

# Lista de medicamentos preferidos

Molina Healthcare of New York, Inc. CHIP



2024

\*Molina ordena el uso de medicamentos genéricos, en caso de estar disponibles. Las marcas incluidas son solo de referencia. ESTA LISTA ESTÁ SUJETA A CAMBIOS. Puede obtener más información y actualizaciones de este documento en nuestro sitio web, en [www.molinahealthcare.com](http://www.molinahealthcare.com)



Your Extended Family.

6025633NY1017



**No discriminación  
Notificación de Molina  
Healthcare of New York, Inc.**

**Your Extended Family.**

Molina Healthcare of New York, Inc. (Molina) cumple con todas las leyes federales de derechos civiles relacionadas con los servicios de atención médica. Molina ofrece servicios de atención de la salud a todos los miembros sin importar su raza, color, nacionalidad, edad, discapacidad o sexo. Molina no excluye a las personas ni las trata de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo. Esto incluye la identidad de género, el embarazo y los estereotipos de sexo.

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  - Material escrito en otros formatos (letra grande, audio, formatos electrónicos accesibles y braille).
- Servicios lingüísticos para personas que hablan otro idioma o tienen conocimientos limitados del inglés.
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  - Material escrito traducido a su idioma.

Si necesita estos servicios, comuníquese con Servicios para Miembros de Molina al 1-800-223-7242 o TTY: 711.

Si usted considera que Molina no brindó estos servicios o que lo trató de forma diferente por su raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo. Puede presentar un reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para redactar el reclamo, cuente con nosotros. Llame a nuestro coordinador de derechos civiles al (866) 606-3889 o TTY 711. Envíe su reclamo por correo postal a la siguiente dirección:

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802

También puede enviar su reclamo por correo electrónico a [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com). O bien, enviarlo por fax al (310) 507-6186.

Además, puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos. Los formularios de reclamo están disponibles en <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>. Puede enviarlo por correo postal a la siguiente dirección:

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

También puede enviarlo a un sitio web a través del Portal de Reclamos de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Si necesita ayuda, llame al 1-800-368-1019; TTY 800-537-7697.

Molina Healthcare Notice Sec 1557 HHS - NY

Creado 4.12.17

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Eslogan de no discriminación: Sección 1557  
Molina Healthcare of New York, Inc.

English	<b>ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-223-7242 (TTY: 711).</b>
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-223-7242 (TTY: 711).
Chinese	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 1-800-223-7242 (TTY: 711)。
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-223-7242 (телетайп: 711).
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-223-7242 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-223-7242 (TTY: 711) 번으로 전화해 주십시오.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-223-7242 (TTY: 711).
Yiddish	אויפגערוקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פון אפצאל. רופט 1-800-223-7242 (TTY: 711).
Bengali	লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-২২৩-৭২৪২ (TTY: 711)।
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-223-7242 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-223-7242 (رقم هاتف الصم والبكم: 711).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-223-7242 (ATS: 711).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-223-7242 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-223-7242 (TTY: 711).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-223-7242 (TTY: 711).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-223-7242 (TTY: 711).
Nepali	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-223-7242 (टिटिवाइ: 711) ।

# Lista de medicamentos preferidos de Molina Healthcare of Nueva York (Formulario)

(04/01/2024)

## INTRODUCCIÓN

Nos complace brindar la *Lista de medicamentos preferidos (formulario) de Molina Healthcare of New York* de 2024 como una herramienta útil de referencia e información. Este documento puede ayudarles a los proveedores médicos a seleccionar los productos clínicamente adecuados y rentables para sus pacientes.

Los medicamentos representados fueron revisados por un Comité de Farmacia y Terapia (P&T) y fueron aprobados para su inclusión. El documento refleja la práctica médica actual desde la fecha de revisión.

La información contenida en este documento y sus apéndices se proporciona únicamente para la conveniencia de los proveedores médicos. No garantizamos ni aseguramos la exactitud de dicha información, ni tampoco es de carácter abarcativo. Toda la información que se incluye en el documento se proporciona como una referencia para la selección de terapia con medicamentos.

El documento está sujeto a normas y reglas específicas estatales, incluidas, entre otras, las relativas a la sustitución por genéricos, los cronogramas de sustancias controladas, la preferencia por las marcas y los genéricos obligatorios siempre que 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 fármacos terapéuticos definida principalmente por el mecanismo de acción.

## COMITÉ DE FARMACIA Y TERAPIA (P&T)

Los servicios de un Comité de Farmacia y Terapia ("Comité F&T") se utilizan para aprobar terapias farmacológicas seguras y clínicamente eficaces. El Comité F&T es un órgano consultivo de profesionales clínicos. Los miembros votantes del Comité F&T incluyen médicos y farmacéuticos, todos ellos con una amplia experiencia clínica y académica en materia de medicamentos recetados. Los miembros del Comité F&T deben revelar toda relación financiera o conflicto de interés con cualquier fabricante de productos farmacéuticos.

## DESCRIPCIONES DE PRODUCTOS DE LA LISTA DE MEDICAMENTOS

Para ayudarle a entender qué concentraciones 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 cursiva y minúsculas (p. ej., *atorvastatin*).
- La segunda columna (Requisitos/Límites) contiene todos los requisitos especiales para la cobertura de su medicamento.
- Si las versiones del producto de venta libre (OTC) y con Receta están cubiertas, ambas aparecen en la lista.
- Los productos de liberación extendida y de liberación prolongada requieren su propia entrada.
- Los formularios de dosificación en el documento serán coherentes con la categoría y uso donde se enumeran.

## SUSTITUCIÓN POR GENÉRICOS

La sustitución por genéricos es una acción en una farmacia mediante la cual se dispensa una versión genérica en lugar de un producto de marca recetado. En este documento, la fuente *en cursiva y minúsculas* indica la disponibilidad de genéricos. 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 normas y reglas estatales específicas relativas a la sustitución por genéricos y a las normas obligatorias relativas a los genéricos, cuando corresponda.

Los medicamentos genéricos suelen tener un precio menor que sus equivalentes de marca. Los medicamentos genéricos recetados cumplen con lo siguiente:

- Aprobados por la Administración de Alimentos y Medicamentos de los EE. UU. para su seguridad y eficacia, y fabricados según las mismas normas estrictas 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 de dosificación que los medicamentos de marca.

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

## DISEÑO DE PLAN

El documento representa el diseño de un plan de formulario cerrado. Los medicamentos que figuran en el documento están cubiertos por el plan como se presentan. Ciertos medicamentos de la lista están cubiertos si se cumplen los criterios de administración de la utilización (es decir, terapia escalonada, autorización previa, límites de cantidad, etc.); se revisarán las solicitudes de uso de estos medicamentos fuera de los criterios indicados según la necesidad médica. Si un medicamento no está incluido en el documento, es posible que se solicite una excepción al formulario para la cobertura. Las solicitudes de excepción del formulario o necesidad médica se revisarán en función de los criterios de autorización previa específica para cada medicamento o los criterios estándar para solicitar una receta que no se encuentra en el formulario. Inicie sesión en [www.molinahealthcare.com](http://www.molinahealthcare.com) para verificar la cobertura.

## CLASES 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.

## MEDICAMENTOS SIN COBERTURA

Tenga en cuenta que determinados medicamentos no están cubiertos. Esto incluye, entre otros:

- Los productos farmacéuticos determinados por la Administración de Alimentos y Medicamentos (FDA) como medicamentos menos eficaces, y medicamentos idénticos, relacionados o similares (con frecuencia denominados medicamentos "DESI 5 y 6").

## PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA

Las recetas para medicamentos que requieren aprobación previa o para medicamentos que no están incluidos en el Formulario de medicamentos de Molina pueden aprobarse cuando son médicamente necesarios y cuando se probó que las opciones del Formulario son ineficaces. Cuando surgen estas situaciones excepcionales, el médico puede enviar por fax un formulario de autorización previa de medicamento completado a Molina al (844) 823-5479. Los formularios pueden obtenerse en el sitio web [www.molinahealthcare.com](http://www.molinahealthcare.com). Los ensayos con muestras farmacéuticas no se considerarán como justificación para aprobar una solicitud de autorización previa.

## SUGERENCIAS ÚTILES PARA LA AUTORIZACIÓN PREVIA

Para asegurar la respuesta más rápida posible del Departamento de Farmacia, proporcione información relevante con la solicitud de autorización previa. Estos son algunos ejemplos:

### Clase de medicamento/diagnóstico

Reducción de colesterol  
Diabetes  
Medicamento no preferidos/fuera del formulario

### Información clínica solicitada

Perfil lipídico, factores de riesgo cardiovasculares  
Informe de A1c  
Informe del medicamento y/o notas sobre el progreso que documentan el uso previo de medicamentos del formulario.

## LEYENDA

<b>AGE</b>	Límite de edad
<b>MED</b>	Dosis equivalente máxima de morfina de 90 mg por día.
<b>GNDR</b>	Editar género
<b>OTC</b>	De venta libre, beneficio cubierto con receta
<b>PA</b>	Autorización previa
<b>PA, QL</b>	El límite de cantidad se aplica después de la aprobación de la autorización previa
<b>QL</b>	Límite de cantidad
<b>SP</b>	Medicamento especializado; estos medicamentos deben obtenerse a través de una farmacia especializada.
<b>ST</b>	Terapia escalonada
<i>minúscula</i>	Indica la disponibilidad de medicamento genérico.

MAYÚSCULAS Indica la disponibilidad de medicamento de marca

## SOLICITAR CAMBIOS EN EL FORMULARIO

Si usted es emisor de 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: (866) 879-4742

## AVISO

La información contenida en este documento es de propiedad privada. La información no podrá copiarse total o parcialmente sin permiso por escrito. ©2024. Todos los derechos reservados.

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 algo distinto. Si tiene alguna pregunta, comuníquese con el Centro de ayuda de farmacia de Molina Health Plan.

Clave			
AGE= Límite de edad	ST= Terapia escalonada	OTC= Artículos de venta libre	PA= autorización previa
PA, QL= El límite de cantidad se aplica después de la aprobación de autorización previa	QL= Límite de cantidad	SP= Medicamentos especializados; estos medicamentos deben obtenerse a través de una farmacia especializada	

Fecha de entrada en vigencia	Nombre del producto	Cambio	Notas
4/1/2024	Comprimidos de albendazol	Quitar la autorización previa (PA).	Agregar QL 4/día
4/1/2024	Cápsulas de itraconazol	Agregar al formulario	QL: DD máximo de 4; EDAD (18+)
4/1/2024	Cápsulas de lisdexamfetamina	Agregar al formulario	QL: DD máximo de 1; EDAD (6+)
4/1/2024	Paxlovid	Agregar suministro máximo de 5 días por relleno.	

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Drug Name	Drug Tier	Requirements/Limits
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>		
<b>*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS***</b>		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR***</b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<b>*AMPHETAMINE MIXTURES***</b>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
<i>amphetamine-dextroamphetamine oral tablet 7.5 mg</i>	Tier 1	QL (5 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
<b>*AMPHETAMINES***</b>		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<b>*ANALEPTICS***</b>		
<i>caffeine citrate oral solution 60 mg/3ml</i>	Tier 1	QL (120 ML per 1 Fill); AGE (Max 1 Years)
<b>*STIMULANTS - MISC.***</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 17 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)

**AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Tier 1	QL (15 ML per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 17 Years)
<b>*ALTERNATIVE MEDICINES*</b>		
<b>*ALTERNATIVE MEDICINE COMBINATIONS - TWO INGREDIENTS***</b>		
<i>melatonin/vitamin b-6 ex st oral tablet 3-1 mg</i>	Tier 1	
<b>*AMINOGLYCOSIDES*</b>		
<b>*AMINOGLYCOSIDES***</b>		
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	
<i>paromomycin sulfate oral capsule 250 mg</i>	Tier 1	
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<b>*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***</b>		
<i>XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)</i>	Tier 1	PA
<i>XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)</i>	Tier 1	PA

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG ( <i>tofacitinib citrate</i> )	Tier 1	PA
<b>*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***</b>		
<i>adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml</i>	Tier 1	PA; QL (2 EA per 28 days)
<i>adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	Tier 1	PA; QL (2 EA per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	Tier 1	PA; QL (2 EA per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	Tier 1	PA; QL (2 EA per 28 days)
<b>*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***</b>		
<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)
<b>*INTERLEUKIN-6 RECEPTOR INHIBITORS***</b>		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	Tier 1	PA
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***</b>		
<i>childrens ibuprofen 100 oral suspension 100 mg/5ml</i>	Tier 1	QL (160 ML per 1 day)
<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, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<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>ibuprofen 100 junior strength oral tablet chewable 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>ibuprofen infants oral suspension 50 mg/1.25ml</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 oral capsule 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<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)
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	QL (3 EA per 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<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)
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***</b>		
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	Tier 1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	Tier 1	PA
<b>*PYRIMIDINE SYNTHESIS INHIBITORS***</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***</b>		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	Tier 1	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )	Tier 1	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )	Tier 1	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG ( <i>etanercept</i> )	Tier 1	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	Tier 1	PA; QL (4 ML per 24 days)
<b>*ANALGESICS - NONNARCOTIC*</b>		
<b>*ANALGESICS OTHER***</b>		
<i>acetaminophen 8 hour oral tablet extended release 650 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	
<i>acetaminophen oral liquid 160 mg/5ml</i>	Tier 1	
<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 rapid tabs child oral tablet dispersible 80 mg</i>	Not Covered	
<i>acetaminophen rectal suppository 650 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>childrens aspirin free oral elixir 80 mg/2.5ml</i>	Tier 1	
<i>childrens non-aspirin oral tablet chewable 80 mg</i>	Tier 1	QL (6 EA per 1 day)
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG ( <i>acetaminophen</i> )	Tier 1	QL (50 EA per 1 day)
<i>non-aspirin jr strength oral tablet chewable 160 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>pain reliever/fever reducer rectal suppository 120 mg</i>	Tier 1	QL (34 EA per 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>*ANALGESICS-SEDATIVES***</b>		
<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)
<b>*SALICYLATES***</b>		
<i>aspirin 81 oral tablet chewable 81 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>aspirin 81 oral tablet delayed release 81 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>aspirin oral tablet 325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>aspirin oral tablet delayed release 325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*ANALGESICS - OPIOID*</b>		
<b>*CODEINE COMBINATIONS***</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	Tier 1	QL (3750 ML per 25 days); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (8 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
<b>*HYDROCODONE COMBINATIONS***</b>		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Tier 1	QL (3750 ML per 25 days); MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (6 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
<b>*OPIOID AGONISTS***</b>		
<i>codeine sulfate oral tablet 30 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; QL (0.334 EA per 1 day); MED
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	Tier 1	QL (12 EA per 1 day); MED; Max 7 day supply for initial fill or PA required

