



July 2025

Molina Healthcare of Utah

Medicaid

**Preferred Drug List
(Formulary)/**

**Lista de Medicamentos Preferidos
(Formulario)**



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

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
 - Skilled sign language interpreters
 - 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
 - Skilled interpreters
 - Written material translated in your language
 - 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 (टिटिवाइ: 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 tulang 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 متوفّرة لك بالمجان. اتصل برقم 1-888-483-0760 (رقم هاتف الصم والبكم: 711).</p>
Mon-Khmer, Cambodian	<p>ប្រឈមខ្មែរ: បើសិនជាអ្វីកនិយាយ ភាសាខ្មែរ, សេវាឌ៏ខ្ពស់ប័ណ្ណការណា ដោយមិនគូលដែល គឺអាចមានសំរាប់បំរើអ្វីកទេ ចុះទូរសព្ទ 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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(07/01/2025)

FORMULARY GUIDE (ENGLISH)

INTRODUCTION

We are pleased to provide the *2025 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 every 3 months.

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 the 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
- Ultra High Cost Drugs (cost at least \$1 million per drug dose)

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 (some exceptions per UT Medicaid policy)
- 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)
- 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 products 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. ©2025. 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

lowercase Indicates generic

availability UPPERCASE Indicates

brand availability

90 DS After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

FORMULARY UPDATES

Key			
AL= 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	* Coverage requires FDA labeled diagnosis code with claim or clinical review for medical necessity.

Date Effective	Product Name	Change	Notes
07/01/2025	Tacrolimus 0.03% ointment	Remove PA, add QL	QL up to 100 gm/30 days
07/01/2025	Tacrolimus 0.1% ointment	Remove PA, add QL	QL up to 100 gm/30 days
07/01/2025	Pimecrolimus 1% cream	Remove PA, add QL	QL up to 100 gm/30 days
07/01/2025	Emgality	Add to Formulary with PA	
07/01/2025	Yesintek and Pyzchiva	Add to Formulary with PA	
07/01/2025	Dapagliflozin 5mg, 10mg	Add to Formulary*, QL	QL, 1 TAB per day
07/01/2025	Estradiol Twice weekly patches	Add to Formulary with QL, AGE	QL up to 8 patches per month, AGE min 18 years
07/01/2025	Estradiol Once weekly patches	Add to Formulary with QL, AGE	QL up to 4 patches per month, AGE min 18 years
07/01/2025	Doxycycline hyclate 100mg CAPs and TABs	Add to Formulary with QL	QL up to 2 CAPs or TABs per day
07/01/2025	Cabometyx 20mg, 40mg, 60mg	Add to Formulary with PA, QL	QL, 1 TAB per day
07/01/2025	Jakafi 5mg, 10mg, 15mg, 20mg, 25mg	Add to Formulary with PA, QL	QL, 2 TABs per day
07/01/2025	Lenvima 4mg, 8mg, 10mg, 12mg, 14mg, 18mg, 20mg, and 24mg	Add to Formulary with PA, QL	QL, 3 CAPs per day
07/01/2025	Pazopanib 200mg	Add to Formulary with PA, QL	QL, 4 TABs per day
07/01/2025	Venclexta 50mg, 100mg, Starter Pack	Add to Formulary with PA, QL	QL, 6 TABs per day
07/01/2025	Verzenio 50mg, 100mg, 150mg, 200mg	Add to Formulary with PA, QL	QL, 2 TABs per day
07/01/2025	Cosentyx Unoready	Add to Formulary with PA	

CONTENIDO

(07/01/2025)

GUÍA DEL FORMULARIO (ESPAÑOL)

INTRODUCCIÓN

Nos complace brindar la *Lista de medicamentos preferidos (formulario) de Molina Healthcare of Utah de 2025* como una herramienta útil de referencia e información. Este documento puede ayudar a los proveedores médicos a seleccionar los productos clínicamente adecuados y rentables para sus pacientes.

Los medicamentos representados han sido revisados por un Comité de Farmacia y Terapéutica (P&T) y están aprobados para su inclusión. El documento refleja la práctica médica actual a la fecha de revisión cada 3 meses.

La información contenida en este documento y sus apéndices se proporciona únicamente para la conveniencia de los proveedores médicos. Nosotros no garantizamos ni aseguramos la exactitud de dicha información, ni tampoco tiene la intención de ser exhaustiva. Toda la información que figura en el documento se proporciona como referencia para la selección de tratamiento con medicamentos.

El documento está sujeto a las reglas y normas específicas del estado, que incluyen, entre otras, las relativas a la sustitución de genéricos, las listas de sustancias controladas, la preferencia por marcas y los genéricos obligatorios cuando corresponda.

No asumimos ninguna responsabilidad por las acciones u omisiones de cualquier proveedor médico sobre la base de la confianza, total o parcial, en esta información. El proveedor médico debe consultar la bibliografía de productos del fabricante de medicamentos o las referencias estándar para obtener información más detallada.

PREFACIO

El documento está organizado por secciones. Cada sección se divide por clase de fármaco terapéutico definido principalmente por el mecanismo de acción.

COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)

Se utilizan los servicios de un Comité de Farmacia y Terapéutica ("Comité de P&T") para aprobar terapias farmacológicas seguras y clínicamente eficaces. El Comité de P&T es un órgano asesor de profesionales clínicos. Los miembros con derecho a voto del Comité de P&T incluyen médicos y farmacéuticos, los cuales todos tienen una amplia experiencia clínica y académica con respecto a los medicamentos recetados.

Los miembros con derecho a voto del Comité de P&T deben revelar cualquier relación financiera o conflicto de intereses con cualquier fabricante farmacéutico.

DESCRIPCIÓN DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS

Para ayudarle a entender qué fortalezas y formas de dosificación específicas en el documento están cubiertas, se indican los principios generales a continuación.

- La primera columna del gráfico indica el nombre del medicamento. Los medicamentos de marca aparecen en mayúsculas (p. ej., LIPITOR). Los medicamentos genéricos figuran en minúscula y en cursiva (p.ej., atorvastatin).

- En la segunda columna (Nivel del medicamento) se indica en qué nivel está incluido el medicamento en el formulario de medicamentos.
- En la tercera columna (Requisitos/Límites) encontrará todos los requisitos especiales para la cobertura de su medicamento.
- Si están cubiertas las versiones de venta libre (OTC) y con receta del producto, aparecen ambas.
- Los productos de liberación extendida y de liberación prolongada requieren su propia entrada.
- Las formas farmacéuticas en el documento serán consistentes con la categoría y el uso donde se mencione.

SUSTITUCIÓN POR GENÉRICOS

La sustitución por genéricos es una acción en una farmacia en la que se dispensa una versión genérica en lugar de un producto de marca recetado. En este documento, el tipo minúsculo en cursiva indica la disponibilidad genérica. En la mayoría de los casos, un medicamento de marca para el cual se pone a disposición un producto genérico pasa a ser un medicamento que no está incluido en el formulario y el producto genérico queda cubierto en su lugar tras su comercialización. Sin embargo, el documento está sujeto a reglas y normas específicas estatales relativas a la sustitución por genéricos y a las reglas obligatorias relativas a los genéricos, cuando proceda.

Los medicamentos genéricos recetados son los siguientes:

- Por lo general, tienen un precio más bajo que sus equivalentes de marca
- Están aprobados por la Administración de Alimentos y Medicamentos de los EE. UU. por su seguridad y eficacia, y se fabrican bajo los mismos estándares estrictos que se aplican a los medicamentos de marca
- Probado en humanos para garantizar que el genérico se absorba en el torrente sanguíneo a un ritmo similar y con una extensión similar en comparación con el medicamento de marca (bioequivalencia). Los genéricos pueden ser diferentes de los medicamentos de marca en tamaño, color e ingredientes inactivos, pero esto no modifica su eficacia o capacidad de absorberse al igual que el medicamento de marca
- Fabricados con la misma concentración y forma farmacéutica que los medicamentos de marca

Cuando se sustituye un medicamento genérico por un medicamento de marca, se puede esperar que el medicamento genérico produzca el mismo perfil clínico y de seguridad que el medicamento de marca (equivalencia terapéutica).

DISEÑO DEL PLAN

El documento representa el diseño de un plan de formulario cerrado. El copago del miembro es de \$4 por medicamento con un máximo de \$12 (3 copagos) por mes. No hay copagos de miembro para anticonceptivos, medidores de glucosa en sangre y tiras reactivas True Metrix, ni vacunas. Los medicamentos que figuran en el documento están cubiertos por el plan como se presentan.

Determinados medicamentos de la lista están cubiertos si se cumplen los criterios de gestión de utilización (p. ej., tratamiento escalonado, autorización previa, límites en la cantidad, etc.).

Se revisará la necesidad médica de las solicitudes de uso de dichos medicamentos fuera de los criterios mencionados. Si un medicamento no está incluido en el documento, es posible que se solicite una excepción al formulario para la cobertura. La necesidad médica o las solicitudes de excepción al formulario se revisarán en función de los criterios de autorización previa específicos de cada medicamento o de los criterios estándar de solicitud de medicamentos recetados no incluidos en el formulario. Inicie sesión en www.molinahealthcare.com para verificar la cobertura.

PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA

Las recetas de medicamentos que requieren aprobación previa o medicamentos no incluidos en el formulario de medicamentos de Molina pueden aprobarse cuando sea médicaamente necesario y cuando las opciones del formulario hayan demostrado ser ineficaces. Cuando se presentan estas situaciones excepcionales, el médico puede enviar por fax un formulario de autorización previa de medicamentos completo a Molina al (866) 497-7448. Los formularios se pueden obtener iniciando sesión en el sitio web www.molinahealthcare.com. Los ensayos de muestras farmacéuticas no se considerarán como justificación para aprobar una solicitud de autorización previa.

CONSEJOS ÚTILES PARA LA 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.

Estos son algunos ejemplos:

Clase de medicamento/diagnóstico	Información clínica solicitada
Reducción del colesterol	Panel de lípidos, Factores de riesgo cardiovascular
Diabetes	Informe de A1c
Medicamentos no incluidos en el formulario/no preferidos	Registro de medicamentos y/o notas sobre el progreso que documentan el uso previo de medicamentos del formulario

SOLICITAR CAMBIOS EN EL FORMULARIO

Si usted es un médico que emite recetas y desea solicitar un cambio en el formulario, envíe su solicitud y justificación 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 simultáneo de opioides con benzodiazepinas o relajantes musculares.

ESTADO DE UTAH Y EXCLUSIÓN DE MEDICAID

El estado de Utah promulgó una excepción para algunos medicamentos. Las reclamaciones por estos medicamentos deben enviarse directamente al Programa Estatal de Farmacia de Cargo por Servicio. Estas clases incluyen:

- Antipsicóticos (incluidos los inyectables)
- Anticonvulsivos
- Estimulantes para el TDAH
- Antidepresivos
- Agentes ansiolíticos
- Inmunosupresores de trasplante
- Medicamentos para la hemofilia
- Estabilizadores del estado de ánimo
- Medicamentos para tratar los trastornos por abuso de sustancias
- Medicamentos de costo ultra alto (costo de al menos \$1 millón por dosis de medicamento)

SERVICIOS EXCLUIDOS

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

- Medicamentos no elegibles para recibir fondos federales de Medicaid
- Medicamentos para la anorexia, la pérdida o el aumento de peso
- Medicamentos para estimular la fertilidad (algunas excepciones según la política de Medicaid de UT)
- Medicamentos para fines cosméticos o para el crecimiento del cabello
- Medicamentos para el alivio sintomático de la tos y los resfriados, excepto los medicamentos mencionados en la lista de medicamentos preferidos
- Vitaminas, con excepción de las vitaminas prenatales para mujeres embarazadas y las gotas vitamínicas con o sin flúor, para niños hasta los cinco (5) años de edad
- Medicamentos sin receta (de venta libre u OTC), excepto los medicamentos que figuran en la lista de medicamentos preferidos
- Medicamentos para los cuales el fabricante requiere, como condición de venta, que los servicios de prueba y monitoreo asociados se adquieran exclusivamente del fabricante o su designado
- Medicamentos para el tratamiento de la disfunción sexual o eréctil
- Medicamentos administrados por un hospital a un paciente dado de alta (medicamentos para el hogar)
- La leche materna, los sustitutos de la leche materna, los alimentos para bebés o los alimentos médicos, los productos metabólicos recetados para los errores congénitos del metabolismo (p. ej., fenilcetonuria y la enfermedad de la orina con 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 único proveedor, a menos que el distribuidor esté inscrito en Medicaid de Utah como proveedor de farmacia
- Medicamentos experimentales o de investigación
- Formas farmacéuticas de conveniencia (parches transdérmicos), no incluidas en la Lista de Medicamentos
- Productos farmacéuticos que la Administración Federal de Medicamentos (FDA) determine que son menos eficaces que medicamentos idénticos, relacionados o similares (a menudo denominados medicamentos "DESI 5 y 6")
- Productos farmacéuticos que no están en el Programa de Reembolso de Medicamentos de Medicaid

AVISO

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Este documento contiene referencias a medicamentos recetados de marca comercial que son marcas comerciales o marcas registradas de fabricantes farmacéuticos.

ACTUALIZACIONES DEL FORMULARIO

Revise los cambios en el formulario que se refieren al beneficio de farmacia, a menos que se indique lo contrario. Si tiene alguna pregunta, comuníquese con el Escritorio de ayuda de farmacia del Plan de Salud de Molina.

LEYENDA

EDAD	Límite de edad
MED	Dosis máxima equivalente de morfina de 90 mg por día
OTC	Beneficio cubierto de venta libre con receta
PA	Autorización previa
PA, QL	El límite de cantidad se aplica después de la aprobación de la autorización previa
QL	Límite en la cantidad
SP	Medicamento especializado, estos medicamentos deben obtenerse a través de una farmacia especializada
ST	Tratamiento escalonado
<i>minúscula</i>	Indica disponibilidad de genérico
MAYÚSCULA	Indica disponibilidad de la marca
90 DS	Después de dos surtidos de un suministro para 30 días dentro de los 90 días, el suministro para 90 días está disponible a partir de entonces

FORMULARY UPDATES

Key			
AL= 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	* Coverage requires FDA labeled diagnosis code with claim or clinical review for medical necessity.

Date Effective	Product Name	Change	Notes
07/01/2025	Tacrolimus 0.03% ointment	Remove PA, add QL	QL up to 100 gm/30 days
07/01/2025	Tacrolimus 0.1% ointment	Remove PA, add QL	QL up to 100 gm/30 days
07/01/2025	Pimecrolimus 1% cream	Remove PA, add QL	QL up to 100 gm/30 days
07/01/2025	Emgality	Add to Formulary with PA	
07/01/2025	Yesintek and Pyzchiva	Add to Formulary with PA	
07/01/2025	Dapagliflozin 5mg, 10mg	Add to Formulary*, QL	QL, 1 TAB per day
07/01/2025	Estradiol Twice weekly patches	Add to Formulary with QL, AGE	QL up to 8 patches per month, AGE min 18 years
07/01/2025	Estradiol Once weekly patches	Add to Formulary with QL, AGE	QL up to 4 patches per month, AGE min 18 years
07/01/2025	Doxycycline hyclate 100mg CAPs and TABs	Add to Formulary with QL	QL up to 2 CAPs or TABs per day
07/01/2025	Cabometyx 20mg, 40mg, 60mg	Add to Formulary with PA, QL	QL, 1 TAB per day
07/01/2025	Jakafi 5mg, 10mg, 15mg, 20mg, 25mg	Add to Formulary with PA, QL	QL, 2 TABs per day
07/01/2025	Lenvima 4mg, 8mg, 10mg, 12mg, 14mg, 18mg, 20mg, and 24mg	Add to Formulary with PA, QL	QL, 3 CAPs per day
07/01/2025	Pazopanib 200mg	Add to Formulary with PA, QL	QL, 4 TABs per day
07/01/2025	Venclexta 50mg, 100mg, Starter Pack	Add to Formulary with PA, QL	QL, 6 TABs per day
07/01/2025	Verzenio 50mg, 100mg, 150mg, 200mg	Add to Formulary with PA, QL	QL, 2 TABs per day
07/01/2025	Cosentyx Unoready	Add to Formulary with PA	

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

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*INTERLEUKIN-6 RECEPTOR INHIBITORS***		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	Tier 2	PA
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
<i>etodolac oral tablet 400 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>etodolac oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>ft all day pain relief tablet 220 mg oral</i>	Tier 1	
<i>ibuprofen childrens oral suspension 100 mg/5ml, 200 mg/10ml</i>	Tier 1	QL (160 ML per 1 day)
<i>ibuprofen junior strength oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>ibuprofen oral capsule 200 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	Tier 1	QL (160 ML per 1 day)
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	Tier 1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years); MAX 5 DAYS
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>naproxen oral suspension 125 mg/5ml</i>	Tier 1	QL (100 ML per 1 day)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
<i>naproxen sodium oral capsule 220 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 220 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	PA; QL (3 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam oral capsule 10 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
<i>piroxicam oral capsule 20 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	QL (3 EA per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
<i>OTEZLA ORAL TABLET 30 MG (apremilast)</i>	Tier 2	PA
<i>OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)</i>	Tier 2	PA
*PYRIMIDINE SYNTHESIS INHIBITORS***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 EA per 1 day)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***		
<i>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (etanercept)</i>	Tier 2	PA; QL (4 ML per 24 days)
<i>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (etanercept)</i>	Tier 2	PA; QL (4 ML per 24 days)
<i>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (etanercept)</i>	Tier 2	PA; QL (4 ML per 24 days)
<i>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (etanercept)</i>	Tier 2	PA; QL (4 ML per 24 days)
ANALGESICS - NONNARCOTIC		
*ANALGESICS OTHER***		
<i>acetaminophen 8 hour oral tablet extended release 650 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>acetaminophen extra strength oral liquid 500 mg/15ml</i>	Tier 1	
<i>acetaminophen extra strength oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	Tier 1	
<i>acetaminophen junior strength oral tablet dispersible 160 mg</i>	Tier 1	QL (25 EA per 1 day)
<i>acetaminophen oral solution 160 mg/5ml</i>	Tier 1	
<i>acetaminophen oral tablet 325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>acetaminophen rectal suppository 650 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>childrens non-aspirin oral tablet chewable 80 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>ed-apap oral liquid 160 mg/5ml</i>	Tier 1	
<i>fever reducer childrens rectal suppository 120 mg</i>	Tier 1	QL (34 EA per 1 day)
<i>FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG (acetaminophen)</i>	Tier 2	QL (50 EA per 1 day)
<i>ft pain reliever ex str adult tablet 500 mg oral</i>	Tier 1	
<i>goodsense pain relief extra st tablet 500 mg oral</i>	Tier 1	
*ANALGESICS-SEDATIVES***		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
butilbital-aspirin-caffeine capsule 50-325-40 mg oral	Tier 1	
*SALICYLATE COMBINATIONS***		
tri-buffered aspirin oral tablet 325 mg	Tier 2	90DS; 90 DS
*SALICYLATES***		
aspirin low dose oral tablet chewable 81 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
aspirin oral tablet 325 mg	Tier 1	QL (12 EA per 1 day); 90DS; 90 DS
aspirin oral tablet delayed release 325 mg	Tier 1	QL (12 EA per 1 day); 90DS; 90 DS
aspirin oral tablet delayed release 81 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
aspirin rectal suppository 300 mg	Tier 2	
salsalate oral tablet 500 mg, 750 mg	Tier 1	QL (4 EA per 1 day)
ANALGESICS - OPIOID		
*CODEINE COMBINATIONS***		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	Tier 1	PA; QL (3750 ML per 25 days); AGE (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	Tier 1	PA; QL (6 EA per 1 day); AGE (Min 12 Years)
butilbital-apap-caff-cod oral capsule 50-325-40-30 mg	Tier 1	PA; QL (8 EA per 1 day)
*HYDROCODONE COMBINATIONS***		
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	Tier 1	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	Tier 1	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	Tier 1	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	Tier 2	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	Tier 1	PA; QL (0.334 EA per 1 day); MED
hydromorphone hcl oral tablet 2 mg, 4 mg	Tier 1	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	Tier 1	PA
morphine sulfate (concentrate) oral solution 100 mg/5ml	Tier 1	PA; MED, Max 7 day supply for initial fill or PA required

