



July 2023

Molina Healthcare of Utah

CHIP

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



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Washington, D.C. 20201

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(07/01/2023) v3

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 benzodicepinas 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 comprendan 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
7/1/2023	TAMIFLU CAP 30MG	Remove brand from formulary	
7/1/2023	TAMIFLU SUS 6MG/ML	Remove brand from formulary	
7/1/2023	TAMIFLU CAP 45MG	Remove brand from formulary	
7/1/2023	TAMIFLU CAP 75MG	Remove brand from formulary	
7/1/2023	FreeStyle Libre 3 Sensor MISC	Add to formulary, QL	2 per 28 days
7/1/2023	HYDROXYPROGESTERONE CAPROATE IM IN OIL 250 MG/ML	Remove from formulary	
7/1/2023	HYDROXYPROGESTERONE CAPROATE (BULK) POWDER	Remove from formulary	
7/1/2023	FIRVANQ ORAL SOL	Remove from formulary	
7/1/2023	VANCOMYCIN ORAL SOL	Add to formulary, QL	40 mL every 1 day
7/1/2023	TERIFLUNOMID TAB	Add to formulary, PA	

Date Effective	Product Name	Change	Notes
	7MG		
7/1/2023	TERIFLUNOMID TAB 14MG	Add to formulary, PA	
7/1/2023	AUBAGIO TAB 7 MG	Remove from formulary	
7/1/2023	AUBAGIO TAB 14 MG	Remove from formulary	

Drug Name **Drug Tier** **Requirements/Limits**
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS
TO TREAT NERVOUS SYSTEM DISORDERS

AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	Tier 1	QL (5 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 3, Max 18)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 1	QL (4 caps every 1 day); AGE (Min 6, Max 18)
<i>dextroamphetamine sulfate cap er 24hr 10 mg (generic of DEXEDRINE)</i>	Tier 1	QL (4 caps every 1 day); AGE (Min 6, Max 18)
<i>dextroamphetamine sulfate cap er 24hr 15 mg (generic of DEXEDRINE)</i>	Tier 1	QL (2 caps every 1 day); AGE (Min 6, Max 18)
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Min 3, Max 18)
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Min 3, Max 18)
<i>zenzedi tab 5mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Min 3, Max 18)
<i>zenzedi tab 10mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Min 3, Max 18)

Drug Name	Drug Tier	Requirements/Limits
ANALEPTICS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	QL (40 vials in lifetime); AGE (Max 1)
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl cap 10 mg (base equiv) (generic of STRATTERA)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 18 mg (base equiv) (generic of STRATTERA)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 25 mg (base equiv) (generic of STRATTERA)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 40 mg (base equiv) (generic of STRATTERA)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 60 mg (base equiv) (generic of STRATTERA)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 80 mg (base equiv) (generic of STRATTERA)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 100 mg (base equiv) (generic of STRATTERA)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv) (generic of INTUNIV)</i>	Tier 1	QL (1 tab every 1 day)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv) (generic of INTUNIV)</i>	Tier 1	QL (1 tab every 1 day)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv) (generic of INTUNIV)</i>	Tier 1	QL (1 tab every 1 day)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv) (generic of INTUNIV)</i>	Tier 1	QL (1 tab every 1 day)
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg (generic of NUVIGIL)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 17)
<i>armodafinil tab 150 mg (generic of NUVIGIL)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 17)
<i>armodafinil tab 200 mg (generic of NUVIGIL)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 17)
<i>armodafinil tab 250 mg (generic of NUVIGIL)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 17)
<i>dexmethylphenidate hcl tab 2.5 mg (generic of FOCALIN)</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl tab 5 mg (generic of FOCALIN)</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl tab 10 mg (generic of FOCALIN)</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl soln 5 mg/5ml (generic of METHYLIN)</i>	Tier 1	QL (15 mL every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl soln 10 mg/5ml (generic of METHYLIN)</i>	Tier 1	QL (30 mL every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab 5 mg (generic of RITALIN)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab 10 mg (generic of RITALIN)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab 20 mg (generic of RITALIN)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>modafinil tab 100 mg (generic of PROVIGIL)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 17)

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil tab 200 mg (generic of PROVIGIL)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 17)

ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

<i>melatonin tab 3 mg</i>	Tier 1	QL (1 tab every 1 day), OTC
<i>melatonin tab 5 mg</i>	Tier 1	QL (1 tab every 1 day), OTC

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

<i>neomycin sulfate tab 500 mg</i>	Tier 1	
<i>paromomycin sulfate cap 250 mg (generic of HUMATIN)</i>	Tier 1	

ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML	Tier 2	SP, PA, QL (2 injections every 24 days)
HUMIRA INJ 20/0.2ML	Tier 2	SP, PA, QL (2 injections every 24 days)
HUMIRA INJ 40/0.4ML	Tier 2	SP, PA, QL (2 injections every 24 days)
HUMIRA KIT 40MG/0.8	Tier 2	SP, PA, QL (2 injections every 24 days)
HUMIRA PEDIA INJ CROHNS	Tier 2	SP, PA, QL (2 injections every 24 days)
HUMIRA PEN INJ 40/0.4ML	Tier 2	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN INJ 40MG/0.8	Tier 2	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN INJ 80/0.8ML	Tier 2	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN INJ CD/UC/HS	Tier 2	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN INJ PS/UV	Tier 2	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN KIT CD/UC/HS	Tier 2	SP, PA, QL (3 pens every 180 days)
HUMIRA PEN KIT PED UC	Tier 2	SP, PA, QL (4 pens every 180 days)
HUMIRA PEN KIT PS/UV	Tier 2	SP, PA, QL (3 pens every 180 days)

ANTIRHEUMATIC - ENZYME INHIBITORS

XELJANZ SOL 1MG/ML	Tier 2	SP, PA
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Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 5MG	Tier 2	SP, PA
XELJANZ TAB 10MG	Tier 2	SP, PA
XELJANZ XR TAB 11MG	Tier 2	SP, PA
XELJANZ XR TAB 22MG	Tier 2	SP, PA

INTERLEUKIN-6 RECEPTOR INHIBITORS

KEVZARA INJ 150/1.14	Tier 2	SP, PA
KEVZARA INJ 200/1.14	Tier 2	SP, PA

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib cap 50 mg</i> (generic of CELEBREX)	Tier 1	QL (4 caps every 1 day)
<i>celecoxib cap 100 mg</i> (generic of CELEBREX)	Tier 1	QL (4 caps every 1 day)
<i>celecoxib cap 200 mg</i> (generic of CELEBREX)	Tier 1	QL (2 caps every 1 day)
<i>celecoxib cap 400 mg</i> (generic of CELEBREX)	Tier 1	QL (2 caps every 1 day)
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>ec-naproxen tab 375mg</i> (generic of EC-NAPROSYN)	Tier 1	QL (3 tabs every 1 day)
<i>ec-naproxen tab 500mg</i> (generic of EC-NAPROSYN)	Tier 1	QL (3 tabs every 1 day)
<i>etodolac tab 400 mg</i> (generic of LODINE)	Tier 1	QL (3 tabs every 1 day)
<i>etodolac tab 500 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>flurbiprofen tab 50 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>flurbiprofen tab 100 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>gnp naproxen cap 220mg</i>	Tier 1	OTC
<i>ibuprofen cap 200 mg</i>	Tier 1	QL (4 caps every 1 day), OTC
<i>ibuprofen chew tab 100 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC
<i>ibuprofen susp 40 mg/ml</i>	Tier 1	QL (160 mL every 1 day), OTC
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	QL (160 mL every 1 day)
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	QL (160 mL every 1 day), OTC
<i>ibuprofen tab 100 mg</i>	Tier 1	QL (4 tabs every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tab 200 mg</i>	Tier 1	QL (4 tabs every 1 day), OTC
<i>ibuprofen tab 400 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>ibuprofen tab 600 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>ibuprofen tab 800 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>indomethacin cap 25 mg</i>	Tier 1	QL (4 caps every 1 day); AGE (Max 64)
<i>indomethacin cap 50 mg</i>	Tier 1	QL (4 caps every 1 day); AGE (Max 64)
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Max 64)
<i>meloxicam tab 7.5 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>meloxicam tab 15 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>nabumetone tab 500 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>nabumetone tab 750 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>naproxen sodium cap 220 mg</i>	Tier 1	OTC
<i>naproxen sodium tab 220 mg</i>	Tier 1	QL (3 tabs every 1 day), OTC
<i>naproxen susp 125 mg/5ml (generic of NAPROSYN)</i>	Tier 1	QL (100 mL every 1 day)
<i>naproxen tab 250 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>naproxen tab 375 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>naproxen tab 500 mg (generic of NAPROSYN)</i>	Tier 1	QL (3 tabs every 1 day)
<i>naproxen tab ec 375 mg (generic of EC-NAPROSYN)</i>	Tier 1	QL (3 tabs every 1 day)
<i>naproxen tab ec 500 mg (generic of EC-NAPROSYN)</i>	Tier 1	QL (3 tabs every 1 day)
<i>oxaprozin tab 600 mg (generic of DAYPRO)</i>	Tier 1	PA, QL (3 tabs every 1 day)
<i>piroxicam cap 10 mg (generic of FELDENE)</i>	Tier 1	PA, QL (4 caps every 1 day)
<i>piroxicam cap 20 mg (generic of FELDENE)</i>	Tier 1	PA, QL (2 caps every 1 day)
<i>qc naproxen cap 220mg</i>	Tier 1	OTC
<i>sulindac tab 150 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>sulindac tab 200 mg</i>	Tier 1	QL (3 tabs every 1 day)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>OTEZLA TAB 10/20/30</i>	Tier 2	SP, PA
<i>OTEZLA TAB 30MG</i>	Tier 2	SP, PA
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg (generic of ARAVA)</i>	Tier 1	QL (1 tab every 1 day)
<i>leflunomide tab 20 mg (generic of ARAVA)</i>	Tier 1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	Tier 2	SP, PA, QL (8 syringes every 24 days)
ENBREL INJ 25MG	Tier 2	SP, PA, QL (8 vials every 24 days)
ENBREL INJ 50MG/ML	Tier 2	SP, PA, QL (4 syringes every 24 days)
ENBREL MINI INJ 50MG/ML	Tier 2	SP, PA, QL (4 injections every 24 days)
ENBREL SRCLK INJ 50MG/ML	Tier 2	SP, PA, QL (4 pens every 24 days)

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>bac tab</i> (generic of ESGIC)	Tier 1	QL (6 tabs every 1 day); AGE (Max 64)
<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	QL (10 tabs every 1 day); AGE (Max 64)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (generic of ESGIC)	Tier 1	QL (6 tabs every 1 day); AGE (Max 64)

ANALGESICS OTHER

<i>acetaminophen chew tab 80 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC
<i>acetaminophen chew tab 160 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC
<i>acetaminophen disintegrating tab 160 mg</i>	Tier 1	QL (25 tabs every 1 day), OTC
<i>acetaminophen liquid 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen liquid 167 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen soln 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen suppos 120 mg</i>	Tier 1	QL (34 supp every 1 day), OTC
<i>acetaminophen suppos 650 mg</i>	Tier 1	QL (6 supp every 1 day), OTC
<i>acetaminophen susp 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen tab 325 mg</i>	Tier 1	QL (12 tabs every 1 day), OTC
<i>acetaminophen tab 500 mg</i>	Tier 1	QL (8 tabs every 1 day), OTC
<i>acetaminophen tab er 650 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC
FEVERALL INF SUP 80MG	Tier 2	QL (50 supp every 1 day), OTC

SALICYLATES

<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	Tier 1	OTC
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Drug Name	Drug Tier	Requirements/Limits
<i>aspirin chew tab 81 mg</i>	Tier 1	QL (1 tab every 1 day), OTC
ASPIRIN SUP 300MG	Tier 2	OTC
<i>aspirin tab 325 mg</i>	Tier 1	QL (12 tabs every 1 day), OTC
<i>aspirin tab delayed release 81 mg</i>	Tier 1	QL (1 tab every 1 day), OTC
<i>aspirin tab delayed release 325 mg</i>	Tier 1	QL (12 tabs every 1 day), OTC
<i>salsalate tab 500 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>salsalate tab 750 mg</i>	Tier 1	QL (4 tabs every 1 day)

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

CODEINE SULF TAB 60MG	Tier 2	QL (8 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required; AGE (Min 12)
<i>codeine sulfate tab 30 mg</i>	Tier 1	QL (12 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required; AGE (Min 12)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	PA, QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	PA, QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	PA, QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	PA, QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	PA, QL (0.334 patches every 1 day); MED
<i>hydromorphone hcl tab 2 mg (generic of DILAUDID)</i>	Tier 1	QL (12 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>hydromorphone hcl tab 4 mg (generic of DILAUDID)</i>	Tier 1	QL (12 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>methadone hcl tab 5 mg</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>methadone hcl tab 10 mg</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab 15 mg</i>	Tier 1	QL (3 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (3 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab er 15 mg (generic of MS CONTIN)</i>	Tier 1	ST, QL (3 tabs every 1 day); Requires prior use of IR opioids; MED
<i>morphine sulfate tab er 30 mg (generic of MS CONTIN)</i>	Tier 1	ST, QL (3 tabs every 1 day); Requires prior use of IR opioids; MED
<i>morphine sulfate tab er 60 mg (generic of MS CONTIN)</i>	Tier 1	ST, QL (3 tabs every 1 day); Requires prior use of IR opioids; MED
<i>morphine sulfate tab er 100 mg (generic of MS CONTIN)</i>	Tier 1	ST, QL (3 tabs every 1 day); Requires prior use of IR opioids; MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	QL (max quantity 240 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 15 mg (generic of ROXICODONE)</i>	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 30 mg (generic of ROXICODONE)</i>	Tier 1	QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (8 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required; AGE (Min 12)

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	QL (3750 mL every 25 days), AGE; AGE (Min 12), MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required; AGE (Min 12)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required; AGE (Min 12)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required; AGE (Min 12)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	QL (8 caps every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 5-325mg (generic of PERCO CET)</i>	Tier 1	QL (8 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 7.5-325 (generic of PERCO CET)</i>	Tier 1	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 10-325mg (generic of PERCO CET)</i>	Tier 1	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QL (3750 mL every 25 days); HYCET, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (6 tabs every 1 day); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (6 tabs every 1 day); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (6 tabs every 1 day); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i>	Tier 1	QL (8 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i>	Tier 1	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i>	Tier 1	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QL (12 tabs every 1 day)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QL (3 tabs every 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QL (12 tabs every 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (3 tabs every 1 day)

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

<i>depo-testost inj 100mg/ml</i>	Tier 1	
<i>depo-testost inj 200mg/ml</i>	Tier 1	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	PA required under age 18
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	PA required under age 18
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	PA required under age 18

Drug Name	Drug Tier	Requirements/Limits
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ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS

INTRARECTAL STEROIDS

<i>hydrocortisone enema 100 mg/60ml (generic of CORTENEMA)</i>	Tier 1	QL (1680 mL every 25 days)
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RECTAL COMBINATIONS

<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i>	Tier 1	OTC
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RECTAL LOCAL ANESTHETICS

<i>qc dibucaine oin 1%</i>	Tier 1	OTC
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RECTAL STEROIDS

<i>hydrocortisone acetate suppos 25 mg</i>	Tier 1	QL (7 supp every 1 day)
<i>hydrocortisone rectal cream 2.5% (generic of HYDROCORTISONE RECTAL CREAM 2.5%)</i>	Tier 1	

ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID

ANTACID COMBINATIONS

<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	Tier 1	OTC

ANTACIDS - BICARBONATE

<i>sodium bicarbonate tab 325 mg</i>	Tier 1	OTC
<i>sodium bicarbonate tab 650 mg</i>	Tier 1	OTC

ANTACIDS - CALCIUM SALTS

<i>CALCIUM CARB TAB 648MG</i>	Tier 2	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	Tier 1	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 1	OTC

ANTACIDS - MAGNESIUM SALTS

<i>magnesium oxide tab 420 mg</i>	Tier 1	OTC
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ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

<i>albendazole tab 200 mg</i>	Tier 1	PA
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Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin tab 3 mg</i> (generic of STROMECTOL)	Tier 1	QL (16 tabs every 2 days); Max 1 fill per month
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
<i>metronidazole tab 250 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>metronidazole tab 500 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>trimethoprim tab 100 mg</i>	Tier 1	QL (6 tabs every 1 day)
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	QL (40 mL every 1 day)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	Tier 1	QL (4 tabs every 1 day)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	Tier 1	QL (4 tabs every 1 day)
<i>sulfatrim pd sus 200-40/5</i>	Tier 1	QL (40 mL every 1 day)
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750 mg/5ml</i> (generic of MEPRON)	Tier 1	PA
GLYCOPEPTIDES		
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i> (generic of FIRVANQ)	Tier 1	QL (40 mL every 1 day)
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i> (generic of FIRVANQ)	Tier 1	QL (40 mL every 1 day)
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>dapsone tab 100 mg</i>	Tier 1	QL (3 tabs every 1 day)
LINCOSAMIDES		
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	Tier 1	QL (8 caps every 1 day)
<i>clindamycin hcl cap 300 mg</i> (generic of CLEOCIN)	Tier 1	QL (6 caps every 1 day)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 1	AGE (Max 18)
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i> (generic of ZYVOX)	Tier 1	PA
<i>linezolid tab 600 mg</i> (generic of ZYVOX)	Tier 1	PA
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
<i>nitrofurantoin macrocrystalline cap 50 mg</i> (generic of MACRODANTIN)	Tier 1	QL (2 caps every 1 day); AGE (Max 64)

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystalline cap 100 mg (generic of MACRODANTIN)</i>	Tier 1	QL (4 caps every 1 day); AGE (Max 64)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg (generic of MACROBID)</i>	Tier 1	QL (2 caps every 1 day); AGE (Max 64)
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	QL (40 mL every 1 day); AGE (Max 12)

ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS

ANTIANGINALS-OTHER

<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	ST, QL (2 tabs every 1 day); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	ST, QL (2 tabs every 1 day); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate

NITRATES

<i>isosorbide dinitrate tab 5 mg (generic of ISORDIL TITRADOSE)</i>	Tier 1	QL (4 tabs every 1 day)
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>nitroglycerin sl tab 0.3 mg (generic of NITROSTAT)</i>	Tier 1	QL (10 tabs every 1 day)
<i>nitroglycerin sl tab 0.4 mg (generic of NITROSTAT)</i>	Tier 1	QL (10 tabs every 1 day)
<i>nitroglycerin sl tab 0.6 mg (generic of NITROSTAT)</i>	Tier 1	QL (10 tabs every 1 day)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1	QL (1 patch every 1 day)

Drug Name **Drug Tier** **Requirements/Limits**
ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY
ANTIANXIETY AGENTS - MISC.

<i>bupirone hcl tab 5 mg</i>	Tier 1	QL (8 tabs every 1 day); AGE (Min 6)
<i>bupirone hcl tab 10 mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Min 6)
<i>bupirone hcl tab 15 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Min 6)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	QL (60 mL every 1 day); AGE (Max 64)
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	QL (8 tabs every 1 day); AGE (Max 64)
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	QL (8 tabs every 1 day); AGE (Max 64)
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	QL (8 tabs every 1 day); AGE (Max 64)
<i>hydroxyzine pamoate cap 25 mg (generic of VISTARIL)</i>	Tier 1	QL (8 caps every 1 day); AGE (Max 64)
<i>hydroxyzine pamoate cap 50 mg (generic of VISTARIL)</i>	Tier 1	QL (8 caps every 1 day); AGE (Max 64)
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	QL (4 caps every 1 day); AGE (Max 64)

BENZODIAZEPINES

<i>alprazolam tab 0.5 mg (generic of XANAX)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 18)
<i>alprazolam tab 0.25 mg (generic of XANAX)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 18)
<i>alprazolam tab 1 mg (generic of XANAX)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 18)
<i>alprazolam tab 2 mg (generic of XANAX)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 18)
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	QL (3 caps every 1 day); AGE (Min 6, Max 64)
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	QL (3 caps every 1 day); AGE (Min 6, Max 64)
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	QL (3 caps every 1 day); AGE (Min 6, Max 64)
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Min 6, Max 64)
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 6, Max 64)

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam conc 5 mg/ml</i>	Tier 1	PA, QL (3 mL every 1 day); AGE (Max 64)
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	QL (4 mL every 1 day); AGE (Max 64)
<i>diazepam tab 2 mg (generic of VALIUM)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 64)
<i>diazepam tab 5 mg (generic of VALIUM)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 64)
<i>diazepam tab 10 mg (generic of VALIUM)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 64)
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QL (3 mL every 1 day); AGE (Min 12)
<i>lorazepam tab 0.5 mg (generic of ATIVAN)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 12)
<i>lorazepam tab 1 mg (generic of ATIVAN)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 12)
<i>lorazepam tab 2 mg (generic of ATIVAN)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 12)
<i>oxazepam cap 10 mg</i>	Tier 1	QL (3 caps every 1 day); AGE (Min 6)
<i>oxazepam cap 15 mg</i>	Tier 1	QL (3 caps every 1 day); AGE (Min 6)
<i>oxazepam cap 30 mg</i>	Tier 1	QL (4 caps every 1 day); AGE (Min 6)

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg (generic of NORPACE)</i>	Tier 1	QL (8 caps every 1 day)
<i>disopyramide phosphate cap 150 mg (generic of NORPACE)</i>	Tier 1	QL (5 caps every 1 day); AGE (Max 64)
<i>quinidine sulfate tab 300 mg</i>	Tier 1	QL (8 tabs every 1 day)

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	Tier 1	QL (6 caps every 1 day)
<i>mexiletine hcl cap 200 mg</i>	Tier 1	QL (6 caps every 1 day)
<i>mexiletine hcl cap 250 mg</i>	Tier 1	QL (6 caps every 1 day)

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	Tier 1	QL (7 tabs every 1 day)
<i>flecainide acetate tab 100 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>flecainide acetate tab 150 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>propafenone hcl tab 150 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>propafenone hcl tab 225 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>propafenone hcl tab 300 mg</i>	Tier 1	QL (3 tabs every 1 day)

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 200 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>pacrone tab 200mg</i>	Tier 1	QL (4 tabs every 1 day)

Drug Name Drug Tier Requirements/Limits
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT
ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1	QL (26 each every 1 day)
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

FASENRA INJ 30MG/ML	Tier 2	SP, PA
FASENRA PEN INJ 30MG/ML	Tier 2	SP, PA
XOLAIR INJ 75/0.5	Tier 2	SP, PA, QL (5 syringes every 24 days)
XOLAIR INJ 150MG/ML	Tier 2	SP, PA, QL (5 syringes every 24 days)
XOLAIR SOL 150MG	Tier 2	SP, PA, QL (5 vials every 24 days)

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	Tier 2	QL (1 inhaler every 25 days)
INCRUSE ELPT INH 62.5MCG	Tier 2	QL (1 blister every 1 day)
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (10 mL every 1 day)

LEUKOTRIENE MODULATORS

<i>montelukast sodium chew tab 4 mg (base equiv) (generic of SINGULAIR)</i>	Tier 1	QL (1 tab every 1 day)
<i>montelukast sodium chew tab 5 mg (base equiv) (generic of SINGULAIR)</i>	Tier 1	QL (1 tab every 1 day)
<i>montelukast sodium tab 10 mg (base equiv) (generic of SINGULAIR)</i>	Tier 1	QL (1 tab every 1 day)

STEROID INHALANTS

ALVESCO AER 80MCG	Tier 2	QL (1 inhaler every 25 days)
ALVESCO AER 160MCG	Tier 2	QL (1 inhaler every 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml (generic of PULMICORT)</i>	Tier 1	QL (4 mL every 1 day); AGE (Max 9)
<i>budesonide inhalation susp 0.25 mg/2ml (generic of PULMICORT)</i>	Tier 1	QL (4 mL every 1 day); AGE (Max 9)
FLOVENT HFA AER 44MCG	Tier 2	QL (0.033 inhalers every 1 day); AGE (Max 11)
FLOVENT HFA AER 110MCG	Tier 2	QL (0.033 inhalers every 1 day); AGE (Max 11)
<i>fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)</i>	Tier 1	QL (0.033 inhalers every 1 day); AGE (Max 11)
<i>fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)</i>	Tier 1	QL (0.033 inhalers every 1 day); AGE (Max 11)

Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHA AER 80MCG	Tier 2	QL (0.354 gm every 1 day)
QVAR REDIHAL AER 40MCG	Tier 2	QL (0.354 gm every 1 day)

SYMPATHOMIMETICS

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (Age 0-17: 17 gm/25 days; Age 18+: 8.5 gm/25 days); Generic Ventolin
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROVENTIL HFA)</i>	Tier 1	QL (Age 0-17: 17 gm/25 days; Age 18+: 8.5 gm/25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	QL (150 each every 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 each every 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (225 each every 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (150 each every 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	QL (150 mL every 1 day)
<i>albuterol sulfate tab 4 mg</i>	Tier 1	QL (8 tabs every 1 day)
ANORO ELLIPT AER 62.5-25	Tier 2	QL (2 blisters every 1 day)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)</i>	Tier 1	QL (1 inhaler every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)</i>	Tier 1	QL (1 inhaler every 25 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Tier 1	QL (0.04 inhalers every 1 day); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)</i>	Tier 1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Tier 1	QL (0.04 inhalers every 1 day); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Tier 1	QL (0.04 inhalers every 1 day); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)</i>	Tier 1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)</i>	Tier 1	QL (2 inhalations every 1 day)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (360 mL every 25 days)

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI AER 2.5MCG	Tier 2	QL (0.5 inhalers every 1 day)
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	QL (6 tabs every 1 day)
TRELEGY AER 100MCG	Tier 2	QL (0.033 inhalers every 1 day)
TRELEGY AER 100MCG	Tier 2	QL (0.071 inhalers every 1 day)
TRELEGY AER 200MCG	Tier 2	QL (0.033 inhalers every 1 day)
TRELEGY AER 200MCG	Tier 2	QL (0.071 inhalers every 1 day)
<i>wixela inhub aer 100/50 (generic of ADVAIR DISKUS)</i>	Tier 1	QL (2 inhalations every 1 day)
<i>wixela inhub aer 250/50 (generic of ADVAIR DISKUS)</i>	Tier 1	QL (2 inhalations every 1 day)
<i>wixela inhub aer 500/50 (generic of ADVAIR DISKUS)</i>	Tier 1	QL (2 inhalations every 1 day)

XANTHINES

<i>theophylline elixir 80 mg/15ml</i>	Tier 1	
<i>theophylline soln 80 mg/15ml</i>	Tier 1	
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	QL (3 tabs every 1 day)

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tab 1 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>warfarin sodium tab 2 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>warfarin sodium tab 3 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>warfarin sodium tab 4 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>warfarin sodium tab 5 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>warfarin sodium tab 6 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>warfarin sodium tab 10 mg</i>	Tier 1	QL (10 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG	Tier 2	QL (74 tabs every year); Max quantity 74 tablets, max one fill per year
ELIQUIS TAB 2.5MG	Tier 2	QL (2 tabs every 1 day)
ELIQUIS TAB 5MG	Tier 2	QL (2 tabs every 1 day)
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium inj 300 mg/3ml</i> (generic of LOVENOX)	Tier 1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i> (generic of LOVENOX)	Tier 1	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i> (generic of LOVENOX)	Tier 1	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i> (generic of LOVENOX)	Tier 1	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i> (generic of LOVENOX)	Tier 1	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i> (generic of LOVENOX)	Tier 1	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i> (generic of LOVENOX)	Tier 1	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i> (generic of LOVENOX)	Tier 1	QL (2 syringes every 1 day)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> (generic of ARIXTRA)	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> (generic of ARIXTRA)	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> (generic of ARIXTRA)	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> (generic of ARIXTRA)	Tier 1	PA
FRAGMIN INJ 2500/0.2	Tier 2	PA
FRAGMIN INJ 5000/0.2	Tier 2	PA
FRAGMIN INJ 7500/0.3	Tier 2	PA
FRAGMIN INJ 10000/ML	Tier 2	PA
FRAGMIN INJ 12500UNT	Tier 2	PA
FRAGMIN INJ 15000UNT	Tier 2	PA
FRAGMIN INJ 18000UNT	Tier 2	PA
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam tab 10 mg</i> (generic of ONFI)	Tier 1	QL (2 tabs every 1 day)
<i>clobazam tab 20 mg</i> (generic of ONFI)	Tier 1	QL (2 tabs every 1 day)
<i>clonazepam tab 0.5 mg</i> (generic of KLONOPIN)	Tier 1	QL (10 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tab 1 mg</i> (generic of KLONOPIN)	Tier 1	QL (10 tabs every 1 day)
<i>clonazepam tab 2 mg</i> (generic of KLONOPIN)	Tier 1	QL (10 tabs every 1 day)
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 1	QL (2 ea every 25 days)
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	QL (2 ea every 25 days)
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	QL (2 ea every 25 days)
NAYZILAM SPR 5MG	Tier 2	QL (10 bottles every 25 days); AGE (Min 12)
VALTOCO SPR 5MG	Tier 2	QL (10 sprays every 25 days); AGE (Min 6)
VALTOCO SPR 10MG	Tier 2	QL (10 sprays every 25 days); AGE (Min 6)
VALTOCO SPR 15MG	Tier 2	QL (10 ea every 25 days); AGE (Min 6)
VALTOCO SPR 20MG	Tier 2	QL (10 ea every 25 days); AGE (Min 6)

ANTICONVULSANTS - MISC.

