



2025

Marketplace Plan
Indiana Formulary

INTRODUCTION

We are pleased to provide the 2025 CareSource Drug Formulary. The Drug Formulary is a list of the drugs covered by CareSource.

This document is divided into three parts:

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

PRESCRIPTION DRUG COVERAGE DETAILS

Best Medical Practices

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

Network Pharmacies

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

Network pharmacies can include local pharmacies, mail-order pharmacies or specialty pharmacies. To find a network pharmacy, use our online ***Find a Pharmacy*** tool under “Quick Links” at **CareSource.com/marketplace**.

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

Cost Sharing

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

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

Tiered Medications

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

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

Prior Authorizations

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

Here are some reasons for a prior authorization:

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

Prior Authorization Requests

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

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

Quantity Limits

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

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

Step Therapy

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

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

Generic Substitution and Therapeutic Interchange

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

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

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

Prescription generic drugs are:

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

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

Tell Us the Medical Reasons for Exceptions

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

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

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

Specialty Pharmacy

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

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

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

Mail Order Medications

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

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

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

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

Medications Administered in the Health Partner Setting

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

Medication Therapy Management Program

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

HOW TO USE THIS DOCUMENT

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

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

ADDITIONAL INFORMATION FOR HEALTH PARTNERS

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

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

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

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

National guidelines can be found on the National Guideline Clearinghouse site at www.guideline.gov.

CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

metformin Glucophage

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

metformin ext-rel Glucophage XR

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

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

neomycin/polymyxin B/hydrocortisone Cortisporin

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

PLAN DESIGN

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

NOTICE

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

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

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

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List of Abbreviations

ACA: Affordable Care Act

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

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

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

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

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

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CURRENT AS OF 10/1/2025

Drug Name	Tier	Restrictions/Limits
ANTIDOTE THERAPEUTICS		
ACETAMINOPHEN ANTIDOTE		
<i>acetylcysteine</i>	Tier 1	
ALCOHOL DETERRENTS (91:02)		
<i>acamprosate</i>	Tier 1	
<i>disulfiram</i>	Tier 1	
ANTIDOTE THERAPEUTICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
BAQSIMI	Tier 2	PA
CHEMET	Tier 3	PA
D-PENAMINE	Tier 2	PA
ED-SPAZ	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 1	
<i>hyoscyamine sulfate oral</i>	Tier 1	
<i>hyoscyamine sulfate sublingual</i>	Tier 1	
HYOSYNE	Tier 1	
<i>naloxone injection solution</i>	Tier 1	QL (2 ML per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	
<i>naloxone nasal</i>	Tier 0 - Preventive	
NARCAN	Tier 2	
OSCIMIN	Tier 1	
OSCIMIN SL	Tier 1	
<i>penicillamine</i>	Tier 1	PA
<i>phytonadione (vitamin k1) injection solution 1 mg/0.5 ml</i>	Tier 2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	QL (10 EA per 1 FILL)
<i>potassium iodide oral solution</i>	Tier 1	
SSKI	Tier 2	
SYMAX-SR	Tier 1	
CHEMOTHERAPY ANTIDOTES/PROTECTANTS		
<i>leucovorin calcium oral</i>	Tier 1	
MESNEX ORAL	Tier 3	PA

Drug Name	Tier	Restrictions/Limits
ANTI-HISTAMINE DRUGS		
ETHANOLAMINE DERIVATIVES		
<i>clemastine oral tablet</i>	Tier 1	
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral elixir</i>	Tier 1	
FIRST GEN. ANTIHIST. DERIVATIVES, MISCELLANEOUS		
<i>cyproheptadine</i>	Tier 1	
FIRST GENERATION ANTIHISTAMINES		
<i>carbinoxamine maleate oral liquid</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	Tier 1	ST
<i>clemastine oral tablet</i>	Tier 1	
<i>cyproheptadine</i>	Tier 1	
<i>dexchlorpheniramine maleate</i>	Tier 1	
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral elixir</i>	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
OTHER ANTIHISTAMINES		
<i>bepotastine besilate</i>	Tier 1	
<i>cimetidine</i>	Tier 1	
<i>cimetidine hcl</i>	Tier 1	
<i>famotidine oral suspension for reconstitution</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nizatidine</i>	Tier 1	
RYALTRIS	Tier 3	PA; QL (1 Bottle per 30 days)
PHENOTHIAZINE DERIVATIVES		
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 1	
PROMETHAZINE VC	Tier 1	
<i>promethazine-dm</i>	Tier 1	
<i>promethazine-phenylephrine</i>	Tier 1	
PROMETHEGAN	Tier 1	
PIPERAZINE DERIVATIVES		
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>meclizine oral tablet 50 mg</i>	Tier 3	
PROPYLAMINE DERIVATIVES		
<i>dexchlorpheniramine maleate</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
RYDEX	Tier 1	
SECOND GENERATION ANTIHISTAMINES		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	Tier 1	
<i>azelastine ophthalmic (eye)</i>	Tier 1	
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>desloratadine oral tablet</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>epinastine</i>	Tier 1	
LASTACFT ONCE DAILY RELIEF	Tier 2	PA
<i>levocetirizine oral solution</i>	Tier 1	
<i>levocetirizine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
ZERVIAE	Tier 2	PA; ST
ANTI-INFECTIVE AGENTS		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefadroxil</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution</i>	Tier 1	
<i>cephalexin oral tablet 250 mg</i>	Tier 1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefaclor oral suspension for reconstitution</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr</i>	Tier 1	
<i>cefprozil</i>	Tier 1	
<i>cefuroxime axetil</i>	Tier 1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefdinir</i>	Tier 1	
<i>cefixime</i>	Tier 1	
<i>cefpodoxime</i>	Tier 1	
ADAMANTANE ANTIVIRALS		
<i>amantadine hcl</i>	Tier 1	
<i>rimantadine</i>	Tier 1	
ALLYLAMINE ANTIFUNGALS		
<i>terbinafine hcl oral</i>	Tier 1	QL (1 EA per 1 day)
AMEBICIDES		
<i>metronidazole oral capsule</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>metronidazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical lotion</i>	Tier 1	QL (59 ML per 30 days)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	QL (70 GM per 30 days)
ROSADAN TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
ROSADAN TOPICAL GEL	Tier 1	QL (45 GM per 30 days)
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
AMINOGLYCOSIDE ANTIBIOTICS		
<i>gentamicin ophthalmic (eye)</i>	Tier 1	
<i>gentamicin topical</i>	Tier 1	QL (60 GM per 30 days)
<i>neomycin</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
NEO-POLYCIN	Tier 1	
<i>tobramycin in 0.225 % nacl</i>	Tier 4	PA; QL (280 ML per 30 days)
<i>tobramycin inhalation</i>	Tier 4	PA; QL (224 ML per 30 days)
<i>tobramycin ophthalmic (eye)</i>	Tier 1	
<i>tobramycin sulfate injection recon soln</i>	Tier 1	PA
<i>tobramycin sulfate injection solution 40 mg/ml</i>	Tier 1	PA
<i>tobramycin with nebulizer</i>	Tier 4	PA; QL (280 ML per 30 days)
<i>tobramycin-dexamethasone</i>	Tier 1	
AMINOPENICILLIN ANTIBIOTICS		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)
<i>amoxicillin</i>	Tier 1	
<i>amoxicillin-pot clavulanate</i>	Tier 1	
<i>ampicillin</i>	Tier 1	
ANTHELMINTICS		
<i>albendazole</i>	Tier 1	PA; QL (120 EA per 30 days)
EMVERM	Tier 2	QL (6 EA per 30 days)
<i>ivermectin oral tablet 3 mg</i>	Tier 1	QL (20 EA per 30 days)
<i>praziquantel</i>	Tier 1	
ANTIFUNGALS, MISCELLANEOUS		
<i>griseofulvin microsize</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>potassium iodide oral solution</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
SSKI	Tier 2	
ANTILEPROSY AGENTS		
<i>dapsone oral</i>	Tier 1	
<i>dapsone topical gel 5 %</i>	Tier 1	
<i>dapsone topical gel with pump</i>	Tier 1	
ANTIMALARIALS		
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	Tier 1	QL (60 EA per 180 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	Tier 1	QL (180 EA per 180 days)
<i>chloroquine phosphate</i>	Tier 1	QL (1000 EA per 1 day)
<i>doxycycline hyclate oral capsule</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet</i>	Tier 1	
<i>hydroxychloroquine</i>	Tier 1	
<i>mefloquine</i>	Tier 1	QL (13 EA per 180 days)
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>primaquine</i>	Tier 1	QL (120 EA per 180 days)
<i>pyrimethamine</i>	Tier 4	PA; QL (3 EA per 1 day)
<i>quinidine sulfate</i>	Tier 1	
<i>quinine sulfate</i>	Tier 1	QL (42 EA per 30 days)
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS		
<i>nitazoxanide</i>	Tier 1	QL (14 EA per 30 days)
ANTIPROTOZOALS, MISCELLANEOUS		
<i>dapsone oral</i>	Tier 1	
<i>dapsone topical gel 5 %</i>	Tier 1	
<i>dapsone topical gel with pump</i>	Tier 1	
ANTIPROTOZOALS, P JIROVECII PNEUMONIA		
<i>atovaquone</i>	Tier 1	
<i>pentamidine inhalation</i>	Tier 1	PA; QL (1 EA per 28 days)
ANTIPROTOZOALS, NITROIMIDAZOLE-DERIVATIVE		
<i>tinidazole oral tablet 250 mg</i>	Tier 1	QL (40 EA per 23 days)
<i>tinidazole oral tablet 500 mg</i>	Tier 1	QL (20 EA per 23 days)

Drug Name	Tier	Restrictions/Limits
ANTIRETROVIRALS, MISCELLANEOUS		
TYBOST	Tier 2	
ANTITUBERCULOSIS AGENTS		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)
CIPRO HC	Tier 3	
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin hcl oral</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
<i>cycloserine</i>	Tier 1	
<i>ethambutol</i>	Tier 1	
<i>isoniazid oral</i>	Tier 1	
<i>levofloxacin ophthalmic (eye)</i>	Tier 1	
<i>levofloxacin oral</i>	Tier 1	
<i>pretomanid</i>	Tier 2	PA; QL (1 EA per 1 day)
PRIFTIN	Tier 3	
<i>pyrazinamide</i>	Tier 1	
<i>rifabutin</i>	Tier 1	
<i>rifampin oral</i>	Tier 1	
SIRTURO	Tier 3	PA
AZOLE ANTIFUNGALS		
CRESEMBA ORAL CAPSULE 186 MG	Tier 3	PA; QL (2 EA per 1 day)
CRESEMBA ORAL CAPSULE 74.5 MG	Tier 3	PA; QL (5 EA per 1 day)
<i>fluconazole oral suspension for reconstitution</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	
<i>fluconazole oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 Fill)
<i>itraconazole oral capsule</i>	Tier 1	QL (30 EA per 30 days)
<i>ketoconazole oral</i>	Tier 1	
<i>ketoconazole topical cream</i>	Tier 1	QL (60 GM per 21 days)
<i>ketoconazole topical shampoo</i>	Tier 1	QL (120 ML per 21 days)
<i>posaconazole oral</i>	Tier 1	PA
<i>voriconazole oral</i>	Tier 1	PA
BACITRACIN ANTIBIOTICS		
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
NEO-POLYCIN	Tier 1	
CORONAVIRUS (COVID-19)		
PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10)- 100 MG (10)	Tier 2	QL (30 EA per 180 days)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 2	QL (30 Tabs per 180 days)

Drug Name	Tier	Restrictions/Limits
ENDONUCLEASE INHIBITORS		
XOFLUZA ORAL TABLET 20 MG, 80 MG	Tier 3	
XOFLUZA ORAL TABLET 40 MG	Tier 3	QL (4 EA per 365 days)
ERYTHROMYCIN ANTIBIOTICS		
ERY PADS	Tier 1	
ERYTHROCIN (AS STEARATE)	Tier 1	
<i>erythromycin</i>	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin with ethanol</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
GLYCOPEPTIDE ANTIBIOTICS		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 2	PA; QL (300 ML per 30 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	Tier 2	PA; QL (450 ML per 30 days)
<i>vancomycin oral capsule 125 mg</i>	Tier 1	PA; QL (40 EA per 30 days)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	PA; QL (80 EA per 30 days)
<i>vancomycin oral recon soln 25 mg/ml</i>	Tier 1	PA; QL (300 ML per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	PA; QL (450 ML per 30 days)
HCV POLYMERASE INHIBITOR ANTIVIRALS		
<i>ledipasvir-sofosbuvir</i>	Tier 4	PA; QL (56 EA per 28 days)
<i>sofosbuvir-velpatasvir</i>	Tier 1	PA; QL (1 EA per 1 day)
HCV PROTEASE INHIBITOR ANTIVIRALS		
MAVYRET ORAL TABLET	Tier 4	PA; QL (3 EA per 1 day)
ZEPATIER	Tier 4	PA; QL (28 EA per 28 days)
HCV REPLICATION COMPLEX INHIBITORS		
<i>ledipasvir-sofosbuvir</i>	Tier 4	PA; QL (56 EA per 28 days)
MAVYRET ORAL TABLET	Tier 4	PA; QL (3 EA per 1 day)
<i>sofosbuvir-velpatasvir</i>	Tier 1	PA; QL (1 EA per 1 day)
ZEPATIER	Tier 4	PA; QL (28 EA per 28 days)
HIV ENTRY AND FUSION INHIBITORS		
<i>maraviroc oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Tier 1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION	Tier 2	QL (1840 ML per 30 days)
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 2	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
DOVATO	Tier 2	QL (1 EA per 1 day)
GENVOYA	Tier 2	QL (1 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET	Tier 2	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
ISENTRESS ORAL TABLET	Tier 2	QL (4 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE	Tier 2	QL (6 EA per 1 day)
JULUCA	Tier 2	QL (1 EA per 1 day)
STRIBILD	Tier 2	QL (1 EA per 1 day)
TRIUMEQ	Tier 2	PA; QL (1 EA per 1 day)
HIV NONNUCLEOSIDE REV.TRANScriP. INHIB.		
DELSTRIGO	Tier 2	QL (1 EA per 1 day)
<i>efavirenz</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop</i>	Tier 1	
<i>emtricitabine-tenofov</i>	Tier 1	
<i>etravirine oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
JULUCA	Tier 2	QL (1 EA per 1 day)
<i>nevirapine oral suspension</i>	Tier 1	QL (40 ML per 1 day)
<i>nevirapine oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	QL (1 EA per 1 day)
ODEFSEY	Tier 2	QL (1 EA per 1 day)
PIFELTRO	Tier 2	QL (1 EA per 1 day)
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>abacavir oral solution</i>	Tier 1	QL (30 ML per 1 day)
<i>abacavir oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>abacavir-lamivudine</i>	Tier 1	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 2	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
DELSTRIGO	Tier 2	QL (1 EA per 1 day)
DESCOVY	Tier 1	QL (1 EA per 1 day)
DOVATO	Tier 2	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop</i>	Tier 1	
<i>emtricitabine</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>	Tier 0 - Preventive	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>emtricitra-rilpivirine-tenof df</i>	Tier 1	
EMTRIVA ORAL SOLUTION	Tier 2	QL (680 ML per 30 days)
GENVOYA	Tier 2	QL (1 EA per 1 day)
<i>lamivudine oral solution</i>	Tier 1	QL (30 ML per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine-zidovudine</i>	Tier 1	QL (2 EA per 1 day)
ODEFSEY	Tier 2	QL (1 EA per 1 day)
STRIBILD	Tier 2	QL (1 EA per 1 day)
SYMTUZA	Tier 2	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate</i>	Tier 1	QL (1 EA per 1 day)
TRIUMEQ	Tier 2	PA; QL (1 EA per 1 day)
VIREAD ORAL POWDER	Tier 2	QL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (1 EA per 1 day)
<i>zidovudine oral capsule</i>	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup</i>	Tier 1	QL (60 ML per 1 day)
HIV PROTEASE INHIBITOR ANTIRETROVIRALS		
APTIVUS	Tier 2	QL (4 EA per 1 day)
<i>atazanavir oral capsule 150 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	Tier 1	
<i>darunavir oral tablet 600 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Tier 1	QL (1 EA per 1 day)
EVOTAZ	Tier 2	QL (1 EA per 1 day)
<i>fosamprenavir</i>	Tier 1	QL (2 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 1	QL (4 EA per 1 day)
NORVIR ORAL POWDER IN PACKET	Tier 2	QL (6 EA per 180 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 2	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION	Tier 2	QL (1 ML per 1 day)
PREZISTA ORAL TABLET 150 MG	Tier 2	QL (6 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	QL (10 EA per 1 day)
<i>ritonavir</i>	Tier 1	
SYMTUZA	Tier 2	QL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	Tier 2	QL (4 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
INTERFERON ANTIVIRALS		
PEGASYS SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (2 ML per 28 days)
LINCOMYCIN ANTIBIOTICS		
CLEOCIN VAGINAL SUPPOSITORY	Tier 2	
CLINDACIN ETZ TOPICAL SWAB	Tier 1	
<i>clindamycin hcl</i>	Tier 1	
<i>clindamycin palmitate hcl</i>	Tier 1	
CLINDAMYCIN PEDIATRIC	Tier 1	
<i>clindamycin phosphate topical gel</i>	Tier 1	QL (120 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	Tier 1	QL (150 ML per 30 days)
<i>clindamycin phosphate topical lotion</i>	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution</i>	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate vaginal</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
<i>clindamycin-tretinoin</i>	Tier 1	
MONOBACTAM ANTIBIOTICS		
CAYSTON	Tier 4	PA; QL (84 ML per 56 days)
NATURAL PENICILLIN ANTIBIOTICS		
<i>penicillin v potassium</i>	Tier 1	
NEURAMINIDASE INHIBITOR ANTIVIRALS		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (40 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	Tier 1	QL (360 ML per 365 days)
NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL		
<i>benznidazole</i>	Tier 2	QL (720 EA per 365 days)
NITROIMIDAZOLE DERIVATIVES, MISCELLANEOUS		
<i>metronidazole oral capsule</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>metronidazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical lotion</i>	Tier 1	QL (59 ML per 30 days)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	QL (70 GM per 30 days)
ROSADAN TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
ROSADAN TOPICAL GEL	Tier 1	QL (45 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS		
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>acyclovir topical ointment</i>	Tier 1	ST; QL (30 GM per 30 days)
<i>adefovir</i>	Tier 1	
BARACLUDE ORAL SOLUTION	Tier 2	PA
DESCOVY	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 0 - Preventive	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	Tier 1	
<i>entecavir</i>	Tier 1	PA
<i>famciclovir oral tablet 125 mg, 500 mg</i>	Tier 1	QL (21 EA per 30 days)
<i>famciclovir oral tablet 250 mg</i>	Tier 1	QL (60 EA per 30 days)
LAGEVRIO (EUA)	Tier 2	QL (40 EA per 180 days)
ODEFSEY	Tier 2	QL (1 EA per 1 day)
<i>ribavirin oral</i>	Tier 4	
<i>valacyclovir</i>	Tier 1	QL (30 EA per 30 days)
<i>valganciclovir oral tablet</i>	Tier 1	
OTHER MACROLIDE ANTIBIOTICS		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)
<i>azithromycin oral</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	PA; QL (136 ML per 10 days)
DIFICID ORAL TABLET	Tier 2	PA; QL (20 EA per 10 days)
<i>fidaxomicin</i>	Tier 1	PA
OXAZOLIDINONE ANTIBIOTICS		
<i>linezolid</i>	Tier 1	PA
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin</i>	Tier 1	
POLYENE ANTIFUNGALS		
KLAYESTA	Tier 1	QL (180 GM per 1 FILL)
NYAMYC	Tier 1	QL (180 GM per 30 days)
<i>nystatin oral</i>	Tier 1	
<i>nystatin topical cream</i>	Tier 1	QL (30 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>nystatin topical ointment</i>	Tier 1	QL (30 GM per 30 days)
<i>nystatin topical powder</i>	Tier 1	QL (180 GM per 30 days)
NYSTOP	Tier 1	QL (180 GM per 30 days)
POLYMYXIN ANTIBIOTICS		
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear)</i>	Tier 1	
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
PYRIMIDINE ANTIFUNGALS		
<i>flucytosine</i>	Tier 1	
QUINOLONE ANTIBIOTICS		
CIPRO HC	Tier 3	
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin hcl</i>	Tier 1	
<i>ciprofloxacin-dexamethasone</i>	Tier 1	ST
<i>ciprofloxacin-fluocinolone</i>	Tier 2	
<i>levofloxacin ophthalmic (eye)</i>	Tier 1	
<i>levofloxacin oral</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye)</i>	Tier 1	
<i>ofloxacin ophthalmic (eye)</i>	Tier 1	QL (10 ML per 30 days)
<i>ofloxacin oral</i>	Tier 1	QL (2 EA per 1 day)
<i>ofloxacin otic (ear)</i>	Tier 1	
RIFAMYCIN ANTIBIOTICS		
PRIFTIN	Tier 3	
<i>rifabutin</i>	Tier 1	
<i>rifampin oral</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG	Tier 2	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA; QL (60 EA per 30 days)
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)		
<i>sulfadiazine</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral</i>	Tier 1	
<i>sulfasalazine</i>	Tier 1	
SULFATRIM	Tier 1	
TETRACYCLINE ANTIBIOTICS		
<i>demeclocycline</i>	Tier 1	PA
<i>doxycycline hyclate oral capsule</i>	Tier 1	
<i>doxycycline hyclate oral tablet</i> 100 mg, 150 mg, 50 mg, 75 mg	Tier 1	
<i>doxycycline monohydrate oral capsule</i> 100 mg, 50 mg, 75 mg	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet</i>	Tier 1	
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>tetracycline</i>	Tier 1	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	Tier 1	
<i>methenamine hippurate</i>	Tier 1	
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohydr/m-cryst</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	
<i>trimethoprim</i>	Tier 1	
URETRON D-S	Tier 1	
URO-SP	Tier 1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone oral tablet 250 mg</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<i>anastrozole</i>	Tier 0 - Preventive	
AVITA TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
<i>bexarotene oral</i>	Tier 4	PA
<i>bexarotene topical</i>	Tier 4	PA; QL (60 GM per 30 days)
<i>bicalutamide</i>	Tier 1	
<i>capecitabine</i>	Tier 4	PA
CAPRELSA ORAL TABLET 100 MG	Tier 4	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier 4	PA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	Tier 4	PA
<i>cyclophosphamide oral capsule</i>	Tier 1	PA
ELIGARD	Tier 4	
ELIGARD (3 MONTH)	Tier 4	
ELIGARD (4 MONTH)	Tier 4	
ELIGARD (6 MONTH)	Tier 4	
ERIVEDGE	Tier 4	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	Tier 4	PA
ERLEADA ORAL TABLET 60 MG	Tier 4	PA; QL (120 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	Tier 4	PA; QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>erlotinib oral tablet 25 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<i>etoposide oral</i>	Tier 1	
<i>everolimus (immunosuppressive)</i>	Tier 1	
<i>exemestane</i>	Tier 0 - Preventive	
<i>fluorouracil topical cream 5 %</i>	Tier 1	QL (3 GM per 1 day)
<i>fluorouracil topical solution</i>	Tier 1	QL (10 ML per 30 days)
GILOTRIF	Tier 4	PA; QL (30 EA per 30 days)
GLEOSTINE	Tier 3	PA
HYCANTIN	Tier 4	PA
<i>hydroxyurea</i>	Tier 1	
IBRANCE	Tier 4	PA; QL (21 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	Tier 4	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE	Tier 4	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL TABLET	Tier 4	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1 MG	Tier 4	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	Tier 4	PA; QL (120 EA per 30 days)
JAKAFI	Tier 4	PA; QL (60 EA per 30 days)
<i>lapatinib</i>	Tier 4	PA; QL (180 EA per 30 days)
<i>lenalidomide</i>	Tier 4	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	Tier 4	PA
<i>letrozole</i>	Tier 1	
LEUKERAN	Tier 2	PA
LONSURF	Tier 4	PA
LYNPARZA	Tier 4	PA; QL (120 EA per 30 days)
LYSODREN	Tier 4	
MATULANE	Tier 4	
<i>megestrol oral suspension</i> 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	Tier 1	
<i>megestrol oral tablet</i>	Tier 1	
MEKINIST ORAL RECON SOLN	Tier 4	PA
MEKINIST ORAL TABLET 0.5 MG	Tier 4	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>mercaptopurine oral tablet</i>	Tier 1	
<i>methotrexate sodium oral</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
MYLERAN	Tier 2	PA
<i>nilutamide</i>	Tier 1	PA
OGSIVEO	Tier 4	QL (3 EA per 1 day)
<i>pazopanib</i>	Tier 4	PA; QL (120 EA per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (2 ML per 28 days)
POMALYST	Tier 4	PA
REVLIMID	Tier 4	PA; QL (30 EA per 30 days)
<i>sorafenib</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>sunitinib malate oral capsule 12.5 mg</i>	Tier 4	PA; QL (90 EA per 30 days)
<i>sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
TAFINLAR ORAL CAPSULE	Tier 4	PA; QL (120 EA per 30 days)
<i>tamoxifen</i>	Tier 0 - Preventive	
<i>temozolomide</i>	Tier 4	PA
THALOMID	Tier 4	PA; QL (30 EA per 30 days)
<i>toremifene</i>	Tier 1	PA
<i>tretinoin</i>	Tier 1	QL (45 GM per 30 days)
<i>tretinoin (antineoplastic)</i>	Tier 1	
<i>tretinoin (emollient)</i>	Tier 1	
<i>valrubicin</i>	Tier 4	PA
VERZENIO	Tier 4	PA; QL (60 EA per 30 days)
VOTRIENT	Tier 4	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE	Tier 4	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	Tier 4	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	Tier 4	PA; QL (60 EA per 30 days)
ZELBORAF	Tier 4	PA; QL (240 EA per 30 days)
ZOLINZA	Tier 4	PA

ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES

ANTITOXINS AND IMMUNE GLOBULINS

RHOGAM ULTRA-FILTERED PLUS	Tier 2	
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TOXOIDS

ADACEL(TDAP ADOLESN/ADULT) (PF)	Tier 0 - Preventive	
BOOSTRIX TDAP	Tier 0 - Preventive	
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier 0 - Preventive	
INFANRIX (DTAP) (PF)	Tier 0 - Preventive	
PEDIARIX (PF)	Tier 0 - Preventive	
TENIVAC (PF)	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
VAXELIS (PF)	Tier 0 - Preventive	
VACCINES		
ABRYSVO (PF)	Tier 0 - Preventive	
ACTHIB (PF)	Tier 0 - Preventive	
AREXVY (PF)	Tier 0 - Preventive	
AREXVY ADJUVANT COMPONENT (PF)	Tier 2	
AREXVY ANTIGEN COMPONENT	Tier 2	
<i>bcg vaccine, live (pf)</i>	Tier 0 - Preventive	
BEXSERO	Tier 0 - Preventive	
BIOTHRAX	Tier 0 - Preventive	
CAPVAXIVE	Tier 2	
DENGVAXIA (PF)	Tier 0 - Preventive	
ENGRIX-B (PF)	Tier 0 - Preventive	
ENGRIX-B PEDIATRIC (PF)	Tier 0 - Preventive	
GARDASIL 9 (PF)	Tier 0 - Preventive	
HAVRIX (PF)	Tier 0 - Preventive	
HEPLISAV-B (PF)	Tier 0 - Preventive	
HIBERIX (PF)	Tier 0 - Preventive	
IMOVAX RABIES VACCINE (PF)	Tier 0 - Preventive	
IPOL	Tier 0 - Preventive	
IXIARO (PF)	Tier 0 - Preventive	
JYNNEOS (PF)	Tier 2	
KINRIX (PF)	Tier 0 - Preventive	
MENQUADFI (PF)	Tier 0 - Preventive	
MENVEO A-C-Y-W-135-DIP (PF)	Tier 0 - Preventive	
M-M-R II (PF)	Tier 0 - Preventive	
PEDIARIX (PF)	Tier 0 - Preventive	
PEDVAX HIB (PF)	Tier 0 - Preventive	
PENBRAYA (PF)	Tier 0 - Preventive	
PENTACEL (PF)	Tier 0 - Preventive	
PENTACEL ACTHIB COMPONENT (PF)	Tier 0 - Preventive	
PNEUMOVAX-23	Tier 0 - Preventive	
PREVNAR 20 (PF)	Tier 0 - Preventive	
PRIORIX (PF)	Tier 0 - Preventive	
PROQUAD (PF)	Tier 0 - Preventive	
QUADRACEL (PF)	Tier 0 - Preventive	
RABAVERT (PF)	Tier 0 - Preventive	
RECOMBIVAX HB (PF)	Tier 0 - Preventive	
ROTARIX	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
ROTATEQ VACCINE	Tier 0 - Preventive	
SHINGRIX (PF)	Tier 0 - Preventive	
STAMARIL (PF)	Tier 0 - Preventive	
TRUMENBA	Tier 0 - Preventive	
TWINRIX (PF)	Tier 0 - Preventive	
TYPHIM VI	Tier 0 - Preventive	
VAQTA (PF)	Tier 0 - Preventive	
VARIVAX (PF)	Tier 0 - Preventive	
VAXCHORA VACCINE	Tier 0 - Preventive	
VAXELIS (PF)	Tier 0 - Preventive	
VAXNEUVANCE (PF)	Tier 0 - Preventive	
VIVOTIF	Tier 0 - Preventive	
YF-VAX (PF)	Tier 0 - Preventive	
AUTONOMIC DRUGS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
<i>droxidopa</i>	Tier 4	PA
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	Tier 2	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (2 EA per 30 days)
GUAIFENESIN DAC	Tier 1	
RYDEX	Tier 1	
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier 1	QL (4 EA per 1 day)
LUCEMYRA	Tier 3	QL (224 EA per 30 days)
<i>midodrine</i>	Tier 1	
PROMETHAZINE VC	Tier 1	
<i>promethazine-phenylephrine</i>	Tier 1	
ANTIMUSCARINICS/ANTISPASMODICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
ATROVENT HFA	Tier 2	QL (26 GM per 30 days)
<i>chlordiazepoxide-clidinium</i>	Tier 1	
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
<i>dicyclomine oral capsule</i>	Tier 1	
<i>dicyclomine oral solution</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
ED-SPAZ	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>glycopyrrolate oral solution</i>	Tier 1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>hydrocodone-homatropine oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
HYDROMET	Tier 1	QL (4 ML per 1 day)
<i>hyoscyamine sulfate oral</i>	Tier 1	
<i>hyoscyamine sulfate sublingual</i>	Tier 1	
HYOSYNE	Tier 1	
<i>ipratropium bromide inhalation</i>	Tier 1	QL (10 ML per 1 day)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
<i>methscopolamine</i>	Tier 1	
OSCIMIN	Tier 1	
OSCIMIN SL	Tier 1	
<i>scopolamine base</i>	Tier 1	
SPIRIVA RESPIMAT	Tier 2	QL (4 GM per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
SYMAX-SR	Tier 1	
<i>tiotropium bromide</i>	Tier 1	
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	Tier 1	
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT		
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	
<i>carisoprodol-aspirin-codeine</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
CYCLOTENS STARTER	Tier 2	
<i>metaxalone oral tablet 800 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>tizanidine oral tablet</i>	Tier 1	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS		
<i>dantrolene oral</i>	Tier 1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
<i>baclofen oral suspension</i>	Tier 1	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT		
<i>orphenadrine citrate oral</i>	Tier 1	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS		
<i>carvedilol</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf)</i>	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
SOTALOL AF	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use).
<i>sotalol oral</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use).
<i>timolol maleate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>dihydroergotamine nasal</i>	Tier 1	ST; QL (8 ML per 30 days)
<i>ergoloid</i>	Tier 1	
ERGOMAR	Tier 3	
<i>ergotamine-caffeine</i>	Tier 1	
<i>phenoxybenzamine</i>	Tier 1	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
<i>bethanechol chloride</i>	Tier 1	
<i>cevimeline</i>	Tier 1	ST
<i>donepezil oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>galantamine</i>	Tier 1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
<i>pilocarpine hcl oral</i>	Tier 1	
<i>pyridostigmine bromide oral syrup</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 1	
<i>rivastigmine tartrate</i>	Tier 1	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>alfuzosin</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>dutasteride-tamsulosin</i>	Tier 1	ST
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>silodosin</i>	Tier 1	
<i>tamsulosin</i>	Tier 1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	Tier 1	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	Tier 1	QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	QL (2 EA per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier 1	QL (2 ML per 1 day)
<i>albuterol sulfate oral</i>	Tier 1	
BREYNA	Tier 1	
<i>budesonide-formoterol</i>	Tier 2	PA; ST; QL (11 GM per 30 days)
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
DULERA	Tier 2	ST; QL (13 GM per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST; QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>formoterol fumarate</i>	Tier 1	QL (120 ML per 30 days)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
<i>levalbuterol tartrate</i>	Tier 2	QL (30 GM per 30 days)
SEREVENT DISKUS	Tier 2	QL (60 EA per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)
<i>terbutaline oral</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT		
<i>acebutolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>atenolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>nadolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
SMOKING CESSATION AGENTS		
<i>bupropion hcl (smoking deter)</i>	Tier 0 - Preventive	
<i>naltrexone</i>	Tier 1	
NICODERM CQ	Tier 0 - Preventive	QL (180 EA per 365 days)
NICORETTE	Tier 0 - Preventive	QL (180 EA per 365 days)
<i>nicotine</i>	Tier 0 - Preventive	QL (180 EA per 365 days)
<i>nicotine (polacrilex) buccal gum</i>	Tier 0 - Preventive	
<i>nicotine (polacrilex) buccal lozenge</i>	Tier 0 - Preventive	QL (180 EA per 365 days)
<i>nicotine (polacrilex) buccal mini lozenge</i>	Tier 0 - Preventive	QL (180 EA per 365 days)
NICOTROL NS	Tier 0 - Preventive	QL (180 ML per 365 days)
QUIT 2	Tier 0 - Preventive	QL (180 EA per 365 days)
QUIT 4	Tier 0 - Preventive	QL (180 EA per 365 days)
STOP SMOKING AID	Tier 0 - Preventive	QL (180 EA per 365 days)
<i>varenicline tartrate</i>	Tier 0 - Preventive	
VIVITROL	Tier 4	QL (1 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
BLOOD FORMATION, COAGULATION, THROMBOSIS		
ANTICOAGULANTS, MISCELLANEOUS		
ACD SOLUTION A	Tier 2	
ACD-A	Tier 2	
<i>anticoag citrate phos dextrose</i>	Tier 2	
COUMARIN DERIVATIVES		
JANTOVEN	Tier 1	
<i>warfarin</i>	Tier 1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS DVT-PE TREAT 30D START	Tier 2	
ELIQUIS ORAL TABLET	Tier 2	
XARELTO DVT-PE TREAT 30D START	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	PA
XARELTO ORAL TABLET	Tier 2	
DIRECT THROMBIN INHIBITORS		
<i>dabigatran etexilate</i>	Tier 1	QL (2 EA per 1 day)
HEMATOPOIETIC AGENTS		
PROMACTA ORAL TABLET 12.5 MG	Tier 4	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	Tier 4	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	Tier 4	PA; QL (60 EA per 30 days)
ZARXIO	Tier 4	PA
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline</i>	Tier 1	
HEMOSTATICS		
<i>desmopressin injection</i>	Tier 4	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral</i>	Tier 1	
MONSEL'S	Tier 2	
NOC DURNA (MEN)	Tier 3	PA; QL (30 EA per 30 days)
NOC DURNA (WOMEN)	Tier 3	PA; QL (30 EA per 30 days)
<i>tranexamic acid oral</i>	Tier 1	
HEPARINS		
<i>enoxaparin</i>	Tier 4	
<i>heparin (porcine) injection solution 5,000 unit/ml</i>	Tier 1	
INDIRECT FACTOR XA INHIBITORS		
<i>fondaparinux</i>	Tier 4	

Drug Name	Tier	Restrictions/Limits
IRON PREPARATIONS		
ACCRUFER	Tier 3	PA; QL (60 EA per 30 days)
CLASSIC PRENATAL	Tier 0 - Preventive	
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
<i>pnv no.95-ferrous fumarate-fa</i>	Tier 0 - Preventive	
PRENATAL COMPLETE	Tier 0 - Preventive	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0 - Preventive	
PRENATAL MULTIVITAMINS	Tier 0 - Preventive	
PRENATAL ONE DAILY	Tier 0 - Preventive	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 0 - Preventive	
PRENATAL TABLET	Tier 0 - Preventive	
<i>prenatal vit no.179-iron-folic</i>	Tier 0 - Preventive	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0 - Preventive	
PRENATAL VITAMIN WITH MINERALS	Tier 0 - Preventive	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0 - Preventive	
STRESS FORMULA WITH IRON (SULF)	Tier 0 - Preventive	
WESNATAL DHA COMPLETE	Tier 1	
PLATELET-AGGREGATION INHIBITORS		
ADULT ASPIRIN REGIMEN	Tier 0 - Preventive	
ASPIRIN CHILDRENS	Tier 0 - Preventive	
<i>aspirin oral tablet 325 mg</i>	Tier 0 - Preventive	
<i>aspirin oral tablet, chewable</i>	Tier 0 - Preventive	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	Tier 0 - Preventive	
<i>aspirin, buffd-calcium carb-mag</i>	Tier 0 - Preventive	
<i>aspirin-dipyridamole</i>	Tier 1	ST
BAYER ASPIRIN	Tier 0 - Preventive	
BAYER LOW DOSE ASPIRIN	Tier 0 - Preventive	
BUFFERIN	Tier 0 - Preventive	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
CHILDREN'S ASPIRIN	Tier 0 - Preventive	
<i>cilostazol</i>	Tier 1	
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
<i>dipyridamole oral</i>	Tier 1	
ECOTRIN	Tier 0 - Preventive	
ECOTRIN LOW STRENGTH	Tier 0 - Preventive	
<i>prasugrel hcl</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
ST JOSEPH ASPIRIN	Tier 0 - Preventive	
ST. JOSEPH ASPIRIN	Tier 0 - Preventive	
<i>ticagrelor</i>	Tier 1	ST
TRI-BUFFERED ASPIRIN	Tier 0 - Preventive	
PLATELET-REDUCING AGENTS		
<i>anagrelide</i>	Tier 1	
THROMBOLYTIC AGENTS		
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>carvedilol</i>	Tier 1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>prazosin</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	Tier 1	QL (60 EA per 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONIST/NEPROLYS		
ENTRESTO	Tier 2	PA; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Healthy Heart Plan.
<i>sacubitril-valsartan</i>	Tier 1	PA; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Healthy Heart Plan.
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>candesartan</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>irbesartan</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>losartan</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>olmesartan</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiiazid</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>telmisartan</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	

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

Drug Name	Tier	Restrictions/Limits
<i>ramipril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>trandolapril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
ANTILIPEMIC AGENTS, MISCELLANEOUS		
<i>niacin oral tablet 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 24 hr</i>	Tier 1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>atenolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>nadolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>propranolol oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
SOTALOL AF	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
<i>sotalol oral</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use).
<i>timolol maleate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
BILE ACID SEQUESTRANTS		
<i>cholestyramine (with sugar)</i>	Tier 1	
CHOLESTYRAMINE LIGHT	Tier 1	
<i>colesevelam oral powder in packet</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>colesevelam oral tablet</i>	Tier 1	PA; QL (180 EA per 30 days)
<i>colestipol oral tablet</i>	Tier 1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>diltiazem hcl oral tablet</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
CARBONIC ANHYDRASE INHIBITORS (24:36)		
<i>acetazolamide</i>	Tier 1	
CARDIAC DRUGS, MISCELLANEOUS		
<i>ranolazine</i>	Tier 1	
CARDIOTONIC AGENTS		
DIGITEK	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan.
<i>digoxin oral</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan.
CARDIOVASCULAR DRUGS, NSAID ANTI-INFL		
<i>colchicine oral tablet</i>	Tier 1	QL (1 EA per 1 day)
CENTRAL ALPHA-AGONISTS		
<i>clonidine</i>	Tier 1	QL (4 EA per 30 days)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier 1	QL (4 EA per 1 day)
<i>guanfacine oral tablet</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr</i>	Tier 1	QL (1 EA per 1 day)
<i>methyldopa</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	Tier 1	
<i>ezetimibe-simvastatin</i>	Tier 1	ST; QL (30 EA per 30 days)
CLASS IA ANTIARRHYTHMICS		
<i>disopyramide phosphate</i>	Tier 1	
NORPACE CR	Tier 2	
<i>quinidine sulfate</i>	Tier 1	
CLASS IB ANTIARRHYTHMICS		
DILANTIN	Tier 2	
<i>mexiletine</i>	Tier 1	
<i>phenytoin</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
CLASS IC ANTIARRHYTHMICS		
<i>flecainide</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan.
<i>propafenone</i>	Tier 1	
CLASS II ANTIARRHYTHMICS		
<i>acebutolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>atenolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf)</i>	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.

Drug Name	Tier	Restrictions/Limits
<i>nadolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>propranolol oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
CLASS III ANTIARRHYTHMICS		
<i>amiodarone oral</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan.
<i>dofetilide</i>	Tier 1	
MULTAQ	Tier 2	
PACERONE ORAL TABLET 200 MG	Tier 1	
SOTALOL AF	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use).
<i>sotalol oral</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use).
CLASS IV ANTIARRHYTHMICS		
CARTIA XT	Tier 1	
<i>diltiazem hcl oral</i>	Tier 1	
DILT-XR	Tier 1	
MATZIM LA	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet 40 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	Tier 1	
DIHYDROPYRIDINES		
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>felodipine</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
DIRECT VASODILATORS		
<i>hydralazine oral</i>	Tier 1	
<i>isosorbide-hydralazine</i>	Tier 1	
<i>minoxidil oral</i>	Tier 1	
DIURETICS, MISCELLANEOUS (24:36)		
THEO-24	Tier 2	
<i>theophylline</i>	Tier 1	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate micronized oral capsule</i> 134 mg, 200 mg, 67 mg	Tier 1	
<i>fenofibrate nanocrystallized</i>	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>gemfibrozil</i>	Tier 1	
HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 0 - Preventive	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>ezetimibe-simvastatin</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	Tier 0 - Preventive	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>fluvastatin oral capsule 40 mg</i>	Tier 0 - Preventive	QL (60 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>fluvastatin oral tablet extended release 24 hr</i>	Tier 0 - Preventive	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>lovastatin oral tablet 10 mg</i>	Tier 0 - Preventive	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>lovastatin oral tablet 20 mg, 40 mg</i>	Tier 0 - Preventive	QL (60 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.

Drug Name	Tier	Restrictions/Limits
<i>pravastatin</i>	Tier 0 - Preventive	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 0 - Preventive	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 0 - Preventive	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>simvastatin oral tablet 80 mg</i>	Tier 1	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
LOOP DIURETICS (24:36)		
<i>bumetanide oral</i>	Tier 1	
<i>ethacrynic acid</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet</i>	Tier 1	
<i>torsemide</i>	Tier 1	
NITRATES AND NITRITES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
<i>isosorbide-hydralazine</i>	Tier 1	
NITRO-DUR	Tier 2	
<i>nitroglycerin rectal</i>	Tier 1	PA
<i>nitroglycerin sublingual</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 1	
<i>nitroglycerin translingual</i>	Tier 1	
NITRO-TIME	Tier 1	
OMEGA-3-MEDIATED ANTILIPEMICS		
<i>omega-3 acid ethyl esters</i>	Tier 1	
PCSK9 INHIBITORS		
REPATHA PUSHTRONEX	Tier 2	PA; QL (2 ML per 28 days)
REPATHA SURECLICK	Tier 2	PA; QL (2 ML per 28 days)

Drug Name	Tier	Restrictions/Limits
REPATHA SYRINGE	Tier 2	PA; QL (2 ML per 28 days)
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
ADCIRCA	Tier 4	PA; QL (2 EA per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	Tier 4	PA; QL (90 EA per 30 days)
<i>sildenafil oral tablet 25 mg, 50 mg</i>	Tier 1	PA; QL (8 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	Tier 1	PA; QL (8 EA per 30 days)
<i>varденаfil oral tablet</i>	Tier 1	PA; QL (8 EA per 30 days)
POTASSIUM-SPARING DIURETIC		
<i>eplerenone</i>	Tier 1	
<i>spironolactone oral tablet</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
POTASSIUM-SPARING DIURETICS (HYPOTEN)		
<i>amiloride</i>	Tier 1	
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
RENIN INHIBITORS		
<i>aliskiren</i>	Tier 1	
STEROIDAL MINERALOCORTICOID RECEPTOR ANT		
<i>eplerenone</i>	Tier 1	
<i>spironolactone oral tablet</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
THIAZIDE DIURETICS (24:36)		
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>enalapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.

Drug Name	Tier	Restrictions/Limits
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>hydrochlorothiazide</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
THIAZIDE-LIKE DIURETICS (24:36)		
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
VASODILATING AGENTS, MISCELLANEOUS		
ADEMPAS	Tier 4	PA; QL (3 EA per 1 day)
<i>ambrisentan</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>bosentan oral tablet</i>	Tier 4	PA; QL (2 EA per 1 day)
<i>nifedipine</i>	Tier 1	
ORENITRAM	Tier 4	PA

Drug Name	Tier	Restrictions/Limits
<i>timolol maleate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
CENTRAL NERVOUS SYSTEM AGENTS		
ADAMANTANES (CNS)		
<i>amantadine hcl</i>	Tier 1	
AMPHETAMINES		
<i>amphetamine sulfate</i>	Tier 1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	Tier 1	PA
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24 hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24 hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>lisdexamfetamine oral capsule</i>	Tier 1	QL (1 EA per 1 day)
<i>methamphetamine</i>	Tier 1	
ZENZEDI ORAL TABLET 2.5 MG	Tier 2	QL (1 EA per 1 day)
AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENT		
<i>riluzole</i>	Tier 1	PA
ANALGESICS AND ANTIPYRETICS, MISCELLANEOUS		
<i>gabapentin oral capsule 100 mg, 400 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral capsule 300 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>gabapentin oral solution</i>	Tier 1	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
ANOREXIGENIC AGENTS, MISCELLANEOUS		
MOUNJARO	Tier 2	PA
OZEMPIC	Tier 2	PA; QL (3 ML per 28 days)
RYBELSUS	Tier 2	PA; QL (30 EA per 30 days)
SOLIQUA 100/33	Tier 2	ST; QL (15 ML per 30 days)
XULTOPHY 100/3.6	Tier 2	PA; ST; QL (15 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
ANTICHOLINERGIC AGENTS (CNS)		
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
ANTICONVULSANTS, MISCELLANEOUS		
<i>acetazolamide</i>	Tier 1	
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	Tier 1	
<i>carbamazepine oral tablet</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
<i>felbamate</i>	Tier 1	
FYCOMPA	Tier 2	ST
<i>lamotrigine oral tablet</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr</i>	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 1	
<i>levetiracetam oral solution</i>	Tier 1	
<i>levetiracetam oral tablet</i>	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr</i>	Tier 1	
ROWEEPRA	Tier 1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1	
<i>topiramate oral tablet</i>	Tier 1	
ANTIDEPRESSANTS, MISCELLANEOUS		
<i>bupropion hcl (smoking deter)</i>	Tier 0 - Preventive	
<i>bupropion hcl oral tablet</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr</i>	Tier 1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	Tier 1	QL (60 EA per 30 days)
ANTIMANIC AGENTS		
ABILIFY MAINTENA	Tier 2	
<i>aripiprazole oral tablet</i>	Tier 1	QL (30 EA per 30 days)
ARISTADA	Tier 2	
ARISTADA INITIO	Tier 2	
<i>asenapine maleate</i>	Tier 1	QL (60 EA per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	Tier 1	
<i>carbamazepine oral tablet</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
<i>divalproex</i>	Tier 1	
<i>lamotrigine oral tablet</i>	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 1	
<i>lithium carbonate</i>	Tier 1	
<i>lithium citrate</i>	Tier 1	
<i>olanzapine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine</i>	Tier 1	ST
<i>quetiapine oral tablet</i> 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr</i> 150 mg, 200 mg	Tier 1	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr</i> 300 mg, 400 mg, 50 mg	Tier 1	QL (60 EA per 30 days)
RISPERDAL CONSTA	Tier 2	
<i>risperidone microspheres</i>	Tier 1	
<i>risperidone oral solution</i>	Tier 1	
<i>risperidone oral tablet</i>	Tier 1	QL (60 EA per 30 days)
SECUADO	Tier 2	PA; QL (30 EA per 30 days)
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
<i>ziprasidone hcl</i>	Tier 1	QL (60 EA per 30 days)
ANTIMIGRAINE AGENTS, MISCELLANEOUS		
<i>acetaminophen-codeine oral solution</i> 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	Tier 1	PA; QL (125 ML per 1 day)
<i>acetaminophen-codeine oral solution</i> 300 mg-30 mg /12.5 ml	Tier 1	QL (125 ML per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule</i> 50-325-40-30 mg	Tier 1	PA
<i>butalbital-acetaminophen</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule</i> 50-325-40 mg	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
<i>diclofenac potassium oral tablet</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	QL (500 GM per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	Tier 1	QL (112 GM per 30 days)
<i>diclofenac-misoprostol</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>dihydroergotamine nasal</i>	Tier 1	ST; QL (8 ML per 30 days)
<i>divalproex</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf)</i>	Tier 1	
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
ERGOMAR	Tier 3	
<i>ergotamine-caffeine</i>	Tier 1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	PA
<i>oxycodone-acetaminophen oral solution</i>	Tier 1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	Tier 1	PA
<i>propranolol oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>timolol maleate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISCELLANEOUS		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 1	
PROMETHAZINE VC	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
<i>promethazine-dm</i>	Tier 1	
<i>promethazine-phenylephrine</i>	Tier 1	
PROMETHEGAN	Tier 1	
ATYPICAL ANTIPSYCHOTICS		
ABILIFY MAINTENA	Tier 2	