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg	Tier 1	ST; QL (3 EA per 1 day); Requires prior use of IR Opioid; MED
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	Tier 1	PA
morphine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (3 EA per 1 day); MED, Max 7 day supply for initial fill or PA required
oxycodone hcl oral solution 5 mg/5ml	Tier 1	MED, Max 7 day supply for initial fill or PA required, Max 240ML
oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg	Tier 1	MED, Max 7 day supply for initial fill or PA required, MAX 90
oxycodone hcl oral tablet 20 mg, 30 mg	Tier 1	MED, Max 7 day supply for initial fill or PA required, MAX 120
oxycodone hcl tablet 10 mg oral	Tier 1	
oxycodone hcl tablet 15 mg oral	Tier 1	
oxycodone hcl tablet 20 mg oral	Tier 1	
oxycodone hcl tablet 30 mg oral	Tier 1	
oxycodone hcl tablet 5 mg oral	Tier 1	
tramadol hcl oral tablet 50 mg	Tier 1	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	Tier 1	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	Tier 1	QL (8 EA per 1 day); MED, Max 7 day supply for initial fill or PA required
oxycodone-acetaminophen oral tablet 7.5-325 mg	Tier 1	QL (6 EA per 1 day); MED, Max 7 day supply for initial fill or PA required
ANDROGENS-ANABOLIC		
*ANDROGENS***		
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Tier 1	AGE (Min 18 Years)
testosterone cypionate solution 100 mg/ml intramuscular	Tier 1	
testosterone enanthate intramuscular solution 200 mg/ml	Tier 1	AGE (Min 18 Years)
ANORECTAL AND RELATED PRODUCTS		
*INTRARECTAL STEROIDS***		
hydrocortisone rectal enema 100 mg/60ml	Tier 1	QL (1680 ML per 25 days)
*RECTAL ANESTHETIC COMBINATIONS***		
hemorrhoidal external cream 1-0.25-14.4-15 %	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
*RECTAL LOCAL ANESTHETICS***		
<i>dibucaine (perianal) external ointment 1 %</i>	Tier 1	
*RECTAL STEROIDS***		
<i>anucort-hc rectal suppository 25 mg</i>	Tier 1	
<i>anumed-hc suppository 25 mg</i>	Tier 1	
<i>hydrocortisone acetate (Anusol-Hc Rectal Suppository 25 Mg)</i>	Tier 1	
<i>grx hicort 25 rectal suppository 25 mg</i>	Tier 1	
<i>hydrocortisone acetate (Hemmorex-Hc Rectal Suppository 25 Mg, 30 Mg)</i>	Tier 1	
<i>hemorrhoidal-hc rectal suppository 25 mg</i>	Tier 1	
<i>hydrocortisone acetate (Hemril-30 Rectal Suppository 30 Mg)</i>	Tier 1	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 1	QL (7 EA per 1 day)
<i>hydrocortisone acetate rectal suppository 30 mg</i>	Tier 1	
<i>PROCTOCORT RECTAL SUPPOSITORY 30 MG (hydrocortisone acetate)</i>	Tier 1	
<i>hydrocortisone acetate (Proctosert Hc Suppository 30 Mg)</i>	Tier 1	
<i>rectacort-hc rectal suppository 25 mg</i>	Tier 1	
ANTACIDS		
*ANTACID & SIMETHICONE***		
<i>antacid & antigas oral suspension 200-200-20 mg/5ml</i>	Tier 1	
<i>antacid anti-gas max strength oral suspension 400-400-40 mg/5ml</i>	Tier 1	
<i>antacid plus oral tablet chewable 200-200-25 mg</i>	Tier 1	
*ANTACID COMBINATIONS***		
<i>ACID GONE SUSPENSION 95-358 MG/15ML ORAL (alum hydroxide-mag carbonate)</i>	Tier 2	
<i>antacid extra strength oral tablet chewable 160-105 mg</i>	Tier 1	
*ANTACIDS - BICARBONATE***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	Tier 1	
*ANTACIDS - CALCIUM SALTS***		
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	Tier 1	
<i>calcium antacid oral tablet chewable 500 mg</i>	Tier 1	
<i>calcium antacid ultra max st oral tablet chewable 1000 mg</i>	Tier 1	
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	Tier 1	
<i>calcium carbonate antacid oral tablet 648 mg</i>	Tier 1	
<i>ft antacid regular strength tablet chewable 500 mg oral</i>	Tier 2	PA
ANTHELMINTICS		
*ANTHELMINTICS***		
<i>albendazole oral tablet 200 mg</i>	Tier 1	QL (4 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin oral tablet 3 mg</i>	Tier 1	QL (16 EA per 2 days); MAX 2 DAYS
ANTIANGINAL AGENTS		
*ANTIANGINALS-OTHER***		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 1	ST; QL (2 EA per 1 day); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate
*NITRATES***		
<i>isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>isosorbide dinitrate oral tablet 20 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>isosorbide mononitrate oral tablet 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>isosorbide mononitrate tablet 10 mg oral</i>	Tier 1	QL (3 EA per 1 day)
<i>isosorbide mononitrate tablet 20 mg oral</i>	Tier 1	QL (2 EA per 1 day)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	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>	Tier 1	QL (1 EA per 1 day)
ANTIANXIETY AGENTS		
*ANTIANXIETY AGENTS - MISC.***		
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine hcl tablet 10 mg oral</i>	Tier 1	QL (8 EA per 1 day)
<i>hydroxyzine hcl tablet 25 mg oral</i>	Tier 1	QL (8 EA per 1 day)
<i>hydroxyzine hcl tablet 50 mg oral</i>	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
ANTIARRHYTHMICS		
*ANTIARRHYTHMICS TYPE I-A***		
<i>disopyramide phosphate oral capsule 100 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>disopyramide phosphate oral capsule 150 mg</i>	Tier 1	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>quinidine sulfate oral tablet 300 mg</i>	Tier 1	QL (8 EA per 1 day)
*ANTIARRHYTHMICS TYPE I-B***		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	QL (6 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*ANTIARRHYTHMICS TYPE I-C***		
flecainide acetate oral tablet 100 mg	Tier 1	QL (6 EA per 1 day)
flecainide acetate oral tablet 150 mg	Tier 1	QL (3 EA per 1 day)
flecainide acetate oral tablet 50 mg	Tier 1	QL (7 EA per 1 day)
propafenone hcl oral tablet 150 mg	Tier 1	QL (6 EA per 1 day)
propafenone hcl oral tablet 225 mg, 300 mg	Tier 1	QL (3 EA per 1 day)
*ANTIARRHYTHMICS TYPE III***		
amiodarone hcl oral tablet 200 mg	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*ADRENERGIC COMBINATIONS***		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	Tier 2	QL (2 EA per 1 day)
budesonide-formoterol fumarate (Breyna Aerosol 160-4.5 Mcg/Act Inhalation)	Tier 2	PA; QL (20.6 GM per 25 days)
budesonide-formoterol fumarate (Breyna Aerosol 80-4.5 Mcg/Act Inhalation)	Tier 2	PA; QL (20.6 GM per 25 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	Tier 1	QL (20.4 GM per 25 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act	Tier 1	QL (2 EA per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	Tier 1	QL (0.04 EA per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 500-50 mcg/act	Tier 1	QL (1 EA per 1 day)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Tier 1	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 (<i>fluticasone-umeclidin-vilant</i>)	Tier 2	QL (1 EA per 1 day)
*ANTI-IGE MONOCLONAL ANTIBODIES***		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	Tier 2	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	Tier 2	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	Tier 2	PA; QL (5 EA per 24 days)
*ANTI-INFLAMMATORY AGENTS***		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Tier 1	QL (26 ML per 1 day)
*BETA ADRENERGICS***		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	QL (6.7 GM per 25 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	QL (8.5 GM per 25 days)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	Tier 1	QL (225 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml</i>	Tier 1	QL (300 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 1.25 mg/3ml</i>	Tier 1	QL (150 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	Tier 1	QL (150 EA per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 1	QL (150 ML per 1 day)
<i>albuterol sulfate oral tablet 4 mg</i>	Tier 1	QL (8 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	Tier 2	QL (2 GM per 1 day)
<i>terbutaline sulfate oral tablet 2.5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>terbutaline sulfate oral tablet 5 mg</i>	Tier 1	QL (6 EA per 1 day)
*BRONCHODILATORS - ANTICHOLINERGICS***		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (ipratropium bromide hfa)	Tier 2	QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (umeclidinium bromide)	Tier 2	QL (1 EA per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	QL (10 ML per 1 day)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (benralizumab)	Tier 2	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (benralizumab)	Tier 2	PA
*LEUKOTRIENE RECEPTOR ANTAGONISTS***		
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
*STEROID INHALANTS***		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (ciclesonide)	Tier 2	QL (6.1 GM per 25 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 1	QL (4 ML per 1 day); AGE (Max 9 Years)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	Tier 1	QL (0.4 GM per 1 day); AGE (Max 11 Years); 90DS; 90 DS
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	Tier 1	QL (0.354 GM per 1 day); AGE (Max 11 Years); 90DS; 90 DS
*XANTHINES***		
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>theophylline oral elixir 80 mg/15ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15ml</i>	Tier 1	

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
ANTICOAGULANTS		
*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	Tier 1	QL (10 EA per 1 day)
*DIRECT FACTOR XA INHIBITORS***		
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	Tier 2	QL (600 ML per 30 days); AGE (Max 17 Years)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	Tier 2	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG (<i>rivaroxaban</i>)	Tier 2	QL (42 EA per 30 days)
XARELTO ORAL TABLET 2.5 MG (<i>rivaroxaban</i>)	Tier 2	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	Tier 2	QL (51 EA per 28 days)
*HEPARINS AND HEPARINOID-LIKE AGENTS***		
heparin sod (pork) lock flush (Bd Heparin Posiflush Intravenous Solution 10 Unit/ML, 100 Unit/ML)	Tier 1	
hep flush-10 intravenous solution 10 unit/ml	Tier 1	
heparin (porcine) lock flush intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	
heparin lock flush intravenous solution 100 unit/ml	Tier 1	
heparin na (pork) lock fsh pf intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml	Tier 1	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	
heparin sodium lock flush intravenous solution 10 unit/ml	Tier 1	
hep-lock flush intravenous solution 100 unit/ml	Tier 1	
heparin lock flush (Hep-Lock Intravenous Solution 10 Unit/ML, 100 Unit/ML)	Tier 1	
heparin lock flush (Monoject Flush Syr/Hep Lock Intravenous Solution 10 Unit/ML, 100 Unit/ML)	Tier 1	
heparin lock flush (Monoject Prefill Adv Heparin Intravenous Solution 10 Unit/ML, 100 Unit/ML)	Tier 1	
heparin lock flush (Monoject Prefill Heparin Sod Intravenous Solution 10 Unit/ML, 100 Unit/ML)	Tier 1	
heparin lock flush (Monoject Prefill Intravenous Solution 10 Unit/ML, 100 Unit/ML)	Tier 1	
*LOW MOLECULAR WEIGHT HEPARINS***		
enoxaparin sodium injection solution 300 mg/3ml	Tier 1	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	Tier 1	QL (2 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	Tier 1	QL (1.6 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	Tier 1	QL (0.6 ML per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	Tier 1	QL (0.8 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	Tier 1	QL (1.2 ML per 1 day)
enoxaparin sodium solution prefilled syringe 100 mg/ml injection	Tier 1	QL (2 ML per 1 day)
enoxaparin sodium solution prefilled syringe 120 mg/0.8ml injection	Tier 1	QL (1.6 ML per 1 day)
enoxaparin sodium solution prefilled syringe 40 mg/0.4ml injection	Tier 1	QL (0.8 ML per 1 day)
enoxaparin sodium solution prefilled syringe 60 mg/0.6ml injection	Tier 1	QL (1.2 ML per 1 day)
enoxaparin sodium solution prefilled syringe 80 mg/0.8ml injection	Tier 1	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 (dalteparin sodium)	Tier 2	PA
*SYNTHETIC HEPARINOID-LIKE AGENTS***		
ARIIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (fondaparinux sodium)	Tier 2	PA
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Tier 1	PA
ANTIDIABETICS		
*ALPHA-GLUCOSIDASE INHIBITORS***		
acarbose oral tablet 100 mg	Tier 1	QL (4 EA per 1 day)
acarbose oral tablet 25 mg, 50 mg	Tier 1	QL (3 EA per 1 day)
*BIGUANIDES***		
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
metformin hcl oral tablet 1000 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
metformin hcl oral tablet 500 mg	Tier 1	QL (5 EA per 1 day); 90DS; 90 DS
metformin hcl oral tablet 850 mg	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
metformin hcl tablet 1000 mg oral	Tier 1	QL (2 EA per 1 day); 90DS; 90DS
*DIABETIC OTHER - COMBINATIONS***		
glucose instant energy oral tablet chewable 4-6 gm-mg	Tier 1	
*DIABETIC OTHER***		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (glucagon)	Tier 2	QL (2 EA per 25 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (glucagon hcl (rdna))	Tier 2	QL (2 EA per 25 days)
glucagon emergency injection kit 1 mg	Tier 1	QL (2 EA per 25 days)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (<i>glucagon</i>)	Tier 2	QL (0.2 ML per 25 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (<i>glucagon</i>)	Tier 2	QL (0.4 ML per 25 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	Tier 2	QL (0.4 ML per 25 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML (<i>glucagon</i>)	Tier 2	QL (0.2 ML per 25 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	Tier 2	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>	Tier 1	ST; QL (1 EA per 1 day); Requires trial of metformin or metformin-containing product AND Sulfonylurea or Sulfonylurea Combination; Generic Nesina
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Tier 1	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>	Tier 1	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 SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>)	Tier 2	QL (30 ML per 25 days)
ADMELOG SOLUTION 100 UNIT/ML INJECTION (<i>insulin lispro</i>)	Tier 2	QL (30 ML per 25 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	Tier 2	QL (20 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	Tier 2	QL (18 ML per 25 days)
<i>insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous</i>	Tier 1	QL (30 ML per 25 days)
<i>insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous</i>	Tier 1	QL (30 ML per 25 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Tier 1	QL (30 ML per 25 days)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	Tier 1	QL (25 ML per 30 days)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	Tier 1	QL (30 ML per 25 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Tier 2	QL (30 ML per 25 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Tier 2	QL (30 ML per 25 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Tier 2	QL (30 ML per 25 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Tier 2	QL (30 ML per 25 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	Tier 2	QL (30 ML per 25 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-aglr</i>)	Tier 2	QL (30 ML per 30 days)
SEMGLEE SOLUTION 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>)	Tier 2	QL (30 ML per 25 days)
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	Tier 2	QL (30 ML per 25 days)
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***		
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	Tier 1	ST; QL (9 ML per 30 days); AGE (Min 10 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>)	Tier 2	ST; QL (3 ML per 25 days); AGE (Min 18 Years); REQUIRES PRIOR USE OF METFORMIN
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	Tier 2	ST; QL (3 ML per 25 days); AGE (Min 18 Years); REQUIRES PRIOR USE OF METFORMIN
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>)	Tier 2	ST; QL (3 ML per 25 days); AGE (Min 18 Years); REQUIRES PRIOR USE OF METFORMIN
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	Tier 2	ST; QL (1 EA per 1 day); AGE (Min 18 Years); REQUIRES PRIOR USE OF METFORMIN
*MEGLITINIDE ANALOGUES***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (6 EA per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***		
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin I-pyroglutamicac</i>)	Tier 2	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 (<i>ertugliflozin-metformin hcl</i>)	Tier 2	ST; PA; REQUIRES PRIOR USE OF METFORMIN
*SULFONYLUREA-BIGUANIDE COMBINATIONS***		
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
<i>glyburide-metformin oral tablet 5-500 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
*SULFONYLUREAS***		
<i>glimepiride oral tablet 1 mg, 4 mg</i>	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
<i>glimepiride oral tablet 2 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
<i>glipizide oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
<i>glipizide oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day); 90DS; 90 DS
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
*THIAZOLIDINEDIONES***		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	QL (1 EA per 1 day)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***		
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Tier 1	
<i>stomach relief oral suspension 262 mg/15ml</i>	Tier 1	
<i>stomach relief oral tablet 262 mg</i>	Tier 1	
*ANTIPERISTALTIC AGENTS***		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>loperamide hcl oral capsule 2 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	Tier 1	
<i>loperamide hcl oral tablet 2 mg</i>	Tier 1	QL (8 EA per 1 day)
ANTIEMETICS		
*5-HT3 RECEPTOR ANTAGONISTS***		
<i>gransetron hcl oral tablet 1 mg</i>	Tier 1	ST; QL (2 EA per 1 day); Requires trial of ondansetron

