



October 2023

Molina Healthcare of Utah

Medicaid

**Preferred Drug List
(Formulary)/
Lista de Medicamentos Preferidos
(Formulario)**



**Non-Discrimination Notification
Molina Healthcare of Utah
Medicaid**

Your Extended Family

Molina Healthcare of Utah (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

Aids and services to people with disabilities

- o Skilled sign language interpreters
- o Written material in other formats (large print, audio, accessible electronic formats, Braille)

Language services to people who speak another language or have limited English skills

- o Skilled interpreters
- o Written material translated in your language
- o Material that is simply written in plain language

If you need these services, contact Molina Member Services at (888) 483-0760, TTY: (800) 346-4128.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (801) 858-0409.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>. You can mail it to:

U.S. Department of Health and Human Service
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.



Non-Discrimination Tag Line—Section 1557
Molina Healthcare of Utah, Inc.
Medicaid

English	<p>ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-483-0760 (TTY: 711).</p>
Spanish	<p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-483-0760 (TTY: 711).</p>
Chinese	<p>注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-483-0760 (TTY : 711)。</p>
Vietnamese	<p>CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-483-0760 (TTY: 711).</p>
Korean	<p>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-483-0760 (TTY: 711) 번으로 전화해 주십시오.</p>
Navajo	<p>Díí baa akó nínízín: Díí saad bee yániłti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódiílnih 1-888-483-0760 (TTY: 711.)</p>
Nepali	<p>ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्नि भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-483-0760 (टिटिवाइः 711) ।</p>
Tongan	<p>FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-888-483-0760 (TTY: 711).</p>
Serbo-Croatian	<p>OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-483-0760 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).</p>
Tagalog	<p>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-483-0760 (TTY: 711).</p>
German	<p>ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-483-0760 (TTY: 711).</p>
Russian	<p>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-483-0760 (телефон: 711).</p>
Arabic	<p>ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-483-0760 (رقم هاتف الصمم والبكم: 711).</p>
Mon-Khmer, Cambodian	<p>ប្រយ័ត្ន៖ បើសិនជាមួកភូមិយាយ ភាសាខ្មែរ, សរុបចំនួយផ្ទៀងការសា ខោយមិនគិតគុណ្យល គិត្យមានសំរាប់បៀវិជ្ជកម្ម ចូរទៅសំពី 1-888-483-0760 (TTY: 711)។</p>
French	<p>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-483-0760 (TTY : 711).</p>
Japanese	<p>注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-483-0760 (TTY: 711) まで、お電話にてご連絡ください。</p>

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(10/01/2023) v2

FORMULARY GUIDE (ENGLISH)

INTRODUCTION

We are pleased to provide the *2023 Molina Healthcare of Utah Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically appropriate and cost-effective products for their patients.

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

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. All the information in the document is provided as a reference for drug therapy selection.

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

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

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of clinical professionals. The P&T Committee's voting members include physicians and pharmacists, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, general principles are noted below.

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., atorvastatin).
- The second column (labeled Drug Tier) will list what tier the drug is placed on in the Drug Formulary.
- The third column (Requirements/Limits) contains any special requirements for coverage of your drug.
- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms on the document will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In this document, lowercase italicized type indicates generic availability. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Prescription generic drugs are:

- Usually priced lower than their brand-name equivalents
- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug
- Manufactured in the same strength and dosage form as the brand-name drugs

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

PLAN DESIGN

The document represents a closed formulary plan design. Member copay is \$4 per drug with a max of \$12 (3 copays) per month. There are no member copays for contraceptives, True Metrix blood sugar monitor and testing strips, or vaccines. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc). Requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log into www.molinahealthcare.com to check coverage.

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (866) 497-7448. The forms may be obtained by logging into the website www.molinahealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from MHU Pharmacy Department, please provide relevant information with the Prior Authorization request.

The following are examples:

Class of Medication/Diagnosis	Requested Clinical Information
Cholesterol Lowering	Lipid Panel, Cardiovascular risk factors
Diabetes	A1c Report
Non-Formulary/Non-Preferred Medication	Medication Log and/or Progress Notes documenting previous use of Formulary medications

REQUESTING FORMULARY CHANGES

If you are a prescriber and would like to request a formulary change, please submit your request and rationale to Molina's Pharmacy Department with your contact information.

Fax: (855) 714-2419

CATEGORIES OF CONSIDERATION

OPIOID ANALGESICS

All Opioid Analgesics are subject to a Morphine Equivalent Dose of 90 mg per day. Concurrent use of opioids with benzodiazepines or muscle relaxants is excluded.

STATE OF UTAH, MEDICAID CARVE-OUT

The State of Utah enacted a carve-out for some medications. Claims for these medications must be submitted directly to the State Fee-for-Service Pharmacy Program. These classes include:

- Antipsychotics (including injectables)
- Anticonvulsants
- ADHD Stimulants
- Antidepressants
- Antianxiety Agents
- Transplant Immunosuppressants
- Hemophilia Drugs

- Mood Stabilizers
- Drugs to treat substance abuse disorders

EXCLUDED SERVICES

Please note that certain medications are excluded. These include, but are not limited to:

- Drugs not eligible for Federal Medicaid funds
- Drugs for anorexia, weight loss or weight gain
- Drugs to promote fertility
- Drugs for cosmetic purposes or hair growth
- Drugs for the symptomatic relief of cough and colds, except for the medications listed on the preferred drug list
- Vitamins, except for Prenatal vitamins for pregnant women and vitamin drops with or without fluoride, for children through age five (5)
- Fluoride supplements
- Nonprescription drugs (Over-the-Counter or OTC), except for the medications listed on the preferred drug list
- Drugs for which the manufacturer requires, as a condition of sale, that associated tests and monitoring services are purchased exclusively from the manufacturer or its designee
- Drugs for the treatment of sexual or erectile dysfunction
- Drugs given by a hospital to a patient at discharge (take-home drugs)
- Breast milk, breast milk substitutes, baby food or medical foods, prescription metabolic products for in-born errors of metabolism (e.g. phenylketonuria and maple syrup urine disease) as defined in the Utah Medicaid Provider Manual
- Drugs available only through single-source distribution programs, unless the distributor is enrolled with Utah Medicaid as a pharmacy provider
- Experimental or Investigational Medications
- Convenience Dosage Forms (Transdermal Patches), not listed in the Drug List
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related or similar drugs (frequently referred to as “DESI 5 and 6” drugs)
- Drug product not in Medicaid Drug Rebate Program

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2023. All rights reserved.

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

FORMULARY UPDATES

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Molina Health Plan's Pharmacy Help Desk.

LEGEND

AGE	Age Limit
MED	Max 90 mg Morphine Equivalent Dose per day
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability
90 DS	After two fills of a 30-day supply within 75 days, 90-day supply is available thereafter

GUÍA DE FORMULARIO (ESPAÑOL)

INTRODUCCIÓN

Nos complace proporcionar la *Lista de Medicamentos Preferidos de Molina Healthcare of Utah 2023 (Formulario)* como una herramienta de referencia e información útil. Este documento puede ayudar a los proveedores médicos a seleccionar productos clínicamente apropiados y rentables para sus pacientes.

Los medicamentos representados fueron revisados por un Comité de Farmacia y Terapéutica (P&T, *Pharmacy and Therapeutics*) y están aprobados para su inclusión. En el documento se refleja la práctica médica actual a la fecha de revisión.

La información contenida en este documento y sus apéndices se proporciona únicamente para la conveniencia de los proveedores médicos. No garantizamos ni aseguramos la exactitud de dicha información. Tampoco fue hecha con un propósito integral. Toda la información del documento se proporciona como referencia para la selección de la terapia con medicamentos.

El documento está sujeto a normas y reglamentos específicos del estado, incluidos, entre otros, aquellos relacionados con la sustitución genérica, los programas de sustancias de administración controlada, la preferencia de marcas y los genéricos obligatorios cuando corresponda.

No asumimos responsabilidad alguna por las acciones u omisiones de cualquier proveedor médico en función de la confianza, total o parcial, en la información contenida en el presente documento. El proveedor médico debe consultar la documentación del producto provista por el fabricante del medicamento o las referencias estándar para obtener información más detallada.

PREFACIO

El documento está organizado en secciones. Cada sección se divide según la clase terapéutica del fármaco, la cual está definida principalmente por el mecanismo de acción.

COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)

Los servicios de un Comité de Farmacia y Terapéutica (P&T) se utilizan para aprobar tratamientos con medicamentos seguros y clínicamente eficaces. El Comité de P&T es un organismo asesor de profesionales clínicos. Entre los miembros votantes del Comité de P&T, se encuentran médicos y farmacéuticos, los cuales tienen una amplia experiencia clínica y académica respecto de los medicamentos recetados. Los miembros votantes del Comité de P&T deben divulgar cualquier relación financiera o conflicto de intereses con cualquier fabricante farmacéutico.

DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS

Para ayudar a entender cuáles son las fortalezas específicas y las formas de dosificación que se incluyen en el documento, los principios generales se describen a continuación.

- En la primera columna del cuadro se indica el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (p. ej., LIPITOR). Los medicamentos genéricos se indican en letra minúscula en cursiva (p. ej., atorvastatin).
- En la segunda columna (categoría de medicamento etiquetado) se indica en qué categoría se ubica el medicamento en el formulario.
- La tercera columna (Requisitos/límites) contiene cualquier requisito especial para la cobertura de su medicamento.
- Si las versiones de productos de venta libre (OTC, Over The Counter) y las versiones de productos con receta médica están cubiertas, se indican ambas.
- Los productos de liberación prolongada y de liberación retardada requieren su propia entrada.
- Las formas de dosificación en el documento serán coherentes con la categoría y el uso en que se clasificaron.

SUSTITUCIÓN GENÉRICA

La sustitución genérica es una acción de farmacia en la que se administra una versión genérica en lugar de un producto de marca recetado. En este documento, la letra minúscula en cursiva indica la disponibilidad genérica. En la mayoría de los casos, un medicamento de marca registrada para el cual haya un producto genérico disponible no tendrá formulario y presentará el producto genérico cubierto en su lugar en el momento de lanzar el producto genérico al mercado. Sin embargo, el documento está sujeto a regulaciones y normas específicas del estado relacionadas con la sustitución genérica y se aplican normas genéricas obligatorias si corresponde.

Los medicamentos genéricos con receta médica cuentan con las siguientes características:

- Normalmente, tienen un precio menor que sus equivalentes de marca.
- Están aprobados por la Administración de Alimentos y Medicamentos de los EE. UU. en términos de seguridad y eficacia. Además, se fabrican bajo las mismas normas estrictas que se aplican a medicamentos de marca.
- Se probaron en humanos para garantizar que el genérico sea absorbido en el torrente sanguíneo en una tasa y extensión similares en comparación con el medicamento de marca (bioequivalencia). Los genéricos pueden ser diferentes de los de la marca en cuanto a tamaño, color e ingredientes inactivos, pero esto no altera su eficacia o capacidad para ser absorbidos, tal como el medicamento de marca.
- Se fabrican con la misma concentración y dosificación que los medicamentos de marca.

Cuando un medicamento genérico es sustituido por un medicamento de marca, se puede esperar que el medicamento genérico tenga el mismo efecto clínico y perfil de seguridad que el medicamento de marca (equivalencia terapéutica).

DISEÑO DE PLANES

El documento representa un diseño de planificación de formulario cerrado. El copago de miembros es de \$4 por medicamento, con un máximo de \$12 (3 copagos) por mes. No hay copagos de parte de los miembros para los siguientes productos: anticonceptivos, el monitor de azúcar en sangre True Metrix o vacunas. Los medicamentos que aparecen en el documento están cubiertos por el plan según se representa. Algunos medicamentos de la lista están cubiertos si se cumplen los criterios de

administración de utilización (es decir, terapia progresiva, autorización previa, límites de cantidad, etc.). Las solicitudes de uso de dichos medicamentos que estén fuera de los criterios enumerados se revisarán según la necesidad médica. Si un medicamento no aparece en el documento, es posible que se solicite una excepción de formulario para la cobertura. Las solicitudes de necesidad médica o de excepción de formulario se revisarán en función de los criterios de autorización previos específicos para el medicamento o los criterios estándar de solicitud de receta médica no convencional. Inicie sesión en www.molinahealthcare.com para revisar la cobertura.

PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA

Las recetas de medicamentos que requieren aprobación previa o para medicamentos que no están incluidos en el Formulario de Medicamentos de Molina pueden ser aprobadas cuando son médicaamente necesarias y cuando se haya demostrado que las alternativas del formulario son ineficaces. Cuando estas situaciones excepcionales ocurren, su proveedor puede enviar por fax un formulario completado de autorización previa de medicamentos a Molina al (866) 497-7448. Inicie sesión en el sitio web de www.molinahealthcare.com para obtener los formularios. Los ensayos de muestras farmacéuticas no se considerarán como justificativos para la aprobación de una solicitud de autorización previa.

CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA

Para garantizar la respuesta más rápida posible del Departamento de Farmacia de MHU, proporcione la información pertinente con la solicitud de autorización previa.

Observe los siguientes ejemplos:

Clase de medicamento o diagnóstico	Información clínica solicitada
Reducción de colesterol	Perfil lipídico, factores de riesgo cardiovasculares
Diabetes	Resultados de prueba de A1c
Medicamento no preferido/fuera del formulario	Los Registros de Medicamentos o Notas de Progreso en los cuales se documente que el medicamento del formulario se utilizó con anterioridad

SOLICITUD DE CAMBIOS EN EL FORMULARIO

Si usted es un recetador y desea solicitar un cambio en el formulario, envíe su solicitud y fundamento al Departamento de Farmacia de Molina con su información de contacto.

Fax: (855) 714-2419

CATEGORÍAS DE CONSIDERACIÓN

ANALGÉSICOS OPIOIDES

Todos los Analgésicos Opioides están sujetos a una dosis equivalente de morfina de 90 mg por día. Se excluye el uso concomitante de opioides con benzodiacepinas o relajantes musculares.

ESTADO DE UTAH, ESCISIÓN DE MEDICAID

El Estado de Utah promulgó una escisión para algunos medicamentos. Los reclamos por estos medicamentos se deben enviar directamente al Programa Estatal de Farmacia de cobro por servicio. Entre estas clases se incluyen los siguientes medicamentos:

- Neurolépticos (incluidos en formato inyectable)
- Anticonvulsivos
- Estimulantes de TDAH
- Antidepresivos
- Agentes contra la ansiedad
- Inmunosupresores para trasplante
- Fármacos para tratar la hemofilia
- Estabilizadores del estado de ánimo
- Medicamentos para tratar trastornos de abuso de sustancias

SERVICIOS EXCLUIDOS

Tenga en cuenta que algunos medicamentos están excluidos. Estos incluyen, entre otros:

- Medicamentos no aptos para fondos Federales de Medicaid
- Medicamentos contra la anorexia, pérdida de peso o aumento de peso
- Medicamentos para promover la fertilidad
- Medicamentos para fines cosméticos o el crecimiento del cabello
- Medicamentos para el alivio sintomático de la tos y los resfriados, excepto aquellos que aparecen en la lista de medicamentos preferidos
- Vitaminas, excepto las vitaminas Prenatales para mujeres embarazadas y las gotas de vitamina con o sin fluoruro, para niños de cinco (5) años
- Suplementos de fluoruro
- Medicamentos sin receta (de venta libre u OTC), excepto aquellos medicamentos que aparecen en la lista de medicamentos preferidos
- Medicamentos para los que el fabricante requiere, como condición de venta, que las pruebas y los servicios de monitoreo asociados se compren exclusivamente al fabricante o a su representante
- Medicamentos para el tratamiento de la disfunción sexual o eréctil
- Medicamentos que un hospital entrega a un paciente en el momento del alta (medicamentos para llevar al hogar)
- Leche materna, sustitutos de leche materna, alimentos para bebés o alimentos médicos, productos metabólicos recetados para errores innatos de metabolismo (p. ej., fenilcetonuria y la enfermedad de la orina con olor a jarabe de arce) según se define en el Manual del Proveedor de Medicaid de Utah
- Medicamentos disponibles solo a través de programas de distribución de un solo proveedor, a menos que el distribuidor esté inscrito en Utah Medicaid como proveedor farmacéutico
- Medicamentos experimentales o en fase de investigación
- Formas de dosificación de conveniencia (parches transdérmicos) que no aparecen en la Lista de medicamentos

- Productos farmacéuticos que la Administración de Alimentos y Medicamentos de los EE. UU. (FDA) determina que son menos eficaces y medicamentos idénticos, relacionados o similares (denominados, con frecuencia, medicamentos “DESI 5 y 6”)
- Producto farmacéutico no perteneciente al Programa de Devolución de Medicamentos de Medicaid

AVISO

La información contenida en este documento es patentada. La información no se puede copiar en su totalidad o en parte sin el permiso por escrito. ©2023. Todos los derechos reservados.

Este documento contiene referencias a medicamentos con receta que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos.

