



October 2023

Molina Healthcare of Utah

CHIP

**Preferred Drug List
(Formulary)/**

**Lista de Medicamentos Preferidos
(Formulario)**



Non-Discrimination Notification Molina Healthcare of Utah Medicaid

Your Extended Family

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

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

Aids and services to people with disabilities

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

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

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

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

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

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

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

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

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

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

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



Your Extended Family

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

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

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(10/01/2023) v2

FORMULARY GUIDE (ENGLISH)

INTRODUCTION

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

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

GENERIC SUBSTITUTION

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

Prescription generic drugs are:

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

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

PLAN DESIGN

The document represents a closed formulary plan design. Drugs represented on the document may have varying cost to the plan member. Generic medications typically are available at the lowest cost, brand-name medications on the document will generally cost more than generics, and medications not on the list will generally cost the most.

Type of Drug	Plan B	Plan C
Tier 1: Preferred Generic	\$5	\$15
Tier 2: Preferred Brand	5%	25%
Tier 3: Non-Preferred Drugs	5%	50%

Some members qualify for \$0 copays based on eligibility information from the state. Members are also exempt from copays when the state notifies us that members have reached their max out of pocket expenses.

The tiered format places drugs into tiers in the following manner:

Tier 1: Preferred Generic Drugs

Tier 2: Preferred Brand Drugs

Tier 3: Non-Preferred Drugs - Medications not listed on the document are considered Non-Preferred

The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log into www.molinahealthcare.com to check coverage.

PRIOR AUTHORIZATION REQUEST PROCEDURE

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

PRIOR AUTHORIZATION HELPFUL HINTS

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

The following are examples:

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

REQUESTING FORMULARY CHANGES

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

Fax: (855) 714-2419

CATEGORIES OF CONSIDERATION

OPIOID ANALGESICS

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

EXCLUDED SERVICES

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

- Drugs not eligible for Federal Medicaid funds
- Drugs for anorexia, weight loss or weight gain
- Drugs to promote fertility
- Drugs for cosmetic purposes or hair growth
- Drugs for the symptomatic relief of cough and colds, except for the medications listed on the preferred drug list
- Vitamins, except for Prenatal vitamins for pregnant women and vitamin drops with or without fluoride, for children through age five (5)
- Fluoride supplements
- Nonprescription drugs (Over-the-Counter or OTC), except for the medications listed on the preferred drug list

- Drugs for which the manufacturer requires, as a condition of sale, that associated tests and monitoring services are purchased exclusively from the manufacturer or its designee
- Drugs for the treatment of sexual or erectile dysfunction
- Drugs given by a hospital to a patient at discharge (take-home drugs)
- Breast milk, breast milk substitutes, baby food or medical foods, prescription metabolic products for in-born errors of metabolism (e.g. phenylketonuria and maple syrup urine disease) as defined in the Utah Medicaid Provider Manual
- Drugs available only through single-source distribution programs, unless the distributor is enrolled with Utah Medicaid as a pharmacy provider
- Experimental or Investigational Medications
- Convenience Dosage Forms (Transdermal Patches), not listed in the Drug List
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related or similar drugs (frequently referred to as “DESI 5 and 6” drugs)
- Drug product not in Medicaid Drug Rebate Program

NOTICE

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

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

FORMULARY UPDATES

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

LEGEND

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

GUÍA DE FORMULARIO (ESPAÑOL)

INTRODUCCIÓN

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

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

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

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

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

PREFACIO

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

COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)

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

votantes del Comité de P&T deben divulgar cualquier relación financiera o conflicto de intereses con cualquier fabricante farmacéutico.

DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS

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

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

SUSTITUCIÓN GENÉRICA

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

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

- Normalmente, tienen un precio menor que sus equivalentes de marca.
- Están aprobados por la Administración de Alimentos y Medicamentos de los EE. UU. en términos de seguridad y eficacia. Además, se fabrican bajo las mismas normas estrictas que se aplican a medicamentos de marca.
- Se probaron en humanos para garantizar que el genérico sea absorbido en el torrente sanguíneo en una tasa y extensión similares en comparación con el

medicamento de marca (bioequivalencia). Los genéricos pueden ser diferentes de los de la marca en cuanto a tamaño, color e ingredientes inactivos, pero esto no altera su eficacia o capacidad para ser absorbidos, tal como el medicamento de marca.

- Se fabrican con la misma concentración y dosificación que los medicamentos de marca.

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

DISEÑO DE PLANES

El documento representa un diseño de planificación de formulario cerrado. Los medicamentos que se presentan en el documento pueden tener un costo variable para el miembro del plan. Los medicamentos genéricos suelen estar disponibles al menor precio, mientras que los medicamentos de marca presentes en el documento, por lo general, serán más caros que los genéricos. Además, los medicamentos que no están presentes en la lista suelen tener el mayor precio.

Tipo de medicamento	Plan B	Plan C	Plan D
Medicamentos genéricos preferidos	\$5	\$15	\$0
Medicamentos de marca preferidos	5 %	25 %	\$0
Medicamentos de marca no preferidos	5 %	50 %	\$0

Este formato ordena los medicamentos en categorías de acuerdo con lo siguiente:

Categoría 1: Medicamentos Genéricos Preferidos

Categoría 2: Medicamentos de Marca Preferidos

Categoría 3: Medicamentos de Marca no Preferidos: Los medicamentos que no aparecen en el documento se consideran como “No Preferidos”

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

PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA

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

CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA

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

Observe los siguientes ejemplos:

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

SOLICITUD DE CAMBIOS EN EL FORMULARIO

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

Fax: (855) 714-2419

CATEGORÍAS DE CONSIDERACIÓN

ANALGÉSICOS OPIOIDES

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

SERVICIOS EXCLUIDOS

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

- Medicamentos no aptos para fondos Federales de Medicaid
- Medicamentos contra la anorexia, pérdida de peso o aumento de peso
- Medicamentos para promover la fertilidad
- Medicamentos para fines cosméticos o el crecimiento del cabello
- Medicamentos para el alivio sintomático de la tos y los resfríos, excepto aquellos que aparecen en la lista de medicamentos preferidos
- Vitaminas, excepto las vitaminas Prenatales para mujeres embarazadas y las gotas de vitamina con o sin fluoruro, para niños de cinco (5) años
- Suplementos de fluoruro
- Medicamentos sin receta (de venta libre u OTC), excepto aquellos medicamentos que aparecen en la lista de medicamentos preferidos

- Medicamentos para los que el fabricante requiere, como condición de venta, que las pruebas y los servicios de monitoreo asociados se compren exclusivamente al fabricante o a su representante
- Medicamentos para el tratamiento de la disfunción sexual o eréctil
- Medicamentos que un hospital entrega a un paciente en el momento del alta (medicamentos para llevar al hogar)
- Leche materna, sustitutos de leche materna, alimentos para bebés o alimentos médicos, productos metabólicos recetados para errores innatos de metabolismo (p. ej., fenilcetonuria y la enfermedad de la orina con olor a jarabe de arce) según se define en el Manual del Proveedor de Medicaid de Utah
- Medicamentos disponibles solo a través de programas de distribución de un solo proveedor, a menos que el distribuidor esté inscrito en Utah Medicaid como proveedor farmacéutico
- Medicamentos experimentales o en fase de investigación
- Formas de dosificación de conveniencia (parches transdérmicos) que no aparecen en la Lista de medicamentos
- Productos farmacéuticos que la Administración de Alimentos y Medicamentos de los EE. UU. (FDA) determina que son menos eficaces y medicamentos idénticos, relacionados o similares (denominados, con frecuencia, medicamentos “DESI 5 y 6”)
- Producto farmacéutico no perteneciente al Programa de Devolución de Medicamentos de Medicaid

AVISO

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

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

ACTUALIZACIONES DEL FORMULARIO

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

LEYENDA

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

FORMULARY UPDATES

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

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

Date Effective	Product Name	Change	Notes
10/1/2023	Adalimumab-fkjp AJKT 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Adalimumab-fkjp AJKT 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Adalimumab-fkjp PSKT 20MG/0.4ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Adalimumab-fkjp PSKT 20MG/0.4ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Adalimumab-fkjp PSKT 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Adalimumab-fkjp PSKT 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Hadlima PushTouch SOAJ 40MG/0.4ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Hadlima PushTouch SOAJ 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Hadlima SOSY 40MG/0.4ML	Add to formulary with PA and QL	2 per 28 days
10/1/2023	Hadlima SOSY 40MG/0.8ML	Add to formulary with PA and QL	2 per 28 days

Date Effective	Product Name	Change	Notes
10/1/2023	Humira Pediatric Crohns Start PSKT 80 MG/0.8ML &40MG/0.4ML	Remove from formulary	
10/1/2023	Humira Pediatric Crohns Start PSKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 40MG/0.4ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 40MG/0.4ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 40MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen PNKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-CD/UC/HS Starter PNKT 40MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-CD/UC/HS Starter PNKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-CD/UC/HS Starter PNKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-Pediatric UC Start PNKT 80MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen- Ps/UV/Adol HS Start PNKT 40MG/0.8ML	Remove from formulary	
10/1/2023	Humira Pen-Psor/Uveit Starter PNKT 80 MG/0.8ML &40MG/0.4ML	Remove from formulary	
10/1/2023	Humira PSKT 10MG/0.1ML	Remove from formulary	
10/1/2023	Humira PSKT 20MG/0.2ML	Remove from formulary	
10/1/2023	Humira PSKT 40MG/0.4ML	Remove from formulary	
10/1/2023	Humira PSKT	Remove from formulary	

Date Effective	Product Name	Change	Notes
	40MG/0.8ML		

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Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS***		
<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)
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR***		
<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)
*AMPHETAMINE MIXTURES***		
<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)
<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)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 3 Years)
<i>amphetamine-dextroamphetamine oral tablet 7.5 mg</i>	Tier 1	QL (5 EA per 1 day); AGE (Min 3 Years)
*AMPHETAMINES***		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years)
*ANALEPTICS***		
<i>caffeine citrate oral solution 60 mg/3ml</i>	Tier 1	AGE (Max 1 Years)
*STIMULANTS - MISC.***		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 3 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
FOCALIN ORAL TABLET 2.5 MG (<i>dexmethylphenidate hcl</i>)	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years)
<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)
<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)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Tier 1	QL (3 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
<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)
<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)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 6 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Tier 1	QL (15 ML per 1 day); AGE (Min 6 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)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 17 Years)
ALTERNATIVE MEDICINES		
*ALTERNATIVE MEDICINE - ME'S***		
<i>melatonin er oral tablet extended release 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>melatonin oral capsule 3 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>melatonin oral liquid 1 mg/4ml</i>	Tier 1	QL (20 ML per 1 day)
<i>melatonin oral tablet 1 mg, 3 mg, 300 mcg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>melatonin oral tablet dispersible 5 mg</i>	Tier 1	QL (2 EA per 1 day)
*ALTERNATIVE MEDICINE COMBINATIONS - TWO INGREDIENTS***		
<i>melatonin tr with vitamin b6 oral tablet extended release 3-10 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>melatonin/vitamin b-6 ex st oral tablet 3-1 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>ra melatonin oral tablet 3-2 mg</i>	Tier 1	QL (2 EA per 1 day)
AMINOGLYCOSIDES		
*AMINOGLYCOSIDES***		
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	
<i>paromomycin sulfate oral capsule 250 mg</i>	Tier 1	
ANALGESICS - ANTI-INFLAMMATORY		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***		
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	Tier 2	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	Tier 2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	Tier 2	PA
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***		
<i>adalimumab-fkjp auto-injector kit 40 mg/0.8ml subcutaneous</i>	Tier 1	PA; QL (2 EA per 28 days)
<i>adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml subcutaneous</i>	Tier 1	PA; QL (2 EA per 28 days)
<i>adalimumab-fkjp prefilled syringe kit 40 mg/0.8ml subcutaneous</i>	Tier 1	PA; QL (2 EA per 28 days)
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>)	Tier 1	PA; QL (2 EA per 28 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
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>)	Tier 1	PA; QL (2 EA per 28 days)
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>)	Tier 1	PA; QL (2 EA per 28 days)
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-bwwd</i>)	Tier 1	PA; QL (2 EA per 28 days)
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***		
<i>celecoxib oral capsule 100 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>celecoxib oral capsule 200 mg, 400 mg</i>	Tier 1	QL (2 EA per 1 day)
*INTERLEUKIN-6 RECEPTOR INHIBITORS***		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	Tier 2	PA
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***		
<i>cvs ibuprofen jr oral tablet 100 mg</i>	Tier 1	QL (4 EA 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 childrens oral suspension 100 mg/5ml</i>	Tier 2	QL (160 ML per 1 day)
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Tier 2	QL (6 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>infants ibuprofen oral suspension 50 mg/1.25ml</i>	Tier 2	QL (160 ML per 1 day)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years); 5
<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)
<i>naproxen sodium oral capsule 220 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 220 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<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)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
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Drug Name	Drug Tier	Requirements/Limits
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	QL (3 EA per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	Tier 2	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	Tier 2	PA
*PYRIMIDINE SYNTHESIS INHIBITORS***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 EA per 1 day)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	Tier 2	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	Tier 2	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	Tier 2	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (<i>etanercept</i>)	Tier 2	PA; QL (4 EA per 24 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	Tier 2	PA; QL (4 ML per 24 days)
ANALGESICS - NONNARCOTIC		
*ANALGESICS OTHER***		
<i>acetaminophen 8 hour oral tablet extended release 650 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>acetaminophen extra strength oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>acetaminophen infants oral suspension 160 mg/5ml</i>	Tier 1	
<i>acetaminophen junior strength oral tablet dispersible 160 mg</i>	Tier 1	QL (25 EA per 1 day)
<i>acetaminophen oral solution 160 mg/5ml</i>	Tier 1	
<i>acetaminophen oral tablet 325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>acetaminophen rapid tabs child oral tablet dispersible 80 mg</i>	Tier 1	QL (50 EA per 1 day)
<i>acetaminophen rectal suppository 120 mg</i>	Tier 1	QL (34 EA per 1 day)
<i>acetaminophen rectal suppository 650 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>childrens non-aspirin oral tablet chewable 80 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>cvs acetaminophen ex st oral liquid 500 mg/15ml</i>	Tier 1	
<i>ed-apap oral liquid 160 mg/5ml</i>	Tier 2	
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG (<i>acetaminophen</i>)	Tier 2	QL (50 EA per 1 day)
<i>pain relief childrens oral elixir 325 mg/10.15ml</i>	Tier 2	
*ANALGESICS-SEDATIVES***		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 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
*SALICYLATE COMBINATIONS***		
<i>aspirin buf(cacarb-mgcarb-mgo) oral tablet 325 mg</i>	Tier 1	
*SALICYLATES***		
<i>aspirin low dose oral tablet chewable 81 mg</i>	Tier 2	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>aspirin oral tablet delayed release 81 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>aspirin rectal suppository 300 mg, 600 mg</i>	Tier 1	
<i>cvs aspirin extra strength oral tablet 500 mg</i>	Tier 1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	QL (4 EA per 1 day)
ANALGESICS - OPIOID		
*CODEINE COMBINATIONS***		
<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
*HYDROCODONE COMBINATIONS***		
<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
*OPIOID AGONISTS***		
<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	PA; QL (12 EA per 1 day); MED
<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

