



Molina Complete Care

July 2022

Molina Complete Care

Medicaid

**Preferred Drug List
(Formulary)/**

**Lista de Medicamentos Preferidos
(Formulario)**



Molina Complete Care

Discrimination is against the law

Molina Complete Care (MCC) follows the law. We treat all people equally. We do not discriminate against anyone based on:

- Race
- Color
- National origin
- Age
- Disability
- Sex

We provide free help and services to people with disabilities. We want you to be able to communicate with us easily. We offer:

- Qualified sign language interpreters.
- Written information in many formats. These may include:
 - Large print
 - Audio
 - Accessible electronic formats
 - Other formats

We also provide free language services to people whose first language is not English. We offer:

- Qualified interpreters
- Information that is written in other languages

Contact us at 1-800-424-4524 (TTY 711) for Commonwealth Coordinated Care Plus (CCC Plus), or 1-800-424-4518 (TTY 711) for Medallion 4.0 if you need any of these services.

If you believe we have not provided these services or discriminated in another way, you may file a report by calling the Molina AlertLine at 1-866-606-3889 or online at <https://molinahealthcare.alertline.com>.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You may do this online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Or you may do this by mail or phone.

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

TDD: 1-800-537-7697

Complaint forms are available online. You may find them at <http://www.hhs.gov/ocr/office/file/index.html>.

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(07/15/2022)

FORMULARY GUIDE (ENGLISH)

INTRODUCTION

We are pleased to provide the *2022 Molina Complete Care (MCC) Preferred Drug List (Formulary)* as a useful reference and informational tool. This guide can help medical providers select clinically appropriate and cost-effective products for their patients.

The drugs in this guide have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved before being included. This guide reflects current medical practice as of the date of review.

The information in this guide is provided solely for the benefit of medical providers. We do not guarantee accuracy of such information. This guide is not intended to be comprehensive in nature. All the information in the guide is provided as a reference for drug therapy selection.

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

MCC is not responsible for the actions or omissions of any medical provider based on information in this guide. The medical provider should check the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

This guide is organized by sections. Each section is divided by therapeutic drug class by type.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

We use the services of a Pharmacy and Therapeutics Committee ("P&T Committee") 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 who all have a broad background of clinical and academic expertise on 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 help you understand which specific strengths and dosage forms are covered, some general guidelines 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 will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

Generic substitution is when your pharmacy may dispense a generic version instead of a prescribed brand-name product. In this guide, lowercase italicized type means a generic version is available. In most instances, if there's a generic product available, the brand-name version will become non-formulary. The generic product will be covered instead of the brand-name version. However, this guide is subject to state specific regulations and rules for 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. They are manufactured under the same strict standards that apply to brand-name drugs
- Tested in humans to make sure 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 how safe and effective they are
- Manufactured in the same strength and dosage form as the brand-name drugs

When a generic drug is substituted for a brand-name drug, the generic should be just as safe and effective as the brand-name drug (therapeutic equivalence).

PLAN DESIGN

- This guide represents MCC and Virginia Medicaid's Common Core Formulary. Generic medications are typically available at the lowest cost. Brand-name medications usually cost more than generic versions. Medications not on the list will usually cost the most.

This guide lists drugs in the following manner:

Preferred Drugs

Non-Preferred Drugs

The medications listed in this guide are covered by MCC as represented. MCC covers certain medications on the list if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.). MCC will review requests for such medications outside of their listed criteria for medical necessity. If a medication is not listed, you may request a formulary exception for coverage. We will review medical necessity or formulary exception requests based on

drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log into **www.MCCofVA.com** to check coverage.

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the MCC Drug Formulary may be approved when medically necessary and when formulary options have proven not to work. When this happens, the physician may fax a completed drug prior authorization form to MCC at (844) 278-5731. You can find these forms at www.MCCofVA.com. We will not consider trials of pharmaceutical samples as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

For the quickest response possible from MCC's pharmacy department, please provide relevant information with the Prior Authorization request.

The following are examples:

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

EXCLUDED SERVICES

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

- Drugs used for anorexia or weight gain
- Drugs used to promote fertility
- Agents used for cosmetic purposes or hair growth
- Agents used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition other than sexual or erectile dysfunction, for which the agents have been approved by the FDA
- All DESI (Drug Efficacy Study Implementation) drugs as defined by the FDA to be less than effective. Compound prescriptions, which include a DESI drug, are not covered
- Drugs which have been recalled
- Experimental drugs or non-FDA-approved drugs
- Any legend drugs marketed by a manufacturer who does not participate in the Medicaid Drug Rebate program

NOTICE

The information contained in this guide is proprietary. The information may not be copied in whole or in part without written permission. ©2022. 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. If you have questions, contact MCC Member Services. We're available Monday through Friday from 8 a.m. to 8 p.m. local time.

- Commonwealth Coordinated Care Plus: (800) 424-4524 (TTY 711)
- Medallion 4.0: (800) 424-4518 (TTY 711)

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	MED= Max 90 mg Morphine Equivalent Dose Per Day

Date Effective	Product Name	Change	Notes
7/15/2022	ACYCLOVIR 5% OINTMENT	Update from non-preferred to preferred	
7/15/2022	DEXMETHYLPHENIDATE 10 MG TAB	Update from non-preferred to preferred	
7/15/2022	DEXMETHYLPHENIDATE 2.5 MG TAB	Update from non-preferred to preferred	
7/15/2022	DEXMETHYLPHENIDATE 5 MG TAB	Update from non-preferred to preferred	
7/15/2022	Dimethyl Fumarate Capsule Delayed Release 120 MG	Remove max daily dose	
7/15/2022	Dimethyl Fumarate Capsule Delayed Release 240 MG	Remove max daily dose	
7/15/2022	Dimethyl Fumarate Capsule DR Starter Pack 120 MG & 240 MG	Remove max daily dose	
7/15/2022	FOCALIN 10 MG TABLET	Update from preferred to non-preferred	
7/15/2022	FOCALIN 2.5 MG TABLET	Update from preferred to non-preferred	
7/15/2022	FOCALIN 5 MG TABLET	Update from preferred to non-preferred	

Date Effective	Product Name	Change	Notes
7/15/2022	GLYXAMBI 10 MG-5 MG TABLET	Update from preferred to non-preferred	
7/15/2022	GLYXAMBI 25 MG-5 MG TABLET	Update from preferred to non-preferred	
7/15/2022	INFLECTRA 100 MG VIAL	Update from non-preferred to preferred	
7/15/2022	NOVOLOG MIX 70-30 FLEXPEN SYRN	Update from preferred to non-preferred	
7/15/2022	NOVOLOG MIX 70-30 VIAL	Update from preferred to non-preferred	
7/15/2022	NURTEC ODT 75 MG TABLET	Update from non-preferred to preferred	
7/15/2022	RELION NOVOLOG 70-30 FLEXPEN	Update from preferred to non-preferred	
7/15/2022	RELION NOVOLOG MIX 70-30 VIAL	Update from preferred to non-preferred	
7/15/2022	RENFLEXIS 100 MG VIAL	Update from preferred to non-preferred	
7/15/2022	SPIRIVA RESPIMAT 1.25 MCG INH	Update from non-preferred to preferred	
7/15/2022	SPIRIVA RESPIMAT 2.5 MCG INH	Update from non-preferred to preferred	
7/15/2022	TECFIDERA DR 120 MG CAPSULE	Update from preferred to non-preferred	
7/15/2022	TECFIDERA DR 240 MG CAPSULE	Update from preferred to non-preferred	
7/15/2022	TECFIDERA STARTER PACK	Update from preferred to non-preferred	
7/15/2022	UBRELVY 100 MG TABLET	Update from preferred to non-preferred, remove max daily dose	
7/15/2022	UBRELVY 50 MG TABLET	Update from preferred to non-preferred, remove max daily dose	
7/15/2022	ZOVIRAX 5% CREAM	Update from preferred to non-preferred	

LEGEND

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

GUÍA DE FORMULARIO (ESPAÑOL)

INTRODUCCIÓN

Nos complace proporcionar la *Lista de Medicamentos Preferidos de [Molina Complete Care (MCC)] [2022] (Formulario)* como una herramienta de referencia e información útil. Esta guía puede ayudar a los proveedores médicos a seleccionar productos clínicamente apropiados y rentables para sus pacientes.

Los medicamentos que se indican en esta guía fueron revisados por un Comité de Farmacia y Terapéutica (P&T, *Pharmacy and Therapeutics*) y están aprobados antes de su inclusión. Esta guía refleja la práctica médica actual a la fecha de revisión.

La información en esta guía se proporciona únicamente para el beneficio de los proveedores médicos. No garantizamos la exactitud de dicha información. Esta guía no fue hecha con un propósito integral. Toda la información de esta guía se proporciona como referencia para la selección de la terapia con medicamentos.

Esta guía está sujeta 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.

[MCC] no asume la responsabilidad por las acciones u omisiones de cualquier proveedor médico en función de la información contenida en esta guía. El proveedor médico debe revisar la documentación del producto provista por el fabricante del medicamento o las referencias estándar para obtener información más detallada.

PREFACIO

Esta guía está organizada en secciones. Cada sección se divide según la clase terapéutica del fármaco, por tipo.

COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)

Utilizamos los servicios de un Comité de Farmacia y Terapéutica (P&T) 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 en 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 cubiertas, algunas pautas 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 serán coherentes con la categoría y el uso en que se clasificaron.

SUSTITUCIÓN GENÉRICA

La sustitución genérica es cuando su farmacia puede administrar una versión genérica en lugar de un producto de marca recetado. En esta guía, la letra minúscula en cursiva significa que hay una versión genérica disponible. En la mayoría de los casos, si hay un producto genérico disponible, la versión de marca registrada no tendrá formulario. El producto genérico estará cubierto en lugar de la versión de marca registrada. Sin embargo, esta guía está sujeta a regulaciones y normas específicas del estado sobre 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. 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 lo efectivos ni seguros que son.
- Se fabrican con la misma concentración y dosificación que los medicamentos de marca.

Cuando un medicamento genérico es sustituido por un medicamento de marca, el medicamento genérico debe ser igual de efectivo y seguro que el medicamento de marca (equivalencia terapéutica).

DISEÑO DE PLANES

Esta guía representa el Formulario Básico Común de [MCC] y Virginia Medicaid. Los medicamentos que se presentan en el documento pueden tener un costo variable para el miembro del plan. Los medicamentos genéricos suelen estar disponibles al menor precio. Los medicamentos de marca, por lo general, serán más caros que las versiones genéricas. Los medicamentos que no están presentes en la lista suelen tener el mayor precio.

En esta guía se indican los medicamentos de la siguiente manera:

Categoría 1: Medicamentos Genéricos Preferidos

Categoría 2: Medicamentos de Marca Preferidos

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

Los medicamentos que aparecen en esta guía están cubiertos por [MCC] según lo que se representa. [MCC] cubra algunos medicamentos de la lista si se cumplen los criterios de administración de utilización (es decir, terapia progresiva, autorización previa, límites de cantidad, etc.). [MCC] revisará las solicitudes de dichos medicamentos que estén fuera de los criterios enumerados se revisarán según la necesidad médica. Si un medicamento no aparece, puede solicitar una excepción de formulario para la cobertura. Revisaremos las solicitudes de necesidad médica o de excepción de formulario 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.MCCofVA.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 [MCC] pueden ser aprobadas cuando son médicamente necesarias y cuando se haya demostrado que las alternativas del formulario no funcionan. Cuando esto ocurra, su proveedor puede enviar por fax un formulario completado de autorización previa de medicamentos a [MCC] al [(844) 278-5731]. Puede encontrar estos formularios en [www.MCCofVA.com]. No consideraremos los ensayos de muestras farmacéuticas como justificativos para la aprobación de una solicitud de autorización previa.

CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA

Para la respuesta más rápida posible del Departamento de Farmacia de [MCC], proporcione la información pertinente con la solicitud de autorización previa.

Observe los siguientes ejemplos:

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

SERVICIOS EXCLUIDOS

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

- 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 tratamiento de disfunción sexual o eréctil; a menos que dichos medicamentos se utilicen para tratar una afección distinta de la disfunción eréctil; para la que los medicamentos estén aprobados por la FDA.
- Todos los medicamentos DESI (*Drug Efficacy Study Implementation*, Implementación del Estudio de la Eficacia de los Medicamentos) que, según la definición de la FDA, no tengan el nivel requerido de eficacia. Recetas de compuestos, lo que incluye medicamentos DESI no cubiertos.
- Medicamentos que se hayan retirado del Mercado.
- Medicamentos experimentales o no aprobados por la FDA.
- Cualquier medicamento de venta bajo receta archivada que se comercialice por un fabricante no perteneciente al Programa de Devolución de Medicamentos de Medicaid.

AVISO

La información contenida en esta guía es patentada. La información no se puede copiar en su totalidad o en parte sin el permiso por escrito. ©2022. Todos los derechos reservados.

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

ACTUALIZACIONES DEL FORMULARIO

Revise los cambios de formulario que pertenecen al beneficio de farmacia. Si tiene preguntas, comuníquese con el Departamento de Servicios para Miembros de [MCC]. Atendemos de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local.

- Commonwealth Coordinated Care Plus: (800) 424-4524 (TTY 711)
- Medallion 4.0: (800) 424-4518 (TTY 711)

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	MED= Max 90 mg Morphine Equivalent Dose Per Day

Date Effective	Product Name	Cambio	Notes
7/15/2022			
	ACYCLOVIR 5% OINTMENT	Actualización de no preferido a preferido	
7/15/2022	DEXMETHYLPHENIDATE 10 MG TAB	Actualización de no preferido a preferido	
7/15/2022	DEXMETHYLPHENIDATE 2.5 MG TAB	Actualización de no preferido a preferido	
7/15/2022	DEXMETHYLPHENIDATE 5 MG TAB	Actualización de no preferido a preferido	
7/15/2022	Dimethyl Fumarate Capsule Delayed Release 120 MG	Se eliminó la dosis máxima diaria	
7/15/2022	Dimethyl Fumarate Capsule Delayed Release 240 MG	Se eliminó la dosis máxima diaria	
7/15/2022	Dimethyl Fumarate Capsule DR Starter Pack 120 MG & 240 MG	Se eliminó la dosis máxima diaria	
7/15/2022	DOCOSANOL 10% CREAM	Actualización a preferido	
7/15/2022	FOCALIN 10 MG TABLET	Actualización de preferido a no preferido	
7/15/2022	FOCALIN 2.5 MG TABLET	Actualización de preferido a no preferido	
7/15/2022	FOCALIN 5 MG TABLET	Actualización de preferido a no preferido	
7/15/2022	GLYXAMBI 10 MG-5 MG TABLET	Actualización de preferido a no preferido	
7/15/2022	GLYXAMBI 25 MG-5 MG TABLET	Actualización de preferido a no preferido	
7/15/2022	INFLECTRA 100 MG	Actualización de no	

Date Effective	Product Name	Cambio	Notes
	VIAL	preferido a preferido	
7/15/2022	NOVOLOG MIX 70-30 FLEXPEN SYRN	Actualización de preferido a no preferido	
7/15/2022	NOVOLOG MIX 70-30 VIAL	Actualización de preferido a no preferido	
7/15/2022	NURTEC ODT 75 MG TABLET	Actualización de no preferido a preferido	
7/15/2022	RELION NOVOLOG 70-30 FLEXPEN	Actualización de preferido a no preferido	
7/15/2022	RELION NOVOLOG MIX 70-30 VIAL	Actualización de preferido a no preferido	
7/15/2022	RENFLEXIS 100 MG VIAL	Actualización de preferido a no preferido	
7/15/2022	SPIRIVA RESPIMAT 1.25 MCG INH	Actualización de no preferido a preferido	
7/15/2022	SPIRIVA RESPIMAT 2.5 MCG INH	Actualización de no preferido a preferido	
7/15/2022	TECFIDERA DR 120 MG CAPSULE	Actualización de preferido a no preferido	
7/15/2022	TECFIDERA DR 240 MG CAPSULE	Actualización de preferido a no preferido	
7/15/2022	TECFIDERA STARTER PACK	Actualización de preferido a no preferido	
7/15/2022	UBRELVY 100 MG TABLET	Actualización de preferido a no preferido, se eliminó la dosis máxima diaria	

LEYENDA

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

Molina Complete Care Effective 07/15/2022

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

AMPHETAMINES

ADDERALL TAB 5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADDERALL TAB 7.5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADDERALL TAB 10MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADDERALL TAB 12.5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADDERALL TAB 15MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADDERALL TAB 20MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADDERALL TAB 30MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADDERALL XR CAP 5MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
ADDERALL XR CAP 10MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
ADDERALL XR CAP 15MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
ADDERALL XR CAP 20MG	Pref	QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
ADDERALL XR CAP 25MG	Pref	QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
ADDERALL XR CAP 30MG	Pref	QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
ADZENYS XR TAB 3.1MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADZENYS XR TAB 6.3MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADZENYS XR TAB 9.4MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
ADZENYS XR TAB 12.5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADZENYS XR TAB 15.7 MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADZENYS XR TAB 18.8MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>amphetamine sulfate tab 5 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>amphetamine sulfate tab 10 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
DESOXYN TAB 5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
DEXEDRINE CAP 10MG CR	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
DEXEDRINE CAP 15MG CR	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate tab 5 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate tab 10 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate tab 15 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate tab 20 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate tab 30 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
DYANAVEL XR SUS 2.5MG/ML	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
EVEKEO ODT TAB 5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
EVEKEO ODT TAB 10MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
EVEKEO ODT TAB 15MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
EVEKEO ODT TAB 20MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
EVEKEO TAB 5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
EVEKEO TAB 10MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methamphetamine hcl tab 5 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
MYDAYIS CAP 12.5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
MYDAYIS CAP 25MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
MYDAYIS CAP 37.5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
MYDAYIS CAP 50MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>procentra sol 5mg/5ml</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
VYVANSE CAP 10MG	Pref	AGE (Min age 4 years and Max age 17 years)
VYVANSE CAP 20MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
VYVANSE CAP 30MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
VYVANSE CAP 40MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
VYVANSE CAP 50MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
VYVANSE CAP 60MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
VYVANSE CAP 70MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
VYVANSE CHW 10MG	Pref	AGE (Min age 4 years and Max age 17 years)
VYVANSE CHW 20MG	Pref	AGE (Min age 4 years and Max age 17 years)
VYVANSE CHW 30MG	Pref	AGE (Min age 4 years and Max age 17 years)
VYVANSE CHW 40MG	Pref	AGE (Min age 4 years and Max age 17 years)
VYVANSE CHW 50MG	Pref	AGE (Min age 4 years and Max age 17 years)
VYVANSE CHW 60MG	Pref	AGE (Min age 4 years and Max age 17 years)
<i>zenzedi tab 2.5mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
<i>zenzedi tab 5mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>zenzedi tab 7.5mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>zenzedi tab 10mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>zenzedi tab 15mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>zenzedi tab 20mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>zenzedi tab 30mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)

ANALEPTICS

<i>alert aid tab 200mg</i>	Pref	OTC
<i>caffeine tab 200 mg</i>	Pref	OTC
<i>stay awake tab 200mg</i>	Pref	OTC

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	Pref	90 day supply
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Pref	90 day supply
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Pref	90 day supply
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Pref	90 day supply
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Pref	90 day supply
INTUNIV TAB 1MG	Non-Pref	PA; 90 day supply
INTUNIV TAB 2MG	Non-Pref	PA; 90 day supply
INTUNIV TAB 3MG	Non-Pref	PA; 90 day supply
INTUNIV TAB 4MG	Non-Pref	PA; 90 day supply
QELBREE CAP 100MG ER	Non-Pref	PA; AGE (Min age 6 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
QELBREE CAP 150MG ER	Non-Pref	PA; AGE (Min age 6 years and Max age 17 years)
QELBREE CAP 200MG ER	Non-Pref	PA; AGE (Min age 6 years and Max age 17 years)
STRATTERA CAP 10MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
STRATTERA CAP 18MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
STRATTERA CAP 25MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
STRATTERA CAP 40MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
STRATTERA CAP 60MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
STRATTERA CAP 80MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
STRATTERA CAP 100MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)

DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)

SUNOSI TAB 75MG	Non-Pref	PA
SUNOSI TAB 150MG	Non-Pref	PA

HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS

WAKIX TAB 4.45MG	Non-Pref	SP, PA
WAKIX TAB 17.8MG	Non-Pref	SP, PA

STIMULANTS - MISC.

ADHANSIA XR CAP 25MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 6 years and Max age 17 years)
ADHANSIA XR CAP 35MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 6 years and Max age 17 years)
ADHANSIA XR CAP 45MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 6 years and Max age 17 years)
ADHANSIA XR CAP 55MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 6 years and Max age 17 years)
ADHANSIA XR CAP 70MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 6 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
ADHANSIA XR CAP 85MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 6 years and Max age 17 years)
APTENSIO XR CAP 10MG	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
APTENSIO XR CAP 15MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
APTENSIO XR CAP 20MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
APTENSIO XR CAP 30MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
APTENSIO XR CAP 40MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
APTENSIO XR CAP 50MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
APTENSIO XR CAP 60MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>armodafinil tab 50 mg</i>	Non-Pref	PA
<i>armodafinil tab 150 mg</i>	Non-Pref	PA
<i>armodafinil tab 200 mg</i>	Non-Pref	PA
<i>armodafinil tab 250 mg</i>	Non-Pref	PA
AZSTARYS CAP 26.1-5.2	Non-Pref	PA; AGE (Min age 6 years and Max age 17 years)
AZSTARYS CAP 39.2-7.8	Non-Pref	PA; AGE (Min age 6 years and Max age 17 years)
AZSTARYS CAP 52.3-10.	Non-Pref	PA; AGE (Min age 6 years and Max age 17 years)
CONCERTA TAB 18MG	Pref	QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
CONCERTA TAB 27MG	Pref	QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
CONCERTA TAB 36MG	Pref	QL (2 tabs / 1 day); AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
CONCERTA TAB 54MG	Pref	QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
COTEMPLA TAB 8.6MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
COTEMPLA TAB 17.3MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
COTEMPLA TAB 25.9MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
DAYTRANA DIS 10MG/9HR	Pref	QL (1 patch / 1 day); AGE (Min age 4 years and Max age 17 years)
DAYTRANA DIS 15MG/9HR	Pref	QL (1 patch / 1 day); AGE (Min age 4 years and Max age 17 years)
DAYTRANA DIS 20MG/9HR	Pref	QL (1 patch / 1 day); AGE (Min age 4 years and Max age 17 years)
DAYTRANA DIS 30MG/9HR	Pref	QL (1 patch / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl tab 5 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl tab 10 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
FOCALIN TAB 2.5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
FOCALIN TAB 5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
FOCALIN TAB 10MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 5MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 10MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 15MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 20MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 25MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 30MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 35MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 40MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
JORNAY PM CAP 20MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
JORNAY PM CAP 40MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
JORNAY PM CAP 60MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
JORNAY PM CAP 80MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
JORNAY PM CAP 100MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
METHYLIN SOL 5MG/5ML	Non-Pref	PA; AGE (Min age 4 years and Max Age 17 years)
METHYLIN SOL 10MG/5ML	Non-Pref	PA; AGE (Min age 4 years and Max Age 17 years)
METHYLPHENID TAB 72MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl chew tab 2.5 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl chew tab 5 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl chew tab 10 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab 5 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab 10 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab 20 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er 10 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er 20 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>modafinil tab 100 mg</i>	Non-Pref	PA, QL (1 tab / 1 day)
<i>modafinil tab 200 mg</i>	Non-Pref	PA, QL (1 tab / 1 day)
NUVIGIL TAB 50MG	Non-Pref	PA
NUVIGIL TAB 150MG	Non-Pref	PA
NUVIGIL TAB 200MG	Non-Pref	PA
NUVIGIL TAB 250MG	Non-Pref	PA
PROVIGIL TAB 100MG	Non-Pref	PA, QL (1 tab / 1 day)
PROVIGIL TAB 200MG	Non-Pref	PA, QL (1 tab / 1 day)
QUILLICHEW CHW 20MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
QUILLICHEW CHW 30MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
QUILLICHEW CHW 40MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
QUILLIVANT SUS 25MG/5ML	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
RELEXXII TAB 72MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
RITALIN LA CAP 10MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
RITALIN LA CAP 20MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
RITALIN LA CAP 30MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
RITALIN LA CAP 40MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
RITALIN TAB 5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
RITALIN TAB 10MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
RITALIN TAB 20MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES

ALLERGENIC EXTRACTS

ORALAIR SUB 300 IR	Non-Pref	PA; AGE (Min age 5 years)
PALFORZIA CAP ESCALAT	Non-Pref	SP, PA, QL (0.434 ea / 1 day)
PALFORZIA CAP LEVEL 1	Non-Pref	SP, PA, QL (1.5 ea / 1 day)
PALFORZIA CAP LEVEL 2	Non-Pref	SP, PA, QL (3 ea / 1 day)
PALFORZIA CAP LEVEL 3	Non-Pref	SP, PA, QL (1.5 ea / 1 day)
PALFORZIA CAP LEVEL 4	Non-Pref	SP, PA, QL (0.5 ea / 1 day)
PALFORZIA CAP LEVEL 5	Non-Pref	SP, PA, QL (31 ea / 27 days)
PALFORZIA CAP LEVEL 6	Non-Pref	SP, PA, QL (2 ea / 1 day)
PALFORZIA CAP LEVEL 7	Non-Pref	SP, PA, QL (1.034 ea / 1 day)
PALFORZIA CAP LEVEL 8	Non-Pref	SP, PA, QL (2 ea / 1 day)
PALFORZIA CAP LEVEL 9	Non-Pref	SP, PA, QL (31 ea / 27 days)
PALFORZIA CAP LEVEL 10	Non-Pref	SP, PA, QL (2 ea / 1 day)

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA POW LEVEL 11	Non-Pref	SP, PA, QL (0.5 packets / 1 day)
PALFORZIA POW LEVEL 11	Non-Pref	SP, PA, QL (31 packets / 27 days)

ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - C'S

<i>coenzyme q10 cap 50 mg</i>	Pref	OTC
<i>coenzyme q10 cap 100 mg</i>	Pref	OTC

ALTERNATIVE MEDICINE - M'S

<i>melatonin tab 3 mg</i>	Pref	OTC
<i>sm melatonin tab 3mg</i>	Pref	OTC

ALTERNATIVE MEDICINE COMBINATIONS

<i>glucos/chond tab 750-600</i>	Pref	OTC
<i>melatonin-pyridoxine tab 5-10 mg</i>	Pref	OTC

AMEBICIDES - DRUGS TO TREAT INFECTIONS

AMEBICIDES - DRUGS TO TREAT INFECTIONS

SOLOSEC GRA 2GM	Non-Pref	PA

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

ARIKAYCE SUS	Non-Pref	PA, QL (236 mL / 22 days); AGE (Min age 18 years)
BETHKIS NEB 300/4ML	Pref	SP, QL (224 each / 22 days); AGE (Min age 6 years)
KITABIS PAK NEB 300/5ML	Pref	SP, QL (280 each / 22 days); AGE (Min age 6 years)
<i>neomycin sulfate tab 500 mg</i>	Pref	
<i>paromomycin sulfate cap 250 mg</i>	Non-Pref	PA
TOBI NEB 300/5ML	Non-Pref	SP, PA, QL (280 each / 22 days); AGE (Min age 6 years)
TOBI PODHALR CAP 28MG	Pref	SP, PA, QL (224 caps / 22 days); AGE (Min age 6 years)
<i>tobramycin nebu soln 300 mg/4ml</i>	Non-Pref	SP, PA, QL (224 mL / 22 days); AGE (Min age 6 years)

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin nebu soln 300 mg/5ml</i>	Non-Pref	SP, PA, QL (280 each / 22 days); AGE (Min age 6 years)

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

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML	Pref	SP
HUMIRA INJ 20/0.2ML	Pref	SP
HUMIRA INJ 40/0.4ML	Pref	SP
HUMIRA KIT 40MG/0.8	Pref	SP
HUMIRA PEDIA INJ CROHNS	Pref	SP
HUMIRA PEN INJ 40/0.4ML	Pref	SP
HUMIRA PEN INJ 40MG/0.8	Pref	SP
HUMIRA PEN INJ 80/0.8ML	Pref	SP
HUMIRA PEN INJ CD/UC/HS	Pref	SP
HUMIRA PEN INJ PS/UV	Pref	SP
HUMIRA PEN KIT CD/UC/HS	Pref	SP
HUMIRA PEN KIT PED UC	Pref	SP
HUMIRA PEN KIT PS/UV	Pref	SP
SIMPONI ARIA SOL 50MG/4ML	Non-Pref	SP, PA
SIMPONI INJ 50/0.5ML	Non-Pref	SP, PA
SIMPONI INJ 100MG/ML	Non-Pref	SP, PA

ANTIRHEUMATIC - ENZYME INHIBITORS

OLUMIANT TAB 1MG	Non-Pref	SP, PA; AGE (Min age 18 years)
OLUMIANT TAB 2MG	Non-Pref	SP, PA; AGE (Min age 18 years)
RINVOQ TAB 15MG ER	Non-Pref	SP, PA; Preferred agent for Rheumatoid Arthritis and Psoriatic Arthritis
RINVOQ TAB 30MG ER	Non-Pref	PA
RINVOQ TAB 45MG ER	Non-Pref	PA
XELJANZ SOL 1MG/ML	Non-Pref	SP, PA
XELJANZ TAB 5MG	Non-Pref	SP, PA
XELJANZ TAB 10MG	Non-Pref	SP, PA
XELJANZ XR TAB 11MG	Non-Pref	SP, PA
XELJANZ XR TAB 22MG	Non-Pref	SP, PA

ANTIRHEUMATIC ANTIMETABOLITES

OTREXUP INJ 10MG	Non-Pref	PA
OTREXUP INJ 12.5/0.4	Non-Pref	PA
OTREXUP INJ 15MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
OTREXUP INJ 17.5/0.4	Non-Pref	PA
OTREXUP INJ 20MG	Non-Pref	PA
OTREXUP INJ 22.5/0.4	Non-Pref	PA
OTREXUP INJ 25MG	Non-Pref	PA
RASUVO INJ 7.5MG	Non-Pref	PA
RASUVO INJ 10MG	Non-Pref	PA
RASUVO INJ 12.5MG	Non-Pref	PA
RASUVO INJ 15MG	Non-Pref	PA
RASUVO INJ 17.5MG	Non-Pref	PA
RASUVO INJ 20MG	Non-Pref	PA
RASUVO INJ 22.5MG	Non-Pref	PA
RASUVO INJ 25MG	Non-Pref	PA
RASUVO INJ 30MG	Non-Pref	PA
REDITREX INJ 7.5/.3ML	Non-Pref	SP, PA
REDITREX INJ 10/.4ML	Non-Pref	SP, PA
REDITREX INJ 12.5/0.5	Non-Pref	SP, PA
REDITREX INJ 15/.6ML	Non-Pref	SP, PA
REDITREX INJ 17.5/0.7	Non-Pref	SP, PA
REDITREX INJ 20/.8ML	Non-Pref	SP, PA
REDITREX INJ 22.5/0.9	Non-Pref	SP, PA
REDITREX INJ 25MG/ML	Non-Pref	SP, PA
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ	Non-Pref	SP, PA
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ 150MG/ML	Non-Pref	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 80MG/4ML	Non-Pref	SP, PA
ACTEMRA INJ 162/0.9	Non-Pref	SP, PA
ACTEMRA INJ 200/10ML	Non-Pref	SP, PA
ACTEMRA INJ 400/20ML	Non-Pref	SP, PA
ACTEMRA INJ ACTPEN	Non-Pref	SP, PA
KEVZARA INJ 150/1.14	Non-Pref	SP, PA; AGE (Min age 18 years)
KEVZARA INJ 200/1.14	Non-Pref	SP, PA; AGE (Min age 18 years)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>all day pain tab 220mg</i>	Pref	OTC; 90 day supply
<i>all day relf tab 220mg</i>	Pref	OTC; 90 day supply
ARTHROTEC 50 TAB	Non-Pref	PA
ARTHROTEC 75 TAB	Non-Pref	PA
CELEBREX CAP 50MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
CELEBREX CAP 100MG	Non-Pref	PA, QL (3 caps / 1 day)
CELEBREX CAP 200MG	Non-Pref	PA, QL (2 caps / 1 day)
CELEBREX CAP 400MG	Non-Pref	PA
<i>celecoxib cap 50 mg</i>	Non-Pref	PA
<i>celecoxib cap 100 mg</i>	Pref	QL (3 caps / 1 day)
<i>celecoxib cap 200 mg</i>	Pref	QL (2 caps / 1 day)
<i>celecoxib cap 400 mg</i>	Non-Pref	PA
DAYPRO TAB 600MG	Non-Pref	PA
<i>diclofenac potassium cap 25 mg</i>	Non-Pref	PA
<i>diclofenac potassium tab 50 mg</i>	Non-Pref	PA
<i>diclofenac sodium tab delayed release 25 mg</i>	Pref	90 day supply
<i>diclofenac sodium tab delayed release 50 mg</i>	Pref	90 day supply
<i>diclofenac sodium tab delayed release 75 mg</i>	Pref	90 day supply
<i>diclofenac sodium tab er 24hr 100 mg</i>	Non-Pref	PA
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Non-Pref	PA
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Non-Pref	PA
DUEXIS TAB 800-26.6	Non-Pref	PA
<i>ec-naproxen tab 375mg</i>	Pref	90 day supply
<i>ec-naproxen tab 500mg</i>	Pref	90 day supply
<i>etodolac cap 200 mg</i>	Pref	
<i>etodolac cap 300 mg</i>	Pref	
<i>etodolac tab 400 mg</i>	Pref	
<i>etodolac tab 500 mg</i>	Pref	
<i>etodolac tab er 24hr 400 mg</i>	Non-Pref	PA
<i>etodolac tab er 24hr 500 mg</i>	Non-Pref	PA
<i>etodolac tab er 24hr 600 mg</i>	Non-Pref	PA
FELDENE CAP 10MG	Non-Pref	PA
FELDENE CAP 20MG	Non-Pref	PA
<i>fenoprofen calcium cap 400 mg</i>	Non-Pref	PA
<i>fenoprofen calcium tab 600 mg</i>	Non-Pref	PA
<i>flurbiprofen tab 100 mg</i>	Pref	
<i>gnp naproxen cap 220mg</i>	Pref	OTC; 90 day supply
<i>hm ibuprofen tab 200mg</i>	Pref	OTC; 90 day supply
<i>ibu tab 400mg</i>	Pref	90 day supply
<i>ibu tab 600mg</i>	Pref	90 day supply
<i>ibu tab 800mg</i>	Pref	90 day supply
<i>ibu-200 tab 200mg</i>	Pref	OTC; 90 day supply
<i>ibuprofen cap 200 mg</i>	Pref	OTC; 90 day supply
<i>ibuprofen ch sus 100/5ml</i>	Pref	OTC; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen chw 100mg</i>	Pref	OTC
<i>ibuprofen dro 50/1.25</i>	Pref	OTC; 90 day supply
<i>ibuprofen ib chw 100mg</i>	Pref	OTC
<i>ibuprofen jr chw 100mg</i>	Pref	OTC
<i>ibuprofen sus 100/5ml</i>	Pref	OTC; 90 day supply
<i>ibuprofen sus 200/10ml</i>	Pref	OTC; 90 day supply
<i>ibuprofen susp 100 mg/5ml</i>	Pref	90 day supply
<i>ibuprofen tab 200 mg</i>	Pref	OTC; 90 day supply
<i>ibuprofen tab 400 mg</i>	Pref	90 day supply
<i>ibuprofen tab 600 mg</i>	Pref	90 day supply
<i>ibuprofen tab 800 mg</i>	Pref	90 day supply
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	Non-Pref	PA
INDOCIN SUP 50MG	Non-Pref	PA
INDOCIN SUS 25MG/5ML	Non-Pref	PA
<i>indomethacin cap 25 mg</i>	Pref	
<i>indomethacin cap 50 mg</i>	Pref	
<i>indomethacin cap er 75 mg</i>	Non-Pref	PA
<i>ketoprofen cap er 24hr 200 mg</i>	Non-Pref	PA
KETOR TROMET SPR 15.75MG	Non-Pref	PA
<i>ketorolac tromethamine tab 10 mg</i>	Pref	
<i>lofena tab 25mg</i>	Non-Pref	PA
<i>meclofenamate sodium cap 50 mg</i>	Non-Pref	PA
<i>meclofenamate sodium cap 100 mg</i>	Non-Pref	PA
<i>mefenamic acid cap 250 mg</i>	Non-Pref	PA
<i>meloxicam cap 5 mg</i>	Non-Pref	PA
<i>meloxicam cap 10 mg</i>	Non-Pref	PA
<i>meloxicam tab 7.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>meloxicam tab 15 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>nabumetone tab 500 mg</i>	Non-Pref	PA
<i>nabumetone tab 750 mg</i>	Non-Pref	PA
NALFON CAP 400MG	Non-Pref	PA
NALFON TAB 600MG	Non-Pref	PA
NAPRELAN TAB 375MG CR	Non-Pref	PA
NAPRELAN TAB 500MG CR	Non-Pref	PA
NAPRELAN TAB 750MG CR	Non-Pref	PA
NAPROSYN SUS 125/5ML	Non-Pref	PA
<i>naproxen sod tab 220mg</i>	Pref	OTC; 90 day supply
<i>naproxen sodium cap 220 mg</i>	Pref	OTC; 90 day supply
<i>naproxen sodium tab 275 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium tab 550 mg</i>	Pref	90 day supply
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i>	Non-Pref	PA
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i>	Non-Pref	PA
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i>	Non-Pref	PA
<i>naproxen susp 125 mg/5ml</i>	Non-Pref	PA
<i>naproxen tab 220mg</i>	Pref	OTC; 90 day supply
<i>naproxen tab 250 mg</i>	Pref	90 day supply
<i>naproxen tab 375 mg</i>	Pref	90 day supply
<i>naproxen tab 500 mg</i>	Pref	90 day supply
<i>naproxen tab ec 375 mg</i>	Pref	90 day supply
<i>naproxen tab ec 500 mg</i>	Pref	90 day supply
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	Non-Pref	PA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	Non-Pref	PA
<i>oxaprozin tab 600 mg</i>	Non-Pref	PA
<i>piroxicam cap 10 mg</i>	Non-Pref	PA
<i>piroxicam cap 20 mg</i>	Non-Pref	PA
<i>qc ibuprofen tab 200mg</i>	Pref	OTC; 90 day supply
RELAFEN DS TAB 1000MG	Non-Pref	PA
<i>sm ibuprofen cap 200mg</i>	Pref	OTC; 90 day supply
<i>sm ibuprofen chw 100mg</i>	Pref	OTC
<i>sm ibuprofen tab 200mg</i>	Pref	OTC; 90 day supply
SPRIX SPR 15.75MG	Non-Pref	PA
<i>sulindac tab 150 mg</i>	Pref	90 day supply
<i>sulindac tab 200 mg</i>	Pref	90 day supply
VIMOVO TAB 375-20MG	Non-Pref	PA
VIMOVO TAB 500-20MG	Non-Pref	PA
VIVLODEX CAP 5MG	Non-Pref	PA
VIVLODEX CAP 10MG	Non-Pref	PA
ZIPSOR CAP 25MG	Non-Pref	PA
ZORVOLEX CAP 18MG	Non-Pref	PA
ZORVOLEX CAP 35MG	Non-Pref	PA
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	Non-Pref	SP, PA
OTEZLA TAB 30MG	Non-Pref	SP, PA
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide tab 20 mg</i>	Pref	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	Non-Pref	SP, PA
ORENCIA INJ 50/0.4ML	Non-Pref	SP, PA
ORENCIA INJ 87.5/0.7	Non-Pref	SP, PA
ORENCIA INJ 125MG/ML	Non-Pref	SP, PA
ORENCIA INJ 250MG	Non-Pref	SP, PA
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	Pref	SP, QL (0.3 syringes / 1 day); AGE (Min age 2 years)
ENBREL INJ 25MG	Pref	SP, QL (0.25 syringes / 1 day); AGE (Min age 2 years)
ENBREL INJ 25MG	Pref	SP, QL (0.3 vials / 1 day); AGE (Min age 2 years)
ENBREL INJ 50MG/ML	Pref	SP, QL (0.27 syringes / 1 day); AGE (Min age 2 years)
ENBREL MINI INJ 50MG/ML	Pref	SP, QL (0.27 injections / 1 day); AGE (Min age 2 years)
ENBREL SRCLK INJ 50MG/ML	Pref	SP, QL (0.27 pens / 1 day); AGE (Min age 2 years)
ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS		
<i>aspirin-acetaminophen-caffeine tab 250-250-65 mg</i>	Pref	OTC
<i>bac tab</i>	Pref	QL (6 tabs / 1 day)
<i>butalbital-acetaminophen tab 50-325 mg</i>	Pref	QL (6 tabs / 1 day)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	Pref	QL (6 caps / 1 day)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	Pref	QL (6 caps / 1 day)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Pref	QL (6 tabs / 1 day)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Pref	QL (6 caps / 1 day)
<i>esgic cap</i>	Pref	QL (6 caps / 1 day)
<i>tension tab 500-65mg</i>	Pref	OTC
<i>zebutal cap</i>	Pref	QL (6 caps / 1 day)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS OTHER		
<i>acetamin cap 500mg</i>	Pref	OTC
<i>acetaminophe liq 160/5ml</i>	Pref	OTC
<i>acetaminophen chew tab 160 mg</i>	Pref	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen soln 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen suppos 120 mg</i>	Pref	OTC
<i>acetaminophen suppos 650 mg</i>	Pref	OTC
<i>acetaminophen susp 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen tab 325 mg</i>	Pref	OTC
<i>acetaminophen tab 500 mg</i>	Pref	OTC
<i>acetaminophen tab er 650 mg</i>	Pref	OTC
<i>chld silapap liq 160/5ml</i>	Pref	OTC
<i>ed-apap liq 80mg/2.5</i>	Pref	OTC
FEVERALL INF SUP 80MG	Pref	OTC
<i>feverall sup 120mg</i>	Pref	OTC
FEVERALL SUP 325MG	Pref	OTC
<i>feverall sup 650mg</i>	Pref	OTC
<i>m-pap liq 160/5ml</i>	Pref	OTC
<i>mapap apap liq 500/15ml</i>	Pref	OTC
<i>mapap cap 500mg</i>	Pref	OTC
<i>mapap child chw 80mg</i>	Pref	OTC
SALICYLATES		
<i>aspirin low chw 81mg</i>	Pref	OTC
ASPIRIN SUP 300MG	Pref	OTC
<i>aspirin tab 81mg ec</i>	Pref	OTC
<i>aspirin tab 325 mg</i>	Pref	OTC
<i>diflunisal tab 500 mg</i>	Pref	
<i>sb aspirin tab 325mg ec</i>	Pref	OTC
<i>tri-buff asa tab 325mg</i>	Pref	QL (24 tabs / 1 day), OTC
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN		
OPIOID AGONISTS		
ACTIQ LOZ 200MCG	Non-Pref	PA; MED
ACTIQ LOZ 400MCG	Non-Pref	PA; MED
ACTIQ LOZ 600MCG	Non-Pref	PA; MED
ACTIQ LOZ 800MCG	Non-Pref	PA; MED
ACTIQ LOZ 1200MCG	Non-Pref	PA; MED
ACTIQ LOZ 1600MCG	Non-Pref	PA; MED
CODEINE SULF TAB 15MG	Non-Pref	PA; AGE (Min age 12 years); MED

Drug Name	Drug Tier	Requirements/Limits
CODEINE SULF TAB 60MG	Non-Pref	PA; AGE (Min age 12 years); MED
<i>codeine sulfate tab 30 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
CONZIP CAP 100MG	Non-Pref	PA; AGE (Min age 12 years); MED
CONZIP CAP 200MG	Non-Pref	PA; AGE (Min age 12 years); MED
CONZIP CAP 300MG	Non-Pref	PA; AGE (Min age 12 years); MED
DILAUDID LIQ 1MG/ML	Non-Pref	PA; MED
DILAUDID TAB 2MG	Non-Pref	PA, QL (11.2 tabs / 1 day); MED
DILAUDID TAB 4MG	Non-Pref	PA, QL (5.6 tabs / 1 day); MED
DILAUDID TAB 8MG	Non-Pref	PA, QL (2.8 tabs / 1 day); MED
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	Non-Pref	PA; MED
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	Non-Pref	PA; MED
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	Non-Pref	PA; MED
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	Non-Pref	PA; MED
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Pref	PA, QL (0.334 patches / 1 day); MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Pref	PA, QL (0.334 patches / 1 day); MED
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Pref	PA, QL (0.334 patches / 1 day); MED

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Pref	PA, QL (0.334 patches / 1 day); MED
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Pref	PA, QL (0.334 patches / 1 day); MED
FENTORA TAB 100MCG	Non-Pref	PA; MED
FENTORA TAB 200MCG	Non-Pref	PA; MED
FENTORA TAB 400MCG	Non-Pref	PA; MED
FENTORA TAB 600MCG	Non-Pref	PA; MED
FENTORA TAB 800MCG	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Non-Pref	PA; MED
HYDROMORPHON SUP 3MG	Non-Pref	PA; MED
<i>hydromorphone hcl liqd 1 mg/ml</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab 2 mg</i>	Pref	PA, QL (11.2 tabs / 1 day); MED
<i>hydromorphone hcl tab 4 mg</i>	Pref	PA, QL (5.6 tabs / 1 day); MED
<i>hydromorphone hcl tab 8 mg</i>	Pref	PA, QL (2.8 tabs / 1 day); MED
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Non-Pref	PA; MED

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Non-Pref	PA; MED
HYSINGLA ER TAB 20 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 30 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 40 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 60 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 80 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 100 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 120 MG	Non-Pref	PA; MED
<i>levorphanol tartrate tab 2 mg</i>	Non-Pref	PA; MED
<i>levorphanol tartrate tab 3 mg</i>	Non-Pref	PA; MED
<i>meperidine hcl oral soln 50 mg/5ml</i>	Non-Pref	PA; MED
<i>meperidine hcl tab 50 mg</i>	Non-Pref	PA; MED
<i>methadone hcl conc 10 mg/ml</i>	Non-Pref	PA; AGE (Max age 1 year); MED
<i>methadone hcl soln 5 mg/5ml</i>	Non-Pref	PA; AGE (Max age 1 year); MED
<i>methadone hcl soln 10 mg/5ml</i>	Non-Pref	PA; AGE (Max age 1 year); MED
<i>methadone hcl tab 5 mg</i>	Non-Pref	PA; AGE (Max age 1 year); MED
<i>methadone hcl tab 10 mg</i>	Non-Pref	PA; AGE (Max age 1 year); MED
<i>methadone hcl tab for oral susp 40 mg</i>	Non-Pref	PA; AGE (Max age 1 year); MED
METHADOSE CON 10MG/ML	Non-Pref	PA; AGE (Max age 1 year); MED
METHADOSE SF CON 10MG/ML	Non-Pref	PA; AGE (Max age 1 year); MED
<i>methadose tab 40mg</i>	Non-Pref	PA; AGE (Max age 1 year); MED
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 10 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 20 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 30 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 50 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 60 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 80 mg</i>	Non-Pref	PA; MED

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cap er 24hr 100 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate oral soln 10 mg/5ml</i>	Pref	PA, QL (45 mL / 1 day); MED
<i>morphine sulfate oral soln 20 mg/5ml</i>	Pref	PA, QL (22.5 mL / 1 day); MED
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Pref	PA, QL (4.5 mL / 1 day); MED
<i>morphine sulfate suppos 5 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate suppos 10 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate suppos 20 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate suppos 30 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate tab 15 mg</i>	Pref	PA, QL (6 tabs / 1 day); MED
<i>morphine sulfate tab 30 mg</i>	Pref	PA, QL (3 tabs / 1 day); MED
<i>morphine sulfate tab er 15 mg</i>	Pref	PA, QL (4 tabs / 1 day); MED
<i>morphine sulfate tab er 30 mg</i>	Pref	PA, QL (3 tabs / 1 day); MED
<i>morphine sulfate tab er 60 mg</i>	Pref	PA, QL (2 tabs / 1 day); MED
<i>morphine sulfate tab er 100 mg</i>	Pref	PA, QL (1 tab / 1 day); MED
<i>morphine sulfate tab er 200 mg</i>	Pref	PA, QL (1 tab / 1 day); MED
MS CONTIN TAB 15MG ER	Non-Pref	PA, QL (4 tabs / 1 day); MED
MS CONTIN TAB 30MG ER	Non-Pref	PA, QL (3 tabs / 1 day); MED
MS CONTIN TAB 60MG ER	Non-Pref	PA, QL (2 tabs / 1 day); MED
MS CONTIN TAB 100MG ER	Non-Pref	PA, QL (1 tab / 1 day); MED
MS CONTIN TAB 200MG ER	Non-Pref	PA, QL (1 tab / 1 day); MED
NUCYNTA ER TAB 50MG	Non-Pref	PA; MED
NUCYNTA ER TAB 100MG	Non-Pref	PA; MED
NUCYNTA ER TAB 150MG	Non-Pref	PA; MED
NUCYNTA ER TAB 200MG	Non-Pref	PA; MED
NUCYNTA ER TAB 250MG	Non-Pref	PA; MED
NUCYNTA TAB 50MG	Non-Pref	PA; MED
NUCYNTA TAB 75MG	Non-Pref	PA; MED

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TAB 100MG	Non-Pref	PA; MED
OXAYDO TAB 5MG	Non-Pref	PA, QL (12 tabs / 1 day); MED
OXAYDO TAB 7.5MG	Non-Pref	PA; MED
<i>oxycodone hcl cap 5 mg</i>	Pref	PA, QL (12 caps / 1 day); MED
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Non-Pref	PA; MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Pref	PA, QL (60 mL / 1 day); MED
<i>oxycodone hcl tab 5 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>oxycodone hcl tab 10 mg</i>	Pref	PA, QL (6 tabs / 1 day); MED
<i>oxycodone hcl tab 15 mg</i>	Pref	PA, QL (4 tabs / 1 day); MED
<i>oxycodone hcl tab 20 mg</i>	Pref	PA, QL (3 tabs / 1 day); MED
<i>oxycodone hcl tab 30 mg</i>	Pref	PA, QL (2 tabs / 1 day); MED
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Non-Pref	PA; MED
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Non-Pref	PA; MED
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Non-Pref	PA; MED
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Non-Pref	PA; MED
OXYCONTIN TAB 10MG ER	Non-Pref	PA; MED
OXYCONTIN TAB 15MG ER	Non-Pref	PA; MED
OXYCONTIN TAB 20MG ER	Non-Pref	PA; MED
OXYCONTIN TAB 30MG ER	Non-Pref	PA; MED
OXYCONTIN TAB 40MG ER	Non-Pref	PA; MED
OXYCONTIN TAB 60MG ER	Non-Pref	PA; MED
OXYCONTIN TAB 80MG ER	Non-Pref	PA; MED
<i>oxymorphone hcl tab 5 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab 10 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Non-Pref	PA; MED
QDOLO SOL 5MG/ML	Non-Pref	PA; AGE (Min age 12 years); MED

Drug Name	Drug Tier	Requirements/Limits
ROXICODONE TAB 5MG	Non-Pref	PA, QL (12 tabs / 1 day); MED
ROXICODONE TAB 15MG	Non-Pref	PA, QL (4 tabs / 1 day); MED
ROXICODONE TAB 30MG	Non-Pref	PA, QL (2 tabs / 1 day); MED
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl tab 50 mg</i>	Pref	PA, QL (8 tabs / 1 day); AGE (Min age 12 years); MED
<i>tramadol hcl tab 100 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl tab er 24hr 100 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl tab er 24hr 200 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl tab er 24hr 300 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
TRAMADOL SOL 5MG/ML	Non-Pref	PA; AGE (Min age 12 years); MED
ULTRAM TAB 50MG	Non-Pref	PA, QL (8 tabs / 1 day); AGE (Min age 12 years); MED
XTAMPZA ER CAP 9MG	Non-Pref	PA; MED
XTAMPZA ER CAP 13.5MG	Non-Pref	PA; MED
XTAMPZA ER CAP 18MG	Non-Pref	PA; MED
XTAMPZA ER CAP 27MG	Non-Pref	PA; MED
XTAMPZA ER CAP 36MG	Non-Pref	PA; MED

Drug Name	Drug Tier	Requirements/Limits
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Pref	PA, QL (150 mL / 1 day); AGE (Min age 12 years); MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Pref	PA, QL (10 tabs / 1 day); AGE (Min age 12 years); MED
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Pref	PA, QL (10 tabs / 1 day); AGE (Min age 12 years); MED
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Pref	PA, QL (10 tabs / 1 day); AGE (Min age 12 years); MED
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
APADAZ TAB 4.08-325	Non-Pref	PA; AGE (Min age 18 years); MED
APADAZ TAB 6.12-325	Non-Pref	PA; AGE (Min age 18 years); MED
APADAZ TAB 8.16-325	Non-Pref	PA; AGE (Min age 18 years); MED
<i>ascomp/cod cap 30mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
BENZHY/ACETA TAB 4.08-325	Non-Pref	PA; AGE (Min age 18 years); MED
BENZHY/ACETA TAB 6.12-325	Non-Pref	PA; AGE (Min age 18 years); MED
BENZHY/ACETA TAB 8.16-325	Non-Pref	PA; AGE (Min age 18 years); MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>endocet tab 5-325mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>endocet tab 7.5-325</i>	Pref	PA, QL (8 tabs / 1 day); MED
<i>endocet tab 10-325mg</i>	Pref	PA, QL (6 tabs / 1 day); MED

Drug Name	Drug Tier	Requirements/Limits
FIORICET CAP CODEINE	Non-Pref	PA; AGE (Min age 12 years); MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Pref	PA, QL (180 mL / 1 day); MED
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Pref	PA, QL (9 tabs / 1 day); MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Pref	PA, QL (9 tabs / 1 day); MED
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Pref	PA, QL (5 tabs / 1 day); MED
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Pref	PA, QL (5 tabs / 1 day); MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Pref	PA, QL (5 tabs / 1 day); MED
LORTAB ELX 10-300MG	Non-Pref	PA; MED
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Pref	PA, QL (8 tabs / 1 day); MED
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Pref	PA, QL (6 tabs / 1 day); MED
PERCOCET TAB 2.5-325	Non-Pref	PA, QL (12 tabs / 1 day); MED
PERCOCET TAB 5-325MG	Non-Pref	PA, QL (12 tabs / 1 day); MED
PERCOCET TAB 7.5-325	Non-Pref	PA, QL (8 tabs / 1 day); MED
PERCOCET TAB 10-325MG	Non-Pref	PA, QL (6 tabs / 1 day); MED
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Pref	PA, QL (8 tabs / 1 day); AGE (Min age 12 years); MED

Drug Name	Drug Tier	Requirements/Limits
ULTRACET TAB 37.5-325	Non-Pref	PA, QL (8 tabs / 1 day); AGE (Min age 12 years); MED

OPIOID PARTIAL AGONISTS

BELBUCA MIS 75MCG	Non-Pref	PA; MED
BELBUCA MIS 150MCG	Non-Pref	PA; MED
BELBUCA MIS 300MCG	Non-Pref	PA; MED
BELBUCA MIS 450MCG	Non-Pref	PA; MED
BELBUCA MIS 600MCG	Non-Pref	PA; MED
BELBUCA MIS 750MCG	Non-Pref	PA; MED
BELBUCA MIS 900MCG	Non-Pref	PA; MED
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Pref	PA, QL (3 tabs / 1 day); AGE (Min age 16 years)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Pref	PA, QL (2 tabs / 1 day); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Non-Pref	PA, QL (3 films / 1 day; 90 day supply); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Non-Pref	PA, QL (1 film / 1 day; 90 day supply); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Non-Pref	PA, QL (3 films / 1 day; 90 day supply); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Non-Pref	PA, QL (2 films / 1 day; 90 day supply); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Pref	PA, QL (3 tabs / 1 day); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Pref	PA, QL (3 tabs / 1 day); AGE (Min age 16 years)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Pref	PA, QL (0.29 patches / 1 day); MED
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Pref	PA, QL (0.29 ea / 1 day); MED
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Pref	PA, QL (0.29 patches / 1 day); MED
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Pref	PA, QL (0.145 patches / 1 day); MED
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Pref	PA, QL (0.145 patches / 1 day); MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Non-Pref	PA; MED

Drug Name	Drug Tier	Requirements/Limits
BUTRANS DIS 5MCG/HR	Pref	PA, QL (0.29 patches / 1 day); MED
BUTRANS DIS 7.5/HR	Pref	PA, QL (0.29 patches / 1 day); MED
BUTRANS DIS 10MCG/HR	Pref	PA, QL (0.29 patches / 1 day); MED
BUTRANS DIS 15MCG/HR	Pref	PA, QL (0.145 patches / 1 day); MED
BUTRANS DIS 20MCG/HR	Pref	PA, QL (0.145 patches / 1 day); MED
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	Non-Pref	PA; MED
SUBLOCADE INJ 100/0.5	Pref	SP
SUBLOCADE INJ 300/1.5	Pref	SP
SUBOXONE MIS 2-0.5MG	Pref	PA, QL (3 films / 1 day; 90 day supply); AGE (Min age 16 years)
SUBOXONE MIS 4-1MG	Pref	PA, QL (1 film / 1 day; 90 day supply); AGE (Min age 16 years)
SUBOXONE MIS 8-2MG	Pref	PA, QL (3 films / 1 day; 90 day supply); AGE (Min age 16 years)
SUBOXONE MIS 12-3MG	Pref	PA, QL (2 films / 1 day; 90 day supply); AGE (Min age 16 years)
ZUBSOLV SUB 0.7-0.18	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 16 years)
ZUBSOLV SUB 1.4-0.36	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 16 years)
ZUBSOLV SUB 2.9-0.71	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 16 years)
ZUBSOLV SUB 5.7-1.4	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 16 years)
ZUBSOLV SUB 8.6-2.1	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 16 years)
ZUBSOLV SUB 11.4-2.9	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 16 years)