<i>carbamazepine cap er 12hr 100 mg</i> (generic of CARBATROL)	Tier 1	QL (8 caps every 1 day)
<i>carbamazepine cap er 12hr 200 mg</i> (generic of CARBATROL)	Tier 1	QL (8 ea every 1 day)
<i>carbamazepine cap er 12hr 300 mg</i> (generic of CARBATROL)	Tier 1	QL (8 caps every 1 day)
<i>carbamazepine chew tab 100 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>carbamazepine susp 100 mg/5ml</i> (generic of TEGRETOL)	Tier 1	QL (60 mL every 1 day)
<i>carbamazepine tab 200 mg</i> (generic of TEGRETOL)	Tier 1	QL (8 tabs every 1 day)
<i>carbamazepine tab er 12hr 100 mg</i> (generic of TEGRETOL-XR)	Tier 1	QL (8 tabs every 1 day)
<i>carbamazepine tab er 12hr 200 mg</i> (generic of TEGRETOL-XR)	Tier 1	QL (8 tabs every 1 day)
<i>carbamazepine tab er 12hr 400 mg</i> (generic of TEGRETOL-XR)	Tier 1	QL (8 tabs every 1 day)
CARBATROL CAP 100MG	Tier 2	QL (8 caps every 1 day)
CARBATROL CAP 200MG	Tier 2	QL (8 caps every 1 day)
CARBATROL CAP 300MG	Tier 2	QL (8 caps every 1 day)
<i>epitol tab 200mg</i> (generic of TEGRETOL)	Tier 1	QL (8 tabs every 1 day)
<i>gabapentin cap 100 mg</i> (generic of NEURONTIN)	Tier 1	QL (10 caps every 1 day)
<i>gabapentin cap 300 mg</i> (generic of NEURONTIN)	Tier 1	QL (10 caps every 1 day)
<i>gabapentin cap 400 mg</i> (generic of NEURONTIN)	Tier 1	QL (9 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral soln 250 mg/5ml (generic of NEURONTIN)</i>	Tier 1	
<i>gabapentin tab 600 mg (generic of NEURONTIN)</i>	Tier 1	QL (6 tabs every 1 day)
<i>gabapentin tab 800 mg (generic of NEURONTIN)</i>	Tier 1	QL (4 tabs every 1 day)
<i>lacosamide oral solution 10 mg/ml (generic of VIMPAT)</i>	Tier 1	QL (20 mL every 1 day)
<i>lacosamide tab 50 mg (generic of VIMPAT)</i>	Tier 1	QL (2 tabs every 1 day)
<i>lacosamide tab 100 mg (generic of VIMPAT)</i>	Tier 1	QL (2 tabs every 1 day)
<i>lacosamide tab 150 mg (generic of VIMPAT)</i>	Tier 1	QL (2 tabs every 1 day)
<i>lacosamide tab 200 mg (generic of VIMPAT)</i>	Tier 1	QL (2 tabs every 1 day)
<i>lamotrigine tab 25 mg (generic of LAMICTAL)</i>	Tier 1	QL (10 tabs every 1 day)
<i>lamotrigine tab 100 mg (generic of LAMICTAL)</i>	Tier 1	QL (8 tabs every 1 day)
<i>lamotrigine tab 150 mg (generic of LAMICTAL)</i>	Tier 1	QL (4 tabs every 1 day)
<i>lamotrigine tab 200 mg (generic of LAMICTAL)</i>	Tier 1	QL (4 tabs every 1 day)
<i>lamotrigine tab chewable dispersible 5 mg (generic of LAMICTAL CHEWABLE DISPERS)</i>	Tier 1	QL (8 tabs every 1 day)
<i>lamotrigine tab chewable dispersible 25 mg (generic of LAMICTAL CHEWABLE DISPERS)</i>	Tier 1	QL (8 tabs every 1 day)
<i>levetiracetam oral soln 100 mg/ml (generic of KEPPRA)</i>	Tier 1	QL (30 mL every 1 day)
<i>levetiracetam tab 250 mg (generic of KEPPRA)</i>	Tier 1	QL (6 tabs every 1 day)
<i>levetiracetam tab 500 mg (generic of KEPPRA)</i>	Tier 1	QL (6 tabs every 1 day)
<i>levetiracetam tab 750 mg (generic of KEPPRA)</i>	Tier 1	QL (4 tabs every 1 day)
<i>levetiracetam tab 1000 mg (generic of KEPPRA)</i>	Tier 1	QL (3 tabs every 1 day)
<i>levetiracetam tab er 24hr 500 mg (generic of KEPPRA XR)</i>	Tier 1	QL (6 tabs every 1 day)
<i>levetiracetam tab er 24hr 750 mg (generic of KEPPRA XR)</i>	Tier 1	QL (4 tabs every 1 day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml) (generic of TRILEPTAL)</i>	Tier 1	QL (16.667 mL every 1 day)
<i>oxcarbazepine tab 150 mg (generic of TRILEPTAL)</i>	Tier 1	QL (16 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine tab 300 mg</i> (generic of TRILEPTAL)	Tier 1	QL (8 tabs every 1 day)
<i>oxcarbazepine tab 600 mg</i> (generic of TRILEPTAL)	Tier 1	QL (4 tabs every 1 day)
<i>pregabalin cap 25 mg</i> (generic of LYRICA)	Tier 1	PA, QL (3 caps every 1 day)
<i>pregabalin cap 50 mg</i> (generic of LYRICA)	Tier 1	PA, QL (6 caps every 1 day)
<i>pregabalin cap 75 mg</i> (generic of LYRICA)	Tier 1	PA, QL (8 caps every 1 day)
<i>pregabalin cap 100 mg</i> (generic of LYRICA)	Tier 1	PA, QL (3 caps every 1 day)
<i>pregabalin cap 150 mg</i> (generic of LYRICA)	Tier 1	PA, QL (3 caps every 1 day)
<i>pregabalin cap 200 mg</i> (generic of LYRICA)	Tier 1	PA, QL (3 caps every 1 day)
<i>pregabalin cap 225 mg</i> (generic of LYRICA)	Tier 1	PA, QL (2 caps every 1 day)
<i>pregabalin cap 300 mg</i> (generic of LYRICA)	Tier 1	PA, QL (2 caps every 1 day)
<i>primidone tab 50 mg</i> (generic of MYSOLINE)	Tier 1	QL (4 tabs every 1 day)
<i>primidone tab 250 mg</i> (generic of MYSOLINE)	Tier 1	QL (4 tabs every 1 day)
<i>rowepra tab 500mg</i> (generic of KEPPRA)	Tier 1	QL (6 tabs every 1 day)
<i>rufinamide susp 40 mg/ml</i> (generic of BANZEL)	Tier 1	QL (80 mL every 1 day)
<i>rufinamide tab 200 mg</i> (generic of BANZEL)	Tier 1	QL (16 tabs every 1 day)
<i>rufinamide tab 400 mg</i> (generic of BANZEL)	Tier 1	QL (8 tabs every 1 day)
<i>subvenite tab 25mg</i> (generic of LAMICTAL)	Tier 1	QL (10 tabs every 1 day)
<i>subvenite tab 100mg</i> (generic of LAMICTAL)	Tier 1	QL (8 tabs every 1 day)
<i>subvenite tab 150mg</i> (generic of LAMICTAL)	Tier 1	QL (4 tabs every 1 day)
<i>subvenite tab 200mg</i> (generic of LAMICTAL)	Tier 1	QL (4 tabs every 1 day)
TEGRETOL SUS 100/5ML	Tier 2	QL (60 mL every 1 day)
TEGRETOL TAB 200MG	Tier 2	QL (8 tabs every 1 day)
TEGRETOL-XR TAB 100MG	Tier 2	QL (8 tabs every 1 day)
TEGRETOL-XR TAB 200MG	Tier 2	QL (8 tabs every 1 day)
TEGRETOL-XR TAB 400MG	Tier 2	QL (8 tabs every 1 day)
<i>topiramate sprinkle cap 15 mg</i> (generic of TOPAMAX SPRINKLE)	Tier 1	QL (8 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate sprinkle cap 25 mg (generic of TOPAMAX SPRINKLE)</i>	Tier 1	QL (8 caps every 1 day)
<i>topiramate tab 25 mg (generic of TOPAMAX)</i>	Tier 1	QL (4 tabs every 1 day)
<i>topiramate tab 50 mg (generic of TOPAMAX)</i>	Tier 1	QL (2 tabs every 1 day)
<i>topiramate tab 100 mg (generic of TOPAMAX)</i>	Tier 1	QL (2 tabs every 1 day)
<i>topiramate tab 200 mg (generic of TOPAMAX)</i>	Tier 1	QL (2 tabs every 1 day)
<i>zonisamide cap 25 mg (generic of ZONEGRAN)</i>	Tier 1	QL (2 caps every 1 day)
<i>zonisamide cap 50 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>zonisamide cap 100 mg (generic of ZONEGRAN)</i>	Tier 1	QL (6 caps every 1 day)

GABA MODULATORS

<i>tiagabine hcl tab 2 mg</i>	Tier 1	QL (28 tabs every 1 day)
<i>tiagabine hcl tab 4 mg</i>	Tier 1	QL (14 tabs every 1 day)
<i>tiagabine hcl tab 12 mg</i>	Tier 1	QL (4.67 tabs every 1 day)
<i>tiagabine hcl tab 16 mg</i>	Tier 1	QL (3.5 tabs every 1 day)
<i>vigabatrin powd pack 500 mg (generic of SABRIL)</i>	Tier 1	QL (6 packets every 1 day)
<i>vigabatrin tab 500 mg (generic of SABRIL)</i>	Tier 1	QL (6 tabs every 1 day)
<i>vigadrone pow 500mg (generic of SABRIL)</i>	Tier 1	QL (6 packets every 1 day)

HYDANTOINS

<i>DILANTIN CAP 30MG</i>	Tier 2	QL (6 caps every 1 day)
<i>DILANTIN CAP 100MG</i>	Tier 2	QL (6 caps every 1 day)
<i>DILANTIN CHW 50MG</i>	Tier 2	QL (5 tabs every 1 day)
<i>DILANTIN-125 SUS 125/5ML</i>	Tier 2	QL (20 mL every 1 day)
<i>phenytoin chew tab 50 mg (generic of DILANTIN INFATABS)</i>	Tier 1	QL (5 ea every 1 day)
<i>phenytoin sodium extended cap 100 mg (generic of DILANTIN)</i>	Tier 1	QL (6 caps every 1 day)
<i>phenytoin sodium extended cap 200 mg (generic of PHENYTEK)</i>	Tier 1	QL (6 caps every 1 day)
<i>phenytoin sodium extended cap 300 mg (generic of PHENYTEK)</i>	Tier 1	QL (6 caps every 1 day)
<i>phenytoin susp 125 mg/5ml (generic of DILANTIN-125)</i>	Tier 1	QL (20 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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SUCCINIMIDES

<i>ethosuximide cap 250 mg (generic of ZARONTIN)</i>	Tier 1	QL (6 caps every 1 day)
<i>ethosuximide soln 250 mg/5ml (generic of ZARONTIN)</i>	Tier 1	QL (30 mL every 1 day)

VALPROIC ACID

<i>divalproex sodium cap delayed release sprinkle 125 mg (generic of DEPAKOTE SPRINKLES)</i>	Tier 1	QL (10 caps every 1 day)
<i>divalproex sodium tab delayed release 125 mg (generic of DEPAKOTE)</i>	Tier 1	QL (15 tabs every 1 day)
<i>divalproex sodium tab delayed release 250 mg (generic of DEPAKOTE)</i>	Tier 1	QL (10 tabs every 1 day)
<i>divalproex sodium tab delayed release 500 mg (generic of DEPAKOTE)</i>	Tier 1	QL (10 tabs every 1 day)
<i>divalproex sodium tab er 24 hr 250 mg (generic of DEPAKOTE ER)</i>	Tier 1	QL (10 tabs every 1 day)
<i>divalproex sodium tab er 24 hr 500 mg (generic of DEPAKOTE ER)</i>	Tier 1	QL (10 tabs every 1 day)
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	QL (100 mL every 1 day)
<i>valproic acid cap 250 mg</i>	Tier 1	QL (20 caps every 1 day)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tab 15 mg (generic of REMERON)</i>	Tier 1	QL (1 tab every 1 day)
<i>mirtazapine tab 30 mg (generic of REMERON)</i>	Tier 1	QL (4 tabs every 1 day)
<i>mirtazapine tab 45 mg</i>	Tier 1	QL (1 tab every 1 day)

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tab 75 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>bupropion hcl tab 100 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>bupropion hcl tab er 12hr 100 mg (generic of WELLBUTRIN SR)</i>	Tier 1	QL (2 tabs every 1 day)
<i>bupropion hcl tab er 12hr 150 mg (generic of WELLBUTRIN SR)</i>	Tier 1	QL (3 tabs every 1 day)
<i>bupropion hcl tab er 12hr 200 mg (generic of WELLBUTRIN SR)</i>	Tier 1	QL (2 tabs every 1 day)
<i>bupropion hcl tab er 24hr 150 mg (generic of WELLBUTRIN XL)</i>	Tier 1	QL (1 tab every 1 day)
<i>bupropion hcl tab er 24hr 300 mg (generic of WELLBUTRIN XL)</i>	Tier 1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>phenelzine sulfate tab 15 mg (generic of NARDIL)</i>	Tier 1	QL (6 tabs every 1 day)
<i>tranylcypromine sulfate tab 10 mg (generic of PARNATE)</i>	Tier 1	QL (8 tabs every 1 day)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	QL (20 mL every 1 day)
<i>citalopram hydrobromide tab 10 mg (base equiv) (generic of CELEXA)</i>	Tier 1	QL (1.5 tabs every 1 day)
<i>citalopram hydrobromide tab 20 mg (base equiv) (generic of CELEXA)</i>	Tier 1	QL (2 tabs every 1 day)
<i>citalopram hydrobromide tab 40 mg (base equiv) (generic of CELEXA)</i>	Tier 1	QL (2 tabs every 1 day)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 5 mg (base equiv) (generic of LEXAPRO)</i>	Tier 1	QL (1.5 tabs every 1 day)
<i>escitalopram oxalate tab 10 mg (base equiv) (generic of LEXAPRO)</i>	Tier 1	QL (1.5 tabs every 1 day)
<i>escitalopram oxalate tab 20 mg (base equiv) (generic of LEXAPRO)</i>	Tier 1	QL (1 tab every 1 day)
<i>fluoxetine hcl cap 10 mg (generic of PROZAC)</i>	Tier 1	QL (3 caps every 1 day)
<i>fluoxetine hcl cap 20 mg (generic of PROZAC)</i>	Tier 1	QL (4 caps every 1 day)
<i>fluoxetine hcl cap 40 mg (generic of PROZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>paroxetine hcl tab 10 mg (generic of PAXIL)</i>	Tier 1	QL (2 tabs every 1 day)
<i>paroxetine hcl tab 20 mg (generic of PAXIL)</i>	Tier 1	QL (2 tabs every 1 day)
<i>paroxetine hcl tab 30 mg (generic of PAXIL)</i>	Tier 1	QL (2 tabs every 1 day)
<i>paroxetine hcl tab 40 mg (generic of PAXIL)</i>	Tier 1	QL (2 tabs every 1 day)
<i>sertraline hcl oral concentrate for solution 20 mg/ml (generic of ZOLOFT)</i>	Tier 1	
<i>sertraline hcl tab 25 mg (generic of ZOLOFT)</i>	Tier 1	QL (1.5 tabs every 1 day)
<i>sertraline hcl tab 50 mg (generic of ZOLOFT)</i>	Tier 1	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl tab 100 mg (generic of ZOLOFT)</i>	Tier 1	QL (2 tabs every 1 day)
SEROTONIN MODULATORS		
<i>trazodone hcl tab 50 mg</i>	Tier 1	
<i>trazodone hcl tab 100 mg</i>	Tier 1	
<i>trazodone hcl tab 150 mg</i>	Tier 1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (generic of CYMBALTA)</i>	Tier 1	QL (2 caps every 1 day)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (generic of CYMBALTA)</i>	Tier 1	QL (2 caps every 1 day)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (generic of CYMBALTA)</i>	Tier 1	QL (2 caps every 1 day)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (generic of EFFEXOR XR)</i>	Tier 1	QL (1 cap every 1 day)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (generic of EFFEXOR XR)</i>	Tier 1	QL (3 caps every 1 day)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (generic of EFFEXOR XR)</i>	Tier 1	QL (1 cap every 1 day)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	QL (3 tabs every 1 day)
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	QL (3 tabs every 1 day)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	QL (3 tabs every 1 day)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	QL (3 tabs every 1 day)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	QL (3 tabs every 1 day)
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Max 64)
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Max 64)
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Max 64)
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Max 64)
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 64)
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 64)
<i>clomipramine hcl cap 25 mg (generic of ANAFRANIL)</i>	Tier 1	QL (6 caps every 1 day)
<i>clomipramine hcl cap 50 mg (generic of ANAFRANIL)</i>	Tier 1	QL (4 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl cap 75 mg</i> (generic of ANAFRANIL)	Tier 1	QL (4 caps every 1 day)
<i>desipramine hcl tab 10 mg</i> (generic of NORPRAMIN)	Tier 1	QL (6 tabs every 1 day)
<i>desipramine hcl tab 25 mg</i> (generic of NORPRAMIN)	Tier 1	QL (4 tabs every 1 day)
<i>desipramine hcl tab 50 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>desipramine hcl tab 75 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>desipramine hcl tab 100 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>desipramine hcl tab 150 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>doxepin hcl cap 10 mg</i>	Tier 1	QL (3 caps every 1 day); AGE (Max 64)
<i>doxepin hcl cap 25 mg</i>	Tier 1	QL (3 caps every 1 day); AGE (Max 64)
<i>doxepin hcl cap 50 mg</i>	Tier 1	QL (3 caps every 1 day); AGE (Max 64)
<i>doxepin hcl cap 75 mg</i>	Tier 1	QL (3 caps every 1 day); AGE (Max 64)
<i>doxepin hcl cap 100 mg</i>	Tier 1	QL (3 caps every 1 day); AGE (Max 64)
<i>doxepin hcl cap 150 mg</i>	Tier 1	QL (2 caps every 1 day); AGE (Max 64)
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	QL (30 mL every 1 day); AGE (Max 64)
<i>imipramine hcl tab 10 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>imipramine hcl tab 25 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>imipramine hcl tab 50 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>nortriptyline hcl cap 10 mg</i> (generic of PAMELOR)	Tier 1	QL (6 caps every 1 day)
<i>nortriptyline hcl cap 25 mg</i> (generic of PAMELOR)	Tier 1	QL (6 caps every 1 day)
<i>nortriptyline hcl cap 50 mg</i> (generic of PAMELOR)	Tier 1	QL (4 caps every 1 day)
<i>nortriptyline hcl cap 75 mg</i> (generic of PAMELOR)	Tier 1	QL (2 caps every 1 day)
<i>protriptyline hcl tab 5 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>protriptyline hcl tab 10 mg</i>	Tier 1	QL (8 tabs every 1 day)

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>acarbose tab 50 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>acarbose tab 100 mg</i>	Tier 1	QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETIC COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 1	ST, QL (2 tabs every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 1	ST, QL (2 tabs every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 1	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 1	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 1	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 1	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	QL (2 tabs every 1 day); Generic Glucovance
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	QL (2 tabs every 1 day); Generic Glucovance
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	QL (4 tabs every 1 day); Generic Glucovance
SEGLUROMET TAB 2.5-500	Tier 2	ST; Requires trial of metformin
SEGLUROMET TAB 2.5-1000	Tier 2	ST; Requires trial of metformin
SEGLUROMET TAB 7.5-500	Tier 2	ST; Requires trial of metformin
SEGLUROMET TAB 7.5-1000	Tier 2	ST; Requires trial of metformin

BIGUANIDES

<i>metformin hcl tab 500 mg</i>	Tier 1	QL (5 tabs every 1 day)
<i>metformin hcl tab 850 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>metformin hcl tab 1000 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	QL (4 tabs every 1 day)

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE	Tier 2	QL (2 ea every 25 days)
BAQSIMI TWO POW 3MG/DOSE	Tier 2	QL (2 ea every 25 days)
GLUCAGEN INJ HYPOKIT	Tier 2	QL (2 syringes every 25 days)
<i>glucagon (rdna) for inj kit 1 mg (generic of GLUCAGON EMERGENCY KIT)</i>	Tier 1	QL (2 kits every 25 days)
GLUCOSE CHEW TABS	Tier 2	OTC

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 1	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product; Generic Nesina
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Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 1	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product; Generic Nesina
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 1	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product; Generic Nesina

INCRETIN MIMETIC AGENTS

OZEMPIC INJ 2MG/3ML	Tier 2	ST, QL (1 pen every 25 days)
OZEMPIC INJ 4MG/3ML	Tier 2	ST, QL (1 pen every 25 days); Requires trial of metformin
OZEMPIC INJ 8MG/3ML	Tier 2	ST, QL (1 pen every 25 days); Requires trial of metformin
RYBELSUS TAB 3MG	Tier 2	ST, QL (1 tab every 1 day); Requires trial of metformin
RYBELSUS TAB 7MG	Tier 2	ST, QL (1 tab every 1 day); Requires trial of metformin
RYBELSUS TAB 14MG	Tier 2	ST, QL (1 tab every 1 day); Requires trial of metformin
TRULICITY INJ 0.75/0.5	Tier 2	ST, QL (4 pens every 25 days); Requires trial of metformin
TRULICITY INJ 1.5/0.5	Tier 2	ST, QL (4 pens every 25 days); Requires trial of metformin
TRULICITY INJ 3/0.5	Tier 2	ST, QL (4 pens every 25 days); Requires trial of metformin
TRULICITY INJ 4.5/0.5	Tier 2	ST, QL (4 pens every 25 days); Requires trial of metformin

INSULIN

ADMELOG INJ 100U/ML	Tier 2	QL (30 mL per 25 days)
ADMELOG SOLO INJ 100U/ML	Tier 2	QL (10 pens every 25 days)
BASAGLAR INJ 100UNIT	Tier 2	QL (10 pens every 25 days)

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R INJ U-500	Tier 2	QL (1 vial every 25 days)
HUMULIN R U-500 KWIKPEN	Tier 2	QL (6 pens every 25 days)
INS ASP PROT INJ FLEXPEN	Tier 2	QL (25 mL every 25 days)
INSULIN ASPA INJ 70/30	Tier 2	QL (25 mL every 25 days)
INSULIN GLAR INJ 100U/ML	Tier 2	QL (10 pens every 25 days); (YFGN preferred)
INSULIN GLAR SOL 100U/ML	Tier 2	QL (3 vials every 25 days); (YFGN preferred)
INSULIN LISP INJ PROTAMIN	Tier 2	QL (10 pens every 25 days)
NOVOLIN INJ 70/30	Tier 2	QL (30 mL every 25 days), OTC
NOVOLIN INJ 70/30 FP	Tier 2	QL (10 pens every 25 days), OTC
NOVOLIN N INJ 100 UNIT	Tier 2	QL (10 pens every 25 days), OTC
NOVOLIN N INJ U-100	Tier 2	QL (30 mL every 25 days), OTC
NOVOLIN R INJ U-100	Tier 2	QL (3 vials every 25 days), OTC