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	Tier 1	ST; QL (3 EA per 1 day); Requires prior use of IR Opioid; MED
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (3 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	QL(120); MED; Max 7 day supply for initial fill or PA required
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 12 Years); MED; Max 7 day supply for initial fill or PA required
<b>*OPIOID COMBINATIONS***</b>		
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	Tier 1	QL (6 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	Tier 1	QL (8 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
<b>*OPIOID PARTIAL AGONISTS***</b>		
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML ( <i>buprenorphine</i> )	Tier 1	MAX 4 fills per 25 days
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML ( <i>buprenorphine</i> )	Tier 1	MAX 4 fills per 25 days
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML ( <i>buprenorphine</i> )	Tier 1	MAX 4 fills per 25 days
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	Tier 1	QL (3 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (buprenorphine hcl-naloxone hcl)	Tier 1	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (buprenorphine hcl-naloxone hcl)	Tier 1	QL (2 EA per 1 day)
<b>*ANDROGENS-ANABOLIC*</b>		
<b>*ANDROGENS***</b>		
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Tier 1	
testosterone enanthate intramuscular solution 200 mg/ml	Tier 1	
<b>*ANORECTAL AND RELATED PRODUCTS*</b>		
<b>*INTRARECTAL STEROIDS***</b>		
hydrocortisone rectal enema 100 mg/60ml	Tier 1	QL (1680 ML per 25 days)
<b>*RECTAL ANESTHETIC COMBINATIONS***</b>		
hemorrhoidal external cream 1-0.25-14.4-15 %	Tier 1	
<b>*RECTAL LOCAL ANESTHETICS***</b>		
dibucaine (perianal) external ointment 1 %	Tier 1	
<b>*RECTAL STEROIDS***</b>		
hydrocortisone acetate rectal suppository 25 mg	Tier 1	QL (7 EA per 1 day)
hydrocortisone (Proctosol Hc External Cream 2.5 %)	Tier 1	
<b>*ANTACIDS*</b>		
<b>*ANTACID &amp; SIMETHICONE***</b>		
antacid anti-gas max strength oral suspension 400-400-40 mg/5ml	Tier 1	
antacid plus oral tablet chewable 200-200-25 mg	Tier 1	
mag-al plus oral liquid 200-200-20 mg/5ml	Tier 1	
<b>*ANTACID COMBINATIONS***</b>		
ACID GONE ORAL SUSPENSION 95-358 MG/15ML (alum hydroxide-mag carbonate)	Tier 1	
antacid extra strength oral tablet chewable 675-135 mg	Tier 1	
cvs antacid supreme oral suspension 400-135 mg/5ml	Tier 1	
heartburn antacid ex st oral tablet chewable 160-105 mg	Tier 1	
<b>*ANTACIDS - BICARBONATE***</b>		
sodium bicarbonate oral tablet 325 mg, 650 mg	Tier 1	
<b>*ANTACIDS - CALCIUM SALTS***</b>		
antacid maximum oral tablet chewable 1000 mg	Tier 1	
antacid oral tablet chewable 500 mg, 750 mg	Tier 1	
calcium carbonate antacid oral suspension 1250 mg/5ml	Tier 1	
calcium carbonate antacid oral tablet 648 mg	Tier 1	
CHILDRENS SOOTHE ORAL TABLET CHEWABLE 400 MG (calcium carbonate antacid)	Tier 1	
<b>*ANTACIDS - MAGNESIUM SALTS***</b>		
magnesium oxide oral tablet 250 mg, 420 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<b>*ANTHELMINTICS*</b>		
<b>*ANTHELMINTICS***</b>		
<i>albendazole oral tablet 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>ivermectin oral tablet 3 mg</i>	Tier 1	QL (16 EA per 2 days); Max 1 fill per 30 days
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>	Tier 1	
<b>*ANTIANGINAL AGENTS*</b>		
<b>*ANTIANGINALS-OTHER***</b>		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 1	ST; QL (2 EA per 1 day); Prior use BB/CCBs & long-acting nitrate
<b>*NITRATES***</b>		
<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>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)
<b>*ANTIAXIETY AGENTS*</b>		
<b>*ANTIAXIETY AGENTS - MISC.***</b>		
<i>bupirone hcl oral tablet 10 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>bupirone hcl oral tablet 15 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>bupirone hcl oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 6 Years)
<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 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)
<b>*BENZODIAZEPINES***</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	PA; QL (3 ML per 1 day); AGE (Max 64 Years)
<i>diazepam oral solution 5 mg/5ml</i>	Tier 1	QL (4 ML per 1 day); AGE (Max 64 Years)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	QL (3 ML per 1 day); AGE (Min 12 Years)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 12 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
<b>*ANTIARRHYTHMICS*</b>		
<b>*ANTIARRHYTHMICS TYPE I-A***</b>		
<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)
<b>*ANTIARRHYTHMICS TYPE I-B***</b>		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*ANTIARRHYTHMICS TYPE I-C***</b>		
<i>flecainide acetate oral tablet 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	Tier 1	QL (7 EA per 1 day)
<i>propafenone hcl oral tablet 150 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>propafenone hcl oral tablet 225 mg, 300 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*ANTIARRHYTHMICS TYPE III***</b>		
<i>amiodarone hcl</i> (Pacerone Oral Tablet 200 Mg)	Tier 1	QL (4 EA per 1 day)
<b>*ASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>*ADRENERGIC COMBINATIONS***</b>		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT ( <i>umeclidinium-vilanterol</i> )	Tier 1	QL (2 EA per 1 day)
<i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)	Tier 1	QL (20.6 GM per 25 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Tier 1	QL (20.4 GM per 25 days)

**AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Tier 1	QL (2 EA per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	Tier 1	QL (0.04 EA per 1 day)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	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 1	QL (2 EA per 1 day)
<b>*ANTI-IGE MONOCLONAL ANTIBODIES***</b>		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>omalizumab</i> )	Tier 1	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>omalizumab</i> )	Tier 1	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG ( <i>omalizumab</i> )	Tier 1	PA; QL (5 EA per 24 days)
<b>*ANTI-INFLAMMATORY AGENTS***</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1	QL (26 ML per 1 day)
<b>*BETA ADRENERGICS***</b>		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (18 GM per 24 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (6.7 GM per 24 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (8.5 GM per 24 days)
<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 ( <i>olodaterol hcl</i> )	Tier 1	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)
<b>*BRONCHODILATORS - ANTICHOLINERGICS***</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT ( <i>ipratropium bromide hfa</i> )	Tier 1	QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT ( <i>umeclidinium bromide</i> )	Tier 1	QL (1 EA per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	QL (10 ML per 1 day)
<b>*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***</b>		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML ( <i>benralizumab</i> )	Tier 1	PA

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Drug Name	Drug Tier	Requirements/Limits
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML ( <i>benralizumab</i> )	Tier 1	PA
<b>*LEUKOTRIENE RECEPTOR ANTAGONISTS***</b>		
<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)
<b>*STEROID INHALANTS***</b>		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT ( <i>ciclesonide</i> )	Tier 1	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)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	Tier 1	QL (0.354 GM per 1 day); AGE (Max 11 Years)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT ( <i>beclomethasone diprop hfa</i> )	Tier 1	QL (0.354 GM per 1 day)
<b>*XANTHINES***</b>		
<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	
<b>*ANTICOAGULANTS*</b>		
<b>*COUMARIN ANTICOAGULANTS***</b>		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	QL (10 EA per 1 day)
<b>*DIRECT FACTOR XA INHIBITORS***</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG ( <i>apixaban</i> )	Tier 1	QL (74 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG ( <i>apixaban</i> )	Tier 1	QL (2 EA per 1 day)
<b>*LOW MOLECULAR WEIGHT HEPARINS***</b>		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 1	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	Tier 1	QL (2 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	Tier 1	QL (1.6 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	Tier 1	QL (0.6 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	Tier 1	QL (0.8 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	Tier 1	QL (1.2 ML per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
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 ( <i>dalteparin sodium</i> )	Tier 1	PA
<b>*SYNTHETIC HEPARINOID-LIKE AGENTS***</b>		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 1	PA
<b>*ANTICONVULSANTS*</b>		
<b>*ANTICONVULSANTS - BENZODIAZEPINES***</b>		
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Tier 1	QL (2 EA per 25 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML ( <i>midazolam (anticonvulsant)</i> )	Tier 1	QL (10 EA per 25 days); AGE (Min 12 Years)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML ( <i>diazepam</i> )	Tier 1	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML ( <i>diazepam</i> )	Tier 1	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML ( <i>diazepam</i> )	Tier 1	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML ( <i>diazepam</i> )	Tier 1	QL (10 EA per 25 days); AGE (Min 6 Years)
<b>*ANTICONVULSANTS - MISC.***</b>		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<i>carbamazepine oral tablet chewable 100 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>carbamazepine (Eitol Oral Tablet 200 Mg)</i>	Tier 1	QL (8 EA per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>gabapentin oral capsule 400 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 1	
<i>gabapentin oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	QL (20 ML per 1 day)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet 100 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>lamotrigine oral tablet 150 mg, 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>lamotrigine oral tablet 25 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Tier 1	QL (4 EA per 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	QL (30 ML per 1 day)
<i>levetiracetam oral tablet 1000 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1	QL (16.667 ML per 1 day)
<i>oxcarbazepine oral tablet 150 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>oxcarbazepine oral tablet 300 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
<i>pregabalin oral capsule 50 mg</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>pregabalin oral capsule 75 mg</i>	Tier 1	PA; QL (8 EA per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral tablet 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>zonisamide oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*GABA MODULATORS***</b>		
<i>tiagabine hcl oral tablet 12 mg</i>	Tier 1	QL (4.67 EA per 1 day)
<i>tiagabine hcl oral tablet 16 mg</i>	Tier 1	QL (3.5 EA per 1 day)
<i>tiagabine hcl oral tablet 2 mg</i>	Tier 1	QL (28 EA per 1 day)
<i>tiagabine hcl oral tablet 4 mg</i>	Tier 1	QL (14 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	Tier 1	QL (6 EA per 1 day)
<b>*HYDANTOINS***</b>		
<i>DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)</i>	Tier 1	QL (6 EA per 1 day)
<i>phenytoin oral suspension 100 mg/4ml</i>	Tier 1	QL (20 ML per 1 day)
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*SUCCINIMIDES***</b>		
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1	QL (30 ML per 1 day)
<b>*VALPROIC ACID***</b>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	QL (10 EA per 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg</i>	Tier 1	QL (15 EA per 1 day)
<i>divalproex sodium oral tablet delayed release 250 mg, 500 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>valproic acid oral capsule 250 mg</i>	Tier 1	QL (20 EA per 1 day)
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 1	QL (100 ML per 1 day)
<b>*ANTIDEPRESSANTS*</b>		
<b>*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)***</b>		
<i>mirtazapine oral tablet 15 mg, 45 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>mirtazapine oral tablet 30 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*ANTIDEPRESSANTS - MISC.***</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<b>*MONOAMINE OXIDASE INHIBITORS (MAOIS)***</b>		
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Tier 1	QL (20 ML per 1 day)
<i>citalopram hydrobromide oral tablet 10 mg</i>	Tier 1	QL (1.5 EA per 1 day)
<i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1.5 EA per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1	
<i>fluvoxamine maleate oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline hcl oral tablet 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>sertraline hcl oral tablet 25 mg</i>	Tier 1	QL (1.5 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<b>*SEROTONIN MODULATORS***</b>		
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<b>*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*TRICYCLIC AGENTS***</b>		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>amitriptyline hcl oral tablet 100 mg, 150 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>amitriptyline hcl oral tablet 50 mg, 75 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>clomipramine hcl oral capsule 25 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>clomipramine hcl oral capsule 50 mg, 75 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>desipramine hcl oral tablet 10 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>desipramine hcl oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>desipramine hcl oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>desipramine hcl oral tablet 25 mg, 75 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>doxepin hcl oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Max 64 Years)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>nortriptyline hcl oral capsule 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*ANTIDIABETICS*</b>		
<b>*ALPHA-GLUCOSIDASE INHIBITORS***</b>		
<i>acarbose oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>acarbose oral tablet 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*BIGUANIDES***</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	QL (4 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
metformin hcl oral tablet 1000 mg	Tier 1	QL (2 EA per 1 day)
metformin hcl oral tablet 500 mg	Tier 1	QL (5 EA per 1 day)
metformin hcl oral tablet 850 mg	Tier 1	QL (3 EA per 1 day)
<b>*DIABETIC OTHER - COMBINATIONS***</b>		
glucose oral tablet chewable 4-6 gm-mg	Tier 1	
<b>*DIABETIC OTHER***</b>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	Tier 1	QL (2 EA per 25 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )	Tier 1	QL (2 EA per 25 days)
<i>glucagon emergency injection kit 1 mg</i>	Tier 1	QL (2 EA per 25 days)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML ( <i>glucagon</i> )	Tier 1	QL (0.2 ML per 25 days)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML ( <i>glucagon</i> )	Tier 1	QL (0.4 ML per 25 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML ( <i>glucagon</i> )	Tier 1	QL (0.4 ML per 25 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML ( <i>glucagon</i> )	Tier 1	QL (0.2 ML per 25 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML ( <i>glucagon</i> )	Tier 1	QL (0.4 ML per 25 days)
<b>*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***</b>		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 1	ST; QL (1 EA per 1 day); PRIOR USE OF METFORMIN
<b>*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***</b>		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg</i>	Tier 1	ST; QL (2 EA per 1 day); PRIOR USE OF METFORMIN AND SULFON
<i>alogliptin-metformin hcl oral tablet 12.5-500 mg</i>	Tier 1	ST; QL (2 EA per 1 day); PRIOR USE OF METFORMIN AND SULFON
<b>*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 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); PRIOR USE OF METFORMIN AND SULFON
<b>*HUMAN INSULIN***</b>		
ADMELOG INJECTION SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )	Tier 1	QL (30 ML per 25 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin lispro</i> )	Tier 1	QL (30 ML per 25 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	Tier 1	QL (30 ML per 25 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )	Tier 1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	Tier 1	QL (30 ML per 25 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	Tier 1	QL (30 ML per 25 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	Tier 1	QL (30 ML per 25 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	Tier 1	QL (30 ML per 25 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	Tier 1	QL (30 ML per 25 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML ( <i>insulin regular human</i> )	Tier 1	QL (20 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML ( <i>insulin regular human</i> )	Tier 1	QL (18 ML per 25 days)
<i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	Tier 1	QL (30 ML per 25 days)
<i>insulin aspart prot &amp; aspart subcutaneous suspension (70-30) 100 unit/ml</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)
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	Tier 1	QL (30 ML per 25 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart</i> )	Tier 1	QL (30 ML per 25 days)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine-yfgn</i> )	Tier 1	QL (30 ML per 25 days)
<b>*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***</b>		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML ( <i>semaglutide</i> )	Tier 1	ST; QL (1.5 ML per 25 days); PRIOR USE OF METFORMIN
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML ( <i>semaglutide</i> )	Tier 1	ST; QL (3 ML per 25 days); PRIOR USE OF METFORMIN
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML ( <i>semaglutide</i> )	Tier 1	ST; QL (1.5 ML per 25 days); PRIOR USE OF METFORMIN
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML ( <i>semaglutide</i> )	Tier 1	ST; QL (3 ML per 25 days); PRIOR USE OF METFORMIN
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML ( <i>semaglutide</i> )	Tier 1	ST; QL (3 ML per 25 days); PRIOR USE OF METFORMIN
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG ( <i>semaglutide</i> )	Tier 1	ST; QL (1 EA per 1 day); PRIOR USE OF METFORMIN
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML ( <i>dulaglutide</i> )	Tier 1	ST; QL (2 ML per 25 days); PRIOR USE OF METFORMIN

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Drug Name	Drug Tier	Requirements/Limits
<b>*MEGLITINIDE ANALOGUES***</b>		
<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)
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***</b>		
STEGLATRO ORAL TABLET 15 MG, 5 MG ( <i>ertugliflozin l-pyroglutamicac</i> )	Tier 1	ST; PRIOR USE OF METFORMIN
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***</b>		
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 1	ST; PRIOR USE OF METFORMIN
<b>*SULFONYLUREA-BIGUANIDE COMBINATIONS***</b>		
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>glyburide-metformin oral tablet 5-500 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*SULFONYLUREAS***</b>		
<i>glimepiride oral tablet 1 mg, 4 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>glimepiride oral tablet 2 mg</i>	Tier 1	QL (4 EA per 1 day)
<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)
<i>glipizide oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>glipizide oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>tolbutamide oral tablet 500 mg</i>	Tier 1	
<b>*THIAZOLIDINEDIONES***</b>		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>		
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***</b>		
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Tier 1	
<i>pink bismuth oral suspension 262 mg/15ml</i>	Tier 1	
<i>sb bismuth oral tablet 262 mg</i>	Tier 1	
<b>*ANTIPERISTALTIC AGENTS***</b>		
<i>anti-diarrheal oral tablet 2 mg</i>	Tier 1	QL (8 EA per 1 day)
<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 liquid 1 mg/7.5ml</i>	Tier 1	
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>		
<b>*OPIOID ANTAGONISTS***</b>		
KLOXXADO NASAL LIQUID 8 MG/0.1ML ( <i>naloxone hcl</i> )	Tier 1	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Tier 1	
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day)
NARCAN NASAL LIQUID 4 MG/0.1ML ( <i>naloxone hcl</i> )	Tier 1	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML ( <i>nalmefene hcl</i> )	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )	Tier 1	QL (1 EA per 28 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML ( <i>naloxone hcl</i> )	Tier 1	
<b>*ANTIEMETICS*</b>		
<b>*5-HT3 RECEPTOR ANTAGONISTS***</b>		
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST; QL (2 EA per 1 day); PRIOR USE OF ONDANSETRON
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 1	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	QL (90 EA per 25 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 1	QL (90 EA per 25 days)
<b>*ANTIEMETIC COMBINATIONS***</b>		
<i>anti-nausea oral solution 1.87-1.87-21.5</i>	Tier 1	
<b>*ANTIEMETICS - ANTICHOLINERGIC***</b>		
<i>dimenhydrinate oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>motion sickness relief oral tablet chewable 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 1	QL (0.34 EA per 1 day)
<b>*ANTIFUNGALS*</b>		
<b>*ANTIFUNGALS***</b>		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>nystatin oral tablet 500000 unit</i>	Tier 1	QL (8 EA per 1 day)
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*IMIDAZOLES***</b>		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*TRIAZOLES***</b>		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 1	QL (35 ML per 25 days); AGE (Max 12 Years)
<i>fluconazole oral tablet 100 mg, 200 mg</i>	Tier 1	QL (21 EA per 25 days)
<i>fluconazole oral tablet 150 mg</i>	Tier 1	QL (2 EA per 25 days)
<i>fluconazole oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>itraconazole oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 18 Years)

