



MARKETPLACE PLAN

Georgia
Drug Formulary

2024

INTRODUCTION

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

This document is divided into three parts:

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

PRESCRIPTION DRUG COVERAGE DETAILS

Best Medical Practices

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

Network Pharmacies

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

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

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

Cost Sharing

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

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

Tiered Medications

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

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

Prior Authorizations

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

Here are some reasons for a prior authorization:

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

Prior Authorization Requests

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

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

Quantity Limits

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

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

Step Therapy

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

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

Generic Substitution and Therapeutic Interchange

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

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

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

Prescription generic drugs are:

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

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

Tell Us the Medical Reasons for Exceptions

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

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

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

Specialty Pharmacy

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

- Accept new prescriptions from your provider or transfers from your current pharmacy
- Deliver members’ specialty medicines to their homes, workplaces or their doctors’ offices
- Help members learn about their specialty medications and give them support from specially-trained health care professionals

For more information, call Accredo Pharmacy at 1-866-231-3520. Hours are Monday through Friday from 8 a.m. to 11 p.m. Eastern Time (ET). If Accredo Pharmacy is not the right choice for you, use the Find A Pharmacy tool on CareSource.com to see what other specialty pharmacies are available.

Mail Order Medications

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

- Accept prescriptions from your provider or transfers from your current pharmacy.
- Deliver prescriptions to members’ homes, workplaces or doctors’ offices.

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

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

Medications Administered in the Health Partner Setting

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

Medication Therapy Management Program

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

HOW TO USE THIS DOCUMENT

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

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

ADDITIONAL INFORMATION FOR HEALTH PARTNERS

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

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

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

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

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

CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

metformin Glucophage

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

metformin ext-rel Glucophage XR

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

Dosage forms on the document will be consistent with the category and use where listed.
neomycin/polymyxin B/hydrocortisone Cortisporin

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

PLAN DESIGN

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

NOTICE

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

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

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

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List of Abbreviations

ACA: Affordable Care Act

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

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

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

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

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

Georgia Marketplace 2024 Drug Formulary

Table of Contents

ANTIHISTAMINE DRUGS.....	11
ANTI-INFECTIVE AGENTS.....	12
ANTINEOPLASTIC AGENTS.....	19
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES.....	20
AUTONOMIC DRUGS.....	22
BLOOD FORMATION, COAGULATION, THROMBOSIS.....	26
CARDIOVASCULAR DRUGS.....	28
CENTRAL NERVOUS SYSTEM AGENTS.....	40
DEVICES.....	56
DIAGNOSTIC AGENTS.....	69
ELECTROLYTIC, CALORIC, AND WATER BALANCE.....	70
ENZYMES.....	74
EYE, EAR, NOSE AND THROAT (EENT) PREPS.....	74
GASTROINTESTINAL DRUGS.....	78
HEAVY METAL ANTAGONISTS.....	81
HORMONES AND SYNTHETIC SUBSTITUTES.....	82
MISCELLANEOUS THERAPEUTIC AGENTS.....	96
NONHORMONAL CONTRACEPTIVES.....	101
OXYTOCICS.....	102
PHARMACEUTICAL AIDS.....	102
RESPIRATORY TRACT AGENTS.....	102
SKIN AND MUCOUS MEMBRANE AGENTS.....	108
SMOOTH MUSCLE RELAXANTS.....	116
VITAMINS.....	117

Drug Name	Tier	Restrictions/Limits
ANTIHISTAMINE DRUGS		
ETHANOLAMINE DERIVATIVES		
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	
diphenhydramine hcl oral capsule 50 mg	Tier 1	
diphenhydramine hcl oral elixir	Tier 1	
ETHYLENEDIAMINE DERIVATIVES		
CAPCOF	Tier 2	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.		
cyproheptadine	Tier 1	
FIRST GENERATION ANTIHISTAMINES		
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	
diphenhydramine hcl oral capsule 50 mg	Tier 1	
diphenhydramine hcl oral elixir	Tier 1	
PHENOTHIAZINE DERIVATIVES		
promethazine oral	Tier 1	
promethazine rectal	Tier 1	
PROMETHAZINE VC	Tier 1	
PROMETHAZINE VC-CODEINE	Tier 1	
promethazine-dm	Tier 1	
PROMETHEGAN	Tier 1	
PIPERAZINE DERIVATIVES		
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	
hydroxyzine hcl oral tablet	Tier 1	
hydroxyzine pamoate	Tier 1	
meclizine oral tablet 12.5 mg, 25 mg	Tier 1	
PROPYLAMINE DERIVATIVES		
dexchlorpheniramine maleate	Tier 1	
hydrocodone-chlorpheniramine	Tier 1	
RYDEX	Tier 1	

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

Drug Name	Tier	Restrictions/Limits
ANTHELMINTICS		
<i>albendazole</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>EMVERM</i>	Tier 2	QL (6 EA per 30 days)
<i>ivermectin oral</i>	Tier 1	QL (20 EA per 30 days)
<i>praziquantel</i>	Tier 1	
ANTIFUNGALS, MISCELLANEOUS		
<i>griseofulvin microsize</i>	Tier 1	
<i>griseofulvin ultramicrosize</i>	Tier 1	
<i>potassium iodide oral solution</i>	Tier 1	
<i>SSKI</i>	Tier 2	
ANTIMALARIALS		
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	Tier 1	QL (60 EA per 180 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	Tier 1	QL (180 EA per 180 days)
<i>chloroquine phosphate</i>	Tier 1	QL (1000 EA per 1 day)
<i>COARTEM</i>	Tier 2	QL (24 EA per 30 days)
<i>hydroxychloroquine</i>	Tier 1	
<i>mefloquine</i>	Tier 1	QL (13 EA per 180 days)
<i>pyrimethamine</i>	Tier 4	PA
<i>quinidine sulfate</i>	Tier 1	
<i>quinine sulfate</i>	Tier 1	QL (42 EA per 30 days)
ANTIMYCOBACTERIALS, MISCELLANEOUS		
<i>dapsone oral</i>	Tier 1	
ANTIPROTOZOALS, MISCELLANEOUS		
<i>atovaquone</i>	Tier 1	
<i>benznidazole oral tablet 100 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>benznidazole oral tablet 12.5 mg</i>	Tier 2	QL (720 EA per 365 days)
<i>dapsone oral</i>	Tier 1	
<i>metronidazole oral</i>	Tier 1	
<i>nitazoxanide</i>	Tier 1	QL (14 EA per 30 days)
<i>pentamidine inhalation</i>	Tier 1	PA; QL (1 EA per 28 days)
<i>tinidazole oral tablet 250 mg</i>	Tier 1	QL (40 EA per 30 days)
<i>tinidazole oral tablet 500 mg</i>	Tier 1	QL (20 EA per 30 days)
ANTITUBERCULOSIS AGENTS		
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin hcl oral</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
<i>cycloserine</i>	Tier 2	
<i>ethambutol</i>	Tier 1	
<i>isoniazid oral</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>levofloxacin oral</i>	Tier 1	
<i>moxifloxacin oral</i>	Tier 1	
PASER	Tier 2	
<i>pretomanid</i>	Tier 2	PA; QL (1 EA per 1 day)
PRIFTIN	Tier 3	
<i>pyrazinamide</i>	Tier 1	
<i>rifabutin</i>	Tier 1	
<i>rifampin oral</i>	Tier 1	
ANTIVIRALS, MISCELLANEOUS		
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 2	QL (4 EA per 365 days)
AZOLE ANTIFUNGALS		
CRESEMBA ORAL CAPSULE 186 MG	Tier 3	PA
<i>fluconazole oral suspension for reconstitution</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	
<i>fluconazole oral tablet 150 mg</i>	Tier 1	QL (2 EA per 30 days)
<i>ketoconazole oral</i>	Tier 1	
<i>voriconazole oral</i>	Tier 1	PA
ERYTHROMYCIN ANTIBIOTICS		
ERYTHROCIN (AS STEARATE)	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin oral</i>	Tier 1	
GLYCOPEPTIDE ANTIBIOTICS		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 2	PA; QL (300 ML per 30 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	Tier 2	PA; QL (450 ML per 30 days)
<i>vancomycin oral capsule 125 mg</i>	Tier 1	PA; QL (40 EA per 30 days)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	PA; QL (80 EA per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	PA; QL (450 ML per 30 days)
HCV POLYMERASE INHIBITOR ANTIVIRALS		
<i>sofosbuvir-velpatasvir</i>	Tier 1	PA; QL (1 EA per 1 day)
HCV PROTEASE INHIBITOR ANTIVIRALS		
ZEPATIER	Tier 4	PA; QL (28 EA per 28 days)
HCV REPLICATION COMPLEX INHIBITORS		
<i>sofosbuvir-velpatasvir</i>	Tier 1	PA; QL (1 EA per 1 day)
ZEPATIER	Tier 4	PA; QL (28 EA per 28 days)
HIV ENTRY AND FUSION INHIBITORS		
<i>maraviroc oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Tier 1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION	Tier 2	QL (1840 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 2	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
DOVATO	Tier 2	QL (1 EA per 1 day)
GENVOYA	Tier 2	QL (1 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET	Tier 2	QL (4 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE	Tier 2	QL (6 EA per 1 day)
JULUCA	Tier 2	QL (1 EA per 1 day)
STRIBILD	Tier 2	QL (1 EA per 1 day)
TRIUMEQ	Tier 2	PA; QL (1 EA per 1 day)
HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB.		
COMPLERA	Tier 2	QL (1 EA per 1 day)
DELSTRIGO	Tier 2	QL (1 EA per 1 day)
<i>efavirenz oral capsule</i>	Tier 1	QL (3 EA per 1 day)
<i>efavirenz oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofovir disop</i>	Tier 1	
JULUCA	Tier 2	QL (1 EA per 1 day)
<i>nevirapine oral suspension</i>	Tier 1	QL (40 ML per 1 day)
<i>nevirapine oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	QL (1 EA per 1 day)
ODEFSEY	Tier 2	QL (1 EA per 1 day)
PIFELTRO	Tier 2	QL (1 EA per 1 day)
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>abacavir oral solution</i>	Tier 1	QL (30 ML per 1 day)
<i>abacavir oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>abacavir-lamivudine</i>	Tier 1	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 2	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
COMPLERA	Tier 2	QL (1 EA per 1 day)
DELSTRIGO	Tier 2	QL (1 EA per 1 day)
DESCOZY	Tier 2	ST; QL (30 Tablets per 30 days)
DOVATO	Tier 2	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofovir disop</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>emtricitabine</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf)</i>	Tier 1	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	Tier 2	QL (680 ML per 30 days)
GENVOYA	Tier 2	QL (1 EA per 1 day)
<i>lamivudine oral solution</i>	Tier 1	QL (30 ML per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine-zidovudine</i>	Tier 1	QL (2 EA per 1 day)
ODEFSEY	Tier 2	QL (1 EA per 1 day)
STRIBILD	Tier 2	QL (1 EA per 1 day)
SYMTUZA	Tier 2	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate</i>	Tier 1	QL (1 EA per 1 day)
TRIUMEQ	Tier 2	PA; QL (1 EA per 1 day)
VIREAD ORAL POWDER	Tier 2	QL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (1 EA per 1 day)
HIV PROTEASE INHIBITOR ANTIRETROVIRALS		
APTVUS	Tier 2	QL (4 EA per 1 day)
<i>atazanavir oral capsule 150 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	Tier 1	
EVOTAZ	Tier 2	QL (1 EA per 1 day)
<i>fosamprenavir</i>	Tier 1	QL (2 EA per 1 day)
LEXIVA ORAL SUSPENSION	Tier 2	QL (56 ML per 1 day)
<i>lopinavir-ritonavir oral solution</i>	Tier 1	QL (13 ML per 1 day)
NORVIR ORAL POWDER IN PACKET	Tier 2	QL (6 EA per 180 days)
PREZCOBIX	Tier 2	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION	Tier 2	QL (1 ML per 1 day)
<i>ritonavir</i>	Tier 1	
SYMTUZA	Tier 2	QL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	Tier 2	QL (4 EA per 1 day)
INTERFERON ANTIVIRALS		
PEGASYS SUBCUTANEOUS SOLUTION	Tier 4	PA; QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (2 ML per 28 days)
LINCOMYCIN ANTIBIOTICS		
<i>clindamycin hcl</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
CLINDAMYCIN PEDIATRIC	Tier 1	
MONOBACTAM ANTIBIOTICS		
CAYSTON	Tier 4	PA; QL (84 ML per 30 days)
NATURAL PENICILLIN ANTIBIOTICS		
<i>penicillin v potassium</i>	Tier 1	
NEURAMINIDASE INHIBITOR ANTIVIRALS		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (40 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	Tier 1	QL (360 ML per 365 days)
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS		
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>adefovir</i>	Tier 1	
BARACLODE ORAL SOLUTION	Tier 2	
<i>entecavir</i>	Tier 1	
<i>famciclovir oral tablet 125 mg, 500 mg</i>	Tier 1	QL (21 EA per 30 days)
<i>famciclovir oral tablet 250 mg</i>	Tier 1	QL (60 EA per 30 days)
LAGEVRIO (EUA)	Tier 2	QL (40 EA per 180 days)
<i>ribavirin oral</i>	Tier 4	
SYMTUZA	Tier 2	QL (1 EA per 1 day)
<i>valacyclovir</i>	Tier 1	QL (30 EA per 30 days)
OTHER MACROLIDE ANTIBIOTICS		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)
<i>azithromycin oral</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	PA; QL (136 ML per 10 days)
DIFICID ORAL TABLET	Tier 2	PA
OXAZOLIDINONE ANTIBIOTICS		
<i>linezolid</i>	Tier 1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin</i>	Tier 1	
POLYENE ANTIFUNGALS		
<i>nystatin oral</i>	Tier 1	
PYRIMIDINE ANTIFUNGALS		
<i>flucytosine</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
QUINOLONE ANTIBIOTICS		
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin hcl oral</i>	Tier 1	
<i>levofloxacin oral</i>	Tier 1	
<i>moxifloxacin oral</i>	Tier 1	
<i>ofloxacin oral</i>	Tier 1	QL (2 EA per 1 day)
RIFAMYCIN ANTIBIOTICS		
PRIFTIN	Tier 3	
<i>rifabutin</i>	Tier 1	
<i>rifampin oral</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG	Tier 2	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA; QL (60 EA per 30 days)
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)		
<i>sulfadiazine</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral</i>	Tier 1	
<i>sulfasalazine</i>	Tier 1	
SULFATRIM	Tier 1	
TETRACYCLINE ANTIBIOTICS		
<i>demeclacycline</i>	Tier 1	
<i>doxycycline hyclate oral capsule</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>tetracycline</i>	Tier 1	
URINARY ANTI-INFECTIVES		
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohyd/m-cryst</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	
<i>trimethoprim</i>	Tier 1	
URETRON D-S	Tier 1	
URO-SP	Tier 1	

Drug Name	Tier	Restrictions/Limits
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone oral tablet 250 mg</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>anastrozole</i>	Tier 0	
<i>bexarotene oral</i>	Tier 4	PA
<i>bexarotene topical</i>	Tier 4	PA; QL (60 GM per 30 days)
<i>bicalutamide</i>	Tier 1	
<i>capecitabine</i>	Tier 4	PA
CAPRELSA ORAL TABLET 100 MG	Tier 4	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier 4	PA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	Tier 4	PA
<i>cyclophosphamide oral capsule</i>	Tier 1	
ELIGARD	Tier 4	
ELIGARD (3 MONTH)	Tier 4	
ELIGARD (4 MONTH)	Tier 4	
ELIGARD (6 MONTH)	Tier 4	
EMCYT	Tier 2	
ERIVEDGE	Tier 4	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<i>etoposide oral</i>	Tier 1	
<i>exemestane</i>	Tier 0	
<i>fluorouracil topical cream 5 %</i>	Tier 1	QL (3 GM per 1 day)
<i>fluorouracil topical solution</i>	Tier 1	QL (10 ML per 30 days)
GILOTrif	Tier 4	PA; QL (30 EA per 30 days)
<i>hydroxyurea</i>	Tier 1	
IBRANCE	Tier 4	PA; QL (21 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	Tier 4	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	Tier 4	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	Tier 4	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	Tier 4	
IMBRUVICA ORAL TABLET	Tier 4	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	Tier 4	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	Tier 4	PA; QL (120 EA per 30 days)
JAKAFI	Tier 4	PA; QL (60 EA per 30 days)
<i>lapatinib</i>	Tier 4	PA; QL (180 EA per 30 days)
<i>lenalidomide</i>	Tier 4	PA; QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	Tier 4	PA
<i>letrozole</i>	Tier 1	
LEUKERAN	Tier 2	
LYSODREN	Tier 4	
MATULANE	Tier 4	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	Tier 1	
<i>megestrol oral tablet</i>	Tier 1	
MEKINIST ORAL TABLET 0.5 MG	Tier 4	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>melphalan</i>	Tier 1	
<i>mercaptopurine</i>	Tier 1	
<i>methotrexate sodium oral</i>	Tier 1	
MYLERAN	Tier 2	
<i>nilutamide</i>	Tier 1	PA
POMALYST	Tier 4	PA
REVLIMID	Tier 4	PA; QL (30 EA per 30 days)
<i>sorafenib</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>sunitinib malate oral capsule 12.5 mg</i>	Tier 4	PA; QL (90 EA per 30 days)
<i>sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
TAFINLAR ORAL CAPSULE	Tier 4	PA; QL (120 EA per 30 days)
<i>tamoxifen</i>	Tier 0	
<i>temozolomide</i>	Tier 4	
<i>toremifene</i>	Tier 1	
<i>tretinoin (antineoplastic)</i>	Tier 1	
TREXALL	Tier 2	
<i>valrubicin</i>	Tier 4	PA
VERZENIO	Tier 4	PA; QL (60 EA per 30 days)
VOTRIENT	Tier 4	PA; QL (120 EA per 30 days)
ZELBORAF	Tier 4	PA; QL (240 EA per 30 days)
ZOLINZA	Tier 4	PA
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES		
TOXOIDS		
ADACEL(TDAP ADOLESN/ADULT)(PF)	Tier 0	

Drug Name	Tier	Restrictions/Limits
BOOSTRIX TDAP	Tier 0	
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier 0	
INFANRIX (DTAP) (PF)	Tier 0	
PEDIARIX (PF)	Tier 0	
TDVAX	Tier 0	
TENIVAC (PF)	Tier 0	
VACCINES		
ACTHIB (PF)	Tier 0	
<i>bcg vaccine, live (pf)</i>	Tier 0	
BEXSERO	Tier 0	
BIOTHRAX	Tier 0	
COMIRNATY 2023-24 (12Y UP)(PF)	Tier 0	
ENGERIX-B (PF)	Tier 0	
ENGERIX-B PEDIATRIC (PF)	Tier 0	
GARDASIL 9 (PF)	Tier 0	
HAVRIX (PF)	Tier 0	
HEPLISAV-B (PF)	Tier 0	
HIBERIX (PF)	Tier 0	
IMOVAX RABIES VACCINE (PF)	Tier 0	
IPOL	Tier 0	
IXIARO (PF)	Tier 0	
KINRIX (PF)	Tier 0	
MENACTRA (PF)	Tier 0	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	Tier 0	
M-M-R II (PF)	Tier 0	
PEDIARIX (PF)	Tier 0	
PEDVAX HIB (PF)	Tier 0	
PENTACEL (PF)	Tier 0	
PENTACEL ACTHIB COMPONENT (PF)	Tier 0	
PNEUMOVAX-23	Tier 0	
PREHEVBRIOS (PF)	Tier 0	
PREVNAR 13 (PF)	Tier 0	
PREVNAR 20 (PF)	Tier 0	
PRIORIX (PF)	Tier 0	
PROQUAD (PF)	Tier 0	
QUADRACEL (PF)	Tier 0	
RABAVERT (PF)	Tier 0	

Drug Name	Tier	Restrictions/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML	Tier 0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	Tier 0	
ROTATEQ VACCINE	Tier 0	
SHINGRIX (PF)	Tier 0	
SPIKEVAX 2023-2024(12Y UP)(PF)	Tier 0	
STAMARIL (PF)	Tier 0	
TRUMENBA	Tier 0	
TWINRIX (PF)	Tier 0	
TYPHIM VI	Tier 0	
VAQTA (PF)	Tier 0	
VARIVAX (PF)	Tier 0	
VAXNEUVANCE (PF)	Tier 0	
VIVOTIF	Tier 0	
YF-VAX (PF)	Tier 0	

AUTONOMIC DRUGS

ALPHA- AND BETA-ADRENERGIC AGONISTS

brompheniramine-pseudoeph-dm	Tier 1	
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)
GUAIFENESIN DAC	Tier 1	
RYDEX	Tier 1	

ALPHA-ADRENERGIC AGONISTS

CAPCOF	Tier 2	
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)
clonidine hcl oral tablet extended release 12 hr	Tier 1	QL (4 EA per 1 day)
methyldopa	Tier 1	
midodrine	Tier 1	
PROMETHAZINE VC	Tier 1	
PROMETHAZINE VC-CODEINE	Tier 1	

ANTIMUSCARINICS/ANTISPASMODICS

ATROVENT HFA	Tier 2	QL (26 GM per 30 days)
chlordiazepoxide-clidinium	Tier 1	
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
dicyclomine oral	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
ED-SPAZ	Tier 1	
<i>glycopyrrolate oral solution</i>	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
HYDROMET	Tier 1	QL (4 ML per 1 day)
<i>hyoscyamine sulfate oral</i>	Tier 1	
<i>hyoscyamine sulfate sublingual</i>	Tier 1	
HYOSYNE	Tier 1	
<i>ipratropium bromide inhalation</i>	Tier 1	QL (10 ML per 1 day)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
<i>methscopolamine</i>	Tier 1	
OSCIMIN	Tier 1	
OSCIMIN SL	Tier 1	
SPIRIVA RESPIMAT	Tier 2	QL (4 GM per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
SYMAX-SR	Tier 1	
ANTIPARKINSONIAN AGENTS		
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX	Tier 0	
CHANTIX CONTINUING MONTH BOX	Tier 0	
CHANTIX STARTING MONTH BOX	Tier 0	
NICODERM CQ	Tier 0	QL (180 DAYS per 365 days)
NICORETTE	Tier 0	QL (180 DAYS per 365 days)
<i>nicotine</i>	Tier 0	QL (180 DAYS per 365 days)
<i>nicotine (polacrilex)</i>	Tier 0	QL (180 DAYS per 365 days)
NICOTROL	Tier 0	QL (180 DAYS per 365 days)
NICOTROL NS	Tier 0	QL (180 DAYS per 365 days)
QUIT 2	Tier 0	QL (180 DAYS per 365 days)
QUIT 4	Tier 0	QL (180 DAYS per 365 days)
STOP SMOKING AID	Tier 0	QL (180 DAYS per 365 days)
<i>varenicline</i>	Tier 0	
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT		
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	
<i>carisoprodol-aspirin-codeine</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
CYCLOTENS STARTER	Tier 2	
<i>metaxalone oral tablet 800 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>tizanidine oral tablet</i>	Tier 1	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS		
<i>dantrolene oral</i>	Tier 1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
<i>baclofen oral tablet</i>	Tier 1	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS		
<i>carvedilol</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<i>SOTALOL AF</i>	Tier 1	
<i>sotalol oral</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>prazosin</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	Tier 1	QL (60 EA per 30 days)
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>dihydroergotamine nasal</i>	Tier 1	ST; QL (8 ML per 30 days)
<i>ergoloid</i>	Tier 1	
<i>ergotamine-caffeine</i>	Tier 1	
<i>phenoxybenzamine</i>	Tier 1	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
<i>bethanechol chloride</i>	Tier 1	
<i>cevimeline</i>	Tier 1	ST
<i>donepezil oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>galantamine</i>	Tier 1	
<i>pilocarpine hcl oral</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>pyridostigmine bromide oral syrup</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release</i>	Tier 1	
<i>rivastigmine tartrate</i>	Tier 1	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>alfuzosin</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>dutasteride-tamsulosin</i>	Tier 1	ST
<i>labetalol oral</i>	Tier 1	
<i>silodosin</i>	Tier 1	
<i>tamsulosin</i>	Tier 1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	Tier 1	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	Tier 1	QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	QL (2 EA per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier 1	QL (2 ML per 1 day)
<i>albuterol sulfate oral</i>	Tier 1	
<i>budesonide-formoterol</i>	Tier 2	PA; ST; QL (11 GM per 30 days)
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	PA; ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	PA; ST; QL (13 GM per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST; QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>formoterol fumarate</i>	Tier 1	QL (120 ML per 30 days)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
<i>levalbuterol tartrate</i>	Tier 2	QL (30 GM per 30 days)
SEREVENT DISKUS	Tier 2	QL (60 EA per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>terbutaline oral</i>	Tier 1	
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT		
<i>acebutolol</i>	Tier 1	
<i>atenolol</i>	Tier 1	
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS		
<i>orphenadrine citrate oral</i>	Tier 1	
BLOOD FORMATION, COAGULATION, THROMBOSIS		
ANTICOAGULANTS, MISCELLANEOUS		
<i>ACD SOLUTION A</i>	Tier 2	
<i>ACD-A</i>	Tier 2	
<i>anticoag citrate phos dextrose</i>	Tier 2	
<i>fondaparinux</i>	Tier 4	
COUMARIN DERIVATIVES		
<i>JANTOVEN</i>	Tier 1	
<i>warfarin</i>	Tier 1	
DIRECT FACTOR XA INHIBITORS		
<i>ELIQUIS</i>	Tier 2	
<i>ELIQUIS DVT-PE TREAT 30D START</i>	Tier 2	
<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	
HEMATOPOIETIC AGENTS		
<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)
<i>ZARXIO</i>	Tier 4	PA
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
HEMOSTATICS		
<i>desmopressin injection</i>	Tier 4	
<i>desmopressin oral</i>	Tier 1	
MONSEL'S	Tier 2	
<i>tranexamic acid oral</i>	Tier 1	
HEPARINS		
<i>enoxaparin</i>	Tier 4	
<i>heparin (porcine) injection solution 5,000 unit/ml</i>	Tier 1	
IRON PREPARATIONS		
CLASSIC PRENATAL	Tier 0	
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
ONE DAILY PRENATAL	Tier 0	
<i>pnv cmb#95-ferrous fumarate-fa</i>	Tier 0	
PRENATAL COMPLETE	Tier 0	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0	
PRENATAL MULTIVITAMINS	Tier 0	
PRENATAL ONE DAILY	Tier 0	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 0	
PRENATAL TABLET	Tier 0	
<i>prenatal vit no. 179-iron-folic</i>	Tier 0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0	
PRENATAL VITAMIN WITH MINERALS	Tier 0	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0	
STRESS FORMULA WITH IRON	Tier 0	
STRESS FORMULA WITH IRON(SULF)	Tier 0	
WESCAP-C DHA	Tier 1	
PLATELET-AGGREGATION INHIBITORS		
ADULT ASPIRIN REGIMEN	Tier 0	
ASPIRIN CHILDRENS	Tier 0	
<i>aspirin oral tablet</i>	Tier 0	
<i>aspirin oral tablet,chewable</i>	Tier 0	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	Tier 0	
<i>aspirin,buffd-calcium carb-mag</i>	Tier 0	
<i>aspirin-dipyridamole</i>	Tier 1	ST
ASPIR-TRIN	Tier 0	
BAYER ASPIRIN	Tier 0	

