



2027

**Marketplace Plan
Formulary**

INTRODUCTION

Prescription Drug List (Formulary)

The CareSource Prescription Drug List (or Formulary) is here to help you know what drugs will be covered by your pharmacy benefit. The Formulary tells you what tier covered drugs fall into and what additional restrictions apply (if any). The drugs included on the Formulary are the most cost-effective drugs covered by your plan.

The Formulary is not a complete list of drugs that may be covered for you through your pharmacy benefit. For more information about requesting drugs that are not on the Formulary, refer to your Evidence of Coverage (EOC).

The Formulary includes both brand-name and generic drugs. Generic drugs have the same active ingredient as their brand-name drug. To be approved by the FDA, generic drugs must be just as safe and effective as the brand name. Generic drugs are also usually lower cost than their brand-name drug, so using generic drugs when they are available is a good way to save money. If a brand-name drug is on the formulary when a generic for it becomes available, we will automatically substitute the generic.

Decisions about our Formulary are made by a committee of physicians and pharmacists known as the Pharmacy & Therapeutics (P&T) Committee. You can find more information about the P&T Committee in your EOC. The P&T Committee updates the Formulary every quarter. You can also find up-to-date Formulary information through the Price A Medication tool on CareSource.com. A list of Formulary changes is also available on CareSource.com. You will be notified by mail if a Formulary change affects a drug you have taken.

Document Key

DRUG TIERS	
Tier 0 – ACA	These drugs, such as contraceptives, aspirin, or smoking cessation products, are used to prevent a disease or condition. They are covered at \$0 for certain individuals who qualify based on federal recommendations.
Tier 0 – Diabetes/Preventive/Healthy Heart Care	This indicates that a drug is covered for \$0 for members enrolled in one of the Diabetes/Preventive/Healthy Heart Care plans. For more information about these plans, please visit the Plans page on CareSource.com or call Member Services at the number on your ID card. If you are not in one of these plans refer to the notes for the applicable cost-share tier.
Tier 1-Generics	This tier includes the lowest cost drugs. Tier 1 includes mostly generic drugs.
Tier 2-Preferred Brand	This tier includes drugs that are higher cost than those in tier 1. Tier 2 includes many preferred brand-name drugs and some higher-cost generic drugs.

Tier 3- Non-Preferred Brand & Non-preferred Generics	This tier includes high-cost drugs. The cost for these drugs is higher than for those in tier 1 or tier 2. Tier 3 includes non-preferred brand-name and generic drugs.
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Tier 4- Preferred Specialty	This tier includes high cost specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Specialty drugs will need to be filled through a specialty pharmacy.
Tier 5- Non-preferred Specialty	This tier includes the highest cost drugs. Drugs in this tier are non-preferred specialty brand and generic drugs. Tier 5 drugs may also include drugs recently approved by the FDA. Specialty drugs will need to be filled through a specialty pharmacy.

ABBREVIATIONS

ACA	Affordable Care Act- A healthcare reform law with the goal of making affordable health insurance available to more people.
AL	Age Limit - An Age Limit will stop a drug from being covered if you are over or under a certain age. We may put an Age Limit on a drug if a drug is not approved by the FDA for some ages or if a dosage form is not the best choice for some ages.
OTC	Over-the-counter - These drugs/products may be purchased without a prescription. Please note that a prescription may be required in order to process the drug through your pharmacy benefit unless otherwise allowed by state or federal law.
PA	Prior Authorization - If a drug has a Prior Authorization limit, we need more information before the drug will be covered for you. Your Provider will need to give us this information electronically or fax it to us. The forms they can use are on our website.
QL	Quantity Limit - A Quantity Limit will usually limit how much of the drug you can get at a time. It may also set a limit for how much of the drug you can get over a timeframe like a month or a year. We will put a Quantity Limit on a drug to make sure it is being used at doses that the Federal Food and Drug Administration (FDA) has approved.
ST	Step Therapy - If a drug has a Step Therapy limit, you will need to try another drug first. We will ask you to try another drug first if the drug is more affordable and works just as well for most people.

Pharmacy Network

Your Prescription Drug Benefit only covers prescriptions that are filled at a Network Pharmacy. Some prescriptions must be filled at a specialty pharmacy. Sometimes a drug manufacturer will only make their drug available through certain pharmacies. These are known as Limited Distribution drugs. You can use the **Find A Pharmacy** tool on **CareSource.com** to find a Network Pharmacy. You can also call member services

at the number on your ID card to get help finding a Network Pharmacy.

If you take a medication on an ongoing basis, you may want to have your prescriptions delivered by our Mail Order Pharmacy. We work with Express Scripts Pharmacy to deliver prescription drugs directly to your home. You are not required to use the Mail Order Pharmacy; however, if you are interested in getting your prescriptions by mail order, you can get more information on **CareSource.com** or by calling Express Scripts Pharmacy at 1-888-848-4452.

Get free help in your language with interpreters and other written materials. Get free aids and support if you have a disability. Call **1-833-230-2099** (TTY: 711).



Obtenga ayuda gratuita en su idioma a través de intérpretes y otros materiales en formato escrito. Obtenga ayudas y apoyo gratuitos si tiene una discapacidad. Llame al: **1-833-230-2099** (TTY: 711).

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak lòt materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-833-230-2099** (TTY: 711).

احصل على مساعدة مجانية بلغتك من خلال المترجمين الفوريين والمواد المكتوبة الأخرى. إذا كنت من ذوي الاحتياجات الخاصة، ستحصل على المساعدات والدعم مجاً. اتصل على الرقم **1-833-230-2099** (TTY: 711) "الهاتف النصي للصم وضعاف السمع". (711)

通过口译员和其他书面材料，获得您所使用语言的免费帮助。如果您有残疾，可以获得免费的辅助设备和支持。请致电：**1-833-230-2099**（听语障人士专用电话：711）。

Erhalten Sie kostenlose Hilfe in Ihrer Sprache durch Dolmetscher und andere schriftliche Unterlagen. Beziehen Sie kostenlose Hilfsmittel und Unterstützung, wenn Sie eine Behinderung haben. Rufen Sie folgende Telefonnummer an: **1-833-230-2099** (TTY: 711).

Obtenez une aide gratuite dans votre langue grâce à des interprètes et à d'autres documents écrits. Si vous souffrez d'un handicap, vous bénéficiez d'aides et d'assistance gratuites. Appelez le **1-833-230-2099** (ATS : 711).

Nhận trợ giúp miễn phí bằng ngôn ngữ của quý vị với thông dịch viên và các tài liệu bằng văn bản khác. Nhận trợ giúp và hỗ trợ miễn phí nếu quý vị bị khuyết tật. Gọi **1-833-230-2099** (TTY: 711).

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आपकी भाषा के इंटरप्रेटर तथा आपकी भाषा में अन्य लिखित सामग्रियों संबंधी फ्री मदद पाएं। यदि आपको कोई डिसेबिलिटी हो, तो मुफ्त सहायता और सपोर्ट प्राप्त करें। कॉल करें **1-833-230-2099** (TTY: 711).

통역사와 기타 서면 자료의 도움을 귀하의 언어로 무료로 받으세요. 장애가 있을 경우, 보조와 지원을 무료로 받으세요. **1-833-230-2099** (TTY: 711) 로 문의하세요.

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Gba ìrànṣọ́wọ́ ọ̀fẹ́ ní èdè rẹ̀ pẹ̀lú àwọn ògbifọ́ àti àwọn ohun èlò míràn tí a kọ sílẹ̀. Gba àwọn ìrànṣọ́wọ́ àti àtilẹ́yìn ọ̀fẹ́ bí o bá ní àìlera kan. Pe **1-833-230-2099** (TTY: 711).

Makakuha ng libreng tulong sa wika mo gamit ang mga interpreter at mga ibang nakasulat na materyales. Makakuha ng mga libreng pantulong at suporta kung may kapansanan ka. Tumawag sa **1-833-230-2099** (TTY: 711).

په خپله ژبه کې د ژباړونکو او نورو لیکلي شوو موادو له لارې وړیا مرسته ترلاسه کړئ. که تاسو معلومات لری نو وړیا ملاتړ او مرستې ترلاسه کړئ. دې شمېرې ته زنگ ووهئ **1-833-230-2099** (TTY: 711).

ವ್ಯಾಖ್ಯಾನಗಳು మరియు ఇతర రాతపూర్ವక మెటీరియల్స్‌తో మీ భాషలో ఉచిత సహాయాన్ని పొందండి. ఒకవేళ మీకు వైకల్యం ఉంటే, ఉచిత ఉపకరణాలు మరియు మద్దతు పొందండి. కాల్ చేయండి: **1-833-230-2099** (TTY: 711).

दोभाषे र अन्य लिखित सामग्रीहरूको माध्यमद्वारा आफ्नो भाषामा निःशुल्क मद्दत प्राप्त गर्नुहोस्। तपाईंलाई अशक्तता छ भने निःशुल्क सहायता र समर्थन प्राप्त गर्नुहोस्। **1-833-230-2099** (TTY: 711) मा कल गर्नुहोस्।

သင့်ဘာသာစကားအတွက် စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ ဖုန်းခေါ်ရန် - **1-833-230-2099** (TTY: 711)

Bök jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bök jerbalin jibañ ko ilo an ejjelok wōnāer im jibañ ko ñe ewōr am nañinmejin utamwe. Kalle **1-833-230-2099** (TTY: 711).

Multi-EXC-M-3287937

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CURRENT AS OF 1/1/2027

	Tier Tier 0 - Chronic Care = Chronic Care Drugs Tier 0 - Preventative = Preventive Care (ACA) Drugs Tier 1 = Preferred Generics Tier 2 = Preferred Brands Tier 3 = Non-Preferred Generics and Brands Tier 4 = Preferred Specialty Tier 5 = Non-Preferred Specialty	Restrictions/Limits PA = Prior Authorization Required QL = Quantity Limit ST = Step Therapy Required
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		
Drug Name	Tier	Restrictions/Limits
Antidote Therapeutics		
Acetaminophen Antidote		
<i>acetylcysteine</i>	Tier 1	
Alcohol Deterrents (91:02)		
<i>acamprosate</i>	Tier 1	
<i>disulfiram</i>	Tier 1	
Antidote Therapeutics		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
BAQSIMI	Tier 2	PA; QL (2 EA per 30 days)
CHEMET	Tier 3	PA
ED-SPAZ	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 1	QL (2 EA per 30 days)
<i>hyoscyamine sulfate oral</i>	Tier 1	
<i>hyoscyamine sulfate sublingual</i>	Tier 1	
HYOSYNE	Tier 1	
<i>naloxone injection solution</i>	Tier 1	QL (2 ML per 30 days)
<i>naloxone injection syringe</i>	Tier 1	
<i>naloxone nasal</i>	Tier 0 - Preventative	
OSCIMIN	Tier 1	
OSCIMIN SL	Tier 1	
<i>penicillamine oral tablet</i>	Tier 3	PA
<i>phytonadione (vitamin k1) injection solution</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	QL (10 EA per 30 days)
<i>potassium iodide oral solution</i>	Tier 1	
SSKI	Tier 2	
SYMAX-SR	Tier 1	

Drug Name	Tier	Restrictions/Limits
Chemotherapy Antidotes/Protectants		
ELMIRON	Tier 3	
<i>leucovorin calcium oral</i>	Tier 1	
<i>mesna oral</i>	Tier 3	
MESNEX ORAL	Tier 3	PA
Antihistamine Drugs		
Ethanolamine Derivatives		
<i>clemastine oral tablet</i>	Tier 1	
<i>diphenhydramine hcl oral elixir</i>	Tier 1	
First Gen. Antihist. Derivatives, Misc.		
<i>cyproheptadine oral syrup</i>	Tier 1	
<i>cyproheptadine oral tablet</i>	Tier 1	
First Generation Antihistamines		
<i>clemastine oral tablet</i>	Tier 1	
<i>cyproheptadine oral syrup</i>	Tier 1	
<i>cyproheptadine oral tablet</i>	Tier 1	
<i>dexchlorpheniramine maleate</i>	Tier 1	
<i>diphenhydramine hcl oral elixir</i>	Tier 1	
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
Other Antihistamines		
<i>bepotastine besilate</i>	Tier 1	
<i>cimetidine</i>	Tier 1	
<i>cimetidine hcl</i>	Tier 1	
<i>famotidine oral suspension for reconstitution</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nizatidine</i>	Tier 1	
Phenothiazine Derivatives		
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 1	
PROMETHAZINE VC	Tier 1	
<i>promethazine-dm</i>	Tier 1	
<i>promethazine-phenylephrine</i>	Tier 1	
PROMETHEGAN	Tier 1	
Piperazine Derivatives		
<i>meclizine oral tablet 50 mg</i>	Tier 3	

Drug Name	Tier	Restrictions/Limits
Second Generation Antihistamines		
<i>azelastine ophthalmic (eye)</i>	Tier 1	
<i>desloratadine oral tablet</i>	Tier 3	ST; QL (30 EA per 30 days)
<i>epinastine</i>	Tier 1	
ZERVIAE	Tier 2	PA; ST
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
<i>cefadroxil</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution</i>	Tier 1	
<i>cephalexin oral tablet 250 mg</i>	Tier 1	
2Nd Generation Cephalosporin Antibiotics		
<i>cefaclor oral capsule 500 mg</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr</i>	Tier 1	
<i>cefprozil</i>	Tier 1	
<i>cefuroxime axetil</i>	Tier 1	
3Rd Generation Cephalosporin Antibiotics		
<i>cefdinir</i>	Tier 1	
<i>cefixime oral capsule</i>	Tier 1	
<i>cefixime oral suspension for reconstitution</i>	Tier 1	
<i>cefpodoxime</i>	Tier 1	
Adamantane Antivirals		
<i>amantadine hcl</i>	Tier 1	
<i>rimantadine</i>	Tier 1	
Allylamine Antifungals		
<i>terbinafine hcl oral</i>	Tier 1	QL (1 EA per 1 day)
Amebicides		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>metronidazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical lotion</i>	Tier 1	QL (59 ML per 30 days)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	QL (70 GM per 30 days)
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
Aminoglycoside Antibiotics		
<i>gentamicin ophthalmic (eye)</i>	Tier 1	
<i>gentamicin topical</i>	Tier 1	QL (60 GM per 30 days)
<i>neomycin</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
<i>tobramycin in 0.225 % nacl</i>	Tier 4	PA; QL (280 ML per 30 days)
<i>tobramycin inhalation</i>	Tier 4	PA; QL (224 ML per 30 days)
<i>tobramycin ophthalmic (eye)</i>	Tier 1	
<i>tobramycin sulfate injection solution 40 mg/ml</i>	Tier 1	PA
<i>tobramycin with nebulizer</i>	Tier 4	PA; QL (280 ML per 30 days)
<i>tobramycin-dexamethasone</i>	Tier 1	
Aminopenicillin Antibiotics		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 3	QL (112 EA per 30 days)
<i>amoxicillin</i>	Tier 1	
<i>amoxicillin-pot clavulanate</i>	Tier 1	
<i>ampicillin</i>	Tier 1	
Anthelmintics		
<i>albendazole</i>	Tier 1	PA; QL (120 EA per 30 days)
EMVERM	Tier 2	QL (6 EA per 30 days)
<i>ivermectin oral tablet 3 mg</i>	Tier 1	QL (20 EA per 30 days)
<i>ivermectin oral tablet 6 mg</i>	Tier 1	
<i>praziquantel</i>	Tier 1	
Antifungals, Miscellaneous		
<i>griseofulvin microsize</i>	Tier 1	
<i>griseofulvin ultramicrosize</i>	Tier 1	
<i>potassium iodide oral solution</i>	Tier 1	
SSKI	Tier 2	
Antileprosy Agents		
<i>dapsone oral</i>	Tier 1	
<i>dapsone topical gel 5 %</i>	Tier 3	
<i>dapsone topical gel with pump</i>	Tier 3	
Antimalarials		
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	Tier 1	QL (60 EA per 180 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	Tier 1	QL (180 EA per 180 days)
<i>bismuth subcit k-metronidz-tcn</i>	Tier 3	
<i>chloroquine phosphate</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>hydroxychloroquine</i>	Tier 1	
<i>mefloquine</i>	Tier 1	QL (13 EA per 180 days)
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>primaquine</i>	Tier 1	QL (120 EA per 180 days)
<i>pyrimethamine</i>	Tier 4	PA; QL (3 EA per 1 day)
<i>quinidine sulfate</i>	Tier 1	
<i>quinine sulfate</i>	Tier 1	QL (42 EA per 30 days)
Antiprotozoals, Cryptosporidiosis		
<i>nitazoxanide</i>	Tier 1	QL (14 EA per 30 days)
Antiprotozoals, Miscellaneous		
<i>dapsone oral</i>	Tier 1	
<i>dapsone topical gel 5 %</i>	Tier 3	
<i>dapsone topical gel with pump</i>	Tier 3	
Antiprotozoals, P Jirovecii Pneumonia		
<i>atovaquone</i>	Tier 1	
<i>pentamidine inhalation</i>	Tier 1	PA; QL (1 EA per 28 days)
Antiprotozoals, Nitroimidazole-Derivative		
<i>tinidazole oral tablet 250 mg</i>	Tier 1	QL (40 EA per 30 days)
<i>tinidazole oral tablet 500 mg</i>	Tier 1	QL (20 EA per 30 days)
Antituberculosis Agents		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 3	QL (112 EA per 30 days)
CIPRO HC	Tier 3	ST
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin hcl oral</i>	Tier 1	
<i>ciprofloxacin-hydrocortisone</i>	Tier 3	
<i>clarithromycin</i>	Tier 1	
<i>cycloserine</i>	Tier 1	
<i>ethambutol</i>	Tier 1	
<i>isoniazid oral</i>	Tier 1	
<i>levofloxacin</i>	Tier 1	
<i>pretomanid</i>	Tier 2	PA; QL (1 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
PRIFTIN	Tier 3	
<i>pyrazinamide</i>	Tier 1	
<i>rifabutin</i>	Tier 1	
<i>rifampin oral</i>	Tier 1	
SIRTURO	Tier 3	PA
Azole Antifungals		
<i>fluconazole oral suspension for reconstitution</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	
<i>fluconazole oral tablet 150 mg</i>	Tier 1	QL (2 EA per 30 days)
<i>itraconazole oral capsule</i>	Tier 1	QL (4 EA per 1 day)
<i>ketoconazole oral</i>	Tier 1	
<i>ketoconazole topical cream</i>	Tier 1	QL (60 GM per 28 days)
<i>ketoconazole topical shampoo</i>	Tier 1	QL (120 ML per 28 days)
<i>posaconazole oral</i>	Tier 3	PA
<i>voriconazole oral</i>	Tier 3	PA
Bacitracin Antibiotics		
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
Coronavirus (Covid-19)		
PAXLOVID	Tier 3	QL (30 EA per 180 days)
Endonuclease Inhibitors		
XOFLUZA ORAL TABLET 40 MG	Tier 3	
XOFLUZA ORAL TABLET 80 MG	Tier 3	QL (4 EA per 365 days)
Erythromycin Antibiotics		
ERY PADS	Tier 1	
ERYTHROCIN (AS STEARATE)	Tier 1	
<i>erythromycin</i>	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin with ethanol</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
Glycopeptide Antibiotics		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 2	PA; QL (300 ML per 30 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	Tier 2	PA; QL (450 ML per 30 days)
<i>vancomycin oral capsule 125 mg</i>	Tier 1	PA; QL (40 EA per 30 days)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	PA; QL (80 EA per 30 days)
<i>vancomycin oral recon soln 25 mg/ml</i>	Tier 1	PA; QL (300 ML per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	PA; QL (450 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
Hcv Polymerase Inhibitor Antivirals		
<i>ledipasvir-sofosbuvir</i>	Tier 4	PA
<i>sofosbuvir-velpatasvir</i>	Tier 1	PA
Hcv Replication Complex Inhibitors		
<i>ledipasvir-sofosbuvir</i>	Tier 4	PA
<i>sofosbuvir-velpatasvir</i>	Tier 1	PA
Hiv Entry And Fusion Inhibitors		
<i>maraviroc oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Tier 1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION	Tier 3	QL (1840 ML per 30 days)
Hiv Integrase Inhibitor Antiretrovirals		
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 3	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 3	QL (1 EA per 1 day)
DOVATO	Tier 3	QL (1 EA per 1 day)
GENVOYA	Tier 3	QL (1 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET	Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET	Tier 3	QL (4 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE	Tier 3	QL (6 EA per 1 day)
TRIUMEQ	Tier 3	PA; QL (1 EA per 1 day)
Hiv Nonnucleoside Rev.Transcrip. Inhib.		
DELSTRIGO	Tier 3	QL (1 EA per 1 day)
<i>efavirenz</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov</i>	Tier 3	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop</i>	Tier 1	
<i>emtricitabine-rilpivirine-tenofov df</i>	Tier 3	QL (1 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	Tier 3	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 3	QL (2 EA per 1 day)
<i>nevirapine oral suspension</i>	Tier 1	QL (40 ML per 1 day)
<i>nevirapine oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr</i>	Tier 1	QL (1 EA per 1 day)
Hiv Nucleoside, Nucleotide Rt Inhibitors		
<i>abacavir oral solution</i>	Tier 1	QL (30 ML per 1 day)
<i>abacavir oral tablet</i>	Tier 1	QL (2 EA per 1 day)
<i>abacavir-lamivudine</i>	Tier 3	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 3	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 3	QL (1 EA per 1 day)
DELSTRIGO	Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 3	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
DESCOVY ORAL TABLET 200-25 MG	Tier 0 - Preventative	QL (1 EA per 1 day)
DOVATO	Tier 3	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov</i>	Tier 3	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop</i>	Tier 1	
<i>emtricitabine</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 0 - Preventative	QL (1 EA per 1 day)
<i>emtricitabine-rilpivirine-tenofovir df</i>	Tier 3	QL (1 EA per 1 day)
GENVOYA	Tier 3	QL (1 EA per 1 day)
<i>lamivudine oral solution</i>	Tier 1	QL (30 ML per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine-zidovudine</i>	Tier 1	QL (2 EA per 1 day)
<i>tenofovir disoproxil fumarate</i>	Tier 1	QL (1 EA per 1 day)
TRIUMEQ	Tier 3	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 3	QL (1 EA per 1 day)
<i>zidovudine oral capsule</i>	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup</i>	Tier 1	QL (60 ML per 1 day)
<i>zidovudine oral tablet</i>	Tier 1	
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS	Tier 3	QL (4 EA per 1 day)
<i>atazanavir oral capsule 150 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	Tier 1	
<i>darunavir oral tablet 600 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Tier 1	QL (1 EA per 1 day)
EVOTAZ	Tier 3	QL (1 EA per 1 day)
<i>fosamprenavir</i>	Tier 1	QL (2 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 1	QL (4 EA per 1 day)
PREZISTA ORAL SUSPENSION	Tier 3	QL (1 ML per 1 day)
PREZISTA ORAL TABLET 150 MG	Tier 3	QL (6 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 3	QL (10 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>ritonavir</i>	Tier 1	
VIRACEPT ORAL TABLET 250 MG	Tier 3	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	Tier 3	QL (4 EA per 1 day)
Interferon Antivirals		
PEGASYS SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	Tier 5	PA; QL (2 ML per 28 days)
Lincomycin Antibiotics		
CLEOCIN VAGINAL SUPPOSITORY	Tier 2	
CLINDACIN ETZ TOPICAL SWAB	Tier 1	
<i>clindamycin hcl</i>	Tier 1	
<i>clindamycin palmitate hcl</i>	Tier 1	
CLINDAMYCIN PEDIATRIC	Tier 1	
<i>clindamycin phosphate topical gel</i>	Tier 1	QL (120 GM per 30 days)
<i>clindamycin phosphate topical lotion</i>	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution</i>	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate vaginal</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
Monobactam Antibiotics		
CAYSTON	Tier 5	PA; QL (84 ML per 30 days)
Natural Penicillin Antibiotics		
<i>penicillin v potassium</i>	Tier 1	
Neuraminidase Inhibitor Antivirals		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (40 EA per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	Tier 1	QL (360 ML per 365 days)
Nitroimidazole Derivative, Trypanocidal		
<i>benznidazole</i>	Tier 2	
Nitroimidazole Derivatives, Misc		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>metronidazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical lotion</i>	Tier 1	QL (59 ML per 30 days)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	QL (70 GM per 30 days)
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
Nucleoside And Nucleotide Antivirals		
<i>acyclovir oral</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>acyclovir topical ointment</i>	Tier 1	ST; QL (30 GM per 30 days)
<i>adefovir</i>	Tier 1	
BARACLUDE ORAL SOLUTION	Tier 2	PA
DESCOVY ORAL TABLET 120-15 MG	Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	Tier 0 - Preventative	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 0 - Preventative	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 3	QL (1 EA per 1 day)
<i>entecavir</i>	Tier 1	PA
<i>famciclovir oral tablet 125 mg, 500 mg</i>	Tier 1	QL (21 EA per 30 days)
<i>famciclovir oral tablet 250 mg</i>	Tier 1	QL (60 EA per 30 days)
LAGEVRIO (EUA)	Tier 2	QL (40 EA per 180 days)
<i>ribavirin oral</i>	Tier 4	
<i>valacyclovir</i>	Tier 1	QL (30 EA per 30 days)
<i>valganciclovir oral tablet</i>	Tier 1	
Other Macrolide Antibiotics		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 3	QL (112 EA per 30 days)
<i>azithromycin oral</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	QL (136 ML per 10 days)
<i>fidaxomicin</i>	Tier 3	PA
Oxazolidinone Antibiotics		
<i>linezolid oral suspension for reconstitution</i>	Tier 1	PA
<i>linezolid oral tablet</i>	Tier 3	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin</i>	Tier 1	
Polyene Antifungals		
KLAYESTA	Tier 1	QL (180 GM per 30 days)
<i>nystatin oral suspension</i>	Tier 1	
<i>nystatin oral tablet</i>	Tier 1	
<i>nystatin topical cream</i>	Tier 1	QL (30 GM per 28 days)
<i>nystatin topical ointment</i>	Tier 1	QL (30 GM per 28 days)
<i>nystatin topical powder</i>	Tier 1	QL (180 GM per 30 days)
NYSTOP	Tier 1	QL (180 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
Polymyxin Antibiotics		
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear)</i>	Tier 1	
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
Pyrimidine Antifungals		
<i>flucytosine</i>	Tier 1	
Quinolone Antibiotics		
CIPRO HC	Tier 3	ST
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin hcl</i>	Tier 1	
<i>ciprofloxacin-dexamethasone</i>	Tier 1	ST
<i>ciprofloxacin-fluocinolone</i>	Tier 2	
<i>ciprofloxacin-hydrocortisone</i>	Tier 3	
<i>levofloxacin</i>	Tier 1	
<i>moxifloxacin</i>	Tier 1	
<i>ofloxacin ophthalmic (eye)</i>	Tier 1	QL (10 ML per 30 days)
<i>ofloxacin oral</i>	Tier 1	QL (2 EA per 1 day)
<i>ofloxacin otic (ear)</i>	Tier 1	
Rifamycin Antibiotics		
PRIFTIN	Tier 3	
<i>rifabutin</i>	Tier 1	
<i>rifampin oral</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier 3	PA; QL (60 EA per 30 days)
Sulfonamides		
<i>sulfadiazine</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral</i>	Tier 1	
<i>sulfasalazine</i>	Tier 1	
SULFATRIM	Tier 1	
Tetracycline Antibiotics		
<i>bismuth subcit k-metronidz-tcn</i>	Tier 3	
<i>demeclocycline</i>	Tier 1	PA
<i>doxycycline hyclate oral capsule 100 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>tetracycline</i>	Tier 1	
Urinary Anti-Infectives		
<i>fosfomycin tromethamine</i>	Tier 3	QL (1 EA per 30 days)
<i>methenamine hippurate</i>	Tier 1	QL (2 EA per 1 day)
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohydr/m-cryst</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	
<i>trimethoprim</i>	Tier 1	
URETRON D-S	Tier 1	
URO-SP	Tier 1	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone oral tablet 250 mg</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<i>anastrozole</i>	Tier 0 - Preventative	
<i>bexarotene oral</i>	Tier 4	PA
<i>bexarotene topical</i>	Tier 4	PA; QL (60 GM per 30 days)
<i>bicalutamide</i>	Tier 1	
<i>capecitabine</i>	Tier 4	PA
CAPRELSA ORAL TABLET 100 MG	Tier 5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier 5	PA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	Tier 5	PA
<i>cyclophosphamide oral capsule</i>	Tier 1	PA
ERIVEDGE	Tier 4	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
<i>etoposide oral</i>	Tier 1	
<i>everolimus (antineoplastic) oral tablet</i>	Tier 1	PA
<i>everolimus (immunosuppressive)</i>	Tier 1	
<i>exemestane</i>	Tier 0 - Preventative	
<i>fluorouracil topical cream 5 %</i>	Tier 1	QL (3 GM per 1 day)
<i>fluorouracil topical solution</i>	Tier 1	QL (10 ML per 30 days)
GILOTRIF	Tier 5	PA; QL (30 EA per 30 days)
HYCAMTIN	Tier 4	PA
<i>hydroxyurea</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
IBRANCE ORAL CAPSULE	Tier 4	PA; QL (21 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	Tier 4	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE	Tier 5	PA; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1 MG	Tier 5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	Tier 5	PA; QL (120 EA per 30 days)
JAKAFI	Tier 5	PA; QL (60 EA per 30 days)
<i>lapatinib</i>	Tier 4	PA; QL (180 EA per 30 days)
<i>lenalidomide</i>	Tier 4	PA; QL (30 EA per 30 days)
LENVIMA	Tier 5	PA
<i>letrozole</i>	Tier 1	
LEUKERAN	Tier 2	PA
LONSURF	Tier 5	PA
LYNPARZA	Tier 5	PA; QL (120 EA per 30 days)
LYSODREN	Tier 4	
MATULANE	Tier 4	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	Tier 1	
<i>megestrol oral tablet</i>	Tier 1	
MEKINIST ORAL TABLET 0.5 MG	Tier 5	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	Tier 5	PA; QL (30 EA per 30 days)
<i>mercaptopurine oral tablet</i>	Tier 1	
<i>methotrexate sodium oral</i>	Tier 1	
MYLERAN	Tier 2	PA
<i>nilutamide</i>	Tier 1	PA
<i>pazopanib</i>	Tier 4	PA; QL (120 EA per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	Tier 5	PA; QL (2 ML per 28 days)
POMALYST	Tier 4	PA
<i>sorafenib</i>	Tier 4	PA; QL (120 EA per 30 days)
<i>sunitinib malate oral capsule 12.5 mg</i>	Tier 4	PA; QL (90 EA per 30 days)
<i>sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
TAFINLAR ORAL CAPSULE	Tier 5	PA; QL (120 EA per 30 days)
<i>tamoxifen</i>	Tier 0 - Preventative	
<i>temozolomide</i>	Tier 4	PA
THALOMID ORAL CAPSULE 100 MG	Tier 4	PA; QL (112 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
THALOMID ORAL CAPSULE 50 MG	Tier 4	PA; QL (28 EA per 30 days)
<i>toremifene</i>	Tier 1	PA
<i>tretinoin</i>	Tier 1	QL (45 GM per 30 days)
<i>tretinoin (antineoplastic)</i>	Tier 1	
<i>tretinoin (emollient)</i>	Tier 1	
<i>valrubicin</i>	Tier 4	PA
VERZENIO	Tier 4	PA; QL (60 EA per 30 days)
VOTRIENT	Tier 4	PA; QL (120 EA per 30 days)
XATMEP	Tier 3	PA
XTANDI ORAL CAPSULE	Tier 4	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	Tier 4	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	Tier 4	PA; QL (60 EA per 30 days)
ZELBORAF	Tier 4	PA; QL (240 EA per 30 days)
ZOLINZA	Tier 4	PA
Antitoxins, Immune Glob, Toxoids, Vaccines		
Antitoxins And Immune Globulins		
RHOGAM ULTRA-FILTERED PLUS	Tier 2	
Toxoids		
ADACEL(TDAP ADOLESN/ADULT)(PF)	Tier 0 - Preventative	
BOOSTRIX TDAP	Tier 0 - Preventative	
DAPTACEL (DTAP PEDIATRIC) (PF)	Tier 0 - Preventative	
INFANRIX (DTAP) (PF)	Tier 0 - Preventative	
PEDIARIX (PF)	Tier 0 - Preventative	
TENIVAC (PF)	Tier 0 - Preventative	
VAXELIS (PF)	Tier 0 - Preventative	
Vaccines		
ABRYSVO (PF)	Tier 0 - Preventative	
ACTHIB (PF)	Tier 0 - Preventative	
AREXVY (PF)	Tier 0 - Preventative	
BEXSERO	Tier 0 - Preventative	
BIOTHRAX	Tier 0 - Preventative	
CAPVAXIVE (PF)	Tier 0 - Preventative	
COMIRNATY 2025-2026(5-11Y)(PF)	Tier 0 - Preventative	QL (3 ML per 365 days)
COMIRNATY 2025-26 (12Y UP)(PF)	Tier 0 - Preventative	QL (3 ML per 365 days)
DENG VAXIA (PF)	Tier 0 - Preventative	
ENGERIX-B (PF)	Tier 0 - Preventative	
ENGERIX-B PEDIATRIC (PF)	Tier 0 - Preventative	