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl injection solution 40 mg/20ml	Tier 1	
ondansetron hcl oral solution 4 mg/5ml	Tier 1	PA
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 1	QL (90 EA per 25 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	Tier 1	QL (90 EA per 25 days)
ZOFRAN INJECTION SOLUTION 40 MG/20ML (ondansetron hcl)	Tier 1	
*ANTIEMETIC COMBINATIONS***		
anti-nausea oral solution 1.87-1.87-21.5	Tier 1	
*ANTIEMETICS - ANTICHOLINERGIC***		
dimenhydrinate oral tablet 50 mg	Tier 1	QL (6 EA per 1 day)
meclizine hcl oral tablet 12.5 mg, 25 mg	Tier 1	QL (4 EA per 1 day)
motion sickness relief oral tablet chewable 25 mg	Tier 1	QL (4 EA per 1 day)
scopolamine transdermal patch 72 hour 1 mg/3days	Tier 1	QL (0.34 EA per 1 day)
ANTIFUNGALS		
*ANTIFUNGALS***		
griseofulvin microsize oral suspension 125 mg/5ml	Tier 1	QL (40 ML per 1 day)
nystatin oral tablet 500000 unit	Tier 1	QL (8 EA per 1 day)
terbinafine hcl oral tablet 250 mg	Tier 1	QL (1 EA per 1 day)
*IMIDAZOLES***		
ketoconazole oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
*TRIAZOLES***		
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Tier 1	QL (35 ML per 25 days); AGE (Max 12 Years)
fluconazole oral tablet 100 mg, 200 mg	Tier 1	QL (21 EA per 25 days)
fluconazole oral tablet 150 mg	Tier 1	QL (2 EA per 25 days)
fluconazole oral tablet 50 mg	Tier 1	QL (2 EA per 1 day)
itraconazole oral capsule 100 mg	Tier 1	QL (4 EA per 1 day); AGE (Min 18 Years)
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	Tier 2	QL (4 EA per 1 day); AGE (Min 18 Years)
ANTIHISTAMINES		
*ANTIHISTAMINES - ALKYLAMINES***		
chlorpheniramine maleate er oral tablet extended release 12 mg	Tier 1	QL (2 EA per 1 day)
chlorpheniramine maleate oral tablet 4 mg	Tier 1	QL (6 EA per 1 day)
ed chlorped jr oral syrup 2 mg/5ml	Tier 2	
*ANTIHISTAMINES - ETHANOLAMINES***		
allergy relief oral capsule 25 mg	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
carbinoxamine maleate oral solution 4 mg/5ml	Tier 1	
carbinoxamine maleate oral tablet 4 mg	Tier 1	
clemastine fumarate oral tablet 1.34 mg	Tier 1	QL (2 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
clemastine fumarate oral tablet 2.68 mg	Tier 1	QL (3 EA per 1 day)
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	Tier 1	QL (80 ML per 1 day); AGE (Max 12 Years)
diphenhydramine hcl injection solution 50 mg/ml	Tier 1	AGE (Max 64 Years)
diphenhydramine hcl oral capsule 50 mg	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
diphenhydramine hcl oral elixir 12.5 mg/5ml	Tier 1	QL (80 ML per 1 day); AGE (Max 12 Years)
diphenhydramine hcl oral tablet 25 mg	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
diphenhydramine hcl oral tablet chewable 12.5 mg	Tier 1	QL (6 EA per 1 day); AGE (Max 12 Years)
*ANTIHISTAMINES - NON-SEDATING***		
all day allergy oral tablet 10 mg	Tier 2	QL (1 EA per 1 day); 90DS; 90 DS
allergy (cetirizine) oral tablet 10 mg	Tier 1	QL (1 EA per 1 day); AGE (Max 1 Years); 90DS; 90 DS
allergy relief (cetirizine) oral tablet 10 mg	Tier 2	QL (1 EA per 1 day); 90DS; 90 DS
allergy relief cetirizine oral tablet 10 mg	Tier 2	QL (1 EA per 1 day); 90DS; 90 DS
allergy relief/indoor/outdoor oral tablet 10 mg	Tier 2	QL (1 EA per 1 day); 90DS; 90 DS
cetirizine hcl childrens oral solution 5 mg/5ml	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years); 90DS; 90 DS
cetirizine hcl oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
cetirizine hcl solution 1 mg/ml oral (rx)	Tier 1	90DS
ft all day allergy 24 hour tablet 10 mg oral	Tier 2	PA; QL (1 EA per 1 day); 90DS; 90 DS
ft all day allergy tablet 10 mg oral	Tier 2	QL (1 EA per 1 day); 90DS; 90 DS
gnp all day allergy oral tablet 10 mg	Tier 2	QL (1 EA per 1 day); 90DS; 90 DS
goodsense all day allergy oral tablet 10 mg	Tier 2	QL (1 EA per 1 day); 90DS; 90 DS
hm allergy relief (cetirizine) oral tablet 10 mg	Tier 2	QL (1 EA per 1 day); 90DS; 90 DS
loratadine childrens oral solution 5 mg/5ml	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
loratadine oral tablet 10 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
loratadine oral tablet dispersible 10 mg	Tier 1	QL (1 EA per 1 day); AGE (Max 12 Years); 90DS; 90 DS

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
<i>sm all day allergy oral tablet 10 mg</i>	Tier 2	QL (1 EA per 1 day); 90DS; 90 DS
*ANTIHISTAMINES - PHENOTHIAZINES***		
<i>promethazine hcl (Phenadoz Rectal Suppository 12.5 Mg, 25 Mg)</i>	Tier 2	QL (24 EA per 30 days); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl injection solution 25 mg/ml</i>	Tier 1	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl injection solution 50 mg/ml</i>	Tier 1	QL (50 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	Tier 1	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Tier 1	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 25 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 2 Years and Max 64 Years)
*ANTIHISTAMINES - PIPERIDINES***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 1	QL (20 ML per 1 day); AGE (Max 64 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
ANTIHYPERLIPIDEMICS		
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***		
<i>NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)</i>	Tier 2	PA
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS***		
<i>NEXLETOL ORAL TABLET 180 MG (bempedoic acid)</i>	Tier 2	PA
*BILE ACID SEQUESTRANTS***		
<i>cholestyramine light oral powder 4 gm/dose</i>	Tier 1	QL (8 GM per 1 day)
<i>cholestyramine oral powder 4 gm/dose</i>	Tier 1	QL (48 GM per 1 day)
<i>colestipol hcl oral tablet 1 gm</i>	Tier 1	QL (16 EA per 1 day)
*FIBRIC ACID DERIVATIVES***		
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*HMG COA REDUCTASE INHIBITORS***		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
atorvastatin calcium tablet 10 mg oral	Tier 1	90DS
atorvastatin calcium tablet 20 mg oral	Tier 1	90DS
atorvastatin calcium tablet 40 mg oral	Tier 1	90DS
atorvastatin calcium tablet 80 mg oral	Tier 1	90DS
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
rosuvastatin calcium tablet 10 mg oral	Tier 1	
rosuvastatin calcium tablet 20 mg oral	Tier 1	
rosuvastatin calcium tablet 40 mg oral	Tier 1	
rosuvastatin calcium tablet 5 mg oral	Tier 1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***		
ezetimibe oral tablet 10 mg	Tier 1	QL (1 EA per 1 day)
*PCSK9 INHIBITORS***		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (evolocumab)	Tier 2	PA; QL (3.5 ML per 24 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (evolocumab)	Tier 2	PA; QL (2 ML per 24 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (evolocumab)	Tier 2	PA; QL (2 ML per 24 days)
ANTIHYPERTENSIVES		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS***		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE***		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	QL (1 EA per 1 day)
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	QL (1 EA per 1 day)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	Tier 1	QL (1 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*ACE INHIBITORS***		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (1.5 EA per 1 day); 90DS; 90 DS
<i>benazepril hcl oral tablet 40 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
<i>captopril oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
<i>captopril tablet 100 mg oral</i>	Tier 1	QL (3 EA per 1 day)
<i>captopril tablet 12.5 mg oral</i>	Tier 1	QL (3 EA per 1 day); 90DS; 90DS
<i>captopril tablet 25 mg oral</i>	Tier 1	QL (3 EA per 1 day); 90DS; 90DS
<i>captopril tablet 50 mg oral</i>	Tier 1	QL (3 EA per 1 day); 90DS; 90DS
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 1	AGE (Max 12 Years)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
<i>enalapril maleate oral tablet 20 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
<i>lisinopril oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS
<i>lisinopril oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
<i>lisinopril oral tablet 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
<i>lisinopril tablet 10 mg oral</i>	Tier 1	QL (1 EA per 1 day); 90DS
<i>lisinopril tablet 20 mg oral</i>	Tier 1	QL (1 EA per 1 day); 90DS
<i>QBRELIS ORAL SOLUTION 1 MG/ML (lisinopril)</i>	Tier 2	AGE (Min 6 Years and Max 12 Years)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
<i>quinapril hcl oral tablet 40 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
*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>	Tier 1	QL (1 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE***		
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
*ANGIOTENSIN II RECEPTOR ANTAGONISTS***		
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
*ANTIADRENERGICS - CENTRALLY ACTING***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	QL (6 EA per 1 day); 90DS; 90 DS
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
<i>guanfacine hcl oral tablet 1 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
<i>guanfacine hcl oral tablet 2 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
<i>methyldopa oral tablet 250 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>methyldopa oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
*ANTIADRENERGICS - PERIPHERALLY ACTING***		
<i>doxazosin mesylate oral tablet 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet 2 mg, 4 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
<i>doxazosin mesylate oral tablet 8 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>terazosin hcl oral capsule 1 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
*BETA BLOCKER & DIURETIC COMBINATIONS***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
*VASODILATORS***		
hydralazine hcl oral tablet 10 mg	Tier 1	QL (10 EA per 1 day)
hydralazine hcl oral tablet 100 mg	Tier 1	QL (3 EA per 1 day)
hydralazine hcl oral tablet 25 mg	Tier 1	QL (4 EA per 1 day)
hydralazine hcl oral tablet 50 mg	Tier 1	QL (8 EA per 1 day)
hydralazine hcl tablet 10 mg oral	Tier 1	QL (10 EA per 1 day)
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	QL (5 EA per 1 day)
ANTI-INFECTIVE AGENTS - MISC.		
*ANTI-INFECTIVE AGENTS - MISC.***		
metronidazole oral tablet 250 mg	Tier 1	QL (8 EA per 1 day); 14
metronidazole oral tablet 500 mg	Tier 1	QL (4 EA per 1 day)
trimethoprim oral tablet 100 mg	Tier 1	QL (6 EA per 1 day)
*ANTI-INFECTIVE MISC. - COMBINATIONS***		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Tier 1	QL (40 ML per 1 day)
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	QL (4 EA per 1 day)
sulfamethoxazole-trimethoprim suspension 800-160 mg/20ml oral	Tier 1	QL (40 ML per 1 day)
*ANTIPROTOZOAL AGENTS***		
atovaquone oral suspension 750 mg/5ml	Tier 1	PA; 90
MEPRON ORAL SUSPENSION 750 MG/5ML (atovaquone)	Tier 2	PA
*GLYCOPEPTIDES***		
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	Tier 1	QL (40 ML per 1 day)
*LEPROSTATICSS***		
dapsone oral tablet 100 mg	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
dapsone oral tablet 25 mg	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
*LINCOSAMIDES***		
clindamycin hcl oral capsule 150 mg	Tier 1	QL (8 EA per 1 day)
clindamycin hcl oral capsule 300 mg	Tier 1	QL (6 EA per 1 day)
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Tier 1	AGE (Max 18 Years)
*OXAZOLIDINONES***		
linezolid oral suspension reconstituted 100 mg/5ml	Tier 1	PA
linezolid oral tablet 600 mg	Tier 1	PA

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*URINARY ANTI-INFECTIVES***		
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Tier 1	QL (40 ML per 1 day); AGE (Max 12 Years); MAX 10 DAYS
ANTIMALARIALS		
*ANTIMALARIALS***		
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (10 EA per 3 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1	QL (4 EA per 1 day)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS***		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day)
ANTIMYCOBACTERIAL AGENTS		
*ANTIMYCOBACTERIAL AGENTS***		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); 90DS; 90 DS
<i>isoniazid oral tablet 100 mg</i>	Tier 1	QL (6 EA per 1 day); 90DS; 90 DS
<i>isoniazid oral tablet 300 mg</i>	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
<i>PRIFTIN ORAL TABLET 150 MG (rifapentine)</i>	Tier 2	QL (1.143 EA per 1 day)
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>pyrazinamide tablet 500 mg oral</i>	Tier 1	
<i>pyrazinamide tablet 500 mg oral</i>	Tier 1	QL (6 EA per 1 day)
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	QL (8 EA per 1 day)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*ANDROGEN BIOSYNTHESIS INHIBITORS***		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
*ANTIADRENALS***		
<i>LYSODREN ORAL TABLET 500 MG (mitotane)</i>	Tier 2	
*ANTIANDROGENS***		
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>flutamide oral capsule 125 mg</i>	Tier 1	QL (6 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*ANTIESTROGENS***		
tamoxifen citrate oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
tamoxifen citrate tablet 10 mg oral	Tier 1	QL (2 EA per 1 day); 90DS; 90DS
*ANTIMETABOLITES***		
capecitabine oral tablet 150 mg, 500 mg	Tier 1	PA
mercaptopurine oral tablet 50 mg	Tier 1	QL (4 EA per 1 day)
methotrexate oral tablet 2.5 mg	Tier 1	QL (24 EA per 1 day)
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	Tier 1	QL (10 ML per 25 days)
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	Tier 1	QL (10 ML per 25 days)
methotrexate sodium tablet 2.5 mg oral	Tier 1	QL (24 EA per 1 day)
*ANTINEOPLASTIC - ALK INHIBITORS***		
ALECENSA ORAL CAPSULE 150 MG (alectinib hcl)	Tier 2	PA; QL (8 EA per 1 day)
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
VENCLEXTA ORAL TABLET 10 MG (venetoclax)	Tier 1	PA; QL (2 EA per 1 day)
VENCLEXTA ORAL TABLET 100 MG (venetoclax)	Tier 1	PA; QL (6 EA per 1 day)
VENCLEXTA ORAL TABLET 50 MG (venetoclax)	Tier 1	PA; QL (1 EA per 1 day)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (venetoclax)	Tier 1	PA; QL (1 Pack per 28 days)
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***		
dasatinib tablet 100 mg oral	Tier 1	PA; QL (1 EA per 1 day)
dasatinib tablet 140 mg oral	Tier 1	PA; QL (1 EA per 1 day)
dasatinib tablet 20 mg oral	Tier 1	PA; QL (3 EA per 1 day)
dasatinib tablet 50 mg oral	Tier 1	PA; QL (1 EA per 1 day)
dasatinib tablet 70 mg oral	Tier 1	PA; QL (1 EA per 1 day)
dasatinib tablet 80 mg oral	Tier 1	PA; QL (1 EA per 1 day)
imatinib mesylate oral tablet 100 mg	Tier 1	PA; QL (3 EA per 1 day)
imatinib mesylate oral tablet 400 mg	Tier 1	PA; QL (2 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)	Tier 2	PA; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG (dasatinib)	Tier 2	PA; QL (3 EA per 1 day)
*ANTINEOPLASTIC - BTK INHIBITORS***		
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	Tier 2	PA; QL (4 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG (ibrutinib)	Tier 2	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL TABLET 420 MG, 560 MG (ibrutinib)	Tier 2	PA; QL (1 EA per 1 day)
*ANTINEOPLASTIC - EGFR INHIBITORS***		
erlotinib hcl oral tablet 100 mg, 150 mg	Tier 1	PA; QL (1 EA per 1 day)
erlotinib hcl oral tablet 25 mg	Tier 1	PA; QL (3 EA per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG (osimertinib mesylate)	Tier 2	PA; QL (1 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	Tier 1	PA; QL (1 EA per 1 day)
pazopanib hcl oral tablet 200 mg	Tier 1	PA; QL (4 EA per 1 day)
sorafenib tosylate oral tablet 200 mg	Tier 1	PA; QL (4 EA per 1 day)
SUTENT ORAL CAPSULE 12.5 MG (sunitinib malate)	Tier 2	PA; QL (4 EA per 1 day)
SUTENT ORAL CAPSULE 25 MG (sunitinib malate)	Tier 2	PA; QL (2 EA per 1 day)
SUTENT ORAL CAPSULE 37.5 MG (sunitinib malate)	Tier 2	PA; QL (1 EA per 1 day); 14
SUTENT ORAL CAPSULE 50 MG (sunitinib malate)	Tier 2	PA; QL (1 EA per 1 day)
TYKERB ORAL TABLET 250 MG (lapatinib ditosylate)	Tier 2	PA; QL (6 EA per 1 day)
*ANTINEOPLASTICS MISC.***		
hydroxyurea oral capsule 500 mg	Tier 1	
MATULANE ORAL CAPSULE 50 MG (procarbazine hcl)	Tier 2	PA
*AROMATASE INHIBITORS***		
anastrozole oral tablet 1 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
letrozole oral tablet 2.5 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	Tier 2	PA; QL (1 EA per 1 day); MAX 21 per 28 DAYS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	Tier 2	PA; QL (1 EA per 1 day); MAX 21 per 28 DAYS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	Tier 1	PA; QL (2 EA per 1 day)
*FOLIC ACID ANTAGONISTS RESCUE AGENTS***		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 1	
*IMIDAZOTETRAZINES***		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 1	PA
*JANUS ASSOCIATED KINASE (JAK) INHIBITORS***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)	Tier 1	PA; QL (2 EA per 1 day)
*LHRH ANALOGS***		
ELIGARD SUBCUTANEOUS KIT 22.5 MG (leuprolide acetate (3 month))	Tier 2	PA; AGE (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 30 MG (leuprolide acetate (4 month))	Tier 2	PA; AGE (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 45 MG (leuprolide acetate (6 month))	Tier 2	PA; AGE (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (leuprolide acetate)	Tier 2	PA; AGE (Min 18 Years)
leuprolide acetate injection kit 1 mg/0.2ml	Tier 1	PA; AGE (Min 18 Years)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*MITOTIC INHIBITORS***		
<i>etoposide oral capsule 50 mg</i>	Tier 1	PA
*NITROGEN MUSTARDS AND RELATED ANALOGUES***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>LEUKERAN ORAL TABLET 2 MG (chlorambucil)</i>	Tier 2	QL (8 EA per 1 day)
<i>melphalan oral tablet 2 mg</i>	Tier 1	
*PROGESTINS-ANTINEOPLASTIC***		
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier 1	QL (40 ML per 1 day)
<i>megestrol acetate oral tablet 20 mg</i>	Tier 1	QL (40 EA per 1 day)
<i>megestrol acetate oral tablet 40 mg</i>	Tier 1	QL (20 EA per 1 day)
<i>megestrol acetate suspension 400 mg/10ml oral</i>	Tier 1	
*RETINOIDS***		
<i>tretinoin oral capsule 10 mg</i>	Tier 1	PA
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS***		
<i>LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (lenvatinib mesylate)</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (lenvatinib mesylate)</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (lenvatinib mesylate)</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (lenvatinib mesylate)</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (lenvatinib mesylate)</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (lenvatinib mesylate)</i>	Tier 1	QL (3 EA per 1 day)
<i>LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (lenvatinib mesylate)</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (lenvatinib mesylate)</i>	Tier 1	PA; QL (2 EA per 1 day)
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*ANTIPARKINSON ANTICHOLINERGICS***		
<i>benztropine mesylate oral tablet 0.5 mg</i>	Tier 1	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 1 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 2 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Tier 1	PA
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Max 64 Years); 90DS; 90 DS

