January 2020

Molina Healthcare of Utah

Preferred Drug List (Formulary)

MOLINA HEALTHCARE

Your Extended Family

Non-Discrimination Notification
Molina Healthcare of Utah
Medicaid

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

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

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language
  - Material that is simply written in plain language

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

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

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

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

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

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

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

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

MOLINA HEALTHCARE
Your Extended Family

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

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

Molina Healthcare of Utah Preferred Drug List (CHIP Formulary)

(01/01/2020 v2)

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INTRODUCTION

We are pleased to provide the 2020 *Molina Healthcare of Utah Preferred Drug List (CHIP Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

GENERIC SUBSTITUTION

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

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

	Plan A	Plan B	Plan C	Plan D
Preferred Generic	$1	$5	$15	$0
Preferred Brand	$1	5%	25%	$0
Non-Preferred Drugs	5%	5%	50%	$0

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

Tier 1: Preferred Generic Drugs
Tier 2: Preferred Brand Drugs
Tier 3: Non-Preferred Drugs: Medications not listed on the document are considered Non-Preferred

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

PRIOR AUTHORIZATION REQUEST PROCEDURE

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

PRIOR AUTHORIZATION HELPFUL HINTS

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

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

LEGEND

AGE	Age Limit
GNDR	Gender Edit
MED	Max 90 mg Morphine Equivalent Dose per day
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval

QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
lowercase	Indicates generic availability
UPPERCASE	Indicates brand availability

REQUESTING FORMULARY CHANGES

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

Fax: (855) 714-2419

CATEGORIES OF CONSIDERATION

OPIOID ANALGESICS

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

EXCLUDED SERVICES

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

- Drugs not eligible for Federal Medicaid funds
- Drugs for anorexia, weight loss or weight gain
- Drugs to promote fertility
- Drugs for cosmetic purposes or hair growth
- Drugs for the symptomatic relief of cough and colds, except for the medications listed on the preferred drug list
- Vitamins, except for Prenatal vitamins for pregnant women and vitamin drops with or without fluoride, for children through age five (5)
- Fluoride supplements
- Nonprescription drugs (Over-The-Counter or OTC), except for the medications listed on the preferred drug list
- Drugs for which the manufacturer requires, as a condition of sale, that associated tests and monitoring services are purchased exclusively from the manufacturer or its designee
- Drugs for the treatment of sexual or erectile dysfunction
- Drugs given by a hospital to a patient at discharge (take-home drugs)
- Breast milk, breast milk substitutes, baby food or medical foods, prescription metabolic products for in-born errors of metabolism (e.g. phenylketonuria and maple syrup urine disease) as defined in the Utah Medicaid Provider Manual
- Drugs available only through single-source distribution programs, unless the distributor is enrolled with Utah Medicaid as a pharmacy provider
- Experimental or Investigational Medications
- Convenience Dosage Forms (Transdermal Patches), not listed in the Drug List
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related or similar drugs (frequently referred to as "DESI 5 and 6" drugs)
- Drug product not in Medicaid Drug Rebate Program

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2020. All rights reserved.

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

FORMULARY UPDATES

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

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

Date Effective	Product Name	Change	Notes
1/1/2020	FREESTYLE 10 REA LIBRE	Add to formulary with PA	
1/1/2020	FREESTYLE 14 REA LIBRE	Add to formulary with PA	
1/1/2020	FREESTYLE 10 SEN LIBRE	Add to formulary with PA	
1/1/2020	FREESTYLE 14 SEN LIBRE	Add to formulary with PA	
1/1/2020	DEXCOM G5 MIS RECEIVER	Add to formulary with PA	
1/1/2020	DEXCOM G5 KIT RECV PNK	Add to formulary with PA	
1/1/2020	DEXCOM G5 KIT REC BLUE	Add to formulary with PA	
1/1/2020	DEXCOM G5 KIT RECEIVER	Add to formulary with PA	
1/1/2020	DEXCOM G6 MIS RECEIVER	Add to formulary with PA	
1/1/2020	DEXCOM G6 MIS SENSOR	Add to formulary with PA	
1/1/2020	DEXCOM G5 MIS TRANSMIT	Add to formulary with PA	
1/1/2020	DEXCOM G6 MIS TRANSMIT	Add to formulary with PA	
1/1/2020	TechLite Pen Needles MISC 29G X 10MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 29G X 12MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 31G X 5 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 31G X 6 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 31G X 8 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 32G X 4 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 32G X 6 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 32G X 8 MM	Add to formulary with QL	QL: Max 5 per day

1/1/2020	TRUEplus 5-Bevel Pen Needles MISC 29G X 12.7MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TRUEplus 5-Bevel Pen Needles MISC 31G X 5 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TRUEplus 5-Bevel Pen Needles MISC 31G X 6 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TRUEplus 5-Bevel Pen Needles MISC 31G X 8 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TRUEplus 5-Bevel Pen Needles MISC 32G X 4 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	EPIPEN-JR KIT 0.15MG	Remove from formulary	Prefer generic or Symjepi
1/1/2020	EPIPEN-JR2PK KIT 0.15MG	Remove from formulary	Prefer generic or Symjepi
1/1/2020	EPIPEN KIT 0.3MG	Remove from formulary	Prefer generic or Symjepi
1/1/2020	EPIPEN 2 PK KIT 0.3MG	Remove from formulary	Prefer generic or Symjepi
1/1/2020	SYMJEPI INJ 0.15MG	Add to formulary with QL	QL: Max 2 per 25 days
1/1/2020	SYMJEPI INJ 0.3MG	Add to formulary with QL	QL: Max 2 per 25 days
1/1/2020	TRELEGY AER ELLIPTA	Add to formulary with QL	QL: Max 2 per day
1/1/2020	VENTOLIN INH HFA 200	Remove from formulary	
1/1/2020	VENTOLIN INH HFA 60	Remove from formulary	
1/1/2020	VENTOLIN INH HFA 60	Remove from formulary	
1/1/2020	VENTOLIN INH HFA 60	Remove from formulary	
1/1/2020	XARELTO TAB 2.5MG	Remove from formulary	
1/1/2020	XARELTO TAB 10MG	Remove from formulary	
1/1/2020	XARELTO TAB 15MG	Remove from formulary	
1/1/2020	XARELTO TAB 20MG	Remove from formulary	
1/1/2020	XARELTO STAR TAB 15/20MG	Remove from formulary	
1/1/2020	ELIQUIS TAB 2.5MG	Add to formulary with PA	
1/1/2020	ELIQUIS TAB 5MG	Add to formulary with PA	
1/1/2020	TRULICITY INJ 0.75/0.5	Add to formulary with PA	
1/1/2020	TRULICITY INJ 1.5/0.5	Add to formulary with PA	
1/1/2020	XELJANZ TAB 5MG	Add to formulary with PA	
1/1/2020	XELJANZ TAB 10MG	Add to formulary with PA	
1/1/2020	XELJANZ XR TAB 11MG	Add to formulary with PA	
1/1/2020	CORLANOR TAB 5MG	Add to formulary with PA	
1/1/2020	CORLANOR TAB 7.5MG	Add to formulary with PA	
1/1/2020	TRAVATAN Z SOL 0.004% OP	Remove from formulary	
1/1/2020	EPOGEN/PROCRIT	Remove from formulary	
1/1/2020	RETACRIT INJ 2000UNIT	Add to formulary with PA	
1/1/2020	RETACRIT INJ 3000UNIT	Add to formulary with PA	
1/1/2020	RETACRIT INJ 4000UNIT	Add to formulary with PA	
1/1/2020	RETACRIT INJ 10000UNT	Add to formulary with PA	
1/1/2020	RETACRIT INJ 40000UNT	Add to formulary with PA	
1/1/2020	NEUPOGEN	Remove from formulary	
1/1/2020	ZARXIO INJ 300/0.5	Add to formulary with PA	
1/1/2020	ZARXIO INJ 480/0.8	Add to formulary with PA	
1/1/2020	NEULASTA	Remove from formulary	

1/1/2020	FULPHILA INJ 6/0.6ML	Remove from formulary	
1/1/2020	NIACOR TAB 500MG	Remove from formulary	
1/1/2020	TRI-VI-SOL DRO	Add to formulary with QVT	QL: Max 50 per 25 days
1/1/2020	TRI-VITAMIN DRO	Add to formulary with QVT	QL: Max 50 per 25 days
1/1/2020	MULT VITAM DRO	Add to formulary with QVT	QL: Max 50 per 25 days
1/1/2020	POLY-VI-FLOR CHW 0.25MG	Remove from formulary	
1/1/2020	POLY-VI-FLOR CHW 0.5MG	Remove from formulary	
1/1/2020	POLY-VI-FLOR CHW 1MG	Remove from formulary	
1/1/2020	POLY-VI-FLOR SUS 0.25/ML	Remove from formulary	
1/1/2020	POLY-VI-FLOR MIS FS 0.25	Remove from formulary	
1/1/2020	POLY-VI-FLOR MIS FS 0.5MG	Remove from formulary	
1/1/2020	POLY-VI-FLOR MIS FS	Remove from formulary	
1/1/2020	MOXIFLOXACIN SOL HCL 0.5%	Add to formulary with QVT	QL: Max 3 per 25 days
1/1/2020	CYCLOPENTOL SOL 1% OP	Add to formulary with QVT	QL: Max 15 per 25 days
1/1/2020 v2	INSULIN SYRG MIS 1ML	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1ML/29G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 29GX1/2"	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 30GX5/16	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.3ML/30	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 30GX8MM	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 27GX1/2"	Remove from Formulary	
1/1/2020 v2	MAXICOMFORT MIS 27GX1/2	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.5/27G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.5/30G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 31GX5/16	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1/2ML/31	Remove from Formulary	
1/1/2020 v2	PRO COMFORT MIS 0.5/31G	Remove from Formulary	
1/1/2020 v2	COMFORT EZ MIS 31GX5/16	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 28GX1/2"	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.5/28G	Remove from Formulary	

1/1/2020 v2	SECURESAFE MIS 0.5/29G	Remove from Formulary	
1/1/2020 v2	PRO COMFORT MIS 0.5/30G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1/2ML/30	Remove from Formulary	
1/1/2020 v2	SYRINGE MIS 0.5/30G	Remove from Formulary	
1/1/2020 v2	ULTILET INSU MIS 30X12.7	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1ML/25G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.3/31G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1ML/26G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1ML/27G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1ML/28G	Remove from Formulary	
1/1/2020 v2	SECURESAFE MIS 1ML/29G	Remove from Formulary	
1/1/2020 v2	PRO COMFORT MIS 1ML/30G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1ML/30G	Remove from Formulary	
1/1/2020 v2	1ML SYRINGE MIS 30G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1MLX30G	Remove from Formulary	
1/1/2020 v2	HM INSULIN S MIS 1ML/30G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 30GX1/2"	Remove from Formulary	
1/1/2020 v2	PRO COMFORT MIS 1ML/31G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 31GX8MM	Remove from Formulary	
1/1/2020 v2	INSULIN SYRI MIS 0.3/31G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.3ML/31	Remove from Formulary	
1/1/2020 v2	HM INSULIN S MIS 0.3/31G	Remove from Formulary	
1/1/2020 v2	ULTILET INSU MIS 31GX6MM	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.3/29G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.5/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.3/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.3/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.5/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 1ML/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"

1/1/2020 v2	INSULIN SYRG MIS 0.3/29G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.5/29G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 1ML/29G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.3/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.5/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 1ML/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.3/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.5/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 1ML/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 1ML/29G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 1ML/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 0.5/28G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 0.5/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 0.5/29G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 1ML/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 0.3/29G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 1ML/28G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 0.3/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 0.3/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 0.5/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	OXYCODONE HCL TAB	Update Note	Remove note: "max 1 fill per 90 days"
1/1/2020 v2	OXYCODONE HCL	Update Note	Remove note: "max 1 fill per 90 days"
1/1/2020 v2	OXYCODONE HCL TAB 20MG	Update max qty/note	Update note: change to "max quantity 120 per fill" and delete "max 1 fill per 90 days"
1/1/2020 v2	OXYCODONE HCL TAB 30MG	Update max qty/note	Update note: change to "max quantity 120 per fill" and delete "max 1 fill per 90 days"
1/1/2020 v2	Adacel Inj	Adding to document	Min age of 19
1/1/2020 v2	Boostrix Inj	Adding to document	Min age of 19

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)	Tier 1	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)	Tier 1	QL (150 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)	Tier 1	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)	Tier 1	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)	Tier 1	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)	Tier 1	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)	Tier 1	QL (60 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
dextroamphetamine sulfate cap er 24hr 5 mg (generic of DEXEDRINE)	Tier 1	QL (120 ea / 30 days), PA; AGE (Max age 18 years)
dextroamphetamine sulfate cap er 24hr 10 mg (generic of DEXEDRINE)	Tier 1	QL (120 ea / 30 days), PA; AGE (Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate cap er 24hr 15 mg (generic of DEXEDRINE)	Tier 1	QL (60 ea / 30 days), PA; AGE (Max age 18 years)
dextroamphetamine sulfate tab 5 mg	Tier 1	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
dextroamphetamine sulfate tab 10 mg	Tier 1	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
zenzedi tab 5mg	Tier 1	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
zenzedi tab 10mg	Tier 1	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	Tier 1	QL (120 mL in lifetime); AGE (Max age 1 year)
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv) (generic of STRATTERA)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 18 mg (base equiv) (generic of STRATTERA)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 25 mg (base equiv) (generic of STRATTERA)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 40 mg (base equiv) (generic of STRATTERA)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 60 mg (base equiv) (generic of STRATTERA)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 80 mg (base equiv) (generic of STRATTERA)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 100 mg (base equiv) (generic of STRATTERA)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
guanfacine hcl tab er 24hr 1 mg (base equiv) (generic of INTUNIV)	Tier 1	QL (30 ea / 30 days)
guanfacine hcl tab er 24hr 2 mg (base equiv) (generic of INTUNIV)	Tier 1	QL (30 ea / 30 days)
guanfacine hcl tab er 24hr 3 mg (base equiv) (generic of INTUNIV)	Tier 1	QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
guanfacine hcl tab er 24hr 4 mg (base equiv) (generic of INTUNIV)	Tier 1	QL (30 ea / 30 days)
STIMULANTS - MISC.		
armodafinil tab 50 mg (generic of NUVIGIL)	Tier 1	QL (30 ea / 30 days), PA
armodafinil tab 150 mg (generic of NUVIGIL)	Tier 1	QL (30 ea / 30 days), PA
armodafinil tab 200 mg (generic of NUVIGIL)	Tier 1	QL (30 ea / 30 days), PA
armodafinil tab 250 mg (generic of NUVIGIL)	Tier 1	QL (30 ea / 30 days), PA
dexmethylphenidate hcl tab 2.5 mg (generic of FOCALIN)	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
dexmethylphenidate hcl tab 5 mg (generic of FOCALIN)	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
dexmethylphenidate hcl tab 10 mg (generic of FOCALIN)	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
metadate tab 20mg er	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 10 mg (cd)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
methylphenidate hcl cap er 20 mg (cd)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
methylphenidate hcl cap er 30 mg (cd)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
methylphenidate hcl cap er 40 mg (cd)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
methylphenidate hcl cap er 50 mg (cd)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
methylphenidate hcl cap er 60 mg (cd)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl soln 5 mg/5ml (generic of METHYLIN)	Tier 1	QL (450 mL / 30 days); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl soln 10 mg/5ml (generic of METHYLIN)	Tier 1	QL (900 mL / 30 days); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab 5 mg (generic of RITALIN)	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab 10 mg (generic of RITALIN)	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab 20 mg (generic of RITALIN)	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 10 mg	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 20 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 24hr 18 mg	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 24hr 27 mg	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 24hr 36 mg	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 24hr 54 mg	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
modafinil tab 100 mg (generic of PROVIGIL)	Tier 1	QL (30 ea / 30 days), PA
modafinil tab 200 mg (generic of PROVIGIL)	Tier 1	QL (60 ea / 30 days), PA

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

melatonin tab 3 mg	Tier 1	OTC, QL (30 ea / 30 days)
melatonin tab 5 mg	Tier 1	OTC, QL (30 ea / 30 days)

AMINOGLYCOSIDES

AMINOGLYCOSIDES

neomycin sulfate tab 500 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
paromomycin sulfate cap 250 mg	Tier 1	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10/0.1ML	Tier 2	SP, QL (2 ea / 28 days), PA
HUMIRA INJ 10MG/0.2	Tier 2	SP, QL (2 ea / 28 days), PA
HUMIRA INJ 20/0.2ML	Tier 2	SP, QL (2 ea / 28 days), PA
HUMIRA INJ 40/0.4ML	Tier 2	SP, QL (2 ea / 28 days), PA
HUMIRA KIT 20MG/0.4	Tier 2	SP, QL (2 ea / 24 days), PA
HUMIRA KIT 40MG/0.8	Tier 2	SP, QL (2 ea / 24 days), PA
HUMIRA PEDIA INJ CROHNS	Tier 2	SP, QL (2 ea / 24 days), PA
HUMIRA PEDIA INJ CROHNS	Tier 2	SP, QL (2 ea / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	Tier 2	SP, QL (2 ea / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	Tier 2	SP, QL (2 ea / 24 days), PA
HUMIRA PEN INJ CD/UC/HS	Tier 2	SP, QL (2 ea / 24 days), PA
HUMIRA PEN INJ PS/UV	Tier 2	SP, QL (2 ea / 24 days), PA
HUMIRA PEN KIT CD/UC/HS	Tier 2	SP, QL (3 ea / 180 days), PA
HUMIRA PEN KIT PS/UV	Tier 2	SP, QL (3 ea / 180 days), PA
ANTIRHEUMATIC - ENZYME INHIBITORS		
XELJANZ TAB 5MG	Tier 2	SP, PA
XELJANZ TAB 10MG	Tier 2	SP, PA
XELJANZ XR TAB 11MG	Tier 2	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	Tier 2	SP, PA
KEVZARA INJ 200/1.14	Tier 2	SP, PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap 50 mg (generic of CELEBREX)	Tier 1	PA
celecoxib cap 100 mg (generic of CELEBREX)	Tier 1	QL (120 ea / 30 days), PA
celecoxib cap 200 mg (generic of CELEBREX)	Tier 1	QL (60 ea / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
celecoxib cap 400 mg (generic of CELEBREX)	Tier 1	QL (120 ea / 30 days), PA
diclofenac potassium tab 50 mg	Tier 1	QL (120 ea / 30 days)
diclofenac sodium tab delayed release 25 mg	Tier 1	QL (90 ea / 30 days)
diclofenac sodium tab delayed release 50 mg	Tier 1	QL (90 ea / 30 days)
diclofenac sodium tab delayed release 75 mg	Tier 1	QL (60 ea / 30 days)
diclofenac sodium tab er 24hr 100 mg	Tier 1	QL (60 ea / 30 days)
etodolac tab 400 mg (generic of LODINE)	Tier 1	QL (90 ea / 30 days)
etodolac tab 500 mg	Tier 1	QL (90 ea / 30 days)
flurbiprofen tab 50 mg	Tier 1	QL (120 ea / 30 days)
flurbiprofen tab 100 mg	Tier 1	QL (120 ea / 30 days)
ibuprofen cap 200 mg	Tier 1	OTC, QL (120 ea / 30 days)
ibuprofen chew tab 100 mg	Tier 1	OTC, QL (180 ea / 30 days)
ibuprofen susp 40 mg/ml	Tier 1	OTC, QL (4800 mL / 30 days)
ibuprofen susp 100 mg/5ml	Tier 1	QL (4800 mL / 30 days)
ibuprofen susp 100 mg/5ml	Tier 1	OTC, QL (4800 mL / 30 days)
ibuprofen tab 100 mg	Tier 1	OTC, QL (120 ea / 30 days)
ibuprofen tab 200 mg	Tier 1	OTC, QL (120 ea / 30 days)
ibuprofen tab 400 mg	Tier 1	QL (120 ea / 30 days)
ibuprofen tab 600 mg	Tier 1	QL (120 ea / 30 days)
ibuprofen tab 800 mg	Tier 1	QL (120 ea / 30 days)
indomethacin cap 25 mg	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
indomethacin cap 50 mg	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
ketorolac tromethamine tab 10 mg	Tier 1	QL (4 ea / day, max 5 day supply); AGE (Max age 64 years)
meloxicam tab 7.5 mg (generic of MOBIC)	Tier 1	QL (30 ea / 30 days)
meloxicam tab 15 mg (generic of MOBIC)	Tier 1	QL (30 ea / 30 days)
nabumetone tab 500 mg	Tier 1	QL (120 ea / 30 days)
nabumetone tab 750 mg	Tier 1	QL (120 ea / 30 days)
naproxen dr tab 375mg (generic of EC-NAPROSYN)	Tier 1	QL (90 ea / 30 days)
naproxen dr tab 500mg (generic of EC-NAPROXEN)	Tier 1	QL (90 ea / 30 days)
naproxen sodium cap 220 mg	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
naproxen sodium tab 220 mg	Tier 1	OTC, QL (90 ea / 30 days)
naproxen susp 125 mg/5ml (generic of NAPROSYN)	Tier 1	QL (3000 mL / 30 days)
naproxen tab 250 mg (generic of NAPROSYN)	Tier 1	QL (90 ea / 30 days)
naproxen tab 375 mg	Tier 1	QL (90 ea / 30 days)
naproxen tab 500 mg	Tier 1	QL (90 ea / 30 days)
oxaprozin tab 600 mg (generic of DAYPRO)	Tier 1	QL (90 ea / 30 days), PA
piroxicam cap 10 mg (generic of FELDENE)	Tier 1	QL (120 ea / 30 days), PA
piroxicam cap 20 mg (generic of FELDENE)	Tier 1	QL (60 ea / 30 days), PA
sulindac tab 150 mg	Tier 1	QL (90 ea / 30 days)
sulindac tab 200 mg	Tier 1	QL (90 ea / 30 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	Tier 2	SP, PA
OTEZLA TAB 30MG	Tier 2	SP, PA
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab 10 mg (generic of ARAVA)	Tier 1	QL (30 ea / 30 days)
leflunomide tab 20 mg (generic of ARAVA)	Tier 1	QL (30 ea / 30 days)
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	Tier 2	SP, QL (4 mL / 24 days), PA
ENBREL INJ 25MG	Tier 2	SP, QL (4 ea / 24 days), PA
ENBREL INJ 50MG/ML	Tier 2	SP, QL (4 mL / 24 days), PA
ENBREL MINI INJ 50MG/ML	Tier 2	SP, QL (4 mL / 24 days), PA
ENBREL SRCLK INJ 50MG/ML	Tier 2	SP, QL (4 mL / 24 days), PA
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital-acetaminophen tab 50-325 mg	Tier 1	QL (300 ea / 30 days); AGE (Max age 64 years)
butalbital-acetaminophen-caffeine cap 50-325-40 mg	Tier 1	QL (60 ea / 30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
ANALGESICS OTHER		
acetaminophen cap 500 mg	Tier 1	OTC, QL (240 ea / 30 days)
acetaminophen chew tab 80 mg	Tier 1	OTC, QL (180 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
acetaminophen chew tab 160 mg	Tier 1	OTC, QL (180 ea / 30 days)
acetaminophen disintegrating tab 80 mg	Tier 1	OTC, QL (1500 ea / 30 days)
acetaminophen disintegrating tab 160 mg	Tier 1	OTC, QL (750 ea / 30 days)
acetaminophen elixir 160 mg/5ml	Tier 1	OTC
acetaminophen liquid 160 mg/5ml	Tier 1	OTC
acetaminophen liquid 167 mg/5ml	Tier 1	OTC
acetaminophen soln 160 mg/5ml	Tier 1	OTC
acetaminophen suppos 120 mg	Tier 1	OTC, QL (1020 ea / 30 days)
acetaminophen suppos 650 mg	Tier 1	OTC, QL (180 ea / 30 days)
acetaminophen susp 160 mg/5ml	Tier 1	OTC
acetaminophen tab 325 mg	Tier 1	OTC, QL (360 ea / 30 days)
acetaminophen tab 500 mg	Tier 1	OTC, QL (240 ea / 30 days)
acetaminophen tab er 650 mg	Tier 1	OTC, QL (180 ea / 30 days)
FEVERALL INF SUP 80MG	Tier 2	OTC, QL (1500 ea / 30 days)
SALICYLATES		
aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg	Tier 1	OTC
aspirin chew tab 81 mg	Tier 1	OTC, QL (30 ea / 30 days)
aspirin sup 300mg	Tier 2	OTC
aspirin sup 600mg	Tier 2	OTC
aspirin tab 325 mg	Tier 1	OTC, QL (360 ea / 30 days)
aspirin tab delayed release 81 mg	Tier 1	OTC, QL (30 ea / 30 days)
aspirin tab delayed release 325 mg	Tier 1	OTC, QL (360 ea / 30 days)
salsalate tab 500 mg	Tier 1	QL (120 ea / 30 days)
salsalate tab 750 mg	Tier 1	QL (120 ea / 30 days)
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULF TAB 60MG	Tier 2	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

Drug Name	Drug Tier	Requirements/Limits
codeine sulfate tab 30 mg (generic of CODEINE SULFATE)	Tier 1	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
fentanyl td patch 72hr 12 mcg/hr (generic of DURAGESIC)	Tier 1	QL (10 ea / 30 days), PA; MED
fentanyl td patch 72hr 25 mcg/hr (generic of DURAGESIC)	Tier 1	QL (10 ea / 30 days), PA; MED
fentanyl td patch 72hr 50 mcg/hr (generic of DURAGESIC)	Tier 1	QL (10 ea / 30 days), PA; MED
fentanyl td patch 72hr 75 mcg/hr (generic of DURAGESIC)	Tier 1	QL (10 ea / 30 days), PA; MED
fentanyl td patch 72hr 100 mcg/hr (generic of DURAGESIC)	Tier 1	QL (10 ea / 30 days), PA; MED
hydromorphone hcl tab 2 mg (generic of DILAUDID)	Tier 1	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
hydromorphone hcl tab 4 mg (generic of DILAUDID)	Tier 1	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
meperidine hcl oral soln 50 mg/5ml	Tier 1	QL (500 mL / 25 days); MED; Max 7 Day supply for initial fill or PA required; AGE (Max age 64 years)
meperidine hcl tab 50 mg	Tier 1	QL (300 ea / 30 days); MED; Max 7 Day supply for initial fill or PA required; AGE (Max age 64 years)
meperidine hcl tab 100 mg	Tier 1	QL (240 ea / 30 days); MED; Max 7 Day supply for initial fill or PA required; AGE (Max age 64 years)
morphine sulfate oral soln 10 mg/5ml	Tier 1	MED; Max 7 day supply for initial fill or PA required
morphine sulfate oral soln 20 mg/5ml	Tier 1	MED; Max 7 day supply for initial fill or PA required
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	Tier 1	MED; Max 7 day supply for initial fill or PA required

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tab 15 mg	Tier 1	QL (90 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
morphine sulfate tab 30 mg	Tier 1	QL (90 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
morphine sulfate tab er 15 mg (generic of MS CONTIN)	Tier 1	QL (90 ea / 30 days), ST; Requires prior use of IR opioids; MED
morphine sulfate tab er 30 mg (generic of MS CONTIN)	Tier 1	QL (90 ea / 30 days), ST; Requires prior use of IR opioids; MED
morphine sulfate tab er 60 mg (generic of MS CONTIN)	Tier 1	QL (90 ea / 30 days), ST; Requires prior use of IR opioids; MED
morphine sulfate tab er 100 mg (generic of MS CONTIN)	Tier 1	QL (90 ea / 30 days), ST; Requires prior use of IR opioids; MED
oxycodone hcl soln 5 mg/5ml	Tier 1	QL (max quantity 240 per fill); MED; Max 7 day supply for initial fill or PA required
oxycodone hcl tab 5 mg (generic of ROXICODONE)	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
oxycodone hcl tab 10 mg	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
oxycodone hcl tab 15 mg (generic of ROXICODONE)	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
oxycodone hcl tab 20 mg	Tier 1	QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required
oxycodone hcl tab 30 mg (generic of ROXICODONE)	Tier 1	QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required

Drug Name	Drug Tier	Requirements/Limits
tramadol hcl tab 50 mg (generic of ULTRAM)	Tier 1	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required; AGE (Min age 18 years)
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	Tier 1	QL (3750 mL / 25 days); MED; Max 7 day supply for initial fill or PA required
acetaminophen w/ codeine tab 300-15 mg	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
acetaminophen w/ codeine tab 300-30 mg (generic of TYLENOL/CODEINE #3)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
acetaminophen w/ codeine tab 300-60 mg (generic of TYLENOL/CODEINE #4)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	Tier 1	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
endocet tab 5-325mg (generic of PERCOCET)	Tier 1	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
endocet tab 7.5-325 (generic of PERCOCET)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
endocet tab 10-325mg (generic of PERCOCET)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Tier 1	QL (3750 mL / 25 days); MED; Max 7 day supply for initial fill or PA required
hydrocodone-acetaminophen tab 5-325 mg (generic of HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen tab 7.5-325 mg (generic of HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
hydrocodone-acetaminophen tab 10-325 mg (generic of HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)	Tier 1	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
OPIOID PARTIAL AGONISTS		
buprenorphine hcl sl tab 2 mg (base equiv)	Tier 1	QL (360 ea / 30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	Tier 1	QL (90 ea / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 1	QL (360 ea / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Tier 1	QL (90 ea / 30 days)
ANDROGENS-ANABOLIC		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
testosterone cypionate im inj in oil 100 mg/ml (generic of DEPO-TESTOSTERONE)	Tier 1	
testosterone cypionate im inj in oil 200 mg/ml (generic of DEPO-TESTOSTERONE)	Tier 1	
testosterone enanthate im inj in oil 200 mg/ml	Tier 1	
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
colocortene 100mg (generic of CORTENEMA)	Tier 1	QL (1680 mL / 25 days)
hydrocortisone enema 100 mg/60ml (generic of CORTENEMA)	Tier 1	QL (1680 mL / 25 days)
RECTAL COMBINATIONS		
pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
RECTAL LOCAL ANESTHETICS		
dibucaine rectal ointment 1%	Tier 1	OTC
RECTAL STEROIDS		
hydrocortisone rectal cream 2.5% (generic of HYDROCORTISONE RECTAL CREAM 2.5%)	Tier 1	
ANTACIDS		
ANTACID COMBINATIONS		
alum & mag hydroxide-simethicone chew tab 200-200-25 mg	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	Tier 1	OTC
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	Tier 1	OTC
aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml	Tier 1	OTC
aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg	Tier 1	OTC
ANTACIDS - BICARBONATE		
sodium bicarbonate tab 325 mg	Tier 1	OTC
sodium bicarbonate tab 650 mg	Tier 1	OTC
ANTACIDS - CALCIUM SALTS		
calcium carb tab 648mg	Tier 2	OTC
calcium carbonate (antacid) chew tab 400 mg	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg	Tier 1	OTC
calcium carbonate (antacid) susp 1250 mg/5ml	Tier 1	OTC
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide tab 400 mg	Tier 1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg (generic of ALBENZA)	Tier 1	PA
ivermectin tab 3 mg (generic of STROMECTOL)	Tier 1	QL (300 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab 250 mg (generic of FLAGYL)	Tier 1	QL (240 ea / 30 days)
metronidazole tab 500 mg (generic of FLAGYL)	Tier 1	QL (120 ea / 30 days)
trimethoprim tab 100 mg	Tier 1	QL (180 ea / 30 days)
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	QL (1200 mL / 30 days)
sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)	Tier 1	QL (120 ea / 30 days)
sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	Tier 1	QL (120 ea / 30 days)
sulfatrim pd sus 200-40/5	Tier 1	QL (1200 mL / 30 days)
ANTIPROTOZOAL AGENTS		
atovaquone susp 750 mg/5ml (generic of MEPRON)	Tier 1	PA; AGE (Min age 13 years)
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML	Tier 2	QL (1200 mL / 30 days)
FIRVANQ SOL 50MG/ML	Tier 2	QL (1200 mL / 30 days)
LEPROSTATICS		
dapsone tab 25 mg	Tier 1	QL (120 ea / 30 days)
dapsone tab 100 mg	Tier 1	QL (90 ea / 30 days)
LINCOSAMIDES		
clindamycin hcl cap 150 mg (generic of CLEOCIN)	Tier 1	QL (240 ea / 30 days)
clindamycin hcl cap 300 mg (generic of CLEOCIN)	Tier 1	QL (180 ea / 30 days)
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 1	AGE (Max age 18 years)
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml (generic of ZYVOX)	Tier 1	PA
linezolid tab 600 mg (generic of ZYVOX)	Tier 1	PA
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab er 12hr 500 mg (generic of RANEXA)	Tier 1	QL (60 ea / 30 days), ST; Requires trial of beta blocker/calcium channel blockers and long-acting nitrate

