



MARKETPLACE PLAN

**Kentucky**  
**Drug Formulary**  
**2023**

## **Introduction**

### **Your Guide to Best-Cost Options**

CareSource provides your prescription benefits. We understand benefits can be confusing and sometimes costly. To help, we have created a drug formulary; a list of drugs used to treat common health conditions. This list is your guide to best-cost options. The drugs are best-cost options because they can provide the same health benefits as more expensive drugs but cost less. Many conditions have treatment options that vary in cost. This list can make it easier for you and your doctor to choose effective, lower-cost drugs first.

### **Prior Authorizations**

CareSource may require health partners to send us information about why a drug or a certain amount of a drug 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 care partners may make prior authorization requests by phone or fax. Providers, please call **1-855-852-5558** and follow the prompts, or fax to 1-866-930-0019.

If we receive the request before 5 p.m. on Friday, we will give a decision within 24 hours. It may take longer than 24 hours for requests received on weekends and most holidays. We may not approve a prior authorization request for a drug. If we don't, we will send you information about how to appeal our decision.

### **Quantity Limits on Opioid Analgesics**

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

## **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. The member and provider may decide that a drug that is not listed on the Formulary is a better choice for the member. In these cases, the member or the member's representative may ask for an exception to a drug listed on the Formulary. The member or member's representative may make the request online or by calling Member Services.

To reach Member Services, call **1-833-230-2099 (TTY/TDD: 1-800-648-6056 or 711)**, Monday through Friday, 7 a.m. to 7 p.m. Eastern Time.

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.

CareSource will provide a decision no later than 72 hours after the request is received. If the member is suffering from a serious health condition, CareSource will provide a decision within 24 hours. As part of the process, CareSource will consider whether the requested drug is clinically appropriate.

Typically, our 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.

## **Using the Drug Formulary**

Use the list to check if your current medicines are best-cost options. If not, ask your doctor if a drug on the list is right for you. Also, take the list with you each time you or your family visits a doctor.

**PLEASE NOTE:** This list is a guide to medicines used to treat common conditions only. It does not include all the drugs covered by your benefit plan. For a complete and updated list, visit [CareSource.com/marketplace/KY](http://CareSource.com/marketplace/KY) or call the toll-free number on the back of your benefit ID card.

## **CareSource Online Formulary Search Tools Available**

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

## About Generics

Today, there are many generic drugs to treat short and long-term conditions. It makes sense to try them because, for most people, they work just as well as higher-priced, brand-name drugs but cost less. Why pay more than you have to in order to stay healthy? Are you still unsure if generics are right for you? Consider these facts:

- Lower cost does not mean lower quality. The U.S. Food and Drug Administration (FDA) requires generics to have the same high quality, strength, purity and stability as brand name medicines.
- The research, development and advertising of new medicines cost a lot of money.
- Generics are lower cost because companies that make them don't have to start from scratch. They then pass the savings on to you, the consumer.
- All generics must meet the same FDA standards as brand names. Generic drugs have the same active ingredients and must perform the same as the brand name.
- Choosing a brand 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.

## About the Drug Formulary: Drugs are grouped into 2 parts

**Part 1 -- Drug Formulary, sorted by which body system or condition they treat, and Part 2 -- Index, sorted by the alphabet, for quick reference.**

- Many of the drugs are generics. Consider generics first. They are safe, effective and generally lowest cost.
- Generic medicines are in lowercase italics. For example, *diclofenac*.
- All generics available may not be listed. Generics not listed are still usually your best-cost option and should be considered before brand name drugs.
- If NO generic is available, the most effective and cost-effective brand-name medicine(s) are listed. They should be tried before other higher-cost brand names.
- Brand-name medicines are listed in all CAPs. For example, ENBREL.
- The Formulary can change at any time as new drugs come out and older drugs are available as generics. If a brand name becomes available as a generic, the brand name will no longer be considered a best-cost option. The generic version of that medicine will instead.
- Your actual plan may not cover certain treatments, even if they are on this list.

## **Part 1 -- Drug Formulary Drugs by body system or condition they commonly treat**

Your best-cost options are listed below by body system or condition they commonly treat. Some drugs may be used to treat other conditions. The list is divided into three columns:

- Column 1 is the drug name. Remember, generics are in lowercase italics and should be considered first.
- Column 2 is the drug's cost-sharing tier. Cost-sharing is the copay (coinsurance) amount you have to pay out-of-pocket for the drug. The tiers are 0, 1, 2, 3, and 4. In general, the copay amount increases as the tier number increase. Tier number 1 has the lowest copay amounts and tier number 4 has the highest. Visit [CareSource.com/marketplace](http://CareSource.com/marketplace) or call Member Services at the toll-free number on the back of your ID card to learn about your exact copay amounts.
- Column 3 lists the requirements or limits CareSource has for the medicine. Please review the Legend to learn about each requirement or limit.

## **Part 2 -- Index (drugs listed alphabetically for quick reference)**

You can locate your best-cost options in the Index. Generic and brand names are listed together by the first letter of the medicine name. This list can help you find a drug if you are unsure what body system or condition to look under. If you are unable to find your current drug OR if it is not on this list, visit [CareSource.com/marketplace/KY](http://CareSource.com/marketplace/KY) or call the Member Services number on the back of your ID card.

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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.

CURRENT AS OF 10/1/2023

Drug Name	Tier	Restrictions/ Limits
<b>ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC</b>		
<b>ANALGESIC OPIOID AGONISTS</b>		
codeine sulfate	Tier 1	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	PA; QL (15 EA per 30 days)
hydrocodone bitartrate oral capsule, oral only, er 12hr	Tier 1	PA; QL (90 EA per 30 days)
hydromorphone oral liquid	Tier 1	PA; QL (6 ML per 1 day)
hydromorphone oral tablet	Tier 1	PA; QL (6 EA per 1 day)
hydromorphone oral tablet extended release 24 hr	Tier 1	QL (60 EA per 30 days)
levorphanol tartrate	Tier 1	PA
METHADONE INTENSOL	Tier 1	PA
methadone oral concentrate	Tier 1	PA
methadone oral solution 10 mg/5 ml	Tier 1	PA; QL (8.67 ML per 1 day)
methadone oral solution 5 mg/5 ml	Tier 1	PA; QL (20 ML per 1 day)
methadone oral tablet 10 mg	Tier 1	PA; QL (2 EA per 1 day)
methadone oral tablet 5 mg	Tier 1	PA; QL (4 EA per 1 day)
morphine concentrate oral solution	Tier 1	PA; QL (6 ML per 1 day)
morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 50 mg, 80 mg	Tier 1	PA; QL (90 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
morphine oral solution	Tier 1	PA; QL (30 ML per 1 day)
morphine oral tablet	Tier 1	PA; QL (6 EA per 1 day)
morphine oral tablet extended release	Tier 1	PA; QL (120 EA per 30 days)
morphine rectal	Tier 1	PA; QL (6 EA per 1 day)
oxycodone oral capsule	Tier 1	PA; QL (6 EA per 1 day)
oxycodone oral concentrate	Tier 1	PA; QL (6 ML per 1 day)
oxycodone oral solution	Tier 1	PA; QL (30 ML per 1 day)
oxycodone oral tablet	Tier 1	PA; QL (6 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr	Tier 2	PA; QL (90 EA per 30 days)
oxymorphone oral tablet	Tier 1	PA
oxymorphone oral tablet extended release 12 hr	Tier 1	PA; QL (90 EA per 30 days)
tramadol oral tablet 50 mg	Tier 1	PA; QL (240 EA per 30 days)
tramadol oral tablet extended release 24 hr	Tier 1	PA; QL (30 EA per 30 days)
tramadol oral tablet, er multiphase 24 hr	Tier 1	PA; QL (30 EA per 30 days)
<b>ANALGESIC OPIOID CODEINE COMBINATIONS</b>		
acetaminophen-codeine oral solution	Tier 1	PA; QL (125 ML per 1 day)
acetaminophen-codeine oral tablet	Tier 1	PA; QL (10 EA per 1 day)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	Tier 1	PA
<b>ANALGESIC OPIOID HYDROCODONE AND NON-SALICYLATE COMBINATIONS</b>		

Drug Name	Tier	Restrictions/ Limits	Drug Name	Tier	Restrictions/ Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	PA; QL (10 EA per 1 day)	<b>ANALGESIC OPIOID OXYCODONE COMBINATIONS</b>		
<b>ANALGESIC OPIOID HYDROCODONE AND NSAID COMBINATIONS</b>			ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg	Tier 1	PA	oxycodone-acetaminophen oral solution	Tier 1	PA
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Tier 1	PA; QL (5 EA per 1 day)	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	PA; QL (10 EA per 1 day)
<b>ANALGESIC OPIOID HYDROCODONE COMBINATIONS</b>			oxycodone-acetaminophen oral tablet 2.5-300 mg	Tier 1	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	PA; QL (10 EA per 1 day)	oxycodone-acetaminophen oral tablet 7.5-300 mg	Tier 1	PA
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg	Tier 1	PA	<b>ANALGESIC OPIOID PARTIAL-MIXED AGONISTS</b>		
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Tier 1	PA; QL (5 EA per 1 day)	buprenorphine	Tier 1	ST
<b>ANALGESIC OPIOID OXYCODONE AND NON-SALICYLATE COMBINATIONS</b>			buprenorphine hcl injection solution	Tier 1	
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)	<b>ANALGESIC OPIOID TRAMADOL AND NON-SALICYLATE COMBINATIONS</b>		
oxycodone-acetaminophen oral solution	Tier 1	PA	tramadol-acetaminophen	Tier 1	PA; QL (240 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	PA; QL (10 EA per 1 day)	<b>ANALGESIC OPIOID TRAMADOL COMBINATIONS</b>		
oxycodone-acetaminophen oral tablet 2.5-300 mg	Tier 1		tramadol-acetaminophen	Tier 1	PA; QL (240 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-300 mg	Tier 1	PA	<b>ANALGESIC OR ANTIPYRETIC NON-OPIOID/SEDATIVE COMBINATIONS</b>		
			butalbital-acetaminophen-caff oral capsule 50-325-40 mg	Tier 1	QL (48 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
butalbital-acetaminophen-caff oral tablet	Tier 1	QL (48 EA per 30 days)
ZEBUTAL	Tier 1	QL (48 EA per 30 days)
<b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGNTS, NON- SEIECTIVE</b>		
ENBREL MINI	Tier 4	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 MIL (0.5)	Tier 4	PA; QL (8 ML per 30 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)
<b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGNTS, TNF-ALPHA SEL</b>		
adalimumab-adaz	Tier 4	PA
adalimumab-fkjp	Tier 4	PA
CIMZIA	Tier 4	PA; QL (2 EA per 28 days)
CIMZIA POWDER FOR RECONST	Tier 4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT	Tier 4	PA; QL (6 EA per 365 days)
HADLIMA	Tier 4	PA
HADLIMA PUSHTOUCH	Tier 4	PA
HADLIMA(CF)	Tier 4	PA
HADLIMA(CF) PUSHTOUCH	Tier 4	PA
HUMIRA	Tier 4	PA; QL (2 EA per 28 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
HUMIRA PEN	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	Tier 4	PA; QL (6 EA per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	Tier 4	PA; QL (4 EA per 365 days)
HUMIRA(CF)	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA; QL (2 EA per 365 days)
HUMIRA(CF) PEN	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 4	PA; QL (3 EA per 365 days)
<b>DMARD - ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS</b>		
adalimumab-adaz	Tier 4	PA
adalimumab-fkjp	Tier 4	PA
CIMZIA	Tier 4	PA; QL (2 EA per 28 days)
CIMZIA POWDER FOR RECONST	Tier 4	PA; QL (1 EA per 28 days)
CIMZIA STARTER KIT	Tier 4	PA; QL (6 EA per 365 days)
ENBREL MINI	Tier 4	PA; QL (4 ML per 28 days)

Drug Name	Tier	Restrictions/ Limits
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	Tier 4	PA; QL (8 ML per 30 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
HUMIRA	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA PEN	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA PEN CROHNS-UC-HS START	Tier 4	PA; QL (6 EA per 365 days)
HUMIRA PEN PSOR- UVEITS-ADOL HS	Tier 4	PA; QL (4 EA per 365 days)
HUMIRA(CF)	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS	Tier 4	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC	Tier 4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 4	PA; QL (3 EA per 365 days)
<b>DMARD - ANTIMALARIALS</b>		
hydroxychloroquine	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>DMARD - ANTIMETABOLITES</b>		
<i>methotrexate sodium oral</i>	Tier 1	
TREXALL	Tier 2	
<b>DMARD - IMMUNOSUPPRESSIV ES</b>		
<i>azathioprine</i>	Tier 1	
<i>cyclophosphamide oral capsule</i>	Tier 1	PA
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine oral</i>	Tier 1	
GENGRAF	Tier 1	
<i>mycophenolate mofetil</i>	Tier 1	
<b>DMARD - INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS, MONOCLONAL ANTIBODY</b>		
ACTEMRA ACTPEN	Tier 4	PA; QL (2 ML per 28 days)
ACTEMRA SUBCUTANEOUS	Tier 4	PA; QL (2 ML per 28 days)
<b>DMARD - JANUS KINASE (JAK) INHIBITORS</b>		
RINVOQ	Tier 4	PA; QL (1 EA per 1 day)
<b>DMARD - OTHER</b>		
D-PENAMINE	Tier 2	PA
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>penicillamine</i>	Tier 1	PA
<i>sulfasalazine</i>	Tier 1	
<b>DMARD - PHOSPHODIESTERAS E-4 (PDE4) INHIBITORS</b>		

Drug Name	Tier	Restrictions/ Limits
OTEZLA	Tier 4	PA; QL (60 EA per 30 days)
<b>DMARD - PYRIMIDINE SYNTHESIS INHIBITORS</b>		
leflunomide	Tier 1	QL (30 EA per 30 days)
<b>NSAID ANALGESIC AND HISTAMINE H2 RECEPTOR ANTAGONIST COMBINATIONS</b>		
ibuprofen-famotidine	Tier 1	PA
<b>NSAID ANALGESIC AND PROSTAGLANDIN ANALOG COMBINATIONS</b>		
diclofenac-misoprostol	Tier 1	
<b>NSAID ANALGESIC AND PROTON PUMP INHIBITOR COMBINATIONS</b>		
naproxen-esomeprazole	Tier 1	ST
<b>NSAID ANALGESIC, CYCLOOXYGENASE-2 (COX-2) SELECTIVE INHIBITORS</b>		
celecoxib	Tier 1	ST
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - ANTHRANILIC ACID DERIVATIVES</b>		
mefenamic acid	Tier 1	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - OTHER</b>		
ketorolac oral	Tier 1	QL (20 EA per 30 days)
nabumetone	Tier 1	
sulindac	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - OXICAM DERIVATIVES</b>		
<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>piroxicam</i>	Tier 1	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - PHENYLACETIC ACID DERIVATIVES</b>		
<i>diclofenac potassium oral tablet</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - PROPIONIC ACID DERIVATIVES</b>		
EC-NAPROXEN	Tier 1	
<i>fenoprofen oral tablet</i>	Tier 1	ST
<i>flurbiprofen</i>	Tier 1	
IBU	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</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>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>oxaprozin</i>	Tier 1	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - INDOLE ACETIC ACID DERIVATIVES</b>		
<i>etodolac</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>indomethacin oral capsule</i>	Tier 1	
<b>SALICYLATE ANALGESIC AND SEDATIVE COMBINATIONS</b>		
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
<b>SALICYLATE ANALGESICS</b>		
<i>diflunisal</i>	Tier 1	
<b>ANESTHETICS</b>		
<b>GENERAL ANESTHETIC - INHALANT VOLATILE</b>		
<i>desflurane</i>	Tier 1	
<i>FORANE</i>	Tier 1	
<i>isoflurane</i>	Tier 1	
<i>sevoflurane</i>	Tier 1	
<i>TERRELL</i>	Tier 1	
<b>GENERAL ANESTHETIC - PARENTERAL, BENZODIAZEPINES</b>		
<i>midazolam (pf) injection solution</i>	Tier 1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam injection</i>	Tier 1	
<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	Tier 2	
<b>LOCAL ANESTHETIC - AMIDES</b>		
<i>lidocaine hcl laryngotracheal</i>	Tier 1	
<b>ANORECTAL PREPARATIONS</b>		
<b>ANAL FISSURE PAIN/TREATMENT AGENTS - NITRATES</b>		

Drug Name	Tier	Restrictions/ Limits
<i>RECTIV</i>	Tier 2	PA
<b>ANORECTAL - GLUCOCORTICOIDS</b>		
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator</i>	Tier 1	
<i>PROCTO-MED HC</i>	Tier 1	
<i>PROCTOSOL HC</i>	Tier 1	
<i>PROCTOZONE-HC</i>	Tier 1	
<b>ANTIDOTES AND OTHER REVERSAL AGENTS</b>		
<b>ANTIDOTE - ACETAMINOPHEN POISONING</b>		
<i>acetylcysteine</i>	Tier 1	
<b>CHELATING AGENTS - COPPER</b>		
<i>D-PENAMINE</i>	Tier 2	PA
<i>penicillamine</i>	Tier 1	PA
<b>CHELATING AGENTS - IRON</b>		
<i>deferasirox oral tablet</i>	Tier 4	PA
<i>deferasirox oral tablet, dispersible</i>	Tier 4	PA
<b>MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING</b>		
<i>MOVANTIK</i>	Tier 2	PA; QL (30 EA per 30 days)
<b>OPIOID REVERSAL AGENTS - OPIOID ANTAGONISTS</b>		
<i>nalmefene</i>	Tier 2	QL (2 Units per 1 Month)
<i>naloxone injection solution</i>	Tier 1	QL (2 ML per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	
<b>ANTI-INFECTIVE AGENTS</b>		
<b>AMINOGLYCOSIDE ANTIBIOTIC</b>		
<i>neomycin</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
<b>AMINOPENICILLIN ANTIBIOTIC</b>		
<i>amoxicillin</i>	Tier 1	
<i>ampicillin</i>	Tier 1	
<b>AMINOPENICILLIN ANTIBIOTIC - BETA- LACTAMASE INHIBITOR COMBINATIONS</b>		
<i>amoxicillin-pot clavulanate</i>	Tier 1	
<b>ANTHELMINTIC AGENTS - BENZIMIDAZOLE DERIVATIVES</b>		
<i>albendazole</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>EMVERM</i>	Tier 2	QL (6 EA per 30 days)
<b>ANTHELMINTIC AGENTS - MACROCYCLIC LACTONES</b>		
<i>ivermectin oral</i>	Tier 1	QL (20 EA per 30 days)
<b>ANTHELMINTIC AGENTS OTHER</b>		
<i>praziquantel</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS</b>		
<i>sulfamethoxazole- trimethoprim oral</i>	Tier 1	
<i>SULFATRIM</i>	Tier 1	
<b>ANTIBACTERIAL FOLATE ANTAGONIST OTHERS</b>		
<i>trimethoprim</i>	Tier 1	
<b>ANTIBACTERIAL NITROFURAN DERIVATIVES</b>		
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohyd/m-cryst</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	
<b>ANTIFUNGAL - ALLYLAMINES</b>		
<i>terbinafine hcl oral</i>	Tier 1	QL (1 EA per 1 day)
<b>ANTIFUNGAL - AMPHOTERIC POLYENE MACROLIDES</b>		
<i>nystatin oral tablet</i>	Tier 1	
<b>ANTIFUNGAL - FLUORINATED PYRIMIDINE-TYPE AGENTS</b>		
<i>flucytosine</i>	Tier 1	
<b>ANTIFUNGAL - IMIDAZOLES</b>		
<i>ketoconazole oral</i>	Tier 1	
<b>ANTIFUNGAL - TRIAZOLES</b>		
<i>CRESEMBA ORAL CAPSULE 186 MG</i>	Tier 3	PA

Drug Name	Tier	Restrictions/ Limits
fluconazole oral suspension for reconstitution	Tier 1	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	Tier 1	
fluconazole oral tablet 150 mg	Tier 1	QL (2 EA per 30 days)
voriconazole oral	Tier 1	PA
<b>ANTIFUNGAL OTHER</b>		
griseofulvin microsize	Tier 1	
griseofulvin ultramicrosize	Tier 1	
<b>ANTILEPROTIC - IMMUNOMODULATOR S</b>		
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	Tier 4	PA; QL (60 EA per 30 days)
<b>ANTILEPROTIC - SULFONE AGENTS</b>		
dapsone oral	Tier 1	
<b>ANTIMALARIAL COMBINATIONS</b>		
atovaquone-proguanil oral tablet 250-100 mg	Tier 1	QL (60 EA per 180 days)
atovaquone-proguanil oral tablet 62.5-25 mg	Tier 1	QL (180 EA per 180 days)
COARTEM	Tier 2	QL (24 EA per 30 days)
<b>ANTIMALARIALS</b>		
chloroquine phosphate	Tier 1	QL (1000 EA per 1 day)
hydroxychloroquine	Tier 1	
mefloquine	Tier 1	QL (13 EA per 180 days)
primaquine	Tier 2	QL (120 EA per 180 days)
pyrimethamine	Tier 4	PA