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
trihexyphenidyl hcl oral tablet 5 mg	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years); 90DS; 90 DS
*ANTIPARKINSON DOPAMINERGICS***		
amantadine hcl oral capsule 100 mg	Tier 1	QL (4 EA per 1 day)
amantadine hcl oral solution 50 mg/5ml	Tier 1	QL (40 ML per 1 day)
amantadine hcl solution 50 mg/5ml oral	Tier 1	
amantadine hcl solution 50 mg/5ml oral	Tier 1	QL (40 ML per 1 day)
bromocriptine mesylate oral capsule 5 mg	Tier 1	QL (6 EA per 1 day)
bromocriptine mesylate oral tablet 2.5 mg	Tier 1	QL (6 EA per 1 day)
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***		
selegiline hcl oral capsule 5 mg	Tier 1	QL (2 EA per 1 day)
selegiline hcl oral tablet 5 mg	Tier 1	QL (2 EA per 1 day)
*LEVODOPA COMBINATIONS***		
carbidopa-levodopa er oral tablet extended release 25-100 mg	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
carbidopa-levodopa er oral tablet extended release 50-200 mg	Tier 1	QL (8 EA per 1 day)
carbidopa-levodopa er tablet extended release 25-100 mg oral	Tier 1	90DS
carbidopa-levodopa er tablet extended release 50-200 mg oral	Tier 1	
carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg	Tier 1	QL (8 EA per 1 day); 90DS; 90 DS
carbidopa-levodopa oral tablet 25-100 mg	Tier 1	QL (12 EA per 1 day); 90DS; 90 DS
carbidopa-levodopa tablet 10-100 mg oral	Tier 1	QL (8 EA per 1 day); 90DS; 90DS
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	Tier 1	ST; QL (8 EA per 1 day); Requires prior use of carbidopa/levodopa
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	Tier 1	ST; QL (6 EA per 1 day); Requires prior use of carbidopa/levodopa
STALEVO 100 ORAL TABLET 25-100-200 MG (carbidopa-levodopa-entacapone)	Tier 2	ST; PA; Requires prior use of carbidopa/levodopa
STALEVO 125 ORAL TABLET 31.25-125-200 MG (carbidopa-levodopa-entacapone)	Tier 2	ST; PA; Requires prior use of carbidopa/levodopa
STALEVO 150 ORAL TABLET 37.5-150-200 MG (carbidopa-levodopa-entacapone)	Tier 2	ST; PA; Requires prior use of carbidopa/levodopa
STALEVO 200 ORAL TABLET 50-200-200 MG (carbidopa-levodopa-entacapone)	Tier 2	ST; PA; Requires prior use of carbidopa/levodopa
STALEVO 50 ORAL TABLET 12.5-50-200 MG (carbidopa-levodopa-entacapone)	Tier 2	ST; PA; Requires prior use of carbidopa/levodopa
STALEVO 75 ORAL TABLET 18.75-75-200 MG (carbidopa-levodopa-entacapone)	Tier 2	ST; PA; Requires prior use of carbidopa/levodopa

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	Tier 1	QL (6 EA per 1 day); 90DS; 90 DS
<i>ropinirole hcl oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	QL (12 EA per 1 day); 90DS; 90 DS
<i>ropinirole hcl oral tablet 0.5 mg</i>	Tier 1	QL (6 EA per 1 day); 90DS; 90 DS
*PERIPHERAL COMT INHIBITORS***		
<i>entacapone oral tablet 200 mg</i>	Tier 1	ST; QL (8 EA per 1 day); Requires prior use of carbidopa/levodopa
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*BENZISOXAZOLES***		
<i>INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (paliperidone palmitate)</i>	Tier 1	QL (1 Syringe per 168 days); AGE (Min 18 Years)
<i>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (paliperidone palmitate)</i>	Tier 1	QL (1 Syringe per 25 days); AGE (Min 18 Years)
<i>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (paliperidone palmitate)</i>	Tier 1	QL (1 Syringe per 71 days); AGE (Min 18 Years)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 1	PA; AGE (Min 6 Years)
*PHENOTHIAZINES***		
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	Tier 2	QL (12 EA per 1 day)
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	Tier 1	
*QUINOLINONE DERIVATIVES***		
<i>ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (aripiprazole)</i>	Tier 1	QL (1 Syringe per 50 days); AGE (Min 18 Years)
<i>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (aripiprazole)</i>	Tier 1	QL (1 Syringe per 25 days); AGE (Min 18 Years)
<i>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (aripiprazole)</i>	Tier 1	QL (1 EA per 25 days); AGE (Min 18 Years)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	PA; AGE (Min 6 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 1	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
<i>ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (aripiprazole lauroxil)</i>	Tier 1	QL (1 Syringe per 28 days); AGE (Min 18 Years)
<i>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML (aripiprazole lauroxil)</i>	Tier 1	QL (3.9 ML per 50 days); AGE (Min 18 Years)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML (<i>aripiprazole lauroxil</i>)	Tier 1	QL (1.6 ML per 25 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML (<i>aripiprazole lauroxil</i>)	Tier 1	QL (2.4 ML per 25 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	Tier 1	QL (3.2 ML per 25 days); AGE (Min 18 Years)
ANTISEPTICS & DISINFECTANTS		
*CHLORINE ANTISEPTICS***		
HIBICLENS EXTERNAL LIQUID 4 % (<i>chlorhexidine gluconate</i>)	Tier 2	
ANTIVIRALS		
*ANTIRETROVIRAL COMBINATIONS***		
abacavir sulfate-lamivudine oral tablet 600-300 mg	Tier 1	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG (<i>bictegravir-emtricitab-tenofovir</i>)	Tier 2	QL (1 EA per 1 day); AGE (Min 12 Years and Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	Tier 2	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	Tier 2	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	Tier 2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofovir af</i>)	Tier 2	ST; PA; QL (1 EA per 1 day); Requires prior use of TRUVADA
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	Tier 2	QL (1 EA per 1 day)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Tier 1	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg	Tier 1	PA; QL (1 EA per 1 day)
emtricitabine-tenofovir df tablet 200-300 mg oral	Tier 1	PA; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	Tier 2	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	Tier 2	QL (1 EA per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	Tier 2	QL (16 ML per 1 day)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	Tier 2	QL (8 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	Tier 2	QL (4 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	QL (2 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofov af</i>)	Tier 2	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	Tier 2	QL (1 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	Tier 2	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	Tier 2	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	Tier 2	QL (1 EA per 1 day)
<i>triumeq pd oral tablet soluble 60-5-30 mg</i>	Tier 2	QL (6 EA per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (<i>abacavir-lamivudine-zidovudine</i>)	Tier 2	QL (2 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	Tier 2	PA; QL (1 EA per 1 day)
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 1	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	Tier 2	QL (30 ML per 1 day)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	Tier 2	QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG (<i>maraviroc</i>)	Tier 2	QL (2 EA per 1 day)
*ANTIRETROVIRALS - FUSION INHIBITORS***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	Tier 2	PA
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR***		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	Tier 2	QL (2 EA per 1 day)
*ANTIRETROVIRALS - INTEGRASE INHIBITORS***		
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	Tier 2	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (<i>raltegravir potassium</i>)	Tier 2	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (6 EA per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS***		
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	Tier 2	QL (4 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>darunavir tablet 600 mg oral</i>	Tier 1	QL (2 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 1	QL (4 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	Tier 2	QL (15 ML per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	Tier 2	QL (8 ML per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	Tier 2	QL (16 EA per 1 day)
REYATAZ ORAL CAPSULE 150 MG, 200 MG (<i>atazanavir sulfate</i>)	Tier 2	QL (2 EA per 1 day)
REYATAZ ORAL CAPSULE 300 MG (<i>atazanavir sulfate</i>)	Tier 2	QL (1 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (4 EA per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***		
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	Tier 2	QL (1 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	Tier 2	QL (4 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	Tier 2	QL (1 EA per 1 day)
SUSTIVA ORAL CAPSULE 200 MG (<i>efavirenz</i>)	Tier 2	QL (3 EA per 1 day)
SUSTIVA ORAL CAPSULE 50 MG (<i>efavirenz</i>)	Tier 2	QL (12 EA per 1 day)
SUSTIVA ORAL TABLET 600 MG (<i>efavirenz</i>)	Tier 2	QL (1 EA per 1 day)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML (<i>nevirapine</i>)	Tier 2	QL (40 ML per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- PURINES***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1	QL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- PYRIMIDINES***		
<i>emtricitabine capsule 200 mg oral</i>	Tier 1	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	Tier 2	QL (20 ML per 1 day)
EPIVIR ORAL TABLET 150 MG, 300 MG (<i>lamivudine</i>)	Tier 2	
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	QL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- THYMIDINES***		
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1	QL (60 ML per 1 day); 90DS; 90 DS

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>VIREAD ORAL POWDER 40 MG/GM (tenofovir disoproxil fumarate)</i>	Tier 2	QL (7.5 GM per 1 day)
<i>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (tenofovir disoproxil fumarate)</i>	Tier 2	QL (1 EA per 1 day)
*ANTIRETROVIRALS ADJUVANTS***		
<i>TYBOST ORAL TABLET 150 MG (cobicistat)</i>	Tier 2	QL (1 EA per 1 day)
*CMV AGENTS***		
<i>foscarnet sodium solution 6000 mg/250ml intravenous</i>	Tier 1	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1	PA
*HEPATITIS B AGENTS***		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>entecavir tablet 0.5 mg oral</i>	Tier 1	
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>VEMLIDY ORAL TABLET 25 MG (tenofovir alafenamide fumarate)</i>	Tier 2	PA
*HEPATITIS C AGENT - COMBINATIONS***		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>VOSEVI ORAL TABLET 400-100-100 MG (sofosbuv-velpatasv-voxilaprev)</i>	Tier 2	PA; QL (1 EA per 1 day)
<i>ZEPATIER ORAL TABLET 50-100 MG (elbasvir-grazoprevir)</i>	Tier 2	PA; QL (1 EA per 1 day)
*HEPATITIS C AGENTS***		
<i>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)</i>	Tier 2	PA
<i>ribavirin oral capsule 200 mg</i>	Tier 1	PA
<i>ribavirin oral tablet 200 mg</i>	Tier 1	PA
<i>SOVALDI ORAL TABLET 400 MG (sofosbuvir)</i>	Tier 2	PA; QL (1 EA per 1 day)
*HERPES AGENTS - PURINE ANALOGUES***		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 1	QL (25 ML per 1 day)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>valacyclovir hcl tablet 500 mg oral</i>	Tier 1	
*HERPES AGENTS - THYMIDINE ANALOGUES***		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	QL (3 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*INFLUENZA AGENTS***		
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
*NEURAMINIDASE INHIBITORS***		
<i>oseltamivir phosphate capsule 75 mg oral</i>	Tier 1	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1	MAX 10
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1	AGE (Max 12 Years); MAX 180
<i>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (zanamivir)</i>	Tier 2	MAX 20
BETA BLOCKERS		
*ALPHA-BETA BLOCKERS***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
<i>labetalol hcl oral tablet 300 mg</i>	Tier 1	QL (8 EA per 1 day); 90DS; 90 DS
*BETA BLOCKERS CARDIO-SELECTIVE***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
<i>metoprolol succinate er oral tablet extended release 24 hour 50 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
*BETA BLOCKERS NON-SELECTIVE***		
<i>nadolol oral tablet 20 mg, 40 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nadolol oral tablet 80 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
<i>propranolol hcl oral solution 20 mg/5ml</i>	Tier 1	QL (20 ML per 1 day); 90DS; 90 DS
<i>propranolol hcl oral solution 40 mg/5ml</i>	Tier 1	90DS; 90 DS
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (6 EA per 1 day); 90DS; 90 DS