Drug Name	Drug Tier	Requirements/Limits
ranolazine tab er 12hr 1000 mg (generic of RANEXA)	Tier 1	QL (60 ea / 30 days), ST; Requires trial of beta blocker/calcium channel blockers and long-acting nitrate
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate tab 5 mg (generic of ISORDIL TITRADOSE)	Tier 1	QL (120 ea / 30 days)
isosorbide dinitrate tab 10 mg	Tier 1	QL (120 ea / 30 days)
isosorbide dinitrate tab 20 mg	Tier 1	QL (180 ea / 30 days)
isosorbide dinitrate tab 30 mg	Tier 1	QL (120 ea / 30 days)
isosorbide mononitrate tab 10 mg	Tier 1	QL (90 ea / 30 days)
isosorbide mononitrate tab 20 mg	Tier 1	QL (60 ea / 30 days)
isosorbide mononitrate tab er 24hr 30 mg	Tier 1	QL (60 ea / 30 days)
isosorbide mononitrate tab er 24hr 60 mg	Tier 1	QL (60 ea / 30 days)
isosorbide mononitrate tab er 24hr 120 mg	Tier 1	QL (60 ea / 30 days)
minitran dis 0.1mg/hr (generic of NITRO-DUR)	Tier 1	QL (30 ea / 30 days)
minitran dis 0.2mg/hr (generic of NITRO-DUR)	Tier 1	QL (30 ea / 30 days)
minitran dis 0.4mg/hr (generic of NITRO-DUR)	Tier 1	QL (30 ea / 30 days)
minitran dis 0.6mg/hr (generic of NITRO-DUR)	Tier 1	QL (30 ea / 30 days)
nitroglycerin sl tab 0.3 mg (generic of NITROSTAT)	Tier 1	QL (300 ea / 30 days)
nitroglycerin sl tab 0.4 mg (generic of NITROSTAT)	Tier 1	QL (300 ea / 30 days)
nitroglycerin sl tab 0.6 mg (generic of NITROSTAT)	Tier 1	QL (300 ea / 30 days)
nitroglycerin td patch 24hr 0.1 mg/hr	Tier 1	QL (30 ea / 30 days)
nitroglycerin td patch 24hr 0.2 mg/hr	Tier 1	QL (30 ea / 30 days)
nitroglycerin td patch 24hr 0.4 mg/hr	Tier 1	QL (30 ea / 30 days)
nitroglycerin td patch 24hr 0.6 mg/hr	Tier 1	QL (30 ea / 30 days)
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tab 5 mg	Tier 1	QL (240 ea / 30 days); AGE (Min age 6 years)
buspirone hcl tab 10 mg	Tier 1	QL (180 ea / 30 days); AGE (Min age 6 years)
buspirone hcl tab 15 mg	Tier 1	QL (120 ea / 30 days); AGE (Min age 6 years)
hydroxyzine hcl syrup 10 mg/5ml	Tier 1	QL (1800 mL / 30 days); AGE (Max age 64 years)

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl tab 10 mg	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
hydroxyzine hcl tab 25 mg	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
hydroxyzine hcl tab 50 mg	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
hydroxyzine pamoate cap 25 mg (generic of VISTARIL)	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
hydroxyzine pamoate cap 50 mg (generic of VISTARIL)	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
hydroxyzine pamoate cap 100 mg	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
BENZODIAZEPINES		
alprazolam tab 0.5 mg (generic of XANAX)	Tier 1	QL (90 ea / 30 days); AGE (Min age 18 years)
alprazolam tab 0.25 mg (generic of XANAX)	Tier 1	QL (90 ea / 30 days); AGE (Min age 18 years)
alprazolam tab 1 mg (generic of XANAX)	Tier 1	QL (90 ea / 30 days); AGE (Min age 18 years)
alprazolam tab 2 mg (generic of XANAX)	Tier 1	QL (90 ea / 30 days); AGE (Min age 18 years)
chlordiazepoxide hcl cap 5 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
chlordiazepoxide hcl cap 10 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
chlordiazepoxide hcl cap 25 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
clorazepate dipotassium tab 3.75 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
clorazepate dipotassium tab 7.5 mg	Tier 1	QL (120 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
clorazepate dipotassium tab 15 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
diazepam conc 5 mg/ml	Tier 1	QL (90 mL / 30 days), PA; AGE (Max age 64 years)
diazepam oral soln 1 mg/ml	Tier 1	QL (120 mL / 30 days); AGE (Max age 64 years)
diazepam tab 2 mg (generic of VALIUM)	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)

Drug Name	Drug Tier	Requirements/Limits
diazepam tab 5 mg (generic of VALIUM)	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
diazepam tab 10 mg (generic of VALIUM)	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
lorazepam conc 2 mg/ml	Tier 1	QL (90 mL / 30 days); AGE (Min age 12 years)
lorazepam tab 0.5 mg (generic of ATIVAN)	Tier 1	QL (90 ea / 30 days); AGE (Min age 12 years)
lorazepam tab 1 mg (generic of ATIVAN)	Tier 1	QL (90 ea / 30 days); AGE (Min age 12 years)
lorazepam tab 2 mg (generic of ATIVAN)	Tier 1	QL (90 ea / 30 days); AGE (Min age 12 years)
oxazepam cap 10 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years)
oxazepam cap 15 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years)
oxazepam cap 30 mg	Tier 1	QL (120 ea / 30 days); AGE (Min age 6 years)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate cap 100 mg (generic of NORPACE)	Tier 1	QL (240 ea / 30 days)
disopyramide phosphate cap 150 mg (generic of NORPACE)	Tier 1	QL (150 ea / 30 days); AGE (Max age 64 years)
quinidine sulfate tab 300 mg	Tier 1	QL (240 ea / 30 days)
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap 150 mg	Tier 1	QL (180 ea / 30 days)
mexiletine hcl cap 200 mg	Tier 1	QL (180 ea / 30 days)
mexiletine hcl cap 250 mg	Tier 1	QL (180 ea / 30 days)
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	Tier 1	QL (210 ea / 30 days)
flecainide acetate tab 100 mg	Tier 1	QL (180 ea / 30 days)
flecainide acetate tab 150 mg	Tier 1	QL (90 ea / 30 days)
propafenone hcl tab 150 mg	Tier 1	QL (180 ea / 30 days)
propafenone hcl tab 225 mg	Tier 1	QL (90 ea / 30 days)
propafenone hcl tab 300 mg	Tier 1	QL (90 ea / 30 days)
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 200 mg	Tier 1	QL (120 ea / 30 days)
pacerone tab 200mg	Tier 1	QL (120 ea / 30 days)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	Tier 1	QL (780 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
XOLAIR INJ 75/0.5	Tier 2	SP, QL (2.5 mL / 24 days), PA
XOLAIR INJ 150MG/ML	Tier 2	SP, QL (5 mL / 24 days), PA
XOLAIR SOL 150MG	Tier 2	SP, QL (5 ea / 24 days), PA
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	Tier 2	QL (12.9 gm / 25 days)
INCRUSE ELPT INH 62.5MCG	Tier 2	QL (30 ea / 30 days)
ipratropium bromide inhal soln 0.02%	Tier 1	QL (300 mL / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv) (generic of SINGULAIR)	Tier 1	QL (30 ea / 30 days)
montelukast sodium chew tab 5 mg (base equiv) (generic of SINGULAIR)	Tier 1	QL (30 ea / 30 days)
montelukast sodium tab 10 mg (base equiv) (generic of SINGULAIR)	Tier 1	QL (30 ea / 30 days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELPT INH 50MCG	Tier 2	QL (30 ea / 30 days)
ARNUITY ELPT INH 100MCG	Tier 2	QL (30 ea / 30 days)
ARNUITY ELPT INH 200MCG	Tier 2	QL (30 ea / 30 days)
budesonide inhalation susp 0.5 mg/2ml (generic of PULMICORT)	Tier 1	QL (120 mL / 30 days); AGE (Max age 9 years)
budesonide inhalation susp 0.25 mg/2ml (generic of PULMICORT)	Tier 1	QL (120 mL / 30 days); AGE (Max age 9 years)
FLOVENT HFA AER 44MCG	Tier 2	QL (10.6 gm / 30 days); AGE (Max age 11 years)
FLOVENT HFA AER 110MCG	Tier 2	QL (12 gm / 30 days); AGE (Max age 11 years)
QVAR REDIHA AER 80MCG	Tier 2	QL (10.6 gm / 30 days)
QVAR REDIHAL AER 40MCG	Tier 2	QL (10.6 gm / 30 days)
SYMPATHOMIMETICS		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Tier 1	QL (18 gm / 25 days); Generic Ventolin
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Tier 1	QL (8.5 gm / 25 days); Generic Proair
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Tier 1	QL (150 ea / 25 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	Tier 1	QL (300 mL / 25 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	Tier 1	QL (225 mL / 25 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	Tier 1	QL (150 mL / 25 days)
albuterol sulfate syrup 2 mg/5ml	Tier 1	QL (4500 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate tab 4 mg	Tier 1	QL (240 ea / 30 days)
ANORO ELLIPT AER 62.5-25	Tier 2	QL (60 ea / 30 days)
fluticasone-salmeterol aer powder ba 55-14 mcg/act	Tier 1	QL (1 ea / 30 days); Generic Airduo
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (generic of ADVAIR DISKUS)	Tier 1	QL (60 ea / 30 days)
fluticasone-salmeterol aer powder ba 113-14 mcg/act	Tier 1	QL (1 ea / 30 days); Generic Airduo
fluticasone-salmeterol aer powder ba 232-14 mcg/act	Tier 1	QL (1 ea / 30 days); Generic Airduo
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (generic of ADVAIR DISKUS)	Tier 1	QL (60 ea / 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (generic of ADVAIR DISKUS)	Tier 1	QL (60 ea / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 1	QL (360 mL / 25 days)
STRIVERDI AER 2.5MCG	Tier 2	QL (60 gm / 30 days)
SYMBICORT AER 80-4.5	Tier 2	QL (10.2 gm / 25 days); AGE (Max age 11 years)
SYMBICORT AER 160-4.5	Tier 2	QL (10.2 gm / 25 days); AGE (Max age 11 years)
terbutaline sulfate tab 2.5 mg	Tier 1	QL (240 ea / 30 days)
terbutaline sulfate tab 5 mg	Tier 1	QL (180 ea / 30 days)
TRELEGY AER ELLIPTA	Tier 2	QL (60 ea / 30 days)
wixela inhub aer 100/50 (generic of ADVAIR DISKUS)	Tier 1	QL (60 ea / 30 days)
wixela inhub aer 250/50 (generic of ADVAIR DISKUS)	Tier 1	QL (60 ea / 30 days)
wixela inhub aer 500/50 (generic of ADVAIR DISKUS)	Tier 1	QL (60 ea / 30 days)
XANTHINES - DRUGS TO TREAT COPD		
theochron tab 100mg cr	Tier 1	QL (120 ea / 30 days)
theochron tab 200mg cr	Tier 1	QL (120 ea / 30 days)
theochron tab 300mg cr	Tier 1	QL (120 ea / 30 days)
theophylline soln 80 mg/15ml	Tier 1	
theophylline tab er 12hr 300 mg	Tier 1	QL (120 ea / 30 days)
theophylline tab er 12hr 450 mg	Tier 1	QL (60 ea / 30 days)
theophylline tab er 24hr 400 mg	Tier 1	QL (90 ea / 30 days)
theophylline tab er 24hr 600 mg	Tier 1	QL (90 ea / 30 days)
ANTICOAGULANTS - BLOOD THINNERS		
COUMARIN ANTICOAGULANTS		
COUMADIN TAB 1MG	Tier 2	QL (300 ea / 30 days)
COUMADIN TAB 2.5MG	Tier 2	QL (300 ea / 30 days)
COUMADIN TAB 2MG	Tier 2	QL (300 ea / 30 days)
COUMADIN TAB 3MG	Tier 2	QL (300 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TAB 4MG	Tier 2	QL (300 ea / 30 days)
COUMADIN TAB 5MG	Tier 2	QL (300 ea / 30 days)
COUMADIN TAB 6MG	Tier 2	QL (300 ea / 30 days)
COUMADIN TAB 7.5MG	Tier 2	QL (300 ea / 30 days)
COUMADIN TAB 10MG	Tier 2	QL (300 ea / 30 days)
warfarin sodium tab 1 mg (generic of WARFARIN SODIUM TAB 1 MG)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 2 mg (generic of WARFARIN SODIUM TAB 2 MG)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 2.5 mg (generic of WARFARIN SODIUM TAB 2.5 MG)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 3 mg (generic of WARFARIN SODIUM TAB 3 MG)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 4 mg (generic of WARFARIN SODIUM TAB 4 MG)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 5 mg (generic of WARFARIN SODIUM TAB 5 MG)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 6 mg (generic of WARFARIN SODIUM TAB 6 MG)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 7.5 mg (generic of WARFARIN SODIUM TAB 7.5 MG)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 10 mg (generic of WARFARIN SODIUM TAB 10 MG)	Tier 1	QL (300 ea / 30 days)
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG	Tier 2	PA
ELIQUIS TAB 2.5MG	Tier 2	PA
ELIQUIS TAB 5MG	Tier 2	PA
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium inj 30 mg/0.3ml (generic of LOVENOX)	Tier 1	SP, QL (4.2 mL / 7 days, max 7 day supply per 180 days)
enoxaparin sodium inj 40 mg/0.4ml (generic of LOVENOX)	Tier 1	SP, QL (5.6 mL / 7 days, max 7 day supply per 180 days)
enoxaparin sodium inj 60 mg/0.6ml (generic of LOVENOX)	Tier 1	SP, QL (8.4 mL / 7 days, max 7 day supply per 180 days)
enoxaparin sodium inj 80 mg/0.8ml (generic of LOVENOX)	Tier 1	SP, QL (11.2 mL / 7 days, max 7 day supply per 180 days)
enoxaparin sodium inj 100 mg/ml (generic of LOVENOX)	Tier 1	SP, QL (14 mL / 7 days, max 7 day supply per 180 days)
enoxaparin sodium inj 120 mg/0.8ml (generic of LOVENOX)	Tier 1	SP, QL (11.2 mL / 7 days, max 7 day supply per 180 days)

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium inj 150 mg/ml (generic of LOVENOX)	Tier 1	SP, QL (14 mL / 7 days, max 7 day supply per 180 days)
enoxaparin sodium inj 300 mg/3ml (generic of LOVENOX)	Tier 1	SP; QL (max 7 day supply per 180 days)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (generic of ARIXTRA)	Tier 1	SP, PA
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (generic of ARIXTRA)	Tier 1	PA
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (generic of ARIXTRA)	Tier 1	PA
fondaparinux sodium subcutaneous inj 10 mg/0.8ml (generic of ARIXTRA)	Tier 1	PA
FRAGMIN INJ 2500/0.2	Tier 2	SP, PA
FRAGMIN INJ 5000/0.2	Tier 2	SP, PA
FRAGMIN INJ 7500/0.3	Tier 2	SP, PA
FRAGMIN INJ 10000/ML	Tier 2	SP, PA
FRAGMIN INJ 12500UNT	Tier 2	SP, PA
FRAGMIN INJ 15000UNT	Tier 2	SP, PA
FRAGMIN INJ 18000UNT	Tier 2	SP, PA
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab 10 mg (generic of ONFI)	Tier 1	QL (60 ea / 30 days)
clobazam tab 20 mg (generic of ONFI)	Tier 1	QL (60 ea / 30 days)
clonazepam tab 0.5 mg (generic of KLONOPIN)	Tier 1	QL (300 ea / 30 days)
clonazepam tab 1 mg (generic of KLONOPIN)	Tier 1	QL (300 ea / 30 days)
clonazepam tab 2 mg (generic of KLONOPIN)	Tier 1	QL (300 ea / 30 days)
diazepam rectal gel delivery system 2.5 mg	Tier 1	QL (2 ea / 25 days)
diazepam rectal gel delivery system 10 mg	Tier 1	QL (2 ea / 25 days)
diazepam rectal gel delivery system 20 mg	Tier 1	QL (2 ea / 25 days)
ANTICONVULSANTS - MISC.		
BANZEL SUS 40MG/ML	Tier 2	QL (2400 mL / 30 days)
BANZEL TAB 200MG	Tier 2	QL (480 ea / 30 days)
BANZEL TAB 400MG	Tier 2	QL (240 ea / 30 days)
carbamazepine cap er 12hr 100 mg (generic of CARBATROL)	Tier 1	QL (240 ea / 30 days)
carbamazepine cap er 12hr 200 mg (generic of CARBATROL)	Tier 1	QL (240 ea / 30 days)
carbamazepine cap er 12hr 300 mg (generic of CARBATROL)	Tier 1	QL (240 ea / 30 days)
carbamazepine chew tab 100 mg	Tier 1	QL (240 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
carbamazepine susp 100 mg/5ml (generic of TEGRETOL)	Tier 1	QL (1800 mL / 30 days)
carbamazepine tab 200 mg (generic of TEGRETOL)	Tier 1	QL (240 ea / 30 days)
carbamazepine tab er 12hr 100 mg (generic of TEGRETOL-XR)	Tier 1	QL (240 ea / 30 days)
carbamazepine tab er 12hr 200 mg (generic of TEGRETOL-XR)	Tier 1	QL (240 ea / 30 days)
carbamazepine tab er 12hr 400 mg (generic of TEGRETOL-XR)	Tier 1	QL (240 ea / 30 days)
CARBATROL CAP 100MG	Tier 2	QL (240 ea / 30 days)
CARBATROL CAP 200MG	Tier 2	QL (240 ea / 30 days)
CARBATROL CAP 300MG	Tier 2	QL (240 ea / 30 days)
epitol tab 200mg (generic of TEGRETOL)	Tier 1	QL (240 ea / 30 days)
gabapentin cap 100 mg (generic of NEURONTIN)	Tier 1	QL (300 ea / 30 days)
gabapentin cap 300 mg (generic of NEURONTIN)	Tier 1	QL (300 ea / 30 days)
gabapentin cap 400 mg (generic of NEURONTIN)	Tier 1	QL (270 ea / 30 days)
gabapentin oral soln 250 mg/5ml (generic of NEURONTIN)	Tier 1	
gabapentin tab 600 mg (generic of NEURONTIN)	Tier 1	QL (180 ea / 30 days)
gabapentin tab 800 mg (generic of NEURONTIN)	Tier 1	QL (120 ea / 30 days)
lamotrigine tab 25 mg (generic of LAMICTAL)	Tier 1	QL (300 ea / 30 days)
lamotrigine tab 100 mg (generic of LAMICTAL)	Tier 1	QL (240 ea / 30 days)
lamotrigine tab 150 mg (generic of LAMICTAL)	Tier 1	QL (120 ea / 30 days)
lamotrigine tab 200 mg (generic of LAMICTAL)	Tier 1	QL (120 ea / 30 days)
lamotrigine tab chewable dispersible 5 mg (generic of LAMICTAL CHEWABLE DISPERS)	Tier 1	QL (240 ea / 30 days)
lamotrigine tab chewable dispersible 25 mg (generic of LAMICTAL CHEWABLE DISPERS)	Tier 1	QL (240 ea / 30 days)
levetiracetam oral soln 100 mg/ml (generic of KEPPRA)	Tier 1	QL (900 mL / 30 days)
levetiracetam tab 250 mg (generic of KEPPRA)	Tier 1	QL (180 ea / 30 days)
levetiracetam tab 500 mg (generic of KEPPRA)	Tier 1	QL (180 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
levetiracetam tab 750 mg (generic of KEPPRA)	Tier 1	QL (120 ea / 30 days)
levetiracetam tab 1000 mg (generic of KEPPRA)	Tier 1	QL (90 ea / 30 days)
levetiracetam tab er 24hr 500 mg (generic of KEPPRA XR)	Tier 1	QL (180 ea / 30 days)
levetiracetam tab er 24hr 750 mg (generic of KEPPRA XR)	Tier 1	QL (120 ea / 30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (generic of TRILEPTAL)	Tier 1	QL (500 mL / 30 days)
oxcarbazepine tab 150 mg (generic of TRILEPTAL)	Tier 1	QL (480 ea / 30 days)
oxcarbazepine tab 300 mg (generic of TRILEPTAL)	Tier 1	QL (240 ea / 30 days)
oxcarbazepine tab 600 mg (generic of TRILEPTAL)	Tier 1	QL (120 ea / 30 days)
pregabalin cap 25 mg (generic of LYRICA)	Tier 1	QL (90 ea / 30 days), PA
pregabalin cap 50 mg (generic of LYRICA)	Tier 1	QL (180 ea / 30 days), PA
pregabalin cap 75 mg (generic of LYRICA)	Tier 1	QL (240 ea / 30 days), PA
pregabalin cap 100 mg (generic of LYRICA)	Tier 1	QL (90 ea / 30 days), PA
pregabalin cap 150 mg (generic of LYRICA)	Tier 1	QL (90 ea / 30 days), PA
pregabalin cap 200 mg (generic of LYRICA)	Tier 1	QL (90 ea / 30 days), PA
pregabalin cap 225 mg (generic of LYRICA)	Tier 1	QL (60 ea / 30 days), PA
pregabalin cap 300 mg (generic of LYRICA)	Tier 1	QL (60 ea / 30 days), PA
primidone tab 50 mg (generic of MYSOLINE)	Tier 1	QL (120 ea / 30 days)
primidone tab 250 mg (generic of MYSOLINE)	Tier 1	QL (120 ea / 30 days)
roweepra tab 500mg (generic of KEPPRA)	Tier 1	QL (180 ea / 30 days)
roweepra tab 750mg (generic of KEPPRA)	Tier 1	QL (120 ea / 30 days)
roweepra tab 1000mg (generic of KEPPRA)	Tier 1	QL (90 ea / 30 days)
roweepra xr tab 500mg xr (generic of KEPPRA XR)	Tier 1	QL (180 ea / 30 days)
roweepra xr tab 750mg xr (generic of KEPPRA XR)	Tier 1	QL (120 ea / 30 days)
subvenite tab 25mg (generic of LAMICTAL)	Tier 1	QL (300 ea / 30 days)
subvenite tab 100mg (generic of LAMICTAL)	Tier 1	QL (240 ea / 30 days)
subvenite tab 150mg (generic of LAMICTAL)	Tier 1	QL (120 ea / 30 days)
subvenite tab 200mg (generic of LAMICTAL)	Tier 1	QL (120 ea / 30 days)
TEGRETOL SUS 100/5ML	Tier 2	QL (1800 mL / 30 days)
TEGRETOL TAB 200MG	Tier 2	QL (240 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TEGRETOL-XR TAB 100MG	Tier 2	QL (240 ea / 30 days)
TEGRETOL-XR TAB 200MG	Tier 2	QL (240 ea / 30 days)
TEGRETOL-XR TAB 400MG	Tier 2	QL (240 ea / 30 days)
topiramate sprinkle cap 15 mg (generic of TOPAMAX SPRINKLE)	Tier 1	QL (240 ea / 30 days)
topiramate sprinkle cap 25 mg (generic of TOPAMAX SPRINKLE)	Tier 1	QL (240 ea / 30 days)
topiramate tab 25 mg (generic of TOPAMAX)	Tier 1	QL (120 ea / 30 days)
topiramate tab 50 mg (generic of TOPAMAX)	Tier 1	QL (60 ea / 30 days)
topiramate tab 100 mg (generic of TOPAMAX)	Tier 1	QL (60 ea / 30 days)
topiramate tab 200 mg (generic of TOPAMAX)	Tier 1	QL (60 ea / 30 days)
VIMPAT SOL 10MG/ML	Tier 2	QL (600 mL / 30 days)
VIMPAT TAB 50MG	Tier 2	QL (60 ea / 30 days)
VIMPAT TAB 100MG	Tier 2	QL (60 ea / 30 days)
VIMPAT TAB 150MG	Tier 2	QL (60 ea / 30 days)
VIMPAT TAB 200MG	Tier 2	QL (60 ea / 30 days)
zonisamide cap 25 mg (generic of ZONEGRAN)	Tier 1	QL (60 ea / 30 days)
zonisamide cap 50 mg	Tier 1	QL (60 ea / 30 days)
zonisamide cap 100 mg (generic of ZONEGRAN)	Tier 1	QL (180 ea / 30 days)
GABA MODULATORS		
tiagabine hcl tab 2 mg (generic of GABITRIL)	Tier 1	QL (840 ea / 30 days)
tiagabine hcl tab 4 mg (generic of GABITRIL)	Tier 1	QL (420 ea / 30 days)
vigabatrin powd pack 500 mg (generic of SABRIL)	Tier 1	SP, QL (180 ea / 30 days)
vigabatrin tab 500 mg (generic of SABRIL)	Tier 1	SP, QL (180 ea / 30 days)
vigadrone pow 500mg (generic of SABRIL)	Tier 1	SP, QL (180 ea / 30 days)
HYDANTOINS		
DILANTIN CAP 30MG	Tier 2	QL (180 ea / 30 days)
DILANTIN CAP 100MG	Tier 2	QL (180 ea / 30 days)
DILANTIN CHW 50MG	Tier 2	QL (150 ea / 30 days)
DILANTIN-125 SUS 125/5ML	Tier 2	QL (600 mL / 30 days)
phenytoin chew tab 50 mg (generic of DILANTIN INFATABS)	Tier 1	QL (150 ea / 30 days)
phenytoin sodium extended cap 100 mg (generic of DILANTIN)	Tier 1	QL (180 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
phenytoin sodium extended cap 200 mg (generic of PHENYTEK)	Tier 1	QL (180 ea / 30 days)
phenytoin sodium extended cap 300 mg (generic of PHENYTEK)	Tier 1	QL (180 ea / 30 days)
phenytoin susp 125 mg/5ml (generic of DILANTIN-125)	Tier 1	QL (600 mL / 30 days)
SUCCINIMIDES		
ethosuximide cap 250 mg (generic of ZARONTIN)	Tier 1	QL (180 ea / 30 days)
ethosuximide soln 250 mg/5ml (generic of ZARONTIN)	Tier 1	QL (900 mL / 30 days)
VALPROIC ACID		
divalproex sodium cap delayed release sprinkle 125 mg (generic of DEPAKOTE SPRINKLES)	Tier 1	QL (300 ea / 30 days)
divalproex sodium tab delayed release 125 mg (generic of DEPAKOTE)	Tier 1	QL (450 ea / 30 days)
divalproex sodium tab delayed release 250 mg (generic of DEPAKOTE)	Tier 1	QL (300 ea / 30 days)
divalproex sodium tab delayed release 500 mg (generic of DEPAKOTE)	Tier 1	QL (300 ea / 30 days)
divalproex sodium tab er 24 hr 250 mg (generic of DEPAKOTE ER)	Tier 1	QL (300 ea / 30 days)
divalproex sodium tab er 24 hr 500 mg (generic of DEPAKOTE ER)	Tier 1	QL (300 ea / 30 days)
valproate sodium oral soln 250 mg/5ml (base equiv)	Tier 1	QL (3000 mL / 30 days)
valproic acid cap 250 mg	Tier 1	QL (600 ea / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine tab 15 mg (generic of REMERON)	Tier 1	QL (30 ea / 30 days)
mirtazapine tab 30 mg (generic of REMERON)	Tier 1	QL (120 ea / 30 days)
mirtazapine tab 45 mg	Tier 1	QL (30 ea / 30 days)
ANTIDEPRESSANTS - MISC.		
bupropion hcl tab 75 mg	Tier 1	QL (120 ea / 30 days)
bupropion hcl tab 100 mg	Tier 1	QL (120 ea / 30 days)
bupropion hcl tab er 12hr 100 mg (generic of WELLBUTRIN SR)	Tier 1	QL (60 ea / 30 days)
bupropion hcl tab er 12hr 150 mg (generic of WELLBUTRIN SR)	Tier 1	QL (90 ea / 30 days)
bupropion hcl tab er 12hr 200 mg (generic of WELLBUTRIN SR)	Tier 1	QL (60 ea / 30 days)
bupropion hcl tab er 24hr 150 mg (generic of WELLBUTRIN XL)	Tier 1	QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl tab er 24hr 300 mg (generic of WELLBUTRIN XL)	Tier 1	QL (30 ea / 30 days)
maprotiline hcl tab 25 mg	Tier 1	QL (90 ea / 30 days)
maprotiline hcl tab 50 mg	Tier 1	QL (120 ea / 30 days)
maprotiline hcl tab 75 mg	Tier 1	QL (90 ea / 30 days)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine sulfate tab 15 mg (generic of NARDIL)	Tier 1	QL (180 ea / 30 days)
tranylcypromine sulfate tab 10 mg (generic of PARNATE)	Tier 1	QL (240 ea / 30 days)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide oral soln 10 mg/5ml	Tier 1	QL (600 mL / 30 days)
citalopram hydrobromide tab 10 mg (base equiv) (generic of CELEXA)	Tier 1	QL (30 ea / 30 days)
citalopram hydrobromide tab 20 mg (base equiv) (generic of CELEXA)	Tier 1	QL (60 ea / 30 days)
citalopram hydrobromide tab 40 mg (base equiv) (generic of CELEXA)	Tier 1	QL (60 ea / 30 days)
escitalopram oxalate soln 5 mg/5ml (base equiv)	Tier 1	
escitalopram oxalate tab 5 mg (base equiv) (generic of LEXAPRO)	Tier 1	QL (30 ea / 30 days)
escitalopram oxalate tab 10 mg (base equiv) (generic of LEXAPRO)	Tier 1	QL (30 ea / 30 days)
escitalopram oxalate tab 20 mg (base equiv) (generic of LEXAPRO)	Tier 1	QL (30 ea / 30 days)
fluoxetine hcl cap 10 mg (generic of PROZAC)	Tier 1	QL (90 ea / 30 days)
fluoxetine hcl cap 20 mg (generic of PROZAC)	Tier 1	QL (120 ea / 30 days)
fluoxetine hcl solution 20 mg/5ml	Tier 1	
fluvoxamine maleate tab 25 mg	Tier 1	QL (60 ea / 30 days)
fluvoxamine maleate tab 50 mg	Tier 1	QL (60 ea / 30 days)
fluvoxamine maleate tab 100 mg	Tier 1	QL (90 ea / 30 days)
paroxetine hcl tab 10 mg (generic of PAXIL)	Tier 1	QL (60 ea / 30 days)
paroxetine hcl tab 20 mg (generic of PAXIL)	Tier 1	QL (60 ea / 30 days)
paroxetine hcl tab 30 mg (generic of PAXIL)	Tier 1	QL (60 ea / 30 days)
paroxetine hcl tab 40 mg (generic of PAXIL)	Tier 1	QL (60 ea / 30 days)
sertraline hcl oral concentrate for solution 20 mg/ml (generic of ZOLOFT)	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
sertraline hcl tab 25 mg (generic of ZOLOFT)	Tier 1	QL (30 ea / 30 days)
sertraline hcl tab 50 mg (generic of ZOLOFT)	Tier 1	QL (60 ea / 30 days)
sertraline hcl tab 100 mg (generic of ZOLOFT)	Tier 1	QL (60 ea / 30 days)
SEROTONIN MODULATORS		
trazodone hcl tab 50 mg	Tier 1	
trazodone hcl tab 100 mg	Tier 1	
trazodone hcl tab 150 mg	Tier 1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (generic of CYMBALTA)	Tier 1	QL (60 ea / 30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (generic of CYMBALTA)	Tier 1	QL (60 ea / 30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (generic of CYMBALTA)	Tier 1	QL (60 ea / 30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (generic of EFFEXOR XR)	Tier 1	QL (30 ea / 30 days)
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (generic of EFFEXOR XR)	Tier 1	QL (90 ea / 30 days)
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (generic of EFFEXOR XR)	Tier 1	QL (30 ea / 30 days)
venlafaxine hcl tab 25 mg (base equivalent)	Tier 1	QL (90 ea / 30 days)
venlafaxine hcl tab 37.5 mg (base equivalent)	Tier 1	QL (90 ea / 30 days)
venlafaxine hcl tab 50 mg (base equivalent)	Tier 1	QL (90 ea / 30 days)
venlafaxine hcl tab 75 mg (base equivalent)	Tier 1	QL (90 ea / 30 days)
venlafaxine hcl tab 100 mg (base equivalent)	Tier 1	QL (90 ea / 30 days)
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
amitriptyline hcl tab 25 mg	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
amitriptyline hcl tab 50 mg	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
amitriptyline hcl tab 75 mg	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
amitriptyline hcl tab 100 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
amitriptyline hcl tab 150 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)