Drug Name	Tier	Restrictions/Limits
<i>aripiprazole oral tablet</i>	Tier 1	QL (30 EA per 30 days)
ARISTADA	Tier 2	
ARISTADA INITIO	Tier 2	
<i>asenapine maleate</i>	Tier 1	QL (60 EA per 30 days)
<i>clozapine oral tablet</i>	Tier 1	
FANAPT	Tier 3	PA; ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK A	Tier 3	QL (8 EA per 30 days)
INVEGA SUSTENNA	Tier 2	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	QL (1 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML, 546 MG/1.75 ML	Tier 2	QL (2 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 2	QL (3 ML per 90 days)
<i>lurasidone</i>	Tier 1	QL (1 EA per 1 day)
<i>olanzapine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine</i>	Tier 1	ST
<i>paliperidone oral tablet extended release 24 hr 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24 hr 6 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)
RISPERDAL CONSTA	Tier 2	
<i>risperidone microspheres</i>	Tier 1	
<i>risperidone oral solution</i>	Tier 1	
<i>risperidone oral tablet</i>	Tier 1	QL (60 EA per 30 days)
SECUADO	Tier 2	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl</i>	Tier 1	QL (60 EA per 30 days)
BARBITURATES (ANTICONVULSANTS)		
<i>phenobarbital</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA

Drug Name	Tier	Restrictions/Limits
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
<i>phenobarbital</i>	Tier 1	
BENZODIAZEPINES (ANTICONVULSANTS)		
<i>clobazam oral suspension</i>	Tier 1	PA
<i>clobazam oral tablet</i>	Tier 1	PA
<i>clonazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>clorazepate dipotassium</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam rectal</i>	Tier 1	
<i>lorazepam injection syringe</i>	Tier 1	
<i>lorazepam oral tablet</i>	Tier 1	QL (3 EA per 1 day)
NAYZILAM	Tier 2	PA; QL (2 EA per 30 days)
VALTOCO	Tier 2	PA; QL (5 EA per 28 days)
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)		
<i>alprazolam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
<i>chlordiazepoxide hcl</i>	Tier 1	QL (4 EA per 1 day)
<i>chlordiazepoxide-clidinium</i>	Tier 1	
<i>clobazam oral suspension</i>	Tier 1	PA
<i>clobazam oral tablet</i>	Tier 1	PA
<i>clonazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>clorazepate dipotassium</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam rectal</i>	Tier 1	
<i>estazolam</i>	Tier 1	QL (30 EA per 30 days)
<i>flurazepam</i>	Tier 1	QL (30 EA per 30 days)
<i>lorazepam injection syringe</i>	Tier 1	
<i>lorazepam oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>midazolam (pf) injection solution</i>	Tier 1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam injection</i>	Tier 1	
<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	Tier 2	
NAYZILAM	Tier 2	PA; QL (2 EA per 30 days)
<i>oxazepam</i>	Tier 1	QL (4 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>quazepam</i>	Tier 1	QL (1 EA per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>triazolam</i>	Tier 1	QL (30 EA per 30 days)
VALTOCO	Tier 2	PA; QL (5 EA per 28 days)
BUTYROPHENONES		
<i>haloperidol</i>	Tier 1	
<i>haloperidol lactate oral</i>	Tier 1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG.		
AIMOVIG AUTOINJECTOR	Tier 2	PA; QL (1 ML per 28 days)
EMGALITY PEN	Tier 2	PA; QL (1 ML per 28 days)
EMGALITY SYRINGE	Tier 2	PA; QL (1 ML per 28 days)
CATECHOL-O-METHYLTRANSFERASE (COMT) INHIB.		
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
<i>entacapone</i>	Tier 1	
<i>tolcapone</i>	Tier 1	PA
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>carbidopa</i>	Tier 1	PA
<i>memantine oral solution</i>	Tier 1	
<i>memantine oral tablet</i>	Tier 1	
<i>memantine oral tablets, dose pack</i>	Tier 2	
CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
<i>celecoxib</i>	Tier 1	ST
DIBENZOXAPINES		
<i>loxapine succinate</i>	Tier 1	
DIPHENYLBUTYLPERIDINES		
<i>pimozide</i>	Tier 1	
DOPAMINE PRECURSORS		
<i>carbidopa-levodopa oral tablet</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release</i>	Tier 1	
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
<i>bromocriptine</i>	Tier 1	
<i>cabergoline</i>	Tier 1	QL (8 EA per 30 days)
FIBROMYALGIA AGENTS		
<i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 60 mg</i>	Tier 1	QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>duloxetine oral capsule, delayed release (dr/ec)</i> 30 mg, 40 mg	Tier 1	QL (30 EA per 30 days)
<i>pregabalin oral capsule</i> 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule</i> 225 mg, 300 mg	Tier 1	PA; QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
SAVELLA ORAL TABLET	Tier 2	ST; QL (60 EA per 30 days)
GABA-MEDIATED ANTICONVULSANTS		
<i>divalproex</i>	Tier 1	
<i>gabapentin oral capsule</i> 100 mg, 400 mg	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral capsule</i> 300 mg	Tier 1	QL (12 EA per 1 day)
<i>gabapentin oral solution</i> 250 mg/5 ml	Tier 1	QL (72 ML per 1 day)
<i>gabapentin oral solution</i> 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	Tier 1	
<i>gabapentin oral tablet</i> 600 mg	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral tablet</i> 800 mg	Tier 1	QL (4 EA per 1 day)
<i>pregabalin oral capsule</i> 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule</i> 225 mg, 300 mg	Tier 1	PA; QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>tiagabine</i>	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
<i>vigabatrin oral powder in packet</i>	Tier 4	PA
HYDANTOINS		
DILANTIN	Tier 2	
<i>phenytoin</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
INHALATION ANESTHETICS		
<i>desflurane</i>	Tier 1	
FORANE	Tier 1	
<i>isoflurane</i>	Tier 1	
<i>sevoflurane</i>	Tier 1	
TERRELL	Tier 1	
ION CHANNEL INHIBITION AGENTS		
APTIOM	Tier 3	
<i>lacosamide oral tablet</i>	Tier 1	ST
<i>oxcarbazepine oral suspension</i>	Tier 1	
<i>oxcarbazepine oral tablet</i>	Tier 1	
OXTELLAR XR	Tier 2	ST

Drug Name	Tier	Restrictions/Limits
<i>rufinamide oral suspension</i>	Tier 1	PA
<i>rufinamide oral tablet</i>	Tier 1	ST
<i>zonisamide</i>	Tier 1	
MELATONIN RECEPTOR AGONISTS		
<i>ramelteon</i>	Tier 1	PA; QL (1 EA per 1 day)
MONOAMINE OXIDASE B INHIBITORS		
EMSAM	Tier 2	
<i>rasagiline</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	Tier 2	
<i>phenelzine</i>	Tier 1	
<i>rasagiline</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
<i>tranylcypromine</i>	Tier 1	
NON-BENZODIAZEPINE ANXIOLYTICS		
<i>buspirone</i>	Tier 1	
<i>meprobamate</i>	Tier 1	
NON-BENZODIAZEPINE HYPNOTICS		
<i>eszopiclone</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>zaleplon</i>	Tier 1	QL (30 EA per 30 days)
<i>zolpidem oral tablet</i>	Tier 1	QL (30 EA per 30 days)
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
<i>apomorphine</i>	Tier 4	PA; QL (30 ML per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/ 24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 2	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	Tier 2	PA; ST
<i>pramipexole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr</i> 2 mg, 4 mg, 8 mg	Tier 1	ST
NON-OPIOID ANALGESICS		
<i>acetaminophen-codeine oral solution</i> 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	Tier 1	PA; QL (125 ML per 1 day)
<i>acetaminophen-codeine oral solution</i> 300 mg-30 mg /12.5 ml	Tier 1	QL (125 ML per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (10 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butalbital-acetaminophen</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	PA
<i>oxycodone-acetaminophen oral solution</i>	Tier 1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	Tier 1	PA
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISCELLANEOUS		
<i>ibuprofen-famotidine</i>	Tier 1	PA
<i>tolmetin</i>	Tier 1	ST
OPIOID AGONISTS (28:08)		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	PA; QL (125 ML per 1 day)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	QL (125 ML per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>carisoprodol-aspirin-codeine</i>	Tier 1	
<i>codeine sulfate</i>	Tier 1	PA
<i>codeine-guaifenesin</i>	Tier 1	
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
<i>fentanyl citrate (pf) injection solution</i>	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; QL (15 EA per 30 days)
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>hydrocodone bitartrate oral capsule, oral only, er 12 hr</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	PA
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
<i>hydrocodone-homatropine oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	Tier 1	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	PA; QL (5 EA per 1 day)
HYDROMET	Tier 1	QL (4 ML per 1 day)
<i>hydromorphone oral liquid</i>	Tier 1	PA; QL (6 ML per 1 day)
<i>hydromorphone oral tablet</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>hydromorphone oral tablet extended release 24 hr</i>	Tier 1	QL (60 EA per 30 days)
<i>levorphanol tartrate</i>	Tier 1	PA
MAXI-TUSS AC	Tier 1	
<i>meperidine oral tablet</i>	Tier 1	PA
METHADONE INTENSOL	Tier 1	PA
<i>methadone oral concentrate</i>	Tier 1	PA
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	PA; QL (8.67 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	PA; QL (20 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
<i>morphine concentrate oral solution</i>	Tier 1	PA; QL (6 ML per 1 day)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 50 mg, 80 mg</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>morphine oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>morphine oral tablet</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>morphine oral tablet extended release</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>morphine rectal</i>	Tier 1	PA; QL (6 EA per 1 day)
NUCYNTA	Tier 3	PA; QL (181 EA per 30 days)
NUCYNTA ER	Tier 3	PA; QL (60 EA per 30 days)
<i>oxycodone oral capsule</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>oxycodone oral concentrate</i>	Tier 1	PA; QL (6 ML per 1 day)
<i>oxycodone oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>oxycodone oral tablet</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>oxycodone oral tablet, oral only, ext. rel.12 hr</i>	Tier 2	PA; QL (90 EA per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	Tier 1	PA

Drug Name	Tier	Restrictions/Limits
<i>oxycodone-acetaminophen oral tablet</i> 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> 2.5-300 mg	Tier 1	
<i>oxycodone-acetaminophen oral tablet</i> 7.5-300 mg	Tier 1	PA
<i>oxymorphone oral tablet</i>	Tier 1	PA
<i>oxymorphone oral tablet extended release 12 hr</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>promethazine-codeine</i>	Tier 1	
RYDEX	Tier 1	
<i>tramadol oral tablet 50 mg</i>	Tier 1	PA; QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
VIRTUSSIN AC	Tier 1	
OPIOID ANTAGONISTS (28:10)		
<i>nalmefene</i>	Tier 2	QL (2 Units per 1 Month)
<i>naloxone injection solution</i>	Tier 1	QL (2 ML per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	
<i>naloxone nasal</i>	Tier 0 - Preventive	
<i>naltrexone</i>	Tier 1	
NARCAN	Tier 2	
OPVEE	Tier 2	QL (2 EA per 30 Days)
VIVITROL	Tier 4	QL (1 EA per 30 days)
OPIOID PARTIAL AGONISTS		
<i>buprenorphine</i>	Tier 1	PA
<i>buprenorphine hcl injection solution</i>	Tier 1	
<i>buprenorphine hcl sublingual</i>	Tier 1	
<i>buprenorphine-naloxone sublingual tablet</i>	Tier 1	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	Tier 3	PA; QL (1 EA per 1 day)
PHENOTHIAZINES		
<i>chlorpromazine oral</i>	Tier 1	
<i>fluphenazine decanoate</i>	Tier 1	
<i>fluphenazine hcl</i>	Tier 1	
<i>perphenazine</i>	Tier 1	
<i>perphenazine-amitriptyline</i>	Tier 1	
<i>prochlorperazine maleate</i>	Tier 1	
<i>thioridazine</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>trifluoperazine</i>	Tier 1	
RESPIRATORY AND CNS STIMULANTS		
<i>atomoxetine oral capsule</i> 10 mg, 18 mg, 25 mg, 40 mg	Tier 1	QL (2 EA per 1 day)
<i>atomoxetine oral capsule</i> 100 mg, 60 mg, 80 mg	Tier 1	QL (1 EA per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule</i> 50-325-40-30 mg	Tier 1	PA
<i>butalbital-acetaminophen-caff oral capsule</i> 50-325-40 mg	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-aspirin-cafeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic</i> 50-50	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet</i> 10 mg	Tier 1	QL (4 EA per 1 day)
<i>dexmethylphenidate oral tablet</i> 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
METADATE ER	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic</i> 30-70	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic</i> 50-50 10 mg, 60 mg	Tier 1	
<i>methylphenidate hcl oral capsule,er biphasic</i> 50-50 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic</i> 50-50 30 mg	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution</i> 10 mg/5 ml	Tier 1	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution</i> 5 mg/5 ml	Tier 1	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release</i> 24 hr 18 mg, 27 mg	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release</i> 24 hr 36 mg, 54 mg	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release</i> 24 hr 72 mg	Tier 2	ST; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable</i>	Tier 1	QL (3 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	Tier 2	ST; QL (1 EA per 1 day)
REVERSIBLE COX-1/COX-2 INHIBITORS		
<i>diclofenac potassium oral tablet</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<i>diclofenac sodium topical gel</i> 1 %	Tier 1	QL (500 GM per 30 days)
<i>diclofenac sodium topical gel</i> 3 %	Tier 1	PA; QL (100 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>diclofenac sodium topical solution in metered-dose pump</i>	Tier 1	QL (112 GM per 30 days)
<i>diclofenac-misoprostol</i>	Tier 1	
<i>diflunisal</i>	Tier 1	
<i>etodolac</i>	Tier 1	
<i>fenoprofen oral tablet</i>	Tier 1	ST
<i>flurbiprofen</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	Tier 1	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	PA; QL (5 EA per 1 day)
IBU	Tier 1	
<i>ibuprofen oral suspension</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>indomethacin oral capsule</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg</i>	Tier 1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 1	QL (5 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>ketorolac oral</i>	Tier 1	QL (20 EA per 1 FILL)
<i>mefenamic acid</i>	Tier 1	
<i>meloxicam oral tablet 15 mg</i>	Tier 1	
<i>meloxicam oral tablet 7.5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>nabumetone</i>	Tier 1	
<i>naproxen oral tablet</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>naproxen-esomeprazole</i>	Tier 1	ST
<i>oxaprozin oral tablet</i>	Tier 1	
<i>piroxicam</i>	Tier 1	
<i>sulindac</i>	Tier 1	
<i>sumatriptan-naproxen</i>	Tier 1	ST; QL (18 EA per 30 days)
SALICYLATES		
ADULT ASPIRIN REGIMEN	Tier 0 - Preventive	
ASPIRIN CHILDRENS	Tier 0 - Preventive	
<i>aspirin oral tablet 325 mg</i>	Tier 0 - Preventive	
<i>aspirin oral tablet, chewable</i>	Tier 0 - Preventive	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
<i>aspirin,buffd-calcium carb-mag</i>	Tier 0 - Preventive	
<i>aspirin-dipyridamole</i>	Tier 1	ST
BAYER ASPIRIN	Tier 0 - Preventive	
BAYER LOW DOSE ASPIRIN	Tier 0 - Preventive	
BUFFERIN	Tier 0 - Preventive	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
<i>carisoprodol-aspirin-codeine</i>	Tier 1	
CHILDREN'S ASPIRIN	Tier 0 - Preventive	
ECOTRIN	Tier 0 - Preventive	
ECOTRIN LOW STRENGTH	Tier 0 - Preventive	
ST JOSEPH ASPIRIN	Tier 0 - Preventive	
ST. JOSEPH ASPIRIN	Tier 0 - Preventive	
TRI-BUFFERED ASPIRIN	Tier 0 - Preventive	
SEL.SEROTONIN, NOREPI REUPTAKE INHIBITOR		
<i>desvenlafaxine</i>	Tier 2	ST; QL (30 EA per 30 days)
<i>desvenlafaxine succinate</i>	Tier 1	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 20 mg, 60 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 30 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
SAVELLA ORAL TABLET	Tier 2	ST; QL (60 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24 hr 150 mg, 37.5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24 hr 75 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet</i>	Tier 1	QL (90 EA per 30 days)
SELECTIVE SEROTONIN AGONISTS		
<i>almotriptan malate oral tablet 12.5 mg</i>	Tier 1	QL (24 EA per 30 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>eletriptan</i>	Tier 1	QL (18 EA per 30 days)
<i>frovatriptan</i>	Tier 1	QL (27 EA per 30 days)
<i>naratriptan</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	Tier 1	QL (8 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 1	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe</i>	Tier 1	QL (8 ML per 30 days)
<i>sumatriptan-naproxen</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>zolmitriptan oral</i>	Tier 1	QL (18 EA per 30 days)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
<i>citalopram oral solution</i>	Tier 1	
<i>citalopram oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	Tier 1	
<i>escitalopram oxalate oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	Tier 1	
<i>fluoxetine oral capsule 40 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>fluoxetine oral solution</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	Tier 1	ST
<i>fluvoxamine oral capsule,extended release 24 hr</i>	Tier 1	ST; QL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>olanzapine-fluoxetine</i>	Tier 1	ST
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	Tier 1	ST; QL (60 EA per 30 days)
<i>sertraline oral concentrate</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	Tier 1	QL (45 EA per 30 days)
SEROTONIN MODULATORS		
<i>mirtazapine</i>	Tier 1	
<i>nefazodone</i>	Tier 1	QL (2 EA per 1 day)
<i>trazodone</i>	Tier 1	
TRINTELLIX	Tier 3	ST; QL (30 EA per 30 days)
<i>vilazodone</i>	Tier 1	PA; QL (30 EA per 30 days)
SUCCINIMIDES		
<i>ethosuximide</i>	Tier 1	
<i>methsuximide</i>	Tier 1	
THIOXANTHENES		
<i>thiothixene</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
<i>amitriptyline</i>	Tier 1	
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
<i>amoxapine</i>	Tier 1	
<i>clomipramine</i>	Tier 1	
<i>desipramine</i>	Tier 1	
<i>doxepin oral capsule</i>	Tier 1	QL (1 EA per 1 day)
<i>doxepin oral concentrate</i>	Tier 1	
<i>doxepin oral tablet</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>doxepin topical</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>imipramine hcl</i>	Tier 1	
<i>imipramine pamoate</i>	Tier 1	
<i>nortriptyline</i>	Tier 1	
<i>perphenazine-amitriptyline</i>	Tier 1	
<i>protriptyline</i>	Tier 1	
<i>trimipramine</i>	Tier 1	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
AUSTEDO XR	Tier 4	PA; QL (2 EA per 1 day)
AUSTEDO XR TITRATION KT (WK1-4)	Tier 4	PA; QL (2 EA per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
WAKEFULNESS-PROMOTING AGENTS		
<i>armodafinil</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	Tier 1	PA; QL (60 EA per 30 days)
DENTAL AGENTS		
NUTRITIONAL SUPPLEMENTS		
DENTA 5000 PLUS	Tier 1	
<i>fluoride (sodium) dental cream</i>	Tier 1	
<i>fluoride (sodium) dental gel</i>	Tier 1	
<i>fluoride (sodium) dental paste</i>	Tier 1	
<i>fluoride (sodium) oral</i>	Tier 0 - Preventive	
LUDENT FLUORIDE	Tier 0 - Preventive	
SF	Tier 1	
SF 5000 PLUS	Tier 1	

Drug Name	Tier	Restrictions/Limits
SODIUM FLUORIDE 5000 DRY MOUTH	Tier 1	
SODIUM FLUORIDE 5000 PLUS	Tier 1	
DEVICES		
DEVICES		
2-IN-1 LANCET DEVICE	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ACCU-CHEK FASTCLIX LANCING DEV	Tier 2	
ACCU-CHEK SAFE-T-PRO	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ACCU-CHEK SAFE-T-PRO PLUS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ACCU-CHEK SOFT DEV LANCETS	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ACTI-LANCE LANCETS	Tier 1	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ADJUSTABLE LANCING DEVICE	Tier 2	
ADVANCED LANCING DEVICE	Tier 2	
ADVANCED TRAVEL LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
ADVOCATE LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ADVOCATE LANCING DEVICE	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK	Tier 2	
AGAMATRIX ULTRA-THIN LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ALTERNATE SITE LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ALTERNATE SITE LANCING DEVICE	Tier 2	
AQUA LANCE LANCING DEVICE	Tier 2	
AQUASTAT 0.9% SODIUM CHLORIDE	Tier 1	
AQUASTAT SFR 0.9% SODIUM CHLOR	Tier 1	
ASSURE LANCE	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ASSURE LANCE PLUS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
AUTO-LANCET MINI	Tier 2	
AUTOLET IMPRESSION LANC DEV	Tier 2	
AUTOLET LANCING DEVICE	Tier 2	
BD ALLERGY SYRINGE	Tier 2	QL (400 EA per 30 days)
BD BLUNT PLASTIC CANNULA	Tier 2	QL (400 EA per 30 days)
BD BULK SYRINGE SLIP TIP	Tier 2	QL (400 EA per 30 days)
BD ECCENTRIC TIP SYRINGE	Tier 2	QL (400 EA per 30 days)
BD ECLIPSE LUER-LOK NEEDLE	Tier 2	

Drug Name	Tier	Restrictions/Limits
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8"	Tier 2	QL (400 EA per 30 days)
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
BD ECLIPSE NEEDLE 21 GAUGE X 1", 25 GAUGE X 1"	Tier 2	
BD FILTER NEEDLE 5-MICRON NOKO	Tier 2	
BD FILTER NEEDLE-5 MICRON	Tier 2	
BD INTEGRA SYRINGE	Tier 2	QL (400 EA per 30 days)
BD INTERLINK BLUNT PLASTIC CAN	Tier 2	QL (400 EA per 30 days)
BD INTERLINK SYRINGE	Tier 2	QL (400 EA per 30 days)
BD INTRADERMAL BEVEL NEEDLES	Tier 2	
BD LUER-LOK BULK SYRINGE	Tier 2	QL (400 EA per 30 days)
BD LUER-LOK SYRINGE	Tier 2	QL (400 EA per 30 days)
BD LUER-LOK TIP CONTROL SYRING	Tier 2	QL (400 EA per 30 days)
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 2	
BD MICROTAINER LANCET 21 GAUGE	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
BD NOKOR ADMIX NEEDLE	Tier 2	
BD POSIFLUSH NORMAL SALINE 0.9	Tier 1	
BD PRECISIONGLIDE	Tier 2	
BD PRECISIONGLIDE NON-STERILE	Tier 2	
BD QUINCKE SPINAL NEEDLE	Tier 2	
BD REGULAR BEVEL NEEDLES	Tier 2	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8"	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64"	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8"	Tier 2	
BD SAFETYGLIDE SHIELDING REG	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8"	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE TB REG BEVEL	Tier 2	QL (400 EA per 30 days)
BD SHORT BEVEL NEEDLES	Tier 2	
BD SHORT BEVEL THIN WALL	Tier 2	
BD SLIP TIP SYRINGE	Tier 2	QL (400 EA per 30 days)
B-D SLIP TIP SYRINGE	Tier 2	QL (400 EA per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1"	Tier 2	
BD SYRINGE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE CATH TIP NONSTERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE CATHETER TIP	Tier 2	QL (400 EA per 30 days)
BD SYRINGE LUER-LOK NONSTERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE LUER-LOK STERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE SLIP TIP NONSTERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE TIP CAP	Tier 2	QL (400 EA per 30 days)
BD SYRINGE-DUAL CANNULA	Tier 2	QL (400 EA per 30 days)
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML	Tier 2	QL (400 EA per 30 days)
BD TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
BIOLON	Tier 1	
<i>blunt needle, disposable</i>	Tier 2	
BLUNT SPINAL NEEDLE	Tier 2	
BREATHERITE SPACER-MASK, NEO.	Tier 2	
BREATHERITE SPACER-MASK, ADULT	Tier 2	
BREATHERITE SPACER-MASK, CHILD	Tier 2	
BREATHERITE SPACER-MASK, INFANT	Tier 2	
BREATHERITE SPACER-MASK, S.CHLD	Tier 2	

