



**2025**

Marketplace Plan  
**Indiana Formulary**

## INTRODUCTION

We are pleased to provide the 2025 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**.

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**, 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** 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.

**ENGLISH** - Language assistance services, free of charge, are available to you. Call: **1-833-230-2099 (TTY: 711).**



**SPANISH** - Servicios gratuitos de asistencia lingüística, sin cargo, disponibles para usted. Llame al: 1-833-230-2099 (TTY: 711).

**NEPALI** - तपाईंका निमित्त निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन् । फोन गर्नुहोस्: 1-833-230-2099 (TTY: 711).

**KOREAN** - 언어 지원 서비스가 무료로 제공됩니다. 전화: 1-833-230-2099 (TTY: 711).

**FRENCH** - Services d'aide linguistique offerts sans frais. Composez le 1-833-230-2099 (TTY: 711).

**GERMAN** - Es stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Anrufen unter: 1-833-230-2099 (TTY: 711).

**SIMPLIFIED CHINESE** - 可为您提供免费的语言协助服务。请致电: 1-833-230-2099 (TTY: 711).

**TELUGU** - భాషా సాయం సర్వీసులు, మీకు ఉచితంగా లభ్యమవుతాయి. కాల్ చేయండి: 1-833-230-2099 (TTY: 711).

**BURMESE** - ဘာသာစကားဆိုင်ရာအကူအညီဝန်ဆောင်မှုများအား သင့်အတွက် အခမဲ့ ရရှိနိုင်ပါသည်။ ဖုန်းခေါ်ရန်: 1-833-230-2099 (TTY: 711).

**ARABIC** - تتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل على الرقم: 1-833-230-2099 (هاتف نصي: 711).

**URDU** - زبان کی معاونتی ترجمانی خدمات، آپ کے لیے بالکل مفت یا - فری آف چارج دستیاب ہیں۔ کال کریں: 1-833-230-2099 (TTY: 711)

**PENNSYLVANIA DUTCH** - Mir kenne dich Hilf griege mit Deitsch, unni as es dich ennich eppes koschte zellt. Ruf 1-833-230-2099 (TTY: 711) uff.

**RUSSIAN** - Вам доступны бесплатно услуги языкового сопровождения. Позвоните по номеру: 1-833-230-2099 (TTY: 711).

**TAGALOG** - May mga serbisyong tulong sa wika, na walang bayad, na magagamit mo. Tumawag sa: 1-833-230-2099 (TTY: 711).

**VIETNAMESE** - Dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi: 1-833-230-2099 (TTY: 711).

**GUJARATI** - ભાષા સહાય સેવાઓ તમારા માટે નિ:શુલ્ક છે. 1-833-230-2099 (TTY: 711) પર કોલ કરો.

**PORTUGUESE** - Serviços linguísticos gratuitos disponíveis para você. Ligue para: 1-833-230-2099 (TTY: 711).

**MARSHALLESE** - Jerbal in jibañ ikijen kajin, ejelok onean, ej bellok ñan eok. Kurlok: 1-833-230-2099 (TTY: 711).

## NOTICE OF NON-DISCRIMINATION

CareSource complies with applicable state and federal civil rights laws. We do not discriminate, exclude people, or treat them differently because of age, gender, gender identity, color, race, disability, national origin, ethnicity, marital status, sexual preference, sexual orientation, religious affiliation, health status, or public assistance status.

CareSource offers free aids and services to people with disabilities or those whose primary language is not English. We can get sign language interpreters or interpreters in other languages so they can communicate effectively with us or their providers. Printed materials are also available in large print, braille, or audio at no charge. Please call Member Services at the number on your CareSource ID card if you need any of these services.

If you believe we have not provided these services to you or discriminated in another way, you may file a grievance.

**Mail:** CareSource, Attn: Civil Rights Coordinator  
P.O. Box 1947, Dayton, Ohio 45401

**Email:** CivilRightsCoordinator@CareSource.com

**Phone:** 1-844-539-1732

**Fax:** 1-844-417-6254

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Ave, SW Room 509F

HHH Building Washington, D.C. 20201

**Phone:** 1-800-368-1019 (TTY: 1-800-537-7697)

**Online:** [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

Complaint forms are found at:

[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)

# Indiana Marketplace 2025 Drug Formulary

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**CURRENT AS OF 1/1/2025**

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<b>ANTIDOTE THERAPEUTICS</b>		
<b>ACETAMINOPHEN ANTIDOTE</b>		
<i>acetylcysteine</i>	Tier 1	
<b>ALCOHOL DETERRENTS (91:02)</b>		
<i>acamprosate</i>	Tier 1	
<i>disulfiram</i>	Tier 1	
<b>ANTIDOTE THERAPEUTICS</b>		
BAQSIMI	Tier 2	PA
CHEMET	Tier 3	PA
D-PENAMINE	Tier 2	PA
ED-SPAZ	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 1	
<i>hyoscyamine sulfate oral</i>	Tier 1	
<i>hyoscyamine sulfate sublingual</i>	Tier 1	
HYOSYNE	Tier 1	
OSCIMIN	Tier 1	
OSCIMIN SL	Tier 1	
<i>penicillamine</i>	Tier 1	PA
<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 1 FILL)
<i>potassium iodide oral solution</i>	Tier 1	
SSKI	Tier 2	
SYMAX-SR	Tier 1	
<b>CHEMOTHERAPY</b>		
<b>ANTIDOTES/PROTECTANTS</b>		
<i>leucovorin calcium oral</i>	Tier 1	
MESNEX ORAL	Tier 3	PA
<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	

Drug Name	Tier	Restrictions/Limits
<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>OTHER ANTIHISTAMINES</b>		
RYALTRIS	Tier 3	PA; QL (1 Bottle per 30 days)
<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	
<i>promethazine-phenylephrine</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	
<i>meclizine oral tablet 50 mg</i>	Tier 3	
<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)
<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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>cephalexin oral tablet 250 mg</i>	Tier 1	
<b>2ND GENERATION CEPHALOSPORIN ANTIBIOTICS</b>		
<i>cefaclor oral suspension for reconstitution</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr</i>	Tier 1	
<i>cefprozil</i>	Tier 1	
<i>cefuroxime axetil</i>	Tier 1	
<b>3RD GENERATION CEPHALOSPORIN ANTIBIOTICS</b>		
<i>cefdinir</i>	Tier 1	
<i>cefixime</i>	Tier 1	
<i>cefpodoxime</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>AMEBICIDES</b>		
<i>metronidazole oral</i>	Tier 1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	QL (70 GM per 30 days)
<i>paromomycin</i>	Tier 1	
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
<b>AMINOGLYCOSIDE ANTIBIOTICS</b>		
<i>neomycin</i>	Tier 1	
<i>paromomycin</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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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	
<i>potassium iodide oral solution</i>	Tier 1	
SSKI	Tier 2	
<b>ANTILEPROSY AGENTS</b>		
<i>dapsone oral</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)
<i>doxycycline hyclate oral capsule</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet</i>	Tier 1	
<i>hydroxychloroquine</i>	Tier 1	
<i>mefloquine</i>	Tier 1	QL (13 EA per 180 days)
<i>primaquine</i>	Tier 1	QL (120 EA per 180 days)
<i>pyrimethamine</i>	Tier 4	PA; QL (3 EA per 1 day)
<i>quinidine sulfate</i>	Tier 1	
<i>quinine sulfate</i>	Tier 1	QL (42 EA per 30 days)
<i>tetracycline</i>	Tier 1	
<b>ANTIPROTOZOALS, CRYPTOSPORIDIOSIS</b>		
<i>nitazoxanide</i>	Tier 1	QL (14 EA per 30 days)
<b>ANTIPROTOZOALS, P JIROVECI PNEUMONIA</b>		
<i>atovaquone</i>	Tier 1	
<i>pentamidine inhalation</i>	Tier 1	PA; QL (1 EA per 28 days)
<b>ANTIPROTOZOALS, NITROIMIDAZOLE-DERIVATIVE</b>		
<i>tinidazole oral tablet 250 mg</i>	Tier 1	QL (40 EA per 23 days)
<i>tinidazole oral tablet 500 mg</i>	Tier 1	QL (20 EA per 23 days)

Drug Name	Tier	Restrictions/Limits
<b>ANTIRETROVIRALS, MISCELLANEOUS</b>		
TYBOST	Tier 2	
<b>ANTITUBERCULOSIS AGENTS</b>		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)
CIPRO HC	Tier 3	
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin hcl oral</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
<i>cycloserine</i>	Tier 1	
<i>ethambutol</i>	Tier 1	
<i>isoniazid oral</i>	Tier 1	
<i>levofloxacin ophthalmic (eye)</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	
SIRTURO	Tier 3	PA
<b>AZOLE ANTIFUNGALS</b>		
CRESEMBA ORAL CAPSULE 186 MG	Tier 3	PA; QL (2 EA per 1 day)
CRESEMBA ORAL CAPSULE 74.5 MG	Tier 3	PA; QL (5 EA per 1 day)
<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>itraconazole oral capsule</i>	Tier 1	QL (30 EA per 30 days)
<i>ketoconazole oral</i>	Tier 1	
<i>ketoconazole topical cream</i>	Tier 1	QL (60 GM per 21 days)
<i>ketoconazole topical shampoo</i>	Tier 1	QL (120 ML per 21 days)
<i>posaconazole oral tablet, delayed release (drlec)</i>	Tier 1	PA
<i>voriconazole oral</i>	Tier 1	PA
<b>CORONAVIRUS (COVID-19)</b>		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	Tier 2	QL (30 EA per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 2	QL (30 Tabs per 180 days)
<b>ENDONUCLEASE INHIBITORS</b>		
XOFLUZA ORAL TABLET 20 MG, 80 MG	Tier 3	



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
XOFLUZA ORAL TABLET 40 MG	Tier 3	QL (4 EA per 365 days)
<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)
<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>ledipasvir-sofosbuvir</i>	Tier 4	PA; QL (56 EA per 28 days)
<i>sofosbuvir-velpatasvir</i>	Tier 1	PA; QL (1 EA per 1 day)
<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>		
<i>ledipasvir-sofosbuvir</i>	Tier 4	PA; QL (56 EA per 28 days)
MAVYRET ORAL TABLET	Tier 4	PA; QL (3 EA per 1 day)
<i>sofosbuvir-velpatasvir</i>	Tier 1	PA; QL (1 EA per 1 day)
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)

