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**Molina Healthcare of California  
Preferred Drug List  
(Formulary)**

# Molina Healthcare of California Preferred Drug List (Formulary)

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## INTRODUCTION

We are pleased to provide the 2019 *Molina Healthcare of California 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. Molina Healthcare of California only covers drugs made by a manufacturer that participates in the Federal Medicaid drug rebate program.

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.

## PRESCRIPTION QUANTITY

Prescriptions should be written for a therapeutic supply of medications (the amount to appropriately treat a medical condition) up to a maximum of a 60-day supply for some medications prescribed monthly. Trial quantities may be used when initiating new treatments, if appropriate.

## 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.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- 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. 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 in to [www.molinahealthcare.com](http://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) 508-6445. The forms may be obtained by logging into the website [www.molinahealthcare.com](http://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 Molina Healthcare of California's Pharmacy Department, please provide relevant information with the Prior Authorization request. The following are examples:

### Class of Medication/Diagnosis

Cholesterol Lowering

Diabetes

Non-Formulary/Non-Preferred Medication

### Requested Clinical Information

Lipid Panel, Cardiovascular risk factors

A1c Report

Medication Log and/or Progress Notes documenting previous use of Formulary medications

## CATEGORIES OF CONSIDERATION

### INTRAVENOUS SOLUTIONS

#### SIMPLE INTRAVENOUS SOLUTIONS

mL

Simple intravenous solutions are typically used for hydration therapy. Included are commercially available (non-compounded) solutions such as Normal Saline, Dextrose (up to 10% in Water) and Lactated Ringer's Solution; commercially prepared solutions of potassium chloride in such solutions are also included in this definition. Simple intravenous solutions should be billed using the product's National Drug Code (NDC) number.

#### PARENTERAL NUTRITION SOLUTIONS (TPN OR HYPERALIMENTATION)

mL

Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this 10-day period.

(Parenteral nutrition solutions are intravenously or intra-arterially administered nutritional products that typically are suspensions or solutions of amino acids or protein, dextrose, lipids, electrolytes, vitamin &/or mineral supplements and trace elements.)

Adjuncts to parenteral nutrition are other drugs which are physically mixed into a parenteral nutrition solution at any time prior to administration. Bill for these products as part of the parenteral nutrition billing.

Note: Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim.

#### SEPARATELY ADMINISTERED INTRAVENOUS LIPIDS

mL

Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this 10-day period.

Intravenous lipid solutions or suspensions that are administered separately from parenteral nutrition solutions (that is, are not physically mixed into the parenteral nutrition solution container) should be billed using the product's NDC number.

#### INTRAVENOUS SOLUTIONS OF UNLISTED ANTIBIOTICS

mL

Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.

Note: Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim.

#### INTRAVENOUS SOLUTIONS OF OTHER UNLISTED DRUGS

mL

Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same drug was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.

Note: Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim.

### NSAIDs

NSAID use in the following conditions deserves special consideration of potential risks: history of GI bleeding or ulcer, chronic anticoagulation, asthma, aspirin allergy, renal failure, hypertension or congestive heart failure.

### OPIOID ANALGESICS

Limited to 4 grams of acetaminophen per day.

### TETRACYCLINES

Contraindicated for children less than 8 years old or pregnant and nursing mothers.

## NON-COVERED/EXCLUDED MEDICATIONS

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

- Drugs/Drug manufacturers not eligible for Federal Medicaid funds; not participating in Federal Medicaid Rebate Program
- Medications used for sexual dysfunction
- Medications used for cosmetic purposes
- Experimental or investigational medications
- Non-legend drug preparations (benzoic and salicylic acid ointment, salicylic acid cream, ointment, or liquid, sodium chloride, zinc oxide paste)
- Non-legend analgesics
- Vitamin combinations for persons > 5 years old (except prenatal vitamins)
- Supplements or other non-FDA approved products
- Non-legend Cough and Cold (OTC products containing guaifenesin or dextromethorphan)
- Household products (hand lotions, moisturizers, etc.)
- Belladonna alkaloids with phenobarbital
- Silver nitrate 75% and potassium nitrate 25% topical applicator sticks
- Silver nitrate topical solution
- Dental products
- Bepreve, Istalol and bromfenac sodium
- 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)

## CARVED-OUT MEDICATIONS (medications covered under Medi-Cal Fee-for-Service)

The following types of medications are covered by the Medi-Cal Fee-for-Service (FFS) program directly, even when the member is enrolled in Molina managed care. For questions about a benefit or service listed here, please call Medi-Cal Support at 1-800-541-5555.

- Psychiatric Drugs
- Monoamine Oxidase Inhibitors (MAOIs)
- Select Antiparkinsonian Agents
- Mood Stabilizers
- HIV Drugs
- Detoxification Agents
- Hemophiliac Blood Products

## PRESCRIPTION CLAIMS PROCESSOR

Molina Healthcare has selected CVS Caremark as the Pharmacy Benefit Management (PBM) Company to manage the prescription benefit for Molina members.

- Questions on processing claims, formulary status or rejected claims may be directed to the CVS Caremark Help Desk at (800) 770-8014.
- Membership and eligibility concerns may be addressed by calling the Molina Membership Services at (888) 665-4621.
- Provider-related questions may be addressed by calling the Molina Provider Services Help Desk at (855) 322-4075.

## URGENT AND AFTER-HOURS MEDICATION POLICY

To prevent a member's condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before prior authorization may be obtained from Molina. (e.g., a member is discharged from a hospital after regular business hours with a special antibiotic prescription).

Pharmacies are instructed to use their professional judgment. Molina will reimburse pharmacies for a 72-hour supply of an

acute medication at contracted rates for these prescriptions. Pharmacies may contact CVS Caremark Help Desk at (800) 770-8014 to obtain an override for a 72-hour supply.

Pharmacies may call Molina at (888) 665-4621 on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

## LEGEND

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

## 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: 562-499-0790

## NOTICE

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



## INTRODUCCIÓN

Nos complace presentar la *Lista de medicamentos preferidos de Molina Healthcare of California (Formulario)* de 2019 como una herramienta útil de referencia e información. Este documento puede ayudar a los proveedores médicos a seleccionar productos clínicamente adecuados y económicos para sus pacientes.

Los medicamentos que figuran en la lista han sido revisados por un Comité de Farmacia y Terapéutica (P&T, por sus siglas en inglés) y aprobados para su inclusión. El documento representa las prácticas médicas actuales a partir de la fecha de la revisión. Molina Healthcare of California solo cubre medicamentos de fabricantes que participan del programa federal de reembolso de medicamentos de Medicaid.

La información incluida en este documento y sus apéndices se proporciona solamente para la conveniencia de los proveedores médicos. No garantizamos ni afirmamos la exactitud de dicha información, ni pretendemos que sea exhaustiva. Toda la información del documento se ofrece como referencia para la selección de la terapia farmacológica.

Este documento está sujeto a normas y reglamentaciones específicas de cada estado, que incluyen, entre otras, a aquellas que se refieren a la sustitución genérica, listas de sustancias controladas, preferencia por marcas comerciales y genéricos obligatorios cuando sea pertinente.

No asumimos ninguna responsabilidad por las acciones u omisiones de los proveedores médicos basadas en la información total o parcial que contiene este documento. El proveedor médico debe consultar el material de referencia del producto del fabricante de medicamentos o las referencias estándar para obtener información más detallada.

## PREFACIO

El documento está organizado en secciones. Cada sección está dividida según la clase de medicamento terapéutico definido principalmente por su mecanismo de acción.

## COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)

Se utilizan los servicios de un Comité de Farmacia y Terapéutica ("P&T Committee") para aprobar terapias farmacológicas seguras y clínicamente eficaces. El Comité P&T es un organismo de asesoría conformado por profesionales clínicos. Los miembros del Comité P&T con derecho a voto incluyen médicos y farmacéuticos con una vasta formación clínica y experiencia académica relacionadas con los medicamentos recetados. Los miembros del Comité P&T con derecho a voto deben divulgar cualquier relación financiera o conflictos de interés con fabricantes farmacéuticos.

## DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS

A continuación se enumeran los principios generales que ayudarán a entender las concentraciones y formas de dosificación específicas que están contempladas en el documento.

- La primera columna del cuadro incluye los nombres de los medicamentos. Los medicamentos de marca están en letra mayúscula (p. ej., LIPITOR). Los medicamentos genéricos están en letra cursiva minúscula (p. ej., *atorvastatin*).
- La segunda columna (denominada Nivel de medicamento [Drug Tier]) indicará en qué nivel se encuentra el medicamento dentro del formulario.
- La tercera columna (Requisitos/Límites [Requirements/Limits]) incluye los requisitos especiales para la cobertura del medicamento.
- Si las versiones de medicamento recetado y de venta libre (OTC) del producto están cubiertas, ambas se incluyen en la lista.
- Los productos de liberación prolongada y de liberación retardada requieren una entrada aparte.
- Las formas de dosificación en el documento concuerdan con la categoría y el uso según donde figuran.

## CANTIDADES DE MEDICAMENTOS RECETADOS

Las recetas se deben expedir por un suministro terapéutico de medicamentos (la cantidad adecuada para tratar una afección médica) hasta un suministro máximo de 60 días para algunos medicamentos que se recetan mensualmente. Las cantidades de prueba se pueden usar al iniciar tratamientos nuevos, según corresponda.

## SUSTITUCIÓN GENÉRICA

La sustitución genérica es una medida farmacéutica por la cual se entrega una versión genérica en lugar de un producto de marca recetado. En este documento, la letra *cursiva minúscula* indica que hay disponible una versión genérica. En la mayoría de los casos, cuando sale al mercado la versión genérica de un medicamento de marca, este quedará fuera del formulario y se reemplazará por el producto genérico luego de que sea lanzado al mercado. No obstante, el documento está sujeto a normas y reglamentaciones específicas de cada estado respecto de la sustitución genérica, y se aplicarán normas obligatorias sobre genéricos cuando corresponda.

El precio de los medicamentos genéricos suele ser más bajo que el de los equivalentes de marca. Los medicamentos genéricos recetados:

- Están aprobados por la Administración de Medicamentos y Alimentos de los Estados Unidos en cuanto a su seguridad y eficacia, y se fabrican conforme a los mismos estándares estrictos que se aplican a los medicamentos de marca.
- Se prueban en seres humanos para asegurar que sean absorbidos en el torrente sanguíneo en una medida y velocidad similares a las del medicamento de marca (bioequivalencia). Los medicamentos genéricos pueden diferir de los de marca en cuanto al tamaño, color e ingredientes inactivos, pero esto no altera su eficacia o su capacidad para ser absorbidos exactamente igual que los medicamentos de marca.
- Son fabricados en la misma forma de dosis y potencia que los medicamentos de marca.

Cuando se sustituye un medicamento de marca por uno genérico, se supone que el genérico producirá el mismo efecto clínico y tendrá el mismo perfil de seguridad que el medicamento de marca (equivalencia terapéutica).

## DISEÑO DEL PLAN

El documento representa un diseño de plan de formulario cerrado. Los medicamentos que figuran en el documento están cubiertos por el plan tal como está estipulado. Ciertos medicamentos de la lista están cubiertos si reúnen los requisitos del manejo de utilización (es decir, terapia por pasos, autorización previa, límites de cantidad, etc. [Step Therapy, Prior Authorization, Quantity Limits]); las solicitudes de uso de dichos medicamentos que no cumplan con los criterios mencionados serán revisadas para determinar su necesidad médica. Si un medicamento no figura en la lista del documento, se puede solicitar una excepción de formulario para obtener la cobertura. Las solicitudes de necesidad médica o excepciones del formulario se considerarán según criterios de autorización previa específicos para un medicamento o una solicitud de receta estándar fuera del formulario. Inicie sesión en [www.molinahealthcare.com](http://www.molinahealthcare.com) para consultar la cobertura.

## PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA

Las recetas de medicamentos que requieran autorización previa o de medicamentos que no estén incluidos en el formulario de medicamentos de Molina pueden aprobarse cuando sean médicamente necesarios y cuando las opciones del formulario hayan demostrado no ser eficaces. Cuando surgen estas situaciones excepcionales, el médico puede enviar por fax un formulario de autorización previa completo para el medicamento a Molina al (866) 508-6445. Inicie sesión en el sitio web [www.molinahealthcare.com](http://www.molinahealthcare.com) para obtener los formularios. Las muestras farmacéuticas de prueba no se considerarán como una justificación para aprobar una solicitud de autorización previa.

## CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA

Para asegurarse que el Departamento de Farmacia de Molina Healthcare of California brinde una respuesta más rápida, proporcione la información relevante con la solicitud de Autorización previa [Prior Authorization]. A continuación se incluyen ejemplos:

## Clase de medicamento/diagnóstico

Reducir el colesterol  
Diabetes  
Medicamento fuera del formulario o no preferido

## Información clínica solicitada

Panel de lípidos, factores de riesgos cardiovasculares  
Reporte de A1c  
Registro de medicamentos o notas de progreso que muestren el uso previo de medicamentos del formulario

## CATEGORÍAS A TENER EN CUENTA

### SOLUCIONES INTRAVENOSAS

#### SOLUCIONES INTRAVENOSAS SIMPLES

ml

Las soluciones intravenosas simples por lo general se usan para las terapias de hidratación. Se incluyen soluciones disponibles comercialmente (no compuestas) como suero fisiológico, dextrosa (al 10 % en agua) y solución láctica de Ringer. También se incluyen en esta definición las soluciones de cloruro de potasio preparadas comercialmente. Las soluciones intravenosas simples se deben facturar usando el número del Código Nacional de Medicamentos (National Drug Code, NDC).

#### SOLUCIONES PARA NUTRICIÓN PARENTERAL

(NUTRICIÓN PARENTERAL COMPLETA [TPN] O HIPERALIMENTACIÓN)

ml

La distribución está restringida dentro de los 10 días después de recibir el alta en un hospital de cuidados intensivos, cuando se inició la terapia intravenosa con el mismo producto antes del alta. Se puede dispensar un suministro para 10 días como máximo dentro de este período de 10 días.

(Las soluciones de nutrición parenteral son productos que se administran en forma intravenosa o intraarterial, y, por lo general, son suspensiones o soluciones de aminoácidos o proteína, dextrosa, lípidos, electrolitos, suplementos de vitaminas o minerales, y elementos traza).

Como complemento de la nutrición parenteral, hay otros medicamentos que se combinan físicamente en una solución de nutrición parenteral en cualquier momento antes de la administración. Estos productos se incluyen dentro de la facturación de nutrición parenteral [parenteral nutrition].

Nota: Los productos no compuestos se deben facturar utilizando el número NDC del producto. Las soluciones compuestas se deben facturar como una reclamación combinada [compound claim].

#### LÍPIDOS INTRAVENOSOS ADMINISTRADOS EN FORMA SEPARADA

ml

La distribución está restringida dentro de los 10 días después de recibir el alta en un hospital de cuidados intensivos, cuando se inició la terapia intravenosa con el mismo producto antes del alta. Se puede dispensar un suministro para 10 días como máximo dentro de este período de 10 días.

Las suspensiones o soluciones de lípidos intravenosas que se administran en forma separada de las soluciones de nutrición parenteral (es decir, no se mezclan físicamente en el envase de solución de nutrición parenteral) se deben facturar utilizando el número de NDC del producto.

#### SOLUCIONES INTRAVENOSAS DE ANTIBIÓTICOS NO INCLUIDOS EN LA LISTA

ml

La distribución está restringida dentro de los 10 días después de recibir el alta en un hospital de cuidados intensivos, cuando se inició la terapia intravenosa con el mismo antibiótico antes del alta. Se puede dispensar un suministro para 10 días como máximo dentro de este período de 10 días.

Nota: Los productos no compuestos se deben facturar utilizando el número NDC del producto. Las soluciones compuestas se deben facturar como una reclamación combinada.

#### SOLUCIONES INTRAVENOSAS DE OTROS MEDICAMENTOS NO INCLUIDOS EN LA LISTA

ml

La distribución está restringida dentro de los 10 días después de recibir el alta en un hospital de cuidados intensivos, cuando se inició la terapia intravenosa con el mismo medicamento antes del alta. Se puede dispensar un suministro para 10 días como máximo dentro de este período de 10 días.

Nota: Los productos no compuestos se deben facturar utilizando el número NDC del producto. Las soluciones compuestas se deben facturar como una reclamación combinada.

### **AINE**

El uso de AINE en las siguientes afecciones requiere una mención especial de los riesgos potenciales: antecedentes de sangrado o úlcera gastrointestinal, anticoagulación crónica, asma, alergia a la aspirina, insuficiencia renal, hipertensión o insuficiencia cardíaca congestiva.

### **ANALGÉSICOS OPIOIDES**

Se deben limitar a 4 gramos de acetaminofén por día.

### **TETRACICLINAS**

Están contraindicadas para menores de 8 años, embarazadas o madres lactantes.

## **MEDICAMENTOS NO CUBIERTOS/EXCLUIDOS**

Tenga en cuenta que ciertos medicamentos no están cubiertos. Esto incluye, entre otros, los siguientes:

- Medicamentos o fabricantes de medicamentos que no califican para recibir los fondos federales de Medicaid; no participan en el Programa Federal de Reembolso de Medicaid
- Medicamentos utilizados para el tratamiento de la disfunción sexual
- Medicamentos utilizados para fines cosméticos
- Medicamentos experimentales o de investigación
- Preparaciones de medicamentos de venta sin receta (ungüento de ácido benzoico y salicílico; crema, ungüento o líquido de ácido salicílico, cloruro de sodio, pasta de óxido de zinc)
- Analgésicos de venta sin receta
- Combinaciones de vitaminas para menores de 5 años (excepto vitaminas prenatales)
- Suplementos u otros productos aprobados por la FDA
- Medicamentos de venta sin receta para la tos y el resfriado (productos OTC que contienen guaifenesina o dextrometorfano)
- Productos del hogar (cremas para manos, cremas humectantes, etc.)
- Alcaloides de belladona con fenobarbital
- Barras aplicadoras de 75 % de nitrato de plata y 25 % de nitrato de potasio para uso externo
- Solución de nitrato de plata para uso externo
- Productos dentales
- Bepreve, Istalol y bromfenac sódico
- Productos farmacéuticos que la Administración de Medicamentos y Alimentos (FDA) determina que son menos eficaces e idénticos, relacionados o similares a otros medicamentos (generalmente denominados medicamentos "DESI 5 y 6")

## **MEDICAMENTOS EXCLUIDOS (medicamentos cubiertos por el programa de pago por cada servicio de Medi-Cal)**

Los siguientes tipos de medicamentos están cubiertos directamente por el programa Medi-Cal Fee-for-Service (FFS) incluso si el miembro está inscrito en el plan de atención médica administrado por Molina. Si tiene preguntas acerca de un beneficio o servicio descrito en este documento, comuníquese con el Servicio de asistencia de Medi-Cal al 1-800-541-5555.

- Medicamentos psiquiátricos
- Inhibidores de la monoamino oxidasa (IMAO)
- Antiparkinsonianos
- Estabilizadores del ánimo
- Medicamentos para el VIH
- Agentes de desintoxicación
- Hemoderivados para hemofílicos

## PROCESADOR DE RECLAMACIONES DE RECETAS MÉDICAS

Molina Healthcare ha elegido a CVS Caremark como la compañía de Administración de beneficios de farmacia (Pharmacy Benefit Management, PBM) para que administre los beneficios en medicamentos recetados de los miembros de Molina.

- Las preguntas sobre las reclamaciones de procesamiento, el estado del formulario o las reclamaciones rechazadas se deben realizar al Servicio de asistencia de CVS Caremark al (800) 770-8014.
- Llame al Departamento de Servicios para Miembros de Molina al (888) 665-4621 si tiene inquietudes relacionadas con la membresía o la elegibilidad.
- Llame a la línea telefónica del Servicio de asistencia al proveedor de Molina al (855)-322-4075 si tiene preguntas relacionadas con proveedores de salud.

## POLÍTICA DE MEDICAMENTOS EN CASO DE URGENCIA Y DESPUÉS DEL HORARIO HABITUAL

Para evitar que la afección médica de un miembro empeore durante una situación de urgencia, es posible que sea necesario dispensar un suministro para 72 horas de un medicamento para enfermedades graves antes de obtener la autorización previa de Molina. (p. ej., un miembro es dado de alta de un hospital con una receta de un antibiótico especial después del horario de atención habitual).

Las farmacias deben usar su criterio profesional. Molina reembolsará a las farmacias por un suministro para 72 horas de un medicamento para enfermedades graves según las tarifas contratadas para esos medicamentos recetados. Las farmacias pueden comunicarse con el Servicio de asistencia de CVS Caremark al (800) 770-8014 para obtener una anulación de un suministro para 72 horas.

Las farmacias pueden comunicarse con Molina al (888) 665-4621 el siguiente día hábil y obtener la autorización para que se pueda procesar en línea la receta urgente o fuera del horario de atención habitual. Se aconseja y se espera que la farmacia proporcione la documentación razonable de los casos donde los medicamentos se hayan dispensado bajo estas circunstancias urgentes.

## LEYENDA

<b>AGE</b>	Límite de edad
<b>MED</b>	Dosis equivalente a un máximo de 90 mg de morfina por día
<b>OTC</b>	De venta libre, beneficio cubierto con una receta médica
<b>PA</b>	Autorización previa
<b>PA, QL</b>	Límite de cantidad que se aplica después de aprobada la autorización previa
<b>QL</b>	Límite de cantidad
<b>SP</b>	Medicamentos especializados; estos medicamentos se pueden obtener en una farmacia especializada
<b>ST</b>	Terapia por pasos
<i>letra cursiva minúscula</i>	Indica que el medicamento genérico está disponible
<b>LETRA MAYÚSCULA</b>	Indica que un medicamento de marca está disponible

## CÓMO SOLICITAR CAMBIOS EN EL FORMULARIO

Si usted es el médico que receta y desea solicitar un cambio en el formulario, envíe su solicitud y fundamentación al Departamento de Farmacia de Molina e incluya su información de contacto.

Fax: 562-499-0790

## AVISO

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Este documento incluye referencias sobre los medicamentos de marca recetados que son marcas comerciales o marcas registradas de fabricantes farmacéuticos.

## ACTUALIZACIONES DEL FORMULARIO

Revise las modificaciones realizadas en el formulario que corresponden a los beneficios de farmacia a menos que se indique lo contrario. Si tiene preguntas, comuníquese con el Servicio de asistencia de la farmacia del plan de salud de Molina.

<b>Nomenclatura</b>			
AGE= límite de edad	ST= terapia por pasos	OTC= venta libre	PA= autorización previa
PA, QL= límite de cantidad que se aplica después de aprobada la autorización previa	QL= límite de cantidad	SP= medicamentos especializados; estos medicamentos se pueden obtener en una farmacia especializada	MED= dosis equivalente a un máximo de 90 mg de morfina por día

يسرنا تقديم قائمة الأدوية المفضلة (دليل الأدوية) الخاصة بشركة Molina Healthcare بولاية كاليفورنيا كمرجع مفيد وأداة معلوماتية. بإمكان هذه الوثيقة أن تساعد مقدمي الرعاية الطبية في اختيار منتجات ملائمة إكلينيكيًا وبتكلفة اقتصادية لمرضاهم.

تمت مراجعة الأدوية الواردة بواسطة لجنة صيدلة وعلاج (P&T) واعتمادها لإدراجها في القائمة. تعكس هذه الوثيقة الممارسات الطبية الحالية حتى تاريخ المراجعة. تتعامل Molina Healthcare فقط مع الأدوية الصادرة من المنتجين المشتركين في برنامج الخصومات الخاص بالتأمين الصحي الفدرالي ميديكيد.

المعلومات الواردة في هذه الوثيقة وملحقاتها مقدمة فقط كوسيلة لتسهيل لمقدمي الرعاية الطبية. لا نضمن دقة هذه المعلومات أو نؤكدها، ولم يُقصد أن تكون ذات صفة شاملة. تُوفّر كل المعلومات التي تتضمنها هذه الوثيقة كمرجع لاختيار العلاجات الدوائية.

تخضع هذه الوثيقة للوائح وقواعد خاصة بالولاية، وتشمل دون حصر، تلك المتعلقة بالاستبدال بالأدوية الجنيسة وجدول المواد الخاضعة للمراقبة وتفضيلات الأصناف المعروفة والبدائل الجنيسة الإلزامية متى وُجِدَت.

لا نتحمل أي مسؤولية عن أي إجراء يقوم به أي مقدم للرعاية الطبية، أو يخفق في القيام به، استناداً إلى المعلومات الواردة في هذه الوثيقة، سواءً كلياً أو جزئياً. ينبغي على مقدم الرعاية الطبية الاطلاع على نشرات المنتجات الصادرة من مُصنّع الدواء أو المراجع القياسية للحصول على معلومات تفصيلية.

## تمهيد

هذه الوثيقة مُقسّمة إلى أجزاء. ويُقسّم كل جزء حسب الفئة العلاجية للدواء والتي تحددتها في المقام الأول آلية عمل الدواء.

## لجنة الصيدلة والعلاج (P&T)

تُستخدم خدمات لجنة الصيدلة والعلاج ("P&T Committee") للمصادقة على العلاجات الآمنة والفعّالة إكلينيكيًا. وهي هيئة استشارية من المهنيين الإكلينكيين. وتشمل عضوية اللجنة أعضاء مصوتين من الأطباء والصيدالين الذين يتمتع جميعهم بنطاق عريض من الخبرات الإكلينيكية والأكاديمية المتعلقة بأدوية الوصفات. يجب على أعضاء لجنة الصيدلة والعلاج المصوتين الإفصاح عن أي علاقات مالية أو تعارض مصالح مع أي من شركات تصنيع الدواء.

## وصف المنتجات في قائمة الأدوية

للمساعدة في فهم ما تشمله الوثيقة من درجات تركيز الدواء وأشكال جرعاته الصيدلانية، نسرّد فيما يلي بعض المبادئ العامة:

- يُعرَض اسم الدواء في العمود الأول من الجدول. تُعرض أدوية الأسماء التجارية بالأحرف الكبيرة (مثل: LIPITOR). تُعرَض أسماء الأدوية الجنيسة المكافئة بالخط المائل (مثل: atorvastatin).
- تُعرض في العمود الثاني (بعنوان: شريحة الدواء (Drug Tier)) الشريحة التي يوضع فيها الدواء في دليل الأدوية.
- سيتضمن العمود الثالث (بعنوان: المتطلبات/الحدود (Requirements/Limits)) أي متطلبات خاصة للتغطية التأمينية للدواء.
- إذا كانت كل من نسخة الدواء المباعة بدون وصفة (OTC) والمباعة بوصفة مشمولتين بالتغطية، فسندرج النسختان في الجدول.
- تتطلب كل من المنتجات ممتدة الإطلاق وأجلة الإطلاق إدخالاً خاصاً بكل منها في الجدول.
- ستكون الأشكال الصيدلانية الواردة في الوثيقة منسقة مع الفئة والاستخدام عند ذكرها.

## الكمية الموصوفة

ينبغي كتابة الوصفات لتتضمن إمداداً علاجياً بالأدوية (الكمية المناسبة لعلاج حالة مرضية) بحد أقصى إمداد يكفي 60 يوماً لبعض الأدوية التي توصف شهرياً. ويمكن وصف كميات تجريبية عند البدء في علاجات جديدة على حسب الحال.

## البدائل الجنيسة

الاستبدال بأدوية جنيسة مكافئة إجراء صيدلي تُصرّف بمقتضاه نسخة جنيسة مكافئة من الدواء بدلاً من المنتج ذي الاسم التجاري الموصوف. ويدل الخط المائل بالأحرف الصغيرة في هذه الوثيقة على توفر البديل الجنيس. في أغلب الأحوال، سيصبح دواء الاسم التجاري الذي يتوفر بديل جنيس له غير مدرج في دليل الأدوية، وسيُدرج البديل الجنيس مكانه، وذلك بعد نزول المنتج الجنيس في الأسواق. غير أن هذه الوثيقة تخضع للوائح وقواعد خاصة بالولاية متعلقة بالاستبدال بالأدوية الجنيسة وتُطبّق قواعد ملزمة بالبدائل الجنيسة إذا وُجِدَت.

وعادة ما تكون أسعار الأدوية الجنيسة أقل من أدوية الاسم التجاري المكافئة لها. ينطبق على الأدوية الجنيسة الموصوفة ما يلي:



- يُصادق عليها من قِبَل إدارة الغذاء والدواء الأمريكية (FDA) لاستيفاء معايير السلامة والفعالية، ويخضع تصنيعها لنفس المعايير الصارمة التي تطبق على أدوية الأسماء التجارية.
- تخضع للاختبارات البشرية للتأكد من امتصاص الدواء الجنييس في مجرى الدم بمعدل ومدى مماثلين لدواء الاسم التجاري (تكافؤ بيولوجي). قد تختلف الأدوية الجنييسة عن أدوية الاسم التجاري في الحجم واللون والمكونات غير الفعالة، لكن ذلك لا يغير من فعاليتها أو قابليتها للامتصاص بشكل مماثل تمامًا لدواء الاسم التجاري.
- تُصنَع بنفس درجات التركيز والشكل الصيدلاني مثل أدوية الأسماء التجارية.

عند استبدال دواء اسم تجاري بدواء جنييس مكافئ، يمكن أن تتوقع أن يكون للدواء الجنييس نفس التأثير الإكلينيكي وشاكلة السلامة مثل دواء الاسم التجاري (تكافؤ علاجي).

## تصميم الخطة

تمثل هذه الوثيقة تصميمًا لخطة دليل أدوية مغلقة. الأدوية المدرجة في الوثيقة مشمولة بتغطية الخطة كما هي معروفة. وتشمل التغطية بعض الأدوية المدرجة في القائمة في حالة استيفاء معايير إدارة الاستخدام (على سبيل المثال: التدرج العلاجي (Step Therapy) والتصريح المسبق (Prior Authorization) وحدود الكميات (Quantity Limits)، وغير ذلك)؛ وسوف تخضع طلبات استخدام هذه الأدوية خارج معاييرها المدونة للمراجعة من أجل الوقوف على الضرورة الطبية. إذا لم يكن دواء ما مدرجًا في الوثيقة، فيمكن تقديم طلب استثناء من دليل الأدوية لتغطيته. سوف تُرَاجَع طلبات الضرورة الطبية أو الاستثناء من دليل الأدوية بناءً على معايير التصريحات المسبقة الخاصة بدواء معين أو المعايير المعتادة لطلبات الوصفات من خارج دليل الأدوية. للتحقق من التغطية، سجّل الدخول إلى الموقع

[www.molinahealthcare.com](http://www.molinahealthcare.com).

## إجراءات طلب التصريح المسبق

يمكن مصادقة وصفات الأدوية التي تتطلب موافقة مسبقة أو وصفات الأدوية غير المدرجة في دليل أدوية Molina في حالة الضرورة الطبية أو إذا ثبت عدم فعالية الخيارات المدرجة في دليل الأدوية. عند حصول هذه الحالات الاستثنائية، يمكن للطبيب تعبئة نموذج تصريح مسبق وإرساله عبر الفاكس إلى Molina على الرقم 508 6445 (866). ويمكن الحصول على النماذج بتسجيل الدخول إلى الموقع [www.molinahealthcare.com](http://www.molinahealthcare.com) لن تُعتبر تجارب العينات الدوائية مسوغًا للمصادقة على طلب تصريح مسبق.

## نصائح مفيدة بخصوص التصريحات المسبقة

لضمان أسرع استجابة ممكنة من قسم الصيدلة بشركة Molina Healthcare، يُرجى توفير المعلومات ذات الصلة مع طلب التصريح المسبق (Prior Authorization). وفيما يلي بعض الأمثلة:

فئة الدواء/التشخيص	المعلومات الإكلينيكية المطلوبة
خفض الكوليسترول	تحليل الدهون، مخاطر الإصابة بالأمراض القلبية الوعائية
داء السكري	تقرير فحص السكر التراكمي (A1c)
الأدوية غير المدرجة في دليل الأدوية/غير المفضلة	سجل دوائي و/أو ملاحظات تطور الحالة توثق الاستخدامات السابقة لأدوية دليل الأدوية

## فئات للأخذ في الاعتبار

محاليل الحقن الوريدي

محاليل الحقن الوريدي البسيطة  
محاليل الحقن الوريدي البسيطة تُستخدم عادة لعلاج الجفاف بالإماهة. يشمل هذا التعريف محاليل (غير مركبة) متوفرة تجاريًا مثل المحلول الملحي العادي (Normal Saline) ومحلول الجلوكوز (Dextrose) (بتركيز 10% في الماء) ومحلول رينغر اللاكتاتي؛ كما يشمل هذا التعريف محاليل كلوريد البوتاسيوم التي تُحصَر تجاريًا في هذه المحاليل. تُقَيَّد محاليل الحقن الوريدي البسيطة في فواتير المحاسبة باستخدام رقم الرمز الدوائي الوطني (National Drug Code (NDC)) للمنتج.

محاليل التغذية بالحقن (التغذية الكاملة (TPN) أو فرط التغذية بالحقن)  
يقتصر صرفها على مدة لا تتجاوز 10 أيام بعد خروج مريض داخلي من مستشفى أمراض حادة، والتي قد بدأ فيها العلاج بالحقن الوريدي بنفس المنتج قبل التخريج. يُطَبَّق حد أقصى يكافئ إمداد 10 أيام لكل عملية صرف خلال فترة الـ 10 أيام هذه.

محاليل التغذية بالحقن منتجات تغذية تُعطى عبر الحقن الوريدي أو الشرياني، وعادة ما تكون مستعلقات أو محاليل من الأحماض الأمينية و/أو البروتين و/أو الجلوكوز و/أو الدهون و/أو الكهارب و/أو الفيتامينات و/أو المكملات المعدنية وعناصر زهيدة المقدار).

الأدوية المساعدة للتغذية بالحقن هي أدوية أخرى تُخلط في محلول التغذية بالحقن في أي وقت قبل إعطاء التغذية. تُقَيَّد هذه المنتجات في فواتير المحاسبة كجزء من قيد التغذية بالحقن (parenteral nutrition).

ملاحظة: يجب أن تُقيد المنتجات غير المركبة في الفواتير باستخدام رقم الرمز الدوائي الوطني (NDC) للمنتج. يجب أن تُقيد المنتجات المركبة في الفواتير كمطالبة تركيب (compound claim).

الدهون التي تُعطى منفصلة بالحقن الوريدي mL  
يقتصر صرفها على مدة لا تتجاوز 10 أيام بعد خروج مريض داخلي من مستشفى أمراض حادة، والتي بدأ فيها العلاج بالحقن الوريدي بنفس المنتج قبل التخريج. يُطبق حد أقصى يكافئ إمداد 10 أيام لكل عملية صرف خلال فترة الـ 10 أيام هذه.  
ينبغي أن تُقيد محاليل أو مستعلقات الدهون بالحقن الوريدي التي تُعطى منفصلة عن محاليل التغذية بالحقن (أي أنها لا تُخلط مادياً في وعاء محلول التغذية بالحقن) في فواتير المحاسبة باستخدام رقم الرمز الدوائي الوطني (NDC).

محاليل الحقن الوريدي للمضادات الحيوية غير المدرجة

mL  
يقتصر صرفها على مدة لا تتجاوز 10 أيام بعد خروج مريض داخلي من مستشفى أمراض حادة، والتي بدأ فيها العلاج بالحقن الوريدي بنفس المنتج قبل التخريج. يُطبق حد أقصى يكافئ إمداد 10 أيام لكل عملية صرف خلال فترة الـ 10 أيام هذه.

ملاحظة: يجب أن تُقيد المنتجات غير المركبة في الفواتير باستخدام رقم الرمز الدوائي الوطني (NDC) للمنتج. يجب أن تُقيد المنتجات المركبة في الفواتير كمطالبة تركيب (compound claim).

محاليل الحقن الوريدي للمضادات الحيوية غير المدرجة mL  
يقتصر صرفها على مدة لا تتجاوز 10 أيام بعد خروج مريض داخلي من مستشفى أمراض حادة، والتي بدأ فيها العلاج بالحقن الوريدي بنفس المنتج قبل التخريج. يُطبق حد أقصى يكافئ إمداد 10 أيام لكل عملية صرف خلال فترة الـ 10 أيام هذه.  
ملاحظة: يجب أن تُقيد المنتجات غير المركبة في الفواتير باستخدام رقم الرمز الدوائي الوطني (NDC) للمنتج. يجب أن تُقيد المنتجات المركبة في الفواتير كمطالبة تركيب (compound claim).

#### الأدوية اللاستيرويدية المضادة للالتهاب (NSAIDs)

يتطلب استخدام الأدوية اللاستيرويدية المضادة للالتهاب في الحالات التالية انتباهاً خاصاً للمخاطر المحتملة: سوابق نزف أو تقرحات في الجهاز الهضمي أو امتناع التجلط المزمن أو الربو أو حساسية ضد الأسبرين أو فشل الكلى أو ارتفاع ضغط الدم أو فشل القلب الاحتقاني.

#### المسكنات الأفيونية

تقتصر على 4 جم أسيتامينوفين يومياً.

#### أدوية التتراسيكلين

يحظر وصفها للأطفال أقل من 8 سنوات أو الأمهات الحوامل والمرضعات.

#### الأدوية غير المشمولة/المستثناة

يرجى ملاحظة أن بعض الأدوية غير مشمولة بالتغطية. وتتضمن هذه الأدوية دون حصر ما يلي:

- الأدوية/منتجات الدواء غير المؤهلين لدعم ميديكيد و/أو غير المساهمين في برنامج خصومات ميديكيد الفدرالي
- الأدوية المستخدمة لعلاج الضعف الجنسي
- الأدوية المستخدمة لأغراض التجميل
- الأدوية التجريبية أو الاستقصائية
- المستحضرات الدوائية التي لا تتطلب وصفة طبية (مرهم حمض البنزويك وحمض الساليسيليك، أو كريم أو مرهم أو سائل حمض الساليسيليك، أو كلوريد الصوديوم، أو معجون أو أكسيد الزنك)
- مسكنات لا تتطلب وصفات
- توليفات الفيتامينات للأشخاص أكبر من 5 سنوات (باستثناء فيتامينات ما قبل الولادة)
- مكملات غذائية أو غير ذلك من المنتجات غير المصادق عليها من قبل إدارة الغذاء والدواء الأمريكية (FDA)
- أدوية السعال والبرد التي لا تتطلب وصفات (منتجات تباع بدون وصفة تحتوي على غابيفينيسين أو دكستروميثورفان)
- المنتجات المنزلية اليومية (مستحضرات غسول اليدين، المرطبات، وغير ذلك)
- قلوانيات البلاذونا مع فينوباربيتال
- أعواد التطبيق الموضعي لنترات الفضة بنسبة 75% ونترات البوتاسيوم بنسبة 25%
- محلول نترات الفضة الموضعي
- منتجات طب الأسنان
- بيريريف وإيستالول وبرومفيناك الصوديوم

- المنتجات الدوائية التي حكمت إدارة الغذاء والدواء الأمريكية (FDA) بأنها دون مستوى الفعالية والأدوية المطابقة لها أو المرتبطة بها أو المماثلة لها (التي كثيراً ما يشار إليها بأدوية "5 DESI و 6")

### أدوية منفصلة (الأدوية المشمولة بتغطية خدمة ميديكال المدفوعة)

أنواع الأدوية التالية مشمولة بتغطية برنامج خدمة (FFS) Medi-Cal Fee-for-Service مباشرة، حتى لو كان العضو مسجلاً في الرعاية المدبّرة لدى Molina. للاستفسارات حول أي ميزة أو خدمة مذكورة هنا، يُرجى الاتصال بدعم ميديكال على الرقم 1-800-541-5555.

- أدوية العلاج النفسي
- مثبطات أكسيداز أحادي الأمين (MAOIs)
- بعض العوامل المختارة المضادة للباركنسونية
- موازنات اضطراب المزاج
- أدوية فيروس عوز المناعة البشرية (HIV)
- عوامل إزالة السمية
- مشتقات الدم لعلاج الناعور

### جهة التعامل مع طلبات الوصفات الدوائية

عينت Molina Healthcare شركة التأمين CVS Caremark لتكون شركة إدارة الميزات الصيدلانية (PBM) التي تدير ميزة الوصفات الدوائية لأعضاء Molina.

- يمكن توجيه الأسئلة حول معالجة المطالبات أو حالة دواء في دليل الأدوية أو المطالبات المرفوضة إلى مكتب المساعدة التابع لـ CVS Caremark على الرقم 770-8014 (800).
- يمكن توجيه الاستفسارات المتعلقة بالعضوية والأهلية من خلال الاتصال بخدمات الأعضاء بشركة Molina على الرقم 665-4621 (888).
- يمكن توجيه الأسئلة المتعلقة بمقدمي الرعاية من خلال الاتصال بخدمات الأعضاء بشركة Molina على الرقم 322-4075 (855).

### سياسة الأدوية العاجلة وبعد ساعات العمل

من أجل تجنب تدهور حالة العضو عند حدوث حالة طارئة، قد تتطلب الضرورة صرف إمداد 72 ساعة من دواء سريع المفعول قبل التمكن من استصدار تصريح مسبق من Molina. (على سبيل المثال، إثر خروج العضو من المستشفى بعد ساعات العمل العادية ومعه وصفة لمضاد حيوي خاص).

لدى الصيدليات تعليمات بالاستعانة باجتهادها المهني في هذه الأحوال. سوف ترد Molina إلى الصيدليات تكلفة إمداد 72 ساعة من الدواء سريع المفعول بالسعر المتعاقد عليه لهذه الوصفات. يمكن للصيدليات الاتصال بمكتب مساعدة CVS Caremark على الرقم 770-8014 (800) للحصول على تصريح بتجاوز إمداد الـ 72 ساعة.

يمكن للصيدليات الاتصال بشركة Molina على الرقم 665-4621 (888) أثناء يوم العمل التالي للتمكن من معالجة طلب الوصفة العاجل أو بعد ساعات العمل عبر الإنترنت. وتُصح الصيدليات، ويُتوقَّع منها، تقديم مستندات مناسبة للحالات التي صرفت فيها الأدوية في مثل هذه الظروف العاجلة.

## بيان العناوين

حدود السن	AGE
الحد الأقصى جرعة تكافئ 90 مج مورفين يوميًا	MED
منتج يباع بدون وصفة، ميزة مشمولة بالتغطية مع وجود وصفة	OTC
التصريح المسبق	PA
تُطبَّق حدود الكمية بعد الموافقة على التصريح المسبق	PA, QL
حدود الكمية	QL
دواء تخصصي، يجب الحصول على هذه الأدوية من خلال صيدلية متخصصة	SP
علاج تدريجي	ST
تدل على توفر البديل الجنيس	الأحرف الصغيرة
تدل على توفر دواء الاسم التجاري	الأحرف الكبيرة

## طلب تغييرات في دليل الأدوية

إذا كنت تكتب وصفات علاجية وترغب في طلب تغيير في دليل الأدوية، فيرجى تقديم طلبك مع ذكر الأسباب إلى قسم الصيدلة بشركة Molina مصحوبًا ببيانات الاتصال بك.

فاكس: 562-499-0790

## ملاحظة

المعلومات الواردة في هذه الوثيقة ملكية خاصة. لا يُسمح بنسخ هذه المعلومات كليًا أو جزئيًا بدون إذن مكتوب. ©2019. جميع الحقوق محفوظة.

تحتوي هذه الوثيقة على إشارات إلى أدوية وصفات ذات أسماء تجارية معروفة وهي علامات تجارية أو علامات تجارية مسجلة لشركات صناعة الأدوية.

## تحديثات دليل الأدوية

الرجاء مراجعة التغييرات في دليل الأدوية التي تتعلق بالميزات الصيدلانية ما لم يُشار إلى خلاف ذلك. إذا كانت لديك أي أسئلة، فيرجى الاتصال بمكتب المساعدة الصيدلانية التابع لخطة Molina الصحية.

مفتاح الرموز			
PA= تصريح مسبق	OTC= دواء يباع بدون وصفة	ST= علاج تدريجي	AGE= حدود السن
MED= الحد الأقصى جرعة تكافئ 90 مج مورفين يوميًا	SP= دواء تخصصي، يجب الحصول على هذه الأدوية من خلال صيدلانية متخصصة	QL= حدود الكمية	PA, QL= تُطبَّق حدود الكمية بعد الموافقة على التصريح المسبق

## ՆԵՐԱՄՈՒԹՅՈՒՆ

Ուրախ ենք տրամադրել 2019թ. Կալիֆոռնիայի *Molina Healthcare-ի Նախընտրելի դեղերի ցանկը (Դեղացանկ)*՝ որպես օգտակար հղում և տեղեկատվական գործիք: Այս փաստաթուղթը կարող է օգնել բժշկական ծառայությունների մատակարարներին ընտրելու կլինիկապես համապատասխան և ծախսերի առումով շահավետ ապրանքներ իրենց հիվանդների համար:

Ներկայացված դեղերն ուսումնասիրվել են Դեղագործության և թերապիայի (P&T) հարցերով հանձնաժողովի կողմից և հաստատվել՝ ընդգրկման համար: Այս փաստաթուղթն արտացոլում է ընթացիկ բժշկական գործելակերպը՝ վերանայման ամսաթվի դրությամբ: Կալիֆոռնիայի Molina Healthcare-ն ապահովագրում է միայն այն դեղերը, որոնք արտադրված են Դաբերթի Մեդիկաիդ դեղերի գեղջման ծրագրին մասնակցող արտադրողի կողմից:

Այս փաստաթղթում և դրա հավելվածներում տեղ գտած տեղեկատվությունը տրամադրվում է բացառապես բժշկական ծառայությունների մատակարարների մատչելիության համար: Մենք չենք երաշխավորում կամ հավաստիացնում նման տեղեկատվության հեզությունները, և այն նախատեսված չէ լինել համապարփակ բնույթի: Փաստաթղթում առկա ողջ տեղեկատվությունը տրամադրվում է որպես հղում՝ դեղորայքային թերապիա ընտրելու համար:

Փաստաթուղթը ենթակա է պետական հատուկ կանոնակարգերի և կանոնների, ներառյալ, սակայն չսահմանափակվելով դրանցով, կապված վերաբերյալ (ջեներիկ) դեղի փոխարինման, վերահսկվող նյութերի ժամանակացույցերի, ապրանքանիշերի նախապատվության և պարտադիր ջեներիկ դեղերի հետ, եթե կիրառելի է:

Մենք չենք կրում որևէ պատասխանատվություն բժշկական ծառայությունների որևէ մատակարարի գործողությունների կամ բացթողումների համար, որոնք ամբողջությամբ կամ մասնակիորեն հիմնված են սույն փաստաթղթում պարունակվող տեղեկատվության վրա: Ավելի մանրամասն տեղեկատվության համար բժշկական ծառայությունների մատակարարը պետք է տեղեկանա դեղորայք արտադրողի ապրանքի վերաբերյալ գրականությունից կամ սովորական հղումներից:

## ՆԱԽԱԲԱՆ

Փաստաթուղթը կազմված է բաժիններից: Յուրաքանչյուր բաժին բաժանվում է դեղորայքի թերապևտիկ դասակարգմամբ՝ հիմնականում սահմանված ըստ ազդեցության մեխանիզմի:

## ԴԵՂԱԳՈՐԾՈՒԹՅԱՆ ԵՎ ԹԵՐԱՊԻԱՅԻ (P&T) ՀԱՐՑԵՐՈՎ ՀԱՆՁՆԱԺՈՂՈՎ

Դեղագործության և թերապիայի հարցերով հանձնաժողովի («P&T Committee») ծառայություններն օգտագործվում են՝ հաստատելու դեղորայքի միջոցով անվտանգ և կլինիկապես արդյունավետ բուժումները: P&T Committee-ն հանդիսանում է կլինիկական ոլորտի մասնագետների խորհրդատվական մարմին: P&T Committee-ի ձայնի իրավունք ունեցող անդամները բժիշկներ և դեղագործներ են, որոնք բոլորն էլ դեղատոմսով դեղերի

վերաբերյալ ունեն կլինիկական և ակադեմիական ոլորտի փորձառության լայն շրջանակ: P&T Committee-ի ձայնի իրավունք ունեցող անդամները պետք է բացահայտեն ցանկացած ֆինանսական հարաբերություն կամ շահերի բախում՝ կապված դեղագործական արտադրողների հետ:

## ԴԵՂԵՐԻ ՑԱՆԿԻ ԱՊՐԱՆՔՆԵՐԻ ՆԿԱՐԱԳՐՈՒԹՅՈՒՆ

Օգնելու համար հասկանալ, թե դեղերի որ հատուկ դեղաբանականներն ու դեղաչափերն են ներկայացված փաստաթղթում, ընդհանուր սկզբունքները բերված են ստորև:

- Ադյուսակի առաջին սյունակում նշվում է դեղի անվանումը: Ապրանքանիշային անվամբ դեղերը գրվում են մեծատառերով (օր.՝ LIPITOR): Ձեներիկ դեղերը նշվում են փոքրատառ լատինական տառերով (օր.՝ *atorvastatin*):
- Երկրորդ սյունակում (վերնագրված Դեղի մակարդակ (Drug Tier)) կհավանա, թե Դեղացանկի որ մակարդակում է ընդգրկված դեղը:
- Երրորդ սյունակում (Պահանջներ/Սահմանափակումներ (Requirements/Limits)) նշվում է ձեր դեղի ապահովագրության համար անհրաժեշտ հատուկ պահանջներ:
- Եթե առանց դեղատոմս (OTC) և դեղատոմսով ապրանքի տարբերակներն ապահովագրված են, ապա երկուսն էլ նշվում են:
- Ընդլայնված-թողարկումով և հետաձգված-թողարկումով ապրանքները պահանջում են առանձին գրանցում:
- Փաստաթղթում առկա դեղաչափի ձևերն այլ տեղերում նշվելու անհրաժեշտ է պահպանել դասակարգման և օգտագործման համապատասխանությունը:

## ԴԵՂԱՏՈՄՄԻ ՔԱՆԱԿԸ

Դեղորայքի թերապևտիկ մատակարարման նպատակով (ֆանակ, որն անհրաժեշտ է առողջական վիճակի պատշաճ բուժման համար), դեղատոմսերը, որոնք որոշ դեղորայքի համար տրվում են ամսական կտրվածքով, անհրաժեշտ է գրել առավելագույնը 60-օրյա մատակարարման ժամկետով: Փորձնական ֆանակությունները կարող են կիրառվել նոր բուժումներ սկսելու դեպքում, ըստ անհրաժեշտության:

## ՁԵՆԵՐԻԿ ԴԵՂԵՐԻ ՓՈՒՍՏԱԳՐՈՒՄ

Վերաբերյալ (ջեներիկ) դեղի փոխարինումը հանդիսանում է դեղատեսակի գործողություն, երբ կիրառվում է դեղի ջեներիկ տարբերակ, այլ ոչ թե դուրս գրված ապրանքանիշային անվամբ արտադրանք: Այս փաստաթղթում *փոքրատառ լատինական* տառատեսակը նշանակում է ջեներիկ դեղի մատչելիությունը: Հիմնականում, ապրանքանիշային անվամբ դեղը, որի համար արդեն հասանելի է ջեներիկ արտադրանքը, դրա շուկա հանելուց հետո դառնում է ոչ-դեղացանկային դեղամիջոց՝ իր տեղը զիջելով ջեներիկ արտադրանքին: Այնուամենայնիվ, փաստաթուղթը ենթակա է պետական հատուկ կանոնակարգերի և կանոնների՝ կապված ջեներիկ դեղի փոխարինման և պարտադիր վերաբաղման կանոնների հետ, ըստ անհրաժեշտության:

Ջեներիկ դեղերը սովորաբար ունեն ավելի ցածր գին, քան դրանց ապրանքանիշային անվամբ համարժեքները:

Դեղատոմսով տրվող ջեներիկ դեղերն են՝

- Հաստատված են ԱՄՆ-ի Պարենի և դեղորայքի վարչության կողմից անվտանգության և արդյունավետության համար, և արտադրված՝ ապրանքանիշային դեղերի համար կիրառվող նույն խիստ չափանիշների համաձայն:
- Փորձարկված են մարդկանց վրա՝ հավաստիացնելու, որ ջեներիկ դեղը ներծծվում է արյան մեջ միևնույն արագությամբ և չափով՝ ապրանքանիշային դեղորայքի համեմատ (կենսահամարժեքություն): Ջեներիկ դեղերը կարող են տարբերվել ապրանքանիշային դեղերից իրենց չափով, գույնով և ոչ-ակտիվ բաղադրիչներով, սակայն դա չի ազդում դրանց արդյունավետության կամ կարողության վրա՝ ներծծվել ինչպես ապրանքանիշային դեղը:
- Արտադրված են նույն դեղաբանակով և դեղաչափով, ինչպես ապրանքանիշային դեղերը:

Երբ ջեներիկ դեղորայքը փոխարինում է ապրանքանիշային դեղորայքին, ապա դուք կարող եք ակնկալել, որ ջեներիկ դեղը կունենա նույն կլինիկական ազդեցությունը և անվտանգությունը, ինչպես ապրանքանիշային դեղը (թերապևտիկ համարժեքություն):

## ԾՐԱԳՐԻ ՆԱԽԱԳԻԾ

Փաստաթուղթը ներկայացնում է փակ դեղացանկի ծրագրի նախագիծ: Փաստաթղթում քվարկված դեղամիջոցներն ապահովագրված են ծրագրով՝ ըստ ներկայացվածի: Ցանկում ընդգրկված որոշ դեղամիջոցներ ապահովագրված են, եթե դրանց օգտագործման կառավարման չափորոշիչները բավարարված են (օրինակ՝ Փուլային բուժում (Step Therapy), Նախօրոք լիազորություն (Prior Authorization), Քանակային սահմանափակումներ (Quantity Limits) և այլն): Նման դեղամիջոցների օգտագործման համար պահանջները, որոնք դրանց նշված չափորոշիչներից դուրս են, պետք է դիտարկվեն՝ բժշկական անհրաժեշտությունից ելնելով: Եթե դեղը նշված չէ փաստաթղթում, ապա ապահովագրվելու համար կարող է պահանջվել դեղացանկային բացառություն: Բժշկական անհրաժեշտության կամ դեղացանկային բացառության պահանջները կուսումնասիրվեն կոնկրետ դեղամիջոցի նախօրոք լիազորության չափորոշիչների կամ ստանդարտ ոչ-դեղացանկային դեղատոմսի պահանջի չափորոշիչների հիման վրա: Ապահովագրությունը ստուգելու համար այցելեք [www.molinahealthcare.com](http://www.molinahealthcare.com) կայքը:

## ՆԱԽՕՐՈՔ ԼԻԱԶՈՐՈՒԹՅՈՒՆ ԿՆԴԻԵԼՈՒ ԳՈՐԾԸՆԹԱՑ

Նախօրոք լիազորություն պահանջող դեղորայքի կամ Molina-ի Դեղացանկում չընգրկված դեղամիջոցների դեղատոմսերը կարող են հաստատվել բժշկական անհրաժեշտության դեպքում, և երբ դեղացանկային տարբերակներն անարդյունավետ են եղել: Այսպիսի բացառիկ իրավիճակների առաջացման դեպքում, բժիշկը կարող է դեղորայքի նախօրոք լիազորության լրացված ձևը փախսով ուղարկել Molina՝ (866) 508-6445 հեռախոսահամարով: Ձևաթղթերը կարելի է ձեռք բերել՝ այցելելով [www.molinahealthcare.com](http://www.molinahealthcare.com) կայք: Դեղագործական նմուշների փորձարկումները չեն դիտարկվում որպես հիմնավորում՝ հաստատելու նախօրոք լիազորության պահանջը:



## ՆԱԽՕՐՈՒՔ ԼՒԱԶՈՐՈՒԹՅԱՆ ՕԳՏԱԿԱՐ ԽՈՐՀՈՒՐԴՆԵՐ

Կալիֆոռնիայի Molina Healthcare-ի Դեղագործական բաժանմունքից հնարավորինս արագ արձագանքմանը նպաստելու համար, Նախօրոք լիազորության (Prior Authorization) խնդրանքի հետ մեկտեղ, խնդրում ենք տրամադրել համապատասխան տեղեկություններ: Հետևյալներն օրինակներ են՝

### Դեղորայքի/ախտորոշման դաս

### Պահանջվող կլինիկական տեղեկություններ

Խոլեստերինի մակարդակի նվազեցում

Լիպիդային վահանակ, սիրտ-անոթային համակարգի ռիսկի գործոններ

Շաֆարախտ

A1c գեկույց

Ոչ-դեղացանկային/ոչ-նախընտրելի դեղեր

Դեղամիջոցների տեղեկամատյան և/կամ Առաջընթացի վերաբերյալ նշումներ, որոնք արձանագրում են Դեղացանկային դեղերի նախկինում օգտագործումը

## ՔՆՆԱՐԿՄԱՆ ԿԱՏԵԳՈՐԻԱՆԵՐԸ

### ՆԵՐՆԵՐԱԿԱՅԻՆ ԼՈՒԾՈՒԹՅՈՒՆԵՐ

#### ՍՈՎՈՐԱԿԱՆ ՆԵՐՆԵՐԱԿԱՅԻՆ ԼՈՒԾՈՒԹՅՈՒՆԵՐ

մլ

Սովորական ներերակային լուծույթները հիմնականում օգտագործվում են հիդրատացիոն թերապիայի համար: Դրանք ներառում են ազատ վահառում գտնվող (առանց խառնուրդների) լուծույթներ, ինչպես օրինակ՝ Սովորական աղաջուրը, Դեֆստրոզը (մինչև 10% ջրում) և Լակտոզված Ռինգերի լուծույթը: Այս սահմանման մեջ ներառված են նաև կոմերցիոն եղանակով պատրաստվող կալիումի և քլորիդի լուծույթները: Սովորական ներերակային լուծույթների համար հաշիվ պետք է ներկայացվի՝ օգտագործելով ապրանքի Դեղամիջոցների ազգային ծածկագրի (National Drug Code, NDC) համարը:

#### ՊԱՐԵՆՏԵՐԱԿԱՆ ՍՆՈՒՑՄԱՆ ԼՈՒԾՈՒԹՅՈՒՆԵՐ (TPN ԿԱՄ ԳԵՐՄՆՈՒՑՈՒՄ)

մլ

Սահմանափակ տրամադրում ինտենսիվ խնամքի հիվանդանոցից դուրս գրվելուց հետո 10 օրվա ընթացքում, երբ նույն դեղով ներերակային բուժումն արդեն սկսվել էր դուրսգրումից առաջ: Այս 10-օրյա ժամկետում առավելագույնը տրամադրվում է 10 օրվա պաշար:

(Պարենտերալ սնուցման (parenteral nutrition) լուծույթները ներերակային կամ ներ-զարկերակային ճանապարհով տրամադրվող սնուցման միջոցներ են, որոնք հիմնականում սուսպենզիաներ, ամինաթթուների լուծույթներ կամ սպիտակուցներ, դեֆստրոզ, լիպիդներ, էլեկտրոլիտներ, վիտամիններ և/կամ հանքային հավելումներ և հետքային տարրեր են):

Պարենտերալ սնուցման հետ միասին կան նաև այլ դեղեր, որոնց ֆիզիկապես խառնում են պարենտերալ սնուցման լուծույթին՝ ներարկումից առաջ որևէ պահի: Այս ապրանքների համար հաշիվ ներկայացրե՛ք որպես պարենտերալ սնուցման համար հաշվի մի մաս:

Ծանոթություն. Առանց խառնուրդների ապրանքների համար պետք է հաշիվ ներկայացվի՝ օգտագործելով ապրանքի NDC համարը: Խառնուրդով լուծույթների համար պետք է հաշիվ ներկայացվի որպես խառնուրդով լուծույթի պահանջ (compound claim):

ԱՌԱՆՁԻՆ ՆԵՐԱՐԿՎՈՂ ՆԵՐՆԵՐԱԿԱՅԻՆ ԼԻՊԻԴՆԵՐ մլ

Սահմանափակ տրամադրում ինտենսիվ խնամքի հիվանդանոցից դուրս գրվելուց հետո 10 օրվա ընթացքում, երբ նույն ապրանքով ներերակային բուժումն արդեն սկսվել էր դուրսգրումից առաջ: Այս 10-օրյա ժամկետում առավելագույնը տրամադրվում է 10 օրվա պաշար:

Ներերակային լիպիդային լուծույթների կամ աուսպենգլաների համար, որոնք տրամադրվում են պարենտերալ սնուցման լուծույթներից առանձին (ֆիզիկապես չեն խառնվում պարենտերալ սնուցման լուծույթի ամանի մեջ), պետք է հաշիվ ներկայացվի՝ օգտագործելով ապրանքի NDC համարը:

ԶԹՎԱՐԿՎԱԾ ՀԱԿԱԲԻՈՏԻԿՆԵՐԻ ՆԵՐՆԵՐԱԿԱՅԻՆ ԼՈՒԾՈՒՅԹՆԵՐ մլ

Սահմանափակ տրամադրում ինտենսիվ խնամքի հիվանդանոցից դուրս գրվելուց հետո 10 օրվա ընթացքում, երբ նույն հակաբիոտիկով ներերակային բուժումն արդեն սկսվել էր դուրսգրումից առաջ: 10-օրյա ժամկետում առավելագույնը տրամադրվում է 10 օրվա պաշար:

Ծանոթություն. Առանց խառնուրդների ապրանքների համար պետք է հաշիվ ներկայացվի՝ օգտագործելով ապրանքի NDC համարը: Խառնուրդով լուծույթների համար պետք է հաշիվ ներկայացվի որպես խառնուրդով լուծույթի պահանջ:

ԱՅԼ ԶԹՎԱՐԿՎԱԾ ԴԵՂՆԵՐԻ ՆԵՐՆԵՐԱԿԱՅԻՆ ԼՈՒԾՈՒՅԹՆԵՐ մլ

Սահմանափակ տրամադրում ինտենսիվ խնամքի հիվանդանոցից դուրս գրվելուց հետո 10 օրվա ընթացքում, երբ նույն դեղով ներերակային բուժումն արդեն սկսվել էր դուրսգրումից առաջ: 10-օրյա ժամկետում առավելագույնը տրամադրվում է 10 օրվա պաշար:

Ծանոթություն. Առանց խառնուրդների ապրանքների համար պետք է հաշիվ ներկայացվի՝ օգտագործելով ապրանքի NDC համարը: Խառնուրդով լուծույթների համար պետք է հաշիվ ներկայացվի որպես խառնուրդով լուծույթի պահանջ:

### **Ոչ-ստերոիդային հակաբորբոքային դեղեր (nonsteroidal anti-inflammatory drugs, NSAIDs)**

Հետևյալ առողջական վիճակների համար օգտագործվող NSAID-ն արժանի է հատուկ ուշադրության ակնկալվող ռիսկերի հետ կապված՝ աղիստամոխային այրուևահոսության կամ խոցի պատմություն, բրոնխի անմալարդեղիություն, ասթմա, ասպիրինի հանդեպ ալերգիա, երիկամային անբավարարություն, այրան բարձր ճնշում կամ սրտի բրոնխի

անբավարարություն:

## **ՕՊԻՈՒՂԱՅԻՆ ՑԱՎԱԶՐԿՈՂ ԴԵՂԱՆՅՈՒԹԵՐ**

Սահմանափակվում է օրական 4 գրամ ագետամինոֆենոլ:

## **ՏԵՏՐԱՑԻՎԻՆՆԵՐ**

Հակացուցված է 8 տարեկանից ցածր երեխաների, հղի և կրծքով կերակրող մայրերի համար:

## **ԶԱՊԱՀՈՎԱԳՐՎԱԾ/ՀԵՌԱՑՎԱԾ ԴԵՂԱՄԻՋՈՑՆԵՐ**

Խնդրում ենք նկատի ունենալ, որ որոշ դեղամիջոցներ ապահովագրված չեն: Դրանք ներառում են, բայց չեն սահմանափակվում հետևյալով՝

- Դեղեր/դեղ արտադրողներ, որոնք իրավունակ չեն Դաշնային Medicaid ֆինանսավորման համար, չեն մասնակցում Դաշնային Medicaid գեղջման ծրագրին
- Սեռական դիսֆունկցիայի համար օգտագործվող դեղորայք
- Կոսմետիկ նպատակներով օգտագործվող դեղորայք
- Փորձարարական կամ հետազոտական դեղորայք
- Առանց դեղատոմսի դեղորայքային պատրաստուկներ (բենզոլիկ և սալիցիլաթթվի ֆուլ, սալիցիլաթթվի կրեմ, ֆուլ կամ հեղուկ, նատրիումի բլորիդ, ցինկ օֆսիդի մածուկ)
- Առանց դեղատոմսի ցավազրկողներ
- Վիտամինային համակցություններ 5 տարեկանից ցածր անձանց համար (բացի նախաձեռնողան վիտամիններից)
- Հավելումներ կամ այլ արտադրանքներ, որոնք հաստատված չեն FDA-ի կողմից
- Առանց դեղատոմսի պատրաստուկներ մրսածության և հազի դեմ (OTC արտադրանքներ, որոնք պարունակում են գվայֆենեզին (guaifenesin) կամ դեքստրոմեթորֆան (dextromethorphan))
- Կենցաղային ապրանքներ (ձեռքի լոսյոններ, խոնավեցնող միջոցներ և այլն)
- Բելադոնա ալկալոիդներ՝ ֆենոթերալիտալի հետ միասին
- 75%-անոց արծաթե նիտրատի և 25%-անոց կալիումի նիտրատի տեղային կիրառման ձողիկներ
- Արծաթե նիտրատի տեղային օգտագործման լուծույթ
- Ատամնաբուժական ապրանքներ
- Bepreve, Istalol և bromfenac sodium
- Համաձայն Դեղորայքի դաշնային վարչության (Federal Drug Administration, FDA) որոշման՝ դեղագործական պատրաստուկներ, որոնք արդյունավետ և նույնական չեն՝ փոխկապված կամ նմանատիպ դեղամիջոցների հետ համեմատած (հաճախ ներկայացվում են որպես «DESI 5 և 6» դեղամիջոցներ)

## ԱՊԱՀՈՎԱԳՐՈՒԹՅՈՒՆԻՑ ԴՈՒՐՄ ՄՆԱՑԱՄ ԴԵՂԵՐ (Medi-Cal Fee-for-Service ծրագրի կողմից ապահովագրված դեղեր)

Դեղերի հետևյալ տեսակներն ուղղակիորեն ապահովագրվում են Medi-Cal Fee-for-Service (FFS) ծրագրի կողմից, անգամ երբ անդամն անդամագրված է Molina-ի կառավարվող խնամքի ծրագրում: Այստեղ նշված նպաստի կամ ծառայության վերաբերյալ հարցերի համար խնդրում ենք զանգահարել Medi-Cal-ի Աջակցության կենտրոն՝ 1-800-541-5555 հեռախոսահամարով:

- Հոգեբուժական դեղամիջոցներ
- Մոնոամինօքսիդազ կանխարգելիչ միջոցներ (Monoamine Oxidase Inhibitor, MAOI)
- Որոշ հակապարկինոսոնյան գործոններ
- Տրամադոլային կայունացուցիչներ
- ՄԻԱՎ-ի դեղեր
- Դեպոսիկացման գործոններ
- Արյան հեմոֆիլ հիվանդության միջոցներ

## ԴԵՂԱՏՈՄՍԵՐԻ ՊԱՀԱՆՋՆԵՐԻ ՄՇԱԿՈՂ

Molina Healthcare-ն ընտրել է CVS Caremark-ն՝ որպես Դեղատան նպաստները կառավարող (Pharmacy Benefit Management, PBM) ընկերություն՝ Molina-ի անդամների համար դեղատոմսի նպաստները կառավարելու նպատակով:

- Պահանջների մշակման, դեղացանկի կարգավիճակի կամ մերժված պահանջների վերաբերյալ հարցերը կարող եք ուղղել CVS Caremark-ի Աջակցության ծառայությանը՝ (800) 770-8014 հեռախոսահամարով:
- Անդամակցությանը և իրավասությանն առնչվող մտահոգությունների վերաբերյալ կարող եք զանգահարել Molina-ի Անդամակցության ծառայություններ՝ (888) 665-4621 հեռախոսահամարով:
- Մատակարարին առնչվող հարցերի վերաբերյալ կարող եք զանգահարել Molina-ի Մատակարարների ծառայությունների աջակցության ծառայություն՝ (855)-322-4075 հեռախոսահամարով:

## ՀՐԱՏԱՊ ԵՎ ԱՇԽԱՏԱՆՔԱԹԻՆ ԺԱՄԵՐԻՑ ԴՈՒՐՄ ԴԵՂԵՐԻ ՔԱՂԱՔԱԿԱՆՈՒԹՅՈՒՆ

Հրատապ բուժօգնություն պահանջող իրավիճակում անդամի վիճակի վատթարացումը կանխելու համար, կարող է անհրաժեշտ լինել տրամադրել 72-ժամյա ինտենսիվ դեղորայքային պաշար, նախքան Molina-ից նախօրոք լիազորության ստացումը (օր.՝ անդամը դուրս է գրվում հիվանդանոցից աշխատանքային ժամից հետո հատուկ հակաբիոտիկի դեղատոմսով):

Դեղատներին հրահանգված է կիրառել իրենց մասնագիտական դատողությունը: Molina-ն դեղատներին կվիտխատուցի 72-ժամյա ինտենսիվ դեղորայքի պաշարի դիմաց՝ այդ դեղատոմսերի պայմանագրով նախատեսված սակագների համաձայն: Դեղատները կարող են զանգահարել CVS Caremark-ի Աջակցության ծառայություն՝ (800) 770-8014 հեռախոսահամարով՝ 72-ժամյա պաշարի համար իրավասություն ձեռք բերելու նպատակով:

Դեղատոները կարող են գանգառարել **Molina** հաջորդ աշխատանքային օրը՝ (888) 665-4621 հեռախոսահամարով՝ հրատապ կամ աշխատանքային ժամերից դուրս դեղատոների առցանց մեղման համար լիազորություն ստանալու նպատակով: Խորհուրդ է տրվում և ակնկալվում, որ դեղատունը ողջամիտ փաստաթղթեր կտրամադրի այն դեպքերի համար, երբ դեղերը տրամադրվել են այսպիսի հրատապ հանգամանքներում:

## ՀԱՊԱՎՈՒՄՆԵՐ

<b>AGE</b>	Տարիքային սահմանափակում
<b>MED</b>	Օրական առավելագույնը 90 մգ մորֆինի համարժեք դեղաչափ
<b>OTC</b>	Առանց դեղատոմսի, ապահովագրված նպաստ՝ դեղատոմսով
<b>PA</b>	Նախօրոք լիազորություն
<b>PA, QL</b>	Քանակային սահմանափակում, որը կիրառվում է Նախօրոք լիազորության հաստատումից հետո
<b>QL</b>	Քանակային սահմանափակում
<b>SP</b>	Մասնագիտացված դեղ: Այս դեղերը պետք է ձեռք բերվեն մասնագիտացված դեղատոներից
<b>ST</b>	Փուլային բուժում
<i>յուրաքանչյուր</i>	Նշում է ջեներիկ դեղի առկայությունը
<b>ՄԵԾԱՏԱՌ</b>	Նշում է ապրանքանիշային դեղի առկայությունը

## ԴԵՂԱՑԱՆԿԱՅԻՆ ՓՈՓՈԽՈՒԹՅՈՒՆՆԵՐԻ ԽՆԴՐԱՆՔ

Եթե դուք դեղատոմս դուրս գրող եք և ցանկանում եք դեղացանկային փոփոխություն խնդրել, խնդրում ենք ներկայացնել ձեր խնդրանքը և հիմնավորումը **Molina**-ի Դեղատոների բաժին՝ ձեր կոնտակտային տեղեկությունների հետ միասին:

Ֆաքս՝ 562-499-0790

## ԾԱՆՈՒՑՈՒՄ

Այս փաստաթղթում պարունակվող տեղեկատվությունը հանդիսանում է սեփականություն: Առանց գրավոր թույլտվության տեղեկատվությունը չի կարող կրկնօրինակվել ամբողջությամբ կամ մասնակիորեն: ©2019: Բոլոր իրավունքները վերապահված են:

Այս փաստաթուղթը պարունակում է ապրանքանիշային անվամբ դեղատոմսով դեղերի հղումներ, որոնք հանդիսանում են դեղագործական արտադրողների ապրանքային նշանները կամ գրանցված ապրանքանիշերը:

**ԴԵՂԱՑԱՆԿԱՅԻՆ ԹԱՐՄԱՑՈՒՄՆԵՐ**

Խնդրում ենք ուսումնասիրել դեղացանկային փոփոխությունները, որոնք վերաբերում են Դեղատնային նպաստների, եթե այլ բան չի նշված: Եթե հարցեր ունեւ, կապվեք Molina Health Plan-ի Դեղատների աջակցության ծառայության հետ:

<b>Բանալի</b>			
<b>AGE= Տարիքային սահմանափակում</b>	<b>ST= Փուլային բուժում</b>	<b>OTC= Առանց դեղատոմսի</b>	<b>PA= Նախօրոք լիազորություն</b>
<b>PA, QL= Քանակային սահմանափակում, որը կիրառվում է Նախօրոք լիազորության հաստատումից հետո</b>	<b>QL= Քանակային սահմանափակում</b>	<b>SP= Մասնագիտացված դեղ: Այս դեղերը պետք է ձեռք բերվեն մասնագիտացված դեղատներից</b>	<b>MED= Օրական առավելագույնը 90 մգ մորֆինի համարժեք դեղաչափ</b>

از اینکه فهرست داروهای ترجیحی سال ۲۰۱۹ (لیست دارو) "مولینا هلت کر" Molina Healthcare کالیفرنیا را به عنوان یک مرجع و ابزار اطلاعاتی در اختیار شما قرار می دهیم بسیار خرسندیم. این لیست برای ارائه دهندگان خدمات پزشکی، بمنظور انتخاب داروهای مقرون به صرفه، و از لحاظ بالینی مناسب نیازهای بیماران، تهیه شده است.