Drug Name	Tier	Restrictions/ Limits
quinine sulfate	Tier 1	QL (42 EA per 30 days)
<b>ANTIPROTOZOAL AGENTS - NITROIMIDAZOLE DERIVATIVES</b>		
benznidazole oral tablet 100 mg	Tier 2	QL (120 EA per 30 days)
benznidazole oral tablet 12.5 mg	Tier 2	QL (720 EA per 365 days)
<b>ANTIPROTOZOAL AGENTS - OTHER</b>		
atovaquone	Tier 1	
<b>ANTIPROTOZOAL AGENTS (ANTIPARASITIC) - 5-NITROTHIAZOLYL DERIVATIVES</b>		
nitazoxanide	Tier 1	QL (14 EA per 30 days)
<b>ANTIPROTOZOAL-ANTIBACTERIAL 1ST GENERATION 2-METHYL-5-NITROIMIDAZOLE</b>		
metronidazole oral	Tier 1	
<b>ANTIPROTOZOAL-ANTIBACTERIAL 2ND GENERATION 2-METHYL-5-NITROIMIDAZOLE</b>		
tinidazole oral tablet 250 mg	Tier 1	QL (40 EA per 30 days)
tinidazole oral tablet 500 mg	Tier 1	QL (20 EA per 30 days)
<b>ANTIRETROVIRAL - CCR5 CO-RECEPTOR ANTAGONIST</b>		
maraviroc oral tablet 150 mg	Tier 1	QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	Tier 1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION	Tier 2	QL (1840 ML per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
SELZENTRY ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 300 MG	Tier 2	QL (4 EA per 1 day)
<b>ANTIRETROVIRAL - HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS</b>		
APRETUDE	Tier 10	
ISENTRESS ORAL POWDER IN PACKET	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET	Tier 2	QL (4 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE	Tier 2	QL (6 EA per 1 day)
<b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NNRTI COMBINATIONS</b>		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	Tier 10	QL (1 ML per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	Tier 10	QL (1 ML per 365 days)
JULUCA	Tier 2	QL (1 EA per 1 day)
<b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NRTI COMBINATIONS</b>		
DOVATO	Tier 2	QL (1 EA per 1 day)
<b>ANTIRETROVIRAL - NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIB (NNRTI)</b>		
<i>efavirenz oral capsule</i>	Tier 1	QL (3 EA per 1 day)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
<i>efavirenz oral tablet</i>	Tier 1	QL (1 EA per 1 day)
INTELENCE ORAL TABLET 100 MG	Tier 2	QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG	Tier 2	QL (2 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)
PIFELTRO	Tier 2	QL (1 EA per 1 day)
<b>ANTIRETROVIRAL - NUCLEOSIDE AND NUCLEOTIDE ANALOG RTIS COMBINATIONS</b>		
DESCOVY ORAL TABLET 120-15 MG	Tier 2	ST
DESCOVY ORAL TABLET 200-25 MG	Tier 2	ST; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 0	QL (1 EA per 1 day)
<b>ANTIRETROVIRAL - NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>		
<i>abacavir oral solution</i>	Tier 1	QL (30 ML per 1 day)
<i>abacavir oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>emtricitabine</i>	Tier 1	QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE	Tier 2	QL (1 EA per 1 day)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
EMTRIVA ORAL SOLUTION	Tier 2	QL (680 ML per 30 days)
<i>lamivudine oral solution</i>	Tier 1	QL (30 ML per 1 day)
<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)
<b>ANTIRETROVIRAL - NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS</b>		
<i>tenofovir disoproxil fumarate</i>	Tier 1	QL (1 EA per 1 day)
VIREAD ORAL POWDER	Tier 2	QL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (1 EA per 1 day)
<b>ANTIRETROVIRAL COMBINATIONS - PROTEASE INHIBITORS</b>		
EVOTAZ	Tier 2	QL (1 EA per 1 day)
KALETRA ORAL TABLET 100-25 MG	Tier 2	QL (8 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	Tier 2	QL (4 EA per 1 day)
<i>lopinavir-ritonavir oral solution</i>	Tier 1	QL (13 ML per 1 day)
PREZCOBIX	Tier 2	QL (1 EA per 1 day)
<b>ANTIRETROVIRAL- NUCLEOSIDE AND NUCLEOTIDE ANALOGS,PROTEASE INHIBITORS</b>		
SYMTUZA	Tier 2	QL (1 EA per 1 day)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
<b>ANTIRETROVIRAL-INTEGRASE INHIBITOR,NUCLEOSIDE AND NUCLEOTIDE RTIS COMB</b>		
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 2	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
GENVOYA	Tier 2	QL (1 EA per 1 day)
STRIBILD	Tier 2	QL (1 EA per 1 day)
<b>ANTIRETROVIRAL- NUCLEOSIDE ANALOGS AND INTEGRASE INHIBITOR COMBINATIONS</b>		
TRIUMEQ	Tier 2	PA; QL (1 EA per 1 day)
<b>ANTIRETROVIRAL- NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) COMB</b>		
<i>abacavir-lamivudine</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine-zidovudine</i>	Tier 1	QL (2 EA per 1 day)
<b>ANTIRETROVIRAL- NUCLEOSIDE, NUCLEOTIDE ANALOGS AND NON-NUCLEOSIDE RTI</b>		
COMPLERA	Tier 2	QL (1 EA per 1 day)
DELSTRIGO	Tier 2	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop</i>	Tier 1	
ODEFSEY	Tier 2	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions/ Limits
<b>ANTITUBERCULAR - AMINOBENZOIC ACID ANALOGS</b>		
PASER	Tier 2	PA
<b>ANTITUBERCULAR - D-ALANINE ANALOGS</b>		
cycloserine	Tier 1	
<b>ANTITUBERCULAR - ISONICOTINIC ACID DERIVATIVES</b>		
isoniazid oral	Tier 1	
<b>ANTITUBERCULAR - NIACINAMIDE DERIVATIVES</b>		
pyrazinamide	Tier 1	
<b>ANTITUBERCULAR - NITROIMIDAZOLE DERIVATIVES</b>		
pretomanid	Tier 2	PA; QL (1 EA per 1 day)
<b>ANTITUBERCULAR - RIFAMYCIN AND DERIVATIVES</b>		
rifabutin	Tier 1	
rifampin oral	Tier 1	
<b>ANTITUBERCULAR AGENTS OTHER</b>		
ethambutol	Tier 1	
<b>CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION</b>		
cefadroxil	Tier 1	
cephalexin oral capsule 250 mg, 500 mg	Tier 1	
cephalexin oral suspension for reconstitution	Tier 1	
cephalexin oral tablet 250 mg	Tier 1	
<b>CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION</b>		

Drug Name	Tier	Restrictions/ Limits
cefprozil	Tier 1	
cefuroxime axetil	Tier 1	
<b>CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION</b>		
cefdinir	Tier 1	
<b>FLUOROQUINOLONE ANTIBIOTICS</b>		
ciprofloxacin hcl oral	Tier 1	
ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml	Tier 1	
levofloxacin oral	Tier 1	
moxifloxacin oral	Tier 1	
ofloxacin oral	Tier 1	QL (2 EA per 1 day)
<b>GLYCOPEPTIDE ANTIBIOTICS</b>		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 2	PA; QL (300 ML per 30 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	Tier 2	PA; QL (450 ML per 30 days)
vancomycin oral capsule 125 mg	Tier 1	PA; QL (40 EA per 30 days)
vancomycin oral capsule 250 mg	Tier 1	PA; QL (80 EA per 30 days)
vancomycin oral recon soln 50 mg/ml	Tier 1	PA; QL (450 ML per 30 days)
<b>HEPATITIS B TREATMENT-NUCLEOSIDE ANALOGS (ANTIVIRAL)</b>		
BARACLUDE ORAL SOLUTION	Tier 2	PA
entecavir	Tier 1	PA
lamivudine oral tablet 100 mg	Tier 1	

Drug Name	Tier	Restrictions/ Limits	Drug Name	Tier	Restrictions/ Limits
<b>HEPATITIS B TREATMENT- NUCLEOTIDE ANALOGS (ANTIVIRAL)</b>			<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>adefovir</i>	Tier 1		<i>acyclovir oral tablet</i>	Tier 1	
<i>tenofovir disoproxil fumarate</i>	Tier 1	QL (1 EA per 1 day)	<i>valacyclovir</i>	Tier 1	QL (30 EA per 30 days)
<b>VIREAD ORAL POWDER</b>	Tier 2	QL (8 GM per 1 day)	<b>HERPES ANTIVIRAL AGENT - THYMIDINE ANALOGS</b>		
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	Tier 2	QL (1 EA per 1 day)	<i>famciclovir oral tablet 125 mg, 500 mg</i>	Tier 1	QL (21 EA per 30 days)
<b>HEPATITIS C - INTERFERONS</b>			<i>famciclovir oral tablet 250 mg</i>	Tier 1	QL (60 EA per 30 days)
<b>PEGASYS SUBCUTANEOUS SOLUTION</b>	Tier 4	PA; QL (4 ML per 30 days)	<b>INFLUENZA ANTIVIRAL AGENTS - NEURAMINIDASE INHIBITORS</b>		
<b>PEGASYS SUBCUTANEOUS SYRINGE</b>	Tier 4	PA; QL (2 ML per 28 days)	<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (40 EA per 365 days)
<b>HEPATITIS C - NS5A INHIBITOR AND NS3/4A PROTEASE INHIBITOR COMBINATION</b>			<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 365 days)
<b>MAVYRET ORAL TABLET</b>	Tier 4	PA; QL (3 EA per 1 day)	<i>oseltamivir oral suspension for reconstitution</i>	Tier 1	QL (360 ML per 365 days)
<b>HEPATITIS C - NS5B POLYMERASE AND NS5A INHIBITOR COMBINATIONS</b>			<b>INFLUENZA ANTIVIRAL AGENTS - PA ENDONUCLEASE INHIBITOR</b>		
<i>sofosbuvir-velpatasvir</i>	Tier 4	PA; QL (1 EA per 1 day)	<b>XOFLUZA ORAL TABLET 20 MG, 40 MG</b>	Tier 2	QL (4 EA per 365 days)
<b>HEPATITIS C - NUCLEOSIDE ANALOGS</b>			<b>INFLUENZA-A ANTIVIRAL AGENTS</b>		
<i>ribavirin oral</i>	Tier 4		<i>rimantadine</i>	Tier 1	
<b>HERPES ANTIVIRAL AGENT - PURINE ANALOGS</b>			<b>LINCOSSAMIDE ANTIBIOTICS</b>		
<i>acyclovir oral capsule</i>	Tier 1		<i>clindamycin hcl</i>	Tier 1	
			<b>CLINDAMYCIN PEDIATRIC</b>	Tier 1	
			<b>MACROLIDE ANTIBIOTICS</b>		
			<i>azithromycin oral</i>	Tier 1	
			<i>clarithromycin</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	PA; QL (1 ML per 30 days)
DIFICID ORAL TABLET	Tier 2	PA; QL (20 EA per 30 days)
ERYTHROCIN (AS STEARATE)	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin oral</i>	Tier 1	
<b>MISC ANTI-INFECTIVE</b>		
<i>pentamidine inhalation</i>	Tier 1	PA; QL (1 EA per 28 days)
<b>MISC ANTI-INFECTIVE COMBINATIONS</b>		
URETRON D-S	Tier 1	
URO-SP	Tier 1	
UTIRA-C	Tier 1	
<b>OXAZOLIDINONE ANTIBIOTICS</b>		
<i>linezolid</i>	Tier 1	PA
<b>PENICILLIN ANTIBIOTIC - NATURAL</b>		
<i>penicillin v potassium</i>	Tier 1	
<b>PENICILLIN ANTIBIOTIC - PENICILLINASE-RESISTANT</b>		
<i>dicloxacillin</i>	Tier 1	
<b>PROTEASE INHIBITORS (NON-PEPTIDIC) ANTIRETROVIRAL</b>		
APTIVUS	Tier 2	QL (4 EA per 1 day)
PREZCOBIX	Tier 2	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION	Tier 2	QL (1 ML per 1 day)
PREZISTA ORAL TABLET 150 MG	Tier 2	QL (6 EA per 1 day)

Drug Name	Tier	Restrictions/ Limits
PREZISTA ORAL TABLET 600 MG	Tier 2	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	QL (10 EA per 1 day)
PREZISTA ORAL TABLET 800 MG	Tier 2	QL (1 EA per 1 day)
<b>PROTEASE INHIBITORS (PEPTIDIC) ANTIRETROVIRAL</b>		
<i>atazanavir oral capsule 150 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	Tier 1	
EVOTAZ	Tier 2	QL (1 EA per 1 day)
<i>fosamprenavir</i>	Tier 1	QL (2 EA per 1 day)
LEXIVA ORAL SUSPENSION	Tier 2	QL (56 ML per 1 day)
NORVIR ORAL POWDER IN PACKET	Tier 2	QL (6 EA per 180 days)
<i>ritonavir</i>	Tier 1	
VIRACEPT ORAL TABLET 250 MG	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	Tier 2	QL (4 EA per 1 day)
<b>RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS</b>		
<i>rifabutin</i>	Tier 1	
<i>rifampin oral</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG	Tier 2	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA; QL (60 EA per 30 days)
<b>SARS-COV-2 ANTIVIRAL AGENT - MAIN PROTEASE (MPRO) INHIBITORS</b>		

Drug Name	Tier	Restrictions/ Limits
PAXLOVID	Tier 0	QL (30 EA per 180 days)
<b>SARS-COV-2 ANTIVIRAL AGENT - RNA POLYMERASE INHIBITORS</b>		
LAGEVRIO (EUA)	Tier 0	QL (40 EA per 180 days)
<b>SULFONAMIDE ANTIBIOTIC</b>		
sulfadiazine	Tier 1	
<b>TETRACYCLINE ANTIBIOTICS</b>		
demeclocycline	Tier 1	PA
doxycycline hyclate oral capsule	Tier 1	
doxycycline hyclate oral tablet 100 mg	Tier 1	
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
doxycycline monohydrate oral capsule 150 mg	Tier 1	ST
doxycycline monohydrate oral suspension for reconstitution	Tier 1	
doxycycline monohydrate oral tablet 100 mg, 50 mg	Tier 1	
minocycline oral capsule	Tier 1	
minocycline oral tablet	Tier 1	
tetracycline	Tier 1	
<b>ANTINEOPLASTICS</b>		
<b>ANTINEOPLASTIC- EPIDERM.GROWTH FACTOR-EGFR (ERBB1),HER-2 (ERBB2)R.INHIB</b>		

Drug Name	Tier	Restrictions/ Limits
TYKERB	Tier 4	PA; QL (180 EA per 30 days)
<b>ANTINEOPLASTIC - CYP17 (17 ALPHA-HYDROXYLASE/C17,20-LYASE) INHIBITOR</b>		
abiraterone oral tablet 250 mg	Tier 4	PA; QL (120 EA per 30 days)
<b>ANTINEOPLASTIC - 1ST GENERATION EGFR TYROSINE KINASE INHIBITOR</b>		
erlotinib oral tablet 100 mg, 150 mg	Tier 4	PA; QL (30 EA per 30 days)
erlotinib oral tablet 25 mg	Tier 4	PA; QL (60 EA per 30 days)
<b>ANTINEOPLASTIC - 2ND GENERATION EGFR TYROSINE KINASE INHIBITOR</b>		
GILOTrif	Tier 4	PA; QL (30 EA per 30 days)
<b>ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES</b>		
MYLERAN	Tier 2	PA
<b>ANTINEOPLASTIC - ALKYLATING AGENT - METHYLHYDRAZINES</b>		
MATULANE	Tier 4	
<b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS</b>		
cyclophosphamide oral capsule	Tier 1	PA
LEUKERAN	Tier 2	PA
melphalan	Tier 1	PA
<b>ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES</b>		

Drug Name	Tier	Restrictions/ Limits
temozolomide	Tier 4	PA
<b>ANTINEOPLASTIC - ANTIADRENALS</b>		
LYSODREN	Tier 4	
<b>ANTINEOPLASTIC - ANTIANDROGENS</b>		
abiraterone oral tablet 250 mg	Tier 4	PA; QL (120 EA per 30 days)
bicalutamide	Tier 1	
nilutamide	Tier 1	PA
<b>ANTINEOPLASTIC - ANTIMETABOLITE - FOLIC ACID ANALOGS</b>		
methotrexate sodium oral	Tier 1	
TREXALL	Tier 2	
<b>ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS</b>		
mercaptopurine	Tier 1	
<b>ANTINEOPLASTIC - ANTIMETABOLITE - PYRIMIDINE ANALOGS</b>		
capecitabine	Tier 4	PA
<b>ANTINEOPLASTIC - ANTIMETABOLITE - UREA DERIVATIVES</b>		
hydroxyurea	Tier 1	
<b>ANTINEOPLASTIC - AROMATASE INHIBITORS</b>		
anastrozole	Tier 0	
exemestane	Tier 0	
letrozole	Tier 1	
<b>ANTINEOPLASTIC - BRAF KINASE INHIBITORS</b>		

Drug Name	Tier	Restrictions/ Limits
TAFINLAR ORAL CAPSULE	Tier 4	PA; QL (120 EA per 30 days)
ZELBORAF	Tier 4	PA; QL (240 EA per 30 days)
<b>ANTINEOPLASTIC - BRUTON'S TYROSINE KINASE (BTK) INHIBITOR</b>		
IMBRUVICA ORAL CAPSULE	Tier 4	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL TABLET	Tier 4	PA; QL (28 EA per 28 days)
<b>ANTINEOPLASTIC - CYCLIN-DEPENDENT KINASE (CDK) 4/6 INHIBITORS</b>		
IBRANCE	Tier 4	PA; QL (21 EA per 30 days)
<b>ANTINEOPLASTIC - EPIPODOPHYLLOTOXINS</b>		
etoposide oral	Tier 1	
<b>ANTINEOPLASTIC - ESTROGENS</b>		
EMCYT	Tier 2	PA
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR</b>		
ERIVEDGE	Tier 4	PA; QL (30 EA per 30 days)
<b>ANTINEOPLASTIC - HISTONE DEACETYLASE (HDAC) INHIBITORS</b>		
ZOLINZA	Tier 4	PA
<b>ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS</b>		
JAKAFI	Tier 4	PA; QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>ANTINEOPLASTIC - MAST CELL STABILIZERS</b>		
cromolyn oral	Tier 1	PA
<b>ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS</b>		
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)
<b>ANTINEOPLASTIC - MULTIKINASE INHIBITORS</b>		
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	Tier 4	PA
NEXAVAR	Tier 4	PA; QL (120 EA per 30 days)
sorafenib	Tier 4	PA; QL (120 EA per 30 days)
<b>ANTINEOPLASTIC - PROGESTINS</b>		
megestrol oral tablet	Tier 1	
<b>ANTINEOPLASTIC - PROTEIN-TYROSINE KINASE INHIBITORS</b>		
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)
imatinib oral tablet 100 mg	Tier 4	PA; QL (180 EA per 30 days)
imatinib oral tablet 400 mg	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)

Drug Name	Tier	Restrictions/ Limits
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)
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
OFEV	Tier 4	PA; QL (60 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)
SUTENT ORAL CAPSULE 12.5 MG	Tier 4	PA; QL (90 EA per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	Tier 4	PA; QL (30 EA per 30 days)
VOTRIENT	Tier 4	PA; QL (120 EA per 30 days)
<b>ANTINEOPLASTIC - RETINOIDS</b>		
<i>tretinooin (antineoplastic)</i>	Tier 1	
<b>ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>		
<i>tamoxifen</i>	Tier 0	
<i>toremifene</i>	Tier 1	PA

Drug Name	Tier	Restrictions/ Limits
<b>ANTINEOPLASTIC - SELECTIVE RETINOID X RECEPTOR AGONISTS</b>		
bexarotene oral	Tier 4	PA
<b>ANTINEOPLASTIC - THALIDOMIDE ANALOGS</b>		
lenalidomide	Tier 4	PA; QL (30 EA per 30 days)
POMALYST	Tier 4	PA
REVLIMID	Tier 4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	Tier 4	PA; QL (60 EA per 30 days)
<b>ANTINEOPLASTIC ANTIBIOTIC - ANTHRACYCLINES</b>		
valrubicin	Tier 4	PA
<b>METHOTREXATE RESCUE AGENTS</b>		
leucovorin calcium oral	Tier 1	
<b>METHOTREXATE RESCUE AGENTS - FOLIC ACID ANTAGONIST TYPE</b>		
leucovorin calcium oral	Tier 1	
<b>BIOLOGICALS</b>		
<b>HEPATITIS A AND HEPATITIS B VACCINE COMBINATIONS</b>		
TWINRIX (PF)	Tier 0	
<b>HEPATITIS A VACCINE - SINGLE AGENTS</b>		
HAVRIX (PF)	Tier 0	
VAQTA (PF)	Tier 0	

Drug Name	Tier	Restrictions/ Limits
<b>HEPATITIS B VACCINE COMBINATIONS</b>		
PEDIARIX (PF)	Tier 0	
<b>HEPATITIS B VACCINES - SINGLE AGENTS</b>		
ENGERIX-B (PF)	Tier 0	
ENGERIX-B PEDIATRIC (PF)	Tier 0	
HEPLISAV-B (PF)	Tier 0	
PREHEVBRIOS (PF)	Tier 0	
RECOMBIVAX HB (PF)	Tier 0	
<b>LIVE VACCINE AND LIVE VIRUS FORMULATIONS</b>		
bcg vaccine, live (pf)	Tier 0	
M-M-R II (PF)	Tier 0	
PRIORIX (PF)	Tier 0	
PROQUAD (PF)	Tier 0	
ROTATEQ VACCINE	Tier 0	
STAMARIL (PF)	Tier 0	
VARIVAX (PF)	Tier 0	
VIVOTIF	Tier 0	
YF-VAX (PF)	Tier 0	
<b>TOXOID VACCINE COMBINATIONS</b>		
ADACEL(TDAP ADOLESCN/ADULT)(PF)	Tier 0	
BOOSTRIX TDAP	Tier 0	
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier 0	
INFANRIX (DTAP) (PF)	Tier 0	
KINRIX (PF)	Tier 0	
PEDIARIX (PF)	Tier 0	
PENTACEL (PF)	Tier 0	
QUADRACEL (PF)	Tier 0	
TDVAX	Tier 0	

Drug Name	Tier	Restrictions/ Limits
TENIVAC (PF)	Tier 0	
<b>VACCINE BACTERIAL - GRAM NEGATIVE BACILLI (NON-ENTERIC)</b>		
ACTHIB (PF)	Tier 0	
HIBERIX (PF)	Tier 0	
PEDVAX HIB (PF)	Tier 0	
PENTACEL ACTHIB COMPONENT (PF)	Tier 0	
TYPHIM VI	Tier 0	
VIVOTIF	Tier 0	
<b>VACCINE BACTERIAL - GRAM NEGATIVE COCCI</b>		
MENACTRA (PF)	Tier 0	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	Tier 0	
<b>VACCINE BACTERIAL - GRAM POSITIVE COCCI</b>		
PNEUMOVAX-23	Tier 0	
PREVNAR 13 (PF)	Tier 0	
PREVNAR 20 (PF)	Tier 0	
VAXNEUVANCE (PF)	Tier 0	
<b>VACCINE BACTERIAL - MENINGOCOCCAL GROUP B VACCINES</b>		
BEXSERO	Tier 0	
TRUMENBA	Tier 0	
<b>VACCINE BACTERIAL - OTHER</b>		
bcg vaccine, live (pf)	Tier 0	
<b>VACCINE BACTERIAL - TOXIN-PRODUCING BACILLI</b>		
BIOTHRAX	Tier 0	
<b>VACCINE VIRAL - COVID-19 (SARS-COV-2)</b>		

Drug Name	Tier	Restrictions/ Limits
NOVAVAX COVID-19 VACC,ADJ(EUA)	Tier 0	QL (3 ML per 365 days)
<b>VACCINE VIRAL - HUMAN PAPILLOMAVIRUS (HPV) VACCINES</b>		
GARDASIL 9 (PF)	Tier 0	
<b>VACCINE VIRAL - JAPANESE ENCEPHALITIS</b>		
IXIARO (PF)	Tier 0	
<b>VACCINE VIRAL - MEASLES</b>		
M-M-R II (PF)	Tier 0	
PRIORIX (PF)	Tier 0	
PROQUAD (PF)	Tier 0	
<b>VACCINE VIRAL - MUMPS AND RELATED</b>		
M-M-R II (PF)	Tier 0	
PRIORIX (PF)	Tier 0	
PROQUAD (PF)	Tier 0	
<b>VACCINE VIRAL - POLIOMYELITIS</b>		
IPOL	Tier 0	
<b>VACCINE VIRAL - RABIES</b>		
IMOVAX RABIES VACCINE (PF)	Tier 0	
RABAVERT (PF)	Tier 0	
<b>VACCINE VIRAL - ROTAVIRUS</b>		
ROTATEQ VACCINE	Tier 0	
<b>VACCINE VIRAL - RUBELLA</b>		
M-M-R II (PF)	Tier 0	
PRIORIX (PF)	Tier 0	
PROQUAD (PF)	Tier 0	
<b>VACCINE VIRAL - VARICELLA</b>		