Drug Name	Tier	Restrictions/Limits
BAYER LOW DOSE ASPIRIN	Tier 0	
BRILINTA	Tier 2	ST
BUFFERIN	Tier 0	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
CHILDREN'S ASPIRIN	Tier 0	
<i>cilostazol</i>	Tier 1	
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
<i>dipyridamole oral</i>	Tier 1	
ECOTRIN	Tier 0	
ECOTRIN LOW STRENGTH	Tier 0	
<i>prasugrel</i>	Tier 1	
ST JOSEPH ASPIRIN	Tier 0	
ST. JOSEPH ASPIRIN	Tier 0	
TRI-BUFFERED ASPIRIN	Tier 0	
PLATELET-REDUCING AGENTS		
<i>anagrelide</i>	Tier 1	
THROMBOLYTIC AGENTS		
ADULT ASPIRIN REGIMEN	Tier 0	
ASPIRIN CHILDRENS	Tier 0	
<i>aspirin oral tablet</i>	Tier 0	
<i>aspirin oral tablet, chewable</i>	Tier 0	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	Tier 0	
<i>aspirin, buffd-calcium carb-mag</i>	Tier 0	
ASPIR-TRIN	Tier 0	
BAYER ASPIRIN	Tier 0	
BAYER LOW DOSE ASPIRIN	Tier 0	
BUFFERIN	Tier 0	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
CHILDREN'S ASPIRIN	Tier 0	
ECOTRIN	Tier 0	
ECOTRIN LOW STRENGTH	Tier 0	
ST JOSEPH ASPIRIN	Tier 0	
ST. JOSEPH ASPIRIN	Tier 0	
TRI-BUFFERED ASPIRIN	Tier 0	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>carvedilol</i>	Tier 1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>labetalol oral</i>	Tier 1	
<i>prazosin</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	Tier 1	QL (60 EA per 30 days)
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN)		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>labetalol oral</i>	Tier 1	
<i>prazosin</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	Tier 1	QL (60 EA per 30 days)
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN)		
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>candesartan</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>irbesartan</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>losartan</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>olmesartan</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>telmisartan</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>valsartan oral tablet</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>candesartan</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>ENTRESTO</i>	Tier 2	PA; QL (60 EA per 30 days)
<i>irbesartan</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>losartan</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>olmesartan</i>	Tier 1	
<i>olmesartanamlodipin-hcthiazid</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>telmisartan</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>valsartan oral tablet</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
ANGIOTENSIN-CONVERT. ENZYME INHIB(HYPOTN)		
<i>amlodipine-benazepril</i>	Tier 1	
<i>benazepril</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
<i>captopril</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate oral solution</i>	Tier 1	ST
<i>enalapril maleate oral tablet</i>	Tier 1	
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
<i>fosinopril</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>quinapril</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
<i>amlodipine-benazepril</i>	Tier 1	
<i>benazepril</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
<i>captopril</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate oral solution</i>	Tier 1	ST
<i>enalapril maleate oral tablet</i>	Tier 1	
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
<i>fosinopril</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>quinapril</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
ANTIARRHYTHMICS, MISCELLANEOUS		
DIGITEK	Tier 1	
DIGOX	Tier 1	
<i>digoxin oral solution</i>	Tier 1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
ANTILIPIDEMIC AGENTS, MISCELLANEOUS		
<i>niacin oral tablet 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 24 hr</i>	Tier 1	
<i>omega-3 acid ethyl esters</i>	Tier 1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol</i>	Tier 1	
<i>atenolol</i>	Tier 1	
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<i>SOTALOL AF</i>	Tier 1	
<i>sotalol oral</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	
BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN)		
<i>acebutolol</i>	Tier 1	
<i>atenolol</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
atenolol-chlorthalidone	Tier 1	
bisoprolol fumarate	Tier 1	
bisoprolol-hydrochlorothiazide	Tier 1	
labetalol oral	Tier 1	
metoprolol succinate	Tier 1	
metoprolol ta-hydrochlorothiaz	Tier 1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
nadolol	Tier 1	
propranolol oral	Tier 1	
propranolol-hydrochlorothiazid	Tier 1	
SOTALOL AF	Tier 1	
sotalol oral	Tier 1	
timolol maleate oral	Tier 1	
BILE ACID SEQUESTRANTS		
cholestyramine (with sugar)	Tier 1	
CHOLESTYRAMINE LIGHT	Tier 1	
cholestyramine-aspartame	Tier 1	
colesevelam oral powder in packet	Tier 1	QL (30 EA per 30 days)
colesevelam oral tablet	Tier 1	QL (180 EA per 30 days)
colestipol oral tablet	Tier 1	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN)		
CARTIA XT	Tier 1	
diltiazem hcl oral capsule,ext.rel 24h degradable	Tier 1	
diltiazem hcl oral capsule,extended release 12 hr	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr	Tier 1	
diltiazem hcl oral capsule,extended release 24hr	Tier 1	
diltiazem hcl oral tablet	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
DILT-XR	Tier 1	
MATZIM LA	Tier 1	
TAZTIA XT	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr	Tier 1	
verapamil oral tablet 120 mg, 80 mg	Tier 1	
verapamil oral tablet 40 mg	Tier 1	QL (12 EA per 1 day)
verapamil oral tablet extended release	Tier 1	

Drug Name	Tier	Restrictions/Limits
CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine	Tier 1	
amlodipine-benazepril	Tier 1	
amlodipine-olmesartan	Tier 1	
amlodipine-valsartan	Tier 1	
CARTIA XT	Tier 1	
diltiazem hcl oral capsule,ext.rel 24h degradable	Tier 1	
diltiazem hcl oral capsule,extended release 12 hr	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr	Tier 1	
diltiazem hcl oral capsule,extended release 24hr	Tier 1	
diltiazem hcl oral tablet	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
DILT-XR	Tier 1	
felodipine	Tier 1	
MATZIM LA	Tier 1	
nifedipine	Tier 1	
olmesartan-amlodipin-hcthiazid	Tier 1	
TAZTIA XT	Tier 1	
telmisartan-amlodipine	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr	Tier 1	
verapamil oral tablet 120 mg, 80 mg	Tier 1	
verapamil oral tablet 40 mg	Tier 1	QL (12 EA per 1 day)
verapamil oral tablet extended release	Tier 1	
CALCIUM-CHANNEL BLOCKING AGENTS(HYPOTEN)		
CARTIA XT	Tier 1	
diltiazem hcl oral capsule,ext.rel 24h degradable	Tier 1	
diltiazem hcl oral capsule,extended release 12 hr	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr	Tier 1	
diltiazem hcl oral capsule,extended release 24hr	Tier 1	
diltiazem hcl oral tablet	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
DILT-XR	Tier 1	
MATZIM LA	Tier 1	
TAZTIA XT	Tier 1	
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	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
CARTIA XT	Tier 1	
diltiazem hcl oral capsule,ext.rel 24h degradable	Tier 1	
diltiazem hcl oral capsule,extended release 12 hr	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr	Tier 1	
diltiazem hcl oral capsule,extended release 24hr	Tier 1	
diltiazem hcl oral tablet	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
DILT-XR	Tier 1	
MATZIM LA	Tier 1	
TAZTIA XT	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr	Tier 1	
verapamil oral tablet 120 mg, 80 mg	Tier 1	
verapamil oral tablet 40 mg	Tier 1	QL (12 EA per 1 day)
verapamil oral tablet extended release	Tier 1	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN)		
acetazolamide	Tier 1	
CARDIAC DRUGS, MISCELLANEOUS		
ranolazine	Tier 1	
CARDIOTONIC AGENTS		
DIGITEK	Tier 1	
DIGOX	Tier 1	
digoxin oral solution	Tier 1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Tier 1	
CENTRAL ALPHA-AGONISTS		
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)
clonidine hcl oral tablet extended release 12 hr	Tier 1	QL (4 EA per 1 day)
guanfacine oral tablet	Tier 1	
guanfacine oral tablet extended release 24 hr	Tier 1	QL (1 EA per 1 day)
methyldopa	Tier 1	
CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>ezetimibe-simvastatin</i>	Tier 1	ST; QL (30 EA per 30 days)
CLASS IA ANTIARRHYTHMICS		
<i>disopyramide phosphate</i>	Tier 1	
NORPACE CR	Tier 2	
<i>quinidine sulfate</i>	Tier 1	
CLASS IB ANTIARRHYTHMICS		
DILANTIN	Tier 2	
<i>phenytoin</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
CLASS IC ANTIARRHYTHMICS		
<i>flecainide</i>	Tier 1	
<i>propafenone</i>	Tier 1	
CLASS II ANTIARRHYTHMICS		
<i>acebutolol</i>	Tier 1	
<i>atenolol</i>	Tier 1	
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>labetalol oral</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
SOTALOL AF	Tier 1	
<i>sotalol oral</i>	Tier 1	
<i>timolol maleate oral</i>	Tier 1	
CLASS III ANTIARRHYTHMICS		
<i>amiodarone oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>dofetilide</i>	Tier 1	
PACERONE ORAL TABLET 200 MG, 400 MG	Tier 1	
SOTALOL AF	Tier 1	
<i>sotalol oral</i>	Tier 1	
CLASS IV ANTIARRHYTHMICS		
CARTIA XT	Tier 1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
diltiazem hcl oral capsule,extended release 12 hr	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr	Tier 1	
diltiazem hcl oral capsule,extended release 24hr	Tier 1	
diltiazem hcl oral tablet	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
DILT-XR	Tier 1	
MATZIM LA	Tier 1	
TAZTIA XT	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr	Tier 1	
verapamil oral tablet 120 mg, 80 mg	Tier 1	
verapamil oral tablet 40 mg	Tier 1	QL (12 EA per 1 day)
verapamil oral tablet extended release	Tier 1	
DIHYDROPYRIDINES		
amlodipine	Tier 1	
amlodipine-benazepril	Tier 1	
amlodipine-olmesartan	Tier 1	
amlodipine-valsartan	Tier 1	
felodipine	Tier 1	
nifedipine	Tier 1	
olmesartan-amlodipin-hcthiazid	Tier 1	
telmisartan-amlodipine	Tier 1	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE)		
amlodipine	Tier 1	
amlodipine-benazepril	Tier 1	
amlodipine-olmesartan	Tier 1	
amlodipine-valsartan	Tier 1	
felodipine	Tier 1	
nifedipine	Tier 1	
olmesartan-amlodipin-hcthiazid	Tier 1	
telmisartan-amlodipine	Tier 1	
DIRECT VASODILATORS		
hydralazine oral	Tier 1	
minoxidil oral	Tier 1	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE)		
ELIXOPHYLLIN	Tier 2	
THEO-24	Tier 2	
theophylline oral elixir	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>theophylline oral solution</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr</i>	Tier 1	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate micronized oral capsule 90 mg</i>	Tier 2	ST
<i>fenofibrate nanocrystallized</i>	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>gemfibrozil</i>	Tier 1	
HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	Tier 0	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	Tier 0	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	Tier 0	QL (60 EA per 30 days)
<i>pravastatin</i>	Tier 0	QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 0	QL (30 EA per 30 days)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	QL (30 EA per 30 days)
HYPOTENSIVE AGENTS, MISCELLANEOUS		
<i>acebutolol</i>	Tier 1	
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>felodipine</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>phenoxybenzamine</i>	Tier 1	
<i>propranolol oral</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
SOTALOL AF	Tier 1	
sotalol oral	Tier 1	
terazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 1	QL (30 EA per 30 days)
terazosin oral capsule 10 mg	Tier 1	QL (60 EA per 30 days)
timolol maleate oral	Tier 1	
LOOP DIURETICS (HYPOTENSIVE AGENTS)		
bumetanide oral	Tier 1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	Tier 1	
furosemide oral tablet	Tier 1	
torsemide	Tier 1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS		
eplerenone	Tier 1	
spironolactone	Tier 1	
spironolacton-hydrochlorothiaz	Tier 1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT)		
eplerenone	Tier 1	
spironolactone	Tier 1	
spironolacton-hydrochlorothiaz	Tier 1	
NITRATES AND NITRITES		
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	
PCSK9 INHIBITORS		
REPATHA PUSHTRONEX	Tier 2	PA; QL (1 ML per 28 days)
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
ADCIRCA	Tier 4	PA; QL (2 EA per 1 day)
cilostazol	Tier 1	
sildenafil (pulm.hypertension) oral tablet	Tier 4	PA; QL (90 EA per 30 days)
POTASSIUM-SPARING DIURETICS (HYPOTEN)		
amiloride	Tier 1	
amiloride-hydrochlorothiazide	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>eplerenone</i>	Tier 1	
<i>spironolactone</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	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC		
ENTRESTO	Tier 2	PA; QL (60 EA per 30 days)
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS)		
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT)		
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>indapamide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
VASODILATING AGENTS, MISCELLANEOUS		
<i>ADEMPAS</i>	Tier 4	PA; QL (3 EA per 1 day)
<i>ambrisentan</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>aspirin-dipyridamole</i>	Tier 1	ST
<i>bosentan</i>	Tier 4	PA; QL (2 EA per 1 day)
<i>CARTIA XT</i>	Tier 1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	Tier 1	
<i>diltiazem hcl oral tablet</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>DILT-XR</i>	Tier 1	
<i>dipyridamole oral</i>	Tier 1	
<i>felodipine</i>	Tier 1	
<i>MATZIM LA</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>ORENITRAM</i>	Tier 4	PA
<i>TAZTIA XT</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
<i>VENTAVIS</i>	Tier 4	PA; QL (270 ML per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet 40 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	Tier 1	
CENTRAL NERVOUS SYSTEM AGENTS		
ADAMANTANES (CNS)		
<i>amantadine hcl</i>	Tier 1	
AMPHETAMINES		
<i>amphetamine sulfate</i>	Tier 1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	Tier 1	QL (2 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
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)
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)
<i>methamphetamine</i>	Tier 1	
ZENZEDI ORAL TABLET 2.5 MG	Tier 2	QL (1 EA per 1 day)
ANALGESICS AND ANTIPYRETICS, MISC.		
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-acetaminophen-caff oral capsule 50-325-40-30 mg	Tier 1	PA
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	Tier 1	QL (48 EA per 30 days)
butalbital-acetaminophen-caff oral tablet	Tier 1	QL (48 EA per 30 days)
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
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)
gabapentin oral tablet 800 mg	Tier 1	QL (4 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	PA; QL (10 EA per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	Tier 1	
oxycodone-acetaminophen oral solution	Tier 1	PA
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)
oxycodone-acetaminophen oral tablet 2.5-300 mg	Tier 1	
oxycodone-acetaminophen oral tablet 7.5-300 mg	Tier 1	PA
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)

Drug Name	Tier	Restrictions/Limits
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
ZEBUTAL	Tier 1	QL (48 EA per 30 days)
ANTICHOLINERGIC AGENTS (CNS)		
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
ANTICONVULSANTS, MISCELLANEOUS		
APTIOM	Tier 3	
<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>felbamate</i>	Tier 1	
FYCOMPA	Tier 2	ST
<i>gabapentin oral capsule 100 mg, 400 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral capsule 300 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>gabapentin oral solution</i>	Tier 1	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>lacosamide oral tablet</i>	Tier 1	ST
<i>lamotrigine oral tablet</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr</i>	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 1	
<i>levetiracetam oral</i>	Tier 1	
<i>oxcarbazepine</i>	Tier 1	
OXTELLAR XR	Tier 2	ST
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
ROWEEPRA	Tier 1	
ROWEEPRA XR	Tier 1	
<i>rufinamide oral tablet</i>	Tier 1	ST
<i>tiagabine</i>	Tier 1	
<i>topiramate oral capsule, sprinkle</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>topiramate oral tablet</i>	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
<i>zonisamide</i>	Tier 1	
ANTIDEPRESSANTS, MISCELLANEOUS		
<i>bupropion hcl (smoking deter)</i>	Tier 0	
<i>bupropion hcl oral tablet</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	Tier 1	QL (60 EA per 30 days)
<i>mirtazapine</i>	Tier 1	
ANTIMANIC AGENTS		
<i>ABILIFY MAINTENA</i>	Tier 2	
<i>ariPIPRAZOLE oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>ARISTADA INITIO</i>	Tier 2	QL (3 ML per 180 days)
<i>ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML</i>	Tier 2	QL (4 ML per 60 days)
<i>ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML</i>	Tier 2	QL (2 ML per 30 days)
<i>ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML</i>	Tier 2	QL (3 ML per 30 days)
<i>ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML</i>	Tier 2	QL (3.2 ML per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	Tier 1	
<i>carbamazepine oral tablet</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier 1	
<i>carbamazepine oral tablet, chewable</i>	Tier 1	
<i>divalproex</i>	Tier 1	
<i>EPITOL</i>	Tier 1	
<i>lamotrigine oral tablet</i>	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 1	
<i>lithium carbonate</i>	Tier 1	
<i>olanzapine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	QL (90 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
quetiapine oral tablet 300 mg, 400 mg	Tier 1	QL (60 EA per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	Tier 1	QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	Tier 1	QL (60 EA per 30 days)
RISPERDAL CONSTA	Tier 2	
risperidone oral solution	Tier 1	
risperidone oral tablet	Tier 1	QL (60 EA per 30 days)
SECUADO	Tier 2	PA; QL (30 EA per 30 days)
valproic acid	Tier 1	
valproic acid (as sodium salt)	Tier 1	
ziprasidone hcl	Tier 1	QL (60 EA per 30 days)

ANTIMIGRAINE AGENTS, MISCELLANEOUS

ADULT ASPIRIN REGIMENT	Tier 0	
ASPIRIN CHILDRENS	Tier 0	
aspirin oral tablet	Tier 0	
aspirin oral tablet, chewable	Tier 0	
aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg	Tier 0	
aspirin, buffd-calcium carb-mag	Tier 0	
ASPIR-TRIN	Tier 0	
BAYER ASPIRIN	Tier 0	
BAYER LOW DOSE ASPIRIN	Tier 0	
BUFFERIN	Tier 0	
butilbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	Tier 1	PA
butilbital-acetaminophen-caff oral capsule 50-325-40 mg	Tier 1	QL (48 EA per 30 days)
butilbital-acetaminophen-caff oral tablet	Tier 1	QL (48 EA per 30 days)
butilbital-aspirin-caffeine oral capsule	Tier 1	QL (48 EA per 30 days)
CHILDREN'S ASPIRIN	Tier 0	
dihydroergotamine nasal	Tier 1	ST; QL (8 ML per 30 days)
divalproex	Tier 1	
ECOTRIN	Tier 0	
ECOTRIN LOW STRENGTH	Tier 0	
ergotamine-caffeine	Tier 1	
propranolol oral	Tier 1	
ST JOSEPH ASPIRIN	Tier 0	
ST. JOSEPH ASPIRIN	Tier 0	
timolol maleate oral	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
TRI-BUFFERED ASPIRIN	Tier 0	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
ZEBUTAL	Tier 1	QL (48 EA per 30 days)
ANTIPSYCHOTICS, MISCELLANEOUS		
<i>loxapine succinate</i>	Tier 1	
<i>pimozide</i>	Tier 1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC		
<i>buspirone</i>	Tier 1	
<i>eszopiclone</i>	Tier 1	PA; QL (15 EA per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
<i>meprobamate</i>	Tier 1	
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 1	
PROMETHEGAN	Tier 1	
<i>ramelteon</i>	Tier 1	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)
ATYPICAL ANTIPSYCHOTICS		
ABILITY MAINTENA	Tier 2	
<i>ariPIPRAZOLE oral tablet</i>	Tier 1	QL (30 EA per 30 days)
ARISTADA INITIO	Tier 2	QL (3 ML per 180 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	QL (4 ML per 60 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	QL (2 ML per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	QL (3 ML per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	Tier 2	QL (3.2 ML per 30 days)
<i>clozapine oral tablet</i>	Tier 1	
FANAPT ORAL TABLET	Tier 3	PA; ST; QL (60 EA per 30 days)
INVEGA SUSTENNA	Tier 2	

Drug Name	Tier	Restrictions/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	QL (1 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML, 546 MG/1.75 ML	Tier 2	QL (2 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 2	QL (3 ML per 90 days)
<i>lurasidone</i>	Tier 1	QL (1 EA per 1 day)
<i>olanzapine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	Tier 1	ST
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)
RISPERDAL CONSTA	Tier 2	
<i>risperidone oral solution</i>	Tier 1	
<i>risperidone oral tablet</i>	Tier 1	QL (60 EA per 30 days)
SECUADO	Tier 2	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	Tier 2	QL (1 EA per 365 days)
<i>ziprasidone hcl</i>	Tier 1	QL (60 EA per 30 days)
BARBITURATES (ANTICONVULSANTS)		
<i>phenobarbital</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>butilbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butilbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butilbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
<i>butilbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
<i>phenobarbital</i>	Tier 1	
ZEBUTAL	Tier 1	QL (48 EA per 30 days)
BENZODIAZEPINES (ANTICONVULSANTS)		
<i>clobazam</i>	Tier 1	PA

Drug Name	Tier	Restrictions/Limits
<i>clonazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>clorazepate dipotassium</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam rectal</i>	Tier 1	
<i>lorazepam oral tablet</i>	Tier 1	QL (3 EA per 1 day)
NAYZILAM	Tier 2	PA; QL (2 EA per 30 days)
VALTOCO	Tier 2	PA; QL (2 EA per 30 days)
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)		
<i>alprazolam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
<i>chlordiazepoxide hcl</i>	Tier 1	QL (4 EA per 1 day)
<i>chlordiazepoxide-clidinium</i>	Tier 1	
<i>clobazam</i>	Tier 1	PA
<i>clonazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>clorazepate dipotassium</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam rectal</i>	Tier 1	
<i>estazolam</i>	Tier 1	QL (15 EA per 30 days)
<i>flurazepam</i>	Tier 1	QL (15 EA per 30 Days)
<i>lorazepam oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>midazolam (pf) injection solution</i>	Tier 1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam injection</i>	Tier 1	
<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	Tier 2	
NAYZILAM	Tier 2	PA; QL (2 EA per 30 days)
<i>oxazepam</i>	Tier 1	QL (4 EA per 1 day)
<i>quazepam</i>	Tier 1	QL (15 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (15 EA per 30 days)
<i>triazolam</i>	Tier 1	QL (15 EA per 30 days)
VALTOCO	Tier 2	PA; QL (2 EA per 30 days)
BUTYROPHENONES		
<i>haloperidol</i>	Tier 1	
<i>haloperidol lactate oral</i>	Tier 1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG.		
AIMOVIG AUTOINJECTOR	Tier 2	PA; QL (1 ML per 28 days)
EMGALITY PEN	Tier 2	PA; QL (1 ML per 28 days)

Drug Name	Tier	Restrictions/Limits
EMGALITY SYRINGE	Tier 2	PA; QL (1 ML per 28 days)
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
<i>entacapone</i>	Tier 1	
<i>tolcapone</i>	Tier 1	
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>acamprosate</i>	Tier 1	
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>carbidopa</i>	Tier 1	
<i>guanfacine oral tablet</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr</i>	Tier 1	QL (1 EA per 1 day)
<i>memantine oral solution</i>	Tier 1	
<i>memantine oral tablet</i>	Tier 1	
<i>memantine oral tablets,dose pack</i>	Tier 2	
CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
<i>celecoxib</i>	Tier 1	ST
DOPAMINE PRECURSORS		
<i>carbidopa-levodopa oral tablet</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release</i>	Tier 1	
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
<i>bromocriptine</i>	Tier 1	
<i>cabergoline</i>	Tier 1	QL (8 EA per 30 days)
FIBROMYALGIA AGENTS		
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>SAVELLA ORAL TABLET</i>	Tier 2	ST; QL (60 EA per 30 days)
HYDANTOINS		
<i>DILANTIN</i>	Tier 2	
<i>phenytoin</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>phenytoin sodium extended</i>	Tier 1	
INHALATION ANESTHETICS		
<i>desflurane</i>	Tier 1	
FORANE	Tier 1	
<i>isoflurane</i>	Tier 1	
<i>sevoflurane</i>	Tier 1	
TERRELL	Tier 1	
MONOAMINE OXIDASE B INHIBITORS		
EMSAM	Tier 2	
<i>rasagiline</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
MONOAMINE OXIDASE INHIBITORS		
EMSAM	Tier 2	
<i>phenelzine</i>	Tier 1	
<i>rasagiline</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
<i>tranylcypromine</i>	Tier 1	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	Tier 2	ST
<i>pramipexole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 8 mg</i>	Tier 1	ST
OPIATE AGONISTS		
<i>acetaminophen-codeine oral solution</i>	Tier 1	PA; QL (125 ML per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
CAPCOF	Tier 2	
<i>carisoprodol-aspirin-codeine</i>	Tier 1	
<i>codeine sulfate</i>	Tier 1	PA
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; QL (15 EA per 30 days)
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	Tier 1	

Drug Name	Tier	Restrictions/Limits
hydrocodone bitartrate oral capsule, oral only, er 12hr	Tier 1	PA; QL (90 EA per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	PA; QL (10 EA per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	Tier 1	
hydrocodone-chlorpheniramine	Tier 1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg	Tier 1	PA
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Tier 1	PA; QL (5 EA per 1 day)
HYDROMET	Tier 1	QL (4 ML per 1 day)
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	
MAXI-TUSS AC	Tier 1	
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)
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)
oxycodone-acetaminophen oral solution	Tier 1	PA
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)
oxycodone-acetaminophen oral tablet 2.5-300 mg	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	Tier 1	PA
<i>oxymorphone oral tablet</i>	Tier 1	PA
<i>oxymorphone oral tablet extended release 12 hr</i>	Tier 1	PA; QL (90 EA per 30 days)
PROMETHAZINE VC-CODEINE	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
RYDEX	Tier 1	
<i>tramadol oral tablet 50 mg</i>	Tier 1	PA; QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
VIRTUSSIN AC	Tier 1	
OPIATE ANTAGONISTS		
<i>nalmefene</i>	Tier 2	QL (2 Units per 1 Month)
<i>naloxone injection solution</i>	Tier 1	QL (2 ML per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	
<i>naloxone nasal</i>	Tier 1	QL (2 EA per 30 days)
VIVITROL	Tier 4	QL (1 EA per 30 days)
OPIATE PARTIAL AGONISTS		
<i>buprenorphine</i>	Tier 1	PA
<i>buprenorphine hcl injection solution</i>	Tier 1	
<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)
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	Tier 3	QL (15 EA per 30 days)
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS		
<i>diclofenac potassium oral tablet 25 mg</i>	Tier 2	
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	QL (500 GM per 30 days)
<i>diclofenac-misoprostol</i>	Tier 1	
<i>diflunisal</i>	Tier 1	
EC-NAPROXEN	Tier 1	
<i>etodolac</i>	Tier 1	
<i>fenoprofen oral tablet</i>	Tier 1	ST
<i>flurbiprofen</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	Tier 1	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	PA; QL (5 EA per 1 day)
<i>IBU</i>	Tier 1	
<i>ibuprofen oral suspension</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ibuprofen-famotidine</i>	Tier 1	
<i>indomethacin oral capsule</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg</i>	Tier 1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketorolac oral</i>	Tier 1	QL (20 EA per 30 days)
<i>mefenamic acid</i>	Tier 1	
<i>meloxicam oral tablet 15 mg</i>	Tier 1	
<i>meloxicam oral tablet 7.5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>nabumetone</i>	Tier 1	
<i>naproxen oral tablet</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>naproxen-esomeprazole</i>	Tier 1	ST
<i>oxaprozin</i>	Tier 1	
<i>piroxicam</i>	Tier 1	
<i>sulindac</i>	Tier 1	
<i>sumatriptan-naproxen</i>	Tier 1	ST; QL (18 EA per 30 days)
PHENOTHIAZINES		
<i>chlorpromazine oral</i>	Tier 1	
<i>fluphenazine decanoate</i>	Tier 1	
<i>fluphenazine hcl</i>	Tier 1	
<i>perphenazine</i>	Tier 1	
<i>perphenazine-amitriptyline</i>	Tier 1	
<i>prochlorperazine maleate</i>	Tier 1	
<i>thioridazine</i>	Tier 1	
<i>trifluoperazine</i>	Tier 1	
RESPIRATORY AND CNS STIMULANTS		
<i>butilbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butilbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butilbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
<i>butilbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
dexamethylphenidate oral capsule,er biphasic 50-50	Tier 1	QL (1 EA per 1 day)
dexamethylphenidate oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
dexamethylphenidate oral tablet 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
METADATE ER	Tier 1	QL (3 EA per 1 day)
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)
RELEXXII	Tier 2	ST; QL (1 EA per 1 day)
ZEBUTAL	Tier 1	QL (48 EA per 30 days)
SALICYLATES		
ADULT ASPIRIN REGIMEN	Tier 0	
ASPIRIN CHILDRENS	Tier 0	
aspirin oral tablet	Tier 0	
aspirin oral tablet,chewable	Tier 0	
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	Tier 0	
aspirin,buffd-calcium carb-mag	Tier 0	
aspirin-dipyridamole	Tier 1	ST
ASPIR-TRIN	Tier 0	
BAYER ASPIRIN	Tier 0	
BAYER LOW DOSE ASPIRIN	Tier 0	
BUFFERIN	Tier 0	
butalbital-aspirin-caffeine oral capsule	Tier 1	QL (48 EA per 30 days)
carisoprodol-aspirin-codeine	Tier 1	