Drug Name	Tier	Restrictions/Limits
GARDASIL 9 (PF)	Tier 0 - Preventative	
HAVRIX (PF)	Tier 0 - Preventative	
HEPLISAV-B (PF)	Tier 0 - Preventative	
HIBERIX (PF)	Tier 0 - Preventative	
IMOVAX RABIES VACCINE (PF)	Tier 0 - Preventative	
IPOL	Tier 0 - Preventative	
IXIARO (PF)	Tier 0 - Preventative	
JYNNEOS (PF)	Tier 0 - Preventative	
KINRIX (PF)	Tier 0 - Preventative	
MENQUADFI (PF)	Tier 0 - Preventative	
MENVEO A-C-Y-W-135-DIP (PF)	Tier 0 - Preventative	
M-M-R II (PF)	Tier 0 - Preventative	
MNEXSPIKE 2025-2026 (PF)	Tier 0 - Preventative	QL (3 ML per 365 days)
MRESVIA (PF)	Tier 0 - Preventative	
NUVAXOVID 2025-2026 (PF)	Tier 0 - Preventative	QL (3 ML per 365 days)
PEDIARIX (PF)	Tier 0 - Preventative	
PEDVAX HIB (PF)	Tier 0 - Preventative	
PENBRAYA (PF)	Tier 0 - Preventative	
PENMENVY MEN A-B-C-W-Y (PF)	Tier 0 - Preventative	
PENTACEL (PF)	Tier 0 - Preventative	
PNEUMOVAX-23	Tier 0 - Preventative	
PREVNAR 20 (PF)	Tier 0 - Preventative	
PRIORIX (PF)	Tier 0 - Preventative	
PROQUAD (PF)	Tier 0 - Preventative	
QUADRACEL (PF)	Tier 0 - Preventative	
RABAVERT (PF)	Tier 0 - Preventative	
RECOMBIVAX HB (PF)	Tier 0 - Preventative	
ROTARIX	Tier 0 - Preventative	
ROTATEQ VACCINE	Tier 0 - Preventative	
SHINGRIX (PF)	Tier 0 - Preventative	
SPIKEVAX 2025-2026(12Y UP)(PF)	Tier 0 - Preventative	QL (3 ML per 365 days)
SPIKEVAX 2025-26 (6M-11Y) (PF)	Tier 0 - Preventative	QL (3 ML per 365 days)
STAMARIL (PF)	Tier 0 - Preventative	
TRUMENBA	Tier 0 - Preventative	
TWINRIX (PF)	Tier 0 - Preventative	
TYPHIM VI	Tier 0 - Preventative	
VAQTA (PF)	Tier 0 - Preventative	

Drug Name	Tier	Restrictions/Limits
VARIVAX (PF)	Tier 0 - Preventative	
VAXCHORA VACCINE	Tier 0 - Preventative	
VAXELIS (PF)	Tier 0 - Preventative	
VAXNEUVANCE (PF)	Tier 0 - Preventative	
VIMKUNYA (PF)	Tier 0 - Preventative	
VIVOTIF	Tier 0 - Preventative	
YF-VAX (PF)	Tier 0 - Preventative	
Autonomic Drugs		
Alpha- And Beta-Adrenergic Agonists		
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
<i>droxidopa</i>	Tier 4	PA
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	Tier 2	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (2 EA per 30 days)
GUAIFENESIN DAC	Tier 1	
Alpha-Adrenergic Agonists (12:12)		
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier 1	QL (4 EA per 1 day)
<i>midodrine</i>	Tier 1	
PROMETHAZINE VC	Tier 1	
<i>promethazine-phenylephrine</i>	Tier 1	
Antimuscarinics/Antispasmodics		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
ATROVENT HFA	Tier 2	QL (26 GM per 30 days)
<i>chlordiazepoxide-clidinium</i>	Tier 3	
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
<i>dicyclomine oral capsule</i>	Tier 1	
<i>dicyclomine oral solution</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
ED-SPAZ	Tier 1	
<i>glycopyrrolate oral solution</i>	Tier 1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>hydrocodone-homatropine oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>hyoscyamine sulfate oral</i>	Tier 1	
<i>hyoscyamine sulfate sublingual</i>	Tier 1	
HYOSYNE	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>ipratropium bromide inhalation solution</i>	Tier 1	QL (10 ML per 1 day)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
<i>methscopolamine</i>	Tier 1	
OSCIMIN	Tier 1	
OSCIMIN SL	Tier 1	
<i>scopolamine base</i>	Tier 1	
SPIRIVA RESPIMAT	Tier 2	QL (4 GM per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
SYMAX-SR	Tier 1	
<i>tiotropium bromide</i>	Tier 1	QL (30 EA per 30 days)
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
Antiparkinsonian Agents		
<i>amantadine hcl</i>	Tier 1	
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
Centrally Acting Skeletal Muscle Relaxant		
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
CYCLOTENS STARTER	Tier 2	
<i>metaxalone oral tablet 800 mg</i>	Tier 1	
<i>methocarbamol oral</i>	Tier 1	
TANLOR	Tier 1	
<i>tizanidine oral tablet</i>	Tier 1	
Direct-Acting Skeletal Muscle Relaxants		
<i>dantrolene oral</i>	Tier 1	
Gaba-Derivative Skeletal Muscle Relaxant		
<i>baclofen oral suspension</i>	Tier 1	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Indirect-Acting Skeletal Muscle Relaxant		
<i>orphenadrine citrate oral</i>	Tier 1	
Non-Sel. Beta-Adrenergic Blocking Agents		
<i>carvedilol</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf)</i>	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>propranolol oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
SOTALOL AF	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 1.
<i>sotalol oral</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 1.
<i>timolol maleate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
Non-Sel.Alpha-Adrenergic Blocking Agents		
<i>dihydroergotamine nasal</i>	Tier 1	ST; QL (8 ML per 28 days)
<i>ergoloid</i>	Tier 1	
ERGOMAR	Tier 3	
<i>ergotamine-caffeine</i>	Tier 3	
<i>phenoxybenzamine</i>	Tier 1	
Parasympathomimetic (Cholinergic Agents)		
<i>bethanechol chloride</i>	Tier 1	
<i>cevimeline</i>	Tier 1	ST
<i>donepezil oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>galantamine</i>	Tier 1	
<i>pilocarpine hcl</i>	Tier 1	
<i>pyridostigmine bromide oral syrup</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 1	
<i>rivastigmine tartrate</i>	Tier 1	
Selective Alpha-1-Adrenergic Block.Agent		
<i>alfuzosin</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>dutasteride-tamsulosin</i>	Tier 1	ST
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>silodosin</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>tamsulosin</i>	Tier 1	
Selective Beta-2-Adrenergic Agonists		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	Tier 1	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	Tier 1	QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	QL (2 EA per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier 1	QL (2 ML per 1 day)
<i>albuterol sulfate oral</i>	Tier 1	
BREYNA	Tier 1	ST; QL (11 GM per 30 days)
<i>budesonide-formoterol</i>	Tier 2	ST; QL (11 GM per 30 days)
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	ST; QL (13 GM per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>formoterol fumarate</i>	Tier 1	QL (120 ML per 30 days)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
<i>levalbuterol tartrate</i>	Tier 2	QL (30 GM per 30 days)
SEREVENT DISKUS	Tier 2	QL (60 EA per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)
<i>terbutaline oral</i>	Tier 1	
Selective Beta-Adrenergic Blocking Agent		
<i>acebutolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>atenolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>atenolol-chlorthalidone</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>nadolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
Smoking Cessation Agents		
<i>bupropion hcl (smoking deter)</i>	Tier 0 - Preventative	
<i>naltrexone</i>	Tier 1	
NICODERM CQ	Tier 0 - Preventative	
NICORETTE	Tier 0 - Preventative	
<i>nicotine</i>	Tier 0 - Preventative	
<i>nicotine (polacrilex)</i>	Tier 0 - Preventative	
NICOTROL NS	Tier 0 - Preventative	
QUIT 2	Tier 0 - Preventative	
QUIT 4	Tier 0 - Preventative	
STOP SMOKING AID	Tier 0 - Preventative	
<i>varenicline tartrate</i>	Tier 0 - Preventative	
VIVITROL	Tier 4	
Blood Formation, Coagulation, Thrombosis		
Anticoagulants, Miscellaneous		
ACD SOLUTION A	Tier 2	
ACD-A	Tier 2	
Coumarin Derivatives		
<i>warfarin</i>	Tier 1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START	Tier 2	

Drug Name	Tier	Restrictions/Limits
ELIQUIS ORAL TABLET	Tier 2	
XARELTO DVT-PE TREAT 30D START	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	Tier 2	PA
XARELTO ORAL TABLET	Tier 2	
Direct Thrombin Inhibitors		
<i>dabigatran etexilate</i>	Tier 1	QL (2 EA per 1 day)
Hematopoietic Agents		
<i>eltrombopag olamine oral tablet</i>	Tier 4	PA
ZARXIO	Tier 4	PA
Hemorrhologic Agents		
<i>pentoxifylline</i>	Tier 1	
Hemostatics		
<i>desmopressin injection</i>	Tier 4	
<i>desmopressin oral</i>	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)
<i>tranexamic acid oral</i>	Tier 1	
Heparins		
<i>enoxaparin</i>	Tier 4	
<i>heparin (porcine) injection solution 5,000 unit/ml</i>	Tier 1	
Indirect Factor Xa Inhibitors		
<i>fondaparinux</i>	Tier 4	
Iron Preparations		
ACCRUFER	Tier 3	PA; QL (60 EA per 30 days)
CLASSIC PRENATAL	Tier 0 - Preventative	
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
<i>pnv no.95-ferrous fumarate-fa</i>	Tier 0 - Preventative	
PRENATAL COMPLETE	Tier 0 - Preventative	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0 - Preventative	
PRENATAL MULTIVITAMINS	Tier 0 - Preventative	
PRENATAL ONE DAILY	Tier 0 - Preventative	
PRENATAL ORAL TABLET 28 MG IRON-800 MCG	Tier 0 - Preventative	
PRENATAL TABLET	Tier 0 - Preventative	
<i>prenatal vit no.179-iron-folic</i>	Tier 0 - Preventative	

Drug Name	Tier	Restrictions/Limits
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0 - Preventative	
PRENATAL VITAMIN WITH MINERALS	Tier 0 - Preventative	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0 - Preventative	
STRESS FORMULA WITH IRON(SULF)	Tier 0 - Preventative	
Platelet-Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN	Tier 0 - Preventative	
ASPIRIN CHILDRENS	Tier 0 - Preventative	
<i>aspirin oral tablet,chewable</i>	Tier 0 - Preventative	
<i>aspirin oral tablet,delayed release (drlec) 81 mg</i>	Tier 0 - Preventative	
<i>aspirin-dipyridamole</i>	Tier 1	ST
BAYER LOW DOSE ASPIRIN	Tier 0 - Preventative	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
CHILDREN'S ASPIRIN	Tier 0 - Preventative	
<i>cilostazol</i>	Tier 1	
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
<i>dipyridamole oral</i>	Tier 1	
ECOTRIN LOW STRENGTH	Tier 0 - Preventative	
<i>prasugrel hcl</i>	Tier 1	
ST JOSEPH ASPIRIN	Tier 0 - Preventative	
ST. JOSEPH ASPIRIN	Tier 0 - Preventative	
<i>ticagrelor</i>	Tier 1	
Platelet-Reducing Agents		
<i>anagrelide</i>	Tier 1	
Thrombolytic Agents		
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents (24:16)		
<i>carvedilol</i>	Tier 1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>prazosin</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	Tier 1	QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
Angiotensin II Receptor Antagonist/Nephrilys		
<i>sacubitril-valsartan</i>	Tier 1	PA; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Healthy Heart Plans. Standard plans = Tier 1.
Angiotensin II Receptor Antagonists		
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>candesartan</i>	Tier 1	
<i>candesartan-hydrochlorothiazide</i>	Tier 1	
<i>irbesartan</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>losartan</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>olmesartan</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>telmisartan</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide</i>	Tier 1	
<i>valsartan oral tablet</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
Angiotensin-Converting Enzyme Inhibitors		
<i>amlodipine-benazepril</i>	Tier 1	
<i>benazepril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>benazepril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>captopril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>captopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1

Drug Name	Tier	Restrictions/Limits
<i>enalapril maleate oral tablet</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>enalapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>fosinopril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>lisinopril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>quinapril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>quinapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>ramipril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>trandolapril</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
Antilipemic Agents, Miscellaneous		
<i>niacin oral tablet 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 24 hr</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
Beta-Adrenergic Blocking Agents (24:20)		
<i>acebutolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>atenolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>nadolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>propranolol oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
SOTALOL AF	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 1.