INSULIN SENSITIZING AGENTS

<i>pioglitazone hcl tab 15 mg (base equiv)</i> (generic of ACTOS)	Tier 1	QL (1 tab every 1 day)
<i>pioglitazone hcl tab 30 mg (base equiv)</i> (generic of ACTOS)	Tier 1	QL (1 tab every 1 day)
<i>pioglitazone hcl tab 45 mg (base equiv)</i> (generic of ACTOS)	Tier 1	QL (1 tab every 1 day)

MEGLITINIDE ANALOGUES

<i>nateglinide tab 60 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>nateglinide tab 120 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>repaglinide tab 1 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>repaglinide tab 2 mg</i>	Tier 1	QL (6 tabs every 1 day)

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

STEGLATRO TAB 5MG	Tier 2	ST; Requires trial of metformin
STEGLATRO TAB 15MG	Tier 2	ST; Requires trial of metformin

SULFONYLUREAS

<i>glimepiride tab 1 mg</i> (generic of AMARYL)	Tier 1	QL (3 tabs every 1 day)
<i>glimepiride tab 2 mg</i> (generic of AMARYL)	Tier 1	QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride tab 4 mg (generic of AMARYL)</i>	Tier 1	QL (3 tabs every 1 day)
<i>glipizide tab 5 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>glipizide tab 10 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>glipizide tab er 24hr 2.5 mg (generic of GLUCOTROL XL)</i>	Tier 1	QL (2 tabs every 1 day)
<i>glipizide tab er 24hr 5 mg (generic of GLUCOTROL XL)</i>	Tier 1	QL (2 tabs every 1 day)
<i>glipizide tab er 24hr 10 mg (generic of GLUCOTROL XL)</i>	Tier 1	QL (2 tabs every 1 day)
<i>glipizide xl tab 2.5mg (generic of GLUCOTROL XL)</i>	Tier 1	QL (2 tabs every 1 day)
<i>glipizide xl tab 5mg (generic of GLUCOTROL XL)</i>	Tier 1	QL (2 tabs every 1 day)
<i>glipizide xl tab 10mg (generic of GLUCOTROL XL)</i>	Tier 1	QL (2 tabs every 1 day)
<i>glyburide micronized tab 1.5 mg (generic of GLYNASE)</i>	Tier 1	QL (4 tabs every 1 day)
<i>glyburide micronized tab 3 mg (generic of GLYNASE)</i>	Tier 1	QL (4 tabs every 1 day)
<i>glyburide micronized tab 6 mg (generic of GLYNASE)</i>	Tier 1	QL (4 tabs every 1 day)
<i>glyburide tab 1.25 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>glyburide tab 2.5 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>glyburide tab 5 mg</i>	Tier 1	QL (4 tabs every 1 day)

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate chew tab 262 mg</i>	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i>	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i>	Tier 1	OTC

ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	QL (40 mL every 1 day)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	Tier 1	QL (8 tabs every 1 day)
<i>loperamide hcl cap 2 mg</i>	Tier 1	QL (8 caps every 1 day)
<i>loperamide hcl cap 2 mg</i>	Tier 1	QL (8 caps every 1 day), OTC
<i>loperamide hcl tab 2 mg</i>	Tier 1	QL (8 tabs every 1 day), OTC
<i>loperamide sus 1mg/7.5</i>	Tier 1	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

OPIOID ANTAGONISTS

<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	
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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl tab 50 mg</i>	Tier 1	QL (2 tabs every 1 day)

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT₃ RECEPTOR ANTAGONISTS

<i>granisetron hcl tab 1 mg</i>	Tier 1	ST, QL (2 tabs every 1 day); Requires trial of ondansetron
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	PA
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (90 tabs every 25 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (90 tabs every 25 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (90 tabs every 25 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (90 tabs every 25 days)

ANTIEMETICS - ANTICHOLINERGIC

<i>dimenhydrinate tab 50 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC
<i>meclizine hcl chew tab 25 mg</i>	Tier 1	QL (4 tabs every 1 day), OTC
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	QL (4 tabs every 1 day), OTC
<i>meclizine hcl tab 25 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>meclizine hcl tab 25 mg</i>	Tier 1	QL (4 tabs every 1 day), OTC
<i>scopolamine td patch 72hr 1 mg/3days (generic of TRANSDERM-SCOP)</i>	Tier 1	QL (0.34 patches every 1 day)

ANTIEMETICS - MISCELLANEOUS

<i>fructose-dextrose-phosphoric acid oral soln</i>	Tier 1	OTC
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ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	QL (40 mL every 1 day)
<i>nystatin tab 500000 unit</i>	Tier 1	QL (8 tabs every 1 day)
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QL (1 tab every 1 day)

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole for susp 10 mg/ml (generic of DIFLUCAN)</i>	Tier 1	QL (35 mL every 25 days); AGE (Max 12)
<i>fluconazole for susp 40 mg/ml (generic of DIFLUCAN)</i>	Tier 1	QL (35 mL every 25 days); AGE (Max 12)
<i>fluconazole tab 50 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>fluconazole tab 100 mg (generic of DIFLUCAN)</i>	Tier 1	QL (21 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tab 150 mg (generic of DIFLUCAN)</i>	Tier 1	QL (2 tabs every 25 days)
<i>fluconazole tab 200 mg (generic of DIFLUCAN)</i>	Tier 1	QL (21 tabs every 25 days)
<i>ketoconazole tab 200 mg</i>	Tier 1	QL (2 tabs every 1 day)

ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHIISTAMINES - ALKYLAMINES

<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	Tier 1	OTC
<i>chlorpheniramine tab 4 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC
<i>chlorpheniramine tab er 12 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC

ANTIHIISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	
<i>clemastine fumarate tab 1.34 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>diphenhydramine hcl cap 25 mg</i>	Tier 1	QL (6 caps every 1 day), OTC; AGE (Max 64)
<i>diphenhydramine hcl cap 50 mg</i>	Tier 1	QL (6 caps every 1 day), OTC; AGE (Max 64)
<i>diphenhydramine hcl chew tab 12.5 mg</i>	Tier 1	QL (6 ea every 1 day), OTC; AGE (Max 12)
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Tier 1	QL (80 mL every 1 day); AGE (Max 12)
<i>diphenhydramine hcl inj 50 mg/ml</i>	Tier 1	AGE (Max 64)
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	Tier 1	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>diphenhydramine hcl tab 25 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC; AGE (Max 64)

ANTIHIISTAMINES - NON-SEDATING

<i>allergy chld sol 5mg/5ml</i>	Tier 1	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>allergy relf sol 5mg/5ml</i>	Tier 1	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>allergy relf tab 5mg</i>	Tier 1	QL (1 tab every 1 day), OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1	QL (10 mL every 1 day); AGE (Max 12)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>cetirizine hcl tab 5 mg</i>	Tier 1	QL (1 tab every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine hcl tab 10 mg</i>	Tier 1	QL (1 tab every 1 day), OTC
<i>loratadine rapidly-disintegrating tab 10 mg</i>	Tier 1	QL (1 tab every 1 day), OTC; AGE (Max 12)
<i>loratadine sol 5mg/5ml</i>	Tier 1	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>loratadine tab 10 mg</i>	Tier 1	QL (1 tab every 1 day), OTC
<i>sm allergy sol 5mg/5ml</i>	Tier 1	QL (10 mL every 1 day), OTC; AGE (Max 12)

ANTI-HISTAMINES - PHENOTHIAZINES

<i>promethazine hcl inj 25 mg/ml (generic of PHENERGAN)</i>	Tier 1	QL (100 vials every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl inj 50 mg/ml (generic of PHENERGAN)</i>	Tier 1	QL (50 ampules every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl suppos 12.5 mg</i>	Tier 1	QL (24 supp every 30 days); AGE (Min 2, Max 64)
<i>promethazine hcl suppos 25 mg</i>	Tier 1	QL (24 supp every 30 days); AGE (Min 2, Max 64)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	QL (100 mL every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl tab 25 mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl tab 50 mg</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 2, Max 64)

ANTI-HISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	QL (20 mL every 1 day); AGE (Max 64)
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Max 64)

ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TAB 180MG	Tier 2	PA
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ANTIHYPERLIPIDEMICS - COMBINATIONS

NEXLIZET TAB 180/10MG	Tier 2	PA
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BILE ACID SEQUESTRANTS

<i>cholestyramine light powder 4 gm/dose (generic of QUESTRAN LIGHT)</i>	Tier 1	QL (8 gm every 1 day)
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Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine powder 4 gm/dose (generic of QUESTRAN)</i>	Tier 1	QL (48 gm every 1 day)
<i>colestipol hcl tab 1 gm (generic of COLESTID)</i>	Tier 1	QL (16 tabs every 1 day)
<i>prevalite pow 4gm (generic of QUESTRAN LIGHT)</i>	Tier 1	QL (8 gm every 1 day)
FIBRIC ACID DERIVATIVES		
<i>fenofibrate tab 48 mg (generic of TRICOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>fenofibrate tab 54 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>fenofibrate tab 145 mg (generic of TRICOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>fenofibrate tab 160 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>gemfibrozil tab 600 mg (generic of LOPID)</i>	Tier 1	QL (4 tabs every 1 day)
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent) (generic of LIPITOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>atorvastatin calcium tab 20 mg (base equivalent) (generic of LIPITOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>atorvastatin calcium tab 40 mg (base equivalent) (generic of LIPITOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>atorvastatin calcium tab 80 mg (base equivalent) (generic of LIPITOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>lovastatin tab 10 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>lovastatin tab 20 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>lovastatin tab 40 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>pravastatin sodium tab 10 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>pravastatin sodium tab 20 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>pravastatin sodium tab 40 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>pravastatin sodium tab 80 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>rosuvastatin calcium tab 5 mg (generic of CRESTOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>rosuvastatin calcium tab 10 mg (generic of CRESTOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>rosuvastatin calcium tab 20 mg (generic of CRESTOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>rosuvastatin calcium tab 40 mg (generic of CRESTOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>simvastatin tab 5 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>simvastatin tab 10 mg (generic of ZOCOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>simvastatin tab 20 mg (generic of ZOCOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>simvastatin tab 40 mg (generic of ZOCOR)</i>	Tier 1	QL (1 tab every 1 day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg (generic of ZETIA)</i>	Tier 1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	Tier 2	PA, QL (2 syringes every 24 days)
REPATHA PUSH INJ 420/3.5	Tier 2	PA, QL (1 cartridge every 24 days)
REPATHA SURE INJ 140MG/ML	Tier 2	PA, QL (2 pens every 24 days)

**ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE
ACE INHIBITORS**

<i>benazepril hcl tab 5 mg</i>	Tier 1	QL (1.5 tabs every 1 day)
<i>benazepril hcl tab 10 mg (generic of LOTENSIN)</i>	Tier 1	QL (1.5 tabs every 1 day)
<i>benazepril hcl tab 20 mg (generic of LOTENSIN)</i>	Tier 1	QL (1.5 tabs every 1 day)
<i>benazepril hcl tab 40 mg (generic of LOTENSIN)</i>	Tier 1	QL (2 tabs every 1 day)
<i>captopril tab 12.5 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>captopril tab 25 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>captopril tab 50 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>captopril tab 100 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>enalapril maleate oral soln 1 mg/ml (generic of EPANED)</i>	Tier 1	AGE (Max 12)
<i>enalapril maleate tab 2.5 mg (generic of VASOTEC)</i>	Tier 1	QL (1 tab every 1 day)
<i>enalapril maleate tab 5 mg (generic of VASOTEC)</i>	Tier 1	QL (1 tab every 1 day)
<i>enalapril maleate tab 10 mg (generic of VASOTEC)</i>	Tier 1	QL (1 tab every 1 day)
<i>enalapril maleate tab 20 mg (generic of VASOTEC)</i>	Tier 1	QL (2 tabs every 1 day)
<i>fosinopril sodium tab 10 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>fosinopril sodium tab 20 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>fosinopril sodium tab 40 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>lisinopril tab 2.5 mg (generic of ZESTRIL)</i>	Tier 1	QL (1 tab every 1 day)
<i>lisinopril tab 5 mg (generic of ZESTRIL)</i>	Tier 1	QL (1 tab every 1 day)
<i>lisinopril tab 10 mg (generic of ZESTRIL)</i>	Tier 1	QL (1 tab every 1 day)
<i>lisinopril tab 20 mg (generic of ZESTRIL)</i>	Tier 1	QL (1 tab every 1 day)
<i>lisinopril tab 30 mg (generic of ZESTRIL)</i>	Tier 1	QL (2 tabs every 1 day)
<i>lisinopril tab 40 mg (generic of ZESTRIL)</i>	Tier 1	QL (2 tabs every 1 day)
QBRELIS SOL 1MG/ML	Tier 2	AGE (Min 6, Max 12)
<i>quinapril hcl tab 5 mg (generic of ACCUPRIL)</i>	Tier 1	QL (1 tab every 1 day)
<i>quinapril hcl tab 10 mg (generic of ACCUPRIL)</i>	Tier 1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl tab 20 mg (generic of ACCUPRIL)</i>	Tier 1	QL (1 tab every 1 day)
<i>quinapril hcl tab 40 mg (generic of ACCUPRIL)</i>	Tier 1	QL (2 tabs every 1 day)
<i>ramipril cap 1.25 mg (generic of ALTACE)</i>	Tier 1	QL (1 cap every 1 day)
<i>ramipril cap 2.5 mg (generic of ALTACE)</i>	Tier 1	QL (1 cap every 1 day)
<i>ramipril cap 5 mg (generic of ALTACE)</i>	Tier 1	QL (1 cap every 1 day)
<i>ramipril cap 10 mg (generic of ALTACE)</i>	Tier 1	QL (1 cap every 1 day)
<i>trandolapril tab 1 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>trandolapril tab 2 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>trandolapril tab 4 mg</i>	Tier 1	QL (1 tab every 1 day)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan tab 75 mg (generic of AVAPRO)</i>	Tier 1	QL (1 tab every 1 day)
<i>irbesartan tab 150 mg (generic of AVAPRO)</i>	Tier 1	QL (1 tab every 1 day)
<i>irbesartan tab 300 mg (generic of AVAPRO)</i>	Tier 1	QL (1 tab every 1 day)
<i>losartan potassium tab 25 mg (generic of COZAAR)</i>	Tier 1	QL (1 tab every 1 day)
<i>losartan potassium tab 50 mg (generic of COZAAR)</i>	Tier 1	QL (1 tab every 1 day)
<i>losartan potassium tab 100 mg (generic of COZAAR)</i>	Tier 1	QL (1 tab every 1 day)
<i>valsartan tab 40 mg (generic of DIOVAN)</i>	Tier 1	QL (2 tabs every 1 day)
<i>valsartan tab 80 mg (generic of DIOVAN)</i>	Tier 1	QL (2 tabs every 1 day)
<i>valsartan tab 160 mg (generic of DIOVAN)</i>	Tier 1	QL (2 tabs every 1 day)
<i>valsartan tab 320 mg (generic of DIOVAN)</i>	Tier 1	QL (2 tabs every 1 day)

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>doxazosin mesylate tab 1 mg (generic of CARDURA)</i>	Tier 1	QL (1 tab every 1 day)
<i>doxazosin mesylate tab 2 mg (generic of CARDURA)</i>	Tier 1	QL (1 tab every 1 day)
<i>doxazosin mesylate tab 4 mg (generic of CARDURA)</i>	Tier 1	QL (1 tab every 1 day)
<i>doxazosin mesylate tab 8 mg (generic of CARDURA)</i>	Tier 1	QL (2 tabs every 1 day)
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (4 tabs every 1 day); Generic Tenex
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (2 tabs every 1 day); Generic Tenex
<i>methyldopa tab 250 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Max 64)

Drug Name	Drug Tier	Requirements/Limits
<i>methyldopa tab 500 mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Max 64)
<i>prazosin hcl cap 1 mg (generic of MINIPRESS)</i>	Tier 1	QL (6 caps every 1 day)
<i>prazosin hcl cap 2 mg (generic of MINIPRESS)</i>	Tier 1	QL (6 caps every 1 day)
<i>prazosin hcl cap 5 mg (generic of MINIPRESS)</i>	Tier 1	QL (6 caps every 1 day)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	QL (1 cap every 1 day)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	QL (2 caps every 1 day)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	QL (1 cap every 1 day)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	QL (2 caps every 1 day)

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	Tier 1	QL (1 cap every 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	Tier 1	QL (1 cap every 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	QL (1 cap every 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	Tier 1	QL (1 cap every 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	Tier 1	QL (1 cap every 1 day)
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	Tier 1	QL (1 tab every 1 day)
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	Tier 1	QL (1 tab every 1 day)
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	Tier 1	QL (1 tab every 1 day)
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	Tier 1	QL (1 tab every 1 day)
<i>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	Tier 1	QL (2 tabs every 1 day)
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	Tier 1	QL (1 tab every 1 day)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	Tier 1	QL (1 tab every 1 day)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	Tier 1	QL (1 tab every 1 day)
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	Tier 1	QL (1 tab every 1 day)
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)</i>	Tier 1	QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)</i>	Tier 1	QL (3 tabs every 1 day)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)</i>	Tier 1	QL (4 tabs every 1 day)
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	Tier 1	QL (2 tabs every 1 day)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	Tier 1	QL (1 tab every 1 day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	Tier 1	QL (1 tab every 1 day)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	Tier 1	QL (2 tabs every 1 day)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	Tier 1	QL (2 tabs every 1 day)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	Tier 1	QL (2 tabs every 1 day)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	Tier 1	QL (1 tab every 1 day)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	Tier 1	QL (1 tab every 1 day)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	Tier 1	QL (1 tab every 1 day)
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	Tier 1	QL (1 tab every 1 day)
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	Tier 1	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	Tier 1	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	Tier 1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	Tier 1	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	Tier 1	QL (1 tab every 1 day)

VASODILATORS

<i>hydralazine hcl tab 10 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>hydralazine hcl tab 25 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>hydralazine hcl tab 50 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>hydralazine hcl tab 100 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>minoxidil tab 2.5 mg</i>	Tier 1	QL (5 tabs every 1 day)
<i>minoxidil tab 10 mg</i>	Tier 1	QL (5 tabs every 1 day)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (10 tabs every 3 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (5 tabs every 3 days)
<i>hydroxychloroquine sulfate tab 200 mg (generic of PLAQUENIL)</i>	Tier 1	QL (4 tabs every 1 day)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (4 tabs every 1 day)

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

<i>pyridostigmine bromide tab 60 mg (generic of MESTINON)</i>	Tier 1	QL (6 tabs every 1 day)
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ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

<i>ethambutol hcl tab 100 mg</i>	Tier 1	QL (5 tabs every 1 day)
<i>ethambutol hcl tab 400 mg (generic of MYAMBUTOL)</i>	Tier 1	QL (5 tabs every 1 day)
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	QL (30 mL every 1 day)
<i>isoniazid tab 100 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>isoniazid tab 300 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>PRIFTIN TAB 150MG</i>	Tier 2	QL (1.143 tabs every 1 day)
<i>pyrazinamide tab 500 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>rifampin cap 150 mg</i>	Tier 1	QL (8 caps every 1 day)
<i>rifampin cap 300 mg</i>	Tier 1	QL (4 caps every 1 day)

Drug Name Drug Tier Requirements/Limits
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT
CANCER

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	Tier 1	SP, QL (16 caps every 1 day)
<i>cyclophosphamide cap 50 mg</i>	Tier 1	SP, QL (16 caps every 1 day)
LEUKERAN TAB 2MG	Tier 2	QL (8 tabs every 1 day)
<i>melfhalan tab 2 mg</i>	Tier 1	
<i>temozolomide cap 5 mg</i>	Tier 1	SP, PA
<i>temozolomide cap 20 mg</i>	Tier 1	SP, PA
<i>temozolomide cap 100 mg</i>	Tier 1	SP, PA
<i>temozolomide cap 140 mg</i>	Tier 1	SP, PA
<i>temozolomide cap 180 mg</i>	Tier 1	SP, PA
<i>temozolomide cap 250 mg</i>	Tier 1	SP, PA

ANTIMETABOLITES

<i>capecitabine tab 150 mg (generic of XELODA)</i>	Tier 1	SP, PA
<i>capecitabine tab 500 mg (generic of XELODA)</i>	Tier 1	SP, PA
<i>mercaptopurine tab 50 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (5 vials every 25 days)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (1 vial every 25 days)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (5 vials every 25 days)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (1 vial every 25 days)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 1	QL (0.25 vials every 25 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	QL (24 tabs every 1 day)

ANTINEOPLASTIC - EGFR INHIBITORS

<i>erlotinib hcl tab 25 mg (base equivalent) (generic of TARCEVA)</i>	Tier 1	SP, PA, QL (3 tabs every 1 day)
<i>erlotinib hcl tab 100 mg (base equivalent) (generic of TARCEVA)</i>	Tier 1	SP, PA, QL (1 tab every 1 day)
<i>erlotinib hcl tab 150 mg (base equivalent) (generic of TARCEVA)</i>	Tier 1	SP, PA, QL (1 tab every 1 day)
TAGRISSE TAB 40MG	Tier 2	SP, PA, QL (1 tab every 1 day)
TAGRISSE TAB 80MG	Tier 2	SP, PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
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ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate tab 250 mg (generic of ZYTIGA)</i>	Tier 1	SP, PA, QL (120 tabs every 30 days)
<i>anastrozole tab 1 mg (generic of ARIMIDEX)</i>	Tier 1	QL (1 tab every 1 day)
<i>bicalutamide tab 50 mg (generic of CASODEX)</i>	Tier 1	QL (3 tabs every 1 day)
ELIGARD INJ 7.5MG	Tier 2	PA
ELIGARD INJ 22.5MG	Tier 2	PA
ELIGARD INJ 30MG	Tier 2	PA
ELIGARD INJ 45MG	Tier 2	PA
<i>letrozole tab 2.5 mg (generic of FEMARA)</i>	Tier 1	QL (1 tab every 1 day)
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 1	PA
LYSODREN TAB 500MG	Tier 2	SP
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	QL (40 mL every 1 day)
<i>megestrol acetate tab 20 mg</i>	Tier 1	QL (40 tabs every 1 day)
<i>megestrol acetate tab 40 mg</i>	Tier 1	QL (20 tabs every 1 day)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 1	QL (2 tabs every 1 day)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 1	QL (2 tabs every 1 day)

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAP 150MG	Tier 2	SP, PA, QL (240 caps every 30 days)
BRUKINSA CAP 80MG	Tier 2	SP, PA, QL (4 caps every 1 day)
IBRANCE CAP 75MG	Tier 2	SP, PA, QL (21 caps every 28 days)
IBRANCE CAP 100MG	Tier 2	SP, PA, QL (21 caps every 28 days)
IBRANCE CAP 125MG	Tier 2	SP, PA, QL (21 caps every 28 days)
IBRANCE TAB 75MG	Tier 2	SP, PA, QL (21 tabs every 28 days)
IBRANCE TAB 100MG	Tier 2	SP, PA, QL (21 tabs every 28 days)
IBRANCE TAB 125MG	Tier 2	SP, PA, QL (21 tabs every 28 days)
<i>imatinib mesylate tab 100 mg (base equivalent) (generic of GLEEVEC)</i>	Tier 1	SP, PA, QL (3 tabs every 1 day)
<i>imatinib mesylate tab 400 mg (base equivalent) (generic of GLEEVEC)</i>	Tier 1	SP, PA, QL (2 tabs every 1 day)
IMBRUVICA CAP 140MG	Tier 2	SP, PA, QL (3 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TAB 420MG	Tier 2	SP, PA, QL (1 tab every 1 day)
IMBRUVICA TAB 560MG	Tier 2	SP, PA, QL (1 tab every 1 day)
<i>lapatinib ditosylate tab 250 mg (base equiv) (generic of TYKERB)</i>	Tier 1	SP, PA, QL (6 tabs every 1 day)
<i>sorafenib tosylate tab 200 mg (base equivalent) (generic of NEXAVAR)</i>	Tier 1	SP, PA, QL (4 tabs every 1 day)
SPRYCEL TAB 20MG	Tier 2	SP, PA, QL (3 tabs every 1 day)
SPRYCEL TAB 50MG	Tier 2	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 70MG	Tier 2	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 80MG	Tier 2	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 100MG	Tier 2	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 140MG	Tier 2	SP, PA, QL (1 tab every 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent) (generic of SUTENT)</i>	Tier 1	SP, PA, QL (4 caps every 1 day)
<i>sunitinib malate cap 25 mg (base equivalent) (generic of SUTENT)</i>	Tier 1	SP, PA, QL (2 caps every 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent) (generic of SUTENT)</i>	Tier 1	SP, PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 50 mg (base equivalent) (generic of SUTENT)</i>	Tier 1	SP, PA, QL (1 cap every 1 day)

ANTINEOPLASTICS MISC.

<i>hydroxyurea cap 500 mg (generic of HYDREA)</i>	Tier 1	
MATULANE CAP 50MG	Tier 2	SP, PA
<i>tretinoin cap 10 mg</i>	Tier 1	PA

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>leucovorin calcium tab 5 mg</i>	Tier 1	
<i>leucovorin calcium tab 10 mg</i>	Tier 1	
<i>leucovorin calcium tab 15 mg</i>	Tier 1	
<i>leucovorin calcium tab 25 mg</i>	Tier 1	

MITOTIC INHIBITORS

<i>etoposide cap 50 mg</i>	Tier 1	PA
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ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	QL (5 tabs every 1 day); AGE (Max 64)
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Drug Name	Drug Tier	Requirements/Limits
<i>benztropine mesylate tab 1 mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Max 64)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 64)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	PA
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	QL (12 tabs every 1 day); AGE (Max 64)
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 64)

ANTIPARKINSON COMT INHIBITORS

<i>entacapone tab 200 mg (generic of COMTAN)</i>	Tier 1	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
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ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (4 caps every 1 day)
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	QL (40 mL every 1 day)
<i>bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)</i>	Tier 1	QL (6 caps every 1 day)
<i>bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)</i>	Tier 1	QL (6 tabs every 1 day)
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	Tier 1	QL (8 tabs every 1 day)
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	Tier 1	QL (12 tabs every 1 day)
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (generic of STALEVO 50)</i>	Tier 1	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (generic of STALEVO 75)</i>	Tier 1	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)</i>	Tier 1	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (generic of STALEVO 125)</i>	Tier 1	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)</i>	Tier 1	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg (generic of STALEVO 200)</i>	Tier 1	ST, QL (6 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	QL (3 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	QL (12 tabs every 1 day)
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	QL (12 tabs every 1 day)
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	QL (12 tabs every 1 day)
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	QL (12 tabs every 1 day)
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	QL (12 tabs every 1 day)
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	QL (12 tabs every 1 day)

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>selegiline hcl cap 5 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>selegiline hcl tab 5 mg</i>	Tier 1	QL (2 tabs every 1 day)

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	Tier 1	QL (12 caps every 1 day); AGE (Min 6)
<i>lithium carbonate cap 300 mg</i>	Tier 1	QL (6 caps every 1 day); AGE (Min 6)
<i>lithium carbonate cap 600 mg</i>	Tier 1	QL (3 caps every 1 day)
<i>lithium carbonate tab 300 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>lithium carbonate tab er 300 mg (generic of LITHOBID)</i>	Tier 1	QL (6 tabs every 1 day); AGE (Min 6)
<i>lithium carbonate tab er 450 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Min 6)

ANTIPSYCHOTICS - MISC.