ACTUALIZACIONES DEL FORMULARIO

Revise los cambios de formulario que pertenecen al Beneficio de Farmacia, a menos que se denoten de otra manera. Si tiene preguntas, comuníquese con el soporte técnico de la farmacia del plan de salud de Molina.

LEYENDA

AGE	Límite de edad
MED	Dosis equivalente de morfina de 90 mg como máximo por día
OTC	Medicamento de venta libre, beneficio cubierto con una receta médica
PA	Autorización previa
PA, QL	Límite de cantidad que se aplica después de la aprobación de la Autorización Previa
QL	Límite de Cantidad
SP	Medicamento de especialidad; estos medicamentos se deben obtener a través de una farmacia de especialidad
ST	Terapia progresiva
<i>minúscula</i>	Indica disponibilidad genérica
MAYÚSCULA	Indica disponibilidad de la marca
90 DS	Después de dos renovaciones de un suministro para 30 días dentro de un plazo de 75 días, posteriormente se optional un suministro para 90 días

FORMULARY UPDATES

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Molina Health Plan's Pharmacy Help Desk.

Key			
AGE= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA= Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	MED= Max 90 mg Morphine Equivalent Dose Per Day

Date Effective	Product Name	Change	Notes
10/1/2023	Adalimumab-fkjp AJKT 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Adalimumab-fkjp AJKT 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Adalimumab-fkjp PSKT 20MG/0.4ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Adalimumab-fkjp PSKT 20MG/0.4ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Adalimumab-fkjp PSKT 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Adalimumab-fkjp PSKT 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	BD Veritor System SARS-CoV-2 KIT	Quantity limit update	2 per 28 days
10/1/2023	COVID-19 At-Home Test KIT	Quantity limit update	2 per 28 days
10/1/2023	COVID-19 Testing by Pharmacist KIT	Quantity limit update	2 per 28 days
10/1/2023	Cue COVID-19 Test CART	Quantity limit update	2 per 28 days
10/1/2023	Cue Health Monitoring System MISC	Quantity limit update	2 per 28 days
10/1/2023	Hadlima PushTouch	Add to formulary with PA and QL	2 per 28 days

Date Effective	Product Name	Change	Notes
	SOAJ 40MG/0.4ML	QL	
10/1/2023	Hadlima PushTouch SOAJ 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Hadlima SOSY 40MG/0.4ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Hadlima SOSY 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Humira Pediatric Crohns Start PSKT 80 MG/0.8ML &40MG/0.4ML	Remove from formulary	
10/1/2023	Humira Pediatric Crohns Start PSKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 40MG/0.4ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 40MG/0.4ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 40MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-CD/UC/HS Starter PNKT 40MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-CD/UC/HS Starter PNKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-CD/UC/HS Starter PNKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-Pediatric UC Start PNKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen- Ps/UV/Adol HS Start PNKT 40MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-Psor/Uveit Starter PNKT 80 MG/0.8ML &40MG/0.4ML	Remove from formulary	
10/1/2023	Humira PSKT 10MG/0.1ML	Remove from formulary	
10/1/2023	Humira PSKT 20MG/0.2ML	Remove from formulary	

Date Effective	Product Name	Change	Notes
10/1/2023	Humira PSKT 40MG/0.4ML	Remove from formulary	
10/1/2023	Humira PSKT 40MG/0.8ML	Remove from formulary	
10/1/2023	ID Now COVID-19 Control KIT	Quantity limit update	2 per 28 days
10/1/2023	ID Now COVID-19 KIT	Quantity limit update	2 per 28 days
10/1/2023	Lucira COVID-19 All-In- One KIT	Quantity limit update	2 per 28 days
10/1/2023	Pixel COVID-19 PCR Home Test KIT	Quantity limit update	2 per 28 days

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Drug Name	Requirements/Limits
*ANALEPTICS***	
<i>caffeine citrate oral solution 60 mg/3ml</i>	AGE (Max 1 Years); MAX 120ML PER LIFETIME
*STIMULANTS - MISC.***	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	QL (1 EA per 1 day); AGE (Min 3 Years)
<i>modafinil oral tablet 100 mg, 200 mg</i>	QL (1 EA per 1 day); AGE (Min 17 Years)
*ALTERNATIVE MEDICINE - ME'S***	
<i>melatonin oral tablet 3 mg, 5 mg</i>	QL (1 EA per 1 day)
*AMINOGLYCOSIDES***	
<i>neomycin sulfate oral tablet 500 mg</i>	
<i>paromomycin sulfate oral capsule 250 mg</i>	
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***	
<i>OLUMIANT ORAL TABLET 1 MG</i>	QL (56 EA per 25 days); With Covid Dx only
<i>OLUMIANT ORAL TABLET 2 MG</i>	QL (28 EA per 25 days); With Covid Dx only
<i>OLUMIANT ORAL TABLET 4 MG</i>	QL (14 EA per 25 days); With Covid Dx only
<i>XELJANZ ORAL SOLUTION 1 MG/ML</i>	PA
<i>XELJANZ ORAL TABLET 10 MG</i>	PA; QL (28 per 25 days) With Covid Dx only
<i>XELJANZ ORAL TABLET 5 MG</i>	PA; QL (56 per 25 days) With Covid Dx only
<i>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG</i>	PA
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***	
<i>adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml</i>	PA; QL (2 EA per 28 days)
<i>adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	PA; QL (2 EA per 28 days)
<i>HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-Injector 40 MG/0.4ML, 40 MG/0.8ML</i>	PA; QL (2 EA per 28 days)
<i>HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML</i>	PA; QL (2 EA per 28 days)
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***	
<i>celecoxib oral capsule 100 mg, 50 mg</i>	QL (4 EA per 1 day)
<i>celecoxib oral capsule 200 mg, 400 mg</i>	QL (2 EA per 1 day)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
ST - Step Therapy **90 DS** - 90 day supply **Tier 1** - Preferred Generic **Tier - 2** Preferred Brand

Drug Name	Requirements/Limits
*INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)***	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	QL (9.38 ML per 25 days); With Covid Dx only
*INTERLEUKIN-6 RECEPTOR INHIBITORS***	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	QL (80 ML per 25 days); With Covid Dx only
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	QL (2.28 ML per 25 days); With Covid Dx only
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***	
<i>diclofenac potassium oral tablet 50 mg</i>	QL (4 EA per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	QL (2 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	QL (3 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	QL (2 EA per 1 day)
<i>etodolac oral tablet 400 mg</i>	QL (3 EA per 1 day)
<i>etodolac oral tablet 500 mg</i>	QL (2 EA per 1 day)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	QL (4 EA per 1 day)
<i>ibuprofen childrens oral suspension 100 mg/5ml</i>	QL (160 ML per 1 day)
<i>ibuprofen junior strength oral tablet 100 mg</i>	QL (4 EA per 1 day)
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	QL (6 EA per 1 day)
<i>ibuprofen oral capsule 200 mg</i>	QL (4 EA per 1 day)
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	QL (4 EA per 1 day)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	QL (160 ML per 1 day)
<i>ketorolac tromethamine oral tablet 10 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years); MAX 5 DAYS
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	QL (1 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	QL (4 EA per 1 day)
<i>naproxen oral suspension 125 mg/5ml</i>	QL (100 ML per 1 day)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	QL (3 EA per 1 day)
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	QL (3 EA per 1 day)
<i>naproxen sodium oral capsule 220 mg</i>	
<i>naproxen sodium oral tablet 220 mg</i>	QL (3 EA per 1 day)
<i>oxaprozin oral tablet 600 mg</i>	PA; QL (3 EA per 1 day)
<i>piroxicam oral capsule 10 mg</i>	PA; QL (4 EA per 1 day)
<i>piroxicam oral capsule 20 mg</i>	PA; QL (2 EA per 1 day)
<i>sulindac oral tablet 150 mg, 200 mg</i>	QL (3 EA per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***	
OTEZLA ORAL TABLET 30 MG	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	PA

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ST - Step Therapy **90 DS** - 90 day supply **Tier 1** - Preferred Generic **Tier - 2** Preferred Brand

Drug Name	Requirements/Limits
*PYRIMIDINE SYNTHESIS INHIBITORS***	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	QL (1 EA per 1 day)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	PA; QL (4 ML per 24 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	PA; QL (4 ML per 24 days)
*ANALGESICS OTHER***	
<i>acetaminophen 8 hour oral tablet extended release 650 mg</i>	QL (6 EA per 1 day)
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	QL (6 EA per 1 day)
<i>acetaminophen extra strength oral liquid 500 mg/15ml</i>	
<i>acetaminophen extra strength oral tablet 500 mg</i>	QL (8 EA per 1 day)
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	
<i>acetaminophen junior strength oral tablet dispersible 160 mg</i>	QL (25 EA per 1 day)
<i>acetaminophen oral solution 160 mg/5ml</i>	
<i>acetaminophen oral tablet 325 mg</i>	QL (12 EA per 1 day)
<i>acetaminophen rectal suppository 650 mg</i>	QL (6 EA per 1 day)
<i>childrens non-aspirin oral tablet chewable 80 mg</i>	QL (6 EA per 1 day)
<i>ed-apap oral liquid 160 mg/5ml</i>	
<i>fever reducer childrens rectal suppository 120 mg</i>	QL (34 EA per 1 day)
<i>FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG</i>	QL (50 EA per 1 day)
*ANALGESICS-SEDATIVES***	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
*SALICYLATE COMBINATIONS***	
<i>tri-buffered aspirin oral tablet 325 mg</i>	
*SALICYLATES***	
<i>aspirin low dose oral tablet chewable 81 mg</i>	QL (1 EA per 1 day)
<i>aspirin oral tablet 325 mg</i>	QL (12 EA per 1 day)
<i>aspirin oral tablet delayed release 325 mg</i>	QL (12 EA per 1 day)
<i>aspirin oral tablet delayed release 81 mg</i>	QL (1 EA per 1 day)
<i>aspirin rectal suppository 300 mg</i>	
<i>salsalate oral tablet 500 mg, 750 mg</i>	QL (4 EA per 1 day)
*CODEINE COMBINATIONS***	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	PA; QL (3750 ML per 25 days); AGE (Min 12 Years)

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ST - Step Therapy **90 DS** - 90 day supply **Tier 1** - Preferred Generic **Tier - 2** Preferred Brand

Drug Name	Requirements/Limits
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	PA; QL (6 EA per 1 day); AGE (Min 12 Years)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	PA; QL (8 EA per 1 day)
*HYDROCODONE COMBINATIONS***	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	QL (3750 ML per 25 days); MED, Max 7 day supply for initial fill or PA required
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	QL (6 EA per 1 day); MED, Max 7 day supply for initial fill or PA required
*OPIOID AGONISTS***	
codeine sulfate oral tablet 30 mg	QL (12 EA per 1 day); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
codeine sulfate oral tablet 60 mg	QL (8 EA per 1 day); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	PA; QL (0.334 EA per 1 day); MED
hydromorphone hcl oral tablet 2 mg, 4 mg	QL (12 EA per 1 day); MED, Max 7 day supply for initial fill or PA required
methadone hcl oral tablet 10 mg, 5 mg	PA
morphine sulfate (concentrate) oral solution 100 mg/5ml	PA; MED, Max 7 day supply for initial fill or PA required
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg	ST; QL (3 EA per 1 day); Requires prior use of IR Opioid; MED
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	PA
morphine sulfate oral tablet 15 mg, 30 mg	QL (3 EA per 1 day); MED, Max 7 day supply for initial fill or PA required
oxycodone hcl oral solution 5 mg/5ml	MED, Max 7 day supply for initial fill or PA required, Max 240ML
oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg	MED, Max 7 day supply for initial fill or PA required, MAX 90
oxycodone hcl oral tablet 20 mg, 30 mg	MED, Max 7 day supply for initial fill or PA required, MAX 120
tramadol hcl oral tablet 50 mg	PA; QL (8 EA per 1 day); AGE (Min 12 Years); MED, Max 7 day supply for initial fill or PA required
*OPIOID COMBINATIONS***	
oxycodone-acetaminophen oral tablet 10-325 mg	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	QL (8 EA per 1 day); MED, Max 7 day supply for initial fill or PA required
oxycodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg	QL (6 EA per 1 day); MED, Max 7 day supply for initial fill or PA required

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
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Drug Name	Requirements/Limits
*ANDROGENS***	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	AGE (Min 18 Years)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	AGE (Min 18 Years)
*INTRARECTAL STEROIDS***	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	QL (1680 ML per 25 days)
*RECTAL ANESTHETIC COMBINATIONS***	
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	
*RECTAL LOCAL ANESTHETICS***	
<i>dibucaine (perianal) external ointment 1 %</i>	
*RECTAL STEROIDS***	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	QL (7 EA per 1 day)
*ANTACID & SIMETHICONE***	
<i>antacid & antigas oral suspension 200-200-20 mg/5ml</i>	
<i>antacid anti-gas max strength oral suspension 400-400-40 mg/5ml</i>	
<i>antacid plus oral tablet chewable 200-200-25 mg</i>	
*ANTACID COMBINATIONS***	
<i>ACID GONE ORAL SUSPENSION 95-358 MG/15ML</i>	
<i>antacid extra strength oral tablet chewable 160-105 mg</i>	
*ANTACIDS - BICARBONATE***	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	
*ANTACIDS - CALCIUM SALTS***	
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	
<i>calcium antacid oral tablet chewable 500 mg</i>	
<i>calcium antacid ultra max st oral tablet chewable 1000 mg</i>	
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	
<i>calcium carbonate antacid oral tablet 648 mg</i>	
<i>ft antacid regular strength oral tablet chewable 500 mg</i>	PA
*ANTHELMINTICS***	
<i>albendazole oral tablet 200 mg</i>	QL (4 EA per 1 day)
<i>ivermectin oral tablet 3 mg</i>	QL (16 EA per 2 days); MAX 2 DAYS
*ANTIANGINALS-OTHER***	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	ST; QL (2 EA per 1 day); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate

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ST - Step Therapy **90 DS** - 90 day supply **Tier 1** - Preferred Generic **Tier - 2** Preferred Brand

Drug Name	Requirements/Limits
*NITRATES***	
<i>isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg</i>	QL (4 EA per 1 day)
<i>isosorbide dinitrate oral tablet 20 mg</i>	QL (6 EA per 1 day)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	QL (2 EA per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg</i>	QL (3 EA per 1 day)
<i>isosorbide mononitrate oral tablet 20 mg</i>	QL (2 EA per 1 day)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	QL (10 EA per 1 day)
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	QL (1 EA per 1 day)
*ANTIANXIETY AGENTS - MISC.***	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	QL (8 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine hcl tablet 10 mg oral</i>	QL (8 EA per 1 day)
<i>hydroxyzine hcl tablet 25 mg oral</i>	QL (8 EA per 1 day)
<i>hydroxyzine hcl tablet 50 mg oral</i>	QL (8 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 100 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	QL (8 EA per 1 day); AGE (Max 64 Years)
*ANTIARRHYTHMICS TYPE I-A***	
<i>disopyramide phosphate oral capsule 100 mg</i>	QL (8 EA per 1 day)
<i>disopyramide phosphate oral capsule 150 mg</i>	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>quinidine sulfate oral tablet 300 mg</i>	QL (8 EA per 1 day)
*ANTIARRHYTHMICS TYPE I-B***	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	QL (6 EA per 1 day)
*ANTIARRHYTHMICS TYPE I-C***	
<i>flecainide acetate oral tablet 100 mg</i>	QL (6 EA per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	QL (3 EA per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	QL (7 EA per 1 day)
<i>propafenone hcl oral tablet 150 mg</i>	QL (6 EA per 1 day)
<i>propafenone hcl oral tablet 225 mg, 300 mg</i>	QL (3 EA per 1 day)
*ANTIARRHYTHMICS TYPE III***	
<i>amiodarone hcl oral tablet 200 mg</i>	QL (4 EA per 1 day)

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ST - Step Therapy **90 DS** - 90 day supply **Tier 1** - Preferred Generic **Tier - 2** Preferred Brand

Drug Name	Requirements/Limits
*ADRENERGIC COMBINATIONS***	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	QL (2 EA per 1 day)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	PA; QL (20.6 GM per 25 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	QL (20.4 GM per 25 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act</i>	QL (2 EA per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	QL (0.04 EA per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 500-50 mcg/act</i>	QL (1 EA per 1 day)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	QL (360 ML per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	QL (1 EA per 1 day)
*ANTI-IGE MONOCLONAL ANTIBODIES***	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	PA; QL (5 EA per 24 days)
*ANTI-INFLAMMATORY AGENTS***	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	QL (26 ML per 1 day)
*BETA ADRENERGICS***	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	QL (225 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml</i>	QL (300 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 1.25 mg/3ml</i>	QL (150 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	QL (150 EA per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	QL (150 ML per 1 day)
<i>albuterol sulfate oral tablet 4 mg</i>	QL (8 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	QL (2 GM per 1 day)
<i>terbutaline sulfate oral tablet 2.5 mg</i>	QL (8 EA per 1 day)
<i>terbutaline sulfate oral tablet 5 mg</i>	QL (6 EA per 1 day)
*BRONCHODILATORS - ANTICHOLINERGICS***	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	QL (1 EA per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	QL (10 ML per 1 day)