Drug Name	Drug Tier	Requirements/Limits
clomipramine hcl cap 25 mg (generic of ANAFRANIL)	Tier 1	QL (180 ea / 30 days)
clomipramine hcl cap 50 mg (generic of ANAFRANIL)	Tier 1	QL (120 ea / 30 days)
clomipramine hcl cap 75 mg (generic of ANAFRANIL)	Tier 1	QL (120 ea / 30 days)
desipramine hcl tab 10 mg (generic of NORPRAMIN)	Tier 1	QL (180 ea / 30 days)
desipramine hcl tab 25 mg (generic of NORPRAMIN)	Tier 1	QL (120 ea / 30 days)
desipramine hcl tab 50 mg	Tier 1	QL (180 ea / 30 days)
desipramine hcl tab 75 mg	Tier 1	QL (120 ea / 30 days)
desipramine hcl tab 100 mg	Tier 1	QL (90 ea / 30 days)
desipramine hcl tab 150 mg	Tier 1	QL (60 ea / 30 days)
doxepin hcl cap 10 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
doxepin hcl cap 25 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
doxepin hcl cap 50 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
doxepin hcl cap 75 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
doxepin hcl cap 100 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
doxepin hcl cap 150 mg	Tier 1	QL (60 ea / 30 days); AGE (Max age 64 years)
doxepin hcl conc 10 mg/ml	Tier 1	QL (900 mL / 30 days); AGE (Max age 64 years)
imipramine hcl tab 10 mg	Tier 1	QL (180 ea / 30 days)
imipramine hcl tab 25 mg	Tier 1	QL (180 ea / 30 days)
imipramine hcl tab 50 mg	Tier 1	QL (180 ea / 30 days)
nortriptyline hcl cap 10 mg (generic of PAMELOR)	Tier 1	QL (180 ea / 30 days)
nortriptyline hcl cap 25 mg (generic of PAMELOR)	Tier 1	QL (180 ea / 30 days)
nortriptyline hcl cap 50 mg (generic of PAMELOR)	Tier 1	QL (120 ea / 30 days)
nortriptyline hcl cap 75 mg (generic of PAMELOR)	Tier 1	QL (60 ea / 30 days)
protriptyline hcl tab 5 mg	Tier 1	QL (240 ea / 30 days)
protriptyline hcl tab 10 mg	Tier 1	QL (240 ea / 30 days)

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

acarbose tab 25 mg (generic of PRECOSE)	Tier 1	QL (90 ea / 30 days)
acarbose tab 50 mg (generic of PRECOSE)	Tier 1	QL (90 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
acarbose tab 100 mg (generic of PRECOSE)	Tier 1	QL (120 ea / 30 days)
ANTIDIABETIC COMBINATIONS		
alogliptin-metformin hcl tab 12.5-500 mg	Tier 1	QL (60 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano
alogliptin-metformin hcl tab 12.5-1000 mg	Tier 1	QL (60 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano
alogliptin-pioglitazone tab 12.5-15 mg	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
alogliptin-pioglitazone tab 12.5-30 mg	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
alogliptin-pioglitazone tab 12.5-45 mg	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni

Drug Name	Drug Tier	Requirements/Limits
alogliptin-pioglitazone tab 25-15 mg	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
alogliptin-pioglitazone tab 25-30 mg	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
alogliptin-pioglitazone tab 25-45 mg	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
glyburide-metformin tab 1.25-250 mg	Tier 1	QL (60 ea / 30 days); Generic Glucovance
glyburide-metformin tab 2.5-500 mg	Tier 1	QL (60 ea / 30 days); Generic Glucovance
glyburide-metformin tab 5-500 mg	Tier 1	QL (120 ea / 30 days); Generic Glucovance
SEGLUROMET TAB 2.5-500	Tier 2	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 2.5-1000	Tier 2	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 7.5-500	Tier 2	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination

Drug Name	Drug Tier	Requirements/Limits
SEGLUROMET TAB 7.5-1000	Tier 2	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
BIGUANIDES		
metformin hcl tab 500 mg (generic of GLUCOPHAGE)	Tier 1	QL (150 ea / 30 days)
metformin hcl tab 850 mg (generic of GLUCOPHAGE)	Tier 1	QL (90 ea / 30 days)
metformin hcl tab 1000 mg (generic of GLUCOPHAGE)	Tier 1	QL (60 ea / 30 days)
metformin hcl tab er 24hr 500 mg (generic of GLUCOPHAGE XR)	Tier 1	QL (120 ea / 30 days)
metformin hcl tab er 24hr 750 mg (generic of GLUCOPHAGE XR)	Tier 1	QL (120 ea / 30 days)
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	Tier 2	QL (2 ea / 25 days)
BAQSIMI TWO POW 3MG/DOSE	Tier 2	QL (2 ea / 25 days)
GLUCAGON KIT 1MG	Tier 2	QL (2 ea / 25 days)
GLUCOSE CHEW TABS	Tier 2	OTC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Nesina
alogliptin benzoate tab 12.5 mg (base equiv)	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Nesina

Drug Name	Drug Tier	Requirements/Limits
alogliptin benzoate tab 25 mg (base equiv)	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Nesina
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 2/1.5ML	Tier 2	PA
TRULICITY INJ 0.75/0.5	Tier 2	PA
TRULICITY INJ 1.5/0.5	Tier 2	PA
VICTOZA INJ 18MG/3ML	Tier 2	PA
INSULIN		
ADMELOG INJ 100U/ML	Tier 2	QL (30 mL / 25 days)
ADMELOG SOLO INJ 100U/ML	Tier 2	QL (30 mL / 25 days); AGE (Max age 18 years)
BASAGLAR INJ 100UNIT	Tier 2	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50	Tier 2	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50KWP	Tier 2	QL (30 mL / 25 days); AGE (Max age 18 years)
HUMALOG MIX INJ 75/25KWP	Tier 2	QL (30 mL / 25 days); AGE (Max age 18 years)
HUMALOG MIX SUS 75/25	Tier 2	QL (30 mL / 25 days)
HUMULIN INJ 70/30	Tier 2	OTC, QL (30 mL / 25 days)
HUMULIN INJ 70/30KWP	Tier 2	OTC, QL (30 mL / 25 days); AGE (Max age 18 years)
HUMULIN N INJ U-100	Tier 2	OTC, QL (30 mL / 25 days)
HUMULIN N INJ U-100KWP	Tier 2	OTC, QL (30 mL / 25 days); AGE (Max age 18 years)
HUMULIN R INJ U-100	Tier 2	OTC, QL (30 mL / 25 days)
HUMULIN R INJ U-500	Tier 2	QL (20 mL / 25 days)
NOVOLIN INJ 70/30	Tier 2	OTC, QL (30 mL / 25 days)
NOVOLIN INJ FLEXPEN	Tier 2	OTC, QL (30 mL / 25 days); AGE (Max age 18 years)
NOVOLIN N INJ U-100	Tier 2	OTC, QL (30 mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R INJ U-100	Tier 2	OTC, QL (30 mL / 25 days)
NOVOLOG MIX INJ 70/30	Tier 2	QL (30 mL / 25 days)
NOVOLOG MIX INJ FLEXPEN	Tier 2	QL (30 mL / 25 days); AGE (Max age 18 years)
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tab 15 mg (base equiv) (generic of ACTOS)	Tier 1	QL (30 ea / 30 days)
pioglitazone hcl tab 30 mg (base equiv) (generic of ACTOS)	Tier 1	QL (30 ea / 30 days)
pioglitazone hcl tab 45 mg (base equiv) (generic of ACTOS)	Tier 1	QL (30 ea / 30 days)
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg (generic of STARLIX)	Tier 1	QL (90 ea / 30 days)
nateglinide tab 120 mg (generic of STARLIX)	Tier 1	QL (90 ea / 30 days)
repaglinide tab 0.5 mg	Tier 1	QL (180 ea / 30 days)
repaglinide tab 1 mg	Tier 1	QL (180 ea / 30 days)
repaglinide tab 2 mg	Tier 1	QL (180 ea / 30 days)
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
STEGLATRO TAB 5MG	Tier 2	QL (30 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
STEGLATRO TAB 15MG	Tier 2	QL (30 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SULFONYLUREAS		
glimepiride tab 1 mg (generic of AMARYL)	Tier 1	QL (90 ea / 30 days)
glimepiride tab 2 mg (generic of AMARYL)	Tier 1	QL (120 ea / 30 days)
glimepiride tab 4 mg (generic of AMARYL)	Tier 1	QL (90 ea / 30 days)
glipizide tab 5 mg (generic of GLUCOTROL)	Tier 1	QL (240 ea / 30 days)
glipizide tab 10 mg (generic of GLUCOTROL)	Tier 1	QL (120 ea / 30 days)
glipizide tab er 24hr 2.5 mg (generic of GLUCOTROL XL)	Tier 1	QL (60 ea / 30 days)
glipizide tab er 24hr 5 mg (generic of GLUCOTROL XL)	Tier 1	QL (60 ea / 30 days)
glipizide tab er 24hr 10 mg (generic of GLUCOTROL XL)	Tier 1	QL (60 ea / 30 days)
glipizide xl tab 2.5mg (generic of GLUCOTROL XL)	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
glipizide xl tab 5mg (generic of GLUCOTROL XL)	Tier 1	QL (60 ea / 30 days)
glipizide xl tab 10mg (generic of GLUCOTROL XL)	Tier 1	QL (60 ea / 30 days)
glyburide micronized tab 1.5 mg (generic of GLYNASE)	Tier 1	QL (120 ea / 30 days)
glyburide micronized tab 3 mg (generic of GLYNASE)	Tier 1	QL (120 ea / 30 days)
glyburide micronized tab 6 mg (generic of GLYNASE)	Tier 1	QL (120 ea / 30 days)
glyburide tab 1.25 mg	Tier 1	QL (120 ea / 30 days)
glyburide tab 2.5 mg	Tier 1	QL (120 ea / 30 days)
glyburide tab 5 mg	Tier 1	QL (120 ea / 30 days)
tolbutamide tab 500 mg	Tier 1	QL (180 ea / 30 days)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
bismuth subsalicylate chew tab 262 mg	Tier 1	OTC
bismuth subsalicylate susp 262 mg/15ml	Tier 1	OTC
bismuth subsalicylate susp 525 mg/15ml	Tier 1	OTC
bismuth subsalicylate tab 262 mg	Tier 1	OTC
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	Tier 1	QL (1200 mL / 30 days)
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	Tier 1	QL (240 ea / 30 days)
loperamide hcl cap 2 mg	Tier 1	QL (240 ea / 30 days)
loperamide hcl cap 2 mg	Tier 1	OTC, QL (240 ea / 30 days)
loperamide hcl tab 2 mg	Tier 1	OTC, QL (240 ea / 30 days)
loperamide sus 1mg/7.5	Tier 1	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS		
naloxone hcl soln prefilled syringe 2 mg/2ml	Tier 1	
naltrexone hcl tab 50 mg	Tier 1	QL (60 ea / 30 days)
NARCAN SPR	Tier 2	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl tab 1 mg	Tier 1	QL (60 ea / 30 days), ST; Requires trial of ondansetron
ondansetron hcl oral soln 4 mg/5ml	Tier 1	PA
ondansetron hcl tab 4 mg (generic of ZOFRAN)	Tier 1	QL (90 ea / 25 days)

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl tab 8 mg (generic of ZOFRAN)	Tier 1	QL (90 ea / 25 days)
ondansetron orally disintegrating tab 4 mg	Tier 1	QL (90 ea / 25 days)
ondansetron orally disintegrating tab 8 mg	Tier 1	QL (90 ea / 25 days)
ANTIEMETICS - ANTICHOLINERGIC		
dimenhydrinate tab 50 mg	Tier 1	OTC, QL (180 ea / 30 days)
meclizine hcl chew tab 25 mg	Tier 1	OTC, QL (120 ea / 30 days)
meclizine hcl tab 12.5 mg	Tier 1	QL (120 ea / 30 days)
meclizine hcl tab 12.5 mg	Tier 1	OTC, QL (120 ea / 30 days)
meclizine hcl tab 25 mg	Tier 1	QL (120 ea / 30 days)
meclizine hcl tab 25 mg	Tier 1	OTC, QL (120 ea / 30 days)
scopolamine td patch 72hr 1 mg/3days (generic of TRANSDERM SCOP)	Tier 1	PA
ANTIEMETICS - MISCELLANEOUS		
fructose-dextrose-phosphoric acid oral soln	Tier 1	OTC
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
griseofulvin microsize susp 125 mg/5ml	Tier 1	QL (1200 mL / 30 days)
nystatin tab 500000 unit	Tier 1	QL (240 ea / 30 days)
terbinafine hcl tab 250 mg (generic of LAMISIL)	Tier 1	QL (30 ea / 30 days)
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole for susp 10 mg/ml (generic of DIFLUCAN)	Tier 1	QL (35 mL / 25 days); AGE (Max age 12 years)
fluconazole for susp 40 mg/ml (generic of DIFLUCAN)	Tier 1	QL (35 mL / 25 days); AGE (Max age 12 years)
fluconazole tab 50 mg (generic of DIFLUCAN)	Tier 1	QL (60 ea / 30 days)
fluconazole tab 100 mg (generic of DIFLUCAN)	Tier 1	QL (21 ea / 25 days)
fluconazole tab 150 mg (generic of DIFLUCAN)	Tier 1	QL (2 ea / 25 days)
fluconazole tab 200 mg (generic of DIFLUCAN)	Tier 1	QL (21 ea / 25 days)
ketoconazole tab 200 mg	Tier 1	QL (60 ea / 30 days)
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine maleate syrup 2 mg/5ml	Tier 1	OTC
chlorpheniramine tab 4 mg	Tier 1	OTC, QL (180 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
chlorpheniramine tab er 12 mg	Tier 1	OTC, QL (60 ea / 30 days)
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate soln 4 mg/5ml	Tier 1	
carbinoxamine maleate tab 4 mg	Tier 1	
clemastine fumarate tab 1.34 mg	Tier 1	OTC, QL (60 ea / 30 days)
clemastine fumarate tab 2.68 mg	Tier 1	QL (90 ea / 30 days)
diphenhydramine hcl cap 25 mg	Tier 1	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
diphenhydramine hcl cap 50 mg	Tier 1	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
diphenhydramine hcl chew tab 12.5 mg	Tier 1	OTC, QL (180 ea / 30 days); AGE (Max age 12 years)
diphenhydramine hcl elixir 12.5 mg/5ml	Tier 1	QL (2400 mL / 30 days); AGE (Max age 12 years)
diphenhydramine hcl inj 50 mg/ml	Tier 1	AGE (Max age 64 years)
diphenhydramine hcl liquid 12.5 mg/5ml	Tier 1	OTC, QL (1800 mL / 30 days); AGE (Max age 12 years)
diphenhydramine hcl tab disint 12.5 mg	Tier 1	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
diphenydramine hcl tab 25 mg	Tier 1	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Tier 1	QL (300 mL / 30 days); AGE (Max age 12 years)
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Tier 1	OTC, QL (300 mL / 30 days); AGE (Max age 12 years)
cetirizine hcl tab 10 mg	Tier 1	OTC, QL (30 ea / 30 days)
cetirizine tab 5mg	Tier 1	OTC, QL (30 ea / 30 days)
loratadine rapidly-disintegrating tab 10 mg	Tier 1	OTC, QL (30 ea / 30 days); AGE (Max age 12 years)
loratadine syrup 5 mg/5ml	Tier 1	OTC, QL (300 mL / 30 days); AGE (Max age 12 years)

Drug Name	Drug Tier	Requirements/Limits
loratadine tab 10 mg	Tier 1	OTC, QL (30 ea / 30 days)
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl inj 25 mg/ml (generic of PHENERGAN)	Tier 1	QL (3000 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
promethazine hcl inj 50 mg/ml (generic of PHENERGAN)	Tier 1	QL (1500 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
promethazine hcl suppos 12.5 mg	Tier 1	QL (240 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
promethazine hcl suppos 25 mg	Tier 1	QL (240 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
promethazine hcl syrup 6.25 mg/5ml	Tier 1	QL (3000 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
promethazine hcl tab 12.5 mg	Tier 1	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
promethazine hcl tab 25 mg	Tier 1	QL (180 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
promethazine hcl tab 50 mg	Tier 1	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	Tier 1	QL (600 mL / 30 days); AGE (Max age 64 years)
cyproheptadine hcl tab 4 mg	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
ANTIHYPERLIPIDEMICS		
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose (generic of QUESTRAN LIGHT)	Tier 1	QL (240 gm / 30 days)
cholestyramine powder 4 gm/dose (generic of QUESTRAN)	Tier 1	QL (1440 gm / 30 days)
colestipol hcl tab 1 gm (generic of COLESTID)	Tier 1	QL (480 ea / 30 days)
prevalite pow 4gm (generic of QUESTRAN LIGHT)	Tier 1	QL (240 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
FIBRIC ACID DERIVATIVES		
fenofibrate tab 48 mg (generic of TRICOR)	Tier 1	QL (30 ea / 30 days)
fenofibrate tab 54 mg	Tier 1	QL (30 ea / 30 days)
fenofibrate tab 145 mg (generic of TRICOR)	Tier 1	QL (30 ea / 30 days)
fenofibrate tab 160 mg	Tier 1	QL (30 ea / 30 days)
gemfibrozil tab 600 mg (generic of LOPID)	Tier 1	QL (120 ea / 30 days)
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent) (generic of LIPITOR)	Tier 1	QL (30 ea / 30 days)
atorvastatin calcium tab 20 mg (base equivalent) (generic of LIPITOR)	Tier 1	QL (30 ea / 30 days)
atorvastatin calcium tab 40 mg (base equivalent) (generic of LIPITOR)	Tier 1	QL (30 ea / 30 days)
atorvastatin calcium tab 80 mg (base equivalent) (generic of LIPITOR)	Tier 1	QL (30 ea / 30 days)
lovastatin tab 10 mg	Tier 1	QL (30 ea / 30 days)
lovastatin tab 20 mg	Tier 1	QL (30 ea / 30 days)
lovastatin tab 40 mg	Tier 1	QL (30 ea / 30 days)
pravastatin sodium tab 10 mg	Tier 1	QL (30 ea / 30 days)
pravastatin sodium tab 20 mg (generic of PRAVACHOL)	Tier 1	QL (30 ea / 30 days)
pravastatin sodium tab 40 mg (generic of PRAVACHOL)	Tier 1	QL (30 ea / 30 days)
pravastatin sodium tab 80 mg	Tier 1	QL (30 ea / 30 days)
rosuvastatin calcium tab 5 mg (generic of CRESTOR)	Tier 1	QL (30 ea / 30 days)
rosuvastatin calcium tab 10 mg (generic of CRESTOR)	Tier 1	QL (30 ea / 30 days)
rosuvastatin calcium tab 20 mg (generic of CRESTOR)	Tier 1	QL (30 ea / 30 days)
rosuvastatin calcium tab 40 mg (generic of CRESTOR)	Tier 1	QL (30 ea / 30 days)
simvastatin tab 5 mg (generic of ZOCOR)	Tier 1	QL (30 ea / 30 days)
simvastatin tab 10 mg (generic of ZOCOR)	Tier 1	QL (30 ea / 30 days)
simvastatin tab 20 mg (generic of ZOCOR)	Tier 1	QL (30 ea / 30 days)
simvastatin tab 40 mg (generic of ZOCOR)	Tier 1	QL (30 ea / 30 days)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg (generic of ZETIA)	Tier 1	QL (30 ea / 30 days)
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	Tier 2	SP, QL (2 mL / 24 days), PA
REPATHA PUSH INJ 420/3.5	Tier 2	SP, QL (3.5 mL / 24 days), PA

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURE INJ 140MG/ML	Tier 2	SP, QL (2 mL / 24 days), PA
ANTIHYPERTENSIVES		
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl tab 5 mg	Tier 1	QL (45 ea / 30 days)
benazepril hcl tab 10 mg (generic of LOTENSIN)	Tier 1	QL (45 ea / 30 days)
benazepril hcl tab 20 mg (generic of LOTENSIN)	Tier 1	QL (45 ea / 30 days)
benazepril hcl tab 40 mg (generic of LOTENSIN)	Tier 1	QL (60 ea / 30 days)
captopril tab 12.5 mg	Tier 1	QL (90 ea / 30 days)
captopril tab 25 mg	Tier 1	QL (90 ea / 30 days)
captopril tab 50 mg	Tier 1	QL (90 ea / 30 days)
captopril tab 100 mg	Tier 1	QL (90 ea / 30 days)
enalapril maleate tab 2.5 mg (generic of VASOTEC)	Tier 1	QL (30 ea / 30 days)
enalapril maleate tab 5 mg (generic of VASOTEC)	Tier 1	QL (30 ea / 30 days)
enalapril maleate tab 10 mg (generic of VASOTEC)	Tier 1	QL (30 ea / 30 days)
enalapril maleate tab 20 mg (generic of VASOTEC)	Tier 1	QL (60 ea / 30 days)
fosinopril sodium tab 10 mg	Tier 1	QL (30 ea / 30 days)
fosinopril sodium tab 20 mg	Tier 1	QL (30 ea / 30 days)
fosinopril sodium tab 40 mg	Tier 1	QL (30 ea / 30 days)
lisinopril tab 2.5 mg (generic of ZESTRIL)	Tier 1	QL (30 ea / 30 days)
lisinopril tab 5 mg (generic of PRINIVIL)	Tier 1	QL (30 ea / 30 days)
lisinopril tab 10 mg (generic of PRINIVIL)	Tier 1	QL (30 ea / 30 days)
lisinopril tab 20 mg (generic of PRINIVIL)	Tier 1	QL (30 ea / 30 days)
lisinopril tab 30 mg (generic of ZESTRIL)	Tier 1	QL (60 ea / 30 days)
lisinopril tab 40 mg (generic of ZESTRIL)	Tier 1	QL (60 ea / 30 days)
quinapril hcl tab 5 mg (generic of ACCUPRIL)	Tier 1	QL (30 ea / 30 days)
quinapril hcl tab 10 mg (generic of ACCUPRIL)	Tier 1	QL (30 ea / 30 days)
quinapril hcl tab 20 mg (generic of ACCUPRIL)	Tier 1	QL (30 ea / 30 days)
quinapril hcl tab 40 mg (generic of ACCUPRIL)	Tier 1	QL (60 ea / 30 days)
ramipril cap 1.25 mg (generic of ALTACE)	Tier 1	QL (30 ea / 30 days)
ramipril cap 2.5 mg (generic of ALTACE)	Tier 1	QL (30 ea / 30 days)
ramipril cap 5 mg (generic of ALTACE)	Tier 1	QL (30 ea / 30 days)
ramipril cap 10 mg (generic of ALTACE)	Tier 1	QL (30 ea / 30 days)
trandolapril tab 1 mg	Tier 1	QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
trandolapril tab 2 mg	Tier 1	QL (30 ea / 30 days)
trandolapril tab 4 mg (generic of MAVIK)	Tier 1	QL (30 ea / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
irbesartan tab 75 mg (generic of AVAPRO)	Tier 1	QL (30 ea / 30 days)
irbesartan tab 150 mg (generic of AVAPRO)	Tier 1	QL (30 ea / 30 days)
irbesartan tab 300 mg (generic of AVAPRO)	Tier 1	QL (30 ea / 30 days)
losartan potassium tab 25 mg (generic of COZAAR)	Tier 1	QL (30 ea / 30 days)
losartan potassium tab 50 mg (generic of COZAAR)	Tier 1	QL (30 ea / 30 days)
losartan potassium tab 100 mg (generic of COZAAR)	Tier 1	QL (30 ea / 30 days)
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine hcl tab 0.1 mg (generic of CATAPRES)	Tier 1	QL (180 ea / 30 days)
clonidine hcl tab 0.2 mg (generic of CATAPRES)	Tier 1	QL (180 ea / 30 days)
clonidine hcl tab 0.3 mg (generic of CATAPRES)	Tier 1	QL (120 ea / 30 days)
doxazosin mesylate tab 1 mg (generic of CARDURA)	Tier 1	QL (30 ea / 30 days)
doxazosin mesylate tab 2 mg (generic of CARDURA)	Tier 1	QL (30 ea / 30 days)
doxazosin mesylate tab 4 mg (generic of CARDURA)	Tier 1	QL (30 ea / 30 days)
doxazosin mesylate tab 8 mg (generic of CARDURA)	Tier 1	QL (60 ea / 30 days)
guanfacine hcl tab 1 mg	Tier 1	QL (120 ea / 30 days); Generic Tenex
guanfacine hcl tab 2 mg	Tier 1	QL (60 ea / 30 days); Generic Tenex
methyldopa tab 250 mg	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
methyldopa tab 500 mg	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
prazosin hcl cap 1 mg (generic of MINIPRESS)	Tier 1	QL (180 ea / 30 days)
prazosin hcl cap 2 mg (generic of MINIPRESS)	Tier 1	QL (180 ea / 30 days)
prazosin hcl cap 5 mg (generic of MINIPRESS)	Tier 1	QL (180 ea / 30 days)
terazosin hcl cap 1 mg (base equivalent)	Tier 1	QL (30 ea / 30 days)
terazosin hcl cap 2 mg (base equivalent)	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
terazosin hcl cap 5 mg (base equivalent)	Tier 1	QL (30 ea / 30 days)
terazosin hcl cap 10 mg (base equivalent)	Tier 1	QL (60 ea / 30 days)
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)	Tier 1	QL (30 ea / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)	Tier 1	QL (30 ea / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	Tier 1	QL (30 ea / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)	Tier 1	QL (30 ea / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)	Tier 1	QL (30 ea / 30 days)
amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)	Tier 1	QL (30 ea / 30 days)
amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)	Tier 1	QL (30 ea / 30 days)
amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)	Tier 1	QL (30 ea / 30 days)
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)	Tier 1	QL (30 ea / 30 days)
atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	Tier 1	QL (60 ea / 30 days)
atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)	Tier 1	QL (30 ea / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25 mg	Tier 1	QL (30 ea / 30 days)
benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)	Tier 1	QL (30 ea / 30 days)
benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)	Tier 1	QL (30 ea / 30 days)
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	Tier 1	QL (30 ea / 30 days)
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)	Tier 1	QL (90 ea / 30 days)
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)	Tier 1	QL (90 ea / 30 days)
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)	Tier 1	QL (120 ea / 30 days)
captopril & hydrochlorothiazide tab 25-15 mg	Tier 1	QL (90 ea / 30 days)
captopril & hydrochlorothiazide tab 25-25 mg	Tier 1	QL (60 ea / 30 days)
captopril & hydrochlorothiazide tab 50-15 mg	Tier 1	QL (90 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
captopril & hydrochlorothiazide tab 50-25 mg	Tier 1	QL (60 ea / 30 days)
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	Tier 1	QL (60 ea / 30 days)
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	Tier 1	QL (60 ea / 30 days)
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	Tier 1	QL (30 ea / 30 days)
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	Tier 1	QL (30 ea / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)	Tier 1	QL (30 ea / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)	Tier 1	QL (30 ea / 30 days)
lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)	Tier 1	QL (60 ea / 30 days)
lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)	Tier 1	QL (60 ea / 30 days)
lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)	Tier 1	QL (60 ea / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)	Tier 1	QL (30 ea / 30 days)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)	Tier 1	QL (30 ea / 30 days)
losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)	Tier 1	QL (30 ea / 30 days)
quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)	Tier 1	QL (30 ea / 30 days)
quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)	Tier 1	QL (30 ea / 30 days)
quinapril-hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)	Tier 1	QL (30 ea / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)	Tier 1	QL (30 ea / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)	Tier 1	QL (30 ea / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)	Tier 1	QL (30 ea / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)	Tier 1	QL (30 ea / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)	Tier 1	QL (30 ea / 30 days)
VASODILATORS		
hydralazine hcl tab 10 mg	Tier 1	QL (300 ea / 30 days)
hydralazine hcl tab 25 mg	Tier 1	QL (120 ea / 30 days)
hydralazine hcl tab 50 mg	Tier 1	QL (240 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
hydralazine hcl tab 100 mg	Tier 1	QL (90 ea / 30 days)
minoxidil tab 2.5 mg	Tier 1	QL (150 ea / 30 days)
minoxidil tab 10 mg	Tier 1	QL (150 ea / 30 days)
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
chloroquine phosphate tab 250 mg	Tier 1	QL (10 ea / 3 days)
chloroquine phosphate tab 500 mg	Tier 1	QL (5 ea / 3 days)
hydroxychloroquine sulfate tab 200 mg (generic of PLAQUENIL)	Tier 1	QL (120 ea / 30 days)
mefloquine hcl tab 250 mg	Tier 1	QL (120 ea / 30 days)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine bromide tab 60 mg (generic of MESTINON)	Tier 1	QL (180 ea / 30 days)
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
ethambutol hcl tab 100 mg	Tier 1	QL (150 ea / 30 days)
ethambutol hcl tab 400 mg (generic of MYAMBUTOL)	Tier 1	QL (150 ea / 30 days)
isoniazid syrup 50 mg/5ml	Tier 1	QL (900 mL / 30 days)
isoniazid tab 100 mg	Tier 1	QL (180 ea / 30 days)
isoniazid tab 300 mg	Tier 1	QL (90 ea / 30 days)
PRIFTIN TAB 150MG	Tier 2	QL (32 ea / 28 days)
pyrazinamide tab 500 mg	Tier 1	QL (180 ea / 30 days)
rifampin cap 150 mg (generic of RIFADIN)	Tier 1	QL (240 ea / 30 days)
rifampin cap 300 mg (generic of RIFADIN)	Tier 1	QL (120 ea / 30 days)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide cap 25 mg	Tier 1	QL (480 ea / 30 days)
cyclophosphamide cap 50 mg	Tier 1	QL (480 ea / 30 days)
GLEOSTINE CAP 10MG	Tier 2	
GLEOSTINE CAP 40MG	Tier 2	
GLEOSTINE CAP 100MG	Tier 2	
LEUKERAN TAB 2MG	Tier 2	QL (240 ea / 30 days)
melphalan tab 2 mg (generic of ALKERAN)	Tier 1	
temozolomide cap 5 mg (generic of TEMODAR)	Tier 1	SP, PA
temozolomide cap 20 mg (generic of TEMODAR)	Tier 1	SP, PA
temozolomide cap 100 mg (generic of TEMODAR)	Tier 1	SP, PA
temozolomide cap 140 mg (generic of TEMODAR)	Tier 1	SP, PA