VRAYLAR CAP 1.5-3MG	Tier 2	
VRAYLAR CAP 1.5MG	Tier 2	
VRAYLAR CAP 3MG	Tier 2	
VRAYLAR CAP 4.5MG	Tier 2	
VRAYLAR CAP 6MG	Tier 2	
<i>ziprasidone hcl cap 20 mg (generic of GEODON)</i>	Tier 1	QL (2 caps every 1 day); AGE (Min 6)
<i>ziprasidone hcl cap 40 mg (generic of GEODON)</i>	Tier 1	QL (2 caps every 1 day); AGE (Min 6)

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl cap 60 mg (generic of GEODON)</i>	Tier 1	QL (2 caps every 1 day); AGE (Min 6)
<i>ziprasidone hcl cap 80 mg (generic of GEODON)</i>	Tier 1	QL (2 caps every 1 day); AGE (Min 6)

BENZISOXAZOLES

INVEGA SUST INJ 39/0.25	Tier 2	QL (0.25 injections every 25 days); AGE (Min 18)
INVEGA SUST INJ 78/0.5ML	Tier 2	QL (0.5 injections every 25 days); AGE (Min 18)
INVEGA SUST INJ 117/0.75	Tier 2	QL (0.75 injections every 25 days); AGE (Min 18)
INVEGA SUST INJ 156MG/ML	Tier 2	QL (1 injection every 25 days); AGE (Min 18)
INVEGA SUST INJ 234/1.5	Tier 2	QL (1.5 injections every 25 days); AGE (Min 18)
INVEGA TRINZ INJ 273MG	Tier 2	QL (0.88 injections every 71 days); AGE (Min 18)
INVEGA TRINZ INJ 410MG	Tier 2	QL (1.32 injections every 71 days); AGE (Min 18)
INVEGA TRINZ INJ 546MG	Tier 2	QL (1.75 injections every 71 days); AGE (Min 18)
INVEGA TRINZ INJ 819MG	Tier 2	QL (2.65 injections every 71 days); AGE (Min 18)
<i>paliperidone tab er 24hr 1.5 mg (generic of INVEGA)</i>	Tier 1	PA
<i>paliperidone tab er 24hr 3 mg (generic of INVEGA)</i>	Tier 1	PA
<i>paliperidone tab er 24hr 6 mg (generic of INVEGA)</i>	Tier 1	PA
<i>paliperidone tab er 24hr 9 mg (generic of INVEGA)</i>	Tier 1	PA
RISPERDAL INJ 12.5MG	Tier 2	QL (2 vials every 25 days); AGE (Min 18)
RISPERDAL INJ 25MG	Tier 2	QL (2 vials every 25 days); AGE (Min 18)
RISPERDAL INJ 37.5MG	Tier 2	QL (2 vials every 25 days); AGE (Min 18)
RISPERDAL INJ 50MG	Tier 2	QL (2 vials every 25 days); AGE (Min 18)
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 5)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Min 5)
<i>risperidone soln 1 mg/ml (generic of RISPERDAL)</i>	Tier 1	QL (16 mL every 1 day); AGE (Min 5)
<i>risperidone tab 0.5 mg (generic of RISPERDAL)</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone tab 0.25 mg</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone tab 1 mg (generic of RISPERDAL)</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone tab 2 mg (generic of RISPERDAL)</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone tab 3 mg (generic of RISPERDAL)</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone tab 4 mg (generic of RISPERDAL)</i>	Tier 1	QL (4 tabs every 1 day); AGE (Min 5)

BUTYROPHENONES

<i>haloperidol decanoate im soln 50 mg/ml (generic of HALDOL DECANOATE 50)</i>	Tier 1	AGE (Min 6)
<i>haloperidol decanoate im soln 100 mg/ml (generic of HALDOL DECANOATE 100)</i>	Tier 1	AGE (Min 6)
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	AGE (Min 6)
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	AGE (Min 6)
<i>haloperidol tab 0.5 mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Min 6)
<i>haloperidol tab 1 mg</i>	Tier 1	QL (5 tabs every 1 day); AGE (Min 6)
<i>haloperidol tab 2 mg</i>	Tier 1	QL (5 tabs every 1 day); AGE (Min 6)
<i>haloperidol tab 5 mg</i>	Tier 1	QL (5 tabs every 1 day); AGE (Min 6)
<i>haloperidol tab 10 mg</i>	Tier 1	QL (5 tabs every 1 day); AGE (Min 6)
<i>haloperidol tab 20 mg</i>	Tier 1	QL (5 tabs every 1 day); AGE (Min 6)

DIBENZAPINES

<i>asenapine maleate sl tab 5 mg (base equiv) (generic of SAPHRIS)</i>	Tier 1	
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Drug Name	Drug Tier	Requirements/Limits
<i>asenapine maleate sl tab 10 mg (base equiv) (generic of SAPHRIS)</i>	Tier 1	
<i>clozapine tab 25 mg (generic of CLOZARIL)</i>	Tier 1	AGE (Min 6)
<i>clozapine tab 50 mg (generic of CLOZARIL)</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 6)
<i>clozapine tab 100 mg (generic of CLOZARIL)</i>	Tier 1	AGE (Min 6)
<i>clozapine tab 200 mg (generic of CLOZARIL)</i>	Tier 1	AGE (Min 6)
<i>loxapine succinate cap 5 mg</i>	Tier 1	QL (15 caps every 1 day); AGE (Min 6)
<i>loxapine succinate cap 10 mg</i>	Tier 1	QL (15 caps every 1 day); AGE (Min 6)
<i>loxapine succinate cap 25 mg</i>	Tier 1	QL (6 caps every 1 day); AGE (Min 6)
<i>loxapine succinate cap 50 mg</i>	Tier 1	QL (15 caps every 1 day); AGE (Min 6)
<i>olanzapine tab 2.5 mg (generic of ZYPREXA)</i>	Tier 1	ST, QL (1 tab every 1 day); AGE (Min 6), Requires trial of risperidone or quetiapine or clozapine
<i>olanzapine tab 5 mg (generic of ZYPREXA)</i>	Tier 1	ST, QL (1 tab every 1 day); AGE (Min 6), Requires trial of risperidone or quetiapine or clozapine
<i>olanzapine tab 7.5 mg (generic of ZYPREXA)</i>	Tier 1	ST, QL (1 tab every 1 day); AGE (Min 6), Requires trial of risperidone or quetiapine or clozapine
<i>olanzapine tab 10 mg (generic of ZYPREXA)</i>	Tier 1	ST, QL (1 tab every 1 day); AGE (Min 6), Requires trial of risperidone or quetiapine or clozapine
<i>olanzapine tab 15 mg (generic of ZYPREXA)</i>	Tier 1	ST, QL (1 tab every 1 day); AGE (Min 6), Requires trial of risperidone or quetiapine or clozapine
<i>olanzapine tab 20 mg (generic of ZYPREXA)</i>	Tier 1	ST, QL (1 tab every 1 day); AGE (Min 6), Requires trial of risperidone or quetiapine or clozapine

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab 25 mg</i> (generic of SEROQUEL)	Tier 1	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab 50 mg</i> (generic of SEROQUEL)	Tier 1	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab 100 mg</i> (generic of SEROQUEL)	Tier 1	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab 200 mg</i> (generic of SEROQUEL)	Tier 1	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab 300 mg</i> (generic of SEROQUEL)	Tier 1	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab 400 mg</i> (generic of SEROQUEL)	Tier 1	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab er 24hr 50 mg</i> (generic of SEROQUEL XR)	Tier 1	PA, QL (1 tab every 1 day)
<i>quetiapine fumarate tab er 24hr 150 mg</i> (generic of SEROQUEL XR)	Tier 1	PA, QL (1 tab every 1 day)
<i>quetiapine fumarate tab er 24hr 200 mg</i> (generic of SEROQUEL XR)	Tier 1	PA, QL (1 tab every 1 day)
<i>quetiapine fumarate tab er 24hr 300 mg</i> (generic of SEROQUEL XR)	Tier 1	PA, QL (1 tab every 1 day)
<i>quetiapine fumarate tab er 24hr 400 mg</i> (generic of SEROQUEL XR)	Tier 1	PA, QL (1 tab every 1 day)
ZYPREXA RELP INJ 210MG	Tier 2	QL (2 injections every 25 days); AGE (Min 18)
ZYPREXA RELP INJ 300MG	Tier 2	QL (2 injections every 25 days); AGE (Min 18)
ZYPREXA RELP INJ 405MG	Tier 2	QL (1 injection every 25 days); AGE (Min 18)

PHENOTHIAZINES

<i>chlorpromazine hcl tab 10 mg</i>	Tier 1	QL (12 tabs every 1 day); AGE (Min 6)
<i>chlorpromazine hcl tab 25 mg</i>	Tier 1	QL (12 tabs every 1 day); AGE (Min 6)
<i>chlorpromazine hcl tab 50 mg</i>	Tier 1	QL (12 tabs every 1 day); AGE (Min 6)
<i>chlorpromazine hcl tab 100 mg</i>	Tier 1	QL (12 tabs every 1 day); AGE (Min 6)
<i>chlorpromazine hcl tab 200 mg</i>	Tier 1	QL (12 tabs every 1 day); AGE (Min 6)
<i>compro sup 25mg</i>	Tier 1	QL (12 supp every 1 day)
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl tab 1 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Min 6)

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Min 6)
<i>fluphenazine hcl tab 5 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Min 6)
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Min 6)
<i>perphenazine tab 2 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>perphenazine tab 4 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>perphenazine tab 8 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>perphenazine tab 16 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	QL (10 tabs every 1 day); AGE (Min 6)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	QL (8 tabs every 1 day); AGE (Min 6)
<i>prochlorperazine suppos 25 mg</i>	Tier 1	QL (12 supp every 1 day)
<i>thioridazine hcl tab 10 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 64)
<i>thioridazine hcl tab 25 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 64)
<i>thioridazine hcl tab 50 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 64)
<i>thioridazine hcl tab 100 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 64)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	QL (6 tabs every 1 day); AGE (Min 6)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	QL (6 tabs every 1 day); AGE (Min 6)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	QL (6 tabs every 1 day); AGE (Min 6)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	QL (4 tabs every 1 day); AGE (Min 6)

QUINOLINONE DERIVATIVES

<i>ABILIFY MAIN INJ 300MG</i>	Tier 2	QL (1 injection every 25 days); AGE (Min 18)
<i>ABILIFY MAIN INJ 300MG</i>	Tier 2	QL (1 vial every 25 days); AGE (Min 18)
<i>ABILIFY MAIN INJ 400MG</i>	Tier 2	QL (1 injection every 25 days); AGE (Min 18)
<i>ABILIFY MAIN INJ 400MG</i>	Tier 2	QL (1 vial every 25 days); AGE (Min 18)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	PA; AGE (Min 6)

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 1	PA, QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 1	PA, QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 2 mg (generic of ABILIFY)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 5 mg (generic of ABILIFY)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 10 mg (generic of ABILIFY)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 15 mg (generic of ABILIFY)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 20 mg (generic of ABILIFY)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 30 mg (generic of ABILIFY)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 6)
ARISTADA INJ 441MG/1.	Tier 2	QL (1 injection every 25 days); AGE (Min 18)
ARISTADA INJ 662MG/2	Tier 2	QL (1 injection every 25 days); AGE (Min 18)
ARISTADA INJ 882MG/3	Tier 2	QL (1 injection every 25 days); AGE (Min 18)
ARISTADA INJ 1064MG	Tier 2	QL (1 injection every 50 days); AGE (Min 18)

THIOXANTHENES

<i>thiothixene cap 1 mg</i>	Tier 1	QL (6 caps every 1 day); AGE (Min 6)
<i>thiothixene cap 2 mg</i>	Tier 1	QL (6 caps every 1 day); AGE (Min 6)
<i>thiothixene cap 5 mg</i>	Tier 1	QL (6 caps every 1 day); AGE (Min 6)
<i>thiothixene cap 10 mg</i>	Tier 1	QL (6 caps every 1 day); AGE (Min 6)

ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT

CHLORINE ANTISEPTICS

<i>betasept liq 4%</i>	Tier 1	OTC
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ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv) (generic of ZIAGEN)</i>	Tier 1	QL (30 mL every 1 day)
<i>abacavir sulfate tab 300 mg (base equiv) (generic of ZIAGEN)</i>	Tier 1	QL (2 tabs every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)</i>	Tier 1	QL (1 tab every 1 day)
APTIVUS CAP 250MG	Tier 2	QL (4 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i> (generic of REYATAZ)	Tier 1	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i> (generic of REYATAZ)	Tier 1	QL (1 cap every 1 day)
BIKTARVY TAB 30-120-15 MG	Tier 2	QL (1 tab every 1 day); AGE (Max 12)
BIKTARVY TAB 50-200-25 MG	Tier 2	QL (1 tab every 1 day)
CIMDUO TAB 300-300	Tier 2	QL (1 tab every 1 day)
COMPLERA TAB	Tier 2	QL (1 tab every 1 day)
DELSTRIGO TAB	Tier 2	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	Tier 2	ST, QL (1 tab every 1 day); Requires prior use of TRUVADA
DESCOVY TAB 200/25MG	Tier 2	ST, QL (1 tab every 1 day); Requires prior use of TRUVADA
DOVATO TAB 50-300MG	Tier 2	QL (1 tab every 1 day)
EDURANT TAB 25MG	Tier 2	QL (1 tab every 1 day)
<i>efavirenz cap 50 mg</i>	Tier 1	QL (12 caps every 1 day)
<i>efavirenz cap 200 mg</i>	Tier 1	QL (3 caps every 1 day)
<i>efavirenz tab 600 mg (generic of SUSTIVA)</i>	Tier 1	QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic of ATRIPLA)</i>	Tier 1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400- 300-300 mg (generic of SYMFI LO)</i>	Tier 1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600- 300-300 mg (generic of SYMFI)</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine caps 200 mg (generic of EMTRIVA)</i>	Tier 1	QL (1 cap every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)</i>	Tier 1	QL (1 tab every 1 day)
EMTRIVA SOL 10MG/ML	Tier 2	QL (20 mL every 1 day)
<i>etravirine tab 100 mg (generic of INTELENCE)</i>	Tier 1	QL (4 tabs every 1 day)
<i>etravirine tab 200 mg (generic of INTELENCE)</i>	Tier 1	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	Tier 2	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>fosamprenavir calcium tab 700 mg (base equiv) (generic of LEXIVA)</i>	Tier 1	QL (4 tabs every 1 day)
FUZEON INJ 90MG	Tier 2	PA
GENVOYA TAB	Tier 2	QL (1 tab every 1 day)
INTELENCE TAB 25MG	Tier 2	QL (4 tabs every 1 day)
ISENTRESS CHW 25MG	Tier 2	QL (2 tabs every 1 day)
ISENTRESS CHW 100MG	Tier 2	QL (12 tabs every 1 day)
ISENTRESS HD TAB 600MG	Tier 2	QL (2 tabs every 1 day)
ISENTRESS POW 100MG	Tier 2	QL (12 packets every 1 day)
ISENTRESS TAB 400MG	Tier 2	QL (2 tabs every 1 day)
JULUCA TAB 50-25MG	Tier 2	QL (1 tab every 1 day)
<i>lamivudine oral soln 10 mg/ml (generic of EPIVIR)</i>	Tier 1	QL (30 mL every 1 day)
<i>lamivudine tab 150 mg (generic of EPIVIR)</i>	Tier 1	QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg (generic of EPIVIR)</i>	Tier 1	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)</i>	Tier 1	QL (2 tabs every 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)</i>	Tier 1	QL (16 mL every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)</i>	Tier 1	QL (8 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)</i>	Tier 1	QL (4 tabs every 1 day)
<i>maraviroc tab 150 mg (generic of SELZENTRY)</i>	Tier 1	QL (2 tabs every 1 day)
<i>maraviroc tab 300 mg (generic of SELZENTRY)</i>	Tier 1	QL (2 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	Tier 1	QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>nevirapine tab er 24hr 100 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	QL (1 tab every 1 day)
ODEFSEY TAB	Tier 2	QL (1 tab every 1 day)
PIFELTRO TAB 100MG	Tier 2	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	Tier 2	QL (1 tab every 1 day)
PREZISTA SUS 100MG/ML	Tier 2	QL (8 mL every 1 day)
PREZISTA TAB 75MG	Tier 2	QL (16 tabs every 1 day)
PREZISTA TAB 150MG	Tier 2	QL (8 tabs every 1 day)
PREZISTA TAB 600MG	Tier 2	QL (2 tabs every 1 day)
PREZISTA TAB 800MG	Tier 2	QL (1 tab every 1 day)
<i>ritonavir tab 100 mg (generic of NORVIR)</i>	Tier 1	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	Tier 2	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOL 20MG/ML	Tier 2	QL (30 mL every 1 day)
SELZENTRY TAB 25MG	Tier 2	QL (4 tabs every 1 day)
SELZENTRY TAB 75MG	Tier 2	QL (2 tabs every 1 day)
<i>stavudine cap 15 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>stavudine cap 20 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>stavudine cap 30 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>stavudine cap 40 mg</i>	Tier 1	QL (2 caps every 1 day)
STRIBILD TAB	Tier 2	QL (1 tab every 1 day)
SYMTUZA TAB	Tier 2	QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tab 300 mg (generic of VIREAD)</i>	Tier 1	QL (1 tab every 1 day)
TIVICAY PD TAB 5MG	Tier 2	QL (6 tabs every 1 day)
TIVICAY TAB 10MG	Tier 2	QL (1 tab every 1 day)
TIVICAY TAB 25MG	Tier 2	QL (1 tab every 1 day)
TIVICAY TAB 50MG	Tier 2	QL (2 tabs every 1 day)
TRIUMEQ PD TAB	Tier 2	QL (6 tabs every 1 day)
TRIUMEQ TAB	Tier 2	QL (1 tab every 1 day)
TRIZIVIR TAB	Tier 2	QL (2 tabs every 1 day)
TYBOST TAB 150MG	Tier 2	QL (1 tab every 1 day)
VIRACEPT TAB 250MG	Tier 2	QL (10 tabs every 1 day)
VIRACEPT TAB 625MG	Tier 2	QL (4 tabs every 1 day)
VIREAD POW 40MG/GM	Tier 2	QL (7.5 gm every 1 day)
VIREAD TAB 150MG	Tier 2	QL (1 tab every 1 day)
VIREAD TAB 200MG	Tier 2	QL (1 tab every 1 day)
VIREAD TAB 250MG	Tier 2	QL (1 tab every 1 day)
<i>zidovudine cap 100 mg (generic of RETROVIR)</i>	Tier 1	QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml (generic of RETROVIR)</i>	Tier 1	QL (60 mL every 1 day)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (2 tabs every 1 day)
CMV AGENTS		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv) (generic of VALCYTE)</i>	Tier 1	PA
<i>valganciclovir hcl tab 450 mg (base equivalent) (generic of VALCYTE)</i>	Tier 1	PA
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>entecavir tab 0.5 mg (generic of BARACLUDE)</i>	Tier 1	QL (1 tab every 1 day)
<i>entecavir tab 1 mg (generic of BARACLUDE)</i>	Tier 1	QL (1 tab every 1 day)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	QL (3 tabs every 1 day)
LEDIP-SOFOSB TAB 90-400MG	Tier 2	SP, PA, QL (1 tab every 1 day); Preferred Agent

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
PEGASYS INJ 180MCG/M	Tier 2	SP, PA
<i>ribavirin cap 200 mg</i>	Tier 1	SP, PA
<i>ribavirin tab 200 mg</i>	Tier 1	SP, PA
SOFOS/VELPAT TAB 400-100	Tier 2	SP, PA, QL (1 tab every 1 day); Preferred Agent
SOVALDI TAB 400MG	Tier 2	SP, PA, QL (1 tab every 1 day)
VEMLIDY TAB 25MG	Tier 2	PA
VOSEVI TAB	Tier 2	SP, PA, QL (1 tab every 1 day)
ZEPATIER TAB 50-100MG	Tier 2	SP, PA, QL (1 tab every 1 day)

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	Tier 1	QL (5 caps every 1 day)
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	QL (25 mL every 1 day)
<i>acyclovir tab 400 mg</i>	Tier 1	QL (5 tabs every 1 day)
<i>acyclovir tab 800 mg</i>	Tier 1	QL (5 tabs every 1 day)
<i>famciclovir tab 125 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>famciclovir tab 250 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>famciclovir tab 500 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>valacyclovir hcl tab 1 gm</i> (generic of VALTREX)	Tier 1	QL (8 tabs every 1 day)
<i>valacyclovir hcl tab 500 mg</i> (generic of VALTREX)	Tier 1	QL (8 tabs every 1 day)

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg</i> (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 45 mg</i> (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 75 mg</i> (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 10 per fill)
<i>oseltamivir phosphate for susp 6 mg/ml</i> (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 180 per fill); AGE (Max 12)
RELENZA MIS DISKHALE	Tier 2	QL (max quantity 20 per fill)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (2 tabs every 1 day)

BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg</i> (generic of COREG)	Tier 1	QL (2 tabs every 1 day)
<i>carvedilol tab 6.25 mg</i> (generic of COREG)	Tier 1	QL (2 tabs every 1 day)
<i>carvedilol tab 12.5 mg</i> (generic of COREG)	Tier 1	QL (2 tabs every 1 day)
<i>carvedilol tab 25 mg</i> (generic of COREG)	Tier 1	QL (2 tabs every 1 day)
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (4 tabs every 1 day)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (6 tabs every 1 day)
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	Tier 1	QL (16 caps every 1 day)
<i>acebutolol hcl cap 400 mg</i>	Tier 1	QL (16 caps every 1 day)
<i>atenolol tab 25 mg (generic of TENORMIN)</i>	Tier 1	QL (2 tabs every 1 day)
<i>atenolol tab 50 mg (generic of TENORMIN)</i>	Tier 1	QL (2 tabs every 1 day)
<i>atenolol tab 100 mg (generic of TENORMIN)</i>	Tier 1	QL (2 tabs every 1 day)
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)</i>	Tier 1	QL (3 tabs every 1 day)
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)</i>	Tier 1	QL (4 tabs every 1 day)
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)</i>	Tier 1	QL (3 tabs every 1 day)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)</i>	Tier 1	QL (2 tabs every 1 day)
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>metoprolol tartrate tab 50 mg (generic of LOPRESSOR)</i>	Tier 1	QL (3 tabs every 1 day)
<i>metoprolol tartrate tab 100 mg (generic of LOPRESSOR)</i>	Tier 1	QL (3 tabs every 1 day)
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tab 20 mg (generic of CORGARD)</i>	Tier 1	QL (3 tabs every 1 day)
<i>nadolol tab 40 mg (generic of CORGARD)</i>	Tier 1	QL (3 tabs every 1 day)
<i>nadolol tab 80 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>propranolol hcl cap er 24hr 60 mg (generic of INDERAL LA)</i>	Tier 1	QL (3 caps every 1 day)
<i>propranolol hcl cap er 24hr 80 mg (generic of INDERAL LA)</i>	Tier 1	QL (4 caps every 1 day)
<i>propranolol hcl cap er 24hr 120 mg (generic of INDERAL LA)</i>	Tier 1	QL (3 caps every 1 day)
<i>propranolol hcl cap er 24hr 160 mg (generic of INDERAL LA)</i>	Tier 1	QL (2 caps every 1 day)
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	QL (20 mL every 1 day)
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	
<i>propranolol hcl tab 10 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>propranolol hcl tab 20 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>propranolol hcl tab 40 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>propranolol hcl tab 60 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>propranolol hcl tab 80 mg</i>	Tier 1	QL (6 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>sorine tab 80mg</i> (generic of BETAPACE)	Tier 1	QL (2 tabs every 1 day)
<i>sorine tab 120mg</i> (generic of BETAPACE)	Tier 1	QL (2 tabs every 1 day)
<i>sorine tab 160mg</i> (generic of BETAPACE)	Tier 1	QL (2 tabs every 1 day)
<i>sorine tab 240mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>sotalol hcl (afib/afl) tab 80 mg</i> (generic of BETAPACE AF)	Tier 1	QL (2 tabs every 1 day)
<i>sotalol hcl (afib/afl) tab 120 mg</i> (generic of BETAPACE AF)	Tier 1	QL (2 tabs every 1 day)
<i>sotalol hcl (afib/afl) tab 160 mg</i> (generic of BETAPACE AF)	Tier 1	QL (2 tabs every 1 day)
<i>sotalol hcl tab 80 mg</i> (generic of BETAPACE)	Tier 1	QL (2 tabs every 1 day)
<i>sotalol hcl tab 120 mg</i> (generic of BETAPACE)	Tier 1	QL (2 tabs every 1 day)
<i>sotalol hcl tab 160 mg</i> (generic of BETAPACE)	Tier 1	QL (2 tabs every 1 day)
<i>sotalol hcl tab 240 mg</i>	Tier 1	QL (2 tabs every 1 day)