Drug Name	Tier	Restrictions/ Limits
PROQUAD (PF)	Tier 0	
SHINGRIX (PF)	Tier 0	
VARIVAX (PF)	Tier 0	
<b>VACCINE VIRAL - YELLOW FEVER</b>		
STAMARIL (PF)	Tier 0	
YF-VAX (PF)	Tier 0	
<b>VACCINE VIRAL COMBINATIONS</b>		
M-M-R II (PF)	Tier 0	
PRIORIX (PF)	Tier 0	
PROQUAD (PF)	Tier 0	
<b>CARDIOVASCULAR THERAPY AGENTS</b>		
<b>ACE INHIBITOR AND CALCIUM CHANNEL BLOCKER COMBINATIONS</b>		
amlodipine-benazepril	Tier 1	
<b>ACE INHIBITOR AND DIURETIC COMBINATIONS</b>		
benazepril- hydrochlorothiazide	Tier 1	
captopril- hydrochlorothiazide	Tier 1	
enalapril- hydrochlorothiazide	Tier 1	
fosinopril- hydrochlorothiazide	Tier 1	
lisinopril- hydrochlorothiazide	Tier 1	
quinapril- hydrochlorothiazide	Tier 1	
<b>ACE INHIBITORS</b>		
benazepril	Tier 1	
captopril	Tier 1	
enalapril maleate oral solution	Tier 1	ST
enalapril maleate oral tablet	Tier 1	

Drug Name	Tier	Restrictions/ Limits
EPANED	Tier 2	PA
<i>fosinopril</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>quinapril</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	Tier 1	
<i>spironolactone</i>	Tier 1	
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER COMB.</b>		
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER- DIURETIC</b>		
<i>olmesartan-amlodipin- hcthiazid</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-DIURETIC COMBINATIONS</b>		
<i>candesartan- hydrochlorothiazid</i>	Tier 1	
<i>irbesartan- hydrochlorothiazide</i>	Tier 1	
<i>losartan- hydrochlorothiazide</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
olmesartan-hydrochlorothiazide	Tier 1	
telmisartan-hydrochlorothiazide	Tier 1	
valsartan-hydrochlorothiazide	Tier 1	
<b>ANGIOTENSIN II RECEPTOR BLOCKER- NEPRILYSIN INHIBITOR COMB. (ARNI)</b>		
ENTRESTO	Tier 2	PA; QL (60 EA per 30 days)
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>		
candesartan	Tier 1	
irbesartan	Tier 1	
losartan	Tier 1	
olmesartan	Tier 1	
telmisartan	Tier 1	
valsartan oral tablet	Tier 1	
<b>ANTIANGINAL - CORONARY VASODILATORS (NITRATES)</b>		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
isosorbide mononitrate	Tier 1	
NITRO-DUR	Tier 2	
nitroglycerin sublingual	Tier 1	
nitroglycerin transdermal	Tier 1	
nitroglycerin translingual	Tier 1	
NITRO-TIME	Tier 1	
<b>ANTIANGINAL AND ANTI-ISCHEMIC AGENTS, NON- HEMODYNAMIC</b>		
ranolazine	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>ANTIARRHYTHMIC - CLASS IA</b>		
disopyramide phosphate	Tier 1	
NORPACE CR	Tier 2	
quinidine sulfate	Tier 1	
<b>ANTIARRHYTHMIC - CLASS IC</b>		
flecainide	Tier 1	
propafenone	Tier 1	
<b>ANTIARRHYTHMIC - CLASS II</b>		
SOTALOL AF	Tier 1	
sotalol oral	Tier 1	
<b>ANTIARRHYTHMIC - CLASS III</b>		
amiodarone oral tablet 200 mg, 400 mg	Tier 1	
dofetilide	Tier 1	
PACERONE ORAL TABLET 200 MG, 400 MG	Tier 1	
<b>ANTIARRHYTHMIC - CLASS IV</b>		
verapamil oral tablet 120 mg, 80 mg	Tier 1	
verapamil oral tablet 40 mg	Tier 1	QL (12 EA per 1 day)
<b>ANTIHYPERTLIPIDEMIC - BILE ACID SEQUESTRANTS</b>		
cholestyramine (with sugar)	Tier 1	
CHOLESTYRAMINE LIGHT	Tier 1	
cholestyramine-aspartame	Tier 1	
colesevelam oral powder in packet	Tier 1	PA; QL (30 EA per 30 days)
colesevelam oral tablet	Tier 1	PA; QL (180 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
colestipol oral tablet	Tier 1	
<b>ANTIHYPERLIPIDEMI C - FIBRIC ACID DERIVATIVES</b>		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Tier 1	
fenofibrate micronized oral capsule 90 mg	Tier 2	ST
fenofibrate nanocrystallized	Tier 1	
fenofibrate oral tablet 160 mg, 54 mg	Tier 1	
gemfibrozil	Tier 1	
<b>ANTIHYPERLIPIDEMI C - HMG COA REDUCTASE INHIBITORS (STATINS)</b>		
atorvastatin oral tablet 10 mg, 20 mg	Tier 0	QL (30 EA per 30 days)
atorvastatin oral tablet 40 mg, 80 mg	Tier 1	QL (30 EA per 30 days)
fluvastatin oral capsule 20 mg	Tier 0	QL (30 EA per 30 days)
fluvastatin oral capsule 40 mg	Tier 0	QL (60 EA per 30 days)
fluvastatin oral tablet extended release 24 hr	Tier 0	QL (30 EA per 30 days)
lovastatin oral tablet 10 mg	Tier 0	QL (30 EA per 30 days)
lovastatin oral tablet 20 mg, 40 mg	Tier 0	QL (60 EA per 30 days)
pravastatin	Tier 0	QL (30 EA per 30 days)
rosuvastatin oral tablet 10 mg, 5 mg	Tier 0	QL (30 EA per 30 days)
rosuvastatin oral tablet 20 mg, 40 mg	Tier 1	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 0	QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
simvastatin oral tablet 80 mg	Tier 1	QL (30 EA per 30 days)
<b>ANTIHYPERLIPIDEMI C - NICOTINIC ACID DERIVATIVES</b>		
niacin oral tablet extended release 24 hr	Tier 1	
<b>ANTIHYPERLIPIDEMI C - OMEGA-3 FATTY ACID TYPE</b>		
omega-3 acid ethyl esters	Tier 1	
<b>ANTIHYPERLIPIDEMI C - PCSK9 INHIBITOR, MONOCLONAL ANTIBODY (MAB)</b>		
REPATHA PUSHTRONEX	Tier 2	PA; QL (1 ML per 28 days)
<b>ANTIHYPERLIPIDEMI C - PCSK9 INHIBITORS</b>		
REPATHA PUSHTRONEX	Tier 2	PA; QL (1 ML per 28 days)
<b>ANTIHYPERLIPIDEMI C - SELECTIVE CHOLESTEROL ABSORPTION INHIBITOR</b>		
ezetimibe	Tier 1	
<b>ANTIHYPERLIPIDEMI C-HMG COA REDUCT INHIB AND CHOLESTEROL ABSORP INHIBIT</b>		
ezetimibe-simvastatin	Tier 1	ST; QL (30 EA per 30 days)
<b>BETA BLOCKERS CARDIAC SELECTIVE</b>		
atenolol	Tier 1	
bisoprolol fumarate	Tier 1	
metoprolol succinate	Tier 1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>BETA BLOCKERS CARDIAC SELECTIVE, INTRINSIC SYMPATHOMIMETIC ACTIVITY</b>		
acebutolol	Tier 1	
<b>BETA BLOCKERS NON-CARDIAC SELECTIVE</b>		
nadolol	Tier 1	
propranolol oral	Tier 1	
SOTALOL AF	Tier 1	
sotalol oral	Tier 1	
timolol maleate oral	Tier 1	
<b>CALCIUM CHANNEL BLOCKERS - BENZOTIAZEPINES</b>		
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	Tier 2	
CARTIA XT	Tier 1	
diltiazem hcl oral	Tier 1	
DLT-XR	Tier 1	
MATZIM LA	Tier 1	
TAZTIA XT	Tier 1	
<b>CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES</b>		
amlodipine	Tier 1	
felodipine	Tier 1	
nifedipine	Tier 1	
<b>CALCIUM CHANNEL BLOCKERS - PHENYLAKYLAMINES</b>		
verapamil oral capsule, ext rel. pellets 24 hr	Tier 1	
verapamil oral tablet 120 mg, 80 mg	Tier 1	

Drug Name	Tier	Restrictions/ Limits
verapamil oral tablet 40 mg	Tier 1	QL (12 EA per 1 day)
verapamil oral tablet extended release	Tier 1	
<b>CARDIAC SELECTIVE BETA BLOCKER- THIAZIDE DIURETIC AND RELATED COMB.</b>		
atenolol-chlorthalidone	Tier 1	
bisoprolol- hydrochlorothiazide	Tier 1	
metoprolol ta- hydrochlorothiaz	Tier 1	
<b>CARDIOVASCULAR SYMPATHOMIMETIC - ANAPHYLAXIS THERAPY SINGLE AGENTS</b>		
epinephrine injection auto-injector 0.15 mg/0.15 ml	Tier 2	QL (2 EA per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 1	QL (2 EA per 30 days)
<b>CARDIOVASCULAR SYMPATHOMIMETICS</b>		
midodrine	Tier 1	
<b>CENTRAL ALPHA-2 RECEPTOR AGONISTS</b>		
clonidine	Tier 1	QL (4 EA per 30 days)
clonidine hcl oral tablet 0.1 mg, 0.2 mg	Tier 1	QL (10 EA per 1 day)
clonidine hcl oral tablet 0.3 mg	Tier 1	QL (8 EA per 1 day)
guanfacine oral tablet	Tier 1	
methyldopa	Tier 1	
<b>DIGITALIS GLYCOSIDES</b>		
DIGITEK	Tier 1	
DIGOX	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>digoxin oral solution</i>	Tier 1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
<b>DIRECT ACTING VASODILATORS</b>		
<i>hydralazine oral</i>	Tier 1	
<i>minoxidil oral</i>	Tier 1	
<b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, NON-SELECTIVE</b>		
<i>spironolactone</i>	Tier 1	
<b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, SELECTIVE</b>		
<i>eplerenone</i>	Tier 1	
<b>DIURETIC - CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	Tier 1	
<i>methazolamide</i>	Tier 1	
<b>DIURETIC - LOOP</b>		
<i>bumetanide oral</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet</i>	Tier 1	
<i>torsemide</i>	Tier 1	
<b>DIURETIC - POTASSIUM SPARING</b>		
<i>amiloride</i>	Tier 1	
<b>DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS</b>		

Drug Name	Tier	Restrictions/ Limits
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
<b>DIURETIC - SELECTIVE ARGININE VASOPRESSIN V2 RECEPTOR ANTAGONISTS</b>		
<i>SAMSCA ORAL TABLET 15 MG</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 15 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<b>DIURETIC - THIAZIDES AND RELATED</b>		
<i>chlorthalidone</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
<b>NON-CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.</b>		
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<b>PERIPHERAL ALPHA-1 RECEPTOR BLOCKERS</b>		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>phenoxybenzamine</i>	Tier 1	
<i>prazosin</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	Tier 1	QL (60 EA per 30 days)
<b>PHEOCHROMOCYTO MA, AGENTS TO TREAT</b>		
<i>metyrosine</i>	Tier 1	PA
<b>PULMONARY ANTIHYPERTENSIVE AGENTS - PROSTACYCLIN- TYPE</b>		
<i>ORENITRAM</i>	Tier 4	PA
<i>VENTAVIS</i>	Tier 4	PA; QL (270 ML per 30 days)
<b>PULMONARY ARTERIAL HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>bosentan</i>	Tier 4	PA; QL (2 EA per 1 day)
<b>PULMONARY ARTERIAL HYPERTENSION - SELECTIVE CGMP- PDE5 INHIBITORS</b>		
<i>sildenafil (pulm.hypertension) oral tablet</i>	Tier 4	PA; QL (90 EA per 30 days)
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		

Drug Name	Tier	Restrictions/ Limits
<b>AGENTS TO TREAT EPISODIC CLUSTER HEADACHES</b>		
<i>EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)</i>	Tier 2	PA; QL (1 ML per 28 days)
<b>ANTIANXIETY AGENT - ANTIHISTAMINE TYPE</b>		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
<b>ANTIANXIETY AGENT - BENZODIAZEPINES</b>		
<i>alprazolam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>chlordiazepoxide hcl</i>	Tier 1	QL (4 EA per 1 day)
<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>lorazepam oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>oxazepam</i>	Tier 1	QL (4 EA per 1 day)
<b>ANTIANXIETY AGENT - DICARBAMATE TYPE</b>		
<i>meprobamate</i>	Tier 1	
<b>ANTIANXIETY AGENT - NON- BENZODIAZEPINE</b>		
<i>buspirone</i>	Tier 1	
<b>ANTICONVULSANT - AMPA-TYPE GLUTAMATE RECEPTOR ANTAGONISTS</b>		

Drug Name	Tier	Restrictions/ Limits
FYCOMPA	Tier 2	ST
<b>ANTICONVULSANT - BARBITURATES AND DERIVATIVES</b>		
phenobarbital	Tier 1	
primidone oral tablet 250 mg, 50 mg	Tier 1	
<b>ANTICONVULSANT - BENZODIAZEPINES</b>		
clobazam	Tier 1	PA
clonazepam oral tablet	Tier 1	QL (4 EA per 1 day)
diazepam rectal	Tier 1	
NAYZILAM	Tier 2	PA; QL (2 EA per 30 days)
VALTOCO	Tier 2	PA; QL (2 EA per 30 days)
<b>ANTICONVULSANT - CARBAMATES</b>		
felbamate	Tier 1	
<b>ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES</b>		
divalproex	Tier 1	
valproic acid	Tier 1	
valproic acid (as sodium salt)	Tier 1	
<b>ANTICONVULSANT - FUNCTIONALIZED AMINO ACID</b>		
lacosamide oral tablet	Tier 1	ST
<b>ANTICONVULSANT - GABA ANALOGS</b>		
gabapentin oral capsule 100 mg, 400 mg	Tier 1	QL (6 EA per 1 day)
gabapentin oral capsule 300 mg	Tier 1	QL (12 EA per 1 day)
gabapentin oral solution	Tier 1	QL (72 ML per 1 day)
gabapentin oral tablet 600 mg	Tier 1	QL (6 EA per 1 day)

Drug Name	Tier	Restrictions/ Limits
gabapentin oral tablet 800 mg	Tier 1	QL (4 EA per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 1	PA; QL (3 EA per 1 day)
pregabalin oral capsule 225 mg, 300 mg	Tier 1	PA; QL (2 EA per 1 day)
pregabalin oral solution	Tier 1	PA; QL (30 ML per 1 day)
<b>ANTICONVULSANT - GABA RE-UPTAKE INHIBITOR, NIPECOTIC ACID DERIVATIVES</b>		
tiagabine	Tier 1	
<b>ANTICONVULSANT - HYDANTOINS</b>		
DILANTIN	Tier 2	
phenytoin	Tier 1	
phenytoin sodium extended	Tier 1	
<b>ANTICONVULSANT - IMINOSTILBENE DERIVATIVES</b>		
APTIOM	Tier 3	PA
carbamazepine oral capsule, er multiphase 12 hr	Tier 1	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	Tier 1	
carbamazepine oral tablet	Tier 1	
carbamazepine oral tablet extended release 12 hr	Tier 1	
carbamazepine oral tablet, chewable	Tier 1	
EPITOL	Tier 1	
oxcarbazepine	Tier 1	
OXTELLAR XR	Tier 2	ST

Drug Name	Tier	Restrictions/ Limits	Drug Name	Tier	Restrictions/ Limits
<b>ANTICONVULSANT - MONOSACCHARIDE DERIVATIVES</b>					
<i>topiramate oral capsule, sprinkle</i>	Tier 1		<b>ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>topiramate oral tablet</i>	Tier 1		<i>citalopram oral solution</i>	Tier 1	
<b>ANTICONVULSANT - PHENYLTRIAZINE DERIVATIVES</b>					
<i>lamotrigine oral tablet</i>	Tier 1		<i>citalopram oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>lamotrigine oral tablet extended release 24hr</i>	Tier 1		<i>escitalopram oxalate oral solution</i>	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 1		<i>escitalopram oxalate oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<b>ANTICONVULSANT - PYRROLIDINE DERIVATIVES</b>			<i>fluoxetine oral capsule 10 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>levetiracetam oral</i>	Tier 1		<i>fluoxetine oral capsule 20 mg</i>	Tier 1	
<b>ROWEEPRA</b>	Tier 1		<i>fluoxetine oral capsule 40 mg</i>	Tier 1	QL (60 EA per 30 days)
<b>ROWEEPRA XR</b>	Tier 1		<i>fluoxetine oral solution</i>	Tier 1	
<b>ANTICONVULSANT - SUCCINIMIDES</b>			<i>fluoxetine oral tablet 10 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
<b>CELONTIN</b>	Tier 2		<i>fluoxetine oral tablet 20 mg, 60 mg</i>	Tier 1	ST
<i>ethosuximide</i>	Tier 1		<i>fluvoxamine oral capsule,extended release 24hr</i>	Tier 1	ST; QL (60 EA per 30 days)
<b>ANTICONVULSANT - SULFONAMIDE DERIVATIVES</b>			<i>fluvoxamine oral tablet 100 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>zonisamide</i>	Tier 1		<i>fluvoxamine oral tablet 25 mg</i>	Tier 1	QL (30 EA per 30 days)
<b>ANTIDEPRESSANT - ALPHA-2 RECEPTOR ANTAGONISTS (NASSA)</b>			<i>fluvoxamine oral tablet 50 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>mirtazapine</i>	Tier 1		<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<b>ANTIDEPRESSANT - MAO INHIBITOR NONSELECTIVE AND IRREVERSIBLE-TYPES A,B</b>			<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	Tier 1	QL (60 EA per 30 days)
<b>EMSAM</b>	Tier 2		<i>paroxetine hcl oral tablet extended release 24 hr</i>	Tier 1	ST; QL (60 EA per 30 days)
<i>phenelzine</i>	Tier 1		<i>sertraline oral concentrate</i>	Tier 1	
<i>tranylcypromine</i>	Tier 1		<i>sertraline oral tablet 100 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
sertraline oral tablet 25 mg	Tier 1	QL (45 EA per 30 days)
<b>ANTIDEPRESSANT - SEROTONIN-2 ANTAGONIST- REUPTAKE INHIBITORS (SARIS)</b>		
nefazodone	Tier 1	QL (2 EA per 1 day)
trazodone	Tier 1	
<b>ANTIDEPRESSANT - SEROTONIN- NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
desvenlafaxine	Tier 2	ST; QL (30 EA per 30 days)
desvenlafaxine succinate	Tier 1	QL (30 EA per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg	Tier 1	QL (60 EA per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 30 mg, 40 mg	Tier 1	QL (30 EA per 30 days)
SAVELLA ORAL TABLET	Tier 2	ST; QL (60 EA per 30 days)
venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg	Tier 1	QL (30 EA per 30 days)
venlafaxine oral capsule, extended release 24hr 75 mg	Tier 1	QL (90 EA per 30 days)
venlafaxine oral tablet	Tier 1	QL (90 EA per 30 days)
<b>ANTIDEPRESSANT - SSRI AND 5HT1A PARTIAL AGONIST</b>		
VIBRYD ORAL TABLET	Tier 2	ST; QL (30 EA per 30 days)
vilazodone	Tier 1	QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>ANTIDEPRESSANT - TRICYCLIC AND ANTIPSYCHOTIC, PHENOTHIAZINE COMB</b>		
perphenazine- amitriptyline	Tier 1	
<b>ANTIDEPRESSANT - TRICYCLIC- BENZODIAZEPINE COMBINATIONS</b>		
amitriptyline- chlordiazepoxide	Tier 1	
<b>ANTIDEPRESSANT- SSRI AND ATYPICAL ANTIPSYCH,DOPAMIN E,SEROTONIN ANTAGON</b>		
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg	Tier 1	ST
<b>ANTIDEPRESSANT- NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)</b>		
bupropion hcl oral tablet	Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Tier 1	QL (30 EA per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	Tier 1	QL (60 EA per 30 days)
<b>ANTIDEPRESSANT- TRICYCLICS AND RELATED (NON- SELECT REUPTAKE INHIBITORS)</b>		
amitriptyline	Tier 1	
amoxapine	Tier 1	
clomipramine	Tier 1	
desipramine	Tier 1	
doxepin oral capsule	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>doxepin oral concentrate</i>	Tier 1	
<i>imipramine hcl</i>	Tier 1	
<i>imipramine pamoate</i>	Tier 1	
<i>nortriptyline</i>	Tier 1	
<i>protriptyline</i>	Tier 1	
<i>trimipramine</i>	Tier 1	
<b>ANTIPARKINSON - DOPAMINERGIC- PERIPH COMT-DOPA- DECARBOXYLASE INHIB COMB</b>		
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
<b>ANTIPARKINSON - DOPAMINERG- PERIPHERAL DOPA- DECARBOXYLASE INHIBIT COMB</b>		
<i>carbidopa-levodopa oral tablet</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release</i>	Tier 1	
<b>ANTIPARKINSON ADJUVANT - CENTRAL/PERIPHER AL COMT INHIBITORS</b>		
<i>tolcapone</i>	Tier 1	PA
<b>ANTIPARKINSON ADJUVANT - PERIPHERAL COMT INHIBITORS</b>		
<i>entacapone</i>	Tier 1	
<b>ANTIPARKINSON ADJUVANT - PERIPHERAL DOPA- DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa</i>	Tier 1	PA
<b>ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS</b>		