داروهای مندرج در این لیست از طرف کمیته دارو و درمان P&T Committee برای شامل شدن در این لیست مورد بازبینی قرار گرفته اند. متن کنونی مبین ارائه خدمات مورد قبول پزشکی، در حال حاضر و هنگام بازبینی این نوشته، می باشد. Molina Healthcare مولینا هلت کر کالیفرنیا فقط داروهای ساخت کارخانجات داروسازی شرکت کننده در برنامه فدرال مدیکید را تحت پوشش قرار می دهد.

اطلاعات مندرج در این لیست و ضمایم آن صرفاً بمنظور رفاه و سهولت استفاده ارائه دهندگان خدمات پزشکی تهیه شده است. دقیق یا کامل بودن اطلاعات مندرج در این نوشته به هیچ وجه تضمین نمی شود. کلیه اطلاعات مندرج در این نوشته بعنوان مرجع انتخاب دارو برای درمان در نظر گرفته شده است.

این لیست ممکن است از نظر مقررات و قوانین مخصوص ایالتی در موارد زیر مورد بررسی قرار بگیرد، اما صرفاً محدود به این موارد نمی باشد: داروهای ژنریک، برنامه های زمانبندی استفاده کنترل شده از مواد مخدر، ترجیح استفاده از برند و استفاده اجباری از داروی ژنریک در صورت قابل انطباق بودن آن.

ما خود را از هرگونه مسئولیتی نسبت به انجام کار یا حذف دارو توسط ارائه دهندگان خدمات درمانی بر اساس اتکا به محتویات این نوشته و لیست داروها در کل یا در جزء مبرا می دانیم. برای اطلاعات دقیق تر، ارائه دهندگان خدمات درمانی باید مطالب مربوط به دارو که از سوی کارخانه تولید دارو فراهم شده است را نیز مورد مطالعه و مشورت قرار دهند.

این لیست در بخش های مختلف تنظیم شده است. هر بخش بر اساس رده بندی درمانی آن دارو و در درجه اول تبیین مکانیزم عمل خود تنظیم شده است.

### کمیته دارو و درمان (P&T) COMMITTEE

برای تأیید مصونیت و درمان مؤثر بالینی داروها از خدمات کمیته دارو و درمان P&T Committee استفاده شده است. کمیته دارو و درمان P&T Committee متشکل از هیئت مشاورین و افراد حرفه ای درمانگر می باشد. اعضای رأی دهنده P&T Committee شامل پزشکان و داروسازانی است که همگی در ارتباط با داروهای تجویزی زمینه کاری گسترده و تجارب آکادمیک و درمانی وسیعی دارند. اعضای رأی دهنده P&T Committee باید هرگونه ارتباط مالی یا تصمیم گیری بر مبنای منافع شخصی خود با کارخانجات داروسازی را افشا نمایند.

### توضیح لیست داروها

بمنظور درک و آشنایی بیشتر با میزان دوز داروهای پوشش داده شده در این لیست، اصول عمومی به شرح زیر اعلام می شود:

- ستون اول جدول نام دارو را فهرست می کند. نام برند دارو با حروف بزرگ انگلیسی بطور مثال LIPITOR و نام ژنریک دارو با حروف کوچک انگلیسی بطور مثال atorvastatin نوشته شده اند.
- ستون دوم جدول، رده بندی دارو است بنام Drug Tier که رده بندی آن دارو را در لیست دارو نشان می دهد.
- سومین ستون جدول شامل الزامات و محدودیت هاست Requirements/Limits که ملزومات ضروری برای پوشش دهی دارو را مشخص می کند.
- اگر داروی "او تی سی" OTC و نمونه تجویزی همان دارو پوشش داده می شود، نام هر دو فهرست شده است.
- داروهای گسترده-رهش و با تأخیر-رهش مدخل جداگانه خود را خواهند داشت.
- انواع دوزهای تعیین شده در این لیست با کاتگوری و استفاده دارو هماهنگ خواهد بود.

### میزان تجویز

تجویز دارو باید برای استفاده دوره درمان (میزان لازم برای درمان وضعیت بیمار) تا حداکثر ۶۰ روز و برای برخی داروها باید بطور ماهیانه در نظر گرفته شود. اگر مناسب بود، می توان هنگام شروع درمان میزان امتحانی دارو را تجویز نمود.

## جایگزین ژنریک

جایگزین ژنریک از طرف داروخانه بجای داروی برند به مصرف کننده داده می شود. استفاده از حروف کوچک انگلیسی در این لیست به معنای دسترسی و فراهم بودن داروی ژنریک می باشد. در بیشتر موارد، داروی برندی که ژنریک آن موجود است در فهرست دارو آورده نمی شود و با ورود داروی ژنریک به بازار، بجای برند داروی ژنریک پوشش داده خواهد شد. البته در ارتباط با جانشین ساختن داروهای ژنریک، این لیست طبق قوانین و مقررات خاص هر ایالت مورد بررسی قرار خواهد گرفت و قوانین اجباری داروهای ژنریک در صورت مقتضی اعمال خواهد شد.

داروهای ژنریک معمولاً قیمت کمتری نسبت به داروهای برند دارند. داروهای ژنریک با تجویز دکتر دارای مختصات زیر هستند:

- از سوی اداره مواد غذایی و دارو (FDA) "اف دی ای"، از نظر ایمنی و مؤثر بودن، مورد تأیید قرار گرفته اند، و به همان اندازه کارخانجات دارویی سازنده برند با استانداردهای سختگیرانه ساخته شده اند.
- برای اطمینان از اینکه داروی ژنریک به همان نسبت داروی برند در سیستم جریان خون انسان جذب خواهند شد، باید داروی ژنریک روی انسان آزمایش شده باشد. داروی ژنریک می تواند از نظر سایز، رنگ و اجزاء غیر فعال با داروی برند متفاوت باشد، اما این بدان معنا نیست که مؤثر بودن یا توان جذب داروی ژنریک تغییر کند.
- میزان اثر بخشی و دوز آن به همان اندازه داروی برند باشد.

وقتی داروی ژنریک جایگزین داروی برند می شود، می توان انتظار داشت که همان تأثیرات و همان پروفایلی را داشته باشد که داروی برند دارد.

## پوشش دهی بیمه

لیست حاضر نمایانگر پوشش دهی فهرست داروهای بسته بندی شده است. داروهایی که در این لیست ذکر شده اند تحت پوشش برنامه بیمه قرار دارند. برخی داروهای موجود در لیست هنگامی تحت پوشش قرار خواهند گرفت که شامل معیارهای مدیریت باشند (بطور مثال استفاده از "درمان پلکانی" Step Therapy، تأمین اجازه قبلی از بیمه Prior Authorization، محدودیت تعداد دارو Quantity Limits، و غیره)؛ درخواست استفاده از چنین داروهایی خارج از معیارهای موجود در لیست با توجه به نیازهای دارویی مورد بررسی قرار خواهد گرفت. اگر دارویی در این نوشته فهرست نشده است، برای تأمین پوشش بیمه آن دارو می توانید درخواست "استثنا در لیست دارو" (formulary exception) بدهید. درخواست ضرورت های پزشکی یا "استثنا در لیست دارو" بر اساس دریافت تأییدیه قبلی مربوط به هر داروی بخصوص یا معیارهای درخواست داروی تجویز شده غیر موجود در لیست داروهای تحت پوشش مورد بررسی قرار خواهد گرفت. برای مشاهده داروهای تحت پوشش لطفاً به "وبسایت مولینا هلت کر" در لینک زیر مراجعه نمایید:

[www.molinahealthcare.com](http://www.molinahealthcare.com)

## مراحل انجام کار برای درخواست تأییدیه قبلی

در صورتی که از نظر پزشکی ضروری باشد و یا ثابت شده باشد که داروهای تحت پوشش بیمه بی تأثیر هستند، داروهای شامل تأییدیه قبلی یا داروهای "غیر موجود در لیست داروهای تحت پوشش" بیمه مولینا مورد تأیید قرار خواهند گرفت. هنگام مواجه شدن با چنین وضعیتی، پزشک می تواند فرم تأییدیه قبلی را پس از تکمیل به شماره ۸-۶۴۴۵-۵۰۸-۸۶۶ فکس نماید. این فرم باید با لاگین کردن به وبسایت مولینا هلت کر در [www.molinahealthcare.com](http://www.molinahealthcare.com) پر شود. داروهای نمونه sample کارخانجات داروسازی شامل درخواست اجازه قبلی نمی باشند.

## راهنمایی های مفید در زمینه درخواست اجازه قبلی Prior Authorization

برای حصول اطمینان از دریافت پاسخ سریع از طرف بیمه مولینا Molina Healthcare کالیفرنیا، بخش دارو، لطفاً اطلاعات مربوط به درخواست اجازه قبلی Prior Authorization را فراهم نمایید. لطفاً به مثال های زیر توجه نمایید:

اطلاعات بالینی مورد درخواست	رده دارویی/تشخیص
آزمایش چربی خون (Lipid Pane)، عوامل خطر برای بیماری های قلبی	پایین آورنده کسترول
گزارش A1C	دیابت
لیست داروهای استفاده شده و/یا یادداشت پیشرفت استفاده قبلی از داروهای موجود در لیست داروهای قابل پوشش	داروهای غیر ترجیحی/غیر موجود در لیست داروهای قابل پوشش



### سرم های تزریق وریدی

سرم های ساده تزریق وریدی mL  
 سرم های ساده تزریق وریدی معمولا برای آب درمانی استفاده می شوند. موارد موجود از قبل تهیه شده (غیر دست ساز ترکیبی) از قبیل سرم نمکی (Normal Saline)، دکستروز (تا ۱۰% در آب) و سرم رینگر لاکتات؛ سرم های آماده پتاسیم کلراید که چنین سرم هایی در این توضیحات گنجانده شده اند. صورتحساب سرم های ساده تزریق وریدی باید با استفاده از "شماره کد ملی دارو" National Drug Code (NDC) تحت پوشش هزینه بیمه انجام شود.

تغذیه وریدی (Parenteral Nutrition) (TPN) یا "هایپرآلیمننتیشن" (HYPERALIMENTATION) mL  
 وقتی درمان با هر ماده ای بصورت تزریق وریدی قبل از مرخصی شروع شده باشد، ادامه درمان محدود به ۱۰ روز پس از ترخیص از بیمارستان مراقبت های ویژه می باشد. حداکثر ۱۰ روز تأمین سرم با هریار تجویز دکتر در طول مدت ۱۰ روز مربوطه می باشد.

(سرم های تغذیه Parenteral Nutrition از طریق ورید یا شریان تزریق می شوند و معمولا محلول ها یا سوسپانسیون های حاوی اسیدهای آمینه یا پروتئین، دکستروز، لیپید، الکتrolیت، ویتامین ها و یا املاح مکمل، و ریز عنصرها می باشند.)

به موازات تغذیه وریدی Parenteral Nutrition، داروهای دیگری هستند که قبل از هر بار تزریق با سرم های تغذیه وریدی Parenteral Nutrition مخلوط می شوند. چنین افزونه های مغذی را در صورتحساب سرم های تغذیه Parenteral Nutrition درج نمایید.

تذکر: محصولات غیر ترکیبی باید با استفاده از شماره کد ملی شان NDC در صورتحساب قرار بگیرند. سرم های ترکیبی دست ساز باید بعنوان مطالبه داروی ترکیبی compound claim در صورتحساب بیمه قرار بگیرند.

تزریق وریدی جداگانه لیپیدها mL  
 وقتی درمان با هر ماده ای بصورت تزریق وریدی قبل از مرخصی شروع شده باشد، ادامه درمان محدود به ۱۰ روز پس از ترخیص از بیمارستان مراقبت های ویژه می باشد. حداکثر ۱۰ روز تأمین سرم با هریار تجویز دکتر در طول مدت ۱۰ روز مربوطه می باشد.

سرم های تزریقی داخل ورید یا سوسپانسیون های لیپید داری که جدا از سرم های حاوی تغذیه Parenteral Nutrition تزریق می شوند (یعنی خود لیپید داخل سرم تغذیه Parenteral Nutrition نمی شود) باید با استفاده از شماره کد ملی دارو NDC در صورتحساب منظور شوند.

تزریق وریدی آنتی بیوتیک های غیر موجود در لیست mL  
 وقتی درمان با همان آنتی بیوتیک بصورت تزریق وریدی قبل از مرخصی شروع شده باشد، ادامه درمان محدود به ۱۰ روز پس از ترخیص از بیمارستان مراقبت های ویژه می باشد. حداکثر ۱۰ روز تأمین سرم با هریار تجویز دکتر در طول مدت ۱۰ روز مربوطه می باشد.

تذکر: محصولات غیر ترکیبی باید با استفاده از شماره کد ملی شان NDC در صورتحساب قرار بگیرند. سرم های ترکیبی دست ساز باید بعنوان مطالبه داروی ترکیبی compound claim در صورتحساب بیمه قرار بگیرند.

تزریق وریدی سایر داروهای غیر موجود در لیست mL  
 وقتی درمان با همان دارو بصورت تزریق وریدی قبل از مرخصی شروع شده باشد، ادامه درمان محدود به ۱۰ روز پس از ترخیص از بیمارستان مراقبت های ویژه می باشد. حداکثر ۱۰ روز تأمین سرم با هریار تجویز دکتر در طول مدت ۱۰ روز مربوطه می باشد.

تذکر: محصولات غیر ترکیبی باید با استفاده از شماره کد ملی شان NDC در صورتحساب قرار بگیرند. سرم های ترکیبی دست ساز باید بعنوان مطالبه داروی ترکیبی compound claim در صورتحساب بیمه قرار بگیرند.

داروهای ضد التهاب غیر استروئیدی NSAIDs  
 در موارد زیر باید ریسک بالقوه داروهای ضد التهاب غیر استروئیدی NSAIDs مورد ملاحظه قرار گیرد: سابقه خونریزی دستگاه گوارش یا زخم معده، سابقه مصرف داروهای ضد انعقاد خون، آسم، حساسیت به آسپیرین، سابقه نارسایی کلیوی، فشار خون یا نارسایی احتقان قلب

مسکن های دارای مواد مخدر  
به ۴ گرم استامینوفن در روز محدود می شود.

تتراسایکلین ها  
تجویز آن برای کودکان زیر ۸ سال یا زنان باردار و مادران شیرده ممنوع است.

### داروهایی که پوشش داده نمی شود/داروهای منع شده

لطفا توجه داشته باشید که بعضی داروهای خاص تحت پوشش بیمه قرار نمی گیرند. این داروها شامل موارد ذیل میگردد اما تنها به همین موارد محدود نمیشود:

- داروها/کارخانجات دارویی که واجد شرایط دریافت پول از فدرال مدیکید نیستند؛ در برنامه بازپرداخت فدرال مدیکید شرکت نمی کنند
- داروهایی که برای ناتوانی جنسی بکار برده می شود
- داروهایی که برای اهداف آرایشی بکار برده می شوند
- داروهای آزمایشی و در پروسه تحقیقاتی
- تهیه داروهایی که به تجویز پزشک نیازی ندارند (پمادهای اسید سالیسیک و بنزوئیک؛ کرم، پماد، یا مایع اسید سالیسیک؛ سدیم کلوراید؛ خمیراکسیدوزنگ)
- مسکن هایی که به نسخه پزشک نیازی نیست
- ویتامین های ترکیبی برای افراد بالای ۵ سال (بغیر از ویتامین های مخصوص دوران حاملگی)
- مکمل های ویتامین و املاح یا سایر محصولات که "اف دی ای" تأیید نکرده است
- داروهای ضد سرفه و سرماخوردگی که به نسخه پزشک نیاز ندارند (داروهای مجاز بدون نسخه که حاوی "گواهی فنسن" guaifenesin یا "دکستورمورفان" dextromethorphan هستند).
- محصولات مورد استفاده در خانه (لوسیون دست، مرطوب کننده ها، و غیره)
- "الکلوئید بلادونا" Belladonna alkaloids با فنوباریتال phenobarbital
- نیترات نقره ۷۵٪ و نیترات پتاسیم ۲۵٪ بصورت اپلیکاتور ماتیکی برای استفاده موضعی
- محلول نیترات نقره برای استفاده موضعی
- محصولات مورد استفاده برای دندان
- "پریو" Bepreve، "استالول" Istalol و "سدیم برومفنناک" bromfenac sodium
- داروهایی که از طرف اف دی ای به عنوان داروی کم اثر یا عینا مشابه، در ارتباط با یا شبیه دارو هستند (معمولا بعنوان داروهای "DESI 5 and 6" از آنها یاد می شود).

### داروهای خارج از لیست مدیکل "(داروهایی که با پرداخت هزینه تحت پوشش مدیکل قرار می گیرند) Medi-Cal Fee-for-Service"

انواع داروهای زیر با پرداخت مستقیم به مدیکل (FFS) Medi-Cal Fee-for-Service تحت پوشش قرار می گیرند، حتی وقتی عضو مربوطه در بیمه مولینا ثبت نام کرده باشد. برای سؤال درباره استفاده از مزایای بیمه یا خدماتی که در اینجا ذکر شده است، لطفا با شماره تلفن ۵۴۱-۵۵۵۵-۸۰۰ خدمات پشتیبانی مدیکل تماس حاصل نمایید.

- داروهای تخصصی روانپزشکی
- ممانعت کنندگان مونوآمین اکسیداز (MAOIs) Monoamine Oxidase Inhibitors
- بعضی موارد مربوط به داروهای ضد پارکینسون
- داروهای تثبیت کننده نوسانات روحی
- داروهای اچ آی وی
- داروهای عوامل دیتاکس
- محصولات مربوط به خون در بیماری هموفیلی

## مراحل انجام کار برای دریافت مطالبات از بیمه بخاطر داروهای تجویز شده از سوی دکتر

بیمه مولینا هلت کر Molina Healthcare سی وی اس را بعنوان شرکت مدیریت ارائه خدمات دارویی Pharmacy Benefit Management (PBM) خود انتخاب کرده است تا به مدیریت داروها یا مزایای نهفته در مولینا برای اعضا پردازند.

- برای سؤالات مربوط به دریافت مطالبات از شرکت بیمه، وضعیت لیست داروها، قبول یا رد مطالبات خود از بیمه مولینا می توانید با مرکز خدمات به مشتری "سی وی اس کر مارک" (CVS Caremark) شماره تلفن ۸۰۱۴-۷۷۰-۱ (۸۰۰) تماس حاصل نمایید.
- برای سؤالات مربوط به واجد شرایط بودن و استفاده از مزایای عضویت در بیمه مولینا می توانید با مرکز خدمات به اعضا با شماره تلفن ۴۶۲۱-۶۶۵ (۸۸۸) ۱ تماس حاصل فرمایید.
- تأمین کنندگان خدمات درمانی می توانند از طریق تماس با خدمات مشتری مولینا شماره تلفن ۴۰۷۵-۳۲۲ (۸۵۵) سؤالات خود را مطرح نمایند.

## سیاست های دارویی در وضعیت اضطراری و ساعات تعطیل اداری

برای جلوگیری از وخامت حال بیمه شده در هنگام وضعیت اضطراری می توانید پیش از دریافت اجازه قبلی از مولینا به اندازه مصرف ۷۲ ساعت دارو برای وضعیت حاد بیمار به او بدهید. (بطور مثال بیمار پس از ساعات اداری از بیمارستان مرخص شده و به یک نوع آنتی بیوتیک مخصوص که فقط با نسخه دکتر داده می شود نیازمند است).

در چنین وضعیتی داروخانه ها اجازه دارند از قضاوت حرفه ای خود بهره جویی کنند. برای چنین داروهایی، مولینا به داروخانه ها اجازه می دهد به اندازه مصرف ۷۲ ساعت دارو به بیمار بدهند و با قیمت توافقی بیمه پول دارو پرداخت خواهد شد. داروخانه ها می توانند با مرکز خدمات رسانی به مشتری "سی وی اس کرمارک" و تلفن ۸۰۱۴-۷۷۰-۱ (۸۰۰) تماس حاصل نمایند و برای مصرف ۷۲ ساعت دارو اجازه تجویز دریافت نمایند.

داروخانه های می توانند روز بعد برای دریافت اجازه دارویی اضطراری یا تجویز بعد از ساعات اداری به مولینا شماره تلفن ۴۶۶۵-۴۶۲۱ (۸۸۸) زنگ بزنند و درخواست پروسه انجام کار بصورت آنلاین بدهند. ضمن توجه به این موضوع، انتظار می رود که در موارد ارائه دارو در شرایط اضطراری، داروخانه ها اسناد قابل قبول برای بیمه داشته باشند.

محدودیت سنی	AGE
ماکزیمم، برابر ۹۰ میلی گرم مورفین در روز	MED
داروهایی که نیاز به نسخه پزشک ندارد، اما بیمه با نسخه پزشک هزینه آن را می پردازد	OTC
اجازه قبلی	PA
محدودیت تعداد دارو و دریافت اجازه قبلی اعمال می شود	PA, QL
محدودیت تعداد دارو	QL
داروی اختصاصی، این داروها باید از طریق داروخانه های اختصاصی فراهم شوند	SP
"استپ تراپی"، یعنی ارائه دارو با در نظر گرفتن مقرون به صرفه بودن و ریسک های استفاده از داروی مربوطه	ST
نشان می دهد ژنریک این دارو موجود است	حروف کوچک انگلیسی
نشان می دهد برند این دارو موجود است	حروف بزرگ انگلیسی

### درخواست تغییر در لیست داروها

اگر شما دارو تجویز می کنید و مایلید تغییراتی در لیست داروها ایجاد کنید، لطفا درخواست و دلایل خود را به اداره امور داروخانه های بیمه مولینا به همراه شماره تماس خود ارائه نمایید.

فکس: ۵۶۲-۴۹۹-۰۷۹۰

### توجه:

اطلاعات موجود در این نوشته اختصاصی است. این اطلاعات بدون اجازه قبلی، نمی تواند بطور کامل یا از هر قسمت آن بطور جداگانه کپی شود. © 2019 تمام حقوق محفوظ است.

این نوشته شامل ذکر داروهایی با نام برند است که دارای علامت تجاری یا علامت ثبت کارخانجات تولید دارو می باشند.

## بروز رسانی لیست داروها

لطفا تغییرات موجود در لیست داروها را که به مزایای مربوط به داروخانه ها می شود مطالعه و بازبینی نمایید، مگر آنکه غیر از آن توضیح داده شده باشد. اگر سؤالی داشتید با مرکز خدمات به مشتری داروخانه های مولینا هلث پلن Molina Health تماس حاصل نمایید.

کلید			
PA = اجازه قبلی	OTC = داروهای بدون نیاز به نسخه پزشک	ST = "استپ تراپی"، یعنی ارائه دارو با در نظر گرفتن مقرون به صرفه بودن و ریسک های استفاده از داروی مربوطه	AGE = محدودیت سنی
MED = ماکزیمم، برابر ۹۰ میلی گرم مورفین در روز	SP = داروی اختصاصی، این داروها باید از طریق داروخانه های اختصاصی فراهم شوند	QL = محدودیت تعداد دارو	PA , QL = محدودیت تعداد دارو و دریافت اجازه قبلی اعمال می شود

## ZAJ LUS QHIA

Peb zoo siab los mus muab *Phau Ntawv Teev Cov Tshuaj Uas Molina Healthcare of California Pom Zoo Muab Rau Neeg Siv Xyoo 2019 (Formulary)* coj los siv zoo li ib tus qauv tseemceeb thiab ib txoj kev uas yuav siv tau los qhia ntxiv. Phau ntawv ntawm no yuav pab tau cov kws khomob/chaw khomob thaum lawv xaiv cov khoom khomob uas siv tau los kho tus mob thiab tus nqi los kuj tsis kim los kho lawv cov neeg mob.

Pawg Txwjlaus Pharmacy and Therapeutics (P&T) Committee tau muab cov tshuaj nyob hauv phau ntawv no coj los tshawb xyuas tag lawm thiab tau pom zoo kom muab coj los tso rau hauv daim ntawv no. Phau ntawv ntawm no yeej yog muaj raws li qhov kev dhia dejnum khomob uas niaj hnuv siv tam sim no rau hnuv tau muab coj los tshawb xyuas. Molina Healthcare of California tsuas them cov nqi tshuaj uas yog cov tshuaj ua los ntawm tuam txhab muaj kev koomtes nrog Tsoomfwv qhov kev ntxiv nyiaj yuav tshuaj rov qab Rau Kev Siv Medicaid (Federal Medicaid drug rebate program).

Cov lus muaj nyob hauv phau ntawv ntawm no thiab cov lus nyob ntawm cov phab ntawv tom qab yog npaj los ua kom cov kws khomob/chaw khomob tshawb rau yoojyim nkaus xwb. Peb tsis lav lossis yeej tsis paub tseeb tias cov ntaub ntawv ntawm no yeej yog qhov tseeb thiab yeej tsis xav tias yuav npaj cov ntaub ntawv ntawm no los ua kom muaj txhua yam tshuaj. Tag nrho cov ntaub ntawv nyob hauv phau ntawv no yog npaj los siv ua ib tus qauv rau kev muab tshuaj rau neeg mob siv xwb.

Phau ntawv no yeej yog ua raws li lub xeev ib co cai thiab lus tswjhw, suav nrog rau, tiamsis tsis yog tag rau qhov ntawm no xwb, kev muab cov tshuaj tsis muaj npe nrov (generic) los hloov, cov sijhawm siv cov tshuaj uas muaj kev saibxyuas nruj, kev xav kom siv cov tshuaj muaj npe nrov (brands) thiab kev yuav tsum kom siv cov hom tshuaj tsis muaj npe nrov yog thaum twg muab tau.

Peb yuav tsis lees txim rau tej yam uas tus kws khomob/lub chaw khomob txiaiv txim ua lossis tsis ua vim lawv siv tag nrho lossis tej co lus ntawm cov lus nyob hauv phau ntawv no. Tus kws khomob yuav tsum muab lub tuamtxhab ua cov tshuaj cov ntaub ntawv lossis cov qauv rau kev muab tshuaj coj los tshawb xyuas yog lawv xav paub meej.

## ZAJ LUS PIAV ME NTSIS UA NTEJ

Phau ntawv yog muab tso ua tej tshooj (sections). Ib tshooj ntawv twg yog muab faib raws li qhov tias hom tshuaj ntawd pab neeg lub cev li cas.

## PAWG TXWJLAUS PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

Cov haujlwm ntawm Pawg Txwjlaus Pharmacy and Therapeutics Committee ("P&T Committee") yog los mus muab kev pom zoo rau cov tshuaj uas tsis tsim tej yam phem rau lub cev thiab pom tias yeej kho tau tus mob. Pawg Txwjlaus P&T Committee yog ib pawg txwjlaus pab tswjyim rau cov kws khomob. Cov tswvcuab hauv Pawg Txwjlaus P&T Committee uas muaj cai pov npe tias pom zoo lossis tsis pom zoo yog muaj cov kws khomob thiab kws muab tshuaj, tag nrho txhua tus yeej muaj txujci dav heev rau kev khomob thiab kev kawm hais txog cov tshuaj uas yuav tsum muaj ntawv siv. Cov tswvcuab ntawm Pawg Txwjlaus P&T Committee yuav tsum tau muab txhua qhov kev koomtes uas lawv muaj nrog lossis lawv yuav tau txiaj ntsim los ntawm cov tuamtxhab ua tshuaj coj los hais tawm.

## COV LUS PIAV QHIA TXOG COV TSHUAJ

Los mus pab kom nkag siab txog qhov tias saib cov tshuaj muaj zog npaum li cas thiab muab ua li cas siv nyob hauv phau ntawv no yog cov peb them, peb tau muab cov ntsiab lus tseemceeb sau rau hauv qab no lawm.

- Thawj kem ntawm lub rooj teev lus yog siv lus teev cov npej tshuaj. Cov tshuaj uas muaj npe nrov yog sau ua tsiaj ntawv loj (piv txwv, LIPITOR). Cov tshuaj uas tsis yog cov tshuaj muaj npe nrov yog muab sau ua tsiaj ntawv vau (*italics*) (piv txwv, *atorvastatin*).
- Kem ob (muab tso npe hu ua Tshuaj Theem Dabtsi (Drug Tier)) yuav muab yam tshuaj ntawd mus tso rau theem uas yog theem muab yam tshuaj ntawd tso rau nyob hauv Qhov Kev Pom Zoo Pub Muab Tshuaj Rau Neeg Siv (Drug Formulary).

- Kem peb (Qhov Yuav Tau Muaj/Qhov Tsis Pub Siv Tshaj (Requirements/Limits)) muaj cov kev txwv tshwjxeeb rau koj yam tshuaj.
- Yog tias yam Tshuaj Tsis Muaj Ntawv Siv (OTC) thiab cov Tshuaj Muaj Ntawv Siv yog cov peb them, peb yuav muab ob yam tshuaj ntawd sau tib si rau ntawd.
- Cov tshuaj uas mab mam yaj thiab cov tshuaj uas siv sijhawm ntev mam li yaj yuav tsum tau muab sau nyias muaj nyias chaw.
- Yuav muab qhov tias yam tshuaj siv ntau npaum li cas thiab qhov kev siv yam tshuaj ntawd nyob hauv phau ntawv no sau kom zoo ib yam li hom tshuaj ntawd nyob rau txhua qhov chaw uas muab yam tshuaj tso rau.

## MUAB TAU TSHUAJ MUAJ NTAWV SIV NTAU NPAUM LI CAS

Cov ntawv muab tshuaj yuav tsum sau kom muab tau tshuaj txaus kho tus mob (ntau kom txaus kho tau tus mob) mus txog qhov ntau tshaj plawg yog muab txaus siv li 60 hnuv rau tej co tshuaj uas muab rau siv txhua lub hlis. Yuav muab tau rau siv raws li cov kev sim siv ib yam tshuaj saib puas pab yog thaum twg pib siv ib txoj kev kho tshiab, yog tias tsim nyog muab.

## KEV MUAB COV TSHUAJ TSI MUAJ NPE NROV LOS HLOOV

Kev muab cov tshuaj tsis muaj npe nrov los hloov yog ib txoj kev uas lub tsev muab tshuaj muab cov tshuaj tsis muaj npe nrov los hloov cov tshuaj muaj npe nrov rau cov neeg mob siv. Nyob hauv phau ntawv no, *cov tshuaj sau ua tsiaj ntawv me vau (lowercase italicized)* qhia tias yeej muaj cov tshuaj tsis muaj npe nrov los hloov. Ntau zaus, ib yam tshuaj muaj npe nrov (brand-name drug) uas muaj ib yam tshuaj tsis muaj npe nrov tawm tshiab uas yuav siv tau los hloov, yam tshuaj muaj npe ntawd yuav tsis yog ib yam tshuaj nyob hauv peb qhov kev pom zoo muab tshuaj rau neeg mob siv lawm (non-formulary), pib thaum hnuv muab yam tshuaj tsis muaj npe nrov ntawd muag tawm. Tiamsis, phau ntawm no yuav tau muab siv raws li lub xeev ib co cai thiab lus tswjhwam hais txog kev muab cov tshuaj tsis muaj npe nrov los hloov thiab cov lus tswjhwam kev yuav tsum kom siv cov tshuaj tsis muaj npe nrov thaum twg yog tsim nyog.

Ntau zaus, cov tshuaj tsis muaj npe nrov yeej raug nqi pheej yig dua cov tshuaj muaj npe nrov uas zoo ib yam. Cov tshuaj tsis muaj npe nrov uas muaj ntawv siv yog:

- Tau txais kev pom zoo los ntawm lub chaw U.S. Food and Drug Administration tias yeej tsis tsim ib yam phem rau lub cev thiab yeej kho tau tus mob, thiab yeej siv tib cov kev ua tshuaj uas nruj ib yam li cov tshuaj muaj npe nrov los ua.
- Tau muab sim siv rau tib neeg los mus xyuas kom meej tias yam tshuaj tsis muaj npe nrov yeej nkag tau mus rau hauv neeg cov ntshav ceev thiab ntau ib yam li cov tshuaj muaj npe nrov (bioequivalence). Cov tshuaj tsis muaj npe nrov tej zaum yuav txawv cov tshuaj muaj npe nrov hais txoj qhov tias lub tshuaj loj npaum li cas, lub tshuaj xim zoo li cas thiab cov khoom coj los sibtov ua yam tshuaj ntawd, tiamsis qhov no yeej tsis hloov qhov cov tshuaj ntawd yuav kho tau tus mob lossis qhov lawv yuav nkag tau mus rau hauv lub cev zoo ib yam nkaus li yam tshuaj muaj npe nrov.
- Cov tshuaj tsis muaj npe nrov los yeej muaj cov uas muaj zog thiab ua coj los siv ib yam li cov tshuaj uas muaj npe nrov.

Thaum muab ib yam tshuaj tsis muaj npe nrov los hloov ib yam tshuaj muaj npe nrov, koj yeej cia siab tau tias yam tshuaj tsis muaj npe nrov los yeej kho tau tus mob thiab muaj kev nyabxees ib yam nkaus li yam tshuaj muaj npe nrov (khom tau tus mob zoo ib yam nkaus (therapeutic equivalence)).

## QHOV KEV NPAJ RAU KEV MUAB TSHUAJ

Phau ntawv no yog ib qho kev npaj los muab tshuaj uas tsis qhib mus rau sab nraud. Cov tshuaj teev tseg rau hauv phau ntawv no yog cov tshuaj uas peb them raws li hais tseg rau ntawm no. Peb yuav them tej cov tshuaj nyob hauv phau ntawv no yog tias yeej muaj ib txoj kev los tswj qhov kev siv (piv txwv, Kev Kho Ib Kauj Raum Zuzus (Step Therapy), Tau Txais Kev Pom Zoo Ua Ntej (Prior Authorization), Muaj Kev Txwv Tias Pub Siv Ntau Npaum Li Cas (Quantity Limits), tej yam zoo li cov ntawm no); cov kev thov los muab ib co tshuaj zoo li no coj mus siv tsis raws qhov kev pub siv yuav raug muab coj los tshawbxyuas saib puas yog ib qho kev khomob tsim nyog siv. Yog ib yam tshuaj tsis muaj nyob rau hauv phau ntawv no, peb yeej muaj kev rau neeg mus thov kom pub siv tau. Kev thov cov

tshuaj uas yuav tsum tau siv lossis thov kom pub siv yuav raug coj mus tshawbxyuas raws li cov qauv siv los muab kev pom zoo rau ib yam tshuaj lossis raws li tus qauv siv thov cov tshuaj uas tsis nyob hauv cov tshuaj pom zoo pub siv. Ntaus npe nkag mus rau hauv [www.molinahealthcare.com](http://www.molinahealthcare.com) mus nrhiav cov tshuaj peb them.

### TXOJ KEV THOV KOM TAU KEV POM ZOO UA NTEJ

Cov ntawv muab cov tshuaj uas yuav tsum tau txais kev pom zoo ua ntej lossis cov tshuaj tsis nyob hauv Molina Cov Tshuaj Pom Zoo Pub Pub Muab Rau Neeg Mob Siv yuav tau txais kev pom zoo yog thaum twg pom tias yeej yuav tsum tau siv thiab thaum twg cov tshuaj muaj nyob hauv cov tshuaj pom zoo pub siv yeej pab tsis tau tus neeg mob li. Yog thaum twg muaj cov kev khomob zoo li no, tus kws khomob yuav muab daim ntawv teev npe thov kev pom zoo ua ntej xa hauv xovtooj xa ntawv fax mus rau (866) 508-6445. Yuav mus muab tau cov ntawv teev npe thov, yog ntaus npe nkag mus rau hauv peb lub vas sab ntawm [www.molinahealthcare.com](http://www.molinahealthcare.com). Kev muab tshuaj rau ib tus neeg mob siv coj mus sim saib puas pab tus neeg mob yuav tsis yog ib yam uas yuav muab siv tau los ua qhov tias yog vim li cas thiaj li yuav tau muab kev pom zoo rau ib daim ntawv thov kom tau kev pom zoo ua ntej.

### COV TSWYIM UAS YUAV PAB THOV TAU KEV POM ZOO UA NTEJ SAI

Yuav kom hnov lus teb los ntawm Molina Healthcare of California's Pharmacy Department ceev, thov npaj cov ntau ntawv uas tseemceeb rau qhov kev thov xa nrog daim ntawv thov Kev Pom Zoo Ua Ntej (Prior Authorization). Nram qab no yog cov piv txwv:

#### Hom Tshuaj/Tus Mob

Txo Cov Roj Cholesterol Kom Tsawg

Kabmob Ntshav Qab Zib

Cov Tshuaj Tsis Pom Zoo Kom Siv/Tsis Xav Kom Siv (Non-Formulary/Non-Preferred Medication)

#### Lus Qhia Txog Qhov Kev Uas Thov

Yam ua rau muaj Roj Nyob Hauv Lub Cev (Lipid Panel), Kabmob Hlab Ntsha Txhaws (Cardiovascular)

Qhov Kev Ntsuas A1c (A1c Report)

Daim Ntawv Muab Cov Tshuaj Siv Sau Tseg thiab/lossis Cov Lus Qhia Txoj Kev Kho (Medication Log and/or Progress Notes) txog kev siv Cov Tshuaj Pom Zoo Kom Siv yav tag los

### COV HOM TSHUAJ UAS YUAV TAU COJ LOS XAV SAIB PUAS TSIM NYOG PUB SIV

#### DEJ

DEJ DAWB mL

Kev txhaj dej feem ntau yog siv los pab koj lub cev muaj dej txaus. Ntawm no yog suav tag nrho cov dej uas muaj muag (tsis muaj lwm yam tshuaj tov nrog) xws li cov dej Normal Saline, Dextrose (muaj txog li 10% Dej) thiab dej Lactated Ringer's Solution; cov dej potassium chloride uas muaj nyob rau hauv cov dej zoo li no los yeej muab suav rau hauv lo lus no tib si. Cov dej dawb yuav tsum tau siv yam khoom tus National Drug Code (NDC) nabnpawb los xam tus nqi.

DEJ MUAJ ZAUB MOV YUG LUB CEV (TPN LOSSIS HYPERALIMENTATION)

mL

Txwv kom tsuas pub muab tau rau siv li ntawm 10 hnuv tom qab muab tus neeg mob tso tawm hauv tsev khomob mus lawm xwb, yog tias yeej pib muab cov dej muaj zaub mov yug lub cev txhaj hauv I.V. rau tus neeg mob ua ntej tso nws tawm lawm. Ntau kawg nkaus los tsuas muaj txaus siv 10 hnuv hauv lub sijhawm 10 hnuv uas muab ib zaug rau siv.

(Cov dej muaj zaub mov yug lub cev yog cov dej txhaj rau cov leeg ntshav khiav ntawm lub cev rov qab los rau ntawm lub plawv lossis txhaj rau cov leeg ntshav khiav tawm ntawm lub plawv mus rau lub cev uas muaj amino acids lossis protein, dextrose, lipids, electrolytes, vitamin &/lossis mineral supplements thiab tej cov elements me ntsis.)

Tso nrog cov dej muaj zaub mov yug lub cev yog lwm yam tshuaj uas muab tov nrog cov dej ua ntej yuav muab rau tus neeg mob siv. Muab tus nqi ntawm cov tshuaj no xam zoo li cov tus nqi ntawm cov dej muaj zaub mov yug lub cev (parenteral nutrition).



Lus qhia ntiv: Cov tshuaj uas tsis muab lwm yam tshuaj los tov nrog yuav tsum tau siv yam tshuaj ntawd tus NDC nabnpawb los xam tus nqi. Cov dej uas muaj lwm yam tshuaj tov nrog yuav tsum tau muab xam tus nqi zoo li ib yam tshuaj sib tov (compound claim).

COV DEJ NTXIV ROJ UAS TSIS MUAB TOV NROG LWM YAM TSHUAJ TXHAJ mL  
Txwv kom tsuas pub muab tau rau siv li ntawm 10 hnuv tom qab muab tus neeg mob tso tawm hauv tsev khomo mus lawm xwb, yog tias yeej pib muab qhov dej txhaj hauv I.V. rau tus neeg mob ua ntej tso nws tawm lawm. Ntau kawg nkaus los tsuas muaj txaus siv 10 hnuv hauv lub sijhawm 10 hnuv uas muab ib zaug rau siv.

Cov dej ntiv roj lossis ua kom muaj roj tsawg uas tsis muab tov nrog lwm yam tshuaj txhaj (qhov no, yog tsis muab tov rau lub hnab dej uas muaj zaub mov yug lub cev) yuav tsum tau siv yam tshuaj tus NDC nabnpawb los xam tus nqi.

COV DEJ UAS TSIS QHIA TIAS MUAJ COV TSHUAJ TUA KABMOB TOV NROG mL  
Txwv kom tsuas pub muab tau rau siv li ntawm 10 hnuv tom qab muab tus neeg mob tso tawm hauv tsev khomo mus lawm xwb, yog tias yeej pib muab qhov dej txhaj hauv I.V. rau tus neeg mob ua ntej tso nws tawm lawm. Ntau kawg nkaus los tsuas muaj txaus siv ntev li 10 hnuv hauv lub sijhawm 10 hnuv uas muab ib zaug rau siv.

Lus qhia ntiv: Cov tshuaj uas tsis muab lwm yam tshuaj los tov nrog yuav tsum tau siv yam tshuaj ntawd tus NDC nabnpawb los xam tus nqi. Cov dej uas muaj lwm yam tshuaj tov nrog yuav tsum tau muab xam tus nqi zoo li ib yam tshuaj sib tov (compound claim).

COV DEJ UAS TSIS QHIA TIAS MUAJ LWM YAM TSHUAJ TOV NROG mL  
Txwv kom tsuas pub muab tau rau siv li ntawm 10 hnuv tom qab muab tus neeg mob tso tawm hauv tsev khomo mus lawm xwb, yog tias yeej pib muab qhov dej txhaj hauv I.V. rau tus neeg mob ua ntej tso nws tawm lawm. Ntau kawg nkaus los tsuas muaj txaus siv ntev li 10 hnuv hauv lub sijhawm 10 hnuv uas muab ib zaug rau siv.

Lus qhia ntiv: Cov tshuaj uas tsis muab lwm yam tshuaj los tov nrog yuav tsum tau siv yam tshuaj ntawd tus NDC nabnpawb los xam tus nqi. Cov dej uas muaj lwm yam tshuaj tov nrog yuav tsum tau muab xam tus nqi zoo li ib yam tshuaj sib tov (compound claim).

#### **TSHUAJ NSAIDs**

Tshuaj NSAID yog muab siv rau cov mob uas ntxim yuav muaj cov teebmeem zoo li cov nram qab no: muaj los ntshav lossis muaj kiav txhab hauv plab lossis nyuv, ntshav los tsis tu, hawb pob, tsis haum cov tshuaj aspirin, raum tsis ua haujlwm, ntshav siab lossis plawv tsis ua haujlwm.

#### **TSHUAJ MUAJ YEEB**

Txwv kom tsuas pub siv txog 4 grams tshuaj acetaminophen rau ib hnuv.

#### **TSHUAJ TETRACYCLINES**

Muab tsis tau rau cov menyuum hnuv nyoog tsis tau muaj 8 xyoo lossis cov pojniam cev xeeb menyuum thiab pub niam mis rau menyuum noj siv.

### **COV TSHUAJ PEB TSIS THEM/TSIS PUB MUAB RAU NEEG SIV (NON-COVERED/EXCLUDED MEDICATIONS)**

Thov nco ntsoov tias muaj tej co tshuaj peb yuav tsis them. Cov ntawm no yog muaj, tiamsis tsis tib co ntawm no xwb:

- Cov tshuaj/Cov tuamtxhab ua tshuaj uas tsis muaj feem tau txais tsoomfww cov nyiaj Federal Medicaid; tsis nyob hauv qhov kev pabcuam Federal Medicaid Rebate Program
- Cov tshuaj siv rau kev sib deev
- Cov tshuaj siv rau kev zoo nkauj zoo nraug
- Cov tshuaj tseem coj los sim lossis tshawbxyuas saib puas kho tau mob zoo
- Cov tshuaj uas tsis tag muaj ntawv siv (tshuaj benzoic thiab salicylic acid uas yog tshuaj pleev, tshuaj salicylic acid uas yog tshuaj pleev lossis ua kua, tshuaj sodium chloride, tshuaj zinc oxide uas yog tshuaj pleev)

- Cov tshuaj ua kom txhob hnov mob uas tsis tag muaj ntawv siv
- Tshuaj viv tas mees (vitamin) rau cov neeg muaj hnuv nyoog tshaj > 5 xyoos (tshwj tias yog cov viv tas mees rau cov pojniam cev xeeb menyuam)
- Cov tshuaj siv lov pab ntiv (supplements) lossis lwm cov tshuaj uas tsis tau txais kev pom zoo los ntawm FDA
- Cov Tshuaj Hnoos thiab Ua Npaws uas tsis tag muaj ntawv siv (Tshuaj OTC uas muaj guaifenesin lossis dextromethorphan)
- Cov khoom yim neeg siv (tshuaj pleev kom tes mos, tshuaj pleev kom tej ntawv nqaij tsis txhob ntshib, tej yam zoo li cov ntawm no)
- Cov tshuaj Belladonna alkaloids uas muaj phenobarbital
- Cov tshuaj pleev tawv nqaij uas muaj silver nitrate 75% thiab potassium nitrate 25%
- Cov tshuaj pleev tawv nqaij uas muaj silver nitrate
- Khoom siv rau kaus hniav
- Tshuaj Bepreve, Istalol thiab bromfenac sodium
- Cov tshuaj uas lub chaw Federal Drug Administration (FDA) txiav txim tias tsis zoo npaum li lwm cov tshuaj thiab yog tib yam tshuaj, ib co tshuaj zoo ib yam lossis zoo sis xws (ntau zaug yog muab hu ua tshuaj "DESI 5 thiab 6")

### **TSHUAJ CARVED-OUT (cov tshuaj uas Medi-Cal Fee-for-Service them)**

Cov tshuaj nram qab no yog cov tshuaj uas qhov kev pabcuam Medi-Cal Fee-for-Service (FFS) them ncaj qha mus, txawm tias tus neeg yeej yog ib tus muaj npe siv qhov kev pabcuam Molina managed care. Yog muaj lus nug txog cov nyiaj lossis ib qho kev pab teev tseg rau ntawm no, thov hu mus rau qhov chaw Medi-Cal Support ntawm 1-800-541-5555.

- Cov Tshuaj Pab Txoj Kev Xav (Psychiatric Drugs)
- Cov Tshuaj Monoamine Oxidase Inhibitors (MAOIs)
- Tej Co Tshuaj Antiparkinsonian Agents
- Cov Tshuaj Ua Kom Lus Siab Nyob Tus (Mood Stabilizers)
- Cov Tshuaj Kabmob HIV
- Tshuaj Ntxuav Cev (Detoxification Agents)
- Cov Tshuaj Ua Kom Ntshav Txawj Nkoog (Hemophilic Blood Products)

### **LUB CHAW TSHAWBXUAS COV NTAWV MUAB TSHUAJ**

Molina Healthcare tau xaiv CVS Caremark los ua Lub Tuamtxhab Tswj Kev Muab Tshuaj (Pharmacy Benefit Management (PBM) Company) rau Molina cov tswvcuab.

- Yog muaj lus nug txog kev them nqi tshuaj, cov tshuaj pub siv lossis cov nqi tshuaj tsis kam them yuav muab hais mus rau CVS Caremark Help Desk ntawm (800) 770-8014.
- Yog muaj teebmeem txog kev ua ib tus tswvcuab thiab kev siv tau cov kev pab, hu mus rau lub chaw Molina Membership Services ntawm (888) 665-4621.
- Yog muaj lus nug txog cov kws khomob/chaw khomob, hu tau mus rau lub chaw Molina Provider Services Help Desk ntawm (855)-322-4075.

### **LUS TSWJHWM KEV MUAB TSHUAJ THAUM MUS NTSIB KWS KHOMOB CEEV THIAB TOM QAB LUB SIJHAWM QHIB CHAW KUAJ MOB**

Los mus tiv thaiv ib tus tswvcuab kom nws tus mob tsis txhob mob hnyav ntiv, nws tseemceeb tias tej lub sijhawm yuav tau muab tshuaj kom txaus siv li ntawm 72 teev los kho ib tus mob ua ntej tau txais kev pom zoo los ntawm Molina. (piv txwv, tau tso ib tus tswvcuab tawm hauv tsev khomob tom qab cov chaw ua haujlwm tseem qhib uas yuav tau siv ib co tshuaj tua kabmob muaj ntawv siv tshwjxeeb (special antibiotic prescriptions).

Molina yeej hais rau cov chaw muab tshuaj kom lawv siv lawv qhov kev paub haujlwm los txiav txim tias puas yuav muab tshuaj rau ib tus neeg siv los tsis muab. Molina yuav them cov tshuaj muab txaus siv li 72 teev raws li tus nqi

uas tau coj lus tias yuav them rau cov tshuaj zoo li no. Cov chaw muab tshuaj yuav hu tau mus rau CVS Caremark Help Desk ntawm (800) 770-8014 los mus thov qhov kev pub muab tshuaj txaus siv li 72 teev.

Cov chaw muab tshuaj yuav hu tau rau Molina ntawm (888) 665-4621 rau cov hnuv dej hnuv num nram qab no los mus thov kev tso cai kom pub muab cov ntawv siv tshuaj thaum muaj mob ceev lossis tom qab chaw haujlwm qhib coj mus thov nyob hauv on-line. Peb npaj thiab cia siab tias lub chaw muab tshuaj yuav teev muaj ntaub ntawv rau cov sijhawm uas yuav tau muab tshuaj rau siv ceev zoo li cov sijhawm ntawm no.

## COV LUS TXHAIS (LEGEND)

<b>AGE</b>	Lub Hnuv Nyoog Uas Txwv Tsis Pub Siv
<b>MED</b>	Ntau kawg nkaus los tsuas pub siv 90 mg Tshuaj Muaj Yeeb rau ib hnuv xwb
<b>OTC</b>	Tshuaj yuav tsis tag muaj ntawv siv, cov tshuaj muaj ntawv siv peb thiaj li them
<b>PA</b>	Tau Txais Kev Pom Zoo Ua Ntej
<b>PA, QL</b>	Muaj Kev Txwv Tais Tsuas Pub Siv Ntau Npaum Li Cas Xwb tom qab tau txais Kev Pom Zoo Ua Ntej
<b>QL</b>	Kev Txwv Tias Tsuas Pub Siv Ntau Npaum Li Cas Xwb
<b>SP</b>	Tshuaj Kho Tej Yam Mob (Specialty Drug); cov tshuaj ntawm no yuav tsum tau mus yuav ntawm tej cov chaw muag tshuaj rau tej yam mob xwb.
<b>ST</b>	Kev Khomob Uas Kho Ib Kauj Raum Zujzus
<i>sau ua ntsiaj ntawv me</i>	Qhia tias muaj cov tshuaj tsis muaj npe nrov los hloov
<b>SAU UA NTSIAJ</b>	Qhia tias uaj cov tshuaj muaj npe nrov xwb
<b>NTAWV LOJ</b>	

## KEV THOV KOM MUAB COV TSHUAJ PUB MUAB RAU NEEG SIV HLOOV (REQUESTING FORMULARY CHANGES)

Yog tias koj yog ib tus tswvcuab thiab xav thov kom muab cov tshuaj pub siv hloov, thov muab koj daim ntawv thov thiab qhov tias yog vim li cas thiaj li yuav kom hloov xa mus rau Molina's Pharmacy Department nrog koj li xovtooj thiab chaw nyob.

Xa Hauv Fax: 562-499-0790

## LUS CEEBTOOM

Cov lus nyob hauv phau ntawv ntawm no yog khoom muaj tswv. Txwv tsis pub muab luam tag nrho lossis ib qho ua ntej tau txais ntawv tso lus tias luam tau. ©2019. Muab tag nrho cov cai tuav tseg.

Phau ntawv ntawm no muaj cov lus qhia txog cov tshuaj muaj npe nrov uas yog cov cim lagluam lossis cim lagluam uas tau muab sau npe mus ceev tseg uas yog cov tuamtxhab ua tshuaj li.

**COV KEV HLOOV TSHIAB HAUV COV TSHUAJ PUB MUAB RAU NEEG SIV**

Thov muab txhua yam kev hloov hauv cov tshuaj pub muab rau neeg siv uas hais txog Nyiaj Them Nqi Tshuaj (Pharmacy Benefit) los xyuas kom paub meej, tshwj tias yeej muaj lus qhia tias yog lwm yam. Yog koj muaj lus nug, nug mus rau Molina Health Plan's Pharmacy Help Desk.

<b>Lus Txhais</b>			
AGE= Lub Hnub Nyoog Uas Txwv Tsis Pub Siv	ST= Kev khomob uas kho ib kauj ruam zuzus	OTC= Tshuaj tsis tag muaj ntawv siv	PA= Kev Pom Zoo Ua Ntej
PA, QL= Kev Txwv Tias Tsuas Pub Siv Ntau Npaum Li Cas Xwb tom qab tau txais Kev Pom Zoo Ua Ntej	QL= Kev Txwv Tias Tsuas Pub Siv Ntau Npaum Li Cas Xwb	SP= Tshuaj Kho Tej Yam Mob (Specialty Drug); cov tshuaj ntawm no yuav tsum tau mus yuav ntawm tej cov chaw muag tshuaj rau tej yam mob xwb.	MED= Ntau kawg los tsuas pub 90 mg Tshuaj Muaj Yeeb rau ib hnub xwb

**សេចក្តីផ្តើម**

យើងរីករាយសូមផ្តល់ជូនបញ្ជីឱសថរបស់ Molina Healthcare នៃ California (បញ្ជីឱសថផ្លូវការ) ដែលជាឯកសារយោង និងព័ត៌មានដែលមានអត្ថប្រយោជន៍មួយ។ ឯកសារនេះអាចជួយអ្នកផ្តល់សេវាវេជ្ជសាស្ត្រ ក្នុងការជ្រើសយកផលិតផលដែលមានភាពត្រឹមត្រូវតាមលក្ខណៈគ្លីនិក និងមានតម្លៃសមរម្យ សម្រាប់អ្នកជំងឺរបស់ខ្លួន។

ឱសថ ដែលបានបង្ហាញនេះ ត្រូវបានត្រួតពិនិត្យដោយគណៈកម្មាធិការស្តីពីឱសថ និងការព្យាបាល ((P&T) Committee) ហើយត្រូវបានអនុម័តឱ្យដាក់បញ្ចូលក្នុងបញ្ជីឱសថ។ ឯកសារនេះផ្តល់ព័ត៌មានអំពីការអនុវត្តវេជ្ជសាស្ត្របច្ចុប្បន្ន គិតត្រឹមថ្ងៃត្រួតពិនិត្យ។ Molina Healthcare នៃ California ធានារ៉ាប់រងតែឱសថណាដែលផលិតដោយសហគ្រាសផលិត ដែលចូលរួមក្នុងកម្មវិធីបង្វិលសងថ្លៃឱសថរបស់ Federal Medicaid ប៉ុណ្ណោះ។

ព័ត៌មានក្នុងឯកសារនេះ និងឧបសម្ព័ន្ធត្រូវបានផ្តល់ជូន ដើម្បីគោលបំណងផ្តល់ភាពងាយស្រួលដល់អ្នកផ្តល់សេវាវេជ្ជសាស្ត្រតែប៉ុណ្ណោះ។ យើងមិនធានារ៉ាប់រង ឬអះអាងពីភាពត្រឹមត្រូវនៃព័ត៌មាននោះឡើយ ហើយគេក៏មិនចង់ឱ្យព័ត៌មាននោះមានលក្ខណៈលម្អិតផងដែរ។ ព័ត៌មានទាំងអស់ក្នុងឯកសារនេះត្រូវបានផ្តល់ជូនជាឯកសារយោង សម្រាប់ការជ្រើសយកឱសថព្យាបាល។

ឯកសារនេះត្រូវស្ថិតក្រោមបទប្បញ្ញត្តិ និងវិធានរបស់រដ្ឋ ក្នុងនោះ រួមបញ្ចូល ដូចជា បទប្បញ្ញត្តិ និងវិធានទាំងឡាយ ស្តីពីការប្រើឱសថទូទៅជំនួស បញ្ជីសារធាតុក្នុងបញ្ជីត្រួតពិនិត្យ ការចង់ប្រើឱសថម៉ាក និងឱសថទូទៅ ពេលណាអាចអនុវត្តទៅបាន។

យើងមិនទទួលខុសត្រូវចំពោះសកម្មភាព ឬកំហុសរបស់អ្នកផ្តល់សេវាវេជ្ជសាស្ត្រណា ដែលពឹងផ្អែកលើព័ត៌មានទាំងមូល ឬព័ត៌មានផ្នែកណាមួយក្នុងឯកសារនេះឡើយ។ អ្នកផ្តល់សេវាវេជ្ជសាស្ត្រគួរពិនិត្យឯកសារផលិតផល ឬឯកសារបទដ្ឋានរបស់អ្នកផលិតឱសថសម្រាប់ព័ត៌មានលម្អិតបន្ថែម។

**អារម្ភកថា**

ឯកសារនេះត្រូវបានរៀបចំជាផ្នែក។ ផ្នែកនីមួយៗត្រូវបានបែងចែកជាក្រុមឱសថព្យាបាល ដែលកំណត់ជាចម្បងដោយយន្តការអន្តរកម្ម។

**គណៈកម្មាធិការស្តីពីឱសថ និងការព្យាបាល ((P&T) Committee)**

សេវាកម្មរបស់គណៈកម្មាធិការស្តីពីឱសថ និងការព្យាបាល (P&T Committee) ត្រូវបានប្រើប្រាស់ ដើម្បីផ្តល់ការអនុម័តលើការព្យាបាលដោយប្រើឱសថដែលមានប្រសិទ្ធភាពផ្នែកគ្លីនិក និងសុវត្ថិភាព។ P&T Committee គឺជាស្ថាប័នប្រឹក្សា ដែលប្រមូលផ្តុំដោយអ្នកវិជ្ជាជីវៈផ្នែកគ្លីនិក។ សមាជិកដែលមានសិទ្ធិបោះឆ្នោតក្នុង P&T Committee រួមមាន គ្រូពេទ្យ និងឱសថការី ដែលសុទ្ធតែមានជំនាញគ្លីនិក និងសិក្សាស្រាវជ្រាវទូលំទូលាយអំពីឱសថវេជ្ជបញ្ជា។ សមាជិក ដែលមានសិទ្ធិបោះឆ្នោតក្នុង P&T Committee ត្រូវតែលាតត្រដាងអំពីទំនាក់ទំនងហិរញ្ញវត្ថុ ឬទំនាស់ផលប្រយោជន៍ជាមួយនឹងសហគ្រាសផលិតឱសថ។

**សេចក្តីបរិយាយអំពីបញ្ជីឱសថ**

គោលការណ៍ទូទៅ ត្រូវបានកំណត់ចំណាំ ដូចខាងក្រោម ដើម្បីជួយដល់ការយល់ដឹងអំពីចំណុចខ្លាំង និងទម្រង់ការដាក់ថ្នាំជាក់លាក់ ដែលបានសរសេរនៅក្នុងឯកសារនេះ។

- ជួរទីមួយក្នុងតារាងសរសេរឈ្មោះឱសថ។ ឱសថ ដែលមានឈ្មោះម៉ាក សរសេរជាអក្សរធំ (ឧ.LIPITOR)។ ឱសថដែលមានឈ្មោះទូទៅសរសេរជាអក្សរតូច និងព្រួត (ឧ.atorvastatin)។
- ជួរទីពីរ (ចំណងជើង ថ្នាក់ឱសថ [Drug Tier]) នឹងសរសេរពីថ្នាក់ឱសថនៅលើបញ្ជីឱសថផ្លូវការ។
- ជួរទីបី (លក្ខខណ្ឌតម្រូវ/ដែនកំណត់ [Requirements/Limits]) កំណត់ពីលក្ខខណ្ឌតម្រូវពិសេសសម្រាប់ការធានារ៉ាប់រងលើឱសថរបស់អ្នក។
- បើឱសថផ្តល់បញ្ហា និងឱសថគ្មានផ្តល់បញ្ហា (OTC) ត្រូវបានធានារ៉ាប់រង នោះឱសថទាំងពីរត្រូវស្ថិតនៅក្នុងបញ្ជី។
- ឱសថដែលបញ្ហាជាតិថ្នាំយឺតៗ និងឱសថដែលបញ្ហាជាតិថ្នាំយឺតយ៉ាវ តម្រូវឱ្យមានការចុះបញ្ជីខ្លួនឯង។
- ទម្រង់ការដាក់ថ្នាំនៅលើឯកសារនឹងមានលក្ខណៈស៊ីសង្វាក់គ្នានឹងប្រភេទ និងការប្រើប្រាស់ដែលបានសរសេរ។

**បរិមាណនៃផ្តល់បញ្ហា**

ផ្តល់បញ្ហាគួរចេញជាលាយលក្ខណ៍អក្សរសម្រាប់ការផ្គត់ផ្គង់ឱសថព្យាបាល (ក្នុងបរិមាណសមស្រប ដើម្បីព្យាបាលស្ថានភាពជំងឺ) ដល់រយៈពេលអតិបរមា 60 ថ្ងៃ សម្រាប់ឱសថមួយចំនួន ដែលចេញផ្តល់ជាប្រចាំខែ។ បរិមាណសាកល្បងអាចប្រើពេលចាប់ផ្តើមការព្យាបាលថ្មី ប្រសិនបើសមស្រប។

**ការប្រើឱសថទូទៅជំនួស**

ការប្រើឱសថទូទៅជំនួស គឺជាចំណាត់ការរបស់ឱសថស្ថាន ដែលបើកឱសថទូទៅឱ្យ មិនមែនឱសថមានម៉ាក ដែលកំណត់ក្នុងផ្តល់បញ្ហា។ ក្នុងឯកសារនេះ ប្រភេទឱសថជាអក្សរតូច និងព្រួត ចង្អុលបង្ហាញពីលទ្ធភាពមានឱសថទូទៅ។ ក្នុងករណីភាគច្រើន ឱសថមានម៉ាក ដែលមានឱសថទូទៅជំនួស នឹងមិនមែនក្នុងបញ្ជីឱសថទេ ដោយឱសថទូទៅជំនួសឱសថម៉ាកនោះ ពេលគេដាក់លក់ឱសថទូទៅលើទីផ្សារ។ ទោះជាយ៉ាងណា ឯកសារនេះស្ថិតក្រោមបទប្បញ្ញត្តិ និងវិធានរបស់រដ្ឋស្តីពីការប្រើឱសថទូទៅជំនួស ហើយវិធានដាច់ខាតស្តីពីឱសថទូទៅត្រូវបានអនុវត្ត នៅពេលដែលសមស្រប។

ជាធម្មតា ឱសថទូទៅមានតម្លៃទាបជាងឱសថមានម៉ាក។ ឱសថទូទៅតាមផ្តល់បញ្ហា គឺជាឱសថ៖

- ដែលបានអនុម័តដោយរដ្ឋបាលចំណីអាហារ និងឱសថរបស់សហរដ្ឋអាមេរិក ចំពោះសុវត្ថិភាព និងប្រសិទ្ធភាព ហើយត្រូវបានផលិត ក្រោមបទដ្ឋានតឹងរ៉ឹងតែមួយ ដែលអនុវត្តចំពោះឱសថមានម៉ាក។
- ដែលបានធ្វើពិសោធន៍ចំពោះមនុស្ស ដើម្បីធានាថា ឱសថទូទៅត្រូវបានស្រូបចូលក្នុងសរសៃឈាម ក្នុងល្បឿន និងកម្រិតស្រដៀងគ្នានឹងថ្នាំមានម៉ាក (សមភាពជីវសាស្ត្រ [bioequivalence])។ ឱសថទូទៅអាចខុសពីឱសថមានម៉ាក ទាំងទំហំ ពិណ និងធាតុផ្សំអសកម្ម ប៉ុន្តែករណីនេះមិនកែប្រែប្រសិទ្ធភាព ឬលទ្ធភាពរបស់ឱសថ ក្នុងការស្រូបយកក្នុងខ្លួនប្រាណ ដូចឱសថមានម៉ាកឡើយ។
- ដែលត្រូវបានក្នុងកម្រិតតែមួយ និងទម្រង់ការដាក់ថ្នាំ ដូចឱសថមានម៉ាក។

ពេលឱសថទូទៅត្រូវបានប្រើជំនួសឱសថមានម៉ាក អ្នកអាចរំពឹងថា ឱសថទូទៅនឹងមានប្រសិទ្ធភាពនិងសុវត្ថិភាពលក្ខណៈគ្លីនិក ដូចឱសថមានម៉ាកផងដែរ (សមភាពនៃការព្យាបាល)។