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

ANDRODERM DIS 2MG/24HR	Pref	QL (1 patch / 1 day); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
ANDRODERM DIS 4MG/24HR	Pref	QL (1 ea / 1 day); AGE (Min age 18 years)
ANDROGEL GEL 1%(25MG)	Non-Pref	PA; AGE (Min age 18 years)
ANDROGEL GEL 1%(50MG)	Non-Pref	PA; AGE (Min age 18 years)
ANDROGEL GEL 1.62%	Pref	QL (5 gm / 1 day); AGE (Min age 18 years)
FORTESTA GEL 10MG/ACT	Non-Pref	PA; AGE (Min age 18 years)
NATESTO GEL 5.5MG	Non-Pref	PA; AGE (Min age 18 years)
TESTIM GEL 1%(50MG)	Non-Pref	PA; AGE (Min age 18 years)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Pref	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Pref	
<i>testosterone td gel 10mg/act (2%)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>testosterone td gel 12.5 mg/act (1%)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	Pref	QL (5 gm / 1 day); AGE (Min age 18 years)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>testosterone td gel 50 mg/5gm (1%)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>testosterone td soln 30 mg/act</i>	Non-Pref	PA; AGE (Min age 18 years)
VOGELXO GEL 1%(50MG)	Non-Pref	PA; AGE (Min age 18 years)
VOGELXO GEL PUMP 1%	Non-Pref	PA; AGE (Min age 18 years)

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS

INTRARECTAL STEROIDS

UCERIS AER 2MG/ACT	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
RECTAL COMBINATIONS		
<i>hemorrhoidal cre</i>	Pref	OTC
<i>hemorrhoidal oin</i>	Pref	OTC
<i>hemorrhoidal sup 0.25%</i>	Pref	OTC
<i>phenylephrine-cocoa butter suppos 0.25-88.44%</i>	Pref	OTC
<i>qc hemorroi cre aloe</i>	Pref	OTC
<i>sm hemorrhoi gel cooling</i>	Pref	OTC
RECTAL LOCAL ANESTHETICS		
<i>gnp anorctal cre 5%</i>	Pref	OTC
<i>hemorrhoidal cre relief</i>	Pref	OTC
<i>lidocaine anorectal cream 5%</i>	Pref	OTC
<i>pramoxine hcl perianal foam 1%</i>	Pref	OTC
<i>rectasmoothe cre 5%</i>	Pref	OTC
RECTAL STEROIDS		
<i>ANUSOL-HC CRE 2.5%</i>	Pref	
<i>hydrocortisone perianal cream 2.5%</i>	Pref	
<i>procto-med cre hc 2.5%</i>	Pref	
<i>PROCTOCORT CRE 1%</i>	Pref	
<i>proctosol hc cre 2.5%</i>	Pref	
<i>proctozone cre -hc 2.5%</i>	Pref	
ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID		
ANTACID COMBINATIONS		
<i>acid gone chw</i>	Pref	OTC
<i>acid gone sus</i>	Pref	OTC
<i>antacid chw</i>	Pref	OTC
<i>antacid plus sus gas rel</i>	Pref	OTC
<i>antacid sus antigas</i>	Pref	OTC
<i>gnp antacid chw 160-105</i>	Pref	OTC
<i>heartbrn ant chw 160-105</i>	Pref	OTC
<i>MAG-AL LIQ</i>	Pref	OTC
<i>mintox plus chw</i>	Pref	OTC
ANTACIDS - ALUMINUM SALTS		
<i>ALUM HYDROX SUS 320/5ML</i>	Pref	OTC
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate tab 325 mg</i>	Pref	OTC
<i>sodium bicarbonate tab 650 mg</i>	Pref	OTC
ANTACIDS - CALCIUM SALTS		
<i>antacid chw 750mg</i>	Pref	OTC
<i>antacid chw 1000mg</i>	Pref	OTC
<i>calc antacid chw 750mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CARB TAB 648MG	Pref	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	Pref	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Pref	OTC
<i>gnp antacid chw 750mg</i>	Pref	OTC
<i>gnp antacid chw 1000mg</i>	Pref	OTC
<i>hm antacid chw 750mg</i>	Pref	OTC
<i>qc antacid chw 1000mg</i>	Pref	OTC

ANTACIDS - MAGNESIUM SALTS

<i>magnesium oxide tab 400 mg</i>	Pref	OTC

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

<i>albendazole tab 200 mg</i>	Pref	PA, QL (4 tabs / 1 day)
BENZNIDAZOLE TAB 12.5MG	Pref	AGE (Min age 2 years and Max age 12 years)
BENZNIDAZOLE TAB 100MG	Pref	AGE (Min age 2 years and Max age 12 years)
<i>ivermectin tab 3 mg</i>	Pref	

ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS

AEMCOLO TAB 194MG	Non-Pref	PA
FLAGYL CAP 375MG	Non-Pref	PA
<i>metronidazole cap 375 mg</i>	Non-Pref	PA
<i>metronidazole tab 250 mg</i>	Pref	
<i>metronidazole tab 500 mg</i>	Pref	
<i>pentamidine isethionate for inj soln 300 mg</i>	Pref	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Pref	
<i>tinidazole tab 250 mg</i>	Non-Pref	PA
<i>tinidazole tab 500 mg</i>	Non-Pref	PA
TRIMETHOPRIM TAB 100MG	Pref	
XIFAXAN TAB 200MG	Non-Pref	PA
XIFAXAN TAB 550MG	Non-Pref	PA

ANTI-INFECTIVE MISC. - COMBINATIONS

<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Pref	90 day supply
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Pref	90 day supply
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>sulfatrim pd sus 200-40/5</i>	Pref	90 day supply
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750 mg/5ml</i>	Pref	PA
<i>nitazoxanide tab 500 mg</i>	Non-Pref	PA
GLYCOPEPTIDES		
<i>FIRVANQ SOL 25MG/ML</i>	Pref	
<i>FIRVANQ SOL 50MG/ML</i>	Pref	
<i>VANCOCIN CAP 125MG</i>	Non-Pref	PA
<i>VANCOCIN CAP 250MG</i>	Non-Pref	PA
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Pref	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Pref	
<i>VANCOMYCIN INJ 750MG</i>	Pref	
<i>VANCOMYCIN SOL 250/5ML</i>	Non-Pref	PA
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Pref	
<i>dapsone tab 100 mg</i>	Pref	
LINCOSAMIDES		
<i>clindamycin hcl cap 75 mg</i>	Pref	QL (4 caps / 1 day)
<i>clindamycin hcl cap 150 mg</i>	Pref	QL (4 caps / 1 day)
<i>clindamycin hcl cap 300 mg</i>	Pref	QL (4 caps / 1 day)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Pref	QL (70 mL / 1 day)
MONOBACTAMS		
<i>CAYSTON INH 75MG</i>	Non-Pref	SP, PA, QL (84 vials / 22 days); AGE (Min age 7 years)
OXAZOLIDINONES		
<i>linezolid tab 600 mg</i>	Pref	QL (2 tabs / 1 day)
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Pref	
<i>methenamine hippurate tab 1 gm</i>	Pref	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	Pref	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Pref	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Pref	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	Pref	QL (2 tabs / 1 day)
<i>ranolazine tab er 12hr 1000 mg</i>	Pref	QL (2 tabs / 1 day)
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
<i>isosorbide dinitrate tab 10 mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
<i>isosorbide dinitrate tab 20 mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
<i>isosorbide dinitrate tab 30 mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tab 10 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tab 20 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
NITRO-BID OIN 2%	Pref	QL (4 gm / 1 day; 90 day supply)
<i>nitroglycerin sl tab 0.3 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply)
<i>nitroglycerin sl tab 0.4 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Pref	QL (1 patch / 1 day; 90 day supply)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Pref	QL (1 patch / 1 day; 90 day supply)
ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone hcl tab 5 mg</i>	Pref	
<i>buspirone hcl tab 7.5 mg</i>	Pref	
<i>buspirone hcl tab 10 mg</i>	Pref	
<i>buspirone hcl tab 15 mg</i>	Pref	
<i>buspirone hcl tab 30 mg</i>	Pref	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	Pref	
<i>hydroxyzine hcl im soln 50 mg/ml</i>	Pref	

<i>ranolazine tab er 12hr 500 mg</i>	Pref	QL (2 tabs / 1 day)
<i>ranolazine tab er 12hr 1000 mg</i>	Pref	QL (2 tabs / 1 day)

<i>isosorbide dinitrate tab 5 mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
<i>isosorbide dinitrate tab 10 mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
<i>isosorbide dinitrate tab 20 mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
<i>isosorbide dinitrate tab 30 mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tab 10 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tab 20 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
NITRO-BID OIN 2%	Pref	QL (4 gm / 1 day; 90 day supply)
<i>nitroglycerin sl tab 0.3 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply)
<i>nitroglycerin sl tab 0.4 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Pref	QL (1 patch / 1 day; 90 day supply)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Pref	QL (1 patch / 1 day; 90 day supply)

<i>buspirone hcl tab 5 mg</i>	Pref	
<i>buspirone hcl tab 7.5 mg</i>	Pref	
<i>buspirone hcl tab 10 mg</i>	Pref	
<i>buspirone hcl tab 15 mg</i>	Pref	
<i>buspirone hcl tab 30 mg</i>	Pref	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	Pref	
<i>hydroxyzine hcl im soln 50 mg/ml</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Pref	AGE (Min age 2 years)
<i>hydroxyzine hcl tab 10 mg</i>	Pref	AGE (Min age 2 years)
<i>hydroxyzine hcl tab 25 mg</i>	Pref	AGE (Min age 2 years)
<i>hydroxyzine hcl tab 50 mg</i>	Pref	AGE (Min age 2 years)
<i>hydroxyzine pamoate cap 25 mg</i>	Pref	AGE (Min age 2 years)
<i>hydroxyzine pamoate cap 50 mg</i>	Pref	AGE (Min age 2 years)
<i>hydroxyzine pamoate cap 100 mg</i>	Pref	

BENZODIAZEPINES

<i>alprazolam tab 0.5 mg</i>	Pref	QL (4 tabs / 1 day)
<i>alprazolam tab 0.25 mg</i>	Pref	QL (4 tabs / 1 day)
<i>alprazolam tab 1 mg</i>	Pref	QL (4 tabs / 1 day)
<i>alprazolam tab 2 mg</i>	Pref	QL (5 tabs / 1 day)
<i>chlordiazepoxide hcl cap 5 mg</i>	Pref	QL (4 caps / 1 day)
<i>chlordiazepoxide hcl cap 10 mg</i>	Pref	QL (30 caps / 1 day)
<i>chlordiazepoxide hcl cap 25 mg</i>	Pref	QL (12 caps / 1 day)
<i>clorazepate dipotassium tab 3.75 mg</i>	Non-Pref	PA
<i>clorazepate dipotassium tab 7.5 mg</i>	Non-Pref	PA
<i>clorazepate dipotassium tab 15 mg</i>	Non-Pref	PA
<i>diazepam conc 5 mg/ml</i>	Pref	
<i>diazepam oral soln 1 mg/ml</i>	Pref	
<i>diazepam tab 2 mg</i>	Pref	
<i>diazepam tab 5 mg</i>	Pref	
<i>diazepam tab 10 mg</i>	Pref	
<i>lorazepam tab 0.5 mg</i>	Pref	QL (3 tabs / 1 day)
<i>lorazepam tab 1 mg</i>	Pref	QL (3 tabs / 1 day)
<i>lorazepam tab 2 mg</i>	Pref	QL (5 tabs / 1 day)
TRANXENE T TAB 7.5MG	Non-Pref	PA

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-B

LIDOCAINE INJ 20MG/ML	Pref

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	Pref
<i>flecainide acetate tab 100 mg</i>	Pref
<i>flecainide acetate tab 150 mg</i>	Pref
<i>propafenone hcl tab 150 mg</i>	Pref
<i>propafenone hcl tab 225 mg</i>	Pref
<i>propafenone hcl tab 300 mg</i>	Pref

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 100 mg</i>	Pref
<i>amiodarone hcl tab 200 mg</i>	Pref
<i>amiodarone hcl tab 400 mg</i>	Pref

Drug Name	Drug Tier	Requirements/Limits
<i>pacerone tab 100mg</i>	Pref	
<i>pacerone tab 200mg</i>	Pref	
<i>pacerone tab 400mg</i>	Pref	

ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

NUCALA INJ 100MG/ML	Pref	SP, PA, QL (0.04 injections / 1 day)
NUCALA INJ 100MG/ML	Pref	SP, PA, QL (0.04 syringes / 1 day)

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	Pref	90 day supply
INCRUSE ELPT INH 62.5MCG	Non-Pref	PA
<i>ipratropium bromide inhal soln 0.02%</i>	Pref	90 day supply
LONHALA MAGN SOL 25MCG	Non-Pref	PA
SPIRIVA AER 1.25MCG	Pref	
SPIRIVA CAP HANDIHLR	Pref	90 day supply
SPIRIVA SPR 2.5MCG	Pref	
TUDORZA PRES AER 400/ACT	Non-Pref	PA
YUPELRI SOL	Non-Pref	PA

LEUKOTRIENE MODULATORS

ACCOLATE TAB 10MG	Non-Pref	PA
ACCOLATE TAB 20MG	Non-Pref	PA
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Max age 5 years)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Max age 14 years)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	Non-Pref	PA; 90 day supply
<i>montelukast sodium tab 10 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
SINGULAIR CHW 4MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Max age 5 years)
SINGULAIR CHW 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Max age 14 years)
SINGULAIR GRA 4MG	Non-Pref	PA; 90 day supply
SINGULAIR TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast tab 10 mg</i>	Non-Pref	PA
<i>zafirlukast tab 20 mg</i>	Non-Pref	PA
<i>zileuton tab er 12hr 600 mg</i>	Non-Pref	PA
ZYFLO TAB 600MG	Non-Pref	PA
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	Non-Pref	PA
DALIRESP TAB 500MCG	Non-Pref	PA
STEROID INHALANTS		
ALVESCO AER 80MCG	Non-Pref	PA
ALVESCO AER 160MCG	Non-Pref	PA
ARMONAIR DIG AER 55MCG	Non-Pref	PA
ARMONAIR DIG AER 113MCG	Non-Pref	PA
ARMONAIR DIG AER 232MCG	Non-Pref	PA
ARNUITY ELPT INH 50MCG	Non-Pref	PA
ARNUITY ELPT INH 100MCG	Non-Pref	PA
ARNUITY ELPT INH 200MCG	Non-Pref	PA
ASMANEX 14 AER 220MCG	Pref	90 day supply
ASMANEX 30 AER 110MCG	Pref	90 day supply
ASMANEX 30 AER 220MCG	Pref	90 day supply
ASMANEX 60 AER 220MCG	Pref	90 day supply
ASMANEX 120 AER 220MCG	Pref	90 day supply
ASMANEX HFA AER 50MCG	Non-Pref	PA
ASMANEX HFA AER 100 MCG	Non-Pref	PA
ASMANEX HFA AER 200 MCG	Non-Pref	PA
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Pref	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Pref	
<i>budesonide inhalation susp 1 mg/2ml</i>	Pref	
FLOVENT DISK AER 50MCG	Pref	90 day supply
FLOVENT DISK AER 100MCG	Pref	90 day supply
FLOVENT DISK AER 250MCG	Pref	90 day supply
FLOVENT HFA AER 44MCG	Pref	90 day supply
FLOVENT HFA AER 110MCG	Pref	90 day supply
FLOVENT HFA AER 220MCG	Pref	90 day supply
PULMICORT INH 90MCG	Pref	90 day supply
PULMICORT INH 180MCG	Pref	90 day supply
PULMICORT SUS 0.5MG/2	Non-Pref	PA
PULMICORT SUS 0.25MG/2	Non-Pref	PA
PULMICORT SUS 1MG/2ML	Non-Pref	PA
QVAR REDHA AER 80MCG	Non-Pref	PA
QVAR REDHAL AER 40MCG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	Pref	90 day supply
ADVAIR DISKU AER 250/50	Pref	90 day supply
ADVAIR DISKU AER 500/50	Pref	90 day supply
ADVAIR HFA AER 45/21	Pref	90 day supply
ADVAIR HFA AER 115/21	Pref	90 day supply
ADVAIR HFA AER 230/21	Pref	90 day supply
AIRDUO DGHLR INH 55-14	Non-Pref	PA
AIRDUO DGHLR INH 113-14	Non-Pref	PA
AIRDUO DGHLR INH 232-14	Non-Pref	PA
AIRDUO RESPI INH 55-14	Non-Pref	PA
AIRDUO RESPI INH 113-14	Non-Pref	PA
AIRDUO RESPI INH 232-14	Non-Pref	PA
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Pref	QL (0.119 inhalers / 1 day; 90 day supply)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Pref	QL (18 each / 1 day)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Pref	QL (18 each / 1 day; 90 day supply)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Pref	QL (18 each / 1 day; 90 day supply)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Pref	QL (18 each / 1 day; 90 day supply)
<i>albuterol sulfate syrup 2 mg/5ml</i>	Pref	
ANORO ELLIPT AER 62.5-25	Pref	90 day supply
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	Non-Pref	PA
<i>asthmanefrin neb 2.25%</i>	Pref	OTC
BEVESPI AER 9-4.8MCG	Non-Pref	PA; 90 day supply
BREO ELLIPTA INH 100-25	Non-Pref	PA
BREO ELLIPTA INH 200-25	Non-Pref	PA
BREZTRI AERO AER SPHERE	Non-Pref	PA
BROVANA NEB 15MCG	Non-Pref	PA
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Non-Pref	PA; 90 day supply
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Non-Pref	PA; 90 day supply
COMBIVENT AER 20-100	Pref	90 day supply
DUAKLIR AER 400/12	Non-Pref	PA
DULERA AER 50-5MCG	Pref	90 day supply
DULERA AER 100-5MCG	Pref	90 day supply
DULERA AER 200-5MCG	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	Non-Pref	PA; 90 day supply
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	Non-Pref	PA; 90 day supply
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	Non-Pref	PA; 90 day supply
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	Non-Pref	PA
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Pref	90 day supply
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Non-Pref	PA
PERFOROMIST NEB 20MCG	Non-Pref	PA
PROAIR DIGIH AER	Non-Pref	PA
PROAIR HFA AER	Pref	QL (0.094 inhalers / 1 day; 90 day supply)
PROAIR RESPI AER	Non-Pref	PA
PROVENTIL AER HFA	Non-Pref	PA, QL (6 inhalers / 72 days; 90 day supply)
SEREVENT DIS AER 50MCG	Pref	QL (2 inhalations / 1 day; 90 day supply); AGE (Min age 3 years)
STIOLTO AER 2.5-2.5	Pref	90 day supply
STRIVERDI AER 2.5MCG	Pref	QL (0.036 inhalers / 1 day)
SYMBICORT AER 80-4.5	Pref	90 day supply
SYMBICORT AER 160-4.5	Pref	90 day supply
TRELEGY AER ELLIPTA	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA AER	Pref	QL (0.083 inhalers / 1 day; 90 day supply)
VENTOLIN HFA AER	Pref	QL (0.188 inhalers / 1 day; 90 day supply)
<i>wixela inhub aer 100/50</i>	Non-Pref	PA; 90 day supply
<i>wixela inhub aer 250/50</i>	Non-Pref	PA; 90 day supply
<i>wixela inhub aer 500/50</i>	Non-Pref	PA; 90 day supply
XOPENEX CONC NEB 1.25/0.5	Non-Pref	PA
XOPENEX HFA AER	Non-Pref	PA
XOPENEX NEB 0.31MG	Non-Pref	PA
XOPENEX NEB 0.63MG	Non-Pref	PA
XOPENEX NEB 1.25/3ML	Non-Pref	PA

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>jantoven tab 1mg</i>	Pref	90 day supply
<i>jantoven tab 2.5mg</i>	Pref	90 day supply
<i>jantoven tab 2mg</i>	Pref	90 day supply
<i>jantoven tab 3mg</i>	Pref	90 day supply
<i>jantoven tab 4mg</i>	Pref	90 day supply
<i>jantoven tab 5mg</i>	Pref	90 day supply
<i>jantoven tab 6mg</i>	Pref	90 day supply
<i>jantoven tab 7.5mg</i>	Pref	90 day supply
<i>jantoven tab 10mg</i>	Pref	90 day supply
<i>warfarin sodium tab 1 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 2 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 2.5 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 3 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 4 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 5 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 6 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 7.5 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 10 mg</i>	Pref	90 day supply

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG	Pref	
ELIQUIS TAB 2.5MG	Pref	90 day supply
ELIQUIS TAB 5MG	Pref	90 day supply
SAVAYSA TAB 15MG	Non-Pref	PA
SAVAYSA TAB 30MG	Non-Pref	PA
SAVAYSA TAB 60MG	Non-Pref	PA
XARELTO STAR TAB 15/20MG	Pref	
XARELTO TAB 2.5MG	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
XARELTO TAB 10MG	Pref	90 day supply
XARELTO TAB 15MG	Pref	90 day supply
XARELTO TAB 20MG	Pref	90 day supply

HEPARINS AND HEPARINOID-LIKE AGENTS

ARIXTRA INJ 2.5/0.5	Non-Pref	PA
ARIXTRA INJ 5/0.4ML	Non-Pref	PA
ARIXTRA INJ 7.5/0.6	Non-Pref	PA
ARIXTRA INJ 10/0.8ML	Non-Pref	PA
<i>enoxaparin sodium inj 300 mg/3ml</i>	Pref	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Pref	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Pref	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Pref	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	Pref	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	Pref	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	Pref	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	Pref	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Non-Pref	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Non-Pref	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Non-Pref	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Non-Pref	PA
FRAGMIN INJ 2500/0.2	Non-Pref	PA
FRAGMIN INJ 5000/0.2	Non-Pref	PA
FRAGMIN INJ 7500/0.3	Non-Pref	PA
FRAGMIN INJ 10000/ML	Non-Pref	PA
FRAGMIN INJ 12500UNT	Non-Pref	PA
FRAGMIN INJ 15000UNT	Non-Pref	PA
FRAGMIN INJ 18000UNT	Non-Pref	PA
FRAGMIN INJ 95000UNT	Non-Pref	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Pref	
LOVENOX INJ 30/0.3ML	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
LOVENOX INJ 40/0.4ML	Non-Pref	PA
LOVENOX INJ 60/0.6ML	Non-Pref	PA
LOVENOX INJ 80/0.8ML	Non-Pref	PA
LOVENOX INJ 100MG/ML	Non-Pref	PA
LOVENOX INJ 120/0.8	Non-Pref	PA
LOVENOX INJ 150MG/ML	Non-Pref	PA
LOVENOX INJ 300/3ML	Non-Pref	PA

THROMBIN INHIBITORS

PRADAXA CAP 75MG	Pref	90 day supply
PRADAXA CAP 110MG	Pref	90 day supply
PRADAXA CAP 150MG	Pref	90 day supply

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUS 0.5MG/ML	Non-Pref	PA
FYCOMPA TAB 2MG	Non-Pref	PA
FYCOMPA TAB 4MG	Non-Pref	PA
FYCOMPA TAB 6MG	Non-Pref	PA
FYCOMPA TAB 8MG	Non-Pref	PA
FYCOMPA TAB 10MG	Non-Pref	PA
FYCOMPA TAB 12MG	Non-Pref	PA

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam suspension 2.5 mg/ml</i>	Pref	
<i>clobazam tab 10 mg</i>	Pref	
<i>clobazam tab 20 mg</i>	Pref	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	Non-Pref	PA
<i>clonazepam orally disintegrating tab 0.25 mg</i>	Non-Pref	PA
<i>clonazepam orally disintegrating tab 0.125 mg</i>	Non-Pref	PA
<i>clonazepam orally disintegrating tab 1 mg</i>	Non-Pref	PA
<i>clonazepam orally disintegrating tab 2 mg</i>	Non-Pref	PA
<i>clonazepam tab 0.5 mg</i>	Pref	
<i>clonazepam tab 1 mg</i>	Pref	
<i>clonazepam tab 2 mg</i>	Pref	
DIASTAT ACDL GEL 5-10MG	Pref	
DIASTAT ACDL GEL 12.5-20	Pref	
DIASTAT PED GEL 2.5M GEL	Pref	
<i>diazepam rectal gel delivery system 2.5 mg</i>	Non-Pref	PA
<i>diazepam rectal gel delivery system 10 mg</i>	Non-Pref	PA
<i>diazepam rectal gel delivery system 20 mg</i>	Non-Pref	PA
KLONOPIN TAB 1MG	Non-Pref	PA
NAYZILAM SPR 5MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ONFI SUS 2.5MG/ML	Non-Pref	PA
ONFI TAB 10MG	Non-Pref	PA
ONFI TAB 20MG	Non-Pref	PA
SYMPAZAN MIS 5MG	Non-Pref	PA
SYMPAZAN MIS 10MG	Non-Pref	PA
SYMPAZAN MIS 20MG	Non-Pref	PA
VALTOCO SPR 5MG	Pref	
VALTOCO SPR 10MG	Pref	
VALTOCO SPR 15MG	Pref	
VALTOCO SPR 20MG	Pref	

ANTICONVULSANTS - MISC.

APTiom TAB 200MG	Non-Pref	PA
APTiom TAB 400MG	Non-Pref	PA
APTiom TAB 600MG	Non-Pref	PA
APTiom TAB 800MG	Non-Pref	PA
BANZEL SUS 40MG/ML	Non-Pref	PA
BANZEL TAB 200MG	Non-Pref	PA
BANZEL TAB 400MG	Non-Pref	PA
BRIVIACT SOL 10MG/ML	Non-Pref	PA
BRIVIACT TAB 10MG	Non-Pref	PA
BRIVIACT TAB 25MG	Non-Pref	PA
BRIVIACT TAB 50MG	Non-Pref	PA
BRIVIACT TAB 75MG	Non-Pref	PA
BRIVIACT TAB 100MG	Non-Pref	PA
<i>carbamazepine cap er 12hr 100 mg</i>	Non-Pref	PA; 90 day supply
<i>carbamazepine cap er 12hr 200 mg</i>	Non-Pref	PA; 90 day supply
<i>carbamazepine cap er 12hr 300 mg</i>	Non-Pref	PA; 90 day supply
<i>carbamazepine chew tab 100 mg</i>	Pref	90 day supply
<i>carbamazepine susp 100 mg/5ml</i>	Pref	90 day supply
<i>carbamazepine tab 200 mg</i>	Pref	90 day supply
<i>carbamazepine tab er 12hr 100 mg</i>	Non-Pref	PA; 90 day supply
<i>carbamazepine tab er 12hr 200 mg</i>	Non-Pref	PA; 90 day supply
<i>carbamazepine tab er 12hr 400 mg</i>	Non-Pref	PA; 90 day supply
CARBATROL CAP 100MG	Pref	90 day supply
CARBATROL CAP 200MG	Pref	90 day supply
CARBATROL CAP 300MG	Pref	90 day supply
DIACOMIT CAP 250MG	Non-Pref	SP, PA
DIACOMIT CAP 500MG	Non-Pref	SP, PA
DIACOMIT PAK 250MG	Non-Pref	SP, PA
DIACOMIT PAK 500MG	Non-Pref	SP, PA
ELEPSIA XR TAB 1000MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ELEPSIA XR TAB 1500MG	Non-Pref	PA
EPIDIOLEX SOL 100MG/ML	Pref	SP, PA; AGE (Min age 1 year)
<i>epitol tab 200mg</i>	Pref	90 day supply
EPRONTIA SOL 25MG/ML	Non-Pref	PA
FINTEPLA SOL 2.2MG/ML	Non-Pref	PA; AGE (Min age 2 years and Max age 18 years)
<i>gabapentin cap 100 mg</i>	Pref	QL (9 caps / 1 day)
<i>gabapentin cap 300 mg</i>	Pref	QL (9 caps / 1 day)
<i>gabapentin cap 400 mg</i>	Pref	QL (9 caps / 1 day)
<i>gabapentin oral soln 250 mg/5ml</i>	Pref	QL (72 mL / 1 day)
<i>gabapentin tab 600 mg</i>	Pref	QL (6 tabs / 1 day)
<i>gabapentin tab 800 mg</i>	Pref	QL (5 tabs / 1 day)
KEPPRA SOL 100MG/ML	Non-Pref	PA; 90 day supply
KEPPRA TAB 250MG	Non-Pref	PA; 90 day supply
KEPPRA TAB 500MG	Non-Pref	PA; 90 day supply
KEPPRA TAB 750MG	Non-Pref	PA; 90 day supply
KEPPRA TAB 1000MG	Non-Pref	PA; 90 day supply
KEPPRA XR TAB 500MG	Non-Pref	PA; 90 day supply
KEPPRA XR TAB 750MG	Non-Pref	PA; 90 day supply
<i>lacosamide tab 50 mg</i>	Non-Pref	PA
<i>lacosamide tab 100 mg</i>	Non-Pref	PA
<i>lacosamide tab 150 mg</i>	Non-Pref	PA
<i>lacosamide tab 200 mg</i>	Non-Pref	PA
LAMICTAL CHW 5MG	Non-Pref	PA; 90 day supply
LAMICTAL CHW 25MG	Non-Pref	PA; 90 day supply
LAMICTAL KIT START 35	Non-Pref	PA
LAMICTAL KIT START 49	Non-Pref	PA
LAMICTAL KIT START 98	Non-Pref	PA
LAMICTAL ODT KIT	Pref	
LAMICTAL ODT TAB 25MG	Pref	
LAMICTAL ODT TAB 50MG	Pref	
LAMICTAL ODT TAB 100MG	Pref	
LAMICTAL ODT TAB 200MG	Pref	
LAMICTAL TAB 25MG	Non-Pref	PA; 90 day supply
LAMICTAL TAB 100MG	Non-Pref	PA; 90 day supply
LAMICTAL TAB 150MG	Non-Pref	PA; 90 day supply
LAMICTAL TAB 200MG	Non-Pref	PA; 90 day supply
LAMICTAL XR KIT	Non-Pref	PA
LAMICTAL XR TAB 25MG	Non-Pref	PA; 90 day supply
LAMICTAL XR TAB 50MG	Non-Pref	PA; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR TAB 100MG	Non-Pref	PA; 90 day supply
LAMICTAL XR TAB 200MG	Non-Pref	PA; 90 day supply
LAMICTAL XR TAB 250MG	Non-Pref	PA; 90 day supply
LAMICTAL XR TAB 300MG	Non-Pref	PA; 90 day supply
<i>lamotrigine orally disintegrating tab 25 mg</i>	Non-Pref	PA
<i>lamotrigine orally disintegrating tab 50 mg</i>	Non-Pref	PA
<i>lamotrigine orally disintegrating tab 100 mg</i>	Non-Pref	PA
<i>lamotrigine orally disintegrating tab 200 mg</i>	Non-Pref	PA
<i>lamotrigine tab 25 mg</i>	Pref	90 day supply
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	Non-Pref	PA
<i>lamotrigine tab 35 x 25 mg starter kit</i>	Non-Pref	PA
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	Non-Pref	PA
<i>lamotrigine tab 100 mg</i>	Pref	90 day supply
<i>lamotrigine tab 150 mg</i>	Pref	90 day supply
<i>lamotrigine tab 200 mg</i>	Pref	90 day supply
<i>lamotrigine tab chewable dispersible 5 mg</i>	Pref	90 day supply
<i>lamotrigine tab chewable dispersible 25 mg</i>	Pref	90 day supply
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	Non-Pref	PA
<i>lamotrigine tab er 24hr 25 mg</i>	Pref	90 day supply
<i>lamotrigine tab er 24hr 50 mg</i>	Pref	90 day supply
<i>lamotrigine tab er 24hr 100 mg</i>	Pref	90 day supply
<i>lamotrigine tab er 24hr 200 mg</i>	Pref	90 day supply
<i>lamotrigine tab er 24hr 250 mg</i>	Pref	90 day supply
<i>lamotrigine tab er 24hr 300 mg</i>	Pref	90 day supply
<i>levetiracetam oral soln 100 mg/ml</i>	Pref	90 day supply
<i>levetiracetam tab 250 mg</i>	Pref	90 day supply
<i>levetiracetam tab 500 mg</i>	Pref	90 day supply
<i>levetiracetam tab 750 mg</i>	Pref	90 day supply
<i>levetiracetam tab 1000 mg</i>	Pref	90 day supply
<i>levetiracetam tab er 24hr 500 mg</i>	Pref	90 day supply
<i>levetiracetam tab er 24hr 750 mg</i>	Pref	90 day supply
LYRICA CAP 25MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 50MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 75MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 100MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 150MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 200MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 225MG	Non-Pref	PA, QL (2 caps / 1 day)

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAP 300MG	Non-Pref	PA, QL (2 caps / 1 day)
LYRICA SOL 20MG/ML	Non-Pref	PA
MYSOLINE TAB 50MG	Non-Pref	PA; 90 day supply
MYSOLINE TAB 250MG	Non-Pref	PA; 90 day supply
NEURONTIN CAP 100MG	Non-Pref	PA, QL (9 caps / 1 day)
NEURONTIN CAP 300MG	Non-Pref	PA, QL (9 caps / 1 day)
NEURONTIN CAP 400MG	Non-Pref	PA, QL (9 caps / 1 day)
NEURONTIN SOL 250/5ML	Non-Pref	PA, QL (72 mL / 1 day)
NEURONTIN TAB 600MG	Non-Pref	PA, QL (6 tabs / 1 day)
NEURONTIN TAB 800MG	Non-Pref	PA, QL (5 tabs / 1 day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Non-Pref	PA; 90 day supply
<i>oxcarbazepine tab 150 mg</i>	Pref	90 day supply
<i>oxcarbazepine tab 300 mg</i>	Pref	90 day supply
<i>oxcarbazepine tab 600 mg</i>	Pref	90 day supply
OXTELLAR XR TAB 150MG	Non-Pref	PA
OXTELLAR XR TAB 300MG	Non-Pref	PA
OXTELLAR XR TAB 600MG	Non-Pref	PA
<i>pregabalin cap 25 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 50 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 75 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 100 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 150 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 200 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 225 mg</i>	Pref	QL (2 caps / 1 day)
<i>pregabalin cap 300 mg</i>	Pref	QL (2 caps / 1 day)
<i>pregabalin soln 20 mg/ml</i>	Non-Pref	PA
<i>primidone tab 50 mg</i>	Pref	90 day supply
<i>primidone tab 250 mg</i>	Pref	90 day supply
QUDEXY XR CAP 25/24HR	Non-Pref	PA
QUDEXY XR CAP 50/24HR	Non-Pref	PA
QUDEXY XR CAP 100/24HR	Non-Pref	PA
QUDEXY XR CAP 150/24HR	Non-Pref	PA
QUDEXY XR CAP 200/24HR	Non-Pref	PA
<i>roweepra tab 500mg</i>	Pref	90 day supply
<i>rufinamide susp 40 mg/ml</i>	Non-Pref	PA
<i>rufinamide tab 200 mg</i>	Non-Pref	PA
<i>rufinamide tab 400 mg</i>	Non-Pref	PA
SPRITAM TAB 250MG	Non-Pref	PA
SPRITAM TAB 500MG	Non-Pref	PA
SPRITAM TAB 750MG	Non-Pref	PA
SPRITAM TAB 1000MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>subvenite kit start 35</i>	Non-Pref	PA
<i>subvenite kit start 49</i>	Non-Pref	PA
<i>subvenite kit start 98</i>	Non-Pref	PA
<i>subvenite tab 25mg</i>	Pref	90 day supply
<i>subvenite tab 100mg</i>	Pref	90 day supply
<i>subvenite tab 150mg</i>	Pref	90 day supply
<i>subvenite tab 200mg</i>	Pref	90 day supply
TEGRETOL SUS 100/5ML	Non-Pref	PA; 90 day supply
TEGRETOL TAB 200MG	Non-Pref	PA; 90 day supply
TEGRETOL-XR TAB 100MG	Pref	90 day supply
TEGRETOL-XR TAB 200MG	Pref	90 day supply
TEGRETOL-XR TAB 400MG	Pref	90 day supply
TOPAMAX SPR CAP 15MG	Non-Pref	PA; 90 day supply
TOPAMAX SPR CAP 25MG	Non-Pref	PA; 90 day supply
TOPAMAX TAB 25MG	Non-Pref	PA; 90 day supply
TOPAMAX TAB 50MG	Non-Pref	PA; 90 day supply
TOPAMAX TAB 100MG	Non-Pref	PA; 90 day supply
TOPAMAX TAB 200MG	Non-Pref	PA; 90 day supply
<i>topiramate cap er 24hr sprinkle 25 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 50 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 100 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 150 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 200 mg</i>	Non-Pref	PA
<i>topiramate sprinkle cap 15 mg</i>	Pref	90 day supply
<i>topiramate sprinkle cap 25 mg</i>	Pref	90 day supply
<i>topiramate tab 25 mg</i>	Pref	90 day supply
<i>topiramate tab 50 mg</i>	Pref	90 day supply
<i>topiramate tab 100 mg</i>	Pref	90 day supply
<i>topiramate tab 200 mg</i>	Pref	90 day supply
TRILEPTAL SUS 300MG/5M	Pref	90 day supply
TRILEPTAL TAB 150MG	Non-Pref	PA; 90 day supply
TRILEPTAL TAB 300MG	Non-Pref	PA; 90 day supply
TRILEPTAL TAB 600MG	Non-Pref	PA; 90 day supply
TROKENDI XR CAP 25MG	Non-Pref	PA
TROKENDI XR CAP 50MG	Non-Pref	PA
TROKENDI XR CAP 100MG	Non-Pref	PA
TROKENDI XR CAP 200MG	Non-Pref	PA
VIMPAT SOL 10MG/ML	Pref	
VIMPAT TAB 50MG	Pref	
VIMPAT TAB 100MG	Pref	
VIMPAT TAB 150MG	Pref	

Drug Name	Drug Tier	Requirements/Limits
VIMPAT TAB 200MG	Pref	
<i>zonisamide cap 25 mg</i>	Pref	90 day supply
<i>zonisamide cap 50 mg</i>	Pref	90 day supply
<i>zonisamide cap 100 mg</i>	Pref	90 day supply
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	Non-Pref	PA
<i>felbamate tab 400 mg</i>	Non-Pref	PA
<i>felbamate tab 600 mg</i>	Non-Pref	PA
FELBATOL SUS 600/5ML	Non-Pref	PA
FELBATOL TAB 400MG	Non-Pref	PA
FELBATOL TAB 600MG	Non-Pref	PA
XCOPRI PAK 12.5-25	Non-Pref	PA
XCOPRI PAK 50-100MG	Non-Pref	PA
XCOPRI PAK 100-150	Non-Pref	PA
XCOPRI PAK 150-200	Non-Pref	PA
XCOPRI TAB 50MG	Non-Pref	PA
XCOPRI TAB 100MG	Non-Pref	PA
XCOPRI TAB 150MG	Non-Pref	PA
XCOPRI TAB 200MG	Non-Pref	PA
GABA MODULATORS		
GABITRIL TAB 2MG	Pref	
GABITRIL TAB 4MG	Pref	
GABITRIL TAB 12MG	Pref	
GABITRIL TAB 16MG	Pref	
SABRIL POW 500MG	Non-Pref	PA
SABRIL TAB 500MG	Non-Pref	PA
<i>tiagabine hcl tab 2 mg</i>	Non-Pref	PA
<i>tiagabine hcl tab 4 mg</i>	Non-Pref	PA
<i>tiagabine hcl tab 12 mg</i>	Non-Pref	PA
<i>tiagabine hcl tab 16 mg</i>	Non-Pref	PA
<i>vigabatrin powd pack 500 mg</i>	Non-Pref	PA
<i>vigabatrin tab 500 mg</i>	Non-Pref	PA
<i>vigadrone pow 500mg</i>	Non-Pref	PA
HYDANTOINS		
DILANTIN CAP 30MG	Pref	
DILANTIN CAP 100MG	Non-Pref	PA; 90 day supply
DILANTIN CHW 50MG	Non-Pref	PA; 90 day supply
DILANTIN-125 SUS 125/5ML	Non-Pref	PA; 90 day supply
PHENYTEK CAP 200MG	Non-Pref	PA; 90 day supply
PHENYTEK CAP 300MG	Non-Pref	PA; 90 day supply
<i>phenytoin chw 50mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended cap 100 mg</i>	Pref	90 day supply
<i>phenytoin sodium extended cap 200 mg</i>	Pref	90 day supply
<i>phenytoin sodium extended cap 300 mg</i>	Pref	90 day supply
<i>phenytoin susp 125 mg/5ml</i>	Pref	90 day supply

SUCCINIMIDES

CELONTIN CAP 300MG	Non-Pref	PA
<i>ethosuximide cap 250 mg</i>	Pref	90 day supply
<i>ethosuximide soln 250 mg/5ml</i>	Pref	90 day supply
ZARONTIN CAP 250MG	Non-Pref	PA; 90 day supply
ZARONTIN SOL 250/5ML	Non-Pref	PA; 90 day supply

VALPROIC ACID

DEPAKOTE ER TAB 250MG	Non-Pref	PA; 90 day supply
DEPAKOTE ER TAB 500MG	Non-Pref	PA; 90 day supply
DEPAKOTE SPR CAP 125MG	Non-Pref	PA; 90 day supply
DEPAKOTE TAB 125MG DR	Non-Pref	PA; 90 day supply
DEPAKOTE TAB 250MG DR	Non-Pref	PA; 90 day supply
DEPAKOTE TAB 500MG DR	Non-Pref	PA; 90 day supply
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Pref	90 day supply
<i>divalproex sodium tab delayed release 125 mg</i>	Pref	90 day supply
<i>divalproex sodium tab delayed release 250 mg</i>	Pref	90 day supply
<i>divalproex sodium tab delayed release 500 mg</i>	Pref	90 day supply
<i>divalproex sodium tab er 24 hr 250 mg</i>	Pref	90 day supply
<i>divalproex sodium tab er 24 hr 500 mg</i>	Pref	90 day supply
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Pref	90 day supply
<i>valproic acid cap 250 mg</i>	Pref	90 day supply

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine orally disintegrating tab 15 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>mirtazapine orally disintegrating tab 30 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>mirtazapine orally disintegrating tab 45 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>mirtazapine tab 7.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tab 15 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>mirtazapine tab 30 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>mirtazapine tab 45 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
REMERON SLTB TAB 15MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
REMERON SLTB TAB 30MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
REMERON SLTB TAB 45MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
REMERON TAB 15MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
REMERON TAB 30MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

ANTIDEPRESSANTS - MISC.

APLENZIN TAB 174MG	Non-Pref	PA
APLENZIN TAB 348MG	Non-Pref	PA
APLENZIN TAB 522MG	Non-Pref	PA
<i>bupropion hcl tab 75 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply)
<i>bupropion hcl tab 100 mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply)
<i>bupropion hcl tab er 12hr 100 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>bupropion hcl tab er 12hr 150 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>bupropion hcl tab er 12hr 200 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>bupropion hcl tab er 24hr 150 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>bupropion hcl tab er 24hr 300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>bupropion hcl tab er 24hr 450 mg</i>	Non-Pref	PA
FORFIVO XL TAB 450MG	Non-Pref	PA
WELLBUTRIN TAB 100MG SR	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
WELLBUTRIN TAB 150MG SR	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
WELLBUTRIN TAB 200MG SR	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN TAB XL 150MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply)
WELLBUTRIN TAB XL 300MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM DIS 6MG/24HR	Non-Pref	PA
EMSAM DIS 9MG/24HR	Non-Pref	PA
EMSAM DIS 12MG/24H	Non-Pref	PA
MARPLAN TAB 10MG	Non-Pref	PA
NARDIL TAB 15MG	Non-Pref	PA, QL (6 tabs / 1 day)
<i>phenelzine sulfate tab 15 mg</i>	Pref	QL (6 tabs / 1 day)
<i>tranylcypromine sulfate tab 10 mg</i>	Non-Pref	PA

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

CELEXA TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
CELEXA TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
CELEXA TAB 40MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
CITALOPRAM CAP 30MG	Non-Pref	PA
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Pref	QL (20 mL / 1 day; 90 day supply)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fluoxetine hcl cap 10 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>fluoxetine hcl cap 20 mg</i>	Pref	QL (4 caps / 1 day)
<i>fluoxetine hcl cap 40 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>fluoxetine hcl cap delayed release 90 mg</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl solution 20 mg/5ml</i>	Pref	QL (20 mL / 1 day; 90 day supply)
<i>fluoxetine hcl tab 10 mg</i>	Non-Pref	PA
<i>fluoxetine hcl tab 20 mg</i>	Non-Pref	PA
<i>fluoxetine hcl tab 60 mg</i>	Non-Pref	PA
FLUOXETINE TAB 60MG	Non-Pref	PA
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	Non-Pref	PA
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	Non-Pref	PA
<i>fluvoxamine maleate tab 25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fluvoxamine maleate tab 50 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fluvoxamine maleate tab 100 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
LEXAPRO TAB 5MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
LEXAPRO TAB 10MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
LEXAPRO TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>paroxetine hcl tab 10 mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>paroxetine hcl tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>paroxetine hcl tab 30 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>paroxetine hcl tab 40 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	Non-Pref	PA
<i>paroxetine hcl tab er 24hr 25 mg</i>	Non-Pref	PA
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	Non-Pref	PA
PAXIL CR TAB 12.5MG	Non-Pref	PA
PAXIL CR TAB 25MG	Non-Pref	PA
PAXIL CR TAB 37.5MG	Non-Pref	PA
PAXIL SUS 10MG/5ML	Non-Pref	PA
PAXIL TAB 10MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
PAXIL TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
PAXIL TAB 30MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
PAXIL TAB 40MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PEXEVA TAB 10MG	Non-Pref	PA
PEXEVA TAB 20MG	Non-Pref	PA
PEXEVA TAB 30MG	Non-Pref	PA
PEXEVA TAB 40MG	Non-Pref	PA
PROZAC CAP 10MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
PROZAC CAP 20MG	Non-Pref	PA, QL (4 caps / 1 day)
PROZAC CAP 40MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
SERTRALINE CAP 150MG	Non-Pref	PA
SERTRALINE CAP 200MG	Non-Pref	PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Pref	QL (10 mL / 1 day; 90 day supply)
<i>sertraline hcl tab 25 mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>sertraline hcl tab 50 mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>sertraline hcl tab 100 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
ZOLOFT CON 20MG/ML	Non-Pref	PA, QL (10 mL / 1 day; 90 day supply)
ZOLOFT TAB 25MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
ZOLOFT TAB 50MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
ZOLOFT TAB 100MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)

SEROTONIN MODULATORS

<i>nefazodone hcl tab 50 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 100 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 150 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 200 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 250 mg</i>	Non-Pref	PA
<i>trazodone hcl tab 50 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>trazodone hcl tab 100 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>trazodone hcl tab 150 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>trazodone hcl tab 300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
TRINTELLIX TAB 5MG	Non-Pref	PA
TRINTELLIX TAB 10MG	Non-Pref	PA
TRINTELLIX TAB 20MG	Non-Pref	PA
VIIBRYD KIT STARTER	Non-Pref	PA
VIIBRYD TAB 10MG	Non-Pref	PA
VIIBRYD TAB 20MG	Non-Pref	PA
VIIBRYD TAB 40MG	Non-Pref	PA

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

CYMBALTA CAP 20MG	Non-Pref	PA, QL (1 cap / 1 day)
CYMBALTA CAP 30MG	Non-Pref	PA, QL (1 cap / 1 day)
CYMBALTA CAP 60MG	Non-Pref	PA, QL (2 caps / 1 day)
DESVENLAFAX TAB 50MG ER	Non-Pref	PA; 90 day supply
DESVENLAFAX TAB 100MG ER	Non-Pref	PA; 90 day supply
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Pref	QL (1 tab / 1 day)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Pref	QL (1 tab / 1 day)
DRIZALMA CAP 20MG DR	Non-Pref	PA
DRIZALMA CAP 30MG DR	Non-Pref	PA
DRIZALMA CAP 40MG DR	Non-Pref	PA
DRIZALMA CAP 60MG DR	Non-Pref	PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Pref	QL (1 cap / 1 day)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Pref	QL (1 ea / 1 day)
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	Non-Pref	PA
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Pref	QL (2 ea / 1 day)
EFFEXOR XR CAP 37.5MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
EFFEXOR XR CAP 75MG	Non-Pref	PA, QL (3 caps / 1 day; 90 day supply)
EFFEXOR XR CAP 150MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
FETZIMA CAP 20MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CAP 40MG	Non-Pref	PA
FETZIMA CAP 80MG	Non-Pref	PA
FETZIMA CAP 120MG	Non-Pref	PA
FETZIMA CAP TITRATIO	Non-Pref	PA
PRISTIQ TAB 25MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PRISTIQ TAB 50MG	Non-Pref	PA, QL (1 tab / 1 day)
PRISTIQ TAB 100MG	Non-Pref	PA, QL (1 tab / 1 day)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Pref	90 day supply
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Pref	90 day supply
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Pref	90 day supply
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Pref	90 day supply
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Pref	90 day supply
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	Non-Pref	PA
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	Non-Pref	PA
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	Non-Pref	PA
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	Non-Pref	PA

TRICYCLIC AGENTS

<i>amitriptyline hcl tab 10 mg</i>	Pref
<i>amitriptyline hcl tab 25 mg</i>	Pref
<i>amitriptyline hcl tab 50 mg</i>	Pref
<i>amitriptyline hcl tab 75 mg</i>	Pref
<i>amitriptyline hcl tab 100 mg</i>	Pref
<i>amitriptyline hcl tab 150 mg</i>	Pref
<i>amoxapine tab 25 mg</i>	Pref
<i>amoxapine tab 50 mg</i>	Pref
<i>amoxapine tab 100 mg</i>	Pref
<i>amoxapine tab 150 mg</i>	Pref
<i>clomipramine hcl cap 25 mg</i>	Pref
<i>clomipramine hcl cap 50 mg</i>	Pref
<i>clomipramine hcl cap 75 mg</i>	Pref

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl tab 10 mg</i>	Pref	
<i>desipramine hcl tab 25 mg</i>	Pref	
<i>desipramine hcl tab 50 mg</i>	Pref	
<i>desipramine hcl tab 75 mg</i>	Pref	
<i>desipramine hcl tab 100 mg</i>	Pref	
<i>desipramine hcl tab 150 mg</i>	Pref	
<i>doxepin hcl cap 10 mg</i>	Pref	
<i>doxepin hcl cap 25 mg</i>	Pref	
<i>doxepin hcl cap 50 mg</i>	Pref	
<i>doxepin hcl cap 75 mg</i>	Pref	
<i>doxepin hcl cap 100 mg</i>	Pref	
<i>doxepin hcl cap 150 mg</i>	Pref	
<i>doxepin hcl conc 10 mg/ml</i>	Pref	
<i>imipramine hcl tab 10 mg</i>	Pref	
<i>imipramine hcl tab 25 mg</i>	Pref	
<i>imipramine hcl tab 50 mg</i>	Pref	
<i>imipramine pamoate cap 75 mg</i>	Pref	
<i>imipramine pamoate cap 100 mg</i>	Pref	
<i>imipramine pamoate cap 125 mg</i>	Pref	
<i>imipramine pamoate cap 150 mg</i>	Pref	
<i>nortriptyline hcl cap 10 mg</i>	Pref	
<i>nortriptyline hcl cap 25 mg</i>	Pref	
<i>nortriptyline hcl cap 50 mg</i>	Pref	
<i>nortriptyline hcl cap 75 mg</i>	Pref	

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>acarbose tab 50 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>acarbose tab 100 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>miglitol tab 25 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>miglitol tab 50 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>miglitol tab 100 mg</i>	Non-Pref	PA; AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
PRECOSE TAB 25MG	Non-Pref	PA, QL (12 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
PRECOSE TAB 50MG	Non-Pref	PA, QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
PRECOSE TAB 100MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	Non-Pref	PA
SYMLINPEN 120 INJ 1000MCG	Non-Pref	PA

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-500MG	Non-Pref	PA
ACTOPLUS MET TAB 15-850MG	Non-Pref	PA
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
DUETACT TAB 30-2MG	Non-Pref	PA
DUETACT TAB 30-4MG	Non-Pref	PA
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Pref	QL (8 tabs / 1 day)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Pref	QL (4 tabs / 1 day)
<i>glipizide-metformin hcl tab 5-500 mg</i>	Pref	QL (4 tabs / 1 day)
<i>glyburide-metformin tab 1.25-250 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>glyburide-metformin tab 2.5-500 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin tab 5-500 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
GLYXAMBI TAB 10-5 MG	Non-Pref	PA; AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
GLYXAMBI TAB 25-5 MG	Non-Pref	PA; AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET TAB 50-500MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN
INVOKAMET TAB 50-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN
INVOKAMET TAB 150-500	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN
INVOKAMET TAB 150-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN
INVOKAMET XR TAB 50-500MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET XR TAB 50-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET XR TAB 150-500	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET XR TAB 150-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
JANUMET TAB 50-500MG	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN

Drug Name	Drug Tier	Requirements/Limits
JANUMET TAB 50-1000	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN
JANUMET XR TAB 50-500MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
JANUMET XR TAB 50-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
JANUMET XR TAB 100-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
JENTADUETO TAB 2.5-500	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
JENTADUETO TAB 2.5-850	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
JENTADUETO TAB 2.5-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
JENTADUETO TAB XR	Non-Pref	PA; AGE (Min age 18 years)
KAZANO 12.5- TAB 500MG	Non-Pref	PA; AGE (Min age 18 years)
KAZANO 12.5- TAB 1000MG	Non-Pref	PA; AGE (Min age 18 years)
KOMBIGLYZ XR TAB 2.5-1000	Non-Pref	PA; AGE (Min age 18 years)
KOMBIGLYZ XR TAB 5-500MG	Non-Pref	PA; AGE (Min age 18 years)
KOMBIGLYZ XR TAB 5-1000MG	Non-Pref	PA; AGE (Min age 18 years)
OSENI TAB 12.5-15	Non-Pref	PA; AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
OSENI TAB 12.5-30	Non-Pref	PA; AGE (Min age 18 years)
OSENI TAB 12.5-45	Non-Pref	PA; AGE (Min age 18 years)
OSENI TAB 25-15MG	Non-Pref	PA; AGE (Min age 18 years)
OSENI TAB 25-30MG	Non-Pref	PA; AGE (Min age 18 years)
OSENI TAB 25-45MG	Non-Pref	PA; AGE (Min age 18 years)
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Non-Pref	PA
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Non-Pref	PA
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Non-Pref	PA
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Non-Pref	PA
QTERN TAB 5-5MG	Non-Pref	PA; AGE (Min age 18 years)
QTERN TAB 10-5MG	Non-Pref	PA; AGE (Min age 18 years)
SEGLUROMET TAB 2.5-500	Non-Pref	PA; AGE (Min age 18 years)
SEGLUROMET TAB 2.5-1000	Non-Pref	PA; AGE (Min age 18 years)
SEGLUROMET TAB 7.5-500	Non-Pref	PA; AGE (Min age 18 years)
SEGLUROMET TAB 7.5-1000	Non-Pref	PA; AGE (Min age 18 years)
SOLIQUA INJ 100/33	Non-Pref	PA
STEGLUJAN TAB 5-100MG	Non-Pref	PA; AGE (Min age 18 years)
STEGLUJAN TAB 15-100MG	Non-Pref	PA; AGE (Min age 18 years)
SYNJARDY TAB	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY TAB 5-500MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 5-1000MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY TAB 12.5-500	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY XR TAB	Non-Pref	PA; AGE (Min age 18 years)
SYNJARDY XR TAB 5-1000MG	Non-Pref	PA; AGE (Min age 18 years)
SYNJARDY XR TAB 10-1000	Non-Pref	PA; AGE (Min age 18 years)
SYNJARDY XR TAB 25-1000	Non-Pref	PA; AGE (Min age 18 years)
TRIJARDY XR TAB	Non-Pref	PA; AGE (Min age 18 years)
XIGDUO XR TAB 2.5-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 5-500MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 5-1000MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 10-500MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 10-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
XULTOPHY INJ 100/3.6	Non-Pref	PA
BIGUANIDES		
GLUMETZA TAB 500MG	Non-Pref	PA; AGE (Min age 10 years)

Drug Name	Drug Tier	Requirements/Limits
GLUMETZA TAB 1000MG	Non-Pref	PA; AGE (Min age 10 years)
<i>metformin hcl oral soln 500 mg/5ml</i>	Non-Pref	PA; AGE (Min age 10 years)
<i>metformin hcl tab 500 mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply); AGE (Min age 10 years)
<i>metformin hcl tab 850 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 10 years)
<i>metformin hcl tab 1000 mg</i>	Pref	QL (2.5 tabs / 1 day; 90 day supply); AGE (Min age 10 years)
<i>metformin hcl tab er 24hr 500 mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply); AGE (Min age 10 years)
<i>metformin hcl tab er 24hr 750 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 10 years)
<i>metformin hcl tab er 24hr modified release 500 mg</i>	Non-Pref	PA; AGE (Min age 10 years)
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	Non-Pref	PA; AGE (Min age 10 years)
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	Non-Pref	PA; AGE (Min age 10 years)
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	Non-Pref	PA; AGE (Min age 10 years)
RIOMET SOL	Non-Pref	PA; AGE (Min age 10 years)
RIOMET SOL 500/5ML	Non-Pref	PA; AGE (Min age 10 years)

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE	Pref	QL (2 ea / 24 days)
BAQSIMI TWO POW 3MG/DOSE	Pref	QL (2 ea / 24 days)
GLUCAGEN INJ HYPOKIT	Pref	QL (2 syringes / 24 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	Pref	QL (2 kits / 24 days)
GVOKE HYPO 1 INJ 1MG/.2ML	Pref	
GVOKE HYPO 1 INJ .5/.1ML	Pref	
GVOKE HYPO 2 INJ 1MG/.2ML	Pref	
GVOKE HYPO 2 INJ .5/.1ML	Pref	
GVOKE PFS INJ	Pref	QL (0.035 syringes / 1 day)

Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS INJ	Pref	QL (0.07 syringes / 1 day)
SM GLUCOSE CHW ORANGE	Pref	OTC
SM GLUCOSE CHW RASPBERRY	Pref	OTC
<i>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</i>		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Non-Pref	PA; AGE (Min age 18 years)
JANUVIA TAB 25MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN
JANUVIA TAB 50MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN
JANUVIA TAB 100MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN
NESINA TAB 6.25MG	Non-Pref	PA; AGE (Min age 18 years)
NESINA TAB 12.5MG	Non-Pref	PA; AGE (Min age 18 years)
NESINA TAB 25MG	Non-Pref	PA; AGE (Min age 18 years)
ONGLYZA TAB 2.5MG	Non-Pref	PA; AGE (Min age 18 years)
ONGLYZA TAB 5MG	Non-Pref	PA; AGE (Min age 18 years)
TRADJENTA TAB 5MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
<i>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</i>		
ADLYXIN INJ 10/20MCG	Non-Pref	PA
ADLYXIN INJ 20MCG	Non-Pref	PA
BYDUREON BC INJ 2/0.85ML	Non-Pref	PA
BYETTA INJ 5MCG	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
BYETTA INJ 10MCG	Pref	90 day supply
OZEMPIC INJ 2/1.5ML	Non-Pref	PA
OZEMPIC INJ 4MG/3ML	Non-Pref	PA; AGE (Min age 18 years)
OZEMPIC INJ 8MG/3ML	Non-Pref	PA; AGE (Min age 18 years)
RYBELSUS TAB 3MG	Non-Pref	PA; AGE (Min age 18 years)
RYBELSUS TAB 7MG	Non-Pref	PA; AGE (Min age 18 years)
RYBELSUS TAB 14MG	Non-Pref	PA; AGE (Min age 18 years)
TRULICITY INJ 0.75/0.5	Pref	90 day supply
TRULICITY INJ 1.5/0.5	Pref	90 day supply
TRULICITY INJ 3/0.5	Pref	90 day supply
TRULICITY INJ 4.5/0.5	Pref	90 day supply
VICTOZA INJ 18MG/3ML	Pref	90 day supply

INSULIN

ADMELOG INJ 100U/ML	Pref	90 day supply
ADMELOG SOLO INJ 100U/ML	Pref	
AFREZZA POW 4-8 UNIT	Non-Pref	PA
AFREZZA POW 4-8-12	Non-Pref	PA
AFREZZA POW 4UNIT	Non-Pref	PA
AFREZZA POW 8 UNIT	Non-Pref	PA
AFREZZA POW 8-12UNIT	Non-Pref	PA
AFREZZA POW 12 UNIT	Non-Pref	PA
APIDRA INJ SOLOSTAR	Non-Pref	PA
APIDRA INJ U-100	Non-Pref	PA
BASAGLAR INJ 100UNIT	Pref	90 day supply
FIASP FLEX INJ TOUCH	Non-Pref	PA
FIASP INJ 100/ML	Non-Pref	PA
FIASP PENFIL INJ U-100	Non-Pref	PA
HUMALOG INJ 100/ML	Pref	90 day supply
HUMALOG JR INJ 100/ML	Pref	
HUMALOG KWIK INJ 100/ML	Pref	
HUMALOG KWIK INJ 200/ML	Non-Pref	PA
HUMALOG MIX INJ 50/50	Pref	90 day supply
HUMALOG MIX INJ 50/50KWP	Pref	
HUMALOG MIX INJ 75/25KWP	Pref	
HUMALOG MIX SUS 75/25	Pref	90 day supply
HUMULIN INJ 70/30	Pref	OTC; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
HUMULIN INJ 70/30KWP	Pref	OTC; 90 day supply
HUMULIN N INJ U-100	Pref	OTC; 90 day supply
HUMULIN N INJ U-100KWP	Pref	OTC; 90 day supply
HUMULIN R INJ U-100	Pref	OTC; 90 day supply
HUMULIN R INJ U-500	Pref	90 day supply
INS ASP PROT INJ FLEXPEN	Pref	90 day supply
INSULIN ASPA INJ 70/30	Pref	90 day supply
INSULIN ASPA INJ 100/ML	Pref	90 day supply
INSULIN ASPA INJ FLEXPEN	Pref	90 day supply
INSULIN ASPA INJ PENFILL	Pref	90 day supply
INSULIN GLAR INJ 100U/ML	Pref	
INSULIN GLAR SOL 100U/ML	Pref	
INSULIN LISP INJ 100/ML	Pref	
INSULIN LISP INJ 100/ML	Pref	90 day supply
INSULIN LISP INJ JUNIOR	Pref	
INSULIN LISP INJ PROTAMIN	Pref	
LANTUS INJ 100/ML	Pref	90 day supply
LANTUS SOLOS INJ 100/ML	Pref	90 day supply
LEVEMIR INJ	Pref	90 day supply
LEVEMIR INJ FLEXTUOC	Pref	90 day supply
LYUMJEV INJ 100UT/ML	Non-Pref	PA
LYUMJEV KWPN INJ 100UT/ML	Non-Pref	PA
LYUMJEV KWPN INJ 200UT/ML	Non-Pref	PA
NOVOLIN70/30 INJ RELION	Non-Pref	PA, OTC; 90 day supply
NOVOLIN INJ 70/30	Non-Pref	PA, OTC; 90 day supply
NOVOLIN INJ 70/30 FP	Non-Pref	PA, OTC; 90 day supply
NOVOLIN N INJ 100 UNIT	Non-Pref	PA, OTC; 90 day supply
NOVOLIN N INJ RELION	Non-Pref	PA, OTC; 90 day supply
NOVOLIN N INJ U-100	Non-Pref	PA, OTC; 90 day supply
NOVOLIN R INJ 100 UNIT	Non-Pref	PA, OTC
NOVOLIN R INJ RELION	Non-Pref	PA, OTC; 90 day supply
NOVOLIN R INJ U-100	Non-Pref	PA, OTC; 90 day supply
NOVOLOG INJ 100/ML	Pref	90 day supply
NOVOLOG INJ FLEXPEN	Pref	90 day supply
NOVOLOG INJ PENFILL	Pref	90 day supply
NOVOLOG INJ RELION	Pref	90 day supply
NOVOLOG MIX INJ 70/30	Non-Pref	PA; 90 day supply
NOVOLOG MIX INJ FLEX REL	Non-Pref	PA; 90 day supply
NOVOLOG MIX INJ FLEXPEN	Non-Pref	PA; 90 day supply
NOVOLOG RELI INJ 70/30	Non-Pref	PA; 90 day supply
SEMGLEE INJ 100U/ML	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
SEMGLEE SOL 100U/ML	Non-Pref	PA
TOUJEO MAX INJ 300IU/ML	Non-Pref	PA
TOUJEO SOLO INJ 300IU/ML	Non-Pref	PA
TRESIBA FLEX INJ 100UNIT	Non-Pref	PA
TRESIBA FLEX INJ 200UNIT	Non-Pref	PA
TRESIBA INJ 100UNIT	Non-Pref	PA
INSULIN SENSITIZING AGENTS		
ACTOS TAB 15MG	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 18 years)
ACTOS TAB 30MG	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 18 years)
ACTOS TAB 45MG	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 18 years)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); AGE (Min age 18 years)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); AGE (Min age 18 years)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); AGE (Min age 18 years)
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>nateglinide tab 120 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>repaglinide tab 0.5 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>repaglinide tab 1 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>repaglinide tab 2 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN

Drug Name	Drug Tier	Requirements/Limits
FARXIGA TAB 10MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN
INVOKANA TAB 100MG	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN
INVOKANA TAB 300MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN
JARDIANCE TAB 10MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
JARDIANCE TAB 25MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
STEGLATRO TAB 5MG	Non-Pref	PA; AGE (Min age 18 years)
STEGLATRO TAB 15MG	Non-Pref	PA; AGE (Min age 18 years)

SULFONYLUREAS

AMARYL TAB 1MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
AMARYL TAB 2MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
AMARYL TAB 4MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
<i>glimepiride tab 1 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glimepiride tab 2 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glimepiride tab 4 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glipizide tab 5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glipizide tab 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tab er 24hr 2.5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glipizide tab er 24hr 5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glipizide tab er 24hr 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glipizide xl tab 2.5mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glipizide xl tab 5mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glipizide xl tab 10mg</i>	Pref	AGE (Min age 18 years); 90 day supply
GLUCOTROL XL TAB 2.5MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
GLUCOTROL XL TAB 5MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
GLUCOTROL XL TAB 10MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
<i>glyburide micronized tab 1.5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glyburide micronized tab 3 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glyburide micronized tab 6 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glyburide tab 1.25 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glyburide tab 2.5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glyburide tab 5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
GLYNASE TAB 1.5MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
GLYNASE TAB 3MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
GLYNASE TAB 6MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>acidophilus cap 10mg</i>	Pref	OTC
<i>bismatrol chw 262mg</i>	Pref	OTC
<i>bismuth subsalicylate chew tab 262 mg</i>	Pref	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>dialyvite chw probioti</i>	Pref	OTC
<i>floranex gra</i>	Pref	OTC
<i>floranex tab</i>	Pref	OTC
<i>lactobacillus tab</i>	Pref	OTC
PEDIA-LAX CHW YUMS	Pref	OTC
<i>pink bismuth chw 262mg</i>	Pref	OTC
<i>pink bismuth sus max str</i>	Pref	OTC
<i>pink bismuth tab 262mg</i>	Pref	OTC
PROBIOTIC CAP PEARLS	Pref	OTC
PROVELLA TAB	Pref	OTC
<i>qc stomach chw 262mg</i>	Pref	OTC
RISA-BID TAB PROBIO	Pref	OTC
<i>sm stomach chw 262mg</i>	Pref	OTC
<i>stomach relf chw 262mg</i>	Pref	OTC
<i>stomach relf sus 525/15ml</i>	Pref	OTC
<i>stomach relf tab 262mg</i>	Pref	OTC

ANTIDIARRHEAL/PROBIOTIC COMBINATIONS

<i>lactobacillus acidophilus-pectin cap</i>	Pref	OTC

ANTIPERISTALTIC AGENTS

<i>anti-diarrhe cap 2mg</i>	Pref	OTC
<i>anti-diarrhe liq 1mg/7.5</i>	Pref	OTC
<i>anti-diarrhe tab 2mg</i>	Pref	OTC
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Pref	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Pref	
<i>hm anti-diar liq 1mg/7.5</i>	Pref	OTC
<i>loperamide hcl cap 2 mg</i>	Pref	
<i>loperamide hcl liq 1 mg/7.5ml</i>	Pref	OTC
<i>loperamide hcl soln 2 mg/15ml</i>	Pref	OTC
<i>loperamide hcl tab 2 mg</i>	Pref	OTC
<i>qc anti-diar cap 2mg</i>	Pref	OTC
<i>sm anti-diar liq 1mg/7.5</i>	Pref	OTC
<i>sm anti-diar tab 2mg</i>	Pref	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

ANTIDOTES - CHELATING AGENTS

<i>deferasirox granules packet 90 mg</i>	Pref	PA
<i>deferasirox granules packet 180 mg</i>	Pref	PA
<i>deferasirox granules packet 360 mg</i>	Pref	PA
<i>deferasirox tab 90 mg</i>	Pref	PA
<i>deferasirox tab 180 mg</i>	Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox tab 360 mg</i>	Pref	PA
<i>deferasirox tab for oral susp 125 mg</i>	Pref	PA
<i>deferasirox tab for oral susp 250 mg</i>	Pref	PA
<i>deferasirox tab for oral susp 500 mg</i>	Pref	PA
<i>deferiprone tab 500 mg</i>	Pref	PA

OPIOID ANTAGONISTS

KLOXXADO SPR 8MG	Non-Pref	PA
<i>naloxone hcl inj 0.4 mg/ml</i>	Pref	
<i>naloxone hcl inj 4 mg/10ml</i>	Pref	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Pref	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Pref	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Pref	
<i>naltrexone hcl tab 50 mg</i>	Pref	
NARCAN SPR	Pref	
VIVITROL INJ 380MG	Pref	

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT3 RECEPTOR ANTAGONISTS

<i>granisetron hcl inj 1 mg/ml</i>	Non-Pref	PA
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	Non-Pref	PA
<i>granisetron hcl tab 1 mg</i>	Non-Pref	PA
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	Non-Pref	PA
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	Non-Pref	PA
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	Non-Pref	PA
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Pref	QL (20 mL / 1 day)
<i>ondansetron hcl tab 4 mg</i>	Pref	QL (24 tabs / 27 days)
<i>ondansetron hcl tab 8 mg</i>	Pref	QL (24 tabs / 27 days)
<i>ondansetron hcl tab 24 mg</i>	Pref	
<i>ondansetron orally disintegrating tab 4 mg</i>	Pref	QL (24 each / 27 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Pref	QL (24 tabs / 27 days)
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	Non-Pref	PA
<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)</i>	Non-Pref	PA
PALONOSETRON INJ 0.25/2ML	Non-Pref	PA
SANCUSO DIS 3.1MG	Non-Pref	PA
SUSTOL INJ 10/0.4ML	Non-Pref	PA

ANTIEMETICS - ANTICHOLINERGIC

ANTIVERT CHW 25MG	Pref	
DIMENHYDRIN INJ 50MG/ML	Non-Pref	PA
<i>driminate tab 50mg</i>	Pref	OTC
<i>meclizine hcl chew tab 25 mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl tab 12.5 mg</i>	Pref	
<i>meclizine hcl tab 12.5 mg</i>	Pref	OTC
<i>meclizine hcl tab 25 mg</i>	Pref	
<i>meclizine hcl tab 25 mg</i>	Pref	OTC
<i>motion relf tab 25mg</i>	Pref	OTC
<i>motion sick tab 25mg</i>	Pref	OTC
<i>motion sick tab 50mg</i>	Pref	OTC
<i>motion sickn tab 25 mg</i>	Pref	OTC
<i>motion-time chw 25mg</i>	Pref	OTC
<i>scopolamine td patch 72hr 1 mg/3days</i>	Non-Pref	PA
TIGAN INJ 100MG/ML	Non-Pref	PA
TRANSDERM-SC DIS 1MG/3DAY	Non-Pref	PA
<i>trimethobenzamide hcl cap 300 mg</i>	Pref	
ANTIEMETICS - ANTIDOPAMINERGIC		
BARHEMSYS INJ 5MG/2ML	Non-Pref	PA
BARHEMSYS INJ 10MG/4ML	Non-Pref	PA
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	Non-Pref	PA
AKYNZEO INJ	Non-Pref	PA
AKYNZEO INJ 235-0.25	Non-Pref	PA
BONJESTA TAB 20-20MG	Non-Pref	PA; AGE (Min age 18 years)
DICLEGIS TAB 10-10MG	Non-Pref	PA; AGE (Min age 18 years)
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>dronabinol cap 2.5 mg</i>	Pref	PA, QL (5 caps / 1 day)
<i>dronabinol cap 5 mg</i>	Pref	PA, QL (5 caps / 1 day)
<i>dronabinol cap 10 mg</i>	Pref	PA, QL (5 caps / 1 day)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	Non-Pref	PA
<i>aprepitant capsule 80 mg</i>	Non-Pref	PA
<i>aprepitant capsule 125 mg</i>	Non-Pref	PA
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Non-Pref	PA
CINVANTI INJ 130/18ML	Non-Pref	PA
EMEND CAP 80MG	Non-Pref	PA
EMEND SOL 150MG	Non-Pref	PA
EMEND SUS 125MG	Non-Pref	PA
EMEND TRIPAC PAK 80 & 125	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fosaprepitant dimeglumine for iv infusion</i>	Non-Pref	PA
<i>150 mg (base eq)</i>		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME TAB 150MG	Non-Pref	PA
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANCOBON CAP 250MG	Non-Pref	PA
ANCOBON CAP 500MG	Non-Pref	PA
<i>flucytosine cap 250 mg</i>	Non-Pref	PA
<i>flucytosine cap 500 mg</i>	Non-Pref	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Pref	90 day supply
<i>griseofulvin microsize tab 500 mg</i>	Non-Pref	PA
<i>griseofulvin ultramicrosize tab 125 mg</i>	Non-Pref	PA
<i>griseofulvin ultramicrosize tab 250 mg</i>	Non-Pref	PA
<i>nystatin tab 500000 unit</i>	Pref	90 day supply
<i>terbinafine hcl tab 250 mg</i>	Pref	90 day supply
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 186 MG	Non-Pref	PA
DIFLUCAN SUS 10MG/ML	Non-Pref	PA; 90 day supply
DIFLUCAN SUS 40MG/ML	Non-Pref	PA; 90 day supply
DIFLUCAN TAB 50MG	Non-Pref	PA; 90 day supply
DIFLUCAN TAB 100MG	Non-Pref	PA; 90 day supply
DIFLUCAN TAB 150MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
DIFLUCAN TAB 200MG	Non-Pref	PA; 90 day supply
<i>fluconazole for susp 10 mg/ml</i>	Pref	90 day supply
<i>fluconazole for susp 40 mg/ml</i>	Pref	90 day supply
<i>fluconazole tab 50 mg</i>	Pref	90 day supply
<i>fluconazole tab 100 mg</i>	Pref	90 day supply
<i>fluconazole tab 150 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fluconazole tab 200 mg</i>	Pref	90 day supply
<i>itraconazole cap 100 mg</i>	Non-Pref	PA
<i>itraconazole oral soln 10 mg/ml</i>	Non-Pref	PA
<i>ketoconazole tab 200 mg</i>	Non-Pref	PA
NOXAFIL SUS 40MG/ML	Non-Pref	PA
NOXAFIL TAB 100MG	Non-Pref	PA
<i>posaconazole tab delayed release 100 mg</i>	Non-Pref	PA
SPORANOX CAP 100MG	Non-Pref	PA
SPORANOX CAP PULSEPAK	Non-Pref	PA
SPORANOX SOL 10MG/ML	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
TOLSURA CAP 65MG	Non-Pref	PA
VFEND SUS 40MG/ML	Non-Pref	PA
VFEND TAB 50MG	Non-Pref	PA
VFEND TAB 200MG	Non-Pref	PA
<i>voriconazole for susp 40 mg/ml</i>	Non-Pref	PA
<i>voriconazole tab 50 mg</i>	Non-Pref	PA
<i>voriconazole tab 200 mg</i>	Non-Pref	PA

ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHIISTAMINES - ALKYLAMINES

<i>chlorphenir tab 4mg</i>	Pref	OTC
<i>chlorpheniramine maleate tab er 12 mg</i>	Pref	OTC
<i>ed chlorped syp jr</i>	Pref	OTC

ANTIHIISTAMINES - ETHANOLAMINES

<i>allergy relf cap 25mg</i>	Pref	OTC
<i>banophen cap 50mg</i>	Pref	OTC
<i>carbinoxamine maleate soln 4 mg/5ml</i>	Pref	AGE (Min age 2 years)
<i>carbinoxamine maleate tab 4 mg</i>	Pref	AGE (Min age 2 years)
<i>clemastine fumarate tab 2.68 mg</i>	Pref	AGE (Min age 2 years)
<i>diphenhydramine hcl cap 50 mg</i>	Pref	OTC
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Pref	
<i>diphenhydramine hcl inj 50 mg/ml</i>	Pref	
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	Pref	OTC
<i>gnp allergy chw 12.5mg</i>	Pref	OTC
RYVENT TAB 6MG	Pref	AGE (Min age 2 years)
<i>sm allergy tab 25mg</i>	Pref	OTC

ANTIHIISTAMINES - NON-SEDATING

<i>all day allg cap 10mg</i>	Non-Pref	PA, OTC
<i>all day allg sol 1mg/ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>all day allg sol 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>all day allg tab 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>aller-ease tab 60mg</i>	Non-Pref	PA, OTC
<i>aller-ease tab 180mg</i>	Non-Pref	PA, OTC
<i>allergy chld syp 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min age 2 years)
<i>allergy rel cap 10mg</i>	Non-Pref	PA, OTC
<i>allergy relf sol 1mg/ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>allergy relf sol 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min age 2 years)
<i>allergy relf tab 5mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>allergy relf tab 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>allergy relf tab 180mg</i>	Non-Pref	PA, OTC
<i>allergy reli tab 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>allergy tab 180mg</i>	Non-Pref	PA, OTC
<i>cetirizine hcl chew tab 5 mg</i>	Non-Pref	PA, OTC
<i>cetirizine hcl chew tab 10 mg</i>	Non-Pref	PA, OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Pref	QL (10 mL / 1 day; 90 day supply)
<i>cetirizine hcl tab 5 mg</i>	Pref	OTC; 90 day supply
<i>cetirizine hcl tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>cetirizine sol 1mg/ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>cetirizine sol 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>child allrgy sol 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>CLARINEX TAB 5MG</i>	Non-Pref	PA
<i>desloratadine tab 5 mg</i>	Non-Pref	PA
<i>desloratadine tab orally disintegrating 2.5 mg</i>	Non-Pref	PA
<i>desloratadine tab orally disintegrating 5 mg</i>	Non-Pref	PA
<i>fexofenadine hcl tab 60 mg</i>	Non-Pref	PA, OTC
<i>fexofenadine hcl tab 180 mg</i>	Non-Pref	PA, OTC
<i>gnp all day tab allergy</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>hm allergy tab 60mg</i>	Non-Pref	PA, OTC
<i>hm allergy tab 180mg</i>	Non-Pref	PA, OTC
<i>24hr allergy tab 180mg</i>	Non-Pref	PA, OTC
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Non-Pref	PA
<i>levocetirizine dihydrochloride tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>levocetirizine dihydrochloride tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine chw 5mg</i>	Non-Pref	PA, OTC; AGE (Min age 2 years)
<i>loratadine sol 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min age 2 years)
<i>loratadine sol 10/10ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min age 2 years)
<i>loratadine syp 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min age 2 years)
<i>loratadine tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>loratadine tab 10mg</i>	Pref	QL (1 tab / 1 day), OTC
<i>qc allergy tab 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>sm all day tab 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>sm all day tab allergy</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>sm allergy syp 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min age 2 years)
<i>sm allergy tab 60mg</i>	Non-Pref	PA, OTC
<i>sm loratadin tab 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC

ANTI-HISTAMINES - PHENOTHIAZINES

<i>PHENERGAN INJ 25MG/ML</i>	Non-Pref	PA
<i>PHENERGAN INJ 50MG/ML</i>	Non-Pref	PA
<i>promethazine hcl inj 25 mg/ml</i>	Pref	
<i>promethazine hcl inj 50 mg/ml</i>	Pref	
<i>promethazine hcl suppos 12.5 mg</i>	Pref	AGE (Min age 2 years)
<i>promethazine hcl suppos 25 mg</i>	Pref	AGE (Min age 2 years)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Pref	
<i>promethazine hcl tab 12.5 mg</i>	Pref	AGE (Min age 2 years)
<i>promethazine hcl tab 25 mg</i>	Pref	AGE (Min age 2 years)
<i>promethegan sup 12.5mg</i>	Pref	AGE (Min age 2 years)
<i>promethegan sup 25mg</i>	Pref	AGE (Min age 2 years)
<i>promethegan sup 50mg</i>	Pref	AGE (Min age 2 years)

ANTI-HISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Pref	AGE (Min age 2 years)
<i>cyproheptadine hcl tab 4 mg</i>	Pref	AGE (Min age 2 years)

Drug Name	Drug Tier	Requirements/Limits
ANTHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		

NEXLETOL TAB 180MG	Non-Pref	PA; AGE (Min age 18 years)

ANTHYPERLIPIDEMICS - COMBINATIONS

<i>ezetimibe-simvastatin tab 10-10 mg</i>	Non-Pref	PA
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Non-Pref	PA
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Non-Pref	PA
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Non-Pref	PA
NEXLIZET TAB 180/10MG	Non-Pref	PA; AGE (Min age 18 years)
VYTORIN TAB 10-10MG	Non-Pref	PA
VYTORIN TAB 10-20MG	Non-Pref	PA
VYTORIN TAB 10-40MG	Non-Pref	PA
VYTORIN TAB 10-80MG	Non-Pref	PA

ANTHYPERLIPIDEMICS - MISC.

<i>icosapent ethyl cap 1 gm</i>	Non-Pref	PA, QL (4 caps / 1 day)
LOVAZA CAP 1GM	Non-Pref	PA, QL (4 caps / 1 day)
<i>omega-3-acid ethyl esters cap 1 gm</i>	Pref	QL (4 each / 1 day)
VASCEPA CAP 0.5GM	Non-Pref	PA; AGE (Min age 18 years)
VASCEPA CAP 1GM	Non-Pref	PA, QL (4 caps / 1 day)

BILE ACID SEQUESTRANTS

<i>cholestyramine light powder 4 gm/dose</i>	Pref	QL (24 gm / 1 day; 90 day supply)
<i>cholestyramine light powder packets 4 gm</i>	Pref	QL (4 packets / 1 day; 90 day supply)
<i>cholestyramine powder 4 gm/dose</i>	Pref	QL (24 gm / 1 day; 90 day supply)
<i>cholestyramine powder packets 4 gm</i>	Pref	QL (4 packets / 1 day; 90 day supply)
<i>colesevelam hcl packet for susp 3.75 gm</i>	Non-Pref	PA
<i>colesevelam hcl tab 625 mg</i>	Non-Pref	PA
COLESTID FLA GRA 5/7.5GM	Non-Pref	PA
COLESTID FLA GRA 5GM	Non-Pref	PA
COLESTID GRA 5GM	Non-Pref	PA
COLESTID POW 5GM	Non-Pref	PA
COLESTID TAB 1GM	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
<i>colestipol hcl granule packets 5 gm</i>	Non-Pref	PA
<i>colestipol hcl granules 5 gm</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl tab 1 gm</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>prevalite pow 4gm</i>	Pref	QL (24 gm / 1 day; 90 day supply)
<i>prevalite pow 4gm pk</i>	Pref	QL (4 packets / 1 day; 90 day supply)
QUESTRAN POW 4GM	Non-Pref	PA, QL (24 gm / 1 day; 90 day supply)
QUESTRAN POW 4GM	Non-Pref	PA, QL (4 packets / 1 day; 90 day supply)
QUESTRAN POW 4GM LITE	Non-Pref	PA, QL (24 gm / 1 day; 90 day supply)
WELCHOL PAK 3.75GM	Non-Pref	PA
WELCHOL TAB 625MG	Non-Pref	PA

FIBRIC ACID DERIVATIVES

<i>ANTARA CAP 30MG</i>	Non-Pref	PA
<i>ANTARA CAP 90MG</i>	Non-Pref	PA
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Non-Pref	PA
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Non-Pref	PA
<i>fenofibrate cap 50 mg</i>	Non-Pref	PA
<i>fenofibrate cap 150 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 30 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 43 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 67 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 90 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 130 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 134 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 200 mg</i>	Non-Pref	PA
<i>fenofibrate tab 40 mg</i>	Non-Pref	PA
<i>fenofibrate tab 48 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>fenofibrate tab 54 mg</i>	Non-Pref	PA
<i>fenofibrate tab 120 mg</i>	Non-Pref	PA
<i>fenofibrate tab 145 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fenofibrate tab 160 mg</i>	Non-Pref	PA
<i>fenofibric acid tab 35 mg</i>	Pref	QL (2 tabs / 1 day)
<i>fenofibric acid tab 105 mg</i>	Non-Pref	PA
FENOGLIDE TAB 40MG	Non-Pref	PA
FENOGLIDE TAB 120MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
FIBRICOR TAB 105MG	Non-Pref	PA
<i>gemfibrozil tab 600 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
LIPOFEN CAP 50MG	Non-Pref	PA
LIPOFEN CAP 150MG	Non-Pref	PA
LOPID TAB 600MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
TRICOR TAB 48MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
TRICOR TAB 145MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
TRILIPIX CAP 45MG	Non-Pref	PA
TRILIPIX CAP 135MG	Non-Pref	PA

HMG COA REDUCTASE INHIBITORS

ALTOPREV TAB 20MG ER	Non-Pref	PA
ALTOPREV TAB 40MG ER	Non-Pref	PA
ALTOPREV TAB 60MG ER	Non-Pref	PA
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
EZALLOR SPR CAP 5MG	Non-Pref	PA
EZALLOR SPR CAP 10MG	Non-Pref	PA
EZALLOR SPR CAP 20MG	Non-Pref	PA
EZALLOR SPR CAP 40MG	Non-Pref	PA
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Non-Pref	PA
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Non-Pref	PA
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Non-Pref	PA
LESCOL XL TAB 80MG	Non-Pref	PA
LIPITOR TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LIPITOR TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LIPITOR TAB 40MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
LIPITOR TAB 80MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LIVALO TAB 1MG	Non-Pref	PA
LIVALO TAB 2MG	Non-Pref	PA
LIVALO TAB 4MG	Non-Pref	PA
<i>lovastatin tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lovastatin tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lovastatin tab 40 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>pravastatin sodium tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>pravastatin sodium tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>pravastatin sodium tab 40 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>pravastatin sodium tab 80 mg</i>	Pref	90 day supply
<i>rosuvastatin calcium tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>rosuvastatin calcium tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>rosuvastatin calcium tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>rosuvastatin calcium tab 40 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>simvastatin tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>simvastatin tab 10 mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>simvastatin tab 20 mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>simvastatin tab 40 mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>simvastatin tab 80 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
ZOCOR TAB 10MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
ZOCOR TAB 20MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
ZOCOR TAB 40MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
ZYPITAMAG TAB 2MG	Non-Pref	PA
ZYPITAMAG TAB 4MG	Non-Pref	PA
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
ZETIA TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	Non-Pref	SP, PA
JUXTAPID CAP 10MG	Non-Pref	SP, PA
JUXTAPID CAP 20MG	Non-Pref	SP, PA
JUXTAPID CAP 30MG	Non-Pref	SP, PA
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Pref	QL (3 tabs / 1 day)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	Pref	QL (2 tabs / 1 day)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	Pref	QL (2 tabs / 1 day)
NIASPAN TAB 500MG ER	Non-Pref	PA, QL (3 tabs / 1 day)
NIASPAN TAB 750MG ER	Non-Pref	PA, QL (2 tabs / 1 day)
NIASPAN TAB 1000 ER	Non-Pref	PA, QL (2 tabs / 1 day)
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO SOL	Non-Pref	PA
PRALUENT INJ 75MG/ML	Non-Pref	PA
PRALUENT INJ 150MG/ML	Non-Pref	PA
REPATHA INJ 140MG/ML	Non-Pref	PA
REPATHA PUSH INJ 420/3.5	Non-Pref	PA
REPATHA SURE INJ 140MG/ML	Non-Pref	PA
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACE INHIBITORS		
ACCUPRIL TAB 5MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ACCUPRIL TAB 10MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ACCUPRIL TAB 20MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ACCUPRIL TAB 40MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ALTACE CAP 1.25MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
ALTACE CAP 2.5MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
ALTACE CAP 5MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
ALTACE CAP 10MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
<i>benazepril hcl tab 5 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>benazepril hcl tab 10 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>benazepril hcl tab 20 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>benazepril hcl tab 40 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>captopril tab 12.5 mg</i>	Non-Pref	PA
<i>captopril tab 25 mg</i>	Non-Pref	PA
<i>captopril tab 50 mg</i>	Non-Pref	PA
<i>captopril tab 100 mg</i>	Non-Pref	PA
<i>enalapril maleate oral soln 1 mg/ml</i>	Non-Pref	PA
<i>enalapril maleate tab 2.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>enalapril maleate tab 5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>enalapril maleate tab 10 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>enalapril maleate tab 20 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
EPANED SOL 1MG/ML	Non-Pref	PA
<i>fosinopril sodium tab 10 mg</i>	Pref	QL (2 tabs / 1 day)
<i>fosinopril sodium tab 20 mg</i>	Pref	QL (2 tabs / 1 day)
<i>fosinopril sodium tab 40 mg</i>	Pref	QL (2 tabs / 1 day)
<i>lisinopril tab 2.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lisinopril tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lisinopril tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lisinopril tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lisinopril tab 30 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lisinopril tab 40 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
LOTENSIN TAB 10MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
LOTENSIN TAB 20MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
LOTENSIN TAB 40MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
<i>moexipril hcl tab 7.5 mg</i>	Non-Pref	PA
<i>moexipril hcl tab 15 mg</i>	Non-Pref	PA
<i>perindopril erbumine tab 2 mg</i>	Non-Pref	PA
<i>perindopril erbumine tab 4 mg</i>	Non-Pref	PA
<i>perindopril erbumine tab 8 mg</i>	Non-Pref	PA
QBRELIS SOL 1MG/ML	Non-Pref	PA
<i>quinapril hcl tab 5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>quinapril hcl tab 10 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>quinapril hcl tab 20 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>quinapril hcl tab 40 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>ramipril cap 1.25 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>ramipril cap 2.5 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>ramipril cap 5 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>ramipril cap 10 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>trandolapril tab 1 mg</i>	Pref	QL (2 tabs / 1 day)
<i>trandolapril tab 2 mg</i>	Pref	QL (2 tabs / 1 day)
<i>trandolapril tab 4 mg</i>	Pref	QL (2 tabs / 1 day)
VASOTEC TAB 2.5MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
VASOTEC TAB 5MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
VASOTEC TAB 10MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
VASOTEC TAB 20MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ZESTRIL TAB 2.5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
ZESTRIL TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
ZESTRIL TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
ZESTRIL TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
ZESTRIL TAB 30MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
ZESTRIL TAB 40MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)

AGENTS FOR PHEOCHROMOCYTOMA

<i>metirosine cap 250 mg</i>	Pref	PA

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND TAB 4MG	Non-Pref	PA
ATACAND TAB 8MG	Non-Pref	PA
ATACAND TAB 16MG	Non-Pref	PA
ATACAND TAB 32MG	Non-Pref	PA
AVAPRO TAB 75MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
AVAPRO TAB 150MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
AVAPRO TAB 300MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
BENICAR TAB 5MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply)
BENICAR TAB 20MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply)
BENICAR TAB 40MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply)
<i>candesartan cilexetil tab 4 mg</i>	Non-Pref	PA
<i>candesartan cilexetil tab 8 mg</i>	Non-Pref	PA
<i>candesartan cilexetil tab 16 mg</i>	Non-Pref	PA
<i>candesartan cilexetil tab 32 mg</i>	Non-Pref	PA
COZAAR TAB 25MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
COZAAR TAB 50MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
COZAAR TAB 100MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
DIOVAN TAB 40MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
DIOVAN TAB 80MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
DIOVAN TAB 160MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
DIOVAN TAB 320MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
EDARBI TAB 40MG	Non-Pref	PA
EDARBI TAB 80MG	Non-Pref	PA
<i>irbesartan tab 75 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>irbesartan tab 150 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>irbesartan tab 300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>losartan potassium tab 25 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>losartan potassium tab 50 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>losartan potassium tab 100 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
MICARDIS TAB 20MG	Non-Pref	PA
MICARDIS TAB 40MG	Non-Pref	PA
MICARDIS TAB 80MG	Non-Pref	PA
<i>olmesartan medoxomil tab 5 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>olmesartan medoxomil tab 20 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>olmesartan medoxomil tab 40 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>telmisartan tab 20 mg</i>	Non-Pref	PA
<i>telmisartan tab 40 mg</i>	Non-Pref	PA
<i>telmisartan tab 80 mg</i>	Non-Pref	PA
<i>valsartan tab 40 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>valsartan tab 80 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>valsartan tab 160 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>valsartan tab 320 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl tab 0.2 mg</i>	Pref	90 day supply
<i>clonidine hcl tab 0.3 mg</i>	Pref	90 day supply
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Non-Pref	PA; 90 day supply
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Non-Pref	PA; 90 day supply
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Non-Pref	PA; 90 day supply
<i>doxazosin mesylate tab 1 mg</i>	Pref	90 day supply
<i>doxazosin mesylate tab 2 mg</i>	Pref	90 day supply
<i>doxazosin mesylate tab 4 mg</i>	Pref	90 day supply
<i>doxazosin mesylate tab 8 mg</i>	Pref	90 day supply
<i>guanfacine hcl tab 1 mg</i>	Pref	90 day supply
<i>guanfacine hcl tab 2 mg</i>	Pref	90 day supply
<i>methyldopa tab 250 mg</i>	Pref	90 day supply
<i>methyldopa tab 500 mg</i>	Pref	90 day supply
<i>prazosin hcl cap 1 mg</i>	Pref	
<i>prazosin hcl cap 2 mg</i>	Pref	
<i>prazosin hcl cap 5 mg</i>	Pref	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Pref	90 day supply
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Pref	90 day supply
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Pref	90 day supply
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Pref	90 day supply

ANTIHYPERTENSIVE COMBINATIONS

ACCURETIC TAB 20-25MG	Non-Pref	PA
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
ATACAND HCT TAB 16-12.5	Non-Pref	PA
ATACAND HCT TAB 32-12.5	Non-Pref	PA
ATACAND HCT TAB 32-25MG	Non-Pref	PA
<i>atenolol & chlorthalidone tab 50-25 mg</i>	Pref	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Pref	
AVALIDE TAB 150-12.5	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
AVALIDE TAB 300-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
AZOR TAB 5-20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
AZOR TAB 5-40MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
AZOR TAB 10-20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
AZOR TAB 10-40MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
BENICAR HCT TAB 20-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
BENICAR HCT TAB 40-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
BENICAR HCT TAB 40-25MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Pref	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Pref	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Non-Pref	PA
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Non-Pref	PA
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Non-Pref	PA
DIOVAN HCT TAB 80/12.5	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
DIOVAN HCT TAB 160-12.5	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
DIOVAN HCT TAB 160-25MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
DIOVAN HCT TAB 320-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
DIOVAN HCT TAB 320-25MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
EDARBYCLOR TAB 40-12.5	Non-Pref	PA
EDARBYCLOR TAB 40-25MG	Non-Pref	PA
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Pref	90 day supply
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
EXFORGE TAB 5-160MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
EXFORGE TAB 5-320MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
EXFORGE TAB 10-160MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
EXFORGE TAB 10-320MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
EXFORGEH/5- TAB 160-12.5	Non-Pref	PA
EXFORGEH/5- TAB 160-25	Non-Pref	PA
EXFORGEH/10- TAB 160-12.5	Non-Pref	PA
EXFORGEH/10- TAB 160-25	Non-Pref	PA
EXFORGEH/10- TAB 320-25	Non-Pref	PA
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Non-Pref	PA
HYZAAR TAB 50-12.5	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
HYZAAR TAB 100-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
HYZAAR TAB 100-25	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
LOTENSIN HCT TAB 10-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LOTENSIN HCT TAB 20-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LOTENSIN HCT TAB 20-25MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LOTREL CAP 5-10MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
LOTREL CAP 5-20MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
LOTREL CAP 10-20MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
LOTREL CAP 10-40MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Pref	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Pref	
MICARDIS HCT TAB 40/12.5	Non-Pref	PA
MICARDIS HCT TAB 80-25MG	Non-Pref	PA
MICARDIS HCT TAB 80/12.5	Non-Pref	PA
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Non-Pref	PA
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Non-Pref	PA
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Non-Pref	PA
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Non-Pref	PA
TEKTURNA HCT TAB 150-12.5	Non-Pref	PA
TEKTURNA HCT TAB 150-25MG	Non-Pref	PA
TEKTURNA HCT TAB 300-12.5	Non-Pref	PA
TEKTURNA HCT TAB 300-25MG	Non-Pref	PA
<i>telmisartan-amlodipine tab 40-5 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 40-10 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 80-5 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 80-10 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Non-Pref	PA
TENORETIC TAB 50	Non-Pref	PA
TENORETIC TAB 100	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Non-Pref	PA
TRIBENZOR20- TAB 5-12.5MG	Non-Pref	PA
TRIBENZOR40- TAB 5-12.5MG	Non-Pref	PA
TRIBENZOR40- TAB 5-25MG	Non-Pref	PA
TRIBENZOR40- TAB 10-12.5	Non-Pref	PA
TRIBENZOR40- TAB 10-25MG	Non-Pref	PA
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
VASERETIC TAB 10-25MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ZESTORETIC TAB 10-12.5	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ZESTORETIC TAB 20-12.5	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ZESTORETIC TAB 20-25MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ZIAC TAB 2.5/6.25	Non-Pref	PA
ZIAC TAB 5-6.25MG	Non-Pref	PA
ZIAC TAB 10/6.25	Non-Pref	PA

DIRECT RENIN INHIBITORS

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Non-Pref	PA
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Non-Pref	PA
TEKTURNA TAB 150MG	Non-Pref	PA
TEKTURNA TAB 300MG	Non-Pref	PA

VASODILATORS

<i>hydralazine hcl tab 10 mg</i>	Pref	90 day supply
<i>hydralazine hcl tab 25 mg</i>	Pref	90 day supply
<i>hydralazine hcl tab 50 mg</i>	Pref	90 day supply
<i>hydralazine hcl tab 100 mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>minoxidil tab 2.5 mg</i>	Pref	
<i>minoxidil tab 10 mg</i>	Pref	

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIAL COMBINATIONS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Pref	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Pref	

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>chloroquine phosphate tab 250 mg</i>	Pref	PA
<i>chloroquine phosphate tab 500 mg</i>	Pref	PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	Pref	
<i>mefloquine hcl tab 250 mg</i>	Pref	
<i>quinine sulfate cap 324 mg</i>	Pref	QL (42 caps / 292 days)

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	Pref	
<i>pyridostigmine bromide tab 60 mg</i>	Pref	

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

<i>ethambutol hcl tab 100 mg</i>	Pref	
<i>ethambutol hcl tab 400 mg</i>	Pref	
<i>isoniazid syrup 50 mg/5ml</i>	Pref	
<i>isoniazid tab 100 mg</i>	Pref	
<i>isoniazid tab 300 mg</i>	Pref	
<i>rifabutin cap 150 mg</i>	Pref	PA
<i>rifampin cap 150 mg</i>	Pref	
<i>rifampin cap 300 mg</i>	Pref	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

<i>carboplatin iv soln 50 mg/5ml</i>	Pref	
<i>carboplatin iv soln 150 mg/15ml</i>	Pref	
<i>carboplatin iv soln 450 mg/45ml</i>	Pref	
<i>carboplatin iv soln 600 mg/60ml</i>	Pref	
CYCLOPHOSPH TAB 25MG	Pref	PA
CYCLOPHOSPH TAB 50MG	Pref	PA
<i>cyclophosphamide cap 25 mg</i>	Pref	SP, PA
<i>cyclophosphamide cap 50 mg</i>	Pref	SP, PA
LEUKERAN TAB 2MG	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>melphalan tab 2 mg</i>	Pref	
MYLERAN TAB 2MG	Pref	
<i>paraplatin inj 50mg/5ml</i>	Pref	
<i>paraplatin inj 150/15ml</i>	Pref	
<i>paraplatin inj 450/45ml</i>	Pref	
<i>paraplatin inj 600/60ml</i>	Pref	
<i>temozolomide cap 5 mg</i>	Pref	SP, PA
<i>temozolomide cap 20 mg</i>	Pref	SP, PA
<i>temozolomide cap 100 mg</i>	Pref	SP, PA
<i>temozolomide cap 140 mg</i>	Pref	SP, PA
<i>temozolomide cap 180 mg</i>	Pref	SP, PA
<i>temozolomide cap 250 mg</i>	Pref	SP, PA

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	Pref	SP, PA
<i>capecitabine tab 500 mg</i>	Pref	SP, PA
<i>decitabine for inj 50 mg</i>	Pref	
<i>mercaptopurine tab 50 mg</i>	Pref	
<i>methotrexate sodium for inj 1 gm</i>	Pref	90 day supply
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Pref	90 day supply
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Pref	90 day supply
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Pref	90 day supply
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Pref	90 day supply
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Pref	90 day supply
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Pref	90 day supply
TREXALL TAB 5MG	Non-Pref	PA
TREXALL TAB 7.5MG	Non-Pref	PA
TREXALL TAB 10MG	Non-Pref	PA
TREXALL TAB 15MG	Non-Pref	PA
XATMEP SOL 2.5MG/ML	Non-Pref	PA

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

MVASI INJ 100MG	Pref	PA
MVASI INJ 400MG	Pref	PA
ZIRABEV INJ 100/4ML	Pref	PA
ZIRABEV INJ 400/16ML	Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERZUMA INJ 150MG	Pref	PA
HERZUMA INJ 420MG	Pref	PA
KANJINTI INJ 420MG	Pref	PA
KANJINTI SOL 150MG	Pref	PA
OGIVRI INJ 150MG	Pref	PA
OGIVRI INJ 420MG	Pref	PA
ONTRUZANT INJ 150MG	Pref	PA
ONTRUZANT INJ 420MG	Pref	PA
TRAZIMERA INJ 150MG	Pref	PA
TRAZIMERA INJ 420MG	Pref	PA
ANTINEOPLASTIC - ANTIBODIES		
RUXIENCE INJ 100/10ML	Pref	SP, PA
RUXIENCE INJ 500/50ML	Pref	SP, PA
TRUXIMA INJ 100/10ML	Pref	SP, PA
TRUXIMA INJ 500/50ML	Pref	SP, PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	Pref	SP, PA, QL (4 tabs / 1 day)
<i>abiraterone acetate tab 500 mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
<i>anastrozole tab 1 mg</i>	Pref	
<i>bicalutamide tab 50 mg</i>	Pref	
<i>exemestane tab 25 mg</i>	Pref	
<i>flutamide cap 125 mg</i>	Pref	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Non-Pref	PA
<i>letrozole tab 2.5 mg</i>	Pref	
<i>megestrol acetate susp 40 mg/ml</i>	Pref	
<i>megestrol acetate tab 20 mg</i>	Pref	
<i>megestrol acetate tab 40 mg</i>	Pref	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Pref	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Pref	
ANTINEOPLASTIC ANTIBIOTICS		
<i>adriamycin inj 50mg</i>	Pref	
<i>bleomycin sulfate for inj 15 unit</i>	Pref	PA
<i>bleomycin sulfate for inj 30 unit</i>	Pref	PA
<i>doxorubicin hcl for inj 10 mg</i>	Pref	
<i>doxorubicin hcl for inj 50 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>mitomycin for iv soln 5 mg</i>	Pref	
<i>mitomycin for iv soln 20 mg</i>	Pref	
<i>mitomycin for iv soln 40 mg</i>	Pref	
<i>mutamycin inj 5mg</i>	Pref	
<i>mutamycin inj 20mg</i>	Pref	
<i>mutamycin inj 40mg</i>	Pref	
ANTINEOPLASTIC ENZYME INHIBITORS		
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Pref	SP, PA, QL (8 tabs / 1 day)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Pref	SP, PA, QL (2 tabs / 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Pref	SP, PA, QL (7 caps / 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Pref	SP, PA, QL (3 caps / 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Pref	SP, PA, QL (1 cap / 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Pref	SP, PA, QL (1 cap / 1 day)
ANTINEOPLASTICS MISC.		
<i>hydroxyurea cap 500 mg</i>	Pref	
<i>tretinoin cap 10 mg</i>	Pref	PA, QL (90 caps / 292 days)
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	Pref	
<i>leucovorin calcium tab 10 mg</i>	Pref	
<i>leucovorin calcium tab 15 mg</i>	Pref	
<i>leucovorin calcium tab 25 mg</i>	Pref	
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	Pref	
TOPOISOMERASE I INHIBITORS		
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	Pref	
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	Pref	
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	Pref	90 day supply
<i>benztropine mesylate tab 1 mg</i>	Pref	90 day supply
<i>benztropine mesylate tab 2 mg</i>	Pref	90 day supply
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Pref	
<i>trihexyphenidyl hcl tab 2 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl tab 5 mg</i>	Pref	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	Pref	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa tab 10-100 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa tab 25-100 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa tab 25-250 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa tab er 25-100 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa tab er 50-200 mg</i>	Pref	90 day supply
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Pref	
DHIVY TAB 25-100MG	Pref	90 day supply
MIRAPEX ER TAB 0.75MG	Non-Pref	PA
MIRAPEX ER TAB 0.375MG	Non-Pref	PA
MIRAPEX ER TAB 1.5MG	Non-Pref	PA
MIRAPEX ER TAB 2.25MG	Non-Pref	PA
MIRAPEX ER TAB 3.75MG	Non-Pref	PA
MIRAPEX ER TAB 3MG	Non-Pref	PA
MIRAPEX ER TAB 4.5MG	Non-Pref	PA
NEUPRO DIS 1MG/24HR	Non-Pref	PA
NEUPRO DIS 2MG/24HR	Non-Pref	PA
NEUPRO DIS 3MG/24HR	Non-Pref	PA
NEUPRO DIS 4MG/24HR	Non-Pref	PA
NEUPRO DIS 6MG/24HR	Non-Pref	PA
NEUPRO DIS 8MG/24HR	Non-Pref	PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab 1 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab 0.5 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 0.25 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 1 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 2 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 3 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 4 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 5 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day)
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day)
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	Non-Pref	PA

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>selegiline hcl cap 5 mg</i>	Pref
<i>selegiline hcl tab 5 mg</i>	Pref

ANTI PSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES **ANTIMANIC AGENTS**

<i>lithium carbonate cap 150 mg</i>	Pref	90 day supply
<i>lithium carbonate cap 300 mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate cap 600 mg</i>	Pref	90 day supply
<i>lithium carbonate tab 300 mg</i>	Pref	90 day supply
<i>lithium carbonate tab er 300 mg</i>	Pref	90 day supply
<i>lithium carbonate tab er 450 mg</i>	Pref	90 day supply

ANTIPSYCHOTICS - MISC.

CAPLYTA CAP 42MG	Non-Pref	PA; AGE (Min age 18 years)
EQUETRO CAP 100MG	Non-Pref	PA
EQUETRO CAP 200MG	Non-Pref	PA
EQUETRO CAP 300MG	Non-Pref	PA
GEODON CAP 20MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
GEODON CAP 40MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
GEODON CAP 60MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
GEODON CAP 80MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
GEODON INJ 20MG	Non-Pref	PA
LATUDA TAB 20MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
LATUDA TAB 40MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
LATUDA TAB 60MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
LATUDA TAB 80MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
LATUDA TAB 120MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
NUPLAZID CAP 34MG	Non-Pref	SP, PA; AGE (Min age 18 years)
NUPLAZID TAB 10MG	Non-Pref	SP, PA; AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAP 1.5-3MG	Non-Pref	PA; AGE (Min age 18 years)
VRAYLAR CAP 1.5MG	Non-Pref	PA; AGE (Min age 18 years)
VRAYLAR CAP 3MG	Non-Pref	PA; AGE (Min age 18 years)
VRAYLAR CAP 4.5MG	Non-Pref	PA; AGE (Min age 18 years)
VRAYLAR CAP 6MG	Non-Pref	PA; AGE (Min age 18 years)
<i>ziprasidone hcl cap 20 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
<i>ziprasidone hcl cap 40 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
<i>ziprasidone hcl cap 60 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
<i>ziprasidone hcl cap 80 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	Non-Pref	PA
BENZISOXAZOLES		
FANAPT PAK	Non-Pref	PA; AGE (Min age 18 years)
FANAPT TAB 1MG	Non-Pref	PA; AGE (Min age 18 years)
FANAPT TAB 2MG	Non-Pref	PA; AGE (Min age 18 years)
FANAPT TAB 4MG	Non-Pref	PA; AGE (Min age 18 years)
FANAPT TAB 6MG	Non-Pref	PA; AGE (Min age 18 years)
FANAPT TAB 8MG	Non-Pref	PA; AGE (Min age 18 years)
FANAPT TAB 10MG	Non-Pref	PA; AGE (Min age 18 years)
FANAPT TAB 12MG	Non-Pref	PA; AGE (Min age 18 years)
INVEGA HAFYE INJ 1092MG	Pref	AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYE INJ 1560MG	Pref	AGE (Min age 18 years)
INVEGA SUST INJ 39/0.25	Pref	AGE (Min age 18 years)
INVEGA SUST INJ 78/0.5ML	Pref	AGE (Min age 18 years)
INVEGA SUST INJ 117/0.75	Pref	AGE (Min age 18 years)
INVEGA SUST INJ 156MG/ML	Pref	AGE (Min age 18 years)
INVEGA SUST INJ 234/1.5	Pref	AGE (Min age 18 years)
INVEGA TAB 1.5MG	Non-Pref	PA; AGE (Min age 18 years)
INVEGA TAB 3MG	Non-Pref	PA; AGE (Min age 18 years)
INVEGA TAB 6MG	Non-Pref	PA; AGE (Min age 18 years)
INVEGA TAB 9MG	Non-Pref	PA; AGE (Min age 18 years)
INVEGA TRINZ INJ 273MG	Pref	AGE (Min age 18 years)
INVEGA TRINZ INJ 410MG	Pref	AGE (Min age 18 years)
INVEGA TRINZ INJ 546MG	Pref	AGE (Min age 18 years)
INVEGA TRINZ INJ 819MG	Pref	AGE (Min age 18 years)
<i>paliperidone tab er 24hr 1.5 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>paliperidone tab er 24hr 3 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>paliperidone tab er 24hr 6 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>paliperidone tab er 24hr 9 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
PERSERIS INJ 90MG	Non-Pref	PA; AGE (Min age 18 years)
PERSERIS INJ 120MG	Non-Pref	PA; AGE (Min age 18 years)
RISPERDAL INJ 12.5MG	Pref	QL (0.072 vials / 1 day); AGE (Min age 18 years)
RISPERDAL INJ 25MG	Pref	QL (0.072 vials / 1 day); AGE (Min age 18 years)
RISPERDAL INJ 37.5MG	Pref	QL (0.072 vials / 1 day); AGE (Min age 18 years)
RISPERDAL INJ 50MG	Pref	QL (0.072 vials / 1 day); AGE (Min age 18 years)
RISPERDAL SOL 1MG/ML	Non-Pref	PA, QL (16 mL / 1 day; 90 day supply); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL TAB 0.5MG	Non-Pref	PA, QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
RISPERDAL TAB 1MG	Non-Pref	PA, QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
RISPERDAL TAB 2MG	Non-Pref	PA, QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
RISPERDAL TAB 3MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
RISPERDAL TAB 4MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone orally disintegrating tab 1 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone orally disintegrating tab 2 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone orally disintegrating tab 3 mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone orally disintegrating tab 4 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone soln 1 mg/ml</i>	Pref	QL (16 mL / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone tab 0.5 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone tab 0.25 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 1 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone tab 2 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone tab 3 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone tab 4 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)

BUTYROPHENONES

HALDOL DECAN INJ 50MG/ML	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
HALDOL DECAN INJ 100MG/ML	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
<i>haloperidol decanoate im soln 50 mg/ml</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>haloperidol decanoate im soln 100 mg/ml</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>haloperidol lactate inj 5 mg/ml</i>	Pref	AGE (Min age 18 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>haloperidol tab 0.5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>haloperidol tab 1 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>haloperidol tab 2 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>haloperidol tab 5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>haloperidol tab 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>haloperidol tab 20 mg</i>	Pref	AGE (Min age 18 years); 90 day supply

DIBENZAPINES

<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day); AGE (Min age 18 years)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day); AGE (Min age 18 years)
<i>clozapine orally disintegrating tab 12.5 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>clozapine orally disintegrating tab 25 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>clozapine orally disintegrating tab 100 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>clozapine orally disintegrating tab 150 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>clozapine orally disintegrating tab 200 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>clozapine tab 25 mg</i>	Pref	QL (18 tabs / 1 day); AGE (Min age 18 years)
<i>clozapine tab 50 mg</i>	Pref	QL (3 tabs / 1 day); AGE (Min age 18 years)
<i>clozapine tab 100 mg</i>	Pref	QL (9 tabs / 1 day); AGE (Min age 18 years)
<i>clozapine tab 200 mg</i>	Pref	QL (4 tabs / 1 day); AGE (Min age 18 years)
CLOZARIL TAB 25MG	Non-Pref	PA, QL (18 tabs / 1 day); AGE (Min age 18 years)
CLOZARIL TAB 50MG	Non-Pref	PA, QL (3 tabs / 1 day); AGE (Min age 18 years)
CLOZARIL TAB 100MG	Non-Pref	PA, QL (9 tabs / 1 day); AGE (Min age 18 years)
CLOZARIL TAB 200MG	Non-Pref	PA, QL (4 tabs / 1 day); AGE (Min age 18 years)
<i>loxapine succinate cap 5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>loxapine succinate cap 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>loxapine succinate cap 25 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>loxapine succinate cap 50 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>olanzapine for im inj 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>olanzapine orally disintegrating tab 5 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine orally disintegrating tab 10 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine orally disintegrating tab 15 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine orally disintegrating tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine tab 2.5 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine tab 5 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine tab 7.5 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine tab 10 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine tab 15 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab 25 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab 50 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab 100 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab 200 mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab 300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab 400 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SAPHRIS SUB 2.5MG	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 18 years)
SAPHRIS SUB 5MG	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 18 years)
SAPHRIS SUB 10MG	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 18 years)
SECUADO DIS 3.8MG	Non-Pref	PA
SECUADO DIS 5.7MG	Non-Pref	PA
SECUADO DIS 7.6MG	Non-Pref	PA
SEROQUEL TAB 25MG	Non-Pref	PA, QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL TAB 50MG	Non-Pref	PA, QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL TAB 100MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL TAB 200MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL TAB 300MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL TAB 400MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL XR TAB 50MG	Non-Pref	PA, QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL XR TAB 150MG	Non-Pref	PA, QL (5 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL XR TAB 200MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL XR TAB 300MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL XR TAB 400MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
VERSACLOZ SUS 50MG/ML	Non-Pref	PA; AGE (Min age 18 years)
ZYPREXA INJ 10MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
ZYPREXA RELP INJ 210MG	Non-Pref	PA; AGE (Min age 18 years)
ZYPREXA RELP INJ 300MG	Non-Pref	PA; AGE (Min age 18 years)
ZYPREXA RELP INJ 405MG	Non-Pref	PA; AGE (Min age 18 years)
ZYPREXA TAB 2.5MG	Non-Pref	PA, QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA TAB 5MG	Non-Pref	PA, QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA TAB 7.5MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA TAB 10MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA TAB 15MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA ZYDI TAB 5MG	Non-Pref	PA, QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA ZYDI TAB 10MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA ZYDI TAB 15MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA ZYDI TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)

DIHYDROINDOLONES

<i>molindone hcl tab 5 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>molindone hcl tab 10 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>molindone hcl tab 25 mg</i>	Non-Pref	PA; AGE (Min age 18 years)