Drug Name	Tier	Restrictions/ Limits
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
<b>ANTIPARKINSON THERAPY - ERGOT ALKALOIDS AND DERIVATIVES</b>		
<i>bromocriptine</i>	Tier 1	
<b>ANTIPARKINSON THERAPY - MONOAMINE OXIDASE INHIBITOR(MAO-B)</b>		
<i>rasagiline</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
<b>ANTIPARKINSON THERAPY - NON-ERGOT DOPAMINE AGONIST AGENTS</b>		
<i>amantadine hcl</i>	Tier 1	
<i>NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR</i>	Tier 2	ST
<i>pramipexole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 8 mg</i>	Tier 1	ST
<b>ANTIPSYCHOTIC - ATYP DOPAMINE- SEROTONIN ANTAG DIBENZO-OXEPINO PYRROLES</b>		
<i>SECUADO</i>	Tier 2	PA; QL (30 EA per 30 days)
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE- SEROTONIN ANTAG- BENZISOTHIAZOLON ES</b>		
<i>ziprasidone hcl</i>	Tier 1	QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits	Drug Name	Tier	Restrictions/ Limits
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE- SEROTONIN ANTAG- BENZISOXAZOLE DERIV</b>			<b>ANTIPSYCHOTIC - DIBENZOAZEPINE DERIVATIVES</b>		
FANAPT ORAL TABLET	Tier 3	ST; QL (60 EA per 30 days)	<i>loxpiprazine succinate</i>	Tier 1	
INVEGA SUSTENNA	Tier 2		<b>ANTIPSYCHOTIC - DIPHENYLBUTYLPIPE RIDINE DERIVATIVES</b>		
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	QL (1 ML per 90 days)	<i>pimozide</i>	Tier 1	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML, 546 MG/1.75 ML	Tier 2	QL (2 ML per 90 days)	<b>ANTIPSYCHOTIC - PHENOTHIAZINES, ALIPHATIC</b>		
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (30 EA per 30 days)	<i>chlorpromazine oral</i>	Tier 1	
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 1	QL (60 EA per 30 days)	<b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERAZINE</b>		
RISPERDAL CONSTA	Tier 2		<i>fluphenazine decanoate</i>	Tier 1	
<i>risperidone oral solution</i>	Tier 1		<i>fluphenazine hcl</i>	Tier 1	
<i>risperidone oral tablet</i>	Tier 1	QL (60 EA per 30 days)	<i>perphenazine</i>	Tier 1	
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE- SEROTONIN ANTAG- DIBENZODIAZEPINE DER</b>			<i>prochlorperazine maleate</i>	Tier 1	
<i>clozapine oral tablet</i>	Tier 1		<i>trifluoperazine</i>	Tier 1	
<b>ANTIPSYCHOTIC - BUTYROPHENONE DERIVATIVES</b>			<b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERIDINE</b>		
<i>haloperidol</i>	Tier 1		<i>thioridazine</i>	Tier 1	
<i>haloperidol lactate oral</i>	Tier 1		<b>ANTIPSYCHOTIC - THIOXANTHENES</b>		
			<i>thiothixene</i>	Tier 1	
			<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE- SEROTONIN ANTAG- DIBENZOTIAZEPINE DER</b>		
			<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)

Drug Name	Tier	Restrictions/ Limits	Drug Name	Tier	Restrictions/ Limits		
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	Tier 1	QL (60 EA per 30 days)	<b>ANTIPSYCHOTIC-ATYPICAL,D3/D2 RECEPTOR PARTIAL AGONIST-SEROTONIN MIXED</b>				
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE- SEROTONIN ANTAG- THIENOBENZODIAZE PINES</b>							
olanzapine oral tablet	Tier 1	QL (30 EA per 30 days)	<b>ATTENTION DEFICIT- HYPERACT. DISORDER (ADHD)- ALPHA-2 RECEPTOR AGONIST</b>				
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg	Tier 1	ST	clonidine hcl oral tablet extended release 12 hr	Tier 1	QL (4 EA per 1 day)		
<b>ANTIPSYCHOTIC- ATYPICAL,D2 RECEPTOR PARTIAL AGONIST-5HT SEROTONIN MIXED</b>							
ABILIFY MAINTENA	Tier 2		guanfacine oral tablet extended release 24 hr	Tier 1	QL (1 EA per 1 day)		
ariPIPRAZOLE oral tablet	Tier 1	QL (30 EA per 30 days)	<b>ATTENTION DEFICIT- HYPERACTIVITY (ADHD) THERAPY, STIMULANT-TYPE</b>				
ARISTADA INITIO	Tier 2	QL (3 ML per 180 days)	amphetamine sulfate	Tier 1			
ARISTADA INTRAMUSCULAR SUSPENSION,EXTEN DED REL SYRING 1,064 MG/3.9 ML	Tier 2	QL (4 ML per 60 days)	dexamethylphenidate oral capsule,er biphasic 50-50	Tier 1	QL (1 EA per 1 day)		
ARISTADA INTRAMUSCULAR SUSPENSION,EXTEN DED REL SYRING 441 MG/1.6 ML	Tier 2	QL (2 ML per 30 days)	dexamethylphenidate oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)		
ARISTADA INTRAMUSCULAR SUSPENSION,EXTEN DED REL SYRING 662 MG/2.4 ML	Tier 2	QL (3 ML per 30 days)	dexamethylphenidate oral tablet 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)		
ARISTADA INTRAMUSCULAR SUSPENSION,EXTEN DED REL SYRING 882 MG/3.2 ML	Tier 2	QL (3.2 ML per 30 days)	dextroamphetamine sulfate oral capsule, extended release	Tier 1	QL (2 EA per 1 day)		
			dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)		
			dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	Tier 1			
			dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)		
			dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)		

Drug Name	Tier	Restrictions/ Limits
dextroamphetamine- amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine- amphetamine oral tablet	Tier 1	QL (3 EA per 1 day)
METADATE ER	Tier 1	QL (3 EA per 1 day)
methamphetamine	Tier 1	
methylphenidate hcl oral capsule, er biphasic 30-70	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 60 mg	Tier 1	
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml	Tier 1	QL (30 ML per 1 day)
methylphenidate hcl oral solution 5 mg/5 ml	Tier 1	QL (60 ML per 1 day)
methylphenidate hcl oral tablet	Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release	Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg, 54 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 72 mg	Tier 2	ST; QL (1 EA per 1 day)
methylphenidate hcl oral tablet,chewable	Tier 1	QL (3 EA per 1 day)

Drug Name	Tier	Restrictions/ Limits
RELEXXII	Tier 2	ST; QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG	Tier 2	QL (1 EA per 1 day)
<b>ATTENTION DEFICIT- HYPERACTIVITY DISORDER (ADHD) THERAPY, NRI-TYPE</b>		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	Tier 1	QL (2 EA per 1 day)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	Tier 1	QL (1 EA per 1 day)
<b>BENZODIAZEPINES</b>		
alprazolam oral tablet	Tier 1	QL (4 EA per 1 day)
amitriptyline- chlor diazepoxide	Tier 1	
chlor diazepoxide hcl	Tier 1	QL (4 EA per 1 day)
chlor diazepoxide- clidinium	Tier 1	
clobazam	Tier 1	PA
clonazepam oral tablet	Tier 1	QL (4 EA per 1 day)
clorazepate dipotassium	Tier 1	QL (4 EA per 1 day)
diazepam oral tablet	Tier 1	QL (4 EA per 1 day)
diazepam rectal	Tier 1	
estazolam	Tier 1	QL (15 EA per 30 days)
lorazepam oral tablet	Tier 1	QL (3 EA per 1 day)
midazolam (pf) injection solution	Tier 1	
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)	Tier 1	
midazolam injection	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	Tier 2	
NAYZILAM	Tier 2	PA; QL (2 EA per 30 days)
<i>oxazepam</i>	Tier 1	QL (4 EA per 1 day)
<i>quazepam</i>	Tier 1	QL (15 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (15 EA per 30 days)
<i>triazolam</i>	Tier 1	QL (15 EA per 30 days)
VALTOCO	Tier 2	PA; QL (2 EA per 30 days)
<b>BIPOLAR THERAPY AGENTS - ANTICONVULSANT TYPE</b>		
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	Tier 1	
<i>carbamazepine oral tablet</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier 1	
<i>carbamazepine oral tablet, chewable</i>	Tier 1	
<i>divalproex</i>	Tier 1	
EPITOL	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
<b>BIPOLAR THERAPY AGENTS - ATYPICAL ANTIPSYCHOTICS</b>		
<i>ariPIPRAZOLE oral tablet</i>	Tier 1	QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>olanzapine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	Tier 1	ST
<i>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)
<i>risperidone oral solution</i>	Tier 1	
<i>risperidone oral tablet</i>	Tier 1	QL (60 EA per 30 days)
<i>VRAYLAR ORAL CAPSULE,DOSE PACK</i>	Tier 2	QL (1 EA per 365 days)
<i>ziprasidone hcl</i>	Tier 1	QL (60 EA per 30 days)
<b>BIPOLAR THERAPY AGENTS - LITHIUM</b>		
<i>lithium carbonate</i>	Tier 1	
<b>CANNABIS AND CANNABINOIDs</b>		
<i>dronabinol</i>	Tier 1	PA
<b>CNS STIMULANT - AMPHETAMINE COMBINATIONS</b>		
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions/ Limits
dextroamphetamine-amphetamine oral tablet	Tier 1	QL (3 EA per 1 day)
<b>CNS STIMULANT - AMPHETAMINES</b>		
amphetamine sulfate	Tier 1	
dextroamphetamine sulfate oral capsule, extended release	Tier 1	QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	Tier 1	
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
methamphetamine	Tier 1	
ZENZEDI ORAL TABLET 2.5 MG	Tier 2	QL (1 EA per 1 day)
<b>FIBROMYALGIA AGENTS - GABA ANALOGS</b>		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 1	PA; QL (3 EA per 1 day)
pregabalin oral capsule 225 mg, 300 mg	Tier 1	PA; QL (2 EA per 1 day)
pregabalin oral solution	Tier 1	PA; QL (30 ML per 1 day)
<b>FIBROMYALGIA AGENTS - SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)</b>		
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg	Tier 1	QL (60 EA per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 30 mg, 40 mg	Tier 1	QL (30 EA per 30 days)
SAVELLA ORAL TABLET	Tier 2	ST; QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>HYPNOTICS - MELATONIN M1/M2 RECEPTOR AGONISTS</b>		
ramelteon	Tier 1	QL (15 EA per 30 days)
<b>MIGRAINE THERAPY - CARBOXYLIC ACID DERIVATIVES</b>		
divalproex oral tablet extended release 24 hr	Tier 1	
<b>MIGRAINE THERAPY - CGRP LIGAND BLOCKER, MONOCLONAL ANTIBODY</b>		
EMGALITY PEN	Tier 2	PA; QL (1 ML per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA; QL (1 ML per 28 days)
<b>MIGRAINE THERAPY - CGRP RECEPTOR BLOCKERS (GEPANTS AND MAB)</b>		
AIMOVIG AUTOINJECTOR	Tier 2	PA; QL (1 ML per 28 days)
<b>MIGRAINE THERAPY - ERGOT ALKALOIDS AND DERIVATIVES</b>		
dihydroergotamine nasal	Tier 1	ST; QL (8 ML per 30 days)
<b>MIGRAINE THERAPY - ERGOT COMBINATIONS</b>		
ergotamine-caffeine	Tier 1	
<b>MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1)</b>		
almotriptan malate oral tablet 12.5 mg	Tier 1	QL (24 EA per 30 days)
almotriptan malate oral tablet 6.25 mg	Tier 1	QL (18 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>eletriptan</i>	Tier 1	QL (18 EA per 30 days)
<i>frovatriptan</i>	Tier 1	QL (27 EA per 30 days)
<i>naratriptan</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	Tier 1	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 1	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe</i>	Tier 1	QL (8 ML per 30 days)
<i>zolmitriptan oral</i>	Tier 1	QL (18 EA per 30 days)
<b>MIGRAINE THERAPY - SEROTONIN AGONIST 5-HT(1) AND NSAID COMB.</b>		
<i>sumatriptan-naproxen</i>	Tier 1	ST; QL (18 EA per 30 days)
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	PA; QL (120 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>tetrabenazine oral tablet 25 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<b>MOVEMENT DISORDER THERAPY - HUNTINGTON'S DISEASE</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<b>MOVEMENT DISORDER THERAPY - TARDIVE DYSKINESIA</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
<b>NARCOLEPSY THERAPY AGENTS - H3-RECEPTOR ANTAGONIST/INVERSE AGONIST</b>		
WAKIX ORAL TABLET 17.8 MG	Tier 4	PA; QL (60 EA per 30 days)
WAKIX ORAL TABLET 4.45 MG	Tier 4	PA; QL (30 EA per 30 days)
<b>NARCOLEPSY THERAPY AGENTS - NON-SYMPATHOMIMETIC</b>		
<i>armodafinil</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	Tier 1	PA; QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>NARCOLEPSY THERAPY AGENTS - STIMULANT-TYPE, PIPERADINE DERIVATIVE</b>		
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	Tier 1	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable</i>	Tier 1	QL (3 EA per 1 day)
<b>NARCOLEPSY THERAPY AGENTS- STIMULANT- TYPE, SYMPATHOMIM ETIC, AMPHETAMINES</b>		
<i>amphetamine sulfate</i>	Tier 1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	Tier 1	
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine- amphetamine oral tablet</i>	Tier 1	QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG	Tier 2	QL (1 EA per 1 day)
<b>SEDATIVE-HYPNOTIC - BARBITURATES</b>		
<i>phenobarbital</i>	Tier 1	
<b>SEDATIVE-HYPNOTIC - BENZODIAZEPINES</b>		
<i>estazolam</i>	Tier 1	QL (15 EA per 30 days)
<i>quazepam</i>	Tier 1	QL (15 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (15 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>triazolam</i>	Tier 1	QL (15 EA per 30 days)
<b>SEDATIVE-HYPNOTIC - GABA-RECEPTOR MODULATORS</b>		
<i>eszopiclone</i>	Tier 1	PA; QL (15 EA per 30 days)
<i>zaleplon</i>	Tier 1	QL (15 EA per 30 days)
<i>zolpidem oral tablet</i>	Tier 1	QL (15 EA per 30 days)
<b>SEDATIVE-HYPNOTIC - TRICYCLIC ANTIDEPRESSANT TYPE</b>		
<i>doxepin oral tablet</i>	Tier 1	ST; QL (15 EA per 30 days)
<b>CHEMICAL DEPENDENCY, AGENTS TO TREAT</b>		
<b>AGENTS FOR OPIOID WITHDRAWAL, OPIOID-TYPE</b>		
<i>buprenorphine hcl sublingual</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>buprenorphine- naloxone sublingual tablet 2-0.5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>buprenorphine- naloxone sublingual tablet 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>ALCOHOL ABSTINENCE THERAPY - GLUTAMATE AND GABA SYSTEM TYPE</b>		
<i>acamprosate</i>	Tier 1	
<b>ALCOHOL ABSTINENCE THERAPY - OPIOID RECEPTOR ANTAGONIST-TYPE</b>		
<i>VIVITROL</i>	Tier 4	QL (1 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits	Drug Name	Tier	Restrictions/ Limits
<b>ALCOHOL DETERRENTS</b>					
disulfiram	Tier 1		<b>PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES</b>		
<b>SMOKING DETERRENTS - NE AND DOPAMINE REUPTAKE INHIBITOR (NDRI)- TYPE</b>					
bupropion hcl (smoking deter)	Tier 0		NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
<b>SMOKING DETERRENTS - NICOTINE-TYPE</b>					
NICOTROL	Tier 0	QL (180 DAYS per 365 days)	PULMOSAL	Tier 1	
NICOTROL NS	Tier 0	QL (180 DAYS per 365 days)	sodium chloride <i>inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	Tier 1	
<b>SMOKING DETERRENTS - NICOTINIC RECEPTOR PARTIAL AGONIST, ALPHA4BETA2</b>					
CHANTIX	Tier 0		<b>COGNITIVE DISORDER THERAPY</b>		
CHANTIX CONTINUING MONTH BOX	Tier 0		<b>ALZHEIMER'S DISEASE THERAPY - CHOLINESTERASE INHIBITORS</b>		
CHANTIX STARTING MONTH BOX	Tier 0		donepezil oral tablet 10 mg, 5 mg	Tier 1	
varenicline	Tier 0		galantamine	Tier 1	
<b>CHEMICALS- PHARMACEUTICAL ADJUVANTS</b>			rivastigmine tartrate	Tier 1	
<b>BULK CHEMICALS</b>					
guaiacol	Tier 2		<b>ALZHEIMER'S DISEASE THERAPY - NMDA RECEPTOR ANTAGONISTS</b>		
<b>CHEMICALS - CRYOPRESERVATIVE AGENTS</b>			memantine oral solution	Tier 1	
CRYOSERV	Tier 1		memantine oral tablet	Tier 1	
<b>CHEMICALS - SOLVENTS</b>			memantine oral tablets, dose pack	Tier 2	
MURI-LUBE	Tier 2		<b>COGNITIVE DISORDER THERAPY - CEREBRAL VASODILATORS</b>		
			ergoloid	Tier 1	PA
<b>CONTRACEPTIVES</b>					
<b>CONTRACEPTIVE INJECTABLE - PROGESTIN</b>					

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
DEPO-SUBQ PROVERA 104	Tier 2	QL (1 ML per 90 days)
<i>medroxyprogesterone intramuscular</i>	Tier 0	QL (1 ML per 90 days)
<b>CONTRACEPTIVE ORAL - BIPHASIC</b>		
AMETHIA	Tier 0	QL (1 EA per 1 day)
ASHLYNA	Tier 0	QL (1 EA per 1 day)
AZURETTE (28)	Tier 0	
CAMRESE	Tier 0	QL (1 EA per 1 day)
CAMRESE LO	Tier 0	QL (1 EA per 1 day)
DAYSEE	Tier 0	QL (1 EA per 1 day)
<i>desog-e.estradiol/e.estradiol</i>	Tier 0	
JAIMIESS	Tier 0	QL (1 EA per 1 day)
KARIVA (28)	Tier 0	
<i>Inorgest/e.estradiol-e.estrad oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 0	QL (1 EA per 1 day)
LO LOESTRIN FE	Tier 0	ST
LOJAIMIESS	Tier 0	QL (1 EA per 1 day)
PIMTREA (28)	Tier 0	
SIMLIYA (28)	Tier 0	
SIMPESSE	Tier 0	QL (1 EA per 1 day)
VIORELE (28)	Tier 0	
VOLNEA (28)	Tier 0	
<b>CONTRACEPTIVE ORAL - MONOPHASIC</b>		
AFIRMELLE	Tier 0	
ALTAVERA (28)	Tier 0	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
ALYACEN 1/35 (28)	Tier 0	
AMETHYST (28)	Tier 0	QL (1 EA per 1 day)
APRI	Tier 0	
AUBRA	Tier 0	
AUBRA EQ	Tier 0	
AUROVELA 1.5/30 (21)	Tier 0	
AUROVELA 1/20 (21)	Tier 0	
AUROVELA 24 FE	Tier 0	
AUROVELA FE 1.5/30 (28)	Tier 0	
AUROVELA FE 1-20 (28)	Tier 0	
AVIANE	Tier 0	
AYUNA	Tier 0	
BALZIVA (28)	Tier 0	
BLISOVI 24 FE	Tier 0	
BLISOVI FE 1.5/30 (28)	Tier 0	
BLISOVI FE 1/20 (28)	Tier 0	
BRIELLYN	Tier 0	
CHARLOTTE 24 FE	Tier 0	
CHATEAL (28)	Tier 0	
CHATEAL EQ (28)	Tier 0	
CRYSELLE (28)	Tier 0	
CYRED	Tier 0	
CYRED EQ	Tier 0	
DASETTA 1/35 (28)	Tier 0	
<i>desogestrel-ethinyl estradiol</i>	Tier 0	
DOLISHALE	Tier 0	QL (1 EA per 1 day)
<i>drospirenone-e.estradol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	Tier 0	
<i>drospirenone-ethinyl estradiol</i>	Tier 0	
ELINEST	Tier 0	

Drug Name	Tier	Restrictions/ Limits	Drug Name	Tier	Restrictions/ Limits
ENSKYCE	Tier 0		<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 0	
ESTARYLLA	Tier 0		<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	Tier 0	QL (1 EA per 1 day)
<i>ethynodiol diac-eth estradiol</i>	Tier 0		<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Tier 0	QL (1 EA per 1 day)
FALMINA (28)	Tier 0		LEVORA-28	Tier 0	
FINZALA	Tier 0		LORYNA (28)	Tier 0	
GEMMILY	Tier 0		LOW-OGESTREL (28)	Tier 0	
HAILEY	Tier 0		LO-ZUMANDIMINE (28)	Tier 0	
HAILEY 24 FE	Tier 0		LUTERA (28)	Tier 0	
HAILEY FE 1.5/30 (28)	Tier 0		MARLISSA (28)	Tier 0	
HAILEY FE 1/20 (28)	Tier 0		MERZEE	Tier 0	
ICLEVIA	Tier 0	QL (1 EA per 1 day)	MIBELAS 24 FE	Tier 0	
ISIBLOOM	Tier 0		MICROGESTIN 1.5/30 (21)	Tier 0	
JASMIEL (28)	Tier 0		MICROGESTIN 1/20 (21)	Tier 0	
JOLESSA	Tier 0	QL (1 EA per 1 day)	MICROGESTIN 24 FE	Tier 0	
JULEBER	Tier 0		MICROGESTIN FE 1.5/30 (28)	Tier 0	
JUNEL 1.5/30 (21)	Tier 0		MICROGESTIN FE 1/20 (28)	Tier 0	
JUNEL 1/20 (21)	Tier 0		MILI	Tier 0	
JUNEL FE 1.5/30 (28)	Tier 0		MONO-LINYAH	Tier 0	
JUNEL FE 1/20 (28)	Tier 0		NECON 0.5/35 (28)	Tier 0	
JUNEL FE 24	Tier 0		NIKKI (28)	Tier 0	
KAITLIB FE	Tier 0		<i>noreth-ethinyl estradiol-iron</i>	Tier 0	
KALLIGA	Tier 0		<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 0	
KELNOR 1/35 (28)	Tier 0		<i>norethindrone-e.estradiol-iron oral capsule</i>	Tier 0	
KELNOR 1-50 (28)	Tier 0				
KURVELO (28)	Tier 0				
LARIN 1.5/30 (21)	Tier 0				
LARIN 1/20 (21)	Tier 0				
LARIN 24 FE	Tier 0				
LARIN FE 1.5/30 (28)	Tier 0				
LARIN FE 1/20 (28)	Tier 0				
LAYOLIS FE	Tier 0				
LESSINA	Tier 0				

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 0	
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	Tier 0	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 0	
NORTREL 0.5/35 (28)	Tier 0	
NORTREL 1/35 (21)	Tier 0	
NORTREL 1/35 (28)	Tier 0	
NYLIA 1/35 (28)	Tier 0	
NYMYO	Tier 0	
OCELLA	Tier 0	
PHILITH	Tier 0	
PORTIA 28	Tier 0	
RECLIPSEN (28)	Tier 0	
SETLAKIN	Tier 0	QL (1 EA per 1 day)
SPRINTEC (28)	Tier 0	
SRONYX	Tier 0	
SYEDA	Tier 0	
TARINA 24 FE	Tier 0	
TARINA FE 1/20 (28)	Tier 0	
TARINA FE 1-20 EQ (28)	Tier 0	
TAYSOFY	Tier 0	
TAYTULLA	Tier 0	ST
TYDEMY	Tier 0	
VESTURA (28)	Tier 0	
VIENVA	Tier 0	
VYFEMLA (28)	Tier 0	
VYLIBRA	Tier 0	
WERA (28)	Tier 0	
WYMZYA FE	Tier 0	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
ZARAH	Tier 0	
ZOVIA 1-35 (28)	Tier 0	
ZUMANDIMINE (28)	Tier 0	
<b>CONTRACEPTIVE ORAL - PROGESTIN</b>		
CAMILA	Tier 0	
DEBLITANE	Tier 0	
ERRIN	Tier 0	
HEATHER	Tier 0	
INCASSIA	Tier 0	
JENCYCLA	Tier 0	
LYLEQ	Tier 0	
LYZA	Tier 0	
NORA-BE	Tier 0	
<i>norethindrone (contraceptive)</i>	Tier 0	
SHAROBEL	Tier 0	
TULANA	Tier 0	
<b>CONTRACEPTIVE ORAL - QUADRAPHASIC</b>		
<i>I norgest/e.estrad oral tablets, dose pack, 3 month 0.15 mg-20 mcg/0.15 mg-25 mcg</i>	Tier 0	
RIVELSA	Tier 0	
<b>CONTRACEPTIVE ORAL - TRIPHASIC</b>		
ALYACEN 7/7/7 (28)	Tier 0	
ARANELLE (28)	Tier 0	
CAZIANT (28)	Tier 0	
DASETTA 7/7/7 (28)	Tier 0	
ENPRESSE	Tier 0	
LEENA 28	Tier 0	
LEVONEST (28)	Tier 0	
<i>levonorg-eth estrad triphasic</i>	Tier 0	

