



MARKETPLACE PLAN

*Indiana*  
**Drug Formulary**  
*2024*

## INTRODUCTION

We are pleased to provide the 2024 CareSource Drug Formulary. The Drug Formulary is a list of the drugs covered by CareSource.

This document is divided into three parts:

1. The Introduction – Provides important facts about the CareSource prescription drug benefit. This section explains terms, such as network pharmacy, prior authorizations, quantity limits, step therapy, therapeutic interchange and exceptions.
2. The [Drug Formulary](#) – Lists the drugs we cover.
3. The [Index](#) – Lists all of the covered drugs in alphabetical order. You can find the Index in the back of this document.

## PRESCRIPTION DRUG COVERAGE DETAILS

### Best Medical Practices

We want to make sure our members get the safest, most cost-effective drugs for their needs. We use evidence-based guidelines to make sure our Formulary meets best medical practices.

### Network Pharmacies

CareSource provides coverage for prescription drugs and some prescription medical supplies. CareSource contracts with pharmacies in order to provide members with a full range of prescription benefits. Members may choose and receive prescriptions from any pharmacy that is contracted with CareSource. These are often referred to as network pharmacies. It is important that members receive prescriptions from network pharmacies because prescriptions received from non-network pharmacies are generally not reimbursable or covered by CareSource, except as otherwise required by applicable federal and state law and your Evidence of Coverage. Accordingly, members may be responsible for the entire amount charged by a non-network pharmacy.

Network pharmacies can include local pharmacies, mail-order pharmacies or specialty pharmacies. To find a network pharmacy, use our online Find a Pharmacy tool under “Quick Links” at [CareSource.com/marketplace](https://www.caresource.com/marketplace).

CareSource may also cover drugs administered in the member’s home, such as medicines given through a home health agency.

### Cost Sharing

Members may pay part of the costs of some drugs and supplies. These cost-sharing amounts are called deductibles, copays and/or coinsurance. For some drugs, members may pay coinsurance. Coinsurance is a percent of a drug's cost.

The Drug Formulary shows drugs in different levels or tiers. Drugs are grouped into tiers based on the amounts that members pay.

### **Tiered Medications**

The CareSource Formulary has up to five levels or tiers, including tiers 0, 1, 2, 3, and 4. In general, the higher the cost-sharing tier number, the higher the cost for the drug. In general, the copay amount increases as the tier number increases. All deductibles, coinsurance and copay amounts paid count toward members' maximum out-of-pocket amount.

To find tier levels for drugs, go to the [drug list](#) section of this document.

### **Prior Authorizations**

CareSource may require health partners (doctors or other providers) to send us information about why a drug or a certain amount is needed. This is called a prior authorization request. CareSource must approve the request before a member can get the drug. The abbreviation "PA" is used in the Drug Formulary to show that a prior authorization is needed.

Here are some reasons for a prior authorization:

- A generic or alternative drug is available.
- The drug can be misused or abused.
- The drug requires special handling, monitoring or is available from limited shipping locations.
- There are other drugs that must be tried first.

### **Prior Authorization Requests**

Health partners may make prior authorization requests electronically or by phone or fax. Please call the Provider Services telephone number for your state and follow the prompts, or fax to the Medical Management provider fax number for your state.

We may not approve a prior authorization request for a drug. If we don't, we will send the member information about how to appeal our decision.

### **Quantity Limits**

Some drugs have limits on how much can be given to a member at one time. The abbreviation "QL" is used in the Drug Formulary to show there is a quantity limit. Quantity limits are based on the drug makers' recommended dosing frequencies. Patient safety is also considered.

Therapy with opioid analgesics may have quantity limits based on drug makers' recommended dosing frequencies and/or state regulations.

## **Step Therapy**

Members may need to try one drug before taking another. This is called Step Therapy. A member must first try one medicine on the Formulary before another Formulary drug would be approved for use.

CareSource will cover certain drugs only if Step Therapy is used. The abbreviation “ST” is used in the Drug Formulary to show when Step Therapy is required.

## **Generic Substitution and Therapeutic Interchange**

A pharmacy may provide a generic drug in place of a brand-name drug. This is called generic substitution. Members and health partners can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. This is known as therapeutic interchange.

Generic drugs usually cost less than their brand-name equivalents.

Note to Health Partners: Generic drugs should be considered the first line of prescribing, subject to applicable rules.

Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drugs.
- Manufactured in the same strength and dosage form as the brand-name drugs.
- In most instances, a brand-name drug for which a generic product becomes available will become non-Formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the Formulary document is subject to state-specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Choosing a brand name drug when there is a generic available may cost you more. When a generic is available and you choose the brand name drug, you may be responsible to pay the cost difference between the two in addition to your copay or coinsurance. Or you could be responsible for the entire cost of the brand.

## **Tell Us the Medical Reasons for Exceptions**

Sometimes a member may have a drug allergy or intolerance or, a certain drug may not be effective for a member. In these cases, the member or the member’s representative may ask for an exception to a drug listed on the Drug Formulary. The member or member’s representative may make the request online or by calling Member Services. The member services telephone number for your state is listed on the back of the member ID card.

CareSource then contacts the appropriate health partner. CareSource may ask the health partner to provide written clinical documentation about why the member needs an exception. Health partners must provide this information.

Typically, our Drug Formulary includes more than one drug for treating a condition. These medicines are called “alternative” drugs. CareSource will generally not approve the request for an exception if an alternative drug would be just as effective as the drug requested and would not cause other health problems.

### **Specialty Pharmacy**

CareSource works with Accredo Pharmacy to supply specialty medications that health partners may prescribe. Accredo Pharmacy can:

- Help members get prescriptions filled or moved to Accredo Pharmacy from another pharmacy
- Deliver members' specialty medicines to their homes, workplaces or their doctors' offices
- Help members learn about their specialty medications and give them support from specially-trained health care professionals

For more information, call Accredo Pharmacy at 1-866-231-3520. Hours are Monday through Friday from 8 a.m. to 11 p.m. Eastern Time (ET).

### **Mail Order Medications**

CareSource works with Express Scripts Pharmacy to supply prescription medicines to members' homes. This could change a member's copay amount. Express Scripts Pharmacy can:

- Help members get prescriptions filled or moved to Express Scripts Pharmacy from another pharmacy
- Deliver prescriptions to members' homes, workplaces or doctors' offices.

For more information, call CareSource Member Services at **1-833-230-2099** (TTY: 711). Hours are Monday through Friday from 7 a.m. to 7 p.m. Eastern Time.

Members may also access the [express-scripts.com](http://express-scripts.com) website through the CareSource member portal to manage prescription refills for their specialty and mail order medications and to check coverage. To create an account on the CareSource member portal, go to [mycaresource.com](http://mycaresource.com).

### **Medications Administered in the Health Partner Setting**

Medications that are administered in a health partner setting will be billed to the health plan under your medical benefit. Such settings include a physician office, hospital outpatient department, clinic, dialysis center, or infusion center. Prior authorization requirements exist for many injectable medicines.

## **Medication Therapy Management Program**

CareSource offers a Medication Therapy Management (MTM) program for all members. MTM services allow local pharmacists to work with doctors and other prescribers to enhance quality of care, improve medication compliance, address medication needs, and provide health care to patients in a cost-effective manner. Members and health partners may be contacted by a pharmacist to discuss medications. We encourage members to talk with their pharmacists about their medications. This can help members to get the best results from the medications they are taking.

### **HOW TO USE THIS DOCUMENT**

Go to the [Index](#) to look up a drug by name. Drugs are listed in alphabetical order. The Index will show the page number on which the drug is found in the Drug Formulary. Turn to that page number to get details about the drug.

Note to Health Partners: The CareSource Drug Formulary is organized by sections. Each section is divided by therapeutic drug class, primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

### **ADDITIONAL INFORMATION FOR HEALTH PARTNERS**

The drugs represented have been reviewed and approved by a Pharmacy, Therapeutics and Technology (PT&T) Committee for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at [www.guideline.gov](http://www.guideline.gov).

## CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

CareSource has easy-to-use online drug formulary tools that can help you save time by quickly looking up medications to make sure they are covered by CareSource. Also, you can check for generic alternatives, prior authorization requirements, and any restrictions or limits that may apply. To start using the tool, visit [CareSource.com](http://CareSource.com), and visit the Pharmacy page of the appropriate line of business, and select Formulary Search Tool. You can also find CareSource policies on the [CareSource.com](http://CareSource.com) Health Partner Policies page.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics (P&T) Committee are utilized to approve safe and clinically effective drug therapies. The P&T Committee is a multi-disciplinary committee whose voting members include physicians and pharmacists with many different specialties. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers. The CareSource Pharmacy & Therapeutics (P&T) Committee also includes regional member demographics in its formulary recommendations.

## DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, we have provided examples below. The general principles shown in the examples can usually be extended to other entries in the document.

When a strength, dosage or different formulation is specified, only that specific strength, dosage or formulation may be covered. Other strengths/dosages/formulations, including injectable dosage forms of the reference product, are not covered. Extended-release and delayed-release products require their own entry.

### **metformin Glucophage**

The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

### **metformin ext-rel Glucophage XR**

A separate entry for Glucophage XR confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

### **neomycin/polymyxin B/hydrocortisone Cortisporin**

Since Cortisporin is listed only in the OTIC section, it is limited to the OTIC solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

## PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a Formulary exception may be requested for coverage. Medical necessity or Formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

## NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for member notification.

While we make every effort to ensure that our Drug Formulary is up-to-date, this list may have changed since printing. For the most up-to-date information, you must use the “Find My Prescriptions” tool on [CareSource.com/marketplace](https://www.caresource.com/marketplace), or contact Member Services at the toll-free telephone number on your ID card to confirm the accuracy of the information in this copy of the Drug Formulary.

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## List of Abbreviations

**ACA:** Affordable Care Act

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

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

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

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

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

# Indiana Marketplace 2024 Drug Formulary

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**CURRENT AS OF 7/1/2024**

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<b>ANTIHISTAMINE DRUGS</b>		
<b>ETHANOLAMINE DERIVATIVES</b>		
<i>clemastine oral tablet</i>	Tier 1	
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral elixir</i>	Tier 1	
<b>FIRST GEN. ANTIHIST. DERIVATIVES, MISC.</b>		
<i>cyproheptadine</i>	Tier 1	
<b>FIRST GENERATION ANTIHISTAMINES</b>		
<i>carbinoxamine maleate oral liquid</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	Tier 1	ST
<i>clemastine oral tablet</i>	Tier 1	
<i>cyproheptadine</i>	Tier 1	
<i>dexchlorpheniramine maleate</i>	Tier 1	
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral elixir</i>	Tier 1	
<b>PHENOTHIAZINE DERIVATIVES</b>		
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 1	
PROMETHAZINE VC	Tier 1	
<i>promethazine-dm</i>	Tier 1	
PROMETHEGAN	Tier 1	
<b>PIPERAZINE DERIVATIVES</b>		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<b>PROPYLAMINE DERIVATIVES</b>		
<i>dexchlorpheniramine maleate</i>	Tier 1	
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
RYDEX	Tier 1	
<b>SECOND GENERATION ANTIHISTAMINES</b>		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>desloratadine oral tablet</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>levocetirizine oral solution</i>	Tier 1	
<i>levocetirizine oral tablet</i>	Tier 1	QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<b>ANTI-INFECTIVE AGENTS</b>		
<b>1ST GENERATION CEPHALOSPORIN ANTIBIOTICS</b>		
<i>cefadroxil</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution</i>	Tier 1	
<i>cephalexin oral tablet 250 mg</i>	Tier 1	
<b>2ND GENERATION CEPHALOSPORIN ANTIBIOTICS</b>		
<i>cefprozil</i>	Tier 1	
<i>cefuroxime axetil</i>	Tier 1	
<b>3RD GENERATION CEPHALOSPORIN ANTIBIOTICS</b>		
<i>cefdinir</i>	Tier 1	
<b>ADAMANTANE ANTIVIRALS</b>		
<i>amantadine hcl</i>	Tier 1	
<i>rimantadine</i>	Tier 1	
<b>ALLYLAMINE ANTIFUNGALS</b>		
<i>terbinafine hcl oral</i>	Tier 1	QL (1 EA per 1 day)
<b>AMINOGLYCOSIDE ANTIBIOTICS</b>		
<i>neomycin</i>	Tier 1	
<i>tobramycin in 0.225 % nacl</i>	Tier 4	PA; QL (280 ML per 30 days)
<i>tobramycin inhalation</i>	Tier 4	PA; QL (224 ML per 30 days)
<i>tobramycin sulfate injection recon soln</i>	Tier 1	PA
<i>tobramycin sulfate injection solution 40 mg/ml</i>	Tier 1	PA
<i>tobramycin with nebulizer</i>	Tier 4	PA; QL (280 ML per 30 days)
<b>AMINOPENICILLIN ANTIBIOTICS</b>		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)
<i>amoxicillin</i>	Tier 1	
<i>amoxicillin-pot clavulanate</i>	Tier 1	
<i>ampicillin</i>	Tier 1	
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	Tier 1	PA; QL (120 EA per 30 days)
EMVERM	Tier 2	QL (6 EA per 30 days)
<i>ivermectin oral</i>	Tier 1	QL (20 EA per 30 days)
<i>praziquantel</i>	Tier 1	
<b>ANTIFUNGALS, MISCELLANEOUS</b>		
<i>griseofulvin microsize</i>	Tier 1	
<i>griseofulvin ultramicrosize</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>potassium iodide oral solution</i>	Tier 1	
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	Tier 1	QL (60 EA per 180 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	Tier 1	QL (180 EA per 180 days)
<i>chloroquine phosphate</i>	Tier 1	QL (1000 EA per 1 day)
COARTEM	Tier 2	QL (24 EA per 30 days)
<i>hydroxychloroquine</i>	Tier 1	
<i>mefloquine</i>	Tier 1	QL (13 EA per 180 days)
<i>primaquine</i>	Tier 2	QL (120 EA per 180 days)
<i>pyrimethamine</i>	Tier 4	PA
<i>quinidine sulfate</i>	Tier 1	
<i>quinine sulfate</i>	Tier 1	QL (42 EA per 30 days)
<b>ANTITUBERCULOSIS AGENTS</b>		
<i>clarithromycin</i>	Tier 1	
<i>cycloserine</i>	Tier 1	
<i>ethambutol</i>	Tier 1	
<i>isoniazid oral</i>	Tier 1	
<i>levofloxacin oral</i>	Tier 1	
PASER	Tier 2	PA
<i>pretomanid</i>	Tier 2	PA; QL (1 EA per 1 day)
PRIFTIN	Tier 3	
<i>pyrazinamide</i>	Tier 1	
<i>rifabutin</i>	Tier 1	
<i>rifampin oral</i>	Tier 1	
<b>AZOLE ANTIFUNGALS</b>		
<i>fluconazole oral suspension for reconstitution</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	
<i>fluconazole oral tablet 150 mg</i>	Tier 1	QL (2 EA per 30 days)
<i>ketoconazole oral</i>	Tier 1	
<i>voriconazole oral</i>	Tier 1	PA
<b>ERYTHROMYCIN ANTIBIOTICS</b>		
ERYTHROCIN (AS STEARATE)	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin oral</i>	Tier 1	
<b>GLYCOPEPTIDE ANTIBIOTICS</b>		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 2	PA; QL (300 ML per 30 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	Tier 2	PA; QL (450 ML per 30 days)
<i>vancomycin oral capsule 125 mg</i>	Tier 1	PA; QL (40 EA per 30 days)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	PA; QL (80 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>vancomycin oral recon soln 25 mg/ml</i>	Tier 1	PA; QL (300 ML per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	PA; QL (450 ML per 30 days)
<b>HCV POLYMERASE INHIBITOR ANTIVIRALS</b>		
<i>sofosbuvir-velpatasvir</i>	Tier 4	PA
<b>HCV PROTEASE INHIBITOR ANTIVIRALS</b>		
MAVYRET ORAL TABLET	Tier 4	PA; QL (3 EA per 1 day)
ZEPATIER	Tier 4	PA; QL (28 EA per 28 days)
<b>HCV REPLICATION COMPLEX INHIBITORS</b>		
MAVYRET ORAL TABLET	Tier 4	PA; QL (3 EA per 1 day)
<i>sofosbuvir-velpatasvir</i>	Tier 4	PA
ZEPATIER	Tier 4	PA; QL (28 EA per 28 days)
<b>HIV ENTRY AND FUSION INHIBITORS</b>		
<i>maraviroc oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Tier 1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION	Tier 2	QL (1840 ML per 30 days)
<b>HIV INTEGRASE INHIBITOR ANTIRETROVIRALS</b>		
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 2	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
DOVATO	Tier 2	QL (1 EA per 1 day)
GENVOYA	Tier 2	QL (1 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET	Tier 2	QL (4 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE	Tier 2	QL (6 EA per 1 day)
JULUCA	Tier 2	QL (1 EA per 1 day)
STRIBILD	Tier 2	QL (1 EA per 1 day)
TRIUMEQ	Tier 2	PA; QL (1 EA per 1 day)
<b>HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB.</b>		
COMPLERA	Tier 2	QL (1 EA per 1 day)
DELSTRIGO	Tier 2	QL (1 EA per 1 day)
<i>efavirenz oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofovir disop</i>	Tier 1	
JULUCA	Tier 2	QL (1 EA per 1 day)
<i>nevirapine oral suspension</i>	Tier 1	QL (40 ML per 1 day)
<i>nevirapine oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	QL (1 EA per 1 day)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
ODEFSEY	Tier 2	QL (1 EA per 1 day)
PIFELTRO	Tier 2	QL (1 EA per 1 day)
<b>HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS</b>		
<i>abacavir oral solution</i>	Tier 1	QL (30 ML per 1 day)
<i>abacavir oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>abacavir-lamivudine</i>	Tier 1	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 2	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
COMPLERA	Tier 2	QL (1 EA per 1 day)
DELSTRIGO	Tier 2	QL (1 EA per 1 day)
DESCOVY	Tier 2	ST; QL (30 Tablets per 30 days)
<i>didanosine</i>	Tier 1	QL (1 EA per 1 day)
DOVATO	Tier 2	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop</i>	Tier 1	
<i>emtricitabine</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf)</i>	Tier 1	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	Tier 2	QL (680 ML per 30 days)
GENVOYA	Tier 2	QL (1 EA per 1 day)
<i>lamivudine oral solution</i>	Tier 1	QL (30 ML per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine-zidovudine</i>	Tier 1	QL (2 EA per 1 day)
ODEFSEY	Tier 2	QL (1 EA per 1 day)
STRIBILD	Tier 2	QL (1 EA per 1 day)
SYMTUZA	Tier 2	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate</i>	Tier 1	QL (1 EA per 1 day)
TRIUMEQ	Tier 2	PA; QL (1 EA per 1 day)
VIREAD ORAL POWDER	Tier 2	QL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (1 EA per 1 day)
<b>HIV PROTEASE INHIBITOR ANTIRETROVIRALS</b>		
APTIVUS	Tier 2	QL (4 EA per 1 day)
<i>atazanavir oral capsule 150 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	Tier 1	
EVOTAZ	Tier 2	QL (1 EA per 1 day)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>fosamprenavir</i>	Tier 1	QL (2 EA per 1 day)
<i>lopinavir-ritonavir oral solution</i>	Tier 1	QL (13 ML per 1 day)
NORVIR ORAL POWDER IN PACKET	Tier 2	QL (6 EA per 180 days)
PREZCOBIX	Tier 2	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION	Tier 2	QL (1 ML per 1 day)
<i>ritonavir</i>	Tier 1	
SYMTUZA	Tier 2	QL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	Tier 2	QL (4 EA per 1 day)
<b>INTERFERON ANTIVIRALS</b>		
PEGASYS SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (2 ML per 28 days)
<b>LINCOMYCIN ANTIBIOTICS</b>		
<i>clindamycin hcl</i>	Tier 1	
CLINDAMYCIN PEDIATRIC	Tier 1	
<b>MONOBACTAM ANTIBIOTICS</b>		
CAYSTON	Tier 4	PA; QL (84 ML per 56 days)
<b>NATURAL PENICILLIN ANTIBIOTICS</b>		
<i>penicillin v potassium</i>	Tier 1	
<b>NEURAMINIDASE INHIBITOR ANTIVIRALS</b>		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (40 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	Tier 1	QL (360 ML per 365 days)
<b>NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS</b>		
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>adefovir</i>	Tier 1	
BARACLUDGE ORAL SOLUTION	Tier 2	PA
<i>entecavir</i>	Tier 1	PA
<i>famciclovir oral tablet 125 mg, 500 mg</i>	Tier 1	QL (21 EA per 30 days)
<i>famciclovir oral tablet 250 mg</i>	Tier 1	QL (60 EA per 30 days)
LAGEVRIO (EUA)	Tier 0	QL (40 EA per 180 days)
<i>ribavirin oral</i>	Tier 4	
SYMTUZA	Tier 2	QL (1 EA per 1 day)
<i>valacyclovir</i>	Tier 1	QL (30 EA per 30 days)
<b>OTHER MACROLIDE ANTIBIOTICS</b>		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>azithromycin oral</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	QL (136 ML per 10 days)
DIFICID ORAL TABLET	Tier 2	PA
<b>OXAZOLIDINONE ANTIBIOTICS</b>		
<i>linezolid</i>	Tier 1	PA
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin</i>	Tier 1	
<b>POLYENE ANTIFUNGALS</b>		
<i>nystatin oral</i>	Tier 1	
<b>PYRIMIDINE ANTIFUNGALS</b>		
<i>flucytosine</i>	Tier 1	
<b>QUINOLONE ANTIBIOTICS</b>		
<i>ciprofloxacin hcl oral</i>	Tier 1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml</i>	Tier 1	
<i>levofloxacin oral</i>	Tier 1	
<i>ofloxacin oral</i>	Tier 1	QL (2 EA per 1 day)
<b>RIFAMYCIN ANTIBIOTICS</b>		
PRIFTIN	Tier 3	
<i>rifabutin</i>	Tier 1	
<i>rifampin oral</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG	Tier 2	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA; QL (60 EA per 30 days)
<b>SULFONAMIDE ANTIBIOTICS (SYSTEMIC)</b>		
<i>sulfadiazine</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral</i>	Tier 1	
<i>sulfasalazine</i>	Tier 1	
SULFATRIM	Tier 1	
<b>TETRACYCLINE ANTIBIOTICS</b>		
<i>demeclocycline</i>	Tier 1	PA
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>tetracycline oral capsule</i>	Tier 1	
<b>URINARY ANTI-INFECTIVES</b>		
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohydr/m-cryst</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>trimethoprim</i>	Tier 1	
URETRON D-S	Tier 1	
URO-SP	Tier 1	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone oral tablet 250 mg</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>anastrozole</i>	Tier 0	
<i>bexarotene oral</i>	Tier 4	PA
<i>bexarotene topical</i>	Tier 4	PA; QL (60 GM per 30 days)
<i>bicalutamide</i>	Tier 1	
<i>capecitabine</i>	Tier 4	PA
CAPRELSA ORAL TABLET 100 MG	Tier 4	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier 4	PA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	Tier 4	PA
<i>cyclophosphamide oral capsule</i>	Tier 1	PA
ELIGARD	Tier 4	
ELIGARD (3 MONTH)	Tier 4	
ELIGARD (4 MONTH)	Tier 4	
ELIGARD (6 MONTH)	Tier 4	
EMCYT	Tier 2	PA
ERIVEDGE	Tier 4	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<i>etoposide oral</i>	Tier 1	
<i>exemestane</i>	Tier 0	
<i>fluorouracil topical cream 5 %</i>	Tier 1	QL (3 GM per 1 day)
<i>fluorouracil topical solution</i>	Tier 1	QL (10 ML per 30 days)
GILOTRIF	Tier 4	PA; QL (30 EA per 30 days)
<i>hydroxyurea</i>	Tier 1	
IBRANCE	Tier 4	PA; QL (21 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	Tier 4	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE	Tier 4	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL TABLET	Tier 4	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1 MG	Tier 4	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	Tier 4	PA; QL (120 EA per 30 days)
JAKAFI	Tier 4	PA; QL (60 EA per 30 days)
<i>lapatinib</i>	Tier 4	PA; QL (180 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>lenalidomide</i>	Tier 4	PA; QL (30 EA per 30 days)
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)	Tier 4	PA
<i>letrozole</i>	Tier 1	
LEUKERAN	Tier 2	PA
LYSODREN	Tier 4	
MATULANE	Tier 4	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	Tier 1	
<i>megestrol oral tablet</i>	Tier 1	
MEKINIST ORAL TABLET 0.5 MG	Tier 4	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>mercaptopurine</i>	Tier 1	
<i>methotrexate sodium oral</i>	Tier 1	
MYLERAN	Tier 2	PA
<i>nilutamide</i>	Tier 1	PA
OGSIVEO	Tier 4	QL (3 EA per 1 day)
POMALYST	Tier 4	PA
REVLIMID	Tier 4	PA; QL (30 EA per 30 days)
<i>sorafenib</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>sunitinib malate oral capsule 12.5 mg</i>	Tier 4	PA; QL (90 EA per 30 days)
<i>sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
TAFINLAR ORAL CAPSULE	Tier 4	PA; QL (120 EA per 30 days)
<i>tamoxifen</i>	Tier 0	
<i>temozolomide</i>	Tier 4	PA
<i>toremifene</i>	Tier 1	PA
<i>tretinoin (antineoplastic)</i>	Tier 1	
TREXALL	Tier 2	
<i>valrubicin</i>	Tier 4	PA
VERZENIO	Tier 4	PA; QL (60 EA per 30 days)
VOTRIENT	Tier 4	PA; QL (120 EA per 30 days)
ZELBORAF	Tier 4	PA; QL (240 EA per 30 days)
ZOLINZA	Tier 4	PA