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>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	QL (240 ML per 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (90 EA per 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	Tier 1	QL (120 EA per 1 day); 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
*OPIOID COMBINATIONS***		
<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
*OPIOID PARTIAL AGONISTS***		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 16 Years)
ANDROGENS-ANABOLIC		
*ANDROGENS***		
<i>testosterone cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)</i>	Tier 2	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1	
ANORECTAL AND RELATED PRODUCTS		
*INTRARECTAL STEROIDS***		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 1	QL (1680 ML per 25 days)
*RECTAL ANESTHETIC COMBINATIONS***		
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	Tier 2	

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
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Drug Name	Drug Tier	Requirements/Limits
*RECTAL LOCAL ANESTHETICS***		
<i>dibucaine (perianal) external ointment 1 %</i>	Tier 1	
*RECTAL STEROIDS***		
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 1	QL (7 EA per 1 day)
<i>hydrocortisone (Proctosol Hc External Cream 2.5 %)</i>	Tier 2	
ANTACIDS		
*ANTACID & SIMETHICONE***		
<i>antacid & antigas oral suspension 200-200-20 mg/5ml</i>	Tier 1	
<i>antacid anti-gas max strength oral suspension 400-400-40 mg/5ml</i>	Tier 2	
<i>mintox plus oral tablet chewable 200-200-25 mg</i>	Tier 1	
*ANTACID COMBINATIONS***		
<i>antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg</i>	Tier 1	
<i>cvs antacid supreme oral suspension 400-135 mg/5ml</i>	Tier 2	
*ANTACIDS - BICARBONATE***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	Tier 1	
*ANTACIDS - CALCIUM SALTS***		
<i>antacid maximum oral tablet chewable 1000 mg</i>	Tier 1	
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	Tier 2	
<i>calcium antacid oral tablet chewable 500 mg</i>	Tier 2	
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	Tier 1	
<i>calcium carbonate antacid oral tablet 648 mg</i>	Tier 1	
<i>childrens soothe oral tablet chewable 400 mg</i>	Tier 1	
*ANTACIDS - MAGNESIUM SALTS***		
<i>magnesium oxide oral tablet 250 mg, 420 mg</i>	Tier 1	
ANTHELMINTICS		
*ANTHELMINTICS***		
<i>albendazole oral tablet 200 mg</i>	Tier 1	PA
<i>ivermectin oral tablet 3 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>	Tier 2	
ANTIANGINAL AGENTS		
*ANTIANGINALS-OTHER***		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 1	ST; QL (2 EA per 1 day); Prior use BB/CCBs & long-acting nitrate
*NITRATES***		
<i>isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>isosorbide dinitrate oral tablet 20 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg</i>	Tier 1	QL (3 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<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)
ANTIANXIETY AGENTS		
*ANTIANXIETY AGENTS - MISC.***		
<i>buspirone hcl oral tablet 10 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
<i>buspirone hcl oral tablet 15 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
<i>buspirone 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)
*BENZODIAZEPINES***		
<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)
<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 (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i>	Tier 2	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 (Lorazepam Intensol Oral Concentrate 2 Mg/ML)</i>	Tier 2	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)

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Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
*ANTIARRHYTHMICS TYPE I-A***		
<i>disopyramide phosphate oral capsule 100 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>disopyramide phosphate oral capsule 150 mg</i>	Tier 1	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>quinidine sulfate oral tablet 300 mg</i>	Tier 1	QL (8 EA per 1 day)
*ANTIARRHYTHMICS TYPE I-B***		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	QL (6 EA per 1 day)
*ANTIARRHYTHMICS TYPE I-C***		
<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)
*ANTIARRHYTHMICS TYPE III***		
<i>amiodarone hcl oral tablet 200 mg</i>	Tier 1	QL (4 EA per 1 day)
ASTHMATIC AND BRONCHODILATOR AGENTS		
*ADRENERGIC COMBINATIONS***		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	Tier 2	QL (2 EA per 1 day)
<i>budesonide-formoterol fumarate</i> (Breyna Aerosol 80-4.5 Mcg/Act Inhalation)	Tier 2	QL (10.3 GM per 25 days)
<i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol 160-4.5 Mcg/Act)	Tier 2	QL (10.3 GM per 25 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Tier 1	QL (10.2 GM per 25 days)
<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 2	QL (2 EA per 1 day)
*ANTI-IGE MONOCLONAL ANTIBODIES***		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	Tier 2	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	Tier 2	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	Tier 2	PA; QL (5 EA per 24 days)
*ANTI-INFLAMMATORY AGENTS***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1	QL (26 ML per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
*BETA ADRENERGICS***		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (18 GM per 25 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (6.7 GM per 25 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (8.5 GM per 25 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 2	QL (2 GM per 1 day)
<i>terbutaline sulfate oral tablet 2.5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>terbutaline sulfate oral tablet 5 mg</i>	Tier 1	QL (6 EA per 1 day)
*BRONCHODILATORS - ANTICHOLINERGICS***		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	Tier 2	QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	Tier 2	QL (1 EA per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	QL (10 ML per 1 day)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	Tier 2	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	Tier 2	PA
*LEUKOTRIENE RECEPTOR ANTAGONISTS***		
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
*STEROID INHALANTS***		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	Tier 2	QL (6.1 GM per 25 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 1	QL (4 ML per 1 day); AGE (Max 9 Years)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	Tier 1	QL (0.4 GM per 1 day); AGE (Max 11 Years)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	Tier 1	QL (0.354 GM per 1 day); AGE (Max 11 Years)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	Tier 2	QL (0.354 GM per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
*XANTHINES***		
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>theophylline oral elixir 80 mg/15ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15ml</i>	Tier 1	
ANTICOAGULANTS		
*COUMARIN ANTICOAGULANTS***		
<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)
*DIRECT FACTOR XA INHIBITORS***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	Tier 2	QL (74 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	Tier 2	QL (2 EA per 1 day)
*LOW MOLECULAR WEIGHT HEPARINS***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 1	
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 2	PA
*SYNTHETIC HEPARINOID-LIKE AGENTS***		
<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
ANTICONVULSANTS		
*ANTICONVULSANTS - BENZODIAZEPINES***		
<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</i> (<i>anticonvulsant</i>))	Tier 2	QL (10 EA per 25 days); AGE (Min 12 Years)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	Tier 2	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 2	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 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
*ANTICONVULSANTS - MISC.***		
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>carbamazepine oral tablet chewable 100 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)
<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)
*GABA MODULATORS***		
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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 2	QL (6 EA per 1 day)
*HYDANTOINS***		
<i>phenytoin oral suspension 125 mg/5ml</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)
*SUCCINIMIDES***		
<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)
*VALPROIC ACID***		
<i>depakote sprinkles oral capsule delayed release sprinkle 125 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 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)
ANTIDEPRESSANTS		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)***		
<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)
*ANTIDEPRESSANTS - MISC.***		
<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, 75 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>maprotiline hcl oral tablet 50 mg</i>	Tier 1	QL (4 EA per 1 day)
*MONOAMINE OXIDASE INHIBITORS (MAOIS)***		
<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)
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***		
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
*SEROTONIN MODULATORS***		
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***		
<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)
*TRICYCLIC AGENTS***		
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
ANTIDIABETICS		
*ALPHA-GLUCOSIDASE INHIBITORS***		
<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)
*BIGUANIDES***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>metformin hcl oral tablet 1000 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	Tier 1	QL (3 EA per 1 day)
*DIABETIC OTHER - COMBINATIONS***		
<i>glucose instant energy oral tablet chewable 4-6 gm-mg</i>	Tier 1	
*DIABETIC OTHER***		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	Tier 2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	Tier 2	
<i>glucagon emergency injection kit 1 mg</i>	Tier 1	
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 1	ST; QL (1 EA per 1 day); PRIOR USE OF METFORMIN
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Tier 1	ST; QL (2 EA per 1 day); PRIOR USE OF METFORMIN AND SULFON
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***		
<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
*HUMAN INSULIN***		
ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin lispro</i>)	Tier 2	
ADMELOG SOLUTION 100 UNIT/ML INJECTION (<i>insulin lispro</i>)	Tier 2	
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (<i>insulin glargine</i>)	Tier 2	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Tier 2	

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

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Drug Name	Drug Tier	Requirements/Limits
*MEGLITINIDE ANALOGUES***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (6 EA per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***		
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyrogutamicac</i>)	Tier 2	ST; PRIOR USE OF METFORMIN
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	Tier 2	ST; PRIOR USE OF METFORMIN
*SULFONYLUREA-BIGUANIDE COMBINATIONS***		
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>glyburide-metformin oral tablet 5-500 mg</i>	Tier 1	QL (4 EA per 1 day)
*SULFONYLUREAS***		
<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	QL (6 EA per 1 day)
*THIAZOLIDINEDIONES***		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	QL (1 EA per 1 day)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***		
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Tier 1	
<i>cvs anti-diarrheal oral suspension 262 mg/15ml</i>	Tier 1	
<i>stomach relief oral tablet 262 mg</i>	Tier 1	
*ANTIPERISTALTIC AGENTS***		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>loperamide hcl oral capsule 2 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>loperamide hcl oral liquid 1 mg/5ml</i>	Tier 1	
<i>loperamide hcl oral suspension 1 mg/7.5ml</i>	Tier 1	
<i>loperamide hcl oral tablet 2 mg</i>	Tier 1	QL (8 EA per 1 day)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*OPIOID ANTAGONISTS***		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day)
ANTIEMETICS		
*5-HT3 RECEPTOR ANTAGONISTS***		
<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	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 1	
*ANTIEMETIC COMBINATIONS***		
<i>anti-nausea oral solution 1.87-1.87-21.5</i>	Tier 1	
*ANTIEMETICS - ANTICHOLINERGIC***		
<i>cvs motion sickness 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 2	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)
ANTIFUNGALS		
*ANTIFUNGALS***		
<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)
*IMIDAZOLES***		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
*TRIAZOLES***		
<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)
ANTIHIISTAMINES		
*ANTIHIISTAMINES - ALKYLAMINES***		
<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)
CHLOR-TRIMETON ORAL SYRUP 2 MG/5ML (<i>chlorpheniramine maleate</i>)	Tier 2	
*ANTIHIISTAMINES - ETHANOLAMINES***		
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>allergy relief oral capsule 25 mg</i>	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate oral tablet 1.34 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>cvs allergy relief oral tablet 25 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	Tier 1	QL (80 ML per 1 day); AGE (Max 12 Years)
<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	QL (6 EA per 1 day); AGE (Max 64 Years)
<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); AGE (Max 12 Years)
*ANTIHIISTAMINES - NON-SEDATING***		
<i>allergy (cetirizine) oral tablet 10 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>loratadine childrens oral solution 5 mg/5ml</i>	Tier 2	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)
*ANTIHIISTAMINES - PHENOTHIAZINES***		
<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)
<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 rectal suppository 12.5 mg, 25 mg</i>	Tier 1	QL (24 EA per 30 days)
*ANTIHIISTAMINES - PIPERIDINES***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 1	QL (20 ML per 1 day); AGE (Max 64 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
ANTHYPERLIPIDEMICS		
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***		
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	Tier 2	PA
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS***		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	Tier 2	PA
*BILE ACID SEQUESTRANTS***		
<i>cholestyramine light oral powder 4 gm/dose</i>	Tier 1	QL (8 GM per 1 day)
<i>cholestyramine oral powder 4 gm/dose</i>	Tier 1	QL (48 GM per 1 day)
<i>colestipol hcl oral tablet 1 gm</i>	Tier 1	QL (16 EA per 1 day)
*FIBRIC ACID DERIVATIVES***		
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	QL (4 EA per 1 day)
*HMG COA REDUCTASE INHIBITORS***		
<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)
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
*PCSK9 INHIBITORS***		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	Tier 2	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 2	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 2	PA
ANTHYPERTENSIVES		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	QL (1 EA per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE***		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 50-15 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>captopril-hydrochlorothiazide oral tablet 25-25 mg, 50-25 mg</i>	Tier 1	QL (2 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)

