



## CareSource Ohio Medicaid

7/1/2022

### INTRODUCTION

We are pleased to provide the 2022 **CareSource Medicaid Formulary** as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients. While all Ohio Medicaid drugs are covered by CareSource, this is a list of preferred medications.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and then approved by a local 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 <http://www.guideline.gov>, on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

### PREFACE

The document 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.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics (P&T) Committee are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of experts from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

In addition to the National P&T Committee review, the CareSource Pharmacy Therapeutics and Technology (PT&T) Committee makes formulary recommendations based upon the needs of regional member demographics. The CareSource PT&T Committee is comprised of the Plan's Medical Directors, Pharmacy staff and representatives from the medical community.

## DRUG LIST PRODUCT DESCRIPTIONS

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

**Listed products on the document generally include all strengths and dosage forms of the cited brand-name product.**

*pregabalin*

*Lyrica*

Oral capsules, oral solution and all strengths of Lyrica would be included in this listing.

**When a strength, dosage or different formulation is specified, only that specific strength, dosage or formulation may be covered. Other strengths/dosage/formulations, including injectable dosage forms of the reference product, are not covered.**

*colestipol tabs*

*Colestid*

The generic-name oral tablet formulation is on the document. From this entry, the oral packets and granules cannot be assumed to be on the list unless there is a separate entry.

**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/polymyxinB/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.

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. **Boldface type** indicates generic availability. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. 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 document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents and 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 drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

## 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**

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

CareSource does not operate the websites/organizations listed here, nor is it responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by CareSource.

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

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## **List of Abbreviations**

**1:** Preferred generic product

**2:** Preferred brand product

**ACA:** Affordable Care Act

**AR:** Age Restriction. For certain drugs, the Plan limits coverage to those above or below a certain age.

**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.

CURRENT AS OF 7/1/2022

Drug Name	Tier	Restrictions / Limits
<b>ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC</b>		
<b>ANALGESIC OPIOID AGONISTS</b>		
codeine sulfate	1	QL
hydromorphone oral liquid	1	QL
hydromorphone oral tablet	1	QL
hydromorphone rectal	1	QL
morphine concentrate oral solution	1	QL
morphine oral solution	1	QL
morphine oral tablet	1	QL
morphine oral tablet extended release	1	PA; QL
morphine rectal	1	QL
oxycodone oral capsule	1	QL
oxycodone oral concentrate	1	QL
oxycodone oral solution	1	QL
oxycodone oral tablet	1	QL
tramadol oral tablet 100 mg	2	QL
tramadol oral tablet 50 mg	1	QL
<b>ANALGESIC OPIOID CODEINE COMBINATIONS</b>		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ASCOMP WITH CODEINE	1	QL

Drug Name	Tier	Restrictions / Limits
BUTALBITAL COMPOUND W/CODEINE	1	QL
<i>butalbital-acetaminop- caf-cod</i>	1	QL
<i>codeine-butalbital-asa- caff</i>	1	QL
<b>ANALGESIC OPIOID HYDROCODONE AND NON-SALICYLATE COMBINATIONS</b>		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL
<b>ANALGESIC OPIOID HYDROCODONE COMBINATIONS</b>		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL
<b>ANALGESIC OPIOID OXYCODONE AND NON-SALICYLATE COMBINATIONS</b>		
ENDOCET	1	QL
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	1	QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<b>ANALGESIC OPIOID OXYCODONE COMBINATIONS</b>					
ENDOCET	1	QL	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGNTS,TNF-ALPHA SEL		
<i>oxycodone-</i> <i>acetaminophen oral</i> <i>solution 10-300 mg/5 ml</i>	1	QL	HUMIRA	2	PA; QL
<i>oxycodone-</i> <i>acetaminophen oral</i> <i>tablet 10-325 mg, 2.5-</i> <i>325 mg, 5-325 mg, 7.5-</i> <i>325 mg</i>	1	QL	HUMIRA PEN	2	PA; QL
<b>ANALGESIC OPIOID PARTIAL-MIXED AGONISTS</b>					
<i>butorphanol/nasal</i>	1	QL	HUMIRA PEN CROHNS-UC-HS START	2	PA; QL
BUTRANS	2	PA	HUMIRA PEN PSOR-UVEITS-ADOL HS	2	PA; QL
<b>ANALGESIC OPIOID TRAMADOL AND NON-SALICYLATE COMBINATIONS</b>					
<i>tramadol-</i> <i>acetaminophen</i>	1	QL	HUMIRA(CF)	2	PA; QL
<b>ANALGESIC OPIOID TRAMADOL COMBINATIONS</b>					
<i>tramadol-</i> <i>acetaminophen</i>	1	QL	HUMIRA(CF) PEDI CROHNS STARTER	2	PA; QL
<b>ANALGESIC OR ANTIPYRETIC NON- OPIOID/SEDATIVE COMBINATIONS</b>					
<i>butilbital-</i> <i>acetaminophen-caff</i>	1	QL	HUMIRA(CF) PEN	2	PA; QL
ZEBUTAL	1	QL	HUMIRA(CF) PEN CROHNS-UC-HS START	2	PA; QL
<b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGNTS,NON- SEIECTIVE</b>					
ENBREL	2	PA; QL	HUMIRA(CF) PEN PSOR-UVEITS-ADOL HS	2	PA; QL
ENBREL MINI	2	PA; QL	HUMIRA(CF)	2	PA; QL
ENBREL SURECLICK	2	PA; QL	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA; QL
			HUMIRA(CF) PEN	2	PA; QL

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>			
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA; QL	<b>DMARD - JANUS KINASE (JAK) INHIBITORS</b>					
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; QL	XELJANZ ORAL TABLET 5 MG	2	PA; QL			
<b>DMARD - ANTIMALARIALS</b>								
hydroxychloroquine oral tablet 200 mg	1		<b>DMARD - OTHER</b>					
<b>DMARD - ANTIMETABOLITES</b>								
methotrexate sodium	1		minocycline oral capsule	1				
methotrexate sodium (pf) injection solution	1		penicillamine oral capsule	1				
TREXALL	2	PA	sulfasalazine	1				
<b>DMARD - B CELL TARGETED AGENTS</b>								
RITUXAN	2	PA	<b>DMARD - PHOSPHODIESTERAS E-4 (PDE4) INHIBITORS</b>					
TRUXIMA	2	PA	OTEZLA	2	PA; QL			
<b>DMARD - GOLD COMPOUNDS</b>			OTEZLA STARTER	2	PA; QL			
RIDAURA	2		<b>DMARD - PYRIMIDINE SYNTHESIS INHIBITORS</b>					
<b>DMARD - IMMUNOSUPPRESSIVES</b>			leflunomide	1				
azathioprine oral tablet 50 mg	1		<b>NSAID ANALGESIC, CYCLOOXYGENASE-2 (COX-2) SELECTIVE INHIBITORS</b>					
cyclophosphamide oral capsule	1	PA	celecoxib	1				
cyclosporine modified	1		<b>NSAID ANALGESICS (COX NON-SPECIFIC) - ANTHRANILIC ACID DERIVATIVES</b>					
cyclosporine oral	1		meclofenamate	1				
GENGRAF	1		mefenamic acid	1				
mycophenolate mofetil	1		<b>NSAID ANALGESICS (COX NON-SPECIFIC) - OTHER</b>					
NEORAL	2		ketorolac oral	1	QL			
SANDIMMUNE ORAL	2		nabumetone	1				
<b>DMARD - INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>			sulindac	1				
KINERET	2	PA; QL	<b>NSAID ANALGESICS (COX NON-SPECIFIC) - OXICAM DERIVATIVES</b>					

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits			
<i>meloxicam</i>	1		<b>SALICYLATE ANALGESICS</b>					
<i>piroxicam</i>	1		<i>diflunisal</i>	1				
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - PHENYLACETIC ACID DERIVATIVES</b>								
<i>diclofenac potassium oral tablet 50 mg</i>	1		<b>ANESTHETICS</b>					
<i>diclofenac sodium oral</i>	1		<b>GENERAL ANESTHETIC - PARENTERAL, BENZODIAZEPINES</b>					
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - PROPIONIC ACID DERIVATIVES</b>								
<i>flurbiprofen</i>	1		<i>midazolam (pf)</i>	1				
<i>IBU</i>	1		<i>midazolam injection</i>	1				
<i>ibuprofen oral suspension</i>	1	OTC	<b>ANORECTAL PREPARATIONS</b>					
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1		<b>ANORECTAL - GLUCOCORTICOIDS</b>					
<i>naproxen oral suspension</i>	1		<i>hydrocortisone acetate rectal</i>	1				
<i>naproxen oral tablet</i>	1		<i>hydrocortisone topical cream with perineal applicator</i>	1				
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1		<i>PROCTO-MED HC</i>	1				
<i>oxaprozin</i>	1		<i>PROCTOSOL HC</i>	1				
<b>NSAID ANALGESICS, (COX NON-SPECIFIC) - INDOLE ACETIC ACID DERIVATIVES</b>								
<i>etodolac</i>	1		<i>PROCTOZONE-HC</i>	1				
<i>INDOCIN</i>	2		<b>ANORECTAL - HEMORRHOIDAL RECTAL GLUCOCORTICOID- LOCAL ANESTHETIC COMB</b>					
<i>indomethacin</i>	1		<i>hydrocortisone-pramoxine rectal cream</i>	1				
<b>SALICYLATE ANALGESIC AND SEDATIVE COMBINATIONS</b>			<i>PROCTOFOAM HC</i>	2				
<i>butalbital-aspirin- caffeine oral capsule</i>	1	QL	<b>ANTIDOTES AND OTHER REVERSAL AGENTS</b>					
<i>butalbital-aspirin- caffeine oral tablet</i>	1		<b>ANTIDOTE OTHERS</b>					
			<i>GALZIN</i>	2	PA			
			<b>CHELATING AGENTS - COPPER</b>					
			<i>penicillamine oral capsule</i>	1				

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<b>CHELATING AGENTS - IRON</b>			<i>amoxicillin-pot clavulanate</i>	1	
<i>deferasirox oral tablet 180 mg</i>	1	PA	<b>ANTHELMINTIC AGENTS - BENZIMIDAZOLE DERIVATIVES</b>		
<i>deferasirox oral tablet, dispersible</i>	1	PA	<i>albendazole</i>	1	PA
<b>CHELATING AGENTS - LEAD POISONING</b>			<b>ANTHELMINTIC AGENTS - MACROCYCLIC LACTONES</b>		
<b>CHEMET</b>	2		<i>ivermectin oral</i>	1	QL
<b>MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING</b>			<b>ANTHELMINTIC AGENTS OTHER</b>		
<b>MOVANTIK</b>	2	ST	<i>praziquantel</i>	1	
<b>OPIOID REVERSAL AGENTS - OPIOID ANTAGONISTS</b>			<b>ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS</b>		
<b>KLOXXADO</b>	2	QL	<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>naloxone</i>	1	QL	<b>SULFATRIM</b>	1	
<i>naltrexone</i>	1		<b>ANTIBACTERIAL FOLATE ANTAGONIST OTHERS</b>		
<b>ANTI-INFECTIVE AGENTS</b>			<i>trimethoprim</i>	1	
<b>AMEBICIDES</b>			<b>ANTIBACTERIAL NITROFURAN DERIVATIVES</b>		
<i>paromomycin</i>	1		<i>nitrofurantoin</i>	1	
<b>AMINOGLYCOSIDE ANTIBIOTIC</b>			<i>nitrofurantoin macrocrystal</i>	1	
<b>ARIKAYCE</b>	2	PA	<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>neomycin</i>	1		<b>ANTIFUNGAL - ALLYLAMINES</b>		
<i>tobramycin sulfate injection solution 40 mg/ml</i>	1	PA	<i>terbinafine hcl oral</i>	1	QL
<b>AMINOPENICILLIN ANTIBIOTIC</b>			<b>ANTIFUNGAL - AMPHOTERIC POLYENE MACROLIDES</b>		
<i>amoxicillin</i>	1				
<i>ampicillin</i>	1				
<b>AMINOPENICILLIN ANTIBIOTIC - BETA-LACTAMASE INHIBITOR COMBINATIONS</b>					

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>nystatin oral tablet</i>	1		<i>atovaquone</i>	1	
<b>ANTIFUNGAL - FLUORINATED PYRIMIDINE-TYPE AGENTS</b>			<b>ANTIPROTOZOAL AGENTS (ANTIPARASITIC) - 5-NITROTHIAZOLYL DERIVATIVES</b>		
<i>flucytosine</i>	1		<b>ALINIA ORAL SUSPENSION FOR RECONSTITUTION</b>	2	PA; QL
<b>ANTIFUNGAL - IMIDAZOLES</b>			<i>nitazoxanide</i>	1	PA
<i>ketoconazole oral</i>	1		<b>ANTIPROTOZOAL-ANTIBACTERIAL 1ST GENERATION 2-METHYL-5-NITROIMIDAZOLE</b>		
<b>ANTIFUNGAL - TRIAZOLES</b>			<i>metronidazole oral</i>	1	
<i>fluconazole</i>	1		<b>ANTIRETROVIRAL - CD4 ATTACHMENT INHIBITORS</b>		
<b>ANTIFUNGAL OTHER</b>			<b>RUKOBIA</b>	2	PA
<i>griseofulvin microsize</i>	1		<b>ANTIRETROVIRAL - HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS</b>		
<i>griseofulvin ultramicrosize</i>	1		<b>ISENTRESS HD</b>	2	QL
<b>ANTI-INFECTIVE IMMUNOLOGIC ADJUVANTS - INTERFERONS</b>			<b>ISENTRESS ORAL POWDER IN PACKET</b>	2	
<i>ACTIMMUNE</i>	2	PA	<b>ISENTRESS ORAL TABLET</b>	2	QL
<b>ANTILEPROTIC - IMMUNOMODULATOR S</b>			<b>ISENTRESS ORAL TABLET,CHEWABLE</b>	2	
<i>THALOMID</i>	2	PA	<b>TIVICAY</b>	2	
<b>ANTILEPROTIC - SULFONE AGENTS</b>			<b>TIVICAY PD</b>	2	
<i>dapsone oral</i>	1		<b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NNRTI COMBINATIONS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>			<b>JULUCA</b>	2	QL
<i>atovaquone-proguanil</i>	1	QL	<b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NRTI COMBINATIONS</b>		
<i>COARTEM</i>	2	QL			
<b>ANTIMALARIALS</b>					
<i>hydroxychloroquine oral tablet 200 mg</i>	1				
<i>mefloquine</i>	1	QL			
<i>primaquine</i>	1	QL			
<i>quinine sulfate</i>	1				
<b>ANTIPROTOZOAL AGENTS - OTHER</b>					

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
DOVATO	2	QL	KALETRA ORAL TABLET	2	
<b>ANTIRETROVIRAL - NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIB (NNRTI)</b>			<i>lopinavir-ritonavir oral solution</i>	1	
efavirenz	1		PREZCOBIX	2	
PIFELTRO	2	QL	<b>ANTIRETROVIRAL- INTEGRASE INHIBITOR, NUCLEOSIDE AND NUCLEOTIDE RTIS COMB</b>		
<b>ANTIRETROVIRAL - NUCLEOSIDE AND NUCLEOTIDE ANALOG RTIS COMBINATIONS</b>			BIKTARVY ORAL TABLET 30-120-15MG	2	
CIMDUO	2		BIKTARVY ORAL TABLET 50-200-25MG	2	QL
DESCOVY	2		GENVOYA	2	
<i>emtricitabine-tenofovir (tdf)</i>	1		<b>ANTIRETROVIRAL- NUCLEOSIDE ANALOGS AND INTEGRASE INHIBITOR COMBINATIONS</b>		
<b>ANTIRETROVIRAL - NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>			TRIUMEQ	2	
<i>abacavir oral tablet</i>	1		<b>ANTIRETROVIRAL- NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) COMB</b>		
EMTRIVA	2		<i>abacavir-lamivudine</i>	1	
<i>zidovudine</i>	1		<b>ANTIRETROVIRAL- NUCLEOSIDE, NUCLEOTIDE ANALOGS AND NON-NUCLEOSIDE RTI</b>		
<b>ANTIRETROVIRAL - NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS</b>			COMPLERA	2	
<i>tenofovir disoproxil fumarate</i>	1		DELSTRIGO	2	QL
VIREAD ORAL POWDER	2		<i>efavirenz-emtricitabin-tenofov</i>	1	
VIREAD ORAL TABLET 150 MG, 200 MG	2		ODEFSEY	2	
<b>ANTIRETROVIRAL COMBINATIONS - PROTEASE INHIBITORS</b>			SYMFI	2	
EVOTAZ	2		SYMFI LO	2	QL

Drug Name	Tier	Restrictions / Limits
<b>ANTITUBERCULAR - D-ALANINE ANALOGS</b>		
cycloserine	2	
<b>ANTITUBERCULAR - DIARYLQUINOLINE ANTIBIOTICS</b>		
SIRTURO ORAL TABLET 100 MG	2	
<b>ANTITUBERCULAR - ISONICOTINIC ACID DERIVATIVES</b>		
isoniazid oral	1	
<b>ANTITUBERCULAR - NIACINAMIDE DERIVATIVES</b>		
pyrazinamide	1	
<b>ANTITUBERCULAR - RIFAMYCIN AND DERIVATIVES</b>		
PRIFTIN	2	
rifabutin	1	
rifampin oral	1	
<b>ANTITUBERCULAR AGENTS OTHER</b>		
ethambutol	1	
TRECATOR	2	PA
<b>CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION</b>		
cefadroxil	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution	1	
cephalexin oral tablet	1	
<b>CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION</b>		
cefaclor	1	
cefprozil	1	

Drug Name	Tier	Restrictions / Limits
cefuroxime axetil	1	
<b>CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION</b>		
cefdinir	1	
<b>CMV ANTIVIRAL AGENT - NUCLEOSIDE ANALOGS</b>		
valganciclovir	1	
<b>FLUOROQUINOLONE ANTIBIOTICS</b>		
ciprofloxacin	1	
ciprofloxacin hcl oral	1	
levofloxacin oral	1	
ofloxacin oral	1	QL
<b>GLYCOPEPTIDE ANTIBIOTICS</b>		
FIRVANQ	2	PA
<b>HEPATITIS B TREATMENT- NUCLEOSIDE ANALOGS (ANTIVIRAL)</b>		
BARACLUDE ORAL SOLUTION	2	PA
entecavir	1	PA
EPIVIR HBV ORAL SOLUTION	2	
lamivudine oral tablet 100 mg	1	
<b>HEPATITIS B TREATMENT- NUCLEOTIDE ANALOGS (ANTIVIRAL)</b>		
adefovir	1	PA
tenofovir disoproxil fumarate	1	
VIREAD ORAL POWDER	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
VIREAD ORAL TABLET 150 MG, 200 MG	2	
<b>HEPATITIS C - INTERFERONS</b>		
PEGASYS	2	PA; QL
<b>HEPATITIS C - NS5A INHIBITOR AND NS3/4A PROTEASE INHIBITOR COMBINATION</b>		
MAVYRET	2	PA
<b>HEPATITIS C - NS5B POLYMERASE AND NS5A INHIBITOR COMBINATIONS</b>		
sofosbuvir-velpatasvir	2	PA
<b>HEPATITIS C - NUCLEOSIDE ANALOGS</b>		
ribavirin oral	1	PA
<b>HERPES ANTIVIRAL AGENT - PURINE ANALOGS</b>		
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
valacyclovir	1	
<b>INFLUENZA ANTIVIRAL AGENTS - NEURAMINIDASE INHIBITORS</b>		
oseltamivir	1	QL
RELENZA DISKHALER	2	QL
<b>INFLUENZA-A ANTIVIRAL AGENTS</b>		
rimantadine	1	
<b>LINCOSAMIDE ANTIBIOTICS</b>		
clindamycin hcl	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
CLINDAMYCIN PEDIATRIC	1	
<b>MACROLIDE ANTIBIOTICS</b>		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
<b>MISC ANTI-INFECTIVE</b>		
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
NEBUPENT	2	PA
<i>pentamidine inhalation</i>	1	PA
<b>MISC ANTI-INFECTIVE COMBINATIONS</b>		
<i>methen-sod phos-meth blue-hyos</i>	1	
PHOSPHASAL	1	
URELLE	2	
URO-458	1	
UROGESIC-BLUE	1	
USTELL	1	
UTIRA-C	1	
<b>PENICILLIN ANTIBIOTIC - NATURAL</b>		
<i>penicillin v potassium</i>	1	
<b>PENICILLIN ANTIBIOTIC - PENICILLINASE-RESISTANT</b>		
<i>dicloxacillin</i>	1	
<b>PROTEASE INHIBITORS (NON-PEPTIDIC) ANTIRETROVIRAL</b>		
PREZCOBIX	2	
PREZISTA ORAL SUSPENSION	2	QL
PREZISTA ORAL TABLET	2	