Drug Name	Tier	Restrictions/Limits
<b>ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES</b>		
<b>TOXOIDS</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF)	Tier 0	
BOOSTRIX TDAP	Tier 0	
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier 0	
INFANRIX (DTAP) (PF)	Tier 0	
PEDIARIX (PF)	Tier 0	
TDVAX	Tier 0	
TENIVAC (PF)	Tier 0	
<b>VACCINES</b>		
ABRYSVO (PF)	Tier 2	
ACTHIB (PF)	Tier 0	
AREXVY (PF)	Tier 2	
AREXVY ADJUVANT COMPONENT (PF)	Tier 2	
AREXVY ANTIGEN COMPONENT	Tier 2	
<i>bcg vaccine, live (pf)</i>	Tier 0	
BEXSERO	Tier 0	
BIOTHRAX	Tier 0	
COMIRNATY 2023-24 (12Y UP)(PF)	Tier 0	
ENGERIX-B (PF)	Tier 0	
ENGERIX-B PEDIATRIC (PF)	Tier 0	
GARDASIL 9 (PF)	Tier 0	
HAVRIX (PF)	Tier 0	
HEPLISAV-B (PF)	Tier 0	
HIBERIX (PF)	Tier 0	
IMOVAX RABIES VACCINE (PF)	Tier 0	
IPOL	Tier 0	
IXIARO (PF)	Tier 0	
KINRIX (PF)	Tier 0	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	Tier 0	
M-M-R II (PF)	Tier 0	
PEDIARIX (PF)	Tier 0	
PEDVAX HIB (PF)	Tier 0	
PENTACEL (PF)	Tier 0	
PENTACEL ACTHIB COMPONENT (PF)	Tier 0	
PNEUMOVAX-23	Tier 0	
PREHEVBRIO (PF)	Tier 0	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
PREVNAR 20 (PF)	Tier 0	
PRIORIX (PF)	Tier 0	
PROQUAD (PF)	Tier 0	
QUADRACEL (PF)	Tier 0	
RABAVERT (PF)	Tier 0	
RECOMBIVAX HB (PF)	Tier 0	
ROTATEQ VACCINE	Tier 0	
SHINGRIX (PF)	Tier 0	
SPIKEVAX 2023-2024(12Y UP)(PF)	Tier 0	
STAMARIL (PF)	Tier 0	
TRUMENBA	Tier 0	
TWINRIX (PF)	Tier 0	
TYPHIM VI	Tier 0	
VAQTA (PF)	Tier 0	
VARIVAX (PF)	Tier 0	
VAXNEUVANCE (PF)	Tier 0	
VIVOTIF	Tier 0	
YF-VAX (PF)	Tier 0	
<b>AUTONOMIC DRUGS</b>		
<b>ALPHA- AND BETA-ADRENERGIC AGONISTS</b>		
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	Tier 2	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (2 EA per 30 days)
GUAIFENESIN DAC	Tier 1	
RYDEX	Tier 1	
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>clonidine</i>	Tier 1	QL (4 EA per 30 days)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier 1	QL (4 EA per 1 day)
<i>methyldopa</i>	Tier 1	
<i>midodrine</i>	Tier 1	
PROMETHAZINE VC	Tier 1	
<b>ANTIMUSCARINICS/ANTISPASMODICS</b>		
ATROVENT HFA	Tier 2	QL (26 GM per 30 days)
<i>chlordiazepoxide-clidinium</i>	Tier 1	
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>dicyclomine oral</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
ED-SPAZ	Tier 1	
<i>glycopyrrolate oral solution</i>	Tier 1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
HYDROMET	Tier 1	QL (4 ML per 1 day)
<i>hyoscyamine sulfate oral</i>	Tier 1	
<i>hyoscyamine sulfate sublingual</i>	Tier 1	
HYOSYNE	Tier 1	
<i>ipratropium bromide inhalation</i>	Tier 1	QL (10 ML per 1 day)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
<i>methscopolamine</i>	Tier 1	
OSCIMIN	Tier 1	
OSCIMIN SL	Tier 1	
SPIRIVA RESPIMAT	Tier 2	QL (4 GM per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
SYMAX-SR	Tier 1	
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
<b>CENTRALLY ACTING SKELETAL MUSCLE RELAXANT</b>		
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	
<i>carisoprodol-aspirin-codeine</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
CYCLOTENS STARTER	Tier 2	
<i>metaxalone oral tablet 800 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>tizanidine oral tablet</i>	Tier 1	
<b>DIRECT-ACTING SKELETAL MUSCLE RELAXANTS</b>		
<i>dantrolene oral</i>	Tier 1	
<b>GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<b>NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>carvedilol</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>propranolol oral</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<b>SOTALOL AF</b>	Tier 1	
<i>sotalol oral</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	
<b>NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS</b>		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>prazosin</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	Tier 1	QL (60 EA per 30 days)
<b>NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>dihydroergotamine nasal</i>	Tier 1	ST; QL (8 ML per 30 days)
<i>ergoloid</i>	Tier 1	PA
<i>ergotamine-caffeine</i>	Tier 1	
<i>phenoxybenzamine</i>	Tier 1	
<b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)</b>		
<i>bethanechol chloride</i>	Tier 1	
<i>cevimeline</i>	Tier 1	ST
<i>donepezil oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>galantamine</i>	Tier 1	
<i>pilocarpine hcl oral</i>	Tier 1	
<i>pyridostigmine bromide oral syrup</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release</i>	Tier 1	
<i>rivastigmine tartrate</i>	Tier 1	
<b>SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT</b>		
<i>alfuzosin</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>dutasteride-tamsulosin</i>	Tier 1	ST
<i>labetalol oral</i>	Tier 1	
<i>silodosin</i>	Tier 1	
<i>tamsulosin</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<b>SELECTIVE BETA-2-ADRENERGIC AGONISTS</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	Tier 1	QL (17 GM per 30 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>	Tier 1	QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	QL (2 EA per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier 1	QL (2 ML per 1 day)
<i>albuterol sulfate oral</i>	Tier 1	
<i>budesonide-formoterol</i>	Tier 2	PA; ST; QL (11 GM per 30 days)
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	ST; QL (13 GM per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST; QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>formoterol fumarate</i>	Tier 1	QL (120 ML per 30 days)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
<i>levalbuterol tartrate</i>	Tier 2	QL (30 GM per 30 days)
SEREVENT DISKUS	Tier 2	QL (60 EA per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)
<i>terbutaline oral</i>	Tier 1	
<b>SELECTIVE BETA-ADRENERGIC BLOCKING AGENT</b>		
<i>acebutolol</i>	Tier 1	
<i>atenolol</i>	Tier 1	
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	



Drug Name	Tier	Restrictions/Limits
<b>BLOOD FORMATION, COAGULATION, THROMBOSIS</b>		
<b>ANTICOAGULANTS, MISCELLANEOUS</b>		
ACD SOLUTION A	Tier 2	
ACD-A	Tier 2	
<i>anticoag citrate phos dextrose</i>	Tier 2	
<b>COUMARIN DERIVATIVES</b>		
JANTOVEN	Tier 1	
<i>warfarin</i>	Tier 1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS	Tier 2	
ELIQUIS DVT-PE TREAT 30D START	Tier 2	
XARELTO DVT-PE TREAT 30D START	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	PA
XARELTO ORAL TABLET	Tier 2	
<b>HEMATOPOIETIC AGENTS</b>		
PROMACTA ORAL TABLET 12.5 MG	Tier 4	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	Tier 4	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	Tier 4	PA; QL (60 EA per 30 days)
ZARXIO	Tier 4	PA
<b>HEMORRHOLOGIC AGENTS</b>		
<i>pentoxifylline</i>	Tier 1	
<b>HEMOSTATICS</b>		
<i>desmopressin injection</i>	Tier 4	
<i>desmopressin oral</i>	Tier 1	
MONSEL'S	Tier 2	
NOCDURNA (MEN)	Tier 3	PA; QL (30 EA per 30 days)
NOCDURNA (WOMEN)	Tier 3	PA; QL (30 EA per 30 days)
<i>tranexamic acid oral</i>	Tier 1	
<b>HEPARINS</b>		
<i>enoxaparin</i>	Tier 4	
<i>heparin (porcine) injection solution 5,000 unit/ml</i>	Tier 1	
<b>IRON PREPARATIONS</b>		
CLASSIC PRENATAL	Tier 0	
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
ONE DAILY PRENATAL	Tier 0	
<i>pnv cmb#95-ferrous fumarate-fa</i>	Tier 0	
PRENATAL COMPLETE	Tier 0	