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Drug Name	Drug Tier	Requirements/Limits
<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 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	QL (1 EA per 1 day)
*ACE INHIBITORS***		
<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)
<i>QBRELIS ORAL SOLUTION 1 MG/ML (lisinopril)</i>	Tier 2	AGE (Min 6 Years and Max 12 Years)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 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)
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB***		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	QL (1 EA per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE***		
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<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)
<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)
*ANGIOTENSIN II RECEPTOR ANTAGONISTS***		
<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)
*ANTIADRENERGICS - CENTRALLY ACTING***		
<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)

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Drug Name	Drug Tier	Requirements/Limits
*ANTIADRENERGICS - PERIPHERALLY ACTING***		
<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)
*BETA BLOCKER & DIURETIC COMBINATIONS***		
<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)
*VASODILATORS***		
<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)
ANTI-INFECTIVE AGENTS - MISC.		
*ANTI-INFECTIVE AGENTS - MISC.***		
<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)
*ANTI-INFECTIVE MISC. - COMBINATIONS***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	QL (4 EA per 1 day)
*ANTIPROTOZOAL AGENTS***		
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 1	PA; 90
*GLYCOPEPTIDES***		
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	Tier 1	QL (40 ML per 1 day); 365
<i>vancomycin hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	QL (40 ML per 1 day); 90
*LEPROSTATICS***		
<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)
*LINCOSAMIDES***		
<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)

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Drug Name	Drug Tier	Requirements/Limits
*OXAZOLIDINONES***		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 1	PA
<i>linezolid oral tablet 600 mg</i>	Tier 1	PA
*URINARY ANTI-INFECTIVES***		
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years); 365
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years); 365
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years); 365
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Tier 1	QL (40 ML per 1 day); AGE (Max 12 Years); 10
ANTIMALARIALS		
*ANTIMALARIALS***		
<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)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS***		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day)
ANTIMYCOBACTERIAL AGENTS		
*ANTIMYCOBACTERIAL AGENTS***		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1	QL (30 ML per 1 day)
<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)
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 2	QL (1.143 EA per 1 day)
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	QL (8 EA per 1 day)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*ANDROGEN BIOSYNTHESIS INHIBITORS***		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
*ANTIADRENALS***		
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	Tier 2	
*ANTIANDROGENS***		
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>flutamide oral capsule 125 mg</i>	Tier 1	QL (6 EA per 1 day)
*ANTIESTROGENS***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
*ANTIMETABOLITES***		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 1	PA

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 1	
*ANTINEOPLASTIC - ALK INHIBITORS***		
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	Tier 2	PA; QL (8 EA per 1 day)
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***		
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	Tier 2	PA; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG (<i>dasatinib</i>)	Tier 2	PA; QL (3 EA per 1 day)
*ANTINEOPLASTIC - BTK INHIBITORS***		
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	Tier 2	PA; QL (4 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	Tier 2	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL TABLET 420 MG, 560 MG (<i>ibrutinib</i>)	Tier 2	PA; QL (1 EA per 1 day)
*ANTINEOPLASTIC - EGFR INHIBITORS***		
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	Tier 2	PA; QL (1 EA per 1 day)
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***		
<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)
<i>sunitinib malate oral capsule 12.5 mg</i>	Tier 1	PA; QL (4 EA per 1 day)
<i>sunitinib malate oral capsule 25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>sunitinib malate oral capsule 37.5 mg</i>	Tier 1	
<i>sunitinib malate oral capsule 50 mg</i>	Tier 1	QL (1 EA per 1 day)
*ANTINEOPLASTICS MISC.***		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML (<i>interferon alfa-2b</i>)	Tier 2	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT (<i>interferon alfa-2b</i>)	Tier 2	PA
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	Tier 2	PA
*AROMATASE INHIBITORS***		
<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)
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Tier 2	PA; QL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Tier 2	PA; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
*FOLIC ACID ANTAGONISTS RESCUE AGENTS***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
*IMIDAZOTETRAZINES***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 1	PA
*LHRH ANALOGS***		
<i>ELIGARD SUBCUTANEOUS KIT 22.5 MG (leuprolide acetate (3 month))</i>	Tier 2	PA
<i>ELIGARD SUBCUTANEOUS KIT 30 MG (leuprolide acetate (4 month))</i>	Tier 2	PA
<i>ELIGARD SUBCUTANEOUS KIT 45 MG (leuprolide acetate (6 month))</i>	Tier 2	PA
<i>ELIGARD SUBCUTANEOUS KIT 7.5 MG (leuprolide acetate)</i>	Tier 2	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 1	PA
*MITOTIC INHIBITORS***		
<i>etoposide oral capsule 50 mg</i>	Tier 1	PA
*NITROGEN MUSTARDS AND RELATED ANALOGUES***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>LEUKERAN ORAL TABLET 2 MG (chlorambucil)</i>	Tier 2	QL (8 EA per 1 day); 90
<i>melphalan oral tablet 2 mg</i>	Tier 1	
*NITROSOUREAS***		
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	Tier 1	
*PROGESTINS-ANTINEOPLASTIC***		
<i>megestrol acetate oral suspension 40 mg/ml</i>	Tier 1	QL (40 ML per 1 day)
<i>megestrol acetate oral tablet 20 mg</i>	Tier 1	QL (40 EA per 1 day)
<i>megestrol acetate oral tablet 40 mg</i>	Tier 1	QL (20 EA per 1 day)
*RETINOIDS***		
<i>tretinoin oral capsule 10 mg</i>	Tier 1	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*ANTIPARKINSON ANTICHOLINERGICS***		
<i>benztropine mesylate oral tablet 0.5 mg</i>	Tier 1	QL (5 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 1 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>benztropine mesylate oral tablet 2 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Tier 1	PA
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
*ANTIPARKINSON DOPAMINERGICS***		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<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)
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***		
<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)
*LEVODOPA COMBINATIONS***		
<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
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	Tier 1	QL (3 EA per 1 day)
<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)
*PERIPHERAL COMT INHIBITORS***		
<i>entacapone oral tablet 200 mg</i>	Tier 1	ST; QL (8 EA per 1 day); prior use of LEVODOPA/CARBIDOPA
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*ANTIMANIC AGENTS***		
<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	

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Drug Name	Drug Tier	Requirements/Limits
*ANTIPSYCHOTICS - MISC.***		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine hcl)	Tier 2	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (cariprazine hcl)	Tier 2	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	QL (2 EA per 1 day)
*BENZISOXAZOLES***		
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML (paliperidone palmitate)	Tier 2	QL (0.75 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML (paliperidone palmitate)	Tier 2	QL (1 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML (paliperidone palmitate)	Tier 2	QL (1.5 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML (paliperidone palmitate)	Tier 2	QL (0.25 ML per 25 days); AGE (Min 18 Years)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML (paliperidone palmitate)	Tier 2	QL (0.5 ML per 25 days); AGE (Min 18 Years)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (paliperidone palmitate)	Tier 2	QL (1 ML per 1 day); AGE (Min 18 Years)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	Tier 1	PA; AGE (Min 6 Years)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (risperidone microspheres)	Tier 2	QL (2 EA per 25 days); AGE (Min 18 Years)
risperidone oral solution 1 mg/ml	Tier 1	QL (16 ML per 1 day); AGE (Min 5 Years)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	QL (2 EA per 1 day); AGE (Min 5 Years)
risperidone oral tablet 4 mg	Tier 1	QL (4 EA per 1 day); AGE (Min 5 Years)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	QL (2 EA per 1 day); AGE (Min 5 Years)
risperidone oral tablet dispersible 4 mg	Tier 1	QL (4 EA per 1 day); AGE (Min 5 Years)
*BUTYROPHENONES***		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Tier 1	AGE (Min 6 Years)
haloperidol lactate injection solution 5 mg/ml	Tier 1	AGE (Min 6 Years)
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	AGE (Min 6 Years)
haloperidol oral tablet 0.5 mg	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	QL (5 EA per 1 day); AGE (Min 6 Years)
*DIBENZODIAZEPINES***		
clozapine oral tablet 100 mg, 200 mg, 25 mg	Tier 1	AGE (Min 6 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
*DIBENZO-OXEPINO PYRROLES***		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	Tier 1	PA
*DIBENZOTHIAZEPINES***		
<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)
*DIBENZOXAZEPINES***		
<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)
*PHENOTHIAZINES***		
<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 2	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)
<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)
<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)
*QUINOLINONE DERIVATIVES***		
<i>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (aripiprazole)</i>	Tier 2	QL (1 EA per 25 days); AGE (Min 18 Years)
<i>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (aripiprazole)</i>	Tier 2	QL (1 EA per 25 days); AGE (Min 18 Years)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	PA; AGE (Min 6 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 1	PA; QL (1 EA per 1 day); AGE (Min 6 Years)
<i>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML (aripiprazole lauroxil)</i>	Tier 2	QL (3.9 ML per 50 days); AGE (Min 18 Years)

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ST - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML (<i>aripiprazole lauroxil</i>)	Tier 2	QL (1.6 ML per 25 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML (<i>aripiprazole lauroxil</i>)	Tier 2	QL (2.4 ML per 25 days); AGE (Min 18 Years)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	Tier 2	QL (3.2 ML per 25 days); AGE (Min 18 Years)
*THIENBENZODIAZEPINES***		
<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); Requires trial of risperidone or quetiapine or clozapine
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG (<i>olanzapine pamoate</i>)	Tier 2	QL (2 EA per 25 days); AGE (Min 18 Years)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG (<i>olanzapine pamoate</i>)	Tier 2	QL (1 EA per 25 days); AGE (Min 18 Years)
*THIOXANTHENES***		
<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)
ANTISEPTICS & DISINFECTANTS		
*CHLORINE ANTISEPTICS***		
HIBICLENS EXTERNAL LIQUID 4 % (<i>chlorhexidine gluconate</i>)	Tier 2	
ANTIVIRALS		
*ANTIRETROVIRAL COMBINATIONS***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 1	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG (<i>bictegravir-emtricitab-tenofovir</i>)	Tier 2	QL (1 EA per 1 day); AGE (Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	Tier 2	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	Tier 2	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	Tier 2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofovir df</i>)	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofovir af</i>)	Tier 2	ST; QL (1 EA per 1 day); Prior Use of Truvada
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	Tier 2	QL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofovir df oral tablet 600-200-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Tier 1	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	Tier 2	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	Tier 2	QL (1 EA per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	Tier 2	QL (16 ML per 1 day)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
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Drug Name	Drug Tier	Requirements/Limits
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	Tier 2	QL (8 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	Tier 2	QL (4 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL (2 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine-rilpivir-tenofovir</i>)	Tier 2	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofovir</i>)	Tier 2	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofovir</i>)	Tier 2	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivudine</i>)	Tier 2	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (<i>abacavir-dolutegravir-lamivudine</i>)	Tier 2	QL (6 EA per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (<i>abacavir-lamivudine-zidovudine</i>)	Tier 2	QL (2 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir</i>)	Tier 2	QL (1 EA per 1 day)
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 1	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	Tier 2	QL (30 ML per 1 day)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	Tier 2	QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG (<i>maraviroc</i>)	Tier 2	QL (2 EA per 1 day)
*ANTIRETROVIRALS - FUSION INHIBITORS***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	Tier 2	PA
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR***		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	Tier 2	QL (2 EA per 1 day)
*ANTIRETROVIRALS - INTEGRASE INHIBITORS***		
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	Tier 2	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (<i>raltegravir potassium</i>)	Tier 2	QL (12 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (6 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
*ANTIRETROVIRALS - PROTEASE INHIBITORS***		
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	Tier 2	QL (4 EA per 1 day)
APTIVUS ORAL SOLUTION 100 MG/ML (<i>tipranavir</i>)	Tier 2	QL (10 ML per 1 day)
<i>atazanavir sulfate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG (<i>indinavir sulfate</i>)	Tier 2	QL (12 EA per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG (<i>indinavir sulfate</i>)	Tier 2	QL (6 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 2	QL (4 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	Tier 2	QL (15 ML per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	Tier 2	QL (8 ML per 1 day)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG (<i>darunavir</i>)	Tier 2	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	Tier 2	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir</i>)	Tier 2	QL (1 EA per 1 day)
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	Tier 2	QL (2 EA per 1 day)
REYATAZ ORAL CAPSULE 300 MG (<i>atazanavir sulfate</i>)	Tier 2	QL (1 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (4 EA per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***		
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	Tier 2	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	Tier 2	QL (4 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>nevirapine oral 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 2	QL (1 EA per 1 day)
SUSTIVA ORAL TABLET 600 MG (<i>efavirenz</i>)	Tier 2	QL (1 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1	QL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	Tier 1	QL (1 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES***		
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	Tier 2	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	Tier 2	QL (20 ML per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	QL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES***		
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES***		
<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 2	QL (7.5 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (1 EA per 1 day)
*ANTIRETROVIRALS ADJUVANTS***		
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	Tier 2	QL (1 EA per 1 day)
*ANTIVIRAL COMBINATIONS***		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	Tier 2	QL (30 EA per 25 days); AGE (Min 18 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	Tier 2	QL (30 EA per 25 days); AGE (Min 18 Years)
*CMV AGENTS***		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1	PA
*HEPATITIS B AGENTS***		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>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 2	PA
*HEPATITIS C AGENT - COMBINATIONS***		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	Tier 2	PA; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	Tier 2	PA; QL (1 EA per 1 day)
*HEPATITIS C AGENTS***		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	Tier 2	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	Tier 2	PA