Drug Name	Tier	Restrictions/Limits
<i>sotalol oral</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 1.
<i>timolol maleate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
Bile Acid Sequestrants		
<i>cholestyramine (with sugar)</i>	Tier 1	
CHOLESTYRAMINE LIGHT	Tier 1	
<i>colesevelam oral powder in packet</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>colesevelam oral tablet</i>	Tier 1	PA; QL (180 EA per 30 days)
<i>colestipol oral tablet</i>	Tier 1	
Calcium-Channel Blocking Agents		
CARTIA XT	Tier 1	
<i>diltiazem hcl oral</i>	Tier 1	
DILT-XR	Tier 1	
MATZIM LA	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet 40 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	Tier 1	
Carbonic Anhydrase Inhibitors (24:36)		
<i>acetazolamide</i>	Tier 1	
Cardiac Drugs, Miscellaneous		
<i>ranolazine</i>	Tier 1	
Cardiotonic Agents		
<i>digoxin oral solution</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan. Standard plans = Tier 1
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan. Standard plans = Tier 1
Cardiovascular Drugs, Nsaid Anti-Infl		
<i>colchicine oral tablet</i>	Tier 1	
Central Alpha-Agonists		
<i>clonidine</i>	Tier 1	QL (4 EA per 28 days)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 1	QL (8 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>clonidine hcl oral tablet extended release 12 hr</i>	Tier 1	QL (4 EA per 1 day)
<i>guanfacine oral tablet</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr</i>	Tier 1	QL (1 EA per 1 day)
<i>methyldopa</i>	Tier 1	
Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	Tier 1	
<i>ezetimibe-simvastatin</i>	Tier 1	ST; QL (30 EA per 30 days)
Class Ia Antiarrhythmics		
<i>disopyramide phosphate</i>	Tier 1	
<i>quinidine sulfate</i>	Tier 1	
Class Ib Antiarrhythmics		
<i>DILANTIN</i>	Tier 2	
<i>mexiletine</i>	Tier 1	
<i>phenytoin</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
Class Ic Antiarrhythmics		
<i>flecainide</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan. Standard plans = Tier 1
<i>propafenone</i>	Tier 1	
Class II Antiarrhythmics		
<i>acebutolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>atenolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf)</i>	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>metoprolol succinate</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>nadolol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>propranolol oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>timolol maleate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
Class Iii Antiarrhythmics		
<i>amiodarone oral</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan. Standard plans = Tier 1
<i>dofetilide</i>	Tier 1	
MULTAQ	Tier 2	
PACERONE ORAL TABLET 200 MG	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan. Standard plans = Tier 1
SOTALOL AF	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 1.
<i>sotalol oral</i>	Tier 1	This product is covered for \$0 on CareSource Healthy Heart Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 1.
Class Iv Antiarrhythmics		
CARTIA XT	Tier 1	
<i>diltiazem hcl oral</i>	Tier 1	
DILT-XR	Tier 1	

Drug Name	Tier	Restrictions/Limits
MATZIM LA	Tier 1	
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet 40 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>verapamil oral tablet extended release</i>	Tier 1	
Dihydropyridines		
<i>amlodipine</i>	Tier 1	
<i>amlodipine-benazepril</i>	Tier 1	
<i>amlodipine-olmesartan</i>	Tier 1	
<i>amlodipine-valsartan</i>	Tier 1	
<i>felodipine</i>	Tier 1	
<i>nifedipine</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 1	
Direct Vasodilators		
<i>hydralazine oral</i>	Tier 1	
<i>isosorbide-hydralazine</i>	Tier 1	
<i>minoxidil oral</i>	Tier 1	
Diuretics, Miscellaneous (24:36)		
THEO-24	Tier 2	
<i>theophylline</i>	Tier 1	
Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized</i>	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>gemfibrozil</i>	Tier 1	
Hmg-CoA Reductase Inhibitors		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 0 - Preventative	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 0 Preventive
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>ezetimibe-simvastatin</i>	Tier 1	ST; QL (30 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>fluvastatin oral capsule 20 mg</i>	Tier 0 - Preventative	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 0 Preventive
<i>fluvastatin oral capsule 40 mg</i>	Tier 0 - Preventative	QL (60 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 0 Preventive
<i>fluvastatin oral tablet extended release 24 hr</i>	Tier 0 - Preventative	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 0 Preventive
<i>lovastatin oral tablet 10 mg</i>	Tier 0 - Preventative	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 0 Preventive
<i>lovastatin oral tablet 20 mg, 40 mg</i>	Tier 0 - Preventative	QL (60 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 0 Preventive
<i>pravastatin</i>	Tier 0 - Preventative	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 0 Preventive
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 0 - Preventative	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 0 Preventive

Drug Name	Tier	Restrictions/Limits
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 0 - Preventative	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 0 Preventive
<i>simvastatin oral tablet 80 mg</i>	Tier 1	QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
Loop Diuretics (24:36)		
<i>bumetanide oral</i>	Tier 1	
<i>ethacrynic acid</i>	Tier 1	
<i>furosemide oral</i>	Tier 1	
<i>torsemide</i>	Tier 1	
Nitrates And Nitrites		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
<i>isosorbide-hydralazine</i>	Tier 1	
NITRO-DUR	Tier 2	
<i>nitroglycerin rectal</i>	Tier 1	PA
<i>nitroglycerin sublingual</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 1	
<i>nitroglycerin translingual</i>	Tier 1	
NITRO-TIME	Tier 1	
Omega-3-Mediated Antilipemics		
<i>omega-3 acid ethyl esters</i>	Tier 1	
Pcsk9 Inhibitors		
REPATHA SURECLICK	Tier 3	PA
REPATHA SYRINGE	Tier 3	PA
Phosphodiesterase Type 5 Inhibitors		
<i>sildenafil (pulm.hypertension) oral tablet</i>	Tier 4	PA; QL (90 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
Potassium-Sparing Diuretics (24:36)		
<i>eplerenone</i>	Tier 1	
<i>spironolactone oral tablet</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
Renin Inhibitors		
<i>aliskiren oral tablet 150 mg</i>	Tier 1	
Steroidal Mineralocorticoid Receptor Ant		
<i>eplerenone</i>	Tier 1	
<i>spironolactone oral tablet</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
Thiazide Diuretics (24:36)		
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>enalapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>hydrochlorothiazide</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>quinapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
Thiazide-Like Diuretics (24:36)		
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
Vasodilating Agents, Misc (24:08)		
<i>timolol maleate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
Vasodilating Agents, Miscellaneous		
ADEMPAS	Tier 5	PA; QL (3 EA per 1 day)
<i>ambrisentan</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet</i>	Tier 4	PA; QL (2 EA per 1 day)
ORENITRAM	Tier 5	PA
TYVASO	Tier 5	PA; QL (2.9 ML per 1 day)
Central Nervous System Agents		
Adamantanes (Cns)		
<i>amantadine hcl</i>	Tier 1	
Amphetamines		
<i>amphetamine sulfate</i>	Tier 1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	Tier 1	PA
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg, 7.5 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>lisdexamfetamine oral capsule</i>	Tier 3	QL (1 EA per 1 day)
<i>methamphetamine</i>	Tier 1	
Amyotrophic Lateral Sclerosis(ALS) Agent		
<i>riluzole</i>	Tier 3	PA
Analgesics And Antipyretics, Misc.		
<i>gabapentin oral capsule 100 mg, 400 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral capsule 300 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>gabapentin oral solution</i>	Tier 1	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
Anorexic Agents, Miscellaneous		
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 2	PA; QL (1 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	Tier 2	PA
RYBELSUS	Tier 2	PA
SOLQUA 100/33	Tier 3	ST
XULTOPHY 100/3.6	Tier 2	PA
Anticholinergic Agents (Cns)		
<i>benztropine oral</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
Anticonvulsants, Miscellaneous		
<i>acetazolamide</i>	Tier 1	
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier 1	
<i>carbamazepine oral suspension</i>	Tier 1	
<i>carbamazepine oral tablet</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>felbamate</i>	Tier 1	
<i>lamotrigine oral tablet</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr</i>	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 1	
<i>levetiracetam oral solution</i>	Tier 1	
<i>levetiracetam oral tablet</i>	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr</i>	Tier 1	
<i>perampanel</i>	Tier 1	ST
ROWEEPRA	Tier 1	
<i>topiramate oral capsule, sprinkle</i>	Tier 1	
<i>topiramate oral tablet</i>	Tier 1	
Antidepressants, Miscellaneous		
<i>bupropion hcl (smoking deter)</i>	Tier 0 - Preventative	
<i>bupropion hcl oral tablet</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr</i>	Tier 1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	Tier 1	QL (60 EA per 30 days)
Antimanic Agents		
<i>aripiprazole oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>asenapine maleate</i>	Tier 3	QL (60 EA per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	Tier 1	
<i>carbamazepine oral suspension</i>	Tier 1	
<i>carbamazepine oral tablet</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
<i>divalproex</i>	Tier 1	
<i>lamotrigine oral tablet</i>	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible</i>	Tier 1	
<i>lithium carbonate</i>	Tier 1	
<i>lithium citrate</i>	Tier 1	
<i>olanzapine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine</i>	Tier 1	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	Tier 1	QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>risperidone microspheres</i>	Tier 1	
<i>risperidone oral solution</i>	Tier 1	
<i>risperidone oral tablet</i>	Tier 1	QL (60 EA per 30 days)
SECUADO	Tier 2	PA; QL (30 EA per 30 days)
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
<i>ziprasidone hcl</i>	Tier 1	QL (60 EA per 30 days)
Antimigraine Agents, Miscellaneous		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	PA; QL (125 ML per 1 day)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	QL (125 ML per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (10 EA per 1 day)
ARTHRITIS PAIN (DICLOFENAC)	Tier 1	QL (500 GM per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butalbital-acetaminophen</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
<i>diclofenac potassium oral tablet</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	QL (500 GM per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	Tier 1	QL (112 GM per 28 days)
<i>diclofenac-misoprostol</i>	Tier 1	
<i>dihydroergotamine nasal</i>	Tier 1	ST; QL (8 ML per 28 days)
<i>divalproex</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf)</i>	Tier 1	
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
ERGOMAR	Tier 3	
<i>ergotamine-caffeine</i>	Tier 3	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	PA
MOTRIN ARTHRITIS PAIN	Tier 1	QL (500 GM per 28 days)
<i>oxycodone-acetaminophen oral solution</i>	Tier 1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	Tier 1	PA
<i>propranolol oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>timolol maleate oral</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
Anxiolytics,Sedatives,And Hypnotics,Misc		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 1	
PROMETHAZINE VC	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
<i>promethazine-dm</i>	Tier 1	
<i>promethazine-phenylephrine</i>	Tier 1	
PROMETHEGAN	Tier 1	
Atypical Antipsychotics		
<i>aripiprazole oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>asenapine maleate</i>	Tier 3	QL (60 EA per 30 days)
<i>clozapine oral tablet</i>	Tier 1	
FANAPT	Tier 3	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK A	Tier 3	QL (8 EA per 30 days)
FANAPT TITRATION PACK B	Tier 3	QL (8 EA per 30 days)
FANAPT TITRATION PACK C	Tier 3	QL (8 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>lurasidone</i>	Tier 3	
<i>olanzapine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine</i>	Tier 1	ST
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>risperidone microspheres</i>	Tier 1	
<i>risperidone oral solution</i>	Tier 1	
<i>risperidone oral tablet</i>	Tier 1	QL (60 EA per 30 days)
SECUADO	Tier 2	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl</i>	Tier 1	QL (60 EA per 30 days)
Barbiturates (Anticonvulsants)		
<i>phenobarbital</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
Barbiturates (Anxiolytic, Sedative/Hyp)		
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
<i>phenobarbital</i>	Tier 1	
Benzodiazepines (Anticonvulsants)		
<i>clobazam oral suspension</i>	Tier 1	PA
<i>clobazam oral tablet</i>	Tier 1	PA
<i>clonazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>clorazepate dipotassium</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam rectal</i>	Tier 1	
<i>lorazepam injection syringe</i>	Tier 1	
<i>lorazepam oral tablet</i>	Tier 1	QL (3 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
NAYZILAM	Tier 2	PA; QL (2 EA per 30 days)
VALTOCO	Tier 2	PA; QL (2 EA per 30 days)
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
<i>alprazolam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	
<i>chlordiazepoxide hcl</i>	Tier 1	QL (4 EA per 1 day)
<i>chlordiazepoxide-clidinium</i>	Tier 3	
<i>clobazam oral suspension</i>	Tier 1	PA
<i>clobazam oral tablet</i>	Tier 1	PA
<i>clonazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>clorazepate dipotassium</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam oral tablet</i>	Tier 1	QL (4 EA per 1 day)
<i>diazepam rectal</i>	Tier 1	
<i>estazolam</i>	Tier 1	QL (1 EA per 1 day)
<i>flurazepam</i>	Tier 1	QL (1 EA per 1 day)
<i>lorazepam injection syringe</i>	Tier 1	
<i>lorazepam oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>midazolam (pf) injection solution</i>	Tier 1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>midazolam injection</i>	Tier 1	
<i>midazolam intravenous syringe 150 mg/30 ml (5 mg/ml)</i>	Tier 2	
NAYZILAM	Tier 2	PA; QL (2 EA per 30 days)
<i>oxazepam</i>	Tier 1	QL (4 EA per 1 day)
<i>quazepam</i>	Tier 1	QL (1 EA per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triazolam</i>	Tier 1	QL (1 EA per 1 day)
VALTOCO	Tier 2	PA; QL (2 EA per 30 days)
Butyrophenones		
<i>haloperidol</i>	Tier 1	
<i>haloperidol decanoate</i>	Tier 1	
<i>haloperidol lactate oral</i>	Tier 1	
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG AUTOINJECTOR	Tier 2	PA; QL (1 ML per 30 days)
EMGALITY PEN	Tier 2	PA; QL (1 ML per 30 days)
EMGALITY SYRINGE	Tier 2	PA; QL (1 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
Catechol-O-Methyltransferase(Comt)Inhib.		
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
<i>entacapone</i>	Tier 1	
<i>tolcapone</i>	Tier 1	PA
Central Nervous System Agents, Misc.		
<i>carbidopa</i>	Tier 1	PA
<i>memantine oral solution</i>	Tier 1	
<i>memantine oral tablet</i>	Tier 1	
<i>memantine oral tablets,dose pack</i>	Tier 2	
Cyclooxygenase-2 (Cox-2) Inhibitors		
<i>celecoxib</i>	Tier 1	PA
Dibenzoxapines		
<i>loxapine succinate</i>	Tier 1	
Diphenylbutylperidines		
<i>pimozide</i>	Tier 1	
Dopamine Precursors		
<i>carbidopa-levodopa oral tablet</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release</i>	Tier 1	
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
Ergot-Deriv. Dopamine Receptor Agonists		
<i>bromocriptine</i>	Tier 1	
<i>cabergoline</i>	Tier 1	QL (8 EA per 28 days)
Fibromyalgia Agents		
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>milnacipran oral tablet</i>	Tier 3	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
Gaba-Mediated Anticonvulsants		
<i>divalproex</i>	Tier 1	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral capsule 300 mg</i>	Tier 1	QL (12 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>gabapentin oral solution</i>	Tier 1	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>tiagabine</i>	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
Hydantoins		
DILANTIN	Tier 2	
<i>phenytoin</i>	Tier 1	
<i>phenytoin sodium extended</i>	Tier 1	
Ion Channel Inhibition Agents		
APTiom	Tier 3	
<i>lacosamide oral tablet</i>	Tier 1	ST
<i>oxcarbazepine</i>	Tier 1	
OXTELLAR XR	Tier 2	ST
<i>rufinamide oral suspension</i>	Tier 1	PA
<i>rufinamide oral tablet</i>	Tier 1	ST
<i>zonisamide</i>	Tier 1	
Melatonin Receptor Agonists		
<i>ramelteon</i>	Tier 1	PA; QL (1 EA per 1 day)
Monoamine Oxidase B Inhibitors		
EMSAM	Tier 3	
<i>rasagiline</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
Monoamine Oxidase Inhibitors		
EMSAM	Tier 3	
MARPLAN	Tier 3	PA
<i>phenelzine</i>	Tier 1	
<i>rasagiline</i>	Tier 1	
<i>selegiline hcl</i>	Tier 1	
<i>tranylcypromine</i>	Tier 1	
Non-Benzodiazepine Anxiolytics		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>meprobamate</i>	Tier 1	
Non-Benzodiazepine Hypnotics		
<i>eszopiclone</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>zaleplon</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet</i>	Tier 1	QL (1 EA per 1 day)
Nonergot-Deriv.Dopamine Receptor Agonist		
<i>apomorphine</i>	Tier 4	PA; QL (30 ML per 30 days)
NEUPRO	Tier 2	ST; QL (30 EA per 30 days)
<i>pramipexole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 8 mg</i>	Tier 1	ST
Non-Opioid Analgesics		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	PA; QL (125 ML per 1 day)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	QL (125 ML per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butalbital-acetaminophen</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	PA
<i>oxycodone-acetaminophen oral solution</i>	Tier 1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	Tier 1	PA
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
Opioid Agonists (28:08)		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	PA; QL (125 ML per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	QL (125 ML per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>codeine sulfate</i>	Tier 1	PA
<i>codeine-guaifenesin</i>	Tier 1	
ENDOCET	Tier 1	PA; QL (10 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; QL (15 EA per 30 days)
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	Tier 1	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	Tier 1	PA; QL (90 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	PA
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
<i>hydrocodone-homatropine oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	Tier 1	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	PA; QL (5 EA per 1 day)
<i>hydromorphone oral liquid</i>	Tier 1	PA; QL (6 ML per 1 day)
<i>hydromorphone oral tablet</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>hydromorphone oral tablet extended release 24 hr</i>	Tier 1	QL (60 EA per 30 days)
MAXI-TUSS AC	Tier 1	
<i>meperidine oral tablet</i>	Tier 1	PA
METHADONE INTENSOL	Tier 1	PA
<i>methadone oral concentrate</i>	Tier 1	PA
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	PA; QL (8.67 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	PA; QL (20 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
<i>morphine concentrate oral solution</i>	Tier 1	PA; QL (6 ML per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>morphine oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>morphine oral tablet</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>morphine oral tablet extended release</i>	Tier 1	PA; QL (120 EA per 30 days)
<i>morphine rectal</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>oxycodone oral capsule</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>oxycodone oral concentrate</i>	Tier 1	PA; QL (6 ML per 1 day)
<i>oxycodone oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>oxycodone oral tablet</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr</i>	Tier 2	PA; QL (90 EA per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	Tier 1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	Tier 1	PA
<i>oxymorphone</i>	Tier 1	PA
<i>promethazine-codeine</i>	Tier 1	
<i>tapentadol oral tablet</i>	Tier 3	PA; QL (181 EA per 30 days)
<i>tapentadol oral tablet extended release 12 hr</i>	Tier 3	
<i>tramadol oral tablet 50 mg</i>	Tier 1	PA; QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>tramadol-acetaminophen</i>	Tier 1	PA; QL (240 EA per 30 days)
Opioid Antagonists (28:10)		
<i>nalmefene</i>	Tier 2	QL (4 ML per 30 days)
<i>naloxone injection solution</i>	Tier 1	QL (2 ML per 30 days)
<i>naloxone injection syringe</i>	Tier 1	
<i>naloxone nasal</i>	Tier 0 - Preventative	
<i>naltrexone</i>	Tier 1	
OPVEE	Tier 2	QL (2 EA per 30 days)
VIVITROL	Tier 4	
Opioid Partial Agonists		
<i>buprenorphine</i>	Tier 1	ST
<i>buprenorphine hcl injection solution</i>	Tier 1	
<i>buprenorphine hcl sublingual</i>	Tier 1	
<i>buprenorphine-naloxone sublingual tablet</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
Orexin Receptor Antagonists		
BELSOMRA	Tier 3	PA; QL (1 EA per 1 day)
Phenothiazines		
<i>chlorpromazine oral</i>	Tier 1	
<i>fluphenazine decanoate</i>	Tier 1	
<i>fluphenazine hcl</i>	Tier 1	
<i>perphenazine</i>	Tier 1	
<i>perphenazine-amitriptyline</i>	Tier 1	
<i>prochlorperazine maleate</i>	Tier 1	
<i>thioridazine</i>	Tier 1	
<i>trifluoperazine</i>	Tier 1	
Respiratory And Cns Stimulants		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	Tier 1	QL (48 EA per 30 days)
<i>butalbital-aspirin-cafeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 60 mg</i>	Tier 1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	Tier 1	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	Tier 1	QL (3 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg, 54 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable</i>	Tier 1	QL (3 EA per 1 day)
Reversible Cox-1/Cox-2 Inhibitors		
ARTHRITIS PAIN (DICLOFENAC)	Tier 1	QL (500 GM per 28 days)
<i>diclofenac potassium oral tablet</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	QL (500 GM per 28 days)
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	PA; QL (100 GM per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	Tier 1	QL (112 GM per 28 days)
<i>diclofenac-misoprostol</i>	Tier 1	
<i>diflunisal</i>	Tier 1	
<i>etodolac</i>	Tier 1	
<i>flurbiprofen</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	Tier 1	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	PA; QL (5 EA per 1 day)
IBU	Tier 1	
<i>ibuprofen oral suspension</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>indomethacin oral capsule</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg</i>	Tier 1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 1	QL (5 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>ketorolac oral</i>	Tier 1	QL (20 EA per 30 days)
<i>meclofenamate</i>	Tier 3	PA
<i>meloxicam oral tablet 15 mg</i>	Tier 1	
<i>meloxicam oral tablet 7.5 mg</i>	Tier 1	QL (30 EA per 30 days)
MOTRIN ARTHRITIS PAIN	Tier 1	QL (500 GM per 28 days)
<i>nabumetone</i>	Tier 1	
<i>naproxen oral tablet</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>naproxen-esomeprazole</i>	Tier 1	ST
<i>oxaprozin oral tablet</i>	Tier 1	
<i>piroxicam</i>	Tier 1	
<i>sulindac</i>	Tier 1	
Salicylates		
ADULT ASPIRIN REGIMEN	Tier 0 - Preventative	
ASPIRIN CHILDRENS	Tier 0 - Preventative	
<i>aspirin oral tablet,chewable</i>	Tier 0 - Preventative	
<i>aspirin oral tablet,delayed release (drlec) 81 mg</i>	Tier 0 - Preventative	
<i>aspirin-dipyridamole</i>	Tier 1	ST
BAYER LOW DOSE ASPIRIN	Tier 0 - Preventative	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (48 EA per 30 days)
CHILDREN'S ASPIRIN	Tier 0 - Preventative	
ECOTRIN LOW STRENGTH	Tier 0 - Preventative	
ST JOSEPH ASPIRIN	Tier 0 - Preventative	
ST. JOSEPH ASPIRIN	Tier 0 - Preventative	
Sel.Serotonin,Norepi Reuptake Inhibitor		
<i>desvenlafaxine</i>	Tier 2	ST; QL (30 EA per 30 days)
<i>desvenlafaxine succinate</i>	Tier 1	QL (30 EA per 30 days)
<i>duloxetine oral capsule,delayed release(drlec) 20 mg, 60 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>duloxetine oral capsule,delayed release(drlec) 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>duloxetine oral capsule,delayed release(drlec) 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>milnacipran oral tablet</i>	Tier 3	
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet</i>	Tier 1	QL (90 EA per 30 days)
Selective Serotonin Agonists		
<i>almotriptan malate oral tablet 12.5 mg</i>	Tier 3	
<i>almotriptan malate oral tablet 6.25 mg</i>	Tier 3	QL (18 EA per 28 days)
<i>eletriptan</i>	Tier 1	QL (18 EA per 28 days)
<i>naratriptan</i>	Tier 1	QL (18 EA per 28 days)
<i>rizatriptan</i>	Tier 1	QL (36 EA per 28 days)
<i>sumatriptan</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>sumatriptan succinate oral</i>	Tier 1	
<i>sumatriptan succinate subcutaneous pen injector</i>	Tier 1	
<i>zolmitriptan oral</i>	Tier 1	
Selective-Serotonin Reuptake Inhibitors		
<i>citalopram oral solution</i>	Tier 1	
<i>citalopram oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	Tier 1	
<i>escitalopram oxalate oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	Tier 1	
<i>fluoxetine oral capsule 40 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>fluoxetine oral solution</i>	Tier 1	
<i>fluvoxamine oral tablet 100 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>olanzapine-fluoxetine</i>	Tier 1	ST
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	Tier 1	ST; QL (60 EA per 30 days)
<i>sertraline oral concentrate</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 50 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	Tier 1	QL (45 EA per 30 days)
Serotonin Modulators		
<i>mirtazapine</i>	Tier 1	
<i>nefazodone</i>	Tier 1	QL (2 EA per 1 day)
<i>trazodone</i>	Tier 1	
TRINTELLIX	Tier 3	ST; QL (30 EA per 30 days)
<i>vilazodone</i>	Tier 1	PA; QL (30 EA per 30 days)
Succinimides		
<i>ethosuximide</i>	Tier 1	
<i>methsuximide</i>	Tier 1	
Thioxanthenes		
<i>thiothixene</i>	Tier 1	
Tricyclics, Other Norepi-Ru Inhibitors		
<i>amitriptyline</i>	Tier 1	
<i>amitriptyline-chlordiazepoxide</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>amoxapine</i>	Tier 1	
<i>clomipramine</i>	Tier 1	
<i>desipramine</i>	Tier 1	
<i>doxepin oral capsule</i>	Tier 1	
<i>doxepin oral concentrate</i>	Tier 1	
<i>doxepin topical</i>	Tier 3	QL (45 GM per 30 days)
<i>imipramine hcl</i>	Tier 1	
<i>imipramine pamoate</i>	Tier 1	
<i>nortriptyline</i>	Tier 1	
<i>perphenazine-amitriptyline</i>	Tier 1	
<i>protriptyline</i>	Tier 1	
<i>trimipramine</i>	Tier 1	
Vesicular Monoamine Transport2 Inhibitor		
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
AUSTEDO XR	Tier 4	PA; QL (2 EA per 1 day)
AUSTEDO XR TITRATION KT(WK1-4)	Tier 4	PA
<i>tetrabenazine</i>	Tier 4	PA
Wakefulness-Promoting Agents		
<i>armodafinil</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	Tier 1	PA; QL (60 EA per 30 days)
SUNOSI	Tier 2	PA; QL (30 tablets per 30 days)
Dental Agents		
Nutritional Supplements		
DENTA 5000 PLUS	Tier 1	
<i>fluoride (sodium) dental cream</i>	Tier 1	
<i>fluoride (sodium) dental gel</i>	Tier 1	
<i>fluoride (sodium) dental paste</i>	Tier 1	
<i>fluoride (sodium) oral</i>	Tier 0 - Preventative	
LUDENT FLUORIDE	Tier 0 - Preventative	
SF	Tier 1	
SF 5000 PLUS	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH	Tier 1	
SODIUM FLUORIDE 5000 PLUS	Tier 1	
Devices		
Devices		
ADJUSTABLE LANCING DEVICE	Tier 2	