Drug Name	Tier	Restrictions/Limits
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0	
PRENATAL MULTIVITAMINS	Tier 0	
PRENATAL ONE DAILY	Tier 0	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 0	
PRENATAL TABLET	Tier 0	
<i>prenatal vit no.179-iron-folic</i>	Tier 0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0	
PRENATAL VITAMIN WITH MINERALS	Tier 0	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0	
STRESS FORMULA WITH IRON	Tier 0	
STRESS FORMULA WITH IRON(SULF)	Tier 0	
WESCAP-C DHA	Tier 1	
<b>PLATELET-AGGREGATION INHIBITORS</b>		
ADULT ASPIRIN REGIMEN	Tier 0	
ASPIRIN CHILDRENS	Tier 0	
<i>aspirin oral tablet</i>	Tier 0	
<i>aspirin oral tablet,chewable</i>	Tier 0	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	Tier 0	
<i>aspirin,buffd-calcium carb-mag</i>	Tier 0	
<i>aspirin-dipyridamole</i>	Tier 1	ST
BAYER ASPIRIN	Tier 0	
BAYER LOW DOSE ASPIRIN	Tier 0	
BRILINTA	Tier 2	ST
BUFFERIN	Tier 0	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
CHILDREN'S ASPIRIN	Tier 0	
<i>cilostazol</i>	Tier 1	
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
<i>dipyridamole oral</i>	Tier 1	
ECOTRIN	Tier 0	
ECOTRIN LOW STRENGTH	Tier 0	
<i>prasugrel</i>	Tier 1	
ST JOSEPH ASPIRIN	Tier 0	
ST. JOSEPH ASPIRIN	Tier 0	
TRI-BUFFERED ASPIRIN	Tier 0	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<b>PLATELET-REDUCING AGENTS</b>		
<i>anagrelide</i>	Tier 1	
<b>THROMBOLYTIC AGENTS</b>		
ADULT ASPIRIN REGIMEN	Tier 0	
ASPIRIN CHILDRENS	Tier 0	
<i>aspirin oral tablet</i>	Tier 0	
<i>aspirin oral tablet,chewable</i>	Tier 0	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	Tier 0	
<i>aspirin,buffd-calcium carb-mag</i>	Tier 0	
BAYER ASPIRIN	Tier 0	
BAYER LOW DOSE ASPIRIN	Tier 0	
BUFFERIN	Tier 0	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
CHILDREN'S ASPIRIN	Tier 0	
ECOTRIN	Tier 0	
ECOTRIN LOW STRENGTH	Tier 0	
ST JOSEPH ASPIRIN	Tier 0	
ST. JOSEPH ASPIRIN	Tier 0	
TRI-BUFFERED ASPIRIN	Tier 0	
<b>CARDIOVASCULAR DRUGS</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>carvedilol</i>	Tier 1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>labetalol oral</i>	Tier 1	
<i>prazosin</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	Tier 1	QL (60 EA per 30 days)
<b>ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN)</b>		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>prazosin</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	Tier 1	QL (60 EA per 30 days)
<b>ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN)</b>		
<i>amlodipine-olmesartan</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>amlodipine-valsartan</i>	Tier 1	
<i>candesartan</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>irbesartan</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>losartan</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>olmesartan</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>telmisartan</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>valsartan oral tablet</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>candesartan</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>irbesartan</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>losartan</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>olmesartan</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>telmisartan</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>valsartan oral tablet</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
<b>ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN)</b>		
<i>amlodipine-benazepril</i>	Tier 1	
<i>benazepril</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
<i>captopril</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>enalapril maleate oral solution</i>	Tier 1	ST
<i>enalapril maleate oral tablet</i>	Tier 1	
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
<i>fosinopril</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>quinapril</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
<b>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS</b>		
<i>amlodipine-benazepril</i>	Tier 1	
<i>benazepril</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
<i>captopril</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate oral solution</i>	Tier 1	ST
<i>enalapril maleate oral tablet</i>	Tier 1	
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
<i>fosinopril</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>quinapril</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
<b>ANTILIPEMIC AGENTS, MISCELLANEOUS</b>		
<i>niacin oral tablet 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 24 hr</i>	Tier 1	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
SOTALOL AF	Tier 1	
<i>sotalol oral</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	
<b>BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN)</b>		
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
SOTALOL AF	Tier 1	
<i>sotalol oral</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine (with sugar)</i>	Tier 1	
CHOLESTYRAMINE LIGHT	Tier 1	
<i>cholestyramine-aspartame</i>	Tier 1	
<i>colesevelam oral powder in packet</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>colesevelam oral tablet</i>	Tier 1	PA; QL (180 EA per 30 days)
<i>colestipol oral tablet</i>	Tier 1	
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>		
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
CARTIA XT	Tier 1	
<i>diltiazem hcl oral</i>	Tier 1	
DILT-XR	Tier 1	
<i>felodipine</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
MATZIM LA	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazyd</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet 40 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	Tier 1	
<b>CARDIAC DRUGS, MISCELLANEOUS</b>		
<i>ranolazine</i>	Tier 1	
<b>CARDIOTONIC AGENTS</b>		
DIGITEK	Tier 1	
<i>digoxin oral solution</i>	Tier 1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
<b>CENTRAL ALPHA-AGONISTS</b>		
<i>clonidine</i>	Tier 1	QL (4 EA per 30 days)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier 1	QL (4 EA per 1 day)
<i>guanfacine oral tablet</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr</i>	Tier 1	QL (1 EA per 1 day)
<i>methyldopa</i>	Tier 1	
<b>CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	Tier 1	
<i>ezetimibe-simvastatin</i>	Tier 1	ST; QL (30 EA per 30 days)
<b>CLASS IA ANTIARRHYTHMICS</b>		
<i>disopyramide phosphate</i>	Tier 1	
NORPACE CR	Tier 2	
<i>quinidine sulfate</i>	Tier 1	
<b>CLASS IB ANTIARRHYTHMICS</b>		
DILANTIN	Tier 2	
<i>phenytoin</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
<b>CLASS IC ANTIARRHYTHMICS</b>		
<i>flecainide</i>	Tier 1	
<i>propafenone</i>	Tier 1	
<b>CLASS II ANTIARRHYTHMICS</b>		
<i>acebutolol</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>atenolol</i>	Tier 1	
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
SOTALOL AF	Tier 1	
<i>sotalol oral</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	
<b>CLASS III ANTIARRHYTHMICS</b>		
<i>amiodarone oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>dofetilide</i>	Tier 1	
PACERONE ORAL TABLET 200 MG, 400 MG	Tier 1	
SOTALOL AF	Tier 1	
<i>sotalol oral</i>	Tier 1	
<b>CLASS IV ANTIARRHYTHMICS</b>		
CARTIA XT	Tier 1	
<i>diltiazem hcl oral</i>	Tier 1	
DILT-XR	Tier 1	
MATZIM LA	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet 40 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	Tier 1	
<b>DIHYDROPYRIDINES</b>		
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>felodipine</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>telmisartan-amlodipine</i>	Tier 1	
<b>DIHYDROPYRIDINES (ANTIHYPERTENSIVE)</b>		
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>felodipine</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiiazid</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
<b>DIRECT VASODILATORS</b>		
<i>hydralazine oral</i>	Tier 1	
<i>minoxidil oral</i>	Tier 1	
<b>FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate micronized oral capsule 90 mg</i>	Tier 2	ST
<i>fenofibrate nanocrystallized</i>	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>gemfibrozil</i>	Tier 1	
<b>HMG-COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	Tier 0	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	Tier 0	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	Tier 0	QL (60 EA per 30 days)
<i>pravastatin</i>	Tier 0	QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	QL (30 EA per 30 days)
<b>HYPOTENSIVE AGENTS, MISCELLANEOUS</b>		
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>amlodipine-valsartan</i>	Tier 1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>felodipine</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>phenoxybenzamine</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
SOTALOL AF	Tier 1	
<i>sotalol oral</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>timolol maleate oral</i>	Tier 1	
<b>MINERALOCORTICOID (ALDOSTERONE) ANTAGNISTS</b>		
<i>eplerenone</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<b>MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT)</b>		
<i>eplerenone</i>	Tier 1	
<i>spironolactone oral tablet</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<b>NITRATES AND NITRITES</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
NITRO-DUR	Tier 2	
<i>nitroglycerin sublingual</i>	Tier 1	
<i>nitroglycerin transdermal</i>	Tier 1	
<i>nitroglycerin translingual</i>	Tier 1	
NITRO-TIME	Tier 1	
<b>PCSK9 INHIBITORS</b>		
REPATHA PUSHTRONEX	Tier 2	PA; QL (1 ML per 28 days)
<b>PHOSPHODIESTERASE TYPE 5 INHIBITORS</b>		
ADCIRCA	Tier 4	PA; QL (2 EA per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	Tier 4	PA; QL (90 EA per 30 days)
<b>POTASSIUM-SPARING DIURETICS (HYPOTEN)</b>		
<i>amiloride</i>	Tier 1	
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>eplerenone</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
<b>VASODILATING AGENTS, MISCELLANEOUS</b>		
ADEMPAS	Tier 4	PA; QL (3 EA per 1 day)
<i>ambrisentan</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>bosentan</i>	Tier 4	PA; QL (2 EA per 1 day)
<i>felodipine</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
ORENITRAM	Tier 4	PA
<i>telmisartan-amlodipine</i>	Tier 1	
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ADAMANTANES (CNS)</b>		
<i>amantadine hcl</i>	Tier 1	
<b>AMPHETAMINES</b>		
<i>amphetamine sulfate</i>	Tier 1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	Tier 1	PA
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	Tier 1	
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>methamphetamine</i>	Tier 1	
ZENZEDI ORAL TABLET 2.5 MG	Tier 2	QL (1 EA per 1 day)
<b>ANALGESICS AND ANTIPYRETICS, MISC.</b>		
<i>acetaminophen-codeine oral solution</i>	Tier 1	PA; QL (125 ML per 1 day)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>butalbital-acetaminop-caff-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral capsule 300 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>gabapentin oral solution</i>	Tier 1	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral solution</i>	Tier 1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	Tier 1	PA
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
<b>ANTICHOLINERGIC AGENTS (CNS)</b>		
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
<b>ANTICONVULSANTS, MISCELLANEOUS</b>		
<i>carbamazepine</i>	Tier 1	
EPITOL	Tier 1	
<i>felbamate</i>	Tier 1	
FYCOMPA	Tier 2	ST
<i>lamotrigine oral tablet</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr</i>	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 1	
<i>levetiracetam oral</i>	Tier 1	
ROWEEPRA	Tier 1	
ROWEEPRA XR	Tier 1	
<i>topiramate oral capsule, sprinkle</i>	Tier 1	
<i>topiramate oral tablet</i>	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<b>ANTIDEPRESSANTS, MISCELLANEOUS</b>		
<i>bupropion hcl (smoking deter)</i>	Tier 0	
<i>bupropion hcl oral tablet</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	Tier 1	QL (60 EA per 30 days)
<i>mirtazapine</i>	Tier 1	
<b>ANTIMANIC AGENTS</b>		
ABILIFY MAINTENA	Tier 2	
<i>aripiprazole oral tablet</i>	Tier 1	QL (30 EA per 30 days)
ARISTADA INITIO	Tier 2	QL (3 ML per 180 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	QL (4 ML per 60 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	QL (2 ML per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	QL (3 ML per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 2	QL (3.2 ML per 30 days)
<i>carbamazepine</i>	Tier 1	
<i>divalproex</i>	Tier 1	
EPITOL	Tier 1	
<i>lamotrigine oral tablet</i>	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 1	
<i>lithium carbonate</i>	Tier 1	
<i>olanzapine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)
RISPERDAL CONSTA	Tier 2	
<i>risperidone oral solution</i>	Tier 1	
<i>risperidone oral tablet</i>	Tier 1	QL (60 EA per 30 days)
SECUADO	Tier 2	PA; QL (30 EA per 30 days)
<i>valproic acid</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>valproic acid (as sodium salt)</i>	Tier 1	
<i>ziprasidone hcl</i>	Tier 1	QL (60 EA per 30 days)
<b>ANTIMIGRAINE AGENTS, MISCELLANEOUS</b>		
ADULT ASPIRIN REGIMEN	Tier 0	
ASPIRIN CHILDRENS	Tier 0	
<i>aspirin oral tablet</i>	Tier 0	
<i>aspirin oral tablet,chewable</i>	Tier 0	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	Tier 0	
<i>aspirin,buffd-calcium carb-mag</i>	Tier 0	
BAYER ASPIRIN	Tier 0	
BAYER LOW DOSE ASPIRIN	Tier 0	
BUFFERIN	Tier 0	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
CHILDREN'S ASPIRIN	Tier 0	
<i>dihydroergotamine nasal</i>	Tier 1	ST; QL (8 ML per 30 days)
<i>divalproex</i>	Tier 1	
ECOTRIN	Tier 0	
ECOTRIN LOW STRENGTH	Tier 0	
<i>ergotamine-caffeine</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
ST JOSEPH ASPIRIN	Tier 0	
ST. JOSEPH ASPIRIN	Tier 0	
<i>timolol maleate oral</i>	Tier 1	
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
TRI-BUFFERED ASPIRIN	Tier 0	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC</b>		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
PROMETHEGAN	Tier 1	
<b>ATYPICAL ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA	Tier 2	
<i>aripiprazole oral tablet</i>	Tier 1	QL (30 EA per 30 days)
ARISTADA INITIO	Tier 2	QL (3 ML per 180 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	QL (4 ML per 60 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	QL (2 ML per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	QL (3 ML per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 2	QL (3.2 ML per 30 days)
<i>clozapine oral tablet</i>	Tier 1	
FANAPT ORAL TABLET	Tier 3	PA; ST; QL (60 EA per 30 days)
INVEGA SUSTENNA	Tier 2	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	QL (1 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML, 546 MG/1.75 ML	Tier 2	QL (2 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 2	QL (3 ML per 90 days)
<i>lurasidone</i>	Tier 1	QL (1 EA per 1 day)
<i>olanzapine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12- 50 mg, 6-25 mg, 6-50 mg</i>	Tier 1	ST
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)
RISPERDAL CONSTA	Tier 2	
<i>risperidone oral solution</i>	Tier 1	



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>risperidone oral tablet</i>	Tier 1	QL (60 EA per 30 days)
SECUADO	Tier 2	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl</i>	Tier 1	QL (60 EA per 30 days)
<b>BARBITURATES (ANTICONVULSANTS)</b>		
<i>phenobarbital</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
<b>BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)</b>		
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
<i>phenobarbital</i>	Tier 1	
<b>BENZODIAZEPINES (ANTICONVULSANTS)</b>		
<i>clobazam</i>	Tier 1	PA
<i>clonazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>clorazepate dipotassium</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam rectal</i>	Tier 1	
<i>lorazepam injection syringe</i>	Tier 1	
<i>lorazepam oral tablet</i>	Tier 1	QL (3 EA per 1 day)
NAYZILAM	Tier 2	PA; QL (2 EA per 30 days)
VALTOCO	Tier 2	PA; QL (2 EA per 30 days)
<b>BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)</b>		
<i>alprazolam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
<i>chlordiazepoxide hcl</i>	Tier 1	QL (4 EA per 1 day)
<i>chlordiazepoxide-clidinium</i>	Tier 1	
<i>clobazam</i>	Tier 1	PA
<i>clonazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>clorazepate dipotassium</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam rectal</i>	Tier 1	
<i>estazolam</i>	Tier 1	QL (15 EA per 30 days)
<i>flurazepam</i>	Tier 1	QL (15 EA per 30 Days)
<i>lorazepam injection syringe</i>	Tier 1	
<i>lorazepam oral tablet</i>	Tier 1	QL (3 EA per 1 day)



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>midazolam (pf) injection solution</i>	Tier 1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam injection</i>	Tier 1	
<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	Tier 2	
NAYZILAM	Tier 2	PA; QL (2 EA per 30 days)
<i>oxazepam</i>	Tier 1	QL (4 EA per 1 day)
<i>quazepam</i>	Tier 1	QL (15 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (15 EA per 30 days)
<i>triazolam</i>	Tier 1	QL (15 EA per 30 days)
VALTOCO	Tier 2	PA; QL (2 EA per 30 days)
<b>BUTYROPHENONES</b>		
<i>haloperidol</i>	Tier 1	
<i>haloperidol lactate oral</i>	Tier 1	
<b>CALCITONIN GENE-RELATED PEPTIDE ANTAG.</b>		
AIMOVIG AUTOINJECTOR	Tier 2	PA; QL (1 ML per 28 days)
EMGALITY PEN	Tier 2	PA; QL (1 ML per 28 days)
EMGALITY SYRINGE	Tier 2	PA; QL (1 ML per 28 days)
<b>CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.</b>		
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
<i>entacapone</i>	Tier 1	
<i>tolcapone</i>	Tier 1	PA
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC.</b>		
<i>carbidopa</i>	Tier 1	PA
<i>memantine oral solution</i>	Tier 1	
<i>memantine oral tablet</i>	Tier 1	
<i>memantine oral tablets,dose pack</i>	Tier 2	
<b>CYCLOOXYGENASE-2 (COX-2) INHIBITORS</b>		
<i>celecoxib</i>	Tier 1	ST
<b>DOPAMINE PRECURSORS</b>		
<i>carbidopa-levodopa oral tablet</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release</i>	Tier 1	
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
<b>ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS</b>		
<i>bromocriptine</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>cabergoline</i>	Tier 1	QL (8 EA per 30 days)
<b>FIBROMYALGIA AGENTS</b>		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
SAVELLA ORAL TABLET	Tier 2	ST; QL (60 EA per 30 days)
<b>HYDANTOINS</b>		
DILANTIN	Tier 2	
<i>phenytoin</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
<b>INHALATION ANESTHETICS</b>		
<i>desflurane</i>	Tier 1	
FORANE	Tier 1	
<i>isoflurane</i>	Tier 1	
<i>sevoflurane</i>	Tier 1	
TERRELL	Tier 1	
<b>MONOAMINE OXIDASE B INHIBITORS</b>		
EMSAM	Tier 2	
<i>rasagiline</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
<b>MONOAMINE OXIDASE INHIBITORS</b>		
EMSAM	Tier 2	
<i>phenelzine</i>	Tier 1	
<i>rasagiline</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
<i>tranylcypromine</i>	Tier 1	
<b>NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST</b>		
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	Tier 2	ST
<i>pramipexole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 8 mg</i>	Tier 1	ST

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<b>OPIATE AGONISTS</b>		
<i>acetaminophen-codeine oral solution</i>	Tier 1	PA; QL (125 ML per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>carisoprodol-aspirin-codeine</i>	Tier 1	
<i>codeine sulfate</i>	Tier 1	PA
<b>ENDOCET</b>	Tier 1	PA; QL (10 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; QL (15 EA per 30 days)
<b>G TUSSIN AC</b>	Tier 1	
<b>GUAIFENESIN AC</b>	Tier 1	
<b>GUAIFENESIN DAC</b>	Tier 1	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	Tier 1	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	PA; QL (5 EA per 1 day)
<b>HYDROMET</b>	Tier 1	QL (4 ML per 1 day)
<i>hydromorphone oral liquid</i>	Tier 1	PA; QL (6 ML per 1 day)
<i>hydromorphone oral tablet</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>hydromorphone oral tablet extended release 24 hr</i>	Tier 1	QL (60 EA per 30 days)
<i>levorphanol tartrate</i>	Tier 1	PA
<b>MAXI-TUSS AC</b>	Tier 1	
<b>METHADONE INTENSOL</b>	Tier 1	PA
<i>methadone oral concentrate</i>	Tier 1	PA
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	PA; QL (8.67 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	PA; QL (20 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
<i>morphine concentrate oral solution</i>	Tier 1	PA; QL (6 ML per 1 day)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 50 mg, 80 mg</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>morphine oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>morphine oral tablet</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>morphine oral tablet extended release</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>morphine rectal</i>	Tier 1	PA; QL (6 EA per 1 day)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>oxycodone oral capsule</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>oxycodone oral concentrate</i>	Tier 1	PA; QL (6 ML per 1 day)
<i>oxycodone oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>oxycodone oral tablet</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr</i>	Tier 2	PA; QL (90 EA per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	Tier 1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	Tier 1	PA
<i>oxymorphone oral tablet</i>	Tier 1	PA
<i>oxymorphone oral tablet extended release 12 hr</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>promethazine-codeine</i>	Tier 1	
RYDEX	Tier 1	
<i>tramadol oral tablet 50 mg</i>	Tier 1	PA; QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
VIRTUSSIN AC	Tier 1	
<b>OPIATE PARTIAL AGONISTS</b>		
<i>buprenorphine</i>	Tier 1	ST
<i>buprenorphine hcl injection solution</i>	Tier 1	
<i>buprenorphine hcl sublingual</i>	Tier 1	
<i>buprenorphine-naloxone sublingual tablet</i>	Tier 1	
<b>OPIOID ANTAGONIST</b>		
<i>nalmefene</i>	Tier 2	QL (2 Units per 1 Month)
<i>naloxone injection solution</i>	Tier 1	
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	
<i>naloxone nasal</i>	Tier 0	
NARCAN	Tier 2	
OPVEE	Tier 2	QL (2 EA per 30 Days)
VIVITROL	Tier 4	QL (1 EA per 30 days)
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA	Tier 3	PA; QL (1 EA per 1 day)
<b>OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS</b>		
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	QL (500 GM per 30 days)
<i>diclofenac-misoprostol</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	Tier 1	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	PA; QL (5 EA per 1 day)
<i>ibuprofen-famotidine</i>	Tier 1	PA
<i>naproxen-esomeprazole</i>	Tier 1	ST
<i>sumatriptan-naproxen</i>	Tier 1	ST; QL (18 EA per 30 days)
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine oral</i>	Tier 1	
<i>fluphenazine decanoate</i>	Tier 1	
<i>fluphenazine hcl</i>	Tier 1	
<i>perphenazine</i>	Tier 1	
<i>perphenazine-amitriptyline</i>	Tier 1	
<i>prochlorperazine maleate</i>	Tier 1	
<i>thioridazine</i>	Tier 1	
<i>trifluoperazine</i>	Tier 1	
<b>RESPIRATORY AND CNS STIMULANTS</b>		
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>METADATE ER</b>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 60 mg</i>	Tier 1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	Tier 1	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg</i>	Tier 1	QL (1 EA per 1 day)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 54 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable</i>	Tier 1	QL (3 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	Tier 2	ST; QL (1 EA per 1 day)
<b>SALICYLATES</b>		
ADULT ASPIRIN REGIMEN	Tier 0	
ASPIRIN CHILDRENS	Tier 0	
<i>aspirin oral tablet</i>	Tier 0	
<i>aspirin oral tablet, chewable</i>	Tier 0	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	Tier 0	
<i>aspirin, buffd-calcium carb-mag</i>	Tier 0	
<i>aspirin-dipyridamole</i>	Tier 1	ST
BAYER ASPIRIN	Tier 0	
BAYER LOW DOSE ASPIRIN	Tier 0	
BUFFERIN	Tier 0	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
<i>carisoprodol-aspirin-codeine</i>	Tier 1	
CHILDREN'S ASPIRIN	Tier 0	
ECOTRIN	Tier 0	
ECOTRIN LOW STRENGTH	Tier 0	
ST JOSEPH ASPIRIN	Tier 0	
ST. JOSEPH ASPIRIN	Tier 0	
TRI-BUFFERED ASPIRIN	Tier 0	
<b>SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR</b>		
<i>desvenlafaxine</i>	Tier 2	ST; QL (30 EA per 30 days)
<i>desvenlafaxine succinate</i>	Tier 1	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
SAVELLA ORAL TABLET	Tier 2	ST; QL (60 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet</i>	Tier 1	QL (90 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<b>SELECTIVE SEROTONIN AGONISTS</b>		
<i>almotriptan malate oral tablet 12.5 mg</i>	Tier 1	QL (24 EA per 30 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>eletriptan</i>	Tier 1	QL (18 EA per 30 days)
<i>frovatriptan</i>	Tier 1	QL (27 EA per 30 days)
<i>naratriptan</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	Tier 1	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 1	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe</i>	Tier 1	QL (8 ML per 30 days)
<i>sumatriptan-naproxen</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>zolmitriptan oral</i>	Tier 1	QL (18 EA per 30 days)
<b>SELECTIVE-SEROTONIN REUPTAKE INHIBITORS</b>		
<i>citalopram oral solution</i>	Tier 1	
<i>citalopram oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	Tier 1	
<i>escitalopram oxalate oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	Tier 1	
<i>fluoxetine oral capsule 40 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>fluoxetine oral solution</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	Tier 1	ST
<i>fluvoxamine oral capsule,extended release 24hr</i>	Tier 1	ST; QL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	Tier 1	ST
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	Tier 1	ST; QL (60 EA per 30 days)