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Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	Tier 2	PA
PEG-INTRON 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 2	PA; QL (1 EA per 1 day)
*HERPES AGENTS - PURINE ANALOGUES***		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 1	QL (25 ML per 1 day)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1	QL (8 EA per 1 day)
*HERPES AGENTS - THYMIDINE ANALOGUES***		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	QL (3 EA per 1 day)
*INFLUENZA AGENTS***		
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
*MISC. ANTIVIRALS***		
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>remdesivir</i>)	Tier 2	
*NEURAMINIDASE INHIBITORS***		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1	QL (10 EA per 5 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1	QL (180 ML per 5 days); AGE (Max 12 Years)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	Tier 2	QL (20 EA per 1 day)
BETA BLOCKERS		
*ALPHA-BETA BLOCKERS***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	QL (2 EA per 1 day)
<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 (6 EA per 1 day)
*BETA BLOCKERS CARDIO-SELECTIVE***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<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)
*BETA BLOCKERS NON-SELECTIVE***		
<i>nadolol oral tablet 20 mg, 40 mg</i>	Tier 1	QL (3 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	QL (2 EA per 1 day)
CALCIUM CHANNEL BLOCKERS		
*CALCIUM CHANNEL BLOCKERS***		
<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, 420 mg</i>	Tier 1	QL (2 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 2	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, 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 2	AGE (Min 6 Years and Max 12 Years)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG (<i>diltiazem hcl er beads</i>)	Tier 2	QL (2 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	QL (3 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)

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CARDIOTONICS		
*CARDIAC GLYCOSIDES***		
<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)
CARDIOVASCULAR AGENTS - MISC.		
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	Tier 2	PA
*PERIPHERAL VASODILATORS***		
<i>niacin flush free oral capsule 500 mg</i>	Tier 2	
*PROSTAGLANDIN VASODILATORS***		
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Tier 1	PA
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	Tier 2	PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	Tier 2	PA
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***		
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 1	PA; QL (3 EA per 1 day)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	Tier 2	PA; QL (2 EA per 1 day)
*SINUS NODE INHIBITORS**		
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	Tier 2	PA
CEPHALOSPORINS		
*CEPHALOSPORINS - 1ST GENERATION***		
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
*CEPHALOSPORINS - 2ND GENERATION***		
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	QL (2 EA per 1 day); 10
*CEPHALOSPORINS - 3RD GENERATION***		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	QL (2 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
CHEMICALS		
*BULK CHEMICALS - BU'S***		
<i>budesonide powder</i>	Tier 1	
*BULK CHEMICALS - PR'S***		
<i>progesterone micronized powder</i>	Tier 1	
*FIXED OILS***		
<i>sesame oil oil</i>	Tier 1	
*LIQUIDS***		
<i>benzyl benzoate liquid</i>	Tier 1	AGE (Min 16 Years and Max 60 Years)
CONTRACEPTIVES		
*BIPHASIC CONTRACEPTIVES - ORAL***		
<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)
*COMBINATION CONTRACEPTIVES - ORAL***		
<i>norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)</i>	Tier 2	QL (1.34 EA per 1 day)
<i>norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)</i>	Tier 2	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 2	QL (1.34 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 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>norgestimate-eth estradiol oral tablet 0.25-35 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 2	QL (1.34 EA per 1 day)
<i>norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)</i>	Tier 2	QL (1.34 EA per 1 day)
<i>levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)</i>	Tier 2	QL (1.34 EA per 1 day)
<i>desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)</i>	Tier 2	QL (1.34 EA per 1 day)
<i>drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)</i>	Tier 2	QL (1.34 EA per 1 day)
*COMBINATION CONTRACEPTIVES - TRANSDERMAL***		
<i>norelgestromin-eth estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)</i>	Tier 2	QL (0.143 EA per 1 day)

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

Drug Name	Drug Tier	Requirements/Limits
*COMBINATION CONTRACEPTIVES - VAGINAL***		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	Tier 1	QL (0.5 EA per 1 day)
*EMERGENCY CONTRACEPTIVES***		
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	Tier 2	QL (1 EA per 1 day); 365
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	Tier 2	QL (1 EA per 1 day); 365
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***		
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	Tier 2	QL (1.08 EA per 1 day); 365
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	Tier 2	QL (1.08 EA per 1 day); 365
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Tier 1	QL (1.08 EA per 1 day); 365
*PROGESTIN CONTRACEPTIVES - INJECTABLE***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Tier 1	QL (1 ML per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Tier 1	QL (1 ML per 84 days)
*PROGESTIN CONTRACEPTIVES - IUD***		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	Tier 2	QL (1 EA per 1 day); 365
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	Tier 2	QL (1 EA per 1 day); 365
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	Tier 2	QL (1 EA per 1 day); 365
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	Tier 2	QL (1 EA per 1 day); 365
*PROGESTIN CONTRACEPTIVES - ORAL***		
<i>norethindrone oral tablet 0.35 mg</i>	Tier 1	QL (1.34 EA per 1 day); 365
*TRIPHASIC CONTRACEPTIVES - ORAL***		
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	Tier 2	QL (1.34 EA per 1 day); 365
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tier 1	QL (1.34 EA per 1 day)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	Tier 2	QL (1.34 EA per 1 day); 365
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 2	QL (1.34 EA per 1 day); 365
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	Tier 2	QL (1.34 EA per 1 day); 365
CORTICOSTEROIDS		
*GLUCOCORTICOSTEROIDS***		
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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 32 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>prednisolone oral solution 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	
*MINERALOCORTICIDS***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	QL (5 EA per 1 day)
COUGH/COLD/ALLERGY		
*ANTITUSSIVE - NONNARCOTIC***		
<i>benzonatate oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>benzonatate oral capsule 200 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>cough relief oral liquid 15 mg/5ml</i>	Tier 1	
*ANTITUSSIVE - OPIOID***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
*ANTITUSSIVE-DECONGESTANT-ANALGESIC***		
<i>cold & flu relief daytime oral capsule 10-5-325 mg</i>	Tier 1	
<i>cold multi-symptom daytime oral tablet 10-5-325 mg</i>	Tier 1	
<i>day-time cold/flu relief oral liquid 10-5-325 mg/15ml</i>	Tier 1	
<i>flu/severe cold & cough day oral packet 20-10-650 mg</i>	Tier 1	
<i>pain relief cold pe day oral tablet 15-5-325 mg</i>	Tier 1	
*ANTITUSSIVE-EXPECTORANT***		
<i>childrens mucus relief cough oral liquid 5-100 mg/5ml</i>	Tier 1	
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	Tier 1	QL (180 ML per 25 days)
<i>dextromethorphan-guaifenesin oral tablet 20-400 mg</i>	Tier 1	
<i>dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg</i>	Tier 1	
<i>guaifenesin dm cough & chest oral liquid† 10-200 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	Tier 1	QL (60 ML per 1 day); AGE (Min 2 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>intense cough reliever oral liquid 20-300 mg/5ml, 30-200 mg/5ml</i>	Tier 1	
MUCINEX COUGH FOR KIDS ORAL PACKET 5-100 MG (dextromethorphan-guaifenesin)	Tier 2	
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Tier 2	QL (2 EA per 1 day)
VICKS DAYQUIL MUCUS CONTROL DM ORAL LIQUID 10-200 MG/15ML (dextromethorphan-guaifenesin)	Tier 2	
*DECONGESTANT & ANTIHISTAMINE***		
<i>allergy/congestion relief oral tablet extended release 12 hour 5-120 mg</i>	Tier 2	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)
<i>childrens cold & allergy oral elixir 1-2.5 mg/5ml</i>	Tier 1	
<i>childs cold/allergy oral elixir 1-15 mg/5ml</i>	Tier 1	QL (480 ML per 25 days)
<i>cold/allergy pe oral tablet 4-10 mg</i>	Tier 1	
DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID 6.25-2.5 MG/5ML (diphenhydramine-phenylephrine)	Tier 2	QL (180 ML per 25 days)
<i>diphenhydramine-phenylephrine oral tablet 25-10 mg</i>	Tier 1	QL (6 EA per 1 day)
DRIXORAL COLD/ALLERGY ORAL TABLET EXTENDED RELEASE 12 HOUR 6-120 MG (dextbrompheniramine-pseudoeph)	Tier 2	
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	Tier 1	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	Tier 1	
<i>glenmax peb oral liquid 4-10 mg/5ml</i>	Tier 2	
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>nohist-lq oral liquid 4-10 mg/5ml</i>	Tier 2	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	Tier 2	QL (60 ML per 1 day); AGE (Max 64 Years)
<i>tri-pseudaphed oral tablet 2.5-60 mg</i>	Tier 1	
*DECONGESTANT W/ EXPECTORANT***		
<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)
*DECONGESTANT-ANALGESIC***		
<i>cold tablets oral tablet 30-325 mg</i>	Tier 1	
<i>daytime sinus congestion oral capsule 5-325 mg</i>	Tier 1	
<i>flu/severe cold daytime oral packet 10-650 mg</i>	Tier 1	
<i>ibuprofen and pse cold & sinus oral tablet 200-30 mg</i>	Tier 1	
*EXPECTORANTS***		
<i>chest congestion relief oral tablet 400 mg</i>	Tier 2	AGE (Min 4 Years)
GILTUSS EX EXPECTORANT CHILD ORAL LIQUID 200 MG/5ML (guaifenesin)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>guaifenesin oral liquid 100 mg/5ml</i>	Tier 1	
<i>guaifenesin oral syrup 100 mg/5ml</i>	Tier 1	AGE (Min 4 Years)
<i>guaifenesin oral tablet 200 mg</i>	Tier 1	AGE (Min 4 Years)
*MISC. RESPIRATORY INHALANTS***		
<i>sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %</i>	Tier 1	
*MUCOLYTICS***		
<i>acetylcysteine inhalation solution 20 %</i>	Tier 1	QL (120 ML per 1 day)
*NON-NARC ANTITUSSIVE-ANTI HISTAMINE***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Tier 1	QL (180 ML per 25 days); AGE (Min 4 Years)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTI HISTAMINE***		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
*OPIOID ANTITUSSIVE-ANTI HISTAMINE***		
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days); AGE (Min 2 Years and Max 64 Years)
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTI HISTAMINE***		
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	Tier 2	QL (60 ML per 1 day); AGE (Min 2 Years and Max 64 Years)
DERMATOLOGICALS		
*ACNE ANTIBIOTICS***		
<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
*ACNE PRODUCTS***		
<i>acne medication 10 external lotion 10 %</i>	Tier 2	
<i>acne medication 2.5 external gel 2.5 %</i>	Tier 2	
<i>acne medication 5 external lotion 5 %</i>	Tier 2	
<i>adapalene external gel 0.1 %</i>	Tier 1	QL (45 GM per 25 days)
<i>benzoyl peroxide external gel 10 %, 5 %</i>	Tier 1	
<i>benzoyl peroxide wash external liquid 10 %, 5 %</i>	Tier 2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	ST; QL (45 GM per 25 days); 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); PRIOR USE DIFFERIN OTC AND CLINDA SOLN
<i>tretinoin external gel 0.05 %</i>	Tier 1	ST; PRIOR USE DIFFERIN OTC AND CLINDA SOLN
*ANTIBIOTIC MIXTURES TOPICAL***		
POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM (<i>bacitracin-polymyxin b</i>)	Tier 2	
<i>triple antibiotic external ointment</i>	Tier 2	
<i>triple antibiotic pain relief external ointment 1 %</i>	Tier 2	
*ANTIBIOTICS - TOPICAL***		
<i>bacitracin external ointment 500 unit/gm</i>	Tier 1	
<i>bacitracin zinc external ointment 500 unit/gm</i>	Tier 1	
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1	QL (30 GM per 25 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1	QL (30 GM per 25 days)
<i>mupirocin external ointment 2 %</i>	Tier 1	QL (44 GM per 25 days)
*ANTIFUNGALS - TOPICAL***		
<i>antifungal (tolnaftate) external cream 1 %</i>	Tier 2	QL (60 GM per 30 days)
BLIS-TO-SOL EXTERNAL LIQUID 1 % (<i>tolnaftate</i>)	Tier 2	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>cvs athletes foot (tolnaftate) external aerosol powder 1 %</i>	Tier 2	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 2	QL (30 GM per 25 days)
<i>terbinafine hcl external cream 1 %</i>	Tier 1	QL (30 GM per 25 days)
<i>tolnaftate external powder 1 %</i>	Tier 1	QL (67.5 GM per 30 days)
*ANTI-INFLAMMATORY AGENTS - TOPICAL***		
<i>diclofenac sodium external gel 1 %</i>	Tier 1	QL (200 GM per 25 days)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***		
<i>fluorouracil external cream 5 %</i>	Tier 1	
*ANTIPSORIATICS - SYSTEMIC***		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 2	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 2	PA; QL (2 ML per 24 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 2	PA; QL (1 ML per 24 days)