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Drug Name	Requirements/Limits
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	PA
*LEUKOTRIENE RECEPTOR ANTAGONISTS***	
montelukast sodium oral tablet 10 mg	QL (1 EA per 1 day)
montelukast sodium oral tablet chewable 4 mg, 5 mg	QL (1 EA per 1 day)
*STEROID INHALANTS***	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT	QL (6.1 GM per 25 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	QL (4 ML per 1 day); AGE (Max 9 Years)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	QL (0.4 GM per 1 day); AGE (Max 11 Years)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	QL (0.354 GM per 1 day); AGE (Max 11 Years)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	QL (0.354 GM per 1 day)
*XANTHINES***	
theophylline er oral tablet extended release 12 hour 300 mg	QL (4 EA per 1 day)
theophylline er oral tablet extended release 12 hour 450 mg	QL (2 EA per 1 day)
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	QL (3 EA per 1 day)
theophylline oral elixir 80 mg/15ml	
theophylline oral solution 80 mg/15ml	
*COUMARIN ANTICOAGULANTS***	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	QL (10 EA per 1 day)
*DIRECT FACTOR XA INHIBITORS***	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	QL (74 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	QL (2 EA per 1 day)
*LOW MOLECULAR WEIGHT HEPARINS***	
enoxaparin sodium injection solution 300 mg/3ml	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	QL (2 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	QL (1.6 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	QL (0.6 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	QL (0.8 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	QL (1.2 ML per 1 day)
enoxaparin sodium solution prefilled syringe 100 mg/ml injection	QL (2 ML per 1 day)
enoxaparin sodium solution prefilled syringe 120 mg/0.8ml injection	QL (1.6 ML per 1 day)

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Drug Name	Requirements/Limits
<i>enoxaparin sodium solution prefilled syringe 40 mg/0.4ml injection</i>	QL (0.8 ML per 1 day)
<i>enoxaparin sodium solution prefilled syringe 60 mg/0.6ml injection</i>	QL (1.2 ML per 1 day)
<i>enoxaparin sodium solution prefilled syringe 80 mg/0.8ml injection</i>	QL (1.6 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	PA
*SYNTHETIC HEPARINOID-LIKE AGENTS***	
<i>ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML</i>	PA
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	PA
*ALPHA-GLUCOSIDASE INHIBITORS***	
<i>acarbose oral tablet 100 mg</i>	QL (4 EA per 1 day)
<i>acarbose oral tablet 25 mg, 50 mg</i>	QL (3 EA per 1 day)
*BIGUANIDES***	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	QL (4 EA per 1 day)
<i>metformin hcl oral tablet 1000 mg</i>	QL (2 EA per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	QL (5 EA per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	QL (3 EA per 1 day)
*DIABETIC OTHER - COMBINATIONS***	
<i>glucose instant energy oral tablet chewable 4-6 gm-mg</i>	
*DIABETIC OTHER***	
<i>BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE</i>	QL (2 EA per 25 days)
<i>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG</i>	QL (2 EA per 25 days)
<i>glucagon emergency injection kit 1 mg</i>	QL (2 EA per 25 days)
<i>GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-Injector 0.5 MG/0.1ML</i>	QL (0.2 ML per 25 days)
<i>GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-Injector 1 MG/0.2ML</i>	QL (0.4 ML per 25 days)
<i>GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML</i>	QL (0.4 ML per 25 days)
<i>GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML</i>	QL (0.2 ML per 25 days)
<i>GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML</i>	QL (0.4 ML per 25 days)
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***	
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	ST; QL (1 EA per 1 day); Requires trial of metformin or metformin-containing product AND Sulfonylurea or Sulfonylurea Combination; Generic Nesina

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Drug Name	Requirements/Limits
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***	
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	ST; QL (2 EA per 1 day); Requires trial of metformin or metformin-containing product AND Sulfonylurea or Sulfonylurea Combination; Generic Kazano
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***	
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	ST; QL (1 EA per 1 day); Requires trial of metformin or metformin-containing product AND Sulfonylurea or Sulfonylurea Combination; Generic Oseni
*HUMAN INSULIN***	
ADMELOG INJECTION SOLUTION 100 UNIT/ML	QL (30 ML per 25 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	QL (30 ML per 25 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	QL (30 ML per 25 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	QL (20 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	QL (18 ML per 25 days)
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	QL (25 ML per 30 days)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	QL (30 ML per 25 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	QL (30 ML per 25 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	QL (30 ML per 25 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	QL (30 ML per 25 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	QL (30 ML per 25 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	QL (30 ML per 25 days)
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML	QL (30 ML per 25 days)
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	QL (30 ML per 25 days)
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML	ST; PA; QL (3 ML per 25 days); REQUIRES PRIOR USE OF METFORMIN
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	ST; PA; QL (3 ML per 25 days); REQUIRES PRIOR USE OF METFORMIN

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Drug Name	Requirements/Limits
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	ST; PA; QL (3 ML per 25 days); REQUIRES PRIOR USE OF METFORMIN
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	ST; PA; QL (1 EA per 1 day); REQUIRES PRIOR USE OF METFORMIN
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	ST; PA; QL (2 ML per 25 days); REQUIRES PRIOR USE OF METFORMIN
*MEGLITINIDE ANALOGUES***	
nateglinide oral tablet 120 mg, 60 mg	QL (3 EA per 1 day)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	QL (6 EA per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***	
STEGLATRO ORAL TABLET 15 MG, 5 MG	PA
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	ST; PA
*SULFONYLUREA-BIGUANIDE COMBINATIONS***	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg	QL (2 EA per 1 day)
glyburide-metformin oral tablet 5-500 mg	QL (4 EA per 1 day)
*SULFONYLUREAS***	
glimepiride oral tablet 1 mg, 4 mg	QL (3 EA per 1 day)
glimepiride oral tablet 2 mg	QL (4 EA per 1 day)
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	QL (2 EA per 1 day)
glipizide oral tablet 10 mg	QL (4 EA per 1 day)
glipizide oral tablet 5 mg	QL (8 EA per 1 day)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	QL (4 EA per 1 day)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	QL (4 EA per 1 day)
*THIAZOLIDINEDIONES***	
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	QL (1 EA per 1 day)
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***	
bismuth subsalicylate oral tablet chewable 262 mg	
stomach relief oral suspension 262 mg/15ml	
stomach relief oral tablet 262 mg	
*ANTIPERISTALTIC AGENTS***	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	QL (40 ML per 1 day)
diphenoxylate-atropine oral tablet 2.5-0.025 mg	QL (8 EA per 1 day)
loperamide hcl oral capsule 2 mg	QL (8 EA per 1 day)
loperamide hcl oral tablet 2 mg	QL (8 EA per 1 day)

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Drug Name	Requirements/Limits
*5-HT3 RECEPTOR ANTAGONISTS***	
granisetron hcl oral tablet 1 mg	ST; QL (2 EA per 1 day); Requires trial of ondansetron
ondansetron hcl oral solution 4 mg/5ml	PA
ondansetron hcl oral tablet 4 mg, 8 mg	QL (90 EA per 25 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	QL (90 EA per 25 days)
*ANTIEMETIC COMBINATIONS***	
anti-nausea oral solution 1.87-1.87-21.5	
*ANTIEMETICS - ANTICHOLINERGIC***	
dimenhydrinate oral tablet 50 mg	QL (6 EA per 1 day)
meclizine hcl oral tablet 12.5 mg, 25 mg	QL (4 EA per 1 day)
motion sickness relief oral tablet chewable 25 mg	QL (4 EA per 1 day)
scopolamine transdermal patch 72 hour 1 mg/3days	QL (0.34 EA per 1 day)
*ANTIFUNGALS***	
griseofulvin microsize oral suspension 125 mg/5ml	QL (40 ML per 1 day)
nystatin oral tablet 500000 unit	QL (8 EA per 1 day)
terbinafine hcl oral tablet 250 mg	QL (1 EA per 1 day)
*IMIDAZOLES***	
ketoconazole oral tablet 200 mg	QL (2 EA per 1 day)
*TRIAZOLES***	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	QL (35 ML per 25 days); AGE (Max 12 Years)
fluconazole oral tablet 100 mg, 200 mg	QL (21 EA per 25 days)
fluconazole oral tablet 150 mg	QL (2 EA per 25 days)
fluconazole oral tablet 50 mg	QL (2 EA per 1 day)
*ANTIHISTAMINES - ALKYLAMINES***	
chlorpheniramine maleate er oral tablet extended release 12 mg	QL (2 EA per 1 day)
chlorpheniramine maleate oral tablet 4 mg	QL (6 EA per 1 day)
ed chlorped jr oral syrup 2 mg/5ml	
*ANTIHISTAMINES - ETHANOLAMINES***	
allergy relief oral capsule 25 mg	QL (6 EA per 1 day); AGE (Max 64 Years)
carbinoxamine maleate oral solution 4 mg/5ml	
carbinoxamine maleate oral tablet 4 mg	
clemastine fumarate oral tablet 1.34 mg	QL (2 EA per 1 day)
clemastine fumarate oral tablet 2.68 mg	QL (3 EA per 1 day)
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	QL (80 ML per 1 day); AGE (Max 12 Years)
diphenhydramine hcl injection solution 50 mg/ml	AGE (Max 64 Years)

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Drug Name	Requirements/Limits
diphenhydramine hcl oral capsule 50 mg	QL (6 EA per 1 day); AGE (Max 64 Years)
diphenhydramine hcl oral elixir 12.5 mg/5ml	QL (80 ML per 1 day); AGE (Max 12 Years)
diphenhydramine hcl oral tablet 25 mg	QL (6 EA per 1 day); AGE (Max 64 Years)
diphenhydramine hcl oral tablet chewable 12.5 mg	QL (6 EA per 1 day); AGE (Max 12 Years)
*ANTIHISTAMINES - NON-SEDATING***	
all day allergy oral tablet 10 mg	QL (1 EA per 1 day)
allergy (cetirizine) oral tablet 10 mg	QL (1 EA per 1 day); AGE (Max 1 Years)
allergy relief cetirizine oral tablet 10 mg	QL (1 EA per 1 day)
allergy relief/indoor/outdoor oral tablet 10 mg	QL (1 EA per 1 day)
cetirizine hcl childrens oral solution 5 mg/5ml	QL (10 ML per 1 day); AGE (Max 12 Years)
cetirizine hcl oral tablet 10 mg, 5 mg	QL (1 EA per 1 day)
ft all day allergy 24 hour oral tablet 10 mg	PA; QL (1 EA per 1 day)
ft all day allergy oral tablet 10 mg	QL (1 EA per 1 day)
gnp all day allergy oral tablet 10 mg	QL (1 EA per 1 day)
goodsense all day allergy oral tablet 10 mg	QL (1 EA per 1 day)
hm allergy relief (cetirizine) oral tablet 10 mg	QL (1 EA per 1 day)
loratadine oral tablet 10 mg	QL (1 EA per 1 day)
loratadine oral tablet dispersible 10 mg	QL (1 EA per 1 day); AGE (Max 12 Years)
sm all day allergy oral tablet 10 mg	QL (1 EA per 1 day)
*ANTIHISTAMINES - PHENOTHIAZINES***	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG	QL (24 EA per 30 days); AGE (Min 2 Years and Max 64 Years)
promethazine hcl injection solution 25 mg/ml	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
promethazine hcl injection solution 50 mg/ml	QL (50 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
promethazine hcl oral syrup 6.25 mg/5ml	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
promethazine hcl oral tablet 12.5 mg, 50 mg	QL (2 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
promethazine hcl oral tablet 25 mg	QL (6 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
*ANTIHISTAMINES - PIPERIDINES***	
cyproheptadine hcl oral syrup 2 mg/5ml	QL (20 ML per 1 day); AGE (Max 64 Years)
cyproheptadine hcl oral tablet 4 mg	QL (6 EA per 1 day); AGE (Max 64 Years)

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Drug Name	Requirements/Limits
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***	
NEXLIZET ORAL TABLET 180-10 MG	PA
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS***	
NEXLETOL ORAL TABLET 180 MG	PA
*BILE ACID SEQUESTRANTS***	
<i>cholestyramine light oral powder 4 gm/dose</i>	QL (8 GM per 1 day)
<i>cholestyramine oral powder 4 gm/dose</i>	QL (48 GM per 1 day)
<i>colestipol hcl oral tablet 1 gm</i>	QL (16 EA per 1 day)
*FIBRIC ACID DERIVATIVES***	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	QL (1 EA per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	QL (4 EA per 1 day)
*HMG COA REDUCTASE INHIBITORS***	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	QL (1 EA per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (1 EA per 1 day)
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***	
<i>ezetimibe oral tablet 10 mg</i>	QL (1 EA per 1 day)
*PCSK9 INHIBITORS***	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	PA; QL (3.5 ML per 24 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	PA; QL (2 ML per 24 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	PA; QL (2 ML per 24 days)
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS***	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	QL (1 EA per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE***	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	QL (1 EA per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	QL (2 EA per 1 day)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	QL (1 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
*ACE INHIBITORS***	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	QL (1.5 EA per 1 day)
<i>benazepril hcl oral tablet 40 mg</i>	QL (2 EA per 1 day)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	QL (3 EA per 1 day)
<i>enalapril maleate oral solution 1 mg/ml</i>	AGE (Max 12 Years)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>enalapril maleate oral tablet 20 mg</i>	QL (2 EA per 1 day)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	QL (1 EA per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>lisinopril oral tablet 30 mg, 40 mg</i>	QL (2 EA per 1 day)
<i>QBRELIS ORAL SOLUTION 1 MG/ML</i>	AGE (Min 6 Years and Max 12 Years)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>quinapril hcl oral tablet 40 mg</i>	QL (2 EA per 1 day)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	QL (1 EA per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB***	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	QL (1 EA per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE***	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	QL (1 EA per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	QL (1 EA per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAGONISTS***	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	QL (1 EA per 1 day)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	QL (1 EA per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	QL (2 EA per 1 day)
*ANTIADRENERGICS - CENTRALLY ACTING***	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	QL (6 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	QL (4 EA per 1 day)
<i>guanfacine hcl oral tablet 1 mg</i>	QL (4 EA per 1 day)
<i>guanfacine hcl oral tablet 2 mg</i>	QL (2 EA per 1 day)
<i>methyldopa oral tablet 250 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>methyldopa oral tablet 500 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
*ANTIADRENERGICS - PERIPHERALLY ACTING***	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	QL (2 EA per 1 day)

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ST - Step Therapy **90 DS** - 90 day supply **Tier 1** - Preferred Generic **Tier - 2** Preferred Brand

Drug Name	Requirements/Limits
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	QL (6 EA per 1 day)
<i>terazosin hcl oral capsule 1 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>	QL (2 EA per 1 day)
*BETA BLOCKER & DIURETIC COMBINATIONS***	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	QL (1 EA per 1 day)
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	QL (2 EA per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i>	QL (4 EA per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i>	QL (3 EA per 1 day)
*VASODILATORS***	
<i>hydralazine hcl oral tablet 10 mg</i>	QL (10 EA per 1 day)
<i>hydralazine hcl oral tablet 100 mg</i>	QL (3 EA per 1 day)
<i>hydralazine hcl oral tablet 25 mg</i>	QL (4 EA per 1 day)
<i>hydralazine hcl oral tablet 50 mg</i>	QL (8 EA per 1 day)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	QL (5 EA per 1 day)
*ANTI-INFECTIVE AGENTS - MISC.***	
<i>metronidazole oral tablet 250 mg</i>	QL (8 EA per 1 day); 14
<i>metronidazole oral tablet 500 mg</i>	QL (4 EA per 1 day)
<i>trimethoprim oral tablet 100 mg</i>	QL (6 EA per 1 day)
*ANTI-INFECTIVE MISC. - COMBINATIONS***	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	QL (40 ML per 1 day)
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	QL (4 EA per 1 day)
*ANTIPROTOZOAL AGENTS***	
<i>atovaquone oral suspension 750 mg/5ml</i>	PA; 90
<i>MEPRON ORAL SUSPENSION 750 MG/5ML</i>	PA
*GLYCOPEPTIDES***	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml</i>	QL (40 ML per 1 day)
*LEPROSTATICSS***	
<i>dapsone oral tablet 100 mg</i>	QL (3 EA per 1 day)
<i>dapsone oral tablet 25 mg</i>	QL (4 EA per 1 day)
*LINCOSAMIDES***	
<i>clindamycin hcl oral capsule 150 mg</i>	QL (8 EA per 1 day)
<i>clindamycin hcl oral capsule 300 mg</i>	QL (6 EA per 1 day)
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	AGE (Max 18 Years)
*OXAZOLIDINONES***	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PA
<i>linezolid oral tablet 600 mg</i>	PA
*URINARY ANTI-INFECTIVES***	
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)