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Drug Name	Drug Tier	Requirements/Limits
<b>*ANTI HISTAMINES*</b>		
<b>*ANTI HISTAMINES - ALKYLAMINES***</b>		
<i>aller-chlor oral syrup 2 mg/5ml</i>	Tier 1	
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*ANTI HISTAMINES - ETHANOLAMINES***</b>		
<i>allergy relief childrens oral liquid 12.5 mg/5ml</i>	Tier 1	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	Tier 1	
<i>allergy relief oral capsule 25 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>allergy relief oral tablet 25 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>clemastine fumarate oral tablet 1.34 mg</i>	Tier 1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	AGE (Max 64 Years)
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Tier 1	QL (80 ML per 1 day); AGE (Max 12 Years)
<i>diphenhydramine hcl oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*ANTI HISTAMINES - NON-SEDATING***</b>		
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>loratadine childrens oral solution 5 mg/5ml</i>	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>loratadine oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>loratadine oral tablet dispersible 10 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Max 12 Years)
<b>*ANTI HISTAMINES - PHENOTHIAZINES***</b>		
<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 syrup 6.25 mg/5ml</i>	Tier 1	QL (100 ML per 1 day); AGE (Min 2 Years and Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	Tier 1	QL (24 EA per 30 days); AGE (Min 2 Years and Max 64 Years)
<b>*ANTIHISTAMINES - PIPERIDINES***</b>		
<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)
<b>*ANTIHYPERLIPIDEMICS*</b>		
<b>*ACL INHIB-INTestinal CHOLESTEROL ABSORPTION INHIB COMB***</b>		
NEXLIZET ORAL TABLET 180-10 MG ( <i>bempedoic acid-ezetimibe</i> )	Tier 1	PA
<b>*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS***</b>		
NEXLETOL ORAL TABLET 180 MG ( <i>bempedoic acid</i> )	Tier 1	PA
<b>*BILE ACID SEQUESTRANTS***</b>		
<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)
<i>cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)</i>	Tier 1	QL (8 GM per 1 day)
<b>*FIBRIC ACID DERIVATIVES***</b>		
<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)
<b>*HMG COA REDUCTASE INHIBITORS***</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***</b>		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*PCSK9 INHIBITORS***</b>		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML ( <i>evolocumab</i> )	Tier 1	PA; QL (3.5 ML per 24 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML ( <i>evolocumab</i> )	Tier 1	PA; QL (2 ML per 24 days)

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Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>evolocumab</i> )	Tier 1	PA; QL (2 ML per 24 days)
<b>*ANTIHYPERTENSIVES*</b>		
<b>*ACE INHIBITOR &amp; CALCIUM CHANNEL BLOCKER COMBINATIONS***</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ACE INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE***</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ACE INHIBITORS***</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (1.5 EA per 1 day)
<i>benazepril hcl oral tablet 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<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)
<i>enalapril maleate oral tablet 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lisinopril oral tablet 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
QBRELIS ORAL SOLUTION 1 MG/ML ( <i>lisinopril</i> )	Tier 1	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)
<i>quinapril hcl oral tablet 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; CA CHANNEL BLOCKER COMB***</b>		
<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)
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE***</b>		
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<b>*ANGIOTENSIN II RECEPTOR ANTAGONISTS***</b>		
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*ANTIADRENERGICS - CENTRALLY ACTING***</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>guanfacine hcl oral tablet 1 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>guanfacine hcl oral tablet 2 mg</i>	Tier 1	QL (2 EA per 1 day)
<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)
<b>*ANTIADRENERGICS - PERIPHERALLY ACTING***</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	Tier 1	QL (2 EA per 1 day)
<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)
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*BETA BLOCKER &amp; DIURETIC COMBINATIONS***</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*VASODILATORS***</b>		
<i>hydralazine hcl oral tablet 10 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>hydralazine hcl oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>hydralazine hcl oral tablet 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>hydralazine hcl oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	QL (5 EA per 1 day)
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
<b>*ANTI-INFECTIVE AGENTS - MISC.***</b>		
<i>metronidazole oral tablet 250 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>metronidazole oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*ANTI-INFECTIVE MISC. - COMBINATIONS***</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*ANTIPROTOZOAL AGENTS***</b>		
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 1	PA
<b>*GLYCOPEPTIDES***</b>		
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<b>*LEPROSTATICS***</b>		
<i>dapsone oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>dapsone oral tablet 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*LINCOSAMIDES***</b>		
<i>clindamycin hcl oral capsule 150 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>clindamycin hcl oral capsule 300 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 1	AGE (Max 18 Years)
<b>*OXAZOLIDINONES***</b>		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 1	PA
<i>linezolid oral tablet 600 mg</i>	Tier 1	PA
<b>*URINARY ANTI-INFECTIVES***</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	QL (4 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)
<b>*ANTIMALARIALS*</b>		
<b>*ANTIMALARIALS***</b>		
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (10 EA per 3 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (5 EA per 3 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>		
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS***</b>		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<b>*ANTIMYCOBACTERIAL AGENTS***</b>		
<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)
<i>isoniazid oral tablet 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>isoniazid oral tablet 300 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>PRIFTIN ORAL TABLET 150 MG (rifapentine)</i>	Tier 1	QL (1.143 EA per 1 day)
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>rifampin oral capsule 150 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>rifampin oral capsule 300 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<b>*ANDROGEN BIOSYNTHESIS INHIBITORS***</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 1	PA; QL (4 EA per 1 day); 15
<b>*ANTIADRENALS***</b>		
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	Tier 1	
<b>*ANTIANDROGENS***</b>		
<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)
<b>*ANTIESTROGENS***</b>		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*ANTIMETABOLITES***</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 1	PA
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methotrexate oral tablet 2.5 mg</i>	Tier 1	QL (24 EA per 1 day)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 1	QL (10 ML per 25 days)
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 1	QL (10 ML per 25 days)
<b>*ANTINEOPLASTIC - ALK INHIBITORS***</b>		
ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )	Tier 1	PA; QL (8 EA per 1 day)
<b>*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***</b>		
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 1	PA; QL (3 EA per 1 day); 15
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 1	PA; QL (2 EA per 1 day); 15
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )	Tier 1	PA; QL (1 EA per 1 day); 15
SPRYCEL ORAL TABLET 20 MG ( <i>dasatinib</i> )	Tier 1	PA; QL (3 EA per 1 day); 15
<b>*ANTINEOPLASTIC - BTK INHIBITORS***</b>		
BRUKINSA ORAL CAPSULE 80 MG ( <i>zanubrutinib</i> )	Tier 1	PA; QL (4 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG ( <i>ibrutinib</i> )	Tier 1	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL TABLET 420 MG, 560 MG ( <i>ibrutinib</i> )	Tier 1	PA; QL (1 EA per 1 day)
<b>*ANTINEOPLASTIC - EGFR INHIBITORS***</b>		
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 1	PA; QL (1 EA per 1 day); 15
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 1	PA; QL (3 EA per 1 day); 15
TAGRISSO ORAL TABLET 40 MG, 80 MG ( <i>osimertinib mesylate</i> )	Tier 1	PA; QL (1 EA per 1 day); 15
<b>*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***</b>		
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tier 1	PA; QL (6 EA per 1 day)
<i>sorafenib tosylate oral tablet 200 mg</i>	Tier 1	PA; QL (4 EA per 1 day); 15
<i>sunitinib malate oral capsule 12.5 mg</i>	Tier 1	PA; QL (4 EA per 1 day); 14
<i>sunitinib malate oral capsule 25 mg</i>	Tier 1	PA; QL (2 EA per 1 day); 14

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Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate oral capsule 37.5 mg, 50 mg</i>	Tier 1	PA; QL (1 EA per 1 day); 14
<b>*ANTINEOPLASTICS MISC.***</b>		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML ( <i>interferon alfa-2b</i> )	Tier 1	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT ( <i>interferon alfa-2b</i> )	Tier 1	
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	Tier 1	PA
<b>*AROMATASE INHIBITORS***</b>		
<i>anastrozole oral tablet 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***</b>		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	Tier 1	PA; QL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	Tier 1	PA; QL (1 EA per 1 day)
<b>*FOLIC ACID ANTAGONISTS RESCUE AGENTS***</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
<b>*IMIDAZOTETRAZINES***</b>		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 1	PA
<b>*LHRH ANALOGS***</b>		
ELIGARD SUBCUTANEOUS KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	Tier 1	PA
ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	Tier 1	PA
ELIGARD SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	Tier 1	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG ( <i>leuprolide acetate</i> )	Tier 1	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 1	PA
<b>*MITOTIC INHIBITORS***</b>		
<i>etoposide oral capsule 50 mg</i>	Tier 1	PA
<b>*NITROGEN MUSTARDS AND RELATED ANALOGUES***</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	QL (16 EA per 1 day)
LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )	Tier 1	QL (8 EA per 1 day)
<i>melphalan oral tablet 2 mg</i>	Tier 1	
<b>*NITROSOUREAS***</b>		
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	Tier 1	
<b>*PROGESTINS-ANTINEOPLASTIC***</b>		
<i>megestrol acetate oral suspension 400 mg/10ml</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)
<b>*RETINOIDS***</b>		
<i>tretinoin oral capsule 10 mg</i>	Tier 1	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS*</b>		
<b>*ANTIPARKINSON ANTICHOLINERGICS***</b>		
<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)
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<b>*ANTIPARKINSON DOPAMINERGICS***</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>amantadine hcl oral solution 50 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***</b>		
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*LEVODOPA COMBINATIONS***</b>		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>carbidopa-levodopa er oral tablet extended release 50-200 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg</i>	Tier 1	ST; QL (8 EA per 1 day); prior use of LEVODOPA/CARBIDOPA
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	Tier 1	ST; QL (6 EA per 1 day); prior use of LEVODOPA/CARBIDOPA
<b>*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***</b>		
<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)
<i>pramipexole dihydrochloride oral tablet 0.75 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>ropinirole hcl oral tablet 0.5 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*PERIPHERAL COMT INHIBITORS***</b>		
<i>entacapone oral tablet 200 mg</i>	Tier 1	ST; QL (8 EA per 1 day); prior use of LEVODOPA/CARBIDOPA

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Drug Name	Drug Tier	Requirements/Limits
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>		
<b>*ANTIMANIC AGENTS***</b>		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate oral capsule 150 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate oral capsule 300 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>lithium carbonate oral capsule 600 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>lithium oral solution 8 meq/5ml</i>	Tier 1	
<b>*ANTIPSYCHOTICS - MISC.***</b>		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG ( <i>cariprazine hcl</i> )	Tier 1	PA; AGE (Min 6 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG ( <i>cariprazine hcl</i> )	Tier 1	PA; AGE (Min 6 Years)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
<b>*BENZISOXAZOLES***</b>		
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML ( <i>paliperidone palmitate</i> )	Tier 1	QL (0.75 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML ( <i>paliperidone palmitate</i> )	Tier 1	QL (1 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML ( <i>paliperidone palmitate</i> )	Tier 1	QL (1.5 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML ( <i>paliperidone palmitate</i> )	Tier 1	QL (0.25 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML ( <i>paliperidone palmitate</i> )	Tier 1	QL (0.5 ML per 25 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML ( <i>paliperidone palmitate</i> )	Tier 1	QL (0.88 ML per 71 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML ( <i>paliperidone palmitate</i> )	Tier 1	QL (1.32 ML per 71 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML ( <i>paliperidone palmitate</i> )	Tier 1	QL (1.75 ML per 71 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML ( <i>paliperidone palmitate</i> )	Tier 1	QL (2.65 ML 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)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>risperidone microspheres</i> )	Tier 1	QL (2 EA per 25 days); AGE (Min 18 Years)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	QL (16 ML per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet 4 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet dispersible 4 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 5 Years)
<b>*BUTYROPHENONES***</b>		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 1	AGE (Min 6 Years)
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 1	AGE (Min 6 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	AGE (Min 6 Years)
<i>haloperidol oral tablet 0.5 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	QL (5 EA per 1 day); AGE (Min 6 Years)
<b>*DIBENZODIAZEPINES***</b>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg</i>	Tier 1	AGE (Min 6 Years)
<i>clozapine oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
<b>*DIBENZO-OXEPINO PYRROLES***</b>		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	Tier 1	PA; AGE (Min 6 Years)
<b>*DIBENZOTHIAZEPINES***</b>		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
<b>*DIBENZOAZEPINES***</b>		
<i>loxapine succinate oral capsule 10 mg, 5 mg, 50 mg</i>	Tier 1	QL (15 EA per 1 day); AGE (Min 6 Years)
<i>loxapine succinate oral capsule 25 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
<b>*PHENOTHIAZINES***</b>		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 6 Years)
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	Tier 1	QL (12 EA per 1 day)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
<i>prochlorperazine maleate oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 6 Years)
<i>prochlorperazine maleate oral tablet 5 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Min 6 Years)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>trifluoperazine hcl oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
<b>*QUINOLINONE DERIVATIVES***</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG ( <i>aripiprazole</i> )	Tier 1	QL (1 EA per 25 days); AGE (Min 18 Years)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG ( <i>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)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML ( <i>aripiprazole lauroxil</i> )	Tier 1	QL (3.9 ML per 50 days); AGE (Min 18 Years)
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)
<b>*THIENBENZODIAZEPINES***</b>		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST; QL (1 EA per 1 day); AGE (Min 6 Years); Requires trial of risperidone or quetiapine or clozapine
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG ( <i>olanzapine pamoate</i> )	Tier 1	QL (2 EA per 25 days); AGE (Min 18 Years)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG ( <i>olanzapine pamoate</i> )	Tier 1	QL (1 EA per 25 days); AGE (Min 18 Years)
<b>*THIOXANTHENES***</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)

**AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<b>*ANTISEPTICS &amp; DISINFECTANTS*</b>		
<b>*CHLORINE ANTISEPTICS***</b>		
BETASEPT SURGICAL SCRUB EXTERNAL LIQUID 4 % (chlorhexidine gluconate)	Tier 1	
<b>*ANTIVIRALS*</b>		
<b>*ANTIRETROVIRAL COMBINATIONS***</b>		
abacavir sulfate-lamivudine oral tablet 600-300 mg	Tier 1	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG (bictegravir-emtricitab-tenofovir)	Tier 1	QL (1 EA per 1 day); AGE (Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG (bictegravir-emtricitab-tenofovir)	Tier 1	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG (lamivudine-tenofovir)	Tier 1	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (emtricitab-rilpivir-tenofovir)	Tier 1	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirin-lamivudin-tenofovir df)	Tier 1	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (emtricitabine-tenofovir af)	Tier 1	QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG (dolutegravir-lamivudine)	Tier 1	QL (1 EA per 1 day)
efavirenz-emtricitab-tenofovir 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 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	Tier 1	PA; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)	Tier 1	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (elviteg-cobic-emtricit-tenofaf)	Tier 1	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG (dolutegravir-rilpivirine)	Tier 1	QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	QL (2 EA per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5ml	Tier 1	QL (17.5 ML per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 1	QL (8 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 1	QL (4 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitab-rilpivir-tenofovir af)	Tier 1	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG (darunavir-cobicistat)	Tier 1	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	Tier 1	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-emtricit-tenofaf)	Tier 1	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (abacavir-dolutegravir-lamivud)	Tier 1	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (abacavir-dolutegravir-lamivud)	Tier 1	QL (6 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
TRIZIVIR ORAL TABLET 300-150-300 MG ( <i>abacavir-lamivudine-zidovudine</i> )	Tier 1	QL (2 EA per 1 day)
TRUVADA ORAL TABLET 200-300 MG ( <i>emtricitabine-tenofovir df</i> )	Tier 1	PA; QL (1 EA per 1 day)
<b>*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***</b>		
<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 1	QL (60 ML per 1 day)
SELZENTRY ORAL TABLET 25 MG ( <i>maraviroc</i> )	Tier 1	QL (48 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG ( <i>maraviroc</i> )	Tier 1	QL (16 EA per 1 day)
<b>*ANTIRETROVIRALS - FUSION INHIBITORS***</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG ( <i>enfuvirtide</i> )	Tier 1	QL (2 EA per 1 day)
<b>*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR***</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG ( <i>fostemsavir tromethamine</i> )	Tier 1	QL (2 EA per 1 day)
<b>*ANTIRETROVIRALS - INTEGRASE INHIBITORS***</b>		
ISENTRESS HD ORAL TABLET 600 MG ( <i>raltegravir potassium</i> )	Tier 1	QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG ( <i>raltegravir potassium</i> )	Tier 1	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )	Tier 1	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG ( <i>raltegravir potassium</i> )	Tier 1	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG ( <i>raltegravir potassium</i> )	Tier 1	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG ( <i>dolutegravir sodium</i> )	Tier 1	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG ( <i>dolutegravir sodium</i> )	Tier 1	QL (6 EA per 1 day)
<b>*ANTIRETROVIRALS - PROTEASE INHIBITORS***</b>		
APTIVUS ORAL CAPSULE 250 MG ( <i>tipranavir</i> )	Tier 1	QL (4 EA per 1 day)
APTIVUS ORAL SOLUTION 100 MG/ML ( <i>tipranavir</i> )	Tier 1	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Tier 1	QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG ( <i>indinavir sulfate</i> )	Tier 1	
<i>darunavir oral tablet 600 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 1	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG ( <i>saquinavir mesylate</i> )	Tier 1	
LEXIVA ORAL SUSPENSION 50 MG/ML ( <i>fosamprenavir calcium</i> )	Tier 1	QL (56 ML per 1 day)
NORVIR ORAL PACKET 100 MG ( <i>ritonavir</i> )	Tier 1	PA
NORVIR ORAL SOLUTION 80 MG/ML ( <i>ritonavir</i> )	Tier 1	QL (15 ML per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML ( <i>darunavir</i> )	Tier 1	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 1	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG ( <i>darunavir</i> )	Tier 1	QL (16 EA per 1 day)
REYATAZ ORAL PACKET 50 MG ( <i>atazanavir sulfate</i> )	Tier 1	QL (6 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 1	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG ( <i>nelfinavir mesylate</i> )	Tier 1	QL (4 EA per 1 day)
<b>*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***</b>		
EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )	Tier 1	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>efavirenz oral capsule 50 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Tier 1	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 1	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 suspension 50 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG ( <i>doravirine</i> )	Tier 1	QL (1 EA per 1 day)
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES***</b>		
<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)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	Tier 1	
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES***</b>		
<i>emtricitabine oral capsule 200 mg</i>	Tier 1	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )	Tier 1	QL (20 ML per 1 day)
<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)
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES***</b>		
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML ( <i>zidovudine</i> )	Tier 1	QL (100 ML per 1 day)
<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)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<b>*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES***</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )	Tier 1	QL (7.5 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG ( <i>tenofovir disoproxil fumarate</i> )	Tier 1	QL (1 EA per 1 day)
<b>*ANTIRETROVIRALS ADJUVANTS***</b>		
TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )	Tier 1	QL (1 EA per 1 day)
<b>*ANTIVIRAL COMBINATIONS***</b>		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )	Tier 1	QL (30 EA per 25 days); AGE (Min 18 Years); Max 5 day supply
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )	Tier 1	QL (30 EA per 25 days); AGE (Min 18 Years); Max 5 day supply
<b>*CMV AGENTS***</b>		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1	PA
<b>*HEPATITIS B AGENTS***</b>		
<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>lamivudine oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG ( <i>tenofovir alafenamide fumarate</i> )	Tier 1	PA
<b>*HEPATITIS C AGENT - COMBINATIONS***</b>		
<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)
VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuv-velpatasv-voxilaprev</i> )	Tier 1	PA; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG ( <i>elbasvir-grazoprevir</i> )	Tier 1	PA
<b>*HEPATITIS C AGENTS***</b>		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	Tier 1	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	Tier 1	PA; SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML ( <i>peginterferon alfa-2b</i> )	Tier 1	PA
<i>ribavirin oral capsule 200 mg</i>	Tier 1	PA
<i>ribavirin oral tablet 200 mg</i>	Tier 1	PA
SOVALDI ORAL TABLET 400 MG ( <i>sofosbuvir</i> )	Tier 1	PA
<b>*HERPES AGENTS - PURINE ANALOGUES***</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	QL (5 EA per 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<b>*HERPES AGENTS - THYMIDINE ANALOGUES***</b>		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*INFLUENZA AGENTS***</b>		
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*NEURAMINIDASE INHIBITORS***</b>		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT ( <i>zanamivir</i> )	Tier 1	
<b>*BETA BLOCKERS*</b>		
<b>*ALPHA-BETA BLOCKERS***</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>labetalol hcl oral tablet 300 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*BETA BLOCKERS CARDIO-SELECTIVE***</b>		
<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)
<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)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*BETA BLOCKERS NON-SELECTIVE***</b>		
<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)
<i>propranolol hcl oral solution 20 mg/5ml</i>	Tier 1	QL (20 ML per 1 day)
<i>propranolol hcl oral solution 40 mg/5ml</i>	Tier 1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	QL (2 EA per 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<b>*CALCIUM CHANNEL BLOCKERS***</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
KATERZIA ORAL SUSPENSION 1 MG/ML ( <i>amlodipine benzoate</i> )	Tier 1	AGE (Min 6 Years and Max 12 Years)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
NORLIQVA ORAL SOLUTION 1 MG/ML ( <i>amlodipine besylate</i> )	Tier 1	AGE (Min 6 Years and Max 12 Years)
<i>verapamil hcl er oral tablet extended release 120 mg, 240 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 180 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>verapamil hcl oral tablet 120 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*CARDIOTONICS*</b>		
<b>*CARDIAC GLYCOSIDES***</b>		
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 1	AGE (Max 12 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 1	QL (1 EA per 1 day)
<i>digoxin oral tablet 62.5 mcg</i>	Tier 1	QL (8 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
<b>*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	Tier 1	PA
<b>*PERIPHERAL VASODILATORS***</b>		
niacin flush free oral capsule 500 mg	Tier 1	
<b>*PROSTAGLANDIN VASODILATORS***</b>		
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	Tier 1	PA
<b>*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***</b>		
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 (macitentan)	Tier 1	PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (bosentan)	Tier 1	PA
<b>*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***</b>		
sildenafil citrate oral tablet 20 mg	Tier 1	PA; QL (3 EA per 1 day)
<b>*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***</b>		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	Tier 1	PA; QL (2 EA per 1 day)
<b>*SINUS NODE INHIBITORS**</b>		
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	Tier 1	PA
<b>*CEPHALOSPORINS*</b>		
<b>*CEPHALOSPORINS - 1ST GENERATION***</b>		
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)
<b>*CEPHALOSPORINS - 2ND GENERATION***</b>		
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)
<b>*CEPHALOSPORINS - 3RD GENERATION***</b>		
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)

**AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<b>*CHEMICALS*</b>		
<b>*BULK CHEMICALS - BU'S***</b>		
<i>budesonide powder</i>	Tier 1	
<b>*BULK CHEMICALS - ET'S***</b>		
<i>ethyl oleate liquid</i>	Tier 1	
<b>*BULK CHEMICALS - PR'S***</b>		
<i>progesterone micronized powder</i>	Tier 1	
<b>*FIXED OILS***</b>		
<i>sesame oil oil</i>	Tier 1	
<b>*LIQUIDS***</b>		
<i>benzyl benzoate liquid</i>	Tier 1	AGE (Min 16 Years and Max 60 Years)
<b>*CONTRACEPTIVES*</b>		
<b>*BIPHASIC CONTRACEPTIVES - ORAL***</b>		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Tier 1	QL (1.34 EA per 1 day)
<b>*COMBINATION CONTRACEPTIVES - ORAL***</b>		
<i>norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)</i>	Tier 1	QL (1.34 EA per 1 day)
<i>norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)</i>	Tier 1	QL (1.34 EA per 1 day)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Tier 1	QL (1.34 EA per 1 day)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	Tier 1	QL (1.34 EA per 1 day)
<i>ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)</i>	Tier 1	QL (1.34 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Tier 1	QL (1.34 EA per 1 day)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 1	QL (1.34 EA per 1 day)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 1	QL (1.34 EA per 1 day)
<i>norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	Tier 1	QL (1.34 EA per 1 day)
<i>norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)</i>	Tier 1	QL (1.34 EA per 1 day)
<i>desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)</i>	Tier 1	QL (1.34 EA per 1 day)
<i>norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)</i>	Tier 1	QL (1.34 EA per 1 day)
<i>drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)</i>	Tier 1	QL (1.34 EA per 1 day)
<b>*COMBINATION CONTRACEPTIVES - TRANSDERMAL***</b>		
<i>norelgestromin-eth estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)</i>	Tier 1	QL (0.143 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<b>*COMBINATION CONTRACEPTIVES - VAGINAL***</b>		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	Tier 1	QL (0.05 EA per 1 day)
<b>*EMERGENCY CONTRACEPTIVES***</b>		
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	Tier 1	QL (6 EA per 365 days)
OPTION 2 ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	Tier 1	QL (6 EA per 365 days); Max 1 per fill
<b>*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***</b>		
<i>levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 &amp; 0.01 Mg)</i>	Tier 1	QL (1.08 EA per 1 day)
<i>levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &amp; 0.01 Mg)</i>	Tier 1	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)
<b>*PROGESTIN CONTRACEPTIVES - INJECTABLE***</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> )	Tier 1	QL (2.6 ML per 284 days)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Tier 1	QL (4 ML per 284 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Tier 1	QL (4 ML per 284 days)
<b>*PROGESTIN CONTRACEPTIVES - IUD***</b>		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG ( <i>levonorgestrel</i> )	Tier 1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY ( <i>levonorgestrel</i> )	Tier 1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY ( <i>levonorgestrel</i> )	Tier 1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG ( <i>levonorgestrel</i> )	Tier 1	
<b>*PROGESTIN CONTRACEPTIVES - ORAL***</b>		
<i>norethindrone oral tablet 0.35 mg</i>	Tier 1	QL (1.34 EA per 1 day)
<b>*TRIPHASIC CONTRACEPTIVES - ORAL***</b>		
<i>levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)</i>	Tier 1	QL (1.34 EA per 1 day)
<i>norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	Tier 1	QL (1.34 EA per 1 day)
<i>norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)</i>	Tier 1	QL (1.34 EA per 1 day)
<i>norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)</i>	Tier 1	QL (1.34 EA per 1 day)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG ( <i>desogestrel-ethinyl estradiol</i> )	Tier 1	QL (1.34 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<b>*CORTICOSTEROIDS*</b>		
<b>*GLUCOCORTICOSTEROIDS***</b>		
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>dexamethasone oral tablet 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>hydrocortisone oral tablet 10 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocortisone oral tablet 20 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>hydrocortisone oral tablet 5 mg</i>	Tier 1	QL (24 EA per 1 day)
<i>methylprednisolone oral tablet 16 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methylprednisolone oral tablet 32 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylprednisolone oral tablet 4 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>methylprednisolone oral tablet 8 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1	
<i>prednisolone oral syrup 15 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier 1	
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<i>prednisone oral tablet 1 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>prednisone oral tablet 10 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>prednisone oral tablet 2.5 mg</i>	Tier 1	QL (8 EA per 1 day)
<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	
<b>*MINERALOCORTICOIDS***</b>		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	QL (5 EA per 1 day)
<b>*COUGH/COLD/ALLERGY*</b>		
<b>*ANTITUSSIVE - NONNARCOTIC***</b>		
<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>tussin cough long-acting oral liquid 15 mg/5ml</i>	Tier 1	
<b>*ANTITUSSIVE-EXPECTORANT***</b>		
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	Tier 1	QL (180 ML Max Qty Per Fill Retail)
DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML ( <i>dextromethorphan-guaifenesin</i> )	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*DECONGESTANT &amp; ANTIHISTAMINE***</b>		
<i>allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 4 Years)
<i>childs cold/allergy oral elixir 1-15 mg/5ml</i>	Tier 1	
<i>diphenhydramine-phenylephrine oral tablet 25-10 mg</i>	Tier 1	
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>night time cough/cold child oral liquid 6.25-2.5 mg/5ml</i>	Tier 1	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years)
<b>*DECONGESTANT W/ EXPECTORANT***</b>		
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 4 Years)
<b>*EXPECTORANTS***</b>		
<i>chest congestion relief child oral liquid 100 mg/5ml</i>	Tier 1	
<i>chest congestion relief oral tablet 400 mg</i>	Tier 1	AGE (Min 4 Years)
<i>geri-tussin oral syrup 100 mg/5ml</i>	Tier 1	AGE (Min 4 Years)
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>guaifenesin oral tablet 200 mg</i>	Tier 1	AGE (Min 4 Years)
<b>*MISC. RESPIRATORY INHALANTS***</b>		
<i>sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %</i>	Tier 1	
<b>*MUCOLYTICS***</b>		
<i>acetylcysteine inhalation solution 20 %</i>	Tier 1	QL (120 ML per 1 day)
<b>*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE***</b>		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<b>*DERMATOLOGICALS*</b>		
<b>*ACNE ANTIBIOTICS***</b>		
<i>clindamycin phosphate external gel 1 %</i>	Tier 1	ST; QL (60 GM per 25 days); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<i>clindamycin phosphate external lotion 1 %</i>	Tier 1	ST; QL (10 ML per 1 day); PRIOR USE DIFFERIN OTC AND CLINDA 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)