PHENOTHIAZINES

<i>chlorpromazine hcl inj 25 mg/ml</i>	Pref	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	Pref	
<i>chlorpromazine hcl tab 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>chlorpromazine hcl tab 25 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>chlorpromazine hcl tab 50 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>chlorpromazine hcl tab 100 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>chlorpromazine hcl tab 200 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>compro sup 25mg</i>	Non-Pref	PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Pref	AGE (Min age 18 years); 90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl tab 1 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>fluphenazine hcl tab 2.5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>fluphenazine hcl tab 5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>fluphenazine hcl tab 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>perphenazine tab 2 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>perphenazine tab 4 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>perphenazine tab 8 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>perphenazine tab 16 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	Non-Pref	PA; AGE (Min age 2 years)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Pref	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Pref	
<i>prochlorperazine suppos 25 mg</i>	Non-Pref	PA
<i>thioridazine hcl tab 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>thioridazine hcl tab 25 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>thioridazine hcl tab 50 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>thioridazine hcl tab 100 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Pref	AGE (Min age 18 years); 90 day supply
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG	Pref	AGE (Min age 18 years)
ABILIFY MAIN INJ 400MG	Pref	AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCI TAB 2MG MANT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 2MG STRT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 5MG MANT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 5MG STRT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 10MG MNT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 10MG STR	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 15MG MNT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 15MG STR	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 20MG MNT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 20MG STR	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 30MG MNT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 30MG STR	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY TAB 2MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
ABILIFY TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
ABILIFY TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
ABILIFY TAB 15MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
ABILIFY TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
ABILIFY TAB 30MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral solution 1 mg/ml</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>aripiprazole orally disintegrating tab 10 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>aripiprazole orally disintegrating tab 15 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>aripiprazole tab 2 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
<i>aripiprazole tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
<i>aripiprazole tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
<i>aripiprazole tab 15 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
<i>aripiprazole tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
<i>aripiprazole tab 30 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
ARISTADA INJ 441MG/1.	Pref	AGE (Min age 18 years)
ARISTADA INJ 662MG/2	Pref	AGE (Min age 18 years)
ARISTADA INJ 882MG/3	Pref	AGE (Min age 18 years)
ARISTADA INJ 1064MG	Pref	AGE (Min age 18 years)
ARISTADA INJ INITIO	Pref	AGE (Min age 18 years)
REXULTI TAB 0.5MG	Non-Pref	PA; AGE (Min age 18 years)
REXULTI TAB 0.25MG	Non-Pref	PA; AGE (Min age 18 years)
REXULTI TAB 1MG	Non-Pref	PA; AGE (Min age 18 years)
REXULTI TAB 2MG	Non-Pref	PA; AGE (Min age 18 years)
REXULTI TAB 3MG	Non-Pref	PA; AGE (Min age 18 years)
REXULTI TAB 4MG	Non-Pref	PA; AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>thiothixene cap 2 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>thiothixene cap 5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>thiothixene cap 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT		
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT		
KERR TRIPLE MIS DYE SWAB	Pref	OTC
CHLORINE ANTISEPTICS		
<i>h-chlor 12 sol 0.125%</i>	Pref	OTC
<i>hysept sol 0.25%</i>	Pref	OTC
IODINE ANTISEPTICS		
<i>hm povid-iod sol 10%</i>	Pref	OTC
<i>povidone-iodine soln 10%</i>	Pref	OTC
<i>povidone/iod sol 10%</i>	Pref	OTC
<i>sm povid-iod sol 10%</i>	Pref	OTC
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Pref	QL (30 mL / 1 day; 90 day supply)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
APRETUDE SUS 600MG ER	Pref	
APTIVUS CAP 250MG	Pref	QL (4 caps / 1 day; 90 day supply)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
ATRIPLA TAB	Pref	QL (1 tab / 1 day; 90 day supply)
BIKTARVY TAB	Pref	QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
BIKTARVY TAB	Pref	QL (1 tab / 1 day; 90 day supply)
CABENUVA SUS 400-600	Pref	90 day supply
CABENUVA SUS 600-900	Pref	90 day supply
CIMDUO TAB 300-300	Pref	QL (1 tab / 1 day; 90 day supply)
COMBIVIR TAB 150-300	Pref	QL (2 tabs / 1 day; 90 day supply)
COMPLERA TAB	Pref	QL (1 tab / 1 day; 90 day supply)
DELSTRIGO TAB	Pref	QL (1 tab / 1 day; 90 day supply)
DESCOVY TAB 120-15MG	Pref	QL (1 tab / 1 day)
DESCOVY TAB 200/25MG	Pref	QL (1 tab / 1 day; 90 day supply)
DOVATO TAB 50-300MG	Pref	QL (1 tab / 1 day; 90 day supply)
EDURANT TAB 25MG	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>efavirenz cap 50 mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>efavirenz cap 200 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>efavirenz tab 600 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>emtricitabine caps 200 mg</i>	Pref	QL (24 caps / 1 day; 90 day supply)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA CAP 200MG	Pref	QL (24 caps / 1 day; 90 day supply)
EMTRIVA SOL 10MG/ML	Pref	QL (1 mL / 1 day; 90 day supply)
EPIVIR SOL 10MG/ML	Pref	QL (30 mL / 1 day; 90 day supply)
EPIVIR TAB 150MG	Pref	QL (2 tabs / 1 day; 90 day supply)
EPIVIR TAB 300MG	Pref	QL (1 tab / 1 day; 90 day supply)
EPZICOM TAB 600-300	Pref	QL (1 tab / 1 day; 90 day supply)
<i>etravirine tab 100 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>etravirine tab 200 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
EVOTAZ TAB 300-150	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
FUZEON INJ 90MG	Pref	QL (2 vials / 1 day; 90 day supply)
GENVOYA TAB	Pref	QL (1 tab / 1 day; 90 day supply)
INTELENCE TAB 25MG	Pref	QL (4 tabs / 1 day; 90 day supply)
INTELENCE TAB 100MG	Pref	QL (2 tabs / 1 day; 90 day supply)
INTELENCE TAB 200MG	Pref	QL (2 tabs / 1 day; 90 day supply)
ISENTRESS CHW 25MG	Pref	QL (6 tabs / 1 day; 90 day supply)
ISENTRESS CHW 100MG	Pref	QL (6 tabs / 1 day; 90 day supply)
ISENTRESS HD TAB 600MG	Pref	90 day supply
ISENTRESS POW 100MG	Pref	QL (2 packets / 1 day; 90 day supply)
ISENTRESS TAB 400MG	Pref	QL (2 tabs / 1 day; 90 day supply)
JULUCA TAB 50-25MG	Pref	QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
KALETRA SOL	Pref	QL (4 mL / 1 day; 90 day supply)
KALETRA TAB 100-25MG	Pref	QL (10 tabs / 1 day; 90 day supply)
KALETRA TAB 200-50MG	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>lamivudine oral soln 10 mg/ml</i>	Pref	QL (30 mL / 1 day; 90 day supply)
<i>lamivudine tab 150 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>lamivudine tab 300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
LEXIVA SUS 50MG/ML	Pref	QL (56 mL / 1 day ; 90 day supply)
LEXIVA TAB 700MG	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Pref	QL (4 mL / 1 day; 90 day supply)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Pref	QL (10 tabs / 1 day; 90 day supply)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>maraviroc tab 150 mg</i>	Pref	QL (2 tabs / 1 day)
<i>maraviroc tab 300 mg</i>	Pref	QL (4 tabs / 1 day)
<i>nevirapine susp 50 mg/5ml</i>	Pref	QL (40 mL / 1 day; 90 day supply)
<i>nevirapine tab 200 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>nevirapine tab er 24hr 100 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>nevirapine tab er 24hr 400 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
NORVIR POW 100MG	Pref	QL (12 packets / 1 day; 90 day supply)
NORVIR SOL 80MG/ML	Pref	QL (15 mL / 1 day; 90 day supply)
NORVIR TAB 100MG	Pref	QL (12 tabs / 1 day; 90 day supply)
ODEFSEY TAB	Pref	QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
PIFELTRO TAB 100MG	Pref	QL (1 tab / 1 day; 90 day supply)
PREZCOBIX TAB 800-150	Pref	QL (1 tab / 1 day; 90 day supply)
PREZISTA SUS 100MG/ML	Pref	QL (12 mL / 1 day; 90 day supply)
PREZISTA TAB 75MG	Pref	QL (2 tabs / 1 day; 90 day supply)
PREZISTA TAB 150MG	Pref	QL (2 tabs / 1 day; 90 day supply)
PREZISTA TAB 600MG	Pref	QL (2 tabs / 1 day; 90 day supply)
PREZISTA TAB 800MG	Pref	QL (1 tab / 1 day; 90 day supply)
RETROVIR CAP 100MG	Pref	QL (2 caps / 1 day; 90 day supply)
RETROVIR SYP 50MG/5ML	Pref	QL (60 mL / 1 day; 90 day supply)
REYATAZ CAP 200MG	Pref	QL (2 caps / 1 day; 90 day supply)
REYATAZ CAP 300MG	Pref	QL (1 cap / 1 day; 90 day supply)
REYATAZ POW 50MG	Pref	QL (6 packets / 1 day; 90 day supply)
<i>ritonavir tab 100 mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
RUKOBIA TAB 600MG ER	Pref	QL (2 tabs / 1 day; 90 day supply)
SELZENTRY SOL 20MG/ML	Pref	90 day supply
SELZENTRY TAB 25MG	Pref	QL (8 tabs / 1 day; 90 day supply)
SELZENTRY TAB 75MG	Pref	QL (2 tabs / 1 day; 90 day supply)
SELZENTRY TAB 150MG	Pref	QL (2 tabs / 1 day; 90 day supply)
SELZENTRY TAB 300MG	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>stavudine cap 30 mg</i>	Pref	
STRIBILD TAB	Pref	QL (1 tab / 1 day; 90 day supply)
SUSTIVA CAP 50MG	Pref	QL (3 caps / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
SUSTIVA CAP 200MG	Pref	QL (2 caps / 1 day; 90 day supply)
SUSTIVA TAB 600MG	Pref	QL (1 tab / 1 day; 90 day supply)
SYMFI LO TAB	Pref	QL (1 tab / 1 day; 90 day supply)
SYMFI TAB	Pref	QL (1 tab / 1 day; 90 day supply)
SYMTUZA TAB	Pref	QL (1 tab / 1 day; 90 day supply)
TEMIXYS TAB 300-300	Pref	QL (1 tab / 1 day; 90 day supply)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
TIVICAY PD TAB 5MG	Pref	90 day supply
TIVICAY TAB 10MG	Pref	QL (2 tabs / 1 day; 90 day supply)
TIVICAY TAB 25MG	Pref	QL (2 tabs / 1 day; 90 day supply)
TIVICAY TAB 50MG	Pref	QL (2 tabs / 1 day; 90 day supply)
TRIUMEQ TAB	Pref	QL (1 tab / 1 day; 90 day supply)
TRIZIVIR TAB	Pref	QL (2 tabs / 1 day; 90 day supply)
TROGARZO INJ 150MG/ML	Non-Pref	PA
TRUVADA TAB 100-150	Pref	QL (1 tab / 1 day; 90 day supply)
TRUVADA TAB 133-200	Pref	QL (1 tab / 1 day; 90 day supply)
TRUVADA TAB 167-250	Pref	QL (1 tab / 1 day; 90 day supply)
TRUVADA TAB 200-300	Pref	QL (1 tab / 1 day; 90 day supply)
TYBOST TAB 150MG	Pref	QL (1 tab / 1 day; 90 day supply)
VIRACEPT TAB 250MG	Pref	QL (10 tabs / 1 day; 90 day supply)
VIRACEPT TAB 625MG	Pref	QL (4 tabs / 1 day; 90 day supply)
VIREAD POW 40MG/GM	Pref	QL (1 gm / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
VIREAD TAB 150MG	Pref	QL (8 tabs / 1 day; 90 day supply)
VIREAD TAB 200MG	Pref	QL (1 tab / 1 day; 90 day supply)
VIREAD TAB 250MG	Pref	QL (1 tab / 1 day; 90 day supply)
VIREAD TAB 300MG	Pref	QL (1 tab / 1 day; 90 day supply)
ZIAGEN SOL 20MG/ML	Pref	QL (30 mL / 1 day; 90 day supply)
ZIAGEN TAB 300MG	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>zidovudine cap 100 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>zidovudine syrup 10 mg/ml</i>	Pref	QL (60 mL / 1 day; 90 day supply)
<i>zidovudine tab 300 mg</i>	Pref	90 day supply

HEPATITIS AGENTS

<i>entecavir tab 0.5 mg</i>	Pref	PA, QL (1 tab / 1 day)
<i>entecavir tab 1 mg</i>	Pref	QL (1 tab / 1 day)
EPCLUSA PAK 150-37.5	Non-Pref	PA; AGE (Min age 3 years)
EPCLUSA PAK 200-50MG	Non-Pref	PA; AGE (Min age 3 years)
EPCLUSA TAB 200-50MG	Non-Pref	SP, PA; AGE (Min age 3 years)
EPCLUSA TAB 400-100	Non-Pref	SP, PA; AGE (Min age 6 years)
HARVONI PAK	Non-Pref	SP, PA; AGE (Min age 3 years)
HARVONI PAK 45-200MG	Non-Pref	SP, PA; AGE (Min age 3 years)
HARVONI TAB 45-200MG	Non-Pref	SP, PA; AGE (Min age 3 years)
HARVONI TAB 90-400MG	Non-Pref	SP, PA; AGE (Min age 3 years)
<i>lamivudine tab 100 mg (hbv)</i>	Pref	
LEDIP-SOFOSB TAB 90-400MG	Non-Pref	SP, PA; AGE (Min age 3 years)
MAVYRET PAK 50-20MG	Pref	AGE (Min age 3 years); 84 day supply

Drug Name	Drug Tier	Requirements/Limits
MAVYRET TAB 100-40MG	Pref	SP; AGE (Min age 3 years); 84 day supply
PEGASYS INJ	Non-Pref	SP, PA
PEGASYS INJ 180MCG/M	Non-Pref	SP, PA
<i>ribavirin cap 200 mg</i>	Pref	SP, QL (6 caps / 1 day)
<i>ribavirin tab 200 mg</i>	Pref	SP, QL (6 tabs / 1 day)
SOFOS/VELPAT TAB 400-100	Pref	SP; AGE (Min age 6 years)
SOVALDI PAK 150MG	Non-Pref	SP, PA
SOVALDI PAK 200MG	Non-Pref	SP, PA
SOVALDI TAB 200MG	Non-Pref	SP, PA
SOVALDI TAB 400MG	Non-Pref	SP, PA
VIEKIRA PAK TAB	Non-Pref	SP, PA
VOSEVI TAB	Non-Pref	SP, PA
ZEPATIER TAB 50-100MG	Non-Pref	SP, PA

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	Pref	90 day supply
<i>acyclovir susp 200 mg/5ml</i>	Pref	90 day supply
<i>acyclovir tab 400 mg</i>	Pref	90 day supply
<i>acyclovir tab 800 mg</i>	Pref	90 day supply
<i>famciclovir tab 125 mg</i>	Pref	90 day supply
<i>famciclovir tab 250 mg</i>	Pref	90 day supply
<i>famciclovir tab 500 mg</i>	Pref	90 day supply
SITAVIG TAB 50MG	Non-Pref	PA
<i>valacyclovir hcl tab 1 gm</i>	Pref	90 day supply
<i>valacyclovir hcl tab 500 mg</i>	Pref	90 day supply
VALTREX TAB 1GM	Non-Pref	PA; 90 day supply
VALTREX TAB 500MG	Non-Pref	PA; 90 day supply
ZOVIRAX SUS 200/5ML	Non-Pref	PA; 90 day supply

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Pref	QL (20 each / 292 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Pref	QL (20 each / 292 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Pref	QL (20 each / 292 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Pref	QL (6 mL / 1 day)
RELENZA MIS DISKHALE	Non-Pref	PA
<i>rimantadine hydrochloride tab 100 mg</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAP 30MG	Non-Pref	PA, QL (20 caps / 292 days)
TAMIFLU CAP 45MG	Non-Pref	PA, QL (20 caps / 292 days)
TAMIFLU CAP 75MG	Non-Pref	PA, QL (20 caps / 292 days)
TAMIFLU SUS 6MG/ML	Non-Pref	PA, QL (6 mL / 1 day)
XOFLUZA TAB 20MG	Non-Pref	PA
XOFLUZA TAB 40MG	Non-Pref	PA
XOFLUZA TAB 80MG	Non-Pref	PA

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

ALPHA-BETA BLOCKERS

<i>carvedilol phosphate cap er 24hr 10 mg</i>	Non-Pref	PA
<i>carvedilol phosphate cap er 24hr 20 mg</i>	Non-Pref	PA
<i>carvedilol phosphate cap er 24hr 40 mg</i>	Non-Pref	PA
<i>carvedilol phosphate cap er 24hr 80 mg</i>	Non-Pref	PA
<i>carvedilol tab 3.125 mg</i>	Pref	90 day supply
<i>carvedilol tab 6.25 mg</i>	Pref	90 day supply
<i>carvedilol tab 12.5 mg</i>	Pref	90 day supply
<i>carvedilol tab 25 mg</i>	Pref	90 day supply
COREG CR CAP 10MG	Non-Pref	PA
COREG CR CAP 20MG	Non-Pref	PA
COREG CR CAP 40MG	Non-Pref	PA
COREG CR CAP 80MG	Non-Pref	PA
COREG TAB 3.125MG	Non-Pref	PA; 90 day supply
COREG TAB 6.25MG	Non-Pref	PA; 90 day supply
COREG TAB 12.5MG	Non-Pref	PA; 90 day supply
COREG TAB 25MG	Non-Pref	PA; 90 day supply
<i>labetalol hcl tab 100 mg</i>	Pref	90 day supply
<i>labetalol hcl tab 200 mg</i>	Pref	90 day supply
<i>labetalol hcl tab 300 mg</i>	Pref	90 day supply

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	Pref	
<i>acebutolol hcl cap 400 mg</i>	Pref	
<i>atenolol tab 25 mg</i>	Pref	90 day supply
<i>atenolol tab 50 mg</i>	Pref	90 day supply
<i>atenolol tab 100 mg</i>	Pref	90 day supply
<i>betaxolol hcl tab 10 mg</i>	Non-Pref	PA
<i>betaxolol hcl tab 20 mg</i>	Non-Pref	PA
<i>bisoprolol fumarate tab 5 mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate tab 10 mg</i>	Pref	90 day supply
BYSTOLIC TAB 2.5MG	Non-Pref	PA
BYSTOLIC TAB 5MG	Non-Pref	PA
BYSTOLIC TAB 10MG	Non-Pref	PA
BYSTOLIC TAB 20MG	Non-Pref	PA
KAPSPARGO CAP 25MG	Non-Pref	PA
KAPSPARGO CAP 50MG	Non-Pref	PA
KAPSPARGO CAP 100MG	Non-Pref	PA
KAPSPARGO CAP 200MG	Non-Pref	PA
LOPRESSOR TAB 50MG	Non-Pref	PA; 90 day supply
LOPRESSOR TAB 100MG	Non-Pref	PA; 90 day supply
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Pref	90 day supply
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Pref	90 day supply
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Pref	90 day supply
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Pref	90 day supply
<i>metoprolol tartrate tab 25 mg</i>	Pref	90 day supply
<i>metoprolol tartrate tab 37.5 mg</i>	Pref	90 day supply
<i>metoprolol tartrate tab 50 mg</i>	Pref	90 day supply
<i>metoprolol tartrate tab 75 mg</i>	Pref	90 day supply
<i>metoprolol tartrate tab 100 mg</i>	Pref	90 day supply
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Non-Pref	PA
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Non-Pref	PA
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Non-Pref	PA
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Non-Pref	PA
TENORMIN TAB 25MG	Non-Pref	PA; 90 day supply
TENORMIN TAB 50MG	Non-Pref	PA; 90 day supply
TENORMIN TAB 100MG	Non-Pref	PA; 90 day supply
TOPROL XL TAB 25MG	Non-Pref	PA; 90 day supply
TOPROL XL TAB 50MG	Non-Pref	PA; 90 day supply
TOPROL XL TAB 100MG	Non-Pref	PA; 90 day supply
TOPROL XL TAB 200MG	Non-Pref	PA; 90 day supply

BETA BLOCKERS NON-SELECTIVE

BETAPACE AF TAB 80MG	Non-Pref	PA; 90 day supply
BETAPACE AF TAB 120MG	Non-Pref	PA
BETAPACE AF TAB 160MG	Non-Pref	PA; 90 day supply
BETAPACE TAB 80MG	Non-Pref	PA; 90 day supply
BETAPACE TAB 120MG	Non-Pref	PA; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
BETAPACE TAB 160MG	Non-Pref	PA; 90 day supply
CORGARD TAB 80MG	Non-Pref	PA
HEMANGEOL SOL 4.28/ML	Non-Pref	PA
INDERAL LA CAP 60MG	Non-Pref	PA; 90 day supply
INDERAL LA CAP 80MG	Non-Pref	PA; 90 day supply
INDERAL LA CAP 120MG	Non-Pref	PA; 90 day supply
INDERAL LA CAP 160MG	Non-Pref	PA; 90 day supply
INDERAL XL CAP 80MG	Non-Pref	PA
INDERAL XL CAP 120MG	Non-Pref	PA
INNOPRAN XL CAP 80MG	Non-Pref	PA
INNOPRAN XL CAP 120MG	Non-Pref	PA
<i>nadolol tab 20 mg</i>	Non-Pref	PA
<i>nadolol tab 40 mg</i>	Non-Pref	PA
<i>nadolol tab 80 mg</i>	Non-Pref	PA
<i>pindolol tab 5 mg</i>	Non-Pref	PA
<i>pindolol tab 10 mg</i>	Non-Pref	PA
<i>propranolol hcl cap er 24hr 60 mg</i>	Pref	90 day supply
<i>propranolol hcl cap er 24hr 80 mg</i>	Pref	90 day supply
<i>propranolol hcl cap er 24hr 120 mg</i>	Pref	90 day supply
<i>propranolol hcl cap er 24hr 160 mg</i>	Pref	90 day supply
<i>propranolol hcl oral soln 20 mg/5ml</i>	Pref	90 day supply
<i>propranolol hcl oral soln 40 mg/5ml</i>	Pref	90 day supply
<i>propranolol hcl tab 10 mg</i>	Pref	90 day supply
<i>propranolol hcl tab 20 mg</i>	Pref	90 day supply
<i>propranolol hcl tab 40 mg</i>	Pref	90 day supply
<i>propranolol hcl tab 60 mg</i>	Pref	90 day supply
<i>propranolol hcl tab 80 mg</i>	Pref	90 day supply
<i>sorine tab 80mg</i>	Pref	90 day supply
<i>sorine tab 120mg</i>	Pref	90 day supply
<i>sorine tab 160mg</i>	Pref	90 day supply
<i>sorine tab 240mg</i>	Pref	90 day supply
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Pref	90 day supply
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Pref	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Pref	90 day supply
<i>sotalol hcl tab 80 mg</i>	Pref	90 day supply
<i>sotalol hcl tab 120 mg</i>	Pref	90 day supply
<i>sotalol hcl tab 160 mg</i>	Pref	90 day supply
<i>sotalol hcl tab 240 mg</i>	Pref	90 day supply
SOTYLIZE SOL 5MG/ML	Non-Pref	PA
<i>timolol maleate tab 5 mg</i>	Non-Pref	PA
<i>timolol maleate tab 10 mg</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate tab 20 mg</i>	Non-Pref	PA

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

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

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
CALAN SR TAB 120MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
CALAN SR TAB 180MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
CALAN SR TAB 240MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
CARDIZEM CD CAP 120MG/24	Non-Pref	PA, QL (4 caps / 1 day; 90 day supply)
CARDIZEM CD CAP 180MG/24	Non-Pref	PA, QL (3 caps / 1 day; 90 day supply)
CARDIZEM CD CAP 240MG/24	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
CARDIZEM CD CAP 300MG/24	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
CARDIZEM CD CAP 360MG/24	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
CARDIZEM LA TAB 120MG	Non-Pref	PA
CARDIZEM LA TAB 180MG	Non-Pref	PA, QL (3 tabs / 1 day)
CARDIZEM LA TAB 240MG	Non-Pref	PA, QL (2 tabs / 1 day)
CARDIZEM LA TAB 300MG/24	Non-Pref	PA, QL (1 tab / 1 day)
CARDIZEM LA TAB 360MG	Non-Pref	PA, QL (1 tab / 1 day)
CARDIZEM LA TAB 420MG/24	Non-Pref	PA, QL (1 tab / 1 day)
CARDIZEM TAB 30MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
CARDIZEM TAB 60MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
CARDIZEM TAB 120MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
<i>cartia xt cap 120/24hr</i>	Pref	QL (4 caps / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt cap 180/24hr</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>cartia xt cap 240/24hr</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>cartia xt cap 300/24hr</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>dilt-xr cap 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>dilt-xr cap 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>dilt-xr cap 240mg</i>	Pref	90 day supply
<i>diltiazem hcl cap er 12hr 60 mg</i>	Pref	90 day supply
<i>diltiazem hcl cap er 12hr 90 mg</i>	Pref	90 day supply
<i>diltiazem hcl cap er 12hr 120 mg</i>	Pref	90 day supply
<i>diltiazem hcl cap er 24hr 120 mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>diltiazem hcl cap er 24hr 180 mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>diltiazem hcl cap er 24hr 240 mg</i>	Pref	90 day supply
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	Pref	QL (3 tabs / 1 day)
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	Pref	QL (2 tabs / 1 day)
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	Pref	QL (1 tab / 1 day)
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	Pref	QL (1 tab / 1 day)
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	Pref	QL (1 tab / 1 day)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Pref	90 day supply
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Pref	90 day supply
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Pref	90 day supply
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Pref	90 day supply
<i>diltiazem hcl tab 30 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>diltiazem hcl tab 60 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>diltiazem hcl tab 90 mg</i>	Pref	90 day supply
<i>diltiazem hcl tab 120 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>felodipine tab er 24hr 2.5 mg</i>	Pref	QL (1 tab / 1 day)
<i>felodipine tab er 24hr 5 mg</i>	Pref	QL (1 tab / 1 day)
<i>felodipine tab er 24hr 10 mg</i>	Pref	QL (1 tab / 1 day)
<i>isradipine cap 2.5 mg</i>	Non-Pref	PA
<i>isradipine cap 5 mg</i>	Non-Pref	PA
KATERZIA SUS 1MG/ML	Non-Pref	PA
<i>matzim la tab 180mg/24</i>	Non-Pref	PA, QL (3 tabs / 1 day)
<i>matzim la tab 240mg/24</i>	Non-Pref	PA, QL (2 tabs / 1 day)
<i>matzim la tab 300mg/24</i>	Non-Pref	PA, QL (1 tab / 1 day)
<i>matzim la tab 360mg/24</i>	Non-Pref	PA, QL (1 tab / 1 day)
<i>matzim la tab 420mg/24</i>	Non-Pref	PA, QL (1 tab / 1 day)
<i>nicardipine hcl cap 20 mg</i>	Non-Pref	PA
<i>nicardipine hcl cap 30 mg</i>	Non-Pref	PA
<i>nifedipine cap 10 mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>nifedipine cap 20 mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>nifedipine tab er 24hr 30 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>nifedipine tab er 24hr 60 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>nifedipine tab er 24hr 90 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>nisoldipine tab er 24hr 8.5 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 17 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 20 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 25.5 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 30 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 34 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 40 mg</i>	Non-Pref	PA
NORVASC TAB 2.5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
NORVASC TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
NORVASC TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PROCARDIA XL TAB 30MG CR	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PROCARDIA XL TAB 60MG CR	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
PROCARDIA XL TAB 90MG CR	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
SULAR TAB 8.5MG	Non-Pref	PA
SULAR TAB 17MG	Non-Pref	PA
SULAR TAB 34MG	Non-Pref	PA
<i>taztia xt cap 120mg/24</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>taztia xt cap 180mg/24</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>taztia xt cap 240mg/24</i>	Pref	90 day supply
<i>taztia xt cap 300mg er</i>	Pref	90 day supply
<i>taztia xt cap 360mg/24</i>	Pref	90 day supply
<i>tiadylt cap 120mg/24</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>tiadylt cap 180mg/24</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>tiadylt cap 240mg/24</i>	Pref	90 day supply
<i>tiadylt cap 300mg/24</i>	Pref	90 day supply
<i>tiadylt cap 360mg/24</i>	Pref	90 day supply
<i>tiadylt cap 420mg/24</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
TIAZAC CAP 120MG/24	Non-Pref	PA, QL (4 caps / 1 day; 90 day supply)
TIAZAC CAP 180MG/24	Non-Pref	PA, QL (3 caps / 1 day; 90 day supply)
TIAZAC CAP 240MG/24	Non-Pref	PA; 90 day supply
TIAZAC CAP 300MG/24	Non-Pref	PA; 90 day supply
TIAZAC CAP 360MG/24	Non-Pref	PA; 90 day supply
TIAZAC CAP 420MG/24	Non-Pref	PA; 90 day supply
<i>verapamil hcl cap er 24hr 100 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 120 mg</i>	Pref	QL (1 cap / 1 day)
<i>verapamil hcl cap er 24hr 180 mg</i>	Pref	QL (1 cap / 1 day)
<i>verapamil hcl cap er 24hr 200 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 240 mg</i>	Pref	QL (1 cap / 1 day)
<i>verapamil hcl cap er 24hr 300 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 360 mg</i>	Non-Pref	PA
<i>verapamil hcl tab 80 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>verapamil hcl tab 120 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>verapamil hcl tab er 120 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>verapamil hcl tab er 180 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>verapamil hcl tab er 240 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>verapamil inj 5mg/2ml</i>	Pref	
VERELAN CAP 120MG SR	Non-Pref	PA, QL (1 cap / 1 day)
VERELAN CAP 180MG SR	Non-Pref	PA, QL (1 cap / 1 day)
VERELAN CAP 240MG SR	Non-Pref	PA, QL (1 cap / 1 day)
VERELAN CAP 360MG SR	Non-Pref	PA
VERELAN PM CAP 100MG ER	Non-Pref	PA
VERELAN PM CAP 200MG ER	Non-Pref	PA
VERELAN PM CAP 300MG ER	Non-Pref	PA

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digitek tab 0.25mg</i>	Pref	90 day supply
<i>digitek tab 0.125mg</i>	Pref	90 day supply
<i>digox tab 0.25mg</i>	Pref	90 day supply
<i>digox tab 0.125mg</i>	Pref	90 day supply
<i>digoxin oral soln 0.05 mg/ml</i>	Pref	90 day supply
<i>digoxin tab 125 mcg (0.125 mg)</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tab 250 mcg (0.25 mg)</i>	Pref	90 day supply
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Non-Pref	PA
CADUET TAB 5-10MG	Non-Pref	PA
CADUET TAB 5-20MG	Non-Pref	PA
CADUET TAB 5-40MG	Non-Pref	PA
CADUET TAB 5-80MG	Non-Pref	PA
CADUET TAB 10-10MG	Non-Pref	PA
CADUET TAB 10-20MG	Non-Pref	PA
CADUET TAB 10-40MG	Non-Pref	PA
CADUET TAB 10-80MG	Non-Pref	PA
ENTRESTO TAB 24-26MG	Pref	QL (2 tabs / 1 day); AGE (Min age 18 years)
ENTRESTO TAB 49-51MG	Pref	QL (2 tabs / 1 day); AGE (Min age 18 years)
ENTRESTO TAB 97-103MG	Pref	QL (2 tabs / 1 day); AGE (Min age 18 years)
IMPOTENCE AGENTS		
CIALIS TAB 2.5MG	Non-Pref	PA

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

Drug Name	Drug Tier	Requirements/Limits
CIALIS TAB 5MG	Non-Pref	PA
<i>tadalafil tab 2.5 mg</i>	Non-Pref	PA
<i>tadalafil tab 5 mg</i>	Non-Pref	PA

PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG	Non-Pref	SP, PA
ORENITRAM TAB 0.125MG	Non-Pref	SP, PA
ORENITRAM TAB 1MG	Non-Pref	SP, PA
ORENITRAM TAB 2.5MG	Non-Pref	SP, PA
ORENITRAM TAB 5MG	Non-Pref	SP, PA
TYVASO REFIL SOL 0.6MG/ML	Non-Pref	SP, PA
TYVASO SOL 0.6MG/ML	Non-Pref	SP, PA
TYVASO START SOL 0.6MG/ML	Non-Pref	SP, PA
VENTAVIS SOL 10MCG/ML	Pref	SP, PA, QL (9 mL / 1 day)
VENTAVIS SOL 20MCG/ML	Pref	SP, PA, QL (9 mL / 1 day)

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i>	Pref	SP, PA, QL (1 tab / 1 day); AGE (Min age 18 years)
<i>ambrisentan tab 10 mg</i>	Pref	SP, PA, QL (1 tab / 1 day); AGE (Min age 18 years)
<i>bosentan tab 62.5 mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
<i>bosentan tab 125 mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
LETAIRIS TAB 5MG	Non-Pref	SP, PA, QL (1 tab / 1 day); AGE (Min age 18 years)
LETAIRIS TAB 10MG	Non-Pref	SP, PA, QL (1 tab / 1 day); AGE (Min age 18 years)
OPSUMIT TAB 10MG	Non-Pref	SP, PA
TRACLEER TAB 32MG	Non-Pref	SP, PA
TRACLEER TAB 62.5MG	Pref	SP, PA, QL (2 tabs / 1 day)
TRACLEER TAB 125MG	Pref	SP, PA, QL (2 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

ADCIRCA TAB 20MG	Non-Pref	SP, PA, QL (2 tabs / 1 day); AGE (Min age 18 years)
<i>alyq tab 20mg</i>	Pref	SP, PA, QL (2 tabs / 1 day); AGE (Min age 18 years)
REVATIO SUS 10MG/ML	Non-Pref	SP, PA, QL (6 mL / 1 day); AGE (Min age 18 years)
REVATIO TAB 20MG	Non-Pref	SP, PA, QL (3 tabs / 1 day); AGE (Min age 18 years)
<i>sildenafil citrate for suspension 10 mg/ml</i>	Pref	SP, PA, QL (6 mL / 1 day); AGE (Min age 18 years)
<i>sildenafil citrate tab 20 mg</i>	Pref	SP, PA, QL (3 tabs / 1 day); AGE (Min age 18 years)
<i>tadalafil tab 20 mg (pah)</i>	Pref	SP, PA, QL (2 tabs / 1 day); AGE (Min age 18 years)

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI TAB 200/800	Non-Pref	SP, PA
UPTRAVI TAB 200MCG	Non-Pref	SP, PA
UPTRAVI TAB 400MCG	Non-Pref	SP, PA
UPTRAVI TAB 600MCG	Non-Pref	SP, PA
UPTRAVI TAB 800MCG	Non-Pref	SP, PA
UPTRAVI TAB 1000MCG	Non-Pref	SP, PA
UPTRAVI TAB 1200MCG	Non-Pref	SP, PA
UPTRAVI TAB 1400MCG	Non-Pref	SP, PA
UPTRAVI TAB 1600MCG	Non-Pref	SP, PA

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TAB 0.5MG	Non-Pref	SP, PA
ADEMPAS TAB 1.5MG	Non-Pref	SP, PA
ADEMPAS TAB 1MG	Non-Pref	SP, PA
ADEMPAS TAB 2.5MG	Non-Pref	SP, PA
ADEMPAS TAB 2MG	Non-Pref	SP, PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil cap 500 mg</i>	Pref	
<i>cefadroxil for susp 500 mg/5ml</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil tab 1 gm</i>	Pref	
<i>cephalexin cap 250 mg</i>	Pref	
<i>cephalexin cap 500 mg</i>	Pref	
<i>cephalexin for susp 125 mg/5ml</i>	Pref	
<i>cephalexin for susp 250 mg/5ml</i>	Pref	

CEPHALOSPORINS - 2ND GENERATION

<i>cefaclor cap 250 mg</i>	Pref	
<i>cefaclor cap 500 mg</i>	Pref	
CEFACLOR ER TAB 500MG	Non-Pref	PA
<i>cefaclor for susp 125 mg/5ml</i>	Non-Pref	PA
<i>cefaclor for susp 250 mg/5ml</i>	Non-Pref	PA
<i>cefaclor for susp 375 mg/5ml</i>	Non-Pref	PA
<i>cefprozil for susp 125 mg/5ml</i>	Pref	
<i>cefprozil for susp 250 mg/5ml</i>	Pref	
<i>cefprozil tab 250 mg</i>	Pref	
<i>cefprozil tab 500 mg</i>	Pref	
<i>cefuroxime axetil tab 250 mg</i>	Pref	
<i>cefuroxime axetil tab 500 mg</i>	Pref	

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir cap 300 mg</i>	Pref	
<i>cefdinir for susp 125 mg/5ml</i>	Pref	
<i>cefdinir for susp 250 mg/5ml</i>	Pref	
<i>cefixime cap 400 mg</i>	Non-Pref	PA
<i>cefixime for susp 100 mg/5ml</i>	Non-Pref	PA
<i>cefixime for susp 200 mg/5ml</i>	Non-Pref	PA
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Non-Pref	PA
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Non-Pref	PA
<i>cefpodoxime proxetil tab 100 mg</i>	Non-Pref	PA
<i>cefpodoxime proxetil tab 200 mg</i>	Non-Pref	PA
SUPRAX CAP 400MG	Non-Pref	PA
SUPRAX CHW 100MG	Non-Pref	PA
SUPRAX CHW 200MG	Non-Pref	PA
SUPRAX SUS 100/5ML	Non-Pref	PA
SUPRAX SUS 200/5ML	Non-Pref	PA
SUPRAX SUS 500/5ML	Non-Pref	PA

CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING

ACIDS, BASES, & BUFFERS

HYDROCHL ACID LIQ 10%	Pref	

BULK CHEMICALS - E'S

EUCALYPTOL LIQ	Pref	
EUCALYPTOL LIQ	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
BULK CHEMICALS - I'S		
IODINE SOL STRONG	Pref	
IODINE SOL STRONG	Pref	OTC
<i>iodine solution strong (lugol's) (bulk)</i>	Pref	
BULK CHEMICALS - P'S		
PINE NEEDLE OIL	Pref	
BULK CHEMICALS - S'S		
SAGE LEAF POW	Pref	
SOD BISULFIT GRA	Pref	
SOD BISULFIT GRA	Pref	OTC
LIQUIDS		
ACETONE SOL	Pref	
ACETONE SOL	Pref	OTC
ANISE OIL	Pref	OTC
CINNAMON OIL	Pref	OTC
CINNAMON OIL ARTIFIC	Pref	OTC
GLYCINE SOYA SOL PROTEIN	Pref	
GNP CINNAMON OIL	Pref	OTC
LAVENDER OIL	Pref	OTC
LAVENDER OIL FRAGRANC	Pref	
LAVENDER OIL NATURAL	Pref	
LAVENDER OIL NATURAL	Pref	OTC
LINSEED OIL RAW	Pref	
METHANOL SOL	Pref	
METHANOL SOL 99%	Pref	OTC
METHYL ALCOH SOL	Pref	OTC
OLIVE OIL	Pref	
OLIVE OIL	Pref	OTC
ORANGE OIL	Pref	OTC
ORANGE OIL FLORIDA	Pref	OTC
PEANUT OIL	Pref	
PEANUT OIL	Pref	OTC
PEPPERMINT OIL	Pref	
PEPPERMINT OIL	Pref	OTC
PINE TAR LIQ	Pref	
POLYSORBATE LIQ 60	Pref	
QC SWEET OIL	Pref	OTC
ROSE OIL	Pref	
ROSE OIL	Pref	OTC
ROSEMARY OIL	Pref	
ROSEMARY OIL	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
SASSAFRAS OIL	Pref	
SESAME OIL	Pref	
SESAME OIL	Pref	OTC
SM SWEET OIL	Pref	OTC
SOD SILICATE SOL 40%	Pref	OTC
SPEARMINT OIL	Pref	
SPEARMINT OIL	Pref	OTC
SWEET OIL	Pref	OTC

SOLIDS

BHT GRA	Pref	
BHT GRA USP/NF	Pref	
BHT POW	Pref	
SORBITOL POW	Pref	

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

COMBINATION CONTRACEPTIVES - ORAL

<i>alyacen tab 1/35</i>	Pref	365 day supply
<i>alyacen tab 7/7/7</i>	Pref	365 day supply
<i>amethia tab</i>	Pref	365 day supply
<i>amethyst tab 90-20mcg</i>	Pref	365 day supply
<i>apri tab</i>	Pref	365 day supply
<i>aranelle tab</i>	Pref	365 day supply
<i>ashlyna tab</i>	Pref	365 day supply
<i>aurovela 24 tab fe 1/20</i>	Pref	365 day supply
<i>aurovela tab 1.5/30</i>	Pref	365 day supply
<i>aurovela tab 1/20</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>azurette tab</i>	Pref	365 day supply
BALCOLTRA TAB 0.1-20	Pref	365 day supply
<i>balziva tab</i>	Pref	365 day supply
<i>blisovi 24 tab fe 1/20</i>	Pref	365 day supply
<i>briellyn tab</i>	Pref	365 day supply
<i>camrese lo tab</i>	Pref	365 day supply
<i>camrese tab</i>	Pref	365 day supply
<i>caziant pak</i>	Pref	365 day supply
<i>charlotte 24 chw fe 1/20</i>	Pref	365 day supply
<i>cryselle-28 tab 28 tabs</i>	Pref	365 day supply
<i>cyred eq tab</i>	Pref	365 day supply
<i>cyred tab</i>	Pref	365 day supply
<i>dasetta tab 1/35</i>	Pref	365 day supply
<i>dasetta tab 7/7/7</i>	Pref	365 day supply
<i>daysee tab</i>	Pref	365 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Pref	365 day supply
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Pref	365 day supply
<i>dolishale tab 90-20mcg</i>	Pref	365 day supply
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Pref	365 day supply
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Pref	365 day supply
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Pref	365 day supply
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Pref	365 day supply
<i>elinest tab</i>	Pref	365 day supply
<i>emoquette tab</i>	Pref	365 day supply
<i>enpresse-28 tab</i>	Pref	365 day supply
<i>enskyce tab</i>	Pref	365 day supply
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Pref	365 day supply
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Pref	365 day supply
<i>fayosim tab</i>	Pref	365 day supply
<i>gemmily cap 1/20</i>	Pref	365 day supply
<i>hailey 24 tab fe</i>	Pref	365 day supply
<i>hailey tab 1.5/30</i>	Pref	365 day supply
<i>iclevia tab</i>	Pref	365 day supply
<i>introvale tab</i>	Pref	365 day supply
<i>isibloom tab</i>	Pref	365 day supply
<i>jaimiess tab</i>	Pref	365 day supply
<i>jasmiel tab 3-0.02mg</i>	Pref	365 day supply
<i>jolessa tab</i>	Pref	365 day supply
<i>juleber tab</i>	Pref	365 day supply
<i>junel 1.5/30 tab</i>	Pref	365 day supply
<i>junel 1/20 tab</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>junel fe 24 tab 1/20</i>	Pref	365 day supply
<i>kaitlib fe chw</i>	Pref	365 day supply
<i>kalliga tab</i>	Pref	365 day supply
<i>kariva tab 28 day</i>	Pref	365 day supply
<i>kelnor 1/50 tab</i>	Pref	365 day supply
<i>kelnor tab 1/35</i>	Pref	365 day supply
<i>larin 24 tab fe 1/20</i>	Pref	365 day supply
<i>larin tab 1.5/30</i>	Pref	365 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>larin tab 1/20</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>layolis fe chw</i>	Pref	365 day supply
<i>leena tab</i>	Pref	365 day supply
<i>levonest tab</i>	Pref	365 day supply
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	Pref	365 day supply
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Pref	365 day supply
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	Pref	365 day supply
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Pref	365 day supply
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Pref	365 day supply
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Pref	365 day supply
<i>LO LOESTRIN TAB 1-10-10</i>	Pref	365 day supply
<i>lo-zumandimi tab 3-0.02mg</i>	Pref	365 day supply
<i>loestrin 21 tab 1.5/30</i>	Pref	365 day supply
<i>loestrin fe tab 1.5/30</i>	Pref	365 day supply
<i>loestrin tab 1/20-21</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>lojaimiess tab</i>	Pref	365 day supply
<i>loryna tab 3-0.02mg</i>	Pref	365 day supply
<i>low-ogestrel tab</i>	Pref	365 day supply
<i>merzee cap 1/20</i>	Pref	365 day supply
<i>micrgstin 24 tab fe 1/20</i>	Pref	365 day supply
<i>microgestin tab 1.5/30</i>	Pref	365 day supply
<i>microgestin tab 1/20</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>mono-lynyah tab 0.25-35</i>	Pref	365 day supply
<i>NATAZIA TAB</i>	Pref	365 day supply
<i>necon tab 0.5/35</i>	Pref	365 day supply
<i>NEXTSTELLIS TAB 3-14.2MG</i>	Pref	365 day supply
<i>nikki tab 3-0.02mg</i>	Pref	365 day supply
<i>noreth/ethin tab fe 1/20</i>	Pref	365 day supply
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Pref	365 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Pref	365 day supply
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Pref	365 day supply
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Pref	365 day supply
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Pref	365 day supply
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Pref	365 day supply
<i>nortrel tab 0.5/35</i>	Pref	365 day supply
<i>nortrel tab 1/35</i>	Pref	365 day supply
<i>nortrel tab 7/7/7</i>	Pref	365 day supply
<i>nylia tab 1/35</i>	Pref	365 day supply
<i>nylia tab 7/7/7</i>	Pref	365 day supply
<i>ocella tab 3-0.03mg</i>	Pref	365 day supply
<i>philith tab 0.4-35</i>	Pref	365 day supply
<i>pimtrea tab</i>	Pref	365 day supply
<i>pirmella tab 1/35</i>	Pref	365 day supply
<i>pirmella tab 7/7/7</i>	Pref	365 day supply
<i>portia-28 tab</i>	Pref	365 day supply
<i>reclipsen tab</i>	Pref	365 day supply
<i>rivelsa tab</i>	Pref	365 day supply
<i>setlakin tab</i>	Pref	365 day supply
<i>simliya tab 28 day</i>	Pref	365 day supply
<i>simpesse tab</i>	Pref	365 day supply
<i>syeda tab 3-0.03mg</i>	Pref	365 day supply
<i>tarina 24 fe tab</i>	Pref	365 day supply
<i>taysofy cap 1/20</i>	Pref	365 day supply
<i>tilia fe tab</i>	Pref	365 day supply
<i>tri-legest tab fe</i>	Pref	365 day supply
<i>tri-lo tab estaryl</i>	Pref	365 day supply
<i>tri-lo- tab marzia</i>	Pref	365 day supply
<i>tri-lo- tab sprintec</i>	Pref	365 day supply
<i>tri-lo-mili tab</i>	Pref	365 day supply
<i>tri-nymyo tab</i>	Pref	365 day supply
<i>tri-vylibra tab lo</i>	Pref	365 day supply
<i>trivora-28 tab</i>	Pref	365 day supply
<i>TYBLUME CHW 0.1-0.02</i>	Pref	365 day supply
<i>tydemy tab</i>	Pref	365 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>velivet pak</i>	Pref	365 day supply
<i>vestura tab 3-0.02mg</i>	Pref	365 day supply
<i>viorele tab</i>	Pref	365 day supply
<i>volnea tab</i>	Pref	365 day supply
<i>vyfemla tab 0.4-35</i>	Pref	365 day supply
<i>wera tab 0.5/35</i>	Pref	365 day supply
<i>wymzya fe chw 0.4mg-35</i>	Pref	365 day supply
<i>zovia 1/35 tab</i>	Pref	365 day supply
<i>zumandimine tab 3-0.03mg</i>	Pref	365 day supply
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>xulane dis 150-35</i>	Pref	QL (0.12 patches / 1 day; 365 day supply)
<i>zafemy dis 150/35</i>	Pref	QL (0.12 patches / 1 day; 365 day supply)
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>eluryng mis</i>	Pref	QL (0.04 rings / 1 day; 365 day supply)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Pref	QL (0.04 rings / 1 day; 365 day supply)
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A	Pref	365 day supply
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG	Pref	365 day supply
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	Non-Pref	PA, QL (0.04 injections / 1 day; 365 day supply)
DEPO-SQ PROV INJ 104	Non-Pref	PA; 365 day supply
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Pref	QL (0.04 injections / 1 day; 365 day supply)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Pref	QL (0.04 injections / 1 day; 365 day supply)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	Pref	365 day supply
LILETTA IUD 52MG	Pref	365 day supply
MIRENA IUD SYSTEM	Pref	365 day supply
SKYLA IUD 13.5MG	Pref	365 day supply
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norlyroc tab 0.35mg</i>	Pref	365 day supply
SLYND TAB 4MG	Pref	365 day supply

Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
GLUCOCORTICOSTEROIDS		

ALKINDI SPRI CAP 0.5MG	Non-Pref	SP, PA; AGE (Max age 17 years)
ALKINDI SPRI CAP 1MG	Non-Pref	SP, PA; AGE (Max age 17 years)
ALKINDI SPRI CAP 2MG	Non-Pref	SP, PA; AGE (Max age 17 years)
ALKINDI SPRI CAP 5MG	Non-Pref	SP, PA; AGE (Max age 17 years)
<i>budesonide delayed release particles cap 3 mg</i>	Pref	
<i>budesonide tab er 24hr 9 mg</i>	Non-Pref	PA
CORTEF TAB 5MG	Non-Pref	PA
CORTEF TAB 10MG	Non-Pref	PA
CORTEF TAB 20MG	Non-Pref	PA
DEXAMETHASON CON 1MG/ML	Pref	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Pref	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	Pref	
<i>dexamethasone soln 0.5 mg/5ml</i>	Pref	
<i>dexamethasone tab 0.5 mg</i>	Pref	
<i>dexamethasone tab 0.75 mg</i>	Pref	
<i>dexamethasone tab 1 mg</i>	Pref	
<i>dexamethasone tab 1.5 mg</i>	Pref	
<i>dexamethasone tab 2 mg</i>	Pref	
<i>dexamethasone tab 4 mg</i>	Pref	
<i>dexamethasone tab 6 mg</i>	Pref	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	Non-Pref	PA
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	Non-Pref	PA
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	Non-Pref	PA
EMFLAZA SUS 22.75/ML	Non-Pref	SP, PA; AGE (Min age 2 years)
EMFLAZA TAB 6MG	Non-Pref	SP, PA; AGE (Min age 2 years)
EMFLAZA TAB 18MG	Non-Pref	SP, PA; AGE (Min age 2 years)
EMFLAZA TAB 30MG	Non-Pref	SP, PA; AGE (Min age 2 years)

Drug Name	Drug Tier	Requirements/Limits
EMFLAZA TAB 36MG	Non-Pref	SP, PA; AGE (Min age 2 years)
HEMADY TAB 20MG	Non-Pref	PA
<i>hydrocortisone tab 5 mg</i>	Pref	
<i>hydrocortisone tab 10 mg</i>	Pref	
<i>hydrocortisone tab 20 mg</i>	Pref	
MEDROL TAB 2MG	Non-Pref	PA
MEDROL TAB 4MG	Non-Pref	PA
MEDROL TAB 8MG	Non-Pref	PA
MEDROL TAB 16MG	Non-Pref	PA
MEDROL TAB 32MG	Non-Pref	PA
<i>methylprednisolone tab 4 mg</i>	Pref	
<i>methylprednisolone tab 8 mg</i>	Non-Pref	PA
<i>methylprednisolone tab 16 mg</i>	Non-Pref	PA
<i>methylprednisolone tab 32 mg</i>	Non-Pref	PA
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Pref	
MILLIPRED TAB 5MG	Non-Pref	PA
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	Non-Pref	PA
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	Non-Pref	PA
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	Non-Pref	PA
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Pref	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Pref	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Pref	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Pref	
PREDNISONE CON 5MG/ML	Pref	
<i>prednisone oral soln 5 mg/5ml</i>	Pref	90 day supply
<i>prednisone tab 1 mg</i>	Pref	90 day supply
<i>prednisone tab 2.5 mg</i>	Pref	90 day supply
<i>prednisone tab 5 mg</i>	Pref	90 day supply
<i>prednisone tab 10 mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 20 mg</i>	Pref	90 day supply
<i>prednisone tab 50 mg</i>	Pref	90 day supply
<i>prednisone tab therapy pack 5 mg (21)</i>	Pref	90 day supply
<i>prednisone tab therapy pack 5 mg (48)</i>	Pref	90 day supply
<i>prednisone tab therapy pack 10 mg (21)</i>	Pref	90 day supply
<i>prednisone tab therapy pack 10 mg (48)</i>	Pref	90 day supply
RAYOS TAB 1MG	Non-Pref	PA
RAYOS TAB 2MG	Non-Pref	PA
RAYOS TAB 5MG	Non-Pref	PA
<i>taperdex pak 6 day</i>	Non-Pref	PA
<i>taperdex pak 7-day</i>	Non-Pref	PA
<i>taperdex pak 12-day</i>	Non-Pref	PA
UCERIS TAB 9MG	Non-Pref	PA

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	Pref

COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES

<i>benzonatate cap 100 mg</i>	Pref	QL (6 caps / 1 day); AGE (Min age 6 years)
<i>benzonatate cap 200 mg</i>	Pref	QL (2 caps / 1 day)
<i>cough dm sus 30mg/5ml</i>	Pref	OTC
<i>cough gels cap 15mg</i>	Pref	OTC
<i>cough relief liq 15mg/5ml</i>	Pref	OTC
<i>dextromethorphan hbr cap 15 mg</i>	Pref	OTC
<i>dextromethorphan polistirex extended release susp 30 mg/5ml</i>	Pref	OTC
<i>gnp cough cap 15mg</i>	Pref	OTC
<i>gnp cough dm sus 30mg/5ml</i>	Pref	OTC
<i>hm cough dm sus 30mg/5ml</i>	Pref	OTC
HYCODAN SYP 5-1.5/5	Pref	QL (30 mL / 1 day); AGE (Min age 6 years)
HYCODAN TAB 5-1.5MG	Non-Pref	PA; AGE (Min age 6 years)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Pref	QL (30 mL / 1 day); AGE (Min age 6 years)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	Non-Pref	PA; AGE (Min age 6 years)
<i>hydromet syp 5-1.5/5</i>	Pref	QL (30 mL / 1 day); AGE (Min age 6 years)
<i>sm cough dm sus 30mg/5ml</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sm cough rel syp 15mg/5ml</i>	Pref	OTC
<i>tussin cough syp 15mg/5ml</i>	Pref	OTC
COUGH/COLD/ALLERGY COMBINATIONS		
<i>aller/conges tab 10-240mg</i>	Non-Pref	PA, OTC
<i>allergy d tab 5-120mg</i>	Non-Pref	PA, OTC
<i>allergy rel/ tab deconges</i>	Non-Pref	PA, OTC
<i>allergy relf tab 5-120mg</i>	Non-Pref	PA, OTC
<i>allergy relf tab d-24</i>	Non-Pref	PA, OTC
<i>allergy relf tab deconges</i>	Non-Pref	PA, OTC
<i>allergy tab multi-sy</i>	Pref	OTC
<i>allergy-d tab 5-120mg</i>	Non-Pref	PA, OTC
<i>allergy/cong tab 5-120mg</i>	Non-Pref	PA, OTC
<i>allgy comp-d tab 5-120mg</i>	Non-Pref	PA, OTC
<i>allrgy d-12 tab 5-120mg</i>	Non-Pref	PA, OTC
<i>antihistamin tab 60-120mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>aproline tab 2.5-60mg</i>	Pref	OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Non-Pref	PA, OTC
CLARINEX-D TAB 2.5-120	Non-Pref	PA
<i>cld head cng tab nighttim</i>	Pref	OTC
<i>cold & flu cap nighttime</i>	Pref	OTC
<i>cold & sinus tab 30-200mg</i>	Pref	OTC
<i>cold & sinus tab relief</i>	Pref	OTC
<i>cold max tab 10/5/325</i>	Pref	OTC
<i>cold/allergy elx children</i>	Pref	OTC
<i>cold/flu liq daytime</i>	Pref	OTC
<i>cold/flu rel cap nitetime</i>	Pref	OTC
CONEX SOL CLD/ALRG	Pref	OTC
CONEX TAB 2-60MG	Pref	OTC
<i>cough & cold tab 4-30mg</i>	Pref	OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Pref	OTC
<i>dextromethorphan-guaifenesin tab 20-400 mg</i>	Pref	OTC
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	Pref	OTC
<i>dextromethorphan-phenylephrine-apap cap 10-5-325 mg</i>	Pref	OTC
<i>ed a-hist dm liq</i>	Pref	OTC
<i>ed a-hist tab 4-10mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>fexofen/pse tab 60-120mg</i>	Non-Pref	PA, QL (2 tabs / 1 day), OTC
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>gnp allergy tab relief</i>	Pref	OTC
<i>gnp cld max mis day/nght</i>	Pref	OTC
<i>gnp cld max tab daytime</i>	Pref	OTC
<i>gnp cld/hd tab cngst</i>	Pref	OTC
<i>gnp tussin syp cf</i>	Pref	OTC
<i>guaiaatuss ac syp 100-10/5</i>	Pref	QL (60 mL / 1 day), OTC; AGE (Min age 6 years)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Pref	QL (60 mL / 1 day), OTC; AGE (Min age 6 years)
HISTEX-AC SYP	Non-Pref	PA, OTC; AGE (Min age 6 years)
<i>hm mucus dm tab 60-1200</i>	Pref	OTC
<i>12hr allergy tab 60-120mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	Non-Pref	PA; AGE (Min age 6 years)
LOHIST-DM SYP 5-2-10MG	Pref	OTC
<i>lorata-dine tab d 24hr</i>	Non-Pref	PA, OTC
<i>loratadine d tab 5-120mg</i>	Non-Pref	PA, OTC
<i>loratadine-d tab 5-120mg</i>	Non-Pref	PA, OTC
<i>loratadine-d tab 10-240mg</i>	Non-Pref	PA, OTC
M-CLEAR WC LIQ 100-6.3	Non-Pref	PA, OTC; AGE (Min age 6 years)
M-END PE LIQ	Non-Pref	PA, OTC; AGE (Min age 6 years)
<i>mapap cold tab 10-5-325</i>	Pref	OTC
MAR-COF CG LIQ 225-7.5	Non-Pref	PA, OTC; AGE (Min age 6 years)
<i>maxi-tuss ac sol</i>	Pref	QL (60 mL / 1 day), OTC; AGE (Min age 6 years)
MAXI-TUSS LIQ CD	Non-Pref	PA, OTC; AGE (Min age 6 years)
<i>maxi-tuss liq gmx</i>	Pref	QL (10 mL / 1 day), OTC
MUCINEX CGH GRA 5-100MG	Pref	OTC
<i>mucinex dm liq 20-400</i>	Pref	OTC
<i>mucinex free liq cong/cgh</i>	Pref	OTC
<i>mucus d tab 60-600mg</i>	Pref	OTC
<i>mucus dm tab 60-1200</i>	Pref	OTC
<i>mucus relf d tab 60-600mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>mucus relief liq child</i>	Pref	OTC
<i>mucus relief liq children</i>	Pref	OTC
<i>mucus relief liq max st</i>	Pref	OTC
<i>mucus relief tab 30-600er</i>	Pref	OTC
<i>mucus relief tab 60-1200</i>	Pref	OTC
<i>mucus-dm max tab 60-1200</i>	Pref	OTC
<i>night time cap cold/flu</i>	Pref	OTC
<i>nighttime cap cold/flu</i>	Pref	OTC
NINJACOF-XG LIQ 200-8/5	Non-Pref	PA, OTC; AGE (Min age 6 years)
<i>nohist-dm liq</i>	Pref	OTC
<i>nohist-lq liq 4-10/5ml</i>	Pref	OTC
<i>phenylephrine w/ acetaminophen tab 5-325 mg</i>	Pref	OTC
<i>phenylephrine w/ dm-gg liqd 5-10-100 mg/5ml</i>	Pref	OTC
<i>phenylephrine-apap-gg tab 5-325-200 mg</i>	Pref	OTC
<i>phenylephrine-brompheniramine-dm liquid 2.5-1-5 mg/5ml</i>	Pref	OTC
<i>phenylephrine-dm-gg w/ apap tab 5-10-200-325 mg</i>	Pref	QL (1 tab / 1 day), OTC
POLY-TUSSIN LIQ 10-4-10	Non-Pref	PA, OTC; AGE (Min age 6 years)
<i>prometh vc syp 6.25-5/5</i>	Pref	AGE (Min age 6 years)
<i>prometh vc/ syp codeine</i>	Non-Pref	PA; AGE (Min age 6 years)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	Pref	AGE (Min age 6 years)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Pref	AGE (Min age 6 years)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Pref	AGE (Min age 2 years)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	Non-Pref	PA; AGE (Min age 6 years)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Pref	AGE (Min age 2 years)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Pref	OTC
<i>qc ibuprofen tab cold/sin</i>	Pref	OTC
<i>qc nighttime cap cold/flu</i>	Pref	OTC
<i>rynex pe elx</i>	Pref	OTC
<i>rynex pse liq</i>	Pref	OTC
<i>severe cong liq cough</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sm cold tab alrgy pe</i>	Pref	OTC
<i>sm tussin cf liq</i>	Pref	OTC
TUSNEL PED DRO 7.5-50	Pref	OTC
TUSNEL PEDI LIQ 15-5-50	Pref	OTC
<i>tussin cf liq cgh/flu</i>	Pref	OTC
<i>tussin dm liq 10-100mg</i>	Pref	OTC