Drug Name	Drug Tier	Requirements/Limits
temozolomide cap 180 mg (generic of TEMODAR)	Tier 1	SP, PA
temozolomide cap 250 mg (generic of TEMODAR)	Tier 1	SP, PA
ANTIMETABOLITES		
capecitabine tab 150 mg (generic of XELODA)	Tier 1	SP, PA
capecitabine tab 500 mg (generic of XELODA)	Tier 1	SP, PA
mercaptopurine tab 50 mg	Tier 1	QL (120 ea / 30 days)
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	Tier 1	QL (10 mL / 25 days)
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	Tier 1	QL (10 mL / 25 days)
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	Tier 1	QL (10 mL / 25 days)
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	Tier 1	QL (10 mL / 25 days)
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	Tier 1	QL (10 mL / 25 days)
methotrexate sodium tab 2.5 mg (base equiv)	Tier 1	QL (720 ea / 30 days)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg (generic of ZYTIGA)	Tier 1	SP, QL (120 ea / 30 days), PA
anastrozole tab 1 mg (generic of ARIMIDEX)	Tier 1	QL (30 ea / 30 days)
bicalutamide tab 50 mg (generic of CASODEX)	Tier 1	QL (90 ea / 30 days)
ELIGARD INJ 7.5MG	Tier 2	SP, PA
ELIGARD INJ 22.5MG	Tier 2	SP, PA
ELIGARD INJ 30MG	Tier 2	SP, PA
ELIGARD INJ 45MG	Tier 2	SP, PA
flutamide cap 125 mg	Tier 1	QL (180 ea / 30 days)
letrozole tab 2.5 mg (generic of FEMARA)	Tier 1	QL (30 ea / 30 days)
leuprolide acetate inj kit 5 mg/ml	Tier 1	SP, PA
LYSODREN TAB 500MG	Tier 2	
megestrol acetate susp 40 mg/ml	Tier 1	QL (1200 mL / 30 days)
megestrol acetate tab 20 mg	Tier 1	QL (1200 ea / 30 days)
megestrol acetate tab 40 mg	Tier 1	QL (600 ea / 30 days)
tamoxifen citrate tab 10 mg (base equivalent)	Tier 1	QL (60 ea / 30 days)
tamoxifen citrate tab 20 mg (base equivalent)	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	Tier 2	SP, QL (240 ea / 30 days), PA
IBRANCE CAP 75MG	Tier 2	SP, QL (21 ea / 28 days), PA
IBRANCE CAP 100MG	Tier 2	SP, QL (21 ea / 28 days), PA
IBRANCE CAP 125MG	Tier 2	SP, QL (21 ea / 28 days), PA
imatinib mesylate tab 100 mg (base equivalent) (generic of GLEEVEC)	Tier 1	SP, QL (180 ea / 30 days), PA
imatinib mesylate tab 400 mg (base equivalent) (generic of GLEEVEC)	Tier 1	SP, QL (60 ea / 30 days), PA
IMBRUVICA CAP 140MG	Tier 2	SP, QL (90 ea / 30 days), PA
IMBRUVICA TAB 420MG	Tier 2	SP, QL (30 ea / 30 days), PA
IMBRUVICA TAB 560MG	Tier 2	SP, QL (30 ea / 30 days), PA
NEXAVAR TAB 200MG	Tier 2	SP, QL (120 ea / 30 days), PA
SPRYCEL TAB 20MG	Tier 2	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 50MG	Tier 2	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 70MG	Tier 2	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 100MG	Tier 2	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 140MG	Tier 2	SP, QL (30 ea / 30 days), PA
SUTENT CAP 12.5MG	Tier 2	SP, QL (30 ea / 30 days), PA
SUTENT CAP 25MG	Tier 2	SP, QL (30 ea / 30 days), PA
SUTENT CAP 37.5MG	Tier 2	SP, QL (30 ea / 30 days), PA
SUTENT CAP 50MG	Tier 2	SP, QL (30 ea / 30 days), PA
TYKERB TAB 250MG	Tier 2	SP, QL (180 ea / 30 days), PA
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	Tier 2	SP, PA
hydroxyurea cap 500 mg (generic of HYDREA)	Tier 1	
INTRON A INJ 10MU	Tier 2	SP, PA

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJ 25MU	Tier 2	SP, PA
MATULANE CAP 50MG	Tier 2	PA
tretinoin cap 10 mg	Tier 1	PA
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin calcium tab 5 mg	Tier 1	
leucovorin calcium tab 10 mg	Tier 1	
leucovorin calcium tab 15 mg	Tier 1	
leucovorin calcium tab 25 mg	Tier 1	
MITOTIC INHIBITORS		
etoposide cap 50 mg	Tier 1	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	Tier 1	QL (150 ea / 30 days); AGE (Max age 64 years)
benztropine mesylate tab 1 mg	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
benztropine mesylate tab 2 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
trihexyphenidyl hcl elixir 0.4 mg/ml	Tier 1	PA
trihexyphenidyl hcl tab 2 mg	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)
trihexyphenidyl hcl tab 5 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
ANTIPARKINSON COMT INHIBITORS		
entacapone tab 200 mg (generic of COMTAN)	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	Tier 1	QL (120 ea / 30 days)
amantadine hcl syrup 50 mg/5ml	Tier 1	QL (1200 mL / 30 days)
bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)	Tier 1	QL (180 ea / 30 days)
bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)	Tier 1	QL (180 ea / 30 days)
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	Tier 1	QL (240 ea / 30 days)
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	Tier 1	QL (360 ea / 30 days)
carbidopa & levodopa tab 25-250 mg (generic of SINEMET)	Tier 1	QL (240 ea / 30 days)
carbidopa & levodopa tab er 25-100 mg (generic of SINEMET CR)	Tier 1	QL (120 ea / 30 days)
carbidopa & levodopa tab er 50-200 mg (generic of SINEMET CR)	Tier 1	QL (240 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 1	QL (180 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
pramipexole dihydrochloride tab 0.5 mg (generic of MIRAPEX)	Tier 1	QL (90 ea / 30 days)
pramipexole dihydrochloride tab 0.25 mg (generic of MIRAPEX)	Tier 1	QL (90 ea / 30 days)
pramipexole dihydrochloride tab 0.75 mg (generic of MIRAPEX)	Tier 1	QL (180 ea / 30 days)
pramipexole dihydrochloride tab 0.125 mg (generic of MIRAPEX)	Tier 1	QL (90 ea / 30 days)
pramipexole dihydrochloride tab 1 mg (generic of MIRAPEX)	Tier 1	QL (90 ea / 30 days)
pramipexole dihydrochloride tab 1.5 mg (generic of MIRAPEX)	Tier 1	QL (90 ea / 30 days)
ropinirole hydrochloride tab 0.5 mg	Tier 1	QL (180 ea / 30 days)
ropinirole hydrochloride tab 0.25 mg	Tier 1	QL (360 ea / 30 days)
ropinirole hydrochloride tab 1 mg	Tier 1	QL (360 ea / 30 days)
ropinirole hydrochloride tab 2 mg	Tier 1	QL (360 ea / 30 days)
ropinirole hydrochloride tab 3 mg	Tier 1	QL (360 ea / 30 days)
ropinirole hydrochloride tab 4 mg	Tier 1	QL (360 ea / 30 days)
ropinirole hydrochloride tab 5 mg	Tier 1	QL (360 ea / 30 days)
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline hcl cap 5 mg	Tier 1	QL (60 ea / 30 days)
selegiline hcl tab 5 mg	Tier 1	QL (60 ea / 30 days)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	Tier 1	QL (360 ea / 30 days); AGE (Min age 6 years)
lithium carbonate cap 300 mg	Tier 1	QL (180 ea / 30 days); AGE (Min age 6 years)

Drug Name	Drug Tier	Requirements/Limits
lithium carbonate cap 600 mg	Tier 1	QL (90 ea / 30 days)
lithium carbonate tab 300 mg	Tier 1	QL (180 ea / 30 days)
lithium carbonate tab er 300 mg (generic of LITHOBID)	Tier 1	QL (180 ea / 30 days); AGE (Min age 6 years)
lithium carbonate tab er 450 mg	Tier 1	QL (120 ea / 30 days); AGE (Min age 6 years)
LITHIUM SOL 8MEQ/5ML	Tier 2	
ANTIPSYCHOTICS - MISC.		
LATUDA TAB 20MG	Tier 2	PA
LATUDA TAB 40MG	Tier 2	PA
LATUDA TAB 60MG	Tier 2	PA
LATUDA TAB 80MG	Tier 2	PA
LATUDA TAB 120MG	Tier 2	PA
ziprasidone hcl cap 20 mg (generic of GEODON)	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years)
ziprasidone hcl cap 40 mg (generic of GEODON)	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years)
ziprasidone hcl cap 60 mg (generic of GEODON)	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years)
ziprasidone hcl cap 80 mg (generic of GEODON)	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years)
BENZISOXAZOLES		
FANAPT PAK	Tier 2	PA
FANAPT TAB 1MG	Tier 2	PA
FANAPT TAB 2MG	Tier 2	PA
FANAPT TAB 4MG	Tier 2	PA
FANAPT TAB 6MG	Tier 2	PA
FANAPT TAB 8MG	Tier 2	PA
FANAPT TAB 10MG	Tier 2	PA
FANAPT TAB 12MG	Tier 2	PA
INVEGA SUST INJ 39/0.25	Tier 2	QL (0.25 mL / 25 days)
INVEGA SUST INJ 78/0.5ML	Tier 2	QL (0.5 mL / 25 days)
INVEGA SUST INJ 117/0.75	Tier 2	QL (0.75 mL / 25 days)
INVEGA SUST INJ 156MG/ML	Tier 2	QL (1 mL / 25 days)
INVEGA SUST INJ 234/1.5	Tier 2	QL (1.5 mL / 25 days)
INVEGA TRINZ INJ 273MG	Tier 2	QL (0.875 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 410MG	Tier 2	QL (1.315 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 546MG	Tier 2	QL (1.75 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 819MG	Tier 2	QL (2.65 mL / 71 days); AGE (Min age 6 years)

Drug Name	Drug Tier	Requirements/Limits
paliperidone tab er 24hr 1.5 mg (generic of INVEGA)	Tier 1	PA
paliperidone tab er 24hr 3 mg (generic of INVEGA)	Tier 1	PA
paliperidone tab er 24hr 6 mg (generic of INVEGA)	Tier 1	PA
paliperidone tab er 24hr 9 mg (generic of INVEGA)	Tier 1	PA
RISPERDAL INJ 12.5MG	Tier 2	QL (2 ea / 25 days); AGE (Min age 6 years)
RISPERDAL INJ 25MG	Tier 2	QL (2 ea / 25 days); AGE (Min age 6 years)
RISPERDAL INJ 37.5MG	Tier 2	QL (2 ea / 25 days); AGE (Min age 6 years)
RISPERDAL INJ 50MG	Tier 2	QL (2 ea / 25 days); AGE (Min age 6 years)
risperidone orally disintegrating tab 0.5 mg	Tier 1	QL (60 ea / 30 days); AGE (Min age 5 years)
risperidone orally disintegrating tab 0.25 mg	Tier 1	QL (60 ea / 30 days); AGE (Min age 5 years)
risperidone orally disintegrating tab 1 mg	Tier 1	QL (60 ea / 30 days); AGE (Min age 5 years)
risperidone orally disintegrating tab 2 mg	Tier 1	QL (60 ea / 30 days); AGE (Min age 5 years)
risperidone orally disintegrating tab 3 mg	Tier 1	QL (60 ea / 30 days); AGE (Min age 5 years)
risperidone orally disintegrating tab 4 mg	Tier 1	QL (120 ea / 30 days); AGE (Min age 5 years)
risperidone soln 1 mg/ml (generic of RISPERDAL)	Tier 1	QL (480 mL / 30 days); AGE (Min age 5 years)
risperidone tab 0.5 mg (generic of RISPERDAL)	Tier 1	QL (60 ea / 30 days); AGE (Min age 5 years)
risperidone tab 0.25 mg	Tier 1	QL (60 ea / 30 days); AGE (Min age 5 years)
risperidone tab 1 mg (generic of RISPERDAL)	Tier 1	QL (60 ea / 30 days); AGE (Min age 5 years)
risperidone tab 2 mg (generic of RISPERDAL)	Tier 1	QL (60 ea / 30 days); AGE (Min age 5 years)
risperidone tab 3 mg (generic of RISPERDAL)	Tier 1	QL (60 ea / 30 days); AGE (Min age 5 years)
risperidone tab 4 mg (generic of RISPERDAL)	Tier 1	QL (120 ea / 30 days); AGE (Min age 5 years)
BUTYROPHENONES		
haloperidol decanoate im soln 50 mg/ml (generic of HALDOL DECANOATE 50)	Tier 1	AGE (Min age 6 years)
haloperidol decanoate im soln 100 mg/ml (generic of HALDOL DECANOATE 100)	Tier 1	AGE (Min age 6 years)

Drug Name	Drug Tier	Requirements/Limits
haloperidol lactate inj 5 mg/ml (generic of HALDOL)	Tier 1	AGE (Min age 6 years)
haloperidol lactate oral conc 2 mg/ml	Tier 1	AGE (Min age 6 years)
haloperidol tab 0.5 mg	Tier 1	QL (180 ea / 30 days); AGE (Min age 6 years)
haloperidol tab 1 mg	Tier 1	QL (150 ea / 30 days); AGE (Min age 6 years)
haloperidol tab 2 mg	Tier 1	QL (150 ea / 30 days); AGE (Min age 6 years)
haloperidol tab 5 mg	Tier 1	QL (150 ea / 30 days); AGE (Min age 6 years)
haloperidol tab 10 mg	Tier 1	QL (150 ea / 30 days); AGE (Min age 6 years)
haloperidol tab 20 mg	Tier 1	QL (150 ea / 30 days); AGE (Min age 6 years)
DIBENZAPINES		
clozapine tab 25 mg (generic of CLOZARIL)	Tier 1	AGE (Min age 6 years)
clozapine tab 50 mg (generic of CLOZARIL)	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years)
clozapine tab 100 mg (generic of CLOZARIL)	Tier 1	AGE (Min age 6 years)
clozapine tab 200 mg (generic of CLOZARIL)	Tier 1	AGE (Min age 6 years)
loxapine succinate cap 5 mg	Tier 1	QL (450 ea / 30 days); AGE (Min age 6 years)
loxapine succinate cap 10 mg	Tier 1	QL (450 ea / 30 days); AGE (Min age 6 years)
loxapine succinate cap 25 mg	Tier 1	QL (180 ea / 30 days); AGE (Min age 6 years)
loxapine succinate cap 50 mg	Tier 1	QL (450 ea / 30 days); AGE (Min age 6 years)
olanzapine tab 2.5 mg (generic of ZYPREXA)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years)
olanzapine tab 5 mg (generic of ZYPREXA)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years)
olanzapine tab 7.5 mg (generic of ZYPREXA)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years)
olanzapine tab 10 mg (generic of ZYPREXA)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years)
olanzapine tab 15 mg (generic of ZYPREXA)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years)
olanzapine tab 20 mg (generic of ZYPREXA)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years)
quetiapine fumarate tab 25 mg (generic of SEROQUEL)	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years)

Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tab 50 mg (generic of SEROQUEL)	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years)
quetiapine fumarate tab 100 mg (generic of SEROQUEL)	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years)
quetiapine fumarate tab 200 mg (generic of SEROQUEL)	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years)
quetiapine fumarate tab 300 mg (generic of SEROQUEL)	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years)
quetiapine fumarate tab 400 mg (generic of SEROQUEL)	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years)
quetiapine fumarate tab er 24hr 50 mg (generic of SEROQUEL XR)	Tier 1	QL (30 ea / 30 days), PA
quetiapine fumarate tab er 24hr 150 mg (generic of SEROQUEL XR)	Tier 1	QL (30 ea / 30 days), PA
quetiapine fumarate tab er 24hr 200 mg (generic of SEROQUEL XR)	Tier 1	QL (30 ea / 30 days), PA
quetiapine fumarate tab er 24hr 300 mg (generic of SEROQUEL XR)	Tier 1	QL (30 ea / 30 days), PA
quetiapine fumarate tab er 24hr 400 mg (generic of SEROQUEL XR)	Tier 1	QL (30 ea / 30 days), PA
SAPHRIS SUB 5MG	Tier 2	PA
SAPHRIS SUB 10MG	Tier 2	PA
ZYPREXA RELP INJ 210MG	Tier 2	QL (2 ea / 25 days); AGE (Min age 6 years)
ZYPREXA RELP INJ 300MG	Tier 2	QL (2 ea / 25 days); AGE (Min age 6 years)
ZYPREXA RELP INJ 405MG	Tier 2	QL (1 ea / 25 days); AGE (Min age 6 years)
PHENOTHIAZINES		
chlorpromazine hcl tab 10 mg	Tier 1	QL (360 ea / 30 days); AGE (Min age 6 years)
chlorpromazine hcl tab 25 mg	Tier 1	QL (360 ea / 30 days); AGE (Min age 6 years)
chlorpromazine hcl tab 50 mg	Tier 1	QL (360 ea / 30 days); AGE (Min age 6 years)
chlorpromazine hcl tab 100 mg	Tier 1	QL (360 ea / 30 days); AGE (Min age 6 years)
chlorpromazine hcl tab 200 mg	Tier 1	QL (360 ea / 30 days); AGE (Min age 6 years)
compro sup 25mg	Tier 1	QL (360 ea / 30 days)
fluphenazine decanoate inj 25 mg/ml	Tier 1	
fluphenazine hcl inj 2.5 mg/ml	Tier 1	
fluphenazine hcl tab 1 mg	Tier 1	QL (120 ea / 30 days); AGE (Min age 6 years)
fluphenazine hcl tab 2.5 mg	Tier 1	QL (120 ea / 30 days); AGE (Min age 6 years)

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl tab 5 mg	Tier 1	QL (120 ea / 30 days); AGE (Min age 6 years)
fluphenazine hcl tab 10 mg	Tier 1	QL (120 ea / 30 days); AGE (Min age 6 years)
perphenazine tab 2 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
perphenazine tab 4 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
perphenazine tab 8 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
perphenazine tab 16 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
prochlorperazine maleate tab 5 mg (base equivalent)	Tier 1	QL (300 ea / 30 days); AGE (Min age 6 years)
prochlorperazine maleate tab 10 mg (base equivalent)	Tier 1	QL (240 ea / 30 days); AGE (Min age 6 years)
prochlorperazine suppos 25 mg	Tier 1	QL (360 ea / 30 days)
thioridazine hcl tab 10 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
thioridazine hcl tab 25 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
thioridazine hcl tab 50 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
thioridazine hcl tab 100 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
trifluoperazine hcl tab 1 mg (base equivalent)	Tier 1	QL (180 ea / 30 days); AGE (Min age 6 years)
trifluoperazine hcl tab 2 mg (base equivalent)	Tier 1	QL (180 ea / 30 days); AGE (Min age 6 years)
trifluoperazine hcl tab 5 mg (base equivalent)	Tier 1	QL (180 ea / 30 days); AGE (Min age 6 years)
trifluoperazine hcl tab 10 mg (base equivalent)	Tier 1	QL (120 ea / 30 days); AGE (Min age 6 years)
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG	Tier 2	QL (1 ea / 25 days); AGE (Min age 6 years)
ABILIFY MAIN INJ 400MG	Tier 2	QL (1 ea / 25 days); AGE (Min age 6 years)
aripiprazole oral solution 1 mg/ml	Tier 1	PA; AGE (Min age 6 years)
aripiprazole orally disintegrating tab 10 mg	Tier 1	QL (30 ea / 30 days), PA; AGE (Min age 6 years)

Drug Name	Drug Tier	Requirements/Limits
aripiprazole orally disintegrating tab 15 mg	Tier 1	QL (30 ea / 30 days), PA; AGE (Min age 6 years)
aripiprazole tab 2 mg (generic of ABILIFY)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years)
aripiprazole tab 5 mg (generic of ABILIFY)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years)
aripiprazole tab 10 mg (generic of ABILIFY)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years)
aripiprazole tab 15 mg (generic of ABILIFY)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years)
aripiprazole tab 20 mg (generic of ABILIFY)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years)
aripiprazole tab 30 mg (generic of ABILIFY)	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years)
ARISTADA INJ 441MG/1.	Tier 2	QL (1.6 mL / 25 days); AGE (Min age 6 years)
ARISTADA INJ 662MG/2	Tier 2	QL (2.4 mL / 25 days); AGE (Min age 6 years)
ARISTADA INJ 882MG/3	Tier 2	QL (3.2 mL / 25 days); AGE (Min age 6 years)
ARISTADA INJ 1064MG	Tier 2	QL (3.9 mL / 50 days)
THIOXANTHENES		
thiothixene cap 1 mg	Tier 1	QL (180 ea / 30 days); AGE (Min age 6 years)
thiothixene cap 2 mg	Tier 1	QL (180 ea / 30 days); AGE (Min age 6 years)
thiothixene cap 5 mg	Tier 1	QL (180 ea / 30 days); AGE (Min age 6 years)
thiothixene cap 10 mg	Tier 1	QL (180 ea / 30 days); AGE (Min age 6 years)
ANTISEPTICS & DISINFECTANTS		
CHLORINE ANTISEPTICS		
betasept liq 4%	Tier 1	OTC
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv) (generic of ZIAGEN)	Tier 1	QL (900 mL / 30 days)
abacavir sulfate tab 300 mg (base equiv) (generic of ZIAGEN)	Tier 1	QL (60 ea / 30 days)
abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)	Tier 1	QL (30 ea / 30 days)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (generic of TRIZIVIR)	Tier 1	QL (60 ea / 30 days)
atazanavir sulfate cap 150 mg (base equiv) (generic of REYATAZ)	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
atazanavir sulfate cap 200 mg (base equiv) (generic of REYATAZ)	Tier 1	QL (60 ea / 30 days)
atazanavir sulfate cap 300 mg (base equiv) (generic of REYATAZ)	Tier 1	QL (30 ea / 30 days)
BIKTARVY TAB	Tier 2	QL (30 ea / 30 days)
CIMDUO TAB 300-300	Tier 2	QL (30 ea / 30 days)
COMPLERA TAB	Tier 2	QL (30 ea / 30 days)
DESCOVY TAB 200/25	Tier 2	QL (30 ea / 30 days)
didanosine delayed release capsule 250 mg (generic of VIDEX EC)	Tier 1	QL (30 ea / 30 days)
didanosine delayed release capsule 400 mg	Tier 1	QL (30 ea / 30 days)
DOVATO TAB 50-300MG	Tier 2	QL (30 ea / 30 days), PA
EDURANT TAB 25MG	Tier 2	QL (30 ea / 30 days)
efavirenz cap 50 mg (generic of SUSTIVA)	Tier 1	QL (360 ea / 30 days)
efavirenz cap 200 mg (generic of SUSTIVA)	Tier 1	QL (90 ea / 30 days)
efavirenz tab 600 mg (generic of SUSTIVA)	Tier 1	QL (30 ea / 30 days)
EMTRIVA CAP 200MG	Tier 2	QL (30 ea / 30 days)
EMTRIVA SOL 10MG/ML	Tier 2	QL (600 mL / 30 days)
EVOTAZ TAB 300-150	Tier 2	QL (30 ea / 30 days)
fosamprenavir calcium tab 700 mg (base equiv) (generic of LEXIVA)	Tier 1	QL (120 ea / 30 days)
GENVOYA TAB	Tier 2	QL (30 ea / 30 days)
INTELENCE TAB 100MG	Tier 2	QL (120 ea / 30 days)
INTELENCE TAB 200MG	Tier 2	QL (60 ea / 30 days)
INVIRASE TAB 500MG	Tier 2	QL (120 ea / 30 days)
ISENTRESS CHW 100MG	Tier 2	QL (360 ea / 30 days)
ISENTRESS HD TAB 600MG	Tier 2	QL (60 ea / 30 days)
ISENTRESS TAB 400MG	Tier 2	QL (60 ea / 30 days)
JULUCA TAB 50-25MG	Tier 2	QL (30 ea / 30 days)
KALETRA TAB 100-25MG	Tier 2	QL (240 ea / 30 days)
KALETRA TAB 200-50MG	Tier 2	QL (120 ea / 30 days)
lamivudine oral soln 10 mg/ml (generic of EPIVIR)	Tier 1	QL (900 mL / 30 days)
lamivudine tab 150 mg (generic of EPIVIR)	Tier 1	QL (60 ea / 30 days)
lamivudine tab 300 mg (generic of EPIVIR)	Tier 1	QL (30 ea / 30 days)
lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)	Tier 1	QL (60 ea / 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)	Tier 1	QL (480 mL / 30 days)
nevirapine susp 50 mg/5ml (generic of VIRAMUNE)	Tier 1	QL (1200 mL / 30 days)
nevirapine tab 200 mg	Tier 1	QL (60 ea / 30 days)
nevirapine tab er 24hr 400 mg (generic of VIRAMUNE XR)	Tier 1	QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
NORVIR SOL 80MG/ML	Tier 2	QL (450 mL / 30 days)
ODEFSEY TAB	Tier 2	QL (30 ea / 30 days)
PREZCOBIX TAB 800-150	Tier 2	QL (30 ea / 30 days)
PREZISTA SUS 100MG/ML	Tier 2	QL (240 mL / 30 days)
PREZISTA TAB 600MG	Tier 2	QL (60 ea / 30 days)
PREZISTA TAB 800MG	Tier 2	QL (30 ea / 30 days)
ritonavir tab 100 mg (generic of NORVIR)	Tier 1	QL (360 ea / 30 days)
SELZENTRY TAB 150MG	Tier 2	QL (60 ea / 30 days)
SELZENTRY TAB 300MG	Tier 2	QL (60 ea / 30 days)
stavudine cap 20 mg	Tier 1	QL (60 ea / 30 days)
stavudine cap 30 mg (generic of ZERIT)	Tier 1	QL (60 ea / 30 days)
stavudine cap 40 mg (generic of ZERIT)	Tier 1	QL (60 ea / 30 days)
STRIBILD TAB	Tier 2	QL (30 ea / 30 days)
SYMFI LO TAB	Tier 2	QL (30 ea / 30 days)
SYMFI TAB	Tier 2	QL (30 ea / 30 days)
TEMIXYS TAB 300-300	Tier 2	QL (30 ea / 30 days)
tenofovir disoproxil fumarate tab 300 mg (generic of VIREAD)	Tier 1	QL (30 ea / 30 days)
TIVICAY TAB 50MG	Tier 2	QL (60 ea / 30 days)
TRIUMEQ TAB	Tier 2	QL (30 ea / 30 days)
TRUVADA TAB 100-150	Tier 2	QL (30 ea / 30 days)
TRUVADA TAB 133-200	Tier 2	QL (30 ea / 30 days)
TRUVADA TAB 167-250	Tier 2	QL (30 ea / 30 days)
TRUVADA TAB 200-300	Tier 2	QL (30 ea / 30 days)
TYBOST TAB 150MG	Tier 2	PA
VIRACEPT TAB 250MG	Tier 2	QL (300 ea / 30 days)
VIRACEPT TAB 625MG	Tier 2	QL (120 ea / 30 days)
VIREAD POW 40MG/GM	Tier 2	QL (225 gm / 30 days)
VIREAD TAB 150MG	Tier 2	QL (30 ea / 30 days)
VIREAD TAB 200MG	Tier 2	QL (30 ea / 30 days)
VIREAD TAB 250MG	Tier 2	QL (30 ea / 30 days)
zidovudine cap 100 mg (generic of RETROVIR)	Tier 1	QL (180 ea / 30 days)
zidovudine syrup 10 mg/ml (generic of RETROVIR)	Tier 1	QL (1800 mL / 30 days)
zidovudine tab 300 mg	Tier 1	QL (60 ea / 30 days)
CMV AGENTS		
valganciclovir hcl for soln 50 mg/ml (base equiv) (generic of VALCYTE)	Tier 1	PA
valganciclovir hcl tab 450 mg (base equivalent) (generic of VALCYTE)	Tier 1	PA
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg (generic of HEPSERA)	Tier 1	QL (30 ea / 30 days)
BARACLUDE SOL	Tier 2	QL (900 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
entecavir tab 0.5 mg (generic of BARACLUDE)	Tier 1	QL (30 ea / 30 days)
entecavir tab 1 mg (generic of BARACLUDE)	Tier 1	QL (30 ea / 30 days)
lamivudine tab 100 mg (hbv) (generic of EPIVIR HBV)	Tier 1	QL (90 ea / 30 days)
ledip-sofosb tab 90-400mg	Tier 2	SP, QL (30 ea / 30 days), PA; Preferred Agent
PEGASYS INJ	Tier 2	SP, PA
PEGASYS INJ 180MCG/M	Tier 2	SP, PA
PEGASYS INJ PROCLICK	Tier 2	SP, PA
PEGINTRON KIT 50MCG	Tier 2	SP, PA
ribavirin cap 200 mg	Tier 1	SP, PA
ribavirin tab 200 mg	Tier 1	SP, PA
sofos/velpat tab 400-100	Tier 2	SP, QL (30 ea / 30 days), PA; Preferred Agent
SOVALDI TAB 400MG	Tier 2	SP, QL (30 ea / 30 days), PA
VOSEVI TAB	Tier 2	SP, QL (30 ea / 30 days), PA
ZEPATIER TAB 50-100MG	Tier 2	SP, QL (30 ea / 30 days), PA
HERPES AGENTS		
acyclovir cap 200 mg	Tier 1	QL (150 ea / 30 days)
acyclovir susp 200 mg/5ml (generic of ZOVIRAX)	Tier 1	QL (750 mL / 30 days)
acyclovir tab 400 mg (generic of ZOVIRAX)	Tier 1	QL (150 ea / 30 days)
acyclovir tab 800 mg (generic of ZOVIRAX)	Tier 1	QL (150 ea / 30 days)
famciclovir tab 125 mg	Tier 1	QL (90 ea / 30 days)
famciclovir tab 250 mg	Tier 1	QL (90 ea / 30 days)
famciclovir tab 500 mg	Tier 1	QL (90 ea / 30 days)
valacyclovir hcl tab 1 gm (generic of VALTREX)	Tier 1	QL (240 ea / 30 days)
valacyclovir hcl tab 500 mg (generic of VALTREX)	Tier 1	QL (240 ea / 30 days)
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 10 per fill)
oseltamivir phosphate cap 45 mg (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 10 per fill)
oseltamivir phosphate cap 75 mg (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 10 per fill)