## ផែនការធានារ៉ាប់រង

ឯកសារនេះបង្ហាញពីប្លង់គម្រោងស្តីពីបញ្ជីឱសថផ្លូវការ ដែលបិទជិត។ ឱសថដែលបានរាយបញ្ជីក្នុងឯកសារនេះ ត្រូវបានធានារ៉ាប់រងតាមផែនការ ដូចដែលបានបង្ហាញរួមគ្នា។ ឱសថមួយចំនួននៅលើបញ្ជីត្រូវបានធានារ៉ាប់រង ប្រសិនបើបញ្ជីត្រូវបានបញ្ជូនទៅលើកិច្ចការប្រគល់ជូនវិនិច្ឆ័យនៃការគ្រប់គ្រង និងប្រើប្រាស់ (ពេលគឺ ការព្យាបាលជាជំហានៗ [Step Therapy] ការអនុញ្ញាតជាមុន [Prior Authorization] ដែនកំណត់លើបរិមាណ [Quantity Limits] ។ល។) សំណើសុំប្រើឱសថ នៅក្រៅលក្ខណៈវិនិច្ឆ័យរបស់ឱសថ ដែលបានកំណត់ នឹងត្រូវយកមកត្រួតពិនិត្យ ផ្អែកតាមភាពចាំបាច់របស់ផ្នែកវេជ្ជសាស្ត្រ។ បើឱសថមិនបានរាយក្នុងឯកសារនេះ គេអាចស្នើសុំការលើកលែងពីបញ្ជីឱសថផ្លូវការ ដើម្បីការធានារ៉ាប់រង។ ភាពចាំបាច់ផ្នែកវេជ្ជសាស្ត្រ ឬការលើកលែងពីបញ្ជីឱសថផ្លូវការ នឹងត្រូវត្រួតពិនិត្យ ផ្អែកលើលក្ខណៈវិនិច្ឆ័យនៃការអនុញ្ញាតជាមុនចំពោះឱសថជាក់លាក់ ឬលក្ខណៈវិនិច្ឆ័យស្នើសុំឱសថវេជ្ជបញ្ជាដែលមិនស្ថិតក្នុងបញ្ជីឱសថផ្លូវការ។ សូមចូលទៅគេហទំព័រ [www.molinahealthcare.com](http://www.molinahealthcare.com) ដើម្បីពិនិត្យមើលការធានារ៉ាប់រង។

## នីតិវិធីស្នើសុំការអនុញ្ញាតជាមុន

វេជ្ជបញ្ជាសម្រាប់ឱសថដែលត្រូវមានការឯកភាពជាមុន ឬចំពោះឱសថដែលមិនស្ថិតក្នុងបញ្ជីឱសថផ្លូវការរបស់ Molina អាចត្រូវបានឯកភាព នៅពេលដែលមានភាពចាំបាច់ផ្នែកវេជ្ជសាស្ត្រ និងនៅពេលដែលជម្រើសក្នុងបញ្ជីឱសថផ្លូវការ បានបង្ហាញពីភាពគ្មានប្រសិទ្ធភាព។ ពេលមានករណីលើកលែងទាំងនេះ គ្រូពេទ្យអាចធ្វើទម្រង់ការអនុញ្ញាតជាមុនចំពោះឱសថដែលបានបំពេញរួច តាមទូរស័ព្ទមក Molina តាមលេខ (866) 508-6445។ ទម្រង់នេះអាចរកបាន ដោយចូលទៅកាន់គេហទំព័រ [www.molinahealthcare.com](http://www.molinahealthcare.com)។ ការសាកល្បងសំណាកឱសថ នឹងមិនត្រូវបានទុកជាមូលហេតុ ដើម្បីឯកភាពលើសំណើសុំការអនុញ្ញាតជាមុនឡើយ។

## ដំបូន្មានមានប្រយោជន៍សម្រាប់ការអនុញ្ញាតជាមុន

ដើម្បីធានាឱ្យបាននូវការឆ្លើយតបឆាប់រហ័សពី Pharmacy Department របស់ Molina Healthcare នៃរដ្ឋ California សូមផ្តល់ព័ត៌មានពាក់ព័ន្ធ ព្រមទាំងមួយនឹងសំណើសុំការអនុញ្ញាតជាមុន។ ឧទាហរណ៍មានដូចខាងក្រោម៖

### ក្រុមឱសថ/អាគវិនិច្ឆ័យ

ការកាត់បន្ថយកូលេស្តេរ៉ូល

ជំងឺទឹកនោមផ្អែម

ឱសថមិនមានក្នុងបញ្ជីឱសថផ្លូវការ/មិនចង់បាន

### ព័ត៌មានគ្លីនិកដែលបានស្នើសុំ

ជាតិខ្លួញក្នុងឈាម កត្តាហានិភ័យកើតជំងឺបេះដូង

របាយការណ៍ A1c

កំណត់ត្រាឱសថ និង/ឬកំណត់ត្រាវេជ្ជសាស្ត្រ ដែលកត់ត្រាពីការប្រើមុនៗនូវឱសថក្នុងបញ្ជីឱសថផ្លូវការ

## ប្រភេទត្រូវពិចារណា

### ថ្នាំទឹកចាក់តាមសរសៃដ៏ង

ថ្នាំទឹកចាក់តាមសរសៃដ៏ងសាមញ្ញ

mL

ថ្នាំទឹកចាក់តាមសរសៃដ៏ងសាមញ្ញ ជាធម្មតា ត្រូវបានប្រើ ដើម្បីព្យាបាលផ្សំនឹងទឹក។ ក្នុងនោះ រួមបញ្ចូល ថ្នាំទឹក (គ្មានអង្គធាតុសមាស) ដែលមានលក្ខណៈពណ៌ផ្កា ដូចជា Normal Saline, Dextrose (ទឹកដល់ 10%) និង Lactated Ringer's Solution ថ្នាំទឹក

potassium chloride ដែលរៀបចំជាលក្ខណៈពាណិជ្ជកម្ម ក្នុងថ្នាំទាំងនោះ ក៏ត្រូវបានបញ្ចូលក្នុងនិយមន័យនេះផងដែរ។ ថ្នាំទឹកចាក់តាមសរសៃដ៏និសាមញ្ញ គួរចេញវិក្កយបត្រឱ្យទាត់ប្រាក់ ដោយប្រើលេខកូដឱសថជាតិ (National Drug Code, NDC) របស់ឱសថ។

ថ្នាំទឹកចិញ្ចឹមរាងកាយតាមសរសៃ (TPN ឬ HYPERALIMENTATION) mL

ត្រូវបានរឹតត្បិតឱ្យផ្តល់ជូន ក្នុងរយៈពេល 10 ថ្ងៃ បន្ទាប់ពីអ្នកជំងឺត្រូវបានអនុញ្ញាតឱ្យចេញពីមន្ទីរពេទ្យព្យាបាលជំងឺធ្ងន់ធ្ងរពេលដែលការព្យាបាលតាមសរសៃដ៏និសាមញ្ញ ជាមួយនឹងឱសថដែលបានចាប់ផ្តើមរួចហើយ មុនពេលអនុញ្ញាតឱ្យចេញពីមន្ទីរពេទ្យ។ មានការផ្គត់ផ្គង់ជាអតិបរមា 10 ថ្ងៃ ក្នុងការផ្តល់ជូនរយៈពេល 10 ថ្ងៃនេះ។

(ថ្នាំទឹកចិញ្ចឹមរាងកាយតាមសរសៃគឺជាឱសថចិញ្ចឹមរាងកាយ ដែលចាក់តាមសរសៃដ៏និសាមញ្ញ ឬសរសៃអាទិទេ ដែលជាធម្មតា គឺជាឱសថលាយទឹក ឬថ្នាំទឹកអាមីណូអាស៊ីត ឬប្រូតេអ៊ីន dextrose លីពីតអេឡិកត្រូលីត វីតាមីន និង/ឬអាហារបំប៉នជាតិដី និងអង្គផ្សិតភាគសំខាន់)។

ក្រៅពីថ្នាំទឹកចិញ្ចឹមរាងកាយ ក៏មានឱសថដទៃទៀត ដែលលាយបញ្ចូលថ្នាំទឹកចិញ្ចឹមរាងកាយ នៅពេលណាក៏បាន នៅមុនពេលផ្តល់ជូនអ្នកជំងឺ។ គេត្រូវចេញវិក្កយបត្រសម្រាប់ឱសថទាំងនេះ ជាផ្នែកនៃវិក្កយបត្រសម្រាប់ថ្នាំទឹកចិញ្ចឹមរាងកាយ (parenteral nutrition)។

ចំណាំ៖ ឱសថ (គ្មានអង្គធាតុសមាស) ត្រូវតែចេញវិក្កយបត្រដោយប្រើលេខ NDC របស់ឱសថ។ ថ្នាំទឹកមានអង្គធាតុសមាស ត្រូវតែចេញវិក្កយបត្រជាឱសថមានអង្គធាតុសមាស (compound claim)។

លីពីតតាមសរសៃដ៏និសាមញ្ញដោយឡែក mL

ត្រូវបានរឹតត្បិតឱ្យផ្តល់ជូន ក្នុងរយៈពេល 10 ថ្ងៃ បន្ទាប់ពីអ្នកជំងឺត្រូវបានអនុញ្ញាតឱ្យចេញពីមន្ទីរពេទ្យព្យាបាលជំងឺធ្ងន់ធ្ងរពេលដែលការព្យាបាលតាមសរសៃដ៏និសាមញ្ញ ជាមួយនឹងឱសថដែលបានចាប់ផ្តើមរួចហើយ មុនពេលអនុញ្ញាតឱ្យចេញពីមន្ទីរពេទ្យ។ មានការផ្គត់ផ្គង់ជាអតិបរមា 10 ថ្ងៃ ក្នុងការផ្តល់ជូនរយៈពេល 10 ថ្ងៃនេះ។

ថ្នាំទឹកឬថ្នាំលាយទឹកលីពីតតាមសរសៃដ៏និសាមញ្ញនេះ ដែលផ្តល់ជូនអ្នកជំងឺដាច់ដោយឡែកពីថ្នាំទឹកចិញ្ចឹមរាងកាយ (ពោលគឺ មិនបានលាយបញ្ចូលថ្នាំទឹកចិញ្ចឹមរាងកាយ) គួរចេញវិក្កយបត្រទាត់ប្រាក់ ដោយប្រើលេខ NDC របស់ឱសថ។

ថ្នាំទឹកតាមសរសៃដ៏និសាមញ្ញនៃថ្នាំផ្សះផ្សាគ្នាក្នុងបញ្ជី mL

ត្រូវបានរឹតត្បិតឱ្យផ្តល់ជូន ក្នុងរយៈពេល 10 ថ្ងៃ បន្ទាប់ពីអ្នកជំងឺត្រូវបានអនុញ្ញាតឱ្យចេញពីមន្ទីរពេទ្យព្យាបាលជំងឺធ្ងន់ធ្ងរពេលដែលការព្យាបាលតាមសរសៃដ៏និសាមញ្ញ ជាមួយនឹងឱសថដែលបានចាប់ផ្តើមរួចហើយ មុនពេលអនុញ្ញាតឱ្យចេញពីមន្ទីរពេទ្យ។ មានការផ្គត់ផ្គង់ជាអតិបរមា 10 ថ្ងៃ ក្នុងការផ្តល់ជូនអ្នកជំងឺរយៈពេល 10 ថ្ងៃនេះ។

ចំណាំ៖ ឱសថ (គ្មានអង្គធាតុសមាស) ត្រូវតែចេញវិក្កយបត្រដោយប្រើលេខ NDC របស់ឱសថ។ ថ្នាំទឹក (មានអង្គធាតុសមាស) ត្រូវតែចេញវិក្កយបត្រជាឱសថមានអង្គធាតុសមាស។

ថ្នាំទឹកតាមសរសៃដ៏និសាមញ្ញនៃឱសថដទៃទៀតគ្មានក្នុងបញ្ជី mL

ត្រូវបានរឹតត្បិតឱ្យផ្តល់ជូន ក្នុងរយៈពេល 10 ថ្ងៃ បន្ទាប់ពីអ្នកជំងឺត្រូវបានអនុញ្ញាតឱ្យចេញពីមន្ទីរពេទ្យព្យាបាលជំងឺធ្ងន់ធ្ងរពេលដែលការព្យាបាលតាមសរសៃ



រឿង ជាមួយនឹងឱសថដែលនេះបានចាប់ផ្តើមរួចហើយ មុនពេលអនុញ្ញាតឱ្យចេញពីមន្ទីរពេទ្យ។ មានការផ្តល់ជូនអ្នក ជំងឺរយៈពេល 10 ថ្ងៃនេះ។

ចំណាំ៖ ឱសថ (គ្មានអង្គធាតុសមាស) ត្រូវតែចេញវិក្កយបត្រដោយប្រើលេខ NDC របស់ឱសថ។ ថ្នាំទឹក (មានអង្គធាតុសមាស) ត្រូវតែចេញ វិក្កយបត្រជាឱសថមានអង្គធាតុសមាស។

### NSAIDs

ការប្រើ NSAID ក្នុងស្ថានភាពដូចខាងក្រោម ត្រូវទទួលបានការពិចារណាពីកត្តាហានិភ័យជាពិសេសគឺ៖ ប្រវត្តិហូរឈាម ឬដំបៅក្នុងក្រពះពោះវៀន ឬដំបៅ បញ្ហាឈាមរាវរ៉ាំរ៉ៃ ជំងឺប៊ិត អាឡាក់ស៊ីថ្នាំអាស្ប៊ែរីន តម្រងនោមចុះខ្សោយ ជំងឺលើសឈាម ឬបេះដូងស្ទះចុះខ្សោយ។

### OPIOID ANALGESICS

ថ្នាំចំបាត់ការឈឺចុកចាប់ដែលមានជាតិអាស្ប៊ែរីនត្រូវបានកម្រិតឱសថ acetaminophen ចំនួន 4 ក្រាម ក្នុងមួយថ្ងៃ។

### TETRACYCLINES

ត្រូវហាមប្រើចំពោះកុមារអាយុតិចជាង 8 ឆ្នាំ ឬស្រ្តីមានផ្ទៃពោះ និងម្តាយបំបៅដោះកូន។

### ឱសថដែលមិនបញ្ចូល/មិនធានារ៉ាប់រង

សូមជ្រាបថា ឱសថមួយចំនួនមិនត្រូវបានធានារ៉ាប់រងទេ។ ឱសថទាំងនេះ រួមបញ្ចូល ដូចជា៖

- ឱសថ/សហគ្រាសផលិតឱសថ ដែលគ្មានលក្ខណៈសម្បត្តិទទួលបានមូលនិធិ Federal Medicaid មិនចូលរួមក្នុងកម្មវិធីបង្វិលសងថ្លៃ ឱសថរបស់ Federal Medicaid។F
- ឱសថ ដែលប្រើសម្រាប់ព្យាបាលបញ្ហាខ្សោយផ្លូវភេទ
- ឱសថ ដែលប្រើសម្រាប់គោលបំណងសម្ព័ន្ធស្ប
- ឱសថ ដែលធ្វើពិសោធន៍ ឬស៊ើបអង្កេត
- ការរៀបចំឱសថមិនត្រូវការវេជ្ជបញ្ជា (ថ្នាំប្រុង benzoic និង salicylic acid ក្រុម salicylic acid ថ្នាំប្រុង ឬថ្នាំរាវ ថ្នាំ sodium chloride ថ្នាំ zine oxide paste)
- ថ្នាំចំបាត់ការឈឺចុកចាប់ដែលមិនត្រូវការវេជ្ជបញ្ជា
- ឱសថវិតាមីនផ្សំគ្នាសម្រាប់មនុស្ស > 5 ឆ្នាំ (លើកលែងតែវិសម័យវិទ្យាសាស្ត្រ)
- ថ្នាំបំប៉នឬឱសថដទៃទៀតដែលមិនអនុម័តដោយ FDA
- ឱសថជំងឺក្អកផ្តាសាយ ដែលមិនត្រូវការវេជ្ជបញ្ជា (ឱសថមិនត្រូវការវេជ្ជបញ្ជា ដែលមាន guaifenesin ឬ dextromethorphan)
- ផលិតផលប្រើក្នុងផ្ទះ (លេណាបដៃ លេផ្តល់សំណើម ។ល។)
- Belladonna alkaloidsដែលមាន phenobarbital

- ថ្នាំលាប silver nitrate 75% និង potassium nitrate 25%
- ថ្នាំទឹកលាប silver nitrate
- ផលិតផលមាត់ធ្មេញ
- Bepreve, Istalol និង bromfenac sodium
- ឱសថ ដែលកំណត់ដោយរដ្ឋបាលឱសថរដ្ឋសហព័ន្ធ (FDA) ជាថ្នាំទាក់ទង ឬស្រដៀង ដែលមិនសូវមានប្រសិទ្ធភាព និងដូច (ជាញឹកញាប់ ហៅថា ឱសថ "DESI 5 and 6" )

**ឱសថកាត់ចេញ (ឱសថដែលត្រូវបានធានារ៉ាប់រងក្រោមកម្មវិធី Medi-Cal Fee-For-Service)**

ប្រភេទឱសថដូចខាងក្រោម ត្រូវបានធានារ៉ាប់រងផ្ទាល់ដោយកម្មវិធី Medi-Cal Fee-for-Service (FFS) បើទោះបីជាសមាជិកបានចុះឈ្មោះក្នុង គម្រោងថែទាំគ្រប់គ្រងដោយ Molina ក៏ដោយ។ ចំពោះសំណួរអំពីអត្ថប្រយោជន៍ ឬសេវាកម្ម ដែលបានរាយបញ្ជីក្នុងផ្នែកនេះ សូមទូរស័ព្ទមក Medi-Cal Support លេខ 1-800-541-5555។

- ឱសថចិត្តសាស្ត្រ
- Monoamine Oxidase Inhibitors (MAOIs)
- Select Antiparkinsonian Agents
- ឱសថរំងាប់បញ្ហាផ្លូវអារម្មណ៍
- ឱសថមេរោគអេដស៍
- ឱសថសម្អាតជាតិពុល
- ឱសថឈាមក្រខន់

**អ្នកពិនិត្យពាក្យសុំទារថ្លៃឱសថផ្តល់ជូន**

Molina Healthcare បានជ្រើសយក CVS Caremark ជាក្រុមហ៊ុនគ្រប់គ្រងអត្ថប្រយោជន៍ឱសថ (Pharmacy Benefit Management (PBM) Company) ដើម្បីគ្រប់គ្រងអត្ថប្រយោជន៍នៃឱសថផ្តល់ជូនសម្រាប់សមាជិក Molina ។

- សំណួរផ្សេងៗអំពីការពិនិត្យពាក្យសុំទារថ្លៃឱសថ បញ្ជីឱសថផ្លូវការ ឬពាក្យសុំទារថ្លៃឱសថដែលត្រូវបានច្រានចោល អាចបញ្ជូនមក CVS Caremark Help Desk តាមទូរស័ព្ទលេខ (800) 770-8014។
- ក្តីកង្វល់អំពីសមាជិកភាព និងសិទ្ធិទទួលបាន អាចដោះស្រាយជូនបាន ដោយទូរស័ព្ទមក Molina Membership Services លេខ (888) 665-4621។
- សំណួរទាក់ទងនឹងអ្នកផ្តល់សេវា អាចដោះស្រាយជូនបាន ដោយទូរស័ព្ទមក Molina Provider Services Help Desk លេខ (855)-322-4075។

**គោលនយោបាយស្តីពីឱសថករណីបន្ទាន់ និងក្រោយម៉ោងធ្វើការ**

ដើម្បីបង្ការស្ថានភាពសុខភាពរបស់សមាជិកកុំឱ្យកាន់តែធ្ងន់ធ្ងរ ក្នុងស្ថានភាពករណីបន្ទាន់ អាចជាការចាំបាច់ត្រូវផ្តល់ឱសថព្យាបាលជំងឺធ្ងន់ដែលផ្តុំផ្គុំសម្រាប់រយៈពេល 72 ម៉ោង មុនពេលគេអាចទទួលបានការអនុញ្ញាតជាមុនពី Molina។ (ឧ.សមាជិកត្រូវបានអនុញ្ញាតឱ្យចេញពីមន្ទីរពេទ្យ ក្រោយម៉ោងធ្វើការធម្មតា ជាមួយនឹងវេជ្ជបញ្ជាឱសថអង់ទីប៊ីយូទិកពិសេស)។

ឱសថស្ថាន ត្រូវបានណែនាំឱ្យប្រើប្រាស់ការសម្រេចចិត្តជាលក្ខណៈវិជ្ជាជីវៈ។ Molina នឹងបង្វិលសងឱសថស្ថានចំពោះឱសថព្យាបាលជំងឺធ្ងន់ដែលផ្តុំផ្គុំសម្រាប់រយៈពេល 72 ម៉ោង ក្នុងអត្រាកិច្ចសន្យានៃឱសថវេជ្ជបញ្ជាទាំងនេះ។ ឱសថស្ថានអាចទាក់ទងមក CVS Caremark Help Desk តាមលេខ (800) 770-8014 ដើម្បីទទួលបានការលុបចោលលក្ខខណ្ឌផ្គត់ផ្គង់សម្រាប់រយៈពេល 72 ម៉ោងនេះបាន។

ឱសថស្ថានអាចទូរស័ព្ទមក Molina លេខ (888) 665-4621 នៅថ្ងៃធ្វើការ ដូចខាងក្រោម ដើម្បី ទទួលបានការអនុញ្ញាតចំពោះការត្រួតពិនិត្យលើវេជ្ជបញ្ជាបន្ទាន់ ឬក្រោយម៉ោងធ្វើការលើប្រព័ន្ធអនឡាញ។ វាត្រូវបានណែនាំ និងរំពឹងថា ឱសថស្ថាននឹងផ្តល់ឯកសារសមហេតុផលនៃករណីទាំងឡាយដែលឱសថស្ថានបើកឱសថក្នុងស្ថានភាពករណីបន្ទាន់ទាំងនេះ។

**ចំណងជើង**

AGE	ដែនកំណត់នៃអាយុ
MED	ដូសស្មើ Morphine អតិបរមា 90 mg ក្នុងមួយថ្ងៃ
OTC	មិនត្រូវការវេជ្ជបញ្ជា អត្ថប្រយោជន៍ដែលបានធានារ៉ាប់រងជាមួយនឹងវេជ្ជបញ្ជា
PA	ការអនុញ្ញាតជាមុន
PA, QL	ដែនកំណត់នៃបរិមាណ ត្រូវបានអនុវត្ត បន្ទាប់ពីមានការអនុញ្ញាតជាមុន
QL	ដែនកំណត់នៃបរិមាណ
SP	ឱសថពិសេស; ឱសថទាំងនេះត្រូវទទួលបានតាមរយៈឱសថស្ថានពិសេស
ST	ការព្យាបាលជាជំហានៗ
អក្សរតូច	បង្ហាញពីលទ្ធភាពមានឱសថប្រភេទទូទៅ
អក្សរធំ	បង្ហាញពីលទ្ធភាពមានឱសថម៉ាក

**ការស្នើសុំការផ្លាស់ប្តូរក្នុងបញ្ជីឱសថផ្លូវការ**

ប្រសិនបើអ្នកជាអ្នកចេញវេជ្ជបញ្ជា ហើយចង់ស្នើសុំផ្លាស់ប្តូរក្នុងបញ្ជីឱសថផ្លូវការ សូមដាក់សំណើ និងមូលហេតុមក Molina’s Pharmacy Department ជាមួយនឹងព័ត៌មានទំនាក់ទំនងរបស់អ្នក។

ទូរសារលេខ៖ 562-499-0790

**សេចក្តីជូនដំណឹង**

ព័ត៌មានក្នុងឯកសារនេះគឺជាព័ត៌មានកម្មសិទ្ធិ។ ព័ត៌មាននេះមិនអាចត្រូវបានចម្លងទាំងមូល ឬផ្នែកណាមួយឡើយ បើគ្មានការអនុញ្ញាតជាលាយលក្ខណ៍អក្សរ។  
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ឯកសារនេះមានខ្លឹមសារយោងលើឱសថវេជ្ជបញ្ជាដែលមានឈ្មោះម៉ាក ដែលជាពាណិជ្ជសញ្ញា ឬពាណិជ្ជសញ្ញាចុះបញ្ជីរបស់សហគ្រាសផលិតឱសថ។

**ព័ត៌មានថ្មីអំពីបញ្ជីឱសថផ្លូវការ**

សូមពិនិត្យមើលការផ្លាស់ប្តូរក្នុងបញ្ជីឱសថផ្លូវការ ដែលទាក់ទងនឹងអត្ថប្រយោជន៍ឱសថស្ថាន លើកលែងតែត្រូវបានកំណត់ខ្លឹមសារផ្សេងពីនេះ។ ប្រសិនបើអ្នកមានសំណួរ សូមទាក់ទងមក Molina Health Plan's Pharmacy Help Desk។

<b>ពាក្យគន្លឹះ</b>			
AGE= ដែនកំណត់នៃអាយុ	ST= ការព្យាបាលជាជំហានៗ	OTC= មិនត្រូវការវេជ្ជបញ្ជា	PA= ការអនុញ្ញាតជាមុន
PA, QL= ដែនកំណត់នៃបរិមាណ ត្រូវបានអនុវត្ត បន្ទាប់ពីមានការអនុញ្ញាតជាមុន	QL= ដែនកំណត់នៃបរិមាណ	SP= ឱសថពិសេស; ឱសថទាំងនេះត្រូវទទួលបានតាមរយៈឱសថស្ថានពិសេស	MED= ដូសស្ទើរ Morphine អតិបរមា 90 mg ក្នុងមួយថ្ងៃ

## 머리말

당사는 유용한 참고 및 정보를 제공하는 도구인 2019년 캘리포니아 *Molina Healthcare* 우선 의약품 목록(처방집)을 제공하게 되어 기쁜 마음입니다. 이 문서는 환자를 위해 임상적으로 적절하고 비용-효과적인 제품을 선택하는 데 있어서 의료인에게 도움이 될 수 있습니다.

등재된 의약품은 P&T Committee의 심사를 받았고 등재 승인을 받았습니다. 본 문서는 심사일 현재의 통례적 의료 행위를 반영합니다. 캘리포니아 Molina Healthcare는 연방 메디케이드 의약품 리베이트 프로그램에 참여하는 제조업체가 제조한 의약품만 보장합니다.

본 문서와 그 부록에 포함된 정보는 오직 의료인의 편의를 위해서만 제공되는 것입니다. 당사는 그러한 정보의 정확성을 보증하지도 아니하고 보장하지도 아니하며 그러한 정보는 사실상 포괄적인 것으로 의도하지도 아니한 것입니다. 본 문서에 포함된 모든 정보는 약물 요법 선택을 위한 참고로서 제공되는 것입니다.

본 문서는 주-고유의 규정 및 규칙의 적용을 받으며, 이 규정과 규칙에는 일반약 대체, 규제 약물 일람표, 브랜드약에 대한 선호 그리고 해당되는 경우에는 언제든지 의무적인 일반약에 관한 규정과 규칙이 포함되지만, 이에 국한되지 않습니다.

당사는 본 문서에 포함된 정보의 전부 또는 일부를 신뢰하는 것에 근거한 의료인의 행위 또는 부작위에 대해 책임을 지지 않습니다. 의료인은 더 상세한 정보에 대해서 제약업체의 제품 설명서 또는 표준 참고 문헌을 참조해야 합니다.

## 서문

본 문서는 섹션별로 편성되어 있습니다. 각 섹션은 일차적으로 작용 기전에 의해 규정된 치료 약물 등급에 의해 나누어집니다.

### 약제학 및 치료학 위원회 (PHARMACY AND THERAPEUTICS (P&T) COMMITTEE)

약제학 및 치료학 위원회("P&T Committee")는 자신의 직무상 안전하고 임상적으로 효과가 있는 약물 요법을 승인합니다. P&T Committee는 임상 전문가들로 구성된 자문 기구입니다. P&T Committee의 의결권 위원에는 의사 및 약사가 포함되고, 이들 모두는 처방약에 관한 풍부한 임상 및 학술적 전문 식견을 구비한 배경을 갖추고 있습니다. P&T Committee의 의결권 위원은 제약 업체와의 재정 관계 또는 이해 충돌을 공개해야 합니다.

### 의약품 목록 제품 설명

본 문서에 등재된 어느 특정 강도와 제형이 보험 보장을 받는지를 살피어 아는 데에 도움을 주기 위해, 일반 원칙이 아래에 적시되어 있습니다.

- 그 도표의 첫 번째 세로열은 약명을 열거합니다. 브랜드명 약은 대문자로 써져 있습니다(예, LIPITOR). 일반약은 소문자 이탤릭체로 열거되어 있습니다(예, *atorvastatin*).
- 두 번째 세로열(표지된 의약품 군(Drug Tier))은 그 약이 의약품 처방집에서 어느 군에 등재되어 있는지를 열거할 것입니다.
- 세 번째 세로열(요건/한도(Requirements/Limits))은 환자가 사용하는 약의 보험 보장을 위한 특별 요건을 포함합니다.
- 제품의 일반약(OTC) 버전과 처방약 버전이 보험 보장을 받는 경우, 두 버전 모두 등재됩니다.
- 연장-방출형 및 지연-방출형 제품은 그 제품의 고유한 등재가 필요합니다.
- 본 문서에 등재된 제형은 등재된 분야의 범주 및 용도와 일치할 것입니다.

## 처방 수량

처방전은 매월 처방된 약제의 경우 최대 60일 공급량까지 약제의 치료 공급량(병태를 적절히 치료하기 위한 양)에 대해 발급되어야 합니다. 적절한 경우, 새로운 치료법을 시작하는 경우 시험 수량을 사용할 수도 있습니다.

## 일반약 대체

일반약 대체는 약국의 조치로서 그에 의해 처방된 브랜드명 제품 대신에 일반약 버전이 조제되는 것입니다. 본 문서에서, *소문자 이탤릭체* 글꼴은 일반약을 쓸 수 있다는 것을 나타냅니다. 대부분의 경우, 일반약 제품을 대신 쓸 수 있게 되는 브랜드명 약은, 일반약이 출시되면, 비-처방집 약이 되며, 그 대신에 일반약이 보험 보장을 받습니다. 그러나, 본 문서는 일반약 대체에 관한 주-고유의 규정 및 규칙의 적용을 받으며, 해당되는 경우, 의무적인 일반약 규칙이 적용됩니다.

일반약은 그에 상당하는 브랜드명 약보다 가격이 보통 저렴합니다. 처방 일반약은:

- 안전성과 효과성에 대해 미국 식품의약청의 승인을 받고, 브랜드명 약에 적용되는 동일하고 엄격한 기준에 의거하여 제조됩니다.
- 일반약이 브랜드명 약과 비교하여 유사한 속도와 정도로 혈류에 흡수되는 것(생물학적 동등성)을 입증하기 위해 사람에게 대해 시험됩니다. 일반약은 브랜드명과 크기, 색상 및 비활성 성분이 다를 수 있지만, 이로 인해 바로 브랜드명 약처럼 흡수되는 그 약의 유효성이나 역량이 바뀌는 것은 아닙니다.
- 브랜드명 약과 동일한 강도와 제형으로 제조됩니다.

일반약이 브랜드명 약을 대체하는 경우, 그 일반약이 브랜드명 약과 동일한 임상 효과와 안전성 양상을 낼 것으로 기대할 수 있습니다.

## 플랜 계획

본 문서는 폐쇄형 처방집 플랜 계획을 설명합니다. 본 문서에 등재된 약제는 설명된 대로 플랜의 보장을 받습니다. 목록에 등재된 소정의 약제는 이용 관리 기준이 충족되는 경우 보험 보장을 받습니다(예, 단계 요법(Step Therapy), 사전 승인(Prior Authorization), 수량 한도(Quantity Limits), 등); 그러한 약제의 열거된 기준을 벗어난 그 약제의 사용 요청은 의학적 필요성에 대해 심사를 받을 것입니다. 약제가 본 문서에 등재되지 않은 경우, 보험 보장을 위해 처방집 예외를 요청할 수 있습니다. 의학적 필요성 또는 처방집 예외 요청은 의약품별 사전 승인 기준 또는 표준 비-처방집 처방 요청 기준에 따라 심사를 받을 것입니다. 보험 보장을 확인하기 위해 [www.molinahealthcare.com](http://www.molinahealthcare.com) 에 로그인하십시오.

## 사전 승인 요청 절차

사전 승인이 필요한 약제에 대한 처방 또는 Molina 의약품 처방집에 포함되지 않은 약제에 대한 처방은 의학적으로 필요한 경우 그리고 처방집 옵션이 효력이 없음을 실증한 경우 승인을 받을 수 있습니다. 이러한 예외적 상황이 발생하는 경우, 담당 의사는 작성된 의약품 사전 허가서를 (866) 508-6445 번으로 Molina 에 팩스로 보낼 수 있습니다. 웹사이트 [www.molinahealthcare.com](http://www.molinahealthcare.com) 에 로그인하여 그 사전 허가서 서식을 입수할 수 있습니다. 제약학적 샘플의 시험은 사전 승인 요청을 승인하는 것에 대한 근거로 간주되지 않을 것입니다.

## 사전 허가에 도움이 되는 조언

캘리포니아 Molina Healthcare 의 약제부로부터 가능한 한 가장 빠른 응답을 받도록 만전을 기하려면, 사전 허가(Prior Authorization) 요청서와 함께 관련 정보를 제공하십시오. 다음은 그러한 정보의 예입니다.

### 약제/진단의 등급

콜레스테롤 낮추기

당뇨병

비-처방집/비-우선 약

### 요청된 임상 정보

지질 패널, 심장혈관 위험 요소

A1c 보고서

처방집 약제의 예전 사용을 문서로 기록한 투약  
일지 및/또는 경과 노트

## 고려의 범주

### 정맥내 투여 용액

단순 정맥내 투여 용액

mL

단순 정맥내 투여 용액은 통상적으로 수화 요법을 위해 사용됩니다. 생리식염수, 포도당(최고 수중 10%) 및 링거 젖산 용액과 같은 시중에서 구입할 수 있는 용액들이 이 정의에 포함되고; 그러한 용액으로 상업적으로 조제된 염화칼륨 용액도 이 정의에 포함됩니다. 단순 정맥내 투여

용액은 그 제품의 국가 의약품 코드(NDC: National Drug Code) 번호를 사용하여 대금 청구서가 발부되어야 합니다.

비경구 영양 용액 (TPN 또는 과영양 공급)

mL

퇴원 전에 동일한 제품으로 정맥내 치료가 시작되었던 경우, 입원 환자가 급성 진료 병원에서 퇴원한 후 10 일 내에 조제하는 것으로 제한됨. 이 10 일 기간 내에 조제당 최대 10 일분 공급량이 있습니다.

(비경구 영양 용액은 통상적으로 아미노산 또는 단백질, 포도당, 지질, 전해질, 비타민 및/또는 미네랄 보충제 및 미량 원소의 현탁액 또는 용액으로서 정맥내로 또는 동맥내로 투여되는 영양 제품입니다.)

비경구 영양 보조약은 투여 전에 언제든지 비경구 영양 용액에 물리적으로 혼합되는 다른 의약품입니다. 비경구 영양(Parenteral Nutrition) 대금 청구서 발부의 일부로서 발부되는 이들 제품에 대한 대금 청구서.

유의: 비-혼합 제품은 그 제품의 국가 의약품 코드 번호를 사용하여 대금 청구서가 발부되어야 합니다. 혼합 용액은 혼합물 보험금 청구(Compound Claim)로서 대금 청구서가 발부되어야 합니다.

별도로 투여된 정맥내 지질

mL

퇴원 전에 동일한 제품으로 정맥내 치료가 시작되었던 경우, 입원 환자가 급성 진료 병원에서 퇴원한 후 10 일 내에 조제하는 것으로 제한됨. 이 10 일 기간 내에 조제당 최대 10 일분 공급량이 있습니다.

비경구 영양 용액과 별도로 투여되는 (즉, 비경구 영양 용액 용기에 물리적으로 혼합되지 않은) 정맥내 지질 용액 또는 현탁액은 그 제품의 국가 의약품 코드 번호를 사용하여 대금 청구서가 발부되어야 합니다.

등재되지 않은 항생제의 정맥내 투여 용액

mL

퇴원 전에 동일한 항생제로 정맥내 치료가 시작되었던 경우, 입원 환자가 급성 진료 병원에서 퇴원한 후 10 일 내에 조제하는 것으로 제한됨. 이 10 일 기간 내에 조제당 최대 10 일분 공급량이 있습니다.

유의: 비-혼합 제품은 그 제품의 국가 의약품 코드 번호를 사용하여 대금 청구서가 발부되어야 합니다. 혼합 용액은 혼합물 보험금 청구로서 대금 청구서가 발부되어야 합니다.

등재되지 않은 다른 약의 정맥내 투여 용액

mL

퇴원 전에 동일한 약품으로 정맥내 치료가 시작되었던 경우, 입원 환자가 급성 진료 병원에서 퇴원한 후 10 일 내에 조제하는 것으로 제한됨. 이 10 일 기간 내에 조제당 최대 10 일분 공급량이 있습니다.



유의: 비-혼합 제품은 그 제품의 국가 의약품 코드 번호를 사용하여 대금 청구서가 발부되어야 합니다. 혼합 용액은 혼합물 보험금 청구로서 대금 청구서가 발부되어야 합니다.

### **NSAID**

다음 병태에 NSAID 사용하는 것은 다음과 같은 잠재적 위험에 대해 특별히 고려해야 마땅합니다. 위장 출혈 또는 궤양, 만성 항응고, 천식, 아스피린 알레르기, 신부전, 고혈압 또는 울혈성 심부전.

### **아편유사 진통제**

일당 4g의 아세트아미노펜으로 제한됨.

### **테트라사이클린**

8세 미만의 아동 또는 임신부 및 모유 수유모에 대해서는 사용이 금지됨.

## **보험 보장이 되지 않는/제외된 약제**

특정의 약제는 보험 보장이 되지 않는다는 것을 유의하십시오. 이들 약제에는 다음이 포함되지만, 그에 국한되지 아니합니다.

- 연방 메디케이드 펀드 수혜 자격이 없는 의약품/제약업체; 연방 메디케이드 리베이트 프로그램에 참여하지 않는 의약품/제약업체
- 성기능 장애에 사용된 약
- 미용 목적으로 사용된 약
- 실험용 또는 임상시험용 약
- 비-처방 조제약 (벤조산 및 살리실산 연고, 살리실산 크림, 연고 또는 액제, 염화나트륨, 산화 아연 된연고)
- 비-처방 진통제
- 5세 초과 사람용 비타민 복합제 (임산부용 비타민 제외)
- 보충제 또는 FDA 승인을 받지 않은 기타 제품
- 비-처방 기침약 및 감기약 (구아이페네신 또는 덱스트로메토르판을 함유한 일반 의약품 제품)
- 가정용품 (핸드 로션, 보습제, 등)
- 페노바르비탈이 함유된 벨라돈나제
- 질산은 75% 및 질산칼륨 25% 국소 도포구 스틱
- 질산은 국소 용액
- 치과 제품
- 비프레브, 이스타롤 및 브롬페낙 나트륨
- 미국 식품의약청이 유효하고 동일한, 관련된 또는 유사한 약에 미치지 못한다고 결정한 제약 (흔히 "DESI 5 및 6" 약이라고 지칭함)

## 치료 용도를 제외한 약제 (Medi-Cal Fee-for-Service(진료별 수가) 프로그램에 의거 보험 보장이 되는 약)

다음과 같은 종류의 약은 Medi-Cal Fee-for-Service(FFS) 프로그램에 의해 직접 보험 보장이 되며, 당 보험 가입자가 Molina 관리 진료 서비스에 등록된 경우에도 보험 보장이 됩니다. 여기에서 열거된 보험금 또는 서비스에 대한 질문에 대해서는, 1-800-541-5555 번으로 Medi-Cal 지원팀에 전화하여 문의하십시오.

- 정신과 약
- 모노아민 산화효소 억제제 (MAOI: Monoamine Oxidase Inhibitors)
- 엄선된 항파킨슨병 약제
- 기분 안정제
- HIV(사람면역결핍바이러스) 약
- 해독제
- 혈우병인자 혈액 제품

## 처방약 보험금 청구 처리자

Molina Healthcare 는 CVS Caremark 를 Molina 보험 가입자를 위한 처방약 보험금을 관리하는 약국 보험금 관리(PBM: Pharmacy Benefit Management) 회사로 선택했습니다.

- 보험금 청구 처리, 처방집 현황 또는 거절된 보험금 청구에 관한 질문은 (800) 770-8014 번으로 전화하여 CVS Caremark 헬프데스크에 문의할 수 있습니다.
- 보험가입자 지위 및 자격에 관한 우려사항은 (888) 665-4621 번으로 Molina Membership Services(보험가입자 서비스)부에 전화하여 문의할 수 있습니다.
- 의료인-관련 질문은(855)-322-4075 번으로 전화하여 Molina Provider Services(의료인 서비스) 헬프데스크에 문의할 수 있습니다.

## 긴급 및 업무 시간 후 투약 정책

보험가입자의 병태가 긴급 상황에서 악화되는 것을 방지하기 위해, Molina 의 사전 승인을 받을 수 있기 전에 72 시간 공급량의 급성 약제를 조제하는 것이 필요할 수 있습니다. (예, 보험가입자가 정규 업무 시간 후에 전문 항생제 처방전을 가지고 병원에서 퇴원하는 경우)

약국은 자신의 전문적 판단을 사용하도록 교육을 받습니다. Molina 는 이 처방약에 대해 약정된 수가로 급성 약제의 72 시간 공급량에 대해 약국에 변제할 것입니다. 약국은 (800) 770-8014 번으로 CVS Caremark 헬프데스크에 연락하여 72 시간 공급량에 대한 예산의 증가를 얻을 수 있습니다.

약국은 다음 업무일에 (888) 665-4621 번으로 Molina 에 연락하여 긴급 또는 업무시간 후 처방전을 온라인으로 처리할 수 있게 하기 위한 승인을 얻을 수 있습니다. 이러한 긴급한 상황에서 약제가 조제된 경우 약국이 증례의 합당한 기록문서를 제공하는 것이 바람직하고 그렇게 할 것으로 예상됩니다.

## 범례

AGE	연령 한도
MED	일당 최대 90mg 모르핀 등가 용량
OTC	일반의약품, 처방전과 함께 보험금이 보장됨
PA	사전 승인
PA, QL	사전 승인 후 수량 한도가 적용됨
QL	수량 한도
SP	전문약; 이 약은 전문 약국을 통해 구해야 함.
ST	단계 요법
소문자	일반약을 쓸 수 있다는 것을 나타냄
대문자	브랜드약을 쓸 수 있다는 것을 나타냄

## 처방집 변경 요청

귀하가 처방자이고 처방집 변경을 요청하고자 하는 경우, 귀하의 요청서와 근거를 귀하의 연락처 정보와 함께 Molina 의 약제부에 제출하십시오.

팩스: 562-499-0790

## 고지

이 문서에 포함된 정보는 소유권이 있습니다. 그 정보는 서면 허가 없이 전부 또는 일부를 복사할 수 없습니다. ©2019. 제반 권리 당사 보유.

이 문서에는 제약업체의 상표 또는 등록 상표인 브랜드명 처방약에 대한 언급이 포함되어 있습니다.

## 처방집 업데이트

달리 표시되지 않는 한 약국 보험금과 관련된 처방집 변경사항을 검토하십시오. 질문이 있는 경우, Molina Health Plan의 약제부 헬프데스크에 문의하십시오.

약어 설명표			
AGE= 연령 한도	ST= 단계 요법	OTC= 일반의약품	PA= 사전 승인
PA, QL= 사전 승인 후 수량 한도가 적용됨	QL= 수량 한도	SP= 전문약; 이 약은 전문 약국을 통해 구해야 함	MED= 일당 최대 90mg 모르핀 등가 용량

## ВВЕДЕНИЕ

Мы рады представить *Список предпочтительных препаратов (или «Формуляр») компании Molina Healthcare of California* на 2019 г., который является полезным справочным и информативным документом. Этот документ поможет поставщикам медицинских услуг при выборе клинически одобренных и экономичных препаратов для своих пациентов.

Представленные препараты были рассмотрены фармако-терапевтическим комитетом и утверждены для включения в Список. Данный документ отражает текущую медицинскую практику на момент рассмотрения. Molina Healthcare of California покрывает только препараты, изготовленные производителями, которые участвуют в федеральной программе компенсации стоимости препаратов в рамках Medicaid.

Информация, включенная в настоящий документ и приложения к нему, представлена исключительно для удобства поставщиков медицинских услуг. Мы не гарантируем точности и исчерпывающего характера этой информации. Все сведения в данном документе представлены в справочных целях для использования при выборе медикаментозной терапии.

На документ распространяется действие положений и правил, действующих в разных штатах, включая, в частности, нормативные акты касательно замещения дженериками, схем назначения контролируемых препаратов, предпочтительных брендов патентованных препаратов и обязательного использования дженериков по мере возможности.

Мы не несем ответственности за действия или бездействие любого поставщика медицинских услуг, предпринятые им, частично или полностью, на основании информации, изложенной в настоящем документе. Для получения более подробной информации поставщику медицинских услуг следует ознакомиться с литературой о препаратах, предлагаемой их производителями, или воспользоваться стандартными справочниками.

## ПРЕДИСЛОВИЕ

Данный документ разбит на разделы. Каждый раздел делится на терапевтические классы препаратов, определяемые преимущественно их механизмом действия.

## ФАРМАКО-ТЕРАПЕВТИЧЕСКИЙ КОМИТЕТ

Услуги фармако-терапевтического комитета (Pharmacy and Therapeutics Committee, далее «P&T Committee») используются для утверждения препаратов, безопасность и эффективность которых клинически доказаны. P&T Committee является консультативным органом, состоящим из профессионалов-клиницистов. В число членов P&T Committee с правом голоса входят врачи и фармацевты, обладающие обширным опытом клинической и академической экспертизы в отношении рецептурных препаратов. Обладающие правом голоса члены P&T Committee обязаны сообщать о любых финансовых отношениях и конфликтах интересов с любыми производителями лекарственных средств.

## ОПИСАНИЯ, ИСПОЛЗУЕМЫЕ В СПИСКЕ ПРЕПАРАТОВ

Ниже изложены общие принципы, которые помогут понять, какие дозировки и лекарственные формы, указанные в документе, покрываются страховкой.

- В первом столбце таблицы указаны наименования препаратов. Наименования патентованных (фирменных) препаратов написаны заглавными буквами (напр., LIPITOR). Наименования непатентованных препаратов (дженериков) написаны строчными наклонными буквами (напр., atorvastatin).
- Во втором столбце (озаглавленном Drug Tier («Уровень препарата»)) указан уровень данного препарата в Формуляре.
- В третьем столбце (Requirements/Limits («Требования/ограничения»)) приведены особые требования к покрытию данного препарата.

- Если покрываются как ОТС («безрецептурная»), так и рецептурная версии данного препарата, то указаны оба варианта.
- Версии с пролонгированным действием и с отсроченным высвобождением указаны в отдельных строчках таблицы.
- Приведенные в документе лекарственные формы должны соответствовать категории и предназначению данного препарата.

## НАЗНАЧАЕМОЕ КОЛИЧЕСТВО

Рецепты должны выписываться на то количество препарата, которое требуется для проведения курса лечения (количество, необходимое для лечения заболевания), максимум для 60-дневного курса для некоторых препаратов, назначаемых ежемесячно. При необходимости для начала нового лечения могут использоваться пробные количества.

## ЗАМЕЩЕНИЕ ДЖЕНЕРИКАМИ

Замещение дженериками — это когда аптека вместо назначенного патентованного препарата выдает его непатентованный эквивалент (дженерик). При наличии дженерика его наименование приведено в данном документе *строчными наклонными буквами*. В большинстве случаев патентованный препарат, имеющий непатентованный эквивалент, исключается из Формуляра после выпуска на рынок непатентованного варианта (дженерика), который покрывается вместо него. Кроме того, данный документ подпадает под действие специальных положений и правил, касающихся замещения дженериками, а также правил касательно обязательного замещения дженериками при наличии такой возможности.

Дженерики обычно дешевле их патентованных эквивалентов. Отпускаемые по рецепту непатентованные препараты (дженерики):

- одобрены Управлением США по контролю за продуктами питания и лекарствами (FDA) с учетом их безопасности и эффективности и производятся с соблюдением тех же строгих стандартов, которые применяются к патентованным препаратам;
- испытывались на людях, чтобы убедиться в их всасывании в кровоток с такой же скоростью и в таком же объеме, как и патентованный препарат (биоэквивалентность). Дженерики могут отличаться от патентованных препаратов по размеру, цвету и неактивным ингредиентам, однако это не влияет на их эффективность и способность всасываться так же, как и патентованный препарат;
- производятся в таких же дозировках и лекарственных формах, как и патентованные препараты.

При замещении патентованного препарата дженериком ожидается, что дженерик обеспечит тот же клинический эффект и будет столь же безопасным, что и патентованный препарат (терапевтическая эквивалентность).

## ПРАВИЛА ПЛАНА

Данный документ составлен в виде закрытого списка (формуляра). Препараты, перечисленные в документе, покрываются планом. Некоторые лекарственные средства в списке покрываются при условии соблюдения определенных критериев, касающихся их использования (Step Therapy («поэтапная терапия»), Prior Authorization («предварительное разрешение»), Quantity Limits («количественные ограничения») и др.); просьбы об использовании таких лекарств вне указанных критериев рассматриваются при наличии медицинских показаний. Если препарат не указан в документе, то для его покрытия может быть запрошено исключение из правил Формуляра. Запросы о покрытии тех или иных препаратов по медицинским показаниям или в качестве исключения из правил Формуляра рассматриваются с учетом критериев выдачи предварительного разрешения для конкретных препаратов или запроса рецепта на препараты, не включенные в Формуляр. Чтобы проверить, покрывается ли тот или иной препарат, посетите веб-сайт [www.molinahealthcare.com](http://www.molinahealthcare.com).

## ПРОЦЕДУРА ЗАПРОСА ПРЕДВАРИТЕЛЬНОГО РАЗРЕШЕНИЯ

Назначение препаратов, для которых требуется предварительное разрешение, или препаратов, не включенных в Формуляр лекарственных средств компании Molina, может быть одобрено, если оно необходимо по медицинским показаниям и если доказано, что включенные в Формуляр варианты в данном случае неэффективны. В таких исключительных ситуациях врач может отправить заполненную форму запроса предварительного разрешения на покрытие препарата в компанию Molina по факсу (866) 508-6445. Форма имеется на веб-сайте [www.molinahealthcare.com](http://www.molinahealthcare.com). Клинические испытания образцов лекарственных средств не являются основанием для утверждения запроса предварительного разрешения.

## ПОЛЕЗНЫЕ СОВЕТЫ, КАСАЮЩИЕСЯ ПРЕДВАРИТЕЛЬНЫХ РАЗРЕШЕНИЙ

Чтобы как можно быстрее получить ответ Фармацевтического отдела компании Molina Healthcare of California, просим предоставить соответствующую сопутствующую информацию вместе с запросом предварительного разрешения (Prior Authorization). Ниже приведены примеры:

### Класс препарата/Диагноз

Средство для снижения уровня холестерина

Диабет

Препарат, не включенный в Формуляр/препарат, не являющийся предпочтительным

### Необходимая клиническая информация

Анализ крови на липидный профиль, факторы риска сердечно-сосудистых заболеваний

Результаты анализа на A1c

Журнал выдачи лекарств и/или выписка из истории болезни, подтверждающие предварительное использование препаратов, включенных в Формуляр

## КАТЕГОРИИ РАССМОТРЕНИЯ

### РАСТВОРЫ ДЛЯ ВНУТРИВЕННОГО ВЛИВАНИЯ

ПРОСТЫЕ РАСТВОРЫ ДЛЯ ВНУТРИВЕННОГО ВЛИВАНИЯ mL

Простые растворы для внутривенного вливания обычно используются для лечения обезвоживания. В Формуляр включены коммерчески доступные (однокомпонентные) растворы, такие как физиологический раствор, декстроза (водный раствор, до 10%) и лактат Рингера; в эту категорию также входят коммерчески приготовленные растворы хлорида калия, включенные в такие растворы. Счета за простые растворы для внутривенного вливания должны оформляться с указанием номеров Национального кода лекарственных средств (National Drug Code, NDC).

РАСТВОРЫ ДЛЯ ПАРЕНТЕРАЛЬНОГО ПИТАНИЯ (ППП ИЛИ ГИПЕРАЛИМЕНТАЦИЯ) mL

Выдаются только в течение 10 дней после выписки из больницы скорой помощи и при условии, что до выписки из больницы была начата терапия с использованием внутривенного вливания того же раствора. В течение этого 10-дневного периода предоставляется не более 10-дневной порции данного раствора.

(Растворы для парентерального питания представляют собой продукты для внутривенного или внутриаортального введения, которые обычно являются суспензиями или растворами аминокислот или белков, декстрозы, липидов, электролитов, витаминных и/или минеральных добавок и микроэлементов.)

Другие лекарственные средства, которые физически смешиваются с раствором для парентерального питания в любое время до введения, считаются дополнением к парентеральному питанию. Счет за эти продукты должны выставляться как часть счета за парентеральное питание (parenteral nutrition).

Примечание. В счетах за однокомпонентные продукты должен указываться номер кода NDC. Счета за многокомпонентные растворы должны выставляться по категории compound claim («многокомпонентные растворы»).

ОТДЕЛЬНЫЕ ЛИПИДНЫЕ РАСТВОРЫ И ЭМУЛЬСИИ ДЛЯ ВНУТРИВЕННОГО ВВЕДЕНИЯ mL

Выдаются только в течение 10 дней после выписки из больницы скорой помощи и при условии, что до

выписки из больницы была начата терапия с использованием внутривенного введения того же продукта. В течение этого 10-дневного периода предоставляется не более 10-дневной порции данного продукта.

В счетах на липидные растворы и эмульсии для внутривенного введения отдельно от растворов для парентерального питания (то есть физически не смешанных в контейнере с раствором для парентерального питания) должен быть указан номер кода NDC данного продукта.

#### **РАСТВОРЫ НЕУКАЗАННЫХ В ФОРМУЛЯРЕ АНТИБИОТИКОВ ДЛЯ ВНУТРИВЕННОГО ВЛИВАНИЯ**

mL

Выдаются только в течение 10 дней после выписки из больницы скорой помощи и при условии, что до выписки из больницы была начата терапия с использованием внутривенного вливания раствора того же антибиотика. В течение этого 10-дневного периода предоставляется не более 10-дневной порции данного раствора.

Примечание. В счетах за однокомпонентные продукты должен указываться номер кода NDC. Счета за многокомпонентные растворы должны выставляться по категории «compound claim» («многокомпонентные растворы»).

#### **РАСТВОРЫ ДРУГИХ НЕУКАЗАННЫХ В ФОРМУЛЯРЕ ПРЕПАРАТОВ ДЛЯ ВНУТРИВЕННОГО ВЛИВАНИЯ**

mL

Выдаются только в течение 10 дней после выписки из больницы скорой помощи и при условии, что до выписки из больницы была начата терапия с использованием внутривенного вливания раствора того же препарата. В течение этого 10-дневного периода предоставляется не более 10-дневной порции данного препарата.

Примечание. В счетах за однокомпонентные продукты должен указываться номер кода NDC. Счета за многокомпонентные продукты должны выставляться по категории «compound claim» («многокомпонентные растворы»).

#### **Нестероидные противовоспалительные препараты (НПВП)**

Применение НПВП при наличии следующих показаний требует тщательной оценки потенциальных рисков: желудочно-кишечное кровотечение или язва желудка в анамнезе, хроническая антикоагуляция, астма, аллергия на аспирин, почечная недостаточность, гипертония или застойная сердечная недостаточность.

#### **ОПИОИДНЫЕ АНАЛЬГЕТИКИ**

До 4 граммов ацетаминофена в день.

#### **ТЕТРАЦИКЛИНЫ**

Противопоказаны детям до 8 лет, а также беременным и кормящим матерям.

### **НЕКРЫВАЕМЫЕ И ИСКЛЮЧЕННЫЕ ПРЕПАРАТЫ**

Обращаем ваше внимание на то, что некоторые препараты не покрываются страховкой. В их число входят, в частности:

- Препараты, не покрываемые по федеральной программе Medicaid, и производители препаратов, не имеющие права на получение оплаты из федеральных средств по финансированию Medicaid; производители препаратов, не участвующие в федеральной программе компенсации стоимости препаратов в рамках Medicaid
- Препараты, используемые для лечения половой дисфункции
- Препараты, используемые в косметических целях
- Экспериментальные и исследуемые препараты
- Лекарственные препараты, отпускаемые без рецепта (бензойная и салициловая кислоты в виде крема, салициловая кислота в виде мази, крема или раствора, хлорид натрия, оксид цинка в виде пасты)
- Обезболивающие, отпускаемые без рецепта



- Комбинации витаминов для лиц старше 5 лет (кроме витаминов для приема в пренатальном периоде)
- Добавки и другие не одобренные FDA препараты
- Препараты от кашля и простуды, отпускаемые без рецепта (препараты с гвайфенезином или декстрометорфаном в составе, которые отпускаются без рецепта)
- Средства по уходу за телом (лосьоны для рук, увлажнители и т. д.)
- Белладонна алкалоиды с фенobarбиталом
- Нитрат серебра 75 % и нитрат калия 25 % в карандашах местного применения
- Нитрат серебра в растворе местного применения
- Средства по уходу за зубами
- Глазные капли Vergeve, Istalol и бромфенак натрия
- Фармацевтические препараты, которые, по определению Управления США по контролю за продуктами питания и лекарствами (FDA), являются недостаточно эффективными, а также идентичные, родственные или сходные препараты (часто упоминаются как препараты «DESI 5 and 6»)

### **ВЫДЕЛЕННЫЕ ПРЕПАРАТЫ (препараты, покрываемые на условиях Fee-for-Service в рамках программы Medi-Cal)**

Следующие виды препаратов покрываются непосредственно программой Medi-Cal Fee-for-Service (FFS), даже если участник зачислен в план координируемого ухода Molina. С вопросами о нижеуказанных льготах и услугах обращайтесь в службу поддержки программы Medi-Cal по телефону 1-800-541-5555.

- Препараты для лечения психических расстройств
- Ингибиторы моноаминоксидазы (ингибиторы MAO)
- Некоторые противопаркинсонические средства
- Стабилизаторы настроения
- Препараты для лечения ВИЧ
- Средства для детоксикации
- Препараты для лечения гемофилии

### **ОБРАБОТЧИК ЗАЯВОК НА ВЫДАЧУ НАЗНАЧЕННЫХ ПРЕПАРАТОВ**

Компания Molina Healthcare выбрала CVS Caremark в качестве компании по управлению фармацевтическими льготами (PBM) для координирования выдачи назначенных лекарств участникам планов Molina.

- С вопросами по поводу обработки заявок, наличия лекарств в Формуляре или отказов в удовлетворении заявок можно обращаться в справочную службу компании CVS Caremark по телефону (800) 770-8014.
- С вопросами по поводу участия и проблемами с покрытием можно обращаться в отдел обслуживания участников компании Molina по телефону (888) 665-4621.
- С вопросами, связанными с поставщиками медицинских услуг, можно обращаться в справочную службу отдела Molina по работе с поставщиками услуг по телефону (855)-322-4075.

### **ПРАВИЛА ОБЕСПЕЧЕНИЯ ЛЕКАРСТВАМИ ДЛЯ НЕОТЛОЖНОЙ ПОМОЩИ И В НЕРАБОЧЕЕ ВРЕМЯ**

Чтобы предотвратить ухудшение состояния участника в неотложной ситуации, может потребоваться выдача препарата для лечения острого состояния в количестве, необходимом для 72-часового периода, прежде чем будет получено предварительное разрешение компании Molina (например, участник выписывается из больницы по истечении обычного рабочего времени, и ему назначили антибиотик).

Аптекам поручено в таких случаях принимать решения самостоятельно. Molina возместит аптеке стоимость препарата, необходимого на 72-часовой период для лечения острого состояния, по расценкам, предусмотренным в договоре. Аптеки могут обращаться в справочную службу компании CVS Caremark по телефону (800) 770-8014, чтобы получить специальное разрешение на оплату препарата на 72-часовой период.

Аптеки могут позвонить в компанию Molina по телефону (888) 665-4621 на следующий рабочий день, чтобы получить разрешение на обработку срочного или выданного в нерабочее время рецепта в режиме онлайн. Рекомендуется и ожидается, что аптека предоставит соответствующую сопутствующую документацию для обоснования выдачи препарата для неотложного лечения.

## ОБОЗНАЧЕНИЯ

<b>AGE</b>	Возрастной лимит
<b>MED</b>	Максимальная доза, эквивалентная 90 мг морфина, в день
<b>OTC</b>	Безрецептурный препарат, покрывается при наличии рецепта
<b>PA</b>	Предварительное разрешение
<b>PA, QL</b>	Ограничение количества, применяемое после получения предварительного разрешения
<b>QL</b>	Количественное ограничение
<b>SP</b>	Специализированный препарат, отпускаемый в специализированных аптеках
<b>ST</b>	Поэтапная терапия
<i>написание строчными наклонными буквами</i>	Указывает на наличие непатентованной версии (дженерика)
<b>НАПИСАНИЕ ЗАГЛАВНЫМИ БУКВАМИ</b>	Указывает на наличие патентованной версии

## ЗАПРОС О ВНЕСЕНИИ ИЗМЕНЕНИЙ В ФОРМУЛЯР

Если вы являетесь врачом, выписывающим рецепты, и хотите попросить о внесении изменений в Формуляр, отправьте свой запрос и его обоснование в Фармацевтический отдел компании Molina, указав свои контактные данные.

Факс: 562-499-0790

## ПРИМЕЧАНИЕ

Информация, содержащаяся в этом документе, является собственностью компании. Запрещается частично или полностью копировать информацию без письменного разрешения. ©2019. Все права защищены.

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## ОБНОВЛЕНИЯ ФОРМУЛЯРА

Пожалуйста, ознакомьтесь с изменениями, внесенными в Формуляр, которые касаются покрываемых препаратов, если не указано иное. С вопросами обращайтесь в справочную службу Фармацевтического отдела Molina Health Plan.

<b>Расшифровка обозначений</b>			
AGE= Возрастной лимит	ST= Поэтапная терапия	OTC= Безрецептурные препараты	PA= Предварительное разрешение
PA, QL= Ограничение количества, применяемое после получения предварительного разрешения	QL= Количественное ограничение	SP= Специализированный препарат, отпускаемый в специализированных аптеках	MED= Максимальная доза, эквивалентная 90 мг морфина в день

## PANIMULA

Nagagalak kaming ipagkaloob ang 2019 *Listahan ng Mas Pinipiling Gamot (Pormularyo) ng Molina Healthcare of California* bilang makakatulong na sanggunian at pagkukunan ng impormasyon. Matutulungan ng dokumentong ito ang mga tagapagbigay ng serbisyong medikal sa pagpili ng mga produktong naaangkop sa klinika at mas abot-kaya para sa kanilang mga pasyente.

Nirepaso ng Komite ng Botika at Terapeutika (P&T) ang mga gamot na inilarawan at inaprubahan para maisama. Sinasalamin ng dokumento ang kasalukuyang kagawiang medikal sa petsa ng pagrerepaso. Sinasaklaw lamang ng Molina Healthcare of California ang mga gamot na ginawa ng isang tagagawa na kalahok sa programang rebate sa gamot ng Federal Medicaid.

Ang impormasyon na nilalaman ng dokumentong ito at mga kalakip ay inilaan para lamang sa kaginhawahan ng mga tagapagbigay ng serbisyong medikal. Hindi namin ginagarantiya o sinisigurado ang kawastuhan ng naturang impormasyon at hindi ito nilalayan na maging komprehensibo. Ang lahat ng impormasyon sa dokumento ay ipinagkakaloob bilang sanggunian para sa pagpili ng gamot na terapiya.

Ang dokumento ay sakop ng mga alituntunin at patakaran ng estado, kabilang ngunit hindi limitado sa, tungkol sa paghahalili ng generic, mga iskedyul ng kontroladong substansya, pagkiling sa mga de-tatak at mandatoryong generic kapag naaangkop.

Wala kaming inaakong responsibilidad para sa mga kilos o hindi pagkilos ng sinumang tagapagbigay ng serbisyong medikal batay sa pananalig sa, kabuuan o bahagi lang ng, impormasyon na nakasaad dito. Dapat konsultahin ng tagapagbigay ng serbisyong medikal ang literatura ng tagagawa ng produkto tungkol sa gamot o karaniwang mga sanggunian para sa higit na detalyadong impormasyon.

## PAUNANG SALITA

Ang dokumento ay organisado ayon sa mga seksyon. Ang bawat seksyon ay nahati-hati ayon sa uri ng panterapeutikang gamot na pangunahing inilalarawan ng mekanismo ng aksyon.

## KOMITE NG BOTIKA AT TERAPEUTIKA (P&T)

Ang mga serbisyo ng Komite ng Botika at Terapeutika ("P&T Committee ") ay ginagamit para aprubahan ang mga ligtas at epektibong terapiya na gamot. Ang P&T Committee ay isang lupon ng tagapagpayo na binubuo ng mga propesyonal sa klinika. Kabilang sa mga bumubotong miyembro ng P&T Committee ang mga doktor at parmasyutiko, na lahat ay pawang may malawak na karanasan sa kadalubhasaan sa klinika at akademya hinggil sa mga inireresetang gamot. Kailangang isiwalat ng mga bumubotong miyembro ng P&T Committee ang anumang pinansiyal na kaugnayan o salungatan ng interes sa alinmang mga tagagawa ng gamot.

## MGA PAGLALARAWAN SA PRODUKTO SA LISTAHAN NG GAMOT

Upang tumulong na maunawaan kung ano ang saklaw na mga partikular na uri ng lakas ng gamot at dosis na nasa dokumento, nakasaad sa ibaba ang mga pangkalahatang prinsipyo.

- Nakalista sa unang hanay ng tsart ang pangalan ng gamot. Ang mga de-tatak na gamot ay nakasulat sa malalaking titik (hal., LIPITOR). Nakalista ang mga generic na gamot sa maliliit na titik na pahilig (hal., *atorvastatin*).
- Iilista ng pangalawang hanay (namarkahang Baitang ng Gamot [Drug Tier]) kung saang baitang nakalagay ang gamot sa Pormularyo ng Gamot.
- Nilalaman ng pangatlong hanay (Mga Kinakailangan/Limitasyon [Requirements/Limits]) ang anumang mga espesyal na kinakailangan para saklawin ang iyong gamot.
- Kung ang OTC at mga De-resetang bersyon ng produkto ay saklaw, kung gayon nakalista pareho ang mga ito.
- Ang mga produkto na pinahaba ang pag-release at inantala ang pag-release ay kinakailangan ang kanilang sariling pagtatala.
- Ang mga uri ng dosis sa dokumento ay ayon sa kategorya at gamit kung saan nakalista.

## DAMI NG RESETA

Dapat isulat ang mga reseta para sa panterapeutikang supply ng mga gamot (ang bilang na sapat para gamutin ang isang medikal na kondisyon) hanggang sa hindi lalampas sa 60-araw na supply para sa ilang mga gamot na inirereseta bawat buwan. Maaaring gamitin ang dami na pansubok lang kapag inuumpisahan ang bagong mga paggamot, kung naaangkop.

## PAGHAHALILI NG GENERIC

Ang paghahalili ng generic ay isang aksyon sa botika kung saan ang generic na bersiyon ang ibinibigay sa halip na ang iniresetang de-tatak na produkto. Sa dokumentong ito, ang uri na nasa *mallilit na titik na pahilig ay* nagpapahiwatig na mayroong generic na katumbas. Sa karamihang pagkakataon, ang de-tatak na gamot na magkakaroon ng katumbas na produktong generic ay aalisin sa pormularyo, at sa halip ay sasaklawin ang produktong generic, kapag lumabas na ang produktong generic sa merkado. Gayunpaman, sasailaim ang dokumento sa mga partikular na regulasyon at patakaran ng estado hinggil sa paghahalili ng generic at umiiral ang mga mandatoryong patakaran sa generic kung naaangkop.

Ang mga generic na gamot ay kadalasang mas mura kaysa sa mga katumbas na de-tatak. Ang mga de-resetang generic na gamot ay:

- Inaprubahan na ng Pangasiwaan ng Pagkain at Gamot [Food at Drug Administration] ng U.S. para sa kaligtasan at bisa, at ginawa sa ilalim ng pamantayan na kasing-higpit ng inilalapat sa de-tatak na mga gamot.
- Sinubukan sa mga tao para matiyak na ang generic ay nasisipsip sa daluyan ng dugo sa parehong antas at lawig kumpara sa de-tatak na gamot (bioequivalence). Ang mga generic ay maaaring iba sa de-tatak pagdating sa sukat, kulay at hindi aktibong mga sangkap, ngunit hindi nito binabago ang bisa o kakayahan ng mga ito na masipsip gaya ng de-tatak na gamot.
- Ginawa sa parehong uri ng lakas ng gamot at dosis gaya ng de-tatak na mga gamot.

Kapag ipinanghalili ang generic na gamot sa de-tatak na gamot, maaasahan mo na magkakaroon ang generic ng parehong klinikal na epekto at ligtas na katangian kagaya ng de-tatak na gamot (therapeutic equivalence).