Drug Name	Tier	Restrictions/Limits
<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 capsule</i>	Tier 1	QL (3 EA per 1 day)
<i>efavirenz oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop</i>	Tier 1	
<i>etravirine oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
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)
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 ORAL TABLET 120-15 MG	Tier 2	ST; QL (30 Tablets per 30 days)
DESCOVY ORAL TABLET 200-25 MG	Tier 0	ST; QL (1 Tablets per 1 day)
DOVATO	Tier 2	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov</i>	Tier 1	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-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>	Tier 0	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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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)
<i>zidovudine oral capsule</i>	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup</i>	Tier 1	QL (60 ML 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	
<i>darunavir oral tablet 600 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Tier 1	QL (1 EA per 1 day)
EVOTAZ	Tier 2	QL (1 EA per 1 day)
<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)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 1	QL (4 EA 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)
PREZISTA ORAL TABLET 150 MG	Tier 2	QL (6 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	QL (10 EA 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 28 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
PEGASYS SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (2 ML per 28 days)
<b>LINCOMYCIN ANTIBIOTICS</b>		
CLEOCIN VAGINAL SUPPOSITORY	Tier 2	
CLINDACIN ETZ TOPICAL SWAB	Tier 1	
<i>clindamycin hcl</i>	Tier 1	
<i>clindamycin palmitate hcl</i>	Tier 1	
CLINDAMYCIN PEDIATRIC	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 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
<i>clindamycin-tretinoin</i>	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>NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL</b>		
<i>benznidazole</i>	Tier 2	QL (720 EA per 365 days)
<b>NITROIMIDAZOLE DERIVATIVES, MISC</b>		
<i>metronidazole oral</i>	Tier 1	
<i>metronidazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical lotion</i>	Tier 1	QL (59 ML per 30 days)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	QL (70 GM per 30 days)
ROSADAN TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
ROSADAN TOPICAL GEL	Tier 1	QL (45 GM per 30 days)
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
<b>NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS</b>		
<i>acyclovir oral capsule</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>acyclovir topical ointment</i>	Tier 1	ST; QL (30 GM per 30 days)
<i>adefovir</i>	Tier 1	
BARACLUDE ORAL SOLUTION	Tier 2	PA
COMPLERA	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 2	
DESCOVY ORAL TABLET 200-25 MG	Tier 0	ST; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 0	QL (1 EA per 1 day)
<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 2	QL (40 EA per 180 days)
ODEFSEY	Tier 2	QL (1 EA per 1 day)
<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)
<i>valganciclovir oral tablet</i>	Tier 1	
<b>OTHER MACROLIDE ANTIBIOTICS</b>		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)
<i>azithromycin oral</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	
DIFICID ORAL TABLET	Tier 2	PA; QL (20 EA per 10 days)
<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>POLYMYXIN ANTIBIOTICS</b>		
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
<b>PYRIMIDINE ANTIFUNGALS</b>		
<i>flucytosine</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<b>QUINOLONE ANTIBIOTICS</b>		
CIPRO HC	Tier 3	
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin hcl</i>	Tier 1	
<i>ciprofloxacin-dexamethasone</i>	Tier 1	ST
<i>ciprofloxacin-fluocinolone</i>	Tier 2	
<i>levofloxacin ophthalmic (eye)</i>	Tier 1	
<i>levofloxacin oral</i>	Tier 1	
<i>ofloxacin ophthalmic (eye)</i>	Tier 1	QL (10 ML per 30 days)
<i>ofloxacin oral</i>	Tier 1	QL (2 EA per 1 day)
<i>ofloxacin otic (ear)</i>	Tier 1	
<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>doxycycline hyclate oral capsule</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet</i>	Tier 1	
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>tetracycline</i>	Tier 1	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomicin tromethamine</i>	Tier 1	
<i>methenamine hippurate</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</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	
<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>abiraterone oral tablet 500 mg</i>	Tier 4	PA; QL (60 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	
ERIVEDGE	Tier 4	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	Tier 4	PA
ERLEADA ORAL TABLET 60 MG	Tier 4	PA; QL (120 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)
GLEOSTINE	Tier 3	PA
HYCANTIN	Tier 4	PA
<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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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)
<i>lenalidomide</i>	Tier 4	PA; QL (30 EA per 30 days)
LENVIMA	Tier 4	PA
<i>letrozole</i>	Tier 1	
LEUKERAN	Tier 2	PA
LONSURF	Tier 4	PA
LYNPARZA	Tier 4	PA; QL (120 EA per 30 days)
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)
<i>pazopanib</i>	Tier 4	PA; QL (120 EA per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (2 ML per 28 days)
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



Drug Name	Tier	Restrictions/Limits
<i>tretinoin (antineoplastic)</i>	Tier 1	
<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)
XTANDI ORAL CAPSULE	Tier 4	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	Tier 4	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	Tier 4	PA; QL (60 EA per 30 days)
ZELBORAF	Tier 4	PA; QL (240 EA per 30 days)
ZOLINZA	Tier 4	PA

## ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES

### ANTITOXINS AND IMMUNE GLOBULINS

RHOGAM ULTRA-FILTERED PLUS	Tier 2	
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### TOXOIDS

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	
VAXELIS (PF)	Tier 0	

### VACCINES

ABRYSVO (PF)	Tier 0	
ACTHIB (PF)	Tier 0	
AREXVY (PF)	Tier 0	
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	
DENGVAXIA (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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
IPOL	Tier 0	
IXCHIQ (PF)	Tier 2	
IXIARO (PF)	Tier 0	
JYNNEOS (PF)	Tier 2	
KINRIX (PF)	Tier 0	
MENQUADFI (PF)	Tier 0	
MENVEO A-C-Y-W-135-DIP (PF)	Tier 0	
M-M-R II (PF)	Tier 0	
PEDIARIX (PF)	Tier 0	
PEDVAX HIB (PF)	Tier 0	
PENBRAYA (PF)	Tier 0	
PENTACEL (PF)	Tier 0	
PENTACEL ACTHIB COMPONENT (PF)	Tier 0	
PNEUMOVAX-23	Tier 0	
PREHEVBRIO (PF)	Tier 0	
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	
ROTARIX	Tier 0	
ROTATEQ VACCINE	Tier 0	
SHINGRIX (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	
VAXCHORA VACCINE	Tier 0	
VAXELIS (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>droxidopa</i>	Tier 4	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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 hcl oral tablet extended release 12 hr</i>	Tier 1	QL (4 EA per 1 day)
LUCEMYRA	Tier 3	QL (224 EA per 30 days)
<i>midodrine</i>	Tier 1	
PROMETHAZINE VC	Tier 1	
<i>promethazine-phenylephrine</i>	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)
<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	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 1	PA; QL (4 ML per 1 day)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)</i>	Tier 1	PA
<i>hydrocodone-homatropine oral tablet</i>	Tier 1	PA
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	
<i>scopolamine base</i>	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	
<i>tiotropium bromide</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i>	Tier 1	
<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	
<b>CYCLOTENS STARTER</b>		
<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 suspension</i>	Tier 1	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<b>INDIRECT-ACTING SKELETAL MUSCLE RELAXANT</b>		
<i>orphenadrine citrate oral</i>	Tier 1	
<b>NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>carvedilol</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
SOTALOL AF	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use).
<i>sotalol oral</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use).
<i>timolol maleate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.

Drug Name	Tier	Restrictions/Limits
<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	
ERGOMAR	Tier 3	
<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	
<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	
BREYNA	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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
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	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>atenolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>nadolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<b>SMOKING CESSATION AGENTS</b>		
<i>naltrexone</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
NICODERM CQ	Tier 0	QL (180 EA per 365 days)
NICORETTE	Tier 0	QL (180 EA per 365 days)
<i>nicotine</i>	Tier 0	QL (180 EA per 365 days)
<i>nicotine (polacrilex) buccal gum</i>	Tier 0	
<i>nicotine (polacrilex) buccal lozenge</i>	Tier 0	QL (180 EA per 365 days)
<i>nicotine (polacrilex) buccal mini lozenge</i>	Tier 0	QL (180 EA per 365 days)
NICOTROL NS	Tier 0	QL (180 ML per 365 days)
QUIT 2	Tier 0	QL (180 EA per 365 days)
QUIT 4	Tier 0	QL (180 EA per 365 days)
STOP SMOKING AID	Tier 0	QL (180 EA per 365 days)
<i>varenicline</i>	Tier 0	
VIVITROL	Tier 4	QL (1 EA per 30 days)
<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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
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>INDIRECT FACTOR XA INHIBITORS</b>		
<i>fondaparinux</i>	Tier 4	
<b>IRON PREPARATIONS</b>		
ACCRUFER	Tier 3	PA; QL (60 EA per 30 days)
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	
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	
WESNATAL DHA COMPLETE	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



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>aspirin-omeprazole</i>	Tier 1	
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>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 (drlec) 325 mg, 81 mg</i>	Tier 0	
<i>aspirin, buffd-calcium carb-mag</i>	Tier 0	
<i>aspirin-omeprazole</i>	Tier 1	
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	

Drug Name	Tier	Restrictions/Limits
<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>ANGIOTENSIN II RECEPTOR ANTAGONIST/NEPROLYS</b>		
ENTRESTO	Tier 2	PA; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Healthy Heart Plan.
<b>ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN)</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 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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>benazepril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>captopril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>captopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>enalapril maleate oral solution</i>	Tier 1	ST; This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>enalapril maleate oral tablet</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>enalapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>fosinopril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>lisinopril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>quinapril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>quinapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>ramipril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>trandolapril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<b>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS</b>		
<i>amlodipine-benazepril</i>	Tier 1	
<i>benazepril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>benazepril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>captopril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>captopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>enalapril maleate oral solution</i>	Tier 1	ST; This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>enalapril maleate oral tablet</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>enalapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>fosinopril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>lisinopril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>quinapril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>quinapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>ramipril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>trandolapril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<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>acebutolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>atenolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>nadolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>propranolol oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
SOTALOL AF	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use).
<i>sotalol oral</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use).
<i>timolol maleate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<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	
MATZIM LA	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</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>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<b>CARBONIC ANHYDRASE INHIBITORS (24:36)</b>		
<i>acetazolamide</i>	Tier 1	
<b>CARDIAC DRUGS, MISCELLANEOUS</b>		
<i>ranolazine</i>	Tier 1	
<b>CARDIOTONIC AGENTS</b>		
DIGITEK	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan.
<i>digoxin oral</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan.
<b>CARDIOVASCULAR DRUGS, NSAID ANTI-INFL</b>		
<i>colchicine oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<b>CENTRAL ALPHA-AGONISTS (25:24)</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>mexiletine</i>	Tier 1	
<i>phenytoin</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
<b>CLASS IC ANTIARRHYTHMICS</b>		
<i>flecainide</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan.
<i>propafenone</i>	Tier 1	
<b>CLASS II ANTIARRHYTHMICS</b>		
<i>acebutolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>atenolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>nadolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>propranolol oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<b>CLASS III ANTIARRHYTHMICS</b>		
<i>amiodarone oral</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan.
<i>dofetilide</i>	Tier 1	
MULTAQ	Tier 2	
PACERONE ORAL TABLET 200 MG, 400 MG	Tier 1	
SOTALOL AF	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use).
<i>sotalol oral</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use).
<b>CLASS IV ANTIARRHYTHMICS</b>		
CARTIA XT	Tier 1	