Drug Name	Tier	Restrictions/Limits
CHILDREN'S ASPIRIN	Tier 0	
ECOTRIN	Tier 0	
ECOTRIN LOW STRENGTH	Tier 0	
ST JOSEPH ASPIRIN	Tier 0	
ST. JOSEPH ASPIRIN	Tier 0	
TRI-BUFFERED ASPIRIN	Tier 0	
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
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)
SELECTIVE SEROTONIN AGONISTS		
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)
eletriptan	Tier 1	QL (18 EA per 30 days)
frovatriptan	Tier 1	QL (27 EA per 30 days)
naratriptan	Tier 1	QL (18 EA per 30 days)
rizatriptan	Tier 1	QL (36 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	Tier 1	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	Tier 1	QL (36 EA per 30 days)
sumatriptan succinate oral	Tier 1	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	Tier 1	QL (8 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	Tier 1	QL (8 ML per 30 days)
sumatriptan succinate subcutaneous syringe	Tier 1	QL (8 ML per 30 days)
sumatriptan-naproxen	Tier 1	ST; QL (18 EA per 30 days)
zolmitriptan oral	Tier 1	QL (18 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
citalopram oral solution	Tier 1	
citalopram oral tablet	Tier 1	QL (30 EA per 30 days)
escitalopram oxalate oral solution	Tier 1	
escitalopram oxalate oral tablet	Tier 1	QL (30 EA per 30 days)
fluoxetine oral capsule 10 mg	Tier 1	QL (30 EA per 30 days)
fluoxetine oral capsule 20 mg	Tier 1	
fluoxetine oral capsule 40 mg	Tier 1	QL (60 EA per 30 days)
fluoxetine oral solution	Tier 1	
fluoxetine oral tablet 10 mg	Tier 1	ST; QL (30 EA per 30 days)
fluoxetine oral tablet 20 mg, 60 mg	Tier 1	ST
fluvoxamine oral capsule,extended release 24hr	Tier 1	ST; QL (60 EA per 30 days)
fluvoxamine oral tablet 100 mg	Tier 1	QL (90 EA per 30 days)
fluvoxamine oral tablet 25 mg	Tier 1	QL (30 EA per 30 days)
fluvoxamine oral tablet 50 mg	Tier 1	QL (60 EA per 30 days)
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg	Tier 1	ST
paroxetine hcl oral tablet 10 mg, 40 mg	Tier 1	QL (30 EA per 30 days)
paroxetine hcl oral tablet 20 mg, 30 mg	Tier 1	QL (60 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr	Tier 1	ST; QL (60 EA per 30 days)
sertraline oral concentrate	Tier 1	
sertraline oral tablet 100 mg, 50 mg	Tier 1	QL (60 EA per 30 days)
sertraline oral tablet 25 mg	Tier 1	QL (45 EA per 30 days)
SEROTONIN MODULATORS		
nefazodone	Tier 1	QL (2 EA per 1 day)
trazodone	Tier 1	
vilazodone	Tier 1	PA; QL (30 EA per 30 days)
SUCCINIMIDES		
ethosuximide	Tier 1	
THIOXANTHENES		
thiothixene	Tier 1	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
amitriptyline	Tier 1	
amitriptyline-chlordiazepoxide	Tier 1	
amoxapine	Tier 1	
clomipramine	Tier 1	
desipramine	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>doxepin oral capsule</i>	Tier 1	
<i>doxepin oral concentrate</i>	Tier 1	
<i>doxepin oral tablet</i>	Tier 1	ST; QL (15 EA per 30 days)
<i>imipramine hcl</i>	Tier 1	
<i>imipramine pamoate</i>	Tier 1	
<i>nortriptyline</i>	Tier 1	
<i>perphenazine-amitriptyline</i>	Tier 1	
<i>protriptyline</i>	Tier 1	
<i>trimipramine</i>	Tier 1	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
WAKEFULNESS-PROMOTING AGENTS		
<i>armodafinil</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	Tier 1	PA; QL (60 EA per 30 days)
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)
DEVICES		
DEVICES		
2-IN-1 LANCET DEVICE	Tier 2	QL (204 EA per 30 days)
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 2	QL (204 EA per 30 days)
ACCU-CHEK FASTCLIX LANCING DEV	Tier 2	
ACCU-CHEK MULTICLIX LANCET	Tier 2	
ACCU-CHEK SAFE-T-PRO	Tier 2	QL (204 EA per 30 days)
ACCU-CHEK SAFE-T-PRO PLUS	Tier 2	QL (204 EA per 30 days)
ACCU-CHEK SOFT DEV LANCETS	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	QL (204 EA per 30 days)
ACTI-LANCE LANCETS	Tier 1	QL (204 EA per 30 days)
ADJUSTABLE LANCING DEVICE	Tier 2	
ADVANCED LANCING DEVICE	Tier 2	
ADVANCED TRAVEL LANCETS	Tier 2	QL (204 EA per 30 days)
ADVOCATE LANCET	Tier 2	QL (204 EA per 30 days)
ADVOCATE LANCING DEVICE	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK	Tier 2	

Drug Name	Tier	Restrictions/Limits
AEROCHAMBER PLUS FLOW-VU,S MSK	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK	Tier 2	
ALTERNATE SITE LANCET	Tier 2	QL (204 EA per 30 days)
ALTERNATE SITE LANCING DEVICE	Tier 2	
AQUA LANCE LANCING DEVICE	Tier 2	
ASSURE HAEMOLANCE PLUS 1.2 MM	Tier 2	
ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	QL (204 EA per 30 days)
ASSURE LANCE	Tier 2	QL (204 EA per 30 days)
ASSURE LANCE PLUS	Tier 2	QL (204 EA per 30 days)
AUTO-LANCET MINI	Tier 2	
AUTOLET IMPRESSION LANC DEV	Tier 2	
AUTOLET LANCING DEVICE	Tier 2	
BD ALLERGY SYRINGE	Tier 2	QL (400 EA per 30 days)
BD AUTOSHIELD DUO PEN NEEDLE	Tier 2	
BD BLUNT PLASTIC CANNULA	Tier 2	QL (400 EA per 30 days)
BD BULK SYRINGE SLIP TIP	Tier 2	QL (400 EA per 30 days)
BD ECCENTRIC TIP SYRINGE	Tier 2	QL (400 EA per 30 days)
BD ECLIPSE LUER-LOK NEEDLE	Tier 2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 1 ML 30 GAUGE X 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8"	Tier 2	QL (400 EA per 30 days)
BD ECLIPSE NEEDLE 21 GAUGE X 1", 25 GAUGE X 1"	Tier 2	
BD FILTER NEEDLE 5-MICRON NOKO	Tier 2	
BD FILTER NEEDLE-5 MICRON	Tier 2	
BD INSULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
BD INSULIN SYRINGE (HALF UNIT)	Tier 2	QL (400 EA per 30 days)
BD INSULIN SYRINGE MICRO-FINE	Tier 2	QL (400 EA per 30 days)
BD INSULIN SYRINGE U-500	Tier 2	QL (400 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE	Tier 2	QL (400 EA per 30 days)
BD INTEGRA SYRINGE	Tier 2	QL (400 EA per 30 days)
BD INTERLINK BLUNT PLASTIC CAN	Tier 2	QL (400 EA per 30 days)
BD INTERLINK SYRINGE	Tier 2	QL (400 EA per 30 days)
BD INTRADERMAL BEVEL NEEDLES	Tier 2	
BD LO-DOSE MICRO-FINE IV	Tier 2	QL (400 EA per 30 days)
BD LUER-LOK BULK SYRINGE	Tier 2	QL (400 EA per 30 days)
BD LUER-LOK SYRINGE	Tier 2	QL (400 EA per 30 days)

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

Drug Name	Tier	Restrictions/Limits
BD ULTRA-FINE MINI PEN NEEDLE	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE	Tier 2	QL (400 EA per 30 days)
BD ULTRA-FINE SHORT PEN NEEDLE	Tier 2	
BD VEO INSULIN SYR (HALF UNIT)	Tier 2	QL (400 EA per 30 days)
BD VEO INSULIN SYRINGE UF	Tier 2	QL (400 EA per 30 days)
BD VERITOR AT-HOME COVID19 TST	Tier 0	QL (8 EA per 30 days)
BINAXNOW COVD AG CARD HOME TST	Tier 0	QL (8 EA per 30 days)
BINAXNOW COVID-19 AG SELF TEST	Tier 0	QL (8 EA per 30 days)
BIOLON	Tier 1	
<i>blunt needle, disposable</i>	Tier 2	
BLUNT SPINAL NEEDLE	Tier 2	
BREATHERITE SPACER-MASK, NEO.	Tier 2	
BREATHERITE SPACER-MASK,ADULT	Tier 2	
BREATHERITE SPACER-MASK,CHILD	Tier 2	
BREATHERITE SPACER-MASK,INFANT	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD	Tier 2	
BULLSEYE MINI SAFETY LANCETS	Tier 2	QL (204 EA per 30 days)
BUTTERFLY TOUCH LANCET	Tier 2	QL (204 EA per 30 days)
CAREONE LANCING DEVICE	Tier 2	
CAREONE ULTRA THIN LANCET	Tier 2	QL (204 EA per 30 days)
CAREPOINT LUER LOCK SYR-NEEDLE	Tier 2	QL (400 EA per 30 days)
CARESTART COVID-19 AG HOME TST	Tier 0	QL (8 EA per 30 days)
CARETOUCH LANCING DEVICE	Tier 2	
CARETOUCH LUER LOCK SYR-NEEDLE	Tier 2	QL (400 EA per 30 days)
CARETOUCH TWIST LANCET	Tier 2	QL (204 EA per 30 days)
CELLTRION DIATRUST COV-19 HOME	Tier 0	QL (8 EA per 30 days)
CHEMO TRANSFER PIN	Tier 2	
CLEVER CHEK LANCETS	Tier 2	QL (204 EA per 30 days)
CLEVER CHOICE CHAMBER-LRG MASK	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK	Tier 2	
CLINITEST COVID-19 HOME TEST	Tier 0	QL (8 EA per 30 days)
COAGUCHEK LANCETS	Tier 2	QL (204 EA per 30 days)
COLOR LANCETS	Tier 2	QL (204 EA per 30 days)
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE	Tier 2	QL (204 EA per 30 days)
COMPACT SPACE CHAMBER-LRG MASK	Tier 2	
COMPACT SPACE CHAMBER-MED MASK	Tier 2	
COMPACT SPACE CHAMBER-SM MASK	Tier 2	

Drug Name	Tier	Restrictions/Limits
COVID-19 AT-HOME TEST	Tier 0	QL (8 EA per 30 days)
CYCLOTENS STARTER	Tier 2	
DAVOL IRRIGATION SYRINGE	Tier 2	QL (400 EA per 30 days)
DAVOL PISTON IRRIGATION	Tier 2	QL (400 EA per 30 days)
DEXCOM G6 RECEIVER	Tier 2	PA; ST; QL (1 EA per 1 LIFETIME); \$0 on Diabetic Plans
DEXCOM G6 SENSOR	Tier 2	PA; ST; QL (3 EA per 30 days); \$0 on Diabetic Plans
DEXCOM G6 TRANSMITTER	Tier 2	PA; ST; QL (1 EA per 90 days); \$0 on Diabetic Plans
DEXCOM G7 RECEIVER	Tier 2	ST; \$0 on Diabetic Plans
DEXCOM G7 SENSOR	Tier 2	ST; \$0 on Diabetic Plans
DROPLET GENTEL LANCING DEVICE	Tier 2	
DROPLET LANCETS	Tier 2	QL (204 EA per 30 days)
DROPLET LANCING DEVICE	Tier 2	
EASIVENT MASK LARGE	Tier 2	
EASIVENT MASK MEDIUM	Tier 2	
EASIVENT MASK SMALL	Tier 2	
EASY COMFORT LANCETS	Tier 2	QL (204 EA per 30 days)
EASY MINI EJECT LANCING DEVICE	Tier 2	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
EASY TOUCH FLURINGE	Tier 2	QL (400 EA per 30 days)
EASY TOUCH FLURINGE FLIPLOCK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH FLURINGE SHEATHLOCK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH LANCETS	Tier 2	QL (204 EA per 30 days)
EASY TOUCH LANCING DEVICE	Tier 2	
EASY TOUCH SAFETY LANCETS	Tier 2	QL (204 EA per 30 days)
EASY TOUCH SYRINGE	Tier 2	QL (400 EA per 30 days)
EASY TOUCH TUBERCULIN FLIPLOCK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH TUBERCULIN SHEATHLK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH TWIST LANCETS	Tier 2	QL (204 EA per 30 days)
EASY TWIST AND CAP LANCETS	Tier 2	QL (204 EA per 30 days)
ECLIPSE SYRINGE	Tier 2	QL (400 EA per 30 days)
ELLUME COVID-19 HOME TEST	Tier 0	QL (8 EA per 30 days)
EMBRACE LANCETS	Tier 2	QL (204 EA per 30 days)
EMBRACE LANCING DEVICE	Tier 2	
EMBRACE PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	

Drug Name	Tier	Restrictions/Limits
EMBRACE SAFETY LANCET	Tier 2	QL (204 EA per 30 days)
EXCEL SYRINGE	Tier 2	QL (400 EA per 30 days)
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2"	Tier 2	
EXEL SYRINGE SYRINGE 10 ML, 3 ML 27 GAUGE X 1 1/4", 30 ML, 50 ML	Tier 2	QL (400 EA per 30 days)
E-Z JECT LANCETS	Tier 1	QL (204 EA per 30 days)
E-Z JECT THIN LANCETS	Tier 1	QL (204 EA per 30 days)
EZ SMART LANCETS	Tier 2	QL (204 EA per 30 days)
FEMCAP	Tier 0	QL (1 EA per 365 days)
<i>filter needles needle 18 gauge x 1 1/2"</i>	Tier 2	
FINGERSTIX LANCETS	Tier 2	QL (204 EA per 30 days)
FLEXICHAMBER-LG CHILD MASK	Tier 2	
FLEXICHAMBER-SM ADULT MASK	Tier 2	
FLEXICHAMBER-SM CHILD MASK	Tier 2	
FLOW-EZE VENTED NEEDLE	Tier 2	
FLOWFLEX COVID-19 AG HOME TEST	Tier 0	QL (8 EA per 30 days)
FORA LANCING DEVICE	Tier 2	
FORACARE LANCETS	Tier 2	QL (204 EA per 30 days)
FREESTYLE LANCETS	Tier 2	QL (204 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA; ST; QL (1 EA per 1 Lifetime); \$0 on Diabetic Plans
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	PA; ST; QL (2 EA per 28 days); \$0 on Diabetic Plans
FREESTYLE LIBRE 2 READER	Tier 2	PA; ST; QL (1 EA per 1 Lifetime); \$0 on Diabetic Plans
FREESTYLE LIBRE 2 SENSOR	Tier 2	PA; ST; QL (2 EA per 28 days); \$0 on Diabetic Plans
FREESTYLE UNISTIK 2	Tier 2	QL (204 EA per 30 days)
GENABIO COVID-19 RAPID AT-HOME	Tier 0	QL (8 EA per 30 days)
GLUCOCOM LANCETS	Tier 2	QL (204 EA per 30 days)
GLUCOSE KETONE CONTROL SOLN	Tier 2	QL (4 EA per 365 days)
GOJJI LANCETS	Tier 2	QL (204 EA per 30 days)
GOJJI LANCING DEVICE	Tier 2	

Drug Name	Tier	Restrictions/Limits
HEALTHY ACCENTS AUTOLET	Tier 2	
HEALTHY ACCENTS UNILET LANCET	Tier 2	QL (204 EA per 30 days)
<i>huber safety needles (disp.)</i>	Tier 1	
HURRICANE LUER-LOCK DIS CAP	Tier 2	
HYPODERMIC NEEDLES	Tier 2	
HYPOLANCE AST LANCING	Tier 2	
IHEALTH COVID-19 AG HOME TEST	Tier 0	QL (8 EA per 30 days)
INCONTROL LANCING DEVICE	Tier 2	
INCONTROL SUPER THIN LANCETS	Tier 2	QL (204 EA per 30 days)
INCONTROL ULTRA THIN LANCETS	Tier 2	QL (204 EA per 30 days)
INDICAID COVID-19 AG HOME TEST	Tier 0	QL (8 EA per 30 days)
INJECT EASE LANCETS	Tier 2	QL (204 EA per 30 days)
INJECT-EASE	Tier 2	QL (400 EA per 30 days)
INSULIN SYRINGE MICROFINE	Tier 2	QL (400 EA per 30 days)
INTEGRA SYRINGE	Tier 2	QL (400 EA per 30 days)
INTELISWAB COVID-19 HOME TEST	Tier 0	QL (8 EA per 30 days)
INTERLINK SYRINGE CANNULA	Tier 2	QL (400 EA per 30 days)
INVACARE LANCETS	Tier 2	QL (204 EA per 30 days)
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge</i>	Tier 2	QL (204 EA per 30 days)
LANCETS, SUPER THIN	Tier 2	QL (204 EA per 30 days)
LANCETS,THIN	Tier 2	QL (204 EA per 30 days)
LANCETS,ULTRA THIN	Tier 2	QL (204 EA per 30 days)
<i>lancing device</i>	Tier 2	
<i>lancing device with lancets kit</i>	Tier 2	
LANCING SYSTEM	Tier 2	
LANZO LANCING DEVICE	Tier 2	
LIFESHIELD BLUNT CANNULA NEEDLE	Tier 2	
LIFESHIELD BLUNT CANNULA SYRINGE	Tier 2	QL (400 EA per 30 days)
LITE TOUCH LANCETS	Tier 2	QL (204 EA per 30 days)
LITE TOUCH LANCING DEVICE	Tier 2	
LITE TOUCH-MEDIUM MASK	Tier 2	
LITETOUGH-LARGE MASK	Tier 2	
LITETOUGH-SMALL MASK	Tier 2	
LUER LOCK SYRINGE SYRINGE 30 ML	Tier 2	QL (400 EA per 30 days)
LUER-LOK TIP	Tier 2	QL (400 EA per 30 days)
MAGELLAN SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
MAGELLAN TUBERCULIN SAFETY SYR	Tier 2	QL (400 EA per 30 days)
MEDISENSE MID CONTROL	Tier 2	QL (4 EA per 365 days)
MEDISENSE THIN LANCETS	Tier 2	QL (204 EA per 30 days)
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE	Tier 1	QL (204 EA per 30 days)
MEDLANCE PLUS LANCETS 30 GAUGE	Tier 2	QL (204 EA per 30 days)
MEDLANCE PLUS SPECIAL BLADE	Tier 2	
MICRO THIN LANCETS	Tier 2	QL (204 EA per 30 days)
MICROLET 2 LANCING DEVICE	Tier 2	
MICROLET LANCET	Tier 2	QL (204 EA per 30 days)
MICROLET NEXT LANCING DEVICE	Tier 2	
MINI LANCING DEVICE	Tier 2	
MINI TRANSFER PIN	Tier 2	
MINIMED QUICK-SERTER (MMT-395)	Tier 2	
MONOJECT 0.9% SODIUM CHLORIDE	Tier 1	
MONOJECT 140CC PISTON SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT 35CC SYRINGE CATH TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT 3CC SYR 25GX1"	Tier 2	QL (400 EA per 30 days)
MONOJECT ALLERGY TRAY	Tier 2	QL (400 EA per 30 days)
MONOJECT ALLERGY TRAY DETACH	Tier 2	QL (400 EA per 30 days)
MONOJECT BLOOD COLLECTION	Tier 2	
MONOJECT BLUNT CANNULAS	Tier 2	
MONOJECT CONTROL SYRINGE LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT DISPOSABLE SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT ECCENTRIC NON-STERILE	Tier 2	QL (400 EA per 30 days)
MONOJECT FILTER ASPIRATOR	Tier 2	
MONOJECT FILTER NEEDLE	Tier 2	
MONOJECT HYPODERMIC NEEDLES	Tier 2	
MONOJECT HYPODERMIC POLYPROPYL	Tier 2	
MONOJECT LUER-LOCK TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT MAGELLAN SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT MEDICATION TRANSF NDL	Tier 2	
MONOJECT PHARMACY TRAY LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT PHARMACY TRAY REG TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT PREFILL ADVANCED NS	Tier 1	
MONOJECT REG TIP NON-STERILE	Tier 2	QL (400 EA per 30 days)
MONOJECT REGULAR LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT SAFETY LUER LOCK TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT SAFETY SYRINGES	Tier 2	QL (400 EA per 30 days)

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

Drug Name	Tier	Restrictions/Limits
OMNIPOD 5 G6 INTRO KIT (GEN 5)	Tier 2	PA
OMNIPOD 5 G6 PODS (GEN 5)	Tier 2	PA; QL (10 EA per 21 days)
OMNIPOD DASH INTRO KIT (GEN 4)	Tier 2	PA
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	PA
OMNIPOD DASH PODS (GEN 4)	Tier 2	PA; QL (10 EA per 21 Days)
ON CALL LANCET	Tier 2	QL (204 EA per 30 days)
ON CALL LANCING DEVICE	Tier 2	
ON CALL PLUS LANCET	Tier 2	QL (204 EA per 30 days)
ON CALL PLUS LANCING DEVICE	Tier 2	
ONE WAY VALVED MOUTHPIECE	Tier 2	
ONETOUCH DELICA PLUS LANC DEV	Tier 2	
ONETOUCH DELICA PLUS LANCET	Tier 2	QL (204 EA per 30 days)
ONETOUCH VERIO FLEX METER	Tier 2	QL (1 EA per 1 LIFETIME); \$0 on Diabetic Plans
ONETOUCH VERIO HIGH CONTROL	Tier 2	QL (4 EA per 365 days)
ONETOUCH VERIO MID CONTROL	Tier 2	QL (4 EA per 365 days)
ON-GO COVID-19 AG AT HOME TEST	Tier 0	QL (8 EA per 30 days)
ON-THE-GO LANCETS	Tier 2	QL (204 EA per 30 days)
OPTICHAMBER ADULT MASK-LARGE	Tier 2	
OPTICHAMBER DIAMOND LG MASK	Tier 2	
OPTICHAMBER DIAMOND-MED MSK	Tier 2	
OPTICHAMBER DIAMOND-SML MASK	Tier 2	
PANDA MASK	Tier 2	
PEDIATRIC MEDIUM MASK	Tier 2	
PEDIATRIC PANDA MASK	Tier 2	
PEDIATRIC SMALL MASK	Tier 2	
PILOT COVID-19 AT-HOME TEST	Tier 0	QL (8 EA per 30 days)
PIP LANCET	Tier 2	QL (204 EA per 30 days)
POLY HUB NEEDLE	Tier 2	
PRECISION XTRA B-KETONE	Tier 2	
PRESSURE ACTIVATED LANCETS	Tier 2	QL (204 EA per 30 days)
PRO COMFORT LANCET	Tier 2	QL (204 EA per 30 days)
PRO COMFORT SPACER-ADULT MASK	Tier 2	
PROCARE SPACER WITH ADULT MASK	Tier 2	
PROCARE SPACER WITH CHILD MASK	Tier 2	
PRODIGY COUNT-A-DOSE	Tier 2	QL (400 EA per 30 days)
PRODIGY LANCETS	Tier 2	QL (204 EA per 30 days)
PRODIGY LANCING DEVICE	Tier 2	
PRODIGY TWIST TOP LANCET	Tier 2	QL (204 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
PULMOSAL	Tier 1	
PURE COMFORT LANCETS	Tier 2	QL (204 EA per 30 days)
PURE COMFORT SAFETY LANCETS	Tier 2	QL (204 EA per 30 days)
PUSH BUTTON SAFETY LANCETS 28 GAUGE	Tier 2	QL (204 EA per 30 days)
QUICKVUE AT-HOME COVID-19 TEST	Tier 0	QL (8 EA per 30 days)
READYLANCE SAFETY LANCETS	Tier 2	QL (204 EA per 30 days)
RELIAMED LANCET 28 GAUGE, 30 GAUGE	Tier 2	QL (204 EA per 30 days)
RELIAMED MINI LANCING DEVICE	Tier 2	
RELIAMED SAFETY SEAL LANCETS	Tier 2	QL (204 EA per 30 days)
RIGHTEST GD500 LANCING DEVICE	Tier 2	
RIGHTEST GL300 LANCETS	Tier 2	QL (204 EA per 30 days)
SAFESNAP SYRINGE SYRINGE 10 ML, 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1"	Tier 2	QL (400 EA per 30 days)
SAFETY LANCETS	Tier 2	QL (204 EA per 30 days)
safety needles	Tier 2	
SAFETY SEAL LANCETS	Tier 2	QL (204 EA per 30 days)
SAFETY-LET LANCETS	Tier 2	QL (204 EA per 30 days)
SIDESTREAM PEDIATRIC FACE MASK	Tier 2	
SILICONE MASK - INFANT	Tier 2	
SILICONE MASK - PEDIATRIC	Tier 2	
SIL-SERTER	Tier 2	
SINGLE-LET	Tier 2	QL (204 EA per 30 days)
SMART SENSE LANCETS	Tier 2	QL (204 EA per 30 days)
SMARTDIABETES VANTAGE	Tier 2	
SMARTTEST LANCET	Tier 2	QL (204 EA per 30 days)
sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %	Tier 1	
sodium chloride inhalation solution for nebulization 10 %	Tier 1	QL (4 ML per 1 day)
SOFT TOUCH LANCETS	Tier 2	QL (204 EA per 30 days)
SOLUS V2 LANCETS	Tier 2	QL (204 EA per 30 days)
SOLUS V2 LANCING DEVICE	Tier 2	