## DISENYO NG PLANO

Ang dokumento ay kumakatawan sa disenyo ng plano ng saradong pormularyo. Ang mga gamot na nakalista sa dokumento ay saklaw ng plano gaya ng ipinahahayag. Saklaw ang ilang gamot sa listahan kung natutugunan ang mga pamantayan sa pamamahala sa paggamit (ibig sabihin, Terapiya na Gumagamit muna sa Mas Murang Gamot bago ang Mas Mahal kung Kinakailangan Lamang [Step Therapy], Paunang Pahintulot [Prior Authorization], Mga Limitasyon ng Damit [Quantity Limits], atbp.); rerepasuhin ang mga hiling para sa paggamit sa ganitong mga gamot bukod sa nakalista na mga pamantayan ng mga ito para alamin kung ito ay medikal na kinakailangan. Kung ang isang gamot ay hindi nakalista sa dokumento, maaaring hilingin ang pagbubukod sa pormularyo para saklawin ito. Ang mga hiling para sa medikal na pangangailangan o pagbubukod sa pormularyo ay rerepasuhin batay sa mga pamantayan ng gamot na paunang pahintulot o pamantayan ng karaniwang kahilingan para sa de-resetang wala sa pormularyo. Mag-log in sa [www.molinahealthcare.com](http://www.molinahealthcare.com) para alamin ang saklaw.

## PAMAMARAAN SA PAGHILING NG PAUNANG PAHINTULOT

Ang mga reseta para sa mga gamot na nangangailangan ng paunang pag-apruba o para sa mga gamot na hindi kasama sa Pormularyo ng Gamot ng Molina ay maaaring maaprubahan kapag medikal itong kailangan at kapag nakitang hindi epektibo ang mga pagpipilian sa pormularyo. Kapag nangyari ang ganitong mga di-karaniwang sitwasyon, maaaring mag-fax ang doktor ng nakumpletong porma ng paunang pahintulot para sa gamot sa Molina sa (866) 508-6445. Maaaring kunin ang mga porma sa pag-log in sa website [www.molinahealthcare.com](http://www.molinahealthcare.com). Ang mga pagsubok sa mga sampol na gamot ay hindi ituturing na dahilan para aprubahan ang hiling na paunang pahintulot.

## MAKAKATULONG NA TIPS SA PAUNANG PAHINTULOT

Upang matiyak ang posibleng pinakamabilis na pagtugon mula sa Pharmacy Department ng Molina Healthcare ng California, mangyaring magbigay ng nauugnay na impormasyon kasama ng kahilingan para sa Paunang Pahintulot. Ang sumusunod ang mga halimbawa:

### Klase ng Gamot/Dayagnosis

Nagpapababa ng Kolesterol

Diabetes

Gamot na Wala sa Pormularyo/Hindi Pinipili

### Hiniling na Impormasyong Klinikal

Lipid Panel, mga bagay na nagdudulot ng panganib sa Puso at Daluyan ng Dugo

A1c Report

Talaan ng Gamot at/o Mga Tala ng Progreso na nagdodokumento sa nakaraang paggamit ng mga gamot na nasa Pormularyo

## MGA KATEGORYANG ISASAALANG-ALANG

### MGA SOLUSYON NA INIINIKSYON SA UGAT

MGA SIMPLENG SOLUSYON NA INIINIKSYON SA UGAT mL

Ang mga simpleng solusyon na iniiniksyon sa ugat ay karaniwang ginagamit para sa terapiya na pagdaragdag ng tubig sa katawan (hydration). Kabilang dito ang mabibili (hindi hinahalo [compounded]) na mga solusyon gaya ng Normal Saline, Dextrose (hanggang sa 10% na Tubig) at Lactated Ringer's Solution; kabilang din sa kahulugang ito ang mga komersyal na inihandang solusyon ng potassium chloride. Ang mga simpleng solusyon na iniiniksyon ay dapat singilin gamit ang numero ng produkto sa Pambansang Code ng Gamot (NDC).

MGA SOLUSYON NG NUTRISYON NA IBINIBIGAY SA PAMAMAGITAN NG UGAT  
(TPN O HYPERALIMENTATION) mL

Limitado sa pagbibigay sa loob ng 10 araw kasunod ng paglabas ng pasyente mula sa isang ospital na nangangalaga ng malubhang kondisyon, kapag inumpisahan ang terapiya sa I.V. gamit ang parehong produkto bago ang paglabas. Mayroong hindi hihigit sa 10 araw na supply sa bawat pagbibigay sa loob nitong panahon na 10 araw.

(Ang mga solusyon ng nutrisyon na ibinibigay sa pamamagitan ng ugat ay mga produktong pang-nutrisyon na iniiniksyon sa ugat o ibinibigay sa pamamagitan ng pag-iniksyon sa ugat na karaniwan ay mga suspension o solusyon ng mga amino acid o protina, dextrose, lipid, electrolyte, bitamina at/o mga suplementong mineral at mga trace element.)

Dagdag sa nutrisyon na ibinibigay sa pamamagitan ng ugat ay ang mga iba pang gamot na pisikal na inihahalo sa solusyon ng nutrisyon na ibinibigay sa pamamagitan ng ugat sa anumang oras bago ang pagbibigay. Singilin ang mga produktong ito bilang bahagi ng paniningil para sa nutrisyon na ibinibigay sa pamamagitan ng ugat.

Tandaan: Ang mga produkto na hindi hinahalo ay dapat singilin gamit ang numero ng produkto sa NDC. Ang mga hinahalang solusyon ay dapat singilin bilang isang pag-claim para sa hinahalang gamot.

HIWALAY NA IBINIBIGAY NA INIINIKSYON SA UGAT NA MGA LIPID mL

Limitado sa pagbibigay sa loob ng 10 araw kasunod ng paglabas ng pasyente mula sa isang ospital na nangangalaga ng malubhang kondisyon, kapag inumpisahan ang terapiya sa I.V. gamit ang parehong produkto bago ang paglabas. Mayroong hindi hihigit sa 10 araw na supply sa bawat pagbibigay sa loob nitong panahon na 10 araw.

Ang lipid na mga solusyon o suspension na iniiniksyon sa ugat na ibinibigay nang hiwalay sa mga solusyon ng nutrisyon na ibinibigay sa pamamagitan ng ugat (ibig sabihin, hindi pisikal na inihahalo sa lalagyan ng solusyon ng nutrisyon na ibinibigay sa pamamagitan ng ugat) ay dapat singilin gamit ang numero ng produkto sa NDC.

MGA SOLUSYON NG MGA HINDI NAKALISTANG ANTIBIOTIKO NA INIINIKSYON SA UGAT mL

Limitado sa pagbibigay sa loob ng 10 araw kasunod ng paglabas ng pasyente mula sa isang ospital na nangangalaga ng malubhang kondisyon, kapag inumpisahan ang terapiya sa I.V. gamit ang parehong produkto bago ang paglabas. Mayroong hindi hihigit sa 10 araw na supply sa bawat pagbibigay sa loob nitong panahon na 10 araw.

Tandaan: Ang mga produkto na hindi hinahalo ay dapat singilin gamit ang numero ng produkto sa NDC. Ang mga hinahalang solusyon ay dapat singilin bilang isang pag-claim ng hinahalang gamot.

**MGA SOLUSYON NG MGA IBA PANG HINDI NAKALISTANG GAMOT NA INIINIINIKSYON SA UGAT** mL  
Limitado sa pagbibigay sa loob ng 10 araw kasunod ng paglabas ng pasyente mula sa isang ospital na nangangalaga ng malubhang kondisyon, kapag inumpisahan ang terapiya sa I.V. gamit ang parehong produkto bago ang paglabas. Mayroong hindi hihigit sa 10 araw na supply sa bawat pagbibigay sa loob nitong panahon na 10 araw.

Tandaan: Ang mga produkto na hindi hinahalo ay dapat singilin gamit ang numero ng produkto sa NDC. Ang mga hinahalang solusyon ay dapat singilin bilang isang pag-claim ng hinahalang gamot.

### **Mga NSAID**

Ang paggamit ng NSAID sa sumusunod na mga kondisyon ay karapat-dapat na bigyan ng espesyal na pagsasaalang-alang para sa posibleng mga panganib: pagkakaroon ng nakaraang pagdurugo sa GI o ulser, matagalang paggamit ng panlaban sa pamumuo ng dugo, hika, allergy sa aspirin, paghina ng kidney, altapresyon o paghina ng puso.

### **MGA OPIOID NA GAMOT SA PANANAKIT**

Limitado sa 4 na gramo ng acetaminophen kada araw.

### **MGA TETRACYCLINE**

Hindi maaari para sa mga bata na wala pang 8 taong gulang o mga buntis at nagpapasusong ina.

## **MGA HINDI SAKLAW/HINDI KASAMANG GAMOT**

Mangyaring tandaan na ang ilang mga gamot ay hindi saklaw. Ang mga ito ay kinabibilangan ng, ngunit hindi limitado sa:

- Mga gamot/tagagawa ng gamot na hindi karapat-dapat sa mga pondo ng Federal Medicaid; hindi kalahok sa Federal Medicaid Rebate Program
- Mga gamot na ginagamit para sa diperensiya sa pakikipagtalik
- Mga gamot na ginagamit para sa pagpapaganda
- Mga gamot na sinusubok o iniimbestigahan pa lang
- Mga preparasyon ng gamot na nabibili nang walang reseta (benzoic at salicylic acid ointment, salicylic acid cream, ointment, o likido, sodium chloride, zinc oxide paste)
- Mga gamot sa pananakit na nabibili nang walang reseta
- Mga kumbinasyon ng bitamina para sa mga taong > 5 taong gulang (maliban sa mga bitamina sa pagbubuntis)
- Mga suplemento o ibang produkto na hindi aprubado ng FDA
- Nabibili nang walang reseta na para sa Ubo at Sipon (mga produktong OTC na naglalaman ng guaifenesin o dextromethorphan)
- Mga produktong pambahay (mga hand lotion, moisturizer, atbp.)
- Mga belledonna alkaloid na may phenobarbital
- Mga ipinapahid na stick na may silver nitrate 75% at potassium nitrate 25%
- Ipinapahid na solusyon ng silver nitrate
- Mga produkto para sa ngipin
- Bepreve, Istalol at bromfenac sodium
- Mga gamot na ipinasya ng Pederal na Pangasiwaan ng Gamot (FDA) na hindi kasing bisa at magkapareho, magkaugnay o magkahalintulad na mga gamot (kadalasang tinatawag na "DESI 5 at 6" na mga gamot)

## **CARVED-OUT NA MGA GAMOT (mga gamot na saklaw sa ilalim ng Medical Fee-for-Service)**

Ang sumusunod na mga uri ng gamot ay tuwirang saklaw ng programang Medi-Cal Fee-for-Service (FFS), kahit na nakatala ang miyembro sa pinamamahalaang pangangalaga ng Molina. Para sa mga tanong tungkol sa benepisyo o serbisyo na nakalista rito, mangyaring tawagan ang Medi-Cal Support sa 1-800-541-555.



- Mga Psychiatric na Gamot
- Monoamine Oxidase Inhibitors (MAOIs)
- Mga Piling Gamot na Pangontra sa Parkinsons
- Mga Mood Stabilizer
- Mga Gamot sa HIV
- Mga Gamot sa Detoxification
- Mga Produkto ng Dugo para sa May Hemophilia

## TAGAPROSESO NG MGA CLAIM SA RESETA

Pinili ng Molina Healthcare ang CVS Caremark bilang Pharmacy Benefit Management (PBM) Company para pamahalaan ang benepisyo sa reseta para sa mga miyembro ng Molina.

- Ang mga tanong sa pagproseso sa mga claim, katayuan ng pormularyo o tinanggihan na mga claim ay maaaring idulog sa CVS Caremark Help Desk sa (800) 770-8014.
- Ang mga problema sa pagiging miyembro o pagiging karapat-dapat ay maaaring idulog sa pagtawag sa Molina Membership Services sa (888) 665-4621.
- Maaaring matugunan ang mga tanong kaugnay sa provider sa pagtawag sa Molina Provider Services Help Desk sa (855)-322-4075.

## PATAKARAN SA GAMOT NA KINAKAILANGAN NANG AGARAN AT PAGKATAPOS NG MGA ORAS NG TRABAHO

Para mapigilan ang paglala ng kondisyon ng isang miyembro sa isang agarang sitwasyon, maaaring kailangang magbigay ng supply para sa 72 oras para sa gamot na para sa biglaan at malalang kondisyon bago makakuha ng paunang pahintulot mula sa Molina. (hal., ang isang miyembro ay lumabas mula sa ospital pagkatapos ng mga regular na oras ng trabaho na may espesyal na reseta para sa antibiotiko).

Inuutusan ang mga botika na gamitin ang kanilang propesyonal na pagpapasya. Babayaran ng Molina ang mga botika para sa 72-oras na supply para sa gamot na para sa biglaan at malalang kondisyon sa presyo sa kontrata para sa mga resetang ito. Maaaring makipag-ugnayan ang mga botika sa CVS Caremark Help Desk sa (800) 770-8014 para mapahintulutan ang 72-oras na supply.

Maaaring tawagan ng mga botika ang Molina sa (888) 665-4621 sa susunod na araw ng trabaho para makakuha ng pahintulot na payagan ang on-line na pagproseso sa resetang kinakailangan nang agaran o pagkatapos ng oras ng trabaho. Ipinapayo at inaasahan na ang botika ay magbibigay ng makatwirang dokumento ng mga kaso kung saan ibinigay ang mga gamot sa ilalim ng mga agarang pagkakataong ito.

## LEGEND

<b>AGE</b>	Limitasyon ng Edad
<b>MED</b>	Max 90 mg Dosis na Katumbas ng Morphine kada araw
<b>OTC</b>	Over-the-counter o Mabibili sa botika nang walang reseta, saklaw na benepisyo kapag may reseta
<b>PA</b>	PA= Prior Authorization o Paunang Pahintulot
<b>PA, QL</b>	Inilalapat ang Limitasyon ng Dami matapos maaprubahan ang Paunang Pahintulot
<b>QL</b>	Limitasyon ng Dami
<b>SP</b>	Espesyal na Gamot; kailangang kunin ang mga gamot na ito sa pamamagitan ng botika ng espesyal na gamot
<b>ST</b>	Step Therapy o Terapiya na Gumagamit muna sa Mas Murang Gamot bago ang Mas Mahal kung Kinakailangan Lamang
<i>maliliit na titik</i>	Ipinapahiwatig nito na mayroong generic
<b>MALALAKING TITIK</b>	Ipinapahiwatig nito na mayroong de-tatak



## PAGHILING NG MGA PAGBABAGO SA PORMULARYO

Kung ikaw ay tagapagreseta at gusto mong humingi ng pagbabago sa pormularyo, mangyaring isumite ang iyong hiling at dahilan sa Molina Pharmacy Department kasama ang impormasyon para makontak ka.

Fax: 562-499-0790

## PAUNAWA

Ang impormasyon na nilalaman ng dokumentong ito ay may nagmamay-ari. Hindi maaaring kopyahin ang kabuuan o bahagi ng impormasyon nang walang nakasulat na pahintulot. ©2019. Nakareserba ang lahat ng karapatan.

Ang dokumentong ito ay naglalaman ng mga pagbanggit sa de-tatak na de-resetang mga gamot na mga tatak-pangkalakal o rehistradong tatak-pangkalakal ng mga tagagawa ng gamot.

## MGA UPDATE SA PORMULARYO

Mangyaring repasuhin ang mga pagbabago sa pormularyo na tumutukoy sa Benepisyo sa Botika maliban kung iba ang inilalahad. Kung mayroon kang mga tanong, makipag-ugnayan sa Pharmacy Help Desk ng Molina Health Plan.

<b>Kahulugan</b>			
AGE= Limitasyon ng Edad	ST= Step Therapy o Terapiya na Gumagamit muna sa Mas Murang Gamot bago ang Mas Mahal kung Kinakailangan Lamang	OTC= Over the Counter o Mabibili sa botika nang walang reseta	PA= Prior Authorization o Paunang Pahintulot
PA, QL= Inilalapat ang Limitasyon ng Dami matapos maaprubahan ang Paunang Pahintulot	QL= Limitasyon ng Dami	SP= Espesyal na Gamot; kailangang kunin ang mga gamot na ito sa pamamagitan ng botika ng espesyal na gamot	MED= Max 90 mg Dosis na Katumbas ng Morphine kada araw

## 简介

我们很高兴能为您提供 2019 年 *Molina Healthcare of California* 首选药物列表（处方集）作为实用参考和信息工具。本处方集可以帮助医疗服务提供者为患者选择临床适用且具有成本效益的药物。

处方集中所述药物已经过药理学与治疗学委员会审核并获批列入。本处方集反映了截至审核之日的最新医疗实践情况。*Molina Healthcare of California* 仅承保参与联邦医疗补助药物退款计划 (Medicaid Drug Rebate Program) 制药商生产的药物。

本处方集及其附录中所含信息仅为方便医疗服务提供者而提供。此类信息的准确性无法保证或担保，也无法做到无所不包。本处方集中的所有信息均作为药物治疗选择的参考而提供。

本处方集受各州具体的法规和规则约束，包括但不限于关于仿制药替代、受控物质列表、首选原厂药和强制性仿制药的适用法规和规则。

对于任何医疗服务提供者全部或部分依赖本处方集中所含信息的行为或疏忽，我们概不承担任何责任。医疗服务提供者应查阅制药商的产品资料或标准参考资料，以获取更详尽的信息。

## 序言

本处方集分成了不同的部分。每个部分主要按作用机制定义将治疗药物分类。

## 药理学与治疗学委员会

药理学与治疗学委员会 (“P&T Committee”) 的服务用于批准安全且有临床效力的药物治疗。药理学与治疗学委员会是一个由临床专业人员的咨询机构。药理学与治疗学委员会有投票权的成员包括医生和药剂师，他们所有人在处方药方面都具有广泛的临床和学术专业背景。药理学与治疗学委员会有投票权的成员必须披露与任何制药商之间的任何财务关系或利益冲突。

## 药物列表所列药物说明

为了帮助理解本处方集中所述药物承保的具体强度和剂型，下面列明了一般原则。

- 表中第一栏列明了药物名称。原厂药使用大写字母（例如，LIPITOR）。仿制药使用小写斜体字母（例如，*atorvastatin*）。
- 第二栏（标记为药物等级 (Drug Tier)）列明药物处方集中药物的等级。
- 第三栏（要求/限制 (Requirements/Limits)）包含对药物承保的任何特殊要求。
- 如果某种药物同时承保非处方药 (OTC) 和处方药，则两者都会列明。
- 缓释制剂和迟释制剂药物在单独的条目中列明。
- 本处方集中的剂型与列明的类别和用途一致。

## 处方数量

开具处方时，应根据药物治疗需要的供药量（即适当治疗病情需用量），某些每月开处方的药物最多可提供 60 天的供药量。刚开始新的治疗时，可酌情使用试用供药量。

## 仿制药替代

仿制药替代是指药房配发了一种仿制药，而不是处方所开的原厂药。在本处方集中，小写斜体字表示有仿制药可用。在大多数情况下，一旦有了仿制药，且该仿制药可以出售，则原厂药将不会列入处方集。但是，本处方集受关于仿制药替代的各州具体法规和规则约束，而且，强制性仿制药替代法规也在适当情况下适用。

仿制药的价格通常低于同等原厂药。处方仿制药：

- 安全性和效力已获得美国食品药品监督管理局批准，并按照适用于原厂药的相同严格标准生产。
- 已经过人体测试，确保吸收到血流中的速度和程度都与原厂药类似（即生物等效性）。仿制药在大小、颜色和非活性成分方面可能与原厂药不同，但这并不改变其与原厂药一样的效力或吸收能力。
- 制造的强度和剂型与原厂药相同。

用仿制药替代原厂药时，可期望该仿制药产生与原厂药相同的临床效果和安全性（即治疗等效性）。

## 计划设计

本处方集描述了一种封闭式的处方集计划设计。本处方集列明的药物由所述计划承保。如果符合使用管理标准（即阶梯治疗、事先授权、数量限制（**Step Therapy, Prior Authorization, Quantity Limits**）等），则本处方集中的某些药物可给予承保；如需在列明的标准之外申请使用此类药物，则需评估医疗必要性。如果某种药物未列入本处方集，则可为承保申请处方集例外情况。将根据药物的具体事先授权标准或标准的非处方集处方申请标准审查医疗必要性或处方集例外情况申请。请登录 [www.molinahealthcare.com](http://www.molinahealthcare.com) 查看承保范围。

## 事先授权申请程序

如果具有医疗必要性且处方集中所含药物已证明无效，则可能批准需要事先批准的药物或 Molina 药物处方集中未含药物的处方。出现这些特殊情况时，医生可将填好的药物事先授权表传真给 Molina，传真号码为 (866) 508-6445。可登录网站 [www.molinahealthcare.com](http://www.molinahealthcare.com) 获取表格。不可将试用药物样品作为批准事先授权申请的理由。

## 事先授权实用提示

为确保尽快从 Molina Healthcare of California 药房部得到回复，请在事先授权 (Prior Authorization) 申请中提供相关信息。示例如下：

### 药物/诊断等级

降低胆固醇

糖尿病

非处方集/非首选药物

### 要求的临床信息

血脂分析、心血管危险因素

A1c 报告

记录以前所用处方集药物的服药日志和/或病程记录

## 考虑类别

### 静脉溶液

简单的静脉溶液

mL

简单的静脉溶液通常用于水化疗法。包括市售（非复合）溶液（如生理盐水、葡萄糖（水中含量高达 10%）和乳酸林格氏液），这种溶液中的商业制备氯化钾溶液也包括在这个定义中。简单的静脉溶液收费应使用产品的国家药品代码 (National Drug Code, NDC) 编号。

全胃肠外营养液（TPN 或静脉输入营养液）

mL

限于从急症护理医院住院治疗出院后 10 天内配药，且在出院前已开始使用相同药物进行静脉注射治疗。在这 10 天期间，每次配药最多可给 10 天供药量。

（全胃肠外营养液属于静脉内或动脉内给药的营养药物，通常是氨基酸或蛋白质、葡萄糖、脂类、电解质、维生素和/或矿物质补充剂和微量元素的悬浮液或溶液。）

全胃肠外营养辅助剂是在给药前的任何时间物理混合到全胃肠外营养液中的其他药物。这些药物应作为胃肠外营养 (parenteral nutrition) 收费的一部分收费。

注意：非复合药物必须使用药物的国家药品代码编号收费。复合溶液必须作为复合药物索赔 (compound claim) 收费。

单独施用的静脉内脂质

mL

限于从急症护理医院住院治疗出院后 10 天内配药，且在出院前已开始使用相同药物进行静脉注射治疗。在这 10 天期间，每次配药最多可给 10 天供药量。

与全胃肠外营养液分开施用的静脉内脂质溶液或悬浮液（即未物理混合到全胃肠外营养液容器中）应使用药物的国家药品代码编号收费。

非列明抗生素的静脉溶液

mL

限于从急症护理医院住院治疗出院后 10 天内配药，且在出院前已开始使用相同的抗生素进行静脉注射治疗。在这 10 天期间，每次配药最多可给 10 天供药量。

注意：非复合药物必须使用药物的国家药品代码编号收费。复合溶液必须作为复合药物索赔收费。

其他药物的静脉溶液

mL

限于从急症护理医院住院治疗出院后 10 天内配药，且在出院前已开始使用相同的药物进行静脉注射治疗。在这 10 天期间，每次配药最多可给 10 天供药量。

注意：非复合药物必须使用药物的国家药品代码编号收费。复合溶液必须作为复合药物索赔收费。

### 非甾体抗炎药

在以下情况下使用非甾体抗炎药应特别考虑潜在的风险：胃肠道出血或溃疡史、慢性抗凝、哮喘、阿司匹林过敏、肾功能衰竭、高血压或充血性心力衰竭。

### 阿片类镇痛药

每天仅限 4 克对乙酰氨基酚。

### 四环素

8 岁以下或怀孕的母亲和哺乳母亲禁用。

## 不承保/排除的药物

请注意，某些药物不在承保范围内，包括但不限于：

- 药物/制药商不符合联邦医疗补助资金的资格，不参加联邦医疗补助药物退款计划
- 用于治疗性功能障碍的药物
- 用于美容用途的药物
- 实验性或研究性药物
- 非处方药物制剂（苯甲酸和水杨酸软膏，水杨酸乳膏、软膏或液体，氯化钠，氧化锌糊）
- 非处方镇痛药
- 供年满 5 岁者使用的维生素组合（产前维生素除外）
- 补充剂或其他未经美国食品药品监督管理局批准的药物
- 非处方咳嗽和感冒药物（含愈创甘油醚或右美沙芬的非处方药物）
- 日用品（护手霜、保湿霜等）
- 含苯巴比妥的颠茄生物碱
- 含 75% 硝酸银和 25% 硝酸钾的外用涂药棒

- 硝酸银外用溶液
- 牙科产品
- **Bepreve**、**Istalol** 和溴芬酸钠
- 美国食品药品监督管理局 (FDA) 认定为效力较低且相同、相关或类似的药物（即通常称为“药效评价 (DESI) 5 和 6” 的药物）

### 例外药物（加州医疗补助计划 (Medi-Cal) 按服务收费的药物）

以下各类药物由加州医疗补助计划按服务收费 (Medi-Cal Fee-for-Service, FFS) 计划直接承保，即使会员已参与 **Molina** 管理式医疗服务亦是如此。如对此处列明的福利或服务有疑问，请致电 1-800-541-5555 联系加州医疗补助计划支持部门。

- 精神病治疗药物
- 单胺氧化酶抑制剂 (MAOI)
- 某些抗帕金森病药物
- 情绪稳定剂
- 抗艾滋病毒药物
- 解毒剂
- 抗血友病血液制品

### 处方索赔处理程序

**Molina Healthcare** 已选择 **CVS Caremark** 作为药房福利管理 (PBM) 公司管理 **Molina** 会员的处方福利。

- 如有关于索赔处理、处方集状态或被拒索赔的问题，可致电 (800) 770-8014 联系 **CVS Caremark** 服务台。
- 如有关于会籍和资格的问题，可致电 (888) 665-4621 联系 **Molina** 会员服务部。
- 如有关于医疗服务提供者的问题，可致电(855)-322-4075 联系 **Molina** 医疗服务提供者服务台。

### 紧急与工作时间之外的药物政策

为了防止会员的病情在紧急情况下恶化，可能需要在获得 **Molina** 事先授权之前配发 72 小时的急性药物供药量。（例如，会员在正常工作时间之外从医院出院并有特殊抗生素处方）。

药房已接到指示，应使用其专业判断。**Molina** 会为这些处方按合同费率给药房报销 72 小时的急性药物供药量。药房可致电 (800) 770-8014 联系 **CVS Caremark** 服务台，以获得 72 小时供药量的优先权。

药房可在下一个工作日致电 (888) 665-4621 联系 **Molina** 获得授权，以在线处理紧急或工作时间之外的处方。建议并期望药房将提供合理的书面材料，说明在这些紧急情况下配发药物的情况。

## 图例

<b>AGE</b>	年龄限制
<b>MED</b>	每天最多 90 毫克吗啡当量的剂量
<b>OTC</b>	非处方药物，凭处方可承保的福利
<b>PA</b>	事先授权
<b>PA、QL</b>	获得事先授权批准后应用的数量限制
<b>QL</b>	数量限制
<b>SP</b>	特种药物，必须通过特种药房获得
<b>ST</b>	阶梯治疗
小写	表示仿制药的可用性
大写	表示原厂药的可用性

## 申请处方集变更

如果您是开处方者并想申请处方集变更，请将申请和理由上交 **Molina** 药房部，并附上您的联系信息。

传真：562-499-0790

## 注意

本处方集中所含信息均为专有。未经书面许可，不得全部或部分复制此信息。©2019。版权所有。

本文件包含对属于制药商商标或注册商标的原厂药处方药物引用。

## 处方集更新

除非另有说明，否则请查看与药房福利相关的处方集变更。如果您有任何疑问，请联系 Molina Health Plan 的药房服务台。

符号标识			
AGE = 年龄限制	ST = 阶梯治疗	OTC= 非处方	PA = 事先授权
PA、QL = 获得事先授权批准后应用的数量限制	QL = 数量限制	SP = 特种药物，必须通过特种药房获得	MED = 每天最多 90 毫克吗啡当量的剂量



## 簡介

我們很高興能為您提供 2019 年 *Molina Healthcare of California* 首選藥物清單 (處方集) 作為實用參考和資訊工具。本處方集可以幫助醫療服務提供者為患者選擇臨床適用且具有成本效益的藥物。

處方集中所述藥物已經過藥學與治療學委員會審核並獲批列入。本處方集反映了截至審核之日的最新醫療實踐情況。*Molina Healthcare of California* 僅承保參與聯邦醫療補助藥物退款計劃 (Medicaid Drug Rebate Program) 製藥商生產的藥物。

本處方集及其附錄中所含資訊僅為方便醫療服務提供者而提供。此類資訊的準確性無法保證或擔保，也無法做到無所不包。本處方集中的所有資訊均作為藥物治療選擇的參考而提供。

本處方集受各州具體的法規和規則約束，包括但不限於關於仿製藥替代、受控物質清單、首選原廠藥和強制性仿製藥的適用法規和規則。

對於任何醫療服務提供者全部或部分依賴本處方集中所含資訊的行為或疏忽，我們概不承擔任何責任。醫療服務提供者應查閱製藥商的产品資料或標準參考資料，以獲取更詳盡的資訊。

## 序言

本處方集分成了不同的部分。每個部分主要按作用機制定義將治療藥物分類。

### 藥學與治療學委員會

藥學與治療學委員會 (「P&T Committee」) 的服務用於批准安全且有臨床效力的藥物治療。藥學與治療學委員會是一個由臨床專業人員的諮詢機構。藥學與治療學委員會有投票權的成員包括醫生和藥劑師，他們所有人在處方藥方面都具有廣泛的臨床和學術專業背景。藥學與治療學委員會有投票權的成員必須披露與任何製藥商之間的任何財務關係或利益衝突。

### 藥物清單所列藥物說明

為了幫助理解本處方集中所述藥物承保的具體強度和劑型，下面列明了一般原則。

- 表中第一欄列明瞭藥物名稱。原廠藥使用大寫字母 (例如，LIPITOR)。仿製藥使用小寫斜體字母 (例如，*atorvastatin*)。
- 第二欄 (標記為藥物等級 (Drug Tier)) 列明藥物處方集中藥物的等級。
- 第三欄 (要求/限制 (Requirements/Limits)) 包含對藥物承保的任何特殊要求。
- 如果某種藥物同時承保非處方藥 (OTC) 和處方藥，則兩者都會列明。
- 緩釋製劑和遲釋製劑藥物在單獨的條目中列明。
- 本處方集中的劑型與列明的類別和用途一致。

### 處方數量

開具處方時，應根據藥物治療需要的供藥量 (即適當治療病情需用量)，某些每月開處方的藥物最多可提供 60 天的供藥量。剛開始新的治療時，可酌情使用試用供藥量。

### 仿製藥替代

仿製藥替代是指藥房配發了一種仿製藥，而不是處方所開的原廠藥。在本處方集中，小寫斜體字表示有仿製藥可用。在大多數情況下，一旦有了仿製藥，且該仿製藥可以出售，則原廠藥將不會列入處方集。但是，本處方集受關於仿製藥替代的各州具體法規和規則約束，而且，強制性仿製藥替代法規也在適當情況下適用。

仿製藥的價格通常低於同等原廠藥。處方仿製藥：

- 安全性和效力已獲得美國食品藥品監督管理局批准，並按照適用於原廠藥的相同嚴格標準生產。
- 已經過人體測試，確保吸收到血流中的速度和程度都與原廠藥類似（即生物等效性）。仿製藥在大小、顏色和非活性成分方面可能與原廠藥不同，但這並不改變其與原廠藥一樣的效力或吸收能力。
- 製造的強度和劑型與原廠藥相同。

用仿製藥替代原廠藥時，可期望該仿製藥產生與原廠藥相同的臨床效果和安全性（即治療等效性）。

## 計劃設計

本處方集描述了一種封閉式的處方集計劃設計。本處方集列明的藥物由所述計劃承保。如果符合使用管理標準（即階梯治療、事先授權、數量限制 (Step Therapy, Prior Authorization, Quantity Limits) 等），則本處方集中的某些藥物可給予承保；如需在列明的標準之外申請使用此類藥物，則需評估醫療必要性。如果某種藥物未列入本處方集，則可為承保申請處方集例外情況。將根據藥物的具體事先授權標準或標準的非處方集處方申請標準審查醫療必要性或處方集例外情況申請。請登入 [www.molinahealthcare.com](http://www.molinahealthcare.com) 查看承保範圍。

## 事先授權申請程序

如果具有醫療必要性且處方集中所含藥物已證明無效，則可能批准需要事先批准的藥物或 Molina 藥物處方集中未含藥物的處方。出現這些特殊情況時，醫生可將填好的藥物事先授權表傳真給 Molina，傳真號碼為 (866) 508-6445。可登入網站 [www.molinahealthcare.com](http://www.molinahealthcare.com) 獲取表格。不可將試用藥物樣品作為批准事先授權申請的理由。

## 事先授權實用提示

為確保儘快從 Molina Healthcare of California 藥房部得到回覆，請在事先授權 (Prior Authorization) 申請中提供相關資訊。示例如下：

### 藥物/診斷等級

降低膽固醇

糖尿病

非處方集/非首選藥物

### 要求的臨床資訊

血脂分析、心血管危險要素

A1c 報告

記錄以前所用處方集藥物的服藥日誌和/或病程記錄

## 考慮類別

### 靜脈溶液

簡單的靜脈溶液

mL

簡單的靜脈溶液通常用於水合療法。包括市售（非複合）溶液（如生理鹽水、葡萄糖（水中含量高達 10%）和乳酸林格氏液），這種溶液中的商業製備氯化鉀溶液也包括在這個定義中。簡單的靜脈溶液收費應使用產品的國家藥品代碼 (National Drug Code, NDC) 編號。

全胃腸外營養液 (TPN 或靜脈輸入營養液)

mL

限於從急症護理醫院住院治療出院後 10 天內配藥，且在出院前已開始使用相同藥物進行靜脈注射治療。在這 10 天期間，每次配藥最多可給 10 天供藥量。

（全胃腸外營養液屬於靜脈內或動脈內給藥的營養藥物，通常是氨基酸或蛋白質、葡萄糖、脂類、電解質、維生素和/或礦物質補充劑和微量元素的懸浮液或溶液。）

全胃腸外營養輔助劑是在給藥前的任何時間物理混合到全胃腸外營養液中的其他藥物。這些藥物應作為胃腸外營養 (parenteral nutrition) 收費的一部分收費。

注意：非複合藥物必須使用藥物的國家藥品代碼編號收費。複合溶液必須作為複合藥物索賠 (compound claim) 收費。

單獨施用的靜脈內脂質

mL

限於從急症護理醫院住院治療出院後 10 天內配藥，且在出院前已開始使用相同藥物進行靜脈注射治療。在這 10 天期間，每次配藥最多可給 10 天供藥量。

與全胃腸外營養液分開施用的靜脈內脂質溶液或懸浮液（即未物理混合到全胃腸外營養液容器中）應使用藥物的國家藥品代碼編號收費。

非列明抗生素的靜脈溶液

mL

限於從急症護理醫院住院治療出院後 10 天內配藥，且在出院前已開始使用相同的抗生素進行靜脈注射治療。在這 10 天期間，每次配藥最多可給 10 天供藥量。

注意：非複合藥物必須使用藥物的國家藥品代碼編號收費。複合溶液必須作為複合藥物索賠收費。

其他藥物的靜脈溶液

mL

限於從急症護理醫院住院治療出院後 10 天內配藥，且在出院前已開始使用相同的藥物進行靜脈注射治療。在這 10 天期間，每次配藥最多可給 10 天供藥量。

注意：非複合藥物必須使用藥物的國家藥品代碼編號收費。複合溶液必須作為複合藥物索賠收費。

### 非甾體抗炎藥

在以下情況下使用非甾體抗炎藥應特別考慮潛在的風險：胃腸道出血或潰瘍史、慢性抗凝、哮喘、阿司匹林過敏、腎功能衰竭、高血壓或充血性心力衰竭。

### 阿片類鎮痛藥

每天僅限 4 克對乙醯氨基酚。

### 四環素

8 歲以下或懷孕的母親和哺乳母親禁用。

## 不承保/排除的藥物

請注意，某些藥物不在承保範圍內，包括但不限於：

- 藥物/制藥商不符合聯邦醫療補助資金的資格，不參加聯邦醫療補助藥物退款計劃
- 用於治療性功能障礙的藥物
- 用於美容用途的藥物
- 實驗性或研究性藥物
- 非處方藥物製劑（苯甲酸和水楊酸軟膏，水楊酸乳膏、軟膏或液體，氯化鈉，氧化鋅糊）
- 非處方鎮痛藥
- 供年滿 5 歲者使用的維生素組合（產前維生素除外）
- 補充劑或其他未經美國食品藥品監督管理局批准的藥物
- 非處方咳嗽和感冒藥物（含愈創甘油醚或右美沙芬的非處方藥物）
- 日用品（護手霜、保濕霜等）
- 含苯巴比妥的顛茄生物鹼

- 含 75% 硝酸銀和 25% 硝酸鉀的外用塗藥棒
- 硝酸銀外用溶液
- 牙科產品
- Bepreve、Istalol 和溴芬酸鈉
- 美國食品藥品監督管理局 (FDA) 認定為效力較低且相同、相關或類似的藥物（即通常稱為「藥效評價 (DESI) 5 和 6」的藥物）

### 例外藥物（加州醫療補助計劃 (Medi-Cal) 按服務收費的藥物）

以下各類藥物由加州醫療補助計劃按服務收費 (Medi-Cal Fee-for-Service, FFS) 計劃直接承保，即使會員已參與 Molina 管理式醫療服務亦是如此。如對此處列明的福利或服務有疑問，請致電 1-800-541-5555 聯絡加州醫療補助計劃支援部門。

- 精神病治療藥物
- 單胺氧化酶抑制劑 (MAOI)
- 某些抗帕金森病藥物
- 情緒穩定劑
- 抗艾滋病毒藥物
- 解毒劑
- 抗血友病血液製品

### 處方索賠處理程序

Molina Healthcare 已選擇 CVS Caremark 作為藥房福利管理 (PBM) 公司管理 Molina 會員的處方福利。

- 如有關於索賠處理、處方集狀態或被拒索賠的問題，可致電 (800) 770-8014 聯絡 CVS Caremark 服務台。
- 如有關於會籍和資格的問題，可致電 (888) 665-4621 聯絡 Molina 會員服務部。
- 如有關於醫療服務提供者的問題，可致電(855)-322-4075 聯絡 Molina 醫療服務提供者服務台。

### 緊急與工作時間之外的藥物政策

為了防止會員的病情在緊急情況下惡化，可能需要在獲得 Molina 事先授權之前配發 72 小時的急性藥物供藥量。（例如，會員在正常工作時間之外從醫院出院並有特殊抗生素處方）。

藥房已接到指示，應使用其專業判斷。Molina 會為這些處方按合同費率給藥房報銷 72 小時的急性藥物供藥量。藥房可致電 (800) 770-8014 聯絡 CVS Caremark 服務台，以獲得 72 小時供藥量的優先權。

藥房可在下一個工作日致電 (888) 665-4621 聯絡 Molina 獲得授權，以線上處理緊急或工作時間之外的處方。建議並期望藥房將提供合理的書面材料，說明在這些緊急情況下配發藥物的情況。

## 圖例

<b>AGE</b>	年齡限制
<b>MED</b>	每天最多 90 毫克嗎啡當量的劑量
<b>OTC</b>	非處方藥物，憑處方可承保的福利
<b>PA</b>	事先授權
<b>PA、QL</b>	獲得事先授權批准後應用的數量限制
<b>QL</b>	數量限制
<b>SP</b>	特種藥物，必須透過特種藥房獲得
<b>ST</b>	階梯治療
小寫	表示仿製藥的可用性
大寫	表示原廠藥的可用性

## 申請處方集變更

如果您是開處方者並想申請處方集變更，請將申請和理由上交 **Molina** 藥房部，並附上您的聯絡資訊。

傳真：562-499-0790

## 注意

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本處方集包含對屬於制藥商商標或註冊商標的原廠藥處方藥物引用。

## 處方集更新

除非另有說明，否則請查看與藥房福利相關的處方集變更。如果您有任何疑問，請聯絡 Molina Health Plan 的藥房服務台。

符號標識			
AGE = 年齡限制	ST = 階梯治療	OTC = 非處方	PA = 事先授權
PA、QL = 獲得事先授權批准後應用的數量限制	QL = 數量限制	SP = 特種藥物，必須透過特種藥房獲得	MED = 每天最多 90 毫克嗎啡當量的劑量



## GIỚI THIỆU

Chúng tôi hân hạnh cung cấp cho quý vị tài liệu *Danh sách thuốc ưu tiên của Molina Healthcare of California (Danh mục thuốc)* năm 2019 hữu ích để giữ làm thông tin và tài liệu tham khảo. Tài liệu này sẽ giúp các nhà cung cấp dịch vụ y tế trong việc lựa chọn những sản phẩm phù hợp về mặt lâm sàng với chi phí thuận lợi cho bệnh nhân họ.

Các loại thuốc trình bày trong tài liệu này đã được bởi Ủy ban Dược phẩm và Trị liệu (P&T) xem xét và chấp thuận cho phép sử dụng. Tài liệu này phản ánh phương pháp thực hành y tế hiện nay kể từ ngày được ủy ban xem xét. Molina Healthcare of California chỉ đài thọ các loại thuốc được sản xuất bởi những nhà bào chế dược phẩm có tham gia chương trình giảm giá thuốc của chương trình Medicaid thuộc chính phủ liên bang.

Thông tin trong tài liệu này và các phụ lục được cung cấp chỉ với mục đích giúp các nhà cung cấp dịch vụ y tế tiện việc tham khảo. Chúng tôi không bảo đảm hoặc cam kết cho sự chính xác của những thông tin này và cũng không bảo đảm là những thông tin này hoàn toàn đầy đủ. Tất cả mọi thông tin trong tài liệu này được cung cấp để làm tài liệu tham khảo cho việc chọn thuốc điều trị.

Tài liệu này tuân theo các quy định và nguyên tắc nhất định của tiểu bang, bao gồm, nhưng không giới hạn bởi, những quy định liên quan đến việc thay thế thuốc gốc, danh sách thuốc gây nghiện, ưu tiên cho biệt dược và những thuốc gốc bắt buộc phải dùng bất cứ khi nào có thể được.

Chúng tôi không chịu trách nhiệm cho hành động hoặc sự thiếu sót của nhà cung cấp dịch vụ y tế nào vì họ lệ thuộc, toàn bộ hoặc một phần, vào thông tin trong tài liệu này. Nhà cung cấp dịch vụ y tế cần tham khảo tài liệu về sản phẩm của nhà bào chế thuốc hoặc các tài liệu tham khảo tiêu chuẩn để biết thêm thông tin chi tiết.

## LỜI MỞ ĐẦU

Tài liệu này được bố cục theo nhiều phần. Mỗi phần được chia theo nhóm thuốc điều trị chính được xác định theo cơ chế hoạt động.

## ỦY BAN DƯỢC PHẨM VÀ TRỊ LIỆU (P&T)

Ủy ban Dược phẩm và Trị liệu ("P&T Committee") cung cấp dịch vụ xem xét và chấp thuận cho phép sử dụng những phương pháp trị liệu bằng thuốc an toàn và công hiệu về mặt lâm sàng.

P&T Committee là một cơ quan cố vấn gồm có nhiều chuyên viên lâm sàng. Các ủy viên được phép bỏ phiếu của P&T Committee bao gồm bác sĩ và dược sĩ, tất cả đều có kiến thức rộng và chuyên môn về lâm sàng và học thuật liên quan đến thuốc theo toa. Tất cả những ủy viên được phép bỏ phiếu của P&T Committee phải tiết lộ mọi quan hệ tài chính hoặc mâu thuẫn về lợi ích với tất cả các nhà bào chế dược phẩm, nếu có.

## MÔ TẢ SẢN PHẨM TRONG DANH MỤC THUỐC

Dưới đây là những nguyên tắc tổng quát nhằm giúp cho người đọc hiểu được dễ dàng nồng độ và hình thức liều thuốc cụ thể nào trong tài liệu này được chương trình đài thọ.

- Cột đầu tiên của bảng là liệt kê tên thuốc. Biệt dược được ghi bằng chữ in hoa (thí dụ, LIPITOR). Thuốc gốc được ghi bằng chữ thường, in nghiêng (thí dụ, *atorvastatin*).
- Cột thứ hai (có tựa là Bậc thuốc [Drug Tier]) ghi bậc của thuốc được xếp trong Danh mục thuốc.
- Cột thứ ba (Yêu cầu/Giới hạn [Requirements/Limits]) ghi tất cả những yêu cầu đặc biệt cho việc thuốc của quý vị được đài thọ.
- Nếu cả hai loại thuốc mua không cần toa (OTC) và thuốc theo toa của một sản phẩm thuốc nào đó đều được đài thọ, thì cả hai sẽ được ghi ra.
- Các loại thuốc phóng thích kéo dài và phóng thích chậm bắt buộc phải được ghi riêng.
- Các dạng bào chế của liều thuốc trong tài liệu này sẽ phù hợp với phân loại của thuốc và sử dụng ở nơi được liệt kê.

## SỐ LƯỢNG THUỐC THEO TOA

Nhà cung cấp dịch vụ y tế phải viết toa thuốc cho số lượng thuốc cần cho việc điều trị (số lượng phù hợp cần để điều trị một tình trạng y tế nào đó) của một số loại thuốc được cho toa hàng tháng đến tối đa lượng thuốc đủ dùng cho 60 ngày. Nhà cung cấp dịch vụ y tế có thể cho toa một lượng thuốc nhỏ dùng thử trước, khi mới bắt đầu một phương pháp điều trị mới, nếu phù hợp.

## THAY THẾ BIỆT DƯỢC BẰNG THUỐC GỐC

Thay thế biệt dược bằng thuốc gốc là việc mà nhà thuốc làm khi nhà thuốc trao hoặc bán thuốc theo toa bằng loại thuốc gốc thay vì biệt dược cùng loại. Trong tài liệu này, *khi tên thuốc được ghi bằng chữ thường in nghiêng* có nghĩa là loại thuốc này có cả thuốc gốc. Trong đa số các trường hợp, khi thuốc gốc của một biệt dược bắt đầu có thì biệt dược này sẽ trở thành loại thuốc không thuộc danh mục thuốc, và thuốc gốc sẽ được đài thọ thay cho biệt dược một khi thuốc gốc được mang ra sử dụng trên thị trường. Tuy nhiên, tài liệu này phải lệ thuộc vào các quy định



và nguyên tắc của tiểu bang đối với việc thay thế biệt dược bằng thuốc gốc và các nguyên tắc bắt buộc về thuốc gốc sẽ được áp dụng khi phù hợp.

Thuốc gốc thường có giá thấp hơn biệt dược cùng loại. Thuốc gốc theo toa được:

- Cơ quan Quản lý Thực phẩm và Dược phẩm Hoa Kỳ chấp thuận cho sự an toàn và công hiệu, và được bào chế theo đúng các tiêu chuẩn nghiêm ngặt áp dụng chặt chẽ cho biệt dược.
- Thử nghiệm nơi người để bảo đảm rằng thuốc gốc được hấp thu vào máu với cùng tốc độ và mức độ so với biệt dược (tương đương sinh học). Thuốc gốc có thể khác biệt dược đối với kích cỡ, màu sắc và thành phần không hoạt tính nhưng những điều này không thay đổi mức độ công hiệu hoặc khả năng hấp thu giống như biệt dược.
- Bào chế với cùng nồng độ và hình thức liều thuốc như biệt dược.

Khi một loại thuốc gốc được dùng thay cho biệt dược cùng loại, quý vị nên biết rằng thuốc gốc này có cùng công hiệu về mặt lâm sàng và mọi hình thức an toàn như biệt dược (tương đương về điều trị).

## CHÍNH SÁCH VỀ THUỐC CỦA CHƯƠNG TRÌNH BẢO HIỂM

Tài liệu này trình bày một chính sách về danh mục thuốc đóng. Các loại thuốc liệt kê trong tài liệu này được chương trình bảo hiểm đài thọ đúng theo danh sách trình bày. Một số thuốc trong danh sách này sẽ được đài thọ nếu đáp ứng được một số tiêu chuẩn của quy tắc quản lý sử dụng thuốc (như, Phương pháp trị liệu theo từng bước [Step Therapy], Xin được chấp thuận trước [Prior Authorization], Giới hạn về số lượng [Quantity Limits], v.v.); yêu cầu được dùng những thuốc này ngoài phạm vi các tiêu chuẩn trình bày sẽ được cứu xét theo tình trạng cần thiết về mặt y tế. Nếu trong danh mục thuốc không có một loại thuốc nào đó, khi muốn được đài thọ cho thuốc này, quý vị có thể yêu cầu được cứu xét theo trường hợp ngoại lệ đối với danh mục thuốc. Những yêu cầu về tình trạng cần thiết về mặt y tế hoặc trường hợp ngoại lệ đối với danh mục thuốc sẽ được cứu xét căn cứ theo các tiêu chuẩn cần được chấp thuận trước của loại thuốc cụ thể hoặc các tiêu chuẩn yêu cầu được cấp thuốc theo toa không thuộc danh mục thuốc căn bản. Vui lòng vào xem trang [www.molinahealthcare.com](http://www.molinahealthcare.com) để biết về sự đài thọ thuốc.

## THỦ TỤC YÊU CẦU ĐƯỢC CHẤP THUẬN TRƯỚC

Những toa thuốc cho những thuốc cần được chấp thuận trước hoặc cho những thuốc không thuộc Danh mục thuốc của Molina sẽ được cứu xét khi cần thiết về mặt y tế và khi những thuốc dùng được có trong danh mục thuốc cho thấy là không công hiệu. Khi gặp những trường hợp

ngoại lệ này, bác sĩ có thể điền giấy yêu cầu chấp thuận trước và gửi qua fax về Molina tại số (866) 508-6445. Những mẫu này được cung cấp trên trang mạng [www.molinahealthcare.com](http://www.molinahealthcare.com). Mẫu thuốc dùng thử sẽ không được xem là lý do chính đáng cho việc chấp thuận cho yêu cầu được chấp thuận trước.

## HƯỚNG DẪN HỮU ÍCH CHO VIỆC YÊU CẦU ĐƯỢC CHẤP THUẬN TRƯỚC

Để bảo đảm được Văn phòng Dược phẩm của Molina Healthcare of California trả lời một cách nhanh chóng, quý vị nhớ cho biết tất cả các thông tin cần thiết khi gửi yêu cầu Xin được chấp thuận trước (Prior Authorization). Thí dụ, những thông tin này gồm có:

Phân loại của thuốc/Chẩn đoán bệnh trạng	Thông tin lâm sàng yêu cầu
Giảm cholesterol	Bảng đo chất béo trong máu, các yếu tố rủi ro về tình trạng tim mạch
Bệnh tiểu đường	Kết quả A1c
Thuốc không thuộc danh mục thuốc/không ưu tiên	Bản ghi chép về thuốc và/hoặc ghi chú về tiến triển của bệnh ghi nhận việc sử dụng các thuốc trong danh mục thuốc trước đây

## CÁC THỂ LOẠI ĐỂ XEM XÉT

### DUNG DỊCH TIÊM TĨNH MẠCH

DUNG DỊCH TIÊM TĨNH MẠCH ĐƠN GIẢN mL

Dung dịch tiêm tĩnh mạch đơn giản thường được dùng trong phương pháp điều trị giúp cho cơ thể có thêm nước hay đủ nước. Những dung dịch này gồm cả những dung dịch bán trên thị trường (loại không kết hợp) như Nước biển thông thường (Normal Saline), Dextrose (đến tối đa 10% trong nước) và Dung dịch Lactated Ringer's; những dung dịch potassium chloride pha sẵn bán trên thị trường cũng thuộc định nghĩa này. Khi gửi hóa đơn các dung dịch tiêm tĩnh mạch đơn giản, thì phải dùng số Mã thuốc quốc gia (National Drug Code, NDC) của những dung dịch này.

### DUNG DỊCH DINH DƯỠNG NGOÀI ĐƯỜNG TIÊU HÓA

(TPN HOẶC THỰC PHẨM TRUYỀN TĨNH MẠCH) mL

Giới hạn chỉ cho dùng trong vòng 10 ngày sau khi nằm bệnh viện chăm sóc cấp tính và được cho xuất viện, trong trường hợp dung dịch này đã được dùng truyền qua tĩnh mạch (I.V.) để điều

trị trước khi xuất viện. Tối đa số lượng đủ dùng cho 10 ngày sẽ được cung cấp cho giai đoạn 10 ngày này.

(Dung dịch dinh dưỡng ngoài đường tiêu hóa là những sản phẩm dinh dưỡng tiêm vào tĩnh mạch hoặc động mạch, thường là những dung dịch hoặc huyền dịch trong đó có các chất amino acid hoặc protein, dextrose, chất béo, chất điện giải, sinh tố và/hoặc khoáng chất bổ sung và các nguyên tố vi lượng.)

Cùng theo dung dịch dinh dưỡng ngoài đường tiêu hóa là những loại thuốc khác thường được hòa vào dung dịch dinh dưỡng ngoài đường tiêu hóa vào bất cứ lúc nào trước khi tiêm. Khi gửi hóa đơn, những sản phẩm này sẽ được cho vào cùng với hóa đơn của phương pháp điều trị bằng dinh dưỡng ngoài đường tiêu hóa (parenteral nutrition).

Lưu ý: Đối với các sản phẩm không kết hợp, khi gửi hóa đơn, phải dùng số NDC của những sản phẩm này. Các sản phẩm kết hợp phải được gửi hóa đơn theo yêu cầu thanh toán kết hợp (compound claim).

#### CHẤT BÉO TRUYỀN TĨNH MẠCH ĐƯỢC TRUYỀN RIÊNG mL

Giới hạn chỉ cho dùng trong vòng 10 ngày sau khi nằm bệnh viện chăm sóc cấp tính và được cho xuất viện, trong trường hợp dung dịch này đã được dùng truyền qua tĩnh mạch (I.V.) để điều trị trước khi xuất viện. Tối đa số lượng đủ dùng cho 10 ngày sẽ được cung cấp cho giai đoạn 10 ngày này.

Các dung dịch hoặc huyền dịch chất béo truyền tĩnh mạch truyền riêng, không truyền chung với các dung dịch dinh dưỡng ngoài đường tiêu hóa (có nghĩa là, không có hòa chung vào túi chứa dung dịch dinh dưỡng ngoài đường tiêu hóa), khi gửi hóa đơn, phải dùng số NDC của những sản phẩm này.

#### DUNG DỊCH TRUYỀN TĨNH MẠCH CỦA NHỮNG THUỐC KHÁNG SINH

#### KHÔNG CÓ LIỆT KÊ mL

Giới hạn chỉ cho dùng trong vòng 10 ngày sau khi nằm bệnh viện chăm sóc cấp tính và được cho xuất viện, trong trường hợp thuốc kháng sinh này đã được dùng truyền qua tĩnh mạch (I.V.) để điều trị trước khi xuất viện. Tối đa số lượng đủ dùng cho 10 ngày sẽ được cung cấp cho giai đoạn 10 ngày này.

Lưu ý: Đối với các sản phẩm không kết hợp, khi gửi hóa đơn, phải dùng số NDC của những sản phẩm này. Các sản phẩm kết hợp phải được gửi hóa đơn theo yêu cầu thanh toán kết hợp (compound claim).

## DUNG DỊCH TRUYỀN TĨNH MẠCH CỦA NHỮNG THUỐC KHÁC KHÔNG CÓ LIỆT KÊ

mL

Giới hạn chỉ cho dùng trong vòng 10 ngày sau khi nằm bệnh viện chăm sóc cấp tính và được cho xuất viện, trong trường hợp thuốc này đã được dùng truyền qua tĩnh mạch (I.V.) để điều trị trước khi xuất viện. Tối đa số lượng đủ dùng cho 10 ngày sẽ được cung cấp cho giai đoạn 10 ngày này.

Lưu ý: Đối với các sản phẩm không kết hợp, khi gửi hóa đơn, phải dùng số NDC của những sản phẩm này. Các sản phẩm kết hợp phải được gửi hóa đơn theo yêu cầu thanh toán kết hợp (compound claim).

### LOẠI THUỐC NSAID

Thuốc NSAID sử dụng trong những bệnh trạng sau đây cần được xem xét đặc biệt vì những nguy hiểm có thể xảy ra: bị loét hoặc chảy máu đường tiêu hóa (GI) trước đây, chống đông máu mạn tính, bệnh suyễn, dị ứng với aspirin, suy thận, tăng huyết áp hoặc suy tim sung huyết.

### LOẠI THUỐC GIẢM ĐAU CÓ OPIOID

Giới hạn chỉ được 4 gram thuốc acetaminophen mỗi ngày.

### LOẠI THUỐC TETRACYCLINE

Chống chỉ định cho trẻ em dưới 8 tuổi, phụ nữ đang mang thai hoặc đang nuôi con bằng sữa mẹ.

## CÁC LOẠI THUỐC KHÔNG ĐƯỢC ĐÀÌ THỌ/LOẠI TRỪ

Vui lòng lưu ý là có một số thuốc không được đài thọ. Những thuốc này bao gồm, nhưng không giới hạn bởi:

- Các loại thuốc/nhà bào chế dược phẩm không đủ tiêu chuẩn được trợ cấp qua ngân khoản của chương trình Medicaid thuộc chính phủ liên bang; không có tham gia chương trình giảm giá thuốc của chương trình Medicaid thuộc chính phủ liên bang.
- Các loại thuốc dùng cho tình trạng rối loạn chức năng sinh dục
- Các loại thuốc dùng cho mục đích thẩm mỹ
- Các loại thuốc thử nghiệm hoặc điều tra
- Các chế phẩm thuốc mua không cần toa (thuốc mỡ benzoic và salicylic acid, kem salicylic acid, thuốc mỡ, hoặc chất lỏng, sodium chloride, bột nhào zinc oxide)

- Các loại thuốc giảm đau mua không cần toa
- Các hợp chất sinh tố cho những người trên 5 tuổi (ngoại trừ sinh tố dùng lúc mang thai)
- Các sản phẩm bổ sung hoặc những sản phẩm khác không được FDA chấp thuận
- Các loại thuốc ho và thuốc cảm mua không cần toa (các sản phẩm mua không cần toa [OTC] có chất guaifenesin hoặc dextromethorphan)
- Các sản phẩm dùng trong nhà (kem thoa tay, kem dưỡng da, v.v.)
- Các thuốc belladonna alkaloid có phenobarbital
- Những thanh dùng để thoa silver nitrate 75% và potassium nitrate 25% trên da
- Dung dịch silver nitrate dùng trên da
- Các sản phẩm răng miệng
- Bepreve, Istalol và bromfenac sodium
- Các loại dược phẩm mà Cơ quan Quản lý Dược phẩm Liên bang (Federal Drug Administration, FDA) cho là những thuốc không công hiệu bằng và hoàn toàn giống, cùng loại hoặc tương tự (thường được gọi là thuốc "DESI 5 và 6")

### CÁC LOẠI THUỐC THUỘC THÀNH PHẦN RIÊNG (CARVED-OUT) (những thuốc được đài thọ qua chương trình Medi-Cal Fee-for-Service)

Những loại thuốc sau đây được chương trình Medi-Cal Fee-for-Service (FFS) đài thọ trực tiếp, ngay cả khi hội viên có ghi danh trong chương trình chăm sóc sức khỏe có quản lý của Molina. Nếu có điều gì thắc mắc về quyền lợi hoặc dịch vụ trình bày nơi đây, xin quý vị vui lòng gọi Ban Hỗ trợ dịch vụ của Medi-Cal tại số 1-800-541-5555.

- Các loại thuốc điều trị tâm thần
- Các loại thuốc ức chế monoamine oxidase (Monoamine Oxidase Inhibitor, MAOI)
- Một số thuốc chống bệnh Parkinson's
- Các loại thuốc ổn định tâm trí
- Các loại thuốc trị HIV
- Các loại thuốc giải độc, cai nghiện
- Các sản phẩm máu trị bệnh máu khó đông

### CƠ QUAN CỨU XÉT YÊU CẦU THANH TOÁN THUỐC THEO TOA

Molina Healthcare chọn Công ty CVS Caremark làm Công ty Quản lý quyền lợi dược phẩm (Pharmacy Benefit Management, PBM) để quản lý quyền lợi về thuốc theo toa của hội viên của Molina.

- Nếu có điều gì thắc mắc về cách giải quyết yêu cầu thanh toán, tình trạng thuốc trong danh mục thuốc hoặc trường hợp yêu cầu bị từ chối, vui lòng gọi Ban Hỗ trợ dịch vụ của CVS Caremark tại số (800) 770-8014.
- Nếu có điều gì thắc mắc hay quan tâm về tình trạng hội viên và tình trạng hội đủ tiêu chuẩn, vui lòng gọi Ban Dịch vụ hội viên của Molina tại số (888) 665-4621.
- Nếu có điều gì thắc mắc liên quan đến các nhà cung cấp dịch vụ y tế, vui lòng gọi Ban Hỗ trợ dịch vụ nhà cung cấp dịch vụ y tế của Molina tại số (855)-322-4075.

## QUY ĐỊNH VỀ THUỐC KHẨN CẤP VÀ SAU GIỜ LÀM VIỆC

Để giúp cho tình trạng của hội viên không bị trầm trọng hơn lên trong trường hợp khẩn cấp, hội viên có thể cần được cấp thuốc cấp tính đủ dùng cho 72 giờ trước khi được sự chấp thuận của Molina qua thủ tục xin được chấp thuận trước. (thí dụ, hội viên được xuất viện sau giờ làm việc được bác sĩ cho toa thuốc kháng sinh đặc biệt).

Chúng tôi yêu cầu các nhà thuốc dùng sự quyết định chuyên nghiệp của họ. Molina sẽ thanh toán cho các nhà thuốc số lượng thuốc cấp tính đủ dùng cho 72 giờ với mức giá theo hợp đồng cho các toa thuốc này. Nhà thuốc có thể liên lạc với Ban Hỗ trợ dịch vụ của CVS Caremark tại số (800) 770-8014 để được cho phép áp dụng điều kiện ngoại lệ cho số lượng thuốc đủ dùng cho 72 giờ.

Nhà thuốc có thể liên lạc với Molina tại số (888) 665-4621 trong ngày làm việc ngay sau đó, xin giấy phép chấp thuận chính thức để có thể yêu cầu giải quyết thanh toán cho những thuốc theo toa khẩn cấp hoặc sau giờ làm việc qua mạng. Chúng tôi yêu cầu và mong các nhà thuốc cung cấp các tài liệu hợp lý về những trường hợp thuốc được cấp trong những trường hợp khẩn cấp này.

## GHI CHÚ

AGE	Giới hạn tuổi
MED	Tối đa liều tương đương 90 mg morphine mỗi ngày
OTC	Mua không cần toa, quyền lợi được đài thọ khi có toa
PA	Xin được chấp thuận trước
PA, QL	Điều kiện giới hạn số lượng được áp dụng sau khi được chấp thuận trước
QL	Giới hạn số lượng
SP	Thuốc đặc biệt; những thuốc này phải mua qua một nhà thuốc chuyên khoa
ST	Phương pháp trị liệu theo từng bước
<i>chữ thường</i>	cho biết là có loại thuốc gốc
CHỮ IN HOA	cho biết là có biệt dược

## YÊU CẦU SỬA ĐỔI DANH MỤC THUỐC

Nếu quý vị là bác sĩ cho toa và muốn yêu cầu chúng tôi sửa đổi danh mục thuốc, vui lòng gửi yêu cầu và lý do của quý vị đến Văn phòng Dược phẩm của Molina cùng với thông tin liên lạc của quý vị.

Fax: 562-499-0790

## THÔNG BÁO

Thông tin trong tài liệu này là thông tin độc quyền. Thông tin này không được sao chép toàn bộ hoặc một phần mà không có sự cho phép chính thức bằng văn bản. ©2019. Tác giả giữ bản quyền.

Tài liệu này bao gồm nhiều tài liệu tham khảo về biệt dược theo toa và là thương hiệu hoặc thương hiệu đã đăng ký của nhà bào chế dược phẩm.

## CẬP NHẬT DANH MỤC THUỐC

Vui lòng xem lại các thay đổi trong danh mục thuốc liên quan đến Quyền lợi về thuốc trừ khi được ghi điều gì khác. Nếu quý vị có điều gì thắc mắc, vui lòng gọi Ban Hỗ trợ Văn phòng Dược phẩm của chương trình bảo hiểm sức khỏe Molina.