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>sertraline oral concentrate</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	Tier 1	QL (45 EA per 30 days)
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone</i>	Tier 1	QL (2 EA per 1 day)
<i>trazodone</i>	Tier 1	
TRINTELLIX	Tier 3	ST; QL (30 EA per 30 days)
<i>vilazodone</i>	Tier 1	PA; QL (30 EA per 30 days)
<b>SUCCINIMIDES</b>		
<i>ethosuximide</i>	Tier 1	
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	Tier 1	
<b>TRICYCLICS, OTHER NOREPI-RU INHIBITORS</b>		
<i>amitriptyline</i>	Tier 1	
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
<i>amoxapine</i>	Tier 1	
<i>clomipramine</i>	Tier 1	
<i>desipramine</i>	Tier 1	
<i>doxepin oral capsule</i>	Tier 1	
<i>doxepin oral concentrate</i>	Tier 1	
<i>doxepin oral tablet</i>	Tier 1	ST; QL (15 EA per 30 days)
<i>imipramine hcl</i>	Tier 1	
<i>imipramine pamoate</i>	Tier 1	
<i>nortriptyline</i>	Tier 1	
<i>perphenazine-amitriptyline</i>	Tier 1	
<i>protriptyline</i>	Tier 1	
<i>trimipramine</i>	Tier 1	
<b>VESICULAR MONOAMINE TRANSPORT2 INHIBITOR</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	Tier 4	PA
AUSTEDO XR TITRATION KT(WK1-4)	Tier 4	PA
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<b>WAKEFULNESS-PROMOTING AGENTS</b>		
<i>armodafinil</i>	Tier 1	PA; QL (30 EA per 30 days)



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>modafinil oral tablet 100 mg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	Tier 1	PA; QL (60 EA per 30 days)
WAKIX ORAL TABLET 17.8 MG	Tier 4	PA; QL (60 EA per 30 days)
WAKIX ORAL TABLET 4.45 MG	Tier 4	PA; QL (30 EA per 30 days)
<b>DEVICES</b>		
<b>DEVICES</b>		
2-IN-1 LANCET DEVICE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ACCU-CHEK FASTCLIX LANCING DEV	Tier 2	
ACCU-CHEK MULTICLIX LANCET	Tier 2	
ACCU-CHEK SAFE-T-PRO	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ACCU-CHEK SAFE-T-PRO PLUS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ACCU-CHEK SOFT DEV LANCETS	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ACTI-LANCE LANCETS	Tier 1	QL (204 EA per 30 days)
ADJUSTABLE LANCING DEVICE	Tier 2	
ADVANCED LANCING DEVICE	Tier 2	
ADVANCED TRAVEL LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ADVOCATE LANCET 26 GAUGE, 30 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ADVOCATE LANCING DEVICE	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK	Tier 2	
ALTERNATE SITE LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ALTERNATE SITE LANCING DEVICE	Tier 2	
AQUA LANCE LANCING DEVICE	Tier 2	
ASSURE LANCE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ASSURE LANCE PLUS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
AUTO-LANCET MINI	Tier 2	
AUTOLET IMPRESSION LANC DEV	Tier 2	
AUTOLET LANCING DEVICE	Tier 2	
BD ALLERGY SYRINGE	Tier 2	QL (400 EA per 30 days)
BD AUTOSHIELD DUO PEN NEEDLE	Tier 2	
BD BLUNT PLASTIC CANNULA	Tier 2	QL (400 EA per 30 days)
BD BULK SYRINGE SLIP TIP	Tier 2	QL (400 EA per 30 days)
BD ECCENTRIC TIP SYRINGE	Tier 2	QL (400 EA per 30 days)
BD ECLIPSE LUER-LOK NEEDLE	Tier 2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8"	Tier 2	QL (400 EA per 30 days)
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD ECLIPSE NEEDLE 21 GAUGE X 1", 25 GAUGE X 1"	Tier 2	
BD FILTER NEEDLE 5-MICRON NOKO	Tier 2	
BD FILTER NEEDLE-5 MICRON	Tier 2	
BD INSULIN SYRINGE (HALF UNIT)	Tier 2	QL (400 EA per 30 days)
BD INSULIN SYRINGE MICRO-FINE	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD INSULIN SYRINGE U-500	Tier 2	QL (400 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	Tier 2	QL (400 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD INTEGRA SYRINGE	Tier 2	QL (400 EA per 30 days)
BD INTERLINK BLUNT PLASTIC CAN	Tier 2	QL (400 EA per 30 days)
BD INTERLINK SYRINGE	Tier 2	QL (400 EA per 30 days)
BD INTRADERMAL BEVEL NEEDLES	Tier 2	
BD LO-DOSE MICRO-FINE IV	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD LUER-LOK BULK SYRINGE	Tier 2	QL (400 EA per 30 days)
BD LUER-LOK SYRINGE	Tier 2	QL (400 EA per 30 days)
BD LUER-LOK TIP CONTROL SYRING	Tier 2	QL (400 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 2	
BD MICROTAINER LANCET 21 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
BD NOKOR ADMIX NEEDLE	Tier 2	
BD POSIFLUSH NORMAL SALINE 0.9	Tier 1	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2"	Tier 2	
BD PRECISIONGLIDE NON-STERILE	Tier 2	
BD QUINCKE SPINAL NEEDLE	Tier 2	
BD REGULAR BEVEL NEEDLES	Tier 2	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8"	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64"	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE NEEDLE	Tier 2	
BD SAFETYGLIDE SHIELDING REG	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8"	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE TB REG BEVEL	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE TUBERCULIN	Tier 2	QL (400 EA per 30 days)
BD SHORT BEVEL NEEDLES	Tier 2	
BD SHORT BEVEL THIN WALL	Tier 2	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8", 10 ML, 3 ML	Tier 2	QL (400 EA per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1"	Tier 2	
BD SYRINGE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE CATH TIP NONSTERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE CATHETER TIP	Tier 2	QL (400 EA per 30 days)
BD SYRINGE LUER-LOK NONSTERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE LUER-LOK STERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE SLIP TIP NONSTERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE TIP CAP	Tier 2	QL (400 EA per 30 days)
BD SYRINGE-DUAL CANNULA	Tier 2	QL (400 EA per 30 days)
BD TUBERCULIN SLIP-TIP	Tier 2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
BD TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
BD ULTRA-FINE MICRO PEN NEEDLE	Tier 2	\$0 on Diabetic Plans
BD ULTRA-FINE MINI PEN NEEDLE	Tier 2	\$0 on Diabetic Plans
BD ULTRA-FINE ORIG PEN NEEDLE	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD ULTRA-FINE SHORT PEN NEEDLE	Tier 2	\$0 on Diabetic Plans
BD VEO INSULIN SYR (HALF UNIT)	Tier 2	QL (400 EA per 30 days)
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 2	QL (400 EA per 30 days)
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
BD VERITOR AT-HOME COVID19 TST	Tier 0	QL (8 EA per 30 days)
BINAXNOW COVD AG CARD HOME TST	Tier 0	QL (8 EA per 30 days)
BINAXNOW COVID-19 AG SELF TEST	Tier 0	QL (8 EA per 30 days)
BIOLON	Tier 1	
<i>blunt needle, disposable</i>	Tier 2	
BLUNT SPINAL NEEDLE	Tier 2	
BREATHERITE SPACER-MASK, NEO.	Tier 2	
BREATHERITE SPACER-MASK,ADULT	Tier 2	
BREATHERITE SPACER-MASK,CHILD	Tier 2	
BREATHERITE SPACER-MASK,INFANT	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD	Tier 2	
BULLSEYE MINI SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
BUTTERFLY TOUCH LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
CAREONE LANCING DEVICE	Tier 2	
CAREONE ULTRA THIN LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
CAREPOINT LUER LOCK SYR-NEEDLE	Tier 2	QL (400 EA per 30 days)
CARESTART COVID-19 AG HOME TST	Tier 0	QL (8 EA per 30 days)
CARETOUCH LANCING DEVICE	Tier 2	
CARETOUCH LUER LOCK SYR-NEEDLE	Tier 2	QL (400 EA per 30 days)
CARETOUCH TWIST LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
CELLTRION DIATRUST COV-19 HOME	Tier 0	QL (8 EA per 30 days)
CHEMO TRANSFER PIN	Tier 2	
CLEVER CHEK LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
CLEVER CHOICE CHAMBER-LRG MASK	Tier 2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
CLEVER CHOICE CHAMBER-MED MASK	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK	Tier 2	
CLINITEST COVID-19 HOME TEST	Tier 0	QL (8 EA per 30 days)
COAGUCHEK LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
COLOR LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
COMFORT EZ LANCETS 23 GAUGE	Tier 2	QL (204 EA per 30 days)
COMFORT EZ LANCETS 28 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
COMPACT SPACE CHAMBER-LRG MASK	Tier 2	
COMPACT SPACE CHAMBER-MED MASK	Tier 2	
COMPACT SPACE CHAMBER-SM MASK	Tier 2	
COVID-19 AT-HOME TEST	Tier 0	QL (8 EA per 30 days)
CYCLOTENS STARTER	Tier 2	
DAVOL IRRIGATION SYRINGE	Tier 2	QL (400 EA per 30 days)
DAVOL PISTON IRRIGATION	Tier 2	QL (400 EA per 30 days)
DEXCOM G6 RECEIVER	Tier 2	PA; \$0 on Diabetic Plans
DEXCOM G6 SENSOR	Tier 2	PA; QL (3 EA per 30 days); \$0 on Diabetic Plans
DEXCOM G6 TRANSMITTER	Tier 2	PA; QL (1 EA per 90 days); \$0 on Diabetic Plans
DEXCOM G7 RECEIVER	Tier 2	PA; \$0 on Diabetic Plans
DEXCOM G7 SENSOR	Tier 2	PA; ST; \$0 on Diabetic Plans
DROPLET GENTEEL LANCING DEVICE	Tier 2	
DROPLET LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
DROPLET LANCING DEVICE	Tier 2	
EASIVENT MASK LARGE	Tier 2	
EASIVENT MASK MEDIUM	Tier 2	
EASIVENT MASK SMALL	Tier 2	
EASY COMFORT LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
EASY MINI EJECT LANCING DEVICE	Tier 2	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
EASY TOUCH FLURINGE	Tier 2	QL (400 EA per 30 days)
EASY TOUCH FLURINGE FLIPLOCK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH FLURINGE SHEATHLOCK	Tier 2	QL (400 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
EASY TOUCH LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
EASY TOUCH LANCING DEVICE	Tier 2	
EASY TOUCH SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
EASY TOUCH SYRINGE	Tier 2	QL (400 EA per 30 days)
EASY TOUCH TUBERCULIN FLIPLOCK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH TUBERCULIN SHEATHLK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH TWIST LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
EASY TWIST AND CAP LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ECLIPSE SYRINGE	Tier 2	QL (400 EA per 30 days)
ELLUME COVID-19 HOME TEST	Tier 0	QL (8 EA per 30 days)
EMBRACE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
EMBRACE LANCING DEVICE	Tier 2	
EMBRACE PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	\$0 on Diabetic Plans
EMBRACE SAFETY LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
EXCEL SYRINGE	Tier 2	QL (400 EA per 30 days)
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2"	Tier 2	
EXEL SYRINGE SYRINGE 10 ML, 3 ML 27 GAUGE X 1 1/4", 30 ML, 50 ML	Tier 2	QL (400 EA per 30 days)
E-Z JECT LANCETS	Tier 1	QL (204 EA per 30 days); \$0 on Diabetic Plans
E-Z JECT THIN LANCETS	Tier 1	QL (204 EA per 30 days); \$0 on Diabetic Plans
EZ SMART LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
FASTEP COVID-19 AG HOME TEST	Tier 0	QL (8 EA per 30 days)
FEMCAP	Tier 0	QL (1 EA per 365 days)
<i>filter needles needle 18 gauge x 1 1/2"</i>	Tier 2	



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
FINGERSTIX LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
FLEXICHAMBER-LG CHILD MASK	Tier 2	
FLEXICHAMBER-SM ADULT MASK	Tier 2	
FLEXICHAMBER-SM CHILD MASK	Tier 2	
FLOW-EZE VENTED NEEDLE	Tier 2	
FLOWFLEX COVID-19 AG HOME TEST	Tier 0	QL (8 EA per 30 days)
FORA LANCING DEVICE	Tier 2	
FORACARE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
FREESTYLE CONTROL	Tier 2	QL (4 EA per 365 days)
FREESTYLE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA; QL (1 EA per 1 Lifetime); \$0 on Diabetic Plans
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	PA; QL (2 EA per 28 days); \$0 on Diabetic Plans
FREESTYLE LIBRE 2 READER	Tier 2	PA; QL (1 EA per 1 Lifetime); \$0 on Diabetic Plans
FREESTYLE LIBRE 2 SENSOR	Tier 2	PA; QL (2 EA per 28 days); \$0 on Diabetic Plans
FREESTYLE LIBRE 3 READER	Tier 2	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR	Tier 2	PA; QL (2 EA per 28 days)
FREESTYLE UNISTIK 2	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
GENABIO COVID-19 RAPID AT-HOME	Tier 0	QL (8 EA per 30 days)
GLUCOCOM LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
GLUCOSE KETONE CONTROL SOLN	Tier 2	QL (4 EA per 365 days)
GOJJI LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
GOJJI LANCING DEVICE	Tier 2	
HEALTHY ACCENTS AUTOLET	Tier 2	
HEALTHY ACCENTS UNILET LANCET	Tier 2	QL (204 EA per 30 days)
<i>huber safety needles (disp.)</i>	Tier 1	
HURRICAIN LUER-LOCK DIS CAP	Tier 2	
HYPODERMIC NEEDLES	Tier 2	
HYPOLANCE AST LANCING	Tier 2	
IHEALTH COVID-19 AG HOME TEST	Tier 0	QL (8 EA per 30 days)
INCONTROL LANCING DEVICE	Tier 2	
INCONTROL SUPER THIN LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
INCONTROL ULTRA THIN LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
INDICAID COVID-19 AG HOME TEST	Tier 0	QL (8 EA per 30 days)
INJECT EASE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
INJECT-EASE	Tier 2	QL (400 EA per 30 days)
INSULIN SYRINGE MICROFINE	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
INTEGRA SYRINGE	Tier 2	QL (400 EA per 30 days)
INTELISWAB COVID-19 HOME TEST	Tier 0	QL (8 EA per 30 days)
INTERLINK SYRINGE CANNULA	Tier 2	QL (400 EA per 30 days)
INVACARE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge</i>	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
LANCETS, SUPER THIN	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
LANCETS,THIN	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
LANCETS,ULTRA THIN	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
<i>lancing device</i>	Tier 2	
<i>lancing device with lancets kit</i>	Tier 2	
LANCING SYSTEM	Tier 2	
LANZO LANCING DEVICE	Tier 2	
LIFESHIELD BLUNT CANNULA NEEDLE	Tier 2	
LIFESHIELD BLUNT CANNULA SYRINGE	Tier 2	QL (400 EA per 30 days)
LITE TOUCH-MEDIUM MASK	Tier 2	
LITETOUCH-LARGE MASK	Tier 2	
LITETOUCH-SMALL MASK	Tier 2	
LUER LOCK SYRINGE SYRINGE 30 ML	Tier 2	QL (400 EA per 30 days)
LUER-LOK TIP	Tier 2	QL (400 EA per 30 days)
MAGELLAN SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
MAGELLAN TUBERCULIN SAFETY SYR	Tier 2	QL (400 EA per 30 days)
MEDISENSE MID CONTROL	Tier 2	QL (4 EA per 365 days)
MEDISENSE THIN LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
MEDLANCE PLUS LANCETS	Tier 1	QL (204 EA per 30 days); \$0 on Diabetic Plans
MEDLANCE PLUS SPECIAL BLADE	Tier 2	