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Drug Name	Requirements/Limits
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	QL (40 ML per 1 day); AGE (Max 12 Years); MAX 10 DAYS
*ANTIMALARIALS***	
<i>chloroquine phosphate oral tablet 250 mg</i>	
<i>chloroquine phosphate oral tablet 500 mg</i>	QL (10 EA per 3 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	QL (4 EA per 1 day)
<i>mefloquine hcl oral tablet 250 mg</i>	QL (4 EA per 1 day)
*ANTIMYASTHENIC/CHOLINERGIC AGENTS***	
<i>pyridostigmine bromide oral tablet 60 mg</i>	QL (6 EA per 1 day)
*ANTIMYCOBACTERIAL AGENTS***	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	QL (5 EA per 1 day)
<i>isoniazid oral syrup 50 mg/5ml</i>	QL (30 ML per 1 day)
<i>isoniazid oral tablet 100 mg</i>	QL (6 EA per 1 day)
<i>isoniazid oral tablet 300 mg</i>	QL (3 EA per 1 day)
<i>PRIFTIN ORAL TABLET 150 MG</i>	QL (1.143 EA per 1 day)
<i>pyrazinamide oral tablet 500 mg</i>	QL (6 EA per 1 day)
<i>rifampin oral capsule 150 mg, 300 mg</i>	QL (8 EA per 1 day)
*ANDROGEN BIOSYNTHESIS INHIBITORS***	
<i>abiraterone acetate oral tablet 250 mg</i>	PA; QL (4 EA per 1 day)
*ANTIADRENALS***	
<i>LYSODREN ORAL TABLET 500 MG</i>	
*ANTIANDROGENS***	
<i>bicalutamide oral tablet 50 mg</i>	QL (3 EA per 1 day)
<i>flutamide oral capsule 125 mg</i>	QL (6 EA per 1 day)
*ANTIESTROGENS***	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	QL (2 EA per 1 day)
*ANTIMETABOLITES***	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	PA
<i>mercaptopurine oral tablet 50 mg</i>	QL (4 EA per 1 day)
<i>methotrexate oral tablet 2.5 mg</i>	QL (24 EA per 1 day)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	QL (10 ML per 25 days)
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	QL (10 ML per 25 days)

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Drug Name	Requirements/Limits
*ANTINEOPLASTIC - ALK INHIBITORS***	
ALECENSA ORAL CAPSULE 150 MG	PA; QL (8 EA per 1 day)
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***	
<i>imatinib mesylate oral tablet 100 mg</i>	PA; QL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	PA; QL (2 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	PA; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG	PA; QL (3 EA per 1 day)
*ANTINEOPLASTIC - BTK INHIBITORS***	
BRUKINSA ORAL CAPSULE 80 MG	PA; QL (4 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	PA; QL (1 EA per 1 day)
*ANTINEOPLASTIC - EGFR INHIBITORS***	
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	PA; QL (1 EA per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	PA; QL (3 EA per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG	PA; QL (1 EA per 1 day)
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***	
<i>sorafenib tosylate oral tablet 200 mg</i>	PA; QL (4 EA per 1 day)
SUTENT ORAL CAPSULE 12.5 MG	PA; QL (4 EA per 1 day)
SUTENT ORAL CAPSULE 25 MG	PA; QL (2 EA per 1 day)
SUTENT ORAL CAPSULE 37.5 MG	PA; QL (1 EA per 1 day); 14
SUTENT ORAL CAPSULE 50 MG	PA; QL (1 EA per 1 day)
TYKERB ORAL TABLET 250 MG	PA; QL (6 EA per 1 day)
*ANTINEOPLASTICS MISC.***	
<i>hydroxyurea oral capsule 500 mg</i>	
MATULANE ORAL CAPSULE 50 MG	PA
*AROMATASE INHIBITORS***	
<i>anastrozole oral tablet 1 mg</i>	QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	QL (1 EA per 1 day)
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	PA; QL (1 EA per 1 day); MAX 21 per 28 DAYS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	PA; QL (1 EA per 1 day); MAX 21 per 28 DAYS
*FOLIC ACID ANTAGONISTS RESCUE AGENTS***	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	
*IMIDAZOTETRAZINES***	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	PA
*LHRH ANALOGS***	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	PA; AGE (Min 18 Years)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PA; AGE (Min 18 Years)

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Drug Name	Requirements/Limits
*MITOTIC INHIBITORS***	
<i>etoposide oral capsule 50 mg</i>	PA
*NITROGEN MUSTARDS AND RELATED ANALOGUES***	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	QL (16 EA per 1 day)
<i>LEUKERAN ORAL TABLET 2 MG</i>	QL (8 EA per 1 day)
<i>melphalan oral tablet 2 mg</i>	
*PROGESTINS-ANTINEOPLASTIC***	
<i>megestrol acetate oral suspension 40 mg/ml</i>	QL (40 ML per 1 day)
<i>megestrol acetate oral tablet 20 mg</i>	QL (40 EA per 1 day)
<i>megestrol acetate oral tablet 40 mg</i>	QL (20 EA per 1 day)
*RETINOIDS***	
<i>tretinoin oral capsule 10 mg</i>	PA
*ANTIPARKINSON ANTICHOLINERGICS***	
<i>benztropine mesylate oral tablet 0.5 mg</i>	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 1 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 2 mg</i>	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	PA
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	QL (3 EA per 1 day); AGE (Max 64 Years)
*ANTIPARKINSON DOPAMINERGICS***	
<i>amantadine hcl oral capsule 100 mg</i>	QL (4 EA per 1 day)
<i>amantadine hcl oral solution 50 mg/5ml</i>	QL (40 ML per 1 day)
<i>bromocriptine mesylate oral capsule 5 mg</i>	QL (6 EA per 1 day)
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	QL (6 EA per 1 day)
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***	
<i>selegiline hcl oral capsule 5 mg</i>	QL (2 EA per 1 day)
<i>selegiline hcl oral tablet 5 mg</i>	QL (2 EA per 1 day)
*LEVODOPA COMBINATIONS***	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg</i>	QL (4 EA per 1 day)
<i>carbidopa-levodopa er oral tablet extended release 50-200 mg</i>	QL (8 EA per 1 day)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg</i>	QL (8 EA per 1 day)
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	QL (12 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg</i>	ST; QL (8 EA per 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	ST; QL (6 EA per 1 day); Requires prior use of carbidopa/levodopa

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Drug Name	Requirements/Limits
STALEVO 100 ORAL TABLET 25-100-200 MG	ST; PA; Requires prior use of carbidopa/levodopa
STALEVO 125 ORAL TABLET 31.25-125-200 MG	ST; PA; Requires prior use of carbidopa/levodopa
STALEVO 150 ORAL TABLET 37.5-150-200 MG	ST; PA; Requires prior use of carbidopa/levodopa
STALEVO 200 ORAL TABLET 50-200-200 MG	ST; PA; Requires prior use of carbidopa/levodopa
STALEVO 50 ORAL TABLET 12.5-50-200 MG	ST; PA; Requires prior use of carbidopa/levodopa
STALEVO 75 ORAL TABLET 18.75-75-200 MG	ST; PA; Requires prior use of carbidopa/levodopa
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	QL (3 EA per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	QL (6 EA per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	QL (12 EA per 1 day)
<i>ropinirole hcl oral tablet 0.5 mg</i>	QL (6 EA per 1 day)
*PERIPHERAL COMT INHIBITORS***	
<i>entacapone oral tablet 200 mg</i>	ST; QL (8 EA per 1 day); Requires prior use of carbidopa/levodopa
*PHENOTHIAZINES***	
COMPRO RECTAL SUPPOSITORY 25 MG	QL (12 EA per 1 day)
*CHLORINE ANTISEPTICS***	
HIBICLENS EXTERNAL LIQUID 4 %	
*ANTIRETROVIRAL COMBINATIONS***	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG	QL (1 EA per 1 day); AGE (Min 12 Years and Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	ST; PA; QL (1 EA per 1 day); Requires prior use of TRUVADA
DOVATO ORAL TABLET 50-300 MG	QL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	PA; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df tablet 200-300 mg oral</i>	PA; QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
EVOTAZ ORAL TABLET 300-150 MG	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG	QL (1 EA per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML	QL (16 ML per 1 day)
KALETRA ORAL TABLET 100-25 MG	QL (8 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	QL (4 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	QL (2 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	QL (1 EA per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG	QL (2 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	PA; QL (1 EA per 1 day)
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	QL (30 ML per 1 day)
SELZENTRY ORAL TABLET 25 MG	QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG	QL (2 EA per 1 day)
*ANTIRETROVIRALS - FUSION INHIBITORS***	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	PA
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR***	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	QL (2 EA per 1 day)
*ANTIRETROVIRALS - INTEGRASE INHIBITORS***	
ISENTRESS HD ORAL TABLET 600 MG	QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	QL (2 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	QL (6 EA per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS***	
APTIVUS ORAL CAPSULE 250 MG	QL (4 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	QL (1 EA per 1 day)
<i>darunavir tablet 600 mg oral</i>	QL (2 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	QL (4 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	QL (15 ML per 1 day)

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Drug Name	Requirements/Limits
PREZISTA ORAL SUSPENSION 100 MG/ML	QL (8 ML per 1 day)
PREZISTA ORAL TABLET 150 MG	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	QL (16 EA per 1 day)
REYATAZ ORAL CAPSULE 150 MG, 200 MG	QL (2 EA per 1 day)
REYATAZ ORAL CAPSULE 300 MG	QL (1 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	QL (4 EA per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***	
EDURANT ORAL TABLET 25 MG	QL (1 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	QL (4 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	QL (3 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	QL (1 EA per 1 day)
<i>nevirapine oral tablet 200 mg</i>	QL (2 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	QL (1 EA per 1 day)
SUSTIVA ORAL CAPSULE 200 MG	QL (3 EA per 1 day)
SUSTIVA ORAL CAPSULE 50 MG	QL (12 EA per 1 day)
SUSTIVA ORAL TABLET 600 MG	QL (1 EA per 1 day)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	QL (40 ML per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES***	
<i>abacavir sulfate oral solution 20 mg/ml</i>	QL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	QL (2 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES***	
<i>emtricitabine oral capsule 200 mg</i>	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	QL (20 ML per 1 day)
EPIVIR ORAL TABLET 150 MG, 300 MG	
<i>lamivudine oral solution 10 mg/ml</i>	QL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	QL (1 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES***	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	QL (6 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	QL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>	QL (2 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES***	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
VIREAD ORAL POWDER 40 MG/GM	QL (7.5 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	QL (1 EA per 1 day)
*ANTIRETROVIRALS ADJUVANTS***	
TYBOST ORAL TABLET 150 MG	QL (1 EA per 1 day)
*ANTIVIRAL COMBINATIONS***	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	QL (30 EA per 25 days); Max 5 day supply
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	QL (30 EA per 25 days); Max 5 day supply
*CMV AGENTS***	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	PA
*HEPATITIS B AGENTS***	
<i>adefovir dipivoxil oral tablet 10 mg</i>	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	QL (3 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	PA
*HEPATITIS C AGENT - COMBINATIONS***	
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	PA; QL (1 EA per 1 day)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	PA; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG	PA; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG	PA; QL (1 EA per 1 day)
*HEPATITIS C AGENTS***	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PA
<i>ribavirin oral capsule 200 mg</i>	PA
<i>ribavirin oral tablet 200 mg</i>	PA
SOVALDI ORAL TABLET 400 MG	PA; QL (1 EA per 1 day)
*HERPES AGENTS - PURINE ANALOGUES***	
<i>acyclovir oral capsule 200 mg</i>	QL (5 EA per 1 day)
<i>acyclovir oral suspension 200 mg/5ml</i>	QL (25 ML per 1 day)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	QL (5 EA per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	QL (8 EA per 1 day)
<i>valacyclovir hcl tablet 500 mg oral</i>	
*HERPES AGENTS - THYMIDINE ANALOGUES***	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	QL (3 EA per 1 day)
*INFLUENZA AGENTS***	
<i>rimantadine hcl oral tablet 100 mg</i>	QL (2 EA per 1 day)
*NEURAMINIDASE INHIBITORS***	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	MAX 10
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	AGE (Max 12 Years); MAX 180

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ST - Step Therapy **90 DS** - 90 day supply **Tier 1** - Preferred Generic **Tier - 2** Preferred Brand

Drug Name	Requirements/Limits
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	MAX 20
*ALPHA-BETA BLOCKERS***	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	QL (2 EA per 1 day)
labetalol hcl oral tablet 100 mg, 200 mg	QL (4 EA per 1 day)
labetalol hcl oral tablet 300 mg	QL (8 EA per 1 day)
*BETA BLOCKERS CARDIO-SELECTIVE***	
acebutolol hcl oral capsule 200 mg, 400 mg	QL (16 EA per 1 day)
atenolol oral tablet 100 mg, 25 mg, 50 mg	QL (2 EA per 1 day)
bisoprolol fumarate oral tablet 10 mg, 5 mg	QL (2 EA per 1 day)
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg	QL (3 EA per 1 day)
metoprolol succinate er oral tablet extended release 24 hour 200 mg	QL (2 EA per 1 day)
metoprolol succinate er oral tablet extended release 24 hour 50 mg	QL (4 EA per 1 day)
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	QL (3 EA per 1 day)
*BETA BLOCKERS NON-SELECTIVE***	
nadolol oral tablet 20 mg, 40 mg	QL (3 EA per 1 day)
nadolol oral tablet 80 mg	QL (2 EA per 1 day)
propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg	QL (3 EA per 1 day)
propranolol hcl er oral capsule extended release 24 hour 160 mg	QL (2 EA per 1 day)
propranolol hcl er oral capsule extended release 24 hour 80 mg	QL (4 EA per 1 day)
propranolol hcl oral solution 20 mg/5ml	QL (20 ML per 1 day)
propranolol hcl oral solution 40 mg/5ml	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	QL (6 EA per 1 day)
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	QL (2 EA per 1 day)
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	QL (2 EA per 1 day)
*CALCIUM CHANNEL BLOCKERS***	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	QL (1 EA per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	QL (2 EA per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	QL (1 EA per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg	QL (1 EA per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg	QL (2 EA per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	QL (2 EA per 1 day)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	QL (4 EA per 1 day)

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Drug Name	Requirements/Limits
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	QL (2 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	QL (1 EA per 1 day)
KATERZIA ORAL SUSPENSION 1 MG/ML	AGE (Min 6 Years and Max 12 Years)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	QL (1 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	QL (2 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	QL (1 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</i>	QL (2 EA per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
NORLIQVA ORAL SOLUTION 1 MG/ML	AGE (Min 12 Years and Max 1 Years)
<i>verapamil hcl er oral tablet extended release 120 mg, 240 mg</i>	QL (3 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 180 mg</i>	QL (2 EA per 1 day)
<i>verapamil hcl oral tablet 120 mg</i>	QL (3 EA per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	QL (4 EA per 1 day)
*CARDIAC GLYCOSIDES***	
<i>digoxin oral solution 0.05 mg/ml</i>	AGE (Max 12 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	QL (1 EA per 1 day)
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPTANTAG COMB***	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	PA
*PROSTAGLANDIN VASODILATORS***	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PA
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PA; QL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PA; QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG	PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG	PA
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***	
<i>sildenafil citrate oral tablet 20 mg</i>	PA; QL (3 EA per 1 day)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	PA; QL (2 EA per 1 day)
*SINUS NODE INHIBITORS**	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	PA

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Drug Name	Requirements/Limits
*CEPHALOSPORINS - 1ST GENERATION***	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	AGE (Max 12 Years)
cephalexin oral capsule 250 mg, 500 mg	QL (6 EA per 1 day)
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	AGE (Max 12 Years)
*CEPHALOSPORINS - 2ND GENERATION***	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	AGE (Max 12 Years)
cefuroxime axetil oral tablet 250 mg, 500 mg	QL (2 EA per 1 day); MAX 10 DAYS
*CEPHALOSPORINS - 3RD GENERATION***	
cefdinir oral capsule 300 mg	QL (2 EA per 1 day)
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	AGE (Max 12 Years)
*BULK CHEMICALS - BU'S***	
budesonide powder	
*BULK CHEMICALS - PR'S***	
progesterone micronized powder	
*FIXED OILS***	
sesame oil oil	
*LIQUIDS***	
benzyl benzoate liquid	AGE (Min 16 Years and Max 60 Years)
*BIPHASIC CONTRACEPTIVES - ORAL***	
desogestrel-ethynodiol oral tablet 0.15-0.02/0.01 mg (21/5)	QL (1.34 EA per 1 day)
*COMBINATION CONTRACEPTIVES - ORAL***	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	QL (1.34 EA per 1 day)
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	QL (1.34 EA per 1 day)
drospirenone-ethynodiol oral tablet 3-0.03 mg	QL (1.34 EA per 1 day)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	QL (1.34 EA per 1 day)
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	QL (1.34 EA per 1 day)
levonorgestrel-ethynodiol oral tablet 0.15-30 mg-mcg	QL (1.34 EA per 1 day)
norethindrone acet-ethynodiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	QL (1.34 EA per 1 day)
norethindrone acet-ethynodiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	QL (1.34 EA per 1 day)
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	QL (1.34 EA per 1 day)
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	QL (1.34 EA per 1 day)
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	QL (1.34 EA per 1 day)
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	QL (1.34 EA per 1 day)
RECLIPSSEN ORAL TABLET 0.15-30 MG-MCG	QL (1.34 EA per 1 day)
VESTURA ORAL TABLET 3-0.02 MG	QL (1.34 EA per 1 day)
*COMBINATION CONTRACEPTIVES - TRANSDERMAL***	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	QL (0.143 EA per 1 day)