Drug Name	Tier	Restrictions/Limits
BULLSEYE MINI SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
BUTTERFLY TOUCH LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CAREONE LANCING DEVICE	Tier 2	
CAREONE ULTRA THIN LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CAREPOINT LUER LOCK SYR-NEEDLE	Tier 2	QL (400 EA per 30 days)
CAREPOINT SAFETY LL SYR-NEEDLE	Tier 2	QL (400 EA per 30 days)
CARESENS LANCETS	Tier 2	
CARETOUCH LANCING DEVICE	Tier 2	
CARETOUCH LUER LOCK SYR-NEEDLE	Tier 2	QL (400 EA per 30 days)
CARETOUCH SAFETY LANCETS	Tier 2	QL (204 EA per 30 days)
CARETOUCH TWIST LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CHEMO TRANSFER PIN	Tier 2	
CHOSEN LANCET	Tier 2	QL (204 EA per 30 days)
CHOSEN LANCING DEVICE	Tier 2	
CHOSEN SAFETY LANCET	Tier 2	QL (204 EA per 30 days)
CLEVER CHEK LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CLEVER CHOICE CHAMBER-LRG MASK	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK	Tier 2	
COAGUCHEK LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
COLOR LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
COMFORT TOUCH PLUS SAFETY LANC	Tier 2	QL (204 EA per 30 days)
COMFORT TOUCH ULT THIN LANCETS	Tier 2	QL (204 EA per 30 days)
COMFORTSEAL LARGE MASK	Tier 2	
COMFORTSEAL MEDIUM MASK	Tier 2	
COMFORTSEAL SMALL MASK	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK	Tier 2	
COMPACT SPACE CHAMBER-MED MASK	Tier 2	
COMPACT SPACE CHAMBER-SM MASK	Tier 2	
CYCLOTENS STARTER	Tier 2	
DAVOL IRRIGATION SYRINGE	Tier 2	QL (400 EA per 30 days)
DAVOL PISTON IRRIGATION	Tier 2	QL (400 EA per 30 days)
DEXCOM G6 RECEIVER	Tier 2	PA; This product is covered for \$0 on CareSource Diabetes Plan.
DEXCOM G6 SENSOR	Tier 2	PA; QL (3 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan.
DEXCOM G6 TRANSMITTER	Tier 2	PA; QL (1 EA per 90 days); This product is covered for \$0 on CareSource Diabetes Plan.
DEXCOM G7 15 DAY SENSOR	Tier 2	PA; ST; QL (3 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan.
DEXCOM G7 RECEIVER	Tier 2	PA; This product is covered for \$0 on CareSource Diabetes Plan.
DEXCOM G7 SENSOR	Tier 2	PA; ST; QL (3 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan.
DROPLET GENTEEL LANCING DEVICE	Tier 2	
DROPLET LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
DROPLET LANCING DEVICE	Tier 2	

Drug Name	Tier	Restrictions/Limits
EASIVENT MASK LARGE	Tier 2	
EASIVENT MASK MEDIUM	Tier 2	
EASIVENT MASK SMALL	Tier 2	
EASY COMFORT LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY MINI EJECT LANCING DEVICE	Tier 2	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
EASY TOUCH FLURINGE	Tier 2	QL (400 EA per 30 days)
EASY TOUCH FLURINGE FLIPLOCK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH FLURINGE SHEATHLOCK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY TOUCH LANCING DEVICE	Tier 2	
EASY TOUCH SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY TOUCH SYRINGE	Tier 2	QL (400 EA per 30 days)
EASY TOUCH TUBERCULIN FLIPLOCK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH TUBERCULIN SHEATHLK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH TWIST LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY TWIST AND CAP LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ECLIPSE SYRINGE	Tier 2	QL (400 EA per 30 days)
EMBRACE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
EMBRACE LANCING DEVICE	Tier 2	
EMBRACE SAFETY LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EXCEL SYRINGE	Tier 2	QL (400 EA per 30 days)
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2"	Tier 2	
EXEL SYRINGE SYRINGE 10 ML, 3 ML 27 GAUGE X 1 1/4", 30 ML, 50 ML	Tier 2	QL (400 EA per 30 days)
E-Z JECT LANCETS	Tier 1	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
E-Z JECT THIN LANCETS	Tier 1	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EZ SMART LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
FEMCAP	Tier 0 - Preventive	QL (1 EA per 365 days)
<i>filter needles needle 18 gauge x 1 1/2"</i>	Tier 2	
FINGERSTIX LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
FLEXICHAMBER-LG CHILD MASK	Tier 2	
FLEXICHAMBER-SM ADULT MASK	Tier 2	
FLEXICHAMBER-SM CHILD MASK	Tier 2	
FLOW-EZE VENTED NEEDLE	Tier 2	
FORA LANCING DEVICE	Tier 2	

Drug Name	Tier	Restrictions/Limits
FORACARE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
FREESTYLE CONTROL	Tier 2	QL (4 EA per 365 days)
FREESTYLE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA; QL (1 EA per 1 Lifetime); This product is covered for \$0 on CareSource Diabetes Plan.
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	PA; QL (2 EA per 28 days); This product is covered for \$0 on CareSource Diabetes Plan.
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 2	
FREESTYLE LIBRE 2 READER	Tier 2	PA; QL (1 EA per 1 Lifetime); This product is covered for \$0 on CareSource Diabetes Plan.
FREESTYLE LIBRE 2 SENSOR	Tier 2	PA; QL (2 EA per 28 days); This product is covered for \$0 on CareSource Diabetes Plan.
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 2	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER	Tier 2	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR	Tier 2	PA; QL (2 EA per 28 days); This product is covered for \$0 on CareSource Diabetes Plan.
FREESTYLE UNISTIK 2	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
GLUCOCOM LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
GLUCOSE KETONE CONTROL SOLN	Tier 2	QL (4 EA per 365 days)
GOJJI LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
GOJJI LANCING DEVICE	Tier 2	

Drug Name	Tier	Restrictions/Limits
HEALON PRO	Tier 1	
HEALTHY ACCENTS AUTOLET	Tier 2	
HEALTHY ACCENTS UNILET LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>huber safety needles (disp.)</i>	Tier 1	
HURRICAIN LUER-LOCK DIS CAP	Tier 2	
HYPODERMIC NEEDLES	Tier 2	
HYPOLANCE AST LANCING	Tier 2	
INCONTROL LANCING DEVICE	Tier 2	
INCONTROL SUPER THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
INCONTROL ULTRA THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
INJECT EASE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
INJECT-EASE	Tier 2	QL (400 EA per 30 days)
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>insulin syringe-needle u-100 syringe 1 ml 28 gauge x 1/2"</i>	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
INTEGRA SYRINGE	Tier 2	QL (400 EA per 30 days)
INTERLINK SYRINGE CANNULA	Tier 2	QL (400 EA per 30 days)
INVACARE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
<i>lancets</i>	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
LANCETS, SUPER THIN	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
LANCETS, THIN	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
LANCETS, ULTRA THIN	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>lancing device</i>	Tier 2	
<i>lancing device with lancets kit</i>	Tier 2	
LANCING SYSTEM	Tier 2	
LANZO LANCING DEVICE	Tier 2	
LIFESHIELD BLUNT CANNULA NEEDLE	Tier 2	
LIFESHIELD BLUNT CANNULA SYRINGE	Tier 2	QL (400 EA per 30 days)
LITE TOUCH-MEDIUM MASK	Tier 2	
LITETOUCH-LARGE MASK	Tier 2	
LITETOUCH-SMALL MASK	Tier 2	
LUER LOCK SYRINGE SYRINGE 30 ML	Tier 2	QL (400 EA per 30 days)
LUER-LOK TIP	Tier 2	QL (400 EA per 30 days)
MAGELLAN SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
MAGELLAN TUBERCULIN SAFETY SYR	Tier 2	QL (400 EA per 30 days)
MEDISENSE MID CONTROL	Tier 2	QL (4 EA per 365 days)
MEDISENSE THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
MEDLANCE PLUS LANCETS	Tier 1	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
MEDLANCE PLUS SPECIAL BLADE	Tier 2	
MICRO THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
MICROLET 2 LANCING DEVICE	Tier 2	
MICROLET LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
MICROLET NEXT LANCING DEVICE	Tier 2	
MINI LANCING DEVICE	Tier 2	
MINI TRANSFER PIN	Tier 2	
MINIMED QUICK-SERTER (MMT-395)	Tier 2	
MOBILE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
MONOJECT 0.9% SODIUM CHLORIDE	Tier 1	
MONOJECT 140CC PISTON SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT 35CC SYRINGE CATH TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT 3CC SYR 25GX1"	Tier 2	QL (400 EA per 30 days)
MONOJECT ALLERGY TRAY	Tier 2	QL (400 EA per 30 days)
MONOJECT ALLERGY TRAY DETACH	Tier 2	QL (400 EA per 30 days)
MONOJECT BLOOD COLLECTION	Tier 2	
MONOJECT BLUNT CANNULAS	Tier 2	
MONOJECT CONTROL SYRINGE LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT DISPOSABLE SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT ECCENTRIC NON-STERILE	Tier 2	QL (400 EA per 30 days)
MONOJECT FILTER ASPIRATOR	Tier 2	
MONOJECT FILTER NEEDLE	Tier 2	
MONOJECT HYPODERMIC NEEDLES	Tier 2	
MONOJECT HYPODERMIC POLYPROPYL	Tier 2	
MONOJECT LUER-LOCK TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT MAGELLAN SYRINGE	Tier 2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
MONOJECT MEDICATION TRANSF NDL	Tier 2	
MONOJECT PHARMACY TRAY LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT PHARMACY TRAY REG TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT PREFILL ADVANCED NS	Tier 1	
MONOJECT REG TIP NON-STERILE	Tier 2	QL (400 EA per 30 days)
MONOJECT REGULAR LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT SAFETY LUER LOCK TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT SAFETY SYRINGES	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE CATHETER	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE LUER LOK	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE REGULAR LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2"	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE TOOMEY TYPE	Tier 2	QL (400 EA per 30 days)
MONOJECT TB	Tier 2	QL (400 EA per 30 days)
MONOJECT TB LUER LOK	Tier 2	QL (400 EA per 30 days)
MONOJECT TB REGULAR LUER TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT TB SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT TIP CAPS/FLEX/LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOLET LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
MONOLET THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
MOUTHPIECE	Tier 2	
MULTI-DRAW NEEDLE	Tier 2	
MULTI-LANCET DEVICE 2	Tier 2	

Drug Name	Tier	Restrictions/Limits
MYGLUCOHEALTH LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
<i>needle (disp) 16 g</i>	Tier 2	
<i>needle (disp) 18 g</i>	Tier 2	
<i>needle (disp) 19 g</i>	Tier 2	
<i>needle (disp) 23 gauge</i>	Tier 2	
<i>needles, huber disposable</i>	Tier 2	
NOKOR NEEDLE	Tier 2	
NORMAL SALINE FLUSH	Tier 1	
NOVA SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVA SUREFLEX LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVAMAX PLUS KETONE	Tier 2	
OMNIPOD 5 (G6/LIBRE 2 PLUS)	Tier 2	PA; QL (10 EA per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	Tier 2	PA; QL (10 EA per 30 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	Tier 2	PA; QL (10 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	Tier 2	PA; QL (10 EA per 30 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	PA; QL (10 EA per 30 days)
OMNIPOD DASH PODS (GEN 4)	Tier 2	PA; QL (10 EA per 30 days)
ON CALL LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ON CALL LANCING DEVICE	Tier 2	
ONE WAY VALVED MOUTHPIECE	Tier 2	
ONETOUCH DELICA PLUS LANC DEV	Tier 2	
ONETOUCH DELICA PLUS LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
ONETOUCH DELICA SAFETY LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ONETOUCH ULTRASOFT 2 LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ONETOUCH VERIO FLEX METER	Tier 2	QL (1 EA per 1 LIFETIME); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ONETOUCH VERIO HIGH CONTROL	Tier 2	QL (4 EA per 365 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ONETOUCH VERIO MID CONTROL	Tier 2	QL (4 EA per 365 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ON-THE-GO LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
OPTICHAMBER ADULT MASK-LARGE	Tier 2	
OPTICHAMBER DIAMOND LG MASK	Tier 2	
OPTICHAMBER DIAMOND-MED MSK	Tier 2	
OPTICHAMBER DIAMOND-SML MASK	Tier 2	
PANDA MASK	Tier 2	
PEDIATRIC MEDIUM MASK	Tier 2	
PEDIATRIC PANDA MASK	Tier 2	
PEDIATRIC SMALL MASK	Tier 2	
PIP LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
POLY HUB NEEDLE	Tier 2	
PRECISION XTRA B-KETONE	Tier 2	

Drug Name	Tier	Restrictions/Limits
PRESSURE ACTIVATED LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PRO COMFORT LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PRO COMFORT SAFETY LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PRO COMFORT SPACER-ADULT MASK	Tier 2	
PROCARE SPACER WITH ADULT MASK	Tier 2	
PROCARE SPACER WITH CHILD MASK	Tier 2	
PRODIGY COUNT-A-DOSE	Tier 2	QL (400 EA per 30 days)
PRODIGY LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PRODIGY LANCING DEVICE	Tier 2	
PRODIGY TWIST TOP LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PULMOSAL	Tier 1	
PURE COMFORT LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PURE COMFORT SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PUSH BUTTON SAFETY LANCETS 28 GAUGE	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
RAPID SARS-COV-2 AG HOME TEST	Tier 2	

Drug Name	Tier	Restrictions/Limits
RELIAMED LANCET 28 GAUGE, 30 GAUGE	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
RELIAMED MINI LANCING DEVICE	Tier 2	
RELIAMED SAFETY SEAL LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
RIGHTTEST GD500 LANCING DEVICE	Tier 2	
RIGHTTEST GL300 LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SAFESNAP SYRINGE SYRINGE 10 ML, 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1"	Tier 2	QL (400 EA per 30 days)
SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>safety needles</i>	Tier 2	
SAFETY SEAL LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SAFETY-LET LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SIDESTREAM PEDIATRIC FACE MASK	Tier 2	
SILICONE MASK - INFANT	Tier 2	
SILICONE MASK - PEDIATRIC	Tier 2	

Drug Name	Tier	Restrictions/Limits
SIL-SERTER	Tier 2	
SINGLE-LET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SMART SENSE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SMARTDIABETES VANTAGE	Tier 2	
SMARTEST LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 10 %</i>	Tier 1	QL (4 ML per 1 day)
SOLUS V2 LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SOLUS V2 LANCING DEVICE	Tier 2	
SPACE CHAMBER WITH LARGE MASK	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK	Tier 2	
SPACE CHAMBER WITH SMALL MASK	Tier 2	
STERILANCE TL	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SUPER THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SURE COMFORT LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SURE COMFORT LANCING PEN	Tier 2	

Drug Name	Tier	Restrictions/Limits
SUREFLEX DEVICE WITH LANCETS	Tier 2	
SURE-LANCE	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SURE-LANCE ULTRA THIN	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SURE-PEN LANCING DEVICE	Tier 2	
SURE-TOUCH LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SURGIFOAM TOPICAL SPONGE 12-7 MM	Tier 1	
SURGUARD2 SAFETY NEEDLE	Tier 2	
SURGUARD2 SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
<i>syringe (disposable) syringe 20 ml, 3 ml, 30 ml, 5 ml</i>	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/20GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/21GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/21GX1-1/2"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/22GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/22GX3/4"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/25GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE LUER TIP CAP	Tier 2	QL (400 EA per 30 days)
SYRINGE TIP CONNECTOR	Tier 2	QL (400 EA per 30 days)
<i>syringe with needle syringe 1 ml 25 gauge x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2"</i>	Tier 2	QL (400 EA per 30 days)
SYRINGE WITHOUT NEEDLE	Tier 2	QL (400 EA per 30 days)
TECHLITE INSULIN SYRINGE	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TECHLITE INSULN SYR (HALF UNIT)	Tier 2	QL (400 EA per 30 days)
TECHLITE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
TELCARE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TERUMO ALLERGY SYRINGE	Tier 2	QL (400 EA per 30 days)
TERUMO HYPODERMIC NEEDLE/SYRIN	Tier 2	QL (400 EA per 30 days)
TERUMO SYRINGE	Tier 2	QL (400 EA per 30 days)
THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TOOMEY SYRINGE	Tier 2	QL (400 EA per 30 days)
TOPCARE UNIVERSAL1 LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRANSFER PIN	Tier 2	
TRUE COMFORT LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRUEDRAW LANCING DEVICE	Tier 2	
TRUEPLUS LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
<i>tuberculin-allergy syringes</i>	Tier 2	QL (400 EA per 30 days)
TWIST LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTICARE LOW DEAD SPACE SYRINGE SYRINGE 3 ML 22 X 1 1/2"	Tier 2	QL (400 EA per 30 days)
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 2	QL (400 EA per 30 days)
ULTICARE TB SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
ULTI-LANCE	Tier 2	

Drug Name	Tier	Restrictions/Limits
ULTILET BASIC LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTILET CLASSIC LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTILET LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTILET SAFETY LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTRA THIN II LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTRA THIN LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTRA THIN PLUS LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTRA TLC LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULTRA-CARE LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

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

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

Drug Name	Tier	Restrictions/Limits
UNIVERSAL 1 LANCETS	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2"	Tier 2	QL (400 EA per 30 days)
VANISHPOINT TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
VERIFINE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
VERIFINE SAFETY LANCET MINI	Tier 2	QL (204 EA per 30 days)
VERIFINE UNIVERSAL LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
VIVAGUARD LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
VIVAGUARD LANCING DEVICE	Tier 2	
VIVAGUARD SAFETY LANCET	Tier 2	QL (204 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
VORTEX ADULT MASK	Tier 2	
YALE DISPOSABLE NEEDLES	Tier 2	
DIAGNOSTIC AGENTS		
CARDIAC FUNCTION		
<i>aspirin-dipyridamole</i>	Tier 1	ST
<i>dipyridamole oral</i>	Tier 1	
DIABETES MELLITUS		
ONETOUCH VERIO TEST STRIPS	Tier 2	QL (50 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
DIAGNOSTIC AGENTS		
<i>glucagon hcl injection recon soln 1 mg/ml</i>	Tier 2	
KETONES		
KETONE CARE	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
KETONE URINE TEST	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
KETOSTIX	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRUEPLUS KETONE	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
OCULAR DISORDERS		
BIOGLO	Tier 1	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG	Tier 1	
PHEOCHROMOCYTOMA		
<i>metyrosine</i>	Tier 1	PA
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS		
MD-GASTROVIEW	Tier 1	
SUGAR		
DIASTIX	Tier 2	
URINE AND FECES CONTENTS		
CHEK-STIX CONTROL	Tier 2	
CHEMSTRIP 10 MD	Tier 2	
CHEMSTRIP 10/SG	Tier 2	
CHEMSTRIP 2 GP	Tier 2	
CHEMSTRIP 50B	Tier 2	
CHEMSTRIP 7	Tier 2	
CHEMSTRIP 9	Tier 2	
COMBISTIX REAGENT	Tier 2	
HEMA-COMBISTIX	Tier 2	
KETO-DIASTIX	Tier 2	
LABSTIX REAGENT	Tier 2	
MULTISTIX	Tier 2	

Drug Name	Tier	Restrictions/Limits
MULTISTIX 10 SG	Tier 2	
MULTISTIX 5	Tier 2	
MULTISTIX 7	Tier 2	
MULTISTIX 8 SG	Tier 2	
MULTISTIX 9	Tier 2	
MULTISTIX 9 SG	Tier 2	
URISTIX 4	Tier 2	
URISTIX REAGENT	Tier 2	

ELECTROLYTIC, CALORIC AND WATER BALANCE

ALKALINIZING AGENTS

<i>potassium citrate oral tablet extended release</i>	Tier 1	
<i>sodium citrate-citric acid oral solution</i> 490-640 mg/5 ml	Tier 1	

AMMONIA DETOXICANTS

<i>carglumic acid</i>	Tier 4	PA
ENULOSE	Tier 1	
GENERLAC	Tier 1	
<i>lactulose oral solution</i>	Tier 1	

CALORIC AGENTS

ACD SOLUTION A	Tier 2	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML	Tier 2	
DEX4 GLUCOSE BITS	Tier 1	
DEX4 GLUCOSE ORAL TABLET, CHEWABLE	Tier 1	
DEX4 GLUCOSE POUCH PACK	Tier 1	
DEX4 GLUCOSE QUICK DISSOLVE	Tier 1	
<i>dextrose oral gel</i>	Tier 1	
ENFAMIL GLUCOSE	Tier 2	
GLUCOSE BITS	Tier 1	
GLUCOSE GEL	Tier 1	
<i>glucose oral tablet, chewable 4 gram</i>	Tier 1	
GLUTOSE-15	Tier 2	
GLUTOSE-45	Tier 2	
GLUTOSE-5	Tier 1	
RELION GLUCOSE	Tier 1	

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide</i>	Tier 1	
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Drug Name	Tier	Restrictions/Limits
DIURETICS, MISCELLANEOUS		
THEO-24	Tier 2	
<i>theophylline</i>	Tier 1	
IRRIGATING SOLUTIONS		
AQUASTAT 0.9% SODIUM CHLORIDE	Tier 1	
AQUASTAT SFR 0.9% SODIUM CHLOR	Tier 1	
BD POSIFLUSH NORMAL SALINE 0.9	Tier 1	
DELFLEX WITH 2.5 % DEXTROSE	Tier 1	
DELFLEX-LC/1.5% DEXTROSE	Tier 1	
DELFLEX-LC/2.5% DEXTROSE	Tier 1	
DELFLEX-LC/4.25% DEXTROSE	Tier 1	
EXTRANEAL 7.5 %	Tier 2	
GLYCINE UROLOGIC	Tier 1	
<i>glycine urologic solution</i>	Tier 1	
MONOJECT 0.9% SODIUM CHLORIDE	Tier 1	
MONOJECT PREFILL ADVANCED NS	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
NORMAL SALINE FLUSH	Tier 1	
PULMOSAL	Tier 1	
RENACIDIN	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 10 %</i>	Tier 1	QL (4 ML per 1 day)
LOOP DIURETICS (40:28)		
<i>bumetanide oral</i>	Tier 1	
<i>ethacrynic acid</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet</i>	Tier 1	
<i>torsemide</i>	Tier 1	
PHOSPHATE-REMOVING AGENTS		
AURYXIA	Tier 2	
<i>calcium acetate(phosphat bind)</i>	Tier 1	QL (360 EA per 30 days)
<i>lanthanum</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>sevelamer carbonate oral tablet</i>	Tier 1	PA; QL (270 EA per 30 days)
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	PA; QL (90 EA per 30 days)
VELPHORO	Tier 3	PA; QL (120 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
POTASSIUM-REMOVING AGENTS		
KIONEX (WITH SORBITOL)	Tier 1	
<i>sodium polystyrene sulfonate</i>	Tier 1	
SPS (WITH SORBITOL)	Tier 1	
POTASSIUM-SPARING DIURETICS		
<i>amiloride</i>	Tier 1	
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>eplerenone</i>	Tier 1	
<i>spironolactone oral tablet</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet</i> 37.5-25 mg	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet</i> 75-50 mg	Tier 1	
REPLACEMENT PREPARATIONS		
<i>cardioplegic soln</i>	Tier 1	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON 10	Tier 1	
KLOR-CON 8	Tier 1	
KLOR-CON M10	Tier 1	
KLOR-CON M15	Tier 1	
KLOR-CON M20	Tier 1	
KLOR-CON/EF	Tier 1	
<i>potassium chloride oral capsule, extended release</i>	Tier 1	
<i>potassium chloride oral liquid</i>	Tier 1	
<i>potassium chloride oral tablet extended release</i> 10 meq, 20 meq, 8 meq	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals</i> 10 meq, 20 meq	Tier 1	
PRENATAL COMPLETE	Tier 0 - Preventive	
PRENATAL ONE DAILY	Tier 0 - Preventive	
PRENATAL TABLET	Tier 0 - Preventive	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0 - Preventive	
PRENATAL VITAMIN WITH MINERALS	Tier 0 - Preventive	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0 - Preventive	
WESNATAL DHA COMPLETE	Tier 1	