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
MICRO THIN LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
MICROLET 2 LANCING DEVICE	Tier 2	
MICROLET LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
MICROLET NEXT LANCING DEVICE	Tier 2	
MINI LANCING DEVICE	Tier 2	
MINI TRANSFER PIN	Tier 2	
MINIMED QUICK-SERTER (MMT-395)	Tier 2	
MOBILE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
MONOJECT 0.9% SODIUM CHLORIDE	Tier 1	
MONOJECT 140CC PISTON SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT 35CC SYRINGE CATH TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT 3CC SYR 25GX1"	Tier 2	QL (400 EA per 30 days)
MONOJECT ALLERGY TRAY	Tier 2	QL (400 EA per 30 days)
MONOJECT ALLERGY TRAY DETACH	Tier 2	QL (400 EA per 30 days)
MONOJECT BLOOD COLLECTION	Tier 2	
MONOJECT BLUNT CANNULAS	Tier 2	
MONOJECT CONTROL SYRINGE LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT DISPOSABLE SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT ECCENTRIC NON-STERILE	Tier 2	QL (400 EA per 30 days)
MONOJECT FILTER ASPIRATOR	Tier 2	
MONOJECT FILTER NEEDLE	Tier 2	
MONOJECT HYPODERMIC NEEDLES	Tier 2	
MONOJECT HYPODERMIC POLYPROPYL	Tier 2	
MONOJECT LUER-LOCK TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT MAGELLAN SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT MEDICATION TRANSF NDL	Tier 2	
MONOJECT PHARMACY TRAY LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT PHARMACY TRAY REG TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT PREFILL ADVANCED NS	Tier 1	
MONOJECT REG TIP NON-STERILE	Tier 2	QL (400 EA per 30 days)
MONOJECT REGULAR LUER SYRINGE 12 ML, 35 ML, 6 ML	Tier 2	QL (400 EA per 30 days)
MONOJECT SAFETY LUER LOCK TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT SAFETY SYRINGES	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE ECCENTRI LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE LUER LOK	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE REGULAR LUER	Tier 2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2"	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE TOOMEY TYPE	Tier 2	QL (400 EA per 30 days)
MONOJECT TB	Tier 2	QL (400 EA per 30 days)
MONOJECT TB LUER LOK	Tier 2	QL (400 EA per 30 days)
MONOJECT TB REGULAR LUER TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT TB SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT TIP CAPS/FLEX/LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOLET LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
MONOLET THIN LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
MOUTHPIECE	Tier 2	
MULTI-DRAW NEEDLE	Tier 2	
MULTI-LANCET DEVICE 2	Tier 2	
MYGLUCOHEALTH LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
<i>needle (disp) 16 g</i>	Tier 2	
<i>needle (disp) 18 g</i>	Tier 2	
<i>needle (disp) 19 g</i>	Tier 2	
<i>needle (disp) 23 gauge</i>	Tier 2	
<i>needles, huber disposable</i>	Tier 2	
NOKOR NEEDLE	Tier 2	
NORMAL SALINE FLUSH	Tier 1	
NOVA SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
NOVA SUREFLEX LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
NOVAMAX PLUS KETONE	Tier 2	
NOVOFINE 32	Tier 2	\$0 on Diabetic Plans
NOVOFINE PLUS	Tier 2	\$0 on Diabetic Plans
OMNIPOD 5 G6 INTRO KIT (GEN 5)	Tier 2	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
OMNIPOD 5 G6 PODS (GEN 5)	Tier 2	PA; QL (10 EA per 21 days)
OMNIPOD DASH INTRO KIT (GEN 4)	Tier 2	PA
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	PA
OMNIPOD DASH PODS (GEN 4)	Tier 2	PA; QL (10 EA per 21 days)
ON CALL LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ON CALL LANCING DEVICE	Tier 2	
ON CALL PLUS LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ON CALL PLUS LANCING DEVICE	Tier 2	
ONE WAY VALVED MOUTHPIECE	Tier 2	
ONETOUCH DELICA PLUS LANC DEV	Tier 2	
ONETOUCH DELICA PLUS LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ONETOUCH VERIO FLEX METER	Tier 2	QL (1 EA per 1 LIFETIME); \$0 on Diabetic Plans
ONETOUCH VERIO HIGH CONTROL	Tier 2	QL (4 EA per 365 days); \$0 on Diabetic Plans
ONETOUCH VERIO MID CONTROL	Tier 2	QL (4 EA per 365 days); \$0 on Diabetic Plans
ON-GO COVID-19 AG AT HOME TEST	Tier 0	QL (8 EA per 30 days)
ON-THE-GO LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
OPTICHAMBER ADULT MASK-LARGE	Tier 2	
OPTICHAMBER DIAMOND LG MASK	Tier 2	
OPTICHAMBER DIAMOND-MED MSK	Tier 2	
OPTICHAMBER DIAMOND-SML MASK	Tier 2	
PANDA MASK	Tier 2	
PEDIATRIC MEDIUM MASK	Tier 2	
PEDIATRIC PANDA MASK	Tier 2	
PEDIATRIC SMALL MASK	Tier 2	
PILOT COVID-19 AT-HOME TEST	Tier 0	QL (8 EA per 30 days)
PIP LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
POLY HUB NEEDLE	Tier 2	
PRECISION XTRA B-KETONE	Tier 2	
PRESSURE ACTIVATED LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
PRO COMFORT LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
PRO COMFORT SAFETY LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
PRO COMFORT SPACER-ADULT MASK	Tier 2	
PROCARE SPACER WITH ADULT MASK	Tier 2	
PROCARE SPACER WITH CHILD MASK	Tier 2	
PRODIGY COUNT-A-DOSE	Tier 2	QL (400 EA per 30 days)
PRODIGY LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
PRODIGY LANCING DEVICE	Tier 2	
PRODIGY TWIST TOP LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
PULMOSAL	Tier 1	
PURE COMFORT LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
PURE COMFORT SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
PUSH BUTTON SAFETY LANCETS 28 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
QUICKVUE AT-HOME COVID-19 TEST	Tier 0	QL (8 EA per 30 days)
RELIAMED LANCET 28 GAUGE	Tier 2	QL (204 EA per 30 days)
RELIAMED LANCET 30 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
RELIAMED MINI LANCING DEVICE	Tier 2	
RELIAMED SAFETY SEAL LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
RIGHTEST GD500 LANCING DEVICE	Tier 2	
RIGHTEST GL300 LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SAFESNAP SYRINGE SYRINGE 10 ML, 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1"	Tier 2	QL (400 EA per 30 days)
SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
<i>safety needles</i>	Tier 2	
SAFETY SEAL LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
SAFETY-LET LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SIDESTREAM PEDIATRIC FACE MASK	Tier 2	
SILICONE MASK - INFANT	Tier 2	
SILICONE MASK - PEDIATRIC	Tier 2	
SIL-SERTER	Tier 2	
SINGLE-LET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SMART SENSE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SMARTDIABETES VANTAGE	Tier 2	
SMARTEST LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
<i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 10 %</i>	Tier 1	QL (4 ML per 1 day)
SOFT TOUCH LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SOLUS V2 LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SOLUS V2 LANCING DEVICE	Tier 2	
SPACE CHAMBER WITH LARGE MASK	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK	Tier 2	
SPACE CHAMBER WITH SMALL MASK	Tier 2	
SPEEDYSWAB COVID-19 HOME TEST	Tier 0	QL (8 EA per 30 days)
STERILANCE TL	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SUPER THIN LANCETS 28 GAUGE	Tier 2	QL (204 EA per 30 days)
SUPER THIN LANCETS 30 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SURE COMFORT LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SURE COMFORT LANCING PEN	Tier 2	
SUREFLEX DEVICE WITH LANCETS	Tier 2	
SUREFLEX LANCING DEVICE	Tier 2	
SURE-LANCE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SURE-LANCE ULTRA THIN	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SURE-PEN LANCING DEVICE	Tier 2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
SURE-TOUCH LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
SURGIFOAM TOPICAL SPONGE 12-7 MM	Tier 1	
SURGUARD2 SAFETY NEEDLE	Tier 2	
SURGUARD2 SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
<i>syringe (disposable)</i>	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/20GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/21GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/21GX1-1/2"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/22GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/22GX3/4"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/25GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE TIP CONNECTOR	Tier 2	QL (400 EA per 30 days)
<i>syringe with needle syringe 1 ml 25 gauge x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2"</i>	Tier 2	QL (400 EA per 30 days)
SYRINGE WITHOUT NEEDLE	Tier 2	QL (400 EA per 30 days)
TECHLITE INSULIN SYRINGE	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
TECHLITE INSULN SYR(HALF UNIT)	Tier 2	QL (400 EA per 30 days)
TECHLITE LANCETS 28 GAUGE, 30 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days); \$0 on Diabetic Plans
TECHLITE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	Tier 2	\$0 on Diabetic Plans
TECHLITE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	QL (200 EA per 30 days); \$0 on Diabetic Plans
TELCARE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
TERUMO ALLERGY SYRINGE	Tier 2	QL (400 EA per 30 days)
TERUMO HYPODERMIC NEEDLE/SYRIN	Tier 2	QL (400 EA per 30 days)
TERUMO SYRINGE	Tier 2	QL (400 EA per 30 days)
THIN LANCETS	Tier 2	QL (204 EA per 30 days)
TOOMEY SYRINGE	Tier 2	QL (400 EA per 30 days)
TOPCARE UNIVERSAL1 LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
TRANSFER PIN	Tier 2	
TRUE COMFORT LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
TRUEDRAW LANCING DEVICE	Tier 2	
TRUEPLUS LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
<i>tuberculin-allergy syringes</i>	Tier 2	QL (400 EA per 30 days)
TWIST LANCETS 30 GAUGE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
TWIST LANCETS 32 GAUGE	Tier 2	QL (204 EA per 30 days)
ULTICARE LOW DEAD SPACE SYRINGE SYRINGE 3 ML 22 X 1 1/2"	Tier 2	QL (400 EA per 30 days)
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 2	QL (400 EA per 30 days)
ULTICARE TB SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
ULTI-LANCE	Tier 2	
ULTILET BASIC LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTILET CLASSIC LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTILET LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTILET SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTRA THIN II LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTRA THIN LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTRA THIN PLUS LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTRA TLC LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTRA-CARE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTRALANCE LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
ULTRA-THIN II LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNILET COMFORTOUCH LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNILET GP LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNILET LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNILET LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNILET SUPER THIN LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK 2 DEVICE	Tier 2	



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
UNISTIK 2 NORMAL LANCET	Tier 2	
UNISTIK 3 COMFORT LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK 3 EXTRA LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK 3 GENTLE	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK 3 NORMAL LANCET	Tier 2	QL (204 EA per 30 days)
UNISTIK COMFORT LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK CZT LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK EXTRA LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK NORMAL LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK PRO LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK SAFETY	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNISTIK TOUCH LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
UNIVERSAL 1 LANCETS	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2"	Tier 2	QL (400 EA per 30 days)
VANISHPOINT TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
VIVAGUARD LANCET	Tier 2	QL (204 EA per 30 days); \$0 on Diabetic Plans
VIVAGUARD LANCING DEVICE	Tier 2	
VORTEX ADULT MASK	Tier 2	
VORTEX VHC FROG MASK-CHILD	Tier 2	
VORTEX VHC LADYBUG MASK-TODDLR	Tier 2	
YALE DISPOSABLE NEEDLES	Tier 2	
<b>DIAGNOSTIC AGENTS</b>		
<b>DIABETES MELLITUS</b>		
ONETOUCH VERIO TEST STRIPS	Tier 2	QL (50 EA per 30 days); \$0 on Diabetic Plans



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<b>DIAGNOSTIC AGENTS</b>		
<i>glucagon hcl injection recon soln 1 mg/ml</i>	Tier 2	
<b>KETONES</b>		
KETONE CARE	Tier 2	\$0 on Diabetic Plans
KETONE URINE TEST	Tier 2	\$0 on Diabetic Plans
KETOSTIX	Tier 2	\$0 on Diabetic Plans
TRUEPLUS KETONE	Tier 2	
<b>OCULAR DISORDERS</b>		
BIOGLO	Tier 1	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG	Tier 1	
<b>ROENTGENOGRAPHY AND OTHER IMAGING AGENTS</b>		
MD-GASTROVIEW	Tier 1	
<b>SUGAR</b>		
DIASTIX	Tier 2	
<b>URINE AND FECES CONTENTS</b>		
CHEK-STIX CONTROL	Tier 2	
CHEMSTRIP 10 MD	Tier 2	
CHEMSTRIP 10/SG	Tier 2	
CHEMSTRIP 2 GP	Tier 2	
CHEMSTRIP 50B	Tier 2	
CHEMSTRIP 7	Tier 2	
CHEMSTRIP 9	Tier 2	
COMBISTIX REAGENT	Tier 2	
HEMA-COMBISTIX	Tier 2	
KETO-DIASTIX	Tier 2	
LABSTIX REAGENT	Tier 2	
MULTISTIX	Tier 2	
MULTISTIX 10 SG	Tier 2	
MULTISTIX 5	Tier 2	
MULTISTIX 7	Tier 2	
MULTISTIX 8 SG	Tier 2	
MULTISTIX 9	Tier 2	
MULTISTIX 9 SG	Tier 2	
URISTIX 4	Tier 2	
URISTIX REAGENT	Tier 2	

Drug Name	Tier	Restrictions/Limits
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ALKALINIZING AGENTS</b>		
<i>potassium citrate oral tablet extended release</i>	Tier 1	
<b>AMMONIA DETOXICANTS</b>		
ENULOSE	Tier 1	
<i>lactulose oral solution</i>	Tier 1	
<b>CALORIC AGENTS</b>		
ACD SOLUTION A	Tier 2	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML	Tier 2	
DEX4 GLUCOSE BITS	Tier 1	
DEX4 GLUCOSE ORAL TABLET,CHEWABLE	Tier 1	
DEX4 GLUCOSE POUCH PACK	Tier 1	
DEX4 GLUCOSE QUICK DISSOLVE	Tier 1	
<i>dextrose oral gel</i>	Tier 1	
ENFAMIL GLUCOSE	Tier 2	
GLUCO BURST	Tier 1	
GLUCOSE BITS	Tier 1	
GLUCOSE GEL	Tier 1	
<i>glucose oral tablet,chewable 4 gram</i>	Tier 1	
GLUTOL GEL	Tier 2	
GLUTOSE-15	Tier 2	
GLUTOSE-45	Tier 2	
GLUTOSE-5	Tier 1	
RELION GLUCOSE	Tier 1	
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	Tier 1	
<b>DIURETICS, MISCELLANEOUS</b>		
ELIXOPHYLLIN	Tier 2	
THEO-24	Tier 2	
<i>theophylline oral elixir</i>	Tier 1	
<i>theophylline oral solution</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr</i>	Tier 1	
<b>IRRIGATING SOLUTIONS</b>		
DELFLX WITH 2.5 % DEXTROSE	Tier 1	
DELFLX-LC/1.5% DEXTROSE	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
DELFLEX-LC/2.5% DEXTROSE	Tier 1	
DELFLEX-LC/4.25% DEXTROSE	Tier 1	
EXTRANEAL 7.5 %	Tier 2	
GLYCINE UROLOGIC	Tier 1	
<i>glycine urologic solution</i>	Tier 1	
<b>LOOP DIURETICS (40:28)</b>		
<i>bumetanide oral</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet</i>	Tier 1	
<i>toremide</i>	Tier 1	
<b>PHOSPHATE-REMOVING AGENTS</b>		
AURYXIA	Tier 2	
<i>calcium acetate(phosphat bind)</i>	Tier 1	QL (360 EA per 30 days)
<i>lanthanum</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>sevelamer carbonate oral tablet</i>	Tier 1	PA; QL (270 EA per 30 days)
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	PA; QL (90 EA per 30 days)
VELPHORO	Tier 3	QL (120 EA per 30 days)
<b>POTASSIUM-REMOVING AGENTS</b>		
<i>sodium polystyrene sulfonate</i>	Tier 1	
SPS (WITH SORBITOL)	Tier 1	
<b>POTASSIUM-SPARING DIURETICS</b>		
<i>amiloride</i>	Tier 1	
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>spironolactone oral tablet</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
<b>REPLACEMENT PREPARATIONS</b>		
<i>cardioplegic soln</i>	Tier 1	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON 10	Tier 1	
KLOR-CON 8	Tier 1	
KLOR-CON M10	Tier 1	
KLOR-CON M15	Tier 1	
KLOR-CON M20	Tier 1	

Drug Name	Tier	Restrictions/Limits
KLOR-CON/EF	Tier 1	
ONE DAILY PRENATAL	Tier 0	
<i>potassium chloride oral capsule, extended release</i>	Tier 1	
<i>potassium chloride oral liquid</i>	Tier 1	
<i>potassium chloride oral tablet extended release</i>	Tier 1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	Tier 1	
PRENATAL COMPLETE	Tier 0	
PRENATAL ONE DAILY	Tier 0	
PRENATAL TABLET	Tier 0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0	
PRENATAL VITAMIN WITH MINERALS	Tier 0	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0	
<b>THIAZIDE DIURETICS</b>		
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<b>THIAZIDE-LIKE DIURETICS</b>		
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
<b>URICOSURIC AGENTS</b>		
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	ST
<b>VASOPRESSIN ANTAGONISTS</b>		
<i>tolvaptan oral tablet 15 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<b>ENZYMES</b>		
<b>ENZYME COFACTORS/CHAPERONES</b>		
<i>sapropterin</i>	Tier 4	PA
<b>ENZYMES</b>		
PULMOZYME	Tier 4	PA; QL (2.5 ML per 1 day)
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
<b>ALPHA-ADRENERGIC AGONISTS (EENT)</b>		
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	Tier 1	
<i>brimonidine-timolol</i>	Tier 1	PA
<b>ANTIALLERGIC AGENTS</b>		
ALOMIDE	Tier 2	PA; ST
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	Tier 1	
<i>azelastine ophthalmic (eye)</i>	Tier 1	
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
<i>cromolyn ophthalmic (eye)</i>	Tier 1	
<i>epinastine</i>	Tier 1	
LASTACRAFT ONCE DAILY RELIEF	Tier 3	
<i>olopatadine nasal</i>	Tier 1	QL (31 GM per 30 days)
<i>olopatadine ophthalmic (eye)</i>	Tier 1	
ZERVIAE	Tier 2	PA; ST
<b>ANTIBACTERIALS (52:04)</b>		
AZASITE	Tier 2	
<i>bacitracin ophthalmic (eye)</i>	Tier 1	
<i>bacitracin-polymyxin b</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
CIPRO HC	Tier 3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	Tier 1	
<i>ciprofloxacin hcl otic (ear)</i>	Tier 1	
<i>ciprofloxacin-dexamethasone</i>	Tier 1	ST
<i>ciprofloxacin-fluocinolone</i>	Tier 2	
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<i>erythromycin ophthalmic (eye)</i>	Tier 1	
<i>gatifloxacin</i>	Tier 1	
<i>gentamicin ophthalmic (eye)</i>	Tier 1	
<i>levofloxacin ophthalmic (eye)</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye)</i>	Tier 1	
<i>neomycin-bacitracin-poly-hc</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
<i>neomycin-polymyxin-hc</i>	Tier 1	
NEO-POLYCIN	Tier 1	
NEO-POLYCIN HC	Tier 1	
<i>ofloxacin ophthalmic (eye)</i>	Tier 1	QL (10 ML per 30 days)
<i>ofloxacin otic (ear)</i>	Tier 1	
POLYCIN	Tier 1	
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	Tier 1	
<i>sulfacetamide-prednisolone</i>	Tier 1	
<i>tobramycin ophthalmic (eye)</i>	Tier 1	
<i>tobramycin-dexamethasone</i>	Tier 1	
<b>ANTIFUNGALS (EENT)</b>		
NATACYN	Tier 2	QL (15 ML per 30 days)
<b>ANTI-INFECTIVES, MISCELLANEOUS (52:04)</b>		
<i>acetic acid otic (ear)</i>	Tier 1	
<i>hydrocortisone-acetic acid</i>	Tier 1	QL (10 ML per 30 days)
<b>ANTIVIRALS (EENT)</b>		
<i>trifluridine</i>	Tier 1	
<b>BETA-ADRENERGIC BLOCKING AGENTS (EENT)</b>		
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>brimonidine-timolol</i>	Tier 1	PA
<i>carteolol</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>dorzolamide-timolol (pf)</i>	Tier 1	
<i>levobunolol</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	Tier 1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	Tier 2	
<b>CARBONIC ANHYDRASE INHIBITORS (EENT)</b>		
<i>acetazolamide</i>	Tier 1	
<i>brinzolamide</i>	Tier 1	PA
<i>dorzolamide</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf)</i>	Tier 1	
<i>methazolamide</i>	Tier 1	
<b>CORTICOSTEROIDS (EENT)</b>		
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
CIPRO HC	Tier 3	
<i>ciprofloxacin-dexamethasone</i>	Tier 1	ST
<i>ciprofloxacin-fluocinolone</i>	Tier 2	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	Tier 1	
FLONASE ALLERGY RELIEF	Tier 1	QL (16 ML per 30 days)
<i>flunisolide</i>	Tier 1	ST; QL (50 ML per 30 days)
<i>fluocinolone acetonide oil</i>	Tier 1	
<i>fluorometholone</i>	Tier 1	
<i>fluticasone propionate nasal</i>	Tier 1	QL (16 GM per 30 days)
<i>hydrocortisone-acetic acid</i>	Tier 1	QL (10 ML per 30 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 1	
<i>mometasone nasal</i>	Tier 1	ST; QL (17 GM per 30 days)
<i>neomycin-bacitracin-poly-hc</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	Tier 1	
NEO-POLYCIN HC	Tier 1	
<i>prednisolone acetate</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	Tier 1	
QNASL	Tier 3	ST; QL (1 GM per 30 days)
<i>tobramycin-dexamethasone</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<b>EENT DRUGS, MISCELLANEOUS</b>		
BALANCED SALT	Tier 1	
BSS	Tier 1	
<i>ipratropium bromide nasal</i>	Tier 1	QL (30 ML per 30 days)
OCUCOAT	Tier 1	
<b>EENT NONSTEROIDAL ANTI-INFLAM. AGENTS</b>		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	
<i>diclofenac sodium ophthalmic (eye)</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 1	QL (5 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<b>LOCAL ANESTHETICS (EENT)</b>		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
LIDOCAINE VISCOUS	Tier 1	QL (100 ML per 30 days)
<i>proparacaine</i>	Tier 1	
<b>MIOTICS</b>		
PHOSPHOLINE IODIDE	Tier 4	PA
<i>pilocarpine hcl ophthalmic (eye)</i>	Tier 1	
<b>MOUTHWASHES AND GARGLES</b>		
<i>hydrogen peroxide</i>	Tier 1	
<b>MYDRIATICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment</i>	Tier 1	
<i>cyclopentolate</i>	Tier 1	
HOMATROPAIRE	Tier 1	
<i>tropicamide</i>	Tier 1	
<b>PROSTAGLANDIN ANALOGS</b>		
<i>bimatoprost ophthalmic (eye)</i>	Tier 1	ST
<i>latanoprost</i>	Tier 1	
<i>tafluprost (pf)</i>	Tier 1	ST
<i>travoprost</i>	Tier 1	ST
<b>GASTROINTESTINAL DRUGS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
AKYNZEO (NETUPITANT)	Tier 3	QL (1 EA per 30 days)
<i>granisetron hcl oral</i>	Tier 1	QL (6 EA per 30 days)
<i>ondansetron</i>	Tier 1	QL (9 EA per 30 days)
<i>ondansetron hcl oral solution</i>	Tier 1	QL (100 ML per 30 days)