Drug Name	Tier	Restrictions/Limits
ADVOCATE LANCING DEVICE	Tier 2	
AEROCHAMBER MECHANICAL VENT	Tier 2	QL (2 EA per 365 days)
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	
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	
AUTOLET LANCING DEVICE	Tier 2	
AUTOSHIELD DUO PEN NEEDLE	Tier 2	
BD BLUNT PLASTIC CANNULA	Tier 2	QL (400 EA per 30 days)
BD BULK SYRINGE SLIP TIP	Tier 2	QL (400 EA per 30 days)
BD ECCENTRIC TIP SYRINGE	Tier 2	QL (400 EA per 30 days)
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 25 GAUGE X 1 1/2"	Tier 2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8"	Tier 2	QL (400 EA per 30 days)
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
BD ECLIPSE NEEDLE 21 GAUGE X 1", 25 GAUGE X 1"	Tier 2	
BD FILTER NEEDLE 5-MICRON NOKO	Tier 2	
BD FILTER NEEDLE-5 MICRON	Tier 2	
BD INTERLINK BLUNT PLASTIC CAN	Tier 2	QL (400 EA per 30 days)
BD INTERLINK SYRINGE	Tier 2	QL (400 EA per 30 days)
BD INTRADERMAL BEVEL NEEDLES	Tier 2	
BD LUER-LOK BULK SYRINGE	Tier 2	QL (400 EA per 30 days)
BD LUER-LOK SYRINGE	Tier 2	QL (400 EA per 30 days)
BD LUER-LOK TIP CONTROL SYRING	Tier 2	QL (400 EA per 30 days)
BD NOKOR ADMIX NEEDLE	Tier 2	
BD POSIFLUSH NORMAL SALINE 0.9	Tier 1	
BD PRECISIONGLIDE	Tier 2	

Drug Name	Tier	Restrictions/Limits
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 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64"	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
BD SAFETYGLIDE NEEDLE	Tier 2	
BD SAFETYGLIDE SHIELDING REG	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8"	Tier 2	QL (400 EA per 30 days)
BD SAFETYGLIDE TB REG BEVEL	Tier 2	QL (400 EA per 30 days)
BD SHORT BEVEL NEEDLES	Tier 2	
BD SHORT BEVEL THIN WALL	Tier 2	
BD SLIP TIP SYRINGE	Tier 2	QL (400 EA per 30 days)
B-D SLIP TIP SYRINGE	Tier 2	QL (400 EA per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1"	Tier 2	
BD SYRINGE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE CATH TIP NONSTERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE CATHETER TIP	Tier 2	QL (400 EA per 30 days)
BD SYRINGE LUER-LOK NONSTERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE LUER-LOK STERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE SLIP TIP NONSTERILE	Tier 2	QL (400 EA per 30 days)
BD SYRINGE TIP CAP	Tier 2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
BD SYRINGE-DUAL CANNULA	Tier 2	QL (400 EA per 30 days)
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML	Tier 2	QL (400 EA per 30 days)
BD TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
<i>blunt needle, disposable</i>	Tier 2	
BLUNT SPINAL NEEDLE	Tier 2	
BREATHERITE SPACER-MASK, NEO.	Tier 2	
BREATHERITE SPACER-MASK,ADULT	Tier 2	
BREATHERITE SPACER-MASK,CHILD	Tier 2	
BREATHERITE SPACER-MASK,INFANT	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD	Tier 2	
CAREONE LANCING DEVICE	Tier 2	
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)
CARETOUCH LANCING DEVICE	Tier 2	
CARETOUCH LUER LOCK SYR-NEEDLE	Tier 2	QL (400 EA per 30 days)
CHOSEN LANCING DEVICE	Tier 2	
CLEVER CHOICE CHAMBER-LRG MASK	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK	Tier 2	
COMFORTSEAL LARGE MASK	Tier 2	
COMFORTSEAL MEDIUM MASK	Tier 2	
COMFORTSEAL SMALL MASK	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK	Tier 2	
COMPACT SPACE CHAMBER-MED MASK	Tier 2	
COMPACT SPACE CHAMBER-SM MASK	Tier 2	
CYCLOTENS STARTER	Tier 2	
DAVOL IRRIGATION SYRINGE	Tier 2	QL (400 EA per 30 days)
DAVOL PISTON IRRIGATION	Tier 2	QL (400 EA per 30 days)
DEXCOM G6 RECEIVER	Tier 2	PA; QL (1 RECEIVER per 1 LIFETIME); This product is covered for \$0 on CareSource Diabetes Plan. Standard Plans = Tier 2, PA
DEXCOM G6 SENSOR	Tier 2	PA; QL (3 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan. Standard Plans = Tier 2, PA

Drug Name	Tier	Restrictions/Limits
DEXCOM G6 TRANSMITTER	Tier 2	PA; QL (1 EA per 90 days); This product is covered for \$0 on CareSource Diabetes Plan. Standard Plans = Tier 2, PA
DEXCOM G7 15 DAY SENSOR	Tier 2	PA; QL (3 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan. Standard Plans = Tier 2, PA
DEXCOM G7 RECEIVER	Tier 2	PA; QL (1 RECEIVER per 1 LIFETIME); This product is covered for \$0 on CareSource Diabetes Plan. Standard Plans = Tier 2, PA
DEXCOM G7 SENSOR	Tier 2	PA; QL (3 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan. Standard Plans = Tier 2, PA
DROPLET GENTEEL LANCING DEVICE	Tier 2	
DROPLET LANCING DEVICE	Tier 2	
EASIVENT MASK LARGE	Tier 2	
EASIVENT MASK MEDIUM	Tier 2	
EASIVENT MASK SMALL	Tier 2	
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 SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8"	Tier 2	QL (400 EA per 30 days)
EASY TOUCH FLURINGE SHEATHLOCK	Tier 2	QL (400 EA per 30 days)
EASY TOUCH LANCING DEVICE	Tier 2	
EASY TOUCH SYRINGE	Tier 2	QL (400 EA per 30 days)
EASY TOUCH TUBERCULIN FLIPLOCK	Tier 2	QL (400 EA per 30 days)
ECLIPSE SYRINGE	Tier 2	QL (400 EA per 30 days)
EMBRACE LANCING DEVICE	Tier 2	
EMBRACE PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
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)
FEMCAP	Tier 0 - Preventative	QL (1 EA per 365 days)
<i>filter needles needle 18 gauge x 1 1/2"</i>	Tier 2	
FLEXICHAMBER-LG CHILD MASK	Tier 2	
FLEXICHAMBER-SM ADULT MASK	Tier 2	
FLEXICHAMBER-SM CHILD MASK	Tier 2	
FORA LANCING DEVICE	Tier 2	
FREESTYLE CONTROL	Tier 2	
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA; QL (1 READER per 1 LIFETIME); This product is covered for \$0 on CareSource Diabetes Plan. Standard Plans = Tier 2, PA
FREESTYLE LIBRE 14 DAY SENSOR	Tier 2	PA; QL (2 EA per 28 days); This product is covered for \$0 on CareSource Diabetes Plan. Standard Plans = Tier 2, PA
FREESTYLE LIBRE 2 PLUS SENSOR	Tier 2	PA; QL (2 EA per 28 days); This product is covered for \$0 on CareSource Diabetes Plans. Standard plans = Tier 2
FREESTYLE LIBRE 2 READER	Tier 2	PA; QL (1 READER per 1 LIFETIME); This product is covered for \$0 on CareSource Diabetes Plan. Standard Plans = Tier 2, PA
FREESTYLE LIBRE 2 SENSOR	Tier 2	PA; QL (2 EA per 28 days); This product is covered for \$0 on CareSource Diabetes Plan. Standard Plans = Tier 2, PA

Drug Name	Tier	Restrictions/Limits
FREESTYLE LIBRE 3 PLUS SENSOR	Tier 2	PA; QL (2 EA per 28 days); This product is covered for \$0 on CareSource Diabetes Plan. Standard Plans = Tier 2, PA
FREESTYLE LIBRE 3 READER	Tier 2	PA; QL (1 READER per 1 LIFETIME); This product is covered for \$0 on CareSource Diabetes Plan. Standard Plans = Tier 2, PA
FREESTYLE LIBRE 3 SENSOR	Tier 2	PA; QL (2 EA per 28 days); This product is covered for \$0 on CareSource Diabetes Plan. Standard Plans = Tier 2, PA
GLUCOSE KETONE CONTROL SOLN	Tier 2	QL (4 EA per 365 days)
GOJJI LANCING DEVICE	Tier 2	
HEALON PRO	Tier 1	
HEALTHY ACCENTS AUTOLET	Tier 2	
<i>huber safety needles (disp.)</i>	Tier 1	
HURRICAIN LUER-LOCK DIS CAP	Tier 2	
HYPODERMIC NEEDLES	Tier 2	
INCONTROL LANCING DEVICE	Tier 2	
INJECT-EASE	Tier 2	QL (400 EA per 30 days)
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 5/8", 1/2 ml 28 gauge x 1/2"</i>	Tier 2	QL (400 EA per 30 days)
<i>insulin syringe-needle u-100 syringe 1 ml 28 gauge x 1/2"</i>	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Not included on the formulary
<i>insulin u-500 syringe-needle</i>	Tier 2	QL (400 EA per 30 days)
INTERLINK SYRINGE CANNULA	Tier 2	QL (400 EA per 30 days)
<i>lancing device</i>	Tier 2	
LANCING SYSTEM	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)

Drug Name	Tier	Restrictions/Limits
LUER-LOK TIP	Tier 2	QL (400 EA per 30 days)
MAGELLAN SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
MAGELLAN TUBERCULIN SAFETY SYR	Tier 2	QL (400 EA per 30 days)
MINI LANCING DEVICE	Tier 2	
MINIMED QUICK-SERTER (MMT-395)	Tier 2	
MONOJECT 0.9% SODIUM CHLORIDE	Tier 1	
MONOJECT 140CC PISTON SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT 35CC SYRINGE CATH TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT 3CC SYR 25GX1"	Tier 2	QL (400 EA per 30 days)
MONOJECT ALLERGY TRAY	Tier 2	QL (400 EA per 30 days)
MONOJECT ALLERGY TRAY DETACH	Tier 2	QL (400 EA per 30 days)
MONOJECT BLOOD COLLECTION	Tier 2	
MONOJECT BLUNT CANNULAS	Tier 2	
MONOJECT CONTROL SYRINGE LUER	Tier 2	QL (400 EA per 30 days)
MONOJECT DISPOSABLE SYRINGE	Tier 2	QL (400 EA per 30 days)
MONOJECT ECCENTRIC NON-STERILE	Tier 2	QL (400 EA per 30 days)
MONOJECT FILTER ASPIRATOR	Tier 2	
MONOJECT FILTER NEEDLE	Tier 2	
MONOJECT HYPODERMIC NEEDLES	Tier 2	
MONOJECT HYPODERMIC POLYPROPYL	Tier 2	
MONOJECT LUER-LOCK TIP	Tier 2	QL (400 EA per 30 days)
MONOJECT MAGELLAN SAFETY SYRNG	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)
MOUTHPIECE	Tier 2	
MULTI-DRAW NEEDLE	Tier 2	
NANO 2ND GEN PEN NEEDLE	Tier 2	QL (200 EA per 30 days)
NANO PEN NEEDLE	Tier 2	QL (200 EA per 30 days)
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
<i>needle (disp) 16 g</i>	Tier 2	
<i>needle (disp) 18 g</i>	Tier 2	
<i>needle (disp) 19 g</i>	Tier 2	
<i>needle (disp) 23 gauge</i>	Tier 2	
<i>needle (disp) 27 gauge</i>	Tier 2	
<i>needles, huber disposable</i>	Tier 2	
NOKOR NEEDLE	Tier 2	
NORMAL SALINE FLUSH	Tier 1	
NOVAMAX PLUS KETONE	Tier 2	
NOVOFINE 32	Tier 2	
NOVOFINE PLUS	Tier 2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	Tier 2	PA; QL (1 INTRO KIT per 1 LIFETIME); This product is covered for \$0 on CareSource Diabetes Plan. Standard plans = tier 2.

Drug Name	Tier	Restrictions/Limits
OMNIPOD 5 G6-G7 PODS (GEN 5)	Tier 2	PA; QL (10 EA per 28 days); This product is covered for \$0 on CareSource Diabetes Plan. Standard plans = tier 2.
OMNIPOD DASH INTRO KIT (GEN 4)	Tier 2	PA; This product is covered for \$0 on CareSource Diabetes Plan. Standard plans = tier 2.
OMNIPOD DASH PODS (GEN 4)	Tier 2	PA; QL (10 EA per 28 days); This product is covered for \$0 on CareSource Diabetes Plan. Standard plans = tier 2.
ON CALL LANCING DEVICE	Tier 2	
ONE WAY VALVED MOUTHPIECE	Tier 2	
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	
POLY HUB NEEDLE	Tier 2	
PRECISION XTRA B-KETONE	Tier 2	
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 LANCING DEVICE	Tier 2	
PULMOSAL	Tier 1	
RELIAMED MINI LANCING DEVICE	Tier 2	
RIGHTEST GD500 LANCING DEVICE	Tier 2	

Drug Name	Tier	Restrictions/Limits
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)
<i>safety needles</i>	Tier 2	
SIDESTREAM PEDIATRIC FACE MASK	Tier 2	
SILICONE MASK - INFANT	Tier 2	
SILICONE MASK - PEDIATRIC	Tier 2	
SIL-SERTER	Tier 2	
SMARTDIABETES VANTAGE	Tier 2	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 10 %</i>	Tier 1	QL (4 ML per 1 day)
SPACE CHAMBER WITH LARGE MASK	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK	Tier 2	
SPACE CHAMBER WITH SMALL MASK	Tier 2	
SURE COMFORT LANCING PEN	Tier 2	
SURE-PEN LANCING DEVICE	Tier 2	
SURGIFOAM TOPICAL SPONGE 12-7 MM	Tier 1	
SURGUARD2 SAFETY NEEDLE	Tier 2	
SURGUARD2 SAFETY SYRINGE	Tier 2	QL (400 EA per 30 days)
<i>syringe (disposable)</i>	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/20GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/21GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/21GX1-1/2"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/22GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/22GX3/4"	Tier 2	QL (400 EA per 30 days)
SYRINGE 3CC/25GX1"	Tier 2	QL (400 EA per 30 days)
SYRINGE LUER TIP CAP	Tier 2	QL (400 EA per 30 days)
SYRINGE TIP CONNECTOR	Tier 2	QL (400 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>syringe with needle syringe 1 ml 25 gauge x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2"</i>	Tier 2	QL (400 EA per 30 days)
SYRINGE WITHOUT NEEDLE	Tier 2	QL (400 EA per 30 days)
TECHLITE INSULIN SYRINGE	Tier 2	QL (400 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan. Standard Plans = Tier 2
TECHLITE INSULN SYR(HALF UNIT)	Tier 2	QL (400 EA per 30 days)
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
TECHLITE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	Tier 2	
TECHLITE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	QL (200 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)
TOOMEY SYRINGE	Tier 2	QL (400 EA per 30 days)
TRUEDRAW LANCING DEVICE	Tier 2	
TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
<i>tuberculin-allergy syringes</i>	Tier 2	QL (400 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	
ULTRA-FINE INS SYR (HALF UNIT)	Tier 2	QL (400 EA per 30 days)
ULTRA-FINE INSULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	QL (400 EA per 30 days)
ULTRA-FINE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	Tier 2	
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)

Drug Name	Tier	Restrictions/Limits
VANISHPOINT TUBERCULIN SYRINGE	Tier 2	QL (400 EA per 30 days)
VIVAGUARD LANCING DEVICE	Tier 2	
VORTEX ADULT MASK	Tier 2	
YALE DISPOSABLE NEEDLES	Tier 2	
Diagnostic Agents		
Cardiac Function		
<i>aspirin-dipyridamole</i>	Tier 1	ST
<i>dipyridamole oral</i>	Tier 1	
Diabetes Mellitus		
ACCU-CHEK GUIDE TEST STRIPS	Tier 2	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 2 QL (50 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP	Tier 2	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 2 QL (50 EA per 30 days)
Diagnostic Agents		
<i>glucagon hcl injection recon soln 1 mg/ml</i>	Tier 2	
Ketones		
KETONE CARE	Tier 2	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 2
KETONE URINE TEST	Tier 2	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 2
KETOSTIX	Tier 2	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 2
TRUEPLUS KETONE	Tier 2	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 2
Ocular Disorders		
BIOGLO	Tier 1	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG	Tier 1	

Drug Name	Tier	Restrictions/Limits
Pheochromocytoma		
<i>metyrosine</i>	Tier 1	PA
Roentgenography And Other Imaging Agents		
<i>diatrizoate meg-diatrizoat sod</i>	Tier 1	
MD-GASTROVIEW	Tier 1	
Sugar		
DIASTIX	Tier 2	
Urine And Feces Contents		
CHEK-STIX CONTROL	Tier 2	
CHEMSTRIP 10 MD	Tier 2	
CHEMSTRIP 10/SG	Tier 2	
CHEMSTRIP 2 GP	Tier 2	
CHEMSTRIP 50B	Tier 2	
CHEMSTRIP 7	Tier 2	
CHEMSTRIP 9	Tier 2	
COMBISTIX REAGENT	Tier 2	
HEMA-COMBISTIX	Tier 2	
KETO-DIASTIX	Tier 2	
LABSTIX REAGENT	Tier 2	
MULTISTIX	Tier 2	
MULTISTIX 10 SG	Tier 2	
MULTISTIX 5	Tier 2	
MULTISTIX 7	Tier 2	
MULTISTIX 8 SG	Tier 2	
MULTISTIX 9	Tier 2	
MULTISTIX 9 SG	Tier 2	
URISTIX 4	Tier 2	
URISTIX REAGENT	Tier 2	
Electrolytic, Caloric, And Water Balance		
Acidifying Agents		
K-PHOS ORIGINAL	Tier 2	
Alkalinizing Agents		
<i>potassium citrate oral tablet extended release</i>	Tier 1	
Ammonia Detoxicants		
<i>carglumic acid</i>	Tier 4	PA
ENULOSE	Tier 1	
GENERLAC	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>lactulose oral solution</i>	Tier 1	
Caloric Agents		
ACD SOLUTION A	Tier 2	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML	Tier 2	
RELION GLUCOSE	Tier 1	
Carbonic Anhydrase Inhibitors (40:28)		
<i>acetazolamide</i>	Tier 1	
Diuretics, Miscellaneous		
THEO-24	Tier 2	
<i>theophylline</i>	Tier 1	
Irrigating Solutions		
AQUASTAT 0.9% SODIUM CHLORIDE	Tier 1	
AQUASTAT SFR 0.9% SODIUM CHLOR	Tier 1	
BD POSIFLUSH NORMAL SALINE 0.9	Tier 1	
DELFLEX-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	
<i>glycine urologic solution</i>	Tier 1	
MONOJECT 0.9% SODIUM CHLORIDE	Tier 1	
MONOJECT PREFILL ADVANCED NS	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
NORMAL SALINE FLUSH	Tier 1	
PULMOSAL	Tier 1	
RENACIDIN	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 3 %, 7 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 10 %</i>	Tier 1	QL (4 ML per 1 day)
Loop Diuretics (40:28)		
<i>bumetanide oral</i>	Tier 1	
<i>ethacrynic acid</i>	Tier 1	
<i>furosemide oral</i>	Tier 1	
<i>torsemide</i>	Tier 1	
Phosphate-Removing Agents		
AURYXIA	Tier 2	
<i>calcium acetate(phosphat bind)</i>	Tier 1	QL (360 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>lanthanum</i>	Tier 3	PA; QL (90 EA per 30 days)
<i>sevelamer carbonate oral tablet</i>	Tier 1	PA; QL (270 EA per 30 days)
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	PA; QL (450 EA per 30 days)
VELPHORO	Tier 3	PA; QL (120 EA per 30 days)
Potassium-Removing Agents		
KIONEX	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
SPS (WITH SORBITOL)	Tier 1	
Potassium-Sparing Diuretics (40:28)		
<i>amiloride</i>	Tier 1	
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>eplerenone</i>	Tier 1	
<i>spironolactone oral tablet</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
Replacement Preparations		
<i>cardioplegic soln</i>	Tier 1	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON 10	Tier 1	
KLOR-CON 8	Tier 1	
KLOR-CON M10	Tier 1	
KLOR-CON M15	Tier 1	
KLOR-CON M20	Tier 1	
<i>potassium chloride oral capsule, extended release</i>	Tier 1	
<i>potassium chloride oral liquid</i>	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	Tier 1	
PRENATAL COMPLETE	Tier 0 - Preventative	
PRENATAL ONE DAILY	Tier 0 - Preventative	
PRENATAL TABLET	Tier 0 - Preventative	

