
# 2025
# DRUG FORMULARY

# INTRODUCTION

We are pleased to provide the 2025 Common Ground Healthcare Cooperative (CGHC) Drug Formulary, which is a list of the drugs covered by CGHC.

This document is divided into three parts:

1. **Introduction** – Provides important facts about the CGHC prescription drug benefit. This section explains terms, such as network pharmacy, prior authorizations, quantity limits, step therapy, therapeutic interchange and exceptions.
2. **Drug Formulary** – Lists the drugs we cover.
3. **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

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

Network pharmacies can include local retail pharmacies, home delivery (mail-order) pharmacies or specialty pharmacies. To find a network pharmacy, visit our website **CommonGroundHealthCare.org/Formulary**.

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

### Cost Sharing

Members may be required to pay part of the costs of some drugs and supplies. These cost-sharing amounts are called deductibles, copays and/or coinsurance.

- **Deductible** is the amount you are responsible for towards your in-network health care costs before your plan begins to assist with the cost.
- **Coinsurance** is the percentage of in-network health care costs you are responsible for after your deductible has been met.
- **Copayment** (**Copay**) is a fixed amount you pay for a covered service, usually when you receive the service.

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

**Tiered Medications**

The CGHC Formulary has up to six levels or tiers (0, 1, 2, 3, 4, and CM (Oral Chemotherapy)). In general, the higher the cost-sharing tier number, the higher the cost for the drug. The copay amount, if applicable, increases as the tier number increases. Likewise, when deductible and/or coinsurance apply, your out-of-pocket costs for a tier 4 drug will generally be the highest compared with the other tiers.

All deductibles, coinsurance and copay amounts a member pays will count toward their maximum out of-pocket amount.

| Drug Tier | Includes | | Helpful Tips |
|---|---|---|---|
| **Tier 0** | **$0** | **Preventive** | Use tier 0 preventive care drugs taken on a regular basis to help prevent the onset or recurrence of a disease or condition. |
| **Tier 1** | **$** | **Generic** | Use tier 1 generic drugs instead of brand name drugs to help reduce your out-of-pocket costs. |
| **Tier 2** | **$$** | **Preferred** | Use tier 2 preferred brand name drugs to help reduce out-of-pocket costs. They will generally have lower copayments than non-preferred brand name drugs |
| **Tier 3** | **$$$** | **Non-preferred** | Many tier 3 drugs have lower cost options in tier 1 or 2. Ask your prescriber if the drugs in the lower tiers could work for you and help reduce your out-of-pocket costs. |
| **Tier 4** | **$$$$** | **Specialty** | These drugs are sometimes used for complex and chronic conditions and may require special monitoring and handling. They are generally highest in copay and cost. |
| **Tier CM** | | **Oral chemotherapy** | Drugs used for oral chemotherapy may have a designated copay or coinsurance based on state laws or client preference. |

To find tier levels for drugs, start by looking up the drug in the **Index**. Then go to the **Drug Formulary** section of this document.

**Prior Authorizations**

CGHC may require health care providers (doctors or other licensed prescribers) to send us information about why a drug or a certain amount is needed. This is called a prior authorization request and must approved *before* a member can get the drug. The abbreviation “PA” is used in the Drug Formulary to show that a prior authorization is needed.

Here are some reasons for a prior authorization:

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

**Prior Authorization Requests**

Health care providers may request prior authorization electronically, by phone or by fax. Prescribers should submit online at CoverMyMeds or SureScripts, call Provider Services at **1-877-514-2442** and follow the prompts, or fax to 1-866-930-0019.

If we do not approve a prior authorization request for a drug, 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. These 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 on the Formulary before another Formulary drug would be approved for use. This is called Step Therapy.

CGHC 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 care providers 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 care providers: 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 (FDA) for safety and effectiveness.
- 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 under the same strict standards that apply to brand name drugs and have the same strength and dosage (active ingredients) as the brand name drugs.
- In most instances, when a generic product becomes available, the brand name drug for which the generic product is based will become non-Formulary (no longer covered by the health plan). However, the Formulary document is subject to state-specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

TIP: Choosing a brand name drug when a generic is available may cost you more. You may be responsible to pay the cost difference between the two drugs in addition to your copay or coinsurance. Or you could be responsible for the entire cost of the brand name drug.

**Tell Us About the Medical Reasons for Exceptions**

Sometimes a member may have a drug allergy, intolerance or a certain drug may not be effective for the member. In these cases, the member, or their authorized representative, may ask for a Formulary exception. Requests may be made online or by calling Member Services. You can find the Member Services telephone number on the member ID card.

CGHC then contacts the appropriate health care provider. We may ask them to provide written clinical documentation about why the member needs a Formulary exception. We cannot approve an exception without this information.

Typically, our Drug Formulary includes more than one drug for treating a condition. These are called “alternative” drugs. CGHC will generally not approve a 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 – Accredo Pharmacy**

CGHC works with Accredo Pharmacy to supply specialty medications that may be prescribed for members. Accredo Pharmacy can help members to:

- Get prescriptions filled
- Move a prescription to Accredo Pharmacy from another pharmacy
- Deliver members’ specialty medicines to their homes, workplaces or their doctors' offices
- 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. Their hours are Monday through Friday from 7 a.m. to 10 p.m. Central Time (CT).

**Home Delivery (Mail Order) Medications – Express Scripts Pharmacy**

CGHC works with Express Scripts Pharmacy to supply prescription medicines to a member’s home, workplace or doctor’s office. Using this service could change a member’s copay amount. Example: members can receive a 90-day supply of certain maintenance drugs for two copays.

Express Scripts Pharmacy can help members to:

- Get prescriptions filled
- Move a prescription to Express Scripts Pharmacy from another pharmacy
- Set up their account on express-scripts.com for billing and delivery of prescriptions

For more information, call CGHC Member Services at the number listed on the member ID card. Our hours are Monday through Friday from 8 a.m. to 5 p.m. Central Time (CT).

Members may also access the express-scripts.com website through the My Health Portal. There you can manage prescription refills for specialty and mail order medications and check coverage. To create an account, go to **CommonGroundHealthCare.org/My-Health-Portal** on or after January 1, 2025.

### Medications Administered by a Health Care Provider Setting

Anytime a medication is administered in a health care provider setting, it will be billed under your medical benefit. Such settings include a doctor's office, hospital outpatient department, clinic, dialysis center or infusion center. Prior authorization requirements exist for many injectable medicines.

### Medication Therapy Management Program

CGHC partners with CareSource® to offer a Medication Therapy Management (MTM) program for all members. MTM services allow local pharmacists to work with doctors and other prescribers to do the following:

- Enhance quality of care
- Improve medication compliance
- Address medication needs
- Provide health care to patients in a cost-effective manner

Members and health care providers 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.

## INFORMATION FOR HEALTH CARE PROVIDERS

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

The CGHC 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.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure the 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.

This 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.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics (P&T) Committee are used to approve safe and clinically effective drug therapies. The P&T Committee is multi-disciplinary committee. Its 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 P&T Committee also includes regional member demographics in its formulary recommendations.

## DRUG LIST PRODUCT DESCRIPTIONS

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

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.

- **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 drugs 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. 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.

To confirm the accuracy of the information in this copy of the Drug Formulary, visit **CommonGroundHealthCare.org/Formulary** or contact Member Services at the number listed on the member ID card.

**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.

**CM:** Oral chemotherapy drugs may have a designated copayment or coinsurance to meet the oral chemotherapy parity laws.

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

**PA:** Prior Authorization. The Plan requires you work with your provider to get prior authorization approval for certain drugs before they will be covered by the health plan. All in-network providers should be aware of the prior authorization process and how to submit a PA request for a drug. If you do not get approval, we may not cover the drug.

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

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

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

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| RYDEX | Tier 1 | |
| **SECOND GENERATION ANTIHISTAMINES** | | |
| *azelastine nasal spray,non-aerosol 137 mcg (0.1 %)* | Tier 1 | QL (60 ML per 30 days) |
| *azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)* | Tier 1 | |
| *azelastine ophthalmic (eye)* | Tier 1 | |
| *cetirizine oral solution 1 mg/ml* | Tier 1 | |
| *desloratadine oral tablet* | Tier 1 | ST; QL (30 EA per 30 days) |
| *epinastine* | Tier 1 | |
| LASTACAFT ONCE DAILY RELIEF | Tier 2 | PA |
| *levocetirizine oral solution* | Tier 1 | |
| *levocetirizine oral tablet* | Tier 1 | QL (30 EA per 30 days) |
| ZERVIATE | Tier 2 | PA; ST |
| **ANTI-INFECTIVE AGENTS** | | |
| **1ST GENERATION CEPHALOSPORIN ANTIBIOTICS** | | |
| *cefadroxil* | Tier 1 | |
| *cephalexin oral capsule 250 mg, 500 mg* | Tier 1 | |
| *cephalexin oral suspension for reconstitution* | Tier 1 | |
| *cephalexin oral tablet 250 mg* | Tier 1 | |
| **2ND GENERATION CEPHALOSPORIN ANTIBIOTICS** | | |
| *cefaclor oral suspension for reconstitution* | Tier 1 | |
| *cefaclor oral tablet extended release 12 hr* | Tier 1 | |
| *cefprozil* | Tier 1 | |
| *cefuroxime axetil* | Tier 1 | |
| **3RD GENERATION CEPHALOSPORIN ANTIBIOTICS** | | |
| *cefdinir* | Tier 1 | |
| *cefixime* | Tier 1 | |
| *cefpodoxime* | Tier 1 | |
| **ADAMANTANE ANTIVIRALS** | | |
| *amantadine hcl* | Tier 1 | |
| *rimantadine* | Tier 1 | |
| **ALLYLAMINE ANTIFUNGALS** | | |
| *terbinafine hcl oral* | Tier 1 | QL (1 EA per 1 day) |
| **AMEBICIDES** | | |
| *metronidazole oral capsule* | Tier 1 | |
| *metronidazole oral tablet 250 mg, 500 mg* | Tier 1 | |
| *metronidazole topical cream* | Tier 1 | QL (45 GM per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *dapsone topical gel 5 %* | Tier 1 | |
| *dapsone topical gel with pump* | Tier 1 | |
| **ANTIMALARIALS** | | |
| *atovaquone-proguanil oral tablet 250-100 mg* | Tier 1 | QL (60 EA per 180 days) |
| *atovaquone-proguanil oral tablet 62.5-25 mg* | Tier 1 | QL (180 EA per 180 days) |
| *chloroquine phosphate* | Tier 1 | QL (1000 EA per 1 day) |
| *doxycycline hyclate oral capsule* | Tier 1 | |
| *doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg* | Tier 1 | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg* | Tier 1 | |
| *doxycycline monohydrate oral capsule 150 mg* | Tier 1 | ST |
| *doxycycline monohydrate oral suspension for reconstitution* | Tier 1 | |
| *doxycycline monohydrate oral tablet* | Tier 1 | |
| *hydroxychloroquine* | Tier 1 | |
| *mefloquine* | Tier 1 | QL (13 EA per 180 days) |
| *minocycline oral capsule* | Tier 1 | |
| *minocycline oral tablet* | Tier 1 | |
| *primaquine* | Tier 1 | QL (120 EA per 180 days) |
| *pyrimethamine* | Tier 4 | PA; QL (3 EA per 1 day) |
| *quinidine sulfate* | Tier 1 | |
| *quinine sulfate* | Tier 1 | QL (42 EA per 30 days) |
| **ANTIPROTOZOALS, CRYPTOSPORIDIOSIS** | | |
| *nitazoxanide* | Tier 1 | QL (14 EA per 30 days) |
| **ANTIPROTOZOALS, MISCELLANEOUS** | | |
| *dapsone oral* | Tier 1 | |
| *dapsone topical gel 5 %* | Tier 1 | |
| *dapsone topical gel with pump* | Tier 1 | |
| **ANTIPROTOZOALS, P JIROVECII PNEUMONIA** | | |
| *atovaquone* | Tier 1 | |
| *pentamidine inhalation* | Tier 1 | PA; QL (1 EA per 28 days) |
| **ANTIPROTOZOALS, NITROIMIDAZOLE-DERIVATIVE** | | |
| *tinidazole oral tablet 250 mg* | Tier 1 | QL (40 EA per 23 days) |
| *tinidazole oral tablet 500 mg* | Tier 1 | QL (20 EA per 23 days) |
| **ANTIRETROVIRALS, MISCELLANEOUS** | | |
| TYBOST | Tier 2 | |
| **ANTITUBERCULOSIS AGENTS** | | |
| *amoxicil-clarithromy-lansopraz* | Tier 1 | QL (112 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| CIPRO HC | Tier 3 | |
| *ciprofloxacin* | Tier 1 | |
| *ciprofloxacin hcl oral* | Tier 1 | |
| *clarithromycin* | Tier 1 | |
| *cycloserine* | Tier 1 | |
| *ethambutol* | Tier 1 | |
| *isoniazid oral* | Tier 1 | |
| *levofloxacin ophthalmic (eye)* | Tier 1 | |
| *levofloxacin oral* | Tier 1 | |
| *pretomanid* | Tier 2 | PA; QL (1 EA per 1 day) |
| PRIFTIN | Tier 3 | |
| *pyrazinamide* | Tier 1 | |
| *rifabutin* | Tier 1 | |
| *rifampin oral* | Tier 1 | |
| SIRTURO | Tier 3 | PA |
| **AZOLE ANTIFUNGALS** | | |
| CRESEMBA ORAL CAPSULE 186 MG | Tier 3 | PA; QL (2 EA per 1 day) |
| CRESEMBA ORAL CAPSULE 74.5 MG | Tier 3 | PA; QL (5 EA per 1 day) |
| *fluconazole oral suspension for reconstitution* | Tier 1 | |
| *fluconazole oral tablet 100 mg, 200 mg, 50 mg* | Tier 1 | |
| *fluconazole oral tablet 150 mg* | Tier 1 | QL (2 EA per 1 Fill) |
| *itraconazole oral capsule* | Tier 1 | QL (30 EA per 30 days) |
| *ketoconazole oral* | Tier 1 | |
| *ketoconazole topical cream* | Tier 1 | QL (60 GM per 21 days) |
| *ketoconazole topical shampoo* | Tier 1 | QL (120 ML per 21 days) |
| *posaconazole oral* | Tier 1 | PA |
| *voriconazole oral* | Tier 1 | PA |
| **BACITRACIN ANTIBIOTICS** | | |
| *neomycin-bacitracin-polymyxin* | Tier 1 | |
| NEO-POLYCIN | Tier 1 | |
| **CORONAVIRUS (COVID-19)** | | |
| PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10)- 100 MG (10) | Tier 2 | QL (30 EA per 180 days) |
| PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG | Tier 2 | QL (30 Tabs per 180 days) |
| **ENDONUCLEASE INHIBITORS** | | |
| XOFLUZA ORAL TABLET 20 MG, 80 MG | Tier 3 | |
| XOFLUZA ORAL TABLET 40 MG | Tier 3 | QL (4 EA per 365 days) |
| **ERYTHROMYCIN ANTIBIOTICS** | | |
| ERY PADS | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ERYTHROCIN (AS STEARATE) | Tier 1 | |
| *erythromycin* | Tier 1 | |
| *erythromycin ethylsuccinate* | Tier 1 | |
| *erythromycin with ethanol* | Tier 1 | |
| *erythromycin-benzoyl peroxide* | 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) |
| *vancomycin oral capsule 125 mg* | Tier 1 | PA; QL (40 EA per 30 days) |
| *vancomycin oral capsule 250 mg* | Tier 1 | PA; QL (80 EA per 30 days) |
| *vancomycin oral recon soln 25 mg/ml* | Tier 1 | PA; QL (300 ML per 30 days) |
| *vancomycin oral recon soln 50 mg/ml* | Tier 1 | PA; QL (450 ML per 30 days) |
| **HCV POLYMERASE INHIBITOR ANTIVIRALS** | | |
| *ledipasvir-sofosbuvir* | Tier 4 | PA; QL (56 EA per 28 days) |
| *sofosbuvir-velpatasvir* | Tier 1 | PA; QL (1 EA per 1 day) |
| **HCV PROTEASE INHIBITOR ANTIVIRALS** | | |
| MAVYRET ORAL TABLET | Tier 4 | PA; QL (3 EA per 1 day) |
| ZEPATIER | Tier 4 | PA; QL (28 EA per 28 days) |
| **HCV REPLICATION COMPLEX INHIBITORS** | | |
| *ledipasvir-sofosbuvir* | Tier 4 | PA; QL (56 EA per 28 days) |
| MAVYRET ORAL TABLET | Tier 4 | PA; QL (3 EA per 1 day) |
| *sofosbuvir-velpatasvir* | Tier 1 | PA; QL (1 EA per 1 day) |
| ZEPATIER | Tier 4 | PA; QL (28 EA per 28 days) |
| **HIV ENTRY AND FUSION INHIBITORS** | | |
| *maraviroc oral tablet 150 mg* | Tier 1 | QL (2 EA per 1 day) |
| *maraviroc oral tablet 300 mg* | Tier 1 | QL (4 EA per 1 day) |
| SELZENTRY ORAL SOLUTION | Tier 2 | QL (1840 ML per 30 days) |
| **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) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB.** | | |
| DELSTRIGO | Tier 2 | QL (1 EA per 1 day) |
| *efavirenz* | Tier 1 | QL (1 EA per 1 day) |
| *efavirenz-emtricitabin-tenofov* | Tier 1 | QL (1 EA per 1 day) |
| *efavirenz-lamivu-tenofov disop* | Tier 1 | |
| *emtricita-rilpivirine-tenof df* | Tier 1 | |
| *etravirine oral tablet 100 mg* | Tier 1 | QL (4 EA per 1 day) |
| *etravirine oral tablet 200 mg* | Tier 1 | QL (2 EA per 1 day) |
| JULUCA | Tier 2 | QL (1 EA per 1 day) |
| *nevirapine oral suspension* | Tier 1 | QL (40 ML per 1 day) |
| *nevirapine oral tablet* | Tier 1 | QL (2 EA per 1 day) |
| *nevirapine oral tablet extended release 24 hr 100 mg* | Tier 1 | QL (3 EA per 1 day) |
| *nevirapine oral tablet extended release 24 hr 400 mg* | 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** | | |
| *abacavir oral solution* | Tier 1 | QL (30 ML per 1 day) |
| *abacavir oral tablet* | Tier 1 | QL (2 EA per 1 day) |
| *abacavir-lamivudine* | Tier 1 | QL (1 EA per 1 day) |
| BIKTARVY ORAL TABLET 30-120-15 MG | Tier 2 | |
| BIKTARVY ORAL TABLET 50-200-25 MG | Tier 2 | QL (1 EA per 1 day) |
| DELSTRIGO | Tier 2 | QL (1 EA per 1 day) |
| DESCOVY | Tier 1 | QL (1 EA per 1 day) |
| DOVATO | Tier 2 | QL (1 EA per 1 day) |
| *efavirenz-emtricitabin-tenofov* | Tier 1 | QL (1 EA per 1 day) |
| *efavirenz-lamivu-tenofov disop* | Tier 1 | |
| *emtricitabine* | Tier 1 | QL (1 EA per 1 day) |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg* | Tier 1 | QL (1 EA per 1 day) |
| *emtricitabine-tenofovir (tdf) oral tablet 200-300 mg* | Tier 0 - Preventive | QL (1 EA per 1 day) |
| *emtricita-rilpivirine-tenof df* | Tier 1 | |
| EMTRIVA ORAL SOLUTION | Tier 2 | QL (680 ML per 30 days) |
| GENVOYA | Tier 2 | QL (1 EA per 1 day) |
| *lamivudine oral solution* | Tier 1 | QL (30 ML per 1 day) |
| *lamivudine oral tablet 100 mg* | Tier 1 | |
| *lamivudine oral tablet 150 mg* | Tier 1 | QL (2 EA per 1 day) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *lamivudine oral tablet 300 mg* | Tier 1 | QL (1 EA per 1 day) |
| *lamivudine-zidovudine* | 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) |
| *tenofovir disoproxil fumarate* | 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) |
| *zidovudine oral capsule* | Tier 1 | QL (6 EA per 1 day) |
| *zidovudine oral syrup* | Tier 1 | QL (60 ML per 1 day) |
| **HIV PROTEASE INHIBITOR ANTIRETROVIRALS** | | |
| APTIVUS | Tier 2 | QL (4 EA per 1 day) |
| *atazanavir oral capsule 150 mg* | Tier 1 | QL (1 EA per 1 day) |
| *atazanavir oral capsule 200 mg* | Tier 1 | QL (2 EA per 1 day) |
