



**July 2023**

**Molina Healthcare of Utah**

**Medicaid**

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



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200 Independence Avenue, SW  
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Washington, D.C. 20201

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(07/01/2023) v2

## FORMULARY GUIDE (ENGLISH)

### INTRODUCTION

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

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

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

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

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

### PREFACE

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

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

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

### DRUG LIST PRODUCT DESCRIPTIONS

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

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

## GENERIC SUBSTITUTION

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

Prescription generic drugs are:

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

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

## PLAN DESIGN

The document represents a closed formulary plan design. Member copay is \$4 per drug with a max of \$12 (3 copays) per month. There are no member copays for contraceptives, True Metrix blood sugar monitor and testing strips, or vaccines. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc). Requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log into [www.molinahealthcare.com](http://www.molinahealthcare.com) to check coverage.

## **PRIOR AUTHORIZATION REQUEST PROCEDURE**

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

## **PRIOR AUTHORIZATION HELPFUL HINTS**

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

The following are examples:

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

## **REQUESTING FORMULARY CHANGES**

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

Fax: (855) 714-2419

## **CATEGORIES OF CONSIDERATION**

### **OPIOID ANALGESICS**

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

## **STATE OF UTAH, MEDICAID CARVE-OUT**

The State of Utah enacted a carve-out for some medications. Claims for these medications must be submitted directly to the State Fee-for-Service Pharmacy Program. These classes include:

- Antipsychotics (including injectables)
- Anticonvulsants
- ADHD Stimulants
- Antidepressants
- Antianxiety Agents
- Transplant Immunosuppressants
- Hemophilia Drugs

- Mood Stabilizers
- Drugs to treat substance abuse disorders

## **EXCLUDED SERVICES**

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

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

## **NOTICE**

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

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

## **FORMULARY UPDATES**

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



## LEGEND

<b>AGE</b>	Age Limit
<b>MED</b>	Max 90 mg Morphine Equivalent Dose per day
<b>OTC</b>	Over-the-counter, covered benefit with a prescription
<b>PA</b>	Prior Authorization
<b>PA, QL</b>	Quantity Limit is applied after Prior Authorization approval
<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty Drug; these drugs must be obtained through a specialty pharmacy
<b>ST</b>	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability
90 DS	After two fills of a 30-day supply within 75 days, 90-day supply is available thereafter

## **GUÍA DE FORMULARIO (ESPAÑOL)**

### **INTRODUCCIÓN**

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

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

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

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

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

### **PREFACIO**

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

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

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

### **DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS**

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

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

## SUSTITUCIÓN GENÉRICA

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

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

- Normalmente, tienen un precio menor que sus equivalentes de marca.
- Están aprobados por la Administración de Alimentos y Medicamentos de los EE. UU. en términos de seguridad y eficacia. Además, se fabrican bajo las mismas normas estrictas que se aplican a medicamentos de marca.
- Se probaron en humanos para garantizar que el genérico sea absorbido en el torrente sanguíneo en una tasa y extensión similares en comparación con el medicamento de marca (bioequivalencia). Los genéricos pueden ser diferentes de los de la marca en cuanto a tamaño, color e ingredientes inactivos, pero esto no altera su eficacia o capacidad para ser absorbidos, tal como el medicamento de marca.
- Se fabrican con la misma concentración y dosificación que los medicamentos de marca.

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

## DISEÑO DE PLANES

El documento representa un diseño de planificación de formulario cerrado. El copago de miembros es de \$4 por medicamento, con un máximo de \$12 (3 copagos) por mes. No hay copagos de parte de los miembros para los siguientes productos: anticonceptivos, el monitor de azúcar en sangre True Metrix o vacunas. Los medicamentos que aparecen en el documento están cubiertos por el plan según se representa. Algunos medicamentos de la lista están cubiertos si se cumplen los criterios de

administración de utilización (es decir, terapia progresiva, autorización previa, límites de cantidad, etc.). Las solicitudes de uso de dichos medicamentos que estén fuera de los criterios enumerados se revisarán según la necesidad médica. Si un medicamento no aparece en el documento, es posible que se solicite una excepción de formulario para la cobertura. Las solicitudes de necesidad médica o de excepción de formulario se revisarán en función de los criterios de autorización previos específicos para el medicamento o los criterios estándar de solicitud de receta médica no convencional. Inicie sesión en [www.molinahealthcare.com](http://www.molinahealthcare.com) para revisar la cobertura.

## PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA

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

## CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA

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

Observe los siguientes ejemplos:

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

## SOLICITUD DE CAMBIOS EN EL FORMULARIO

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

Fax: (855) 714-2419

## CATEGORÍAS DE CONSIDERACIÓN

### ANALGÉSICOS OPIOIDES

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

## **ESTADO DE UTAH, ESCISIÓN DE MEDICAID**

El Estado de Utah promulgó una escisión para algunos medicamentos. Los reclamos por estos medicamentos se deben enviar directamente al Programa Estatal de Farmacia de cobro por servicio. Entre estas clases se incluyen los siguientes medicamentos:

- Neurolépticos (incluidos en formato inyectable)
- Anticonvulsivos
- Estimulantes de TDAH
- Antidepresivos
- Agentes contra la ansiedad
- Inmunosupresores para trasplante
- Fármacos para tratar la hemofilia
- Estabilizadores del estado de ánimo
- Medicamentos para tratar trastornos de abuso de sustancias

## **SERVICIOS EXCLUIDOS**

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

- Medicamentos no aptos para fondos Federales de Medicaid
- Medicamentos contra la anorexia, pérdida de peso o aumento de peso
- Medicamentos para promover la fertilidad
- Medicamentos para fines cosméticos o el crecimiento del cabello
- Medicamentos para el alivio sintomático de la tos y los resfríos, excepto aquellos que aparecen en la lista de medicamentos preferidos
- Vitaminas, excepto las vitaminas Prenatales para mujeres embarazadas y las gotas de vitamina con o sin fluoruro, para niños de cinco (5) años
- Suplementos de fluoruro
- Medicamentos sin receta (de venta libre u OTC), excepto aquellos medicamentos que aparecen en la lista de medicamentos preferidos
- Medicamentos para los que el fabricante requiere, como condición de venta, que las pruebas y los servicios de monitoreo asociados se compren exclusivamente al fabricante o a su representante
- Medicamentos para el tratamiento de la disfunción sexual o eréctil
- Medicamentos que un hospital entrega a un paciente en el momento del alta (medicamentos para llevar al hogar)
- Leche materna, sustitutos de leche materna, alimentos para bebés o alimentos médicos, productos metabólicos recetados para errores innatos de metabolismo (p. ej., fenilcetonuria y la enfermedad de la orina con olor a jarabe de arce) según se define en el Manual del Proveedor de Medicaid de Utah
- Medicamentos disponibles solo a través de programas de distribución de un solo proveedor, a menos que el distribuidor esté inscrito en Utah Medicaid como proveedor farmacéutico
- Medicamentos experimentales o en fase de investigación
- Formas de dosificación de conveniencia (parches transdérmicos) que no aparecen en la Lista de medicamentos

- Productos farmacéuticos que la Administración de Alimentos y Medicamentos de los EE. UU. (FDA) determina que son menos eficaces y medicamentos idénticos, relacionados o similares (denominados, con frecuencia, medicamentos “DESI 5 y 6”)
- Producto farmacéutico no perteneciente al Programa de Devolución de Medicamentos de Medicaid

## **AVISO**

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

## **ACTUALIZACIONES DEL FORMULARIO**

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

## LEYENDA

<b>AGE</b>	Límite de edad
<b>MED</b>	Dosis equivalente de morfina de 90 mg como máximo por día
<b>OTC</b>	Medicamento de venta libre, beneficio cubierto con una receta médica
<b>PA</b>	Autorización previa
<b>PA, QL</b>	Límite de cantidad que se aplica después de la aprobación de la Autorización Previa
<b>QL</b>	Límite de Cantidad
<b>SP</b>	Medicamento de especialidad; estos medicamentos se deben obtener a través de una farmacia de especialidad
<b>ST</b>	Terapia progresiva
<i>minúscula</i>	Indica disponibilidad genérica
<b>MAYÚSCULA</b>	Indica disponibilidad de la marca
<b>90 DS</b>	Después de dos renovaciones de un suministro para 30 días dentro de un plazo de 75 días, posteriormente se opcional un suministro para 90 días

## FORMULARY UPDATES

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

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

Date Effective	Product Name	Change	Notes
7/1/2023	TAMIFLU CAP 30MG	Remove brand from formulary	
7/1/2023	TAMIFLU SUS 6MG/ML	Remove brand from formulary	
7/1/2023	TAMIFLU CAP 45MG	Remove brand from formulary	
7/1/2023	TAMIFLU CAP 75MG	Remove brand from formulary	
7/1/2023	FreeStyle Libre 3 Sensor MISC	Add to formulary, QL	2 per 28 days
7/1/2023	HYDROXYPROGESTERONE CAPROATE IM IN OIL 250 MG/ML	Remove from formulary	
7/1/2023	HYDROXYPROGESTERONE CAPROATE (BULK) POWDER	Remove from formulary	
7/1/2023	AUBAGIO 7MG	Remove from formulary	
7/1/2023	AUBAGIO 7MG	Remove from formulary	
7/1/2023	TERIFLUNOMID TAB 7MG	Add to formulary, PA	
7/1/2023	TERIFLUNOMID TAB 14MG	Add to formulary, PA	
7/1/2023	FIRVANQ ORAL SOL	Remove from formulary	



Date Effective	Product Name	Change	Notes
7/1/2023	VANCOMYCIN ORAL SOL	Add to formulary, QL	40 mL every 1 day

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

**ANALEPTICS**

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	QL (40 vials in lifetime); AGE (Max 1)
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**STIMULANTS - MISC.**

<i>armodafinil tab 50 mg (generic of NUVIGIL)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 17)
<i>armodafinil tab 150 mg (generic of NUVIGIL)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 17)
<i>armodafinil tab 200 mg (generic of NUVIGIL)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 17)
<i>armodafinil tab 250 mg (generic of NUVIGIL)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 17)
<i>modafinil tab 100 mg (generic of PROVIGIL)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 17)
<i>modafinil tab 200 mg (generic of PROVIGIL)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 17)

**AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS**

**AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS**

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

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN INJ PS/UV	Tier 2	PA, QL (2 pens every 24 days)
HUMIRA PEN KIT CD/UC/HS	Tier 2	PA, QL (3 pens every 180 days)
HUMIRA PEN KIT PED UC	Tier 2	PA, QL (4 pens every 180 days)
HUMIRA PEN KIT PS/UV	Tier 2	PA, QL (3 pens every 180 days)

### **ANTIRHEUMATIC - ENZYME INHIBITORS**

XELJANZ SOL 1MG/ML	Tier 2	PA
XELJANZ TAB 5MG	Tier 2	PA
XELJANZ TAB 10MG	Tier 2	PA
XELJANZ XR TAB 11MG	Tier 2	PA
XELJANZ XR TAB 22MG	Tier 2	PA

### **INTERLEUKIN-6 RECEPTOR INHIBITORS**

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

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

<i>celecoxib cap 50 mg (generic of CELEBREX)</i>	Tier 1	QL (4 caps every 1 day)
<i>celecoxib cap 100 mg (generic of CELEBREX)</i>	Tier 1	QL (4 caps every 1 day)
<i>celecoxib cap 200 mg (generic of CELEBREX)</i>	Tier 1	QL (2 caps every 1 day)
<i>celecoxib cap 400 mg (generic of CELEBREX)</i>	Tier 1	QL (2 caps every 1 day)
DAYPRO TAB 600MG	Tier 2	PA, QL (3 tabs every 1 day)
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>ec-naproxen tab 375mg (generic of EC-NAPROSYN)</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>ec-naproxen tab 500mg (generic of EC-NAPROSYN)</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>etodolac tab 400 mg (generic of LODINE)</i>	Tier 1	QL (3 tabs every 1 day)
<i>etodolac tab 500 mg</i>	Tier 1	QL (2 tabs every 1 day)
FELDENE CAP 10MG	Tier 2	PA, QL (4 caps every 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FELDENE CAP 20MG	Tier 2	PA, QL (2 caps every 1 day)
<i>flurbiprofen tab 100 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>gnp naproxen cap 220mg</i>	Tier 1	OTC
<i>ibuprofen cap 200 mg</i>	Tier 1	QL (4 caps every 1 day), OTC; 90 day program
<i>ibuprofen chew tab 100 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC
<i>ibuprofen susp 40 mg/ml</i>	Tier 1	QL (160 mL every 1 day), OTC
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	QL (160 mL every 1 day)
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	QL (160 mL every 1 day), OTC
<i>ibuprofen tab 200 mg</i>	Tier 1	QL (4 tabs every 1 day), OTC; 90 day program
<i>ibuprofen tab 400 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>ibuprofen tab 600 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>ibuprofen tab 800 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>indomethacin cap 25 mg</i>	Tier 1	QL (4 caps every 1 day); AGE (Max 64)
<i>indomethacin cap 50 mg</i>	Tier 1	QL (4 caps every 1 day); AGE (Max 64)
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Max 64)
<i>meloxicam tab 7.5 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>meloxicam tab 15 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>nabumetone tab 500 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>nabumetone tab 750 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>naproxen sodium cap 220 mg</i>	Tier 1	OTC
<i>naproxen sodium tab 220 mg</i>	Tier 1	QL (3 tabs every 1 day), OTC
<i>naproxen susp 125 mg/5ml (generic of NAPROSYN)</i>	Tier 1	QL (100 mL every 1 day)
<i>naproxen tab 250 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>naproxen tab 375 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>naproxen tab 500 mg (generic of NAPROSYN)</i>	Tier 1	QL (3 tabs every 1 day); 90 day program

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>naproxen tab ec 375 mg</i> (generic of EC-NAPROSYN)	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>naproxen tab ec 500 mg</i> (generic of EC-NAPROSYN)	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>oxaprozin tab 600 mg</i> (generic of DAYPRO)	Tier 1	PA, QL (3 tabs every 1 day)
<i>piroxicam cap 10 mg</i> (generic of FELDENE)	Tier 1	PA, QL (4 caps every 1 day)
<i>piroxicam cap 20 mg</i> (generic of FELDENE)	Tier 1	PA, QL (2 caps every 1 day)
<i>qc naproxen cap 220mg</i>	Tier 1	OTC
<i>sulindac tab 150 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>sulindac tab 200 mg</i>	Tier 1	QL (3 tabs every 1 day)

### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

OTEZLA TAB 10/20/30	Tier 2	PA
OTEZLA TAB 30MG	Tier 2	PA

### **PYRIMIDINE SYNTHESIS INHIBITORS**

<i>leflunomide tab 10 mg</i> (generic of ARAVA)	Tier 1	QL (1 tab every 1 day)
<i>leflunomide tab 20 mg</i> (generic of ARAVA)	Tier 1	QL (1 tab every 1 day)

### **SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

ENBREL INJ 25/0.5ML	Tier 2	PA, QL (8 syringes every 24 days)
ENBREL INJ 25MG	Tier 2	PA, QL (8 vials every 24 days)
ENBREL INJ 50MG/ML	Tier 2	PA, QL (4 syringes every 24 days)
ENBREL MINI INJ 50MG/ML	Tier 2	PA, QL (4 injections every 24 days)
ENBREL SRCLK INJ 50MG/ML	Tier 2	PA, QL (4 pens every 24 days)

### **ANALGESICS - NONNARCOTIC**

#### **ANALGESIC COMBINATIONS**

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

#### **ANALGESICS OTHER**

<i>acetaminophen chew tab 80 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC
<i>acetaminophen chew tab 160 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC
<i>acetaminophen liquid 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen liquid 167 mg/5ml</i>	Tier 1	OTC

**90 DS** - After two fills of 30 day supply within 75 days, 90 day supply is available thereafter

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetaminophen soln 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen suppos 120 mg</i>	Tier 1	QL (34 supp every 1 day), OTC
<i>acetaminophen suppos 650 mg</i>	Tier 1	QL (6 supp every 1 day), OTC
<i>acetaminophen susp 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen tab 325 mg</i>	Tier 1	QL (12 tabs every 1 day), OTC
<i>acetaminophen tab 500 mg</i>	Tier 1	QL (8 tabs every 1 day), OTC
<i>acetaminophen tab er 650 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC