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
propranolol hcl oral tablet 60 mg	Tier 1	QL (6 EA per 1 day)
sotalol hcl (af) oral tablet 120 mg, 80 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
sotalol hcl (af) oral tablet 160 mg	Tier 1	QL (2 EA per 1 day)
sotalol hcl oral tablet 120 mg, 80 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
sotalol hcl oral tablet 160 mg, 240 mg	Tier 1	QL (2 EA per 1 day)
CALCIUM CHANNEL BLOCKERS		
*CALCIUM CHANNEL BLOCKERS***		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
amlodipine besylate tablet 2.5 mg oral	Tier 1	QL (1 EA per 1 day); 90DS; 90DS
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	QL (2 EA per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	Tier 1	QL (1 EA per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg	Tier 1	QL (1 EA per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg	Tier 1	QL (2 EA per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	QL (2 EA per 1 day)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
felodipine er oral tablet extended release 24 hour 10 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	Tier 2	AGE (Min 6 Years and Max 12 Years)
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
nifedipine er oral tablet extended release 24 hour 90 mg	Tier 1	QL (2 EA per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	Tier 1	QL (1 EA per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	Tier 1	QL (2 EA per 1 day)
nifedipine oral capsule 10 mg, 20 mg	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	Tier 2	AGE (Min 12 Years and Max 1 Years)
verapamil hcl er oral tablet extended release 120 mg, 240 mg	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl er oral tablet extended release 180 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
verapamil hcl oral tablet 120 mg	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
verapamil hcl oral tablet 40 mg	Tier 1	QL (4 EA per 1 day)
verapamil hcl oral tablet 80 mg	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
CARDIOTONICS		
*CARDIAC GLYCOSIDES***		
digoxin oral solution 0.05 mg/ml	Tier 1	AGE (Max 12 Years)
digoxin oral tablet 125 mcg, 250 mcg	Tier 1	QL (1 EA per 1 day)
CARDIOVASCULAR AGENTS - MISC.		
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPTANT TAG COMB***		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (<i>sacubitril-valsartan</i>)	Tier 2	PA; QL (8 EA per 1 day)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	Tier 2	PA
*PROSTAGLANDIN VASODILATORS***		
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	Tier 1	PA
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***		
ambrisentan oral tablet 10 mg, 5 mg	Tier 1	PA; QL (1 EA per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	Tier 1	PA; QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	Tier 2	PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	Tier 2	PA
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***		
sildenafil citrate oral tablet 20 mg	Tier 1	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 (<i>selexipag</i>)	Tier 2	PA; QL (2 EA per 1 day)
*SINUS NODE INHIBITORS**		
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	Tier 2	PA
CEPHALOSPORINS		
*CEPHALOSPORINS - 1ST GENERATION***		
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Tier 1	AGE (Max 12 Years)
cephalexin oral capsule 250 mg, 500 mg	Tier 1	QL (6 EA per 1 day)
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	AGE (Max 12 Years)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*CEPHALOSPORINS - 2ND GENERATION***		
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	AGE (Max 12 Years)
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	QL (2 EA per 1 day); MAX 10 DAYS
*CEPHALOSPORINS - 3RD GENERATION***		
cefdinir oral capsule 300 mg	Tier 1	QL (2 EA per 1 day)
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	AGE (Max 12 Years)
CHEMICALS		
*BULK CHEMICALS - BU'S***		
budesonide powder	Tier 1	
*BULK CHEMICALS - ET'S***		
ethyl oleate liquid	Tier 1	
*BULK CHEMICALS - PR'S***		
progesterone micronized powder	Tier 1	
*FIXED OILS***		
sesame oil oil	Tier 1	
*LIQUIDS***		
benzyl benzoate liquid	Tier 1	AGE (Min 16 Years and Max 60 Years)
CONTRACEPTIVES		
*BIPHASIC CONTRACEPTIVES - ORAL***		
desogestrel-ethynodiol oral tablet 0.15-0.02/0.01 mg (21/5)	Tier 1	QL (1.34 EA per 1 day)
*COMBINATION CONTRACEPTIVES - ORAL***		
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	Tier 2	QL (1.34 EA per 1 day)
norgestrel-ethynodiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	Tier 2	QL (1.34 EA per 1 day)
drospirenone-ethynodiol oral tablet 3-0.03 mg	Tier 1	QL (1.34 EA per 1 day)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	Tier 1	QL (1.34 EA per 1 day)
ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	Tier 2	QL (1.34 EA per 1 day)
levonorgestrel-ethynodiol oral tablet 0.15-30 mg-mcg	Tier 1	QL (1.34 EA per 1 day)
norethindrone acet-eth estrad-fe (Microgestin Fe 1/20 Tablet 1-20 Mg-Mcg Oral)	Tier 1	QL (1.34 EA per 1 day); 91DS
norethindrone acet-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 1	QL (1.34 EA per 1 day)
norethindrone acet-ethynodiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 1	QL (1.34 EA per 1 day)
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Tier 2	QL (1.34 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	Tier 2	QL (1.34 EA per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	Tier 2	QL (1.34 EA per 1 day)
<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet 0.25-35 Mg-Mcg)	Tier 2	QL (1.34 EA per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	Tier 2	QL (1.34 EA per 1 day)
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	Tier 2	QL (1.34 EA per 1 day)
*COMBINATION CONTRACEPTIVES - TRANSDERMAL***		
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	Tier 2	QL (0.143 EA per 1 day)
*COMBINATION CONTRACEPTIVES - VAGINAL***		
<i>etonogestrel-ethinyl estradiol</i> (Haloette Ring 0.12-0.015 Mg/24Hr Vaginal)	Tier 1	QL (0.05 EA per 1 day); 90DS
<i>NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)</i>	Tier 2	QL (0.05 EA per 1 day)
*EMERGENCY CONTRACEPTIVES***		
<i>ELLA ORAL TABLET 30 MG (ulipristal acetate)</i>	Tier 2	QL (1 EA per 1 day); MAX 4 FILLS PER YEAR
<i>OPTION 2 ORAL TABLET 1.5 MG (levonorgestrel)</i>	Tier 2	QL (1 EA per 1 day); MAX 4 FILLS PER YEAR
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***		
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	Tier 2	QL (1.08 EA per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	Tier 2	QL (1.08 EA per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Tier 1	QL (1.08 EA per 1 day)
*PROGESTIN CONTRACEPTIVES - INJECTABLE***		
<i>DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (medroxyprogesterone acetate)</i>	Tier 2	QL (1 ML per 71 days)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Tier 1	QL (1 ML per 84 days)
*PROGESTIN CONTRACEPTIVES - ORAL***		
<i>norethindrone</i> (Camila Tablet 0.35 Mg Oral)	Tier 1	
<i>norethindrone oral tablet 0.35 mg</i>	Tier 1	QL (1.34 EA per 1 day)
*TRIPHASIC CONTRACEPTIVES - ORAL***		
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	Tier 2	QL (1.34 EA per 1 day)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	Tier 2	QL (1.34 EA per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 2	QL (1.34 EA per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	Tier 2	QL (1.34 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (desogestrel-ethinyl estradiol)	Tier 2	QL (1.34 EA per 1 day)
CORTICOSTEROIDS		
*GLUCOCORTICOSTEROIDS***		
methylprednisolone sodium succ (A-Methapred Injection Solution Reconstituted 125 Mg, 40 Mg)	Tier 1	
budesonide oral capsule delayed release particles 3 mg	Tier 1	
DEPO-MEDROL INJECTION SUSPENSION 40 MG/ML, 80 MG/ML (methylprednisolone acetate)	Tier 1	
dexamethasone oral elixir 0.5 mg/5ml	Tier 1	QL (60 ML per 1 day)
dexamethasone oral solution 0.5 mg/5ml	Tier 1	
dexamethasone oral tablet 0.5 mg	Tier 1	QL (12 EA per 1 day)
dexamethasone oral tablet 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 1	QL (10 EA per 1 day)
dexamethasone sod phos +rfid injection solution prefilled syringe 4 mg/ml	Tier 1	
dexamethasone sodium phosphate injection solution 4 mg/ml	Tier 1	
dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml	Tier 1	
hydrocortisone oral tablet 10 mg	Tier 1	QL (12 EA per 1 day)
hydrocortisone oral tablet 20 mg	Tier 1	QL (6 EA per 1 day)
hydrocortisone oral tablet 5 mg	Tier 1	QL (24 EA per 1 day)
hydrocortisone sod suc (pf) injection solution reconstituted 100 mg	Tier 1	
hydrocortisone tablet 5 mg oral	Tier 1	QL (24 EA per 1 day)
methylprednisolone acetate injection suspension 40 mg/ml, 50 mg/ml, 80 mg/ml	Tier 1	
methylprednisolone acetate powder	Tier 1	
methylprednisolone oral tablet 16 mg	Tier 1	QL (4 EA per 1 day)
methylprednisolone oral tablet 32 mg	Tier 1	QL (2 EA per 1 day)
methylprednisolone oral tablet 4 mg	Tier 1	QL (12 EA per 1 day)
methylprednisolone oral tablet 8 mg	Tier 1	QL (6 EA per 1 day)
methylprednisolone oral tablet therapy pack 4 mg	Tier 1	QL (12 EA per 1 day)
methylprednisolone powder	Tier 1	
methylprednisolone sodium succ injection solution reconstituted 1 gm, 1000 mg, 125 mg, 40 mg, 500 mg	Tier 1	
prednisolone oral solution 15 mg/5ml	Tier 1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml	Tier 1	
prednisone oral solution 5 mg/5ml	Tier 1	QL (60 ML per 1 day)
prednisone oral tablet 1 mg	Tier 1	QL (10 EA per 1 day)
prednisone oral tablet 10 mg	Tier 1	QL (9 EA per 1 day)
prednisone oral tablet 2.5 mg	Tier 1	QL (8 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablet 20 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>prednisone oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>prednisone oral tablet 50 mg</i>	Tier 1	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>	Tier 1	
<i>prednisone tablet 10 mg oral</i>	Tier 1	
<i>prednisone tablet 20 mg oral</i>	Tier 1	QL (6 EA per 1 day)
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG (<i>hydrocortisone sod succinate</i>)	Tier 1	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG (<i>methylprednisolone sodium succ</i>)	Tier 1	
*MINERALOCORTICOIDS***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	QL (5 EA per 1 day)
COUGH/COLD/ALLERGY		
*ANTITUSSIVE - NONNARCOTIC***		
<i>benzonatate oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>benzonatate oral capsule 200 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>cough relief oral liquid 15 mg/5ml</i>	Tier 1	
*ANTITUSSIVE - OPIOID***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Tier 1	QL (1 ML per 1 day)
*ANTITUSSIVE-DECONGESTANT-ANALGESIC***		
<i>cold & flu relief daytime oral capsule 10-5-325 mg</i>	Tier 1	
<i>cold/flu daytime relief oral capsule 10-5-325 mg</i>	Tier 1	
<i>daytime cold & flu relief oral liquid 10-5-325 mg/15ml</i>	Tier 1	
<i>flu/severe cold & cough day oral packet 20-10-650 mg</i>	Tier 2	
<i>gnp cold max daytime oral tablet 10-5-325 mg</i>	Tier 1	
<i>gnp day time cold/flu oral capsule 10-5-325 mg</i>	Tier 1	
<i>goodsense cold & flu oral liquid 10-5-325 mg/15ml</i>	Tier 1	
<i>goodsense day time cold & flu oral capsule 10-5-325 mg</i>	Tier 1	
<i>hm daytime cold & flu oral liquid 10-5-325 mg/15ml</i>	Tier 1	
<i>qc daytime cold/flu oral capsule 10-5-325 mg</i>	Tier 1	
<i>qc daytime cold/flu oral liquid 10-5-325 mg/15ml</i>	Tier 1	
<i>sm day time cold & flu relief oral liquid 10-5-325 mg/15ml</i>	Tier 1	
*ANTITUSSIVE-EXPECTORANT***		
<i>chest congestion relief dm oral tablet 20-400 mg</i>	Tier 2	AGE (Min 2 Years)
DELSYM COUGH/CHEST CONGEST DM ORAL LIQUID 5-100 MG/5ML (<i>dextromethorphan-guaifenesin</i>)	Tier 2	QL (180 ML per 25 days)
<i>dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg</i>	Tier 1	QL (180 EA per 25 days); AGE (Min 2 Years)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	Tier 1	QL (60 ML per 1 day); AGE (Min 2 Years)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

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

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*OPIOID ANTITUSSIVE-ANTIHISTAMINE***		
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days); AGE (Min 2 Years and Max 64 Years)
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***		
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	Tier 1	QL (60 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
Dermatologicals		
*ACNE ANTIBIOTICS***		
CLEOCIN-T EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	Tier 2	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 % (<i>clindamycin phosphate</i>)	Tier 2	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 % (<i>clindamycin phosphate</i>)	Tier 2	PA
<i>clindamycin phos (once-daily) external gel 1 %</i>	Tier 1	ST; QL (60 ML per 2 days); PRIOR USE DIFFERIN AND CLINDA SOLN OR ERYTHRO SOLN
<i>clindamycin phos (twice-daily) external gel 1 %</i>	Tier 1	ST; QL (60 GM per 25 days); PRIOR USE DIFFERIN AND CLINDA SOLN OR ERYTHRO SOLN
<i>clindamycin phosphate external solution 1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>erythromycin external solution 2 %</i>	Tier 1	QL (15 ML per 1 day)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1	PA; QL (118 ML per 25 days)
*ACNE PRODUCTS***		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>)	Tier 2	PA
<i>acne medication 10 external lotion 10 %</i>	Tier 1	
<i>acne medication 2.5 external gel 2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>acne medication 5 external lotion 5 %</i>	Tier 1	
<i>adapalene external gel 0.1 %</i>	Tier 1	QL (45 GM per 25 days)
<i>benzoyl peroxide external gel 10 %, 5 %</i>	Tier 1	
<i>benzoyl peroxide wash external liquid 10 %, 5 %</i>	Tier 1	QL (240 GM per 25 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	PA

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin external cream 0.025 %</i>	Tier 1	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>tretinoin external cream 0.05 %, 0.1 %</i>	Tier 1	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>tretinoin external gel 0.01 %, 0.025 %</i>	Tier 1	ST; AGE (Max 35 Years); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
*ANTIBIOTIC MIXTURES TOPICAL***		
<i>ft triple antibiotic ointment 3.5-400-5000 external</i>	Tier 1	
<i>POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM (bacitracin-polymyxin b)</i>	Tier 2	
<i>triple antibiotic external ointment</i>	Tier 1	
<i>triple antibiotic pain relief external ointment 1 %</i>	Tier 1	
*ANTIBIOTICS - TOPICAL***		
<i>bacitracin external ointment 500 unit/gm</i>	Tier 1	
<i>bacitracin zinc external ointment 500 unit/gm</i>	Tier 1	
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1	QL (30 GM per 25 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1	QL (30 GM per 25 days)
<i>mupirocin external ointment 2 %</i>	Tier 1	QL (44 GM per 25 days)
*ANTIFUNGALS - TOPICAL***		
<i>antifungal (tolnaftate) external cream 1 %</i>	Tier 1	QL (60 GM per 30 days)
<i>ciclopirox external solution 8 %</i>	Tier 1	QL (6.6 ML per 25 days)
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 1	QL (20 GM per 1 day); MAX 180 IN 30 DAYS
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 1	QL (60 ML per 25 days)
<i>ciclopirox solution 8 % external</i>	Tier 1	
<i>cvs athletes foot (tolnaftate) external aerosol powder 1 %</i>	Tier 1	QL (133 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	Tier 1	QL (90 GM per 25 days)
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1	QL (90 GM per 25 days)
<i>nystatin external powder 100000 unit/gm</i>	Tier 1	QL (30 GM per 25 days)
<i>terbinafine hcl external cream 1 %</i>	Tier 1	QL (30 GM per 25 days); OTC Preferred
<i>tolnaftate external powder 1 %</i>	Tier 1	QL (67.5 GM per 30 days)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*ANTI-INFLAMMATORY AGENTS - TOPICAL***		
<i>diclofenac sodium external gel 1 %</i>	Tier 1	QL (200 GM per 25 days); OTC Preferred
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***		
<i>fluorouracil external cream 5 %</i>	Tier 1	
*ANTIPSORIATICS - SYSTEMIC***		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 2	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-Injector 150 MG/ML (<i>secukinumab</i>)	Tier 2	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-Injector 150 MG/ML (<i>secukinumab</i>)	Tier 2	PA; QL (1 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 2	PA; QL (0.5 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	Tier 2	PA; QL (1 ML per 24 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-Injector 300 MG/2ML (<i>secukinumab</i>)	Tier 2	PA; QL (2 ML per 23 days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-ttwe</i>)	Tier 1	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-kfce</i>)	Tier 1	PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-kfce</i>)	Tier 1	PA
*ANTIPSORIATICS***		
<i>calcipotriene external cream 0.005 %</i>	Tier 1	PA
<i>calcipotriene external ointment 0.005 %</i>	Tier 1	PA
<i>calcipotriene external solution 0.005 %</i>	Tier 1	PA
<i>tazarotene cream 0.05 % external</i>	Tier 1	PA
*ANTISEBORRHEIC PRODUCTS***		
<i>anti-dandruff external shampoo 1 %</i>	Tier 1	
<i>selenium sulfide external lotion 2.5 %</i>	Tier 1	
*ANTIVIRALS - TOPICAL***		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	Tier 2	QL (15 GM per 2 days)
<i>acyclovir external ointment 5 %</i>	Tier 1	PA
*BURN PRODUCTS***		
<i>silver sulfadiazine external cream 1 %</i>	Tier 1	
*CORTICOSTEROIDS - TOPICAL***		
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>anti-itch maximum strength external cream 1 %</i>	Tier 1	QL (60 GM per 25 days)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Tier 1	QL (50 GM per 25 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide ointment 0.1 % external</i>	Tier 1	
<i>triamcinolone acetonide powder</i>	Tier 1	
*EMOLLIENTS***		
<i>ammonium lactate external cream 12 %</i>	Tier 1	QL (280 GM per 25 days)
<i>ammonium lactate external lotion 12 %</i>	Tier 1	QL (225 GM per 25 days)
*ENZYMES - TOPICAL***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	Tier 2	PA; QL (2 GM per 1 day)
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***		
<i>antifungal (clotrimazole) external cream 1 %</i>	Tier 1	QL (60 GM per 30 days)
<i>antifungal external powder 2 %</i>	Tier 1	QL (90 GM per 30 days)
<i>athletes foot powder spray external aerosol powder 2 %</i>	Tier 1	QL (133 GM per 30 days)
<i>clotrimazole anti-fungal cream 1 % external (otc)</i>	Tier 1	QL (60 GM per 30 days)
<i>clotrimazole external solution 1 %</i>	Tier 1	QL (60 ML per 30 days)
<i>clotrimazole solution 1 % external (otc)</i>	Tier 1	
<i>ketoconazole external cream 2 %</i>	Tier 1	QL (60 GM per 25 days)
<i>ketoconazole external shampoo 2 %</i>	Tier 1	QL (120 ML per 25 days)
<i>miconazole antifungal external cream 2 %</i>	Tier 1	QL (150 GM per 25 days)
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL***		
<i>imiquimod external cream 5 %</i>	Tier 1	PA; QL (24 EA per 26 days)
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS***		
<i>podofilox external solution 0.5 %</i>	Tier 1	QL (7 ML per 180 days)
*LOCAL ANESTHETICS - TOPICAL***		
<i>capsaicin external cream 0.025 %, 0.1 %</i>	Tier 1	
<i>dibucaine external ointment 1 %</i>	Tier 1	
<i>lidocaine hcl (Glydo External Prefilled Syringe 2 %)</i>	Tier 2	
<i>lidocaine external cream 4 %</i>	Tier 1	
<i>lidocaine external patch 5 %</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>lidocaine hcl external solution 4 %</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	Tier 1	
<i>lidocaine pain relief max st external patch 4 %</i>	Tier 1	QL (1 EA per 1 day)
<i>lidocaine (Lidocan Patch 5 % External)</i>	Tier 1	PA; QL (3 EA per 1 day)
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL***		
<i>pimecrolimus external cream 1 %</i>	Tier 1	QL (100 GM per 25 days)
<i>tacrolimus external ointment 0.03 %</i>	Tier 1	QL (100 GM per 25 days)
<i>tacrolimus external ointment 0.1 %</i>	Tier 1	QL (100 GM per 25 days); AGE (Min 16 Years)

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Drug Name	Drug Tier	Requirements/Limits
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	Tier 1	PA; QL (100 GM per 25 days)
*ROSACEA AGENTS***		
<i>metronidazole external cream 0.75 %</i>	Tier 1	
<i>metronidazole external gel 0.75 %</i>	Tier 1	
<i>metronidazole external lotion 0.75 %</i>	Tier 1	
*SCABICIDE COMBINATIONS***		
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Tier 1	
<i>stop lice maximum strength external liquid 0.33-4 %</i>	Tier 1	
*SCABICIDES & PEDICULICIDES***		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	Tier 2	
<i>lice treatment creme rinse external liquid 1 %</i>	Tier 1	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	Tier 2	QL (59 ML per 25 days)
<i>permethrin external cream 5 %</i>	Tier 1	
<i>ra lice treatment external lotion 1 %</i>	Tier 1	
<i>spinosad external suspension 0.9 %</i>	Tier 1	
<i>stop lice aerosol 0.5 %</i>	Tier 1	
*SKIN PROTECTANTS***		
MINERIN CREME EXTERNAL CREAM (<i>skin protectants, misc.</i>)	Tier 2	
*TOPICAL ANESTHETIC COMBINATIONS***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	QL (60 GM per 25 days)
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC DRUGS***		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG (<i>thyrotropin alfa</i>)	Tier 2	PA; QL (2 EA per 181 days)
*DIAGNOSTIC TESTS***		
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 2	
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO (<i>glucose blood</i>)	Tier 2	QL 100/MONTH FOR NON-INSULIN USERS AND 200/MONTH FOR INSULIN USERS
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (<i>glucose blood</i>)	Tier 2	QL 100/MONTH FOR NON-INSULIN USERS AND 200/MONTH FOR INSULIN USERS
*INFECTION TESTS***		
ACCUA SARS-COV-2 KIT IN VITRO (<i>covid-19 test</i>)	Tier 2	QL (2 EA per 28 days)
BD VERITOR SYSTEM SARS-COV-2 IN VITRO KIT (<i>covid-19 antigen test</i>)	Tier 2	QL (2 EA per 28 days)
BINAXNOW COVID-19 AG CARD KIT IN VITRO (<i>covid-19 antigen test</i>)	Tier 2	QL (2 EA per 28 days)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
covid-19 at-home test kit in vitro	Tier 1	QL (2 EA per 28 days)
covid-19 testing by pharmacist kit	Tier 1	QL (2 EA per 28 days)
CUE COVID-19 TEST IN VITRO CARTRIDGE (<i>covid-19 at home test</i>)	Tier 2	QL (2 EA per 24 days)
CUE HEALTH MONITORING SYSTEM IN VITRO (<i>covid-19 at home test</i>)	Tier 2	QL (2 EA per 28 days)
ID NOW COVID-19 2.0 CONTROL KIT IN VITRO (<i>covid-19 control test</i>)	Tier 2	QL (2 EA per 24 days)
ID NOW COVID-19 2.0 TEST IN VITRO KIT (<i>covid-19 test</i>)	Tier 2	QL (2 EA per 28 days)
ID NOW COVID-19 IN VITRO KIT (<i>covid-19 test</i>)	Tier 2	QL (2 EA per 28 days)
LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT (<i>covid-19 at home test</i>)	Tier 2	QL (2 EA per 28 days)
PIXEL COVID-19 PCR HOME TEST IN VITRO KIT (<i>covid-19 home test</i>)	Tier 2	QL (2 EA per 28 days)
RAPID RESPONSE COVID-19 IN VITRO KIT (<i>covid-19 antibody test</i>)	Tier 1	QL (2 EA per 28 days)
DIGESTIVE AIDS		
*DIGESTIVE ENZYMES***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	QL (6 EA per 1 day)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	QL (6 EA per 1 day)
DIURETICS		
*CARBONIC ANHYDRASE INHIBITORS***		
acetazolamide er oral capsule extended release 12 hour 500 mg	Tier 1	QL (4 EA per 1 day)
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	QL (4 EA per 1 day)
*DIURETIC COMBINATIONS***		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
spironolactone-hctz oral tablet 25-25 mg	Tier 1	QL (4 EA per 1 day)
triamterene-hctz oral capsule 37.5-25 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
triamterene-hctz oral tablet 37.5-25 mg	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
triamterene-hctz oral tablet 75-50 mg	Tier 1	90DS; 90 DS
*LOOP DIURETICS***		
bumetanide oral tablet 0.5 mg, 1 mg	Tier 1	QL (2 EA per 1 day)
bumetanide oral tablet 2 mg	Tier 1	QL (5 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide tablet 2 mg oral</i>	Tier 1	QL (5 EA per 1 day)
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 1	AGE (Max 12 Years)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (6 EA per 1 day); 90DS; 90 DS
<i>torsemide oral tablet 10 mg, 20 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
<i>torsemide oral tablet 100 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
*POTASSIUM SPARING DIURETICS***		
<i>amiloride hcl oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>spironolactone oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
<i>spironolactone oral tablet 25 mg</i>	Tier 1	QL (8 EA per 1 day); 90DS; 90 DS
<i>spironolactone oral tablet 50 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
*THIAZIDES AND THIAZIDE-LIKE DIURETICS***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
<i>hydrochlorothiazide oral tablet 25 mg</i>	Tier 1	QL (8 EA per 1 day); 90DS; 90 DS
<i>hydrochlorothiazide oral tablet 50 mg</i>	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
<i>metolazone oral tablet 10 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>metolazone oral tablet 2.5 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>metolazone tablet 10 mg oral</i>	Tier 1	QL (2 EA per 1 day)
<i>metolazone tablet 2.5 mg oral</i>	Tier 1	QL (4 EA per 1 day)
<i>metolazone tablet 5 mg oral</i>	Tier 1	QL (4 EA per 1 day)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*BISPHOSPHONATES***		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
<i>alendronate sodium oral tablet 35 mg</i>	Tier 1	QL (0.1429 EA per 1 day); 90DS; 90 DS
<i>FOSAMAX ORAL TABLET 70 MG (alendronate sodium)</i>	Tier 2	QL (0.1429 EA per 1 day); 90DS; 90 DS
<i>ibandronate sodium tablet 150 mg oral</i>	Tier 1	PA
*CALCITONINS***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1	QL (1 ML per 1 day); AGE (Min 50 Years)