| *atazanavir oral capsule 300 mg* | Tier 1 | |
| *darunavir oral tablet 600 mg* | Tier 1 | QL (2 EA per 1 day) |
| *darunavir oral tablet 800 mg* | Tier 1 | QL (1 EA per 1 day) |
| EVOTAZ | Tier 2 | QL (1 EA per 1 day) |
| *fosamprenavir* | Tier 1 | QL (2 EA per 1 day) |
| *lopinavir-ritonavir oral tablet 100-25 mg* | Tier 1 | QL (8 EA per 1 day) |
| *lopinavir-ritonavir oral tablet 200-50 mg* | Tier 1 | QL (4 EA per 1 day) |
| NORVIR ORAL POWDER IN PACKET | Tier 2 | QL (6 EA per 180 days) |
| PREZCOBIX ORAL TABLET 800-150 MG-MG | Tier 2 | QL (1 EA per 1 day) |
| PREZISTA ORAL SUSPENSION | Tier 2 | QL (1 ML per 1 day) |
| PREZISTA ORAL TABLET 150 MG | Tier 2 | QL (6 EA per 1 day) |
| PREZISTA ORAL TABLET 75 MG | Tier 2 | QL (10 EA per 1 day) |
| *ritonavir* | 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 28 days) |
| PEGASYS SUBCUTANEOUS SYRINGE | Tier 4 | PA; QL (2 ML per 28 days) |
| **LINCOMYCIN ANTIBIOTICS** | | |
| CLEOCIN VAGINAL SUPPOSITORY | Tier 2 | |
| CLINDACIN ETZ TOPICAL SWAB | Tier 1 | |
| *clindamycin hcl* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *clindamycin palmitate hcl* | Tier 1 | |
| CLINDAMYCIN PEDIATRIC | Tier 1 | |
| *clindamycin phosphate topical gel* | Tier 1 | QL (120 GM per 30 days) |
| *clindamycin phosphate topical gel, once daily* | Tier 1 | QL (150 ML per 30 days) |
| *clindamycin phosphate topical lotion* | Tier 1 | QL (120 ML per 30 days) |
| *clindamycin phosphate topical solution* | Tier 1 | QL (120 ML per 30 days) |
| *clindamycin phosphate vaginal* | Tier 1 | |
| *clindamycin-benzoyl peroxide topical gel* | Tier 1 | |
| *clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %* | Tier 1 | |
| *clindamycin-tretinoin* | Tier 1 | |
| **MONOBACTAM ANTIBIOTICS** | | |
| CAYSTON | Tier 4 | PA; QL (84 ML per 56 days) |
| **NATURAL PENICILLIN ANTIBIOTICS** | | |
| *penicillin v potassium* | Tier 1 | |
| **NEURAMINIDASE INHIBITOR ANTIVIRALS** | | |
| *oseltamivir oral capsule 30 mg* | Tier 1 | QL (40 EA per 365 days) |
| *oseltamivir oral capsule 45 mg, 75 mg* | Tier 1 | QL (20 EA per 365 days) |
| *oseltamivir oral suspension for reconstitution* | Tier 1 | QL (360 ML per 365 days) |
| **NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL** | | |
| *benznidazole* | Tier 2 | QL (720 EA per 365 days) |
| **NITROIMIDAZOLE DERIVATIVES, MISC** | | |
| *metronidazole oral capsule* | Tier 1 | |
| *metronidazole oral tablet 250 mg, 500 mg* | Tier 1 | |
| *metronidazole topical cream* | Tier 1 | QL (45 GM per 30 days) |
| *metronidazole topical gel 0.75 %* | Tier 1 | QL (45 GM per 30 days) |
| *metronidazole topical lotion* | Tier 1 | QL (59 ML per 30 days) |
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* | Tier 1 | QL (70 GM per 30 days) |
| ROSADAN TOPICAL CREAM | Tier 1 | QL (45 GM per 30 days) |
| ROSADAN TOPICAL GEL | Tier 1 | QL (45 GM per 30 days) |
| VANDAZOLE | Tier 1 | QL (70 GM per 30 days) |
| **NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS** | | |
| *acyclovir oral capsule* | Tier 1 | |
| *acyclovir oral suspension 200 mg/5 ml* | Tier 1 | |
| *acyclovir oral tablet* | Tier 1 | |
| *acyclovir topical ointment* | Tier 1 | ST; QL (30 GM per 30 days) |
| *adefovir* | Tier 1 | |
| BARACLUDE ORAL SOLUTION | Tier 2 | PA |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| DESCOVY | Tier 1 | QL (1 EA per 1 day) |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg* | Tier 1 | QL (1 EA per 1 day) |
| *emtricitabine-tenofovir (tdf) oral tablet 200-300 mg* | Tier 0 - Preventive | QL (1 EA per 1 day) |
| *emtricita-rilpivirine-tenof df* | Tier 1 | |
| *entecavir* | Tier 1 | PA |
| *famciclovir oral tablet 125 mg, 500 mg* | Tier 1 | QL (21 EA per 30 days) |
| *famciclovir oral tablet 250 mg* | Tier 1 | QL (60 EA per 30 days) |
| LAGEVRIO (EUA) | Tier 2 | QL (40 EA per 180 days) |
| ODEFSEY | Tier 2 | QL (1 EA per 1 day) |
| *ribavirin oral* | Tier 4 | |
| *valacyclovir* | Tier 1 | QL (30 EA per 30 days) |
| *valganciclovir oral tablet* | Tier 1 | |
| **OTHER MACROLIDE ANTIBIOTICS** | | |
| *amoxicil-clarithromy-lansopraz* | Tier 1 | QL (112 EA per 30 days) |
| *azithromycin oral* | Tier 1 | |
| *clarithromycin* | Tier 1 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION | Tier 2 | PA; QL (136 ML per 10 days) |
| DIFICID ORAL TABLET | Tier 2 | PA; QL (20 EA per 10 days) |
| *fidaxomicin* | Tier 1 | PA |
| **OXAZOLIDINONE ANTIBIOTICS** | | |
| *linezolid* | Tier 1 | PA |
| **PENICILLINASE-RESISTANT PENICILLINS** | | |
| *dicloxacillin* | Tier 1 | |
| **POLYENE ANTIFUNGALS** | | |
| KLAYESTA | Tier 1 | QL (180 GM per 1 FILL) |
| NYAMYC | Tier 1 | QL (180 GM per 30 days) |
| *nystatin oral* | Tier 1 | |
| *nystatin topical cream* | Tier 1 | QL (30 GM per 30 days) |
| *nystatin topical ointment* | Tier 1 | QL (30 GM per 30 days) |
| *nystatin topical powder* | Tier 1 | QL (180 GM per 30 days) |
| NYSTOP | Tier 1 | QL (180 GM per 30 days) |
| **POLYMYXIN ANTIBIOTICS** | | |
| *neomycin-polymyxin b-dexameth* | Tier 1 | |
| *neomycin-polymyxin-hc otic (ear)* | Tier 1 | |
| *polymyxin b sulf-trimethoprim* | Tier 1 | |
| **PYRIMIDINE ANTIFUNGALS** | | |
| *flucytosine* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **QUINOLONE ANTIBIOTICS** | | |
| CIPRO HC | Tier 3 | |
| *ciprofloxacin* | Tier 1 | |
| *ciprofloxacin hcl* | Tier 1 | |
| *ciprofloxacin-dexamethasone* | Tier 1 | ST |
| *ciprofloxacin-fluocinolone* | Tier 2 | |
| *levofloxacin ophthalmic (eye)* | Tier 1 | |
| *levofloxacin oral* | Tier 1 | |
| *moxifloxacin ophthalmic (eye)* | Tier 1 | |
| *ofloxacin ophthalmic (eye)* | Tier 1 | QL (10 ML per 30 days) |
| *ofloxacin oral* | Tier 1 | QL (2 EA per 1 day) |
| *ofloxacin otic (ear)* | Tier 1 | |
| **RIFAMYCIN ANTIBIOTICS** | | |
| PRIFTIN | Tier 3 | |
| *rifabutin* | Tier 1 | |
| *rifampin oral* | 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)** | | |
| *sulfadiazine* | Tier 1 | |
| *sulfamethoxazole-trimethoprim oral* | Tier 1 | |
| *sulfasalazine* | Tier 1 | |
| SULFATRIM | Tier 1 | |
| **TETRACYCLINE ANTIBIOTICS** | | |
| *demeclocycline* | Tier 1 | PA |
| *doxycycline hyclate oral capsule* | Tier 1 | |
| *doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg* | Tier 1 | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg* | Tier 1 | |
| *doxycycline monohydrate oral capsule 150 mg* | Tier 1 | ST |
| *doxycycline monohydrate oral suspension for reconstitution* | Tier 1 | |
| *doxycycline monohydrate oral tablet* | Tier 1 | |
| *minocycline oral capsule* | Tier 1 | |
| *minocycline oral tablet* | Tier 1 | |
| *tetracycline* | Tier 1 | |
| **URINARY ANTI-INFECTIVES** | | |
| *fosfomycin tromethamine* | Tier 1 | |
| *methenamine hippurate* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *nitrofurantoin macrocrystal* | Tier 1 | |
| *nitrofurantoin monohyd/m-cryst* | Tier 1 | |
| *nitrofurantoin oral suspension 25 mg/5 ml* | Tier 1 | |
| *trimethoprim* | Tier 1 | |
| URETRON D-S | Tier 1 | |
| URO-SP | Tier 1 | |
| **ANTINEOPLASTIC AGENTS** | | |
| **ANTINEOPLASTIC AGENTS** | | |
| *abiraterone oral tablet 250 mg* | Tier 4 | PA; CM; QL (120 EA per 30 days) |
| *abiraterone oral tablet 500 mg* | Tier 4 | PA; CM; QL (60 EA per 30 days) |
| *anastrozole* | Tier 0 - Preventive | CM |
| AVITA TOPICAL CREAM | Tier 1 | QL (45 GM per 30 days) |
| *bexarotene oral* | Tier 4 | PA; CM |
| *bexarotene topical* | Tier 4 | PA; QL (60 GM per 30 days) |
| *bicalutamide* | Tier 1 | CM |
| *capecitabine* | Tier 4 | PA; CM |
| CAPRELSA ORAL TABLET 100 MG | Tier 4 | PA; CM; QL (60 EA per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | Tier 4 | PA; CM; QL (30 EA per 30 days) |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | Tier 4 | PA; CM |
| *cyclophosphamide oral capsule* | Tier 1 | PA; CM |
| ELIGARD | Tier 4 | |
| ELIGARD (3 MONTH) | Tier 4 | |
| ELIGARD (4 MONTH) | Tier 4 | |
| ELIGARD (6 MONTH) | Tier 4 | |
| ERIVEDGE | Tier 4 | PA; CM; QL (30 EA per 30 days) |
| ERLEADA ORAL TABLET 240 MG | Tier 4 | PA; CM |
| ERLEADA ORAL TABLET 60 MG | Tier 4 | PA; CM; QL (120 EA per 30 days) |
| *erlotinib oral tablet 100 mg, 150 mg* | Tier 4 | PA; CM; QL (30 EA per 30 days) |
| *erlotinib oral tablet 25 mg* | Tier 4 | PA; CM; QL (60 EA per 30 days) |
| *etoposide oral* | Tier 1 | CM |
| *everolimus (immunosuppressive)* | Tier 1 | |
| *exemestane* | Tier 0 - Preventive | CM |
| *fluorouracil topical cream 5 %* | Tier 1 | QL (3 GM per 1 day) |
| *fluorouracil topical solution* | Tier 1 | QL (10 ML per 30 days) |
| GILOTRIF | Tier 4 | PA; CM; QL (30 EA per 30 days) |
| GLEOSTINE | Tier 3 | PA; CM |
| HYCAMTIN | Tier 4 | PA; CM |
| *hydroxyurea* | Tier 1 | CM |
| IBRANCE | Tier 4 | PA; CM; QL (21 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *imatinib oral tablet 100 mg* | Tier 4 | PA; CM; QL (180 EA per 30 days) |
| *imatinib oral tablet 400 mg* | Tier 4 | PA; CM; QL (60 EA per 30 days) |
| IMBRUVICA ORAL CAPSULE | Tier 4 | PA; CM; QL (28 EA per 28 days) |
| IMBRUVICA ORAL TABLET | Tier 4 | PA; CM; QL (28 EA per 28 days) |
| INLYTA ORAL TABLET 1 MG | Tier 4 | PA; CM; QL (180 EA per 30 days) |
| INLYTA ORAL TABLET 5 MG | Tier 4 | PA; CM; QL (120 EA per 30 days) |
| JAKAFI | Tier 4 | PA; CM; QL (60 EA per 30 days) |
| *lapatinib* | Tier 4 | PA; CM; QL (180 EA per 30 days) |
| *lenalidomide* | Tier 4 | PA; CM; QL (30 EA per 30 days) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2) | Tier 4 | PA; CM |
| *letrozole* | Tier 1 | CM |
| LEUKERAN | Tier 2 | PA; CM |
| LONSURF | Tier 4 | PA; CM |
| LYNPARZA | Tier 4 | PA; CM; QL (120 EA per 30 days) |
| LYSODREN | Tier 4 | CM |
| MATULANE | Tier 4 | CM |
| *megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)* | Tier 1 | |
| *megestrol oral tablet* | Tier 1 | CM |
| MEKINIST ORAL RECON SOLN | Tier 4 | PA; CM |
| MEKINIST ORAL TABLET 0.5 MG | Tier 4 | PA; CM; QL (90 EA per 30 days) |
| MEKINIST ORAL TABLET 2 MG | Tier 4 | PA; CM; QL (30 EA per 30 days) |
| *mercaptopurine oral tablet* | Tier 1 | CM |
| *methotrexate sodium oral* | Tier 1 | CM |
| MYLERAN | Tier 2 | PA; CM |
| *nilutamide* | Tier 1 | PA; CM |
| OGSIVEO | Tier 4 | CM; QL (3 EA per 1 day) |
| *pazopanib* | Tier 4 | PA; CM; QL (120 EA per 30 days) |
| PEGASYS SUBCUTANEOUS SOLUTION | Tier 4 | PA; QL (4 ML per 28 days) |
| PEGASYS SUBCUTANEOUS SYRINGE | Tier 4 | PA; QL (2 ML per 28 days) |
| POMALYST | Tier 4 | PA; CM |
| REVLIMID | Tier 4 | PA; CM; QL (30 EA per 30 days) |
| *sorafenib* | Tier 4 | PA; CM; QL (120 EA per 30 days) |
| *sunitinib malate oral capsule 12.5 mg* | Tier 4 | PA; CM; QL (90 EA per 30 days) |
| *sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg* | Tier 4 | PA; CM; QL (30 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| TAFINLAR ORAL CAPSULE | Tier 4 | PA; CM; QL (120 EA per 30 days) |
| *tamoxifen* | Tier 0 - Preventive | CM |
| *temozolomide* | Tier 4 | PA; CM |
| THALOMID | Tier 4 | PA; QL (30 EA per 30 days) |
| *toremifene* | Tier 1 | PA; CM |
| *tretinoin* | Tier 1 | QL (45 GM per 30 days) |
| *tretinoin (antineoplastic)* | Tier 1 | CM |
| *tretinoin (emollient)* | Tier 1 | |
| *valrubicin* | Tier 4 | PA |
| VERZENIO | Tier 4 | PA; CM; QL (60 EA per 30 days) |
| VOTRIENT | Tier 4 | PA; CM; QL (120 EA per 30 days) |
| XTANDI ORAL CAPSULE | Tier 4 | PA; CM; QL (120 EA per 30 days) |
| XTANDI ORAL TABLET 40 MG | Tier 4 | PA; CM; QL (120 EA per 30 days) |
| XTANDI ORAL TABLET 80 MG | Tier 4 | PA; CM; QL (60 EA per 30 days) |
| ZELBORAF | Tier 4 | PA; CM; QL (240 EA per 30 days) |
| ZOLINZA | Tier 4 | PA; CM |
| **ANTITOXINS, IMMUNE GLOB,TOXOIDS, VACCINES** | | |
| **ANTITOXINS AND IMMUNE GLOBULINS** | | |
| RHOGAM ULTRA-FILTERED PLUS | Tier 2 | |
| **TOXOIDS** | | |
| ADACEL(TDAP ADOLESN/ADULT) (PF) | Tier 0 - Preventive | |
| BOOSTRIX TDAP | Tier 0 - Preventive | |
| DAPTACEL (DTAP PEDIATRIC) (PF) | Tier 0 - Preventive | |
| INFANRIX (DTAP) (PF) | Tier 0 - Preventive | |
| PEDIARIX (PF) | Tier 0 - Preventive | |
| TENIVAC (PF) | Tier 0 - Preventive | |
| VAXELIS (PF) | Tier 0 - Preventive | |
| **VACCINES** | | |
| ABRYSVO (PF) | Tier 0 - Preventive | |
| ACTHIB (PF) | Tier 0 - Preventive | |
| AREXVY (PF) | Tier 0 - Preventive | |
| AREXVY ADJUVANT COMPONENT (PF) | Tier 2 | |
| AREXVY ANTIGEN COMPONENT | Tier 2 | |
| *bcg vaccine, live (pf)* | Tier 0 - Preventive | |
| BEXSERO | Tier 0 - Preventive | |
| BIOTHRAX | Tier 0 - Preventive | |
| CAPVAXIVE | Tier 2 | |
| DENGVAXIA (PF) | Tier 0 - Preventive | |
| ENGERIX-B (PF) | Tier 0 - Preventive | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ENGERIX-B PEDIATRIC (PF) | Tier 0 - Preventive | |
| GARDASIL 9 (PF) | Tier 0 - Preventive | |
| HAVRIX (PF) | Tier 0 - Preventive | |
| HEPLISAV-B (PF) | Tier 0 - Preventive | |
| HIBERIX (PF) | Tier 0 - Preventive | |
| IMOVAX RABIES VACCINE (PF) | Tier 0 - Preventive | |
| IPOL | Tier 0 - Preventive | |
| IXIARO (PF) | Tier 0 - Preventive | |
| JYNNEOS (PF) | Tier 2 | |
| KINRIX (PF) | Tier 0 - Preventive | |
| MENQUADFI (PF) | Tier 0 - Preventive | |
| MENVEO A-C-Y-W-135-DIP (PF) | Tier 0 - Preventive | |
| M-M-R II (PF) | Tier 0 - Preventive | |
| PEDIARIX (PF) | Tier 0 - Preventive | |
| PEDVAX HIB (PF) | Tier 0 - Preventive | |
| PENBRAYA (PF) | Tier 0 - Preventive | |
| PENTACEL (PF) | Tier 0 - Preventive | |
| PENTACEL ACTHIB COMPONENT (PF) | Tier 0 - Preventive | |
| PNEUMOVAX-23 | Tier 0 - Preventive | |
| PREVNAR 20 (PF) | Tier 0 - Preventive | |
| PRIORIX (PF) | Tier 0 - Preventive | |
| PROQUAD (PF) | Tier 0 - Preventive | |
| QUADRACEL (PF) | Tier 0 - Preventive | |
| RABAVERT (PF) | Tier 0 - Preventive | |
| RECOMBIVAX HB (PF) | Tier 0 - Preventive | |
| ROTARIX | Tier 0 - Preventive | |
| ROTATEQ VACCINE | Tier 0 - Preventive | |
| SHINGRIX (PF) | Tier 0 - Preventive | |
| STAMARIL (PF) | Tier 0 - Preventive | |
| TRUMENBA | Tier 0 - Preventive | |
| TWINRIX (PF) | Tier 0 - Preventive | |
| TYPHIM VI | Tier 0 - Preventive | |
| VAQTA (PF) | Tier 0 - Preventive | |
| VARIVAX (PF) | Tier 0 - Preventive | |
| VAXCHORA VACCINE | Tier 0 - Preventive | |
| VAXELIS (PF) | Tier 0 - Preventive | |
| VAXNEUVANCE (PF) | Tier 0 - Preventive | |
| VIVOTIF | Tier 0 - Preventive | |
| YF-VAX (PF) | Tier 0 - Preventive | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **AUTONOMIC DRUGS** | | |
| **ALPHA- AND BETA-ADRENERGIC AGONISTS** | | |
| *brompheniramine-pseudoeph-dm* | Tier 1 | |
| *droxidopa* | Tier 4 | PA |
| *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** | | |
| *clonidine hcl oral tablet extended release 12 hr* | Tier 1 | QL (4 EA per 1 day) |
| LUCEMYRA | Tier 3 | QL (224 EA per 30 days) |
| *midodrine* | Tier 1 | |
| PROMETHAZINE VC | Tier 1 | |
| *promethazine-phenylephrine* | Tier 1 | |
| **ANTIMUSCARINICS/ANTISPASMODICS** | | |
| *atropine ophthalmic (eye) drops 1 %* | Tier 1 | |
| 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 capsule* | Tier 1 | |
| *dicyclomine oral solution* | Tier 1 | |
| *dicyclomine oral tablet 20 mg* | Tier 1 | |
| *diphenoxylate-atropine oral tablet* | Tier 1 | |
| ED-SPAZ | Tier 1 | |
| *glycopyrrolate oral solution* | Tier 1 | PA |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | Tier 1 | |
| *hydrocodone-homatropine oral solution* | Tier 1 | PA; QL (30 ML per 1 day) |
| HYDROMET | Tier 1 | QL (4 ML per 1 day) |
| *hyoscyamine sulfate oral* | Tier 1 | |
| *hyoscyamine sulfate sublingual* | Tier 1 | |
| HYOSYNE | Tier 1 | |
| *ipratropium bromide inhalation* | Tier 1 | QL (10 ML per 1 day) |
| *ipratropium-albuterol* | Tier 1 | QL (540 ML per 30 days) |
| *methscopolamine* | Tier 1 | |
| OSCIMIN | Tier 1 | |
| OSCIMIN SL | Tier 1 | |
| *scopolamine base* | Tier 1 | |
| SPIRIVA RESPIMAT | Tier 2 | QL (4 GM per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| STIOLTO RESPIMAT | Tier 2 | QL (4 GM per 30 days) |
| SYMAX-SR | Tier 1 | |
| *tiotropium bromide* | Tier 1 | |
| TRELEGY ELLIPTA | Tier 2 | QL (60 EA per 30 days) |
| **ANTIPARKINSONIAN AGENTS** | | |
| *amantadine hcl* | Tier 1 | |
| *benztropine oral* | Tier 1 | |
| *trihexyphenidyl* | Tier 1 | |
| **CENTRALLY ACTING SKELETAL MUSCLE RELAXANT** | | |
| *carisoprodol oral tablet 350 mg* | Tier 1 | |
| *carisoprodol-aspirin-codeine* | Tier 1 | |
| *chlorzoxazone oral tablet 500 mg* | Tier 1 | |
| *cyclobenzaprine oral tablet 10 mg, 5 mg* | Tier 1 | |
| CYCLOTENS STARTER | Tier 2 | |
| *metaxalone oral tablet 800 mg* | Tier 1 | |
| *methocarbamol oral tablet 500 mg, 750 mg* | Tier 1 | |
| *tizanidine oral tablet* | Tier 1 | |
| **DIRECT-ACTING SKELETAL MUSCLE RELAXANTS** | | |
| *dantrolene oral* | Tier 1 | |
| **GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT** | | |
| *baclofen oral suspension* | Tier 1 | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | Tier 1 | |
| **INDIRECT-ACTING SKELETAL MUSCLE RELAXANT** | | |
| *orphenadrine citrate oral* | Tier 1 | |
| **NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS** | | |
| *carvedilol* | Tier 1 | |
| *dorzolamide-timolol* | Tier 1 | |
| *dorzolamide-timolol (pf)* | Tier 1 | |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | Tier 1 | |
| *propranolol oral* | Tier 1 | |
| *propranolol-hydrochlorothiazid* | Tier 1 | |
| SOTALOL AF | Tier 1 | |
| *sotalol oral* | Tier 1 | |
| *timolol maleate oral* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS** | | |
| *dihydroergotamine nasal* | Tier 1 | ST; QL (8 ML per 30 days) |
| *ergoloid* | Tier 1 | |
| ERGOMAR | Tier 3 | |
| *ergotamine-caffeine* | Tier 1 | |
| *phenoxybenzamine* | Tier 1 | |
| **PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)** | | |
| *bethanechol chloride* | Tier 1 | |
| *cevimeline* | Tier 1 | ST |
| *donepezil oral tablet 10 mg, 5 mg* | Tier 1 | |
| *galantamine* | Tier 1 | |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %* | Tier 1 | |
| *pilocarpine hcl oral* | Tier 1 | |
| *pyridostigmine bromide oral syrup* | Tier 1 | |
| *pyridostigmine bromide oral tablet 60 mg* | Tier 1 | |
| *pyridostigmine bromide oral tablet extended release 180 mg* | Tier 1 | |
| *rivastigmine tartrate* | Tier 1 | |
| **SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT** | | |
| *alfuzosin* | Tier 1 | |
| *carvedilol* | Tier 1 | |
| *dutasteride-tamsulosin* | Tier 1 | ST |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | Tier 1 | |
| *silodosin* | Tier 1 | |
| *tamsulosin* | Tier 1 | |
| **SELECTIVE BETA-2-ADRENERGIC AGONISTS** | | |
| *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 | |
| BREYNA | Tier 1 | |
| *budesonide-formoterol* | Tier 2 | PA; ST; QL (11 GM per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| COMBIVENT RESPIMAT | Tier 2 | QL (8 GM per 30 days) |
| DULERA | Tier 2 | 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 | |
| **SELECTIVE BETA-ADRENERGIC BLOCKING AGENT** | | |
| *acebutolol* | Tier 1 | |
| *atenolol* | Tier 1 | |
| *atenolol-chlorthalidone* | Tier 1 | |
| *betaxolol ophthalmic (eye)* | Tier 1 | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | Tier 1 | |
| *bisoprolol-hydrochlorothiazide* | Tier 1 | |
| *metoprolol succinate* | Tier 1 | |
| *metoprolol ta-hydrochlorothiaz* | Tier 1 | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg* | Tier 1 | |
| *nadolol* | Tier 1 | |
| **SMOKING CESSATION AGENTS** | | |
| *bupropion hcl (smoking deter)* | Tier 0 - Preventive | |
| *naltrexone* | Tier 1 | |
| NICODERM CQ | Tier 0 - Preventive | QL (180 EA per 365 days) |
| NICORETTE | Tier 0 - Preventive | QL (180 EA per 365 days) |
| *nicotine* | Tier 0 - Preventive | QL (180 EA per 365 days) |
| *nicotine (polacrilex) buccal gum* | Tier 0 - Preventive | |
| *nicotine (polacrilex) buccal lozenge* | Tier 0 - Preventive | QL (180 EA per 365 days) |
| *nicotine (polacrilex) buccal mini lozenge* | Tier 0 - Preventive | QL (180 EA per 365 days) |
| NICOTROL NS | Tier 0 - Preventive | QL (180 ML per 365 days) |
| QUIT 2 | Tier 0 - Preventive | QL (180 EA per 365 days) |
| QUIT 4 | Tier 0 - Preventive | QL (180 EA per 365 days) |
| STOP SMOKING AID | Tier 0 - Preventive | QL (180 EA per 365 days) |
| *varenicline tartrate* | Tier 0 - Preventive | |