Drug Name	Tier	Restrictions/Limits
SPACE CHAMBER WITH LARGE MASK	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK	Tier 2	
SPACE CHAMBER WITH SMALL MASK	Tier 2	
SPEEDYSWAB COVID-19 HOME TEST	Tier 0	QL (8 EA per 30 days)
STERILANCE TL	Tier 2	QL (204 EA per 30 days)
SUPER THIN LANCETS	Tier 2	QL (204 EA per 30 days)
SURE COMFORT LANCETS	Tier 2	QL (204 EA per 30 days)
SURE COMFORT LANCING PEN	Tier 2	
SUREFLEX DEVICE WITH LANCETS	Tier 2	
SUREFLEX LANCING DEVICE	Tier 2	
SURE-LANCE	Tier 2	QL (204 EA per 30 days)
SURE-LANCE ULTRA THIN	Tier 2	QL (204 EA per 30 days)
SURE-PEN LANCING DEVICE	Tier 2	
SURE-TOUCH LANCET	Tier 2	QL (204 EA per 30 days)
SURGIFOAM TOPICAL SPONGE 12-7 MM	Tier 1	
SURGUARD2 SAFETY NEEDLE	Tier 2	
SURGUARD2 SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
syringe (disposable)	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/20GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/21GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/21GX1-1/2"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/22GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/22GX3/4"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/25GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE TIP CONNECTOR	Tier 2	QL (400 EA per 30 days)
syringe with needle syringe 1 ml 25 gauge x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2"	Tier 2	QL (400 EA per 30 days)
SYRINGE WITHOUT NEEDLE	Tier 2	QL (400 EA per 30 days)
TECHLITE INSULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
TECHLITE INSULN SYR(HALF UNIT)	Tier 2	QL (400 EA per 30 days)
TECHLITE LANCETS	Tier 2	QL (204 EA per 30 days)
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16"	Tier 2	
TECHLITE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	QL (200 EA per 30 days)
TEL CARE LANCETS	Tier 2	QL (204 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
TERUMO ALLERGY SYRINGE	Tier 2	QL (400 EA per 30 days)
TERUMO HYPODERMIC NEEDLE/SYRIN	Tier 2	QL (400 EA per 30 days)
TERUMO SYRINGE	Tier 2	QL (400 EA per 30 days)
THIN LANCETS	Tier 2	QL (204 EA per 30 days)
TOOMEY SYRINGE	Tier 2	QL (400 EA per 30 days)
TOPCARE UNIVERSAL1 LANCET	Tier 2	QL (204 EA per 30 days)
TRANSFER PIN	Tier 2	
TRUE COMFORT LANCET	Tier 2	QL (204 EA per 30 days)
TRUEDRAW LANCING DEVICE	Tier 2	
TRUEPLUS LANCETS	Tier 2	QL (204 EA per 30 days)
TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
<i>tuberculin-allergy syringes</i>	Tier 2	QL (400 EA per 30 days)
TWIST LANCETS	Tier 2	QL (204 EA per 30 days)
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2"	Tier 2	QL (400 EA per 30 days)
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 2	QL (400 EA per 30 days)
ULTICARE TB SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
ULTI-LANCE	Tier 2	
ULTILET BASIC LANCETS	Tier 2	QL (204 EA per 30 days)
ULTILET CLASSIC LANCETS	Tier 2	QL (204 EA per 30 days)
ULTILET LANCETS	Tier 2	QL (204 EA per 30 days)
ULTILET SAFETY LANCETS	Tier 2	QL (204 EA per 30 days)
ULTRA THIN II LANCETS	Tier 2	QL (204 EA per 30 days)
ULTRA THIN LANCETS	Tier 2	QL (204 EA per 30 days)
ULTRA THIN PLUS LANCETS	Tier 2	QL (204 EA per 30 days)
ULTRA TLC LANCETS	Tier 2	QL (204 EA per 30 days)
ULTRA-CARE LANCETS	Tier 2	QL (204 EA per 30 days)
ULTRALANCE LANCETS	Tier 2	QL (204 EA per 30 days)
ULTRA-THIN II LANCETS	Tier 2	QL (204 EA per 30 days)
UNILET COMFORTOUCH LANCET	Tier 2	QL (204 EA per 30 days)
UNILET GP LANCET	Tier 2	QL (204 EA per 30 days)
UNILET LANCET	Tier 2	QL (204 EA per 30 days)
UNILET LANCETS	Tier 2	QL (204 EA per 30 days)
UNILET SUPER THIN LANCETS	Tier 2	QL (204 EA per 30 days)
UNISTIK 2 DEVICE	Tier 2	
UNISTIK 2 NORMAL LANCET,DEVICE	Tier 2	
UNISTIK 3	Tier 2	
UNISTIK 3 COMFORT DEVICE	Tier 2	
UNISTIK 3 COMFORT LANCET	Tier 2	QL (204 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
UNISTIK 3 EXTRA LANCET	Tier 2	QL (204 EA per 30 days)
UNISTIK 3 GENTLE	Tier 2	QL (204 EA per 30 days)
UNISTIK 3 NORMAL LANCET	Tier 2	QL (204 EA per 30 days)
UNISTIK COMFORT LANCETS	Tier 2	QL (204 EA per 30 days)
UNISTIK CZT LANCET	Tier 2	QL (204 EA per 30 days)
UNISTIK EXTRA LANCETS	Tier 2	QL (204 EA per 30 days)
UNISTIK NORMAL LANCETS	Tier 2	QL (204 EA per 30 days)
UNISTIK PRO LANCET	Tier 2	QL (204 EA per 30 days)
UNISTIK SAFETY	Tier 2	QL (204 EA per 30 days)
UNISTIK TOUCH LANCETS	Tier 2	QL (204 EA per 30 days)
UNIVERSAL 1 LANCETS	Tier 2	QL (204 EA per 30 days)
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2"	Tier 2	QL (400 EA per 30 days)
VANISHPOINT TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
VIVAGUARD LANCET	Tier 2	QL (204 EA per 30 days)
VIVAGUARD LANCING DEVICE	Tier 2	
VORTEX ADULT MASK	Tier 2	
VORTEX VHC FROG MASK-CHILD	Tier 2	
VORTEX VHC LADYBUG MASK-TODDLR	Tier 2	
YALE DISPOSABLE NEEDLES	Tier 2	
DIAGNOSTIC AGENTS		
DIABETES MELLITUS		
ONETOUCH VERIO TEST STRIPS	Tier 2	QL (50 EA per 30 days); \$0 on Diabetic Plans
DIAGNOSTIC AGENTS		
GLUCAGEN DIAGNOSTIC KIT	Tier 2	
<i>glucagon hcl injection recon soln 1 mg/ml</i>	Tier 2	
KETONES		
KETONE CARE	Tier 2	
KETONE URINE TEST	Tier 2	
KETOSTIX	Tier 2	
TRUEPLUS KETONE	Tier 2	
OCULAR DISORDERS		
BIOGLO	Tier 1	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG	Tier 1	

Drug Name	Tier	Restrictions/Limits
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS		
MD-GASTROVIEW	Tier 1	
SUGAR		
DIASTIX	Tier 2	
URINE AND FECES CONTENTS		
CHEK-STIX CONTROL	Tier 2	
CHEMSTRIP 10 MD	Tier 2	
CHEMSTRIP 10/SG	Tier 2	
CHEMSTRIP 2 GP	Tier 2	
CHEMSTRIP 50B	Tier 2	
CHEMSTRIP 7	Tier 2	
CHEMSTRIP 9	Tier 2	
COMBISTIX REAGENT	Tier 2	
HEMA-COMBISTIX	Tier 2	
KETO-DIASTIX	Tier 2	
LABSTIX REAGENT	Tier 2	
MULTISTIX	Tier 2	
MULTISTIX 10 SG	Tier 2	
MULTISTIX 5	Tier 2	
MULTISTIX 7	Tier 2	
MULTISTIX 8 SG	Tier 2	
MULTISTIX 9	Tier 2	
MULTISTIX 9 SG	Tier 2	
URISTIX 4	Tier 2	
URISTIX REAGENT	Tier 2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
<i>potassium citrate oral tablet extended release</i>	Tier 1	
AMMONIA DETOXICANTS		
ENULOSE	Tier 1	
<i>lactulose oral solution</i>	Tier 1	
CALORIC AGENTS		
ACD SOLUTION A	Tier 2	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML	Tier 2	
DEX4 GLUCOSE BITS	Tier 1	
DEX4 GLUCOSE ORAL TABLET,CHEWABLE	Tier 1	

Drug Name	Tier	Restrictions/Limits
DEX4 GLUCOSE POUCH PACK	Tier 1	
DEX4 GLUCOSE QUICK DISSOLVE	Tier 1	
<i>dextrose oral gel</i>	Tier 1	
ENFAMIL GLUCOSE	Tier 2	
GLUCO BURST	Tier 1	
GLUCOSE BITS	Tier 1	
GLUCOSE GEL	Tier 1	
<i>glucose oral tablet, chewable 4 gram</i>	Tier 1	
GLUTOL GEL	Tier 2	
GLUTOSE-5	Tier 1	
RELION GLUCOSE	Tier 1	
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	Tier 1	
DIURETICS, MISCELLANEOUS		
ELIXOPHYLLIN	Tier 2	
THEO-24	Tier 2	
<i>theophylline oral elixir</i>	Tier 1	
<i>theophylline oral solution</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr</i>	Tier 1	
IRRIGATING SOLUTIONS		
DELFLEX WITH 2.5 % DEXTROSE	Tier 1	
DELFLEX-LC/1.5% DEXTROSE	Tier 1	
DELFLEX-LC/2.5% DEXTROSE	Tier 1	
DELFLEX-LC/4.25% DEXTROSE	Tier 1	
EXTRANEAL 7.5 %	Tier 2	
GLYCINE UROLOGIC	Tier 1	
<i>glycine urologic solution</i>	Tier 1	
LOOP DIURETICS		
<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	
PHOSPHATE-REMOVING AGENTS		
AURYXIA	Tier 2	
<i>calcium acetate(phosphat bind)</i>	Tier 1	QL (360 EA per 30 days)
<i>lanthanum</i>	Tier 1	PA; QL (90 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>sevelamer carbonate oral tablet</i>	Tier 1	PA; QL (270 EA per 30 days)
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	PA; QL (90 EA per 30 days)
VELPHORO	Tier 3	QL (120 EA per 30 days)
POTASSIUM-REMOVING AGENTS		
<i>sodium polystyrene sulfonate</i>	Tier 1	
SPS (WITH SORBITOL)	Tier 1	
POTASSIUM-SPARING DIURETICS		
<i>amiloride</i>	Tier 1	
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>spironolactone</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	
REPLACEMENT PREPARATIONS		
BD POSIFLUSH NORMAL SALINE 0.9	Tier 1	
<i>cardioplegic soln</i>	Tier 1	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON 10	Tier 1	
KLOR-CON 8	Tier 1	
KLOR-CON M10	Tier 1	
KLOR-CON M15	Tier 1	
KLOR-CON M20	Tier 1	
KLOR-CON/EF	Tier 1	
MONOJECT 0.9% SODIUM CHLORIDE	Tier 1	
MONOJECT PREFILL ADVANCED NS	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
NORMAL SALINE FLUSH	Tier 1	
ONE DAILY PREGNATAL	Tier 0	
<i>potassium chloride oral capsule, extended release</i>	Tier 1	
<i>potassium chloride oral liquid</i>	Tier 1	
<i>potassium chloride oral tablet extended release</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	Tier 1	
PREGNATAL COMPLETE	Tier 0	

Drug Name	Tier	Restrictions/Limits
PRENATAL ONE DAILY	Tier 0	
PRENATAL TABLET	Tier 0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0	
PRENATAL VITAMIN WITH MINERALS	Tier 0	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0	
PULMOSAL	Tier 1	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 10 %</i>	Tier 1	QL (4 ML per 1 day)
THIAZIDE DIURETICS		
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>olmesartan-amldipin-hcthiazid</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
THIAZIDE-LIKE DIURETICS		
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
<i>indapamide</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>metolazone</i>	Tier 1	
URICOSURIC AGENTS		
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	ST
VASOPRESSIN ANTAGONISTS		
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)
<i>tolvaptan oral tablet 15 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
ENZYMES		
ENZYMES		
PULMOZYME	Tier 4	PA; QL (2.5 ML per 1 day)
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT)		
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	Tier 1	
<i>brimonidine-timolol</i>	Tier 1	
ANTIALLERGIC AGENTS		
ALOMIDE	Tier 2	
<i>azelastine nasal aerosol,spray</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	Tier 1	
<i>azelastine ophthalmic (eye)</i>	Tier 1	
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
<i>cromolyn ophthalmic (eye)</i>	Tier 1	
<i>epinastine</i>	Tier 1	
LASTACAFIT ONCE DAILY RELIEF	Tier 3	
<i>olopatadine nasal</i>	Tier 1	QL (31 GM per 30 days)
<i>olopatadine ophthalmic (eye)</i>	Tier 1	
ZERVIADE	Tier 2	
ANTIBACTERIALS (EENT)		
AZASITE	Tier 2	
<i>bacitracin ophthalmic (eye)</i>	Tier 1	
<i>bacitracin-polymyxin b</i>	Tier 1	
CIPRO HC	Tier 3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	Tier 1	
<i>ciprofloxacin hcl otic (ear)</i>	Tier 1	
<i>ciprofloxacin-dexamethasone</i>	Tier 1	ST
<i>ciprofloxacin-fluocinolone</i>	Tier 2	

Drug Name	Tier	Restrictions/Limits
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<i>erythromycin ophthalmic (eye)</i>	Tier 1	
<i>gatifloxacin</i>	Tier 1	
<i>gentamicin ophthalmic (eye)</i>	Tier 1	
<i>levofloxacin ophthalmic (eye)</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye)</i>	Tier 1	
<i>neomycin-bacitracin-poly-hc</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
<i>neomycin-polymyxin-hc</i>	Tier 1	
NEO-POLYCIN	Tier 1	
NEO-POLYCIN HC	Tier 1	
<i>ofloxacin ophthalmic (eye)</i>	Tier 1	QL (10 ML per 30 days)
<i>ofloxacin otic (ear)</i>	Tier 1	
POLYCIN	Tier 1	
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	Tier 1	
<i>sulfacetamide-prednisolone</i>	Tier 1	
<i>tobramycin ophthalmic (eye)</i>	Tier 1	
<i>tobramycin-dexamethasone</i>	Tier 1	
ANTIFUNGALS (EENT)		
NATACYN	Tier 2	QL (15 ML per 30 days)
ANTIVIRALS (EENT)		
<i>trifluridine</i>	Tier 1	
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>brimonidine-timolol</i>	Tier 1	
<i>carteolol</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	Tier 1	
<i>levobunolol</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	Tier 2	
CARBONIC ANHYDRASE INHIBITORS (EENT)		
acetazolamide	Tier 1	
brinzolamide	Tier 1	PA
dorzolamide	Tier 1	
dorzolamide-timolol	Tier 1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	Tier 1	
methazolamide	Tier 1	
CORTICOSTEROIDS (EENT)		
azelastine-fluticasone	Tier 1	ST; QL (23 GM per 30 days)
CIPRO HC	Tier 3	
ciprofloxacin-dexamethasone	Tier 1	ST
ciprofloxacin-fluocinolone	Tier 2	
dexamethasone sodium phosphate ophthalmic (eye)	Tier 1	
FLONASE ALLERGY RELIEF	Tier 1	QL (16 ML per 30 days)
flunisolide	Tier 1	ST; QL (50 ML per 30 days)
fluocinolone acetonide oil	Tier 1	
fluorometholone	Tier 1	
fluticasone propionate nasal	Tier 1	QL (16 GM per 30 days)
hydrocortisone-acetic acid	Tier 1	QL (10 ML per 30 days)
loteprednol etabonate ophthalmic (eye) drops, suspension	Tier 1	
mometasone nasal	Tier 1	ST; QL (17 GM per 30 days)
neomycin-bacitracin-poly-hc	Tier 1	
neomycin-polymyxin b-dexameth	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye)	Tier 1	
NEO-POLYCIN HC	Tier 1	
prednisolone acetate	Tier 1	
prednisolone sodium phosphate ophthalmic (eye)	Tier 1	
tobramycin-dexamethasone	Tier 1	
EENT ANTI-INFECTIVES, MISCELLANEOUS		
acetic acid otic (ear)	Tier 1	
chlorhexidine gluconate mucous membrane	Tier 1	
hydrocortisone-acetic acid	Tier 1	QL (10 ML per 30 days)
PAROEX ORAL RINSE	Tier 1	
PERIOGARD	Tier 1	

Drug Name	Tier	Restrictions/Limits
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
cyclosporine ophthalmic (eye)	Tier 1	QL (60 EA per 30 days)
EENT DRUGS, MISCELLANEOUS		
apraclonidine	Tier 1	
BALANCED SALT	Tier 1	
BSS	Tier 1	
IOPIDINE	Tier 2	
ipratropium bromide nasal	Tier 1	QL (30 ML per 30 days)
OCUCOAT	Tier 1	
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
bromfenac	Tier 1	
diclofenac sodium ophthalmic (eye)	Tier 1	
flurbiprofen sodium	Tier 1	
ketorolac ophthalmic (eye) drops 0.4 %	Tier 1	QL (5 ML per 30 days)
ketorolac ophthalmic (eye) drops 0.5 %	Tier 1	
LOCAL ANESTHETICS (EENT)		
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	Tier 1	
LIDOCAINE VISCOSUS	Tier 1	QL (100 ML per 30 days)
proparacaine	Tier 1	
MIOTICS		
PHOSPHOLINE IODIDE	Tier 4	
pilocarpine hcl ophthalmic (eye)	Tier 1	
MOUTHWASHES AND GARGLES		
hydrogen peroxide	Tier 1	
MYDRIATICS		
atropine ophthalmic (eye) drops	Tier 1	
atropine ophthalmic (eye) ointment	Tier 1	
cyclopentolate	Tier 1	
HOMATROPAIRE	Tier 1	
tropicamide	Tier 1	
PROSTAGLANDIN ANALOGS		
bimatoprost ophthalmic (eye)	Tier 1	ST
latanoprost	Tier 1	
tafluprost (pf)	Tier 1	ST
travoprost	Tier 1	ST

Drug Name	Tier	Restrictions/Limits
GASTROINTESTINAL DRUGS		
5-HT3 RECEPTOR ANTAGONISTS		
AKYNZEO (NETUPITANT)	Tier 3	QL (1 EA per 30 days)
<i>gransetron 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)
ANTIDIARRHEA AGENTS		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE	Tier 1	QL (2 EA per 1 day)
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
<i>loperamide oral capsule</i>	Tier 1	QL (2 EA per 1 day)
MOTOFEN	Tier 3	PA; QL (8 EA per 1 Day)
ANTIEMETICS, MISCELLANEOUS		
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>dronabinol</i>	Tier 1	PA
<i>scopolamine base</i>	Tier 1	
ANTIHISTAMINES (GI DRUGS)		
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>prochlorperazine maleate</i>	Tier 1	
<i>trimethobenzamide</i>	Tier 1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
<i>alosetron</i>	Tier 1	
<i>balsalazide</i>	Tier 1	
DIPENTUM	Tier 2	
<i>mesalamine oral capsule (with del rel tablets)</i>	Tier 1	
<i>mesalamine oral capsule, extended release 24hr</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	Tier 1	
<i>mesalamine rectal enema</i>	Tier 1	
<i>mesalamine with cleansing wipe</i>	Tier 1	
CATHARTICS AND LAXATIVES		
<i>bisacodyl oral</i>	Tier 0	
CITRATE OF MAGNESIA	Tier 0	
CITROMA	Tier 0	
CLEARLAX ORAL POWDER	Tier 0	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM-12 GRAM/160 ML	Tier 0	

Drug Name	Tier	Restrictions/Limits
DULCOLAX (MAGNESIUM HYDROXIDE) ORAL SUSPENSION	Tier 0	
GAVILAX ORAL POWDER	Tier 0	
GAVILYTE-C	Tier 0	
GAVILYTE-G	Tier 0	
GENTLE LAXATIVE (BISACODYL) ORAL	Tier 0	
GENTLELAX	Tier 0	
LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC)	Tier 0	
LAXATIVE PEG 3350	Tier 0	
<i>lubiprostone</i>	Tier 1	QL (60 EA per 30 days)
<i>magnesium citrate oral solution</i>	Tier 0	
<i>magnesium hydroxide</i>	Tier 0	
MILK OF MAGNESIA	Tier 0	
MILK OF MAGNESIA CONCENTRATED	Tier 0	
NATURA-LAX	Tier 0	
ORAL SALINE LAXATIVE	Tier 0	
<i>peg 3350-electrolytes</i>	Tier 0	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	Tier 1	
<i>peg-electrolyte soln</i>	Tier 0	
PHOSPHATE LAXATIVE	Tier 0	
<i>polyethylene glycol 3350 oral powder</i>	Tier 0	
POWDERLAX ORAL POWDER	Tier 0	
PURELAX ORAL POWDER	Tier 0	
SMOOTHLAX ORAL POWDER	Tier 0	
<i>sodium,potassium,mag sulfates</i>	Tier 0	
WOMEN'S GENTLE LAXATIVE(BISAC)	Tier 0	
CHOLELITHOLYTIC AGENTS		
<i>ursodiol</i>	Tier 1	
DIGESTANTS		
CREON	Tier 2	
VIOKACE	Tier 2	
GI DRUGS, MISCELLANEOUS		
<i>adalimumab-adaz</i>	Tier 4	PA
<i>adalimumab-fkjp</i>	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

Drug Name	Tier	Restrictions/Limits
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) 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)
MOVANTIK	Tier 2	PA; QL (30 EA per 30 days)
TRULANCE	Tier 2	PA; QL (1 EA per 1 day)
HISTAMINE H2-ANTAGONISTS		
cimetidine	Tier 1	
famotidine oral suspension	Tier 1	
famotidine oral tablet 20 mg, 40 mg	Tier 1	
ibuprofen-famotidine	Tier 1	
nizatidine	Tier 1	
NEUROKININ-1 RECEPTOR ANTAGONISTS		
AKYNZEO (NETUPITANT)	Tier 3	QL (1 EA per 30 days)
aprepitant oral capsule 125 mg, 40 mg	Tier 1	PA; QL (1 EA per 30 days)
aprepitant oral capsule 80 mg	Tier 1	PA; QL (2 EA per 30 days)
PROKINETIC AGENTS		
metoclopramide hcl oral	Tier 1	
PROSTAGLANDINS		
diclofenac-misoprostol	Tier 1	
misoprostol	Tier 1	QL (4 EA per 1 day)
PROTECTANTS		
sucralfate oral suspension	Tier 1	
sucralfate oral tablet	Tier 1	QL (4 EA per 1 day)
PROTON-PUMP INHIBITORS		
ACID REDUCER (OMEPRAZOLE)	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>amoxicil-clarithromy-lansopraz</i>	Tier 1	QL (112 EA per 30 days)
<i>dexlansoprazole oral capsule,biphasic delayed release 30 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dexlansoprazole oral capsule,biphasic delayed release 60 mg</i>	Tier 1	ST; QL (60 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	Tier 1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	Tier 1	ST
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	Tier 1	
<i>naproxen-esomeprazole</i>	Tier 1	ST
<i>omeprazole magnesium oral capsule,delayed release(dr/ec)</i>	Tier 1	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	Tier 1	PA
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	Tier 1	ST; QL (60 EA per 30 days)
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
<i>deferasirox oral tablet</i>	Tier 4	
<i>deferasirox oral tablet, dispersible</i>	Tier 4	
<i>D-PENAMINE</i>	Tier 2	PA
<i>penicillamine</i>	Tier 1	PA

Drug Name	Tier	Restrictions/Limits
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier 3	QL (13 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	QL (7 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA	Tier 2	QL (13 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 ML per 30 days)
<i>budesonide oral capsule, delayed, extend.release</i>	Tier 1	
<i>budesonide-formoterol</i>	Tier 2	PA; ST; QL (11 GM per 30 days)
<i>cortisone</i>	Tier 1	
DEXAMETHASONE INTENSOL	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	PA; ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	PA; ST; QL (13 GM per 30 days)
EMFLAZA ORAL SUSPENSION	Tier 4	PA; QL (117 ML per 30 days)
EMFLAZA ORAL TABLET 18 MG	Tier 4	PA; QL (30 EA per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG	Tier 4	PA; QL (90 EA per 30 days)
EMFLAZA ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	Tier 2	QL (4 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
<i>fludrocortisone</i>	Tier 1	
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST; QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (11 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>hydrocortisone oral</i>	Tier 1	
<i>methylprednisolone</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	Tier 1	
<i>prednisone</i>	Tier 1	
PREDNISONE INTENSOL	Tier 1	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	Tier 2	QL (11 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	Tier 2	QL (22 GM per 30 days)
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	Tier 1	
<i>miglitol</i>	Tier 1	
AMYLINOMIMETICS		
SYMLINPEN 120	Tier 2	ST; QL (19 ML per 30 days)
SYMLINPEN 60	Tier 2	ST; QL (11 ML per 30 days)
ANDROGENS		
<i>COVARYX</i>	Tier 1	
<i>COVARYX H.S.</i>	Tier 1	
<i>danazol</i>	Tier 1	
<i>EEMT</i>	Tier 1	
<i>EEMT HS</i>	Tier 1	
<i>estrogens-methyltestosterone</i>	Tier 1	
<i>methyltestosterone</i>	Tier 1	
<i>testosterone cypionate</i>	Tier 1	
<i>testosterone enanthate</i>	Tier 1	

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

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

Drug Name	Tier	Restrictions/Limits
CRYSELLE (28)	Tier 0	
CYRED	Tier 0	
CYRED EQ	Tier 0	
DASETTA 1/35 (28)	Tier 0	
DASETTA 7/7/7 (28)	Tier 0	
DAYSEE	Tier 0	QL (1 EA per 1 day)
DEBLITANE	Tier 0	
<i>desog-e.estradiol/e.estradiol</i>	Tier 0	
<i>desogestrel-ethinyl estradiol</i>	Tier 0	
DOLISHALE	Tier 0	QL (1 EA per 1 day)
<i>drosipренone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	Tier 0	
<i>drosipренone-ethinyl estradiol</i>	Tier 0	
ECONTRA EZ	Tier 0	QL (1 EA per 30 days)
ECONTRA ONE-STEP	Tier 0	QL (1 EA per 30 days)
ELINEST	Tier 0	
ELLA	Tier 0	QL (1 EA per 30 days)
ELURYNG	Tier 0	
ENPRESSE	Tier 0	
ENSKYCE	Tier 0	
ERRIN	Tier 0	
ESTARYLLA	Tier 0	
<i>ethynodiol diac-eth estradiol</i>	Tier 0	
<i>etonogestrel-ethinyl estradiol</i>	Tier 0	
FALMINA (28)	Tier 0	
FINZALA	Tier 0	
GEMMILY	Tier 0	
HAILEY	Tier 0	
HAILEY 24 FE	Tier 0	
HAILEY FE 1.5/30 (28)	Tier 0	
HAILEY FE 1/20 (28)	Tier 0	
HALOETTE	Tier 0	
HEATHER	Tier 0	
HER STYLE	Tier 0	QL (1 EA per 30 days)
ICLEVIA	Tier 0	QL (1 EA per 1 day)
INCASSIA	Tier 0	
ISIBLOOM	Tier 0	
JAIMIESS	Tier 0	QL (1 EA per 1 day)
JASMIEL (28)	Tier 0	

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

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

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

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

Drug Name	Tier	Restrictions/Limits
MIMVEY	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
GLYCOGENOLYTIC AGENTS		
BAQSIMI	Tier 2	ST; QL (2 EA per 30 days)
GLUCAGEN DIAGNOSTIC KIT	Tier 2	
GLUCAGEN HYPOKIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON (HCL) EMERGENCY KIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 1	QL (2 EA per 30 days)
<i>glucagon hcl injection recon soln 1 mg/ml</i>	Tier 2	
GONADOTROPINS		
ELIGARD	Tier 4	
ELIGARD (3 MONTH)	Tier 4	
ELIGARD (4 MONTH)	Tier 4	
ELIGARD (6 MONTH)	Tier 4	
SYNAREL	Tier 2	
INCRETIN MIMETICS		
MOUNJARO	Tier 2	PA; QL (2 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 2	PA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	Tier 2	PA; QL (1 ML per 30 days)
RYBELSUS	Tier 2	PA; QL (30 EA per 30 days)
SOLIQUA 100/33	Tier 2	ST; QL (15 ML per 30 days)
TRULICITY	Tier 2	PA; QL (2 ML per 22 days)
XULTOPHY 100/3.6	Tier 2	PA; ST; QL (15 ML per 30 days)
INSULINS		
BASAGLAR KWIKPEN U-100 INSULIN	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (45 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	Tier 2	QL (45 ML per 30 days)
HUMULIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
HUMULIN R REGULAR U-100 INSULN	Tier 2	QL (40 ML per 30 days)
HUMULIN R U-500 (CONC) INSULIN	Tier 2	
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	
<i>insulin asp prot-insulin aspart subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
<i>insulin asp prot-insulin aspart subcutaneous solution</i>	Tier 2	QL (40 ML per 30 days); \$0 on Diabetic Plans

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

Drug Name	Tier	Restrictions/Limits
LONG-ACTING INSULINS		
BASAGLAR KWIKPEN U-100 INSULIN	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
REZVOGLAR KWIKPEN	Tier 2	QL (1.5 ML per 1 Day); \$0 on Diabetic Plans
SOLIQUA 100/33	Tier 2	ST; QL (15 ML per 30 days)
TRESIBA FLEXTOUCH U-100	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
TRESIBA FLEXTOUCH U-200	Tier 2	QL (27 ML per 30 days); \$0 on Diabetic Plans
TRESIBA U-100 INSULIN	Tier 2	QL (40 ML per 30 days); \$0 on Diabetic Plans
XULTOPHY 100/3.6	Tier 2	PA; ST; QL (15 ML per 30 days)
MEGLITINIDES		
<i>nateglinide</i>	Tier 1	
<i>repaglinide</i>	Tier 1	
PARATHYROID AGENTS		
<i>teriparatide</i>	Tier 4	PA; QL (1 ML per 28 days)
PITUITARY		
<i>desmopressin injection</i>	Tier 4	
<i>desmopressin nasal spray with pump</i>	Tier 1	
<i>desmopressin oral</i>	Tier 1	
OMNITROPE SUBCUTANEOUS CARTRIDGE	Tier 4	
OMNITROPE SUBCUTANEOUS RECON SOLN	Tier 4	PA
SKYTROFA	Tier 4	PA
PROGESTINS		
COMBIPATCH	Tier 2	
CRINONE VAGINAL GEL 4 %	Tier 2	
CRINONE VAGINAL GEL 8 %	Tier 4	
DEPO-SUBQ PROVERA 104	Tier 2	QL (1 ML per 90 days)
<i>estradiol-norethindrone acet</i>	Tier 1	
FYAVOLV	Tier 1	
<i>medroxyprogesterone intramuscular</i>	Tier 0	QL (1 ML per 90 days)
<i>medroxyprogesterone oral</i>	Tier 1	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	Tier 1	
<i>megestrol oral tablet</i>	Tier 1	
MIMVEY	Tier 1	
<i>norethindrone acetate</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
<i>progesterone micronized</i>	Tier 1	
RAPID-ACTING INSULINS		
<i>insulin asp prt-insulin aspart subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
<i>insulin asp prt-insulin aspart subcutaneous solution</i>	Tier 2	QL (40 ML per 30 days); \$0 on Diabetic Plans
<i>insulin aspart u-100 subcutaneous insulin pen</i>	Tier 2	\$0 on Diabetic Plans
<i>insulin aspart u-100 subcutaneous solution</i>	Tier 2	\$0 on Diabetic Plans
<i>insulin lispro protamin-lispro</i>	Tier 2	QL (1 ML per 1 day); \$0 on Diabetic Plans
<i>insulin lispro subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	Tier 2	QL (1 ML per 1 day); \$0 on Diabetic Plans
<i>insulin lispro subcutaneous solution</i>	Tier 2	QL (45 ML per 30 days); \$0 on Diabetic Plans
SHORT-ACTING INSULINS		
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (45 ML per 30 days)
HUMULIN R REGULAR U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
HUMULIN R U-500 (CONC) INSULIN	Tier 2	
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	
NOVOLIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	Tier 2	QL (45 ML per 30 days)
NOVOLIN R REGULAR U100 INSULIN	Tier 2	QL (40 ML per 30 days)
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
FARXIGA	Tier 2	PA; QL (30 Tablets per 30 days); \$0 on Diabetic Plans
JARDIANCE	Tier 2	PA; QL (30 Tablets per 30 days); \$0 on Diabetic Plans
SEGLUROMET	Tier 2	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
STEGLATRO	Tier 2	PA; QL (30 EA per 30 days); \$0 on Diabetic Plans
SYNJARDY	Tier 2	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	Tier 2	ST; QL (60 EA per 30 days); \$0 on Diabetic Plans