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate tab 2.5 mg</i> (base equivalent) (generic of NORVASC)	Tier 1	QL (1 tab every 1 day)
<i>amlodipine besylate tab 5 mg</i> (base equivalent) (generic of NORVASC)	Tier 1	QL (1 tab every 1 day)
<i>amlodipine besylate tab 10 mg</i> (base equivalent) (generic of NORVASC)	Tier 1	QL (1 tab every 1 day)
<i>cartia xt cap 120/24hr</i> (generic of CARDIZEM CD)	Tier 1	QL (1 cap every 1 day)
<i>cartia xt cap 180/24hr</i> (generic of CARDIZEM CD)	Tier 1	QL (2 caps every 1 day)
<i>cartia xt cap 240/24hr</i> (generic of CARDIZEM CD)	Tier 1	QL (1 cap every 1 day)
<i>cartia xt cap 300/24hr</i> (generic of CARDIZEM CD)	Tier 1	QL (1 cap every 1 day)
<i>dilt-xr cap 120mg</i>	Tier 1	QL (2 caps every 1 day)
<i>dilt-xr cap 180mg</i>	Tier 1	QL (2 caps every 1 day)
<i>dilt-xr cap 240mg</i>	Tier 1	QL (2 caps every 1 day)
<i>diltiazem hcl cap er 24hr 120 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (generic of CARDIZEM CD)	Tier 1	QL (1 cap every 1 day)
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (generic of CARDIZEM CD)	Tier 1	QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cap er 24hr 240 mg (generic of CARDIZEM CD)</i>	Tier 1	QL (1 cap every 1 day)
<i>diltiazem hcl coated beads cap er 24hr 300 mg (generic of CARDIZEM CD)</i>	Tier 1	QL (1 cap every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr 180 mg (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr 300 mg (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr 420 mg (generic of TIAZAC)</i>	Tier 1	QL (1 cap every 1 day)
<i>diltiazem hcl tab 30 mg (generic of CARDIZEM)</i>	Tier 1	QL (4 tabs every 1 day)
<i>diltiazem hcl tab 60 mg (generic of CARDIZEM)</i>	Tier 1	QL (4 tabs every 1 day)
<i>diltiazem hcl tab 90 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>diltiazem hcl tab 120 mg (generic of CARDIZEM)</i>	Tier 1	QL (4 tabs every 1 day)
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	QL (2 tabs every 1 day)
KATERZIA SUS 1MG/ML	Tier 2	AGE (Min 6, Max 12)
<i>nifedipine cap 10 mg</i>	Tier 1	QL (4 caps every 1 day); AGE (Max 64)
<i>nifedipine cap 20 mg</i>	Tier 1	QL (4 caps every 1 day); AGE (Max 64)
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>nifedipine tab er 24hr osmotic release 30 mg (generic of PROCARDIA XL)</i>	Tier 1	QL (1 tab every 1 day)
<i>nifedipine tab er 24hr osmotic release 60 mg (generic of PROCARDIA XL)</i>	Tier 1	QL (2 tabs every 1 day)
<i>nifedipine tab er 24hr osmotic release 90 mg (generic of PROCARDIA XL)</i>	Tier 1	QL (2 tabs every 1 day)
NORLIQVA SOL 1MG/ML	Tier 2	AGE (Min 6, Max 12)
<i>taztia xt cap 120mg/24 (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>taztia xt cap 180mg/24 (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>taztia xt cap 240mg/24</i> (generic of TIAZAC)	Tier 1	QL (2 caps every 1 day)
<i>taztia xt cap 300mg er</i> (generic of TIAZAC)	Tier 1	QL (2 caps every 1 day)
<i>taztia xt cap 360mg/24</i> (generic of TIAZAC)	Tier 1	QL (2 caps every 1 day)
<i>tiadylt cap 120mg/24</i> (generic of TIAZAC)	Tier 1	QL (2 caps every 1 day)
<i>tiadylt cap 180mg/24</i> (generic of TIAZAC)	Tier 1	QL (2 caps every 1 day)
<i>tiadylt cap 240mg/24</i> (generic of TIAZAC)	Tier 1	QL (2 caps every 1 day)
<i>tiadylt cap 300mg/24</i> (generic of TIAZAC)	Tier 1	QL (2 caps every 1 day)
<i>tiadylt cap 360mg/24</i> (generic of TIAZAC)	Tier 1	QL (2 caps every 1 day)
<i>tiadylt cap 420mg/24</i> (generic of TIAZAC)	Tier 1	QL (1 cap every 1 day)
<i>verapamil hcl tab 40 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>verapamil hcl tab 80 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>verapamil hcl tab 120 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>verapamil hcl tab er 120 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>verapamil hcl tab er 180 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>verapamil hcl tab er 240 mg</i>	Tier 1	QL (3 tabs every 1 day)

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	AGE (Max 12)
<i>digoxin tab 125 mcg (0.125 mg)</i> (generic of DIGOXIN TAB 125 MCG (0.125 MG))	Tier 1	QL (1 tab every 1 day)
<i>digoxin tab 250 mcg (0.25 mg)</i> (generic of DIGOXIN TAB 250 MCG (0.25 MG))	Tier 1	QL (1 tab every 1 day)

CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

ENTRESTO TAB 24-26MG	Tier 2	PA
ENTRESTO TAB 49-51MG	Tier 2	PA
ENTRESTO TAB 97-103MG	Tier 2	PA

PROSTAGLANDIN VASODILATORS

REMODULIN INJ 1MG/ML	Tier 2	SP, PA
REMODULIN INJ 2.5MG/ML	Tier 2	SP, PA
REMODULIN INJ 5MG/ML	Tier 2	SP, PA
REMODULIN INJ 10MG/ML	Tier 2	SP, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 1	SP, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 1	SP, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 1	SP, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 1	SP, PA

Drug Name **Drug Tier** **Requirements/Limits**
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR
ANTAGONISTS

<i>ambrisentan tab 5 mg</i> (generic of LETAIRIS)	Tier 1	SP, PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg</i> (generic of LETAIRIS)	Tier 1	SP, PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg</i> (generic of TRACLEER)	Tier 1	SP, PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i> (generic of TRACLEER)	Tier 1	SP, PA, QL (2 tabs every 1 day)
OPSUMIT TAB 10MG	Tier 2	SP, PA, QL (1 tab every 1 day)
TRACLEER TAB 32MG	Tier 2	SP, PA

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate tab 20 mg</i> (generic of REVATIO)	Tier 1	SP, PA, QL (3 tabs every 1 day)
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PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI TAB 200MCG	Tier 2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 400MCG	Tier 2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	Tier 2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	Tier 2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	Tier 2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	Tier 2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	Tier 2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	Tier 2	SP, PA, QL (2 tabs every 1 day)

SINUS NODE INHIBITORS

CORLANOR TAB 5MG	Tier 2	PA
CORLANOR TAB 7.5MG	Tier 2	PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	AGE (Max 12)
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	AGE (Max 12)
<i>cephalexin cap 250 mg</i>	Tier 1	QL (6 caps every 1 day)
<i>cephalexin cap 500 mg</i>	Tier 1	QL (6 caps every 1 day)
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	AGE (Max 12)
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	AGE (Max 12)

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - 2ND GENERATION		
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	AGE (Max 12)
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	AGE (Max 12)
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (2 tabs every 1 day)

CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	AGE (Max 12)
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	AGE (Max 12)

CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING

BULK CHEMICALS - B'S		
BUDESONIDE POW	Tier 2	
BUDESONIDE POW MICRONIZ	Tier 2	

BULK CHEMICALS - E'S		
ETHYL OLEATE LIQ	Tier 2	OTC

BULK CHEMICALS - P'S		
PROGESTERONE POW MICRONIZ	Tier 2	

LIQUIDS		
BENZYL BENZO LIQ	Tier 2	AGE (Min 16, Max 60)
BENZYL BENZO LIQ	Tier 2	OTC; AGE (Min 16, Max 60)
SESAME OIL	Tier 2	
SESAME OIL	Tier 2	OTC

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle tab 0.1-0.02</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>altavera tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>alyacen tab 1/35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>alyacen tab 7/7/7</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>amethia tab (generic of SEASONIQUE)</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>apri tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>ashlyna tab (generic of SEASONIQUE)</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>aubra eq tab 0.1-0.02</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>aurovela fe tab 1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>aurovela fe tab 1/20</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>aurovela tab 1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>aurovela tab 1/20</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>aviane tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>ayuna tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>azurette tab</i> (generic of MIRCETTE)	Tier 1	QL (1.34 tabs every 1 day)
<i>balziva tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>blisovi fe tab 1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>blisovi fe tab 1/20</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>briellyn tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>camrese lo tab</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>camrese tab</i> (generic of SEASONIQUE)	Tier 1	QL (1.08 tabs every 1 day)
<i>chateal eq tab 0.15/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>cryselle-28 tab 28 tabs</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>cyred eq tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>cyred tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>dasetta tab 1/35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>dasetta tab 7/7/7</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>daysee tab</i> (generic of SEASONIQUE)	Tier 1	QL (1.08 tabs every 1 day)
<i>delyla tab 0.1-0.02</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	Tier 1	QL (1.34 tabs every 1 day)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	Tier 1	QL (1.34 tabs every 1 day)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	Tier 1	QL (1.34 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>elinet tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>enpresse-28 tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>enskyce tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>estarylla tab 0.25-35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>falmina tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>hailey fe tab 1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>hailey fe tab 1/20</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>hailey tab 1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>iclevia tab</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>introvale tab</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>isibloom tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>jaimiess tab (generic of SEASONIQUE)</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>jasmiel tab 3-0.02mg (generic of YAZ)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>jolessa tab</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>juleber tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>junel 1.5/30 tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>junel 1/20 tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>junel fe tab 1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>junel fe tab 1/20</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>kalliga tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>kariva tab 28 day (generic of MIRCETTE)</i>	Tier 1	QL (1.34 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>kelnor 1/50 tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>kelnor tab 1/35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>kurvelo tab 0.15/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>larin fe tab 1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>larin fe tab 1/20</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>larin tab 1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>larin tab 1/20</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>lessina tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>levonest tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (generic of SEASONIQUE)</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>levora-28 tab 0.15/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>lo-zumandimi tab 3-0.02mg (generic of YAZ)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>loestrin 21 tab 1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>loestrin fe tab 1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>loestrin fe tab 1/20</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>loestrin tab 1/20-21</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>lojaimiess tab</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>loryna tab 3-0.02mg (generic of YAZ)</i>	Tier 1	QL (1.34 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>low-ogestrel tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>lutera tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>marlissa tab 0.15/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>microgestin tab 1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>microgestin tab 1/20</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>microgestin tab fe1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>microgestin tab fe 1/20</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>mili tab 0.25/35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>mono-lynyah tab 0.25-35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>necon tab 0.5/35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>nikki tab 3-0.02mg (generic of YAZ)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>nortrel tab 0.5/35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>nortrel tab 1/35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>nortrel tab 7/7/7</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>nylia tab 1/35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>nylia tab 7/7/7</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>nymyo tab 0.25-35</i>	Tier 1	QL (1.34 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>ocella tab 3-0.03mg</i> (generic of YASMIN 28)	Tier 1	QL (1.34 tabs every 1 day)
<i>philith tab 0.4-35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>pimtreea tab</i> (generic of MIRCETTE)	Tier 1	QL (1.34 tabs every 1 day)
<i>pirmella tab 1/35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>pirmella tab 7/7/7</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>portia-28 tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>reclipsen tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>setlakin tab</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>simliya tab 28 day</i> (generic of MIRCETTE)	Tier 1	QL (1.34 tabs every 1 day)
<i>simpesse tab</i> (generic of SEASONIQUE)	Tier 1	QL (1.08 tabs every 1 day)
<i>sprintec 28 tab 28 day</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>sronyx tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>syeda tab 3-0.03mg</i> (generic of YASMIN 28)	Tier 1	QL (1.34 tabs every 1 day)
<i>tarina fe tab 1/20 eq</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-estaryll tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-linyah tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-lo tab estaryll</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-lo- tab sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-lo-mili tab</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-mili tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-nymyo tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-sprintec tab</i>	Tier 1	QL (1.34 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>tri-vylibra tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-vylibra tab lo</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	QL (1.34 tabs every 1 day)
<i>trivora-28 tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>velivet pak</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>vestura tab 3-0.02mg</i> (generic of YAZ)	Tier 1	QL (1.34 tabs every 1 day)
<i>vienva tab 0.1-20</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>viorele tab</i> (generic of MIRCETTE)	Tier 1	QL (1.34 tabs every 1 day)
<i>volnea tab</i> (generic of MIRCETTE)	Tier 1	QL (1.34 tabs every 1 day)
<i>vyfemla tab 0.4-35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>vylibra tab 0.25-35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>wera tab 0.5/35</i>	Tier 1	QL (1.34 tabs every 1 day)
YAZ TAB 3-0.02MG	Tier 2	QL (1.34 tabs every 1 day)
<i>zovia 1/35 tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>zumandimine tab 3-0.03mg</i> (generic of YASMIN 28)	Tier 1	QL (1.34 tabs every 1 day)
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>xulane dis 150-35</i>	Tier 1	QL (0.143 patches every 1 day)
<i>zafemy dis 150/35</i>	Tier 1	QL (0.143 patches every 1 day)
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>eluryng mis</i> (generic of NUVARING)	Tier 1	QL (0.05 rings every 1 day)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	Tier 1	QL (0.05 rings every 1 day)
<i>haloette mis</i> (generic of NUVARING)	Tier 1	QL (0.05 rings every 1 day)
EMERGENCY CONTRACEPTIVES		
<i>aftera tab 1.5mg</i>	Tier 1	OTC; QL (Max 4 fills per year)
<i>afterpill tab 1.5mg</i>	Tier 1	OTC; QL (Max 4 fills per year)

Drug Name	Drug Tier	Requirements/Limits
<i>econtra os tab 1.5mg</i>	Tier 1	OTC; QL (Max 4 fills per year)
ELLA TAB 30MG	Tier 2	QL (Max 4 fills per year)
<i>her style tab 1.5mg</i>	Tier 1	OTC
<i>levonorgestrel tab 1.5 mg</i>	Tier 1	OTC; QL (Max 4 fills per year)
<i>my choice tab 1.5mg</i>	Tier 1	OTC; QL (Max 4 fills per year)
<i>my way tab 1.5mg</i>	Tier 1	OTC; QL (Max 4 fills per year)
<i>new day tab 1.5mg</i>	Tier 1	OTC; QL (Max 4 fills per year)
<i>opcicon tab 1.5mg</i>	Tier 1	OTC; QL (Max 4 fills per year)
<i>option 2 tab 1.5mg</i>	Tier 1	OTC; QL (Max 4 fills per year)
<i>react tab 1.5mg</i>	Tier 1	OTC; QL (Max 4 fills per year)
<i>take action tab 1.5mg</i>	Tier 1	OTC; QL (Max 4 fills per year)

PROGESTIN CONTRACEPTIVES - INJECTABLE

DEPO-PROVERA INJ 150MG/ML	Tier 2	QL (1 injection every 71 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 1	QL (1 injection every 71 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 1	QL (1 injection every 71 days)

PROGESTIN CONTRACEPTIVES - IUD

KYLEENA IUD 19.5MG	Tier 2	QL (1 IUD in lifetime)
LILETTA IUD 52MG	Tier 2	QL (1 IUD in lifetime)
MIRENA IUD SYSTEM	Tier 2	QL (1 IUD in lifetime)
SKYLA IUD 13.5MG	Tier 2	QL (1 IUD in lifetime)

PROGESTIN CONTRACEPTIVES - ORAL

<i>camila tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>deblitane tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>errin tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>heather tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>incassia tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>jencycla tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>lyleq tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>lyza tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>nora-be tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>norethindrone tab 0.35 mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>norlyroc tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>sharobel tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)

CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE
GLUCOCORTICOSTEROIDS

<i>budesonide delayed release particles cap 3 mg</i>	Tier 1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	QL (60 mL every 1 day)
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	QL (12 tabs every 1 day)
<i>dexamethasone tab 0.75 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>dexamethasone tab 1 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>dexamethasone tab 1.5 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>dexamethasone tab 2 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>dexamethasone tab 4 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>dexamethasone tab 6 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>hydrocortisone tab 5 mg (generic of CORTEF)</i>	Tier 1	QL (24 tabs every 1 day)
<i>hydrocortisone tab 10 mg (generic of CORTEF)</i>	Tier 1	QL (12 tabs every 1 day)
<i>hydrocortisone tab 20 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>methylprednisolone tab 4 mg (generic of MEDROL)</i>	Tier 1	QL (12 tabs every 1 day)
<i>methylprednisolone tab 8 mg (generic of MEDROL)</i>	Tier 1	QL (6 tabs every 1 day)
<i>methylprednisolone tab 16 mg (generic of MEDROL)</i>	Tier 1	QL (4 tabs every 1 day)
<i>methylprednisolone tab 32 mg</i>	Tier 1	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)</i>	Tier 1	QL (12 tabs every 1 day)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone soln 15 mg/5ml</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	QL (60 mL every 1 day)
<i>prednisone tab 1 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>prednisone tab 2.5 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>prednisone tab 5 mg</i>	Tier 1	QL (16 tabs every 1 day)
<i>prednisone tab 10 mg</i>	Tier 1	QL (9 tabs every 1 day)
<i>prednisone tab 20 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>prednisone tab 50 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	QL (5 tabs every 1 day)
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COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES

<i>benzonatate cap 100 mg</i>	Tier 1	QL (6 caps every 1 day)
<i>benzonatate cap 200 mg</i>	Tier 1	QL (5 caps every 1 day)
<i>cough relief liq 15mg/5ml</i>	Tier 1	OTC
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (generic of HYCODAN)</i>	Tier 1	QL (60 mL every 1 day); AGE (Min 18)
<i>hydromet syp 5-1.5/5 (generic of HYCODAN)</i>	Tier 1	QL (60 mL every 1 day); AGE (Min 18)

COUGH/COLD/ALLERGY COMBINATIONS

<i>allergy-d tab 12 hour</i>	Tier 1	OTC
<i>antihistamin tab 60-120mg</i>	Tier 1	OTC
<i>aprodine tab 2.5-60mg</i>	Tier 1	OTC
<i>brompheniramine & phenylephrine elixir 1-2.5 mg/5ml</i>	Tier 1	OTC
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	Tier 1	QL (480 mL every 25 days), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC; AGE (Min 4)
<i>chest conges tab 20-400mg</i>	Tier 1	OTC

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>chest conges tab relf dm</i>	Tier 1	OTC
<i>chlorpheniramine & phenylephrine tab 4-10 mg</i>	Tier 1	OTC
<i>cold/flu liq daytime</i>	Tier 1	OTC
<i>day cold/flu liq 10-5-325</i>	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Tier 1	QL (240 mL every 25 days), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Tier 1	QL (180 mL every 25 days), OTC
<i>dextromethorphan-guaifenesin tab 20-400 mg</i>	Tier 1	OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	Tier 1	OTC
<i>dextromethorphan-phenylephrine-apap cap 10-5-325 mg</i>	Tier 1	OTC
<i>dextromethorphan-phenylephrine-apap powd pack 20-10-650 mg</i>	Tier 1	OTC
<i>dextromethorphan-phenylephrine-apap tab 10-5-325 mg</i>	Tier 1	OTC
DRIXORAL CLD TAB /ALLERGY	Tier 2	OTC
<i>fexofen/pse tab 60-120mg</i>	Tier 1	OTC
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	Tier 1	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 1	QL (60 mL every 1 day), OTC; AGE (Min 2)
<i>hm mucus dm tab 60-1200</i>	Tier 1	OTC
<i>24hr allergy tab</i>	Tier 1	OTC
<i>12hr allergy tab 60-120mg</i>	Tier 1	OTC
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	Tier 1	QL (1 tab every 1 day), OTC
<i>mucus dm max tab 60-1200</i>	Tier 1	OTC
<i>mucus dm tab 60-1200</i>	Tier 1	OTC
<i>mucus rel dm liq</i>	Tier 1	OTC
<i>mucus rel dm liq 5-100/5</i>	Tier 1	OTC
<i>mucus rel dm liq 20-400mg</i>	Tier 1	OTC
<i>mucus relief liq 5-100mg</i>	Tier 1	OTC
<i>mucus relief tab 60-1200</i>	Tier 1	OTC
<i>mucus relief tab dm</i>	Tier 1	OTC
<i>mucus rlf dm liq 20-400mg</i>	Tier 1	OTC
<i>mucus-dm max tab 60-1200</i>	Tier 1	OTC
<i>mucus/cough liq 5-100mg</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>nohist-liq liq 4-10/5ml</i>	Tier 1	OTC
<i>prometh vc syp 6.25-5/5</i>	Tier 1	QL (60 mL every 1 day); AGE (Max 64)
<i>prometh vc/ syp codeine</i>	Tier 1	QL (60 mL every 1 day); AGE (Min 16, Max 64)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	QL (240 mL every 25 days); AGE (Min 16, Max 64)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	QL (180 mL every 25 days); AGE (Min 4, Max 64)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	QL (60 mL every 1 day)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Tier 1	QL (4 tabs every 1 day), OTC; AGE (Min 4)
<i>pseudoephedrine-ibuprofen tab 30-200 mg</i>	Tier 1	OTC
<i>qc daytime liq cold/flu</i>	Tier 1	OTC
<i>qc medifin tab dm</i>	Tier 1	OTC
<i>sm day time liq cold/flu</i>	Tier 1	OTC
<i>sm tussin dm liq 5-100/5</i>	Tier 1	OTC
<i>tab tussin tab dm</i>	Tier 1	OTC
<i>tussin dm liq 5-100mg</i>	Tier 1	OTC
<i>tussin dm liq 20-400mg</i>	Tier 1	OTC
<i>tussin dm mx liq</i>	Tier 1	OTC

EXPECTORANTS

<i>guaifenesin liquid 100 mg/5ml</i>	Tier 1	OTC; AGE (Min 4)
<i>guaifenesin tab 200 mg</i>	Tier 1	OTC; AGE (Min 4)
<i>guaifenesin tab 400 mg</i>	Tier 1	OTC; AGE (Min 4)
<i>guaifenesin tab er 12hr 600 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC

MISC. RESPIRATORY INHALANTS

<i>nebusal neb 3%</i>	Tier 1	
<i>pulmosal neb 7%</i>	Tier 1	
<i>sodium chloride soln nebu 0.9%</i>	Tier 1	
<i>sodium chloride soln nebu 3%</i>	Tier 1	
<i>sodium chloride soln nebu 7%</i>	Tier 1	

MUCOLYTICS

<i>acetylcysteine inhal soln 20%</i>	Tier 1	QL (4 vials every 1 day)
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DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

<i>acne medicat gel 2.5%</i>	Tier 1	QL (60 gm every 25 days), OTC
<i>adapalene gel 0.1%</i>	Tier 1	QL (45 gm every 25 days), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>avita cre 0.025%</i> (generic of RETIN-A)	Tier 1	ST, QL (45 gm every 25 days); Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>avita gel 0.025%</i>	Tier 1	ST, QL (45 gm every 25 days); Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>benzoyl peroxide gel 2.5%</i>	Tier 1	QL (60 gm every 25 days), OTC
<i>benzoyl peroxide gel 5%</i>	Tier 1	OTC
<i>benzoyl peroxide gel 10%</i>	Tier 1	OTC
<i>benzoyl peroxide liq 5%</i>	Tier 1	QL (240 gm every 25 days), OTC
<i>benzoyl peroxide liq 10%</i>	Tier 1	QL (240 gm every 25 days), OTC
BENZOYL PEROXIDE LOTION 5%	Tier 2	OTC
BENZOYL PEROXIDE LOTION 10%	Tier 2	OTC
<i>clindamycin phosphate gel 1%</i>	Tier 1	ST, QL (60 mL every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate lotion 1%</i> (generic of CLEOCIN-T)	Tier 1	ST, QL (10 mL every 1 day); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate soln 1%</i>	Tier 1	QL (60 mL every 25 days)
DIFFERIN GEL 0.1%	Tier 2	QL (45 gm every 25 days), OTC
<i>erythromycin soln 2%</i>	Tier 1	QL (15 mL every 1 day)
<i>isotretinoin</i>	Tier 1	PA
<i>isotretinoin</i> (generic of isotretinoin)	Tier 1	PA
<i>sulfacetamide sodium lotion 10%</i> (acne) (generic of KLARON)	Tier 1	PA, QL (118 mL every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin cream 0.1%</i> (generic of RETIN-A)	Tier 1	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>tretinoin cream 0.05%</i> (generic of RETIN-A)	Tier 1	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>tretinoin cream 0.025%</i> (generic of RETIN-A)	Tier 1	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>tretinoin gel 0.01%</i> (generic of RETIN-A)	Tier 1	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>tretinoin gel 0.025%</i> (generic of RETIN-A)	Tier 1	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>arthr pain gel 1%</i>	Tier 1	QL (200 gm every 25 days), OTC
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Tier 1	QL (200 gm every 25 days), OTC
<i>goodsense gel art pain</i>	Tier 1	QL (200 gm every 25 days), OTC
<i>qc diclofena gel 1%</i>	Tier 1	QL (200 gm every 25 days), OTC

ANTIBIOTICS - TOPICAL

<i>bacitracin oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b oint</i>	Tier 1	OTC
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	QL (30 gm every 25 days)
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	QL (30 gm every 25 days)
<i>mupirocin oint 2%</i>	Tier 1	QL (44 gm every 25 days)
<i>neomycin-bacitracin-polymyxin oint</i>	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	Tier 1	OTC

ANTIFUNGALS - TOPICAL

<i>ciclofanol sol 8%</i>	Tier 1	QL (6.6 mL every 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	QL (180 gm every 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv) (generic of LOPROX)</i>	Tier 1	QL (60 mL every 25 days)
<i>ciclopirox solution 8%</i>	Tier 1	QL (6.6 mL every 25 days)
<i>clotrimazole cream 1%</i>	Tier 1	QL (60 gm every 30 days)
<i>clotrimazole cream 1%</i>	Tier 1	QL (60 gm every 30 days), OTC
<i>clotrimazole soln 1%</i>	Tier 1	QL (60 mL every 30 days)
<i>clotrimazole soln 1%</i>	Tier 1	QL (60 mL every 30 days), OTC
<i>ketconazole cream 2%</i>	Tier 1	QL (60 gm every 25 days)
<i>ketconazole shampoo 2%</i>	Tier 1	QL (120 mL every 25 days)
<i>miconazole nitrate aerosol pow 2%</i>	Tier 1	QL (133 gm every 30 days), OTC
<i>miconazole nitrate cream 2%</i>	Tier 1	QL (150 gm every 25 days), OTC
<i>miconazole nitrate powder 2%</i>	Tier 1	QL (90 gm every 30 days), OTC
<i>nystatin cream 100000 unit/gm</i>	Tier 1	QL (90 gm every 25 days)
<i>nystatin oint 100000 unit/gm</i>	Tier 1	QL (90 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	Tier 1	QL (30 gm every 25 days)
<i>terbinafine hcl cream 1%</i>	Tier 1	QL (30 gm every 25 days), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>tolnaftate aerosol pow 1%</i>	Tier 1	QL (133 gm every 30 days), OTC
<i>tolnaftate cream 1%</i>	Tier 1	QL (60 gm every 30 days), OTC
<i>tolnaftate powder 1%</i>	Tier 1	QL (67.5 gm every 30 days), OTC
<i>tolnaftate soln 1%</i>	Tier 1	QL (151 mL every 30 days), OTC

