN)	OTC	
ibandronate oral	1	
IMMUNE SUPPORT ORAL TABLET,CHEWABLE	OTC	
MEGAVITE	OTC	
OFEV	2	PA
OMEGA-3 FISH OIL ORAL CAPSULE 300-1,000 MG	OTC	
ONE DAILY WOMEN'S METABOLISM	OTC	
PHYTOMULTI	OTC	
VITAMINS		
50 PLUS ADULT EYE HEALTH	OTC	
A THRU Z	OTC	
A THRU Z ADVANCED FORMULA	OTC	
A THRU Z HIGH POTENCY	OTC	
A THRU Z MEN'S ULTIMATE	OTC	
A THRU Z SELECT	OTC	
A THRU Z SELECT 50PLUS FORMULA	OTC	
A THRU Z SELECT WOMEN'S	OTC	
ADULT MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	OTC	
ADULT ONE DAILY GUMMIES	OTC	
ADULTS 50 PLUS	OTC	
ADULTS' DAILY FORMULA	OTC	
ADULTS MULTIVITAMIN	OTC	
ADVANCED MULTI EA	OTC	
ALIVE WOMEN 50 PLS ULT POTENCY	OTC	

Drug Name	Tier	Restrictions / Limits
ALIVE WOMEN'S GUMMY VITAMIN	OTC	
ANTIOXIDANT FORMULA (SELENIUM)	OTC	
BARIATRIC MULTIVITAMINS ORAL CAPSULE 45 MG IRON- 800 MCG-120 MCG	OTC	
BIO-35, GLUTEN FREE	OTC	
BODY, HAIR, SKIN AND NAILS	OTC	
calcitriol oral	1	
CENTRAVITES	OTC	
CENTRAVITES 50 PLUS	OTC	
CENTRAVITES ADULTS	OTC	
CENTRUM CHEWABLES	OTC	
CENTRUM SILVER	OTC	
CENTRUM SILVER MEN	OTC	
CENTRUM SILVER ULTRA MEN'S	OTC	
CENTRUM SILVER WOMEN	OTC	
CENTRUM SPECIALIST HEART	OTC	
CENTRUM WOMEN	OTC	
CENTURY	OTC	
CENTURY MATURE	OTC	
CEROVITE SENIOR	OTC	
CERTA PLUS	OTC	
CERTAVITE SENIOR	OTC	
CERTAVITE-ANTIOXIDANT	OTC	
cholecalciferol (vitamin d3) oral capsule 125 mcg (5,000 unit)	OTC	
cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit), 75 mcg (3,000 unit)	OTC	
COMPLETE MULTIVITAMIN-MINERAL ORAL TABLET	OTC	
cyanocobalamin (vitamin b-12) injection	1	
DAILY GUMMIES	OTC	
DAILY MULTIPLE FOR WOMEN	OTC	
DAILY MULTIVITAMIN	OTC	
DAILY MULTI-VITAMIN	OTC	
DAILY MULTIVITAMIN-MINERALS	OTC	
DAILY VITAMIN FORMULA	OTC	
DAILY VITAMIN FORMULA-IRON	OTC	
DAILY VITAMIN FORMULA-MINERALS	OTC	
DAILY VITAMIN WITH IRON	OTC	
DAILY VITES/IRON	OTC	
DAILY-VITE	OTC	
DECUBI VITE	OTC	
DEKAS BARIATRIC	OTC	
DEKAS PLUS (FOLIC ACID)	OTC	
DELTA D3	OTC	
DIABETES HEALTH FORMULA	OTC	
DIALYVITE 800-ULTRA D	OTC	
EMERGEN-C ORAL TABLET,CHEWABLE	OTC	
ENDUR-VM IRON-FREE	OTC	

Drug Name	Tier	Restrictions / Limits
ENDUR-VM WITH IRON	OTC	
ESSENTIA	OTC	
ESSENTIAL MAN	OTC	
ESSENTIAL MAN 50 PLUS	OTC	
EYE HEALTH PLUS LUTEIN	OTC	
EYEPROTECT	OTC	
FLORIVA PLUS	OTC	
FOLBEE	OTC	
FOLBIC	OTC	
FOLBIC RF	OTC	
FOLINIC-PLUS	OTC	
FOLTANX	OTC	
FOLTANX RF	OTC	
FOLTX	OTC	
HAIR,SKIN AND NAILS	OTC	
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL TABLET 66.7-1,666.7 MCG	OTC	
HAIR-SKIN-NAILS (MV-FA-BIOTIN)	OTC	
HEALTHY EYES	OTC	
HEALTHY EYES SUPERVISION	OTC	
I-VITE	OTC	
K-PAX IMMUNE SUPPORT	OTC	
levomefol-b6-meb12-algal oil	OTC	
MACULAR HEALTH FORMULA	OTC	
MACUVITE EYE CARE	OTC	
MEGA MULTI FOR WOMEN	OTC	
MEGA MULTIVITAMIN FOR MEN	OTC	
MEN 50 PLUS ADVANCED ONE DAILY	OTC	

Drug Name	Tier	Restrictions / Limits
MEN 50 PLUS MULTIVITAMIN	OTC	
MEN'S 50 PLUS DAILY FORMULA	OTC	
MEN'S DAILY	OTC	
MEN'S DAILY FORMULA	OTC	
MEN'S DAILY GUMMIES	OTC	
MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	OTC	
MEN'S ONE DAILY	OTC	
METANX (ALGAL OIL)	OTC	
MILLTRIUM SENIOR	OTC	
MULTI COMPLETE WITH IRON	OTC	
MULTI FOR HER	OTC	
MULTI FOR HER 50 PLUS ORAL CAPSULE	OTC	
MULTIPLE VITAMIN-MINERALS	OTC	
MULTIPLE VITAMINS	OTC	
multivit with min-folic acid oral tablet	OTC	
multivitamin	OTC	
MULTIVITAMIN 50 PLUS	OTC	
MULTI-VITAMIN WITH FLUORIDE	OTC	
multivitamin with iron	OTC	
MULTIVITAMIN WOMEN 50 PLUS	OTC	
multivit-min-folic acid-lutein	OTC	
multivit-min-iron fum-folic ac	OTC	
MVW COMPLETE FORMUL MULTIVIT	OTC	
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE	OTC	