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 2	PA; QL (1 ML per 24 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	Tier 2	PA; QL (0.5 ML per 24 days)
*ANTIPSORIATICS***		
<i>calcipotriene external cream 0.005 %</i>	Tier 1	PA
<i>calcipotriene external ointment 0.005 %</i>	Tier 1	PA
<i>calcipotriene external solution 0.005 %</i>	Tier 1	PA
*ANTISEBORRHEIC PRODUCTS***		
<i>anti-dandruff external shampoo 1 %</i>	Tier 2	
<i>selenium sulfide external lotion 2.5 %</i>	Tier 1	
*ANTIVIRALS - TOPICAL***		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	Tier 2	QL (2 GM per 15 days)
<i>acyclovir external ointment 5 %</i>	Tier 1	PA
*BURN PRODUCTS***		
<i>silver sulfadiazine external cream 1 %</i>	Tier 1	
*CORTICOSTEROIDS - TOPICAL***		
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>anti-itch maximum strength external cream 1 %</i>	Tier 1	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 maximum strength external gel 1 %</i>	Tier 1	ST; REQ TRY ANY 3 PREFERRED LOW POTENCY
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 1	QL (120 ML per 25 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide external gel 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide external ointment 0.05 %</i>	Tier 1	ST; QL (60 GM per 25 days); PRIOR USE MOMETASONE AND FLUCINOLONE CREAM
<i>fluocinonide external solution 0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1	QL (60 GM per 25 days)
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>hydrocortisone acetate external cream 1 %</i>	Tier 1	
<i>hydrocortisone external cream 0.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>hydrocortisone external cream 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 %, 1 %, 2.5 %</i>	Tier 1	ST; QL (60 GM per 25 days); 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	
*EMOLLIENTS***		
<i>ammonium lactate external cream 12 %</i>	Tier 1	QL (280 GM per 25 days)
<i>ammonium lactate external lotion 12 %</i>	Tier 1	QL (225 GM per 25 days)
HYDROLATUM EXTERNAL OINTMENT (<i>emollient</i>)	Tier 2	
*ENZYMES - TOPICAL***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	Tier 2	PA; QL (2 GM per 1 day)
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***		
ALOE VESTA ANTIFUNGAL EXTERNAL OINTMENT 2 % (<i>miconazole nitrate</i>)	Tier 2	QL (113 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>antifungal (clotrimazole) external cream 1 %</i>	Tier 2	QL (60 GM per 30 days)
<i>antifungal external powder 2 %</i>	Tier 2	QL (90 GM per 30 days)
<i>athletes foot powder spray external aerosol powder 2 %</i>	Tier 2	QL (133 GM per 30 days)
<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 antifungal external cream 2 %</i>	Tier 2	QL (150 GM per 25 days)
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL***		
<i>imiquimod external cream 5 %</i>	Tier 1	PA; QL (24 EA per 25 days)
*KERATOLYTIC/ANTIMITOTIC AGENTS***		
<i>podofilox external solution 0.5 %</i>	Tier 1	QL (7 ML per 180 days)
*LOCAL ANESTHETICS - TOPICAL***		
<i>arthritis pain relieving external cream 0.075 %</i>	Tier 2	
<i>capsaicin external cream 0.025 %, 0.075 %, 0.1 %</i>	Tier 1	
<i>capsaicin hp external cream 0.1 %</i>	Tier 1	
<i>dibucaine external ointment 1 %</i>	Tier 1	
<i>lidocaine hcl (Glydo External Prefilled Syringe 2 %)</i>	Tier 2	
<i>lidocaine external cream 4 %</i>	Tier 1	
<i>lidocaine external patch 5 %</i>	Tier 1	PA; QL (3 EA per 1 day)
<i>lidocaine hcl external solution 4 %</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	Tier 1	
<i>lidocaine pain relief max st external patch 4 %</i>	Tier 2	QL (4 EA per 1 day)
<i>lidocaine hcl (Proxivol External Gel 2 %)</i>	Tier 2	
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL***		
<i>ELIDEL EXTERNAL CREAM 1 % (pimecrolimus)</i>	Tier 2	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)
*MISC. TOPICAL COMBINATIONS***		
<i>ZINC-OXYDE PLUS EXTERNAL OINTMENT 0.44-20 % (menthol-zinc oxide)</i>	Tier 2	
*MISC. TOPICAL***		
<i>DRYSOL EXTERNAL SOLUTION 20 % (aluminum chloride)</i>	Tier 2	
*ROSACEA AGENTS***		
<i>metronidazole external cream 0.75 %</i>	Tier 1	
<i>metronidazole external gel 0.75 %</i>	Tier 1	
<i>metronidazole external lotion 0.75 %</i>	Tier 1	
*SCABICIDE COMBINATIONS***		
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Tier 2	
<i>sb lice treatment external liquid 0.3-3 %</i>	Tier 1	
<i>stop lice complete treatment combination kit 0.33-4-0.5 %</i>	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
*SCABICIDES & PEDICULICIDES***		
<i>crotan external lotion 10 %</i>	Tier 2	
<i>lice treatment creme rinse external liquid 1 %</i>	Tier 2	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	Tier 2	QL (59 ML per 25 days)
<i>permethrin external cream 5 %</i>	Tier 1	
<i>ra lice treatment external lotion 1 %</i>	Tier 2	
<i>spinosad external suspension 0.9 %</i>	Tier 1	QL (120 ML per 25 days)
<i>stop lice aerosol 0.5 %</i>	Tier 2	
*SKIN PROTECTANTS***		
MINERIN CREME EXTERNAL CREAM (<i>skin protectants, misc.</i>)	Tier 2	
*TOPICAL ANESTHETIC COMBINATIONS***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	QL (60 GM per 25 days)
*TOPICAL STEROID COMBINATIONS***		
<i>hydrocortisone-aloe external cream 0.5 %, 1 %</i>	Tier 1	
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC DRUGS***		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG (<i>thyrotropin alfa</i>)	Tier 2	PA; QL (2 EA per 180 days)
*DIAGNOSTIC TESTS***		
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 2	
<i>relion true metrix test strips strip in vitro</i>	Tier 1	PA; QL (100 EA per 25 days)
<i>true metrix blood glucose test strip in vitro</i>	Tier 1	PA; QL (100 EA per 25 days)
*INFECTION TESTS***		
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 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
DIGESTIVE AIDS		
*DIGESTIVE ENZYMES***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	QL (6 EA per 1 day)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	QL (6 EA per 1 day)
DIURETICS		
*CARBONIC ANHYDRASE INHIBITORS***		
acetazolamide er oral capsule extended release 12 hour 500 mg	Tier 1	QL (4 EA per 1 day)
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	QL (4 EA per 1 day)
*DIURETIC COMBINATIONS***		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	QL (2 EA per 1 day)
spironolactone-hctz oral tablet 25-25 mg	Tier 1	QL (4 EA per 1 day)
triamterene-hctz oral capsule 37.5-25 mg	Tier 1	QL (2 EA per 1 day)
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Tier 1	QL (4 EA per 1 day)
*LOOP DIURETICS***		
bumetanide oral tablet 0.5 mg, 1 mg	Tier 1	QL (2 EA per 1 day)
bumetanide oral tablet 2 mg	Tier 1	QL (5 EA per 1 day)
furosemide oral solution 10 mg/ml, 8 mg/ml	Tier 1	AGE (Max 12 Years)
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	QL (6 EA per 1 day)
torsemide oral tablet 10 mg, 20 mg	Tier 1	QL (4 EA per 1 day)
torsemide oral tablet 100 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
*POTASSIUM SPARING DIURETICS***		
ALDACTONE ORAL TABLET 100 MG (<i>spironolactone</i>)	Tier 2	QL (2 EA per 1 day)
ALDACTONE ORAL TABLET 25 MG (<i>spironolactone</i>)	Tier 2	QL (8 EA per 1 day)
ALDACTONE ORAL TABLET 50 MG (<i>spironolactone</i>)	Tier 2	QL (4 EA per 1 day)
amiloride hcl oral tablet 5 mg	Tier 1	QL (4 EA per 1 day)
*THIAZIDES AND THIAZIDE-LIKE DIURETICS***		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	QL (4 EA per 1 day)
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	QL (2 EA per 1 day)
hydrochlorothiazide oral tablet 25 mg	Tier 1	QL (8 EA per 1 day)
hydrochlorothiazide oral tablet 50 mg	Tier 1	QL (4 EA per 1 day)
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	QL (2 EA per 1 day)
metolazone oral tablet 10 mg	Tier 1	QL (2 EA per 1 day)
metolazone oral tablet 2.5 mg, 5 mg	Tier 1	QL (4 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*BISPHOSPHONATES***		
<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 (4 EA per 28 days)
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1	QL (0.0358 EA per 1 day)
*CALCITONINS***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1	QL (1 ML per 1 day); AGE (Min 50 Years)
*CARNITINE REPLENISHER - AGENTS***		
<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)
*DOPAMINE RECEPTOR AGONISTS***		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
*GROWTH HORMONES***		
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	Tier 2	PA
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	QL (4 EA per 1 day)
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	Tier 2	PA
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	Tier 2	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (<i>leuprolide acetate (3 month)</i>)	Tier 2	PA
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	Tier 2	PA
*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS***		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	Tier 2	PA
*PARATHYROID HORMONE AND DERIVATIVES***		
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	Tier 2	PA
*RANK LIGAND (RANKL) INHIBITORS***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	Tier 2	PA
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***		
<i>raloxifene hcl oral tablet 60 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 50 Years)
*SOMATOSTATIC AGENTS***		
<i>octreotide acetate injection solution 100 mcg/ml</i>	Tier 1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml</i>	Tier 1	PA
<i>sandostatin injection solution 100 mcg/ml</i>	Tier 1	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	Tier 2	PA
*VASOPRESSIN***		
<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	PA
<i>desmopressin acetate oral tablet 0.1 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 1	PA
ESTROGENS		
*ESTROGEN & PROGESTIN***		
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	Tier 2	QL (1 EA per 1 day)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Tier 1	QL (1 EA per 1 day)
*ESTROGENS***		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	AGE (Max 64 Years)
FLUOROQUINOLONES		
*FLUOROQUINOLONES***		
<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); 10
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1	
GASTROINTESTINAL AGENTS - MISC.		
*ANTIFLATULENTS***		
<i>cvs infants gas relief oral suspension 20 mg/0.3ml</i>	Tier 1	
<i>gas relief infants oral liquid 40 mg/0.6ml</i>	Tier 1	
PHAZYME ORAL TABLET CHEWABLE 125 MG (<i>simethicone</i>)	Tier 2	
<i>simethicone extra strength oral capsule 125 mg</i>	Tier 1	
<i>simethicone oral tablet chewable 80 mg</i>	Tier 1	
<i>simethicone ultra strength oral capsule 180 mg</i>	Tier 2	
*GALLSTONE SOLUBILIZING AGENTS***		
<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)
*GASTROINTESTINAL STIMULANTS***		
<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)
*INFLAMMATORY BOWEL AGENTS***		
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	Tier 2	QL (10 EA per 1 day)
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<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 delayed release 500 mg</i>	Tier 1	QL (8 EA per 1 day)
*INTESTINAL ACIDIFIERS***		
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Tier 1	QL (180 ML per 1 day)
*PHOSPHATE BINDER AGENTS***		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	ST
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-ALPHA REDUCTASE INHIBITORS***		
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	Tier 2	QL (1 EA per 1 day)
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	QL (2 EA per 1 day)
*CITRATES***		
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>	Tier 1	QL (3 EA per 1 day)
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Tier 1	QL (4 EA per 1 day)
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	Tier 1	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	Tier 1	
*GENITOURINARY IRRIGANTS***		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	QL (1000 ML per 25 days)
*URINARY ANALGESICS***		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Tier 1	QL (3 EA per 1 day)
GOUT AGENTS		
*GOUT AGENT COMBINATIONS***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	QL (3 EA per 1 day)
*GOUT AGENTS***		
<i>allopurinol oral tablet 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<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)
*URICOSURICS***		
<i>probenecid oral tablet 500 mg</i>	Tier 1	QL (3 EA per 1 day)
HEMATOLOGICAL AGENTS - MISC.		
*ANTIHEMOPHILIC PRODUCTS***		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 4000 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	Tier 2	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	Tier 2	PA