Drug Name	Tier	Restrictions/Limits
THIAZIDE DIURETICS		
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>enalapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>hydrochlorothiazide</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan.
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
THIAZIDE-LIKE DIURETICS		
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>metolazone</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
URICOSURIC AGENTS		
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	ST
VASOPRESSIN ANTAGONISTS		
<i>tolvaptan oral tablet 15 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
<i>nitisinone</i>	Tier 4	
<i>sapropterin</i>	Tier 4	PA
ENZYME INHIBITORS		
<i>miglustat</i>	Tier 4	PA; QL (3 EA per 1 day)
ENZYMES		
PULMOZYME	Tier 4	PA; QL (2.5 ML per 1 day)
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT)		
<i>apraclonidine</i>	Tier 1	PA
<i>brimonidine ophthalmic (eye)</i>	Tier 1	
<i>brimonidine topical</i>	Tier 1	PA
<i>brimonidine-timolol</i>	Tier 1	PA
IOPIDINE	Tier 2	PA
ANTIALLERGIC AGENTS		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	Tier 1	
<i>azelastine ophthalmic (eye)</i>	Tier 1	
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
<i>bepotastine besilate</i>	Tier 1	
<i>cromolyn ophthalmic (eye)</i>	Tier 1	
<i>epinastine</i>	Tier 1	
LASTACFT ONCE DAILY RELIEF	Tier 2	PA
<i>olopatadine nasal</i>	Tier 1	QL (31 GM per 30 days)
<i>olopatadine ophthalmic (eye)</i>	Tier 1	
RYALTRIS	Tier 3	PA; QL (1 Bottle per 30 days)
ZERVIAE	Tier 2	PA; ST
ANTIBACTERIALS (52:04)		
AZASITE	Tier 2	

Drug Name	Tier	Restrictions/Limits
<i>bacitracin ophthalmic (eye)</i>	Tier 1	
<i>bacitracin-polymyxin b</i>	Tier 1	
CIPRO HC	Tier 3	
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin hcl</i>	Tier 1	
<i>ciprofloxacin-dexamethasone</i>	Tier 1	ST
<i>ciprofloxacin-fluocinolone</i>	Tier 2	
<i>doxycycline hyclate oral capsule</i>	Tier 1	
<i>doxycycline hyclate oral tablet</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet</i>	Tier 1	
ERY PADS	Tier 1	
ERYTHROCIN (AS STEARATE)	Tier 1	
<i>erythromycin</i>	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin with ethanol</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
<i>gatifloxacin</i>	Tier 1	
<i>gentamicin ophthalmic (eye)</i>	Tier 1	
<i>gentamicin topical</i>	Tier 1	QL (60 GM per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	Tier 1	
<i>levofloxacin oral</i>	Tier 1	
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>moxifloxacin</i>	Tier 1	
<i>neomycin</i>	Tier 1	
<i>neomycin-bacitracin-poly-hc</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
<i>neomycin-polymyxin-hc</i>	Tier 1	
NEO-POLYCIN	Tier 1	
NEO-POLYCIN HC	Tier 1	
<i>ofloxacin ophthalmic (eye)</i>	Tier 1	QL (10 ML per 30 days)
<i>ofloxacin oral</i>	Tier 1	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>ofloxacin otic (ear)</i>	Tier 1	
POLYCIN	Tier 1	
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	Tier 1	
<i>sulfacetamide-prednisolone</i>	Tier 1	
<i>tobramycin ophthalmic (eye)</i>	Tier 1	
<i>tobramycin-dexamethasone</i>	Tier 1	
ANTIFUNGALS (EENT)		
NATACYN	Tier 2	QL (15 ML per 30 days)
ANTI-INFECTIVES, MISCELLANEOUS (52:04)		
<i>acetic acid otic (ear)</i>	Tier 1	
<i>hydrocortisone-acetic acid</i>	Tier 1	QL (10 ML per 30 days)
ANTI-INFLAMMATORY AGENTS (EENT)		
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine ophthalmic (eye)</i>	Tier 1	QL (60 EA per 30 days)
<i>cyclosporine oral</i>	Tier 1	
GENGRAF	Tier 1	
ANTIVIRALS (EENT)		
<i>trifluridine</i>	Tier 1	
ASTRINGENTS (52:04)		
<i>chlorhexidine gluconate mucous membrane</i>	Tier 1	
PAROEX ORAL RINSE	Tier 1	
PERIOGARD	Tier 1	
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>brimonidine-timolol</i>	Tier 1	PA
<i>carteolol</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf)</i>	Tier 1	
<i>levobunolol</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	Tier 1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	Tier 2	
CARBONIC ANHYDRASE INHIBITORS (EENT)		
<i>acetazolamide</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>brinzolamide</i>	Tier 1	PA
<i>dorzolamide</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf)</i>	Tier 1	
<i>methazolamide</i>	Tier 1	
CORTICOSTEROIDS (EENT)		
ALA-CORT	Tier 1	QL (28.35 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier 3	QL (13 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	QL (7 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA	Tier 2	QL (13 GM per 30 days)
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
BREYNA	Tier 1	
<i>budesonide-formoterol</i>	Tier 2	PA; ST; QL (11 GM per 30 days)
CIPRO HC	Tier 3	
<i>ciprofloxacin-dexamethasone</i>	Tier 1	ST
<i>ciprofloxacin-fluocinolone</i>	Tier 2	
DEXAMETHASONE INTENSOL	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	Tier 1	
DULERA	Tier 2	ST; QL (13 GM per 30 days)
FLONASE ALLERGY RELIEF	Tier 1	QL (16 ML per 30 days)
<i>flunisolide</i>	Tier 1	ST; QL (50 ML per 30 days)
<i>fluocinolone acetonide oil</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	QL (120 GM per 30 days)
<i>fluocinolone topical cream 0.025 %</i>	Tier 1	QL (2 GM per 1 day)
<i>fluocinolone topical oil</i>	Tier 1	QL (120 ML per 30 days)
<i>fluocinolone topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>fluocinolone topical solution</i>	Tier 1	QL (120 ML per 30 days)
<i>fluorometholone</i>	Tier 1	
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST; QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (11 GM per 30 days)
<i>fluticasone propionate nasal</i>	Tier 1	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>hydrocortisone butyrate topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>hydrocortisone butyrate topical solution</i>	Tier 1	ST; QL (120 ML per 30 days)
<i>hydrocortisone oral</i>	Tier 1	
<i>hydrocortisone topical cream 1 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	QL (1 GM per 1 day)
<i>hydrocortisone topical cream with perineal applicator</i>	Tier 1	
<i>hydrocortisone topical lotion 2 %</i>	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	QL (118 ML per 30 days)
<i>hydrocortisone topical ointment 1 %</i>	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone valerate topical cream</i>	Tier 1	QL (2 GM per 1 day)
KOURZEQ	Tier 1	
<i>loteprednol etabonate ophthalmic (eye) drops, suspension</i>	Tier 1	
<i>mometasone nasal</i>	Tier 1	ST; QL (17 GM per 30 days)
<i>mometasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical solution</i>	Tier 1	QL (2 ML per 1 day)
<i>neomycin-bacitracin-poly-hc</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	Tier 1	
NEO-POLYCIN HC	Tier 1	
<i>nystatin-triamcinolone</i>	Tier 1	QL (60 GM per 30 days)
ORALONE	Tier 1	
<i>prednisolone acetate</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	Tier 1	
PROCTO-MED HC	Tier 1	
PROCTOSOL HC	Tier 1	
PROCTOZONE-HC	Tier 1	
QNASL	Tier 3	PA; ST; QL (1 GM per 30 days)
RYALTRIS	Tier 3	PA; QL (1 Bottle per 30 days)
<i>sulfacetamide-prednisolone</i>	Tier 1	
<i>tobramycin-dexamethasone</i>	Tier 1	
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
<i>triamcinolone acetonide dental</i>	Tier 1	
<i>triamcinolone acetonide topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Tier 1	ST
TRIDERM	Tier 1	ST; QL (454 GM per 30 days)
EENT DRUGS, MISCELLANEOUS		
BSS	Tier 1	
<i>cromolyn ophthalmic (eye)</i>	Tier 1	
<i>ipratropium bromide nasal</i>	Tier 1	QL (30 ML per 30 days)
OCUCOAT	Tier 1	
<i>varenicline tartrate</i>	Tier 0 - Preventive	
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
<i>bromfenac</i>	Tier 1	
<i>diclofenac sodium ophthalmic (eye)</i>	Tier 1	
<i>flurbiprofen</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 1	QL (5 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>ketorolac oral</i>	Tier 1	QL (20 EA per 1 FILL)
LOCAL ANESTHETICS (EENT)		
<i>lidocaine hcl mucous membrane solution 2 %</i>	Tier 1	QL (100 ML per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
LIDOCAINE VISCOUS	Tier 1	QL (100 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>proparacaine</i>	Tier 1	
MIOTICS		
PHOSPHOLINE IODIDE	Tier 4	PA
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
<i>pilocarpine hcl oral</i>	Tier 1	
MOUTHWASHES AND GARGLES		
<i>hydrogen peroxide</i>	Tier 1	
MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>cyclopentolate</i>	Tier 1	
<i>cyclopen-tropic-phenyleph-watr</i>	Tier 1	
HOMATROPAIRE	Tier 1	
<i>tropicamide</i>	Tier 1	
PROSTAGLANDIN ANALOGS		
<i>bimatoprost ophthalmic (eye)</i>	Tier 1	ST
<i>latanoprost</i>	Tier 1	
<i>tafluprost (pf)</i>	Tier 1	ST
<i>travoprost</i>	Tier 1	ST
VASOCONSTRICTORS		
<i>cyclopen-tropic-phenyleph-watr</i>	Tier 1	
GASTROINTESTINAL DRUGS		
5-HT3 RECEPTOR ANTAGONISTS		
AKYNZEO (NETUPITANT)	Tier 3	QL (1 EA per 30 days)
<i>granisetron hcl oral</i>	Tier 1	QL (6 EA per 30 days)
<i>ondansetron hcl oral solution</i>	Tier 1	QL (100 ML per 30 days)
<i>ondansetron hcl oral tablet</i>	Tier 1	QL (9 EA per 30 days)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	Tier 1	QL (9 EA per 30 days)
ANTIDIARRHEA AGENTS		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE	Tier 1	QL (2 EA per 1 day)
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
<i>loperamide oral capsule</i>	Tier 1	QL (2 EA per 1 day)
MOTOFEN	Tier 3	PA; QL (8 EA per 1 Day)
ANTIEMETICS, MISCELLANEOUS		
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>olanzapine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine</i>	Tier 1	ST
<i>scopolamine base</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
ANTI-HISTAMINES (GI DRUGS)		
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>meclizine oral tablet 50 mg</i>	Tier 3	
<i>prochlorperazine maleate</i>	Tier 1	
<i>trimethobenzamide</i>	Tier 1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
<i>alosetron</i>	Tier 1	PA
<i>balsalazide</i>	Tier 1	
DIPENTUM	Tier 2	PA
<i>mesalamine oral capsule (with del rel tablets)</i>	Tier 1	
<i>mesalamine oral capsule, extended release 24 hr</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (drlec)</i>	Tier 1	
<i>mesalamine rectal enema</i>	Tier 1	
<i>mesalamine with cleansing wipe</i>	Tier 1	
<i>sulfasalazine</i>	Tier 1	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)
<i>amoxicillin</i>	Tier 1	
<i>amoxicillin-pot clavulanate</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
<i>metronidazole oral capsule</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>metronidazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical lotion</i>	Tier 1	QL (59 ML per 30 days)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	QL (70 GM per 30 days)
ROSADAN TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
ROSADAN TOPICAL GEL	Tier 1	QL (45 GM per 30 days)
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
CATHARTICS AND LAXATIVES		
<i>bisacodyl oral</i>	Tier 0 - Preventive	
CITROMA	Tier 0 - Preventive	
CLEARLAX ORAL POWDER	Tier 0 - Preventive	
CLENPIQ	Tier 0 - Preventive	
DULCOLAX (MAGNESIUM HYDROXIDE) ORAL SUSPENSION	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
GAVILAX ORAL POWDER	Tier 0 - Preventive	
GAVILYTE-C	Tier 0 - Preventive	
GAVILYTE-G	Tier 0 - Preventive	
GAVILYTE-N	Tier 0 - Preventive	
GENTLE LAXATIVE (BISACODYL) ORAL	Tier 0 - Preventive	
GENTLELAX	Tier 0 - Preventive	
LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC)	Tier 0 - Preventive	
LAXATIVE PEG 3350	Tier 0 - Preventive	
<i>magnesium citrate oral solution</i>	Tier 0 - Preventive	
<i>magnesium hydroxide</i>	Tier 0 - Preventive	
MILK OF MAGNESIA	Tier 0 - Preventive	
MILK OF MAGNESIA CONCENTRATED	Tier 0 - Preventive	
NATURA-LAX	Tier 0 - Preventive	
ONELAX MAGNESIUM CITRATE	Tier 0 - Preventive	
ORAL SALINE LAXATIVE	Tier 0 - Preventive	
<i>peg 3350-electrolytes</i>	Tier 0 - Preventive	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	Tier 0 - Preventive	
<i>peg-electrolyte soln</i>	Tier 0 - Preventive	
PHOSPHATE LAXATIVE	Tier 0 - Preventive	
<i>polyethylene glycol 3350 oral powder</i>	Tier 0 - Preventive	
POWDERLAX ORAL POWDER	Tier 0 - Preventive	
PURELAX ORAL POWDER	Tier 0 - Preventive	
SMOOTHLAX ORAL POWDER	Tier 0 - Preventive	
<i>sodium,potassium,mag sulfates</i>	Tier 0 - Preventive	
WOMEN'S GENTLE LAXATIVE (BISAC)	Tier 0 - Preventive	
CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	Tier 1	QL (60 EA per 30 days)
CHOLELITHOLYTIC AGENTS		
<i>ursodiol</i>	Tier 1	
DIGESTANTS		
CREON	Tier 2	
VIOKACE	Tier 2	
DOPAMINE RECEPTOR ANTAGONISTS		
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 1	
PROMETHAZINE VC	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
<i>promethazine-dm</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>promethazine-phenylephrine</i>	Tier 1	
PROMETHEGAN	Tier 1	
GI DRUGS, MISCELLANEOUS		
<i>dronabinol</i>	Tier 1	PA
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
TRULANCE	Tier 2	PA; QL (30 EA per 30 days)
HISTAMINE H2-ANTAGONISTS		
<i>cimetidine</i>	Tier 1	
<i>cimetidine hcl</i>	Tier 1	
<i>famotidine oral suspension for reconstitution</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>ibuprofen-famotidine</i>	Tier 1	PA
<i>nizatidine</i>	Tier 1	
LIPOTROPIC AGENTS		
<i>scopolamine base</i>	Tier 1	
NEUROKININ-1 RECEPTOR ANTAGONISTS		
AKYNZEO (NETUPITANT)	Tier 3	QL (1 EA per 30 days)
<i>aprepitant oral capsule 125 mg, 40 mg</i>	Tier 1	PA; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 1	PA; QL (2 EA per 30 days)
VARUBI	Tier 3	PA; QL (2 EA per 30 days)
OPIOID ANTAGONISTS (56:18)		
<i>alvimopan</i>	Tier 1	
MOVANTI-K	Tier 2	PA; QL (30 EA per 30 days)
POTASSIUM-COMPETITIVE ACID BLOCKERS		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)
<i>amoxicillin</i>	Tier 1	
<i>amoxicillin-pot clavulanate</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
PROKINETIC AGENTS		
<i>metoclopramide hcl oral</i>	Tier 1	
PROSTAGLANDINS		
<i>misoprostol</i>	Tier 1	QL (4 EA per 1 day)
PROTECTANTS		
<i>sucralfate oral suspension</i>	Tier 1	
<i>sucralfate oral tablet</i>	Tier 1	QL (4 EA per 1 day)
PROTON-PUMP INHIBITORS		
ACID REDUCER (OMEPRazole)	Tier 1	
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>dexlansoprazole oral capsule, biphasic delayed release 30 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dexlansoprazole oral capsule, biphasic delayed release 60 mg</i>	Tier 1	ST; QL (60 EA per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 20 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg</i>	Tier 1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	Tier 1	ST
<i>lansoprazole oral capsule, delayed release (dr/ec) 15 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lansoprazole oral capsule, delayed release (dr/ec) 30 mg</i>	Tier 1	
<i>naproxen-esomeprazole</i>	Tier 1	ST
<i>omeprazole magnesium oral capsule, delayed release(dr/ec)</i>	Tier 1	
<i>omeprazole oral capsule, delayed release (dr/ec) 10 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	Tier 1	PA
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	Tier 1	ST; QL (60 EA per 30 days)
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET	Tier 3	PA
<i>deferasirox oral tablet</i>	Tier 4	PA
<i>deferasirox oral tablet, dispersible</i>	Tier 4	PA
<i>deferiprone</i>	Tier 4	PA
D-PENAMINE	Tier 2	PA
<i>penicillamine</i>	Tier 1	PA
<i>trientine oral capsule 250 mg</i>	Tier 1	PA

Drug Name	Tier	Restrictions/Limits
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
AGAMREE	Tier 4	
ALA-CORT	Tier 1	QL (28.35 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier 3	QL (13 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	QL (7 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA	Tier 2	QL (13 GM per 30 days)
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
<i>betamethasone dipropionate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone dipropionate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone dipropionate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>betamethasone valerate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone valerate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone valerate topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone, augmented topical cream</i>	Tier 1	QL (50 GM per 30 days)
<i>betamethasone, augmented topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone, augmented topical ointment</i>	Tier 1	QL (45 GM per 30 days)
BREYNA	Tier 1	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 ML per 30 days)
<i>budesonide oral capsule, delayed, extend.release</i>	Tier 1	
<i>budesonide-formoterol</i>	Tier 2	PA; ST; QL (11 GM per 30 days)
<i>cortisone</i>	Tier 1	
<i>deflazacort oral suspension</i>	Tier 4	PA; QL (117 ML per 30 days)
<i>deflazacort oral tablet 18 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>deflazacort oral tablet 30 mg, 36 mg</i>	Tier 4	PA; QL (90 EA per 30 days)
<i>deflazacort oral tablet 6 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
DEXAMETHASONE INTENSOL	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	Tier 1	
DULERA	Tier 2	ST; QL (13 GM per 30 days)
EMFLAZA ORAL SUSPENSION	Tier 4	PA; QL (117 ML per 30 days)
EMFLAZA ORAL TABLET 18 MG	Tier 4	PA; QL (30 EA per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG	Tier 4	PA; QL (90 EA per 30 days)
EMFLAZA ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
FLONASE ALLERGY RELIEF	Tier 1	QL (16 ML per 30 days)
<i>fludrocortisone</i>	Tier 1	
<i>flunisolide</i>	Tier 1	ST; QL (50 ML per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST; QL (60 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcglactuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcglactuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcglactuation</i>	Tier 1	QL (11 GM per 30 days)
<i>fluticasone propionate nasal</i>	Tier 1	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>hydrocortisone butyrate topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>hydrocortisone butyrate topical solution</i>	Tier 1	ST; QL (120 ML per 30 days)
<i>hydrocortisone oral</i>	Tier 1	
<i>hydrocortisone topical cream 1 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	QL (1 GM per 1 day)
<i>hydrocortisone topical cream with perineal applicator</i>	Tier 1	
<i>hydrocortisone topical lotion 2 %</i>	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	QL (118 ML per 30 days)
<i>hydrocortisone topical ointment 1 %</i>	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone valerate topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>hydrocortisone-acetic acid</i>	Tier 1	QL (10 ML per 30 days)
ISTURISA ORAL TABLET 1 MG	Tier 4	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	Tier 4	PA; QL (60 EA per 30 days)
KOURZEQ	Tier 1	
<i>methylprednisolone</i>	Tier 1	
<i>mometasone nasal</i>	Tier 1	ST; QL (17 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>mometasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical solution</i>	Tier 1	QL (2 ML per 1 day)
<i>nystatin-triamcinolone</i>	Tier 1	QL (60 GM per 30 days)
ORALONE	Tier 1	
<i>prednisolone acetate</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISONE INTENSOL	Tier 1	
PROCTO-MED HC	Tier 1	
PROCTOSOL HC	Tier 1	
PROCTOZONE-HC	Tier 1	
PYQUVI	Tier 4	PA; QL (117 ML per 30 days)
QNASL	Tier 3	PA; ST; QL (1 GM per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	Tier 2	QL (11 GM per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	Tier 2	QL (22 GM per 30 days)
RYALTRIS	Tier 3	PA; QL (1 Bottle per 30 days)
<i>sulfacetamide-prednisolone</i>	Tier 1	
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
<i>triamcinolone acetonide dental</i>	Tier 1	
<i>triamcinolone acetonide topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Tier 1	ST
TRIDERM	Tier 1	ST; QL (454 GM per 30 days)
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	Tier 1	
<i>miglitol</i>	Tier 1	
ANDROGENS		
COVARYX	Tier 1	