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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	
<i>telmisartan-amlodipine</i>	Tier 1	
<b>DIRECT VASODILATORS</b>		
<i>hydralazine oral</i>	Tier 1	
<i>isosorbide-hydralazine</i>	Tier 1	
<i>minoxidil oral</i>	Tier 1	
<b>DIURETICS, MISCELLANEOUS (24:36)</b>		
ELIXOPHYLLIN	Tier 2	
THEO-24	Tier 2	
<i>theophylline</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); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>ezetimibe-simvastatin</i>	Tier 1	ST; QL (30 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>fluvastatin oral capsule 20 mg</i>	Tier 0	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>fluvastatin oral capsule 40 mg</i>	Tier 0	QL (60 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>fluvastatin oral tablet extended release 24 hr</i>	Tier 0	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>lovastatin oral tablet 10 mg</i>	Tier 0	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>lovastatin oral tablet 20 mg, 40 mg</i>	Tier 0	QL (60 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>pravastatin</i>	Tier 0	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 0	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 0	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>simvastatin oral tablet 80 mg</i>	Tier 1	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<b>LOOP DIURETICS (24:36)</b>		
<i>bumetanide oral</i>	Tier 1	
<i>ethacrynic acid</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>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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	
<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	
<i>isosorbide-hydralazine</i>	Tier 1	
<b>NITRO-DUR</b>		
<i>nitroglycerin rectal</i>	Tier 1	PA
<i>nitroglycerin sublingual</i>	Tier 1	
<i>nitroglycerin transdermal</i>	Tier 1	
<i>nitroglycerin translingual</i>	Tier 1	
<b>NITRO-TIME</b>		
	Tier 1	
<b>OMEGA-3-MEDIATED ANTILIPEMICS</b>		
<i>omega-3 acid ethyl esters</i>	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)
<i>sildenafil oral tablet 25 mg, 50 mg</i>	Tier 1	PA; QL (8 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	Tier 1	PA; QL (8 EA per 30 days)
<i>vardenafil oral tablet</i>	Tier 1	PA; QL (8 EA per 30 days)
<b>POTASSIUM-SPARING DIURETIC</b>		
<i>eplerenone</i>	Tier 1	
<i>spironolactone oral tablet</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<b>POTASSIUM-SPARING DIURETICS (HYPOTEN)</b>		
<i>amiloride</i>	Tier 1	
<i>amiloride-hydrochlorothiazide</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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
<b>RENIN INHIBITORS</b>		
<i>aliskiren</i>	Tier 1	
<b>STEROIDAL MINERALOCORTICOID RECEPTOR ANT</b>		
<i>spironolactone oral tablet</i>	Tier 1	
<b>THIAZIDE DIURETICS (24:36)</b>		
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>enalapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>hydrochlorothiazide</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<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	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
<b>THIAZIDE-LIKE DIURETICS (24:36)</b>		
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>metolazone</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>phenoxybenzamine</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<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, 7.5 mg</i>	Tier 1	
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>dextroamphetamine-amphetamine oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>lisdexamfetamine oral capsule</i>	Tier 1	
<i>methamphetamine</i>	Tier 1	
ZENZEDI ORAL TABLET 2.5 MG	Tier 2	QL (1 EA per 1 day)
<b>AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT</b>		
<i>riluzole</i>	Tier 1	PA
<b>ANALGESICS AND ANTIPYRETICS, MISC.</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>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)
<b>ANTICHOLINERGIC AGENTS (CNS)</b>		
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
<b>ANTICONVULSANTS, MISCELLANEOUS</b>		
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	Tier 1	
<i>carbamazepine oral tablet</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier 1	
<i>carbamazepine oral tablet, chewable</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	
<b>ANTIDEPRESSANTS, MISCELLANEOUS</b>		
<i>bupropion hcl (smoking deter)</i>	Tier 0	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>bupropion hcl oral tablet</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr</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)
<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 oral capsule, er multiphase 12 hr</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	Tier 1	
<i>carbamazepine oral tablet</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier 1	
<i>carbamazepine oral tablet,chewable</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>lithium citrate</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 microspheres</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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	
<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 (drlec) 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	
<i>benzhydrocodone-acetaminophen</i>	Tier 3	PA
BUFFERIN	Tier 0	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butalbital-acetaminophen</i>	Tier 1	
<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>diclofenac potassium oral tablet</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	QL (500 GM per 30 days)
<i>diclofenac-misoprostol</i>	Tier 1	
<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	
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
ERGOMAR	Tier 3	
<i>ergotamine-caffeine</i>	Tier 1	
<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



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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>propranolol oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
ST JOSEPH ASPIRIN	Tier 0	
ST. JOSEPH ASPIRIN	Tier 0	
<i>timolol maleate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<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	
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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
FANAPT ORAL TABLET	Tier 3	PA; ST; QL (60 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	Tier 3	QL (8 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 microspheres</i>	Tier 1	
<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>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-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)
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
<i>phenobarbital</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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)
<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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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>DIBENZOXAPINES</b>		
<i>loxapine succinate</i>	Tier 1	
<b>DIPHENYLBUTYLPERIDINES</b>		
<i>pimozide</i>	Tier 1	
<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	
<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>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<b>GABA-MEDIATED ANTICONVULSANTS</b>		
<i>divalproex</i>	Tier 1	
<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 250 mg/5 ml</i>	Tier 1	QL (72 ML per 1 day)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 1	
<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>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)
<i>tiagabine</i>	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
<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>ION CHANNEL INHIBITION AGENTS</b>		
APTIOM	Tier 3	
<i>lacosamide oral tablet</i>	Tier 1	ST
<i>oxcarbazepine oral suspension</i>	Tier 1	
<i>oxcarbazepine oral tablet</i>	Tier 1	
OXTELLAR XR	Tier 2	ST
<i>rufinamide oral suspension</i>	Tier 1	PA
<i>rufinamide oral tablet</i>	Tier 1	ST
<i>zonisamide</i>	Tier 1	
<b>MELATONIN RECEPTOR AGONISTS</b>		
<i>ramelteon</i>	Tier 1	PA; QL (15 EA per 30 days)
<b>MONOAMINE OXIDASE B INHIBITORS</b>		
EMSAM	Tier 2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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>NON-BENZODIAZEPINE ANXIOLYTICS</b>		
<i>buspirone</i>	Tier 1	
<i>meprobamate</i>	Tier 1	
<b>NON-BENZODIAZEPINE HYPNOTICS</b>		
<i>eszopiclone</i>	Tier 1	PA; QL (15 EA per 30 days)
<i>zaleplon</i>	Tier 1	QL (15 EA per 30 days)
<i>zolpidem oral tablet</i>	Tier 1	QL (15 EA per 30 days)
<b>NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST</b>		
<i>apomorphine</i>	Tier 4	PA; QL (30 ML per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 2	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	Tier 2	PA; 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>NON-OPIOID ANALGESICS</b>		
<i>benzhydrocodone-acetaminophen</i>	Tier 3	PA
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butalbital-acetaminophen</i>	Tier 1	
<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>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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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>NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC</b>		
<i>ibuprofen-famotidine</i>	Tier 1	PA
<i>tolmetin</i>	Tier 1	ST
<b>OPIOID AGONISTS (28:08)</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>benzhydrocodone-acetaminophen</i>	Tier 3	PA
<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
<i>codeine-guaifenesin</i>	Tier 1	
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
<i>fentanyl citrate (pf) injection solution</i>	Tier 1	PA
<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)
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	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-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 1	PA; QL (4 ML per 1 day)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)</i>	Tier 1	PA
<i>hydrocodone-homatropine oral tablet</i>	Tier 1	PA
<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)
HYDROMET	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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>hydromorphone oral tablet extended release 24 hr</i>	Tier 1	QL (60 EA per 30 days)
<i>levorphanol tartrate</i>	Tier 1	PA
MAXI-TUSS AC	Tier 1	
<i>meperidine oral tablet</i>	Tier 1	PA
METHADONE INTENSOL	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)
NUCYNTA	Tier 3	PA; QL (181 EA per 30 days)
NUCYNTA ER	Tier 3	PA; QL (60 EA per 30 days)
<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)



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
VIRTUSSIN AC	Tier 1	
<b>OPIOID ANTAGONISTS (28:10)</b>		
<i>nalmefene</i>	Tier 2	QL (2 Units per 1 Month)
<i>naloxone injection solution</i>	Tier 1	QL (2 ML per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	
<i>naloxone nasal</i>	Tier 0	
<i>naltrexone</i>	Tier 1	
NARCAN	Tier 2	
OPVEE	Tier 2	QL (2 EA per 30 Days)
VIVITROL	Tier 4	QL (1 EA per 30 days)
<b>OPIOID 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>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA	Tier 3	PA; QL (1 EA per 1 day)
<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>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 1	QL (1 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)
<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>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
METADATE ER	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)
<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>REVERSIBLE COX-1/COX-2 INHIBITORS</b>		
<i>diclofenac potassium oral tablet</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	QL (500 GM per 30 days)
<i>diclofenac-misoprostol</i>	Tier 1	
<i>diflunisal</i>	Tier 1	
EC-NAPROXEN	Tier 1	
<i>etodolac</i>	Tier 1	
<i>fenoprofen oral tablet</i>	Tier 1	ST
<i>flurbiprofen</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)
IBU	Tier 1	
<i>ibuprofen oral suspension</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>indomethacin oral capsule</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg</i>	Tier 1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>ketorolac oral</i>	Tier 1	QL (20 EA per 1 FILL)
KIPROFEN	Tier 1	ST
<i>mefenamic acid</i>	Tier 1	
<i>meloxicam oral tablet 15 mg</i>	Tier 1	
<i>meloxicam oral tablet 7.5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>nabumetone</i>	Tier 1	
<i>naproxen oral tablet</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>naproxen-esomeprazole</i>	Tier 1	ST
<i>oxaprozin oral tablet</i>	Tier 1	
<i>piroxicam</i>	Tier 1	
<i>sulindac</i>	Tier 1	
<i>sumatriptan-naproxen</i>	Tier 1	ST; QL (18 EA per 30 days)
<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
<i>aspirin-omeprazole</i>	Tier 1	
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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</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)
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>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