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
<b>PROTEASE INHIBITORS (PEPTIDIC) ANTIRETROVIRAL</b>					
atazanavir	1		<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
EVOTAZ	2		<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
NORVIR ORAL TABLET	2		<i>minocycline oral capsule</i>	1	
REYATAZ ORAL POWDER IN PACKET	2		<i>tetracycline</i>	1	
<b>RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS</b>					
PRIFTIN	2		VIBRAMYCIN (CALCIUM)	2	
<i>rifabutin</i>	1		<b>ANTINEOPLASTICS</b>		
<i>rifampin oral</i>	1		<b>ANP - HUMAN VASCULAR ENDOTHELIAL GROWTH FACTOR INHIB REC-MC ANTIBODY</b>		
XIFAXAN	2	ST; QL	MVASI	2	PA
<b>SARS-COV-2 ANTIVIRAL AGENT - MAIN PROTEASE (M PRO) INHIBITORS</b>			ZIRABEV	2	PA
PAXLOVID (EUA) ORAL TABLET 300 MG (150 MG X 2)-100 MG	2	QL	<b>ANTINEOPLASIC- EPIDERM.GROWTH FACTOR-EGFR (ERBB1),HER-2 (ERBB2)R.INHIB</b>		
<b>SARS-COV-2 ANTIVIRAL AGENT - RNA POLYMERASE INHIBITORS</b>			<i>lapatinib</i>	1	PA
molnupiravir	2	QL	<b>ANTINEOPLASTIC - CYP17 (17 ALPHA-HYDROXYLASE/C17,2 O-LYASE) INHIBITOR</b>		
<b>SULFONAMIDE ANTIBIOTIC</b>			<i>abiraterone</i>	1	PA
sulfadiazine	1		YONSA	2	PA
<b>TETRACYCLINE ANTIBIOTICS</b>			<b>ANTINEOPLASTIC - 1ST GENERATION EGFR TYROSINE KINASE INHIBITOR</b>		
<i>doxycycline hyclate oral capsule</i>	1		<i>erlotinib</i>	1	PA
<i>doxycycline hyclate oral tablet 100 mg, 50 mg</i>	1		IRESSA	2	PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1		<b>ANTINEOPLASTIC - 2ND GENERATION EGFR TYROSINE KINASE INHIBITOR</b>		

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
GILOTrif	2	PA	ZYKADIA	2	PA
NERLYNX	2	PA	<b>ANTINEOPLASTIC - ANTIADRENALS</b>		
VIZIMPRO	2	PA	LYSODREN	2	
<b>ANTINEOPLASTIC - 3RD GENERATION EGFR TYROSINE KINASE INHIBITOR</b>			<b>ANTINEOPLASTIC - ANTIANDROGENS</b>		
TAGRISSO	2	PA	<i>abiraterone</i>	1	PA
<b>ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES</b>			<i>bicalutamide</i>	1	
MYLERAN	2		ERLEADA	2	PA
<b>ANTINEOPLASTIC - ALKYLATING AGENT - METHYLHYDRAZINES</b>			<i>flutamide</i>	1	
MATULANE	2		<i>nilutamide</i>	1	PA
<b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS</b>			NUBEQA	2	PA
<i>cyclophosphamide oral capsule</i>	1	PA	XTANDI ORAL CAPSULE	2	PA
LEUKERAN	2		YONSA	2	PA
<i>melphalan</i>	1		<b>ANTINEOPLASTIC - ANTIBODY-DRUG CONJUGATES (ADCs)</b>		
<b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROSOUreas</b>			BLENREP	2	PA
GLEOSTINE	2	PA	ENHERTU	2	PA
<b>ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES</b>			PADCEV	2	PA
<i>temozolomide</i>	1	PA	<b>ANTINEOPLASTIC - ANTIMETABOLITE - FOLIC ACID ANALOGS</b>		
<b>ANTINEOPLASTIC - ANAPLASTIC LYMPHOMAKINASE (ALK) INHIBITORS</b>			<i>methotrexate sodium</i>	1	
ALECensa	2	PA	<i>methotrexate sodium (pf) injection solution</i>	1	
ALUNBRIG	2	PA	TREXALL	2	PA
LORBRENA	2	PA	<b>ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS</b>		
XALKORI	2	PA	<i>mercaptopurine</i>	1	
			PURIXAN	2	PA
			TABLOID	2	PA
			<b>ANTINEOPLASTIC - ANTIMETABOLITE - PYRIMIDINE ANALOGS</b>		
			<i>capecitabine</i>	1	PA

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
<b>ANTINEOPLASTIC - ANTIMETABOLITE - UREA DERIVATIVES</b>			<b>ANTINEOPLASTIC - CD19 SPECIFIC RECOMBINANT MONOCLONAL ANTIBODY AGENTS</b>		
hydroxyurea	1		MONJUVI	2	PA
<b>ANTINEOPLASTIC - ANTIMETABOLITES - PYRIMIDINE ANALOG COMBINATIONS</b>			<b>ANTINEOPLASTIC - CD20 SPECIFIC RECOMBINANT MONOCLONAL ANTIBODY AGENTS</b>		
LONSURF	2	PA	RITUXAN	2	PA
<b>ANTINEOPLASTIC - AROMATASE INHIBITORS</b>			RITUXAN HYCELA	2	PA
anastrozole	1		RUXIENCE	2	PA
exemestane	1		TRUXIMA	2	PA
letrozole	1	PA	<b>ANTINEOPLASTIC - CD38 SPECIFIC RECOMBINANT MONOCLONAL ANTIBODY AGENTS</b>		
ASPARLAS	2	PA	DARZALEX FASPRO	2	PA
<b>ANTINEOPLASTIC - B-CELL LYMPHOMA-2 (BCL-2) INHIBITORS</b>			<b>ANTINEOPLASTIC - CYCLIN-DEPENDENT KINASE (CDK) 4/6 INHIBITORS</b>		
VENCLEXTA	2	PA	IBRANCE	2	PA
VENCLEXTA STARTING PACK	2	PA	KISQALI	2	PA
<b>ANTINEOPLASTIC - BRAF KINASE INHIBITORS</b>			VERZENIO	2	PA
BRAFTOVI	2	PA	<b>ANTINEOPLASTIC - EPIDERMAL GROWTH FACTOR RECEPTOR-2 (HER2) INHIBITOR</b>		
TAFINLAR	2	PA	TUKYSA	2	PA
ZELBORAF	2	PA	<b>ANTINEOPLASTIC - EPIPODOPHYLLOTOXINS</b>		
<b>ANTINEOPLASTIC - BRUTON'S TYROSINE KINASE (BTK) INHIBITOR</b>			etoposide oral	1	
BRUKINSA	2	PA	<b>ANTINEOPLASTIC - ESTROGENS</b>		
CALQUENCE	2	PA	EMCYT	2	PA
			<b>ANTINEOPLASTIC - EXPORTIN-1 (XPO1) INHIBITORS</b>		

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
XPOVIO	2	PA	<b>ANTINEOPLASTIC - JANUS KINASE(JAK),FMS-LIKE TYROSINE KINASE(FLT) INHIB</b>		
<b>ANTINEOPLASTIC - EZH2 HISTONE METHYLTRANSFERASE (HMT) INHIBITOR</b>			INREBIC	2	PA
TAZVERIK	2	PA	<b>ANTINEOPLASTIC - KINASE INHIBITOR AND AROMATASE INHIBITOR COMBINATION</b>		
<b>ANTINEOPLASTIC - FIBROBLAST GROWTH FACTOR RECEPTOR (FGFR) KINASE INHIB</b>			KISQALI FEMARA CO-PACK	2	PA
BALVERSA	2	PA	<b>ANTINEOPLASTIC - LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
PEMAZYRE	2	PA	ELIGARD	2	PA
<b>ANTINEOPLASTIC - FMS-LIKE TYROSINE KINASE 3 (FLT3) INHIBITORS</b>			ELIGARD (3 MONTH)	2	PA
XOSPATA	2	PA	ELIGARD (4 MONTH)	2	PA
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR</b>			ELIGARD (6 MONTH)	2	PA
DAURISMO	2	PA	ZOLADEX	2	PA
ERIVEDGE	2	PA	<b>ANTINEOPLASTIC - MAST CELL STABILIZERS</b>		
ODOMZO	2	PA	cromolyn oral	1	
<b>ANTINEOPLASTIC - HISTONE DEACETYLASE (HDAC) INHIBITORS</b>			<b>ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS</b>		
FARYDAK	2	PA	COTELLIC	2	PA
romidepsin	2	PA	KOSELUGO	2	PA
ZOLINZA	2	PA	MEKINIST	2	PA
<b>ANTINEOPLASTIC - IMMUNOTHERAPY, THERAPEUTIC VACCINES</b>			MEKTOVI	2	PA
PROVENGE	2	PA	<b>ANTINEOPLASTIC - MTOR KINASE INHIBITORS</b>		
<b>ANTINEOPLASTIC - INTERFERONS</b>			everolimus (antineoplastic)	1	PA
INTRON A	2	PA	temsirolimus	1	PA

Drug Name	Tier	Restrictions / Limits
<b>ANTINEOPLASTIC - MULTIKINASE INHIBITORS</b>		
COMETRIQ	2	PA
ICLUSIG	2	PA
NEXAVAR	2	PA
STIVARGA	2	PA
<b>ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENASE 1 (MIDH1) INHIBITORS</b>		
TIBSOVO	2	PA
<b>ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENASE 2 (MIDH2) INHIBITORS</b>		
IDHIFA	2	PA
<b>ANTINEOPLASTIC - PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS</b>		
COPIKTRA	2	PA
ZYDELIG	2	PA
<b>ANTINEOPLASTIC - PI3K-ALPHA INHIBITORS</b>		
PIQRAY	2	PA
<b>ANTINEOPLASTIC - PI3K-DELTA AND GAMMA INHIBITORS</b>		
COPIKTRA	2	PA
<b>ANTINEOPLASTIC - PI3K-DELTA INHIBITORS</b>		
ZYDELIG	2	PA
<b>ANTINEOPLASTIC - POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</b>		
LYNPARZA	2	PA
RUBRACA	2	PA
TALZENNA	2	PA

Drug Name	Tier	Restrictions / Limits
ZEJULA	2	PA
<b>ANTINEOPLASTIC - PROGESTINS</b>		
<i>megestrol oral tablet</i>	1	
<b>ANTINEOPLASTIC - PROTEASOME ENZYME INHIBITORS</b>		
NINLARO	2	PA
<b>ANTINEOPLASTIC - PROTEIN-TYROSINE KINASE INHIBITORS</b>		
BOSULIF	2	PA
BRUKINSA	2	PA
CALQUENCE	2	PA
CAPRELSA	2	PA
<i>imatinib</i>	1	PA
INLYTA	2	PA
LENVIMA	2	PA
OFEV	2	PA; QL
QINLOCK	2	PA
ROZLYTREK	2	PA
RYDAPT	2	PA
SPRYCEL	2	PA
<i>sunitinib</i>	1	PA
TABRECTA	2	PA
TASIGNA	2	PA
TURALIO	2	PA
VOTRIENT	2	PA
<b>ANTINEOPLASTIC - RETINOIDS</b>		
<i>tretinoin (antineoplastic)</i>	1	
<b>ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>		
SOLTAMOX	2	PA
<i>tamoxifen</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
toremifene	1		<b>ANTINEOPLASTIC-ALKYLATING AGENT-TETRAHYDROISOQUINOLINE AND DERIVATIVES</b>		
<b>ANTINEOPLASTIC - SELECTIVE INHIBITORS OF NUCLEAR EXPORT (SINE)</b>			ZEPZELCA	2	PA
XPOVIO	2	PA	<b>ANTINEOPLASTIC-BCMA DIRECTED ANTIBODY-MICROTUBULE INHIBITOR CONJUGATE</b>		
<b>ANTINEOPLASTIC - SELECTIVE RET KINASE INHIBITOR</b>			BLENREP	2	PA
GAVRETO	2	PA	<b>ANTINEOPLASTIC-HER2 TARGETED ANTIBODY-TOPOISOMERASE I INHIB CONJUGATE</b>		
RETEVMO	2	PA	ENHERTU	2	PA
<b>ANTINEOPLASTIC - SELECTIVE RETINOID X RECEPTOR AGONISTS</b>			<b>ANTINEOPLASTIC-NECTIN-4 TARGETED ANTIBODY-MICROTUBULE INHIB CONJUGATE</b>		
bexarotene oral	1	PA	PADCEV	2	PA
<b>ANTINEOPLASTIC - THALIDOMIDE ANALOGS</b>			<b>ANTINEOPLASTIC-PYRIMIDINE ANALOG AND CYTIDINE DEAMINASE INHIBITOR COMB</b>		
POMALYST	2	PA	INQOVI	2	PA
REVLIMID	2	PA	<b>ANTINEOPLASTIC-TROP2 DIRECTED ANTIBODY-TOPOISOMERASE I INHIB CONJUGATE</b>		
THALOMID	2	PA	TRODELVY	2	PA
<b>ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS</b>			<b>EPIDERMAL GROWTH FACTOR RECEPTOR BLOCKER (HER-2 TYPE), REC-MC ANTIBODY</b>		
HYCAMTIN ORAL	2	PA	HERCEPTIN HYLECTA	2	PA
<i>topotecan intravenous solution</i>	1	PA	HERZUMA	2	PA
<b>ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE (TRK) INHIBITOR</b>					
VITRAKVI	2	PA			
<b>ANTINEOPLASTIC ANTIBIOTIC - OTHERS</b>					
JELMYTO	2	PA			
<b>ANTINEOPLASTIC - CEPHALOTAXINES</b>					
SYNRIBO	2	PA			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
KANJINTI	2	PA
ONTRUZANT	2	PA
PHESGO	2	PA
TRAZIMERA	2	PA
<b>FLUOROURACIL AND RELATED RESCUE AGENTS</b>		
VISTOGARD	2	PA
<b>METHOTREXATE RESCUE AGENTS</b>		
<i>leucovorin calcium oral</i>	1	
<b>METHOTREXATE RESCUE AGENTS - FOLIC ACID ANTAGONIST TYPE</b>		
<i>leucovorin calcium oral</i>	1	
<b>URINARY TRACT PROTECTIVE AGENTS USED IN CONJUNCTION WITH CHEMOTHERAPY</b>		
MESNEX ORAL	2	
<b>BIOLOGICALS</b>		
<b>ALLERGENIC EXTRACTS - GRASS POLLEN</b>		
GRASTEK	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	2	PA
<b>ANTIVIRAL MONOClonal ANTIBODIES - RESPIRATORY SYNCYTIAL VIRUS (RSV)</b>		
SYNAGIS	2	PA; QL
<b>HEPATITIS A AND HEPATITIS B VACCINE COMBINATIONS</b>		
TWINRIX (PF)	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<b>HEPATITIS A VACCINE - SINGLE AGENTS</b>		
HAVRIX (PF)	2	
VAQTA (PF)	2	
<b>HEPATITIS B VACCINE COMBINATIONS</b>		
PEDIARIX (PF)	2	
<b>HEPATITIS B VACCINES - SINGLE AGENTS</b>		
ENGERIX-B (PF)	2	
ENGERIX-B PEDIATRIC (PF)	2	
HEPLISAV-B (PF)	2	
RECOMBIVAX HB (PF)	2	
<b>IMMUNE GLOBULIN - VARICELLA-ZOSTER</b>		
VARIZIG	2	
<b>LIVE VACCINE AND LIVE VIRUS FORMULATIONS</b>		
FLUMIST QUAD 2021-2022	2	
M-M-R II (PF)	2	
PROQUAD (PF)	2	
ROTARIX	2	
ROTATEQ VACCINE	2	
VARIVAX (PF)	2	
<b>TOXOID VACCINE COMBINATIONS</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	
BOOSTRIX TDAP	2	
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
INFANRIX (DTAP) (PF)	2	
KINRIX (PF)	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
PEDIARIX (PF)	2		JANSEN COVID-19 VACCINE (EUA)	2	QL
PENTACEL (PF)	2		MODERNA COVID-19 VACCINE (EUA)	2	QL
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2		PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION	2	QL
TDVAX	2		PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML	2	QL
TENIVAC (PF)	2		PFIZER COVID-19 VACCINE (EUA)	2	QL
<i>tetanus, diphtheria tox ped(pf)</i>	2		<b>VACCINE VIRAL - HUMAN PAPILLOMAVIRUS (HPV) VACCINES</b>		
<b>VACCINE BACTERIAL - GRAM NEGATIVE BACILLI (NON-ENTERIC)</b>			GARDASIL 9 (PF)	2	
ACTHIB (PF)	2		<b>VACCINE VIRAL - INFLUENZA A AND B</b>		
HIBERIX (PF)	2		AFLURIA QD 2021-22(3YR UP)(PF)	2	
PEDVAX HIB (PF)	2		AFLURIA QD 2021-22(6-35MO)(PF)	2	
PENTACEL ACTHIB COMPONENT (PF)	2		AFLURIA QUAD 2021-2022(6MO UP)	2	
<b>VACCINE BACTERIAL - GRAM NEGATIVE COCCI</b>			FLUAD QUAD 2021-22(65Y UP)(PF)	2	
MENACTRA (PF)	2		FLUARIX QUAD 2021-2022 (PF)	2	
MENVEO A-C-Y-W-135-DIP (PF)	2		FLUBLOK QUAD 2021-2022 (PF)	2	
<b>VACCINE BACTERIAL - GRAM POSITIVE COCCI</b>			FLUCELVAX QUAD 2021-2022	2	
PNEUMOVAX-23	2		FLUCELVAX QUAD 2021-2022 (PF)	2	
PREVNAR 13 (PF)	2		FLULAVAL QUAD 2021-2022 (PF)	2	
<b>VACCINE BACTERIAL - MENINGOCOCCAL GROUP B VACCINES</b>			FLUMIST QUAD 2021-2022	2	
BEXSERO	2				
TRUMENBA	2				
<b>VACCINE VIRAL - COVID-19 (SARS-COV-2)</b>					
COMIRNATY TRIS VACCINE(PF)	2	QL			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
FLUZONE HIGHDOSE QUAD 21-22 PF	2		<b>ACE INHIBITOR AND CALCIUM CHANNEL BLOCKER COMBINATIONS</b>		
FLUZONE QUAD 2021-2022	2		<i>amlodipine-benazepril</i>	1	
FLUZONE QUAD 2021-2022 (PF)	2		<i>trandolapril-verapamil</i>	1	
<b>VACCINE VIRAL - MEASLES</b>					
M-M-R II (PF)	2		<b>ACE INHIBITOR AND DIURETIC COMBINATIONS</b>		
PROQUAD (PF)	2		<i>benazepril-hydrochlorothiazide</i>	1	
<b>VACCINE VIRAL - MUMPS AND RELATED</b>			<i>captopril-hydrochlorothiazide</i>	1	
M-M-R II (PF)	2		<i>enalapril-hydrochlorothiazide</i>	1	
PROQUAD (PF)	2		<i>fosinopril-hydrochlorothiazide</i>	1	
<b>VACCINE VIRAL - POLIOMYELITIS</b>			<i>lisinopril-hydrochlorothiazide</i>	1	
IPOL	2		<i>quinapril-hydrochlorothiazide</i>	1	
<b>VACCINE VIRAL - ROTAVIRUS</b>			<b>ACE INHIBITORS</b>		
ROTARIX	2		<i>benazepril</i>	1	
ROTATEQ VACCINE	2		<i>captopril</i>	1	
<b>VACCINE VIRAL - RUBELLA</b>			<i>enalapril maleate oral tablet</i>	1	
M-M-R II (PF)	2		<i>EPANED</i>	2	
PROQUAD (PF)	2		<i>fosinopril</i>	1	
<b>VACCINE VIRAL - VARICELLA</b>			<i>lisinopril</i>	1	
PROQUAD (PF)	2		<i>moexipril</i>	1	
SHINGRIX (PF)	2		<i>perindopril erbumine</i>	1	
VARIVAX (PF)	2		<i>quinapril</i>	1	
<b>VACCINE VIRAL COMBINATIONS</b>			<i>ramipril</i>	1	
M-M-R II (PF)	2		<i>trandolapril</i>	1	
PROQUAD (PF)	2		<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<b>CARDIOVASCULAR THERAPY AGENTS</b>			<i>eplerenone</i>	1	
			<i>spironolactone</i>	1	