### **SALICYLATES**

<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	Tier 1	OTC
<i>aspirin chew tab 81 mg</i>	Tier 1	QL (1 tab every 1 day), OTC; 90 day program
ASPIRIN SUP 300MG	Tier 2	OTC
<i>aspirin tab 325 mg</i>	Tier 1	QL (12 tabs every 1 day), OTC; 90 day program
<i>aspirin tab delayed release 81 mg</i>	Tier 1	QL (1 tab every 1 day), OTC; 90 day program
<i>aspirin tab delayed release 325 mg</i>	Tier 1	QL (12 tabs every 1 day), OTC; 90 day program
<i>enteric asa tab 325mg ec</i>	Tier 1	QL (12 tabs every 1 day), OTC; 90 day program
<i>gnp aspirin tab 325mg ec</i>	Tier 1	QL (12 tabs every 1 day), OTC
<i>hm aspirin tab 325mg ec</i>	Tier 1	QL (12 tabs every 1 day), OTC; 90 day program
<i>salsalate tab 500 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>salsalate tab 750 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>sm aspirin tab 325mg ec</i>	Tier 1	QL (12 tabs every 1 day), OTC; 90 day program

### **ANALGESICS - OPIOID - DRUGS TO TREAT PAIN**

#### **OPIOID AGONISTS**

CODEINE SULF TAB 60MG	Tier 2	QL (8 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required, AGE (Min 12)
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**90 DS** - After two fills of 30 day supply within 75 days, 90 day supply is available thereafter

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>codeine sulfate tab 30 mg</i>	Tier 1	QL (12 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required, AGE (Min 12)
DILAUDID TAB 2MG	Tier 2	QL (12 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
DILAUDID TAB 4MG	Tier 2	QL (12 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	PA, QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	PA, QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	PA, QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	PA, QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	PA, QL (0.334 patches every 1 day); MED
<i>hydromorphone hcl tab 2 mg (generic of DILAUDID)</i>	Tier 1	QL (12 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>hydromorphone hcl tab 4 mg (generic of DILAUDID)</i>	Tier 1	QL (12 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>methadone hcl tab 5 mg</i>	Tier 1	MED
<i>methadone hcl tab 10 mg</i>	Tier 1	MED
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab 15 mg</i>	Tier 1	QL (3 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (3 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab er 15 mg</i> (generic of MS CONTIN)	Tier 1	ST, QL (3 tabs every 1 day); Requires prior use of IR Opioid; MED
<i>morphine sulfate tab er 30 mg</i> (generic of MS CONTIN)	Tier 1	ST, QL (3 tabs every 1 day); Requires prior use of IR Opioid; MED
<i>morphine sulfate tab er 60 mg</i> (generic of MS CONTIN)	Tier 1	ST, QL (3 tabs every 1 day); Requires prior use of IR Opioid; MED
<i>morphine sulfate tab er 100 mg</i> (generic of MS CONTIN)	Tier 1	ST, QL (3 tabs every 1 day); Requires prior use of IR Opioid; MED
MS CONTIN TAB 15MG ER	Tier 2	ST, QL (3 tabs every 1 day); Requires prior use of IR Opioid; MED
MS CONTIN TAB 30MG ER	Tier 2	ST, QL (3 tabs every 1 day); Requires prior use of IR Opioid; MED
MS CONTIN TAB 60MG ER	Tier 2	ST, QL (3 tabs every 1 day); Requires prior use of IR Opioid; MED
MS CONTIN TAB 100MG ER	Tier 2	ST, QL (3 tabs every 1 day); Requires prior use of IR Opioid; MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	QL (max quantity 240 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 15 mg</i> (generic of ROXICODONE)	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 30 mg (generic of ROXICODONE)</i>	Tier 1	QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required
ROXICODONE TAB 15MG	Tier 2	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
ROXICODONE TAB 30MG	Tier 2	QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (8 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required, AGE (Min 12)

### **OPIOID COMBINATIONS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>endocet tab 7.5-325</i> (generic of PERCOCET)	Tier 1	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 10-325mg</i> (generic of PERCOCET)	Tier 1	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QL (3750 mL every 25 days); HYCET, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (6 tabs every 1 day); NORCO; MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (6 tabs every 1 day); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (6 tabs every 1 day); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET)	Tier 1	QL (8 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET)	Tier 1	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET)	Tier 1	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
PERCOCET TAB 5-325MG	Tier 2	QL (8 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
PERCOCET TAB 7.5-325	Tier 2	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PERCOCET TAB 10-325MG	Tier 2	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required

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

### **ANDROGENS**

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

## **ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS**

### **INTRARECTAL STEROIDS**

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

<i>hydrocortisone rectal cream 2.5% (generic of HYDROCORTISONE RECTAL CREAM 2.5%)</i>	Tier 1	
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## **ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID**

### **ANTACID COMBINATIONS**

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

### **ANTACIDS - BICARBONATE**

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

### **ANTACIDS - CALCIUM SALTS**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 1	OTC
<b>ANTACIDS - MAGNESIUM SALTS</b>		
<i>magnesium oxide tab 420 mg</i>	Tier 1	OTC
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES</b>		
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES</b>		
<i>albendazole tab 200 mg</i>	Tier 1	PA
<i>ivermectin tab 3 mg (generic of STROMECTOL)</i>	Tier 1	QL (16 tabs every 2 days); Max 1 fill per month
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS</b>		
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS</b>		
<i>metronidazole tab 250 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>metronidazole tab 500 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>trimethoprim tab 100 mg</i>	Tier 1	QL (6 tabs every 1 day)
TRIMETHOPRIM TAB 100MG	Tier 2	QL (6 tabs every 1 day)
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	QL (40 mL every 1 day)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	Tier 1	QL (4 tabs every 1 day)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	Tier 1	QL (4 tabs every 1 day)
<i>sulfatrim pd sus 200-40/5</i>	Tier 1	QL (40 mL every 1 day)
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone susp 750 mg/5ml (generic of MEPRON)</i>	Tier 1	PA
MEPRON SUS	Tier 2	PA
<b>GLYCOPEPTIDES</b>		
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent) (generic of FIRVANQ)</i>	Tier 1	QL (40 mL every 1 day)
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent) (generic of FIRVANQ)</i>	Tier 1	QL (40 mL every 1 day)
<b>LEPROSTATICS</b>		
<i>dapsone tab 25 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>dapsone tab 100 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl cap 150 mg (generic of CLEOCIN)</i>	Tier 1	QL (8 caps every 1 day)
<i>clindamycin hcl cap 300 mg (generic of CLEOCIN)</i>	Tier 1	QL (6 caps every 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)</i>	Tier 1	AGE (Max 18)

### **OXAZOLIDINONES**

<i>linezolid for susp 100 mg/5ml (generic of ZYVOX)</i>	Tier 1	PA
<i>linezolid tab 600 mg (generic of ZYVOX)</i>	Tier 1	PA
ZYVOX SUS 100MG/5M	Tier 2	PA
ZYVOX TAB 600MG	Tier 2	PA

### **URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS**

<i>nitrofurantoin macrocrystalline cap 50 mg (generic of MACRODANTIN)</i>	Tier 1	QL (2 caps every 1 day); AGE (Max 64)
<i>nitrofurantoin macrocrystalline cap 100 mg (generic of MACRODANTIN)</i>	Tier 1	QL (4 caps every 1 day); AGE (Max 64)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg (generic of MACROBID)</i>	Tier 1	QL (2 caps every 1 day); AGE (Max 64)
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	QL (40 mL every 1 day); AGE (Max 12)

### **ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS**

#### **ANTIANGINALS-OTHER**

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

#### **NITRATES**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitroglycerin sl tab 0.4 mg</i> (generic of NITROSTAT)	Tier 1	QL (10 tabs every 1 day)
<i>nitroglycerin sl tab 0.6 mg</i> (generic of NITROSTAT)	Tier 1	QL (10 tabs every 1 day)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1	QL (1 patch every 1 day)

## **ANTI-ANXIETY AGENTS - DRUGS TO TREAT ANXIETY**

### **ANTI-ANXIETY AGENTS - MISC.**

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

## **ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS**

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

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

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

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

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propafenone hcl tab 300 mg</i>	Tier 1	QL (3 tabs every 1 day)
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl tab 200 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>pacerone tab 200mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1	QL (26 each every 1 day)
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA INJ 30MG/ML	Tier 2	PA
FASENRA PEN INJ 30MG/ML	Tier 2	PA
XOLAIR INJ 75/0.5	Tier 2	PA, QL (5 syringes every 24 days)
XOLAIR INJ 150MG/ML	Tier 2	PA, QL (5 syringes every 24 days)
XOLAIR SOL 150MG	Tier 2	PA, QL (5 vials every 24 days)
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA AER 17MCG	Tier 2	QL (1 inhaler every 25 days)
INCRUSE ELPT INH 62.5MCG	Tier 2	QL (1 blister every 1 day)
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (10 mL every 1 day)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew tab 4 mg (base equiv) (generic of SINGULAIR)</i>	Tier 1	QL (1 tab every 1 day)
<i>montelukast sodium chew tab 5 mg (base equiv) (generic of SINGULAIR)</i>	Tier 1	QL (1 tab every 1 day)
<i>montelukast sodium tab 10 mg (base equiv) (generic of SINGULAIR)</i>	Tier 1	QL (1 tab every 1 day)
<b>STEROID INHALANTS</b>		
ALVESCO AER 80MCG	Tier 2	QL (1 inhaler every 25 days)
ALVESCO AER 160MCG	Tier 2	QL (1 inhaler every 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml (generic of PULMICORT)</i>	Tier 1	QL (4 mL every 1 day); AGE (Max 9)
<i>budesonide inhalation susp 0.25 mg/2ml (generic of PULMICORT)</i>	Tier 1	QL (4 mL every 1 day); AGE (Max 9)
FLOVENT HFA AER 44MCG	Tier 2	QL (0.033 inhalers every 1 day); AGE (Max 11); 90 day program

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLOVENT HFA AER 110MCG	Tier 2	QL (0.033 inhalers every 1 day); AGE (Max 11); 90 day program
<i>fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)</i>	Tier 1	QL (0.033 inhalers every 1 day); AGE (Max 11)
<i>fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)</i>	Tier 1	QL (0.033 inhalers every 1 day); AGE (Max 11)
QVAR REDIIHA AER 80MCG	Tier 2	QL (0.354 gm every 1 day)
QVAR REDIIHAL AER 40MCG	Tier 2	QL (0.354 gm every 1 day)

### **SYMPATHOMIMETICS**

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (Age 0-17: 36 gm/25 days; Age 18+: 18 gm/25 days); Generic Ventolin
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROVENTIL HFA)</i>	Tier 1	QL (Age 0-17: 17 gm/25 days; Age 18+: 8.5 gm/25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	QL (150 each every 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 each every 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (225 each every 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (150 each every 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	QL (150 mL every 1 day)
<i>albuterol sulfate tab 4 mg</i>	Tier 1	QL (8 tabs every 1 day)
ANORO ELLIPT AER 62.5-25	Tier 2	QL (2 blisters every 1 day)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)</i>	Tier 1	QL (1 inhaler every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)</i>	Tier 1	QL (1 inhaler every 25 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Tier 1	QL (0.04 inhalers every 1 day); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)</i>	Tier 1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Tier 1	QL (0.04 inhalers every 1 day); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Tier 1	QL (0.04 inhalers every 1 day); Generic Airduo



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)</i>	Tier 1	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)</i>	Tier 1	QL (2 inhalations every 1 day)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (360 mL every 25 days)
STRIVERDI AER 2.5MCG	Tier 2	QL (0.5 inhalers every 1 day)
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	QL (6 tabs every 1 day)
TRELEGY AER 100MCG	Tier 2	QL (0.033 inhalers every 1 day)
TRELEGY AER 100MCG	Tier 2	QL (0.071 inhalers every 1 day)
TRELEGY AER 200MCG	Tier 2	QL (0.033 inhalers every 1 day)
TRELEGY AER 200MCG	Tier 2	QL (0.071 inhalers every 1 day)
<i>wixela inhub aer 100/50 (generic of ADVAIR DISKUS)</i>	Tier 1	QL (2 inhalations every 1 day)
<i>wixela inhub aer 250/50 (generic of ADVAIR DISKUS)</i>	Tier 1	QL (2 inhalations every 1 day)
<i>wixela inhub aer 500/50 (generic of ADVAIR DISKUS)</i>	Tier 1	QL (2 inhalations every 1 day)

### **XANTHINES**

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

### **ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS**

#### **COUMARIN ANTICOAGULANTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>warfarin sodium tab 6 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>warfarin sodium tab 10 mg</i>	Tier 1	QL (10 tabs every 1 day)

### **DIRECT FACTOR XA INHIBITORS**

ELIQUIS ST P TAB 5MG	Tier 2	QL (74 tabs every year); Max quantity 74 tablets, max one fill per year
ELIQUIS TAB 2.5MG	Tier 2	QL (2 tabs every 1 day)
ELIQUIS TAB 5MG	Tier 2	QL (2 tabs every 1 day)

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

ARIXTRA INJ 2.5/0.5	Tier 2	PA
ARIXTRA INJ 5/0.4ML	Tier 2	PA
ARIXTRA INJ 7.5/0.6	Tier 2	PA
ARIXTRA INJ 10/0.8ML	Tier 2	PA
<i>enoxaparin sodium inj 300 mg/3ml</i> (generic of LOVENOX)	Tier 1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i> (generic of LOVENOX)	Tier 1	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i> (generic of LOVENOX)	Tier 1	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i> (generic of LOVENOX)	Tier 1	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i> (generic of LOVENOX)	Tier 1	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i> (generic of LOVENOX)	Tier 1	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i> (generic of LOVENOX)	Tier 1	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i> (generic of LOVENOX)	Tier 1	QL (2 syringes every 1 day)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> (generic of ARIXTRA)	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> (generic of ARIXTRA)	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> (generic of ARIXTRA)	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> (generic of ARIXTRA)	Tier 1	PA
FRAGMIN INJ 2500/0.2	Tier 2	PA
FRAGMIN INJ 5000/0.2	Tier 2	PA
FRAGMIN INJ 7500/0.3	Tier 2	PA
FRAGMIN INJ 10000/ML	Tier 2	PA
FRAGMIN INJ 12500UNT	Tier 2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FRAGMIN INJ 15000UNT	Tier 2	PA
FRAGMIN INJ 18000UNT	Tier 2	PA

## **ANTIDIABETICS - DRUGS TO TREAT DIABETES**

### **ALPHA-GLUCOSIDASE INHIBITORS**

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

### **ANTIDIABETIC COMBINATIONS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 1	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 1	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	QL (2 tabs every 1 day); 90 day program; Generic Glucovance
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	QL (2 tabs every 1 day); 90 day program; Generic Glucovance
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program; Generic Glucovance
SEGLUROMET TAB 2.5-500	Tier 2	ST; Requires trial of metformin
SEGLUROMET TAB 2.5-1000	Tier 2	ST; Requires trial of metformin
SEGLUROMET TAB 7.5-500	Tier 2	ST; Requires trial of metformin
SEGLUROMET TAB 7.5-1000	Tier 2	ST; Requires trial of metformin
<b>BIGUANIDES</b>		
<i>metformin hcl tab 500 mg</i>	Tier 1	QL (5 tabs every 1 day); 90 day program
<i>metformin hcl tab 850 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>metformin hcl tab 1000 mg</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DIABETIC OTHER</b>		
BAQSIMI ONE POW 3MG/DOSE	Tier 2	QL (2 ea every 25 days)
BAQSIMI TWO POW 3MG/DOSE	Tier 2	QL (2 ea every 25 days)
GLUCAGEN INJ HYPOKIT	Tier 2	QL (2 syringes every 25 days)
<i>glucagon (rdna) for inj kit 1 mg</i> (generic of GLUCAGON EMERGENCY KIT)	Tier 1	QL (2 kits every 25 days)
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>alogliptin benzoate tab 6.25 mg</i> (base equiv)	Tier 1	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product; Generic Nesina
<i>alogliptin benzoate tab 12.5 mg</i> (base equiv)	Tier 1	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product; Generic Nesina
<i>alogliptin benzoate tab 25 mg</i> (base equiv)	Tier 1	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product; Generic Nesina
<b>INCRETIN MIMETIC AGENTS</b>		
OZEMPIC INJ 2MG/3ML	Tier 2	ST, QL (1 pen every 25 days)
OZEMPIC INJ 4MG/3ML	Tier 2	ST, QL (1 pen every 25 days); Requires trial of metformin
OZEMPIC INJ 8MG/3ML	Tier 2	ST, QL (1 pen every 25 days); Requires trial of metformin
RYBELSUS TAB 3MG	Tier 2	ST, QL (1 tab every 1 day); Requires trial of metformin
RYBELSUS TAB 7MG	Tier 2	ST, QL (1 tab every 1 day); Requires trial of metformin
RYBELSUS TAB 14MG	Tier 2	ST, QL (1 tab every 1 day); Requires trial of metformin
TRULICITY INJ 0.75/0.5	Tier 2	ST, QL (4 pens every 25 days); Requires trial of metformin