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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)
<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>mirtazapine</i>	Tier 1	
<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	
<i>methsuximide</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	

Drug Name	Tier	Restrictions/Limits
<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, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 4	PA; QL (2 EA per 1 day)
<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)
<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)
<b>DENTAL AGENTS</b>		
<b>DENTAL 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	
SF	Tier 1	
SF 5000 PLUS	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH	Tier 1	
SODIUM FLUORIDE 5000 PLUS	Tier 1	
<b>DEVICES</b>		
<b>DEVICES</b>		
1ST TIER UNIFINE PENTIPS NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
2-IN-1 LANCET DEVICE	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ACCU-CHEK SAFE-T-PRO PLUS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ACCU-CHEK SOFT DEV LANCETS	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ACTI-LANCE LANCETS	Tier 1	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ADJUSTABLE LANCING DEVICE	Tier 2	
ADVANCED LANCING DEVICE	Tier 2	
ADVANCED TRAVEL LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ADVIN COVID-19 AG HOME TEST	Tier 2	
ADVOCATE LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ADVOCATE LANCING DEVICE	Tier 2	
ADVOCATE PEN NEEDLE	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
AEROCHAMBER PLUS FLOW-VU,L MSK	Tier 2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ALTERNATE SITE LANCING DEVICE	Tier 2	
AQINJECT PEN NEEDLE	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
AQUA LANCE LANCING DEVICE	Tier 2	
AQUASTAT 0.9% SODIUM CHLORIDE	Tier 1	
AQUASTAT SFR 0.9% SODIUM CHLOR	Tier 1	
ASSURE LANCE	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ASSURE LANCE PLUS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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)
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 2	
BD MICROTAINER LANCET 21 GAUGE	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
BD NOKOR ADMIX NEEDLE	Tier 2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
BD POSIFLUSH NORMAL SALINE 0.9	Tier 1	
BD PRECISIONGLIDE	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 INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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	Tier 2	QL (400 EA per 30 days)
B-D SLIP TIP SYRINGE	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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
BD SYRINGE-DUAL CANNULA	Tier 2	QL (400 EA per 30 days)
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML	Tier 2	QL (400 EA per 30 days)
BD TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
BD ULTRA-FINE MICRO PEN NEEDLE	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
BD ULTRA-FINE MINI PEN NEEDLE	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
BD ULTRA-FINE ORIG PEN NEEDLE	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
BD ULTRA-FINE SHORT PEN NEEDLE	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
BD VERITOR AT-HOME COVID19 TST	Tier 2	QL (8 EA per 30 days)
BINAXNOW COVD AG CARD HOME TST	Tier 2	QL (8 EA per 30 days)
BINAXNOW COVID-19 AG SELF TEST	Tier 2	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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
BUTTERFLY TOUCH LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CAREFINE PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CAREONE LANCING DEVICE	Tier 2	
CAREONE ULTRA THIN LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CAREPOINT LUER LOCK SYR-NEEDLE	Tier 2	QL (400 EA per 30 days)
CAREPOINT SAFETY LL SYR-NEEDLE	Tier 2	QL (400 EA per 30 days)
CARESENS LANCETS	Tier 2	
CARESTART COVID-19 AG HOME TST	Tier 2	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 PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CARETOUCH SAFETY LANCETS	Tier 2	QL (204 EA per 30 days)
CARETOUCH TWIST LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CELLTRION DIATRUST COV-19 HOME	Tier 2	QL (8 EA per 30 days)
CHEMO TRANSFER PIN	Tier 2	
CHOSEN LANCET	Tier 2	QL (204 EA per 30 days)
CHOSEN LANCING DEVICE	Tier 2	
CHOSEN SAFETY LANCET	Tier 2	QL (204 EA per 30 days)
CLEVER CHEK LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CLEVER CHOICE CHAMBER-LRG MASK	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK	Tier 2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CLINITEST COVID-19 HOME TEST	Tier 2	QL (8 EA per 30 days)
COAGUCHEK LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
COLOR LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
COMFORT EZ PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
COMFORT TOUCH PLUS SAFETY LANC	Tier 2	QL (204 EA per 30 days)
COMFORT TOUCH ULT THIN LANCETS	Tier 2	QL (204 EA per 30 days)
COMFORTSEAL LARGE MASK	Tier 2	
COMFORTSEAL MEDIUM MASK	Tier 2	
COMFORTSEAL SMALL MASK	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK	Tier 2	
COMPACT SPACE CHAMBER-MED MASK	Tier 2	
COMPACT SPACE CHAMBER-SM MASK	Tier 2	
CORDX COVID-19 AG HOME TEST	Tier 2	
COVID-19 AT-HOME TEST	Tier 2	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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
DEXCOM G6 RECEIVER	Tier 2	PA; This product is covered for \$0 on CareSource Diabetes Plan.
DEXCOM G6 SENSOR	Tier 2	PA; QL (3 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan.
DEXCOM G6 TRANSMITTER	Tier 2	PA; QL (1 EA per 90 days); This product is covered for \$0 on CareSource Diabetes Plan.
DEXCOM G7 RECEIVER	Tier 2	PA; This product is covered for \$0 on CareSource Diabetes Plan.
DEXCOM G7 SENSOR	Tier 2	PA; ST; QL (3 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan.
DROPLET GENTEEL LANCING DEVICE	Tier 2	
DROPLET LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
DROPLET LANCING DEVICE	Tier 2	
DROPLET MICRON PEN NEEDLE	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY GLIDE PEN NEEDLE	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY MINI EJECT LANCING DEVICE	Tier 2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
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)
EASY TOUCH LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY TOUCH LANCING DEVICE	Tier 2	
EASY TOUCH NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY TOUCH PEN NEEDLE	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY TOUCH SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY TWIST AND CAP LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ECLIPSE SYRINGE	Tier 2	QL (400 EA per 30 days)
ELLUME COVID-19 HOME TEST	Tier 2	QL (8 EA per 30 days)
EMBRACE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EMBRACE LANCING DEVICE	Tier 2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
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	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EMBRACE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EMBRACE SAFETY LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
E-Z JECT THIN LANCETS	Tier 1	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EZ SMART LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
FASTEP COVID-19 AG HOME TEST	Tier 2	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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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 2	QL (8 EA per 30 days)
FORA LANCING DEVICE	Tier 2	
FORACARE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
FREESTYLE CONTROL	Tier 2	QL (4 EA per 365 days)
FREESTYLE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA; QL (1 EA per 1 Lifetime); This product is covered for \$0 on CareSource Diabetes Plan.
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	PA; QL (2 EA per 28 days); This product is covered for \$0 on CareSource Diabetes Plan.
FREESTYLE LIBRE 2 READER	Tier 2	PA; QL (1 EA per 1 Lifetime); This product is covered for \$0 on CareSource Diabetes Plan.
FREESTYLE LIBRE 2 SENSOR	Tier 2	PA; QL (2 EA per 28 days); This product is covered for \$0 on CareSource Diabetes Plan.
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); This product is covered for \$0 on CareSource Diabetes Plan.
FREESTYLE UNISTIK 2	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
GENABIO COVID-19 RAPID AT-HOME	Tier 2	QL (8 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
GLUCOCOM LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
GLUCOSE KETONE CONTROL SOLN	Tier 2	QL (4 EA per 365 days)
GOJJI LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
GOJJI LANCING DEVICE	Tier 2	
GOTOKNOW COVID-19 AG HOME TEST	Tier 2	
HEALON PRO	Tier 1	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HEALTHY ACCENTS AUTOLET	Tier 2	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HEALTHY ACCENTS UNILET LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<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 2	QL (8 EA per 30 days)
INCONTROL LANCING DEVICE	Tier 2	
INCONTROL PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
INCONTROL SUPER THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
INCONTROL ULTRA THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
INDICAID COVID-19 AG HOME TEST	Tier 2	QL (8 EA per 30 days)
INJECT EASE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
INJECT-EASE	Tier 2	QL (400 EA per 30 days)
INSULIN SYRINGE MICROFINE	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>insulin syringe-needle u-100 syringe 1 ml 28 gauge x 1/2"</i>	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
INSUPEN PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
INTEGRA SYRINGE	Tier 2	QL (400 EA per 30 days)
INTELISWAB COVID-19 HOME TEST	Tier 2	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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>lancets</i>	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
LANCETS, SUPER THIN	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
LANCETS, THIN	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
LANCETS, ULTRA THIN	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<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)
MAXICOMFORT II PEN NEEDLE	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
MEDISENSE MID CONTROL	Tier 2	QL (4 EA per 365 days)
MEDISENSE THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
MEDLANCE PLUS LANCETS	Tier 1	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
MEDLANCE PLUS SPECIAL BLADE	Tier 2	
MICRO THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
MICROLET 2 LANCING DEVICE	Tier 2	
MICROLET LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
MICROLET NEXT LANCING DEVICE	Tier 2	
MINI LANCING DEVICE	Tier 2	
MINI TRANSFER PIN	Tier 2	
MINI ULTRA-THIN II	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
MINIMED QUICK-SERTER (MMT-395)	Tier 2	
MOBILE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
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	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)
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
MONOLET THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
MOUTHPIECE	Tier 2	
MULTI-DRAW NEEDLE	Tier 2	
MULTI-LANCET DEVICE 2	Tier 2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
MYGLUCOHEALTH LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVA SUREFLEX LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVAMAX PLUS KETONE	Tier 2	
NOVOFINE 32	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOFINE PLUS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
OMNIPOD 5 G6 INTRO KIT (GEN 5)	Tier 2	PA; QL (1 EA per 1 LIFETIME)
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ON CALL LANCING DEVICE	Tier 2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
ON CALL PLUS LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ONETOUCH DELICA SAFETY LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ONETOUCH ULTRASOFT 2 LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ONETOUCH VERIO FLEX METER	Tier 2	QL (1 EA per 1 LIFETIME); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ONETOUCH VERIO HIGH CONTROL	Tier 2	QL (4 EA per 365 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ONETOUCH VERIO MID CONTROL	Tier 2	QL (4 EA per 365 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ON-GO COVID-19 AG AT HOME TEST	Tier 2	QL (8 EA per 30 days)
ON-THE-GO LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
OPTICHAMBER ADULT MASK-LARGE	Tier 2	
OPTICHAMBER DIAMOND LG MASK	Tier 2	
OPTICHAMBER DIAMOND-MED MSK	Tier 2	