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Drug Name	Drug Tier	Requirements/Limits
*CARNITINE REPLENISHER - AGENTS***		
levocarnitine oral solution 1 gm/10ml	Tier 1	QL (60 ML per 1 day)
levocarnitine oral tablet 330 mg	Tier 1	QL (18 EA per 1 day)
*DOPAMINE RECEPTOR AGONISTS***		
cabergoline oral tablet 0.5 mg	Tier 1	
*GNRH/LHRH ANTAGONISTS***		
cetrorelix acetate subcutaneous kit 0.25 mg	Tier 2	PA; Covered for fertility preservation.
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (cetrorelix acetate)	Tier 2	PA; Covered for fertility preservation.
ganirelix acetate (Fyremadel Subcutaneous Solution Prefilled Syringe 250 Mcg/0.5ML)	Tier 2	PA; Covered for fertility preservation.
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	Tier 2	PA; Covered for fertility preservation.
*GROWTH HORMONES***		
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (somatropin)	Tier 2	PA
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***		
calcidiol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	QL (4 EA per 1 day)
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (mecasermin)	Tier 2	PA
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (leuprolide acetate)	Tier 2	PA; AGE (Min 18 Years)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (leuprolide acetate (3 month))	Tier 2	PA; AGE (Min 18 Years)
SYNAREL NASAL SOLUTION 2 MG/ML (nafarelin acetate)	Tier 2	PA
*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS***		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (idursulfase)	Tier 2	PA
*OVULATION STIMULANTS-GONADOTROPINS***		
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	Tier 1	PA; Covered for fertility preservation.
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (follitropin beta)	Tier 2	PA; Covered for fertility preservation.
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (follitropin alfa)	Tier 2	PA; Covered for fertility preservation.
GONAL-F RFF REDIRECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (follitropin alfa)	Tier 2	PA; Covered for fertility preservation.
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (follitropin alfa)	Tier 2	PA; Covered for fertility preservation.

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Drug Name	Drug Tier	Requirements/Limits
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	Tier 2	PA; Covered for fertility preservation.
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (<i>chorionic gonadotropin</i>)	Tier 2	PA; Covered for fertility preservation.
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	Tier 2	PA; Covered for fertility preservation.
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	Tier 2	PA; Covered for fertility preservation.
*PARATHYROID HORMONE AND DERIVATIVES***		
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	Tier 2	PA
*RANK LIGAND (RANKL) INHIBITORS***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	Tier 2	PA
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***		
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	Tier 2	QL (1 EA per 1 day); AGE (Min 50 Years)
*SOMATOSTATIC AGENTS***		
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml</i>	Tier 1	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML (<i>octreotide acetate</i>)	Tier 2	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	Tier 2	PA
*VASOPRESSIN***		
<i>desmopressin ace spray refrigerated nasal solution 0.01 %</i>	Tier 1	PA
<i>desmopressin acetate oral tablet 0.1 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 1	PA
ESTROGENS		
*ESTROGEN & PROGESTIN***		
<i>norethindrone-eth estradiol tablet 0.5-2.5 mg-mcg oral</i>	Tier 1	QL (1 EA per 1 day)
<i>norethindrone-eth estradiol tablet 1-5 mg-mcg oral</i>	Tier 1	QL (1 EA per 1 day)
*ESTROGENS***		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	AGE (Min 18 Years and Max 64 Years); 90DS; 90 DS
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr</i>	Tier 1	QL (8 Patches per 28 days); AGE (Min 18 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24hr</i>	Tier 1	QL (4 Patches per 28 days); AGE (Min 18 Years)
FLUOROQUINOLONES		
*FLUOROQUINOLONES***		
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hcl oral tablet 500 mg, 750 mg	Tier 1	QL (2 EA per 1 day)
ciprofloxacin hcl tablet 500 mg oral	Tier 1	
levofloxacin oral solution 25 mg/ml	Tier 1	PA
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	QL (1 EA per 1 day); MAX 10 DAYS
moxifloxacin hcl oral tablet 400 mg	Tier 1	
GASTROINTESTINAL AGENTS - MISC.		
*ANTIFLATULENTS***		
infants simethicone oral suspension 20 mg/0.3ml	Tier 1	
simethicone extra strength oral capsule 125 mg	Tier 1	
simethicone oral tablet chewable 125 mg, 80 mg	Tier 1	
simethicone ultra strength oral capsule 180 mg	Tier 1	
*GALLSTONE SOLUBILIZING AGENTS***		
ursodiol oral capsule 300 mg	Tier 1	QL (2 EA per 1 day)
ursodiol oral tablet 250 mg	Tier 1	QL (4 EA per 1 day)
ursodiol oral tablet 500 mg	Tier 1	QL (2 EA per 1 day)
*GASTROINTESTINAL STIMULANTS***		
metoclopramide hcl oral solution 10 mg/10ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	QL (6 EA per 1 day)
metoclopramide hcl solution 5 mg/5ml oral	Tier 1	
*INFLAMMATORY BOWEL AGENTS***		
balsalazide disodium oral capsule 750 mg	Tier 1	
mesalamine er capsule extended release 24 hour 0.375 gm oral	Tier 1	
mesalamine er oral capsule extended release 24 hour 0.375 gm	Tier 1	QL (4 EA per 1 day)
sulfasalazine oral tablet 500 mg	Tier 1	QL (10 EA per 1 day)
sulfasalazine oral tablet delayed release 500 mg	Tier 1	QL (8 EA per 1 day)
*INTERLEUKIN ANTAGONISTS***		
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML (ustekinumab-ttwe (iv))	Tier 1	PA
*INTESTINAL ACIDIFIERS***		
lactulose encephalopathy oral solution 10 gm/15ml	Tier 1	QL (180 ML per 1 day)
*PHOSPHATE BINDER AGENTS***		
calcium acetate (phos binder) oral capsule 667 mg	Tier 1	
sevelamer carbonate oral tablet 800 mg	Tier 1	PA
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-ALPHA REDUCTASE INHIBITORS***		
finasteride oral tablet 5 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS

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

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Drug Name	Drug Tier	Requirements/Limits
*THIENOPYRIDINE DERIVATIVES***		
clopidogrel bisulfate oral tablet 75 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
HEMATOPOIETIC AGENTS		
*COBALAMINS***		
vitamin b-12 oral tablet 100 mcg, 1000 mcg, 500 mcg	Tier 1	
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	Tier 2	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 (<i>darbepoetin alfa</i>)	Tier 2	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Tier 2	PA
*FOLIC ACID/FOLATES***		
folic acid oral tablet 1 mg	Tier 1	QL (5 EA per 1 day); 90DS; 90 DS
folic acid oral tablet 400 mcg, 800 mcg	Tier 1	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 (<i>filgrastim-sndz</i>)	Tier 2	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	Tier 2	PA; QL (0.6 ML per 11 days)
*IRON COMBINATIONS***		
foltrin oral capsule	Tier 1	QL (2 EA per 1 day)
HEMATOGEN ORAL CAPSULE (<i>iron combinations</i>)	Tier 2	QL (2 EA per 1 day)
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	Tier 1	QL (2 EA per 1 day)
*IRON***		
FERATE ORAL TABLET 240 (27 FE) MG (<i>ferrous gluconate</i>)	Tier 2	
FER-IN-SOL ORAL SOLUTION 75 (15 FE) MG/ML (<i>ferrous sulfate</i>)	Tier 2	
FEROSUL ORAL ELIXIR 220 (44 FE) MG/5ML (<i>ferrous sulfate</i>)	Tier 2	
FEROSUL TABLET 325 (65 FE) MG ORAL (<i>ferrous sulfate</i>)	Tier 2	PA; 90DS; 90 DS
FERROCITE ORAL TABLET 324 MG (<i>ferrous fumarate</i>)	Tier 2	
ferrous gluconate oral tablet 324 (38 fe) mg	Tier 1	
ferrous gluconate tablet 324 (38 fe) mg oral	Tier 1	
ferrous sulfate oral liquid 220 (44 fe) mg/5ml	Tier 1	
ferrous sulfate oral tablet delayed release 324 (65 fe) mg	Tier 1	
ferrous sulfate oral tablet delayed release 325 (65 fe) mg	Tier 1	90DS; 90 DS
ferrous sulfate tablet delayed release 324 (65 fe) mg oral	Tier 1	PA

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Drug Name	Drug Tier	Requirements/Limits
iron (ferrous sulfate) oral tablet 325 (65 fe) mg	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
NU-IRON ORAL CAPSULE 150 MG (polysaccharide iron complex)	Tier 2	QL (2 EA per 1 day)
px iron oral tablet 200 (65 fe) mg	Tier 1	
SLOW FE ORAL TABLET EXTENDED RELEASE 142 (45 FE) MG (ferrous sulfate)	Tier 2	
slow release iron oral tablet extended release 160 (50 fe) mg	Tier 1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*ANTIHISTAMINE HYPNOTIC COMBINATIONS***		
acetaminophen pm oral tablet 500-25 mg	Tier 2	
sm headache relief pm oral tablet 500-38 mg	Tier 2	
*ANTIHISTAMINE HYPNOTICS***		
diphenhydramine hcl (sleep) oral tablet 25 mg	Tier 1	QL (1 EA per 1 day)
sleep aid oral tablet 25 mg	Tier 1	QL (1 EA per 1 day)
*BENZODIAZEPINE HYPNOTICS***		
estazolam oral tablet 1 mg, 2 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
flurazepam hcl oral capsule 15 mg, 30 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 15 Years)
temazepam oral capsule 15 mg, 30 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
triazolam oral tablet 0.125 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
triazolam oral tablet 0.25 mg	Tier 1	QL (2 EA per 1 day); AGE (Min 18 Years)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***		
zolpidem tartrate oral tablet 10 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
zolpidem tartrate tablet 10 mg oral	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
zolpidem tartrate tablet 5 mg oral	Tier 1	QL (2 EA per 1 day); AGE (Min 18 Years)
LAXATIVES		
*BOWEL EVACUANT COMBINATIONS***		
GAVILYTE-C SOLUTION RECONSTITUTED 240 GM ORAL (peg 3350-kcl-nabcb-nacl-nasulf)	Tier 2	QL (4000 ML per 1 day)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Tier 1	QL (4000 ML per 1 day)
peg-3350/electrolytes oral solution reconstituted 236 gm	Tier 1	QL (4000 ML per 1 day)
*BULK LAXATIVES***		
CITRUCEL ORAL TABLET 500 MG (methylcellulose (laxative))	Tier 2	
HYDROCIL ORAL POWDER 95 % (psyllium)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
konsyl daily fiber oral packet 100 %	Tier 2	
*LAXATIVES - MISCELLANEOUS***		
glycerin (adult) rectal suppository 2 gm, 2.1 gm	Tier 1	
glycerin (pediatric) rectal suppository 1.2 gm	Tier 1	
lactulose oral solution 10 gm/15ml	Tier 1	QL (180 ML per 1 day)
lactulose solution 10 gm/15ml oral	Tier 1	
lactulose solution 20 gm/30ml oral	Tier 1	
peg 3350 oral powder 17 gm/scoop	Tier 1	QL (34 GM per 1 day)
ra glycerin adult rectal suppository 80.7 %	Tier 1	
*LAXATIVES & DSS***		
easy-lax plus oral tablet 8.6-50 mg	Tier 1	QL (6 EA per 1 day); 90DS; 90 DS
*LUBRICANT LAXATIVES***		
enema mineral oil rectal enema	Tier 1	
mineral oil oral oil	Tier 1	
*SALINE LAXATIVE MIXTURES***		
FLEET ENEMA RECTAL ENEMA 7-19 GM/118ML (sodium phosphates)	Tier 2	
*SALINE LAXATIVES***		
ft magnesium citrate solution 1.745 gm/30ml oral	Tier 2	PA
magnesium citrate oral solution 1.745 gm/30ml	Tier 1	
milk of magnesia concentrate oral suspension 2400 mg/10ml	Tier 1	
milk of magnesia oral suspension 1200 mg/15ml	Tier 1	
*STIMULANT LAXATIVES***		
bisacodyl ec tablet delayed release 5 mg oral (otc)	Tier 1	90DS
bisacodyl oral tablet delayed release 5 mg	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
cvs chocolate laxative pieces oral tablet chewable 15 mg	Tier 1	
gentle laxative rectal suppository 10 mg	Tier 1	QL (1 EA per 1 day)
senna lax oral tablet 8.6 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
senna maximum strength oral tablet 25 mg	Tier 1	
senna oral syrup 8.8 mg/5ml	Tier 1	
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG (sennosides)	Tier 2	
SENOKOT ORAL TABLET 8.6 MG (sennosides)	Tier 2	90DS; 90 DS
*SURFACTANT LAXATIVES***		
docusate calcium oral capsule 240 mg	Tier 1	QL (2 EA per 1 day)
docusate mini rectal enema 283 mg/5ml	Tier 2	
docusate sodium capsule 100 mg oral	Tier 1	QL (6 EA per 1 day); 90DS; 90 DS

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
<i>docusate sodium oral capsule 250 mg</i>	Tier 1	QL (6 EA per 1 day); 90DS; 90 DS
<i>docusate sodium oral liquid 50 mg/5ml</i>	Tier 1	QL (30 ML per 1 day)
<i>docusate sodium oral tablet 100 mg</i>	Tier 1	QL (6 EA per 1 day); 90DS; 90 DS
PEDIA-LAX ORAL LIQUID 50 MG/15ML (<i>docusate sodium</i>)	Tier 2	QL (30 ML per 1 day)
MACROLIDES		
*AZITHROMYCIN***		
<i>azithromycin oral packet 1 gm</i>	Tier 1	QL (1 EA per 1 day); MAX 1 DAY
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>	Tier 1	QL (20 ML per 1 day); AGE (Max 12 Years)
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Max 12 Years)
<i>azithromycin oral tablet 250 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>azithromycin oral tablet 500 mg</i>	Tier 1	QL (6 EA per 25 days)
<i>azithromycin oral tablet 600 mg</i>	Tier 1	QL (1 EA per 1 day)
*CLARITHROMYCIN***		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
*ERYTHROMYCINS***		
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
MEDICAL DEVICES AND SUPPLIES		
*APPLICATORS,COTTON BALLS,ETC***		
<i>alcohol pads pad 70 %</i>	Tier 1	QL (200 EA per 25 days)
<i>essentra wipes 9x9" sheet 70 %</i>	Tier 1	QL (200 EA per 25 days)
*CONDOMS - MALE***		
<i>condoms</i>	Tier 1	MAX 12
<i>TRUSTEX NATURAL CONDOMS + LUBE (<i>condoms latex lubricated</i>)</i>	Tier 2	QL (12 EA per 1 day)
<i>TRUSTEX RIA NON-LUBRICATED (<i>condoms latex non-lubricated</i>)</i>	Tier 2	MAX 12
*GLUCOSE MONITORING TEST SUPPLIES***		
<i>DEXCOM G5 MOB/G4 PLAT SENSOR (<i>continuous glucose sensor</i>)</i>	Tier 2	PA; QL (4 EA per 23 days)
<i>DEXCOM G5 MOBILE RECEIVER DEVICE (<i>continuous glucose receiver</i>)</i>	Tier 2	PA; QL (1 EA per 310 days)
<i>DEXCOM G5 MOBILE TRANSMITTER (<i>continuous glucose transmitter</i>)</i>	Tier 2	PA; QL (1 EA per 76 days); 90DS
<i>DEXCOM G5 RECEIVER KIT DEVICE (<i>continuous glucose receiver</i>)</i>	Tier 2	PA; QL (1 EA per 310 days)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	Tier 2	PA; QL (1 EA per 310 days)
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	Tier 2	PA; QL (3 EA per 23 days)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	Tier 2	PA; QL (1 EA per 76 days); 90DS
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	Tier 2	PA; QL (1 EA per 310 days)
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	Tier 2	PA; QL (3 EA per 23 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous glucose receiver</i>)	Tier 2	PA; QL (1 EA per 310 days)
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous glucose sensor</i>)	Tier 2	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 2 PLUS SENSOR (<i>continuous glucose sensor</i>)	Tier 2	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous glucose receiver</i>)	Tier 2	PA; QL (1 EA per 310 days)
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>)	Tier 2	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 3 PLUS SENSOR (<i>continuous glucose sensor</i>)	Tier 2	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE 3 READER DEVICE (<i>continuous glucose receiver</i>)	Tier 2	PA; QL (1 EA per 310 days)
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose sensor</i>)	Tier 2	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE READER DEVICE (<i>continuous glucose receiver</i>)	Tier 2	PA; QL (1 EA per 310 days)
FREESTYLE LIBRE SENSOR SYSTEM (<i>continuous glucose sensor</i>)	Tier 2	PA; QL (3 EA per 23 days)
<i>lancets 30g</i>	Tier 1	
UNISTIK 1 (<i>lancets</i>)	Tier 2	
UNISTIK 2 (<i>lancets</i>)	Tier 2	
UNISTIK 2 COMFORT (<i>lancets</i>)	Tier 2	
UNISTIK 2 EXTRA (<i>lancets</i>)	Tier 2	
UNISTIK 2 NEONATAL (<i>lancets</i>)	Tier 2	
UNISTIK 2 NORMAL (<i>lancets</i>)	Tier 2	
UNISTIK 2 SUPER (<i>lancets</i>)	Tier 2	
UNISTIK 3 (<i>lancets</i>)	Tier 2	
UNISTIK 3 COMFORT (<i>lancets</i>)	Tier 2	
UNISTIK 3 EXTRA (<i>lancets</i>)	Tier 2	
UNISTIK 3 NEONATAL (<i>lancets</i>)	Tier 2	
UNISTIK 3 NORMAL (<i>lancets</i>)	Tier 2	
UNISTIK CZT COMFORT (<i>lancets</i>)	Tier 2	
UNISTIK CZT NORMAL (<i>lancets</i>)	Tier 2	
UNISTIK NORMAL (<i>lancets</i>)	Tier 2	
*INSULIN ADMINISTRATION SUPPLIES***		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	Tier 2	PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	Tier 2	PA