Drug Name	Tier	Restrictions/Limits
COVARYX H.S.	Tier 1	
<i>danazol</i>	Tier 1	
EEMT	Tier 1	
EEMT HS	Tier 1	
<i>estrogens-methyltestosterone</i>	Tier 1	
<i>methyltestosterone</i>	Tier 1	PA
<i>testosterone cypionate</i>	Tier 1	PA
<i>testosterone enanthate</i>	Tier 1	PA
<i>testosterone transdermal gel</i>	Tier 1	PA; QL (60 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	Tier 1	PA; QL (75 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	Tier 1	PA; QL (30 GM per 30 days)
ANTIDIABETIC AGENTS, MISCELLANEOUS		
<i>colesevelam oral powder in packet</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>colesevelam oral tablet</i>	Tier 1	PA; QL (180 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i>	Tier 1	PA
ANTIESTROGENS		
<i>anastrozole</i>	Tier 0 - Preventive	
<i>exemestane</i>	Tier 0 - Preventive	
<i>letrozole</i>	Tier 1	
ANTIGONADTROPINS		
AFIRMELLE	Tier 0 - Preventive	
ALTAVERA (28)	Tier 0 - Preventive	
ALYACEN 1/35 (28)	Tier 0 - Preventive	
ALYACEN 7/7/7 (28)	Tier 0 - Preventive	
AMETHYST (28)	Tier 0 - Preventive	QL (1 EA per 1 day)
ARANELLE (28)	Tier 0 - Preventive	
AUBRA	Tier 0 - Preventive	
AUBRA EQ	Tier 0 - Preventive	
AUROVELA 1.5/30 (21)	Tier 0 - Preventive	
AUROVELA 1/20 (21)	Tier 0 - Preventive	
AVIANE	Tier 0 - Preventive	
AYUNA	Tier 0 - Preventive	
BALZIVA (28)	Tier 0 - Preventive	
BRIELLYN	Tier 0 - Preventive	
CAMILA	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
CHATEAL EQ (28)	Tier 0 - Preventive	
CRYSELLE (28)	Tier 0 - Preventive	
<i>danazol</i>	Tier 1	
DASETTA 1/35 (28)	Tier 0 - Preventive	
DASETTA 7/7/7 (28)	Tier 0 - Preventive	
DEBLITANE	Tier 0 - Preventive	
DOLISHALE	Tier 0 - Preventive	QL (1 EA per 1 day)
ELINEST	Tier 0 - Preventive	
ELURYNG	Tier 0 - Preventive	
EMZAHH	Tier 0 - Preventive	
ENILLORING	Tier 0 - Preventive	
ENPRESSE	Tier 0 - Preventive	
ERRIN	Tier 0 - Preventive	
<i>etonogestrel-ethinyl estradiol</i>	Tier 0 - Preventive	
FALMINA (28)	Tier 0 - Preventive	
HAILEY	Tier 0 - Preventive	
HALOETTE	Tier 0 - Preventive	
HEATHER	Tier 0 - Preventive	
ICLEVIA	Tier 0 - Preventive	QL (1 EA per 1 day)
INCASSIA	Tier 0 - Preventive	
JENCYCLA	Tier 0 - Preventive	
JOLESSA	Tier 0 - Preventive	QL (1 EA per 1 day)
JUNEL 1.5/30 (21)	Tier 0 - Preventive	
JUNEL 1/20 (21)	Tier 0 - Preventive	
KURVELO (28)	Tier 0 - Preventive	
LARIN 1.5/30 (21)	Tier 0 - Preventive	
LARIN 1/20 (21)	Tier 0 - Preventive	
LEENA 28	Tier 0 - Preventive	
LESSINA	Tier 0 - Preventive	
LEVONEST (28)	Tier 0 - Preventive	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 0 - Preventive	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	Tier 0 - Preventive	QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	Tier 0 - Preventive	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic</i>	Tier 0 - Preventive	
LEVORA-28	Tier 0 - Preventive	
LOW-OGESTREL (28)	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
LUTERA (28)	Tier 0 - Preventive	
LYLEQ	Tier 0 - Preventive	
LYZA	Tier 0 - Preventive	
MARLISSA (28)	Tier 0 - Preventive	
<i>methyld testosterone</i>	Tier 1	PA
MICROGESTIN 1.5/30 (21)	Tier 0 - Preventive	
MICROGESTIN 1/20 (21)	Tier 0 - Preventive	
NECON 0.5/35 (28)	Tier 0 - Preventive	
NORA-BE	Tier 0 - Preventive	
<i>norelgestromin-ethin.estradiol</i>	Tier 0 - Preventive	
<i>norethindrone (contraceptive)</i>	Tier 0 - Preventive	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 0 - Preventive	
NORTREL 0.5/35 (28)	Tier 0 - Preventive	
NORTREL 1/35 (21)	Tier 0 - Preventive	
NORTREL 1/35 (28)	Tier 0 - Preventive	
NORTREL 7/7/7 (28)	Tier 0 - Preventive	
NYLIA 1/35 (28)	Tier 0 - Preventive	
NYLIA 7/7/7 (28)	Tier 0 - Preventive	
ORIAHNN	Tier 3	PA; QL (60 EA per 30 days)
ORILISSA ORAL TABLET 150 MG	Tier 2	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	Tier 2	PA; QL (60 EA per 30 days)
PHILITH	Tier 0 - Preventive	
PORTIA 28	Tier 0 - Preventive	
SETLAKIN	Tier 0 - Preventive	QL (1 EA per 1 day)
SHAROBEL	Tier 0 - Preventive	
SRONYX	Tier 0 - Preventive	
<i>testosterone cypionate</i>	Tier 1	PA
<i>testosterone enanthate</i>	Tier 1	PA
<i>testosterone transdermal gel</i>	Tier 1	PA; QL (60 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	Tier 1	PA; QL (75 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	Tier 1	PA; QL (30 GM per 30 days)
TULANA	Tier 0 - Preventive	
TURQOZ (28)	Tier 0 - Preventive	
VIENVA	Tier 0 - Preventive	
VYFEMLA (28)	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
WERA (28)	Tier 0 - Preventive	
XULANE	Tier 0 - Preventive	
ZAFEMY	Tier 0 - Preventive	
ANTIPARATHYROID AGENTS		
<i>calcitonin (salmon) nasal</i>	Tier 1	
<i>cinacalcet</i>	Tier 1	PA
ANTITHYROID AGENTS		
<i>methimazole</i>	Tier 1	
<i>potassium iodide oral solution</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
SSKI	Tier 2	
BIGUANIDES		
<i>alogliptin-metformin</i>	Tier 2	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glipizide-metformin</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Tier 1	QL (260 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	QL (5 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
JANUMET	Tier 1	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 1	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 1	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
<i>metformin oral solution</i>	Tier 1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 625 mg, 850 mg</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>metformin oral tablet extended release 24 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>pioglitazone-metformin</i>	Tier 1	QL (90 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SYNJARDY	Tier 2	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	Tier 2	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	Tier 2	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CONTRACEPTIVES		
AFIRMELLE	Tier 0 - Preventive	
AFTER PILL	Tier 0 - Preventive	QL (1 EA per 30 days)
AFTERA	Tier 0 - Preventive	QL (1 EA per 30 days)
ALTAVERA (28)	Tier 0 - Preventive	
ALYACEN 1/35 (28)	Tier 0 - Preventive	
ALYACEN 7/7/7 (28)	Tier 0 - Preventive	
AMETHIA	Tier 0 - Preventive	QL (1 EA per 1 day)
AMETHYST (28)	Tier 0 - Preventive	QL (1 EA per 1 day)
APRI	Tier 0 - Preventive	
ARANELLE (28)	Tier 0 - Preventive	
ASHLYNA	Tier 0 - Preventive	QL (1 EA per 1 day)
AUBRA	Tier 0 - Preventive	
AUBRA EQ	Tier 0 - Preventive	
AUROVELA 1.5/30 (21)	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
AUROVELA 1/20 (21)	Tier 0 - Preventive	
AUROVELA 24 FE	Tier 0 - Preventive	
AUROVELA FE 1.5/30 (28)	Tier 0 - Preventive	
AUROVELA FE 1-20 (28)	Tier 0 - Preventive	
AVIANE	Tier 0 - Preventive	
AYUNA	Tier 0 - Preventive	
AZURETTE (28)	Tier 0 - Preventive	
BALZIVA (28)	Tier 0 - Preventive	
BLISOVI 24 FE	Tier 0 - Preventive	
BLISOVI FE 1.5/30 (28)	Tier 0 - Preventive	
BLISOVI FE 1/20 (28)	Tier 0 - Preventive	
BRIELLYN	Tier 0 - Preventive	
CAMILA	Tier 0 - Preventive	
CAMRESE	Tier 0 - Preventive	QL (1 EA per 1 day)
CAMRESE LO	Tier 0 - Preventive	QL (1 EA per 1 day)
CAZIAN (28)	Tier 0 - Preventive	
CHARLOTTE 24 FE	Tier 0 - Preventive	
CHATEAL EQ (28)	Tier 0 - Preventive	
CRYSELLE (28)	Tier 0 - Preventive	
CYRED	Tier 0 - Preventive	
CYRED EQ	Tier 0 - Preventive	
DASETTA 1/35 (28)	Tier 0 - Preventive	
DASETTA 7/7/7 (28)	Tier 0 - Preventive	
DAYSEE	Tier 0 - Preventive	QL (1 EA per 1 day)
DEBLITANE	Tier 0 - Preventive	
<i>desog-e.estradiol/e.estradiol</i>	Tier 0 - Preventive	
DOLISHALE	Tier 0 - Preventive	QL (1 EA per 1 day)
<i>drospirenone-e.estradiol-lm.fa</i>	Tier 0 - Preventive	
<i>drospirenone-ethinyl estradiol</i>	Tier 0 - Preventive	
ECONTRA EZ	Tier 0 - Preventive	QL (1 EA per 30 days)
ECONTRA ONE-STEP	Tier 0 - Preventive	QL (1 EA per 30 days)
ELINEST	Tier 0 - Preventive	
ELLA	Tier 0 - Preventive	QL (1 EA per 30 days)
ELURYNG	Tier 0 - Preventive	
EMZAHH	Tier 0 - Preventive	
ENILLORING	Tier 0 - Preventive	
ENPRESSE	Tier 0 - Preventive	
ENSKYCE	Tier 0 - Preventive	
ERRIN	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
ESTARYLLA	Tier 0 - Preventive	
<i>ethynodiol diac-eth estradiol</i>	Tier 0 - Preventive	
<i>etonogestrel-ethinyl estradiol</i>	Tier 0 - Preventive	
FALMINA (28)	Tier 0 - Preventive	
FINZALA	Tier 0 - Preventive	
GEMMILY	Tier 0 - Preventive	
HAILEY	Tier 0 - Preventive	
HAILEY 24 FE	Tier 0 - Preventive	
HAILEY FE 1.5/30 (28)	Tier 0 - Preventive	
HAILEY FE 1/20 (28)	Tier 0 - Preventive	
HALOETTE	Tier 0 - Preventive	
HEATHER	Tier 0 - Preventive	
ICLEVIA	Tier 0 - Preventive	QL (1 EA per 1 day)
INCASSIA	Tier 0 - Preventive	
ISIBLOOM	Tier 0 - Preventive	
JAIMIESS	Tier 0 - Preventive	QL (1 EA per 1 day)
JASMIEL (28)	Tier 0 - Preventive	
JENCYCLA	Tier 0 - Preventive	
JOLESSA	Tier 0 - Preventive	QL (1 EA per 1 day)
JULEBER	Tier 0 - Preventive	
JUNEL 1.5/30 (21)	Tier 0 - Preventive	
JUNEL 1/20 (21)	Tier 0 - Preventive	
JUNEL FE 1.5/30 (28)	Tier 0 - Preventive	
JUNEL FE 1/20 (28)	Tier 0 - Preventive	
JUNEL FE 24	Tier 0 - Preventive	
KAITLIB FE	Tier 0 - Preventive	
KALLIGA	Tier 0 - Preventive	
KARIVA (28)	Tier 0 - Preventive	
KELNOR 1/35 (28)	Tier 0 - Preventive	
KURVELO (28)	Tier 0 - Preventive	
<i>l norgest/e.estradiol-e.estradiol</i>	Tier 0 - Preventive	QL (1 EA per 1 day)
LARIN 1.5/30 (21)	Tier 0 - Preventive	
LARIN 1/20 (21)	Tier 0 - Preventive	
LARIN 24 FE	Tier 0 - Preventive	
LARIN FE 1.5/30 (28)	Tier 0 - Preventive	
LARIN FE 1/20 (28)	Tier 0 - Preventive	
LEENA 28	Tier 0 - Preventive	
LESSINA	Tier 0 - Preventive	
LEVONEST (28)	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
<i>levonorgestrel</i>	Tier 0 - Preventive	QL (1 EA per 30 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 0 - Preventive	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	Tier 0 - Preventive	QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets ,dose pack, 3 month</i>	Tier 0 - Preventive	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic</i>	Tier 0 - Preventive	
LEVORA-28	Tier 0 - Preventive	
LO LOESTRIN FE	Tier 0 - Preventive	ST
LOJAIMIESS	Tier 0 - Preventive	QL (1 EA per 1 day)
LORYNA (28)	Tier 0 - Preventive	
LOW-OGESTREL (28)	Tier 0 - Preventive	
LO-ZUMANDIMINE (28)	Tier 0 - Preventive	
LUTERA (28)	Tier 0 - Preventive	
LYLEQ	Tier 0 - Preventive	
LYZA	Tier 0 - Preventive	
MARLISSA (28)	Tier 0 - Preventive	
MIBELAS 24 FE	Tier 0 - Preventive	
MICROGESTIN 1.5/30 (21)	Tier 0 - Preventive	
MICROGESTIN 1/20 (21)	Tier 0 - Preventive	
MICROGESTIN FE 1.5/30 (28)	Tier 0 - Preventive	
MICROGESTIN FE 1/20 (28)	Tier 0 - Preventive	
MILI	Tier 0 - Preventive	
MONO-LINYAH	Tier 0 - Preventive	
MY CHOICE	Tier 0 - Preventive	QL (1 EA per 30 days)
MY WAY	Tier 0 - Preventive	QL (1 EA per 30 days)
NECON 0.5/35 (28)	Tier 0 - Preventive	
NEW DAY	Tier 0 - Preventive	QL (1 EA per 30 days)
NIKKI (28)	Tier 0 - Preventive	
NORA-BE	Tier 0 - Preventive	
<i>norelgestromin-ethin.estradiol</i>	Tier 0 - Preventive	
<i>noreth-ethinyl estradiol-iron</i>	Tier 0 - Preventive	
<i>norethindrone (contraceptive)</i>	Tier 0 - Preventive	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 0 - Preventive	
<i>norethindrone-e.estradiol-iron</i>	Tier 0 - Preventive	
<i>norgestimate-ethinyl estradiol</i>	Tier 0 - Preventive	
NORTREL 0.5/35 (28)	Tier 0 - Preventive	
NORTREL 1/35 (21)	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
NORTREL 1/35 (28)	Tier 0 - Preventive	
NORTREL 7/7/7 (28)	Tier 0 - Preventive	
NYLIA 1/35 (28)	Tier 0 - Preventive	
NYLIA 7/7/7 (28)	Tier 0 - Preventive	
OCELLA	Tier 0 - Preventive	
OPCICON ONE-STEP	Tier 0 - Preventive	QL (1 EA per 30 days)
OPTION-2	Tier 0 - Preventive	QL (1 EA per 30 days)
PHILITH	Tier 0 - Preventive	
PIMTREA (28)	Tier 0 - Preventive	
PLAN B ONE-STEP	Tier 0 - Preventive	QL (1 EA per 30 days)
PORTIA 28	Tier 0 - Preventive	
RECLIPSEN (28)	Tier 0 - Preventive	
RIVELSA	Tier 0 - Preventive	
SETLAKIN	Tier 0 - Preventive	QL (1 EA per 1 day)
SHAROBEL	Tier 0 - Preventive	
SIMLIYA (28)	Tier 0 - Preventive	
SIMPESSE	Tier 0 - Preventive	QL (1 EA per 1 day)
SPRINTEC (28)	Tier 0 - Preventive	
SRONYX	Tier 0 - Preventive	
SYEDA	Tier 0 - Preventive	
TAKE ACTION	Tier 0 - Preventive	QL (1 EA per 30 days)
TARINA 24 FE	Tier 0 - Preventive	
TARINA FE 1/20 (28)	Tier 0 - Preventive	
TARINA FE 1-20 EQ (28)	Tier 0 - Preventive	
TILIA FE	Tier 0 - Preventive	
TRI-ESTARYLLA	Tier 0 - Preventive	
TRI-LEGEST FE	Tier 0 - Preventive	
TRI-LINYAH	Tier 0 - Preventive	
TRI-LO-ESTARYLLA	Tier 0 - Preventive	
TRI-LO-MARZIA	Tier 0 - Preventive	
TRI-LO-MILI	Tier 0 - Preventive	
TRI-LO-SPRINTEC	Tier 0 - Preventive	
TRI-MILI	Tier 0 - Preventive	
TRI-SPRINTEC (28)	Tier 0 - Preventive	
TRI-VYLIBRA	Tier 0 - Preventive	
TRI-VYLIBRA LO	Tier 0 - Preventive	
TULANA	Tier 0 - Preventive	
TURQOZ (28)	Tier 0 - Preventive	
TYDEMY	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
VELIVET TRIPHASIC REGIMEN (28)	Tier 0 - Preventive	
VESTURA (28)	Tier 0 - Preventive	
VIENVA	Tier 0 - Preventive	
VIORELE (28)	Tier 0 - Preventive	
VOLNEA (28)	Tier 0 - Preventive	
VYFEMLA (28)	Tier 0 - Preventive	
VYLIBRA	Tier 0 - Preventive	
WERA (28)	Tier 0 - Preventive	
WYMZYA FE	Tier 0 - Preventive	
XULANE	Tier 0 - Preventive	
ZAFEMY	Tier 0 - Preventive	
ZARAH	Tier 0 - Preventive	
ZOVIA 1-35 (28)	Tier 0 - Preventive	
ZUMANDIMINE (28)	Tier 0 - Preventive	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin</i>	Tier 1	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>alogliptin-metformin</i>	Tier 2	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>alogliptin-pioglitazone</i>	Tier 2	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
JANUMET	Tier 1	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 1	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	Tier 1	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan
JANUVIA	Tier 1	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
ESTROGEN AGONIST-ANTAGONISTS		
CLOMID	Tier 1	
<i>clomiphene citrate</i>	Tier 1	
DUAVEE	Tier 3	PA; QL (1 EA per 1 Day)
OSPHENA	Tier 3	PA; QL (1 EA per 1 Day)
<i>raloxifene</i>	Tier 0 - Preventive	
<i>tamoxifen</i>	Tier 0 - Preventive	
<i>toremifene</i>	Tier 1	PA
ESTROGENS		
AFIRMELLE	Tier 0 - Preventive	
ALTAVERA (28)	Tier 0 - Preventive	
ALYACEN 1/35 (28)	Tier 0 - Preventive	
ALYACEN 7/7/7 (28)	Tier 0 - Preventive	
AMETHYST (28)	Tier 0 - Preventive	QL (1 EA per 1 day)
ARANELLE (28)	Tier 0 - Preventive	
AUBRA	Tier 0 - Preventive	
AUBRA EQ	Tier 0 - Preventive	
AUROVELA 1.5/30 (21)	Tier 0 - Preventive	
AUROVELA 1/20 (21)	Tier 0 - Preventive	
AVIANE	Tier 0 - Preventive	
AYUNA	Tier 0 - Preventive	
BALZIVA (28)	Tier 0 - Preventive	
BRIELLYN	Tier 0 - Preventive	
CHATEAL EQ (28)	Tier 0 - Preventive	
COMBIPATCH	Tier 2	
COVARYX	Tier 1	
COVARYX H.S.	Tier 1	
CRYSELLE (28)	Tier 0 - Preventive	
DASETTA 1/35 (28)	Tier 0 - Preventive	
DASETTA 7/7/7 (28)	Tier 0 - Preventive	
DOLISHALE	Tier 0 - Preventive	QL (1 EA per 1 day)
DOTTI TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (8 EA per 30 days)
DUAVEE	Tier 3	PA; QL (1 EA per 1 Day)
EEMT	Tier 1	
EEMT HS	Tier 1	
ELINEST	Tier 0 - Preventive	
ELURYNG	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
ENILLORING	Tier 0 - Preventive	
ENPRESSE	Tier 0 - Preventive	
<i>estradiol oral</i>	Tier 1	
<i>estradiol transdermal patch semi-weekly</i>	Tier 1	QL (8 EA per 30 days)
<i>estradiol transdermal patch weekly</i>	Tier 1	QL (4 EA per 30 days)
<i>estradiol vaginal tablet</i>	Tier 1	
<i>estradiol-norethindrone acet</i>	Tier 1	
<i>estrogens-methyltestosterone</i>	Tier 1	
<i>etonogestrel-ethinyl estradiol</i>	Tier 0 - Preventive	
FALMINA (28)	Tier 0 - Preventive	
FYAVOLV	Tier 1	
HAILEY	Tier 0 - Preventive	
HALOETTE	Tier 0 - Preventive	
ICLEVIA	Tier 0 - Preventive	QL (1 EA per 1 day)
JOLESSA	Tier 0 - Preventive	QL (1 EA per 1 day)
JUNEL 1.5/30 (21)	Tier 0 - Preventive	
JUNEL 1/20 (21)	Tier 0 - Preventive	
KURVELO (28)	Tier 0 - Preventive	
LARIN 1.5/30 (21)	Tier 0 - Preventive	
LARIN 1/20 (21)	Tier 0 - Preventive	
LEENA 28	Tier 0 - Preventive	
LESSINA	Tier 0 - Preventive	
LEVONEST (28)	Tier 0 - Preventive	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 0 - Preventive	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	Tier 0 - Preventive	QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	Tier 0 - Preventive	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic</i>	Tier 0 - Preventive	
LEVORA-28	Tier 0 - Preventive	
LOW-OGESTREL (28)	Tier 0 - Preventive	
LUTERA (28)	Tier 0 - Preventive	
MARLISSA (28)	Tier 0 - Preventive	
MICROGESTIN 1.5/30 (21)	Tier 0 - Preventive	
MICROGESTIN 1/20 (21)	Tier 0 - Preventive	
MIMVEY	Tier 1	
NECON 0.5/35 (28)	Tier 0 - Preventive	
<i>norelgestromin-ethin.estradiol</i>	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
<i>norethindrone ac-eth estradiol oral tablet</i> 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet</i> 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 0 - Preventive	
NORTREL 0.5/35 (28)	Tier 0 - Preventive	
NORTREL 1/35 (21)	Tier 0 - Preventive	
NORTREL 1/35 (28)	Tier 0 - Preventive	
NORTREL 7/7/7 (28)	Tier 0 - Preventive	
NYLIA 1/35 (28)	Tier 0 - Preventive	
NYLIA 7/7/7 (28)	Tier 0 - Preventive	
ORIAHNN	Tier 3	PA; QL (60 EA per 30 days)
PHILITH	Tier 0 - Preventive	
PORTIA 28	Tier 0 - Preventive	
SETLAKIN	Tier 0 - Preventive	QL (1 EA per 1 day)
SRONYX	Tier 0 - Preventive	
TURQOZ (28)	Tier 0 - Preventive	
VIENVA	Tier 0 - Preventive	
VYFEMLA (28)	Tier 0 - Preventive	
WERA (28)	Tier 0 - Preventive	
XULANE	Tier 0 - Preventive	
ZAFEMY	Tier 0 - Preventive	
GLYCOGENOLYTIC AGENTS		
BAQSIMI	Tier 2	PA; ST; QL (2 EA per 30 days)
GLUCAGON (HCL) EMERGENCY KIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 1	QL (2 EA per 30 days)
<i>glucagon hcl injection recon soln 1 mg/ml</i>	Tier 2	
GONADOTROPINS		
ELIGARD	Tier 4	
ELIGARD (3 MONTH)	Tier 4	
ELIGARD (4 MONTH)	Tier 4	
ELIGARD (6 MONTH)	Tier 4	
SYNAREL	Tier 2	PA
INCRETIN MIMETICS		
MOUNJARO	Tier 2	PA; QL (2 ML per 28 days)
OZEMPIC	Tier 2	PA; QL (3 ML per 28 days)
RYBELSUS	Tier 2	PA; QL (1 EA per 1 day)
SOLIQUA 100/33	Tier 2	ST; QL (15 ML per 30 days)
TRULICITY	Tier 2	PA; QL (2 ML per 28 days)
XULTOPHY 100/3.6	Tier 2	PA; ST; QL (15 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
INSULINS		
BASAGLAR KWIKPEN U-100 INSULIN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG JUNIOR KWIKPEN U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 50-50 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 75-25 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 75-25(U-100) INSULN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