Drug Name	Tier	Restrictions/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	Tier 2	ST; QL (30 EA per 30 days); \$0 on Diabetic Plans
SOMATOTROPIN AGONISTS		
INCRELEX	Tier 4	
SULFONYLUREAS		
glimepiride	Tier 1	\$0 on Diabetic Plans
glipizide	Tier 1	\$0 on Diabetic Plans
glipizide-metformin	Tier 1	\$0 on Diabetic Plans
glyburide micronized oral tablet 1.5 mg	Tier 1	QL (8 EA per 1 day); \$0 on Diabetic Plans
glyburide micronized oral tablet 3 mg	Tier 1	QL (4 EA per 1 day); \$0 on Diabetic Plans
glyburide micronized oral tablet 6 mg	Tier 1	QL (2 EA per 1 day); \$0 on Diabetic Plans
glyburide oral tablet 1.25 mg	Tier 1	QL (16 EA per 1 day); \$0 on Diabetic Plans
glyburide oral tablet 2.5 mg	Tier 1	QL (8 EA per 1 day); \$0 on Diabetic Plans
glyburide oral tablet 5 mg	Tier 1	QL (4 EA per 1 day); \$0 on Diabetic Plans
glyburide-metformin oral tablet 1.25-250 mg	Tier 1	QL (260 EA per 30 days); \$0 on Diabetic Plans
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	Tier 1	QL (5 EA per 1 day); \$0 on Diabetic Plans
pioglitazone-glimepiride	Tier 1	ST; QL (30 EA per 30 days)
THIAZOLIDINEDIONES		
alogliptin-pioglitazone	Tier 1	ST; QL (30 EA per 30 days); \$0 on Diabetic Plans
pioglitazone	Tier 1	QL (30 EA per 30 days); \$0 on Diabetic Plans
pioglitazone-glimepiride	Tier 1	ST; QL (30 EA per 30 days)
pioglitazone-metformin	Tier 1	QL (90 EA per 30 days); \$0 on Diabetic Plans
THYROID AGENTS		
EUTHYROX	Tier 1	
levothyroxine oral tablet	Tier 1	
LEVOXYL	Tier 1	
liothyronine oral	Tier 1	
NP THYROID	Tier 1	
UNITHROID	Tier 1	

Drug Name	Tier	Restrictions/Limits
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride</i>	Tier 1	ST
<i>dutasteride-tamsulosin</i>	Tier 1	ST
<i>finasteride oral tablet 5 mg</i>	Tier 1	
ALCOHOL DETERRENTS		
<i>disulfiram</i>	Tier 1	
<i>VIVITROL</i>	Tier 4	QL (1 EA per 30 days)
ANTIDOTES		
<i>BAQSIMI</i>	Tier 2	ST; QL (2 EA per 30 days)
<i>GLUCAGEN HYPOKIT</i>	Tier 2	QL (2 EA per 30 days)
<i>GLUCAGON (HCL) EMERGENCY KIT</i>	Tier 2	QL (2 EA per 30 days)
<i>GLUCAGON EMERGENCY KIT (HUMAN)</i>	Tier 1	QL (2 EA per 30 days)
<i>lanthanum</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>leucovorin calcium oral</i>	Tier 1	
<i>naloxone injection solution</i>	Tier 1	QL (2 ML per 30 days)
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	
<i>naloxone nasal</i>	Tier 1	QL (2 EA per 30 days)
<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)
<i>potassium iodide oral solution</i>	Tier 1	
<i>sevelamer carbonate oral tablet</i>	Tier 1	PA; QL (270 EA per 30 days)
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate</i>	Tier 1	
<i>SPS (WITH SORBITOL)</i>	Tier 1	
<i>SSKI</i>	Tier 2	
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>colchicine oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>EC-NAPROXEN</i>	Tier 1	
<i>febuxostat</i>	Tier 1	ST
<i>indomethacin oral capsule</i>	Tier 1	
<i>naproxen oral tablet</i>	Tier 1	
<i>naproxen oral tablet,delayed release (dr/ec)</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>probencid</i>	Tier 1	
<i>probencid-colchicine</i>	Tier 1	ST
BONE ANABOLIC AGENTS		
<i>teriparatide</i>	Tier 4	PA; QL (1 ML per 28 days)
BONE RESORPTION INHIBITORS		
<i>alendronate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>calcitonin (salmon) nasal</i>	Tier 1	
<i>ibandronate oral</i>	Tier 1	QL (1 EA per 28 days)
<i>raloxifene</i>	Tier 0	
<i>risedronate oral tablet 150 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>risedronate oral tablet,delayed release (dr/ec)</i>	Tier 1	QL (4 EA per 30 days)
CARIOSTATIC AGENTS		
DENTA 5000 PLUS	Tier 1	
<i>fluoride (sodium) dental cream</i>	Tier 1	
<i>fluoride (sodium) dental gel</i>	Tier 1	
<i>fluoride (sodium) dental paste</i>	Tier 1	
<i>fluoride (sodium) oral</i>	Tier 0	
LUDENT FLUORIDE	Tier 0	
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	
SF	Tier 1	
SF 5000 PLUS	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH	Tier 1	
SODIUM FLUORIDE 5000 PLUS	Tier 1	
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	
VITAMINS A,C,D AND FLUORIDE	Tier 0	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA ACTPEN	Tier 4	PA; QL (2 ML per 28 days)
ACTEMRA SUBCUTANEOUS	Tier 4	PA; QL (2 ML per 28 days)
<i>adalimumab-adaz</i>	Tier 4	PA
<i>adalimumab-fkjp</i>	Tier 4	PA

Drug Name	Tier	Restrictions/Limits
azathioprine	Tier 1	
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)
COSENTYX (2 SYRINGES)	Tier 4	PA; QL (1 ML per 30 days)
COSENTYX PEN	Tier 4	PA; QL (1 ML per 30 days)
COSENTYX PEN (2 PENS)	Tier 4	PA; QL (1 ML per 30 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; QL (1 ML per 30 days)
cyclosporine modified	Tier 1	
cyclosporine oral	Tier 1	
D-PENAMINE	Tier 2	PA
ENBREL MINI	Tier 4	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	Tier 4	PA; QL (8 ML per 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)
GENGRAF	Tier 1	
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)
hydroxychloroquine	Tier 1	
leflunomide	Tier 1	QL (30 EA per 30 days)
methotrexate sodium oral	Tier 1	
OTEZLA	Tier 4	PA; QL (60 EA per 30 days)
penicillamine	Tier 1	PA
RINVOQ	Tier 4	PA; QL (1 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
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 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)
<i>sulfasalazine</i>	Tier 1	
TREXALL	Tier 2	
IMMUNOMODULATORY AGENTS		
ACTEMRA ACTPEN	Tier 4	PA; QL (2 ML per 28 days)
ACTEMRA SUBCUTANEOUS	Tier 4	PA; QL (2 ML per 28 days)
<i>adalimumab-adaz</i>	Tier 4	PA
<i>adalimumab-fkjp</i>	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR	Tier 4	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	Tier 4	PA; QL (1 EA per 28 days)
<i>azathioprine</i>	Tier 1	
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)
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine oral</i>	Tier 1	
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	Tier 1	PA; QL (60 EA per 30 days)
ENBREL MINI	Tier 4	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	Tier 4	PA; QL (8 ML per 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)
EXTAVIA	Tier 4	PA; QL (15 EA per 30 days)
<i>fingolimod</i>	Tier 4	PA; QL (30 EA per 30 days)
GENGRAF	Tier 1	
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	Tier 4	PA; QL (1 ML per 28 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	Tier 4	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 4	PA; QL (1 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	Tier 4	PA; QL (12 ML per 28 days)
HADLIMA	Tier 4	PA
HADLIMA PUSHTOUCH	Tier 4	PA

Drug Name	Tier	Restrictions/Limits
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) 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)
<i>hydroxychloroquine</i>	Tier 1	
<i>leflunomide</i>	Tier 1	QL (30 EA per 30 days)
<i>lenalidomide</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>methotrexate sodium oral</i>	Tier 1	
OTEZLA	Tier 4	PA; QL (60 EA per 30 days)
POMALYST	Tier 4	PA
REBIF (WITH ALBUMIN)	Tier 4	PA; QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 4	PA; QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; QL (5 ML per 30 days)
REVLIMID	Tier 4	PA; QL (30 EA per 30 days)
RINVOQ	Tier 4	PA; QL (1 EA per 1 day)
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 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)
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)
TREXALL	Tier 2	
VUMERTY	Tier 4	PA; QL (120 EA per 30 days)
ZEPOSIA	Tier 4	PA
ZEPOSIA STARTER PACK (7-DAY)	Tier 4	PA; QL (1 EA per 365 days)

Drug Name	Tier	Restrictions/Limits
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine</i>	Tier 1	
<i>cyclophosphamide oral capsule</i>	Tier 1	
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine oral</i>	Tier 1	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	Tier 1	
GENGRAF	Tier 1	
<i>mercaptopurine</i>	Tier 1	
<i>methotrexate sodium oral</i>	Tier 1	
<i>mycophenolate mofetil</i>	Tier 1	
<i>mycophenolate sodium</i>	Tier 1	
<i>pimecrolimus</i>	Tier 1	PA; ST; QL (100 GM per 30 days)
<i>sirolimus oral tablet</i>	Tier 1	
<i>tacrolimus oral</i>	Tier 1	
TREXALL	Tier 2	
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine</i>	Tier 1	
CRYOSERV	Tier 1	
CYSTAGON	Tier 4	
<i>dalfampridine</i>	Tier 4	PA; QL (60 EA per 30 days)
EVOTAZ	Tier 2	QL (1 EA per 1 day)
ISTURISA ORAL TABLET 1 MG	Tier 4	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	Tier 4	PA; QL (60 EA per 30 days)
<i>metyrosine</i>	Tier 1	PA
PREZCOBIX	Tier 2	QL (1 EA per 1 day)
<i>sapropterin</i>	Tier 4	
SYMTUZA	Tier 2	QL (1 EA per 1 day)
TYBOST	Tier 2	
PROTECTIVE AGENTS		
ELMIRON	Tier 2	
NONHORMONAL CONTRACEPTIVES		
NONHORMONAL CONTRACEPTIVES		
AIMSCO LATEX CONDOM	Tier 0	QL (24 EA per 30 days)
CAYA CONTOURED	Tier 0	QL (1 EA per 365 days)
FANTASY CONDOM	Tier 0	QL (24 EA per 30 days)
FC2 FEMALE CONDOM	Tier 0	QL (24 EA per 30 days)
FEMCAP	Tier 0	QL (1 EA per 365 days)

Drug Name	Tier	Restrictions/Limits
KIMONO CONDOMS(NON-LUBRICATED)	Tier 0	QL (24 EA per 30 days)
KIMONO MICROTHIN AQUA LUBE CON	Tier 0	QL (24 EA per 30 days)
KIMONO MICROTHIN CONDOMS	Tier 0	QL (24 EA per 30 days)
KIMONO MICROTHIN LARGE CONDOMS	Tier 0	QL (24 EA per 30 days)
KIMONO TEXTURED CONDOMS	Tier 0	QL (24 EA per 30 days)
TRUSTEX LATEX CONDOM	Tier 0	QL (24 EA per 30 days)
TRUSTEX LUBRICATED CONDOMS	Tier 0	QL (24 EA per 30 days)
TRUSTEX NON-LUB CONDOMS	Tier 0	QL (24 EA per 30 days)
TRUSTEX-RIA LUB/SPERMICIDE	Tier 0	QL (24 EA per 30 days)
TRUSTEX-RIA LUBRICATED CONDOMS	Tier 0	QL (24 EA per 30 days)
TRUSTEX-RIA NON-LUB CONDOMS	Tier 0	QL (24 EA per 30 days)
VAGINAL CONTRACEPTIVE FILM	Tier 2	
VCF CONTRACEPTIVE FILM	Tier 2	
VCF CONTRACEPTIVE GEL	Tier 2	
WIDE-SEAL DIAPHRAGM 60	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90	Tier 0	QL (2 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95	Tier 0	QL (2 EA per 365 days)
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine oral</i>	Tier 1	QL (240 EA per 30 days)
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
<i>hydroxypropyl cellulose</i>	Tier 2	
<i>hypromellose</i>	Tier 2	
RESPIRATORY TRACT AGENTS		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR)		
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	Tier 2	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (2 EA per 30 days)
GUAIFENESIN DAC	Tier 1	

Drug Name	Tier	Restrictions/Limits
ANTICHOLINERGIC AGENTS (RESPIR. TRACT)		
ATROVENT HFA	Tier 2	QL (26 GM per 30 days)
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
<i>ipratropium bromide inhalation</i>	Tier 1	QL (10 ML per 1 day)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
SPIRIVA RESPIMAT	Tier 2	QL (4 GM per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
ANTIFIBROTIC AGENTS		
OFEV	Tier 4	PA; QL (60 EA per 30 days)
ANTITUSSIVES		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>benzonatate oral capsule 150 mg</i>	Tier 1	
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
CAPCOF	Tier 2	
<i>codeine sulfate</i>	Tier 1	PA
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	Tier 1	
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
HYDROMET	Tier 1	QL (4 ML per 1 day)
MAXI-TUSS AC	Tier 1	
PROMETHAZINE VC-CODEINE	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
<i>promethazine-dm</i>	Tier 1	
RYDEX	Tier 1	
VIRTUSSIN AC	Tier 1	
CYSTIC FIBROSIS (CFTR) CORRECTORS		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 4	PA; QL (56 EA per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	Tier 4	PA
ORKAMBI ORAL TABLET	Tier 4	PA; QL (112 EA per 30 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

Drug Name	Tier	Restrictions/Limits
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
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)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 4	PA; QL (56 EA per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	Tier 4	PA
ORKAMBI ORAL TABLET	Tier 4	PA; QL (112 EA per 30 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
EXPECTORANTS		
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	Tier 1	
MAXI-TUSS AC	Tier 1	
<i>potassium iodide oral solution</i>	Tier 1	
SSKI	Tier 2	
VIRTUSSIN AC	Tier 1	
FIRST GENERATION ANTIHIST.(RESPIR TRACT)		
brompheniramine-pseudoeph-dm	Tier 1	
CAPCOF	Tier 2	
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	
diphenhydramine hcl oral capsule 50 mg	Tier 1	
diphenhydramine hcl oral elixir	Tier 1	
doxylamine-pyridoxine (vit b6)	Tier 1	PA; QL (120 EA per 30 days)
hydrocodone-chlorpheniramine	Tier 1	
promethazine oral	Tier 1	
PROMETHAZINE VC	Tier 1	
PROMETHAZINE VC-CODEINE	Tier 1	
promethazine-codeine	Tier 1	
promethazine-dm	Tier 1	

Drug Name	Tier	Restrictions/Limits
RYDEX	Tier 1	
INTERLEUKIN ANTAGONISTS		
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA; QL (1.34 ML per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	Tier 4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	Tier 4	PA; QL (1 ML per 84 days)
LEUKOTRIENE MODIFIERS		
montelukast	Tier 1	
zafirlukast	Tier 1	ST
zileuton	Tier 1	ST
MAST-CELL STABILIZERS		
cromolyn inhalation	Tier 1	QL (8 ML per 1 day)
cromolyn ophthalmic (eye)	Tier 1	
cromolyn oral	Tier 1	
MUCOLYTIC AGENTS		
acetylcysteine	Tier 1	
PULMOZYME	Tier 4	PA; QL (2.5 ML per 1 day)
NASAL PREPARATIONS (STEROIDS)		
azelastine-fluticasone	Tier 1	ST; QL (23 GM per 30 days)
FLONASE ALLERGY RELIEF	Tier 1	QL (16 ML per 30 days)
flunisolide	Tier 1	ST; QL (50 ML per 30 days)
fluticasone propionate nasal	Tier 1	QL (16 GM per 30 days)
mometasone nasal	Tier 1	ST; QL (17 GM per 30 days)
ORALLY INHALED PREPARATIONS (STEROIDS)		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier 3	QL (13 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	QL (7 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA	Tier 2	QL (13 GM per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	Tier 1	QL (120 ML per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	Tier 1	QL (60 ML per 30 days)
budesonide-formoterol	Tier 2	PA; ST; QL (11 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	PA; ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	PA; ST; QL (13 GM per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	Tier 2	QL (4 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST; QL (60 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (11 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	Tier 2	QL (11 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	Tier 2	QL (22 GM per 30 days)
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
<i>roflumilast oral tablet 250 mcg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>roflumilast oral tablet 500 mcg</i>	Tier 1	PA; QL (1 EA per 1 Day)
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)		
<i>sildenafil (pulm.hypertension) oral tablet</i>	Tier 4	PA; QL (90 EA per 30 days)
SECOND GENERATION ANTIHIST(RESPIR TRACT)		
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>desloratadine oral tablet</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>levocetirizine oral solution</i>	Tier 1	
<i>levocetirizine oral tablet</i>	Tier 1	QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR)		
albuterol sulfate inhalation hfa aerosol inhaler	Tier 1	QL (17 GM per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	Tier 1	QL (375 ML per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	Tier 1	QL (2 EA per 1 day)
albuterol sulfate inhalation solution for nebulization 5 mg/ml	Tier 1	QL (2 ML per 1 day)
albuterol sulfate oral	Tier 1	
budesonide-formoterol	Tier 2	PA; ST; QL (11 GM per 30 days)
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	PA; ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	PA; ST; QL (13 GM per 30 days)
fluticasone furoate-vilanterol	Tier 2	ST; QL (60 EA per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated	Tier 2	ST; QL (1 EA per 30 days)
fluticasone propion-salmeterol inhalation blister with device	Tier 1	QL (1 EA per 30 days)
formoterol fumarate	Tier 1	QL (120 ML per 30 days)
ipratropium-albuterol	Tier 1	QL (540 ML per 30 days)
levalbuterol tartrate	Tier 2	QL (30 GM per 30 days)
SEREVENT DISKUS	Tier 2	QL (60 EA per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)
terbutaline oral	Tier 1	
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
VASODILATING AGENTS (RESPIRATORY TRACT)		
ADCIRCA	Tier 4	PA; QL (2 EA per 1 day)
ADEMPAS	Tier 4	PA; QL (3 EA per 1 day)
ambrisentan	Tier 4	PA; QL (30 EA per 30 days)
bosentan	Tier 4	PA; QL (2 EA per 1 day)
ORENITRAM	Tier 4	PA
sildenafil (pulm.hypertension) oral tablet	Tier 4	PA; QL (90 EA per 30 days)
VENTAVIS	Tier 4	PA; QL (270 ML per 30 days)
XANTHINE DERIVATIVES		
ELIXOPHYLLIN	Tier 2	

Drug Name	Tier	Restrictions/Limits
THEO-24	Tier 2	
<i>theophylline oral elixir</i>	Tier 1	
<i>theophylline oral solution</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr</i>	Tier 1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)		
<i>naftifine topical cream</i>	Tier 1	PA; QL (60 GM per 30 days)
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)		
ALTABAX	Tier 3	ST; QL (30 GM per 30 days)
CLEOCIN VAGINAL SUPPOSITORY	Tier 2	
CLINDACIN ETZ TOPICAL SWAB	Tier 1	
<i>clindamycin phosphate topical gel</i>	Tier 1	QL (120 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	Tier 1	QL (150 ML per 30 days)
<i>clindamycin phosphate topical lotion</i>	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution</i>	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate vaginal</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	
<i>clindamycin-tretinoin</i>	Tier 1	
<i>dapsone topical gel</i>	Tier 1	
ERY PADS	Tier 1	
<i>erythromycin with ethanol</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
<i>gentamicin topical</i>	Tier 1	QL (60 GM per 30 days)
<i>metronidazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical lotion</i>	Tier 1	QL (59 ML per 30 days)
<i>metronidazole vaginal</i>	Tier 1	QL (70 GM per 30 days)
<i>mupirocin</i>	Tier 1	QL (44 GM per 30 days)
ROSADAN TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
ROSADAN TOPICAL GEL	Tier 1	QL (45 GM per 30 days)
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
XEPI	Tier 2	ST; QL (30 GM per 30 days)
ANTIPRURITICS AND LOCAL ANESTHETICS		
DERMACINRX PRIZOPAK	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>doxepin topical</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>lidocaine hcl laryngotracheal</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>lidocaine-prilocaine topical cream</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine-prilocaine topical kit</i>	Tier 1	
LIDOPIN TOPICAL CREAM 3 %	Tier 1	QL (30 GM per 30 days)
<i>phenazopyridine</i>	Tier 1	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
<i>acyclovir topical ointment</i>	Tier 1	ST; QL (30 GM per 30 days)
<i>penciclovir</i>	Tier 1	ST; QL (5 GM per 30 days)
AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>clotrimazole mucous membrane</i>	Tier 1	
<i>clotrimazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>econazole</i>	Tier 1	QL (85 GM per 30 days)
ERTACZO	Tier 2	QL (60 GM per 30 days)
GYNAZOLE-1	Tier 3	
<i>ketoconazole topical cream</i>	Tier 1	QL (60 GM per 30 days)
<i>ketoconazole topical shampoo</i>	Tier 1	QL (120 ML per 30 days)
<i>luliconazole</i>	Tier 2	PA; QL (60 GM per 30 days)
<i>oxiconazole</i>	Tier 1	PA; QL (60 GM per 30 days)
<i>sulconazole</i>	Tier 2	PA; QL (60 GM per 30 days)
<i>terconazole</i>	Tier 1	
BASIC LOTIONS AND LINIMENTS		
<i>ammonium lactate topical lotion</i>	Tier 1	
BASIC OILS AND OTHER SOLVENTS		
MURI-LUBE	Tier 2	
BASIC OINTMENTS AND PROTECTANTS		
<i>ammonium lactate topical cream</i>	Tier 1	
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste</i>	Tier 2	
BENZYLAMINES (SKIN AND MUCOUS MEMBRANE)		
MENTAX	Tier 2	ST; QL (30 GM per 30 days)
CELL STIMULANTS AND PROLIFERANTS		
AVITA TOPICAL CREAM	Tier 1	QL (45 GM per 30 days)
AVITA TOPICAL GEL	Tier 2	QL (45 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>clindamycin-tretinoin</i>	Tier 1	
<i>tretinoin</i>	Tier 1	QL (45 GM per 30 days)
<i>tretinoin (emollient)</i>	Tier 1	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
<i>ALA-CORT</i>	Tier 1	QL (28.35 GM per 30 days)
<i>alclometasone</i>	Tier 1	QL (2 GM per 1 day)
<i>BESER</i>	Tier 1	ST; QL (4 ML per 1 day)
<i>betamethasone dipropionate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone dipropionate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone dipropionate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>betamethasone valerate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone valerate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone valerate topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone, augmented topical cream</i>	Tier 1	QL (50 GM per 30 days)
<i>betamethasone, augmented topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone, augmented topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>calcipotriene-betamethasone</i>	Tier 1	QL (60 GM per 30 days)
<i>clobetasol scalp</i>	Tier 1	ST; QL (100 ML per 30 days)
<i>clobetasol topical cream</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>clobetasol topical gel</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>clobetasol topical ointment</i>	Tier 1	QL (120 GM per 30 days)
<i>clobetasol topical shampoo</i>	Tier 1	ST; QL (236 ML per 30 days)
<i>clobetasol-emollient topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>CLODAN</i>	Tier 1	ST; QL (236 ML per 30 days)
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
CORTIFOAM	Tier 2	
<i>desonide topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>desonide topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>desoximetasone topical cream 0.05 %</i>	Tier 1	ST
<i>desoximetasone topical cream 0.25 %</i>	Tier 1	ST; QL (2 GM per 1 day)
<i>desoximetasone topical gel</i>	Tier 1	ST
<i>desoximetasone topical ointment</i>	Tier 1	ST
<i>desoximetasone topical spray,non-aerosol</i>	Tier 1	ST
<i>diflorasone</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>fluocinolone and shower cap</i>	Tier 1	QL (1 ML per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	QL (120 GM per 30 days)
<i>fluocinolone topical cream 0.025 %</i>	Tier 1	QL (2 GM per 1 day)
<i>fluocinolone topical oil</i>	Tier 1	QL (120 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
<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 1	ST
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 1	
<i>hydrocortisone butyrate topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>hydrocortisone butyrate topical solution</i>	Tier 1	ST; QL (120 ML per 30 days)
<i>hydrocortisone butyr-emollient</i>	Tier 1	QL (120 GM per 30 days)
<i>hydrocortisone rectal</i>	Tier 1	
<i>hydrocortisone topical cream 1 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	QL (1 GM per 1 day)
<i>hydrocortisone topical cream with perineal applicator</i>	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	QL (118 ML per 30 days)
<i>hydrocortisone topical ointment 1 %</i>	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone valerate topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>mometasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical solution</i>	Tier 1	QL (2 ML per 1 day)
ORALONE	Tier 1	
<i>prednicarbate topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>prednicarbate topical ointment</i>	Tier 1	
PROCTO-MED HC	Tier 1	
PROCTOSOL HC	Tier 1	
PROCTOZONE-HC	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>triamcinolone acetonide dental</i>	Tier 1	
<i>triamcinolone acetonide topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Tier 1	ST
TRIDERM TOPICAL CREAM 0.5 %	Tier 1	ST; QL (454 GM per 30 days)
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)		
CICLODAN KIT TOPICAL COMBO PACK	Tier 2	
CICLODAN KIT TOPICAL SOLUTION	Tier 2	ST
CICLODAN TOPICAL CREAM	Tier 1	QL (90 GM per 30 days)
CICLODAN TOPICAL SOLUTION	Tier 1	QL (6.6 ML per 30 days)
<i>ciclopirox topical cream</i>	Tier 1	QL (90 GM per 30 days)
<i>ciclopirox topical gel</i>	Tier 1	QL (45 GM per 30 days)
<i>ciclopirox topical shampoo</i>	Tier 1	QL (120 ML per 30 days)
<i>ciclopirox topical solution</i>	Tier 1	QL (6.6 ML per 30 days)
<i>ciclopirox topical suspension</i>	Tier 1	QL (60 ML per 30 days)
<i>ciclopirox-ure-camph-menth-euc</i>	Tier 1	
KERATOLYTIC AGENTS		
AVAR	Tier 1	QL (341 GM per 30 days)
AVAR-E	Tier 2	ST
AVAR-E GREEN	Tier 2	ST
AVAR-E LS	Tier 2	ST; QL (57 GM per 30 days)
BPO TOPICAL GEL	Tier 1	
CICLODAN KIT TOPICAL SOLUTION	Tier 2	ST
<i>ciclopirox-ure-camph-menth-euc</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	
<i>salicylic acid topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>salicylic acid topical cream,extended release</i>	Tier 1	QL (454 GM per 30 days)
<i>salicylic acid topical lotion</i>	Tier 1	QL (473 ML per 30 days)
<i>salicylic acid topical lotion,extended release</i>	Tier 1	QL (473 GM per 30 days)
<i>salicylic acid topical shampoo</i>	Tier 1	QL (177 ML per 30 days)
<i>salicylic acid-ceramides no.1</i>	Tier 1	
SALIMEZ	Tier 1	QL (454 GM per 30 days)
SSS 10-5 TOPICAL CREAM	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (341 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
sulfacetamide sodium-sulfur topical cleanser 9-4 %	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-2 %	Tier 1	QL (57 GM per 30 days)
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	Tier 1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	Tier 1	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	Tier 1	
sulfacetamide sod-sulfur-urea	Tier 1	
SULFACEANSE 8-4	Tier 1	ST
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
ALCOHOL PADS	Tier 1	
ALCOHOL PREP PADS	Tier 1	
alcohol swabs	Tier 1	
ALCOHOL WIPES	Tier 1	
AVAR	Tier 1	QL (341 GM per 30 days)
AVAR-E	Tier 2	ST
AVAR-E GREEN	Tier 2	ST
AVAR-E LS	Tier 2	ST; QL (57 GM per 30 days)
BD ALCOHOL SWABS	Tier 2	
CARETOUCH ALCOHOL PREP PAD	Tier 2	
CURITY ALCOHOL SWABS	Tier 2	
DROPSAFE ALCOHOL PREP PADS	Tier 2	
DY-O-DERM	Tier 1	
EASY COMFORT ALCOHOL PAD	Tier 2	
EASY TOUCH ALCOHOL PREP PADS	Tier 2	
guaiacol	Tier 2	
INCONTROL ALCOHOL PADS	Tier 2	
INSTACLEAN	Tier 2	
isopropyl alcohol solution 70 %	Tier 2	
isopropyl alcohol solution 99 %	Tier 1	
IV PREP WIPES	Tier 2	
mafenide acetate	Tier 1	
PRO COMFORT ALCOHOL PADS	Tier 2	
PURE COMFORT ALCOHOL PADS	Tier 2	
selenium sulfide topical lotion	Tier 1	