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD CLASSIC PODS (GEN 3) (<i>insulin disposable pump</i>)	Tier 2	PA
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	Tier 2	PA
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	Tier 2	PA
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	Tier 2	PA
V-GO 20 KIT 20 UNIT/24HR (<i>insulin disposable pump</i>)	Tier 2	PA
V-GO 30 KIT 30 UNIT/24HR (<i>insulin disposable pump</i>)	Tier 2	PA
V-GO 40 KIT 40 UNIT/24HR (<i>insulin disposable pump</i>)	Tier 2	PA
*MISC. DEVICES***		
mucosal atomization device	Tier 1	
*NEBULIZERS***		
AEROECLIPSE II NEBULIZER (<i>nebulizers</i>)	Tier 2	
*NEEDLES & SYRINGES***		
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 29g x 1/2" 1 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 0.5 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 1 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 30g x 5/16" 0.3 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 30g x 5/16" 0.5 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 0.3 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 0.5 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 1 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 0.3 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 0.5 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 1 ml	Tier 2	QL (5 EA per 1 day)
TECHLITE PEN NEEDLES 29G X 10MM (<i>insulin pen needle</i>)	Tier 2	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 (<i>insulin pen needle</i>)	Tier 2	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	Tier 2	QL (200 EA per 25 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (5 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (5 EA per 1 day)
*PEAK FLOW METERS***		
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 2	QL (1 EA per 365 days)
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES***		
INSPIREASE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (1 EA per 365 days)
MIGRAINE PRODUCTS		
*CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES***		
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 1	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 1	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 1	PA
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (9 EA per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (9 EA per 25 days)
MINERALS & ELECTROLYTES		
*CALCIUM COMBINATIONS***		
<i>calcium + d3 oral tablet 250-3 mg-mcg</i>	Tier 1	
<i>calcium + vitamin d3 oral tablet chewable 500-10 mg-mcg</i>	Tier 1	
<i>calcium 600+d oral tablet 600-10 mg-mcg</i>	Tier 1	
<i>calcium carb-cholecalciferol oral tablet 600-5 mg-mcg</i>	Tier 1	
<i>calcium citrate + d3 oral tablet 315-6.25 mg-mcg</i>	Tier 1	
<i>calcium citrate-vitamin d oral tablet 315-5 mg-mcg</i>	Tier 1	
<i>calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg</i>	Tier 1	
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>	Tier 1	
<i>CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG (<i>calcium carb-cholecalciferol</i>)</i>	Tier 2	
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	Tier 1	

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Tier 2	
OS-CAL ORAL TABLET CHEWABLE 500-15 MG-MCG (<i>calcium carb-cholecalciferol</i>)	Tier 2	
<i>oyster shell calcium/d oral tablet 500-10 mg-mcg</i>	Tier 1	
<i>risacal-d oral tablet 105-81-120 mg-mg-unit</i>	Tier 1	
*CALCIUM***		
CALTRATE 600 ORAL TABLET 1500 (600 CA) MG (<i>calcium carbonate</i>)	Tier 2	
OYSCO 500 ORAL TABLET 500 MG (<i>oyster shell</i>)	Tier 2	
*ELECTROLYTES & DEXTROSE***		
<i>dextrose in lactated ringers intravenous solution 5 %</i>	Tier 1	
*ELECTROLYTES ORAL***		
REHYDRALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Tier 2	
*ELECTROLYTES PARENTERAL***		
<i>lactated ringers intravenous solution</i>	Tier 1	
*FLUORIDE***		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Tier 1	QL (1.67 ML per 1 day)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	Tier 1	QL (1 EA per 1 day)
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	Tier 1	
*MAGNESIUM***		
<i>magnesium oral tablet 250 mg</i>	Tier 1	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 500 mg</i>	Tier 1	
*PHOSPHATE***		
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	Tier 2	QL (4 EA per 1 day)
*POTASSIUM***		
<i>potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)</i>	Tier 2	QL (4 EA per 1 day)
<i>potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)</i>	Tier 2	QL (5 EA per 1 day)
<i>potassium bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)</i>	Tier 2	QL (2 EA per 1 day)
<i>K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 8 MEQ (potassium chloride)</i>	Tier 2	QL (4 EA per 1 day)
<i>K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ (potassium chloride)</i>	Tier 2	QL (5 EA per 1 day)
<i>potassium chloride crys er tablet extended release 10 meq oral</i>	Tier 1	
<i>potassium chloride crys er tablet extended release 20 meq oral</i>	Tier 1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Tier 1	QL (4 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral solution 10 %, 40 meq/15ml (20%)</i>	Tier 1	
<i>potassium chloride solution 40 meq/15ml (20%) oral</i>	Tier 1	
*SODIUM***		
<i>sodium chloride flush (Aquastat Intravenous Solution 0.9 %)</i>	Tier 1	
<i>sodium chloride flush (Aquastat Sfr Intravenous Solution 0.9 %)</i>	Tier 1	
<i>sodium chloride flush (Bd Posiflush Intravenous Solution 0.9 %)</i>	Tier 1	
<i>sodium chloride flush (Bd Posiflush Safescrub Intravenous Solution 0.9 %)</i>	Tier 1	
<i>sodium chloride flush (Kendall Sodium Chloride Flush Intravenous Solution 0.9 %)</i>	Tier 1	
<i>sodium chloride flush (Monoject Flush Syringe Intravenous Solution 0.9 %)</i>	Tier 1	
<i>sodium chloride flush (Monoject Sodium Chloride Flush Intravenous Solution 0.9 %)</i>	Tier 1	
<i>normal saline flush intravenous solution 0.9 %</i>	Tier 1	
<i>saline flush intravenous solution 0.9 %</i>	Tier 1	
<i>sodium chloride flush (Saline Flush Zr Intravenous Solution 0.9 %)</i>	Tier 1	
<i>sodium chloride flush intravenous solution 0.9 %</i>	Tier 1	
<i>sodium chloride intravenous solution 0.9 %</i>	Tier 1	
<i>sodium chloride oral tablet 1 gm</i>	Tier 1	
<i>sodium chloride flush (Swabflush Saline Flush Intravenous Solution 0.9 %)</i>	Tier 1	
*ZINC***		
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	Tier 1	
MISCELLANEOUS THERAPEUTIC CLASSES		
*ANTILEPROTICS***		
<i>THALOMID ORAL CAPSULE 100 MG (thalidomide)</i>	Tier 2	PA; QL (1 EA per 1 day)
*CHELATING AGENTS***		
<i>DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)</i>	Tier 2	PA
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES***		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
*IRRIGATION SOLUTIONS***		
<i>sterile water for irrigation irrigation solution</i>	Tier 1	
*POTASSIUM REMOVING AGENTS***		
<i>sodium polystyrene sulfonate (Kionex Oral Suspension 15 Gm/60ML)</i>	Tier 2	
<i>LOKELMA ORAL PACKET 10 GM, 5 GM (sodium zirconium cyclosilicate)</i>	Tier 2	QL (3 EA per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM <i>(patiromer sorbitex calcium)</i>	Tier 2	QL (1 EA per 1 day)
MOUTH/THROAT/DENTAL AGENTS		
*ANESTHETICS TOPICAL ORAL***		
<i>lidocaine hcl viscous mouth/throat solution 2 %</i>	Tier 1	
*ANTI-INFECTIVES - THROAT***		
<i>clotrimazole mouth/throat troche 10 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 1	QL (120 ML per 1 day)
*ANTISEPTICS - MOUTH/THROAT***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	
*FLUORIDE DENTAL PRODUCTS***		
<i>fraiche 5000 dental gel 1.1 % dental</i>	Tier 1	
<i>sf dental gel 1.1 %</i>	Tier 1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Tier 1	
*SALIVA STIMULANTS***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
*STEROIDS - MOUTH/THROAT/DENTAL***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
MULTIVITAMINS		
*B-COMPLEX W/ C & FOLIC ACID***		
<i>folbee plus oral tablet</i>	Tier 1	
<i>NEPHRO-VITE ORAL TABLET 0.8 MG (b complex-c-folic acid)</i>	Tier 2	
<i>NEPHRO-VITE RX ORAL TABLET 1 MG (b complex-c-folic acid)</i>	Tier 2	
<i>triphrocaps oral capsule 1 mg</i>	Tier 1	QL (2 EA per 1 day)
*MULTIPLE VITAMINS W/ IRON***		
<i>daily-vite/iron/beta-carotene oral tablet</i>	Tier 1	QL (1 EA per 1 day)
*MULTIPLE VITAMINS W/ MINERALS***		
<i>cvs one daily mens 50+ adv oral tablet</i>	Tier 1	QL (1 EA per 1 day)
*MULTIVITAMINS***		
<i>AMLADEX ORAL TABLET (multiple vitamin)</i>	Tier 2	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>	Tier 1	QL (1.67 ML per 1 day); AGE (Max 5 Years)
*PED MV W/ FLUORIDE***		
<i>multivitamin w/fluoride tablet chewable 0.25 mg oral</i>	Tier 1	QL (1 EA per 1 day); AGE (Max 5 Years); 90DS
<i>multivitamin w/fluoride tablet chewable 0.5 mg oral</i>	Tier 1	QL (1 EA per 1 day)
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (1.67 ML per 1 day)
<i>multivitamin/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL (pediatric multivitamins-fl)</i>	Tier 2	QL (1 EA per 1 day); AGE (Max 5 Years)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*PED MV W/ IRON***		
chewable vite/iron childrens oral tablet chewable 15 mg	Tier 1	QL (1 EA per 1 day)
cvs chewable childrens vitamin oral tablet chewable 18 mg	Tier 1	
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML (pediatric multivitamins-iron)	Tier 2	QL (50 ML per 25 days)
*PED VITAMINS ACD W/ FLUORIDE***		
tri-vitamin/fluoride oral solution 0.25 mg/ml	Tier 1	QL (1.67 ML per 1 day)
tri-vite/fluoride oral solution 0.5 mg/ml	Tier 1	QL (1.67 ML per 1 day)
*PRENATAL MV & MIN W/FE-FA***		
completenate oral tablet chewable 29-1 mg	Tier 1	QL (1 EA per 1 day)
CO-NATAL FA TABLET ORAL (prenatal vit-fe fumarate-fa)	Tier 2	QL (1 EA per 1 day)
MYNATAL ORAL TABLET 90-1 MG (prenatal vit-dss-fe cbn-fa)	Tier 2	QL (1 EA per 1 day)
NATALVIT ORAL TABLET (prenatal vit-fe fumarate-fa)	Tier 2	QL (1 EA per 1 day)
NIVA-PLUS TABLET 27-1 MG ORAL (prenatal vit-fe fumarate-fa)	Tier 2	QL (1 EA per 1 day)
prenatal oral tablet 27-0.8 mg	Tier 1	QL (1 EA per 1 day)
PRENATAL TABLET 27-1 MG ORAL	Tier 2	QL (1 EA per 1 day)
prenatal vitamin and mineral oral tablet 28-0.8 mg	Tier 1	QL (1 EA per 1 day)
se-natal 19 oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
trinatal rx 1 oral tablet 60-1 mg	Tier 1	QL (1 EA per 1 day)
VINATE II ORAL TABLET 29-1 MG (prenatal vit w/ fe bisg-fa)	Tier 2	QL (1 EA per 1 day)
VITAFOL-OB ORAL TABLET (prenatal vit-fe fumarate-fa)	Tier 2	QL (1 EA per 1 day)
vol-tab rx oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
MUSCULOSKELETAL THERAPY AGENTS		
*CENTRAL MUSCLE RELAXANTS***		
baclofen oral tablet 10 mg	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
baclofen oral tablet 20 mg	Tier 1	QL (4 EA per 1 day); 90DS; 90 DS
baclofen oral tablet 5 mg	Tier 1	QL (4 EA per 1 day)
baclofen tablet 10 mg oral	Tier 1	QL (3 EA per 1 day); 90DS; 90DS
baclofen tablet 20 mg oral	Tier 1	QL (4 EA per 1 day); 90DS; 90DS
chlorzoxazone oral tablet 500 mg	Tier 1	QL (6 EA per 1 day)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Tier 1	QL (3 EA per 1 day)
cyclobenzaprine hcl tablet 10 mg oral	Tier 1	
methocarbamol oral tablet 500 mg	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
methocarbamol oral tablet 750 mg	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>tizanidine hcl oral tablet 4 mg</i>	Tier 1	QL (9 EA per 1 day); AGE (Max 64 Years)
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	Tier 2	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*NASAL AGENTS - MISC.***		
<i>nasal saline nasal solution 0.65 %</i>	Tier 1	
*NASAL ANTICHOLINERGICS***		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 1	
*NASAL ANTIHISTAMINES***		
<i>azelastine hcl nasal solution 137 mcg/spray</i>	Tier 1	QL (30 ML per 25 days)
*NASAL MAST CELL STABILIZERS***		
NASALCROM NASAL AEROSOL SOLUTION 5.2 MG/ACT (<i>cromolyn sodium</i>)	Tier 2	QL (52 ML per 25 days)
*NASAL STEROIDS***		
<i>budesonide nasal suspension 32 mcg/act</i>	Tier 1	QL (8.43 ML per 25 days); AGE (Min 6 Years)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1	QL (48 GM per 25 days); AGE (Min 4 Years); 90DS; 90 DS
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Tier 1	QL (17 ML per 25 days); AGE (Min 2 Years)
*SYSTEMIC DECONGESTANTS***		
<i>phenylephrine hcl oral tablet 10 mg</i>	Tier 1	
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	Tier 1	QL (6 EA per 1 day)
*TOPICAL DECONGESTANTS***		
<i>12 hour nasal decongestant nasal solution 0.05 %</i>	Tier 1	
<i>epinephrine hcl (nasal) solution 0.1 % nasal</i>	Tier 1	
NUTRIENTS		
*MISC. NUTRITIONAL SUBSTANCES***		
<i>fish oil extra strength oral capsule 1200 mg</i>	Tier 1	
<i>fish oil oral capsule 500 mg</i>	Tier 1	
<i>omega-3 fish oil oral capsule 1000 mg</i>	Tier 1	
OPHTHALMIC AGENTS		
*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***		
<i>artificial tears ophthalmic solution 0.1-0.3 %, 0.5-0.6 %</i>	Tier 1	
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	Tier 1	
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Tier 1	
<i>lubricant pm ophthalmic ointment</i>	Tier 1	
*ARTIFICIAL TEAR SOLUTIONS***		
SYSTANE CONTACTS OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	Tier 2	
*ARTIFICIAL TEARS AND LUBRICANTS***		
<i>artificial tears ophthalmic solution 1.4 %</i>	Tier 1	
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	Tier 1	
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	Tier 1	
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS***		
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Tier 1	QL (10 ML per 25 days)
*BETA-BLOCKERS - OPHTHALMIC***		
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1	QL (15 ML per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	QL (15 ML per 25 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier 1	
*CYCLOPLEGIC MYDRIATICS***		
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 1	QL (15 ML per 25 days)
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 1	QL (15 ML per 25 days)
*MIOTICS - DIRECT ACTING***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1	
*OPHTHALMIC ANTIALLERGIC***		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1	PA; QL (6 ML per 25 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	Tier 1	QL (10 ML per 25 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 1	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Tier 1	QL (2.5 ML per 30 days)
*OPHTHALMIC ANTIBIOTICS***		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1	
<i>gentamicin sulfate ophthalmic ointment 0.3 %</i>	Tier 1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	QL (10 ML per 30 days)
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	QL (3 ML per 25 days)
<i>OCUFLOX OPHTHALMIC SOLUTION 0.3 % (ofloxacin)</i>	Tier 2	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***		
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 1	
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)</i>	Tier 2	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>	Tier 2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% (polymyxin b-trimethoprim)	Tier 2	
*OPHTHALMIC ANTIVIRALS***		
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	QL (7.5 ML per 25 days)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***		
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	
*OPHTHALMIC HYPEROSMOLAR PRODUCTS***		
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Tier 1	
*OPHTHALMIC LOCAL ANESTHETICS***		
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Tier 1	QL (10 ML per 25 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier 1	
*OPHTHALMIC STEROID COMBINATIONS***		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 1	
MAXITROL OINTMENT 3.5-10000-0.1 OPHTHALMIC (neomycin-polymyxin-dexameth)	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1	
*OPHTHALMIC STEROIDS***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	QL (15 ML per 25 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1	
*OPHTHALMIC SULFONAMIDES***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
*PROSTAGLANDINS - OPHTHALMIC***		
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 1	ST; PA; Requires trial of latanoprost
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	QL (5 ML per 25 days)
OTIC AGENTS		
*OTIC AGENTS - MISCELLANEOUS***		
<i>acetic acid otic solution 2 %</i>	Tier 1	QL (20 ML per 25 days)
<i>ear drops otic solution 6.5 %</i>	Tier 1	
<i>ra ear drying agent otic liquid 95-5 %</i>	Tier 1	
*OTIC ANTI-INFECTIVES***		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	QL (14 EA per 25 days)
<i>ofloxacin otic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS***		
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	
*OTIC STEROIDS***		
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1	
OXYTOCICS		
*OXYTOCICS***		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Tier 1	QL (7 EA per 1 day)
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*ANTIVIRAL MONOCLONAL ANTIBODIES***		
<i>SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (palivizumab)</i>	Tier 2	PA
*IMMUNE SERUMS***		
<i>MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (rho d immune globulin)</i>	Tier 2	
<i>RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (rho d immune globulin)</i>	Tier 2	
<i>RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (rho d immune globulin)</i>	Tier 2	
PENICILLINS		
*AMINOPENICILLINS***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>amoxicillin oral tablet 875 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>amoxicillin oral tablet chewable 125 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>amoxicillin oral tablet chewable 250 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>ampicillin oral capsule 500 mg</i>	Tier 1	QL (8 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
*NATURAL PENICILLINS***		
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	QL (40 ML per 1 day)
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	QL (8 EA per 1 day)
*PENICILLIN COMBINATIONS***		
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	Tier 1	AGE (Max 12 Years)
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1	QL (2 EA per 1 day); MAX 10 DAYS
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg	Tier 1	QL (3 EA per 1 day); AGE (Max 12 Years)
amoxicillin-pot clavulanate oral tablet chewable 400-57 mg	Tier 1	QL (4 EA per 1 day); AGE (Max 12 Years)
amoxicillin-pot clavulanate suspension reconstituted 200-28.5 mg/5ml oral	Tier 1	
amoxicillin-pot clavulanate suspension reconstituted 400-57 mg/5ml oral	Tier 1	
*PENICILLINASE-RESISTANT PENICILLINS***		
dicloxacillin sodium oral capsule 250 mg	Tier 1	QL (8 EA per 1 day)
dicloxacillin sodium oral capsule 500 mg	Tier 1	QL (6 EA per 1 day)
PHARMACEUTICAL ADJUVANTS		
*ANTIMICROBIAL AGENTS***		
benzyl alcohol liquid	Tier 1	AGE (Min 16 Years and Max 60 Years)
PROGESTINS		
*PROGESTINS***		
norethindrone acetate (Gallifrey Tablet 5 Mg Oral)	Tier 1	QL (1 EA per 1 day)
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
norethindrone acetate oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
progesterone oral capsule 100 mg	Tier 1	QL (1 EA per 1 day)
progesterone oral capsule 200 mg	Tier 1	QL (2 EA per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*ANTI-CATAPLECTIC AGENTS***		
sodium oxybate oral solution 500 mg/ml	Tier 1	PA
*CHOLINOMIMETICS - ACHE INHIBITORS***		
donepezil hcl oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
donepezil hcl oral tablet dispersible 10 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
donepezil hcl oral tablet dispersible 5 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS

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Drug Name	Drug Tier	Requirements/Limits
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Tier 1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Tier 1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Tier 1	PA
*MOVEMENT DISORDER DRUG THERAPY***		
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 1	PA
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***		
teriflunomide oral tablet 14 mg, 7 mg	Tier 1	PA
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 2	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 2	PA
EXTAVIA KIT 0.3 MG SUBCUTANEOUS (<i>interferon beta-1b</i>)	Tier 2	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 2	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Tier 2	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 2	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Tier 2	PA
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***		
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Tier 1	PA; QL (2 EA per 1 day)
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS***		
dalfampridine er oral tablet extended release 12 hour 10 mg	Tier 1	PA
*MULTIPLE SCLEROSIS AGENTS***		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	Tier 1	PA
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***		
memantine hcl oral solution 10 mg/5ml	Tier 1	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	Tier 1	90DS; 90 DS
*SMOKING DETERRENTS***		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
ft nicotine gum 2 mg mouth/throat	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ft nicotine gum 4 mg mouth/throat	Tier 1	
nicotine polacrilex mouth/throat gum 2 mg	Tier 1	QL (8 EA per 1 day)
nicotine polacrilex mouth/throat gum 4 mg	Tier 1	QL (8 EA per 1 day); AGE (Min 18 Years)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	Tier 1	QL (8 EA per 1 day)
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	Tier 1	QL (1 EA per 1 day); 90DS
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	Tier 1	
varenicline tartrate oral tablet 0.5 mg, 1 mg	Tier 1	
varenicline tartrate tablet 0.5 mg oral	Tier 1	
varenicline tartrate tablet 1 mg oral	Tier 1	
varenicline tartrate(continue) tablet 1 mg oral	Tier 1	
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***		
fingolimod hcl oral capsule 0.5 mg	Tier 1	PA
RESPIRATORY AGENTS - MISC.		
*ALPHA-PROTEINASE INHIBITOR (HUMAN)***		
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	Tier 2	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	Tier 2	PA
*CFTR POTENTIATORS***		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	Tier 2	PA
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	Tier 2	PA
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
ORKAMBI ORAL PACKET 150-188 MG (<i>lumacaftor-ivacaftor</i>)	Tier 2	PA
ORKAMBI ORAL TABLET 100-125 MG (<i>lumacaftor-ivacaftor</i>)	Tier 2	PA; QL (4 EA per 1 day); AGE (Min 6 Years and Max 11 Years)
ORKAMBI ORAL TABLET 200-125 MG (<i>lumacaftor-ivacaftor</i>)	Tier 2	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 (<i>tezacaftor-ivacaftor</i>)	Tier 2	PA
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacift</i>)	Tier 2	PA
*HYDROLYtic ENZYMES***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	Tier 2	PA; QL (1 ML per 1 day)
TETRACYCLINES		
*TETRACYCLINES***		
doxycycline hyolate oral capsule 100 mg	Tier 1	QL (2 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral capsule 50 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>doxycycline monohydrate oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
THYROID AGENTS		
*ANTITHYROID AGENTS***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	QL (20 EA per 1 day)
*THYROID HORMONES***		
<i>ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG (thyroid)</i>	Tier 2	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>	Tier 1	QL (2 EA per 1 day)
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 90 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>thyroid oral tablet 60 mg</i>	Tier 1	QL (1 EA per 1 day)
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
*ANTISPASMODICS***		
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 1	QL (80 ML per 1 day); AGE (Max 64 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years); 90DS; 90 DS
*BELLADONNA ALKALOIDS***		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate er tablet extended release 12 hour 0.375 mg oral</i>	Tier 1	QL (4 EA per 1 day)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>hyoscyamine sulfate tablet dispersible 0.125 mg oral</i>	Tier 1	QL (12 EA per 1 day)

Tier 1 - Preferred Generic **Tier 2** - Preferred Brand **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **90 DS** - After two fills of a 30-day supply within 90 days, 90-day supply is available thereafter

Drug Name	Drug Tier	Requirements/Limits
*H-2 ANTAGONISTS***		
acid reducer maximum strength oral tablet 20 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
acid reducer maximum strength tablet 20 mg oral	Tier 1	90DS
acid reducer oral tablet 10 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
cimetidine 200 oral tablet 200 mg	Tier 1	QL (4 EA per 1 day)
cimetidine hcl oral solution 300 mg/5ml	Tier 1	QL (60 ML per 1 day)
cimetidine oral tablet 300 mg, 400 mg, 800 mg	Tier 1	QL (2 EA per 1 day)
famotidine intravenous solution 40 mg/4ml	Tier 1	90 DS
famotidine oral suspension reconstituted 40 mg/5ml	Tier 1	QL (5 ML per 1 day); AGE (Max 6 Years)
famotidine oral tablet 40 mg	Tier 1	QL (2 EA per 1 day); 90DS; 90 DS
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	Tier 1	90 DS
famotidine tablet 20 mg oral (rx)	Tier 1	90DS
famotidine tablet 40 mg oral	Tier 1	90DS
ft acid reducer tablet 10 mg oral	Tier 1	90DS
nizatidine oral capsule 150 mg	Tier 1	ST; QL (4 EA per 1 day); Requires trial of famotidine
PEPCID PREMIXED INTRAVENOUS SOLUTION 20-0.9 MG/50ML-% (famotidine in nacl)	Tier 1	
*MISC. ANTI-ULCER***		
sucralfate oral suspension 1 gm/10ml	Tier 1	QL (40 ML per 1 day); AGE (Max 18 Years)
sucralfate oral tablet 1 gm	Tier 1	QL (4 EA per 1 day)
*PROTON PUMP INHIBITORS***		
eq omeprazole oral tablet delayed release 20 mg	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
esomeprazole magnesium oral capsule delayed release 20 mg	Tier 1	QL (2 EA per 1 day)
gnp esomeprazole magnesium capsule delayed release 20 mg oral	Tier 1	QL (2 EA per 1 day)
gnp lansoprazole capsule delayed release 15 mg oral	Tier 1	QL (2 EA per 1 day)
gnp omeprazole tablet delayed release 20 mg oral	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
lansoprazole oral capsule delayed release 15 mg	Tier 1	QL (2 EA per 1 day)
omeprazole capsule delayed release 20 mg oral	Tier 1	QL (3 EA per 1 day); 90DS; 90DS
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	Tier 1	QL (1 EA per 1 day)
omeprazole magnesium oral tablet delayed release 20 mg	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
omeprazole oral capsule delayed release 10 mg, 20 mg	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS

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Drug Name	Drug Tier	Requirements/Limits
omeprazole oral capsule delayed release 40 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
omeprazole oral tablet delayed release 20 mg	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (omeprazole)	Tier 2	QL (5 ML per 1 day); AGE (Max 12 Years)
pantoprazole sodium oral tablet delayed release 20 mg	Tier 1	QL (1 EA per 1 day); 90DS; 90 DS
pantoprazole sodium oral tablet delayed release 40 mg	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
pantoprazole sodium tablet delayed release 40 mg oral	Tier 1	QL (3 EA per 1 day); 90DS; 90 DS
*QUATERNARY ANTICHOLINERGICS***		
glycopyrrolate oral solution 1 mg/5ml	Tier 1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
*ULCER DRUGS - PROSTAGLANDINS***		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	QL (4 EA per 1 day)
URINARY ANTISPASMODICS		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)***		
DETROL TABLET 2 MG ORAL (tolterodine tartrate)	Tier 2	QL (2 EA per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 1	ST; QL (1 EA per 1 day); Requires trial of oxybutynin IR
oxybutynin chloride er tablet extended release 24 hour 10 mg oral	Tier 1	
oxybutynin chloride er tablet extended release 24 hour 15 mg oral	Tier 1	
oxybutynin chloride er tablet extended release 24 hour 5 mg oral	Tier 1	
oxybutynin chloride oral syrup 5 mg/5ml	Tier 1	QL (20 ML per 1 day)
oxybutynin chloride oral tablet 5 mg	Tier 1	QL (3 EA per 1 day)
tolterodine tartrate oral tablet 1 mg, 2 mg	Tier 1	ST; QL (2 EA per 1 day); Requires trial of oxybutynin IR
trospium chloride oral tablet 20 mg	Tier 1	ST; QL (2 EA per 1 day); Requires trial of oxybutynin IR
trospium chloride tablet 20 mg oral	Tier 1	
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	QL (4 EA per 1 day)
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***		
flavoxate hcl oral tablet 100 mg	Tier 1	QL (4 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
VACCINES		
*BACTERIAL VACCINES***		
PREVNAR 20 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR (<i>pneumococcal 20-val conj vacc</i>)	Tier 2	AGE (Min 19 Years); QL
VAXNEUVANCE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR (<i>pneumococcal 15-val conj vacc</i>)	Tier 2	AGE (Min 19 Years); QL
*VIRAL VACCINE COMBINATIONS***		
TWINRIX SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML INTRAMUSCULAR (<i>hepatitis a-hep b recomb vac</i>)	Tier 2	AGE (Min 19 Years); QL
*VIRAL VACCINES***		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (<i>rsv pre-fusion f a&b vac rcmb</i>)	Tier 2	AGE (Min 19 Years); QL
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Tier 2	AGE (Min 19 Years); QL
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	Tier 2	AGE (Min 19 Years); QL
AREXVY SUSPENSION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR (<i>rsvpref3 vac recomb adjuvanted</i>)	Tier 2	AGE (Min 50 Years); QL
COMIRNATY SUSPENSION 30 MCG/0.3ML INTRAMUSCULAR (<i>covid-19 mrna virus vaccine</i>)	Tier 2	AGE (Min 19 Years); QL
COMIRNATY SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML INTRAMUSCULAR (<i>covid-19 mrna virus vaccine</i>)	Tier 2	AGE (Min 19 Years); QL
ENGERIX-B SUSPENSION 20 MCG/ML INJECTION (<i>hepatitis b vac recombinant</i>)	Tier 2	AGE (Min 19 Years); QL
ENGERIX-B SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML INJECTION (<i>hepatitis b vac recombinant</i>)	Tier 2	AGE (Min 19 Years); QL
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	Tier 2	AGE (Min 19 Years); QL
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (<i>influenza vac recomb ha quad</i>)	Tier 2	AGE (Min 19 Years); QL
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac subunit quad</i>)	Tier 2	AGE (Min 19 Years); QL
FLULAVAL SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR (<i>influenza virus vacc split pf</i>)	Tier 2	AGE (Min 19 Years); QL
FLUMIST QUADRIVALENT SUSPENSION NASAL (<i>influenza virus vac live quad</i>)	Tier 2	AGE (Min 19 Years and Max 49 Years); QL
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (<i>influenza vac high-dose quad</i>)	Tier 2	AGE (Min 65 Years); QL
FLUZONE QUADRIVALENT SUSPENSION INTRAMUSCULAR (<i>influenza vac split quad</i>)	Tier 2	AGE (Min 19 Years); QL
HAVRIX SUSPENSION 1440 EL U/ML INTRAMUSCULAR (<i>hepatitis a vaccine</i>)	Tier 2	AGE (Min 19 Years); QL
HAVRIX SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML INTRAMUSCULAR (<i>hepatitis a vaccine</i>)	Tier 2	AGE (Min 19 Years); QL

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Drug Name	Drug Tier	Requirements/Limits
HEPLISAV-B SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML INTRAMUSCULAR (<i>hepatitis b vac recomb adj</i>)	Tier 2	AGE (Min 19 Years); QL
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (<i>rsv mrna pre-f virus vaccine</i>)	Tier 2	AGE (Min 60 Years); QL
RECOMBIVAX HB SUSPENSION 10 MCG/ML INJECTION (<i>hepatitis b vac recombinant</i>)	Tier 2	AGE (Min 19 Years); QL
RECOMBIVAX HB SUSPENSION 5 MCG/0.5ML INJECTION (<i>hepatitis b vac recombinant</i>)	Tier 2	AGE (Min 19 Years); QL
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 10 MCG/ML INJECTION (<i>hepatitis b vac recombinant</i>)	Tier 2	AGE (Min 19 Years); QL
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (<i>zoster vac recomb adjuvanted</i>)	Tier 2	AGE (Min 19 Years); QL
SPIKEVAX SUSPENSION 50 MCG/0.5ML INTRAMUSCULAR (<i>covid-19 mrna virus vaccine</i>)	Tier 2	AGE (Min 19 Years); QL
SPIKEVAX SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR (<i>covid-19 mrna virus vaccine</i>)	Tier 2	AGE (Min 19 Years); QL
VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR (<i>hepatitis a vaccine</i>)	Tier 2	AGE (Min 19 Years); QL

VAGINAL AND RELATED PRODUCTS

IMIDAZOLE-RELATED ANTIFUNGALS**

clotrimazole 3 vaginal cream 2 %	Tier 1	
clotrimazole-7 vaginal cream 1 %	Tier 1	
ft clotrimazole 3 cream 2 % vaginal	Tier 1	
ft clotrimazole cream 1 % vaginal	Tier 1	
ft miconazole 3 comb pack-supp kit 200 & 2 mg-% (9gm) vaginal	Tier 1	
ft miconazole 7 cream 2 % vaginal	Tier 1	
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	Tier 1	
miconazole 3 vaginal cream 4 %	Tier 1	
miconazole 7 vaginal cream 2 %	Tier 1	
miconazole 7 vaginal suppository 100 mg	Tier 1	
ra miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)	Tier 1	
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 1	QL (1 EA per 1 day)
tioconazole-1 vaginal ointment 6.5 %	Tier 1	

SPERMICIDES**

TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	Tier 2	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	Tier 2	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (<i>nonoxynol-9</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
*VAGINAL ANTI-INFECTIVES***		
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	QL (70 GM per 5 days)
*VAGINAL ESTROGENS***		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	QL (1.42 GM per 1 day)
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
VASOPRESSORS		
*ANAPHYLAXIS THERAPY AGENTS***		
<i>epinephrine (anaphylaxis) solution 1 mg/ml injection</i>	Tier 1	
<i>epinephrine (anaphylaxis) solution 30 mg/30ml injection</i>	Tier 1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 1	QL (2 EA per 25 days)
<i>SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (epinephrine)</i>	Tier 2	QL (2 EA per 25 days)
*VASOPRESSORS***		
<i>epinephrine pf solution 1 mg/ml injection</i>	Tier 1	
<i>epinephrine solution 1 mg/10ml intravenous</i>	Tier 1	
<i>epinephrine solution 1 mg/ml injection</i>	Tier 1	
<i>epinephrine solution 10 mg/10ml injection</i>	Tier 1	
<i>epinephrine solution prefilled syringe 0.2 mg/0.2ml injection</i>	Tier 1	
<i>epinephrine solution prefilled syringe 1 mg/10ml intravenous</i>	Tier 1	
<i>epinephrine solution prefilled syringe 1 mg/ml injection</i>	Tier 1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
VITAMINS		
*VITAMIN B-1***		
<i>thiamine hcl oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vitamin b-1 oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
*VITAMIN B-2***		
<i>vitamin b-2 oral tablet 100 mg</i>	Tier 1	
*VITAMIN B-3***		
<i>niacin er oral capsule extended release 250 mg</i>	Tier 1	
<i>niacin oral tablet 500 mg</i>	Tier 1	
*VITAMIN B-6***		
<i>pyridoxine hcl oral tablet 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>vitamin b-6 oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>vitamin b-6 oral tablet 25 mg</i>	Tier 1	QL (2 EA per 1 day)
*VITAMIN C***		
<i>ascorbic acid oral tablet 500 mg</i>	Tier 1	
*VITAMIN D***		
<i>D3-50 ORAL CAPSULE 1.25 MG (50000 UT) (cholecalciferol)</i>	Tier 2	QL (1 EA per 1 day)

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

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<i>lidocaine viscous hcl</i>	76	<i>metoclopramide hcl</i>	65	<i>neomycin-polymyxin-dexameth</i>	80
<i>lidocaine-prilocaine</i>	60	<i>metolazone</i>	62	<i>neomycin-polymyxin-gramicidin</i>	80
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<i>losartan potassium-hctz</i>	35	<i>milk of magnesia</i>	69	<i>nicotine polacrilex</i>	84
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<i>magnesium citrate</i>	69	<i>Monoject Prefill</i>	25	<i>norethindrone</i>	51
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