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

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ST. JOSEPH ASPIRIN | Tier 0 - Preventive | |
| *ticagrelor* | Tier 1 | ST |
| TRI-BUFFERED ASPIRIN | Tier 0 - Preventive | |
| **PLATELET-REDUCING AGENTS** | | |
| *anagrelide* | Tier 1 | |
| **THROMBOLYTIC AGENTS** | | |
| *butalbital-aspirin-caffeine oral capsule* | Tier 1 | QL (48 EA per 30 days) |
| **CARDIOVASCULAR DRUGS** | | |
| **ALPHA-ADRENERGIC BLOCKING AGENTS** | | |
| *carvedilol* | Tier 1 | |
| *doxazosin oral tablet 1 mg, 2 mg, 4 mg* | Tier 1 | QL (30 EA per 30 days) |
| *doxazosin oral tablet 8 mg* | Tier 1 | QL (60 EA per 30 days) |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | Tier 1 | |
| *prazosin* | 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) |
| **ANGIOTENSIN II RECEP ANTAGONIST/NEPROLYS** | | |
| ENTRESTO | Tier 2 | PA; QL (60 EA per 30 days) |
| *sacubitril-valsartan* | Tier 1 | PA; QL (60 EA per 30 days) |
| **ANGIOTENSIN II RECEPTOR ANTAGONISTS** | | |
| *amlodipine-olmesartan* | Tier 1 | |
| *amlodipine-valsartan* | Tier 1 | |
| *candesartan* | Tier 1 | |
| *candesartan-hydrochlorothiazid* | Tier 1 | |
| *irbesartan* | Tier 1 | |
| *irbesartan-hydrochlorothiazide* | Tier 1 | |
| *losartan* | Tier 1 | |
| *losartan-hydrochlorothiazide* | Tier 1 | |
| *olmesartan* | Tier 1 | |
| *olmesartan-amlodipin-hcthiazid* | Tier 1 | |
| *olmesartan-hydrochlorothiazide* | Tier 1 | |
| *telmisartan* | Tier 1 | |
| *telmisartan-amlodipine* | Tier 1 | |
| *telmisartan-hydrochlorothiazid* | Tier 1 | |
| *valsartan oral tablet* | Tier 1 | |
| *valsartan-hydrochlorothiazide* | Tier 1 | |
| **ANGIOTENSIN-CONVERTING ENZYME INHIBITORS** | | |
| *amlodipine-benazepril* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *benazepril* | Tier 1 | |
| *benazepril-hydrochlorothiazide* | Tier 1 | |
| *captopril* | Tier 1 | |
| *captopril-hydrochlorothiazide* | Tier 1 | |
| *enalapril maleate oral solution* | Tier 1 | ST |
| *enalapril maleate oral tablet* | Tier 1 | |
| *enalapril-hydrochlorothiazide* | Tier 1 | |
| *fosinopril* | Tier 1 | |
| *fosinopril-hydrochlorothiazide* | Tier 1 | |
| *lisinopril* | Tier 1 | |
| *lisinopril-hydrochlorothiazide* | Tier 1 | |
| *quinapril* | Tier 1 | |
| *quinapril-hydrochlorothiazide* | Tier 1 | |
| *ramipril* | Tier 1 | |
| *trandolapril* | Tier 1 | |
| **ANTILIPEMIC AGENTS, MISCELLANEOUS** | | |
| *niacin oral tablet 500 mg* | Tier 1 | |
| *niacin oral tablet extended release 24 hr* | Tier 1 | |
| **BETA-ADRENERGIC BLOCKING AGENTS** | | |
| *acebutolol* | Tier 1 | |
| *atenolol* | Tier 1 | |
| *atenolol-chlorthalidone* | Tier 1 | |
| *betaxolol ophthalmic (eye)* | Tier 1 | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | Tier 1 | |
| *bisoprolol-hydrochlorothiazide* | Tier 1 | |
| *carvedilol* | Tier 1 | |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | Tier 1 | |
| *metoprolol succinate* | Tier 1 | |
| *metoprolol ta-hydrochlorothiaz* | Tier 1 | |
| *metoprolol tartrate oral tablet 1 00 mg, 25 mg, 37.5 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 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *colesevelam oral powder in packet* | Tier 1 | PA; QL (30 EA per 30 days) |
| *colesevelam oral tablet* | Tier 1 | PA; QL (180 EA per 30 days) |
| *colestipol oral tablet* | Tier 1 | |
| **CALCIUM-CHANNEL BLOCKING AGENTS** | | |
| *amlodipine* | Tier 1 | |
| *amlodipine-benazepril* | Tier 1 | |
| *amlodipine-olmesartan* | Tier 1 | |
| *amlodipine-valsartan* | Tier 1 | |
| *diltiazem hcl oral tablet* | Tier 1 | |
| *nifedipine* | Tier 1 | |
| *olmesartan-amlodipin-hcthiazid* | Tier 1 | |
| **CARBONIC ANHYDRASE INHIBITORS (24:36)** | | |
| *acetazolamide* | Tier 1 | |
| **CARDIAC DRUGS, MISCELLANEOUS** | | |
| *ranolazine* | Tier 1 | |
| **CARDIOTONIC AGENTS** | | |
| DIGITEK | Tier 1 | |
| *digoxin oral* | Tier 1 | |
| **CARDIOVASCULAR DRUGS, NSAID ANTI-INFL** | | |
| *colchicine oral tablet* | Tier 1 | QL (1 EA per 1 day) |
| **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 | |
| *ezetimibe-simvastatin* | Tier 1 | ST; QL (30 EA per 30 days) |
| **CLASS IA ANTIARRHYTHMICS** | | |
| *disopyramide phosphate* | Tier 1 | |
| NORPACE CR | Tier 2 | |
| *quinidine sulfate* | Tier 1 | |
| **CLASS IB ANTIARRHYTHMICS** | | |
| DILANTIN | Tier 2 | |
| *mexiletine* | Tier 1 | |
| *phenytoin* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *phenytoin sodium extended* | Tier 1 | |
| **CLASS IC ANTIARRHYTHMICS** | | |
| *flecainide* | Tier 1 | |
| *propafenone* | Tier 1 | |
| **CLASS II ANTIARRHYTHMICS** | | |
| *acebutolol* | Tier 1 | |
| *atenolol* | Tier 1 | |
| *atenolol-chlorthalidone* | Tier 1 | |
| *betaxolol ophthalmic (eye)* | Tier 1 | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | Tier 1 | |
| *bisoprolol-hydrochlorothiazide* | Tier 1 | |
| *carvedilol* | Tier 1 | |
| *dorzolamide-timolol* | Tier 1 | |
| *dorzolamide-timolol (pf)* | Tier 1 | |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | Tier 1 | |
| *metoprolol succinate* | Tier 1 | |
| *metoprolol ta-hydrochlorothiaz* | Tier 1 | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg* | Tier 1 | |
| *nadolol* | Tier 1 | |
| *propranolol oral* | Tier 1 | |
| *propranolol-hydrochlorothiazid* | Tier 1 | |
| *timolol maleate oral* | Tier 1 | |
| **CLASS III ANTIARRHYTHMICS** | | |
| *amiodarone oral* | Tier 1 | |
| *dofetilide* | Tier 1 | |
| MULTAQ | Tier 2 | |
| PACERONE ORAL TABLET 200 MG | Tier 1 | |
| SOTALOL AF | Tier 1 | |
| *sotalol oral* | Tier 1 | |
| **CLASS IV ANTIARRHYTHMICS** | | |
| CARTIA XT | Tier 1 | |
| *diltiazem hcl oral* | Tier 1 | |
| DILT-XR | Tier 1 | |
| MATZIM LA | 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 |
|---|---|---|
| **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 | |
| **DIRECT VASODILATORS** | | |
| *hydralazine oral* | Tier 1 | |
| *isosorbide-hydralazine* | Tier 1 | |
| *minoxidil oral* | Tier 1 | |
| **DIURETICS, MISCELLANEOUS (24:36)** | | |
| THEO-24 | Tier 2 | |
| *theophylline* | Tier 1 | |
| **FIBRIC ACID DERIVATIVES** | | |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg* | Tier 1 | |
| *fenofibrate nanocrystallized* | Tier 1 | |
| *fenofibrate oral tablet 160 mg, 54 mg* | Tier 1 | |
| *gemfibrozil* | Tier 1 | |
| **HMG-COA REDUCTASE INHIBITORS** | | |
| *atorvastatin oral tablet 10 mg, 20 mg* | Tier 0 - Preventive | QL (30 EA per 30 days) |
| *atorvastatin oral tablet 40 mg, 80 mg* | Tier 1 | QL (30 EA per 30 days) |
| *ezetimibe-simvastatin* | Tier 1 | ST; QL (30 EA per 30 days) |
| *fluvastatin oral capsule 20 mg* | Tier 0 - Preventive | QL (30 EA per 30 days) |
| *fluvastatin oral capsule 40 mg* | Tier 0 - Preventive | QL (60 EA per 30 days) |
| *fluvastatin oral tablet extended release 24 hr* | Tier 0 - Preventive | QL (30 EA per 30 days) |
| *lovastatin oral tablet 10 mg* | Tier 0 - Preventive | QL (30 EA per 30 days) |
| *lovastatin oral tablet 20 mg, 40 mg* | Tier 0 - Preventive | QL (60 EA per 30 days) |
| *pravastatin* | Tier 0 - Preventive | QL (30 EA per 30 days) |
| *rosuvastatin oral tablet 10 mg, 5 mg* | Tier 0 - Preventive | QL (30 EA per 30 days) |
| *rosuvastatin oral tablet 20 mg, 40 mg* | Tier 1 | QL (30 EA per 30 days) |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | Tier 0 - Preventive | QL (30 EA per 30 days) |
| *simvastatin oral tablet 80 mg* | Tier 1 | QL (30 EA per 30 days) |
| **LOOP DIURETICS (24:36)** | | |
| *bumetanide oral* | Tier 1 | |
| *ethacrynic acid* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)* | Tier 1 | |
| *furosemide oral tablet* | Tier 1 | |
| *torsemide* | Tier 1 | |
| **NITRATES AND NITRITES** | | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg* | Tier 1 | |
| *isosorbide mononitrate* | Tier 1 | |
| *isosorbide-hydralazine* | Tier 1 | |
| NITRO-DUR | Tier 2 | |
| *nitroglycerin rectal* | Tier 1 | PA |
| *nitroglycerin sublingual* | Tier 1 | |
| *nitroglycerin transdermal patch 24 hour* | Tier 1 | |
| *nitroglycerin translingual* | Tier 1 | |
| NITRO-TIME | Tier 1 | |
| **OMEGA-3-MEDIATED ANTILIPEMICS** | | |
| *omega-3 acid ethyl esters* | Tier 1 | |
| **PCSK9 INHIBITORS** | | |
| REPATHA PUSHTRONEX | Tier 2 | PA; QL (2 ML per 28 days) |
| REPATHA SURECLICK | Tier 2 | PA; QL (2 ML per 28 days) |
| REPATHA SYRINGE | Tier 2 | PA; QL (2 ML per 28 days) |
| **PHOSPHODIESTERASE TYPE 5 INHIBITORS** | | |
| ADCIRCA | Tier 4 | PA; QL (2 EA per 1 day) |
| *sildenafil (pulm.hypertension) oral tablet* | Tier 4 | PA; QL (90 EA per 30 days) |
| *sildenafil oral tablet 25 mg, 50 mg* | Tier 1 | PA; QL (8 EA per 30 days) |
| *tadalafil oral tablet 5 mg* | Tier 1 | PA; QL (8 EA per 30 days) |
| *vardenafil oral tablet* | Tier 1 | PA; QL (8 EA per 30 days) |
| **POTASSIUM-SPARING DIURETIC** | | |
| *eplerenone* | Tier 1 | |
| *spironolactone oral tablet* | Tier 1 | |
| *spironolacton-hydrochlorothiaz* | Tier 1 | |
| **POTASSIUM-SPARING DIURETICS (HYPOTEN)** | | |
| *amiloride* | Tier 1 | |
| *amiloride-hydrochlorothiazide* | Tier 1 | |
| *triamterene-hydrochlorothiazid oral capsule* | Tier 1 | |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg* | Tier 1 | QL (1 EA per 1 day) |
| *triamterene-hydrochlorothiazid oral tablet 75-50 mg* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **RENIN INHIBITORS** | | |
| *aliskiren* | Tier 1 | |
| **STEROIDAL MINERALOCORTICOID RECEPTOR ANT** | | |
| *eplerenone* | Tier 1 | |
| *spironolactone oral tablet* | Tier 1 | |
| *spironolacton-hydrochlorothiaz* | Tier 1 | |
| **THIAZIDE DIURETICS (24:36)** | | |
| *amiloride-hydrochlorothiazide* | Tier 1 | |
| *benazepril-hydrochlorothiazide* | Tier 1 | |
| *bisoprolol-hydrochlorothiazide* | Tier 1 | |
| *candesartan-hydrochlorothiazid* | Tier 1 | |
| *captopril-hydrochlorothiazide* | Tier 1 | |
| *enalapril-hydrochlorothiazide* | Tier 1 | |
| *fosinopril-hydrochlorothiazide* | Tier 1 | |
| *hydrochlorothiazide* | Tier 1 | |
| *irbesartan-hydrochlorothiazide* | Tier 1 | |
| *lisinopril-hydrochlorothiazide* | Tier 1 | |
| *losartan-hydrochlorothiazide* | Tier 1 | |
| *metoprolol ta-hydrochlorothiaz* | Tier 1 | |
| *olmesartan-amlodipin-hcthiazid* | Tier 1 | |
| *olmesartan-hydrochlorothiazide* | Tier 1 | |
| *propranolol-hydrochlorothiazid* | Tier 1 | |
| *quinapril-hydrochlorothiazide* | Tier 1 | |
| *spironolacton-hydrochlorothiaz* | Tier 1 | |
| *telmisartan-hydrochlorothiazid* | Tier 1 | |
| *triamterene-hydrochlorothiazid oral capsule* | Tier 1 | |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg* | Tier 1 | QL (1 EA per 1 day) |
| *triamterene-hydrochlorothiazid oral tablet 75-50 mg* | Tier 1 | |
| *valsartan-hydrochlorothiazide* | Tier 1 | |
| **THIAZIDE-LIKE DIURETICS (24:36)** | | |
| *atenolol-chlorthalidone* | Tier 1 | |
| *chlorthalidone* | Tier 1 | |
| *indapamide* | Tier 1 | |
| *metolazone* | Tier 1 | |
| **VASODILATING AGENTS, MISCELLANEOUS** | | |
| ADEMPAS | Tier 4 | PA; QL (3 EA per 1 day) |
| *ambrisentan* | Tier 4 | PA; QL (30 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *amlodipine* | Tier 1 | |
| *amlodipine-benazepril* | Tier 1 | |
| *amlodipine-olmesartan* | Tier 1 | |
| *amlodipine-valsartan* | Tier 1 | |
| *bosentan oral tablet* | Tier 4 | PA; QL (2 EA per 1 day) |
| *nifedipine* | Tier 1 | |
| ORENITRAM | Tier 4 | PA |
| *timolol maleate oral* | Tier 1 | |
| **CENTRAL NERVOUS SYSTEM AGENTS** | | |
| **ADAMANTANES (CNS)** | | |
| *amantadine hcl* | Tier 1 | |
| **AMPHETAMINES** | | |
| *amphetamine sulfate* | Tier 1 | |
| *dextroamphetamine sulfate oral capsule, extended release* | Tier 1 | QL (2 EA per 1 day) |
| *dextroamphetamine sulfate oral solution* | Tier 1 | PA |
| *dextroamphetamine sulfate oral tablet 10 mg* | Tier 1 | QL (4 EA per 1 day) |
| *dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg, 7.5 mg* | Tier 1 | |
| *dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg* | Tier 1 | QL (1 EA per 1 day) |
| *dextroamphetamine-amphetamine oral capsule, extended release 24 hr 10 mg, 15 mg, 5 mg* | Tier 1 | QL (1 EA per 1 day) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24 hr 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) |
| *lisdexamfetamine oral capsule* | Tier 1 | QL (1 EA per 1 day) |
| *methamphetamine* | Tier 1 | |
| ZENZEDI ORAL TABLET 2.5 MG | Tier 2 | QL (1 EA per 1 day) |
| **AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENT** | | |
| *riluzole* | Tier 1 | PA |
| **ANALGESICS AND ANTIPYRETICS, MISCELLANEOUS** | | |
| *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) |
| **ANOREXIGENIC AGENTS, MISCELLANEOUS** | | |
| MOUNJARO | Tier 2 | PA |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| OZEMPIC | Tier 2 | PA; QL (3 ML per 28 days) |
| RYBELSUS | Tier 2 | PA; QL (30 EA per 30 days) |
| SOLIQUA 100/33 | Tier 2 | ST; QL (15 ML per 30 days) |
| XULTOPHY 100/3.6 | Tier 2 | PA; ST; QL (15 ML per 30 days) |
| **ANTICHOLINERGIC AGENTS (CNS)** | | |
| *benztropine oral* | Tier 1 | |
| *trihexyphenidyl* | Tier 1 | |
| **ANTICONVULSANTS, MISCELLANEOUS** | | |
| *acetazolamide* | Tier 1 | |
| *carbamazepine oral capsule, er multiphase 12 hr* | Tier 1 | |
| *carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml* | Tier 1 | |
| *carbamazepine oral tablet* | Tier 1 | |
| *carbamazepine oral tablet extended release 12 hr* | Tier 1 | |
| *carbamazepine oral tablet,chewable 100 mg* | Tier 1 | |
| *felbamate* | Tier 1 | |
| FYCOMPA | Tier 2 | ST |
| *lamotrigine oral tablet* | Tier 1 | |
| *lamotrigine oral tablet extended release 24hr* | Tier 1 | |
| *lamotrigine oral tablet, chewable dispersible* | Tier 1 | |
| *levetiracetam oral solution* | Tier 1 | |
| *levetiracetam oral tablet* | Tier 1 | |
| *levetiracetam oral tablet extended release 24 hr* | Tier 1 | |
| ROWEEPRA | Tier 1 | |
| *topiramate oral capsule, sprinkle 15 mg, 25 mg* | Tier 1 | |
| *topiramate oral tablet* | Tier 1 | |
| **ANTIDEPRESSANTS, MISCELLANEOUS** | | |
| *bupropion hcl (smoking deter)* | Tier 0 - Preventive | |
| *bupropion hcl oral tablet* | Tier 1 | |
| *bupropion hcl oral tablet extended release 24 hr* | Tier 1 | QL (30 EA per 30 days) |
| *bupropion hcl oral tablet sustained-release 12 hr* | Tier 1 | QL (60 EA per 30 days) |
| **ANTIMANIC AGENTS** | | |
| ABILIFY MAINTENA | Tier 2 | |
| *aripiprazole oral tablet* | Tier 1 | QL (30 EA per 30 days) |
| ARISTADA | Tier 2 | |
| ARISTADA INITIO | Tier 2 | |
| *asenapine maleate* | Tier 1 | QL (60 EA per 30 days) |
| *carbamazepine oral capsule, er multiphase 12 hr* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml* | Tier 1 | |
| *carbamazepine oral tablet* | Tier 1 | |
| *carbamazepine oral tablet extended release 12 hr* | Tier 1 | |
| *carbamazepine oral tablet, chewable 100 mg* | Tier 1 | |
| *divalproex* | Tier 1 | |
| *lamotrigine oral tablet* | Tier 1 | |
| *lamotrigine oral tablet, chewable dispersible* | Tier 1 | |
| *lithium carbonate* | Tier 1 | |
| *lithium citrate* | Tier 1 | |
| *olanzapine oral tablet* | Tier 1 | QL (30 EA per 30 days) |
| *olanzapine-fluoxetine* | Tier 1 | ST |
| *quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | Tier 1 | QL (90 EA per 30 days) |
| *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 microspheres* | Tier 1 | |
| *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** | | |
| *acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml* | Tier 1 | PA; QL (125 ML per 1 day) |
| *acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml* | Tier 1 | QL (125 ML per 1 day) |
| *acetaminophen-codeine oral tablet* | Tier 1 | PA; QL (10 EA per 1 day) |
| *butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg* | Tier 1 | PA |
| *butalbital-acetaminophen* | Tier 1 | |
| *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) |
| *diclofenac potassium oral tablet* | Tier 1 | |
| *diclofenac sodium oral* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *diclofenac sodium topical gel 1 %* | Tier 1 | QL (500 GM per 30 days) |
| *diclofenac sodium topical solution in metered-dose pump* | Tier 1 | QL (112 GM per 30 days) |
| *diclofenac-misoprostol* | Tier 1 | |
| *dihydroergotamine nasal* | Tier 1 | ST; QL (8 ML per 30 days) |
| *divalproex* | Tier 1 | |
| *dorzolamide-timolol* | Tier 1 | |
| *dorzolamide-timolol (pf)* | Tier 1 | |
| ENDOCET | Tier 1 | PA; QL (10 EA per 1 day) |
| ERGOMAR | Tier 3 | |
| *ergotamine-caffeine* | Tier 1 | |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg* | Tier 1 | PA; QL (10 EA per 1 day) |
| *hydrocodone-acetaminophen oral tablet 2.5-325 mg* | Tier 1 | PA |
| *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 |
| *propranolol oral* | Tier 1 | |
| *timolol maleate oral* | Tier 1 | |
| *tramadol-acetaminophen* | Tier 1 | PA; QL (240 EA per 30 days) |
| *valproic acid* | Tier 1 | |
| *valproic acid (as sodium salt)* | Tier 1 | |
| **ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC** | | |
| *hydroxyzine hcl oral solution 10 mg/5 ml* | Tier 1 | |
| *hydroxyzine hcl oral tablet* | Tier 1 | |
| *hydroxyzine pamoate* | Tier 1 | |
| *promethazine oral* | Tier 1 | |
| *promethazine rectal* | Tier 1 | |
| PROMETHAZINE VC | Tier 1 | |
| *promethazine-codeine* | Tier 1 | |
| *promethazine-dm* | Tier 1 | |
| *promethazine-phenylephrine* | Tier 1 | |
| PROMETHEGAN | Tier 1 | |
| **ATYPICAL ANTIPSYCHOTICS** | | |
| ABILIFY MAINTENA | Tier 2 | |