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>ondansetron hcl oral tablet</i>	Tier 1	QL (9 EA per 30 days)
<b>ANTIDIARRHEA AGENTS</b>		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE	Tier 1	QL (2 EA per 1 day)
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
<i>loperamide oral capsule</i>	Tier 1	QL (2 EA per 1 day)
MOTOFEN	Tier 3	PA; QL (8 EA per 1 Day)
<b>ANTIEMETICS, MISCELLANEOUS</b>		
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>dronabinol</i>	Tier 1	PA
<i>scopolamine base</i>	Tier 1	
<b>ANTI-HISTAMINES (GI DRUGS)</b>		
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>prochlorperazine maleate</i>	Tier 1	
<i>trimethobenzamide</i>	Tier 1	
<b>ANTI-INFLAMMATORY AGENTS (GI DRUGS)</b>		
<i>alosetron</i>	Tier 1	PA
<i>balsalazide</i>	Tier 1	
DIPENTUM	Tier 2	PA
<i>mesalamine oral capsule (with del rel tablets)</i>	Tier 1	
<i>mesalamine oral capsule, extended release 24hr</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	Tier 1	
<i>mesalamine rectal enema</i>	Tier 1	
<i>mesalamine with cleansing wipe</i>	Tier 1	
<i>sulfasalazine</i>	Tier 1	
<b>CATHARTICS AND LAXATIVES</b>		
<i>bisacodyl oral</i>	Tier 0	
CITRATE OF MAGNESIA	Tier 0	
CITROMA	Tier 0	
CLEARLAX ORAL POWDER	Tier 0	
CLENPIQ	Tier 0	
DULCOLAX (MAGNESIUM HYDROXIDE) ORAL SUSPENSION	Tier 0	
GAVILAX ORAL POWDER	Tier 0	
GAVILYTE-C	Tier 0	
GAVILYTE-G	Tier 0	
GENTLE LAXATIVE (BISACODYL) ORAL	Tier 0	
GENTLELAX	Tier 0	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC)	Tier 0	
LAXATIVE PEG 3350	Tier 0	
<i>magnesium citrate oral solution</i>	Tier 0	
<i>magnesium hydroxide</i>	Tier 0	
MILK OF MAGNESIA	Tier 0	
MILK OF MAGNESIA CONCENTRATED	Tier 0	
NATURA-LAX	Tier 0	
ORAL SALINE LAXATIVE	Tier 0	
<i>peg 3350-electrolytes</i>	Tier 0	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	Tier 1	
<i>peg-electrolyte soln</i>	Tier 0	
PHOSPHATE LAXATIVE	Tier 0	
<i>polyethylene glycol 3350 oral powder</i>	Tier 0	
POWDERLAX ORAL POWDER	Tier 0	
PURELAX ORAL POWDER	Tier 0	
SMOOTHLAX ORAL POWDER	Tier 0	
<i>sodium,potassium,mag sulfates</i>	Tier 0	
WOMEN'S GENTLE LAXATIVE(BISAC)	Tier 0	
<b>CHOLELITHOLYTIC AGENTS</b>		
<i>ursodiol</i>	Tier 1	
<b>DIGESTANTS</b>		
CREON	Tier 2	
VIOKACE	Tier 2	
<b>GUANYLATE CYCLASE C (GCC) RECEPT AGONIST</b>		
TRULANCE	Tier 2	QL (30 EA per 30 days)
<b>HISTAMINE H2-ANTAGONISTS</b>		
<i>cimetidine</i>	Tier 1	
<i>famotidine oral suspension for reconstitution</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>ibuprofen-famotidine</i>	Tier 1	PA
<i>nizatidine</i>	Tier 1	
<b>NEUROKININ-1 RECEPTOR ANTAGONISTS</b>		
AKYNZEO (NETUPITANT)	Tier 3	QL (1 EA per 30 days)
<i>aprepitant oral capsule 125 mg, 40 mg</i>	Tier 1	PA; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 1	PA; QL (2 EA per 30 days)
<b>PROKINETIC AGENTS</b>		
<i>metoclopramide hcl oral</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<b>PROSTAGLANDINS</b>		
<i>diclofenac-misoprostol</i>	Tier 1	
<i>misoprostol</i>	Tier 1	QL (4 EA per 1 day)
<b>PROTECTANTS</b>		
<i>sucralfate oral suspension</i>	Tier 1	
<i>sucralfate oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<b>PROTON-PUMP INHIBITORS</b>		
<b>ACID REDUCER (OMEPRAZOLE)</b>		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	Tier 1	ST; QL (60 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	Tier 1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	Tier 1	ST
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	Tier 1	
<i>naproxen-esomeprazole</i>	Tier 1	ST
<i>omeprazole magnesium oral capsule,delayed release(dr/ec)</i>	Tier 1	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	Tier 1	PA
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	Tier 1	ST; QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<b>HEAVY METAL ANTAGONISTS</b>		
<b>HEAVY METAL ANTAGONISTS</b>		
<i>deferasirox oral tablet</i>	Tier 4	PA
<i>deferasirox oral tablet, dispersible</i>	Tier 4	PA
D-PENAMINE	Tier 2	PA
<i>penicillamine</i>	Tier 1	PA
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>ADRENALS</b>		
AGAMREE	Tier 4	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier 3	QL (13 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	QL (7 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA	Tier 2	QL (13 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 ML per 30 days)
<i>budesonide oral capsule, delayed, extend.release</i>	Tier 1	
<i>budesonide-formoterol</i>	Tier 2	PA; ST; QL (11 GM per 30 days)
<i>cortisone</i>	Tier 1	
DEXAMETHASONE INTENSOL	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	ST; QL (13 GM per 30 days)
EMFLAZA	Tier 4	PA
<i>fludrocortisone</i>	Tier 1	
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST; QL (60 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (11 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>hydrocortisone oral</i>	Tier 1	
<i>methylprednisolone</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISON INTENSOL	Tier 1	
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	Tier 2	QL (11 GM per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	Tier 2	QL (22 GM per 30 days)
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	Tier 1	
<i>miglitol</i>	Tier 1	
<b>AMYLINOMIMETICS</b>		
SYMLINPEN 120	Tier 2	ST; QL (19 ML per 30 days)
SYMLINPEN 60	Tier 2	ST; QL (11 ML per 30 days)
<b>ANDROGENS</b>		
COVARYX	Tier 1	
COVARYX H.S.	Tier 1	
<i>danazol</i>	Tier 1	
EEMT	Tier 1	
EEMT HS	Tier 1	
<i>estrogens-methyltestosterone</i>	Tier 1	
<i>methyltestosterone</i>	Tier 1	PA
<i>testosterone cypionate</i>	Tier 1	PA
<i>testosterone enanthate</i>	Tier 1	PA
<i>testosterone transdermal gel</i>	Tier 1	PA; QL (60 GM per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	Tier 1	PA; QL (75 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	Tier 1	PA; QL (30 GM per 30 days)
<b>ANTIDIABETIC AGENTS, MISCELLANEOUS</b>		
<i>colesevelam oral powder in packet</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>colesevelam oral tablet</i>	Tier 1	PA; QL (180 EA per 30 days)
<b>ANTIESTROGENS</b>		
<i>anastrozole</i>	Tier 0	
<i>exemestane</i>	Tier 0	
<i>letrozole</i>	Tier 1	
<b>ANTIGONADTROPINS</b>		
ORILISSA ORAL TABLET 150 MG	Tier 2	PA; ST; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	Tier 2	PA; ST; QL (60 EA per 30 days)
<b>ANTIPARATHYROID AGENTS</b>		
<i>calcitonin (salmon) nasal</i>	Tier 1	
<i>cinacalcet</i>	Tier 1	PA
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	Tier 1	
<i>potassium iodide oral solution</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
<b>BIGUANIDES</b>		
<i>alogliptin-metformin</i>	Tier 1	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
<i>glipizide-metformin</i>	Tier 1	\$0 on Diabetic Plans
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Tier 1	QL (260 EA per 30 days); \$0 on Diabetic Plans
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	QL (5 EA per 1 day); \$0 on Diabetic Plans
<i>metformin oral solution</i>	Tier 1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	\$0 on Diabetic Plans
<i>metformin oral tablet extended release 24 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>pioglitazone-metformin</i>	Tier 1	QL (90 EA per 30 days); \$0 on Diabetic Plans
SEGLUROMET	Tier 2	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
SYNJARDY	Tier 2	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	Tier 2	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	Tier 2	ST; QL (30 EA per 30 days); \$0 on Diabetic Plans
<b>CONTRACEPTIVES</b>		
AFIRMELLE	Tier 0	
AFTER PILL	Tier 0	QL (1 EA per 30 days)
AFTERA	Tier 0	QL (1 EA per 30 days)
ALTAVERA (28)	Tier 0	
ALYACEN 1/35 (28)	Tier 0	
ALYACEN 7/7/7 (28)	Tier 0	
AMETHIA	Tier 0	QL (1 EA per 1 day)
AMETHYST (28)	Tier 0	QL (1 EA per 1 day)
APRI	Tier 0	
ARANELLE (28)	Tier 0	
ASHLYNA	Tier 0	QL (1 EA per 1 day)
AUBRA	Tier 0	
AUBRA EQ	Tier 0	
AUROVELA 1.5/30 (21)	Tier 0	
AUROVELA 1/20 (21)	Tier 0	
AUROVELA 24 FE	Tier 0	
AUROVELA FE 1.5/30 (28)	Tier 0	
AUROVELA FE 1-20 (28)	Tier 0	
AVIANE	Tier 0	
AYUNA	Tier 0	
AZURETTE (28)	Tier 0	
BALZIVA (28)	Tier 0	
BLISOVI 24 FE	Tier 0	
BLISOVI FE 1.5/30 (28)	Tier 0	
BLISOVI FE 1/20 (28)	Tier 0	
BRIELLYN	Tier 0	
CAMILA	Tier 0	
CAMRESE	Tier 0	QL (1 EA per 1 day)
CAMRESE LO	Tier 0	QL (1 EA per 1 day)
CAZIAN (28)	Tier 0	
CHARLOTTE 24 FE	Tier 0	
CHATEAL (28)	Tier 0	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
CHATEAL EQ (28)	Tier 0	
CRYSSELLE (28)	Tier 0	
CYRED	Tier 0	
CYRED EQ	Tier 0	
DASETTA 1/35 (28)	Tier 0	
DASETTA 7/7/7 (28)	Tier 0	
DAYSEE	Tier 0	QL (1 EA per 1 day)
DEBLITANE	Tier 0	
<i>desog-e.estradiolle.estradiol</i>	Tier 0	
<i>desogestrel-ethinyl estradiol</i>	Tier 0	
DOLISHALE	Tier 0	QL (1 EA per 1 day)
<i>drospirenone-ethinyl estradiol</i>	Tier 0	
ECONTRA EZ	Tier 0	QL (1 EA per 30 days)
ECONTRA ONE-STEP	Tier 0	QL (1 EA per 30 days)
ELINEST	Tier 0	
ELLA	Tier 0	QL (1 EA per 30 days)
ELURYNG	Tier 0	
ENPRESSE	Tier 0	
ENSKYCE	Tier 0	
ERRIN	Tier 0	
ESTARYLLA	Tier 0	
<i>ethynodiol diac-eth estradiol</i>	Tier 0	
<i>etonogestrel-ethinyl estradiol</i>	Tier 0	
FALMINA (28)	Tier 0	
FINZALA	Tier 0	
GEMMILY	Tier 0	
HAILEY	Tier 0	
HAILEY 24 FE	Tier 0	
HAILEY FE 1.5/30 (28)	Tier 0	
HAILEY FE 1/20 (28)	Tier 0	
HALOETTE	Tier 0	
HEATHER	Tier 0	
HER STYLE	Tier 0	QL (1 EA per 30 days)
ICLEVIA	Tier 0	QL (1 EA per 1 day)
INCASSIA	Tier 0	
ISIBLOOM	Tier 0	
JAIMIESS	Tier 0	QL (1 EA per 1 day)
JASMIEL (28)	Tier 0	
JENCYCLA	Tier 0	