<b>Bản chú thích</b>			
AGE= Giới hạn tuổi	ST= Phương pháp trị liệu theo từng bước	OTC= Mua không cần toa	PA= Xin được chấp thuận trước
PA, QL= Điều kiện giới hạn số lượng được áp dụng sau khi được chấp thuận trước	QL= Giới hạn số lượng	SP= Thuốc đặc biệt; những thuốc này phải mua qua một nhà thuốc chuyên khoa	MED= Tối đa liều tương đương 90 mg morphine mỗi ngày



## 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
QL, PA= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	MED= Max 90 mg Morphine Equivalent Dose per day

Date Effective	Product Name	Change	Notes
10/1/2019	HYDROCORTISONE ENEMA 100MG	Add to formulary with QL	QL: Max 1680 per 30 days
10/1/2019	HYDROXYPROGESTERONE VIAL 250MG/ML	Add to formulary with PA	
10/1/2019	NORGM/EE LO TAB TRIPHASC	Add to formulary with QL	QL: Max 1 per day
10/1/2019	LEVONORGESTREL-ETHINYL ESTRADIOL TAB (91-DAY)	Add to formulary with QL	QL: Max 1 per day; Max 91 days per fill
10/1/2019	ABIRATERONE TAB 250MG	Add to formulary with PA and QL	QL: Max 120 per 30 days
10/1/2019	IBRANCE CAP 75MG, 100MG, 125MG	Add to formulary with PA and QL	QL: Max 21 per 28 days
10/1/2019	ALECENSA CAP 150MG	Add to formulary with PA and QL	QL: Max 240 per 30 days
10/1/2019	IMBRUVICA CAP 140MG	Add to formulary with PA and QL	QL: Max 3 per day
10/1/2019	IMBRUVICA TAB 420MG, 560MG	Add to formulary with PA and QL	QL: Max 1 per day
10/1/2019	ANASTROZOLE TAB 1MG	Add QL	QL: Max 1 per day
10/1/2019	BUSPIRONE TAB 7.5MG	Remove from formulary	
10/1/2019	GUANFACIN ER TAB 1MG, 2MG, 3MG, 4MG	Add to formulary with QL	QL: Max 1 per day
10/1/2019	TETRABENAZINE TAB 12.5MG, 25MG	Add to formulary with PA	
10/1/2019	GLATIRAMER SYN 40MG/ML	Add to formulary with PA	
10/1/2019	ACYCLOVIR CRE 5%	Remove from formulary	
10/1/2019	Baqsimi One Pack POWD 3MG/DOSE	Add to formulary with QL	QL: Max 2 per 30 days
10/1/2019	DIFFERIN GEL 0.1%	Remove age limits	
10/1/2019	BENZOYL PER LIQ 5% WASH	Remove age limits	
10/1/2019	BENZOYL PER LIQ 10% WASH	Remove age limits	
10/1/2019	BENZOYL PER GEL 2.5%	Remove age limits	
10/1/2019	BP GEL GEL 5%	Remove age limits	
10/1/2019	BENZOYL PER GEL 10%	Remove age limits	
10/1/2019	ACNE MEDICAT LOT 5%	Remove age limits	
10/1/2019	ACNE MEDICAT LOT 10%	Remove age limits	

Date Effective	Product Name	Change	Notes
10/1/2019	TRETINOIN CRE 0.025%	Update age limits	AGE: Max 35 years old
10/1/2019	TRETINOIN CRE 0.05%	Update age limits	AGE: Max 35 years old
10/1/2019	TRETINOIN CRE 0.1%	Update age limits	AGE: Max 35 years old
10/1/2019	TRETINOIN GEL 0.01%	Update age limits	AGE: Max 35 years old
10/1/2019	AVITA GEL 0.025%	Update age limits	AGE: Max 35 years old
10/1/2019	CLINDAMYCIN SOL 1%	Remove age limits	
10/1/2019	CLINDAMYCIN GEL 1%	Remove age limits	
10/1/2019	CLINDAMYCIN LOT 10MG/ML	Remove age limits	
10/1/2019	ERYTHROMYCIN SOL 2%	Remove age limits	
10/1/2019	Sulfacetamide Sodium (Acne) LOTN 10%	Add to formulary with PA and QL	QL: 118 per 30 days
10/1/2019	Ciclopirox SOLN 8%	Add to formulary with QL.	QL: 6.6 per 30 days
10/1/2019	Ciclopirox Olamine SUSP 0.77%	Add to formulary with QL.	QL: 60 per 30 days
10/1/2019	Dritho-Creme HP CREA 1%	Remove from formulary	
10/1/2019	Calcipotriene CREA 0.005%	Add to formulary with PA	
10/1/2019	Montelukast Sodium CHEW 4MG, 5MG	Remove age limits	

**Drug Name Drug Tier Requirements/Limits**  
**ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS**

**AMPHETAMINES**

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 3 - 18 years old
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (150 ea / 30 days); Covered for ages 3 - 18 years old
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 3 - 18 years old
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 3 - 18 years old
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 3 - 18 years old
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 3 - 18 years old
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 3 - 18 years old
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 1	QL (120 ea / 30 days), PA; Covered for ages 18 years old & under
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 1	QL (120 ea / 30 days), PA; Covered for ages 18 years old & under

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 1	QL (60 ea / 30 days), PA; Covered for ages 18 years old & under
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 3 - 18 years old
<i>dextroamphetamine sulfate tab 5 mg (Zenedi)</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 3 - 18 years old
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 3 - 18 years old
<i>dextroamphetamine sulfate tab 10 mg (Zenedi)</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 3 - 18 years old

### **ANALEPTICS**

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	QL (120 mL in lifetime); Covered for ages 1 year old & under
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### **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)

**STIMULANTS - MISC.**

<i>armodafinil tab 50 mg</i>	Tier 1	QL (30 ea / 30 days), PA
<i>armodafinil tab 150 mg</i>	Tier 1	QL (30 ea / 30 days), PA
<i>armodafinil tab 200 mg</i>	Tier 1	QL (30 ea / 30 days), PA
<i>armodafinil tab 250 mg</i>	Tier 1	QL (30 ea / 30 days), PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 6 - 18 years old
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 6 - 18 years old
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 18 years old

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 20 mg (Metadate Er)</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>modafinil tab 100 mg</i>	Tier 1	QL (30 ea / 30 days), PA
<i>modafinil tab 200 mg</i>	Tier 1	QL (60 ea / 30 days), PA

## **AMINOGLYCOSIDES**

### **AMINOGLYCOSIDES**

<i>neomycin sulfate tab 500 mg</i>	Tier 1	
<i>paromomycin sulfate cap 250 mg</i>	Tier 1	

## **ANALGESICS - ANTI-INFLAMMATORY**

### **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

HUMIRA INJ 10/0.1ML ( <i>adalimumab</i> )	Tier 1	SP, QL (2 ea / 28 days), PA
HUMIRA INJ 10MG/0.2 ( <i>adalimumab</i> )	Tier 1	SP, QL (2 ea / 28 days), PA
HUMIRA INJ 20/0.2ML ( <i>adalimumab</i> )	Tier 1	SP, QL (2 ea / 28 days), PA
HUMIRA INJ 40/0.4ML ( <i>adalimumab</i> )	Tier 1	SP, QL (2 ea / 28 days), PA
HUMIRA KIT 20MG/0.4 ( <i>adalimumab</i> )	Tier 1	SP, QL (2 ea / 24 days), PA
HUMIRA KIT 40MG/0.8 ( <i>adalimumab</i> )	Tier 1	SP, QL (2 ea / 24 days), PA
HUMIRA PEDIA INJ CROHNS ( <i>adalimumab</i> )	Tier 1	SP, QL (2 ea / 24 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEDIA INJ CROHNS ( <i>adalimumab</i> )	Tier 1	SP, QL (2 ea / 28 days), PA
HUMIRA PEN INJ 40/0.4ML ( <i>adalimumab</i> )	Tier 1	SP, QL (2 ea / 28 days), PA
HUMIRA PEN INJ 40MG/0.8 ( <i>adalimumab</i> )	Tier 1	SP, QL (2 ea / 24 days), PA
HUMIRA PEN INJ CD/UC/HS ( <i>adalimumab</i> )	Tier 1	SP, QL (2 ea / 24 days), PA
HUMIRA PEN INJ PS/UV ( <i>adalimumab</i> )	Tier 1	SP, QL (2 ea / 24 days), PA
HUMIRA PEN KIT CD/UC/HS ( <i>adalimumab</i> )	Tier 1	SP, QL (3 ea / 180 days), PA
HUMIRA PEN KIT PS/UV ( <i>adalimumab</i> )	Tier 1	SP, QL (3 ea / 180 days), PA

### **GOLD COMPOUNDS**

RIDAURA CAP 3MG ( <i>auranofin</i> )	Tier 1	
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### **INTERLEUKIN-6 RECEPTOR INHIBITORS**

KEVZARA INJ 150/1.14 ( <i>sarilumab</i> )	Tier 1	SP, PA
KEVZARA INJ 200/1.14 ( <i>sarilumab</i> )	Tier 1	SP, PA

### **NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**

<i>celecoxib cap 50 mg</i>	Tier 1	PA
<i>celecoxib cap 100 mg</i>	Tier 1	QL (120 ea / 30 days), PA
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 ea / 30 days), PA
<i>celecoxib cap 400 mg</i>	Tier 1	QL (120 ea / 30 days), PA
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>etodolac tab 400 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>etodolac tab 500 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>flurbiprofen tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>flurbiprofen tab 100 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>ibuprofen cap 200 mg</i> (Cvs Ibuprofen)	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen cap 200 mg</i> (Cvs Ibuprofen Liquid Fill)	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen cap 200 mg</i> (Ks Ibuprofen)	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen cap 200 mg</i> (Medi-profen)	Tier 1	OTC, QL (120 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibuprofen cap 200 mg (Motrin Ib)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen cap 200 mg (Ra Ibuprofen)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen cap 200 mg (Sm Ibuprofen)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen cap 200 mg (Tgt Ibuprofen)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen cap 200 mg (Wal-profen)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen chew tab 100 mg (Advil Junior Strength)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>ibuprofen chew tab 100 mg (Cvs Ibuprofen Junior Stre)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>ibuprofen chew tab 100 mg (Hm Ibuprofen Ib/junior St)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>ibuprofen chew tab 100 mg (Ibuprofen 100 Junior Stre)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>ibuprofen chew tab 100 mg (Sm Ibuprofen Ib)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>ibuprofen chew tab 100 mg (Tgt Ibuprofen Junior Stre)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>ibuprofen susp 40 mg/ml (Cvs Ibuprofen Infants)</i>	Tier 1	OTC, QL (4800 mL / 30 days)
<i>ibuprofen susp 40 mg/ml (Ibuprofen Infants)</i>	Tier 1	OTC, QL (4800 mL / 30 days)
<i>ibuprofen susp 40 mg/ml (Medi-profen)</i>	Tier 1	OTC, QL (4800 mL / 30 days)
<i>ibuprofen susp 40 mg/ml (Px Infants Profen Ib)</i>	Tier 1	OTC, QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml (Childrens Medi-profen)</i>	Tier 1	OTC, QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml (Cvs Childrens Ibuprofen)</i>	Tier 1	OTC, QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml (Eq Ibuprofen Childrens)</i>	Tier 1	OTC, QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml (Hyvee Ibuprofen Childrens)</i>	Tier 1	OTC, QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml (Ibuprofen Childrens)</i>	Tier 1	OTC, QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml (Px Childrens Profen Ib)</i>	Tier 1	OTC, QL (4800 mL / 30 days)
<i>ibuprofen tab 100 mg (Advil Junior Strength)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 100 mg (Sm Ibuprofen Jr)</i>	Tier 1	OTC, QL (120 ea / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibuprofen tab 200 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Addaprin)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Dyspel)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Eq Ibuprofen)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (EqI Ibuprofen)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Genpril)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Hm Ibuprofen)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Ibu-200)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (KIs Ibuprofen)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Medi-profen)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Motrin Ib)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Provil)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Px Ibuprofen)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Qc Ibuprofen Ib)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Ra Ibuprofen)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Ra Pain Relief Ibuprofen)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Sb Ibuprofen)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Sm Ibuprofen Ib)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg (Wal-profen)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 400 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>ibuprofen tab 400 mg (Ibu)</i>	Tier 1	QL (120 ea / 30 days)
<i>ibuprofen tab 600 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>ibuprofen tab 600 mg (Ibu)</i>	Tier 1	QL (120 ea / 30 days)
<i>ibuprofen tab 800 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>ibuprofen tab 800 mg (Ibu)</i>	Tier 1	QL (120 ea / 30 days)
<i>indomethacin cap 25 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>indomethacin cap 50 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QL (4 ea / day, max 5 day supply); Covered for ages 64 years old & under
<i>meloxicam tab 7.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>meloxicam tab 15 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>nabumetone tab 500 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>nabumetone tab 750 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>naproxen sodium tab 220 mg (All Day Pain Relief)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>naproxen sodium tab 220 mg (All Day Relief)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>naproxen sodium tab 220 mg (Cvs Naproxen Sodium)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>naproxen sodium tab 220 mg (Eq All Day Pain Relief)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>naproxen sodium tab 220 mg (Flanax Pain Relief)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>naproxen sodium tab 220 mg (Gnp Naproxen)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>naproxen sodium tab 220 mg (Kls Naproxen Sodium)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>naproxen sodium tab 220 mg (Mediproxen)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>naproxen sodium tab 220 mg (Pamprin All Day Maximum S)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>naproxen susp 125 mg/5ml</i>	Tier 1	QL (3000 mL / 30 days)
<i>naproxen tab 250 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>naproxen tab ec 375 mg (Naproxen Dr)</i>	Tier 1	QL (90 ea / 30 days)
<i>naproxen tab ec 500 mg (Naproxen Dr)</i>	Tier 1	QL (90 ea / 30 days)
<i>oxaprozin tab 600 mg</i>	Tier 1	QL (90 ea / 30 days), PA
<i>piroxicam cap 10 mg</i>	Tier 1	QL (120 ea / 30 days), PA
<i>piroxicam cap 20 mg</i>	Tier 1	QL (60 ea / 30 days), PA
<i>sulindac tab 150 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>sulindac tab 200 mg</i>	Tier 1	QL (90 ea / 30 days)
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>OTEZLA TAB 10/20/30 (apremilast)</i>	Tier 1	SP, PA
<i>OTEZLA TAB 30MG (apremilast)</i>	Tier 1	SP, PA
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>leflunomide tab 20 mg</i>	Tier 1	QL (30 ea / 30 days)
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25/0.5ML ( <i>etanercept</i> )	Tier 1	SP, QL (4 mL / 24 days), PA
ENBREL INJ 25MG ( <i>etanercept</i> )	Tier 1	SP, QL (4 ea / 24 days), PA
ENBREL INJ 50MG/ML ( <i>etanercept</i> )	Tier 1	SP, QL (4 mL / 24 days), PA
ENBREL MINI INJ 50MG/ML ( <i>etanercept</i> )	Tier 1	SP, QL (4 mL / 24 days), PA
ENBREL SRCLK INJ 50MG/ML ( <i>etanercept</i> )	Tier 1	SP, QL (4 mL / 24 days), PA

## **ANALGESICS - NONNARCOTIC**

### **ANALGESIC COMBINATIONS**

<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	QL (300 ea / 30 days); Covered for ages 64 years old & under
<i>butalbital-acetaminophen tab 50-325 mg</i> (Tencon)	Tier 1	QL (300 ea / 30 days); Covered for ages 64 years old & under
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> (Esgic)	Tier 1	QL (60 ea / 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> (Zebutal)	Tier 1	QL (60 ea / 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 64 years old & under

### **ANALGESICS OTHER**

<i>acetaminophen cap 500 mg</i> (Gnp Acetaminophen Extra S)	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen cap 500 mg</i> (Mapap)	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen cap 500 mg</i> (Pain Relief Extra Strengt)	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen cap 500 mg</i> (Sm Pain Reliever Extra St)	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen chew tab 80 mg</i> (Childrens Apap)	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 80 mg</i> (Childrens Medi-tabs)	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 80 mg</i> (Childrens Non-aspirin)	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 80 mg</i> (Childrens Tactinal)	Tier 1	OTC, QL (180 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetaminophen chew tab 80 mg (Cvs Childs Non-aspirin)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 80 mg (Eq Childrens Pain Relieve)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 80 mg (Mapap Childrens)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 80 mg (Sb Non-aspirin)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 160 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 160 mg (Chewable Acetaminophen Ch)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 160 mg (Eq Pain Reliever Junior)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 160 mg (Mapap Childrens)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 160 mg (Medi-tabs Junor Strength)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 160 mg (Sb Non-aspirin)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen disintegrating tab 80 mg (Acetaminophen Rapid Tabs)</i>	Tier 1	OTC, QL (1500 ea / 30 days)
<i>acetaminophen disintegrating tab 80 mg (Childrens Acetaminophen)</i>	Tier 1	OTC, QL (1500 ea / 30 days)
<i>acetaminophen disintegrating tab 80 mg (Childrens Pain Reliever)</i>	Tier 1	OTC, QL (1500 ea / 30 days)
<i>acetaminophen disintegrating tab 80 mg (Eq Acetaminophen Children)</i>	Tier 1	OTC, QL (1500 ea / 30 days)
<i>acetaminophen disintegrating tab 80 mg (Gnp Childrens Easy-melts)</i>	Tier 1	OTC, QL (1500 ea / 30 days)
<i>acetaminophen disintegrating tab 80 mg (Ra Acetaminophen Rapid Me)</i>	Tier 1	OTC, QL (1500 ea / 30 days)
<i>acetaminophen disintegrating tab 80 mg (Sb Childrens Non-aspirin)</i>	Tier 1	OTC, QL (1500 ea / 30 days)
<i>acetaminophen disintegrating tab 160 mg (Acetaminophen Junior Stre)</i>	Tier 1	OTC, QL (750 ea / 30 days)
<i>acetaminophen disintegrating tab 160 mg (Eq Acetaminophen Rapid T)</i>	Tier 1	OTC, QL (750 ea / 30 days)
<i>acetaminophen disintegrating tab 160 mg (Qc Non-aspirin Jr Strengt)</i>	Tier 1	OTC, QL (750 ea / 30 days)
<i>acetaminophen disintegrating tab 160 mg (Ra Acetaminophen Rapid Me)</i>	Tier 1	OTC, QL (750 ea / 30 days)
<i>acetaminophen disintegrating tab 160 mg (Sb Non-aspirin Jr Strengt)</i>	Tier 1	OTC, QL (750 ea / 30 days)
<i>acetaminophen disintegrating tab 160 mg (Sm Rapid Melts Junior)</i>	Tier 1	OTC, QL (750 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetaminophen elixir 160 mg/5ml (Medi-tabs Childrens)</i>	Tier 1	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen liquid 160 mg/5ml (Childrens Silapap)</i>	Tier 1	OTC
<i>acetaminophen liquid 160 mg/5ml (Ed-apap)</i>	Tier 1	OTC
<i>acetaminophen liquid 160 mg/5ml (Liquid Pain Relief)</i>	Tier 1	OTC
<i>acetaminophen liquid 160 mg/5ml (Little Remedies For Fever)</i>	Tier 1	OTC
<i>acetaminophen liquid 160 mg/5ml (M-pap)</i>	Tier 1	OTC
<i>acetaminophen liquid 167 mg/5ml (Chloraseptic Sore Throat)</i>	Tier 1	OTC
<i>acetaminophen liquid 167 mg/5ml (Cvs Acetaminophen)</i>	Tier 1	OTC
<i>acetaminophen liquid 167 mg/5ml (Eq Pain Relief Adult/rapi)</i>	Tier 1	OTC
<i>acetaminophen liquid 167 mg/5ml (Mapap Acetaminophen Extra)</i>	Tier 1	OTC
<i>acetaminophen liquid 167 mg/5ml (Pain Reliever)</i>	Tier 1	OTC
<i>acetaminophen soln 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen suppos 120 mg</i>	Tier 1	OTC, QL (1020 ea / 30 days)
<i>acetaminophen suppos 120 mg (Cvs Fever Reducing Childr)</i>	Tier 1	OTC, QL (1020 ea / 30 days)
<i>acetaminophen suppos 120 mg (Fever Reducer Childrens)</i>	Tier 1	OTC, QL (1020 ea / 30 days)
<i>acetaminophen suppos 120 mg (Feverall Childrens)</i>	Tier 1	OTC, QL (1020 ea / 30 days)
<i>acetaminophen suppos 120 mg (Pain Reliever/fever Reduc)</i>	Tier 1	OTC, QL (1020 ea / 30 days)
<i>acetaminophen suppos 650 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen suppos 650 mg (Feverall Adults)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen susp 160 mg/5ml (Acetaminophen Infants)</i>	Tier 1	OTC
<i>acetaminophen susp 160 mg/5ml (Betatemp Childrens)</i>	Tier 1	OTC
<i>acetaminophen susp 160 mg/5ml (Cvs Pain &amp; Fever Infants)</i>	Tier 1	OTC
<i>acetaminophen susp 160 mg/5ml (Hm Pain &amp; Fever Childrens)</i>	Tier 1	OTC
<i>acetaminophen susp 160 mg/5ml (Nortemp)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetaminophen susp 160 mg/5ml (Pain &amp; Fever Childrens)</i>	Tier 1	OTC
<i>acetaminophen susp 160 mg/5ml (Pediicare Infants)</i>	Tier 1	OTC
<i>acetaminophen susp 160 mg/5ml (Qc Pain Relief Infants)</i>	Tier 1	OTC
<i>acetaminophen susp 160 mg/5ml (Ra Childrens Non-aspirin)</i>	Tier 1	OTC
<i>acetaminophen susp 160 mg/5ml (Ra Fever Reducer/pain Rel)</i>	Tier 1	OTC
<i>acetaminophen susp 160 mg/5ml (Sb Pain Reliever Children)</i>	Tier 1	OTC
<i>acetaminophen tab 325 mg</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 325 mg (Aminofen)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 325 mg (Eq Acetaminophen)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 325 mg (Eq1 Acetaminophen)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 325 mg (Gnp Acetaminophen)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 325 mg (Mapap)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 325 mg (Meijer Aspirin Free)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 325 mg (Non-aspirin Pain Relief)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 325 mg (Pain &amp; Fever)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 325 mg (Pain Relief Regular Stren)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 325 mg (Pain Reliever)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 325 mg (Pharbetol)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 325 mg (Ra Acetaminophen)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 325 mg (Sm Pain Reliever)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 325 mg (Tactinal)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 500 mg</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Acetaminophen Extra Stren)</i>	Tier 1	OTC, QL (240 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetaminophen tab 500 mg (Aminofen)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Cvs Pain Relief Extra Str)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Eq Acetaminophen Extra St)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Eq Pain Reliever)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Eq Acetaminophen Extra S)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Healthy Mama Shake That A)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Kls Rapid Release Pain Re)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Mapap)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Medi-tabs Extra Strength)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Non-aspirin Extra Strengt)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Pain &amp; Fever Extra Streng)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Pain Reliever Extra Stren)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Pharbetol Extra Strength)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Qc Non-aspirin Extra Stre)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Sm Pain Relief Extra Stre)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Tactinal Extra Strength)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab 500 mg (Tgt Acetaminophen Extra S)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab er 650 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen tab er 650 mg (Cvs 8hr Arthritis Pain Re)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen tab er 650 mg (Cvs 8hr Muscle Aches &amp; Pa)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen tab er 650 mg (Cvs Pain Relief 8 Hour)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen tab er 650 mg (Eq Arthritis Pain Relief)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen tab er 650 mg (Hm Arthritis Pain Relief)</i>	Tier 1	OTC, QL (180 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetaminophen tab er 650 mg (Hm Pain Relief)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen tab er 650 mg (8 Hr Arthritis Pain Relie)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen tab er 650 mg (8hr Muscle Aches &amp; Pain)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen tab er 650 mg (Mapap Arthritis Pain)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen tab er 650 mg (Midol)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen tab er 650 mg (Qc Acetaminophen 8 Hours)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen tab er 650 mg (Qc Non-aspirin 8 Hour)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen tab er 650 mg (Sb Arthritis Pain Relief)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen tab er 650 mg (Sm Pain Reliever Extra St)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>FEVERALL INF SUP 80MG (acetaminophen)</i>	Tier 1	OTC, QL (1500 ea / 30 days)

### **SALICYLATES**

<i>aspirin chew tab 81 mg (Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Aspirin 81 Low Dose)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Aspirin Low Dose)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Bayer Chewable Low Dose)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Childrens Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Childrens Aspirin Low Str)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Eq Childrens Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Eq Aspirin Low Dose)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Gnp Adult Aspirin Low Str)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Hm Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Px Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Qc Childrens Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Ra Aspirin Adult Low Dose)</i>	Tier 1	OTC, QL (30 ea / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aspirin chew tab 81 mg (Ra Aspirin Childrens)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Ra Childrens Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Sb Childrens Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Sm Aspirin Adult Low Stre)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Sm Childrens Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (St Joseph Low Dose Aspiri)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Tgt Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin chew tab 81 mg (Tgt Childrens Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab 325 mg (Aspirin Adult)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab 325 mg (Bayer Advanced Aspirin Re)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab 325 mg (Bayer Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab 325 mg (Cvs Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab 325 mg (Eq Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab 325 mg (Eq Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab 325 mg (Gnp Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab 325 mg (Hm Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab 325 mg (Medique Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab 325 mg (Mm Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab 325 mg (Norwich Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab 325 mg (Px Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab 325 mg (Qc Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab 325 mg (Ra Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab 325 mg (Sb Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aspirin tab 325 mg (Sm Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab 325 mg (Tgt Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 81 mg</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Aspir-low)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Aspirin Adult Low Dose)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Aspirin Low Dose)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Bayer Aspirin Ec Low Dose)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Bayer Low Dose)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Cvs Aspirin Low Dose)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Cvs Aspirin Low Strength)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Ecotrin Low Strength)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Gnp Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Gnp Aspirin Low Dose)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (H-e-b Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Kls Aspirin Low Dose)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Kp Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Miniprin Low Dose)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Px Enteric Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Ra Aspirin Ec Adult Low S)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Sm Aspirin Adult Low Stre)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (St Joseph Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 81 mg (Tgt Aspirin)</i>	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aspirin tab delayed release 81 mg (Tgt Aspirin Low Dose)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 325 mg</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Aspirin Ec)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Aspirin Ec)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Bayer Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Cvs Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Ecotrin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Ecpirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Eq Aspirin Ec)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Eq Aspirin Ec)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Gnp Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Kls Aspirin Ec)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Px Enteric Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Qc Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Qc Enteric Aspirin)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Ra Aspirin Ec)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Sb Aspirin Ec)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 325 mg (Sm Aspirin Enteric Coated)</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>salsalate tab 500 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>salsalate tab 750 mg</i>	Tier 1	QL (120 ea / 30 days)

## **ANALGESICS - OPIOID**

### **OPIOID AGONISTS**

CODEINE SULF TAB 60MG	Tier 1	QL (240 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>codeine sulfate tab 30 mg</i>	Tier 1	QL (360 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	QL (10 ea / 30 days), PA; MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	QL (10 ea / 30 days), PA; MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	QL (10 ea / 30 days), PA; MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	QL (10 ea / 30 days), PA; MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	QL (10 ea / 30 days), PA; MED
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (360 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QL (360 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>meperidine hcl oral soln 50 mg/5ml</i>	Tier 1	QL (500 mL / 25 days), PA; MED; Max 7 day supply for initial fill or PA required; Covered for ages 64 years old & under
<i>meperidine hcl tab 50 mg</i>	Tier 1	QL (300 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required; Covered for ages 64 years old & under
<i>meperidine hcl tab 100 mg</i>	Tier 1	QL (240 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required; Covered for ages 64 years old & under
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	PA; MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	PA; MED; Max 7 day supply for initial fill or PA required

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone hcl tab 30 mg</i>	Tier 1	PA; QL (max quantity 90 per fill, max 1 fill per 90 days); MED; Max 7 day supply for initial fill or PA required
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (240 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required

### **OPIOID COMBINATIONS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	QL (3750 mL / 25 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QL (3750 mL / 25 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 5-325 mg (Lorcet)</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone-acetaminophen tab 7.5-325 mg (Lorcet Plus)</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 10-325 mg (Lorcet Hd)</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 5-325 mg (Endocet)</i>	Tier 1	QL (240 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 10-325 mg (Endocet)</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required

## **ANDROGENS-ANABOLIC**

### **ANDROGENS - DRUGS TO REGULATE MALE HORMONES**

<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	

## **ANORECTAL AGENTS**

### **INTRARECTAL STEROIDS**

<i>hydrocortisone enema 100 mg/60ml</i>	Tier 1	QL (1680 mL / 25 days)
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**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **SP** - Specialty  
**OTC** - Over the counter    **AGE** - Age Limit    **MED** - Max 90 mg Morphine Equivalent Dose  
Per Day

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 1	QL (1680 mL / 28 days)
<i>hydrocortisone enema 100 mg/60ml (Colocort)</i>	Tier 1	QL (1680 mL / 25 days)

### **RECTAL COMBINATIONS**

<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i>	Tier 1	OTC
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15% (Cvs Hemorrhoidal)</i>	Tier 1	OTC
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15% (Eq Hemorrhoidal Maximum S)</i>	Tier 1	OTC
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15% (Px Hemorrhoidal)</i>	Tier 1	OTC
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15% (Qc Hemorrhoidal Maximum F)</i>	Tier 1	OTC
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15% (Ra Hemorrhoidal)</i>	Tier 1	OTC

### **RECTAL LOCAL ANESTHETICS**

<i>dibucaine rectal ointment 1%</i>	Tier 1	OTC
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### **RECTAL STEROIDS**

<i>hydrocortisone rectal cream 2.5%</i>	Tier 1	
<i>hydrocortisone rectal cream 2.5% (Procto-med Hc)</i>	Tier 1	
<i>hydrocortisone rectal cream 2.5% (Proctosol Hc)</i>	Tier 1	
<i>hydrocortisone rectal cream 2.5% (Proctozone-hc)</i>	Tier 1	

### **ANTACIDS**

#### **ANTACID COMBINATIONS**

<i>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg (Mintox Plus)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Almacone)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid Fast Acting)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid Fast Relief)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid I)</i>	Tier 1	OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid Liquid)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid M)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid Plus Anti-gas Fas)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid Regular Strength)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid/anti-gas)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Comfort Gel)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Comfort Gel Antacid&amp; Anti)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Cvs Antacid/anti-gas Liq)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Eq Antacid)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Eq Antacid/anti-gas)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Eq1 Antacid/anti-gas)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Geri-lanta)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Geri-mox)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Gnp Antacid &amp; Anti-gas/re)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Gnp Antacid Anti-gas)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Gnp Antacid/regular Stren)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Hm Antacid)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Hm Antacid/antigas)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Mag-al Plus)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Mi-acid)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Milantex)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Mintox Regular Strength)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Px Antacid Regular Streng)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Qc Antacid)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Qc Antacid/anti-gas)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Ra Antacid/anti-gas)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Ra Liquid Antacid)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Rulox)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Sb Antacid Anti-gas)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Sm Antacid Advanced)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Sm Antacid Anti-gas)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Sm Antacid/antigas)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Tgt Antacid Anti-gas Regu)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Almacone Double Strength)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid + Anti-gas Liquid)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid Advanced)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid Anti-gas Maximum)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid Extra Strength An)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid Iii)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid Maximum Strength)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid Plus Anti-gas Rel)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid/simethicone Doubl)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Comfort Gel Antacid Anti-)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Cvs Antacid Plus Antigas)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Cvs Antacid/anti-gas)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Eq Antacid Maximum Streng)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Eq Antacid Advanced Maxi)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Fast Acting Antacid Plus)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Gnp Antacid And Anti-gas/)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Gnp Antacid Anti-gas/maxi)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Hm Advanced Antacid Maxim)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Hm Antacid Anti-gas Extra)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Maalox Max)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Maalox Multi Symptom Maxi)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Mag-al Plus Xs)</i>	Tier 1	OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Meijer Antacid Maximum St)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Mi-acid Maximum Strength)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Milantex Extra Strength)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Mintox Maximum Strength)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Mylanta Maximum Strength)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Px Antacid Maximum Streng)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Qc Antacid/anti-gas Maxim)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Ra Antacid/antigas Maximu)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Ra Antacid/gas Relief Max)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Sm Antacid Advanced Maxi)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Sm Antacid Maximum Streng)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Acid Gone)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Cvs Heartburn Relief)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Eq Antacid Extra Strength)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Gnp Antacid Extra Strengt)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Heartburn Antacid Extra S)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Qc Heartburn Antacid)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml (Acid Gone)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml (Gavis-care)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml (Gnp Foaming Antacid)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg (Gnp Foaming Antacid)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg (Sm Foaming Antacid)</i>	Tier 1	OTC
<b>ANTACIDS - BICARBONATE</b>		
<i>sodium bicarbonate tab 325 mg</i>	Tier 1	OTC
<i>sodium bicarbonate tab 650 mg</i>	Tier 1	OTC
<b>ANTACIDS - CALCIUM SALTS</b>		
<i>calcium carb tab 648mg</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 400 mg (Childrens Pepto)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 400 mg (Maalox Childrens)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg (Antacid)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg (Cal-gest Antacid)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg (EqI Antacid)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg (Healthy Mama Tame The Fla)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg (Hm Calcium Antacid)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg (Qc Antacid)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg (Ra Antacid)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg (Sm Calcium Antacid)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg (Antacid Flavor Chews)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg (Cvs Antacid Kids)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium carbonate (antacid) chew tab 750 mg (Cvs Chewy Not Chalky Flav)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg (Cvs Smooth Antacid Extra)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg (Eq Antacid Extra Strength)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg (Eq Antacid Extra Strengt)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg (Gnp Antacid Extra Strengt)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg (Hm Calcium Antacid Smooth)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg (Sm Calcium Antacid Extra)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg (Tums Smoothies)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg (Antacid Maximum)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg (Antacid Ultra Strength)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg (Calcium Antacid Ultra Str)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg (Eq Antacid Ultra Strength)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg (Eq Antacid Ultra Strengt)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg (Gnp Antacid Ultra Strengt)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg (Hm Calcium Antacid Ultra)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg (Px Antacid Maximum Streng)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg (Ra Antacid Ultra Strength)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg (Tgt Antacid)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 1	OTC

### **ANTACIDS - MAGNESIUM SALTS**

<i>magnesium oxide tab 250 mg (Qc Magnesium)</i>	Tier 1	OTC
<i>magnesium oxide tab 400 mg</i>	Tier 1	OTC
<i>magnesium oxide tab 400 mg (Hm Magnesium)</i>	Tier 1	OTC

### **ANTHELMINTICS**

#### **ANTHELMINTICS**

<i>albendazole tab 200 mg</i>	Tier 1	PA
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**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy   **SP** - Specialty  
**OTC** - Over the counter   **AGE** - Age Limit   **MED** - Max 90 mg Morphine Equivalent Dose  
Per Day

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ivermectin tab 3 mg</i>	Tier 1	QL (300 ea / 30 days)
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>metronidazole tab 250 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>metronidazole tab 500 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>trimethoprim tab 100 mg</i>	Tier 1	QL (180 ea / 30 days)
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (Sulfatrim Pediatric)</i>	Tier 1	QL (1200 mL / 30 days)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	QL (120 ea / 30 days)
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone susp 750 mg/5ml</i>	Tier 1	
<b>GLYCOPEPTIDES</b>		
<i>FIRVANQ SOL 25MG/ML (vancomycin hcl)</i>	Tier 1	QL (1200 mL / 30 days)
<i>FIRVANQ SOL 50MG/ML (vancomycin hcl)</i>	Tier 1	QL (1200 mL / 30 days)
<b>LEPROSTATICS</b>		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>clindamycin hcl cap 300 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	Covered for ages 18 years old & under
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	PA
<i>linezolid tab 600 mg</i>	Tier 1	PA
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of beta blocker/calcium channel blockers and long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of beta blocker/calcium channel blockers and long-acting nitrate

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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**NITRATES - DRUGS TO TREAT HEART CONDITIONS**

<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.1 mg/hr (Minitran)</i>	Tier 1	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.2 mg/hr (Minitran)</i>	Tier 1	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.4 mg/hr (Minitran)</i>	Tier 1	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)</i>	Tier 1	QL (30 ea / 30 days)

**ANTIANSXIETY AGENTS**

**ANTIANSXIETY AGENTS - MISC.**

<i>buspirone hcl tab 5 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 6 years old & over
<i>buspirone hcl tab 10 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 6 years old & over
<i>buspirone hcl tab 15 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 6 years old & over
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 64 years old & under



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under

### ***BENZODIAZEPINES***

<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 18 years old & over
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 18 years old & over
<i>alprazolam tab 1 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 18 years old & over
<i>alprazolam tab 2 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 18 years old & over
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 6 - 64 years old
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>diazepam conc 5 mg/ml</i>	Tier 1	QL (90 mL / 30 days), PA; Covered for ages 64 years old & under

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	QL (120 mL / 30 days); Covered for ages 64 years old & under
<i>diazepam tab 2 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>diazepam tab 5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>diazepam tab 10 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QL (90 mL / 30 days); Covered for ages 12 years old & over
<i>lorazepam tab 0.5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 12 years old & over
<i>lorazepam tab 1 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 12 years old & over
<i>lorazepam tab 2 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 12 years old & over
<i>oxazepam cap 10 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 years old & over
<i>oxazepam cap 15 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 years old & over
<i>oxazepam cap 30 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 6 years old & over

## **ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM**

### **ANTIARRHYTHMICS TYPE I-A**

<i>disopyramide phosphate cap 100 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	QL (150 ea / 30 days); Covered for ages 64 years old & under
<i>quinidine sulfate tab 300 mg</i>	Tier 1	QL (240 ea / 30 days)

### **ANTIARRHYTHMICS TYPE I-B**

<i>mexiletine hcl cap 150 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>mexiletine hcl cap 200 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>mexiletine hcl cap 250 mg</i>	Tier 1	QL (180 ea / 30 days)

### **ANTIARRHYTHMICS TYPE I-C**

<i>flecainide acetate tab 50 mg</i>	Tier 1	QL (210 ea / 30 days)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>flecainide acetate tab 100 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>flecainide acetate tab 150 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>propafenone hcl tab 150 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>propafenone hcl tab 225 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>propafenone hcl tab 300 mg</i>	Tier 1	QL (90 ea / 30 days)

### **ANTIARRHYTHMICS TYPE III**

<i>amiodarone hcl tab 200 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>amiodarone hcl tab 200 mg (Pacerone)</i>	Tier 1	QL (120 ea / 30 days)

## **ANTIASTHMATIC AND BRONCHODILATOR AGENTS**

### **ANTI-INFLAMMATORY AGENTS**

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1	QL (780 mL / 30 days)
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### **ANTIASTHMATIC - MONOCLONAL ANTIBODIES**

<i>XOLAIR INJ 75/0.5 (omalizumab)</i>	Tier 1	SP, QL (2.5 mL / 24 days), PA
<i>XOLAIR INJ 150MG/ML (omalizumab)</i>	Tier 1	SP, QL (5 mL / 24 days), PA
<i>XOLAIR SOL 150MG (omalizumab)</i>	Tier 1	SP, QL (5 ea / 24 days), PA

### **BRONCHODILATORS - ANTICHOLINERGICS**

<i>ATROVENT HFA AER 17MCG (ipratropium bromide hfa)</i>	Tier 1	QL (12.9 gm / 25 days)
<i>INCRUSE ELPT INH 62.5MCG (umeclidinium bromide)</i>	Tier 1	QL (30 ea / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (300 mL / 30 days)

### **LEUKOTRIENE MODULATORS**

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)

### **STEROID INHALANTS - DRUGS TO TREAT ASTHMA**

<i>ARNUITY ELPT INH 50MCG (fluticasone furoate (inhalation))</i>	Tier 1	QL (30 ea / 30 days)
<i>ARNUITY ELPT INH 100MCG (fluticasone furoate (inhalation))</i>	Tier 1	QL (30 ea / 30 days)
<i>ARNUITY ELPT INH 200MCG (fluticasone furoate (inhalation))</i>	Tier 1	QL (30 ea / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 1	QL (120 mL / 30 days); Covered for ages 9 years old & under
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 1	QL (120 mL / 30 days); Covered for ages 9 years old & under

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLOVENT HFA AER 44MCG ( <i>fluticasone propionate hfa</i> )	Tier 1	QL (10.6 gm / 30 days); Covered for ages 11 years old & under
FLOVENT HFA AER 110MCG ( <i>fluticasone propionate hfa</i> )	Tier 1	QL (12 gm / 30 days); Covered for ages 11 years old & under
QVAR REDIHA AER 80MCG ( <i>beclomethasone dipropionate hfa</i> )	Tier 1	QL (10.6 gm / 30 days)
QVAR REDIHAL AER 40MCG ( <i>beclomethasone dipropionate hfa</i> )	Tier 1	QL (10.6 gm / 30 days)

### **SYMPATHOMIMETICS**

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (18 gm / 25 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (8.5 gm / 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	QL (150 ea / 30 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL / 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (225 mL / 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (150 mL / 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	QL (4500 mL / 30 days)
<i>albuterol sulfate tab 4 mg</i>	Tier 1	QL (240 ea / 30 days)
ANORO ELLIPT AER 62.5-25 ( <i>umeclidinium-vilanterol</i> )	Tier 1	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Tier 1	QL (1 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i>	Tier 1	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Wixela Inhub)</i>	Tier 1	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Tier 1	QL (1 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Tier 1	QL (1 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i>	Tier 1	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Wixela Inhub)</i>	Tier 1	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i>	Tier 1	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Wixela Inhub)</i>	Tier 1	QL (60 ea / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (360 mL / 30 days)
STRIVERDI AER 2.5MCG ( <i>olodaterol hcl</i> )	Tier 1	QL (60 gm / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMBICORT AER 80-4.5 ( <i>budesonide-formoterol fumarate dihydrate</i> )	Tier 1	QL (10.2 gm / 25 days); Covered for ages 11 years old & under
SYMBICORT AER 160-4.5 ( <i>budesonide-formoterol fumarate dihydrate</i> )	Tier 1	QL (10.2 gm / 25 days); Covered for ages 11 years old & under
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	QL (180 ea / 30 days)
VENTOLIN HFA AER ( <i>albuterol sulfate</i> )	Tier 1	QL (18.6 gm / 30 days)
VENTOLIN HFA AER ( <i>albuterol sulfate</i> )	Tier 1	QL (36 gm / 51 days)

### **XANTHINES - DRUGS TO TREAT COPD**

<i>theophylline soln 80 mg/15ml</i>	Tier 1	
<i>theophylline tab er 12hr 100 mg (Theochron)</i>	Tier 1	QL (120 ea / 30 days)
<i>theophylline tab er 12hr 200 mg (Theochron)</i>	Tier 1	QL (120 ea / 30 days)
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>theophylline tab er 12hr 300 mg (Theochron)</i>	Tier 1	QL (120 ea / 30 days)
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	QL (90 ea / 30 days)

### **ANTICOAGULANTS - BLOOD THINNERS**

#### **COUMARIN ANTICOAGULANTS**

COUMADIN TAB 1MG ( <i>warfarin sodium</i> )	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 2.5MG ( <i>warfarin sodium</i> )	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 2MG ( <i>warfarin sodium</i> )	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 3MG ( <i>warfarin sodium</i> )	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 4MG ( <i>warfarin sodium</i> )	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 5MG ( <i>warfarin sodium</i> )	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 6MG ( <i>warfarin sodium</i> )	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 7.5MG ( <i>warfarin sodium</i> )	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 10MG ( <i>warfarin sodium</i> )	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 1 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 1 mg (Jantoven)</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 2 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 2 mg (Jantoven)</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 2.5 mg (Jantoven)</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 3 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 3 mg (Jantoven)</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 4 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 4 mg (Jantoven)</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 5 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 5 mg (Jantoven)</i>	Tier 1	QL (300 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>warfarin sodium tab 6 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 6 mg (Jantoven)</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 7.5 mg (Jantoven)</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 10 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 10 mg (Jantoven)</i>	Tier 1	QL (300 ea / 30 days)

### **DIRECT FACTOR XA INHIBITORS**

XARELTO STAR TAB 15/20MG ( <i>rivaroxaban</i> )	Tier 1	PA
XARELTO TAB 10MG ( <i>rivaroxaban</i> )	Tier 1	QL (30 ea / 30 days), PA
XARELTO TAB 15MG ( <i>rivaroxaban</i> )	Tier 1	QL (60 ea / 30 days), PA
XARELTO TAB 20MG ( <i>rivaroxaban</i> )	Tier 1	QL (30 ea / 30 days), PA

### **HEPARINS AND HEPARINOID-LIKE AGENTS**

<i>enoxaparin sodium inj 30 mg/0.3ml</i>	Tier 1	SP, QL (4.2 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	Tier 1	SP, QL (5.6 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	Tier 1	SP, QL (8.4 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	Tier 1	SP, QL (11.2 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 100 mg/ml</i>	Tier 1	SP, QL (14 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	Tier 1	SP, QL (11.2 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 150 mg/ml</i>	Tier 1	SP, QL (14 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 1	SP; QL (max 7 day supply per 180 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 1	SP, PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 1	PA
FRAGMIN INJ 2500/0.2 ( <i>dalteparin sodium</i> )	Tier 1	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FRAGMIN INJ 5000/0.2 ( <i>dalteparin sodium</i> )	Tier 1	SP, PA
FRAGMIN INJ 7500/0.3 ( <i>dalteparin sodium</i> )	Tier 1	SP, PA
FRAGMIN INJ 10000/ML ( <i>dalteparin sodium</i> )	Tier 1	SP, PA
FRAGMIN INJ 12500UNT ( <i>dalteparin sodium</i> )	Tier 1	SP, PA
FRAGMIN INJ 15000UNT ( <i>dalteparin sodium</i> )	Tier 1	SP, PA
FRAGMIN INJ 18000UNT ( <i>dalteparin sodium</i> )	Tier 1	SP, PA

## **ANTICONVULSANTS - DRUGS TO TREAT SEIZURES**

### **ANTICONVULSANTS - BENZODIAZEPINES**

<i>clobazam tab 10 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>clobazam tab 20 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>clonazepam tab 0.5 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>clonazepam tab 1 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>clonazepam tab 2 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 1	QL (2 ea / 25 days)
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	QL (2 ea / 25 days)
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	QL (2 ea / 25 days)

### **ANTICONVULSANTS - MISC.**

BANZEL SUS 40MG/ML ( <i>rufinamide</i> )	Tier 1	QL (2400 mL / 30 days)
BANZEL TAB 200MG ( <i>rufinamide</i> )	Tier 1	QL (480 ea / 30 days)
BANZEL TAB 400MG ( <i>rufinamide</i> )	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine chew tab 100 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>carbamazepine tab 200 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine tab 200 mg (Eitol)</i>	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	QL (240 ea / 30 days)
CARBATROL CAP 100MG ( <i>carbamazepine</i> )	Tier 1	QL (240 ea / 30 days)
CARBATROL CAP 200MG ( <i>carbamazepine</i> )	Tier 1	QL (240 ea / 30 days)
CARBATROL CAP 300MG ( <i>carbamazepine</i> )	Tier 1	QL (240 ea / 30 days)
<i>gabapentin cap 100 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>gabapentin cap 300 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>gabapentin cap 400 mg</i>	Tier 1	QL (270 ea / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	
<i>gabapentin tab 600 mg</i>	Tier 1	QL (180 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gabapentin tab 800 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>lamotrigine tab 25 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>lamotrigine tab 25 mg (Subvenite)</i>	Tier 1	QL (300 ea / 30 days)
<i>lamotrigine tab 100 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>lamotrigine tab 100 mg (Subvenite)</i>	Tier 1	QL (240 ea / 30 days)
<i>lamotrigine tab 150 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>lamotrigine tab 150 mg (Subvenite)</i>	Tier 1	QL (120 ea / 30 days)
<i>lamotrigine tab 200 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>lamotrigine tab 200 mg (Subvenite)</i>	Tier 1	QL (120 ea / 30 days)
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	QL (900 mL / 30 days)
<i>levetiracetam tab 250 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>levetiracetam tab 500 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>levetiracetam tab 500 mg (Roweepra)</i>	Tier 1	QL (180 ea / 30 days)
<i>levetiracetam tab 750 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>levetiracetam tab 750 mg (Roweepra)</i>	Tier 1	QL (120 ea / 30 days)
<i>levetiracetam tab 1000 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>levetiracetam tab 1000 mg (Roweepra)</i>	Tier 1	QL (90 ea / 30 days)
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>levetiracetam tab er 24hr 500 mg (Roweepra Xr)</i>	Tier 1	QL (180 ea / 30 days)
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>levetiracetam tab er 24hr 750 mg (Roweepra Xr)</i>	Tier 1	QL (120 ea / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	QL (500 mL / 30 days)
<i>oxcarbazepine tab 150 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>oxcarbazepine tab 300 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>oxcarbazepine tab 600 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>pregabalin cap 25 mg</i>	Tier 1	QL (90 ea / 30 days), PA
<i>pregabalin cap 50 mg</i>	Tier 1	QL (180 ea / 30 days), PA
<i>pregabalin cap 75 mg</i>	Tier 1	QL (240 ea / 30 days), PA
<i>pregabalin cap 100 mg</i>	Tier 1	QL (90 ea / 30 days), PA
<i>pregabalin cap 150 mg</i>	Tier 1	QL (90 ea / 30 days), PA
<i>pregabalin cap 200 mg</i>	Tier 1	QL (90 ea / 30 days), PA
<i>pregabalin cap 225 mg</i>	Tier 1	QL (60 ea / 30 days), PA
<i>pregabalin cap 300 mg</i>	Tier 1	QL (60 ea / 30 days), PA
<i>primidone tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>primidone tab 250 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>TEGRETOL SUS 100/5ML (carbamazepine)</i>	Tier 1	QL (1800 mL / 30 days)
<i>TEGRETOL TAB 200MG (carbamazepine)</i>	Tier 1	QL (240 ea / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TEGRETOL-XR TAB 100MG ( <i>carbamazepine</i> )	Tier 1	QL (240 ea / 30 days)
TEGRETOL-XR TAB 200MG ( <i>carbamazepine</i> )	Tier 1	QL (240 ea / 30 days)
TEGRETOL-XR TAB 400MG ( <i>carbamazepine</i> )	Tier 1	QL (240 ea / 30 days)
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>topiramate tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>topiramate tab 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>topiramate tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>topiramate tab 200 mg</i>	Tier 1	QL (60 ea / 30 days)
VIMPAT SOL 10MG/ML ( <i>lacosamide</i> )	Tier 1	QL (600 mL / 30 days)
VIMPAT TAB 50MG ( <i>lacosamide</i> )	Tier 1	QL (60 ea / 30 days)
VIMPAT TAB 100MG ( <i>lacosamide</i> )	Tier 1	QL (60 ea / 30 days)
VIMPAT TAB 150MG ( <i>lacosamide</i> )	Tier 1	QL (60 ea / 30 days)
VIMPAT TAB 200MG ( <i>lacosamide</i> )	Tier 1	QL (60 ea / 30 days)
<i>zonisamide cap 25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>zonisamide cap 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>zonisamide cap 100 mg</i>	Tier 1	QL (180 ea / 30 days)
<b>GABA MODULATORS</b>		
<i>tiagabine hcl tab 2 mg</i>	Tier 1	QL (840 ea / 30 days)
<i>tiagabine hcl tab 4 mg</i>	Tier 1	QL (420 ea / 30 days)
<i>vigabatrin powd pack 500 mg</i>	Tier 1	SP, QL (180 ea / 30 days)
<i>vigabatrin powd pack 500 mg (Vigadrone)</i>	Tier 1	SP, QL (180 ea / 30 days)
<i>vigabatrin tab 500 mg</i>	Tier 1	SP, QL (180 ea / 30 days)
<b>HYDANTOINS</b>		
DILANTIN CAP 30MG ( <i>phenytoin sodium extended</i> )	Tier 1	QL (180 ea / 30 days)
DILANTIN CAP 100MG ( <i>phenytoin sodium extended</i> )	Tier 1	QL (180 ea / 30 days)
DILANTIN CHW 50MG ( <i>phenytoin</i> )	Tier 1	QL (150 ea / 30 days)
DILANTIN-125 SUS 125/5ML ( <i>phenytoin</i> )	Tier 1	QL (600 mL / 30 days)
<i>phenytoin chew tab 50 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	QL (600 mL / 30 days)
<b>SUCCINIMIDES</b>		
<i>ethosuximide cap 250 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	QL (900 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VALPROIC ACID</b>		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	QL (450 ea / 30 days)
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	QL (3000 mL / 30 days)
<i>valproic acid cap 250 mg</i>	Tier 1	QL (600 ea / 30 days)

### **ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION**

#### **ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

<i>mirtazapine tab 15 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>mirtazapine tab 30 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>mirtazapine tab 45 mg</i>	Tier 1	QL (30 ea / 30 days)

#### **ANTIDEPRESSANTS - MISC.**

<i>bupropion hcl tab 75 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>bupropion hcl tab 100 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>maprotiline hcl tab 25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>maprotiline hcl tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>maprotiline hcl tab 75 mg</i>	Tier 1	QL (90 ea / 30 days)

#### **SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**

<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	QL (600 mL / 30 days)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	QL (60 ea / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	QL (60 ea / 30 days)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>paroxetine hcl tab 10 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>paroxetine hcl tab 20 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>paroxetine hcl tab 30 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>paroxetine hcl tab 40 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	
<i>sertraline hcl tab 25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>sertraline hcl tab 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sertraline hcl tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)

### **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)</i>	Tier 1	QL (60 ea / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	QL (60 ea / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	QL (60 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	QL (90 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	QL (90 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl tab 10 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>clomipramine hcl cap 25 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>clomipramine hcl cap 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>clomipramine hcl cap 75 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>desipramine hcl tab 10 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>desipramine hcl tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>desipramine hcl tab 50 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>desipramine hcl tab 75 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>desipramine hcl tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>desipramine hcl tab 150 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>doxepin hcl cap 10 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl cap 25 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl cap 50 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl cap 75 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl cap 100 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl cap 150 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 64 years old & under

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	QL (900 mL / 30 days); Covered for ages 64 years old & under
<i>imipramine hcl tab 10 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>imipramine hcl tab 25 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>imipramine hcl tab 50 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>protriptyline hcl tab 5 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>protriptyline hcl tab 10 mg</i>	Tier 1	QL (240 ea / 30 days)

## **ANTIDIABETICS**

### **ALPHA-GLUCOSIDASE INHIBITORS**

<i>acarbose tab 25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>acarbose tab 50 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>acarbose tab 100 mg</i>	Tier 1	QL (120 ea / 30 days)

### **ANTIDIABETIC - AMYLIN ANALOGS**

SYMLINPEN 60 INJ 1000MCG ( <i>pramlintide acetate</i> )	Tier 1	PA
SYMLNPEN 120 INJ 1000MCG ( <i>pramlintide acetate</i> )	Tier 1	PA

### **ANTIDIABETIC COMBINATIONS**

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	QL (120 ea / 30 days)
SEGLUROMET TAB 2.5-500 ( <i>ertugliflozin-metformin hcl</i> )	Tier 1	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 2.5-1000 ( <i>ertugliflozin-metformin hcl</i> )	Tier 1	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 7.5-500 ( <i>ertugliflozin-metformin hcl</i> )	Tier 1	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 7.5-1000 ( <i>ertugliflozin-metformin hcl</i> )	Tier 1	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination

### **BIGUANIDES**

<i>metformin hcl tab 500 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>metformin hcl tab 850 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>metformin hcl tab 1000 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	QL (120 ea / 30 days)

### **DIABETIC OTHER**

BAQSIMI ONE POW 3MG/DOSE ( <i>glucagon</i> )	Tier 1	QL (2 ea / 25 days)
BAQSIMI TWO POW 3MG/DOSE ( <i>glucagon</i> )	Tier 1	QL (2 ea / 25 days)
GLUCAGON KIT 1MG ( <i>glucagon (rdna)</i> )	Tier 1	QL (2 ea / 25 days)
GLUCOSE CHEW TABS ( <i>glucose-vitamin c</i> )	Tier 1	OTC

### **DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination

### **INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)**

<i>OZEMPIC INJ 2/1.5ML (semaglutide)</i>	Tier 1	PA
<i>VICTOZA INJ 18MG/3ML (liraglutide)</i>	Tier 1	PA

### **INSULIN**

<i>ADMELOG INJ 100U/ML (insulin lispro)</i>	Tier 1	QL (30 mL / 30 days)
<i>ADMELOG SOLO INJ 100U/ML (insulin lispro)</i>	Tier 1	QL (30 mL / 30 days); Covered for ages 18 years old & under
<i>BASAGLAR INJ 100UNIT (insulin glargine)</i>	Tier 1	QL (30 mL / 25 days)
<i>HUMALOG MIX INJ 50/50 (insulin lispro protamine &amp; lispro)</i>	Tier 1	QL (30 mL / 25 days)
<i>HUMALOG MIX INJ 50/50KWP (insulin lispro protamine &amp; lispro)</i>	Tier 1	QL (30 mL / 25 days); Covered for ages 18 years old & under
<i>HUMALOG MIX INJ 75/25KWP (insulin lispro protamine &amp; lispro)</i>	Tier 1	QL (30 mL / 25 days); Covered for ages 18 years old & under
<i>HUMALOG MIX SUS 75/25 (insulin lispro protamine &amp; lispro)</i>	Tier 1	QL (30 mL / 25 days)
<i>HUMULIN INJ 70/30 (insulin nph isophane &amp; reg (human))</i>	Tier 1	OTC, QL (30 mL / 25 days)
<i>HUMULIN INJ 70/30KWP (insulin nph isophane &amp; reg (human))</i>	Tier 1	OTC, QL (30 mL / 25 days); Covered for ages 18 years old & under
<i>HUMULIN N INJ U-100 (insulin nph (human) (isophane))</i>	Tier 1	OTC, QL (30 mL / 25 days)
<i>HUMULIN N INJ U-100KWP (insulin nph (human) (isophane))</i>	Tier 1	OTC, QL (30 mL / 25 days); Covered for ages 18 years old & under
<i>HUMULIN R INJ U-100 (insulin regular (human))</i>	Tier 1	OTC, QL (30 mL / 25 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMULIN R INJ U-500 ( <i>insulin regular (human)</i> )	Tier 1	QL (20 mL / 25 days)
NOVOLIN INJ 70/30 ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 1	OTC, QL (30 mL / 25 days)
NOVOLIN INJ FLEXPEN ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 1	OTC, QL (30 mL / 25 days); Covered for ages 18 years old & under
NOVOLIN N INJ U-100 ( <i>insulin nph (human) (isophane)</i> )	Tier 1	OTC, QL (30 mL / 25 days)
NOVOLIN R INJ U-100 ( <i>insulin regular (human)</i> )	Tier 1	OTC, QL (30 mL / 25 days)
NOVOLOG MIX INJ 70/30 ( <i>insulin aspart protamine &amp; aspart (human)</i> )	Tier 1	QL (30 mL / 25 days)
NOVOLOG MIX INJ FLEXPEN ( <i>insulin aspart protamine &amp; aspart (human)</i> )	Tier 1	QL (30 mL / 25 days); Covered for ages 18 years old & under

### **INSULIN SENSITIZING AGENTS**

<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)

### **MEGLITINIDE ANALOGUES**

<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 ea / 30 days)

### **SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

STEGLATRO TAB 5MG ( <i>ertugliflozin l-pyroglutamic acid</i> )	Tier 1	QL (30 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
STEGLATRO TAB 15MG ( <i>ertugliflozin l-pyroglutamic acid</i> )	Tier 1	QL (30 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination

### **SULFONYLUREAS**

<i>glimepiride tab 1 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>glimepiride tab 2 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>glimepiride tab 4 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>glipizide tab 5 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>glipizide tab 10 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>glipizide tab er 24hr 2.5 mg (Glipizide XI)</i>	Tier 1	QL (60 ea / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	QL (60 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glipizide tab er 24hr 5 mg (Glipizide XI)</i>	Tier 1	QL (60 ea / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>glipizide tab er 24hr 10 mg (Glipizide XI)</i>	Tier 1	QL (60 ea / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>glyburide micronized tab 3 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>glyburide micronized tab 6 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>glyburide tab 1.25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>glyburide tab 2.5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>glyburide tab 5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>tolbutamide tab 500 mg</i>	Tier 1	QL (180 ea / 30 days)

## **ANTIDIARRHEAL/PROBIOTIC AGENTS**

### **ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.**

<i>bismuth subsalicylate chew tab 262 mg</i>	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg (Bismatrol)</i>	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg (Cvs Bismuth)</i>	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg (Eq Pink-bismuth)</i>	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg (Eq Stomach Relief)</i>	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg (Eq Stomach Relief)</i>	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg (Goodsense Stomach Relief)</i>	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg (Medi-bismuth)</i>	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg (Peptic Relief)</i>	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg (Px Stomach Relief)</i>	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg (Ra Pink Bismuth)</i>	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg (Soothe)</i>	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml (Bismatrol)</i>	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml (Cvs Anti-diarrheal)</i>	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml (Cvs Stomach Relief)</i>	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml (Diarrhea)</i>	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml (Eq Stomach Relief)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Geri-pectate)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Gnp K-pec)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Hm Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Kaopectate)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Pink Bismuth)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Px Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Qc Diarrhea Relief)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Ra K-pec)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Ra Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Sm Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Sm Stomach Relief Liquid)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Soothe)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Bismatrol Maximum Strengt)	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Cvs Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Pink Bismuth Maximum Stre)	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Px Stomach Relief Maximum)	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Soothe Maximum Strength)	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Stomach Relief Plus)	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i> (Cvs Bismuth)	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i> (Eq Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i> (Gnp Pink Bismuth)	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i> (Kaopectate)	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bismuth subsalicylate tab 262 mg (Ra Pink Bismuth)</i>	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg (Sb Bismuth)</i>	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg (Sm Stomach Relief)</i>	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg (Soothe)</i>	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg (Tgt Stomach Relief)</i>	Tier 1	OTC

### **ANTIPERISTALTIC AGENTS**

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>loperamide hcl cap 2 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>loperamide hcl cap 2 mg (Anti-diarrheal)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>loperamide hcl cap 2 mg (Qc Anti-diarrheal)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>loperamide hcl cap 2 mg (Tgt Loperamide Hcl)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml) (Ra Anti-diarrheal)</i>	Tier 1	OTC, QL (1200 mL / 30 days)
<i>loperamide hcl tab 2 mg (Diamode)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>loperamide hcl tab 2 mg (Eq Anti-diarrheal)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>loperamide hcl tab 2 mg (Kls Anti-diarrheal)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>loperamide hcl tab 2 mg (Loperamide Hydrochloride)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>loperamide hcl tab 2 mg (Sm Anti-diarrheal)</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>loperamide sus 1mg/7.5</i>	Tier 1	OTC
<i>loperamide sus 1mg/7.5 (Anti-diarrheal)</i>	Tier 1	OTC
<i>loperamide sus 1mg/7.5 (Cvs Loperamide Hydrochlor)</i>	Tier 1	OTC
<i>loperamide sus 1mg/7.5 (Hm Anti-diarrheal)</i>	Tier 1	OTC
<i>loperamide sus 1mg/7.5 (Sm Anti-diarrheal)</i>	Tier 1	OTC

### **ANTIDOTES AND SPECIFIC ANTAGONISTS**

#### **ANTIDOTES - CHELATING AGENTS**

<i>CHEMET CAP 100MG (succimer)</i>	Tier 1	PA
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Drug Name	Drug Tier	Requirements/Limits
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl tab 1 mg</i>	Tier 1	QL (60 ea / 30 days), ST; 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 ea / 25 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (90 ea / 25 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (90 ea / 25 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (90 ea / 25 days)
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>dimenhydrinate tab 50 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>dimenhydrinate tab 50 mg (Driminate)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>dimenhydrinate tab 50 mg (Sm Motion Sickness)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>dimenhydrinate tab 50 mg (Trav-tabs)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>dimenhydrinate tab 50 mg (Travel Sickness)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>dimenhydrinate tab 50 mg (Wal-dram)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>meclizine hcl chew tab 25 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>meclizine hcl chew tab 25 mg (Bonine)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>meclizine hcl chew tab 25 mg (Cvs Motion Sickness Relie)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>meclizine hcl chew tab 25 mg (Motion-time)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>meclizine hcl chew tab 25 mg (Travel Sickness)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg (Dramamine Less Drowsy)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg (EqI Motion Sickness Relie)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg (Hm Motion Sickness Relief)</i>	Tier 1	OTC, QL (120 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meclizine hcl tab 25 mg (Sm Motion Sickness)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg (Travel-ease)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg (Wal-dram Ii)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 1	PA

### **ANTIEMETICS - MISCELLANEOUS**

<i>fructose-dextrose-phosphoric acid oral soln (Anti-nausea)</i>	Tier 1	OTC
<i>fructose-dextrose-phosphoric acid oral soln (Anti-nausea/rekemamol)</i>	Tier 1	OTC
<i>fructose-dextrose-phosphoric acid oral soln (Cvs Nausea Relief)</i>	Tier 1	OTC
<i>fructose-dextrose-phosphoric acid oral soln (EqI Anti-nausea)</i>	Tier 1	OTC
<i>fructose-dextrose-phosphoric acid oral soln (Formula Em)</i>	Tier 1	OTC
<i>fructose-dextrose-phosphoric acid oral soln (Gnp Nausea Relief)</i>	Tier 1	OTC
<i>fructose-dextrose-phosphoric acid oral soln (Hm Anti-nausea)</i>	Tier 1	OTC
<i>fructose-dextrose-phosphoric acid oral soln (Little Tummys Nausea Reli)</i>	Tier 1	OTC
<i>fructose-dextrose-phosphoric acid oral soln (Nausea Control)</i>	Tier 1	OTC
<i>fructose-dextrose-phosphoric acid oral soln (Nausea Relief)</i>	Tier 1	OTC
<i>fructose-dextrose-phosphoric acid oral soln (Ra Anti-nausea)</i>	Tier 1	OTC
<i>fructose-dextrose-phosphoric acid oral soln (Sb Anti-nausea)</i>	Tier 1	OTC

### **SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**

<i>aprepitant capsule 40 mg</i>	Tier 1	PA
<i>aprepitant capsule 80 mg</i>	Tier 1	PA
<i>aprepitant capsule 125 mg</i>	Tier 1	PA

### **ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS**

#### **ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS**

<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>nystatin tab 500000 unit</i>	Tier 1	QL (240 ea / 30 days)
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QL (30 ea / 30 days)

#### **IMIDAZOLE-RELATED ANTIFUNGALS**

<i>fluconazole for susp 10 mg/ml</i>	Tier 1	QL (35 mL / 25 days); Covered for ages 12 years old & under
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	QL (35 mL / 25 days); Covered for ages 12 years old & under
<i>fluconazole tab 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>fluconazole tab 100 mg</i>	Tier 1	QL (21 ea / 25 days)
<i>fluconazole tab 150 mg</i>	Tier 1	QL (2 ea / 25 days)
<i>fluconazole tab 200 mg</i>	Tier 1	QL (21 ea / 25 days)
<i>ketoconazole tab 200 mg</i>	Tier 1	QL (60 ea / 30 days)

## **ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES**

### **ANTI-HISTAMINES - ALKYLAMINES**

<i>chlorpheniramine maleate syrup 2 mg/5ml</i> (Diabetic Tussin Allergy)	Tier 1	OTC
<i>chlorpheniramine maleate syrup 2 mg/5ml</i> (Ed Chlorped Jr)	Tier 1	OTC
<i>chlorpheniramine tab 4 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab 4 mg</i> (Aller-chlor)	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab 4 mg</i> (Allergy Relief)	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab 4 mg</i> (Allergy-time)	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab 4 mg</i> (Chlorhist)	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab 4 mg</i> (Cvs Allergy Relief)	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab 4 mg</i> (Eq Chlortabs)	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab 4 mg</i> (Eq Allergy)	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab 4 mg</i> (Gnp Allergy)	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab 4 mg</i> (Goodsense Allergy Relief)	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab 4 mg</i> (Hm Allergy Relief)	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab 4 mg</i> (Pharbechlor)	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab 4 mg</i> (Qc Chlor- pheniramine)	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab 4 mg</i> (Ra Allergy Relief)	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab 4 mg</i> (Ra Chlorpheniramine Malea)	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab 4 mg</i> (Sm Allergy 4 Hour)	Tier 1	OTC, QL (180 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlorpheniramine tab 4 mg (Wal-finat)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>chlorpheniramine tab er 12 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>chlorpheniramine tab er 12 mg (Allergy)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>chlorpheniramine tab er 12 mg (Chlorphen Sr)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>chlorpheniramine tab er 12 mg (Cvs Allergy Relief)</i>	Tier 1	OTC, QL (60 ea / 30 days)

### **ANTI-HISTAMINES - 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 (Dayhist Allergy 12 Hour R)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>clemastine fumarate tab 1.34 mg (Eq Dayhist Allergy)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>clemastine fumarate tab 1.34 mg (Gnp Dayhist Allergy)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>clemastine fumarate tab 1.34 mg (Px Dayhist Allergy)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>clemastine fumarate tab 1.34 mg (Sm Allergy Relief)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>diphenhydramine hcl cap 25 mg</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg (Aler-cap)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg (Allergy)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg (Allergy Relief)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg (Banophen)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg (Complete Allergy Medicine)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg (Cvs Allergy)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diphenhydramine hcl cap 25 mg</i> (Cvs Allergy Relief)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg</i> (Diphenhist)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg</i> (Eq Allergy Relief)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg</i> (Genahist)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg</i> (Geri-dryl)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg</i> (Gnp Allergy Relief)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg</i> (Hm Allergy Relief)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg</i> (Medi-phedryl)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg</i> (Meijer Antihistamine Alle)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg</i> (Pharbedryl)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg</i> (Px Allergy)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg</i> (Ra Allergy Medication)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg</i> (Sm Allergy Relief)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 25 mg</i> (Wal-dryl Allergy)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 50 mg</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 50 mg</i> (Banophen)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diphenhydramine hcl cap 50 mg</i> (Pharbedryl)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl chew tab 12.5 mg</i> (Gnp Allergy Relief)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Tier 1	QL (2400 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i> (Eq Allergy Relief Childre)	Tier 1	OTC, QL (2400 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl inj 50 mg/ml</i>	Tier 1	Covered for ages 64 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Cvs Allergy Relief)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Cvs Allergy Relief Adult)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Cvs Allergy Relief Childr)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Cvs Childrens Allergy)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Cvs Childrens Allergy Rel)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Geri-dryl)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (M-dryl)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Naramin)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Pediacare Childrens Aller)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Px Allergy)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Ra Allergy Medication Chi)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Ra Diphedryl Allergy)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Siladryl Allergy)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Total Allergy Medicine)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Wal-dryl Allergy)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Wal-dryl Allergy Children)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl tab disint 12.5 mg</i> (Allergy Relief Childrens)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenydramine hcl tab 25 mg</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenydramine hcl tab 25 mg</i> (Alertab)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenydramine hcl tab 25 mg</i> (Alka-seltzer Plus Allergy)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenydramine hcl tab 25 mg</i> (Allergy)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenydramine hcl tab 25 mg</i> (Anti-hist Allergy)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenydramine hcl tab 25 mg</i> (Banophen)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenydramine hcl tab 25 mg</i> (Complete Allergy Medicine)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenydramine hcl tab 25 mg</i> (Cvs Allergy Relief)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenydramine hcl tab 25 mg</i> (Diphen)	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diphenhydramine hcl tab 25 mg (Eq Allergy Relief)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl tab 25 mg (Eq Allergy Relief)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl tab 25 mg (Geri-dryl Allergy Relief)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl tab 25 mg (Gnp Allergy Relief)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl tab 25 mg (Hm Allergy)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl tab 25 mg (Kls Allergy Medicine)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl tab 25 mg (Px Allergy)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl tab 25 mg (Qc Complete Allergy Medic)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl tab 25 mg (Ra Allergy Medication)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl tab 25 mg (Sb Allergy Medicine)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl tab 25 mg (Sm Allergy Relief)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl tab 25 mg (Total Allergy)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl tab 25 mg (Wal-dryl Allergy)</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<b>ANTI-HISTAMINES - NON-SEDATING</b>		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1	QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) (All Day Allergy Childrens)</i>	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (All-day Allergy Childrens)	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Allergy Relief Childrens)	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Cetirizine Hydrochloride)	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Eq Allergy Relief)	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Eq Allergy Relief Childre)	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Hm All Day Allergy Childr)	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Hm Cetirizine Hcl Childre)	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Kls Aller-tec Childrens)	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Px Childrens Allergy)	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Qc Childrens Allergy)	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Wal-zyr All Day Allergy C)	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Wal-zyr Childrens)	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>cetirizine hcl tab 5 mg</i> (Kp Cetirizine Hcl)	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg</i> (All Day Allergy)	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg</i> (Allergy 24hour Indoor/out)	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg</i> (Allergy Relief/indoor/out)	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg</i> (Cvs Allergy Relief)	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cetirizine hcl tab 10 mg (Cvs Indoor/outdoor Allerg)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg (Eq Allergy Relief)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg (Eq All Day Allergy)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg (Gnp All Day Allergy)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg (Kls Aller-tec)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg (Px Allergy Relief)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg (Qc All Day Allergy)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg (Qc Allergy Relief)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg (Ra Cetirizine)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg (Sb Allergy)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg (Sm All Day Allergy)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine hcl tab 10 mg (Wal-zyr)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine rapidly-disintegrating tab 10 mg (Alavert)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 12 years old & under
<i>loratadine rapidly-disintegrating tab 10 mg (Eq Loratadine)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 12 years old & under
<i>loratadine rapidly-disintegrating tab 10 mg (Gnp Allergy Relief)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 12 years old & under
<i>loratadine rapidly-disintegrating tab 10 mg (Sm Loratadine Allergy Rel)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 12 years old & under
<i>loratadine rapidly-disintegrating tab 10 mg (Triaminic Allerchews)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 12 years old & under
<i>loratadine rapidly-disintegrating tab 10 mg (Wal-itin)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 12 years old & under
<i>loratadine rapidly-disintegrating tab 10 mg (Wal-itin Aller-melts)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 12 years old & under