Drug Name	Tier	Restrictions / Limits
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	
<i>labetalol oral</i>	1	
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER COMB.</b>		
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER-DIURETIC</b>		
<i>amlodipine-valsartan-hcthiazid</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-DIURETIC COMBINATIONS</b>		
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>ANGIOTENSIN II RECEPTOR BLOCKER-NEPRILYSIN INHIBITOR COMB. (ARNI)</b>		
<i>ENTRESTO</i>	2	PA
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBS)</b>		

Drug Name	Tier	Restrictions / Limits
<i>irbesartan</i>	1	
<i>losartan</i>	1	
<i>olmesartan</i>	1	
<i>valsartan oral tablet</i>	1	
<b>ANTIANGINAL - CORONARY VASODILATORS (NITRATES)</b>		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>NITRO-BID</i>	1	
<i>nitroglycerin oral</i>	1	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin translingual</i>	1	
<i>NITRO-TIME</i>	1	
<b>ANTIANGINAL AND ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC</b>		
<i>ranolazine</i>	1	
<b>ANTIARRHYTHMIC - CLASS IA</b>		
<i>disopyramide phosphate</i>	1	
<i>NORPACE CR</i>	2	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<b>ANTIARRHYTHMIC - CLASS IB</b>		
<i>mexiletine</i>	1	
<b>ANTIARRHYTHMIC - CLASS IC</b>		
<i>flecainide</i>	1	
<i>propafenone</i>	1	
<b>ANTIARRHYTHMIC - CLASS II</b>		

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
SOTALOL AF	1	
sotalol oral	1	
<b>ANTIARRHYTHMIC - CLASS III</b>		
amiodarone oral/tablet 200 mg	1	
dofetilide	1	
PACERONE ORAL TABLET 200 MG	1	
<b>ANTIARRHYTHMIC - CLASS IV</b>		
verapamil oral/tablet 120 mg, 80 mg	1	
verapamil oral/tablet 40 mg	1	QL
<b>ANTIHYPERLIPIDEMI C - BILE ACID SEQUESTRANTS</b>		
cholestyramine (with sugar)	1	
CHOLESTYRAMINE LIGHT	1	
cholestyramine-aspartame	1	
colestipol oral/tablet	1	
PREVALITE	1	
<b>ANTIHYPERLIPIDEMI C - FIBRIC ACID DERIVATIVES</b>		
fenofibrate nanocrystallized	1	
gemfibrozil	1	
<b>ANTIHYPERLIPIDEMI C - HMG COA REDUCTASE INHIBITORS (STATINS)</b>		
atorvastatin	1	
lovastatin	1	
pravastatin	1	
rosuvastatin	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
simvastatin	1	
<b>ANTIHYPERTROPHIC C - NICOTINIC ACID DERIVATIVES</b>		
niacin oral/tablet 500 mg	1	OTC
<b>ANTIHYPERTROPHIC C - OMEGA-3 FATTY ACID TYPE</b>		
omega-3 acid ethyl esters	1	
<b>ANTIHYPERTROPHIC C - PCSK9 INHIBITORS</b>		
REPATHA PUSHTRONEX	2	PA; QL
REPATHA SURECLICK	2	PA; QL
REPATHA SYRINGE	2	PA; QL
<b>ANTIHYPERTROPHIC C - SELECTIVE CHOLESTEROL ABSORPTION INHIBITOR</b>		
ezetimibe	1	QL
<b>BETA BLOCKERS CARDIAC SELECTIVE</b>		
atenolol	1	
betaxolol oral	1	
bisoprolol fumarate	1	
BYSTOLIC	2	
metoprolol succinate	1	
metoprolol tartrate oral	1	
<b>BETA BLOCKERS CARDIAC SELECTIVE, INTRINSIC SYMPATHOMIMETIC ACTIVITY</b>		
acebutolol	1	

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
<b>BETA BLOCKERS</b> <b>NON-CARDIAC</b> <b>SELECT., INTRINSIC</b> <b>SYMPATHOMIMETIC</b> <b>ACTIVITY</b>			<i>nicardipine oral</i>	1	QL
<i>pindolol</i>	1	QL	<i>nifedipine</i>	1	
<b>BETA BLOCKERS</b> <b>NON-CARDIAC</b> <b>SELECTIVE</b>			<b>CALCIUM CHANNEL</b> <b>BLOCKERS -</b> <b>PHENYLAKYLAMINES</b>		
HEMANGEOL	2		<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	
<i>nadolol</i>	1		<i>verapamil oral tablet 120 mg, 80 mg</i>	1	
<i>propranolol oral</i>	1		<i>verapamil oral tablet 40 mg</i>	1	QL
SOTALOL AF	1		<i>verapamil oral tablet extended release</i>	1	
<i>sotalol oral</i>	1		<b>CARDIAC SELECTIVE</b> <b>BETA BLOCKER-</b> <b>THIAZIDE DIURETIC</b> <b>AND RELATED COMB.</b>		
<i>timolol maleate oral</i>	1	QL	<i>atenolol-chlorthalidone</i>	1	
<b>CALCIUM CHANNEL</b> <b>BLOCKERS -</b> <b>BENZOTHIAZEPINES</b>			<i>bisoprolol-hydrochlorothiazide</i>	1	
CARTIA XT	1		<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	1		<b>CARDIOVASCULAR</b> <b>SYMPATHOMIMETIC -</b> <b>ANAPHYLAXIS</b> <b>THERAPY SINGLE</b> <b>AGENTS</b>		
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1		<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	Covered labeler 49502; QL
<i>diltiazem hcl oral capsule, extended release 24 hr</i>	1		<i>SYMJEPI</i>	2	
<i>diltiazem hcl oral capsule, extended release 24hr</i>	1		<b>CARDIOVASCULAR</b> <b>SYMPATHOMIMETICS</b>		
<i>diltiazem hcl oral tablet</i>	1		<i>midodrine</i>	1	
DILT-XR	1		<b>CENTRAL ALPHA-2</b> <b>AGONISTS-THIAZIDE</b> <b>DIURETIC AND</b> <b>RELATED COMB.</b>		
TAZTIA XT	1		<i>methyldopa-hydrochlorothiazide</i>	1	
TIADYLT ER	1				
<b>CALCIUM CHANNEL</b> <b>BLOCKERS -</b> <b>DIHYDROPYRIDINES</b>					
<i>amlodipine</i>	1				
<i>felodipine</i>	1				

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
<b>CENTRAL ALPHA-2 RECEPTOR AGONISTS</b>					
clonidine	1		furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
clonidine hcl oral tablet	1		furosemide oral tablet	1	
guanfacine oral tablet	1		torsemide	1	
methyldopa	1		<b>DIURETIC - POTASSIUM SPARING</b>		
<b>DIGITALIS GLYCOSIDES</b>					
DIGITEK	1		amiloride	1	
DIGOX	1		triamterene	1	
digoxin oral solution	1		<b>DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS</b>		
digoxin oral/tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1		ALDACTAZIDE ORAL TABLET 50-50 MG	2	
LANOXIN ORAL	2		amiloride-hydrochlorothiazide	1	
<b>DIRECT ACTING VASODILATORS</b>			spironolacton-hydrochlorothiaz	1	
hydralazine oral	1		triamterene-hydrochlorothiazid oral capsule	1	
minoxidil oral	1		triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	1	QL
<b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, NON-SELECTIVE</b>			triamterene-hydrochlorothiazid oral tablet 75-50 mg	1	
spironolactone	1		<b>DIURETIC - SELECTIVE ARGININE VASOPRESSIN V2 RECEPTOR ANTAGONISTS</b>		
<b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, SELECTIVE</b>			SAMSCA	2	PA
eplerenone	1		<b>DIURETIC - THIAZIDES AND RELATED</b>		
<b>DIURETIC - CARBONIC ANHYDRASE INHIBITORS</b>			chlorthalidone	1	
acetazolamide	1		DIURIL	2	
methazolamide	1		hydrochlorothiazide	1	
<b>DIURETIC - LOOP</b>			indapamide	1	
bumetanide oral	1				

Drug Name	Tier	Restrictions / Limits
<i>metolazone</i>	1	
<b>NON-CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.</b>		
<i>propranolol-hydrochlorothiazid</i>	1	
<b>PERIPHERAL ALPHA- 1 RECEPTOR BLOCKERS</b>		
<i>doxazosin</i>	1	
<i>prazosin</i>	1	QL
<i>terazosin</i>	1	
<b>PHEOCHROMOCYTO MA, AGENTS TO TREAT</b>		
<i>metyrosine</i>	1	PA
<b>PULMONARY ARTERIAL HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	1	PA
<i>TRACLEER ORAL TABLET</i>	2	PA
<b>PULMONARY ARTERIAL HYPERTENSION - SELECTIVE CGMP- PDE5 INHIBITORS</b>		
<i>ALYQ</i>	1	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	1	PA
<i>sildenafil (pulm.hypertension) oral tablet</i>	1	PA; QL
<i>tadalafil (pulm. hypertension)</i>	1	PA

Drug Name	Tier	Restrictions / Limits
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ANTIANXIETY AGENT - ANTIHISTAMINE TYPE</b>		
<i>hydroxyzine hcl oral</i>	1	
<i>hydroxyzine pamoate</i>	1	
<b>ANTIANXIETY AGENT - BENZODIAZEPINES</b>		
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clonazepam oral tablet</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>DIAZEPAM INTENSOL</i>	1	
<i>diazepam oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>LORAZEPAM INTENSOL</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>oxazepam</i>	1	
<b>ANTIANXIETY AGENT - NON- BENZODIAZEPINE</b>		
<i>buspirone</i>	1	
<b>ANTICONVULSANT - AMPA-TYPE GLUTAMATE RECEPTOR ANTAGONISTS</b>		
<i>FYCOMPA ORAL SUSPENSION</i>	2	ST

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
FYCOMPA ORAL TABLET	2	ST; QL
<b>ANTICONVULSANT - BARBITURATES AND DERIVATIVES</b>		
<i>phenobarbital</i>	1	
<i>primidone</i>	1	
<b>ANTICONVULSANT - BENZODIAZEPINES</b>		
<i>clobazam</i>	1	
<i>clonazepam oral tablet</i>	1	
DIASTAT	2	
DIASTAT ACUDIAL	2	
NAYZILAM	2	QL; AR
VALTOCO	2	QL; AR
<b>ANTICONVULSANT - CANNABINOID TYPE</b>		
EPIDIOLEX	2	PA
<b>ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES</b>		
<i>divalproex</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt)</i>	1	
<b>ANTICONVULSANT - FUNCTIONALIZED AMINO ACID</b>		
VIMPAT ORAL SOLUTION	2	ST
VIMPAT ORAL TABLET	2	ST
<b>ANTICONVULSANT - GABA ANALOGS</b>		
<i>gabapentin oral capsule</i>	1	QL
<i>gabapentin oral solution</i>	1	
<i>gabapentin oral tablet</i>	1	QL
<i>pregabalin oral capsule</i>	1	QL
<i>pregabalin oral solution</i>	1	QL

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<b>ANTICONVULSANT - HYDANTOINS</b>		
DILANTIN	2	
DILANTIN EXTENDED	2	
PHENYTEK	2	
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<b>ANTICONVULSANT - IMINOSTILBENE DERIVATIVES</b>		
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	2	
EPITOL	1	
EQUETRO	2	
<i>oxcarbazepine</i>	1	
TEGRETOL	2	
TEGRETOL XR	2	
<b>ANTICONVULSANT - MONOSACCHARIDE DERIVATIVES</b>		
EPRONTIA	2	AR
<i>topiramate oral tablet</i>	1	
<b>ANTICONVULSANT - PHENYLTRIAZINE DERIVATIVES</b>		
<i>lamotrigine oral tablet</i>	1	

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
<i>lamotrigine oral tablet, chewable dispersible</i>	1		<i>escitalopram oxalate</i>	1	
<b>ANTICONVULSANT - PYRROLIDINE DERIVATIVES</b>			<i>fluoxetine oral capsule</i>	1	
<i>levetiracetam oral solution</i>	1		<i>fluoxetine oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1		<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
<b>ROWEEPRA</b>	1		<i>fluvoxamine oral tablet</i>	1	
<b>ANTICONVULSANT - SUCCINIMIDES</b>			<i>paroxetine hcl oral suspension</i>	1	
<i>ethosuximide</i>	1		<i>paroxetine hcl oral tablet</i>	1	
<b>ANTICONVULSANT - SULFONAMIDE DERIVATIVES</b>			<i>sertraline oral concentrate</i>	1	
<i>zonisamide</i>	1		<i>sertraline oral tablet</i>	1	
<b>ANTICONVULSANT - TRIAZOLE DERIVATIVES</b>			<b>ANTIDEPRESSANT - SEROTONIN-2 ANTAGONIST- REUPTAKE INHIBITORS (SARIS)</b>		
<b>BANZEL</b>	2		<i>nefazodone</i>	1	QL
<b>ANTICONVULSANT OTHERS</b>			<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<b>DIACOMIT</b>	2	PA; QL	<b>ANTIDEPRESSANT - SEROTONIN- NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<b>ANTIDEPRESSANT - ALPHA-2 RECEPTOR ANTAGONISTS (NASSA)</b>			<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	
<i>mirtazapine</i>	1		<i>venlafaxine oral capsule, extended release 24hr</i>	1	
<b>ANTIDEPRESSANT - MAO INHIBITOR NONSELECTIVE AND IRREVERSIBLE- TYPES A,B</b>			<i>venlafaxine oral tablet</i>	1	
<i>tranylcypromine</i>	1		<b>ANTIDEPRESSANT - TRICYCLIC AND ANTIPSYCHOTIC, PHENOTHIAZINE COMB</b>		
<b>ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>			<i>perphenazine-amitriptyline</i>	1	
<i>citalopram oral solution</i>	1				
<i>citalopram oral tablet</i>	1				

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
<b>ANTIDEPRESSANT - TRICYCLIC- BENZODIAZEPINE COMBINATIONS</b>			<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1		<b>ANTIPARKINSON ADJUVANT - PERIPHERAL COMT INHIBITORS</b>		
<b>ANTIDEPRESSANT- NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)</b>			<i>entacapone</i>	1	
<i>bupropion hcl oral tablet</i>	1		<b>ANTIPARKINSON ADJUVANT - PERIPHERAL DOPA- DECARBOXYLASE INHIBITORS</b>		
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL	<i>carbidopa</i>	1	
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1		<b>ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS</b>		
<b>ANTIDEPRESSANT- TRICYCLICS AND RELATED (NON- SELECT REUPTAKE INHIBITORS)</b>			<i>benztropine oral</i>	1	
<i>amitriptyline</i>	1		<i>trihexyphenidyl</i>	1	
<i>amoxapine</i>	1		<b>ANTIPARKINSON THERAPY - ERGOT ALKALOIDS AND DERIVATIVES</b>		
<i>desipramine</i>	1		<i>bromocriptine</i>	1	
<i>doxepin oral capsule</i>	1		<b>ANTIPARKINSON THERAPY - MONOAMINE OXIDASE INHIBITOR(MAO-B)</b>		
<i>doxepin oral concentrate</i>	1		<i>selegiline hcl</i>	1	
<i>imipramine hcl</i>	1		<b>ANTIPARKINSON THERAPY - NON- ERGOT DOPAMINE AGONIST AGENTS</b>		
<i>imipramine pamoate</i>	1		<i>amantadine hcl</i>	1	
<i>maprotiline</i>	1		<i>pramipexole oral tablet</i>	1	
<i>nortriptyline</i>	1		<i>ropinirole oral tablet</i>	1	
<i>protriptyline</i>	1		<b>ANTIPSYCHOTIC - ATYP DOPAMINE- SEROTONIN ANTAG DIBENZO-OXEPINO PYRROLES</b>		
<i>trimipramine oral capsule 25 mg, 50 mg</i>	1		<i>SAPHRIS</i>	2	ST; QL
<b>ANTIPARKINSON - DOPAMINERG- PERIPHERAL DOPA- DECARBOXYLASE INHIBIT COMB</b>					
<i>carbidopa-levodopa oral tablet</i>	1				

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE- SEROTONIN ANTAG- BENZISOTHIAZOLON ES</b>			<i>haloperidol decanoate</i>	1	
GEODON ORAL	2	QL	<i>haloperidol lactate oral</i>	1	
LATUDA	2	ST; QL	<b>ANTIPSYCHOTIC - DIBENZOAZEPINE DERIVATIVES</b>		
<i>ziprasidone hcl</i>	1	QL	<i>loxapine succinate</i>	1	
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE- SEROTONIN ANTAG- BENZISOXAZOLE DERIV</b>			<b>ANTIPSYCHOTIC - DIPHENYLBUTYLPIPE RIDINE DERIVATIVES</b>		
FANAPT ORAL TABLET	2	ST; QL	<i>pimozide</i>	1	
FANAPT ORAL TABLETS,DOSE PACK	2	ST	<b>ANTIPSYCHOTIC - PHENOTHIAZINES, ALIPHATIC</b>		
INVEGA	2	QL	<i>chlorpromazine oral tablet</i>	1	
INVEGA HAFYERA	2	PA	<b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERAZINE</b>		
INVEGA SUSTENNA	2		<i>fluphenazine decanoate</i>	1	
INVEGA TRINZA	2	QL	<i>fluphenazine hcl</i>	1	
PERSERIS	2		<i>perphenazine</i>	1	
RISPERDAL	2		<i>prochlorperazine maleate</i>	1	
RISPERDAL CONSTA	2		<i>trifluoperazine</i>	1	
<i>risperidone oral solution</i>	1		<b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERIDINE</b>		
<i>risperidone oral tablet</i>	1		<i>thioridazine</i>	1	
<i>risperidone oral tablet,disintegrating</i>	1		<b>ANTIPSYCHOTIC - THIOXANTHENES</b>		
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE- SEROTONIN ANTAG- DIBENZODIAZEPINE DER</b>			<i>thiothixene</i>	1	
<i>clozapine oral tablet</i>	1		<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE- SEROTONIN ANTAG- DIBENZOTIAZEPINE DER</b>		
<b>ANTIPSYCHOTIC - BUTYROPHENONE DERIVATIVES</b>			<i>quetiapine</i>	1	QL
<i>haloperidol</i>	1				