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate for susp 6 mg/ml (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 180 per fill); AGE (Max age 12 years)
RELENZA MIS DISKHALE	Tier 2	QL (max quantity 20 per fill)
rimantadine hydrochloride tab 100 mg	Tier 1	QL (60 ea / 30 days)
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab 3.125 mg (generic of COREG)	Tier 1	QL (60 ea / 30 days)
carvedilol tab 6.25 mg (generic of COREG)	Tier 1	QL (60 ea / 30 days)
carvedilol tab 12.5 mg (generic of COREG)	Tier 1	QL (60 ea / 30 days)
carvedilol tab 25 mg (generic of COREG)	Tier 1	QL (60 ea / 30 days)
labetalol hcl tab 100 mg	Tier 1	QL (60 ea / 30 days)
labetalol hcl tab 200 mg	Tier 1	QL (60 ea / 30 days)
labetalol hcl tab 300 mg	Tier 1	QL (180 ea / 30 days)
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	Tier 1	QL (480 ea / 30 days)
acebutolol hcl cap 400 mg	Tier 1	QL (480 ea / 30 days)
atenolol tab 25 mg (generic of TENORMIN)	Tier 1	QL (60 ea / 30 days)
atenolol tab 50 mg (generic of TENORMIN)	Tier 1	QL (60 ea / 30 days)
atenolol tab 100 mg (generic of TENORMIN)	Tier 1	QL (60 ea / 30 days)
bisoprolol fumarate tab 5 mg	Tier 1	QL (60 ea / 30 days)
bisoprolol fumarate tab 10 mg	Tier 1	QL (60 ea / 30 days)
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)	Tier 1	QL (90 ea / 30 days)
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)	Tier 1	QL (120 ea / 30 days)
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)	Tier 1	QL (90 ea / 30 days)
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)	Tier 1	QL (60 ea / 30 days)
metoprolol tartrate tab 25 mg	Tier 1	QL (90 ea / 30 days)
metoprolol tartrate tab 50 mg (generic of LOPRESSOR)	Tier 1	QL (90 ea / 30 days)
metoprolol tartrate tab 100 mg (generic of LOPRESSOR)	Tier 1	QL (90 ea / 30 days)
BETA BLOCKERS NON-SELECTIVE		
nadolol tab 20 mg (generic of CORGARD)	Tier 1	QL (90 ea / 30 days)
nadolol tab 40 mg (generic of CORGARD)	Tier 1	QL (90 ea / 30 days)
nadolol tab 80 mg (generic of CORGARD)	Tier 1	QL (60 ea / 30 days)
propranolol hcl cap er 24hr 60 mg (generic of INDERAL LA)	Tier 1	QL (90 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
propranolol hcl cap er 24hr 80 mg (generic of INDERAL LA)	Tier 1	QL (120 ea / 30 days)
propranolol hcl cap er 24hr 120 mg (generic of INDERAL LA)	Tier 1	QL (90 ea / 30 days)
propranolol hcl cap er 24hr 160 mg (generic of INDERAL LA)	Tier 1	QL (60 ea / 30 days)
propranolol hcl oral soln 20 mg/5ml	Tier 1	QL (600 mL / 30 days)
propranolol hcl oral soln 40 mg/5ml	Tier 1	
propranolol hcl tab 10 mg	Tier 1	QL (180 ea / 30 days)
propranolol hcl tab 20 mg	Tier 1	QL (180 ea / 30 days)
propranolol hcl tab 40 mg	Tier 1	QL (180 ea / 30 days)
propranolol hcl tab 60 mg	Tier 1	QL (180 ea / 30 days)
propranolol hcl tab 80 mg	Tier 1	QL (180 ea / 30 days)
sorine tab 80mg (generic of BETAPACE)	Tier 1	QL (60 ea / 30 days)
sorine tab 120mg (generic of BETAPACE)	Tier 1	QL (60 ea / 30 days)
sorine tab 160mg (generic of BETAPACE)	Tier 1	QL (60 ea / 30 days)
sorine tab 240mg	Tier 1	QL (60 ea / 30 days)
sotalol hcl (afib/afl) tab 80 mg (generic of BETAPACE AF)	Tier 1	QL (60 ea / 30 days)
sotalol hcl (afib/afl) tab 120 mg (generic of BETAPACE AF)	Tier 1	QL (60 ea / 30 days)
sotalol hcl (afib/afl) tab 160 mg (generic of BETAPACE AF)	Tier 1	QL (60 ea / 30 days)
sotalol hcl tab 80 mg (generic of BETAPACE)	Tier 1	QL (60 ea / 30 days)
sotalol hcl tab 120 mg (generic of BETAPACE)	Tier 1	QL (60 ea / 30 days)
sotalol hcl tab 160 mg (generic of BETAPACE)	Tier 1	QL (60 ea / 30 days)
sotalol hcl tab 240 mg	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

amlodipine besylate tab 2.5 mg (base equivalent) (generic of NORVASC)	Tier 1	QL (30 ea / 30 days)
amlodipine besylate tab 5 mg (base equivalent) (generic of NORVASC)	Tier 1	QL (30 ea / 30 days)
amlodipine besylate tab 10 mg (base equivalent) (generic of NORVASC)	Tier 1	QL (30 ea / 30 days)
cartia xt cap 120/24hr (generic of CARDIZEM CD)	Tier 1	QL (30 ea / 30 days)
cartia xt cap 180/24hr (generic of CARDIZEM CD)	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
cartia xt cap 240/24hr (generic of CARDIZEM CD)	Tier 1	QL (30 ea / 30 days)
cartia xt cap 300/24hr (generic of CARDIZEM CD)	Tier 1	QL (30 ea / 30 days)
dilt-xr cap 120mg	Tier 1	QL (60 ea / 30 days)
dilt-xr cap 180mg	Tier 1	QL (60 ea / 30 days)
dilt-xr cap 240mg	Tier 1	QL (60 ea / 30 days)
diltiazem hcl coated beads cap er 24hr 120 mg (generic of CARDIZEM CD)	Tier 1	QL (30 ea / 30 days)
diltiazem hcl coated beads cap er 24hr 180 mg (generic of CARDIZEM CD)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl coated beads cap er 24hr 240 mg (generic of CARDIZEM CD)	Tier 1	QL (30 ea / 30 days)
diltiazem hcl coated beads cap er 24hr 300 mg (generic of CARDIZEM CD)	Tier 1	QL (30 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 120 mg (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 180 mg (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 240 mg (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 300 mg (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 360 mg (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 420 mg (generic of TIAZAC)	Tier 1	QL (30 ea / 30 days)
diltiazem hcl tab 30 mg (generic of CARDIZEM)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl tab 60 mg (generic of CARDIZEM)	Tier 1	QL (120 ea / 30 days)
diltiazem hcl tab 90 mg	Tier 1	QL (120 ea / 30 days)
diltiazem hcl tab 120 mg (generic of CARDIZEM)	Tier 1	QL (120 ea / 30 days)
felodipine tab er 24hr 2.5 mg	Tier 1	QL (30 ea / 30 days)
felodipine tab er 24hr 5 mg	Tier 1	QL (30 ea / 30 days)
felodipine tab er 24hr 10 mg	Tier 1	QL (60 ea / 30 days)
nifedipine cap 10 mg (generic of PROCARDIA)	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
nifedipine cap 20 mg	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
nifedipine tab er 24hr 30 mg (generic of ADALAT CC)	Tier 1	QL (30 ea / 30 days)
nifedipine tab er 24hr 60 mg (generic of ADALAT CC)	Tier 1	QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
nifedipine tab er 24hr 90 mg (generic of ADALAT CC)	Tier 1	QL (60 ea / 30 days)
nifedipine tab er 24hr osmotic release 30 mg (generic of PROCARDIA XL)	Tier 1	QL (30 ea / 30 days)
nifedipine tab er 24hr osmotic release 60 mg (generic of PROCARDIA XL)	Tier 1	QL (60 ea / 30 days)
nifedipine tab er 24hr osmotic release 90 mg (generic of PROCARDIA XL)	Tier 1	QL (60 ea / 30 days)
taztia xt cap 120mg/24 (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)
taztia xt cap 180mg/24 (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)
taztia xt cap 240mg/24 (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)
taztia xt cap 300mg er (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)
taztia xt cap 360mg/24 (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)
tiadylt er cap 360mg/24 (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)
verapamil hcl tab 40 mg	Tier 1	QL (120 ea / 30 days)
verapamil hcl tab 80 mg	Tier 1	QL (120 ea / 30 days)
verapamil hcl tab 120 mg	Tier 1	QL (90 ea / 30 days)
verapamil hcl tab er 120 mg (generic of CALAN SR)	Tier 1	QL (90 ea / 30 days)
verapamil hcl tab er 180 mg	Tier 1	QL (60 ea / 30 days)
verapamil hcl tab er 240 mg (generic of CALAN SR)	Tier 1	QL (90 ea / 30 days)
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin oral soln 0.05 mg/ml	Tier 1	AGE (Max age 12 years)
digoxin tab 125 mcg (0.125 mg) (generic of DIGOXIN TAB 125 MCG (0.125 MG))	Tier 1	QL (30 ea / 30 days)
digoxin tab 250 mcg (0.25 mg) (generic of DIGOXIN TAB 250 MCG (0.25 MG))	Tier 1	QL (30 ea / 30 days)
LANOXIN TAB 0.25MG	Tier 2	QL (30 ea / 30 days)
LANOXIN TAB 0.125MG	Tier 2	QL (30 ea / 30 days)
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
REMODULIN INJ 1MG/ML	Tier 2	SP, PA
REMODULIN INJ 2.5MG/ML	Tier 2	SP, PA
REMODULIN INJ 5MG/ML	Tier 2	SP, PA
REMODULIN INJ 10MG/ML	Tier 2	SP, PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	Tier 1	SP, PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	Tier 1	SP, PA

Drug Name	Drug Tier	Requirements/Limits
treprostinil inj soln 100 mg/20ml (5 mg/ml)	Tier 1	SP, PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	Tier 1	SP, PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg (generic of LETAIRIS)	Tier 1	SP, QL (30 ea / 30 days), PA
ambrisentan tab 10 mg (generic of LETAIRIS)	Tier 1	SP, QL (30 ea / 30 days), PA
bosentan tab 62.5 mg (generic of TRACLEER)	Tier 1	SP, QL (60 ea / 30 days), PA
bosentan tab 125 mg (generic of TRACLEER)	Tier 1	SP, QL (60 ea / 30 days), PA
OPSUMIT TAB 10MG	Tier 2	SP, QL (30 ea / 30 days), PA
TRACLEER TAB 32MG	Tier 2	SP, PA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil citrate tab 20 mg (generic of REVATIO)	Tier 1	SP, QL (90 ea / 30 days), PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB 200MCG	Tier 2	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 400MCG	Tier 2	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 600MCG	Tier 2	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 800MCG	Tier 2	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1000MCG	Tier 2	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1200MCG	Tier 2	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1400MCG	Tier 2	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1600MCG	Tier 2	SP, QL (60 ea / 30 days), PA
SINUS NODE INHIBITORS		
CORLANOR TAB 5MG	Tier 2	PA
CORLANOR TAB 7.5MG	Tier 2	PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil for susp 250 mg/5ml	Tier 1	AGE (Max age 12 years)
cefadroxil for susp 500 mg/5ml	Tier 1	AGE (Max age 12 years)

Drug Name	Drug Tier	Requirements/Limits
cephalexin cap 250 mg (generic of KEFLEX)	Tier 1	QL (180 ea / 30 days)
cephalexin cap 500 mg (generic of KEFLEX)	Tier 1	QL (180 ea / 30 days)
cephalexin for susp 125 mg/5ml	Tier 1	AGE (Max age 12 years)
cephalexin for susp 250 mg/5ml	Tier 1	AGE (Max age 12 years)
CEPHALOSPORINS - 2ND GENERATION		
cefprozil for susp 125 mg/5ml	Tier 1	AGE (Max age 12 years)
cefprozil for susp 250 mg/5ml	Tier 1	AGE (Max age 12 years)
cefuroxime axetil tab 250 mg	Tier 1	QL (2 ea / day, max 10 day supply)
cefuroxime axetil tab 500 mg	Tier 1	QL (2 ea / day, max 10 day supply)
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	Tier 1	QL (60 ea / 30 days)
cefdinir for susp 125 mg/5ml	Tier 1	AGE (Max age 12 years)
cefdinir for susp 250 mg/5ml	Tier 1	AGE (Max age 12 years)
CHEMICALS		
BULK CHEMICALS - H'S		
HYDROXYPROG POW CAPROATE	Tier 2	AGE (Min age 16 years and Max age 60 years)
BULK CHEMICALS - P'S		
PROGESTERONE POW MICRONIZ	Tier 2	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle tab 0.1-0.02	Tier 1	QL (28 ea / 21 days)
altavera tab	Tier 1	QL (28 ea / 21 days)
alyacen tab 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 1	QL (28 ea / 21 days)
alyacen tab 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 1	QL (28 ea / 28 days)
amethia lo tab (generic of LOSEASONIQUE)	Tier 1	QL (28 ea / 28 days)
amethia tab (generic of SEASONIQUE)	Tier 1	QL (28 ea / 28 days)
apri tab	Tier 1	QL (28 ea / 21 days)
ashlyna tab (generic of SEASONIQUE)	Tier 1	QL (28 ea / 28 days)
aubra eq tab 0.1-0.02	Tier 1	QL (28 ea / 21 days)
aubra tab 0.1-0.02	Tier 1	QL (28 ea / 21 days)
aurovela fe tab 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 1	QL (28 ea / 28 days)
aurovela fe tab 1/20 (generic of LOESTRIN FE 1/20)	Tier 1	QL (28 ea / 28 days)
aurovela tab 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 1	QL (28 ea / 21 days)

Drug Name	Drug Tier	Requirements/Limits
aurovela tab 1/20 (generic of LOESTRIN 1/20-21)	Tier 1	QL (28 ea / 21 days)
aviane tab	Tier 1	QL (28 ea / 21 days)
ayuna tab	Tier 1	QL (28 ea / 21 days)
azurette tab 28 day (generic of MIRCETTE)	Tier 1	QL (28 ea / 28 days)
balziva tab	Tier 1	QL (28 ea / 21 days)
bekyree tab (generic of MIRCETTE)	Tier 1	QL (28 ea / 28 days)
blisovi fe tab 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 1	QL (28 ea / 28 days)
blisovi fe tab 1/20 (generic of LOESTRIN FE 1/20)	Tier 1	QL (28 ea / 28 days)
briellyn tab	Tier 1	QL (28 ea / 21 days)
camrese lo tab (generic of LOSEASONIQUE)	Tier 1	QL (28 ea / 28 days)
camrese tab (generic of SEASONIQUE)	Tier 1	QL (28 ea / 28 days)
caziant pak	Tier 1	QL (28 ea / 28 days)
chateal eq tab 0.15/30	Tier 1	QL (28 ea / 21 days)
chateal tab 0.15/30	Tier 1	QL (28 ea / 21 days)
cryselle-28 tab 28 tabs	Tier 1	QL (28 ea / 21 days)
cyclafem tab 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 1	QL (28 ea / 21 days)
cyclafem tab 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 1	QL (28 ea / 28 days)
cyred eq tab	Tier 1	QL (28 ea / 21 days)
cyred tab	Tier 1	QL (28 ea / 21 days)
dasetta tab 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 1	QL (28 ea / 21 days)
dasetta tab 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 1	QL (28 ea / 28 days)
daysee tab (generic of SEASONIQUE)	Tier 1	QL (28 ea / 28 days)
delyla tab 0.1-0.02	Tier 1	QL (28 ea / 21 days)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (generic of MIRCETTE)	Tier 1	QL (28 ea / 28 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 1	QL (28 ea / 21 days)
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	Tier 1	QL (28 ea / 21 days)
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	Tier 1	QL (28 ea / 21 days)
elinest tab	Tier 1	QL (28 ea / 21 days)
emoquette tab	Tier 1	QL (28 ea / 21 days)
enpresse-28 tab	Tier 1	QL (28 ea / 28 days)
enskyce tab	Tier 1	QL (28 ea / 21 days)
estarylla tab 0.25-35	Tier 1	QL (28 ea / 21 days)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Tier 1	QL (28 ea / 21 days)

Drug Name	Drug Tier	Requirements/Limits
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	Tier 1	QL (28 ea / 21 days)
falmina tab	Tier 1	QL (28 ea / 21 days)
femynor tab 0.25-35	Tier 1	QL (28 ea / 21 days)
gianvi tab 3-0.02mg (generic of YAZ)	Tier 1	QL (28 ea / 21 days)
hailey tab 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 1	QL (28 ea / 21 days)
introvale tab	Tier 1	QL (28 ea / 28 days)
isibloom tab	Tier 1	QL (28 ea / 21 days)
jasmiel tab 3-0.02mg (generic of YAZ)	Tier 1	QL (28 ea / 21 days)
jolessa tab	Tier 1	QL (28 ea / 28 days)
juleber tab	Tier 1	QL (28 ea / 21 days)
junel 1.5/30 tab (generic of LOESTRIN 1.5/30-21)	Tier 1	QL (28 ea / 21 days)
junel 1/20 tab (generic of LOESTRIN 1/20-21)	Tier 1	QL (28 ea / 21 days)
junel fe tab 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 1	QL (28 ea / 28 days)
junel fe tab 1/20 (generic of LOESTRIN FE 1/20)	Tier 1	QL (28 ea / 28 days)
kalliga tab	Tier 1	QL (28 ea / 21 days)
kariva tab 28 day (generic of MIRCETTE)	Tier 1	QL (28 ea / 28 days)
kelnor 1/50 tab	Tier 1	QL (28 ea / 21 days)
kelnor tab 1/35	Tier 1	QL (28 ea / 21 days)
kurvelo tab 0.15/30	Tier 1	QL (28 ea / 21 days)
larin fe tab 1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 1	QL (28 ea / 28 days)
larin fe tab 1/20 (generic of LOESTRIN FE 1/20)	Tier 1	QL (28 ea / 28 days)
larin tab 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 1	QL (28 ea / 21 days)
larin tab 1/20 (generic of LOESTRIN 1/20-21)	Tier 1	QL (28 ea / 21 days)
larissia tab	Tier 1	QL (28 ea / 21 days)
lessina tab	Tier 1	QL (28 ea / 21 days)
levonest tab	Tier 1	QL (28 ea / 28 days)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (generic of LOSEASONIQUE)	Tier 1	QL (28 ea / 28 days)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (generic of SEASONIQUE)	Tier 1	QL (28 ea / 28 days)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 1	QL (28 ea / 28 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 1	QL (28 ea / 21 days)

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 1	QL (28 ea / 21 days)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 1	QL (28 ea / 28 days)
levora-28 tab 0.15/30	Tier 1	QL (28 ea / 21 days)
lillow tab 0.15/30	Tier 1	QL (28 ea / 21 days)
lo-zumandimi tab 3-0.02mg (generic of YAZ)	Tier 1	QL (28 ea / 21 days)
loryna tab 3-0.02mg (generic of YAZ)	Tier 1	QL (28 ea / 21 days)
low-ogestrel tab	Tier 1	QL (28 ea / 21 days)
lutera tab	Tier 1	QL (28 ea / 21 days)
marlissa tab 0.15/30	Tier 1	QL (28 ea / 21 days)
microgestin tab 1.5/30 (generic of LOESTRIN 1.5/30-21)	Tier 1	QL (28 ea / 21 days)
microgestin tab 1/20 (generic of LOESTRIN 1/20-21)	Tier 1	QL (28 ea / 21 days)
microgestin tab fe1.5/30 (generic of LOESTRIN FE 1.5/30)	Tier 1	QL (28 ea / 28 days)
microgestin tab fe 1/20 (generic of LOESTRIN FE 1/20)	Tier 1	QL (28 ea / 28 days)
mili tab 0.25/35	Tier 1	QL (28 ea / 21 days)
mono-linyah tab 0.25-35	Tier 1	QL (28 ea / 21 days)
necon tab 0.5/35	Tier 1	QL (28 ea / 21 days)
nikki tab 3-0.02mg (generic of YAZ)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (generic of LOESTRIN 1/20-21)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (generic of LOESTRIN 1.5/30-21)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (generic of LOESTRIN FE 1/20)	Tier 1	QL (28 ea / 28 days)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 1	QL (28 ea / 21 days)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	Tier 1	QL (28 ea / 28 days)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 1	QL (28 ea / 28 days)
nortrel tab 0.5/35	Tier 1	QL (28 ea / 21 days)
nortrel tab 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 1	QL (28 ea / 21 days)
nortrel tab 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 1	QL (28 ea / 28 days)
ocella tab 3-0.03mg (generic of YASMIN 28)	Tier 1	QL (28 ea / 21 days)

Drug Name	Drug Tier	Requirements/Limits
ogestrel tab	Tier 1	QL (28 ea / 21 days)
orsythia tab	Tier 1	QL (28 ea / 21 days)
philith tab 0.4-35	Tier 1	QL (28 ea / 21 days)
pimtrea tab (generic of MIRCETTE)	Tier 1	QL (28 ea / 28 days)
pirmella tab 1/35 (generic of ORTHO-NOVUM 1/35)	Tier 1	QL (28 ea / 21 days)
pirmella tab 7/7/7 (generic of ORTHO-NOVUM 7/7/7)	Tier 1	QL (28 ea / 28 days)
portia-28 tab	Tier 1	QL (28 ea / 21 days)
previfem tab	Tier 1	QL (28 ea / 21 days)
reclipsen tab	Tier 1	QL (28 ea / 21 days)
setlakin tab	Tier 1	QL (28 ea / 28 days)
simliya tab 28 day (generic of MIRCETTE)	Tier 1	QL (28 ea / 28 days)
simpesse tab (generic of SEASONIQUE)	Tier 1	QL (28 ea / 28 days)
sprintec 28 tab 28 day	Tier 1	QL (28 ea / 21 days)
sronyx tab	Tier 1	QL (28 ea / 21 days)
syeda tab 3-0.03mg (generic of YASMIN 28)	Tier 1	QL (28 ea / 21 days)
tarina fe tab 1/20 (generic of LOESTRIN FE 1/20)	Tier 1	QL (28 ea / 28 days)
tarina fe tab 1/20 eq (generic of LOESTRIN FE 1/20)	Tier 1	QL (28 ea / 28 days)
tri femynor tab	Tier 1	QL (28 ea / 28 days)
tri-estaryll tab	Tier 1	QL (28 ea / 28 days)
tri-linyah tab	Tier 1	QL (28 ea / 28 days)
tri-lo tab estaryll (generic of ORTHO TRI-CYCLEN LO)	Tier 1	QL (28 ea / 28 days)
tri-lo-tab marzia (generic of ORTHO TRI-CYCLEN LO)	Tier 1	QL (28 ea / 28 days)
tri-lo-tab sprintec (generic of ORTHO TRI-CYCLEN LO)	Tier 1	QL (28 ea / 28 days)
tri-lo-mili tab (generic of ORTHO TRI-CYCLEN LO)	Tier 1	QL (28 ea / 28 days)
tri-mili tab	Tier 1	QL (28 ea / 28 days)
tri-previfem tab	Tier 1	QL (28 ea / 28 days)
tri-sprintec tab	Tier 1	QL (28 ea / 28 days)
tri-vylibra tab	Tier 1	QL (28 ea / 28 days)
tri-vylibra tab lo (generic of ORTHO TRI-CYCLEN LO)	Tier 1	QL (28 ea / 28 days)
trivora-28 tab	Tier 1	QL (28 ea / 28 days)
velivet pak	Tier 1	QL (28 ea / 28 days)
vienva tab 0.1-20	Tier 1	QL (28 ea / 21 days)
viorele tab (generic of MIRCETTE)	Tier 1	QL (28 ea / 28 days)
vyfemla tab 0.4-35	Tier 1	QL (28 ea / 21 days)
vylibra tab 0.25-35	Tier 1	QL (28 ea / 21 days)

Drug Name	Drug Tier	Requirements/Limits
wera tab 0.5/35	Tier 1	QL (28 ea / 21 days)
zarah tab 3-0.03mg (generic of YASMIN 28)	Tier 1	QL (28 ea / 21 days)
zovia 1/35e tab	Tier 1	QL (28 ea / 21 days)
zumandimine tab 3-0.03mg (generic of YASMIN 28)	Tier 1	QL (28 ea / 21 days)
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
xulane dis 150-35	Tier 1	QL (3 ea / 28 days)
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING MIS	Tier 2	QL (1 ea / 21 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	Tier 2	QL (1 ea / 25 days, max 4 fills per year)
levonorgestrel tab 1.5 mg	Tier 1	OTC, QL (1 ea / 25 days, max 4 fills per year)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
medroxyprogesterone acetate im susp 150 mg/ml (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 1	QL (1 mL / 71 days)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	Tier 2	SP, QL (1 ea in lifetime)
LILETTA IUD 52MG	Tier 2	SP, QL (1 ea in lifetime)
MIRENA IUD SYSTEM	Tier 2	SP, QL (1 ea in lifetime)
SKYLA IUD 13.5MG	Tier 2	SP, QL (1 ea in lifetime)
PROGESTIN CONTRACEPTIVES - ORAL		
camila tab 0.35mg	Tier 1	QL (28 ea / 28 days)
deblitane tab 0.35mg	Tier 1	QL (28 ea / 28 days)
errin tab 0.35mg (generic of ORTHO MICRONOR)	Tier 1	QL (28 ea / 28 days)
heather tab 0.35mg	Tier 1	QL (28 ea / 28 days)
incassia tab 0.35mg	Tier 1	QL (28 ea / 28 days)
jencycla tab 0.35mg (generic of ORTHO MICRONOR)	Tier 1	QL (28 ea / 28 days)
lyza tab 0.35mg (generic of ORTHO MICRONOR)	Tier 1	QL (28 ea / 28 days)
nora-be tab 0.35mg	Tier 1	QL (28 ea / 28 days)
norethindrone tab 0.35 mg	Tier 1	QL (28 ea / 28 days)
norlyda tab 0.35mg	Tier 1	QL (28 ea / 28 days)
norlyroc tab 0.35mg	Tier 1	QL (28 ea / 28 days)
sharobel tab 0.35mg (generic of ORTHO MICRONOR)	Tier 1	QL (28 ea / 28 days)
tulana tab 0.35mg	Tier 1	QL (28 ea / 28 days)

Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg (generic of ENTOCORT EC)	Tier 1	
decadron tab 0.5mg	Tier 1	QL (360 ea / 30 days)
decadron tab 0.75mg	Tier 1	QL (300 ea / 30 days)
decadron tab 4mg	Tier 1	QL (300 ea / 30 days)
decadron tab 6mg	Tier 1	QL (300 ea / 30 days)
dexamethasone elixir 0.5 mg/5ml	Tier 1	QL (1800 mL / 30 days)
dexamethasone soln 0.5 mg/5ml	Tier 1	
dexamethasone tab 0.5 mg	Tier 1	QL (360 ea / 30 days)
dexamethasone tab 0.75 mg	Tier 1	QL (300 ea / 30 days)
dexamethasone tab 1 mg	Tier 1	QL (300 ea / 30 days)
dexamethasone tab 1.5 mg	Tier 1	QL (300 ea / 30 days)
dexamethasone tab 2 mg	Tier 1	QL (300 ea / 30 days)
dexamethasone tab 4 mg	Tier 1	QL (300 ea / 30 days)
dexamethasone tab 6 mg	Tier 1	QL (300 ea / 30 days)
hydrocortisone tab 5 mg (generic of CORTEF)	Tier 1	QL (720 ea / 30 days)
hydrocortisone tab 10 mg (generic of CORTEF)	Tier 1	QL (360 ea / 30 days)
hydrocortisone tab 20 mg (generic of CORTEF)	Tier 1	QL (180 ea / 30 days)
methylprednisolone tab 4 mg (generic of MEDROL)	Tier 1	QL (360 ea / 30 days)
methylprednisolone tab 8 mg (generic of MEDROL)	Tier 1	QL (180 ea / 30 days)
methylprednisolone tab 16 mg (generic of MEDROL)	Tier 1	QL (120 ea / 30 days)
methylprednisolone tab 32 mg (generic of MEDROL)	Tier 1	QL (60 ea / 30 days)
methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)	Tier 1	QL (360 ea / 30 days)
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)	Tier 1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	Tier 1	
prednisolone syrup 15 mg/5ml (usp solution equivalent)	Tier 1	
prednisone oral soln 5 mg/5ml	Tier 1	QL (1800 mL / 30 days)
prednisone tab 1 mg	Tier 1	QL (300 ea / 30 days)
prednisone tab 2.5 mg	Tier 1	QL (240 ea / 30 days)
prednisone tab 5 mg	Tier 1	QL (480 ea / 30 days)
prednisone tab 10 mg	Tier 1	QL (270 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
prednisone tab 20 mg	Tier 1	QL (180 ea / 30 days)
prednisone tab 50 mg	Tier 1	QL (90 ea / 30 days)
prednisone tab therapy pack 5 mg (21)	Tier 1	
prednisone tab therapy pack 5 mg (48)	Tier 1	
prednisone tab therapy pack 10 mg (21)	Tier 1	
prednisone tab therapy pack 10 mg (48)	Tier 1	
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	Tier 1	QL (150 ea / 30 days)
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 mg (generic of TESSALON PERLES)	Tier 1	QL (180 ea / 30 days)
benzonatate cap 200 mg	Tier 1	QL (150 ea / 30 days)
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	Tier 1	QL (1800 mL / 30 days); AGE (Min age 18 years)
hydromet syp 5-1.5/5	Tier 1	QL (1800 mL / 30 days); AGE (Min age 18 years)
COUGH/COLD/ALLERGY COMBINATIONS		
bromfed dm syp	Tier 1	QL (1800 mL / 30 days)
brompheniramine & phenylephrine elixir 1-2.5 mg/5ml	Tier 1	OTC
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml	Tier 1	OTC, QL (480 mL / 25 days)
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	Tier 1	OTC, QL (60 ea / 30 days); AGE (Min age 4 years)
chlorpheniramine & phenylephrine tab 4-10 mg	Tier 1	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	Tier 1	OTC, QL (240 mL / 25 days)
dextromethorphan-guaifenesin liquid 10-200 mg/5ml	Tier 1	OTC, QL (240 mL / 25 days)
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	Tier 1	OTC, QL (180 mL / 25 days)
dextromethorphan-guaifenesin tab er 12hr 30-600 mg	Tier 1	OTC, QL (60 ea / 30 days)
dextromethorphan-phenylephrine-apap cap 10-5-325 mg	Tier 1	OTC
dextromethorphan-phenylephrine-apap powd pack 20-10-650 mg	Tier 1	OTC
diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml	Tier 1	OTC, QL (180 mL / 25 days)
DRIXORAL CLD TAB /ALLERGY	Tier 2	OTC

Drug Name	Drug Tier	Requirements/Limits
ENTRE-HIST LIQ 0.938-10	Tier 2	OTC
fexofenadine-pseudoephedrine tab er 24hr 180-240 mg	Tier 1	OTC
guaifenesin-codeine soln 100-10 mg/5ml	Tier 1	OTC, QL (1800 mL / 30 days); AGE (Min age 18 years)
loratadine & pseudoephedrine tab er 12hr 5-120 mg	Tier 1	OTC, QL (60 ea / 30 days)
loratadine & pseudoephedrine tab er 24hr 10-240 mg	Tier 1	OTC, QL (30 ea / 30 days)
nohist-lq liq 4-10/5ml	Tier 1	OTC
phenylephrine w/ acetaminophen cap 5-325 mg	Tier 1	OTC
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Tier 1	QL (1800 mL / 30 days); AGE (Max age 64 years)
promethazine w/ codeine syrup 6.25-10 mg/5ml	Tier 1	QL (240 mL / 25 days); AGE (Min age 18 years and Max age 64 years)
promethazine-dm syrup 6.25-15 mg/5ml	Tier 1	QL (180 mL / 25 days); AGE (Min age 4 years and Max age 64 years)
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	Tier 1	QL (1800 mL / 30 days); AGE (Min age 18 years and Max age 64 years)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	Tier 1	QL (1800 mL / 30 days)
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	Tier 1	OTC, QL (120 ea / 30 days); AGE (Min age 4 years)
pseudoephedrine-ibuprofen tab 30-200 mg	Tier 1	OTC
THERAFLU SEV TAB COLD DT	Tier 2	OTC
virtussin sol dac	Tier 1	OTC, QL (1800 mL / 30 days); AGE (Min age 18 years)
EXPECTORANTS		
guaifenesin liquid 100 mg/5ml	Tier 1	OTC; AGE (Min age 4 years)
guaifenesin syrup 100 mg/5ml	Tier 1	OTC; AGE (Min age 4 years)
guaifenesin tab 200 mg	Tier 1	OTC; AGE (Min age 4 years)
guaifenesin tab 400 mg	Tier 1	OTC; AGE (Min age 4 years)
guaifenesin tab er 12hr 600 mg	Tier 1	OTC, QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MISC. RESPIRATORY INHALANTS		
sodium chloride soln nebu 0.9%	Tier 1	
sodium chloride soln nebu 3%	Tier 1	
sodium chloride soln nebu 7%	Tier 1	
MUCOLYTICS		
acetylcysteine inhal soln 20%	Tier 1	QL (3600 mL / 30 days)
DERMATOLOGICALS		
ACNE PRODUCTS		
ACNE MEDICAT LOT 10%	Tier 2	OTC; Benzoyl Peroxide
avita cre 0.025% (generic of RETIN-A)	Tier 1	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
avita gel 0.025%	Tier 1	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
BENZOYL PER GEL 2.5%	Tier 2	OTC, QL (60 gm / 25 days)
benzoyl peroxide gel 5%	Tier 1	OTC
benzoyl peroxide gel 10%	Tier 1	OTC
benzoyl peroxide liq 5%	Tier 1	OTC, QL (240 gm / 25 days)
benzoyl peroxide liq 10%	Tier 1	OTC, QL (240 gm / 25 days)
BENZOYL PEROXIDE LOTION 5%	Tier 2	OTC
clindamycin phosphate gel 1%	Tier 1	QL (60 mL / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
clindamycin phosphate lotion 1% (generic of CLEOCIN-T)	Tier 1	QL (300 mL / 30 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
clindamycin phosphate soln 1%	Tier 1	QL (60 mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
DIFFERIN GEL 0.1%	Tier 2	OTC, QL (45 gm / 25 days)
erythromycin soln 2%	Tier 1	QL (450 mL / 30 days)
isotretinoin cap 10 mg	Tier 1	PA
isotretinoin cap 20 mg	Tier 1	PA
isotretinoin cap 30 mg	Tier 1	PA
isotretinoin cap 40 mg	Tier 1	PA
sulfacetamide sodium lotion 10% (acne) (generic of KLARON)	Tier 1	QL (118 mL / 25 days), PA
tretinoin cream 0.1% (generic of RETIN-A)	Tier 1	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
tretinoin cream 0.05% (generic of RETIN-A)	Tier 1	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
tretinoin cream 0.025% (generic of RETIN-A)	Tier 1	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
tretinoin gel 0.01% (generic of RETIN-A)	Tier 1	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
tretinoin gel 0.025% (generic of RETIN-A)	Tier 1	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac sodium gel 1% (generic of VOLTAREN)	Tier 1	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIBIOTICS - TOPICAL		
bacitracin oint 500 unit/gm	Tier 1	OTC
bacitracin zinc oint 500 unit/gm	Tier 1	OTC
bacitracin-polymyxin b oint	Tier 1	OTC
gentamicin sulfate cream 0.1%	Tier 1	QL (30 gm / 25 days)
gentamicin sulfate oint 0.1%	Tier 1	QL (30 gm / 25 days)
mupirocin oint 2%	Tier 1	QL (44 gm / 25 days)
neomycin-bacitracin-polymyxin oint	Tier 1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1%	Tier 1	OTC
ANTIFUNGALS - TOPICAL		
antifungal cre 2%	Tier 1	OTC, QL (150 gm / 25 days)
ciclodan sol 8% (generic of PENLAC NAIL LACQUER)	Tier 1	QL (6.6 mL / 25 days)
ciclopirox olamine cream 0.77% (base equiv) (generic of LOPROX)	Tier 1	QL (600 gm / 30 days)
ciclopirox olamine susp 0.77% (base equiv) (generic of LOPROX)	Tier 1	QL (60 mL / 25 days)
ciclopirox solution 8% (generic of PENLAC NAIL LACQUER)	Tier 1	QL (6.6 mL / 25 days)
clotrimazole cream 1%	Tier 1	
clotrimazole cream 1%	Tier 1	OTC
clotrimazole soln 1%	Tier 1	
clotrimazole soln 1%	Tier 1	OTC
ketoconazole cream 2%	Tier 1	QL (60 gm / 25 days)
ketoconazole shampoo 2% (generic of NIZORAL)	Tier 1	QL (120 mL / 25 days)
miconazole nitrate aerosol pow 2%	Tier 1	OTC
miconazole nitrate cream 2%	Tier 1	OTC, QL (150 gm / 25 days)
miconazole nitrate ointment 2%	Tier 1	OTC
miconazole nitrate powder 2%	Tier 1	OTC
nystatin cream 100000 unit/gm	Tier 1	QL (90 gm / 25 days)
nystatin oint 100000 unit/gm	Tier 1	QL (90 gm / 25 days)
nystatin topical powder 100000 unit/gm	Tier 1	QL (30 gm / 25 days)
remedy cre antifung	Tier 1	OTC, QL (150 mL / 25 days)
sm antifungl cre 2%	Tier 1	OTC, QL (150 gm / 25 days)
soothe&cool cre inzo 2%	Tier 1	OTC, QL (150 gm / 25 days)
terbinafine hcl cream 1%	Tier 1	OTC, QL (30 gm / 25 days)
tolnaftate aerosol pow 1%	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
tolnaftate cream 1%	Tier 1	OTC
tolnaftate powder 1%	Tier 1	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream 5% (generic of EFUDEX)	Tier 1	
ANTIPSORIATICS		
calcipotriene cream 0.005% (generic of DOVONEX)	Tier 1	PA
calcipotriene oint 0.005%	Tier 1	PA
calcipotriene soln 0.005% (50 mcg/ml)	Tier 1	PA
calcitrene oin 0.005%	Tier 1	PA
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 1%	Tier 1	OTC
selenium sulfide lotion 2.5%	Tier 1	
ANTIVIRALS - TOPICAL		
acyclovir oint 5% (generic of ZOVIRAX)	Tier 1	PA; AGE (Max age 18 years)
docosanol cream 10%	Tier 1	OTC, QL (2 gm / 15 days)
BURN PRODUCTS		
silver sulfadiazine cream 1% (generic of SILVADENE)	Tier 1	
ssd cre 1% (generic of SILVADENE)	Tier 1	
CORTICOSTEROIDS - TOPICAL		
ala-cort cre 2.5%	Tier 1	QL (60 gm / 25 days)
alclometasone dipropionate cream 0.05%	Tier 1	QL (60 gm / 25 days)
alclometasone dipropionate oint 0.05%	Tier 1	QL (60 gm / 25 days)
betamethasone dipropionate augmented cream 0.05% (generic of DIPROLENE AF)	Tier 1	QL (50 gm / 25 days)
betamethasone dipropionate augmented gel 0.05%	Tier 1	QL (50 gm / 25 days)
betamethasone dipropionate augmented lotion 0.05%	Tier 1	QL (60 mL / 25 days)
betamethasone dipropionate augmented oint 0.05% (generic of DIPROLENE)	Tier 1	QL (50 gm / 25 days)
betamethasone dipropionate cream 0.05%	Tier 1	QL (60 gm / 25 days)
betamethasone dipropionate lotion 0.05%	Tier 1	QL (60 mL / 25 days)
betamethasone dipropionate oint 0.05%	Tier 1	QL (45 gm / 25 days)
betamethasone valerate cream 0.1% (base equivalent)	Tier 1	QL (45 gm / 25 days)
betamethasone valerate lotion 0.1% (base equivalent)	Tier 1	QL (60 mL / 25 days)
betamethasone valerate oint 0.1% (base equivalent)	Tier 1	QL (45 gm / 25 days)
clobetasol propionate soln 0.05%	Tier 1	QL (50 mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
desonide cream 0.05% (generic of DESOWEN)	Tier 1	QL (60 gm / 25 days), ST; Requires trial of 3 preferred low potency steroids
desonide oint 0.05%	Tier 1	QL (60 gm / 25 days)
fluocinolone acetonide cream 0.025% (generic of SYNALAR)	Tier 1	QL (60 gm / 25 days)
fluocinolone acetonide oil 0.01% (body oil) (generic of DERMA-SMOOTHE/FS BODY)	Tier 1	QL (120 mL / 25 days)
fluocinolone acetonide oil 0.01% (scalp oil) (generic of DERMA-SMOOTHE/FS SCALP)	Tier 1	QL (120 mL / 25 days)
fluocinolone acetonide oint 0.025% (generic of SYNALAR)	Tier 1	QL (60 gm / 25 days)
fluocinonide cream 0.05%	Tier 1	QL (60 gm / 25 days)
fluocinonide emulsified base cream 0.05%	Tier 1	QL (60 gm / 25 days)
fluocinonide gel 0.05%	Tier 1	QL (60 gm / 25 days)
fluocinonide oint 0.05%	Tier 1	QL (60 gm / 25 days), ST; Requires trial of mometasone crm & either fluocinolone crm or triamcinolone acetonide crm 0.5%
fluocinonide soln 0.05%	Tier 1	QL (60 mL / 25 days)
fluticasone propionate cream 0.05%	Tier 1	QL (60 gm / 25 days)
fluticasone propionate oint 0.005%	Tier 1	QL (60 gm / 25 days)
halobetasol propionate cream 0.05%	Tier 1	QL (50 gm / 25 days)
halobetasol propionate oint 0.05%	Tier 1	QL (50 gm / 25 days)
hydrocortisone cream 0.5%	Tier 1	OTC, QL (60 gm / 25 days)
hydrocortisone cream 1%	Tier 1	OTC, QL (60 gm / 25 days)
hydrocortisone cream 2.5%	Tier 1	QL (60 gm / 25 days)
hydrocortisone lotion 1%	Tier 1	OTC
hydrocortisone lotion 2.5%	Tier 1	QL (60 mL / 25 days)
hydrocortisone oint 0.5%	Tier 1	OTC, QL (60 gm / 25 days)
hydrocortisone oint 1%	Tier 1	OTC, QL (60 gm / 25 days)
hydrocortisone oint 2.5%	Tier 1	QL (60 gm / 25 days)
hydrocortisone-aloe vera cream 0.5%	Tier 1	OTC
hydrocortisone-aloe vera cream 1%	Tier 1	OTC
mometasone furoate cream 0.1% (generic of ELOCON)	Tier 1	QL (45 gm / 25 days)
mometasone furoate oint 0.1%	Tier 1	QL (45 gm / 25 days)
mometasone furoate solution 0.1% (lotion)	Tier 1	QL (60 mL / 25 days)
triamcinolone acetonide cream 0.1%	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide cream 0.5%	Tier 1	
triamcinolone acetonide cream 0.025%	Tier 1	
triamcinolone acetonide lotion 0.1%	Tier 1	
triamcinolone acetonide lotion 0.025%	Tier 1	
triamcinolone acetonide oint 0.1%	Tier 1	
triamcinolone acetonide oint 0.5%	Tier 1	
triamcinolone acetonide oint 0.025%	Tier 1	
triderm cre 0.1%	Tier 1	
triderm cre 0.5%	Tier 1	
EMOLLIENTS		
emollient - ointment	Tier 1	OTC; Generic Aquaphor
lactic acid (ammonium lactate) cream 12%	Tier 1	QL (280 gm / 25 days)
lactic acid (ammonium lactate) cream 12%	Tier 1	OTC, QL (280 gm / 25 days)
lactic acid (ammonium lactate) lotion 12%	Tier 1	QL (225 gm / 25 days)
lactic acid (ammonium lactate) lotion 12%	Tier 1	OTC, QL (225 gm / 25 days)
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	Tier 2	QL (30 gm / 30 days), PA
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 5% (generic of ALDARA)	Tier 1	QL (24 ea / 25 days), PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream 1% (generic of ELIDEL)	Tier 1	QL (60 gm / 30 days), PA
tacrolimus oint 0.1% (generic of PROTOPIC)	Tier 1	QL (30 gm / 25 days), PA
tacrolimus oint 0.03% (generic of PROTOPIC)	Tier 1	QL (30 gm / 25 days), PA
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln 0.5%	Tier 1	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL		
ARTH PAIN CRE 0.075%	Tier 2	OTC
capsaicin cream 0.1%	Tier 1	OTC
capsaicin cream 0.025%	Tier 1	OTC
glydo gel 2%	Tier 1	
lidocaine cream 4%	Tier 1	OTC
lidocaine hcl soln 4%	Tier 1	
lidocaine hcl urethral/mucosal gel 2%	Tier 1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	Tier 1	
lidocaine patch 4%	Tier 1	OTC, QL (120 ea / 30 days)
lidocaine patch 5% (generic of LIDODERM)	Tier 1	PA

Drug Name	Drug Tier	Requirements/Limits
lidocaine-prilocaine cream 2.5-2.5%	Tier 1	QL (60 gm / 25 days)
MISC. TOPICAL		
americerin cre	Tier 1	OTC
dermacerin cre	Tier 1	OTC
DRYSOL SOL 20%	Tier 2	
minerin cre	Tier 1	OTC
ROSACEA AGENTS		
metronidazole cream 0.75% (generic of METROCREAM)	Tier 1	
metronidazole gel 0.75%	Tier 1	Generic Metrogel
metronidazole lotion 0.75% (generic of METROLOTION)	Tier 1	
rosadan cre 0.75% (generic of METROCREAM)	Tier 1	
rosadan gel 0.75%	Tier 1	Generic Metrogel
SCABICIDES & PEDICULICIDES		
lice trtmnt liq	Tier 1	OTC
lice trtmnt liq 1%	Tier 1	OTC; Generic NIX
malathion lotion 0.5%	Tier 1	ST; Requires trial of a permethrin AND pyrethrins/piperonyl butoxide
permethrin aerosol 0.5%	Tier 1	OTC; Generic RID
permethrin cream 5% (generic of ELIMITE)	Tier 1	
permethrin lotion 1%	Tier 1	OTC
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit	Tier 1	OTC; Generic NIX
pyrethrins-piperonyl butoxide liq 0.33-4%	Tier 1	OTC; Generic RID
pyrethrins-piperonyl butoxide shampoo 0.33-4%	Tier 1	OTC; Generic RID
spinosad susp 0.9%	Tier 1	ST; Requires trial of malathion
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ 1.1MG	Tier 2	SP, QL (2 ea / 180 days), PA
DIAGNOSTIC TESTS		
ACETONE (URINE) TEST STRIP	Tier 2	OTC
TRUE METRIX TES GLUCOSE	Tier 2	OTC, QL (50 ea / 25 days)

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX TES GLUCOSE	Tier 2	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
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	Tier 2	QL (180 ea / 30 days)
CREON CAP 6000UNIT	Tier 2	QL (180 ea / 30 days)
CREON CAP 12000UNT	Tier 2	QL (180 ea / 30 days)
CREON CAP 24000UNT	Tier 2	QL (180 ea / 30 days)
CREON CAP 36000UNT	Tier 2	QL (180 ea / 30 days)
ZENPEP CAP 3000UNIT	Tier 2	QL (180 ea / 30 days)
ZENPEP CAP 5000UNIT	Tier 2	QL (180 ea / 30 days)
ZENPEP CAP 15000UNT	Tier 2	QL (180 ea / 30 days)
ZENPEP CAP 20000UNT	Tier 2	QL (180 ea / 30 days)
ZENPEP CAP 25000	Tier 2	QL (180 ea / 30 days)
ZENPEP CAP 40000	Tier 2	QL (180 ea / 30 days)
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cap er 12hr 500 mg	Tier 1	QL (120 ea / 30 days)
acetazolamide tab 125 mg	Tier 1	QL (120 ea / 30 days)
acetazolamide tab 250 mg	Tier 1	QL (120 ea / 30 days)
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 50/50	Tier 2	QL (60 ea / 30 days)
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	QL (60 ea / 30 days)
spironolactone & hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)	Tier 1	QL (90 ea / 30 days)
triamterene & hydrochlorothiazide cap 37.5-25 mg (generic of DYAZIDE)	Tier 1	QL (60 ea / 30 days)
triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)	Tier 1	QL (120 ea / 30 days)
triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)	Tier 1	QL (120 ea / 30 days)
LOOP DIURETICS		
bumetanide tab 0.5 mg (generic of BUMEX)	Tier 1	QL (60 ea / 30 days)
bumetanide tab 1 mg (generic of BUMEX)	Tier 1	QL (60 ea / 30 days)
bumetanide tab 2 mg (generic of BUMEX)	Tier 1	QL (150 ea / 30 days)
furosemide oral soln 8 mg/ml	Tier 1	AGE (Max age 12 years)
furosemide oral soln 10 mg/ml	Tier 1	AGE (Max age 12 years)

Drug Name	Drug Tier	Requirements/Limits
furosemide tab 20 mg (generic of LASIX)	Tier 1	QL (180 ea / 30 days)
furosemide tab 40 mg (generic of LASIX)	Tier 1	QL (180 ea / 30 days)
furosemide tab 80 mg (generic of LASIX)	Tier 1	QL (180 ea / 30 days)
torsemide tab 5 mg	Tier 1	QL (60 ea / 30 days)
torsemide tab 10 mg	Tier 1	QL (120 ea / 30 days)
torsemide tab 20 mg	Tier 1	QL (120 ea / 30 days)
torsemide tab 100 mg	Tier 1	QL (60 ea / 30 days)
POTASSIUM SPARING DIURETICS		
amiloride hcl tab 5 mg	Tier 1	QL (120 ea / 30 days)
spironolactone tab 25 mg (generic of ALDACTONE)	Tier 1	QL (240 ea / 30 days)
spironolactone tab 50 mg (generic of ALDACTONE)	Tier 1	QL (120 ea / 30 days)
spironolactone tab 100 mg (generic of ALDACTONE)	Tier 1	QL (60 ea / 30 days)
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab 25 mg	Tier 1	QL (120 ea / 30 days)
chlorthalidone tab 50 mg	Tier 1	QL (120 ea / 30 days)
hydrochlorothiazide cap 12.5 mg	Tier 1	QL (60 ea / 30 days)
hydrochlorothiazide tab 25 mg	Tier 1	QL (240 ea / 30 days)
hydrochlorothiazide tab 50 mg	Tier 1	QL (120 ea / 30 days)
indapamide tab 1.25 mg	Tier 1	QL (60 ea / 30 days)
indapamide tab 2.5 mg	Tier 1	QL (60 ea / 30 days)
metolazone tab 2.5 mg	Tier 1	QL (120 ea / 30 days)
metolazone tab 5 mg	Tier 1	QL (120 ea / 30 days)
metolazone tab 10 mg	Tier 1	QL (60 ea / 30 days)
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium tab 5 mg	Tier 1	QL (30 ea / 30 days)
alendronate sodium tab 10 mg	Tier 1	QL (30 ea / 30 days)
alendronate sodium tab 35 mg	Tier 1	QL (4 ea / 28 days)
alendronate sodium tab 70 mg (generic of FOSAMAX)	Tier 1	QL (4 ea / 28 days)
calcitonin (salmon) nasal soln 200 unit/act (generic of MIACALCIN)	Tier 1	QL (30 mL / 30 days); AGE (Min age 50 years)
ibandronate sodium tab 150 mg (base equivalent) (generic of BONIVA)	Tier 1	QL (1 ea / 28 days)
PROLIA SOL 60MG/ML	Tier 2	SP, PA
TYMLOS INJ	Tier 2	SP, PA
GROWTH HORMONES		
OMNITROPE INJ 5.8MG	Tier 2	SP, PA
HORMONE RECEPTOR MODULATORS		
raloxifene hcl tab 60 mg (generic of EVISTA)	Tier 1	QL (30 ea / 30 days); AGE (Min age 50 years)

Drug Name	Drug Tier	Requirements/Limits
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	Tier 2	SP, PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPR DEP-PED INJ 3M 30MG	Tier 2	SP, PA
LUPR DEP-PED INJ 7.5MG	Tier 2	SP, PA
LUPR DEP-PED INJ 11.25MG	Tier 2	SP, PA
LUPR DEP-PED INJ 15MG	Tier 2	SP, PA
SYNAREL SOL 2MG/ML	Tier 2	SP, PA
METABOLIC MODIFIERS		
calcitriol cap 0.5 mcg (generic of ROCALTROL)	Tier 1	QL (120 ea / 30 days)
calcitriol cap 0.25 mcg (generic of ROCALTROL)	Tier 1	QL (120 ea / 30 days)
ELAPRASE INJ 6MG/3ML	Tier 2	SP, PA
levocarnitine oral soln 1 gm/10ml (10%) (generic of CARNITOR)	Tier 1	QL (1800 mL / 30 days)
levocarnitine tab 330 mg (generic of CARNITOR)	Tier 1	QL (540 ea / 30 days)
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray soln 0.01% (generic of DDAVP)	Tier 1	SP, PA
desmopressin acetate nasal spray soln 0.01% (refrigerated)	Tier 1	PA
desmopressin acetate tab 0.1 mg (generic of DDAVP)	Tier 1	SP, QL (120 ea / 30 days)
desmopressin acetate tab 0.2 mg (generic of DDAVP)	Tier 1	SP, QL (150 ea / 30 days)
STIMATE SOL 1.5MG/ML	Tier 2	SP, PA
SOMATOSTATIC AGENTS		
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (generic of SANDOSTATIN)	Tier 1	SP, PA
SANDOSTATIN KIT LAR 10MG	Tier 2	SP, PA
SANDOSTATIN KIT LAR 20MG	Tier 2	SP, PA
SANDOSTATIN KIT LAR 30MG	Tier 2	SP, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
fyavolv tab 0.5-2.5 (generic of FEMHRT LOW DOSE)	Tier 1	QL (30 ea / 30 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (generic of FEMHRT LOW DOSE)	Tier 1	QL (28 ea / 28 days)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
estradiol tab 0.5 mg (generic of ESTRACE)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)

Drug Name	Drug Tier	Requirements/Limits
estradiol tab 1 mg (generic of ESTRACE)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
estradiol tab 2 mg (generic of ESTRACE)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

ciprofloxacin hcl tab 250 mg (base equiv) (generic of CIPRO)	Tier 1	QL (2 ea / day, max quantity 20 per fill)
ciprofloxacin hcl tab 500 mg (base equiv) (generic of CIPRO)	Tier 1	QL (2 ea / day, max quantity 20 per fill)
ciprofloxacin hcl tab 750 mg (base equiv)	Tier 1	QL (2 ea / day, max quantity 20 per fill)
levofloxacin oral soln 25 mg/ml	Tier 1	PA
levofloxacin tab 250 mg (generic of LEVAQUIN)	Tier 1	QL (1 ea / day, max 10 day supply)
levofloxacin tab 500 mg (generic of LEVAQUIN)	Tier 1	QL (1 ea / day, max 10 day supply)
levofloxacin tab 750 mg (generic of LEVAQUIN)	Tier 1	QL (1 ea / day, max 10 day supply)

GASTROINTESTINAL AGENTS - MISC.