Drug Name	Tier	Restrictions/ Limits
norethindrone- e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	Tier 0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)	Tier 0	
NORTREL 7/7/7 (28)	Tier 0	
NYLIA 7/7/7 (28)	Tier 0	
TILIA FE	Tier 0	
TRI-ESTARYLLA	Tier 0	
TRI-LEGEST FE	Tier 0	
TRI-LINYAH	Tier 0	
TRI-LO-ESTARYLLA	Tier 0	
TRI-LO-MARZIA	Tier 0	
TRI-LO-MILI	Tier 0	
TRI-LO-SPRINTEC	Tier 0	
TRI-MILI	Tier 0	
TRI-NYMYO	Tier 0	
TRI-SPRINTEC (28)	Tier 0	
TRIVORA (28)	Tier 0	
TRI-VYLIBRA	Tier 0	
TRI-VYLIBRA LO	Tier 0	
VELIVET TRIPHASIC REGIMEN (28)	Tier 0	
<b>CONTRACEPTIVE TRANSDERMAL COMBINATIONS - ESTROGEN AND PROGESTIN COMB.</b>		
XULANE	Tier 0	
ZAFEMY	Tier 0	
<b>CONTRACEPTIVES - INTRAVAGINAL, SYSTEMIC - ESTROGEN AND PROGESTIN COMB.</b>		
ELURYNG	Tier 0	

Drug Name	Tier	Restrictions/ Limits
etongestrel-ethinyl estradiol	Tier 0	
HALOETTE	Tier 0	
NUVARING	Tier 0	
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA	Tier 0	QL (1 EA per 30 days)
<b>EMERGENCY CONTRACEPTIVES - PROGESTERONE AGONIST/ANTAGONI ST TYPE</b>		
ELLA	Tier 0	QL (1 EA per 30 days)
<b>DERMATOLOGICAL</b>		
<b>ACNE THERAPY SYSTEMIC - RETINOIDS AND DERIVATIVES</b>		
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
<b>ACNE THERAPY TOPICAL - ANTI- INFECTIVE</b>		
CLINDACIN ETZ TOPICAL SWAB	Tier 1	
clindamycin phosphate topical gel	Tier 1	QL (120 GM per 30 days)
clindamycin phosphate topical gel, once daily	Tier 1	QL (150 ML per 30 days)
clindamycin phosphate topical lotion	Tier 1	QL (120 ML per 30 days)
clindamycin phosphate topical solution	Tier 1	QL (120 ML per 30 days)
dapsone topical gel	Tier 1	
ERY PADS	Tier 1	
erythromycin with ethanol	Tier 1	
sulfacetamide sodium (acne)	Tier 1	QL (118 ML per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>ACNE THERAPY TOPICAL - ANTI- INFECTIVE- KERATOLYTIC COMBINATIONS</b>		
AVAR	Tier 1	QL (341 GM per 30 days)
AVAR-E	Tier 2	ST
AVAR-E GREEN	Tier 2	ST
AVAR-E LS	Tier 2	ST; QL (57 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
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 10-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
SULFACLEANSE 8-4	Tier 1	ST
<b>ACNE THERAPY TOPICAL - ANTI- INFECTIVE-RETINOID COMBINATIONS</b>		
<i>clindamycin-tretinoin</i>	Tier 1	
<b>ACNE THERAPY TOPICAL - RETINOID COMBINATIONS OTHER</b>		
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	Tier 1	
<b>ACNE THERAPY TOPICAL - RETINOID AND DERIVATIVES</b>		
<i>adapalene topical lotion</i>	Tier 2	ST
AVITA TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
AVITA TOPICAL GEL	Tier 2	QL (45 GM per 30 days)
<i>tretinoin</i>	Tier 1	QL (45 GM per 30 days)
<b>ANTIPSORIATIC - VITAMIN D ANALOG - GLUCOCORTICOID COMBINATIONS</b>		
<i>calcipotriene-betamethasone</i>	Tier 1	QL (60 GM per 30 days)
<b>ANTIPSORIATIC AGENTS - INTERLEUKIN 12 AND IL-23 INHIBITORS,MC ANTIBODY</b>		
STELARA SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (45 ML per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Tier 4	PA; QL (90 MG per 90 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 4	PA; QL (90 ML per 60 days)

Drug Name	Tier	Restrictions/ Limits	Drug Name	Tier	Restrictions/ Limits
<b>ANTIPSORIATIC AGENTS - INTERLEUKIN-23 (IL- 23) ANTAGONIST, MC ANTIBODY</b>			DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 4	PA; QL (600 MG per 30 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	Tier 4	PA; QL (1 ML per 84 days)	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA; QL (1.34 ML per 30 days)
SKYRIZI SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (1 ML per 84 days)	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	Tier 4	PA; QL (400 MG per 30 days)
TREMFYA	Tier 4	PA; QL (100 ML per 60 days)	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	Tier 4	PA; QL (600 MG per 30 days)
<b>ANTIPSORIATIC AGENTS - INTERLEUKIN-17 (IL- 17) ANTAGONIST, MC ANTIBODY</b>			<b>DERMATOLOGICAL - ANTIBACTERIAL AMINOGLYCOSIDES</b>		
COSENTYX (2 SYRINGES)	Tier 4	PA; QL (1 Pack per 30 days)	<i>gentamicin topical</i>	Tier 1	QL (60 GM per 30 days)
COSENTYX PEN	Tier 4	PA; QL (1 Pack per 30 days)	<b>DERMATOLOGICAL - ANTIBACTERIAL OTHER</b>		
COSENTYX PEN (2 PENS)	Tier 4	PA; QL (1 Pack per 30 days)	<i>mupirocin</i>	Tier 1	QL (44 GM per 30 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; QL (1 Pack per 30 days)	<b>DERMATOLOGICAL - ANTIBACTERIAL PLEUROMUTILIN DERIVATIVES</b>		
<b>DERMATITIS - JANUS KINASE (JAK) INHIBITORS</b>			ALTABAX	Tier 3	ST; QL (30 GM per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	Tier 4	PA; QL (1 EA per 1 day)	<b>DERMATOLOGICAL - ANTIBACTERIAL QUINOLONES</b>		
<b>DERMATITIS AGENTS, SYSTEMIC- IL-4 RECEPTOR ALPHA ANTAGONIST (IL-4RA) MAB</b>			XEPI	Tier 2	ST; QL (30 GM per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	Tier 4	PA; QL (400 MG per 30 days)	<b>DERMATOLOGICAL - ANTIFUNGAL ALLYLAMINES</b>		
			<i>naftifine topical cream</i>	Tier 1	PA; QL (60 GM per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>DERMATOLOGICAL - ANTIFUNGAL AMPHOTERIC POLYENE MACROLIDES</b>		
NYAMYC	Tier 1	QL (180 GM per 30 days)
<i>nystatin topical cream</i>	Tier 1	QL (30 GM per 30 days)
<i>nystatin topical ointment</i>	Tier 1	QL (30 GM per 30 days)
<i>nystatin topical powder</i>	Tier 1	QL (180 GM per 30 days)
NYSTOP	Tier 1	QL (180 GM per 30 days)
<b>DERMATOLOGICAL - ANTIFUNGAL BENZYLAMINES</b>		
MENTAX	Tier 2	ST; QL (30 GM per 30 days)
<b>DERMATOLOGICAL - ANTIFUNGAL HYDROXYPYRIDINONE</b>		
CICLODAN KIT TOPICAL COMBO PACK	Tier 2	
CICLODAN KIT TOPICAL SOLUTION	Tier 2	ST
CICLODAN TOPICAL CREAM	Tier 1	QL (90 GM per 30 days)
CICLODAN TOPICAL SOLUTION	Tier 1	QL (6.6 ML per 30 days)
<i>ciclopirox topical cream</i>	Tier 1	QL (90 GM per 30 days)
<i>ciclopirox topical gel</i>	Tier 1	QL (45 GM per 30 days)
<i>ciclopirox topical shampoo</i>	Tier 1	QL (120 ML per 30 days)
<i>ciclopirox topical solution</i>	Tier 1	QL (6.6 ML per 30 days)
<i>ciclopirox topical suspension</i>	Tier 1	QL (60 ML per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>ciclopirox-ure-camph-menth-euc</i>	Tier 1	
<b>DERMATOLOGICAL - ANTIFUNGAL IMIDAZOLE AND RELATED AGENTS</b>		
<i>econazole</i>	Tier 1	QL (85 GM per 30 days)
ERTACZO	Tier 2	QL (60 GM per 30 days)
<i>ketoconazole topical cream</i>	Tier 1	QL (60 GM per 30 days)
<i>ketoconazole topical shampoo</i>	Tier 1	QL (120 ML per 30 days)
<i>luliconazole</i>	Tier 2	PA; QL (60 GM per 30 days)
<i>oxiconazole</i>	Tier 1	PA; QL (60 GM per 30 days)
<i>sulconazole</i>	Tier 2	PA; QL (60 GM per 30 days)
<b>DERMATOLOGICAL - ANTIFUNGAL-GLUCOCORTICOID COMBINATIONS</b>		
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>nystatin-triamcinolone</i>	Tier 1	QL (60 GM per 30 days)
<b>DERMATOLOGICAL - ANTINEOPLASTIC ANTIMETABOLITES</b>		
<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)
<b>DERMATOLOGICAL - ANTINEOPLASTIC SELECTIVE RETINOID X RECEPTOR AGONIST</b>		
<i>bexarotene topical</i>	Tier 4	PA; QL (60 GM per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, VITAMIN A DERIVATIVES</b>		
acitretin	Tier 1	
<b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS TOPICAL</b>		
calcipotriene scalp	Tier 1	QL (120 ML per 30 days)
calcipotriene topical cream	Tier 1	QL (120 GM per 30 days)
calcipotriene topical ointment	Tier 1	QL (120 GM per 30 days)
calcitriol topical	Tier 1	PA
halobetasol propionate topical foam	Tier 2	ST
<b>DERMATOLOGICAL - ANTIPSORIATICS SYSTEMIC, PHOSPHODIESTERASE 4 INHIB.</b>		
OTEZLA	Tier 4	PA; QL (60 EA per 30 days)
<b>DERMATOLOGICAL - ANTISEBORRHEIC</b>		
selenium sulfide topical lotion	Tier 1	PA
<b>DERMATOLOGICAL - ANTIVIRAL, HERPES</b>		
acyclovir topical ointment	Tier 1	ST; QL (30 GM per 30 days)
DENAVIR	Tier 2	ST; QL (5 GM per 30 days)
penciclovir	Tier 1	ST; QL (5 GM per 30 days)
<b>DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE</b>		
mafenide acetate	Tier 1	PA
silver sulfadiazine	Tier 1	
SSD	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>DERMATOLOGICAL - CALCINEURIN INHIBITORS</b>		
<i>pimecrolimus</i>	Tier 1	PA; ST; QL (100 GM per 30 days)
<i>tacrolimus topical</i>	Tier 1	QL (100 GM per 30 days)
<b>DERMATOLOGICAL - ENZYMES</b>		
SANTYL	Tier 2	QL (180 GM per 30 days)
<b>DERMATOLOGICAL - GLUCOCORTICOID</b>		
ALA-CORT	Tier 1	QL (28.35 GM per 30 days)
<i>alclometasone</i>	Tier 1	QL (2 GM per 1 day)
BESER	Tier 1	ST; QL (4 ML per 1 day)
<i>betamethasone dipropionate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone dipropionate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone dipropionate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>betamethasone valerate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone valerate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone valerate topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone, augmented topical cream</i>	Tier 1	QL (50 GM per 30 days)
<i>betamethasone, augmented topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone, augmented topical ointment</i>	Tier 1	QL (45 GM per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
<i>clobetasol scalp</i>	Tier 1	ST; QL (100 ML per 30 days)
<i>clobetasol topical cream</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>clobetasol topical gel</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>clobetasol topical ointment</i>	Tier 1	QL (120 GM per 30 days)
<i>clobetasol topical shampoo</i>	Tier 1	ST; QL (236 ML per 30 days)
<i>clobetasol-emollient topical cream</i>	Tier 1	QL (120 GM per 30 days)
CLODAN	Tier 1	ST; QL (236 ML per 30 days)
<i>desonide topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>desonide topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>desoximetasone topical cream 0.05 %</i>	Tier 1	ST
<i>desoximetasone topical cream 0.25 %</i>	Tier 1	ST; QL (2 GM per 1 day)
<i>desoximetasone topical gel</i>	Tier 1	ST
<i>desoximetasone topical ointment</i>	Tier 1	ST
<i>desoximetasone topical spray, non-aerosol</i>	Tier 1	ST
<i>diflorasone</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>fluocinolone and shower cap</i>	Tier 1	QL (1 ML per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	QL (120 GM per 30 days)
<i>fluocinolone topical cream 0.025 %</i>	Tier 1	QL (2 GM per 1 day)
<i>fluocinolone topical oil</i>	Tier 1	QL (120 ML per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
<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; 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 propionate topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>fluticasone propionate topical lotion</i>	Tier 1	ST; QL (4 ML per 1 day)
<i>fluticasone propionate topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>halcinonide</i>	Tier 1	ST
<i>halobetasol propionate topical cream</i>	Tier 1	ST
<i>halobetasol propionate topical foam</i>	Tier 2	ST
<i>hydrocortisone 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)

Drug Name	Tier	Restrictions/ Limits
hydrocortisone butyryl- emollient	Tier 1	QL (120 GM per 30 days)
hydrocortisone topical cream 2.5 %	Tier 1	QL (1 GM per 1 day)
hydrocortisone topical cream with perineal applicator	Tier 1	
hydrocortisone topical lotion 2.5 %	Tier 1	QL (118 ML per 30 days)
hydrocortisone topical ointment 2.5 %	Tier 1	QL (28.35 GM per 30 days)
hydrocortisone valerate topical cream	Tier 1	QL (2 GM per 1 day)
mometasone topical cream	Tier 1	QL (45 GM per 30 days)
mometasone topical ointment	Tier 1	QL (45 GM per 30 days)
mometasone topical solution	Tier 1	QL (2 ML per 1 day)
prednicarbate topical cream	Tier 1	QL (2 GM per 1 day)
prednicarbate topical ointment	Tier 1	
PROCTO-MED HC	Tier 1	
PROCTOSOL HC	Tier 1	
PROCTOZONE-HC	Tier 1	
triamcinolone acetonide topical cream	Tier 1	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion	Tier 1	QL (2 ML per 1 day)
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	QL (454 GM per 30 days)
triamcinolone acetonide topical ointment 0.05 %	Tier 1	ST
TRIDERM TOPICAL CREAM 0.5 %	Tier 1	ST; QL (454 GM per 30 days)
TRITOCIN	Tier 1	ST

Drug Name	Tier	Restrictions/ Limits
<b>DERMATOLOGICAL - IMMUNOMODULATOR</b>		
<b>-</b>		
<b>IMIDAZOQUINOLINAM INES</b>		
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	PA; QL (24 EA per 30 days)
<b>DERMATOLOGICAL - KERATOLYTIC- ANTIMITOTIC SINGLE AGENTS</b>		
<i>podofox</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	
<b>SALIMEZ</b>	Tier 1	QL (454 GM per 30 days)
<b>TRI-CHLOR</b>	Tier 1	
<i>trichloroacetic acid topical recon soln 20 %, 30 %, 35 %, 40 %, 50 %, 80 %, 85 %, 90 %</i>	Tier 2	
<b>DERMATOLOGICAL - LOCAL ANESTHETIC COMBINATIONS</b>		
<b>DERMACINRX PRIZOPAK</b>	Tier 1	
<i>lidocaine-prilocaine topical cream</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine-prilocaine topical kit</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>DERMATOLOGICAL - MAMMALIAN TARGET OF RAPAMYCIN (mTOR) INHIBITORS</b>		
HYFTOR	Tier 4	PA; QL (20 GM per 21 days)
<b>DERMATOLOGICAL - PROTECTANTS</b>		
<i>zinc oxide topical paste</i>	Tier 2	
<b>DERMATOLOGICAL - RETINOID (VITAMIN A DERIVATIVES) - TOPICAL COSMETIC</b>		
<i>tretinoin (emollient)</i>	Tier 1	
<b>DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL</b>		
<i>brimonidine topical</i>	Tier 1	PA
<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)
ROSADAN TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
ROSADAN TOPICAL GEL	Tier 1	QL (45 GM per 30 days)
<i>sulfacetamide sod-sulfur-urea</i>	Tier 1	
<b>DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC AMIDES</b>		
<i>lidocaine topical adhesive patch, medicated 5 %</i>	Tier 1	PA; QL (1 EA per 1 day)
LIDOPIN TOPICAL CREAM 3 %	Tier 1	QL (30 GM per 30 days)
<b>DERMATOLOGICAL ANTIPRURITICS - ANTIHISTAMINES</b>		
<i>doxepin topical</i>	Tier 1	ST; QL (45 GM per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>SCABICIDE AND PEDICULICIDE SINGLE AGENTS</b>		
<i>lindane</i>	Tier 1	QL (2 ML per 1 day)
<i>malathion</i>	Tier 1	QL (59 ML per 30 days)
<i>permethrin</i>	Tier 1	QL (2 GM per 1 day)
<i>spinosad</i>	Tier 1	PA; QL (4 ML per 1 day)
ULESFIA	Tier 2	QL (227 GM per 30 days)
<b>DIAGNOSTIC AGENTS</b>		
<b>CONTRAST MEDIA - IODINATED IONIC</b>		
MD-GASTROVIEW	Tier 1	
<b>DIAGNOSTIC DRUGS - GASTROINTESTINAL RADIOLOGICAL ADJUNCT</b>		
GLUCAGEN DIAGNOSTIC KIT	Tier 2	
<i>glucagon hcl injection recon soln 1 mg/ml</i>	Tier 2	
<b>DIAGNOSTIC DRUGS - GLUCOSE TOLERANCE TEST, ORAL</b>		
GLUTOL GEL	Tier 2	
<b>EATING DISORDER THERAPY</b>		
<b>APPETITE STIMULANTS - CANNABINOID</b>		
<i>dronabinol</i>	Tier 1	PA
<b>APPETITE STIMULANTS - PROGESTIN HORMONE TYPE</b>		

Drug Name	Tier	Restrictions/ Limits	Drug Name	Tier	Restrictions/ Limits
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	Tier 1		<i>sodium polystyrene sulfonate</i>	Tier 1	
<b>ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS</b>			<i>SPS (WITH SORBITOL)</i>	Tier 1	
<b>B-COMPLEX VITAMIN COMBINATIONS</b>					
B COMPLEX 1 (WITH FOLIC ACID)	Tier 0		<b>MINERALS AND ELECTROLYTES - IODINE</b>		
<i>b complex-vitamin c-folic acid oral tablet</i>	Tier 0		<i>potassium iodide oral solution</i>	Tier 1	
BALANCE B-100 (FOLIC ACID)	Tier 0		SSKI	Tier 2	
BALANCE B-50 (WITH FOLIC ACID)	Tier 0		<b>MINERALS AND ELECTROLYTES - IRON</b>		
BALANCED B-100 ORAL TABLET	Tier 0		AURYXIA	Tier 2	
B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG	Tier 0		<b>MINERALS AND ELECTROLYTES - POTASSIUM, ORAL</b>		
DIALYVITE 800 ORAL TABLET	Tier 0		<i>EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ</i>	Tier 1	
FULL SPECTRUM B-VITAMIN C	Tier 0		KLOR-CON 10	Tier 1	
KOBEE	Tier 0		KLOR-CON 8	Tier 1	
RENA-VITE	Tier 0		KLOR-CON M10	Tier 1	
STRESS FORMULA WITH IRON	Tier 0		KLOR-CON M15	Tier 1	
STRESS FORMULA WITH IRON(SULF)	Tier 0		KLOR-CON M20	Tier 1	
SUPER B MAXI COMPLEX	Tier 0		KLOR-CON/EF	Tier 1	
SUPER QINTS	Tier 0		<i>potassium chloride oral capsule, extended release</i>	Tier 1	
<i>vitamin b complex-folic acid oral tablet</i>	Tier 0		<i>potassium chloride oral liquid</i>	Tier 1	
<b>ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN</b>			<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	Tier 1	
<b>MULTIVITAMIN AND MINERAL COMBINATIONS</b>					
WESCAP-C DHA			Tier 1		

Drug Name	Tier	Restrictions/ Limits
<b>NUTRITIONAL PRODUCT - CARBOHYDRATES, ORAL</b>		
ENFAMIL GLUCOSE	Tier 2	
<b>PEDIATRIC VITAMINS WITH FLUORIDE AND MINERALS COMBINATIONS</b>		
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
<b>PEDIATRIC VITAMINS WITH FLUORIDE COMBINATIONS</b>		
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
MULTIVITAMIN WITH FLUORIDE	Tier 0	
MULTI-VITAMIN WITH FLUORIDE	Tier 0	
MULTIVITAMINS WITH FLUORIDE	Tier 0	
MVC-FLUORIDE	Tier 0	
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	
VITAMINS A,C,D AND FLUORIDE	Tier 0	
<b>PRENATAL VITAMINS AND MINERALS</b>		
CLASSIC PRENATAL	Tier 0	
ONE DAILY PRENATAL	Tier 0	
<i>pnv cmb#95-ferrous fumarate-fa</i>	Tier 0	
PRENATAL COMPLETE	Tier 0	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0	
PRENATAL MULTIVITAMINS	Tier 0	