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRULICITY INJ 1.5/0.5	Tier 2	ST, QL (4 pens every 25 days); Requires trial of metformin
TRULICITY INJ 3/0.5	Tier 2	ST, QL (4 pens every 25 days); Requires trial of metformin
TRULICITY INJ 4.5/0.5	Tier 2	ST, QL (4 pens every 25 days); Requires trial of metformin

### **INSULIN**

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

### **INSULIN SENSITIZING AGENTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 60 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>nateglinide tab 120 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>repaglinide tab 1 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>repaglinide tab 2 mg</i>	Tier 1	QL (6 tabs every 1 day)
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
STEGLATRO TAB 5MG	Tier 2	ST; Requires trial of metformin
STEGLATRO TAB 15MG	Tier 2	ST; Requires trial of metformin
<b>SULFONYLUREAS</b>		
<i>glimepiride tab 1 mg (generic of AMARYL)</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>glimepiride tab 2 mg (generic of AMARYL)</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>glimepiride tab 4 mg (generic of AMARYL)</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>glipizide tab 5 mg</i>	Tier 1	QL (8 tabs every 1 day); 90 day program
<i>glipizide tab 10 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>glipizide tab er 24hr 2.5 mg (generic of GLUCOTROL XL)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>glipizide tab er 24hr 5 mg (generic of GLUCOTROL XL)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>glipizide tab er 24hr 10 mg (generic of GLUCOTROL XL)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>glipizide xl tab 2.5mg (generic of GLUCOTROL XL)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>glipizide xl tab 5mg (generic of GLUCOTROL XL)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>glipizide xl tab 10mg (generic of GLUCOTROL XL)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>glyburide micronized tab 1.5 mg (generic of GLYNASE)</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>glyburide micronized tab 3 mg (generic of GLYNASE)</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>glyburide micronized tab 6 mg (generic of GLYNASE)</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>glyburide tab 1.25 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>glyburide tab 2.5 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>glyburide tab 5 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program

**90 DS** - After two fills of 30 day supply within 75 days, 90 day supply is available thereafter  
**AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter  
**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

**Drug Name Drug Tier Requirements/Limits**  
**ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA**

**ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.**

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

**ANTIPERISTALTIC AGENTS**

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

**ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING**

**5-HT3 RECEPTOR ANTAGONISTS**

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

**ANTIEMETICS - ANTICHOLINERGIC**

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

**ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS**

**ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS**

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

**IMIDAZOLE-RELATED ANTIFUNGALS**

<i>fluconazole for susp 10 mg/ml (generic of DIFLUCAN)</i>	Tier 1	QL (35 mL every 25 days); AGE (Max 12)
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**90 DS** - After two fills of 30 day supply within 75 days, 90 day supply is available thereafter

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluconazole for susp 40 mg/ml (generic of DIFLUCAN)</i>	Tier 1	QL (35 mL every 25 days); AGE (Max 12)
<i>fluconazole tab 50 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>fluconazole tab 100 mg (generic of DIFLUCAN)</i>	Tier 1	QL (21 tabs every 25 days)
<i>fluconazole tab 150 mg (generic of DIFLUCAN)</i>	Tier 1	QL (2 tabs every 25 days)
<i>fluconazole tab 200 mg (generic of DIFLUCAN)</i>	Tier 1	QL (21 tabs every 25 days)
<i>ketoconazole tab 200 mg</i>	Tier 1	QL (2 tabs every 1 day)

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

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

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

### **ANTI-HISTAMINES - ETHANOLAMINES**

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

### **ANTI-HISTAMINES - NON-SEDATING**

<i>all day allg sol 1mg/ml</i>	Tier 1	QL (10 mL every 1 day), OTC; AGE (Max 12); 90 day program
<i>all day allg sol 5mg/5ml</i>	Tier 1	QL (10 mL every 1 day), OTC; AGE (Max 12); 90 day program
<i>allergy chld sol 1mg/ml</i>	Tier 1	QL (10 mL every 1 day), AGE, OTC; AGE (Max 12)
<i>allergy chld sol 5mg/5ml</i>	Tier 1	QL (10 mL every 1 day), OTC; AGE (Max 12)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>allergy relf sol 1mg/ml</i>	Tier 1	QL (10 mL every 1 day), OTC; AGE (Max 12); 90 day program
<i>allergy relf sol 5mg/5ml</i>	Tier 1	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>allergy relf tab 5mg</i>	Tier 1	QL (1 tab every 1 day), OTC; 90 day program
<i>allergy relf tab 10mg</i>	Tier 1	QL (1 tab every 1 day), OTC; 90 day program
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1	QL (10 mL every 1 day); AGE (Max 12); 90 day program
<i>cetirizine hcl tab 5 mg</i>	Tier 1	QL (1 tab every 1 day), OTC; 90 day program
<i>cetirizine hcl tab 10 mg</i>	Tier 1	QL (1 tab every 1 day), OTC; 90 day program
<i>cetirizine sol 1mg/ml</i>	Tier 1	QL (10 mL every 1 day), OTC; AGE (Max 12); 90 day program
<i>cetirizine sol 5mg/5ml</i>	Tier 1	QL (10 mL every 1 day), OTC; AGE (Max 12); 90 day program
<i>loratadine sol 5mg/5ml</i>	Tier 1	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>loratadine tab 10 mg</i>	Tier 1	QL (1 tab every 1 day), OTC; 90 day program
<i>qc allergy tab 10mg</i>	Tier 1	QL (1 tab every 1 day), OTC
<i>qc loratadin tab 10mg</i>	Tier 1	QL (1 tab every 1 day), OTC
<i>sm all day tab allr rel</i>	Tier 1	QL (1 tab every 1 day), OTC; 90 day program
<i>sm allergy sol 5mg/5ml</i>	Tier 1	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>sm loratadin tab 10mg</i>	Tier 1	QL (1 tab every 1 day), OTC; 90 day program

### **ANTI-HISTAMINES - PHENOTHIAZINES**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl suppos 25 mg</i>	Tier 1	QL (24 supp every 30 days); AGE (Min 2, Max 64)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	QL (100 mL every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl tab 25 mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl tab 50 mg</i>	Tier 1	QL (2 tabs every 1 day); AGE (Min 2, Max 64)

### **ANTI-HISTAMINES - PIPERIDINES**

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

### **ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL**

#### **ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS**

NEXLETOL TAB 180MG	Tier 2	PA
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#### **ANTIHYPERLIPIDEMICS - COMBINATIONS**

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

<i>cholestyramine light powder 4 gm/dose (generic of QUESTRAN LIGHT)</i>	Tier 1	QL (8 gm every 1 day)
<i>cholestyramine powder 4 gm/dose (generic of QUESTRAN)</i>	Tier 1	QL (48 gm every 1 day)
<i>colestipol hcl tab 1 gm (generic of COLESTID)</i>	Tier 1	QL (16 tabs every 1 day)
<i>prevalite pow 4gm (generic of QUESTRAN LIGHT)</i>	Tier 1	QL (8 gm every 1 day)

#### **FIBRIC ACID DERIVATIVES**

<i>fenofibrate tab 48 mg (generic of TRICOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>fenofibrate tab 54 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>fenofibrate tab 145 mg (generic of TRICOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>fenofibrate tab 160 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>gemfibrozil tab 600 mg (generic of LOPID)</i>	Tier 1	QL (4 tabs every 1 day); 90 day program

#### **HMG COA REDUCTASE INHIBITORS**

<i>atorvastatin calcium tab 10 mg (base equivalent) (generic of LIPITOR)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>atorvastatin calcium tab 20 mg (base equivalent) (generic of LIPITOR)</i>	Tier 1	QL (1 tab every 1 day); 90 day program

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atorvastatin calcium tab 40 mg (base equivalent) (generic of LIPITOR)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>atorvastatin calcium tab 80 mg (base equivalent) (generic of LIPITOR)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>lovastatin tab 10 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>lovastatin tab 20 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>lovastatin tab 40 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>pravastatin sodium tab 10 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>pravastatin sodium tab 20 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>pravastatin sodium tab 40 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>pravastatin sodium tab 80 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>rosuvastatin calcium tab 5 mg (generic of CRESTOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>rosuvastatin calcium tab 10 mg (generic of CRESTOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>rosuvastatin calcium tab 20 mg (generic of CRESTOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>rosuvastatin calcium tab 40 mg (generic of CRESTOR)</i>	Tier 1	QL (1 tab every 1 day)
<i>simvastatin tab 5 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>simvastatin tab 10 mg (generic of ZOCOR)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>simvastatin tab 20 mg (generic of ZOCOR)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>simvastatin tab 40 mg (generic of ZOCOR)</i>	Tier 1	QL (1 tab every 1 day); 90 day program

### **INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

<i>ezetimibe tab 10 mg (generic of ZETIA)</i>	Tier 1	QL (1 tab every 1 day)
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### **PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS**

REPATHA INJ 140MG/ML	Tier 2	PA, QL (2 syringes every 24 days)
REPATHA PUSH INJ 420/3.5	Tier 2	PA, QL (1 cartridge every 24 days)
REPATHA SURE INJ 140MG/ML	Tier 2	PA, QL (2 pens every 24 days)

**Drug Name** **Drug Tier** **Requirements/Limits**  
**ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE**  
**ACE INHIBITORS**

<i>benazepril hcl tab 5 mg</i>	Tier 1	QL (1.5 tabs every 1 day); 90 day program
<i>benazepril hcl tab 10 mg (generic of LOTENSIN)</i>	Tier 1	QL (1.5 tabs every 1 day); 90 day program
<i>benazepril hcl tab 20 mg (generic of LOTENSIN)</i>	Tier 1	QL (1.5 tabs every 1 day); 90 day program
<i>benazepril hcl tab 40 mg (generic of LOTENSIN)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>captopril tab 12.5 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>captopril tab 25 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>captopril tab 50 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>captopril tab 100 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>enalapril maleate oral soln 1 mg/ml (generic of EPANED)</i>	Tier 1	AGE (Max 12)
<i>enalapril maleate tab 2.5 mg (generic of VASOTEC)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>enalapril maleate tab 5 mg (generic of VASOTEC)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>enalapril maleate tab 10 mg (generic of VASOTEC)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>enalapril maleate tab 20 mg (generic of VASOTEC)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
EPANED SOL 1MG/ML	Tier 2	AGE (Max 12)
<i>fosinopril sodium tab 10 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>fosinopril sodium tab 20 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>fosinopril sodium tab 40 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>lisinopril tab 2.5 mg (generic of ZESTRIL)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>lisinopril tab 5 mg (generic of ZESTRIL)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>lisinopril tab 10 mg (generic of ZESTRIL)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>lisinopril tab 20 mg (generic of ZESTRIL)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>lisinopril tab 30 mg (generic of ZESTRIL)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>lisinopril tab 40 mg (generic of ZESTRIL)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QBRELIS SOL 1MG/ML	Tier 2	AGE (Min 6, Max 12)
<i>quinapril hcl tab 5 mg</i> (generic of ACCUPRIL)	Tier 1	QL (1 tab every 1 day); 90 day program
<i>quinapril hcl tab 10 mg</i> (generic of ACCUPRIL)	Tier 1	QL (1 tab every 1 day); 90 day program
<i>quinapril hcl tab 20 mg</i> (generic of ACCUPRIL)	Tier 1	QL (1 tab every 1 day); 90 day program
<i>quinapril hcl tab 40 mg</i> (generic of ACCUPRIL)	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>ramipril cap 1.25 mg</i> (generic of ALTACE)	Tier 1	QL (1 cap every 1 day); 90 day program
<i>ramipril cap 2.5 mg</i> (generic of ALTACE)	Tier 1	QL (1 cap every 1 day); 90 day program
<i>ramipril cap 5 mg</i> (generic of ALTACE)	Tier 1	QL (1 cap every 1 day); 90 day program
<i>ramipril cap 10 mg</i> (generic of ALTACE)	Tier 1	QL (1 cap every 1 day); 90 day program
<i>trandolapril tab 1 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>trandolapril tab 2 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>trandolapril tab 4 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

DIOVAN TAB 40MG	Tier 2	QL (2 tabs every 1 day)
DIOVAN TAB 80MG	Tier 2	QL (2 tabs every 1 day)
DIOVAN TAB 160MG	Tier 2	QL (2 tabs every 1 day)
DIOVAN TAB 320MG	Tier 2	QL (2 tabs every 1 day)
<i>irbesartan tab 75 mg</i> (generic of AVAPRO)	Tier 1	QL (1 tab every 1 day); 90 day program
<i>irbesartan tab 150 mg</i> (generic of AVAPRO)	Tier 1	QL (1 tab every 1 day); 90 day program
<i>irbesartan tab 300 mg</i> (generic of AVAPRO)	Tier 1	QL (1 tab every 1 day); 90 day program
<i>losartan potassium tab 25 mg</i> (generic of COZAAR)	Tier 1	QL (1 tab every 1 day); 90 day program
<i>losartan potassium tab 50 mg</i> (generic of COZAAR)	Tier 1	QL (1 tab every 1 day); 90 day program
<i>losartan potassium tab 100 mg</i> (generic of COZAAR)	Tier 1	QL (1 tab every 1 day); 90 day program
<i>valsartan tab 40 mg</i> (generic of DIOVAN)	Tier 1	QL (2 tabs every 1 day)
<i>valsartan tab 80 mg</i> (generic of DIOVAN)	Tier 1	QL (2 tabs every 1 day)
<i>valsartan tab 160 mg</i> (generic of DIOVAN)	Tier 1	QL (2 tabs every 1 day)
<i>valsartan tab 320 mg</i> (generic of DIOVAN)	Tier 1	QL (2 tabs every 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (6 tabs every 1 day); 90 day program
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (6 tabs every 1 day); 90 day program
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>doxazosin mesylate tab 1 mg</i> (generic of CARDURA)	Tier 1	QL (1 tab every 1 day)
<i>doxazosin mesylate tab 2 mg</i> (generic of CARDURA)	Tier 1	QL (1 tab every 1 day); 90 day program
<i>doxazosin mesylate tab 4 mg</i> (generic of CARDURA)	Tier 1	QL (1 tab every 1 day); 90 day program
<i>doxazosin mesylate tab 8 mg</i> (generic of CARDURA)	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program; Generic Tenex
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (2 tabs every 1 day); 90 day program; Generic Tenex
<i>methyldopa tab 250 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Max 64)
<i>methyldopa tab 500 mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Max 64)
<i>prazosin hcl cap 1 mg</i> (generic of MINIPRESS)	Tier 1	QL (6 caps every 1 day)
<i>prazosin hcl cap 2 mg</i> (generic of MINIPRESS)	Tier 1	QL (6 caps every 1 day)
<i>prazosin hcl cap 5 mg</i> (generic of MINIPRESS)	Tier 1	QL (6 caps every 1 day)
<i>terazosin hcl cap 1 mg</i> (base equivalent)	Tier 1	QL (1 cap every 1 day); 90 day program
<i>terazosin hcl cap 2 mg</i> (base equivalent)	Tier 1	QL (2 caps every 1 day); 90 day program
<i>terazosin hcl cap 5 mg</i> (base equivalent)	Tier 1	QL (1 cap every 1 day); 90 day program
<i>terazosin hcl cap 10 mg</i> (base equivalent)	Tier 1	QL (2 caps every 1 day); 90 day program
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap 5- 10 mg</i> (generic of LOTREL)	Tier 1	QL (1 cap every 1 day); 90 day program
<i>amlodipine besylate-benazepril hcl cap 5- 20 mg</i> (generic of LOTREL)	Tier 1	QL (1 cap every 1 day); 90 day program
<i>amlodipine besylate-benazepril hcl cap 5- 40 mg</i>	Tier 1	QL (1 cap every 1 day); 90 day program