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG- THIENOBENZODIAZE PINES</b>			<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	QL
<i>olanzapine oral tablet</i>	1	QL	<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 60 mg</i>	1	
<b>ANTIPSYCHOTIC- ATYPICAL,D2 RECEPTOR PARTIAL AGONIST-5HT SEROTONIN MIXED</b>			<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	1	QL
<b>ABILIFY MAINTENA</b>	2		<i>methylphenidate hcl oral solution</i>	1	QL; AR
<i>ariPIPRAZOLE oral tablet</i>	1	QL	<i>methylphenidate hcl oral tablet</i>	1	QL
<b>ARISTADA</b>	2	QL	<i>methylphenidate hcl oral tablet extended release</i>	1	QL
<b>ARISTADA INITIO</b>	2	QL	<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	QL
<b>ATTENTION DEFICIT-HYPERACT. DISORDER (ADHD)- ALPHA-2 RECEPTOR AGONIST</b>			<b>QUILLICHEW ER</b>	2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	QL	<b>QUILLIVANT XR</b>	2	
<i>guanfacine oral tablet extended release 24 hr</i>	1	QL	<b>RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG</b>	2	
<b>ATTENTION DEFICIT-HYPERACTIVITY (ADHD) THERAPY, STIMULANT-TYPE</b>			<b>RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 20 MG, 30 MG, 40 MG</b>	2	QL
<b>CONCERTA</b>	2	QL	<b>VYVANSE ORAL CAPSULE</b>	2	QL
<i>dexmethylphenidate</i>	1	QL	<b>ATTENTION DEFICIT-HYPERACTIVITY DISORDER (ADHD) THERAPY, NRI-TYPE</b>		
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	QL	<i>atomoxetine</i>	1	QL
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QL	<i>QELBREE</i>	2	ST; QL
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	1		<b>BENZODIAZEPINES</b>		
<i>dextroamphetamine-amphetamine</i>	1	QL	<i>alprazolam oral tablet</i>	1	
<b>FOCALIN XR</b>	2	QL	<i>alprazolam oral tablet extended release 24 hr</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
amitriptyline-chlordiazepoxide	1		carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	1	
chlordiazepoxide hcl	1		carbamazepine oral tablet	1	
chlordiazepoxide-clidinium	1		carbamazepine oral tablet extended release 12 hr	1	
clobazam	1		carbamazepine oral tablet, chewable	1	
clonazepam oral tablet	1		CARBATROL	2	
clorazepate dipotassium	1		divalproex	1	
DIASTAT	2		EPITOL	1	
DIASTAT ACUDIAL	2		EQUETRO	2	
DIAZEPAM INTENSOL	1		TEGRETOL	2	
diazepam oral concentrate	1		TEGRETOL XR	2	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1		valproic acid	1	
diazepam oral tablet	1		valproic acid (as sodium salt)	1	
estazolam	1	QL	<b>BIPOLAR THERAPY AGENTS - ATYPICAL ANTIPSYCHOTICS</b>		
flurazepam	1	QL	ariPIPRAZOLE oral tablet	1	QL
LORAZEPAM INTENSOL	1		GEODON ORAL	2	QL
lorazepam oral concentrate	1		olanzapine oral tablet	1	QL
lorazepam oral tablet	1		quetiapine	1	QL
midazolam (pf)	1		RISPERDAL	2	
midazolam injection	1		risperidone oral solution	1	
NAYZILAM	2	QL	risperidone oral tablet	1	
oxazepam	1		risperidone oral tablet, disintegrating	1	
temazepam oral capsule 15 mg, 30 mg	1	QL	SAPHRIS	2	ST; QL
triazolam	1	QL	ziprasidone hcl	1	QL
VALTOCO	2	QL	<b>BIPOLAR THERAPY AGENTS - LITHIUM</b>		
<b>BIPOLAR THERAPY AGENTS - ANTICONVULSANT TYPE</b>			lithium carbonate	1	
carbamazepine oral capsule, er multiphase 12 hr	1		LITHOBID	2	

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
<b>CANNABIS AND CANNABINOID RECEPTOR AGONISTS</b>					
dronabinol	1	PA	<b>MIGRAINE THERAPY - CARBOXYLIC ACID DERIVATIVES</b>		
<b>CNS STIMULANT - AMPHETAMINE COMBINATIONS</b>					
dextroamphetamine-amphetamine	1	QL	<i>divalproex oral tablet extended release 24 hr</i>	1	
<b>CNS STIMULANT - AMPHETAMINES</b>					
dextroamphetamine sulfate oral capsule, extended release	1	QL	<b>MIGRAINE THERAPY - CGRP LIGAND BLOCKER, MONOCLONAL ANTIBODY</b>		
dextroamphetamine sulfate oral solution	1	AR	AJOVY AUTOINJECTOR	2	ST; QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL	AJOVY SYRINGE	2	ST; QL
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	1		<b>MIGRAINE THERAPY - CGRP RECEPTOR BLOCKERS (GEPANTS AND MAB)</b>		
<b>CNS STIMULANT - ANALEPTICS, METHYLXANTHINE-TYPE</b>					
caffeine citrate oral	1	AR	AIMOVIG AUTOINJECTOR	2	ST; QL
<b>FIBROMYALGIA AGENTS - GABA ANALOGS</b>			NURTEC ODT	2	PA; ST; QL
pregabalin oral capsule	1	QL	<b>MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1)</b>		
pregabalin oral solution	1	QL	<i>naratriptan</i>	1	QL
<b>FIBROMYALGIA AGENTS - SEROTONIN- NOREPINEPHRINE REUPTAKE-INHIB (SNRIs)</b>			<i>rizatriptan</i>	1	QL
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1		<i>sumatriptan</i>	1	QL
<b>MOVEMENT DISORDER DRUG THERAPY</b>			<i>sumatriptan succinate</i>	1	QL
<b>MOVEMENT DISORDER DRUG THERAPY</b>			<b>AUSTEDO</b>	2	PA; QL
<b>MOVEMENT DISORDER DRUG THERAPY</b>			<b>INGREZZA</b>	2	PA; QL
<b>MOVEMENT DISORDER DRUG THERAPY</b>			<b>INGREZZA INITIATION PACK</b>	2	PA; QL
<b>MOVEMENT DISORDER DRUG THERAPY</b>			<b>tetrabenazine</b>	1	PA
<b>MOVEMENT DISORDER THERAPY - HUNTINGTON'S DISEASE</b>					
<b>MOVEMENT DISORDER THERAPY - HUNTINGTON'S DISEASE</b>			<b>AUSTEDO</b>	2	PA; QL
<b>MOVEMENT DISORDER THERAPY - HUNTINGTON'S DISEASE</b>			<b>tetrabenazine</b>	1	PA

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits			
<b>MOVEMENT DISORDER THERAPY - TARDIVE DYSKINESIA</b>								
AUSTEDO	2	PA; QL	<b>SEDATIVE-HYPNOTIC - BARBITURATES</b>					
INGREZZA	2	PA; QL	phenobarbital	1				
INGREZZA INITIATION PACK	2	PA; QL	<b>SEDATIVE-HYPNOTIC - BENZODIAZEPINES</b>					
<b>NARCOLEPSY THERAPY AGENTS - NON-SYMPATHOMIMETIC</b>								
armodafinil	1	QL	estazolam	1	QL			
modafinil	1	QL	flurazepam	1	QL			
<b>NARCOLEPSY THERAPY AGENTS - STIMULANT-TYPE, PIPERADINE DERIVATIVE</b>			temazepam oral capsule 15 mg, 30 mg	1	QL			
methylphenidate hcl oral solution	1	QL	triazolam	1	QL			
methylphenidate hcl oral tablet	1	QL	<b>SEDATIVE-HYPNOTIC - GABA-RECEPTOR MODULATORS</b>					
<b>NARCOLEPSY THERAPY AGENTS- STIMULANT-TYPE,SYMPATHOMIMETIC,AMPHETAMINES</b>			zaleplon	1	QL			
dextroamphetamine sulfate oral capsule, extended release	1	QL	zolpidem oral tablet	1	QL			
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL	<b>CHEMICAL DEPENDENCY, AGENTS TO TREAT</b>					
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	1		<b>AGENTS FOR OPIOID WITHDRAWAL, OPIOID-TYPE</b>					
dextroamphetamine-amphetamine oral tablet	1	QL	BUNAVAIL	2	QL; AR			
<b>SEDATIVE-HYPNOTIC - ANTIHISTAMINES</b>			buprenorphine-naloxone	1	QL; AR			
diphenhydramine hcl oral capsule 50 mg	1	OTC	SUBLOCADE	2	QL			
<b>ALCOHOL ABSTINENCE THERAPY - GLUTAMATE AND GABA SYSTEM TYPE</b>			SUBOXONE	2	QL; AR			
<b>ACAMPROSATE</b>			ZUBSOLV	2	QL			
<b>ALCOHOL ABSTINENCE THERAPY - OPIOID RECEPTOR ANTAGONIST-TYPE</b>			<b>ALCOHOL ABSTINENCE THERAPY - OPIOID RECEPTOR ANTAGONIST-TYPE</b>					
<b>VIVITROL</b>			<b>ALCOHOL DETERRENTS</b>					

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
disulfiram	1		<b>COGNITIVE DISORDER THERAPY</b>		
<b>SMOKING DETERRENTS - NE AND DOPAMINE REUPTAKE INHIBITOR (NDRI)-TYPE</b>			<b>ALZHEIMER'S DISEASE THERAPY - CHOLINESTERASE INHIBITORS</b>		
bupropion hcl (smoking deter)	1		donepezil oral tablet 10 mg, 5 mg	1	
<b>SMOKING DETERRENTS - NICOTINE-TYPE</b>			donepezil oral tablet, disintegrating	1	
NICOTROL	2		EXELON PATCH	2	
NICOTROL NS	2		galantamine oral capsule, ext rel. pellets 24 hr	1	
<b>SMOKING DETERRENTS - NICOTINIC RECEPTOR PARTIAL AGONIST, ALPHA4BETA2</b>			galantamine oral tablet	1	
CHANTIX	2		rivastigmine tartrate	1	
CHANTIX CONTINUING MONTH BOX	2		<b>ALZHEIMER'S DISEASE THERAPY - NM DA RECEPTOR ANTAGONISTS</b>		
CHANTIX STARTING MONTH BOX	2		memantine oral tablet	1	
varenicline oral tablet	1		memantine oral tablets, dose pack	2	
<b>CHEMICALS- PHARMACEUTICAL ADJUVANTS</b>			<b>CONTRACEPTIVES</b>		
<b>PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES</b>			<b>CONTRACEPTIVE IMPLANT - PROGESTIN</b>		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3%	1		NEXPLANON	2	
PULMOSAL	1		<b>CONTRACEPTIVE INJECTABLE - PROGESTIN</b>		
sodium chloride inhalation	1		DEPO-SUBQ PROVERA 104	2	PA
			medroxyprogesterone intramuscular	1	QL
			<b>CONTRACEPTIVE ORAL - BIPHASIC</b>		
			AMETHIA	1	
			ASHLYNA	1	
			AZURETTE (28)	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
CAMRESE	1	
CAMRESE LO	1	
DAYSEE	1	
desog-e.estriadiol/e.estriadiol	1	
JAIMIESS	1	
KARIVA (28)	1	
<i>1 norgest/e.estriadiol-e.estriadiol oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
LOJAIMIESS	1	
PIMTREA (28)	1	
SIMLIYA (28)	1	
SIMPESSE	1	
VIORELE (28)	1	
VOLNEA (28)	1	
<b>CONTRACEPTIVE ORAL - MONOPHASIC</b>		
AFIRMELLE	1	
ALTAVERA (28)	1	
ALYACEN 1/35 (28)	1	
APRI	1	
AUBRA	1	
AUBRA EQ	1	
AUROVELA 1.5/30 (21)	1	
AUROVELA 1/20 (21)	1	
AUROVELA 24 FE	1	
AUROVELA FE 1.5/30 (28)	1	
AUROVELA FE 1-20 (28)	1	
AVIANE	1	
AYUNA	1	
BALZIVA (28)	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
BLISOVI 24 FE	1	
BLISOVI FE 1.5/30 (28)	1	
BLISOVI FE 1/20 (28)	1	
BRIELLYN	1	
CHATEAL (28)	1	
CHATEAL EQ (28)	1	
CRYSELLE (28)	1	
CYRED	1	
CYRED EQ	1	
DASETTA 1/35 (28)	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>drospirenone-e.estriadiol-Im.fa oral tablet 3-0.02-0.451mg (24) (4)</i>	1	PA
<i>drospirenone-ethinyl estradiol</i>	1	
ELINEST	1	
ENSKYCE	1	
ESTARYLLA	1	
<i>ethynodiol diac-eth estradiol</i>	1	
FALMINA (28)	1	
FEMYNOR	1	
HAILEY	1	
HAILEY 24 FE	1	
HAILEY FE 1.5/30 (28)	1	
HAILEY FE 1/20 (28)	1	
ICLEVIA	1	
ISIBLOOM	1	
JASMIEL (28)	1	
JOLESSA	1	
JULEBER	1	
JUNEL 1.5/30 (21)	1	
JUNEL 1/20 (21)	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
JUNEL FE 1.5/30 (28)	1		NECON 0.5/35 (28)	1	
JUNEL FE 1/20 (28)	1		NIKKI (28)	1	
JUNEL FE 24	1		<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
KALLIGA	1		<i>norethindrone-e.estradol-iron oral tablet</i>	1	
KELNOR 1/35 (28)	1		<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	1	
KELNOR 1-50 (28)	1		NORTREL 0.5/35 (28)	1	
KURVELO (28)	1		NORTREL 1/35 (21)	1	
LARIN 1.5/30 (21)	1		NORTREL 1/35 (28)	1	
LARIN 1/20 (21)	1		NYLIA 1/35 (28)	1	
LARIN 24 FE	1		NYMYO	1	
LARIN FE 1.5/30 (28)	1		OCELLA	1	
LARIN FE 1/20 (28)	1		PHILITH	1	
LARISSIA	1		PIRMELLA ORAL TABLET 1-35 MG-MCG	1	
LESSINA	1		PORTIA 28	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1		PREVIFEM	1	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	1		RECLIPSEN (28)	1	
LEVORA-28	1		SETLAKIN	1	
LILLOW (28)	1		SPRINTEC (28)	1	
LORYNA (28)	1		SRONYX	1	
LOW-OGESTREL (28)	1		SYEDA	1	
LO-ZUMANDIMINE (28)	1		TARINA 24 FE	1	
LUTERA (28)	1		TARINA FE 1/20 (28)	1	
MARLISSA (28)	1		TARINA FE 1-20 EQ (28)	1	
MICROGESTIN 1.5/30 (21)	1		VESTURA (28)	1	
MICROGESTIN 1/20 (21)	1		VIENVA	1	
MICROGESTIN FE 1.5/30 (28)	1		VYFEMLA (28)	1	
MICROGESTIN FE 1/20 (28)	1		VYLIBRA	1	
MILI	1		WERA (28)	1	
MONO-LINYAH	1				

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>			
ZARAH	1		PIRMELLA ORAL TABLET 0.5/0.75/1 MG-35 MCG	1				
ZOVIA 1-35 (28)	1		TILIA FE	1				
ZUMANDIMINE (28)	1		TRI FEMYNOR	1				
<b>CONTRACEPTIVE ORAL - PROGESTIN</b>								
CAMILA	1		TRI-ESTARYLLA	1				
DEBLITANE	1		TRI-LEGEST FE	1				
ERRIN	1		TRI-LINYAH	1				
HEATHER	1		TRI-MILI	1				
INCASSIA	1		TRI-NYMYO	1				
JENCYCLA	1		TRI-SPRINTEC (28)	1				
LYLEQ	1		TRIVORA (28)	1				
LYZA	1		TRI-VYLIBRA	1				
NORA-BE	1		VELVET TRIPHASIC REGIMENT (28)	1				
norethindrone (contraceptive)	1		<b>CONTRACEPTIVE TRANSDERMAL COMBINATIONS - ESTROGEN AND PROGESTIN COMB.</b>					
NORLYDA	1		XULANE	1				
SHAROBEL	1		ZAFEMY	1				
SLYND	2		<b>CONTRACEPTIVES - INTRAVAGINAL, SYSTEMIC - ESTROGEN AND PROGESTIN COMB.</b>					
TULANA	1		ELURYNG	1				
<b>CONTRACEPTIVE ORAL - TRIPHASIC</b>								
ALYACEN 7/7/7 (28)	1		etongestrel-ethinyl estradiol	1				
ARANELLE (28)	1		<b>EMERGENCY CONTRACEPTIVES</b>					
CAZIANT (28)	1		ELLA	2	QL			
DASETTA 7/7/7 (28)	1		<b>EMERGENCY CONTRACEPTIVES - PROGESTERONE AGONIST/ANTAGONIST TYPE</b>					
ENPRESSE	1		ELLA	2	QL			
LEENA 28	1		<b>DERMATOLOGICAL</b>					
LEVONEST (28)	1							
levonorg-eth estrad triphasic	1							
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1							
NORTREL 7/7/7 (28)	1							
NYLIA 7/7/7 (28)	1							

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<b>ACNE THERAPY SYSTEMIC - RETINOIDs AND DERIVATIVES</b>			NEUAC	1	
ACCUTANE	2	PA	SSS 10-5 TOPICAL CREAM	1	
AMNESTEEM	2	PA	<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	QL
CLARAVIS	2	PA	<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>isotretinoin 10 mg capsule inner</i>	1	PA; QL	<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w)</i>	1	QL
<i>isotretinoin 10 mg capsule outer</i>	1	PA; QL	<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	PA	<b>ACNE THERAPY TOPICAL - RETINOIDs AND DERIVATIVES</b>		
MYORISAN	2	PA	<i>adapalene topical gel 0.1 %</i>	1	OTC
ZENATANE	2	PA	AVITA TOPICAL CREAM	1	QL
<b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE</b>			AVITA TOPICAL GEL	2	QL
AZELEX	2		<i>tretinoin microspheres</i>	1	
<i>clindamycin phosphate topical gel</i>	1		<i>tretinoin topical cream</i>	1	QL
<i>clindamycin phosphate topical gel, once daily</i>	1		<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	QL
<i>clindamycin phosphate topical lotion</i>	1		<i>tretinoin topical gel 0.05 %</i>	1	
<i>clindamycin phosphate topical solution</i>	1		<b>ANTIPSORIATIC - VITAMIN D ANALOG - GLUCOCORTICOID COMBINATIONS</b>		
<i>erythromycin with ethanol</i>	1		<i>calcipotriene-betamethasone topical ointment</i>	1	
<i>sulfacetamide sodium (acne)</i>	1		<b>ANTIPSORIATIC AGENTS- INTERLEUKIN-17 (IL-17) ANTAGONIST, MC ANTIBODY</b>		
<b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE-KERATOLYTIC COMBINATIONS</b>					
BP 10-1	1				
<i>clindamycin-benzoyl peroxide</i>	1				
<i>erythromycin-benzoyl peroxide</i>	1				