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Drug Name	Requirements/Limits
*COMBINATION CONTRACEPTIVES - VAGINAL***	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	QL (0.05 EA per 1 day)
*EMERGENCY CONTRACEPTIVES***	
ELLA ORAL TABLET 30 MG	QL (1 EA per 1 day); MAX 4 FILLS PER YEAR
OPTION 2 ORAL TABLET 1.5 MG	QL (1 EA per 1 day); MAX 4 FILLS PER YEAR
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	QL (1.08 EA per 1 day)
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	QL (1.08 EA per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	QL (1.08 EA per 1 day)
*PROGESTIN CONTRACEPTIVES - INJECTABLE***	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML	QL (1 ML per 71 days)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	QL (1 ML per 84 days)
*PROGESTIN CONTRACEPTIVES - ORAL***	
<i>norethindrone oral tablet 0.35 mg</i>	QL (1.34 EA per 1 day)
*TRIPHASIC CONTRACEPTIVES - ORAL***	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	QL (1.34 EA per 1 day)
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	QL (1.34 EA per 1 day)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	QL (1.34 EA per 1 day)
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	QL (1.34 EA per 1 day)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	QL (1.34 EA per 1 day)
*GLUCOCORTICOSTEROIDS***	
<i>budesonide oral capsule delayed release particles 3 mg</i>	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	QL (60 ML per 1 day)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	
<i>dexamethasone oral tablet 0.5 mg</i>	QL (12 EA per 1 day)
<i>dexamethasone oral tablet 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	QL (10 EA per 1 day)
<i>hydrocortisone oral tablet 10 mg</i>	QL (12 EA per 1 day)
<i>hydrocortisone oral tablet 20 mg</i>	QL (6 EA per 1 day)
<i>hydrocortisone oral tablet 5 mg</i>	QL (24 EA per 1 day)
<i>methylprednisolone oral tablet 16 mg</i>	QL (4 EA per 1 day)
<i>methylprednisolone oral tablet 32 mg</i>	QL (2 EA per 1 day)
<i>methylprednisolone oral tablet 4 mg</i>	QL (12 EA per 1 day)
<i>methylprednisolone oral tablet 8 mg</i>	QL (6 EA per 1 day)
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	QL (12 EA per 1 day)
<i>prednisolone oral solution 15 mg/5ml</i>	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	

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Drug Name	Requirements/Limits
<i>prednisone oral solution 5 mg/5ml</i>	QL (60 ML per 1 day)
<i>prednisone oral tablet 1 mg</i>	QL (10 EA per 1 day)
<i>prednisone oral tablet 10 mg</i>	QL (9 EA per 1 day)
<i>prednisone oral tablet 2.5 mg</i>	QL (8 EA per 1 day)
<i>prednisone oral tablet 20 mg</i>	QL (6 EA per 1 day)
<i>prednisone oral tablet 5 mg</i>	QL (16 EA per 1 day)
<i>prednisone oral tablet 50 mg</i>	QL (3 EA per 1 day)
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	
<i>prednisone tablet 20 mg oral</i>	QL (6 EA per 1 day)
*MINERALOCORTICOIDS***	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	QL (5 EA per 1 day)
*ANTITUSSIVE - NONNARCOTIC***	
<i>benzonatate oral capsule 100 mg</i>	QL (6 EA per 1 day)
<i>benzonatate oral capsule 200 mg</i>	QL (5 EA per 1 day)
<i>cough relief oral liquid 15 mg/5ml</i>	
*ANTITUSSIVE - OPIOID***	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	QL (1 ML per 1 day)
*ANTITUSSIVE-DECONGESTANT-ANALGESIC***	
<i>cold & flu relief daytime oral capsule 10-5-325 mg</i>	
<i>cold/flu daytime relief oral capsule 10-5-325 mg</i>	
<i>daytime cold & flu relief oral liquid 10-5-325 mg/15ml</i>	
<i>flu/severe cold & cough day oral packet 20-10-650 mg</i>	
<i>gnp cold max daytime oral tablet 10-5-325 mg</i>	
<i>gnp day time cold/flu oral capsule 10-5-325 mg</i>	
<i>goodsense cold & flu oral liquid 10-5-325 mg/15ml</i>	
<i>goodsense day time cold & flu oral capsule 10-5-325 mg</i>	
<i>hm daytime cold & flu oral liquid 10-5-325 mg/15ml</i>	
<i>qc daytime cold/flu oral capsule 10-5-325 mg</i>	
<i>qc daytime cold/flu oral liquid 10-5-325 mg/15ml</i>	
<i>sm day time cold & flu relief oral liquid 10-5-325 mg/15ml</i>	
*ANTITUSSIVE-EXPECTORANT***	
<i>chest congestion relief dm oral tablet 20-400 mg</i>	AGE (Min 2 Years)
<i>DELSYM COUGH/CHEST CONGEST DM ORAL LIQUID 5-100 MG/5ML</i>	QL (180 ML per 25 days)
<i>dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg</i>	QL (180 EA per 25 days); AGE (Min 2 Years)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	QL (60 ML per 1 day); AGE (Min 2 Years)
<i>MUCINEX CHILDRENS ORAL PACKET 5-100 MG</i>	
<i>MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML</i>	QL (180 ML per 25 days)

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Drug Name	Requirements/Limits
mucus relief dm oral tablet extended release 12 hour 30-600 mg	QL (2 EA per 1 day)
ROBITUSSIN PEAK COLD DM ORAL SYRUP 100-10 MG/5ML	QL (180 ML per 25 days)
tussin dm oral liquid 100-10 mg/5ml	QL (240 ML per 25 days)
*DECONGESTANT & ANTIHISTAMINE***	
24hr allergy & congestion reli oral tablet extended release 24 hour 180-240 mg	
allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	QL (2 EA per 1 day)
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	QL (2 EA per 1 day)
child's cold/allergy oral elixir 1-15 mg/5ml	QL (480 ML per 25 days)
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	QL (1 EA per 1 day)
promethazine vc oral syrup 6.25-5 mg/5ml	QL (60 ML per 1 day); AGE (Max 64 Years)
rynex pe oral elixir 1-2.5 mg/5ml	QL (10 ML per 1 day); AGE (Min 12 Years)
*DECONGESTANT W/ EXPECTORANT***	
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HOUR 60-600 MG	QL (4 EA per 1 day); AGE (Min 4 Years)
*EXPECTORANTS***	
chest congestion relief oral tablet 400 mg	AGE (Min 4 Years)
guaifenesin er oral tablet extended release 12 hour 600 mg	QL (2 EA per 1 day)
guaifenesin oral tablet 200 mg	AGE (Min 4 Years)
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML	
ROBITUSSIN MUCUS+CHEST CONGEST ORAL LIQUID 100 MG/5ML	AGE (Min 4 Years)
*MISC. RESPIRATORY INHALANTS***	
sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	
*MUCOLYTICS***	
acetylcysteine inhalation solution 20 %	QL (120 ML per 1 day)
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE***	
promethazine-dm oral syrup 6.25-15 mg/5ml	QL (180 ML per 25 days); AGE (Min 4 Years)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	QL (60 ML per 1 day)
*OPIOID ANTITUSSIVE-ANTIHISTAMINE***	
promethazine-codeine oral syrup 6.25-10 mg/5ml	QL (240 ML per 25 days); AGE (Min 2 Years and Max 64 Years)
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	QL (60 ML per 1 day); AGE (Min 2 Years and Max 64 Years)

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Drug Name	Requirements/Limits
*ACNE ANTIBIOTICS***	
CLEOCIN-T EXTERNAL GEL 1 %	ST; PA; QL (60 GM per 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
CLEOCIN-T EXTERNAL LOTION 1 %	ST; PA; QL (10 ML per 1 day); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
CLINDAGEL EXTERNAL GEL 1 %	PA
<i>clindamycin phosphate external solution 1 %</i>	ST; QL (60 ML per 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>erythromycin external solution 2 %</i>	QL (15 ML per 1 day)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	PA; QL (118 ML per 25 days)
*ACNE PRODUCTS***	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	PA
<i>acne medication 10 external lotion 10 %</i>	
<i>acne medication 2.5 external gel 2.5 %</i>	QL (60 GM per 25 days)
<i>acne medication 5 external lotion 5 %</i>	
<i>adapalene external gel 0.1 %</i>	QL (45 GM per 25 days)
<i>benzoyl peroxide external gel 10 %, 5 %</i>	
<i>benzoyl peroxide wash external liquid 10 %, 5 %</i>	QL (240 GM per 25 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	PA
<i>tretinooin external cream 0.025 %</i>	ST; QL (45 GM per 1 day); AGE (Max 35 Years); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>tretinooin external cream 0.05 %, 0.1 %</i>	ST; QL (45 GM per 25 days); AGE (Max 35 Years); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>tretinooin external gel 0.01 %, 0.025 %</i>	ST; AGE (Max 35 Years); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
*ANTIBIOTIC MIXTURES TOPICAL***	
POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM	
<i>triple antibiotic external ointment</i>	
<i>triple antibiotic pain relief external ointment 1 %</i>	
*ANTIBIOTICS - TOPICAL***	
<i>bacitracin external ointment 500 unit/gm</i>	

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Drug Name	Requirements/Limits
bacitracin zinc external ointment 500 unit/gm	
gentamicin sulfate external cream 0.1 %	QL (30 GM per 25 days)
gentamicin sulfate external ointment 0.1 %	QL (30 GM per 25 days)
mupirocin external ointment 2 %	QL (44 GM per 25 days)
*ANTIFUNGALS - TOPICAL***	
antifungal (tolnaftate) external cream 1 %	QL (60 GM per 30 days)
ciclopirox external solution 8 %	QL (6.6 ML per 25 days)
ciclopirox olamine external cream 0.77 %	QL (20 GM per 1 day); MAX 180 IN 30 DAYS
ciclopirox olamine external suspension 0.77 %	QL (60 ML per 25 days)
cvs athletes foot (tolnaftate) external aerosol powder 1 %	QL (133 GM per 30 days)
nystatin external cream 100000 unit/gm	QL (90 GM per 25 days)
nystatin external ointment 100000 unit/gm	QL (90 GM per 25 days)
nystatin external powder 100000 unit/gm	QL (30 GM per 25 days)
terbinafine hcl external cream 1 %	QL (30 GM per 25 days); OTC Preferred
tolnaftate external powder 1 %	QL (67.5 GM per 30 days)
*ANTI-INFLAMMATORY AGENTS - TOPICAL***	
diclofenac sodium external gel 1 %	QL (200 GM per 25 days); OTC Preferred
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***	
fluorouracil external cream 5 %	
*ANTIPSORIATICS - SYSTEMIC***	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	PA; QL (1 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PA; QL (0.5 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	PA; QL (1 ML per 24 days)
*ANTIPSORIATICS***	
calcipotriene external cream 0.005 %	PA
calcipotriene external ointment 0.005 %	PA
calcipotriene external solution 0.005 %	PA
*ANTISEBORRHEIC PRODUCTS***	
anti-dandruff external shampoo 1 %	
selenium sulfide external lotion 2.5 %	
*ANTIVIRALS - TOPICAL***	
ABREVA EXTERNAL CREAM 10 %	QL (15 GM per 2 days)
acyclovir external ointment 5 %	PA

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Drug Name	Requirements/Limits
*BURN PRODUCTS***	
<i>silver sulfadiazine external cream 1 %</i>	
*CORTICOSTEROIDS - TOPICAL***	
<i>alclometasone dipropionate external cream 0.05 %</i>	QL (60 GM per 25 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	QL (60 GM per 25 days)
<i>anti-itch maximum strength external cream 1 %</i>	QL (60 GM per 25 days)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	QL (60 ML per 25 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	QL (50 GM per 25 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	QL (60 GM per 25 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	QL (60 ML per 25 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	QL (45 GM per 25 days)
<i>betamethasone valerate external cream 0.1 %</i>	QL (45 GM per 25 days)
<i>betamethasone valerate external lotion 0.1 %</i>	QL (60 ML per 25 days)
<i>betamethasone valerate external ointment 0.1 %</i>	QL (45 GM per 25 days)
<i>clobetasol propionate external solution 0.05 %</i>	QL (50 ML per 25 days)
<i>desonide external cream 0.05 %</i>	ST; QL (60 GM per 25 days); ST REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>desonide external ointment 0.05 %</i>	QL (60 GM per 25 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	QL (120 ML per 25 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	QL (60 GM per 25 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	QL (60 GM per 25 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	QL (120 ML per 25 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	QL (60 GM per 25 days)
<i>fluocinonide external cream 0.05 %</i>	QL (60 GM per 25 days)
<i>fluocinonide external gel 0.05 %</i>	QL (60 GM per 25 days)
<i>fluocinonide external ointment 0.05 %</i>	ST; QL (60 GM per 25 days); Requires prior use of Mometasone and Fluocinolone Cream
<i>fluocinonide external solution 0.05 %</i>	QL (60 ML per 25 days)
<i>fluticasone propionate external cream 0.05 %</i>	QL (60 GM per 25 days)
<i>fluticasone propionate external ointment 0.005 %</i>	QL (60 GM per 25 days)
<i>goodsense anti-itch max str external cream 1 %</i>	QL (60 GM per 25 days)
<i>halobetasol propionate external cream 0.05 %</i>	QL (50 GM per 25 days)
<i>halobetasol propionate external ointment 0.05 %</i>	QL (50 GM per 25 days)
<i>hydrocortisone acetate external cream 1 %</i>	
<i>hydrocortisone external cream 0.5 %, 2.5 %</i>	QL (60 GM per 25 days)
<i>hydrocortisone external lotion 1 %</i>	QL (60 GM per 25 days)
<i>hydrocortisone external lotion 2.5 %</i>	QL (60 ML per 25 days)
<i>hydrocortisone external ointment 0.5 %, 1 %, 2.5 %</i>	QL (60 GM per 25 days)

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ST - Step Therapy **90 DS** - 90 day supply **Tier 1** - Preferred Generic **Tier - 2** Preferred Brand

Drug Name	Requirements/Limits
<i>mometasone furoate external cream 0.1 %</i>	QL (45 GM per 25 days)
<i>mometasone furoate external ointment 0.1 %</i>	QL (45 GM per 25 days)
<i>mometasone furoate external solution 0.1 %</i>	QL (60 ML per 25 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	
<i>triamcinolone acetonide ointment 0.1 % external</i>	
*EMOLLIENTS***	
<i>ammonium lactate external cream 12 %</i>	QL (280 GM per 25 days)
<i>ammonium lactate external lotion 12 %</i>	QL (225 GM per 25 days)
*ENZYMES - TOPICAL***	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	PA; QL (2 GM per 1 day)
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***	
<i>antifungal (clotrimazole) external cream 1 %</i>	QL (60 GM per 30 days)
<i>antifungal external powder 2 %</i>	QL (90 GM per 30 days)
<i>athletes foot powder spray external aerosol powder 2 %</i>	QL (133 GM per 30 days)
<i>clotrimazole external solution 1 %</i>	QL (60 ML per 30 days)
<i>ketoconazole external cream 2 %</i>	QL (60 GM per 25 days)
<i>ketoconazole external shampoo 2 %</i>	QL (120 ML per 25 days)
<i>miconazole antifungal external cream 2 %</i>	QL (150 GM per 25 days)
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL***	
<i>imiquimod external cream 5 %</i>	PA; QL (24 EA per 26 days)
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS***	
<i>podofilox external solution 0.5 %</i>	QL (7 ML per 180 days)
*LOCAL ANESTHETICS - TOPICAL***	
<i>capsaicin external cream 0.025 %, 0.1 %</i>	
<i>dibucaine external ointment 1 %</i>	
<i>GLYDO EXTERNAL PREFILLED SYRINGE 2 %</i>	
<i>lidocaine external cream 4 %</i>	
<i>lidocaine external patch 5 %</i>	PA; QL (3 EA per 1 day)
<i>lidocaine hcl external solution 4 %</i>	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	
<i>lidocaine pain relief max st external patch 4 %</i>	QL (1 EA per 1 day)
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL***	
<i>pimecrolimus external cream 1 %</i>	PA; QL (2 GM per 1 day)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	PA; QL (30 GM per 25 days)
*MISC. TOPICAL***	
<i>DRYSOL EXTERNAL SOLUTION 20 %</i>	
*ROSACEA AGENTS***	
<i>metronidazole external cream 0.75 %</i>	