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

Drug Name	Tier	Restrictions/Limits
<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)
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
<i>acitretin</i>	Tier 1	
<i>adapalene topical lotion</i>	Tier 2	ST
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	Tier 1	
<i>bexarotene topical</i>	Tier 4	PA; QL (60 GM per 30 days)
<i>brimonidine topical</i>	Tier 1	
<i>calcipotriene scalp</i>	Tier 1	QL (120 ML per 30 days)
<i>calcipotriene topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>calcipotriene topical ointment</i>	Tier 1	QL (120 GM per 30 days)
<i>calcipotriene-betamethasone</i>	Tier 1	QL (60 GM per 30 days)
<i>calcitriol topical</i>	Tier 1	
CICLODAN KIT TOPICAL COMBO PACK	Tier 2	
COSENTYX (2 SYRINGES)	Tier 4	PA; QL (1 ML per 30 days)
COSENTYX PEN	Tier 4	PA; QL (1 ML per 30 days)
COSENTYX PEN (2 PENS)	Tier 4	PA; QL (1 ML per 30 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; QL (1 ML per 30 days)
<i>dapsone topical gel</i>	Tier 1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	Tier 4	PA; QL (400 MG per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 4	PA; QL (600 MG per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	Tier 4	PA; QL (400 MG per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	Tier 4	PA; QL (600 MG per 30 days)
ENBREL MINI	Tier 4	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	Tier 4	PA; QL (8 ML per 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)
<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)
HYFTOR	Tier 4	PA; QL (20 GM per 21 days)
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	PA; QL (24 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
OTEZLA	Tier 4	PA; QL (60 EA per 30 days)
pimecrolimus	Tier 1	PA; ST; QL (100 GM per 30 days)
podofilox	Tier 1	QL (1 ML per 30 days)
RECTIV	Tier 2	PA
SANTYL	Tier 2	QL (180 GM per 30 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	Tier 4	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE	Tier 4	PA; QL (1 ML per 84 days)
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 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)
<i>tacrolimus topical</i>	Tier 1	QL (100 GM per 30 days)
TREMFYA	Tier 4	PA; QL (100 ML per 60 days)
TRI-CHLOR	Tier 1	
<i>trichloroacetic acid topical recon soln 30 %, 35 %, 40 %, 50 %, 80 %, 85 %, 90 %</i>	Tier 2	
SMOOTH MUSCLE RELAXANTS		
ANTIMUSCARINICS		
<i>darifenacin</i>	Tier 1	
<i>flavoxate</i>	Tier 1	
<i>oxybutynin chloride oral syrup</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	Tier 1	
<i>solifenacin</i>	Tier 1	
<i>tolterodine oral capsule, extended release 24hr</i>	Tier 1	ST
<i>tolterodine oral tablet</i>	Tier 1	
<i>trospium</i>	Tier 1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>ELIXOPHYLLIN</i>	Tier 2	
<i>THEO-24</i>	Tier 2	
<i>theophylline oral elixir</i>	Tier 1	
<i>theophylline oral solution</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
theophylline oral tablet extended release 24 hr	Tier 1	
SELECTIVE BETA-3-ADRENERGIC AGONISTS		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	Tier 2	ST
VITAMINS		
MULTIVITAMIN PREPARATIONS		
CLASSIC PRENATAL	Tier 0	
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	
ONE DAILY PRENATAL	Tier 0	
<i>pnv cmb#95-ferrous fumarate-fa</i>	Tier 0	
PRENATAL COMPLETE	Tier 0	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0	
PRENATAL MULTIVITAMINS	Tier 0	
PRENATAL ONE DAILY	Tier 0	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 0	
PRENATAL TABLET	Tier 0	
<i>prenatal vit no.179-iron-folic</i>	Tier 0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0	
PRENATAL VITAMIN WITH MINERALS	Tier 0	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0	
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	
VITAMINS A,C,D AND FLUORIDE	Tier 0	
WESCAP-C DHA	Tier 1	
VITAMIN A		
TRI-VITAMIN WITH FLUORIDE	Tier 0	
TRI-VITE WITH FLUORIDE	Tier 0	
VITAMINS A,C,D AND FLUORIDE	Tier 0	
VITAMIN B COMPLEX		
B COMPLEX 1 (WITH FOLIC ACID)	Tier 0	
<i>b complex-vitamin c-folic acid oral tablet</i>	Tier 0	
BALANCE B-100 (FOLIC ACID)	Tier 0	
BALANCE B-50 (WITH FOLIC ACID)	Tier 0	

Drug Name	Tier	Restrictions/Limits
BALANCED B-100 ORAL TABLET	Tier 0	
B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG	Tier 0	
CLASSIC PRENATAL	Tier 0	
<i>cyanocobalamin (vitamin b-12) injection</i>	Tier 1	
DIALYVITE 800 ORAL TABLET	Tier 0	
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 0	
FOLTABS 800	Tier 0	
FULL SPECTRUM B-VITAMIN C	Tier 0	
KOBEE	Tier 0	
ONE DAILY PRENATAL	Tier 0	
<i>pnv cmb#95-ferrous fumarate-fa</i>	Tier 0	
PRENATAL COMPLETE	Tier 0	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0	
PRENATAL MULTIVITAMINS	Tier 0	
PRENATAL ONE DAILY	Tier 0	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 0	
PRENATAL TABLET	Tier 0	
<i>pregnatal 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>pregnatal vit-iron fum-folic ac</i>	Tier 0	
RENA-VITE	Tier 0	
STRESS FORMULA WITH IRON	Tier 0	
STRESS FORMULA WITH IRON(SULF)	Tier 0	
SUPER B MAXI COMPLEX	Tier 0	
SUPER QINTS	Tier 0	
<i>vitamin b complex-folic acid oral tablet</i>	Tier 0	
WESCAP-C DHA	Tier 1	
VITAMIN C		
<i>b complex-vitamin c-folic acid oral tablet</i>	Tier 0	
DIALYVITE 800 ORAL TABLET	Tier 0	
FULL SPECTRUM B-VITAMIN C	Tier 0	
RENA-VITE	Tier 0	
STRESS FORMULA WITH IRON	Tier 0	

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

Index

2-IN-1 LANCET DEVICE	56	ADVOCATE LANCING DEVICE	56	<i>amitriptyline</i>	55
<i>abacavir</i>	15	AEROCHAMBER PLUS FLOW-VU,L MSK.....	56	<i>amitriptyline-chlordiazepoxide</i>	47, 55
<i>abacavir-lamivudine</i>	15	AEROCHAMBER PLUS FLOW-VU,M MSK.....	56	<i>amlodipine</i>	33, 36, 37, 40
ABILIFY MAINTENA.....	43, 45	AEROCHAMBER PLUS FLOW-VU,S MSK.....	57	<i>amlodipine-benazepril</i>	30, 33, 36, 37, 40
<i>abiraterone</i>	19	AEROCHAMBER PLUS Z STAT LG MSK.....	57	<i>amlodipine-olmesartan</i>	29, 33, 36, 37, 40
<i>acamprosate</i>	48	AEROCHAMBER PLUS Z STAT MD MSK.....	57	<i>amlodipine-valsartan</i>	29, 33, 36, 37, 40
<i>acarbose</i>	83	AEROCHAMBER PLUS Z STAT SM MSK.....	57	<i>ammonium lactate</i>	109
ACCU-CHEK FASTCLIX LANCET DRUM.....	56	AFIRMELLE	85	<i>amoxapine</i>	55
ACCU-CHEK FASTCLIX LANCING DEV.....	56	AFTER PILL	85	<i>amoxicil-clarithromy-lansopraz</i>	12, 17, 81
ACCU-CHEK MULTICLIX LANCET.....	56	AFTERA	85	<i>amoxicillin</i>	12
ACCU-CHEK SAFE-T-PRO	56	AIMOVIG AUTOINJECTOR	47	<i>amoxicillin-pot clavulanate</i>	12
ACCU-CHEK SAFE-T-PRO PLUS	56	AIMSCO LATEX CONDOM	101	<i>amphetamine sulfate</i>	40
ACCU-CHEK SOFT DEV LANCETS	56	AKYNZEO (NETUPITANT)	78, 80	<i>ampicillin</i>	12
ACCU-CHEK SOFTCLIX LANCETS	56	ALA-CORT	110	<i>anagrelide</i>	28
ACD SOLUTION A	26, 70	<i>albendazole</i>	13	<i>anastrozole</i>	19, 84
ACD-A	26, 70	<i>albuterol sulfate</i>	25, 107	<i>antiocoag citrate phos dextrose</i> ...	26
<i>acebutolol</i>	26, 31, 35, 37	<i>alclometasone</i>	110	ANTI-DIARRHEAL (LOPERAMIDE)	78
<i>acetaminophen-codeine</i>	41, 49	ALCOHOL PADS	113	<i>apraclonidine</i>	77
<i>acetazolamide</i>	34, 71, 76	ALCOHOL PREP PADS	113	<i>aprepitant</i>	80
<i>acetic acid</i>	76	<i>alcohol swabs</i>	113	APRI	85
<i>acetylcysteine</i>	101, 105	ALCOHOL WIPES	113	APTIOM	42
ACID REDUCER (OMEPRAZOLE)	80	<i>alendronate</i>	97	APTIVUS	16
<i>acitretin</i>	115	<i>alfuzosin</i>	25	AQUA LANCE LANCING DEVICE	57
ACTEMRA	97, 99	<i>allopurinol</i>	96	ARANELLE (28)	85
ACTEMRA ACTPEN	97, 99	<i>almotriptan malate</i>	54	<i>ariPIPRAZOLE</i>	43, 45
ACTHIB (PF)	21	<i>alogliptin</i>	90	ARISTADA	43, 45
ACTI-LANCE LANCETS	56	<i>alogliptin-metformin</i>	84, 90	ARISTADA INITIO	43, 45
<i>acyclovir</i>	17, 109	<i>alogliptin-pioglitazone</i>	90, 95	<i>armodafinil</i>	56
ADACEL(TDAP ADOLESN/ADULT)(PF)	20	<i>ALOMIDE</i>	74	ARNUITY ELLIPTA	82, 105
<i>adalimumab-adaz</i>	79, 97, 99	<i>alosetron</i>	78	ASHLYNA	85
<i>adalimumab-fkjp</i>	79, 97, 99	<i>alprazolam</i>	47	ASMANEX HFA	82, 105
<i>adapalene</i>	115	ALTABAX	108	<i>aspirin</i>	27, 28, 44, 53
<i>adapalene-benzoyl peroxide</i>	115	ALTAVERA (28)	85	ASPIRIN CHILDRENS	27, 28, 44, 53
ADCIRCA	38, 107	ALTERNATE SITE LANCET	57	<i>aspirin,buffd-calcium carb-mag</i>	27, 28, 44, 53
<i>adefovir</i>	17	ALTERNATE SITE LANCING DEVICE	57		
ADEMPAS	40, 107	ALVESCO	82, 105		
ADJUSTABLE LANCING DEVICE	56	ALYACEN 1/35 (28)	85		
ADULT ASPIRIN REGIMEN	27, 28, 44, 53	ALYACEN 7/7/7 (28)	85		
ADVANCED LANCING DEVICE	56	<i>amantadine hcl</i>	12, 40		
ADVANCED TRAVEL LANCETS	56	<i>ambrisentan</i>	40, 107		
ADVOCATE LANCET	56	<i>AMETHIA</i>	85		

atorvastatin	37	BAYER LOW DOSE ASPIRIN	BD SAFETYGLIDE
atovaquone	1328, 44, 53	SHIELDING REG58
atovaquone-proguanil	13	bcg vaccine, live (pf)	BD SAFETYGLIDE SYRINGE ..58
atropine	77	B-COMPLEX WITH VITAMIN C	BD SAFETYGLIDE TB REG
ATROVENT HFA	.22, 103118	BEVEL58
AUBRA	85	BD ALCOHOL SWABS	BD SAFETYGLIDE
AUBRA EQ	85	BD ALLERGY SYRINGE	TUBERCULIN58
AUROVELA 1.5/30 (21)	85	BD AUTOSHIELD DUO PEN	BD SHORT BEVEL NEEDLES..58
AUROVELA 1/20 (21)	85	NEEDLE	BD SHORT BEVEL THIN
AUROVELA 24 FE	85	BD BLUNT PLASTIC	WALL58
AUROVELA FE 1.5/30 (28)	85	CANNULA	BD SLIP TIP SYRINGE58
AUROVELA FE 1-20 (28)	85	BD BULK SYRINGE SLIP TIP ...57	BD SPECIALTY USE
AURYXIA	71	BD ECCENTRIC TIP SYRINGE.57	NEEDLES58
AUSTEDO	56	BD ECLIPSE	BD SYRINGE58
AUTO-LANCET MINI	57	BD ECLIPSE LUER-LOK	BD SYRINGE CATH TIP
AUTOLET IMPRESSION LANC		BD FILTER NEEDLE 5-	NONSTERILE58
DEV	57	MICRON NOKO	BD SYRINGE CATHETER TIP ..58
AUTOLET LANCING DEVICE	57	BD FILTER NEEDLE-5	BD SYRINGE LUER-LOK
AVAR	112, 113	MICRON	NONSTERILE58
AVAR-E	112, 113	BD INSULIN SYRINGE	BD SYRINGE LUER-LOK
AVAR-E GREEN	112, 113	BD INSULIN SYRINGE (HALF	STERILE58
AVAR-E LS	112, 113	UNIT).....57	BD SYRINGE SLIP TIP
AVIANE	85	BD INSULIN SYRINGE	NONSTERILE58
AVITA	109	MICRO-FINE	BD SYRINGE TIP CAP58
AVONEX	99	BD INSULIN SYRINGE U-500...57	BD SYRINGE-DUAL
AYUNA	85	BD INSULIN SYRINGE	CANNULA58
AZASITE	74	ULTRA-FINE	BD TUBERCULIN SLIP-TIP58
azathioprine	98, 99, 101	BD INTEGRA SYRINGE	BD TUBERCULIN SYRINGE58
azelastine	74	BD INTERLINK BLUNT	BD ULTRA-FINE MICRO PEN
azelastine-fluticasone		PLASTIC CAN	NEEDLE58
.....74, 76, 105, 106		BD INTERLINK SYRINGE	BD ULTRA-FINE MINI PEN
azithromycin	17	BD INTRADERMAL BEVEL	NEEDLE59
AZURETTE (28)	85	NEEDLES	BD ULTRA-FINE ORIG PEN
B COMPLEX 1 (WITH FOLIC		BD LO-DOSE MICRO-FINE IV..57	NEEDLE59
ACID)	117	BD LUER-LOK BULK	BD ULTRA-FINE SHORT PEN
b complex-vitamin c-folic acid		SYRINGE	NEEDLE59
.....117, 118		BD LUER-LOK SYRINGE	BD VEO INSULIN SYR (HALF
bacitracin	74	BD LUER-LOK TIP CONTROL	UNIT).....59
bacitracin-polymyxin b	74	SYRING	BD VEO INSULIN SYRINGE
baclofen	24	BD MICROTAINER LANCET....58	UF59
BALANCE B-100 (FOLIC ACID)		BD NOKOR ADMIX NEEDLE....58	BD VERITOR AT-HOME
.....117		BD POSIFLUSH NORMAL	COVID19 TST59
BALANCE B-50 (WITH FOLIC		SALINE 0.9.....58, 72	BELSOMRA51
ACID)	117	BD PRECISIONGLIDE.....58	benazepril30
BALANCED B-100	118	BD PRECISIONGLIDE NON-	benazepril-hydrochlorothiazide
BALANCED SALT	77	STERILE.....5830, 39, 73
balsalazide	78	BD QUINCKE SPINAL	benznidazole13
BALZIVA (28)	85	NEEDLE	benzonatate103
BAQSIMI	91, 96	BD REGULAR BEVEL	benztropine23, 42
BARACLUDE	17	NEEDLES	BESER110
BASAGLAR KWIKPEN U-100		BD SAFETYGLIDE	betamethasone dipropionate....110
INSULIN	91, 93	ALLERGIST TRAY	betamethasone valerate110
BAYER ASPIRIN	27, 28, 44, 53	BD SAFETYGLIDE INSULIN	betamethasone, augmented110
		SYRINGE.....58	betaxolol75
		BD SAFETYGLIDE NEEDLE.....58	bethanechol chloride24

bexarotene	19, 115	<i>bupropion hcl (smoking deter)</i>	43	CAYA CONTOURED	101
BEXZERO	21	<i>buspirone</i>	45	CAYSTON	17
bicalutamide	19	<i>butalbital-acetaminop-caf-cod</i>	41, 44, 46, 49, 52	CAZIANT (28)	85
BIKTARVY	15	<i>butalbital-acetaminophen-caff</i>	41, 44, 46, 52	cefadroxil	12
bimatoprost	77	<i>butalbital-aspirin-caffeine</i>	28, 44, 46, 52, 53	cefedinir	12
BINAXNOW COVID AG CARD HOME TST	59	BUTTERFLY TOUCH LANCET	59	ceprozil	12
BINAXNOW COVID-19 AG SELF TEST	59	<i>cabergoline</i>	48	cefuroxime axetil	12
BIOGLO	69	<i>calcipotriene</i>	115	celecoxib	48
BIOLON	59	<i>calcipotriene-betamethasone</i>	110, 115	CELLTRION DIATRUST COV-19 HOME	59
BIOTHRAX	21	<i>calcitonin (salmon)</i>	84, 97	cephalexin	12
bisacodyl	78	<i>calcitriol</i>	115, 119	cetirizine	12, 106
bisoprolol fumarate	26, 31, 32, 35	<i>calcium acetate(phosphat bind)</i>	71	cevimeline	24
bisoprolol-hydrochlorothiazide	26, 31, 32, 35, 39, 73	CAMILA	85	CHANTIX	23
BLISOVI 24 FE	85	CAMRESE	85	CHANTIX CONTINUING MONTH BOX	23
BLISOVI FE 1.5/30 (28)	85	CAMRESE LO	85	CHARLOTTE 24 FE	85
BLISOVI FE 1/20 (28)	85	<i>candesartan</i>	29	CHATEAL (28)	85
blunt needle, disposable	59	<i>candesartan-hydrochlorothiazid</i>	29, 39, 73	CHATEAL EQ (28)	85
BLUNT SPINAL NEEDLE	59	CAPCOF	11, 22, 49, 103, 104	CHEK-STIX CONTROL	70
BOOSTRIX TDAP	21	<i>capecitabine</i>	19	CHEMO TRANSFER PIN	59
bosentan	40, 107	CAPRELSA	19	CHEMSTRIP 10 MD	70
BPO	112	<i>captopril</i>	30	CHEMSTRIP 10/SG	70
BREATHERITE SPACER-MASK, NEO	59	<i>captopril-hydrochlorothiazide</i>	30, 39, 73	CHEMSTRIP 2 GP	70
BREATHERITE SPACER-MASK,ADULT	59	<i>carbamazepine</i>	42, 43	CHEMSTRIP 50B	70
BREATHERITE SPACER-MASK,CHILD	59	<i>carbidopa</i>	48	CHEMSTRIP 7	70
BREATHERITE SPACER-MASK,INFANT	59	<i>carbidopa-levodopa</i>	48	CHEMSTRIP 9	70
BREATHERITE SPACER-MASK,S.CHLD	59	<i>carbidopa-levodopa-entacapone</i>	48	CHILDREN'S ASPIRIN	28, 44, 54
BRIELLYN	85	<i>carbinoxamine maleate</i>	11, 104	<i>chlordiazepoxide hcl</i>	47
BRILINTA	28	<i>cardioplegic soln</i>	72	<i>chlordiazepoxide-clidinium</i>	22, 47
brimonidine	74, 115	CAREONE LANCING DEVICE	59	<i>chlorhexidine gluconate</i>	76
brimonidine-timolol	74, 75	CAREONE ULTRA THIN LANCET	59	<i>chloroquine phosphate</i>	13
brinzolamide	76	CAREPOINT LUER LOCK SYR-NEEDLE	59	<i>chlorpromazine</i>	52
bromfenac	77	CARESTART COVID-19 AG HOME TST	59	<i>chlorthalidone</i>	39, 73
bromocriptine	48	CARETOUCH ALCOHOL PREP PAD	113	<i>chlorzoxazone</i>	23
brompheniramine-pseudoeph-dm	22, 102, 103, 104	CARETOUCH LANCING DEVICE	59	<i>cholestyramine (with sugar)</i>	32
BSS	77	CARETOUCH LUER LOCK SYR-NEEDLE	59	CHOLESTYRAMINE LIGHT	32
budesonide	82, 105	CARETOUCH TWIST LANCET	59	<i>cholestyramine-aspartame</i>	32
budesonide-formoterol	25, 82, 105, 107	<i>carisoprodol</i>	23	CICLODAN	112
BUFFERIN	28, 44, 53	<i>carisoprodol-aspirin-codeine</i>	23, 49, 53	CICLODAN KIT	112, 115
BULLSEYE MINI SAFETY LANCETS	59	<i>carteolol</i>	75	<i>ciclopirox</i>	112
bumetanide	38, 71	CARTIA XT	32, 33, 34, 35, 40	<i>ciclopirox-ure-camph-menth-euc</i>	112
buprenorphine	51	<i>carvedilol</i>	24, 25, 28, 31, 35, 37	<i>cilstazol</i>	28, 38
buprenorphine hcl	51			<i>cimetidine</i>	80
buprenorphine-naloxone	51			CIMZIA	79, 98, 99
bupropion hcl	43			CIMZIA POWDER FOR RECONST	79, 98, 99
				CIMZIA STARTER KIT	79, 98, 99
				<i>cinacalcet</i>	84
				CIPRO HC	74, 76
				<i>ciprofloxacin</i>	13, 18
				<i>ciprofloxacin hcl</i>	13, 18, 74

ciprofloxacin-dexamethasone		COMBIVENT RESPIMAT		DAYSEE	86
	74, 76		22, 25, 103, 107	DEBLITANE	86
ciprofloxacin-fluocinolone	74, 76	COMETRIQ	19	deferasirox	81
citalopram	55	COMFORT EZ LANCETS	59	DELFLEX WITH 2.5 %	
CITRATE OF MAGNESIA	78	COMIRNATY 2023-24 (12Y		DEXTROSE	71
CITROMA	78	UP)(PF)	21	DELFLEX-LC/1.5%	
clarithromycin	13, 17	COMPACT SPACE		DEXTROSE	71
CLASSIC PRENATAL	27, 117, 118	CHAMBER-LRG MASK	59	DELFLEX-LC/2.5%	
CLEARLAX	78	COMPACT SPACE		DEXTROSE	71
clemastine	11, 104	CHAMBER-MED MASK	59	DELFLEX-LC/4.25%	
CLENPIQ	78	COMPACT SPACE		DEXTROSE	71
CLEOCIN	108	CHAMBER-SM MASK	59	DELSTRIGO	15
CLEVER CHEK LANCETS	59	COMPLERA	15	demeclocycline	18
CLEVER CHOICE CHAMBER-		CORTIFOAM	110	DENTA 5000 PLUS	97
LRG MASK	59	cortisone	82	DEPO-SUBQ PROVERA 104	93
CLEVER CHOICE CHAMBER-		COSENTYX	98, 115	DERMACINRX PRIZOPAK	108
MED MASK	59	COSENTYX (2 SYRINGES)		DESCOVY	15
CLEVER CHOICE CHAMBER-			98, 115	desflurane	49
SM MASK	59	COSENTYX PEN	98, 115	desipramine	55
CLINDACIN ETZ	108	COSENTYX PEN (2 PENS)		desloratadine	12, 106
clindamycin hcl	16		98, 115	desmopressin	27, 93
CLINDAMYCIN PEDIATRIC	17	COVARYX	83, 90	desog-e.estradiol/e.estriol	86
clindamycin phosphate	108	COVARYX H.S.	83, 90	desogestrel-ethinyl estradiol	86
clindamycin-benzoyl peroxide		COVID-19 AT-HOME TEST	60	desonide	110
	108, 112	CREON	79	desoximetasone	110
clindamycin-tretinoin	108, 110	CRESEMBА	14	desvenlafaxine	54
CLINITEST COVID-19 HOME		CRINONE	93	desvenlafaxine succinate	54
TEST	59	cromolyn	74, 105	DEX4 GLUCOSE	70
clobazam	46, 47	CRYOSERV	101	DEX4 GLUCOSE BITS	70
clobetasol	110	CRYSELLE (28)	86	DEX4 GLUCOSE POUCH	
clobetasol-emollient	110	CURITY ALCOHOL SWABS	113	PACK	71
CLODAN	110	cyanocobalamin (vitamin b-12)	118	DEX4 GLUCOSE QUICK	
CLOMID	90	cyclobenzaprine	23	DISSOLVE	71
clomiphene citrate	90	cyclopentolate	77	dexamethasone	82
clomipramine	55	cyclophosphamide	19, 101	DEXAMETHASONE	
clonazepam	47	cycloserine	13	INTENSOL	82
clonidine	22, 34	cyclosporine	77, 98, 99, 101	dexamethasone sodium	
clonidine hcl	22, 34	cyclosporine modified	98, 99, 101	phosphate	76
clopidogrel	28	CYCLOTENS STARTER	24, 60	dexchlorpheniramine maleate	
clorazepate dipotassium	47	cyproheptadine	11, 104		11, 104
clotrimazole	109	CYRED	86	DEXCOM G6 RECEIVER	60
clotrimazole-betamethasone		CYRED EQ	86	DEXCOM G6 SENSOR	60
	109, 110	CYSTAGON	101	DEXCOM G6 TRANSMITTER	60
clozapine	45	dalfampridine	101	DEXCOM G7 RECEIVER	60
COAGUCHEK LANCETS	59	danazol	83	DEXCOM G7 SENSOR	60
COARTEM	13	dantrolene	24	dexlansoprazole	81
codeine sulfate	49, 103	dapsone	13, 108, 115	dexamethylphenidate	53
colchicine	96	DAPTACEL (DTAP		dextroamphetamine sulfate	40, 41
colesevelam	32, 84	PEDIATRIC) (PF)	21	dextroamphetamine-	
colestipol	32	darifenacin	116	amphetamine	41
COLOR LANCETS	59	DASETTA 1/35 (28)	86	dextrose	71
COMBIPATCH	90, 93	DASETTA 7/7/7 (28)	86	DIALYVITE 800	118
COMBISTIX REAGENT	70	DAVOL IRRIGATION		DIASTIX	70
		SYRINGE	60	diazepam	47
		DAVOL PISTON IRRIGATION	60	diclofenac potassium	51