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
TALTZ AUTOINJECTOR	2	PA; ST; QL	<i>ciclopirox topical suspension</i>	1	QL
TALTZ AUTOINJECTOR (2 PACK)	2	PA; ST; QL	<b>DERMATOLOGICAL - ANTIFUNGAL IMIDAZOLE AND RELATED AGENTS</b>		
TALTZ AUTOINJECTOR (3 PACK)	2	PA; ST; QL	<i>clotrimazole topical</i>	1	OTC; QL
TALTZ SYRINGE	2	PA; ST	<i>econazole</i>	1	
<b>DERMATOLOGICAL - ANTIBACTERIAL AMINOGLYCOSIDES</b>			<i>ketoconazole topical cream</i>	1	QL
<i>gentamicin topical</i>	1		<i>ketoconazole topical shampoo</i>	1	QL
<b>DERMATOLOGICAL - ANTIBACTERIAL OTHER</b>			<b>DERMATOLOGICAL - ANTIFUNGAL- GLUCOCORTICOID COMBINATIONS</b>		
CENTANY	2	QL	<i>clotrimazole- betamethasone topical cream</i>	1	QL
mupirocin	1	QL	<i>clotrimazole- betamethasone topical lotion</i>	1	
<b>DERMATOLOGICAL - ANTIFUNGAL AMPHOTERIC POLYENE MACROLIDES</b>			<i>nystatin-triamcinolone</i>	1	
NYAMYC	1	QL	<b>DERMATOLOGICAL - ANTINEOPLASTIC ALKYLATING AGENTS</b>		
<i>nystatin topical cream</i>	1		VALCHLOR	2	PA; QL
<i>nystatin topical ointment</i>	1		<b>DERMATOLOGICAL - ANTINEOPLASTIC ANTIMETABOLITES</b>		
<i>nystatin topical powder</i>	1	QL	FLUOROPLEX	2	
NYSTOP	1	QL	<i>fluorouracil topical cream 5 %</i>	1	QL
<b>DERMATOLOGICAL - ANTIFUNGAL HYDROXYPYRIDINONE</b>			<i>fluorouracil topical solution 2 %</i>	1	QL
CICLODAN TOPICAL CREAM	1		<i>fluorouracil topical solution 5 %</i>	1	
CICLODAN TOPICAL SOLUTION	1	QL	<b>DERMATOLOGICAL - ANTINEOPLASTIC RETINOIDS</b>		
<i>ciclopirox topical cream</i>	1		PANRETIN	2	PA
<i>ciclopirox topical gel</i>	1	QL			
<i>ciclopirox topical shampoo</i>	1				
<i>ciclopirox topical solution</i>	1	QL			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<b>DERMATOLOGICAL - ANTINEOPLASTIC SELECTIVE RETINOID X RECEPTOR AGONIST</b>			ELIDEL	2	ST; QL
TARGRETIN TOPICAL	2	PA; QL	PROTOPIC	2	ST
<b>DERMATOLOGICAL - ANTIPERSPIRANTS</b>			<b>DERMATOLOGICAL - EMOLLIENTS</b>		
DRYSOL	2		<i>ammonium lactate topical lotion</i>	1	OTC; QL
DRYSOL DAB-O-MATIC	2		<b>DERMATOLOGICAL - ENZYMES</b>		
<b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS TOPICAL</b>			SANTYL	2	QL
<i>calcipotriene scalp</i>	1	QL	<b>DERMATOLOGICAL - GLUCOCORTICOID</b>		
<i>calcipotriene topical cream</i>	1	QL	ALA-CORT	1	QL
<i>calcipotriene topical ointment</i>	1	QL	<i>amcinonide</i>	1	
<b>DERMATOLOGICAL - ANTIPSORIATICS SYSTEMIC, PHOSPHODIESTERAS E 4 INHIB.</b>			<i>betamethasone valerate topical cream</i>	1	
OTEZLA	2	PA; QL	<i>betamethasone valerate topical lotion</i>	1	
OTEZLA STARTER	2	PA; QL	<i>betamethasone valerate topical ointment</i>	1	
<b>DERMATOLOGICAL - ANTISEBORRHEIC</b>			<i>clobetasol scalp</i>	1	
<i>selenium sulfide topical lotion</i>	1		<i>clobetasol topical cream</i>	1	
<b>DERMATOLOGICAL - ANTIVIRAL, HERPES</b>			<i>clobetasol topical foam</i>	1	
<i>acyclovir topical</i>	1	QL	<i>clobetasol topical gel</i>	1	
DENAVIR	2	PA; QL	<i>clobetasol topical lotion</i>	1	
<b>DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE</b>			<i>clobetasol topical ointment</i>	1	
<i>silver sulfadiazine</i>	1		<i>clobetasol topical shampoo</i>	1	QL
SSD	1		<i>clobetasol topical spray, non-aerosol</i>	1	
<b>DERMATOLOGICAL - CALCINEURIN INHIBITORS</b>			<i>clobetasol-emollient</i>	1	
			<b>DERMA-SMOOTH/FS BODY OIL</b>	2	
			<b>DERMA-SMOOTH/FS SCALP OIL</b>	2	QL
			<i>desonide topical cream</i>	1	
			<i>desonide topical ointment</i>	1	
			<i>diflorasone</i>	1	QL

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>fluocinolone topical cream 0.01 %</i>	1	QL	<i>triamicinolone acetonide topical cream</i>	1	QL
<i>fluocinolone topical solution</i>	1	QL	<i>triamicinolone acetonide topical lotion</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1		<i>triamicinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	QL
<i>fluocinonide topical gel</i>	1		<i>triamicinolone acetonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical ointment</i>	1		TRIDERM	1	QL
<i>fluocinonide topical solution</i>	1	QL	<b>DERMATOLOGICAL - GLUCOCORTICOID- LOCAL ANESTHETIC COMBINATIONS</b>		
FLUOCINONIDE-E	1	QL	<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
<i>fluocinonide-emollient</i>	1	QL	PRAMOSONE TOPICAL CREAM	2	
<i>flurandrenolide</i>	1		<b>DERMATOLOGICAL - IMMUNOMODULATOR - INTERFERONS</b>		
<i>fluticasone propionate topical cream</i>	1	QL	ALFERON N	2	
<i>fluticasone propionate topical ointment</i>	1	QL	<b>DERMATOLOGICAL - KERATOLYTIC- ANTIMITOTIC COMBINATIONS</b>		
<i>hydrocortisone topical cream 1 %</i>	1	OTC; QL	<i>silver nitrate applicators</i>	1	PA; QL
<i>hydrocortisone topical cream 2.5 %</i>	1		<b>DERMATOLOGICAL - KERATOLYTIC- ANTIMITOTIC SINGLE AGENTS</b>		
<i>hydrocortisone topical cream with perineal applicator</i>	1		<i>podofilox</i>	1	QL
<i>hydrocortisone topical lotion 2.5 %</i>	1		<i>salicylic acid topical gel</i>	1	
<i>hydrocortisone topical ointment 1 %</i>	1	OTC; QL	<i>urea topical cream 40 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1		<i>urea topical lotion</i>	2	QL
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1		<b>DERMATOLOGICAL - LOCAL ANESTHETIC COMBINATIONS</b>		
<i>mometasone topical</i>	1		<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>prednicarbate topical cream</i>	1	QL			
PROCTO-MED HC	1				
PROCTOSOL HC	1				
PROCTOZONE-HC	1				

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits			
<b>DERMATOLOGICAL - LOCAL ANESTHETIC GAS COMBINATIONS</b>								
PAIN EASE MIST SPRAY	2	PA	<b>SCABICIDE AND PEDICULICIDE SINGLE AGENTS</b>					
<b>DERMATOLOGICAL - NSAID SINGLE AGENTS</b>								
<i>diclofenac sodium topical gel 1 %</i>	1	OTC; QL	NATROBA	2	QL			
<b>DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL</b>			<i>permethrin</i>	1				
AZELEX	2		<b>WOUND CARE - DRESSINGS</b>					
<i>metronidazole topical cream</i>	1		CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP	2	QL			
<i>metronidazole topical gel 0.75 %</i>	1	QL	KERLIX AMD	2	QL			
<i>metronidazole topical lotion</i>	1		<b>WOUND CARE - GROWTH FACTOR AGENTS</b>					
ROSADAN TOPICAL CREAM	1		REGRANEX	2	PA; QL			
ROSADAN TOPICAL GEL	1	QL	<b>EATING DISORDER THERAPY</b>					
<b>DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC AMIDES</b>			<b>APPETITE STIMULANTS - CANNABINOIDS</b>					
GLYDO	1	QL	dronabinol	1	PA			
<i>lidocaine hcl mucous membrane jelly</i>	1	QL	<b>APPETITE STIMULANTS - PROGESTIN HORMONE TYPE</b>					
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL	<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>	1				
<i>lidocaine hcl topical cream 3 %</i>	1	OTC; QL	<b>ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS</b>					
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	QL	<b>DILUENTS - STERILE WATER FOR INJECTION</b>					
<b>DERMATOLOGICAL ANTIPRURITICS - ANTIHISTAMINES</b>			STERILE WATER FOR INJECTION	1				
<i>doxepin topical</i>	1	QL	<i>water for inject, bacteriostat</i>	1				
			<i>water for injection, sterile injection</i>	1				

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<b>ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN</b>			PRENATAL PLUS	1	
sodium polystyrene sulfonate	1		PRENATAL PLUS (CALCIUM CARB)	1	
SPS (WITH SORBITOL)	1		PRENATAL VITAMIN PLUS LOW IRON	1	
<b>IRRIGATION SOLUTIONS</b>			PROVIDA OB	2	
sodium chloride irrigation	1		SE-NATAL 19 CHEWABLE	1	
<b>MINERALS AND ELECTROLYTES - IODINE</b>			THRIVITE RX	2	
SSKI	2		TRICARE	2	
<b>MINERALS AND ELECTROLYTES - POTASSIUM, ORAL</b>			TRINATAL RX 1	1	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	1		WESTAB PLUS	1	
KLOR-CON	1		<b>SODIUM CHLORIDE FLUSHES</b>		
KLOR-CON 10	1		sodium chloride 0.9 % (flush) injection syringe	1	
KLOR-CON 8	1		sodium chloride 0.9 % (flush) injection syringe, with swab cap	2	
KLOR-CON M10	1		<b>VITAMINS - B-12, CYANOCOBALAMIN AND DERIVATIVES</b>		
KLOR-CON M15	1		cyanocobalamin (vitamin b-12) injection	1	
KLOR-CON M20	1		<b>VITAMINS - B-3, NIACIN AND DERIVATIVES</b>		
KLOR-CON/EF	1		niacin oral/tablet 500 mg	1	OTC
K-TAB	2		<b>VITAMINS - D DERIVATIVES</b>		
potassium chloride oral	1		calcitriol intravenous	1	
<b>PRENATAL VITAMINS AND MINERALS</b>			calcitriol oral	1	
KOSHER PRENATAL PLUS IRON	2		ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
M-NATAL PLUS	1		VITAMIN D2	1	
PRENATABS FA	1		<b>VITAMINS - FOLIC ACID AND DERIVATIVES</b>		
PRENATABS RX	1				
PRENATAL 19	2				

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
folic acid oral tablet 1 mg	1	OTC	<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; QL
<b>VITAMINS - K, PHYTONADIONE AND DERIVATIVES</b>			<b>ANTI DIURETIC AND VASOPRESSOR HORMONES</b>		
phytonadione (vitamin k1) oral tablet 5 mg	1	QL	<i>desmopressin nasal spray with pump</i>	1	
<b>ENDOCRINE</b>			<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<b>AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)</b>			<i>desmopressin oral</i>	1	
BAQSIMI	2	QL	<b>ANTIHYPERGLYCEMI C - ALPHA-GLUCOSIDASE INHIBITORS</b>		
GLUCAGEN HYPOKIT	2	QL	<i>acarbose</i>	1	
GLUCAGON EMERGENCY KIT (HUMAN)	2	Covered labeler 00002; QL	<i>miglitol</i>	1	
GVOKE HYPOOPEN 1-PACK	2	QL	<b>ANTIHYPERGLYCEMI C - Dipeptidyl Peptidase-4 (DPP-4) INHIBITORS</b>		
GVOKE HYPOOPEN 2-PACK	2	QL	<i>JANUVIA</i>	2	QL
GVOKE PFS 1-PACK SYRINGE	2	QL	<i>TRADJENTA</i>	2	QL
GVOKE PFS 2-PACK SYRINGE	2	QL	<b>ANTIHYPERGLYCEMI C - GLUCAGON-LIKE PEPTIDE-1 (GLP-1) RECEPTOR AGONISTS</b>		
ZEGALOGUE AUTOINJECTOR	2	QL	<i>BYETTA</i>	2	
ZEGALOGUE SYRINGE	2	QL	<i>TRULICITY</i>	2	QL
<b>ANDROGEN - SINGLE AGENTS</b>			<i>VICTOZA 2-PAK</i>	2	QL
ANDRODERM	2	PA	<i>VICTOZA 3-PAK</i>	2	QL
<i>testosterone cypionate</i>	1	PA	<b>ANTIHYPERGLYCEMI C - MEGLITINIDE ANALOG AND BIGUANIDE COMBINATIONS</b>		
<i>testosterone enanthate</i>	1	PA	<i>repaglinide-metformin</i>	1	
<i>testosterone transdermal gel</i>	1	PA; QL			
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA			

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits			
<b>ANTIHYPERGLYCEMI C - MEGLITINIDE ANALOGS</b>								
<i>nateglinide</i>	1		<b>ANTIHYPERGLYCEMI C-DIPEPTIDYL PEPTIDASE-4(DPP-4)INHIBITOR AND BIGUANIDE</b>					
<i>repaglinide</i>	1		<b>JANUMET</b>	2	QL			
<b>ANTIHYPERGLYCEMI C - SGLT-2 INHIBITOR AND BIGUANIDE COMBINATIONS</b>								
<b>INVOKAMET</b>	2		<b>JANUMET XR</b>	2	QL			
<b>SYNJARDY</b>	2	QL	<b>JENTADUETO</b>	2	QL			
<b>ANTIHYPERGLYCEMI C - SODIUM GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>								
<b>FARXIGA</b>	2	QL	<b>ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES</b>					
<b>INVOKANA</b>	2		<i>methimazole</i>	1				
<b>JARDIANCE</b>	2	QL	<b>ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES</b>					
<b>ANTIHYPERGLYCEMI C - SULFONYLUREA AND BIGUANIDE COMBINATIONS</b>								
<i>glipizide-metformin</i>	1		<i>propylthiouracil</i>	1				
<i>glyburide-metformin</i>	1	QL	<b>BONE FORMATION STIMULATING AGENTS - PARATHYROID HORMONE-TYPE</b>					
<b>ANTIHYPERGLYCEMI C - SULFONYLUREA DERIVATIVES</b>			<b>FORTEO</b>	2	QL			
<i>glimepiride</i>	1		<b>BONE RESORPTION INHIBITORS - BISPHOSPHONATES</b>					
<i>glipizide</i>	1		<i>alendronate oral tablet</i>	1				
<i>glyburide</i>	1	QL	<i>ibandronate oral</i>	1				
<i>glyburide micronized</i>	1	QL	<b>CALCIMIMETIC, PARATHYROID CALCIUM RECEPTOR SENSITIVITY ENHANCER</b>					
<b>ANTIHYPERGLYCEMI C - THIAZOLIDINEDIONE AND BIGUANIDE COMBINATIONS</b>			<i>cinacalcet</i>	1				
<i>pioglitazone-metformin</i>	1		<b>CALCITONINS</b>					
			<i>calcitonin (salmon) nasal</i>	1				
			<b>ESTROGEN-ANDROGEN</b>					

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>estrogens-methyltestosterone</i>	1		LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	1	QL
<b>ESTROGEN-PROGESTIN</b>			LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR	1	
AMABELZ	1		MENEST	2	
CLIMARA PRO	2		PREMARIN ORAL	2	
COMBIPATCH	2		<b>GLUCOCORTICOIDS</b>		
<i>estradiol-norethindrone acet</i>	1		DECADRON	1	
FYAVOLV	1		DEXAMETHASONE INTENSOL	1	
JINTELI	1		<i>dexamethasone oral elixir</i>	1	
MIMVEY	1		<i>dexamethasone oral solution</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1		<i>dexamethasone oral tablet</i>	1	
PREMPHASE	2		<i>hydrocortisone oral</i>	1	
PREMPRO	2		<i>methylprednisolone</i>	1	
<b>ESTROGENS</b>			<i>prednisolone</i>	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	1	QL	<i>prednisolone sodium phosphate oral solution</i> <i>15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR	1		<i>prednisone</i>	1	
<i>estradiol oral</i>	1		PREDNISONE INTENSOL	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL	<b>GONADOTROPIN INHIBITOR PITUITARY SUPPRESSANTS</b>		
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr</i>	1		<i>danazol</i>	1	ST
<i>estradiol transdermal patch weekly</i>	1		<b>GROWTH HORMONES</b>		
			NORDITROPIN FLEXPRO	2	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
OMNITROPE	2	PA	LEVEMIR U-100 INSULIN	2	
<b>HUMAN INSULINS - FIXED COMBINATIONS</b>			TOUJEO MAX U-300 SOLOSTAR	2	
HUMULIN 70/30 U-100 INSULIN	2	OTC; QL	TOUJEO SOLOSTAR U-300 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	2	OTC; QL	TRESIBA FLEXTOUCH U-100	2	ST; QL
<b>HUMAN INSULINS - SHORT ACTING</b>			TRESIBA FLEXTOUCH U-200	2	ST; QL
HUMULIN R U-500 (CONC) INSULIN	2	QL	TRESIBA U-100 INSULIN	2	ST; QL
HUMULIN R U-500 (CONC) KWIKPEN	2	QL	<b>INSULIN ANALOGS - RAPID ACTING</b>		
<b>INSULIN ANALOGS - FIXED COMBINATIONS</b>			APIDRA SOLOSTAR U-100 INSULIN	2	QL
HUMALOG MIX 50-50 INSULN U-100	2	QL	APIDRA U-100 INSULIN	2	QL
HUMALOG MIX 50-50 KWIKPEN	2	QL	HUMALOG JUNIOR KWIKPEN U-100	2	QL
HUMALOG MIX 75-25 KWIKPEN	2	QL	HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL
HUMALOG MIX 75-25(U-100)INSULN	2	QL	HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
<i>insulin asp prt-insulin aspart</i>	2	QL	HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	QL
<i>insulin lispro protamin-lispro</i>	2	QL	<i>insulin aspart u-100</i>	2	QL
NOVOLOG MIX 70-30 U-100 INSULN	2	QL	<i>insulin lispro</i>	2	QL
NOVOLOG MIX 70-30FLEXPEN U-100	2	QL	NOVOLOG FLEXPEN U-100 INSULIN	2	QL
<b>INSULIN ANALOGS - LONG ACTING</b>			NOVOLOG PENFILL U-100 INSULIN	2	QL
LANTUS SOLOSTAR U-100 INSULIN	2	QL	NOVOLOG U-100 INSULIN ASPART	2	QL
LANTUS U-100 INSULIN	2				
LEVEMIR FLEXTOUCH U-100 INSULN	2				