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

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

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *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) |
| SAVELLA ORAL TABLET | Tier 2 | ST; QL (60 EA per 30 days) |
| **GABA-MEDIATED ANTICONVULSANTS** | | |
| *divalproex* | Tier 1 | |
| *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 250 mg/5 ml* | Tier 1 | QL (72 ML per 1 day) |
| *gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)* | Tier 1 | |
| *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) |
| *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) |
| *tiagabine* | Tier 1 | |
| *valproic acid* | Tier 1 | |
| *valproic acid (as sodium salt)* | Tier 1 | |
| *vigabatrin oral powder in packet* | Tier 4 | PA |
| **HYDANTOINS** | | |
| DILANTIN | Tier 2 | |
| *phenytoin* | Tier 1 | |
| *phenytoin sodium extended* | Tier 1 | |
| **INHALATION ANESTHETICS** | | |
| *desflurane* | Tier 1 | |
| FORANE | Tier 1 | |
| *isoflurane* | Tier 1 | |
| *sevoflurane* | Tier 1 | |
| TERRELL | Tier 1 | |
| **ION CHANNEL INHIBITION AGENTS** | | |
| APTIOM | Tier 3 | |
| *lacosamide oral tablet* | Tier 1 | ST |
| *oxcarbazepine oral suspension* | Tier 1 | |
| *oxcarbazepine oral tablet* | Tier 1 | |
| OXTELLAR XR | Tier 2 | ST |
| *rufinamide oral suspension* | Tier 1 | PA |
| *rufinamide oral tablet* | Tier 1 | ST |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *zonisamide* | Tier 1 | |
| **MELATONIN RECEPTOR AGONISTS** | | |
| *ramelteon* | Tier 1 | PA; QL (1 EA per 1 day) |
| **MONOAMINE OXIDASE B INHIBITORS** | | |
| EMSAM | Tier 2 | |
| *rasagiline* | Tier 1 | |
| *selegiline hcl* | Tier 1 | |
| **MONOAMINE OXIDASE INHIBITORS** | | |
| EMSAM | Tier 2 | |
| *phenelzine* | Tier 1 | |
| *rasagiline* | Tier 1 | |
| *selegiline hcl* | Tier 1 | |
| *tranylcypromine* | Tier 1 | |
| **NON-BENZODIAZEPINE ANXIOLYTICS** | | |
| *buspirone* | Tier 1 | |
| *meprobamate* | Tier 1 | |
| **NON-BENZODIAZEPINE HYPNOTICS** | | |
| *eszopiclone* | Tier 1 | PA; QL (30 EA per 30 days) |
| *zaleplon* | Tier 1 | QL (30 EA per 30 days) |
| *zolpidem oral tablet* | Tier 1 | QL (30 EA per 30 days) |
| **NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST** | | |
| *apomorphine* | Tier 4 | PA; QL (30 ML per 30 days) |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR | Tier 2 | PA |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR | Tier 2 | PA; ST |
| *pramipexole oral tablet* | Tier 1 | |
| *ropinirole oral tablet* | Tier 1 | |
| *ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 8 mg* | Tier 1 | ST |
| **NON-OPIOID ANALGESICS** | | |
| *acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml* | Tier 1 | PA; QL (125 ML per 1 day) |
| *acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml* | Tier 1 | QL (125 ML per 1 day) |
| *acetaminophen-codeine oral tablet* | Tier 1 | PA; QL (10 EA per 1 day) |
| *butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg* | Tier 1 | PA |
| *butalbital-acetaminophen* | Tier 1 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *hydrocodone-acetaminophen oral tablet 2.5-325 mg* | Tier 1 | PA |
| *hydrocodone-chlorpheniramine* | Tier 1 | |
| *hydrocodone-homatropine oral solution* | Tier 1 | PA; QL (30 ML per 1 day) |
| *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 | PA |
| MAXI-TUSS AC | Tier 1 | |
| *meperidine oral tablet* | Tier 1 | PA |
| METHADONE INTENSOL | Tier 1 | PA |
| *methadone oral concentrate* | Tier 1 | PA |
| *methadone oral solution 10 mg/5 ml* | Tier 1 | PA; QL (8.67 ML per 1 day) |
| *methadone oral solution 5 mg/5 ml* | Tier 1 | PA; QL (20 ML per 1 day) |
| *methadone oral tablet 10 mg* | Tier 1 | PA; QL (2 EA per 1 day) |
| *methadone oral tablet 5 mg* | Tier 1 | PA; QL (4 EA per 1 day) |
| *morphine concentrate oral solution* | Tier 1 | PA; QL (6 ML per 1 day) |
| *morphine oral capsule, extended 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) |
| NUCYNTA | Tier 3 | PA; QL (181 EA per 30 days) |
| NUCYNTA ER | Tier 3 | PA; QL (60 EA per 30 days) |
| *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 |
|---|---|---|
| *oxycodone-acetaminophen oral tablet 7.5-300 mg* | Tier 1 | PA |
| *oxymorphone oral tablet* | Tier 1 | PA |
| *oxymorphone oral tablet extended release 12 hr* | Tier 1 | PA; QL (90 EA per 30 days) |
| *promethazine-codeine* | Tier 1 | |
| RYDEX | Tier 1 | |
| *tramadol oral tablet 50 mg* | Tier 1 | PA; QL (240 EA per 30 days) |
| *tramadol oral tablet extended release 24 hr* | Tier 1 | PA; QL (30 EA per 30 days) |
| *tramadol oral tablet, er multiphase 24 hr* | Tier 1 | PA; QL (30 EA per 30 days) |
| *tramadol-acetaminophen* | Tier 1 | PA; QL (240 EA per 30 days) |
| VIRTUSSIN AC | Tier 1 | |
| **OPIOID ANTAGONISTS (28:10)** | | |
| *nalmefene* | Tier 2 | QL (2 Units per 1 Month) |
| *naloxone injection solution* | Tier 1 | QL (2 ML per 30 days) |
| *naloxone injection syringe 1 mg/ml* | Tier 1 | |
| *naloxone nasal* | Tier 0 - Preventive | |
| *naltrexone* | Tier 1 | |
| NARCAN | Tier 2 | |
| OPVEE | Tier 2 | QL (2 EA per 30 Days) |
| VIVITROL | Tier 4 | QL (1 EA per 30 days) |
| **OPIOID PARTIAL AGONISTS** | | |
| *buprenorphine* | Tier 1 | PA |
| *buprenorphine hcl injection solution* | Tier 1 | |
| *buprenorphine hcl sublingual* | Tier 1 | |
| *buprenorphine-naloxone sublingual tablet* | Tier 1 | |
| **OREXIN RECEPTOR ANTAGONISTS** | | |
| BELSOMRA | Tier 3 | PA; QL (1 EA per 1 day) |
| **PHENOTHIAZINES** | | |
| *chlorpromazine oral* | Tier 1 | |
| *fluphenazine decanoate* | Tier 1 | |
| *fluphenazine hcl* | Tier 1 | |
| *perphenazine* | Tier 1 | |
| *perphenazine-amitriptyline* | Tier 1 | |
| *prochlorperazine maleate* | Tier 1 | |
| *thioridazine* | Tier 1 | |
| *trifluoperazine* | Tier 1 | |
| **RESPIRATORY AND CNS STIMULANTS** | | |
| *atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg* | Tier 1 | QL (2 EA per 1 day) |
| *atomoxetine oral capsule 100 mg, 60 mg, 80 mg* | Tier 1 | QL (1 EA per 1 day) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *butalbital-acetaminop-caf-cod 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) |
| *butalbital-aspirin-caffeine oral capsule* | Tier 1 | QL (48 EA per 30 days) |
| *dexmethylphenidate oral capsule,er biphasic 50-50* | Tier 1 | QL (1 EA per 1 day) |
| *dexmethylphenidate oral tablet 10 mg* | Tier 1 | QL (4 EA per 1 day) |
| *dexmethylphenidate 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 24 hr 18 mg, 27 mg* | Tier 1 | QL (1 EA per 1 day) |
| *methylphenidate hcl oral tablet extended release 24 hr 36 mg, 54 mg* | Tier 1 | QL (2 EA per 1 day) |
| *methylphenidate hcl oral tablet extended release 24 hr 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 ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG | Tier 2 | ST; QL (1 EA per 1 day) |
| **REVERSIBLE COX-1/COX-2 INHIBITORS** | | |
| *diclofenac potassium oral tablet* | Tier 1 | |
| *diclofenac sodium oral* | Tier 1 | |
| *diclofenac sodium topical gel 1 %* | Tier 1 | QL (500 GM per 30 days) |
| *diclofenac sodium topical gel 3 %* | Tier 1 | PA; QL (100 GM per 30 days) |
| *diclofenac sodium topical solution in metered-dose pump* | Tier 1 | QL (112 GM per 30 days) |
| *diclofenac-misoprostol* | Tier 1 | |
| *diflunisal* | Tier 1 | |
| *etodolac* | Tier 1 | |
| *fenoprofen oral tablet* | Tier 1 | ST |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *flurbiprofen* | Tier 1 | |
| *flurbiprofen sodium* | 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) |
| IBU | Tier 1 | |
| *ibuprofen oral suspension* | Tier 1 | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | Tier 1 | |
| *indomethacin oral capsule* | Tier 1 | |
| *ketoprofen oral capsule 25 mg* | Tier 1 | ST |
| *ketoprofen oral capsule 50 mg, 75 mg* | Tier 1 | |
| *ketorolac ophthalmic (eye) drops 0.4 %* | Tier 1 | QL (5 ML per 30 days) |
| *ketorolac ophthalmic (eye) drops 0.5 %* | Tier 1 | |
| *ketorolac oral* | Tier 1 | QL (20 EA per 1 FILL) |
| *mefenamic acid* | Tier 1 | |
| *meloxicam oral tablet 15 mg* | Tier 1 | |
| *meloxicam oral tablet 7.5 mg* | Tier 1 | QL (30 EA per 30 days) |
| *nabumetone* | Tier 1 | |
| *naproxen oral tablet* | Tier 1 | |
| *naproxen oral tablet, delayed release (dr/ec)* | Tier 1 | |
| *naproxen sodium oral tablet 275 mg, 550 mg* | Tier 1 | |
| *naproxen-esomeprazole* | Tier 1 | ST |
| *oxaprozin oral tablet* | Tier 1 | |
| *piroxicam* | Tier 1 | |
| *sulindac* | Tier 1 | |
| *sumatriptan-naproxen* | Tier 1 | ST; QL (18 EA per 30 days) |
| **SALICYLATES** | | |
| ADULT ASPIRIN REGIMEN | Tier 0 - Preventive | |
| ASPIRIN CHILDRENS | Tier 0 - Preventive | |
| *aspirin oral tablet 325 mg* | Tier 0 - Preventive | |
| *aspirin oral tablet,chewable* | Tier 0 - Preventive | |
| *aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg* | Tier 0 - Preventive | |
| *aspirin,buffd-calcium carb-mag* | Tier 0 - Preventive | |
| *aspirin-dipyridamole* | Tier 1 | ST |
| BAYER ASPIRIN | Tier 0 - Preventive | |
| BAYER LOW DOSE ASPIRIN | Tier 0 - Preventive | |
| BUFFERIN | Tier 0 - Preventive | |
| *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 - Preventive | |
| ECOTRIN | Tier 0 - Preventive | |
| ECOTRIN LOW STRENGTH | Tier 0 - Preventive | |
| ST JOSEPH ASPIRIN | Tier 0 - Preventive | |
| ST. JOSEPH ASPIRIN | Tier 0 - Preventive | |
| TRI-BUFFERED ASPIRIN | Tier 0 - Preventive | |
| **SEL.SEROTONIN, NOREPI REUPTAKE INHIBITOR** | | |
| *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 24 hr 150 mg, 37.5 mg* | Tier 1 | QL (30 EA per 30 days) |
| *venlafaxine oral capsule, extended release 24 hr 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) |
| **SELECTIVE-SEROTONIN REUPTAKE INHIBITORS** | | |
| *citalopram oral solution* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *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 24 hr* | 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* | 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** | | |
| *mirtazapine* | Tier 1 | |
| *nefazodone* | Tier 1 | QL (2 EA per 1 day) |
| *trazodone* | Tier 1 | |
| TRINTELLIX | Tier 3 | ST; QL (30 EA per 30 days) |
| *vilazodone* | Tier 1 | PA; QL (30 EA per 30 days) |
| **SUCCINIMIDES** | | |
| *ethosuximide* | Tier 1 | |
| *methsuximide* | 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 | |
| *doxepin oral capsule* | Tier 1 | QL (1 EA per 1 day) |
| *doxepin oral concentrate* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *doxepin oral tablet* | Tier 1 | ST; QL (1 EA per 1 day) |
| *doxepin topical* | Tier 1 | ST; QL (45 GM per 30 days) |
| *imipramine hcl* | Tier 1 | |
| *imipramine pamoate* | Tier 1 | |
| *nortriptyline* | Tier 1 | |
| *perphenazine-amitriptyline* | Tier 1 | |
| *protriptyline* | Tier 1 | |
| *trimipramine* | Tier 1 | |
| **VESICULAR MONOAMINE TRANSPORT2 INHIBITOR** | | |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | Tier 4 | PA; QL (120 EA per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | Tier 4 | PA; QL (60 EA per 30 days) |
| AUSTEDO XR | Tier 4 | PA; QL (2 EA per 1 day) |
| AUSTEDO XR TITRATION KT(WK1-4) | Tier 4 | PA; QL (2 EA per 1 day) |
| *tetrabenazine oral tablet 12.5 mg* | Tier 4 | PA; QL (120 EA per 30 days) |
| *tetrabenazine oral tablet 25 mg* | Tier 4 | PA; QL (60 EA per 30 days) |
| **WAKEFULNESS-PROMOTING AGENTS** | | |
| *armodafinil* | Tier 1 | PA; QL (30 EA per 30 days) |
| *modafinil oral tablet 100 mg* | Tier 1 | PA; QL (30 EA per 30 days) |
| *modafinil oral tablet 200 mg* | Tier 1 | PA; QL (60 EA per 30 days) |
| **DENTAL AGENTS** | | |
| **NUTRITIONAL SUPPLEMENTS** | | |
| DENTA 5000 PLUS | Tier 1 | |
| *fluoride (sodium) dental cream* | Tier 1 | |
| *fluoride (sodium) dental gel* | Tier 1 | |
| *fluoride (sodium) dental paste* | Tier 1 | |
| *fluoride (sodium) oral* | Tier 0 - Preventive | |
| LUDENT FLUORIDE | Tier 0 - Preventive | |
| SF | Tier 1 | |
| SF 5000 PLUS | Tier 1 | |
| SODIUM FLUORIDE 5000 DRY MOUTH | Tier 1 | |
| SODIUM FLUORIDE 5000 PLUS | Tier 1 | |
| **DEVICES** | | |
| **DEVICES** | | |
| 2-IN-1 LANCET DEVICE | Tier 2 | QL (204 EA per 30 days) |
| ACCU-CHEK FASTCLIX LANCET DRUM | Tier 2 | QL (204 EA per 30 days) |
| ACCU-CHEK FASTCLIX LANCING DEV | 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 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| 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 | |
| AEROCHAMBER PLUS FLOW-VU,S MSK | Tier 2 | |
| AEROCHAMBER PLUS Z STAT LG MSK | Tier 2 | |
| AEROCHAMBER PLUS Z STAT MD MSK | Tier 2 | |
| AEROCHAMBER PLUS Z STAT SM MSK | Tier 2 | |
| AGAMATRIX ULTRA-THIN LANCET | Tier 2 | QL (204 EA per 30 days) |
| ALTERNATE SITE LANCET | Tier 2 | QL (204 EA per 30 days) |
| ALTERNATE SITE LANCING DEVICE | Tier 2 | |
| AQUA LANCE LANCING DEVICE | Tier 2 | |
| AQUASTAT 0.9% SODIUM CHLORIDE | Tier 1 | |
| AQUASTAT SFR 0.9% SODIUM CHLOR | Tier 1 | |
| ASSURE LANCE | Tier 2 | QL (204 EA per 30 days) |
| 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 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<br>1 ML 27 X 1/2", 1 ML 30 GAUGE X 1/2",<br>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",<br>25 GAUGE X 1" | Tier 2 | |
| BD FILTER NEEDLE 5-MICRON NOKO | Tier 2 | |
| BD FILTER NEEDLE-5 MICRON | Tier 2 | |
| BD INTEGRA SYRINGE | Tier 2 | QL (400 EA per 30 days) |
| BD INTERLINK BLUNT PLASTIC CAN | Tier 2 | QL (400 EA per 30 days) |
| BD INTERLINK SYRINGE | Tier 2 | QL (400 EA per 30 days) |
| BD INTRADERMAL BEVEL NEEDLES | Tier 2 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| BD LUER-LOK BULK SYRINGE | Tier 2 | QL (400 EA per 30 days) |
| BD LUER-LOK SYRINGE | Tier 2 | QL (400 EA per 30 days) |
| BD LUER-LOK TIP CONTROL SYRING | Tier 2 | QL (400 EA per 30 days) |
| BD MICROTAINER LANCET 1.5 X 2 MM | Tier 2 | |
| BD MICROTAINER LANCET 21 GAUGE | Tier 2 | QL (204 EA per 30 days) |
| 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 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" | Tier 2 | QL (400 EA per 30 days) |
| BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8" | Tier 2 | |
| BD SAFETYGLIDE SHIELDING REG | Tier 2 | QL (400 EA per 30 days) |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8", 3 ML 23 X 1", 3 ML 25 X 5/8" | Tier 2 | QL (400 EA per 30 days) |
| BD SAFETYGLIDE TB REG BEVEL | Tier 2 | QL (400 EA per 30 days) |
| BD SHORT BEVEL NEEDLES | Tier 2 | |
| BD SHORT BEVEL THIN WALL | Tier 2 | |
| BD SLIP TIP SYRINGE | Tier 2 | QL (400 EA per 30 days) |
| B-D SLIP TIP SYRINGE | Tier 2 | QL (400 EA per 30 days) |
| BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1" | Tier 2 | |
| BD SYRINGE | Tier 2 | QL (400 EA per 30 days) |
| BD SYRINGE CATH TIP NONSTERILE | Tier 2 | QL (400 EA per 30 days) |
| BD SYRINGE CATHETER TIP | Tier 2 | QL (400 EA per 30 days) |
| BD SYRINGE LUER-LOK NONSTERILE | Tier 2 | QL (400 EA per 30 days) |
| BD SYRINGE LUER-LOK STERILE | Tier 2 | QL (400 EA per 30 days) |
| BD SYRINGE SLIP TIP NONSTERILE | Tier 2 | QL (400 EA per 30 days) |
| BD SYRINGE TIP CAP | Tier 2 | QL (400 EA per 30 days) |
| BD SYRINGE-DUAL CANNULA | Tier 2 | QL (400 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| BD TUBERCULIN SLIP-TIP SYRINGE 1 ML | Tier 2 | QL (400 EA per 30 days) |
| BD TUBERCULIN SYRINGE | Tier 2 | QL (400 EA per 30 days) |
| BIOLON | Tier 1 | |
| *blunt needle, disposable* | 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) |
| CAREPOINT SAFETY LL SYR-NEEDLE | Tier 2 | QL (400 EA per 30 days) |
| CARESENS LANCETS | Tier 2 | |
| CARETOUCH LANCING DEVICE | Tier 2 | |
| CARETOUCH LUER LOCK SYR-NEEDLE | Tier 2 | QL (400 EA per 30 days) |
| CARETOUCH SAFETY LANCETS | Tier 2 | QL (204 EA per 30 days) |
| CARETOUCH TWIST LANCET | Tier 2 | QL (204 EA per 30 days) |
| CHEMO TRANSFER PIN | Tier 2 | |
| CHOSEN LANCET | Tier 2 | QL (204 EA per 30 days) |
| CHOSEN LANCING DEVICE | Tier 2 | |
| CHOSEN SAFETY LANCET | Tier 2 | QL (204 EA per 30 days) |
| CLEVER CHEK LANCETS | Tier 2 | QL (204 EA per 30 days) |
| CLEVER CHOICE CHAMBER-LRG MASK | Tier 2 | |
| CLEVER CHOICE CHAMBER-MED MASK | Tier 2 | |
| CLEVER CHOICE CHAMBER-SM MASK | Tier 2 | |
| COAGUCHEK LANCETS | Tier 2 | QL (204 EA per 30 days) |
| 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) |
| COMFORT TOUCH PLUS SAFETY LANC | Tier 2 | QL (204 EA per 30 days) |
| COMFORT TOUCH ULT THIN LANCETS | Tier 2 | QL (204 EA per 30 days) |
| COMFORTSEAL LARGE MASK | Tier 2 | |
| COMFORTSEAL MEDIUM MASK | Tier 2 | |
| COMFORTSEAL SMALL MASK | Tier 2 | |
| COMPACT SPACE CHAMBER-LRG MASK | Tier 2 | |
| COMPACT SPACE CHAMBER-MED MASK | Tier 2 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| COMPACT SPACE CHAMBER-SM MASK | Tier 2 | |
| CYCLOTENS STARTER | Tier 2 | |
| DAVOL IRRIGATION SYRINGE | Tier 2 | QL (400 EA per 30 days) |
| DAVOL PISTON IRRIGATION | Tier 2 | QL (400 EA per 30 days) |
| DEXCOM G6 RECEIVER | Tier 2 | PA |
| DEXCOM G6 SENSOR | Tier 2 | PA; QL (3 EA per 30 days) |
| DEXCOM G6 TRANSMITTER | Tier 2 | PA; QL (1 EA per 90 days) |
| DEXCOM G7 15 DAY SENSOR | Tier 2 | PA; ST; QL (3 EA per 30 days) |
| DEXCOM G7 RECEIVER | Tier 2 | PA |
| DEXCOM G7 SENSOR | Tier 2 | PA; ST; QL (3 EA per 30 days) |
| DROPLET GENTEEL 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) |
| EMBRACE LANCETS | Tier 2 | QL (204 EA per 30 days) |
| EMBRACE LANCING DEVICE | Tier 2 | |
| EMBRACE SAFETY LANCET | Tier 2 | QL (204 EA per 30 days) |
| EXCEL SYRINGE | Tier 2 | QL (400 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| 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 - Preventive | QL (1 EA per 365 days) |
| *filter needles needle 18 gauge x 1 1/2"* | 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 | |
| FORA LANCING DEVICE | Tier 2 | |
| FORACARE LANCETS | Tier 2 | QL (204 EA per 30 days) |
| FREESTYLE CONTROL | Tier 2 | QL (4 EA per 365 days) |
| FREESTYLE LANCETS | Tier 2 | QL (204 EA per 30 days) |
| FREESTYLE LIBRE 14 DAY READER | Tier 2 | PA; QL (1 EA per 1 Lifetime) |
| FREESTYLE LIBRE 14 DAY SENSOR | Tier 2 | PA; QL (2 EA per 28 days) |
| FREESTYLE LIBRE 2 PLUS SENSOR | Tier 2 | |
| FREESTYLE LIBRE 2 READER | Tier 2 | PA; QL (1 EA per 1 Lifetime) |
| FREESTYLE LIBRE 2 SENSOR | Tier 2 | PA; QL (2 EA per 28 days) |
| FREESTYLE LIBRE 3 PLUS SENSOR | Tier 2 | PA; QL (2 EA per 28 days) |
| FREESTYLE LIBRE 3 READER | Tier 2 | PA; QL (2 EA per 28 days) |
| FREESTYLE LIBRE 3 SENSOR | Tier 2 | PA; QL (2 EA per 28 days) |
| FREESTYLE UNISTIK 2 | Tier 2 | QL (204 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 | |
| HEALON PRO | Tier 1 | |
| HEALTHY ACCENTS AUTOLET | Tier 2 | |
| HEALTHY ACCENTS UNILET LANCET | Tier 2 | QL (204 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *huber safety needles (disp.)* | Tier 1 | |
| HURRICAINE LUER-LOCK DIS CAP | Tier 2 | |
| HYPODERMIC NEEDLES | Tier 2 | |
| HYPOLANCE AST LANCING | Tier 2 | |
| INCONTROL LANCING DEVICE | Tier 2 | |
| INCONTROL SUPER THIN LANCETS | Tier 2 | QL (204 EA per 30 days) |
| INCONTROL ULTRA THIN LANCETS | Tier 2 | QL (204 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 SYRINGE<br>0.5 ML 29 GAUGE X 1/2" | Tier 2 | QL (400 EA per 30 days) |
| *insulin syringe-needle u-100 syringe*<br>*1 ml 28 gauge x 1/2"* | Tier 2 | QL (400 EA per 30 days) |
| INTEGRA SYRINGE | Tier 2 | QL (400 EA per 30 days) |
| INTERLINK SYRINGE CANNULA | Tier 2 | QL (400 EA per 30 days) |
| INVACARE LANCETS | Tier 2 | QL (204 EA per 30 days) |
| *lancets* | 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) |
| *lancing device* | Tier 2 | |
| *lancing device with lancets kit* | Tier 2 | |
| LANCING SYSTEM | Tier 2 | |
| LANZO LANCING DEVICE | Tier 2 | |
| LIFESHIELD BLUNT CANNULA NEEDLE | Tier 2 | |
| LIFESHIELD BLUNT CANNULA SYRINGE | Tier 2 | QL (400 EA per 30 days) |
| LITE TOUCH-MEDIUM MASK | Tier 2 | |
| LITETOUCH-LARGE MASK | Tier 2 | |
| LITETOUCH-SMALL MASK | Tier 2 | |
| LUER LOCK SYRINGE SYRINGE 30 ML | Tier 2 | QL (400 EA per 30 days) |
| LUER-LOK TIP | Tier 2 | QL (400 EA per 30 days) |
| MAGELLAN SAFETY SYRINGE | Tier 2 | QL (400 EA per 30 days) |
| MAGELLAN SYRINGE SYRINGE<br>1 ML 27 GAUGE X 1/2" | Tier 2 | QL (400 EA per 30 days) |
| MAGELLAN TUBERCULIN SAFETY SYR | Tier 2 | QL (400 EA per 30 days) |
| MEDISENSE MID CONTROL | Tier 2 | QL (4 EA per 365 days) |
| MEDISENSE THIN LANCETS | Tier 2 | QL (204 EA per 30 days) |
| MEDLANCE PLUS LANCETS | Tier 1 | QL (204 EA per 30 days) |
| MEDLANCE PLUS SPECIAL BLADE | Tier 2 | |
| MICRO THIN LANCETS | Tier 2 | QL (204 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| 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 | |
| MOBILE LANCETS | Tier 2 | QL (204 EA per 30 days) |
| 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) |
| MONOJECT SYRINGE CATHETER | Tier 2 | QL (400 EA per 30 days) |
| MONOJECT SYRINGE LUER LOK | Tier 2 | QL (400 EA per 30 days) |
| MONOJECT SYRINGE REGULAR LUER | Tier 2 | QL (400 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| 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 | |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) | Tier 2 | PA; QL (10 EA per 30 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | Tier 2 | PA; QL (10 EA per 30 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) | Tier 2 | PA; QL (10 EA per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) | Tier 2 | PA; QL (10 EA per 30 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | Tier 2 | PA; QL (10 EA per 30 days) |
| OMNIPOD DASH PODS (GEN 4) | Tier 2 | PA; QL (10 EA per 30 days) |
| ON CALL LANCET | Tier 2 | QL (204 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ON CALL LANCING DEVICE | Tier 2 | |
| ONE WAY VALVED MOUTHPIECE | Tier 2 | |
| ONETOUCH DELICA PLUS LANC DEV | Tier 2 | |
| ONETOUCH DELICA PLUS LANCET | Tier 2 | QL (204 EA per 30 days) |
| ONETOUCH DELICA SAFETY LANCET | Tier 2 | QL (204 EA per 30 days) |
| ONETOUCH ULTRASOFT 2 LANCET | Tier 2 | QL (204 EA per 30 days) |
| ONETOUCH VERIO FLEX METER | Tier 2 | QL (1 EA per 1 LIFETIME) |
| 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-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 | |
| 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 SAFETY 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) |
| 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) |
| RAPID SARS-COV-2 AG HOME TEST | Tier 2 | |
| 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 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| 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 | |
| SMARTEST 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) |
| SOLUS V2 LANCETS | Tier 2 | QL (204 EA per 30 days) |
| SOLUS V2 LANCING DEVICE | Tier 2 | |
| SPACE CHAMBER WITH LARGE MASK | Tier 2 | |
| SPACE CHAMBER WITH MEDIUM MASK | Tier 2 | |
| SPACE CHAMBER WITH SMALL MASK | Tier 2 | |
| STERILANCE TL | Tier 2 | QL (204 EA per 30 days) |
| 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 | |
| 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) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| 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) syringe 20 ml, 3 ml, 30 ml, 5 ml* | Tier 2 | QL (400 EA per 30 days) |
| SYRINGE 3CC/20GX1" | Tier 2 | QL (400 EA per 30 days) |
| SYRINGE 3CC/21GX1" | Tier 2 | QL (400 EA per 30 days) |
| SYRINGE 3CC/21GX1-1/2" | Tier 2 | QL (400 EA per 30 days) |
| SYRINGE 3CC/22GX1" | Tier 2 | QL (400 EA per 30 days) |
| SYRINGE 3CC/22GX3/4" | Tier 2 | QL (400 EA per 30 days) |
| SYRINGE 3CC/25GX1" | Tier 2 | QL (400 EA per 30 days) |
| SYRINGE LUER TIP CAP | Tier 2 | QL (400 EA per 30 days) |
| SYRINGE TIP CONNECTOR | Tier 2 | QL (400 EA per 30 days) |
| *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) |
| TELCARE LANCETS | Tier 2 | QL (204 EA per 30 days) |