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	Tier 1	QL (1 cap every 1 day); 90 day program
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	Tier 1	QL (1 cap every 1 day); 90 day program
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	Tier 1	QL (1 tab every 1 day)
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	Tier 1	QL (1 tab every 1 day)
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	Tier 1	QL (1 tab every 1 day)
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	Tier 1	QL (1 tab every 1 day)
<i>atenolol &amp; chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>atenolol &amp; chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	Tier 1	QL (1 tab every 1 day)
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	Tier 1	QL (1 tab every 1 day)
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	Tier 1	QL (1 tab every 1 day)
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (1 tab every 1 day)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	Tier 1	QL (1 tab every 1 day)
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	Tier 1	QL (1 tab every 1 day); 90 day program

### **VASODILATORS**

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

### **ANTIMALARIALS - DRUGS TO TREAT MALARIA**

#### **ANTIMALARIALS - DRUGS TO TREAT MALARIA**

<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (10 tabs every 3 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (5 tabs every 3 days)
<i>hydroxychloroquine sulfate tab 200 mg (generic of PLAQUENIL)</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (4 tabs every 1 day)

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

**Drug Name Drug Tier Requirements/Limits**  
**ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS**

**ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS**

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

**ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS**

<i>ethambutol hcl tab 100 mg</i>	Tier 1	QL (5 tabs every 1 day)
<i>ethambutol hcl tab 400 mg (generic of MYAMBUTOL)</i>	Tier 1	QL (5 tabs every 1 day)
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	QL (30 mL every 1 day); 90 day program
<i>isoniazid tab 100 mg</i>	Tier 1	QL (6 tabs every 1 day); 90 day program
<i>isoniazid tab 300 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
PRIFTIN TAB 150MG	Tier 2	QL (1.143 tabs every 1 day)
<i>pyrazinamide tab 500 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>rifampin cap 150 mg</i>	Tier 1	QL (8 caps every 1 day)
<i>rifampin cap 300 mg</i>	Tier 1	QL (4 caps every 1 day)

**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER**

**ALKYLATING AGENTS**

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

**ANTIMETABOLITES**

<i>capecitabine tab 150 mg (generic of XELODA)</i>	Tier 1	PA
<i>capecitabine tab 500 mg (generic of XELODA)</i>	Tier 1	PA
<i>mercaptopurine tab 50 mg</i>	Tier 1	QL (4 tabs every 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (5 vials every 25 days)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (1 vial every 25 days)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (5 vials every 25 days)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (1 vial every 25 days)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 1	QL (0.25 vials every 25 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	QL (24 tabs every 1 day)
XELODA TAB 150MG	Tier 2	PA
XELODA TAB 500MG	Tier 2	PA

### **ANTINEOPLASTIC - EGFR INHIBITORS**

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

### **ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**

<i>abiraterone acetate tab 250 mg (generic of ZYTIGA)</i>	Tier 1	PA, QL (120 tabs every 30 days)
<i>anastrozole tab 1 mg (generic of ARIMIDEX)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>bicalutamide tab 50 mg (generic of CASODEX)</i>	Tier 1	QL (3 tabs every 1 day)
ELIGARD INJ 7.5MG	Tier 2	PA
ELIGARD INJ 22.5MG	Tier 2	PA
ELIGARD INJ 30MG	Tier 2	PA
ELIGARD INJ 45MG	Tier 2	PA
<i>letrozole tab 2.5 mg (generic of FEMARA)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 1	PA
LYSODREN TAB 500MG	Tier 2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	QL (40 mL every 1 day)
<i>megestrol acetate tab 20 mg</i>	Tier 1	QL (40 tabs every 1 day)
<i>megestrol acetate tab 40 mg</i>	Tier 1	QL (20 tabs every 1 day)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
ZYTIGA TAB 250MG	Tier 2	PA, QL (120 tabs every 30 days)

### **ANTINEOPLASTIC ENZYME INHIBITORS**

ALECENSA CAP 150MG	Tier 2	PA, QL (240 caps every 30 days)
BRUKINSA CAP 80MG	Tier 2	PA, QL (4 caps every 1 day)
GLEEVEC TAB 100MG	Tier 2	PA, QL (3 tabs every 1 day)
GLEEVEC TAB 400MG	Tier 2	PA, QL (2 tabs every 1 day)
IBRANCE CAP 75MG	Tier 2	PA, QL (21 caps every 28 days)
IBRANCE CAP 100MG	Tier 2	PA, QL (21 caps every 28 days)
IBRANCE CAP 125MG	Tier 2	PA, QL (21 caps every 28 days)
IBRANCE TAB 75MG	Tier 2	PA, QL (21 tabs every 28 days)
IBRANCE TAB 100MG	Tier 2	PA, QL (21 tabs every 28 days)
IBRANCE TAB 125MG	Tier 2	PA, QL (21 tabs every 28 days)
<i>imatinib mesylate tab 100 mg (base equivalent) (generic of GLEEVEC)</i>	Tier 1	PA, QL (3 tabs every 1 day)
<i>imatinib mesylate tab 400 mg (base equivalent) (generic of GLEEVEC)</i>	Tier 1	PA, QL (2 tabs every 1 day)
IMBRUVICA CAP 140MG	Tier 2	PA, QL (3 caps every 1 day)
IMBRUVICA TAB 420MG	Tier 2	PA, QL (1 tab every 1 day)
IMBRUVICA TAB 560MG	Tier 2	PA, QL (1 tab every 1 day)
<i>lapatinib ditosylate tab 250 mg (base equiv) (generic of TYKERB)</i>	Tier 1	PA, QL (6 tabs every 1 day)
NEXAVAR TAB 200MG	Tier 2	PA, QL (4 tabs every 1 day)

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

### **ANTINEOPLASTICS MISC.**

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

### **CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**

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

### **MITOTIC INHIBITORS**

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

**ANTIPARKINSON ANTICHOLINERGICS**

<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	QL (5 tabs every 1 day); AGE (Max 64)
<i>benztropine mesylate tab 1 mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Max 64)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 64)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	PA
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	QL (12 tabs every 1 day); AGE (Max 64); 90 day program
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 64); 90 day program

**ANTIPARKINSON COMT INHIBITORS**

COMTAN TAB 200MG	Tier 2	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>entacapone tab 200 mg (generic of COMTAN)</i>	Tier 1	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa

**ANTIPARKINSON DOPAMINERGICS**

<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (4 caps every 1 day)
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	QL (40 mL every 1 day)
<i>bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)</i>	Tier 1	QL (6 caps every 1 day)
<i>bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)</i>	Tier 1	QL (6 tabs every 1 day)
<i>carbidopa &amp; levodopa tab 10-100 mg (generic of SINEMET)</i>	Tier 1	QL (8 tabs every 1 day); 90 day program
<i>carbidopa &amp; levodopa tab 25-100 mg (generic of SINEMET)</i>	Tier 1	QL (12 tabs every 1 day); 90 day program
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 1	QL (8 tabs every 1 day); 90 day program
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (generic of STALEVO 50)</i>	Tier 1	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (generic of STALEVO 75)</i>	Tier 1	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)</i>	Tier 1	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (generic of STALEVO 125)</i>	Tier 1	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)</i>	Tier 1	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg (generic of STALEVO 200)</i>	Tier 1	ST, QL (6 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	QL (6 tabs every 1 day); 90 day program
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	QL (6 tabs every 1 day); 90 day program
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	QL (12 tabs every 1 day); 90 day program
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	QL (12 tabs every 1 day); 90 day program
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	QL (12 tabs every 1 day); 90 day program
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	QL (12 tabs every 1 day); 90 day program
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	QL (12 tabs every 1 day); 90 day program
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	QL (12 tabs every 1 day); 90 day program
STALEVO 50 TAB	Tier 2	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
STALEVO 75 TAB	Tier 2	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
STALEVO 100 TAB	Tier 2	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa

**90 DS** - After two fills of 30 day supply within 75 days, 90 day supply is available thereafter  
**AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter  
**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STALEVO 125 TAB	Tier 2	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
STALEVO 150 TAB	Tier 2	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
STALEVO 200 TAB	Tier 2	ST, QL (6 tabs every 1 day); Requires prior use of carbidopa/levodopa

### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

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

### **ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT**

#### **PSYCHOSES**

#### **PHENOTHIAZINES**

<i>compro sup 25mg</i>	Tier 1	QL (12 supp every 1 day)
<i>prochlorperazine suppos 25 mg</i>	Tier 1	QL (12 supp every 1 day)

### **ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS**

#### **ANTIRETROVIRALS**

<i>abacavir sulfate soln 20 mg/ml (base equiv) (generic of ZIAGEN)</i>	Tier 1	QL (30 mL every 1 day)
<i>abacavir sulfate tab 300 mg (base equiv) (generic of ZIAGEN)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)</i>	Tier 1	QL (1 tab every 1 day)
APTIVUS CAP 250MG	Tier 2	QL (4 caps every 1 day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv) (generic of REYATAZ)</i>	Tier 1	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv) (generic of REYATAZ)</i>	Tier 1	QL (1 cap every 1 day)
BIKTARVY TAB 30-120-15 MG	Tier 2	QL (1 tab every 1 day); AGE (Max 12)
BIKTARVY TAB 50-200-25 MG	Tier 2	QL (1 tab every 1 day)
CIMDUO TAB 300-300	Tier 2	QL (1 tab every 1 day)
COMPLERA TAB	Tier 2	QL (1 tab every 1 day)
DELSTRIGO TAB	Tier 2	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	Tier 2	ST, QL (1 tab every 1 day); Requires prior use of TRUVADA
DESCOVY TAB 200/25MG	Tier 2	ST, QL (1 tab every 1 day); Requires prior use of TRUVADA

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DOVATO TAB 50-300MG	Tier 2	QL (1 tab every 1 day)
EDURANT TAB 25MG	Tier 2	QL (1 tab every 1 day)
<i>efavirenz cap 50 mg</i>	Tier 1	QL (12 caps every 1 day)
<i>efavirenz cap 200 mg</i>	Tier 1	QL (3 caps every 1 day)
<i>efavirenz tab 600 mg (generic of SUSTIVA)</i>	Tier 1	QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic of ATRIPLA)</i>	Tier 1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)</i>	Tier 1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine caps 200 mg (generic of EMTRIVA)</i>	Tier 1	QL (1 cap every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)</i>	Tier 1	QL (1 tab every 1 day)
EMTRIVA SOL 10MG/ML	Tier 2	QL (20 mL every 1 day)
<i>etravirine tab 100 mg (generic of INTELENCE)</i>	Tier 1	QL (4 tabs every 1 day)
<i>etravirine tab 200 mg (generic of INTELENCE)</i>	Tier 1	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	Tier 2	QL (1 tab every 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv) (generic of LEXIVA)</i>	Tier 1	QL (4 tabs every 1 day)
FUZEON INJ 90MG	Tier 2	PA
GENVOYA TAB	Tier 2	QL (1 tab every 1 day)
INTELENCE TAB 25MG	Tier 2	QL (4 tabs every 1 day)
ISENTRESS CHW 25MG	Tier 2	QL (2 tabs every 1 day)
ISENTRESS CHW 100MG	Tier 2	QL (12 tabs every 1 day)
ISENTRESS HD TAB 600MG	Tier 2	QL (2 tabs every 1 day)
ISENTRESS POW 100MG	Tier 2	QL (12 packets every 1 day)
ISENTRESS TAB 400MG	Tier 2	QL (2 tabs every 1 day)
JULUCA TAB 50-25MG	Tier 2	QL (1 tab every 1 day)
<i>lamivudine oral soln 10 mg/ml (generic of EPIVIR)</i>	Tier 1	QL (30 mL every 1 day)
<i>lamivudine tab 150 mg (generic of EPIVIR)</i>	Tier 1	QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg (generic of EPIVIR)</i>	Tier 1	QL (1 tab every 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	Tier 1	QL (2 tabs every 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> (80-20 mg/ml) (generic of KALETRA)	Tier 1	QL (16 mL every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	Tier 1	QL (8 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	Tier 1	QL (4 tabs every 1 day)
<i>maraviroc tab 150 mg</i> (generic of SELZENTRY)	Tier 1	QL (2 tabs every 1 day)
<i>maraviroc tab 300 mg</i> (generic of SELZENTRY)	Tier 1	QL (2 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	Tier 1	QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>nevirapine tab er 24hr 100 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	QL (1 tab every 1 day)
ODEFSEY TAB	Tier 2	QL (1 tab every 1 day)
PIFELTRO TAB 100MG	Tier 2	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	Tier 2	QL (1 tab every 1 day)
PREZISTA SUS 100MG/ML	Tier 2	QL (8 mL every 1 day)
PREZISTA TAB 75MG	Tier 2	QL (16 tabs every 1 day)
PREZISTA TAB 150MG	Tier 2	QL (8 tabs every 1 day)
PREZISTA TAB 600MG	Tier 2	QL (2 tabs every 1 day)
PREZISTA TAB 800MG	Tier 2	QL (1 tab every 1 day)
<i>ritonavir tab 100 mg</i> (generic of NORVIR)	Tier 1	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	Tier 2	QL (2 tabs every 1 day)
SELZENTRY SOL 20MG/ML	Tier 2	QL (30 mL every 1 day)
SELZENTRY TAB 25MG	Tier 2	QL (4 tabs every 1 day)
SELZENTRY TAB 75MG	Tier 2	QL (2 tabs every 1 day)
STRIBILD TAB	Tier 2	QL (1 tab every 1 day)
SYMTUZA TAB	Tier 2	QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tab 300 mg</i> (generic of VIREAD)	Tier 1	QL (1 tab every 1 day)
TIVICAY PD TAB 5MG	Tier 2	QL (6 tabs every 1 day)
TIVICAY TAB 10MG	Tier 2	QL (1 tab every 1 day)
TIVICAY TAB 25MG	Tier 2	QL (1 tab every 1 day)
TIVICAY TAB 50MG	Tier 2	QL (2 tabs every 1 day)
TRIUMEQ PD TAB	Tier 2	QL (6 tabs every 1 day)
TRIUMEQ TAB	Tier 2	QL (1 tab every 1 day)
TRIZIVIR TAB	Tier 2	QL (2 tabs every 1 day)
TRUVADA TAB 100-150	Tier 2	QL (1 tab every 1 day)
TRUVADA TAB 133-200	Tier 2	QL (1 tab every 1 day)