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Drug Name	Requirements/Limits
<i>metronidazole external gel 0.75 %</i>	
<i>metronidazole external lotion 0.75 %</i>	
*SCABICIDE COMBINATIONS***	
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	
<i>stop lice maximum strength external liquid 0.33-4 %</i>	
*SCABICIDES & PEDICULICIDES***	
<i>CROTAN EXTERNAL LOTION 10 %</i>	
<i>lice treatment creme rinse external liquid 1 %</i>	
<i>OVIDE EXTERNAL LOTION 0.5 %</i>	QL (59 ML per 25 days)
<i>permethrin external cream 5 %</i>	
<i>ra lice treatment external lotion 1 %</i>	
<i>spinosad external suspension 0.9 %</i>	
<i>stop lice aerosol 0.5 %</i>	
*SKIN PROTECTANTS***	
<i>MINERIN CREME EXTERNAL CREAM</i>	
*TOPICAL ANESTHETIC COMBINATIONS***	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	QL (60 GM per 25 days)
*DIAGNOSTIC DRUGS***	
<i>THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG</i>	PA; QL (2 EA per 181 days)
*DIAGNOSTIC TESTS***	
<i>KETOSTIX IN VITRO STRIP</i>	
<i>RELION TRUE METRIX TEST STRIPS IN VITRO STRIP</i>	QL 100/MONTH FOR NON-INSULIN USERS AND 200/MONTH FOR INSULIN USERS
<i>TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP</i>	QL 100/MONTH FOR NON-INSULIN USERS AND 200/MONTH FOR INSULIN USERS
*INFECTION TESTS***	
<i>ACCUA SARS-COV-2 IN VITRO KIT</i>	QL (2 EA per 28 days)
<i>BD VERITOR SYSTEM SARS-COV-2 IN VITRO KIT</i>	QL (2 EA per 28 days)
<i>BINAXNOW COVID-19 AG CARD IN VITRO KIT</i>	QL (2 EA per 28 days)
<i>covid-19 at-home test in vitro kit</i>	QL (2 EA per 28 days)
<i>covid-19 testing by pharmacist kit</i>	QL (2 EA per 28 days)
<i>CUE COVID-19 TEST IN VITRO CARTRIDGE</i>	QL (2 EA per 24 days)
<i>CUE HEALTH MONITORING SYSTEM IN VITRO</i>	QL (2 EA per 28 days)
<i>ID NOW COVID-19 2.0 CONTROL IN VITRO KIT</i>	QL (2 EA per 24 days)
<i>ID NOW COVID-19 2.0 TEST IN VITRO KIT</i>	QL (2 EA per 28 days)
<i>ID NOW COVID-19 IN VITRO KIT</i>	QL (2 EA per 28 days)
<i>LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT</i>	QL (2 EA per 28 days)
<i>PIXEL COVID-19 PCR HOME TEST IN VITRO KIT</i>	QL (2 EA per 28 days)
<i>RAPID RESPONSE COVID-19 IN VITRO KIT</i>	QL (2 EA per 28 days)

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Drug Name	Requirements/Limits
*DIGESTIVE ENZYMES***	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	QL (6 EA per 1 day)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	QL (6 EA per 1 day)
*CARBONIC ANHYDRASE INHIBITORS***	
acetazolamide er oral capsule extended release 12 hour 500 mg	QL (4 EA per 1 day)
acetazolamide oral tablet 125 mg, 250 mg	QL (4 EA per 1 day)
*DIURETIC COMBINATIONS***	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	QL (2 EA per 1 day)
spironolactone-hctz oral tablet 25-25 mg	QL (4 EA per 1 day)
triamterene-hctz oral capsule 37.5-25 mg	QL (2 EA per 1 day)
triamterene-hctz oral tablet 37.5-25 mg	QL (4 EA per 1 day)
triamterene-hctz oral tablet 75-50 mg	
*LOOP DIURETICS***	
bumetanide oral tablet 0.5 mg, 1 mg	QL (2 EA per 1 day)
bumetanide oral tablet 2 mg	QL (5 EA per 1 day)
furosemide oral solution 10 mg/ml, 8 mg/ml	AGE (Max 12 Years)
furosemide oral tablet 20 mg, 40 mg, 80 mg	QL (6 EA per 1 day)
torsemide oral tablet 10 mg, 20 mg	QL (4 EA per 1 day)
torsemide oral tablet 100 mg, 5 mg	QL (2 EA per 1 day)
*POTASSIUM SPARING DIURETICS***	
amiloride hcl oral tablet 5 mg	QL (4 EA per 1 day)
spironolactone oral tablet 100 mg	QL (2 EA per 1 day)
spironolactone oral tablet 25 mg	QL (8 EA per 1 day)
spironolactone oral tablet 50 mg	QL (4 EA per 1 day)
*THIAZIDES AND THIAZIDE-LIKE DIURETICS***	
chlorthalidone oral tablet 25 mg, 50 mg	QL (4 EA per 1 day)
hydrochlorothiazide oral capsule 12.5 mg	QL (2 EA per 1 day)
hydrochlorothiazide oral tablet 25 mg	QL (8 EA per 1 day)
hydrochlorothiazide oral tablet 50 mg	QL (4 EA per 1 day)
indapamide oral tablet 1.25 mg, 2.5 mg	QL (2 EA per 1 day)
metolazone oral tablet 10 mg	QL (2 EA per 1 day)
metolazone oral tablet 2.5 mg, 5 mg	QL (4 EA per 1 day)
*BISPHOSPHONATES***	
alendronate sodium oral tablet 10 mg, 5 mg	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
<i>alendronate sodium oral tablet 35 mg</i>	QL (0.1429 EA per 1 day)
FOSAMAX ORAL TABLET 70 MG	QL (0.1429 EA per 1 day)
<i>ibandronate sodium oral tablet 150 mg</i>	PA
*CALCITONINS***	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	QL (1 ML per 1 day); AGE (Min 50 Years)
*CARNITINE REPLENISHER - AGENTS***	
<i>levocarnitine oral solution 1 gm/10ml</i>	QL (60 ML per 1 day)
<i>levocarnitine oral tablet 330 mg</i>	QL (18 EA per 1 day)
*DOPAMINE RECEPTOR AGONISTS***	
<i>cabergoline oral tablet 0.5 mg</i>	
*GROWTH HORMONES***	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	PA
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	QL (4 EA per 1 day)
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)***	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	PA
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	PA; AGE (Min 18 Years)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	PA; AGE (Min 18 Years)
SYNAREL NASAL SOLUTION 2 MG/ML	PA
*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS***	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	PA
*PARATHYROID HORMONE AND DERIVATIVES***	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	PA
*RANK LIGAND (RANKL) INHIBITORS***	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	PA
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***	
EVISTA ORAL TABLET 60 MG	QL (1 EA per 1 day); AGE (Min 50 Years)
*SOMATOSTATIC AGENTS***	
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml</i>	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	PA

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Drug Name	Requirements/Limits
*VASOPRESSIN***	
<i>desmopressin ace spray refrigerated nasal solution 0.01 %</i>	PA
<i>desmopressin acetate oral tablet 0.1 mg</i>	QL (4 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>	QL (5 EA per 1 day)
<i>desmopressin acetate spray refrigerated nasal solution 0.01 %</i>	PA
*ESTROGEN & PROGESTIN***	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	QL (1 EA per 1 day)
*ESTROGENS***	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	AGE (Min 18 Years and Max 64 Years)
*FLUOROQUINOLOONES***	
<i>CIPRO ORAL TABLET 250 MG, 500 MG</i>	
<i>ciprofloxacin hcl oral tablet 500 mg, 750 mg</i>	QL (2 EA per 1 day)
<i>levofloxacin oral solution 25 mg/ml</i>	PA
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	QL (1 EA per 1 day); MAX 10 DAYS
<i>moxifloxacin hcl oral tablet 400 mg</i>	
*ANTIFLATULENTS***	
<i>infants simethicone oral suspension 20 mg/0.3ml</i>	
<i>simethicone extra strength oral capsule 125 mg</i>	
<i>simethicone oral tablet chewable 125 mg, 80 mg</i>	
<i>simethicone ultra strength oral capsule 180 mg</i>	
*GALLSTONE SOLUBILIZING AGENTS***	
<i>ursodiol oral capsule 300 mg</i>	QL (2 EA per 1 day)
<i>ursodiol oral tablet 250 mg</i>	QL (4 EA per 1 day)
<i>ursodiol oral tablet 500 mg</i>	QL (2 EA per 1 day)
*GASTROINTESTINAL STIMULANTS***	
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	QL (6 EA per 1 day)
*INFLAMMATORY BOWEL AGENTS***	
<i>balsalazide disodium oral capsule 750 mg</i>	
<i>mesalamine er capsule extended release 24 hour 0.375 gm oral</i>	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	QL (4 EA per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	QL (10 EA per 1 day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	QL (8 EA per 1 day)
*INTESTINAL ACIDIFIERS***	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	QL (180 ML per 1 day)
*PHOSPHATE BINDER AGENTS***	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	

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Drug Name	Requirements/Limits
<i>sevelamer carbonate oral tablet 800 mg</i>	PA
*5-ALPHA REDUCTASE INHIBITORS***	
<i>finasteride oral tablet 5 mg</i>	QL (1 EA per 1 day)
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	QL (1 EA per 1 day)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	QL (2 EA per 1 day)
*CITRATES***	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>	QL (3 EA per 1 day)
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	QL (4 EA per 1 day)
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	
<i>sod citrate-citric acid solution 1.5-1 gm/15ml oral</i>	
*GENITOURINARY IRRIGANTS***	
<i>acetic acid irrigation solution 0.25 %</i>	
<i>sodium chloride irrigation solution 0.9 %</i>	QL (10000 ML per 25 days)
*URINARY ANALGESICS***	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	QL (3 EA per 1 day)
*GOUT AGENT COMBINATIONS***	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	QL (3 EA per 1 day)
*GOUT AGENTS***	
<i>allopurinol oral tablet 100 mg</i>	QL (6 EA per 1 day)
<i>allopurinol oral tablet 300 mg</i>	QL (4 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	QL (30 EA per 90 days)
*URICOSURICS***	
<i>probenecid oral tablet 500 mg</i>	QL (3 EA per 1 day)
*HEMATORHEOLOGIC AGENTS***	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	QL (4 EA per 1 day)
*PHOSPHODIESTERASE III INHIBITORS***	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	QL (2 EA per 1 day)
*PLATELET AGGREGATION INHIBITOR COMBINATIONS***	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PA
*PLATELET AGGREGATION INHIBITORS***	
<i>dipyridamole oral tablet 25 mg</i>	QL (10 EA per 1 day)
<i>dipyridamole oral tablet 50 mg</i>	QL (8 EA per 1 day)
<i>dipyridamole oral tablet 75 mg</i>	QL (4 EA per 1 day)
*THIENOPYRIDINE DERIVATIVES***	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
*COBALAMINS***	
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 500 mcg</i>	
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 60 MCG/ML	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	PA
*FOLIC ACID/FOLATES***	
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	QL (5 EA per 1 day)
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	PA; QL (0.6 ML per 11 days)
*IRON COMBINATIONS***	
<i>foltrin oral capsule</i>	QL (2 EA per 1 day)
HEMATOGEN ORAL CAPSULE	QL (2 EA per 1 day)
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	QL (2 EA per 1 day)
*IRON***	
FERATE ORAL TABLET 240 (27 FE) MG	
FER-IN-SOL ORAL SOLUTION 75 (15 FE) MG/ML	
FEROSUL ORAL ELIXIR 220 (44 FE) MG/5ML	
FEROSUL ORAL TABLET 325 (65 FE) MG	PA
FERROCITE ORAL TABLET 324 MG	
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	
<i>ferrous gluconate tablet 324 (38 fe) mg oral</i>	PA
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	
<i>ferrous sulfate tablet delayed release 324 (65 fe) mg oral</i>	PA
<i>iron (ferrous sulfate) oral tablet 325 (65 fe) mg</i>	QL (3 EA per 1 day)
NU-IRON ORAL CAPSULE 150 MG	QL (2 EA per 1 day)
<i>px iron oral tablet 200 (65 fe) mg</i>	
SLOW FE ORAL TABLET EXTENDED RELEASE 142 (45 FE) MG	
<i>slow release iron oral tablet extended release 160 (50 fe) mg</i>	
*ANTIHISTAMINE HYPNOTIC COMBINATIONS***	
<i>acetaminophen pm oral tablet 500-25 mg</i>	

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Drug Name	Requirements/Limits
<i>sm headache relief pm oral tablet 500-38 mg</i>	
*ANTIHISTAMINE HYPNOTICS***	
<i>diphenhydramine hcl (sleep) oral tablet 25 mg</i>	QL (1 EA per 1 day)
<i>sleep aid oral tablet 25 mg</i>	QL (1 EA per 1 day)
*BENZODIAZEPINE HYPNOTICS***	
<i>estazolam oral tablet 1 mg, 2 mg</i>	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	QL (1 EA per 1 day); AGE (Min 15 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	QL (2 EA per 1 day); AGE (Min 18 Years)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***	
<i>zolpidem tartrate oral tablet 10 mg</i>	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate tablet 5 mg oral</i>	QL (2 EA per 1 day); AGE (Min 18 Years)
*BOWEL EVACUANT COMBINATIONS***	
<i>GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM</i>	QL (4000 ML per 1 day)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	QL (4000 ML per 1 day)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	QL (4000 ML per 1 day)
*BULK LAXATIVES***	
<i>CITRUCEL ORAL TABLET 500 MG</i>	
<i>HYDROCIL ORAL POWDER 95 %</i>	
*LAXATIVES - MISCELLANEOUS***	
<i>glycerin (adult) rectal suppository 2 gm, 2.1 gm</i>	
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>	
<i>lactulose oral solution 10 gm/15ml</i>	QL (180 ML per 1 day)
<i>peg 3350 oral powder 17 gm/scoop</i>	QL (34 GM per 1 day)
<i>ra glycerin adult rectal suppository 80.7 %</i>	
*LAXATIVES & DSS***	
<i>easy-lax plus oral tablet 8.6-50 mg</i>	QL (6 EA per 1 day)
*LUBRICANT LAXATIVES***	
<i>enema mineral oil rectal enema</i>	
<i>mineral oil oral oil</i>	
*SALINE LAXATIVE MIXTURES***	
<i>FLEET ENEMA RECTAL ENEMA 7-19 GM/118ML</i>	

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
ST - Step Therapy **90 DS** - 90 day supply **Tier 1** - Preferred Generic **Tier - 2** Preferred Brand

Drug Name	Requirements/Limits
*SALINE LAXATIVES***	
<i>ft magnesium citrate oral solution 1.745 gm/30ml</i>	PA
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	
<i>milk of magnesia oral suspension 1200 mg/15ml</i>	
*STIMULANT LAXATIVES***	
<i>bisacodyl oral tablet delayed release 5 mg</i>	QL (3 EA per 1 day)
<i>cvs chocolate laxative pieces oral tablet chewable 15 mg</i>	
<i>gentle laxative rectal suppository 10 mg</i>	QL (1 EA per 1 day)
<i>senna lax oral tablet 8.6 mg</i>	QL (2 EA per 1 day)
<i>senna maximum strength oral tablet 25 mg</i>	
<i>senna oral syrup 8.8 mg/5ml</i>	
<i>SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG</i>	
<i>SENOKOT ORAL TABLET 8.6 MG</i>	
*SURFACTANT LAXATIVES***	
<i>docusate calcium oral capsule 240 mg</i>	QL (2 EA per 1 day)
<i>docusate mini rectal enema 283 mg/5ml</i>	
<i>docusate sodium oral capsule 100 mg</i>	QL (6 EA per 1 day)
<i>docusate sodium oral capsule 250 mg</i>	QL (6 EA per 1 day)
<i>docusate sodium oral liquid 50 mg/5ml</i>	QL (30 ML per 1 day)
<i>docusate sodium oral tablet 100 mg</i>	QL (6 EA per 1 day)
<i>PEDIA-LAX ORAL LIQUID 50 MG/15ML</i>	QL (30 ML per 1 day)
*AZITHROMYCIN***	
<i>azithromycin oral packet 1 gm</i>	QL (1 EA per 1 day); MAX 1 DAY
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>	QL (20 ML per 1 day); AGE (Max 12 Years)
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	QL (30 ML per 1 day); AGE (Max 12 Years)
<i>azithromycin oral tablet 250 mg</i>	QL (12 EA per 25 days)
<i>azithromycin oral tablet 500 mg</i>	QL (6 EA per 25 days)
<i>azithromycin oral tablet 600 mg</i>	QL (1 EA per 1 day)
*CLARITHROMYCIN***	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	AGE (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	
*ERYTHROMYCINS***	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	AGE (Max 12 Years)
*APPLICATORS,COTTON BALLS,ETC***	
<i>alcohol pads pad 70 %</i>	QL (200 EA per 25 days)