| 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) |
| *tuberculin-allergy syringes* | 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) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| 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 EXTRA LANCET | Tier 2 | |
| UNISTIK 2 NORMAL LANCET | Tier 2 | QL (204 EA per 30 days) |
| UNISTIK 3 COMFORT LANCET | Tier 2 | QL (204 EA per 30 days) |
| 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) |
| VERIFINE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 | Tier 1 | |
| VERIFINE SAFETY LANCET MINI | Tier 2 | QL (204 EA per 30 days) |
| VERIFINE UNIVERSAL LANCET | Tier 2 | QL (204 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| VIVAGUARD LANCET | Tier 2 | QL (204 EA per 30 days) |
| VIVAGUARD LANCING DEVICE | Tier 2 | |
| VIVAGUARD SAFETY LANCET | Tier 2 | QL (204 EA per 30 days) |
| VORTEX ADULT MASK | Tier 2 | |
| YALE DISPOSABLE NEEDLES | Tier 2 | |
| **DIAGNOSTIC AGENTS** | | |
| **CARDIAC FUNCTION** | | |
| *aspirin-dipyridamole* | Tier 1 | ST |
| *dipyridamole oral* | Tier 1 | |
| **DIABETES MELLITUS** | | |
| ONETOUCH VERIO TEST STRIPS | Tier 2 | QL (50 EA per 30 days) |
| **DIAGNOSTIC AGENTS** | | |
| *glucagon hcl injection recon soln 1 mg/ml* | 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 | |
| **PHEOCHROMOCYTOMA** | | |
| *metyrosine* | Tier 1 | PA |
| **ROENTGENOGRAPHY AND OTHER IMAGING AGENTS** | | |
| MD-GASTROVIEW | Tier 1 | |
| **SUGAR** | | |
| DIASTIX | Tier 2 | |
| **URINE AND FECES CONTENTS** | | |
| CHEK-STIX CONTROL | Tier 2 | |
| CHEMSTRIP 10 MD | Tier 2 | |
| CHEMSTRIP 10/SG | Tier 2 | |
| CHEMSTRIP 2 GP | Tier 2 | |
| CHEMSTRIP 50B | Tier 2 | |
| CHEMSTRIP 7 | Tier 2 | |
| CHEMSTRIP 9 | Tier 2 | |
| COMBISTIX REAGENT | Tier 2 | |
| HEMA-COMBISTIX | Tier 2 | |
| KETO-DIASTIX | Tier 2 | |
| LABSTIX REAGENT | Tier 2 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| 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** | | |
| *potassium citrate oral tablet extended release* | Tier 1 | |
| *sodium citrate-citric acid oral solution 490-640 mg/5 ml* | Tier 1 | |
| **AMMONIA DETOXICANTS** | | |
| *carglumic acid* | Tier 4 | PA |
| ENULOSE | Tier 1 | |
| GENERLAC | Tier 1 | |
| *lactulose oral solution* | Tier 1 | |
| **CALORIC AGENTS** | | |
| ACD SOLUTION A | Tier 2 | |
| ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML | Tier 2 | |
| DEX4 GLUCOSE BITS | Tier 1 | |
| DEX4 GLUCOSE ORAL TABLET, CHEWABLE | Tier 1 | |
| DEX4 GLUCOSE POUCH PACK | Tier 1 | |
| DEX4 GLUCOSE QUICK DISSOLVE | Tier 1 | |
| *dextrose oral gel* | Tier 1 | |
| ENFAMIL GLUCOSE | Tier 2 | |
| GLUCOSE BITS | Tier 1 | |
| GLUCOSE GEL | Tier 1 | |
| *glucose oral tablet, chewable 4 gram* | Tier 1 | |
| GLUTOSE-15 | Tier 2 | |
| GLUTOSE-45 | Tier 2 | |
| GLUTOSE-5 | Tier 1 | |
| RELION GLUCOSE | Tier 1 | |
| **CARBONIC ANHYDRASE INHIBITORS** | | |
| *acetazolamide* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **DIURETICS, MISCELLANEOUS** | | |
| THEO-24 | Tier 2 | |
| *theophylline* | Tier 1 | |
| **IRRIGATING SOLUTIONS** | | |
| AQUASTAT 0.9% SODIUM CHLORIDE | Tier 1 | |
| AQUASTAT SFR 0.9% SODIUM CHLOR | Tier 1 | |
| BD POSIFLUSH NORMAL SALINE 0.9 | Tier 1 | |
| DELFLEX WITH 2.5 % DEXTROSE | Tier 1 | |
| DELFLEX-LC/1.5% DEXTROSE | Tier 1 | |
| DELFLEX-LC/2.5% DEXTROSE | Tier 1 | |
| DELFLEX-LC/4.25% DEXTROSE | Tier 1 | |
| EXTRANEAL 7.5 % | Tier 2 | |
| GLYCINE UROLOGIC | Tier 1 | |
| *glycine urologic solution* | Tier 1 | |
| MONOJECT 0.9% SODIUM CHLORIDE | Tier 1 | |
| MONOJECT PREFILL ADVANCED NS | Tier 1 | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % | Tier 1 | |
| NORMAL SALINE FLUSH | Tier 1 | |
| PULMOSAL | Tier 1 | |
| RENACIDIN | Tier 3 | |
| *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) |
| **LOOP DIURETICS (40:28)** | | |
| *bumetanide oral* | Tier 1 | |
| *ethacrynic acid* | 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 | |
| **PHOSPHATE-REMOVING AGENTS** | | |
| AURYXIA | Tier 2 | |
| *calcium acetate(phosphat bind)* | Tier 1 | QL (360 EA per 30 days) |
| *lanthanum* | Tier 1 | PA; QL (90 EA per 30 days) |
| *sevelamer carbonate oral tablet* | Tier 1 | PA; QL (270 EA per 30 days) |
| *sevelamer hcl oral tablet 400 mg* | Tier 1 | PA; QL (90 EA per 30 days) |
| VELPHORO | Tier 3 | PA; QL (120 EA per 30 days) |
| **POTASSIUM-REMOVING AGENTS** | | |
| KIONEX (WITH SORBITOL) | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *sodium polystyrene sulfonate* | Tier 1 | |
| SPS (WITH SORBITOL) | Tier 1 | |
| **POTASSIUM-SPARING DIURETICS** | | |
| *amiloride* | Tier 1 | |
| *amiloride-hydrochlorothiazide* | Tier 1 | |
| *eplerenone* | Tier 1 | |
| *spironolactone oral tablet* | Tier 1 | |
| *spironolacton-hydrochlorothiaz* | Tier 1 | |
| *triamterene-hydrochlorothiazid oral capsule* | Tier 1 | |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg* | Tier 1 | QL (1 EA per 1 day) |
| *triamterene-hydrochlorothiazid oral tablet 75-50 mg* | Tier 1 | |
| **REPLACEMENT PREPARATIONS** | | |
| *cardioplegic soln* | 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 | |
| *potassium chloride oral capsule, extended release* | Tier 1 | |
| *potassium chloride oral liquid* | Tier 1 | |
| *potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq* | Tier 1 | |
| *potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq* | Tier 1 | |
| PRENATAL COMPLETE | Tier 0 - Preventive | |
| PRENATAL ONE DAILY | Tier 0 - Preventive | |
| PRENATAL TABLET | Tier 0 - Preventive | |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG | Tier 0 - Preventive | |
| PRENATAL VITAMIN WITH MINERALS | Tier 0 - Preventive | |
| *prenatal vit-iron fum-folic ac* | Tier 0 - Preventive | |
| WESNATAL DHA COMPLETE | Tier 1 | |
| **THIAZIDE DIURETICS** | | |
| *amiloride-hydrochlorothiazide* | Tier 1 | |
| *benazepril-hydrochlorothiazide* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *bisoprolol-hydrochlorothiazide* | Tier 1 | |
| *candesartan-hydrochlorothiazid* | Tier 1 | |
| *captopril-hydrochlorothiazide* | Tier 1 | |
| *enalapril-hydrochlorothiazide* | Tier 1 | |
| *fosinopril-hydrochlorothiazide* | Tier 1 | |
| *hydrochlorothiazide* | Tier 1 | |
| *irbesartan-hydrochlorothiazide* | Tier 1 | |
| *lisinopril-hydrochlorothiazide* | Tier 1 | |
| *losartan-hydrochlorothiazide* | Tier 1 | |
| *metoprolol ta-hydrochlorothiaz* | Tier 1 | |
| *olmesartan-amlodipin-hcthiazid* | Tier 1 | |
| *olmesartan-hydrochlorothiazide* | Tier 1 | |
| *propranolol-hydrochlorothiazid* | Tier 1 | |
| *quinapril-hydrochlorothiazide* | Tier 1 | |
| *spironolacton-hydrochlorothiaz* | Tier 1 | |
| *telmisartan-hydrochlorothiazid* | Tier 1 | |
| *triamterene-hydrochlorothiazid oral capsule* | Tier 1 | |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg* | Tier 1 | QL (1 EA per 1 day) |
| *triamterene-hydrochlorothiazid oral tablet 75-50 mg* | Tier 1 | |
| *valsartan-hydrochlorothiazide* | Tier 1 | |
| **THIAZIDE-LIKE DIURETICS** | | |
| *atenolol-chlorthalidone* | Tier 1 | |
| *chlorthalidone* | Tier 1 | |
| *indapamide* | Tier 1 | |
| *metolazone* | Tier 1 | |
| **URICOSURIC AGENTS** | | |
| *probenecid* | Tier 1 | |
| *probenecid-colchicine* | Tier 1 | ST |
| **VASOPRESSIN ANTAGONISTS** | | |
| *tolvaptan oral tablet 15 mg* | Tier 4 | PA; QL (30 EA per 30 days) |
| *tolvaptan oral tablet 30 mg* | Tier 4 | PA; QL (60 EA per 30 days) |
| **ENZYMES** | | |
| **ENZYME COFACTORS/CHAPERONES** | | |
| *nitisinone* | Tier 4 | |
| *sapropterin* | Tier 4 | PA |
| **ENZYME INHIBITORS** | | |
| *miglustat* | Tier 4 | PA; QL (3 EA per 1 day) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **ENZYMES** | | |
| PULMOZYME | Tier 4 | PA; QL (2.5 ML per 1 day) |
| **EYE, EAR, NOSE AND THROAT (EENT) PREPS.** | | |
| **ALPHA-ADRENERGIC AGONISTS (EENT)** | | |
| *apraclonidine* | Tier 1 | PA |
| *brimonidine ophthalmic (eye)* | Tier 1 | |
| *brimonidine topical* | Tier 1 | PA |
| *brimonidine-timolol* | Tier 1 | PA |
| IOPIDINE | Tier 2 | PA |
| **ANTIALLERGIC AGENTS** | | |
| *azelastine nasal spray,non-aerosol 137 mcg (0.1 %)* | Tier 1 | QL (60 ML per 30 days) |
| *azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)* | Tier 1 | |
| *azelastine ophthalmic (eye)* | Tier 1 | |
| *azelastine-fluticasone* | Tier 1 | ST; QL (23 GM per 30 days) |
| *bepotastine besilate* | Tier 1 | |
| *cromolyn ophthalmic (eye)* | Tier 1 | |
| *epinastine* | Tier 1 | |
| LASTACAFT ONCE DAILY RELIEF | Tier 2 | PA |
| *olopatadine nasal* | Tier 1 | QL (31 GM per 30 days) |
| *olopatadine ophthalmic (eye)* | Tier 1 | |
| RYALTRIS | Tier 3 | PA; QL (1 Bottle per 30 days) |
| ZERVIATE | Tier 2 | PA; ST |
| **ANTIBACTERIALS (52:04)** | | |
| AZASITE | Tier 2 | |
| *bacitracin ophthalmic (eye)* | Tier 1 | |
| *bacitracin-polymyxin b* | Tier 1 | |
| CIPRO HC | Tier 3 | |
| *ciprofloxacin* | Tier 1 | |
| *ciprofloxacin hcl* | Tier 1 | |
| *ciprofloxacin-dexamethasone* | Tier 1 | ST |
| *ciprofloxacin-fluocinolone* | Tier 2 | |
| *doxycycline hyclate oral capsule* | Tier 1 | |
| *doxycycline hyclate oral tablet* | Tier 1 | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg* | Tier 1 | |
| *doxycycline monohydrate oral capsule 150 mg* | Tier 1 | ST |
| *doxycycline monohydrate oral suspension for reconstitution* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *doxycycline monohydrate oral tablet* | Tier 1 | |
| ERY PADS | Tier 1 | |
| ERYTHROCIN (AS STEARATE) | Tier 1 | |
| *erythromycin* | Tier 1 | |
| *erythromycin ethylsuccinate* | Tier 1 | |
| *erythromycin with ethanol* | Tier 1 | |
| *erythromycin-benzoyl peroxide* | Tier 1 | |
| *gatifloxacin* | Tier 1 | |
| *gentamicin ophthalmic (eye)* | Tier 1 | |
| *gentamicin topical* | Tier 1 | QL (60 GM per 30 days) |
| *levofloxacin ophthalmic (eye)* | Tier 1 | |
| *levofloxacin oral* | Tier 1 | |
| *minocycline oral capsule* | Tier 1 | |
| *minocycline oral tablet* | Tier 1 | |
| *moxifloxacin* | Tier 1 | |
| *neomycin* | Tier 1 | |
| *neomycin-bacitracin-poly-hc* | Tier 1 | |
| *neomycin-bacitracin-polymyxin* | Tier 1 | |
| *neomycin-polymyxin b-dexameth* | Tier 1 | |
| *neomycin-polymyxin-gramicidin* | Tier 1 | |
| *neomycin-polymyxin-hc* | Tier 1 | |
| NEO-POLYCIN | Tier 1 | |
| NEO-POLYCIN HC | Tier 1 | |
| *ofloxacin ophthalmic (eye)* | Tier 1 | QL (10 ML per 30 days) |
| *ofloxacin oral* | Tier 1 | QL (2 EA per 1 day) |
| *ofloxacin otic (ear)* | Tier 1 | |
| POLYCIN | Tier 1 | |
| *polymyxin b sulf-trimethoprim* | Tier 1 | |
| *sulfacetamide sodium ophthalmic (eye) drops* | Tier 1 | |
| *sulfacetamide-prednisolone* | Tier 1 | |
| *tobramycin ophthalmic (eye)* | Tier 1 | |
| *tobramycin-dexamethasone* | Tier 1 | |
| **ANTIFUNGALS (EENT)** | | |
| NATACYN | Tier 2 | QL (15 ML per 30 days) |
| **ANTI-INFECTIVES, MISCELLANEOUS (52:04)** | | |
| *acetic acid otic (ear)* | Tier 1 | |
| *hydrocortisone-acetic acid* | Tier 1 | QL (10 ML per 30 days) |
| **ANTI-INFLAMMATORY AGENTS (EENT)** | | |
| *cyclosporine modified* | Tier 1 | |
| *cyclosporine ophthalmic (eye)* | Tier 1 | QL (60 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *cyclosporine oral* | Tier 1 | |
| GENGRAF | Tier 1 | |
| **ANTIVIRALS (EENT)** | | |
| *trifluridine* | Tier 1 | |
| **ASTRINGENTS (52:04)** | | |
| *chlorhexidine gluconate mucous membrane* | Tier 1 | |
| PAROEX ORAL RINSE | Tier 1 | |
| PERIOGARD | Tier 1 | |
| **BETA-ADRENERGIC BLOCKING AGENTS (EENT)** | | |
| *betaxolol ophthalmic (eye)* | Tier 1 | |
| *brimonidine-timolol* | Tier 1 | PA |
| *carteolol* | Tier 1 | |
| *dorzolamide-timolol* | Tier 1 | |
| *dorzolamide-timolol (pf)* | Tier 1 | |
| *levobunolol* | Tier 1 | |
| *timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %* | Tier 1 | |
| *timolol maleate ophthalmic (eye) drops* | Tier 1 | |
| *timolol maleate ophthalmic (eye) gel forming solution* | Tier 1 | |
| 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)* | Tier 1 | |
| *methazolamide* | Tier 1 | |
| **CORTICOSTEROIDS (EENT)** | | |
| ALA-CORT | Tier 1 | QL (28.35 GM per 30 days) |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION | Tier 3 | QL (13 GM per 30 days) |
| ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION | Tier 3 | QL (7 GM per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION | Tier 2 | QL (1 EA per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION | Tier 2 | QL (30 EA per 30 days) |
| ASMANEX HFA | Tier 2 | QL (13 GM per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *azelastine-fluticasone* | Tier 1 | ST; QL (23 GM per 30 days) |
| BREYNA | Tier 1 | |
| *budesonide-formoterol* | Tier 2 | PA; ST; QL (11 GM per 30 days) |
| CIPRO HC | Tier 3 | |
| *ciprofloxacin-dexamethasone* | Tier 1 | ST |
| *ciprofloxacin-fluocinolone* | Tier 2 | |
| DEXAMETHASONE INTENSOL | Tier 1 | |
| *dexamethasone oral elixir* | Tier 1 | |
| *dexamethasone oral solution* | Tier 1 | |
| *dexamethasone oral tablet* | Tier 1 | |
| *dexamethasone sodium phosphate ophthalmic (eye)* | Tier 1 | |
| DULERA | Tier 2 | ST; QL (13 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) |
| *fluocinolone acetonide oil* | Tier 1 | |
| *fluocinolone topical cream 0.01 %* | Tier 1 | QL (120 GM per 30 days) |
| *fluocinolone topical cream 0.025 %* | Tier 1 | QL (2 GM per 1 day) |
| *fluocinolone topical oil* | Tier 1 | QL (120 ML per 30 days) |
| *fluocinolone topical ointment* | Tier 1 | QL (2 GM per 1 day) |
| *fluocinolone topical solution* | Tier 1 | QL (120 ML per 30 days) |
| *fluorometholone* | Tier 1 | |
| *fluticasone furoate-vilanterol* | Tier 2 | ST; QL (60 EA per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation* | Tier 1 | QL (12 GM per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation* | Tier 1 | QL (24 GM per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation* | Tier 1 | QL (11 GM per 30 days) |
| *fluticasone propionate nasal* | Tier 1 | QL (16 GM 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) |
| *hydrocortisone butyrate topical cream* | Tier 1 | QL (120 GM per 30 days) |
| *hydrocortisone butyrate topical ointment* | Tier 1 | ST; QL (45 GM per 30 days) |
| *hydrocortisone butyrate topical solution* | Tier 1 | ST; QL (120 ML per 30 days) |
| *hydrocortisone oral* | Tier 1 | |
| *hydrocortisone topical cream 1 %* | Tier 1 | QL (28.35 GM per 30 days) |
| *hydrocortisone topical cream 2.5 %* | Tier 1 | QL (1 GM per 1 day) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *hydrocortisone topical cream with perineal applicator* | Tier 1 | |
| *hydrocortisone topical lotion 2 %* | Tier 1 | |
| *hydrocortisone topical lotion 2.5 %* | Tier 1 | QL (118 ML per 30 days) |
| *hydrocortisone topical ointment 1 %* | Tier 1 | |
| *hydrocortisone topical ointment 2.5 %* | Tier 1 | QL (28.35 GM per 30 days) |
| *hydrocortisone valerate topical cream* | Tier 1 | QL (2 GM per 1 day) |
| KOURZEQ | Tier 1 | |
| *loteprednol etabonate ophthalmic (eye) drops, suspension* | Tier 1 | |
| *mometasone nasal* | Tier 1 | ST; QL (17 GM per 30 days) |
| *mometasone topical cream* | Tier 1 | QL (45 GM per 30 days) |
| *mometasone topical ointment* | Tier 1 | QL (45 GM per 30 days) |
| *mometasone topical solution* | Tier 1 | QL (2 ML per 1 day) |
| *neomycin-bacitracin-poly-hc* | Tier 1 | |
| *neomycin-polymyxin b-dexameth* | Tier 1 | |
| *neomycin-polymyxin-hc ophthalmic (eye)* | Tier 1 | |
| NEO-POLYCIN HC | Tier 1 | |
| *nystatin-triamcinolone* | Tier 1 | QL (60 GM per 30 days) |
| ORALONE | Tier 1 | |
| *prednisolone acetate* | Tier 1 | |
| *prednisolone oral solution* | Tier 1 | |
| *prednisolone sodium phosphate ophthalmic (eye)* | Tier 1 | |
| *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)* | Tier 1 | |
| *prednisolone sodium phosphate oral tablet,disintegrating* | Tier 1 | |
| PROCTO-MED HC | Tier 1 | |
| PROCTOSOL HC | Tier 1 | |
| PROCTOZONE-HC | Tier 1 | |
| QNASL | Tier 3 | PA; ST; QL (1 GM per 30 days) |
| RYALTRIS | Tier 3 | PA; QL (1 Bottle per 30 days) |
| *sulfacetamide-prednisolone* | Tier 1 | |
| *tobramycin-dexamethasone* | Tier 1 | |
| TRELEGY ELLIPTA | Tier 2 | QL (60 EA per 30 days) |
| *triamcinolone acetonide dental* | Tier 1 | |
| *triamcinolone acetonide topical cream* | Tier 1 | QL (454 GM per 30 days) |
| *triamcinolone acetonide topical lotion* | Tier 1 | QL (2 ML per 1 day) |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | Tier 1 | QL (454 GM per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *triamcinolone acetonide topical ointment 0.05 %* | Tier 1 | ST |
| TRIDERM | Tier 1 | ST; QL (454 GM per 30 days) |
| **EENT DRUGS, MISCELLANEOUS** | | |
| BSS | Tier 1 | |
| *cromolyn ophthalmic (eye)* | Tier 1 | |
| *ipratropium bromide nasal* | Tier 1 | QL (30 ML per 30 days) |
| OCUCOAT | Tier 1 | |
| *varenicline tartrate* | Tier 0 - Preventive | |
| **EENT NONSTEROIDAL ANTI-INFLAM. AGENTS** | | |
| *bromfenac* | Tier 1 | |
| *diclofenac sodium ophthalmic (eye)* | Tier 1 | |
| *flurbiprofen* | 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 | |
| *ketorolac oral* | Tier 1 | QL (20 EA per 1 FILL) |
| **LOCAL ANESTHETICS (EENT)** | | |
| *lidocaine hcl mucous membrane solution 2 %* | Tier 1 | QL (100 ML per 30 days) |
| *lidocaine hcl mucous membrane solution 4 % (40 mg/ml)* | Tier 1 | |
| LIDOCAINE VISCOUS | Tier 1 | QL (100 ML per 30 days) |
| *proparacaine* | Tier 1 | |
| **MIOTICS** | | |
| PHOSPHOLINE IODIDE | Tier 4 | PA |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %* | Tier 1 | |
| *pilocarpine hcl oral* | Tier 1 | |
| **MOUTHWASHES AND GARGLES** | | |
| *hydrogen peroxide* | Tier 1 | |
| **MYDRIATICS** | | |
| *atropine ophthalmic (eye) drops 1 %* | Tier 1 | |
| *cyclopentolate* | Tier 1 | |
| *cyclopen-tropic-phenyleph-watr* | Tier 1 | |
| HOMATROPAIRE | Tier 1 | |
| *tropicamide* | Tier 1 | |
| **PROSTAGLANDIN ANALOGS** | | |
| *bimatoprost ophthalmic (eye)* | Tier 1 | ST |
| *latanoprost* | Tier 1 | |
| *tafluprost (pf)* | Tier 1 | ST |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *travoprost* | Tier 1 | ST |
| **VASOCONSTRICTORS** | | |
| *cyclopen-tropic-phenyleph-watr* | Tier 1 | |
| **GASTROINTESTINAL DRUGS** | | |
| **5-HT3 RECEPTOR ANTAGONISTS** | | |
| AKYNZEO (NETUPITANT) | Tier 3 | QL (1 EA per 30 days) |
| *granisetron hcl oral* | Tier 1 | QL (6 EA per 30 days) |
| *ondansetron hcl oral solution* | Tier 1 | QL (100 ML per 30 days) |
| *ondansetron hcl oral tablet* | Tier 1 | QL (9 EA per 30 days) |
| *ondansetron oral tablet,disintegrating 4 mg, 8 mg* | Tier 1 | QL (9 EA per 30 days) |
| **ANTIDIARRHEA AGENTS** | | |
| ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE | Tier 1 | QL (2 EA per 1 day) |
| *diphenoxylate-atropine oral tablet* | Tier 1 | |
| *loperamide oral capsule* | Tier 1 | QL (2 EA per 1 day) |
| MOTOFEN | Tier 3 | PA; QL (8 EA per 1 Day) |
| **ANTIEMETICS, MISCELLANEOUS** | | |
| *doxylamine-pyridoxine (vit b6)* | Tier 1 | PA; QL (120 EA per 30 days) |
| *olanzapine oral tablet* | Tier 1 | QL (30 EA per 30 days) |
| *olanzapine-fluoxetine* | Tier 1 | ST |
| *scopolamine base* | Tier 1 | |
| **ANTIHISTAMINES (GI DRUGS)** | | |
| *doxylamine-pyridoxine (vit b6)* | Tier 1 | PA; QL (120 EA per 30 days) |
| *meclizine oral tablet 12.5 mg, 25 mg* | Tier 1 | |
| *meclizine oral tablet 50 mg* | Tier 3 | |
| *prochlorperazine maleate* | Tier 1 | |
| *trimethobenzamide* | Tier 1 | |
| **ANTI-INFLAMMATORY AGENTS (GI DRUGS)** | | |
| *alosetron* | Tier 1 | PA |
| *balsalazide* | Tier 1 | |
| DIPENTUM | Tier 2 | PA |
| *mesalamine oral capsule (with del rel tablets)* | Tier 1 | |
| *mesalamine oral capsule,extended release 24h r* | Tier 1 | |
| *mesalamine oral tablet, delayed release (dr/ec)* | Tier 1 | |
| *mesalamine rectal enema* | Tier 1 | |
| *mesalamine with cleansing wipe* | Tier 1 | |
| *sulfasalazine* | Tier 1 | |
| **ANTIULCER AGENTS AND ACID SUPPRESSANTS** | | |
| *amoxicil-clarithromy-lansopraz* | Tier 1 | QL (112 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *amoxicillin* | Tier 1 | |
| *amoxicillin-pot clavulanate* | Tier 1 | |
| *clarithromycin* | Tier 1 | |
| *metronidazole oral capsule* | Tier 1 | |
| *metronidazole oral tablet 250 mg, 500 mg* | Tier 1 | |
| *metronidazole topical cream* | Tier 1 | QL (45 GM per 30 days) |
| *metronidazole topical gel 0.75 %* | Tier 1 | QL (45 GM per 30 days) |
| *metronidazole topical lotion* | Tier 1 | QL (59 ML per 30 days) |
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* | Tier 1 | QL (70 GM per 30 days) |
| ROSADAN TOPICAL CREAM | Tier 1 | QL (45 GM per 30 days) |
| ROSADAN TOPICAL GEL | Tier 1 | QL (45 GM per 30 days) |
| VANDAZOLE | Tier 1 | QL (70 GM per 30 days) |
| **CATHARTICS AND LAXATIVES** | | |
| *bisacodyl oral* | Tier 0 - Preventive | |
| CITROMA | Tier 0 - Preventive | |
| CLEARLAX ORAL POWDER | Tier 0 - Preventive | |
| CLENPIQ | Tier 0 - Preventive | |
| DULCOLAX (MAGNESIUM HYDROXIDE) ORAL SUSPENSION | Tier 0 - Preventive | |
| GAVILAX ORAL POWDER | Tier 0 - Preventive | |
| GAVILYTE-C | Tier 0 - Preventive | |
| GAVILYTE-G | Tier 0 - Preventive | |
| GAVILYTE-N | Tier 0 - Preventive | |
| GENTLE LAXATIVE (BISACODYL) ORAL | Tier 0 - Preventive | |
| GENTLELAX | Tier 0 - Preventive | |
| LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) | Tier 0 - Preventive | |
| LAXATIVE PEG 3350 | Tier 0 - Preventive | |
| *magnesium citrate oral solution* | Tier 0 - Preventive | |
| *magnesium hydroxide* | Tier 0 - Preventive | |
| MILK OF MAGNESIA | Tier 0 - Preventive | |
| MILK OF MAGNESIA CONCENTRATED | Tier 0 - Preventive | |
| NATURA-LAX | Tier 0 - Preventive | |
| ONELAX MAGNESIUM CITRATE | Tier 0 - Preventive | |
| ORAL SALINE LAXATIVE | Tier 0 - Preventive | |
| *peg 3350-electrolytes* | Tier 0 - Preventive | |
| *peg3350-sod sul-nacl-kcl-asb-c* | Tier 0 - Preventive | |
| *peg-electrolyte soln* | Tier 0 - Preventive | |
| PHOSPHATE LAXATIVE | Tier 0 - Preventive | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *polyethylene glycol 3350 oral powder* | Tier 0 - Preventive | |
| POWDERLAX ORAL POWDER | Tier 0 - Preventive | |
| PURELAX ORAL POWDER | Tier 0 - Preventive | |
| SMOOTHLAX ORAL POWDER | Tier 0 - Preventive | |
| *sodium,potassium,mag sulfates* | Tier 0 - Preventive | |
| WOMEN'S GENTLE LAXATIVE(BISAC) | Tier 0 - Preventive | |
| **CHLORIDE CHANNEL ACTIVATORS** | | |
| *lubiprostone* | Tier 1 | QL (60 EA per 30 days) |
| **CHOLELITHOLYTIC AGENTS** | | |
| *ursodiol* | Tier 1 | |
| **DIGESTANTS** | | |
| CREON | Tier 2 | |
| VIOKACE | Tier 2 | |
| **DOPAMINE RECEPTOR ANTAGONISTS** | | |
| *promethazine oral* | Tier 1 | |
| *promethazine rectal* | Tier 1 | |
| PROMETHAZINE VC | Tier 1 | |
| *promethazine-codeine* | Tier 1 | |
| *promethazine-dm* | Tier 1 | |
| *promethazine-phenylephrine* | Tier 1 | |
| PROMETHEGAN | Tier 1 | |
| **GI DRUGS, MISCELLANEOUS** | | |
| *dronabinol* | Tier 1 | PA |
| **GUANYLATE CYCLASE C (GCC) RECEPT AGONIST** | | |
| TRULANCE | Tier 2 | PA; QL (30 EA per 30 days) |
| **HISTAMINE H2-ANTAGONISTS** | | |
| *cimetidine* | Tier 1 | |
| *cimetidine hcl* | Tier 1 | |
| *famotidine oral suspension for reconstitution* | Tier 1 | |
| *famotidine oral tablet 20 mg, 40 mg* | Tier 1 | |
| *ibuprofen-famotidine* | Tier 1 | PA |
| *nizatidine* | Tier 1 | |
| **LIPOTROPIC AGENTS** | | |
| *scopolamine base* | 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) |
| VARUBI | Tier 3 | PA; QL (2 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **OPIOID ANTAGONISTS (56:18)** | | |
| *alvimopan* | Tier 1 | |
| MOVANTIK | Tier 2 | PA; QL (30 EA per 30 days) |
| **POTASSIUM-COMPETITIVE ACID BLOCKERS** | | |
| *amoxicil-clarithromy-lansopraz* | Tier 1 | QL (112 EA per 30 days) |
| *amoxicillin* | Tier 1 | |
| *amoxicillin-pot clavulanate* | Tier 1 | |
| *clarithromycin* | Tier 1 | |
| **PROKINETIC AGENTS** | | |
| *metoclopramide hcl oral* | Tier 1 | |