Drug Name	Tier	Restrictions / Limits
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	OTC	
MYNEPHROCAPS	OTC	
MYNEPHRON	OTC	
MY-VITALIFE	OTC	
NIVA-FOL	OTC	
NIVA-PLUS	OTC	
OCULAR VITAMINS	OTC	
OCUTABS	OTC	
OCUVITE ADULT 50 PLUS	OTC	
OCUVITE EYE PLUS MULTI	OTC	
OCUVITE WITH LUTEIN	OTC	
ONCOVITE	OTC	
ONE DAILY	OTC	
ONE DAILY CALCIUM/IRON	OTC	
ONE DAILY COMPLETE	OTC	
ONE DAILY ESSENTIAL ORAL TABLET , 400 MCG	OTC	
ONE DAILY FOR MEN	OTC	
ONE DAILY FOR MEN 50 PLUS ADV	OTC	
ONE DAILY FOR WOMEN	OTC	
ONE DAILY HEALTHY WEIGHT	OTC	
ONE DAILY MAXIMUM ORAL TABLET 18-0.4 MG	OTC	
ONE DAILY MEN'S 50 PLUS MEMORY	OTC	
ONE DAILY MEN'S 50 PLUS W-D3	OTC	
ONE DAILY MULTI-VIT W-MINERAL	OTC	
ONE DAILY MULTIVITAMIN	OTC	
ONE DAILY MULTIVITAMIN-IRON	OTC	
ONE DAILY PLUS IRON	OTC	
ONE DAILY WOMEN 50 PLUS	OTC	
ONE DAILY WOMEN 50 PLUS(VIT K)	OTC	
ONE DAILY WOMENS 50 PLUS	OTC	
ONE-A-DAY ENERGY	OTC	
ONE-A-DAY MEN VITACRAVES	OTC	
ONE-A-DAY MENOPAUSE FORMULA	OTC	
ONE-A-DAY MEN'S 50PLUS(GINKGO)	OTC	
ONE-A-DAY MEN'S MULTIVITAMIN	OTC	
ONE-A-DAY PROACTIVE 65 PLUS	OTC	
ONE-A-DAY TEEN ADVANTAGE	OTC	
ONE-A-DAY TEEN HER VITACRAVES	OTC	
ONE-A-DAY TEEN HIM VITACRAVES	OTC	
ONE-A-DAY VITACRAVES	OTC	
ONE-A-DAY VITACRAVES IMMUNITY	OTC	
ONE-A-DAY WOMEN VITACRAVES	OTC	
OPURITY MULTIVITAMIN	OTC	
PRESERVISION AREDS	OTC	
PRESERVISION LUTEIN	OTC	
PREVENT	OTC	

Drug Name	Tier	Restrictions / Limits
PROCERV HP	OTC	
PRORENAL	OTC	
PRORENAL QD	OTC	
PROSIGHT	OTC	
PROTECT CARDIO AF	OTC	
PROTECT PLUS SO	OTC	
RENAL CAPS	OTC	
RENAPLEX	OTC	
RENAPLEX-D	OTC	
RENO CAPS	OTC	
SENIOR TABS	OTC	
SENTRY	OTC	
SENTRY SENIOR	OTC	
SOLO	OTC	
SPECTRAVITE ADULT 50 PLUS	OTC	
SPECTRAVITE ADULT 50 PLUS(LUT)	OTC	
SPECTRAVITE ADVANCED FORMULA	OTC	
SPECTRAVITE MEN'S	OTC	
STRESS B WITH ZINC	OTC	
STRESS FORMULA	OTC	
STRESS FORMULA WITH IRON(SULF)	OTC	
SUPER MULTIPLE - LOW IRON	OTC	
SUPER THERA VITE M	OTC	
TAB-A-VITE	OTC	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG	OTC	
THERA	OTC	
THERAGRAN-M PREMIER 50 PLUS	OTC	
THERALOGIX COMPANION	OTC	
THERA-M ORAL TABLET 27-0.4 MG	OTC	
THERAPEUTIC-M	OTC	
THERA-TABS	OTC	
THERATRUM COMPLETE 50 PLUS/LUT	OTC	
THERATRUM COMPLETE 50 PLUS-LYC	OTC	
THERATRUM COMPLETE WITH LUTEIN	OTC	
THEREMS MULTIVITAMIN	OTC	
TRIPHROCAPS	OTC	
VISION FORMULA (WITH LUTEIN)	OTC	
VISION FORMULA(A-C-E-ZN-SE-CU)	OTC	
VISION PLUS LUTEIN	OTC	
VITABEX PLUS	OTC	
VITALEE	OTC	
VITAMIN D3 ORAL TABLET	OTC	
VITA-RESPA	OTC	
WESTAB MAX	OTC	
WESTAB ONE	OTC	
WOMEN'S 50 PLUS DAILY FORMULA	OTC	
WOMEN'S DAILY FORMULA	OTC	
WOMENS DAILY GUMMIES	OTC	
WOMEN'S MULTIVITAMIN	OTC	
WOMEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	OTC	
WOMEN'S ONE DAILY ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	OTC	

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