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Drug Name	Drug Tier	Requirements/Limits
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	Tier 2	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	Tier 2	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	Tier 2	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	Tier 2	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	Tier 2	PA
*HEMATORHEOLOGIC AGENTS***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	QL (4 EA per 1 day)
*PHOSPHODIESTERASE III INHIBITORS***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
*PLATELET AGGREGATION INHIBITOR COMBINATIONS***		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 1	PA
*PLATELET AGGREGATION INHIBITORS***		
<i>dipyridamole oral tablet 25 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>dipyridamole oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>dipyridamole oral tablet 75 mg</i>	Tier 1	QL (4 EA per 1 day)
*THIENOPYRIDINE DERIVATIVES***		
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	QL (1 EA per 1 day)
HEMATOPOIETIC AGENTS		
*COBALAMINS***		
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	Tier 1	
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg</i>	Tier 1	
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg</i>	Tier 1	
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	Tier 2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	Tier 2	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Tier 2	PA
*FOLIC ACID/FOLATES***		
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	Tier 1	QL (5 EA per 1 day)

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*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	Tier 2	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	Tier 2	PA; QL (0.6 ML per 11 days)
*IRON COMBINATIONS***		
<i>foltrin oral capsule</i>	Tier 2	QL (2 EA per 1 day)
HEMATOGEN ORAL CAPSULE (<i>iron combinations</i>)	Tier 2	QL (2 EA per 1 day)
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 2	QL (2 EA per 1 day)
*IRON***		
FERATE ORAL TABLET 240 (27 FE) MG (<i>ferrous gluconate</i>)	Tier 2	
FER-IN-SOL ORAL SOLUTION 75 (15 FE) MG/ML (<i>ferrous sulfate</i>)	Tier 2	
FERROCITE ORAL TABLET 324 MG (<i>ferrous fumarate</i>)	Tier 2	
<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 delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	Tier 1	
<i>iron (ferrous sulfate) oral tablet 325 (65 fe) mg</i>	Tier 1	QL (3 EA per 1 day)
NU-IRON ORAL CAPSULE 150 MG (<i>polysaccharide iron complex</i>)	Tier 2	QL (2 EA per 1 day)
<i>px iron oral tablet 200 (65 fe) mg</i>	Tier 2	
SLOW FE ORAL TABLET EXTENDED RELEASE 142 (45 FE) MG (<i>ferrous sulfate</i>)	Tier 2	
<i>slow release iron oral tablet extended release 160 (50 fe) mg, 50 mg</i>	Tier 2	
<i>slow release iron oral tablet extended release 45 mg</i>	Tier 1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*ANTI HISTAMINE HYPNOTIC COMBINATIONS***		
<i>acetaminophen pm oral tablet 500-25 mg</i>	Tier 1	
<i>cvs non-aspirin headache pm oral tablet 500-38 mg</i>	Tier 1	
*ANTI HISTAMINE HYPNOTICS***		
<i>diphenhydramine hcl (sleep) oral tablet 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>sleep aid (diphenhydramine) oral tablet 25 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Max 64 Years)
<i>sleep aid oral tablet 25 mg</i>	Tier 2	QL (1 EA per 1 day)
*BARBITURATE HYPNOTICS***		
<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)

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Drug Name	Drug Tier	Requirements/Limits
*BENZODIAZEPINE HYPNOTICS***		
<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)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***		
<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)
LAXATIVES		
*BOWEL EVACUANT COMBINATIONS***		
<i>gavilyte-c oral solution reconstituted 240 gm</i>	Tier 1	QL (4000 ML per 30 days)
<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</i>	Tier 1	QL (1 EA per 30 days)
*BULK LAXATIVES***		
BENEFIBER DRINK MIX ORAL PACKET (<i>wheat dextrin</i>)	Tier 2	
BENEFIBER FOR CHILDREN ORAL POWDER (<i>wheat dextrin</i>)	Tier 2	
CITRUCEL ORAL TABLET 500 MG (<i>methycellulose (laxative)</i>)	Tier 2	
<i>cvs daily fiber oral packet 58.6 %</i>	Tier 2	
<i>fiber (corn dextrin) oral powder</i>	Tier 1	
FIBERCON ORAL TABLET 625 MG (<i>calcium polycarbophil</i>)	Tier 2	
HYDROCIL ORAL POWDER 95 % (<i>psyllium</i>)	Tier 2	
<i>konsyl daily fiber oral packet 100 %</i>	Tier 2	
<i>konsyl daily fiber oral powder 28.3 %</i>	Tier 2	
METAMUCIL MULTIHEALTH FIBER ORAL PACKET 58.12 % (<i>psyllium</i>)	Tier 2	
METAMUCIL ORAL PACKET 28 % (<i>psyllium</i>)	Tier 2	
METAMUCIL ORAL WAFER (<i>psyllium</i>)	Tier 2	
<i>natural fiber oral powder 58.6 %</i>	Tier 2	
<i>natural psyllium seed oral powder 100 %</i>	Tier 2	
<i>natural vegetable fiber oral powder 48.57 %</i>	Tier 2	
<i>psyllium fiber oral capsule 0.52 gm</i>	Tier 1	
<i>sb fib lax orange oral powder 33 %</i>	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
UNIFIBER ORAL POWDER (<i>cellulose</i>)	Tier 2	
*LAXATIVES - MISCELLANEOUS***		
<i>glycerin (adult) rectal suppository 2 gm, 2.1 gm</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)
<i>ra glycerin adult rectal suppository 80.7 %</i>	Tier 2	
*LAXATIVES & DSS***		
<i>easy-lax plus oral tablet 8.6-50 mg</i>	Tier 2	QL (6 EA per 1 day)
*LUBRICANT LAXATIVES***		
<i>enema mineral oil rectal enema</i>	Tier 1	
<i>mineral oil oral oil</i>	Tier 1	
*SALINE LAXATIVE MIXTURES***		
FLEET ENEMA RECTAL ENEMA 7-19 GM/118ML (<i>sodium phosphates</i>)	Tier 2	
FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML (<i>sodium phosphates</i>)	Tier 2	
*SALINE LAXATIVES***		
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Tier 1	
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	Tier 2	
<i>milk of magnesia oral suspension 1200 mg/15ml</i>	Tier 2	
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 800 MG/5ML (<i>magnesium hydroxide</i>)	Tier 2	
*STIMULANT LAXATIVES***		
<i>bisacodyl oral tablet delayed release 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>cvs chocolate laxative pieces oral tablet chewable 15 mg</i>	Tier 2	
<i>gentle laxative rectal suppository 10 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>laxative max str oral tablet 25 mg</i>	Tier 1	
<i>senna lax oral tablet 8.6 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>senna oral syrup 8.8 mg/5ml</i>	Tier 1	
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG (<i>sennosides</i>)	Tier 2	
*SURFACTANT LAXATIVES***		
<i>cvs stool softener oral capsule 50 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>docusate calcium oral capsule 240 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>docusate mini rectal enema 283 mg/5ml</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)
<i>docusate sodium oral syrup 60 mg/15ml</i>	Tier 1	QL (30 ML per 1 day)
<i>docusate sodium oral tablet 100 mg</i>	Tier 1	QL (6 EA per 1 day)
PEDIA-LAX ORAL LIQUID 50 MG/15ML (<i>docusate sodium</i>)	Tier 2	QL (30 ML per 1 day)
<i>stool softener oral capsule 100 mg</i>	Tier 2	QL (6 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
MACROLIDES		
*AZITHROMYCIN***		
<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)
*CLARITHROMYCIN***		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
*ERYTHROMYCINS***		
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
MEDICAL DEVICES AND SUPPLIES		
*APPLICATORS,COTTON BALLS,ETC***		
<i>alcohol swabs pad 70 %</i>	Tier 1	QL (200 EA per 25 days)
<i>essentra wipes 9x9" sheet 70 %</i>	Tier 2	QL (200 EA per 25 days)
*CONDOMS - MALE***		
<i>condoms</i>	Tier 1	QL (12 EA per 1 day)
TRUSTEX LUB/RIBBED/STUDDERED (<i>condoms latex lubricated</i>)	Tier 1	QL (12 EA per 1 day)
TRUSTEX LUBRICATED EX LARGE (<i>condoms latex lubricated</i>)	Tier 1	QL (12 EA per 1 day)
TRUSTEX RIA LUBRICATED (<i>condoms latex lubricated</i>)	Tier 1	QL (12 EA per 1 day)
TRUSTEX RIA NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	Tier 2	QL (12 EA per 1 day)
*GLUCOSE MONITORING TEST SUPPLIES***		
DEXCOM G5 MOB/G4 PLAT SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	PA; QL (4 EA per 23 days)
DEXCOM G5 MOBILE TRANSMITTER (<i>continuous blood gluc transmit</i>)	Tier 2	PA; QL (1 EA per 76 days)
DEXCOM G6 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; QL (1 EA per 310 days); 365
DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	PA; QL (3 EA per 23 days)
DEXCOM G6 TRANSMITTER (<i>continuous blood gluc transmit</i>)	Tier 2	PA; QL (1 EA per 1 day); 90
DEXCOM G7 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; QL (1 EA per 310 days); 365
DEXCOM G7 SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	PA; QL (3 EA per 23 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; QL (1 EA per 310 days); 365
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	PA; QL (2 EA per 23 days)

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Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; QL (1 EA per 310 days); 365
FREESTYLE LIBRE 2 SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	PA; QL (2 EA per 23 days)
FREESTYLE LIBRE READER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; QL (1 EA per 310 days); 365
FREESTYLE LIBRE SENSOR SYSTEM (<i>continuous blood gluc sensor</i>)	Tier 2	PA; QL (3 EA per 23 days)
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	Tier 2	QL (1 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	Tier 2	QL (1 EA per 365 days)
TRUE METRIX METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	Tier 2	QL (1 EA per 365 days)
trueplus lancets 26g	Tier 1	
trueplus lancets 28g	Tier 1	
trueplus lancets 30g	Tier 1	
trueplus lancets 33g	Tier 1	
*NEBULIZERS***		
AEROECLIPSE II NEBULIZER (<i>nebulizers</i>)	Tier 2	
*NEEDLES & SYRINGES***		
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	Tier 2	QL (5 EA per 1 day)
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" (<i>needle (disp)</i>)	Tier 2	
MONOJECT SYRINGE 22G X 1" 3 ML, 25G X 1" 3 ML (<i>syringe/needle (disp)</i>)	Tier 2	
MONOJECT SYRINGE REGULAR TIP 3 ML (<i>syringe (disposable)</i>)	Tier 2	
techlite insulin syringe 29g x 1/2" 0.3 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 29g x 1/2" 0.5 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 29g x 1/2" 1 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 0.3 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 0.5 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 1 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 30g x 5/16" 0.3 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 30g x 5/16" 0.5 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 0.3 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 0.5 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 1 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 0.3 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 0.5 ml	Tier 2	QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 1 ml	Tier 2	QL (5 EA per 1 day)
TECHLITE PEN NEEDLES 29G X 10MM (<i>insulin pen needle</i>)	Tier 2	
TECHLITE PEN NEEDLES 29G X 12MM (<i>insulin pen needle</i>)	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	Tier 2	
TECHLITE PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	Tier 2	
TECHLITE PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	Tier 2	
TECHLITE PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	Tier 2	
TECHLITE PEN NEEDLES 32G X 6 MM (<i>insulin pen needle</i>)	Tier 2	
TECHLITE PEN NEEDLES 32G X 8 MM (<i>insulin pen needle</i>)	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	Tier 2	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	QL (5 EA per 1 day)
*PEAK FLOW METERS***		
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 2	QL (1 EA per 365 days)
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES***		
INSPIREASE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (1 EA per 365 days)
PEDIATRIC PANDA MASK (<i>spacer/aero-hold chamber mask</i>)	Tier 2	QL (1 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (9 EA per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (9 EA per 25 days)
MINERALS & ELECTROLYTES		
*CALCIUM COMBINATIONS***		
<i>calcium 500 + d oral tablet 500-3.125 mg-mcg</i>	Tier 2	
<i>calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg</i>	Tier 2	
<i>calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	Tier 2	
<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 citrate + d oral tablet 250-5 mg-mcg</i>	Tier 2	
<i>calcium citrate + d3 oral tablet 315-6.25 mg-mcg</i>	Tier 2	
<i>calcium citrate-vitamin d oral tablet 315-5 mg-mcg</i>	Tier 1	
<i>calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg</i>	Tier 1	
<i>calcium-vitamin d oral tablet 600-3.125 mg-mcg</i>	Tier 1	
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>	Tier 1	
<i>CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG (calcium carb-cholecalciferol)</i>	Tier 2	
<i>citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg</i>	Tier 1	
<i>cvs calcium carbonate/vit d oral tablet 500-125 mg-unit</i>	Tier 1	
<i>liquid calcium/vitamin d oral capsule 600-5 mg-mcg</i>	Tier 2	
<i>OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG (calcium carb-cholecalciferol)</i>	Tier 2	
<i>OS-CAL ORAL TABLET CHEWABLE 500-15 MCG (calcium carb-cholecalciferol)</i>	Tier 2	
<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg, 500-10 mg-mcg, 500-5 mg-mcg</i>	Tier 1	
<i>ra calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit</i>	Tier 2	
<i>risacal-d oral tablet 105-81-120 mg-mg-unit</i>	Tier 2	
*CALCIUM***		
<i>calcium 600 oral tablet 1500 (600 ca) mg</i>	Tier 1	
<i>calcium 600 oral tablet 600 mg</i>	Tier 2	
<i>calcium carbonate oral tablet 1250 (500 ca) mg</i>	Tier 1	
<i>calcium citrate oral tablet 950 (200 ca) mg</i>	Tier 1	
<i>calcium oyster shell oral tablet 500 mg</i>	Tier 1	
*ELECTROLYTES ORAL***		
<i>REHYDRALYTE ORAL SOLUTION (oral electrolytes)</i>	Tier 2	