| **PROSTAGLANDINS** | | |
| *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 | |
| *amoxicil-clarithromy-lansopraz* | Tier 1 | QL (112 EA per 30 days) |
| *dexlansoprazole oral capsule, biphase delayed release 30 mg* | Tier 1 | QL (60 EA per 30 days) |
| *dexlansoprazole oral capsule, biphase delayed release 60 mg* | Tier 1 | ST; QL (60 EA per 30 days) |
| *esomeprazole magnesium oral capsule, delayed release (dr/ec) 20 mg* | Tier 1 | QL (30 EA per 30 days) |
| *esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg* | Tier 1 | |
| *esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg* | Tier 1 | ST; QL (30 EA per 30 days) |
| *esomeprazole magnesium oral granules dr for susp in packet 40 mg* | Tier 1 | ST |
| *lansoprazole oral capsule, delayed release (dr/ec) 15 mg* | Tier 1 | QL (2 EA per 1 day) |
| *lansoprazole oral capsule, delayed release (dr/ec) 30 mg* | Tier 1 | |
| *naproxen-esomeprazole* | Tier 1 | ST |
| *omeprazole magnesium oral capsule, delayed release (dr/ec)* | Tier 1 | |
| *omeprazole oral capsule, delayed release (dr/ec) 10 mg* | Tier 1 | QL (30 EA per 30 days) |
| *omeprazole oral capsule, delayed release (dr/ec) 20 mg, 40 mg* | Tier 1 | QL (2 EA per 1 day) |
| *omeprazole-sodium bicarbonate oral packet 20-1,680 mg* | Tier 1 | PA; QL (30 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *omeprazole-sodium bicarbonate oral packet 40-1,680 mg* | Tier 1 | PA |
| *pantoprazole oral tablet, delayed release (dr/ec) 20 mg* | Tier 1 | QL (30 EA per 30 days) |
| *pantoprazole oral tablet, delayed release (dr/ec) 40 mg* | Tier 1 | QL (6 EA per 1 day) |
| *rabeprazole oral tablet, delayed release (dr/ec)* | Tier 1 | ST; QL (60 EA per 30 days) |
| **HEAVY METAL ANTAGONISTS** | | |
| **HEAVY METAL ANTAGONISTS** | | |
| CHEMET | Tier 3 | PA |
| *deferasirox oral tablet* | Tier 4 | PA |
| *deferasirox oral tablet, dispersible* | Tier 4 | PA |
| *deferiprone* | Tier 4 | PA |
| D-PENAMINE | Tier 2 | PA |
| *penicillamine* | Tier 1 | PA |
| *trientine oral capsule 250 mg* | Tier 1 | PA |
| **HORMONES AND SYNTHETIC SUBSTITUTES** | | |
| **ADRENALS** | | |
| AGAMREE | Tier 4 | |
| ALA-CORT | Tier 1 | QL (28.35 GM per 30 days) |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION | Tier 3 | QL (13 GM per 30 days) |
| ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION | Tier 3 | QL (7 GM per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION | Tier 2 | QL (1 EA per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION | Tier 2 | QL (30 EA per 30 days) |
| ASMANEX HFA | Tier 2 | QL (13 GM per 30 days) |
| *azelastine-fluticasone* | Tier 1 | ST; QL (23 GM per 30 days) |
| *betamethasone dipropionate topical cream* | Tier 1 | QL (45 GM per 30 days) |
| *betamethasone dipropionate topical lotion* | Tier 1 | QL (2 ML per 1 day) |
| *betamethasone dipropionate topical ointment* | Tier 1 | ST; QL (45 GM per 30 days) |
| *betamethasone valerate topical cream* | Tier 1 | QL (45 GM per 30 days) |
| *betamethasone valerate topical lotion* | Tier 1 | QL (2 ML per 1 day) |
| *betamethasone valerate topical ointment* | Tier 1 | QL (45 GM per 30 days) |
| *betamethasone, augmented topical cream* | Tier 1 | QL (50 GM per 30 days) |
| *betamethasone, augmented topical lotion* | Tier 1 | QL (2 ML per 1 day) |
| *betamethasone, augmented topical ointment* | Tier 1 | QL (45 GM per 30 days) |
| BREYNA | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *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 oral capsule, delayed, extend release* | Tier 1 | |
| *budesonide-formoterol* | Tier 2 | PA; ST; QL (11 GM per 30 days) |
| *cortisone* | Tier 1 | |
| *deflazacort oral suspension* | Tier 4 | PA; QL (117 ML per 30 days) |
| *deflazacort oral tablet 18 mg* | Tier 4 | PA; QL (30 EA per 30 days) |
| *deflazacort oral tablet 30 mg, 36 mg* | Tier 4 | PA; QL (90 EA per 30 days) |
| *deflazacort oral tablet 6 mg* | Tier 4 | PA; QL (60 EA per 30 days) |
| DEXAMETHASONE INTENSOL | Tier 1 | |
| *dexamethasone oral elixir* | Tier 1 | |
| *dexamethasone oral solution* | Tier 1 | |
| *dexamethasone oral tablet* | Tier 1 | |
| *dexamethasone sodium phosphate ophthalmic (eye)* | Tier 1 | |
| DULERA | Tier 2 | ST; QL (13 GM per 30 days) |
| EMFLAZA ORAL SUSPENSION | Tier 4 | PA; QL (117 ML per 30 days) |
| EMFLAZA ORAL TABLET 18 MG | Tier 4 | PA; QL (30 EA per 30 days) |
| EMFLAZA ORAL TABLET 30 MG, 36 MG | Tier 4 | PA; QL (90 EA per 30 days) |
| EMFLAZA ORAL TABLET 6 MG | Tier 4 | PA; QL (60 EA per 30 days) |
| FLONASE ALLERGY RELIEF | Tier 1 | QL (16 ML per 30 days) |
| *fludrocortisone* | Tier 1 | |
| *flunisolide* | Tier 1 | ST; QL (50 ML per 30 days) |
| *fluticasone furoate-vilanterol* | Tier 2 | ST; QL (60 EA per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation* | Tier 1 | QL (12 GM per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation* | Tier 1 | QL (24 GM per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation* | Tier 1 | QL (11 GM per 30 days) |
| *fluticasone propionate nasal* | Tier 1 | QL (16 GM 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) |
| *hydrocortisone butyrate topical cream* | Tier 1 | QL (120 GM per 30 days) |
| *hydrocortisone butyrate topical ointment* | Tier 1 | ST; QL (45 GM per 30 days) |
| *hydrocortisone butyrate topical solution* | Tier 1 | ST; QL (120 ML per 30 days) |
| *hydrocortisone oral* | Tier 1 | |
| *hydrocortisone topical cream 1 %* | Tier 1 | QL (28.35 GM per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *hydrocortisone topical cream 2.5 %* | Tier 1 | QL (1 GM per 1 day) |
| *hydrocortisone topical cream with perineal applicator* | Tier 1 | |
| *hydrocortisone topical lotion 2 %* | Tier 1 | |
| *hydrocortisone topical lotion 2.5 %* | Tier 1 | QL (118 ML per 30 days) |
| *hydrocortisone topical ointment 1 %* | Tier 1 | |
| *hydrocortisone topical ointment 2.5 %* | Tier 1 | QL (28.35 GM per 30 days) |
| *hydrocortisone valerate topical cream* | Tier 1 | QL (2 GM per 1 day) |
| *hydrocortisone-acetic acid* | Tier 1 | QL (10 ML per 30 days) |
| ISTURISA ORAL TABLET 1 MG | Tier 4 | PA; QL (240 EA per 30 days) |
| ISTURISA ORAL TABLET 5 MG | Tier 4 | PA; QL (60 EA per 30 days) |
| KOURZEQ | Tier 1 | |
| *methylprednisolone* | Tier 1 | |
| *mometasone nasal* | Tier 1 | ST; QL (17 GM per 30 days) |
| *mometasone topical cream* | Tier 1 | QL (45 GM per 30 days) |
| *mometasone topical ointment* | Tier 1 | QL (45 GM per 30 days) |
| *mometasone topical solution* | Tier 1 | QL (2 ML per 1 day) |
| *nystatin-triamcinolone* | Tier 1 | QL (60 GM per 30 days) |
| ORALONE | Tier 1 | |
| *prednisolone acetate* | Tier 1 | |
| *prednisolone oral solution* | Tier 1 | |
| *prednisolone sodium phosphate ophthalmic (eye)* | Tier 1 | |
| *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)* | Tier 1 | |
| *prednisolone sodium phosphate oral tablet,disintegrating* | Tier 1 | |
| *prednisone* | Tier 1 | |
| PREDNISONE INTENSOL | Tier 1 | |
| PROCTO-MED HC | Tier 1 | |
| PROCTOSOL HC | Tier 1 | |
| PROCTOZONE-HC | Tier 1 | |
| PYQUVI | Tier 4 | PA; QL (117 ML per 30 days) |
| QNASL | Tier 3 | PA; ST; QL (1 GM per 30 days) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION | Tier 2 | QL (11 GM per 30 days) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION | Tier 2 | QL (22 GM per 30 days) |
| RYALTRIS | Tier 3 | PA; QL (1 Bottle per 30 days) |
| *sulfacetamide-prednisolone* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| TRELEGY ELLIPTA | Tier 2 | QL (60 EA per 30 days) |
| *triamcinolone acetonide dental* | Tier 1 | |
| *triamcinolone acetonide topical cream* | Tier 1 | QL (454 GM per 30 days) |
| *triamcinolone acetonide topical lotion* | Tier 1 | QL (2 ML per 1 day) |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | Tier 1 | QL (454 GM per 30 days) |
| *triamcinolone acetonide topical ointment 0.05 %* | Tier 1 | ST |
| TRIDERM | Tier 1 | ST; QL (454 GM per 30 days) |
| **ALPHA-GLUCOSIDASE INHIBITORS** | | |
| *acarbose* | Tier 1 | |
| *miglitol* | Tier 1 | |
| **ANDROGENS** | | |
| COVARYX | Tier 1 | |
| COVARYX H.S. | Tier 1 | |
| *danazol* | Tier 1 | |
| EEMT | Tier 1 | |
| EEMT HS | Tier 1 | |
| *estrogens-methyltestosterone* | Tier 1 | |
| *methyltestosterone* | Tier 1 | PA |
| *testosterone cypionate* | Tier 1 | PA |
| *testosterone enanthate* | Tier 1 | PA |
| *testosterone transdermal gel* | Tier 1 | PA; QL (60 GM per 30 days) |
| *testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)* | Tier 1 | PA; QL (150 GM per 30 days) |
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram)* | Tier 1 | PA; QL (75 GM per 30 days) |
| *testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)* | Tier 1 | PA; QL (30 GM per 30 days) |
| **ANTIDIABETIC AGENTS, MISCELLANEOUS** | | |
| *colesevelam oral powder in packet* | Tier 1 | PA; QL (30 EA per 30 days) |
| *colesevelam oral tablet* | Tier 1 | PA; QL (180 EA per 30 days) |
| *mifepristone oral tablet 300 mg* | Tier 1 | PA |
| **ANTIESTROGENS** | | |
| *anastrozole* | Tier 0 - Preventive | CM |
| *exemestane* | Tier 0 - Preventive | CM |
| *letrozole* | Tier 1 | CM |
| **ANTIGONADTROPINS** | | |
| AFIRMELLE | Tier 0 - Preventive | |
| ALTAVERA (28) | Tier 0 - Preventive | |
| ALYACEN 1/35 (28) | Tier 0 - Preventive | |
| ALYACEN 7/7/7 (28) | Tier 0 - Preventive | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| AMETHYST (28) | Tier 0 - Preventive | QL (1 EA per 1 day) |
| ARANELLE (28) | Tier 0 - Preventive | |
| AUBRA | Tier 0 - Preventive | |
| AUBRA EQ | Tier 0 - Preventive | |
| AUROVELA 1.5/30 (21) | Tier 0 - Preventive | |
| AUROVELA 1/20 (21) | Tier 0 - Preventive | |
| AVIANE | Tier 0 - Preventive | |
| AYUNA | Tier 0 - Preventive | |
| BALZIVA (28) | Tier 0 - Preventive | |
| BRIELLYN | Tier 0 - Preventive | |
| CAMILA | Tier 0 - Preventive | |
| CHATEAL EQ (28) | Tier 0 - Preventive | |
| CRYSELLE (28) | Tier 0 - Preventive | |
| *danazol* | Tier 1 | |
| DASETTA 1/35 (28) | Tier 0 - Preventive | |
| DASETTA 7/7/7 (28) | Tier 0 - Preventive | |
| DEBLITANE | Tier 0 - Preventive | |
| DOLISHALE | Tier 0 - Preventive | QL (1 EA per 1 day) |
| ELINEST | Tier 0 - Preventive | |
| ELURYNG | Tier 0 - Preventive | |
| EMZAHH | Tier 0 - Preventive | |
| ENILLORING | Tier 0 - Preventive | |
| ENPRESSE | Tier 0 - Preventive | |
| ERRIN | Tier 0 - Preventive | |
| *etonogestrel-ethinyl estradiol* | Tier 0 - Preventive | |
| FALMINA (28) | Tier 0 - Preventive | |
| HAILEY | Tier 0 - Preventive | |
| HALOETTE | Tier 0 - Preventive | |
| HEATHER | Tier 0 - Preventive | |
| ICLEVIA | Tier 0 - Preventive | QL (1 EA per 1 day) |
| INCASSIA | Tier 0 - Preventive | |
| JENCYCLA | Tier 0 - Preventive | |
| JOLESSA | Tier 0 - Preventive | QL (1 EA per 1 day) |
| JUNEL 1.5/30 (21) | Tier 0 - Preventive | |
| JUNEL 1/20 (21) | Tier 0 - Preventive | |
| KURVELO (28) | Tier 0 - Preventive | |
| LARIN 1.5/30 (21) | Tier 0 - Preventive | |
| LARIN 1/20 (21) | Tier 0 - Preventive | |
| LEENA 28 | Tier 0 - Preventive | |
| LESSINA | Tier 0 - Preventive | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| LEVONEST (28) | Tier 0 - Preventive | |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg* | Tier 0 - Preventive | |
| *levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)* | Tier 0 - Preventive | QL (1 EA per 1 day) |
| *levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month* | Tier 0 - Preventive | QL (1 EA per 1 day) |
| *levonorg-eth estrad triphasic* | Tier 0 - Preventive | |
| LEVORA-28 | Tier 0 - Preventive | |
| LOW-OGESTREL (28) | Tier 0 - Preventive | |
| LUTERA (28) | Tier 0 - Preventive | |
| LYLEQ | Tier 0 - Preventive | |
| LYZA | Tier 0 - Preventive | |
| MARLISSA (28) | Tier 0 - Preventive | |
| *methyltestosterone* | Tier 1 | PA |
| MICROGESTIN 1.5/30 (21) | Tier 0 - Preventive | |
| MICROGESTIN 1/20 (21) | Tier 0 - Preventive | |
| NECON 0.5/35 (28) | Tier 0 - Preventive | |
| NORA-BE | Tier 0 - Preventive | |
| *norelgestromin-ethin.estradiol* | Tier 0 - Preventive | |
| *norethindrone (contraceptive)* | Tier 0 - Preventive | |
| *norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | Tier 0 - Preventive | |
| NORTREL 0.5/35 (28) | Tier 0 - Preventive | |
| NORTREL 1/35 (21) | Tier 0 - Preventive | |
| NORTREL 1/35 (28) | Tier 0 - Preventive | |
| NORTREL 7/7/7 (28) | Tier 0 - Preventive | |
| NYLIA 1/35 (28) | Tier 0 - Preventive | |
| NYLIA 7/7/7 (28) | Tier 0 - Preventive | |
| ORIAHNN | Tier 3 | PA; QL (60 EA per 30 days) |
| ORILISSA ORAL TABLET 150 MG | Tier 2 | PA; QL (30 EA per 30 days) |
| ORILISSA ORAL TABLET 200 MG | Tier 2 | PA; QL (60 EA per 30 days) |
| PHILITH | Tier 0 - Preventive | |
| PORTIA 28 | Tier 0 - Preventive | |
| SETLAKIN | Tier 0 - Preventive | QL (1 EA per 1 day) |
| SHAROBEL | Tier 0 - Preventive | |
| SRONYX | Tier 0 - Preventive | |
| *testosterone cypionate* | Tier 1 | PA |
| *testosterone enanthate* | Tier 1 | PA |
| *testosterone transdermal gel* | Tier 1 | PA; QL (60 GM per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)* | Tier 1 | PA; QL (150 GM per 30 days) |
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram)* | Tier 1 | PA; QL (75 GM per 30 days) |
| *testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)* | Tier 1 | PA; QL (30 GM per 30 days) |
| TULANA | Tier 0 - Preventive | |
| TURQOZ (28) | Tier 0 - Preventive | |
| VIENVA | Tier 0 - Preventive | |
| VYFEMLA (28) | Tier 0 - Preventive | |
| WERA (28) | Tier 0 - Preventive | |
| XULANE | Tier 0 - Preventive | |
| ZAFEMY | Tier 0 - Preventive | |
| **ANTIPARATHYROID AGENTS** | | |
| *calcitonin (salmon) nasal* | Tier 1 | |
| *cinacalcet* | Tier 1 | PA |
| **ANTITHYROID AGENTS** | | |
| *methimazole* | Tier 1 | |
| *potassium iodide oral solution* | Tier 1 | |
| *propylthiouracil* | Tier 1 | |
| SSKI | Tier 2 | |
| **BIGUANIDES** | | |
| *alogliptin-metformin* | Tier 2 | ST; QL (60 EA per 30 days) |
| *glipizide-metformin* | Tier 1 | |
| *glyburide-metformin oral tablet 1.25-250 mg* | Tier 1 | QL (260 EA per 30 days) |
| *glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg* | Tier 1 | QL (5 EA per 1 day) |
| JANUMET | Tier 1 | ST; QL (60 EA per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | Tier 1 | ST; QL (30 EA per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | Tier 1 | ST; QL (60 EA per 30 days) |
| *metformin oral solution* | Tier 1 | ST |
| *metformin oral tablet 1,000 mg, 500 mg, 625 mg, 850 mg* | Tier 1 | |
| *metformin oral tablet extended release 24 hr 500 mg* | Tier 1 | QL (120 EA per 30 days) |
| *metformin oral tablet extended release 24 hr 750 mg* | Tier 1 | QL (60 EA per 30 days) |
| *pioglitazone-metformin* | Tier 1 | QL (90 EA per 30 days) |
| SYNJARDY | Tier 2 | ST; QL (60 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| CYRED EQ | Tier 0 - Preventive | |
| DASETTA 1/35 (28) | Tier 0 - Preventive | |
| DASETTA 7/7/7 (28) | Tier 0 - Preventive | |
| DAYSEE | Tier 0 - Preventive | QL (1 EA per 1 day) |
| DEBLITANE | Tier 0 - Preventive | |
| *desog-e.estradiol/e.estradiol* | Tier 0 - Preventive | |
| DOLISHALE | Tier 0 - Preventive | QL (1 EA per 1 day) |
| *drospirenone-e.estradiol-lm.fa* | Tier 0 - Preventive | |
| *drospirenone-ethinyl estradiol* | Tier 0 - Preventive | |
| ECONTRA EZ | Tier 0 - Preventive | QL (1 EA per 30 days) |
| ECONTRA ONE-STEP | Tier 0 - Preventive | QL (1 EA per 30 days) |
| ELINEST | Tier 0 - Preventive | |
| ELLA | Tier 0 - Preventive | QL (1 EA per 30 days) |
| ELURYNG | Tier 0 - Preventive | |
| EMZAHH | Tier 0 - Preventive | |
| ENILLORING | Tier 0 - Preventive | |
| ENPRESSE | Tier 0 - Preventive | |
| ENSKYCE | Tier 0 - Preventive | |
| ERRIN | Tier 0 - Preventive | |
| ESTARYLLA | Tier 0 - Preventive | |
| *ethynodiol diac-eth estradiol* | Tier 0 - Preventive | |
| *etonogestrel-ethinyl estradiol* | Tier 0 - Preventive | |
| FALMINA (28) | Tier 0 - Preventive | |
| FINZALA | Tier 0 - Preventive | |
| GEMMILY | Tier 0 - Preventive | |
| HAILEY | Tier 0 - Preventive | |
| HAILEY 24 FE | Tier 0 - Preventive | |
| HAILEY FE 1.5/30 (28) | Tier 0 - Preventive | |
| HAILEY FE 1/20 (28) | Tier 0 - Preventive | |
| HALOETTE | Tier 0 - Preventive | |
| HEATHER | Tier 0 - Preventive | |
| ICLEVIA | Tier 0 - Preventive | QL (1 EA per 1 day) |
| INCASSIA | Tier 0 - Preventive | |
| ISIBLOOM | Tier 0 - Preventive | |
| JAIMIESS | Tier 0 - Preventive | QL (1 EA per 1 day) |
| JASMIEL (28) | Tier 0 - Preventive | |
| JENCYCLA | Tier 0 - Preventive | |
| JOLESSA | Tier 0 - Preventive | QL (1 EA per 1 day) |
| JULEBER | Tier 0 - Preventive | |
| JUNEL 1.5/30 (21) | Tier 0 - Preventive | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| JUNEL 1/20 (21) | Tier 0 - Preventive | |
| JUNEL FE 1.5/30 (28) | Tier 0 - Preventive | |
| JUNEL FE 1/20 (28) | Tier 0 - Preventive | |
| JUNEL FE 24 | Tier 0 - Preventive | |
| KAITLIB FE | Tier 0 - Preventive | |
| KALLIGA | Tier 0 - Preventive | |
| KARIVA (28) | Tier 0 - Preventive | |
| KELNOR 1/35 (28) | Tier 0 - Preventive | |
| KURVELO (28) | Tier 0 - Preventive | |
| *l norgestl/e.estradiol-e.estrad* | Tier 0 - Preventive | QL (1 EA per 1 day) |
| LARIN 1.5/30 (21) | Tier 0 - Preventive | |
| LARIN 1/20 (21) | Tier 0 - Preventive | |
| LARIN 24 FE | Tier 0 - Preventive | |
| LARIN FE 1.5/30 (28) | Tier 0 - Preventive | |
| LARIN FE 1/20 (28) | Tier 0 - Preventive | |
| LEENA 28 | Tier 0 - Preventive | |
| LESSINA | Tier 0 - Preventive | |
| LEVONEST (28) | Tier 0 - Preventive | |
| *levonorgestrel* | Tier 0 - Preventive | QL (1 EA per 30 days) |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg* | Tier 0 - Preventive | |
| *levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)* | Tier 0 - Preventive | QL (1 EA per 1 day) |
| *levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month* | Tier 0 - Preventive | QL (1 EA per 1 day) |
| *levonorg-eth estrad triphasic* | Tier 0 - Preventive | |
| LEVORA-28 | Tier 0 - Preventive | |
| LO LOESTRIN FE | Tier 0 - Preventive | ST |
| LOJAIMIESS | Tier 0 - Preventive | QL (1 EA per 1 day) |
| LORYNA (28) | Tier 0 - Preventive | |
| LOW-OGESTREL (28) | Tier 0 - Preventive | |
| LO-ZUMANDIMINE (28) | Tier 0 - Preventive | |
| LUTERA (28) | Tier 0 - Preventive | |
| LYLEQ | Tier 0 - Preventive | |
| LYZA | Tier 0 - Preventive | |
| MARLISSA (28) | Tier 0 - Preventive | |
| MIBELAS 24 FE | Tier 0 - Preventive | |
| MICROGESTIN 1.5/30 (21) | Tier 0 - Preventive | |
| MICROGESTIN 1/20 (21) | Tier 0 - Preventive | |
| MICROGESTIN FE 1.5/30 (28) | Tier 0 - Preventive | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| MICROGESTIN FE 1/20 (28) | Tier 0 - Preventive | |
| MILI | Tier 0 - Preventive | |
| MONO-LINYAH | Tier 0 - Preventive | |
| MY CHOICE | Tier 0 - Preventive | QL (1 EA per 30 days) |
| MY WAY | Tier 0 - Preventive | QL (1 EA per 30 days) |
| NECON 0.5/35 (28) | Tier 0 - Preventive | |
| NEW DAY | Tier 0 - Preventive | QL (1 EA per 30 days) |
| NIKKI (28) | Tier 0 - Preventive | |
| NORA-BE | Tier 0 - Preventive | |
| *norelgestromin-ethin.estradiol* | Tier 0 - Preventive | |
| *noreth-ethinyl estradiol-iron* | Tier 0 - Preventive | |
| *norethindrone (contraceptive)* | Tier 0 - Preventive | |
| *norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | Tier 0 - Preventive | |
| *norethindrone-e.estradiol-iron* | Tier 0 - Preventive | |
| *norgestimate-ethinyl estradiol* | Tier 0 - Preventive | |
| NORTREL 0.5/35 (28) | Tier 0 - Preventive | |
| NORTREL 1/35 (21) | Tier 0 - Preventive | |
| NORTREL 1/35 (28) | Tier 0 - Preventive | |
| NORTREL 7/7/7 (28) | Tier 0 - Preventive | |
| NYLIA 1/35 (28) | Tier 0 - Preventive | |
| NYLIA 7/7/7 (28) | Tier 0 - Preventive | |
| OCELLA | Tier 0 - Preventive | |
| OPCICON ONE-STEP | Tier 0 - Preventive | QL (1 EA per 30 days) |
| OPTION-2 | Tier 0 - Preventive | QL (1 EA per 30 days) |
| PHILITH | Tier 0 - Preventive | |
| PIMTREA (28) | Tier 0 - Preventive | |
| PLAN B ONE-STEP | Tier 0 - Preventive | QL (1 EA per 30 days) |
| PORTIA 28 | Tier 0 - Preventive | |
| RECLIPSEN (28) | Tier 0 - Preventive | |
| RIVELSA | Tier 0 - Preventive | |
| SETLAKIN | Tier 0 - Preventive | QL (1 EA per 1 day) |
| SHAROBEL | Tier 0 - Preventive | |
| SIMLIYA (28) | Tier 0 - Preventive | |
| SIMPESSE | Tier 0 - Preventive | QL (1 EA per 1 day) |
| SPRINTEC (28) | Tier 0 - Preventive | |
| SRONYX | Tier 0 - Preventive | |
| SYEDA | Tier 0 - Preventive | |
| TAKE ACTION | Tier 0 - Preventive | QL (1 EA per 30 days) |
| TARINA 24 FE | Tier 0 - Preventive | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| TARINA FE 1/20 (28) | Tier 0 - Preventive | |
| TARINA FE 1-20 EQ (28) | Tier 0 - Preventive | |
| TILIA FE | Tier 0 - Preventive | |
| TRI-ESTARYLLA | Tier 0 - Preventive | |
| TRI-LEGEST FE | Tier 0 - Preventive | |
| TRI-LINYAH | Tier 0 - Preventive | |
| TRI-LO-ESTARYLLA | Tier 0 - Preventive | |
| TRI-LO-MARZIA | Tier 0 - Preventive | |
| TRI-LO-MILI | Tier 0 - Preventive | |
| TRI-LO-SPRINTEC | Tier 0 - Preventive | |
| TRI-MILI | Tier 0 - Preventive | |
| TRI-SPRINTEC (28) | Tier 0 - Preventive | |
| TRI-VYLIBRA | Tier 0 - Preventive | |
| TRI-VYLIBRA LO | Tier 0 - Preventive | |
| TULANA | Tier 0 - Preventive | |
| TURQOZ (28) | Tier 0 - Preventive | |
| TYDEMY | Tier 0 - Preventive | |
| VELIVET TRIPHASIC REGIMEN (28) | Tier 0 - Preventive | |
| VESTURA (28) | Tier 0 - Preventive | |
| VIENVA | Tier 0 - Preventive | |
| VIORELE (28) | Tier 0 - Preventive | |
| VOLNEA (28) | Tier 0 - Preventive | |
| VYFEMLA (28) | Tier 0 - Preventive | |
| VYLIBRA | Tier 0 - Preventive | |
| WERA (28) | Tier 0 - Preventive | |
| WYMZYA FE | Tier 0 - Preventive | |
| XULANE | Tier 0 - Preventive | |
| ZAFEMY | Tier 0 - Preventive | |
| ZARAH | Tier 0 - Preventive | |
| ZOVIA 1-35 (28) | Tier 0 - Preventive | |
| ZUMANDIMINE (28) | Tier 0 - Preventive | |
| **DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS** | | |
| *alogliptin* | Tier 1 | ST; QL (30 EA per 30 days) |
| *alogliptin-metformin* | Tier 2 | ST; QL (60 EA per 30 days) |
| *alogliptin-pioglitazone* | Tier 2 | ST; QL (30 EA per 30 days) |
| JANUMET | Tier 1 | ST; QL (60 EA per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | Tier 1 | ST; QL (30 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG | Tier 1 | ST; QL (60 EA per 30 days) |
| JANUVIA | Tier 1 | ST; QL (30 EA per 30 days) |
| **ESTROGEN AGONIST-ANTAGONISTS** | | |
| CLOMID | Tier 1 | |
| *clomiphene citrate* | Tier 1 | |
| DUAVEE | Tier 3 | PA; QL (1 EA per 1 Day) |
| OSPHENA | Tier 3 | PA; QL (1 EA per 1 Day) |
| *raloxifene* | Tier 0 - Preventive | |
| *tamoxifen* | Tier 0 - Preventive | CM |
| *toremifene* | Tier 1 | PA; CM |
| **ESTROGENS** | | |
| AFIRMELLE | Tier 0 - Preventive | |
| ALTAVERA (28) | Tier 0 - Preventive | |
| ALYACEN 1/35 (28) | Tier 0 - Preventive | |
| ALYACEN 7/7/7 (28) | Tier 0 - Preventive | |
| AMETHYST (28) | Tier 0 - Preventive | QL (1 EA per 1 day) |
| ARANELLE (28) | Tier 0 - Preventive | |
| AUBRA | Tier 0 - Preventive | |
| AUBRA EQ | Tier 0 - Preventive | |
| AUROVELA 1.5/30 (21) | Tier 0 - Preventive | |
| AUROVELA 1/20 (21) | Tier 0 - Preventive | |
| AVIANE | Tier 0 - Preventive | |
| AYUNA | Tier 0 - Preventive | |
| BALZIVA (28) | Tier 0 - Preventive | |
| BRIELLYN | Tier 0 - Preventive | |
| CHATEAL EQ (28) | Tier 0 - Preventive | |
| COMBIPATCH | Tier 2 | |
| COVARYX | Tier 1 | |
| COVARYX H.S. | Tier 1 | |
| CRYSELLE (28) | Tier 0 - Preventive | |
| DASETTA 1/35 (28) | Tier 0 - Preventive | |
| DASETTA 7/7/7 (28) | Tier 0 - Preventive | |
| DOLISHALE | Tier 0 - Preventive | QL (1 EA per 1 day) |
| DOTTI TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 1 | QL (8 EA per 30 days) |
| DUAVEE | Tier 3 | PA; QL (1 EA per 1 Day) |
| EEMT | Tier 1 | |
| EEMT HS | Tier 1 | |