Drug Name	Tier	Restrictions/Limits
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0 - Preventative	
PRENATAL VITAMIN WITH MINERALS	Tier 0 - Preventative	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0 - Preventative	
Thiazide Diuretics (40:28)		
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
<i>captopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>enalapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>hydrochlorothiazide</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiazid</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>spironolacton-hydrochlorothiaz</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
Thiazide-Like Diuretics (40:28)		
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
Uricosuric Agents		
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	ST
Vasopressin Antagonists		
<i>tolvaptan oral tablet 15 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 4	PA; QL (60 EA per 30 days)
Enzymes		
Enzyme Cofactors/Chaperones		
<i>nitisinone</i>	Tier 4	
<i>sapropterin</i>	Tier 4	PA
Enzyme Inhibitors		
<i>miglustat</i>	Tier 4	PA; QL (3 EA per 1 day)
Enzymes		
PULMOZYME	Tier 4	PA; QL (2.5 ML per 1 day)
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (52:40)		
<i>apraclonidine</i>	Tier 1	PA
<i>brimonidine ophthalmic (eye)</i>	Tier 1	
<i>brimonidine topical</i>	Tier 1	PA
<i>brimonidine-timolol</i>	Tier 1	PA
IOPIDINE	Tier 2	PA
Antiallergic Agents		
<i>azelastine ophthalmic (eye)</i>	Tier 1	
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
<i>bepotastine besilate</i>	Tier 1	
<i>cromolyn ophthalmic (eye)</i>	Tier 1	
<i>epinastine</i>	Tier 1	
<i>olopatadine nasal</i>	Tier 1	QL (31 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	Tier 1	
ZERVIAE	Tier 2	PA; ST
Antibacterials (52:04)		
AZASITE	Tier 2	
<i>bacitracin ophthalmic (eye)</i>	Tier 1	
<i>bacitracin-polymyxin b</i>	Tier 1	
CIPRO HC	Tier 3	ST
<i>ciprofloxacin</i>	Tier 1	
<i>ciprofloxacin hcl</i>	Tier 1	
<i>ciprofloxacin-dexamethasone</i>	Tier 1	ST
<i>ciprofloxacin-fluocinolone</i>	Tier 2	
<i>ciprofloxacin-hydrocortisone</i>	Tier 3	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
ERY PADS	Tier 1	
ERYTHROCIN (AS STEARATE)	Tier 1	
<i>erythromycin</i>	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin with ethanol</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
<i>gatifloxacin</i>	Tier 1	
<i>gentamicin ophthalmic (eye)</i>	Tier 1	
<i>gentamicin topical</i>	Tier 1	QL (60 GM per 30 days)
<i>levofloxacin</i>	Tier 1	
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>moxifloxacin</i>	Tier 1	
<i>neomycin</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>neomycin-bacitracin-poly-hc</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
<i>neomycin-polymyxin-hc</i>	Tier 1	
<i>ofloxacin ophthalmic (eye)</i>	Tier 1	QL (10 ML per 30 days)
<i>ofloxacin oral</i>	Tier 1	QL (2 EA per 1 day)
<i>ofloxacin otic (ear)</i>	Tier 1	
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye)</i>	Tier 1	
<i>sulfacetamide-prednisolone</i>	Tier 1	
<i>tobramycin ophthalmic (eye)</i>	Tier 1	
<i>tobramycin-dexamethasone</i>	Tier 1	
Antifungals (Eent)		
NATACYN	Tier 2	QL (15 ML per 30 days)
Anti-Infectives, Miscellaneous (52:04)		
<i>acetic acid otic (ear)</i>	Tier 1	
<i>hydrocortisone-acetic acid</i>	Tier 1	QL (10 ML per 30 days)
<i>povidone-iodine ophthalmic (eye)</i>	Tier 1	
Anti-Inflammatory Agents (Eent)		
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine ophthalmic (eye)</i>	Tier 1	QL (60 EA per 30 days)
<i>cyclosporine oral</i>	Tier 1	
GENGRAF	Tier 1	
Antivirals (Eent)		
<i>trifluridine</i>	Tier 1	
Astringents (52:04)		
<i>chlorhexidine gluconate mucous membrane</i>	Tier 1	
PAROEX ORAL RINSE	Tier 1	
PERIOGARD	Tier 1	
Beta-Adrenergic Blocking Agents (52:40)		
<i>betaxolol ophthalmic (eye)</i>	Tier 1	
<i>brimonidine-timolol</i>	Tier 1	PA
<i>carteolol</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf)</i>	Tier 1	
<i>levobunolol</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	Tier 1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	Tier 2	
Carbonic Anhydrase Inhibitors (52:40)		
<i>acetazolamide</i>	Tier 1	
<i>brinzolamide</i>	Tier 1	PA
<i>dorzolamide</i>	Tier 1	
<i>dorzolamide-timolol</i>	Tier 1	
<i>dorzolamide-timolol (pf)</i>	Tier 1	
<i>methazolamide</i>	Tier 1	
Corticosteroids (Eent)		
ALA-CORT	Tier 1	QL (28.35 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier 3	QL (13 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	QL (7 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA	Tier 2	QL (13 GM per 30 days)
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
BREYNA	Tier 1	ST; QL (11 GM per 30 days)
<i>budesonide-formoterol</i>	Tier 2	ST; QL (11 GM per 30 days)
CIPRO HC	Tier 3	ST
<i>ciprofloxacin-dexamethasone</i>	Tier 1	ST
<i>ciprofloxacin-fluocinolone</i>	Tier 2	
<i>ciprofloxacin-hydrocortisone</i>	Tier 3	
DEXAMETHASONE INTENSOL	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	ST; QL (13 GM per 30 days)
<i>flunisolide</i>	Tier 1	ST; QL (50 ML per 30 days)
<i>fluocinolone acetonide oil</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.025 %</i>	Tier 1	QL (2 GM per 1 day)
<i>fluocinolone topical oil</i>	Tier 1	
<i>fluocinolone topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>fluocinolone topical solution</i>	Tier 1	QL (120 ML per 30 days)
<i>fluorometholone</i>	Tier 1	
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (11 GM per 30 days)
<i>fluticasone propionate nasal</i>	Tier 1	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>hydrocortisone butyrate topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>hydrocortisone butyrate topical solution</i>	Tier 1	ST; QL (120 ML per 30 days)
<i>hydrocortisone oral</i>	Tier 1	
<i>hydrocortisone topical cream 1 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	QL (1 GM per 1 day)
<i>hydrocortisone topical cream with perineal applicator</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %</i>	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone valerate topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	Tier 1	
<i>mometasone nasal</i>	Tier 1	ST; QL (17 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>mometasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical solution</i>	Tier 1	QL (2 ML per 1 day)
<i>neomycin-bacitracin-poly-hc</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	Tier 1	
<i>nystatin-triamcinolone</i>	Tier 1	QL (60 GM per 28 days)
ORALONE	Tier 1	
<i>prednisolone acetate</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral syringe</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	Tier 1	
PROCTO-MED HC	Tier 1	
PROCTOSOL HC	Tier 1	
PROCTOZONE-HC	Tier 1	
QNASL	Tier 3	PA; QL (1 GM per 30 days)
<i>sulfacetamide-prednisolone</i>	Tier 1	
<i>tobramycin-dexamethasone</i>	Tier 1	
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
<i>triamcinolone acetonide dental</i>	Tier 1	
<i>triamcinolone acetonide topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Tier 1	ST
TRIDERM	Tier 1	ST; QL (454 GM per 30 days)
Eent Drugs, Miscellaneous		
BSS	Tier 1	
<i>cromolyn ophthalmic (eye)</i>	Tier 1	
<i>ipratropium bromide nasal</i>	Tier 1	QL (30 ML per 30 days)
OCUCOAT	Tier 1	
<i>varenicline tartrate</i>	Tier 0 - Preventative	

Drug Name	Tier	Restrictions/Limits
Eent Nonsteroidal Anti-Inflam. Agents		
<i>bromfenac ophthalmic (eye) drops 0.075 %</i>	Tier 3	
<i>diclofenac sodium ophthalmic (eye)</i>	Tier 1	
<i>flurbiprofen</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 1	QL (5 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>ketorolac oral</i>	Tier 1	QL (20 EA per 30 days)
Local Anesthetics (Eent)		
<i>lidocaine hcl mucous membrane solution 2 %</i>	Tier 1	QL (100 ML per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
<i>proparacaine</i>	Tier 1	
Miotics		
PHOSPHOLINE IODIDE	Tier 4	PA
<i>pilocarpine hcl</i>	Tier 1	
Mouthwashes And Gargles		
<i>hydrogen peroxide</i>	Tier 1	
Mydriatics		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>cyclopentolate</i>	Tier 1	
<i>cyclopen-tropic-phenyleph-watr</i>	Tier 1	
HOMATROPAIRE	Tier 1	
<i>tropicamide</i>	Tier 1	
Prostaglandin Analogs		
<i>bimatoprost ophthalmic (eye)</i>	Tier 1	ST
<i>latanoprost</i>	Tier 1	
<i>tafluprost (pf)</i>	Tier 1	ST
<i>travoprost</i>	Tier 1	ST
Vasoconstrictors		
<i>cyclopen-tropic-phenyleph-watr</i>	Tier 1	
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO (NETUPITANT)	Tier 3	QL (1 EA per 30 days)
<i>granisetron hcl oral</i>	Tier 1	QL (6 EA per 30 days)
<i>ondansetron hcl oral solution</i>	Tier 1	QL (100 ML per 30 days)
<i>ondansetron hcl oral syringe</i>	Tier 1	QL (100 ML per 30 days)
<i>ondansetron hcl oral tablet</i>	Tier 1	QL (9 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	QL (9 EA per 30 days)
Antidiarrhea Agents		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE	Tier 1	QL (2 EA per 1 day)
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
<i>loperamide oral capsule</i>	Tier 1	QL (2 EA per 1 day)
MOTOFEN	Tier 3	PA
Antiemetics, Miscellaneous		
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 3	ST
<i>olanzapine oral tablet</i>	Tier 1	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine</i>	Tier 1	ST
<i>scopolamine base</i>	Tier 1	
Antihistamines (Gi Drugs)		
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 3	ST
<i>meclizine oral tablet 50 mg</i>	Tier 3	
<i>prochlorperazine maleate</i>	Tier 1	
<i>trimethobenzamide oral</i>	Tier 1	
Anti-Inflammatory Agents (Gi Drugs)		
<i>alosetron</i>	Tier 1	PA
<i>balsalazide</i>	Tier 1	
DIPENTUM	Tier 2	PA
<i>mesalamine oral capsule (with del rel tablets)</i>	Tier 1	
<i>mesalamine oral capsule, extended release 24hr</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	Tier 3	
<i>mesalamine rectal enema</i>	Tier 1	
<i>sulfasalazine</i>	Tier 1	
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 3	QL (112 EA per 30 days)
<i>amoxicillin</i>	Tier 1	
<i>amoxicillin-pot clavulanate</i>	Tier 1	
<i>bismuth subcit k-metronidz-tcn</i>	Tier 3	
<i>clarithromycin</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>metronidazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical lotion</i>	Tier 1	QL (59 ML per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	QL (70 GM per 30 days)
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
Cathartics And Laxatives		
<i>bisacodyl oral</i>	Tier 0 - Preventative	
CITROMA	Tier 0 - Preventative	
CLEARLAX ORAL POWDER	Tier 0 - Preventative	
CLENPIQ	Tier 0 - Preventative	
DULCOLAX (MAGNESIUM HYDROXIDE) ORAL SUSPENSION	Tier 0 - Preventative	
FLEET BISACODYL ORAL	Tier 0 - Preventative	
GAVILAX ORAL POWDER	Tier 0 - Preventative	
GAVILYTE-C	Tier 0 - Preventative	
GAVILYTE-G	Tier 0 - Preventative	
GAVILYTE-N	Tier 0 - Preventative	
GENTLE LAXATIVE (BISACODYL) ORAL	Tier 0 - Preventative	
GENTLE LAXATIVE (MAG HYDROX)	Tier 0 - Preventative	
GENTLELAX	Tier 0 - Preventative	
LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC)	Tier 0 - Preventative	
LAXATIVE PEG 3350	Tier 0 - Preventative	
<i>magnesium citrate oral solution</i>	Tier 0 - Preventative	
<i>magnesium hydroxide</i>	Tier 0 - Preventative	
MILK OF MAGNESIA	Tier 0 - Preventative	
MILK OF MAGNESIA CONCENTRATED	Tier 0 - Preventative	
ONELAX MAGNESIUM CITRATE	Tier 0 - Preventative	
ORAL SALINE LAXATIVE	Tier 0 - Preventative	
<i>peg 3350-electrolytes</i>	Tier 0 - Preventative	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	Tier 0 - Preventative	
<i>peg-electrolyte soln</i>	Tier 0 - Preventative	
PHOSPHATE LAXATIVE	Tier 0 - Preventative	
<i>polyethylene glycol 3350 oral powder</i>	Tier 0 - Preventative	
POWDERLAX ORAL POWDER	Tier 0 - Preventative	
PURELAX ORAL POWDER	Tier 0 - Preventative	
SMOOTHLAX ORAL POWDER	Tier 0 - Preventative	
<i>sodium,potassium,mag sulfates</i>	Tier 0 - Preventative	
WOMEN'S GENTLE LAXATIVE(BISAC)	Tier 0 - Preventative	

Drug Name	Tier	Restrictions/Limits
Chloride Channel Activators		
<i>lubiprostone</i>	Tier 1	QL (60 EA per 30 days)
Cholelitholytic Agents		
<i>ursodiol</i>	Tier 1	
Digestants		
CREON	Tier 2	
VIOKACE	Tier 2	
Dopamine Receptor Antagonists		
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 1	
PROMETHAZINE VC	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
<i>promethazine-dm</i>	Tier 1	
<i>promethazine-phenylephrine</i>	Tier 1	
PROMETHEGAN	Tier 1	
GI Drugs, Miscellaneous		
<i>dronabinol oral capsule</i>	Tier 1	PA
Guanylate Cyclase C (Gcc) Recept Agonist		
LINZESS	Tier 3	PA; QL (30 EA per 30 days)
Histamine H2-Antagonists		
<i>cimetidine</i>	Tier 1	
<i>cimetidine hcl</i>	Tier 1	
<i>famotidine oral suspension for reconstitution</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nizatidine</i>	Tier 1	
Lipotropic Agents		
<i>scopolamine base</i>	Tier 1	
Neurokinin-1 Receptor Antagonists		
AKYNZEO (NETUPITANT)	Tier 3	QL (1 EA per 30 days)
<i>aprepitant oral capsule 125 mg, 40 mg</i>	Tier 1	PA; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 1	PA; QL (2 EA per 30 days)
VARUBI	Tier 3	PA; QL (2 EA per 30 days)
Opioid Antagonists (56:18)		
<i>alvimopan</i>	Tier 1	
MOVANTIK	Tier 2	PA; QL (30 EA per 30 days)
Potassium-Competitive Acid Blockers		
<i>amoxicil-clarithromy-lansopraz</i>	Tier 3	QL (112 EA per 30 days)
<i>amoxicillin</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>amoxicillin-pot clavulanate</i>	Tier 1	
<i>clarithromycin</i>	Tier 1	
VOQUEZNA	Tier 3	ST
Prokinetic Agents		
<i>metoclopramide hcl oral</i>	Tier 1	
Prostaglandins		
<i>misoprostol</i>	Tier 1	QL (4 EA per 1 day)
Protectants		
<i>sucralfate oral suspension</i>	Tier 1	
<i>sucralfate oral tablet</i>	Tier 1	QL (4 EA per 1 day)
Proton-Pump Inhibitors		
ACID REDUCER (OMEPRAZOLE)	Tier 1	
<i>amoxicil-clarithromy-lansopraz</i>	Tier 3	QL (112 EA per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i>	Tier 1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	Tier 1	ST
<i>lansoprazole oral capsule, delayed release(drlec)</i>	Tier 1	
<i>omeprazole magnesium oral capsule, delayed release(drlec)</i>	Tier 1	
<i>omeprazole oral capsule, delayed release(drlec) 10 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release(drlec) 20 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (drlec)</i>	Tier 1	ST; QL (60 EA per 30 days)
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	Tier 3	PA
<i>deferasirox oral tablet</i>	Tier 4	PA
<i>deferasirox oral tablet, dispersible</i>	Tier 4	PA

Drug Name	Tier	Restrictions/Limits
<i>deferiprone oral tablet 1,000 mg</i>	Tier 4	PA
<i>penicillamine oral tablet</i>	Tier 3	PA
<i>trientine</i>	Tier 1	PA
Hormones And Synthetic Substitutes		
Adrenals		
ALA-CORT	Tier 1	QL (28.35 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	Tier 3	QL (13 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	QL (7 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA	Tier 2	QL (13 GM per 30 days)
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
<i>betamethasone dipropionate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone dipropionate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone dipropionate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>betamethasone valerate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone valerate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone valerate topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone, augmented topical cream</i>	Tier 1	QL (50 GM per 30 days)
<i>betamethasone, augmented topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone, augmented topical ointment</i>	Tier 1	QL (45 GM per 30 days)
BREYNA	Tier 1	ST; QL (11 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 ML per 30 days)
<i>budesonide oral capsule, delayed, extend. release</i>	Tier 3	
<i>budesonide-formoterol</i>	Tier 2	ST; QL (11 GM per 30 days)
<i>cortisone</i>	Tier 1	
<i>deflazacort oral suspension</i>	Tier 4	PA; QL (117 ML per 30 days)
<i>deflazacort oral tablet 18 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>deflazacort oral tablet 30 mg, 36 mg</i>	Tier 4	PA; QL (90 EA per 30 days)
<i>deflazacort oral tablet 6 mg</i>	Tier 4	PA; QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
DEXAMETHASONE INTENSOL	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	Tier 1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	ST; QL (13 GM per 30 days)
EMFLAZA ORAL TABLET 18 MG	Tier 4	PA; QL (30 EA per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG	Tier 4	PA; QL (90 EA per 30 days)
EMFLAZA ORAL TABLET 6 MG	Tier 4	PA; QL (60 EA per 30 days)
<i>fludrocortisone</i>	Tier 1	
<i>flunisolide</i>	Tier 1	ST; QL (50 ML per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (11 GM per 30 days)
<i>fluticasone propionate nasal</i>	Tier 1	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>hydrocortisone butyrate topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>hydrocortisone butyrate topical solution</i>	Tier 1	ST; QL (120 ML per 30 days)
<i>hydrocortisone oral</i>	Tier 1	
<i>hydrocortisone topical cream 1 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	QL (1 GM per 1 day)
<i>hydrocortisone topical cream with perineal applicator</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %</i>	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone valerate topical cream</i>	Tier 1	QL (2 GM per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>hydrocortisone-acetic acid</i>	Tier 1	QL (10 ML per 30 days)
<i>methylprednisolone</i>	Tier 1	
<i>mometasone nasal</i>	Tier 1	ST; QL (17 GM per 30 days)
<i>mometasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical solution</i>	Tier 1	QL (2 ML per 1 day)
<i>nystatin-triamcinolone</i>	Tier 1	QL (60 GM per 28 days)
ORALONE	Tier 1	
<i>prednisolone acetate</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral syringe</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating</i>	Tier 1	
<i>prednisone oral solution</i>	Tier 1	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablets, dose pack</i>	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; 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)
<i>sulfacetamide-prednisolone</i>	Tier 1	
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
<i>triamcinolone acetonide dental</i>	Tier 1	
<i>triamcinolone acetonide topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	QL (454 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Tier 1	ST
TRIDERM	Tier 1	ST; QL (454 GM per 30 days)
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>miglitol</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
Androgens		
COVARYX	Tier 1	
COVARYX H.S.	Tier 1	
<i>danazol</i>	Tier 1	
<i>estrogens-methyltestosterone</i>	Tier 1	
<i>methyltestosterone</i>	Tier 1	PA
<i>testosterone cypionate</i>	Tier 1	PA
<i>testosterone enanthate</i>	Tier 1	PA
<i>testosterone transdermal gel</i>	Tier 1	PA; QL (60 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 3	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	Tier 1	PA; QL (75 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	Tier 3	PA; QL (30 GM per 30 days)
Antidiabetic Agents, Miscellaneous		
<i>colesevelam oral powder in packet</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>colesevelam oral tablet</i>	Tier 1	PA; QL (180 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
Antiestrogens		
<i>anastrozole</i>	Tier 0 - Preventative	
<i>exemestane</i>	Tier 0 - Preventative	
<i>letrozole</i>	Tier 1	
Antigonadotropins		
AFIRMELLE	Tier 0 - Preventative	
ALTAVERA (28)	Tier 0 - Preventative	
ALYACEN 1/35 (28)	Tier 0 - Preventative	
ALYACEN 7/7/7 (28)	Tier 0 - Preventative	