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loratadine rapidly-disintegrating tab 10 mg (Wal-vert)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 12 years old & under
<i>loratadine syrup 5 mg/5ml (Allergy Childrens)</i>	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>loratadine syrup 5 mg/5ml (Claritin Allergy Children)</i>	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>loratadine syrup 5 mg/5ml (Eq Allergy Childrens)</i>	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>loratadine syrup 5 mg/5ml (Eq Allergy Relief Childre)</i>	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>loratadine syrup 5 mg/5ml (Hm Loratadine Childrens)</i>	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>loratadine syrup 5 mg/5ml (Loratadine Childrens)</i>	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>loratadine syrup 5 mg/5ml (Sm Allergy Childrens)</i>	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>loratadine syrup 5 mg/5ml (Wal-itin)</i>	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>loratadine syrup 5 mg/5ml (Wal-itin Childrens)</i>	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>loratadine tab 10 mg</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine tab 10 mg (Allergy)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine tab 10 mg (Allergy Relief)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine tab 10 mg (Allergy Relief Loratadine)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine tab 10 mg (Kls Allerclear)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine tab 10 mg (Kp Loratadine)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine tab 10 mg (Loradamed)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine tab 10 mg (Sm Loratadine)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine tab 10 mg (Wal-itin)</i>	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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**ANTI-HISTAMINES - PHENOTHIAZINES**

<i>promethazine hcl inj 25 mg/ml</i>	Tier 1	QL (3000 mL / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl inj 50 mg/ml</i>	Tier 1	QL (1500 mL / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl suppos 12.5 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl suppos 12.5 mg (Phenadoz)</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl suppos 12.5 mg (Promethegan)</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl suppos 25 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl suppos 25 mg (Phenadoz)</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl suppos 25 mg (Promethegan)</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	QL (3000 mL / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl tab 25 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl tab 50 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 2 - 64 years old

**ANTI-HISTAMINES - PIPERIDINES**

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	QL (600 mL / 30 days); Covered for ages 64 years old & under
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 64 years old & under

**ANTIHYPERLIPIDEMICS**

**BILE ACID SEQUESTRANTS**

<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	QL (240 gm / 30 days)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cholestyramine light powder 4 gm/dose (Prevalite)</i>	Tier 1	QL (240 gm / 30 days)
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	QL (1440 gm / 30 days)
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 ea / 30 days)

### **FIBRIC ACID DERIVATIVES**

<i>fenofibrate tab 48 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>fenofibrate tab 54 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>fenofibrate tab 145 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>fenofibrate tab 160 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>gemfibrozil tab 600 mg</i>	Tier 1	QL (120 ea / 30 days)

### **HMG COA REDUCTASE INHIBITORS**

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>lovastatin tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lovastatin tab 20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lovastatin tab 40 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>pravastatin sodium tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>pravastatin sodium tab 20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>pravastatin sodium tab 40 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>pravastatin sodium tab 80 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>simvastatin tab 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>simvastatin tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>simvastatin tab 20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>simvastatin tab 40 mg</i>	Tier 1	QL (30 ea / 30 days)

### **INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

<i>ezetimibe tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
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### **NICOTINIC ACID DERIVATIVES**

<i>niacin (antihyperlipidemic) tab 500 mg</i>	Tier 1	
<i>niacin (antihyperlipidemic) tab 500 mg (Niacor)</i>	Tier 1	

### **PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS**

<i>REPATHA INJ 140MG/ML (evolocumab)</i>	Tier 1	SP, QL (2 mL / 24 days), PA
<i>REPATHA PUSH INJ 420/3.5 (evolocumab)</i>	Tier 1	SP, QL (3.5 mL / 24 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REPATHA SURE INJ 140MG/ML (evolocumab)	Tier 1	SP, QL (2 mL / 24 days), PA

## **ANTIHYPERTENSIVES**

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

<i>benazepril hcl tab 5 mg</i>	Tier 1	QL (45 ea / 30 days)
<i>benazepril hcl tab 10 mg</i>	Tier 1	QL (45 ea / 30 days)
<i>benazepril hcl tab 20 mg</i>	Tier 1	QL (45 ea / 30 days)
<i>benazepril hcl tab 40 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>captopril tab 12.5 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>captopril tab 25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>captopril tab 50 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>captopril tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>enalapril maleate tab 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>enalapril maleate tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>enalapril maleate tab 20 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>fosinopril sodium tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>fosinopril sodium tab 20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>fosinopril sodium tab 40 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lisinopril tab 2.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lisinopril tab 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lisinopril tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lisinopril tab 20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lisinopril tab 30 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>lisinopril tab 40 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>quinapril hcl tab 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>quinapril hcl tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>quinapril hcl tab 20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>quinapril hcl tab 40 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>ramipril cap 1.25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>ramipril cap 2.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>ramipril cap 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>ramipril cap 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>trandolapril tab 1 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>trandolapril tab 2 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>trandolapril tab 4 mg</i>	Tier 1	QL (30 ea / 30 days)

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

<i>irbesartan tab 75 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>irbesartan tab 150 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>irbesartan tab 300 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>losartan potassium tab 25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>losartan potassium tab 50 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>losartan potassium tab 100 mg</i>	Tier 1	QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>methyldopa tab 250 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>methyldopa tab 500 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>prazosin hcl cap 1 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>prazosin hcl cap 2 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>prazosin hcl cap 5 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	QL (60 ea / 30 days)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	QL (60 ea / 30 days)
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	QL (30 ea / 30 days)

### **VASODILATORS**

<i>hydralazine hcl tab 10 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>hydralazine hcl tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>hydralazine hcl tab 50 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>hydralazine hcl tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>minoxidil tab 2.5 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>minoxidil tab 10 mg</i>	Tier 1	QL (150 ea / 30 days)

### **ANTIMALARIALS - DRUGS TO TREAT MALARIA**

#### **ANTIMALARIALS - DRUGS TO TREAT MALARIA**

<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (10 ea / 3 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (5 ea / 3 days)
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	

### **ANTIMYASTHENIC/CHOLINERGIC AGENTS**

#### **ANTIMYASTHENIC/CHOLINERGIC AGENTS**

<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 ea / 30 days)
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### **ANTIMYCOBACTERIAL AGENTS**

#### **ANTIMYCOBACTERIAL AGENTS**

<i>ethambutol hcl tab 100 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>ethambutol hcl tab 400 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	QL (900 mL / 30 days)
<i>isoniazid tab 100 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>isoniazid tab 300 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>PRIFTIN TAB 150MG (rifapentine)</i>	Tier 1	QL (32 ea / 28 days)
<i>pyrazinamide tab 500 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>rifampin cap 150 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>rifampin cap 300 mg</i>	Tier 1	QL (120 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

**ALKYLATING AGENTS**

<i>cyclophosphamide cap 25 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>cyclophosphamide cap 50 mg</i>	Tier 1	QL (480 ea / 30 days)
GLEOSTINE CAP 10MG ( <i>lomustine</i> )	Tier 1	
GLEOSTINE CAP 40MG ( <i>lomustine</i> )	Tier 1	
GLEOSTINE CAP 100MG ( <i>lomustine</i> )	Tier 1	
LEUKERAN TAB 2MG ( <i>chlorambucil</i> )	Tier 1	QL (240 ea / 30 days)
<i>melphalan 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</i>	Tier 1	SP, PA
<i>capecitabine tab 500 mg</i>	Tier 1	SP, PA
<i>mercaptopurine tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 25 days)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 25 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	QL (720 ea / 30 days)

**ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**

<i>abiraterone acetate tab 250 mg</i>	Tier 1	SP, QL (120 ea / 30 days), PA
<i>anastrozole tab 1 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>bicalutamide tab 50 mg</i>	Tier 1	QL (90 ea / 30 days)
ELIGARD INJ 7.5MG ( <i>leuprolide acetate</i> )	Tier 1	SP, PA
ELIGARD INJ 22.5MG ( <i>leuprolide acetate (3 month)</i> )	Tier 1	SP, PA
ELIGARD INJ 30MG ( <i>leuprolide acetate (4 month)</i> )	Tier 1	SP, PA
ELIGARD INJ 45MG ( <i>leuprolide acetate (6 month)</i> )	Tier 1	SP, PA
<i>flutamide cap 125 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>letrozole tab 2.5 mg</i>	Tier 1	QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 1	SP, PA
LYSODREN TAB 500MG ( <i>mitotane</i> )	Tier 1	
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>megestrol acetate tab 20 mg</i>	Tier 1	QL (1200 ea / 30 days)
<i>megestrol acetate tab 40 mg</i>	Tier 1	QL (600 ea / 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 1	QL (60 ea / 30 days)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 1	QL (60 ea / 30 days)

### **ANTINEOPLASTIC ENZYME INHIBITORS**

ALECENSA CAP 150MG ( <i>alectinib hcl</i> )	Tier 1	SP, QL (240 ea / 30 days), PA
IBRANCE CAP 75MG ( <i>palbociclib</i> )	Tier 1	SP, QL (21 ea / 28 days), PA
IBRANCE CAP 100MG ( <i>palbociclib</i> )	Tier 1	SP, QL (21 ea / 28 days), PA
IBRANCE CAP 125MG ( <i>palbociclib</i> )	Tier 1	SP, QL (21 ea / 28 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 1	SP, QL (180 ea / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 1	SP, QL (60 ea / 30 days), PA
IMBRUVICA CAP 140MG ( <i>ibrutinib</i> )	Tier 1	SP, QL (90 ea / 30 days), PA
IMBRUVICA TAB 420MG ( <i>ibrutinib</i> )	Tier 1	SP, QL (30 ea / 30 days), PA
IMBRUVICA TAB 560MG ( <i>ibrutinib</i> )	Tier 1	SP, QL (30 ea / 30 days), PA
NEXAVAR TAB 200MG ( <i>sorafenib tosylate</i> )	Tier 1	SP, QL (120 ea / 30 days), PA
SPRYCEL TAB 20MG ( <i>dasatinib</i> )	Tier 1	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 50MG ( <i>dasatinib</i> )	Tier 1	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 70MG ( <i>dasatinib</i> )	Tier 1	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 100MG ( <i>dasatinib</i> )	Tier 1	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 140MG ( <i>dasatinib</i> )	Tier 1	SP, QL (30 ea / 30 days), PA
SUTENT CAP 12.5MG ( <i>sunitinib malate</i> )	Tier 1	SP, QL (30 ea / 30 days), PA
SUTENT CAP 25MG ( <i>sunitinib malate</i> )	Tier 1	SP, QL (30 ea / 30 days), PA
SUTENT CAP 37.5MG ( <i>sunitinib malate</i> )	Tier 1	SP, QL (30 ea / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUTENT CAP 50MG ( <i>sunitinib malate</i> )	Tier 1	SP, QL (30 ea / 30 days), PA
TYKERB TAB 250MG ( <i>lapatinib ditosylate</i> )	Tier 1	SP, QL (180 ea / 30 days), PA

### **ANTINEOPLASTICS MISC.**

ACTIMMUNE INJ 2MU/0.5 ( <i>interferon gamma-1b</i> )	Tier 1	SP, PA
<i>hydroxyurea cap 500 mg</i>	Tier 1	
INTRON A INJ 10MU ( <i>interferon alfa-2b</i> )	Tier 1	SP, PA
INTRON A INJ 25MU ( <i>interferon alfa-2b</i> )	Tier 1	SP, PA
MATULANE CAP 50MG ( <i>procarbazine hcl</i> )	Tier 1	PA
<i>tretinoin cap 10 mg</i>	Tier 1	PA

### **CHEMOTHERAPY RESCUE/ANTIDOTE 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**

#### **ANTIPARKINSON COMT INHIBITORS**

<i>entacapone tab 200 mg</i>	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
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#### **ANTIPARKINSON DOPAMINERGICS**

<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	QL (180 ea / 30 days)
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (180 ea / 30 days)
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	QL (180 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	QL (360 ea / 30 days)

### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

<i>selegiline hcl cap 5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>selegiline hcl tab 5 mg</i>	Tier 1	QL (60 ea / 30 days)

### **ANTIPSYCHOTICS/ANTIMANIC AGENTS**

#### **PHENOTHIAZINES**

<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	QL (300 ea / 30 days); Covered for ages 6 years old & over
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 6 years old & over
<i>prochlorperazine suppos 25 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>prochlorperazine suppos 25 mg (Compro)</i>	Tier 1	QL (360 ea / 30 days)

### **ANTISEPTICS & DISINFECTANTS**

#### **CHLORINE ANTISEPTICS**

<i>chlorhexidine gluconate liquid 4%</i>	Tier 1	OTC
<i>chlorhexidine gluconate liquid 4% (Betasept Surgical Scrub)</i>	Tier 1	OTC

### **ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS**

#### **CMV AGENTS**

<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 1	PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 1	PA

### **HEPATITIS AGENTS**

<i>adefovir dipivoxil tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>BARACLUDE SOL .05MG/ML (entecavir)</i>	Tier 1	QL (900 mL / 30 days)
<i>entecavir tab 0.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>entecavir tab 1 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	QL (90 ea / 30 days)
<i>ledip-sofosb tab 90-400mg</i>	Tier 1	SP, QL (30 ea / 30 days), PA; Preferred Agent
<i>PEGASYS INJ (peginterferon alfa-2a)</i>	Tier 1	SP, PA
<i>PEGASYS INJ 180MCG/M (peginterferon alfa-2a)</i>	Tier 1	SP, PA
<i>PEGASYS INJ PROCLICK (peginterferon alfa-2a)</i>	Tier 1	SP, PA
<i>PEGINTRON KIT 50MCG (peginterferon alfa-2b)</i>	Tier 1	SP, PA
<i>ribavirin cap 200 mg</i>	Tier 1	SP, PA; QL (max 14 day supply)
<i>ribavirin cap 200 mg (Ribasphere)</i>	Tier 1	SP, PA; QL (max 14 day supply)
<i>ribavirin tab 200 mg</i>	Tier 1	SP, PA; QL (max 14 day supply)
<i>ribavirin tab 200 mg (Moderiba)</i>	Tier 1	SP, PA; QL (max 14 day supply)
<i>ribavirin tab 200 mg (Ribasphere)</i>	Tier 1	SP, PA; QL (max 14 day supply)
<i>sofos/velpat tab 400-100</i>	Tier 1	SP, QL (30 ea / 30 days), PA; Preferred Agent
<i>SOVALDI TAB 400MG (sofosbuvir)</i>	Tier 1	SP, QL (30 ea / 30 days), PA
<i>VOSEVI TAB (sofosbuvir-velpatasvir-voxilaprevir)</i>	Tier 1	SP, QL (30 ea / 30 days), PA
<i>ZEPATIER TAB 50-100MG (elbasvir-grazoprevir)</i>	Tier 1	SP, QL (30 ea / 30 days), PA

### **HERPES AGENTS**

<i>acyclovir cap 200 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	QL (750 mL / 30 days)
<i>acyclovir tab 400 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>acyclovir tab 800 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>famciclovir tab 125 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>famciclovir tab 250 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>famciclovir tab 500 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	QL (240 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	QL (240 ea / 30 days)

### **INFLUENZA AGENTS**

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (max quantity 10 per fill)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (max quantity 180 per fill); Covered for ages 12 years old & under
RELENZA MIS DISKHALE ( <i>zanamivir</i> )	Tier 1	QL (max quantity 20 per fill)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)

### **BETA BLOCKERS**

#### **ALPHA-BETA BLOCKERS**

<i>carvedilol tab 3.125 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>carvedilol tab 6.25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>carvedilol tab 12.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>carvedilol tab 25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (180 ea / 30 days)

#### **BETA BLOCKERS CARDIO-SELECTIVE**

<i>acebutolol hcl cap 200 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>acebutolol hcl cap 400 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>atenolol tab 25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>atenolol tab 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>atenolol tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	QL (90 ea / 30 days)
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	QL (120 ea / 30 days)
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	QL (90 ea / 30 days)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	QL (60 ea / 30 days)
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BETA BLOCKERS NON-SELECTIVE</b>		
HEMANGEOL SOL 4.28/ML ( <i>propranolol hcl</i> )	Tier 1	PA; QL (max 7 day supply for initial fill or PA required)
<i>nadolol tab 20 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>nadolol tab 40 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>nadolol tab 80 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>propranolol hcl inj 1 mg/ml</i>	Tier 1	PA; QL (max 7 day supply for initial fill or PA required)
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	PA; QL (max 7 day supply for initial fill or PA required)
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	PA; QL (max 7 day supply for initial fill or PA required)
<i>propranolol hcl tab 10 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>propranolol hcl tab 20 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>propranolol hcl tab 40 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>propranolol hcl tab 60 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>propranolol hcl tab 80 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>sotalol hcl (afib/af) tab 80 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl (afib/af) tab 120 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl (afib/af) tab 160 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl tab 80 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl tab 80 mg (Sorine)</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl tab 120 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl tab 120 mg (Sorine)</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl tab 160 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl tab 160 mg (Sorine)</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl tab 240 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl tab 240 mg (Sorine)</i>	Tier 1	QL (60 ea / 30 days)

**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 (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl cap er 24hr 120 mg (Dilt-xr)</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 180 mg (Dilt-xr)</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 240 mg (Dilt-xr)</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)</i>	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt)</i>	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt)</i>	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt)</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt)</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt)</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt)</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt)</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl tab 30 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl tab 60 mg</i>	Tier 1	QL (120 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl tab 90 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>diltiazem hcl tab 120 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>nifedipine cap 10 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>nifedipine cap 20 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>verapamil hcl tab 40 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>verapamil hcl tab 80 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>verapamil hcl tab 120 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>verapamil hcl tab er 120 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>verapamil hcl tab er 180 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>verapamil hcl tab er 240 mg</i>	Tier 1	QL (90 ea / 30 days)

## **CARDIOTONICS**

### **CARDIAC GLYCOSIDES**

<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	Covered for ages 12 years old & under
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	QL (30 ea / 30 days)
<i>digoxin tab 125 mcg (0.125 mg) (Digitek)</i>	Tier 1	QL (30 ea / 30 days)
<i>digoxin tab 125 mcg (0.125 mg) (Digox)</i>	Tier 1	QL (30 ea / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	QL (30 ea / 30 days)
<i>digoxin tab 250 mcg (0.25 mg) (Digitek)</i>	Tier 1	QL (30 ea / 30 days)
<i>digoxin tab 250 mcg (0.25 mg) (Digox)</i>	Tier 1	QL (30 ea / 30 days)
<i>LANOXIN TAB 0.25MG (digoxin)</i>	Tier 1	QL (30 ea / 30 days)
<i>LANOXIN TAB 0.125MG (digoxin)</i>	Tier 1	QL (30 ea / 30 days)

## **CARDIOVASCULAR AGENTS - MISC.**

### **PERIPHERAL VASODILATORS**

<i>niacin cap 500mg (Qc Niacin)</i>	Tier 1	OTC
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### **PROSTAGLANDIN VASODILATORS**

<i>REMODYLIN INJ 1MG/ML (treprostinil)</i>	Tier 1	SP, PA
<i>REMODYLIN INJ 2.5MG/ML (treprostinil)</i>	Tier 1	SP, PA
<i>REMODYLIN INJ 5MG/ML (treprostinil)</i>	Tier 1	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REMODULIN INJ 10MG/ML ( <i>treprostinil</i> )	Tier 1	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

**PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

<i>ambrisentan tab 5 mg</i>	Tier 1	SP, QL (30 ea / 30 days), PA
<i>ambrisentan tab 10 mg</i>	Tier 1	SP, QL (30 ea / 30 days), PA
<i>bosentan tab 62.5 mg</i>	Tier 1	SP, QL (60 ea / 30 days), PA
<i>bosentan tab 125 mg</i>	Tier 1	SP, QL (60 ea / 30 days), PA
OPSUMIT TAB 10MG ( <i>macitentan</i> )	Tier 1	SP, QL (30 ea / 30 days), PA
TRACLEER TAB 32MG ( <i>bosentan</i> )	Tier 1	SP, PA

**PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

<i>sildenafil citrate tab 20 mg</i>	Tier 1	SP, QL (90 ea / 30 days), PA
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**PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

UPTRAVI TAB 200MCG ( <i>selexipag</i> )	Tier 1	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 400MCG ( <i>selexipag</i> )	Tier 1	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 600MCG ( <i>selexipag</i> )	Tier 1	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 800MCG ( <i>selexipag</i> )	Tier 1	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1000MCG ( <i>selexipag</i> )	Tier 1	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1200MCG ( <i>selexipag</i> )	Tier 1	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1400MCG ( <i>selexipag</i> )	Tier 1	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1600MCG ( <i>selexipag</i> )	Tier 1	SP, QL (60 ea / 30 days), PA

**CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS**

**CEPHALOSPORINS - 1ST GENERATION**

<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>cephalexin cap 250 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>cephalexin cap 500 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under

### **CEPHALOSPORINS - 2ND GENERATION**

<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)

### **CEPHALOSPORINS - 3RD GENERATION**

<i>cefdinir cap 300 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under

## **CHEMICALS**

### **BULK CHEMICALS - B'S**

BUDESONIDE POW	Tier 1	
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### **BULK CHEMICALS - E'S**

ETHYL OLEATE LIQ	Tier 1	OTC
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### **BULK CHEMICALS - P'S**

PROGESTERONE POW MICRONIZ	Tier 1	
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## **CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL**

### **COMBINATION CONTRACEPTIVES - ORAL**

BALCOLTRA TAB 0.1-20 ( <i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i> )	Tier 1	QL (28 ea / 28 days)
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 1	QL (28 ea / 28 days)
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)</i>	Tier 1	QL (28 ea / 28 days)
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5) (Bekyree)</i>	Tier 1	QL (28 ea / 28 days)
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)</i>	Tier 1	QL (28 ea / 28 days)
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea)</i>	Tier 1	QL (28 ea / 28 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)</i>	Tier 1	QL (28 ea / 28 days)
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant)</i>	Tier 1	QL (28 ea / 28 days)
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)</i>	Tier 1	QL (28 ea / 28 days)
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Apri)</i>	Tier 1	QL (28 ea / 28 days)
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)</i>	Tier 1	QL (28 ea / 28 days)
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)</i>	Tier 1	QL (28 ea / 28 days)
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)</i>	Tier 1	QL (28 ea / 28 days)
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)</i>	Tier 1	QL (28 ea / 28 days)
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)</i>	Tier 1	QL (28 ea / 21 days)
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)</i>	Tier 1	QL (28 ea / 28 days)
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)</i>	Tier 1	QL (28 ea / 21 days)
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)</i>	Tier 1	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 1	QL (28 ea / 28 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Tier 1	QL (28 ea / 28 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)</i>	Tier 1	QL (28 ea / 28 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 1	QL (28 ea / 28 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (Gianvi)</i>	Tier 1	QL (28 ea / 28 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)</i>	Tier 1	QL (28 ea / 28 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-zumandimine)</i>	Tier 1	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)</i>	Tier 1	QL (28 ea / 28 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)</i>	Tier 1	QL (28 ea / 28 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1	QL (28 ea / 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)</i>	Tier 1	QL (28 ea / 28 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)</i>	Tier 1	QL (28 ea / 28 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (Zarah)</i>	Tier 1	QL (28 ea / 28 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine)</i>	Tier 1	QL (28 ea / 21 days)
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)</i>	Tier 1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e)</i>	Tier 1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)</i>	Tier 1	QL (28 ea / 28 days)
<i>FALESSA KIT (levonorgestrel-ethinyl estradiol &amp; folic acid)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	Tier 1	QL (28 ea / 28 days)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg (Fayosim)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg (Rivelsa)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7) (Amethia Lo)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7) (Camrese Lo)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7) (Amethia)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7) (Ashlyna)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7) (Camrese)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7) (Daysee)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7) (Simpesse)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 1	QL (28 ea / 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle)</i>	Tier 1	QL (28 ea / 21 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg (Aubra)</i>	Tier 1	QL (28 ea / 21 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg (Aviane)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg (Delyla)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg (Falmina)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg (Larissia)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg (Lessina)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg (Lutera)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia)</i>	Tier 1	QL (28 ea / 21 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg (Vienva)</i>	Tier 1	QL (28 ea / 21 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna)</i>	Tier 1	QL (28 ea / 21 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Chateal)</i>	Tier 1	QL (28 ea / 21 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo)</i>	Tier 1	QL (28 ea / 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30-28)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Lillow)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Myzilra)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora-28)</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)</i>	Tier 1	QL (28 ea / 28 days)
<i>LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))</i>	Tier 1	QL (28 ea / 28 days)
<i>NATAZIA TAB (estradiol valerate-dienogest)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)</i>	Tier 1	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)</i>	Tier 1	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg (Philith)</i>	Tier 1	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla)</i>	Tier 1	
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35-28)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg (Wera)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35)</i>	Tier 1	QL (28 ea / 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Layolis Fe)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tri-legest Fe)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg (Aurovela 1/20)</i>	Tier 1	QL (28 ea / 21 days)
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg (Larin 1/20)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg (Microgestin 1/20)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg (Aurovela 1.5/30)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg (Hailey 1.5/30)</i>	Tier 1	QL (28 ea / 21 days)
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg (Larin 1.5/30)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg (Microgestin 1.5/30)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg (Aurovela Fe 1/20)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg (Blisovi Fe 1/20)</i>	Tier 1	QL (28 ea / 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg (Junel Fe 1/20)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg (Larin Fe 1/20)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg (Microgestin Fe)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20 Eq)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg (Aurovela Fe 1.5/30)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg (Blisovi Fe 1.5/30)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg (Larin Fe 1.5/30)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg (Microgestin Fe 1.5/30)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Mibelas 24 Fe)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Aurovela 24 Fe)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Junel Fe 24)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7)</i>	Tier 1	QL (28 ea / 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1	QL (28 ea / 21 days)
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg (Estarylla)</i>	Tier 1	QL (28 ea / 21 days)
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg (Femynor)</i>	Tier 1	QL (28 ea / 21 days)
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg (Mili)</i>	Tier 1	QL (28 ea / 21 days)
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg (Mono-linyah)</i>	Tier 1	QL (28 ea / 21 days)
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg (Mononessa)</i>	Tier 1	QL (28 ea / 21 days)
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg (Previfem)</i>	Tier 1	QL (28 ea / 21 days)
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28)</i>	Tier 1	QL (28 ea / 21 days)
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg (Vylibra)</i>	Tier 1	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-lo-estarylla)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-lo-marzia)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-lo-mili)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-lo-sprintec)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-vylibra Lo)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri Femynor)</i>	Tier 1	QL (28 ea / 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-estarylla)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-lynyah)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-mili)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-previfem)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-sprintec)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-vylibra)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg (Ogestrel)</i>	Tier 1	QL (28 ea / 28 days)
TAYTULLA CAP 1MG/20MC ( <i>norethin acet &amp; estrad-fe</i> )	Tier 1	QL (28 ea / 28 days)
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)</i>	Tier 1	QL (3 ea / 28 days)
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA MIS ( <i>segesterone acetate-ethinyl estradiol</i> )	Tier 1	
NUVARING MIS ( <i>etonogestrel-ethinyl estradiol</i> )	Tier 1	QL (1 ea / 21 days)
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD T380A ( <i>copper (iud)</i> )	Tier 1	
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB 30MG ( <i>ulipristal acetate</i> )	Tier 1	
<i>levonorgestrel tab 1.5 mg</i>	Tier 1	OTC
<i>levonorgestrel tab 1.5 mg (Aftera)</i>	Tier 1	OTC
<i>levonorgestrel tab 1.5 mg (Econtra Ez)</i>	Tier 1	OTC
<i>levonorgestrel tab 1.5 mg (Econtra One-step)</i>	Tier 1	OTC
<i>levonorgestrel tab 1.5 mg (My Choice)</i>	Tier 1	OTC
<i>levonorgestrel tab 1.5 mg (My Way)</i>	Tier 1	OTC
<i>levonorgestrel tab 1.5 mg (New Day)</i>	Tier 1	OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgestrel tab 1.5 mg (Opcon One-step)</i>	Tier 1	OTC
<i>levonorgestrel tab 1.5 mg (Option 2)</i>	Tier 1	OTC
<i>levonorgestrel tab 1.5 mg (Preventeza)</i>	Tier 1	OTC
<i>levonorgestrel tab 1.5 mg (React)</i>	Tier 1	OTC
<i>levonorgestrel tab 1.5 mg (Take Action)</i>	Tier 1	OTC
<i>PLAN B TAB 1.5MG (levonorgestrel (emergency oc))</i>	Tier 1	OTC

### **PROGESTIN CONTRACEPTIVES - IMPLANTS**

<i>NEXPLANON IMP 68MG (etonogestrel)</i>	Tier 1	SP
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### **PROGESTIN CONTRACEPTIVES - INJECTABLE**

<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 1	QL (1 mL / 71 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 1	QL (4 mL / 310 days)

### **PROGESTIN CONTRACEPTIVES - IUD**

<i>KYLEENA IUD 19.5MG (levonorgestrel (iud))</i>	Tier 1	SP, QL (1 ea in lifetime)
<i>LILETTA IUD 52MG (levonorgestrel (iud))</i>	Tier 1	SP, QL (1 ea in lifetime)
<i>MIRENA IUD SYSTEM (levonorgestrel (iud))</i>	Tier 1	SP, QL (1 ea in lifetime)
<i>SKYLA IUD 13.5MG (levonorgestrel (iud))</i>	Tier 1	SP, QL (1 ea in lifetime)

### **PROGESTIN CONTRACEPTIVES - ORAL**

<i>norethindrone tab 0.35 mg</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone tab 0.35 mg (Camila)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone tab 0.35 mg (Deblitane)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone tab 0.35 mg (Errin)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone tab 0.35 mg (Heather)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone tab 0.35 mg (Incassia)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone tab 0.35 mg (Jencycla)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone tab 0.35 mg (Lyza)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone tab 0.35 mg (Nora-be)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone tab 0.35 mg (Norlyda)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone tab 0.35 mg (Norlyroc)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone tab 0.35 mg (Sharobel)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone tab 0.35 mg (Tulana)</i>	Tier 1	QL (28 ea / 28 days)
<i>SLYND TAB 4MG (drospirenone)</i>	Tier 1	

## **CORTICOSTEROIDS**

### **GLUCOCORTICOSTEROIDS**

<i>budesonide delayed release particles cap 3 mg</i>	Tier 1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>dexamethasone elixir 0.5 mg/5ml (Decadron)</i>	Tier 1	QL (1800 mL / 30 days)
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	QL (360 ea / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone tab 0.5 mg (Decadron)</i>	Tier 1	QL (360 ea / 30 days)
<i>dexamethasone tab 0.75 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 0.75 mg (Decadron)</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 1 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 1.5 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 2 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 4 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 4 mg (Decadron)</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 6 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 6 mg (Decadron)</i>	Tier 1	QL (300 ea / 30 days)
<i>hydrocortisone tab 5 mg</i>	Tier 1	QL (720 ea / 30 days)
<i>hydrocortisone tab 10 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>hydrocortisone tab 20 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>methylprednisolone tab 4 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>methylprednisolone tab 8 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>methylprednisolone tab 16 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>methylprednisolone tab 32 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	QL (360 ea / 30 days)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>prednisone tab 1 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>prednisone tab 2.5 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>prednisone tab 5 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>prednisone tab 10 mg</i>	Tier 1	QL (270 ea / 30 days)
<i>prednisone tab 20 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>prednisone tab 50 mg</i>	Tier 1	QL (90 ea / 30 days)
<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	

### **MINERALOCORTICOIDS**

<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	QL (150 ea / 30 days)
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### **COUGH/COLD/ALLERGY**

#### **ANTITUSSIVES**

<i>benzonatate cap 100 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>benzonatate cap 200 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml (Hydromet)</i>	Tier 1	QL (1800 mL / 30 days)

### **COUGH/COLD/ALLERGY COMBINATIONS**

<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml (Eq Cold/allergy Childrens)</i>	Tier 1	OTC, QL (480 mL / 25 days)
<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml (Rynex Pse)</i>	Tier 1	OTC, QL (480 mL / 25 days)
<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml (Wal-tap Cold &amp; Allergy)</i>	Tier 1	OTC, QL (480 mL / 25 days)
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Tier 1	OTC, QL (60 ea / 30 days); Covered for ages 4 years old & over
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg (All Day Allergy D)</i>	Tier 1	OTC, QL (60 ea / 30 days); Covered for ages 4 years old & over
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg (All Day Allergy-d)</i>	Tier 1	OTC, QL (60 ea / 30 days); Covered for ages 4 years old & over
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg (Allergy Relief Nasal Deco)</i>	Tier 1	OTC, QL (60 ea / 30 days); Covered for ages 4 years old & over
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg (Allergy Relief-d)</i>	Tier 1	OTC, QL (60 ea / 30 days); Covered for ages 4 years old & over
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg (Cvs Allergy Relief-d)</i>	Tier 1	OTC, QL (60 ea / 30 days); Covered for ages 4 years old & over
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg (Eq All Day Allergy-d)</i>	Tier 1	OTC, QL (60 ea / 30 days); Covered for ages 4 years old & over
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg (Hm Allergy Complete-d)</i>	Tier 1	OTC, QL (60 ea / 30 days); Covered for ages 4 years old & over
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg (Kls Aller-tec D)</i>	Tier 1	OTC, QL (60 ea / 30 days); Covered for ages 4 years old & over
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg (Ra Cetiri-d)</i>	Tier 1	OTC, QL (60 ea / 30 days); Covered for ages 4 years old & over
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg (Shopko Allergy Relief-d)</i>	Tier 1	OTC, QL (60 ea / 30 days); Covered for ages 4 years old & over
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg (Tgt Allergy+ Congestion R)</i>	Tier 1	OTC, QL (60 ea / 30 days); Covered for ages 4 years old & over

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg (Wal-zyr D)</i>	Tier 1	OTC, QL (60 ea / 30 days); Covered for ages 4 years old & over
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Biocotron)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Cvs Tussin Dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Diabetic Tussin Dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Diabetic Tussin For Child)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Giltuss Cough &amp; Chest Con)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Giltuss Diabetic Cough &amp;)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Gnp Tussin Dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Gnp Tussin Dm Cough)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Guaiasorb Dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Hm Tussin Adult Cough &amp; C)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Pediatric Formula Cough A)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Px Tussin Dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Ra Tussin Cough)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Ra Tussin Cough/chest Con)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Robafen Dm Cough)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Robafen Dm Cough/chest Co)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Robitussin Peak Cold Coug)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Safe Tussin Dm Adult)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Sb Cough Control Dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Siltussin Dm Das)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Sorbugen Nr)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Tgt Cough Formula Dm)</i>	Tier 1	OTC, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Tusnel Diabetic)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Tussin Dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Tussin Dm Cough + Chest C)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Wal-tussin Dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Wal-tussin Dm Cough &amp; Che)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Cvs Tussin Dm Maximum Str)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Diabetic Siltussin-dm Max)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Diabetic Tussin Maximum S)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Eq Tussin Dm Max Cough An)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Eq Tussin Cough &amp; Chest)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Gnp Tussin Dm Max)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Hm Tussin Cough/chest Con)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Ra Tussin Cough/chest Con)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Sb Cough Control Dm Max)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Sm Tussin Dm Max Cough/ch)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Tussin Dm Cough + Chest C)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Tussin Dm Max)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Tussin Dm Max Adult)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Wal-tussin Cough/chest Co)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Altarussin Dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Cough &amp; Chest Congestion)</i>	Tier 1	OTC, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Eq Tussin Dm Cough/chest)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml (EqI Tussin Dm Cough/chest)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Extra Action Cough)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Geri-tussin Dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Guaicon Dms)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Medi-tussin Dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Ra Tussin Cough Dm Sugar)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Siltussin-dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Sm Tussin Dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Sm Tussin Dm Cough/chest)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Wal-tussin Cough &amp; Chest)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg (EqI Mucus-dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg (Mucus Relief Dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg (Mucus-dm)</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg (Ra Mucus Relief Dm)</i>	Tier 1	OTC, PA
<i>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml (Cvs Cold &amp; Cough Nighttim)</i>	Tier 1	OTC, QL (180 mL / 25 days)
<i>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml (Dimetapp Nighttime Cold &amp;)</i>	Tier 1	OTC, QL (180 mL / 25 days)
<i>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml (Triacting Nighttime Cold&amp;)</i>	Tier 1	OTC, QL (180 mL / 25 days)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 2 years old & over
<i>guaifenesin-codeine soln 100-10 mg/5ml (G Tussin Ac)</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 2 years old & over
<i>guaifenesin-codeine soln 100-10 mg/5ml (Guaiatussin Ac)</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 2 years old & over

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (Guaifenesin Ac)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 2 years old & over
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (Virtussin A/c)	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 2 years old & over
<i>loratadine &amp; pseudoephedrine tab er 12hr</i> 5-120 mg (Alavert Allergy/sinus)	Tier 1	OTC, QL (60 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 12hr</i> 5-120 mg (Allergy Relief-d)	Tier 1	OTC, QL (60 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 12hr</i> 5-120 mg (Cvs Allergy Relief-d12)	Tier 1	OTC, QL (60 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 12hr</i> 5-120 mg (Eq Allergy & Congestion R)	Tier 1	OTC, QL (60 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 12hr</i> 5-120 mg (Kls Allerclear D-12 Hr)	Tier 1	OTC, QL (60 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 12hr</i> 5-120 mg (Loratadine-d 12hr)	Tier 1	OTC, QL (60 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 12hr</i> 5-120 mg (Px Allergy Relief D)	Tier 1	OTC, QL (60 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 12hr</i> 5-120 mg (Sm Loratadine D 12hr)	Tier 1	OTC, QL (60 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 12hr</i> 5-120 mg (Wal-itin D)	Tier 1	OTC, QL (60 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr</i> 10-240 mg (Allergy Relief D-24)	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr</i> 10-240 mg (Allergy Relief-d)	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr</i> 10-240 mg (Allergy Relief/nasal Deco)	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr</i> 10-240 mg (Allergy-relief-d)	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr</i> 10-240 mg (Eq Allergy Relief D 24 Ho)	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr</i> 10-240 mg (Eq Allergy/congestion Re)	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr</i> 10-240 mg (Gnp Allergy & Congestion)	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr</i> 10-240 mg (Hm Allergy Relief & Nasal)	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr</i> 10-240 mg (Kls Allerclear D-24hr)	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr</i> 10-240 mg (Loratadine-d 24hr)	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr</i> 10-240 mg (Px Allergy Relief D)	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg (Ra Lorata-d)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg (Sb Allergy Relief/nasal D)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg (Sm Lorata-dine D)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg (Tgt Allergy &amp; Congestion)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg (Wal-itin D 24 Hour)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); Covered for ages 64 years old & under
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	QL (240 mL / 25 days); Covered for ages 2 - 64 years old
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	QL (180 mL / 25 days); Covered for ages 4 - 64 years old
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); Covered for ages 2 - 64 years old
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)</i>	Tier 1	QL (1800 mL / 30 days)
<i>pseudoephedrine w/ cod-gg soln 30-10-100 mg/5ml (Virtussin Dac)</i>	Tier 1	OTC, QL (1800 mL / 30 days)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Tier 1	OTC, QL (120 ea / 30 days), PA
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg (Cvs Mucus D Extended Rele)</i>	Tier 1	OTC, QL (120 ea / 30 days), PA
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg (Gnp Mucus D 12 Hr)</i>	Tier 1	OTC, QL (120 ea / 30 days), PA
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg (Mucus D)</i>	Tier 1	OTC, QL (120 ea / 30 days), PA
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg (Mucus Relief D)</i>	Tier 1	OTC, QL (120 ea / 30 days), PA
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg (Mucus-d)</i>	Tier 1	OTC, QL (120 ea / 30 days), PA
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg (Ra Mucus Relief D)</i>	Tier 1	OTC, QL (120 ea / 30 days), PA
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg (Sm Mucus Relief D)</i>	Tier 1	OTC, QL (120 ea / 30 days), PA
<b>EXPECTORANTS</b>		
<i>guaifenesin liquid 100 mg/5ml</i>	Tier 1	OTC, PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>guaifenesin liquid 100 mg/5ml</i> (Buckleys Chest Congestion)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Chest Congestion Children)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Childrens Mucus Relief Ex)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Cvs Chest Congestion Chil)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Cvs Tussin Adult Chest Co)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Diabetic Siltussin Das-na)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Diabetic Tussin)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Geri-tussin)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Gnp Tussin Mucus & Chest)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Mucus Relief Chest Conges)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Mucus+chest Congestion/ad)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Px Tussin)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Qc Medifin Mucus Relief C)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Ra Tussin Chest Congestio)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Robafen Mucus/chest Conge)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Robitussin Mucus+chest Co)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Scot-tussin Expectorant)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Tussin Mucus & Chest Cong)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Tussin Mucus + Chest Cong)	Tier 1	OTC, PA
<i>guaifenesin liquid 100 mg/5ml</i> (Wal-tussin Chest Congesti)	Tier 1	OTC, PA
<i>guaifenesin syrup 100 mg/5ml</i> (Altarusin)	Tier 1	OTC, PA
<i>guaifenesin syrup 100 mg/5ml</i> (Diabetic Tussin Ex)	Tier 1	OTC, PA
<i>guaifenesin syrup 100 mg/5ml</i> (Geri-tussin)	Tier 1	OTC, PA
<i>guaifenesin syrup 100 mg/5ml</i> (Ra Tussin Chest Congestio)	Tier 1	OTC, PA
<i>guaifenesin syrup 100 mg/5ml</i> (Robafen)	Tier 1	OTC, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>guaifenesin syrup 100 mg/5ml (Sb Cough Control)</i>	Tier 1	OTC, PA
<i>guaifenesin syrup 100 mg/5ml (Siltussin Sa)</i>	Tier 1	OTC, PA
<i>guaifenesin syrup 100 mg/5ml (Tussin)</i>	Tier 1	OTC, PA
<i>guaifenesin syrup 100 mg/5ml (Tussin Mucus + Chest Cong)</i>	Tier 1	OTC, PA
<i>guaifenesin syrup 100 mg/5ml (Wal-tussin)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 200 mg</i>	Tier 1	OTC, PA
<i>guaifenesin tab 200 mg (Coughtab)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 200 mg (Mucus Relief Chest Conges)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 200 mg (Refenesen)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 200 mg (Sb Coughtab)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 400 mg</i>	Tier 1	OTC, PA
<i>guaifenesin tab 400 mg (Bidex)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 400 mg (Cvs Chest Congestion Reli)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 400 mg (Fenesin Ir)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 400 mg (G-fen Ex)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 400 mg (Gnp Tab Tussin)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 400 mg (Liquibid)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 400 mg (Mucosa)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 400 mg (Mucus Relief Chest Conges)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 400 mg (Pharbinex)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 400 mg (Qc Medifin 400)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 400 mg (Refenesen 400)</i>	Tier 1	OTC, PA
<i>guaifenesin tab 400 mg (Xpect)</i>	Tier 1	OTC, PA
<i>guaifenesin tab er 12hr 600 mg (Eq Mucus Er)</i>	Tier 1	OTC, PA
<i>guaifenesin tab er 12hr 600 mg (Gnp Mucus Er)</i>	Tier 1	OTC, PA
<i>guaifenesin tab er 12hr 600 mg (Mucus Relief Er)</i>	Tier 1	OTC, PA
<i>guaifenesin tab er 12hr 600 mg (Ra Mucus Relief)</i>	Tier 1	OTC, PA
<i>guaifenesin tab er 12hr 600 mg (Sm Mucus Relief)</i>	Tier 1	OTC, PA
<b>MISC. RESPIRATORY INHALANTS</b>		
<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	
<b>MUCOLYTICS</b>		
<i>acetylcysteine inhal soln 20%</i>	Tier 1	QL (3600 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
ACNE MEDICAT LOT 10% ( <i>benzoyl peroxide</i> )	Tier 1	OTC
BENZOYL PER GEL 2.5%	Tier 1	OTC, QL (60 gm / 25 days)
<i>benzoyl peroxide gel 5%</i>	Tier 1	OTC
<i>benzoyl peroxide gel 5%</i> (Acne Medication 5)	Tier 1	OTC
<i>benzoyl peroxide gel 5%</i> (Bp Gel)	Tier 1	OTC
<i>benzoyl peroxide gel 10%</i>	Tier 1	OTC
<i>benzoyl peroxide gel 10%</i> (Acne Medication 10)	Tier 1	OTC
<i>benzoyl peroxide gel 10%</i> (Acne-clear)	Tier 1	OTC
<i>benzoyl peroxide gel 10%</i> (Bp Gel)	Tier 1	OTC
<i>benzoyl peroxide gel 10%</i> (Clean & Clear Persa-gel M)	Tier 1	OTC
<i>benzoyl peroxide gel 10%</i> (Cvs Acne Treatment/maximu)	Tier 1	OTC
<i>benzoyl peroxide gel 10%</i> (Ra Renewal Medicated Acne)	Tier 1	OTC
<i>benzoyl peroxide liq 5%</i> (Benzoyl Peroxide Wash)	Tier 1	OTC, QL (240 gm / 25 days)
<i>benzoyl peroxide liq 5%</i> (Bp Wash)	Tier 1	OTC, QL (240 gm / 25 days)
<i>benzoyl peroxide liq 5%</i> (Cvs Advanced 3-in-1 Exfol)	Tier 1	OTC, QL (240 gm / 25 days)
<i>benzoyl peroxide liq 10%</i> (Acne Foaming Wash)	Tier 1	OTC, QL (240 gm / 25 days)
<i>benzoyl peroxide liq 10%</i> (Benzoyl Peroxide Wash)	Tier 1	OTC, QL (240 gm / 25 days)
<i>benzoyl peroxide liq 10%</i> (Bp Wash)	Tier 1	OTC, QL (240 gm / 25 days)
<i>benzoyl peroxide liq 10%</i> (Cvs Foaming Acne Face Was)	Tier 1	OTC, QL (240 gm / 25 days)
<i>benzoyl peroxide liq 10%</i> (Panoxyl Foaming Wash)	Tier 1	OTC, QL (240 gm / 25 days)
BENZOYL PEROXIDE LOTION 5% ( <i>benzoyl peroxide</i> )	Tier 1	OTC
<i>clindamycin phosphate gel 1%</i>	Tier 1	QL (180 mL / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate lotion 1%</i>	Tier 1	QL (300 mL / 30 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate soln 1%</i>	Tier 1	QL (60 mL / 25 days)
<i>DIFFERIN GEL 0.1% (adapalene)</i>	Tier 1	OTC, QL (45 gm / 25 days)
<i>erythromycin soln 2%</i>	Tier 1	QL (450 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	Tier 1	PA
<i>isotretinoin cap 10 mg (Amnesteem)</i>	Tier 1	PA
<i>isotretinoin cap 10 mg (Claravis)</i>	Tier 1	PA
<i>isotretinoin cap 10 mg (Myorisan)</i>	Tier 1	PA
<i>isotretinoin cap 10 mg (Zenatane)</i>	Tier 1	PA
<i>isotretinoin cap 20 mg</i>	Tier 1	PA
<i>isotretinoin cap 20 mg (Amnesteem)</i>	Tier 1	PA
<i>isotretinoin cap 20 mg (Claravis)</i>	Tier 1	PA
<i>isotretinoin cap 20 mg (Myorisan)</i>	Tier 1	PA
<i>isotretinoin cap 20 mg (Zenatane)</i>	Tier 1	PA
<i>isotretinoin cap 30 mg</i>	Tier 1	PA
<i>isotretinoin cap 30 mg (Claravis)</i>	Tier 1	PA
<i>isotretinoin cap 30 mg (Myorisan)</i>	Tier 1	PA
<i>isotretinoin cap 30 mg (Zenatane)</i>	Tier 1	PA
<i>isotretinoin cap 40 mg</i>	Tier 1	PA
<i>isotretinoin cap 40 mg (Amnesteem)</i>	Tier 1	PA
<i>isotretinoin cap 40 mg (Claravis)</i>	Tier 1	PA
<i>isotretinoin cap 40 mg (Myorisan)</i>	Tier 1	PA
<i>isotretinoin cap 40 mg (Zenatane)</i>	Tier 1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 1	QL (118 mL / 25 days), PA
<i>tretinoin cream 0.1%</i>	Tier 1	QL (135 gm / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 35 years old & under

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tretinoin cream 0.05%</i>	Tier 1	QL (135 gm / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 35 years old & under
<i>tretinoin cream 0.025%</i>	Tier 1	QL (135 gm / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 35 years old & under
<i>tretinoin cream 0.025% (Avita)</i>	Tier 1	QL (135 gm / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 35 years old & under
<i>tretinoin gel 0.01%</i>	Tier 1	QL (135 gm / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 35 years old & under
<i>tretinoin gel 0.025%</i>	Tier 1	QL (135 gm / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 35 years old & under
<i>tretinoin gel 0.025% (Avita)</i>	Tier 1	QL (135 gm / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 35 years old & under

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>diclofenac sodium gel 1%</i>	Tier 1	PA
<b>ANTIBIOTICS - TOPICAL</b>		
<i>bacitracin oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin oint 500 unit/gm (Bacitraycin Plus)</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm (Bacitracin Zinc)</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm (Cvs Bacitracin)</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm (Eq Bacitracin Zinc)</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm (Sm Antibiotic)</i>	Tier 1	OTC
<i>bacitracin-polymyxin b oint (Cvs Poly Bacitracin)</i>	Tier 1	OTC
<i>bacitracin-polymyxin b oint (Double Antibiotic)</i>	Tier 1	OTC
<i>bacitracin-polymyxin b oint (Wal-sporin)</i>	Tier 1	OTC
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	QL (30 gm / 25 days)
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	QL (30 gm / 25 days)
<i>mupirocin oint 2%</i>	Tier 1	QL (44 gm / 25 days)
<i>neomycin-bacitracin-polymyxin oint (Curad Triple Antibiotic)</i>	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint (Cvs Antibiotic)</i>	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint (Eq Triple Antibiotic)</i>	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint (Eq1 First Aid Antibiotic)</i>	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint (First Aid Antibiotic)</i>	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint (Gnp Triple Antibiotic)</i>	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint (Hm Triple Antibiotic)</i>	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint (Lanabiotic)</i>	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint (Px Triple Ointment)</i>	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint (Ra Triple Antibiotic)</i>	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint (Sb Triple Antibiotic)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-bacitracin-polymyxin oint</i> (Sm Triple Antibiotic Orig)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint</i> (Triple Antibiotic)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint</i> (Triple Antibiotic First A)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Cvs Antibiotic Pain/scar)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Cvs Triple Antibiotic/pai)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Hm Triple Antibiotic Plus)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Neosporin + Pain Relief M)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Neosporin Pain/itch/scar)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Neosporin/burn Relief)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Ra Antibiotic/pain Relief)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Ra Triple Antibiotic Plus)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Tri-biozene)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Triple Antibiotic Plus Ma)	Tier 1	OTC

### **ANTIFUNGALS - TOPICAL**

<i>ciclopirox olamine cream 0.77%</i> (base equiv)	Tier 1	QL (600 gm / 30 days)
<i>ciclopirox olamine susp 0.77%</i> (base equiv)	Tier 1	QL (60 mL / 25 days)
<i>ciclopirox solution 8%</i>	Tier 1	QL (6.6 mL / 25 days)
<i>ciclopirox solution 8%</i> (Ciclodan)	Tier 1	QL (6.6 mL / 25 days)
<i>clotrimazole cream 1%</i>	Tier 1	
<i>clotrimazole cream 1%</i> (Clotrimazole Grx)	Tier 1	OTC
<i>clotrimazole cream 1%</i> (Cvs Clotrimazole)	Tier 1	OTC
<i>clotrimazole cream 1%</i> (Cvs Itch Relief Antifunga)	Tier 1	OTC
<i>clotrimazole cream 1%</i> (Cvs Ringworm)	Tier 1	OTC
<i>clotrimazole cream 1%</i> (Desenex)	Tier 1	OTC
<i>clotrimazole cream 1%</i> (Eq Antifungal)	Tier 1	OTC
<i>clotrimazole cream 1%</i> (Eq Jock Itch)	Tier 1	OTC
<i>clotrimazole cream 1%</i> (Pro-ex Antifungal)	Tier 1	OTC
<i>clotrimazole cream 1%</i> (Shopko Athletes Foot)	Tier 1	OTC
<i>clotrimazole soln 1%</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clotrimazole soln 1%</i>	Tier 1	OTC
<i>clotrimazole soln 1%</i> (Fungicure Intensive With)	Tier 1	OTC
<i>ketoconazole cream 2%</i>	Tier 1	QL (60 gm / 25 days)
<i>ketoconazole shampoo 2%</i>	Tier 1	QL (120 mL / 25 days)
<i>miconazole nitrate aerosol pow 2%</i> (Athletes Foot Powder Spra)	Tier 1	OTC
<i>miconazole nitrate aerosol pow 2%</i> (Cruex Prescription Streng)	Tier 1	OTC
<i>miconazole nitrate aerosol pow 2%</i> (Cvs Athletes Foot Powder)	Tier 1	OTC
<i>miconazole nitrate aerosol pow 2%</i> (Desenex Jock Itch Spray P)	Tier 1	OTC
<i>miconazole nitrate aerosol pow 2%</i> (Gnp Miconazole Nitrate)	Tier 1	OTC
<i>miconazole nitrate aerosol pow 2%</i> (Lotrimin Af Powder)	Tier 1	OTC
<i>miconazole nitrate cream 2%</i>	Tier 1	OTC, QL (150 gm / 25 days)
<i>miconazole nitrate cream 2%</i> (Antifungal)	Tier 1	OTC, QL (150 gm / 25 days)
<i>miconazole nitrate cream 2%</i> (Cavilon)	Tier 1	OTC, QL (150 gm / 25 days)
<i>miconazole nitrate cream 2%</i> (Micaderm)	Tier 1	OTC, QL (150 gm / 25 days)
<i>miconazole nitrate cream 2%</i> (Podactin)	Tier 1	OTC, QL (150 gm / 25 days)
<i>miconazole nitrate cream 2%</i> (Remedy Antifungal)	Tier 1	OTC, QL (150 mL / 25 days)
<i>miconazole nitrate cream 2%</i> (Sm Antifungal Miconazole)	Tier 1	OTC, QL (150 gm / 25 days)
<i>miconazole nitrate cream 2%</i> (Soothe & Cool Inzo Antifu)	Tier 1	OTC, QL (150 gm / 25 days)
<i>miconazole nitrate cream 2%</i> (Tineacide)	Tier 1	OTC, QL (150 gm / 25 days)
<i>miconazole nitrate ointment 2%</i> (Dermafungal)	Tier 1	OTC
<i>miconazole nitrate ointment 2%</i> (Remedy Antifungal Clear/p)	Tier 1	OTC
<i>miconazole nitrate ointment 2%</i> (Tetterine)	Tier 1	OTC
<i>miconazole nitrate ointment 2%</i> (Triple Paste Af)	Tier 1	OTC
<i>miconazole nitrate powder 2%</i> (Antifungal Powder)	Tier 1	OTC
<i>miconazole nitrate powder 2%</i> (Athletes Foot Powder)	Tier 1	OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>miconazole nitrate powder 2% (Cvs Anti-fungal Powder)</i>	Tier 1	OTC
<i>miconazole nitrate powder 2% (Desenex)</i>	Tier 1	OTC
<i>miconazole nitrate powder 2% (Gnp Miconazorb Af)</i>	Tier 1	OTC
<i>miconazole nitrate powder 2% (Lotrimin Af)</i>	Tier 1	OTC
<i>miconazole nitrate powder 2% (Remedy Antifungal)</i>	Tier 1	OTC
<i>miconazole nitrate powder 2% (Zeasorb-af)</i>	Tier 1	OTC
<i>nystatin cream 100000 unit/gm</i>	Tier 1	QL (90 gm / 25 days)
<i>nystatin oint 100000 unit/gm</i>	Tier 1	QL (90 gm / 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	Tier 1	QL (30 gm / 25 days)
<i>nystatin topical powder 100000 unit/gm (Nyamyc)</i>	Tier 1	QL (30 gm / 25 days)
<i>nystatin topical powder 100000 unit/gm (Nystop)</i>	Tier 1	QL (30 gm / 25 days)
<i>terbinafine hcl cream 1%</i>	Tier 1	OTC, QL (30 gm / 25 days)
<i>terbinafine hcl cream 1% (Athletes Foot Af Cream)</i>	Tier 1	OTC, QL (30 gm / 25 days)
<i>terbinafine hcl cream 1% (Cvs Athletes Foot)</i>	Tier 1	OTC, QL (30 gm / 25 days)
<i>terbinafine hcl cream 1% (Cvs Jock Itch)</i>	Tier 1	OTC, QL (30 gm / 25 days)
<i>terbinafine hcl cream 1% (Ra Antifungal Foot Care)</i>	Tier 1	OTC, QL (30 gm / 25 days)
<i>terbinafine hcl cream 1% (Ra Foot Care Antifungal)</i>	Tier 1	OTC, QL (30 gm / 25 days)
<i>terbinafine hcl cream 1% (Tgt Athletes Foot)</i>	Tier 1	OTC, QL (30 gm / 25 days)
<i>tolnaftate aerosol pow 1%</i>	Tier 1	OTC
<i>tolnaftate aerosol pow 1% (Athletes Foot Antifungal)</i>	Tier 1	OTC
<i>tolnaftate aerosol pow 1% (Cvs Af Spray Powder)</i>	Tier 1	OTC
<i>tolnaftate aerosol pow 1% (Cvs Foot &amp; Sneaker Powder)</i>	Tier 1	OTC
<i>tolnaftate aerosol pow 1% (Eq Athletes Foot)</i>	Tier 1	OTC
<i>tolnaftate aerosol pow 1% (Jock Itch Spray)</i>	Tier 1	OTC
<i>tolnaftate aerosol pow 1% (Lamisil Af Defense)</i>	Tier 1	OTC
<i>tolnaftate aerosol pow 1% (Odor Control Foot &amp; Sneak)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tolnaftate aerosol pow 1% (Odor Eaters Foot &amp; Sneake)</i>	Tier 1	OTC
<i>tolnaftate aerosol pow 1% (Ra Jock Itch Maximum Stre)</i>	Tier 1	OTC
<i>tolnaftate aerosol pow 1% (Tgt Antifungal Spray Powd)</i>	Tier 1	OTC
<i>tolnaftate cream 1% (Eq Athletes Foot)</i>	Tier 1	OTC
<i>tolnaftate cream 1% (Eq Antifungal)</i>	Tier 1	OTC
<i>tolnaftate cream 1% (Fungi-guard)</i>	Tier 1	OTC
<i>tolnaftate cream 1% (Fungoid-d)</i>	Tier 1	OTC
<i>tolnaftate cream 1% (Kp Tolnaftate)</i>	Tier 1	OTC
<i>tolnaftate cream 1% (Ra Foot Care Antifungal)</i>	Tier 1	OTC
<i>tolnaftate cream 1% (Sb Anti-fungal)</i>	Tier 1	OTC
<i>tolnaftate cream 1% (Sm Antifungal Tolnaftate)</i>	Tier 1	OTC
<i>tolnaftate cream 1% (Tgt Antifungal)</i>	Tier 1	OTC
<i>tolnaftate powder 1%</i>	Tier 1	OTC
<i>tolnaftate powder 1% (Anti-fungal Powder)</i>	Tier 1	OTC
<i>tolnaftate powder 1% (Odor Eaters Antifungal)</i>	Tier 1	OTC
<i>tolnaftate powder 1% (Podactin Powder)</i>	Tier 1	OTC
<i>tolnaftate soln 1% (Blis-to-sol)</i>	Tier 1	OTC
<i>tolnaftate soln 1% (Dr Gs Clear Nail)</i>	Tier 1	OTC
<i>tolnaftate soln 1% (Foot Repair Serum)</i>	Tier 1	OTC
<i>tolnaftate soln 1% (Fungal Nail Eraser)</i>	Tier 1	OTC
<i>tolnaftate soln 1% (Medicated Anti-fungal)</i>	Tier 1	OTC
<i>tolnaftate soln 1% (Mycocide Clinical Ns Anti)</i>	Tier 1	OTC
<i>tolnaftate soln 1% (The Treatment Formula 3)</i>	Tier 1	OTC
<i>tolnaftate soln 1% (Tinaspore)</i>	Tier 1	OTC
<b>ANTI-HISTAMINES-TOPICAL</b>		
<i>diphenhydramine-zinc acetate cream 2-0.1% (Eq Anti-itch Extra Streng)</i>	Tier 1	OTC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>fluorouracil cream 5%</i>	Tier 1	
<b>ANTIPSORIATICS</b>		
<i>calcipotriene cream 0.005%</i>	Tier 1	PA
<i>calcipotriene oint 0.005%</i>	Tier 1	PA
<i>calcipotriene oint 0.005% (Calcitrene)</i>	Tier 1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 1	PA
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide lotion 1% (Cvs Anti-dandruff)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>selenium sulfide lotion 1% (Dandruff Shampoo)</i>	Tier 1	OTC
<i>selenium sulfide lotion 1% (Ra Renewal Dandruff Shamp)</i>	Tier 1	OTC
<i>selenium sulfide lotion 2.5%</i>	Tier 1	

### **ANTIVIRALS - TOPICAL**

<i>acyclovir oint 5%</i>	Tier 1	PA; Covered for ages 18 years old & under
<i>docosanol cream 10%</i>	Tier 1	OTC, QL (2 gm / 15 days)

### **BURN PRODUCTS**

<i>silver sulfadiazine cream 1%</i>	Tier 1	
<i>silver sulfadiazine cream 1% (Ssd)</i>	Tier 1	

### **CORTICOSTEROIDS - TOPICAL**

<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	QL (50 gm / 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	QL (50 gm / 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	QL (60 mL / 25 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	QL (50 gm / 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	QL (60 mL / 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1	QL (45 gm / 25 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (45 gm / 25 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1	QL (60 mL / 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	QL (45 gm / 25 days)
<i>clobetasol propionate soln 0.05%</i>	Tier 1	QL (50 mL / 25 days)
<i>desonide cream 0.05%</i>	Tier 1	QL (60 gm / 25 days), ST; Requires trial of 3 preferred low potency steroids
<i>desonide oint 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	QL (60 gm / 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 1	QL (120 mL / 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 1	QL (120 mL / 25 days)
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	QL (60 gm / 25 days)
<i>fluocinonide cream 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>fluocinonide gel 0.05%</i>	Tier 1	QL (60 gm / 25 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluocinonide oint 0.05%</i>	Tier 1	QL (60 gm / 25 days), ST; Requires trial of mometasone crm & either fluocinolone crm or triamcinolone acetonide crm 0.5%
<i>fluocinonide soln 0.05%</i>	Tier 1	QL (60 mL / 25 days)
<i>fluticasone propionate cream 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>fluticasone propionate oint 0.005%</i>	Tier 1	QL (60 gm / 25 days)
<i>halobetasol propionate cream 0.05%</i>	Tier 1	QL (50 gm / 25 days)
<i>halobetasol propionate oint 0.05%</i>	Tier 1	QL (50 gm / 25 days)
<i>hydrocortisone cream 0.5%</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 0.5% (Instacort 5)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Aveeno Anti-itch Maximum)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Cortaid Maximum Strength)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Curad Hydrocortisone)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Cvs Anti-itch Maximum Str)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Cvs Cortisone Intense Hea)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Cvs Cortisone Maximum Str)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Eq 1% Hydrocortisone)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Eq Hydrocortisone Maximu)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Eq Hydrocortisone Plus)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Eq Anti-itch Maximum Str)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Gnp Hydrocortisone Plus)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Hydrocortisone)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Kericort 10)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Noble Formula Hc)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Preparation H)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1% (Px Hydrocream)</i>	Tier 1	OTC, QL (60 gm / 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone cream 1%</i> (Ra Anti-itch Maximum Stre)	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1%</i> (Ra Hydrocortisone Maximum)	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1%</i> (Ra Hydrocortisone Plus 12)	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1%</i> (Recort Plus)	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1%</i> (Sb Hydrocortisone)	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1%</i> (Sm Hydrocortisone)	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1%</i> (Tgt Anti-itch Plus Oatmea)	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1%</i> (Tgt Anti-itch/aloe/vitami)	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1%- rx</i>	Tier 1	QL (60 gm / 25 days)
<i>hydrocortisone cream 1%- rx</i> (Ala-cort)	Tier 1	QL (60 gm / 25 days)
<i>hydrocortisone cream 2.5%</i>	Tier 1	QL (60 gm / 25 days)
<i>hydrocortisone cream 2.5%</i> (Ala-cort)	Tier 1	QL (60 gm / 25 days)
<i>hydrocortisone lotion 1%</i>	Tier 1	OTC
<i>hydrocortisone lotion 1%</i> (Aquanil Hc)	Tier 1	OTC
<i>hydrocortisone lotion 1%</i> (Beta Hc)	Tier 1	OTC
<i>hydrocortisone lotion 1%</i> (Cortizone-10 Diabetics Sk)	Tier 1	OTC
<i>hydrocortisone lotion 1%</i> (Cortizone-10 Eczema)	Tier 1	OTC
<i>hydrocortisone lotion 1%</i> (Cortizone-10 Hydratensive)	Tier 1	OTC
<i>hydrocortisone lotion 1%</i> (Cvs Cortisone Maximum Str)	Tier 1	OTC
<i>hydrocortisone lotion 1%</i> (Dermarest Eczema)	Tier 1	OTC
<i>hydrocortisone lotion 1%</i> (Sarnol-hc)	Tier 1	OTC
<i>hydrocortisone lotion 2.5%</i>	Tier 1	QL (60 mL / 25 days)
<i>hydrocortisone oint 0.5%</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone oint 1%</i> (Cortizone-10)	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone oint 1%</i> (Cvs Cortisone Maximum Str)	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone oint 1%</i> (Eql Anti-itch Maximum Str)	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone oint 1%</i> (Hydrocortisone)	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone oint 1%</i> (Ra Anti-itch/maximum Stre)	Tier 1	OTC, QL (60 gm / 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone oint 1% (Sb Hydrocortisone Maximum)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone oint 1% (Sm Hydrocortisone Maximum)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone oint 1%- rx</i>	Tier 1	QL (60 gm / 25 days)
<i>hydrocortisone oint 2.5%</i>	Tier 1	QL (60 gm / 25 days)
<i>hydrocortisone-aloe vera cream 0.5%</i>	Tier 1	OTC
<i>hydrocortisone-aloe vera cream 0.5% (Kp Hydrocortisone/aloe)</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone-aloe vera cream 1% (Cortizone-10 Intensive He)</i>	Tier 1	OTC
<i>hydrocortisone-aloe vera cream 1% (Cortizone-10 Plus)</i>	Tier 1	OTC
<i>hydrocortisone-aloe vera cream 1% (Cortizone-10/aloe)</i>	Tier 1	OTC
<i>hydrocortisone-aloe vera cream 1% (Hm Hydrocortisone Plus)</i>	Tier 1	OTC
<i>hydrocortisone-aloe vera cream 1% (Hm Hydrocortisone/aloe Ma)</i>	Tier 1	OTC
<i>hydrocortisone-aloe vera cream 1% (Kls Hydrocortisone Plus)</i>	Tier 1	OTC
<i>hydrocortisone-aloe vera cream 1% (Ra Hydrocortisone Plus)</i>	Tier 1	OTC
<i>hydrocortisone-aloe vera cream 1% (Sm Hydrocortisone Plus)</i>	Tier 1	OTC
<i>mometasone furoate cream 0.1%</i>	Tier 1	QL (45 gm / 25 days)
<i>mometasone furoate oint 0.1%</i>	Tier 1	QL (45 gm / 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	QL (60 mL / 25 days)
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	
<i>triamcinolone acetonide cream 0.1% (Triderm)</i>	Tier 1	
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	
<i>triamcinolone acetonide cream 0.5% (Triderm)</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	
<b>EMOLLIENTS</b>		
<i>emollient - ointment (Dermaphor)</i>	Tier 1	OTC
<i>emollient - ointment (E-ointment)</i>	Tier 1	OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	QL (280 gm / 25 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	OTC, QL (280 gm / 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lactic acid (ammonium lactate) cream 12%</i> (Geri-hydrolac 12)	Tier 1	OTC, QL (280 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	QL (225 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	OTC, QL (225 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i> (Al12)	Tier 1	OTC, QL (225 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i> (Amlactin)	Tier 1	OTC, QL (225 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i> (Cvs Skin Treatment Body L)	Tier 1	OTC, QL (225 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i> (Geri-hydrolac 12)	Tier 1	OTC, QL (225 mL / 25 days)
<b>ENZYMES - TOPICAL</b>		
SANTYL OIN 250/GM ( <i>collagenase</i> )	Tier 1	QL (30 gm / 30 days), PA
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod cream 5%</i>	Tier 1	QL (24 ea / 25 days), PA
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus cream 1%</i>	Tier 1	QL (60 gm / 30 days), PA
<i>tacrolimus oint 0.1%</i>	Tier 1	QL (30 gm / 25 days), PA
<i>tacrolimus oint 0.03%</i>	Tier 1	QL (30 gm / 25 days), PA
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 180 days)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
ARTH PAIN CRE 0.075% ( <i>capsaicin</i> )	Tier 1	OTC
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>capsaicin cream 0.1%</i> (Cvs Capsaicin Hp)	Tier 1	OTC
<i>capsaicin cream 0.025%</i>	Tier 1	OTC
<i>capsaicin cream 0.025%</i> (Sure Result Sr Relief)	Tier 1	OTC
<i>lidocaine cream 4%</i>	Tier 1	OTC
<i>lidocaine cream 4%</i> (Anecream)	Tier 1	OTC
<i>lidocaine cream 4%</i> (Aspercreme W/lidocaine)	Tier 1	OTC
<i>lidocaine cream 4%</i> (Lidocream)	Tier 1	OTC
<i>lidocaine hcl gel 2%</i> (Regenecare Ha)	Tier 1	OTC
<i>lidocaine hcl gel 2%</i> - rx (7t Lido Gel)	Tier 1	
<i>lidocaine hcl soln 4%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel 2%</i> (Glydo)	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine patch 4% (Gnp Lidocaine Pain Relief)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>lidocaine patch 4% (Qc Lidocaine Pain Relief)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>lidocaine patch 5%</i>	Tier 1	QL (90 ea / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm / 25 days)