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TRUVADA TAB 167-250	Tier 2	QL (1 tab every 1 day)
TRUVADA TAB 200-300	Tier 2	QL (1 tab every 1 day)
TYBOST TAB 150MG	Tier 2	QL (1 tab every 1 day)
VIRACEPT TAB 250MG	Tier 2	QL (10 tabs every 1 day)
VIRACEPT TAB 625MG	Tier 2	QL (4 tabs every 1 day)
VIREAD POW 40MG/GM	Tier 2	QL (7.5 gm every 1 day)
VIREAD TAB 150MG	Tier 2	QL (1 tab every 1 day)
VIREAD TAB 200MG	Tier 2	QL (1 tab every 1 day)
VIREAD TAB 250MG	Tier 2	QL (1 tab every 1 day)
<i>zidovudine cap 100 mg</i> (generic of RETROVIR)	Tier 1	QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml</i> (generic of RETROVIR)	Tier 1	QL (60 mL every 1 day); 90 day program
<i>zidovudine tab 300 mg</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<b>CMV AGENTS</b>		
VALCYTE SOL 50MG/ML	Tier 2	PA
VALCYTE TAB 450MG	Tier 2	PA
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> (generic of VALCYTE)	Tier 1	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i> (generic of VALCYTE)	Tier 1	PA
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>entecavir tab 0.5 mg</i> (generic of BARACLUDE)	Tier 1	QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i> (generic of BARACLUDE)	Tier 1	QL (1 tab every 1 day)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	QL (3 tabs every 1 day)
LEDIP-SOFOSB TAB 90-400MG	Tier 2	PA, QL (1 tab every 1 day); Preferred Agent
PEGASYS INJ 180MCG/M	Tier 2	PA
<i>ribavirin cap 200 mg</i>	Tier 1	PA
<i>ribavirin tab 200 mg</i>	Tier 1	PA
SOFOS/VELPAT TAB 400-100	Tier 2	PA, QL (1 tab every 1 day); Preferred Agent
SOVALDI TAB 400MG	Tier 2	PA, QL (1 tab every 1 day)
VEMLIDY TAB 25MG	Tier 2	PA
VOSEVI TAB	Tier 2	PA, QL (1 tab every 1 day)
ZEPATIER TAB 50-100MG	Tier 2	PA, QL (1 tab every 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HERPES AGENTS</b>		
<i>acyclovir cap 200 mg</i>	Tier 1	QL (5 caps every 1 day)
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	QL (25 mL every 1 day)
<i>acyclovir tab 400 mg</i>	Tier 1	QL (5 tabs every 1 day)
<i>acyclovir tab 800 mg</i>	Tier 1	QL (5 tabs every 1 day)
<i>famciclovir tab 125 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>famciclovir tab 250 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>famciclovir tab 500 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>valacyclovir hcl tab 1 gm</i> (generic of VALTREX)	Tier 1	QL (8 tabs every 1 day)
<i>valacyclovir hcl tab 500 mg</i> (generic of VALTREX)	Tier 1	QL (8 tabs every 1 day)
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate cap 30 mg</i> (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 45 mg</i> (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 75 mg</i> (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 10 per fill)
<i>oseltamivir phosphate for susp 6 mg/ml</i> (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 180 per fill); AGE (Max 12)
RELENZA MIS DISKHALE	Tier 2	QL (max quantity 20 per fill)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (2 tabs every 1 day)
<b>BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol tab 3.125 mg</i> (generic of COREG)	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>carvedilol tab 6.25 mg</i> (generic of COREG)	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>carvedilol tab 12.5 mg</i> (generic of COREG)	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>carvedilol tab 25 mg</i> (generic of COREG)	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (6 tabs every 1 day); 90 day program
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl cap 200 mg</i>	Tier 1	QL (16 caps every 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acebutolol hcl cap 400 mg</i>	Tier 1	QL (16 caps every 1 day)
<i>atenolol tab 25 mg (generic of TENORMIN)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>atenolol tab 50 mg (generic of TENORMIN)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>atenolol tab 100 mg (generic of TENORMIN)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>metoprolol tartrate tab 50 mg (generic of LOPRESSOR)</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>metoprolol tartrate tab 100 mg (generic of LOPRESSOR)</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol tab 20 mg (generic of CORGARD)</i>	Tier 1	QL (3 tabs every 1 day)
<i>nadolol tab 40 mg (generic of CORGARD)</i>	Tier 1	QL (3 tabs every 1 day)
<i>nadolol tab 80 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>propranolol hcl cap er 24hr 60 mg (generic of INDERAL LA)</i>	Tier 1	QL (3 caps every 1 day)
<i>propranolol hcl cap er 24hr 80 mg (generic of INDERAL LA)</i>	Tier 1	QL (4 caps every 1 day); 90 day program
<i>propranolol hcl cap er 24hr 120 mg (generic of INDERAL LA)</i>	Tier 1	QL (3 caps every 1 day)
<i>propranolol hcl cap er 24hr 160 mg (generic of INDERAL LA)</i>	Tier 1	QL (2 caps every 1 day)
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	QL (20 mL every 1 day); 90 day program
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	90 day program
<i>propranolol hcl tab 10 mg</i>	Tier 1	QL (6 tabs every 1 day); 90 day program
<i>propranolol hcl tab 20 mg</i>	Tier 1	QL (6 tabs every 1 day); 90 day program
<i>propranolol hcl tab 40 mg</i>	Tier 1	QL (6 tabs every 1 day); 90 day program
<i>propranolol hcl tab 60 mg</i>	Tier 1	QL (6 tabs every 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol hcl tab 80 mg</i>	Tier 1	QL (6 tabs every 1 day); 90 day program
<i>sorine tab 80mg (generic of BETAPACE)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>sorine tab 120mg (generic of BETAPACE)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>sorine tab 160mg (generic of BETAPACE)</i>	Tier 1	QL (2 tabs every 1 day)
<i>sorine tab 240mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>sotalol hcl (afib/afl) tab 80 mg (generic of BETAPACE AF)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>sotalol hcl (afib/afl) tab 120 mg (generic of BETAPACE AF)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>sotalol hcl (afib/afl) tab 160 mg (generic of BETAPACE AF)</i>	Tier 1	QL (2 tabs every 1 day)
<i>sotalol hcl tab 80 mg (generic of BETAPACE)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>sotalol hcl tab 120 mg (generic of BETAPACE)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>sotalol hcl tab 160 mg (generic of BETAPACE)</i>	Tier 1	QL (2 tabs every 1 day)
<i>sotalol hcl tab 240 mg</i>	Tier 1	QL (2 tabs every 1 day)

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

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

<i>amlodipine besylate tab 2.5 mg (base equivalent) (generic of NORVASC)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>amlodipine besylate tab 5 mg (base equivalent) (generic of NORVASC)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>amlodipine besylate tab 10 mg (base equivalent) (generic of NORVASC)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>cartia xt cap 120/24hr (generic of CARDIZEM CD)</i>	Tier 1	QL (1 cap every 1 day)
<i>cartia xt cap 180/24hr (generic of CARDIZEM CD)</i>	Tier 1	QL (2 caps every 1 day)
<i>cartia xt cap 240/24hr (generic of CARDIZEM CD)</i>	Tier 1	QL (1 cap every 1 day)
<i>cartia xt cap 300/24hr (generic of CARDIZEM CD)</i>	Tier 1	QL (1 cap every 1 day)
<i>dilt-xr cap 120mg</i>	Tier 1	QL (2 caps every 1 day)
<i>dilt-xr cap 180mg</i>	Tier 1	QL (2 caps every 1 day)
<i>dilt-xr cap 240mg</i>	Tier 1	QL (2 caps every 1 day)
<i>diltiazem hcl cap er 24hr 120 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1	QL (2 caps every 1 day)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nifedipine tab er 24hr osmotic release 90 mg (generic of PROCARDIA XL)</i>	Tier 1	QL (2 tabs every 1 day)
NORLIQVA SOL 1MG/ML	Tier 2	AGE (Min 6, Max 12)
<i>taztia xt cap 120mg/24 (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>taztia xt cap 180mg/24 (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>taztia xt cap 240mg/24 (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>taztia xt cap 300mg er (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>taztia xt cap 360mg/24 (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>tiadylt cap 120mg/24 (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>tiadylt cap 180mg/24 (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>tiadylt cap 240mg/24 (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>tiadylt cap 300mg/24 (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>tiadylt cap 360mg/24 (generic of TIAZAC)</i>	Tier 1	QL (2 caps every 1 day)
<i>tiadylt cap 420mg/24 (generic of TIAZAC)</i>	Tier 1	QL (1 cap every 1 day)
<i>verapamil hcl tab 40 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>verapamil hcl tab 80 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>verapamil hcl tab 120 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>verapamil hcl tab er 120 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>verapamil hcl tab er 180 mg</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>verapamil hcl tab er 240 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program

## **CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS**

### **CARDIAC GLYCOSIDES**

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

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

### **CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

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

### **PROSTAGLANDIN VASODILATORS**

REMODULIN INJ 1MG/ML	Tier 2	PA
REMODULIN INJ 2.5MG/ML	Tier 2	PA

**90 DS** - After two fills of 30 day supply within 75 days, 90 day supply is available thereafter  
**AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter  
**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REMODULIN INJ 5MG/ML	Tier 2	PA
REMODULIN INJ 10MG/ML	Tier 2	PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 1	PA

### **PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR**

#### **ANTAGONISTS**

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

#### **PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

REVATIO TAB 20MG	Tier 2	PA, QL (3 tabs every 1 day)
<i>sildenafil citrate tab 20 mg (generic of REVATIO)</i>	Tier 1	PA, QL (3 tabs every 1 day)

#### **PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

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

**90 DS** - After two fills of 30 day supply within 75 days, 90 day supply is available thereafter  
**AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter  
**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UPTRAVI TAB 1600MCG	Tier 2	PA, QL (2 tabs every 1 day)

### **SINUS NODE INHIBITORS**

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

## **CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS**

### **CEPHALOSPORINS - 1ST GENERATION**

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

### **CEPHALOSPORINS - 2ND GENERATION**

<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	AGE (Max 12)
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	AGE (Max 12)
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (2 tabs every 1 day)

### **CEPHALOSPORINS - 3RD GENERATION**

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

## **CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING**

### **BULK CHEMICALS - E'S**

ETHYL OLEATE LIQ	Tier 2	OTC
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### **LIQUIDS**

SESAME OIL	Tier 2	
SESAME OIL	Tier 2	OTC

## **CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL**

### **COMBINATION CONTRACEPTIVES - ORAL**

<i>afirmelle tab 0.1-0.02</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>altavera tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>alyacen tab 1/35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>alyacen tab 7/7/7</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>amethia tab (generic of SEASONIQUE)</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>apri tab</i>	Tier 1	QL (1.34 tabs every 1 day)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>elinest tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>enpresse-28 tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>enskyce tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>estarylla tab 0.25-35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>falmina tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>hailey fe tab 1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>hailey fe tab 1/20</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>hailey tab 1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>iclevia tab</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>introvale tab</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>isibloom tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>jaimiess tab (generic of SEASONIQUE)</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>jasmiel tab 3-0.02mg (generic of YAZ)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>jolessa tab</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>juleber tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>junel 1.5/30 tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>junel 1/20 tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>junel fe tab 1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>junel fe tab 1/20</i>	Tier 1	QL (1.34 tabs every 1 day)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lojaimiess tab</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>loryna tab 3-0.02mg (generic of YAZ)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>low-ogestrel tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>lutra tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>marlissa tab 0.15/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>microgestin tab 1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>microgestin tab 1/20</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>microgestin tab fe1.5/30</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>microgestin tab fe 1/20</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>mili tab 0.25/35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>mono-lynyah tab 0.25-35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>necon tab 0.5/35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>nikki tab 3-0.02mg (generic of YAZ)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>nortrel tab 0.5/35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>nortrel tab 1/35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>nortrel tab 7/7/7</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>nylia tab 1/35</i>	Tier 1	QL (1.34 tabs every 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nylia tab 7/7/7</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>nymyo tab 0.25-35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>ocella tab 3-0.03mg (generic of YASMIN 28)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>philith tab 0.4-35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>pimtrea tab (generic of MIRCETTE)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>pirmella tab 1/35</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>pirmella tab 7/7/7</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>portia-28 tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>reclipsen tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>setlakin tab</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>simliya tab 28 day (generic of MIRCETTE)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>simpesse tab (generic of SEASONIQUE)</i>	Tier 1	QL (1.08 tabs every 1 day)
<i>sprintec 28 tab 28 day</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>sronyx tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>syeda tab 3-0.03mg (generic of YASMIN 28)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>tarina fe tab 1/20 eq</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-estaryll tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-linyah tab</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-lo tab estaryll (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-lo- tab marzia (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-lo- tab sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-lo-mili tab (generic of ORTHO TRI-CYCLEN LO)</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>tri-mili tab</i>	Tier 1	QL (1.34 tabs every 1 day)

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



Drug Name	Drug Tier	Requirements/Limits
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB 30MG	Tier 2	Max 4 fills per year
<i>levonorgestrel tab 1.5 mg</i>	Tier 1	OTC
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA INJ 150MG/ML	Tier 2	QL (1 injection every 71 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml (generic of DEPO-PROVERA CONTRACEPTIV)</i>	Tier 1	QL (1 injection every 71 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (generic of DEPO-PROVERA CONTRACEPTIV)</i>	Tier 1	QL (1 injection every 71 days)
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>deblitane tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>errin tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>heather tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>incassia tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>jencycla tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>lyleq tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>lyza tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>nora-be tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>norethindrone tab 0.35 mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<i>sharobel tab 0.35mg</i>	Tier 1	QL (1.34 tabs every 1 day)
<b>CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide delayed release particles cap 3 mg</i>	Tier 1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	QL (60 mL every 1 day)
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	QL (12 tabs every 1 day)
<i>dexamethasone tab 0.75 mg</i>	Tier 1	QL (10 tabs every 1 day)

**90 DS** - After two fills of 30 day supply within 75 days, 90 day supply is available thereafter  
**AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter  
**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone tab 1 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>dexamethasone tab 1.5 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>dexamethasone tab 2 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>dexamethasone tab 4 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>dexamethasone tab 6 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>hydrocortisone tab 5 mg (generic of CORTEF)</i>	Tier 1	QL (24 tabs every 1 day)
<i>hydrocortisone tab 10 mg (generic of CORTEF)</i>	Tier 1	QL (12 tabs every 1 day)
<i>hydrocortisone tab 20 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>methylprednisolone tab 4 mg (generic of MEDROL)</i>	Tier 1	QL (12 tabs every 1 day)
<i>methylprednisolone tab 8 mg (generic of MEDROL)</i>	Tier 1	QL (6 tabs every 1 day)
<i>methylprednisolone tab 16 mg (generic of MEDROL)</i>	Tier 1	QL (4 tabs every 1 day)
<i>methylprednisolone tab 32 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)</i>	Tier 1	QL (12 tabs every 1 day)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone soln 15 mg/5ml</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	QL (60 mL every 1 day)
<i>prednisone tab 1 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>prednisone tab 2.5 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>prednisone tab 5 mg</i>	Tier 1	QL (16 tabs every 1 day)
<i>prednisone tab 10 mg</i>	Tier 1	QL (9 tabs every 1 day)
<i>prednisone tab 20 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>prednisone tab 50 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	QL (5 tabs every 1 day)