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

Drug Name	Tier	Restrictions/Limits
LARIN 1/20 (21)	Tier 0 - Preventative	
LESSINA	Tier 0 - Preventative	
LEVONEST (28)	Tier 0 - Preventative	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 0 - Preventative	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	Tier 0 - Preventative	QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Tier 0 - Preventative	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic</i>	Tier 0 - Preventative	
LOW-OGESTREL (28)	Tier 0 - Preventative	
LUTERA (28)	Tier 0 - Preventative	
LYLEQ	Tier 0 - Preventative	
LYZA	Tier 0 - Preventative	
MARLISSA (28)	Tier 0 - Preventative	
<i>methyltestosterone</i>	Tier 1	PA
MICROGESTIN 1.5/30 (21)	Tier 0 - Preventative	
MICROGESTIN 1/20 (21)	Tier 0 - Preventative	
NECON 0.5/35 (28)	Tier 0 - Preventative	
NORA-BE	Tier 0 - Preventative	
<i>norelgestromin-ethin.estradiol</i>	Tier 0 - Preventative	
<i>norethindrone (contraceptive)</i>	Tier 0 - Preventative	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	Tier 0 - Preventative	
NORTREL 0.5/35 (28)	Tier 0 - Preventative	
NORTREL 1/35 (21)	Tier 0 - Preventative	
NORTREL 1/35 (28)	Tier 0 - Preventative	
NORTREL 7/7/7 (28)	Tier 0 - Preventative	
NYLIA 1/35 (28)	Tier 0 - Preventative	
NYLIA 7/7/7 (28)	Tier 0 - Preventative	
ORIAHNN	Tier 3	PA
ORILISSA	Tier 2	PA; ST
PHILITH	Tier 0 - Preventative	
PORTIA 28	Tier 0 - Preventative	
SETLAKIN	Tier 0 - Preventative	QL (1 EA per 1 day)
SHAROBEL	Tier 0 - Preventative	
<i>testosterone cypionate</i>	Tier 1	PA
<i>testosterone enanthate</i>	Tier 1	PA

Drug Name	Tier	Restrictions/Limits
<i>testosterone transdermal gel</i>	Tier 1	PA; QL (60 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 3	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	Tier 1	PA; QL (75 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	Tier 3	PA; QL (30 GM per 30 days)
TULANA	Tier 0 - Preventative	
TURQOZ (28)	Tier 0 - Preventative	
VIENVA	Tier 0 - Preventative	
VYFEMLA (28)	Tier 0 - Preventative	
WERA (28)	Tier 0 - Preventative	
XULANE	Tier 0 - Preventative	
ZAFEMY	Tier 0 - Preventative	
Antiparathyroid Agents		
<i>calcitonin (salmon) nasal</i>	Tier 1	
<i>cinacalcet</i>	Tier 1	PA
Antithyroid Agents		
<i>methimazole</i>	Tier 1	
<i>potassium iodide oral solution</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
SSKI	Tier 2	
Biguanides		
<i>alogliptin-metformin</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 2.
<i>dapagliflozin-metformin</i>	Tier 1	ST; QL (30 tablets per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 1.
<i>glipizide-metformin</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1

Drug Name	Tier	Restrictions/Limits
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Tier 1	QL (260 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	QL (5 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1
JANUMET	Tier 3	ST
<i>metformin oral solution</i>	Tier 1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1
<i>metformin oral tablet extended release 24 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1 QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>pioglitazone-metformin</i>	Tier 1	QL (90 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1
<i>sitagliptin phos-metformin</i>	Tier 3	
<i>sitagliptin-metformin</i>	Tier 3	
SYNJARDY	Tier 2	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = Tier 2, ST

Drug Name	Tier	Restrictions/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	Tier 2	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	Tier 2	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
Contraceptives		
AFIRMELLE	Tier 0 - Preventative	
AFTER PILL	Tier 0 - Preventative	QL (1 EA per 30 days)
AFTERA	Tier 0 - Preventative	QL (1 EA per 30 days)
ALTAVERA (28)	Tier 0 - Preventative	
ALYACEN 1/35 (28)	Tier 0 - Preventative	
ALYACEN 7/7/7 (28)	Tier 0 - Preventative	
AMETHIA	Tier 0 - Preventative	QL (1 EA per 1 day)
AMETHYST (28)	Tier 0 - Preventative	QL (1 EA per 1 day)
APRI	Tier 0 - Preventative	
ARANELLE (28)	Tier 0 - Preventative	
ASHLYNA	Tier 0 - Preventative	QL (1 EA per 1 day)
AUBRA	Tier 0 - Preventative	
AUBRA EQ	Tier 0 - Preventative	
AUROVELA 1.5/30 (21)	Tier 0 - Preventative	
AUROVELA 1/20 (21)	Tier 0 - Preventative	
AUROVELA 24 FE	Tier 0 - Preventative	
AUROVELA FE 1.5/30 (28)	Tier 0 - Preventative	
AUROVELA FE 1-20 (28)	Tier 0 - Preventative	
AVIANE	Tier 0 - Preventative	
AYUNA	Tier 0 - Preventative	
AZURETTE (28)	Tier 0 - Preventative	
BALZIVA (28)	Tier 0 - Preventative	
BLISOVI 24 FE	Tier 0 - Preventative	
BLISOVI FE 1.5/30 (28)	Tier 0 - Preventative	
BLISOVI FE 1/20 (28)	Tier 0 - Preventative	
BRIELLYN	Tier 0 - Preventative	
CAMILA	Tier 0 - Preventative	
CAMRESE	Tier 0 - Preventative	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
CAMRESE LO	Tier 0 - Preventative	QL (1 EA per 1 day)
CAZANT (28)	Tier 0 - Preventative	
CHARLOTTE 24 FE	Tier 0 - Preventative	
CHATEAL EQ (28)	Tier 0 - Preventative	
CRYSELLE (28)	Tier 0 - Preventative	
CYRED	Tier 0 - Preventative	
CYRED EQ	Tier 0 - Preventative	
DASETTA 1/35 (28)	Tier 0 - Preventative	
DASETTA 7/7/7 (28)	Tier 0 - Preventative	
DAYSEE	Tier 0 - Preventative	QL (1 EA per 1 day)
DEBLITANE	Tier 0 - Preventative	
<i>desog-e.estradiol/e.estradiol</i>	Tier 0 - Preventative	
DOLISHALE	Tier 0 - Preventative	QL (1 EA per 1 day)
<i>drospirenone-e.estradiol-lm.fa</i>	Tier 0 - Preventative	
<i>drospirenone-ethinyl estradiol</i>	Tier 0 - Preventative	
ECONTRA EZ	Tier 0 - Preventative	QL (1 EA per 30 days)
ECONTRA ONE-STEP	Tier 0 - Preventative	QL (1 EA per 30 days)
ELINEST	Tier 0 - Preventative	
ELLA	Tier 0 - Preventative	QL (1 EA per 30 days)
ELURYNG	Tier 0 - Preventative	
EMZAHH	Tier 0 - Preventative	
ENILLORING	Tier 0 - Preventative	
ENPRESSE	Tier 0 - Preventative	
ENSKYCE	Tier 0 - Preventative	
ERRIN	Tier 0 - Preventative	
ESTARYLLA	Tier 0 - Preventative	
<i>etonogestrel-ethinyl estradiol</i>	Tier 0 - Preventative	
FALMINA (28)	Tier 0 - Preventative	
FINZALA	Tier 0 - Preventative	
GEMMILY	Tier 0 - Preventative	
HAILEY	Tier 0 - Preventative	
HAILEY 24 FE	Tier 0 - Preventative	
HAILEY FE 1.5/30 (28)	Tier 0 - Preventative	
HAILEY FE 1/20 (28)	Tier 0 - Preventative	
HALOETTE	Tier 0 - Preventative	
HEATHER	Tier 0 - Preventative	
ICLEVIA	Tier 0 - Preventative	QL (1 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
INCASSIA	Tier 0 - Preventative	
ISIBLOOM	Tier 0 - Preventative	
JAIMESS	Tier 0 - Preventative	QL (1 EA per 1 day)
JASMIEL (28)	Tier 0 - Preventative	
JENCYCLA	Tier 0 - Preventative	
JOLESSA	Tier 0 - Preventative	QL (1 EA per 1 day)
JULEBER	Tier 0 - Preventative	
JUNEL 1.5/30 (21)	Tier 0 - Preventative	
JUNEL 1/20 (21)	Tier 0 - Preventative	
JUNEL FE 1.5/30 (28)	Tier 0 - Preventative	
JUNEL FE 1/20 (28)	Tier 0 - Preventative	
JUNEL FE 24	Tier 0 - Preventative	
KAITLIB FE	Tier 0 - Preventative	
KALLIGA	Tier 0 - Preventative	
KARIVA (28)	Tier 0 - Preventative	
KELNOR 1/35 (28)	Tier 0 - Preventative	
KURVELO (28)	Tier 0 - Preventative	
LARIN 1.5/30 (21)	Tier 0 - Preventative	
LARIN 1/20 (21)	Tier 0 - Preventative	
LARIN 24 FE	Tier 0 - Preventative	
LARIN FE 1.5/30 (28)	Tier 0 - Preventative	
LARIN FE 1/20 (28)	Tier 0 - Preventative	
LESSINA	Tier 0 - Preventative	
LEVONEST (28)	Tier 0 - Preventative	
<i>levonorgestrel</i>	Tier 0 - Preventative	QL (1 EA per 30 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 0 - Preventative	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	Tier 0 - Preventative	QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Tier 0 - Preventative	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic</i>	Tier 0 - Preventative	
LO LOESTRIN FE	Tier 0 - Preventative	ST
LOJAIMIESS	Tier 0 - Preventative	QL (1 EA per 1 day)
LORYNA (28)	Tier 0 - Preventative	
LOW-OGESTREL (28)	Tier 0 - Preventative	
LO-ZUMANDIMINE (28)	Tier 0 - Preventative	
LUTERA (28)	Tier 0 - Preventative	

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

Drug Name	Tier	Restrictions/Limits
SETLAKIN	Tier 0 - Preventative	QL (1 EA per 1 day)
SHAROBEL	Tier 0 - Preventative	
SIMLIYA (28)	Tier 0 - Preventative	
SIMPESSE	Tier 0 - Preventative	QL (1 EA per 1 day)
SPRINTEC (28)	Tier 0 - Preventative	
SYEDA	Tier 0 - Preventative	
TAKE ACTION	Tier 0 - Preventative	QL (1 EA per 30 days)
TARINA 24 FE	Tier 0 - Preventative	
TARINA FE 1/20 (28)	Tier 0 - Preventative	
TARINA FE 1-20 EQ (28)	Tier 0 - Preventative	
TILIA FE	Tier 0 - Preventative	
TRI-ESTARYLLA	Tier 0 - Preventative	
TRI-LEGEST FE	Tier 0 - Preventative	
TRI-LINYAH	Tier 0 - Preventative	
TRI-LO-ESTARYLLA	Tier 0 - Preventative	
TRI-LO-MARZIA	Tier 0 - Preventative	
TRI-LO-MILI	Tier 0 - Preventative	
TRI-LO-SPRINTEC	Tier 0 - Preventative	
TRI-MILI	Tier 0 - Preventative	
TRI-SPRINTEC (28)	Tier 0 - Preventative	
TRI-VYLIBRA	Tier 0 - Preventative	
TRI-VYLIBRA LO	Tier 0 - Preventative	
TULANA	Tier 0 - Preventative	
TURQOZ (28)	Tier 0 - Preventative	
TYDEMY	Tier 0 - Preventative	
VELIVET TRIPHASIC REGIMEN (28)	Tier 0 - Preventative	
VESTURA (28)	Tier 0 - Preventative	
VIENVA	Tier 0 - Preventative	
VIORELE (28)	Tier 0 - Preventative	
VOLNEA (28)	Tier 0 - Preventative	
VYFEMLA (28)	Tier 0 - Preventative	
VYLIBRA	Tier 0 - Preventative	
WERA (28)	Tier 0 - Preventative	
WYMZYA FE	Tier 0 - Preventative	
XULANE	Tier 0 - Preventative	
ZAFEMY	Tier 0 - Preventative	
ZARAH	Tier 0 - Preventative	

Drug Name	Tier	Restrictions/Limits
ZOVIA 1-35 (28)	Tier 0 - Preventative	
ZUMANDIMINE (28)	Tier 0 - Preventative	
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
<i>alogliptin</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 1.
<i>alogliptin-metformin</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 2.
<i>alogliptin-pioglitazone</i>	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 2.
JANUMET	Tier 3	ST
JANUVIA	Tier 3	ST
<i>sitagliptin oral tablet 25 mg</i>	Tier 3	
<i>sitagliptin phos-metformin</i>	Tier 3	
<i>sitagliptin-metformin</i>	Tier 3	
Estrogen Agonist-Antagonists		
CLOMID	Tier 1	
<i>clomiphene citrate</i>	Tier 1	
DUAVEE	Tier 3	PA
OSPHENA	Tier 3	PA
<i>raloxifene</i>	Tier 0 - Preventative	
<i>tamoxifen</i>	Tier 0 - Preventative	
<i>toremifene</i>	Tier 1	PA
Estrogens		
AFIRMELLE	Tier 0 - Preventative	
ALTAVERA (28)	Tier 0 - Preventative	
ALYACEN 1/35 (28)	Tier 0 - Preventative	
ALYACEN 7/7/7 (28)	Tier 0 - Preventative	
AMETHYST (28)	Tier 0 - Preventative	QL (1 EA per 1 day)
ARANELLE (28)	Tier 0 - Preventative	
AUBRA	Tier 0 - Preventative	
AUBRA EQ	Tier 0 - Preventative	

Drug Name	Tier	Restrictions/Limits
AUROVELA 1.5/30 (21)	Tier 0 - Preventative	
AUROVELA 1/20 (21)	Tier 0 - Preventative	
AVIANE	Tier 0 - Preventative	
AYUNA	Tier 0 - Preventative	
BALZIVA (28)	Tier 0 - Preventative	
BRIELLYN	Tier 0 - Preventative	
CHATEAL EQ (28)	Tier 0 - Preventative	
COMBIPATCH	Tier 2	
COVARYX	Tier 1	
COVARYX H.S.	Tier 1	
CRYSSELLE (28)	Tier 0 - Preventative	
DASETTA 1/35 (28)	Tier 0 - Preventative	
DASETTA 7/7/7 (28)	Tier 0 - Preventative	
DOLISHALE	Tier 0 - Preventative	QL (1 EA per 1 day)
DUAVEE	Tier 3	PA
ELINEST	Tier 0 - Preventative	
ELURYNG	Tier 0 - Preventative	
ENILLORING	Tier 0 - Preventative	
ENPRESSE	Tier 0 - Preventative	
<i>estradiol oral</i>	Tier 1	
<i>estradiol transdermal patch semiweekly</i>	Tier 1	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 1	QL (4 EA per 28 days)
<i>estradiol vaginal tablet</i>	Tier 1	
<i>estradiol-norethindrone acet</i>	Tier 1	
<i>estrogens-methyltestosterone</i>	Tier 1	
<i>etonogestrel-ethinyl estradiol</i>	Tier 0 - Preventative	
FALMINA (28)	Tier 0 - Preventative	
FYAVOLV	Tier 3	
HAILEY	Tier 0 - Preventative	
HALOETTE	Tier 0 - Preventative	
ICLEVIA	Tier 0 - Preventative	QL (1 EA per 1 day)
JOLESSA	Tier 0 - Preventative	QL (1 EA per 1 day)
JUNEL 1.5/30 (21)	Tier 0 - Preventative	
JUNEL 1/20 (21)	Tier 0 - Preventative	
KURVELO (28)	Tier 0 - Preventative	
LARIN 1.5/30 (21)	Tier 0 - Preventative	
LARIN 1/20 (21)	Tier 0 - Preventative	

Drug Name	Tier	Restrictions/Limits
LESSINA	Tier 0 - Preventative	
LEVONEST (28)	Tier 0 - Preventative	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 0 - Preventative	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	Tier 0 - Preventative	QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Tier 0 - Preventative	QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic</i>	Tier 0 - Preventative	
LOW-OGESTREL (28)	Tier 0 - Preventative	
LUTERA (28)	Tier 0 - Preventative	
MARLISSA (28)	Tier 0 - Preventative	
MICROGESTIN 1.5/30 (21)	Tier 0 - Preventative	
MICROGESTIN 1/20 (21)	Tier 0 - Preventative	
MIMVEY	Tier 1	
NECON 0.5/35 (28)	Tier 0 - Preventative	
<i>norelgestromin-ethin.estradiol</i>	Tier 0 - Preventative	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	Tier 0 - Preventative	
NORTREL 0.5/35 (28)	Tier 0 - Preventative	
NORTREL 1/35 (21)	Tier 0 - Preventative	
NORTREL 1/35 (28)	Tier 0 - Preventative	
NORTREL 7/7/7 (28)	Tier 0 - Preventative	
NYLIA 1/35 (28)	Tier 0 - Preventative	
NYLIA 7/7/7 (28)	Tier 0 - Preventative	
ORIAHNN	Tier 3	PA
PHILITH	Tier 0 - Preventative	
PORTIA 28	Tier 0 - Preventative	
SETLAKIN	Tier 0 - Preventative	QL (1 EA per 1 day)
TURQOZ (28)	Tier 0 - Preventative	
VIENVA	Tier 0 - Preventative	
VYFEMLA (28)	Tier 0 - Preventative	
WERA (28)	Tier 0 - Preventative	
XULANE	Tier 0 - Preventative	
ZAFEMY	Tier 0 - Preventative	

Drug Name	Tier	Restrictions/Limits
Glycogenolytic Agents		
BAQSIMI	Tier 2	PA; QL (2 EA per 30 days)
GLUCAGON (HCL) EMERGENCY KIT	Tier 2	QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	Tier 1	QL (2 EA per 30 days)
<i>glucagon hcl injection recon soln 1 mg/ml</i>	Tier 2	
Incretin Mimetics		
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 2	PA; QL (1 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	Tier 2	PA
RYBELSUS	Tier 2	PA
SOLIQUA 100/33	Tier 3	ST
TRULICITY	Tier 2	PA
XULTOPHY 100/3.6	Tier 2	PA
Insulins		
BASAGLAR KWIKPEN U-100 INSULIN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = Tier 2
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN N NPH INSULIN KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

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

Drug Name	Tier	Restrictions/Limits
NOVOLIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN R REGULAR U100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
REZVOGLAR KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 2 QL (1.5 ML per 1 Day)
SOLIQUA 100/33	Tier 3	ST
TRESIBA FLEXTOUCH U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plans. Standard plans = Tier 2
TRESIBA FLEXTOUCH U-200	Tier 2	QL (27 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plans. Standard plans = Tier 2
TRESIBA U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plans. Standard plans = Tier 2
XULTOPHY 100/3.6	Tier 2	PA
Intermediate-Acting Insulins		
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
HUMULIN N NPH INSULIN KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>insulin lispro protamin-lispro</i>	Tier 2	QL (1 ML per 1 day); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 2
NOVOLIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN 70-30 FLEXPEN U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN N FLEXPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN N NPH U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
Long-Acting Insulins		
BASAGLAR KWIKPEN U-100 INSULIN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = Tier 2

Drug Name	Tier	Restrictions/Limits
REZVOGLAR KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 2 QL (1.5 ML per 1 Day)
SOLIQUA 100/33	Tier 3	ST
TRESIBA FLEXTOUCH U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plans. Standard plans = Tier 2
TRESIBA FLEXTOUCH U-200	Tier 2	QL (27 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plans. Standard plans = Tier 2
TRESIBA U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plans. Standard plans = Tier 2
XULTOPHY 100/3.6	Tier 2	PA
Meglitinides		
<i>nateglinide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
<i>repaglinide</i>	Tier 1	This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1
Parathyroid Agents		
<i>teriparatide</i>	Tier 4	PA; QL (1 ML per 28 days)
Pituitary		
<i>desmopressin injection</i>	Tier 4	
<i>desmopressin nasal spray with pump</i>	Tier 1	
<i>desmopressin oral</i>	Tier 1	
NOCDURNA (MEN)	Tier 3	PA; QL (30 EA per 30 days)
NOCDURNA (WOMEN)	Tier 3	PA; QL (30 EA per 30 days)
OMNITROPE	Tier 4	PA
SKYTROFA	Tier 4	PA
Progestins		
AFIRMELLE	Tier 0 - Preventative	
ALTAVERA (28)	Tier 0 - Preventative	

Drug Name	Tier	Restrictions/Limits
ALYACEN 1/35 (28)	Tier 0 - Preventative	
ALYACEN 7/7/7 (28)	Tier 0 - Preventative	
AMETHYST (28)	Tier 0 - Preventative	QL (1 EA per 1 day)
ARANELLE (28)	Tier 0 - Preventative	
AUBRA	Tier 0 - Preventative	
AUBRA EQ	Tier 0 - Preventative	
AUROVELA 1.5/30 (21)	Tier 0 - Preventative	
AUROVELA 1/20 (21)	Tier 0 - Preventative	
AVIANE	Tier 0 - Preventative	
AYUNA	Tier 0 - Preventative	
BALZIVA (28)	Tier 0 - Preventative	
BRIELLYN	Tier 0 - Preventative	
CAMILA	Tier 0 - Preventative	
CHATEAL EQ (28)	Tier 0 - Preventative	
COMBIPATCH	Tier 2	
CRINONE VAGINAL GEL 4 %	Tier 3	
CRINONE VAGINAL GEL 8 %	Tier 5	
CRYSELLE (28)	Tier 0 - Preventative	
DASETTA 1/35 (28)	Tier 0 - Preventative	
DASETTA 7/7/7 (28)	Tier 0 - Preventative	
DEBLITANE	Tier 0 - Preventative	
DEPO-SUBQ PROVERA 104	Tier 2	QL (1 ML per 90 days)
DOLISHALE	Tier 0 - Preventative	QL (1 EA per 1 day)
ELINEST	Tier 0 - Preventative	
ELURYNG	Tier 0 - Preventative	
EMZAHH	Tier 0 - Preventative	
ENILLORING	Tier 0 - Preventative	
ENPRESSE	Tier 0 - Preventative	
ERRIN	Tier 0 - Preventative	
<i>estradiol-norethindrone acet</i>	Tier 1	
<i>etonogestrel-ethinyl estradiol</i>	Tier 0 - Preventative	
FALMINA (28)	Tier 0 - Preventative	
FYAVOLV	Tier 3	
GALLIFREY	Tier 1	
HAILEY	Tier 0 - Preventative	
HALOETTE	Tier 0 - Preventative	
HEATHER	Tier 0 - Preventative	

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

Drug Name	Tier	Restrictions/Limits
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	Tier 0 - Preventative	
NORTREL 0.5/35 (28)	Tier 0 - Preventative	
NORTREL 1/35 (21)	Tier 0 - Preventative	
NORTREL 1/35 (28)	Tier 0 - Preventative	
NORTREL 7/7/7 (28)	Tier 0 - Preventative	
NYLIA 1/35 (28)	Tier 0 - Preventative	
NYLIA 7/7/7 (28)	Tier 0 - Preventative	
ORIAHNN	Tier 3	PA
PHILITH	Tier 0 - Preventative	
PORTIA 28	Tier 0 - Preventative	
<i>progesterone micronized oral</i>	Tier 1	
SETLAKIN	Tier 0 - Preventative	QL (1 EA per 1 day)
SHAROBEL	Tier 0 - Preventative	
TULANA	Tier 0 - Preventative	
TURQOZ (28)	Tier 0 - Preventative	
VIENVA	Tier 0 - Preventative	
VYFEMLA (28)	Tier 0 - Preventative	
WERA (28)	Tier 0 - Preventative	
XULANE	Tier 0 - Preventative	
ZAFEMY	Tier 0 - Preventative	
Rapid-Acting Insulins		
<i>insulin lispro protamin-lispro</i>	Tier 2	QL (1 ML per 1 day); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 2
<i>insulin lispro subcutaneous insulin pen</i>	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>insulin lispro subcutaneous insulin pen, half-unit</i>	Tier 2	QL (1 ML per 1 day); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard Plans = Tier 2