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
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	
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>pen needle, diabetic needle 29 gauge x 15/32", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/3", 31 gauge x 1/4", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64", 31 gauge x 3/16", 31 gauge x 5/16", 31 gauge x 5/32", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/16", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PENTIPS NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PILOT COVID-19 AT-HOME TEST	Tier 2	QL (8 EA per 30 days)
PIP LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
POLY HUB NEEDLE	Tier 2	
PRECISION XTRA B-KETONE	Tier 2	
PRESSURE ACTIVATED LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PRO COMFORT LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
PRO COMFORT SAFETY LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PRODIGY LANCING DEVICE	Tier 2	
PRODIGY TWIST TOP LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PULMOSAL	Tier 1	
PURE COMFORT LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PURE COMFORT SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PUSH BUTTON SAFETY LANCETS 28 GAUGE	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
QUICKVUE AT-HOME COVID-19 TEST	Tier 2	QL (8 EA per 30 days)
RAPID SARS-COV-2 AG HOME TEST	Tier 2	
RELIAMED LANCET 28 GAUGE, 30 GAUGE	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
RELIAMED MINI LANCING DEVICE	Tier 2	
RELIAMED SAFETY SEAL LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
RIGHTEST GD500 LANCING DEVICE	Tier 2	
RIGHTEST GL300 LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>safety needles</i>	Tier 2	
SAFETY SEAL LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SAFETY-LET LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SIDESTREAM PEDIATRIC FACE MASK	Tier 2	
SILICONE MASK - INFANT	Tier 2	
SILICONE MASK - PEDIATRIC	Tier 2	
SIL-SERTER	Tier 2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
SINGLE-LET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SMART SENSE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SMARTDIABETES VANTAGE	Tier 2	
SMARTEST LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SOLUS V2 LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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 2	QL (8 EA per 30 days)
STERILANCE TL	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SUPER THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
SURE COMFORT LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SURE COMFORT LANCING PEN	Tier 2	
SURE COMFORT PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SURE-FINE PEN NEEDLES NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SUREFLEX DEVICE WITH LANCETS	Tier 2	
SURE-LANCE	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SURE-LANCE ULTRA THIN	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SURE-PEN LANCING DEVICE	Tier 2	
SURE-TOUCH LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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 LUER TIP CAP	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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
SYRINGE WITHOUT NEEDLE	Tier 2	QL (400 EA per 30 days)
TECHLITE INSULIN SYRINGE	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TECHLITE INSULN SYR(HALF UNIT)	Tier 2	QL (400 EA per 30 days)
TECHLITE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TECHLITE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TECHLITE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	QL (200 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TELCARE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TOOMEY SYRINGE	Tier 2	QL (400 EA per 30 days)
TOPCARE CLICKFINE	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
TOPCARE UNIVERSAL1 LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRANSFER PIN	Tier 2	
TRUE COMFORT LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRUEDRAW LANCING DEVICE	Tier 2	
TRUEPLUS LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2"	Tier 2	QL (400 EA per 30 days)
ULTICARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
ULTILET CLASSIC LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTILET LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTILET PEN NEEDLE NEEDLE 29 GAUGE	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTILET SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTRA FLO PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTRA THIN II LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTRA THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTRA THIN PLUS LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTRA TLC LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTRA-CARE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTRALANCE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTRA-THIN II (SHORT) PEN NDL	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTRA-THIN II LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNIFINE PENTIPS MAXFLOW	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNIFINE PENTIPS NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 33 GAUGE X 5/32"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNIFINE PENTIPS PLUS MAXFLOW	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNIFINE PENTIPS PLUS NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNILET COMFORTOUCH LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNILET GP LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
UNILET LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNILET LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNILET SUPER THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNISTIK 2 DEVICE	Tier 2	
UNISTIK 2 EXTRA LANCET	Tier 2	
UNISTIK 2 NORMAL LANCET	Tier 2	QL (204 EA per 30 days)
UNISTIK 3 COMFORT LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNISTIK 3 EXTRA LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNISTIK 3 GENTLE	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNISTIK 3 NORMAL LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNISTIK COMFORT LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNISTIK CZT LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
UNISTIK EXTRA LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNISTIK NORMAL LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNISTIK PRO LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNISTIK SAFETY	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNISTIK TOUCH LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
UNIVERSAL 1 LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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)
VERIFINE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
VERIFINE SAFETY LANCET MINI	Tier 2	QL (204 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
VERIFINE UNIVERSAL LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
VIVAGUARD LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
VIVAGUARD LANCING DEVICE	Tier 2	
VIVAGUARD SAFETY LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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>CARDIAC FUNCTION</b>		
<i>aspirin-dipyridamole</i>	Tier 1	ST
<i>dipyridamole oral</i>	Tier 1	
<b>DIABETES MELLITUS</b>		
ONETOUCH VERIO TEST STRIPS	Tier 2	QL (50 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<b>DIAGNOSTIC AGENTS</b>		
<i>glucagon hcl injection recon soln 1 mg/ml</i>	Tier 2	
<b>KETONES</b>		
KETONE CARE	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
KETONE URINE TEST	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
KETOSTIX	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
TRUEPLUS KETONE	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<b>OCULAR DISORDERS</b>		
BIOGLO	Tier 1	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG	Tier 1	
<b>PHEOCHROMOCYTOMA</b>		
<i>metyrosine</i>	Tier 1	PA
<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	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ALKALINIZING AGENTS</b>		
<i>potassium citrate oral tablet extended release</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	Tier 1	
<b>AMMONIA DETOXICANTS</b>		
<i>carglumic acid</i>	Tier 4	PA
ENULOSE	Tier 1	
GENERLAC	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	
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</i>	Tier 1	
<b>IRRIGATING SOLUTIONS</b>		
AQUASTAT 0.9% SODIUM CHLORIDE	Tier 1	
AQUASTAT SFR 0.9% SODIUM CHLOR	Tier 1	
BD POSIFLUSH NORMAL SALINE 0.9	Tier 1	
DELFLEX WITH 2.5 % DEXTROSE	Tier 1	
DELFLEX-LC/1.5% DEXTROSE	Tier 1	
DELFLEX-LC/2.5% DEXTROSE	Tier 1	
DELFLEX-LC/4.25% DEXTROSE	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
EXTRANEAL 7.5 %	Tier 2	
GLYCINE UROLOGIC	Tier 1	
<i>glycine urologic solution</i>	Tier 1	
MONOJECT 0.9% SODIUM CHLORIDE	Tier 1	
MONOJECT PREFILL ADVANCED NS	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
NORMAL SALINE FLUSH	Tier 1	
PULMOSAL	Tier 1	
RENACIDIN	Tier 3	
<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)
<b>LOOP DIURETICS (40:28)</b>		
<i>bumetanide oral</i>	Tier 1	
<i>ethacrynic acid</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>torseamide</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	PA; QL (120 EA per 30 days)
<b>POTASSIUM-REMOVING AGENTS</b>		
KIONEX (WITH SORBITOL)	Tier 1	
<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>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	

Drug Name	Tier	Restrictions/Limits
<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	
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	
WESNATAL DHA COMPLETE	Tier 1	
<b>THIAZIDE DIURETICS</b>		
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>enalapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>hydrochlorothiazide</i>	Tier 1	



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<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	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<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	
<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>nitisinone</i>	Tier 4	
<i>sapropterin</i>	Tier 4	PA
<b>ENZYME INHIBITORS</b>		
<i>miglustat</i>	Tier 4	PA; QL (3 EA per 1 day)
<b>ENZYMES</b>		
PULMOZYME	Tier 4	PA; QL (2.5 ML per 1 day)

Drug Name	Tier	Restrictions/Limits
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
<b>ALPHA-ADRENERGIC AGONISTS (EENT)</b>		
<i>apraclonidine</i>	Tier 1	PA
<i>brimonidine ophthalmic (eye)</i>	Tier 1	
<i>brimonidine topical</i>	Tier 1	PA
<i>brimonidine-timolol</i>	Tier 1	PA
IOPIDINE	Tier 2	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>bepotastine besilate</i>	Tier 1	
<i>cromolyn ophthalmic (eye)</i>	Tier 1	
<i>epinastine</i>	Tier 1	
LASTACRAFT ONCE DAILY RELIEF	Tier 2	PA
<i>olopatadine nasal</i>	Tier 1	QL (31 GM per 30 days)
<i>olopatadine ophthalmic (eye)</i>	Tier 1	
RYALTRIS	Tier 3	PA; QL (1 Bottle per 30 days)
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	
CIPRO HC	Tier 3	
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin hcl</i>	Tier 1	
<i>ciprofloxacin-dexamethasone</i>	Tier 1	ST
<i>ciprofloxacin-fluocinolone</i>	Tier 2	
<i>doxycycline hyclate oral capsule</i>	Tier 1	
<i>doxycycline hyclate oral tablet</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>doxycycline monohydrate oral tablet</i>	Tier 1	
ERYTHROCIN (AS STEARATE)	Tier 1	
<i>erythromycin</i>	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>gatifloxacin</i>	Tier 1	
<i>gentamicin ophthalmic (eye)</i>	Tier 1	
<i>levofloxacin ophthalmic (eye)</i>	Tier 1	
<i>levofloxacin oral</i>	Tier 1	
<i>moxifloxacin</i>	Tier 1	
<i>neomycin</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 oral</i>	Tier 1	QL (2 EA per 1 day)
<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>tetracycline</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>ANTI-INFLAMMATORY AGENTS (EENT)</b>		
<i>cyclosporine ophthalmic (eye)</i>	Tier 1	QL (60 EA per 30 days)
<b>ANTIVIRALS (EENT)</b>		
<i>trifluridine</i>	Tier 1	
<b>ASTRINGENTS (52:04)</b>		
<i>chlorhexidine gluconate mucous membrane</i>	Tier 1	
PAROEX ORAL RINSE	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
PERIOGARD	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	
<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>		
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)
<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)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</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)
RYALTRIS	Tier 3	PA; QL (1 Bottle per 30 days)
<i>tobramycin-dexamethasone</i>	Tier 1	
<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</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	
<i>ketorolac oral</i>	Tier 1	QL (20 EA per 1 FILL)
<b>LOCAL ANESTHETICS (EENT)</b>		
<i>lidocaine hcl mucous membrane solution 2 %</i>	Tier 1	QL (100 ML per 30 days)
<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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>cyclopentolate</i>	Tier 1	
<i>cyclopen-tropic-phenyleph-watr</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>VASOCONSTRICTORS</b>		
<i>cyclopen-tropic-phenyleph-watr</i>	Tier 1	
<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 hcl oral solution</i>	Tier 1	QL (100 ML per 30 days)
<i>ondansetron hcl oral tablet</i>	Tier 1	QL (9 EA per 30 days)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</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>scopolamine base</i>	Tier 1	
<b>ANTIHISTAMINES (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>meclizine oral tablet 50 mg</i>	Tier 3	
<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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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>ANTIULCER AGENTS AND ACID SUPPRESSANTS</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>clarithromycin</i>	Tier 1	
<i>metronidazole oral</i>	Tier 1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	QL (70 GM per 30 days)
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
<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	
GAVILYTE-N	Tier 0	
GENTLE LAXATIVE (BISACODYL) ORAL	Tier 0	
GENTLELAX	Tier 0	
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	
ONELAX MAGNESIUM CITRATE	Tier 0	
ORAL SALINE LAXATIVE	Tier 0	
<i>peg 3350-electrolytes</i>	Tier 0	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	Tier 0	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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>CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	Tier 1	QL (60 EA per 30 days)
<b>CHOLELITHOLYTIC AGENTS</b>		
<i>ursodiol</i>	Tier 1	
<b>DIGESTANTS</b>		
CREON	Tier 2	
VIOKACE	Tier 2	
<b>GI DRUGS, MISCELLANEOUS</b>		
<i>dronabinol</i>	Tier 1	PA
<b>GUANYLATE CYCLASE C (GCC) RECEPT AGONIST</b>		
LINZESS	Tier 3	QL (30 EA per 30 days)
TRULANCE	Tier 2	PA; QL (30 EA per 30 days)
<b>HISTAMINE H2-ANTAGONISTS</b>		
<i>cimetidine</i>	Tier 1	
<i>cimetidine hcl</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>LIPOTROPIC AGENTS</b>		
<i>scopolamine base</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)
VARUBI	Tier 3	PA; QL (2 EA per 30 days)
<b>OPIOID ANTAGONISTS (56:18)</b>		
<i>alvimopan</i>	Tier 1	
MOVANTI	Tier 2	PA; QL (30 EA per 30 days)