Drug Name	Tier	Restrictions/ Limits
PRENATAL ONE DAILY	Tier 0	
PRENATAL ORAL TABLET 28 MG IRON-800 MCG	Tier 0	
PRENATAL TABLET	Tier 0	
<i>prenatal vit no. 179-iron-folic</i>	Tier 0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0	
PRENATAL VITAMIN WITH MINERALS	Tier 0	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0	
<b>SODIUM CHLORIDE FLUSHES</b>		
BD POSIFLUSH NORMAL SALINE 0.9	Tier 1	
MONOJECT 0.9% SODIUM CHLORIDE	Tier 1	
MONOJECT PREFILL ADVANCED NS	Tier 1	
NORMAL SALINE FLUSH	Tier 1	
<b>VITAMINS - B PREPARATION COMBINATIONS</b>		
FOL TABS 800	Tier 0	
<b>VITAMINS - B-12, CYANOCOBALAMIN AND DERIVATIVES</b>		
<i>cyanocobalamin (vitamin b-12) injection</i>	Tier 1	
<b>VITAMINS - D DERIVATIVES</b>		
<i>calcitriol oral</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
VITAMIN D2	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
<b>VITAMINS - FOLIC ACID AND DERIVATIVES</b>		
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 0	
<b>VITAMINS - FOLIC ACID COMBINATIONS</b>		
FOLTABS 800	Tier 0	
<b>VITAMINS - K, PHYTONADIONE AND DERIVATIVES</b>		
<i>phytonadione (vitamin k1) injection solution 1 mg/0.5 ml</i>	Tier 2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	QL (10 EA per 30 days)
<b>ENDOCRINE</b>		
<b>ADRENAL STEROID INHIBITORS</b>		
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)
<b>AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)</b>		
BAQSIMI	Tier 2	ST; QL (2 EA per 30 days)
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	
GLUCAGEN HYPOKIT	Tier 2	QL (2 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
GLUCAGON (HCL) EMERGENCY KIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 1	QL (2 EA per 30 days)
GLUCO BURST	Tier 1	
GLUCOSE BITS	Tier 1	
GLUCOSE GEL	Tier 1	
<i>glucose oral tablet, chewable 4 gram</i>	Tier 1	
GLUTOSE-15	Tier 2	
GLUTOSE-45	Tier 2	
GLUTOSE-5	Tier 1	
RELION GLUCOSE	Tier 1	
<b>ANDROGEN - SINGLE AGENTS</b>		
<i>methyltestosterone</i>	Tier 1	PA
<i>testosterone cypionate</i>	Tier 1	PA
<i>testosterone enanthate</i>	Tier 1	PA
<i>testosterone transdermal gel</i>	Tier 1	PA; QL (60 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	Tier 1	PA; QL (75 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	Tier 1	PA; QL (30 GM per 30 days)
<b>ANTIDIURETIC AND VASOPRESSOR HORMONES</b>		
<i>desmopressin injection</i>	Tier 4	
<i>desmopressin nasal spray with pump</i>	Tier 1	
<i>desmopressin oral</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
NOCDURNA (MEN)	Tier 3	PA; QL (30 EA per 30 days)
NOCDURNA (WOMEN)	Tier 3	PA; QL (30 EA per 30 days)
<b>ANTIHYPERGLYCEMI C - ALPHA- GLUCOSIDASE INHIBITORS</b>		
acarbose	Tier 1	
miglitol	Tier 1	
<b>ANTIHYPERGLYCEMI C - AMYLIN ANALOG- TYPE</b>		
SYMLINPEN 120	Tier 2	ST; QL (19 ML per 30 days)
SYMLINPEN 60	Tier 2	ST; QL (11 ML per 30 days)
<b>ANTIHYPERGLYCEMI C - DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
alogliptin	Tier 1	ST; QL (30 EA per 30 days)
<b>ANTIHYPERGLYCEMI C - DUAL GIP AND GLP-1 RECEPTOR AGONISTS</b>		
MOUNJARO	Tier 2	PA; QL (2 ML per 28 days)
<b>ANTIHYPERGLYCEMI C - GLUCAGON-LIKE PEPTIDE-1 (GLP-1) RECEPTOR AGONISTS</b>		
RYBELSUS	Tier 2	PA; QL (30 EA per 30 days)
TRULICITY	Tier 2	PA; QL (2 ML per 28 days)
<b>ANTIHYPERGLYCEMI C - MEGLITINIDE ANALOGS</b>		
nateglinide	Tier 1	
repaglinide	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
<b>ANTIHYPERGLYCEMI C - SGLT-2 INHIBITOR AND BIGUANIDE COMBINATIONS</b>		
SEGLUROMET	Tier 2	ST; QL (60 EA per 30 days)
SYNJARDY	Tier 2	ST; QL (60 EA per 30 days)
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)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25- 1,000 MG	Tier 2	ST; QL (30 EA per 30 days)
<b>ANTIHYPERGLYCEMI C - SODIUM GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>		
FARXIGA	Tier 2	QL (30 EA per 30 days)
JARDIANCE	Tier 2	ST; QL (30 EA per 30 days)
STEGLATRO	Tier 2	ST; QL (30 EA per 30 days)
<b>ANTIHYPERGLYCEMI C - SULFONYLUREA AND BIGUANIDE COMBINATIONS</b>		
glipizide-metformin	Tier 1	
glyburide-metformin oral tablet 1.25-250 mg	Tier 1	QL (260 EA per 30 days)
glyburide-metformin oral tablet 2.5-500 mg, 5- 500 mg	Tier 1	QL (5 EA per 1 day)
<b>ANTIHYPERGLYCEMI C - SULFONYLUREA DERIVATIVES</b>		
glimepiride	Tier 1	
glipizide	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
glyburide micronized oral tablet 1.5 mg	Tier 1	QL (8 EA per 1 day)
glyburide micronized oral tablet 3 mg	Tier 1	QL (4 EA per 1 day)
glyburide micronized oral tablet 6 mg	Tier 1	QL (2 EA per 1 day)
glyburide oral tablet 1.25 mg	Tier 1	QL (16 EA per 1 day)
glyburide oral tablet 2.5 mg	Tier 1	QL (8 EA per 1 day)
glyburide oral tablet 5 mg	Tier 1	QL (4 EA per 1 day)
<b>ANTIHYPERGLYCEMI C - THIAZOLIDINEDIONE AND BIGUANIDE COMBINATIONS</b>		
pioglitazone-metformin	Tier 1	QL (90 EA per 30 days)
<b>ANTIHYPERGLYCEMI C - THIAZOLIDINEDIONE AND SULFONYLUREA COMBINATIONS</b>		
pioglitazone-glimepiride	Tier 1	ST; QL (30 EA per 30 days)
<b>ANTIHYPERGLYCEMI C-DIPEPTIDYL PEPTIDASE-4 INHIBIT AND THIAZOLIDINEDIONE</b>		
alogliptin-pioglitazone	Tier 2	ST; QL (30 EA per 30 days)
<b>ANTIHYPERGLYCEMI C-DIPEPTIDYL PEPTIDASE-4(DPP-4)INHIBITOR AND BIGUANIDE</b>		
alogliptin-metformin	Tier 2	ST; QL (60 EA per 30 days)
<b>ANTIHYPERGLYCEMI C-INSULIN, LONG ACTING AND GLP-1 RECEPTOR AGONIST COMB</b>		

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
SOLIQUA 100/33	Tier 2	ST; QL (15 ML per 30 days)
XULTOPHY 100/3.6	Tier 2	PA; QL (15 ML per 30 days)
<b>ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES</b>		
<i>methimazole</i>	Tier 1	
<b>ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES</b>		
<i>propylthiouracil</i>	Tier 1	
<b>BONE FORMATION STIMULATING AGENTS - PARATHYROID HORMONE-TYPE</b>		
<i>teriparatide</i>	Tier 4	PA; QL (1 ML per 28 days)
<b>BONE RESORPTION INHIBITORS - BISPHOSPHONATES</b>		
<i>alendronate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>ibandronate oral</i>	Tier 1	QL (1 EA per 28 days)
<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)

Drug Name	Tier	Restrictions/ Limits
<b>CALCIMIMETIC, PARATHYROID CALCIUM RECEPTOR SENSITIVITY ENHANCER</b>		
cinacalcet	Tier 1	PA
<b>CALCITONINS</b>		
calcitonin (salmon) nasal	Tier 1	
<b>ESTROGEN- ANDROGEN</b>		
COVARYX	Tier 1	
COVARYX H.S.	Tier 1	
EEMT	Tier 1	
EEMT HS	Tier 1	
estrogens- methyltestosterone	Tier 1	
<b>ESTROGEN- PROGESTIN</b>		
COMBIPATCH	Tier 2	
estradiol-norethindrone acet	Tier 1	
FYAVOLV	Tier 1	
MIMVEY	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5- 2.5 mg-mcg, 1-5 mg- mcg	Tier 1	
<b>ESTROGENS</b>		
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (8 EA per 30 days)
estradiol oral	Tier 1	
estradiol transdermal patch semiweekly	Tier 1	QL (8 EA per 30 days)
estradiol transdermal patch weekly	Tier 1	QL (4 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>FERTILITY ENHANCER - LUTEAL PHASE SUPPORTING, PROGESTERONE- TYPE</b>		
CRINONE VAGINAL GEL 8 %	Tier 4	
<b>FERTILITY ENHANCER - OVULATION STIMULANT - SYNTHETIC (NON- FSH)</b>		
CLOMID	Tier 1	
<i>clomiphene citrate</i>	Tier 1	
<b>GLUCOCORTICOIDS</b>		
cortisone	Tier 1	
DEXAMETHASONE INTENSOL	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
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)
<i>hydrocortisone oral</i>	Tier 1	
<i>methylprednisolone</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISONE INTENSOL	Tier 1	
<b>GONADOTROPIN INHIBITOR PITUITARY SUPPRESSANTS</b>		
<i>danazol</i>	Tier 1	
<b>GROWTH HORMONES</b>		
OMNITROPE SUBCUTANEOUS RECON SOLN	Tier 4	PA
SKYTROFA	Tier 4	PA
<b>HUMAN INSULINS - SHORT ACTING</b>		
HUMULIN R U-500 (CONC) INSULIN	Tier 2	
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	
<b>INSULIN ANALOGS - FIXED COMBINATIONS</b>		
<i>insulin asp prot-insulin aspart subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days)
<i>insulin asp prot-insulin aspart subcutaneous solution</i>	Tier 2	QL (40 ML per 30 days)
<i>insulin lispro protamine-lispro</i>	Tier 2	QL (1 ML per 1 day)
<b>INSULIN ANALOGS - LONG ACTING</b>		
BASAGLAR KWIKPEN U-100 INSULIN	Tier 2	QL (45 ML per 30 days)
TRESIBA FLEXTOUCH U-100	Tier 2	QL (45 ML per 30 days)
TRESIBA FLEXTOUCH U-200	Tier 2	QL (27 ML per 30 days)
TRESIBA U-100 INSULIN	Tier 2	QL (40 ML per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>INSULIN ANALOGS - RAPID ACTING</b>		
<i>insulin aspart u-100 subcutaneous insulin pen</i>	Tier 2	
<i>insulin aspart u-100 subcutaneous solution</i>	Tier 2	
<i>insulin lispro subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days)
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	Tier 2	QL (1 ML per 1 day)
<i>insulin lispro subcutaneous solution</i>	Tier 2	QL (45 ML per 30 days)
<b>INSULIN RESPONSE ENHancers - BIGUANIDES</b>		
<i>metformin oral solution</i>	Tier 1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<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)
<b>INSULIN RESPONSE ENHancers - THIAZOLIDINEDIONE S (PPAR-GAMMA AGONISTS)</b>		
<i>pioglitazone</i>	Tier 1	QL (30 EA per 30 days)
<b>INSULIN-LIKE GROWTH FACTOR-1 (IGF-1)</b>		
INCRELEX	Tier 4	PA
<b>LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
SYNAREL	Tier 2	PA

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Drug Name	Tier	Restrictions/ Limits
<b>LHRH (GNRH) ANTAGONISTS</b>		
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)
<b>MINERALOCORTICOIDS</b>		
fludrocortisone	Tier 1	
<b>OXYTOCIC - ERGOT ALKALOIDS</b>		
METHERGINE	Tier 1	ST; QL (240 EA per 30 days)
<i>methylergonovine oral</i>	Tier 1	QL (240 EA per 30 days)
<b>PROGESTINS</b>		
<i>medroxyprogesterone oral</i>	Tier 1	
<i>norethindrone acetate</i>	Tier 1	
<i>progesterone micronized</i>	Tier 1	
<b>PROLACTIN INHIBITOR - ERGOT DERIVATIVE DOPAMINE RECEPTOR AGONISTS</b>		
<i>cabergoline</i>	Tier 1	QL (8 EA per 30 days)
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>		
<i>raloxifene</i>	Tier 0	
<b>THYROID HORMONES - ANIMAL SOURCE (PORCINE)</b>		
NP THYROID	Tier 1	
<b>THYROID HORMONES - SYNTHETIC T3 (TRIIODOTHYRONINE)</b>		

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Drug Name	Tier	Restrictions/ Limits
<i>liothyronine oral</i>	Tier 1	
<b>THYROID HORMONES - SYNTHETIC T4 (THYROXINE)</b>		
EUTHYROX	Tier 1	
<i>levothyroxine oral tablet</i>	Tier 1	
LEVOXYL	Tier 1	
UNITHROID	Tier 1	
<b>GASTROINTESTINAL THERAPY AGENTS</b>		
<b>ANTIARRHEAL - ANTIPERISTALTIC AGENTS</b>		
<i>loperamide oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<b>ANTIARRHEAL ANTIPERISTALTIC- ANTICHOLINERGIC COMBINATIONS</b>		
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
<b>ANTIEMETIC - ANTICHOLINERGICS</b>		
<i>scopolamine base</i>	Tier 1	
<b>ANTIEMETIC - ANTIHISTAMINE- VITAMIN COMBINATIONS</b>		
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<b>ANTIEMETIC - CANNABINOID TYPE</b>		
<i>dronabinol</i>	Tier 1	PA
<b>ANTIEMETIC - DOPAMINE (D2)/5-HT3 ANTAGONISTS</b>		
<i>trimethobenzamide</i>	Tier 1	
<b>ANTIEMETIC - PHENOTHIAZINES</b>		

Drug Name	Tier	Restrictions/ Limits
<i>prochlorperazine maleate</i>	Tier 1	
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 1	
PROMETHEGAN	Tier 1	
<b>ANTIEMETIC - SELECTIVE SEROTONIN 5-HT3 ANTAGONISTS</b>		
<i>granisetron hcl oral</i>	Tier 1	QL (6 EA per 30 days)
<i>ondansetron</i>	Tier 1	QL (9 EA per 30 days)
<i>ondansetron hcl oral solution</i>	Tier 1	QL (100 ML per 30 days)
<i>ondansetron hcl oral tablet</i>	Tier 1	QL (9 EA per 30 days)
<b>ANTIEMETIC - SUBSTANCE P- NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant oral capsule 125 mg, 40 mg</i>	Tier 1	PA; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 1	PA; QL (2 EA per 30 days)
<b>ANTIEMETIC - SUBSTANCE P- NEUROKININ 1 AND 5-HT3 RECEPTANT COMB</b>		
AKYNZEO (NETUPITANT)	Tier 3	QL (1 EA per 30 days)
<b>CHRONIC IDIOPATHIC CONST. AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>		
TRULANCE	Tier 2	PA; QL (1 EA per 1 day)
<b>COLONIC ACIDIFIER (AMMONIA INHIBITOR)</b>		
ENULOSE	Tier 1	

Drug Name	Tier	Restrictions/ Limits
GENERLAC	Tier 1	
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml)</i>	Tier 1	
<b>DIGESTIVE ENZYME MIXTURES</b>		
CREON	Tier 2	
VIOKACE	Tier 2	
<b>GALLSTONE SOLUBILIZING (LITHOLYSIS) AGENTS</b>		
<i>ursodiol</i>	Tier 1	
<b>GASTRIC ACID SECRETION REDUCER - HISTAMINE H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension</i>	Tier 1	
<i>famotidine oral tablet 40 mg</i>	Tier 1	
<i>nizatidine</i>	Tier 1	
<b>GASTRIC ACID SECRETION REDUCER - PROTON PUMP INHIBITORS (PPIS)</b>		
<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) 40 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<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) 30 mg</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>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	Tier 1	ST; QL (60 EA per 30 days)
<b>GASTRIC ACID SECRETION REDUCER-PROTON PUMP INHIBITOR AND ANTACID COMB</b>		
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	Tier 1	PA
<b>GASTRIC MUCOSA - CYTOPROTECTIVE PROSTAGLANDIN ANALOGS</b>		
<i>misoprostol</i>	Tier 1	QL (4 EA per 1 day)

Drug Name	Tier	Restrictions/ Limits
<b>GASTROINTESTINAL PROKINETIC AGENTS - D2 ANTAGONIST/5-HT4 AGONISTS</b>		
<i>metoclopramide hcl oral</i>	Tier 1	
<b>GI ANTISPASMODIC - BELLADONNA ALKALOIDS</b>		
<i>ED-SPAZ</i>	Tier 1	
<i>hyoscyamine sulfate oral</i>	Tier 1	
<i>hyoscyamine sulfate sublingual</i>	Tier 1	
<i>HYOSYNE</i>	Tier 1	
<i>methscopolamine</i>	Tier 1	
<i>OSCIMIN</i>	Tier 1	
<i>OSCIMIN SL</i>	Tier 1	
<i>SYMAX-SR</i>	Tier 1	
<b>GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS</b>		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<b>GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES</b>		
<i>dicyclomine oral</i>	Tier 1	
<b>GI ANTISPASMODIC AND BENZODIAZEPINE COMBINATIONS</b>		
<i>chlordiazepoxide-clidinium</i>	Tier 1	
<b>GI ANTISPASMODIC COMBINATIONS OTHER</b>		
<i>chlordiazepoxide-clidinium</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>H. PYLORI THERAPY - PROTON PUMP INHIBITOR AND ANTIBIOTICS COMBINATIONS</b>		
amoxicil-clarithromy-lansopraz	Tier 1	QL (112 EA per 30 days)
<b>IBS AGENT - GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATOR AGENTS</b>		
lubiprostone	Tier 1	QL (60 EA per 30 days)
<b>IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>		
TRULANCE	Tier 2	PA; QL (1 EA per 1 day)
<b>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</b>		
alosetron	Tier 1	PA
<b>INFLAMMATORY BOWEL AGENT - INTERLEUKIN-12 AND IL-23 INHIBITORS, MC AB</b>		
STELARA INTRAVENOUS	Tier 4	PA; QL (104 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (45 ML per 84 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 4	PA; QL (90 ML per 60 days)
<b>INFLAMMATORY BOWEL AGENT - INTERLEUKIN-23 (IL-23) INHIBITOR, MC AB</b>		

Drug Name	Tier	Restrictions/ Limits
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)
<b>INFLAMMATORY BOWEL AGENT - AMINOSALICYLATES AND RELATED AGENTS</b>		
balsalazide	Tier 1	
DIPENTUM	Tier 2	PA
mesalamine oral capsule (with del rel tablets)	Tier 1	
mesalamine oral capsule, extended release 24hr	Tier 1	
mesalamine oral tablet, delayed release (dr/ec)	Tier 1	
mesalamine rectal enema	Tier 1	
mesalamine with cleansing wipe	Tier 1	
sulfasalazine	Tier 1	
<b>INFLAMMATORY BOWEL AGENT - GLUCOCORTICOIDS</b>		
budesonide oral capsule, delayed, extend. release	Tier 1	
CORTIFOAM	Tier 2	
hydrocortisone rectal	Tier 1	
<b>INFLAMMATORY BOWEL AGENT - JANUS KINASE (JAK) INHIBITORS</b>		

Drug Name	Tier	Restrictions/ Limits	Drug Name	Tier	Restrictions/ Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	Tier 4	PA; QL (1 EA per 1 day)	HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Tier 4	PA; QL (3 EA per 365 days)
<b>INFLAMMATORY BOWEL AGENT - SPHINGOSINE 1- PHOSPHATE RECEPTOR MODULATOR</b>			HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA; QL (2 EA per 365 days)
ZEPOSIA	Tier 4	PA	HUMIRA(CF) PEN	Tier 4	PA; QL (2 EA per 28 days)
ZEPOSIA STARTER PACK (7-DAY)	Tier 4	PA; QL (1 EA per 365 days)	HUMIRA(CF) PEN CROHNS-UC-HS	Tier 4	PA; QL (3 EA per 365 days)
<b>INFLAMMATORY BOWEL AGENT - TUMOR NECROSIS FACTOR ALPHA BLOCKERS</b>			HUMIRA(CF) PEN PEDIATRIC UC	Tier 4	PA; QL (2 EA per 28 days)
adalimumab-adaz	Tier 4	PA	HUMIRA(CF) PEN PSOR-UV-ADOL HS	Tier 4	PA; QL (3 EA per 365 days)
adalimumab-fkjp	Tier 4	PA	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 4	PA; QL (2 EA per 28 days)
CIMZIA	Tier 4	PA; QL (2 EA per 28 days)	<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
CIMZIA POWDER FOR RECONST	Tier 4	PA; QL (1 EA per 28 days)	alosetron	Tier 1	PA
CIMZIA STARTER KIT	Tier 4	PA; QL (6 EA per 365 days)	lubiprostone	Tier 1	QL (60 EA per 30 days)
HADLIMA	Tier 4	PA	<b>LAXATIVE - SALINE AND OSMOTIC</b>		
HADLIMA PUSHTOUCH	Tier 4	PA	lactulose oral solution 10 gram/15 ml, 20 gram/30 ml	Tier 1	
HADLIMA(CF)	Tier 4	PA	<b>LAXATIVE - SALINE/OSMOTIC MIXTURES</b>		
HADLIMA(CF) PUSHTOUCH	Tier 4	PA	GAVILYTE-C	Tier 0	
HUMIRA	Tier 4	PA; QL (2 EA per 28 days)	GAVILYTE-G	Tier 0	
HUMIRA PEN	Tier 4	PA; QL (2 EA per 28 days)	MOVIPREP	Tier 2	
HUMIRA PEN CROHNS-UC-HS START	Tier 4	PA; QL (6 EA per 365 days)	peg 3350-electrolytes	Tier 0	
HUMIRA PEN PSOR-UVEITS-ADOL HS	Tier 4	PA; QL (4 EA per 365 days)	peg-electrolyte soln	Tier 0	

Drug Name	Tier	Restrictions/ Limits
sodium,potassium,mag sulfates	Tier 0	
SUPREP BOWEL PREP KIT	Tier 2	
<b>LAXATIVE - STIMULANT AND SALINE/OSMOTIC COMBINATIONS</b>		
CLENPIQ	Tier 0	
<b>PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES</b>		
sucralfate oral suspension	Tier 1	
sucralfate oral tablet	Tier 1	QL (4 EA per 1 day)
<b>GENITOURINARY THERAPY</b>		
<b>BPH AGENT- 5- ALPHA REDUCTASE INHIB AND ALPHA-1 ADRENOCEPTOR ANTAG COMB</b>		
dutasteride-tamsulosin	Tier 1	ST
<b>CYSTINOSIS THERAPY (CYSTINE DEPLETING AGENTS)</b>		
CYSTAGON	Tier 4	PA
<b>G.U. IRRIGANTS</b>		
GLYCINE UROLOGIC	Tier 1	
glycine urologic solution	Tier 1	
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON	Tier 2	
<b>OVERACTIVE BLADDER AGENTS - BETA -3 ADRENERGIC RECEPTOR AGONIST</b>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	Tier 2	ST