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

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **INSULINS** | | |
| BASAGLAR KWIKPEN U-100 INSULIN | Tier 2 | QL (45 ML per 30 days) |
| HUMALOG JUNIOR KWIKPEN U-100 | Tier 2 | QL (45 ML per 30 days) |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | Tier 2 | QL (45 ML per 30 days) |
| HUMALOG MIX 50-50 KWIKPEN | Tier 2 | QL (45 ML per 30 days) |
| HUMALOG MIX 75-25 KWIKPEN | Tier 2 | QL (45 ML per 30 days) |
| HUMALOG MIX 75-25(U-100)INSULN | Tier 2 | QL (40 ML per 30 days) |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE | Tier 2 | |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION | Tier 2 | QL (45 ML per 30 days) |
| 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) KWIKPEN | Tier 2 | |
| *insulin asp prt-insulin aspart subcutaneous insulin pen* | Tier 2 | QL (45 ML per 30 days) |
| *insulin asp prt-insulin aspart subcutaneous solution* | Tier 2 | QL (40 ML per 30 days) |
| *insulin aspart u-100 subcutaneous cartridge* | Tier 1 | |
| *insulin aspart u-100 subcutaneous insulin pen* | Tier 2 | |
| *insulin aspart u-100 subcutaneous solution* | Tier 2 | |
| *insulin lispro protamin-lispro* | Tier 2 | QL (1 ML per 1 day) |
| *insulin lispro subcutaneous insulin pen* | Tier 2 | QL (45 ML per 30 days) |
| *insulin lispro subcutaneous insulin pen, half-unit* | Tier 2 | QL (1 ML per 1 day) |
| *insulin lispro subcutaneous solution* | Tier 2 | QL (45 ML per 30 days) |
| 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) |
| SOLIQUA 100/33 | Tier 2 | ST; QL (15 ML per 30 days) |
| TRESIBA FLEXTOUCH U-100 | Tier 2 | QL (45 ML per 30 days) |
| TRESIBA FLEXTOUCH U-200 | Tier 2 | QL (27 ML per 30 days) |
| TRESIBA U-100 INSULIN | Tier 2 | QL (40 ML per 30 days) |
| XULTOPHY 100/3.6 | Tier 2 | PA; ST; QL (15 ML per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **INTERMEDIATE-ACTING INSULINS** | | |
| HUMALOG MIX 50-50 KWIKPEN | Tier 2 | QL (45 ML per 30 days) |
| HUMALOG MIX 75-25 KWIKPEN | Tier 2 | QL (45 ML per 30 days) |
| HUMALOG MIX 75-25(U-100)INSULN | Tier 2 | QL (40 ML per 30 days) |
| 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) |
| *insulin asp prt-insulin aspart subcutaneous insulin pen* | Tier 2 | QL (45 ML per 30 days) |
| *insulin asp prt-insulin aspart subcutaneous solution* | Tier 2 | QL (40 ML per 30 days) |
| *insulin lispro protamin-lispro* | Tier 2 | QL (1 ML per 1 day) |
| 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) |
| **LONG-ACTING INSULINS** | | |
| BASAGLAR KWIKPEN U-100 INSULIN | Tier 2 | QL (45 ML per 30 days) |
| REZVOGLAR KWIKPEN | Tier 2 | QL (1.5 ML per 1 Day) |
| SOLIQUA 100/33 | Tier 2 | ST; QL (15 ML per 30 days) |
| TRESIBA FLEXTOUCH U-100 | Tier 2 | QL (45 ML per 30 days) |
| TRESIBA FLEXTOUCH U-200 | Tier 2 | QL (27 ML per 30 days) |
| TRESIBA U-100 INSULIN | Tier 2 | QL (40 ML per 30 days) |
| XULTOPHY 100/3.6 | Tier 2 | PA; ST; QL (15 ML per 30 days) |
| **MEGLITINIDES** | | |
| *nateglinide* | Tier 1 | |
| *repaglinide* | Tier 1 | |
| **PARATHYROID AGENTS** | | |
| *teriparatide* | Tier 4 | PA; QL (1 ML per 28 days) |
| **PITUITARY** | | |
| *desmopressin injection* | Tier 4 | |
| *desmopressin nasal spray with pump* | Tier 1 | |
| *desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)* | Tier 1 | |
| *desmopressin oral* | Tier 1 | |
| NOCDURNA (MEN) | Tier 3 | PA; QL (30 EA per 30 days) |
| NOCDURNA (WOMEN) | Tier 3 | PA; QL (30 EA per 30 days) |
| OMNITROPE | Tier 4 | PA |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG | Tier 4 | PA |
| **PROGESTINS** | | |
| AFIRMELLE | Tier 0 - Preventive | |
| ALTAVERA (28) | Tier 0 - Preventive | |
| ALYACEN 1/35 (28) | Tier 0 - Preventive | |
| ALYACEN 7/7/7 (28) | Tier 0 - Preventive | |
| AMETHYST (28) | Tier 0 - Preventive | QL (1 EA per 1 day) |
| ARANELLE (28) | Tier 0 - Preventive | |
| AUBRA | Tier 0 - Preventive | |
| AUBRA EQ | Tier 0 - Preventive | |
| AUROVELA 1.5/30 (21) | Tier 0 - Preventive | |
| AUROVELA 1/20 (21) | Tier 0 - Preventive | |
| AVIANE | Tier 0 - Preventive | |
| AYUNA | Tier 0 - Preventive | |
| BALZIVA (28) | Tier 0 - Preventive | |
| BRIELLYN | Tier 0 - Preventive | |
| CAMILA | Tier 0 - Preventive | |
| CHATEAL EQ (28) | Tier 0 - Preventive | |
| COMBIPATCH | Tier 2 | |
| CRINONE VAGINAL GEL 4 % | Tier 2 | |
| CRINONE VAGINAL GEL 8 % | Tier 4 | |
| CRYSELLE (28) | Tier 0 - Preventive | |
| DASETTA 1/35 (28) | Tier 0 - Preventive | |
| DASETTA 7/7/7 (28) | Tier 0 - Preventive | |
| DEBLITANE | Tier 0 - Preventive | |
| DEPO-SUBQ PROVERA 104 | Tier 2 | QL (1 ML per 90 days) |
| DOLISHALE | Tier 0 - Preventive | QL (1 EA per 1 day) |
| ELINEST | Tier 0 - Preventive | |
| ELURYNG | Tier 0 - Preventive | |
| EMZAHH | Tier 0 - Preventive | |
| ENILLORING | Tier 0 - Preventive | |
| ENPRESSE | Tier 0 - Preventive | |
| ERRIN | Tier 0 - Preventive | |
| *estradiol-norethindrone acet* | Tier 1 | |
| *etonogestrel-ethinyl estradiol* | Tier 0 - Preventive | |
| FALMINA (28) | Tier 0 - Preventive | |
| FYAVOLV | Tier 1 | |
| HAILEY | Tier 0 - Preventive | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| HALOETTE | Tier 0 - Preventive | |
| HEATHER | Tier 0 - Preventive | |
| ICLEVIA | Tier 0 - Preventive | QL (1 EA per 1 day) |
| INCASSIA | Tier 0 - Preventive | |
| JENCYCLA | Tier 0 - Preventive | |
| JOLESSA | Tier 0 - Preventive | QL (1 EA per 1 day) |
| JUNEL 1.5/30 (21) | Tier 0 - Preventive | |
| JUNEL 1/20 (21) | Tier 0 - Preventive | |
| KURVELO (28) | Tier 0 - Preventive | |
| LARIN 1.5/30 (21) | Tier 0 - Preventive | |
| LARIN 1/20 (21) | Tier 0 - Preventive | |
| LEENA 28 | Tier 0 - Preventive | |
| LESSINA | Tier 0 - Preventive | |
| LEVONEST (28) | Tier 0 - Preventive | |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg* | Tier 0 - Preventive | |
| *levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)* | Tier 0 - Preventive | QL (1 EA per 1 day) |
| *levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month* | Tier 0 - Preventive | QL (1 EA per 1 day) |
| *levonorg-eth estrad triphasic* | Tier 0 - Preventive | |
| LEVORA-28 | Tier 0 - Preventive | |
| LOW-OGESTREL (28) | Tier 0 - Preventive | |
| LUTERA (28) | Tier 0 - Preventive | |
| LYLEQ | Tier 0 - Preventive | |
| LYZA | Tier 0 - Preventive | |
| MARLISSA (28) | Tier 0 - Preventive | |
| *medroxyprogesterone intramuscular* | Tier 0 - Preventive | QL (1 ML per 90 days) |
| *medroxyprogesterone oral* | Tier 1 | |
| *megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)* | Tier 1 | |
| *megestrol oral tablet* | Tier 1 | CM |
| MICROGESTIN 1.5/30 (21) | Tier 0 - Preventive | |
| MICROGESTIN 1/20 (21) | Tier 0 - Preventive | |
| MIMVEY | Tier 1 | |
| NECON 0.5/35 (28) | Tier 0 - Preventive | |
| NORA-BE | Tier 0 - Preventive | |
| *norelgestromin-ethin.estradiol* | Tier 0 - Preventive | |
| *norethindrone (contraceptive)* | Tier 0 - Preventive | |
| *norethindrone acetate* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | Tier 1 | |
| *norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | Tier 0 - Preventive | |
| NORTREL 0.5/35 (28) | Tier 0 - Preventive | |
| NORTREL 1/35 (21) | Tier 0 - Preventive | |
| NORTREL 1/35 (28) | Tier 0 - Preventive | |
| NORTREL 7/7/7 (28) | Tier 0 - Preventive | |
| NYLIA 1/35 (28) | Tier 0 - Preventive | |
| NYLIA 7/7/7 (28) | Tier 0 - Preventive | |
| ORIAHNN | Tier 3 | PA; QL (60 EA per 30 days) |
| PHILITH | Tier 0 - Preventive | |
| PORTIA 28 | Tier 0 - Preventive | |
| *progesterone micronized oral* | Tier 1 | |
| SETLAKIN | Tier 0 - Preventive | QL (1 EA per 1 day) |
| SHAROBEL | Tier 0 - Preventive | |
| SRONYX | Tier 0 - Preventive | |
| TULANA | Tier 0 - Preventive | |
| TURQOZ (28) | Tier 0 - Preventive | |
| VIENVA | Tier 0 - Preventive | |
| VYFEMLA (28) | Tier 0 - Preventive | |
| WERA (28) | Tier 0 - Preventive | |
| XULANE | Tier 0 - Preventive | |
| ZAFEMY | Tier 0 - Preventive | |
| **RAPID-ACTING INSULINS** | | |
| HUMALOG JUNIOR KWIKPEN U-100 | Tier 2 | QL (45 ML per 30 days) |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | Tier 2 | QL (45 ML per 30 days) |
| HUMALOG MIX 50-50 KWIKPEN | Tier 2 | QL (45 ML per 30 days) |
| HUMALOG MIX 75-25 KWIKPEN | Tier 2 | QL (45 ML per 30 days) |
| HUMALOG MIX 75-25(U-100)INSULN | Tier 2 | QL (40 ML per 30 days) |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE | Tier 2 | |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION | Tier 2 | QL (45 ML per 30 days) |
| *insulin asp prt-insulin aspart subcutaneous insulin pen* | Tier 2 | QL (45 ML per 30 days) |
| *insulin asp prt-insulin aspart subcutaneous solution* | Tier 2 | QL (40 ML per 30 days) |
| *insulin aspart u-100 subcutaneous cartridge* | Tier 1 | |
| *insulin aspart u-100 subcutaneous insulin pen* | Tier 2 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *insulin aspart u-100 subcutaneous solution* | Tier 2 | |
| *insulin lispro protamin-lispro* | Tier 2 | QL (1 ML per 1 day) |
| *insulin lispro subcutaneous insulin pen* | Tier 2 | QL (45 ML per 30 days) |
| *insulin lispro subcutaneous insulin pen, half-unit* | Tier 2 | QL (1 ML per 1 day) |
| *insulin lispro subcutaneous solution* | Tier 2 | QL (45 ML per 30 days) |
| **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 INSULN | Tier 2 | QL (40 ML per 30 days) |
| 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) |
| JARDIANCE | Tier 2 | PA; ST; QL (30 Tablets per 30 days) |
| SYNJARDY | Tier 2 | ST; QL (60 EA per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG | Tier 2 | ST; QL (60 EA per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG | Tier 2 | ST; QL (30 EA per 30 days) |
| **SOMATOTROPIN AGONISTS** | | |
| INCRELEX | Tier 4 | PA |
| **SULFONYLUREAS** | | |
| *glimepiride oral tablet 1 mg, 2 mg, 4 mg* | Tier 1 | |
| *glipizide* | Tier 1 | |
| *glipizide-metformin* | Tier 1 | |
| *glyburide micronized oral tablet 1.5 mg* | Tier 1 | QL (8 EA per 1 day) |
| *glyburide micronized oral tablet 3 mg* | Tier 1 | QL (4 EA per 1 day) |
| *glyburide micronized oral tablet 6 mg* | Tier 1 | QL (2 EA per 1 day) |
| *glyburide oral tablet 1.25 mg* | Tier 1 | QL (16 EA per 1 day) |
| *glyburide oral tablet 2.5 mg* | Tier 1 | QL (8 EA per 1 day) |
| *glyburide oral tablet 5 mg* | Tier 1 | QL (4 EA per 1 day) |
| *glyburide-metformin oral tablet 1.25-250 mg* | Tier 1 | QL (260 EA per 30 days) |
| *glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg* | Tier 1 | QL (5 EA per 1 day) |
| *pioglitazone-glimepiride* | Tier 1 | ST; QL (30 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **THIAZOLIDINEDIONES** | | |
| *alogliptin-pioglitazone* | Tier 2 | ST; QL (30 EA per 30 days) |
| *pioglitazone* | Tier 1 | QL (30 EA per 30 days) |
| *pioglitazone-glimepiride* | Tier 1 | ST; QL (30 EA per 30 days) |
| *pioglitazone-metformin* | Tier 1 | QL (90 EA per 30 days) |
| **THYROID AGENTS** | | |
| ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG | Tier 1 | |
| EUTHYROX | Tier 1 | |
| *levothyroxine oral tablet* | Tier 1 | |
| LEVOXYL | Tier 1 | |
| *liothyronine oral* | Tier 1 | |
| NIVA THYROID | Tier 1 | |
| NP THYROID | Tier 1 | |
| SYNTHROID | Tier 3 | |
| *thyroid (pork)* | Tier 1 | |
| UNITHROID | Tier 1 | |
| **IMMUNOMODULATORY AGENTS (90:00)** | | |
| **AMINO ACID POLYMERS** | | |
| *glatiramer subcutaneous syringe 20 mg/ml* | Tier 4 | PA; QL (1 ML per 28 days) |
| *glatiramer subcutaneous syringe 40 mg/ml* | 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) |
| **ANTIMETABOLITES** | | |
| *teriflunomide* | Tier 4 | PA; QL (30 EA per 30 days) |
| **ANTIMETABOLITES, IMMUNOSUPP THERAPY MISCELLANEOUS** | | |
| *azathioprine* | Tier 1 | |
| *mycophenolate mofetil* | Tier 1 | |
| *mycophenolate sodium* | Tier 1 | |
| **CALCINEURIN INHIBITORS, MISC (90:28)** | | |
| *cyclosporine modified* | Tier 1 | |
| *cyclosporine ophthalmic (eye)* | Tier 1 | QL (60 EA per 30 days) |
| *cyclosporine oral* | Tier 1 | |
| GENGRAF | Tier 1 | |
| *tacrolimus oral capsule* | Tier 1 | |
| *tacrolimus topical* | Tier 1 | QL (100 GM per 30 Days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **DISEASE-MODIFYING ANTIRHEUMATIC DRUGS** | | |
| *hydroxychloroquine* | Tier 1 | |
| *methotrexate sodium oral* | Tier 1 | CM |
| *sulfasalazine* | Tier 1 | |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | Tier 4 | PA |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | Tier 4 | PA; QL (100 ML per 60 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML | Tier 4 | PA |
| **FUMARATES** | | |
| *dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 240 mg* | Tier 1 | PA; QL (60 EA per 30 days) |
| VUMERITY | Tier 4 | PA; QL (120 EA per 30 days) |
| **IMMUNOMODULATORY AGENTS (90:00)** | | |
| *cyclophosphamide oral capsule* | Tier 1 | PA; CM |
| *everolimus (immunosuppressive)* | Tier 1 | |
| *mercaptopurine oral tablet* | Tier 1 | CM |
| **INTERFERONS** | | |
| AVONEX INTRAMUSCULAR PEN INJECTOR | Tier 4 | PA; QL (1 BOX per 28 days) |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT | Tier 4 | PA; QL (1 BOX per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT | Tier 4 | PA; QL (1 BOX per 28 days) |
| REBIF (WITH ALBUMIN) | Tier 4 | PA |
| REBIF REBIDOSE | Tier 4 | PA |
| **INTERLEUKIN-MEDIATED AGENTS, MISCELLANEOUS** | | |
| ACTEMRA ACTPEN | Tier 4 | PA; QL (4 SYRINGES per 28 days) |
| ACTEMRA SUBCUTANEOUS | Tier 4 | PA; QL (4 SYRINGES per 28 days) |
| COSENTYX (2 SYRINGES) | Tier 4 | PA; QL (2 ML per 28 days) |
| COSENTYX PEN | Tier 4 | PA; QL (1 ML per 28 days) |
| COSENTYX PEN (2 PENS) | Tier 4 | PA; QL (2 ML per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML | Tier 4 | PA; QL (1 ML per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | Tier 4 | PA |
| COSENTYX UNOREADY PEN | Tier 4 | PA |
| STELARA INTRAVENOUS | Tier 4 | PA |
| STELARA SUBCUTANEOUS SOLUTION | Tier 4 | PA; QL (45 MG per 84 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | Tier 4 | PA; QL (45 MG per 84 days) |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML | Tier 4 | PA; QL (90 MG per 60 days) |
| TYENNE AUTOINJECTOR | Tier 4 | PA; QL (4 Pens or Syringes per 28 days) |
| TYENNE SUBCUTANEOUS | Tier 4 | PA; QL (4 Pens or Syringes per 28 days) |
| **JANUS KINASE INHIBITORS, MISCELLANEOUS** | | |
| RINVOQ | Tier 4 | PA |
| RINVOQ LQ | Tier 4 | PA |
| **MONOCARBOXYLIC ACID AMIDE AGENTS** | | |
| *leflunomide* | Tier 1 | QL (30 EA per 30 days) |
| **MONOCLONAL ANTIBODIES (90:04)** | | |
| KESIMPTA PEN | Tier 4 | PA; QL (1 ML per 28 days) |
| **MTOR INHIBITORS, MISCELLANEOUS** | | |
| HYFTOR | Tier 4 | PA; QL (20 GM per 18 days) |
| *sirolimus oral tablet* | Tier 1 | |
| **PHOSPHODIESTERASE-4 INHIBITORS, MISCELLANEOUS** | | |
| OTEZLA | Tier 4 | PA |
| **SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS** | | |
| *fingolimod* | Tier 4 | PA; QL (30 EA per 30 days) |
| PONVORY | Tier 4 | |
| PONVORY 14-DAY STARTER PACK | Tier 4 | |
| ZEPOSIA | Tier 4 | PA |
| ZEPOSIA STARTER KIT (28-DAY) | Tier 4 | PA; QL (1 PACK per 292 days) |
| ZEPOSIA STARTER PACK (7-DAY) | Tier 4 | PA; QL (1 PACK per 292 days) |
| **TUMOR NECROSIS FACTOR INHIBITORS, MISCELLANEOUS** | | |
| ABRILADA(CF) | Tier 4 | |
| ABRILADA(CF) PEN | Tier 4 | |
| *adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml* | Tier 4 | PA |
| *adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml* | Tier 4 | PA |
| *adalimumab-fkjp* | Tier 4 | PA |
| AMJEVITA(CF) | Tier 4 | |
| AMJEVITA(CF) AUTOINJECTOR | Tier 4 | |
| CIMZIA POWDER FOR RECONST | Tier 4 | PA; QL (1 SYRINGES per 28 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| CIMZIA STARTER KIT | Tier 4 | PA; QL (6 SYRINGES per 365 days) |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | Tier 4 | PA; QL (2 SYRINGES per 28 days) |
| CYLTEZO(CF) | Tier 4 | |
| CYLTEZO(CF) PEN | Tier 4 | |
| CYLTEZO(CF) PEN CROHN'S-UC-HS | Tier 4 | |
| CYLTEZO(CF) PEN PSORIASIS-UV | Tier 4 | |
| ENBREL MINI | Tier 4 | PA; QL (4 ML per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) | Tier 4 | PA; QL (8 ML per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) | Tier 4 | PA; QL (4 ML per 28 days) |
| ENBREL SURECLICK | Tier 4 | PA; QL (4 ML per 28 days) |
| HADLIMA | Tier 4 | PA |
| HADLIMA PUSHTOUCH | Tier 4 | PA |
| HADLIMA(CF) | Tier 4 | PA |
| HADLIMA(CF) PUSHTOUCH | Tier 4 | PA |
| HULIO(CF) | Tier 4 | |
| HULIO(CF) PEN | Tier 4 | |
| HUMIRA | Tier 4 | PA; QL (2 EA per 21 days) |
| HUMIRA PEN | Tier 4 | PA |
| HUMIRA(CF) | Tier 4 | PA; QL (2 EA per 28 days) |
| HUMIRA(CF) PEN CROHNS-UC-HS | Tier 4 | PA; QL (3 PENS per 365 days) |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS | Tier 4 | PA; QL (3 EA per 365 days) |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | Tier 4 | PA; QL (2 EA per 28 days) |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | Tier 4 | PA; QL (2 PENS per 28 days) |
| HYRIMOZ PEN CROHN'S-UC STARTER | Tier 4 | |
| HYRIMOZ PEN PSORIASIS STARTER | Tier 4 | |
| HYRIMOZ(CF) | Tier 4 | |
| HYRIMOZ(CF) PEDI CROHN STARTER | Tier 4 | |
| HYRIMOZ(CF) PEN | Tier 4 | |
| YUFLYMA(CF) | Tier 4 | |
| YUFLYMA(CF) AI CROHN'S-UC-HS | Tier 4 | |
| YUFLYMA(CF) AUTOINJECTOR | Tier 4 | |
| YUSIMRY(CF) PEN | Tier 4 | |
| **LOCAL ANESTHETICS** | | |
| **LOCAL ANESTHETICS** | | |
| DERMACINRX PRIZOPAK | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *lidocaine hcl laryngotracheal* | Tier 1 | |
| *lidocaine hcl topical cream 3 %* | Tier 1 | QL (30 GM per 30 days) |
| *lidocaine topical adhesive patch,medicated 4 %* | Tier 2 | |
| *lidocaine topical adhesive patch,medicated 5 %* | Tier 1 | PA; QL (1 EA per 1 day) |
| *lidocaine-prilocaine topical cream* | Tier 1 | QL (30 GM per 30 days) |
| *lidocaine-prilocaine topical kit* | Tier 1 | |
| LIDOPIN TOPICAL CREAM 3 % | Tier 1 | QL (30 GM per 30 days) |
| **MISCELLANEOUS THERAPEUTIC AGENTS** | | |
| **5-ALPHA-REDUCTASE INHIBITORS (92:04)** | | |
| *dutasteride* | Tier 1 | ST |
| *dutasteride-tamsulosin* | Tier 1 | ST |
| *finasteride oral tablet 5 mg* | Tier 1 | |
| **ANTIGOUT AGENTS** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | Tier 1 | |
| *colchicine oral tablet* | Tier 1 | QL (1 EA per 1 day) |
| *febuxostat* | Tier 1 | ST |
| *indomethacin oral capsule* | Tier 1 | |
| *naproxen oral tablet* | Tier 1 | |
| *naproxen oral tablet, delayed release (dr/ec)* | Tier 1 | |
| *naproxen sodium oral tablet 275 mg, 550 mg* | Tier 1 | |
| *naproxen-esomeprazole* | Tier 1 | ST |
| *probenecid* | Tier 1 | |
| *probenecid-colchicine* | Tier 1 | ST |
| *sumatriptan-naproxen* | Tier 1 | ST; QL (18 EA per 30 days) |
| **BONE ANABOLIC AGENTS** | | |
| *teriparatide* | Tier 4 | PA; QL (1 ML per 28 days) |
| **BONE RESORPTION INHIBITORS** | | |
| *alendronate oral tablet 10 mg, 5 mg* | Tier 1 | QL (30 EA per 30 days) |
| *alendronate oral tablet 35 mg, 70 mg* | Tier 1 | QL (4 EA per 30 days) |
| *calcitonin (salmon) nasal* | Tier 1 | |
| COMBIPATCH | Tier 2 | |
| DOTTI TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 1 | QL (8 EA per 30 days) |
| *estradiol oral* | Tier 1 | |
| *estradiol transdermal patch semiweekly* | Tier 1 | QL (8 EA per 30 days) |
| *estradiol transdermal patch weekly* | Tier 1 | QL (4 EA per 30 days) |
| *estradiol vaginal tablet* | Tier 1 | |
| *estradiol-norethindrone acet* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| FYAVOLV | Tier 1 | |
| *ibandronate oral* | Tier 1 | QL (1 EA per 28 days) |
| MIMVEY | Tier 1 | |
| *norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | Tier 1 | |
| *raloxifene* | Tier 0 - Preventive | |
| *risedronate oral tablet 150 mg* | Tier 1 | QL (1 EA per 28 days) |
| *risedronate oral tablet 30 mg, 5 mg* | Tier 1 | QL (30 EA per 30 days) |
| *risedronate oral tablet 35 mg* | Tier 1 | QL (4 EA per 30 days) |
| *risedronate oral tablet, delayed release (dr/ec)* | Tier 1 | QL (4 EA per 30 days) |
| **CARIOSTATIC AGENTS** | | |
| DENTA 5000 PLUS | Tier 1 | |
| *fluoride (sodium) dental cream* | Tier 1 | |
| *fluoride (sodium) dental gel* | Tier 1 | |
| *fluoride (sodium) dental paste* | Tier 1 | |
| *fluoride (sodium) oral* | Tier 0 - Preventive | |
| LUDENT FLUORIDE | Tier 0 - Preventive | |
| MULTI-VIT WITH FLUORIDE-IRON | Tier 1 | |
| MULTI-VITAMIN WITH FLUORIDE | Tier 0 - Preventive | |
| MVC-FLUORIDE | Tier 0 - Preventive | |
| SF | Tier 1 | |
| SF 5000 PLUS | Tier 1 | |
| SODIUM FLUORIDE 5000 DRY MOUTH | Tier 1 | |
| SODIUM FLUORIDE 5000 PLUS | Tier 1 | |
| TRI-VITAMIN WITH FLUORIDE | Tier 0 - Preventive | |
| TRI-VITE WITH FLUORIDE | Tier 0 - Preventive | |
| VITAMINS A,C,D AND FLUORIDE | Tier 0 - Preventive | |
| **IMMUNOMODULATORY AGENTS** | | |
| ACTIMMUNE | Tier 4 | PA |
| *hydroxychloroquine* | Tier 1 | |
| *lenalidomide* | Tier 4 | PA; CM; QL (30 EA per 30 days) |
| POMALYST | Tier 4 | PA; CM |
| REVLIMID | Tier 4 | PA; CM; QL (30 EA per 30 days) |
| THALOMID | Tier 4 | PA; QL (30 EA per 30 days) |
| **OTHER MISCELLANEOUS THERAPEUTIC AGENTS** | | |
| CRYOSERV | Tier 1 | |
| CYSTAGON | Tier 4 | PA |
| EVOTAZ | Tier 2 | QL (1 EA per 1 day) |
| PREZCOBIX ORAL TABLET 800-150 MG-MG | Tier 2 | QL (1 EA per 1 day) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **PROTECTIVE AGENTS** | | |
| *adapalene topical lotion* | Tier 2 | ST |
| *dalfampridine* | Tier 4 | PA; QL (60 EA per 30 days) |
| **NONHORMONAL CONTRACEPTIVES** | | |
| **NONHORMONAL CONTRACEPTIVES** | | |
| AIMSCO LATEX CONDOM | Tier 0 - Preventive | QL (24 EA per 30 days) |
| CAYA CONTOURED | Tier 0 - Preventive | QL (1 EA per 365 days) |
| FANTASY CONDOM | Tier 0 - Preventive | QL (24 EA per 30 days) |
| FC2 FEMALE CONDOM | Tier 0 - Preventive | QL (24 EA per 30 days) |
| FEMCAP | Tier 0 - Preventive | QL (1 EA per 365 days) |
| KIMONO MICROTHIN AQUA LUBE CON | Tier 0 - Preventive | QL (24 EA per 30 days) |
| KIMONO MICROTHIN CONDOMS | Tier 0 - Preventive | QL (24 EA per 30 days) |
| KIMONO MICROTHIN LARGE CONDOMS | Tier 0 - Preventive | QL (24 EA per 30 days) |
| KIMONO TEXTURED CONDOMS | Tier 0 - Preventive | QL (24 EA per 30 days) |
| TRUSTEX LATEX CONDOM | Tier 0 - Preventive | QL (24 EA per 30 days) |
| TRUSTEX LUBRICATED CONDOMS | Tier 0 - Preventive | QL (24 EA per 30 days) |
| TRUSTEX NON-LUB CONDOMS | Tier 0 - Preventive | QL (24 EA per 30 days) |
| TRUSTEX-RIA LUB/SPERMICIDE | Tier 0 - Preventive | QL (24 EA per 30 days) |
| TRUSTEX-RIA LUBRICATED CONDOMS | Tier 0 - Preventive | QL (24 EA per 30 days) |
| TRUSTEX-RIA NON-LUB CONDOMS | Tier 0 - Preventive | QL (24 EA per 30 days) |
| VAGINAL CONTRACEPTIVE FILM | Tier 2 | |
| VCF CONTRACEPTIVE FILM | Tier 2 | |
| VCF CONTRACEPTIVE GEL | Tier 0 - Preventive | |
| WIDE-SEAL DIAPHRAGM 60 | Tier 0 - Preventive | QL (2 EA per 365 days) |
| WIDE-SEAL DIAPHRAGM 65 | Tier 0 - Preventive | QL (2 EA per 365 days) |
| WIDE-SEAL DIAPHRAGM 70 | Tier 0 - Preventive | QL (2 EA per 365 days) |
| WIDE-SEAL DIAPHRAGM 75 | Tier 0 - Preventive | QL (2 EA per 365 days) |
| WIDE-SEAL DIAPHRAGM 80 | Tier 0 - Preventive | QL (2 EA per 365 days) |
| WIDE-SEAL DIAPHRAGM 85 | Tier 0 - Preventive | QL (2 EA per 365 days) |
| WIDE-SEAL DIAPHRAGM 90 | Tier 0 - Preventive | QL (2 EA per 365 days) |
| WIDE-SEAL DIAPHRAGM 95 | Tier 0 - Preventive | QL (2 EA per 365 days) |
| **OXYTOCICS** | | |
| **OXYTOCICS** | | |
| *methylergonovine oral* | Tier 1 | QL (240 EA per 30 days) |
| *mifepristone oral tablet 200 mg* | Tier 1 | PA |
| **PHARMACEUTICAL AIDS** | | |
| **PHARMACEUTICAL AIDS** | | |
| *diluent for treprostinil (gly)* | Tier 4 | PA |
| *hydroxypropyl cellulose* | Tier 2 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *hypromellose* | Tier 2 | |
| **RESPIRATORY TRACT AGENTS** | | |
| **ALPHA AND BETA ADRENERGIC AGONIST(RESPR)** | | |
| *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 | |
| **ANTICHOLINERGIC AGENTS (RESPIR.TRACT)** | | |
| *atropine ophthalmic (eye) drops 1 %* | Tier 1 | |
| ATROVENT HFA | Tier 2 | QL (26 GM per 30 days) |
| COMBIVENT RESPIMAT | Tier 2 | QL (8 GM per 30 days) |
| ED-SPAZ | Tier 1 | |
| *hyoscyamine sulfate oral* | Tier 1 | |
| *hyoscyamine sulfate sublingual* | Tier 1 | |
| HYOSYNE | Tier 1 | |
| *ipratropium bromide inhalation* | Tier 1 | QL (10 ML per 1 day) |
| *ipratropium-albuterol* | Tier 1 | QL (540 ML per 30 days) |
| OSCIMIN | Tier 1 | |
| OSCIMIN SL | Tier 1 | |
| SPIRIVA RESPIMAT | Tier 2 | QL (4 GM per 30 days) |
| STIOLTO RESPIMAT | Tier 2 | QL (4 GM per 30 days) |
| SYMAX-SR | Tier 1 | |
| *tiotropium bromide* | Tier 1 | |
| TRELEGY ELLIPTA | Tier 2 | QL (60 EA per 30 days) |
| **ANTIFIBROTIC AGENTS** | | |
| OFEV | Tier 4 | PA; QL (60 EA per 30 days) |
| *pirfenidone oral capsule* | Tier 4 | PA; QL (270 EA per 30 days) |
| *pirfenidone oral tablet 267 mg* | Tier 4 | PA; QL (270 EA per 30 days) |
| *pirfenidone oral tablet 534 mg, 801 mg* | Tier 4 | PA |
| **ANTITUSSIVES** | | |
| *acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml* | Tier 1 | PA; QL (125 ML per 1 day) |
| *acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml* | Tier 1 | QL (125 ML per 1 day) |
| *acetaminophen-codeine oral tablet* | Tier 1 | PA; QL (10 EA per 1 day) |
| *benzonatate* | Tier 1 | QL (4 EA per 1 day) |
| *brompheniramine-pseudoeph-dm* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg* | Tier 1 | PA |
| *codeine sulfate* | Tier 1 | PA |
| *codeine-guaifenesin* | Tier 1 | |
| G TUSSIN AC | Tier 1 | |
| GUAIFENESIN AC | Tier 1 | |
| GUAIFENESIN DAC | Tier 1 | |
| *hydrocodone-chlorpheniramine* | Tier 1 | |
| *hydrocodone-homatropine oral solution* | Tier 1 | PA; QL (30 ML per 1 day) |
| HYDROMET | Tier 1 | QL (4 ML per 1 day) |
| MAXI-TUSS AC | Tier 1 | |
| *promethazine-codeine* | Tier 1 | |
| *promethazine-dm* | Tier 1 | |
| RYDEX | Tier 1 | |
| VIRTUSSIN AC | Tier 1 | |
| **CORTICOSTEROIDS (RESPIRATORY TRACT)** | | |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION | Tier 3 | QL (13 GM per 30 days) |
| 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) |
| *azelastine-fluticasone* | Tier 1 | ST; QL (23 GM per 30 days) |
| BREYNA | Tier 1 | |
| *budesonide-formoterol* | Tier 2 | PA; ST; QL (11 GM per 30 days) |
| DULERA | Tier 2 | ST; QL (13 GM per 30 days) |
| FLONASE ALLERGY RELIEF | Tier 1 | QL (16 ML per 30 days) |
| *flunisolide* | Tier 1 | ST; QL (50 ML per 30 days) |
| *fluticasone furoate-vilanterol* | Tier 2 | ST; QL (60 EA per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation* | Tier 1 | QL (12 GM per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation* | Tier 1 | QL (24 GM per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation* | Tier 1 | QL (11 GM per 30 days) |
| *fluticasone propionate nasal* | Tier 1 | QL (16 GM per 30 days) |
| *fluticasone propion-salmeterol inhalation aerosol powdr breath activated* | Tier 2 | ST; QL (1 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *fluticasone propion-salmeterol inhalation blister with device* | Tier 1 | QL (1 EA per 30 days) |
| KOURZEQ | Tier 1 | |
| *mometasone topical cream* | Tier 1 | QL (45 GM per 30 days) |
| *mometasone topical ointment* | Tier 1 | QL (45 GM per 30 days) |
| *mometasone topical solution* | Tier 1 | QL (2 ML per 1 day) |
| *nystatin-triamcinolone* | Tier 1 | QL (60 GM per 30 days) |
| ORALONE | Tier 1 | |
| QNASL | Tier 3 | PA; ST; QL (1 GM per 30 days) |
| RYALTRIS | Tier 3 | PA; QL (1 Bottle per 30 days) |
| TRELEGY ELLIPTA | Tier 2 | QL (60 EA per 30 days) |
| *triamcinolone acetonide dental* | Tier 1 | |
| *triamcinolone acetonide topical cream* | Tier 1 | QL (454 GM per 30 days) |
| *triamcinolone acetonide topical lotion* | Tier 1 | QL (2 ML per 1 day) |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | Tier 1 | QL (454 GM per 30 days) |
| *triamcinolone acetonide topical ointment 0.05 %* | Tier 1 | ST |
| TRIDERM | Tier 1 | ST; QL (454 GM per 30 days) |
| **CYSTIC FIBROSIS (CFTR) CORRECTORS** | | |