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*FLUORIDE***		
<i>flura-drops oral solution 0.55 (0.25 f) mg/drop</i>	Tier 1	QL (1 ML 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, 2.2 (1 f) mg</i>	Tier 1	QL (1 EA per 1 day)
*MAGNESIUM***		
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG (<i>magnesium chloride</i>)	Tier 2	
<i>mag-g oral tablet 500 (27 mg) mg</i>	Tier 1	
<i>magnesium gluconate oral tablet 27.5 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	
*PHOSPHATE***		
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	Tier 2	QL (4 EA per 1 day)
*POTASSIUM***		
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	Tier 2	QL (4 EA per 1 day)
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	Tier 2	QL (5 EA per 1 day)
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	Tier 2	QL (2 EA per 1 day)
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ (<i>potassium chloride</i>)	Tier 2	QL (4 EA per 1 day)
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ (<i>potassium chloride</i>)	Tier 2	QL (5 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 8 meq</i>	Tier 1	QL (4 EA per 1 day)
<i>potassium chloride oral solution 10 %, 40 meq/15ml (20%)</i>	Tier 1	
*SODIUM***		
<i>sodium chloride oral tablet 1 gm</i>	Tier 1	
*ZINC***		
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	Tier 1	
MISCELLANEOUS THERAPEUTIC CLASSES		
*ANTILEPROTICS***		
THALOMID ORAL CAPSULE 100 MG (<i>thalidomide</i>)	Tier 2	PA; QL (1 EA per 1 day)
*CHELATING AGENTS***		
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	Tier 2	PA
*CYCLOSPORINE ANALOGS***		
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	QL (15 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<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</i> (Gengraf Oral Capsule 100 Mg)	Tier 2	QL (10 EA per 1 day)
<i>cyclosporine modified</i> (Gengraf Oral Capsule 25 Mg)	Tier 2	QL (15 EA per 1 day)
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 2	QL (10 ML per 1 day)
*IMMUNOMODULATORS FOR MYELOYDYSPLASTIC SYNDROMES***		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***		
<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)
*IRRIGATION SOLUTIONS***		
<i>sterile water for irrigation irrigation solution</i>	Tier 1	
*MACROLIDE IMMUNOSUPPRESSANTS***		
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	Tier 2	
<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	
*POTASSIUM REMOVING AGENTS***		
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	Tier 2	QL (3 EA per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sps oral suspension 15 gm/60ml</i>	Tier 1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	Tier 2	QL (1 EA per 1 day)
*PURINE ANALOGS***		
<i>azathioprine oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day)
MOUTH/THROAT/DENTAL AGENTS		
*ANESTHETICS TOPICAL ORAL***		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 1	
*ANTI-INFECTIVES - THROAT***		
<i>clotrimazole mouth/throat troche 10 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 1	QL (120 ML per 1 day)
*ANTISEPTICS - MOUTH/THROAT***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	
*FLUORIDE DENTAL PRODUCTS***		
<i>sf dental gel 1.1 %</i>	Tier 1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Tier 1	
*SALIVA STIMULANTS***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
*STEROIDS - MOUTH/THROAT/DENTAL***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
MULTIVITAMINS		
*B-COMPLEX W/ C & FOLIC ACID***		
<i>b-complex/vitamin c oral tablet</i>	Tier 1	
<i>folbee plus oral tablet</i>	Tier 2	
NEPHRO-VITE ORAL TABLET 0.8 MG (<i>b complex-c-folic acid</i>)	Tier 2	
<i>triphrocaps oral capsule 1 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>vp-vite rx oral tablet 1 mg</i>	Tier 1	
*MULTIPLE VITAMINS W/ IRON***		
<i>multivitamin plus iron adult oral tablet</i>	Tier 1	QL (1 EA per 1 day)
*MULTIPLE VITAMINS W/ MINERALS***		
<i>complete multivitamin/mineral oral liquid</i>	Tier 1	QL (5 ML per 1 day)
<i>cvs one daily mens 50+ adv oral tablet</i>	Tier 1	QL (1 EA per 1 day)
ICAPS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Tier 2	QL (1 EA per 1 day)
*MULTIVITAMINS***		
AMLADEX ORAL TABLET (<i>multiple vitamin</i>)	Tier 2	QL (1 EA per 1 day)
ZELDANA ORAL CAPSULE (<i>multiple vitamin</i>)	Tier 2	QL (1 EA per 1 day)
*PED MULTI VITAMINS W/FL & FE***		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 2	QL (1.67 ML per 1 day)
*PED MULTIPLE VITAMINS W/ MINERALS***		
CENTRUM KIDS ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	Tier 2	QL (1 EA per 1 day)
<i>mvw complete formulation oral solution</i>	Tier 1	QL (1 ML per 1 day)
*PED MV W/ FLUORIDE***		
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (1.67 ML per 1 day)
<i>multivitamin/fluoride oral tablet chewable 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)
<i>multi-vit-flor oral tablet chewable 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
*PED MV W/ IRON***		
<i>cvs chewable childrens vitamin oral tablet chewable 18 mg</i>	Tier 1	
<i>multiple vitamins-iron oral tablet chewable 15 mg</i>	Tier 1	QL (1 EA per 1 day)
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML (<i>pediatric multivitamins-iron</i>)	Tier 2	QL (50 ML per 25 days)
<i>poly-vitamin/iron oral solution 10 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
*PED VITAMINS ACD W/ FLUORIDE***		
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	Tier 2	QL (1.67 ML per 1 day)
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>	Tier 2	QL (1.67 ML per 1 day)
*PEDIATRIC MULTIPLE VITAMINS W/ C & FA***		
<i>cvs gummy swirls oral tablet chewable</i>	Tier 1	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
*PEDIATRIC MULTIPLE VITAMINS W/ EXTRA C & FA***		
<i>cvs childrens multivit/extra c oral tablet chewable</i>	Tier 1	QL (1 EA per 1 day)
*PEDIATRIC MULTIPLE VITAMINS***		
<i>childrens chew multivitamin oral tablet chewable</i>	Tier 1	QL (1 EA per 1 day)
POLY-VI-SOL ORAL SOLUTION (<i>pediatric multiple vitamins</i>)	Tier 2	QL (0.5 EA per 25 days)
*PEDIATRIC VITAMINS A & D W/ C***		
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10 (<i>pediatric vitamins adc</i>)	Tier 2	QL (50 ML per 25 days)
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	Tier 2	QL (50 ML per 25 days)
*PRENATAL MV & MIN W/FE-FA***		
<i>clinical nutrients prenatal oral tablet 7.5-0.2 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>completenate oral tablet chewable 29-1 mg</i>	Tier 2	QL (1 EA per 1 day)
CO-NATAL FA TABLET ORAL (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 EA per 1 day)
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG (<i>prenatal-fe bisgly-fa-omega 3</i>)	Tier 2	QL (1 EA per 1 day)
<i>inatal gt oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>kpn prenatal oral tablet 0.1 mg</i>	Tier 2	QL (1 EA per 1 day)
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 EA per 1 day)
<i>o-cal prenatal oral tablet</i>	Tier 1	QL (1 EA per 1 day)
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG (<i>prenatal vit-fe fum-fa-omega</i>)	Tier 2	QL (1 EA per 1 day)
<i>perry prenatal oral capsule 13.5-0.4 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatabs rx oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal (w/iron & fa) oral tablet 27-0.8 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal formula a-free oral tablet 9-0.267 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal formula oral capsule 28-0.8-235 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal mr 90 fe oral tablet extended release 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal multi +dha oral capsule 27-0.8-228 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal oral tablet 27-0.8 mg, 6.75-0.2 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>prenatal/omega-3/fa/iron oral capsule 28-0.8-530 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>se-natal 19 oral tablet 29-1 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>sm one daily prenatal oral 28-0.8 & 440 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Tier 2	QL (1 EA per 1 day)
VINATE II ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	Tier 2	QL (1 EA per 1 day)
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 EA per 1 day)
*PRENATAL MV & MIN W/FE-FA-DHA***		
BRAINSTRONG PRENATAL ORAL 33-0.8 & 350 MG (<i>prenatal mv-min-fe cbn-fa-dha</i>)	Tier 2	QL (1 EA per 1 day)
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	Tier 2	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	Tier 2	QL (1 EA per 1 day)
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	Tier 2	QL (2 EA per 1 day)
<i>prenatal+dha oral 28-0.975 & 200 mg</i>	Tier 2	QL (1 EA per 1 day)
*PRENATAL MV & MINERALS W/ FA-OMEGA FATTY ACIDS W/O IRON***		
<i>cvs prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	Tier 2	QL (1 EA per 1 day)
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***		
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	Tier 2	QL (2 EA per 1 day)
*PRENATAL VITAMINS***		
<i>calna oral tablet</i>	Tier 1	QL (1 EA per 1 day)
MUSCULOSKELETAL THERAPY AGENTS		
*CENTRAL MUSCLE RELAXANTS***		
<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)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*NASAL AGENTS - MISC.***		
<i>saline nasal spray nasal solution 0.65 %</i>	Tier 1	
*NASAL ANTICHOLINERGICS***		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 1	
*NASAL ANTIHISTAMINES***		
<i>azelastine hcl nasal solution 0.1 %</i>	Tier 1	QL (30 ML per 25 days)
*NASAL MAST CELL STABILIZERS***		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	Tier 1	QL (52 ML per 25 days)
*NASAL STEROIDS***		
<i>budesonide nasal suspension 32 mcg/act</i>	Tier 1	QL (8.43 ML per 25 days); AGE (Min 6 Years)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1	QL (16 GM per 25 days); AGE (Min 4 Years)
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Tier 1	QL (17 ML per 25 days); AGE (Min 2 Years)

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Drug Name	Drug Tier	Requirements/Limits
*SYSTEMIC DECONGESTANTS***		
<i>phenylephrine hcl oral tablet 10 mg</i>	Tier 1	
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	Tier 1	QL (6 EA per 1 day)
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 2	QL (40 ML per 1 day)
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML (<i>phenylephrine hcl</i>)	Tier 2	
*TOPICAL DECONGESTANTS***		
<i>12 hour nasal decongestant nasal solution 0.05 %</i>	Tier 2	
NUTRIENTS		
*MISC. NUTRITIONAL SUBSTANCES***		
<i>dha complete oral capsule 200 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>fish oil extra strength oral capsule 1200 mg</i>	Tier 2	
<i>fish oil oral capsule 500 mg</i>	Tier 1	
<i>fish oil oral capsule delayed release 1200 mg</i>	Tier 1	
<i>odorless coated fish oil oral capsule delayed release 1000 mg</i>	Tier 2	
<i>omega-3 fish oil oral capsule 1000 mg</i>	Tier 1	
OPHTHALMIC AGENTS		
*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***		
<i>artificial tears ophthalmic solution 0.1-0.3 %</i>	Tier 2	
<i>artificial tears ophthalmic solution 0.5-0.6 %</i>	Tier 1	
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	Tier 2	
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>	Tier 2	
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	Tier 2	
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Tier 2	
<i>lubricant pm ophthalmic ointment</i>	Tier 2	
MOISTURE EYES OPHTHALMIC SOLUTION 1-0.3 % (<i>propylene glycol-glycerin</i>)	Tier 2	
*ARTIFICIAL TEAR SOLUTIONS***		
SYSTANE CONTACTS OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	Tier 2	
*ARTIFICIAL TEARS AND LUBRICANTS***		
<i>artificial tears ophthalmic solution 1.4 %</i>	Tier 2	
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	Tier 2	
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	Tier 2	
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS***		
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Tier 1	QL (10 ML per 25 days)
*BETA-BLOCKERS - OPHTHALMIC***		
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1	QL (15 ML per 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	QL (15 ML per 25 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier 1	
*CYCLOPLEGIC MYDRIATICS***		
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 1	QL (15 ML per 25 days)
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 1	QL (15 ML per 25 days)
*MIOTICS - DIRECT ACTING***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1	
*OPHTHALMIC ANTIALLERGIC***		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1	PA; QL (6 ML per 25 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	Tier 1	QL (10 ML per 25 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 1	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Tier 1	QL (2.5 ML per 30 days)
*OPHTHALMIC ANTIBIOTICS***		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1	
<i>gentamicin sulfate ophthalmic ointment 0.3 %</i>	Tier 1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	QL (10 ML per 30 days)
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	QL (3 ML per 25 days)
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***		
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 1	
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)</i>	Tier 2	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>	Tier 2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	
*OPHTHALMIC ANTIVIRALS***		
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	QL (7.5 ML per 25 days)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***		
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	
*OPHTHALMIC HYPEROSMOLAR PRODUCTS***		
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Tier 1	
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Tier 1	
*OPHTHALMIC LOCAL ANESTHETICS***		
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Tier 1	QL (10 ML per 25 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier 1	
*OPHTHALMIC STEROID COMBINATIONS***		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %</i>	Tier 1	
<i>bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)</i>	Tier 2	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1	
*OPHTHALMIC STEROIDS***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	QL (15 ML per 25 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1	
*OPHTHALMIC SULFONAMIDES***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	
*PROSTAGLANDINS - OPTHALMIC***		
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 1	ST
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	QL (5 ML per 25 days)
OTIC AGENTS		
*OTIC AGENTS - MISCELLANEOUS***		
<i>acetic acid otic solution 2 %</i>	Tier 1	QL (20 ML per 25 days)
<i>ear drops otic solution 6.5 %</i>	Tier 2	
<i>ra ear drying agent otic liquid 95-5 %</i>	Tier 2	
*OTIC ANTI-INFECTIVES***		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	QL (14 EA per 25 days)
<i>ofloxacin otic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS***		
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	
*OTIC STEROIDS***		
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1	
OXYTOCICS		
*OXYTOCICS***		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Tier 1	QL (7 EA per 1 day)