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
JOLESSA	Tier 0	QL (1 EA per 1 day)
JULEBER	Tier 0	
JUNEL 1.5/30 (21)	Tier 0	
JUNEL 1/20 (21)	Tier 0	
JUNEL FE 1.5/30 (28)	Tier 0	
JUNEL FE 1/20 (28)	Tier 0	
JUNEL FE 24	Tier 0	
KAITLIB FE	Tier 0	
KALLIGA	Tier 0	
KARIVA (28)	Tier 0	
KELNOR 1/35 (28)	Tier 0	
KELNOR 1-50 (28)	Tier 0	
KURVELO (28)	Tier 0	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 0	QL (1 EA per 1 day)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	Tier 0	
LARIN 1.5/30 (21)	Tier 0	
LARIN 1/20 (21)	Tier 0	
LARIN 24 FE	Tier 0	
LARIN FE 1.5/30 (28)	Tier 0	
LARIN FE 1/20 (28)	Tier 0	
LAYOLIS FE	Tier 0	
LEENA 28	Tier 0	
LESSINA	Tier 0	
LEVONEST (28)	Tier 0	
<i>levonorgestrel</i>	Tier 0	QL (1 EA per 30 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	Tier 0	QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Tier 0	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic</i>	Tier 0	
LEVORA-28	Tier 0	
LO LOESTRIN FE	Tier 0	ST
LOJAIMIESS	Tier 0	QL (1 EA per 1 day)
LORYNA (28)	Tier 0	
LOW-OGESTREL (28)	Tier 0	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
LO-ZUMANDIMINE (28)	Tier 0	
LUTERA (28)	Tier 0	
LYLEQ	Tier 0	
LYZA	Tier 0	
MARLISSA (28)	Tier 0	
MERZEE	Tier 0	
MIBELAS 24 FE	Tier 0	
MICROGESTIN 1.5/30 (21)	Tier 0	
MICROGESTIN 1/20 (21)	Tier 0	
MICROGESTIN 24 FE	Tier 0	
MICROGESTIN FE 1.5/30 (28)	Tier 0	
MICROGESTIN FE 1/20 (28)	Tier 0	
MILI	Tier 0	
MONO-LINYAH	Tier 0	
MY CHOICE	Tier 0	QL (1 EA per 30 days)
MY WAY	Tier 0	QL (1 EA per 30 days)
NECON 0.5/35 (28)	Tier 0	
NEW DAY	Tier 0	QL (1 EA per 30 days)
NIKKI (28)	Tier 0	
NORA-BE	Tier 0	
<i>noreth-ethinyl estradiol-iron</i>	Tier 0	
<i>norethindrone (contraceptive)</i>	Tier 0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 0	
<i>norethindrone-e.estradiol-iron</i>	Tier 0	
<i>norgestimate-ethinyl estradiol</i>	Tier 0	
NORTREL 0.5/35 (28)	Tier 0	
NORTREL 1/35 (21)	Tier 0	
NORTREL 1/35 (28)	Tier 0	
NORTREL 7/7/7 (28)	Tier 0	
NYLIA 1/35 (28)	Tier 0	
NYLIA 7/7/7 (28)	Tier 0	
NYMYO	Tier 0	
OCELLA	Tier 0	
OPCICON ONE-STEP	Tier 0	QL (1 EA per 30 days)
OPTION-2	Tier 0	QL (1 EA per 30 days)
PHILITH	Tier 0	
PIMTREA (28)	Tier 0	
PLAN B ONE-STEP	Tier 0	QL (1 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
PORTIA 28	Tier 0	
RECLIPSEN (28)	Tier 0	
RIVELSA	Tier 0	
SETLAKIN	Tier 0	QL (1 EA per 1 day)
SHAROBEL	Tier 0	
SIMLIYA (28)	Tier 0	
SIMPESSE	Tier 0	QL (1 EA per 1 day)
SPRINTEC (28)	Tier 0	
SRONYX	Tier 0	
SYEDA	Tier 0	
TAKE ACTION	Tier 0	QL (1 EA per 30 days)
TARINA 24 FE	Tier 0	
TARINA FE 1/20 (28)	Tier 0	
TARINA FE 1-20 EQ (28)	Tier 0	
TILIA FE	Tier 0	
TRI-ESTARYLLA	Tier 0	
TRI-LEGEST FE	Tier 0	
TRI-LINYAH	Tier 0	
TRI-LO-ESTARYLLA	Tier 0	
TRI-LO-MARZIA	Tier 0	
TRI-LO-MILI	Tier 0	
TRI-LO-SPRINTEC	Tier 0	
TRI-MILI	Tier 0	
TRI-NYMYO	Tier 0	
TRI-SPRINTEC (28)	Tier 0	
TRIVORA (28)	Tier 0	
TRI-VYLIBRA	Tier 0	
TRI-VYLIBRA LO	Tier 0	
TULANA	Tier 0	
TYDEMY	Tier 0	
VELIVET TRIPHASIC REGIMEN (28)	Tier 0	
VESTURA (28)	Tier 0	
VIENVA	Tier 0	
VIORELE (28)	Tier 0	
VOLNEA (28)	Tier 0	
VYFEMLA (28)	Tier 0	
VYLIBRA	Tier 0	
WERA (28)	Tier 0	
WYMZYA FE	Tier 0	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
XULANE	Tier 0	
ZAFEMY	Tier 0	
ZARAH	Tier 0	
ZOVIA 1-35 (28)	Tier 0	
ZUMANDIMINE (28)	Tier 0	
<b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS</b>		
<i>alogliptin</i>	Tier 1	ST; QL (30 EA per 30 days); \$0 on Diabetic Plans
<i>alogliptin-metformin</i>	Tier 1	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
<i>alogliptin-pioglitazone</i>	Tier 1	ST; QL (30 EA per 30 days); \$0 on Diabetic Plans
<b>ESTROGEN AGONIST-ANTAGONISTS</b>		
CLOMID	Tier 1	
<i>clomiphene citrate</i>	Tier 1	
DUAVEE	Tier 3	PA; QL (1 EA per 1 Day)
OSPHENA	Tier 3	PA; QL (1 EA per 1 Day)
<i>raloxifene</i>	Tier 0	
<i>tamoxifen</i>	Tier 0	
<i>toremifene</i>	Tier 1	PA
<b>ESTROGENS</b>		
COMBIPATCH	Tier 2	
COVARYX	Tier 1	
COVARYX H.S.	Tier 1	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (8 EA per 30 days)
DUAVEE	Tier 3	PA; QL (1 EA per 1 Day)
EEMT	Tier 1	
EEMT HS	Tier 1	
<i>estradiol oral</i>	Tier 1	
<i>estradiol transdermal patch semiweekly</i>	Tier 1	QL (8 EA per 30 days)
<i>estradiol transdermal patch weekly</i>	Tier 1	QL (4 EA per 30 days)
<i>estradiol vaginal tablet</i>	Tier 1	
<i>estradiol-norethindrone acet</i>	Tier 1	
<i>estrogens-methyltestosterone</i>	Tier 1	
FYAVOLV	Tier 1	
MIMVEY	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<b>GLYCOGENOLYTIC AGENTS</b>		
BAQSIMI	Tier 2	ST; QL (2 EA per 30 days)
GLUCAGEN HYPOKIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON (HCL) EMERGENCY KIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 1	QL (2 EA per 30 days)
<i>glucagon hcl injection recon soln 1 mg/ml</i>	Tier 2	
<b>GONADOTROPINS</b>		
ELIGARD	Tier 4	
ELIGARD (3 MONTH)	Tier 4	
ELIGARD (4 MONTH)	Tier 4	
ELIGARD (6 MONTH)	Tier 4	
SYNAREL	Tier 2	PA
<b>INCRETIN MIMETICS</b>		
MOUNJARO	Tier 2	PA; QL (2 ML per 28 days)
OZEMPIC	Tier 2	PA; QL (3 ML per 28 days)
RYBELSUS	Tier 2	PA; QL (30 EA per 30 days)
SOLIQUA 100/33	Tier 2	ST; QL (15 ML per 30 days)
TRULICITY	Tier 2	PA; QL (2 ML per 28 days)
XULTOPHY 100/3.6	Tier 2	PA; ST; QL (15 ML per 30 days)
<b>INSULINS</b>		
BASAGLAR KWIKPEN U-100 INSULIN	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (45 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	Tier 2	QL (45 ML per 30 days)
HUMULIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
HUMULIN R REGULAR U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
HUMULIN R U-500 (CONC) INSULIN	Tier 2	
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	Tier 2	QL (40 ML per 30 days); \$0 on Diabetic Plans
<i>insulin aspart u-100 subcutaneous insulin pen</i>	Tier 2	\$0 on Diabetic Plans
<i>insulin aspart u-100 subcutaneous solution</i>	Tier 2	\$0 on Diabetic Plans
<i>insulin lispro protamin-lispro</i>	Tier 2	QL (1 ML per 1 day); \$0 on Diabetic Plans
<i>insulin lispro subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	Tier 2	QL (1 ML per 1 day); \$0 on Diabetic Plans
<i>insulin lispro subcutaneous solution</i>	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
NOVOLIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	Tier 2	QL (45 ML per 30 days)
NOVOLIN N FLEXPEN	Tier 2	QL (45 ML per 30 days)
NOVOLIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
NOVOLIN R REGULAR U100 INSULIN	Tier 2	QL (40 ML per 30 days)
REZVOGLAR KWIKPEN	Tier 2	QL (1.5 ML per 1 Day); \$0 on Diabetic Plans
SOLIQUA 100/33	Tier 2	ST; QL (15 ML per 30 days)
TRESIBA FLEXTOUCH U-100	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
TRESIBA FLEXTOUCH U-200	Tier 2	QL (27 ML per 30 days); \$0 on Diabetic Plans
TRESIBA U-100 INSULIN	Tier 2	QL (40 ML per 30 days); \$0 on Diabetic Plans
XULTOPHY 100/3.6	Tier 2	PA; ST; QL (15 ML per 30 days)
<b>INTERMEDIATE-ACTING INSULINS</b>		
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (45 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	Tier 2	QL (45 ML per 30 days)
HUMULIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	Tier 2	QL (40 ML per 30 days); \$0 on Diabetic Plans
<i>insulin lispro protamin-lispro</i>	Tier 2	QL (1 ML per 1 day); \$0 on Diabetic Plans
NOVOLIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	Tier 2	QL (45 ML per 30 days)
NOVOLIN N FLEXPEN	Tier 2	QL (45 ML per 30 days)
NOVOLIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
<b>LONG-ACTING INSULINS</b>		
BASAGLAR KWIKPEN U-100 INSULIN	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
REZVOGLAR KWIKPEN	Tier 2	QL (1.5 ML per 1 Day); \$0 on Diabetic Plans
SOLIQUA 100/33	Tier 2	ST; QL (15 ML per 30 days)
TRESIBA FLEXTOUCH U-100	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
TRESIBA FLEXTOUCH U-200	Tier 2	QL (27 ML per 30 days); \$0 on Diabetic Plans
TRESIBA U-100 INSULIN	Tier 2	QL (40 ML per 30 days); \$0 on Diabetic Plans
XULTOPHY 100/3.6	Tier 2	PA; ST; QL (15 ML per 30 days)
<b>MEGLITINIDES</b>		
<i>nateglinide</i>	Tier 1	
<i>repaglinide</i>	Tier 1	
<b>PARATHYROID AGENTS</b>		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	Tier 4	PA; QL (1 ML per 28 days)
<b>PITUITARY</b>		
<i>desmopressin injection</i>	Tier 4	
<i>desmopressin nasal spray with pump</i>	Tier 1	
<i>desmopressin oral</i>	Tier 1	
NOCDURNA (MEN)	Tier 3	PA; QL (30 EA per 30 days)
NOCDURNA (WOMEN)	Tier 3	PA; QL (30 EA per 30 days)
OMNITROPE	Tier 4	PA
SKYTROFA	Tier 4	PA
<b>PROGESTINS</b>		
COMBIPATCH	Tier 2	
CRINONE VAGINAL GEL 4 %	Tier 2	
CRINONE VAGINAL GEL 8 %	Tier 4	
DEPO-SUBQ PROVERA 104	Tier 2	QL (1 ML per 90 days)
<i>estradiol-norethindrone acet</i>	Tier 1	
FYAVOLV	Tier 1	
<i>medroxyprogesterone intramuscular</i>	Tier 0	QL (1 ML per 90 days)
<i>medroxyprogesterone oral</i>	Tier 1	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	Tier 1	
<i>megestrol oral tablet</i>	Tier 1	
MIMVEY	Tier 1	
<i>norethindrone acetate</i>	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
<i>progesterone micronized</i>	Tier 1	
<b>RAPID-ACTING INSULINS</b>		
<i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	Tier 2	QL (40 ML per 30 days); \$0 on Diabetic Plans
<i>insulin aspart u-100 subcutaneous insulin pen</i>	Tier 2	\$0 on Diabetic Plans
<i>insulin aspart u-100 subcutaneous solution</i>	Tier 2	\$0 on Diabetic Plans
<i>insulin lispro protamin-lispro</i>	Tier 2	QL (1 ML per 1 day); \$0 on Diabetic Plans
<i>insulin lispro subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	Tier 2	QL (1 ML per 1 day); \$0 on Diabetic Plans
<i>insulin lispro subcutaneous solution</i>	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
<b>SHORT-ACTING INSULINS</b>		
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (45 ML per 30 days)
HUMULIN R REGULAR U-100 INSULN	Tier 2	QL (40 ML per 30 days)
HUMULIN R U-500 (CONC) INSULIN	Tier 2	
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	
NOVOLIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	Tier 2	QL (45 ML per 30 days)
NOVOLIN R REGULAR U100 INSULIN	Tier 2	QL (40 ML per 30 days)
<b>SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB</b>		
FARXIGA	Tier 2	PA; QL (30 Tablets per 30 days); \$0 on Diabetic Plans
JARDIANCE	Tier 2	PA; QL (30 Tablets per 30 days); \$0 on Diabetic Plans
SEGLUROMET	Tier 2	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
STEGLATRO	Tier 2	PA; QL (30 EA per 30 days); \$0 on Diabetic Plans
SYNJARDY	Tier 2	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	Tier 2	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	Tier 2	ST; QL (30 EA per 30 days); \$0 on Diabetic Plans
<b>SULFONYLUREAS</b>		
<i>glimepiride</i>	Tier 1	\$0 on Diabetic Plans
<i>glipizide</i>	Tier 1	\$0 on Diabetic Plans
<i>glipizide-metformin</i>	Tier 1	\$0 on Diabetic Plans



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>glyburide micronized oral tablet 1.5 mg</i>	Tier 1	QL (8 EA per 1 day); \$0 on Diabetic Plans
<i>glyburide micronized oral tablet 3 mg</i>	Tier 1	QL (4 EA per 1 day); \$0 on Diabetic Plans
<i>glyburide micronized oral tablet 6 mg</i>	Tier 1	QL (2 EA per 1 day); \$0 on Diabetic Plans
<i>glyburide oral tablet 1.25 mg</i>	Tier 1	QL (16 EA per 1 day); \$0 on Diabetic Plans
<i>glyburide oral tablet 2.5 mg</i>	Tier 1	QL (8 EA per 1 day); \$0 on Diabetic Plans
<i>glyburide oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day); \$0 on Diabetic Plans
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Tier 1	QL (260 EA per 30 days); \$0 on Diabetic Plans
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	QL (5 EA per 1 day); \$0 on Diabetic Plans
<i>pioglitazone-glimepiride</i>	Tier 1	ST; QL (30 EA per 30 days)
<b>THIAZOLIDINEDIONES</b>		
<i>alogliptin-pioglitazone</i>	Tier 1	ST; QL (30 EA per 30 days); \$0 on Diabetic Plans
<i>pioglitazone</i>	Tier 1	QL (30 EA per 30 days); \$0 on Diabetic Plans
<i>pioglitazone-glimepiride</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>pioglitazone-metformin</i>	Tier 1	QL (90 EA per 30 days); \$0 on Diabetic Plans
<b>THYROID AGENTS</b>		
EUTHYROX	Tier 1	
<i>levothyroxine oral tablet</i>	Tier 1	
LEVOXYL	Tier 1	
<i>liothyronine oral</i>	Tier 1	
NP THYROID	Tier 1	
UNITHROID	Tier 1	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>5-ALPHA-REDUCTASE INHIBITORS</b>		
<i>dutasteride</i>	Tier 1	ST
<i>dutasteride-tamsulosin</i>	Tier 1	ST
<i>finasteride oral tablet 5 mg</i>	Tier 1	
<b>ANTIDOTES</b>		
<i>naloxone injection solution</i>	Tier 1	
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	
<i>naloxone nasal</i>	Tier 0	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
NARCAN	Tier 2	QL (2 EA per 30 days)
<i>sevelamer carbonate oral tablet</i>	Tier 1	PA; QL (270 EA per 30 days)
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate</i>	Tier 1	
SPS (WITH SORBITOL)	Tier 1	
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>colchicine oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>febuxostat</i>	Tier 1	ST
<i>indomethacin oral capsule</i>	Tier 1	
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	ST
<b>BONE ANABOLIC AGENTS</b>		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	Tier 4	PA; QL (1 ML per 28 days)
<b>BONE RESORPTION INHIBITORS</b>		
<i>alendronate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>calcitonin (salmon) nasal</i>	Tier 1	
<i>ibandronate oral</i>	Tier 1	QL (1 EA per 28 days)
<i>raloxifene</i>	Tier 0	
<i>risedronate oral tablet 150 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>risedronate oral tablet, delayed release (drlec)</i>	Tier 1	QL (4 EA per 30 days)
<b>CARIOSTATIC AGENTS</b>		
DENTA 5000 PLUS	Tier 1	
<i>fluoride (sodium) dental cream</i>	Tier 1	
<i>fluoride (sodium) dental gel</i>	Tier 1	
<i>fluoride (sodium) dental paste</i>	Tier 1	
<i>fluoride (sodium) oral</i>	Tier 0	
LUDENT FLUORIDE	Tier 0	
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
MULTI-VITAMIN WITH FLUORIDE	Tier 0	
MVC-FLUORIDE	Tier 0	
SF	Tier 1	
SF 5000 PLUS	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH	Tier 1	
SODIUM FLUORIDE 5000 PLUS	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	
VITAMINS A,C,D AND FLUORIDE	Tier 0	
<b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS</b>		
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine oral</i>	Tier 1	
GENGRAF	Tier 1	
<i>hydroxychloroquine</i>	Tier 1	
<b>IMMUNOMODULATORY AGENTS</b>		
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine oral</i>	Tier 1	
GENGRAF	Tier 1	
<i>hydroxychloroquine</i>	Tier 1	
<i>leflunomide</i>	Tier 1	QL (30 EA per 30 days)
<i>lenalidomide</i>	Tier 4	PA; QL (30 EA per 30 days)
OTEZLA	Tier 4	PA; QL (60 EA per 30 days)
POMALYST	Tier 4	PA
REVLIMID	Tier 4	PA; QL (30 EA per 30 days)
THALOMID	Tier 4	PA; QL (30 EA per 30 days)
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine oral</i>	Tier 1	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	Tier 1	
GENGRAF	Tier 1	
<i>tacrolimus oral</i>	Tier 1	
<b>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>acetylcysteine</i>	Tier 1	
CRYOSERV	Tier 1	
CYSTAGON	Tier 4	PA
<i>dalfampridine</i>	Tier 4	PA; QL (60 EA per 30 days)
EVOTAZ	Tier 2	QL (1 EA per 1 day)
PREZCOBIX	Tier 2	QL (1 EA per 1 day)
SYMTUZA	Tier 2	QL (1 EA per 1 day)
<b>NONHORMONAL CONTRACEPTIVES</b>		
<b>NONHORMONAL CONTRACEPTIVES</b>		
AIMSCO LATEX CONDOM	Tier 0	QL (24 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
CAYA CONTOURED	Tier 0	QL (1 EA per 365 days)
FANTASY CONDOM	Tier 0	QL (24 EA per 30 days)
FC2 FEMALE CONDOM	Tier 0	QL (24 EA per 30 days)
FEMCAP	Tier 0	QL (1 EA per 365 days)
KIMONO MICROTHIN AQUA LUBE CON	Tier 0	QL (24 EA per 30 days)
KIMONO MICROTHIN CONDOMS	Tier 0	QL (24 EA per 30 days)
KIMONO MICROTHIN LARGE CONDOMS	Tier 0	QL (24 EA per 30 days)
KIMONO TEXTURED CONDOMS	Tier 0	QL (24 EA per 30 days)
TRUSTEX LATEX CONDOM	Tier 0	QL (24 EA per 30 days)
TRUSTEX LUBRICATED CONDOMS	Tier 0	QL (24 EA per 30 days)
TRUSTEX NON-LUB CONDOMS	Tier 0	QL (24 EA per 30 days)
TRUSTEX-RIA LUB/SPERMICIDE	Tier 0	QL (24 EA per 30 days)
TRUSTEX-RIA LUBRICATED CONDOMS	Tier 0	QL (24 EA per 30 days)
TRUSTEX-RIA NON-LUB CONDOMS	Tier 0	QL (24 EA per 30 days)
VAGINAL CONTRACEPTIVE FILM	Tier 2	
VCF CONTRACEPTIVE FILM	Tier 2	
VCF CONTRACEPTIVE GEL	Tier 2	
WIDE-SEAL DIAPHRAGM 60	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95	Tier 0	QL (2 EA per 365 days)
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
<i>methylergonovine oral</i>	Tier 1	QL (240 EA per 30 days)
<b>PHARMACEUTICAL AIDS</b>		
<b>PHARMACEUTICAL AIDS</b>		
<i>diluent for trestatinil (gly)</i>	Tier 4	
<i>hydroxypropyl cellulose</i>	Tier 2	
<i>hypromellose</i>	Tier 2	
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ALPHA AND BETA ADRENERGIC AGONIST(RESPR)</b>		
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	Tier 2	QL (2 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (2 EA per 30 days)
GUAIFENESIN DAC	Tier 1	
<b>ANTICHOLINERGIC AGENTS (RESPIR. TRACT)</b>		
ATROVENT HFA	Tier 2	QL (26 GM per 30 days)
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
<i>ipratropium bromide inhalation</i>	Tier 1	QL (10 ML per 1 day)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
SPIRIVA RESPIMAT	Tier 2	QL (4 GM per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
<b>ANTIFIBROTIC AGENTS</b>		
OFEV	Tier 4	PA; QL (60 EA per 30 days)
<b>ANTITUSSIVES</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>benzonatate oral capsule 150 mg</i>	Tier 1	
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
<i>codeine sulfate</i>	Tier 1	PA
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	Tier 1	
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
HYDROMET	Tier 1	QL (4 ML per 1 day)
MAXI-TUSS AC	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
<i>promethazine-dm</i>	Tier 1	
RYDEX	Tier 1	
VIRTUSSIN AC	Tier 1	
<b>CYSTIC FIBROSIS (CFTR) CORRECTORS</b>		
ORKAMBI ORAL GRANULES IN PACKET	Tier 4	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	Tier 4	PA; QL (112 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	Tier 4	PA; QL (84 EA per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA
<b>CYSTIC FIBROSIS (CFTR) POTENTIATORS</b>		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 4	PA; QL (56 EA per 30 days)
KALYDECO ORAL TABLET	Tier 4	PA; QL (60 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
ORKAMBI ORAL GRANULES IN PACKET	Tier 4	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	Tier 4	PA; QL (112 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	Tier 4	PA; QL (84 EA per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA
<b>EXPECTORANTS</b>		
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	Tier 1	
MAXI-TUSS AC	Tier 1	
<i>potassium iodide oral solution</i>	Tier 1	
VIRTUSSIN AC	Tier 1	
<b>FIRST GENERATION ANTIHIST.(RESPIR TRACT)</b>		
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
<i>carbinoxamine maleate oral liquid</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	Tier 1	ST
<i>clemastine oral tablet</i>	Tier 1	
<i>cyproheptadine</i>	Tier 1	
<i>dexchlorpheniramine maleate</i>	Tier 1	
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral elixir</i>	Tier 1	
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
<i>promethazine oral</i>	Tier 1	
PROMETHAZINE VC	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
<i>promethazine-dm</i>	Tier 1	
RYDEX	Tier 1	
<b>LEUKOTRIENE MODIFIERS</b>		
<i>montelukast</i>	Tier 1	
<i>zafirlukast</i>	Tier 1	ST
<i>zileuton</i>	Tier 1	ST
<b>MAST-CELL STABILIZERS</b>		
<i>cromolyn inhalation</i>	Tier 1	QL (8 ML per 1 day)
<i>cromolyn ophthalmic (eye)</i>	Tier 1	
<i>cromolyn oral</i>	Tier 1	PA

Drug Name	Tier	Restrictions/Limits
<b>MUCOLYTIC AGENTS</b>		
<i>acetylcysteine</i>	Tier 1	
PULMOZYME	Tier 4	PA; QL (2.5 ML per 1 day)
<b>NASAL PREPARATIONS (STEROIDS)</b>		
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
FLONASE ALLERGY RELIEF	Tier 1	QL (16 ML per 30 days)
<i>flunisolide</i>	Tier 1	ST; QL (50 ML per 30 days)
<i>fluticasone propionate nasal</i>	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal</i>	Tier 1	ST; QL (17 GM per 30 days)
QNASL	Tier 3	ST; QL (1 GM per 30 days)
<b>ORALLY INHALED PREPARATIONS (STEROIDS)</b>		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier 3	QL (13 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	QL (7 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA	Tier 2	QL (13 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 ML per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (11 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	Tier 2	QL (11 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	Tier 2	QL (22 GM per 30 days)
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
<b>PHOSPHODIESTERASE TYPE 4 INHIBITORS</b>		
<i>roflumilast oral tablet 250 mcg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>roflumilast oral tablet 500 mcg</i>	Tier 1	PA; QL (1 EA per 1 Day)