Drug Name	Tier	Restrictions / Limits
<b>INSULIN RESPONSE ENHancers - BIGUANIDES</b>		
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<b>INSULIN RESPONSE ENHancers - THIAZOLIDINEDIONES (PPAR-GAMMA AGONISTS)</b>		
<i>pioglitazone</i>	1	
<b>INSULIN-LIKE GROWTH FACTOR-1 (IGF-1)</b>		
<i>INCRELEX</i>	2	PA
<b>LHRH (GNRH) AGONIST ANALOG PITUITARY SUPP. AND PROGESTIN COMB.</b>		
<i>LUPANETA PACK (1 MONTH)</i>	2	ST
<b>LHRH (GNRH) ANTAGONIST, ESTROGEN AND PROGESTIN COMBINATIONS</b>		
<i>ORIAHNN</i>	2	PA; QL
<b>LHRH (GNRH) ANTAGONISTS</b>		
<i>ORILISSA</i>	2	ST; QL
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone</i>	1	
<b>OXYTOCIC - ERGOT ALKALOIDS</b>		
<i>METHERGINE</i>	1	
<i>methylergonovine oral</i>	1	
<b>PROGESTINS</b>		

Drug Name	Tier	Restrictions / Limits
<i>medroxyprogesterone oral</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone</i>	1	
<i>progesterone micronized</i>	1	
<b>PROLACTIN INHIBITOR - ERGOT DERIVATIVE DOPAMINE RECEPTOR AGONISTS</b>		
<i>cabergoline</i>	1	
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>		
<i>raloxifene</i>	1	
<b>SOMATOSTATIC AGENTS</b>		
<i>octreotide acetate</i>	1	PA
<b>THYROID HORMONES - ANIMAL SOURCE (PORCINE)</b>		
<i>ARMOUR THYROID</i>	2	
<i>NP THYROID</i>	1	
<b>THYROID HORMONES - SYNTHETIC T3 (TRIIODOTHYRONINE)</b>		
<i>liothyronine oral</i>	1	
<b>THYROID HORMONES - SYNTHETIC T4 (THYROXINE)</b>		
<i>EUTHYROX</i>	1	
<i>LEVO-T</i>	1	
<i>levothyroxine oral/tablet</i>	1	
<i>LEVOXYL</i>	1	
<i>SYNTHROID</i>	2	
<i>UNITHROID</i>	1	

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
<b>GASTROINTESTINAL THERAPY AGENTS</b>			<b>ANTIEMETIC - SELECTIVE SEROTONIN 5-HT3 ANTAGONISTS</b>		
<b>ANTIDIARRHEAL - ANTIPERISTALTIC AGENTS</b>			<i>ondansetron</i>	1	
<i>loperamide oral capsule</i>	1	OTC; QL	<i>ondansetron hcl oral</i>	1	
<b>ANTIDIARRHEAL-ANTIPERISTALTIC-ANTICHOLINERGIC COMBINATIONS</b>			<b>ANTIEMETIC - SUBSTANCE P- NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>diphenoxylate-atropine</i>	1		<i>aprepitant oral capsule 125 mg, 40 mg</i>	1	QL
<b>ANTIEMETIC - ANTICHOLINERGICS</b>			<b>EMEND ORAL CAPSULE</b>	2	QL
<i>scopolamine base</i>	1		<b>EMEND ORAL CAPSULE,DOSE PACK</b>	2	QL
<b>ANTIEMETIC - ANTIHISTAMINES</b>			<b>EMEND ORAL SUSPENSION FOR RECONSTITUTION</b>	2	
<i>meclizine oral/tablet</i>	1	OTC	<b>ANTIEMETIC - SUBSTANCE P- NEUROKININ 1 AND 5-HT3 RECEPTOR ANTAGONIST COMB</b>		
<b>ANTIEMETIC - ANTIHISTAMINE-VITAMIN COMBINATIONS</b>			<i>AKYNZEON (NETUPITANT)</i>	2	PA
<i>DICLEGIS</i>	2		<b>CHRONIC IDIOPATHIC CONST. AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>		
<b>ANTIEMETIC - CANNABINOID TYPE</b>			<i>LINZESS ORAL CAPSULE 145 MCG, 290 MCG</i>	2	ST
<i>dronabinol</i>	1	PA	<b>COLONIC ACIDIFIER (AMMONIA INHIBITOR)</b>		
<b>ANTIEMETIC - DOPAMINE (D2)/5-HT3 ANTAGONISTS</b>			<i>ENULOSE</i>	1	
<i>trimethobenzamide</i>	1		<i>GENERLAC</i>	1	
<b>ANTIEMETIC - PHENOTHIAZINES</b>			<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml)</i>	1	
<i>COMPRO</i>	1				
<i>prochlorperazine</i>	1				
<i>prochlorperazine maleate</i>	1				
<i>promethazine oral</i>	1				
<i>promethazine rectal</i>	1				
<b>PROMETHEGAN</b>	1				

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
<b>DIGESTIVE ENZYME MIXTURES</b>					
CREON	2		<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	QL
ZENPEP	2		<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL
<b>DIGESTIVE ENZYMES</b>					
SUCRAID	2	PA	PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	2	QL
<b>GALLSTONE SOLUBILIZING (LITHOLYSIS) AGENTS</b>					
<i>ursodiol</i>	1		<b>GASTRIC MUCOSA-CYTOPROTECTIVE PROSTAGLANDIN ANALOGS</b>		
<b>GASTRIC ACID SECRETION REDUCER - HISTAMINE H2-RECEPTOR ANTAGONISTS</b>					
<i>cimetidine hcl</i>	1		<i>misoprostol</i>	1	
<i>cimetidine oral tablet 200 mg</i>	1	OTC	<b>GASTROINTESTINAL PROKINETIC AGENTS - D2 ANTAGONIST/5-HT4 AGONISTS</b>		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1		<i>metoclopramide hcl oral solution</i>	1	
<i>famotidine oral suspension</i>	1	AR	<i>metoclopramide hcl oral tablet</i>	1	
<i>famotidine oral tablet 20 mg</i>	1	OTC	<b>GIANTISPASMODIC - BELLADONNA ALKALOIDS</b>		
<i>famotidine oral tablet 40 mg</i>	1		ED-SPAZ	1	
<i>nizatidine</i>	1		<i>hyoscyamine sulfate oral</i>	1	
<b>GASTRIC ACID SECRETION REDUCER - PROTON PUMP INHIBITORS (PPIS)</b>			<i>hyoscyamine sulfate sublingual</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	OTC; QL	HYOSYNE	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	QL	<i>methscopolamine</i>	1	
NEXIUM PACKET	2		OSCIMIN	1	
			OSCIMIN SL	1	
<b>GIANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS</b>					
			<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
<b>GIANTISPASMODIC - SYNTHETIC TERTIARY AMINES</b>			<b>INFLAMMATORY BOWEL AGENT - AMINOSALICYLATES AND RELATED AGENTS</b>		
dicyclomine oral	1		balsalazide	1	
<b>GIANTISPASMODIC AND BENZODIAZEPINE COMBINATIONS</b>			LIALDA	2	
chlordiazepoxide-clidinium	1		mesalamine oral capsule (with del rel tablets)	1	
<b>GIANTISPASMODIC AND OPIOID COMBINATIONS</b>			mesalamine oral capsule, extended release 24hr	1	
belladonna alkaloids-opium	1		mesalamine rectal enema	1	
<b>GIANTISPASMODIC COMBINATIONS OTHER</b>			PENTASA	2	
belladonna alkaloids-opium	1		sulfasalazine	1	
chlordiazepoxide-clidinium	1		<b>INFLAMMATORY BOWEL AGENT - GLUCOCORTICOIDS</b>		
<b>H. PYLORI THERAPY - PROTON PUMP INHIBITOR AND ANTIBIOTICS COMBINATIONS</b>			budesonide oral capsule, delayed, extend. release	1	
amoxicil-clarithromy-lansopraz	1		budesonide oral tablet, delayed and ext.release	1	QL
<b>IBS AGENT - GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATOR AGENTS</b>			hydrocortisone rectal	1	
AMITIZA	2	ST	<b>INFLAMMATORY BOWEL AGENT - JANUS KINASE (JAK) INHIBITORS</b>		
<b>IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>			XELJANZ ORAL TABLET	2	PA; QL
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	2	ST	<b>INFLAMMATORY BOWEL AGENT - TUMOR NECROSIS FACTOR ALPHA BLOCKERS</b>		
			HUMIRA	2	PA; QL
			HUMIRA PEN	2	PA; QL
			HUMIRA PEN CROHNS-UC-HS START	2	PA; QL

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS	2	PA; QL	<b>GENITOURINARY THERAPY</b>		
HUMIRA(CF) PEDI CROHNS STARTER	2	PA; QL	<b>G.U. IRRIGANTS</b>		
HUMIRA(CF) PEN	2	PA; QL	<i>acetic acid irrigation</i>	1	
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA; QL	RENACIDIN	2	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; QL	<b>INTERSTITIAL CYSTITIS AGENTS</b>		
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 MIL	2	PA; QL	ELMIRON	2	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>			<b>OVERACTIVE BLADDER AGENTS - BETA -3 ADRENERGIC RECEPTOR AGONIST</b>		
AMITIZA	2	ST	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	QL
<b>LAXATIVE - SALINE AND OSMOTIC</b>			<b>PHOSPHATE BINDERS</b>		
CONSTULOSE	1		<i>calcium acetate(phosphat bind)</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1		PHOSLYRA	2	
<b>LAXATIVE - SALINE/OSMOTIC MIXTURES</b>			<i>sevelamer carbonate</i>	1	
GAVILYTE-C	1		<i>sevelamer hcl</i>	1	
GAVILYTE-G	1		<b>PHOSPHATE BINDERS - CALCIUM-BASED</b>		
GAVILYTE-N	1		<i>calcium acetate(phosphat bind)</i>	1	
<i>peg 3350-electrolytes</i>	1		PHOSLYRA	2	
<i>peg-electrolyte soln</i>	1		<b>PROSTATIC HYPERTROPHY AGENT - ALPHA-1-ADRENOCEPTOR ANTAGONISTS</b>		
<b>PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES</b>			<i>alfuzosin</i>	1	
sucralfate	1		<i>tamsulosin</i>	1	
<b>SHORT BOWEL SYNDROME(SBS) AGENTS</b>			<b>PROSTATIC HYPERTROPHY AGENT - TYPE II 5-ALPHA REDUCTASE INHIBITORS</b>		
<i>octreotide acetate</i>	1	PA			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>finasteride oral tablet 5 mg</i>	1		<i>nitrofurantoin monohyd/m-cryst</i>	1	
<b>PROSTATIC HYPERTROPHY AGENT-SEL.CGMP PHOSPHODIESTERASE TYPE5 INHIBITOR</b>			<b>URINARY ANTI-INFECTIVE METHENAMINE-ANTISPAS-ANALG COMBINATIONS</b>		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA	<b>PHOSPHASAL</b>	1	
<b>PROSTATIC HYPERTROPHY AGENT-TYPE I AND II 5-ALPHA REDUCTASE INHIBITORS</b>			<b>URELLE</b>	2	
<i>dutasteride</i>	1		<b>URO-458</b>	1	
<b>URINARY ACIDIFIER - BACTERIAL UREASE INHIBITOR</b>			<b>USTELL</b>	1	
<b>LITHOSTAT</b>	2	PA	<b>UTIRA-C</b>	1	
<b>URINARY ALKALINIZER - CITRATES</b>			<b>URINARY ANTI-INFECTIVE METHENAMINE-ANTISPASMODIC COMBINATIONS</b>		
<i>potassium citrate oral tablet extended release</i>	1		<i>methen-sod phos-meth blue-hyos</i>	1	
<b>URINARY ANALGESICS</b>			<b>UROGESIC-BLUE</b>	1	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1		<b>URINARY ANTISPASMODIC - ANTICHOL., M(3) MUSCARINIC SELECTIVE (BLADDER)</b>		
<b>URINARY ANTIBACTERIAL - METHENAMINE AND SALTS</b>			<i>solifenacin</i>	1	QL
<i>methenamine hippurate</i>	1		<b>URINARY ANTISPASMODIC - ANTICHOLINERGICS, NON-SELECTIVE</b>		
<i>methenamine mandelate</i>	1		<b>ED-SPAZ</b>	1	
<b>URINARY ANTIBACTERIAL - NITROFURAN DERIVATIVES</b>			<i>hyoscyamine sulfate oral</i>	1	
<i>nitrofurantoin</i>	1		<i>hyoscyamine sulfate sublingual</i>	1	
<i>nitrofurantoin macrocrystal</i>	1		<b>HYOSYNE</b>	1	
			<b>OSCIMIN</b>	1	
			<b>OSCIMIN SL</b>	1	

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<b>URINARY ANTISPASMODIC - SMOOTH MUSCLE RELAXANTS</b>			EMPAVELI	2	PA; QL
<i>flavoxate</i>	1		<b>ANTICOAGULANTS - COUMARIN</b>		
GELNIQUE	2	QL	JANTOVEN	1	
<i>oxybutynin chloride</i>	1		<i>warfarin</i>	1	
OXYTROL	2		<b>DIRECT FACTOR XA INHIBITORS</b>		
TOVIAZ	2	QL	ELIQUIS	2	
<b>URINARY RETENTION THERAPY - PARASYMPATHOMIMETIC AGENTS</b>			ELIQUIS DVT-PE TREAT 30D START	2	
<i>bethanechol chloride</i>	1		XARELTO DVT-PE TREAT 30D START	2	
<b>GOUT AND HYPERURICEMIA THERAPY</b>			XARELTO ORAL TABLET	2	
<b>GOUT ACUTE THERAPY - ANTIMITOTICS</b>			<b>ERYTHROPOIETINS</b>		
<i>colchicine oral tablet</i>	1	ST; QL	EPOGEN INJECTION SOLUTION 10,000 UNIT/ML	2	PA; QL
<b>GOUT AND HYPERURICEMIA- ANTIMITOTIC- URICOSURIC COMBINATIONS</b>			EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA
<i>probencid-colchicine</i>	1	PA	RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; QL
<b>HYPURICEMIA THERAPY - URICOSURICS</b>			RETACRIT INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML	2	PA
<i>probenecid</i>	1		<b>GRANULOCYTE COLONY- STIMULATING FACTOR (G-CSF)</b>		
<b>HYPURICEMIA THERAPY - XANTHINE OXIDASE INHIBITORS</b>			NEUPOGEN	2	PA
<i>allopurinol</i>	1		ZIEXTENZO	2	PA; QL
<b>HEMATOLOGICAL AGENTS</b>					
<b>AGENTS TO TREAT PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH)</b>					

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits			
<b>HEMATORHEOLOGIC AGENTS</b>								
<i>pentoxifylline</i>	1		<b>PLATELET AGGREGATION INHIBITORS - PHOSPHODIESTERAS E III INHIBITORS</b>					
<b>HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS</b>								
<i>aminocaproic acid oral</i>	1		<i>cilostazol</i>	1				
<i>tranexamic acid oral</i>	1	PA	<b>PLATELET AGGREGATION INHIBITORS - QUINAZOLINE AGENTS</b>					
<b>HEPARIN FLUSH FORMULATIONS</b>								
HEPARIN LOCKFLUSH(PORCIN E)(PF)	1		<b>PLATELET AGGREGATION INHIBITORS - THIENOPYRIDINE AGENTS</b>					
<i>heparin, porcine (pf) intravenous syringe</i>	1		<i>anagrelide</i>	1				
<b>HEPARINS</b>								
<i>heparin (porcine) injection solution</i>	1		<i>clopidogrel</i>	1				
<i>heparin (porcine) injection syringe</i>	1		<i>prasugrel</i>	1				
HEPARIN LOCKFLUSH(PORCIN E)(PF)	1		<b>PLATELET AGGREGATION INHIB-PDESTERASE AND ADENOSINE DEAMINASE INHIBITR</b>					
<i>heparin, porcine (pf) intravenous syringe</i>	1		<i>dipyridamole oral</i>	1				
<b>LOW MOLECULAR WEIGHT HEPARINS</b>			<b>PNH - COMPLEMENT (C3) INHIBITORS</b>					
<i>enoxaparin</i>	1		<i>EMPAVELI</i>	2	PA; QL			
<b>PLATELET AGGREGATION INHIB - CYCLOPENTYL-TRIAZOLO-PYRIMIDINES (CPTPS)</b>			<b>SICKLE CELL ANEMIA AGENTS, OTHERS</b>					
<i>BRILINTA</i>	2		<i>DROXIA</i>	2	PA			
<b>PLATELET AGGREGATION INHIBITOR COMBINATIONS</b>			<b>THROMBIN INHIBITOR -SELECTIVE DIRECT AND REVERSIBLE</b>					
<i>aspirin-dipyridamole</i>	1		<i>PRADAXA</i>	2				
<b>THROMBOPOIETIN RECEPTOR AGONISTS</b>								
<i>DOPTELET (10 TAB PACK)</i>								
<i>DOPTELET (15 TAB PACK)</i>								

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
DOPTELET (30 TAB PACK)	2	PA	<b>LOCOMOTOR SYSTEM</b>		
PROMACTA ORAL POWDER IN PACKET	2	PA	<b>ALS AGENTS - BENZATHIAZOLES</b>		
PROMACTA ORAL TABLET	2	PA; QL	<i>riluzole</i>	1	PA
<b>IMMUNOSUPPRESSIVE AGENTS</b>			<b>ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS</b>		
<b>IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS</b>			<i>pyridostigmine bromide oral syrup</i>	1	
<i>cyclosporine modified</i>	1		<i>pyridostigmine bromide oral tablet 30 mg</i>	2	
<i>cyclosporine oral</i>	1		<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
GENGRAF	1		<i>pyridostigmine bromide oral tablet extended release</i>	1	
NEORAL	2		<b>SKELETAL MUSCLE RELAXANT - CENTRAL MUSCLE RELAXANTS</b>		
SANDIMMUNE ORAL	2		<i>baclofen oral tablet</i>	1	
<i>tacrolimus oral</i>	1		<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	1	
<b>IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</b>			<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>mycophenolate mofetil</i>	1		<i>methocarbamol oral</i>	1	
<i>mycophenolate sodium</i>	1		<i>tizanidine oral tablet</i>	1	
<b>IMMUNOSUPPRESSIVE - INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS</b>			<b>SKELETAL MUSCLE RELAXANT - DIRECT MUSCLE RELAXANTS</b>		
ENSPRYNG	2	PA; QL	<i>dantrolene oral</i>	1	
<b>IMMUNOSUPPRESSIVE - MAMMALIAN TARGET OF RAPAMYCIN (mTOR) INHIBITORS</b>			<b>SPINAL MUSCULAR ATROPHY - MOTOR NEURON 2 (SMN2) SPLICING MODIFIER</b>		
<i>everolimus (immunosuppressive)</i>	1		<i>EVRYSDI</i>	2	PA; QL
<i>sirolimus</i>	1		<b>MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME)</b>		
<b>IMMUNOSUPPRESSIVE - PURINE ANALOGS</b>					
<i>azathioprine oral tablet 50 mg</i>	1				