**Drug Name** **Drug Tier** **Requirements/Limits**  
**COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS**

**ANTITUSSIVES**

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

**COUGH/COLD/ALLERGY COMBINATIONS**

<i>allergy-d tab 12 hour</i>	Tier 1	OTC
<i>antihistamin tab 60-120mg</i>	Tier 1	OTC
<i>aprodine tab 2.5-60mg</i>	Tier 1	OTC
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i>	Tier 1	OTC
<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i>	Tier 1	QL (480 mL every 25 days), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC; AGE (Min 4)
<i>chest conges tab 20-400mg</i>	Tier 1	OTC; AGE (Min 2)
<i>chest conges tab relf dm</i>	Tier 1	OTC; AGE (Min 2)
<i>chlorpheniramine &amp; phenylephrine tab 4-10 mg</i>	Tier 1	OTC
<i>cold/flu liq daytime</i>	Tier 1	OTC
<i>day cold/flu liq 10-5-325</i>	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Tier 1	QL (240 mL every 25 days), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Tier 1	QL (180 mL every 25 days), OTC
<i>dextromethorphan-guaifenesin tab 20-400 mg</i>	Tier 1	AGE, OTC; AGE (Min 2)
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	Tier 1	QL (180 tabs every 25 days), OTC; AGE (Min 2)
<i>dextromethorphan-phenylephrine-apap cap 10-5-325 mg</i>	Tier 1	OTC
<i>dextromethorphan-phenylephrine-apap powd pack 20-10-650 mg</i>	Tier 1	OTC
<i>dextromethorphan-phenylephrine-apap tab 10-5-325 mg</i>	Tier 1	OTC
DRIXORAL CLD TAB /ALLERGY	Tier 2	OTC
<i>fexofen/pse tab 60-120mg</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	Tier 1	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 1	QL (60 mL every 1 day), OTC; AGE (Min 2)
<i>hm mucus dm tab 60-1200</i>	Tier 1	QL (180 tabs every 25 days), OTC; AGE (Min 2)
<i>24hr allergy tab</i>	Tier 1	OTC
<i>12hr allergy tab 60-120mg</i>	Tier 1	OTC
<i>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC
<i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</i>	Tier 1	QL (1 tab every 1 day), OTC
<i>mucus dm max tab 60-1200</i>	Tier 1	QL (180 tabs every 25 days), OTC; AGE (Min 2)
<i>mucus dm tab 60-1200</i>	Tier 1	QL (180 tabs every 25 days), OTC; AGE (Min 2)
<i>mucus rel dm liq</i>	Tier 1	QL (180 mL every 25 days), OTC; AGE (Min 2)
<i>mucus rel dm liq 5-100/5</i>	Tier 1	QL (180 mL every 25 days), OTC; AGE (Min 2)
<i>mucus rel dm liq 20-400mg</i>	Tier 1	QL (180 mL every 25 days), OTC; AGE (Min 2)
<i>mucus relief liq 5-100mg</i>	Tier 1	QL (180 mL every 25 days), OTC; AGE (Min 2)
<i>mucus relief tab 60-1200</i>	Tier 1	QL (180 tabs every 25 days), OTC; AGE (Min 2)
<i>mucus relief tab dm</i>	Tier 1	OTC; AGE (Min 2)
<i>mucus rlf dm liq 20-400mg</i>	Tier 1	QL (180 mL every 25 days), OTC; AGE (Min 2)
<i>mucus-dm max tab 60-1200</i>	Tier 1	QL (180 tabs every 25 days), OTC; AGE (Min 2)
<i>mucus/cough liq 5-100mg</i>	Tier 1	QL (180 mL every 25 days), OTC; AGE (Min 2)
<i>nohist-lq liq 4-10/5ml</i>	Tier 1	OTC
<i>prometh vc syp 6.25-5/5</i>	Tier 1	QL (60 mL every 1 day); AGE (Max 64)
<i>prometh vc/ syp codeine</i>	Tier 1	QL (60 mL every 1 day); AGE (Min 2, Max 64)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	QL (240 mL every 25 days); AGE (Min 2, Max 64)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	QL (180 mL every 25 days); AGE (Min 4, Max 64)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	QL (60 mL every 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Tier 1	QL (4 tabs every 1 day), OTC; AGE (Min 4)
<i>pseudoephedrine-ibuprofen tab 30-200 mg</i>	Tier 1	OTC
<i>qc daytime liq cold/flu</i>	Tier 1	OTC
<i>qc medifin tab dm</i>	Tier 1	OTC; AGE (Min 2)
<i>sm day time liq cold/flu</i>	Tier 1	OTC
<i>sm tussin dm liq 5-100/5</i>	Tier 1	QL (180 mL every 25 days), OTC; AGE (Min 2)
<i>tab tussin tab dm</i>	Tier 1	OTC; AGE (Min 2)
<i>tussin dm liq 5-100mg</i>	Tier 1	QL (180 mL every 25 days), OTC; AGE (Min 2)
<i>tussin dm liq 20-400mg</i>	Tier 1	QL (180 mL every 25 days), OTC; AGE (Min 2)
<i>tussin dm mx liq</i>	Tier 1	QL (180 mL every 25 days), OTC; AGE (Min 2)

### **EXPECTORANTS**

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

### **MISC. RESPIRATORY INHALANTS**

<i>sodium chloride soln nebu 3%</i>	Tier 1	
<i>sodium chloride soln nebu 7%</i>	Tier 1	

### **MUCOLYTICS**

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

### **ACNE PRODUCTS**

<i>ABSORICA CAP 10MG</i>	Tier 2	PA
<i>ABSORICA CAP 20MG</i>	Tier 2	PA
<i>ABSORICA CAP 30MG</i>	Tier 2	PA
<i>ABSORICA CAP 40MG</i>	Tier 2	PA
<i>avita cre 0.025% (generic of RETIN-A)</i>	Tier 1	ST, QL (45 gm every 25 days); Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>avita gel 0.025%</i>	Tier 1	ST, QL (45 gm every 25 days); Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>benzoyl peroxide gel 5%</i>	Tier 1	OTC
CLEOCIN-T LOT 1%	Tier 2	ST, QL (10 mL every 1 day); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
CLINDAGEL GEL 1%	Tier 2	ST, QL (60 mL every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate gel 1%</i>	Tier 1	ST, QL (60 mL every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate lotion 1%</i> (generic of CLEOCIN-T)	Tier 1	ST, QL (10 mL every 1 day); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate soln 1%</i>	Tier 1	QL (60 mL every 25 days)
<i>erythromycin soln 2%</i>	Tier 1	QL (15 mL every 1 day)
<i>isotretinoin</i>	Tier 1	PA
<i>isotretinoin</i> (generic of isotretinoin)	Tier 1	PA
RETIN-A CRE 0.1%	Tier 2	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RETIN-A CRE 0.05%	Tier 2	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
RETIN-A CRE 0.025%	Tier 2	ST, QL (45 gm every 25 days); Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
RETIN-A GEL 0.01%	Tier 2	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
RETIN-A GEL 0.025%	Tier 2	ST, QL (45 gm every 25 days); Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>sulfacetamide sodium lotion 10% (acne)</i> (generic of KLARON)	Tier 1	PA, QL (118 mL every 25 days)
<i>tretinoin cream 0.1%</i> (generic of RETIN-A)	Tier 1	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>tretinoin cream 0.05%</i> (generic of RETIN-A)	Tier 1	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)

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

#### **ANTIBIOTICS - TOPICAL**

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

#### **ANTIFUNGALS - TOPICAL**

<i>cicloclodan sol 8%</i>	Tier 1	QL (6.6 mL every 25 days)
<i>ciclopirox olamine cream 0.77%</i> (base equiv)	Tier 1	QL (180 gm every 30 days)
<i>ciclopirox olamine susp 0.77%</i> (base equiv) (generic of LOPROX)	Tier 1	QL (60 mL every 25 days)
<i>ciclopirox solution 8%</i>	Tier 1	QL (6.6 mL every 25 days)
<i>clotrimazole cream 1%</i>	Tier 1	QL (60 gm every 30 days)
<i>clotrimazole cream 1%</i>	Tier 1	QL (60 gm every 30 days), OTC
<i>clotrimazole soln 1%</i>	Tier 1	QL (60 mL every 30 days)
<i>clotrimazole soln 1%</i>	Tier 1	QL (60 mL every 30 days), OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ketoconazole cream 2%</i>	Tier 1	QL (60 gm every 25 days)
<i>ketoconazole shampoo 2%</i>	Tier 1	QL (120 mL every 25 days)
<i>nystatin cream 100000 unit/gm</i>	Tier 1	QL (90 gm every 25 days)
<i>nystatin oint 100000 unit/gm</i>	Tier 1	QL (90 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	Tier 1	QL (30 gm every 25 days)

### **ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**

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

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

### **ANTISEBORRHEIC PRODUCTS**

<i>selenium sulfide lotion 2.5%</i>	Tier 1
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### **ANTIVIRALS - TOPICAL**

<i>acyclovir oint 5% (generic of ZOVIRAX)</i>	Tier 1	PA
ZOVIRAX OIN 5%	Tier 2	PA

### **BURN PRODUCTS**

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

### **CORTICOSTEROIDS - TOPICAL**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone propionate oint 0.005%</i>	Tier 1	QL (60 gm every 25 days)
<i>halobetasol propionate cream 0.05%</i>	Tier 1	QL (50 gm every 25 days)
<i>halobetasol propionate oint 0.05%</i>	Tier 1	QL (50 gm every 25 days)
<i>hydrocortisone acetate cream 1%</i>	Tier 1	OTC
<i>hydrocortisone cream 0.5%</i>	Tier 1	QL (60 gm every 25 days), OTC
<i>hydrocortisone cream 1%</i>	Tier 1	QL (60 gm every 25 days), OTC
<i>hydrocortisone cream 1%- rx</i>	Tier 1	QL (60 gm every 25 days)
<i>hydrocortisone cream 2.5%</i>	Tier 1	QL (60 gm every 25 days)
<i>hydrocortisone lotion 2.5%</i>	Tier 1	QL (60 mL every 25 days)
<i>hydrocortisone oint 1%</i>	Tier 1	QL (60 gm every 25 days), OTC
<i>hydrocortisone oint 1%- rx</i>	Tier 1	QL (60 gm every 25 days)
<i>hydrocortisone oint 2.5%</i>	Tier 1	QL (60 gm every 25 days)
<i>mometasone furoate cream 0.1%</i>	Tier 1	QL (45 gm every 25 days)
<i>mometasone furoate oint 0.1%</i>	Tier 1	QL (45 gm every 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	QL (60 mL every 25 days)
<b>TRIAMCINOLON POW ACETONID</b>	Tier 2	
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	
<b>EMOLLIENTS</b>		
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	QL (280 gm every 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	QL (225 gm every 25 days)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod cream 5%</i>	Tier 1	PA, QL (24 packets every 25 days)

**90 DS** - After two fills of 30 day supply within 75 days, 90 day supply is available thereafter  
**AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
ELIDEL CRE 1%	Tier 2	PA, QL (2 gm every 1 day)
<i>pimecrolimus cream 1%</i> (generic of ELIDEL)	Tier 1	PA, QL (2 gm every 1 day)
PROTOPIC OIN 0.1%	Tier 2	PA, QL (30 gm every 25 days)
PROTOPIC OIN 0.03%	Tier 2	PA, QL (30 gm every 25 days)
<i>tacrolimus oint 0.1%</i>	Tier 1	PA, QL (30 gm every 25 days)
<i>tacrolimus oint 0.03%</i>	Tier 1	PA, QL (30 gm every 25 days)
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL every 180 days)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>arth pain cre 0.075%</i>	Tier 1	OTC
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>capsaicin cream 0.025%</i>	Tier 1	OTC
CIRCATA CRE 0.05%	Tier 2	OTC
CIRCATRIX CRE 0.05%	Tier 2	OTC
<i>dermacinrx cre penetral</i>	Tier 1	OTC
<i>glydo gel 2%</i>	Tier 1	
<i>lidocaine hcl soln 4%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	
<i>lidocaine patch 5%</i> (generic of LIDODERM)	Tier 1	PA, QL (3 packets every 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm every 25 days)
LIDODERM DIS 5%	Tier 2	PA, QL (3 packets every 1 day)
<b>ROSACEA AGENTS</b>		
<i>metronidazole cream 0.75%</i> (generic of METROCREAM)	Tier 1	
<i>metronidazole gel 0.75%</i>	Tier 1	Generic Metrogel
<i>metronidazole lotion 0.75%</i> (generic of METROLOTION)	Tier 1	
<b>SCABICIDES &amp; PEDICULICIDES</b>		
<i>crotan lot 10%</i>	Tier 1	
<i>goodsense liq lice rin</i>	Tier 1	OTC; Generic NIX
<i>lice treatmt liq 1%</i>	Tier 1	OTC; Generic NIX
<i>lice trtmnt liq 1%</i>	Tier 1	OTC; Generic NIX

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>malathion lotion 0.5%</i>	Tier 1	QL (59 mL every 25 days)
<i>permethrin cream 5%</i>	Tier 1	
<i>permethrin lotion 1%</i>	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	Tier 1	OTC; Generic RID
<i>spinosad susp 0.9%</i>	Tier 1	QL (120 mL every 25 days)

## **DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS**

### **DIAGNOSTIC TESTS**

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

## **DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS**

### **DIGESTIVE ENZYMES**

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

## **DIURETICS - DRUGS TO TREAT HEART CONDITIONS**

### **CARBONIC ANHYDRASE INHIBITORS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetazolamide tab 250 mg</i>	Tier 1	QL (4 tabs every 1 day)
<b>DIURETIC COMBINATIONS</b>		
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)</i>	Tier 1	QL (4 tabs every 1 day)
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	QL (2 caps every 1 day); 90 day program
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<b>LOOP DIURETICS</b>		
<i>bumetanide tab 0.5 mg (generic of BUMEX)</i>	Tier 1	QL (2 tabs every 1 day)
<i>bumetanide tab 1 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>bumetanide tab 2 mg</i>	Tier 1	QL (5 tabs every 1 day)
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	AGE (Max 12)
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	AGE (Max 12)
<i>furosemide tab 20 mg (generic of LASIX)</i>	Tier 1	QL (6 tabs every 1 day); 90 day program
<i>furosemide tab 40 mg (generic of LASIX)</i>	Tier 1	QL (6 tabs every 1 day); 90 day program
<i>furosemide tab 80 mg (generic of LASIX)</i>	Tier 1	QL (6 tabs every 1 day); 90 day program
<i>torseamide tab 5 mg</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>torseamide tab 10 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>torseamide tab 20 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>torseamide tab 100 mg</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl tab 5 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>spironolactone tab 25 mg (generic of ALDACTONE)</i>	Tier 1	QL (8 tabs every 1 day); 90 day program
<i>spironolactone tab 50 mg (generic of ALDACTONE)</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>spironolactone tab 100 mg (generic of ALDACTONE)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone tab 25 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>chlorthalidone tab 50 mg</i>	Tier 1	QL (4 tabs every 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	QL (2 caps every 1 day); 90 day program
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	QL (8 tabs every 1 day); 90 day program
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>indapamide tab 1.25 mg</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>indapamide tab 2.5 mg</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>metolazone tab 2.5 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>metolazone tab 5 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>metolazone tab 10 mg</i>	Tier 1	QL (2 tabs every 1 day)

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

### **BONE DENSITY REGULATORS**

<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (0.143 tabs every 1 day); 90 day program
<i>alendronate sodium tab 70 mg (generic of FOSAMAX)</i>	Tier 1	QL (0.143 tabs every 1 day); 90 day program
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (1 mL every 1 day); AGE (Min 50)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (0.036 tabs every 1 day)
PROLIA INJ 60MG/ML	Tier 2	PA
TYMLOS INJ	Tier 2	PA

### **GROWTH HORMONES**

OMNITROPE INJ 5.8MG	Tier 2	PA
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### **HORMONE RECEPTOR MODULATORS**

<i>raloxifene hcl tab 60 mg (generic of EVISTA)</i>	Tier 1	QL (1 tab every 1 day); AGE (Min 50)
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### **INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**

INCRELEX INJ 40MG/4ML	Tier 2	PA
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### **LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**

LUPR DEP-PED INJ 3M 30MG	Tier 2	PA
LUPR DEP-PED INJ 7.5MG	Tier 2	PA
LUPR DEP-PED INJ 11.25MG	Tier 2	PA
LUPR DEP-PED INJ 15MG	Tier 2	PA
SYNAREL SOL 2MG/ML	Tier 2	PA

### **METABOLIC MODIFIERS**

<i>calcitriol cap 0.5 mcg (generic of ROCALTROL)</i>	Tier 1	QL (4 caps every 1 day)
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**90 DS** - After two fills of 30 day supply within 75 days, 90 day supply is available thereafter

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcitriol cap 0.25 mcg</i> (generic of ROCALTROL)	Tier 1	QL (4 caps every 1 day)
ELAPRASE INJ 6MG/3ML	Tier 2	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> (generic of CARNITOR)	Tier 1	QL (60 mL every 1 day)
<i>levocarnitine tab 330 mg</i> (generic of CARNITOR)	Tier 1	QL (18 tabs every 1 day)

### **POSTERIOR PITUITARY HORMONES**

<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 1	PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1	PA
<i>desmopressin acetate tab 0.1 mg</i> (generic of DDAVP)	Tier 1	QL (4 tabs every 1 day)
<i>desmopressin acetate tab 0.2 mg</i> (generic of DDAVP)	Tier 1	QL (5 tabs every 1 day)

### **PROLACTIN INHIBITORS**

<i>cabergoline tab 0.5 mg</i>	Tier 1	
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### **SOMATOSTATIC AGENTS**

<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> (generic of SANDOSTATIN)	Tier 1	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	Tier 1	PA
SANDOSTATIN INJ 100MCG	Tier 2	PA
SANDOSTATIN KIT LAR 10MG	Tier 2	PA
SANDOSTATIN KIT LAR 20MG	Tier 2	PA
SANDOSTATIN KIT LAR 30MG	Tier 2	PA

## **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

### **ESTROGEN COMBINATIONS**

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

### **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

<i>estradiol tab 0.5 mg</i> (generic of ESTRACE)	Tier 1	PA required under age 18; AGE (Max 64); 90 day program
<i>estradiol tab 1 mg</i> (generic of ESTRACE)	Tier 1	PA required under age 18; AGE (Max 64); 90 day program