Drug Name	Tier	Restrictions/Limits
<b>PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)</b>		
<i>sildenafil (pulm.hypertension) oral tablet</i>	Tier 4	PA; QL (90 EA per 30 days)
<b>SECOND GENERATION ANTIHIST(RESPIR TRACT)</b>		
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>desloratadine oral tablet</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>levocetirizine oral solution</i>	Tier 1	
<i>levocetirizine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<b>SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR)</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	Tier 1	QL (17 GM per 30 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>	Tier 1	QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	QL (2 EA per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier 1	QL (2 ML per 1 day)
<i>albuterol sulfate oral</i>	Tier 1	
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
<i>formoterol fumarate</i>	Tier 1	QL (120 ML per 30 days)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
<i>levalbuterol tartrate</i>	Tier 2	QL (30 GM per 30 days)
SEREVENT DISKUS	Tier 2	QL (60 EA per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)
<i>terbutaline oral</i>	Tier 1	
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
<b>VASODILATING AGENTS (RESPIRATORY TRACT)</b>		
ADCIRCA	Tier 4	PA; QL (2 EA per 1 day)
ADEMPAS	Tier 4	PA; QL (3 EA per 1 day)
<i>ambrisentan</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>bosentan</i>	Tier 4	PA; QL (2 EA per 1 day)
ORENITRAM	Tier 4	PA
<i>sildenafil (pulm.hypertension) oral tablet</i>	Tier 4	PA; QL (90 EA per 30 days)
<b>XANTHINE DERIVATIVES</b>		
ELIXOPHYLLIN	Tier 2	
THEO-24	Tier 2	



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>theophylline oral elixir</i>	Tier 1	
<i>theophylline oral solution</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr</i>	Tier 1	
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)</b>		
<i>naftifine topical cream</i>	Tier 1	PA; QL (60 GM per 30 days)
<b>ANTIBACTERIALS (84:04)</b>		
ALTABAX	Tier 3	PA; ST; QL (30 GM per 30 days)
CABTREO	Tier 3	
CLEOCIN VAGINAL SUPPOSITORY	Tier 2	
CLINDACIN ETZ TOPICAL SWAB	Tier 1	
<i>clindamycin phosphate topical gel</i>	Tier 1	QL (120 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	Tier 1	QL (150 ML per 30 days)
<i>clindamycin phosphate topical lotion</i>	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution</i>	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate vaginal</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	
<i>clindamycin-tretinoin</i>	Tier 1	
<i>dapsone topical</i>	Tier 1	
ERY PADS	Tier 1	
<i>erythromycin with ethanol</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
<i>gentamicin topical</i>	Tier 1	QL (60 GM per 30 days)
<i>mupirocin</i>	Tier 1	QL (44 GM per 30 days)
XEPI	Tier 2	ST; QL (30 GM per 30 days)
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		
DERMACINRX PRIZOPAK	Tier 1	
<i>doxepin topical</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>lidocaine hcl laryngotracheal</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>lidocaine-prilocaine topical cream</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine-prilocaine topical kit</i>	Tier 1	
LIDOPIN TOPICAL CREAM 3 %	Tier 1	QL (30 GM per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
<b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)</b>		
<i>acyclovir topical ointment</i>	Tier 1	ST; QL (30 GM per 30 days)
<i>penciclovir</i>	Tier 1	ST; QL (5 GM per 30 days)
<b>AZOLES (SKIN AND MUCOUS MEMBRANE)</b>		
<i>clotrimazole mucous membrane</i>	Tier 1	
<i>clotrimazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>econazole</i>	Tier 1	QL (85 GM per 30 days)
ERTACZO	Tier 2	QL (60 GM per 30 days)
GYNAZOLE-1	Tier 3	
<i>ketoconazole topical cream</i>	Tier 1	QL (60 GM per 30 days)
<i>ketoconazole topical shampoo</i>	Tier 1	QL (120 ML per 30 days)
<i>luliconazole</i>	Tier 2	PA; QL (60 GM per 30 days)
<i>oxiconazole</i>	Tier 1	PA; QL (60 GM per 30 days)
<i>sulconazole</i>	Tier 2	PA; QL (60 GM per 30 days)
<i>terconazole</i>	Tier 1	
<b>BASIC LOTIONS AND LINIMENTS</b>		
<i>ammonium lactate topical lotion</i>	Tier 1	
<b>BASIC OILS AND OTHER SOLVENTS</b>		
MURI-LUBE	Tier 2	
<b>BASIC OINTMENTS AND PROTECTANTS</b>		
<i>ammonium lactate topical cream</i>	Tier 1	
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste</i>	Tier 2	
<b>BENZYLAMINES (SKIN AND MUCOUS MEMBRANE)</b>		
MENTAX	Tier 2	ST; QL (30 GM per 30 days)
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
AVITA TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
AVITA TOPICAL GEL	Tier 2	QL (45 GM per 30 days)
<i>clindamycin-tretinoin</i>	Tier 1	
<i>tretinoin</i>	Tier 1	QL (45 GM per 30 days)
<i>tretinoin (emollient)</i>	Tier 1	
<b>CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)</b>		
ALA-CORT	Tier 1	QL (28.35 GM per 30 days)
<i>alclometasone</i>	Tier 1	QL (2 GM per 1 day)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
BESER	Tier 1	ST; QL (4 ML per 1 day)
<i>betamethasone dipropionate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone dipropionate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone dipropionate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>betamethasone valerate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone valerate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone valerate topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone, augmented topical cream</i>	Tier 1	QL (50 GM per 30 days)
<i>betamethasone, augmented topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone, augmented topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>clobetasol scalp</i>	Tier 1	ST; QL (100 ML per 30 days)
<i>clobetasol topical cream</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>clobetasol topical gel</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>clobetasol topical ointment</i>	Tier 1	QL (120 GM per 30 days)
<i>clobetasol topical shampoo</i>	Tier 1	ST; QL (236 ML per 30 days)
<i>clobetasol-emollient topical cream</i>	Tier 1	QL (120 GM per 30 days)
CLODAN	Tier 1	ST; QL (236 ML per 30 days)
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
CORTIFOAM	Tier 2	
<i>desonide topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>desonide topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>desoximetasone topical cream 0.05 %</i>	Tier 1	ST
<i>desoximetasone topical cream 0.25 %</i>	Tier 1	ST; QL (2 GM per 1 day)
<i>desoximetasone topical gel</i>	Tier 1	ST
<i>desoximetasone topical ointment</i>	Tier 1	ST
<i>desoximetasone topical spray,non-aerosol</i>	Tier 1	ST
<i>diflorasone</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>fluocinolone and shower cap</i>	Tier 1	QL (1 ML per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	QL (120 GM per 30 days)
<i>fluocinolone topical cream 0.025 %</i>	Tier 1	QL (2 GM per 1 day)
<i>fluocinolone topical oil</i>	Tier 1	QL (120 ML per 30 days)
<i>fluocinolone topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>fluocinolone topical solution</i>	Tier 1	QL (120 ML per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>fluocinonide topical gel</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>fluocinonide topical ointment</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>fluocinonide topical solution</i>	Tier 1	QL (120 ML per 30 days)
FLUOCINONIDE-E	Tier 1	QL (120 GM per 30 days)
<i>fluocinonide-emollient</i>	Tier 1	QL (120 GM per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>flurandrenolide topical cream</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>flurandrenolide topical lotion</i>	Tier 1	ST; QL (120 ML per 30 days)
<i>fluticasone propionate topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>fluticasone propionate topical lotion</i>	Tier 1	ST; QL (4 ML per 1 day)
<i>fluticasone propionate topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>halcinonide</i>	Tier 1	ST
<i>halobetasol propionate topical cream</i>	Tier 1	ST
<i>halobetasol propionate topical foam</i>	Tier 2	ST
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 1	
<i>hydrocortisone butyrate topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>hydrocortisone butyrate topical solution</i>	Tier 1	ST; QL (120 ML per 30 days)
<i>hydrocortisone rectal</i>	Tier 1	
<i>hydrocortisone topical cream 1 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	QL (1 GM per 1 day)
<i>hydrocortisone topical cream with perineal applicator</i>	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	QL (118 ML per 30 days)
<i>hydrocortisone topical ointment 1 %</i>	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone valerate topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>mometasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical solution</i>	Tier 1	QL (2 ML per 1 day)
ORALONE	Tier 1	
<i>prednicarbate topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>prednicarbate topical ointment</i>	Tier 1	
PROCTO-MED HC	Tier 1	
PROCTOSOL HC	Tier 1	
PROCTOZONE-HC	Tier 1	
<i>triamcinolone acetonide dental</i>	Tier 1	
<i>triamcinolone acetonide topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>triamcinolone acetonide topical ointment 0.025 % , 0.1 % , 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Tier 1	ST
TRIDERM TOPICAL CREAM 0.5 %	Tier 1	ST; QL (454 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<b>HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)</b>		
CICLODAN KIT TOPICAL COMBO PACK	Tier 2	
CICLODAN KIT TOPICAL SOLUTION	Tier 2	ST
CICLODAN TOPICAL CREAM	Tier 1	QL (90 GM per 30 days)
CICLODAN TOPICAL SOLUTION	Tier 1	QL (6.6 ML per 30 days)
<i>ciclopirox topical cream</i>	Tier 1	QL (90 GM per 30 days)
<i>ciclopirox topical gel</i>	Tier 1	QL (45 GM per 30 days)
<i>ciclopirox topical shampoo</i>	Tier 1	QL (120 ML per 30 days)
<i>ciclopirox topical solution</i>	Tier 1	QL (6.6 ML per 30 days)
<i>ciclopirox topical suspension</i>	Tier 1	QL (60 ML per 30 days)
<i>ciclopirox-ure-camph-menth-euc</i>	Tier 1	
<b>IMMUNOMODULATORY AGENT(S)</b>		
SKYRIZI SUBCUTANEOUS PEN INJECTOR	Tier 4	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (1 ML per 84 days)
<i>tacrolimus topical</i>	Tier 1	QL (100 GM per 30 Days)
<b>KERATOLYTIC AGENTS</b>		
AVAR	Tier 1	QL (341 GM per 30 days)
AVAR-E	Tier 2	ST
AVAR-E GREEN	Tier 2	ST
AVAR-E LS	Tier 2	ST; QL (57 GM per 30 days)
BPO TOPICAL GEL	Tier 1	
CICLODAN KIT TOPICAL SOLUTION	Tier 2	ST
<i>ciclopirox-ure-camph-menth-euc</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	
<i>salicylic acid topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>salicylic acid topical cream,extended release</i>	Tier 1	QL (454 GM per 30 days)
<i>salicylic acid topical lotion</i>	Tier 1	QL (473 ML per 30 days)
<i>salicylic acid topical lotion,extended release</i>	Tier 1	QL (473 GM per 30 days)
<i>salicylic acid topical shampoo</i>	Tier 1	QL (177 ML per 30 days)
<i>salicylic acid-ceramides no.1</i>	Tier 1	
SALIMEZ	Tier 1	QL (454 GM per 30 days)
SSS 10-5 TOPICAL CREAM	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (341 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	Tier 1	QL (57 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea</i>	Tier 1	
SULFACLEANSE 8-4	Tier 1	ST
<b>LOCAL ANTI-INFECTIVES, MISCELLANEOUS</b>		
ALCOHOL PADS	Tier 1	\$0 on Diabetic Plans
ALCOHOL PREP PADS	Tier 1	\$0 on Diabetic Plans
<i>alcohol swabs</i>	Tier 1	\$0 on Diabetic Plans
ALCOHOL WIPES	Tier 1	\$0 on Diabetic Plans
AVAR	Tier 1	QL (341 GM per 30 days)
AVAR-E	Tier 2	ST
AVAR-E GREEN	Tier 2	ST
AVAR-E LS	Tier 2	ST; QL (57 GM per 30 days)
BD ALCOHOL SWABS	Tier 2	\$0 on Diabetic Plans
CARETOUCH ALCOHOL PREP PAD	Tier 2	\$0 on Diabetic Plans
CURITY ALCOHOL SWABS	Tier 2	\$0 on Diabetic Plans
DROPSAFE ALCOHOL PREP PADS	Tier 2	\$0 on Diabetic Plans
DY-O-DERM	Tier 1	
EASY COMFORT ALCOHOL PAD	Tier 2	\$0 on Diabetic Plans
EASY TOUCH ALCOHOL PREP PADS	Tier 2	\$0 on Diabetic Plans
<i>guaiacol</i>	Tier 2	
INCONTROL ALCOHOL PADS	Tier 2	\$0 on Diabetic Plans
INSTACLEAN	Tier 2	
<i>isopropyl alcohol solution 70 %</i>	Tier 2	
<i>isopropyl alcohol solution 99 %</i>	Tier 1	
IV PREP WIPES	Tier 2	
PRO COMFORT ALCOHOL PADS	Tier 2	\$0 on Diabetic Plans
PURE COMFORT ALCOHOL PADS	Tier 2	\$0 on Diabetic Plans
<i>selenium sulfide topical lotion</i>	Tier 1	PA
<i>silver sulfadiazine</i>	Tier 1	
SSD	Tier 1	
SSS 10-5 TOPICAL CREAM	Tier 1	



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>sulfacetamide sodium (acne)</i>	Tier 1	QL (118 ML per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (341 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	Tier 1	QL (57 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea</i>	Tier 1	
SULFACLEANSE 8-4	Tier 1	ST
SURE COMFORT ALCOHOL PREP PADS	Tier 2	
SURE-PREP ALCOHOL PREP PADS	Tier 2	\$0 on Diabetic Plans
TRUE COMFORT ALCOHOL PADS	Tier 2	\$0 on Diabetic Plans
TRUE COMFORT PRO ALCOHOL PADS	Tier 2	\$0 on Diabetic Plans
ULESFIA	Tier 2	QL (227 GM per 30 days)
ULTILET ALCOHOL SWAB	Tier 2	\$0 on Diabetic Plans
WEBCOL	Tier 2	\$0 on Diabetic Plans
<b>NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN)</b>		
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	QL (500 GM per 30 days)
<b>POLYENES (SKIN AND MUCOUS MEMBRANE)</b>		
NYAMYC	Tier 1	QL (180 GM per 30 days)
<i>nystatin topical cream</i>	Tier 1	QL (30 GM per 30 days)
<i>nystatin topical ointment</i>	Tier 1	QL (30 GM per 30 days)
<i>nystatin topical powder</i>	Tier 1	QL (180 GM per 30 days)
<i>nystatin-triamcinolone</i>	Tier 1	QL (60 GM per 30 days)
NYSTOP	Tier 1	QL (180 GM per 30 days)
<b>SCABICIDES AND PEDICULICIDES</b>		
<i>ivermectin topical lotion</i>	Tier 1	
<i>malathion</i>	Tier 1	QL (59 ML per 30 days)
<i>permethrin</i>	Tier 1	QL (2 GM per 1 day)
<i>spinosad</i>	Tier 1	PA; QL (4 ML per 1 day)
ULESFIA	Tier 2	QL (227 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC.</b>		
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	Tier 1	
CABTREO	Tier 3	
<i>calcitriol topical</i>	Tier 1	PA
CICLODAN KIT TOPICAL COMBO PACK	Tier 2	
<i>dapsone topical</i>	Tier 1	
DUPIXENT PEN	Tier 4	PA
DUPIXENT SYRINGE	Tier 4	PA
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
OTEZLA	Tier 4	PA; QL (60 EA per 30 days)
TRI-CHLOR	Tier 1	
<i>trichloroacetic acid topical recon soln 20 %, 30 %, 35 %, 40 %, 50 %, 80 %, 85 %, 90 %</i>	Tier 2	
<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>ANTIMUSCARINICS</b>		
<i>darifenacin</i>	Tier 1	PA
<i>flavoxate</i>	Tier 1	
<i>oxybutynin chloride oral syrup</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	Tier 1	
<i>solifenacin</i>	Tier 1	
<i>tolterodine oral capsule, extended release 24hr</i>	Tier 1	ST
<i>tolterodine oral tablet</i>	Tier 1	
<i>tropium</i>	Tier 1	
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>		
ELIXOPHYLLIN	Tier 2	
THEO-24	Tier 2	
<i>theophylline oral elixir</i>	Tier 1	
<i>theophylline oral solution</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr</i>	Tier 1	
<b>SELECTIVE BETA-3-ADRENERGIC AGONISTS</b>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	Tier 2	PA



Drug Name	Tier	Restrictions/Limits
<b>VITAMINS</b>		
<b>MULTIVITAMIN PREPARATIONS</b>		
CLASSIC PRENATAL	Tier 0	
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
MULTI-VITAMIN WITH FLUORIDE	Tier 0	
MVC-FLUORIDE	Tier 0	
ONE DAILY PRENATAL	Tier 0	
<i>pnv cmb#95-ferrous fumarate-fa</i>	Tier 0	
PRENATAL COMPLETE	Tier 0	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0	
PRENATAL MULTIVITAMINS	Tier 0	
PRENATAL ONE DAILY	Tier 0	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 0	
PRENATAL TABLET	Tier 0	
<i>prenatal vit no.179-iron-folic</i>	Tier 0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0	
PRENATAL VITAMIN WITH MINERALS	Tier 0	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0	
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	
VITAMINS A,C,D AND FLUORIDE	Tier 0	
WESCAP-C DHA	Tier 1	
<b>VITAMIN A</b>		
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	
VITAMINS A,C,D AND FLUORIDE	Tier 0	
<b>VITAMIN B COMPLEX</b>		
B COMPLEX 1 (WITH FOLIC ACID)	Tier 0	
<i>b complex-vitamin c-folic acid oral tablet</i>	Tier 0	
BALANCE B-100 (FOLIC ACID)	Tier 0	
BALANCE B-50 (WITH FOLIC ACID)	Tier 0	
BALANCED B-100 ORAL TABLET	Tier 0	
B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG	Tier 0	
CLASSIC PRENATAL	Tier 0	
<i>cyanocobalamin (vitamin b-12) injection</i>	Tier 1	
DIALYVITE 800 ORAL TABLET	Tier 0	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 0	
FOLTABS 800	Tier 0	
FULL SPECTRUM B-VITAMIN C	Tier 0	
KOBEE	Tier 0	
ONE DAILY PRENATAL	Tier 0	
<i>pnv cmb#95-ferrous fumarate-fa</i>	Tier 0	
PRENATAL COMPLETE	Tier 0	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0	
PRENATAL MULTIVITAMINS	Tier 0	
PRENATAL ONE DAILY	Tier 0	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 0	
PRENATAL TABLET	Tier 0	
<i>prenatal vit no.179-iron-folic</i>	Tier 0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0	
PRENATAL VITAMIN WITH MINERALS	Tier 0	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0	
RENA-VITE	Tier 0	
STRESS FORMULA WITH IRON	Tier 0	
STRESS FORMULA WITH IRON(SULF)	Tier 0	
SUPER B MAXI COMPLEX	Tier 0	
SUPER QUINTS	Tier 0	
<i>vitamin b complex-folic acid oral tablet</i>	Tier 0	
WESCAP-C DHA	Tier 1	
<b>VITAMIN C</b>		
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DIALYVITE 800 ORAL TABLET	Tier 0	
FULL SPECTRUM B-VITAMIN C	Tier 0	
RENA-VITE	Tier 0	
STRESS FORMULA WITH IRON	Tier 0	
STRESS FORMULA WITH IRON(SULF)	Tier 0	
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	
VITAMINS A,C,D AND FLUORIDE	Tier 0	
<b>VITAMIN D</b>		
<i>calcitriol oral</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>	Tier 1	ST
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
RELION GLUCOSE	Tier 1	
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	
VITAMIN D2	Tier 1	
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<b>VITAMIN E</b>		
STRESS FORMULA WITH IRON	Tier 0	
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<b>VITAMIN K ACTIVITY</b>		
<i>phytonadione (vitamin k1) injection solution 1 mg/0.5 ml</i>	Tier 2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	QL (10 EA per 30 days)

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