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<b>MEDICAL SUPPLIES AND DME - BLOOD GLUCOSE TESTS</b>					
ONETOUCH ULTRA TEST	2	OTC; QL			
ONETOUCH VERO TEST STRIPS	2	OTC; QL			
TRUE METRIX GLUCOSE TEST STRIP	2	OTC; QL			
<b>MEDICAL SUPPLIES AND DME - COVID-19 MISCELLANEOUS TESTING SUPPLIES</b>					
BD VERITOR SYSTEM SARS-COV-2	2	QL			
BINAXNOW COVDAG CARD HOME TST	2	QL			
BINAXNOW COVID-19 AG CARD	2	QL			
ID NOW COVID-19 TEST KIT	2	QL			
QUICKVUE SARS ANTIGEN	2	QL			
SOFIA SARS ANTIGEN FIA	2	QL			
<b>MEDICAL SUPPLIES AND DME - DIAPHRAGMS</b>					
WIDE-SEAL DIAPHRAGM 65	2	QL			
WIDE-SEAL DIAPHRAGM 70	2	QL			
WIDE-SEAL DIAPHRAGM 75	2	QL			
WIDE-SEAL DIAPHRAGM 80	2	QL			
WIDE-SEAL DIAPHRAGM 85	2	QL			
WIDE-SEAL DIAPHRAGM 90	2	QL			
WIDE-SEAL DIAPHRAGM 95	2	QL			
<b>MEDICAL SUPPLIES AND DME - GAUZE BANDAGES</b>					
CURITY AMD	2	QL			
<b>MEDICAL SUPPLIES AND DME - GAUZE PADS AND DRESSINGS</b>					
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 2 X 5 "-YARD	2	QL			
<b>MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES</b>					
FREESTYLE LIBRE 14 DAY READER	2	PA; QL			
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL			
FREESTYLE LIBRE 2 READER	2	PA; QL			
FREESTYLE LIBRE 2 SENSOR	2	PA; QL			
ONETOUCH ULTRA2 METER	2	OTC; QL			
ONETOUCH ULTRAMINI	2	OTC; QL			
TRUE METRIX GLUCOSE METER	2	OTC; QL			
<b>MEDICAL SUPPLIES AND DME - INSULIN NEEDLES-SYRINGES AND ADMIN SUPPLIES</b>					
ADVOCATE SYRINGES	2	OTC; QL			
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	2	OTC; QL			
BD INSULIN SYRINGE	2	OTC; QL			
BD INSULIN SYRINGE (HALF UNIT)	2	OTC; QL			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
BD INSULIN SYRINGE MICRO-FINE	2	OTC; QL	EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	OTC; QL
BD INSULIN SYRINGE SAFETY-LOK	2	OTC; QL	EASY TOUCH LUER LOCK INSULIN	2	OTC; QL
BD INSULIN SYRINGE SLIP TIP	2	OTC; QL	EASY TOUCH UNI-SLIP SYRINGE 1 ML	2	OTC; QL
BD INSULIN SYRINGE U-500	2	QL	EXEL INSULIN	2	OTC; QL
BD INSULIN SYRINGE ULTRA-FINE	2	OTC; QL	FREESTYLE PRECISION	2	OTC; QL
BD LO-DOSE MICRO-FINE IV	2	OTC; QL	HEALTHWISE INSULIN SYRINGE	2	OTC; QL
BD LO-DOSE ULTRA-FINE	2	OTC; QL	INSULIN SYRINGE	2	OTC; QL
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2"	2	OTC; QL	INSULIN SYRINGE MICROFINE	2	OTC; QL
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	2	OTC; QL			
BD VEO INSULIN SYR (HALF UNIT)	2	OTC; QL			
BD VEO INSULIN SYRINGE UF	2	OTC; QL			
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	OTC; QL			
COMFORT EZ INSULIN SYRINGE	2	OTC; QL			
DROPLET INSULIN SYRINGE	2	OTC; QL			
EASY COMFORT INSULIN SYRINGE	2	OTC; QL			
EASY GLIDE INSULIN SYRINGE	2	OTC; QL			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29, 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i>	2	OTC; QL	MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	2	QL
			MONOJECT INSULIN SYRINGE	2	OTC; QL
			MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	2	QL
			MONOJECT ULTRA COMFORT INSULIN	2	OTC; QL
			PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	QL
			PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	OTC; QL
			PRO COMFORT INSULIN SYRINGE	2	OTC; QL
			PRODIGY INSULIN SYRINGE	2	OTC; QL
			SURE COMFORT INS. SYR. U-100	2	OTC; QL
			SURE COMFORT INSULIN SYRINGE	2	OTC; QL
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i>	1	OTC; QL	SURE-JECT INSULIN SYRINGE	2	OTC; QL
LITE TOUCH INSULIN SYRINGE	2	OTC; QL	TECHLITE INSULIN SYRINGE	2	OTC; QL
MAXICOMFORT INSULIN SYRINGE	2	OTC; QL	TERUMO INSULIN SYRINGE	2	OTC; QL
MAXI-COMFORT INSULIN SYRINGE	2	OTC; QL	THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1	OTC; QL
<i>MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 29 GAUGE X 1/2"</i>	2	OTC; QL			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	2	OTC; QL	ULTRA-THIN II INSULIN SYRINGE	2	OTC; QL
TOPCARE ULTRA COMFORT	2	OTC; QL	VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	OTC; QL
TRUE COMFORT INSULIN SYRINGE	2	OTC; QL	<b>MEDICAL SUPPLIES AND DME - IV SETS-TUBING</b>		
TRUEPLUS INSULIN	2	OTC; QL	HI-VOLUME PUMPING CHAMBER SET	2	QL
ULTICARE INSULIN SYRINGE	2	OTC; QL	<b>MEDICAL SUPPLIES AND DME - MISCELLANEOUS OTHER</b>		
ULTICARE INSULN SYR(HALF UNIT)	2	OTC; QL	OMNIPOD CLASSIC PODS (GEN 3)	2	PA; QL
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 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	2	OTC; QL	OMNIPOD DASH PODS (GEN 4)	2	PA; QL
ULITLET INSULIN SYRINGE	2	OTC; QL	<b>MEDICAL SUPPLIES AND DME - NEBULIZERS</b>		
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	OTC; QL	ALTERA NEBULIZER HANDSET	2	ST; QL
ULTRA COMFORT INSULIN SYRINGE	2	OTC; QL	ALTERA NEBULIZER SYSTEM	2	ST; QL
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	2	OTC; QL	AURA PORTANEBO	2	QL
ULTRACARE INSULIN SYRINGE	2	OTC; QL	FLYP NEBULIZER	2	QL
ULTRA-THIN II (SHORT) INS SYR	2	OTC; QL	PRODIGY MINI-MIST NEBULIZER	2	QL
			SOOTHENEBO MESH NEBULIZER	2	QL
			<b>MEDICAL SUPPLIES AND DME - NEEDLES AND SYRINGES</b>		
			BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"	2	
			BD TUBERCULIN SYRINGE SYRINGE 1 ML 27 X 1/2"	2	OTC

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ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	2		AEROCHAMBER PLUS FLOW-VU,M MSK	2	QL
INTEGRA SYRINGE	2		AEROCHAMBER PLUS FLOW-VU,S MSK	2	QL
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1"	2		AEROCHAMBER PLUS Z STAT	2	QL
syringe (disposable) syringe 5 ml	2	OTC	AEROCHAMBER PLUS Z STAT LG MSK	2	QL
syringe with needle, safety	2		AEROCHAMBER PLUS Z STAT MD MSK	2	QL
TUBERCULIN SYRINGE SYRINGE 1 MIL 25 GAUGE X 1"	2		AEROCHAMBER PLUS Z STAT SM MSK	2	QL
ULTICARE SYRINGE 1 MIL 25 GAUGE X 5/8"	2		AEROCHAMBER Z- STAT PLUS-FLWSG	2	QL
<b>MEDICAL SUPPLIES AND DME - OSTOMY SUPPLIES</b>			AEROVENT PLUS	2	QL
NUTRIPORT BALLOON	2	QL	BREATHERITE MDI SPACER	2	QL
<b>MEDICAL SUPPLIES AND DME - PEAK FLOW METERS</b>			BREATHERITE SPACER-MASK, NEO.	2	QL
MINI WRIGHT PEAK FLOW METER	2	QL	BREATHERITE SPACER- MASK,ADULT	2	QL
TRUZONE PEAK FLOW METER	2	QL	BREATHERITE SPACER-MASK,CHILD	2	QL
<b>MEDICAL SUPPLIES AND DME - RESPIRATORY THERAPY SUPPLIES</b>			BREATHERITE SPACER- MASK,INFANT	2	QL
ACE AEROSOL CLOUD ENHANCER	2	QL	BREATHERITE SPACER- MASK,S.CHLD	2	QL
AEROCHAMBER MINI	2	QL	BREATHERITE VALVED MDI CHAMBER	2	QL
AEROCHAMBER MV	2	QL	BREATHERITE VALVED MDI SPACER	2	QL
AEROCHAMBER PLUS FLOW-VU	2	QL	CLEVER CHOICE CHAMBER-LRG MASK	2	QL
AEROCHAMBER PLUS FLOW-VU,L MSK	2	QL	CLEVER CHOICE CHAMBER-MED MASK	2	QL
			CLEVER CHOICE CHAMBER-SM MASK	2	QL
			CLEVER CHOICE NEBULIZER	2	QL

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COMPACT SPACE CHAMBER	2	QL	PRO COMFORT SPACER-ADULT MASK	2	QL
COMPACT SPACE CHAMBER-LRG MASK	2	QL	PRO COMFORT SPACER-CHILD MASK	2	QL
COMPACT SPACE CHAMBER-MED MASK	2	QL	PROCARE SPACER WITH ADULT MASK	2	QL
COMPACT SPACE CHAMBER-SM MASK	2	QL	PROCARE SPACER WITH CHILD MASK	2	QL
EASIVENT HOLDING CHAMBER	2	QL	PROCHAMBER	2	QL
FLEXICHAMBER	2	QL	PRONEB ULTRA II FILTER ASSEM	2	QL
FLEXICHAMBER-LG CHILD MASK	2	QL	RITEFLO AEROCHAMBER	2	QL
FLEXICHAMBER-SM ADULT MASK	2	QL	SPACE CHAMBER	2	QL
INSPIRACHAMBER	2	QL	SPACE CHAMBER WITH LARGE MASK	2	QL
INSPIRACHAMBER WITH MASK-LARGE	2	QL	SPACE CHAMBER WITH MEDIUM MASK	2	QL
INSPIRACHAMBER WITH MASK-MED	2	QL	SPACE CHAMBER WITH SMALL MASK	2	QL
INSPIRACHAMBER WITH MASK-SMALL	2	QL	VORTEX HOLDING CHAMBER	2	QL
LITEAIRE MDI CHAMBER	2	QL	VORTEX VHC FROG MASK-CHILD	2	QL
MICROCHAMBER	2	QL	VORTEX VHC LADYBUG MASK-TODDLR	2	QL
MICROSPACER	2	QL	<b>MEDICAL SUPPLIES AND DME - SUBCUTANEOUS INSULIN DELIVERY DEVICES</b>		
OPTICHAMBER ADULT MASK-LARGE	2	QL	V-GO 20	2	
OPTICHAMBER DIAMOND LG MASK	2	QL	V-GO 30	2	
OPTICHAMBER DIAMOND VHC	2	QL	V-GO 40	2	
OPTICHAMBER DIAMOND-MED MSK	2	QL	<b>MEDICAL SUPPLIES AND DME - URINARY CATHETERS AND RELATED DEVICES</b>		
OPTICHAMBER DIAMOND-SML MASK	2	QL	DOVER LATEX FOLEY CATHETER 28 FR	2	QL
PARI TREK S PORTABLE PWR KIT	2	QL			
POCKET CHAMBER	2	QL			
PRIMEAIRE	2	QL			

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DOVER RED RUBBER ROBINSON CATH	2	QL	BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	2	OTC; QL
LOFRIC PRIMO NELATON CATHETER	2	QL	BD INSULIN SYRINGE	2	OTC; QL
ROBINSON CLEAR VINYL CATHETER	2	QL	BD INSULIN SYRINGE (HALF UNIT)	2	OTC; QL
<b>MEDICAL SUPPLY, FDB SUPERSET</b>			BD INSULIN SYRINGE MICRO-FINE	2	OTC; QL
<b>MEDICAL SUPPLY, FDB SUPERSET</b>			BD INSULIN SYRINGE SAFETY-LOK	2	OTC; QL
ACE AEROSOL CLOUD ENHANCER	2	QL	BD INSULIN SYRINGE SLIP TIP	2	OTC; QL
ADVOCATE SYRINGES	2	OTC; QL	BD INSULIN SYRINGE U-500	2	QL
AEROCHAMBER MINI	2	QL	BD INSULIN SYRINGE ULTRA-FINE	2	OTC; QL
AEROCHAMBER MV	2	QL	BD LO-DOSE MICRO-FINE IV	2	OTC; QL
AEROCHAMBER PLUS FLOW-VU	2	QL	BD LO-DOSE ULTRA-FINE	2	OTC; QL
AEROCHAMBER PLUS FLOW-VU,L MSK	2	QL	BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"	2	
AEROCHAMBER PLUS FLOW-VU,M MSK	2	QL	BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2"	2	OTC; QL
AEROCHAMBER PLUS FLOW-VU,S MSK	2	QL	BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	2	OTC; QL
AEROCHAMBER PLUS Z STAT	2	QL	BD TUBERCULIN SYRINGE SYRINGE 1 ML 27 X 1/2"	2	OTC
AEROCHAMBER PLUS Z STAT LG MSK	2	QL	BD VEO INSULIN SYR (HALF UNIT)	2	OTC; QL
AEROCHAMBER PLUS Z STAT MD MSK	2	QL	BD VEO INSULIN SYRINGE UF	2	OTC; QL
AEROCHAMBER PLUS Z STAT SM MSK	2	QL	BD VERITOR SYSTEM SARS-COV-2	2	QL
AEROCHAMBER Z-STAT PLUS-FLW SG	2	QL			
AEROVENT PLUS	2	QL			
ALTERA NEBULIZER HANDSET	2	ST; QL			
ALTERA NEBULIZER SYSTEM	2	ST; QL			
AURA PORTANEBO	2	QL			

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BINAXNOW COVID AG CARD HOME TST	2	QL	COMPACT SPACE CHAMBER-LRG MASK	2	QL
BINAXNOW COVID-19 AG CARD	2	QL	COMPACT SPACE CHAMBER-MED MASK	2	QL
BREATHERITE MDI SPACER	2	QL	COMPACT SPACE CHAMBER-SM MASK	2	QL
BREATHERITE SPACER-MASK, NEO.	2	QL	CURITY AMD	2	QL
BREATHERITE SPACER-MASK,ADULT	2	QL	CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP	2	QL
BREATHERITE SPACER-MASK,CHILD	2	QL	CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 2 X 5 "-YARD	2	QL
BREATHERITE SPACER-MASK,INFANT	2	QL	DOVER LATEX FOLEY CATHETER 28 FR	2	QL
BREATHERITE SPACER-MASK,S.CHLD	2	QL	DOVER RED RUBBER ROBINSON CATH	2	QL
BREATHERITE VALVED MDI CHAMBER	2	QL	DROPLET INSULIN SYRINGE	2	OTC; QL
BREATHERITE VALVED MDI SPACER	2	QL	EASIVENT HOLDING CHAMBER	2	QL
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	OTC; QL	EASY COMFORT INSULIN SYRINGE	2	OTC; QL
CLEVER CHOICE CHAMBER-LRG MASK	2	QL	EASY GLIDE INSULIN SYRINGE	2	OTC; QL
CLEVER CHOICE CHAMBER-MED MASK	2	QL			
CLEVER CHOICE CHAMBER-SM MASK	2	QL			
CLEVER CHOICE NEBULIZER	2	QL			
COMFORT EZ INSULIN SYRINGE	2	OTC; QL			
COMPACT SPACE CHAMBER	2	QL			

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EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 MIL 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	OTC; QL	HEALTHWISE INSULIN SYRINGE	2	OTC; QL
EASY TOUCH LUER LOCK INSULIN	2	OTC; QL	HI-VOLUME PUMPING CHAMBER SET	2	QL
EASY TOUCH UNI-SLIP SYRINGE 1 ML	2	OTC; QL	ID NOW COVID-19 TEST KIT	2	QL
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	2		INSPIRACHAMBER	2	QL
EXEL INSULIN	2	OTC; QL	INSPIRACHAMBER WITH MASK-LARGE	2	QL
FLEXICHAMBER	2	QL	INSPIRACHAMBER WITH MASK-MED	2	QL
FLEXICHAMBER-LG CHILD MASK	2	QL	INSPIRACHAMBER WITH MASK-SMALL	2	QL
FLEXICHAMBER-SM ADULT MASK	2	QL	INSULIN SYRINGE	2	OTC; QL
FLYP NEBULIZER	2	QL	INSULIN SYRINGE MICROFINE	2	OTC; QL
FREESTYLE LIBRE 14 DAY READER	2	PA; QL	<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29, 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i>	2	OTC; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL			
FREESTYLE LIBRE 2 READER	2	PA; QL			
FREESTYLE LIBRE 2 SENSOR	2	PA; QL			
FREESTYLE PRECISION	2	OTC; QL			

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insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"	1	OTC; QL	OMNIPOD CLASSIC PODS (GEN 3)	2	PA; QL
INTEGRA SYRINGE	2		OMNIPOD DASH PODS (GEN 4)	2	PA; QL
KERLIX AMD	2	QL	ONETOUCH ULTRA TEST	2	OTC; QL
LITE TOUCH INSULIN SYRINGE	2	OTC; QL	ONETOUCH ULTRA2 METER	2	OTC; QL
LITEAIRE MDI CHAMBER	2	QL	OPTICHAMBER ADULT MASK-LARGE	2	QL
LOFRIC PRIMO NELATON CATHETER	2	QL	OPTICHAMBER DIAMOND LG MASK	2	QL
MAXICOMFORT INSULIN SYRINGE	2	OTC; QL	OPTICHAMBER DIAMOND VHC	2	QL
MAXI-COMFORT INSULIN SYRINGE	2	OTC; QL	OPTICHAMBER DIAMOND-MED MSK	2	QL
MICROCHAMBER	2	QL	OPTICHAMBER DIAMOND-SML MASK	2	QL
MICROSPACER	2	QL	PARI TREKS PORTABLE PWR KIT	2	QL
MINI WRIGHT PEAK FLOW METER	2	QL	PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	QL
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 29 GAUGE X 1/2"	2	OTC; QL	PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	OTC; QL
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	2	QL	POCKET CHAMBER	2	QL
MONOJECT INSULIN SYRINGE	2	OTC; QL	PRIMEAIRE	2	QL
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1"	2		PRO COMFORT INSULIN SYRINGE	2	OTC; QL
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	2	QL	PRO COMFORT SPACER-ADULT MASK	2	QL
MONOJECT ULTRA COMFORT INSULIN	2	OTC; QL	PRO COMFORT SPACER-CHILD MASK	2	QL
NUTRIPORT BALLOON	2	QL	PROCARE SPACER WITH ADULT MASK	2	QL
			PROCARE SPACER WITH CHILD MASK	2	QL
			PROCHAMBER	2	QL
			PRODIGY INSULIN SYRINGE	2	OTC; QL