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

Drug Name	Tier	Restrictions/Limits
<i>insulin lispro subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	Tier 2	QL (1 ML per 1 day); This product is covered for \$0 on CareSource Diabetes Plans
<i>insulin lispro subcutaneous solution</i>	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN 70-30 FLEXPEN U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN N FLEXPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN R REGULAR U100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
REZVOGLAR KWIKPEN	Tier 2	QL (1.5 ML per 1 Day); This product is covered for \$0 on CareSource Diabetes Plans
SOLIQUA 100/33	Tier 2	ST; QL (15 ML per 30 days)
TRESIBA FLEXTOUCH U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
TRESIBA FLEXTOUCH U-200	Tier 2	QL (27 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRESIBA U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
XULTOPHY 100/3.6	Tier 2	PA; ST; QL (15 ML per 30 days)
INTERMEDIATE-ACTING INSULINS		
HUMALOG MIX 50-50 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 75-25 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 75-25(U-100) INSULN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN N NPH INSULIN KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
<i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plans
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plans
<i>insulin lispro protamin-lispro</i>	Tier 2	QL (1 ML per 1 day); This product is covered for \$0 on CareSource Diabetes Plans
NOVOLIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN 70-30 FLEXPEN U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN N FLEXPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
LONG-ACTING INSULINS		
BASAGLAR KWIKPEN U-100 INSULIN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
REZVOGLAR KWIKPEN	Tier 2	QL (1.5 ML per 1 Day); This product is covered for \$0 on CareSource Diabetes Plans
SOLIQUA 100/33	Tier 2	ST; QL (15 ML per 30 days)
TRESIBA FLEXTOUCH U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
TRESIBA FLEXTOUCH U-200	Tier 2	QL (27 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRESIBA U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
XULTOPHY 100/3.6	Tier 2	PA; ST; QL (15 ML per 30 days)
MEGLITINIDES		
<i>nateglinide</i>	Tier 1	
<i>repaglinide</i>	Tier 1	
PARATHYROID AGENTS		
<i>teriparatide</i>	Tier 4	PA; QL (1 ML per 28 days)
PITUITARY		
<i>desmopressin injection</i>	Tier 4	
<i>desmopressin nasal spray with pump</i>	Tier 1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral</i>	Tier 1	
NOCDURNA (MEN)	Tier 3	PA; QL (30 EA per 30 days)
NOCDURNA (WOMEN)	Tier 3	PA; QL (30 EA per 30 days)
OMNITROPE	Tier 4	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 4	PA
PROGESTINS		
AFIRMELLE	Tier 0 - Preventive	
ALTAVERA (28)	Tier 0 - Preventive	
ALYACEN 1/35 (28)	Tier 0 - Preventive	
ALYACEN 7/7/7 (28)	Tier 0 - Preventive	
AMETHYST (28)	Tier 0 - Preventive	QL (1 EA per 1 day)
ARANELLE (28)	Tier 0 - Preventive	
AUBRA	Tier 0 - Preventive	
AUBRA EQ	Tier 0 - Preventive	
AUROVELA 1.5/30 (21)	Tier 0 - Preventive	
AUROVELA 1/20 (21)	Tier 0 - Preventive	
AVIANE	Tier 0 - Preventive	
AYUNA	Tier 0 - Preventive	
BALZIVA (28)	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
BRIELLYN	Tier 0 - Preventive	
CAMILA	Tier 0 - Preventive	
CHATEAL EQ (28)	Tier 0 - Preventive	
COMBIPATCH	Tier 2	
CRINONE VAGINAL GEL 4 %	Tier 2	
CRINONE VAGINAL GEL 8 %	Tier 4	
CRYSELLE (28)	Tier 0 - Preventive	
DASETTA 1/35 (28)	Tier 0 - Preventive	
DASETTA 7/7/7 (28)	Tier 0 - Preventive	
DEBLITANE	Tier 0 - Preventive	
DEPO-SUBQ PROVERA 104	Tier 2	QL (1 ML per 90 days)
DOLISHALE	Tier 0 - Preventive	QL (1 EA per 1 day)
ELINEST	Tier 0 - Preventive	
ELURYNG	Tier 0 - Preventive	
EMZAHH	Tier 0 - Preventive	
ENILLORING	Tier 0 - Preventive	
ENPRESSE	Tier 0 - Preventive	
ERRIN	Tier 0 - Preventive	
<i>estradiol-norethindrone acet</i>	Tier 1	
<i>etonogestrel-ethinyl estradiol</i>	Tier 0 - Preventive	
FALMINA (28)	Tier 0 - Preventive	
FYAVOLV	Tier 1	
HAILEY	Tier 0 - Preventive	
HALOETTE	Tier 0 - Preventive	
HEATHER	Tier 0 - Preventive	
ICLEVIA	Tier 0 - Preventive	QL (1 EA per 1 day)
INCASSIA	Tier 0 - Preventive	
JENCYCLA	Tier 0 - Preventive	
JOLESSA	Tier 0 - Preventive	QL (1 EA per 1 day)
JUNEL 1.5/30 (21)	Tier 0 - Preventive	
JUNEL 1/20 (21)	Tier 0 - Preventive	
KURVELO (28)	Tier 0 - Preventive	
LARIN 1.5/30 (21)	Tier 0 - Preventive	
LARIN 1/20 (21)	Tier 0 - Preventive	
LEENA 28	Tier 0 - Preventive	
LESSINA	Tier 0 - Preventive	
LEVONEST (28)	Tier 0 - Preventive	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
<i>levonorgestrel-ethinyl estrad oral tablet</i> 90-20 mcg (28)	Tier 0 - Preventive	QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets,</i> <i>dose pack, 3 month</i>	Tier 0 - Preventive	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic</i>	Tier 0 - Preventive	
LEVORA-28	Tier 0 - Preventive	
LOW-OGESTREL (28)	Tier 0 - Preventive	
LUTERA (28)	Tier 0 - Preventive	
LYLEQ	Tier 0 - Preventive	
LYZA	Tier 0 - Preventive	
MARLISSA (28)	Tier 0 - Preventive	
<i>medroxyprogesterone intramuscular</i>	Tier 0 - Preventive	QL (1 ML per 90 days)
<i>medroxyprogesterone oral</i>	Tier 1	
<i>megestrol oral suspension</i> 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	Tier 1	
<i>megestrol oral tablet</i>	Tier 1	
MICROGESTIN 1.5/30 (21)	Tier 0 - Preventive	
MICROGESTIN 1/20 (21)	Tier 0 - Preventive	
MIMVEY	Tier 1	
NECON 0.5/35 (28)	Tier 0 - Preventive	
NORA-BE	Tier 0 - Preventive	
<i>norelgestromin-ethin.estradiol</i>	Tier 0 - Preventive	
<i>norethindrone (contraceptive)</i>	Tier 0 - Preventive	
<i>norethindrone acetate</i>	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet</i> 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet</i> 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 0 - Preventive	
NORTREL 0.5/35 (28)	Tier 0 - Preventive	
NORTREL 1/35 (21)	Tier 0 - Preventive	
NORTREL 1/35 (28)	Tier 0 - Preventive	
NORTREL 7/7/7 (28)	Tier 0 - Preventive	
NYLIA 1/35 (28)	Tier 0 - Preventive	
NYLIA 7/7/7 (28)	Tier 0 - Preventive	
ORIAHNN	Tier 3	PA; QL (60 EA per 30 days)
PHILITH	Tier 0 - Preventive	
PORTIA 28	Tier 0 - Preventive	
<i>progesterone micronized oral</i>	Tier 1	
SETLAKIN	Tier 0 - Preventive	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
SHAROBEL	Tier 0 - Preventive	
SRONYX	Tier 0 - Preventive	
TULANA	Tier 0 - Preventive	
TURQOZ (28)	Tier 0 - Preventive	
VIENVA	Tier 0 - Preventive	
VYFEMLA (28)	Tier 0 - Preventive	
WERA (28)	Tier 0 - Preventive	
XULANE	Tier 0 - Preventive	
ZAFEMY	Tier 0 - Preventive	
RAPID-ACTING INSULINS		
HUMALOG JUNIOR KWIKPEN U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 50-50 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 75-25 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG MIX 75-25(U-100)INSULN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

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

Drug Name	Tier	Restrictions/Limits
HUMULIN R REGULAR U-100 INSULN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN 70-30 FLEXPEN U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN R REGULAR U100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
FARXIGA	Tier 2	PA; QL (30 Tablets per 30 days); This product is covered for \$0 on CareSource Diabetes and Healthy Heart Plans and on the HDHP Preventive Plans (for preventive use).
JARDIANCE	Tier 2	PA; ST; QL (30 Tablets per 30 days); This product is covered for \$0 on CareSource Diabetes and Healthy Heart Plans and on the HDHP Preventive Plans (for preventive use).
SYNJARDY	Tier 2	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	Tier 2	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	Tier 2	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SOMATOTROPIN AGONISTS		
INCRELEX	Tier 4	PA
SULFONYLUREAS		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glipizide</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glipizide-metformin</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glyburide micronized oral tablet 1.5 mg</i>	Tier 1	QL (8 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plans
<i>glyburide micronized oral tablet 3 mg</i>	Tier 1	QL (4 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plans
<i>glyburide micronized oral tablet 6 mg</i>	Tier 1	QL (2 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plans
<i>glyburide oral tablet 1.25 mg</i>	Tier 1	QL (16 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glyburide oral tablet 2.5 mg</i>	Tier 1	QL (8 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glyburide oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Tier 1	QL (260 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	QL (5 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>pioglitazone-glimepiride</i>	Tier 1	ST; QL (30 EA per 30 days)
THIAZOLIDINEDIONES		
<i>alogliptin-pioglitazone</i>	Tier 2	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>pioglitazone</i>	Tier 1	QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>pioglitazone-glimepiride</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>pioglitazone-metformin</i>	Tier 1	QL (90 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
THYROID AGENTS		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	
EUTHYROX	Tier 1	
<i>levothyroxine oral tablet</i>	Tier 1	
LEVOXYL	Tier 1	
<i>liothyronine oral</i>	Tier 1	
NIVA THYROID	Tier 1	
NP THYROID	Tier 1	
SYNTHROID	Tier 3	
<i>thyroid (pork)</i>	Tier 1	
UNITHROID	Tier 1	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	Tier 4	PA; QL (1 ML per 28 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	Tier 4	PA; QL (12 ML per 28 days)

Drug Name	Tier	Restrictions/Limits
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 4	PA; QL (1 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	Tier 4	PA; QL (12 ML per 28 days)
ANTIMETABOLITES		
<i>teriflunomide</i>	Tier 4	PA; QL (30 EA per 30 days)
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISCELLANEOUS		
<i>azathioprine</i>	Tier 1	
<i>mycophenolate mofetil</i>	Tier 1	
<i>mycophenolate sodium</i>	Tier 1	
CALCINEURIN INHIBITORS, MISCELLANEOUS (90:28)		
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine ophthalmic (eye)</i>	Tier 1	QL (60 EA per 30 days)
<i>cyclosporine oral</i>	Tier 1	
GENGRAF	Tier 1	
<i>tacrolimus oral capsule</i>	Tier 1	
<i>tacrolimus topical</i>	Tier 1	QL (100 GM per 30 Days)
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
<i>hydroxychloroquine</i>	Tier 1	
<i>methotrexate sodium oral</i>	Tier 1	
<i>sulfasalazine</i>	Tier 1	
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA; QL (100 ML per 60 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	Tier 4	PA
FUMARATES		
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 240 mg</i>	Tier 1	PA; QL (60 EA per 30 days)
VUMERITY	Tier 4	PA; QL (120 EA per 30 days)
IMMUNOMODULATORY AGENTS (90:00)		
<i>cyclophosphamide oral capsule</i>	Tier 1	PA
<i>everolimus (immunosuppressive)</i>	Tier 1	
<i>mercaptopurine oral tablet</i>	Tier 1	
INTERFERONS		
AVONEX INTRAMUSCULAR PEN INJECTOR	Tier 4	PA; QL (1 BOX per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	Tier 4	PA; QL (1 BOX per 28 days)

Drug Name	Tier	Restrictions/Limits
AVONEX INTRAMUSCULAR SYRINGE KIT	Tier 4	PA; QL (1 BOX per 28 days)
REBIF (WITH ALBUMIN)	Tier 4	PA
REBIF REBIDOSE	Tier 4	PA
INTERLEUKIN-MEDIATED AGENTS, MISCELLANEOUS		
ACTEMRA ACTPEN	Tier 4	PA; QL (4 SYRINGES per 28 days)
ACTEMRA SUBCUTANEOUS	Tier 4	PA; QL (4 SYRINGES per 28 days)
COSENTYX (2 SYRINGES)	Tier 4	PA; QL (2 ML per 28 days)
COSENTYX PEN	Tier 4	PA; QL (1 ML per 28 days)
COSENTYX PEN (2 PENS)	Tier 4	PA; QL (2 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; QL (1 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 4	PA
COSENTYX UNOREADY PEN	Tier 4	PA
STELARA INTRAVENOUS	Tier 4	PA
STELARA SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (45 MG per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Tier 4	PA; QL (45 MG per 84 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 4	PA; QL (90 MG per 60 days)
TYENNE AUTOINJECTOR	Tier 4	PA; QL (4 Pens or Syringes per 28 days)
TYENNE SUBCUTANEOUS	Tier 4	PA; QL (4 Pens or Syringes per 28 days)
JANUS KINASE INHIBITORS, MISCELLANEOUS		
RINVOQ	Tier 4	PA
RINVOQ LQ	Tier 4	PA
MONOCARBOXYLIC ACID AMIDE AGENTS		
<i>leflunomide</i>	Tier 1	QL (30 EA per 30 days)
MONOCLONAL ANTIBODIES (90:04)		
KESIMPTA PEN	Tier 4	PA; QL (1 ML per 28 days)
MTOR INHIBITORS, MISCELLANEOUS		
HYFTOR	Tier 4	PA; QL (20 GM per 18 days)
<i>sirolimus oral tablet</i>	Tier 1	
PHOSPHODIESTERASE-4 INHIBITORS, MISCELLANEOUS		
OTEZLA	Tier 4	PA
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
<i>fingolimod</i>	Tier 4	PA; QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
PONVORY	Tier 4	
PONVORY 14-DAY STARTER PACK	Tier 4	
ZEPOSIA	Tier 4	PA
ZEPOSIA STARTER KIT (28-DAY)	Tier 4	PA; QL (1 PACK per 292 days)
ZEPOSIA STARTER PACK (7-DAY)	Tier 4	PA; QL (1 PACK per 292 days)
TUMOR NECROSIS FACTOR INHIBITORS, MISCELLANEOUS		
ABRILADA(CF)	Tier 4	
ABRILADA(CF) PEN	Tier 4	
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	Tier 4	PA
<i>adalimumab-fkjp</i>	Tier 4	PA
AMJEVITA(CF)	Tier 4	
AMJEVITA(CF) AUTOINJECTOR	Tier 4	
CIMZIA POWDER FOR RECONST	Tier 4	PA; QL (1 SYRINGES per 28 days)
CIMZIA STARTER KIT	Tier 4	PA; QL (6 SYRINGES per 365 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA; QL (2 SYRINGES per 28 days)
CYLTEZO(CF)	Tier 4	
CYLTEZO(CF) PEN	Tier 4	
CYLTEZO(CF) PEN CROHN'S-UC-HS	Tier 4	
CYLTEZO(CF) PEN PSORIASIS-UV	Tier 4	
ENBREL MINI	Tier 4	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	Tier 4	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	Tier 4	PA; QL (4 ML per 28 days)
ENBREL SURECLICK	Tier 4	PA; QL (4 ML per 28 days)
HADLIMA	Tier 4	PA
HADLIMA PUSHTOUCH	Tier 4	PA
HADLIMA(CF)	Tier 4	PA
HADLIMA(CF) PUSHTOUCH	Tier 4	PA
HULIO(CF)	Tier 4	
HULIO(CF) PEN	Tier 4	
HUMIRA	Tier 4	PA; QL (2 EA per 21 days)
HUMIRA PEN	Tier 4	PA
HUMIRA(CF)	Tier 4	PA; QL (2 EA per 28 days)

Drug Name	Tier	Restrictions/Limits
HUMIRA(CF) PEN CROHNS-UC-HS	Tier 4	PA; QL (3 PENS per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA; QL (2 PENS per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	Tier 4	
HYRIMOZ PEN PSORIASIS STARTER	Tier 4	
HYRIMOZ(CF)	Tier 4	
HYRIMOZ(CF) PEDI CROHN STARTER	Tier 4	
HYRIMOZ(CF) PEN	Tier 4	
YUFLYMA(CF)	Tier 4	
YUFLYMA(CF) AI CROHN'S-UC-HS	Tier 4	
YUFLYMA(CF) AUTOINJECTOR	Tier 4	
YUSIMRY(CF) PEN	Tier 4	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
DERMACINRX PRIZOPAK	Tier 1	
<i>lidocaine hcl laryngotracheal</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine topical adhesive patch, medicated 4 %</i>	Tier 2	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>lidocaine-prilocaine topical cream</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine-prilocaine topical kit</i>	Tier 1	
LIDOPIN TOPICAL CREAM 3 %	Tier 1	QL (30 GM per 30 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS (92:04)		
<i>dutasteride</i>	Tier 1	ST
<i>dutasteride-tamsulosin</i>	Tier 1	ST
<i>finasteride oral tablet 5 mg</i>	Tier 1	
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>colchicine oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>febuxostat</i>	Tier 1	ST
<i>indomethacin oral capsule</i>	Tier 1	
<i>naproxen oral tablet</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>naproxen-esomeprazole</i>	Tier 1	ST
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	ST
<i>sumatriptan-naproxen</i>	Tier 1	ST; QL (18 EA per 30 days)
BONE ANABOLIC AGENTS		
<i>teriparatide</i>	Tier 4	PA; QL (1 ML per 28 days)
BONE RESORPTION INHIBITORS		
<i>alendronate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>calcitonin (salmon) nasal</i>	Tier 1	
COMBIPATCH	Tier 2	
DOTTI TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (8 EA per 30 days)
<i>estradiol oral</i>	Tier 1	
<i>estradiol transdermal patch semiweekly</i>	Tier 1	QL (8 EA per 30 days)
<i>estradiol transdermal patch weekly</i>	Tier 1	QL (4 EA per 30 days)
<i>estradiol vaginal tablet</i>	Tier 1	
<i>estradiol-norethindrone acet</i>	Tier 1	
FYAVOLV	Tier 1	
<i>ibandronate oral</i>	Tier 1	QL (1 EA per 28 days)
MIMVEY	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
<i>raloxifene</i>	Tier 0 - Preventive	
<i>risedronate oral tablet 150 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	Tier 1	QL (4 EA per 30 days)
CARIOSTATIC AGENTS		
DENTA 5000 PLUS	Tier 1	
<i>fluoride (sodium) dental cream</i>	Tier 1	
<i>fluoride (sodium) dental gel</i>	Tier 1	
<i>fluoride (sodium) dental paste</i>	Tier 1	
<i>fluoride (sodium) oral</i>	Tier 0 - Preventive	
LUDENT FLUORIDE	Tier 0 - Preventive	
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
MULTI-VITAMIN WITH FLUORIDE	Tier 0 - Preventive	
MVC-FLUORIDE	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
SF	Tier 1	
SF 5000 PLUS	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH	Tier 1	
SODIUM FLUORIDE 5000 PLUS	Tier 1	
TRI-VITAMIN WITH FLUORIDE	Tier 0 - Preventive	
TRI-VITE WITH FLUORIDE	Tier 0 - Preventive	
VITAMINS A,C,D AND FLUORIDE	Tier 0 - Preventive	
IMMUNOMODULATORY AGENTS		
ACTIMMUNE	Tier 4	PA
<i>hydroxychloroquine</i>	Tier 1	
<i>lenalidomide</i>	Tier 4	PA; QL (30 EA per 30 days)
POMALYST	Tier 4	PA
REVLIMID	Tier 4	PA; QL (30 EA per 30 days)
THALOMID	Tier 4	PA; QL (30 EA per 30 days)
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
CRYOSERV	Tier 1	
CYSTAGON	Tier 4	PA
EVOTAZ	Tier 2	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 2	QL (1 EA per 1 day)
PROTECTIVE AGENTS		
<i>adapalene topical lotion</i>	Tier 2	ST
<i>dalfampridine</i>	Tier 4	PA; QL (60 EA per 30 days)
NONHORMONAL CONTRACEPTIVES		
NONHORMONAL CONTRACEPTIVES		
AIMSCO LATEX CONDOM	Tier 0 - Preventive	QL (24 EA per 30 days)
CAYA CONTOURED	Tier 0 - Preventive	QL (1 EA per 365 days)
FANTASY CONDOM	Tier 0 - Preventive	QL (24 EA per 30 days)
FC2 FEMALE CONDOM	Tier 0 - Preventive	QL (24 EA per 30 days)
FEMCAP	Tier 0 - Preventive	QL (1 EA per 365 days)
KIMONO MICROTHIN AQUA LUBE CON	Tier 0 - Preventive	QL (24 EA per 30 days)
KIMONO MICROTHIN CONDOMS	Tier 0 - Preventive	QL (24 EA per 30 days)
KIMONO MICROTHIN LARGE CONDOMS	Tier 0 - Preventive	QL (24 EA per 30 days)
KIMONO TEXTURED CONDOMS	Tier 0 - Preventive	QL (24 EA per 30 days)
TRUSTEX LATEX CONDOM	Tier 0 - Preventive	QL (24 EA per 30 days)
TRUSTEX LUBRICATED CONDOMS	Tier 0 - Preventive	QL (24 EA per 30 days)
TRUSTEX NON-LUB CONDOMS	Tier 0 - Preventive	QL (24 EA per 30 days)
TRUSTEX-RIA LUB/SPERMICIDE	Tier 0 - Preventive	QL (24 EA per 30 days)
TRUSTEX-RIA LUBRICATED CONDOMS	Tier 0 - Preventive	QL (24 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
TRUSTEX-RIA NON-LUB CONDOMS	Tier 0 - Preventive	QL (24 EA per 30 days)
VAGINAL CONTRACEPTIVE FILM	Tier 2	
VCF CONTRACEPTIVE FILM	Tier 2	
VCF CONTRACEPTIVE GEL	Tier 0 - Preventive	
WIDE-SEAL DIAPHRAGM 60	Tier 0 - Preventive	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65	Tier 0 - Preventive	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70	Tier 0 - Preventive	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75	Tier 0 - Preventive	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80	Tier 0 - Preventive	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85	Tier 0 - Preventive	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90	Tier 0 - Preventive	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95	Tier 0 - Preventive	QL (2 EA per 365 days)
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine oral</i>	Tier 1	QL (240 EA per 30 days)
<i>mifepristone oral tablet 200 mg</i>	Tier 1	PA
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
<i>diluent for treprostinil (gly)</i>	Tier 4	PA
<i>hydroxypropyl cellulose</i>	Tier 2	
<i>hypromellose</i>	Tier 2	
RESPIRATORY TRACT AGENTS		
ALPHA AND BETA ADRENERGIC AGONIST (RESPR)		
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	Tier 2	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (2 EA per 30 days)
GUAIFENESIN DAC	Tier 1	
ANTICHOLINERGIC AGENTS (RESPIR. TRACT)		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
ATROVENT HFA	Tier 2	QL (26 GM per 30 days)
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
ED-SPAZ	Tier 1	
<i>hyoscyamine sulfate oral</i>	Tier 1	
<i>hyoscyamine sulfate sublingual</i>	Tier 1	
HYOSYNE	Tier 1	
<i>ipratropium bromide inhalation</i>	Tier 1	QL (10 ML per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
OSCIMIN	Tier 1	
OSCIMIN SL	Tier 1	
SPIRIVA RESPIMAT	Tier 2	QL (4 GM per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
SYMAX-SR	Tier 1	
<i>tiotropium bromide</i>	Tier 1	
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
ANTIFIBROTIC AGENTS		
OFEV	Tier 4	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule</i>	Tier 4	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	Tier 4	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	Tier 4	PA
ANTITUSSIVES		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	PA; QL (125 ML per 1 day)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	QL (125 ML per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>benzonatate</i>	Tier 1	QL (4 EA per 1 day)
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>codeine sulfate</i>	Tier 1	PA
<i>codeine-guaifenesin</i>	Tier 1	
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	Tier 1	
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
<i>hydrocodone-homatropine oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
HYDROMET	Tier 1	QL (4 ML per 1 day)
MAXI-TUSS AC	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
<i>promethazine-dm</i>	Tier 1	
RYDEX	Tier 1	
VIRTUSSIN AC	Tier 1	
CORTICOSTEROIDS (RESPIRATORY TRACT)		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier 3	QL (13 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	QL (7 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA	Tier 2	QL (13 GM per 30 days)
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
BREYNA	Tier 1	
<i>budesonide-formoterol</i>	Tier 2	PA; ST; QL (11 GM per 30 days)
DULERA	Tier 2	ST; QL (13 GM per 30 days)
FLONASE ALLERGY RELIEF	Tier 1	QL (16 ML per 30 days)
<i>flunisolide</i>	Tier 1	ST; QL (50 ML per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST; QL (60 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (11 GM per 30 days)
<i>fluticasone propionate nasal</i>	Tier 1	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
KOURZEQ	Tier 1	
<i>mometasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical solution</i>	Tier 1	QL (2 ML per 1 day)
<i>nystatin-triamcinolone</i>	Tier 1	QL (60 GM per 30 days)
ORALONE	Tier 1	
QNASL	Tier 3	PA; ST; QL (1 GM per 30 days)
RYALTRIS	Tier 3	PA; QL (1 Bottle per 30 days)
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
<i>triamcinolone acetonide dental</i>	Tier 1	
<i>triamcinolone acetonide topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Tier 1	ST