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Drug Name	Drug Tier	Requirements/Limits
<b>*ACNE PRODUCTS***</b>		
<i>acne medication 10 external lotion 10 %</i>	Tier 1	
<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 external gel 2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	ST; QL (45 GM per 25 days); AGE (Max 35 Years); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Tier 1	ST; QL (45 GM per 25 days); AGE (Max 35 Years); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<b>*ANTIBIOTIC MIXTURES TOPICAL***</b>		
<i>double antibiotic external ointment 500-10000 unit/gm</i>	Tier 1	
<i>first aid antibiotic external ointment 3.5-400-5000 mg-unit</i>	Tier 1	
<i>triple antibiotic pain relief external ointment 1 %</i>	Tier 1	
<b>*ANTIBIOTICS - TOPICAL***</b>		
<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)
<b>*ANTIFUNGALS - TOPICAL***</b>		
<i>athletes foot (terbinafine) external cream 1 %</i>	Tier 1	QL (30 GM per 25 days)
BLIS-TO-SOL EXTERNAL LIQUID 1 % (tolnaftate)	Tier 1	QL (151 ML 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)
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 1	QL (60 ML per 25 days)
<i>jock itch spray powder 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 (Nystop External Powder 100000 Unit/Gm)</i>	Tier 1	QL (30 GM per 25 days)
<i>tolnaftate external cream 1 %</i>	Tier 1	QL (60 GM per 30 days)
<i>tolnaftate external powder 1 %</i>	Tier 1	QL (67.5 GM per 30 days)
<b>*ANTI-INFLAMMATORY AGENTS - TOPICAL***</b>		
<i>diclofenac sodium external gel 1 %</i>	Tier 1	QL (200 GM per 25 days)
<b>*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***</b>		
<i>fluorouracil external cream 5 %</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<b>*ANTIPSORIATICS - SYSTEMIC***</b>		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	Tier 1	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	Tier 1	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	Tier 1	PA; QL (1 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	Tier 1	PA; QL (1 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>secukinumab</i> )	Tier 1	PA; QL (0.5 ML per 24 days)
<b>*ANTIPSORIATICS***</b>		
<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
<b>*ANTIVIRALS - TOPICAL***</b>		
<i>acyclovir external ointment 5 %</i>	Tier 1	PA
<i>docosanol external cream 10 %</i>	Tier 1	
<b>*BURN PRODUCTS***</b>		
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	Tier 1	
<b>*CORTICOSTEROIDS - TOPICAL***</b>		
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>anti-itch maximum strength external cream 1 %</i>	Tier 1	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<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)
<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>cvs cortisone cooling relief external gel 1 %</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desonide external cream 0.05 %</i>	Tier 1	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>desonide external ointment 0.05 %</i>	Tier 1	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<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	ST; QL (120 ML per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<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	QL (60 GM per 25 days)
<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>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	ST; REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>hydrocortisone external cream 0.5 %, 2.5 %</i>	Tier 1	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>hydrocortisone external lotion 1 %</i>	Tier 1	ST; REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1	ST; QL (60 ML per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>hydrocortisone external ointment 0.5 %, 2.5 %</i>	Tier 1	ST; QL (60 GM per 25 days); REQ TRY ANY 3 PREFERRED LOW POTENCY
<i>hydrocortisone external ointment 1 %</i>	Tier 1	ST; REQ TRY ANY 3 PREFERRED LOW POTENCY
<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	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide powder</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<b>*EMOLLIENTS***</b>		
<i>ammonium lactate external lotion 12 %</i>	Tier 1	QL (225 GM per 25 days)
HYDROLATUM EXTERNAL OINTMENT ( <i>emollient</i> )	Tier 1	
<b>*ENZYMES - TOPICAL***</b>		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM ( <i>collagenase</i> )	Tier 1	PA; QL (2 GM per 1 day)
<b>*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***</b>		
<i>antifungal clotrimazole external cream 1 %</i>	Tier 1	
<i>antifungal external powder 2 %</i>	Tier 1	
<i>athletes foot powder spray external aerosol powder 2 %</i>	Tier 1	
<i>clotrimazole external solution 1 %</i>	Tier 1	QL (60 ML per 30 days)
<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 nitrate external cream 2 %</i>	Tier 1	QL (150 GM per 25 days)
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % ( <i>miconazole nitrate</i> )	Tier 1	
<b>*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL***</b>		
<i>imiquimod external cream 5 %</i>	Tier 1	PA; QL (24 EA per 25 days)
<b>*INSECT REPELLENTS***</b>		
NATRAPEL EXTERNAL LIQUID 20 % ( <i>picaridin</i> )	Tier 1	
REPEL 100 EXTERNAL LIQUID 98.11 % ( <i>diethyltoluamide</i> )	Tier 1	
REPEL FAMILY EXTERNAL AEROSOL 15 % ( <i>diethyltoluamide</i> )	Tier 1	
REPEL LEMON EUCALYPTUS EXTERNAL AEROSOL ( <i>insect repellent</i> )	Tier 1	
REPEL SPORTSMEN MAX EXTERNAL LOTION 40 % ( <i>diethyltoluamide</i> )	Tier 1	
REPEL TICK DEFENSE EXTERNAL AEROSOL 15 % ( <i>picaridin</i> )	Tier 1	
<b>*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS***</b>		
<i>podofilox external solution 0.5 %</i>	Tier 1	QL (7 ML per 180 days)
<b>*LOCAL ANESTHETICS - TOPICAL***</b>		
<i>arthritis pain relieving external cream 0.075 %</i>	Tier 1	
<i>capsaicin external cream 0.025 %</i>	Tier 1	
<i>capsaicin external cream 0.1 %</i>	Tier 1	QL (85 GM per 25 days)
CAPZASIN-P EXTERNAL CREAM 0.035 % ( <i>capsaicin</i> )	Tier 1	
CIRCATA EXTERNAL CREAM 0.05 % ( <i>capsaicin</i> )	Tier 1	
<i>dibucaine external ointment 1 %</i>	Tier 1	
<i>lidocaine hcl</i> (Glydo External Prefilled Syringe 2 %)	Tier 1	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine pain relief max st external patch 4 %</i>	Tier 1	QL (4 EA per 1 day)
<i>lidocaine hcl (Proxivol External Gel 2 %)</i>	Tier 1	
ZOSTRIX NATURAL PAIN RELIEF EXTERNAL CREAM 0.033 % ( <i>capsaicin</i> )	Tier 1	
<b>*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL***</b>		
<i>pimecrolimus external cream 1 %</i>	Tier 1	PA; QL (2 GM per 1 day)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 1	PA; QL (30 GM per 25 days)
<b>*MISC. TOPICAL COMBINATIONS***</b>		
ZINC-OXYDE PLUS EXTERNAL OINTMENT 0.44-20 % ( <i>menthol-zinc oxide</i> )	Tier 1	
<b>*MISC. TOPICAL***</b>		
DRYSOL EXTERNAL SOLUTION 20 % ( <i>aluminum chloride</i> )	Tier 1	
<b>*ROSACEA AGENTS***</b>		
<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	
<b>*SCABICIDE COMBINATIONS***</b>		
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Tier 1	
<i>stop lice complete treatment combination kit 0.33-4-0.5 %</i>	Tier 1	
<i>stop lice maximum strength external liquid 0.33-4 %</i>	Tier 1	
<b>*SCABICIDES &amp; PEDICULICIDES***</b>		
CROTAN EXTERNAL LOTION 10 % ( <i>crotamiton</i> )	Tier 1	
<i>lice treatment creme rinse external liquid 1 %</i>	Tier 1	
<i>lice treatment external lotion 1 %</i>	Tier 1	
<i>malathion external lotion 0.5 %</i>	Tier 1	QL (59 ML per 25 days)
<i>permethrin external cream 5 %</i>	Tier 1	
<i>spinosad external suspension 0.9 %</i>	Tier 1	QL (120 ML per 25 days)
<i>stop lice aerosol 0.5 %</i>	Tier 1	
<b>*SKIN PROTECTANTS***</b>		
MINERIN CREME EXTERNAL CREAM ( <i>skin protectants, misc.</i> )	Tier 1	
<b>*TOPICAL ANESTHETIC COMBINATIONS***</b>		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<b>*TOPICAL STEROID COMBINATIONS***</b>		
<i>hydrocortisone-aloe external cream 0.5 %, 1 %</i>	Tier 1	
<b>*WOUND CARE COMBINATIONS***</b>		
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD ( <i>bismuth tribromoph-petrolatum</i> )	Tier 1	
<b>*WOUND DRESSINGS***</b>		
DUODERM CGF DRESSING EXTERNAL ( <i>control gel formula dressing</i> )	Tier 1	
INTRASITE GEL APPLIPAK EXTERNAL GEL ( <i>wound dressings</i> )	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*DIAGNOSTIC DRUGS***</b>		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG ( <i>thyrotropin alfa</i> )	Tier 1	PA; QL (2 EA per 180 days)
<b>*DIAGNOSTIC INFECTION TEST COMBINATIONS***</b>		
BD VERITOR SARS-COV-2/FLU A+B IN VITRO KIT ( <i>influenza-sars antigen test</i> )	Tier 1	
<b>*DIAGNOSTIC TESTS***</b>		
KETOSTIX IN VITRO STRIP ( <i>acetone (urine) test</i> )	Tier 1	
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )	Tier 1	PA; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	Tier 1	PA; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins. Max 300 strips/month for type 1 if submitted with Dx code or PA required without Dx
<b>*INFECTION TESTS***</b>		
BD VERITOR SYSTEM SARS-COV-2 IN VITRO KIT ( <i>covid-19 antigen test</i> )	Tier 1	QL (2 EA per 28 days)
<i>covid-19 at-home test in vitro kit</i>	Tier 1	QL (2 EA per 28 days)
<i>covid-19 testing by pharmacist kit</i>	Tier 1	QL (2 EA per 28 days)
CUE COVID-19 TEST IN VITRO CARTRIDGE ( <i>covid-19 at home test</i> )	Tier 1	QL (2 EA per 28 days)
CUE HEALTH MONITORING SYSTEM IN VITRO ( <i>covid-19 at home test</i> )	Tier 1	QL (2 EA per 28 days)
ID NOW COVID-19 2.0 TEST IN VITRO KIT ( <i>covid-19 test</i> )	Tier 1	QL (2 EA per 28 days)
ID NOW COVID-19 CONTROL IN VITRO KIT ( <i>covid-19 control test</i> )	Tier 1	
ID NOW COVID-19 IN VITRO KIT ( <i>covid-19 test</i> )	Tier 1	QL (2 EA per 28 days)
LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT ( <i>covid-19 at home test</i> )	Tier 1	QL (2 EA per 28 days)
PIXEL COVID-19 PCR HOME TEST IN VITRO KIT ( <i>covid-19 home test</i> )	Tier 1	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)

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Drug Name	Drug Tier	Requirements/Limits
<b>*DIGESTIVE AIDS*</b>		
<b>*DIGESTIVE ENZYMES***</b>		
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 1	QL (6 EA per 1 day)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	Tier 1	
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 1	QL (6 EA per 1 day)
<b>*DIURETICS*</b>		
<b>*CARBONIC ANHYDRASE INHIBITORS***</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*DIURETIC COMBINATIONS***</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*LOOP DIURETICS***</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>bumetanide oral tablet 2 mg</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)
<i>torseamide oral tablet 10 mg, 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>torseamide oral tablet 100 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*POTASSIUM SPARING DIURETICS***</b>		
<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)
<i>spironolactone oral tablet 25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>spironolactone oral tablet 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*THIAZIDES AND THIAZIDE-LIKE DIURETICS***</b>		
<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)
<i>hydrochlorothiazide oral tablet 25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>hydrochlorothiazide oral tablet 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<b>*BISPHOSPHONATES***</b>		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	QL (0.1429 EA per 1 day)
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1	QL (0.0358 EA per 1 day)
<b>*CALCITONINS***</b>		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1	QL (1 ML per 1 day); AGE (Min 50 Years)
<b>*CARNITINE REPLENISHER - AGENTS***</b>		
<i>levocarnitine oral solution 1 gm/10ml</i>	Tier 1	QL (60 ML per 1 day)
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	QL (18 EA per 1 day)
<b>*DOPAMINE RECEPTOR AGONISTS***</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<b>*GROWTH HORMONES***</b>		
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG ( <i>somatropin</i> )	Tier 1	PA
<b>*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	QL (4 EA per 1 day)
<b>*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)***</b>		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )	Tier 1	PA
<b>*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***</b>		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG ( <i>leuprolide acetate</i> )	Tier 1	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG ( <i>leuprolide acetate (3 month)</i> )	Tier 1	PA
SYNAREL NASAL SOLUTION 2 MG/ML ( <i>nafarelin acetate</i> )	Tier 1	PA
<b>*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS***</b>		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML ( <i>idursulfase</i> )	Tier 1	PA
<b>*OVULATION STIMULANTS-SYNTHETIC***</b>		
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	AGE (Min 21 Years)
<b>*PARATHYROID HORMONE AND DERIVATIVES***</b>		
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )	Tier 1	PA
<b>*RANK LIGAND (RANKL) INHIBITORS***</b>		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML ( <i>denosumab</i> )	Tier 1	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***</b>		
<i>raloxifene hcl oral tablet 60 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 50 Years)
<b>*SOMATOSTATIC AGENTS***</b>		
<i>octreotide acetate injection solution 100 mcg/ml</i>	Tier 1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml</i>	Tier 1	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG ( <i>octreotide acetate</i> )	Tier 1	PA
<b>*VASOPRESSIN***</b>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 1	PA
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	Tier 1	
<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
<b>*ESTROGENS*</b>		
<b>*ESTROGEN &amp; PROGESTIN***</b>		
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg)</i>	Tier 1	QL (1 EA per 1 day)
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	Tier 1	QL (1 EA per 1 day)
<b>*ESTROGENS***</b>		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	AGE (Max 64 Years)
<b>*FLUOROQUINOLONES*</b>		
<b>*FLUOROQUINOLONES***</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 1	PA
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1	
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<b>*ANTIFLATULENTS***</b>		
<i>gas relief extra strength oral capsule 125 mg</i>	Tier 1	
<i>gas relief extra strength oral tablet chewable 125 mg</i>	Tier 1	
<i>infants gas relief oral suspension 40 mg/0.6ml</i>	Tier 1	
<i>simethicone drops infants oral liquid 20 mg/0.3ml</i>	Tier 1	
<i>simethicone oral tablet chewable 80 mg</i>	Tier 1	
<i>simethicone ultra strength oral capsule 180 mg</i>	Tier 1	
<b>*GALLSTONE SOLUBILIZING AGENTS***</b>		
<i>ursodiol oral capsule 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>ursodiol oral tablet 250 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>ursodiol oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<b>*GASTROINTESTINAL STIMULANTS***</b>		
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*INFLAMMATORY BOWEL AGENTS***</b>		
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Tier 1	QL (4 EA per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*INTESTINAL ACIDIFIERS***</b>		
<i>enulose oral solution 10 gm/15ml</i>	Tier 1	QL (180 ML per 1 day)
<b>*PHOSPHATE BINDER AGENTS***</b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	ST; PRIOR USE OF calcium acetate
<b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>		
<b>*5-ALPHA REDUCTASE INHIBITORS***</b>		
<i>finasteride oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*CITRATES***</b>		
<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 oral solution 500-334 mg/5ml</i>	Tier 1	
<b>*GENITOURINARY IRRIGANTS***</b>		
<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)
<b>*URINARY ANALGESICS***</b>		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*GOUT AGENTS*</b>		
<b>*GOUT AGENT COMBINATIONS***</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*GOUT AGENTS***</b>		
<i>allopurinol oral tablet 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>allopurinol oral tablet 300 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (30 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>*URICOSURICS***</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
<b>*ANTIHEMOPHILIC PRODUCTS***</b>		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 4000 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )	Tier 1	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )	Tier 1	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 500-1200 UNIT ( <i>antihemophilic factor-vwf</i> )	Tier 1	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihem factor recomb (rfviii)</i> )	Tier 1	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )	Tier 1	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> )	Tier 1	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	Tier 1	PA
<b>*HEMATORHEOLOGIC AGENTS***</b>		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*PHOSPHODIESTERASE III INHIBITORS***</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*PLATELET AGGREGATION INHIBITOR COMBINATIONS***</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 1	PA
<b>*PLATELET AGGREGATION INHIBITORS***</b>		
<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)
<b>*THIENOPYRIDINE DERIVATIVES***</b>		
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*HEMATOPOIETIC AGENTS*</b>		
<b>*COBALAMINS***</b>		
<i>b-12 oral tablet 250 mcg</i>	Tier 1	
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	Tier 1	
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 500 mcg</i>	Tier 1	
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg</i>	Tier 1	
<b>*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )	Tier 1	PA

**AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
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 1	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 1	PA
<b>*FOLIC ACID/FOLATES***</b>		
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	Tier 1	QL (5 EA per 1 day)
<i>kp folic acid oral tablet 800 mcg</i>	Tier 1	QL (5 EA per 1 day)
<b>*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***</b>		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-sndz</i> )	Tier 1	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-bmez</i> )	Tier 1	PA; QL (0.6 ML per 11 days)
<b>*IRON COMBINATIONS***</b>		
<i>foltrin oral capsule</i>	Tier 1	QL (2 EA per 1 day)
HEMATOGEN ORAL CAPSULE ( <i>iron combinations</i> )	Tier 1	QL (2 EA per 1 day)
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*IRON***</b>		
FERATE ORAL TABLET 240 (27 FE) MG ( <i>ferrous gluconate</i> )	Tier 1	
FERROCITE ORAL TABLET 324 MG ( <i>ferrous fumarate</i> )	Tier 1	
<i>ferrous gluconate oral tablet 324 (37.5 fe) mg, 324 (38 fe) mg</i>	Tier 1	
<i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>	Tier 1	
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>	Tier 1	
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	Tier 1	QL (3 EA per 1 day)
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	Tier 1	
<i>iron infant/toddler oral solution 75 (15 fe) mg/ml</i>	Tier 1	
NU-IRON ORAL CAPSULE 150 MG ( <i>polysaccharide iron complex</i> )	Tier 1	QL (2 EA per 1 day)
<i>px iron oral tablet 200 (65 fe) mg</i>	Tier 1	
<i>slow release iron oral tablet extended release 160 (50 fe) mg, 50 mg</i>	Tier 1	
<i>sm slow release iron oral tablet extended release 142 (45 fe) mg, 45 mg</i>	Tier 1	
<b>*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*</b>		
<b>*ANTI-HISTAMINE HYPNOTICS***</b>		
<i>cvs sleep-aid (doxylamine) oral tablet 25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>diphenhydramine hcl (sleep) oral tablet 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
<b>*BARBITURATE HYPNOTICS***</b>		
<i>phenobarbital oral elixir 20 mg/5ml</i>	Tier 1	QL (50 ML per 1 day); AGE (Max 12 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>phenobarbital oral tablet 64.8 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*BENZODIAZEPINE HYPNOTICS***</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 15 Years and Max 64 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 18 Years)
<b>*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***</b>		
<i>zolpidem tartrate oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate oral tablet 5 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 18 Years)
<b>*LAXATIVES*</b>		
<b>*BOWEL EVACUANT COMBINATIONS***</b>		
<i>GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (peg 3350-kcl-nabcb-nacl-nasulf)</i>	Tier 1	QL (4000 ML per 1 day)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Tier 1	QL (4000 ML per 1 day)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 1	QL (4000 ML per 1 day)
<i>PEG-PREP ORAL KIT 5-210 MG-GM (bisacodyl-peg-kcl-nabicar-nacl)</i>	Tier 1	
<b>*BULK LAXATIVES***</b>		
<i>BENEFIBER DRINK MIX ORAL PACKET (wheat dextrin)</i>	Tier 1	
<i>clear soluble fiber oral powder</i>	Tier 1	
<i>cvs daily fiber oral packet 58.6 %</i>	Tier 1	
<i>fiber (corn dextrin) oral powder</i>	Tier 1	
<i>fiber therapy oral tablet 500 mg</i>	Tier 1	
<i>fiber-lax oral tablet 625 mg</i>	Tier 1	
<i>konsyl daily fiber oral packet 28.3 %</i>	Tier 1	
<i>konsyl original daily fiber oral packet 100 %</i>	Tier 1	
<i>KONSYL-D ORAL POWDER 52.3 % (psyllium)</i>	Tier 1	
<i>METAMUCIL MULTIHEALTH FIBER ORAL PACKET 58.12 % (psyllium)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
METAMUCIL ORAL PACKET 28 % ( <i>psyllium</i> )	Tier 1	
METAMUCIL ORAL WAFER ( <i>psyllium</i> )	Tier 1	
<i>natural fiber oral powder 58.6 %</i>	Tier 1	
<i>natural fiber therapy oral powder 28.3 %</i>	Tier 1	
<i>natural psyllium seed oral powder 100 %</i>	Tier 1	
<i>psyllium fiber oral capsule 0.52 gm</i>	Tier 1	
<i>qc natural vegetable oral powder 95 %</i>	Tier 1	
<i>sb fib lax orange oral powder 33 %</i>	Tier 1	
UNIFIBER ORAL POWDER ( <i>cellulose</i> )	Tier 1	
WAL-MUCIL ORAL POWDER 48.57 % ( <i>psyllium</i> )	Tier 1	
<b>*LAXATIVES - MISCELLANEOUS***</b>		
<i>glycerin (adult) rectal suppository 2 gm, 2.1 gm, 80.7 %</i>	Tier 1	
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>	Tier 1	
<i>lactulose oral solution 10 gm/15ml</i>	Tier 1	QL (180 ML per 1 day)
<i>peg 3350 oral powder 17 gm/scoop</i>	Tier 1	QL (34 GM per 1 day)
<b>*LAXATIVES &amp; DSS***</b>		
<i>easy-lax plus oral tablet 8.6-50 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*LUBRICANT LAXATIVES***</b>		
<i>enema mineral oil rectal enema</i>	Tier 1	
<i>mineral oil oral oil</i>	Tier 1	
<b>*SALINE LAXATIVE MIXTURES***</b>		
<i>enema pediatric rectal enema 3.5-9.5 gm/59ml</i>	Tier 1	
<i>enema rectal enema 7-19 gm/118ml</i>	Tier 1	
<b>*SALINE LAXATIVES***</b>		
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Tier 1	
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	Tier 1	
<i>milk of magnesia oral suspension 7.75 %</i>	Tier 1	
<b>*STIMULANT LAXATIVES***</b>		
<i>bisacodyl laxative oral tablet delayed release 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>chocolated laxative oral tablet chewable 15 mg</i>	Tier 1	
<i>gentle laxative rectal suppository 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>natural senna laxative oral tablet 8.6 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>senna laxative oral tablet 25 mg</i>	Tier 1	
<i>senna oral syrup 8.8 mg/5ml</i>	Tier 1	
<b>*SURFACTANT LAXATIVES***</b>		
<i>cvs stool softener oral capsule 50 mg</i>	Tier 1	
<i>docusate calcium oral capsule 240 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>docusate sodium oral capsule 100 mg</i>	Tier 1	
<i>docusate sodium oral capsule 250 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>docusate sodium oral liquid 50 mg/5ml</i>	Tier 1	QL (30 ML per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>docusate sodium oral syrup 60 mg/15ml</i>	Tier 1	
<i>docusate sodium oral tablet 100 mg</i>	Tier 1	QL (6 EA per 1 day)
PEDIA-LAX ORAL LIQUID 50 MG/15ML ( <i>docusate sodium</i> )	Tier 1	QL (30 ML per 1 day)
<b>*MACROLIDES*</b>		
<b>*AZITHROMYCIN***</b>		
<i>azithromycin oral packet 1 gm</i>	Tier 1	QL (1 EA per 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)
<b>*CLARITHROMYCIN***</b>		
<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	
<b>*ERYTHROMYCINS***</b>		
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<b>*MEDICAL DEVICES AND SUPPLIES*</b>		
<b>*ADHESIVE BANDAGES***</b>		
LEUKOSTRIP 1/8"X1-1/2" ( <i>adhesive bandages</i> )	Tier 1	QL (30 EA per 25 days)
<b>*ADHESIVE TAPE***</b>		
SCANPOR TAPE TAPE ( <i>adhesive tape</i> )	Tier 1	QL (120 EA per 25 days)
<b>*APPLICATORS,COTTON BALLS,ETC***</b>		
<i>alcohol swabs 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)
<b>*CONDOMS - MALE***</b>		
<i>condoms</i>	Tier 1	
TRUSTEX RIA NON-LUBRICATED ( <i>condoms latex non-lubricated</i> )	Tier 1	
TRUSTEX-NONOXYNOL-9/RIB/STUD ( <i>condoms latex lubricated</i> )	Tier 1	QL (108 EA per 25 days)
<b>*DISPOSABLE GLOVES***</b>		
SECURE GLOVES ( <i>disposable gloves</i> )	Tier 1	QL (100 EA per 25 days)
<b>*GAUZE PADS &amp; DRESSINGS***</b>		
AMD FOAM DRESSING PAD 4"X4" ( <i>gauze pads &amp; dressings</i> )	Tier 1	QL (30 EA per 25 days)
CURITY COVER SPONGE PAD 3"X3" ( <i>gauze pads &amp; dressings</i> )	Tier 1	QL (120 EA per 25 days)
CURITY GAUZE SPONGE PAD 2"X2" ( <i>gauze pads &amp; dressings</i> )	Tier 1	QL (120 EA per 25 days)
CURITY NON-ADHERING DRESSING PAD 5"X9" ( <i>gauze pads &amp; dressings</i> )	Tier 1	QL (30 EA per 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRIMAPORE 2-7/8"X2" ( <i>gauze pads &amp; dressings</i> )	Tier 1	QL (120 EA per 25 days)
TELFANON-ADHERENT DESSING PAD 2"X3" ( <i>gauze pads &amp; dressings</i> )	Tier 1	QL (180 EA per 25 days)
TELFANON-ADHERENT PAD 3"X4" ( <i>gauze pads &amp; dressings</i> )	Tier 1	QL (180 EA per 25 days)
<b>*GLUCOSE MONITORING TEST SUPPLIES***</b>		
DEXCOM G5 MOB/G4 PLAT SENSOR ( <i>continuous blood gluc sensor</i> )	Tier 1	PA; QL (4 EA per 23 days); (except ages 2-17 with history of insulin)
DEXCOM G5 MOBILE RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	Tier 1	PA; QL (1 EA per 310 days); (except ages 2-17 with history of insulin)
DEXCOM G5 MOBILE TRANSMITTER ( <i>continuous blood gluc transmit</i> )	Tier 1	PA; QL (1 EA per 76 days); (except ages 2-17 with history of insulin)
DEXCOM G5 RECEIVER KIT DEVICE ( <i>continuous blood gluc receiver</i> )	Tier 1	PA; QL (1 EA per 310 days); (except ages 2-17 with history of insulin)
DEXCOM G6 RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	Tier 1	PA; QL (1 EA per 310 days); (except ages 2-17 with history of insulin)
DEXCOM G6 SENSOR ( <i>continuous blood gluc sensor</i> )	Tier 1	PA; QL (3 EA per 23 days); (except ages 2-17 with history of insulin)
DEXCOM G6 TRANSMITTER ( <i>continuous blood gluc transmit</i> )	Tier 1	PA; QL (1 EA per 76 days); (except ages 2-17 with history of insulin)
DEXCOM G7 RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	Tier 1	PA; QL (1 EA per 310 days); (except ages 2-17 with history of insulin)
DEXCOM G7 SENSOR ( <i>continuous blood gluc sensor</i> )	Tier 1	PA; QL (3 EA per 23 days); (except ages 2-17 with history of insulin)
FREESTYLE LIBRE 14 DAY READER DEVICE ( <i>continuous blood gluc receiver</i> )	Tier 1	PA; QL (1 EA per 310 days); (except ages 2-17 with history of insulin)
FREESTYLE LIBRE 14 DAY SENSOR ( <i>continuous blood gluc sensor</i> )	Tier 1	PA; QL (2 EA per 23 days); (except ages 2-17 with history of insulin)
FREESTYLE LIBRE 2 READER DEVICE ( <i>continuous blood gluc receiver</i> )	Tier 1	PA; QL (1 EA per 310 days); (except ages 2-17 with history of insulin)
FREESTYLE LIBRE 2 SENSOR ( <i>continuous blood gluc sensor</i> )	Tier 1	PA; QL (2 EA per 23 days); (except ages 2-17 with history of insulin)
FREESTYLE LIBRE 3 SENSOR ( <i>continuous blood gluc sensor</i> )	Tier 1	PA; QL (2 EA per 23 days); (except ages 2-17 with history of insulin)

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Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE READER DEVICE ( <i>continuous blood gluc receiver</i> )	Tier 1	PA; QL (1 EA per 310 days); (except ages 2-17 with history of insulin)
<i>lancets thin</i>	Tier 1	
RELION TRUE MET AIR GLUC METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	Tier 1	QL (1 EA per 1 Fill)
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	Tier 1	QL (1 EA per 1 Fill)
TRUE METRIX METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	Tier 1	QL (1 EA per 1 Fill)
<b>*HUMIDIFIERS***</b>		
<i>personal ultrasonic humidifier</i>	Tier 1	QL (1 EA per 365 days)
<b>*INCONTINENCE SUPPLIES***</b>		
BARD DISPOZ-A-BAG LEG BAG ( <i>incontinence supply disposable</i> )	Tier 1	QL (10 EA per 25 days)
BARDIA URINARY DRAINAGE BAG ( <i>incontinence supplies</i> )	Tier 1	QL (50 EA per 25 days)
<i>washable pants kit</i>	Tier 1	QL (10 EA per 25 days)
<b>*NEBULIZERS***</b>		
AEROECLIPSE II NEBULIZER ( <i>nebulizers</i> )	Tier 1	QL (2 EA per 1 Fill)
<b>*NEEDLES &amp; SYRINGES***</b>		
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML ( <i>insulin syringe/needle u-500</i> )	Tier 1	QL (5 EA per 1 day)
<i>careone unifine pentips 29g x 12mm</i>	Tier 1	QL (200 EA per 25 days)
<i>careone unifine pentips 31g x 8 mm</i>	Tier 1	QL (1 EA per 25 days)
INSUPEN SENSITIVE 32G X 8 MM ( <i>insulin pen needle</i> )	Tier 1	QL (4 EA per 25 days)
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" ( <i>needle (disp)</i> )	Tier 1	
MONOJECT SYRINGE 22G X 1" 3 ML, 25G X 1" 3 ML ( <i>syringe/needle (disp)</i> )	Tier 1	
MONOJECT SYRINGE REGULAR TIP 3 ML ( <i>syringe (disposable)</i> )	Tier 1	
NOVOFINE PEN NEEDLE 32G X 6 MM ( <i>insulin pen needle</i> )	Tier 1	QL (1 EA per 25 days)
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM ( <i>insulin pen needle</i> )	Tier 1	QL (1 EA per 25 days)
<i>pc unifine pentips 31g x 5 mm , 31g x 6 mm</i>	Tier 1	QL (200 EA per 25 days)
<i>techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Tier 1	QL (5 EA per 1 day)
TECHLITE PEN NEEDLES 29G X 10MM ( <i>insulin pen needle</i> )	Tier 1	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 29G X 10MM ( <i>insulin pen needle</i> )	Tier 1	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 29G X 12MM ( <i>insulin pen needle</i> )	Tier 1	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )	Tier 1	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	Tier 1	QL (200 EA per 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TECHLITE PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	Tier 1	QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 6 MM ( <i>insulin pen needle</i> )	Tier 1	QL (1 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 8 MM ( <i>insulin pen needle</i> )	Tier 1	QL (1 EA per 25 days)
TECHLITE PLUS PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )	Tier 1	QL (1 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM ( <i>insulin pen needle</i> )	Tier 1	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )	Tier 1	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	Tier 1	QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	Tier 1	QL (1 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )	Tier 1	QL (1 EA per 25 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	Tier 1	QL (5 EA per 1 day)
ULTICARE PEN NEEDLES 29G X 12.7MM ( <i>insulin pen needle</i> )	Tier 1	QL (200 EA per 25 days)
<b>*OSTOMY SUPPLIES***</b>		
<i>adapt stoma powder</i>	Tier 1	
ALLKARE PROTECT BARRIER WIPES ( <i>ostomy supplies</i> )	Tier 1	QL (25 EA per 25 days)
FEATHER-LITE UROSTOMY POUCH ( <i>ostomy supplies</i> )	Tier 1	QL (50 EA per 25 days)
<i>ostomy belt large</i>	Tier 1	QL (510 EA per 25 days)
<i>ostomy belt medium</i>	Tier 1	QL (5 EA per 25 days)
SKIN PREP WIPES ( <i>ostomy supplies</i> )	Tier 1	QL (15 EA per 25 days)
<i>stoma lubricant paste</i>	Tier 1	QL (10 ML per 25 days)
SUR-FIT NATURA DURAHESIVE WAFER ( <i>ostomy supplies</i> )	Tier 1	QL (10 EA per 25 days)
<b>*PEAK FLOW METERS***</b>		
TRUZONE PEAK FLOW METER DEVICE ( <i>peak flow meter</i> )	Tier 1	QL (1 EA per 365 days)
<b>*RESPIRATORY THERAPY SUPPLIES***</b>		
ACE AEROSOL CLOUD ENHANCER ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
ACTIVITY POUCH ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>adult aerosol mask</i>	Tier 1	QL (1 EA per 365 days)
<i>adult mask large</i>	Tier 1	QL (1 EA per 365 days)
AEROECLIPSE EZ TWIST TUBING ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
AEROTRACH PLUS ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
AIRS PEDIATRIC AEROSOL MASK ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALL FLOW 1000 PFT FILTER ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>breathe ease neb mask/child</i>	Tier 1	QL (1 EA per 365 days)
<i>breathe ease neb mask/infant</i>	Tier 1	QL (1 EA per 365 days)
BUBBLES THE FISH II PEDI MASK ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
CARETOUCH 2 CPAP HOSE HANGER ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
CARETOUCH CPAP & BIPAP HOSE ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
CARETOUCH CPAP MASK WIPES ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
CARETOUCH CPAP PRE-WASH SOLN ( <i>respiratory therapy supplies</i> )	Tier 1	QL (354.8 ML per 365 days)
CARETOUCH CPAP TUBE BRUSH ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
CARETOUCH UNIVERSL CPAP FILTER ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>co monitor replacement pieces</i>	Tier 1	QL (1 EA per 365 days)
EASY FLOW 300 MM HOSE ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
EASY FLOW 400 MM HOSE ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
EASY FLOW AIR NOZZLE ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
EASY FLOW HEPA FILTER ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>filter air pp</i>	Tier 1	QL (1 EA per 365 days)
FLYP HYPERSONIQ CARTRIDGE ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>full kit nebulizer set</i>	Tier 1	QL (1 EA per 365 days)
INNOSPIRE REPLACEMENT FILTER ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
LITETOUCH MASK LARGE ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
LITETOUCH MASK MEDIUM ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
LITETOUCH MASK SMALL ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
MINIELITE FILTER REPLACEMENTS ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>nebulizer air tube/plugs</i>	Tier 1	QL (1 EA per 365 days)
<i>nebulizer mask adult</i>	Tier 1	QL (1 EA per 365 days)
<i>nebulizer mask child</i>	Tier 1	QL (1 EA per 365 days)
<i>nose clip</i>	Tier 1	QL (1 EA per 365 days)
OMBRA COMPRESSOR AIR FILTERS ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
PARI BABY CONVERSION KIT ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
PARI EXPIRATORY FILTER SET DEVICE ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
PARI MASK SET ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
PARI SMARTMASK BABY/ELBOW ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
PARI SOFT PLASTIC ADULT MASK ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)

**AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PARI SOFT PLASTIC PED MASK ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>pediatric mouthpiece</i>	Tier 1	QL (1 EA per 365 days)
PFLEX ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>pharmacist choice mask wipes</i>	Tier 1	QL (1 EA per 365 days)
<i>pillow mask/adult</i>	Tier 1	QL (1 EA per 365 days)
<i>pillow mask/child</i>	Tier 1	QL (1 EA per 365 days)
<i>pillow mask/pediatric</i>	Tier 1	QL (1 EA per 365 days)
PRONEB ULTRA FILTER SET ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>replacement air filter</i>	Tier 1	QL (1 EA per 365 days)
<i>replacement filters</i>	Tier 1	QL (1 EA per 365 days)
SAMI THE SEAL FILTERS ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
SIDESTREAM ADULT FACE MASK ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
SIDESTREAM PEDIATRIC FACE MASK ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
SIDESTREAM PLS ADULT FACE MASK ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>silicone mask/adult</i>	Tier 1	QL (1 EA per 365 days)
<i>silicone mask/infant</i>	Tier 1	QL (1 EA per 365 days)
<i>silicone mask/pediatric</i>	Tier 1	QL (1 EA per 365 days)
<i>sootheneb nbl 100 adult mask</i>	Tier 1	QL (1 EA per 365 days)
<i>sootheneb nbl 100 child mask</i>	Tier 1	QL (1 EA per 365 days)
<i>sootheneb nbl 100 med cup</i>	Tier 1	QL (1 EA per 365 days)
<i>sootheneb nbl 100 mesh cap</i>	Tier 1	QL (1 EA per 365 days)
THRESHOLD IMT ( <i>respiratory therapy supplies</i> )	Tier 1	QL (1 EA per 365 days)
<i>tubing/wing tip</i>	Tier 1	QL (1 EA per 365 days)
WINDMILL TRAINER ( <i>respiratory therapy supplies</i> )	Tier 1	QL (5 EA per 365 days)
<b>*SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES***</b>		
INSPIREASE ( <i>spacer/aero-holding chambers</i> )	Tier 1	QL (2 EA per 180 days)
PEDIATRIC PANDA MASK ( <i>spacer/aero-hold chamber mask</i> )	Tier 1	QL (3 EA per 365 days)
<b>*THERMOMETERS***</b>		
KP FAST READ FLEX-TIP THERM ( <i>electronic thermometer</i> )	Tier 1	
VICKS BABY THERMOMETER ( <i>rectal thermometer</i> )	Tier 1	QL (2 EA per 365 days)
VICKS PACIFIER THERMOMETER ( <i>infant thermometer</i> )	Tier 1	QL (2 EA per 365 days)
<b>*MIGRAINE PRODUCTS*</b>		
<b>*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***</b>		
<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)

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Drug Name	Drug Tier	Requirements/Limits
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<b>*CALCIUM COMBINATIONS***</b>		
<i>calcium 500 + d oral tablet 500-3.125 mg-mcg</i>	Tier 1	
<i>calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg</i>	Tier 1	
<i>calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	Tier 1	
<i>calcium 600+d plus minerals oral tablet chewable 600-400 mg-unit</i>	Tier 1	
<i>calcium 600+d3 oral tablet 600-20 mg-mcg</i>	Tier 1	
<i>calcium carb-cholecalciferol oral tablet 600-5 mg-mcg</i>	Tier 1	
<i>calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg</i>	Tier 1	
<i>calcium carbonate-vitamin d oral tablet 500-3.125 mg-mcg</i>	Tier 1	
<i>calcium citrate + d3 oral tablet 250-5 mg-mcg, 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 333-133-5 mg</i>	Tier 1	
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg, 600-3.125 mg-mcg</i>	Tier 1	
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	Tier 1	
<i>liquid calcium/vitamin d oral capsule 600-5 mg-mcg</i>	Tier 1	
<i>oscal 500 d-3 oral tablet 500-5 mg-mcg</i>	Tier 1	
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG ( <i>calcium carb-cholecalciferol</i> )	Tier 1	
OS-CAL ORAL TABLET CHEWABLE 500-15 MG-MCG ( <i>calcium carb-cholecalciferol</i> )	Tier 1	
<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg</i>	Tier 1	
<i>risacal-d oral tablet 105-81-120 mg-mg-unit</i>	Tier 1	
<b>*CALCIUM***</b>		
<i>calcium 600 oral tablet 1500 (600 ca) mg, 600 mg</i>	Tier 1	
<i>calcium citrate oral tablet 950 (200 ca) mg</i>	Tier 1	
<i>calcium oyster shell oral tablet 1250 (500 ca) mg</i>	Tier 1	
<i>oyster shell calcium oral tablet 500 mg</i>	Tier 1	
<b>*ELECTROLYTES ORAL***</b>		
REHYDRALYTE ORAL SOLUTION ( <i>oral electrolytes</i> )	Tier 1	
<b>*FLUORIDE***</b>		
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP ( <i>sodium fluoride</i> )	Tier 1	
<i>sodium fluoride (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)</i>	Tier 1	QL (1 EA per 1 day)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<b>*MAGNESIUM***</b>		
<i>magnesium chloride oral tablet delayed release 64 mg</i>	Tier 1	
<i>magnesium gluconate oral tablet 27.5 mg, 500 (27 mg) mg</i>	Tier 1	
<i>magnesium oral tablet 250 mg, 400 mg</i>	Tier 1	
<i>magnesium oxide -mg supplement oral capsule 500 mg</i>	Tier 1	
<i>magnesium oxide -mg supplement oral tablet 250 mg, 400 (240 mg) mg, 500 mg</i>	Tier 1	
<b>*PHOSPHATE***</b>		
<i>k phos mono-sod phos di &amp; mono (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)</i>	Tier 1	QL (4 EA per 1 day)
<b>*POTASSIUM***</b>		
<i>potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)</i>	Tier 1	QL (4 EA per 1 day)
<i>potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)</i>	Tier 1	QL (4 EA per 1 day)
<i>potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)</i>	Tier 1	QL (5 EA per 1 day)
<i>potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)</i>	Tier 1	QL (4 EA per 1 day)
<i>potassium bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)</i>	Tier 1	QL (2 EA per 1 day)
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Tier 1	QL (4 EA per 1 day)
<i>potassium chloride er oral tablet extended release 20 meq</i>	Tier 1	QL (5 EA per 1 day)
<i>potassium chloride oral solution 10 %, 40 meq/15ml (20%)</i>	Tier 1	
<b>*SODIUM***</b>		
<i>sodium chloride oral tablet 1 gm</i>	Tier 1	
<b>*ZINC***</b>		
<i>ORAZINC ORAL CAPSULE 220 (50 ZN) MG (zinc sulfate)</i>	Tier 1	
<b>*MISCELLANEOUS THERAPEUTIC CLASSES*</b>		
<b>*ANTILEPROTICS***</b>		
<i>THALOMID ORAL CAPSULE 100 MG (thalidomide)</i>	Tier 1	PA; QL (1 EA per 1 day)
<b>*CHELATING AGENTS***</b>		
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA
<b>*CYCLOSPORINE ANALOGS***</b>		
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	QL (15 EA per 1 day)
<i>cyclosporine oral capsule 100 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>cyclosporine oral capsule 25 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>cyclosporine modified (Gengraf Oral Capsule 100 Mg)</i>	Tier 1	QL (10 EA per 1 day)
<i>cyclosporine modified (Gengraf Oral Capsule 25 Mg)</i>	Tier 1	QL (15 EA per 1 day)
<i>cyclosporine modified (Gengraf Oral Solution 100 Mg/MI)</i>	Tier 1	QL (10 ML per 1 day)
<i>NEORAL ORAL CAPSULE 100 MG (cyclosporine modified)</i>	Tier 1	QL (10 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
NEORAL ORAL CAPSULE 25 MG ( <i>cyclosporine modified</i> )	Tier 1	QL (15 EA per 1 day)
NEORAL ORAL SOLUTION 100 MG/ML ( <i>cyclosporine modified</i> )	Tier 1	QL (10 ML per 1 day)
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	Tier 1	
<b>*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES***</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<b>*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***</b>		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*IRRIGATION SOLUTIONS***</b>		
<i>sterile water for irrigation irrigation solution</i>	Tier 1	
<b>*MACROLIDE IMMUNOSUPPRESSANTS***</b>		
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG ( <i>tacrolimus</i> )	Tier 1	
<i>tacrolimus oral capsule 0.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tacrolimus oral capsule 1 mg</i>	Tier 1	QL (14 EA per 1 day)
<i>tacrolimus oral capsule 5 mg</i>	Tier 1	
<b>*POTASSIUM REMOVING AGENTS***</b>		
LOKELMA ORAL PACKET 10 GM, 5 GM ( <i>sodium zirconium cyclosilicate</i> )	Tier 1	QL (3 EA per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
SPS ORAL SUSPENSION 15 GM/60ML ( <i>sodium polystyrene sulfonate</i> )	Tier 1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM ( <i>patiromer sorbitex calcium</i> )	Tier 1	QL (1 EA per 1 day)
<b>*PURINE ANALOGS***</b>		
<i>azathioprine oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>		
<b>*ANESTHETICS TOPICAL ORAL***</b>		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 1	
<b>*ANTI-INFECTIVES - THROAT***</b>		
<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)
<b>*ANTISEPTICS - MOUTH/THROAT***</b>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	
<b>*FLUORIDE DENTAL PRODUCTS***</b>		
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Tier 1	
<i>sodium fluoride dental gel 1.1 %</i>	Tier 1	
<b>*SALIVA STIMULANTS***</b>		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<b>*STERIODS - MOUTH/THROAT/DENTAL***</b>		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
<b>*MULTIVITAMINS*</b>		
<b>*B-COMPLEX W/ C &amp; FOLIC ACID***</b>		
<i>b complex-c-folic acid oral tablet</i>	Tier 1	
DIALYVITE 800 ORAL TABLET 0.8 MG ( <i>b complex-c-folic acid</i> )	Tier 1	
<i>b complex-c-folic acid</i> (Dialyvite Oral Tablet)	Tier 1	
<i>folbee plus oral tablet</i>	Tier 1	
<i>triphrocaps oral capsule 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*MULTIPLE VITAMINS W/ IRON***</b>		
<i>multi-vitamin/iron oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<b>*MULTIPLE VITAMINS W/ MINERALS***</b>		
ICAPS MV ORAL TABLET ( <i>multiple vitamins-minerals</i> )	Tier 1	QL (1 EA per 1 day)
ICAPS ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	Tier 1	
<i>multivitamin &amp; mineral oral liquid</i>	Tier 1	QL (1 ML per 1 day)
<b>*MULTIVITAMINS***</b>		
<i>daily-vite oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>mv-one oral capsule</i>	Tier 1	
<b>*PED MULTI VITAMINS W/FL &amp; FE***</b>		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 1	QL (1.67 ML per 1 day)
<b>*PED MULTIPLE VITAMINS W/ MINERALS***</b>		
<i>childrens gummies oral tablet chewable</i>	Tier 1	
<i>pediatric multivit-minerals</i> (Vitamax Pediatric Oral Solution)	Tier 1	
<b>*PED MV W/ FLUORIDE***</b>		
<i>multi-vitamin/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 0.25 mg, 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>multivitamin/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*PED MV W/ IRON***</b>		
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE 15 MG ( <i>pediatric multivitamins-iron</i> )	Tier 1	QL (1 EA per 1 day)
<i>multivitamins plus iron child oral tablet chewable 18 mg</i>	Tier 1	
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML ( <i>pediatric multivitamins-iron</i> )	Tier 1	QL (50 ML per 25 days)
<i>poly-vita/iron oral solution 10 mg/ml</i>	Tier 1	
<b>*PED VITAMINS ACD W/ FLUORIDE***</b>		
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (1.67 ML per 1 day)
<b>*PEDIATRIC MULTIPLE VITAMINS W/ C &amp; FA***</b>		
<i>multiple vitamins oral tablet chewable</i>	Tier 1	QL (1 EA per 1 day)
<b>*PEDIATRIC MULTIPLE VITAMINS W/ EXTRA C &amp; FA***</b>		
<i>childrens multi vits/extra c oral tablet chewable</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<b>*PEDIATRIC MULTIPLE VITAMINS***</b>		
<i>childrens chewable vitamins oral tablet chewable</i>	Tier 1	QL (1 EA per 1 day)
POLY-VI-SOL ORAL SOLUTION ( <i>pediatric multiple vitamins</i> )	Tier 1	QL (50 EA per 25 days)
<b>*PEDIATRIC VITAMINS A &amp; D W/ C***</b>		
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10 ( <i>pediatric vitamins adc</i> )	Tier 1	QL (50 ML per 25 days)
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	Tier 1	
<b>*PRENATAL MV &amp; MIN W/FE-FA***</b>		
CLINICAL NUTRIENTS PRENATAL ORAL TABLET 7.5-0.2 MG ( <i>prenatal vit-fe succinate-fa</i> )	Tier 1	
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG ( <i>prenatal-fe bisgly-fa-omega 3</i> )	Tier 1	
INATAL GT ORAL TABLET ( <i>prenatal vit-dss-fe cbn-fa</i> )	Tier 1	
<i>kpn prenatal oral tablet 0.1 mg</i>	Tier 1	
<i>mynate 90 plus oral tablet extended release</i>	Tier 1	
NATALVIT ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	Tier 1	QL (1 EA per 1 day)
O-CAL PRENATAL ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	Tier 1	
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG ( <i>prenatal vit-fe fum-fa-omega</i> )	Tier 1	
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG ( <i>prenatal vit-fe fumarate-fa</i> )	Tier 1	
PRENATABS RX ORAL TABLET 29-1 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	Tier 1	QL (1 EA per 1 day)
<i>prenatal (w/iron &amp; fa) oral tablet 27-0.8 mg</i>	Tier 1	
<i>prenatal 19 oral tablet chewable</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal complete oral tablet 14-0.4 mg</i>	Tier 1	
<i>prenatal formula a-free oral tablet 9-0.267 mg</i>	Tier 1	
<i>prenatal formula oral capsule 28-0.8-235 mg</i>	Tier 1	
<i>prenatal multi +dha oral capsule 27-0.8-228 mg</i>	Tier 1	
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal oral tablet 6.75-0.2 mg</i>	Tier 1	
<i>prenatal/omega-3/fa/iron oral capsule 28-0.8-530 mg</i>	Tier 1	
<i>se-natal 19 oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>sm one daily prenatal oral 28-0.8 &amp; 440 mg</i>	Tier 1	
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	Tier 1	QL (1 EA per 1 day)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Tier 1	QL (1 EA per 1 day)
VINATE II ORAL TABLET 29-1 MG ( <i>prenatal vit w/ fe bisg-fa</i> )	Tier 1	QL (1 EA per 1 day)
VITAFOL-OB ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	Tier 1	QL (1 EA per 1 day)
<b>*PRENATAL MV &amp; MIN W/FE-FA-DHA***</b>		
BRAINSTRONG PRENATAL ORAL 33-0.8 & 350 MG ( <i>prenatal mv-min-fe cbn-fa-dha</i> )	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (prenatal mv-min-fe fum-fa-dha)	Tier 1	
ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG (prenatal mv-min-fe fum-fa-dha)	Tier 1	
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	Tier 1	
<i>prenatal+dha oral 28-0.975 &amp; 200 mg</i>	Tier 1	
<b>*PRENATAL MV &amp; MINERALS W/ FA-OMEGA FATTY ACIDS W/O IRON***</b>		
<i>cvs prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	Tier 1	
<b>*PRENATAL MV &amp; MINERALS W/FA WITHOUT IRON***</b>		
<i>prenatal + complete multi oral therapy pack 0.267 &amp; 373 mg</i>	Tier 1	
<b>*PRENATAL VITAMINS***</b>		
<i>calna oral tablet</i>	Tier 1	
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<b>*CENTRAL MUSCLE RELAXANTS***</b>		
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>baclofen oral tablet 20 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
<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)
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<b>*NASAL AGENTS - MISC.***</b>		
<i>AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 % (saline)</i>	Tier 1	
<b>*NASAL ANTICHOLINERGICS***</b>		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 1	
<b>*NASAL ANTIHISTAMINES***</b>		
<i>azelastine hcl nasal solution 0.1 %</i>	Tier 1	QL (30 ML per 25 days)
<b>*NASAL MAST CELL STABILIZERS***</b>		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	Tier 1	QL (52 ML per 25 days)
<b>*NASAL STEROIDS***</b>		
<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 (16 GM per 25 days); AGE (Min 4 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Tier 1	AGE (Min 2 Years)
<b>*SYSTEMIC DECONGESTANTS***</b>		
<i>childrens nasal decongestant oral liquid† 15 mg/5ml</i>	Tier 1	
<i>nasal decongestant oral tablet 30 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>nasal decongestant pe max st 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 60 mg</i>	Tier 1	QL (6 EA per 1 day)
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML ( <i>phenylephrine hcl</i> )	Tier 1	
<b>*TOPICAL DECONGESTANTS***</b>		
<i>nasal spray extra moisturizing nasal solution 0.05 %</i>	Tier 1	
<b>*OPHTHALMIC AGENTS*</b>		
<b>*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***</b>		
<i>artificial tears ophthalmic solution 0.5-0.6 %, 1-0.3 %</i>	Tier 1	
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	Tier 1	
<i>cvs lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	Tier 1	
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>	Tier 1	
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Tier 1	
<i>lubricating tears eye drops ophthalmic solution 0.1-0.3 %</i>	Tier 1	
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT ( <i>white petrolatum-mineral oil</i> )	Tier 1	
<b>*ARTIFICIAL TEAR SOLUTIONS***</b>		
SYSTANE CONTACTS OPHTHALMIC SOLUTION ( <i>artificial tear solution</i> )	Tier 1	
<b>*ARTIFICIAL TEARS AND LUBRICANTS***</b>		
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	Tier 1	
<i>lubricating plus eye drops ophthalmic solution 0.5 %</i>	Tier 1	
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>	Tier 1	
<b>*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS***</b>		
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Tier 1	QL (10 ML per 25 days)
<b>*BETA-BLOCKERS - OPHTHALMIC***</b>		
<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	
<b>*CYCLOPLEGIC MYDRIATICS***</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 1	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 1	QL (15 ML per 25 days)
<b>*MIOTICS - DIRECT ACTING***</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<b>*OPHTHALMIC ANTIALLERGIC***</b>		
<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>eye itch relief 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)
PATADAY OPHTHALMIC SOLUTION 0.1 % ( <i>olopatadine hcl</i> )	Tier 1	QL (5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.2 % ( <i>olopatadine hcl</i> )	Tier 1	QL (2.5 ML per 30 days)
<b>*OPHTHALMIC ANTIBIOTICS***</b>		
<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	
GENTAK OPHTHALMIC OINTMENT 0.3 % ( <i>gentamicin sulfate</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>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	
<b>*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***</b>		
<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 1	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	
<b>*OPHTHALMIC ANTIVIRALS***</b>		
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	QL (7.5 ML per 25 days)
<b>*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***</b>		
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	
<b>*OPHTHALMIC HYPEROSMOLAR PRODUCTS***</b>		
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Tier 1	
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Tier 1	
<b>*OPHTHALMIC LOCAL ANESTHETICS***</b>		
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<b>*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***</b>		
<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)