EXPECTORANTS

<i>chest conges syp 100/5ml</i>	Pref	OTC
<i>chest conges tab 400mg</i>	Pref	OTC
<i>gnp mucus er tab 600mg</i>	Pref	OTC
<i>gnp mucus er tab 1200mg</i>	Pref	OTC
<i>guaifenesin liquid 100 mg/5ml</i>	Pref	OTC
<i>guaifenesin tab 200 mg</i>	Pref	OTC
<i>guaifenesin tab er 12hr 600 mg</i>	Pref	OTC
<i>medifin 400 tab 400mg</i>	Pref	OTC
MUCINEX/KIDS GRA 100MG	Pref	OTC
<i>mucus er max tab 1200mg</i>	Pref	OTC
<i>mucus relief tab 400mg</i>	Pref	OTC
<i>mucus relief tab 600mg er</i>	Pref	OTC
<i>mucus relief tab 1200 er</i>	Pref	OTC
<i>mucus relief tab 1200mg</i>	Pref	OTC
<i>siltussin sa syp 100/5ml</i>	Pref	OTC
<i>sm mucus rel tab 600mg er</i>	Pref	OTC
<i>sm mucus rel tab 1200 er</i>	Pref	OTC
<i>tab tussin tab 400mg</i>	Pref	OTC
<i>tussin chest syp 100/5ml</i>	Pref	OTC

MISC. RESPIRATORY INHALANTS

<i>simply salin aer baby</i>	Pref	OTC
<i>sodium chloride aero soln 0.9%</i>	Pref	OTC
<i>sodium chloride soln nebu 0.9%</i>	Pref	

MUCOLYTICS

<i>acetylcysteine inhal soln 10%</i>	Pref	
<i>acetylcysteine inhal soln 20%</i>	Pref	

DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

ACANYA GEL 1.2-2.5%	Non-Pref	PA; AGE (Max age 18 years)
<i>accutane cap 10mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>accutane cap 20mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>accutane cap 30mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>accutane cap 40mg</i>	Pref	PA, QL (2 caps / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>acne medicat gel 2.5%</i>	Pref	OTC; AGE (Max age 18 years)
<i>acne medicat gel 5%</i>	Pref	OTC; AGE (Max age 18 years)
<i>acne medicat gel 10%</i>	Pref	OTC; AGE (Max age 18 years)
ACNE MEDICAT LOT 5%	Pref	OTC; AGE (Max age 18 years)
ACNE MEDICAT LOT 10%	Pref	OTC; AGE (Max age 18 years)
<i>adapalene cream 0.1%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>adapalene gel 0.1%</i>	Pref	QL (1.5 gm / 1 day), OTC; AGE (Max age 18 years)
<i>adapalene gel 0.3%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	Non-Pref	PA; AGE (Max age 18 years)
AKLIEF CRE 0.005%	Non-Pref	PA; AGE (Max age 18 years)
ALTRENO LOT 0.05%	Non-Pref	PA; AGE (Max age 18 years)
<i>amnesteem cap 10mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>amnesteem cap 20mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>amnesteem cap 40mg</i>	Pref	PA, QL (2 caps / 1 day)
AMZEEQ AER 4%	Non-Pref	PA; AGE (Max age 18 years)
ARAZLO LOT 0.045%	Non-Pref	PA; AGE (Max age 18 years)
ATRALIN GEL 0.05%	Non-Pref	PA; AGE (Max age 18 years)
<i>avar cleanse liq 10-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
AVAR LS LIQ 10-2%	Non-Pref	PA; AGE (Max age 18 years)
<i>avar-e emoll cre 10-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>avar-e green cre 10-5%</i>	Non-Pref	PA; AGE (Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
AVAR-E LS CRE 10-2%	Non-Pref	PA; AGE (Max age 18 years)
<i>avita cre 0.025%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>avita gel 0.025%</i>	Non-Pref	PA; AGE (Max age 18 years)
BENZAMYCIN GEL 5-3%	Non-Pref	PA; AGE (Max age 18 years)
<i>benzefoam aer 5.3%</i>	Non-Pref	PA, OTC; AGE (Max age 18 years)
<i>benzoyl per liq 5% wash</i>	Pref	OTC; AGE (Max age 18 years)
<i>benzoyl per liq 10% wash</i>	Pref	OTC; AGE (Max age 18 years)
<i>benzoyl peroxide gel 2.5%</i>	Pref	OTC; AGE (Max age 18 years)
<i>benzoyl peroxide gel 5%</i>	Pref	OTC; AGE (Max age 18 years)
<i>benzoyl peroxide gel 10%</i>	Pref	OTC; AGE (Max age 18 years)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>bp 10-1 emu</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>bp cleansing emu 10-4%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>bpo cloths mis 6%</i>	Non-Pref	PA, OTC; AGE (Max age 18 years)
<i>claravis cap 10mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>claravis cap 20mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>claravis cap 30mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>claravis cap 40mg</i>	Pref	PA, QL (2 caps / 1 day)
CLEOCIN-T LOT 1%	Non-Pref	PA; AGE (Max age 18 years)
CLINDACIN KIT ETZ 1%	Non-Pref	PA; AGE (Max age 18 years)
CLINDACIN KIT PAC 1%	Non-Pref	PA; AGE (Max age 18 years)
<i>clindacin mis etz 1%</i>	Pref	AGE (Max age 18 years)
<i>clindacin-p pad 1%</i>	Pref	AGE (Max age 18 years)
CLINDAGEL GEL 1%	Non-Pref	PA; AGE (Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Pref	QL (1.5 gm / 1 day); AGE (Max age 18 years)
<i>clindamycin phosphate foam 1%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>clindamycin phosphate gel 1%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>clindamycin phosphate lotion 1%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>clindamycin phosphate soln 1%</i>	Pref	AGE (Max age 18 years)
<i>clindamycin phosphate swab 1%</i>	Pref	AGE (Max age 18 years)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>dapsone gel 5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>dapsone gel 7.5%</i>	Non-Pref	PA; AGE (Max age 18 years)
DIFFERIN CRE 0.1%	Non-Pref	PA; AGE (Max age 18 years)
DIFFERIN GEL 0.1%	Pref	QL (1.5 gm / 1 day), OTC; AGE (Max age 18 years)
DIFFERIN GEL 0.3%	Non-Pref	PA; AGE (Max age 18 years)
DIFFERIN LOT 0.1%	Non-Pref	PA; AGE (Max age 18 years)
EPIDUO FORTE GEL 0.3-2.5%	Non-Pref	PA; AGE (Max age 18 years)
<i>ery pad 2%</i>	Non-Pref	PA; AGE (Max age 18 years)
ERYGEL GEL 2%	Non-Pref	PA; AGE (Max age 18 years)
<i>erythromycin gel 2%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>erythromycin soln 2%</i>	Pref	AGE (Max age 18 years)
EVOCLIN AER 1%	Non-Pref	PA; AGE (Max age 18 years)
FABIOR AER 0.1%	Non-Pref	PA; AGE (Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin cap 10 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>isotretinoin cap 20 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>isotretinoin cap 30 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>isotretinoin cap 40 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>myorisan cap 10mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>myorisan cap 20mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>myorisan cap 30mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>myorisan cap 40mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>neuac gel 1.2-5%</i>	Non-Pref	PA, QL (1.5 gm / 1 day); AGE (Max age 18 years)
NEUAC KIT 1.2-5%	Non-Pref	PA; AGE (Max age 18 years)
ONEXTON GEL 1.2-3.75	Non-Pref	PA; AGE (Max age 18 years)
RETIN-A CRE 0.1%	Pref	AGE (Max age 18 years)
RETIN-A CRE 0.05%	Pref	AGE (Max age 18 years)
RETIN-A CRE 0.025%	Pref	AGE (Max age 18 years)
RETIN-A GEL 0.01%	Pref	AGE (Max age 18 years)
RETIN-A GEL 0.025%	Pref	AGE (Max age 18 years)
RETIN-A MICR GEL 0.1%	Non-Pref	PA; AGE (Max age 18 years)
RETIN-A MICR GEL 0.1%PUMP	Non-Pref	PA; AGE (Max age 18 years)
RETIN-A MICR GEL 0.04%	Non-Pref	PA; AGE (Max age 18 years)
RETIN-A MICR GEL 0.04%PMP	Non-Pref	PA; AGE (Max age 18 years)
RETIN-A MICR GEL 0.06%	Non-Pref	PA; AGE (Max age 18 years)
RETIN-A MICR GEL 0.08%	Non-Pref	PA; AGE (Max age 18 years)
SOD SUL/SULF EMU 10-5%	Non-Pref	PA; AGE (Max age 18 years)
SOD SUL/SULF SUS 10-5%	Non-Pref	PA; AGE (Max age 18 years)
<i>sss 10-5 aer 10-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sss cre 10%-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium lotion 10% (acne)</i>	Non-Pref	PA; AGE (Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur wash 9-4%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur wash 9-4.5%</i>	Non-Pref	PA; AGE (Max age 18 years)
SUMADAN KIT	Non-Pref	PA; AGE (Max age 18 years)
SUMADAN WASH LIQ 9-4.5%	Non-Pref	PA; AGE (Max age 18 years)
SUMADAN XLT KIT 9-4.5%	Non-Pref	PA; AGE (Max age 18 years)
SUMAXIN CP KIT	Non-Pref	PA; AGE (Max age 18 years)
TAZAROTENE AER 0.1%	Pref	AGE (Max age 18 years)
<i>tretinoin cream 0.1%</i>	Pref	AGE (Max age 18 years)
<i>tretinoin cream 0.05%</i>	Pref	AGE (Max age 18 years)
<i>tretinoin cream 0.025%</i>	Pref	AGE (Max age 18 years)
<i>tretinoin gel 0.01%</i>	Pref	AGE (Max age 18 years)
<i>tretinoin gel 0.05%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>tretinoin gel 0.025%</i>	Pref	AGE (Max age 18 years)
<i>tretinoin microsphere gel 0.1%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>tretinoin microsphere gel 0.04%</i>	Non-Pref	PA; AGE (Max age 18 years)
TWYNEO CRE 0.1-3%	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
WINLEVI CRE 1%	Non-Pref	PA; AGE (Min age 12 years and Max age 18 years)
<i>zenatane cap 10mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>zenatane cap 20mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>zenatane cap 30mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>zenatane cap 40mg</i>	Pref	PA, QL (2 caps / 1 day)
ZIANA GEL	Non-Pref	PA; AGE (Max age 18 years)

ANALGESICS - TOPICAL

<i>blue gel 2%</i>	Pref	OTC
<i>ice blue gel 2%</i>	Pref	OTC

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>arthr pain gel 1%</i>	Pref	QL (1000 gm / 27 days; 90 day supply), OTC
<i>diclofenac epolamine patch 1.3%</i>	Pref	QL (2 ea / 1 day)
<i>diclofenac sodium gel 1%</i>	Pref	QL (1000 gm / 27 days; 90 day supply)
<i>diclofenac sodium gel 1%</i>	Pref	QL (1000 gm / 27 days; 90 day supply), OTC
<i>diclofenac sodium soln 1.5%</i>	Non-Pref	PA
FLECTOR DIS 1.3%	Non-Pref	PA, QL (2 patches / 1 day)
<i>goodsense gel art pain</i>	Pref	QL (1000 gm / 27 days; 90 day supply), OTC
LICART DIS 1.3%	Non-Pref	PA
PENNSAID SOL 2%	Non-Pref	PA
<i>qc diclofena gel 1%</i>	Pref	QL (1000 gm / 27 days; 90 day supply), OTC

ANTIBIOTICS - TOPICAL

<i>antib + pain cre relief</i>	Pref	OTC
<i>bacitracin oin 500/gm</i>	Pref	OTC
<i>bacitracin oint 500 unit/gm</i>	Pref	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Pref	OTC
CENTANY AT KIT 2%	Non-Pref	PA
CENTANY OIN 2%	Non-Pref	PA
<i>double antib oin</i>	Pref	OTC
<i>double oin antibiot</i>	Pref	OTC
<i>first aid oin antibiot</i>	Pref	OTC
<i>gentamicin sulfate cream 0.1%</i>	Pref	
<i>gentamicin sulfate oint 0.1%</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>gnp triple oin antibiot</i>	Pref	OTC
<i>hm triple oin antibiot</i>	Pref	OTC
<i>mupirocin oint 2%</i>	Pref	
<i>poly bacitra oin</i>	Pref	OTC
<i>sm antibioti cre plus</i>	Pref	OTC
<i>sm antibioti oin 500/gm</i>	Pref	OTC
<i>sm triple oin antibiot</i>	Pref	OTC
<i>triple antib oin</i>	Pref	OTC
<i>triple antib oin max st</i>	Pref	OTC
<i>triple antib oin pain rlf</i>	Pref	OTC
<i>triple antib oin plus</i>	Pref	OTC

ANTIFUNGALS - TOPICAL

<i>ALEVAZOL OIN 1%</i>	Non-Pref	PA, OTC
<i>anti-fungal pow 1%</i>	Pref	OTC
<i>antifungal cre 1%</i>	Pref	OTC
<i>antifungal pow 2%</i>	Non-Pref	PA, OTC
<i>ath foot spr aer 1%</i>	Pref	OTC
<i>athlete foot aer 2%</i>	Non-Pref	PA, OTC
<i>athlete foot cre 1%</i>	Pref	OTC
<i>athletes ft aer 1% pow</i>	Non-Pref	PA, OTC
<i>butenafine hcl cream 1%</i>	Non-Pref	PA, OTC
<i>ciclodan sol 8%</i>	Pref	QL (0.22 mL / 1 day)
<i>ciclopirox gel 0.77%</i>	Non-Pref	PA
<i>ciclopirox kit 8%</i>	Non-Pref	PA
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Non-Pref	PA
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Non-Pref	PA
<i>ciclopirox shampoo 1%</i>	Non-Pref	PA
<i>ciclopirox solution 8%</i>	Pref	QL (0.22 mL / 1 day)
<i>clotrimazole cre 1%</i>	Pref	OTC
<i>clotrimazole cream 1%</i>	Pref	
<i>clotrimazole soln 1%</i>	Pref	
<i>clotrimazole soln 1%</i>	Pref	OTC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Pref	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Non-Pref	PA
<i>econazole nitrate cream 1%</i>	Non-Pref	PA
<i>ERTACZO CRE 2%</i>	Non-Pref	PA
<i>EXELDERM CRE 1%</i>	Non-Pref	PA
<i>EXELDERM SOL 1%</i>	Non-Pref	PA
<i>EXTINA AER 2%</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
FUNGOID TINC SOL 2%	Non-Pref	PA, OTC
JUBLIA SOL 10%	Non-Pref	PA
KERYDIN SOL 5%	Non-Pref	PA
<i>ketoconazole cream 2%</i>	Pref	
<i>ketoconazole foam 2%</i>	Non-Pref	PA
<i>ketoconazole shampoo 2%</i>	Pref	
<i>ketodan aer 2%</i>	Non-Pref	PA
KETODAN KIT 2%	Non-Pref	PA
LOPROX CRE 0.77%	Non-Pref	PA
LOPROX KIT 0.77%	Non-Pref	PA
LOPROX SHA 1%	Non-Pref	PA
LOPROX SUS 0.77%	Non-Pref	PA
<i>luliconazole cream 1%</i>	Non-Pref	PA
LUZU CRE 1%	Non-Pref	PA
MENTAX CRE 1%	Non-Pref	PA
<i>miconazole nitrate cream 2%</i>	Pref	OTC
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	Non-Pref	PA
<i>miconazorb pow af 2%</i>	Non-Pref	PA, OTC
<i>micotrin ac cre 1%</i>	Pref	OTC
<i>micotrin al liq 1%</i>	Pref	OTC
<i>micotrin ap pow 2%</i>	Non-Pref	PA, OTC
<i>mycozyl ac cre 1%</i>	Pref	OTC
<i>mycozyl ap pow 2%</i>	Non-Pref	PA, OTC
<i>myozyl al sol 1%</i>	Pref	OTC
<i>naftifine hcl cream 1%</i>	Non-Pref	PA
<i>naftifine hcl cream 2%</i>	Non-Pref	PA
NAFTIN GEL 1%	Non-Pref	PA
NAFTIN GEL 2%	Non-Pref	PA
<i>nyamyc pow 100000</i>	Pref	
<i>nystatin cream 100000 unit/gm</i>	Pref	
<i>nystatin oint 100000 unit/gm</i>	Pref	
<i>nystatin topical powder 100000 unit/gm</i>	Pref	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Non-Pref	PA
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Non-Pref	PA
<i>nystop pow 100000</i>	Pref	
<i>oxiconazole nitrate cream 1%</i>	Non-Pref	PA
OXISTAT CRE 1%	Non-Pref	PA
OXISTAT LOT 1%	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sm antifungl cre 1%</i>	Pref	OTC
<i>sm antifungl cre 2%</i>	Pref	OTC
<i>sulconazole nitrate cream 1%</i>	Non-Pref	PA
<i>sulconazole nitrate solution 1%</i>	Non-Pref	PA
<i>tavaborole soln 5%</i>	Non-Pref	PA
<i>terbinafine cre 1%</i>	Pref	OTC
<i>tolnaftate cream 1%</i>	Pref	OTC
<i>tolnaftate powder 1%</i>	Pref	OTC
VUSION OIN	Non-Pref	PA

ANTIHISTAMINES-TOPICAL

<i>anti-itch cre 2-0.1%</i>	Pref	OTC
<i>banophen cre 2-0.1%</i>	Pref	OTC
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	Pref	OTC
<i>itch relief cre ex st</i>	Pref	OTC
<i>qc anti-itch cre 2-0.1%</i>	Pref	OTC
<i>sm anti-itch cre 2-0.1%</i>	Pref	OTC

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Pref	QL (3.334 gm / 1 day)
<i>fluorouracil cream 5%</i>	Pref	
<i>fluorouracil soln 5%</i>	Pref	

ANTIPSORIATICS

<i>calcipotriene cream 0.005%</i>	Pref	QL (2 gm / 1 day)
<i>calcipotriene foam 0.005%</i>	Non-Pref	PA
<i>calcipotriene oint 0.005%</i>	Pref	QL (2 gm / 1 day)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Pref	QL (2 mL / 1 day)
<i>calcitriol oint 3 mcg/gm</i>	Non-Pref	PA; AGE (Max age 18 years)
COSENTYX INJ 75MG/0.5	Non-Pref	SP, PA
COSENTYX INJ 150MG/ML	Non-Pref	SP, PA
COSENTYX INJ 300DOSE	Non-Pref	SP, PA
COSENTYX PEN INJ 150MG/ML	Non-Pref	SP, PA
COSENTYX PEN INJ 300DOSE	Non-Pref	SP, PA
DOVONEX CRE 0.005%	Non-Pref	PA, QL (2 gm / 1 day)
ILUMYA SOL 100MG/ML	Non-Pref	SP, PA; AGE (Min age 18 years)
SILIQ INJ 210/1.5	Non-Pref	SP, PA; AGE (Min age 18 years)
SKYRIZI INJ 150DOSE	Non-Pref	SP, PA
SKYRIZI INJ 150MG/ML	Non-Pref	SP, PA
SKYRIZI PEN INJ 150MG/ML	Non-Pref	SP, PA
SORILUX AER 0.005%	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45MG/0.5	Non-Pref	SP, PA
STELARA INJ 90MG/ML	Non-Pref	SP, PA
TALTZ INJ 80MG/ML	Non-Pref	SP, PA
<i>tazarotene cream 0.1%</i>	Non-Pref	PA; AGE (Max age 18 years)
TREMFYA INJ 100MG/ML	Non-Pref	SP, PA
VECTICAL OIN 3MCG/GM	Non-Pref	PA; AGE (Max age 18 years)

ANTISEBORRHEIC PRODUCTS

<i>anti-dandruff sha 1%</i>	Pref	OTC
<i>dandruff sha 1%</i>	Pref	OTC
OVACE PLUS AER 9.8%	Non-Pref	PA; AGE (Max age 18 years)
OVACE PLUS CRE 10%	Non-Pref	PA; AGE (Max age 18 years)
OVACE PLUS GEL 10% WASH	Non-Pref	PA; AGE (Max age 18 years)
OVACE PLUS LIQ 10% WASH	Non-Pref	PA; AGE (Max age 18 years)
OVACE PLUS LOT 9.8%	Non-Pref	PA; AGE (Max age 18 years)
OVACE PLUS SHA 10%	Non-Pref	PA; AGE (Max age 18 years)
OVACE WASH LIQ 10%	Non-Pref	PA; AGE (Max age 18 years)
SEBEX SHA	Pref	OTC
<i>selenium sulfide lotion 2.5%</i>	Pref	
<i>selenium sulfide shampoo 2.25%</i>	Pref	
<i>sm dandruff sha 2 in 1</i>	Pref	OTC
<i>sulfacetamide sodium cleansing gel 10%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium liquid 10%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium shampoo 10%</i>	Non-Pref	PA; AGE (Max age 18 years)

ANTIVIRALS - TOPICAL

<i>acyclovir cream 5%</i>	Pref	QL (0.167 gm / 1 day)
<i>acyclovir oint 5%</i>	Pref	
DENAVIR CRE 1%	Non-Pref	PA
<i>docosanol cream 10%</i>	Pref	OTC
<i>hm docosan cre 10%</i>	Pref	OTC
XERESE CRE 5-1%	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX CRE 5%	Non-Pref	PA, QL (0.167 gm / 1 day)
ZOVIRAX OIN 5%	Non-Pref	PA
BURN PRODUCTS		
<i>silver sulfadiazine cream 1%</i>	Pref	
<i>ssd cre 1%</i>	Pref	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	Non-Pref	PA
<i>alclometasone dipropionate oint 0.05%</i>	Non-Pref	PA
<i>amcinonide cream 0.1%</i>	Non-Pref	PA
<i>amcinonide lotion 0.1%</i>	Non-Pref	PA
<i>anti-itch cre 1%</i>	Pref	OTC
APEXICON E CRE 0.05%	Non-Pref	PA
<i>aquanil hc lot 1%</i>	Pref	OTC
<i>betamethasone dipropionate augmented cream 0.05%</i>	Pref	
<i>betamethasone dipropionate augmented gel 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented oint 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate cream 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate lotion 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate oint 0.05%</i>	Non-Pref	PA
<i>betamethasone valerate aerosol foam 0.12%</i>	Non-Pref	PA
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Pref	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Pref	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Pref	
BRYHALI LOT 0.01%	Non-Pref	PA
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Non-Pref	PA
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	Non-Pref	PA
CAPEX SHA 0.01%	Non-Pref	PA
<i>clobetasol e cre 0.05%</i>	Pref	
<i>clobetasol propionate cream 0.05%</i>	Pref	
<i>clobetasol propionate emollient base cream 0.05%</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate emulsion foam 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate foam 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate gel 0.05%</i>	Pref	
<i>clobetasol propionate lotion 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate oint 0.05%</i>	Pref	
<i>clobetasol propionate shampoo 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate soln 0.05%</i>	Pref	
<i>clobetasol propionate spray 0.05%</i>	Non-Pref	PA
CLOBEX SHA 0.05%	Non-Pref	PA
CLOBEX SPR 0.05%	Non-Pref	PA
<i>clocortolone pivalate cream 0.1%</i>	Non-Pref	PA
CLODAN KIT 0.05%	Non-Pref	PA
<i>clodan sha 0.05%</i>	Non-Pref	PA
CLODERM CRE 0.1%	Non-Pref	PA
DERMA-SMOOTH OIL /FS BODY	Non-Pref	PA
DERMA-SMOOTH OIL /FS SCLP	Non-Pref	PA
<i>desonide cream 0.05%</i>	Non-Pref	PA
<i>desonide lotion 0.05%</i>	Non-Pref	PA
<i>desonide oint 0.05%</i>	Non-Pref	PA
<i>desoximetasone cream 0.05%</i>	Non-Pref	PA
<i>desoximetasone cream 0.25%</i>	Non-Pref	PA
<i>desoximetasone gel 0.05%</i>	Non-Pref	PA
<i>desoximetasone oint 0.05%</i>	Non-Pref	PA
<i>desoximetasone oint 0.25%</i>	Non-Pref	PA
<i>desoximetasone spray 0.25%</i>	Non-Pref	PA
<i>diflorasone diacetate cream 0.05%</i>	Non-Pref	PA
<i>diflorasone diacetate oint 0.05%</i>	Non-Pref	PA
DIPROLENE OIN 0.05%	Non-Pref	PA
DUOBRII LOT	Non-Pref	PA
ENSTILAR AER	Non-Pref	PA; AGE (Min age 18 years)
<i>fluocinolone acetonide cream 0.01%</i>	Non-Pref	PA
<i>fluocinolone acetonide cream 0.025%</i>	Non-Pref	PA
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Non-Pref	PA
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Non-Pref	PA
<i>fluocinolone acetonide oint 0.025%</i>	Non-Pref	PA
<i>fluocinolone acetonide soln 0.01%</i>	Non-Pref	PA
<i>fluocinonide cream 0.1%</i>	Non-Pref	PA
<i>fluocinonide cream 0.05%</i>	Non-Pref	PA
<i>fluocinonide emulsified base cream 0.05%</i>	Non-Pref	PA
<i>fluocinonide gel 0.05%</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide oint 0.05%</i>	Non-Pref	PA
<i>fluocinonide soln 0.05%</i>	Non-Pref	PA
<i>flurandrenolide cream 0.05%</i>	Non-Pref	PA
<i>flurandrenolide lotion 0.05%</i>	Non-Pref	PA
<i>flurandrenolide oint 0.05%</i>	Non-Pref	PA
<i>fluticasone propionate cream 0.05%</i>	Pref	
<i>fluticasone propionate lotion 0.05%</i>	Non-Pref	PA
<i>fluticasone propionate oint 0.005%</i>	Pref	
<i>gnp hydrocor cre 1% plus</i>	Pref	OTC
<i>halcinonide cream 0.1%</i>	Non-Pref	PA
HALOBETASOL AER 0.05%	Non-Pref	PA
<i>halobetasol propionate cream 0.05%</i>	Pref	
<i>halobetasol propionate oint 0.05%</i>	Non-Pref	PA
HALOG CRE 0.1%	Non-Pref	PA
HALOG OIN 0.1%	Non-Pref	PA
HALOG SOL 0.1%	Non-Pref	PA
HC/ALOE CRE 0.5%	Pref	OTC
<i>hm hydrocort cre 1% plus</i>	Pref	OTC
<i>hydrocort cre 0.5%</i>	Pref	OTC
<i>hydrocort cre 1%</i>	Pref	OTC
<i>hydrocort cre 1% aloe</i>	Pref	OTC
<i>hydrocort oin 1%</i>	Pref	OTC
<i>hydrocort/ cre aloe 1%</i>	Pref	OTC
<i>hydrocortisone acetate cream 1%</i>	Pref	OTC
<i>hydrocortisone acetate oint 1%</i>	Pref	OTC
<i>hydrocortisone butyrate cream 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate lotion 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate oint 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate soln 0.1%</i>	Non-Pref	PA
<i>hydrocortisone cream 1%</i>	Pref	
<i>hydrocortisone cream 1%</i>	Pref	OTC
<i>hydrocortisone cream 2.5%</i>	Pref	
<i>hydrocortisone lotion 2.5%</i>	Pref	
<i>hydrocortisone oint 0.5%</i>	Pref	OTC
<i>hydrocortisone oint 1%</i>	Pref	
<i>hydrocortisone oint 2.5%</i>	Pref	
<i>hydrocortisone valerate cream 0.2%</i>	Non-Pref	PA
<i>hydrocortisone valerate oint 0.2%</i>	Non-Pref	PA
IMPEKLO LOT 0.05%	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
KENALOG AER SPRAY	Non-Pref	PA
LEXETTE AER 0.05%	Non-Pref	PA
LOCOID LIPO CRE 0.1%	Non-Pref	PA
LOCOID LOT 0.1%	Non-Pref	PA
LUXIQ AER 0.12%	Non-Pref	PA
<i>mometasone furoate cream 0.1%</i>	Pref	
<i>mometasone furoate oint 0.1%</i>	Pref	
<i>mometasone furoate solution 0.1% (lotion)</i>	Pref	
OLUX AER 0.05%	Non-Pref	PA
OLUX-E AER 0.05%	Non-Pref	PA
PANDEL CRE 0.1%	Non-Pref	PA
<i>prednicarbate oint 0.1%</i>	Non-Pref	PA
PSORCON CRE 0.05%	Non-Pref	PA
<i>sarnol-hc lot 1%</i>	Pref	OTC
<i>sm hydrocort cre 1%</i>	Pref	OTC
<i>sm hydrocort cre 1% plus</i>	Pref	OTC
<i>sm hydrocort oin 1%</i>	Pref	OTC
SYNALAR CRE 0.025%	Non-Pref	PA
SYNALAR KIT 0.025%	Non-Pref	PA
SYNALAR OIN 0.025%	Non-Pref	PA
SYNALAR SOL 0.01%	Non-Pref	PA
SYNALAR TS KIT 0.01%	Non-Pref	PA
TACLONEX OIN	Non-Pref	PA
TACLONEX SUS	Non-Pref	PA
TEMOVATE CRE 0.05%	Non-Pref	PA
TEMOVATE OIN 0.05%	Non-Pref	PA
TEXACORT SOL 2.5%	Non-Pref	PA
TOPICORT CRE 0.05%	Non-Pref	PA
TOPICORT CRE 0.25%	Non-Pref	PA
TOPICORT GEL 0.05%	Non-Pref	PA
TOPICORT OIN 0.05%	Non-Pref	PA
TOPICORT OIN 0.25%	Non-Pref	PA
TOPICORT SPR 0.25%	Non-Pref	PA
<i>tovet aer 0.05%</i>	Non-Pref	PA
TOVET KIT KIT 0.05%	Non-Pref	PA
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	Non-Pref	PA
<i>triamcinolone acetonide cream 0.1%</i>	Pref	
<i>triamcinolone acetonide cream 0.5%</i>	Pref	
<i>triamcinolone acetonide cream 0.025%</i>	Pref	
<i>triamcinolone acetonide lotion 0.1%</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide lotion 0.025%</i>	Pref	
<i>triamcinolone acetonide oint 0.1%</i>	Pref	
<i>triamcinolone acetonide oint 0.5%</i>	Pref	
<i>triamcinolone acetonide oint 0.05%</i>	Pref	
<i>triamcinolone acetonide oint 0.025%</i>	Pref	
<i>trianex oin 0.05%</i>	Non-Pref	PA
ULTRAVATE LOT 0.05%	Non-Pref	PA
VANOS CRE 0.1%	Non-Pref	PA
DIAPER RASH PRODUCTS		
<i>medi-paste oin</i>	Pref	OTC
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	Non-Pref	SP, PA; AGE (Min age 18 years)
CIBINQO TAB 50MG	Non-Pref	SP, PA
CIBINQO TAB 100MG	Non-Pref	SP, PA
CIBINQO TAB 200MG	Non-Pref	SP, PA
DUPIXENT INJ 100/0.67	Non-Pref	PA; AGE (Min age 6 years)
DUPIXENT INJ 200/1.14	Non-Pref	SP, PA; AGE (Min age 6 years)
DUPIXENT INJ 200MG	Non-Pref	SP, PA; AGE (Min age 6 years)
DUPIXENT INJ 300/2ML	Non-Pref	SP, PA; AGE (Min age 6 years)
OPZELURA CRE 1.5%	Non-Pref	PA; AGE (Min age 12 years)
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea 20 intrn cre 20%</i>	Pref	OTC
<i>ureacin-20 cre 20%</i>	Pref	OTC
EMOLLIENTS		
<i>a&d oin</i>	Pref	OTC
<i>a+d prevent oin</i>	Pref	OTC
<i>amlactin lot daily</i>	Pref	OTC
<i>dml lot</i>	Pref	OTC
EMOLLIENT - CREAM	Pref	OTC
EMOLLIENT - LOTION	Pref	OTC
<i>gnp vit a&d oin</i>	Pref	OTC
LAC-HYDRIN LOT FIVE	Pref	OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Pref	
<i>lactic acid (ammonium lactate) cream 12%</i>	Pref	OTC
<i>lactic acid (ammonium lactate) lotion 12%</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate) lotion 12%</i>	Pref	OTC
<i>minerin lot</i>	Pref	OTC
<i>sm dry skin lot therapy</i>	Pref	OTC
<i>thera-derm lot</i>	Pref	OTC
<i>vitamins a & d oint</i>	Pref	OTC
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5%</i>	Pref	QL (0.434 packets / 1 day); AGE (Min age 12 years)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CRE 1%	Pref	PA; AGE (Min age 2 years)
<i>pimecrolimus cream 1%</i>	Non-Pref	PA; AGE (Min age 2 years)
PROTOPIC OIN 0.1%	Non-Pref	PA; AGE (Min age 18 years)
PROTOPIC OIN 0.03%	Non-Pref	PA; AGE (Min age 2 years)
<i>tacrolimus oint 0.1%</i>	Pref	PA; AGE (Min age 18 years)
<i>tacrolimus oint 0.03%</i>	Pref	PA; AGE (Min age 2 years)
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>atrix liq 2% toner</i>	Non-Pref	PA, OTC; AGE (Max age 18 years)
<i>atrix liq 2% wash</i>	Non-Pref	PA, OTC; AGE (Max age 18 years)
BENSAL HP OIN	Non-Pref	PA
<i>podofilox soln 0.5%</i>	Pref	
THERAPEUTIC SHA 3%	Pref	OTC
LINIMENTS		
<i>muscle rub cre</i>	Pref	OTC
<i>pain cre relievng</i>	Pref	OTC
<i>sm cold& hot cre extra st</i>	Pref	OTC
<i>sm muscle cre rub</i>	Pref	OTC
<i>thera-gesic cre</i>	Pref	OTC
<i>thera-gesic cre plus</i>	Pref	OTC
LOCAL ANESTHETICS - TOPICAL		
<i>arth pain cre 0.075%</i>	Pref	OTC
<i>capsaicin cream 0.1%</i>	Pref	OTC
<i>capsaicin cream 0.025%</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine cre pain 4%</i>	Pref	OTC
<i>lidocaine cream 4%</i>	Pref	OTC
<i>lidocaine hcl cream 4%</i>	Pref	OTC
<i>lidocaine oint 5%</i>	Pref	
<i>lidocaine patch 5%</i>	Pref	QL (3 patches / 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Pref	
LIDODERM DIS 5%	Non-Pref	PA, QL (3 patches / 1 day)
QUTENZA KIT 8% 1-PCH	Non-Pref	SP, PA
QUTENZA KIT 8% 2-PCH	Non-Pref	SP, PA
QUTENZA KIT 8% 4-PCH	Non-Pref	SP, PA
ZTLIDO PAD 1.8%	Non-Pref	PA

MISC. TOPICAL

A/D ZINC OXI CRE	Pref	OTC
ABSORBASE OIN	Pref	OTC
ACNE-AID BAR	Pref	OTC
ALCOHOL WIPE MIS 70%	Pref	OTC
<i>aluminum sulfate & calcium acetate powd pack</i>	Pref	OTC
BALNEOL LOT	Pref	OTC
CALAMINE LOT	Pref	OTC
CALAMINE LOT 8-8%	Pref	OTC
<i>diaper rash oin 40%</i>	Pref	OTC
EYE-SCRUB PAD	Pref	OTC
GNP CALAMINE LOT 8-8%	Pref	OTC
GNP CALAMINE LOT PHENOLAT	Pref	OTC
<i>gnp zinc oxi oin 20%</i>	Pref	OTC
HM CALAMINE LOT 8-8%	Pref	OTC
OILATUM BAR	Pref	OTC
<i>preparation pad h</i>	Pref	OTC
RISAMINE OIN	Pref	OTC
SM CALAMINE LOT	Pref	OTC
SM CALAMINE LOT PHENOLAT	Pref	OTC
<i>sm hygienic pad cleansng</i>	Pref	OTC
SOOTHE&COOL LIQ SHAMPOO	Pref	OTC
<i>zinc oxide oint 20%</i>	Pref	OTC

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL

EUCRISA OIN 2%	Pref	PA; AGE (Min age 3 months)

ROSACEA AGENTS

<i>azelaic acid gel 15%</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
FINACEA AER 15%	Non-Pref	PA; AGE (Max age 19 years)
FINACEA GEL 15%	Non-Pref	PA
<i>ivermectin cream 1%</i>	Pref	QL (1.5 gm / 1 day)
METROCREAM CRE 0.75%	Pref	
METROGEL GEL 1%	Pref	
<i>metronidazole cream 0.75%</i>	Pref	
<i>metronidazole gel 0.75%</i>	Non-Pref	PA
<i>metronidazole gel 1%</i>	Pref	
<i>metronidazole lotion 0.75%</i>	Pref	
MIRVASO GEL 0.33%	Non-Pref	PA
NORITATE CRE 1%	Non-Pref	PA
RHOFADE CRE 1%	Non-Pref	PA
<i>rosadan cre 0.75%</i>	Non-Pref	PA
<i>rosadan gel 0.75%</i>	Non-Pref	PA
ROSADAN KIT 0.75%	Non-Pref	PA
SOOLANTRA CRE 1%	Non-Pref	PA, QL (1.5 gm / 1 day)
ZILXI AER 1.5%	Non-Pref	PA; AGE (Min age 18 years)

SCABICIDES & PEDICULICIDES

<i>goodsense liq lice rin</i>	Pref	OTC
IVERMECTIN LOT 0.5%	Pref	OTC
<i>ivermectin lotion 0.5%</i>	Pref	
<i>lice killing sha</i>	Pref	OTC
<i>lice killing sha 0.33-4%</i>	Pref	OTC
<i>lice treatmt liq 1%</i>	Pref	OTC
<i>lice treatmt lot 1%</i>	Pref	OTC
<i>lice treatmt sha 0.33-4%</i>	Pref	OTC
<i>lice trtmnt liq 1%</i>	Pref	OTC
<i>permethrin cream 5%</i>	Pref	

TAR PRODUCTS

<i>anti-dandruf sha coal tar</i>	Pref	OTC
<i>therapeutic sha</i>	Pref	OTC

WOUND CARE PRODUCTS

DOME-PASTE PAD BANDAGE	Pref	OTC

DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS

DIAGNOSTIC TESTS

BD VERITOR KIT COVID-19	Pref	QL (8 kits / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
BINAXNOW COV KIT HOME TES	Pref	QL (8 kits / 30 days), OTC; AGE (Min age 2 years)
BINAXNOW COV KIT HOME TES	Pref	QL (8 kits / 30 days), OTC; AGE (Min age 4 years)
CARESTART KIT COVID-19	Pref	QL (8 kits / 30 days), OTC
CLEARDETECT KIT COVID-19	Pref	QL (8 kits / 30 days), OTC
CLINITEST KIT SELF-TST	Pref	QL (8 kits / 30 days), OTC
COVID-19 AT- KIT 1-PACK	Pref	QL (8 kits / 30 days), OTC
COVID-19 AT- KIT 4-PACK	Pref	QL (8 kits / 30 days), OTC
DIATRUST KIT COVID-19	Pref	QL (8 kits / 30 days), OTC
ELLUME COV19 KIT HOME TES	Pref	QL (8 kits / 30 days), OTC
ELLUME COV19 KIT HOME TES	Pref	QL (8 kits / 30 days), OTC; AGE (Min age 2 years)
FLOWFLEX KIT TEST	Pref	QL (8 kits / 30 days), OTC
FLOWFLEX KIT TEST	Pref	QL (8 kits / 30 days), OTC; AGE (Min age 2 years)
IHEALTH 2-PK KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min age 2 years)
IHEALTH 5-PK KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min age 2 years)
IHEALTH 40PK KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min age 2 years)
INDICAID KIT COVID-19	Pref	QL (8 kits / 30 days), OTC
INTELISWAB KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min age 15 years)

Drug Name	Drug Tier	Requirements/Limits
LUCIRA CHECK KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min age 2 years)
ON/GO COVID KIT ANTIGEN	Pref	QL (8 kits / 30 days), OTC
OTC ANTIGENT KIT 1-PACK	Pref	QL (8 kits / 30 days), OTC
OTC ANTIGENT KIT 2-PACK	Pref	QL (8 kits / 30 days), OTC
QUICKVUE HOM KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min age 2 years)
RELION TRUE TES METRIX	Pref	QL (10 strips / 1 day), OTC
TRUE METRIX TES GLUCOSE	Pref	QL (10 strips / 1 day), OTC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION

DIETARY MANAGEMENT PRODUCTS

FOLBIC RF TAB	Pref	
FOLBIC TAB	Pref	OTC
FOLTANX RF CAP	Pref	
FOLTANX TAB	Pref	
L-METHYL- TAB B6-B12	Pref	
L-METHYL-MC TAB	Pref	
L-METHYLFOLA CAP FORTE	Pref	
L-METHYLFOLA CAP FORTE 15	Pref	
L-METHYLFOLA TAB 7.5MG	Pref	
<i>l-methylfolate tab 7.5 mg</i>	Pref	
METAFOLBIC TAB	Pref	
METAFOLBIC TAB PLUS RF	Pref	
METHYLFOL/CA TAB ME-CBL	Pref	
NIVA-FOL TAB	Pref	OTC
<i>westab max tab 2.5-25-2</i>	Pref	

NUTRITIONAL SUPPLEMENTS

NUTRITIONAL SUPPLEMENTS	Pref	OTC
THRIVACIN 30 LIQ	Pref	
THRIVACIN LIQ DETOX	Pref	

Drug Name	Drug Tier	Requirements/Limits
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	Pref	PA; 90 day supply
CREON CAP 6000UNIT	Pref	PA; 90 day supply
CREON CAP 12000UNT	Pref	PA; 90 day supply
CREON CAP 24000UNT	Pref	PA; 90 day supply
CREON CAP 36000UNT	Pref	PA; 90 day supply
PANCREAZE CAP 2600UNIT	Non-Pref	PA
PANCREAZE CAP 4200UNIT	Non-Pref	PA
PANCREAZE CAP 10500UNT	Non-Pref	PA
PANCREAZE CAP 16800UNT	Non-Pref	PA
PANCREAZE CAP 21000UNT	Non-Pref	PA
PANCREAZE CAP 37000	Non-Pref	PA
PERTZYE CAP 4000UNIT	Non-Pref	PA
PERTZYE CAP 8000UNIT	Non-Pref	PA
PERTZYE CAP 16000U	Non-Pref	PA
PERTZYE CAP 24000U	Non-Pref	PA
VIOKACE TAB 10440	Non-Pref	PA
VIOKACE TAB 20880	Non-Pref	PA
ZENPEP CAP 3000UNIT	Pref	PA; 90 day supply
ZENPEP CAP 5000UNIT	Pref	PA; 90 day supply
ZENPEP CAP 10000UNT	Pref	PA; 90 day supply
ZENPEP CAP 15000UNT	Pref	PA; 90 day supply
ZENPEP CAP 20000UNT	Pref	PA; 90 day supply
ZENPEP CAP 25000	Pref	PA; 90 day supply
ZENPEP CAP 40000	Pref	PA; 90 day supply

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	Pref	
<i>acetazolamide tab 125 mg</i>	Pref	
<i>acetazolamide tab 250 mg</i>	Pref	

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Pref	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Pref	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Pref	90 day supply
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Pref	90 day supply

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>bumetanide tab 1 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>bumetanide tab 2 mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply)
<i>furosemide oral soln 8 mg/ml</i>	Pref	
<i>furosemide oral soln 10 mg/ml</i>	Pref	
<i>furosemide tab 20 mg</i>	Pref	90 day supply
<i>furosemide tab 40 mg</i>	Pref	90 day supply
<i>furosemide tab 80 mg</i>	Pref	90 day supply
<i>torsemide tab 5 mg</i>	Pref	90 day supply
<i>torsemide tab 10 mg</i>	Pref	90 day supply
<i>torsemide tab 20 mg</i>	Pref	90 day supply
<i>torsemide tab 100 mg</i>	Pref	90 day supply

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>	Pref	
<i>spironolactone tab 25 mg</i>	Pref	90 day supply
<i>spironolactone tab 50 mg</i>	Pref	90 day supply
<i>spironolactone tab 100 mg</i>	Pref	90 day supply

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tab 25 mg</i>	Pref	90 day supply
<i>chlorthalidone tab 50 mg</i>	Pref	90 day supply
<i>hydrochlorothiazide cap 12.5 mg</i>	Pref	
<i>hydrochlorothiazide tab 12.5 mg</i>	Pref	90 day supply
<i>hydrochlorothiazide tab 25 mg</i>	Pref	90 day supply
<i>hydrochlorothiazide tab 50 mg</i>	Pref	90 day supply
<i>indapamide tab 1.25 mg</i>	Pref	
<i>indapamide tab 2.5 mg</i>	Pref	
<i>metolazone tab 2.5 mg</i>	Pref	
<i>metolazone tab 5 mg</i>	Pref	
<i>metolazone tab 10 mg</i>	Pref	

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

BONE DENSITY REGULATORS

<i>ACTONEL TAB 35MG</i>	Non-Pref	PA
<i>ACTONEL TAB 150MG</i>	Non-Pref	PA
<i>alendronate sodium oral soln 70 mg/75ml</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>alendronate sodium tab 35 mg</i>	Pref	QL (0.15 tabs / 1 day; 90 day supply)
<i>alendronate sodium tab 70 mg</i>	Pref	QL (0.15 tabs / 1 day; 90 day supply)
ATELVIA TAB	Non-Pref	PA
BONIVA TAB 150MG	Non-Pref	PA, QL (0.04 tabs / 1 day; 90 day supply)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Pref	QL (0.13 mL / 1 day; 90 day supply)
FOSAMAX + D TAB 70-2800	Non-Pref	PA
FOSAMAX + D TAB 70-5600	Non-Pref	PA
FOSAMAX TAB 70MG	Non-Pref	PA, QL (0.15 tabs / 1 day; 90 day supply)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Pref	QL (0.04 tabs / 1 day; 90 day supply)
<i>risedronate sodium tab 5 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 30 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 35 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 150 mg</i>	Non-Pref	PA
<i>risedronate sodium tab delayed release 35 mg</i>	Non-Pref	PA
TYMLOS INJ	Non-Pref	SP, PA

GROWTH HORMONES

GENOTROPIN INJ 0.2MG	Pref	SP, PA
GENOTROPIN INJ 0.4MG	Pref	SP, PA
GENOTROPIN INJ 0.6MG	Pref	SP, PA
GENOTROPIN INJ 0.8MG	Pref	SP, PA
GENOTROPIN INJ 1.2MG	Pref	SP, PA
GENOTROPIN INJ 1.4MG	Pref	SP, PA
GENOTROPIN INJ 1.6MG	Pref	SP, PA
GENOTROPIN INJ 1.8MG	Pref	SP, PA
GENOTROPIN INJ 1MG	Pref	SP, PA
GENOTROPIN INJ 2MG	Pref	SP, PA
GENOTROPIN INJ 5MG	Pref	SP, PA
GENOTROPIN INJ 12MG	Pref	SP, PA
HUMATROPE INJ 6MG	Non-Pref	SP, PA
HUMATROPE INJ 12MG	Non-Pref	SP, PA
HUMATROPE INJ 24MG	Non-Pref	SP, PA
NORDITROPIN INJ 5/1.5ML	Pref	SP, PA
NORDITROPIN INJ 10/1.5ML	Pref	SP, PA

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN INJ 15/1.5ML	Pref	SP, PA
NORDITROPIN INJ 30/3ML	Pref	SP, PA
NUTROPIN AQ INJ 10MG/2ML	Non-Pref	SP, PA
NUTROPIN AQ INJ 20MG/2ML	Non-Pref	SP, PA
NUTROPIN AQ INJ NUSPIN 5	Non-Pref	SP, PA
OMNITROPE INJ 5.8MG	Non-Pref	SP, PA
OMNITROPE INJ 5/1.5ML	Non-Pref	SP, PA
OMNITROPE INJ 10/1.5ML	Non-Pref	SP, PA
SAIZEN INJ 5MG	Non-Pref	SP, PA
SAIZEN INJ 8.8MG	Non-Pref	SP, PA
SAIZENPREP INJ 8.8MG	Non-Pref	SP, PA
SEROSTIM INJ 4MG	Non-Pref	SP, PA
SEROSTIM INJ 5MG	Non-Pref	SP, PA
SEROSTIM INJ 6MG	Non-Pref	SP, PA
SKYTROFA INJ 3.6MG	Non-Pref	SP, PA
SKYTROFA INJ 3MG	Non-Pref	SP, PA
SKYTROFA INJ 4.3MG	Non-Pref	SP, PA
SKYTROFA INJ 5.2MG	Non-Pref	SP, PA
SKYTROFA INJ 6.3MG	Non-Pref	SP, PA
SKYTROFA INJ 7.6MG	Non-Pref	SP, PA
SKYTROFA INJ 9.1MG	Non-Pref	SP, PA
SKYTROFA INJ 11MG	Non-Pref	SP, PA
SKYTROFA INJ 13.3MG	Non-Pref	SP, PA
ZOMACTON INJ 5MG	Non-Pref	SP, PA
ZOMACTON INJ 10MG	Non-Pref	SP, PA
ZORBTIVE INJ 8.8MG	Non-Pref	SP, PA

HORMONE RECEPTOR MODULATORS

EVISTA TAB 60MG	Non-Pref	PA; 90 day supply
OSPHENA TAB 60MG	Pref	QL (1 tab / 1 day)
<i>raloxifene hcl tab 60 mg</i>	Pref	90 day supply

METABOLIC MODIFIERS

<i>calcitriol cap 0.5 mcg</i>	Pref	
<i>calcitriol cap 0.25 mcg</i>	Pref	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Pref	PA, QL (2 tabs / 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Pref	PA, QL (2 tabs / 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Pref	PA, QL (2 tabs / 1 day)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	Pref	SP, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	Pref	SP, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	Pref	SP, PA

Drug Name	Drug Tier	Requirements/Limits
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate tab 0.1 mg</i>	Pref	
<i>desmopressin acetate tab 0.2 mg</i>	Pref	
STIMATE SOL 1.5MG/ML	Pref	SP
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	Pref	
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Pref	SP, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Pref	SP, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Pref	SP, PA
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE TAB 15MG	Pref	SP, PA, QL (1 tab / 1 day)
JYNARQUE TAB 30MG	Pref	SP, PA, QL (2 tabs / 1 day)
<i>tolvaptan tab 15 mg</i>	Pref	SP, PA, QL (1 each / 1 day)
<i>tolvaptan tab 30 mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
<i>amabelz tab 1-0.5mg</i>	Pref	QL (1 tab / 1 day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Pref	QL (1 tab / 1 day)
<i>mimvey tab 1-0.5mg</i>	Pref	QL (1 tab / 1 day)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ALORA DIS 0.1MG	Pref	QL (0.29 patches / 1 day)
ALORA DIS 0.05MG	Pref	QL (0.29 ea / 1 day)
ALORA DIS 0.025MG	Pref	QL (0.29 ea / 1 day)
ALORA DIS 0.075MG	Pref	QL (0.29 patches / 1 day)
<i>dotti dis 0.1mg</i>	Pref	QL (0.29 ea / 1 day)
<i>dotti dis 0.05mg</i>	Pref	QL (0.29 ea / 1 day)
<i>dotti dis 0.025mg</i>	Pref	QL (0.29 ea / 1 day)
<i>dotti dis 0.075mg</i>	Pref	QL (0.29 ea / 1 day)
<i>dotti dis 0.0375mg</i>	Pref	QL (0.29 ea / 1 day)
<i>estradiol tab 0.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol tab 1 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>estradiol tab 2 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Pref	QL (0.29 ea / 1 day)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Pref	QL (0.29 ea / 1 day)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Pref	QL (0.29 ea / 1 day)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Pref	QL (0.29 ea / 1 day)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Pref	QL (0.29 ea / 1 day)
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Pref	QL (0.15 patches / 1 day)
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Pref	QL (0.15 patches / 1 day)
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Pref	QL (0.15 patches / 1 day)
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Pref	QL (0.15 patches / 1 day)
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Pref	QL (0.15 patches / 1 day)
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Pref	QL (0.15 patches / 1 day)
<i>estradiol valerate im in oil 20 mg/ml</i>	Pref	
<i>estradiol valerate im in oil 40 mg/ml</i>	Pref	
<i>lyllana dis 0.1mg</i>	Pref	QL (0.29 ea / 1 day)
<i>lyllana dis 0.05mg</i>	Pref	QL (0.29 ea / 1 day)
<i>lyllana dis 0.025mg</i>	Pref	QL (0.29 ea / 1 day)
<i>lyllana dis 0.075mg</i>	Pref	QL (0.29 ea / 1 day)
<i>lyllana dis 0.0375mg</i>	Pref	QL (0.29 ea / 1 day)

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

<i>BAXDELA TAB 450MG</i>	Non-Pref	PA
<i>CIPRO (5%) SUS 250MG/5</i>	Non-Pref	PA, QL (7 mL / 1 day)
<i>CIPRO (10%) SUS 500MG/5</i>	Non-Pref	PA, QL (10 mL / 1 day)
<i>CIPRO TAB 250MG</i>	Non-Pref	PA, QL (2 tabs / 1 day)
<i>CIPRO TAB 500MG</i>	Non-Pref	PA, QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>levofloxacin oral soln 25 mg/ml</i>	Non-Pref	PA
<i>levofloxacin tab 250 mg</i>	Pref	
<i>levofloxacin tab 500 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tab 750 mg</i>	Pref	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	Pref	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Non-Pref	PA
<i>ofloxacin tab 300 mg</i>	Non-Pref	PA
<i>ofloxacin tab 400 mg</i>	Non-Pref	PA

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

5-HT₄ RECEPTOR AGONISTS

MOTEGRITY TAB 1MG	Non-Pref	PA; AGE (Min age 18 years)
MOTEGRITY TAB 2MG	Non-Pref	PA; AGE (Min age 18 years)

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB 3MG	Non-Pref	PA; AGE (Min age 18 years)

ANTIFLATULENTS

<i>anti-gas cap 180mg</i>	Pref	OTC
<i>gas relief cap 125mg</i>	Pref	OTC
<i>gas relief cap 180mg</i>	Pref	OTC
<i>gas relief dro 20/0.3ml</i>	Pref	OTC
<i>gas relief dro 40/0.6ml</i>	Pref	OTC
<i>gas relief dro infants</i>	Pref	OTC
<i>gnp anti-gas cap 180mg</i>	Pref	OTC
<i>simethicone cap 180mg</i>	Pref	OTC
<i>simethicone chew tab 125 mg</i>	Pref	OTC
<i>simethicone chw 80mg</i>	Pref	OTC
<i>simethicone dro 20/0.3ml</i>	Pref	OTC
<i>simethicone dro infants</i>	Pref	OTC
<i>simethicone susp 40 mg/0.6ml</i>	Pref	OTC
<i>sm gas relie cap 180mg</i>	Pref	OTC

BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAP 50MG	Non-Pref	SP, PA
CHOLBAM CAP 250MG	Non-Pref	SP, PA

FARNESOID X RECEPTOR (FXR) AGONISTS

OICALIVA TAB 5MG	Non-Pref	SP, PA
OICALIVA TAB 10MG	Non-Pref	SP, PA

GALLSTONE SOLUBILIZING AGENTS

CHENODAL TAB 250MG	Non-Pref	SP, PA
RELTONE CAP 200MG	Non-Pref	PA
RELTONE CAP 400MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
URSO 250 TAB 250MG	Non-Pref	PA
URSO FORTE TAB 500MG	Non-Pref	PA
<i>ursodiol cap 300 mg</i>	Pref	
<i>ursodiol tab 250 mg</i>	Pref	
<i>ursodiol tab 500 mg</i>	Pref	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP 8MCG	Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
AMITIZA CAP 24MCG	Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
<i>lubiprostone cap 8 mcg</i>	Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
<i>lubiprostone cap 24 mcg</i>	Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
GASTROINTESTINAL STIMULANTS		
GIMOTI SPR 15MG	Non-Pref	PA
METOCLOPRAMI TAB 10MG ODT	Non-Pref	PA
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Pref	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	Non-Pref	PA
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Pref	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Pref	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Pref	
REGLAN TAB 5MG	Non-Pref	PA
REGLAN TAB 10MG	Non-Pref	PA
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 200MCG	Non-Pref	SP, PA
BYLVAY CAP 400MCG	Non-Pref	SP, PA
BYLVAY CAP 600MCG	Non-Pref	SP, PA
BYLVAY CAP 1200MCG	Non-Pref	SP, PA
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	Pref	90 day supply
ASACOL HD TAB 800MG	Non-Pref	PA
AVSOLA INJ 100MG	Non-Pref	SP, PA

Drug Name	Drug Tier	Requirements/Limits
AZULFIDINE TAB 500MG	Non-Pref	PA; 90 day supply
AZULFIDINE TAB 500MG EN	Non-Pref	PA; 90 day supply
<i>balsalazide disodium cap 750 mg</i>	Pref	90 day supply
CANASA SUP 1000MG	Non-Pref	PA; 90 day supply
CIMZIA KIT 200MG	Non-Pref	SP, PA
CIMZIA PREFL KIT 200MG/ML	Non-Pref	SP, PA
CIMZIA START KIT 200MG/ML	Non-Pref	SP, PA
COLAZAL CAP 750MG	Non-Pref	PA; 90 day supply
DELZICOL CAP 400MG	Non-Pref	PA
DIPENTUM CAP 250MG	Non-Pref	PA
ENTYVIO INJ 300MG	Non-Pref	SP, PA
INFLECTRA INJ 100MG	Pref	SP, PA
INFLIXIMAB INJ 100MG	Non-Pref	SP, PA
LIALDA TAB 1.2GM	Non-Pref	PA
<i>mesalamine cap dr 400 mg</i>	Pref	
<i>mesalamine cap er 24hr 0.375 gm</i>	Pref	90 day supply
<i>mesalamine enema 4 gm</i>	Pref	90 day supply
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	Non-Pref	PA
<i>mesalamine suppos 1000 mg</i>	Pref	90 day supply
<i>mesalamine tab delayed release 1.2 gm</i>	Pref	
<i>mesalamine tab delayed release 800 mg</i>	Pref	
PENTASA CAP 250MG CR	Pref	90 day supply
PENTASA CAP 500MG CR	Pref	90 day supply
REMICADE INJ 100MG	Non-Pref	SP, PA
RENFLEXIS INJ 100MG	Non-Pref	SP, PA
ROWASA KIT 4GM	Non-Pref	PA
SFROWASA ENE 4GM	Non-Pref	PA
STELARA INJ 5MG/ML	Non-Pref	SP, PA
<i>sulfasalazine tab 500 mg</i>	Pref	90 day supply
<i>sulfasalazine tab delayed release 500 mg</i>	Pref	90 day supply

INTESTINAL ACIDIFIERS

<i>enulose sol 10gm/15</i>	Pref	
<i>generlac sol 10gm/15</i>	Pref	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Pref	

IRRITABLE BOWEL SYNDROME (IBS) AGENTS

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alosetron hcl tab 1 mg (base equiv)</i>	Non-Pref	PA; AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
LINZESS CAP 72MCG	Pref	PA, QL (1 cap / 1 day; 90 day supply)
LINZESS CAP 145MCG	Pref	PA, QL (1 cap / 1 day; 90 day supply)
LINZESS CAP 290MCG	Pref	PA, QL (1 cap / 1 day; 90 day supply)
LOTRONEX TAB 0.5MG	Non-Pref	PA; AGE (Min age 18 years)
LOTRONEX TAB 1MG	Non-Pref	PA; AGE (Min age 18 years)
VIBERZI TAB 75MG	Non-Pref	PA; AGE (Min age 18 years)
VIBERZI TAB 100MG	Non-Pref	PA; AGE (Min age 18 years)

PERIPHERAL OPIOID RECEPTOR ANTAGONISTS

MOVANTIK TAB 12.5MG	Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
MOVANTIK TAB 25MG	Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
RELISTOR INJ 8/0.4ML	Non-Pref	PA; AGE (Min age 18 years)
RELISTOR INJ 12/0.6ML	Non-Pref	PA; AGE (Min age 18 years)
RELISTOR TAB 150MG	Non-Pref	PA; AGE (Min age 18 years)
SYMPROIC TAB 0.2MG	Non-Pref	PA; AGE (Min age 18 years)

PHOSPHATE BINDER AGENTS

AURYXIA TAB 210MG	Non-Pref	PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Pref	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Pref	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Pref	OTC
FOSRENOL CHW 500MG	Non-Pref	PA
FOSRENOL CHW 750MG	Non-Pref	PA
FOSRENOL CHW 1000MG	Non-Pref	PA
FOSRENOL POW 750MG	Non-Pref	PA
FOSRENOL POW 1000MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Pref	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Pref	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Non-Pref	PA
PHOSLYRA SOL	Non-Pref	PA
RENAGEL TAB 800MG	Non-Pref	PA
REVELA POW 0.8GM	Non-Pref	PA
REVELA POW 2.4GM	Non-Pref	PA
REVELA TAB 800MG	Non-Pref	PA
<i>sevelamer carbonate packet 0.8 gm</i>	Non-Pref	PA
<i>sevelamer carbonate packet 2.4 gm</i>	Non-Pref	PA
<i>sevelamer carbonate tab 800 mg</i>	Pref	
<i>sevelamer hcl tab 400 mg</i>	Non-Pref	PA
<i>sevelamer hcl tab 800 mg</i>	Non-Pref	PA
VELPHORO CHW 500MG	Non-Pref	PA

GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

ALKALINIZERS

<i>cytra k gra crystals</i>	Pref	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Pref	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Pref	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Pref	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Pref	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Pref	

GENITOURINARY IRRIGANTS

<i>acetic acid irrigation soln 0.25%</i>	Pref	
<i>sodium chloride irrigation soln 0.9%</i>	Pref	

PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl tab er 24hr 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
AVODART CAP 0.5MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
<i>dutasteride cap 0.5 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Non-Pref	PA
<i>finasteride tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
FLOMAX CAP 0.4MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
JALYN CAP	Non-Pref	PA
PROSCAR TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
RAPAFLO CAP 4MG	Non-Pref	PA
RAPAFLO CAP 8MG	Non-Pref	PA
<i>silodosin cap 4 mg</i>	Non-Pref	PA
<i>silodosin cap 8 mg</i>	Non-Pref	PA
<i>tamsulosin hcl cap 0.4 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)

URINARY ANALGESICS

<i>phenazopyridine hcl tab 100 mg</i>	Pref	
<i>phenazopyridine hcl tab 200 mg</i>	Pref	

GOUT AGENTS - DRUGS TO TREAT GOUT

GOUT AGENT COMBINATIONS

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)

GOUT AGENTS - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>allopurinol tab 300 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>colchicine cap 0.6 mg</i>	Pref	QL (2 caps / 1 day)
<i>colchicine tab 0.6 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
COLCRYS TAB 0.6MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
<i>febuxostat tab 40 mg</i>	Non-Pref	PA
<i>febuxostat tab 80 mg</i>	Non-Pref	PA
GLOPERBA SOL 0.6/5ML	Non-Pref	PA
MITIGARE CAP 0.6MG	Non-Pref	PA, QL (2 caps / 1 day)
ULORIC TAB 40MG	Non-Pref	PA
ULORIC TAB 80MG	Non-Pref	PA
ZYLOPRIM TAB 100MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply)

URICOSURICS

<i>probenecid tab 500 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	Non-Pref	SP, PA; AGE (Min age 18 years)
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Non-Pref	SP, PA; AGE (Min age 18 years)
<i>sajazir inj 30mg/3ml</i>	Non-Pref	SP, PA; AGE (Min age 18 years)
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT	Pref	SP, PA; AGE (Min age 6 years)
CINRYZE SOL 500 UNIT	Pref	SP, PA; AGE (Min age 6 years)
HAEGARDA INJ 2000UNIT	Non-Pref	SP, PA; AGE (Min age 12 years)
HAEGARDA INJ 3000UNIT	Non-Pref	SP, PA; AGE (Min age 12 years)
RUCONEST INJ 2100UNIT	Non-Pref	SP, PA; AGE (Min age 13 years)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	Pref	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ 10MG/ML	Pref	SP, PA; AGE (Min age 12 years)
ORLADEYO CAP 110MG	Non-Pref	SP, PA; AGE (Min age 12 years)
ORLADEYO CAP 150MG	Non-Pref	SP, PA; AGE (Min age 12 years)
TAKHZYRO INJ 300/2ML	Non-Pref	PA
TAKHZYRO INJ 300/2ML	Non-Pref	SP, PA; AGE (Min age 12 years)
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Non-Pref	PA
BRILINTA TAB 60MG	Pref	QL (2 tabs / 1 day; 90 day supply)
BRILINTA TAB 90MG	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>cilostazol tab 50 mg</i>	Pref	QL (2 tabs / 1 day)
<i>cilostazol tab 100 mg</i>	Pref	QL (2 tabs / 1 day)
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>dipyridamole tab 25 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>dipyridamole tab 50 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>dipyridamole tab 75 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
EFFIENT TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
EFFIENT TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PLAVIX TAB 75MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
ZONTIVITY TAB 2.08MG	Non-Pref	PA; AGE (Min age 18 years)

HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS

AGENTS FOR GAUCHER DISEASE

VPRIV INJ 400UNIT	Pref	SP, PA

COBALAMINS

<i>cyanocobalamin inj 1000 mcg/ml</i>	Pref	
<i>cyanocobalamin tab 500 mcg</i>	Pref	OTC
<i>cyanocobalamin tab 1000 mcg</i>	Pref	OTC
<i>dodex inj</i>	Pref	
<i>sm vit b-12 tab 100mcg</i>	Pref	OTC
<i>sm vit b-12 tab 500mcg</i>	Pref	OTC

FOLIC ACID/FOLATES

<i>folic acid tab 1 mg</i>	Pref	
<i>folic acid tab 400 mcg</i>	Pref	OTC
<i>folic acid tab 800 mcg</i>	Pref	OTC
<i>sm folic acid tab 400mcg</i>	Pref	OTC

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	Non-Pref	PA
ARANESP INJ 25MCG	Non-Pref	PA
ARANESP INJ 40MCG	Non-Pref	PA
ARANESP INJ 60MCG	Non-Pref	PA
ARANESP INJ 100MCG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 150MCG	Non-Pref	PA
ARANESP INJ 200MCG	Non-Pref	PA
ARANESP INJ 300MCG	Non-Pref	PA
ARANESP INJ 500MCG	Non-Pref	PA
EPOGEN INJ 2000/ML	Pref	
EPOGEN INJ 3000/ML	Pref	
EPOGEN INJ 4000/ML	Pref	
EPOGEN INJ 10000/ML	Pref	
EPOGEN INJ 20000/ML	Pref	
FULPHILA INJ 6/0.6ML	Pref	PA
MIRCERA INJ 30MCG	Non-Pref	PA
MIRCERA INJ 50MCG	Non-Pref	PA
MIRCERA INJ 75MCG	Non-Pref	PA
MIRCERA INJ 100MCG	Non-Pref	PA
MIRCERA INJ 150MCG	Non-Pref	PA
MIRCERA INJ 200MCG	Non-Pref	PA
NIVESTYM INJ 300/0.5	Pref	PA
NIVESTYM INJ 300MCG	Pref	PA
NIVESTYM INJ 480/0.8	Pref	PA
NIVESTYM INJ 480MCG	Pref	PA
PROCRIT INJ 2000/ML	Non-Pref	PA
PROCRIT INJ 3000/ML	Non-Pref	PA
PROCRIT INJ 4000/ML	Non-Pref	PA
PROCRIT INJ 10000/ML	Non-Pref	PA
PROCRIT INJ 20000/ML	Non-Pref	PA
PROCRIT INJ 40000/ML	Non-Pref	PA
RETACRIT INJ 2000UNIT	Pref	
RETACRIT INJ 3000UNIT	Pref	
RETACRIT INJ 4000UNIT	Pref	
RETACRIT INJ 10000UNT	Pref	
RETACRIT INJ 20000UNI	Pref	
RETACRIT INJ 40000UNT	Pref	
UDENYCA INJ 6MG/.6ML	Pref	PA
ZARXIO INJ 300/0.5	Pref	PA
ZARXIO INJ 480/0.8	Pref	PA
ZIEXTENZO INJ 6/0.6ML	Pref	PA

HEMATOPOIETIC MIXTURES

<i>airavite tab</i>	Pref	
<i>ferocon cap</i>	Pref	
<i>ferrocite tab plus</i>	Pref	
<i>folbee tab</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	Pref	
FOLITAB 500 TAB	Pref	OTC
<i>folplex 2.2 tab</i>	Pref	
<i>foltrin cap</i>	Pref	
<i>hematinic pl tab vit/min</i>	Pref	
<i>hematinic/fa tab</i>	Pref	
<i>iron 100 tab plus</i>	Pref	OTC
<i>iron 100/c tab 100-250</i>	Pref	OTC
<i>nufol tab</i>	Pref	
<i>tl-hem 150 tab</i>	Pref	
<i>tricon cap</i>	Pref	
<i>westab one tab 2.5-25-1</i>	Pref	

IRON

<i>ferate tab 27mg</i>	Pref	OTC
<i>ferosul tab 325mg</i>	Pref	OTC
<i>ferrex 150 cap 150mg</i>	Pref	OTC
<i>ferrocite tab 324mg</i>	Pref	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Pref	OTC
FERROUS GLUC TAB 324MG	Pref	OTC
FERROUS SULF LIQ 44MG/5ML	Pref	OTC
FERROUS SULF TAB 324MG EC	Pref	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Pref	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Pref	OTC
<i>ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)</i>	Pref	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Pref	OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Pref	OTC
<i>gnp iron tab 45mg</i>	Pref	OTC
<i>gnp iron tab 65mg</i>	Pref	OTC
<i>iferex 150 cap</i>	Pref	OTC
<i>iron supplmt dro 15mg/ml</i>	Pref	OTC
<i>nu-iron 150 cap 150mg</i>	Pref	OTC
<i>poly-iron cap 150mg</i>	Pref	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	Pref	OTC
SLOW REL FE TAB 143MG CR	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sm iron slow tab 160mg cr</i>	Pref	OTC
<i>sm iron tab 325mg</i>	Pref	OTC

HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS

HEMOSTATICS - SYSTEMIC

<i>tranexamic acid tab 650 mg</i>	Pref	QL (6 tabs / 1 day)

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

ANTI-HISTAMINE HYPNOTICS

<i>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</i>	Pref	OTC

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	Pref	
<i>phenobarbital tab 15 mg</i>	Pref	
<i>phenobarbital tab 16.2 mg</i>	Pref	
<i>phenobarbital tab 30 mg</i>	Pref	
<i>phenobarbital tab 32.4 mg</i>	Pref	
<i>phenobarbital tab 60 mg</i>	Pref	
<i>phenobarbital tab 64.8 mg</i>	Pref	
<i>phenobarbital tab 97.2 mg</i>	Pref	
<i>phenobarbital tab 100 mg</i>	Pref	

HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Non-Pref	PA
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Non-Pref	PA
SILENOR TAB 3MG	Non-Pref	PA
SILENOR TAB 6MG	Non-Pref	PA

NON-BARBITURATE HYPNOTICS

AMBIEN CR TAB 6.25MG	Non-Pref	PA
AMBIEN CR TAB 12.5MG	Non-Pref	PA
AMBIEN TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day)
AMBIEN TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
EDLUAR SUB 5MG	Non-Pref	PA
EDLUAR SUB 10MG	Non-Pref	PA
<i>estazolam tab 1 mg</i>	Non-Pref	PA
<i>estazolam tab 2 mg</i>	Non-Pref	PA
<i>eszopiclone tab 1 mg</i>	Pref	QL (1 tab / 1 day)
<i>eszopiclone tab 2 mg</i>	Pref	QL (1 tab / 1 day)
<i>eszopiclone tab 3 mg</i>	Pref	QL (1 tab / 1 day); AGE (Max age 65 years)
<i>flurazepam hcl cap 15 mg</i>	Non-Pref	PA
<i>flurazepam hcl cap 30 mg</i>	Non-Pref	PA
HALCION TAB 0.25MG	Non-Pref	PA, QL (2 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
LUNESTA TAB 1MG	Non-Pref	PA, QL (1 tab / 1 day)
LUNESTA TAB 2MG	Non-Pref	PA, QL (1 tab / 1 day)
LUNESTA TAB 3MG	Non-Pref	PA, QL (1 tab / 1 day); AGE (Max age 65 years)
RESTORIL CAP 7.5MG	Non-Pref	PA
RESTORIL CAP 15MG	Non-Pref	PA, QL (1 cap / 1 day)
RESTORIL CAP 22.5MG	Non-Pref	PA
RESTORIL CAP 30MG	Non-Pref	PA, QL (1 cap / 1 day)
<i>temazepam cap 7.5 mg</i>	Non-Pref	PA
<i>temazepam cap 15 mg</i>	Pref	QL (1 cap / 1 day)
<i>temazepam cap 22.5 mg</i>	Non-Pref	PA
<i>temazepam cap 30 mg</i>	Pref	QL (1 cap / 1 day)
<i>triazolam tab 0.25 mg</i>	Pref	QL (2 tabs / 1 day)
<i>triazolam tab 0.125 mg</i>	Pref	QL (1 tab / 1 day)
<i>zaleplon cap 5 mg</i>	Pref	QL (1 cap / 1 day)
<i>zaleplon cap 10 mg</i>	Pref	QL (1 cap / 1 day)
<i>zolpidem tartrate sl tab 1.75 mg</i>	Non-Pref	PA
<i>zolpidem tartrate sl tab 3.5 mg</i>	Non-Pref	PA
<i>zolpidem tartrate tab 5 mg</i>	Pref	QL (1 tab / 1 day)
<i>zolpidem tartrate tab 10 mg</i>	Pref	QL (1 tab / 1 day)
<i>zolpidem tartrate tab er 6.25 mg</i>	Non-Pref	PA
<i>zolpidem tartrate tab er 12.5 mg</i>	Non-Pref	PA

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TAB 5MG	Non-Pref	PA
BELSOMRA TAB 10MG	Non-Pref	PA
BELSOMRA TAB 15MG	Non-Pref	PA
BELSOMRA TAB 20MG	Non-Pref	PA
DAYVIGO TAB 5MG	Non-Pref	PA
DAYVIGO TAB 10MG	Non-Pref	PA

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ CAP 20MG	Non-Pref	SP, PA; AGE (Min age 16 years)
HETLIOZ LQ SUS 4MG/ML	Non-Pref	PA; AGE (Min age 3 years and Max age 15 years)
<i>ramelteon tab 8 mg</i>	Non-Pref	PA
ROZEREM TAB 8MG	Non-Pref	PA

LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

<i>fiber laxtiv cap 0.52gm</i>	Pref	OTC
<i>fiber therap tab 500mg</i>	Pref	OTC
<i>gnp fiber cap 0.52gm</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>hm fiber tab 500mg</i>	Pref	OTC
<i>konsyl daily pow 28.3%</i>	Pref	OTC
KONSYL DAILY POW 28.3%	Pref	OTC
KONSYL DAILY POW 60.3%	Pref	OTC
<i>nat fiber pow 48.57%</i>	Pref	OTC
<i>naturl fiber pow 28.3%</i>	Pref	OTC
<i>qc natural pow vegetabl</i>	Pref	OTC
<i>sm fiber lax tab 500mg</i>	Pref	OTC
<i>sm fiber pow 28.3%</i>	Pref	OTC
<i>sm fiber pow 48.57%</i>	Pref	OTC
<i>sm fiber pow 58.6%</i>	Pref	OTC
<i>sm fiber tab 625mg</i>	Pref	OTC
<i>soluble fib pow therapy</i>	Pref	OTC

LAXATIVE COMBINATIONS

<i>gavilyte-c sol</i>	Pref	
<i>gavilyte-g sol</i>	Pref	
<i>gavilyte-n sol flav pk</i>	Pref	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Pref	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Pref	
<i>peg/nasul/c/ sol nacl/pot</i>	Pref	
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Pref	OTC

LAXATIVES - MISCELLANEOUS

<i>constulose sol 10gm/15</i>	Pref	
<i>glycerin ped sup 1.2gm</i>	Pref	OTC
<i>glycerin sup 1gm</i>	Pref	OTC
<i>glycerin suppos 2 gm</i>	Pref	OTC
<i>gnp clearlax pak 3350 nf</i>	Pref	OTC
<i>gnp glycerin sup 1.2gm</i>	Pref	OTC
<i>gnp glycerin sup 2.1gm</i>	Pref	OTC
<i>healthylax pow</i>	Pref	OTC
<i>hm clearlax pow</i>	Pref	OTC
<i>lactulose solution 10 gm/15ml</i>	Pref	
PEDIA-LAX SUP 2.8GM	Pref	OTC
<i>polyethylene glycol 3350 oral packet 17 gm</i>	Pref	OTC
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Pref	OTC
<i>sm glycerin sup 80.7%</i>	Pref	OTC
<i>smooth lax pow 3350 nf</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
LUBRICANT LAXATIVES		
<i>gnp mineral oil</i>	Pref	OTC
<i>mineral oil</i>	Pref	OTC
<i>mineral oil ene</i>	Pref	OTC
<i>qc mineral oil heavy</i>	Pref	OTC
<i>sm enema ene</i>	Pref	OTC
SALINE LAXATIVES		
<i>enema ready- ene to-use</i>	Pref	OTC
<i>hm enema ene r-t-u</i>	Pref	OTC
<i>magnesium citrate soln</i>	Pref	OTC
<i>milk of magn sus 400/5ml</i>	Pref	OTC
<i>milk of magn sus 2400/10</i>	Pref	OTC
<i>milk of magn sus 2400mg</i>	Pref	OTC
<i>qc enema ene</i>	Pref	OTC
<i>sm enema ene</i>	Pref	OTC
<i>sm magnesium sol cherry</i>	Pref	OTC
<i>sodium phosphates - enema</i>	Pref	OTC
STIMULANT LAXATIVES		
<i>bisacodyl suppos 10 mg</i>	Pref	OTC
<i>bisacodyl tab delayed release 5 mg</i>	Pref	OTC
<i>choc laxativ chw 15mg</i>	Pref	OTC
<i>gentle laxat sup 10mg</i>	Pref	OTC
<i>hm laxative sup 10mg</i>	Pref	OTC
<i>laxative max tab 25mg</i>	Pref	OTC
<i>qc laxative sup 10mg</i>	Pref	OTC
SENNA SYP	Pref	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	Pref	OTC
<i>sennosides tab 8.6 mg</i>	Pref	OTC
<i>senokot extr tab 17.2mg</i>	Pref	OTC
<i>sm laxative sup 10mg</i>	Pref	OTC
SURFACTANT LAXATIVES		
<i>docu liq 50mg/5ml</i>	Pref	OTC
<i>docu liq 100/10ml</i>	Pref	OTC
<i>docusate calcium cap 240 mg</i>	Pref	OTC
<i>docusate min ene 283mg</i>	Pref	OTC
<i>docusate sodium cap 100 mg</i>	Pref	OTC
<i>docusate sodium cap 250 mg</i>	Pref	OTC
<i>docusate sodium liquid 150 mg/15ml</i>	Pref	OTC
<i>docusate sodium tab 100 mg</i>	Pref	OTC
<i>docusol mini ene</i>	Pref	OTC
DOCUSOL PLUS ENE 20-283	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>dok tab 100mg</i>	Pref	OTC
<i>dulcolax ss cap 100mg</i>	Pref	OTC
<i>enemeez mini ene</i>	Pref	OTC
ENEMEEZ PLUS ENE 20-283	Pref	OTC
<i>hm stool sof cap 100mg</i>	Pref	OTC
<i>silace liq 10mg/ml</i>	Pref	OTC
<i>silace syp 60/15ml</i>	Pref	OTC
<i>stool soft cap 240mg</i>	Pref	OTC
<i>stool soften cap 100mg</i>	Pref	OTC
<i>stool soften cap 250mg</i>	Pref	OTC
<i>stool softnr cap 100mg</i>	Pref	OTC
<i>stool softnr cap 250mg</i>	Pref	OTC
<i>stool softnr tab 100mg</i>	Pref	OTC

LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETIC COMBINATIONS

<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	Pref	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</i>	Pref	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i>	Pref	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</i>	Pref	
<i>lidocaine inj 2% w/ epinephrine-1:100000</i>	Pref	
<i>sensorcaine inj -mpf/epi</i>	Pref	
<i>sensorcaine/ inj epi 0.5%</i>	Pref	
<i>sensorcaine/ inj epi 0.25</i>	Pref	

LOCAL ANESTHETICS - AMIDES

<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	Pref	

MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml</i>	Pref	
<i>azithromycin for susp 200 mg/5ml</i>	Pref	
<i>azithromycin powd pack for susp 1 gm</i>	Pref	
<i>azithromycin tab 250 mg</i>	Pref	QL (6 tabs / 4 days)
<i>azithromycin tab 500 mg</i>	Pref	
<i>azithromycin tab 600 mg</i>	Pref	
ZITHROMAX POW 1GM PAK	Non-Pref	PA
ZITHROMAX SUS 100/5ML	Non-Pref	PA
ZITHROMAX SUS 200/5ML	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TAB 250MG	Non-Pref	PA, QL (6 tabs / 4 days)
ZITHROMAX TAB 500MG	Non-Pref	PA
ZITHROMAX TAB TRI-PAK	Non-Pref	PA
ZITHROMAX TAB Z-PAK	Non-Pref	PA, QL (6 tabs / 4 days)

CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>	Pref	
<i>clarithromycin for susp 250 mg/5ml</i>	Pref	
<i>clarithromycin tab 250 mg</i>	Pref	
<i>clarithromycin tab 500 mg</i>	Pref	
<i>clarithromycin tab er 24hr 500 mg</i>	Non-Pref	PA

ERYTHROMYCINS

<i>e.e.s. 400 tab 400mg</i>	Non-Pref	PA
E.E.S. GRAN SUS 200/5ML	Pref	
<i>ery-tab tab 250mg ec</i>	Non-Pref	PA
<i>ery-tab tab 333mg ec</i>	Non-Pref	PA
<i>ery-tab tab 500mg ec</i>	Non-Pref	PA
ERYPED SUS 200/5ML	Non-Pref	PA
ERYPED SUS 400/5ML	Non-Pref	PA
<i>erythrocin tab 250mg</i>	Non-Pref	PA
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Pref	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Non-Pref	PA
<i>erythromycin ethylsuccinate tab 400 mg</i>	Non-Pref	PA
<i>erythromycin tab 250 mg</i>	Non-Pref	PA
<i>erythromycin tab 500 mg</i>	Non-Pref	PA
<i>erythromycin tab delayed release 250 mg</i>	Non-Pref	PA
<i>erythromycin tab delayed release 333 mg</i>	Non-Pref	PA
<i>erythromycin tab delayed release 500 mg</i>	Non-Pref	PA
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Pref	

FIDAXOMICIN

DIFICID SUS	Non-Pref	PA
DIFICID TAB 200MG	Non-Pref	PA

MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING

BLOOD PRESSURE DEVICES

BLOOD PRESSURE MONITORING	Pref	OTC

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CONDOMS LATEX LUBRICATED - MALE	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
DIABETIC SUPPLIES		
AMBI-TRAY MIS	Pref	OTC
COUNT-A-DOSE MIS	Pref	OTC
DEXCOM G6 MIS RECEIVER	Pref	PA, QL (1 each / 292 days)
DEXCOM G6 MIS SENSOR	Pref	PA, QL (0.08 boxes / 1 day)
DEXCOM G6 MIS TRANSMIT	Pref	PA, QL (1 box / 72 days)
FREESTY LIBR KIT 2 SENSOR	Pref	PA, QL (0.08 boxes / 1 day)
FREESTY LIBR MIS 2 READER	Pref	PA, QL (1 each / 292 days)
FREESTYLE KIT SENSOR	Pref	PA, QL (0.08 boxes / 1 day)
FREESTYLE MIS READER	Pref	PA, QL (1 each / 292 days)
INSUL-CAP MIS	Pref	OTC
INSUL-EZE MIS	Pref	OTC
INSULIN MIS BARR 1ML	Pref	OTC
INSULIN SYR MIS BARR 1ML	Pref	OTC
LANCET DEVICES	Pref	OTC
LANCETS	Pref	OTC
LANCETS KIT	Pref	OTC
LANCETS MISC.	Pref	OTC
OMNIPOD 5 G6 KIT INTRO	Pref	PA
OMNIPOD 5 G6 MIS PODS	Pref	PA
OMNIPOD DASH KIT INTRO	Pref	PA
OMNIPOD DASH MIS PODS	Pref	PA
OMNIPOD MIS CLASSIC	Pref	PA
OMNIPOD PDM KIT CLASSIC	Pref	PA
V-GO 20 KIT	Pref	PA
V-GO 30 KIT	Pref	PA
V-GO 40 KIT	Pref	PA
VIVI CAP1 MIS	Pref	OTC
VIVI CAP MIS	Pref	OTC
ENTERAL NUTRITION SUPPLIES		
BARD PISTON MIS IRR SYR	Pref	
ENTERAL NUTRITION SUPPLIES	Pref	OTC
MONOJECT ENT MIS 1ML SYR	Pref	
MONOJECT ENT MIS 6ML SYR	Pref	
MONOJECT ENT MIS 12ML SYR	Pref	

Drug Name	Drug Tier	Requirements/Limits
MONOJECT ENT MIS 35ML SYR	Pref	
MONOJECT ENT MIS 60ML SYR	Pref	
MONOJECT ENT MIS SYR CAP	Pref	
STOMA MEASUR MIS DEVICE	Pref	
MISC. DEVICES		
ALCOHOL SWABS	Pref	OTC
CHEMO GLOVES MIS LARGE	Pref	
CHEMO GLOVES MIS MEDIUM	Pref	
CHEMO GLOVES MIS SMALL	Pref	
CHEMO GLOVES MIS X-LARGE	Pref	
DISPOSABLE GLOVES	Pref	OTC
ENEMA BOTTLE MIS 120ML	Pref	
ESSENTRA MIS 9X9"	Pref	
LATEX GLOVE MIS LARGE	Pref	
LATEX GLOVE MIS MEDIUM	Pref	
LATEX GLOVE MIS SMALL	Pref	
LATEX GLOVES MIS MEDIUM	Pref	
MEDICAL DEVICES AND SUPPLIES - RUBBER GOODS	Pref	OTC
NEOPRENE GLV MIS LARGE	Pref	
NEOPRENE GLV MIS MEDIUM	Pref	
NEOPRENE GLV MIS SMALL	Pref	
NEOPRENE GLV MIS X-LARGE	Pref	
NITRILE GLOV MIS BLUE/L	Pref	
NITRILE GLOV MIS BLUE/M	Pref	
NITRILE GLOV MIS BLUE/S	Pref	
NITRILE GLOV MIS BLUE/XL	Pref	
NITRILE GLOV MIS LARGE	Pref	
NITRILE GLOV MIS MEDIUM	Pref	
NITRILE GLOV MIS SIZE 6	Pref	
NITRILE GLOV MIS SIZE 6.5	Pref	
NITRILE GLOV MIS SIZE 7	Pref	
NITRILE GLOV MIS SIZE 7.5	Pref	
NITRILE GLOV MIS SIZE 8	Pref	
NITRILE GLOV MIS SIZE 8.5	Pref	
NITRILE GLOV MIS SIZE 9	Pref	
NITRILE GLOV MIS SIZE 9.5	Pref	
NITRILE GLOV MIS SIZE 10	Pref	
NITRILE GLOV MIS SMALL	Pref	
NITRILE GLOV MIS X-LARGE	Pref	

Drug Name	Drug Tier	Requirements/Limits
PARENTERAL THERAPY SUPPLIES		
ALLERGIST KIT 1MLX27G	Pref	
ALLERGIST KIT 1MLX28G	Pref	
ALLERGIST KIT 27GX1/2"	Pref	OTC
ALLERGY SYRG MIS 1ML/27G	Pref	OTC
ALLERGY TRAY KIT 27GX1/2"	Pref	OTC
1ML ALLR SYR MIS 27GX1/2"	Pref	OTC
ASSEMBLY MIS FIXTURE	Pref	
ASSURE ID MIS 30GX3/16	Pref	OTC; 90 day supply
AUM MINI PEN MIS 33GX5MM	Pref	OTC; 90 day supply
AUM MINI PEN MIS 33GX6MM	Pref	OTC; 90 day supply
AUM SAFETY MIS 31GX4MM	Pref	OTC; 90 day supply
AUTOSHIELD MIS 29X3/16"	Pref	OTC; 90 day supply
BD FILTR NDL MIS 5 MICRON	Pref	OTC
BD HYPO NEED MIS 16GX1"	Pref	OTC
BD HYPO NEED MIS 19GX1.5"	Pref	OTC
BD HYPO NEED MIS 21GX2"	Pref	OTC
BD HYPO NEED MIS 23GX3/4"	Pref	OTC
BD HYPO NEED MIS 26GX1/2"	Pref	OTC; 90 day supply
BD INTEGRA MIS 25GX1"	Pref	OTC
BD NEEDLES MIS 16GX1.5"	Pref	OTC
BD NEEDLES MIS 25GX7/8"	Pref	OTC; 90 day supply
BD NEEDLES MIS 27GX1/2"	Pref	OTC; 90 day supply
BD NEEDLES MIS 30GX1/2"	Pref	OTC; 90 day supply
BD PLASTIPAK MIS 21GX1"	Pref	OTC
BD PRECISION MIS 23GX1.5"	Pref	OTC
BD SHARPS MIS 1.4QT	Pref	QL (1 box / 1 day), OTC
BD U-500 MIS 31GX6MM	Pref	90 day supply
BD YALE LNR MIS 26GX1/2"	Pref	OTC
BLUNT CANNUL MIS 20GX1.5"	Pref	
BLUNT CANNUL MIS 21GX1"	Pref	
CLEAR GLASS MIS VIAL 5ML	Pref	
COMFORT TOUC MIS 31GX4MM	Pref	OTC; 90 day supply
COMFORT TOUC MIS 33GX1/4"	Pref	OTC; 90 day supply
COMFORT TOUC MIS 33GX3/16	Pref	OTC; 90 day supply
COMPL NEEDLE MIS COLL SYS	Pref	QL (1 box / 1 day), OTC
CONNECTOR MIS LUER LOC	Pref	
CONNECTOR MIS Y-SITE	Pref	
EASY GLIDE MIS 1ML SYR	Pref	OTC
EASY GLIDE MIS 30ML SYR	Pref	OTC
EASYPOINT MIS 23GX1"	Pref	

Drug Name	Drug Tier	Requirements/Limits
EASYPOINT MIS 25GX1"	Pref	
EASYPOINT MIS 25GX5/8"	Pref	90 day supply
FILTER NEEDL MIS 18GX1.5"	Pref	
FILTER NEEDL MIS 20GX1.5"	Pref	
FLOW-EZE MIS VENTED	Pref	OTC
HUBER NEEDLE MIS 20GX3/4"	Pref	OTC
HUBER NEEDLE MIS 22GX3/4"	Pref	OTC
HYPO NEEDLE MIS 14GX1"	Pref	
HYPO NEEDLE MIS 14GX1.5"	Pref	
HYPO NEEDLE MIS 14GX2"	Pref	
HYPO NEEDLE MIS 16GX1"	Pref	
HYPO NEEDLE MIS 16GX1"	Pref	OTC
HYPO NEEDLE MIS 16GX1.5"	Pref	
HYPO NEEDLE MIS 16GX1.5"	Pref	OTC
HYPO NEEDLE MIS 16GX3/4"	Pref	
HYPO NEEDLE MIS 16GX5/8"	Pref	
HYPO NEEDLE MIS 18GX1"	Pref	
HYPO NEEDLE MIS 18GX1.5"	Pref	
HYPO NEEDLE MIS 18GX1.25	Pref	OTC
HYPO NEEDLE MIS 19GX1"	Pref	
HYPO NEEDLE MIS 19GX1.5"	Pref	
HYPO NEEDLE MIS 19GX1.5"	Pref	OTC
HYPO NEEDLE MIS 20GX1"	Pref	
HYPO NEEDLE MIS 20GX1.5"	Pref	
HYPO NEEDLE MIS 20GX3/4"	Pref	OTC
HYPO NEEDLE MIS 21GX1"	Pref	
HYPO NEEDLE MIS 21GX1.5"	Pref	
HYPO NEEDLE MIS 21GX1.25	Pref	OTC
HYPO NEEDLE MIS 21GX2"	Pref	
HYPO NEEDLE MIS 22GX1"	Pref	
HYPO NEEDLE MIS 22GX1.5"	Pref	
HYPO NEEDLE MIS 22GX3/4"	Pref	OTC
HYPO NEEDLE MIS 23GX1"	Pref	
HYPO NEEDLE MIS 23GX1.5"	Pref	OTC
HYPO NEEDLE MIS 23GX1.25	Pref	OTC
HYPO NEEDLE MIS 23GX3/4"	Pref	
HYPO NEEDLE MIS 23GX3/4"	Pref	OTC
HYPO NEEDLE MIS 24GX1"	Pref	OTC
HYPO NEEDLE MIS 24GX1.25	Pref	OTC
HYPO NEEDLE MIS 25GX1"	Pref	
HYPO NEEDLE MIS 25GX1.5"	Pref	

Drug Name	Drug Tier	Requirements/Limits
HYPO NEEDLE MIS 25GX1.25	Pref	
HYPO NEEDLE MIS 25GX2"	Pref	
HYPO NEEDLE MIS 25GX3/4"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 25GX5/8"	Pref	90 day supply
HYPO NEEDLE MIS 26GX1/2"	Pref	90 day supply
HYPO NEEDLE MIS 26GX1/2"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 26GX3/8"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 26GX5/8"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 27GX1.5"	Pref	
HYPO NEEDLE MIS 27GX1.5"	Pref	OTC
HYPO NEEDLE MIS 27GX1.25	Pref	
HYPO NEEDLE MIS 27GX1.25	Pref	OTC
HYPO NEEDLE MIS 27GX1/2"	Pref	90 day supply
HYPO NEEDLE MIS 27GX1/2"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 30G X 1"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 30GX1/2"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 30GX3/4"	Pref	90 day supply
HYPO NEEDLE MIS 31GX5/16	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 32GX5/16	Pref	OTC; 90 day supply
I-PORT ADV MIS 6MM	Pref	
I-PORT ADV MIS 9MM	Pref	
INFUSION MIS ADAPTER	Pref	
INFUSION MIS CLAMP	Pref	
INJECTOR CAP MIS PHASEAL	Pref	
INJECTOR MIS LUER LOC	Pref	
INSULIN PEN MIS 31GX4MM	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.3/29G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.3/30G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.3/30G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.3/31G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.3/31G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 0.3/31G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.5/27G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.5/28G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.5/29G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.5/29G	Pref	OTC; TRUEPLUS; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 0.5/30G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.5/30G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 0.5/30G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.5/31G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.5/31G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 0.5/31G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML	Pref	90 day supply
INSULIN SYRG MIS 1ML	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/25G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/26G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/27G	Pref	90 day supply
INSULIN SYRG MIS 1ML/27G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/28G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML/29G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/29G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML/30G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/30G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 1ML/30G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML/31G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/31G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 1ML/31G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 27GX1/2"	Pref	OTC; 90 day supply
INSUPEN MIS 33GX4MM	Pref	OTC; 90 day supply
IV BAG HANGR MIS PHASEAL	Pref	
10ML LL SYRN MIS 20GX1"	Pref	OTC
10ML LL SYRN MIS 20GX1.5"	Pref	OTC
10ML LL SYRN MIS 21GX1"	Pref	OTC
10ML LL SYRN MIS 21GX1.5"	Pref	OTC
10ML LL SYRN MIS 22GX1"	Pref	OTC
3ML LL SYRNG MIS 18GX1.5"	Pref	OTC
3ML LL SYRNG MIS 20GX1"	Pref	
3ML LL SYRNG MIS 20GX1"	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
3ML LL SYRNG MIS 20GX1.5"	Pref	
3ML LL SYRNG MIS 20GX1.5"	Pref	OTC
3ML LL SYRNG MIS 20GX3/4"	Pref	
3ML LL SYRNG MIS 21GX1"	Pref	
3ML LL SYRNG MIS 21GX1"	Pref	OTC
3ML LL SYRNG MIS 21GX1.5"	Pref	
3ML LL SYRNG MIS 21GX1.5"	Pref	OTC
3ML LL SYRNG MIS 22GX1"	Pref	OTC
3ML LL SYRNG MIS 22GX1.5"	Pref	
3ML LL SYRNG MIS 22GX1.5"	Pref	OTC
3ML LL SYRNG MIS 22GX3/4"	Pref	OTC
3ML LL SYRNG MIS 23GX1"	Pref	
3ML LL SYRNG MIS 23GX1"	Pref	OTC
3ML LL SYRNG MIS 23GX1.5"	Pref	OTC
3ML LL SYRNG MIS 25GX1"	Pref	
3ML LL SYRNG MIS 25GX1"	Pref	OTC
3ML LL SYRNG MIS 25GX1.5"	Pref	OTC
3ML LL SYRNG MIS 25GX5/8"	Pref	
3ML LL SYRNG MIS 25GX5/8"	Pref	OTC
3ML LL SYRNG MIS 26GX5/8"	Pref	OTC
3ML LL SYRNG MIS 27GX1.25	Pref	
3ML LL SYRNG MIS 27GX1.25	Pref	OTC
3ML LUER LOC MIS 21GX1.5"	Pref	OTC
3ML LUER LOC MIS 22GX1"	Pref	OTC
3ML LUER LOC MIS 22GX1.5"	Pref	OTC
3ML LUER LOC MIS 23GX1"	Pref	OTC
3ML LUER LOC MIS 23GX1.5"	Pref	OTC
3ML LUER LOC MIS 25GX1"	Pref	OTC
3ML LUER LOC MIS 25GX1.5"	Pref	OTC
3ML LUER LOC MIS 25GX5/8"	Pref	OTC
LUER-LOK SYR MIS 1ML/20G	Pref	OTC
1M ALLR SYR MIS 27GX1/2"	Pref	OTC
MAXICOMFORT MIS 27GX1/2	Pref	OTC; 90 day supply
MAXICOMFORT MIS 27GX1/2"	Pref	OTC; 90 day supply
MED PREP MIS CANNULA	Pref	
MONOJECT LS MIS CANN/BLN	Pref	
MULTI-DRAW MIS 20GX1"	Pref	
MULTI-DRAW MIS 21GX1"	Pref	
MULTI-DRAW MIS 22GX1"	Pref	
NEEDL COLLEC MIS DISPOSAL	Pref	QL (1 box / 1 day), OTC
NEEDLE COLLE MIS DISPOSAL	Pref	QL (1 box / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
NEEDLE TIP MIS 16GX1.5"	Pref	
NEEDLELESS MIS CONNECTO	Pref	
NEEDLELESS MIS PORT CON	Pref	
NEEDLES MIS 18GX1"	Pref	OTC
NEEDLES MIS 18GX1.5"	Pref	OTC
NEEDLES MIS 19GX1"	Pref	OTC
NEEDLES MIS 19GX1.5"	Pref	OTC
NEEDLES MIS 20GX1"	Pref	OTC
NEEDLES MIS 20GX1.5"	Pref	OTC
NEEDLES MIS 21GX1"	Pref	OTC
NEEDLES MIS 21GX1.5"	Pref	OTC
NEEDLES MIS 22GX1"	Pref	OTC
NEEDLES MIS 22GX1.5"	Pref	OTC
NEEDLES MIS 22GX3/4"	Pref	OTC
NEEDLES MIS 23GX1"	Pref	OTC
NEEDLES MIS 23GX1.5"	Pref	OTC
NEEDLES MIS 23GX5/8"	Pref	OTC
NEEDLES MIS 25GX1"	Pref	OTC
NEEDLES MIS 25GX1.5"	Pref	OTC
NEEDLES MIS 25GX5/8"	Pref	OTC; 90 day supply
NEEDLES MIS 26X1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 27GX1"	Pref	OTC; 90 day supply
NEEDLES MIS 27GX1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 28GX1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 29GX1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 30GX1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 30GX5/16	Pref	OTC; 90 day supply
NEEDLES MIS 31GX5/16	Pref	OTC; 90 day supply
NOVOTWIST MIS 32GX5MM	Pref	OTC; 90 day supply
PARENTERAL THERAPY SUPPLIES	Pref	OTC
PATIENT SAFE MIS SYR 30ML	Pref	OTC
PEN NEEDLE MIS 29GX3/16	Pref	OTC; 90 day supply
PEN NEEDLE MIS 29GX5/16	Pref	OTC; 90 day supply
PEN NEEDLES MIS 29GX10MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 30GX3/16	Pref	OTC; 90 day supply
PEN NEEDLES MIS 30GX5/16	Pref	OTC; 90 day supply
PEN NEEDLES MIS 30GX5MM	Pref	OTC; 90 day supply
PEN NEEDLES MIS 31GX5MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM	Pref	OTC; TRUEPLUS

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 31GX8MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 33GX5MM	Pref	OTC; 90 day supply
PEN NEEDLES MIS 33GX6MM	Pref	OTC; 90 day supply
PHARM TRAY MIS 1ML/REG	Pref	OTC
POLY HUB MIS 23GX1.5"	Pref	OTC
POLY HUB MIS 27GX1.25	Pref	OTC
POLY HUB MIS 27GX1/2"	Pref	OTC; 90 day supply
POLY HUB MIS 30GX1/2"	Pref	OTC; 90 day supply
PRECISIONGLI MIS 27GX1.5"	Pref	OTC
PROTECTOR 14 MIS PHASEAL	Pref	
PROTECTOR 21 MIS PHASEAL	Pref	
PROTECTOR 28 MIS PHASEAL	Pref	
PROTECTOR 50 MIS PHASEAL	Pref	
SAFTY NEEDLE MIS 18GX1"	Pref	
SAFTY NEEDLE MIS 18GX1.5"	Pref	
SAFTY NEEDLE MIS 19GX1"	Pref	
SAFTY NEEDLE MIS 19GX1.5"	Pref	
SAFTY NEEDLE MIS 20GX1"	Pref	
SAFTY NEEDLE MIS 20GX1.5"	Pref	
SAFTY NEEDLE MIS 21GX1"	Pref	
SAFTY NEEDLE MIS 21GX1.5"	Pref	
SAFTY NEEDLE MIS 22GX1"	Pref	
SAFTY NEEDLE MIS 22GX1.5"	Pref	
SAFTY NEEDLE MIS 23GX1"	Pref	
SAFTY NEEDLE MIS 23GX5/8"	Pref	
SAFTY NEEDLE MIS 25GX1"	Pref	
SAFTY NEEDLE MIS 25GX5/8"	Pref	90 day supply
SECONDARY MIS SET/DRIP	Pref	
SECURESAFE MIS 19GX1.5"	Pref	OTC
SECURESAFE MIS 23GX1.5"	Pref	OTC
SECURESAFE MIS 26GX1/2"	Pref	OTC; 90 day supply
SECURESAFE MIS 27GX1/2"	Pref	OTC; 90 day supply
SHARP CONTAI MIS	Pref	QL (1 box / 1 day)
SHARPS CONT MIS 1QUART	Pref	QL (1 box / 1 day), OTC
SHARPS CONT MIS 2QUART	Pref	QL (1 box / 1 day), OTC
SHARPS CONT MIS 5GAL	Pref	QL (1 box / 1 day), OTC
SHARPS CONT MIS 14QT	Pref	QL (1 box / 1 day)
SHARPS CONT MIS HOME	Pref	QL (1 box / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
SHARPS DISP MIS 1 GALLON	Pref	QL (1 box / 1 day), OTC
SHARPS DISP MIS 1 QUART	Pref	QL (1 box / 1 day), OTC
SHARPS DISP MIS 2 GALLON	Pref	QL (1 box / 1 day), OTC
SHARPS DISP MIS 3 GALLON	Pref	QL (1 box / 1 day), OTC
SLIP TIP 1ML MIS	Pref	OTC
SLIP TIP 1ML MIS 26GX5/8"	Pref	OTC
1ML SLIP TIP MIS 25GX5/8"	Pref	OTC
1ML SLIP TIP MIS 26GX3/8"	Pref	OTC
SMARTIP SYR MIS /CANNULA	Pref	
SURE COMFORT MIS 0.5/31G	Pref	OTC; 90 day supply
SURE COMFORT MIS 31GX6MM	Pref	OTC; 90 day supply
SYR FILTER MIS 65MM	Pref	
SYR FILTER MIS 90MM	Pref	
SYR/FILT/MEM MIS TITAN3	Pref	
SYRG/NDL 3ML MIS 22G X 1"	Pref	OTC
SYRG/NDL 3ML MIS 23GX1"	Pref	OTC
SYRG/NDL 3ML MIS 25GX5/8"	Pref	OTC
SYRINGE (DISPOSABLE) 1 ML	Pref	
SYRINGE (DISPOSABLE) 10 ML	Pref	OTC
SYRINGE BARR MIS LUER10ML	Pref	OTC
SYRINGE BARR MIS LUER 1ML	Pref	
SYRINGE BARR MIS LUER 1ML	Pref	OTC
SYRINGE BARR MIS LUER 3ML	Pref	OTC
SYRINGE BARR MIS LUER 5ML	Pref	OTC
SYRINGE BARR MIS UNI 3ML	Pref	OTC
SYRINGE BARR MIS UNI 5ML	Pref	OTC
SYRINGE BARR MIS UNI 10ML	Pref	OTC
SYRINGE FILT MIS 25MM	Pref	
SYRINGE FILT MIS 32MM	Pref	
SYRINGE FILT MIS 33MM	Pref	
SYRINGE FLTR MIS 32MM	Pref	
SYRINGE LUER MIS -LOK 1ML	Pref	OTC
3ML SYRINGE MIS 18GX1"	Pref	
12ML SYRINGE MIS 18GX1"	Pref	OTC
3ML SYRINGE MIS 18GX1.5"	Pref	
3ML SYRINGE MIS 18GX1.5"	Pref	OTC
3ML SYRINGE MIS 19GX1"	Pref	OTC
3ML SYRINGE MIS 19GX1.5"	Pref	OTC
3ML SYRINGE MIS 20GX1"	Pref	
5ML SYRINGE MIS 20GX1"	Pref	OTC
12ML SYRINGE MIS 20GX1.5"	Pref	

Drug Name	Drug Tier	Requirements/Limits
12ML SYRINGE MIS 20GX1.5"	Pref	OTC
3ML SYRINGE MIS 21GX1"	Pref	
5ML SYRINGE MIS 21GX1"	Pref	OTC
3ML SYRINGE MIS 21GX1.5"	Pref	
10ML SYRINGE MIS 21GX1.5"	Pref	OTC
3ML SYRINGE MIS 22G X 1"	Pref	OTC
5ML SYRINGE MIS 22GX1"	Pref	OTC
3ML SYRINGE MIS 22GX1.5"	Pref	
5ML SYRINGE MIS 22GX1.5"	Pref	OTC
3 ML SYRINGE MIS 22X1-1/2	Pref	OTC
3ML SYRINGE MIS 23GX1"	Pref	
3ML SYRINGE MIS 23GX1"	Pref	OTC
3ML SYRINGE MIS 23GX1.5"	Pref	OTC
3ML SYRINGE MIS 25GX1"	Pref	
1ML SYRINGE MIS 25GX1"	Pref	OTC
3ML SYRINGE MIS 25GX1.5"	Pref	OTC
3ML SYRINGE MIS 25GX1.25	Pref	
1ML SYRINGE MIS 25GX5/8"	Pref	
5ML SYRINGE MIS 25GX5/8"	Pref	OTC
1ML SYRINGE MIS 26GX3/8"	Pref	OTC
3ML SYRINGE MIS 27GX1.25	Pref	
1ML SYRINGE MIS 27GX1/2"	Pref	OTC
1ML SYRINGE MIS 28GX1/2"	Pref	OTC
30ML SYRINGE MIS LUER LOC	Pref	
1ML SYRINGE MIS LUER LOC	Pref	OTC
30ML SYRINGE MIS LUER LOK	Pref	OTC
1ML SYRINGE MIS LUER SLI	Pref	OTC
1ML SYRINGE MIS LUER SLP	Pref	OTC
30ML SYRINGE MIS LUER-LOK	Pref	OTC
SYRINGE TRAY MIS PHASEAL	Pref	
5ML SYRINGES MIS 21GX1"	Pref	OTC
TB SYRINGE MIS 0.5/28G	Pref	
1ML TB SYRNG MIS 25GX1"	Pref	OTC
1ML TB SYRNG MIS 25GX5/8"	Pref	
1ML TB SYRNG MIS 25GX5/8"	Pref	OTC
1ML TB SYRNG MIS 26GX3/8"	Pref	
1ML TB SYRNG MIS 26GX3/8"	Pref	OTC
1ML TB SYRNG MIS 26GX5/8"	Pref	OTC
1ML TB SYRNG MIS 27GX1/2"	Pref	
1ML TB SYRNG MIS 27GX1/2"	Pref	OTC
1ML TB SYRNG MIS 28GX1/2"	Pref	

Drug Name	Drug Tier	Requirements/Limits
1ML TB SYRNG MIS 28GX1/2"	Pref	OTC
1ML TB SYRNG MIS REG LUER	Pref	OTC
TRANSFER NDL MIS 20GX1"	Pref	OTC
ULTICARE MIS 30GX3/16	Pref	OTC; 90 day supply
UNIFINE PNTP MIS 30GX3/16	Pref	OTC; 90 day supply
VACUUM FILTR MIS 0.20UM	Pref	
VIAL ACCESS MIS CANN 6ML	Pref	
VIAL STOPPER MIS 13MM	Pref	
YALE NEEDLES MIS 21GX1.25	Pref	OTC

RESPIRATORY THERAPY SUPPLIES

ACE AERO CLD MIS ENHANCER	Pref	
ACTIVITY PCH MIS	Pref	
ADULT MASK MIS	Pref	
ADULT MASK MIS LARGE	Pref	
AEROBIKA MIS	Pref	
AEROSOL MASK MIS ADULT	Pref	
AEROTRC PLUS MIS	Pref	
AIR TUBE MIS /PLUGS	Pref	
AIRS PEDIATR MIS MASK	Pref	
ALTERA NEB MIS HANDSET	Pref	
BREATHERITE MIS MDI CHMB	Pref	
CARETOUCH MIS CPAP	Pref	
CO MONITOR MIS T PIECES	Pref	
CONVERSION MIS BABY SZ1	Pref	
CONVERSION MIS BABY SZ2	Pref	
CONVERSION MIS BABY SZ3	Pref	
CPAP & BIPAP MIS HOSE	Pref	
2 CPAP HOSE MIS HANGER	Pref	
CPAP MASK MIS WIPES	Pref	
CPAP NEURAL MIS PRE-WASH	Pref	
ERAPID NEB MIS HANDSET	Pref	
FILTER AIR MIS PP	Pref	
FLEXICHAMBER MIS MASK LRG	Pref	
FLEXICHAMBER MIS MASK SM	Pref	
FULL KIT NEB MIS SET	Pref	
HOLD CHAMBER MIS ADLT LG	Pref	OTC
HOLD CHAMBER MIS MEDIUM	Pref	OTC
HOLD CHAMBER MIS SMALL	Pref	OTC
HOLDING CHAM MIS ADULT	Pref	OTC
HOLDING CHAM MIS CHILD	Pref	OTC
IN-CHK FLOW MIS METER	Pref	

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH MIS MASK LG	Pref	
LITETOUCH MIS MASK MD	Pref	
LITETOUCH MIS MASK SM	Pref	
MASK VORTEX/ MIS FROG	Pref	OTC
MASK VORTEX/ MIS LADY BUG	Pref	OTC
NEBULIZER MIS MASK AD	Pref	
NEBULIZER MIS MASK CH	Pref	
NEBULIZER MIS MASK CHD	Pref	
NEBULIZER MIS MASK INF	Pref	
PANDA MASK MIS LARGE	Pref	OTC
PANDA MASK MIS MEDIUM	Pref	OTC
PANDA MASK MIS PEDIATRI	Pref	OTC
PANDA MASK MIS SMALL	Pref	OTC
PARI EXPIRAT MIS FILTER	Pref	
PARI MANUAL MIS INTERRUPT	Pref	
PARI MASK MIS SIZE 3	Pref	
PARI PLASTIC MIS MASK	Pref	
PARI PLASTIC MIS MASK PED	Pref	
PARI TREK S KIT COMBO	Pref	
PEAK FLOW METER	Pref	OTC
PFLEX MIS	Pref	
PFT FILTER MIS 1000	Pref	
PFT FILTER MIS 2000	Pref	
PFT FILTER MIS 3000	Pref	
PFT FILTER MIS 4000	Pref	
PFT FILTER MIS 5000	Pref	
PFT FILTER MIS 6000	Pref	
PFT FILTER MIS 7000	Pref	
PILLOW MASK MIS ADULT	Pref	
PILLOW MASK MIS CHILD	Pref	
PILLOW MASK MIS PEDIATRI	Pref	
PROCARE MIS ADULT	Pref	OTC
PROCARE MIS CHILD	Pref	OTC
REPLACEMENT MIS FILTER	Pref	
RESPIRATORY THERAPY SUPPLIES	Pref	OTC
SIDESTREAM MIS MASK	Pref	
SIDESTREAM MIS PED MASK	Pref	
SILICONE MSK MIS ADULT	Pref	
SILICONE MSK MIS INFANT	Pref	
SILICONE MSK MIS PED	Pref	
SPACER CHAMB MIS ADULT	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
SPACER CHAMB MIS CHILD	Pref	OTC
SPACER CHAMB MIS INFANT	Pref	OTC
SPACER/AEROSOL-HOLDING CHAMBERS	Pref	
THRESHOLD MIS IMT	Pref	
THRESHOLD MIS PEP	Pref	
TRUZONE PEAK MIS FLOW MTR	Pref	
TUBE CLEANIN MIS BRUSH	Pref	
VORTEX/MASK MIS CHILDS	Pref	
VORTEX/MASK MIS TODDLER	Pref	
WINDMILL MIS TRAINER	Pref	