<i>diclofenac sodium</i>	51, 77, 114	<i>dutasteride-tamsulosin</i>	25, 96	ELIQUIS DVT-PE TREAT 30D
<i>diclofenac-misoprostol</i>	51, 80	DY-O-DERM	113	START
<i>dicloxacillin</i>	17	EASIVENT MASK LARGE	60	ELIXOPHYLLIN
<i>dicyclomine</i>	22	EASIVENT MASK MEDIUM	60	ELLA
DIFICID	17	EASIVENT MASK SMALL	60	ELLUME COVID-19 HOME
<i>diflorasone</i>	110	EASY COMFORT ALCOHOL		TEST
<i>dilflunisal</i>	51	PAD	113	ELMIRON
DIGITEK	31, 34	EASY COMFORT LANCETS	60	ELURYNG
DIGOX	31, 34	EASY MINI EJECT LANCING		EMBRACE LANCETS
<i>digoxin</i>	31, 34	DEVICE	60	EMBRACE LANCING DEVICE
<i>dihydroergotamine</i>	24, 44	EASY TOUCH	60	EMBRACE PEN NEEDLE
DILANTIN	35, 48	EASY TOUCH ALCOHOL		EMBRACE SAFETY LANCET
<i>diltiazem hcl</i>	32, 33, 34, 35, 36, 40	PREP PADS	113	EMCYT
DILT-XR	32, 33, 34, 36, 40	EASY TOUCH FLIPLOCK		EMFLAZA
<i>dimethyl fumarate</i>	99	SYRINGE	60	EMGALITY PEN
DIPENTUM	78	EASY TOUCH FLURINGE	60	EMGALITY SYRINGE
<i>diphenhydramine hcl</i>	11, 104	EASY TOUCH FLURINGE		EMSAM
<i>diphenoxylate-atropine</i>	23, 78	FLIPLOCK	60	<i>emtricitabine</i>
<i>dipyridamole</i>	28, 40	EASY TOUCH FLURINGE		<i>emtricitabine-tenofovir (tdf)</i>
<i>disopyramide phosphate</i>	35	SHEATHLOCK	60	EMTRIVA
<i>disulfiram</i>	96	EASY TOUCH LANCETS	60	EMVERM
<i>divalproex</i>	42, 43, 44	EASY TOUCH LANCING		<i>enalapril maleate</i>
<i>dofetilide</i>	35	DEVICE	60	<i>enalapril-hydrochlorothiazide</i>
DOLISHALE	86	EASY TOUCH SAFETY		30, 39, 73
<i>donepezil</i>	24	LANCETS	60	ENBREL
<i>dorzolamide</i>	76	EASY TOUCH TUBERCULIN		ENBREL MINI
<i>dorzolamide-timolol</i>	75, 76	FLIPLOCK	60	ENBREL SURECLICK
<i>dorzolamide-timolol (pf)</i>	75, 76	EASY TOUCH TUBERCULIN		ENDOCET
DOTTI	90	SHEATHLK	60	ENFAMIL GLUCOSE
DOVATO	15	EASY TOUCH TWIST		ENGERIX-B (PF)
<i>doxazosin</i>	24, 28, 29, 37	LANCETS	60	ENGERIX-B PEDIATRIC (PF)
<i>doxepin</i>	56, 109	EASY TWIST AND CAP		<i>enoxaparin</i>
<i>doxercalciferol</i>	119	LANCETS	60	ENPRESSE
<i>doxycycline hyclate</i>	18, 75	ECLIPSE SYRINGE	60	ENSKYCE
<i>doxycycline monohydrate</i>	18	EC-NAPROXEN	51, 96	<i>entacapone</i>
<i>doxylamine-pyridoxine (vit b6)</i>		econazole	109	<i>entecavir</i>
	78, 104, 118	ECONTRA EZ	86	ENTRESTO
D-PENAMINE	81, 98	ECONTRA ONE-STEP	86	ENULOSE
<i>dronabinol</i>	78	ECOTRIN	28, 44, 54	<i>epinastine</i>
DROPLET GENTEEL		ECOTRIN LOW STRENGTH		<i>epinephrine</i>
LANCING DEVICE	60		28, 44, 54	EPITOL
DROPLET LANCETS	60	ED-SPAZ	23	<i>eplerenone</i>
DROPLET LANCING DEVICE	60	EEMT	83, 90	<i>ergocalciferol (vitamin d2)</i>
DROPSAFE ALCOHOL PREP		EEMT HS	83, 90	<i>ergoloid</i>
PADS	113	efavirenz	15	<i>ergotamine-caffeine</i>
<i>drospirenone-e.estriadiol-lm.fa</i>	86	efavirenz-lamivu-tenofov disop	15	ERIVEDGE
<i>drospirenone-ethinyl estradiol</i>	86	EFFER-K	72	<i>erlotinib</i>
DUAVEE	90	eletriptan	54	ERRIN
DULCOLAX (MAGNESIUM HYDROXIDE)	79	ELIGARD	19, 91	ERTACZO
DULERA	25, 82, 106, 107	ELIGARD (3 MONTH)	19, 91	ERY PADS
<i>duloxetine</i>	48, 54	ELIGARD (4 MONTH)	19, 91	ERYTHROCIN (AS STEARATE)
DUPIXENT PEN	115	ELIGARD (6 MONTH)	19, 91	<i>erythromycin</i>
DUPIXENT SYRINGE	105, 115	ELINEST	86	<i>erythromycin ethylsuccinate</i>
<i>dutasteride</i>	96	ELIQUIS	26	<i>erythromycin with ethanol</i>

erythromycin-benzoyl peroxide	108	flecainide	35	FREESTYLE LIBRE 14 DAY
escitalopram oxalate	55	FLEXICHAMBER-LG CHILD		SENSOR
esomeprazole magnesium	81	MASK	61	FREESTYLE LIBRE 2
ESTARYLLA	86	FLEXICHAMBER-SM ADULT		READER
estazolam	47	MASK	61	FREESTYLE LIBRE 2
estradiol	90	FLEXICHAMBER-SM CHILD		SENSOR
estradiol-norethindrone acet.	90, 93	MASK	61	FREESTYLE UNISTIK 2
estrogens-methyltestosterone		FLONASE ALLERGY RELIEF		frovatriptan
	83, 90		76, 105	FULL SPECTRUM B-VITAMIN
eszopiclone	45	FLOVENT DISKUS	82, 106	C
ethambutol	13	FLOW-EZE VENTED NEEDLE	61	furosemide
ethosuximide	55	FLOWFLEX COVID-19 AG		FYAVOLV
ethynodiol diac-eth estradiol	86	HOME TEST	61	FYCOMPA
etodolac	51	fluconazole	14	G TUSSIN AC
etonogestrel-ethinyl estradiol	86	flucytosine	17	gabapentin
etoposide	19	fludrocortisone	82	galantamine
EUTHYROX	95	flunisolide	76, 105	GARDASIL 9 (PF)
everolimus		fluocinolone	110, 111	gatifloxacin
(immunosuppressive)	101	fluocinolone acetonide oil	76	GAVILAX
EVOTAZ	16, 101	fluocinolone and shower cap	110	GAVILYTE-C
EXCEL SYRINGE	61	fluocinonide	111	GAVILYTE-G
EXEL HYPODERMIC NEEDLES	61	FLUOCINONIDE-E	111	gemfibrozil
EXEL SYRINGE	61	fluocinonide-emollient	111	GEMMILY
exemestane	19, 84	fluoride (sodium)	97	GENABIO COVID-19 RAPID
EXTAVIA	99	fluorometholone	76	AT-HOME
EXTRANEAL 7.5 %	71	fluorouracil	19, 115	GENGRAF
E-Z JECT LANCETS	61	fluoxetine	55	gentamicin
E-Z JECT THIN LANCETS	61	fluphenazine decanoate	52	GENTLE LAXATIVE
EZ SMART LANCETS	61	fluphenazine hcl	52	(BISACODYL)
ezetimibe	34	flurandrenolide	111	GENTLELAX
ezetimibe-simvastatin	35, 37	flurazepam	47	GENVOYA
FALMINA (28)	86	flurbiprofen	51	GILOTrif
famciclovir	17	flurbiprofen sodium	77	glatiramer
famotidine	80	fluticasone furoate-vilanterol		GLATOPA
FANAPT	45	fluticasone propionate		glimepiride
FANTASY CONDOM	101		76, 83, 105, 106, 111	glipizide
FARXIGA	94	fluticasone propion-salmeterol		glipizide-metformin
FC2 FEMALE CONDOM	101		25, 83, 106, 107	GLOSTRIPS
febuxostat	96	fluvastatin	37	GLUCAGEN DIAGNOSTIC KIT
felbamate	42	fluvoxamine	55	
felodipine	33, 36, 37, 40	folic acid	118	69, 91
FEMCAP	61, 101	FOLTABS 800	118	GLUCAGEN HYPOKIT
fenofibrate	37	fondaparinux	26	GLUCAGON (HCL)
fenofibrate micronized	37	FORA LANCING DEVICE	61	EMERGENCY KIT
fenofibrate nanocrystallized	37	FORACARE LANCETS	61	GLUCAGON EMERGENCY
fenoprofen	51	FORANE	49	KIT (HUMAN)
fentanyl	49	formoterol fumarate	25, 107	glucagon hcl
filter needles	61	fosamprenavir	16	GLUCO BURST
finasteride	96	fosinopril	30	GLUCOCOM LANCETS
FINGERSTIX LANCETS	61	fosinopril-hydrochlorothiazide		glucose
fingolimod	99		30, 31, 39, 73	GLUCOSE BITS
FINZALA	86	FREESTYLE LANCETS	61	GLUCOSE GEL
FIRVANQ	14	FREESTYLE LIBRE 14 DAY		GLUCOSE KETONE
flavoxate	116	READER	61	CONTROL SOLN
				GLUTOL GEL
				GLUTOSE-5

glyburide.....	95	HUMIRA(CF) PEN CROHNS-UC-HS	80, 98, 100	ICLEVIA	86
glyburide micronized.....	95	HUMIRA(CF) PEN PEDIATRIC		IHEALTH COVID-19 AG HOME TEST	62
glyburide-metformin.....	84, 95	UC	80, 98, 100	imatinib	19
GLYCINE UROLOGIC	71	HUMIRA(CF) PEN PSOR-UV-ADOL HS	80, 98, 100	IMBRUVICA	19
glycine urologic solution.....	71	HUMULIN 70/30 U-100		imipramine hcl	56
glycopyrrolate	23	INSULIN	91, 92, 94	imipramine pamoate	56
GOJJI LANCETS	61	HUMULIN 70/30 U-100		imiquimod	115
GOJJI LANCING DEVICE	61	KWIKPEN	91, 92, 94	IMOVA X RABIES VACCINE (PF)	21
granisetron hcl	78	HUMULIN N NPH INSULIN		INCASSIA	86
griseofulvin microsize	13	KWIKPEN	91, 92	INCONTROL ALCOHOL PADS	113
griseofulvin ultramicrosize	13	HUMULIN N NPH U-100		INCONTROL LANCING DEVICE	62
guaiacol	113	INSULIN	91, 92	INCONTROL SUPER THIN LANCETS	62
GUAIFENESIN AC	49, 103, 104	HUMULIN R REGULAR U-100		INCONTROL ULTRA THIN LANCETS	62
GUAIFENESIN DAC	22, 49, 102, 103, 104	INSULIN	91, 94	INCRELEX	95
guanfacine	34, 48	HUMULIN R U-500 (CONC)		indapamide	40, 73
GYNAZOLE-1	109	INSULIN	91, 94	INDICAID COVID-19 AG HOME TEST	62
HADLIMA	79, 98, 99	HUMULIN R U-500 (CONC)		indomethacin	52, 96
HADLIMA PUSHTOUCH	80, 98, 99	KWIKPEN	91, 94	INFANRIX (DTAP) (PF)	21
HADLIMA(CF)	80, 98, 100	HURRICAINE LUER-LOCK DIS CAP	62	INJECT EASE LANCETS	62
HADLIMA(CF) PUSHTOUCH	80, 98, 100	hydralazine	36	INJECT-EASE	62
HAILEY	86	hydrochlorothiazide	39, 73	INLYTA	19
HAILEY 24 FE	86	hydrocodone bitartrate	50	INSTACLEAN	113
HAILEY FE 1.5/30 (28)	86	hydrocodone-acetaminophen	41, 50	insulin asp prt-insulin aspart	91, 92, 94
HAILEY FE 1/20 (28)	86	hydrocodone-chlorpheniramine	11, 50, 103, 104	insulin aspart u-100	92, 94
halcinonide	111	hydrocodone-ibuprofen	50, 52	insulin lispro	92, 94
halobetasol propionate	111	hydrocortisone	83, 111	insulin lispro protamin-lispro	92, 94
HALOETTE	86	hydrocortisone acetate	111	INSULIN SYRINGE	
haloperidol	47	hydrocortisone butyrate	111	MICROFINE	62
haloperidol lactate	47	hydrocortisone butyr-emollient	111	INTEGRA SYRINGE	62
HAVRIX (PF)	21	hydrocortisone valerate	111	INTELISWAB COVID-19 HOME TEST	62
HEALTHY ACCENTS		hydrocortisone-acetic acid	76	INTERLINK SYRINGE	
AUTOLET	62	hydrogen peroxide	77	CANNULA	62
HEALTHY ACCENTS UNILET LANCET	62	HYDROMET	23, 50, 103	INVACARE LANCETS	62
HEATHER	86	hydromorphone	50	INVEGA SUSTENNA	45
HEMA-COMBISTIX	70	hydroxychloroquine	13, 98, 100	INVEGA TRINZA	46
heparin (porcine)	27	hydroxypropyl cellulose	102	IOPIDINE	77
HEPLISAV-B (PF)	21	hydroxyurea	19	IPOL	21
HER STYLE	86	hydroxyzine hcl	11, 45	ipratropium bromide	23, 77, 103
HIBERIX (PF)	21	hydroxyzine pamoate	11, 45	ipratropium-albuterol	23, 25, 103, 107
HOMATROPAIRE	77	HYFTOR	115	irbesartan	29
huber safety needles (disp.)	62	hyoscymine sulfate	23	irbesartan-hydrochlorothiazide	29, 39, 73
HUMIRA	80, 98, 100	HYOSYNE	23	ISENTRESS	15
HUMIRA PEN	80, 98, 100	HYPODERMIC NEEDLES	62	ISIBLOOM	86
HUMIRA PEN CROHNS-UC-HS START	80, 98, 100	HYPOLANCE AST LANCING	62	isoflurane	49
HUMIRA PEN PSOR-UVEITS-ADOL HS	80, 98, 100	hypromellose	102		
HUMIRA(CF)	80, 98, 100	ibandronate	97		
HUMIRA(CF) PEDI CROHNS STARTER	80, 98, 100	IBRANCE	19		
HUMIRA(CF) PEN	80, 98, 100	IBU	52		
		ibuprofen	52		
		ibuprofen-famotidine	52, 80		

<i>isoniazid</i>	13	KURVELO (28)	87	<i>lidocaine hcl</i>	77, 109
<i>isopropyl alcohol</i>	113	<i>I norgest/e.estradiol-e.estrad</i>	87	LIDOCAINE VISCOUS	77
<i>isosorbide dinitrate</i>	38	<i>labetalol</i>	24, 25, 29, 31, 32, 35	<i>lidocaine-prilocaine</i>	109
<i>isosorbide mononitrate</i>	38	LABSTIX REAGENT	70	LIDOPIN	109
<i>isotretinoin</i>	116	<i>lacosamide</i>	42	LIFESHIELD BLUNT	
ISTURISA	101	<i>lactulose</i>	70	CANNULA	62
IV PREP WIPES	113	LAGEVRIO (EUA)	17	<i>linezolid</i>	17
<i>ivermectin</i>	13, 114	<i>lamivudine</i>	16	<i>liothyronine</i>	95
IXIARO (PF)	21	<i>lamivudine-zidovudine</i>	16	<i>lisinopril</i>	30, 31
JAIMIESS	86	<i>lamotrigine</i>	42, 43	<i>lisinopril-hydrochlorothiazide</i>	
JAKAFI	19	<i>lancets</i>	62		30, 31, 39, 73
JANTOVEN	26	LANCETS, SUPER THIN	62	LITE TOUCH LANCETS	62
JARDIANCE	94	LANCETS,THIN	62	LITE TOUCH LANCING	
JASMIEL (28)	86	LANCETS,ULTRA THIN	62	DEVICE	62
JENCYCLA	87	<i>lancing device</i>	62	LITE TOUCH-MEDIUM MASK	62
JOLESSA	87	<i>lancing device with lancets</i>	62	LITETOUGH-LARGE MASK	62
JULEBER	87	LANCING SYSTEM	62	LITETOUGH-SMALL MASK	62
JULUCA	15	<i>lansoprazole</i>	81	<i>lithium carbonate</i>	43
JUNEL 1.5/30 (21)	87	<i>lanthanum</i>	71, 96	LO LOESTRIN FE	87
JUNEL 1/20 (21)	87	LANZO LANCING DEVICE	62	LOJAIMIESS	87
JUNEL FE 1.5/30 (28)	87	<i>lapatinib</i>	19	<i>loperamide</i>	78
JUNEL FE 1/20 (28)	87	LARIN 1.5/30 (21)	87	<i>lopinavir-ritonavir</i>	16
JUNEL FE 24	87	LARIN 1/20 (21)	87	<i>lorazepam</i>	47
JYNARQUE	74	LARIN 24 FE	87	LORYNA (28)	87
KAITLIB FE	87	LARIN FE 1.5/30 (28)	87	<i>losartan</i>	29, 30
KALLIGA	87	LARIN FE 1/20 (28)	87	<i>losartan-hydrochlorothiazide</i>	
KALYDECO	104	LASTACRAFT ONCE DAILY			29, 30, 39, 73
KARIVA (28)	87	RELIEF	74	<i>loteprednol etabonate</i>	76
KELNOR 1/35 (28)	87	<i>latanoprost</i>	77	<i>lovastatin</i>	37
KELNOR 1-50 (28)	87	LAXATIVE (BISACODYL)	79	LOW-OGESTREL (28)	88
<i>ketoconazole</i>	14, 109	LAXATIVE PEG 3350	79	<i>loxapine succinate</i>	45
KETO-DIASTIX	70	LAYOLIS FE	87	LO-ZUMANDIMINE (28)	88
KETONE CARE	69	LEENA 28	87	<i>lubiprostone</i>	79
KETONE URINE TEST	69	<i>leflunomide</i>	98, 100	LUIDENT FLUORIDE	97
<i>ketoprofen</i>	52	<i>lenalidomide</i>	19, 100	LUER LOCK SYRINGE	62
<i>ketorolac</i>	52, 77	LENVIMA	20	LUER-LOK TIP	62
KETOSTIX	69	LESSINA	87	<i>luliconazole</i>	109
KIMONO CONDOMS(NON-LUBRICATED)	102	<i>letrozole</i>	20, 84	<i>lurasidone</i>	46
KIMONO MICROTHIN AQUA		<i>leucovorin calcium</i>	96	LUTERA (28)	88
LUBE CON	102	LEUKERAN	20	LYLEQ	88
KIMONO MICROTHIN CONDOMS	102	<i>levalbuterol tartrate</i>	25, 107	LYSODREN	20
KIMONO MICROTHIN LARGE CONDOMS	102	<i>levetiracetam</i>	42	LYZA	88
KIMONO TEXTURED CONDOMS	102	<i>levobunolol</i>	75	<i>mafenide acetate</i>	113
KINRIX (PF)	21	<i>levocetirizine</i>	12, 106	MAGELLAN SAFETY	
KLOR-CON 10	72	<i>levofloxacin</i>	14, 18, 75	SYRINGE	62
KLOR-CON 8	72	LEVONEST (28)	87	MAGELLAN SYRINGE	62
KLOR-CON M10	72	<i>levonorgestrel</i>	87	MAGELLAN TUBERCULIN	
KLOR-CON M15	72	<i>levonorgestrel-ethinyl estrad</i>	87	SAFETY SYR	63
KLOR-CON M20	72	<i>levonorg-eth estrad triphasic</i>	87	<i>magnesium citrate</i>	79
KLOR-CON/EF	72	LEVORA-28	87	<i>magnesium hydroxide</i>	79
KOBEE	118	<i>levorphanol tartrate</i>	50	<i>malathion</i>	114
		<i>levothyroxine</i>	95	<i>maraviroc</i>	14
		LEVOXYL	95	MARLISSA (28)	88
		LEXIVA	16	MATULANE	20
		<i>lidocaine</i>	109	MATZIM LA	32, 33, 34, 36, 40

MAXI-TUSS AC	50, 103, 104	MICROGESTIN 24 FE	88	MONOJECT LUER-LOCK TIP ...	63
MD-GASTROVIEW	70	MICROGESTIN FE 1.5/30 (28) ..	88	MONOJECT MAGELLAN	
<i>meclizine</i>	11, 78	MICROGESTIN FE 1/20 (28) ..	88	SYRINGE	63
MEDISENSE MID CONTROL	63	MICROLET 2 LANCING		MONOJECT MEDICATION	
MEDISENSE THIN LANCETS	63	DEVICE	63	TRANSF NDL	63
MEDLANCE PLUS LANCETS	63	MICROLET LANCET	63	MONOJECT PHARMACY	
MEDLANCE PLUS SPECIAL		MICROLET NEXT LANCING		TRAY LUER	63
BLADE	63	DEVICE	63	MONOJECT PHARMACY	
<i>medroxyprogesterone</i>	93	<i>midazolam</i>	47	TRAY REG TIP	63
<i>mefenamic acid</i>	52	<i>midazolam (pf)</i>	47	MONOJECT PREFILL	
<i>mefloquine</i>	13	<i>midodrine</i>	22	ADVANCED NS	63, 72
<i>megestrol</i>	20, 93	<i>miglitol</i>	83	MONOJECT REG TIP NON-	
MEKINIST	20	MILI	88	STERILE	63
<i>meloxicam</i>	52	MILK OF MAGNESIA	79	MONOJECT REGULAR LUER..	63
<i>melphalan</i>	20	MILK OF MAGNESIA		MONOJECT SAFETY LUER	
<i>memantine</i>	48	CONCENTRATED	79	LOCK TIP	63
MENACTRA (PF)	21	MIMVEY	91, 93	MONOJECT SAFETY	
MENTAX	109	MINI LANCING DEVICE	63	SYRINGES	63
MENVEO A-C-Y-W-135-DIP		MINI TRANSFER PIN	63	MONOJECT SYRINGE	64
(PF)	21	MINIMED QUICK-SERTER		MONOJECT SYRINGE	
<i>meprobamate</i>	45	(MMT-395)	63	ECCENTRI LUER	64
<i>mercaptopurine</i>	20, 101	<i>minocycline</i>	18	MONOJECT SYRINGE LUER	
MERZEE	88	<i>minoxidil</i>	36	LOK	64
<i>mesalamine</i>	78	<i>mirtazapine</i>	43	MONOJECT SYRINGE	
<i>mesalamine with cleansing</i>		<i>misoprostol</i>	80	REGULAR LUER	64
<i>wipe</i>	78	M-M-R II (PF)	21	MONOJECT SYRINGE	
METADATE ER	53	<i>modafinil</i>	56	TOOMEY TYPE	64
<i>metaxalone</i>	24	<i>mometasone</i>	76, 105, 111	MONOJECT TB	64
<i>metformin</i>	84	MONOJECT 0.9% SODIUM		MONOJECT TB LUER LOK	64
<i>methadone</i>	50	CHLORIDE	63, 72	MONOJECT TB REGULAR	
METHADONE INTENSOL	50	MONOJECT 140CC PISTON		LUER TIP	64
<i>methamphetamine</i>	41	SYRINGE	63	MONOJECT TB SAFETY	
<i>methazolamide</i>	76	MONOJECT 35CC SYRINGE		SYRINGE	64
<i>methimazole</i>	84	CATH TIP	63	MONOJECT TIP	
<i>methocarbamol</i>	24	MONOJECT 3CC SYR 25GX1" .	63	CAPS/FLEX/LUER	64
<i>methotrexate sodium</i>		MONOJECT ALLERGY TRAY ..	63	MONOJECT TUBERCULIN	
..... 20, 98, 100, 101		MONOJECT ALLERGY TRAY		SYRINGE	64
<i>methscopolamine</i>	23	DETACH	63	MONOLET LANCETS	64
<i>methyldopa</i>	22, 34	MONOJECT BLOOD		MONOLET THIN LANCETS	64
<i>methylergonovine</i>	102	COLLECTION	63	MONO-LINYAH	88
<i>methylphenidate hcl</i>	53	MONOJECT BLUNT		MONSEL'S	27
<i>methylprednisolone</i>	83	CANNULAS	63	<i>montelukast</i>	105
<i>methyltestosterone</i>	83	MONOJECT CONTROL		<i>morphine</i>	50
<i>metoclopramide hcl</i>	80	SYRINGE LUER	63	<i>morphine concentrate</i>	50
<i>metolazone</i>	40, 74	MONOJECT DISPOSABLE		MOTOFEN	78
<i>metoprolol succinate</i> 26, 31, 32, 35		SYRINGE	63	MOUNJARO	91
<i>metoprolol ta-hydrochlorothiaz</i>		MONOJECT ECCENTRIC		MOUTHPIECE	64
..... 26, 31, 32, 35, 39, 73		NON-STERILE	63	MOVANTIK	80
<i>metoprolol tartrate</i>	26, 31, 32, 35	MONOJECT FILTER		<i>oxifloxacin</i>	14, 18, 75
<i>metronidazole</i>	12, 13, 108	ASPIRATOR	63	MULTI-DRAW NEEDLE	64
<i>metyrosine</i>	101	MONOJECT FILTER NEEDLE ..	63	MULTI-LANCET DEVICE 2	64
MIBELAS 24 FE	88	MONOJECT HYPODERMIC		MULTISTIX	70
MICRO THIN LANCETS	63	NEEDLES	63	MULTISTIX 10 SG	70
MICROGESTIN 1.5/30 (21)	88	MONOJECT HYPODERMIC		MULTISTIX 5	70
MICROGESTIN 1/20 (21)	88	POLYPROPYL	63	MULTISTIX 7	70