Drug Name	Tier	Restrictions/Limits
<i>insulin lispro subcutaneous solution</i>	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
Short-Acting Insulins		
HUMULIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN 70/30 U-100 KWIKPEN	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN R REGULAR U-100 INSULN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
HUMULIN R U-500 (CONC) KWIKPEN	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN 70/30 U-100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN 70-30 FLEXPEN U-100	Tier 2	QL (45 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
NOVOLIN R REGULAR U100 INSULIN	Tier 2	QL (40 ML per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
<i>dapagliflozin oral tablet 10 mg</i>	Tier 1	ST; QL (30 Tablets per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 1.
<i>dapagliflozin oral tablet 5 mg</i>	Tier 2	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 1..
<i>dapagliflozin-metformin</i>	Tier 1	ST; QL (30 tablets per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 1.
JARDIANCE	Tier 2	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan, Healthy Heart Plan, and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 2.
SYNJARDY	Tier 2	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = Tier 2, ST
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	Tier 2	ST; QL (60 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	Tier 2	ST; QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
Somatotropin Agonists		
INCRELEX	Tier 4	PA

Drug Name	Tier	Restrictions/Limits
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1
<i>glipizide oral tablet extended release 24hr</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1
<i>glipizide-metformin</i>	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1
<i>glyburide oral tablet 1.25 mg</i>	Tier 1	QL (16 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1
<i>glyburide oral tablet 2.5 mg</i>	Tier 1	QL (8 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1
<i>glyburide oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Tier 1	QL (260 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1

Drug Name	Tier	Restrictions/Limits
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	QL (5 EA per 1 day); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1
<i>pioglitazone-glimepiride</i>	Tier 1	ST; QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1 ST; QL (30 EA per 30 days)
Thiazolidinediones		
<i>alogliptin-pioglitazone</i>	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = tier 2.
<i>pioglitazone</i>	Tier 1	QL (30 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1
<i>pioglitazone-glimepiride</i>	Tier 1	ST; QL (30 EA per 30 days); This product is covered for \$0 for preventive use on the CareSource HDHP Preventive Plan. Standard plans = Tier 1 ST; QL (30 EA per 30 days)
<i>pioglitazone-metformin</i>	Tier 1	QL (90 EA per 30 days); This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard Plans = Tier 1
Thyroid Agents		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	
<i>levothyroxine oral tablet</i>	Tier 1	
LEVOXYL	Tier 1	
<i>liothyronine oral</i>	Tier 1	
NIVA THYROID	Tier 1	
NP THYROID	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>thyroid (pork)</i>	Tier 1	
UNITHROID	Tier 1	
Immunomodulatory Agents (90:00)		
Amino Acid Polymers		
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	Tier 4	PA; QL (1 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	Tier 4	PA; QL (12 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 4	PA; QL (1 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	Tier 4	PA; QL (12 ML per 30 days)
Antimetabolites		
<i>teriflunomide</i>	Tier 4	PA; QL (30 EA per 30 days)
Antimetabolites, Immunosupp Therapy Misc		
<i>azathioprine</i>	Tier 1	
<i>mycophenolate mofetil</i>	Tier 1	
<i>mycophenolate sodium</i>	Tier 1	
Calcineurin Inhibitors, Misc (90:28)		
<i>cyclosporine modified</i>	Tier 1	
<i>cyclosporine ophthalmic (eye)</i>	Tier 1	QL (60 EA per 30 days)
<i>cyclosporine oral</i>	Tier 1	
GENGRAF	Tier 1	
<i>tacrolimus oral capsule</i>	Tier 1	
<i>tacrolimus topical</i>	Tier 1	QL (100 GM per 30 days)
Disease-Modifying Antirheumatic Drugs		
<i>hydroxychloroquine</i>	Tier 1	
<i>methotrexate sodium oral</i>	Tier 1	
<i>sulfasalazine</i>	Tier 1	
TREMFYA ONE-PRESS	Tier 4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 4	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS	Tier 4	PA
XATMEP	Tier 3	PA
Fumarates		
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	Tier 1	PA; QL (60 EA per 30 days)
VUMERITY	Tier 4	PA; QL (120 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
Immunomodulatory Agents (90:00)		
<i>cyclophosphamide oral capsule</i>	Tier 1	PA
<i>everolimus (antineoplastic) oral tablet</i>	Tier 1	PA
<i>everolimus (immunosuppressive)</i>	Tier 1	
<i>mercaptopurine oral tablet</i>	Tier 1	
Interferons		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	Tier 4	PA; QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	Tier 4	PA; QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	Tier 4	PA; QL (14 EA per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION	Tier 5	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	Tier 5	PA; QL (2 ML per 28 days)
Interleukin-Mediated Agents, Misc		
COSENTYX (2 SYRINGES)	Tier 4	PA; QL (2 ML per 30 days)
COSENTYX PEN	Tier 4	PA; QL (1 ML per 30 days)
COSENTYX PEN (2 PENS)	Tier 4	PA; QL (2 ML per 30 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; QL (1 ML per 30 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 4	PA
COSENTYX UNOREADY PEN	Tier 4	PA
STEQEYMA INTRAVENOUS	Tier 4	PA
STEQEYMA SUBCUTANEOUS SYRINGE	Tier 4	PA
TYENNE AUTOINJECTOR	Tier 4	PA; QL (4 ML per 28 days)
TYENNE SUBCUTANEOUS	Tier 4	PA; QL (4 ML per 28 days)
<i>ustekinumab-ttwe</i>	Tier 4	PA
YESINTEK INTRAVENOUS	Tier 4	PA
YESINTEK SUBCUTANEOUS SOLUTION	Tier 4	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Tier 4	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 4	PA; QL (2 ML per 180 days)
Janus Kinase Inhibitors, Miscellaneous		
RINVOQ	Tier 4	PA; QL (1 EA per 1 day)
RINVOQ LQ	Tier 4	PA
<i>tofacitinib oral solution</i>	Tier 4	PA; QL (300 mLs per 30 days)
<i>tofacitinib oral tablet</i>	Tier 4	PA; QL (60 tablets per 30 days)
<i>tofacitinib oral tablet extended release 24 hr</i>	Tier 4	PA; QL (30 tablets per 30 days)

Drug Name	Tier	Restrictions/Limits
Monocarboxylic Acid Amide Agents		
<i>leflunomide</i>	Tier 1	QL (30 EA per 30 days)
Mtor Inhibitors, Miscellaneous		
HYFTOR	Tier 4	PA; QL (20 GM per 20 days)
<i>sirolimus oral tablet</i>	Tier 1	
Phosphodiesterase-4 Inhibitors, Misc		
OTEZLA ORAL TABLET 20 MG	Tier 4	PA
OTEZLA ORAL TABLET 30 MG	Tier 4	PA; QL (60 EA per 30 days)
Sphingosine 1-Phosphate (S1p) Agents		
<i>fingolimod</i>	Tier 4	PA; QL (30 EA per 30 days)
ZEPOSIA	Tier 4	PA
ZEPOSIA STARTER KIT (28-DAY)	Tier 4	PA; QL (1 EA per 365 days)
ZEPOSIA STARTER PACK (7-DAY)	Tier 4	PA; QL (1 EA per 365 days)
Tumor Necrosis Factor Inhibitors, Misc		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml</i>	Tier 4	PA; QL (2 ML per 28 days)
<i>adalimumab-adaz subcutaneous syringe</i>	Tier 4	PA
<i>adalimumab-adbm</i>	Tier 4	PA
<i>adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml</i>	Tier 4	PA
<i>adalimumab-ryvk subcutaneous auto-injector, kit 80 mg/0.8 ml</i>	Tier 4	PA; QL (2 EA per 28 days)
<i>adalimumab-ryvk subcutaneous syringe kit</i>	Tier 4	PA
ENBREL MINI	Tier 4	PA
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
ENBREL SURECLICK	Tier 4	PA
HADLIMA	Tier 4	PA
HADLIMA PUSHTOUCH	Tier 4	PA
HADLIMA(CF)	Tier 4	PA
HADLIMA(CF) PUSHTOUCH	Tier 4	PA
SIMLANDI(CF)	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	Tier 4	PA

Drug Name	Tier	Restrictions/Limits
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	Tier 4	PA; QL (2 EA per 28 days)
Local Anesthetics		
Local Anesthetics		
DERMACINRX PRIZOPAK	Tier 1	
<i>lidocaine hcl laryngotracheal</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine topical adhesive patch,medicated 4 %</i>	Tier 2	QL (1 EA per 1 day)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>lidocaine-prilocaine topical cream</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine-prilocaine topical kit</i>	Tier 1	
LIDOPIN TOPICAL CREAM 3 %	Tier 1	QL (30 GM per 30 days)
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors (92:04)		
<i>dutasteride</i>	Tier 1	ST
<i>dutasteride-tamsulosin</i>	Tier 1	ST
<i>finasteride oral tablet 5 mg</i>	Tier 1	
Antigout Agents		
<i>allopurinol</i>	Tier 1	
<i>colchicine oral tablet</i>	Tier 1	
<i>febuxostat</i>	Tier 1	ST
<i>indomethacin oral capsule</i>	Tier 1	
<i>naproxen oral tablet</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>naproxen-esomeprazole</i>	Tier 1	ST
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	ST
Bone Anabolic Agents		
<i>teriparatide</i>	Tier 4	PA; QL (1 ML per 28 days)
Bone Resorption Inhibitors		
<i>alendronate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal</i>	Tier 1	
COMBIPATCH	Tier 2	
<i>estradiol oral</i>	Tier 1	
<i>estradiol transdermal patch semiweekly</i>	Tier 1	QL (8 EA per 28 days)

Drug Name	Tier	Restrictions/Limits
<i>estradiol transdermal patch weekly</i>	Tier 1	QL (4 EA per 28 days)
<i>estradiol vaginal tablet</i>	Tier 1	
<i>estradiol-norethindrone acet</i>	Tier 1	
FYAVOLV	Tier 3	
<i>ibandronate oral</i>	Tier 1	QL (1 EA per 30 days)
MIMVEY	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
<i>raloxifene</i>	Tier 0 - Preventative	
<i>risedronate oral tablet 150 mg</i>	Tier 1	QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg</i>	Tier 1	QL (4 EA per 28 days)
<i>risedronate oral tablet, delayed release (drlec)</i>	Tier 1	QL (4 EA per 28 days)
Cariostatic Agents		
DENTA 5000 PLUS	Tier 1	
<i>fluoride (sodium) dental cream</i>	Tier 1	
<i>fluoride (sodium) dental gel</i>	Tier 1	
<i>fluoride (sodium) dental paste</i>	Tier 1	
<i>fluoride (sodium) oral</i>	Tier 0 - Preventative	
LUDENT FLUORIDE	Tier 0 - Preventative	
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
MULTI-VITAMIN WITH FLUORIDE	Tier 0 - Preventative	
MVC-FLUORIDE	Tier 0 - Preventative	
SF	Tier 1	
SF 5000 PLUS	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH	Tier 1	
SODIUM FLUORIDE 5000 PLUS	Tier 1	
SOLUVITA A,C,D WITH FLUORIDE	Tier 0 - Preventative	
TRI-VITAMIN WITH FLUORIDE	Tier 0 - Preventative	
TRI-VITE WITH FLUORIDE	Tier 0 - Preventative	
Immunomodulatory Agents		
ACTIMMUNE	Tier 4	PA
<i>hydroxychloroquine</i>	Tier 1	
<i>lenalidomide</i>	Tier 4	PA; QL (30 EA per 30 days)
POMALYST	Tier 4	PA
THALOMID ORAL CAPSULE 100 MG	Tier 4	PA; QL (112 EA per 30 days)
THALOMID ORAL CAPSULE 50 MG	Tier 4	PA; QL (28 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
Other Miscellaneous Therapeutic Agents		
CRYOSERV	Tier 1	
CYSTAGON	Tier 4	PA
EVOTAZ	Tier 3	QL (1 EA per 1 day)
<i>tiopronin oral tablet, delayed release (dr/ec)</i>	Tier 3	
Protective Agents		
<i>adapalene topical lotion</i>	Tier 2	ST
<i>dalfampridine</i>	Tier 4	PA; QL (60 EA per 30 days)
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
AIMSCO LATEX CONDOM	Tier 0 - Preventative	QL (24 EA per 30 days)
CAYA CONTOURED	Tier 0 - Preventative	QL (1 EA per 365 days)
FANTASY CONDOM	Tier 0 - Preventative	QL (24 EA per 30 days)
FC2 FEMALE CONDOM	Tier 0 - Preventative	QL (24 EA per 30 days)
FEMCAP	Tier 0 - Preventative	QL (1 EA per 365 days)
KIMONO LUBRICATED CONDOMS	Tier 0 - Preventative	QL (24 EA per 30 days)
KIMONO MICROTHIN AQUA LUBE CON	Tier 0 - Preventative	QL (24 EA per 30 days)
KIMONO MICROTHIN CONDOMS	Tier 0 - Preventative	QL (24 EA per 30 days)
KIMONO MICROTHIN LARGE CONDOMS	Tier 0 - Preventative	QL (24 EA per 30 days)
KIMONO TEXTURED CONDOMS	Tier 0 - Preventative	QL (24 EA per 30 days)
KIMONO THIN LUBRICATED CONDOMS	Tier 0 - Preventative	QL (24 EA per 30 days)
TRUSTEX LATEX CONDOM	Tier 0 - Preventative	
TRUSTEX LUBRICATED CONDOMS	Tier 0 - Preventative	
TRUSTEX NON-LUB CONDOMS	Tier 0 - Preventative	
TRUSTEX-RIA LUB/SPERMICIDE	Tier 0 - Preventative	QL (24 EA per 30 days)
TRUSTEX-RIA LUBRICATED CONDOMS	Tier 0 - Preventative	QL (24 EA per 30 days)
TRUSTEX-RIA NON-LUB CONDOMS	Tier 0 - Preventative	QL (24 EA per 30 days)
VAGINAL CONTRACEPTIVE FILM	Tier 2	
VCF CONTRACEPTIVE FILM	Tier 2	
VCF CONTRACEPTIVE GEL	Tier 0 - Preventative	
Oxytocics		
Oxytocics		
<i>methylergonovine oral</i>	Tier 1	QL (240 EA per 30 days)
Pharmaceutical Aids		
Pharmaceutical Aids		
<i>diluent for treprostinil (gly)</i>	Tier 4	PA
<i>hydroxypropyl cellulose</i>	Tier 2	
<i>hypromellose</i>	Tier 2	

Drug Name	Tier	Restrictions/Limits
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	Tier 2	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (2 EA per 30 days)
GUAIFENESIN DAC	Tier 1	
Anticholinergic Agents (Respir.Tract)		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
ATROVENT HFA	Tier 2	QL (26 GM per 30 days)
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
ED-SPAZ	Tier 1	
<i>glycopyrrolate oral solution</i>	Tier 1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral</i>	Tier 1	
<i>hyoscyamine sulfate sublingual</i>	Tier 1	
HYOSYNE	Tier 1	
<i>ipratropium bromide inhalation solution</i>	Tier 1	QL (10 ML per 1 day)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
OSCIMIN	Tier 1	
OSCIMIN SL	Tier 1	
SPIRIVA RESPIMAT	Tier 2	QL (4 GM per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
SYMAX-SR	Tier 1	
<i>tiotropium bromide</i>	Tier 1	QL (30 EA per 30 days)
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
Antifibrotic Agents		
OFEV	Tier 4	PA; QL (60 EA per 30 days)
<i>pirfenidone</i>	Tier 4	PA
Antitussives		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	PA; QL (125 ML per 1 day)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	QL (125 ML per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (10 EA per 1 day)
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>benzonatate oral capsule 150 mg</i>	Tier 1	
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA
<i>codeine sulfate</i>	Tier 1	PA
<i>codeine-guaifenesin</i>	Tier 1	
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	Tier 1	
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
<i>hydrocodone-homatropine oral solution</i>	Tier 1	PA; QL (30 ML per 1 day)
MAXI-TUSS AC	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
<i>promethazine-dm</i>	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)
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
BREYNA	Tier 1	ST; QL (11 GM per 30 days)
<i>budesonide-formoterol</i>	Tier 2	ST; QL (11 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	ST; QL (13 GM per 30 days)
<i>flunisolide</i>	Tier 1	ST; QL (50 ML per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (11 GM per 30 days)
<i>fluticasone propionate nasal</i>	Tier 1	QL (16 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>mometasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical solution</i>	Tier 1	QL (2 ML per 1 day)
<i>nystatin-triamcinolone</i>	Tier 1	QL (60 GM per 28 days)
ORALONE	Tier 1	
QNASL	Tier 3	PA; QL (1 GM per 30 days)
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
<i>triamcinolone acetonide dental</i>	Tier 1	
<i>triamcinolone acetonide topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Tier 1	ST
TRIDERM	Tier 1	ST; QL (454 GM per 30 days)
Cystic Fibrosis (Cftr) Correctors		
ORKAMBI ORAL GRANULES IN PACKET	Tier 5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	Tier 5	PA; QL (112 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	Tier 5	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	Tier 5	PA; QL (3 EA per 1 day)
Cystic Fibrosis (Cftr) Potentiators		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG	Tier 5	PA; QL (2 EA per 1 day)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 5	PA; QL (56 EA per 30 days)
KALYDECO ORAL GRANULES IN PACKET 5.8 MG	Tier 5	PA
KALYDECO ORAL TABLET	Tier 5	PA; QL (60 EA per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	Tier 5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	Tier 5	PA; QL (112 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	Tier 5	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	Tier 5	PA; QL (3 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
Expectorants		
<i>codeine-guaifenesin</i>	Tier 1	
G TUSSIN AC	Tier 1	
GUAIFENESIN AC	Tier 1	
GUAIFENESIN DAC	Tier 1	
MAXI-TUSS AC	Tier 1	
<i>potassium iodide oral solution</i>	Tier 1	
SSKI	Tier 2	
First Generation Antihist.(Respir Tract)		
<i>brompheniramine-pseudoeph-dm</i>	Tier 1	
<i>clemastine oral tablet</i>	Tier 1	
<i>cyproheptadine oral syrup</i>	Tier 1	
<i>cyproheptadine oral tablet</i>	Tier 1	
<i>dexchlorpheniramine maleate</i>	Tier 1	
<i>diphenhydramine hcl oral elixir</i>	Tier 1	
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 3	ST
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
<i>promethazine oral</i>	Tier 1	
PROMETHAZINE VC	Tier 1	
<i>promethazine-codeine</i>	Tier 1	
<i>promethazine-dm</i>	Tier 1	
<i>promethazine-phenylephrine</i>	Tier 1	
Leukotriene Modifiers		
<i>montelukast</i>	Tier 1	
<i>zafirlukast</i>	Tier 1	ST
<i>zileuton</i>	Tier 3	ST
Mast-Cell Stabilizers		
<i>cromolyn inhalation</i>	Tier 1	QL (8 ML per 1 day)
<i>cromolyn ophthalmic (eye)</i>	Tier 1	
<i>cromolyn oral</i>	Tier 1	PA
Mucolytic Agents		
<i>acetylcysteine</i>	Tier 1	
PULMOZYME	Tier 4	PA; QL (2.5 ML per 1 day)
Phosphodiesterase Type 4 Inhibitors		
<i>roflumilast oral tablet 250 mcg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>roflumilast oral tablet 500 mcg</i>	Tier 1	PA
Phosphodiesterase-5 Inhibitors (Respir)		
<i>sildenafil (pulm.hypertension) oral tablet</i>	Tier 4	PA; QL (90 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>tadalafil oral tablet 5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Second Generation Antihist(Respir Tract)		
<i>azelastine-fluticasone</i>	Tier 1	ST; QL (23 GM per 30 days)
<i>desloratadine oral tablet</i>	Tier 3	ST; QL (30 EA per 30 days)
ZERVIAE	Tier 2	PA; ST
Select.Beta-2-Adrenergic Agonist(Respir)		
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	Tier 1	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	Tier 1	QL (375 ML per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	QL (2 EA per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier 1	QL (2 ML per 1 day)
<i>albuterol sulfate oral</i>	Tier 1	
BREYNA	Tier 1	ST; QL (11 GM per 30 days)
<i>budesonide-formoterol</i>	Tier 2	ST; QL (11 GM per 30 days)
COMBIVENT RESPIMAT	Tier 2	QL (8 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	ST; QL (13 GM per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>formoterol fumarate</i>	Tier 1	QL (120 ML per 30 days)
<i>ipratropium-albuterol</i>	Tier 1	QL (540 ML per 30 days)
<i>levalbuterol tartrate</i>	Tier 2	QL (30 GM per 30 days)
SEREVENT DISKUS	Tier 2	QL (60 EA per 30 days)
STIOLTO RESPIMAT	Tier 2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT	Tier 2	QL (4 GM per 30 days)
<i>terbutaline oral</i>	Tier 1	
TRELEGY ELLIPTA	Tier 2	QL (60 EA per 30 days)
Vasodilating Agents (Respiratory Tract)		
ADEMPAS	Tier 5	PA; QL (3 EA per 1 day)
<i>ambrisentan</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet</i>	Tier 4	PA; QL (2 EA per 1 day)

Drug Name	Tier	Restrictions/Limits
ORENITRAM	Tier 5	PA
TYVASO	Tier 5	PA; QL (2.9 ML per 1 day)
Xanthine Derivatives		
THEO-24	Tier 2	
<i>theophylline</i>	Tier 1	
Skin And Mucous Membrane Agents		
Adrenergic Agonists		
<i>brimonidine ophthalmic (eye)</i>	Tier 1	
<i>brimonidine topical</i>	Tier 1	PA
Allylamines (Skin And Mucous Membrane)		
<i>naftifine topical cream</i>	Tier 1	PA; QL (60 GM per 28 days)
<i>terbinafine hcl oral</i>	Tier 1	QL (1 EA per 1 day)
Antibacterials (84:04)		
<i>bismuth subcit k-metronidz-tcn</i>	Tier 3	
CLEOCIN VAGINAL SUPPOSITORY	Tier 2	
CLINDACIN ETZ TOPICAL SWAB	Tier 1	
<i>clindamycin hcl</i>	Tier 1	
<i>clindamycin palmitate hcl</i>	Tier 1	
CLINDAMYCIN PEDIATRIC	Tier 1	
<i>clindamycin phosphate topical lotion</i>	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution</i>	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate vaginal</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
<i>clindamycin-tretinoin</i>	Tier 1	
<i>dapsone oral</i>	Tier 1	
<i>dapsone topical gel 5 %</i>	Tier 3	
<i>dapsone topical gel with pump</i>	Tier 3	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
ERY PADS	Tier 1	
ERYTHROCIN (AS STEARATE)	Tier 1	
<i>erythromycin</i>	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 1	
<i>erythromycin with ethanol</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
<i>gentamicin ophthalmic (eye)</i>	Tier 1	
<i>gentamicin topical</i>	Tier 1	QL (60 GM per 30 days)
<i>levofloxacin</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>metronidazole topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %</i>	Tier 1	QL (45 GM per 30 days)
<i>metronidazole topical lotion</i>	Tier 1	QL (59 ML per 30 days)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	QL (70 GM per 30 days)
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline oral tablet</i>	Tier 1	
<i>mupirocin</i>	Tier 1	QL (44 GM per 30 days)
<i>neomycin</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear)</i>	Tier 1	
<i>polymyxin b sulf-trimethoprim</i>	Tier 1	
<i>tetracycline</i>	Tier 1	
VANDAZOLE	Tier 1	QL (70 GM per 30 days)
XEPI	Tier 2	ST; QL (30 GM per 30 days)
Antiproliferants		
<i>bexarotene oral</i>	Tier 4	PA
<i>bexarotene topical</i>	Tier 4	PA; QL (60 GM per 30 days)
<i>fluorouracil topical cream 5 %</i>	Tier 1	QL (3 GM per 1 day)
<i>fluorouracil topical solution</i>	Tier 1	QL (10 ML per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	PA; QL (24 EA per 30 days)
VALCHLOR	Tier 4	PA
Antipruritics And Local Anesthetics		
DERMACINRX PRIZOPAK	Tier 1	