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	Pref	PA, QL (0.067 pens / 1 day); AGE (Min age 18 years)
AIMOVIG INJ 140MG/ML	Pref	PA, QL (0.04 pens / 1 day); AGE (Min age 18 years)
AJOVY INJ 225/1.5	Pref	PA, QL (0.038 pens / 1 day); AGE (Min age 18 years)
AJOVY INJ 225/1.5	Pref	PA, QL (0.038 syringes / 1 day); AGE (Min age 18 years)
EMGALITY INJ 100MG/ML	Pref	PA, QL (0.1 syringes / 1 day); AGE (Min age 18 years)
EMGALITY INJ 120MG/ML	Pref	PA, QL (0.04 pens / 1 day); AGE (Min age 18 years)
EMGALITY INJ 120MG/ML	Pref	PA, QL (0.04 syringes / 1 day); AGE (Min age 18 years)
NURTEC TAB 75MG ODT	Pref	AGE (Min age 18 years)
QULIPTA TAB 10MG	Non-Pref	PA; AGE (Min age 18 years)
QULIPTA TAB 30MG	Non-Pref	PA; AGE (Min age 18 years)
QULIPTA TAB 60MG	Non-Pref	PA; AGE (Min age 18 years)
UBRELVY TAB 50MG	Non-Pref	PA
UBRELVY TAB 100MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE COMBINATIONS		
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	Non-Pref	PA
TREXIMET TAB 85-500MG	Non-Pref	PA
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	Non-Pref	PA
<i>almotriptan malate tab 12.5 mg</i>	Non-Pref	PA
AMERGE TAB 1MG	Non-Pref	PA
AMERGE TAB 2.5MG	Non-Pref	PA
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Non-Pref	PA
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Non-Pref	PA
FROVA TAB 2.5MG	Non-Pref	PA
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Non-Pref	PA
IMITREX INJ 4MG/0.5	Non-Pref	PA, QL (0.334 injections / 1 day)
IMITREX INJ 6MG/0.5	Non-Pref	PA, QL (0.334 injections / 1 day)
IMITREX SPR 5MG/ACT	Pref	QL (6 inhalers / 27 days)
IMITREX SPR 20MG/ACT	Pref	QL (6 inhalers / 27 days)
IMITREX TAB 25MG	Non-Pref	PA, QL (0.3 tabs / 1 day)
IMITREX TAB 50MG	Non-Pref	PA, QL (0.3 tabs / 1 day)
IMITREX TAB 100MG	Non-Pref	PA, QL (0.3 tabs / 1 day)
MAXALT TAB 10MG	Non-Pref	PA, QL (0.6 tabs / 1 day)
MAXALT-MLT TAB 10MG	Non-Pref	PA, QL (0.6 tabs / 1 day)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Non-Pref	PA
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Non-Pref	PA
ONZETRA XSAI MIS 11MG	Non-Pref	PA
RELPAX TAB 20MG	Non-Pref	PA
RELPAX TAB 40MG	Non-Pref	PA
REYVOW TAB 50MG	Non-Pref	PA; AGE (Min age 18 years)
REYVOW TAB 100MG	Non-Pref	PA; AGE (Min age 18 years)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Pref	QL (0.6 tabs / 1 day)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Pref	QL (0.6 tabs / 1 day)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Pref	QL (0.6 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Pref	QL (0.6 tabs / 1 day)
<i>sumatriptan nasal spray 5 mg/act</i>	Pref	QL (6 inhalers / 27 days)
<i>sumatriptan nasal spray 20 mg/act</i>	Pref	QL (6 inhalers / 27 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Pref	QL (0.334 injections / 1 day)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Pref	QL (0.334 injections / 1 day)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Pref	QL (0.334 injections / 1 day)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Pref	QL (0.334 injections / 1 day)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Pref	QL (0.334 injections / 1 day)
<i>sumatriptan succinate tab 25 mg</i>	Pref	QL (0.3 tabs / 1 day)
<i>sumatriptan succinate tab 50 mg</i>	Pref	QL (0.3 tabs / 1 day)
<i>sumatriptan succinate tab 100 mg</i>	Pref	QL (0.3 tabs / 1 day)
TOSYMRA SOL 10MG	Non-Pref	PA
ZEMBRACE SYM INJ 3/0.5ML	Non-Pref	PA
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	Non-Pref	PA
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Non-Pref	PA
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Non-Pref	PA
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Non-Pref	PA
<i>zolmitriptan tab 2.5 mg</i>	Non-Pref	PA
<i>zolmitriptan tab 5 mg</i>	Non-Pref	PA
ZOMIG SPR 2.5MG	Non-Pref	PA
ZOMIG SPR 5MG	Non-Pref	PA
ZOMIG TAB 2.5MG	Non-Pref	PA
ZOMIG TAB 5MG	Non-Pref	PA

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

CALC ACETATE TAB 668MG	Non-Pref	PA, OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	Pref	OTC
<i>calcium cit/ tab vit d</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	Pref	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	Pref	OTC
<i>calcium+d3 tab 600-800</i>	Pref	OTC
<i>calcium+d tab 600-800</i>	Pref	OTC
<i>calcium/d3 tab</i>	Pref	OTC
<i>gnp calcium tab cit +d3</i>	Pref	OTC
<i>os calcium tab /vit d</i>	Pref	OTC
<i>os-cal + d3 tab 500-200</i>	Pref	OTC
<i>os-cal extra tab d3</i>	Pref	OTC
<i>oys shell+d chw 500-400</i>	Pref	OTC
<i>oys shell+d tab 250-125</i>	Pref	OTC
<i>oysco 500+d tab</i>	Pref	OTC
<i>oyst shell/d tab 500-5mcg</i>	Pref	OTC
<i>oyst shell/d tab 500mg</i>	Pref	OTC
<i>oyster shell calcium tab 500 mg</i>	Pref	OTC
<i>sm ca/mg/zn tab</i>	Pref	OTC
<i>sm calcium tab /vit d3</i>	Pref	OTC
<i>sm calcium/d tab 600-400</i>	Pref	OTC
SM CORAL CAL TAB 1000MG	Pref	OTC

ELECTROLYTE MIXTURES

<i>oral electrolyte solution</i>	Pref	OTC

FLUORIDE

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Pref	
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Pref	
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Pref	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Pref	

MAGNESIUM

BEELITH TAB	Pref	OTC
MAG-G TAB 500MG	Pref	OTC
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Pref	OTC
<i>magnesium oxide tab 500 mg (mg supplement)</i>	Pref	OTC
<i>magnesium tab 250mg</i>	Pref	OTC
<i>magnesium-ox tab 400mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
MAGONATE LIQ 1000/5ML	Pref	OTC
NU-MAG TAB 71.5-119	Pref	OTC
SLOW-MAG TAB	Pref	OTC
SLOW-MAG TAB 71.5-119	Pref	OTC
SLOWMAG MG TAB MUS/HRT	Pref	OTC
MINERAL COMBINATIONS		
<i>cal-mag-zinc tab +d3</i>	Pref	OTC
PHOSPHATE		
K-PHOS TAB	Pref	
<i>phospha 250 tab neutral</i>	Pref	
<i>phospho-trin tab 250 neut</i>	Pref	
<i>phospho-trin tab k500</i>	Pref	
<i>virt-phos tab 250 neut</i>	Pref	
POTASSIUM		
<i>effer-k tab 25meq ef</i>	Pref	
<i>klor-con 8 tab 8meq er</i>	Pref	90 day supply
<i>klor-con 10 tab 10meq er</i>	Pref	90 day supply
<i>klor-con m10 tab 10meq er</i>	Pref	
<i>klor-con m20 tab 20meq er</i>	Pref	90 day supply
<i>klor-con pak 20meq</i>	Pref	90 day supply
<i>klor-con/ef tab 25meq fr</i>	Pref	
<i>potassium chloride cap er 8 meq</i>	Pref	90 day supply
<i>potassium chloride cap er 10 meq</i>	Pref	90 day supply
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Pref	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Pref	90 day supply
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Pref	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Pref	90 day supply
<i>potassium chloride powder packet 20 meq</i>	Pref	90 day supply
<i>potassium chloride tab er 8 meq (600 mg)</i>	Pref	90 day supply
<i>potassium chloride tab er 10 meq</i>	Pref	90 day supply
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Pref	
SODIUM		
<i>sodium chloride flush iv soln 0.9%</i>	Pref	
<i>sodium chloride tab 1 gm</i>	Pref	OTC
TRACE MINERALS		
<i>sm chrom pic tab 200mcg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
ZINC		
<i>sm zinc tab 50mg</i>	Pref	OTC
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	Pref	OTC
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>penicillamine tab 250 mg</i>	Pref	PA, QL (4 tabs / 1 day)
<i>trientine hcl cap 250 mg</i>	Pref	PA
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine tab 50 mg</i>	Pref	90 day supply
<i>cyclosporine modified cap 25 mg</i>	Pref	
<i>cyclosporine modified cap 100 mg</i>	Pref	
<i>cyclosporine modified oral soln 100 mg/ml</i>	Pref	
ENSPRYNG INJ	Non-Pref	SP, PA
<i>gengraf cap 25mg</i>	Pref	
<i>gengraf cap 100mg</i>	Pref	
<i>gengraf sol 100mg/ml</i>	Pref	
<i>mycophenolate mofetil cap 250 mg</i>	Pref	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Pref	
<i>mycophenolate mofetil tab 500 mg</i>	Pref	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Pref	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Pref	
<i>sirolimus oral soln 1 mg/ml</i>	Pref	
<i>sirolimus tab 0.5 mg</i>	Pref	
<i>sirolimus tab 1 mg</i>	Pref	
<i>sirolimus tab 2 mg</i>	Pref	
<i>tacrolimus cap 0.5 mg</i>	Pref	QL (2 caps / 1 day)
<i>tacrolimus cap 1 mg</i>	Pref	QL (8 caps / 1 day)
<i>tacrolimus cap 5 mg</i>	Pref	QL (4 caps / 1 day)
IRRIGATION SOLUTIONS		
<i>water for irrigation, sterile irrigation soln</i>	Pref	
MISC NATURAL PRODUCTS		
CA PYRUVATE CAP 600MG	Pref	OTC
<i>echinacea/ cap gldnseal</i>	Pref	OTC
GARLIN TAB	Pref	OTC
GLUCOS/CHOND TAB /MSM	Pref	OTC
<i>misc natural products cap</i>	Pref	OTC
OCTACOSANOL TAB	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate powder</i>	Pref	
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl viscous soln 2%</i>	Pref	
<i>sore throat loz 15-2.6mg</i>	Pref	OTC
<i>sore throat loz 15-3.6mg</i>	Pref	OTC
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	Non-Pref	PA
<i>nystatin susp 100000 unit/ml</i>	Pref	90 day supply
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	Pref	
<i>phenaseptic liq 1.4%</i>	Pref	OTC
<i>sore throat spr 1.4%</i>	Pref	OTC
DENTAL PRODUCTS		
<i>denta 5000 cre plus</i>	Pref	
<i>denta 5000 cre plus 2pk</i>	Pref	
<i>dentagel gel 1.1%</i>	Pref	
<i>sf 5000 plus cre 1.1%</i>	Pref	
<i>sf gel 1.1%</i>	Pref	
<i>sod fluoride gel 1.1%</i>	Pref	
<i>sodium fluor cre 5000 pls</i>	Pref	
<i>sodium fluor cre 5000 ppm</i>	Pref	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	Pref	
LOZENGES		
<i>cough drops loz 5.8mg</i>	Pref	OTC
<i>cough drops loz 7.6mg</i>	Pref	OTC
<i>cough drops loz cherry</i>	Pref	OTC
<i>cough drops loz sf menth</i>	Pref	OTC
STEROIDS - MOUTH/THROAT/DENTAL		
<i>oralone dent pst 0.1%</i>	Pref	
<i>triamcinolone acetonide dental paste 0.1%</i>	Pref	
MULTIVITAMINS - DRUGS FOR NUTRITION		
B-COMPLEX VITAMINS		
<i>b-complex vitamin cap</i>	Pref	OTC
<i>b-complex vitamin tab</i>	Pref	OTC
B-COMPLEX W/ C		
<i>super b comp tab vit c</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
B-COMPLEX W/ FOLIC ACID		
DIALYVIT 800 TAB ZINC 15	Pref	OTC
<i>dialyvite tab</i>	Pref	
<i>dialyvite tab 800</i>	Pref	OTC
DIALYVITE TAB 800/ZINC	Pref	OTC
DIALYVITE WAF PLUS D	Pref	OTC
<i>folbee plus tab</i>	Pref	
<i>folbee plus tab cz</i>	Pref	
NEPHRONEX LIQ 0.9/5ML	Pref	OTC
<i>nephronex tab</i>	Pref	
<i>rena-vite rx tab</i>	Pref	OTC
<i>rena-vite tab</i>	Pref	OTC
<i>renal cap</i>	Pref	
<i>renal-vite tab</i>	Pref	OTC
<i>reno cap</i>	Pref	
<i>sm balanced tab b-50</i>	Pref	OTC
<i>sm balanced tab b-100</i>	Pref	OTC
<i>triphrocaps cap</i>	Pref	
<i>virt-caps cap</i>	Pref	
VITAL-D RX TAB	Pref	
<i>vp-vite rx tab</i>	Pref	
<i>wescaps cap</i>	Pref	
BIOFLAVONOID PRODUCTS		
<i>ester-c tab 500mg</i>	Pref	OTC
MULTIPLE VITAMINS W/ CALCIUM		
<i>one daily tab womens</i>	Pref	OTC
MULTIPLE VITAMINS W/ IRON		
<i>daily multi tab vit/iron</i>	Pref	OTC
<i>daily vit tab +iron</i>	Pref	OTC
<i>daily vit tab iron</i>	Pref	OTC
<i>sm multiple tab vit/iron</i>	Pref	OTC
MULTIPLE VITAMINS W/ MINERALS		
ALGAE BASED TAB CALCIUM	Pref	OTC
CERTAVITE TAB SENIOR	Pref	OTC
<i>corvita tab</i>	Pref	
DERMAVITE TAB	Pref	OTC
ICAPS AREDS TAB FORMULA	Pref	OTC
MULTIPLE VITAMINS W/ MINERALS	Pref	
<i>multiple vitamins w/ minerals</i>	Pref	OTC
<i>multiple vitamins w/ minerals cap</i>	Pref	OTC
MULTIPLE VITAMINS W/ MINERALS CAP	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
MULTIPLE VITAMINS W/ MINERALS CHEW TAB	Pref	OTC
<i>nutrifac zx tab</i>	Pref	
<i>ocuvite eye chw health</i>	Pref	OTC
ONCOVITE TAB	Pref	OTC
PRESERVISION TAB AREDS	Pref	OTC
PRORENAL +D TAB	Pref	OTC
PRORENAL+D TAB	Pref	OTC
RENAPLEX-D TAB	Pref	OTC
SYSTANE ICAP TAB AREDS2	Pref	OTC
THERA M PLUS TAB	Pref	OTC
THERA-M TAB	Pref	OTC
THEREMS-M TAB	Pref	OTC
<i>v-c forte cap</i>	Pref	
<i>vita s forte tab</i>	Pref	
MULTIVITAMINS - DRUGS FOR NUTRITION		
<i>multiple vitamin tab</i>	Pref	OTC
THERA TAB	Pref	OTC
PED MV W/ FLUORIDE		
FLORIVA DRO PLUS	Pref	
<i>multi vit/fl chw 0.25mg</i>	Pref	
MULTI-VIT-FL CHW 0.5MG	Pref	
MULTI-VIT-FL CHW 0.25MG	Pref	
MULTI-VIT-FL CHW 1MG	Pref	
<i>multivit/fl chw 0.5mg</i>	Pref	
<i>multivit/fl chw 0.25mg</i>	Pref	
<i>multivit/fl chw 1mg</i>	Pref	
<i>multivit/fl dro 0.25mg</i>	Pref	
<i>multivit/fl dro 0.25mg</i>	Pref	OTC
QUFLORA PED DRO 0.25MG	Pref	
PED MV W/ IRON		
ANIMAL SHAPE CHW IRON	Pref	OTC
<i>cerovite jr chw</i>	Pref	OTC
<i>child multiv chw iron</i>	Pref	OTC
<i>childrens chw /iron</i>	Pref	OTC
<i>qc childrens chw complete</i>	Pref	OTC
<i>qc childrens chw iron</i>	Pref	OTC
<i>sm animal sh chw complete</i>	Pref	OTC
PEDIATRIC MULTIPLE VITAMINS		
<i>animal chews chw</i>	Pref	OTC
<i>child chew/ chw extra c</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>gnp little chw ones</i>	Pref	OTC
<i>multivitamin chw children</i>	Pref	OTC
<i>qc childrens chw extra c</i>	Pref	OTC
<i>sm animal chw shapes</i>	Pref	OTC
PRENATAL VITAMINS		
CL PRENATAL TAB 28-0.8MG	Pref	OTC
COMPLETENATE CHW	Pref	
GNP PRENATAL TAB 28-0.8MG	Pref	OTC
M-NATAL PLUS TAB	Pref	
NIVA-PLUS TAB	Pref	
PRENATABS FA TAB 29-1MG	Pref	OTC
<i>prenatabs rx tab</i>	Pref	
<i>prenatal 19 chw tab</i>	Pref	
PRENATAL 19 TAB	Pref	OTC
PRENATAL TAB	Pref	OTC
PRENATAL TAB 27-0.8MG	Pref	OTC
PRENATAL TAB 27-1MG	Pref	
PRENATAL TAB 28-0.8MG	Pref	OTC
PRENATAL TAB PLUS	Pref	
PRENATAL VIT TAB LOW IRON	Pref	
PRENATAL-U CAP 106.5-1	Pref	
PRENATVITE TAB RX	Pref	
PREPLUS TAB 27-1MG	Pref	
QC PRENATAL TAB 28-0.8MG	Pref	OTC
SE-NATAL 19 CHW	Pref	
SE-NATAL 19 TAB	Pref	
SM PRENATAL TAB VITAMINS	Pref	OTC
THRIVITE RX TAB 29-1MG	Pref	
TRICARE TAB PRENATAL	Pref	
TRINATAL RX TAB 1	Pref	
VINATE ONE TAB	Pref	
VITAFOL-OB TAB 65-1MG	Pref	
WESTAB PLUS TAB 27-1MG	Pref	
SPECIALTY VITAMINS PRODUCTS		
ICAPS LUTEIN TAB ZEAXANTH	Pref	OTC
<i>urosex tab</i>	Pref	
VITAMIN MIXTURES		
<i>cod liver cap</i>	Pref	OTC
VITAMINS W/ LIPOTROPICS		
<i>lipoflavovit tab</i>	Pref	OTC
<i>risanoid tab plus</i>	Pref	OTC

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

CENTRAL MUSCLE RELAXANTS

AMRIX CAP 15MG	Non-Pref	PA
AMRIX CAP 30MG	Non-Pref	PA
<i>baclofen oral soln 5 mg/5ml</i>	Pref	
<i>baclofen tab 5 mg</i>	Pref	
<i>baclofen tab 10 mg</i>	Pref	
<i>baclofen tab 20 mg</i>	Pref	
<i>carisoprodol tab 250 mg</i>	Non-Pref	PA
<i>carisoprodol tab 350 mg</i>	Pref	
<i>chlorzoxazone tab 250 mg</i>	Pref	
<i>chlorzoxazone tab 375 mg</i>	Pref	
<i>chlorzoxazone tab 500 mg</i>	Pref	
<i>chlorzoxazone tab 750 mg</i>	Pref	
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i>	Non-Pref	PA
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i>	Non-Pref	PA
<i>cyclobenzaprine hcl tab 5 mg</i>	Pref	
<i>cyclobenzaprine hcl tab 7.5 mg</i>	Pref	
<i>cyclobenzaprine hcl tab 10 mg</i>	Pref	
<i>fexmid tab 7.5mg</i>	Non-Pref	PA
FLEQSUVY SUS 25MG/5ML	Non-Pref	PA
<i>lorzone tab 375mg</i>	Non-Pref	PA
<i>lorzone tab 750mg</i>	Non-Pref	PA
<i>metaxalone tab 400 mg</i>	Non-Pref	PA
<i>metaxalone tab 800 mg</i>	Non-Pref	PA
<i>methocarbamol inj 1000 mg/10ml</i>	Pref	
<i>methocarbamol tab 500 mg</i>	Pref	
<i>methocarbamol tab 750 mg</i>	Pref	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Pref	
OZOBAX SOL 5MG/5ML	Non-Pref	PA
SOMA TAB 250MG	Non-Pref	PA
SOMA TAB 350MG	Non-Pref	PA
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	Non-Pref	PA
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	Non-Pref	PA
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	Non-Pref	PA
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Pref	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Pref	
ZANAFLEX CAP 2MG	Non-Pref	PA
ZANAFLEX CAP 4MG	Non-Pref	PA
ZANAFLEX CAP 6MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX TAB 4MG	Non-Pref	PA
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	Non-Pref	PA
<i>dantrolene sodium cap 25 mg</i>	Pref	
<i>dantrolene sodium cap 50 mg</i>	Pref	
<i>dantrolene sodium cap 100 mg</i>	Pref	
MUSCLE RELAXANT COMBINATIONS		
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	Non-Pref	PA; AGE (Min age 12 years)
NORGESIC TAB FORTE	Non-Pref	PA
VISCOSUPPLEMENTS		
EUFLEXXA INJ 10MG/ML	Pref	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Non-Pref	PA; AGE (Min age 6 years)
DYMISTA SPR 137-50	Non-Pref	PA; AGE (Min age 6 years)
NASAL AGENTS - MISC.		
AYR ALLERGY SPR & SINUS	Pref	OTC
AYR NASAL DRO 0.65%	Pref	OTC
<i>ayr saline gel nasal</i>	Pref	OTC
<i>saline nasal spray 0.65%</i>	Pref	OTC
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Pref	QL (0.067 bottles / 1 day)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Non-Pref	PA
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Pref	OTC
<i>olopatadine hcl nasal soln 0.6%</i>	Non-Pref	PA
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Pref	QL (2 mL / 1 day)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Pref	QL (2 mL / 1 day)
NASAL STEROIDS		
<i>allergy relf spr 50mcg</i>	Pref	QL (0.038 bottles / 1 day), OTC
<i>allergy relf spr 50mcg</i>	Non-Pref	PA, QL (0.038 bottles / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>allgy relief spr 50mcg</i>	Pref	QL (0.038 bottles / 1 day), OTC
BECONASE AQ SUS 0.042%	Non-Pref	PA
<i>budesonide sus 32mcg</i>	Non-Pref	PA, OTC
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Non-Pref	PA
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Pref	QL (0.038 bottles / 1 day)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Pref	QL (0.038 bottles / 1 day), OTC
<i>fluticasone spr 50mcg</i>	Pref	QL (0.038 bottles / 1 day), OTC
<i>fluticasone sus 50mcg</i>	Pref	QL (0.038 bottles / 1 day), OTC
<i>24 hr nasal spr allergy</i>	Pref	QL (0.033 bottles / 1 day), OTC
<i>24 hr nasal spr allergy</i>	Non-Pref	PA, QL (0.033 bottles / 1 day), OTC
<i>mometasone furoate nasal susp 50 mcg/act</i>	Non-Pref	PA
<i>nasal allrgy spr 55mcg/ac</i>	Pref	QL (0.033 bottles / 1 day), OTC
OMNARIS SPR	Non-Pref	PA
QNASL AER 80MCG	Non-Pref	PA
QNASL CHILD SPR 40MCG	Non-Pref	PA
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Pref	QL (0.033 bottles / 1 day), OTC
XHANCE MIS 93MCG	Non-Pref	PA
ZETONNA AER 37MCG	Non-Pref	PA

SYMPATHOMIMETIC DECONGESTANTS

<i>nasal decong spr 0.05%</i>	Pref	OTC
<i>nasal decong tab 10mg</i>	Pref	OTC
<i>phenylephrine hcl nasal soln 1%</i>	Pref	OTC
<i>phenylephrine hcl tab 10 mg</i>	Pref	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	Pref	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Pref	OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	Pref	OTC
<i>sm nasal dec tab 10mg pe</i>	Pref	OTC
<i>sudogest tab 60mg</i>	Pref	OTC

NUTRIENTS - DRUGS FOR NUTRITION

CARBOHYDRATES

<i>dextrose inj 5%</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
LIPOTROPICS		
<i>soya lecithn cap 1200mg</i>	Pref	OTC
MISC. NUTRITIONAL SUBSTANCES		
OMEGA-3 CAP 1400MG	Pref	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Pref	OTC
PROTEINS		
<i>levocarnitine (dietary) oral soln 1 gm/10ml</i>	Pref	OTC
<i>sm l-lysine tab 500mg</i>	Pref	OTC
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS		
ARTIFICIAL TEARS AND LUBRICANTS		
<i>artifi tears sol 1.4% op</i>	Pref	OTC
<i>artificial sol 0.5-0.6%</i>	Pref	OTC
<i>artificial sol tears</i>	Pref	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	Pref	OTC
<i>dry eye relf dro 0.4-0.3%</i>	Pref	OTC
<i>dry eye relf gel 1%</i>	Pref	OTC
<i>dry eye rlf dro</i>	Pref	OTC
<i>eye drops sol relief</i>	Pref	OTC
GENTEAL GEL 0.3%	Pref	OTC
<i>genteal tear sol moderate</i>	Pref	OTC
<i>hm dry eye sol relief</i>	Pref	OTC
ISOPTO TEARS SOL 0.5% OP	Pref	OTC
<i>lubricant dro eye 0.6%</i>	Pref	OTC
<i>lubricating dro 0.5%</i>	Pref	OTC
<i>lubricating sol tears</i>	Pref	OTC
<i>lubricnt eye dro 0.4-0.3%</i>	Pref	OTC
<i>lubricnt eye dro 0.5% op</i>	Pref	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	Pref	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	Pref	OTC
<i>refresh cell gel 1% op</i>	Pref	OTC
REFRESH DRO OP	Pref	OTC
REFRESH DRO RELIEVA	Pref	OTC
REFRESH GEL OPTIVE	Pref	OTC
<i>refresh lacr oin op</i>	Pref	OTC
REFRESH OPT SOL MEGA-3	Pref	OTC
REFRESH OPTI DRO 0.5-0.9%	Pref	OTC
REFRESH SOL DIGITAL	Pref	OTC
REFRESH SOL OPTIVE	Pref	OTC
<i>sm artificia sol tears</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sm dry eye sol relief</i>	Pref	OTC
<i>soothe xp dro</i>	Pref	OTC
<i>systane dro contacts</i>	Pref	OTC
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	Pref	QL (0.54 mL / 1 day)
BETIMOL SOL 0.5%	Non-Pref	PA
BETIMOL SOL 0.25%	Non-Pref	PA
BETOPTIC-S SUS 0.25% OP	Non-Pref	PA
<i>carteolol hcl ophth soln 1%</i>	Pref	QL (0.334 mL / 1 day)
COMBIGAN SOL 0.2/0.5%	Pref	QL (0.334 mL / 1 day)
COSOPT PF SOL 2%-0.5%	Non-Pref	PA
COSOPT SOL 22.3-6.8	Non-Pref	PA, QL (0.334 mL / 1 day)
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	Non-Pref	PA
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Pref	QL (0.334 mL / 1 day)
ISTALOL SOL 0.5% OP	Non-Pref	PA
<i>levobunolol hcl ophth soln 0.5%</i>	Pref	QL (0.4 mL / 1 day)
<i>timolol mal sol 0.5% op</i>	Pref	QL (0.334 ea / 1 day)
<i>timolol maleate ophth gel forming soln 0.5%</i>	Pref	QL (0.286 mL / 1 day)
<i>timolol maleate ophth gel forming soln 0.25%</i>	Pref	QL (0.286 mL / 1 day)
<i>timolol maleate ophth soln 0.5%</i>	Pref	QL (0.334 mL / 1 day)
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	Non-Pref	PA
<i>timolol maleate ophth soln 0.25%</i>	Pref	QL (0.286 mL / 1 day)
TIMOPTIC OCU SOL 0.5% OP	Non-Pref	PA, QL (0.334 ea / 1 day)
TIMOPTIC OCU SOL 0.25% OP	Non-Pref	PA
TIMOPTIC SOL 0.5% OP	Non-Pref	PA, QL (0.334 mL / 1 day)
TIMOPTIC SOL 0.25% OP	Non-Pref	PA, QL (0.286 mL / 1 day)
TIMOPTIC-XE SOL 0.5% OP	Non-Pref	PA, QL (0.286 mL / 1 day)
TIMOPTIC-XE SOL 0.25% OP	Non-Pref	PA, QL (0.286 mL / 1 day)
CHOLINERGIC AGONISTS		
TYRVAYA SOL 0.03MG	Non-Pref	PA
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate ophth oint 1%</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>atropine sulfate ophth soln 1%</i>	Pref	
<i>cyclopentolate hcl ophth soln 0.5%</i>	Pref	
<i>cyclopentolate hcl ophth soln 1%</i>	Pref	
<i>cyclopentolate hcl ophth soln 2%</i>	Pref	
ISOPTO ATROP SOL 1% OP	Pref	
<i>tropicamide ophth soln 0.5%</i>	Pref	
<i>tropicamide ophth soln 1%</i>	Pref	

MIOTICS

ISOPTO CARP SOL 1% OP	Non-Pref	PA, QL (0.54 mL / 1 day)
<i>pilocarpine hcl ophth soln 1%</i>	Pref	QL (0.54 mL / 1 day)
<i>pilocarpine hcl ophth soln 2%</i>	Pref	QL (0.54 mL / 1 day)
<i>pilocarpine hcl ophth soln 4%</i>	Pref	QL (0.54 mL / 1 day)

OPHTHALMIC ADRENERGIC AGENTS

ALPHAGAN P SOL 0.1%	Pref	QL (0.4 mL / 1 day)
ALPHAGAN P SOL 0.15%	Pref	QL (0.4 mL / 1 day)
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Non-Pref	PA
<i>brimonidine tartrate ophth soln 0.2%</i>	Pref	QL (0.4 mL / 1 day)
<i>brimonidine tartrate ophth soln 0.15%</i>	Pref	QL (0.4 mL / 1 day)
IOPIDINE SOL 1% OP	Non-Pref	PA
SIMBRINZA SUS 1-0.2%	Non-Pref	PA

OPHTHALMIC ANTI-INFECTIVES

<i>ak-poly-bac oin op</i>	Pref	QL (0.434 gm / 1 day)
AZASITE SOL 1%	Non-Pref	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Pref	QL (0.434 gm / 1 day)
<i>bacitracin-polymyxin b ophth oint</i>	Pref	QL (0.434 gm / 1 day)
BESIVANCE SUS 0.6%	Non-Pref	PA
BLEPH-10 SOL 10% OP	Non-Pref	PA
CILOXAN OIN 0.3% OP	Non-Pref	PA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Pref	QL (0.767 mL / 1 day)
<i>erythromycin ophth oint 5 mg/gm</i>	Pref	QL (0.54 gm / 1 day)
<i>gatifloxacin ophth soln 0.5%</i>	Non-Pref	PA
<i>gentak oin 0.3% op</i>	Pref	QL (0.54 gm / 1 day)
<i>gentamicin sulfate ophth soln 0.3%</i>	Pref	QL (2.143 mL / 1 day)
<i>levofloxacin ophth soln 0.5%</i>	Non-Pref	PA
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	Non-Pref	PA
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Pref	QL (0.434 mL / 1 day)
<i>neo-polycin oin op</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Non-Pref	PA
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Non-Pref	PA
OCUFLOX DRO 0.3% OP	Non-Pref	PA, QL (1.47 mL / 1 day)
<i>ofloxacin ophth soln 0.3%</i>	Pref	QL (1.47 mL / 1 day)
<i>polycin oin op</i>	Pref	QL (0.434 gm / 1 day)
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Pref	QL (1.47 mL / 1 day)
POLYTRIM SOL OP	Non-Pref	PA, QL (1.47 mL / 1 day)
<i>sulfacetamide sodium ophth oint 10%</i>	Non-Pref	PA
<i>sulfacetamide sodium ophth soln 10%</i>	Non-Pref	PA
<i>tobramycin ophth soln 0.3%</i>	Pref	QL (2.143 mL / 1 day)
TOBREX OIN 0.3% OP	Non-Pref	PA
VIGAMOX DRO 0.5%	Non-Pref	PA, QL (0.434 mL / 1 day)
ZYMAXID SOL 0.5%	Non-Pref	PA

OPHTHALMIC DECONGESTANTS

<i>eye drops dro adv relf</i>	Pref	OTC
<i>eye drops sol 0.05% op</i>	Pref	OTC
<i>eye drops sol op</i>	Pref	OTC
<i>gnp eye dro</i>	Pref	OTC
<i>gnp eye drop sol 0.05% op</i>	Pref	OTC
<i>hm eye drops sol 0.05% op</i>	Pref	OTC
<i>qc eye drops dro</i>	Pref	OTC
<i>sm eye dro</i>	Pref	OTC
<i>sm eye drops sol 0.05% op</i>	Pref	OTC

OPHTHALMIC IMMUNOMODULATORS

CEQUA SOL 0.09%	Non-Pref	PA
<i>cyclosporine (ophth) emulsion 0.05%</i>	Non-Pref	PA
RESTASIS EMU 0.05%	Pref	
RESTASIS MUL EMU 0.05%	Pref	

OPHTHALMIC INTEGRIN ANTAGONISTS

XIIDRA DRO 5%	Pref	

OPHTHALMIC KINASE INHIBITORS

RHOPRESSA SOL 0.02%	Pref	QL (0.1 mL / 1 day)
ROCKLATAN DRO	Pref	QL (0.1 mL / 1 day)

OPHTHALMIC LOCAL ANESTHETICS

<i>proparacaine hcl ophth soln 0.5%</i>	Pref	

OPHTHALMIC STEROIDS

ALREX SUS 0.2%	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Non-Pref	PA
BLEPHAMIDE OIN S.O.P.	Non-Pref	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Non-Pref	PA
<i>difluprednate ophth emulsion 0.05%</i>	Non-Pref	PA, QL (0.334 mL / 1 day)
DUREZOL EMU 0.05%	Pref	QL (0.334 mL / 1 day)
EYSUVIS DRO 0.25%	Non-Pref	PA, QL (8.3 mL / 72 days)
FLAREX SUS 0.1% OP	Non-Pref	PA
<i>fluorometholone ophth susp 0.1%</i>	Pref	
FML FORTE SUS 0.25% OP	Non-Pref	PA
FML LIQUIFLM SUS 0.1% OP	Non-Pref	PA
FML OIN 0.1% OP	Non-Pref	PA
INVELTYS SUS 1%	Non-Pref	PA
LOTEMAX GEL 0.5%	Non-Pref	PA
LOTEMAX OIN 0.5%	Non-Pref	PA
LOTEMAX SM GEL 0.38%	Non-Pref	PA
LOTEMAX SUS 0.5%	Non-Pref	PA
<i>loteprednol etabonate ophth gel 0.5%</i>	Pref	
<i>loteprednol etabonate ophth susp 0.5%</i>	Pref	
MAXIDEX SUS 0.1% OP	Non-Pref	PA
MAXITROL OIN 0.1% OP	Non-Pref	PA
MAXITROL SUS 0.1% OP	Non-Pref	PA
<i>neo-polycin oin hc 1%op</i>	Non-Pref	PA
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Pref	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Pref	
<i>neomycin-polymyxin-hc ophth susp</i>	Non-Pref	PA
PRED FORTE SUS 1% OP	Non-Pref	PA
PRED MILD SUS 0.12% OP	Non-Pref	PA
PRED SOD PHO SOL 1% OP	Non-Pref	PA
PRED-G S.O.P OIN OP	Non-Pref	PA
PRED-G SUS OP	Non-Pref	PA
<i>prednisolone acetate ophth susp 1%</i>	Pref	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Pref	
TOBRADEX OIN 0.3-0.1%	Pref	
TOBRADEX ST SUS 0.3-0.05	Non-Pref	PA
TOBRADEX SUS 0.3-0.1%	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Pref	
ZYLET SUS 0.5-0.3%	Non-Pref	PA
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	Non-Pref	PA
ACULAR SOL 0.5% OP	Non-Pref	PA, QL (0.5 mL / 1 day)
ACUVAIL SOL 0.45%	Non-Pref	PA
<i>alaway child dro 0.025%op</i>	Pref	QL (0.167 mL / 1 day), OTC
<i>alaway dro 0.025%op</i>	Pref	QL (0.167 mL / 1 day), OTC
ALOCRIAL SOL 2%	Non-Pref	PA
ALOMIDE SOL 0.1% OP	Non-Pref	PA
<i>azelastine hcl ophth soln 0.05%</i>	Pref	QL (0.267 mL / 1 day)
AZOPT SUS 1% OP	Pref	QL (0.334 mL / 1 day)
<i>bepotastine besilate ophth soln 1.5%</i>	Non-Pref	PA, QL (0.334 mL / 1 day)
BEPREVE DRO 1.5%	Non-Pref	PA, QL (0.334 mL / 1 day)
<i>brinzolamide ophth susp 1%</i>	Pref	QL (0.334 mL / 1 day)
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Non-Pref	PA
BROMSITE DRO 0.075%	Non-Pref	PA
<i>cromolyn sodium ophth soln 4%</i>	Pref	
<i>diclofenac sodium ophth soln 0.1%</i>	Pref	
<i>dorzolamide hcl ophth soln 2%</i>	Pref	QL (0.4 mL / 1 day)
<i>epinastine hcl ophth soln 0.05%</i>	Pref	QL (0.286 mL / 1 day)
<i>eye allergy sol itch rel</i>	Pref	QL (0.286 mL / 1 day), OTC
<i>eye allergy sol itch/red</i>	Pref	QL (0.286 mL / 1 day), OTC
<i>eye itch rel dro 0.025%op</i>	Pref	QL (0.167 mL / 1 day), OTC
EYE STREAM SOL OP	Pref	OTC
<i>flurbiprofen sodium ophth soln 0.03%</i>	Pref	
<i>gnp olopatad sol 0.2%</i>	Pref	QL (0.286 mL / 1 day), OTC
ILEVRO DRO 0.3% OP	Non-Pref	PA
<i>ketorolac tromethamine ophth soln 0.4%</i>	Pref	
<i>ketorolac tromethamine ophth soln 0.5%</i>	Pref	QL (0.5 mL / 1 day)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Pref	QL (0.167 mL / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
MURO 128 SOL 2% OP	Pref	OTC
NEVANAC SUS 0.1%	Non-Pref	PA
<i>olopatadine dro 0.1% op</i>	Pref	QL (0.286 mL / 1 day), OTC
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Pref	QL (0.286 mL / 1 day)
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Pref	QL (0.286 mL / 1 day), OTC
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Pref	QL (0.286 mL / 1 day)
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Pref	QL (0.286 mL / 1 day), OTC
PATADAY SOL 0.1%	Non-Pref	PA, QL (0.286 mL / 1 day), OTC
PATADAY SOL 0.2%	Non-Pref	PA, QL (0.286 mL / 1 day), OTC
PATADAY SOL 0.7%	Non-Pref	PA, QL (0.286 mL / 1 day), OTC
PROLENSA SOL 0.07%	Non-Pref	PA
<i>sodium chloride hypertonic ophth oint 5%</i>	Pref	OTC
<i>sodium chloride hypertonic ophth soln 5%</i>	Pref	OTC
TRUSOPT SOL 2% OP	Non-Pref	PA, QL (0.4 mL / 1 day)
ZADITOR DRO 0.025%OP	Pref	QL (0.167 mL / 1 day), OTC
ZERVIATE DRO 0.24%	Non-Pref	PA

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost ophth soln 0.03%</i>	Non-Pref	PA
<i>latanoprost ophth soln 0.005%</i>	Pref	QL (0.13 mL / 1 day)
LUMIGAN SOL 0.01%	Non-Pref	PA
TRAVATAN Z DRO 0.004%	Pref	QL (0.167 mL / 1 day)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Pref	QL (0.167 mL / 1 day)
VYZULTA SOL 0.024%	Non-Pref	PA
XALATAN SOL 0.005%	Non-Pref	PA, QL (0.13 mL / 1 day)
XELPROS EMU 0.005%	Non-Pref	PA
ZIOPTAN DRO 0.0015%	Non-Pref	PA

OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	Pref	
<i>carbamide peroxide 6.5% otic soln</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Non-Pref	PA
<i>ofloxacin otic soln 0.3%</i>	Pref	QL (0.334 mL / 1 day)
OTIC COMBINATIONS		
<i>CIPRODEX SUS 0.3-0.1%</i>	Pref	QL (0.257 mL / 1 day)
<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>	Non-Pref	PA
<i>neomycin-polymyxin-hc otic soln 1%</i>	Pref	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Pref	
OTIC STEROIDS		
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Pref	
OXYTOCICS - DRUGS FOR PREGNANCY		
OXYTOCICS - DRUGS FOR PREGNANCY		
<i>methergine tab 0.2mg</i>	Pref	QL (6 tabs / 1 day)
<i>methylergonovine maleate tab 0.2 mg</i>	Pref	QL (6 tabs / 1 day)
PENICILLINS - DRUGS TO TREAT INFECTIONS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	Pref	
<i>amoxicillin (trihydrate) cap 500 mg</i>	Pref	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Pref	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Pref	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Pref	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Pref	
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	Pref	
<i>penicillin v potassium for soln 250 mg/5ml</i>	Pref	
<i>penicillin v potassium tab 250 mg</i>	Pref	
<i>penicillin v potassium tab 500 mg</i>	Pref	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Pref	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Pref	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Pref	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Pref	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Pref	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Pref	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Pref	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Pref	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	Pref	
<i>dicloxacillin sodium cap 500 mg</i>	Pref	

PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING FLAVORING AGENTS

APPLE FLAVOR LIQ	Pref	OTC
BACON FLAVOR LIQ	Pref	OTC
BACON FLAVOR LIQ NATURAL	Pref	OTC
BANANA CREAM LIQ FLAVOR	Pref	OTC
BANANA CREME LIQ FLAVOR	Pref	OTC
BANANA LIQ FLAVOR	Pref	OTC
BEEF BRAISED LIQ FLAVOR	Pref	OTC
BEEF FLAVOR LIQ	Pref	OTC
BEEF FLAVOR LIQ NATURAL	Pref	OTC
BEEF FLAVOR LIQ OIL SOLU	Pref	OTC
BITTER MASK LIQ FLAVOR	Pref	OTC
BITTERNESS LIQ SUPPRESS	Pref	OTC
BLOOD ORANGE LIQ OS	Pref	OTC
BLUEBERRY LIQ FLAVOR	Pref	OTC
BUBBLE GUM LIQ CONCENTR	Pref	OTC
BUBBLE GUM LIQ FLAVOR	Pref	OTC
BUBBLE GUM LIQ OS	Pref	OTC
BUBBLE GUM LIQ WS	Pref	OTC
BUBBLEGUM LIQ FLAVOR	Pref	OTC
BUTTERSCOTCH LIQ FLAVOR	Pref	OTC
CARAMEL LIQ FLAVOR	Pref	OTC
CARAMEL OS LIQ	Pref	OTC
CHCK FLAVOR LIQ OIL MISC	Pref	OTC
CHEESECAKE LIQ FLAVOR	Pref	OTC
CHERRY LIQ FLAVOR	Pref	OTC
CHICKEN LIQ FLAVOR	Pref	OTC
CHICKEN LIQ ROASTED	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
CHOCOLATE LIQ FLAVOR	Pref	OTC
CINNAMON OIL FLAVOR	Pref	OTC
COTTON CANDY LIQ FLAVOR	Pref	OTC
CREME DE OIL MENTHE	Pref	OTC
CREME DEMENT LIQ FLAVOR	Pref	OTC
CREME OS LIQ	Pref	OTC
FLAVORING AGENT - OIL	Pref	
FLAVORING AGENTS	Pref	
FLAVORX LIQ	Pref	OTC
GRAPE CONCOR LIQ OS	Pref	OTC
GRAPE LIQ FLAVOR	Pref	OTC
GREEN APPLE LIQ OS	Pref	OTC
GUAVA FLAVOR LIQ	Pref	OTC
HONEY FLAVOR LIQ	Pref	OTC
LEMON FLAVOR LIQ	Pref	OTC
LEMON FLAVOR OIL	Pref	OTC
LEMON LIQ FLAVOR	Pref	OTC
LIVER FLAVOR LIQ	Pref	OTC
LIVER LIQ CONCNR	Pref	OTC
MANGO FLAVOR LIQ	Pref	OTC
MANGO PASSIO LIQ FRUIT OS	Pref	OTC
MARSHMALLOW LIQ FLAVOR	Pref	OTC
MARSHMALLOW LIQ OS	Pref	OTC
MARSHMALLOW LIQ WS	Pref	OTC
NATURAL LIQ CARAMEL	Pref	OTC
ORANGE CONC LIQ	Pref	OTC
ORANGE LIQ FLAVOR	Pref	OTC
PEACH FLAVOR LIQ	Pref	OTC
PEANUT BUTTR LIQ FLAVOR	Pref	OTC
PEANUT BUTTR OIL FLAVOR	Pref	OTC
PEPPERMINT LIQ BURST OS	Pref	OTC
PINA COLADA LIQ FLAVOR	Pref	OTC
PINEAPPLE LIQ FLAVOR	Pref	OTC
RASPBERRY LIQ FLAVOR	Pref	OTC
RASPBERRY LIQ OS	Pref	OTC
SARDINE LIQ FLAVOR	Pref	OTC
SPEARMINT LIQ OS	Pref	OTC
STRAWBERRY LIQ FLAVOR	Pref	OTC
STRAWBERRY LIQ OS	Pref	OTC
SWEETENING LIQ ENHANCER	Pref	OTC
TROPICAL FUS LIQ WS	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
TROPICAL PUN LIQ FLAVOR	Pref	OTC
TUNA FLAVOR LIQ	Pref	OTC
TUNA TYPE LIQ FLAVR OS	Pref	OTC
TUTTI FRUTTI LIQ FLAVOR	Pref	OTC
VANILLA LIQ BUTTERNU	Pref	OTC
VANILLA LIQ FLAVOR	Pref	OTC
VANILLA OS LIQ	Pref	OTC
VERY BERRY LIQ OS	Pref	OTC
VITAMIN/IRON LIQ MASKING	Pref	OTC
WATERMELON LIQ FLAVOR	Pref	OTC
WILD CHERRY LIQ FLAVOR	Pref	OTC

LIQUID VEHICLES

MX-SOL SF SYP	Pref	OTC
MX-SOL SYP	Pref	OTC
ORA-PLUS LIQ	Pref	OTC
ORA-SWEET SF SYP	Pref	OTC
ORA-SWEET SYP	Pref	OTC
SIMPLE SYRUP SYP NF	Pref	OTC
SOSWEET SYP	Pref	OTC
<i>water for injection</i>	Pref	

PHARMACEUTICAL EXCIPIENTS

ASTRAGALUS POW ROOT	Pref	
BEES WAX MIS WHITE	Pref	
BEESWAX MIS WHITE	Pref	
BEESWAX MIS WHITE	Pref	OTC
BEESWAX MIS YELLOW	Pref	
METHYLCELLUL POW	Pref	OTC
METHYLCELLUL POW 400CPS	Pref	OTC
METHYLCELLUL POW 1500CPS	Pref	OTC
METHYLCELLUL POW 4000CPS	Pref	
METHYLCELLUL POW 4000CPS	Pref	OTC
OLEIC ACID LIQ	Pref	
PARAFFIN MIS	Pref	
PARAFFIN MIS	Pref	OTC
PARAFFIN MIS BEADS	Pref	OTC
STEARIC ACID POW	Pref	
STEARIC ACID POW	Pref	OTC
STEARYL MIS ALCOHOL	Pref	
STEARYL MIS ALCOHOL	Pref	OTC
STEARYL POW ALCOHOL	Pref	
TRAGACANTH POW	Pref	

Drug Name	Drug Tier	Requirements/Limits
TRAGACANTH POW	Pref	OTC
WHITE WAX MIS	Pref	
WHITE WAX MIS	Pref	OTC
YELLOW WAX MIS BEESWAX	Pref	OTC
SEMI SOLID VEHICLES		
BABY SKIN OIN PROTECT	Pref	OTC
DAILY MOIST OIN	Pref	OTC
PEG 3350 POW	Pref	
PEG 3350 POW	Pref	OTC
<i>petrolatum gel</i>	Pref	OTC
PETROLATUM OIN 42%	Pref	OTC
PETROLATUM OIN WHITE	Pref	OTC
POLY GLYCOL GRA 3350	Pref	
<i>vaseline gel</i>	Pref	
<i>white petrolatum gel</i>	Pref	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
AYGESTIN TAB 5MG	Non-Pref	PA
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Non-Pref	SP, PA
MAKENA INJ 275MG	Pref	SP
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Pref	
<i>medroxyprogesterone acetate tab 5 mg</i>	Pref	
<i>medroxyprogesterone acetate tab 10 mg</i>	Pref	
<i>megestrol acetate susp 625 mg/5ml</i>	Non-Pref	PA
<i>norethindrone acetate tab 5 mg</i>	Pref	
<i>progesterone cap 100 mg</i>	Pref	
<i>progesterone cap 200 mg</i>	Pref	
<i>progesterone im in oil 50 mg/ml</i>	Pref	
PROMETRIUM CAP 100MG	Non-Pref	PA
PROMETRIUM CAP 200MG	Non-Pref	PA
PROVERA TAB 2.5MG	Non-Pref	PA
PROVERA TAB 5MG	Non-Pref	PA
PROVERA TAB 10MG	Non-Pref	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tab delayed release 333 mg</i>	Pref	
<i>disulfiram tab 250 mg</i>	Pref	
<i>disulfiram tab 500 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
ANTIDEMENTIA AGENTS		
ARICEPT TAB 5MG	Non-Pref	PA; 90 day supply
ARICEPT TAB 10MG	Non-Pref	PA; 90 day supply
ARICEPT TAB 23MG	Non-Pref	PA; AGE (Min age 40 years)
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Pref	AGE (Min age 40 years); 90 day supply
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Pref	90 day supply
<i>donepezil hydrochloride tab 5 mg</i>	Pref	90 day supply
<i>donepezil hydrochloride tab 10 mg</i>	Pref	90 day supply
<i>donepezil hydrochloride tab 23 mg</i>	Pref	AGE (Min age 40 years)
EXELON DIS 4.6MG/24	Pref	90 day supply
EXELON DIS 9.5MG/24	Pref	90 day supply
EXELON DIS 13.3/24	Pref	90 day supply
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Non-Pref	PA
<i>galantamine hydrobromide tab 4 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide tab 8 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide tab 12 mg</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 7 mg</i>	Non-Pref	PA; 90 day supply
<i>memantine hcl cap er 24hr 14 mg</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 21 mg</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 28 mg</i>	Non-Pref	PA
<i>memantine hcl oral solution 2 mg/ml</i>	Non-Pref	PA; 90 day supply
<i>memantine hcl tab 5 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 40 years)
<i>memantine hcl tab 10 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 40 years)
NAMENDA TAB 5MG	Non-Pref	PA, QL (3 each / 1 day); AGE (Min age 40 years)
NAMENDA TAB 10MG	Non-Pref	PA, QL (2 each / 1 day); AGE (Min age 40 years)
NAMENDA XR CAP 7MG	Non-Pref	PA; 90 day supply
NAMENDA XR CAP 14MG	Non-Pref	PA
NAMENDA XR CAP 21MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR CAP 28MG	Non-Pref	PA
NAMZARIC CAP	Non-Pref	PA
NAMZARIC CAP 7-10MG	Non-Pref	PA
NAMZARIC CAP 14-10MG	Non-Pref	PA
NAMZARIC CAP 21-10MG	Non-Pref	PA
NAMZARIC CAP 28-10MG	Non-Pref	PA
RAZADYNE ER CAP 8MG	Non-Pref	PA
RAZADYNE ER CAP 16MG	Non-Pref	PA
RAZADYNE ER CAP 24MG	Non-Pref	PA
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Pref	90 day supply
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Pref	90 day supply
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Pref	90 day supply

COMBINATION PSYCHOTHERAPEUTICS

LYBALVI TAB 5-10MG	Non-Pref	PA; AGE (Min age 18 years)
LYBALVI TAB 10-10MG	Non-Pref	PA; AGE (Min age 18 years)
LYBALVI TAB 15-10MG	Non-Pref	PA; AGE (Min age 18 years)
LYBALVI TAB 20-10MG	Non-Pref	PA; AGE (Min age 18 years)
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
SYMBYAX CAP 3-25MG	Non-Pref	PA; AGE (Min age 18 years)
SYMBYAX CAP 6-25MG	Non-Pref	PA; AGE (Min age 18 years)

FIBROMYALGIA AGENTS

SAVELLA MIS TITR PAK	Non-Pref	PA
SAVELLA TAB 12.5MG	Non-Pref	PA
SAVELLA TAB 25MG	Non-Pref	PA
SAVELLA TAB 50MG	Non-Pref	PA
SAVELLA TAB 100MG	Non-Pref	PA

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO TAB 6MG	Pref	SP, PA, QL (4 tabs / 1 day)
AUSTEDO TAB 9MG	Pref	SP, PA, QL (4 tabs / 1 day)
AUSTEDO TAB 12MG	Pref	SP, PA, QL (4 tabs / 1 day)
INGREZZA CAP 40-80MG	Pref	SP, PA, QL (1 cap / 1 day)
INGREZZA CAP 40MG	Pref	SP, PA, QL (1 cap / 1 day)
INGREZZA CAP 60MG	Pref	PA, QL (1 cap / 1 day)
INGREZZA CAP 80MG	Pref	SP, PA, QL (1 cap / 1 day)
<i>tetrabenazine tab 12.5 mg</i>	Pref	SP, PA, QL (4 tabs / 1 day)
<i>tetrabenazine tab 25 mg</i>	Pref	SP, PA, QL (4 tabs / 1 day)
XENAZINE TAB 12.5MG	Pref	SP, PA, QL (4 tabs / 1 day)
XENAZINE TAB 25MG	Pref	SP, PA, QL (4 tabs / 1 day)

MULTIPLE SCLEROSIS AGENTS

AMPYRA TAB 10MG	Non-Pref	SP, PA

Drug Name	Drug Tier	Requirements/Limits
AUBAGIO TAB 7MG	Non-Pref	SP, PA
AUBAGIO TAB 14MG	Non-Pref	SP, PA
AVONEX PEN KIT 30MCG	Pref	SP, QL (0.15 injections / 1 day)
AVONEX PREFL KIT 30MCG	Pref	SP, QL (0.15 injections / 1 day)
BAFIERTAM CAP 95MG	Non-Pref	SP, PA
BETASERON INJ 0.3MG	Pref	SP, QL (0.5 injections / 1 day)
COPAXONE INJ 20MG/ML	Pref	SP, QL (1 injection / 1 day)
COPAXONE INJ 40MG/ML	Non-Pref	SP, PA
<i>dalfampridine tab er 12hr 10 mg</i>	Non-Pref	SP, PA
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Pref	SP
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Pref	SP
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	Pref	SP
EXTAVIA INJ 0.3MG	Non-Pref	SP, PA, QL (0.5 injections / 1 day)
GILENYA CAP 0.5MG	Non-Pref	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Pref	SP, QL (1 injection / 1 day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Non-Pref	SP, PA
<i>glatopa inj 20mg/ml</i>	Non-Pref	SP, PA, QL (1 injection / 1 day)
<i>glatopa inj 40mg/ml</i>	Non-Pref	SP, PA
KESIMPTA INJ 20/.4ML	Pref	PA; AGE (Min age 18 years)
MAVENCLAD PAK 10MG(4)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(5)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(6)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(7)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(8)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(9)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(10)	Non-Pref	SP, PA
MAYZENT PAK STARTER	Non-Pref	PA
MAYZENT PAK STARTER	Non-Pref	SP, PA
MAYZENT TAB 0.25MG	Non-Pref	SP, PA
MAYZENT TAB 1MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
MAYZENT TAB 2MG	Non-Pref	SP, PA
PLEGRIDY INJ	Non-Pref	SP, PA
PLEGRIDY INJ PEN	Non-Pref	SP, PA
PLEGRIDY INJ STARTER	Non-Pref	SP, PA
PLEGRIDY PEN INJ STARTER	Non-Pref	SP, PA
PONVORY TAB 20MG	Non-Pref	SP, PA
PONVORY TAB STARTER	Non-Pref	SP, PA
REBIF INJ 22/0.5	Non-Pref	SP, PA
REBIF INJ 44/0.5	Non-Pref	SP, PA
REBIF REBIDO INJ 22/0.5	Non-Pref	SP, PA
REBIF REBIDO INJ 44/0.5	Non-Pref	SP, PA
REBIF REBIDO INJ TITRATN	Non-Pref	SP, PA
REBIF TITRTN INJ PACK	Non-Pref	SP, PA
TECFIDERA CAP 120MG	Non-Pref	SP, PA
TECFIDERA CAP 240MG	Non-Pref	SP, PA
TECFIDERA MIS STARTER	Non-Pref	SP, PA
VUMERITY CAP 231MG	Non-Pref	SP, PA
ZEPOSIA 7DAY CAP STR PACK	Non-Pref	SP, PA
ZEPOSIA CAP .92MG	Non-Pref	SP, PA
ZEPOSIA CAP STR KIT	Non-Pref	SP, PA
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE TAB 300MG	Non-Pref	PA
GRALISE TAB 600MG	Non-Pref	PA
LYRICA CR TAB 82.5MG	Non-Pref	PA
LYRICA CR TAB 165MG	Non-Pref	PA
LYRICA CR TAB 330MG	Non-Pref	PA
<i>pregabalin tab er 24hr 82.5 mg</i>	Non-Pref	PA
<i>pregabalin tab er 24hr 165 mg</i>	Non-Pref	PA
<i>pregabalin tab er 24hr 330 mg</i>	Non-Pref	PA
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	Non-Pref	PA
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	Non-Pref	PA
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	Pref	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
<i>pimozide tab 1 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>pimozide tab 2 mg</i>	Non-Pref	PA; AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB 300MG ER	Non-Pref	PA
HORIZANT TAB 600MG ER	Non-Pref	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>gnp nicotine dis 7mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>gnp nicotine dis 14mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>gnp nicotine dis 21mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>gnp nicotine loz 4mg cher</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>gnp nicotine loz 4mg mint</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>hm nicotine dis 7mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>hm nicotine dis 14mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>hm nicotine dis 21mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>hm nicotine loz 4mg cinn</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>hm nicotine loz 4mg mint</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>nicotine polacrilex gum 2 mg</i>	Pref	QL (24 pieces / 1 day), OTC
<i>nicotine polacrilex gum 4 mg</i>	Pref	QL (24 pieces / 1 day), OTC
<i>nicotine polacrilex lozenge 2 mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>nicotine polacrilex lozenge 4 mg</i>	Pref	QL (24 lozgs / 1 day), OTC
NICOTINE SYS KIT TRANSDER	Pref	QL (0.018 kits / 1 day), OTC
<i>nicotine td dis 7mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>nicotine td dis 14mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>nicotine td dis 21mg/24h</i>	Pref	QL (1 patch / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine td dis step 1</i>	Pref	QL (1 patch / 1 day), OTC
<i>nicotine td dis step 3</i>	Pref	QL (1 patch / 1 day), OTC
NICOTROL INH	Non-Pref	PA
NICOTROL NS SPR 10MG/ML	Non-Pref	PA
<i>qc nicotine dis 14mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>qc nicotine dis 21mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>sm nicotine dis 7mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>sm nicotine dis 14mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>sm nicotine dis 21mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>sm nicotine loz 4mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>sm nicotine loz 4mg cinn</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>sm nicotine loz 4mg mint</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)