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Drug Name	Requirements/Limits
essentra wipes 9x9" sheet 70 %	QL (200 EA per 25 days)
*CONDOMS - MALE***	
condoms	MAX 12
premium condoms lubricated	MAX 12
TRUSTEX RIA NON-LUBRICATED	MAX 12
*GLUCOSE MONITORING TEST SUPPLIES***	
DEXCOM G5 MOB/G4 PLAT SENSOR	PA; QL (4 EA per 23 days)
DEXCOM G5 MOBILE RECEIVER DEVICE	PA; QL (1 EA per 310 days)
DEXCOM G5 MOBILE TRANSMITTER	PA; QL (1 EA per 76 days)
DEXCOM G5 RECEIVER KIT DEVICE	PA; QL (1 EA per 310 days)
DEXCOM G6 RECEIVER DEVICE	PA; QL (1 EA per 310 days)
DEXCOM G6 SENSOR	PA; QL (3 EA per 23 days)
DEXCOM G6 TRANSMITTER	PA; QL (1 EA per 76 days)
DEXCOM G7 RECEIVER DEVICE	PA; QL (1 EA per 310 days)
DEXCOM G7 SENSOR	PA; QL (3 EA per 23 days)
FREESTYLE LIBRE 14 DAY READER DEVICE	PA; QL (1 EA per 310 days)
FREESTYLE LIBRE 14 DAY SENSOR	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 2 READER DEVICE	PA; QL (1 EA per 310 days)
FREESTYLE LIBRE 2 SENSOR	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 3 SENSOR	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE READER DEVICE	PA; QL (1 EA per 310 days)
FREESTYLE LIBRE SENSOR SYSTEM	PA; QL (3 EA per 23 days)
lancets 30g	
*INSULIN ADMINISTRATION SUPPLIES***	
OMNIPOD 5 G6 INTRO (GEN 5) KIT	PA
OMNIPOD 5 G6 PODS (GEN 5)	PA
OMNIPOD CLASSIC PODS (GEN 3)	PA
OMNIPOD DASH INTRO (GEN 4) KIT	PA
OMNIPOD DASH PDM (GEN 4) KIT	PA
OMNIPOD DASH PODS (GEN 4)	PA
V-GO 20 KIT 20 UNIT/24HR	PA
V-GO 30 KIT 30 UNIT/24HR	PA
V-GO 40 KIT 40 UNIT/24HR	PA
*MISC. DEVICES***	
mucosal atomization device	
*NEBULIZERS***	
AEROECLIPSE II NEBULIZER	
*NEEDLES & SYRINGES***	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	QL (5 EA per 1 day)

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Drug Name	Requirements/Limits
techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	QL (5 EA per 1 day)
TECHLITE PEN NEEDLES 29G X 10MM	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 32G X 8 MM	QL (200 EA per 25 days)
*PEAK FLOW METERS***	
TRUZONE PEAK FLOW METER DEVICE	QL (1 EA per 365 days)
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES***	
INSPIREASE	QL (1 EA per 365 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***	
naratriptan hcl oral tablet 1 mg, 2.5 mg	QL (9 EA per 25 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	QL (12 EA per 25 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	QL (12 EA per 25 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	QL (9 EA per 25 days)
*CALCIUM COMBINATIONS***	
calcium + vitamin d3 oral tablet chewable 500-10 mg-mcg	
calcium 600+d oral tablet 600-10 mg-mcg	
calcium carb-cholecalciferol oral tablet 600-5 mg-mcg	
calcium citrate + d3 oral tablet 315-6.25 mg-mcg	
calcium citrate-vitamin d oral tablet 315-5 mg-mcg	
calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg	
calcium-vitamin d3 oral tablet 250-3.125 mg-mcg	
CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG	
citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg	
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	
OS-CAL ORAL TABLET CHEWABLE 500-15 MG-MCG	
oyster shell calcium/d oral tablet 500-10 mg-mcg	
risacal-d oral tablet 105-81-120 mg-mg-unit	
*CALCIUM***	
CALTRATE 600 ORAL TABLET 1500 (600 CA) MG	
OYSCO 500 ORAL TABLET 500 MG	
*ELECTROLYTES ORAL***	
REHYDRALYTE ORAL SOLUTION	
*FLUORIDE***	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	QL (1.67 ML per 1 day)
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	QL (1 EA per 1 day)
sodium fluoride oral tablet chewable 2.2 (1 f) mg	

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Drug Name	Requirements/Limits
*MAGNESIUM***	
<i>magnesium oral tablet 250 mg</i>	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 500 mg</i>	
*PHOSPHATE***	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG	QL (4 EA per 1 day)
*POTASSIUM***	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	QL (4 EA per 1 day)
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	QL (5 EA per 1 day)
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ	QL (2 EA per 1 day)
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 8 MEQ	QL (4 EA per 1 day)
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	QL (5 EA per 1 day)
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	QL (4 EA per 1 day)
<i>potassium chloride oral solution 10 %, 40 meq/15ml (20%)</i>	
*SODIUM***	
<i>sodium chloride oral tablet 1 gm</i>	
*ZINC***	
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	
*ANTILEPROTICS***	
THALOMID ORAL CAPSULE 100 MG	PA; QL (1 EA per 1 day)
*CHELATATING AGENTS***	
DEPEN TITRATABS ORAL TABLET 250 MG	PA
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES***	
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	PA; QL (1 EA per 1 day)
*IRRIGATION SOLUTIONS***	
<i>sterile water for irrigation irrigation solution</i>	
*POTASSIUM REMOVING AGENTS***	
KIONEX ORAL SUSPENSION 15 GM/60ML	
LOKELMA ORAL PACKET 10 GM, 5 GM	QL (3 EA per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	QL (1 EA per 1 day)
*ANESTHETICS TOPICAL ORAL***	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	
*ANTI-INFECTIVES - THROAT***	
<i>clotrimazole mouth/throat troche 10 mg</i>	QL (5 EA per 1 day)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	QL (120 ML per 1 day)
*ANTISEPTICS - MOUTH/THROAT***	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	

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Drug Name	Requirements/Limits
*FLUORIDE DENTAL PRODUCTS***	
<i>sf dental gel 1.1 %</i>	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	
*SALIVA STIMULANTS***	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	
*STEROIDS - MOUTH/THROAT/DENTAL***	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	
*B-COMPLEX W/ C & FOLIC ACID***	
<i>folbee plus oral tablet</i>	
<i>NEPHRO-VITE ORAL TABLET 0.8 MG</i>	
<i>NEPHRO-VITE RX ORAL TABLET 1 MG</i>	
<i>triphrocaps oral capsule 1 mg</i>	QL (2 EA per 1 day)
*MULTIPLE VITAMINS W/ IRON***	
<i>daily-vite/iron/beta-carotene oral tablet</i>	QL (1 EA per 1 day)
*MULTIPLE VITAMINS W/ MINERALS***	
<i>cvs one daily mens 50+ adv oral tablet</i>	QL (1 EA per 1 day)
*MULTIVITAMINS***	
<i>AMLADEX ORAL TABLET</i>	QL (1 EA per 1 day)
*PED MULTI VITAMINS W/FL & FE***	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	QL (1.67 ML per 1 day)
*PED MV W/ FLUORIDE***	
<i>multivitamin w/fluoride tablet chewable 0.25 mg oral</i>	QL (1 EA per 1 day)
<i>multivitamin w/fluoride tablet chewable 0.5 mg oral</i>	QL (1 EA per 1 day)
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	QL (1.67 ML per 1 day)
<i>multivitamin/fluoride oral tablet chewable 1 mg</i>	QL (1 EA per 1 day)
*PED MV W/ IRON***	
<i>chewable vite/iron childrens oral tablet chewable 15 mg</i>	QL (1 EA per 1 day)
<i>cvs chewable childrens vitamin oral tablet chewable 18 mg</i>	
<i>POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML</i>	QL (50 ML per 25 days)
*PED VITAMINS ACD W/ FLUORIDE***	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	QL (1.67 ML per 1 day)
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>	QL (1.67 ML per 1 day)
*PEDIATRIC MULTIPLE VITAMINS***	
<i>POLY-VI-SOL ORAL SOLUTION</i>	QL (50 EA per 25 days)
*PEDIATRIC VITAMINS A & D W/ C***	
<i>TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10</i>	QL (50 ML per 25 days)
*PRENATAL MV & MIN W/FE-FA***	
<i>completenate oral tablet chewable 29-1 mg</i>	QL (1 EA per 1 day)
<i>CO-NATAL FA ORAL TABLET</i>	QL (1 EA per 1 day)
<i>MYNATAL ORAL TABLET 90-1 MG</i>	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
NATALVIT ORAL TABLET	QL (1 EA per 1 day)
O-CAL FA ORAL TABLET 27-1 MG	QL (1 EA per 1 day)
prenatal oral tablet 27-0.8 mg	QL (1 EA per 1 day)
prenatal vitamin and mineral oral tablet 28-0.8 mg	QL (1 EA per 1 day)
se-natal 19 oral tablet 29-1 mg	QL (1 EA per 1 day)
trinatal rx 1 oral tablet 60-1 mg	QL (1 EA per 1 day)
VINATE II ORAL TABLET 29-1 MG	QL (1 EA per 1 day)
VITAFOL-OB ORAL TABLET	QL (1 EA per 1 day)
vol-tab rx oral tablet 29-1 mg	QL (1 EA per 1 day)

*CENTRAL MUSCLE RELAXANTS***

<i>baclofen oral tablet 10 mg</i>	QL (3 EA per 1 day)
<i>baclofen oral tablet 20 mg, 5 mg</i>	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	QL (6 EA per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	QL (3 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i>	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	QL (2 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>tizanidine hcl oral tablet 4 mg</i>	QL (9 EA per 1 day); AGE (Max 64 Years)
ZANAFLEX ORAL TABLET 4 MG	

*NASAL AGENTS - MISC.***

<i>nasal saline nasal solution 0.65 %</i>	
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*NASAL ANTICHOLINERGICS***

<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	
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*NASAL ANTIHISTAMINES***

<i>azelastine hcl nasal solution 137 mcg/spray</i>	QL (30 ML per 25 days)
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*NASAL MAST CELL STABILIZERS***

<i>NASALCROM NASAL AEROSOL SOLUTION 5.2 MG/ACT</i>	QL (52 ML per 25 days)
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*NASAL STEROIDS***

<i>budesonide nasal suspension 32 mcg/act</i>	QL (8.43 ML per 25 days); AGE (Min 6 Years)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	QL (48 GM per 25 days); AGE (Min 4 Years)
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	QL (17 ML per 25 days); AGE (Min 2 Years)

*SYSTEMIC DECONGESTANTS***

<i>phenylephrine hcl oral tablet 10 mg</i>	
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Drug Name	Requirements/Limits
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	QL (2 EA per 1 day)
pseudoephedrine hcl oral tablet 30 mg, 60 mg	QL (6 EA per 1 day)
*TOPICAL DECONGESTANTS***	
12 hour nasal decongestant nasal solution 0.05 %	
*MISC. NUTRITIONAL SUBSTANCES***	
fish oil extra strength oral capsule 1200 mg	
fish oil oral capsule 500 mg	
omega-3 fish oil oral capsule 1000 mg	
*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***	
artificial tears ophthalmic solution 0.1-0.3 %, 0.5-0.6 %	
dry eye relief drops ophthalmic solution 0.2-0.2-1 %	
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %	
lubricant eye drops ophthalmic solution 0.4-0.3 %	
lubricant pm ophthalmic ointment	
*ARTIFICIAL TEAR SOLUTIONS***	
SYSTANE CONTACTS OPHTHALMIC SOLUTION	
*ARTIFICIAL TEARS AND LUBRICANTS***	
artificial tears ophthalmic solution 1.4 %	
lubricant eye drops ophthalmic solution 0.5 %	
lubricant eye drops pf ophthalmic solution 0.5 %	
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS***	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	QL (10 ML per 25 days)
*BETA-BLOCKERS - OPHTHALMIC***	
carteolol hcl ophthalmic solution 1 %	QL (15 ML per 25 days)
levobunolol hcl ophthalmic solution 0.5 %	QL (15 ML per 25 days)
timolol maleate ophthalmic solution 0.25 %, 0.5 %	
*CYCLOPLEGIC MYDRIATICS***	
atropine sulfate ophthalmic solution 1 %	QL (15 ML per 25 days)
cyclopentolate hcl ophthalmic solution 1 %	QL (15 ML per 25 days)
*MIOTICS - DIRECT ACTING***	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	
*OPHTHALMIC ANTIALLERGIC***	
azelastine hcl ophthalmic solution 0.05 %	PA; QL (6 ML per 25 days)
cromolyn sodium ophthalmic solution 4 %	
ketotifen fumarate ophthalmic solution 0.025 %	QL (10 ML per 25 days)
olopatadine hcl ophthalmic solution 0.1 %	QL (5 ML per 30 days)
olopatadine hcl ophthalmic solution 0.2 %	QL (2.5 ML per 30 days)

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Drug Name	Requirements/Limits
*OPHTHALMIC ANTIBIOTICS***	
bacitracin ophthalmic ointment 500 unit/gm	
ciprofloxacin hcl ophthalmic solution 0.3 %	
erythromycin ophthalmic ointment 5 mg/gm	
gentamicin sulfate ophthalmic ointment 0.3 %	
gentamicin sulfate ophthalmic solution 0.3 %	QL (10 ML per 30 days)
levofloxacin ophthalmic solution 0.5 %	
moxifloxacin hcl ophthalmic solution 0.5 %	QL (3 ML per 25 days)
OCUFLOX OPHTHALMIC SOLUTION 0.3 %	
ofloxacin ophthalmic solution 0.3 %	
tobramycin ophthalmic solution 0.3 %	
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	
*OPHTHALMIC ANTVIRALS***	
trifluridine ophthalmic solution 1 %	QL (7.5 ML per 25 days)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***	
dorzolamide hcl ophthalmic solution 2 %	
*OPHTHALMIC HYPEROSMOLAR PRODUCTS***	
sodium chloride (hypertonic) ophthalmic ointment 5 %	
*OPHTHALMIC LOCAL ANESTHETICS***	
proparacaine hcl ophthalmic solution 0.5 %	
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***	
diclofenac sodium ophthalmic solution 0.1 %	
flurbiprofen sodium ophthalmic solution 0.03 %	
ketorolac tromethamine ophthalmic solution 0.5 %	QL (10 ML per 25 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***	
brimonidine tartrate ophthalmic solution 0.2 %	
*OPHTHALMIC STEROID COMBINATIONS***	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	

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Drug Name	Requirements/Limits
*OPHTHALMIC STEROIDS***	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	QL (15 ML per 25 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	
*OPHTHALMIC SULFONAMIDES***	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	
*PROSTAGLANDINS - OPHTHALMIC***	
<i>bimatoprost ophthalmic solution 0.03 %</i>	ST; PA; Requires trial of latanoprost
<i>latanoprost ophthalmic solution 0.005 %</i>	QL (5 ML per 25 days)
*OTIC AGENTS - MISCELLANEOUS***	
<i>acetic acid otic solution 2 %</i>	QL (20 ML per 25 days)
<i>ear drops otic solution 6.5 %</i>	
<i>ra ear drying agent otic liquid 95-5 %</i>	
*OTIC ANTI-INFECTIVES***	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	QL (14 EA per 25 days)
<i>ofloxacin otic solution 0.3 %</i>	QL (5 ML per 25 days)
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS***	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	
*OTIC STEROIDS***	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	
*OXYTOCICS***	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	QL (7 EA per 1 day)
*ANTIVIRAL MONOCLONAL ANTIBODIES***	
<i>SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML</i>	PA
*IMMUNE SERUMS***	
<i>MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT</i>	
<i>RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT</i>	
<i>RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML</i>	
*AMINOPENICILLINS***	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	QL (8 EA per 1 day)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	
<i>amoxicillin oral tablet 500 mg</i>	QL (5 EA per 1 day)
<i>amoxicillin oral tablet 875 mg</i>	QL (4 EA per 1 day)

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ST - Step Therapy **90 DS** - 90 day supply **Tier 1** - Preferred Generic **Tier - 2** Preferred Brand