Drug Name	Tier	Restrictions/Limits
<b>POTASSIUM-COMPETITIVE ACID BLOCKERS</b>		
<i>amoxicillin</i>	Tier 1	
<i>amoxicillin-pot clavulanate</i>	Tier 1	
<b>PROKINETIC AGENTS</b>		
<i>metoclopramide hcl oral</i>	Tier 1	
<b>PROSTAGLANDINS</b>		
<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>		
ACID REDUCER (OMEPRAZOLE)		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)
<i>aspirin-omeprazole</i>	Tier 1	
<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

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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)
<b>HEAVY METAL ANTAGONISTS</b>		
<b>HEAVY METAL ANTAGONISTS</b>		
CHEMET	Tier 3	PA
<i>deferasirox oral tablet</i>	Tier 4	PA
<i>deferasirox oral tablet, dispersible</i>	Tier 4	PA
<i>deferiprone</i>	Tier 4	PA
D-PENAMINE	Tier 2	PA
<i>penicillamine</i>	Tier 1	PA
<i>trientine oral capsule 250 mg</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>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
BREYNA	Tier 1	
<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	
<i>deflazacort oral suspension</i>	Tier 4	PA; QL (117 ML per 30 days)
<i>deflazacort oral tablet 18 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>deflazacort oral tablet 30 mg, 36 mg</i>	Tier 4	PA; QL (90 EA per 30 days)
<i>deflazacort oral tablet 6 mg</i>	Tier 4	PA; QL (60 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
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 ORAL SUSPENSION	Tier 4	PA; QL (117 ML per 30 days)
EMFLAZA ORAL TABLET 18 MG	Tier 4	PA; QL (30 EA per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG	Tier 4	PA; QL (90 EA per 30 days)
EMFLAZA ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
FLONASE ALLERGY RELIEF	Tier 1	QL (16 ML per 30 days)
<i>fludrocortisone</i>	Tier 1	
<i>flunisolide</i>	Tier 1	ST; QL (50 ML per 30 days)
<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)
<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 propionate nasal</i>	Tier 1	QL (16 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	
ISTURISA ORAL TABLET 1 MG	Tier 4	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	Tier 4	PA; QL (60 EA per 30 days)
<i>methylprednisolone</i>	Tier 1	
<i>mometasone nasal</i>	Tier 1	ST; QL (17 GM per 30 days)
<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	
QNASL	Tier 3	ST; QL (1 GM per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
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)
RYALTRIS	Tier 3	PA; QL (1 Bottle 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)
<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)
<i>mifepristone oral tablet 300 mg</i>	Tier 1	PA
<b>ANTIESTROGENS</b>		
<i>anastrozole</i>	Tier 0	
<i>exemestane</i>	Tier 0	
<i>letrozole</i>	Tier 1	
<b>ANTIGONADTROPINS</b>		
ORIAHNN	Tier 3	PA; QL (60 EA per 30 days)
ORLISSA ORAL TABLET 150 MG	Tier 2	PA; ST; QL (30 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
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	
SSKI	Tier 2	
<b>BIGUANIDES</b>		
<i>alogliptin-metformin</i>	Tier 2	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glipizide-metformin</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Tier 1	QL (260 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	QL (5 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
JANUMET	Tier 1	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 1	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	Tier 1	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan
<i>metformin oral solution</i>	Tier 1	ST
<i>metformin oral tablet</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>metformin oral tablet extended release 24 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SYNJARDY	Tier 2	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	Tier 2	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
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	
CHATEAL EQ (28)	Tier 0	
CRYSSELLE (28)	Tier 0	
CURAE	Tier 0	QL (1 EA per 30 days)
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.estradiol/e.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	
EMZAHH	Tier 0	
ENILLORING	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	

Drug Name	Tier	Restrictions/Limits
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	
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	



Drug Name	Tier	Restrictions/Limits
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	
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>norelgestromin-ethin.estradiol</i>	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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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)
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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
TRI-SPRINTEC (28)	Tier 0	
TRIVORA (28)	Tier 0	
TRI-VYLIBRA	Tier 0	
TRI-VYLIBRA LO	Tier 0	
TULANA	Tier 0	
TURQOZ (28)	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	
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>alogliptin-metformin</i>	Tier 2	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>alogliptin-pioglitazone</i>	Tier 2	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
JANUMET	Tier 1	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan

Drug Name	Tier	Restrictions/Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 1	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	Tier 1	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan
JANUVIA	Tier 1	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan
<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	
ORIAHNN	Tier 3	PA; QL (60 EA per 30 days)
<b>GLYCOGENOLYTIC AGENTS</b>		
BAQSIMI	Tier 2	PA; ST; QL (2 EA per 30 days)
GLUCAGON (HCL) EMERGENCY KIT	Tier 2	QL (2 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG JUNIOR KWIKPEN U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 50-50 INSULN U-100	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 50-50 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
HUMALOG MIX 75-25 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 75-25(U-100)INSULN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN N NPH INSULIN KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN R REGULAR U-100 INSULN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN R U-500 (CONC) INSULIN	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plans
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plans
<i>insulin aspart u-100 subcutaneous cartridge</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>insulin aspart u-100 subcutaneous insulin pen</i>	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>insulin aspart u-100 subcutaneous solution</i>	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>insulin lispro protamin-lispro</i>	Tier 2	QL (1 ML per 1 day); This product is covered for \$0 on CareSource Diabetes Plans
<i>insulin lispro subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	Tier 2	QL (1 ML per 1 day); This product is covered for \$0 on CareSource Diabetes Plans
<i>insulin lispro subcutaneous solution</i>	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN 70-30 FLEXPEN U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
NOVOLIN N FLEXPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN R FLEXPEN	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN R REGULAR U100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
REZVOGLAR KWIKPEN	Tier 2	QL (1.5 ML per 1 Day); This product is covered for \$0 on CareSource Diabetes 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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRESIBA FLEXTOUCH U-200	Tier 2	QL (27 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRESIBA U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
XULTOPHY 100/3.6	Tier 2	PA; ST; QL (15 ML per 30 days)
<b>INTERMEDIATE-ACTING INSULINS</b>		
HUMALOG MIX 50-50 INSULN U-100	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
HUMALOG MIX 50-50 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 75-25 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 75-25(U-100)INSULN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN N NPH INSULIN KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plans
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plans
<i>insulin lispro protamin-lispro</i>	Tier 2	QL (1 ML per 1 day); This product is covered for \$0 on CareSource Diabetes Plans