ANTIFLATULENTS

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

GALLSTONE SOLUBILIZING AGENTS

ursodiol cap 300 mg (generic of ACTIGALL)	Tier 1	QL (60 ea / 30 days)
ursodiol tab 250 mg (generic of URSO 250)	Tier 1	QL (120 ea / 30 days)
ursodiol tab 500 mg (generic of URSO FORTE)	Tier 1	QL (60 ea / 30 days)

GASTROINTESTINAL STIMULANTS

metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	Tier 1	
metoclopramide hcl tab 5 mg (base equivalent) (generic of REGLAN)	Tier 1	QL (180 ea / 30 days)
metoclopramide hcl tab 10 mg (base equivalent) (generic of REGLAN)	Tier 1	QL (180 ea / 30 days)

INFLAMMATORY BOWEL AGENTS

APRISO CAP 0.375GM	Tier 2	QL (120 ea / 30 days)
balsalazide disodium cap 750 mg (generic of COLAZAL)	Tier 1	
sulfasalazine tab 500 mg (generic of AZULFIDINE)	Tier 1	QL (300 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)	Tier 1	QL (240 ea / 30 days)
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	Tier 1	QL (5400 mL / 30 days)
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (generic of PHOSLO)	Tier 1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
potassium citrate & citric acid soln 1100-334 mg/5ml	Tier 1	
potassium citrate tab er 5 meq (540 mg) (generic of UROCIT-K 5)	Tier 1	QL (90 ea / 30 days)
potassium citrate tab er 10 meq (1080 mg) (generic of UROCIT-K 10)	Tier 1	QL (90 ea / 30 days)
sodium citrate & citric acid soln 500-334 mg/5ml	Tier 1	
GENITOURINARY IRRIGANTS		
acetic acid irrigation soln 0.25%	Tier 1	
sodium chloride irrigation soln 0.9%	Tier 1	QL (10000 mL / 25 days)
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg (generic of UROXATRAL)	Tier 1	QL (30 ea / 30 days)
finasteride tab 5 mg (generic of PROSCAR)	Tier 1	QL (30 ea / 30 days)
tamsulosin hcl cap 0.4 mg (generic of FLOMAX)	Tier 1	QL (60 ea / 30 days)
URINARY ANALGESICS		
phenazo tab 200mg	Tier 1	QL (90 ea / 30 days)
phenazopyridine hcl tab 100 mg	Tier 1	QL (90 ea / 30 days)
phenazopyridine hcl tab 200 mg	Tier 1	QL (90 ea / 30 days)
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	Tier 1	QL (90 ea / 30 days)
GOUT AGENTS		
allopurinol tab 100 mg (generic of ZYLOPRIM)	Tier 1	QL (180 ea / 30 days)
allopurinol tab 300 mg (generic of ZYLOPRIM)	Tier 1	QL (120 ea / 30 days)
colchicine tab 0.6 mg (generic of COLCRYS)	Tier 1	QL (30 ea / 90 days, max 1 fill per 90 days)

Drug Name	Drug Tier	Requirements/Limits
URICOSURICS		
probenecid tab 500 mg	Tier 1	QL (90 ea / 30 days)
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ 250UNIT	Tier 2	SP, PA
ADVATE INJ 500UNIT	Tier 2	SP, PA
ADVATE INJ 1000UNIT	Tier 2	SP, PA
ADVATE INJ 1500UNIT	Tier 2	SP, PA
ADVATE INJ 2000UNIT	Tier 2	SP, PA
ADVATE INJ 3000UNIT	Tier 2	SP, PA
ADVATE INJ 4000UNIT	Tier 2	SP, PA
BENEFIX INJ 250UNIT	Tier 2	SP, PA
BENEFIX INJ 500UNIT	Tier 2	SP, PA
BENEFIX INJ 1000UNIT	Tier 2	SP, PA
BENEFIX INJ 2000UNIT	Tier 2	SP, PA
BENEFIX INJ 3000UNIT	Tier 2	SP, PA
HUMATE-P SOL 500-1200	Tier 2	SP, PA
HUMATE-P SOL 2400UNIT	Tier 2	SP, PA
IXINITY INJ 250UNIT	Tier 2	SP, PA
IXINITY INJ 500UNIT	Tier 2	SP, PA
IXINITY INJ 1000UNIT	Tier 2	SP, PA
IXINITY INJ 2000UNIT	Tier 2	SP, PA
IXINITY INJ 3000UNIT	Tier 2	SP, PA
KOGENATE FS INJ 250UNIT	Tier 2	SP, PA
KOGENATE FS INJ 500UNIT	Tier 2	SP, PA
KOGENATE FS INJ 1000UNIT	Tier 2	SP, PA
NUWIQ KIT 250UNIT	Tier 2	SP, PA
NUWIQ KIT 500UNIT	Tier 2	SP, PA
NUWIQ KIT 1000UNIT	Tier 2	SP, PA
RIXUBIS INJ 250 UNIT	Tier 2	SP, PA
RIXUBIS INJ 500UNIT	Tier 2	SP, PA
RIXUBIS INJ 1000UNIT	Tier 2	SP, PA
RIXUBIS INJ 2000UNIT	Tier 2	SP, PA
RIXUBIS INJ 3000UNIT	Tier 2	SP, PA
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	Tier 1	QL (120 ea / 30 days)
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg (generic of AGGRENOX)	Tier 1	PA
cilostazol tab 50 mg	Tier 1	QL (60 ea / 30 days)
cilostazol tab 100 mg	Tier 1	QL (60 ea / 30 days)
clopidogrel bisulfate tab 75 mg (base equiv) (generic of PLAVIX)	Tier 1	QL (30 ea / 30 days)
dipyridamole tab 25 mg	Tier 1	QL (300 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
dipyridamole tab 50 mg	Tier 1	QL (240 ea / 30 days)
dipyridamole tab 75 mg	Tier 1	QL (120 ea / 30 days)
HEMATOPOIETIC AGENTS		
COBALAMINS		
cyanocobalamin sl tab 2500 mcg	Tier 1	OTC
cyanocobalamin tab 100 mcg	Tier 1	OTC
cyanocobalamin tab 250 mcg	Tier 1	OTC
cyanocobalamin tab 500 mcg	Tier 1	OTC
cyanocobalamin tab 1000 mcg	Tier 1	OTC
cyanocobalamin tab er 1000 mcg	Tier 1	OTC
FOLIC ACID/FOLATES		
folic acid tab 1 mg	Tier 1	QL (150 ea / 30 days)
folic acid tab 400 mcg	Tier 1	OTC, QL (150 ea / 30 days)
folic acid tab 800 mcg	Tier 1	OTC, QL (150 ea / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 25MCG	Tier 2	SP, PA
ARANESP INJ 40MCG	Tier 2	SP, PA
ARANESP INJ 60MCG	Tier 2	SP, PA
ARANESP INJ 100MCG	Tier 2	SP, PA
ARANESP INJ 200MCG	Tier 2	SP, PA
ARANESP INJ 300MCG	Tier 2	SP, PA
ARANESP INJ 500MCG	Tier 2	SP, PA
LEUKINE INJ 250MCG	Tier 2	SP, PA
NIVESTYM INJ 300/0.5	Tier 2	SP, PA
NIVESTYM INJ 480/0.8	Tier 2	SP, PA
RETACRIT INJ 2000UNIT	Tier 2	SP, PA
RETACRIT INJ 3000UNIT	Tier 2	SP, PA
RETACRIT INJ 4000UNIT	Tier 2	SP, PA
RETACRIT INJ 10000UNT	Tier 2	SP, PA
RETACRIT INJ 40000UNT	Tier 2	SP, PA
UDENYCA INJ 6MG/.6ML	Tier 2	SP, PA
ZARXIO INJ 300/0.5	Tier 2	SP, PA
ZARXIO INJ 480/0.8	Tier 2	SP, PA
HEMATOPOIETIC MIXTURES		
chromagen cap	Tier 1	QL (60 ea / 30 days)
ferocon cap	Tier 1	QL (60 ea / 30 days)
ferotrinsic cap	Tier 1	QL (60 ea / 30 days)
foltrin cap	Tier 1	QL (60 ea / 30 days)
hematogen cap	Tier 1	QL (60 ea / 30 days)
iferex 150 cap forte	Tier 1	QL (60 ea / 30 days)
poly-iron cap 150 fort	Tier 1	QL (60 ea / 30 days)
polysacchari cap iron	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
tricon cap	Tier 1	QL (60 ea / 30 days)
IRON		
ferrex 150 cap 150mg	Tier 1	OTC, QL (60 ea / 30 days)
ferrocite tab 324mg	Tier 1	OTC
ferrous fumarate tab 324 mg (106 mg elemental fe)	Tier 1	OTC
FERROUS GLUC TAB 324MG	Tier 2	OTC
ferrous gluconate tab 240 mg (27 mg elemental fe)	Tier 1	OTC
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	Tier 1	OTC
FERROUS SULF TAB 324MG EC	Tier 2	OTC
ferrous sulfate dried tab 200 mg (65 mg elemental fe)	Tier 1	OTC
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)	Tier 1	OTC
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	Tier 1	OTC
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	Tier 1	OTC
ferrous sulfate tab 325 mg (65 mg elemental fe)	Tier 1	OTC, QL (90 ea / 30 days)
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	Tier 1	OTC
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	Tier 1	OTC
nu-iron 150 cap 150mg	Tier 1	OTC, QL (60 ea / 30 days)
poly-iron cap 150mg	Tier 1	OTC, QL (60 ea / 30 days)
polysaccharide iron complex cap 150 mg (iron equivalent)	Tier 1	OTC, QL (60 ea / 30 days)
slow release tab 47.5mg	Tier 1	OTC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine hcl (sleep) tab 25 mg	Tier 1	OTC, QL (30 ea / 30 days)
diphenhydramine-acetaminophen tab 25-500 mg (sleep)	Tier 1	OTC
diphenhydramine-acetaminophen tab 38-500 mg (sleep)	Tier 1	OTC
doxylamine succinate (sleep) tab 25 mg	Tier 1	OTC, QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	Tier 1	QL (1500 mL / 30 days); AGE (Max age 12 years)
phenobarbital tab 15 mg	Tier 1	QL (60 ea / 30 days)
phenobarbital tab 16.2 mg	Tier 1	QL (60 ea / 30 days)
phenobarbital tab 30 mg	Tier 1	QL (60 ea / 30 days)
phenobarbital tab 32.4 mg	Tier 1	QL (60 ea / 30 days)
phenobarbital tab 60 mg	Tier 1	QL (60 ea / 30 days)
phenobarbital tab 64.8 mg	Tier 1	QL (90 ea / 30 days)
phenobarbital tab 97.2 mg	Tier 1	QL (60 ea / 30 days)
phenobarbital tab 100 mg	Tier 1	QL (60 ea / 30 days)
NON-BARBITURATE HYPNOTICS		
estazolam tab 1 mg	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)
estazolam tab 2 mg	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)
flurazepam hcl cap 15 mg	Tier 1	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)
flurazepam hcl cap 30 mg	Tier 1	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)
temazepam cap 15 mg (generic of RESTORIL)	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)
temazepam cap 30 mg (generic of RESTORIL)	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)
triazolam tab 0.25 mg (generic of HALCION)	Tier 1	QL (60 ea / 30 days); AGE (Min age 18 years)
triazolam tab 0.125 mg	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)
zolpidem tartrate tab 5 mg (generic of AMBIEN)	Tier 1	QL (60 ea / 30 days); AGE (Min age 18 years)
zolpidem tartrate tab 10 mg (generic of AMBIEN)	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)
LAXATIVES		
BULK LAXATIVES		
calcium polycarbophil tab 625 mg	Tier 1	OTC
KONSYL DAILY POW 28.3%	Tier 2	OTC
KONSYL DAILY POW 100%	Tier 2	OTC
KONSYL-D POW 52.3%	Tier 2	OTC
METAMUCIL POW 28%ORG	Tier 2	OTC
METAMUCIL POW 58.12%	Tier 2	OTC
METAMUCIL WAF	Tier 2	OTC
methylcellulose tab 500 mg	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
psyllium powder 28.3%	Tier 1	OTC
psyllium powder 30.9%	Tier 1	OTC
psyllium powder 48.57%	Tier 1	OTC
psyllium powder 58.6%	Tier 1	OTC
qc natural pow vegetabl	Tier 1	OTC
sb fib lax pow 33%	Tier 1	OTC
wheat dextrin oral powder	Tier 1	OTC
WHEAT DEXTRIN PACKET	Tier 2	OTC
LAXATIVE COMBINATIONS		
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	Tier 1	QL (30 ea / 30 days)
gavilyte-c sol (generic of COLYTE-FLAVOR PACKS)	Tier 1	QL (120000 mL / 30 days)
GOLYTELY SOL	Tier 2	QL (30 ea / 30 days)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	Tier 1	QL (120000 mL / 30 days)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	Tier 1	QL (120000 mL / 30 days)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (generic of PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM)	Tier 1	QL (120000 mL / 30 days)
sennosides-docusate sodium tab 8.6-50 mg	Tier 1	OTC, QL (180 ea / 30 days)
LAXATIVES - MISCELLANEOUS		
constulose sol 10gm/15	Tier 1	QL (5400 mL / 30 days)
glycerin suppos 1.2 gm	Tier 1	OTC
glycerin suppos 2 gm	Tier 1	OTC
glycerin suppos 2.1 gm	Tier 1	OTC
glycerin suppos 80.7%	Tier 1	OTC
lactulose solution 10 gm/15ml	Tier 1	QL (5400 mL / 30 days)
polyethylene glycol 3350 oral powder	Tier 1	OTC, QL (1020 gm / 30 days)
LUBRICANT LAXATIVES		
mineral oil	Tier 1	OTC
mineral oil enema	Tier 1	OTC
SALINE LAXATIVES		
magnesium citrate soln	Tier 1	OTC
magnesium hydroxide susp 400 mg/5ml	Tier 1	OTC
milk of magn sus 2400mg	Tier 1	OTC
sodium phosphates - enema	Tier 1	OTC
STIMULANT LAXATIVES		
bisacodyl suppos 10 mg	Tier 1	OTC, QL (30 ea / 30 days)
bisacodyl tab delayed release 5 mg	Tier 1	OTC, QL (90 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
sennosides chew tab 15 mg	Tier 1	OTC
sennosides syrup 8.8 mg/5ml	Tier 1	OTC
sennosides tab 8.6 mg	Tier 1	OTC, QL (60 ea / 30 days)
sennosides tab 25 mg	Tier 1	OTC
senokot extr tab 17.2mg	Tier 1	OTC
SURFACTANT LAXATIVES		
BENZOCAINE-DOCUSATE SODIUM RECTAL ENEMA 20-283 MG	Tier 2	OTC
docusate calcium cap 240 mg	Tier 1	OTC, QL (60 ea / 30 days)
docusate min ene 283mg	Tier 1	OTC
docusate sodium cap 100 mg	Tier 1	OTC, QL (180 ea / 30 days)
docusate sodium cap 250 mg	Tier 1	OTC, QL (180 ea / 30 days)
docusate sodium liquid 150 mg/15ml	Tier 1	OTC, QL (900 mL / 30 days)
docusate sodium syrup 60 mg/15ml	Tier 1	OTC, QL (900 mL / 30 days)
docusate sodium tab 100 mg	Tier 1	OTC, QL (180 ea / 30 days)
DOCUSOL MINI ENE	Tier 1	OTC
ENEMEEZ MINI ENE	Tier 1	OTC
PEDIA-LAX LIQ 50MG	Tier 2	OTC, QL (900 mL / 30 days)
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml (generic of ZITHROMAX)	Tier 1	QL (600 mL / 30 days, max 1 fill per 45 days); AGE (Max age 12 years)
azithromycin for susp 200 mg/5ml (generic of ZITHROMAX)	Tier 1	QL (900 mL / 30 days, max 1 fill per 45 days); AGE (Max age 12 years)
azithromycin powd pack for susp 1 gm	Tier 1	QL (1 ea / day, max 1 day supply)
azithromycin tab 250 mg (generic of ZITHROMAX)	Tier 1	QL (12 ea / 25 days)
azithromycin tab 500 mg (generic of ZITHROMAX)	Tier 1	QL (6 ea / 25 days)
azithromycin tab 600 mg (generic of ZITHROMAX)	Tier 1	QL (30 ea / 30 days)
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	Tier 1	AGE (Max age 12 years)
clarithromycin for susp 250 mg/5ml	Tier 1	AGE (Max age 12 years)

Drug Name	Drug Tier	Requirements/Limits
clarithromycin tab 250 mg	Tier 1	
clarithromycin tab 500 mg	Tier 1	
ERYTHROMYCINS		
erythromycin ethylsuccinate for susp 200 mg/5ml (generic of E.E.S. GRANULES)	Tier 1	AGE (Max age 12 years)
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
CONDOMS - MALE	Tier 2	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX LUBRICATED	Tier 2	OTC; QL (Max quantity 12 per fill)
CONDOMS LATEX NON-LUBRICATED	Tier 2	OTC; QL (max quantity 12 per fill)
DIABETIC SUPPLIES		
DEXCOM G5 MOBILE RECEIVER	Tier 2	PA
DEXCOM G5 MOBILE TRANSMIT	Tier 2	PA
DEXCOM G6 RECEIVER	Tier 2	PA
DEXCOM G6 SENSOR	Tier 2	PA
DEXCOM G6 TRANSMITTER	Tier 2	PA
FREESTYLE LIBRE READER	Tier 2	PA
FREESTYLE LIBRE SENSOR	Tier 2	PA
LANCETS	Tier 2	OTC
TRUE METRIX KIT AIR	Tier 2	OTC, QL (1 ea / year)
TRUE METRIX KIT METER	Tier 2	OTC, QL (1 ea / year)
MISC. DEVICES		
ALCOH-WIPE MIS 12"X12"	Tier 2	QL (200 ea / 25 days)
ALCOHOL SWABS	Tier 2	OTC, QL (200 ea / 25 days)
LMA MAD MIS NASAL	Tier 2	
MUCOSAL ATOM MIS DEVICE	Tier 2	OTC
PARENTERAL THERAPY SUPPLIES		
BD U-500 MIS 31GX6MM	Tier 2	QL (150 ea / 30 days)
INSULIN SYRG MIS 0.3/29G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/29G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.3/30G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/30G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.3/31G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/31G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 0.5/28G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/29G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/29G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/30G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/30G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/31G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/31G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/28G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/29G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/29G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/30G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/30G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/31G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/31G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
NEEDLE (DISP) 18 X 1-1/2"	Tier 2	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	Tier 2	
PEN NEEDLES MIS 29GX10MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
PEN NEEDLES MIS 29GX12.7	Tier 2	QL (150 ea / 30 days); TRUEPLUS
PEN NEEDLES MIS 29GX12MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
PEN NEEDLES MIS 31GX5MM	Tier 2	QL (150 ea / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX5MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
PEN NEEDLES MIS 31GX6MM	Tier 2	QL (150 ea / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX6MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
PEN NEEDLES MIS 31GX8MM	Tier 2	QL (150 ea / 30 days); TRUEPLUS

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 31GX8MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
PEN NEEDLES MIS 32GX4MM	Tier 2	QL (150 ea / 30 days); TRUEPLUS
PEN NEEDLES MIS 32GX4MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
PEN NEEDLES MIS 32GX6MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
PEN NEEDLES MIS 32GX8MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
SYRINGE (DISPOSABLE) 3 ML	Tier 2	OTC
SYRINGE (DISPOSABLE) 3 ML - RX	Tier 2	
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	Tier 2	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1"	Tier 2	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX	Tier 2	
RESPIRATORY THERAPY SUPPLIES		
NEBULIZER	Tier 2	OTC
NEBULIZER- RX	Tier 2	
PEAK FLOW METER	Tier 2	OTC, QL (1 ea / year)
PEAK FLOW METER- RX	Tier 2	QL (1 ea / year)
PULMONEB LT MIS NEBULIZE	Tier 2	
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	Tier 2	OTC, QL (1 ea / year)
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)- RX	Tier 2	QL (1 ea / year)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2	OTC, QL (1 ea / year)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	Tier 2	QL (1 ea / year)
VORTEX/MASK MIS CHILDS	Tier 2	
VORTEX/MASK MIS TODDLER	Tier 2	
MIGRAINE PRODUCTS		
SEROTONIN AGONISTS		
naratriptan hcl tab 1 mg (base equiv) (generic of AMERGE)	Tier 1	QL (9 ea / 25 days)
naratriptan hcl tab 2.5 mg (base equiv) (generic of AMERGE)	Tier 1	QL (9 ea / 25 days)
rizatriptan benzoate tab 5 mg (base equivalent)	Tier 1	QL (12 ea / 25 days), ST; Requires trial of sumatriptan and naratriptan
rizatriptan benzoate tab 10 mg (base equivalent) (generic of MAXALT)	Tier 1	QL (12 ea / 25 days), ST; Requires trial of sumatriptan and naratriptan

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate tab 25 mg (generic of IMITREX)	Tier 1	QL (9 ea / 25 days)
sumatriptan succinate tab 50 mg (generic of IMITREX)	Tier 1	QL (9 ea / 25 days)
sumatriptan succinate tab 100 mg (generic of IMITREX)	Tier 1	QL (9 ea / 25 days)

MINERALS & ELECTROLYTES

CALCIUM

calcitrate tab 950mg	Tier 1	OTC
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit	Tier 1	OTC
calcium carbonate tab 600 mg	Tier 1	OTC
calcium carbonate tab 1500 mg (600 mg elemental ca)	Tier 1	OTC
calcium carbonate-cholecalciferol chew tab 500 mg-400 unit	Tier 1	OTC
calcium carbonate-cholecalciferol chew tab 500 mg-600 unit	Tier 1	OTC
calcium carbonate-cholecalciferol tab 250 mg-125 unit	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-200 unit	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-400 unit	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-200 unit	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-400 unit	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-800 unit	Tier 1	OTC
calcium carbonate-vitamin d tab 250 mg-125 unit	Tier 1	OTC
calcium carbonate-vitamin d tab 500 mg-125 unit	Tier 1	OTC
calcium carbonate-vitamin d tab 500 mg-200 unit	Tier 1	OTC
calcium carbonate-vitamin d tab 500 mg-400 unit	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-200 unit	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-400 unit	Tier 1	OTC
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)	Tier 1	OTC
calcium-magnesium-zinc tab 333-133-5 mg	Tier 1	OTC
oys shell+d tab 250-125	Tier 1	OTC
oyster shell calcium tab 500 mg	Tier 1	OTC
RISACAL-D TAB	Tier 2	OTC
ELECTROLYTE MIXTURES		
oral electrolyte solution	Tier 1	OTC
FLUORIDE		
flura-drops dro 0.25mg f	Tier 1	QL (30 mL / 30 days)
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	Tier 1	QL (30 ea / 30 days)
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	Tier 1	QL (30 ea / 30 days)
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	Tier 1	QL (50 mL / 30 days)
MAGNESIUM		
magnesium gluconate tab 500 mg (27 mg elemental mg)	Tier 1	OTC
magnesium oxide tab 400 mg (240 mg elemental mg)	Tier 1	OTC
magnesium oxide tab 400 mg (241.3 mg elemental mg)	Tier 1	OTC
magnesium oxide tab 500 mg (mg supplement)	Tier 1	OTC
magnesium tab 250 mg	Tier 1	OTC
POTASSIUM		
klor-con 8 tab 8meq er	Tier 1	QL (120 ea / 30 days)
klor-con 10 tab 10meq er	Tier 1	QL (120 ea / 30 days)
klor-con spr cap 8meq	Tier 1	QL (120 ea / 30 days)
klor-con spr cap 10meq	Tier 1	QL (120 ea / 30 days)
potassium bicarbonate effer tab 25 meq	Tier 1	QL (60 ea / 30 days)
potassium chloride cap er 8 meq	Tier 1	QL (120 ea / 30 days)
potassium chloride cap er 10 meq	Tier 1	QL (120 ea / 30 days)
potassium chloride microencapsulated crys er tab 10 meq	Tier 1	QL (120 ea / 30 days)
potassium chloride microencapsulated crys er tab 20 meq	Tier 1	QL (150 ea / 30 days)
potassium chloride oral soln 10% (20 meq/15ml)	Tier 1	
potassium chloride oral soln 20% (40 meq/15ml)	Tier 1	
potassium chloride tab er 8 meq (600 mg)	Tier 1	QL (120 ea / 30 days)
potassium chloride tab er 10 meq	Tier 1	QL (120 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)	Tier 1	QL (150 ea / 30 days)
SODIUM		
sodium chloride tab 1 gm	Tier 1	OTC
ZINC		
zinc sulfate cap 220 mg (50 mg elemental zn)	Tier 1	OTC
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
DEPEN TITRA TAB 250MG	Tier 2	PA
IMMUNOMODULATORS		
REVLIMID CAP 5MG	Tier 2	SP, QL (30 ea / 30 days), PA
REVLIMID CAP 10MG	Tier 2	SP, QL (30 ea / 30 days), PA
REVLIMID CAP 15MG	Tier 2	SP, QL (30 ea / 30 days), PA
REVLIMID CAP 25MG	Tier 2	SP, QL (30 ea / 30 days), PA
THALOMID CAP 100MG	Tier 2	SP, PA
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab 50 mg (generic of IMURAN)	Tier 1	QL (240 ea / 30 days)
cyclosporine cap 25 mg (generic of SANDIMMUNE)	Tier 1	QL (480 ea / 30 days)
cyclosporine cap 100 mg (generic of SANDIMMUNE)	Tier 1	QL (150 ea / 30 days)
cyclosporine modified cap 25 mg (generic of NEORAL)	Tier 1	QL (450 ea / 30 days)
cyclosporine modified cap 50 mg	Tier 1	QL (450 ea / 30 days)
cyclosporine modified cap 100 mg (generic of NEORAL)	Tier 1	QL (300 ea / 30 days)
cyclosporine modified oral soln 100 mg/ml (generic of NEORAL)	Tier 1	QL (300 mL / 30 days)
gengraf cap 25mg (generic of NEORAL)	Tier 1	QL (450 ea / 30 days)
gengraf cap 100mg (generic of NEORAL)	Tier 1	QL (300 ea / 30 days)
gengraf sol 100mg/ml (generic of NEORAL)	Tier 1	QL (300 mL / 30 days)
mycophenolate mofetil cap 250 mg (generic of CELLCEPT)	Tier 1	QL (360 ea / 30 days)
mycophenolate mofetil tab 500 mg (generic of CELLCEPT)	Tier 1	QL (240 ea / 30 days)
NEORAL CAP 25MG	Tier 2	QL (450 ea / 30 days)
NEORAL CAP 100MG	Tier 2	QL (300 ea / 30 days)
NEORAL SOL 100MG/ML	Tier 2	QL (300 mL / 30 days)
SANDIMMUNE CAP 25MG	Tier 2	QL (480 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE CAP 100MG	Tier 2	QL (150 ea / 30 days)
tacrolimus cap 0.5 mg (generic of PROGRAF)	Tier 1	QL (60 ea / 30 days)
tacrolimus cap 1 mg (generic of PROGRAF)	Tier 1	QL (420 ea / 30 days)
tacrolimus cap 5 mg (generic of PROGRAF)	Tier 1	
IRRIGATION SOLUTIONS		
water for irrigation, sterile irrigation soln	Tier 1	
POTASSIUM REMOVING AGENTS		
kionex sus 15gm/60	Tier 1	
sodium polystyrene sulfonate oral susp 15 gm/60ml	Tier 1	
sodium polystyrene sulfonate powder	Tier 1	
sps sus 15gm/60	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl viscous soln 2%	Tier 1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	Tier 1	QL (150 ea / 30 days)
nystatin susp 100000 unit/ml	Tier 1	QL (3600 mL / 30 days)
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12% (generic of CHLORHEXIDINE GLUCONATE SOLN 0.12%)	Tier 1	
DENTAL PRODUCTS		
denta 5000 cre plus	Tier 1	
denta 5000 cre plus 2pk	Tier 1	
dentagel gel 1.1%	Tier 1	
sf 5000 plus cre 1.1%	Tier 1	
sf gel 1.1%	Tier 1	
sodium fluor cre 5000 pls	Tier 1	
sodium fluoride gel 1.1% (0.5% f)	Tier 1	
STEROIDS - MOUTH/THROAT		
oralone dent pst 0.1%	Tier 1	
triamcinolone acetonide dental paste 0.1%	Tier 1	
THROAT PRODUCTS - MISC.		
pilocarpine hcl tab 5 mg (generic of SALAGEN)	Tier 1	
pilocarpine hcl tab 7.5 mg (generic of SALAGEN)	Tier 1	
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
b-complex w/ c & folic acid cap 1 mg	Tier 1	OTC, QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
b-complex w/ c & folic acid cap 1 mg-rx	Tier 1	QL (60 ea / 30 days)
b-complex w/ c & folic acid tab	Tier 1	OTC
b-complex w/ c & folic acid tab 0.8 mg	Tier 1	OTC
b-complex w/ c & folic acid tab 1 mg	Tier 1	OTC
b-complex w/ c & folic acid tab 1 mg-rx	Tier 1	
b-complex w/ c & folic acid tab 5 mg-rx	Tier 1	
b-complex w/ c & folic acid tab-rx	Tier 1	
MULTIPLE VITAMINS W/ IRON		
multiple vitamins w/ iron tab	Tier 1	OTC, QL (30 ea / 30 days)
MULTIPLE VITAMINS W/ MINERALS		
multiple vitamins w/ minerals cap	Tier 1	OTC, QL (30 ea / 30 days)
multiple vitamins w/ minerals cap-rx	Tier 1	QL (30 ea / 30 days)
multiple vitamins w/ minerals liquid	Tier 1	OTC, QL (30 mL / 30 days)
multiple vitamins w/ minerals tab	Tier 1	OTC, QL (30 ea / 30 days)
multiple vitamins w/ minerals tab-rx	Tier 1	QL (30 ea / 30 days)
MULTIVITAMINS		
multiple vitamin tab	Tier 1	OTC, QL (30 ea / 30 days); AGE (Max age 5 years)
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	Tier 1	QL (50 mL / 43 days); AGE (Max age 5 years)
POLY-VI-FLOR CHW W/IRON	Tier 2	AGE (Max age 5 years)
POLY-VI-FLOR SUS /IRON	Tier 2	AGE (Max age 5 years)
PED MULTIPLE VITAMINS W/ MINERALS		
pediatric multiple vitamin w/ minerals & c drops 45 mg/ml	Tier 1	OTC, QL (30 mL / 30 days)
PED MV W/ FLUORIDE		
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	Tier 1	QL (30 ea / 30 days); AGE (Max age 5 years)
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	Tier 1	QL (30 ea / 30 days); AGE (Max age 5 years)
pediatric multiple vitamins w/ fluoride chew tab 1 mg	Tier 1	QL (60 ea / 30 days); AGE (Max age 5 years)
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml	Tier 1	QL (50 mL / 43 days); AGE (Max age 5 years)
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml	Tier 1	QL (50 mL / 43 days); AGE (Max age 5 years)
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	Tier 1	QL (50 mL / 25 days); AGE (Max age 5 years)

Drug Name	Drug Tier	Requirements/Limits
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml	Tier 1	QL (60 mL / 30 days); AGE (Max age 5 years)
PED MV W/ IRON		
pediatric multiple vitamins w/ iron chew tab 15 mg	Tier 1	OTC, QL (30 ea / 30 days)
POLY-VI-SOL DRO /IRON	Tier 2	OTC, QL (50 mL / 25 days)
PEDIATRIC MULTIPLE VITAMINS		
MULT VITAM DRO	Tier 2	OTC, QL (50 mL / 25 days)
pediatric multiple vitamin liq	Tier 1	OTC, QL (30 mL / 30 days)
pediatric multiple vitamin w/ c & fa chew tab	Tier 1	OTC, QL (30 ea / 30 days)
pediatric multiple vitamin w/ extra c & fa chew tab	Tier 1	OTC, QL (30 ea / 30 days)
PEDIATRIC VITAMINS		
TRI-VI-SOL SOL	Tier 2	OTC, QL (50 mL / 25 days)
PRENATAL VITAMINS		
CO-NATAL FA TAB 29-1MG	Tier 2	QL (30 ea / 30 days)
COMPLETENATE CHW	Tier 2	QL (30 ea / 30 days)
EZFE FORTE CAP	Tier 2	OTC, QL (30 ea / 30 days)
NATALVIT TAB 75-1MG	Tier 2	QL (30 ea / 30 days)
O-CAL TAB PRENATAL	Tier 2	QL (30 ea / 30 days)
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 440 MG PAK	Tier 2	OTC, QL (30 ea / 30 days)
prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg-rx	Tier 1	QL (30 ea / 30 days)
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg-rx	Tier 1	QL (30 ea / 30 days)
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg-rx	Tier 1	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	Tier 2	OTC, QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	Tier 2	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	Tier 2	OTC, QL (30 ea / 30 days)
prenatal vit w/ iron carbonyl-fa tab 29-1 mg	Tier 1	QL (30 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 27-0.8 MG & DHA CAP 200 MG PACK	Tier 2	OTC, QL (30 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK	Tier 2	OTC, QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SE-NATAL 19 CHW	Tier 2	QL (30 ea / 30 days)
TRINATAL RX TAB 1	Tier 2	QL (30 ea / 30 days)
VINATE II TAB	Tier 2	QL (30 ea / 30 days)
VINATE M TAB	Tier 2	QL (30 ea / 30 days)
VINATE ONE TAB	Tier 2	QL (30 ea / 30 days)
VITAFOL-OB TAB 65-1MG	Tier 2	QL (30 ea / 30 days)
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab 10 mg	Tier 1	QL (90 ea / 30 days)
baclofen tab 20 mg	Tier 1	QL (120 ea / 30 days)
chlorzoxazone tab 500 mg	Tier 1	QL (180 ea / 30 days)
cyclobenzaprine hcl tab 5 mg	Tier 1	QL (90 ea / 30 days)
cyclobenzaprine hcl tab 10 mg	Tier 1	QL (90 ea / 30 days)
methocarbamol tab 500 mg	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
methocarbamol tab 750 mg (generic of ROBAXIN-750)	Tier 1	QL (300 ea / 30 days); AGE (Max age 64 years)
orphenadrine citrate tab er 12hr 100 mg	Tier 1	QL (60 ea / 30 days)
tizanidine hcl tab 2 mg (base equivalent)	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
tizanidine hcl tab 4 mg (base equivalent) (generic of ZANAFLEX)	Tier 1	QL (270 ea / 30 days); AGE (Max age 64 years)
VISCOSUPPLEMENTS		
EUFLEXXA INJ 10MG/ML	Tier 2	SP, QL (6 mL / 180 days), PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
saline nasal spray 0.65%	Tier 1	OTC
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	Tier 1	QL (30 mL / 25 days)
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	Tier 1	OTC, QL (52 mL / 25 days)
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	Tier 1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	Tier 1	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
budesonide sus 32mcg	Tier 1	OTC, QL (8.43 mL / 25 days)
fluticasone propionate nasal susp 50 mcg/act	Tier 1	QL (16 gm / 25 days); AGE (Min age 4 years)