MULTISTIX 8 SG.....	70	NICODERM CQ.....	23	<i>nystatin-triamcinolone</i>	114
MULTISTIX 9.....	70	NICORETTE.....	23	NYSTOP.....	114
MULTISTIX 9 SG.....	70	<i>nicotine</i>	23	OCELLA.....	88
MULTI-VIT WITH FLUORIDE-IRON.....	27, 97, 117	<i>nicotine (polacrilex)</i>	23	OCUCOAT.....	77
MULTIVITAMIN WITH FLUORIDE.....	97, 117	NICOTROL.....	23	ODEFSEY.....	15, 16
MULTI-VITAMIN WITH FLUORIDE.....	97, 117	NICOTROL NS.....	23	OFEV.....	103
MULTIVITAMINS WITH FLUORIDE.....	97, 117	<i>nifedipine</i>	33, 36, 37, 40	<i>ofloxacin</i>	18, 75
<i>mupirocin</i>	108	NIKKI (28).....	88	<i>olanzapine</i>	43, 46
MURI-LUBE.....	109	<i>nilutamide</i>	20	<i>olanzapine-fluoxetine</i>	46, 55
MVC-FLUORIDE.....	97, 117	<i>nitazoxanide</i>	13	<i>olmesartan</i>	29, 30
MY CHOICE.....	88	NITRO-DUR.....	38	<i>olmesartanamlodipin-hctiazid</i>	29, 30, 33, 36, 39, 73
MY WAY.....	88	<i>nitrofurantoin</i>	18	<i>olmesartan-hydrochlorothiazide</i>	29, 30, 39, 73
<i>mycophenolate mofetil</i>	101	<i>nitrofurantoin macrocrystal</i>	18	<i>olopatadine</i>	74
<i>mycophenolate sodium</i>	101	<i>nitrofurantoin monohyd/m-cryst</i> ..	18	<i>omega-3 acid ethyl esters</i>	31
MYGLUCOHEALTH LANCETS.	64	<i>nitroglycerin</i>	38	<i>omeprazole</i>	81
MYLERAN.....	20	NITRO-TIME.....	38	<i>omeprazole magnesium</i>	81
MYRBETRIQ.....	117	<i>nizatidine</i>	80	<i>omeprazole-sodium bicarbonate</i>	81
<i>nabumetone</i>	52	NOKOR NEEDLE.....	64	OMNIPOD 5 G6 INTRO KIT (GEN 5).....	65
<i>nadolol</i>	24, 31, 32, 35	NORA-BE.....	88	OMNIPOD 5 G6 PODS (GEN 5).....	65
<i>naftifine</i>	108	<i>noreth-ethinyl estradiol-iron</i>	88	OMNIPOD DASH INTRO KIT (GEN 4).....	65
<i>naloxefene</i>	51	<i>norethindrone (contraceptive)</i>	88	OMNIPOD DASH PDM KIT (GEN 4).....	65
<i>naloxone</i>	51, 96	<i>norethindrone acetate</i>	93	OMNIPOD DASH PODS (GEN 4).....	65
<i>naproxen</i>	52, 96	<i>norethindrone ac-eth estradiol</i>	88, 91, 94	OMNITROPE.....	93
<i>naproxen sodium</i>	52, 96	<i>norethindrone-e.estradiol-iron</i>	88	ON CALL LANCET.....	65
<i>naproxen-esomeprazole</i>	52, 81	<i>norgestimate-ethinyl estradiol</i>	88	ON CALL LANCING DEVICE.....	65
<i>naratriptan</i>	54	NORMAL SALINE FLUSH... 64, 72		ON CALL PLUS LANCET.....	65
NATACYN.....	75	NORPACE CR.....	35	ON CALL PLUS LANCING DEVICE.....	65
<i>nateglinide</i>	93	NORTREL 0.5/35 (28).....	88	ondansetron.....	78
NATURA-LAX.....	79	NORTREL 1/35 (21).....	88	<i>ondansetron hcl</i>	78
NAYZILAM.....	47	NORTREL 1/35 (28).....	88	ONE DAILY PRENATAL.....	27, 72, 117, 118
NEBUSAL.....	64, 72	NORTREL 7/7/7 (28).....	88	ONE WAY VALVED MOUTHPIECE.....	65
NECON 0.5/35 (28).....	88	<i>nortriptyline</i>	56	ONETOUCH DELICA PLUS LANC DEV.....	65
<i>needle (disp) 16 g</i>	64	NORVIR.....	16	ONETOUCH DELICA PLUS LANCET.....	65
<i>needle (disp) 18 g</i>	64	NOVA SAFETY LANCETS.....	64	ONETOUCH VERIO FLEX METER.....	65
<i>needle (disp) 19 g</i>	64	NOVA SUREFLEX LANCETS....	64	ONETOUCH VERIO HIGH CONTROL.....	65
<i>needle (disp) 23 gauge</i>	64	NOVAMAX PLUS KETONE.....	64	ONETOUCH VERIO MID CONTROL.....	65
<i>needles, huber disposable</i>	64	NOVOFINE 32.....	64	ONETOUCH VERIO TEST STRIPS.....	69
<i>nefazodone</i>	55	NOVOFINE AUTOCOVER.....	64		
<i>neomycin</i>	12	NOVOFINE PLUS.....	64		
<i>neomycin-bacitracin-poly-hc</i> .75, 76		NOVOLIN 70/30 U-100 INSULIN.....	92, 94		
<i>neomycin-bacitracin-polymyxin</i> ..75		NOVOLIN 70-30 FLEXPEN U-100.....	92, 94		
<i>neomycin-polymyxin b-dexameth</i>	75, 76	NOVOLIN N FLEXPEN.....	92		
<i>neomycin-polymyxin-gramicidin</i> .75		NOVOLIN N NPH U-100 INSULIN.....	92		
<i>neomycin-polymyxin-hc</i>75, 76		NOVOLIN R REGULAR U100 INSULIN.....	92, 94		
NEO-POLYCIN.....	75	NP THYROID.....	95		
NEO-POLYCIN HC.....	75, 76	NYAMYC.....	114		
NEUPRO.....	49	NYLIA 1/35 (28).....	88		
<i>nevirapine</i>	15	NYLIA 7/7/7 (28).....	88		
NEW DAY.....	88	NYMYO.....	88		
<i>niacin</i>	31	<i>nystatin</i>	17, 114		

ON-GO COVID-19 AG AT HOME TEST	65	PENTACEL ACTHIB COMPONENT (PF)	21	<i>prednisolone sodium phosphate</i>	76, 83
ON-THE-GO LANCETS	65	<i>pentamidine</i>	13	<i>prednisone</i>	83
OPCICON ONE-STEP	88	<i>pentoxifylline</i>	26	PREDNISONE INTENSOL	83
OPTICHAMBER ADULT MASK-LARGE	65	PERIOGARD	76	<i>pregabalin</i>	41, 42, 48
OPTICHAMBER DIAMOND LG MASK	65	<i>permethrin</i>	115	PREHEVBARIO (PF)	21
OPTICHAMBER DIAMOND-MED MSK	65	<i>perphenazine</i>	52	PRENATAL	27, 117, 118
OPTICHAMBER DIAMOND-SML MASK	65	<i>perphenazine-amitriptyline</i>	52, 56	PRENATAL COMPLETE	27, 72, 117, 118
OPTION-2	88	<i>phenazopyridine</i>	109	PRENATAL MULTI-DHA (ALGAL OIL)	27, 117, 118
ORAL SALINE LAXATIVE	79	<i>phenelzine</i>	49	PRENATAL MULTIVITAMINS	27, 117, 118
ORALONE	111	<i>phenobarbital</i>	46	PRENATAL ONE DAILY	27, 73, 117, 118
ORENITRAM	40, 107	<i>phenoxybenzamine</i>	24, 37	PRENATAL TABLET	27, 73, 117, 118
ORKAMBI	103, 104	<i>phenytoin</i>	35, 48	<i>prenatal vit no.179-iron-folic</i>	27, 117, 118
<i>orphenadrine citrate</i>	26	<i>phenytoin sodium extended</i>	35, 49	PRENATAL VITAMIN	27, 73, 117, 118
OSCIMIN	23	PHILITH	88	PRENATAL VITAMIN WITH MINERALS	27, 73, 117, 118
OSCIMIN SL	23	PHOSPHATE LAXATIVE	79	<i>prenatal vit-iron fum-folic ac</i>	27, 73, 117, 118
<i>oseltamivir</i>	17	PHOSPHOLINE IODIDE	77	PRESSURE ACTIVATED LANCETS	65
OSPHENA	90	<i>phytonadione (vitamin k1)</i>	96, 119	<i>pretomanid</i>	14
OTEZLA	98, 100, 116	PIFELTRO	15	PREVNAR 13 (PF)	21
oxaprozin	52	<i>pilocarpine hcl</i>	24, 77	PREVNAR 20 (PF)	21
oxazepam	47	PILOT COVID-19 AT-HOME TEST	65	PREZCOBIX	16, 101
oxcarbazepine	42	<i>pimecrolimus</i>	101, 116	PREZISTA	16
oxiconazole	109	<i>pimozide</i>	45	PRIFTIN	14, 18
OXTELLAR XR	42	PIMTREA (28)	88	<i>primidone</i>	46
<i>oxybutynin chloride</i>	116	<i>pioglitazone</i>	95	PRIORIX (PF)	21
oxycodone	50	<i>pioglitazone-glimepiride</i>	95	PRO COMFORT ALCOHOL PADS	113
oxycodone-acetaminophen	41, 50, 51	<i>pioglitazone-metformin</i>	84, 95	PRO COMFORT LANCET	65
<i>oxymorphone</i>	51	PIP LANCET	65	PRO COMFORT SPACER-ADULT MASK	65
OZEMPIC	91	<i>piroxicam</i>	52	<i>probenecid</i>	74, 97
PACERONE	35	PLAN B ONE-STEP	89	<i>probenecid-colchicine</i>	74, 97
<i>paliperidone</i>	46	PNEUMOVAX-23	21	PROCARE SPACER WITH ADULT MASK	65
PANDA MASK	65	<i>pnv cmb#95-ferrous fumarate-fa</i>	27, 117, 118	PROCARE SPACER WITH CHILD MASK	65
pantoprazole	81	<i>podofilox</i>	116	<i>prochlorperazine maleate</i>	52, 78
PAROEX ORAL RINSE	76	POLY HUB NEEDLE	65	PROCTO-MED HC	111
<i>paroxetine hcl</i>	55	POLYCIN	75	PROCTOSOL HC	111
PASER	14	<i>polyethylene glycol 3350</i>	79	PROCTOZONE-HC	111
PEDIARIX (PF)	21	<i>polymyxin b sulf-trimethoprim</i>	75	PRODIGY COUNT-A-DOSE	65
PEDIATRIC MEDIUM MASK	65	POMALYST	20, 100	PRODIGY LANCETS	65
PEDIATRIC PANDA MASK	65	PORTIA 28	89	PRODIGY LANCING DEVICE	65
PEDIATRIC SMALL MASK	65	<i>potassium chloride</i>	72	PRODIGY TWIST TOP LANCET	65
PEDVAX HIB (PF)	21	<i>potassium citrate</i>	70		
peg 3350-electrolytes	79	<i>potassium iodide</i>	13, 84, 96, 104		
peg3350-sod sul-nacl-kcl-asb-c	79	POWDERLAX	79		
PEGASYS	16	<i>pramipexole</i>	49		
<i>peg-electrolyte soln</i>	79	<i>prasugrel</i>	28		
penciclovir	109	<i>pravastatin</i>	37		
penicillamine	81, 98	<i>praziquantel</i>	13		
penicillin v potassium	17	<i>prazosin</i>	24, 29		
PENTACEL (PF)	21	PRECISION XTRA B-KETONE	65		
		<i>prednicarbate</i>	111		
		<i>prednisolone</i>	83		
		<i>prednisolone acetate</i>	76		

<i>progesterone micronized</i>	94	RECOMBIVAX HB (PF)	22	SELZENTRY	14
PROMACTA	26	RECTIV	116	SEREVENT DISKUS	25, 107
<i>promethazine</i>	11, 45, 104	RELEXXII	53	<i>sertraline</i>	55
PROMETHAZINE VC	11, 22, 104	RELIAMED LANCET	66	SETLAKIN	89
PROMETHAZINE VC-CODEINE	11, 22, 51, 103, 104	RELIAMED MINI LANCING DEVICE	66	<i>sevelamer carbonate</i>	72, 96
<i>promethazine-codeine</i>	51, 103, 104	RELIAMED SAFETY SEAL LANCETS	66	<i>sevelamer hcl</i>	72, 96
<i>promethazine-dm</i>	11, 103, 104	RELION GLUCOSE	71, 119	<i>sevoflurane</i>	49
PROMETHEGAN	11, 45	RENA-VITE	118	SF	97
<i>propafenone</i>	35	<i>repaglinide</i>	93	SF 5000 PLUS	97
<i>proparacaine</i>	77	REPATHA PUSHTRONEX	38	SHAROBEL	89
propranolol	24, 31, 32, 35, 37, 44	REVLIMID	20, 100	SHINGRIX (PF)	22
<i>propranolol-hydrochlorothiazid</i>	24, 31, 32, 35, 39, 73	REZVOGLAR KWIKPEN	92, 93	SIDESTREAM PEDIATRIC FACE MASK	66
<i>propylthiouracil</i>	84	<i>ribavirin</i>	17	<i>sildenafil (pulm.hypertension)</i>	38, 106, 107
PROQUAD (PF)	21	rifabutin	14, 18	SILICONE MASK - INFANT	66
<i>protriptyline</i>	56	rifampin	14, 18	SILICONE MASK - PEDIATRIC	66
PULMOSAL	66, 73	RIGHTTEST GD500 LANCING DEVICE	66	<i>silodosin</i>	25
PULMOZYME	74, 105	RIGHTTEST GL300 LANCETS	66	SIL-SERTER	66
PURE COMFORT ALCOHOL PADS	113	<i>rimantadine</i>	12	<i>silver sulfadiazine</i>	114
PURE COMFORT LANCETS	66	RINVOQ	98, 100	SIMLIYA (28)	89
PURE COMFORT SAFETY LANCETS	66	<i>risedronate</i>	97	SIMPESSE	89
PURELAX	79	RISPERDAL CONSTA	44, 46	<i>simvastatin</i>	37
PUSH BUTTON SAFETY LANCETS	66	<i>risperidone</i>	44, 46	SINGLE-LET	66
<i>pyrazinamide</i>	14	<i>ritonavir</i>	16	<i>sirolimus</i>	101
<i>pyridostigmine bromide</i>	25	RIVELSA	89	SKYRIZI	105, 116
<i>pyrimethamine</i>	13	<i>rizatriptan</i>	54	SKYTROFA	93
QUADRACEL (PF)	21	<i>roflumilast</i>	106	SMART SENSE LANCETS	66
quazepam	47	<i>ropinirole</i>	49	SMARTDIABETES VANTAGE	66
<i>quetiapine</i>	43, 44, 46	ROSADAN	108	SMARTEST LANCET	66
QUICKVUE AT-HOME COVID-19 TEST	66	<i>rosuvastatin</i>	37	SMOOTHLAX	79
<i>quinapril</i>	30, 31	ROTATEQ VACCINE	22	<i>sodium chloride</i>	66, 73
<i>quinapril-hydrochlorothiazide</i>	30, 31, 39, 73	ROWEEPRA	42	SODIUM FLUORIDE 5000	
<i>quinidine sulfate</i>	13, 35	ROWEEPRA XR	42	PLUS	97
<i>quinine sulfate</i>	13	<i>rufinamide</i>	42	<i>sodium polystyrene sulfonate</i>	
QUIT 2	23	RYBELSUS	91	72, 96	
QUIT 4	23	RYDEX	11, 22, 51, 103, 105	<i>sodium,potassium,mag sulfates</i>	79
QVAR REDIHALER	83, 106	SAFESNAP SYRINGE	66	<i>sofosbuvir-velpatasvir</i>	14
RABAVERT (PF)	21	SAFETY LANCETS	66	SOFT TOUCH LANCETS	66
<i>rabeprozole</i>	81	<i>safety needles</i>	66	<i>solifenacin</i>	116
<i>raloxifene</i>	90, 97	SAFETY SEAL LANCETS	66	SOLIQUA 100/33	91, 92, 93
<i>ramelteon</i>	45	SAFETY-LET LANCETS	66	SOLUS V2 LANCETS	66
<i>ramipril</i>	30, 31	<i>salicylic acid</i>	112	SOLUS V2 LANCING DEVICE	66
<i>ranolazine</i>	34	<i>salicylic acid-ceramides no.1</i>	112	<i>sorafenib</i>	20
<i>rasagiline</i>	49	SALIMEZ	112	<i>sotalol</i>	24, 31, 32, 35, 38
READYLANCE SAFETY LANCETS	66	SANTYL	116	SOTALOL AF	24, 31, 32, 35, 38
REBIF (WITH ALBUMIN)	100	<i>sapropterin</i>	101	SPACE CHAMBER WITH LARGE MASK	67
REBIF REBIDOSE	100	SAVELLA	48, 54	SPACE CHAMBER WITH MEDIUM MASK	67
RECLIPSEN (28)	89	<i>scopolamine base</i>	78	SPACE CHAMBER WITH SMALL MASK	67
		SECUADO	44, 46		
		SEGLUROMET	84, 94		
		<i>selegiline hcl</i>	49		
		<i>selenium sulfide</i>	113		

SPEEDYSWAB COVID-19	
HOME TEST	67
SPIKEVAX 2023-2024(12Y UP)(PF)	22
<i>spinatosad</i>	115
SPIRIVA RESPIMAT	23, 103
<i>spironolactone</i>	38, 39, 72
<i>spironolacton-hydrochlorothiaz</i>	38, 39, 72, 73
SPRINTEC (28)	89
SPS (WITH SORBITOL)	72, 96
SRONYX	89
SSD	114
SSKI	13, 84, 96, 104
SSS 10-5	112, 114
ST JOSEPH ASPIRIN	28, 44, 54
ST. JOSEPH ASPIRIN	28, 44, 54
STAMARIL (PF)	22
STEGLATRO	94
STELARA	99, 100, 116
STERILANCE TL	67
STIOLTO RESPIMAT	23, 25, 103, 107
STOP SMOKING AID	23
STRESS FORMULA WITH IRON	27, 118, 119
STRESS FORMULA WITH IRON(SULF)	27, 118, 119
STRIBILD	15, 16
STRIVERDI RESPIMAT	25, 107
<i>sucralfate</i>	80
<i>sulconazole</i>	109
<i>sulfacetamide sodium</i>	75
<i>sulfacetamide sodium (acne)</i>	114
<i>sulfacetamide sodium-sulfur</i>	112, 113, 114
<i>sulfacetamide sod-sulfur-urea</i>	113, 114
<i>sulfacetamide-prednisolone</i>	75
SULFACEANSE 8-4	113, 114
<i>sulfadiazine</i>	18
<i>sulfamethoxazole-trimethoprim</i>	18
<i>sulfasalazine</i>	18, 99
SULFATRIM	18
<i>sulindac</i>	52
<i>sumatriptan</i>	54
<i>sumatriptan succinate</i>	54
<i>sumatriptan-naproxen</i>	52, 54
<i>sunitinib malate</i>	20
SUPER B MAXI COMPLEX	118
SUPER QINTS	118
SUPER THIN LANCETS	67
SURE COMFORT ALCOHOL PREP PADS	114
SURE COMFORT LANCETS	67
SURE COMFORT LANCING PEN	67
SUREFLEX DEVICE WITH LANCETS	67
SUREFLEX LANCING DEVICE	67
SURE-LANCE	67
SURE-LANCE ULTRA THIN	67
SURE-PEN LANCING DEVICE	67
SURE-PREP ALCOHOL PREP PADS	114
SURE-TOUCH LANCET	67
SURGIFOAM	67
SURGUARD2 SAFETY	67
SYEDA	89
SYMAX-SR	23
SYMLINPEN 120	83
SYMLINPEN 60	83
SYMTUZA	16, 17, 101
SYNAREL	91
SYNJARDY	84, 94
SYNJARDY XR	85, 94, 95
<i>syringe (disposable)</i>	67
SYRINGE 3CC/20GX1"	67
SYRINGE 3CC/21GX1"	67
SYRINGE 3CC/21GX1-1/2"	67
SYRINGE 3CC/22GX1"	67
SYRINGE 3CC/22GX3/4"	67
SYRINGE 3CC/25GX1"	67
SYRINGE TIP CONNECTOR	67
<i>syringe with needle</i>	67
SYRINGE WITHOUT NEEDLE	67
<i>tacrolimus</i>	101, 116
TAFINLAR	20
<i>tafluprost (pf)</i>	77
TAKE ACTION	89
<i>tamoxifen</i>	20, 90
<i>tamsulosin</i>	25
TARINA 24 FE	89
TARINA FE 1/20 (28)	89
TARINA FE 1-20 EQ (28)	89
TAYSOFY	89
TAZTIA XT	32, 33, 34, 36, 40
TDVAX	21
TECHLITE INSULIN SYRINGE	67
TECHLITE INSULN SYR(HALF UNIT)	67
TECHLITE LANCETS	67
TECHLITE PEN NEEDLE	67
TEL CARE LANCETS	67
<i>telmisartan</i>	29, 30
<i>telmisartan-amlodipine</i>	29, 30, 33, 36, 40
<i>telmisartan-hydrochlorothiazid</i>	29, 30, 39, 73
<i>temazepam</i>	47
<i>temozolomide</i>	20
TENIVAC (PF)	21
<i>tenofovir disoproxil fumarate</i>	16
<i>terazosin</i>	24, 29, 38
<i>terbinafine hcl</i>	12
<i>terbutaline</i>	26, 107
<i>terconazole</i>	109
<i>teriparatide</i>	93, 97
TERRELL	49
TERUMO ALLERGY SYRINGE	68
TERUMO HYPODERMIC NEEDLE/SYRIN	68
TERUMO SYRINGE	68
<i>testosterone</i>	84
<i>testosterone cypionate</i>	83
<i>testosterone enanthate</i>	83
<i>tetabenazine</i>	56
<i>tetracycline</i>	18
THALOMID	100
THEO-24	36, 71, 108, 116
<i>theophylline</i>	36, 37, 71, 108, 116, 117
THIN LANCETS	68
<i>thioridazine</i>	52
<i>thiothixene</i>	55
<i>tiagabine</i>	42
TILIA FE	89
<i>timolol maleate</i>	24, 31, 32, 35, 38, 44, 75
<i>timolol maleate (pf)</i>	75
TIMOPTIC OCUDOSE (PF)	76
<i>tinidazole</i>	13
<i>tizanidine</i>	24
<i>tobramycin</i>	12, 75
<i>tobramycin in 0.225 % nacl</i>	12
<i>tobramycin sulfate</i>	12
<i>tobramycin with nebulizer</i>	12
<i>tobramycin-dexamethasone</i>	75, 76
<i>tolcapone</i>	48
<i>tolterodine</i>	116
<i>tolvaptan</i>	74
TOOMEY SYRINGE	68
TOPCARE UNIVERSAL 1 LANCET	68
<i>topiramate</i>	42, 43
<i>toremifene</i>	20, 90
<i>torsemide</i>	38, 71
<i>tramadol</i>	51
<i>tramadol-acetaminophen</i>	42, 45, 51
<i>trandolapril</i>	30, 31
<i>tranexamic acid</i>	27
TRANSFER PIN	68
<i>tranylcypromine</i>	49
<i>travoprost</i>	77
<i>trazodone</i>	55

TRELEGY ELLIPTA	103, 106, 107
TREMFYA	116
TRESIBA FLEXTOUCH U-100	92, 93
TRESIBA FLEXTOUCH U-200	92, 93
TRESIBA U-100 INSULIN	92, 93
<i>tretinoin</i>	110
<i>tretinoin (antineoplastic)</i>	20
<i>tretinoin (emollient)</i>	110
TREXALL	20, 99, 100, 101
<i>triamcinolone acetonide</i>	112
<i>triamterene-hydrochlorothiazid</i>	39, 72, 73
<i>triazolam</i>	47
TRI-BUFFERED ASPIRIN	28, 45, 54
TRI-CHLOR	116
<i>trichloroacetic acid</i>	116
TRIDERM	112
TRI-ESTARYLLA	89
<i>trifluoperazine</i>	52
<i>trifluridine</i>	75
<i>trihexyphenidyl</i>	23, 42
TRIKAFTA	103, 104
TRI-LEGEST FE	89
TRI-LINYAH	89
TRI-LO-ESTARYLLA	89
TRI-LO-MARZIA	89
TRI-LO-MILI	89
TRI-LO-SPRINTEC	89
<i>trimethobenzamide</i>	78
<i>trimethoprim</i>	18
TRI-MILI	89
<i>trimipramine</i>	56
TRI-NYMYO	89
TRI-SPRINTEC (28)	89
TRIUMEQ	15, 16
TRI-VITAMIN WITH FLUORIDE	97, 117, 119
TRI-VITE WITH FLUORIDE	97, 117, 119
TRIVORA (28)	89
TRI-VYLIBRA	89
TRI-VYLIBRA LO	89
<i>tropicamide</i>	77
<i>trospium</i>	116
TRUE COMFORT ALCOHOL PADS	114
TRUE COMFORT LANCET	68
TRUE COMFORT PRO ALCOHOL PADS	114
TRUEDRAW LANCING DEVICE	68
TRUEPLUS KETONE	69
TRUEPLUS LANCETS	68
TRULANCE	80
TRULICITY	91
TRUMENBA	22
TRUSTEX LATEX CONDOM	102
TRUSTEX LUBRICATED CONDOMS	102
TRUSTEX NON-LUB CONDOMS	102
TRUSTEX-RIA LUBRICATED CONDOMS	102
TRUSTEX-RIA NON-LUB CONDOMS	102
TUBERCULIN SYRINGE	68
<i>tuberculin-allergy syringes</i>	68
TULANA	89
TWINRIX (PF)	22
TWIST LANCETS	68
TYBOST	101
TYDEMY	89
TYPHIM VI	22
ULESFIA	114, 115
ULTICARE	68
ULTICARE LOW DEAD SPACE SYRING	68
ULTICARE TB SAFETY SYRINGE	68
ULTI-LANCE	68
ULTILET ALCOHOL SWAB	114
ULTILET BASIC LANCETS	68
ULTILET CLASSIC LANCETS	68
ULTILET LANCETS	68
ULTILET SAFETY LANCETS	68
ULTRA THIN II LANCETS	68
ULTRA THIN LANCETS	68
ULTRA THIN PLUS LANCETS	68
ULTRA TLC LANCETS	68
ULTRA-CARE LANCETS	68
ULTRALANCE LANCETS	68
ULTRA-THIN II LANCETS	68
UNILET COMFORTOUCH LANCET	68
UNILET GP LANCET	68
UNILET LANCET	68
UNILET LANCETS	68
UNILET SUPER THIN LANCETS	68
UNISTIK 2 DEVICE	68
UNISTIK 2 NORMAL LANCET, DEVICE	68
UNISTIK 3	68
UNISTIK 3 COMFORT DEVICE	68
UNISTIK 3 COMFORT LANCET	68
UNISTIK 3 EXTRA LANCET	69
UNISTIK 3 GENTLE	69
UNISTIK 3 NORMAL LANCET	69
UNISTIK COMFORT LANCETS	69
UNISTIK CZT LANCET	69
UNISTIK EXTRA LANCETS	69
UNISTIK NORMAL LANCETS	69
UNISTIK PRO LANCET	69
UNISTIK SAFETY	69
UNISTIK TOUCH LANCETS	69
UNITHROID	95
UNIVERSAL 1 LANCETS	69
URETRON D-S	18
URISTIX 4	70
URISTIX REAGENT	70
URO-SP	18
<i>ursodiol</i>	79
VAGINAL CONTRACEPTIVE FILM	102
<i>valacyclovir</i>	17
<i>valproic acid</i>	43, 44, 45
<i>valproic acid (as sodium salt)</i>	43, 44, 45
<i>valrubicin</i>	20
<i>valsartan</i>	29, 30
<i>valsartan-hydrochlorothiazide</i>	29, 30, 39, 73
VALTOCO	47
<i>vancomycin</i>	14
VANDAZOLE	108
VANISHPOINT SYRINGE	69
VANISHPOINT TUBERCULIN SYRINGE	69
VAQTA (PF)	22
<i>varenicline</i>	23
VARIVAX (PF)	22
VAXNEUVANCE (PF)	22
VCF CONTRACEPTIVE FILM	102
VCF CONTRACEPTIVE GEL	102
VELIVET TRIPHASIC REGIMEN (28)	89
VELPHORO	72
<i>venlafaxine</i>	54
VENTAVIS	40, 107
<i>verapamil</i>	32, 33, 34, 36, 40
VERZENIO	20
VESTURA (28)	89
VIENVA	89
<i>vilazodone</i>	55
VIOKACE	79
VIORELE (28)	89
VIRACEPT	16
VIREAD	16

VIRTUSSIN AC	51, 103, 104
<i>vitamin b complex-folic acid</i>	118
VITAMIN D2	119
VITAMINS A,C,D AND FLUORIDE	97, 117, 119
VIVAGUARD LANCET	69
VIVAGUARD LANCING DEVICE	69
VIVITROL	51, 96
VIVOTIF	22
VOLNEA (28)	89
<i>voriconazole</i>	14
VORTEX ADULT MASK	69
VORTEX VHC FROG MASK- CHILD	69
VORTEX VHC LADYBUG MASK-TODDLR	69
VOTRIENT	20
VRAYLAR	46
VUMERITY	100
VYFEMLA (28)	89
VYLIBRA	89
WAKIX	56
<i>warfarin</i>	26
WEBCOL	114
WERA (28)	90
WESCAP-C DHA	27, 117, 118
WIDE-SEAL DIAPHRAGM 60 ..	102
WIDE-SEAL DIAPHRAGM 65 ..	102
WIDE-SEAL DIAPHRAGM 70 ..	102
WIDE-SEAL DIAPHRAGM 75 ..	102
WIDE-SEAL DIAPHRAGM 80 ..	102
WIDE-SEAL DIAPHRAGM 85 ..	102
WIDE-SEAL DIAPHRAGM 90 ..	102
WIDE-SEAL DIAPHRAGM 95 ..	102
WOMEN'S GENTLE LAXATIVE(BISAC)	79
WYMZYA FE	90
XARELTO	26
XARELTO DVT-PE TREAT 30D START	26
XEPI	108
XIFAXAN	18
XOFLUZA	14
XULANE	90
XULTOPHY 100/3.6	91, 92, 93
YALE DISPOSABLE NEEDLES ..	69
YF-VAX (PF)	22
ZAFEMY	90
<i>zafirlukast</i>	105
<i>zaleplon</i>	45
ZARAH	90
ZARXIO	26
ZEBUTAL	42, 45, 46, 53
ZELBORAF	20
ZENZEDI	41
ZEPATIER	14
ZEPOSIA	100
ZEPOSIA STARTER PACK (7-DAY)	100
ZERVIATE	74
<i>zileuton</i>	105
<i>zinc oxide</i>	109
<i>ziprasidone hcl</i>	44, 46
ZOLINZA	20
<i>zolmitriptan</i>	54
<i>zolpidem</i>	45
<i>zonisamide</i>	43
ZOVIA 1-35 (28)	90
ZUMANDIMINE (28)	90



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