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
NOVOLIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN 70-30 FLEXPEN U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN N FLEXPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<b>LONG-ACTING INSULINS</b>		
BASAGLAR KWIKPEN U-100 INSULIN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
REZVOGLAR KWIKPEN	Tier 2	QL (1.5 ML per 1 Day); This product is covered for \$0 on CareSource Diabetes 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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRESIBA FLEXTOUCH U-200	Tier 2	QL (27 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRESIBA U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
XULTOPHY 100/3.6	Tier 2	PA; ST; QL (15 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
<b>MEGLITINIDES</b>		
<i>nateglinide</i>	Tier 1	
<i>repaglinide</i>	Tier 1	
<b>PARATHYROID AGENTS</b>		
<i>teriparatide</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	
ORIAHNN	Tier 3	PA; QL (60 EA per 30 days)
<i>progesterone micronized</i>	Tier 1	
<b>RAPID-ACTING INSULINS</b>		
HUMALOG JUNIOR KWIKPEN U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 50-50 INSULN U-100	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 50-50 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 75-25 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 75-25(U-100)INSULN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plans
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plans
<i>insulin aspart u-100 subcutaneous cartridge</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>insulin aspart u-100 subcutaneous insulin pen</i>	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>insulin aspart u-100 subcutaneous solution</i>	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>insulin lispro protamin-lispro</i>	Tier 2	QL (1 ML per 1 day); This product is covered for \$0 on CareSource Diabetes Plans
<i>insulin lispro subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	Tier 2	QL (1 ML per 1 day); This product is covered for \$0 on CareSource Diabetes Plans
<i>insulin lispro subcutaneous solution</i>	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<b>SHORT-ACTING INSULINS</b>		
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN R REGULAR U-100 INSULN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN R U-500 (CONC) INSULIN	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
NOVOLIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN 70-30 FLEXPEN U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN R FLEXPEN	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN R REGULAR U100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<b>SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB</b>		
FARXIGA	Tier 2	PA; ST; QL (30 Tablets per 30 days); This product is covered for \$0 on CareSource Diabetes and Healthy Heart Plans and on the HDHP Preventive Plans (for preventive use).
JARDIANCE	Tier 2	PA; ST; QL (30 Tablets per 30 days); This product is covered for \$0 on CareSource Diabetes and Healthy Heart Plans and on the HDHP Preventive Plans (for preventive use).
SYNJARDY	Tier 2	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	Tier 2	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<b>SOMATOTROPIN AGONISTS</b>		
INCRELEX	Tier 4	PA
<b>SULFONYLUREAS</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glipizide</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glipizide-metformin</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glyburide micronized oral tablet 1.5 mg</i>	Tier 1	QL (8 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plans
<i>glyburide micronized oral tablet 3 mg</i>	Tier 1	QL (4 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plans
<i>glyburide micronized oral tablet 6 mg</i>	Tier 1	QL (2 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plans
<i>glyburide oral tablet 1.25 mg</i>	Tier 1	QL (16 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glyburide oral tablet 2.5 mg</i>	Tier 1	QL (8 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glyburide oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Tier 1	QL (260 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	QL (5 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>pioglitazone-glimepiride</i>	Tier 1	ST; QL (30 EA per 30 days)
<b>THIAZOLIDINEDIONES</b>		
<i>alogliptin-pioglitazone</i>	Tier 2	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>pioglitazone</i>	Tier 1	QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<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); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<b>THYROID AGENTS</b>		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	
EUTHYROX	Tier 1	
<i>levothyroxine oral tablet</i>	Tier 1	
LEVOXYL	Tier 1	
<i>liothyronine oral</i>	Tier 1	
NIVA THYROID	Tier 1	
NP THYROID	Tier 1	
SYNTHROID	Tier 3	
<i>thyroid (pork)</i>	Tier 1	
UNITHROID	Tier 1	
<b>IMMUNOMODULATORY AGENTS (90:00)</b>		
<b>AMINO ACID POLYMERS</b>		
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	Tier 4	PA; QL (1 ML per 28 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	Tier 4	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 4	PA; QL (1 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	Tier 4	PA; QL (12 ML per 28 days)



Drug Name	Tier	Restrictions/Limits
<b>ANTIMETABOLITES</b>		
<i>teriflunomide</i>	Tier 4	PA; QL (30 EA per 30 days)
<b>ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC</b>		
<i>azathioprine</i>	Tier 1	
<i>mycophenolate mofetil</i>	Tier 1	
<i>mycophenolate sodium</i>	Tier 1	
<b>CALCINEURIN INHIBITORS, MISC (90:28)</b>		
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine ophthalmic (eye)</i>	Tier 1	QL (60 EA per 30 days)
<i>cyclosporine oral</i>	Tier 1	
GENGRAF	Tier 1	
<i>tacrolimus oral capsule</i>	Tier 1	
<b>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS</b>		
<i>methotrexate sodium oral</i>	Tier 1	
<i>sulfasalazine</i>	Tier 1	
TREMFYA	Tier 4	PA; QL (100 ML per 60 days)
<b>FUMARATES</b>		
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 240 mg</i>	Tier 1	PA; QL (60 EA per 30 days)
VUMERITY	Tier 4	PA; QL (120 EA per 30 days)
<b>IMMUNOMODULATORY AGENTS (90:00)</b>		
<i>cyclophosphamide oral capsule</i>	Tier 1	PA
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	Tier 1	
<i>mercaptopurine</i>	Tier 1	
<b>INTERFERONS</b>		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	Tier 4	PA; QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	Tier 4	PA; QL (1 EA per 28 days)
REBIF (WITH ALBUMIN)	Tier 4	PA
REBIF REBIDOSE	Tier 4	PA
<b>INTERLEUKIN-MEDIATED AGENTS, MISC</b>		
ACTEMRA ACTPEN	Tier 4	PA; QL (4 SYRINGES per 28 days)
ACTEMRA SUBCUTANEOUS	Tier 4	PA; QL (4 SYRINGES per 28 days)
COSENTYX (2 SYRINGES)	Tier 4	PA; QL (2 ML per 28 days)
COSENTYX PEN	Tier 4	PA; QL (1 ML per 28 days)
COSENTYX PEN (2 PENS)	Tier 4	PA; QL (2 ML per 28 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; QL (1 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 4	PA
COSENTYX UNOREADY PEN	Tier 2	PA
STELARA INTRAVENOUS	Tier 4	PA
STELARA SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (45 MG per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Tier 4	PA; QL (45 MG per 84 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 4	PA; QL (90 MG per 60 days)
<b>JANUS KINASE INHIBITORS, MISCELLANEOUS</b>		
RINVOQ	Tier 4	PA; QL (1 EA per 1 day)
<b>MONOCARBOXYLIC ACID AMIDE AGENTS</b>		
<i>leflunomide</i>	Tier 1	QL (30 EA per 30 days)
<b>MONOCLONAL ANTIBODIES (90:04)</b>		
KESIMPTA PEN	Tier 4	PA
<b>MTOR INHIBITORS, MISCELLANEOUS</b>		
HYFTOR	Tier 4	PA; QL (20 GM per 18 days)
<i>sirolimus oral tablet</i>	Tier 1	
<b>PHOSPHODIESTERASE-4 INHIBITORS, MISC</b>		
OTEZLA ORAL TABLET 30 MG	Tier 4	PA
<b>SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS</b>		
<i>fingolimod</i>	Tier 4	PA; QL (30 EA per 30 days)
ZEPOSIA	Tier 4	PA
ZEPOSIA STARTER KIT (28-DAY)	Tier 4	PA; QL (1 PACK per 292 days)
ZEPOSIA STARTER PACK (7-DAY)	Tier 4	PA; QL (1 PACK per 292 days)
<b>TUMOR NECROSIS FACTOR INHIBITORS, MISC</b>		
<i>adalimumab-adaz</i>	Tier 4	PA
<i>adalimumab-fkjp</i>	Tier 4	PA
CIMZIA	Tier 4	PA; QL (2 SYRINGES per 28 days)
CIMZIA POWDER FOR RECONST	Tier 4	PA; QL (1 SYRINGES per 28 days)
CIMZIA STARTER KIT	Tier 4	PA; QL (6 SYRINGES per 365 days)
ENBREL MINI	Tier 4	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	Tier 4	PA; QL (8 ML per 28 days)

Drug Name	Tier	Restrictions/Limits
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	Tier 4	PA; QL (4 ML per 28 days)
ENBREL SURECLICK	Tier 4	PA; QL (4 ML per 28 days)
HADLIMA	Tier 4	PA
HADLIMA PUSHTOUCH	Tier 4	PA
HADLIMA(CF)	Tier 4	PA
HADLIMA(CF) PUSHTOUCH	Tier 4	PA
HUMIRA	Tier 4	PA; QL (2 EA per 21 days)
HUMIRA PEN	Tier 4	PA
HUMIRA(CF)	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS	Tier 4	PA; QL (3 PENS per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA; QL (2 PENS per 28 days)

### LOCAL ANESTHETICS (PARENTERAL)

#### LOCAL ANESTHETICS (PARENTERAL)

DERMACINRX PRIZOPAK	Tier 1	
<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 4 %</i>	Tier 2	PA
<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)

### MISCELLANEOUS THERAPEUTIC AGENTS

#### 5-ALPHA-REDUCTASE INHIBITORS (92:04)

<i>dutasteride</i>	Tier 1	ST
<i>dutasteride-tamsulosin</i>	Tier 1	ST
<i>finasteride oral tablet 5 mg</i>	Tier 1	

#### ANTIGOUT AGENTS

<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>colchicine oral tablet</i>	Tier 1	QL (2 EA per 1 day)
EC-NAPROXEN	Tier 1	
<i>febuxostat</i>	Tier 1	ST
<i>indomethacin oral capsule</i>	Tier 1	
<i>naproxen oral tablet</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>naproxen oral tablet, delayed release (drlec)</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>naproxen-esomeprazole</i>	Tier 1	ST
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	ST
<i>sumatriptan-naproxen</i>	Tier 1	ST; QL (18 EA per 30 days)
<b>BONE ANABOLIC AGENTS</b>		
<i>teriparatide</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>		
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
MULTI-VITAMIN WITH FLUORIDE	Tier 0	
MVC-FLUORIDE	Tier 0	
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	
VITAMINS A,C,D AND FLUORIDE	Tier 0	
<b>IMMUNOMODULATORY AGENTS</b>		
ACTIMMUNE	Tier 4	PA
<i>hydroxychloroquine</i>	Tier 1	
<i>lenalidomide</i>	Tier 4	PA; QL (30 EA per 30 days)
OTEZLA ORAL TABLET 30 MG	Tier 4	PA; QL (60 EA per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (2 ML per 28 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>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>		
CRYOSERV	Tier 1	
CYSTAGON	Tier 4	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
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>PROTECTIVE AGENTS</b>		
<i>adapalene topical lotion</i>	Tier 2	ST
<i>dalfampridine</i>	Tier 4	PA; QL (60 EA per 30 days)
<b>NONHORMONAL CONTRACEPTIVES</b>		
<b>NONHORMONAL CONTRACEPTIVES</b>		
AIMSCO LATEX CONDOM	Tier 0	QL (24 EA per 30 days)
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 0	
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)
<i>mifepristone oral tablet 200 mg</i>	Tier 1	PA

Drug Name	Tier	Restrictions/Limits
<b>PHARMACEUTICAL AIDS</b>		
<b>PHARMACEUTICAL AIDS</b>		
<i>diluent for treprostinil (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)
<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)
<i>tiotropium bromide</i>	Tier 1	
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
<b>ANTIFIBROTIC AGENTS</b>		
OFEV	Tier 4	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule</i>	Tier 4	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	Tier 4	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	Tier 4	PA
<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
<i>codeine-guaifenesin</i>	Tier 1	
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	Tier 1	
<i>hydrocodone-chlorpheniramine</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 1	PA; QL (4 ML per 1 day)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)</i>	Tier 1	PA
<i>hydrocodone-homatropine oral tablet</i>	Tier 1	PA
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>CORTICOSTEROIDS (RESPIRATORY TRACT)</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)
QNASL	Tier 3	ST; QL (1 GM per 30 days)
RYALTRIS	Tier 3	PA; QL (1 Bottle per 30 days)
<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; QL (3 EA per 1 day)
<b>CYSTIC FIBROSIS (CFTR) POTENTIATORS</b>		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG	Tier 4	PA; QL (2 EA per 1 day)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 4	PA; QL (56 EA per 30 days)
KALYDECO ORAL GRANULES IN PACKET 5.8 MG	Tier 4	PA
KALYDECO ORAL TABLET	Tier 4	PA; QL (60 EA per 30 days)
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; QL (3 EA per 1 day)
<b>EXPECTORANTS</b>		
<i>codeine-guaifenesin</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</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	
SSKI	Tier 2	
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	
<i>promethazine-phenylephrine</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
<b>MUCOLYTIC AGENTS</b>		
<i>acetylcysteine</i>	Tier 1	
PULMOZYME	Tier 4	PA; QL (2.5 ML per 1 day)
<b>PHOSPHODIESTERASE TYPE 4 INHIBITORS</b>		
<i>roflumilast oral tablet 250 mcg</i>	Tier 1	PA; QL (30 EA per 30 days)