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>fluorouracil cream 5% (generic of EFUDEX)</i>	Tier 1	
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ANTIPSORIATICS

<i>calcipotriene cream 0.005%</i>	Tier 1	PA
<i>calcipotriene oint 0.005%</i>	Tier 1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 1	PA
<i>calcitrene oin 0.005%</i>	Tier 1	PA
COSENTYX INJ 75MG/0.5	Tier 2	SP, PA, QL (0.5 mL every 24 days)
COSENTYX INJ 150MG/ML	Tier 2	SP, PA, QL (1 mL every 24 days)
COSENTYX INJ 300DOSE	Tier 2	SP, PA, QL (2 mL every 24 days)
COSENTYX PEN INJ 150MG/ML	Tier 2	SP, PA, QL (1 mL every 24 days)
COSENTYX PEN INJ 300DOSE	Tier 2	SP, PA, QL (2 mL every 24 days)

ANTISEBORRHEIC PRODUCTS

<i>selenium sulfide lotion 1%</i>	Tier 1	OTC
<i>selenium sulfide lotion 2.5%</i>	Tier 1	

ANTIVIRALS - TOPICAL

<i>acyclovir oint 5% (generic of ZOVIRAX)</i>	Tier 1	PA
<i>docosanol cream 10%</i>	Tier 1	QL (2 gm every 15 days), OTC

BURN PRODUCTS

<i>silver sulfadiazine cream 1% (generic of SILVADENE)</i>	Tier 1	
<i>ssd cre 1% (generic of SILVADENE)</i>	Tier 1	

CORTICOSTEROIDS - TOPICAL

<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm every 25 days)
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	QL (60 gm every 25 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	QL (50 gm every 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	QL (50 gm every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	QL (60 mL every 25 days)
<i>betamethasone dipropionate augmented oint 0.05% (generic of DIPROLENE)</i>	Tier 1	QL (50 gm every 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm every 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	QL (60 mL every 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1	QL (45 gm every 25 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (45 gm every 25 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1	QL (60 mL every 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	QL (45 gm every 25 days)
<i>clobetasol propionate soln 0.05%</i>	Tier 1	QL (50 mL every 25 days)
<i>desonide cream 0.05% (generic of DESOWEN)</i>	Tier 1	ST, QL (60 gm every 25 days); Requires trial of 3 preferred low potency steroids
<i>desonide oint 0.05%</i>	Tier 1	QL (60 gm every 25 days)
<i>fluocinolone acetonide cream 0.025% (generic of SYNALAR)</i>	Tier 1	QL (60 gm every 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil) (generic of DERMA-SMOOTH/FS BODY)</i>	Tier 1	QL (120 mL every 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil) (generic of DERMA-SMOOTH/FS SCALP)</i>	Tier 1	QL (120 mL every 25 days)
<i>fluocinolone acetonide oint 0.025% (generic of SYNALAR)</i>	Tier 1	QL (60 gm every 25 days)
<i>fluocinonide cream 0.05%</i>	Tier 1	QL (60 gm every 25 days)
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	QL (60 gm every 25 days)
<i>fluocinonide gel 0.05%</i>	Tier 1	QL (60 gm every 25 days)
<i>fluocinonide oint 0.05%</i>	Tier 1	ST, QL (60 gm every 25 days); Requires prior use of Mometasone and Fluocinolone Cream
<i>fluocinonide soln 0.05%</i>	Tier 1	QL (60 mL every 25 days)
<i>fluticasone propionate cream 0.05%</i>	Tier 1	QL (60 gm every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate oint 0.005%</i>	Tier 1	QL (60 gm every 25 days)
<i>halobetasol propionate cream 0.05%</i>	Tier 1	QL (50 gm every 25 days)
<i>halobetasol propionate oint 0.05%</i>	Tier 1	QL (50 gm every 25 days)
<i>hydrocortisone acetate cream 1%</i>	Tier 1	OTC
<i>hydrocortisone cream 0.5%</i>	Tier 1	QL (60 gm every 25 days), OTC
<i>hydrocortisone cream 1%</i>	Tier 1	QL (60 gm every 25 days), OTC
<i>hydrocortisone cream 1%- rx</i>	Tier 1	QL (60 gm every 25 days)
<i>hydrocortisone cream 2.5%</i>	Tier 1	QL (60 gm every 25 days)
<i>hydrocortisone lotion 1%</i>	Tier 1	OTC
<i>hydrocortisone lotion 2.5%</i>	Tier 1	QL (60 mL every 25 days)
<i>hydrocortisone oint 0.5%</i>	Tier 1	QL (60 gm every 25 days), OTC
<i>hydrocortisone oint 1%</i>	Tier 1	QL (60 gm every 25 days), OTC
<i>hydrocortisone oint 1%- rx</i>	Tier 1	QL (60 gm every 25 days)
<i>hydrocortisone oint 2.5%</i>	Tier 1	QL (60 gm every 25 days)
<i>mometasone furoate cream 0.1%</i>	Tier 1	QL (45 gm every 25 days)
<i>mometasone furoate oint 0.1%</i>	Tier 1	QL (45 gm every 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	QL (60 mL every 25 days)
TRIAMCINOLON POW ACETONID	Tier 2	
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	QL (280 gm every 25 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	QL (280 gm every 25 days), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	QL (225 gm every 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	QL (225 gm every 25 days), OTC
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	Tier 2	PA, QL (2 gm every 1 day)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5%</i>	Tier 1	PA, QL (24 packets every 25 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1% (generic of ELIDEL)</i>	Tier 1	PA, QL (2 gm every 1 day)
<i>tacrolimus oint 0.1%</i>	Tier 1	PA, QL (30 gm every 25 days)
<i>tacrolimus oint 0.03%</i>	Tier 1	PA, QL (30 gm every 25 days)
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL every 180 days)
LOCAL ANESTHETICS - TOPICAL		
<i>arth pain cre 0.075%</i>	Tier 1	OTC
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>capsaicin cream 0.025%</i>	Tier 1	OTC
CIRCATA CRE 0.05%	Tier 2	OTC
CIRCATRIX CRE 0.05%	Tier 2	OTC
<i>dermacinrx cre penetral</i>	Tier 1	OTC
<i>dibucaine oint 1%</i>	Tier 1	OTC
<i>glydo gel 2%</i>	Tier 1	
<i>gnp lidocain pad 4%</i>	Tier 1	QL (4 patches every 1 day), OTC
<i>hm lidocaine pad 4%</i>	Tier 1	QL (4 patches every 1 day), OTC
<i>lidocaine cream 4%</i>	Tier 1	OTC
<i>lidocaine hcl soln 4%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	
<i>lidocaine pa pad 4%</i>	Tier 1	QL (4 patches every 1 day), OTC
<i>lidocaine pad 4%</i>	Tier 1	QL (4 ea every 1 day), OTC
<i>lidocaine pad relievin</i>	Tier 1	QL (4 patches every 1 day), OTC
<i>lidocaine patch 5% (generic of LIDODERM)</i>	Tier 1	PA, QL (3 packets every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm every 25 days)
<i>qc lidocaine pad rlf 4%</i>	Tier 1	QL (4 patches every 1 day), OTC

MISC. TOPICAL

DRYSOL SOL 20%	Tier 2	
<i>minerin cre</i>	Tier 1	OTC

ROSACEA AGENTS

<i>metronidazole cream 0.75%</i> (generic of METROCREAM)	Tier 1	
<i>metronidazole gel 0.75%</i>	Tier 1	Generic Metrogel
<i>metronidazole lotion 0.75%</i> (generic of METROLOTION)	Tier 1	

SCABICIDES & PEDICULICIDES

<i>crotan lot 10%</i>	Tier 1	
<i>goodsense liq lice rin</i>	Tier 1	OTC; Generic NIX
<i>lice treatmt liq 1%</i>	Tier 1	OTC; Generic NIX
<i>lice trtmnt liq 1%</i>	Tier 1	OTC; Generic NIX
<i>malathion lotion 0.5%</i>	Tier 1	QL (59 mL every 25 days)
<i>permethrin aerosol 0.5%</i>	Tier 1	OTC; Generic RID
<i>permethrin cream 5%</i>	Tier 1	
<i>permethrin lotion 1%</i>	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	Tier 1	OTC; Generic RID
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	Tier 1	OTC; Generic RID
<i>spinosad susp 0.9%</i>	Tier 1	QL (120 mL every 25 days)

DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS

DIAGNOSTIC DRUGS

THYROGEN INJ 0.9MG	Tier 2	PA, QL (2 vials every 180 days)
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DIAGNOSTIC TESTS

ACETONE (URINE) TEST STRIP	Tier 2	OTC
RELION TRUE TES METRIX	Tier 2	OTC; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX TES GLUCOSE	Tier 2	OTC; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	Tier 2	QL (6 caps every 1 day)
CREON CAP 6000UNIT	Tier 2	QL (6 caps every 1 day)
CREON CAP 12000UNT	Tier 2	QL (6 caps every 1 day)
CREON CAP 24000UNT	Tier 2	QL (6 caps every 1 day)
CREON CAP 36000UNT	Tier 2	QL (6 caps every 1 day)
VIOKACE TAB 10440	Tier 2	
VIOKACE TAB 20880	Tier 2	
ZENPEP CAP 3000UNIT	Tier 2	QL (6 caps every 1 day)
ZENPEP CAP 5000UNIT	Tier 2	QL (6 caps every 1 day)
ZENPEP CAP 15000UNT	Tier 2	QL (6 caps every 1 day)
ZENPEP CAP 20000UNT	Tier 2	QL (6 caps every 1 day)
ZENPEP CAP 25000UNT	Tier 2	QL (6 caps every 1 day)
ZENPEP CAP 40000UNT	Tier 2	QL (6 caps every 1 day)

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 1	QL (4 caps every 1 day)
<i>acetazolamide tab 125 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>acetazolamide tab 250 mg</i>	Tier 1	QL (4 tabs every 1 day)

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)</i>	Tier 1	QL (4 tabs every 1 day)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)</i>	Tier 1	QL (4 tabs every 1 day)
<i>triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	Tier 1	QL (4 tabs every 1 day)

LOOP DIURETICS

<i>bumetanide tab 0.5 mg (generic of BUMEX)</i>	Tier 1	QL (2 tabs every 1 day)
<i>bumetanide tab 1 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>bumetanide tab 2 mg</i>	Tier 1	QL (5 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	AGE (Max 12)
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	AGE (Max 12)
<i>furosemide tab 20 mg (generic of LASIX)</i>	Tier 1	QL (6 tabs every 1 day)
<i>furosemide tab 40 mg (generic of LASIX)</i>	Tier 1	QL (6 tabs every 1 day)
<i>furosemide tab 80 mg (generic of LASIX)</i>	Tier 1	QL (6 tabs every 1 day)
<i>torsemide tab 5 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>torsemide tab 10 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>torsemide tab 20 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>torsemide tab 100 mg</i>	Tier 1	QL (2 tabs every 1 day)

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>spironolactone tab 25 mg (generic of ALDACTONE)</i>	Tier 1	QL (8 tabs every 1 day)
<i>spironolactone tab 50 mg (generic of ALDACTONE)</i>	Tier 1	QL (4 tabs every 1 day)
<i>spironolactone tab 100 mg (generic of ALDACTONE)</i>	Tier 1	QL (2 tabs every 1 day)

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tab 25 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>chlorthalidone tab 50 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>indapamide tab 1.25 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>indapamide tab 2.5 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>metolazone tab 2.5 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>metolazone tab 5 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>metolazone tab 10 mg</i>	Tier 1	QL (2 tabs every 1 day)

ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES

BONE DENSITY REGULATORS

<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (0.143 tabs every 1 day)
<i>alendronate sodium tab 70 mg (generic of FOSAMAX)</i>	Tier 1	QL (0.143 tabs every 1 day)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (1 mL every 1 day); AGE (Min 50)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (0.036 tabs every 1 day)
PROLIA INJ 60MG/ML	Tier 2	SP, PA
TYMLOS INJ	Tier 2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONES		
OMNITROPE INJ 5.8MG	Tier 2	SP, PA
HORMONE RECEPTOR MODULATORS		
<i>raloxifene hcl tab 60 mg</i> (generic of EVISTA)	Tier 1	QL (1 tab every 1 day); AGE (Min 50)
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	Tier 2	SP, PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPR DEP-PED INJ 3M 30MG	Tier 2	PA
LUPR DEP-PED INJ 7.5MG	Tier 2	PA
LUPR DEP-PED INJ 11.25MG	Tier 2	PA
LUPR DEP-PED INJ 15MG	Tier 2	PA
SYNAREL SOL 2MG/ML	Tier 2	SP, PA
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i> (generic of ROCALTROL)	Tier 1	QL (4 caps every 1 day)
<i>calcitriol cap 0.25 mcg</i> (generic of ROCALTROL)	Tier 1	QL (4 caps every 1 day)
ELAPRASE INJ 6MG/3ML	Tier 2	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> (generic of CARNITOR)	Tier 1	QL (60 mL every 1 day)
<i>levocarnitine tab 330 mg</i> (generic of CARNITOR)	Tier 1	QL (18 tabs every 1 day)
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 1	PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1	PA
<i>desmopressin acetate tab 0.1 mg</i> (generic of DDAVP)	Tier 1	QL (4 tabs every 1 day)
<i>desmopressin acetate tab 0.2 mg</i> (generic of DDAVP)	Tier 1	QL (5 tabs every 1 day)
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	Tier 1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> (generic of SANDOSTATIN)	Tier 1	SP, PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	Tier 1	SP, PA
SANDOSTATIN KIT LAR 10MG	Tier 2	SP, PA
SANDOSTATIN KIT LAR 20MG	Tier 2	SP, PA
SANDOSTATIN KIT LAR 30MG	Tier 2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
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ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

ESTROGEN COMBINATIONS

<i>fyavolv tab 0.5-2.5</i>	Tier 1	QL (1 tab every 1 day)
<i>fyavolv tab 1-5</i>	Tier 1	QL (1 tab every 1 day)
<i>jinteli tab 1mg-5mcg</i>	Tier 1	QL (1 each every 1 day)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	QL (1 tab every 1 day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 1	QL (1 tab every 1 day)

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

<i>estradiol tab 0.5 mg (generic of ESTRACE)</i>	Tier 1	PA required under age 18; AGE (Max 64)
<i>estradiol tab 1 mg (generic of ESTRACE)</i>	Tier 1	PA required under age 18; AGE (Max 64)
<i>estradiol tab 2 mg (generic of ESTRACE)</i>	Tier 1	PA required under age 18; AGE (Max 64)

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

<i>ciprofloxacin hcl tab 250 mg (base equiv) (generic of CIPRO)</i>	Tier 1	QL (2 tabs every 1 day)
<i>ciprofloxacin hcl tab 500 mg (base equiv) (generic of CIPRO)</i>	Tier 1	QL (2 tabs every 1 day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	QL (2 tabs every 1 day)
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	PA
<i>levofloxacin tab 250 mg (generic of LEVAQUIN)</i>	Tier 1	QL (1 tab every 1 day)
<i>levofloxacin tab 500 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>levofloxacin tab 750 mg (generic of LEVAQUIN)</i>	Tier 1	QL (1 tab every 1 day)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1	

GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTIFLATULENTS

<i>simethicone cap 125 mg</i>	Tier 1	OTC
<i>simethicone cap 180 mg</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg</i>	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml</i>	Tier 1	OTC

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol cap 300 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>ursodiol tab 250 mg (generic of URSO 250)</i>	Tier 1	QL (4 tabs every 1 day)
<i>ursodiol tab 500 mg (generic of URSO FORTE)</i>	Tier 1	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent) (generic of REGLAN)</i>	Tier 1	QL (6 tabs every 1 day)
<i>metoclopramide hcl tab 10 mg (base equivalent) (generic of REGLAN)</i>	Tier 1	QL (6 tabs every 1 day)
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium cap 750 mg (generic of COLAZAL)</i>	Tier 1	
<i>mesalamine cap er 24hr 0.375 gm (generic of APRISO)</i>	Tier 1	QL (4 caps every 1 day)
<i>sulfasalazine tab 500 mg (generic of AZULFIDINE)</i>	Tier 1	QL (10 tabs every 1 day)
<i>sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)</i>	Tier 1	QL (8 tabs every 1 day)
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	QL (180 mL every 1 day)
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	
<i>sevelamer carbonate tab 800 mg (generic of RENVELA)</i>	Tier 1	ST; Requires trial of calcium acetate
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
ALKALINIZERS		
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg) (generic of UROCIT-K 5)</i>	Tier 1	QL (3 tabs every 1 day)
<i>potassium citrate tab er 10 meq (1080 mg) (generic of UROCIT-K 10)</i>	Tier 1	QL (3 tabs every 1 day)
<i>potassium citrate tab er 15 meq (1620 mg) (generic of UROCIT-K 15)</i>	Tier 1	QL (4 tabs every 1 day)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Tier 1	
GENITOURINARY IRRIGANTS		
<i>acetic acid irrigation soln 0.25%</i>	Tier 1	
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	QL (10000 mL every 25 days)
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg (generic of UROXATRAL)</i>	Tier 1	QL (1 tab every 1 day)
<i>finasteride tab 5 mg (generic of PROSCAR)</i>	Tier 1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>tamsulosin hcl cap 0.4 mg (generic of FLOMAX)</i>	Tier 1	QL (2 caps every 1 day)

URINARY ANALGESICS

<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	QL (3 tabs every 1 day)

GOUT AGENTS - DRUGS TO TREAT GOUT

GOUT AGENT COMBINATIONS

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (3 tabs every 1 day)
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GOUT AGENTS - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg (generic of ZYLOPRIM)</i>	Tier 1	QL (6 tabs every 1 day)
<i>allopurinol tab 300 mg (generic of ZYLOPRIM)</i>	Tier 1	QL (4 tabs every 1 day)
<i>colchicine tab 0.6 mg (generic of COLCRYS)</i>	Tier 1	QL (30 tabs every 90 days)

URICOSURICS

<i>probenecid tab 500 mg</i>	Tier 1	QL (3 tabs every 1 day)
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HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS

ANTIHEMOPHILIC PRODUCTS

ADVATE INJ 250UNIT	Tier 2	SP, PA
ADVATE INJ 500UNIT	Tier 2	SP, PA
ADVATE INJ 1000UNIT	Tier 2	SP, PA
ADVATE INJ 1500UNIT	Tier 2	SP, PA
ADVATE INJ 2000UNIT	Tier 2	SP, PA
ADVATE INJ 3000UNIT	Tier 2	SP, PA
ADVATE INJ 4000UNIT	Tier 2	SP, PA
BENEFIX INJ 250UNIT	Tier 2	SP, PA
BENEFIX INJ 500UNIT	Tier 2	SP, PA
BENEFIX INJ 1000UNIT	Tier 2	SP, PA
BENEFIX INJ 2000UNIT	Tier 2	SP, PA
BENEFIX INJ 3000UNIT	Tier 2	SP, PA
HUMATE-P SOL 500-1200	Tier 2	SP, PA
HUMATE-P SOL 2400UNIT	Tier 2	SP, PA
IXINITY INJ 250UNIT	Tier 2	SP, PA
IXINITY INJ 500UNIT	Tier 2	SP, PA
IXINITY INJ 1000UNIT	Tier 2	SP, PA
IXINITY INJ 2000UNIT	Tier 2	SP, PA
IXINITY INJ 3000UNIT	Tier 2	SP, PA
KOGENATE FS INJ 250UNIT	Tier 2	SP, PA
KOGENATE FS INJ 500UNIT	Tier 2	SP, PA
KOGENATE FS INJ 1000UNIT	Tier 2	SP, PA
KOVALTRY INJ 250UNIT	Tier 2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
KOVALTRY INJ 500UNIT	Tier 2	SP, PA
KOVALTRY INJ 1000UNIT	Tier 2	SP, PA
KOVALTRY INJ 2000UNIT	Tier 2	SP, PA
KOVALTRY INJ 3000UNIT	Tier 2	SP, PA
NUWIQ KIT 250UNIT	Tier 2	SP, PA
NUWIQ KIT 500UNIT	Tier 2	SP, PA
NUWIQ KIT 1000UNIT	Tier 2	SP, PA
RIXUBIS INJ 250 UNIT	Tier 2	SP, PA
RIXUBIS INJ 500UNIT	Tier 2	SP, PA
RIXUBIS INJ 1000UNIT	Tier 2	SP, PA
RIXUBIS INJ 2000UNIT	Tier 2	SP, PA
RIXUBIS INJ 3000UNIT	Tier 2	SP, PA

HEMATORHEOLOGIC AGENTS

<i>pentoxifylline tab er 400 mg</i>	Tier 1	QL (4 ea every 1 day)
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PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	PA
<i>cilostazol tab 50 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>cilostazol tab 100 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>clopidogrel bisulfate tab 75 mg (base equiv) (generic of PLAVIX)</i>	Tier 1	QL (1 tab every 1 day)
<i>dipyridamole tab 25 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>dipyridamole tab 50 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>dipyridamole tab 75 mg</i>	Tier 1	QL (4 tabs every 1 day)

HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS

COBALAMINS

<i>cyanocobalamin tab 100 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 1000 mcg</i>	Tier 1	OTC

FOLIC ACID/FOLATES

<i>folic acid tab 1 mg</i>	Tier 1	QL (5 tabs every 1 day)
<i>folic acid tab 400 mcg</i>	Tier 1	QL (5 tabs every 1 day), OTC

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 25MCG	Tier 2	PA
ARANESP INJ 40MCG	Tier 2	PA
ARANESP INJ 60MCG	Tier 2	PA
ARANESP INJ 100MCG	Tier 2	PA
ARANESP INJ 200MCG	Tier 2	PA
ARANESP INJ 300MCG	Tier 2	PA
ARANESP INJ 500MCG	Tier 2	PA
RETACRIT INJ 2000UNIT	Tier 2	PA
RETACRIT INJ 3000UNIT	Tier 2	PA

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 4000UNIT	Tier 2	PA
RETACRIT INJ 10000UNT	Tier 2	PA
RETACRIT INJ 20000UNI	Tier 2	PA
RETACRIT INJ 40000UNT	Tier 2	PA
ZARXIO INJ 300/0.5	Tier 2	PA
ZARXIO INJ 480/0.8	Tier 2	PA
ZIEXTENZO INJ 6/0.6ML	Tier 2	PA, QL (1 syringe every 11 days)

HEMATOPOIETIC MIXTURES

<i>chromagen cap</i>	Tier 1	QL (2 caps every 1 day)
<i>ferocon cap</i>	Tier 1	QL (2 caps every 1 day)
<i>foltrin cap</i>	Tier 1	QL (2 caps every 1 day)
<i>poly-iron cap 150 fort</i>	Tier 1	QL (2 caps every 1 day)

IRON

<i>ferrex 150 cap 150mg</i>	Tier 1	QL (2 caps every 1 day), OTC
<i>ferrocite tab 324mg</i>	Tier 1	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Tier 1	OTC
FERROUS GLUC TAB 324MG	Tier 2	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	Tier 1	OTC
FERROUS SULF LIQ 44MG/5ML	Tier 2	OTC
FERROUS SULF TAB 324MG EC	Tier 2	OTC
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	Tier 1	OTC
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i>	Tier 1	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Tier 1	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Tier 1	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Tier 1	QL (3 tabs every 1 day), OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Tier 1	OTC
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Tier 1	OTC
<i>nu-iron 150 cap 150mg</i>	Tier 1	QL (2 caps every 1 day), OTC
<i>poly-iron cap 150mg</i>	Tier 1	QL (2 caps every 1 day), OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	Tier 1	QL (2 caps every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS		

ANTI-HISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) tab 25 mg</i>	Tier 1	QL (1 tab every 1 day), AGE, OTC; AGE (Max 64)
<i>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</i>	Tier 1	OTC
<i>diphenhydramine-acetaminophen tab 38-500 mg (sleep)</i>	Tier 1	OTC
<i>doxylamine succinate (sleep) tab 25 mg</i>	Tier 1	QL (1 tab every 1 day), OTC

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	QL (50 mL every 1 day); AGE (Max 12)
<i>phenobarbital tab 15 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>phenobarbital tab 16.2 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>phenobarbital tab 30 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>phenobarbital tab 32.4 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>phenobarbital tab 60 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>phenobarbital tab 64.8 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>phenobarbital tab 97.2 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>phenobarbital tab 100 mg</i>	Tier 1	QL (2 tabs every 1 day)

NON-BARBITURATE HYPNOTICS

<i>estazolam tab 1 mg</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 18)
<i>estazolam tab 2 mg</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 18)
<i>temazepam cap 15 mg (generic of RESTORIL)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 18)
<i>temazepam cap 30 mg (generic of RESTORIL)</i>	Tier 1	QL (1 cap every 1 day); AGE (Min 18)
<i>triazolam tab 0.25 mg (generic of HALCION)</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 18)
<i>triazolam tab 0.125 mg</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 18)
<i>zolpidem tartrate tab 5 mg (generic of AMBIEN)</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 18)
<i>zolpidem tartrate tab 10 mg (generic of AMBIEN)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 18)

LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg</i>	Tier 1	OTC
KONSYL DAILY POW 100%	Tier 2	OTC
<i>methylcellulose tab 500 mg</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>psyllium cap 0.52 gm</i>	Tier 1	OTC
<i>psyllium powder 28.3%</i>	Tier 1	OTC
<i>psyllium powder 48.57%</i>	Tier 1	OTC
<i>psyllium powder 58.6%</i>	Tier 1	OTC
<i>qc natural pow vegetabl</i>	Tier 1	OTC
UNIFIBER POW	Tier 2	OTC
<i>wheat dextrin oral powder</i>	Tier 1	OTC
LAXATIVE COMBINATIONS		
<i>gavilyte-c sol</i>	Tier 1	QL (4000 mL every 1 day)
<i>gavilyte-g sol (generic of GOLYTELY)</i>	Tier 1	QL (4000 mL every 1 day)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	Tier 1	QL (4000 mL every 1 day)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	QL (4000 mL every 1 day)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC
LAXATIVES - MISCELLANEOUS		
<i>constulose sol 10gm/15</i>	Tier 1	QL (180 mL every 1 day)
<i>glycerin suppos 1.2 gm</i>	Tier 1	OTC
<i>glycerin suppos 2 gm</i>	Tier 1	OTC
<i>glycerin suppos 2.1 gm</i>	Tier 1	OTC
<i>glycerin suppos 80.7%</i>	Tier 1	OTC
<i>lactulose solution 10 gm/15ml</i>	Tier 1	QL (180 mL every 1 day)
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	QL (34 gm every 1 day), OTC
LUBRICANT LAXATIVES		
<i>mineral oil</i>	Tier 1	OTC
<i>mineral oil enema</i>	Tier 1	OTC
SALINE LAXATIVES		
<i>magnesium citrate soln</i>	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	Tier 1	OTC
MILK OF MAGN SUS 2400/10	Tier 2	OTC
<i>sodium phosphates - enema</i>	Tier 1	OTC
STIMULANT LAXATIVES		
<i>bisacodyl suppos 10 mg</i>	Tier 1	QL (1 supp every 1 day), OTC
<i>bisacodyl tab delayed release 5 mg</i>	Tier 1	QL (3 tabs every 1 day), OTC
<i>sennosides chew tab 15 mg</i>	Tier 1	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sennosides tab 8.6 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC
<i>sennosides tab 25 mg</i>	Tier 1	OTC
<i>senokot extr tab 17.2mg</i>	Tier 1	OTC