Drug Name	Tier	Restrictions/ Limits
<b>PHOSPHATE BINDERS</b>		
AURYXIA	Tier 2	
calcium acetate(phosphat bind)	Tier 1	QL (360 EA per 30 days)
lanthanum	Tier 1	PA; QL (90 EA per 30 days)
sevelamer carbonate oral tablet	Tier 1	PA; QL (270 EA per 30 days)
sevelamer hcl oral tablet 400 mg	Tier 1	PA; QL (90 EA per 30 days)
<b>PHOSPHATE BINDERS - CALCIUM- BASED</b>		
calcium acetate(phosphat bind)	Tier 1	QL (360 EA per 30 days)
<b>PHOSPHATE BINDERS - IRON- BASED</b>		
AURYXIA	Tier 2	
<b>POLYCYSTIC KIDNEY DISEASE - VASOPRESSIN V2 RECEPTOR ANTAGONISTS</b>		
JYNARQUE ORAL TABLET 15 MG	Tier 4	PA; QL (60 EA per 30 days)
JYNARQUE ORAL TABLET 30 MG	Tier 4	PA; QL (30 EA per 30 days)
<b>PROSTATIC HYPERTROPHY AGENT - ALPHA-1- ADRENOCEPTOR ANTAGONISTS</b>		
alfuzosin	Tier 1	
silodosin	Tier 1	
tamsulosin	Tier 1	
<b>PROSTATIC HYPERTROPHY AGENT - TYPE II 5- ALPHA REDUCTASE INHIBITORS</b>		

Drug Name	Tier	Restrictions/ Limits
<i>finasteride oral tablet 5 mg</i>	Tier 1	
<b>PROSTATIC HYPERTROPHY AGENT-SEL.CGMP PHOSPHODIESTERASE TYPE5 INHIBITOR</b>		
<i>tadalafil oral tablet 5 mg</i>	Tier 1	PA; QL (8 EA per 30 days)
<b>PROSTATIC HYPERTROPHY AGENT-TYPE I AND II 5-ALPHA REDUCTASE INHIBITORS</b>		
<i>dutasteride</i>	Tier 1	ST
<b>URINARY ALKALINIZER - CITRATES</b>		
<i>potassium citrate oral tablet extended release</i>	Tier 1	
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine</i>	Tier 1	
<b>URINARY ANTIBACTERIAL - NITROFURAN DERIVATIVES</b>		
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohyd/m-cryst</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	
<b>URINARY ANTI-INFECTIVE METHENAMINE-ANTISPAS-ANALG COMBINATIONS</b>		
<i>URETRON D-S</i>	Tier 1	
<i>URO-SP</i>	Tier 1	
<i>UTIRA-C</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>URINARY ANTISPASMODIC - ANTICHOL., M(3) MUSCARINIC SELECTIVE (BLADDER)</b>		
<i>darifenacin</i>	Tier 1	PA
<i>solifenacin</i>	Tier 1	
<b>URINARY ANTISPASMODIC - ANTICHOLINERGICS, NON-SELECTIVE</b>		
<i>ED-SPAZ</i>	Tier 1	
<i>hyoscyamine sulfate oral</i>	Tier 1	
<i>hyoscyamine sulfate sublingual</i>	Tier 1	
<i>HYOSYNE</i>	Tier 1	
<i>OSCIMIN</i>	Tier 1	
<i>OSCIMIN SL</i>	Tier 1	
<i>SYMAX-SR</i>	Tier 1	
<b>URINARY ANTISPASMODIC - SMOOTH MUSCLE RELAXANTS</b>		
<i>flavoxate</i>	Tier 1	
<i>oxybutynin chloride oral syrup</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	Tier 1	
<i>tolterodine oral capsule,extended release 24hr</i>	Tier 1	ST
<i>tolterodine oral tablet</i>	Tier 1	
<i>trospium</i>	Tier 1	
<b>URINARY RETENTION THERAPY - PARASYMPATHOMIMETIC AGENTS</b>		

Drug Name	Tier	Restrictions/ Limits
<i>bethanechol chloride</i>	Tier 1	
<b>GOUT AND HYPERURICEMIA THERAPY</b>		
<b>GOUT ACUTE THERAPY - ANTIMITOTICS</b>		
<i>colchicine (gout) oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<b>GOUT AND HYPERURICEMIA - ANTIMITOTIC-URICOSURIC COMBINATIONS</b>		
<i>probenecid-colchicine</i>	Tier 1	ST
<b>HYPURICEMIA THERAPY - URICOSURICS</b>		
<i>probenecid</i>	Tier 1	
<b>HYPURICEMIA THERAPY - XANTHINE OXIDASE INHIBITORS</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>febuxostat</i>	Tier 1	ST
<b>HEMATOLOGICAL AGENTS</b>		
<b>ANTICOAGULANTS - CITRATE-BASED</b>		
<i>ACD SOLUTION A</i>	Tier 2	
<i>ACD-A</i>	Tier 2	
<i>anticoag citrate phos dextrose</i>	Tier 2	
<b>ANTICOAGULANTS - COUMARIN</b>		
<i>JANTOVEN</i>	Tier 1	
<i>warfarin</i>	Tier 1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
<i>ELIQUIS</i>	Tier 2	
<i>ELIQUIS DVT-PE TREAT 30D START</i>	Tier 2	

Drug Name	Tier	Restrictions/ Limits
<i>XARELTO DVT-PE TREAT 30D START</i>	Tier 2	QL (51 EA per 30 days)
<i>XARELTO ORAL SUSPENSION FOR RECONSTITUTION</i>	Tier 2	PA
<i>XARELTO ORAL TABLET</i>	Tier 2	
<b>GRANULOCYTE COLONY-STIMULATING FACTOR (G-CSF)</b>		
<i>ZARXIO</i>	Tier 4	PA
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline</i>	Tier 1	
<b>HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS</b>		
<i>tranexamic acid oral</i>	Tier 1	
<b>HEMOSTATIC TOPICAL AGENTS</b>		
<i>MONSEL'S</i>	Tier 2	
<i>SURGIFOAM TOPICAL SPONGE 12-7 MM</i>	Tier 1	
<b>HEPARINS</b>		
<i>heparin (porcine) injection solution 5,000 unit/ml</i>	Tier 1	
<b>INDIRECT FACTOR XA INHIBITORS</b>		
<i>fondaparinux</i>	Tier 4	
<b>LOW MOLECULAR WEIGHT HEPARINS</b>		
<i>enoxaparin</i>	Tier 4	
<b>PLATELET AGGREGATION INHIB - CYCLOPENTYL-TRIAZOLO-PYRIMIDINES (CPTPS)</b>		
<i>BRILINTA</i>	Tier 2	ST

Drug Name	Tier	Restrictions/ Limits
<b>PLATELET AGGREGATION INHIBITOR COMBINATIONS</b>		
<i>aspirin-dipyridamole</i>	Tier 1	ST
<b>PLATELET AGGREGATION INHIBITORS - PHOSPHODIESTERASE III INHIBITORS</b>		
<i>cilostazol</i>	Tier 1	
<b>PLATELET AGGREGATION INHIBITORS - QUINAZOLINE AGENTS</b>		
<i>anagrelide</i>	Tier 1	
<b>PLATELET AGGREGATION INHIBITORS - THIENOPYRIDINE AGENTS</b>		
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
<i>prasugrel</i>	Tier 1	
<b>PLATELET AGGREGATION INHIBIT-PDESTERASE AND ADENOSINE DEAMINASE INHIBITR</b>		
<i>dipyridamole oral</i>	Tier 1	
<b>THROMBOPOIETIN RECEPTOR AGONISTS</b>		
<i>PROMACTA ORAL TABLET 12.5 MG</i>	Tier 4	PA; QL (90 EA per 30 days)
<i>PROMACTA ORAL TABLET 25 MG</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>PROMACTA ORAL TABLET 50 MG, 75 MG</i>	Tier 4	PA; QL (60 EA per 30 days)
<b>IMMUNOSUPPRESSIVE AGENTS</b>		

Drug Name	Tier	Restrictions/ Limits
<b>IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS</b>		
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine oral</i>	Tier 1	
<i>GENGRAF</i>	Tier 1	
<i>tacrolimus oral</i>	Tier 1	
<b>IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</b>		
<i>mycophenolate mofetil</i>	Tier 1	
<i>mycophenolate sodium</i>	Tier 1	
<b>IMMUNOSUPPRESSIVE - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS</b>		
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	Tier 1	
<i>sirolimus oral tablet</i>	Tier 1	
<b>IMMUNOSUPPRESSIVE - PURINE ANALOGS</b>		
<i>azathioprine</i>	Tier 1	
<b>LOCOMOTOR SYSTEM</b>		
<b>ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS</b>		
<i>pyridostigmine bromide oral syrup</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>SKELETAL MUSCLE RELAXANT - CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen oral tablet</i>	Tier 1	
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
<b>CYCLOTENS STARTER</b>	Tier 2	
<i>metaxalone oral tablet 800 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate oral</i>	Tier 1	
<i>tizanidine oral tablet</i>	Tier 1	
<b>SKELETAL MUSCLE RELAXANT - DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene oral</i>	Tier 1	
<b>SKELETAL MUSCLE RELAXANT - OPIOID ANALGESIC COMBINATIONS</b>		
<i>carisoprodol-aspirin-codeine</i>	Tier 1	PA
<b>SKELETAL MUSCLE RELAXANT, SALICYLATE, AND OPIOID ANALGESIC COMB.</b>		
<i>carisoprodol-aspirin-codeine</i>	Tier 1	PA
<b>MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME)</b>		

Drug Name	Tier	Restrictions/ Limits
<b>MEDICAL SUPPLIES AND DME - BLOOD COLLECTION NEEDLES</b>		
<i>MONOJECT BLOOD COLLECTION</i>	Tier 2	
<b>MEDICAL SUPPLIES AND DME - CERVICAL CAPS</b>		
<i>FEMCAP</i>	Tier 0	QL (1 EA per 365 days)
<b>MEDICAL SUPPLIES AND DME - DIAPHRAGMS</b>		
<i>CAYA CONTOURED</i>	Tier 0	QL (1 EA per 365 days)
<i>WIDE-SEAL DIAPHRAGM 60</i>	Tier 0	QL (2 EA per 365 days)
<i>WIDE-SEAL DIAPHRAGM 65</i>	Tier 0	QL (2 EA per 365 days)
<i>WIDE-SEAL DIAPHRAGM 70</i>	Tier 0	QL (2 EA per 365 days)
<i>WIDE-SEAL DIAPHRAGM 75</i>	Tier 0	QL (2 EA per 365 days)
<i>WIDE-SEAL DIAPHRAGM 80</i>	Tier 0	QL (2 EA per 365 days)
<i>WIDE-SEAL DIAPHRAGM 85</i>	Tier 0	QL (2 EA per 365 days)
<i>WIDE-SEAL DIAPHRAGM 90</i>	Tier 0	QL (2 EA per 365 days)
<i>WIDE-SEAL DIAPHRAGM 95</i>	Tier 0	QL (2 EA per 365 days)
<b>MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES</b>		
<i>DEXCOM G6 RECEIVER</i>	Tier 2	PA; QL (1 EA per 1 LIFETIME)
<i>DEXCOM G6 SENSOR</i>	Tier 2	PA; QL (3 EA per 30 days)
<i>DEXCOM G6 TRANSMITTER</i>	Tier 2	PA; QL (1 EA per 90 days)

Drug Name	Tier	Restrictions/ Limits	Drug Name	Tier	Restrictions/ Limits
DEXCOM G7 RECEIVER	Tier 3		MONOJECT HYPODERMIC NEEDLES NEEDLE 25 GAUGE X 1 1/2", 25 GAUGE X 1", 26 GAUGE X 1 1/2", 30 GAUGE X 3/4"	Tier 2	
DEXCOM G7 SENSOR	Tier 3		MONOJECT MAGELLAN SYRINGE	Tier 2	QL (400 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA; QL (1 EA per 1 Lifetime)	MONOJECT REGULAR LUER SYRINGE 12 ML	Tier 2	QL (400 EA per 30 days)
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	PA; QL (2 EA per 28 days)	MONOJECT SAFETY SYRINGES SYRINGE 12 ML 21X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 6 ML	Tier 2	QL (400 EA per 30 days)
FREESTYLE LIBRE 2 READER	Tier 2	PA; QL (1 EA per 1 Lifetime)	MONOJECT SYRINGE SYRINGE 3 ML, 6 ML, 6 ML 22 X 1 1/2"	Tier 2	QL (400 EA per 30 days)
FREESTYLE LIBRE 2 SENSOR	Tier 2	PA; QL (2 EA per 28 days)	MONOJECT TB LUER LOK	Tier 2	QL (400 EA per 30 days)
<b>MEDICAL SUPPLIES AND DME - INSULIN NEEDLES-SYRINGES AND ADMIN SUPPLIES</b>			<i>safety needles</i>	Tier 2	
BD INSULIN SYRINGE U-500	Tier 2	QL (400 EA per 30 days)	SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2"	Tier 2	
<b>MEDICAL SUPPLIES AND DME - NEEDLES AND SYRINGES</b>			SURGUARD2 SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
BD FILTER NEEDLE-5 MICRON	Tier 2		TOOMEY SYRINGE	Tier 2	QL (400 EA per 30 days)
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 2		TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 2	QL (400 EA per 30 days)			
INTEGRA SYRINGE	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)			
MONOJECT CONTROL SYRINGE LUER	Tier 2	QL (400 EA per 30 days)			

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 2	QL (400 EA per 30 days)	EASIVENT MASK LARGE	Tier 2	
<b>MEDICAL SUPPLIES AND DME - RESPIRATORY THERAPY SUPPLIES</b>			EASIVENT MASK MEDIUM	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK	Tier 2		EASIVENT MASK SMALL	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK	Tier 2		FLEXICHAMBER-LG CHILD MASK	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK	Tier 2		FLEXICHAMBER-SM ADULT MASK	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK	Tier 2		FLEXICHAMBER-SM CHILD MASK	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK	Tier 2		LITE TOUCH-MEDIUM MASK	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK	Tier 2		LITETOUCH-LARGE MASK	Tier 2	
BREATHERITE SPACER-MASK, NEO.	Tier 2		LITETOUCH-SMALL MASK	Tier 2	
BREATHERITE SPACER-MASK,ADULT	Tier 2		OPTICHAMBER ADULT MASK-LARGE	Tier 2	
BREATHERITE SPACER-MASK,CHILD	Tier 2		OPTICHAMBER DIAMOND LG MASK	Tier 2	
BREATHERITE SPACER-MASK,INFANT	Tier 2		OPTICHAMBER DIAMOND-MED MSK	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD	Tier 2		OPTICHAMBER DIAMOND-SML MASK	Tier 2	
CLEVER CHOICE CHAMBER-LRG MASK	Tier 2		PROCARE SPACER WITH ADULT MASK	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK	Tier 2		PROCARE SPACER WITH CHILD MASK	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK	Tier 2		SILICONE MASK - INFANT	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK	Tier 2		SPACE CHAMBER WITH LARGE MASK	Tier 2	
COMPACT SPACE CHAMBER-MED MASK	Tier 2		SPACE CHAMBER WITH MEDIUM MASK	Tier 2	
COMPACT SPACE CHAMBER-SM MASK	Tier 2		SPACE CHAMBER WITH SMALL MASK	Tier 2	
			VORTEX VHC FROG MASK-CHILD	Tier 2	
			VORTEX VHC LADYBUG MASK-TODDLR	Tier 2	

Drug Name	Tier	Restrictions/ Limits
<b>MEDICAL SUPPLY, FDB SUPERSET</b>		
<b>MEDICAL SUPPLY, FDB SUPERSET</b>		
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	
BD FILTER NEEDLE-5 MICRON	Tier 2	
BD INSULIN SYRINGE U-500	Tier 2	QL (400 EA per 30 days)
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	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	
CAYA CONTOURED	Tier 0	QL (1 EA per 365 days)
CLEVER CHOICE CHAMBER-LRG MASK	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK	Tier 2	

Drug Name	Tier	Restrictions/ Limits
COMPACT SPACE CHAMBER-LRG MASK	Tier 2	
COMPACT SPACE CHAMBER-MED MASK	Tier 2	
COMPACT SPACE CHAMBER-SM MASK	Tier 2	
DEXCOM G6 RECEIVER	Tier 2	PA; QL (1 EA per 1 LIFETIME)
DEXCOM G6 SENSOR	Tier 2	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER	Tier 2	PA; QL (1 EA per 90 days)
EASIVENT MASK LARGE	Tier 2	
EASIVENT MASK MEDIUM	Tier 2	
EASIVENT MASK SMALL	Tier 2	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 2	QL (400 EA per 30 days)
FEMCAP	Tier 0	QL (1 EA per 365 days)
FLEXICHAMBER-LG CHILD MASK	Tier 2	
FLEXICHAMBER-SM ADULT MASK	Tier 2	
FLEXICHAMBER-SM CHILD MASK	Tier 2	
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA; QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 2	PA; QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE 2 SENSOR	Tier 2	PA; QL (2 EA per 28 days)
INTEGRA SYRINGE	Tier 2	QL (400 EA per 30 days)
LITE TOUCH-MEDIUM MASK	Tier 2	

Drug Name	Tier	Restrictions/ Limits	Drug Name	Tier	Restrictions/ Limits
LITETOUGH-LARGE MASK	Tier 2		PROCARE SPACER WITH ADULT MASK	Tier 2	
LITETOUGH-SMALL MASK	Tier 2		PROCARE SPACER WITH CHILD MASK	Tier 2	
MAGELLAN SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)	safety needles	Tier 2	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)	SILICONE MASK - INFANT	Tier 2	
MAGELLAN TUBERCULIN SAFETY SYR	Tier 2	QL (400 EA per 30 days)	SPACE CHAMBER WITH LARGE MASK	Tier 2	
MONOJECT BLOOD COLLECTION	Tier 2		SPACE CHAMBER WITH MEDIUM MASK	Tier 2	
MONOJECT CONTROL SYRINGE LUER	Tier 2	QL (400 EA per 30 days)	SPACE CHAMBER WITH SMALL MASK	Tier 2	
MONOJECT HYPODERMIC NEEDLES NEEDLE 25 GAUGE X 1 1/2", 25 GAUGE X 1", 26 GAUGE X 1 1/2", 30 GAUGE X 3/4"	Tier 2		SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2"	Tier 2	
MONOJECT MAGELLAN SYRINGE	Tier 2	QL (400 EA per 30 days)	SURGUARD2 SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT REGULAR LUER SYRINGE 12 ML	Tier 2	QL (400 EA per 30 days)	TOOMEY SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 21X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 6 ML	Tier 2	QL (400 EA per 30 days)	TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	Tier 2	QL (400 EA per 30 days)
MONOJECT SYRINGE SYRINGE 3 ML, 6 ML, 6 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)
MONOJECT TB LUER LOK	Tier 2	QL (400 EA per 30 days)	VORTEX VHC FROG MASK-CHILD	Tier 2	
OPTICHAMBER ADULT MASK-LARGE	Tier 2		VORTEX VHC LADYBUG MASK-TODDLR	Tier 2	
OPTICHAMBER DIAMOND LG MASK	Tier 2				
OPTICHAMBER DIAMOND-MED MSK	Tier 2				
OPTICHAMBER DIAMOND-SML MASK	Tier 2				

Drug Name	Tier	Restrictions/ Limits
WIDE-SEAL DIAPHRAGM 60	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95	Tier 0	QL (2 EA per 365 days)
<b>METABOLIC MODIFIERS</b>		
<b>HYPERPARATHYROID TREATMENT AGENTS - VITAMIN D ANALOG- TYPE</b>		
calcitriol oral	Tier 1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg	Tier 1	ST
<b>PHARMACOENHANC ER - CYTOCHROME P450 INHIBITORS</b>		
TYBOST	Tier 2	
<b>PHENYLKETONURIA( PKU) TX AGENTS - COFACTOR OF PHENYLALANINE HYDROXYLASE</b>		
KUVAN ORAL TABLET,SOLUBLE	Tier 4	PA
sapropterin	Tier 4	PA
<b>MOUTH-THROAT- DENTAL - PREPARATIONS</b>		
<b>DENTAL PRODUCT - FLUORIDE PREPARATIONS</b>		

Drug Name	Tier	Restrictions/ Limits
DENTA 5000 PLUS	Tier 1	
<i>fluoride (sodium) dental cream</i>	Tier 1	
<i>fluoride (sodium) dental gel</i>	Tier 1	
<i>fluoride (sodium) dental paste</i>	Tier 1	
<i>fluoride (sodium) oral</i>	Tier 0	
LUDENT FLUORIDE	Tier 0	
SF	Tier 1	
SF 5000 PLUS	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH	Tier 1	
SODIUM FLUORIDE 5000 PLUS	Tier 1	
<b>MOUTH AND THROAT - ANTIFUNGALS</b>		
<i>clotrimazole mucous membrane</i>	Tier 1	
<i>nystatin oral suspension</i>	Tier 1	
<b>MOUTH AND THROAT - ANTISEPTICS</b>		
<i>chlorhexidine gluconate mucous membrane</i>	Tier 1	
PAROEX ORAL RINSE	Tier 1	
PERIOGARD	Tier 1	
<b>MOUTH AND THROAT - GLUCOCORTICOIDS</b>		
ORALONE	Tier 1	
<i>triamcinolone acetonide dental</i>	Tier 1	
<b>MOUTH AND THROAT - LOCAL ANESTHETIC AMIDES</b>		
<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
<b>MOUTH AND THROAT - SALIVA STIMULANTS</b>		
<i>cevimeline</i>	Tier 1	ST
<i>pilocarpine hcl oral</i>	Tier 1	
<b>PERIODONTAL PRODUCT - TETRACYCLINE-TYPE, COLLAGENASE INHIBITORS</b>		
<i>doxycycline hydiate oral tablet 20 mg</i>	Tier 1	
<b>THERAPY FOR DROOLING- PRIMARY OR SECONDARY SIALORRHEA- ANTICHOLINERGIC</b>		
<i>CUVPOSA</i>	Tier 2	PA
<i>glycopyrrrolate oral solution</i>	Tier 1	PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>MULTIPLE SCLEROSIS AGENT - INTERFERONS</b>		
<i>AVONEX INTRAMUSCULAR PEN INJECTOR KIT</i>	Tier 4	PA; QL (1 EA per 28 days)
<i>AVONEX INTRAMUSCULAR SYRINGE KIT</i>	Tier 4	PA; QL (1 EA per 28 days)
<i>EXTAVIA</i>	Tier 4	PA; QL (15 EA per 30 days)
<i>REBIF (WITH ALBUMIN)</i>	Tier 4	PA; QL (6 ML per 30 days)
<i>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML</i>	Tier 4	PA; QL (6 ML per 30 days)