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate nasal susp 50 mcg/act	Tier 1	OTC, QL (16 mL / 25 days); AGE (Min age 4 years)
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	Tier 1	OTC
SYMPATHOMIMETIC DECONGESTANTS		
oxymetazoline hcl nasal soln 0.05%	Tier 1	OTC
phenylephrine hcl tab 10 mg	Tier 1	OTC
pseudoephedrine hcl liq 15 mg/5ml	Tier 1	OTC, QL (1200 mL / 30 days)
pseudoephedrine hcl tab 30 mg	Tier 1	OTC, QL (180 ea / 30 days)
pseudoephedrine hcl tab 60 mg	Tier 1	OTC, QL (180 ea / 30 days)
pseudoephedrine hcl tab er 12hr 120 mg	Tier 1	OTC, QL (60 ea / 30 days)
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
docosahexaenoic acid cap 200 mg	Tier 1	OTC, QL (30 ea / 30 days)
omega-3 fatty acids cap 500 mg	Tier 1	OTC
omega-3 fatty acids cap 1000 mg	Tier 1	OTC
omega-3 fatty acids cap 1200 mg	Tier 1	OTC
omega-3 fatty acids cap delayed release 1000 mg	Tier 1	OTC
omega-3 fatty acids cap delayed release 1200 mg	Tier 1	OTC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tear ophth ointment	Tier 1	OTC
artificial tear ophth solution	Tier 1	OTC
carboxymethylcellulose sodium (pf) ophth soln 0.5%	Tier 1	OTC
carboxymethylcellulose sodium ophth soln 0.5%	Tier 1	OTC
dextran 70-hypromellose ophth soln 0.1-0.3%	Tier 1	OTC
glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%	Tier 1	OTC
polyethylene glycol-propylene glycol ophth soln 0.4-0.3%	Tier 1	OTC
polyethylene glycol-propylene glycol pf op soln 0.4-0.3%	Tier 1	OTC
polyvinyl alcohol ophth soln 1.4%	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)	Tier 1	OTC
white petrolatum-mineral oil ophth ointment	Tier 1	OTC
BETA-BLOCKERS - OPHTHALMIC		
carteolol hcl ophth soln 1%	Tier 1	QL (15 mL / 25 days)
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)	Tier 1	QL (10 mL / 25 days)
levobunolol hcl ophth soln 0.5%	Tier 1	QL (15 mL / 25 days)
timolol maleate ophth soln 0.5% (generic of TIMOPTIC)	Tier 1	
timolol maleate ophth soln 0.25% (generic of TIMOPTIC)	Tier 1	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL / 25 days)
cyclopentolate hcl ophth soln 1% (generic of CYCLOGYL)	Tier 1	QL (15 mL / 25 days)
ISOPTO ATROP SOL 1% OP	Tier 2	QL (15 mL / 25 days)
MIOTICS		
pilocarpine hcl ophth soln 1% (generic of ISOPTO CARPINE)	Tier 1	
pilocarpine hcl ophth soln 2% (generic of ISOPTO CARPINE)	Tier 1	
pilocarpine hcl ophth soln 4% (generic of ISOPTO CARPINE)	Tier 1	
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine tartrate ophth soln 0.2%	Tier 1	
OPHTHALMIC ANTI-INFECTIVES		
bacitracin ophth oint 500 unit/gm	Tier 1	
bacitracin-polymyxin b ophth oint	Tier 1	
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (generic of CILOXAN)	Tier 1	
erythromycin ophth oint 5 mg/gm	Tier 1	
gentak oin 0.3% op	Tier 1	
gentamicin sulfate ophth soln 0.3%	Tier 1	
levofloxacin ophth soln 0.5%	Tier 1	
moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)	Tier 1	QL (3 mL / 25 days)
neo-polycin oin op	Tier 1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 1	
ofloxacin ophth soln 0.3% (generic of OCUFLOX)	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)	Tier 1	
sulfacetamide sodium ophth soln 10% (generic of BLEPH-10)	Tier 1	
tobramycin ophth soln 0.3% (generic of TOBREX)	Tier 1	
trifluridine ophth soln 1%	Tier 1	QL (7.5 mL / 25 days)
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	Tier 2	ST; Requires trial of OTC lubricant and ointment
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine hcl ophth soln 0.5% (generic of ALCAINE)	Tier 1	
OPHTHALMIC STEROIDS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 1	
dexamethasone sodium phosphate ophth soln 0.1%	Tier 1	
fluorometholone ophth susp 0.1%	Tier 1	QL (15 mL / 25 days)
neo-polycin oin hc 1%op	Tier 1	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	Tier 1	
prednisolone acetate ophth susp 1% (generic of PRED FORTE)	Tier 1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)	Tier 1	
OPHTHALMICS - MISC.		
azelastine hcl ophth soln 0.05%	Tier 1	QL (6 mL / 25 days), PA
cromolyn sodium ophth soln 4%	Tier 1	
diclofenac sodium ophth soln 0.1%	Tier 1	
dorzolamide hcl ophth soln 2% (generic of TRUSOPT)	Tier 1	
flurbiprofen sodium ophth soln 0.03%	Tier 1	
ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)	Tier 1	QL (10 mL / 25 days)
ketotifen fumarate ophth soln 0.025% (base equiv)	Tier 1	OTC, QL (10 mL / 25 days)
sodium chloride hypertonic ophth oint 5%	Tier 1	OTC
sodium chloride hypertonic ophth soln 5%	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	Tier 1	ST; Requires trial of latanoprost
latanoprost ophth soln 0.005% (generic of XALATAN)	Tier 1	QL (5 mL / 25 days)
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	Tier 1	QL (20 mL / 25 days)
carbamide peroxide 6.5% otic soln	Tier 1	OTC
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl otic soln 0.2% (base equivalent)	Tier 1	QL (14 ea / 25 days)
ofloxacin otic soln 0.3%	Tier 1	QL (5 mL / 25 days)
OTIC COMBINATIONS		
neomycin-polymyxin-hc otic soln 1%	Tier 1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 1	
OTIC STEROIDS		
hydrocortisone w/ acetic acid otic soln 1-2%	Tier 1	
OXYTOCICS		
OXYTOCICS		
methergine tab 0.2mg	Tier 1	QL (210 ea / 30 days)
methylergonovine maleate tab 0.2 mg	Tier 1	QL (210 ea / 30 days)
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
HYPERRHO S/D INJ 50MCG	Tier 2	SP
HYPERRHO S/D INJ 300MCG	Tier 2	SP
MICRHOGAM PL INJ 50MCG	Tier 2	SP
RHOGAM PLUS INJ 300MCG	Tier 2	SP
RHOPHYLAC INJ 1500/2ML	Tier 2	SP
MONOCLONAL ANTIBODIES		
SYNAGIS INJ 50MG	Tier 2	SP, PA
SYNAGIS INJ 100MG/ML	Tier 2	SP, PA
PENICILLINS - DRUGS TO TREAT INFECTIONS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	Tier 1	QL (240 ea / 30 days)
amoxicillin (trihydrate) cap 500 mg	Tier 1	QL (240 ea / 30 days)
amoxicillin (trihydrate) chew tab 125 mg	Tier 1	QL (180 ea / 30 days)
amoxicillin (trihydrate) chew tab 250 mg	Tier 1	QL (240 ea / 30 days)
amoxicillin (trihydrate) for susp 125 mg/5ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin (trihydrate) for susp 200 mg/5ml	Tier 1	
amoxicillin (trihydrate) for susp 250 mg/5ml	Tier 1	
amoxicillin (trihydrate) for susp 400 mg/5ml	Tier 1	
amoxicillin (trihydrate) tab 500 mg	Tier 1	QL (150 ea / 30 days)
amoxicillin (trihydrate) tab 875 mg	Tier 1	QL (120 ea / 30 days)
ampicillin cap 500 mg	Tier 1	QL (240 ea / 30 days)
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	Tier 1	QL (1200 mL / 30 days)
penicillin v potassium for soln 250 mg/5ml	Tier 1	QL (1200 mL / 30 days)
penicillin v potassium tab 250 mg	Tier 1	QL (240 ea / 30 days)
penicillin v potassium tab 500 mg	Tier 1	QL (240 ea / 30 days)
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 12 years)
amoxicillin & k clavulanate chew tab 400-57 mg	Tier 1	QL (120 ea / 30 days); AGE (Max age 12 years)
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 1	AGE (Max age 12 years)
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 1	AGE (Max age 12 years)
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Tier 1	AGE (Max age 12 years)
amoxicillin & k clavulanate tab 250-125 mg	Tier 1	QL (2 ea / day, max 10 day supply)
amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)	Tier 1	QL (2 ea / day, max 10 day supply)
amoxicillin & k clavulanate tab 875-125 mg	Tier 1	QL (2 ea / day, max 10 day supply)
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	Tier 1	QL (240 ea / 30 days)
dicloxacillin sodium cap 500 mg	Tier 1	QL (180 ea / 30 days)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
hydroxyprogesterone caproate im in oil 250 mg/ml (generic of MAKENA)	Tier 1	SP, PA
medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA)	Tier 1	QL (60 ea / 30 days)
medroxyprogesterone acetate tab 5 mg (generic of PROVERA)	Tier 1	QL (60 ea / 30 days)
medroxyprogesterone acetate tab 10 mg (generic of PROVERA)	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate tab 5 mg (generic of AYGESTIN)	Tier 1	QL (30 ea / 30 days)
progesterone micronized cap 100 mg (generic of PROMETRIUM)	Tier 1	QL (30 ea / 30 days)
progesterone micronized cap 200 mg (generic of PROMETRIUM)	Tier 1	QL (60 ea / 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	Tier 1	
disulfiram tab 250 mg (generic of ANTABUSE)	Tier 1	QL (30 ea / 30 days)
disulfiram tab 500 mg (generic of ANTABUSE)	Tier 1	QL (30 ea / 30 days)
ANTI-CATAPLECTIC AGENTS		
XYREM SOL 500MG/ML	Tier 2	SP, PA
ANTIDEMENTIA AGENTS		
donepezil hydrochloride orally disintegrating tab 5 mg	Tier 1	QL (60 ea / 30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	Tier 1	QL (30 ea / 30 days)
donepezil hydrochloride tab 5 mg (generic of ARICEPT)	Tier 1	QL (30 ea / 30 days)
donepezil hydrochloride tab 10 mg (generic of ARICEPT)	Tier 1	QL (30 ea / 30 days)
galantamine hydrobromide cap er 24hr 8 mg (generic of RAZADYNE ER)	Tier 1	
galantamine hydrobromide cap er 24hr 16 mg (generic of RAZADYNE ER)	Tier 1	
galantamine hydrobromide cap er 24hr 24 mg (generic of RAZADYNE ER)	Tier 1	
galantamine hydrobromide tab 4 mg (generic of RAZADYNE)	Tier 1	
galantamine hydrobromide tab 8 mg (generic of RAZADYNE)	Tier 1	
galantamine hydrobromide tab 12 mg (generic of RAZADYNE)	Tier 1	
memantine hcl oral solution 2 mg/ml	Tier 1	
memantine hcl tab 5 mg (generic of NAMENDA)	Tier 1	
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak (generic of NAMENDA TITRATION PAK)	Tier 1	
memantine hcl tab 10 mg (generic of NAMENDA)	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
rivastigmine tartrate cap 1.5 mg (base equivalent)	Tier 1	
rivastigmine tartrate cap 3 mg (base equivalent)	Tier 1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	Tier 1	
rivastigmine tartrate cap 6 mg (base equivalent)	Tier 1	
rivastigmine td patch 24hr 4.6 mg/24hr (generic of EXELON)	Tier 1	PA
rivastigmine td patch 24hr 9.5 mg/24hr (generic of EXELON)	Tier 1	PA
rivastigmine td patch 24hr 13.3 mg/24hr (generic of EXELON)	Tier 1	PA
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab 12.5 mg (generic of XENAZINE)	Tier 1	SP, PA
tetrabenazine tab 25 mg (generic of XENAZINE)	Tier 1	SP, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AUBAGIO TAB 7MG	Tier 2	SP, PA
AUBAGIO TAB 14MG	Tier 2	SP, PA
AVONEX PEN KIT 30MCG	Tier 2	SP, PA
AVONEX PREFL KIT 30MCG	Tier 2	SP, PA
dalfampridine tab er 12hr 10 mg (generic of AMPYRA)	Tier 1	SP, PA
EXTAVIA INJ 0.3MG	Tier 2	SP, PA
GILENYA CAP 0.5MG	Tier 2	SP, PA
glatiramer acetate soln prefilled syringe 20 mg/ml (generic of COPAXONE)	Tier 1	SP, PA
glatiramer acetate soln prefilled syringe 40 mg/ml (generic of COPAXONE)	Tier 1	SP, PA
glatopa inj 20mg/ml (generic of COPAXONE)	Tier 1	SP, PA
glatopa inj 40mg/ml (generic of COPAXONE)	Tier 1	SP, PA
PLEGRIDY INJ	Tier 2	SP, PA
PLEGRIDY INJ PEN	Tier 2	SP, PA
PLEGRIDY INJ STARTER	Tier 2	SP, PA
PLEGRIDY PEN INJ STARTER	Tier 2	SP, PA
TECFIDERA CAP 120MG	Tier 2	SP, QL (60 ea / 30 days), PA
TECFIDERA CAP 240MG	Tier 2	SP, QL (60 ea / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Tier 1	QL (60 ea / 30 days, max 90 days per year)
CHANTIX PAK 0.5& 1MG	Tier 2	PA
CHANTIX PAK 1MG	Tier 2	PA
CHANTIX TAB 0.5MG	Tier 2	PA
CHANTIX TAB 1MG	Tier 2	PA
nicotine polacrilex gum 2 mg	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
nicotine polacrilex gum 4 mg	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
nicotine polacrilex lozenge 2 mg	Tier 1	OTC, QL (240 ea / 30 days)
nicotine polacrilex lozenge 4 mg	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
nicotine td patch 24hr 7 mg/24hr	Tier 1	OTC, QL (30 ea / 30 days, max 90 days per year)
nicotine td patch 24hr 14 mg/24hr	Tier 1	OTC, QL (30 ea / 30 days, max 90 days per year)
nicotine td patch 24hr 21 mg/24hr	Tier 1	OTC, QL (30 ea / 30 days, max 90 days per year)
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
PULMOZYME SOL 1MG/ML	Tier 2	SP, QL (75 mL / 30 days), PA
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxycycline monohydrate cap 50 mg	Tier 1	QL (90 ea / 30 days)
doxycycline monohydrate cap 100 mg	Tier 1	QL (90 ea / 30 days)
doxycycline monohydrate tab 100 mg	Tier 1	QL (90 ea / 30 days)
minocycline hcl cap 50 mg (generic of MINOCIN)	Tier 1	QL (60 ea / 30 days)
minocycline hcl cap 100 mg (generic of MINOCIN)	Tier 1	QL (60 ea / 30 days)
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ANTITHYROID AGENTS		
methimazole tab 5 mg (generic of TAPAZOLE)	Tier 1	QL (180 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
methimazole tab 10 mg (generic of TAPAZOLE)	Tier 1	QL (180 ea / 30 days)
propylthiouracil tab 50 mg	Tier 1	QL (600 ea / 30 days)
THYROID HORMONES		
ARMOUR THYRO TAB 15MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 30MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 60MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 90MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 120MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 180MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 240MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 300MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
levothyroxine sodium tab 25 mcg (generic of LEVOTHYROXINE SODIUM TAB 25 MCG)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 50 mcg (generic of LEVOTHYROXINE SODIUM TAB 50 MCG)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 75 mcg (generic of LEVOTHYROXINE SODIUM TAB 75 MCG)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 88 mcg (generic of LEVOTHYROXINE SODIUM TAB 88 MCG)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 100 mcg (generic of LEVOTHYROXINE SODIUM TAB 100 MCG)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 112 mcg (generic of LEVOTHYROXINE SODIUM TAB 112 MCG)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 125 mcg (generic of LEVOTHYROXINE SODIUM TAB 125 MCG)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 137 mcg (generic of LEVOTHYROXINE SODIUM TAB 137 MCG)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 150 mcg (generic of LEVOTHYROXINE SODIUM TAB 150 MCG)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 175 mcg (generic of LEVOTHYROXINE SODIUM TAB 175 MCG)	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium tab 200 mcg (generic of LEVOTHYROXINE SODIUM TAB 200 MCG)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 300 mcg (generic of LEVOTHYROXINE SODIUM TAB 300 MCG)	Tier 1	QL (60 ea / 30 days)
np thyroid tab 15mg	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
np thyroid tab 30mg	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
np thyroid tab 60mg	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
np thyroid tab 90mg	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
np thyroid tab 120mg	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
SYNTHROID TAB 25MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 50MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 75MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 88MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 100MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 112MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 125MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 137MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 150MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 175MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 200MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 300MCG	Tier 2	QL (60 ea / 30 days)
thyroid tab 15 mg (1/4 grain)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
thyroid tab 30 mg (1/2 grain)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
thyroid tab 60 mg (1 grain)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
thyroid tab 90 mg (1 1/2 grain)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
thyroid tab 120 mg (2 grain)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ	Tier 1	AGE (Min age 19 years)
BOOSTRIX INJ	Tier 1	AGE (Min age 19 years)
TDVAX INJ 2-2 LF	Tier 1	AGE (Min age 19 years)
TENIVAC INJ 5-2LF	Tier 1	AGE (Min age 19 years)

Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
CUVPOSA SOL 1MG/5ML	Tier 2	PA
dicyclomine hcl cap 10 mg	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
dicyclomine hcl oral soln 10 mg/5ml	Tier 1	QL (2400 mL / 30 days); AGE (Max age 64 years)
dicyclomine hcl tab 20 mg	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
glycopyrrolate tab 1 mg	Tier 1	
glycopyrrolate tab 2 mg	Tier 1	
hyoscyamine sulfate elixir 0.125 mg/5ml	Tier 1	QL (1800 mL / 30 days); AGE (Max age 64 years)
hyoscyamine sulfate sl tab 0.125 mg	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)
hyoscyamine sulfate soln 0.125 mg/ml	Tier 1	QL (1800 mL / 30 days); AGE (Max age 64 years)
hyoscyamine sulfate tab 0.125 mg	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)
hyoscyamine sulfate tab disint 0.125 mg	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)
hyoscyamine sulfate tab er 12hr 0.375 mg	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
oscimin tab 0.125mg	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	Tier 1	QL (1800 mL / 30 days)
cimetidine tab 200 mg	Tier 1	QL (120 ea / 30 days)
cimetidine tab 200 mg	Tier 1	OTC, QL (120 ea / 30 days)
cimetidine tab 300 mg	Tier 1	QL (60 ea / 30 days)
cimetidine tab 400 mg	Tier 1	QL (60 ea / 30 days)
cimetidine tab 800 mg	Tier 1	QL (60 ea / 30 days)
famotidine tab 10 mg	Tier 1	OTC, QL (60 ea / 30 days)
famotidine tab 20 mg	Tier 1	OTC, QL (60 ea / 30 days)
famotidine tab 20 mg (generic of PEPCID)	Tier 1	QL (60 ea / 30 days)
famotidine tab 40 mg (generic of PEPCID)	Tier 1	QL (60 ea / 30 days)
nizatidine cap 150 mg	Tier 1	QL (120 ea / 30 days), ST; Requires trial of famotidine and ranitidine

Drug Name	Drug Tier	Requirements/Limits
nizatidine oral soln 15 mg/ml	Tier 1	ST; Requires trial of famotidine and ranitidine
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	Tier 1	QL (600 mL / 30 days); AGE (Max age 12 years)
ranitidine hcl tab 75 mg	Tier 1	OTC, QL (120 ea / 30 days)
ranitidine hcl tab 150 mg	Tier 1	OTC, QL (120 ea / 30 days)
ranitidine hcl tab 150 mg (generic of ZANTAC)	Tier 1	QL (120 ea / 30 days)
ranitidine hcl tab 300 mg	Tier 1	QL (60 ea / 30 days)
MISC. ANTI-ULCER		
CARAFATE SUS 1GM/10ML	Tier 2	QL (1200 mL / 30 days); AGE (Max age 18 years)
sucralfate tab 1 gm (generic of CARAFATE)	Tier 1	QL (120 ea / 30 days)
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
acid reducer cap 20.6mgdr	Tier 1	OTC, QL (30 ea / 30 days)
esomeprazole magnesium cap delayed release 20 mg (base eq)	Tier 1	OTC, QL (60 ea / 30 days)
heartburn tr cap 15mg	Tier 1	OTC, QL (60 ea / 30 days)
lansoprazole cap delayed release 15 mg	Tier 1	OTC, QL (60 ea / 30 days)
lansoprazole cap delayed release 15 mg (generic of PREVACID)	Tier 1	QL (60 ea / 30 days)
omeprazole cap delayed release 10 mg	Tier 1	QL (90 ea / 30 days)
omeprazole cap delayed release 20 mg	Tier 1	QL (90 ea / 30 days)
omeprazole cap delayed release 40 mg	Tier 1	QL (30 ea / 30 days)
omeprazole delayed release tab 20 mg	Tier 1	OTC, QL (90 ea / 30 days)
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	Tier 1	OTC, QL (30 ea / 30 days)
pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)	Tier 1	QL (30 ea / 30 days)
pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)	Tier 1	QL (90 ea / 30 days)
PRILOSEC OTC TAB 20MG	Tier 2	OTC, QL (90 ea / 30 days)
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab 100 mcg (generic of CYTOTEC)	Tier 1	QL (120 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
misoprostol tab 200 mcg (generic of CYTOTEC)	Tier 1	QL (120 ea / 30 days)

URINARY ANTI-INFECTIVES

URINARY ANTI-INFECTIVES

nitrofurantoin macrocrystalline cap 50 mg (generic of MACRODANTIN)	Tier 1	QL (60 ea / 30 days); AGE (Max age 64 years)
nitrofurantoin macrocrystalline cap 100 mg (generic of MACRODANTIN)	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
nitrofurantoin monohydrate macrocrystalline cap 100 mg (generic of MACROBID)	Tier 1	QL (60 ea / 30 days); AGE (Max age 64 years)
nitrofurantoin susp 25 mg/5ml	Tier 1	QL (40 mL / day, max 10 day supply); AGE (Max age 12 years)

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

oxybutynin chloride syrup 5 mg/5ml	Tier 1	QL (600 mL / 30 days)
oxybutynin chloride tab 5 mg	Tier 1	QL (90 ea / 30 days)
oxybutynin chloride tab er 24hr 5 mg (generic of DITROPAN XL)	Tier 1	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR
oxybutynin chloride tab er 24hr 10 mg (generic of DITROPAN XL)	Tier 1	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR
oxybutynin chloride tab er 24hr 15 mg	Tier 1	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR
tolterodine tartrate tab 1 mg (generic of DETROL)	Tier 1	QL (60 ea / 30 days), ST; Requires trial of oxybutynin
tolterodine tartrate tab 2 mg (generic of DETROL)	Tier 1	QL (60 ea / 30 days), ST; Requires trial of oxybutynin
trospium chloride tab 20 mg	Tier 1	QL (60 ea / 30 days), ST; Requires trial of oxybutynin

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

bethanechol chloride tab 5 mg	Tier 1	QL (120 ea / 30 days)
bethanechol chloride tab 10 mg	Tier 1	QL (120 ea / 30 days)
bethanechol chloride tab 25 mg (generic of URECHOLINE)	Tier 1	QL (120 ea / 30 days)
bethanechol chloride tab 50 mg (generic of URECHOLINE)	Tier 1	QL (120 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	Tier 1	QL (120 ea / 30 days)
VACCINES		
BACTERIAL VACCINES		
PNEUMOVAX 23 INJ 25/0.5	Tier 1	AGE (Min age 19 years)
PREVNAR 13 INJ	Tier 1	AGE (Min age 19 years)
VIRAL VACCINES		
AFLURIA QUAD INJ 2019-20	Tier 1	AGE (Min age 19 years)
ENGERIX-B INJ 10/0.5ML	Tier 1	AGE (Min age 19 years)
ENGERIX-B INJ 20MCG/ML	Tier 1	AGE (Min age 19 years)
FLUARIX QUAD INJ 2019-20	Tier 1	AGE (Min age 19 years)
FLUBLOK QUAD INJ 2019-20	Tier 1	AGE (Min age 19 years)
FLUCLVX QUAD INJ 2019-20	Tier 1	AGE (Min age 19 years)
FLULAVAL QUA INJ 2019-20	Tier 1	AGE (Min age 19 years)
FLUZONE QUAD INJ 2019-20	Tier 1	AGE (Min age 19 years)
HAVRIX INJ 720UNIT	Tier 1	AGE (Min age 19 years)
HAVRIX INJ 1440UNIT	Tier 1	AGE (Min age 19 years)
HEPLISAV-B INJ 20/0.5ML	Tier 1	AGE (Min age 19 years)
RECOMBIVA HB INJ 5MCG/0.5	Tier 1	AGE (Min age 19 years)
RECOMBIVA HB INJ 10MCG/ML	Tier 1	AGE (Min age 19 years)
SHINGRIX INJ 50MCG	Tier 1	AGE (Min age 50 years)
TWINRIX INJ	Tier 1	AGE (Min age 19 years)
VAQTA INJ 25/0.5ML	Tier 1	AGE (Min age 19 years)
VAQTA INJ 50UNT/ML	Tier 1	AGE (Min age 19 years)
ZOSTAVAX INJ	Tier 1	QL (max 1 fill per lifetime); AGE (Min age 50 years)
VAGINAL PRODUCTS		
SPERMICIDES		
TODAY SPONGE MIS	Tier 2	OTC
VCF VAGINAL AER CONTRACP	Tier 2	OTC
VCF VAGINAL MIS CONTRACP	Tier 2	OTC
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)	Tier 1	
clotrimazole vaginal cream 1%	Tier 1	OTC
clotrimazole vaginal cream 2%	Tier 1	OTC
metronidazole vaginal gel 0.75%	Tier 1	QL (70 gm / 5 days)
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	Tier 1	OTC
miconazole nitrate vaginal cream 2%	Tier 1	OTC
miconazole nitrate vaginal cream 4% (200 mg/5gm)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit	Tier 1	OTC
miconazole nitrate vaginal suppos 100 mg	Tier 1	OTC
terconazole vaginal cream 0.4%	Tier 1	
terconazole vaginal cream 0.8%	Tier 1	
terconazole vaginal suppos 80 mg	Tier 1	QL (30 ea / 30 days)
tioconazole vaginal oint 6.5%	Tier 1	OTC
vandazole gel 0.75%	Tier 1	QL (70 gm / 5 days)
VAGINAL ESTROGENS		
estradiol vaginal cream 0.1 mg/gm (generic of ESTRACE)	Tier 1	QL (42.5 gm / 30 days)
estradiol vaginal tab 10 mcg (generic of ESTRADIOL VAGINAL TAB 10 MCG)	Tier 1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
SYMJEPI INJ 0.3MG	Tier 2	QL (2 ea / 25 days)
SYMJEPI INJ 0.15MG	Tier 2	QL (2 ea / 25 days)
VASOPRESSORS		
midodrine hcl tab 2.5 mg	Tier 1	QL (90 ea / 30 days)
midodrine hcl tab 5 mg	Tier 1	QL (90 ea / 30 days)
midodrine hcl tab 10 mg	Tier 1	QL (90 ea / 30 days)
VITAMINS		
OIL SOLUBLE VITAMINS		
cholecalciferol cap 1000 unit	Tier 1	OTC, QL (30 ea / 30 days)
cholecalciferol cap 2000 unit	Tier 1	OTC, QL (30 ea / 30 days)
cholecalciferol cap 5000 unit	Tier 1	OTC, QL (30 ea / 30 days)
cholecalciferol cap 10000 unit	Tier 1	OTC, QL (30 ea / 30 days)
cholecalciferol cap 50000 unit	Tier 1	OTC, QL (30 ea / 30 days)
cholecalciferol chew tab 400 unit	Tier 1	OTC, QL (30 ea / 30 days)
cholecalciferol oral liquid 400 unit/ml	Tier 1	OTC, QL (180 mL / 30 days)
cholecalciferol tab 400 unit	Tier 1	OTC, QL (180 ea / 30 days)
cholecalciferol tab 1000 unit	Tier 1	OTC, QL (180 ea / 30 days)
cholecalciferol tab 2000 unit	Tier 1	OTC, QL (180 ea / 30 days)
cholecalciferol tab 5000 unit	Tier 1	OTC, QL (180 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ergocalciferol cap 1.25 mg (50000 unit) (generic of DRISDOL)	Tier 1	QL (180 ea / 30 days)
phytonadione tab 5 mg (generic of MEPHYTON)	Tier 1	QL (150 ea / 30 days)
WATER SOLUBLE VITAMINS		
ascorbic acid tab 500 mg	Tier 1	OTC
niacin cap er 250 mg	Tier 1	OTC
niacin cap er 500 mg	Tier 1	OTC
niacin tab 100 mg	Tier 1	OTC
niacin tab 500 mg	Tier 1	OTC
niacin tab er 250 mg	Tier 1	OTC
niacin tab er 500 mg	Tier 1	OTC
niacin tab er 750 mg	Tier 1	OTC
niacinamide tab 500 mg	Tier 1	OTC
pyridoxine hcl tab 25 mg	Tier 1	OTC, QL (60 ea / 30 days)
pyridoxine hcl tab 50 mg	Tier 1	OTC, QL (120 ea / 30 days)
pyridoxine hcl tab 100 mg	Tier 1	OTC, QL (120 ea / 30 days)
riboflavin tab 100 mg	Tier 1	OTC
thiamine hcl tab 50 mg	Tier 1	OTC, QL (60 ea / 30 days)
thiamine hcl tab 100 mg	Tier 1	OTC, QL (30 ea / 30 days)

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