SURFACTANT LAXATIVES

<i>docusate calcium cap 240 mg</i>	Tier 1	QL (2 caps every 1 day), OTC
<i>docusate min ene 283mg</i>	Tier 1	OTC
<i>docusate sodium cap 100 mg</i>	Tier 1	QL (6 caps every 1 day), OTC
<i>docusate sodium cap 250 mg</i>	Tier 1	QL (6 caps every 1 day), OTC
<i>docusate sodium liquid 150 mg/15ml</i>	Tier 1	QL (30 mL every 1 day), OTC
<i>docusate sodium tab 100 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC
<i>docusol mini ene</i>	Tier 1	OTC
<i>enemeez mini ene</i>	Tier 1	OTC
PEDIA-LAX LIQ 50MG	Tier 2	QL (30 mL every 1 day), OTC

MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml (generic of ZITHROMAX)</i>	Tier 1	QL (20 mL every 1 day); AGE (Max 12)
<i>azithromycin for susp 200 mg/5ml (generic of ZITHROMAX)</i>	Tier 1	QL (30 mL every 1 day); AGE (Max 12)
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	QL (1 packet every 1 day)
<i>azithromycin tab 250 mg (generic of ZITHROMAX)</i>	Tier 1	QL (12 tabs every 25 days)
<i>azithromycin tab 500 mg (generic of ZITHROMAX)</i>	Tier 1	QL (6 tabs every 25 days)
<i>azithromycin tab 600 mg</i>	Tier 1	QL (1 tab every 1 day)

CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	AGE (Max 12)
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	AGE (Max 12)
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	

ERYTHROMYCINS

<i>erythromycin ethylsuccinate for susp 200 mg/5ml (generic of E.E.S. GRANULES)</i>	Tier 1	AGE (Max 12)
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Drug Name **Drug Tier** **Requirements/Limits**
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES
FOR DIAGNOSIS, TREATMENT, OR MONITORING

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CONDOMS - MALE	Tier 2	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX LUBRICATED	Tier 2	OTC; QL (Max quantity 12 per fill)
CONDOMS LATEX NON-LUBRICATED	Tier 2	OTC; QL (max quantity 12 per fill)

DIABETIC SUPPLIES

DEXCOM G6 RECEIVER	Tier 2	QL (1 each every 310 days); PA (except ages 2-18 with history of insulin)
DEXCOM G6 SENSOR	Tier 2	QL (3 boxes every 25 days); PA (except ages 2-18 with history of insulin)
DEXCOM G6 TRANSMITTER	Tier 2	QL (1 box every 76 days); PA (except ages 2-18 with history of insulin)
FREESTY LIBR KIT 2 SENSOR	Tier 2	QL (2 boxes every 23 days); PA (except ages 2-18 with history of insulin)
FREESTY LIBR KIT 3 SENSOR	Tier 2	QL (2 boxes every 28 days)
FREESTY LIBR MIS 2 READER	Tier 2	QL (1 each every 310 days); PA (except ages 2-18 with history of insulin)
FREESTYLE LIBRE READER	Tier 2	QL (1 each every 310 days); PA (except ages 2-18 with history of insulin)
FREESTYLE LIBRE SENSOR	Tier 2	QL (2 boxes every 23 days); PA (except ages 2-18 with history of insulin); 14 day
LANCETS	Tier 2	OTC
RELION TRUE KIT MET AIR	Tier 2	OTC; Covered through Manufacturer
TRUE METRIX KIT AIR	Tier 2	OTC; Covered through Manufacturer

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX KIT METER	Tier 2	OTC; Covered through Manufacturer
MISC. DEVICES		
ALCOHOL SWABS	Tier 2	QL (200 pads every 25 days), OTC
ESSENTRA MIS 9X9"	Tier 2	QL (200 sheets every 25 days)
PARENTERAL THERAPY SUPPLIES		
BD U-500 MIS 31GX6MM	Tier 2	QL (5 syringes every 1 day)
INSULIN SYRG MIS 0.3/29G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G	Tier 2	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G	Tier 2	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.5/30G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G	Tier 2	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G	Tier 2	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G	Tier 2	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
NEEDLE (DISP) 18 X 1-1/2"	Tier 2	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 29GX10MM	Tier 2	QL (200 needles every 25 days), OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7	Tier 2	QL (200 needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM	Tier 2	QL (200 needles every 25 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM	Tier 2	QL (200 needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM	Tier 2	QL (200 needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM	Tier 2	QL (200 pen needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM	Tier 2	QL (200 needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM	Tier 2	QL (200 needles every 25 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM	Tier 2	QL (200 needles every 25 days), OTC; TECHLITE
SYRINGE (DISPOSABLE) 3 ML	Tier 2	OTC
SYRINGE (DISPOSABLE) 3 ML - RX	Tier 2	
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	Tier 2	OTC
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1" - RX	Tier 2	
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1"	Tier 2	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX	Tier 2	
RESPIRATORY THERAPY SUPPLIES		
ACE AERO CLD MIS ENHANCER	Tier 2	QL (1 box every year)
ACTIVITY PCH MIS	Tier 2	QL (1 pack every year)
ADULT MASK MIS LARGE	Tier 2	QL (1 box every year)
AEROSOL MASK MIS ADULT	Tier 2	QL (1 box every year)
AEROSOL MASK MIS ADULT	Tier 2	QL (1 box every year), OTC
AEROTRC PLUS MIS	Tier 2	QL (1 box every year)
AIR TUBE MIS /PLUGS	Tier 2	QL (1 each every year)
AIRS PEDIATR MIS MASK	Tier 2	QL (1 each every year)
ALTERA NEB MIS HANDSET	Tier 2	QL (1 box every year)

Drug Name	Drug Tier	Requirements/Limits
BUBBLES PEDI MIS MASK	Tier 2	QL (1 box every year), OTC
CARETOUCH MIS CPAP	Tier 2	QL (1 each every year)
CO MONITOR MIS T PIECES	Tier 2	QL (1 box every year)
CONVERSION MIS BABY SZ1	Tier 2	QL (1 box every year)
CONVERSION MIS BABY SZ2	Tier 2	QL (1 box every year)
CONVERSION MIS BABY SZ3	Tier 2	QL (1 box every year)
CPAP & BIPAP MIS HOSE	Tier 2	QL (1 box every year)
2 CPAP HOSE MIS HANGER	Tier 2	QL (1 box every year)
CPAP MASK MIS WIPES	Tier 2	QL (1 box every year)
CPAP NEURAL MIS PRE-WASH	Tier 2	QL (1 each every year)
EASY FLOW MIS 300MM	Tier 2	QL (1 each every year), OTC
EASY FLOW MIS 400MM	Tier 2	QL (1 each every year), OTC
EASY FLOW MIS AIR NOZZ	Tier 2	QL (1 each every year), OTC
EASY FLOW MIS HEPA FIL	Tier 2	QL (1 each every year), OTC
ERAPID NEB MIS HANDSET	Tier 2	QL (1 box every year)
FILTER AIR MIS PP	Tier 2	QL (1 box every year)
FLEXICHAMBER MIS MASK LRG	Tier 2	QL (1 box every year)
FLEXICHAMBER MIS MASK SM	Tier 2	QL (1 box every year)
FLYP HYPERSO MIS CARTRIDG	Tier 2	QL (1 each every year), OTC
FULL KIT NEB MIS SET	Tier 2	QL (1 box every year)
LITETOUCH MIS MASK LG	Tier 2	QL (1 box every year)
LITETOUCH MIS MASK MD	Tier 2	QL (1 box every year)
LITETOUCH MIS MASK SM	Tier 2	QL (1 box every year)
MASK VORTEX/ MIS FROG	Tier 2	QL (1 each every year), OTC
MASK VORTEX/ MIS LADY BUG	Tier 2	QL (1 each every year), OTC
MINIELITE MIS FILTERS	Tier 2	QL (1 box every year), OTC
NEBULIZER	Tier 2	OTC
NEBULIZER MIS MASK AD	Tier 2	QL (1 box every year)
NEBULIZER MIS MASK CH	Tier 2	QL (1 box every year)
NEBULIZER MIS MASK CHD	Tier 2	QL (1 box every year)
NEBULIZER MIS MASK INF	Tier 2	QL (1 box every year)
NEBULIZER- RX	Tier 2	
NOSE CLIP MIS	Tier 2	QL (1 box every year), OTC
PANDA MASK MIS LARGE	Tier 2	QL (1 pack every year), OTC

Drug Name	Drug Tier	Requirements/Limits
PANDA MASK MIS MEDIUM	Tier 2	QL (1 pack every year), OTC
PANDA MASK MIS PEDIATRI	Tier 2	QL (1 pack every year), OTC
PANDA MASK MIS SMALL	Tier 2	QL (1 pack every year), OTC
PARI EXPIRAT MIS FILTER	Tier 2	QL (1 each every year)
PARI MASK MIS SIZE 3	Tier 2	QL (1 box every year)
PARI PLASTIC MIS MASK	Tier 2	QL (1 box every year)
PARI PLASTIC MIS MASK PED	Tier 2	QL (1 box every year)
PARI SMRTMSK MIS BABY	Tier 2	QL (1 box every year), OTC
PARI VORTEX MIS ADL MASK	Tier 2	QL (1 box every year), OTC
PEAK FLOW METER	Tier 2	QL (1 each every year), OTC
PEAK FLOW METER- RX	Tier 2	QL (1 each every year)
PEDIATRIC MIS MOUTHPIE	Tier 2	QL (1 box every year), OTC
PFLEX MIS	Tier 2	QL (1 pack every year)
PFT FILTER MIS 1000	Tier 2	QL (1 box every year)
PHARM CHOICE MIS WIPES	Tier 2	QL (1 each every year), OTC
PILLOW MASK MIS ADULT	Tier 2	QL (1 box every year)
PILLOW MASK MIS CHILD	Tier 2	QL (1 box every year)
PILLOW MASK MIS PEDIATRI	Tier 2	QL (1 box every year)
PRONEB ULTRA MIS FILTER	Tier 2	QL (1 box every year), OTC
REPLACEMENT MIS FILTER	Tier 2	QL (1 box every year)
REPLACEMENT MIS FILTERS	Tier 2	QL (1 each every year), OTC
SIDESTREAM MIS MASK	Tier 2	QL (1 box every year)
SIDESTREAM MIS MASK	Tier 2	QL (1 box every year), OTC
SIDESTREAM MIS PED MASK	Tier 2	QL (1 box every year)
SIDESTREAM MIS PED MASK	Tier 2	QL (1 box every year), OTC
SIDESTRM PLS MIS FACE MSK	Tier 2	QL (1 box every year), OTC
SILICONE MSK MIS ADULT	Tier 2	QL (1 box every year)
SILICONE MSK MIS INFANT	Tier 2	QL (1 box every year)
SILICONE MSK MIS PED	Tier 2	QL (1 box every year)
SOOTHENEB MIS MED CUP	Tier 2	QL (1 box every year), OTC
SOOTHENEB MIS MESH CAP	Tier 2	QL (1 box every year), OTC

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
SOOTHENEB MIS NBL 100	Tier 2	QL (1 box every year), OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2	QL (1 spacer every year), OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	Tier 2	QL (1 spacer every year)
THRESHOLD MIS IMT	Tier 2	QL (1 pack every year)
TUBE CLEANIN MIS BRUSH	Tier 2	QL (1 box every year)
WINDMILL MIS TRAINER	Tier 2	QL (1 ea every year)
WING TIP MIS TUBING	Tier 2	QL (1 box every year), OTC

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

SEROTONIN AGONISTS

<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (9 tabs every 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (9 tabs every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (12 tabs every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (generic of MAXALT-MLT)</i>	Tier 1	QL (12 tabs every 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (12 tabs every 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent) (generic of MAXALT)</i>	Tier 1	QL (12 tabs every 25 days)
<i>sumatriptan succinate tab 25 mg (generic of IMITREX)</i>	Tier 1	QL (9 each every 25 days)
<i>sumatriptan succinate tab 50 mg (generic of IMITREX)</i>	Tier 1	QL (9 each every 25 days)
<i>sumatriptan succinate tab 100 mg (generic of IMITREX)</i>	Tier 1	QL (9 tabs every 25 days)

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

<i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i>	Tier 1	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	Tier 1	OTC
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	Tier 1	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	Tier 1	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	Tier 1	OTC
<i>oyster shell calcium tab 500 mg</i>	Tier 1	OTC
RISACAL-D TAB	Tier 2	OTC
ELECTROLYTE MIXTURES		
<i>oral electrolyte solution</i>	Tier 1	OTC
FLUORIDE		
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 1	QL (1 tab every 1 day)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Tier 1	QL (1 tab every 1 day)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Tier 1	QL (1 tab every 1 day)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Tier 1	QL (1.67 mL every 1 day)
MAGNESIUM		
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Tier 1	OTC
<i>magnesium oxide tab 500 mg (mg supplement)</i>	Tier 1	OTC
<i>magnesium tab 250 mg</i>	Tier 1	OTC
<i>magnesium-ox tab 400mg</i>	Tier 1	OTC
PHOSPHATE		
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>wes-phos 250 tab neutral</i>	Tier 1	QL (4 tabs every 1 day), OTC
POTASSIUM		
<i>klor-con 8 tab 8meq er</i>	Tier 1	QL (4 ea every 1 day)
<i>klor-con 10 tab 10meq er</i>	Tier 1	QL (4 tabs every 1 day)
<i>klor-con m20 tab 20meq er</i>	Tier 1	QL (5 ea every 1 day)
<i>potassium bicarbonate effer tab 25 meq</i>	Tier 1	QL (2 tabs every 1 day)
<i>potassium chloride cap er 8 meq</i>	Tier 1	QL (4 caps every 1 day)
<i>potassium chloride cap er 10 meq</i>	Tier 1	QL (4 caps every 1 day)
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	QL (4 tabs every 1 day)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	QL (5 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	QL (4 tabs every 1 day)
<i>potassium chloride tab er 10 meq (generic of K-TAB)</i>	Tier 1	QL (4 tabs every 1 day)
<i>potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)</i>	Tier 1	QL (5 tabs every 1 day)

SODIUM

<i>sodium chloride tab 1 gm</i>	Tier 1	OTC
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MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

<i>penicillamine tab 250 mg (generic of DEPEN TITRATABS)</i>	Tier 1	PA
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IMMUNOMODULATORS

<i>lenalidomide cap 5 mg</i>	Tier 1	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 10 mg</i>	Tier 1	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 15 mg</i>	Tier 1	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 25 mg</i>	Tier 1	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 5MG	Tier 2	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 10MG	Tier 2	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 15MG	Tier 2	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 25MG	Tier 2	SP, PA, QL (1 cap every 1 day)
THALOMID CAP 100MG	Tier 2	SP, PA, QL (1 cap every 1 day)

IMMUNOSUPPRESSIVE AGENTS

<i>azathioprine tab 50 mg (generic of IMURAN)</i>	Tier 1	QL (8 tabs every 1 day)
<i>cyclosporine cap 25 mg (generic of SANDIMMUNE)</i>	Tier 1	QL (16 caps every 1 day)
<i>cyclosporine cap 100 mg (generic of SANDIMMUNE)</i>	Tier 1	QL (5 caps every 1 day)
<i>cyclosporine modified cap 25 mg (generic of NEORAL)</i>	Tier 1	QL (15 caps every 1 day)
<i>cyclosporine modified cap 50 mg</i>	Tier 1	QL (15 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified cap 100 mg (generic of NEORAL)</i>	Tier 1	QL (10 caps every 1 day)
<i>cyclosporine modified oral soln 100 mg/ml (generic of NEORAL)</i>	Tier 1	QL (10 mL every 1 day)
ENVARUSUS XR TAB 0.75MG	Tier 2	
ENVARUSUS XR TAB 1MG	Tier 2	
ENVARUSUS XR TAB 4MG	Tier 2	
<i>gengraf cap 25mg (generic of NEORAL)</i>	Tier 1	QL (15 caps every 1 day)
<i>gengraf cap 100mg (generic of NEORAL)</i>	Tier 1	QL (10 caps every 1 day)
<i>gengraf sol 100mg/ml (generic of NEORAL)</i>	Tier 1	QL (10 mL every 1 day)
<i>mycophenolate mofetil cap 250 mg (generic of CELLCEPT)</i>	Tier 1	QL (12 caps every 1 day)
<i>mycophenolate mofetil tab 500 mg (generic of CELLCEPT)</i>	Tier 1	QL (8 tabs every 1 day)
NEORAL CAP 25MG	Tier 2	QL (15 caps every 1 day)
NEORAL CAP 100MG	Tier 2	QL (10 caps every 1 day)
NEORAL SOL 100MG/ML	Tier 2	QL (10 mL every 1 day)
<i>tacrolimus cap 0.5 mg (generic of PROGRAF)</i>	Tier 1	QL (2 caps every 1 day)
<i>tacrolimus cap 1 mg (generic of PROGRAF)</i>	Tier 1	QL (14 caps every 1 day)
<i>tacrolimus cap 5 mg (generic of PROGRAF)</i>	Tier 1	

IRRIGATION SOLUTIONS

<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
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POTASSIUM REMOVING AGENTS

LOKELMA PAK 5GM	Tier 2	QL (3 packets every 1 day)
LOKELMA PAK 10GM	Tier 2	QL (3 packets every 1 day)
<i>sodium polystyrene sulfonate powder sps sus 15gm/60</i>	Tier 1	
VELTASSA POW 8.4GM	Tier 2	QL (1 packet every 1 day)
VELTASSA POW 16.8GM	Tier 2	QL (1 packet every 1 day)
VELTASSA POW 25.2GM	Tier 2	QL (1 packet every 1 day)

MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT

ANESTHETICS TOPICAL ORAL

<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (5 ea every 1 day)
<i>nystatin susp 100000 unit/ml</i>	Tier 1	QL (120 mL every 1 day)
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i> (generic of CHLORHEXIDINE GLUCONATE SOLN 0.12%)	Tier 1	
DENTAL PRODUCTS		
<i>denta 5000 cre plus</i>	Tier 1	
<i>denta 5000 cre plus 2pk</i>	Tier 1	
<i>dentagel gel 1.1%</i>	Tier 1	
<i>sf 5000 plus cre 1.1%</i>	Tier 1	
<i>sf gel 1.1%</i>	Tier 1	
<i>sodium fluor cre 5000 pls</i>	Tier 1	
<i>sodium fluor cre 5000 ppm</i>	Tier 1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	Tier 1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>oralone dent pst 0.1%</i>	Tier 1	
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
THROAT PRODUCTS - MISC.		
<i>pilocarpine hcl tab 5 mg</i> (generic of SALAGEN)	Tier 1	
<i>pilocarpine hcl tab 7.5 mg</i> (generic of SALAGEN)	Tier 1	
MULTIVITAMINS - DRUGS FOR NUTRITION		
B-COMPLEX W/ FOLIC ACID		
<i>b-complex w/ c & folic acid cap 1 mg- rx</i>	Tier 1	QL (2 caps every 1 day)
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 1 mg</i>	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 1 mg- rx</i>	Tier 1	
<i>b-complex w/ c & folic acid tab 5 mg- rx</i>	Tier 1	
MULTIPLE VITAMINS W/ IRON		
<i>multiple vitamins w/ iron tab</i>	Tier 1	QL (1 tab every 1 day), OTC
MULTIPLE VITAMINS W/ MINERALS		
ALGAE BASED TAB CALCIUM	Tier 2	QL (1 tab every 1 day), OTC
BACMIN TAB	Tier 2	QL (1 tab every 1 day)
CERTAVITE TAB SENIOR	Tier 2	QL (1 tab every 1 day), OTC
DIALYVITE TAB SUPREM D	Tier 2	QL (1 tab every 1 day)
ICAPS AREDS TAB FORMULA	Tier 2	QL (1 tab every 1 day), OTC

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>multiple vitamins w/ minerals tab</i>	Tier 1	QL (1 tab every 1 day), OTC
<i>multiple vitamins w/ minerals tab- rx</i>	Tier 1	QL (1 tab every 1 day)
NUTRICAP TAB	Tier 2	QL (1 tab every 1 day)
ONCOVITE TAB	Tier 2	QL (1 tab every 1 day), OTC
PRESERVISION TAB AREDS	Tier 2	QL (1 tab every 1 day), OTC
PRORENAL +D TAB	Tier 2	QL (1 tab every 1 day), OTC
PRORENAL+D TAB	Tier 2	QL (1 tab every 1 day), OTC
RENAPLEX-D TAB	Tier 2	QL (1 tab every 1 day), OTC
SYSTANE ICAP TAB AREDS2	Tier 2	QL (1 tab every 1 day), OTC
THERA M PLUS TAB	Tier 2	QL (1 tab every 1 day), OTC
THERA-M TAB	Tier 2	QL (1 tab every 1 day), OTC
THEREMS-M TAB	Tier 2	QL (1 tab every 1 day), OTC
UDAMIN SP TAB	Tier 2	QL (1 tab every 1 day)

MULTIVITAMINS - DRUGS FOR NUTRITION

<i>multiple vitamin tab</i>	Tier 1	QL (1 tab every 1 day), OTC; AGE (Max 5)
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PED MULTI VITAMINS W/FL & FE

<i>multi-vit/fe dro /fl 0.25</i>	Tier 1	QL (1.67 mL every 1 day), OTC; AGE (Max 5)
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	Tier 1	QL (1.67 mL every 1 day); AGE (Max 5)

PED MV W/ FLUORIDE

<i>multi vit/fl dro 0.5mg/ml</i>	Tier 1	QL (1.67 mL every 1 day), OTC; AGE (Max 5)
<i>multivit/fl dro 0.25mg</i>	Tier 1	QL (1.67 mL every 1 day), OTC; AGE (Max 5)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	Tier 1	QL (1 tab every 1 day); AGE (Max 5)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	Tier 1	QL (1 tab every 1 day); AGE (Max 5)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	Tier 1	QL (2 tabs every 1 day); AGE (Max 5)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	Tier 1	QL (1.67 mL every 1 day); AGE (Max 5)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	Tier 1	QL (1.67 mL every 1 day); AGE (Max 5)

Drug Name	Drug Tier	Requirements/Limits
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	Tier 1	QL (1.67 mL every 1 day); AGE (Max 5)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	Tier 1	QL (1.67 mL every 1 day); AGE (Max 5)
PED MV W/ IRON		
<i>cerovite jr chw</i>	Tier 1	OTC
MULTI/IRON/ DRO INF/TODD	Tier 2	QL (50 mL every 25 days), OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	Tier 1	QL (1 tab every 1 day), OTC
<i>qc childrens chw complete</i>	Tier 1	OTC
<i>sm animal sh chw complete</i>	Tier 1	OTC
PEDIATRIC MULTIPLE VITAMINS		
<i>child chew/ chw extra c</i>	Tier 1	QL (1 tab every 1 day), OTC
<i>gnp little chw ones</i>	Tier 1	QL (1 tab every 1 day), OTC
MULTIV INFAN DRO /TODDLER	Tier 2	QL (50 mL every 25 days), OTC
<i>qc childrens chw extra c</i>	Tier 1	QL (1 tab every 1 day), OTC
<i>sm animal chw shapes</i>	Tier 1	QL (1 tab every 1 day), OTC
PEDIATRIC VITAMINS		
VITAMI A-C-D DRO INF/TODD	Tier 2	QL (50 mL every 25 days), OTC
PRENATAL VITAMINS		
COMPLETENATE CHW	Tier 2	QL (1 tab every 1 day)
NATALVIT TAB 75-1MG	Tier 2	QL (1 tab every 1 day)
<i>prenatabs rx tab</i>	Tier 1	QL (1 tab every 1 day), OTC
PRENATAL 19 TAB	Tier 2	QL (1 tab every 1 day), OTC
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx</i>	Tier 1	QL (1 tab every 1 day)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	Tier 2	QL (1 tab every 1 day), OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	Tier 2	QL (1 tab every 1 day)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	Tier 2	QL (1 tab every 1 day), OTC
SE-NATAL 19 CHW	Tier 2	QL (1 tab every 1 day)
SE-NATAL 19 TAB	Tier 2	QL (1 tab every 1 day)
TRINATAL RX TAB 1	Tier 2	QL (1 tab every 1 day)
VINATE II TAB	Tier 2	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
VINATE ONE TAB	Tier 2	QL (1 tab every 1 day)
VITAFOL-OB TAB 65-1MG	Tier 2	QL (1 tab every 1 day)

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tab 5 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>baclofen tab 10 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>baclofen tab 20 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>methocarbamol tab 500 mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Max 64)
<i>methocarbamol tab 750 mg</i>	Tier 1	QL (10 tabs every 1 day); AGE (Max 64)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 64)
<i>tizanidine hcl tab 4 mg (base equivalent) (generic of ZANAFLEX)</i>	Tier 1	QL (9 tabs every 1 day); AGE (Max 64)

NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL AGENTS - MISC.