Drug Name	Tier	Restrictions/Limits
<i>doxepin oral capsule</i>	Tier 1	
<i>doxepin oral concentrate</i>	Tier 1	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>lidocaine hcl laryngotracheal</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine topical adhesive patch,medicated 4 %</i>	Tier 2	QL (1 EA per 1 day)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>lidocaine-prilocaine topical cream</i>	Tier 1	QL (30 GM per 30 days)
<i>lidocaine-prilocaine topical kit</i>	Tier 1	
LIDOPIN TOPICAL CREAM 3 %	Tier 1	QL (30 GM per 30 days)
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
Antivirals (Skin And Mucous Membrane)		
<i>acyclovir oral</i>	Tier 1	
<i>acyclovir topical ointment</i>	Tier 1	ST; QL (30 GM per 30 days)
<i>penciclovir</i>	Tier 3	ST; QL (5 GM per 30 days)
Astringents (84:12)		
<i>glycopyrrolate oral solution</i>	Tier 1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
Astringents, Anti-Infective		
<i>chlorhexidine gluconate mucous membrane</i>	Tier 1	
PAROEX ORAL RINSE	Tier 1	
PERIOGARD	Tier 1	
<i>selenium sulfide topical lotion</i>	Tier 1	PA
<i>silver sulfadiazine</i>	Tier 1	
Azoles (Skin And Mucous Membrane)		
<i>clotrimazole mucous membrane</i>	Tier 1	
<i>clotrimazole topical cream</i>	Tier 1	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	QL (45 GM per 28 days)
<i>econazole nitrate topical cream</i>	Tier 1	QL (85 GM per 28 days)
ERTACZO	Tier 2	QL (60 GM per 28 days)
GYNAZOLE-1	Tier 3	ST
<i>ketoconazole oral</i>	Tier 1	
<i>ketoconazole topical cream</i>	Tier 1	QL (60 GM per 28 days)
<i>ketoconazole topical shampoo</i>	Tier 1	QL (120 ML per 28 days)
<i>luliconazole</i>	Tier 2	PA; QL (60 GM per 28 days)

Drug Name	Tier	Restrictions/Limits
<i>oxiconazole</i>	Tier 1	PA; QL (60 GM per 28 days)
<i>sulconazole</i>	Tier 2	PA; QL (60 GM per 28 days)
<i>terconazole</i>	Tier 1	
Basic Lotions And Liniments		
<i>ammonium lactate topical lotion</i>	Tier 1	
Basic Oils And Other Solvents		
MURI-LUBE	Tier 2	
Basic Ointments And Protectants		
<i>ammonium lactate topical cream</i>	Tier 1	
<i>calcipotriene scalp</i>	Tier 1	QL (120 ML per 30 days)
<i>calcipotriene topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>calcipotriene topical ointment</i>	Tier 1	QL (120 GM per 30 days)
<i>calcipotriene-betamethasone topical ointment</i>	Tier 3	ST; QL (60 GM per 30 days)
<i>nitroglycerin rectal</i>	Tier 1	PA
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste</i>	Tier 2	
Cell Stimulants And Proliferants		
<i>clindamycin-tretinoin</i>	Tier 1	
<i>finasteride oral tablet 5 mg</i>	Tier 1	
<i>minoxidil oral</i>	Tier 1	
<i>tretinoin</i>	Tier 1	QL (45 GM per 30 days)
<i>tretinoin (emollient)</i>	Tier 1	
Corticosteroids (Skin, Mucous Membrane)		
ALA-CORT	Tier 1	QL (28.35 GM per 30 days)
<i>alclometasone</i>	Tier 1	QL (2 GM per 1 day)
<i>amcinonide topical ointment</i>	Tier 3	ST
ASMANEX HFA	Tier 2	QL (13 GM per 30 days)
BESER	Tier 1	ST; QL (4 ML per 1 day)
<i>betamethasone dipropionate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone dipropionate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone dipropionate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>betamethasone valerate topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone valerate topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone valerate topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>betamethasone, augmented topical cream</i>	Tier 1	QL (50 GM per 30 days)
<i>betamethasone, augmented topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>betamethasone, augmented topical ointment</i>	Tier 1	QL (45 GM per 30 days)
BREYNA	Tier 1	ST; QL (11 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>budesonide-formoterol</i>	Tier 2	ST; QL (11 GM per 30 days)
<i>clobetasol scalp</i>	Tier 1	ST; QL (100 ML per 30 days)
<i>clobetasol topical cream 0.05 %</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>clobetasol topical gel</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>clobetasol topical ointment</i>	Tier 1	QL (120 GM per 30 days)
<i>clobetasol topical shampoo</i>	Tier 1	ST; QL (236 ML per 30 days)
<i>clobetasol-emollient topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>clocortolone pivalate</i>	Tier 3	PA; ST
CLODAN	Tier 1	ST; QL (236 ML per 30 days)
<i>clotrimazole-betamethasone topical cream</i>	Tier 1	QL (45 GM per 28 days)
CORTIFOAM	Tier 2	
<i>desonide topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>desonide topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>desoximetasone topical cream 0.05 %</i>	Tier 1	ST
<i>desoximetasone topical cream 0.25 %</i>	Tier 1	ST; QL (2 GM per 1 day)
<i>desoximetasone topical gel</i>	Tier 1	ST
<i>desoximetasone topical ointment</i>	Tier 1	ST
<i>desoximetasone topical spray,non-aerosol</i>	Tier 1	ST
<i>diflorasone</i>	Tier 3	ST; QL (120 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	Tier 2	ST; QL (1 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	ST; QL (13 GM per 30 days)
<i>fluocinolone and shower cap</i>	Tier 1	QL (1 ML per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.025 %</i>	Tier 1	QL (2 GM per 1 day)
<i>fluocinolone topical oil</i>	Tier 1	
<i>fluocinolone topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>fluocinolone topical solution</i>	Tier 1	QL (120 ML per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>fluocinonide topical gel</i>	Tier 1	PA; QL (120 GM per 30 days)
<i>fluocinonide topical ointment</i>	Tier 1	ST; QL (120 GM per 30 days)
<i>fluocinonide topical solution</i>	Tier 1	QL (120 ML per 30 days)
FLUOCINONIDE-E	Tier 1	QL (120 GM per 30 days)
<i>fluocinonide-emollient</i>	Tier 1	QL (120 GM per 30 days)
<i>fluticasone furoate-vilanterol</i>	Tier 2	ST
<i>fluticasone propionate topical cream</i>	Tier 1	QL (2 GM per 1 day)

Drug Name	Tier	Restrictions/Limits
<i>fluticasone propionate topical lotion</i>	Tier 1	ST; QL (4 ML per 1 day)
<i>fluticasone propionate topical ointment</i>	Tier 1	QL (2 GM per 1 day)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated</i>	Tier 2	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	Tier 1	QL (1 EA per 30 days)
<i>halcinonide topical cream</i>	Tier 3	ST
<i>halobetasol propionate topical cream</i>	Tier 1	ST
<i>halobetasol propionate topical foam</i>	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 1	
<i>hydrocortisone butyrate topical cream</i>	Tier 1	QL (120 GM per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	Tier 1	ST; QL (45 GM per 30 days)
<i>hydrocortisone butyrate topical solution</i>	Tier 1	ST; QL (120 ML per 30 days)
<i>hydrocortisone oral</i>	Tier 1	
<i>hydrocortisone rectal</i>	Tier 1	
<i>hydrocortisone topical cream 1 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	QL (1 GM per 1 day)
<i>hydrocortisone topical cream with perineal applicator</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %</i>	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	QL (28.35 GM per 30 days)
<i>hydrocortisone valerate topical cream</i>	Tier 1	QL (2 GM per 1 day)
<i>hydrocortisone-acetic acid</i>	Tier 1	QL (10 ML per 30 days)
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>mometasone nasal</i>	Tier 1	ST; QL (17 GM per 30 days)
<i>mometasone topical cream</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical ointment</i>	Tier 1	QL (45 GM per 30 days)
<i>mometasone topical solution</i>	Tier 1	QL (2 ML per 1 day)
<i>nystatin-triamcinolone</i>	Tier 1	QL (60 GM per 28 days)
ORALONE	Tier 1	
<i>prednicarbate</i>	Tier 1	QL (2 GM per 1 day)
PROCTO-MED HC	Tier 1	
PROCTOSOL HC	Tier 1	
PROCTOZONE-HC	Tier 1	
<i>triamcinolone acetonide dental</i>	Tier 1	
<i>triamcinolone acetonide topical cream</i>	Tier 1	QL (454 GM per 30 days)

Drug Name	Tier	Restrictions/Limits
<i>triamcinolone acetonide topical lotion</i>	Tier 1	QL (2 ML per 1 day)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Tier 1	ST
TRIDERM	Tier 1	ST; QL (454 GM per 30 days)
Hydroxypyridones (Skin, Mucous Membrane)		
CICLODAN KIT TOPICAL COMBO PACK	Tier 2	
CICLODAN KIT TOPICAL SOLUTION	Tier 2	ST
CICLODAN TOPICAL CREAM	Tier 1	QL (90 GM per 28 days)
CICLODAN TOPICAL SOLUTION	Tier 1	QL (6.6 ML per 30 days)
<i>ciclopirox topical cream</i>	Tier 1	QL (90 GM per 28 days)
<i>ciclopirox topical gel</i>	Tier 1	QL (45 GM per 28 days)
<i>ciclopirox topical shampoo</i>	Tier 1	QL (120 ML per 28 days)
<i>ciclopirox topical solution</i>	Tier 1	QL (6.6 ML per 30 days)
<i>ciclopirox topical suspension</i>	Tier 1	QL (60 ML per 28 days)
<i>ciclopirox-ure-camph-menth-euc</i>	Tier 1	
Immunomodulatory Agents (84:06)		
HYFTOR	Tier 4	PA; QL (20 GM per 20 days)
<i>pimecrolimus</i>	Tier 1	PA; QL (100 GM per 30 days)
<i>sirolimus oral tablet</i>	Tier 1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	Tier 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	Tier 4	PA; QL (1.2 ML per 60 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	Tier 4	PA; QL (2.4 ML per 60 days)
<i>tacrolimus oral capsule</i>	Tier 1	
<i>tacrolimus topical</i>	Tier 1	QL (100 GM per 30 days)
TREMFYA ONE-PRESS	Tier 4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 4	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS	Tier 4	PA
Janus Kinase Inhibitors (84:06)		
JAKAFI	Tier 5	PA; QL (60 EA per 30 days)

Drug Name	Tier	Restrictions/Limits
Keratolytic Agents		
<i>acitretin</i>	Tier 1	
<i>adapalene topical lotion</i>	Tier 2	ST
AVAR	Tier 1	QL (341 GM per 30 days)
AVAR-E	Tier 2	ST
BPO TOPICAL GEL 8 %	Tier 1	
CICLODAN KIT TOPICAL SOLUTION	Tier 2	ST
<i>ciclopirox-ure-camph-menth-euc</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>podofilox topical solution</i>	Tier 1	QL (1 ML per 30 days)
<i>salicylic acid topical cream</i>	Tier 1	QL (454 GM per 30 days)
<i>salicylic acid topical cream,extended release</i>	Tier 1	QL (454 GM per 30 days)
<i>salicylic acid topical lotion</i>	Tier 1	QL (473 ML per 30 days)
<i>salicylic acid topical lotion,extended release</i>	Tier 1	QL (473 GM per 30 days)
<i>salicylic acid topical shampoo</i>	Tier 1	QL (177 ML per 30 days)
<i>salicylic acid-ceramides no.1</i>	Tier 1	
SALIMEZ	Tier 1	QL (454 GM per 30 days)
SALY CIM	Tier 1	QL (454 GM per 30 days)
SSS 10-5 TOPICAL CREAM	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (341 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	Tier 1	QL (57 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea</i>	Tier 1	
SULFACLEANSE 8-4	Tier 1	ST

Drug Name	Tier	Restrictions/Limits
Local Anti-Infectives, Miscellaneous		
ALCOHOL PADS	Tier 1	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use). Standard plans = Tier 1
AVAR	Tier 1	QL (341 GM per 30 days)
AVAR-E	Tier 2	ST
CARETOUCH ALCOHOL PREP PAD	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
CURITY ALCOHOL SWABS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
DROPSAFE ALCOHOL PREP PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY COMFORT ALCOHOL PAD	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
EASY TOUCH ALCOHOL PREP PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
<i>guaiacol</i>	Tier 2	
INCONTROL ALCOHOL PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
INSTACLEAN	Tier 2	
<i>isopropyl alcohol solution 70 %</i>	Tier 2	
<i>isopropyl alcohol solution 99 %</i>	Tier 1	
IV PREP WIPES	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
PRO COMFORT ALCOHOL PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
PURE COMFORT ALCOHOL PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SSS 10-5 TOPICAL CREAM	Tier 1	
<i>sulfacetamide sodium (acne)</i>	Tier 1	QL (118 ML per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (341 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	Tier 1	QL (57 GM per 30 days)
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea</i>	Tier 1	
SULFACLEANSE 8-4	Tier 1	ST
SURE COMFORT ALCOHOL PREP PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
SURE-PREP ALCOHOL PREP PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRUE COMFORT ALCOHOL PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
TRUE COMFORT PRO ALCOHOL PADS	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
ULESFIA	Tier 2	QL (227 GM per 30 days)
ULTILET ALCOHOL SWAB	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).

Drug Name	Tier	Restrictions/Limits
WEBCOL	Tier 2	This product is covered for \$0 on CareSource Diabetes Plan and on the HDHP Preventive Plan (for preventive use).
Nonsteroidal Anti-Inflammat.Agents(Skin)		
ARTHRITIS PAIN (DICLOFENAC)	Tier 1	QL (500 GM per 28 days)
<i>diclofenac potassium oral tablet</i>	Tier 1	
<i>diclofenac sodium oral</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	QL (500 GM per 28 days)
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	PA; QL (100 GM per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	Tier 1	QL (112 GM per 28 days)
<i>diclofenac-misoprostol</i>	Tier 1	
MOTRIN ARTHRITIS PAIN	Tier 1	QL (500 GM per 28 days)
Phosphodiesterase-4 Inhibitors (84:06)		
<i>roflumilast oral tablet 250 mcg</i>	Tier 1	PA; QL (30 EA per 30 days)
<i>roflumilast oral tablet 500 mcg</i>	Tier 1	PA
Polyenes (Skin And Mucous Membrane)		
KLAYESTA	Tier 1	QL (180 GM per 30 days)
<i>nystatin oral suspension</i>	Tier 1	
<i>nystatin oral tablet</i>	Tier 1	
<i>nystatin topical cream</i>	Tier 1	QL (30 GM per 28 days)
<i>nystatin topical ointment</i>	Tier 1	QL (30 GM per 28 days)
<i>nystatin topical powder</i>	Tier 1	QL (180 GM per 30 days)
NYSTOP	Tier 1	QL (180 GM per 30 days)
Scabicides And Pediculicides		
<i>malathion</i>	Tier 1	QL (59 ML per 30 days)
<i>permethrin</i>	Tier 1	QL (2 GM per 1 day)
<i>spinosad</i>	Tier 1	PA; QL (4 ML per 1 day)
ULESFIA	Tier 2	QL (227 GM per 30 days)
Skin And Mucous Membrane Agents, Misc.		
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	Tier 1	
<i>calcitriol topical</i>	Tier 1	PA
CICLODAN KIT TOPICAL COMBO PACK	Tier 2	
<i>dapsone oral</i>	Tier 1	
<i>dapsone topical gel 5 %</i>	Tier 3	
<i>dapsone topical gel with pump</i>	Tier 3	
DUPIXENT PEN	Tier 4	PA; QL (2 ML per 28 days)

Drug Name	Tier	Restrictions/Limits
DUPIXENT SYRINGE	Tier 4	PA; QL (2 ML per 28 days)
<i>ivermectin topical cream</i>	Tier 1	QL (60 GM per 30 days)
TRI-CHLOR	Tier 1	
<i>trichloroacetic acid topical recon soln 30 %, 35 %, 40 %, 50 %, 80 %, 85 %, 90 %</i>	Tier 2	
Smooth Muscle Relaxants		
Antimuscarinics		
<i>darifenacin</i>	Tier 1	PA
<i>flavoxate</i>	Tier 1	
<i>oxybutynin chloride oral syrup</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	Tier 1	
<i>solifenacin</i>	Tier 1	
<i>tolterodine oral capsule, extended release 24hr</i>	Tier 1	ST
<i>tolterodine oral tablet</i>	Tier 1	
<i>tropium</i>	Tier 1	
Respiratory Smooth Muscle Relaxants		
THEO-24	Tier 2	
<i>theophylline</i>	Tier 1	
Selective Beta-3-Adrenergic Agonists		
<i>mirabegron oral tablet extended release 24 hr</i>	Tier 1	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	Tier 2	PA
Vitamins		
Multivitamin Preparations		
CLASSIC PRENATAL	Tier 0 - Preventative	
MULTI-VIT WITH FLUORIDE-IRON	Tier 1	
MULTI-VITAMIN WITH FLUORIDE	Tier 0 - Preventative	
MVC-FLUORIDE	Tier 0 - Preventative	
<i>pnv no.95-ferrous fumarate-fa</i>	Tier 0 - Preventative	
PRENATAL COMPLETE	Tier 0 - Preventative	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0 - Preventative	
PRENATAL MULTIVITAMINS	Tier 0 - Preventative	
PRENATAL ONE DAILY	Tier 0 - Preventative	
PRENATAL ORAL TABLET 28 MG IRON-800 MCG	Tier 0 - Preventative	

Drug Name	Tier	Restrictions/Limits
PRENATAL TABLET	Tier 0 - Preventative	
<i>prenatal vit no.179-iron-folic</i>	Tier 0 - Preventative	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0 - Preventative	
PRENATAL VITAMIN WITH MINERALS	Tier 0 - Preventative	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0 - Preventative	
SOLUVITA A,C,D WITH FLUORIDE	Tier 0 - Preventative	
TRI-VITAMIN WITH FLUORIDE	Tier 0 - Preventative	
TRI-VITE WITH FLUORIDE	Tier 0 - Preventative	
Vitamin A		
SOLUVITA A,C,D WITH FLUORIDE	Tier 0 - Preventative	
TRI-VITAMIN WITH FLUORIDE	Tier 0 - Preventative	
TRI-VITE WITH FLUORIDE	Tier 0 - Preventative	
Vitamin B Complex		
B COMPLEX 1 (WITH FOLIC ACID)	Tier 0 - Preventative	
<i>b complex-vitamin c-folic acid oral tablet</i>	Tier 0 - Preventative	
BALANCE B-50 (WITH FOLIC ACID)	Tier 0 - Preventative	
B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG	Tier 0 - Preventative	
CLASSIC PRENATAL	Tier 0 - Preventative	
<i>cyanocobalamin (vitamin b-12) injection</i>	Tier 1	
DIALYVITE 800 ORAL TABLET	Tier 0 - Preventative	
<i>doxylamine-pyridoxine (vit b6)</i>	Tier 3	ST
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 0 - Preventative	
FOLTABS 800	Tier 0 - Preventative	
FULL SPECTRUM B-VITAMIN C	Tier 0 - Preventative	
KOBEE	Tier 0 - Preventative	
<i>niacin oral tablet 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 24 hr</i>	Tier 1	
<i>pnv no.95-ferrous fumarate-fa</i>	Tier 0 - Preventative	
PRENATAL COMPLETE	Tier 0 - Preventative	
PRENATAL MULTI-DHA (ALGAL OIL)	Tier 0 - Preventative	
PRENATAL MULTIVITAMINS	Tier 0 - Preventative	
PRENATAL ONE DAILY	Tier 0 - Preventative	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 0 - Preventative	
PRENATAL TABLET	Tier 0 - Preventative	

Drug Name	Tier	Restrictions/Limits
<i>prenatal vit no.179-iron-folic</i>	Tier 0 - Preventative	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG	Tier 0 - Preventative	
PRENATAL VITAMIN WITH MINERALS	Tier 0 - Preventative	
<i>prenatal vit-iron fum-folic ac</i>	Tier 0 - Preventative	
RENA-VITE	Tier 0 - Preventative	
STRESS FORMULA WITH IRON(SULF)	Tier 0 - Preventative	
SUPER B-50 COMPLEX	Tier 0 - Preventative	
SUPER QUINTS	Tier 0 - Preventative	
Vitamin C		
<i>b complex-vitamin c-folic acid oral tablet</i>	Tier 0 - Preventative	
DIALYVITE 800 ORAL TABLET	Tier 0 - Preventative	
FULL SPECTRUM B-VITAMIN C	Tier 0 - Preventative	
RENA-VITE	Tier 0 - Preventative	
SOLUVITA A,C,D WITH FLUORIDE	Tier 0 - Preventative	
STRESS FORMULA WITH IRON(SULF)	Tier 0 - Preventative	
TRI-VITAMIN WITH FLUORIDE	Tier 0 - Preventative	
TRI-VITE WITH FLUORIDE	Tier 0 - Preventative	
Vitamin D		
<i>calcitriol intravenous</i>	Tier 1	
<i>calcitriol oral</i>	Tier 1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>	Tier 1	ST
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>paricalcitol oral</i>	Tier 1	ST
RELION GLUCOSE	Tier 1	
SOLUVITA A,C,D WITH FLUORIDE	Tier 0 - Preventative	
TRI-VITAMIN WITH FLUORIDE	Tier 0 - Preventative	
TRI-VITE WITH FLUORIDE	Tier 0 - Preventative	
VITAMIN D2	Tier 1	
Vitamin E		
STRESS FORMULA WITH IRON(SULF)	Tier 0 - Preventative	
Vitamin K Activity		
<i>phytonadione (vitamin k1) injection solution</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	QL (10 EA per 30 days)

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