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol tab 2 mg (generic of ESTRACE)</i>	Tier 1	PA required under age 18; AGE (Max 64); 90 day program

## **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

### **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

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

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

### **GALLSTONE SOLUBILIZING AGENTS**

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

### **GASTROINTESTINAL STIMULANTS**

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent) (generic of REGLAN)</i>	Tier 1	QL (6 tabs every 1 day)
<i>metoclopramide hcl tab 10 mg (base equivalent) (generic of REGLAN)</i>	Tier 1	QL (6 tabs every 1 day)

### **INFLAMMATORY BOWEL AGENTS**

<i>balsalazide disodium cap 750 mg (generic of COLAZAL)</i>	Tier 1	
<i>mesalamine cap er 24hr 0.375 gm (generic of APRISO)</i>	Tier 1	QL (4 caps every 1 day)
<i>sulfasalazine tab 500 mg (generic of AZULFIDINE)</i>	Tier 1	QL (10 tabs every 1 day)
<i>sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)</i>	Tier 1	QL (8 tabs every 1 day)

### **INTESTINAL ACIDIFIERS**

<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	QL (180 mL every 1 day)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	
RENVELA TAB 800MG	Tier 2	Requires trial of calcium acetate
<i>sevelamer carbonate tab 800 mg (generic of RENVELA)</i>	Tier 1	ST; Requires trial of calcium acetate
<b>GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>		
<b>ALKALINIZERS</b>		
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg) (generic of UROCIT-K 5)</i>	Tier 1	QL (3 tabs every 1 day)
<i>potassium citrate tab er 10 meq (1080 mg) (generic of UROCIT-K 10)</i>	Tier 1	QL (3 tabs every 1 day)
<i>potassium citrate tab er 15 meq (1620 mg) (generic of UROCIT-K 15)</i>	Tier 1	QL (4 tabs every 1 day)
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	Tier 1	
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid irrigation soln 0.25%</i>	Tier 1	
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	QL (10000 mL every 25 days)
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl tab er 24hr 10 mg (generic of UROXATRAL)</i>	Tier 1	QL (1 tab every 1 day)
<i>finasteride tab 5 mg (generic of PROSCAR)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>tamsulosin hcl cap 0.4 mg (generic of FLOMAX)</i>	Tier 1	QL (2 caps every 1 day); 90 day program
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	QL (3 tabs every 1 day)
<b>GOUT AGENTS - DRUGS TO TREAT GOUT</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (3 tabs every 1 day)
<b>GOUT AGENTS - DRUGS TO TREAT GOUT</b>		
<i>allopurinol tab 100 mg (generic of ZYLOPRIM)</i>	Tier 1	QL (6 tabs every 1 day); 90 day program
<i>allopurinol tab 300 mg (generic of ZYLOPRIM)</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>colchicine tab 0.6 mg (generic of COLCRYS)</i>	Tier 1	QL (30 tabs every 90 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	Tier 1	QL (3 tabs every 1 day)
<b>HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tab er 400 mg</i>	Tier 1	QL (4 ea every 1 day)
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	PA
<i>cilostazol tab 50 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>cilostazol tab 100 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>clopidogrel bisulfate tab 75 mg (base equiv) (generic of PLAVIX)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>dipyridamole tab 25 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>dipyridamole tab 50 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>dipyridamole tab 75 mg</i>	Tier 1	QL (4 tabs every 1 day)
<b>HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid tab 1 mg</i>	Tier 1	QL (5 tabs every 1 day); 90 day program
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP INJ 25MCG	Tier 2	PA
ARANESP INJ 40MCG	Tier 2	PA
ARANESP INJ 60MCG	Tier 2	PA
ARANESP INJ 100MCG	Tier 2	PA
ARANESP INJ 200MCG	Tier 2	PA
ARANESP INJ 300MCG	Tier 2	PA
ARANESP INJ 500MCG	Tier 2	PA
RETACRIT INJ 2000UNIT	Tier 2	PA
RETACRIT INJ 3000UNIT	Tier 2	PA
RETACRIT INJ 4000UNIT	Tier 2	PA
RETACRIT INJ 10000UNT	Tier 2	PA
RETACRIT INJ 20000UNI	Tier 2	PA
RETACRIT INJ 40000UNT	Tier 2	PA
ZARXIO INJ 300/0.5	Tier 2	PA
ZARXIO INJ 480/0.8	Tier 2	PA
ZIEXTENZO INJ 6/0.6ML	Tier 2	PA, QL (1 syringe every 11 days)
<b>HEMATOPOIETIC MIXTURES</b>		
<i>chromagen cap</i>	Tier 1	QL (2 caps every 1 day)
<b>IRON</b>		
FERROUS GLUC TAB 324MG	Tier 2	OTC

**90 DS** - After two fills of 30 day supply within 75 days, 90 day supply is available thereafter  
**AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter  
**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	Tier 1	OTC
FERROUS SULF LIQ 44MG/5ML	Tier 2	OTC
FERROUS SULF TAB 324MG EC	Tier 2	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Tier 1	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Tier 1	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Tier 1	QL (3 tabs every 1 day), OTC; 90 day program
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Tier 1	OTC; 90 day program
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Tier 1	OTC

## **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS**

### **ANTI-HISTAMINE HYPNOTICS**

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

### **NON-BARBITURATE HYPNOTICS**

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

## **LAXATIVES - DRUGS TO TREAT CONSTIPATION**

### **BULK LAXATIVES**

KONSYL DAILY POW 100%	Tier 2	OTC
<i>psyllium powder 48.57%</i>	Tier 1	OTC

**90 DS** - After two fills of 30 day supply within 75 days, 90 day supply is available thereafter 100  
**AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>LAXATIVE COMBINATIONS</b>		
<i>gavilyte-c sol</i>	Tier 1	QL (4000 mL every 1 day)
<i>gavilyte-g sol</i> (generic of GOLYTELY)	Tier 1	QL (4000 mL every 1 day)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	Tier 1	QL (4000 mL every 1 day)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	QL (4000 mL every 1 day)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC; 90 day program
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose sol 10gm/15</i>	Tier 1	QL (180 mL every 1 day)
<i>lactulose solution 10 gm/15ml</i>	Tier 1	QL (180 mL every 1 day)
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	QL (34 gm every 1 day), OTC
<b>SALINE LAXATIVES</b>		
<i>magnesium citrate soln</i>	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	Tier 1	OTC
MILK OF MAGN SUS 2400/10	Tier 2	OTC
<b>STIMULANT LAXATIVES</b>		
<i>bisacodyl suppos 10 mg</i>	Tier 1	QL (1 supp every 1 day), OTC
<i>bisacodyl tab delayed release 5 mg</i>	Tier 1	QL (3 tabs every 1 day), OTC; 90 day program
<i>sennosides tab 8.6 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC; 90 day program
<i>senokot extr tab 17.2mg</i>	Tier 1	OTC
<b>SURFACTANT LAXATIVES</b>		
<i>docusate calcium cap 240 mg</i>	Tier 1	QL (2 caps every 1 day), OTC
<i>docusate min ene 283mg</i>	Tier 1	OTC
<i>docusate sodium cap 100 mg</i>	Tier 1	QL (6 caps every 1 day), OTC; 90 day program
<i>docusate sodium cap 250 mg</i>	Tier 1	QL (6 caps every 1 day), OTC; 90 day program
<i>docusate sodium liquid 150 mg/15ml</i>	Tier 1	QL (30 mL every 1 day), OTC
<i>docusate sodium tab 100 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC; 90 day program
<i>docusol mini ene</i>	Tier 1	OTC
<i>enemeez mini ene</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEDIA-LAX LIQ 50MG	Tier 2	QL (30 mL every 1 day), OTC

## **MACROLIDES - DRUGS TO TREAT INFECTIONS**

### **AZITHROMYCIN**

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

### **CLARITHROMYCIN**

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

### **ERYTHROMYCINS**

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

### **CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL**

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

### **DIABETIC SUPPLIES**

DEXCOM G6 RECEIVER	Tier 2	QL (1 each every 310 days); PA (except ages 2-18 with history of insulin)
DEXCOM G6 SENSOR	Tier 2	QL (3 boxes every 25 days); PA (except ages 2-18 with history of insulin)
DEXCOM G6 TRANSMITTER	Tier 2	QL (1 box every 76 days); PA (except ages 2-18 with history of insulin)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FREESTY LIBR KIT 2 SENSOR	Tier 2	QL (2 boxes every 23 days); PA (except ages 2-18 with history of insulin)
FREESTY LIBR KIT 3 SENSOR	Tier 2	QL (2 boxes every 28 days)
FREESTY LIBR MIS 2 READER	Tier 2	QL (1 each every 310 days); PA (except ages 2-18 with history of insulin)
FREESTYLE LIBRE READER	Tier 2	QL (1 each every 310 days); PA (except ages 2-18 with history of insulin)
FREESTYLE LIBRE SENSOR	Tier 2	QL (2 boxes every 23 days); PA (except ages 2-18 with history of insulin); 14 day
LANCETS	Tier 2	OTC
RELION TRUE KIT MET AIR	Tier 2	OTC; Covered through Manufacturer
TRUE METRIX KIT AIR	Tier 2	OTC; Covered through Manufacturer
TRUE METRIX KIT METER	Tier 2	OTC; Covered through Manufacturer

### **MISC. DEVICES**

ALCOHOL SWABS	Tier 2	QL (200 pads every 25 days), OTC
ESSENTRA MIS 9X9"	Tier 2	QL (200 sheets every 25 days)

### **PARENTERAL THERAPY SUPPLIES**

BD U-500 MIS 31GX6MM	Tier 2	QL (5 syringes every 1 day)
INSULIN SYRG MIS 0.3/29G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G	Tier 2	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSULIN SYRG MIS 0.5/30G	Tier 2	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.5/30G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G	Tier 2	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G	Tier 2	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G	Tier 2	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G	Tier 2	QL (5 syringes every 1 day), OTC; TRUEPLUS
NEEDLE (DISP) 18 X 1-1/2"	Tier 2	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	Tier 2	
PEN NEEDLES MIS 29GX10MM	Tier 2	QL (200 needles every 25 days), OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7	Tier 2	QL (200 needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM	Tier 2	QL (200 needles every 25 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM	Tier 2	QL (200 needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM	Tier 2	QL (200 needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM	Tier 2	QL (200 pen needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM	Tier 2	QL (200 needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM	Tier 2	QL (200 needles every 25 days), OTC; TECHLITE



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEN NEEDLES MIS 32GX8MM	Tier 2	QL (200 needles every 25 days), OTC; TECHLITE

### **RESPIRATORY THERAPY SUPPLIES**

FLEXICHAMBER MIS MASK LRG	Tier 2	QL (1 box every year)
FLEXICHAMBER MIS MASK SM	Tier 2	QL (1 box every year)
MASK VORTEX/ MIS FROG	Tier 2	QL (1 each every year), OTC
MASK VORTEX/ MIS LADY BUG	Tier 2	QL (1 each every year), OTC
PANDA MASK MIS LARGE	Tier 2	QL (1 pack every year), OTC
PANDA MASK MIS MEDIUM	Tier 2	QL (1 pack every year), OTC
PANDA MASK MIS PEDIATRI	Tier 2	QL (1 pack every year), OTC
PANDA MASK MIS SMALL	Tier 2	QL (1 pack every year), OTC
PARI VORTEX MIS ADL MASK	Tier 2	QL (1 box every year), OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2	QL (1 spacer every year), OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	Tier 2	QL (1 spacer every year)

### **MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES**

#### **SEROTONIN AGONISTS**

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

**90 DS** - After two fills of 30 day supply within 75 days, 90 day supply is available thereafter

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

**Drug Name Drug Tier Requirements/Limits**  
**MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION**

**CALCIUM**

RISACAL-D TAB	Tier 2	OTC
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**FLUORIDE**

sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	Tier 1	QL (1 tab every 1 day)
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	Tier 1	QL (1 tab every 1 day)
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	Tier 1	QL (1 tab every 1 day)
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	Tier 1	QL (1.67 mL every 1 day)

**POTASSIUM**

klor-con 8 tab 8meq er	Tier 1	QL (4 ea every 1 day)
klor-con 10 tab 10meq er	Tier 1	QL (4 tabs every 1 day)
klor-con m20 tab 20meq er	Tier 1	QL (5 ea every 1 day)
potassium bicarbonate effer tab 25 meq	Tier 1	QL (2 tabs every 1 day)
potassium chloride cap er 8 meq	Tier 1	QL (4 caps every 1 day)
potassium chloride cap er 10 meq	Tier 1	QL (4 caps every 1 day)
potassium chloride microencapsulated crys er tab 10 meq	Tier 1	QL (4 tabs every 1 day)
potassium chloride microencapsulated crys er tab 20 meq	Tier 1	QL (5 tabs every 1 day)
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 (4 tabs every 1 day)
potassium chloride tab er 10 meq (generic of K-TAB)	Tier 1	QL (4 tabs every 1 day)
potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)	Tier 1	QL (5 tabs every 1 day)

**MISCELLANEOUS THERAPEUTIC CLASSES**

**CHELATING AGENTS**

DEPEN TITRA TAB 250MG	Tier 2	PA
penicillamine tab 250 mg (generic of DEPEN TITRATABS)	Tier 1	PA

**IMMUNOMODULATORS**

lenalidomide cap 5 mg	Tier 1	PA, QL (1 cap every 1 day)
lenalidomide cap 10 mg	Tier 1	PA, QL (1 cap every 1 day)
lenalidomide cap 15 mg	Tier 1	PA, QL (1 cap every 1 day)

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

### **IRRIGATION SOLUTIONS**

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

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

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

### **ANESTHETICS TOPICAL ORAL**

<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
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### **ANTI-INFECTIVES - THROAT**

<i>clotrimazole troche 10 mg</i>	Tier 1	QL (5 ea every 1 day)
<i>nystatin susp 100000 unit/ml</i>	Tier 1	QL (120 mL every 1 day)

### **ANTISEPTICS - MOUTH/THROAT**

<i>chlorhexidine gluconate soln 0.12%</i> (generic of CHLORHEXIDINE GLUCONATE SOLN 0.12%)	Tier 1	
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### **DENTAL PRODUCTS**

<i>denta 5000 cre plus</i>	Tier 1	
<i>denta 5000 cre plus 2pk</i>	Tier 1	
<i>sf 5000 plus cre 1.1%</i>	Tier 1	
<i>sf gel 1.1%</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium fluor cre 5000 pls</i>	Tier 1	
<i>sodium fluor cre 5000 ppm</i>	Tier 1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	Tier 1	

### **STEROIDS - MOUTH/THROAT/DENTAL**

<i>oralone dent pst 0.1%</i>	Tier 1	
<i>triamcinolone acetone dental paste 0.1%</i>	Tier 1	

### **THROAT PRODUCTS - MISC.**

<i>pilocarpine hcl tab 5 mg (generic of SALAGEN)</i>	Tier 1	
<i>pilocarpine hcl tab 7.5 mg (generic of SALAGEN)</i>	Tier 1	

### **MULTIVITAMINS - DRUGS FOR NUTRITION**

#### **PED MULTI VITAMINS W/FL & FE**

<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	Tier 1	QL (1.67 mL every 1 day); AGE (Max 5)
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#### **PED MV W/ FLUORIDE**

<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	Tier 1	QL (1 tab every 1 day); AGE (Max 5)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	Tier 1	QL (1 tab every 1 day); AGE (Max 5)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	Tier 1	QL (2 tabs every 1 day); AGE (Max 5)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	Tier 1	QL (1.67 mL every 1 day); AGE (Max 5)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	Tier 1	QL (1.67 mL every 1 day); AGE (Max 5)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	Tier 1	QL (1.67 mL every 1 day); AGE (Max 5)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	Tier 1	QL (1.67 mL every 1 day); AGE (Max 5)
POLY-VI-FLOR CHW 0.5MG	Tier 2	QL (1 tab every 1 day); AGE (Max 5)
POLY-VI-FLOR CHW 0.25MG	Tier 2	QL (1 tab every 1 day); AGE (Max 5)
POLY-VI-FLOR CHW 1MG	Tier 2	QL (2 tabs every 1 day); AGE (Max 5)