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>roflumilast oral tablet 500 mcg</i>	Tier 1	PA; QL (1 EA per 1 Day)
<b>PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)</b>		
ADCIRCA	Tier 4	PA; QL (2 EA per 1 day)
<i>tadalafil oral tablet 5 mg</i>	Tier 1	PA; QL (8 EA per 30 days)
<b>PROSTACYCLIN &amp; PROSTACYCLIN DERIVATIVES</b>		
VENTAVIS	Tier 4	PA; QL (270 ML 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>		
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

Drug Name	Tier	Restrictions/Limits
<b>XANTHINE DERIVATIVES</b>		
ELIXOPHYLLIN	Tier 2	
THEO-24	Tier 2	
<i>theophylline</i>	Tier 1	
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ADRENERGIC AGONISTS</b>		
<i>brimonidine ophthalmic (eye)</i>	Tier 1	
<i>brimonidine topical</i>	Tier 1	PA
<b>ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)</b>		
<i>naftifine topical cream</i>	Tier 1	PA; QL (60 GM per 30 days)
<i>naftifine topical gel</i>	Tier 1	PA; QL (60 GM per 28 days)
<i>terbinafine hcl oral</i>	Tier 1	QL (1 EA per 1 day)
<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 hcl</i>	Tier 1	
<i>clindamycin palmitate hcl</i>	Tier 1	
CLINDAMYCIN PEDIATRIC	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 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
<i>clindamycin-tretinoin</i>	Tier 1	
<i>dapsone</i>	Tier 1	
<i>doxycycline hyclate oral capsule</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
ERY PADS	Tier 1	
ERYTHROCIN (AS STEARATE)	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin oral</i>	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>levofloxacin ophthalmic (eye)</i>	Tier 1	
<i>levofloxacin oral</i>	Tier 1	
<i>mafenide acetate</i>	Tier 1	PA
<i>metronidazole oral</i>	Tier 1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	QL (70 GM per 30 days)
<i>moxifloxacin</i>	Tier 1	
<i>mupirocin</i>	Tier 1	QL (44 GM per 30 days)
<i>neomycin</i>	Tier 1	
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
<i>tetracycline</i>	Tier 1	
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
XEPI	Tier 2	ST; QL (30 GM per 30 days)
<b>ANTIPROLIFERANTS</b>		
<i>bexarotene oral</i>	Tier 4	PA
<i>bexarotene topical</i>	Tier 4	PA; QL (60 GM per 30 days)
<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)
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	PA
VALCHLOR	Tier 4	PA
<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 4 %</i>	Tier 2	PA
<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)
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)</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>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>ASTRINGENTS (84:12)</b>		
<i>glycopyrrolate oral solution</i>	Tier 1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<b>ASTRINGENTS, ANTI-INFECTIVE</b>		
<i>chlorhexidine gluconate mucous membrane</i>	Tier 1	
PAROEX ORAL RINSE	Tier 1	
PERIOGARD	Tier 1	
<i>selenium sulfide topical lotion</i>	Tier 1	PA
<i>silver sulfadiazine</i>	Tier 1	
SSD	Tier 1	
<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	ST
<i>ketoconazole oral</i>	Tier 1	
<i>ketoconazole topical cream</i>	Tier 1	QL (60 GM per 21 days)
<i>ketoconazole topical shampoo</i>	Tier 1	QL (120 ML per 21 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>calcipotriene scalp</i>	Tier 1	QL (120 ML per 30 days)
<i>calcipotriene topical cream</i>	Tier 1	QL (120 GM per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<i>calcipotriene topical ointment</i>	Tier 1	QL (120 GM per 30 days)
<i>calcipotriene-betamethasone</i>	Tier 1	QL (60 GM per 30 days)
<i>nitroglycerin rectal</i>	Tier 1	PA
<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)
<i>clindamycin-tretinoin</i>	Tier 1	
<i>finasteride oral tablet 5 mg</i>	Tier 1	
<i>minoxidil oral</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)
<i>amcinonide</i>	Tier 1	ST
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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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	PA; 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)
<b>FLUOCINONIDE-E</b>	Tier 1	QL (120 GM per 30 days)
<i>fluocinonide-emollient</i>	Tier 1	QL (120 GM per 30 days)
<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 topical cream</i>	Tier 1	ST
<i>halobetasol propionate topical cream</i>	Tier 1	ST
<i>halobetasol propionate topical foam</i>	Tier 1	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 %</i>	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	QL (118 ML per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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)
KOURZEQ	Tier 1	
<i>mometasone nasal</i>	Tier 1	ST; QL (17 GM per 30 days)
<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	
RYALTRIS	Tier 3	PA; QL (1 Bottle per 30 days)
<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)
<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 AGENTS (84:06)</b>		
HYFTOR	Tier 4	PA; QL (20 GM per 18 days)
<i>pimecrolimus</i>	Tier 1	PA; QL (100 GM per 30 days)
<i>sirolimus oral tablet</i>	Tier 1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	Tier 4	PA; QL (1 ML per 84 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
SKYRIZI SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	Tier 4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	Tier 4	PA; QL (1 ML per 84 days)
<i>tacrolimus topical</i>	Tier 1	QL (100 GM per 30 Days)
TREMFYA	Tier 4	PA; QL (100 ML per 60 days)
<b>JANUS KINASE INHIBITORS (84:06)</b>		
JAKAFI	Tier 4	PA; QL (60 EA per 30 days)
<b>KERATOLYTIC AGENTS</b>		
<i>acitretin</i>	Tier 1	
<i>adapalene topical lotion</i>	Tier 2	ST
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 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>podofilox topical solution</i>	Tier 1	QL (1 ML per 30 days)
<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)
SALY CIM	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	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	Tier 1	QL (57 GM per 30 days)



<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ALCOHOL PREP PADS	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>alcohol swabs</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ALCOHOL WIPES	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
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	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CARETOUCH ALCOHOL PREP PAD	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CURITY ALCOHOL SWABS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
DROPSAFE ALCOHOL PREP PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
DY-O-DERM	Tier 1	
EASY COMFORT ALCOHOL PAD	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY TOUCH ALCOHOL PREP PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>guaiacol</i>	Tier 2	
INCONTROL ALCOHOL PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
INSTACLEAN	Tier 2	
<i>isopropyl alcohol solution 70 %</i>	Tier 2	
<i>isopropyl alcohol solution 99 %</i>	Tier 1	
IV PREP WIPES	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PRO COMFORT ALCOHOL PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PURE COMFORT ALCOHOL PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SSS 10-5 TOPICAL CREAM	Tier 1	
<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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SURE-PREP ALCOHOL PREP PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRUE COMFORT ALCOHOL PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRUE COMFORT PRO ALCOHOL PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULESFIA	Tier 2	QL (227 GM per 30 days)
ULTILET ALCOHOL SWAB	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
WEBCOL	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<b>NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN)</b>		
<i>diclofenac potassium oral tablet</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	QL (500 GM per 30 days)
<i>diclofenac-misoprostol</i>	Tier 1	
<b>PHOSPHODIESTERASE-4 INHIBITORS (84:06)</b>		
<i>roflumilast oral tablet 250 mcg</i>	Tier 1	PA; QL (30 EA per 30 days)
<b>POLYENES (SKIN AND MUCOUS MEMBRANE)</b>		
KLAYESTA	Tier 1	QL (180 GM per 1 FILL)
NYAMYC	Tier 1	QL (180 GM per 30 days)
<i>nystatin topical cream</i>	Tier 1	QL (30 GM per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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)
<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 SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	Tier 4	PA; QL (400 MG per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 4	PA; QL (600 MG per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	Tier 4	PA; QL (600 MG per 28 days)
<i>ivermectin topical cream</i>	Tier 1	QL (60 GM per 30 days)
<i>metronidazole oral</i>	Tier 1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	QL (70 GM per 30 days)
OTEZLA ORAL TABLET 30 MG	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	
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>ANTIMUSCARINICS</b>		
<i>darifenacin</i>	Tier 1	PA
<i>fesoterodine</i>	Tier 1	ST
<i>flavoxate</i>	Tier 1	
<i>oxybutynin chloride oral syrup</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
<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</i>	Tier 1	
<b>SELECTIVE BETA-3-ADRENERGIC AGONISTS</b>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	Tier 2	PA
<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	

Drug Name	Tier	Restrictions/Limits
WESNATAL DHA COMPLETE	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	
<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	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
SUPER B MAXI COMPLEX	Tier 0	
SUPER B-50 COMPLEX	Tier 0	
SUPER QUINTS	Tier 0	
<i>vitamin b complex-folic acid oral tablet</i>	Tier 0	
WESCAP-C DHA	Tier 1	
WESNATAL DHA COMPLETE	Tier 1	
<b>VITAMIN C</b>		
<i>b complex-vitamin c-folic acid oral tablet</i>	Tier 0	
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 intravenous</i>	Tier 1	
<i>calcitriol oral</i>	Tier 1	
<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	
<i>paricalcitol oral</i>	Tier 1	ST
RELION GLUCOSE	Tier 1	
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	
VITAMIN D2	Tier 1	
VITAMINS A,C,D AND FLUORIDE	Tier 0	
<b>VITAMIN E</b>		
STRESS FORMULA WITH IRON	Tier 0	
STRESS FORMULA WITH IRON(SULF)	Tier 0	
<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 1 FILL)

**Medical Benefit**

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/Limits</b>
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	Tier 2	PA
XOLAIR SUBCUTANEOUS RECON SOLN	Tier 2	PA; QL (6 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; QL (4 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	Tier 2	PA
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 2	PA; QL (2 SYRINGES per 28 days)



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