Drug Name	Requirements/Limits
<i>amoxicillin oral tablet chewable 125 mg</i>	QL (6 EA per 1 day)
<i>amoxicillin oral tablet chewable 250 mg</i>	QL (8 EA per 1 day)
<i>ampicillin oral capsule 500 mg</i>	QL (8 EA per 1 day)
*NATURAL PENICILLINS***	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	QL (40 ML per 1 day)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	QL (8 EA per 1 day)
*PENICILLIN COMBINATIONS***	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	QL (2 EA per 1 day); MAX 10 DAYS
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</i>	QL (3 EA per 1 day); AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	QL (4 EA per 1 day); AGE (Max 12 Years)
*PENICILLINASE-RESISTANT PENICILLINS***	
<i>dicloxacillin sodium oral capsule 250 mg</i>	QL (8 EA per 1 day)
<i>dicloxacillin sodium oral capsule 500 mg</i>	QL (6 EA per 1 day)
*ANTIMICROBIAL AGENTS***	
<i>benzyl alcohol liquid</i>	AGE (Min 16 Years and Max 60 Years)
*PROGESTINS***	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	QL (2 EA per 1 day)
<i>norethindrone acetate oral tablet 5 mg</i>	QL (1 EA per 1 day)
<i>progesterone oral capsule 100 mg</i>	QL (1 EA per 1 day)
<i>progesterone oral capsule 200 mg</i>	QL (2 EA per 1 day)
*ANTI-CATALEPTIC AGENTS***	
<i>sodium oxybate oral solution 500 mg/ml</i>	PA
*CHOLINOMIMETICS - ACHE INHIBITORS***	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	QL (1 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	QL (1 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	QL (2 EA per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	PA

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ST - Step Therapy **90 DS** - 90 day supply **Tier 1** - Preferred Generic **Tier - 2** Preferred Brand

Drug Name	Requirements/Limits
*MOVEMENT DISORDER DRUG THERAPY***	
tetrabenazine oral tablet 12.5 mg, 25 mg	PA
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***	
teriflunomide oral tablet 14 mg, 7 mg	PA
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	PA
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***	
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	PA; QL (2 EA per 1 day)
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS***	
dalfampridine er oral tablet extended release 12 hour 10 mg	PA
*MULTIPLE SCLEROSIS AGENTS***	
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	PA
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***	
memantine hcl oral solution 10 mg/5ml	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	
*SMOKING DETERRENTS***	
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	QL (2 EA per 1 day)
nicotine polacrilex mouth/throat gum 2 mg	QL (8 EA per 1 day)
nicotine polacrilex mouth/throat gum 4 mg	QL (8 EA per 1 day); AGE (Min 18 Years)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	QL (8 EA per 1 day)
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	QL (1 EA per 1 day)
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	PA
varenicline tartrate oral tablet 0.5 mg, 1 mg	PA
varenicline tartrate(continue) oral tablet 1 mg	PA

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Drug Name	Requirements/Limits
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***	
<i>fingolimod hcl oral capsule 0.5 mg</i>	PA
*ALPHA-PROTEINASE INHIBITOR (HUMAN)***	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	PA
*CFTR POTENTIATORS***	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	PA
KALYDECO ORAL TABLET 150 MG	PA
*CYSTIC FIBROSIS AGENT - COMBINATIONS***	
ORKAMBI ORAL PACKET 150-188 MG	PA
ORKAMBI ORAL TABLET 100-125 MG	PA; QL (4 EA per 1 day); AGE (Min 6 Years and Max 11 Years)
ORKAMBI ORAL TABLET 200-125 MG	PA; QL (4 EA per 1 day); AGE (Min 11 Years); MAX 56 IN 8 DAYS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	PA
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	PA
*HYDROLYTIC ENZYMES***	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	PA; QL (1 ML per 1 day)
*TETRACYCLINES***	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	QL (3 EA per 1 day)
<i>doxycycline monohydrate oral tablet 100 mg</i>	QL (3 EA per 1 day)
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	QL (2 EA per 1 day)
*ANTITHYROID AGENTS***	
<i>methimazole oral tablet 10 mg, 5 mg</i>	QL (6 EA per 1 day)
<i>propylthiouracil oral tablet 50 mg</i>	QL (20 EA per 1 day)
*THYROID HORMONES***	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	QL (2 EA per 1 day)
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 90 mg</i>	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>thyroid oral tablet 60 mg</i>	QL (1 EA per 1 day)

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Drug Name	Requirements/Limits
*ANTISPASMODICS***	
<i>dicyclomine hcl oral capsule 10 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	QL (80 ML per 1 day); AGE (Max 64 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>	QL (8 EA per 1 day); AGE (Max 64 Years)
*BELLADONNA ALKALOIDS***	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	QL (12 EA per 1 day); AGE (Max 64 Years)
*H-2 ANTAGONISTS***	
<i>acid reducer maximum strength oral tablet 20 mg</i>	QL (2 EA per 1 day)
<i>acid reducer oral tablet 10 mg</i>	QL (2 EA per 1 day)
<i>cimetidine 200 oral tablet 200 mg</i>	QL (4 EA per 1 day)
<i>cimetidine hcl oral solution 300 mg/5ml</i>	QL (60 ML per 1 day)
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	QL (2 EA per 1 day)
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	QL (5 ML per 1 day); AGE (Max 6 Years)
<i>famotidine oral tablet 40 mg</i>	QL (2 EA per 1 day)
<i>nizatidine oral capsule 150 mg</i>	ST; QL (4 EA per 1 day); Requires trial of famotidine
*MISC. ANTI-ULCER***	
<i>sucralfate oral suspension 1 gm/10ml</i>	QL (40 ML per 1 day); AGE (Max 18 Years)
<i>sucralfate oral tablet 1 gm</i>	QL (4 EA per 1 day)
*PROTON PUMP INHIBITORS***	
<i>eq omeprazole oral tablet delayed release 20 mg</i>	QL (3 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	QL (2 EA per 1 day)
<i>gnp esomeprazole magnesium oral capsule delayed release 20 mg</i>	QL (2 EA per 1 day)
<i>gnp lansoprazole oral capsule delayed release 15 mg</i>	QL (2 EA per 1 day)
<i>gnp omeprazole oral tablet delayed release 20 mg</i>	QL (3 EA per 1 day)
<i>lansoprazole oral capsule delayed release 15 mg</i>	QL (2 EA per 1 day)

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ST - Step Therapy **90 DS** - 90 day supply **Tier 1** - Preferred Generic **Tier - 2** Preferred Brand

Drug Name	Requirements/Limits
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	QL (1 EA per 1 day)
omeprazole magnesium oral tablet delayed release 20 mg	QL (3 EA per 1 day)
omeprazole oral capsule delayed release 10 mg, 20 mg	QL (3 EA per 1 day)
omeprazole oral capsule delayed release 40 mg	QL (1 EA per 1 day)
omeprazole oral tablet delayed release 20 mg	QL (3 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML	QL (5 ML per 1 day); AGE (Max 12 Years)
pantoprazole sodium oral tablet delayed release 20 mg	QL (1 EA per 1 day)
pantoprazole sodium oral tablet delayed release 40 mg	QL (3 EA per 1 day)
pantoprazole sodium tablet delayed release 40 mg oral	QL (3 EA per 1 day)
*QUATERNARY ANTICHOLINERGICS***	
glycopyrrolate oral solution 1 mg/5ml	PA
glycopyrrolate oral tablet 1 mg, 2 mg	
*ULCER DRUGS - PROSTAGLANDINS***	
misoprostol oral tablet 100 mcg, 200 mcg	QL (4 EA per 1 day)
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)***	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	ST; QL (1 EA per 1 day); Requires trial of oxybutynin IR
oxybutynin chloride oral syrup 5 mg/5ml	QL (20 ML per 1 day)
oxybutynin chloride oral tablet 5 mg	QL (3 EA per 1 day)
tolterodine tartrate oral tablet 1 mg, 2 mg	ST; QL (2 EA per 1 day); Requires trial of oxybutynin IR
trospium chloride oral tablet 20 mg	ST; QL (2 EA per 1 day); Requires trial of oxybutynin IR
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	QL (4 EA per 1 day)
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***	
flavoxate hcl oral tablet 100 mg	QL (4 EA per 1 day)
*BACTERIAL VACCINES***	
MENACTRA SOLUTION INTRAMUSCULAR	QL, AGE per ACIP
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	QL, AGE per ACIP
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	QL, AGE per ACIP
*VIRAL VACCINE COMBINATIONS***	
M-M-R II INJECTION SOLUTION RECONSTITUTED	QL, AGE per ACIP
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	QL, AGE per ACIP
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	QL, AGE per ACIP

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Drug Name	Requirements/Limits
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	QL, AGE per ACIP
*VIRAL VACCINES***	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	QL, AGE per ACIP
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	QL, AGE per ACIP
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	QL, AGE per ACIP
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	QL, AGE per ACIP
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	QL, AGE per ACIP
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	QL, AGE per ACIP
ENGERIX-B SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML INJECTION	QL, AGE per ACIP
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	QL, AGE per ACIP
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	QL, AGE per ACIP
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	QL, AGE per ACIP
FLULALVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	QL, AGE per ACIP
FLUMIST QUADRIVALENT NASAL SUSPENSION	QL, AGE per ACIP
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	QL, AGE per ACIP
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	QL, AGE per ACIP
GARDASIL 9 INTRAMUSCULAR SUSPENSION	QL, AGE per ACIP
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	QL, AGE per ACIP
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	QL, AGE per ACIP
IPOL INJECTION INJECTABLE	QL, AGE per ACIP
RECOMBIVAX HB SUSPENSION 10 MCG/ML INJECTION	QL, AGE per ACIP
RECOMBIVAX HB SUSPENSION 5 MCG/0.5ML INJECTION	QL, AGE per ACIP
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 10 MCG/ML INJECTION	QL, AGE per ACIP
ROTARIX ORAL SUSPENSION	QL, AGE per ACIP
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	QL, AGE per ACIP
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML	QL, AGE per ACIP
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	QL, AGE per ACIP
VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR	QL, AGE per ACIP

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ST - Step Therapy **90 DS** - 90 day supply **Tier 1** - Preferred Generic **Tier - 2** Preferred Brand

Drug Name	Requirements/Limits
*IMIDAZOLE-RELATED ANTIFUNGALS***	
<i>clotrimazole 3 vaginal cream 2 %</i>	
<i>clotrimazole-7 vaginal cream 1 %</i>	
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	
<i>miconazole 3 vaginal cream 4 %</i>	
<i>miconazole 7 vaginal cream 2 %</i>	
<i>miconazole 7 vaginal suppository 100 mg</i>	
<i>ra miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	
<i>terconazole vaginal suppository 80 mg</i>	QL (1 EA per 1 day)
<i>tioconazole-1 vaginal ointment 6.5 %</i>	
*SPERMICIDES***	
<i>TODAY SPONGE VAGINAL 1000 MG</i>	
<i>VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %</i>	
<i>VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %</i>	
*VAGINAL ANTI-INFECTIVES***	
<i>clindamycin phosphate vaginal cream 2 %</i>	
<i>metronidazole vaginal gel 0.75 %</i>	QL (70 GM per 5 days)
*VAGINAL ESTROGENS***	
<i>estradiol vaginal cream 0.1 mg/gm</i>	QL (1.42 GM per 1 day)
<i>estradiol vaginal tablet 10 mcg</i>	
*ANAPHYLAXIS THERAPY AGENTS***	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	QL (2 EA per 25 days)
<i>SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML</i>	QL (2 EA per 25 days)
*VASOPRESSORS***	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	QL (3 EA per 1 day)
*VITAMIN B-1***	
<i>thiamine hcl oral tablet 100 mg</i>	QL (1 EA per 1 day)
<i>vitamin b-1 oral tablet 100 mg</i>	QL (1 EA per 1 day)
*VITAMIN B-2***	
<i>vitamin b-2 oral tablet 100 mg</i>	
*VITAMIN B-3***	
<i>niacin er oral capsule extended release 250 mg</i>	
<i>niacin oral tablet 500 mg</i>	
*VITAMIN B-6***	
<i>pyridoxine hcl oral tablet 50 mg</i>	QL (4 EA per 1 day)

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Drug Name	Requirements/Limits
<i>vitamin b-6 oral tablet 100 mg</i>	QL (4 EA per 1 day)
<i>vitamin b-6 oral tablet 25 mg</i>	QL (2 EA per 1 day)
*VITAMIN C***	
<i>ascorbic acid oral tablet 500 mg</i>	
*VITAMIN D***	
D3-50 ORAL CAPSULE 1.25 MG (50000 UT)	QL (1 EA per 1 day)
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT)	
D-VI-SOL ORAL LIQUID 10 MCG/ML	QL (6 ML per 1 day)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	QL (6 EA per 1 day)
<i>vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	QL (6 EA per 1 day)
<i>vitamin d3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</i>	QL (1 EA per 1 day)
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	QL (6 EA per 1 day)
*VITAMIN K***	
<i>phytonadione oral tablet 5 mg</i>	QL (5 EA per 1 day)

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rosuvastatin calcium	33	spironolactone-hctz	54	TIVICAY	40
ROTARIX	74	SPRYCEL	37	TIVICAY PD	40
RUKOBIA	40	STALEVO 100	39	tizanidine hcl	65
RYBELSUS	30	STALEVO 125	39	tobramycin	67
rynex pe	48	STALEVO 150	39	tobramycin-dexamethasone	67
salsalate	22	STALEVO 200	39	TODAY SPONGE	75
SANDOSTATIN	55	STALEVO 50	39	tolnaftate	50
SANDOSTATIN LAR DEPOT	55	STALEVO 75	39	tolterodine tartrate	73
SANTYL	52	stavudine	41	torsemide	54
scopolamine	31	STEGLATRO	30	TRACLEER	44
SEGLUROMET	30	sterile water for irrigation	63	tramadol hcl	23
selegiline hcl	38	stomach relief	30	trandolapril	34
selenium sulfide	50	stop lice	53	TRELEGY ELLIPTA	26
SELZENTRY	40	stop lice maximum strength	53	treprostinil	44
SEMGLEE	29	STRIBILD	40	tretinoin	38, 49
se-natal 19	65	STRIVERDI RESPIMAT	26	triamcinolone acetonide	52, 64, 65
senna	60	sucralfate	72	triaterene-hctz	54
senna lax	60	sulfacetamide sodium	68	triazolam	59
		sulfacetamide sodium (acne)	49	tri-buffered aspirin	22
		sulfacetamide-prednisolone	67	trifluridine	67
		sulfamethoxazole-trimethoprim	35	trihexyphenidyl hcl	38
		sulfasalazine	56	TRIKAFTA	71
		sulindac	21	TRI-LO-SPRINTEC	46
				trimethoprim	35

<i>trinatal rx 1</i>	65	<i>vitamin d3</i>	76
<i>triphocaps</i>	64	<i>vol-tab rx</i>	65
<i>triple antibiotic</i>	49	<i>VOSEVI</i>	42
<i>triple antibiotic pain relief</i>	49	<i>warfarin sodium</i>	27
<i>TRI-PREVIFEM</i>	46	<i>XELJANZ</i>	20
<i>TRIUMEQ</i>	40	<i>XELJANZ XR</i>	20
<i>TRIUMEQ PD</i>	40	<i>XOLAIR</i>	26
<i>TRI-VI-SOL A/C/D</i>	64	<i>XULANE</i>	45
<i>tri-vitamin/fluoride</i>	64	<i>ZANAFLEX</i>	65
<i>tri-vite/fluoride</i>	64	<i>ZARXIO</i>	58
<i>TRIZIVIR</i>	40	<i>ZEMAIRA</i>	71
<i>trospium chloride</i>	73	<i>ZENPEP</i>	54
TRUE METRIX BLOOD GLUCOSE TEST	53	<i>ZEPATIER</i>	42
TRULICITY	30	<i>zidovudine</i>	41
TRUSTEX RIA NON-LUBRICATED	61	<i>ZIEXTENZO</i>	58
TRUVADA	40	<i>zinc sulfate</i>	63
TRUZONE PEAK FLOW METER	62	<i>zolpidem tartrate</i>	59
<i>tussin dm</i>	48		
<i>TWINRIX</i>	74		
<i>TYBOST</i>	42		
<i>TYKERB</i>	37		
<i>TYMLOS</i>	55		
<i>UPTRAVI</i>	44		
<i>ursodiol</i>	56		
<i>valacyclovir hcl</i>	42		
<i>valganciclovir hcl</i>	42		
<i>valsartan</i>	34		
<i>valsartan-hydrochlorothiazide</i>	34		
<i>vancomycin hcl</i>	35		
<i>VAQTA</i>	74		
<i>varenicline tartrate</i>	70		
<i>varenicline tartrate (starter)</i>	70		
<i>varenicline tartrate(continue)</i>	70		
VAXNEUVANCE	73		
VCF VAGINAL CONTRACEPTIVE	75		
VELIVET	46		
VELTASSA	63		
VEMLIDY	42		
<i>verapamil hcl</i>	44		
<i>verapamil hcl er</i>	44		
VESTURA	45		
V-GO 20	61		
V-GO 30	61		
V-GO 40	61		
VINATE II	65		
VIOKACE	54		
VIRACEPT	41		
VIRAMUNE	41		
VIREAD	42		
VITAFOL-OB	65		
<i>vitamin b-1</i>	75		
<i>vitamin b-12</i>	58		
<i>vitamin b-2</i>	75		
<i>vitamin b-6</i>	76		
<i>vitamin d</i>	76		
<i>vitamin d (ergocalciferol)</i>	76		