<i>saline nasal spray 0.65%</i>	Tier 1	OTC
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NASAL ANTIALLERGY

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	QL (1 bottle every 25 days)
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Tier 1	QL (52 mL every 25 days), OTC

NASAL ANTICHOLINERGICS

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	

NASAL STEROIDS

<i>allergy nasa spr 50mcg</i>	Tier 1	QL (0.879 bottles every 25 days), AGE, OTC; AGE (Min 4)
<i>allergy relf spr 50mcg</i>	Tier 1	QL (1.441 bottles every 25 days), OTC; AGE (Min 4)
<i>allgy relief spr 50mcg</i>	Tier 1	QL (1.013 bottles every 25 days), OTC; AGE (Min 4)

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide sus 32mcg</i>	Tier 1	QL (1 bottle every 25 days), OTC; AGE (Min 6)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (1 bottle every 25 days); AGE (Min 4)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (1.013 bottles every 25 days), OTC; AGE (Min 4)
<i>fluticasone sus 50mcg</i>	Tier 1	QL (0.879 bottles every 25 days), OTC; AGE (Min 4)
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Tier 1	QL (1.006 bottles every 25 days), OTC; AGE (Min 2)

SYMPATHOMIMETIC DECONGESTANTS

<i>oxymetazoline hcl nasal soln 0.05%</i>	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC

NUTRIENTS - DRUGS FOR NUTRITION

MISC. NUTRITIONAL SUBSTANCES

<i>omega-3 fatty acids cap 500 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	Tier 1	OTC

OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS

ARTIFICIAL TEARS AND LUBRICANTS

<i>artificial tear ophth solution</i>	Tier 1	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	Tier 1	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	Tier 1	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	Tier 1	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	Tier 1	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	Tier 1	OTC
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	Tier 1	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	Tier 1	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>white petrolatum-mineral oil ophth ointment</i>	Tier 1	OTC
BETA-BLOCKERS - OPHTHALMIC		
<i>carteolol hcl ophth soln 1%</i>	Tier 1	QL (15 mL every 25 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)</i>	Tier 1	QL (10 mL every 25 days)
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	QL (15 mL every 25 days)
<i>timolol maleate ophth soln 0.5% (generic of TIMOPTIC)</i>	Tier 1	
<i>timolol maleate ophth soln 0.25% (generic of TIMOPTIC)</i>	Tier 1	
CYCLOPLEGIC MYDRIATICS		
<i>ATROPINE SUL SOL 1% OP</i>	Tier 2	QL (15 mL every 25 days)
<i>atropine sulfate ophth soln 1%</i>	Tier 1	QL (15 mL every 25 days)
<i>cyclopentolate hcl ophth soln 1% (generic of CYCLOGYL)</i>	Tier 1	QL (15 mL every 25 days)
<i>ISOPTO ATROP SOL 1% OP</i>	Tier 2	QL (15 mL every 25 days)
MIOTICS		
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	
OPHTHALMIC ADRENERGIC AGENTS		
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (10 mL every 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)</i>	Tier 1	QL (3 mL every 25 days)
<i>neo-polycin oin op</i>	Tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin ophth soln 0.3%</i> (generic of OCUFLOX)	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> (generic of POLYTRIM)	Tier 1	
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	
<i>tobramycin ophth soln 0.3%</i>	Tier 1	
<i>trifluridine ophth soln 1%</i>	Tier 1	QL (7.5 mL every 25 days)

OPHTHALMIC LOCAL ANESTHETICS

<i>proparacaine hcl ophth soln 0.5%</i> (generic of ALCAINE)	Tier 1	
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OPHTHALMIC STEROIDS

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	QL (15 mL every 25 days)
<i>neo-polycin oin hc 1%op</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> (generic of MAXITROL)	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> (generic of MAXITROL)	Tier 1	
<i>prednisolone acetate ophth susp 1%</i> (generic of PRED FORTE)	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> (generic of TOBRADEX)	Tier 1	

OPHTHALMICS - MISC.

<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	PA, QL (6 mL every 25 days)
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	
<i>eye allergy sol itch rel</i>	Tier 1	QL (2.5 mL every 30 days), OTC
<i>eye allergy sol itch/red</i>	Tier 1	QL (5 mL every 30 days), OTC
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>gpn olopatad sol 0.2%</i>	Tier 1	QL (2.5 mL every 30 days), OTC
<i>ketorolac tromethamine ophth soln 0.5%</i> (generic of ACULAR)	Tier 1	QL (10 mL every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 1	QL (10 mL every 25 days), OTC
<i>olopatadine dro 0.1% op</i>	Tier 1	QL (5 mL every 30 days), OTC
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 1	QL (5 mL every 30 days), OTC
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	QL (2.5 mL every 30 days), OTC
PATADAY SOL 0.1%	Tier 2	QL (5 mL every 30 days), OTC
PATADAY SOL 0.2%	Tier 2	QL (2.5 mL every 30 days), OTC
<i>sm olopatadi sol 0.2%</i>	Tier 1	QL (2.5 mL every 30 days), OTC
<i>sodium chloride hypertonic ophth oint 5%</i>	Tier 1	OTC

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost ophth soln 0.03%</i>	Tier 1	ST; Requires trial of latanoprost
<i>latanoprost ophth soln 0.005% (generic of XALATAN)</i>	Tier 1	QL (5 mL every 25 days)

OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	Tier 1	QL (20 mL every 25 days)
<i>carbamide peroxide 6.5% otic soln</i>	Tier 1	OTC
<i>isopropyl alcohol-glycerin otic liquid 95-5%</i>	Tier 1	OTC

OTIC ANTI-INFECTIVES

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	QL (14 ea every 25 days)
<i>ofloxacin otic soln 0.3%</i>	Tier 1	QL (5 mL every 25 days)

OTIC COMBINATIONS

<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	

OTIC STEROIDS

<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
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OXYTOCICS - DRUGS FOR PREGNANCY

OXYTOCICS - DRUGS FOR PREGNANCY

<i>methergine tab 0.2mg</i>	Tier 1	QL (7 tabs every 1 day)
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 1	QL (7 tabs every 1 day)

Drug Name Drug Tier Requirements/Limits
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR
IMMUNE SYSTEM CONDITIONS

IMMUNE SERUMS

HYPERRHO S/D INJ 50MCG	Tier 2	SP
HYPERRHO S/D INJ 300MCG	Tier 2	SP
MICRHOGAM PL INJ 50MCG	Tier 2	SP
RHOGAM PLUS INJ 300MCG	Tier 2	SP
RHOPHYLAC INJ 1500/2ML	Tier 2	SP

MONOCLONAL ANTIBODIES

SYNAGIS INJ 50/0.5ML	Tier 2	SP, PA
SYNAGIS INJ 100MG/ML	Tier 2	SP, PA

PENICILLINS - DRUGS TO TREAT INFECTIONS

AMINOPENICILLINS

<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	QL (8 caps every 1 day)
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	QL (8 caps every 1 day)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1	QL (5 tabs every 1 day)
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>ampicillin cap 500 mg</i>	Tier 1	QL (8 caps every 1 day)

NATURAL PENICILLINS

<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	QL (40 mL every 1 day)
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	QL (40 mL every 1 day)
<i>penicillin v potassium tab 250 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>penicillin v potassium tab 500 mg</i>	Tier 1	QL (8 tabs every 1 day)

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 12)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Max 12)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	AGE (Max 12)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE (Max 12)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	Tier 1	AGE (Max 12)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	Tier 1	QL (2 tabs every 1 day)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	QL (2 tabs every 1 day)

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	QL (8 caps every 1 day)
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	QL (6 caps every 1 day)

PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG

COMPOUNDING

ANTIMICROBIAL AGENTS

BENZYL ALC LIQ	Tier 2	AGE (Min 16, Max 60)
BENZYL ALC LIQ	Tier 2	OTC; AGE (Min 16, Max 60)

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA)</i>	Tier 1	QL (2 tabs every 1 day)
<i>medroxyprogesterone acetate tab 5 mg (generic of PROVERA)</i>	Tier 1	QL (2 tabs every 1 day)
<i>medroxyprogesterone acetate tab 10 mg (generic of PROVERA)</i>	Tier 1	QL (2 tabs every 1 day)
<i>norethindrone acetate tab 5 mg (generic of AYGESTIN)</i>	Tier 1	QL (1 tab every 1 day)
<i>progesterone cap 100 mg (generic of PROMETRIUM)</i>	Tier 1	QL (1 cap every 1 day)
<i>progesterone cap 200 mg (generic of PROMETRIUM)</i>	Tier 1	QL (2 caps every 1 day)

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1	
<i>disulfiram tab 250 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>disulfiram tab 500 mg</i>	Tier 1	QL (1 tab every 1 day)

ANTI-CATAPLECTIC AGENTS

SOD OXYBATE SOL 500MG/ML	Tier 2	SP, PA
XYREM SOL 500MG/ML	Tier 2	SP, PA

ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (2 each every 1 day)
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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (1 each every 1 day)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>donepezil hydrochloride tab 5 mg (generic of ARICEPT)</i>	Tier 1	QL (1 tab every 1 day)
<i>donepezil hydrochloride tab 10 mg (generic of ARICEPT)</i>	Tier 1	QL (1 tab every 1 day)
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	
<i>memantine hcl tab 5 mg (generic of NAMENDA)</i>	Tier 1	
<i>memantine hcl tab 10 mg (generic of NAMENDA)</i>	Tier 1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)</i>	Tier 1	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr (generic of EXELON)</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr (generic of EXELON)</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr (generic of EXELON)</i>	Tier 1	PA
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine tab 12.5 mg (generic of XENAZINE)</i>	Tier 1	SP, PA
<i>tetrabenazine tab 25 mg (generic of XENAZINE)</i>	Tier 1	SP, PA

Drug Name	Drug Tier	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN KIT 30MCG	Tier 2	SP, PA
AVONEX PREFL KIT 30MCG	Tier 2	SP, PA
<i>dalfampridine tab er 12hr 10 mg (generic of AMPYRA)</i>	Tier 1	SP, PA
<i>dimethyl fumarate capsule delayed release 120 mg (generic of TECFIDERA)</i>	Tier 1	SP, PA, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule delayed release 240 mg (generic of TECFIDERA)</i>	Tier 1	SP, PA, QL (2 caps every 1 day)
EXTAVIA INJ 0.3MG	Tier 2	SP, PA
<i>fingolimod hcl cap 0.5 mg (base equiv) (generic of GILENYA)</i>	Tier 1	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml (generic of COPAXONE)</i>	Tier 1	SP, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml (generic of COPAXONE)</i>	Tier 1	SP, PA
<i>glatopa inj 20mg/ml (generic of COPAXONE)</i>	Tier 1	SP, PA
<i>glatopa inj 40mg/ml (generic of COPAXONE)</i>	Tier 1	SP, PA
REBIF INJ 22/0.5	Tier 2	SP, PA
REBIF INJ 44/0.5	Tier 2	SP, PA
REBIF REBIDO INJ 22/0.5	Tier 2	SP, PA
REBIF REBIDO INJ 44/0.5	Tier 2	SP, PA
REBIF REBIDO INJ TITRATN	Tier 2	SP, PA
REBIF TITRTN INJ PACK	Tier 2	SP, PA
<i>teriflunomide tab 7 mg (generic of AUBAGIO)</i>	Tier 1	SP, PA
<i>teriflunomide tab 14 mg (generic of AUBAGIO)</i>	Tier 1	SP, PA
SMOKING DETERRENTS		
APO-VARENICL TAB 0.5MG	Tier 2	PA
APO-VARENICL TAB 1MG	Tier 2	PA
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>nicotine polacrilex gum 2 mg</i>	Tier 1	QL (8 pieces every 1 day), OTC
<i>nicotine polacrilex gum 4 mg</i>	Tier 1	QL (8 pieces every 1 day), OTC
<i>nicotine polacrilex lozenge 2 mg</i>	Tier 1	QL (8 lozgs every 1 day), OTC
<i>nicotine polacrilex lozenge 4 mg</i>	Tier 1	QL (8 lozgs every 1 day), OTC
<i>nicotine td patch 24hr 7 mg/24hr</i>	Tier 1	QL (1 patch every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine td patch 24hr 14 mg/24hr</i>	Tier 1	QL (1 patch every 1 day), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i>	Tier 1	QL (1 patch every 1 day), OTC
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Tier 1	PA
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Tier 1	PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	Tier 1	PA

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

ALPHA-PROTEINASE INHIBITOR (HUMAN)

ARALAST NP INJ 1000MG	Tier 2	SP, PA
PROLASTIN-C INJ 1000MG	Tier 2	SP, PA
ZEMAIRA INJ 1000MG	Tier 2	SP, PA

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG	Tier 2	SP, PA
KALYDECO PAK 50MG	Tier 2	SP, PA
KALYDECO PAK 75MG	Tier 2	SP, PA
KALYDECO TAB 150MG	Tier 2	SP, PA
ORKAMBI GRA 150-188	Tier 2	SP, PA
ORKAMBI TAB 100-125	Tier 2	SP, PA, QL (4 tabs every 1 day); AGE (Min 6, Max 11)
ORKAMBI TAB 200-125	Tier 2	SP, PA, QL (56 tabs every 8 days); AGE (Min 11)
PULMOZYME SOL 1MG/ML	Tier 2	SP, PA, QL (2.5 mL every 1 day)
SYMDEKO TAB 50-75MG	Tier 2	SP, PA
SYMDEKO TAB 100-150	Tier 2	SP, PA
TRIKAFTA TAB	Tier 2	SP, PA

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	QL (3 caps every 1 day)
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	QL (3 caps every 1 day)
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>minocycline hcl cap 50 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>minocycline hcl cap 100 mg</i>	Tier 1	QL (2 caps every 1 day)

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>methimazole tab 10 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>propylthiouracil tab 50 mg</i>	Tier 1	QL (20 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
THYROID HORMONES		
ADTHYZA TAB 16.25MG	Tier 2	QL (1 tab every 1 day), AGE; AGE (Max 64)
ADTHYZA TAB 32.5MG	Tier 2	QL (1 tab every 1 day), AGE; AGE (Max 64)
ADTHYZA TAB 65MG	Tier 2	QL (1 tab every 1 day), AGE; AGE (Max 64)
ADTHYZA TAB 97.5MG	Tier 2	QL (1 tab every 1 day), AGE; AGE (Max 64)
ADTHYZA TAB 130MG	Tier 2	QL (1 tab every 1 day), AGE; AGE (Max 64)
ARMOUR THYRO TAB 15MG	Tier 2	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 30MG	Tier 2	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 60MG	Tier 2	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 90MG	Tier 2	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 120MG	Tier 2	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 180MG	Tier 2	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 240MG	Tier 2	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 300MG	Tier 2	QL (1 tab every 1 day); AGE (Max 64)
<i>levothyroxine sodium tab 25 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 25 MCG)	Tier 1	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 50 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 50 MCG)	Tier 1	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 75 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 75 MCG)	Tier 1	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 88 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 88 MCG)	Tier 1	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 100 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 100 MCG)	Tier 1	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 112 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 112 MCG)	Tier 1	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 125 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 125 MCG)	Tier 1	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 137 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 137 MCG)	Tier 1	QL (2 tabs every 1 day)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 150 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 150 MCG)	Tier 1	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 175 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 175 MCG)	Tier 1	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 200 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 200 MCG)	Tier 1	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 300 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 300 MCG)	Tier 1	QL (2 tabs every 1 day)
NP THYROID TAB 15MG	Tier 2	QL (1 tab every 1 day); AGE (Max 64)
NP THYROID TAB 30MG	Tier 2	QL (1 tab every 1 day); AGE (Max 64)
NP THYROID TAB 60MG	Tier 2	QL (1 tab every 1 day); AGE (Max 64)
NP THYROID TAB 90MG	Tier 2	QL (1 tab every 1 day); AGE (Max 64)
NP THYROID TAB 120MG	Tier 2	QL (1 tab every 1 day); AGE (Max 64)
SYNTHROID TAB 25MCG	Tier 2	QL (2 tabs every 1 day)
SYNTHROID TAB 50MCG	Tier 2	QL (2 tabs every 1 day)
SYNTHROID TAB 75MCG	Tier 2	QL (2 tabs every 1 day)
SYNTHROID TAB 88MCG	Tier 2	QL (2 tabs every 1 day)
SYNTHROID TAB 100MCG	Tier 2	QL (2 tabs every 1 day)
SYNTHROID TAB 112MCG	Tier 2	QL (2 tabs every 1 day)
SYNTHROID TAB 125MCG	Tier 2	QL (2 tabs every 1 day)
SYNTHROID TAB 137MCG	Tier 2	QL (2 tabs every 1 day)
SYNTHROID TAB 150MCG	Tier 2	QL (2 tabs every 1 day)
SYNTHROID TAB 175MCG	Tier 2	QL (2 tabs every 1 day)
SYNTHROID TAB 200MCG	Tier 2	QL (2 tabs every 1 day)
SYNTHROID TAB 300MCG	Tier 2	QL (2 tabs every 1 day)

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

ADACEL INJ	Tier 2	AGE (Min 19)
BOOSTRIX INJ	Tier 2	AGE (Min 19)
TDVAX INJ 2-2 LF	Tier 2	AGE (Min 19)
TENIVAC INJ 5-2LF	Tier 2	AGE (Min 19)
TET/DIP TOX INJ 2-2 LF	Tier 2	AGE (Min 19)

Drug Name Drug Tier Requirements/Limits
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR
ULCERS AND STOMACH ACID

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	Tier 1	QL (4 caps every 1 day); AGE (Max 64)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	QL (80 mL every 1 day); AGE (Max 64)
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	QL (8 tabs every 1 day); AGE (Max 64)
<i>glycopyrrolate oral soln 1 mg/5ml (generic of CUVPOSA)</i>	Tier 1	PA
<i>glycopyrrolate tab 1 mg (generic of ROBINUL)</i>	Tier 1	
<i>glycopyrrolate tab 2 mg (generic of ROBINUL FORTE)</i>	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	Tier 1	QL (60 mL every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	QL (12 tabs every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	QL (60 mL every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	QL (12 tabs every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	QL (12 tabs every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Max 64)
<i>oscimin tab 0.125mg</i>	Tier 1	QL (12 tabs every 1 day); AGE (Max 64)

H-2 ANTAGONISTS

<i>cimetidine tab 200 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>cimetidine tab 200 mg</i>	Tier 1	QL (4 tabs every 1 day), OTC
<i>cimetidine tab 300 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>cimetidine tab 400 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>cimetidine tab 800 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	QL (5 mL every 1 day); AGE (Max 6)
<i>famotidine tab 10 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC
<i>famotidine tab 20 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC
<i>famotidine tab 20 mg (generic of PEPCID)</i>	Tier 1	QL (2 tabs every 1 day)
<i>famotidine tab 40 mg (generic of PEPCID)</i>	Tier 1	QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine cap 150 mg</i>	Tier 1	ST, QL (4 caps every 1 day); Requires trial of famotidine
MISC. ANTI-ULCER		
CARAFATE SUS 1GM/10ML	Tier 2	QL (40 mL every 1 day); AGE (Max 18)
<i>sucralfate susp 1 gm/10ml (generic of CARAFATE)</i>	Tier 1	QL (40 mL every 1 day); AGE (Max 18)
<i>sucralfate tab 1 gm (generic of CARAFATE)</i>	Tier 1	QL (4 tabs every 1 day)
PROTON PUMP INHIBITORS		
<i>acid reducer cap 20.6mgdr</i>	Tier 1	QL (1 cap every 1 day), OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 1	QL (2 caps every 1 day), OTC
<i>gnp omeprazo cap 20mg</i>	Tier 1	QL (1 cap every 1 day), OTC
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	QL (2 caps every 1 day), OTC
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (3 caps every 1 day)
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (3 caps every 1 day)
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (1 cap every 1 day)
<i>omeprazole delayed release tab 20 mg</i>	Tier 1	QL (3 tabs every 1 day), OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	Tier 1	QL (1 cap every 1 day), OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	Tier 1	QL (3 tabs every 1 day), OTC
<i>omeprazole tab 20mg</i>	Tier 1	QL (3 tabs every 1 day), OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)</i>	Tier 1	QL (1 tab every 1 day)
<i>pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)</i>	Tier 1	QL (3 tabs every 1 day)
<i>qc omepraza tab 20mg</i>	Tier 1	QL (3 tabs every 1 day), OTC
<i>sm omepraza tab 20mg</i>	Tier 1	QL (3 tabs every 1 day), OTC
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg (generic of CYTOTEC)</i>	Tier 1	QL (4 tabs every 1 day)
<i>misoprostol tab 200 mcg (generic of CYTOTEC)</i>	Tier 1	QL (4 tabs every 1 day)

Drug Name **Drug Tier** **Requirements/Limits**
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	QL (20 mL every 1 day)
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>oxybutynin chloride tab er 24hr 5 mg</i> (generic of DITROPAN XL)	Tier 1	ST, QL (1 tab every 1 day); Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	ST, QL (1 tab every 1 day); Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	ST, QL (1 tab every 1 day); Requires trial of oxybutynin IR
<i>tolterodine tartrate tab 1 mg</i> (generic of DETROL)	Tier 1	ST, QL (2 tabs every 1 day); Requires trial of oxybutynin
<i>tolterodine tartrate tab 2 mg</i> (generic of DETROL)	Tier 1	ST, QL (2 tabs every 1 day); Requires trial of oxybutynin
<i>tropium chloride tab 20 mg</i>	Tier 1	ST, QL (2 tabs every 1 day); Requires trial of oxybutynin

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>bethanechol chloride tab 10 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>bethanechol chloride tab 25 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>bethanechol chloride tab 50 mg</i>	Tier 1	QL (4 tabs every 1 day)

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tab 100 mg</i>	Tier 1	QL (4 tabs every 1 day)
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VACCINES - DRUGS TO PREVENT INFECTIONS

BACTERIAL VACCINES

PNEUMOVAX 23 INJ 25/0.5	Tier 2	QL (Max 2 fills per lifetime); AGE (Min 19)
PREVNAR 13 INJ	Tier 2	QL (Max 1 fill per lifetime); AGE (Min 19)
PREVNAR 20 INJ	Tier 2	QL (Max 1 fill per lifetime); AGE (Min 19)
VAXNEUVANCE INJ	Tier 2	QL (Max 1 fill per lifetime); AGE (Min 19)

VIRAL VACCINES

AFLURIA QUAD INJ 2022-23	Tier 2	AGE (Min 19)
ENGERIX-B INJ 10/0.5ML	Tier 2	AGE (Min 19)

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJ 20MCG/ML	Tier 2	AGE (Min 19)
FLUARIX QUAD INJ 2022-23	Tier 2	AGE (Min 19)
FLUBLOK QUAD INJ 2022-23	Tier 2	AGE (Min 19)
FLUCLVX QUAD INJ 2022-23	Tier 2	AGE (Min 19)
FLULAVAL QUA INJ 2022-23	Tier 2	AGE (Min 19)
FLUMIST QUAD SUS 2022-23	Tier 2	AGE (Min 19, Max 49)
FLUZONE QUAD INJ 2022-23	Tier 2	AGE (Min 19)
HAVRIX INJ 720UNIT	Tier 2	AGE (Min 19)
HAVRIX INJ 1440UNIT	Tier 2	AGE (Min 19)
HEPLISAV-B INJ 20/0.5ML	Tier 2	AGE (Min 19)
JANSSEN VACC INJ COVID-19	Tier 2	
MODERNA VAC INJ COVID-19	Tier 2	
PFIZER VACC INJ COVID-19	Tier 2	
RECOMBIVA HB INJ 5MCG/0.5	Tier 2	AGE (Min 19)
RECOMBIVA HB INJ 10MCG/ML	Tier 2	AGE (Min 19)
SHINGRIX INJ 50/0.5ML	Tier 2	QL (Max 2 fills per lifetime); AGE (Min 19)
TWINRIX INJ	Tier 2	AGE (Min 19)
VAQTA INJ 25/0.5ML	Tier 2	AGE (Min 19)
VAQTA INJ 50UNT/ML	Tier 2	AGE (Min 19)

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

SPERMICIDES

TODAY SPONGE MIS	Tier 2	OTC
VCF VAGINAL AER CONTRACP	Tier 2	OTC
VCF VAGINAL MIS CONTRACP	Tier 2	OTC

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)</i>	Tier 1	
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2%</i>	Tier 1	OTC
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	QL (70 gm every 5 days)
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i>	Tier 1	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	Tier 1	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i>	Tier 1	OTC
<i>qc clotrimaz cre 1%</i>	Tier 1	OTC
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	QL (1 supp every 1 day)
<i>tioconazole vaginal oint 6.5%</i>	Tier 1	OTC

VAGINAL ESTROGENS

<i>estradiol vaginal cream 0.1 mg/gm</i> (generic of ESTRACE)	Tier 1	QL (1.42 gm every 1 day)
<i>estradiol vaginal tab 10 mcg</i> (generic of ESTRADIOL VAGINAL TAB 10 MCG)	Tier 1	

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1	QL (2 pens every 25 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> (generic of EPIPEN 2-PAK)	Tier 1	QL (2 pens every 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> (generic of EPIPEN-JR 2-PAK)	Tier 1	QL (2 pens every 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Tier 1	QL (1 pen every 25 days)
SYMJEPI INJ 0.3MG	Tier 2	QL (1 syringe every 25 days)
SYMJEPI INJ 0.15MG	Tier 2	QL (1 syringe every 25 days)

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

<i>midodrine hcl tab 2.5 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>midodrine hcl tab 5 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>midodrine hcl tab 10 mg</i>	Tier 1	QL (3 tabs every 1 day)

VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

<i>cholecalciferol cap 2000 unit</i>	Tier 1	QL (1 cap every 1 day), OTC
<i>cholecalciferol cap 5000 unit</i>	Tier 1	QL (1 cap every 1 day), OTC
<i>cholecalciferol cap 50000 unit</i>	Tier 1	QL (1 cap every 1 day), OTC
<i>cholecalciferol oral liquid 400 unit/ml</i>	Tier 1	QL (6 mL every 1 day), OTC
<i>cholecalciferol tab 400 unit</i>	Tier 1	QL (6 tabs every 1 day), OTC
<i>cholecalciferol tab 1000 unit</i>	Tier 1	QL (6 tabs every 1 day), OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> (generic of DRISDOL)	Tier 1	QL (6 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>phytonadione tab 5 mg</i>	Tier 1	QL (5 tabs every 1 day)
WATER SOLUBLE VITAMINS		
<i>ascorbic acid tab 500 mg</i>	Tier 1	OTC
<i>niacin cap er 250 mg</i>	Tier 1	OTC
<i>niacin tab 500 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC
<i>pyridoxine hcl tab 100 mg</i>	Tier 1	QL (4 tabs every 1 day), OTC
<i>thiamine hcl tab 100 mg</i>	Tier 1	QL (1 tab every 1 day), OTC
<i>thiamine mononitrate tab 100 mg</i>	Tier 1	QL (1 tab every 1 day), OTC

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