### **MISC. TOPICAL**

<i>skin protectants misc - cream (Americerin)</i>	Tier 1	OTC
<i>skin protectants misc - cream (Dermacerin)</i>	Tier 1	OTC
<i>skin protectants misc - cream (Hydrocerin Plus)</i>	Tier 1	OTC
<i>skin protectants misc - cream (Kerodex-51 Dry/oily)</i>	Tier 1	OTC
<i>skin protectants misc - cream (Kerodex-71 Wet)</i>	Tier 1	OTC
<i>skin protectants misc - cream (Minerin)</i>	Tier 1	OTC

### **ROSACEA AGENTS**

<i>metronidazole cream 0.75%</i>	Tier 1	
<i>metronidazole cream 0.75% (Rosadan)</i>	Tier 1	
<i>metronidazole gel 0.75%</i>	Tier 1	
<i>metronidazole gel 0.75% (Rosadan)</i>	Tier 1	
<i>metronidazole lotion 0.75%</i>	Tier 1	

### **SCABICIDES & PEDICULICIDES**

<i>malathion lotion 0.5%</i>	Tier 1	ST; Requires trial of a permethrin AND pyrethrins/piperonyl butoxide
<i>permethrin aerosol 0.5% (Gnp Lice Bedding)</i>	Tier 1	OTC
<i>permethrin aerosol 0.5% (Sm Bedding Lice Treatment)</i>	Tier 1	OTC
<i>permethrin cream 5%</i>	Tier 1	
<i>permethrin creme rinse 1% (Cvs Lice Treatment)</i>	Tier 1	OTC
<i>permethrin lotion 1% (Lice Treatment)</i>	Tier 1	OTC
<i>permethrin lotion 1% (Ra Lice Treatment)</i>	Tier 1	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit (Cvs Lice Solution Kit)</i>	Tier 1	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit (Eq Complete Lice Treatment)</i>	Tier 1	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit (Licide Complete Lice Trea)</i>	Tier 1	OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit (Ra Lice Solution Kit)</i>	Tier 1	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit (Sm Lice Solution Kit)</i>	Tier 1	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit (Stop Lice Complete Lice T)</i>	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4% (Licide Maximum Strength)</i>	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4% (Sm Lice Killing)</i>	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4% (Stop Lice Maximum Strengt)</i>	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4% (Eq Lice Killing Maximum S)</i>	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4% (Gnp Lice Treatment)</i>	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4% (Lice Killing Shampoo)</i>	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4% (Licide)</i>	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4% (Rid Lice Killing Shampoo)</i>	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4% (Stop Lice Maximum Strengt)</i>	Tier 1	OTC
<i>spinosad susp 0.9%</i>	Tier 1	ST; Requires trial of malathion

## **DIAGNOSTIC PRODUCTS**

### **DIAGNOSTIC DRUGS**

THYROGEN INJ 1.1MG ( <i>thyrotropin alfa</i> )	Tier 1	SP, QL (2 ea / 180 days), PA
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### **DIAGNOSTIC TESTS**

ACETONE (URINE) TEST STRIP	Tier 1	OTC
ACETONE (URINE) TEST STRIP ( <i>acetone (urine) test</i> )	Tier 1	OTC
TRUE METRIX TES GLUCOSE ( <i>glucose blood</i> )	Tier 1	OTC, QL (50 ea / 30 days)
TRUE METRIX TES GLUCOSE ( <i>glucose blood</i> )	Tier 1	OTC, QL (200 ea / 25 days), ST; Max of #50/month for non- insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins

Drug Name	Drug Tier	Requirements/Limits
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**DIGESTIVE AIDS**

**DIGESTIVE ENZYMES**

CREON CAP 3000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 1	QL (180 ea / 30 days)
CREON CAP 6000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 1	QL (180 ea / 30 days)
CREON CAP 12000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 1	QL (180 ea / 30 days)
CREON CAP 24000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 1	QL (180 ea / 30 days)
CREON CAP 36000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 3000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 5000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 15000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 20000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 25000 ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 40000 ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 1	QL (180 ea / 30 days)

**DIURETICS - DRUGS TO TREAT HEART CONDITIONS**

**CARBONIC ANHYDRASE INHIBITORS**

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>acetazolamide tab 125 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>acetazolamide tab 250 mg</i>	Tier 1	QL (120 ea / 30 days)

**DIURETIC COMBINATIONS**

<i>ALDACTAZIDE TAB 50/50 (spironolactone &amp; hydrochlorothiazide)</i>	Tier 1	QL (60 ea / 30 days)
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Tier 1	QL (120 ea / 30 days)

**LOOP DIURETICS**

<i>bumetanide tab 0.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>bumetanide tab 1 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>bumetanide tab 2 mg</i>	Tier 1	QL (150 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	Covered for ages 12 years old & under
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	Covered for ages 12 years old & under
<i>furosemide tab 20 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>furosemide tab 40 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>furosemide tab 80 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>torseamide tab 5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>torseamide tab 10 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>torseamide tab 20 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>torseamide tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)

### **POTASSIUM SPARING DIURETICS**

<i>amiloride hcl tab 5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>spironolactone tab 25 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>spironolactone tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>spironolactone tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)

### **THIAZIDES AND THIAZIDE-LIKE DIURETICS**

<i>chlorthalidone tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>chlorthalidone tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>indapamide tab 1.25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>indapamide tab 2.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>metolazone tab 2.5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>metolazone tab 5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>metolazone tab 10 mg</i>	Tier 1	QL (60 ea / 30 days)

### **ENDOCRINE AND METABOLIC AGENTS - MISC.**

#### **BONE DENSITY REGULATORS**

<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4 ea / 28 days)
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4 ea / 28 days)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL / 30 days); Covered for ages 50 years old & over
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (1 ea / 28 days)
PROLIA SOL 60MG/ML ( <i>denosumab</i> )	Tier 1	SP, PA
TYMLOS INJ ( <i>abaloparatide</i> )	Tier 1	SP, PA

#### **GROWTH HORMONES**

OMNITROPE INJ 5.8MG ( <i>somatropin</i> )	Tier 1	SP, PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HORMONE RECEPTOR MODULATORS</b>		
<i>raloxifene hcl tab 60 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 50 years old & over
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
<i>INCRELEX INJ 40MG/4ML (mecasermin)</i>	Tier 1	SP, PA
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
<i>LUPR DEP-PED INJ 3M 30MG (leuprolide acetate (cpp) (3 month))</i>	Tier 1	SP, PA
<i>LUPR DEP-PED INJ 7.5MG (leuprolide acetate (cpp))</i>	Tier 1	SP, PA
<i>LUPR DEP-PED INJ 11.25MG (leuprolide acetate (cpp))</i>	Tier 1	SP, PA
<i>LUPR DEP-PED INJ 11.25MG (leuprolide acetate (cpp) (3 month))</i>	Tier 1	SP, PA
<i>LUPR DEP-PED INJ 15MG (leuprolide acetate (cpp))</i>	Tier 1	SP, PA
<i>SYNAREL SOL 2MG/ML (nafarelin acetate)</i>	Tier 1	SP, PA
<b>METABOLIC MODIFIERS</b>		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	QL (120 ea / 30 days)
<i>calcitriol cap 0.25 mcg</i>	Tier 1	QL (120 ea / 30 days)
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 1	SP, PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 1	SP, PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 1	SP, PA
<i>ELAPRASE INJ 6MG/3ML (idursulfase)</i>	Tier 1	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	QL (1800 mL / 30 days)
<i>levocarnitine tab 330 mg</i>	Tier 1	QL (540 ea / 30 days)
<i>SENSIPAR TAB 30MG (cinacalcet hcl)</i>	Tier 1	SP, PA
<i>SENSIPAR TAB 60MG (cinacalcet hcl)</i>	Tier 1	SP, PA
<i>SENSIPAR TAB 90MG (cinacalcet hcl)</i>	Tier 1	SP, PA
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 1	SP, PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1	PA
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	SP, QL (120 ea / 30 days)
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	SP, QL (150 ea / 30 days)
<i>STIMATE SOL 1.5MG/ML (desmopressin acetate)</i>	Tier 1	SP, PA
<b>SOMATOSTATIC AGENTS</b>		
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 1	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SANDOSTATIN KIT LAR 10MG ( <i>octreotide acetate</i> )	Tier 1	SP, PA
SANDOSTATIN KIT LAR 20MG ( <i>octreotide acetate</i> )	Tier 1	SP, PA
SANDOSTATIN KIT LAR 30MG ( <i>octreotide acetate</i> )	Tier 1	SP, PA

## **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

### **ESTROGEN COMBINATIONS**

<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Fyavolv)</i>	Tier 1	QL (28 ea / 28 days)

### **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

<i>estradiol tab 0.5 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>estradiol tab 1 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>estradiol tab 2 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under

## **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

### **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	QL (2 ea / day, max quantity 20 per fill)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	QL (2 ea / day, max quantity 20 per fill)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	QL (2 ea / day, max quantity 20 per fill)
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	PA
<i>levofloxacin tab 250 mg</i>	Tier 1	QL (1 ea / day, max 10 day supply)
<i>levofloxacin tab 500 mg</i>	Tier 1	QL (1 ea / day, max 10 day supply)
<i>levofloxacin tab 750 mg</i>	Tier 1	QL (1 ea / day, max 10 day supply)

## **GASTROINTESTINAL AGENTS - MISC.**

### **ANTIPLATULENTS**

<i>simethicone cap 125 mg</i>	Tier 1	OTC
<i>simethicone cap 125 mg (Gas Relief Extra Strength)</i>	Tier 1	OTC
<i>simethicone cap 125 mg (Gas-x Extra Strength)</i>	Tier 1	OTC
<i>simethicone cap 180 mg</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>simethicone cap 180 mg (Eql Gas Relief Ultra Stre)</i>	Tier 1	OTC
<i>simethicone cap 180 mg (Gas Relief Ultra Strength)</i>	Tier 1	OTC
<i>simethicone cap 180 mg (Gas-x Ultra Strength)</i>	Tier 1	OTC
<i>simethicone cap 180 mg (Gnp Anti-gas)</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg (Cvs Gas Relief)</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg (Gas Relief)</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg (Gnp Gas Relief)</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg (Hm Gas Relief)</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg (Mi-acid Gas Relief)</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg (Qc Gas Relief)</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg (Ra Gas Relief)</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg (Sm Gas Relief)</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg (Cvs Gas Relief Extra Stre)</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg (Eql Gas Gone Extra Streng)</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg (Gas Relief Extra Strength)</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg (Gnp Gas Relief Extra Stre)</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg (Hm Gas Relief)</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg (Phazyme)</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg (Qc Gas Relief Extra Stren)</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg (Ra Gas Relief Extra Stren)</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg (Sb Gas Relief)</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg (Sm Gas Relief)</i>	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml</i>	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml (Cvs Gas Relief Infants)</i>	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml (Gas Relief)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>simethicone susp 40 mg/0.6ml (Gas Relief Infants)</i>	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml (Infants Simethicone)</i>	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml (Little Remedies For Tummy)</i>	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml (Little Tummys Gas Relief)</i>	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml (Simeped)</i>	Tier 1	OTC
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>ursodiol cap 300 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>ursodiol tab 250 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>ursodiol tab 500 mg</i>	Tier 1	QL (60 ea / 30 days)
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	QL (180 ea / 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	QL (180 ea / 30 days)
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>APRISO CAP 0.375GM (mesalamine)</i>	Tier 1	QL (120 ea / 30 days)
<i>balsalazide disodium cap 750 mg</i>	Tier 1	
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 ea / 30 days)
<b>INTESTINAL ACIDIFIERS</b>		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	QL (5400 mL / 30 days)
<i>lactulose (encephalopathy) solution 10 gm/15ml (Enulose)</i>	Tier 1	QL (5400 mL / 30 days)
<i>lactulose (encephalopathy) solution 10 gm/15ml (Generlac)</i>	Tier 1	QL (5400 mL / 30 days)
<b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	QL (90 ea / 30 days)
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	QL (90 ea / 30 days)
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid irrigation soln 0.25%</i>	Tier 1	
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	QL (10000 mL / 25 days)
<i>sodium chloride irrigation soln 0.9% (Argyle Sterile Saline 100)</i>	Tier 1	QL (10000 mL / 25 days)
<i>sodium chloride irrigation soln 0.9% (Curity Sterile Saline)</i>	Tier 1	QL (10000 mL / 25 days)
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>finasteride tab 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	QL (60 ea / 30 days)
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>phenazopyridine hcl tab 200 mg (Phenazo)</i>	Tier 1	QL (90 ea / 30 days)
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (90 ea / 30 days)
<b>GOUT AGENTS</b>		
<i>allopurinol tab 100 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>allopurinol tab 300 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>colchicine tab 0.6 mg</i>	Tier 1	QL (30 ea / 90 days, max 1 fill per 90 days)
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	Tier 1	QL (90 ea / 30 days)
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tab er 400 mg</i>	Tier 1	QL (120 ea / 30 days)
<b>HUMAN PROTEIN C</b>		
CEPROTIN INJ 500 UNIT ( <i>protein c concentrate (human)</i> )	Tier 1	SP, PA
CEPROTIN INJ 1000UNIT ( <i>protein c concentrate (human)</i> )	Tier 1	SP, PA
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	
<i>anagrelide hcl cap 1 mg</i>	Tier 1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	PA
<i>cilostazol tab 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>cilostazol tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>dipyridamole tab 25 mg</i>	Tier 1	QL (300 ea / 30 days)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dipyridamole tab 50 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>dipyridamole tab 75 mg</i>	Tier 1	QL (120 ea / 30 days)

## **HEMATOPOIETIC AGENTS**

### **COBALAMINS**

<i>cyanocobalamin sl tab 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin sl tab 2500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 100 mcg (Sm Vitamin B-12)</i>	Tier 1	OTC
<i>cyanocobalamin tab 250 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg (Gnp Vitamin B-12)</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg (Qc Vitamin B12)</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg (Sm Vitamin B-12)</i>	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg (Gnp Vitamin B-12 Tr)</i>	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg (Qc Vitamin B12)</i>	Tier 1	OTC

### **FOLIC ACID/FOLATES**

<i>folic acid tab 1 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>folic acid tab 1 mg (Kp Folic Acid)</i>	Tier 1	OTC, QL (150 ea / 30 days)
<i>folic acid tab 400 mcg</i>	Tier 1	OTC, QL (150 ea / 30 days)
<i>folic acid tab 400 mcg (Sm Folic Acid)</i>	Tier 1	OTC, QL (150 ea / 30 days)

### **HEMATOPOIETIC GROWTH FACTORS**

ARANESP INJ 25MCG ( <i>darbepoetin alfa</i> )	Tier 1	SP, PA
ARANESP INJ 40MCG ( <i>darbepoetin alfa</i> )	Tier 1	SP, PA
ARANESP INJ 60MCG ( <i>darbepoetin alfa</i> )	Tier 1	SP, PA
ARANESP INJ 100MCG ( <i>darbepoetin alfa</i> )	Tier 1	SP, PA
ARANESP INJ 200MCG ( <i>darbepoetin alfa</i> )	Tier 1	SP, PA
ARANESP INJ 300MCG ( <i>darbepoetin alfa</i> )	Tier 1	SP, PA
ARANESP INJ 500MCG ( <i>darbepoetin alfa</i> )	Tier 1	SP, PA
EPOGEN INJ 2000/ML ( <i>epoetin alfa</i> )	Tier 1	SP, PA
EPOGEN INJ 4000/ML ( <i>epoetin alfa</i> )	Tier 1	SP, PA
EPOGEN INJ 10000/ML ( <i>epoetin alfa</i> )	Tier 1	SP, PA
EPOGEN INJ 20000/ML ( <i>epoetin alfa</i> )	Tier 1	SP, PA
FULPHILA INJ 6/0.6ML ( <i>pegfilgrastim-jmdb</i> )	Tier 1	SP, PA
LEUKINE INJ 250MCG ( <i>sargramostim</i> )	Tier 1	SP, PA
NEULASTA INJ 6MG/0.6M ( <i>pegfilgrastim</i> )	Tier 1	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEULASTA KIT 6MG/0.6M ( <i>pegfilgrastim</i> )	Tier 1	SP, PA
NEUPOGEN INJ 300/0.5 ( <i>filgrastim</i> )	Tier 1	SP, PA
NEUPOGEN INJ 300MCG ( <i>filgrastim</i> )	Tier 1	SP, PA
NEUPOGEN INJ 480/0.8 ( <i>filgrastim</i> )	Tier 1	SP, PA
NEUPOGEN INJ 480MCG ( <i>filgrastim</i> )	Tier 1	SP, PA
NIVESTYM INJ 300/0.5 ( <i>filgrastim-aafi</i> )	Tier 1	SP, PA
NIVESTYM INJ 480/0.8 ( <i>filgrastim-aafi</i> )	Tier 1	SP, PA
PROCRIT INJ 2000/ML ( <i>epoetin alfa</i> )	Tier 1	SP, PA
PROCRIT INJ 4000/ML ( <i>epoetin alfa</i> )	Tier 1	SP, PA
PROCRIT INJ 10000/ML ( <i>epoetin alfa</i> )	Tier 1	SP, PA
PROCRIT INJ 20000/ML ( <i>epoetin alfa</i> )	Tier 1	SP, PA
PROCRIT INJ 40000/ML ( <i>epoetin alfa</i> )	Tier 1	SP, PA
UDENYCA INJ 6MG/.6ML ( <i>pegfilgrastim-cbqv</i> )	Tier 1	SP, PA

### **HEMATOPOIETIC MIXTURES**

<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg (Ferocon)</i>	Tier 1	QL (60 ea / 30 days)
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg (Ferotinsic)</i>	Tier 1	QL (60 ea / 30 days)
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg (Foltrin)</i>	Tier 1	QL (60 ea / 30 days)
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg (TI Icon)</i>	Tier 1	QL (60 ea / 30 days)
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg (Tricon)</i>	Tier 1	QL (60 ea / 30 days)
<i>iron combination cap (Chromagen)</i>	Tier 1	QL (60 ea / 30 days)
<i>iron combination cap (Hematogen)</i>	Tier 1	QL (60 ea / 30 days)
<i>iron combination cap (Iron Complex)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg (Iferex 150 Forte)</i>	Tier 1	QL (60 ea / 30 days)
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg (Myferon 150 Forte)</i>	Tier 1	QL (60 ea / 30 days)
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg (Poly-iron 150 Forte)</i>	Tier 1	QL (60 ea / 30 days)
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg (Polysaccharide Iron Forte)</i>	Tier 1	QL (60 ea / 30 days)

### **IRON**

<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Tier 1	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe) (Ferrocite)</i>	Tier 1	OTC
FERROUS GLUC TAB 324MG	Tier 1	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> (Ferlate)	Tier 1	OTC
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	Tier 1	OTC
FERROUS SULF TAB 324MG EC	Tier 1	OTC
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i> (Gnp Iron)	Tier 1	OTC
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i> (Sm Iron Slow Release)	Tier 1	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Tier 1	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> (Iron Supplement Childrens)	Tier 1	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> (Ferosul)	Tier 1	OTC, QL (90 ea / 30 days)
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> (Ferrousul)	Tier 1	OTC, QL (90 ea / 30 days)
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> (Gnp Iron)	Tier 1	OTC, QL (90 ea / 30 days)
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> (Sm Iron)	Tier 1	OTC, QL (90 ea / 30 days)
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Tier 1	OTC
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i> (Gnp Iron)	Tier 1	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Ferrex 150)	Tier 1	OTC, QL (60 ea / 30 days)
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Ferric X-150)	Tier 1	OTC, QL (60 ea / 30 days)
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Myferon 150)	Tier 1	OTC, QL (60 ea / 30 days)
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Nu-iron 150)	Tier 1	OTC, QL (60 ea / 30 days)
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Poly-iron 150)	Tier 1	OTC, QL (60 ea / 30 days)

## **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

### **ANTI-HISTAMINE HYPNOTICS**

<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Eq1 Nighttime Sleep Aid)	Tier 1	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Hm Nighttime Sleep Aid)	Tier 1	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Night Time Sleep Aid)	Tier 1	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Nighttime Sleep-aid)	Tier 1	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Nytol)	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diphenhydramine hcl (sleep) tab 25 mg (Qc Rest Simply)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 25 mg (Ra Nighttime Sleep Aid)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 25 mg (Ra Sleep Aid)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 25 mg (Sb Sleep)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 25 mg (Simply Sleep)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 25 mg (Sleep Aid)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 25 mg (Sleep Ii)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 25 mg (Sleep Tabs)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 25 mg (Sleep-tabs)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 25 mg (Sm Nighttime Sleep Aid)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>diphenhydramine hcl (sleep) tab 25 mg (Sm Sleep Aid Night Time)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>doxylamine succinate (sleep) tab 25 mg (Cvs Sleep-aid Nighttime)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>doxylamine succinate (sleep) tab 25 mg (Cvs Ultra Sleep)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>doxylamine succinate (sleep) tab 25 mg (EqI Nighttime Sleep Aid)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>doxylamine succinate (sleep) tab 25 mg (Hm Sleep Aid)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>doxylamine succinate (sleep) tab 25 mg (Ra Sleep Aid)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>doxylamine succinate (sleep) tab 25 mg (Sm Sleep Aid)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>doxylamine succinate (sleep) tab 25 mg (Wal-som)</i>	Tier 1	OTC, QL (30 ea / 30 days)

### **BARBITURATE HYPNOTICS**

<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	QL (1500 mL / 30 days); Covered for ages 12 years old & under
<i>phenobarbital tab 15 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>phenobarbital tab 16.2 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>phenobarbital tab 30 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>phenobarbital tab 32.4 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>phenobarbital tab 60 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>phenobarbital tab 64.8 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>phenobarbital tab 97.2 mg</i>	Tier 1	QL (60 ea / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenobarbital tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>estazolam tab 1 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 18 years old & over
<i>estazolam tab 2 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 18 years old & over
<i>flurazepam hcl cap 15 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 15 - 64 years old
<i>flurazepam hcl cap 30 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 15 - 64 years old
<i>temazepam cap 15 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 18 years old & over
<i>temazepam cap 30 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 18 years old & over
<i>triazolam tab 0.25 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 18 years old & over
<i>triazolam tab 0.125 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 18 years old & over
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 18 years old & over
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 18 years old & over

## **LAXATIVES**

### **BULK LAXATIVES**

<i>calcium polycarbophil tab 625 mg</i>	Tier 1	OTC
<i>calcium polycarbophil tab 625 mg (Cvs Fiber Laxative)</i>	Tier 1	OTC
<i>calcium polycarbophil tab 625 mg (Eq Fiber Laxative)</i>	Tier 1	OTC
<i>calcium polycarbophil tab 625 mg (Eq Fiber Therapy)</i>	Tier 1	OTC
<i>calcium polycarbophil tab 625 mg (Eq Fiber Laxative)</i>	Tier 1	OTC
<i>calcium polycarbophil tab 625 mg (Fiber Laxative)</i>	Tier 1	OTC
<i>calcium polycarbophil tab 625 mg (Fiber-lax)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium polycarbophil tab 625 mg (Gnp Fiber-caps)</i>	Tier 1	OTC
<i>calcium polycarbophil tab 625 mg (Kls Fiber-tabs)</i>	Tier 1	OTC
<i>calcium polycarbophil tab 625 mg (Px Fiber)</i>	Tier 1	OTC
<i>calcium polycarbophil tab 625 mg (Ra Fiber-cap)</i>	Tier 1	OTC
<i>calcium polycarbophil tab 625 mg (Ra Fiber-tab)</i>	Tier 1	OTC
<i>calcium polycarbophil tab 625 mg (Sb Fiber Laxative)</i>	Tier 1	OTC
<i>calcium polycarbophil tab 625 mg (Sm Fiber)</i>	Tier 1	OTC
<i>KONSYL DAILY POW 28.3% (psyllium)</i>	Tier 1	OTC
<i>KONSYL DAILY POW 100% (psyllium)</i>	Tier 1	OTC
<i>KONSYL-D POW 52.3% (psyllium)</i>	Tier 1	OTC
<i>METAMUCIL POW 28%ORG (psyllium)</i>	Tier 1	OTC
<i>METAMUCIL POW 58.12% (psyllium)</i>	Tier 1	OTC
<i>METAMUCIL WAF (psyllium)</i>	Tier 1	OTC
<i>methylcellulose tab 500 mg (Cvs Soluble Fiber Therapy)</i>	Tier 1	OTC
<i>methylcellulose tab 500 mg (Gnp Fiber Therapy)</i>	Tier 1	OTC
<i>methylcellulose tab 500 mg (Goodsense Fiber)</i>	Tier 1	OTC
<i>methylcellulose tab 500 mg (Hm Fiber)</i>	Tier 1	OTC
<i>methylcellulose tab 500 mg (Ra Soluble Fiber)</i>	Tier 1	OTC
<i>methylcellulose tab 500 mg (Sm Fiber Laxative)</i>	Tier 1	OTC
<i>psyllium cap 0.52 gm</i>	Tier 1	OTC
<i>psyllium cap 0.52 gm (Cvs Daily Fiber)</i>	Tier 1	OTC
<i>psyllium cap 0.52 gm (Cvs Fiber)</i>	Tier 1	OTC
<i>psyllium cap 0.52 gm (Eq Fiber Therapy)</i>	Tier 1	OTC
<i>psyllium cap 0.52 gm (Gnp Natural Fiber)</i>	Tier 1	OTC
<i>psyllium cap 0.52 gm (Medi-mucil)</i>	Tier 1	OTC
<i>psyllium cap 0.52 gm (Px Fiber)</i>	Tier 1	OTC
<i>psyllium cap 0.52 gm (Qc Fiber Laxative)</i>	Tier 1	OTC
<i>psyllium cap 0.52 gm (Ra Fiber)</i>	Tier 1	OTC
<i>psyllium cap 0.52 gm (Tgt Psyllium Fiber)</i>	Tier 1	OTC
<i>psyllium cap 0.52 gm (Wal-mucil)</i>	Tier 1	OTC
<i>psyllium powder 28.3% (Eq Fiber Therapy)</i>	Tier 1	OTC
<i>psyllium powder 28.3% (Hm Fiber)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>psyllium powder 28.3% (Konsyl Daily Fiber)</i>	Tier 1	OTC
<i>psyllium powder 28.3% (Metamucil)</i>	Tier 1	OTC
<i>psyllium powder 28.3% (Natural Fiber)</i>	Tier 1	OTC
<i>psyllium powder 28.3% (Natural Fiber Therapy)</i>	Tier 1	OTC
<i>psyllium powder 28.3% (Ra Fiber Supplement)</i>	Tier 1	OTC
<i>psyllium powder 28.3% (Reguloid)</i>	Tier 1	OTC
<i>psyllium powder 28.3% (Sm Fiber)</i>	Tier 1	OTC
<i>psyllium powder 28.3% (Tgt Fiber Therapy)</i>	Tier 1	OTC
<i>psyllium powder 28.3% (Wal-mucil)</i>	Tier 1	OTC
<i>psyllium powder 30.9% (Hm Fiber)</i>	Tier 1	OTC
<i>psyllium powder 30.9% (Konsyl)</i>	Tier 1	OTC
<i>psyllium powder 30.9% (Natural Fiber Laxative)</i>	Tier 1	OTC
<i>psyllium powder 33% (Sb Fib Lax Orange)</i>	Tier 1	OTC
<i>psyllium powder 48.57% (Cvs Natural Daily Fiber)</i>	Tier 1	OTC
<i>psyllium powder 48.57% (Eq Fiber Therapy)</i>	Tier 1	OTC
<i>psyllium powder 48.57% (EqI Fiber Therapy)</i>	Tier 1	OTC
<i>psyllium powder 48.57% (Hm Fiber)</i>	Tier 1	OTC
<i>psyllium powder 48.57% (Natural Fiber Laxative)</i>	Tier 1	OTC
<i>psyllium powder 48.57% (Natural Fiber Therapy)</i>	Tier 1	OTC
<i>psyllium powder 48.57% (Natural Vegetable Fiber)</i>	Tier 1	OTC
<i>psyllium powder 48.57% (Ra Fiber Laxative)</i>	Tier 1	OTC
<i>psyllium powder 48.57% (Ra Fiber Supplement)</i>	Tier 1	OTC
<i>psyllium powder 48.57% (Ra Multihealth Fiber Supp)</i>	Tier 1	OTC
<i>psyllium powder 48.57% (Reguloid)</i>	Tier 1	OTC
<i>psyllium powder 48.57% (Sb Fiber Laxative)</i>	Tier 1	OTC
<i>psyllium powder 48.57% (Sm Fiber)</i>	Tier 1	OTC
<i>psyllium powder 48.57% (Wal-mucil)</i>	Tier 1	OTC
<i>psyllium powder 58.6% (Cvs Natural Daily Fiber)</i>	Tier 1	OTC
<i>psyllium powder 58.6% (Hm Fiber)</i>	Tier 1	OTC
<i>psyllium powder 58.6% (KIs Natural Psyllium Fibe)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>psyllium powder 58.6% (Metamucil Smooth Texture)</i>	Tier 1	OTC
<i>psyllium powder 58.6% (Natural Fiber Laxative)</i>	Tier 1	OTC
<i>psyllium powder 58.6% (Ra Fiber)</i>	Tier 1	OTC
<i>psyllium powder 58.6% (Ra Multihealth Fiber Supp)</i>	Tier 1	OTC
<i>psyllium powder 58.6% (Reguloid)</i>	Tier 1	OTC
<i>psyllium powder 58.6% (Sm Fiber)</i>	Tier 1	OTC
<i>psyllium powder 58.6% (Tgt Fiber Therapy)</i>	Tier 1	OTC
<i>psyllium powder 58.6% (Wal-mucil)</i>	Tier 1	OTC
<i>psyllium powder 95% (Qc Natural Vegetable)</i>	Tier 1	OTC
<i>psyllium powder 100%</i>	Tier 1	OTC
<i>psyllium powder 100% (Natural Psyllium Seed Ind)</i>	Tier 1	OTC
<i>psyllium powder 100% (Wal-mucil)</i>	Tier 1	OTC
<i>UNIFIBER POW (cellulose)</i>	Tier 1	OTC
<i>wheat dextrin oral powder (Gnp Best Fiber)</i>	Tier 1	OTC
<i>wheat dextrin oral powder (Total Fiber)</i>	Tier 1	OTC
<i>WHEAT DEXTRIN PACKET (wheat dextrin)</i>	Tier 1	OTC

### **LAXATIVE COMBINATIONS**

<i>bisacodyl tab &amp; peg 3350-kcl-sod bicarb-nacl for soln kit (Gavilyte-h)</i>	Tier 1	QL (30 ea / 30 days)
<i>bisacodyl tab &amp; peg 3350-kcl-sod bicarb-nacl for soln kit (Peg-prep)</i>	Tier 1	QL (30 ea / 30 days)
<i>GOLYTELY SOL (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)</i>	Tier 1	QL (30 ea / 30 days)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	QL (120000 mL / 30 days)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-g)</i>	Tier 1	QL (120000 mL / 30 days)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	Tier 1	QL (120000 mL / 30 days)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Gavilyte-c)</i>	Tier 1	QL (120000 mL / 30 days)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	QL (120000 mL / 30 days)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-n/flavor Pack)</i>	Tier 1	QL (120000 mL / 30 days)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Trilyte)</i>	Tier 1	QL (120000 mL / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sennosides-docusate sodium tab 8.6-50 mg (Colace 2-in-1)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Cvs Senna Plus)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Docuzen)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Dok Plus)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Easy-lax Plus)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Eq Senna-s)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Eq Stool Softener/stimul)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Gnp Stool Softener/stimul)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Goodsense Stimulant Laxat)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Hm Senna-s)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Hm Stool Softener/stimula)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Laxacin)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Medi-natural Plus)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Ra P Col-rite)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Sb Docusate Sodium/senna)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Senna Plus)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Senna S)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Senna-s)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Senna-time S)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Sm Senna-s)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Sm Stool Softener)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Tgt Senna Laxative)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg (Vegetable Laxative+stool)</i>	Tier 1	OTC, QL (180 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>glycerin suppos 1.2 gm</i>	Tier 1	OTC
<i>glycerin suppos 1.2 gm (Gnp Glycerin Child)</i>	Tier 1	OTC
<i>glycerin suppos 1.2 gm (Sb Glycerin Pediatric)</i>	Tier 1	OTC
<i>glycerin suppos 1.2 gm (Sm Glycerin Laxative Pedi)</i>	Tier 1	OTC
<i>glycerin suppos 2 gm</i>	Tier 1	OTC
<i>glycerin suppos 2.1 gm (Gnp Glycerin Adult)</i>	Tier 1	OTC
<i>glycerin suppos 2.1 gm (Sb Glycerin Adult)</i>	Tier 1	OTC
<i>glycerin suppos 80.7% (Sm Glycerin Pediatric)</i>	Tier 1	OTC
<i>lactulose solution 10 gm/15ml</i>	Tier 1	QL (5400 mL / 30 days)
<i>lactulose solution 10 gm/15ml (Constulose)</i>	Tier 1	QL (5400 mL / 30 days)
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	OTC, QL (1020 gm / 30 days)
<i>polyethylene glycol 3350 oral powder (Cvs Purelax)</i>	Tier 1	OTC, QL (1020 gm / 30 days)
<i>polyethylene glycol 3350 oral powder (Eq Clearlax)</i>	Tier 1	OTC, QL (1020 gm / 30 days)
<i>polyethylene glycol 3350 oral powder (Eq1 Clearlax)</i>	Tier 1	OTC, QL (1020 gm / 30 days)
<i>polyethylene glycol 3350 oral powder (Gavilax)</i>	Tier 1	OTC, QL (1020 gm / 30 days)
<i>polyethylene glycol 3350 oral powder (Gentlelax)</i>	Tier 1	OTC, QL (1020 gm / 30 days)
<i>polyethylene glycol 3350 oral powder (Glycolax)</i>	Tier 1	OTC, QL (1020 gm / 30 days)
<i>polyethylene glycol 3350 oral powder (Gnp Clearlax)</i>	Tier 1	OTC, QL (1020 gm / 30 days)
<i>polyethylene glycol 3350 oral powder (Goodsense Clearlax)</i>	Tier 1	OTC, QL (1020 gm / 30 days)
<i>polyethylene glycol 3350 oral powder (Hm Clearlax)</i>	Tier 1	OTC, QL (1020 gm / 30 days)
<i>polyethylene glycol 3350 oral powder (Kls Laxaclear)</i>	Tier 1	OTC, QL (1020 gm / 30 days)
<i>polyethylene glycol 3350 oral powder (Qc Natura-lax)</i>	Tier 1	OTC, QL (1020 gm / 30 days)
<i>polyethylene glycol 3350 oral powder (Ra Laxative)</i>	Tier 1	OTC, QL (1020 gm / 30 days)
<i>polyethylene glycol 3350 oral powder (Sm Clearlax)</i>	Tier 1	OTC, QL (1020 gm / 30 days)
<i>polyethylene glycol 3350 oral powder (Smooth Lax)</i>	Tier 1	OTC, QL (1020 gm / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>polyethylene glycol 3350 oral powder (Tgt Powderlax)</i>	Tier 1	OTC, QL (1020 gm / 30 days)

### **LUBRICANT LAXATIVES**

<i>mineral oil</i>	Tier 1	OTC
<i>mineral oil (Cvs Mineral Oil)</i>	Tier 1	OTC
<i>mineral oil (Eq Mineral Oil)</i>	Tier 1	OTC
<i>mineral oil (Gnp Mineral Oil)</i>	Tier 1	OTC
<i>mineral oil (Goodsense Mineral Oil Lub)</i>	Tier 1	OTC
<i>mineral oil (Hm Mineral Oil)</i>	Tier 1	OTC
<i>mineral oil (Qc Mineral Oil Heavy)</i>	Tier 1	OTC
<i>mineral oil (Ra Mineral Oil)</i>	Tier 1	OTC
<i>mineral oil (Sm Mineral Oil)</i>	Tier 1	OTC
<i>mineral oil enema (Gnp Enema Mineral Oil Lax)</i>	Tier 1	OTC
<i>mineral oil enema (Sm Enema)</i>	Tier 1	OTC
<i>mineral oil- rx</i>	Tier 1	

### **SALINE LAXATIVES**

<i>magnesium citrate soln</i>	Tier 1	OTC
<i>magnesium citrate soln (Citroma)</i>	Tier 1	OTC
<i>magnesium citrate soln (Hm Magnesium Citrate)</i>	Tier 1	OTC
<i>magnesium citrate soln (Magnesium Citrate)</i>	Tier 1	OTC
<i>magnesium citrate soln (Sm Magnesium Citrate)</i>	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml (Dulcolax Milk Of Magnesia)</i>	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml (Gnp Milk Of Magnesia)</i>	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml (Milk Of Magnesia)</i>	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml (Phillips Milk Of Magnesia)</i>	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml (Ra Milk Of Magnesia)</i>	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml (Sb Milk Of Magnesia)</i>	Tier 1	OTC
<i>magnesium hydroxide susp concentrate 2400 mg/10ml (Milk Of Magnesia Concentr)</i>	Tier 1	OTC
<i>sodium phosphates - enema</i>	Tier 1	OTC
<i>sodium phosphates - enema (Cvs Enema Disposable)</i>	Tier 1	OTC
<i>sodium phosphates - enema (Cvs Enema Ready-to-use)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium phosphates - enema</i> (Enema Disposable)	Tier 1	OTC
<i>sodium phosphates - enema</i> (Eq Enema)	Tier 1	OTC
<i>sodium phosphates - enema</i> (EqI Ready-to-use Enema)	Tier 1	OTC
<i>sodium phosphates - enema</i> (Gnp Enema)	Tier 1	OTC
<i>sodium phosphates - enema</i> (Hm Enema Saline Laxative)	Tier 1	OTC
<i>sodium phosphates - enema</i> (Pure & Gentle Enema)	Tier 1	OTC
<i>sodium phosphates - enema</i> (Qc Enema)	Tier 1	OTC
<i>sodium phosphates - enema</i> (Ra Enema)	Tier 1	OTC
<i>sodium phosphates - enema</i> (Sm Enema)	Tier 1	OTC
<i>sodium phosphates - enema</i> (Tgt Saline Laxative)	Tier 1	OTC
<i>sodium phosphates - enema</i> ( <i>pediatric</i> ) (Pediatric Enema)	Tier 1	OTC

### **STIMULANT LAXATIVES**

<i>bisacodyl suppos 10 mg</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>bisacodyl suppos 10 mg</i> (Gnp Gentle Laxative)	Tier 1	OTC, QL (30 ea / 30 days)
<i>bisacodyl suppos 10 mg</i> (Gnp Laxative)	Tier 1	OTC, QL (30 ea / 30 days)
<i>bisacodyl suppos 10 mg</i> (Hm Laxative)	Tier 1	OTC, QL (30 ea / 30 days)
<i>bisacodyl suppos 10 mg</i> (Laxative)	Tier 1	OTC, QL (30 ea / 30 days)
<i>bisacodyl suppos 10 mg</i> (Qc Gentle Laxative)	Tier 1	OTC, QL (30 ea / 30 days)
<i>bisacodyl suppos 10 mg</i> (Ra Fast Relief Laxative)	Tier 1	OTC, QL (30 ea / 30 days)
<i>bisacodyl suppos 10 mg</i> (Ra Stimulant Laxative)	Tier 1	OTC, QL (30 ea / 30 days)
<i>bisacodyl suppos 10 mg</i> (Sb Laxative)	Tier 1	OTC, QL (30 ea / 30 days)
<i>bisacodyl suppos 10 mg</i> (Sm Laxative)	Tier 1	OTC, QL (30 ea / 30 days)
<i>bisacodyl suppos 10 mg</i> (The Magic Bullet)	Tier 1	OTC, QL (30 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg</i> (Alophen)	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg</i> (Bisacodyl Ec)	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg</i> (Correct)	Tier 1	OTC, QL (90 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bisacodyl tab delayed release 5 mg (Correctol)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Cvs C-lax Laxative)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Cvs Gentle Laxative Women)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Ducodyl)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Eq Womens Laxative)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Eq Gentle Laxative)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Eq Laxative)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Ex-lax Ultra)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Feenamint)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Gnp Bisa-lax)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Gnp Gentle Laxative)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Gnp Womens Gentle Laxativ)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Hm Laxative)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Kp Bisacodyl)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Laxative)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Qc Gentle Laxative)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Ra Laxative)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Sb Bisacodyl Laxative Ec)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Sm Gentle Laxative)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Stimulant Laxative)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Veracolate)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg (Womans Laxative)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>sennosides chew tab 15 mg (Chocolated Laxative)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sennosides chew tab 15 mg (Cvs Chocolate Laxative Pi)</i>	Tier 1	OTC
<i>sennosides chew tab 15 mg (Eq Laxative)</i>	Tier 1	OTC
<i>sennosides chew tab 15 mg (EqL Laxative Eql Laxative)</i>	Tier 1	OTC
<i>sennosides chew tab 15 mg (Ra Laxative)</i>	Tier 1	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	Tier 1	OTC
<i>sennosides syrup 8.8 mg/5ml (Senna-grx)</i>	Tier 1	OTC
<i>sennosides syrup 8.8 mg/5ml (Sennazon)</i>	Tier 1	OTC
<i>sennosides tab 8.6 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Cvs Senna)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Dr Edwards Olive Laxative)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Eq Natural Laxative)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Eq Natural Vegetable Laxa)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Eq Vegetable Laxative)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Evac-u-gen)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Geri-kot)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Gnp Senna Lax)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Goodsense Senna Laxative)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Hm Senna)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Kp Senna)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Medi-natural)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Px Vegetable Laxative)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Qc Senna)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Ra Senna)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Sb Senna-lax)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Senna-lax)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Senna-tabs)</i>	Tier 1	OTC, QL (60 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sennosides tab 8.6 mg (Senna-time)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Senno)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Sm Senna Laxative)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 8.6 mg (Tgt Senna)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 25 mg (Cvs Laxative Pills)</i>	Tier 1	OTC
<i>sennosides tab 25 mg (Eq Laxative Maximum Stren)</i>	Tier 1	OTC
<i>sennosides tab 25 mg (EqL Laxative Maximum Stre)</i>	Tier 1	OTC
<i>sennosides tab 25 mg (Gnp Laxative Pills)</i>	Tier 1	OTC
<i>sennosides tab 25 mg (Goodsense Laxative Pills)</i>	Tier 1	OTC
<i>sennosides tab 25 mg (Laxative Maximum Strength)</i>	Tier 1	OTC
<i>sennosides tab 25 mg (Laxative With Senna)</i>	Tier 1	OTC
<i>sennosides tab 25 mg (Qc Laxative)</i>	Tier 1	OTC
<i>sennosides tab 25 mg (Ra Laxative Maximum Stren)</i>	Tier 1	OTC
<i>sennosides tab 25 mg (Sm Laxative Maximum Stren)</i>	Tier 1	OTC
<i>sennosides tab 25 mg (Sm Senna Laxative Maximum)</i>	Tier 1	OTC
<i>sennosides tab 25 mg (Tgt Natural Laxative Pill)</i>	Tier 1	OTC

### **SURFACTANT LAXATIVES**

BENZOCAINE-DOCUSATE SODIUM RECTAL ENEMA 20-283 MG ( <i>benzocaine-docusate sodium</i> )	Tier 1	OTC
<i>docusate calcium cap 240 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>docusate calcium cap 240 mg (Kao-tin)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>docusate calcium cap 240 mg (Stool Softener)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>docusate calcium cap 240 mg (Surfak)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>docusate sodium cap 50 mg (Cvs Stool Softener)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>docusate sodium cap 50 mg (Ra Col-rite)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>docusate sodium cap 100 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>docusate sodium cap 100 mg</i> (Correctol Extra Gentle)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 100 mg</i> (Docu Soft)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 100 mg</i> (Docusil)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 100 mg</i> (Dok)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 100 mg</i> (Dulcolax Pink Stool Softe)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 100 mg</i> (Dulcolax Stool Softener)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 100 mg</i> (Easy-lax)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 100 mg</i> (Eq Stool Softener)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 100 mg</i> (Hm Stool Softener)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 100 mg</i> (Laxa Basic)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 100 mg</i> (Phillips Stool Softener)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 100 mg</i> (Ra Col-rite)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 100 mg</i> (Stool Softener Laxative)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 250 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 250 mg</i> (Cvs Stool Softener)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 250 mg</i> (Dok)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 250 mg</i> (Ra Col-rite)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 250 mg</i> (Stool Softener Extra Stre)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 250 mg</i> (Stool Softener Laxative E)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium liquid 150 mg/15ml</i>	Tier 1	OTC, QL (900 mL / 30 days)
<i>docusate sodium liquid 150 mg/15ml</i> (Diocto)	Tier 1	OTC, QL (900 mL / 30 days)
<i>docusate sodium liquid 150 mg/15ml</i> (Docu)	Tier 1	OTC, QL (900 mL / 30 days)
<i>docusate sodium liquid 150 mg/15ml</i> (Docusate Sodium)	Tier 1	OTC, QL (900 mL / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>docusate sodium liquid 150 mg/15ml</i> (Silace)	Tier 1	OTC, QL (900 mL / 30 days)
<i>docusate sodium liquid 150 mg/15ml</i> (Stool Softener)	Tier 1	OTC, QL (900 mL / 30 days)
<i>docusate sodium syrup 60 mg/15ml</i>	Tier 1	OTC, QL (900 mL / 30 days)
<i>docusate sodium syrup 60 mg/15ml</i> (Diocto)	Tier 1	OTC, QL (900 mL / 30 days)
<i>docusate sodium syrup 60 mg/15ml</i> (Gnp Stool Softener)	Tier 1	OTC, QL (900 mL / 30 days)
<i>docusate sodium syrup 60 mg/15ml</i> (Silace)	Tier 1	OTC, QL (900 mL / 30 days)
<i>docusate sodium tab 100 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium tab 100 mg</i> (Dok)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium tab 100 mg</i> (Healthy Mama Move It Alon)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium tab 100 mg</i> (Hm Stool Softener)	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium tab 100 mg</i> (Promolaxin)	Tier 1	OTC, QL (180 ea / 30 days)
PEDIA-LAX LIQ 50MG ( <i>docusate sodium</i> )	Tier 1	OTC, QL (900 mL / 30 days)

## **MACROLIDES**

### **AZITHROMYCIN**

<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	QL (600 mL / 30 days, max 1 fill per 45 days); Covered for ages 12 years old & under
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	QL (900 mL / 30 days, max 1 fill per 45 days); Covered for ages 12 years old & under
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	QL (1 ea / day, max 1 day supply)
<i>azithromycin tab 250 mg</i>	Tier 1	QL (12 ea / 25 days)
<i>azithromycin tab 500 mg</i>	Tier 1	QL (6 ea / 25 days)
<i>azithromycin tab 600 mg</i>	Tier 1	QL (30 ea / 30 days)

### **CLARITHROMYCIN**

<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>ERYTHROMYCINS</b>		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under

## MEDICAL DEVICES AND SUPPLIES

### CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CAYA DPR ( <i>diaphragm arc-spring</i> )	Tier 1	
CONDOMS - FEMALE ( <i>condoms - female</i> )	Tier 1	OTC
CONDOMS - MALE	Tier 1	OTC
CONDOMS - MALE ( <i>condoms - male</i> )	Tier 1	OTC
CONDOMS LATEX LUBRICATED ( <i>condoms latex lubricated - male</i> )	Tier 1	OTC
CONDOMS LATEX NON-LUBRICATED ( <i>condoms latex non-lubricated - male</i> )	Tier 1	OTC
DUREX MIS REALFEEL ( <i>condoms non-latex lubricated - male</i> )	Tier 1	OTC
FEMCAP MIS 22MM ( <i>cervical caps</i> )	Tier 1	
FEMCAP MIS 26MM ( <i>cervical caps</i> )	Tier 1	
FEMCAP MIS 30MM ( <i>cervical caps</i> )	Tier 1	
OMNIFLEX DPR ( <i>diaphragms</i> )	Tier 1	
WIDE-SEAL DPR KIT 60 ( <i>diaphragm wide seal</i> )	Tier 1	
WIDE-SEAL DPR KIT 65 ( <i>diaphragm wide seal</i> )	Tier 1	
WIDE-SEAL DPR KIT 70 ( <i>diaphragm wide seal</i> )	Tier 1	
WIDE-SEAL DPR KIT 75 ( <i>diaphragm wide seal</i> )	Tier 1	
WIDE-SEAL DPR KIT 80 ( <i>diaphragm wide seal</i> )	Tier 1	
WIDE-SEAL DPR KIT 85 ( <i>diaphragm wide seal</i> )	Tier 1	
WIDE-SEAL DPR KIT 90 ( <i>diaphragm wide seal</i> )	Tier 1	
WIDE-SEAL DPR KIT 95 ( <i>diaphragm wide seal</i> )	Tier 1	

### DIABETIC SUPPLIES

LANCETS	Tier 1	OTC
LANCETS ( <i>lancets</i> )	Tier 1	OTC
TRUE METRIX KIT AIR ( <i>blood glucose monitoring supplies</i> )	Tier 1	OTC, QL (1 ea / year)
TRUE METRIX KIT METER ( <i>blood glucose monitoring supplies</i> )	Tier 1	OTC, QL (1 ea / year)

### MISC. DEVICES

ALCOH-WIPE MIS 12"X12" ( <i>alcohol sheets</i> )	Tier 1	QL (200 ea / 30 days)
ALCOHOL SWABS	Tier 1	OTC, QL (200 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALCOHOL SWABS ( <i>alcohol swabs</i> )	Tier 1	OTC, QL (200 ea / 30 days)
LMA MAD MIS NASAL ( <i>misc. devices</i> )	Tier 1	
MUCOSAL ATOM MIS DEVICE	Tier 1	OTC

### **PARENTERAL THERAPY SUPPLIES**

BD U-500 MIS 31GX6MM ( <i>insulin syringe/needle u-500</i> )	Tier 1	QL (150 ea / 30 days)
INSULIN PEN NEEDLE	Tier 1	OTC, QL (200 ea / 30 days)
INSULIN PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 1	OTC, QL (200 ea / 30 days)
INSULIN PEN NEEDLE- RX ( <i>insulin pen needle</i> )	Tier 1	QL (200 ea / 30 days)
INSULIN SYRINGE (DISP) U-100 1 ML ( <i>insulin syringes (disposable)</i> )	Tier 1	OTC, QL (150 ea / 30 days)
INSULIN SYRINGE (DISP) U-100 1 ML - RX ( <i>insulin syringes (disposable)</i> )	Tier 1	QL (150 ea / 30 days)
INSULIN SYRINGE/NEEDLE	Tier 1	OTC, QL (150 ea / 30 days)
INSULIN SYRINGE/NEEDLE ( <i>insulin syringe/needle u-100</i> )	Tier 1	OTC, QL (150 ea / 30 days)
INSULIN SYRINGE/NEEDLE- RX ( <i>insulin syringe/needle u-100</i> )	Tier 1	QL (150 ea / 30 days)
NEEDLE (DISP) 18 X 1-1/2"	Tier 1	OTC
NEEDLE (DISP) 18 X 1-1/2" ( <i>needle (disp) 18 g</i> )	Tier 1	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX ( <i>needle (disp) 18 g</i> )	Tier 1	
SYRINGE (DISPOSABLE) 3 ML	Tier 1	OTC
SYRINGE (DISPOSABLE) 3 ML ( <i>syringe (disposable)</i> )	Tier 1	OTC
SYRINGE (DISPOSABLE) 3 ML - RX ( <i>syringe (disposable)</i> )	Tier 1	
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	Tier 1	OTC
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1" ( <i>syringe/needle (disp) 3 ml</i> )	Tier 1	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" ( <i>syringe/needle (disp) 3 ml</i> )	Tier 1	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX ( <i>syringe/needle (disp) 3 ml</i> )	Tier 1	

### **RESPIRATORY THERAPY SUPPLIES**

NEBULIZER	Tier 1	OTC
NEBULIZER ( <i>nebulizers</i> )	Tier 1	OTC
NEBULIZER- RX	Tier 1	
NEBULIZER- RX ( <i>nebulizers</i> )	Tier 1	
PEAK FLOW METER	Tier 1	OTC, QL (1 ea / year)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEAK FLOW METER ( <i>peak flow meter</i> )	Tier 1	OTC, QL (1 ea / year)
PEAK FLOW METER- RX ( <i>peak flow meter</i> )	Tier 1	QL (1 ea / year)
PULMONEB LT MIS NEBULIZE ( <i>respiratory therapy supplies</i> )	Tier 1	
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	Tier 1	OTC
RESPIRATORY THERAPY SUPPLIES - MISC (MASK) ( <i>respiratory therapy supplies</i> )	Tier 1	OTC
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)- RX	Tier 1	
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)- RX ( <i>respiratory therapy supplies</i> )	Tier 1	
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE ( <i>spacer/aerosol-holding chambers</i> )	Tier 1	OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX ( <i>spacer/aerosol-holding chambers</i> )	Tier 1	
VORTEX/MASK MIS CHILDS ( <i>respiratory therapy supplies</i> )	Tier 1	
VORTEX/MASK MIS TODDLER ( <i>respiratory therapy supplies</i> )	Tier 1	

## **MIGRAINE PRODUCTS**

### **SEROTONIN AGONISTS**

<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (27 ea / 77 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (27 ea / 77 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (36 ea / 77 days), ST; Requires trial of sumatriptan and naratriptan
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (36 ea / 77 days), ST; Requires trial of sumatriptan and naratriptan
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (27 ea / 77 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (27 ea / 77 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (27 ea / 77 days)

## **MINERALS & ELECTROLYTES**

### **CALCIUM**

<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	Tier 1	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit (Gnp Calcuim/vitamin D/min)</i>	Tier 1	OTC
<i>calcium carbonate tab 600 mg (Calcium 600)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium carbonate tab 600 mg (Calcium High Potency)</i>	Tier 1	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	Tier 1	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca) (Cvs Calcium Carbonate)</i>	Tier 1	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Tier 1	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca) (Caltrate 600)</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit (Oyster Shell Calcium 500+)</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit (Os-cal)</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit (Oysco 500+d)</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit (Oyster Shell Calcium 250+)</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit (Oysco 500+d)</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit (Oyster Shell Calcium+d)</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit (Calcium 600-d)</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-800 unit (Calcium 600+d)</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-800 unit (Calcium 600+d3)</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 250 mg-125 unit (Oyster Calcium/vitamin D)</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 500 mg-125 unit (Oyster Calcium/vitamin D)</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 500 mg-200 unit (Calcium 500/d)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium carbonate-vitamin d tab 500 mg-200 unit (Gnp Calcium 500/d)</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 500 mg-200 unit (Oscal 500/200 D-3)</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 500 mg-400 unit (Sm Calcium 500/vitamin D3)</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 500 mg-400 unit (Sm Oyster Shell Calcium/v)</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 600 mg-200 unit (Calcium High Potency + Vi)</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 600 mg-200 unit (Sb Calcium + D)</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 600 mg-400 unit (Calcium 600 + D)</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 600 mg-400 unit (Gnp Calcium 600/d)</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 600 mg-400 unit (Sm Calcium 600/vitamin D)</i>	Tier 1	OTC
<i>calcium citrate tab 950 mg (200 mg elemental ca) (Calcitrate)</i>	Tier 1	OTC
<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 citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Calcium Citrate+d)</i>	Tier 1	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Gnp Calcium Citrate +d3)</i>	Tier 1	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Gnp Calcium Citrate+d Max)</i>	Tier 1	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Sm Calcium Citrate W/vita)</i>	Tier 1	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg (Gnp Calcium/magnesium/zin)</i>	Tier 1	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg (Sm Calcium/magnesium/zinc)</i>	Tier 1	OTC
<i>oyster shell calcium tab 500 mg</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oyster shell calcium tab 500 mg (Oysco 500)</i>	Tier 1	OTC
<i>RISACAL-D TAB (calcium &amp; phosphorus w/ vitamin d)</i>	Tier 1	OTC
<b>ELECTROLYTE MIXTURES</b>		
<i>oral electrolyte solution</i>	Tier 1	OTC
<i>oral electrolyte solution (Gnp Pediatric Electrolyte)</i>	Tier 1	OTC
<i>oral electrolyte solution (Oralyte)</i>	Tier 1	OTC
<i>oral electrolyte solution (Oralyte Freezer Pops)</i>	Tier 1	OTC
<i>oral electrolyte solution (Pediatric Electrolyte Fre)</i>	Tier 1	OTC
<i>oral electrolyte solution (Rehydralyte)</i>	Tier 1	OTC
<b>FLUORIDE</b>		
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 1	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Fluoritab)</i>	Tier 1	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Ludent)</i>	Tier 1	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Tier 1	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Fluoritab)</i>	Tier 1	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Ludent)</i>	Tier 1	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Tier 1	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Fluoritab)</i>	Tier 1	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Ludent)</i>	Tier 1	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Nafrinse)</i>	Tier 1	QL (30 ea / 30 days)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Tier 1	QL (50 mL / 30 days)
<i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf) (Flura-drops)</i>	Tier 1	QL (30 mL / 30 days)
<b>MAGNESIUM</b>		
<i>magnesium chloride tab dr 64 mg (elemental mg) (Magdelay)</i>	Tier 1	OTC
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	Tier 1	OTC
<i>magnesium gluconate tab 500 mg (27 mg elemental mg) (Mag-g)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Tier 1	OTC
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	Tier 1	OTC
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg) (Magnesium-oxide)</i>	Tier 1	OTC
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg) (Mgo)</i>	Tier 1	OTC
<i>magnesium tab 250 mg (Gnp Magnesium)</i>	Tier 1	OTC

### **PHOSPHATE**

<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i>	Tier 1	QL (120 ea / 30 days)
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg (Phospha 250 Neutral)</i>	Tier 1	QL (120 ea / 30 days)
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg (Phospho-trin 250 Neutral)</i>	Tier 1	QL (120 ea / 30 days)
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg (Virt-phos 250 Neutral)</i>	Tier 1	QL (120 ea / 30 days)

### **POTASSIUM**

<i>potassium bicarbonate effer tab 25 meq</i>	Tier 1	QL (60 ea / 30 days)
<i>potassium bicarbonate effer tab 25 meq (Effer-k)</i>	Tier 1	QL (60 ea / 30 days)
<i>potassium bicarbonate effer tab 25 meq (K-prime)</i>	Tier 1	QL (60 ea / 30 days)
<i>potassium bicarbonate effer tab 25 meq (Klor-con/ef)</i>	Tier 1	QL (60 ea / 30 days)
<i>potassium chloride cap er 8 meq</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride cap er 8 meq (Klor-con Sprinkle)</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride cap er 10 meq</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride cap er 10 meq (Klor-con Sprinkle)</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 10 meq (Klor-con M10)</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	QL (150 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 20 meq (Klor-con M20)</i>	Tier 1	QL (150 ea / 30 days)
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride tab er 8 meq (600 mg) (Klor-con 8)</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride tab er 10 meq</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride tab er 10 meq (Klor-con 10)</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	QL (150 ea / 30 days)

### **TRACE MINERALS**

<i>MULTITRACE-4 INJ (trace minerals (cr-cu-mn-zn))</i>	Tier 1	PA
<i>MULTITRACE-4 INJ NEONATAL (trace minerals (cr-cu-mn-zn))</i>	Tier 1	PA
<i>MULTITRACE-4 INJ PED (trace minerals (cr-cu-mn-zn))</i>	Tier 1	PA
<i>MULTITRACE-5 INJ REGULAR (trace minerals (cr-cu-mn-se-zn))</i>	Tier 1	PA
<i>TRACE ELEM 4 INJ PED (trace minerals (cr-cu-mn-zn))</i>	Tier 1	PA
<i>trace min (cr-cu-mn-se-zn) inj 10-1000-500-60-5000 mcg/ml (Multitrace-5 Concentrate)</i>	Tier 1	PA
<i>trace min (cr-cu-mn-zn) inj 0.01-1-0.5-5 mg/ml (Multitrace-4 Concentrate)</i>	Tier 1	PA

### **MISCELLANEOUS THERAPEUTIC CLASSES**

#### **CHELATING AGENTS**

<i>DEPEN TITRA TAB 250MG (penicillamine)</i>	Tier 1	PA
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#### **IMMUNOMODULATORS**

<i>REVLIMID CAP 5MG (lenalidomide)</i>	Tier 1	SP, QL (30 ea / 30 days), PA
<i>REVLIMID CAP 10MG (lenalidomide)</i>	Tier 1	SP, QL (30 ea / 30 days), PA
<i>REVLIMID CAP 15MG (lenalidomide)</i>	Tier 1	SP, QL (30 ea / 30 days), PA
<i>REVLIMID CAP 25MG (lenalidomide)</i>	Tier 1	SP, QL (30 ea / 30 days), PA
<i>THALOMID CAP 100MG (thalidomide)</i>	Tier 1	SP, PA

#### **IMMUNOSUPPRESSIVE AGENTS**

<i>azathioprine tab 50 mg</i>	Tier 1	
<i>cyclosporine cap 25 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>cyclosporine cap 100 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>cyclosporine modified cap 25 mg</i>	Tier 1	QL (450 ea / 30 days)
<i>cyclosporine modified cap 25 mg (Gengraf)</i>	Tier 1	QL (450 ea / 30 days)
<i>cyclosporine modified cap 50 mg</i>	Tier 1	QL (450 ea / 30 days)
<i>cyclosporine modified cap 100 mg</i>	Tier 1	QL (300 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclosporine modified cap 100 mg (Gengraf)</i>	Tier 1	QL (300 ea / 30 days)
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	QL (300 mL / 30 days)
<i>cyclosporine modified oral soln 100 mg/ml (Gengraf)</i>	Tier 1	QL (300 mL / 30 days)
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>NEORAL CAP 25MG (cyclosporine modified (for microemulsion))</i>	Tier 1	QL (450 ea / 30 days)
<i>NEORAL CAP 100MG (cyclosporine modified (for microemulsion))</i>	Tier 1	QL (300 ea / 30 days)
<i>NEORAL SOL 100MG/ML (cyclosporine modified (for microemulsion))</i>	Tier 1	QL (300 mL / 30 days)
<i>SANDIMMUNE CAP 25MG (cyclosporine)</i>	Tier 1	QL (480 ea / 30 days)
<i>SANDIMMUNE CAP 100MG (cyclosporine)</i>	Tier 1	QL (150 ea / 30 days)
<i>tacrolimus cap 0.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>tacrolimus cap 1 mg</i>	Tier 1	QL (420 ea / 30 days)
<i>tacrolimus cap 5 mg</i>	Tier 1	

### **IRRIGATION SOLUTIONS**

<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln (Argyle Sterile Water 100m)</i>	Tier 1	

### **POTASSIUM REMOVING AGENTS**

<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml (Kionex)</i>	Tier 1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml (Sps)</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	

### **MOUTH/THROAT/DENTAL AGENTS**

#### **ANESTHETICS TOPICAL ORAL**

<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
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#### **ANTI-INFECTIVES - THROAT**

<i>clotrimazole troche 10 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>nystatin susp 100000 unit/ml</i>	Tier 1	QL (3600 mL / 30 days)

#### **ANTISEPTICS - MOUTH/THROAT**

<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
<i>chlorhexidine gluconate soln 0.12% (Paroex)</i>	Tier 1	
<i>chlorhexidine gluconate soln 0.12% (Periogard)</i>	Tier 1	

#### **STEROIDS - MOUTH/THROAT**

<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamcinolone acetonide dental paste 0.1%</i> (Oralene Dental Paste)	Tier 1	

### **THROAT PRODUCTS - MISC.**

<i>pilocarpine hcl tab 5 mg</i>	Tier 1	
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	