| ORKAMBI ORAL GRANULES IN PACKET | Tier 4 | PA; QL (56 EA per 28 days) |
| ORKAMBI ORAL TABLET | Tier 4 | PA; QL (112 EA per 28 days) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) | Tier 4 | PA; QL (84 EA per 30 days) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N) | Tier 4 | PA; QL (84 EA per 28 days) |
| **CYSTIC FIBROSIS (CFTR) POTENTIATORS** | | |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG | Tier 4 | PA; QL (2 EA per 1 day) |
| KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG | Tier 4 | PA; QL (56 EA per 30 days) |
| KALYDECO ORAL GRANULES IN PACKET 5.8 MG | Tier 4 | PA |
| KALYDECO ORAL TABLET | Tier 4 | PA; QL (60 EA per 30 days) |
| ORKAMBI ORAL GRANULES IN PACKET | Tier 4 | PA; QL (56 EA per 28 days) |
| ORKAMBI ORAL TABLET | Tier 4 | PA; QL (112 EA per 28 days) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) | Tier 4 | PA; QL (84 EA per 30 days) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N) | Tier 4 | PA; QL (84 EA per 28 days) |
| **EXPECTORANTS** | | |
| *codeine-guaifenesin* | Tier 1 | |
| G TUSSIN AC | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| GUAIFENESIN AC | Tier 1 | |
| GUAIFENESIN DAC | Tier 1 | |
| MAXI-TUSS AC | Tier 1 | |
| *potassium iodide oral solution* | Tier 1 | |
| SSKI | Tier 2 | |
| VIRTUSSIN AC | Tier 1 | |
| **FIRST GENERATION ANTIHIST.(RESPIR TRACT)** | | |
| *brompheniramine-pseudoeph-dm* | Tier 1 | |
| *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* | 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-codeine* | Tier 1 | |
| *promethazine-dm* | Tier 1 | |
| *promethazine-phenylephrine* | Tier 1 | |
| RYDEX | Tier 1 | |
| **INTERLEUKIN ANTAGONISTS** | | |
| TEZSPIRE | Tier 3 | |
| **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 | PA |
| **MUCOLYTIC AGENTS** | | |
| *acetylcysteine* | Tier 1 | |
| PULMOZYME | Tier 4 | PA; QL (2.5 ML per 1 day) |
| **PHOSPHODIESTERASE TYPE 4 INHIBITORS** | | |
| *roflumilast oral tablet 250 mcg* | Tier 1 | PA; QL (30 EA per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *roflumilast oral tablet 500 mcg* | Tier 1 | PA; QL (1 EA per 1 Day) |
| **PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)** | | |
| ADCIRCA | Tier 4 | PA; QL (2 EA per 1 day) |
| *sildenafil (pulm.hypertension) oral tablet* | Tier 4 | PA; QL (90 EA per 30 days) |
| *sildenafil oral tablet 25 mg, 50 mg* | Tier 1 | PA; QL (8 EA per 30 days) |
| *tadalafil oral tablet 5 mg* | Tier 1 | PA; QL (8 EA per 30 days) |
| **PROSTACYCLIN & PROSTACYCLIN DERIVATIVES** | | |
| VENTAVIS | Tier 4 | PA; QL (270 ML per 30 days) |
| **SECOND GENERATION ANTIHIST (RESPIR TRACT)** | | |
| *azelastine-fluticasone* | Tier 1 | ST; QL (23 GM per 30 days) |
| *cetirizine oral solution 1 mg/ml* | Tier 1 | |
| *desloratadine oral tablet* | Tier 1 | ST; QL (30 EA per 30 days) |
| *levocetirizine oral solution* | Tier 1 | |
| *levocetirizine oral tablet* | Tier 1 | QL (30 EA per 30 days) |
| ZERVIATE | Tier 2 | PA; ST |
| **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 | |
| BREYNA | 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 | Tier 2 | 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) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| 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)** | | |
| ADEMPAS | Tier 4 | PA; QL (3 EA per 1 day) |
| *ambrisentan* | Tier 4 | PA; QL (30 EA per 30 days) |
| *bosentan oral tablet* | Tier 4 | PA; QL (2 EA per 1 day) |
| ORENITRAM | Tier 4 | PA |
| **XANTHINE DERIVATIVES** | | |
| THEO-24 | Tier 2 | |
| *theophylline* | Tier 1 | |
| **SKIN AND MUCOUS MEMBRANE AGENTS** | | |
| **ADRENERGIC AGONISTS** | | |
| *brimonidine ophthalmic (eye)* | Tier 1 | |
| *brimonidine topical* | Tier 1 | PA |
| **ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)** | | |
| *naftifine topical cream* | Tier 1 | PA; QL (60 GM per 30 days) |
| *naftifine topical gel* | Tier 1 | PA; QL (60 GM per 28 days) |
| *terbinafine hcl oral* | Tier 1 | QL (1 EA per 1 day) |
| **ANTIBACTERIALS (84:04)** | | |
| ALTABAX | Tier 3 | PA; ST; QL (30 GM per 30 days) |
| CABTREO | Tier 3 | |
| CLEOCIN VAGINAL SUPPOSITORY | Tier 2 | |
| CLINDACIN ETZ TOPICAL SWAB | Tier 1 | |
| *clindamycin hcl* | Tier 1 | |
| *clindamycin palmitate hcl* | Tier 1 | |
| CLINDAMYCIN PEDIATRIC | Tier 1 | |
| *clindamycin phosphate topical gel* | Tier 1 | QL (120 GM per 30 days) |
| *clindamycin phosphate topical gel, once daily* | Tier 1 | QL (150 ML per 30 days) |
| *clindamycin phosphate topical lotion* | Tier 1 | QL (120 ML per 30 days) |
| *clindamycin phosphate topical solution* | Tier 1 | QL (120 ML per 30 days) |
| *clindamycin phosphate vaginal* | Tier 1 | |
| *clindamycin-benzoyl peroxide topical gel* | Tier 1 | |
| *clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %* | Tier 1 | |
| *clindamycin-tretinoin* | Tier 1 | |
| *dapsone oral* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *dapsone topical gel 5 %* | Tier 1 | |
| *dapsone topical gel with pump* | Tier 1 | |
| *doxycycline hyclate oral capsule* | Tier 1 | |
| *doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg* | Tier 1 | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg* | Tier 1 | |
| *doxycycline monohydrate oral capsule 150 mg* | Tier 1 | ST |
| *doxycycline monohydrate oral suspension for reconstitution* | Tier 1 | |
| *doxycycline monohydrate oral tablet* | Tier 1 | |
| ERY PADS | Tier 1 | |
| ERYTHROCIN (AS STEARATE) | Tier 1 | |
| *erythromycin* | Tier 1 | |
| *erythromycin ethylsuccinate* | Tier 1 | |
| *erythromycin with ethanol* | Tier 1 | |
| *erythromycin-benzoyl peroxide* | Tier 1 | |
| *gentamicin ophthalmic (eye)* | Tier 1 | |
| *gentamicin topical* | Tier 1 | QL (60 GM per 30 days) |
| *levofloxacin ophthalmic (eye)* | Tier 1 | |
| *levofloxacin oral* | Tier 1 | |
| *mafenide acetate* | Tier 1 | PA |
| *metronidazole oral capsule* | Tier 1 | |
| *metronidazole oral tablet 250 mg, 500 mg* | Tier 1 | |
| *metronidazole topical cream* | Tier 1 | QL (45 GM per 30 days) |
| *metronidazole topical gel 0.75 %* | Tier 1 | QL (45 GM per 30 days) |
| *metronidazole topical lotion* | Tier 1 | QL (59 ML per 30 days) |
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* | Tier 1 | QL (70 GM per 30 days) |
| *minocycline oral capsule* | Tier 1 | |
| *minocycline oral tablet* | Tier 1 | |
| *moxifloxacin oral* | Tier 1 | |
| *mupirocin* | Tier 1 | QL (44 GM per 30 days) |
| *neomycin* | Tier 1 | |
| *neomycin-bacitracin-polymyxin* | Tier 1 | |
| *neomycin-polymyxin b-dexameth* | Tier 1 | |
| *neomycin-polymyxin-gramicidin* | Tier 1 | |
| *neomycin-polymyxin-hc otic (ear)* | Tier 1 | |
| NEO-POLYCIN | Tier 1 | |
| *polymyxin b sulf-trimethoprim* | Tier 1 | |
| ROSADAN TOPICAL CREAM | Tier 1 | QL (45 GM per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ROSADAN TOPICAL GEL | Tier 1 | QL (45 GM per 30 days) |
| *tetracycline* | Tier 1 | |
| VANDAZOLE | Tier 1 | QL (70 GM per 30 days) |
| XEPI | Tier 2 | ST; QL (30 GM per 30 days) |
| **ANTIPROLIFERANTS** | | |
| *bexarotene oral* | Tier 4 | PA; CM |
| *bexarotene topical* | Tier 4 | PA; QL (60 GM per 30 days) |
| *fluorouracil topical cream 5 %* | Tier 1 | QL (3 GM per 1 day) |
| *fluorouracil topical solution* | Tier 1 | QL (10 ML per 30 days) |
| *imiquimod topical cream in packet 5 %* | Tier 1 | PA |
| VALCHLOR | Tier 4 | PA |
| **ANTIPRURITICS AND LOCAL ANESTHETICS** | | |
| DERMACINRX PRIZOPAK | Tier 1 | |
| *doxepin oral capsule* | Tier 1 | QL (1 EA per 1 day) |
| *doxepin oral concentrate* | Tier 1 | |
| *doxepin topical* | Tier 1 | ST; QL (45 GM per 30 days) |
| *lidocaine hcl laryngotracheal* | Tier 1 | |
| *lidocaine hcl topical cream 3 %* | Tier 1 | QL (30 GM per 30 days) |
| *lidocaine topical adhesive patch, medicated 4 %* | Tier 2 | |
| *lidocaine topical adhesive patch, medicated 5 %* | Tier 1 | PA; QL (1 EA per 1 day) |
| *lidocaine-prilocaine topical cream* | Tier 1 | QL (30 GM per 30 days) |
| *lidocaine-prilocaine topical kit* | Tier 1 | |
| LIDOPIN TOPICAL CREAM 3 % | Tier 1 | QL (30 GM per 30 days) |
| *phenazopyridine oral tablet 100 mg, 200 mg* | Tier 1 | |
| **ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)** | | |
| *acyclovir oral capsule* | Tier 1 | |
| *acyclovir oral suspension 200 mg/5 ml* | Tier 1 | |
| *acyclovir oral tablet* | Tier 1 | |
| *acyclovir topical ointment* | Tier 1 | ST; QL (30 GM per 30 days) |
| *penciclovir* | Tier 1 | ST; QL (5 GM per 30 days) |
| **ASTRINGENTS (84:12)** | | |
| *glycopyrrolate oral solution* | Tier 1 | PA |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | Tier 1 | |
| **ASTRINGENTS, ANTI-INFECTIVE** | | |
| *chlorhexidine gluconate mucous membrane* | Tier 1 | |
| PAROEX ORAL RINSE | Tier 1 | |
| PERIOGARD | Tier 1 | |
| *selenium sulfide topical lotion* | Tier 1 | PA |
| *silver sulfadiazine* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| SSD | Tier 1 | |
| **AZOLES (SKIN AND MUCOUS MEMBRANE)** | | |
| *clotrimazole mucous membrane* | Tier 1 | |
| *clotrimazole topical cream* | Tier 1 | QL (45 GM per 30 days) |
| *clotrimazole-betamethasone topical cream* | Tier 1 | QL (45 GM per 30 days) |
| *econazole nitrate topical cream* | Tier 1 | QL (85 GM per 30 days) |
| ERTACZO | Tier 2 | QL (60 GM per 30 days) |
| GYNAZOLE-1 | Tier 3 | ST |
| *ketoconazole oral* | Tier 1 | |
| *ketoconazole topical cream* | Tier 1 | QL (60 GM per 21 days) |
| *ketoconazole topical shampoo* | Tier 1 | QL (120 ML per 21 days) |
| *luliconazole* | Tier 2 | PA; QL (60 GM per 30 days) |
| *oxiconazole* | Tier 1 | PA; QL (60 GM per 30 days) |
| *sulconazole* | Tier 2 | PA; QL (60 GM per 30 days) |
| *terconazole* | Tier 1 | |
| **BASIC LOTIONS AND LINIMENTS** | | |
| *ammonium lactate topical lotion* | Tier 1 | |
| **BASIC OILS AND OTHER SOLVENTS** | | |
| MURI-LUBE | Tier 2 | |
| **BASIC OINTMENTS AND PROTECTANTS** | | |
| *ammonium lactate topical cream* | Tier 1 | |
| *calcipotriene scalp* | Tier 1 | QL (120 ML per 30 days) |
| *calcipotriene topical cream* | Tier 1 | QL (120 GM per 30 days) |
| *calcipotriene topical ointment* | Tier 1 | QL (120 GM per 30 days) |
| *calcipotriene-betamethasone* | Tier 1 | QL (60 GM per 30 days) |
| *nitroglycerin rectal* | Tier 1 | PA |
| *zinc oxide topical ointment 20 %* | Tier 1 | |
| *zinc oxide topical paste* | Tier 2 | |
| **CELL STIMULANTS AND PROLIFERANTS** | | |
| AVITA TOPICAL CREAM | Tier 1 | QL (45 GM per 30 days) |
| *clindamycin-tretinoin* | Tier 1 | |
| *finasteride oral tablet 5 mg* | Tier 1 | |
| *minoxidil oral* | Tier 1 | |
| *tretinoin* | Tier 1 | QL (45 GM per 30 days) |
| *tretinoin (emollient)* | Tier 1 | |
| **CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)** | | |
| ALA-CORT | Tier 1 | QL (28.35 GM per 30 days) |
| *alclometasone* | Tier 1 | QL (2 GM per 1 day) |
| *amcinonide* | Tier 1 | ST |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ASMANEX HFA | Tier 2 | QL (13 GM per 30 days) |
| BESER | Tier 1 | ST; QL (4 ML per 1 day) |
| *betamethasone dipropionate topical cream* | Tier 1 | QL (45 GM per 30 days) |
| *betamethasone dipropionate topical lotion* | Tier 1 | QL (2 ML per 1 day) |
| *betamethasone dipropionate topical ointment* | Tier 1 | ST; QL (45 GM per 30 days) |
| *betamethasone valerate topical cream* | Tier 1 | QL (45 GM per 30 days) |
| *betamethasone valerate topical lotion* | Tier 1 | QL (2 ML per 1 day) |
| *betamethasone valerate topical ointment* | Tier 1 | QL (45 GM per 30 days) |
| *betamethasone, augmented topical cream* | Tier 1 | QL (50 GM per 30 days) |
| *betamethasone, augmented topical lotion* | Tier 1 | QL (2 ML per 1 day) |
| *betamethasone, augmented topical ointment* | Tier 1 | QL (45 GM per 30 days) |
| BREYNA | Tier 1 | |
| *budesonide-formoterol* | Tier 2 | PA; ST; QL (11 GM per 30 days) |
| *clobetasol scalp* | Tier 1 | ST; QL (100 ML per 30 days) |
| *clobetasol topical cream 0.05 %* | Tier 1 | ST; QL (120 GM per 30 days) |
| *clobetasol topical gel* | Tier 1 | ST; QL (120 GM per 30 days) |
| *clobetasol topical ointment* | Tier 1 | QL (120 GM per 30 days) |
| *clobetasol topical shampoo* | Tier 1 | ST; QL (236 ML per 30 days) |
| *clobetasol-emollient topical cream* | Tier 1 | QL (120 GM per 30 days) |
| *clocortolone pivalate* | Tier 1 | PA |
| CLODAN | Tier 1 | ST; QL (236 ML per 30 days) |
| *clotrimazole-betamethasone topical cream* | Tier 1 | QL (45 GM per 30 days) |
| CORTIFOAM | Tier 2 | |
| *desonide topical cream* | Tier 1 | QL (2 GM per 1 day) |
| *desonide topical ointment* | Tier 1 | QL (2 GM per 1 day) |
| *desoximetasone topical cream 0.05 %* | Tier 1 | ST |
| *desoximetasone topical cream 0.25 %* | Tier 1 | ST; QL (2 GM per 1 day) |
| *desoximetasone topical gel* | Tier 1 | ST |
| *desoximetasone topical ointment* | Tier 1 | ST |
| *desoximetasone topical spray, non-aerosol* | Tier 1 | ST |
| *diflorasone* | Tier 1 | ST; QL (120 GM per 30 days) |
| DULERA | Tier 2 | ST; QL (13 GM per 30 days) |
| *fluocinolone and shower cap* | Tier 1 | QL (1 ML per 30 days) |
| *fluocinolone topical cream 0.01 %* | Tier 1 | QL (120 GM per 30 days) |
| *fluocinolone topical cream 0.025 %* | Tier 1 | QL (2 GM per 1 day) |
| *fluocinolone topical oil* | Tier 1 | QL (120 ML per 30 days) |
| *fluocinolone topical ointment* | Tier 1 | QL (2 GM per 1 day) |
| *fluocinolone topical solution* | Tier 1 | QL (120 ML per 30 days) |
| *fluocinonide topical cream 0.05 %* | Tier 1 | ST; QL (120 GM per 30 days) |
| *fluocinonide topical gel* | Tier 1 | PA; ST; QL (120 GM per 30 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *fluocinonide topical ointment* | Tier 1 | ST; QL (120 GM per 30 days) |
| *fluocinonide topical solution* | Tier 1 | QL (120 ML per 30 days) |
| FLUOCINONIDE-E | Tier 1 | QL (120 GM per 30 days) |
| *fluocinonide-emollient* | Tier 1 | QL (120 GM per 30 days) |
| *flurandrenolide topical cream* | Tier 1 | ST; QL (120 GM per 30 days) |
| *flurandrenolide topical lotion* | Tier 1 | ST; QL (120 ML per 30 days) |
| *fluticasone furoate-vilanterol* | Tier 2 | ST; QL (60 EA per 30 days) |
| *fluticasone propionate topical cream* | Tier 1 | QL (2 GM per 1 day) |
| *fluticasone propionate topical lotion* | Tier 1 | ST; QL (4 ML per 1 day) |
| *fluticasone propionate topical ointment* | Tier 1 | QL (2 GM per 1 day) |
| *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) |
| *halcinonide topical cream* | Tier 1 | ST |
| *halobetasol propionate topical cream* | Tier 1 | ST |
| *halobetasol propionate topical foam* | Tier 1 | ST |
| *hydrocortisone acetate rectal suppository 25 mg* | Tier 1 | |
| *hydrocortisone butyrate topical cream* | Tier 1 | QL (120 GM per 30 days) |
| *hydrocortisone butyrate topical ointment* | Tier 1 | ST; QL (45 GM per 30 days) |
| *hydrocortisone butyrate topical solution* | Tier 1 | ST; QL (120 ML per 30 days) |
| *hydrocortisone oral* | Tier 1 | |
| *hydrocortisone rectal* | Tier 1 | |
| *hydrocortisone topical cream 1 %* | Tier 1 | QL (28.35 GM per 30 days) |
| *hydrocortisone topical cream 2.5 %* | Tier 1 | QL (1 GM per 1 day) |
| *hydrocortisone topical cream with perineal applicator* | Tier 1 | |
| *hydrocortisone topical lotion 2 %* | Tier 1 | |
| *hydrocortisone topical lotion 2.5 %* | Tier 1 | QL (118 ML per 30 days) |
| *hydrocortisone topical ointment 1 %* | Tier 1 | |
| *hydrocortisone topical ointment 2.5 %* | Tier 1 | QL (28.35 GM per 30 days) |
| *hydrocortisone valerate topical cream* | Tier 1 | QL (2 GM per 1 day) |
| *hydrocortisone-acetic acid* | Tier 1 | QL (10 ML per 30 days) |
| KOURZEQ | Tier 1 | |
| *mometasone nasal* | Tier 1 | ST; QL (17 GM per 30 days) |
| *mometasone topical cream* | Tier 1 | QL (45 GM per 30 days) |
| *mometasone topical ointment* | Tier 1 | QL (45 GM per 30 days) |
| *mometasone topical solution* | Tier 1 | QL (2 ML per 1 day) |
| *nystatin-triamcinolone* | Tier 1 | QL (60 GM per 30 days) |
| ORALONE | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *prednicarbate* | Tier 1 | QL (2 GM per 1 day) |
| PROCTO-MED HC | Tier 1 | |
| PROCTOSOL HC | Tier 1 | |
| PROCTOZONE-HC | Tier 1 | |
| RYALTRIS | Tier 3 | PA; QL (1 Bottle per 30 days) |
| *triamcinolone acetonide dental* | Tier 1 | |
| *triamcinolone acetonide topical cream* | Tier 1 | QL (454 GM per 30 days) |
| *triamcinolone acetonide topical lotion* | Tier 1 | QL (2 ML per 1 day) |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | Tier 1 | QL (454 GM per 30 days) |
| *triamcinolone acetonide topical ointment 0.05 %* | Tier 1 | ST |
| TRIDERM | 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) |
| *ciclopirox topical cream* | Tier 1 | QL (90 GM per 30 days) |
| *ciclopirox topical gel* | Tier 1 | QL (45 GM per 30 days) |
| *ciclopirox topical shampoo* | Tier 1 | QL (120 ML per 30 days) |
| *ciclopirox topical solution* | Tier 1 | QL (6.6 ML per 30 days) |
| *ciclopirox topical suspension* | Tier 1 | QL (60 ML per 30 days) |
| *ciclopirox-ure-camph-menth-euc* | Tier 1 | |
| **IMMUNOMODULATORY AGENTS (84:06)** | | |
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML | Tier 4 | PA; QL (2 ML per 28 days) |
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML | Tier 4 | PA |
| BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML | Tier 4 | PA; QL (2 ML per 28 days) |
| BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML | Tier 4 | PA |
| HYFTOR | Tier 4 | PA; QL (20 GM per 18 days) |
| *pimecrolimus* | Tier 1 | PA; QL (100 GM per 30 days) |
| *sirolimus oral tablet* | Tier 1 | |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR | Tier 4 | PA; QL (1 ML per 84 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE | Tier 4 | PA; QL (1 ML per 84 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML) | Tier 4 | PA |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML) | Tier 4 | PA; QL (1 ML per 84 days) |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *tacrolimus oral capsule* | Tier 1 | |
| *tacrolimus topical* | Tier 1 | QL (100 GM per 30 Days) |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | Tier 4 | PA |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | Tier 4 | PA; QL (100 ML per 60 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML | Tier 4 | PA |
| **JANUS KINASE INHIBITORS (84:06)** | | |
| JAKAFI | Tier 4 | PA; CM; QL (60 EA per 30 days) |
| **KERATOLYTIC AGENTS** | | |
| *acitretin* | Tier 1 | |
| *adapalene topical lotion* | Tier 2 | ST |
| AVAR | Tier 1 | QL (341 GM per 30 days) |
| AVAR-E | Tier 2 | ST |
| BPO TOPICAL GEL | Tier 1 | |
| CICLODAN KIT TOPICAL SOLUTION | Tier 2 | ST |
| *ciclopirox-ure-camph-menth-euc* | Tier 1 | |
| *clindamycin-benzoyl peroxide topical gel* | Tier 1 | |
| *clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %* | Tier 1 | |
| *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | Tier 1 | |
| *podofilox topical solution* | Tier 1 | QL (1 ML per 30 days) |
| *salicylic acid topical cream* | Tier 1 | QL (454 GM per 30 days) |
| *salicylic acid topical cream,extended release* | Tier 1 | QL (454 GM per 30 days) |
| *salicylic acid topical lotion* | Tier 1 | QL (473 ML per 30 days) |
| *salicylic acid topical lotion,extended release* | Tier 1 | QL (473 GM per 30 days) |
| *salicylic acid topical shampoo* | Tier 1 | QL (177 ML per 30 days) |
| *salicylic acid-ceramides no.1* | Tier 1 | |
| SALIMEZ | Tier 1 | QL (454 GM per 30 days) |
| SALYCIM | Tier 1 | QL (454 GM per 30 days) |
| SSS 10-5 TOPICAL CREAM | Tier 1 | |
| *sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)* | Tier 1 | QL (341 GM per 30 days) |
| *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 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)* | Tier 1 | |
| *sulfacetamide sodium-sulfur topical pads, medicated* | Tier 1 | |
| *sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %* | Tier 1 | |
| *sulfacetamide sod-sulfur-urea* | Tier 1 | |
| SULFACLEANSE 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 |
| CARETOUCH ALCOHOL PREP PAD | Tier 2 | |
| CURITY ALCOHOL SWABS | Tier 2 | |
| DROPSAFE ALCOHOL PREP PADS | Tier 2 | |
| 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 | |
| PRO COMFORT ALCOHOL PADS | Tier 2 | |
| PURE COMFORT ALCOHOL PADS | Tier 2 | |
| SSS 10-5 TOPICAL CREAM | Tier 1 | |
| *sulfacetamide sodium (acne)* | Tier 1 | QL (118 ML per 30 days) |
| *sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)* | Tier 1 | QL (341 GM per 30 days) |
| *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* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %* | Tier 1 | |
| *sulfacetamide sod-sulfur-urea* | 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)** | | |
| *diclofenac potassium oral tablet* | Tier 1 | |
| *diclofenac sodium oral* | Tier 1 | |
| *diclofenac sodium topical gel 1 %* | Tier 1 | QL (500 GM per 30 days) |
| *diclofenac sodium topical gel 3 %* | Tier 1 | PA; QL (100 GM per 30 days) |
| *diclofenac sodium topical solution in metered-dose pump* | Tier 1 | QL (112 GM per 30 days) |
| *diclofenac-misoprostol* | Tier 1 | |
| **PHOSPHODIESTERASE-4 INHIBITORS (84:06)** | | |
| *roflumilast oral tablet 250 mcg* | Tier 1 | PA; QL (30 EA per 30 days) |
| **POLYENES (SKIN AND MUCOUS MEMBRANE)** | | |
| KLAYESTA | Tier 1 | QL (180 GM per 1 FILL) |
| NYAMYC | Tier 1 | QL (180 GM per 30 days) |
| *nystatin oral* | Tier 1 | |
| *nystatin topical cream* | Tier 1 | QL (30 GM per 30 days) |
| *nystatin topical ointment* | Tier 1 | QL (30 GM per 30 days) |
| *nystatin topical powder* | Tier 1 | QL (180 GM per 30 days) |
| NYSTOP | Tier 1 | QL (180 GM per 30 days) |
| **SCABICIDES AND PEDICULICIDES** | | |
| *ivermectin topical lotion* | Tier 1 | |
| *malathion* | Tier 1 | QL (59 ML per 30 days) |
| *permethrin* | Tier 1 | QL (2 GM per 1 day) |
| *spinosad* | Tier 1 | PA; QL (4 ML per 1 day) |
| ULESFIA | Tier 2 | QL (227 GM per 30 days) |
| **SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS** | | |
| *adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %* | Tier 1 | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| CABTREO | Tier 3 | |
| *calcitriol topical* | Tier 1 | PA |
| CICLODAN KIT TOPICAL COMBO PACK | Tier 2 | |
| *dapsone oral* | Tier 1 | |
| *dapsone topical gel 5 %* | Tier 1 | |
| *dapsone topical gel with pump* | Tier 1 | |
| DUPIXENT PEN | Tier 4 | |
| DUPIXENT SYRINGE | Tier 4 | |
| *ivermectin topical cream* | Tier 1 | QL (60 GM per 30 days) |
| TRI-CHLOR | Tier 1 | |
| *trichloroacetic acid topical recon soln 20 %, 30 %, 35 %, 40 %, 50 %, 80 %, 85 %, 90 %* | Tier 2 | |
| **SMOOTH MUSCLE RELAXANTS** | | |
| **ANTIMUSCARINICS** | | |
| *darifenacin* | Tier 1 | PA |
| *fesoterodine* | Tier 1 | ST |
| *flavoxate* | Tier 1 | |
| *oxybutynin chloride oral syrup* | Tier 1 | |
| *oxybutynin chloride oral tablet 5 mg* | Tier 1 | |
| *oxybutynin chloride oral tablet extended release 24 hr* | Tier 1 | |
| *solifenacin* | Tier 1 | |
| *tolterodine oral capsule,extended release 24 hr* | Tier 1 | ST |
| *tolterodine oral tablet* | Tier 1 | |
| *trospium* | Tier 1 | |
| **RESPIRATORY SMOOTH MUSCLE RELAXANTS** | | |
| THEO-24 | Tier 2 | |
| *theophylline* | Tier 1 | |
| **SELECTIVE BETA-3-ADRENERGIC AGONISTS** | | |
| *mirabegron* | Tier 1 | ST |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR | Tier 2 | PA |
| **VITAMINS** | | |
| **MULTIVITAMIN PREPARATIONS** | | |
| CLASSIC PRENATAL | Tier 0 - Preventive | |
| MULTI-VIT WITH FLUORIDE-IRON | Tier 1 | |
| MULTI-VITAMIN WITH FLUORIDE | Tier 0 - Preventive | |
| MVC-FLUORIDE | Tier 0 - Preventive | |
| *pnv no.95-ferrous fumarate-fa* | Tier 0 - Preventive | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| PRENATAL COMPLETE | Tier 0 - Preventive | |
| PRENATAL MULTI-DHA (ALGAL OIL) | Tier 0 - Preventive | |
| PRENATAL MULTIVITAMINS | Tier 0 - Preventive | |
| PRENATAL ONE DAILY | Tier 0 - Preventive | |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG | Tier 0 - Preventive | |
| PRENATAL TABLET | Tier 0 - Preventive | |
| *prenatal vit no.179-iron-folic* | Tier 0 - Preventive | |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG | Tier 0 - Preventive | |
| PRENATAL VITAMIN WITH MINERALS | Tier 0 - Preventive | |
| *prenatal vit-iron fum-folic ac* | Tier 0 - Preventive | |
| TRI-VITAMIN WITH FLUORIDE | Tier 0 - Preventive | |
| TRI-VITE WITH FLUORIDE | Tier 0 - Preventive | |
| VITAMINS A,C,D AND FLUORIDE | Tier 0 - Preventive | |
| WESNATAL DHA COMPLETE | Tier 1 | |
| **VITAMIN A** | | |
| TRI-VITAMIN WITH FLUORIDE | Tier 0 - Preventive | |
| TRI-VITE WITH FLUORIDE | Tier 0 - Preventive | |
| VITAMINS A,C,D AND FLUORIDE | Tier 0 - Preventive | |
| **VITAMIN B COMPLEX** | | |
| B COMPLEX 1 (WITH FOLIC ACID) | Tier 0 - Preventive | |
| *b complex-vitamin c-folic acid oral tablet* | Tier 0 - Preventive | |
| BALANCE B-50 (WITH FOLIC ACID) | Tier 0 - Preventive | |
| B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG | Tier 0 - Preventive | |
| CLASSIC PRENATAL | Tier 0 - Preventive | |
| *cyanocobalamin (vitamin b-12) injection* | Tier 1 | |
| DIALYVITE 800 ORAL TABLET | Tier 0 - Preventive | |
| *doxylamine-pyridoxine (vit b6)* | Tier 1 | PA; QL (120 EA per 30 days) |
| *folic acid oral tablet 1 mg* | Tier 1 | |
| *folic acid oral tablet 400 mcg, 800 mcg* | Tier 0 - Preventive | |
| FOLTABS 800 | Tier 0 - Preventive | |
| FULL SPECTRUM B-VITAMIN C | Tier 0 - Preventive | |
| KOBEE | Tier 0 - Preventive | |
| *niacin oral tablet 500 mg* | Tier 1 | |
| *niacin oral tablet extended release 24 hr* | Tier 1 | |
| *pnv no.95-ferrous fumarate-fa* | Tier 0 - Preventive | |
| PRENATAL COMPLETE | Tier 0 - Preventive | |
| PRENATAL MULTI-DHA (ALGAL OIL) | Tier 0 - Preventive | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| PRENATAL MULTIVITAMINS | Tier 0 - Preventive | |
| PRENATAL ONE DAILY | Tier 0 - Preventive | |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG | Tier 0 - Preventive | |
| PRENATAL TABLET | Tier 0 - Preventive | |
| *prenatal vit no.179-iron-folic* | Tier 0 - Preventive | |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG | Tier 0 - Preventive | |
| PRENATAL VITAMIN WITH MINERALS | Tier 0 - Preventive | |
| *prenatal vit-iron fum-folic ac* | Tier 0 - Preventive | |
| RENA-VITE | Tier 0 - Preventive | |
| STRESS FORMULA WITH IRON(SULF) | Tier 0 - Preventive | |
| SUPER B-50 COMPLEX | Tier 0 - Preventive | |
| SUPER QUINTS | Tier 0 - Preventive | |
| *vitamin b complex-folic acid oral tablet* | Tier 0 - Preventive | |
| WESNATAL DHA COMPLETE | Tier 1 | |
| **VITAMIN C** | | |
| *b complex-vitamin c-folic acid oral tablet* | Tier 0 - Preventive | |
| DIALYVITE 800 ORAL TABLET | Tier 0 - Preventive | |
| FULL SPECTRUM B-VITAMIN C | Tier 0 - Preventive | |
| RENA-VITE | Tier 0 - Preventive | |
| STRESS FORMULA WITH IRON(SULF) | Tier 0 - Preventive | |
| TRI-VITAMIN WITH FLUORIDE | Tier 0 - Preventive | |
| TRI-VITE WITH FLUORIDE | Tier 0 - Preventive | |
| VITAMINS A,C,D AND FLUORIDE | Tier 0 - Preventive | |
| **VITAMIN D** | | |
| *calcitriol intravenous* | Tier 1 | |
| *calcitriol oral* | Tier 1 | |
| *doxercalciferol oral capsule 0.5 mcg, 1 mcg* | Tier 1 | ST |
| *ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)* | Tier 1 | |
| *paricalcitol oral* | Tier 1 | ST |
| RELION GLUCOSE | Tier 1 | |
| TRI-VITAMIN WITH FLUORIDE | Tier 0 - Preventive | |
| TRI-VITE WITH FLUORIDE | Tier 0 - Preventive | |
| VITAMIN D2 | Tier 1 | |
| VITAMINS A,C,D AND FLUORIDE | Tier 0 - Preventive | |
| **VITAMIN E** | | |
| STRESS FORMULA WITH IRON (SULF) | Tier 0 - Preventive | |

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **VITAMIN K ACTIVITY** | | |
| *phytonadione (vitamin k1) injection solution 1 mg/0.5 ml* | Tier 2 | |
| *phytonadione (vitamin k1) injection solution 10 mg/ml* | Tier 1 | |
| *phytonadione (vitamin k1) oral tablet 5 mg* | Tier 1 | QL (10 EA per 1 FILL) |

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