Drug Name	Tier	Restrictions/ Limits
<i>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)</i>	Tier 4	PA; QL (5 ML per 30 days)
<b>MULTIPLE SCLEROSIS AGENT - OTHERS</b>		
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<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)
<i>GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML</i>	Tier 4	PA; QL (1 ML per 28 days)
<i>GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML</i>	Tier 4	PA; QL (12 ML per 28 days)
<i>VUMERITY</i>	Tier 4	PA; QL (120 EA per 30 days)
<b>MULTIPLE SCLEROSIS AGENT - POTASSIUM CHANNEL BLOCKER</b>		
<i>dalfampridine</i>	Tier 4	PA; QL (60 EA per 30 days)
<b>MULTIPLE SCLEROSIS AGENT - PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>AUBAGIO</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>teriflunomide</i>	Tier 4	PA; QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>MULTIPLE SCLEROSIS AGENT - SPHINGOSINE 1-PHOSPHATE RECEPTOR MODULATOR</b>		
<i> fingolimod</i>	Tier 4	PA; QL (30 EA per 30 days)
GILENYA ORAL CAPSULE 0.25 MG	Tier 4	PA
GILENYA ORAL CAPSULE 0.5 MG	Tier 4	PA; QL (30 EA per 30 days)
ZEPOSIA	Tier 4	PA
ZEPOSIA STARTER PACK (7-DAY)	Tier 4	PA; QL (1 EA per 365 days)
<b>OPHTHALMIC AGENTS</b>		
<b>MIOTICS - CHOLINESTERASE INHIBITORS</b>		
PHOSPHOLINE IODIDE	Tier 4	PA
<b>MIOTICS - DIRECT ACTING</b>		
<i>pilocarpine hcl ophthalmic (eye)</i>	Tier 1	
<b>OPHTHALMIC - ANTIBACTERIAL-GLUCOCORTICOID COMBINATIONS</b>		
<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>sulfacetamide-prednisolone</i>	Tier 1	
<i>tobramycin-dexamethasone</i>	Tier 1	
<b>OPHTHALMIC - ANTICHOLINERGICS</b>		

Drug Name	Tier	Restrictions/ Limits
<i>atropine ophthalmic (eye) drops</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment</i>	Tier 1	
<i>cyclopentolate</i>	Tier 1	
HOMATROPAIRE	Tier 1	
<i>tropicamide</i>	Tier 1	
<b>OPHTHALMIC - ANTIHISTAMINES</b>		
<i>azelastine ophthalmic (eye)</i>	Tier 1	
BEPREVE	Tier 2	PA
<i>epinastine</i>	Tier 1	
ZERVIATE	Tier 2	PA
<b>OPHTHALMIC - ANTI-INFLAMMATORY, GLUCOCORTICOIDS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	Tier 1	
<i>fluorometholone</i>	Tier 1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	Tier 1	
<i>prednisolone acetate</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	Tier 1	
<b>OPHTHALMIC - ANTI-INFLAMMATORY, IMMUNOMODULATOR S</b>		
<i>cyclosporine ophthalmic (eye)</i>	Tier 1	QL (60 EA per 30 days)
<b>OPHTHALMIC - ANTI-INFLAMMATORY, NSAIDS</b>		
<i>bromfenac</i>	Tier 1	
<i>diclofenac sodium ophthalmic (eye)</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 1	QL (5 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<b>OPHTHALMIC - BETA BLOCKERS- ADRENERGIC COMBINATIONS</b>		
<i>brimonidine-timolol</i>	Tier 1	PA
<b>OPHTHALMIC - BETA BLOCKERS- CARBONIC ANHYDRASE INHIBITOR COMBINATIONS</b>		
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	Tier 1	
<b>OPHTHALMIC - CARBONIC ANHYDRASE INHIBITORS</b>		
<i>AZOPT</i>	Tier 2	PA
<i>dorzolamide</i>	Tier 1	
<b>OPHTHALMIC - DIAGNOSTIC AGENTS</b>		
<i>BIOGLO</i>	Tier 1	
<i>GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG</i>	Tier 1	
<b>OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>carteolol</i>	Tier 1	
<i>levobunolol</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %</i>	Tier 1	

<b>Drug Name</b>	<b>Tier</b>	<b>Restrictions/ Limits</b>
<i>timolol maleate ophthalmic (eye) drops</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	Tier 1	
<i>TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %</i>	Tier 2	
<b>OPHTHALMIC - IRRIGATION SOLUTIONS</b>		
<i>BALANCED SALT</i>	Tier 1	
<i>BSS</i>	Tier 1	
<b>OPHTHALMIC - LOCAL ANESTHETIC ESTERS</b>		
<i>proparacaine</i>	Tier 1	
<b>OPHTHALMIC - MAST CELL STABILIZERS</b>		
<i>ALOMIDE</i>	Tier 2	PA
<i>cromolyn ophthalmic (eye)</i>	Tier 1	
<b>OPHTHALMIC - SURGICAL AIDS OTHER</b>		
<i>OCUCOAT</i>	Tier 1	
<b>OPHTHALMIC - VISCOELASTIC AGENTS</b>		
<i>BIOLON</i>	Tier 1	
<b>OPHTHALMIC ANTIBACTERIAL MIXTURES</b>		
<i>bacitracin-polymyxin b</i>	Tier 1	
<i>neomycin-bacitracin- polymyxin</i>	Tier 1	
<i>neomycin-polymyxin- gramicidin</i>	Tier 1	
<i>NEO-POLYCIN</i>	Tier 1	
<i>POLYCIN</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<i>polymyxin b sulf-</i> <i>trimethoprim</i>	Tier 1	
<b>OPHTHALMIC ANTIBIOTIC - AMINOGLYCOSIDES</b>		
<i>gentamicin ophthalmic</i> (eye)	Tier 1	
<i>tobramycin ophthalmic</i> (eye)	Tier 1	
<b>OPHTHALMIC ANTIBIOTIC - DEHYDROPEPTIDASE INHIBITORS</b>		
<i>bacitracin ophthalmic</i> (eye)	Tier 1	
<b>OPHTHALMIC ANTIBIOTIC - FLUOROQUINOLONE S</b>		
<i>ciprofloxacin hcl</i> <i>ophthalmic (eye)</i>	Tier 1	
<i>gatifloxacin</i>	Tier 1	
<i>levofloxacin ophthalmic</i> (eye)	Tier 1	
<i>moxifloxacin ophthalmic</i> (eye)	Tier 1	
<i>ofloxacin ophthalmic</i> (eye)	Tier 1	QL (10 ML per 30 days)
<b>OPHTHALMIC ANTIBIOTIC - MACROLIDES</b>		
AZASITE	Tier 2	
<i>erythromycin</i> <i>ophthalmic (eye)</i>	Tier 1	
<b>OPHTHALMIC ANTIBIOTIC - SULFONAMIDES</b>		
<i>sulfacetamide sodium</i> <i>ophthalmic (eye) drops</i>	Tier 1	
<b>OPHTHALMIC ANTIFUNGALS</b>		
NATACYN	Tier 2	QL (15 ML per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>OPHTHALMIC ANTIFUNGALS - TETRAENE POLYENE-</b> <b>TYPE</b>		
NATACYN	Tier 2	QL (15 ML per 30 days)
<b>OPHTHALMIC ANTIVIRALS</b>		
<i>trifluridine</i>	Tier 1	
<b>OPHTHALMIC- INTRAOCULAR PRESS. REDUCING, SEL. ALPHA ADRENERGIC AGONISTS</b>		
<i>apraclonidine</i>	Tier 1	PA
<i>brimonidine ophthalmic</i> (eye) drops 0.15 %, 0.2 %	Tier 1	
IOPIDINE	Tier 2	PA
<b>OPHTHALMIC- INTRAOCULAR PRESSURE REDUCING AGENTS, PROSTAGLANDIN ANALOGS</br></b>		
<i>bimatoprost ophthalmic</i> (eye)	Tier 1	ST
<i>latanoprost</i>	Tier 1	
<i>tafluprost (pf)</i>	Tier 1	ST
<i>travoprost</i>	Tier 1	ST
ZIOPTAN (PF)	Tier 2	ST
<b>ORGAN PRESERVATION SOLUTIONS</b>		
<b>CARDIOPLEGIC SOLUTIONS</b>		
<i>cardioplegic soln</i>	Tier 1	
<b>OTIC (EAR)</b>		
<b>OTIC (EAR) - ANTI- INFECTIVE- GLUCOCORTICOID COMBINATIONS</b>		

Drug Name	Tier	Restrictions/ Limits
CIPRO HC	Tier 3	
ciprofloxacin-dexamethasone	Tier 1	ST
ciprofloxacin-fluocinolone	Tier 2	
neomycin-polymyxin-hc otic (ear)	Tier 1	
<b>OTIC (EAR) - ANTI-INFECTIVES OTHER</b>		
acetic acid otic (ear)	Tier 1	
<b>OTIC (EAR) - FLUOROQUINOLONES</b>		
ciprofloxacin hcl otic (ear)	Tier 1	
ofloxacin otic (ear)	Tier 1	
<b>OTIC (EAR) - GLUCOCORTICOIDS</b>		
fluocinolone acetonide oil	Tier 1	
hydrocortisone-acetic acid	Tier 1	QL (10 ML per 30 days)
<b>RENAL REPLACEMENT THERAPY</b>		
<b>PERITONEAL DIALYSIS SOLUTIONS</b>		
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	
<b>RESPIRATORY THERAPY AGENTS</b>		
<b>1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b>		

Drug Name	Tier	Restrictions/ Limits
PROMETHAZINE VC	Tier 1	
<b>ANTIHISTAMINE - 1ST GENERATION - ALKYLAMINES</b>		
dexchlorpheniramine maleate	Tier 1	
<b>ANTIHISTAMINE - 1ST GENERATION - ETHANOLAMINES</b>		
carbinoxamine maleate oral liquid	Tier 1	
carbinoxamine maleate oral tablet 4 mg	Tier 1	
carbinoxamine maleate oral tablet 6 mg	Tier 1	ST
clemastine oral tablet 2.68 mg	Tier 1	
<b>ANTIHISTAMINE - 1ST GENERATION - PHENOTHIAZINES</b>		
promethazine oral	Tier 1	
promethazine rectal	Tier 1	
PROMETHEGAN	Tier 1	
<b>ANTIHISTAMINE - 1ST GENERATION - PIPERIDINES</b>		
cyproheptadine	Tier 1	
<b>ANTIHISTAMINES - 1ST GENERATION</b>		
carbinoxamine maleate oral liquid	Tier 1	
carbinoxamine maleate oral tablet 4 mg	Tier 1	
carbinoxamine maleate oral tablet 6 mg	Tier 1	ST
clemastine oral tablet 2.68 mg	Tier 1	
cyproheptadine	Tier 1	
dexchlorpheniramine maleate	Tier 1	
promethazine oral	Tier 1	
promethazine rectal	Tier 1	

Drug Name	Tier	Restrictions/ Limits	Drug Name	Tier	Restrictions/ Limits
PROMETHEGAN	Tier 1		ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
<b>ANTIHISTAMINES - 2ND GENERATION</b>			<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)
desloratadine oral tablet	Tier 1	ST; QL (30 EA per 30 days)	<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 ML per 30 days)
levocetirizine oral solution	Tier 1		FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
<b>ANTIHISTAMINES - 2ND GENERATION - PIPERAZINES</b>			FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	Tier 2	QL (4 EA per 30 days)
levocetirizine oral solution	Tier 1		FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
<b>ANTIHISTAMINES - 2ND GENERATION - PIPERIDINES</b>			FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
desloratadine oral tablet	Tier 1	ST; QL (30 EA per 30 days)	FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	Tier 2	QL (24 GM per 30 days)
<b>ANTITUSSIVES - NON-OPIOID</b>			FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier 2	QL (11 GM per 30 days)
benzonatate oral capsule 100 mg, 200 mg	Tier 1	QL (4 EA per 1 day)	<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 2	QL (12 GM per 30 days)
benzonatate oral capsule 150 mg	Tier 1		<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 2	QL (24 GM per 30 days)
<b>ASTHMA THERAPY - 5-LIPOXYGENASE INHIBITORS</b>					
zileuton	Tier 1	ST			
<b>ASTHMA THERAPY - INHALED CORTICOSTEROIDS (GLUCOCORTICOIDS)</b>					
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier 3	QL (13 GM per 30 days)			
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	QL (7 GM per 30 days)			
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)			

Drug Name	Tier	Restrictions/ Limits	Drug Name	Tier	Restrictions/ Limits
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 2	QL (11 GM per 30 days)	<b>ASTHMA THERAPY - MAST CELL STABILIZERS</b>		
<i>QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION</i>	Tier 2	QL (11 GM per 30 days)	<i>cromolyn inhalation</i>	Tier 1	QL (8 ML per 1 day)
<i>QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION</i>	Tier 2	QL (22 GM per 30 days)	<b>ASTHMA THERAPY - XANTHINES</b>		
<b>ASTHMA THERAPY - INTERLEUKIN-4 (IL-4) RECEPTOR ALPHA ANTAGONISTS, MAB</b>			<i>ELIXOPHYLLIN</i>	Tier 2	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	Tier 4	PA; QL (400 MG per 30 days)	<i>THEO-24</i>	Tier 2	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 4	PA; QL (600 MG per 30 days)	<i>theophylline oral elixir</i>	Tier 1	
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA; QL (1.34 ML per 30 days)	<i>theophylline oral solution</i>	Tier 1	
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	Tier 4	PA; QL (400 MG per 30 days)	<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	Tier 4	PA; QL (600 MG per 30 days)	<i>theophylline oral tablet extended release 24 hr</i>	Tier 1	
<b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED LONG ACTING</b>			<b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED SHORT ACTING</b>		
			<i>SPIRIVA RESPIMAT</i>	Tier 2	QL (4 GM per 30 days)
			<b>ASTHMA/COPD - BETA 2-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING</b>		
			<i>ATROVENT HFA</i>	Tier 2	QL (26 GM per 30 days)
			<i>ipratropium bromide inhalation</i>	Tier 1	QL (10 ML per 1 day)
<b>ASTHMA THERAPY - LEUKOTRIENE RECEPTOR ANTAGONISTS</b>			<b>ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, LONG ACTING</b>		
<i>montelukast</i>	Tier 1		<i>STRIVERDI RESPIMAT</i>	Tier 2	QL (4 GM per 30 days)
<i>zafirlukast</i>	Tier 1	ST	<b>SEREVENT DISKUS</b>	Tier 2	QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/ Limits	Drug Name	Tier	Restrictions/ Limits
<b>ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, SHORT ACTING</b>			BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 3	PA; QL (60 EA per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	Tier 1	QL (17 GM per 30 days)	<i>budesonide-formoterol</i>	Tier 2	PA; QL (11 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)	DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	PA; QL (1 GM 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)	DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	PA; QL (13 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier 1	QL (2 ML per 1 day)	<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	QL (1 EA per 30 days)
<i>levalbuterol tartrate</i>	Tier 2	QL (30 GM per 30 days)	<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC AGENTS</b>			<b>ASTHMA/COPD TX - BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORTICOID COMB,</b>		
<i>albuterol sulfate oral</i>	Tier 1		TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
<i>terbutaline oral</i>	Tier 1		<b>CYSTIC FIBROSIS - INHALED AMINOGLYCOSIDES</b>		
<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC-ANTICHOLINERGIC COMBINATIONS</b>			<i>tobramycin in 0.225 % nacl</i>	Tier 4	PA; QL (280 ML per 30 days)
<i>COMBIVENT RESPIMAT</i>	Tier 2	QL (8 GM per 30 days)	<i>tobramycin inhalation</i>	Tier 4	PA; QL (224 ML per 30 days)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)	<i>tobramycin with nebulizer</i>	Tier 4	PA; QL (280 ML per 30 days)
<i>STIOLTO RESPIMAT</i>	Tier 2	QL (4 GM per 30 days)	<b>CYSTIC FIBROSIS - INHALED MONOBACTAMS</b>		
<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC-GLUCOCORTICOID COMBINATIONS</b>					

Drug Name	Tier	Restrictions/ Limits
CAYSTON	Tier 4	PA; QL (84 ML per 30 days)
<b>CYSTIC FIBROSIS- TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) POTENTIATOR</b>		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 4	PA; QL (56 EA per 30 days)
KALYDECO ORAL TABLET	Tier 4	PA; QL (60 EA per 30 days)
<b>CYSTIC FIB- TRANSMEMB CONDUCT. REG.(CFTR) POTENTIATOR AND CORRECTOR CMB</b>		
ORKAMBI ORAL GRANULES IN PACKET	Tier 4	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	Tier 4	PA; QL (112 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50- 75 MG(D)/150 MG (N)	Tier 4	PA; QL (84 EA per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25- 37.5 MG (D)/75 MG (N)	Tier 4	PA
<b>MUCOLYTICS</b>		
acetylcysteine	Tier 1	
PULMOZYME	Tier 4	PA; QL (2.5 ML per 1 day)
<b>NASAL ANTICHOLINERGICS</b>		
ipratropium bromide nasal	Tier 1	QL (30 ML per 30 days)

Drug Name	Tier	Restrictions/ Limits
<b>NASAL ANTIHISTAMINE AND ANTI-INFLAMMATORY STEROID COMBINATIONS</b>		
azelastine-fluticasone	Tier 1	ST; QL (23 GM per 30 days)
<b>NASAL ANTIHISTAMINES</b>		
azelastine nasal aerosol,spray	Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol	Tier 1	
olopatadine nasal	Tier 1	QL (31 GM per 30 days)
<b>NASAL CORTICOSTEROIDS</b>		
flunisolide	Tier 1	ST; QL (50 ML per 30 days)
mometasone nasal	Tier 1	ST; QL (17 GM per 30 days)
<b>NON-OPIOID ANTITUSSIVE-1ST GEN.ANTIHISTAMINE- DECONGESTANT COMBINATIONS</b>		
brompheniramine- pseudoeph-dm	Tier 1	
<b>NON-OPIOID ANTITUSSIVE- ANTIHISTAMINE COMBINATIONS</b>		
promethazine-dm	Tier 1	
<b>OPIOID ANTITUSSIVE- 1ST GENERATION ANTIHISTAMINE COMBINATIONS</b>		
hydrocodone- chlorpheniramine	Tier 1	
promethazine-codeine	Tier 1	
<b>OPIOID ANTITUSSIVE- 1ST GENERATION ANTIHISTAMINE- DECONGESTANT COMB.</b>		

Drug Name	Tier	Restrictions/ Limits
PROMETHAZINE VC-CODEINE	Tier 1	
<b>OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS</b>		
HYDROMET	Tier 1	QL (4 ML per 1 day)
<b>PULMONARY FIBROSIS TREATMENT AGENTS - MULTIKINASE INHIBITORS</b>		
OFEV	Tier 4	PA; QL (60 EA per 30 days)
<b>VAGINAL PRODUCTS</b>		
<b>VAGINAL ANTIBACTERIAL - LINCOSAMIDES</b>		
CLEOCIN VAGINAL SUPPOSITORY	Tier 2	
<i>clindamycin phosphate vaginal</i>	Tier 1	

Drug Name	Tier	Restrictions/ Limits
<b>VAGINAL ANTIFUNGAL - TRIAZOLES</b>		
<i>terconazole</i>	Tier 1	
<b>VAGINAL ANTIPROTOZOAL-ANTIBACTERIAL - NITROIMIDAZOLE DERIVATIVES</b>		
<i>metronidazole vaginal</i>	Tier 1	QL (70 GM per 30 days)
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
<b>VAGINAL ESTROGENS</b>		
<i>estradiol vaginal tablet</i>	Tier 1	
<b>VAGINAL PROGESTINS</b>		
CRINONE VAGINAL GEL 4 %	Tier 2	

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Drug Name	Tier	Restrictions/ Limits
FASENRA	Tier 10	PA

Drug Name	Tier	Restrictions/ Limits
FASENRA PEN	Tier 10	PA

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<i>abacavir-lamivudine</i> .....	12
<i>ABILIFY MAINTENA</i> .....	32
<i>abiraterone</i> .....	16, 17
<i>acamprosate</i> .....	37
<i>acarbose</i> .....	53
<i>ACD SOLUTION A</i> .....	64
<i>ACD-A</i> .....	64
<i>acebutolol</i> .....	24
<i>acetaminophen-codeine</i> .....	3
<i>acetazolamide</i> .....	25
<i>acetic acid</i> .....	76
<i>acetylcysteine</i> .....	8, 80
<i>acitretin</i> .....	46
<i>ACTEMRA</i> .....	6
<i>ACTEMRA ACTPEN</i> .....	6
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<i>acyclovir</i> .....	14, 46
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<i>adalimumab-adaz</i> .....	5, 61
<i>adalimumab-fkjp</i> .....	5, 61
<i>adapalene</i> .....	43
<i>adapalene-benzoyl peroxide</i> .....	43
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<i>AEROCHAMBER PLUS FLOW-VUL MSK</i> .....	68, 69
<i>AEROCHAMBER PLUS FLOW-VUM MSK</i> .....	68, 69
<i>AEROCHAMBER PLUS FLOW-VUS MSK</i> .....	68, 69
<i>AEROCHAMBER PLUS Z STAT LG MSK</i> .....	68, 69
<i>AEROCHAMBER PLUS Z STAT MD MSK</i> .....	68, 69
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<i>alfuzosin</i> .....	62
<i>allopurinol</i> .....	64
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<i>alogliptin-pioglitazone</i> .....	54
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<i>ambrisentan</i> .....	26
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<i>amiloride-hydrochlorothiazide</i> .....	25
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<i>amitriptyline-chlordiazepoxide</i> .....	29, 33
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<i>amlodipine-benazepril</i> .....	21
<i>amlodipine-olmesartan</i> .....	21
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<i>amoxapine</i> .....	29
<i>amoxicil-clarithromy-lansopraz</i> .....	60
<i>amoxicillin</i> .....	9
<i>amoxicillin-pot clavulanate</i> .....	9
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<i>anastrozole</i> .....	17
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<i>atenolol-chlorthalidone</i> .....	24
<i>atomoxetine</i> .....	33
<i>atorvastatin</i> .....	23
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<i>azelastine</i> .....	73, 80
<i>azelastine-fluticasone</i> .....	80
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<i>bacitracin-polymyxin b</i> .....	74
<i>baclofen</i> .....	66
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doxycycline hydiate	16, 72	EXTRANEAL 7.5 %	76
doxycycline monohydrate	16	<i>ezetimibe</i>	23
doxylamine-pyridoxine (vit b6)	57	<i>ezetimibe-simvastatin</i>	23
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dronabinol	34, 49, 57	FALMINA (28)	40
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drospirenone-ethinyl estradiol	39	famotidine	58
DULERA	79	FANAPT	31
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69		<i>fenofibrate nanocrystallized</i>	23
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econazole	45	<i>fingolimod</i>	73
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ELLA	42	<i>flucytosine</i>	9
ELMIRON	62	<i>fludrocortisone</i>	57
ELURYNG	42	<i>flunisolide</i>	80
EMCYT	17	<i>fluocinolone</i>	47
EMFLAZA	55	<i>fluocinolone acetonide oil</i>	76
EMGALITY PEN	35	<i>fluocinolone and shower cap</i>	47
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