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Drug Name	Drug Tier	Requirements/Limits
<b>*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***</b>		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier 1	
<b>*OPHTHALMIC STEROID COMBINATIONS***</b>		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 1	
<i>bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 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	
<b>*OPHTHALMIC STEROIDS***</b>		
<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	
<b>*OPHTHALMIC SULFONAMIDES***</b>		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	
<b>*PROSTAGLANDINS - OPTHALMIC***</b>		
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 1	ST; Please use Latanoprost
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	QL (5 ML per 25 days)
<b>*OTIC AGENTS*</b>		
<b>*OTIC AGENTS - MISCELLANEOUS***</b>		
<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	
<b>*OTIC ANTI-INFECTIVES***</b>		
<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)
<b>*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS***</b>		
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	
<b>*OTIC STEROIDS***</b>		
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1	
<b>*OXYTOCICS*</b>		
<b>*OXYTOCICS***</b>		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Tier 1	QL (7 EA per 1 day)
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b>		
<b>*ANTIVIRAL MONOCLONAL ANTIBODIES***</b>		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML ( <i>palivizumab</i> )	Tier 1	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>*IMMUNE SERUMS***</b>		
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT ( <i>rho d immune globulin</i> )	Tier 1	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT ( <i>rho d immune globulin</i> )	Tier 1	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML ( <i>rho d immune globulin</i> )	Tier 1	
<b>*PENICILLINS*</b>		
<b>*AMINOPENICILLINS***</b>		
<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)
<b>*NATURAL PENICILLINS***</b>		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*PENICILLIN COMBINATIONS***</b>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 12 Years)
<b>*PENICILLINASE-RESISTANT PENICILLINS***</b>		
<i>dicloxacillin sodium oral capsule 250 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>dicloxacillin sodium oral capsule 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*PHARMACEUTICAL ADJUVANTS*</b>		
<b>*ANTIMICROBIAL AGENTS***</b>		
<i>benzyl alcohol liquid</i>	Tier 1	AGE (Min 16 Years and Max 60 Years)
<b>*PROGESTINS*</b>		
<b>*PROGESTINS***</b>		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>progesterone oral capsule 100 mg</i>	Tier 1	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>progesterone oral capsule 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<b>*ALCOHOL DETERRENTS***</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ANTI-CATAPLECTIC AGENTS***</b>		
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 1	PA
<b>*CHOLINOMIMETICS - ACHE INHIBITORS***</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 1	PA
<b>*MOVEMENT DISORDER DRUG THERAPY***</b>		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 1	PA
<b>*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***</b>		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 1	PA
<b>*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	Tier 1	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	Tier 1	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	Tier 1	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	Tier 1	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	Tier 1	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	Tier 1	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	Tier 1	PA
<b>*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***</b>		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tier 1	PA; QL (2 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<b>*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS***</b>		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 1	PA
<b>*MULTIPLE SCLEROSIS AGENTS***</b>		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	PA
<b>*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***</b>		
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	Tier 1	
<b>*SMOKING DETERRENTS***</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nicotine mini mouth/throat lozenge 4 mg</i>	Tier 1	QL (20 EA per 1 day); AGE (Min 18 Years)
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	Tier 1	QL (24 EA per 1 day); AGE (Min 18 Years)
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	Tier 1	QL (20 EA per 1 day); AGE (Min 18 Years)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
NICOTROL INHALATION INHALER 10 MG ( <i>nicotine</i> )	Tier 1	QL (168 EA per 26 days); AGE (Min 18 Years)
NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )	Tier 1	QL (40 ML per 26 days); AGE (Min 18 Years)
<i>varenicline tartrate oral 0.5 mg x 11 &amp; 1 mg x 42</i>	Tier 1	
<i>varenicline tartrate oral tablet 0.5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>varenicline tartrate oral tablet 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>varenicline tartrate oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	Tier 1	
<b>*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***</b>		
<i>fingolimod hcl oral capsule 0.5 mg</i>	Tier 1	PA
<b>*RESPIRATORY AGENTS - MISC.*</b>		
<b>*ALPHA-PROTEINASE INHIBITOR (HUMAN)***</b>		
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML ( <i>alpha1-proteinase inhibitor</i> )	Tier 1	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )	Tier 1	PA
<b>*CFTR POTENTIATORS***</b>		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG ( <i>ivacaftor</i> )	Tier 1	PA
KALYDECO ORAL TABLET 150 MG ( <i>ivacaftor</i> )	Tier 1	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>*CYSTIC FIBROSIS AGENT - COMBINATIONS***</b>		
ORKAMBI ORAL PACKET 150-188 MG ( <i>lumacaftor-ivacaftor</i> )	Tier 1	PA
ORKAMBI ORAL TABLET 100-125 MG ( <i>lumacaftor-ivacaftor</i> )	Tier 1	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 1	PA; QL (4 EA per 1 day); AGE (Min 11 Years)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG ( <i>tezacaftor-ivacaftor</i> )	Tier 1	PA
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG ( <i>elexacaftor-tezacaftor-ivacaftor</i> )	Tier 1	PA
<b>*HYDROLYTIC ENZYMES***</b>		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ( <i>dornase alfa</i> )	Tier 1	PA; QL (2.5 ML per 1 day)
<b>*TETRACYCLINES*</b>		
<b>*TETRACYCLINES***</b>		
<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)
<b>*THYROID AGENTS*</b>		
<b>*ANTITHYROID AGENTS***</b>		
<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)
<b>*THYROID HORMONES***</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 300 MG ( <i>thyroid</i> )	Tier 1	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)
SYNTHROID 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>levothyroxine sodium</i> )	Tier 1	QL (2 EA per 1 day)
<i>thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*</b>		
<b>*ANTISPASMODICS***</b>		
<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)

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Drug Name	Drug Tier	Requirements/Limits
<b>*BELLADONNA ALKALOIDS***</b>		
<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 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)
<b>*H-2 ANTAGONISTS***</b>		
<i>acid reducer maximum strength oral tablet 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>acid reducer oral tablet 10 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>cimetidine 200 oral tablet 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Tier 1	QL (5 ML per 1 day); AGE (Max 6 Years)
<i>famotidine oral tablet 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nizatidine oral capsule 150 mg</i>	Tier 1	ST; QL (4 EA per 1 day); T/F of Famotidine
<i>nizatidine oral solution 15 mg/ml</i>	Tier 1	ST; T/F of Famotidine
<b>*MISC. ANTI-ULCER***</b>		
<i>sucralfate oral suspension 1 gm/10ml</i>	Tier 1	QL (40 ML per 1 day); AGE (Max 18 Years)
<i>sucralfate oral tablet 1 gm</i>	Tier 1	QL (4 EA per 1 day)
<b>*PROTON PUMP INHIBITORS***</b>		
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Tier 1	QL (1 EA per 1 day)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>omeprazole oral capsule delayed release 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>omeprazole oral tablet delayed release 20 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*QUATERNARY ANTICHOLINERGICS***</b>		
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Tier 1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<b>*ULCER DRUGS - PROSTAGLANDINS***</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	QL (4 EA per 1 day)
<b>*URINARY ANTISPASMODICS*</b>		
<b>*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)***</b>		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 1 day); Prior use of oxybutynin required
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	Tier 1	QL (20 ML per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 1	ST; QL (2 EA per 1 day); Prior use of oxybutynin required
<i>tropium chloride oral tablet 20 mg</i>	Tier 1	ST; QL (2 EA per 1 day); Prior use of oxybutynin required
<b>*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***</b>		
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*VAGINAL AND RELATED PRODUCTS*</b>		
<b>*IMIDAZOLE-RELATED ANTIFUNGALS***</b>		
<i>clotrimazole 3 vaginal cream 2 %</i>	Tier 1	
<i>clotrimazole-7 vaginal cream 1 %</i>	Tier 1	
<i>miconazole 3 combo pack app vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Tier 1	
<i>miconazole 3 combo-supp vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Tier 1	
<i>miconazole 7 vaginal cream 2 %</i>	Tier 1	
<i>miconazole 7 vaginal suppository 100 mg</i>	Tier 1	
<i>qc 3 day vaginal cream 4 %</i>	Tier 1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>tioconazole-1 vaginal ointment 6.5 %</i>	Tier 1	
<b>*VAGINAL ANTI-INFECTIVES***</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	QL (70 GM per 5 days)
<b>*VAGINAL ESTROGENS***</b>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<b>*VASOPRESSORS*</b>		
<b>*ANAPHYLAXIS THERAPY AGENTS***</b>		
<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)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )	Tier 1	QL (2 EA per 25 days)
<b>*VASOPRESSORS***</b>		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>*VITAMINS*</b>		
<b>*VITAMIN B-1***</b>		
<i>sm vitamin b1 oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>thiamine hcl oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vitamin b-1 oral tablet 50 mg</i>	Tier 1	
<b>*VITAMIN B-2***</b>		
<i>vitamin b-2 oral tablet 100 mg</i>	Tier 1	
<b>*VITAMIN B-3***</b>		
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	Tier 1	
<i>niacin er oral tablet extended release 500 mg, 750 mg</i>	Tier 1	
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	Tier 1	
<i>niacinamide oral tablet 500 mg</i>	Tier 1	
<i>sm niacin cr oral tablet extended release 250 mg</i>	Tier 1	
<b>*VITAMIN B-6***</b>		
<i>b-6 oral tablet 100 mg</i>	Tier 1	
<i>vitamin b-6 er oral tablet extended release 200 mg</i>	Tier 1	
<i>vitamin b-6 oral tablet 25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>vitamin b-6 oral tablet 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*VITAMIN C***</b>		
<i>ascorbic acid oral tablet 500 mg</i>	Tier 1	
<b>*VITAMIN D***</b>		
<i>d 10000 oral capsule 250 mcg (10000 ut)</i>	Tier 1	
<i>d3 kids oral tablet chewable 10 mcg (400 unit)</i>	Tier 1	QL (1 EA per 1 day)
<i>d3 maximum strength oral liquid 125 mcg/ml</i>	Tier 1	
<i>vitamin d (cholecalciferol) oral capsule 50 mcg (2000 ut)</i>	Tier 1	QL (1 EA per 1 day); OTC
<i>vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)</i>	Tier 1	QL (6 EA per 1 day); OTC
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>	Tier 1	QL (6 EA per 1 day)
<i>vitamin d oral liquid 10 mcg/ml</i>	Tier 1	QL (6 ML per 1 day)
<i>vitamin d3 oral capsule 1.25 mg (50000 ut), 125 mcg (5000 ut)</i>	Tier 1	QL (1 EA per 1 day)
<i>vitamin d-3 oral capsule 25 mcg (1000 ut)</i>	Tier 1	QL (1 EA per 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Tier 1	QL (6 EA per 1 day)
<i>vitamin d-3 oral tablet 125 mcg (5000 ut)</i>	Tier 1	
<i>vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	Tier 1	
<b>*VITAMIN K***</b>		
<i>phytonadione oral tablet 5 mg</i>	Tier 1	QL (5 EA per 1 day)

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