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PRODIGY MINI-MIST NEBULIZER	2	QL	THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	2	OTC; QL
PRONEB ULTRA II FILTER ASSEM	2	QL	TOPCARE ULTRA COMFORT	2	OTC; QL
QUICKVUE SARS ANTIGEN	2	QL	TRUE COMFORT INSULIN SYRINGE	2	OTC; QL
RITEFLO AEROCHAMBER	2	QL	TRUEPLUS INSULIN	2	OTC; QL
ROBINSON CLEAR VINYL CATHETER	2	QL	TRUZONE PEAK FLOW METER	2	QL
SOFIA SARS ANTIGEN FIA	2	QL	TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	2	
SOOTHENEBO MESH NEBULIZER	2	QL	ULTICARE INSULIN SYRINGE	2	OTC; QL
SPACE CHAMBER	2	QL	ULTICARE INSULN SYR(HALF UNIT)	2	OTC; QL
SPACE CHAMBER WITH LARGE MASK	2	QL	ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 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"	2	OTC; QL
SPACE CHAMBER WITH MEDIUM MASK	2	QL	ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	2	
SPACE CHAMBER WITH SMALL MASK	2	QL	ULTILET INSULIN SYRINGE	2	OTC; QL
SURE COMFORT INS. SYR. U-100	2	OTC; QL	ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	OTC; QL
SURE COMFORT INSULIN SYRINGE	2	OTC; QL	ULTRA COMFORT INSULIN SYRINGE	2	OTC; QL
SURE-JECT INSULIN SYRINGE	2	OTC; QL			
syringe (disposable) syringe 5 ml	2	OTC			
syringe with needle, safety	2				
TECHLITE INSULIN SYRINGE	2	OTC; QL			
TERUMO INSULIN SYRINGE	2	OTC; QL			
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1	OTC; QL			

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ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	2	OTC; QL	<b>HYPERPARATHYROID TREATMENT AGENTS - VITAMIN D ANALOG-TYPE</b>		
ULTRACARE INSULIN SYRINGE	2	OTC; QL	<i>calcitriol intravenous</i>	1	
ULTRA-THIN II (SHORT) INS SYR	2	OTC; QL	<i>calcitriol oral</i>	1	
ULTRA-THIN II INSULIN SYRINGE	2	OTC; QL	<b>METABOLIC MODIFIER - HEREDITARY OROTIC ACIDURIA TREATMENT AGENTS</b>		
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	OTC; QL	XURIDEN	2	PA
V-GO 20	2		<b>METABOLIC MODIFIER - HEREDITARY TYROSINEMIA TREATMENT AGENTS</b>		
V-GO 30	2		<i>nitisinone</i>	1	PA
V-GO 40	2		ORFADIN ORAL CAPSULE 20 MG	2	PA
VORTEX HOLDING CHAMBER	2	QL	ORFADIN ORAL SUSPENSION	2	PA
VORTEX VHC FROG MASK-CHILD	2	QL	<b>METABOLIC MODIFIER - UREA CYCLE DISORDER AGENTS- CONJUGATING AGENTS</b>		
VORTEX VHC LADYBUG MASK-TODDLR	2	QL	<i>sodium phenylbutyrate</i>	1	PA
WIDE-SEAL DIAPHRAGM 65	2	QL	<b>METABOLIC MODIFIER- CARBAMOYL PHOSPHATE SYNTHETASE 1 (CPS 1) ACTIVATOR</b>		
WIDE-SEAL DIAPHRAGM 70	2	QL	CARBAGLU	2	PA
WIDE-SEAL DIAPHRAGM 75	2	QL	<b>PHENYLKETONURIA( PKU) TX AGENTS - COFACTOR OF PHENYLALANINE HYDROXYLASE</b>		
WIDE-SEAL DIAPHRAGM 80	2	QL	<i>sapropterin</i>	1	PA
WIDE-SEAL DIAPHRAGM 85	2	QL			
WIDE-SEAL DIAPHRAGM 90	2	QL			
WIDE-SEAL DIAPHRAGM 95	2	QL			
<b>METABOLIC MODIFIERS</b>					

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
<b>MOUTH-THROAT - DENTAL - PREPARATIONS</b>			<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>DENTAL PRODUCT - FLUORIDE PREPARATIONS</b>			<b>MULTIPLE SCLEROSIS AGENT - INTERFERONS</b>		
DENTA 5000 PLUS	1		AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	QL
<i>fluoride (sodium) dental cream</i>	1		AVONEX INTRAMUSCULAR SYRINGE KIT	2	QL
SF 5000 PLUS	1		BETASERON SUBCUTANEOUS KIT	2	QL
SODIUM FLUORIDE 5000 PLUS	1		REBIF (WITH ALBUMIN)	2	QL
<b>MOUTH AND THROAT - ANTIFUNGALS</b>			REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	
<i>clotrimazole mucous membrane</i>	1		REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	QL
<i>nystatin oral suspension</i>	1		REBIF TITRATION PACK	2	
<b>MOUTH AND THROAT - ANTISEPTICS</b>			<b>MULTIPLE SCLEROSIS AGENT - OTHERS</b>		
<i>chlorhexidine gluconate mucous membrane</i>	1		COPAXONE	2	
PAROEX ORAL RINSE	1		<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	
<b>MOUTH AND THROAT - GLUCOCORTICOIDS</b>			<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	1	QL
ORALONE	1		<b>MULTIPLE SCLEROSIS AGENT - POTASSIUM CHANNEL BLOCKER</b>		
<i>triamcinolone acetonide dental</i>	1		dalfampridine	1	QL
<b>MOUTH AND THROAT - LOCAL ANESTHETIC AMIDES</b>					
<i>lidocaine hcl mucous membrane jelly</i>	1	QL			
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	QL			
LIDOCAINE VISCOUS	1	QL			
<b>MOUTH AND THROAT - SALIVA STIMULANTS</b>					
<i>pilocarpine hcl oral</i>	1				

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
<b>MULTIPLE SCLEROSIS AGENT - PYRIMIDINE SYNTHESIS INHIBITORS</b>			<i>atropine ophthalmic (eye) ointment</i>	1	
AUBAGIO	2	QL	<i>cyclopentolate</i>	1	
<b>MULTIPLE SCLEROSIS AGENT - SPHINGOSINE 1- PHOSPHATE RECEPTOR MODULATOR</b>			<i>tropicamide</i>	1	
GILENYA ORAL CAPSULE 0.5 MG	2	QL	<b>OPHTHALMIC - ANTIHISTAMINES</b>		
<b>OPHTHALMIC AGENTS</b>			<i>azelastine ophthalmic (eye)</i>	1	
<b>MIOTICS - DIRECT ACTING</b>			<i>olopatadine ophthalmic (eye)</i>	1	OTC
<i>pilocarpine hcl ophthalmic (eye)</i>	1		<b>OPHTHALMIC - ANTI-INFLAMMATORY, GLUCOCORTICOIDS</b>		
<b>OPHTHALMIC - ADRENERGIC- CARBONIC ANHYDRASE INHIBITOR COMBINATIONS</b>			<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
SIMBRINZA	2		DUREZOL	2	
<b>OPHTHALMIC - ANTIBACTERIAL- GLUCOCORTICOID COMBINATIONS</b>			<i>fluorometholone</i>	1	
<i>neomycin-bacitracin-poly-hc</i>	1		FML FORTE	2	
<i>neomycin-polymyxin b-dexameth</i>	1		FML S.O.P.	2	QL
NEO-POLYCIN HC	1		PRED MILD	2	
<i>sulfacetamide-prednisolone</i>	1		<i>prednisolone acetate</i>	1	
TOBRADEX	2		<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
<b>OPHTHALMIC - ANTICHOLINERGICS</b>			<b>OPHTHALMIC - ANTI-INFLAMMATORY, IMMUNOMODULATOR S</b>		
<i>atropine ophthalmic (eye) drops</i>	1		RESTASIS	2	ST
<b>OPHTHALMIC - ANTI-INFLAMMATORY, NSAIDS</b>			<b>OPHTHALMIC - ANTI-INFLAMMATORY, NSAIDS</b>		
<i>diclofenac sodium ophthalmic (eye)</i>	1		<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>			<i>flurbiprofen sodium</i>	1	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>			<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	1	QL
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>			<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1	

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
<b>OPHTHALMIC - BETA BLOCKERS-ADRENERGIC COMBINATIONS</b>					
COMBIGAN	2	ST	<b>OPHTHALMIC - RHO KINASE INHIBITOR AND PROSTAGLANDIN ANALOG COMBINATION</b>		
<b>OPHTHALMIC - BETA BLOCKERS-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS</b>					
dorzolamide-timolol	1		ROCKLATAN	2	QL
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1		<b>OPHTHALMIC ANTIBACTERIAL MIXTURES</b>		
<b>OPHTHALMIC - CARBONIC ANHYDRASE INHIBITORS</b>					
AZOPT	2	ST	AK-POLY-BAC	1	
dorzolamide	1		bacitracin-polymyxin b	1	
<b>OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS</b>			neomycin-bacitracin-polymyxin	1	
betaxolol ophthalmic (eye)	1		neomycin-polymyxin-gramicidin	1	
carteolol	1		NEO-POLYCIN	1	
levobunolol	1		POLYCIN	1	
timolol maleate ophthalmic (eye) drops	1		polymyxin b sulf-trimethoprim	1	
timolol maleate ophthalmic (eye) gel forming solution	1		<b>OPHTHALMIC ANTIBIOTIC - AMINOGLYCOSIDES</b>		
<b>OPHTHALMIC - MAST CELL STABILIZERS</b>			gentamicin ophthalmic (eye) drops	1	
cromolyn ophthalmic (eye)	1		tobramycin ophthalmic (eye)	1	
<b>OPHTHALMIC - FLUOROQUINOLONE S</b>			TOBREX OPHTHALMIC (EYE) OINTMENT	2	
<b>OPHTHALMIC - FLUOROQUINOLONE S</b>			<b>OPHTHALMIC ANTIBIOTIC - FLUOROQUINOLONE S</b>		
CILOXAN OPHTHALMIC (EYE) OINTMENT	2		CILOXAN OPHTHALMIC (EYE) OINTMENT	2	
ciprofloxacin hcl ophthalmic (eye)	1		ciprofloxacin hcl ophthalmic (eye)	1	
moxifloxacin ophthalmic (eye) drops	1		moxifloxacin ophthalmic (eye) drops	1	
ofloxacin ophthalmic (eye)	1	QL	ofloxacin ophthalmic (eye)	1	QL

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
<b>OPHTHALMIC ANTIBIOTIC - MACROLIDES</b>			TRAVATAN Z	2	ST
<i>erythromycin ophthalmic (eye)</i>	1		<b>OPHTHALMIC- INTRAOCULAR PRESSURE REDUCING AGENTS, RHO KINASE INHIBITORS</b>		
<b>OPHTHALMIC ANTIBIOTIC - SULFONAMIDES</b>			RHOPRESSA	2	QL
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1		<b>OTIC (EAR)</b>		
<b>OPHTHALMIC ANTIFUNGALS</b>			<b>OTIC (EAR) - ANTI-INFECTIVE-GLUCOCORTICOID COMBINATIONS</b>		
NATACYN	2	QL	CIPRO HC	2	
<b>OPHTHALMIC ANTIFUNGALS - TETRAENE POLYENE-TYPE</b>			CIPRODEX	2	
NATACYN	2	QL	CORTISPORIN-TC	2	
<b>OPHTHALMIC ANTIVIRALS</b>			<i>neomycin-polymyxin-hc otic (ear)</i>	1	
<i>trifluridine</i>	1		<b>OTIC (EAR) - ANTI-INFECTIVES OTHER</b>		
ZIRGAN	2	PA	<i>acetic acid otic (ear)</i>	1	
<b>OPHTHALMIC- INTRAOCULAR PRESS. REDUCING, SEL. ALPHA ADRENERGIC AGONISTS</b>			<b>OTIC (EAR) - FLUOROQUINOLONES</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	ST	<i>ofloxacin otic (ear)</i>	1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	2		<b>OTIC (EAR) - GLUCOCORTICOIDS</b>		
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1		<i>hydrocortisone-acetic acid</i>	1	QL
<b>OPHTHALMIC- INTRAOCULAR PRESSURE REDUCING AGENTS, PROSTAGLANDIN ANALOGS</b>			<b>RESPIRATORY THERAPY AGENTS</b>		
<i>latanoprost</i>	1		<b>1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b>		
			PROMETHAZINE VC	1	
			<i>promethazine-phenylephrine</i>	1	
			<b>ANTIHISTAMINE - 1ST GENERATION - ETHANOLAMINES</b>		

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
clemastine oral/tablet 2.68 mg	1		benzonatate oral capsule 100 mg, 200 mg	1	
diphenhydramine hcl oral capsule 50 mg	1	OTC	<b>ASTHMA THERAPY - INHALED CORTICOSTEROIDS (GLUCOCORTICOIDS)</b>		
diphenhydramine hcl oral elixir	1	OTC	ASMANEX TWISTHALER	2	
<b>ANTIHISTAMINE - 1ST GENERATION - PHENOTHIAZINES</b>					
promethazine oral	1		budesonide inhalation	1	QL
promethazine rectal	1		FLOVENT DISKUS	2	QL
PROMETHEGAN	1		FLOVENT HFA	2	QL
<b>ANTIHISTAMINE - 1ST GENERATION - PIPERIDINES</b>					
cyproheptadine	1		PULMICORT FLEXHALER	2	
<b>ANTIHISTAMINES - 1ST GENERATION</b>					
clemastine oral/tablet 2.68 mg	1		<b>ASTHMA THERAPY - INTERLEUKIN-5 (IL-5) INHIBITORS, MAB</b>		
cyproheptadine	1		NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
diphenhydramine hcl oral capsule 50 mg	1	OTC	NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; QL
diphenhydramine hcl oral elixir	1	OTC	<b>ASTHMA THERAPY - LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
promethazine oral	1		montelukast	1	
promethazine rectal	1		zafirlukast	1	ST
PROMETHEGAN	1		<b>ASTHMA THERAPY - MAST CELL STABILIZERS</b>		
cetirizine oral solution 1 mg/ml	1	OTC	cromolyn inhalation	1	QL
<b>ANTIHISTAMINES - 2ND GENERATION</b>					
ELIXOPHYLLIN	2		<b>ASTHMA THERAPY - XANTHINES</b>		
THEO-24	2		theophylline	1	
<b>ANTITUSSIVES - NON- OPIOID</b>					
<b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED LONG ACTING</b>					

Drug Name	Tier	Restrictions / Limits	Drug Name	Tier	Restrictions / Limits
INCRUSE ELLIPTA	2	QL	<i>metaproterenol</i>	1	
SPIRIVA RESPIMAT	2	QL	<i>terbutaline oral</i>	1	
SPIRIVA WITH HANDIHALER	2	QL	<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC- ANTICHOLINERGIC COMBINATIONS</b>		
<b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED SHORT ACTING</b>			ANORO ELLIPTA	2	QL
ATROVENT HFA	2	QL	COMBIVENT RESPIMAT	2	QL
<i>ipratropium bromide inhalation</i>	1	QL	<i>ipratropium-albuterol</i>	1	QL
<b>ASTHMA/COPD - BETA 2-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING</b>			STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL	<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC- GLUCOCORTICOID COMBINATIONS</b>		
<b>ASTHMA/COPD THERAPY - BETA 2- ADRENERGIC AGENTS, INHALED, LONG ACTING</b>			ADVAIR DISKUS	2	QL
SEREVENT DISKUS	2	QL	ADVAIR HFA	2	
<b>ASTHMA/COPD THERAPY - BETA 2- ADRENERGIC AGENTS, INHALED, SHORT ACTING</b>			DULERA	2	QL
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml</i>	1	QL; AR	SYMBICORT	2	QL
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	QL	<b>CYSTIC FIBROSIS - INHALED AMINOGLYCOSIDES</b>		
PROAIR HFA	2	QL	<i>tobramycin in 0.225 % nacl</i>	1	PA; QL
VENTOLIN HFA	2	QL	<i>tobramycin inhalation</i>	1	PA; QL
<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC AGENTS</b>			<i>tobramycin with nebulizer</i>	2	PA; QL
<i>albuterol sulfate oral</i>	1		<b>CYSTIC FIBROSIS- TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) POTENTIATOR</b>		
KALYDECO	2	PA; QL	<b>CYSTIC FIB- TRANSMEMB CONDUCT. REG.(CFTR) POTENTIATOR AND CORRECTOR CMB</b>		
ORKAMBI	2	PA; QL			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
SYMDEKO	2	PA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50- 75 MG(D)/150 MG (N)	2	PA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25- 37.5 MG (D)/75 MG (N)	2	PA
<b>MUCOLYTICS</b>		
PULMOZYME	2	PA; QL
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide nasal</i>	1	
<b>NASAL ANTIHISTAMINES</b>		
<i>azelastine nasal</i>	1	
<i>olopatadine nasal</i>	1	
<b>NASAL CORTICOSTEROIDS</b>		
<i>flunisolide</i>	1	QL
<i>fluticasone propionate nasal</i>	1	OTC
<b>NON-OPIOID ANTITUSSIVE-1ST GEN.ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b>		
<i>brompheniramine-pseudoeph-dm</i>	1	
<b>NON-OPIOID ANTITUSSIVE-ANTIHISTAMINE COMBINATIONS</b>		
<i>promethazine-dm</i>	1	
<b>OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS</b>		
<i>promethazine-codeine</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<b>OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMB.</b>		
CAPCOF	2	OTC; AR
PROMETHAZINE VC-CODEINE	1	
<i>promethazine-phenyleph-codeine</i>	1	
<b>OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS</b>		
<i>hydrocodone-homatropine</i>	1	
HYDROMET	1	
<b>OPIOID ANTITUSSIVE-DECONGESTANT-EXPECTORANT COMBINATIONS</b>		
VIRTUSSIN DAC	1	OTC
<b>OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS</b>		
<i>codeine-guaifenesin</i>	1	OTC
G TUSSIN AC	1	OTC
GUAIATUSSIN AC	1	OTC
GUAIFENESIN AC	1	OTC
MAXI-TUSS AC	1	OTC
VIRTUSSIN AC	1	OTC
<b>PULMONARY FIBROSIS TREATMENT AGENTS -ANTIFIBROTIC THERAPY</b>		
ESBRIET ORAL CAPSULE	2	PA; QL
ESBRIET ORAL TABLET	2	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions / Limits</b>
<b>PULMONARY FIBROSIS TREATMENT AGENTS - MULTIKINASE INHIBITORS</b>		
<b>OFEV</b>		
2	PA; QL	
<b>VAGINAL PRODUCTS</b>		
<b>VAGINAL ANTIBACTERIAL - LINCOSAMIDES</b>		
CLEOCIN VAGINAL SUPPOSITORY	2	
<i>clindamycin phosphate vaginal</i>	1	
<b>VAGINAL ANTIFUNGAL - IMIDAZOLES</b>		
MICONAZOLE-3 VAGINAL SUPPOSITORY	1	
<b>VAGINAL ANTIFUNGAL - TRIAZOLES</b>		
<i>terconazole</i>	1	
<b>VAGINAL ANTIprotozoal-ANTIBACTERIAL - NITROIMIDAZOLE DERIVATIVES</b>		
<i>metronidazole vaginal</i>	1	QL
VANDAZOLE	1	QL
<b>VAGINAL ESTROGENS</b>		
<i>estradiol vaginal cream</i>	1	
ESTRING	2	
PREMARIN VAGINAL	2	
<b>VAGINAL PROGESTINS</b>		
CRINONE VAGINAL GEL 4 %	2	

OH-MMED-1220b-V.13

ODM Approved: 10/31/2019