Drug Name	Tier	Restrictions/Limits
TRIDERM	Tier 1	ST; QL (454 GM per 30 days)
CYSTIC FIBROSIS (CFTR) CORRECTORS		
ORKAMBI ORAL GRANULES IN PACKET	Tier 4	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	Tier 4	PA; QL (112 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	Tier 4	PA; QL (84 EA per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA; QL (84 EA per 28 days)
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG	Tier 4	PA; QL (2 EA per 1 day)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 4	PA; QL (56 EA per 30 days)
KALYDECO ORAL GRANULES IN PACKET 5.8 MG	Tier 4	PA
KALYDECO ORAL TABLET	Tier 4	PA; QL (60 EA per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	Tier 4	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	Tier 4	PA; QL (112 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	Tier 4	PA; QL (84 EA per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA; QL (84 EA per 28 days)
EXPECTORANTS		
<i>codeine-guaifenesin</i>	Tier 1	
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	Tier 1	
MAXI-TUSS AC	Tier 1	
<i>potassium iodide oral solution</i>	Tier 1	
SSKI	Tier 2	
VIRTUSSIN AC	Tier 1	
FIRST GENERATION ANTIHIST. (RESPIR TRACT)		
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
<i>carbinoxamine maleate oral liquid</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	Tier 1	ST
<i>clemastine oral tablet</i>	Tier 1	
<i>cyproheptadine</i>	Tier 1	
<i>dexchlorpheniramine maleate</i>	Tier 1	
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>diphenhydramine hcl oral elixir</i>	Tier 1	
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
<i>promethazine oral</i>	Tier 1	
PROMETHAZINE VC	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
<i>promethazine-dm</i>	Tier 1	
<i>promethazine-phenylephrine</i>	Tier 1	
RYDEX	Tier 1	
INTERLEUKIN ANTAGONISTS		
TEZSPIRE	Tier 3	
LEUKOTRIENE MODIFIERS		
<i>montelukast</i>	Tier 1	
<i>zafirlukast</i>	Tier 1	ST
<i>zileuton</i>	Tier 1	ST
MAST-CELL STABILIZERS		
<i>cromolyn inhalation</i>	Tier 1	QL (8 ML per 1 day)
<i>cromolyn ophthalmic (eye)</i>	Tier 1	
<i>cromolyn oral</i>	Tier 1	PA
MUCOLYTIC AGENTS		
<i>acetylcysteine</i>	Tier 1	
PULMOZYME	Tier 4	PA; QL (2.5 ML per 1 day)
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
<i>roflumilast oral tablet 250 mcg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>roflumilast oral tablet 500 mcg</i>	Tier 1	PA; QL (1 EA per 1 Day)
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)		
ADCIRCA	Tier 4	PA; QL (2 EA per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	Tier 4	PA; QL (90 EA per 30 days)
<i>sildenafil oral tablet 25 mg, 50 mg</i>	Tier 1	PA; QL (8 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	Tier 1	PA; QL (8 EA per 30 days)
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES		
VENTAVIS	Tier 4	PA; QL (270 ML per 30 days)
SECOND GENERATION ANTIHIST (RESPIR TRACT)		
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>desloratadine oral tablet</i>	Tier 1	ST; QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>levocetirizine oral solution</i>	Tier 1	
<i>levocetirizine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
ZERVIAE	Tier 2	PA; ST
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR)		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	Tier 1	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	Tier 1	QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	QL (2 EA per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier 1	QL (2 ML per 1 day)
<i>albuterol sulfate oral</i>	Tier 1	
BREYNA	Tier 1	
<i>budesonide-formoterol</i>	Tier 2	PA; ST; QL (11 GM per 30 days)
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
DULERA	Tier 2	ST; QL (13 GM per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST; QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>formoterol fumarate</i>	Tier 1	QL (120 ML per 30 days)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
<i>levalbuterol tartrate</i>	Tier 2	QL (30 GM per 30 days)
SEREVENT DISKUS	Tier 2	QL (60 EA per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)
<i>terbutaline oral</i>	Tier 1	
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
VASODILATING AGENTS (RESPIRATORY TRACT)		
ADEMPAS	Tier 4	PA; QL (3 EA per 1 day)
<i>ambrisentan</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet</i>	Tier 4	PA; QL (2 EA per 1 day)
ORENITRAM	Tier 4	PA
XANTHINE DERIVATIVES		
THEO-24	Tier 2	
<i>theophylline</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
SKIN AND MUCOUS MEMBRANE AGENTS		
ADRENERGIC AGONISTS		
<i>brimonidine ophthalmic (eye)</i>	Tier 1	
<i>brimonidine topical</i>	Tier 1	PA
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)		
<i>naftifine topical cream</i>	Tier 1	PA; QL (60 GM per 30 days)
<i>naftifine topical gel</i>	Tier 1	PA; QL (60 GM per 28 days)
<i>terbinafine hcl oral</i>	Tier 1	QL (1 EA per 1 day)
ANTIBACTERIALS (84:04)		
ALTABAX	Tier 3	PA; ST; QL (30 GM per 30 days)
CABTREO	Tier 3	
CLEOCIN VAGINAL SUPPOSITORY	Tier 2	
CLINDACIN ETZ TOPICAL SWAB	Tier 1	
<i>clindamycin hcl</i>	Tier 1	
<i>clindamycin palmitate hcl</i>	Tier 1	
CLINDAMYCIN PEDIATRIC	Tier 1	
<i>clindamycin phosphate topical gel</i>	Tier 1	QL (120 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	Tier 1	QL (150 ML per 30 days)
<i>clindamycin phosphate topical lotion</i>	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution</i>	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate vaginal</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
<i>clindamycin-tretinoin</i>	Tier 1	
<i>dapsone oral</i>	Tier 1	
<i>dapsone topical gel 5 %</i>	Tier 1	
<i>dapsone topical gel with pump</i>	Tier 1	
<i>doxycycline hyclate oral capsule</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet</i>	Tier 1	
ERY PADS	Tier 1	
ERYTHROCIN (AS STEARATE)	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>erythromycin</i>	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin with ethanol</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
<i>gentamicin ophthalmic (eye)</i>	Tier 1	
<i>gentamicin topical</i>	Tier 1	QL (60 GM per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	Tier 1	
<i>levofloxacin oral</i>	Tier 1	
<i>mafenide acetate</i>	Tier 1	PA
<i>metronidazole oral capsule</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>metronidazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical lotion</i>	Tier 1	QL (59 ML per 30 days)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	QL (70 GM per 30 days)
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>moxifloxacin oral</i>	Tier 1	
<i>mupirocin</i>	Tier 1	QL (44 GM per 30 days)
<i>neomycin</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear)</i>	Tier 1	
NEO-POLYCIN	Tier 1	
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
ROSADAN TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
ROSADAN TOPICAL GEL	Tier 1	QL (45 GM per 30 days)
<i>tetracycline</i>	Tier 1	
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
XEPI	Tier 2	ST; QL (30 GM per 30 days)
ANTIPROLIFERANTS		
<i>bexarotene oral</i>	Tier 4	PA
<i>bexarotene topical</i>	Tier 4	PA; QL (60 GM per 30 days)
<i>fluorouracil topical cream 5 %</i>	Tier 1	QL (3 GM per 1 day)
<i>fluorouracil topical solution</i>	Tier 1	QL (10 ML per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	PA
VALCHLOR	Tier 4	PA

Drug Name	Tier	Restrictions/Limits
ANTIPRURITICS AND LOCAL ANESTHETICS		
DERMACINRX PRIZOPAK	Tier 1	
<i>doxepin oral capsule</i>	Tier 1	QL (1 EA per 1 day)
<i>doxepin oral concentrate</i>	Tier 1	
<i>doxepin topical</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>lidocaine hcl laryngotracheal</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine topical adhesive patch, medicated 4 %</i>	Tier 2	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>lidocaine-prilocaine topical cream</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine-prilocaine topical kit</i>	Tier 1	
LIDOPIN TOPICAL CREAM 3 %	Tier 1	QL (30 GM per 30 days)
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>acyclovir topical ointment</i>	Tier 1	ST; QL (30 GM per 30 days)
<i>penciclovir</i>	Tier 1	ST; QL (5 GM per 30 days)
ASTRINGENTS (84:12)		
<i>glycopyrrolate oral solution</i>	Tier 1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
ASTRINGENTS, ANTI-INFECTIVE		
<i>chlorhexidine gluconate mucous membrane</i>	Tier 1	
PAROEX ORAL RINSE	Tier 1	
PERIOGARD	Tier 1	
<i>selenium sulfide topical lotion</i>	Tier 1	PA
<i>silver sulfadiazine</i>	Tier 1	
SSD	Tier 1	
AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>clotrimazole mucous membrane</i>	Tier 1	
<i>clotrimazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>econazole nitrate topical cream</i>	Tier 1	QL (85 GM per 30 days)
ERTACZO	Tier 2	QL (60 GM per 30 days)
GYNAZOLE-1	Tier 3	ST
<i>ketoconazole oral</i>	Tier 1	
<i>ketoconazole topical cream</i>	Tier 1	QL (60 GM per 21 days)

Drug Name	Tier	Restrictions/Limits
<i>ketoconazole topical shampoo</i>	Tier 1	QL (120 ML per 21 days)
<i>luliconazole</i>	Tier 2	PA; QL (60 GM per 30 days)
<i>oxiconazole</i>	Tier 1	PA; QL (60 GM per 30 days)
<i>sulconazole</i>	Tier 2	PA; QL (60 GM per 30 days)
<i>terconazole</i>	Tier 1	
BASIC LOTIONS AND LINIMENTS		
<i>ammonium lactate topical lotion</i>	Tier 1	
BASIC OILS AND OTHER SOLVENTS		
MURI-LUBE	Tier 2	
BASIC OINTMENTS AND PROTECTANTS		
<i>ammonium lactate topical cream</i>	Tier 1	
<i>calcipotriene scalp</i>	Tier 1	QL (120 ML per 30 days)
<i>calcipotriene topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>calcipotriene topical ointment</i>	Tier 1	QL (120 GM per 30 days)
<i>calcipotriene-betamethasone</i>	Tier 1	QL (60 GM per 30 days)
<i>nitroglycerin rectal</i>	Tier 1	PA
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste</i>	Tier 2	
CELL STIMULANTS AND PROLIFERANTS		
AVITA TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
<i>clindamycin-tretinoin</i>	Tier 1	
<i>finasteride oral tablet 5 mg</i>	Tier 1	
<i>minoxidil oral</i>	Tier 1	
<i>tretinoin</i>	Tier 1	QL (45 GM per 30 days)
<i>tretinoin (emollient)</i>	Tier 1	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
ALA-CORT	Tier 1	QL (28.35 GM per 30 days)
<i>alclometasone</i>	Tier 1	QL (2 GM per 1 day)
<i>amcinonide</i>	Tier 1	ST
ASMANEX HFA	Tier 2	QL (13 GM per 30 days)
BESER	Tier 1	ST; QL (4 ML per 1 day)
<i>betamethasone dipropionate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone dipropionate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone dipropionate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>betamethasone valerate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone valerate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone valerate topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone, augmented topical cream</i>	Tier 1	QL (50 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>betamethasone, augmented topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone, augmented topical ointment</i>	Tier 1	QL (45 GM per 30 days)
BREYNA	Tier 1	
<i>budesonide-formoterol</i>	Tier 2	PA; ST; QL (11 GM per 30 days)
<i>clobetasol scalp</i>	Tier 1	ST; QL (100 ML per 30 days)
<i>clobetasol topical cream 0.05 %</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>clobetasol topical gel</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>clobetasol topical ointment</i>	Tier 1	QL (120 GM per 30 days)
<i>clobetasol topical shampoo</i>	Tier 1	ST; QL (236 ML per 30 days)
<i>clobetasol-emollient topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>clocortolone pivalate</i>	Tier 1	PA
CLODAN	Tier 1	ST; QL (236 ML per 30 days)
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
CORTIFOAM	Tier 2	
<i>desonide topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>desonide topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>desoximetasone topical cream 0.05 %</i>	Tier 1	ST
<i>desoximetasone topical cream 0.25 %</i>	Tier 1	ST; QL (2 GM per 1 day)
<i>desoximetasone topical gel</i>	Tier 1	ST
<i>desoximetasone topical ointment</i>	Tier 1	ST
<i>desoximetasone topical spray, non-aerosol</i>	Tier 1	ST
<i>diflorasone</i>	Tier 1	ST; QL (120 GM per 30 days)
DULERA	Tier 2	ST; QL (13 GM per 30 days)
<i>fluocinolone and shower cap</i>	Tier 1	QL (1 ML per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	QL (120 GM per 30 days)
<i>fluocinolone topical cream 0.025 %</i>	Tier 1	QL (2 GM per 1 day)
<i>fluocinolone topical oil</i>	Tier 1	QL (120 ML per 30 days)
<i>fluocinolone topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>fluocinolone topical solution</i>	Tier 1	QL (120 ML per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>fluocinonide topical gel</i>	Tier 1	PA; ST; QL (120 GM per 30 days)
<i>fluocinonide topical ointment</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>fluocinonide topical solution</i>	Tier 1	QL (120 ML per 30 days)
FLUOCINONIDE-E	Tier 1	QL (120 GM per 30 days)
<i>fluocinonide-emollient</i>	Tier 1	QL (120 GM per 30 days)
<i>flurandrenolide topical cream</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>flurandrenolide topical lotion</i>	Tier 1	ST; QL (120 ML per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST; QL (60 EA per 30 days)
<i>fluticasone propionate topical cream</i>	Tier 1	QL (2 GM per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>fluticasone propionate topical lotion</i>	Tier 1	ST; QL (4 ML per 1 day)
<i>fluticasone propionate topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>halcinonide topical cream</i>	Tier 1	ST
<i>halobetasol propionate topical cream</i>	Tier 1	ST
<i>halobetasol propionate topical foam</i>	Tier 1	ST
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 1	
<i>hydrocortisone butyrate topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>hydrocortisone butyrate topical solution</i>	Tier 1	ST; QL (120 ML per 30 days)
<i>hydrocortisone oral</i>	Tier 1	
<i>hydrocortisone rectal</i>	Tier 1	
<i>hydrocortisone topical cream 1 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	QL (1 GM per 1 day)
<i>hydrocortisone topical cream with perineal applicator</i>	Tier 1	
<i>hydrocortisone topical lotion 2 %</i>	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	QL (118 ML per 30 days)
<i>hydrocortisone topical ointment 1 %</i>	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone valerate topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>hydrocortisone-acetic acid</i>	Tier 1	QL (10 ML per 30 days)
KOURZEQ	Tier 1	
<i>mometasone nasal</i>	Tier 1	ST; QL (17 GM per 30 days)
<i>mometasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical solution</i>	Tier 1	QL (2 ML per 1 day)
<i>nystatin-triamcinolone</i>	Tier 1	QL (60 GM per 30 days)
ORALONE	Tier 1	
<i>prednicarbate</i>	Tier 1	QL (2 GM per 1 day)
PROCTO-MED HC	Tier 1	
PROCTOSOL HC	Tier 1	
PROCTOZONE-HC	Tier 1	
RYALTRIS	Tier 3	PA; QL (1 Bottle per 30 days)
<i>triamcinolone acetonide dental</i>	Tier 1	
<i>triamcinolone acetonide topical cream</i>	Tier 1	QL (454 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>triamcinolone acetonide topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Tier 1	ST
TRIDERM	Tier 1	ST; QL (454 GM per 30 days)
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)		
CICLODAN KIT TOPICAL COMBO PACK	Tier 2	
CICLODAN KIT TOPICAL SOLUTION	Tier 2	ST
CICLODAN TOPICAL CREAM	Tier 1	QL (90 GM per 30 days)
CICLODAN TOPICAL SOLUTION	Tier 1	QL (6.6 ML per 30 days)
<i>ciclopirox topical cream</i>	Tier 1	QL (90 GM per 30 days)
<i>ciclopirox topical gel</i>	Tier 1	QL (45 GM per 30 days)
<i>ciclopirox topical shampoo</i>	Tier 1	QL (120 ML per 30 days)
<i>ciclopirox topical solution</i>	Tier 1	QL (6.6 ML per 30 days)
<i>ciclopirox topical suspension</i>	Tier 1	QL (60 ML per 30 days)
<i>ciclopirox-ure-camph-menth-euc</i>	Tier 1	
IMMUNOMODULATORY AGENTS (84:06)		
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Tier 4	PA; QL (2 ML per 28 days)
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML	Tier 4	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 4	PA; QL (2 ML per 28 days)
BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML	Tier 4	PA
HYFTOR	Tier 4	PA; QL (20 GM per 18 days)
<i>pimecrolimus</i>	Tier 1	PA; QL (100 GM per 30 days)
<i>sirolimus oral tablet</i>	Tier 1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	Tier 4	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	Tier 4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	Tier 4	PA; QL (1 ML per 84 days)
<i>tacrolimus oral capsule</i>	Tier 1	
<i>tacrolimus topical</i>	Tier 1	QL (100 GM per 30 Days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA; QL (100 ML per 60 days)

Drug Name	Tier	Restrictions/Limits
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	Tier 4	PA
JANUS KINASE INHIBITORS (84:06)		
JAKAFI	Tier 4	PA; QL (60 EA per 30 days)
KERATOLYTIC AGENTS		
<i>acitretin</i>	Tier 1	
<i>adapalene topical lotion</i>	Tier 2	ST
AVAR	Tier 1	QL (341 GM per 30 days)
AVAR-E	Tier 2	ST
BPO TOPICAL GEL	Tier 1	
CICLODAN KIT TOPICAL SOLUTION	Tier 2	ST
<i>ciclopirox-ure-camph-menth-euc</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>podofilox topical solution</i>	Tier 1	QL (1 ML per 30 days)
<i>salicylic acid topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>salicylic acid topical cream,extended release</i>	Tier 1	QL (454 GM per 30 days)
<i>salicylic acid topical lotion</i>	Tier 1	QL (473 ML per 30 days)
<i>salicylic acid topical lotion,extended release</i>	Tier 1	QL (473 GM per 30 days)
<i>salicylic acid topical shampoo</i>	Tier 1	QL (177 ML per 30 days)
<i>salicylic acid-ceramides no.1</i>	Tier 1	
SALIMEZ	Tier 1	QL (454 GM per 30 days)
SALY CIM	Tier 1	QL (454 GM per 30 days)
SSS 10-5 TOPICAL CREAM	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (341 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	Tier 1	QL (57 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>sulfacetamide sod-sulfur-urea</i>	Tier 1	
SULFACLEANSE 8-4	Tier 1	ST
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
ALCOHOL PADS	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ALCOHOL PREP PADS	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>alcohol swabs</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ALCOHOL WIPES	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
AVAR	Tier 1	QL (341 GM per 30 days)
AVAR-E	Tier 2	ST
CARETOUCH ALCOHOL PREP PAD	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CURITY ALCOHOL SWABS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
DROPSAFE ALCOHOL PREP PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY COMFORT ALCOHOL PAD	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY TOUCH ALCOHOL PREP PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>guaiacol</i>	Tier 2	
INCONTROL ALCOHOL PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
INSTACLEAN	Tier 2	
<i>isopropyl alcohol solution 70 %</i>	Tier 2	
<i>isopropyl alcohol solution 99 %</i>	Tier 1	
IV PREP WIPES	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PRO COMFORT ALCOHOL PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PURE COMFORT ALCOHOL PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SSS 10-5 TOPICAL CREAM	Tier 1	
<i>sulfacetamide sodium (acne)</i>	Tier 1	QL (118 ML per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (341 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	Tier 1	QL (57 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea</i>	Tier 1	
SULFACLEANSE 8-4	Tier 1	ST
SURE COMFORT ALCOHOL PREP PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SURE-PREP ALCOHOL PREP PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRUE COMFORT ALCOHOL PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
TRUE COMFORT PRO ALCOHOL PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULESFIA	Tier 2	QL (227 GM per 30 days)
ULTILET ALCOHOL SWAB	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
WEBCOL	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN)		
<i>diclofenac potassium oral tablet</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	QL (500 GM per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	PA; QL (100 GM per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	Tier 1	QL (112 GM per 30 days)
<i>diclofenac-misoprostol</i>	Tier 1	
PHOSPHODIESTERASE-4 INHIBITORS (84:06)		
<i>roflumilast oral tablet 250 mcg</i>	Tier 1	PA; QL (30 EA per 30 days)
POLYENES (SKIN AND MUCOUS MEMBRANE)		
KLAYESTA	Tier 1	QL (180 GM per 1 FILL)
NYAMYC	Tier 1	QL (180 GM per 30 days)
<i>nystatin oral</i>	Tier 1	
<i>nystatin topical cream</i>	Tier 1	QL (30 GM per 30 days)
<i>nystatin topical ointment</i>	Tier 1	QL (30 GM per 30 days)
<i>nystatin topical powder</i>	Tier 1	QL (180 GM per 30 days)
NYSTOP	Tier 1	QL (180 GM per 30 days)
SCABICIDES AND PEDICULICIDES		
<i>ivermectin topical lotion</i>	Tier 1	
<i>malathion</i>	Tier 1	QL (59 ML per 30 days)
<i>permethrin</i>	Tier 1	QL (2 GM per 1 day)
<i>spinosad</i>	Tier 1	PA; QL (4 ML per 1 day)
ULESFIA	Tier 2	QL (227 GM per 30 days)

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

Drug Name	Tier	Restrictions/Limits
VITAMINS		
MULTIVITAMIN PREPARATIONS		
CLASSIC PRENATAL	Tier 0 - Preventive	
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
MULTI-VITAMIN WITH FLUORIDE	Tier 0 - Preventive	
MVC-FLUORIDE	Tier 0 - Preventive	
<i>pnv no.95-ferrous fumarate-fa</i>	Tier 0 - Preventive	
PRENATAL COMPLETE	Tier 0 - Preventive	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0 - Preventive	
PRENATAL MULTIVITAMINS	Tier 0 - Preventive	
PRENATAL ONE DAILY	Tier 0 - Preventive	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 0 - Preventive	
PRENATAL TABLET	Tier 0 - Preventive	
<i>prenatal vit no.179-iron-folic</i>	Tier 0 - Preventive	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0 - Preventive	
PRENATAL VITAMIN WITH MINERALS	Tier 0 - Preventive	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0 - Preventive	
TRI-VITAMIN WITH FLUORIDE	Tier 0 - Preventive	
TRI-VITE WITH FLUORIDE	Tier 0 - Preventive	
VITAMINS A,C,D AND FLUORIDE	Tier 0 - Preventive	
WESNATAL DHA COMPLETE	Tier 1	
VITAMIN A		
TRI-VITAMIN WITH FLUORIDE	Tier 0 - Preventive	
TRI-VITE WITH FLUORIDE	Tier 0 - Preventive	
VITAMINS A,C,D AND FLUORIDE	Tier 0 - Preventive	
VITAMIN B COMPLEX		
B COMPLEX 1 (WITH FOLIC ACID)	Tier 0 - Preventive	
<i>b complex-vitamin c-folic acid oral tablet</i>	Tier 0 - Preventive	
BALANCE B-50 (WITH FOLIC ACID)	Tier 0 - Preventive	
B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG	Tier 0 - Preventive	
CLASSIC PRENATAL	Tier 0 - Preventive	
<i>cyanocobalamin (vitamin b-12) injection</i>	Tier 1	
DIALYVITE 800 ORAL TABLET	Tier 0 - Preventive	
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 0 - Preventive	

Drug Name	Tier	Restrictions/Limits
FOLTABS 800	Tier 0 - Preventive	
FULL SPECTRUM B-VITAMIN C	Tier 0 - Preventive	
KOBEE	Tier 0 - Preventive	
<i>niacin oral tablet 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 24 hr</i>	Tier 1	
<i>pnv no.95-ferrous fumarate-fa</i>	Tier 0 - Preventive	
PRENATAL COMPLETE	Tier 0 - Preventive	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0 - Preventive	
PRENATAL MULTIVITAMINS	Tier 0 - Preventive	
PRENATAL ONE DAILY	Tier 0 - Preventive	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 0 - Preventive	
PRENATAL TABLET	Tier 0 - Preventive	
<i>prenatal vit no.179-iron-folic</i>	Tier 0 - Preventive	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0 - Preventive	
PRENATAL VITAMIN WITH MINERALS	Tier 0 - Preventive	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0 - Preventive	
RENA-VITE	Tier 0 - Preventive	
STRESS FORMULA WITH IRON (SULF)	Tier 0 - Preventive	
SUPER B-50 COMPLEX	Tier 0 - Preventive	
SUPER QUINTS	Tier 0 - Preventive	
<i>vitamin b complex-folic acid oral tablet</i>	Tier 0 - Preventive	
WESNATAL DHA COMPLETE	Tier 1	
VITAMIN C		
<i>b complex-vitamin c-folic acid oral tablet</i>	Tier 0 - Preventive	
DIALYVITE 800 ORAL TABLET	Tier 0 - Preventive	
FULL SPECTRUM B-VITAMIN C	Tier 0 - Preventive	
RENA-VITE	Tier 0 - Preventive	
STRESS FORMULA WITH IRON (SULF)	Tier 0 - Preventive	
TRI-VITAMIN WITH FLUORIDE	Tier 0 - Preventive	
TRI-VITE WITH FLUORIDE	Tier 0 - Preventive	
VITAMINS A,C,D AND FLUORIDE	Tier 0 - Preventive	
VITAMIN D		
<i>calcitriol intravenous</i>	Tier 1	
<i>calcitriol oral</i>	Tier 1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>	Tier 1	ST
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>paricalcitol oral</i>	Tier 1	ST
RELION GLUCOSE	Tier 1	
TRI-VITAMIN WITH FLUORIDE	Tier 0 - Preventive	
TRI-VITE WITH FLUORIDE	Tier 0 - Preventive	
VITAMIN D2	Tier 1	
VITAMINS A,C,D AND FLUORIDE	Tier 0 - Preventive	
VITAMIN E		
STRESS FORMULA WITH IRON (SULF)	Tier 0 - Preventive	
VITAMIN K ACTIVITY		
<i>phytonadione (vitamin k1) injection solution 1 mg/0.5 ml</i>	Tier 2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	QL (10 EA per 1 FILL)

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