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PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*ANTIVIRAL MONOCLONAL ANTIBODIES***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	Tier 2	PA
*IMMUNE SERUMS***		
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>)	Tier 2	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	Tier 2	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	Tier 2	
PENICILLINS		
*AMINOPENICILLINS***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>amoxicillin oral tablet 875 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>amoxicillin oral tablet chewable 125 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>amoxicillin oral tablet chewable 250 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>ampicillin oral capsule 500 mg</i>	Tier 1	QL (8 EA per 1 day)
*NATURAL PENICILLINS***		
<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)
*PENICILLIN COMBINATIONS***		
<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); 10
<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)
*PENICILLINASE-RESISTANT PENICILLINS***		
<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)
PHARMACEUTICAL ADJUVANTS		
*ANTIMICROBIAL AGENTS***		
<i>benzyl alcohol liquid</i>	Tier 1	AGE (Min 16 Years and Max 60 Years)
*PARENTERAL VEHICLES***		
<i>sterile water for injection injection solution</i>	Tier 1	

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **PA** - Prior Authorization **QL** - Quantity Limits
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Drug Name	Drug Tier	Requirements/Limits
PROGESTINS		
*PROGESTINS***		
<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)
<i>progesterone oral capsule 200 mg</i>	Tier 1	QL (2 EA per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*ALCOHOL DETERRENTS***		
<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)
*ANTI-CATAPLECTIC AGENTS***		
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 1	PA
*CHOLINOMIMETICS - ACHE INHIBITORS***		
<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
*MOVEMENT DISORDER DRUG THERAPY***		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 1	PA
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 1	PA
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 2	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 2	PA
EXTAVIA KIT 0.3 MG SUBCUTANEOUS (<i>interferon beta-1b</i>)	Tier 2	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 2	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Tier 2	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 2	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Tier 2	PA

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Drug Name	Drug Tier	Requirements/Limits
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS***		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 1	PA
*MULTIPLE SCLEROSIS AGENTS***		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	PA
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***		
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	Tier 1	
*SMOKING DETERRENTS***		
<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 polacrilex mouth/throat gum 2 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 18 Years)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	Tier 1	QL (1 EA per 1 day)
<i>varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42</i>	Tier 1	PA
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Tier 1	PA
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***		
<i> fingolimod hcl oral capsule 0.5 mg</i>	Tier 1	PA
RESPIRATORY AGENTS - MISC.		
*ALPHA-PROTEINASE INHIBITOR (HUMAN)***		
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	Tier 2	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	Tier 2	PA
*CFTR POTENTIATORS***		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	Tier 2	PA
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	Tier 2	PA
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
ORKAMBI ORAL PACKET 150-188 MG (<i>lumacaftor-ivacaftor</i>)	Tier 2	PA
ORKAMBI ORAL TABLET 100-125 MG (<i>lumacaftor-ivacaftor</i>)	Tier 2	PA; QL (4 EA per 1 day); AGE (Min 6 Years and Max 11 Years)
ORKAMBI ORAL TABLET 200-125 MG (<i>lumacaftor-ivacaftor</i>)	Tier 2	PA; QL (4 EA per 1 day); AGE (Min 11 Years)

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Drug Name	Drug Tier	Requirements/Limits
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	Tier 2	PA
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	Tier 2	PA
*HYDROLYTIC ENZYMES***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	Tier 2	PA; QL (2.5 ML per 1 day)
TETRACYCLINES		
*TETRACYCLINES***		
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>doxycycline monohydrate oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
THYROID AGENTS		
*ANTITHYROID AGENTS***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	QL (20 EA per 1 day)
*THYROID HORMONES***		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 65 MG, 97.5 MG (<i>thyroid</i>)	Tier 2	QL (1 EA per 1 day); AGE (Max 64 Years)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG (<i>thyroid</i>)	Tier 2	QL (1 EA per 1 day)
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	QL (2 EA per 1 day)
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	QL (1 EA per 1 day)
TOXOIDS		
*TOXOID COMBINATIONS***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	Tier 2	QL, AGE per ACIP
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	Tier 2	QL, AGE per ACIP
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (<i>diphth-acell pertussis-tetanus</i>)	Tier 2	QL, AGE per ACIP
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
*ANTISPASMODICS***		
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 1	QL (80 ML per 1 day); AGE (Max 64 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
*BELLADONNA ALKALOIDS***		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
<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)
*H-2 ANTAGONISTS***		
<i>acid reducer maximum strength oral tablet 20 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>acid reducer oral tablet 10 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>cimetidine 200 oral tablet 200 mg</i>	Tier 2	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
*MISC. ANTI-ULCER***		
<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)
*PROTON PUMP INHIBITORS***		
<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)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (omeprazole)	Tier 2	QL (5 ML per 1 day); AGE (Max 12 Years)
<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)
*QUATERNARY ANTICHOLINERGICS***		
<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
*ULCER DRUGS - PROSTAGLANDINS***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	QL (4 EA per 1 day)
URINARY ANTISPASMODICS		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)***		
<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
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***		
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
VACCINES		
*BACTERIAL VACCINES***		
MENACTRA SOLUTION INTRAMUSCULAR (<i>mening acy&w-135 diphth conj</i>)	Tier 2	QL, AGE per ACIP
PREVNAR 20 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR (<i>pneumococcal 20-val conj vacc</i>)	Tier 2	QL, AGE per ACIP
VAXNEUVANCE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR (<i>pneumococcal 15-val conj vacc</i>)	Tier 2	QL, AGE per ACIP
*VIRAL VACCINE COMBINATIONS***		
M-M-R II SOLUTION RECONSTITUTED INJECTION (<i>measles, mumps & rubella vac</i>)	Tier 2	QL, AGE per ACIP
PRIORIX SUSPENSION RECONSTITUTED SUBCUTANEOUS (<i>measles, mumps & rubella vac</i>)	Tier 2	QL, AGE per ACIP
PROQUAD SUSPENSION RECONSTITUTED SUBCUTANEOUS (<i>measles-mumps-rubella-varicell</i>)	Tier 2	QL, AGE per ACIP
*VIRAL VACCINES***		
AREXVY SUSPENSION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR (<i>rsvpref3 vac recomb adjuvanted</i>)	Tier 2	QL, AGE per ACIP
COMIRNATY SUSPENSION 30 MCG/0.3ML INTRAMUSCULAR (<i>covid-19 mrna virus vaccine</i>)	Tier 2	QL, AGE per ACIP
COMIRNATY SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML INTRAMUSCULAR (<i>covid-19 mrna virus vaccine</i>)	Tier 2	QL, AGE per ACIP
ENGRIX-B SUSPENSION 20 MCG/ML INJECTION (<i>hepatitis b vac recombinant</i>)	Tier 2	QL, AGE per ACIP

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Drug Name	Drug Tier	Requirements/Limits
ENGRIX-B SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML INJECTION (<i>hepatitis b vac recombinant</i>)	Tier 2	QL, AGE per ACIP
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	Tier 2	QL, AGE per ACIP
FLUMIST QUADRIVALENT SUSPENSION NASAL (<i>influenza virus vac live quad</i>)	Tier 2	QL, AGE per ACIP
FLUZONE QUADRIVALENT SUSPENSION INTRAMUSCULAR (<i>influenza vac split quad</i>)	Tier 2	QL, AGE per ACIP
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hvp 9-valent recomb vaccine</i>)	Tier 2	QL, AGE per ACIP
HAVRIX SUSPENSION 1440 EL U/ML INTRAMUSCULAR (<i>hepatitis a vaccine</i>)	Tier 2	QL, AGE per ACIP
HAVRIX SUSPENSION 720 EL U/0.5ML INTRAMUSCULAR (<i>hepatitis a vaccine</i>)	Tier 2	QL, AGE per ACIP
HEPLISAV-B SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML INTRAMUSCULAR (<i>hepatitis b vac recomb adj</i>)	Tier 2	QL, AGE per ACIP
IPOL INJECTABLE INJECTION (<i>poliovirus vaccine inactivated</i>)	Tier 2	QL, AGE per ACIP
<i>novavax covid-19 vaccine suspension 5 mcg/0.5ml intramuscular</i>	Tier 2	QL, AGE per ACIP
<i>prehevbrio suspension 10 mcg/ml intramuscular</i>	Tier 2	QL, AGE per ACIP
RECOMBIVAX HB SUSPENSION 10 MCG/ML INJECTION (<i>hepatitis b vac recombinant</i>)	Tier 2	QL, AGE per ACIP
RECOMBIVAX HB SUSPENSION 5 MCG/0.5ML INJECTION (<i>hepatitis b vac recombinant</i>)	Tier 2	QL, AGE per ACIP
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 10 MCG/ML INJECTION (<i>hepatitis b vac recombinant</i>)	Tier 2	QL, AGE per ACIP
ROTARIX SUSPENSION ORAL (<i>rotavirus vaccine live oral</i>)	Tier 2	QL, AGE per ACIP
SPIKEVAX SUSPENSION 50 MCG/0.5ML INTRAMUSCULAR (<i>covid-19 mrna virus vaccine</i>)	Tier 2	QL, AGE per ACIP
SPIKEVAX SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR (<i>covid-19 mrna virus vaccine</i>)	Tier 2	QL, AGE per ACIP
VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR (<i>hepatitis a vaccine</i>)	Tier 2	QL, AGE per ACIP
VAGINAL AND RELATED PRODUCTS		
*IMIDAZOLE-RELATED ANTIFUNGALS***		
<i>clotrimazole 3 vaginal cream 2 %</i>	Tier 1	
<i>clotrimazole-7 vaginal cream 1 %</i>	Tier 1	
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	Tier 2	
<i>miconazole 3 vaginal cream 4 %</i>	Tier 1	
<i>miconazole 7 vaginal cream 2 %</i>	Tier 2	
<i>miconazole 7 vaginal suppository 100 mg</i>	Tier 2	
<i>ra miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	Tier 2	
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>tioconazole-1 vaginal ointment 6.5 %</i>	Tier 2	
*SPERMICIDES***		
<i>today sponge vaginal 1000 mg</i>	Tier 1	
<i>vcf vaginal contraceptive vaginal film 28 %</i>	Tier 1	
<i>vcf vaginal contraceptive vaginal foam 12.5 %</i>	Tier 1	
*VAGINAL ANTI-INFECTIVES***		
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	QL (70 GM per 5 days)
*VAGINAL ESTROGENS***		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	QL (1.42 GM per 1 day)
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
VASOPRESSORS		
*ANAPHYLAXIS THERAPY AGENTS***		
<i>epinephrine 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 (<i>epinephrine</i>)	Tier 2	QL (2 EA per 25 days)
*VASOPRESSORS***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
VITAMINS		
*VITAMIN B-1***		
<i>thiamine hcl oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vitamin b-1 oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vitamin b-1 oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day)
*VITAMIN B-2***		
<i>vitamin b-2 oral tablet 100 mg</i>	Tier 1	
*VITAMIN B-3***		
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	Tier 1	
<i>niacin er oral tablet extended release 250 mg, 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	
*VITAMIN B-6***		
<i>pyridoxine hcl oral tablet 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>vitamin b-6 er oral tablet extended release 200 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>vitamin b-6 oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>vitamin b-6 oral tablet 25 mg</i>	Tier 1	QL (2 EA per 1 day)
*VITAMIN C***		
<i>ascorbic acid oral tablet 500 mg</i>	Tier 1	
*VITAMIN D***		
<i>d 10000 oral capsule 250 mcg (10000 ut)</i>	Tier 2	QL (1 EA per 1 day)

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<i>d3-1000 oral capsule 25 mcg (1000 ut)</i>	Tier 1	QL (1 EA per 1 day)
D3-50 ORAL CAPSULE 1.25 MG (50000 UT) (<i>cholecalciferol</i>)	Tier 2	QL (1 EA per 1 day)
D-VI-SOL ORAL LIQUID 10 MCG/ML (<i>cholecalciferol</i>)	Tier 2	QL (6 ML per 1 day)
<i>natural vitamin d-3 oral tablet 125 mcg (5000 ut)</i>	Tier 2	QL (6 EA per 1 day)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Tier 1	QL (6 EA per 1 day)
<i>vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Tier 1	QL (6 EA per 1 day)
<i>vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)</i>	Tier 2	QL (1 EA per 1 day)
<i>vitamin d3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</i>	Tier 1	QL (1 EA per 1 day)
<i>vitamin d3 oral liquid 125 mcg/ml</i>	Tier 1	QL (6 ML per 1 day)
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	Tier 1	QL (6 EA per 1 day)
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	Tier 1	QL (1 EA per 1 day)
*VITAMIN K***		
<i>phytonadione oral tablet 5 mg</i>	Tier 1	QL (5 EA per 1 day)

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