#### **PRENATAL VITAMINS**

COMPLETENATE CHW	Tier 2	QL (1 tab every 1 day)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	Tier 2	QL (1 tab every 1 day)
SE-NATAL 19 CHW	Tier 2	QL (1 tab every 1 day)
THRIVITE RX TAB 29-1MG	Tier 2	QL (1 tab every 1 day)
TRINATAL RX TAB 1	Tier 2	QL (1 tab every 1 day)
VITAFOL-OB TAB 65-1MG	Tier 2	QL (1 tab every 1 day)

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

**Drug Name Drug Tier Requirements/Limits**  
**MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS**

**CENTRAL MUSCLE RELAXANTS**

<i>baclofen tab 5 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>baclofen tab 10 mg</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>baclofen tab 20 mg</i>	Tier 1	QL (4 tabs every 1 day); 90 day program
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (3 tabs every 1 day)
<i>methocarbamol tab 500 mg</i>	Tier 1	QL (6 tabs every 1 day); AGE (Max 64)
<i>methocarbamol tab 750 mg</i>	Tier 1	QL (10 tabs every 1 day); AGE (Max 64)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 64)
<i>tizanidine hcl tab 4 mg (base equivalent) (generic of ZANAFLEX)</i>	Tier 1	QL (9 tabs every 1 day); AGE (Max 64)

**NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE**

**NASAL ANTIALLERGY**

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	QL (1 bottle every 25 days)
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**NASAL ANTICHOLINERGICS**

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

**NASAL STEROIDS**

<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (3 bottles every 75 days); AGE (Min 4); 90 day program
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**SYMPATHOMIMETIC DECONGESTANTS**

<i>pseudoephedrine hcl tab 30 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Tier 1	QL (6 tabs every 1 day), OTC

**OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS**

**BETA-BLOCKERS - OPHTHALMIC**

<i>carteolol hcl ophth soln 1%</i>	Tier 1	QL (15 mL every 25 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)</i>	Tier 1	QL (10 mL every 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	QL (15 mL every 25 days)
<i>timolol maleate ophth soln 0.5%</i> (generic of TIMOPTIC)	Tier 1	
<i>timolol maleate ophth soln 0.25%</i> (generic of TIMOPTIC)	Tier 1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL every 25 days)
<i>atropine sulfate ophth soln 1%</i>	Tier 1	QL (15 mL every 25 days)
<i>cyclopentolate hcl ophth soln 1%</i> (generic of CYCLOGYL)	Tier 1	QL (15 mL every 25 days)
ISOPTO ATROP SOL 1% OP	Tier 2	QL (15 mL every 25 days)
<b>MIOTICS</b>		
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
<i>ciprofloxacin hcl ophth soln 0.3%</i> (base equivalent)	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (10 mL every 30 days)
<i>moxifloxacin hcl ophth soln 0.5%</i> (base equiv) (generic of VIGAMOX)	Tier 1	QL (3 mL every 25 days)
<i>neo-polycin oin op</i>	Tier 1	
<i>neomycin-bacitracin-zn-polymyxin b 5(3.5)mg-400unit-10000unit op oin</i>	Tier 1	
<i>neomycin-polymyxin-b-gramicidin op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i> (generic of OCUFLOX)	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> (generic of POLYTRIM)	Tier 1	
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	
<i>tobramycin ophth soln 0.3%</i>	Tier 1	
<i>trifluridine ophth soln 1%</i>	Tier 1	QL (7.5 mL every 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>proparacaine hcl ophth soln 0.5%</i> (generic of ALCAINE)	Tier 1	
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	QL (15 mL every 25 days)
<i>neo-polycin oin hc 1%op</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> (generic of MAXITROL)	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> (generic of MAXITROL)	Tier 1	
<i>prednisolone acetate ophth susp 1%</i> (generic of PRED FORTE)	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> (generic of TOBRADEX)	Tier 1	
<b>OPHTHALMICS - MISC.</b>		
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	PA, QL (6 mL every 25 days)
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.5%</i> (generic of ACULAR)	Tier 1	QL (10 mL every 25 days)
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost ophth soln 0.03%</i>	Tier 1	ST; Requires trial of latanoprost
<i>latanoprost ophth soln 0.005%</i> (generic of XALATAN)	Tier 1	QL (5 mL every 25 days)
<b>OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid otic soln 2%</i>	Tier 1	QL (20 mL every 25 days)
<b>OTIC ANTI-INFECTIVES</b>		
<i>ciprofloxacin hcl otic soln 0.2%</i> (base equivalent)	Tier 1	QL (14 ea every 25 days)
<i>ofloxacin otic soln 0.3%</i>	Tier 1	QL (5 mL every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<b>OTIC COMBINATIONS</b>		
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
<b>OTIC STEROIDS</b>		
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
<b>OXYTOCICS - DRUGS FOR PREGNANCY</b>		
<b>OXYTOCICS - DRUGS FOR PREGNANCY</b>		
<i>methergine tab 0.2mg</i>	Tier 1	QL (7 tabs every 1 day)
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 1	QL (7 tabs every 1 day)
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS</b>		
<b>IMMUNE SERUMS</b>		
<i>HYPERRHO S/D INJ 50MCG</i>	Tier 2	
<i>HYPERRHO S/D INJ 300MCG</i>	Tier 2	
<i>MICRHOGAM PL INJ 50MCG</i>	Tier 2	
<i>RHOGAM PLUS INJ 300MCG</i>	Tier 2	
<i>RHOPHYLAC INJ 1500/2ML</i>	Tier 2	
<b>MONOCLONAL ANTIBODIES</b>		
<i>SYNAGIS INJ 50/0.5ML</i>	Tier 2	PA
<i>SYNAGIS INJ 100MG/ML</i>	Tier 2	PA
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	QL (8 caps every 1 day)
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	QL (8 caps every 1 day)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1	QL (6 tabs every 1 day)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1	QL (8 tabs every 1 day)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1	QL (5 tabs every 1 day)
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>ampicillin cap 500 mg</i>	Tier 1	QL (8 caps every 1 day)
<b>NATURAL PENICILLINS</b>		
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	QL (40 mL every 1 day)
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	QL (40 mL every 1 day)
<i>penicillin v potassium tab 250 mg</i>	Tier 1	QL (8 tabs every 1 day)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>penicillin v potassium tab 500 mg</i>	Tier 1	QL (8 tabs every 1 day)

### **PENICILLIN COMBINATIONS**

<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	Tier 1	QL (3 tabs every 1 day); AGE (Max 12)
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Max 12)
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	AGE (Max 12)
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE (Max 12)
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	Tier 1	AGE (Max 12)
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>amoxicillin &amp; k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	Tier 1	QL (2 tabs every 1 day)
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 1	QL (2 tabs every 1 day)

### **PENICILLINASE-RESISTANT PENICILLINS**

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

## **PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES**

### **PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES**

<i>medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>medroxyprogesterone acetate tab 5 mg (generic of PROVERA)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>medroxyprogesterone acetate tab 10 mg (generic of PROVERA)</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>norethindrone acetate tab 5 mg (generic of AYGESTIN)</i>	Tier 1	QL (1 tab every 1 day)
<i>progesterone cap 100 mg (generic of PROMETRIUM)</i>	Tier 1	QL (1 cap every 1 day)
<i>progesterone cap 200 mg (generic of PROMETRIUM)</i>	Tier 1	QL (2 caps every 1 day)

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

### **ANTI-CATAPLECTIC AGENTS**

<i>SOD OXYBATE SOL 500MG/ML</i>	Tier 2	PA
<i>XYREM SOL 500MG/ML</i>	Tier 2	PA

### **ANTIDEMENTIA AGENTS**

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (2 each every 1 day); 90 day program
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (2 tabs every 1 day); 90 day program

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (1 each every 1 day); 90 day program
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>donepezil hydrochloride tab 5 mg (generic of ARICEPT)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>donepezil hydrochloride tab 10 mg (generic of ARICEPT)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
EXELON DIS 4.6MG/24	Tier 2	PA
EXELON DIS 9.5MG/24	Tier 2	PA
EXELON DIS 13.3/24	Tier 2	PA
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	
<i>memantine hcl tab 5 mg (generic of NAMENDA)</i>	Tier 1	90 day program
<i>memantine hcl tab 10 mg (generic of NAMENDA)</i>	Tier 1	90 day program
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)</i>	Tier 1	90 day program
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr (generic of EXELON)</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr (generic of EXELON)</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr (generic of EXELON)</i>	Tier 1	PA
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<i>tetrabenazine tab 12.5 mg (generic of XENAZINE)</i>	Tier 1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tetrabenazine tab 25 mg (generic of XENAZINE)</i>	Tier 1	PA

### **MULTIPLE SCLEROSIS AGENTS**

AMPYRA TAB 10MG	Tier 2	PA
AVONEX PEN KIT 30MCG	Tier 2	PA
AVONEX PREFL KIT 30MCG	Tier 2	PA
COPAXONE INJ 20MG/ML	Tier 2	PA
<i>dalfampridine tab er 12hr 10 mg (generic of AMPYRA)</i>	Tier 1	PA
<i>dimethyl fumarate capsule delayed release 120 mg (generic of TECFIDERA)</i>	Tier 1	PA, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule delayed release 240 mg (generic of TECFIDERA)</i>	Tier 1	PA, QL (2 caps every 1 day)
EXTAVIA INJ 0.3MG	Tier 2	PA
<i>fingolimod hcl cap 0.5 mg (base equiv) (generic of GILENYA)</i>	Tier 1	PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml (generic of COPAXONE)</i>	Tier 1	PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml (generic of COPAXONE)</i>	Tier 1	PA
<i>glatopa inj 20mg/ml (generic of COPAXONE)</i>	Tier 1	PA
<i>glatopa inj 40mg/ml (generic of COPAXONE)</i>	Tier 1	PA
REBIF INJ 22/0.5	Tier 2	PA
REBIF INJ 44/0.5	Tier 2	PA
REBIF REBIDO INJ 22/0.5	Tier 2	PA
REBIF REBIDO INJ 44/0.5	Tier 2	PA
REBIF REBIDO INJ TITRATN	Tier 2	PA
REBIF TITRTN INJ PACK	Tier 2	PA
<i>teriflunomide tab 7 mg (generic of AUBAGIO)</i>	Tier 1	PA
<i>teriflunomide tab 14 mg (generic of AUBAGIO)</i>	Tier 1	PA

### **SMOKING DETERRENTS**

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>nicotine polacrilex gum 2 mg</i>	Tier 1	QL (8 pieces every 1 day), OTC
<i>nicotine polacrilex gum 4 mg</i>	Tier 1	QL (8 pieces every 1 day), OTC
<i>nicotine polacrilex lozenge 2 mg</i>	Tier 1	QL (8 lozgs every 1 day), OTC
<i>nicotine polacrilex lozenge 4 mg</i>	Tier 1	QL (8 lozgs every 1 day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nicotine td patch 24hr 7 mg/24hr</i>	Tier 1	QL (1 patch every 1 day), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i>	Tier 1	QL (1 patch every 1 day), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i>	Tier 1	QL (1 patch every 1 day), OTC
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Tier 1	PA
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Tier 1	PA
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	Tier 1	PA

## **RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS**

### **ALPHA-PROTEINASE INHIBITOR (HUMAN)**

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

### **CYSTIC FIBROSIS AGENTS**

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

## **TETRACYCLINES - DRUGS TO TREAT INFECTIONS**

### **TETRACYCLINES - DRUGS TO TREAT INFECTIONS**

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

## **THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS**

### **ANTITHYROID AGENTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propylthiouracil tab 50 mg</i>	Tier 1	QL (20 tabs every 1 day)

### **THYROID HORMONES**

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

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

## **TOXOIDS - DRUGS TO PREVENT INFECTIONS**

### **TOXOID COMBINATIONS**

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

**90 DS** - After two fills of 30 day supply within 75 days, 90 day supply is available thereafter

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

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

**ANTISPASMODICS**

CUVPOSA SOL 1MG/5ML	Tier 2	PA
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	QL (4 caps every 1 day); AGE (Max 64)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	QL (80 mL every 1 day); AGE (Max 64)
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	QL (8 tabs every 1 day); AGE (Max 64); 90 day program
<i>glycopyrrolate oral soln 1 mg/5ml</i> (generic of CUVPOSA)	Tier 1	PA
<i>glycopyrrolate tab 1 mg</i> (generic of ROBINUL)	Tier 1	
<i>glycopyrrolate tab 2 mg</i> (generic of ROBINUL FORTE)	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	Tier 1	QL (60 mL every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	QL (12 tabs every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	QL (60 mL every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	QL (12 tabs every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	QL (12 tabs every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	QL (4 tabs every 1 day); AGE (Max 64)
<i>oscimin tab 0.125mg</i>	Tier 1	QL (12 tabs every 1 day); AGE (Max 64)

**H-2 ANTAGONISTS**

<i>cimetidine tab 200 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>cimetidine tab 300 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>cimetidine tab 400 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>cimetidine tab 800 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	QL (5 mL every 1 day); AGE (Max 6)
<i>famotidine tab 10 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC; 90 day program
<i>famotidine tab 20 mg</i>	Tier 1	QL (2 tabs every 1 day), OTC; 90 day program
<i>famotidine tab 20 mg</i> (generic of PEPCID)	Tier 1	QL (2 tabs every 1 day); 90 day program
<i>famotidine tab 40 mg</i> (generic of PEPCID)	Tier 1	QL (2 tabs every 1 day); 90 day program

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nizatidine cap 150 mg</i>	Tier 1	ST, QL (4 caps every 1 day); Requires trial of famotidine
<b>MISC. ANTI-ULCER</b>		
CARAFATE SUS 1GM/10ML	Tier 2	QL (40 mL every 1 day); AGE (Max 18)
<i>sucralfate susp 1 gm/10ml (generic of CARAFATE)</i>	Tier 1	QL (40 mL every 1 day); AGE (Max 18)
<i>sucralfate tab 1 gm (generic of CARAFATE)</i>	Tier 1	QL (4 tabs every 1 day)
<b>PROTON PUMP INHIBITORS</b>		
<i>acid reducer cap 20.6mgdr</i>	Tier 1	QL (1 cap every 1 day), OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 1	QL (2 caps every 1 day), OTC
<i>gnp omeprazo cap 20mg</i>	Tier 1	QL (1 cap every 1 day), OTC
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	QL (2 caps every 1 day)
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	QL (2 caps every 1 day), OTC
<i>omeprazole cap 20.6mgdr</i>	Tier 1	QL (1 cap every 1 day), OTC
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (3 caps every 1 day); 90 day program
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (3 caps every 1 day); 90 day program
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (1 cap every 1 day); 90 day program
<i>omeprazole delayed release tab 20 mg</i>	Tier 1	QL (3 tabs every 1 day), OTC; 90 day program
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	Tier 1	QL (3 tabs every 1 day), OTC
<i>omeprazole tab 20mg</i>	Tier 1	QL (3 tabs every 1 day), OTC; 90 day program
<i>pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)</i>	Tier 1	QL (1 tab every 1 day); 90 day program
<i>pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)</i>	Tier 1	QL (3 tabs every 1 day); 90 day program
<i>qc omepraza tab 20mg</i>	Tier 1	QL (3 tabs every 1 day), OTC; 90 day program
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol tab 100 mcg (generic of CYTOTEC)</i>	Tier 1	QL (4 tabs every 1 day)
<i>misoprostol tab 200 mcg (generic of CYTOTEC)</i>	Tier 1	QL (4 tabs every 1 day)



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

**URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

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

**URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

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

**URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS**

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

**BACTERIAL VACCINES**

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

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

## **VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS**

### **SPERMICIDES**

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

### **VAGINAL ANTI-INFECTIVES**

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

**90 DS** - After two fills of 30 day supply within 75 days, 90 day supply is available thereafter  
**AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter  
**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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

### **VAGINAL ESTROGENS**

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

## **VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

### **ANAPHYLAXIS THERAPY AGENTS**

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

## **VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

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

## **VITAMINS - DRUGS FOR NUTRITION**

### **OIL SOLUBLE VITAMINS**

<i>ergocalciferol cap 1.25 mg (50000 unit)</i> (generic of DRISDOL)	Tier 1	QL (6 caps every 1 day)
<i>phytonadione tab 5 mg</i>	Tier 1	QL (5 tabs every 1 day)

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