### **MULTIVITAMINS**

#### **B-COMPLEX W/ FOLIC ACID**

<i>b-complex w/ c &amp; folic acid cap 1 mg</i> (Reno Caps)	Tier 1	OTC, QL (60 ea / 30 days)
<i>b-complex w/ c &amp; folic acid cap 1 mg- rx</i> (Mynephrocaps)	Tier 1	QL (60 ea / 30 days)
<i>b-complex w/ c &amp; folic acid cap 1 mg- rx</i> (Mynephron)	Tier 1	QL (60 ea / 30 days)
<i>b-complex w/ c &amp; folic acid cap 1 mg- rx</i> (Renal Caps)	Tier 1	QL (60 ea / 30 days)
<i>b-complex w/ c &amp; folic acid cap 1 mg- rx</i> (Reno Caps)	Tier 1	QL (60 ea / 30 days)
<i>b-complex w/ c &amp; folic acid cap 1 mg- rx</i> (Triphrocaps)	Tier 1	QL (60 ea / 30 days)
<i>b-complex w/ c &amp; folic acid cap 1 mg- rx</i> (Virt-caps)	Tier 1	QL (60 ea / 30 days)
<i>b-complex w/ c &amp; folic acid tab</i> (Vita-bee/c)	Tier 1	OTC
<i>b-complex w/ c &amp; folic acid tab 0.8 mg</i> (Dialyvite 800)	Tier 1	OTC
<i>b-complex w/ c &amp; folic acid tab 0.8 mg</i> (Rena-vite)	Tier 1	OTC
<i>b-complex w/ c &amp; folic acid tab 0.8 mg</i> (Renal Vitamin)	Tier 1	OTC
<i>b-complex w/ c &amp; folic acid tab 0.8 mg</i> (Renal-vite)	Tier 1	OTC
<i>b-complex w/ c &amp; folic acid tab 1 mg</i> (Rena-vite Rx)	Tier 1	OTC
<i>b-complex w/ c &amp; folic acid tab 1 mg- rx</i> (Dialyvite)	Tier 1	
<i>b-complex w/ c &amp; folic acid tab 1 mg- rx</i> (Nephronex)	Tier 1	
<i>b-complex w/ c &amp; folic acid tab 1 mg- rx</i> (Vol-care Rx)	Tier 1	
<i>b-complex w/ c &amp; folic acid tab 1 mg- rx</i> (Vp-vite Rx)	Tier 1	
<i>b-complex w/ c &amp; folic acid tab 5 mg- rx</i> (Folbee Plus)	Tier 1	
<i>b-complex w/ c &amp; folic acid tab- rx</i> (B-plex)	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MULTIPLE VITAMINS W/ IRON</b>		
<i>multiple vitamins w/ iron tab (Daily Vitamin Formula+ir)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ iron tab (Daily Vitamin Formula+iro)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ iron tab (Daily-vite/iron/beta-caro)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ iron tab (Gnp One Daily Plus Iron)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ iron tab (Once Daily/iron)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ iron tab (One-daily/iron)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ iron tab (Qc Daily Multivitamins/ir)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ iron tab (Ra One Daily Multi-vitami)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ iron tab (Sm Multiple Vitamins/iron)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ iron tab (Stress Formula W/iron)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ iron tab (Tab-a-vite/iron)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
<i>multiple vitamins w/ minerals cap (Glucoten)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals cap (Gnp Healthy Eyes Supervis)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals cap (Icaps)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals cap (Icaps Areds 2)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals cap (Icaps Lutein &amp; Omega-3)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals cap (Ocuvite Eye Health Formul)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals cap (Prosight W/lutein)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals cap- rx (V-c Forte)</i>	Tier 1	QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals cap- rx (Vic-forte)</i>	Tier 1	QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals liquid (Centamin)</i>	Tier 1	OTC, QL (30 mL / 30 days)
<i>multiple vitamins w/ minerals liquid (Centavite)</i>	Tier 1	OTC, QL (30 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>multiple vitamins w/ minerals liquid (Super Nu-thera)</i>	Tier 1	OTC, QL (30 mL / 30 days)
<i>multiple vitamins w/ minerals tab</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (A Thru Z Advanced)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (A Thru Z Advanced Adult F)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (A Thru Z High Potency)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (A Thru Z Select)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (A Thru Z Select 50+ Advan)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (A Thru Z Select 50+ Mens)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (A Thru Z Select Advanced)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (A Thru Z Select Ultimate)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (A Thru Z Ultimate Mens)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Abc Plus)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Abc Plus Senior Adults 50)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Antioxidant Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Antioxidant Protection Fo)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (B-redi/red Hearts/red Roo)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Biotin Plus/calcium/vit D)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Carravite)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Centavite A-z Complete Mu)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Centravites)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Centravites 50 Plus)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Century)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Century Mature)</i>	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>multiple vitamins w/ minerals tab (Cerovite Advanced Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Cerovite Senior)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Certa Plus)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Certagen)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Certavite/antioxidants)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Companion)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Compete)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Complexe)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Complete)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Complete Daily With Lutei)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Complete Energy)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Complete Senior)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Complete Womens)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Cvs Daily Multiple For Me)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Cvs Daily Multiple For Wo)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Cvs Eye Health &amp; Lutein)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Cvs One Daily Essential)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Cvs One Daily Womens Form)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Cvs Spectravite Advanced)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Cvs Spectravite Senior)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Cvs Spectravite Ultra Hea)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Cvs Spectravite Ultra WOM)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Cvs Womens Active Daily)</i>	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>multiple vitamins w/ minerals tab (Daily Betic)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Daily Combo Multi Vitamin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Daily Mens Health Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Daily Multi)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Daily Multi 50+)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Daily Multiple Vitamins/m)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Daily Vitamin Formula+min)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Daily Womens Health Formu)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Daily-vitamin Maximum For)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Diabetes Health Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Dialyvite 800/ultra D)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Doctors Choice Multivitam)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Eq Complete Multivitamin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Eq One Daily Womens Healt)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Eq One Daily Womens Pro-a)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Eq Century)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Eq Century Mature)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Eq One Daily Mens 50+ Ad)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Eq Vision Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Essentia)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Essential Balance)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Eye-vites)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Eyeprotect)</i>	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>multiple vitamins w/ minerals tab (Gerivite Complete)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp Century)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp Century Adult Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp Century Adults 50+ Se)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp Century Cardio Health)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp Century Mature)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp Century Mature Formul)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp Century Ultimate Mens)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp Diabetic Support Form)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp Hair/skin/nails)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp Healthy Eyes)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp Maximum One Daily)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp Mega Multi For Men)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp Mega Multi For Women)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp One Daily Maximum)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp One Daily Mens 50+ Ad)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp One Daily Mens Health)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp One Daily Womens Heal)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp Opti-vitamins)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Gnp Therapeutic-m)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Hair Formula Extra Streng)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Hair Skin And Nails Formu)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Hair Vitamins)</i>	Tier 1	OTC, QL (30 ea / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>multiple vitamins w/ minerals tab (Healthy Eyes)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Healthy Eyes/lutein)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Hi-kovite 2-part Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Hi-potency Multi-vitamin/)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Hm Complete)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Hm Complete 50+)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Hm Complete Women)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Hm Mens 50+ Advanced One)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Hm Womens 50+ Advanced On)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (I-vite)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (I-vite Protect)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Icaps Mv)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Kp Adults 50+ Daily Formu)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Kp Adults Daily Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Kp Mens 50+ Daily Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Kp Mens Daily Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Kp Vision Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Kp Vision Formula W/lutei)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Kp Womens 50+ Daily Formu)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Kp Womens Daily Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Macuvite)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Macuvite Eye Care)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Macuvite/lutein)</i>	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>multiple vitamins w/ minerals tab (Maximum Daily Green)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Mediplex Plus)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Mega Vm-80)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Meijer Advanced Formula F)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Mens Hair Formula Ultra M)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Mens Life Pack)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Milltrium Advanced Formul)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Milltrium Cardio)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Milltrium Senior)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Multi Complete/iron)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Multi For Her)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Multi For Her 50+)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Multi For Him)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Multi For Him 50+)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Multi-day Plus Minerals)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Multi-day Weight Trim)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Multi-lean)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Multi-vitamin/menopausal)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Multi-vitamin/minerals)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Multilex)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Multilex-t&amp;m)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Multiple Vitamin/minerals)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Multiple Vitamins/womens)</i>	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>multiple vitamins w/ minerals tab</i> (Multivitamin Adults)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Multivitamin Adults 50+)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Multivitamin Men 50+)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Multivitamin Mens)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Multivitamin Women)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Multivitamin Women 50+)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Myamulti)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Ocutabs)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Ocutabs/lutein)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Ocuvite Extra)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Ocuvite Eye + Multi)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Ocuvite/lutein)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (One Daily 50 Plus)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (One Daily Adults 50+)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (One Daily Complete)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (One Daily Complete For Me)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (One Daily For Women 50+a)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (One Daily Healthy Weight)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (One Daily Multivitamin Ad)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (One Daily Multivitamin Wo)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (One Daily Multivitamin/ir)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (One Daily Plus Iron)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (One Daily Plus Minerals)	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>multiple vitamins w/ minerals tab (One Daily/iron/calcium)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (One Daily/minerals)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (One-a-day Teen Advantage)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Optic-vites)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Optic-vites With Lutein)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Optimum Pms)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Osteoprime Ultra)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Prosight)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Px Advanced Formula Multi)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Px Complete Senior Multiv)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Px Mens Multivitamins)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Qc Hair Skin &amp; Nails)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Qc Maximum Daily Multivit)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Qc Mens Daily Multivitami)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Qc Multi-vite)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Qc Multi-vite 50 &amp; Over)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Qc Therin-m)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Qc Womens Daily Multivita)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Quintabs-m)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra Central-vite)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra Central-vite Energy)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra Central-vite Mens Matu)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra Central-vite Select Ma)</i>	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>multiple vitamins w/ minerals tab (Ra Central-vite Senior)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra Central-vite Womens Ma)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra Hair/skin/nails)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra Mature Womens Dietary)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra One Daily Energy Formu)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra One Daily Maximum)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra One Daily Mens 50+ Wit)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra One Daily Mens Multi)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra One Daily Mens/vitamin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra One Daily Womens/vitam)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra Stress Formula Advance)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra Stress Formula Energy)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra Therapeutic M Plus Bet)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra Vision Vite Plus Zinc)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra Whole Source Complete)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra Whole Source Dietary)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra Whole Source Dietary M)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ra Whole Source Womens)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Renaplex)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Savision)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Sclerex)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Senior Tabs)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Sentry)</i>	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>multiple vitamins w/ minerals tab (Sentry Adults Under 50)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Sentry Senior)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Sm Antioxidant Vitamins)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Sm Complete)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Sm Complete 50+)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Sm Complete 50+ Ultimate)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Sm Complete Advanced Form)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Sm Complete Senior Formul)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Sm Daily Diet Support)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Sm Hair/skin/nails)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Sm Opti-vitamins)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Stress B-complex/c/zinc)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Stress Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Stress Formula/iron)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Stress Formula/zinc)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Stresstabs Advanced)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Sunvite Active Adult 50+)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Sunvite Advanced)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Super 28 Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Super Antioxidant/a/c/e/s)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Super Aytinal 50 Plus)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Super Aytinal For Active)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Super Multiple)</i>	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>multiple vitamins w/ minerals tab</i> (Super Nu-thera)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Super Thera Vite M)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Super Vikaps)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Super Vita-mins)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Tgt Multivitamin/multimin)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Thera Vital M)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Thera Vital-m)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Thera-m)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Thera-mill M)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Therabasic-m)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Theradex "m")	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Theradex "m"/beta Caroten)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Therapeutic Formula/hemat)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Therapeutic M)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Therapeutic-m)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Therapeutic-m/lutein)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Theratum Complete)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Theratum Complete 50 Plu)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Theravim -m)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Thrive For Life Womens)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Trueplus Diabetic Multivi)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Ultra Antioxidant Formula)	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab</i> (Ultra Freeda)	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>multiple vitamins w/ minerals tab (Ultra Freeda/iron)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ultra Vita-time)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Ultrachoice Advanced Form)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Vision Formula 2)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Vision Formula/lutein)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Vision Vitamins)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Visivites)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Visivites/lutein)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Vita Hair)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Vitabasic Complete)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Vitabasic Senior)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Vitatrum Complete)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Viteyes Multivitamin Ared)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Vitrum Senior)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Womens Daily Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Womens Daily Formula/foli)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Womens Life Pack)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Womens Multivitamin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Womens One Daily)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Your Life Multi Mens 50+)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab (Your Life Multi Womens 50)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab- rx (B-plex Plus)</i>	Tier 1	QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab- rx (Biocel)</i>	Tier 1	QL (30 ea / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>multiple vitamins w/ minerals tab- rx (Corvite Free)</i>	Tier 1	QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab- rx (Lysiplex Plus)</i>	Tier 1	QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab- rx (Nutrifac Zx)</i>	Tier 1	QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab- rx (Vita S Forte)</i>	Tier 1	QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab- rx (Vitacel)</i>	Tier 1	QL (30 ea / 30 days)

### **MULTIVITAMINS**

<i>multiple vitamin tab (Daily Vitamin)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under
<i>multiple vitamin tab (Daily Vitamins)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under
<i>multiple vitamin tab (Daily-vite)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under
<i>multiple vitamin tab (Gnp Essential One Daily)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under
<i>multiple vitamin tab (Multi Vitamin Daily)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under
<i>multiple vitamin tab (Multi Vitamin Mens)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under
<i>multiple vitamin tab (Multi-vitamin Daily)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under
<i>multiple vitamin tab (Multiple Vitamins Essenti)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under
<i>multiple vitamin tab (Qc Essentials)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under
<i>multiple vitamin tab (Sm Multiple Vitamins Esse)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under
<i>multiple vitamin tab (Stress Formula)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under
<i>multiple vitamin tab (Tab-a-vite)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>multiple vitamin tab (Tab-a-vite W/beta Caroten)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under
<i>multiple vitamin tab (Thera)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under
<i>multiple vitamin tab (Therapeutic)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under
<i>multiple vitamin tab (Therems)</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under

#### **PED MULTI VITAMINS W/FL & FE**

<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vit/iron/fluoride)</i>	Tier 1	QL (50 mL / 30 days)
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vitamin/fluoride/ir)</i>	Tier 1	QL (50 mL / 30 days)
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multivitamin/fluoride/iro)</i>	Tier 1	QL (50 mL / 30 days)
<i>POLY-VI-FLOR CHW W/IRON (ped multivitamins w/fl &amp; iron)</i>	Tier 1	
<i>POLY-VI-FLOR SUS /IRON (ped multivitamins w/fl &amp; iron)</i>	Tier 1	

#### **PED MULTIPLE VITAMINS W/ MINERALS**

<i>pediatric multiple vitamin w/ minerals &amp; c chew tab (Abdek)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c chew tab (Gnp Zoochews Gummies)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c chew tab (Zoo Friends Multi Gummies)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c chew tab 60 mg (Centrum Kids Complete)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c chew tab 60 mg (Cerovite Jr)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c chew tab 60 mg (Childrens Animal Shapes C)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c chew tab 60 mg (Eq Complete Chewable Mult)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c chew tab 60 mg (Polyvitamin/iron)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c chew tab 60 mg (Qc Childrens Chewable Com)</i>	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pediatric multiple vitamin w/ minerals &amp; c chew tab 60 mg (Sm Animal Shapes Complete)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c chew tab 60 mg (Zoo Friends)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c drops 45 mg/ml (Abdek Pediatric)</i>	Tier 1	OTC, QL (30 mL / 30 days)
<i>pediatric multiple vitamin w/ minerals &amp; c drops 45 mg/ml (Aquadeks)</i>	Tier 1	OTC, QL (30 mL / 30 days)

### **PED MV W/ FLUORIDE**

<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg (Multivitamin With Fluorid)</i>	Tier 1	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg (Multivitamin/fluoride)</i>	Tier 1	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg (Mvc-fluoride)</i>	Tier 1	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg (Multivitamin With Fluorid)</i>	Tier 1	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg (Multivitamin/fluoride)</i>	Tier 1	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg (Mvc-fluoride)</i>	Tier 1	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg (Multivitamin With Fluorid)</i>	Tier 1	QL (60 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg (Multivitamin/fluoride)</i>	Tier 1	QL (60 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg (Mvc-fluoride)</i>	Tier 1	QL (60 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml (Multi-vitamin/fluoride Dr)</i>	Tier 1	QL (50 mL / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml (Multivitamin With Fluorid)</i>	Tier 1	QL (50 mL / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml (Multivitamin/fluoride)</i>	Tier 1	QL (50 mL / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml (Multivitamin/fluoride)</i>	Tier 1	QL (50 mL / 30 days)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	Tier 1	QL (50 mL / 30 days)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml (Tri-vite/fluoride)</i>	Tier 1	QL (50 mL / 30 days)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml (Tri-vite/fluoride)</i>	Tier 1	QL (50 mL / 30 days)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml (Vitamins A/c/d/fluoride)</i>	Tier 1	QL (50 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
POLY-VI-FLOR CHW 0.5MG ( <i>pediatric multivitamins w/fl</i> )	Tier 1	
POLY-VI-FLOR CHW 0.25MG ( <i>pediatric multivitamins w/fl</i> )	Tier 1	
POLY-VI-FLOR CHW 1MG ( <i>pediatric multivitamins w/fl</i> )	Tier 1	
POLY-VI-FLOR MIS FS ( <i>pediatric multivitamins w/fl</i> )	Tier 1	
POLY-VI-FLOR MIS FS 0.5MG ( <i>pediatric multivitamins w/fl</i> )	Tier 1	
POLY-VI-FLOR MIS FS 0.25 ( <i>pediatric multivitamins w/fl</i> )	Tier 1	
POLY-VI-FLOR SUS 0.25/ML ( <i>pediatric multivitamins w/fl</i> )	Tier 1	

### **PED MV W/ IRON**

<i>pediatric multiple vitamins w/ iron chew tab 15 mg (Chewable Vite With Iron/c)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ iron chew tab 15 mg (Childrens Chewable Multiv)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ iron chew tab 15 mg (Childrens Chewable Vitami)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ iron chew tab 15 mg (Gnp Animal Shapes Plus Ir)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ iron chew tab 15 mg (Gnp Childrens Chewables/i)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ iron chew tab 15 mg (Qc Childrens Chewable Vit)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ iron chew tab 15 mg (Zoo Friends Plus Iron)</i>	Tier 1	OTC, QL (30 ea / 30 days)

### **PEDIATRIC MULTIPLE VITAMINS**

<i>pediatric multiple vitamin liq (Multi-delyn)</i>	Tier 1	OTC, QL (30 mL / 30 days)
<i>pediatric multiple vitamin liq (Novaferum Pediatric Mult)</i>	Tier 1	OTC, QL (30 mL / 30 days)
<i>pediatric multiple vitamin w/ c &amp; fa chew tab (Animal Chews)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ c &amp; fa chew tab (Animal Shapes)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ c &amp; fa chew tab (Chewable Vite Childrens)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ c &amp; fa chew tab (Childrens Chewable Multiv)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ c &amp; fa chew tab (Gnp Animal Shapes)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ c &amp; fa chew tab (Gnp Little Ones Childrens)</i>	Tier 1	OTC, QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pediatric multiple vitamin w/ c &amp; fa chew tab (Poly Vitamin)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ c &amp; fa chew tab (Sm Animal Shapes Kids Fir)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ c &amp; fa chew tab (Zoo Friends Gummies)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ extra c &amp; fa chew tab (Gnp Animal Shapes Plus Ex)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ extra c &amp; fa chew tab (Gnp Childrens Chewables/e)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ extra c &amp; fa chew tab (Qc Childrens Chewable Vit)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ extra c &amp; fa chew tab (Zoo Friends Plus Extra C)</i>	Tier 1	OTC, QL (30 ea / 30 days)

### **PRENATAL VITAMINS**

<i>CO-NATAL FA TAB 29-1MG (prenatal vit w/ ferrous fumarate-folic acid)</i>	Tier 1	QL (30 ea / 30 days)
<i>COMPLETENATE CHW (prenatal vit w/ ferrous fumarate-folic acid)</i>	Tier 1	QL (30 ea / 30 days)
<i>EZFE FORTE CAP (prenatal without vit a w/ iron polysaccharide complex-fa)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>MYNATAL PLUS TAB (prenatal vit w/ ferrous fumarate-folic acid)</i>	Tier 1	QL (30 ea / 30 days)
<i>MYNATAL TAB (prenatal vit w/ docusate-iron carbonyl-folic acid)</i>	Tier 1	QL (30 ea / 30 days)
<i>MYNATAL TAB ADVANCE (prenatal vit w/ docusate-iron carbonyl-folic acid)</i>	Tier 1	QL (30 ea / 30 days)
<i>MYNATAL-Z TAB (prenatal vit w/ ferrous fumarate-folic acid)</i>	Tier 1	QL (30 ea / 30 days)
<i>NATALVIT TAB 75-1MG (prenatal vit w/ ferrous fumarate-folic acid)</i>	Tier 1	QL (30 ea / 30 days)
<i>O-CAL TAB PRENATAL (prenatal vit w/ ferrous fumarate-folic acid)</i>	Tier 1	QL (30 ea / 30 days)
<i>PRENAT W/ FE FUM-FA TAB 28-0.8 MG &amp; OMEGA 3 CAP 440 MG PAK (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>PRENATAL 19 CHW 29-1MG (prenatal vit w/ ferrous fumarate-folic acid)</i>	Tier 1	QL (30 ea / 30 days)
<i>PRENATAL 19 TAB 29-1MG (prenatal vit w/ docusate-fe fumarate-folic acid)</i>	Tier 1	QL (30 ea / 30 days)
<i>prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg- rx (Prenatal 19)</i>	Tier 1	QL (30 ea / 30 days)
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg- rx (Inatal Gt)</i>	Tier 1	QL (30 ea / 30 days)
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx (Prenatal 19)</i>	Tier 1	QL (30 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	Tier 1	OTC, QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	Tier 1	OTC, QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	Tier 1	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	Tier 1	OTC, QL (30 ea / 30 days)
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg (Prenatabs Rx)</i>	Tier 1	QL (30 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 27-0.8 MG & DHA CAP 200 MG PACK ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	Tier 1	OTC, QL (30 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	Tier 1	OTC, QL (60 ea / 30 days)
PRENATAL+FE TAB 29-1MG ( <i>prenatal vit w/ iron carbonyl-folic acid</i> )	Tier 1	QL (30 ea / 30 days)
SE-NATAL 19 CHW ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	Tier 1	QL (30 ea / 30 days)
TL FOLATE TAB ( <i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i> )	Tier 1	QL (30 ea / 30 days)
TRINATAL RX TAB 1 ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	Tier 1	QL (30 ea / 30 days)
VINATE II TAB ( <i>prenatal vit w/ fe bisglycinate chelate-folic acid</i> )	Tier 1	QL (30 ea / 30 days)
VINATE M TAB ( <i>prenatal vit w/ selenium-fe fumarate-folic acid</i> )	Tier 1	QL (30 ea / 30 days)
VINATE ONE TAB ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	Tier 1	QL (30 ea / 30 days)
VITAFOL-OB TAB 65-1MG ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	Tier 1	QL (30 ea / 30 days)

## **MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS**

### **CENTRAL MUSCLE RELAXANTS**

<i>baclofen tab 10 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>baclofen tab 20 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>methocarbamol tab 500 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 64 years old & under

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methocarbamol tab 750 mg</i>	Tier 1	QL (300 ea / 30 days); Covered for ages 64 years old & under
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	QL (270 ea / 30 days); Covered for ages 64 years old & under

### **VISCOSUPPLEMENTS**

<i>EUFLEXXA INJ 10MG/ML (sodium hyaluronate (viscosupplement))</i>	Tier 1	SP, QL (6 mL / 180 days), PA
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### **NASAL AGENTS - SYSTEMIC AND TOPICAL**

#### **NASAL AGENTS - MISC.**

<i>saline nasal spray 0.65% (Afrin Saline Nasal Mist)</i>	Tier 1	OTC
<i>saline nasal spray 0.65% (Ayr)</i>	Tier 1	OTC
<i>saline nasal spray 0.65% (Baby Ayr Saline)</i>	Tier 1	OTC
<i>saline nasal spray 0.65% (Deep Sea Nasal Spray)</i>	Tier 1	OTC
<i>saline nasal spray 0.65% (Hm Saline Nasal Spray)</i>	Tier 1	OTC
<i>saline nasal spray 0.65% (Nasal Moisturizing Spray)</i>	Tier 1	OTC
<i>saline nasal spray 0.65% (Ocean For Kids)</i>	Tier 1	OTC
<i>saline nasal spray 0.65% (Saline Mist)</i>	Tier 1	OTC
<i>saline nasal spray 0.65% (Sb Saline Nose)</i>	Tier 1	OTC
<i>saline nasal spray 0.65% (Sm Nasal Spray Saline)</i>	Tier 1	OTC

#### **NASAL ANTIALLERGY**

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	QL (30 mL / 30 days)
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Tier 1	OTC, QL (52 mL / 30 days)

#### **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 - DRUGS TO TREAT ALLERGIES**

<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (16 gm / 25 days); Covered for ages 4 years old & over
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	OTC, QL (16 mL / 25 days); Covered for ages 4 years old & over
<i>fluticasone propionate nasal susp 50 mcg/act (Allergy Nasal Spray 24 Ho)</i>	Tier 1	OTC, QL (16 mL / 25 days); Covered for ages 4 years old & over
<i>fluticasone propionate nasal susp 50 mcg/act (Allergy Relief)</i>	Tier 1	OTC, QL (16 mL / 25 days); Covered for ages 4 years old & over
<i>fluticasone propionate nasal susp 50 mcg/act (Clarispray)</i>	Tier 1	OTC, QL (16 mL / 25 days); Covered for ages 4 years old & over
<i>fluticasone propionate nasal susp 50 mcg/act (KIs Aller-flo)</i>	Tier 1	OTC, QL (16 mL / 25 days); Covered for ages 4 years old & over
<i>fluticasone propionate nasal susp 50 mcg/act (Qc Allergy Relief)</i>	Tier 1	OTC, QL (16 mL / 25 days); Covered for ages 4 years old & over
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Tier 1	OTC
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act (Allergy Nasal Spray 24 Ho)</i>	Tier 1	OTC
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act (Gnp 24 Hour Nasal Allerg)</i>	Tier 1	OTC
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act (Goodsense Nasal Allergy S)</i>	Tier 1	OTC
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act (Ra Nasal Allergy Spray)</i>	Tier 1	OTC

### **SYMPATHOMIMETIC DECONGESTANTS**

<i>oxymetazoline hcl nasal soln 0.05% (Anefrin Nasal Spray/no Dr)</i>	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05% (Cvs Nasal Mist)</i>	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05% (Cvs Nasal Spray)</i>	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05% (Eq Nasal Spray)</i>	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05% (Eq Nasal Spray No Drip 1)</i>	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05% (Gnp Nasal Spray)</i>	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05% (Hm Nasal Spray)</i>	Tier 1	OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxymetazoline hcl nasal soln 0.05%</i> (Hm Sinus Nasal Spray)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (12 Hour Decongestant Nasa)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Kls Nasal Decongestant Sp)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Long Acting Nasal Spray)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Long Lasting Nasal Spray)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Mucinex Sinus-max Clear &)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Nasal Spray 12 Hour)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Nasal Spray Anti-drip)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Nasal Spray Maximum Stren)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Nasal Spray No Drip)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Nasal Spray Sinus)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (No Drip Nasal Spray)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Px Nasal Spray Extra Mois)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Qc Nasal Relief Extra Moi)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Qc Nasal Spray)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Qc No Drip Nasal Relief)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Qlearquil)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Ra Nasal Spray Maximum St)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Ra Nasal Spray/sinus)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Ra Severe Congestion Nasa)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Sb Nasal Spray No-drip)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Sb Sinus Relief)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Sinus Relief)	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxymetazoline hcl nasal soln 0.05%</i> (Sinus Relief Mist)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Sm Nasal Spray)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Sm Nasal Spray 12 Hour)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Soothing - 12 Hour Nasal)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Tgt Nasal Decongestant 12)	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i> (Cvs Sinus Pe Decongestant)	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i> (Kls Suphedrine Pe)	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i> (Nasal Decongestant Pe)	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i> (Non-pseudo Sinus Deconges)	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i> (Ra Sinus Pressure/congest)	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i> (Sudogest Pe)	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i> (Wal-phed Pe)	Tier 1	OTC
<i>pseudoephedrine hcl liq 15 mg/5ml</i> (Gnp Suphedrin)	Tier 1	OTC, QL (1200 mL / 30 days)
<i>pseudoephedrine hcl tab 30 mg</i> (Decongestant)	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab 30 mg</i> (Eq Suphedrine)	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab 30 mg</i> (Genaphed)	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab 30 mg</i> (Gnp Nasal Decongestant/ma)	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab 30 mg</i> (Nasal Decongestant Maximu)	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab 30 mg</i> (Pseudoephedrine Hydrochlo)	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab 30 mg</i> (Qc Suphedrine)	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab 30 mg</i> (Ra Suphedrine)	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab 30 mg</i> (Sm Nasal Decongestant Max)	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab 30 mg</i> (Sudogest)	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab 30 mg</i> (Sudogest Maximum Strength)	Tier 1	OTC, QL (180 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pseudoephedrine hcl tab 30 mg</i> (Wal-phed)	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab 60 mg</i> (Kp Pseudoephedrine Hcl)	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab 60 mg</i> (Sudogest)	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Cvs 12 Hour Nasal Deconge)	Tier 1	OTC, QL (60 ea / 30 days)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Hm Nasal Decongestant 12)	Tier 1	OTC, QL (60 ea / 30 days)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Pseudoephedrine Hcl Er)	Tier 1	OTC, QL (60 ea / 30 days)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Qc Suphedrine Maximum Str)	Tier 1	OTC, QL (60 ea / 30 days)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Ra Suphedrine)	Tier 1	OTC, QL (60 ea / 30 days)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Sinus 12 Hour)	Tier 1	OTC, QL (60 ea / 30 days)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Sm 12 Hour Sinus Deconges)	Tier 1	OTC, QL (60 ea / 30 days)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Sudafed 12 Hour)	Tier 1	OTC, QL (60 ea / 30 days)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Sudafed Sinus Congestion)	Tier 1	OTC, QL (60 ea / 30 days)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Sudogest 12 Hour)	Tier 1	OTC, QL (60 ea / 30 days)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Tgt Sinus 12 Hour)	Tier 1	OTC, QL (60 ea / 30 days)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Wal-phed 12 Hour)	Tier 1	OTC, QL (60 ea / 30 days)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Wal-phed D)	Tier 1	OTC, QL (60 ea / 30 days)

## **NEUROMUSCULAR AGENTS**

### **ALS AGENTS**

<i>riluzole tab 50 mg</i>	Tier 1	PA
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## **NUTRIENTS**

### **MISC. NUTRITIONAL SUBSTANCES**

<i>docosahexaenoic acid cap 200 mg</i> (Prenatal Dha)	Tier 1	OTC, QL (30 ea / 30 days)
<i>omega-3 fatty acids cap 500 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 500 mg</i> (Omega 3 500)	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i> (Cvs Fish Oil)	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i> (Gnp Fish Oil)	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>omega-3 fatty acids cap 1000 mg (Qc Fish Oil)</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg (Sb Omega-3 Fish Oil)</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg (Sea-omega)</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg (Sm Fish Oil)</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1200 mg (Sea-omega 30)</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1200 mg (Sm Fish Oil)</i>	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg (Gnp Fish Oil)</i>	Tier 1	OTC

### **PROTEINS**

<i>amino acid infusion 8% (Hepatamine)</i>	Tier 1	PA
<i>amino acid infusion 15% (Clinisol Sf 15%)</i>	Tier 1	PA
<i>amino acid infusion 15% (Plenamaine)</i>	Tier 1	PA
AMINO ACID INJ 5%	Tier 1	PA
AMINO ACID INJ 100MG/ML	Tier 1	PA
<i>amino acids tab (Proteinex)</i>	Tier 1	OTC, PA
AMINOPROTECT INJ 5% ( <i>amino acid infusion</i> )	Tier 1	PA
AMINOSYN II INJ 10% ( <i>amino acid infusion</i> )	Tier 1	PA
AMINOSYN II INJ 15% ( <i>amino acid infusion</i> )	Tier 1	PA
AMINOSYN-PF INJ 7% ( <i>amino acid infusion</i> )	Tier 1	PA
AMINOSYN-PF INJ 10% ( <i>amino acid infusion</i> )	Tier 1	PA
BCAA INJ ( <i>amino acids</i> )	Tier 1	PA
CLINIMIX INJ 4.25/D5W ( <i>amino acid infusion in d5w</i> )	Tier 1	PA
CLINIMIX INJ 4.25/D10 ( <i>amino acid infusion in d10w</i> )	Tier 1	PA
CLINIMIX INJ 4.25/D25 ( <i>amino acid infusion in d25w</i> )	Tier 1	PA
CLINIMIX INJ 5%/D15W ( <i>amino acid infusion in d15w</i> )	Tier 1	PA
CLINIMIX INJ 5%/D20W ( <i>amino acid infusion in d20w</i> )	Tier 1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINIMIX INJ 5%/D25W ( <i>amino acid infusion in d25w</i> )	Tier 1	PA
FREAMINE HBC INJ 6.9% ( <i>amino acid infusion</i> )	Tier 1	PA
FREAMINE III INJ 10% ( <i>amino acid infusion</i> )	Tier 1	PA
NEPHRAMINE INJ 5.4% ( <i>amino acid infusion</i> )	Tier 1	PA
PREMASOL SOL 10% ( <i>amino acid infusion</i> )	Tier 1	PA
PROCALAMINE INJ 3% ( <i>amino acid electrolyte infusion</i> )	Tier 1	PA
PROSOL INJ 20% ( <i>amino acid infusion</i> )	Tier 1	PA
SYNTHAMIN 17 SOL 10% ( <i>amino acid infusion</i> )	Tier 1	PA
TRAVASOL INJ 10% ( <i>amino acid infusion</i> )	Tier 1	PA
TROPHAMINE INJ 6% ( <i>amino acid infusion</i> )	Tier 1	PA
TROPHAMINE INJ 10% ( <i>amino acid infusion</i> )	Tier 1	PA

## **OPHTHALMIC AGENTS**

### **ARTIFICIAL TEARS AND LUBRICANTS**

<i>artificial tear ophth ointment</i> (Akwa Tears)	Tier 1	OTC
<i>artificial tear ophth ointment</i> (Ultra Fresh Pm)	Tier 1	OTC
<i>artificial tear ophth solution</i> (Genteal Tears Liquid Drop)	Tier 1	OTC
<i>artificial tear ophth solution</i> (Just Tears Eye Drops)	Tier 1	OTC
<i>artificial tear ophth solution</i> (Sm Artificial Tears)	Tier 1	OTC
<i>artificial tear ophth solution</i> (Soothe Hydration)	Tier 1	OTC
<i>artificial tear ophth solution</i> (Soothe Xp)	Tier 1	OTC
<i>artificial tear ophth solution</i> (Soothe Xp/xtra Protection)	Tier 1	OTC
<i>artificial tear ophth solution</i> (Systane Contacts Soothing)	Tier 1	OTC
<i>artificial tear ophth solution</i> (Tears Again Advanced Eyel)	Tier 1	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i> (Biolle Tears)	Tier 1	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i> (Cvs Lubricant Eye Drops P)	Tier 1	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i> (Eq Restore Plus Lubricant)	Tier 1	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i> (Eq Revive Plus Lubricant)	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i> (Gnp Lubricating Plus Eye)	Tier 1	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i> (Goodsense Lubricating Plu)	Tier 1	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i> (Retaine Cmc)	Tier 1	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i> (Cvs Lubricant Eye Drops)	Tier 1	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i> (Eq Restore Tears)	Tier 1	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i> (Gnp Eye Drops)	Tier 1	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i> (Ra Lubricant Eye Drops)	Tier 1	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i> (Ultra Fresh)	Tier 1	OTC
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i> (Artificial Tears)	Tier 1	OTC
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i> (Cvs Natural Tears Pf)	Tier 1	OTC
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i> (Ra Lubricant Eye)	Tier 1	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i> (Artificial Tears)	Tier 1	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i> (Genteal Tears Mild)	Tier 1	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i> (Natural Balance Tears)	Tier 1	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i> (Natures Tears)	Tier 1	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i> (Tears Pure)	Tier 1	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i> (Artificial Tears)	Tier 1	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i> (Cvs Dry Eye Relief)	Tier 1	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i> (Hm Dry Eye Relief)	Tier 1	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i> (Sm Dry Eye Relief)	Tier 1	OTC
<i>hypromellose ophth soln 0.3%</i> (Eq Gentle Lubricant)	Tier 1	OTC
<i>hypromellose ophth soln 0.3%</i> (Pure & Gentle Lubricant)	Tier 1	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i> (Eq Lubricant Eye Drops Hi)	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Gnp Eye Drops)</i>	Tier 1	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Gnp Lubricant Eye Drops)</i>	Tier 1	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Hm Lubricating Tears)</i>	Tier 1	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Lubricant Eye Drops)</i>	Tier 1	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Lubricating Eye Drops)</i>	Tier 1	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Ra Lubricant Eye Drops)</i>	Tier 1	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Sm Lubricant Eye Drops)</i>	Tier 1	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Sm Lubricating Tears)</i>	Tier 1	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Ultra Lubricating Eye Dro)</i>	Tier 1	OTC
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3% (Lubricant Eye Drops)</i>	Tier 1	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	Tier 1	OTC
<i>polyvinyl alcohol ophth soln 1.4% (Artificial Tears)</i>	Tier 1	OTC
<i>polyvinyl alcohol ophth soln 1.4% (Tears Again)</i>	Tier 1	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%) (Artificial Tears)</i>	Tier 1	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%) (Clear Eyes All Seasons Ou)</i>	Tier 1	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%) (Goodsense Artificial Tear)</i>	Tier 1	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%) (Murine Tears For Dry Eyes)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Altalube)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Cvs Dry-eye Relief Nighttt)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Cvs Eye Lubricant)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Cvs Lubricating Eye Ointm)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Eq Restore Pm)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>white petrolatum-mineral oil ophth ointment (For Sty Relief)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Genteal Tears Night-time)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Gnp Lubricant Pm)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Hypotears)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Lubricant Eye Fast Acting)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Lubricant Eye Nighttime)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Puralube)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Refresh Lacri-lube)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Refresh P.m.)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Retaine Pm)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Soothe Nighttime Dry Eye)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Stye)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Systane Nighttime)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Tears Again)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment (Tgt Lubricant Eye Nightti)</i>	Tier 1	OTC
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
<i>carteolol hcl ophth soln 1%</i>	Tier 1	QL (15 mL / 25 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	QL (15 mL / 25 days)
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	
<b>MIOTICS</b>		
<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	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bacitracin-polymyxin b ophth oint (Ak-poly-bac)</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint (Polycin)</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 oint 0.3% (Gentak)</i>	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
MOXEZA SOL 0.5% ( <i>moxifloxacin hcl ophth</i> )	Tier 1	PA; Requires trial of 2 of the following: ciprofloxacin soln 0.3%, levofloxacin soln 0.5%, ofloxacin soln 0.3% OR prescription by OPT/OPH specialty
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	PA; Requires trial of 2 of the following: ciprofloxacin soln 0.3%, levofloxacin soln 0.5%, ofloxacin soln 0.3% OR prescription by OPT/OPH specialty
MOXIFLOXACIN SOL 1MG/ML	Tier 1	PA
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo-polycin)</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	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 / 25 days)
ZIRGAN GEL 0.15% ( <i>ganciclovir ophthalmic</i> )	Tier 1	PA; Requires prescription by OPT/OPH specialty or PA required
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA DRO 5% ( <i>lifitegrast</i> )	Tier 1	ST; Requires trial of OTC lubricant and ointment
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA SOL 0.02% ( <i>netarsudil dimesylate</i> )	Tier 1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
<b>OPHTHALMIC STEROIDS</b>		
ALREX SUS 0.2% ( <i>loteprednol etabonate</i> )	Tier 1	PA; Requires trial of 2 of the following: dexamethasone sodium phosphate 0.1%, fluorometholone susp 0.1%, prednisolone susp 1% OR prescription by OPT/OPH specialty
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-polycin Hc)</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 / 30 days)
INVELTYS SUS 1% ( <i>loteprednol etabonate</i> )	Tier 1	PA; Requires trial of 2 of the following: dexamethasone sodium phosphate 0.1%, fluorometholone susp 0.1%, prednisolone susp 1% OR prescription by OPT/OPH specialty
KLARITY-L DRO 0.2% ( <i>loteprednol etabonate</i> )	Tier 1	PA
KLARITY-L DRO 0.5% ( <i>loteprednol etabonate</i> )	Tier 1	PA
LOTEMAX GEL 0.5% ( <i>loteprednol etabonate</i> )	Tier 1	PA; Requires trial of 2 of the following: dexamethasone sodium phosphate 0.1%, fluorometholone susp 0.1%, prednisolone susp 1% OR prescription by OPT/OPH specialty
LOTEMAX OIN 0.5% ( <i>loteprednol etabonate</i> )	Tier 1	PA; Requires trial of 2 of the following: dexamethasone sodium phosphate 0.1%, fluorometholone susp 0.1%, prednisolone susp 1% OR prescription by OPT/OPH specialty

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOTEMAX SM GEL 0.38% ( <i>loteprednol etabonate</i> )	Tier 1	PA; Requires trial of 2 of the following: dexamethasone sodium phosphate 0.1%, fluorometholone susp 0.1%, prednisolone susp 1% OR prescription by OPT/OPH specialty
LOTEMAX SUS 0.5% ( <i>loteprednol etabonate</i> )	Tier 1	PA; Requires trial of 2 of the following: dexamethasone sodium phosphate 0.1%, fluorometholone susp 0.1%, prednisolone susp 1% OR prescription by OPT/OPH specialty
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 1	PA
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
<i>prednisolone acetate ophth susp 1%</i>	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>	Tier 1	

### **OPHTHALMICS - MISC.**

<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	QL (6 mL / 25 days), PA
<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>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv) (Alaway)</i>	Tier 1	OTC, QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv) (Alaway Childrens Allergy)</i>	Tier 1	OTC, QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv) (Allergy Eye Drops)</i>	Tier 1	OTC, QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv) (Claritin Eye)</i>	Tier 1	OTC, QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv) (Cvs Allergy Eye Drops)</i>	Tier 1	OTC, QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv) (Cvs Eye Itch Relief)</i>	Tier 1	OTC, QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv) (Eye Itch Relief)</i>	Tier 1	OTC, QL (10 mL / 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ketotifen fumarate ophth soln 0.025% (base equiv) (Gnp Itchy Eye)</i>	Tier 1	OTC, QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv) (Kp Ketotifen Fumarate)</i>	Tier 1	OTC, QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv) (Ra Antihistamine Eye Drop)</i>	Tier 1	OTC, QL (10 mL / 25 days)
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 1	PA
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	PA
PAZEO DRO 0.7% ( <i>olopatadine hcl</i> )	Tier 1	PA; Requires trial of 2 of the following cromolyn sodium ophth sol 4%, ketotifen fumarate ophth soln 0.025% OR prescription by OPT/OPH specialty
<i>sodium chloride hypertonic ophth oint 5%</i>	Tier 1	OTC
<i>sodium chloride hypertonic ophth oint 5% (Altachlore)</i>	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5%</i>	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5% (Altachlore)</i>	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5% (Sochlor)</i>	Tier 1	OTC
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost ophth soln 0.03%</i>	Tier 1	ST; Requires trial of latanoprost
<i>latanoprost ophth soln 0.005%</i>	Tier 1	QL (5 mL / 25 days)
TRAVATAN Z DRO 0.004% ( <i>travoprost</i> )	Tier 1	QL (5 mL / 25 days), ST; Requires trial of bimatoprost

## OTIC AGENTS

### OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	Tier 1	QL (20 mL / 25 days)
<i>carbamide peroxide 6.5% otic soln (Auraphene-b)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Clearcanal Earwax Softene)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Cvs Ear Drops)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Cvs Earwax Removal Kit)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Cvs Earwax Removal System)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Ear Drops Earwax Removal)</i>	Tier 1	OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbamide peroxide 6.5% otic soln (Ear Wax Removal Kit)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Earwax Removal)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Earwax Removal Kit)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Eq Ear Wax Removal Aid)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Gnp Ear Drops)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Gnp Ear Systems)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Gnp Earwax Removal Drops)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Gnp Earwax Removal Kit)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Hm Earwax Removal Aid)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Murine Ear)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Murine For Ear Wax Remova)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Otix)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Qc Ear Wax Removal Drops)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Qc Earwax Removal)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Ra Ear Drops)</i>	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln (Sm Ear Drops)</i>	Tier 1	OTC
<b>OTIC ANTI-INFECTIVES</b>		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	QL (14 ea / 25 days)
<i>ofloxacin otic soln 0.3%</i>	Tier 1	QL (5 mL / 25 days)
<b>OTIC COMBINATIONS</b>		
<i>CIPRODEX SUS 0.3-0.1% (ciprofloxacin-dexamethasone)</i>	Tier 1	PA; Requires trial of 2 of the following: acetic acid otic 2%, neo/poly/hc otic 1%, ofloxacin otic 0.3%, ciprofloxacin otic 0.2% by OTO specialty
<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	

**Drug Name Drug Tier Requirements/Limits**

**OTIC STEROIDS**

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

**OXYTOCICS**

<i>methylergonovine maleate tab 0.2 mg</i>	Tier 1	QL (210 ea / 30 days)
<i>methylergonovine maleate tab 0.2 mg (Methergine)</i>	Tier 1	QL (210 ea / 30 days)

**PASSIVE IMMUNIZING AND TREATMENT AGENTS**

**IMMUNE SERUMS**

<i>HYPERRHO S/D INJ 50MCG (rho d immune globulin (human))</i>	Tier 1	SP
<i>HYPERRHO S/D INJ 300MCG (rho d immune globulin (human))</i>	Tier 1	SP
<i>MICRHOGAM PL INJ 50MCG (rho d immune globulin (human))</i>	Tier 1	SP
<i>RHOGAM PLUS INJ 300MCG (rho d immune globulin (human))</i>	Tier 1	SP
<i>RHOPHYLAC INJ 1500/2ML (rho d immune globulin (human))</i>	Tier 1	SP

**MONOCLONAL ANTIBODIES**

<i>SYNAGIS INJ 50MG (palivizumab)</i>	Tier 1	SP, PA
<i>SYNAGIS INJ 100MG/ML (palivizumab)</i>	Tier 1	SP, PA

**PENICILLINS - DRUGS TO TREAT INFECTIONS**

**AMINOPENICILLINS**

<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1	QL (240 ea / 30 days)
<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 (150 ea / 30 days)
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>ampicillin cap 500 mg</i>	Tier 1	QL (240 ea / 30 days)

**NATURAL PENICILLINS**

<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>penicillin v potassium tab 250 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>penicillin v potassium tab 500 mg</i>	Tier 1	QL (240 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 12 years old & under
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 12 years old & under
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	QL (180 ea / 30 days)
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Tier 1	SP, PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>norethindrone acetate tab 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>progesterone micronized cap 100 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>progesterone micronized cap 200 mg</i>	Tier 1	QL (60 ea / 30 days)
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>ANTI-CATAPLECTIC AGENTS</b>		
<i>XYREM SOL 500MG/ML (sodium oxybate)</i>	Tier 1	SP, PA
<b>ANTIDEMENTIA AGENTS</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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</i>	Tier 1	
<i>memantine hcl tab 5 mg (28) &amp; 10 mg (21) titration pak</i>	Tier 1	
<i>memantine hcl tab 10 mg</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</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 1	PA

### **MOVEMENT DISORDER DRUG THERAPY**

<i>tetrabenazine tab 12.5 mg</i>	Tier 1	SP, PA
<i>tetrabenazine tab 25 mg</i>	Tier 1	SP, PA

### **MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS**

<i>AUBAGIO TAB 7MG (teriflunomide)</i>	Tier 1	SP, PA
<i>AUBAGIO TAB 14MG (teriflunomide)</i>	Tier 1	SP, PA
<i>AVONEX PEN KIT 30MCG (interferon beta-1a)</i>	Tier 1	SP, PA
<i>AVONEX PREFL KIT 30MCG (interferon beta-1a)</i>	Tier 1	SP, PA
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 1	SP, PA
<i>EXTAVIA INJ 0.3MG (interferon beta-1b)</i>	Tier 1	SP, PA
<i>GILENYA CAP 0.5MG (fingolimod hcl)</i>	Tier 1	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Tier 1	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)</i>	Tier 1	SP, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 1	SP, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)</i>	Tier 1	SP, PA
<i>PLEGRIDY INJ (peginterferon beta-1a)</i>	Tier 1	SP, PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PLEGRIDY INJ PEN ( <i>peginterferon beta-1a</i> )	Tier 1	SP, PA
PLEGRIDY INJ STARTER ( <i>peginterferon beta-1a</i> )	Tier 1	SP, PA
PLEGRIDY PEN INJ STARTER ( <i>peginterferon beta-1a</i> )	Tier 1	SP, PA
TECFIDERA CAP 120MG ( <i>dimethyl fumarate</i> )	Tier 1	SP, QL (60 ea / 30 days), PA
TECFIDERA CAP 240MG ( <i>dimethyl fumarate</i> )	Tier 1	SP, QL (60 ea / 30 days), PA

### **SMOKING DETERRENTS**

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 1	QL (60 ea / 30 days, max 90 day supply per year)
CHANTIX PAK 0.5& 1MG ( <i>varenicline tartrate</i> )	Tier 1	PA
CHANTIX PAK 1MG ( <i>varenicline tartrate</i> )	Tier 1	QL (60 ea / 30 days), PA
CHANTIX TAB 0.5MG ( <i>varenicline tartrate</i> )	Tier 1	QL (30 ea / 30 days), PA
CHANTIX TAB 1MG ( <i>varenicline tartrate</i> )	Tier 1	QL (60 ea / 30 days), PA
<i>nicotine polacrilex gum 2 mg</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Cvs Nicotine)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Cvs Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Eq Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Eq Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Gnp Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Hm Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Kls Quit2)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Nicorelief)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Px Stop Smoking Aid)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Ra Nicotine)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Ra Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Sm Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Sr Nicotine Gum)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Tgt Nicotine Gum)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Tgt Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 2 mg (Thrive)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nicotine polacrilex gum 4 mg</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Cvs Nicotine)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Cvs Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Eq Nicotine Gum Refill)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Eq Nicotine Gum Starter)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Eq Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Eq Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Eq Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Gnp Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Goodsense Nicotine Gum)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Hm Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Kls Quit4)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Px Stop Smoking Aid)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Ra Nicotine)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Ra Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Sm Nicotine)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Sm Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Tgt Nicotine Gum)</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg (Tgt Nicotine Polacrilex)</i>	Tier 1	OTC
<i>nicotine polacrilex lozenge 2 mg</i>	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 2 mg (Cvs Nicotine Lozenge)</i>	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 2 mg (Cvs Nicotine Polacrilex)</i>	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 2 mg (Eq Nicotine Polacrilex)</i>	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 2 mg (Eq Nicotine Polacrilex)</i>	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nicotine polacrilex lozenge 2 mg</i> (Gnp Nicotine Mini Lozenge)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 2 mg</i> (Gnp Nicotine Polacrilex)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 2 mg</i> (Goodsense Nicotine)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 2 mg</i> (Hm Nicotine Polacrilex)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 2 mg</i> (Kls Quit2)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 2 mg</i> (Nicotine Mini Lozenge)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 2 mg</i> (Px Stop Smoking Aid)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 2 mg</i> (Ra Mini Nicotine)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 2 mg</i> (Sm Nicotine)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 2 mg</i> (Tgt Nicotine Polacrilex)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 4 mg</i>	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 4 mg</i> (Cvs Nicotine Polacrilex)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 4 mg</i> (Eq Nicotine)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 4 mg</i> (Eq Nicotine Lozenges)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 4 mg</i> (Eq Nicotine Polacrilex)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 4 mg</i> (Eq Nicotine Polacrilex)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nicotine polacrilex lozenge 4 mg</i> (Gnp Nicotine Polacrilex M)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 4 mg</i> (Hm Nicotine Polacrilex)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 4 mg</i> (Kls Quit4)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 4 mg</i> (Px Stop Smoking Aid)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 4 mg</i> (Ra Mini Nicotine)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 4 mg</i> (Sm Nicotine Polacrilex)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 4 mg</i> (Tgt Nicotine Polacrilex)	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine td patch 24hr 7 mg/24hr</i>	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 7 mg/24hr</i> (Cvs Nicotine Transdermal)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 7 mg/24hr</i> (Eq Nicotine Step 3)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 7 mg/24hr</i> (Gnp Nicotine Transdermal)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 7 mg/24hr</i> (Hm Nicotine Transdermal S)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 7 mg/24hr</i> (Ra Nicotine)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 7 mg/24hr</i> (Sm Nicotine Transdermal S)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 7 mg/24hr</i> (Tgt Nicotine Step Three)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 14 mg/24hr</i>	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nicotine td patch 24hr 14 mg/24hr</i> (Cvs Nicotine Transdermal)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 14 mg/24hr</i> (Eq Nicotine)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 14 mg/24hr</i> (Gnp Nicotine Transdermal)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 14 mg/24hr</i> (Hm Nicotine Transdermal S)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 14 mg/24hr</i> (Ra Nicotine)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 14 mg/24hr</i> (Sm Nicotine Transdermal S)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 14 mg/24hr</i> (Tgt Nicotine Step Two)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 21 mg/24hr</i>	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 21 mg/24hr</i> (Cvs Nicotine Transdermal)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 21 mg/24hr</i> (Eq Nicotine)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 21 mg/24hr</i> (Hm Nicotine Transdermal S)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 21 mg/24hr</i> (Nicotine Step 1)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 21 mg/24hr</i> (Ra Nicotine)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 21 mg/24hr</i> (Sm Nicotine Transdermal S)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 21 mg/24hr</i> (Tgt Nicotine Step One)	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)

Drug Name	Drug Tier	Requirements/Limits
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
PULMOZYME SOL 1MG/ML ( <i>dornase alfa</i> )	Tier 1	SP, QL (75 mL / 30 days), PA

**TETRACYCLINES - DRUGS TO TREAT INFECTIONS**

**TETRACYCLINES - DRUGS TO TREAT INFECTIONS**

<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>doxycycline monohydrate cap 100 mg</i> (Mondoxyne NI)	Tier 1	QL (90 ea / 30 days)
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>doxycycline monohydrate tab 100 mg</i> (Avidoxy)	Tier 1	QL (90 ea / 30 days)
<i>minocycline hcl cap 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>minocycline hcl cap 100 mg</i>	Tier 1	QL (60 ea / 30 days)

**THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS**

**ANTITHYROID AGENTS**

<i>methimazole tab 5 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>methimazole tab 10 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>propylthiouracil tab 50 mg</i>	Tier 1	QL (600 ea / 30 days)

**THYROID HORMONES**

ARMOUR THYRO TAB 15MG ( <i>thyroid</i> )	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 30MG ( <i>thyroid</i> )	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 60MG ( <i>thyroid</i> )	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 90MG ( <i>thyroid</i> )	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 120MG ( <i>thyroid</i> )	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 180MG ( <i>thyroid</i> )	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 240MG ( <i>thyroid</i> )	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 300MG ( <i>thyroid</i> )	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>levothyroxine sodium tab 25 mcg</i>	Tier 1	QL (60 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levothyroxine sodium tab 25 mcg</i> (Euthyrox)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 25 mcg</i> (Levo-t)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 25 mcg</i> (Levoxyl)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 25 mcg</i> (Unithroid)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 50 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 50 mcg</i> (Euthyrox)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 50 mcg</i> (Levo-t)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 50 mcg</i> (Levoxyl)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 50 mcg</i> (Unithroid)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 75 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 75 mcg</i> (Euthyrox)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 75 mcg</i> (Levo-t)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 75 mcg</i> (Levoxyl)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 75 mcg</i> (Unithroid)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 88 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 88 mcg</i> (Euthyrox)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 88 mcg</i> (Levo-t)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 88 mcg</i> (Levoxyl)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 88 mcg</i> (Unithroid)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 100 mcg</i> (Euthyrox)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 100 mcg</i> (Levo-t)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 100 mcg</i> (Levoxyl)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 100 mcg</i> (Unithroid)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 112 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 112 mcg</i> (Euthyrox)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 112 mcg</i> (Levo-t)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 112 mcg</i> (Levoxyl)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 112 mcg</i> (Unithroid)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 125 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 125 mcg</i> (Euthyrox)	Tier 1	QL (60 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levothyroxine sodium tab 125 mcg (Levo-t)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 125 mcg (Levoxyl)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 125 mcg (Unithroid)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 137 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 137 mcg (Euthyrox)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 137 mcg (Levo-t)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 137 mcg (Levoxyl)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 137 mcg (Unithroid)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 150 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 150 mcg (Euthyrox)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 150 mcg (Levo-t)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 150 mcg (Levoxyl)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 150 mcg (Unithroid)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 175 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 175 mcg (Euthyrox)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 175 mcg (Levo-t)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 175 mcg (Levoxyl)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 175 mcg (Unithroid)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 200 mcg (Euthyrox)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 200 mcg (Levo-t)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 200 mcg (Levoxyl)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 200 mcg (Unithroid)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 300 mcg (Levo-t)</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 300 mcg (Unithroid)</i>	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 25MCG ( <i>levothyroxine sodium</i> )	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 50MCG ( <i>levothyroxine sodium</i> )	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 75MCG ( <i>levothyroxine sodium</i> )	Tier 1	QL (60 ea / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNTHROID TAB 88MCG ( <i>levothyroxine sodium</i> )	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 100MCG ( <i>levothyroxine sodium</i> )	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 112MCG ( <i>levothyroxine sodium</i> )	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 125MCG ( <i>levothyroxine sodium</i> )	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 137MCG ( <i>levothyroxine sodium</i> )	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 150MCG ( <i>levothyroxine sodium</i> )	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 175MCG ( <i>levothyroxine sodium</i> )	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 200MCG ( <i>levothyroxine sodium</i> )	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 300MCG ( <i>levothyroxine sodium</i> )	Tier 1	QL (60 ea / 30 days)
<i>thyroid tab 15 mg (1/4 grain)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 15 mg (1/4 grain)</i> (Np Thyroid 15)	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 30 mg (1/2 grain)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 30 mg (1/2 grain)</i> (Np Thyroid 30)	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 60 mg (1 grain)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 60 mg (1 grain)</i> (Np Thyroid 60)	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 90 mg (1 1/2 grain)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 90 mg (1 1/2 grain)</i> (Np Thyroid 90)	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 120 mg (2 grain)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 120 mg (2 grain)</i> (Np Thyroid 120)	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under

Drug Name	Drug Tier	Requirements/Limits
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL INJ ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	Tier 1	Covered for ages 19 years old & over
BOOSTRIX INJ ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	Tier 1	Covered for ages 19 years old & over
TDVAX INJ 2-2 LF ( <i>tetanus-diphtheria toxoids (td)</i> )	Tier 1	Covered for ages 19 years old & over
TENIVAC INJ 5-2LF ( <i>tetanus-diphtheria toxoids (td)</i> )	Tier 1	Covered for ages 19 years old & over

## ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

### ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

CUVPOSA SOL 1MG/5ML ( <i>glycopyrrolate</i> )	Tier 1	PA
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	QL (2400 mL / 30 days); Covered for ages 64 years old & under
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	QL (360 ea / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate sl tab 0.125 mg</i> (Oscimin)	Tier 1	QL (360 ea / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	QL (1800 mL / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	QL (360 ea / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate tab 0.125 mg</i> (Oscimin)	Tier 1	QL (360 ea / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	QL (360 ea / 30 days); Covered for ages 64 years old & under

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hyoscyamine sulfate tab disint 0.125 mg</i> (Ed-spaz)	Tier 1	QL (360 ea / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate tab disint 0.125 mg</i> (Nulev)	Tier 1	QL (360 ea / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate tab disint 0.125 mg</i> (Oscimin)	Tier 1	QL (360 ea / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (Oscimin Sr)	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (Symax-sr)	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under

## **H-2 ANTAGONISTS**

<i>cimetidine hcl soln 300 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>cimetidine tab 200 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>cimetidine tab 200 mg</i> (Cimetidine 200)	Tier 1	OTC, QL (120 ea / 30 days)
<i>cimetidine tab 200 mg</i> (Eq Acid Reducer)	Tier 1	OTC, QL (120 ea / 30 days)
<i>cimetidine tab 200 mg</i> (Eq Cimetidine Acid Reduce)	Tier 1	OTC, QL (120 ea / 30 days)
<i>cimetidine tab 200 mg</i> (Eq Heartburn Relief)	Tier 1	OTC, QL (120 ea / 30 days)
<i>cimetidine tab 200 mg</i> (Gnp Heartburn Relief)	Tier 1	OTC, QL (120 ea / 30 days)
<i>cimetidine tab 200 mg</i> (Gnp Heartburn Relief 200)	Tier 1	OTC, QL (120 ea / 30 days)
<i>cimetidine tab 200 mg</i> (Heartburn Relief)	Tier 1	OTC, QL (120 ea / 30 days)
<i>cimetidine tab 200 mg</i> (Sm Acid Reducer)	Tier 1	OTC, QL (120 ea / 30 days)
<i>cimetidine tab 300 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>cimetidine tab 400 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>cimetidine tab 800 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>famotidine tab 10 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>famotidine tab 10 mg</i> (Acid Controller Original)	Tier 1	OTC, QL (60 ea / 30 days)
<i>famotidine tab 10 mg</i> (Eq Heartburn Prevention)	Tier 1	OTC, QL (60 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>famotidine tab 10 mg (Gnp Acid Reducer)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>famotidine tab 10 mg (Heartburn Relief)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>famotidine tab 20 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>famotidine tab 20 mg (Acid Controller Maximum S)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>famotidine tab 20 mg (Eq Acid Reducer Maximum S)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>famotidine tab 20 mg (Eq Heartburn Prevention/)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>famotidine tab 20 mg (Hm Famotidine)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>famotidine tab 40 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>nizatidine cap 150 mg</i>	Tier 1	QL (120 ea / 30 days), ST; Requires trial of famotidine and ranitidine
<i>nizatidine oral soln 15 mg/ml</i>	Tier 1	ST; Requires trial of famotidine and ranitidine
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	Tier 1	QL (600 mL / 30 days); Covered for ages 12 years old & under
<i>ranitidine hcl tab 75 mg (Acid Reducer)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 75 mg (Ranitidine Hcl)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 75 mg (Wal-zan 75)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 150 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>ranitidine hcl tab 150 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 150 mg (Acid Control Maximum Stre)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 150 mg (Acid Reducer)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 150 mg (Eq Heartburn Relief Maxi)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 150 mg (Heartburn Relief 150 Maxi)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 150 mg (Wal-zan 150 Maximum Stren)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 300 mg</i>	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>MISC. ANTI-ULCER</b>		
CARAFATE SUS 1GM/10ML ( <i>sucralfate</i> )	Tier 1	QL (1200 mL / 30 days); Covered for ages 18 years old & under
<i>sucralfate tab 1 gm</i>	Tier 1	QL (120 ea / 30 days)

**PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID**

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> (Esomeprazole Magnesium)	Tier 1	OTC, QL (60 ea / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> (Heartburn Treatment 24 Ho)	Tier 1	OTC, QL (60 ea / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>lansoprazole cap delayed release 15 mg</i> (Heartburn Treatment 24 Ho)	Tier 1	OTC, QL (60 ea / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>omeprazole magnesium cap dr 20.6 mg</i> (20 mg base equiv)	Tier 1	OTC, QL (30 ea / 30 days)
<i>omeprazole magnesium cap dr 20.6 mg</i> (20 mg base equiv) (Acid Reducer)	Tier 1	OTC, QL (30 ea / 30 days)
OMEPRAZOLE TAB 20MG	Tier 1	OTC, QL (90 ea / 30 days)
OMEPRAZOLE TAB 20MG DR	Tier 1	OTC, QL (90 ea / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QL (90 ea / 30 days)
PRILOSEC OTC TAB 20MG ( <i>omeprazole magnesium</i> )	Tier 1	OTC, QL (90 ea / 30 days)

**ULCER DRUGS - PROSTAGLANDINS**

<i>misoprostol tab 100 mcg</i>	Tier 1	QL (120 ea / 30 days)
<i>misoprostol tab 200 mcg</i>	Tier 1	QL (120 ea / 30 days)

**URINARY ANTI-INFECTIVES**

**URINARY ANTI-INFECTIVES**

<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 64 years old & under
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 64 years old & under
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	QL (40 mL / day, max 10 day supply); Covered for ages 12 years old & under

## **URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE**

### **URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	QL (600 mL / 30 days)
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of oxybutynin
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of oxybutynin
<i>tropium chloride tab 20 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of oxybutynin

### **URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

<i>bethanechol chloride tab 5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>bethanechol chloride tab 10 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>bethanechol chloride tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>bethanechol chloride tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)

### **URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS**

<i>flavoxate hcl tab 100 mg</i>	Tier 1	QL (120 ea / 30 days)
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## **VACCINES**

### **BACTERIAL VACCINES**

<i>BEXSERO INJ (meningococcal vac group b (recombant omv adjuvanted))</i>	Tier 1	Covered for ages 19 years old & over
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MENACTRA INJ ( <i>meningococcal (a,c,y&amp;w-135) polysaccharide conjugate vaccine</i> )	Tier 1	Covered for ages 19 years old & over
MENVEO INJ ( <i>meningococcal (a,c,y&amp;w-135) oligosaccharide conjugate vac</i> )	Tier 1	Covered for ages 19 years old & over
PNEUMOVAX 23 INJ 25/0.5 ( <i>pneumococcal vac polyvalent</i> )	Tier 1	QL (max 2 fills per lifetime); Covered for ages 19 years old & over
PREVNAR 13 INJ ( <i>pneumococcal 13-valent conjugate vaccine</i> )	Tier 1	QL (max 4 fills per lifetime); Covered for ages 19 years old & over
TRUMENBA INJ ( <i>meningococcal group b vaccine (recombinant)</i> )	Tier 1	Covered for ages 19 years old & over

### **VIRAL VACCINES**

ENGERIX-B INJ 10/0.5ML ( <i>hepatitis b vaccine (recomb)</i> )	Tier 1	Covered for ages 19 years old & over
ENGERIX-B INJ 20MCG/ML ( <i>hepatitis b vaccine (recomb)</i> )	Tier 1	Covered for ages 19 years old & over
GARDASIL 9 INJ ( <i>human papillomavirus (hpv) 9-valent recombinant vaccine</i> )	Tier 1	Covered for ages 19 years old & over
HAVRIX INJ 720UNIT ( <i>hepatitis a vaccine</i> )	Tier 1	Covered for ages 19 years old & over
HAVRIX INJ 1440UNIT ( <i>hepatitis a vaccine</i> )	Tier 1	Covered for ages 19 years old & over
HEPLISAV-B INJ 20/0.5ML ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	Tier 1	Covered for ages 19 years old & over
HEPLISAV-B INJ 20MCG ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	Tier 1	Covered for ages 19 years old & over
IMOVAX RABIE INJ 2.5/ML ( <i>rabies virus vaccine, hdc</i> )	Tier 1	Covered for ages 19 years old & over
M-M-R II INJ ( <i>measles, mumps &amp; rubella virus vaccines</i> )	Tier 1	Covered for ages 19 years old & over
RABAVERT INJ ( <i>rabies vaccine, pcec</i> )	Tier 1	Covered for ages 19 years old & over
RECOMBIVA HB INJ 5MCG/0.5 ( <i>hepatitis b vaccine (recomb)</i> )	Tier 1	Covered for ages 19 years old & over
RECOMBIVA HB INJ 10MCG/ML ( <i>hepatitis b vaccine (recomb)</i> )	Tier 1	Covered for ages 19 years old & over
SHINGRIX INJ 50MCG ( <i>zoster vaccine recombinant adjuvanted</i> )	Tier 1	Covered for ages 50 years old & over
TWINRIX INJ ( <i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i> )	Tier 1	Covered for ages 19 years old & over
VAQTA INJ 25/0.5ML ( <i>hepatitis a vaccine</i> )	Tier 1	Covered for ages 19 years old & over
VAQTA INJ 50UNT/ML ( <i>hepatitis a vaccine</i> )	Tier 1	Covered for ages 19 years old & over
VARIVAX INJ ( <i>varicella virus vaccine live</i> )	Tier 1	Covered for ages 19 years old & over

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZOSTAVAX INJ ( <i>zoster vaccine live</i> )	Tier 1	Covered for ages 50 years old & over

## **VAGINAL PRODUCTS**

### **SPERMICIDES**

CONCEPTROL GEL 4% ( <i>nonoxynol-9</i> )	Tier 1	OTC
ENCARE SUP 100MG ( <i>nonoxynol-9</i> )	Tier 1	OTC
GYNOL II GEL 3% ( <i>nonoxynol-9</i> )	Tier 1	OTC
<i>nonoxynol-9 gel 4% (Vcf Vaginal Contraceptive)</i>	Tier 1	OTC
SHUR-SEAL GEL 2% ( <i>nonoxynol-9</i> )	Tier 1	OTC
TODAY SPONGE MIS ( <i>nonoxynol-9</i> )	Tier 1	OTC
VCF VAGINAL AER CONTRACP ( <i>nonoxynol-9</i> )	Tier 1	OTC
VCF VAGINAL MIS CONTRACP ( <i>nonoxynol-9</i> )	Tier 1	OTC

### **VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2% (Clotrimazole 3)</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2% (3 Day Vaginal)</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2% (Gnp Clotrimazole 3)</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2% (Ra Clotrimazole 3)</i>	Tier 1	OTC
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	QL (70 gm / 5 days)
<i>metronidazole vaginal gel 0.75% (Vandazole)</i>	Tier 1	QL (70 gm / 5 days)
<i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit (Cvs Miconazole 3)</i>	Tier 1	OTC
<i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit (Ra Miconazole 3 Combinati)</i>	Tier 1	OTC
<i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit (Sm Miconazole 3)</i>	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i>	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2% (Cvs Miconazole 7)</i>	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2% (Miconazole 7)</i>	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2% (Qc Miconazole 7)</i>	Tier 1	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm) (Miconazole 3)</i>	Tier 1	OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm) (Qc 3 Day Vaginal Cream)</i>	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit (Cvs Miconazole 3 Combinat)</i>	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit (Vagistat-3)</i>	Tier 1	OTC
<i>miconazole nitrate vaginal suppos 100 mg (Miconazole 7)</i>	Tier 1	OTC
<i>miconazole nitrate vaginal suppos 100 mg (Sm Miconazole 7)</i>	Tier 1	OTC
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>tioconazole vaginal oint 6.5% (Monistat 1-day)</i>	Tier 1	OTC
<i>tioconazole vaginal oint 6.5% (Tioconazole 1)</i>	Tier 1	OTC

### **VAGINAL ESTROGENS**

<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	QL (42.5 gm / 30 days)
<i>estradiol vaginal tab 10 mcg</i>	Tier 1	
<i>estradiol vaginal tab 10 mcg (Yuvaferm)</i>	Tier 1	

### **VASOPRESSORS**

#### **ANAPHYLAXIS THERAPY AGENTS**

<i>EPIPEN 2-PAK INJ 0.3MG (epinephrine (anaphylaxis))</i>	Tier 1	QL (2 ea / 25 days)
<i>EPIPEN-JR INJ 0.15MG (epinephrine (anaphylaxis))</i>	Tier 1	QL (2 ea / 25 days)

#### **VASOPRESSORS**

<i>midodrine hcl tab 2.5 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>midodrine hcl tab 5 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>midodrine hcl tab 10 mg</i>	Tier 1	QL (90 ea / 30 days)

### **VITAMINS**

#### **OIL SOLUBLE VITAMINS**

<i>cholecalciferol cap 1000 unit (D3 High Potency)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 1000 unit (Qc Vitamin D3)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 2000 unit</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 2000 unit (D3 Super Strength)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 2000 unit (Qc Vitamin D3)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 5000 unit (Dialyvite Vitamin D 5000)</i>	Tier 1	OTC, QL (30 ea / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cholecalciferol cap 10000 unit</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 10000 unit (Decara)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 10000 unit (Maximum D3)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 50000 unit</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 50000 unit (Decara)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol chew tab 400 unit (D 400)</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol oral liquid 400 unit/ml</i>	Tier 1	OTC, QL (180 mL / 30 days)
<i>cholecalciferol oral liquid 400 unit/ml (D3 Vitamin)</i>	Tier 1	OTC, QL (180 mL / 30 days)
<i>cholecalciferol tab 400 unit (D 400)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 400 unit (Qc Vitamin D3)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 1000 unit</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 1000 unit (D 1000)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 1000 unit (Gnp Vitamin D)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 1000 unit (Qc Vitamin D3)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 2000 unit</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 2000 unit (Qc Vitamin D3)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 5000 unit (D 5000)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 5000 unit (Qc Vitamin D3)</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>ergocalciferol cap 50000 unit</i>	Tier 1	QL (180 ea / 30 days)
<i>phytonadione tab 5 mg</i>	Tier 1	QL (150 ea / 30 days)

### **WATER SOLUBLE VITAMINS**

<i>ascorbic acid tab 500 mg (Qc C With Rose Hips)</i>	Tier 1	OTC
<i>ascorbic acid tab 500 mg (Qc Vitamin C)</i>	Tier 1	OTC
<i>niacin cap er 250 mg</i>	Tier 1	OTC
<i>niacin cap er 500 mg</i>	Tier 1	OTC
<i>niacin tab 500 mg</i>	Tier 1	OTC
<i>niacin tab er 250 mg (Gnp Niacin Tr)</i>	Tier 1	OTC
<i>niacin tab er 250 mg (Slo-niacin)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>niacin tab er 750 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>pyridoxine hcl tab 100 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>pyridoxine hcl tab 100 mg (Gnp Vitamin B-6)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>pyridoxine hcl tab 100 mg (Qc Vitamin B6)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>pyridoxine hcl tab 100 mg (Sm Vitamin B-6)</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>thiamine hcl tab 100 mg (Qc Vitamin B1)</i>	Tier 1	OTC, QL (30 ea / 30 days)

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