VASOMOTOR SYMPTOM AGENTS

BRISDELLE CAP 7.5MG	Non-Pref	PA
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	Non-Pref	PA

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

CYSTIC FIBROSIS AGENTS

PULMOZYME SOL 1MG/ML	Pref	SP, PA, QL (5 mL / 1 day)

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxycycline hyclate cap 50 mg</i>	Pref	
<i>doxycycline hyclate cap 100 mg</i>	Pref	
<i>doxycycline hyclate tab 20 mg</i>	Pref	
<i>doxycycline hyclate tab 100 mg</i>	Pref	
<i>doxycycline monohydrate cap 50 mg</i>	Pref	
<i>doxycycline monohydrate cap 100 mg</i>	Pref	
<i>doxycycline monohydrate tab 50 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate tab 100 mg</i>	Pref	
<i>minocycline hcl cap 50 mg</i>	Pref	QL (4 caps / 1 day)
<i>minocycline hcl cap 75 mg</i>	Pref	QL (2 caps / 1 day)
<i>minocycline hcl cap 100 mg</i>	Pref	QL (2 caps / 1 day)

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	Pref	
<i>methimazole tab 10 mg</i>	Pref	
<i>propylthiouracil tab 50 mg</i>	Pref	

THYROID HORMONES

ARMOUR THYRO TAB 180MG	Pref	
ARMOUR THYRO TAB 240MG	Pref	
ARMOUR THYRO TAB 300MG	Pref	
<i>euthyrox tab 25mcg</i>	Pref	90 day supply
<i>euthyrox tab 50mcg</i>	Pref	90 day supply
<i>euthyrox tab 75mcg</i>	Pref	90 day supply
<i>euthyrox tab 88mcg</i>	Pref	90 day supply
<i>euthyrox tab 100mcg</i>	Pref	90 day supply
<i>euthyrox tab 112mcg</i>	Pref	90 day supply
<i>euthyrox tab 125mcg</i>	Pref	90 day supply
<i>euthyrox tab 137mcg</i>	Pref	90 day supply
<i>euthyrox tab 150mcg</i>	Pref	90 day supply
<i>euthyrox tab 175mcg</i>	Pref	90 day supply
<i>euthyrox tab 200mcg</i>	Pref	90 day supply
<i>levo-t tab 25mcg</i>	Pref	90 day supply
<i>levo-t tab 50mcg</i>	Pref	90 day supply
<i>levo-t tab 75mcg</i>	Pref	90 day supply
<i>levo-t tab 88mcg</i>	Pref	90 day supply
<i>levo-t tab 100mcg</i>	Pref	90 day supply
<i>levo-t tab 112mcg</i>	Pref	90 day supply
<i>levo-t tab 125mcg</i>	Pref	90 day supply
<i>levo-t tab 137mcg</i>	Pref	90 day supply
<i>levo-t tab 150mcg</i>	Pref	90 day supply
<i>levo-t tab 175mcg</i>	Pref	90 day supply
<i>levo-t tab 200 mcg</i>	Pref	90 day supply
<i>levo-t tab 300 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 25 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 50 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 75 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 88 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 100 mcg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 112 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 125 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 137 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 150 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 175 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 200 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 300 mcg</i>	Pref	90 day supply
<i>levoxyl tab 25mcg</i>	Pref	90 day supply
<i>levoxyl tab 50mcg</i>	Pref	90 day supply
<i>levoxyl tab 75mcg</i>	Pref	90 day supply
<i>levoxyl tab 88mcg</i>	Pref	90 day supply
<i>levoxyl tab 100mcg</i>	Pref	90 day supply
<i>levoxyl tab 112mcg</i>	Pref	90 day supply
<i>levoxyl tab 125mcg</i>	Pref	90 day supply
<i>levoxyl tab 137mcg</i>	Pref	90 day supply
<i>levoxyl tab 150mcg</i>	Pref	90 day supply
<i>levoxyl tab 175mcg</i>	Pref	90 day supply
<i>levoxyl tab 200mcg</i>	Pref	90 day supply
<i>liothyronine sodium tab 5 mcg</i>	Pref	
<i>liothyronine sodium tab 25 mcg</i>	Pref	
<i>liothyronine sodium tab 50 mcg</i>	Pref	
<i>np thyroid tab 15mg</i>	Pref	
<i>np thyroid tab 30mg</i>	Pref	
<i>np thyroid tab 60mg</i>	Pref	
<i>np thyroid tab 90mg</i>	Pref	
<i>np thyroid tab 120mg</i>	Pref	
<i>unithroid tab 25mcg</i>	Pref	90 day supply
<i>unithroid tab 50mcg</i>	Pref	90 day supply
<i>unithroid tab 75mcg</i>	Pref	90 day supply
<i>unithroid tab 88mcg</i>	Pref	90 day supply
<i>unithroid tab 100mcg</i>	Pref	90 day supply
<i>unithroid tab 112mcg</i>	Pref	90 day supply
<i>unithroid tab 125mcg</i>	Pref	90 day supply
<i>unithroid tab 137mcg</i>	Pref	90 day supply
<i>unithroid tab 150mcg</i>	Pref	90 day supply
<i>unithroid tab 175mcg</i>	Pref	90 day supply
<i>unithroid tab 200mcg</i>	Pref	90 day supply
<i>unithroid tab 300mcg</i>	Pref	90 day supply

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

DAPTACEL INJ	Pref

Drug Name	Drug Tier	Requirements/Limits
DIP/TET PED INJ 25-5LFU	Pref	
INFANRIX INJ	Pref	
PEDIARIX INJ 0.5ML	Pref	
PENTACEL INJ	Pref	
QUADRACEL INJ	Pref	
QUADRACEL INJ 0.5ML	Pref	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	Pref	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Pref	
<i>dicyclomine hcl tab 20 mg</i>	Pref	
<i>glycopyrrolate tab 1 mg</i>	Pref	
<i>glycopyrrolate tab 2 mg</i>	Pref	

H-2 ANTAGONISTS

<i>acid control tab 10mg</i>	Pref	OTC; 90 day supply
<i>acid control tab 20mg</i>	Pref	OTC; 90 day supply
<i>acid reducer tab 10mg</i>	Pref	OTC; 90 day supply
<i>acid reducer tab 20mg</i>	Pref	OTC; 90 day supply
<i>cimetidine hcl soln 300 mg/5ml</i>	Non-Pref	PA
<i>cimetidine tab 200 mg</i>	Non-Pref	PA
<i>cimetidine tab 300 mg</i>	Non-Pref	PA
<i>cimetidine tab 400 mg</i>	Non-Pref	PA
<i>cimetidine tab 800 mg</i>	Non-Pref	PA
<i>famotidine for susp 40 mg/5ml</i>	Pref	AGE (Max age 11 years); 90 day supply
<i>famotidine tab 10 mg</i>	Pref	OTC; 90 day supply
<i>famotidine tab 20 mg</i>	Pref	90 day supply
<i>famotidine tab 20mg</i>	Pref	OTC; 90 day supply
<i>famotidine tab 40 mg</i>	Pref	90 day supply
<i>heartburn tab 20mg</i>	Pref	OTC; 90 day supply
<i>heartburn tab relief</i>	Pref	OTC; 90 day supply
<i>nizatidine cap 150 mg</i>	Non-Pref	PA
<i>nizatidine cap 300 mg</i>	Non-Pref	PA
PEPCID TAB 20MG	Non-Pref	PA; 90 day supply
PEPCID TAB 40MG	Non-Pref	PA; 90 day supply
<i>sm acid redu tab 200mg</i>	Non-Pref	PA, OTC

MISC. ANTI-ULCER

<i>sucralfate susp 1 gm/10ml</i>	Pref	
<i>sucralfate tab 1 gm</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
PROTON PUMP INHIBITORS		
<i>acid reducer cap 20.6mgdr</i>	Pref	PA, QL (1 cap / 1 day), OTC
ACIPHEX TAB 20MG	Non-Pref	PA
DEXILANT CAP 30MG DR	Non-Pref	PA
DEXILANT CAP 60MG DR	Non-Pref	PA
<i>esomeprazole cap 20mg dr</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Pref	PA, QL (1 cap / 1 day)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Pref	PA, QL (1 cap / 1 day)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	Non-Pref	PA
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	Non-Pref	PA
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	Non-Pref	PA
<i>esomeprazole magnesium tab delayed release 20 mg</i>	Non-Pref	PA, QL (2 tabs / 1 day), OTC
<i>gnp omeprazo cap 20mg</i>	Non-Pref	PA, QL (1 cap / 1 day), OTC
<i>gnp omeprazo tab 20mg odt</i>	Pref	PA, OTC
<i>lansoprazole cap delayed release 15 mg</i>	Pref	PA, QL (1 cap / 1 day)
<i>lansoprazole cap delayed release 15 mg</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>lansoprazole cap delayed release 30 mg</i>	Pref	PA, QL (1 cap / 1 day)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	Non-Pref	PA
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	Non-Pref	PA
NEXIUM CAP 20MG	Non-Pref	PA, QL (1 cap / 1 day)
NEXIUM CAP 40MG	Non-Pref	PA, QL (1 cap / 1 day)
NEXIUM GRA 2.5MG DR	Non-Pref	PA
NEXIUM GRA 5MG DR	Non-Pref	PA
NEXIUM GRA 10MG DR	Non-Pref	PA
NEXIUM GRA 20MG DR	Non-Pref	PA
NEXIUM GRA 40MG DR	Non-Pref	PA
<i>omeprazole cap delayed release 10 mg</i>	Pref	PA, QL (1 cap / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cap delayed release 20 mg</i>	Pref	PA, QL (1 cap / 1 day; 90 day supply)
<i>omeprazole cap delayed release 40 mg</i>	Pref	PA, QL (1 cap / 1 day; 90 day supply)
<i>omeprazole delayed release tab 20 mg</i>	Non-Pref	PA, OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	Pref	PA, QL (1 tab / 1 day), OTC
<i>omeprazole tab 20mg</i>	Non-Pref	PA, OTC
<i>omeprazole tablet delayed release disintegrating 20 mg</i>	Pref	PA, OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Pref	PA, QL (2 tabs / 1 day; 90 day supply)
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	Pref	PA; 90 day supply
PREVACID 24H CAP 15MG DR	Non-Pref	PA, QL (1 cap / 1 day), OTC
PREVACID CAP 30MG DR	Non-Pref	PA, QL (1 cap / 1 day)
PREVACID TAB 15MG STB	Non-Pref	PA
PREVACID TAB 30MG STB	Non-Pref	PA
PRILOSEC POW 2.5MG	Non-Pref	PA
PRILOSEC POW 10MG	Non-Pref	PA
PROTONIX PAK 40MG	Pref	PA; 90 day supply
PROTONIX TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PROTONIX TAB 40MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
<i>rabeprazole sodium ec tab 20 mg</i>	Non-Pref	PA

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tab 100 mcg</i>	Pref
<i>misoprostol tab 200 mcg</i>	Pref

ULCER THERAPY COMBINATIONS

<i>acid reducer chw complete</i>	Non-Pref	PA, OTC
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Pref	QL (112 ea / 292 days)
OMECLAMOX- MIS PAK	Non-Pref	PA
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	Non-Pref	PA
PYLERA CAP	Pref	QL (120 caps / 292 days)
TALICIA CAP	Non-Pref	PA
ZEGERID CAP 20-1100	Non-Pref	PA
ZEGERID CAP 40-1100	Non-Pref	PA
ZEGERID POW 20-1680	Non-Pref	PA
ZEGERID POW 40-1680	Non-Pref	PA

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Non-Pref	PA
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Non-Pref	PA
DETROL LA CAP 2MG	Non-Pref	PA
DETROL LA CAP 4MG	Non-Pref	PA
DETROL TAB 1MG	Non-Pref	PA
DETROL TAB 2MG	Non-Pref	PA
DITROPAN XL TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
DITROPAN XL TAB 10MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
GELNIQUE GEL 10%	Non-Pref	PA
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Pref	QL (20 mL / 1 day; 90 day supply)
<i>oxybutynin chloride tab 5 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
OXYTROL DIS 3.9MG/24	Non-Pref	PA
OXYTROL/WOMN DIS 3.9MG/24	Non-Pref	PA, OTC
<i>solifenacin succinate tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin succinate tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	Non-Pref	PA
<i>tolterodine tartrate cap er 24hr 4 mg</i>	Non-Pref	PA
<i>tolterodine tartrate tab 1 mg</i>	Non-Pref	PA
<i>tolterodine tartrate tab 2 mg</i>	Non-Pref	PA
TOVIAZ TAB 4MG	Pref	QL (1 tab / 1 day; 90 day supply)
TOVIAZ TAB 8MG	Pref	QL (1 tab / 1 day; 90 day supply)
<i>trospium chloride cap er 24hr 60 mg</i>	Pref	QL (1 cap / 1 day)
<i>trospium chloride tab 20 mg</i>	Non-Pref	PA
VESICARE LS SUS 5MG/5ML	Non-Pref	PA
VESICARE TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
VESICARE TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

GEMTESA TAB 75MG	Non-Pref	PA
MYRBETRIQ SUS 8MG/ML	Non-Pref	PA
MYRBETRIQ TAB 25MG	Non-Pref	PA
MYRBETRIQ TAB 50MG	Non-Pref	PA

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	Pref	
<i>bethanechol chloride tab 10 mg</i>	Pref	
<i>bethanechol chloride tab 25 mg</i>	Pref	
<i>bethanechol chloride tab 50 mg</i>	Pref	

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tab 100 mg</i>	Non-Pref	PA

VACCINES - DRUGS TO PREVENT INFECTIONS

BACTERIAL VACCINES

ACTHIB INJ	Pref	
BIOTHRAX INJ	Pref	
HIBERIX SOL 10MCG	Pref	
PEDVAX HIB INJ	Pref	
VAXCHORA SUS	Pref	

VIRAL VACCINES

IPOL INJ INACTIVE	Pref	
JANSSEN VACC INJ COVID-19	Pref	AGE (Min age 18 years)
MODERNA VAC INJ COVID-19	Pref	AGE (Min age 18 years)
PFIZER VACC INJ COVID-19	Pref	

Drug Name	Drug Tier	Requirements/Limits
PROQUAD INJ	Pref	
RECOMBIVA-HB INJ 40MCG/ML	Pref	
ROTARIX SUS	Pref	
ROTATEQ SOL	Pref	

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

MISCELLANEOUS VAGINAL PRODUCTS

INTRAROSA SUP 6.5MG	Pref	QL (1 supp / 1 day)

SPERMICIDES

VCF VAGINAL AER CONTRACP	Pref	OTC

VAGINAL ANTI-INFECTIVES

CLEOCIN CRE 2% VAG	Non-Pref	PA
CLEOCIN SUP 100MG	Pref	
<i>clindamycin phosphate vaginal cream 2%</i>	Non-Pref	PA
CLINDESSE CRE 2%	Pref	
<i>clotrimazole cre 3 day</i>	Pref	OTC
<i>clotrimazole vaginal cream 1%</i>	Pref	OTC
<i>3 day vaginl cre 2%</i>	Pref	OTC
<i>3 day vaginal cre 4%</i>	Pref	OTC
<i>metronidazole vaginal gel 0.75%</i>	Pref	
<i>miconazole 1 kit 1200-2%</i>	Pref	OTC
<i>miconazole 3 kit combinat</i>	Pref	OTC
<i>miconazole 3 kit combo pk</i>	Pref	OTC
<i>miconazole 7 cre</i>	Pref	OTC
<i>miconazole 7 cre 2%</i>	Pref	OTC
<i>miconazole 7 cre tube/kit</i>	Pref	OTC
<i>miconazole 7 sup 100mg</i>	Pref	OTC
<i>miconazole nitrate vaginal cream 2%</i>	Pref	OTC
NUVESSA GEL 1.3%	Pref	
<i>sm micon 7 sup 100mg</i>	Pref	OTC
<i>summers eve sol 0.3%</i>	Pref	OTC
<i>terconazole vaginal cream 0.4%</i>	Pref	
<i>terconazole vaginal cream 0.8%</i>	Pref	
<i>terconazole vaginal suppos 80 mg</i>	Pref	QL (1.5 supp / 1 day)
VANDAZOLE GEL 0.75%	Pref	

VAGINAL ESTROGENS

ESTRACE VAG CRE 0.01%	Non-Pref	PA, QL (4 gm / 1 day)
<i>estradiol vaginal cream 0.1 mg/gm</i>	Pref	QL (4 gm / 1 day)
<i>estradiol vaginal tab 10 mcg</i>	Pref	QL (1 tab / 1 day)
ESTRING MIS 2MG	Non-Pref	PA
FEMRING MIS 0.1MG/24	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
FEMRING MIS 0.05/24H	Non-Pref	PA
IMVEXXY MAIN SUP 4MCG	Non-Pref	PA
IMVEXXY MAIN SUP 10MCG	Non-Pref	PA
IMVEXXY STRT SUP 4MCG	Non-Pref	PA
IMVEXXY STRT SUP 10MCG	Non-Pref	PA
PREMARIN VAG CRE 0.625MG	Pref	QL (2 gm / 1 day)
VAGIFEM TAB 10MCG	Pref	QL (1 tab / 1 day)
<i>yuvafem tab 10mcg</i>	Pref	QL (1 tab / 1 day)

VAGINAL PROGESTINS

CRINONE GEL 4% VAG	Non-Pref	PA
CRINONE GEL 8% VAG	Non-Pref	PA

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	Pref	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Pref	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Pref	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Non-Pref	PA
EPIPEN 2-PAK INJ 0.3MG	Non-Pref	PA
EPIPEN-JR INJ 0.15MG	Non-Pref	PA
SYMJEPI INJ 0.3MG	Non-Pref	PA
SYMJEPI INJ 0.15MG	Non-Pref	PA

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

EPINEPHRINE INJ 1MG/10ML	Pref	
<i>epinephrine soln prefilled syringe 1 mg/10ml (0.1 mg/ml)</i>	Pref	
<i>midodrine hcl tab 2.5 mg</i>	Pref	
<i>midodrine hcl tab 5 mg</i>	Pref	
<i>midodrine hcl tab 10 mg</i>	Pref	

VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

<i>calcitol dro 8000/ml</i>	Pref	OTC
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Pref	OTC
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	Pref	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	Pref	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	Pref	OTC
<i>decara cap 50000unt</i>	Pref	OTC
<i>dialyvite d cap 5000unit</i>	Pref	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Pref	
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	Pref	OTC
<i>phytonadione tab 5 mg</i>	Pref	PA
<i>vitamin a cap 3 mg (10000 unit)</i>	Pref	OTC
<i>vitamin d3 dro 10mcg/ml</i>	Pref	OTC
<i>vitamin d3 tab 50000unt</i>	Pref	OTC
<i>vitamin d tab 400unit</i>	Pref	OTC
<i>weekly-d cap 50000unt</i>	Pref	OTC

WATER SOLUBLE VITAMINS

<i>ascorbic acid tab 500 mg</i>	Pref	OTC
<i>chewable c chw 500mg</i>	Pref	OTC
<i>niacin cap er 250 mg</i>	Pref	OTC
<i>niacin tab 500 mg</i>	Pref	OTC
<i>niacin tab er 750 mg</i>	Pref	OTC
<i>NIACIN TR TAB 1000MG</i>	Pref	QL (2 tabs / 1 day), OTC
<i>pyridoxine hcl tab 25 mg</i>	Pref	OTC
<i>pyridoxine hcl tab 50 mg</i>	Pref	OTC
<i>pyridoxine hcl tab 100 mg</i>	Pref	OTC
<i>sm vit b-6 tab 100mg</i>	Pref	OTC
<i>sm vit c/rh tab 1000mg</i>	Pref	OTC
<i>sm vitamin c chw 500mg</i>	Pref	OTC
<i>sm vitamin c tab 250mg</i>	Pref	OTC
<i>sm vitamin c tab 1000mg</i>	Pref	OTC
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ACTOS TAB 15MG	100	ADHANSIA XR CAP 70MG	38
ACTOS TAB 30MG	100	ADHANSIA XR CAP 85MG	39
ACTOS TAB 45MG	100	ADLYXIN INJ 10/20MCG.....	97
ACULAR LS SOL 0.4%.....	250	ADLYXIN INJ 20MCG	97
ACULAR SOL 0.5% OP	250	ADMELOG INJ 100U/ML	98
ACUVAIL SOL 0.45%	250	ADMELOG SOLO INJ 100U/ML.....	98
<i>acyclovir cap 200 mg</i>	151	<i>adriamycin inj 50mg</i>	127

ADULT MASK MIS.....	230	<i>albendazole tab 200 mg.....</i>	66
ADULT MASK MIS LARGE	230	<i>albuterol sulfate inhal aero 108</i>	
ADVAIR DISKU AER 100/50.....	72	<i>mcg/act (90mcg base equiv)</i>	72
ADVAIR DISKU AER 250/50.....	72	<i>albuterol sulfate soln nebu 0.083%</i>	
ADVAIR DISKU AER 500/50.....	72	<i>(2.5 mg/3ml).....</i>	72
ADVAIR HFA AER 115/21	72	<i>albuterol sulfate soln nebu 0.5% (5</i>	
ADVAIR HFA AER 230/21	72	<i>mg/ml)</i>	72
ADVAIR HFA AER 45/21	72	<i>albuterol sulfate soln nebu 0.63</i>	
ADZENYS XR TAB 12.5MG	34	<i>mg/3ml (base equiv)</i>	72
ADZENYS XR TAB 15.7 MG	34	<i>albuterol sulfate soln nebu 1.25</i>	
ADZENYS XR TAB 18.8MG	34	<i>mg/3ml (base equiv)</i>	72
ADZENYS XR TAB 3.1MG.....	33	<i>albuterol sulfate syrup 2 mg/5ml .</i>	72
ADZENYS XR TAB 6.3MG.....	33	<i>alclometasone dipropionate cream</i>	
ADZENYS XR TAB 9.4MG.....	33	<i>0.05%</i>	187
AEMCOLO TAB 194MG	66	<i>alclometasone dipropionate oint</i>	
AEROBIKA MIS	230	<i>0.05%</i>	187
AEROSOL MASK MIS ADULT	230	ALCOHOL SWABS.....	220
AEROTRC PLUS MIS.....	230	ALCOHOL WIPE MIS 70%.....	193
AFREZZA POW 12 UNIT.....	98	<i>alendronate sodium oral soln 70</i>	
AFREZZA POW 4-8 UNIT	98	<i>mg/75ml</i>	198
AFREZZA POW 4-8-12	98	<i>alendronate sodium tab 10 mg ..</i>	199
AFREZZA POW 4UNIT	98	<i>alendronate sodium tab 35 mg ..</i>	199
AFREZZA POW 8 UNIT	98	<i>alendronate sodium tab 70 mg ..</i>	199
AFREZZA POW 8-12UNIT	98	<i>alert aid tab 200mg.....</i>	37
AIMOVIG INJ 140MG/ML	232	ALEVAZOL OIN 1%	183
AIMOVIG INJ 70MG/ML.....	232	<i>alfuzosin hcl tab er 24hr 10 mg .</i>	207
AIR TUBE MIS /PLUGS	230	ALGAE BASED TAB CALCIUM	239
<i>airavite tab.....</i>	211	<i>aliskiren fumarate tab 150 mg (base</i>	
AIRDUO DGHLR INH 113-14.....	72	<i>equivalent)</i>	124
AIRDUO DGHLR INH 232-14.....	72	<i>aliskiren fumarate tab 300 mg (base</i>	
AIRDUO DGHLR INH 55-14.....	72	<i>equivalent)</i>	124
AIRDUO RESPI INH 113-14	72	ALKINDI SPRI CAP 0.5MG	170
AIRDUO RESPI INH 232-14	72	ALKINDI SPRI CAP 1MG	170
AIRDUO RESPI INH 55-14	72	ALKINDI SPRI CAP 2MG	170
AIRS PEDIATR MIS MASK.....	230	ALKINDI SPRI CAP 5MG	170
AJOVY INJ 225/1.5.....	232	<i>all day allg cap 10mg</i>	107
AKLIEF CRE 0.005%	177	<i>all day allg sol 1mg/ml</i>	107
<i>ak-poly-bac oin op</i>	247	<i>all day allg sol 5mg/5ml.....</i>	107
AKYNZEO CAP 300-0.5	105	<i>all day allg tab 10mg.....</i>	107
AKYNZEO INJ.....	105	<i>all day pain tab 220mg</i>	48
AKYNZEO INJ 235-0.25.....	105	<i>all day relf tab 220mg</i>	48
<i>alaway child dro 0.025%op</i>	250	<i>aller/conges tab 10-240mg</i>	173
<i>alaway dro 0.025%op.....</i>	250	<i>aller-ease tab 180mg</i>	107

<i>aller-ease tab 60mg</i>	107	<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	91
ALLERGIST KIT 1MLX27G	221	<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	91
ALLERGIST KIT 1MLX28G	221	<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	91
ALLERGIST KIT 27GX1/2	221	<i>alogliptin-pioglitazone tab 25-15 mg</i>	91
<i>allergy chld syp 5mg/5ml</i>	107	<i>alogliptin-pioglitazone tab 25-30 mg</i>	91
<i>allergy d tab 5-120mg</i>	173	<i>alogliptin-pioglitazone tab 25-45 mg</i>	91
<i>allergy rel cap 10mg</i>	107	ALOMIDE SOL 0.1% OP	250
<i>allergy rel/ tab deconges</i>	173	ALORA DIS 0.025MG	201
<i>allergy relf cap 25mg</i>	107	ALORA DIS 0.05MG	201
<i>allergy relf sol 1mg/ml</i>	107	ALORA DIS 0.075MG	201
<i>allergy relf sol 5mg/5ml</i>	108	ALORA DIS 0.1MG	201
<i>allergy relf spr 50mcg</i>	243	<i>alose tron hcl tab 0.5 mg (base equiv)</i>	205
<i>allergy relf tab 10mg</i>	108	<i>alose tron hcl tab 1 mg (base equiv)</i>	205
<i>allergy relf tab 180mg</i>	108	ALPHAGAN P SOL 0.1%	247
<i>allergy relf tab 5-120mg</i>	173	ALPHAGAN P SOL 0.15%	247
<i>allergy relf tab 5mg</i>	108	<i>alprazolam tab 0.25 mg</i>	69
<i>allergy relf tab d-24</i>	173	<i>alprazolam tab 0.5 mg</i>	69
<i>allergy relf tab deconges</i>	173	<i>alprazolam tab 1 mg</i>	69
<i>allergy reli tab 10mg</i>	108	<i>alprazolam tab 2 mg</i>	69
ALLERGY SYRG MIS 1ML/27G	221	ALREX SUS 0.2%	248
<i>allergy tab 180mg</i>	108	ALTACE CAP 1.25MG	114
<i>allergy tab multi-sy</i>	173	ALTACE CAP 10MG	115
ALLERGY TRAY KIT 27GX1/2	221	ALTACE CAP 2.5MG	114
<i>allergy/cong tab 5-120mg</i>	173	ALTACE CAP 5MG	115
<i>allergy-d tab 5-120mg</i>	173	ALTERA NEB MIS HANDSET	230
<i>allgy comp-d tab 5-120mg</i>	173	ALTOPREV TAB 20MG ER	112
<i>allgy relief spr 50mcg</i>	244	ALTOPREV TAB 40MG ER	112
<i>allopurinol tab 100 mg</i>	208	ALTOPREV TAB 60MG ER	112
<i>allopurinol tab 300 mg</i>	208	ALTRENO LOT 0.05%	177
<i>allrgy d-12 tab 5-120mg</i>	173	ALUM HYDROX SUS 320/5ML	65
<i>almotriptan malate tab 12.5 mg</i>	233	<i>aluminum sulfate & calcium acetate powd pack</i>	193
<i>almotriptan malate tab 6.25 mg</i>	233	ALVESCO AER 160MCG	71
ALOCRIIL SOL 2%	250	ALVESCO AER 80MCG	71
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	97	<i>alyacen tab 1/35</i>	165
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	97		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	97		
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	91		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	91		

<i>alyacen tab 7/7/7</i>	165	<i>amlodipine besylate-atorvastatin</i>	
<i>alyq tab 20mg</i>	162	<i>calcium tab 10-20 mg</i>	160
<i>amabelz tab 1-0.5mg</i>	201	<i>amlodipine besylate-atorvastatin</i>	
<i>amantadine hcl cap 100 mg</i>	129	<i>calcium tab 10-40 mg</i>	160
AMARYL TAB 1MG	101	<i>amlodipine besylate-atorvastatin</i>	
AMARYL TAB 2MG	101	<i>calcium tab 10-80 mg</i>	160
AMARYL TAB 4MG	101	<i>amlodipine besylate-atorvastatin</i>	
AMBIEN CR TAB 12.5MG	213	<i>calcium tab 2.5-10 mg</i>	160
AMBIEN CR TAB 6.25MG	213	<i>amlodipine besylate-atorvastatin</i>	
AMBIEN TAB 10MG.....	213	<i>calcium tab 2.5-20 mg</i>	160
AMBIEN TAB 5MG.....	213	<i>amlodipine besylate-atorvastatin</i>	
AMBI-TRAY MIS	219	<i>calcium tab 2.5-40 mg</i>	160
<i>ambrisentan tab 10 mg</i>	161	<i>amlodipine besylate-atorvastatin</i>	
<i>ambrisentan tab 5 mg</i>	161	<i>calcium tab 5-10 mg</i>	160
<i>amcinonide cream 0.1%</i>	187	<i>amlodipine besylate-atorvastatin</i>	
<i>amcinonide lotion 0.1%</i>	187	<i>calcium tab 5-20 mg</i>	160
AMERGE TAB 1MG.....	233	<i>amlodipine besylate-atorvastatin</i>	
AMERGE TAB 2.5MG	233	<i>calcium tab 5-40 mg</i>	160
<i>amethia tab</i>	165	<i>amlodipine besylate-atorvastatin</i>	
<i>amethyst tab 90-20mcg</i>	165	<i>calcium tab 5-80 mg</i>	160
<i>amiloride & hydrochlorothiazide tab</i>		<i>amlodipine besylate-benazepril hcl</i>	
<i>5-50 mg</i>	197	<i>cap 10-20 mg</i>	119
<i>amiloride hcl tab 5 mg</i>	198	<i>amlodipine besylate-benazepril hcl</i>	
<i>amiodarone hcl tab 100 mg</i>	69	<i>cap 10-40 mg</i>	119
<i>amiodarone hcl tab 200 mg</i>	69	<i>amlodipine besylate-benazepril hcl</i>	
<i>amiodarone hcl tab 400 mg</i>	69	<i>cap 2.5-10 mg</i>	119
AMITIZA CAP 24MCG.....	204	<i>amlodipine besylate-benazepril hcl</i>	
AMITIZA CAP 8MCG.....	204	<i>cap 5-10 mg</i>	119
<i>amitriptyline hcl tab 10 mg</i>	89	<i>amlodipine besylate-benazepril hcl</i>	
<i>amitriptyline hcl tab 100 mg</i>	89	<i>cap 5-20 mg</i>	119
<i>amitriptyline hcl tab 150 mg</i>	89	<i>amlodipine besylate-benazepril hcl</i>	
<i>amitriptyline hcl tab 25 mg</i>	89	<i>cap 5-40 mg</i>	119
<i>amitriptyline hcl tab 50 mg</i>	89	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 75 mg</i>	89	<i>medoxomil tab 10-20 mg</i>	119
<i>amlactin lot daily</i>	191	<i>amlodipine besylate-olmesartan</i>	
<i>amlodipine besylate tab 10 mg</i>		<i>medoxomil tab 10-40 mg</i>	119
<i>(base equivalent)</i>	155	<i>amlodipine besylate-olmesartan</i>	
<i>amlodipine besylate tab 2.5 mg</i>		<i>medoxomil tab 5-20 mg</i>	119
<i>(base equivalent)</i>	155	<i>amlodipine besylate-olmesartan</i>	
<i>amlodipine besylate tab 5 mg (base</i>		<i>medoxomil tab 5-40 mg</i>	119
<i>equivalent)</i>	155	<i>amlodipine besylate-valsartan tab</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>10-160 mg</i>	120
<i>calcium tab 10-10 mg</i>	160		

<i>amlodipine besylate-valsartan tab</i> 10-320 mg	120	<i>amoxicillin (trihydrate) for susp 250</i> <i>mg/5ml</i>	252
<i>amlodipine besylate-valsartan tab 5-</i> <i>160 mg</i>	120	<i>amoxicillin (trihydrate) for susp 400</i> <i>mg/5ml</i>	252
<i>amlodipine besylate-valsartan tab 5-</i> <i>320 mg</i>	120	<i>amoxicillin (trihydrate) tab 500 mg</i> <i>.....</i>	252
<i>amnestem cap 10mg</i>	177	<i>amoxicillin (trihydrate) tab 875 mg</i> <i>.....</i>	252
<i>amnestem cap 20mg</i>	177	<i>amoxicillin cap-clarithro tab-</i> <i>lansopraz cap dr therapy pack</i>	268
<i>amnestem cap 40mg</i>	177	<i>amphetamine sulfate tab 10 mg ..</i>	34
<i>amoxapine tab 100 mg</i>	89	<i>amphetamine sulfate tab 5 mg</i>	34
<i>amoxapine tab 150 mg</i>	89	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 10 mg</i>	34
<i>amoxapine tab 25 mg</i>	89	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 15 mg</i>	34
<i>amoxapine tab 50 mg</i>	89	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 20 mg</i>	34
<i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg	252	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 25 mg</i>	34
<i>amoxicillin & k clavulanate chew tab</i> 400-57 mg	252	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 30 mg</i>	34
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	252	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 5 mg</i>	34
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	253	<i>amphetamine-dextroamphetamine</i> <i>tab 10 mg</i>	34
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	253	<i>amphetamine-dextroamphetamine</i> <i>tab 12.5 mg</i>	34
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	253	<i>amphetamine-dextroamphetamine</i> <i>tab 15 mg</i>	34
<i>amoxicillin & k clavulanate tab 250-</i> <i>125 mg</i>	253	<i>amphetamine-dextroamphetamine</i> <i>tab 20 mg</i>	34
<i>amoxicillin & k clavulanate tab 500-</i> <i>125 mg</i>	253	<i>amphetamine-dextroamphetamine</i> <i>tab 30 mg</i>	34
<i>amoxicillin & k clavulanate tab 875-</i> <i>125 mg</i>	253	<i>amphetamine-dextroamphetamine</i> <i>tab 5 mg</i>	34
<i>amoxicillin (trihydrate) cap 250 mg</i> <i>.....</i>	252	<i>amphetamine-dextroamphetamine</i> <i>tab 7.5 mg</i>	34
<i>amoxicillin (trihydrate) cap 500 mg</i> <i>.....</i>	252	<i>AMPYRA TAB 10MG</i>	259
<i>amoxicillin (trihydrate) chew tab</i> 125 mg	252	<i>AMRIX CAP 15MG</i>	242
<i>amoxicillin (trihydrate) chew tab</i> 250 mg	252	<i>AMRIX CAP 30MG</i>	242
<i>amoxicillin (trihydrate) for susp 125</i> <i>mg/5ml</i>	252	<i>AMZEEQ AER 4%</i>	177
<i>amoxicillin (trihydrate) for susp 200</i> <i>mg/5ml</i>	252	<i>anastrozole tab 1 mg</i>	127

ANCOBON CAP 250MG	106	<i>apraclonidine hcl ophth soln 0.5%</i>	
ANCOBON CAP 500MG	106	<i>(base equivalent)</i>	247
ANDRODERM DIS 2MG/24HR	63	<i>aprepitant capsule 125 mg</i>	105
ANDRODERM DIS 4MG/24HR	64	<i>aprepitant capsule 40 mg</i>	105
ANDROGEL GEL 1%(25MG)	64	<i>aprepitant capsule 80 mg</i>	105
ANDROGEL GEL 1%(50MG)	64	<i>aprepitant capsule therapy pack 80</i>	
ANDROGEL GEL 1.62%	64	<i>& 125 mg</i>	105
<i>animal chews chw</i>	240	APRETUDE SUS 600MG ER	144
ANIMAL SHAPE CHW IRON	240	<i>apri tab</i>	165
ANISE OIL	164	APRISO CAP 0.375GM	204
ANORO ELLIPT AER 62.5-25	72	<i>aprodine tab 2.5-60mg</i>	173
<i>antacid chw</i>	65	APTENSIO XR CAP 10MG	39
<i>antacid chw 1000mg</i>	65	APTENSIO XR CAP 15MG	39
<i>antacid chw 750mg</i>	65	APTENSIO XR CAP 20MG	39
<i>antacid plus sus gas rel</i>	65	APTENSIO XR CAP 30MG	39
<i>antacid sus antigas</i>	65	APTENSIO XR CAP 40MG	39
ANTARA CAP 30MG	111	APTENSIO XR CAP 50MG	39
ANTARA CAP 90MG	111	APTENSIO XR CAP 60MG	39
<i>antib + pain cre relief</i>	182	APTIOM TAB 200MG	77
<i>anti-dandruf sha 1%</i>	186	APTIOM TAB 400MG	77
<i>anti-dandruf sha coal tar</i>	194	APTIOM TAB 600MG	77
<i>anti-diarrhe cap 2mg</i>	103	APTIOM TAB 800MG	77
<i>anti-diarrhe liq 1mg/7.5</i>	103	APTIVUS CAP 250MG	144
<i>anti-diarrhe tab 2mg</i>	103	<i>aquanil hc lot 1%</i>	187
<i>antifungal cre 1%</i>	183	<i>aranelle tab</i>	165
<i>anti-fungal pow 1%</i>	183	ARANESP INJ 100MCG	210
<i>antifungal pow 2%</i>	183	ARANESP INJ 10MCG	210
<i>anti-gas cap 180mg</i>	203	ARANESP INJ 150MCG	211
<i>antihistamin tab 60-120mg</i>	173	ARANESP INJ 200MCG	211
<i>anti-itch cre 1%</i>	187	ARANESP INJ 25MCG	210
<i>anti-itch cre 2-0.1%</i>	185	ARANESP INJ 300MCG	211
ANTIVERT CHW 25MG	104	ARANESP INJ 40MCG	210
ANUSOL-HC CRE 2.5%	65	ARANESP INJ 500MCG	211
APADAZ TAB 4.08-325	60	ARANESP INJ 60MCG	210
APADAZ TAB 6.12-325	60	ARAZLO LOT 0.045%	177
APADAZ TAB 8.16-325	60	<i>arformoterol tartrate soln nebu 15</i>	
APEXICON E CRE 0.05%	187	<i>mcg/2ml (base equiv)</i>	72
APIDRA INJ SOLOSTAR	98	ARICEPT TAB 10MG	257
APIDRA INJ U-100	98	ARICEPT TAB 23MG	257
ALENZIN TAB 174MG	84	ARICEPT TAB 5MG	257
ALENZIN TAB 348MG	84	ARIKAYCE SUS	46
ALENZIN TAB 522MG	84	<i>aripiprazole oral solution 1 mg/ml</i>	
APPLE FLAVOR LIQ	253	.....	143

<i>aripiprazole orally disintegrating tab 10 mg</i>	143	<i>asenapine maleate sl tab 10 mg (base equiv)</i>	136
<i>aripiprazole orally disintegrating tab 15 mg</i>	143	<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	135
<i>aripiprazole tab 10 mg</i>	143	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	135
<i>aripiprazole tab 15 mg</i>	143	<i>ashlyna tab</i>	165
<i>aripiprazole tab 2 mg</i>	143	ASMANEX 120 AER 220MCG	71
<i>aripiprazole tab 20 mg</i>	143	ASMANEX 14 AER 220MCG	71
<i>aripiprazole tab 30 mg</i>	143	ASMANEX 30 AER 110MCG	71
<i>aripiprazole tab 5 mg</i>	143	ASMANEX 30 AER 220MCG	71
ARISTADA INJ 1064MG	143	ASMANEX 60 AER 220MCG	71
ARISTADA INJ 441MG/1	143	ASMANEX HFA AER 100 MCG	71
ARISTADA INJ 662MG/2	143	ASMANEX HFA AER 200 MCG	71
ARISTADA INJ 882MG/3	143	ASMANEX HFA AER 50MCG	71
ARISTADA INJ INITIO	143	<i>aspirin low chw 81mg</i>	53
ARIXTRA INJ 10/0.8ML	75	ASPIRIN SUP 300MG	53
ARIXTRA INJ 2.5/0.5	75	<i>aspirin tab 325 mg</i>	53
ARIXTRA INJ 5/0.4ML	75	<i>aspirin tab 81mg ec</i>	53
ARIXTRA INJ 7.5/0.6	75	<i>aspirin-acetaminophen-caffeine tab 250-250-65 mg</i>	52
<i>armodafinil tab 150 mg</i>	39	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	209
<i>armodafinil tab 200 mg</i>	39	ASSEMBLY MIS FIXTURE	221
<i>armodafinil tab 250 mg</i>	39	ASSURE ID MIS 30GX3/16	221
<i>armodafinil tab 50 mg</i>	39	<i>asthmanefrin neb 2.25%</i>	72
ARMONAIR DIG AER 113MCG	71	ASTRAGALUS POW ROOT	255
ARMONAIR DIG AER 232MCG	71	ATACAND HCT TAB 16-12.5	120
ARMONAIR DIG AER 55MCG	71	ATACAND HCT TAB 32-12.5	120
ARMOUR THYRO TAB 180MG	264	ATACAND HCT TAB 32-25MG	120
ARMOUR THYRO TAB 240MG	264	ATACAND TAB 16MG	117
ARMOUR THYRO TAB 300MG	264	ATACAND TAB 32MG	117
ARNUITY ELPT INH 100MCG	71	ATACAND TAB 4MG	117
ARNUITY ELPT INH 200MCG	71	ATACAND TAB 8MG	117
ARNUITY ELPT INH 50MCG	71	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	144
<i>arth pain cre 0.075%</i>	192	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	144
<i>arthr pain gel 1%</i>	182	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	144
ARTHROTEC 50 TAB	48	ATELVIA TAB	199
ARTHROTEC 75 TAB	48	<i>atenolol & chlorthalidone tab 100-25 mg</i>	120
<i>artifi tears sol 1.4% op</i>	245		
<i>artificial sol 0.5-0.6%</i>	245		
<i>artificial sol tears</i>	245		
ASACOL HD TAB 800MG	204		
<i>ascomp/cod cap 30mg</i>	60		
<i>ascorbic acid tab 500 mg</i>	273		

<i>atenolol & chlorthalidone tab 50-25 mg</i>	120	AUBAGIO TAB 14MG.....	260
<i>atenolol tab 100 mg</i>	152	AUBAGIO TAB 7MG	260
<i>atenolol tab 25 mg</i>	152	AUM MINI PEN MIS 33GX5MM ...	221
<i>atenolol tab 50 mg</i>	152	AUM MINI PEN MIS 33GX6MM ...	221
<i>ath foot spr aer 1%</i>	183	AUM SAFETY MIS 31GX4MM	221
<i>athlete foot aer 2%</i>	183	<i>aurovela 24 tab fe 1/20</i>	165
<i>athlete foot cre 1%</i>	183	<i>aurovela tab 1.5/30</i>	165
<i>athletes ft aer 1% pow</i>	183	<i>aurovela tab 1/20</i>	165
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	37	AURYXIA TAB 210MG	206
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	37	AUSTEDO TAB 12MG	259
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	37	AUSTEDO TAB 6MG	259
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	37	AUSTEDO TAB 9MG	259
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	37	AUTOSHIELD MIS 29X3/16	221
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	37	AVALIDE TAB 150-12.5.....	120
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<i>desipramine hcl tab 150 mg</i>	90	<i>preservative free inj 10 mg/ml</i>	170
<i>desipramine hcl tab 25 mg</i>	90	<i>dexamethasone sodium phosphate</i>	
<i>desipramine hcl tab 50 mg</i>	90	<i>ophth soln 0.1%</i>	249
<i>desipramine hcl tab 75 mg</i>	90	<i>dexamethasone soln 0.5 mg/5ml</i>	170
<i>desloratadine tab 5 mg</i>	108	<i>dexamethasone tab 0.5 mg</i>	170
<i>desloratadine tab orally</i>		<i>dexamethasone tab 0.75 mg</i>	170
<i>disintegrating 2.5 mg</i>	108	<i>dexamethasone tab 1 mg</i>	170
<i>desloratadine tab orally</i>		<i>dexamethasone tab 1.5 mg</i>	170
<i>disintegrating 5 mg</i>	108	<i>dexamethasone tab 2 mg</i>	170
<i>desmopressin acetate tab 0.1 mg</i>		<i>dexamethasone tab 4 mg</i>	170
.....	201	<i>dexamethasone tab 6 mg</i>	170
<i>desmopressin acetate tab 0.2 mg</i>		<i>dexamethasone tab therapy pack</i>	
.....	201	<i>1.5 mg (21)</i>	170
<i>desogest-eth estrad & eth estrad</i>		<i>dexamethasone tab therapy pack</i>	
<i>tab 0.15-0.02/0.01 mg(21/5)</i> .	166	<i>1.5 mg (35)</i>	170
<i>desogestrel & ethinyl estradiol tab</i>		<i>dexamethasone tab therapy pack</i>	
<i>0.15 mg-30 mcg</i>	166	<i>1.5 mg (51)</i>	170
<i>desonide cream 0.05%</i>	188	DEXCOM G6 MIS RECEIVER.....	219
<i>desonide lotion 0.05%</i>	188	DEXCOM G6 MIS SENSOR	219
<i>desonide oint 0.05%</i>	188	DEXCOM G6 MIS TRANSMIT	219
<i>desoximetasone cream 0.05%</i> ...	188	DEXEDRINE CAP 10MG CR	35
<i>desoximetasone cream 0.25%</i> ...	188	DEXEDRINE CAP 15MG CR	35
<i>desoximetasone gel 0.05%</i>	188	DEXILANT CAP 30MG DR.....	267
<i>desoximetasone oint 0.05%</i>	188	DEXILANT CAP 60MG DR.....	267
<i>desoximetasone oint 0.25%</i>	188	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desoximetasone spray 0.25%</i> ...	188	<i>10 mg</i>	40
DESODYN TAB 5MG	35	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DESVENLAFAX TAB 100MG ER	88	<i>15 mg</i>	40
DESVENLAFAX TAB 50MG ER	88	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desvenlafaxine succinate tab er</i>		<i>20 mg</i>	40
<i>24hr 100 mg (base equiv)</i>	88	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desvenlafaxine succinate tab er</i>		<i>25 mg</i>	40
<i>24hr 25 mg (base equiv)</i>	88	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desvenlafaxine succinate tab er</i>		<i>30 mg</i>	40
<i>24hr 50 mg (base equiv)</i>	88	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DETROL LA CAP 2MG	269	<i>35 mg</i>	40
DETROL LA CAP 4MG	269	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DETROL TAB 1MG	269	<i>40 mg</i>	41
DETROL TAB 2MG	269	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DEXAMETHASON CON 1MG/ML ..	170	<i>5 mg</i>	40
<i>dexamethasone elixir 0.5 mg/5ml</i>		<i>dexmethylphenidate hcl tab 10 mg</i>	
.....	170	.....	41

<i>dexmethylphenidate hcl tab 2.5 mg</i>		<i>dialyvite tab</i>	239
.....	41	<i>dialyvite tab 800</i>	239
<i>dexmethylphenidate hcl tab 5 mg</i>	41	DIALYVITE TAB 800/ZINC	239
<i>dextroamphetamine sulfate cap er</i>		DIALYVITE WAF PLUS D	239
24hr 10 mg	35	<i>diaper rash oin 40%</i>	193
<i>dextroamphetamine sulfate cap er</i>		DIASTAT ACDL GEL 12.5-20	76
24hr 15 mg	35	DIASTAT ACDL GEL 5-10MG	76
<i>dextroamphetamine sulfate cap er</i>		DIASTAT PED GEL 2.5M GEL	76
24hr 5 mg	35	DIATRUST KIT COVID-19	195
<i>dextroamphetamine sulfate oral</i>		<i>diazepam conc 5 mg/ml</i>	69
solution 5 mg/5ml	35	<i>diazepam oral soln 1 mg/ml</i>	69
<i>dextroamphetamine sulfate tab 10</i>		<i>diazepam rectal gel delivery system</i>	
mg	35	10 mg	76
<i>dextroamphetamine sulfate tab 15</i>		<i>diazepam rectal gel delivery system</i>	
mg	35	2.5 mg	76
<i>dextroamphetamine sulfate tab 20</i>		<i>diazepam rectal gel delivery system</i>	
mg	35	20 mg	76
<i>dextroamphetamine sulfate tab 30</i>		<i>diazepam tab 10 mg</i>	69
mg	35	<i>diazepam tab 2 mg</i>	69
<i>dextroamphetamine sulfate tab 5</i>		<i>diazepam tab 5 mg</i>	69
mg	35	DICLEGIS TAB 10-10MG	105
<i>dextromethorphan hbr cap 15 mg</i>		<i>diclofenac epolamine patch 1.3%</i>	
.....	172	.....	182
<i>dextromethorphan polistirex</i>		<i>diclofenac potassium cap 25 mg</i> ..	49
extended release susp 30 mg/5ml		<i>diclofenac potassium tab 50 mg</i> ...	49
.....	172	<i>diclofenac sodium (actinic</i>	
<i>dextromethorphan-guaifenesin</i>		keratoses) gel 3%	185
syrup 10-100 mg/5ml	173	<i>diclofenac sodium gel 1%</i>	182
<i>dextromethorphan-guaifenesin tab</i>		<i>diclofenac sodium ophth soln 0.1%</i>	
20-400 mg	173	.....	250
<i>dextromethorphan-guaifenesin tab</i>		<i>diclofenac sodium soln 1.5%</i>	182
er 12hr 60-1200 mg	173	<i>diclofenac sodium tab delayed</i>	
<i>dextromethorphan-phenylephrine-</i>		release 25 mg	49
apap cap 10-5-325 mg	173	<i>diclofenac sodium tab delayed</i>	
<i>dextrose inj 5%</i>	244	release 50 mg	49
DHIVY TAB 25-100MG	129	<i>diclofenac sodium tab delayed</i>	
DIACOMIT CAP 250MG	77	release 75 mg	49
DIACOMIT CAP 500MG	77	<i>diclofenac sodium tab er 24hr 100</i>	
DIACOMIT PAK 250MG	77	mg	49
DIACOMIT PAK 500MG	77	<i>diclofenac w/ misoprostol tab</i>	
DIALYVIT 800 TAB ZINC 15	239	delayed release 50-0.2 mg	49
<i>dialyvite chw probioti</i>	103	<i>diclofenac w/ misoprostol tab</i>	
<i>dialyvite d cap 5000unit</i>	273	delayed release 75-0.2 mg	49

<i>dicloxacillin sodium cap 250 mg</i>	253	<i>diltiazem hcl cap er 24hr 120 mg</i>	
<i>dicloxacillin sodium cap 500 mg</i>	253	.....	156
<i>dicyclomine hcl cap 10 mg</i>	266	<i>diltiazem hcl cap er 24hr 180 mg</i>	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>		.....	156
.....	266	<i>diltiazem hcl cap er 24hr 240 mg</i>	
<i>dicyclomine hcl tab 20 mg</i>	266	.....	156
DIFFERIN CRE 0.1%	179	<i>diltiazem hcl coated beads cap er</i>	
DIFFERIN GEL 0.1%	179	24hr 120 mg	156
DIFFERIN GEL 0.3%	179	<i>diltiazem hcl coated beads cap er</i>	
DIFFERIN LOT 0.1%	179	24hr 180 mg	156
DIFICID SUS	218	<i>diltiazem hcl coated beads cap er</i>	
DIFICID TAB 200MG	218	24hr 240 mg	156
<i>diflorasone diacetate cream 0.05%</i>		<i>diltiazem hcl coated beads cap er</i>	
.....	188	24hr 300 mg	156
<i>diflorasone diacetate oint 0.05%</i>	188	<i>diltiazem hcl coated beads cap er</i>	
DIFLUCAN SUS 10MG/ML	106	24hr 360 mg	156
DIFLUCAN SUS 40MG/ML	106	<i>diltiazem hcl coated beads tab er</i>	
DIFLUCAN TAB 100MG	106	24hr 180 mg	156
DIFLUCAN TAB 150MG	106	<i>diltiazem hcl coated beads tab er</i>	
DIFLUCAN TAB 200MG	106	24hr 240 mg	156
DIFLUCAN TAB 50MG	106	<i>diltiazem hcl coated beads tab er</i>	
<i>diflunisal tab 500 mg</i>	53	24hr 300 mg	156
<i>difluprednate ophth emulsion 0.05%</i>		<i>diltiazem hcl coated beads tab er</i>	
.....	249	24hr 360 mg	156
<i>digitek tab 0.125mg</i>	159	<i>diltiazem hcl coated beads tab er</i>	
<i>digitek tab 0.25mg</i>	159	24hr 420 mg	156
<i>digox tab 0.125mg</i>	159	<i>diltiazem hcl extended release</i>	
<i>digox tab 0.25mg</i>	159	beads cap er 24hr 120 mg	156
<i>digoxin oral soln 0.05 mg/ml</i>	159	<i>diltiazem hcl extended release</i>	
<i>digoxin tab 125 mcg (0.125 mg)</i>	159	beads cap er 24hr 180 mg	157
<i>digoxin tab 250 mcg (0.25 mg)</i>	160	<i>diltiazem hcl extended release</i>	
DILANTIN CAP 100MG	82	beads cap er 24hr 240 mg	157
DILANTIN CAP 30MG	82	<i>diltiazem hcl extended release</i>	
DILANTIN CHW 50MG	82	beads cap er 24hr 300 mg	157
DILANTIN-125 SUS 125/5ML	82	<i>diltiazem hcl extended release</i>	
DILAUDID LIQ 1MG/ML	54	beads cap er 24hr 360 mg	157
DILAUDID TAB 2MG	54	<i>diltiazem hcl extended release</i>	
DILAUDID TAB 4MG	54	beads cap er 24hr 420 mg	157
DILAUDID TAB 8MG	54	<i>diltiazem hcl tab 120 mg</i>	157
<i>diltiazem hcl cap er 12hr 120 mg</i>		<i>diltiazem hcl tab 30 mg</i>	157
.....	156	<i>diltiazem hcl tab 60 mg</i>	157
<i>diltiazem hcl cap er 12hr 60 mg</i>	156	<i>diltiazem hcl tab 90 mg</i>	157
<i>diltiazem hcl cap er 12hr 90 mg</i>	156	<i>dilt-xr cap 120mg</i>	156

<i>dilt-xr cap 180mg</i>	156	DITROPAN XL TAB 5MG	269
<i>dilt-xr cap 240mg</i>	156	<i>divalproex sodium cap delayed</i>	
DIMENHYDRIN INJ 50MG/ML	104	<i>release sprinkle 125 mg</i>	83
<i>dimethyl fumarate capsule delayed</i>		<i>divalproex sodium tab delayed</i>	
<i>release 120 mg</i>	260	<i>release 125 mg</i>	83
<i>dimethyl fumarate capsule delayed</i>		<i>divalproex sodium tab delayed</i>	
<i>release 240 mg</i>	260	<i>release 250 mg</i>	83
<i>dimethyl fumarate capsule dr starter</i>		<i>divalproex sodium tab delayed</i>	
<i>pack 120 mg & 240 mg</i>	260	<i>release 500 mg</i>	83
DIOVAN HCT TAB 160-12.5	121	<i>divalproex sodium tab er 24 hr 250</i>	
DIOVAN HCT TAB 160-25MG	121	<i>mg</i>	83
DIOVAN HCT TAB 320-12.5	121	<i>divalproex sodium tab er 24 hr 500</i>	
DIOVAN HCT TAB 320-25MG	121	<i>mg</i>	83
DIOVAN HCT TAB 80/12.5	121	<i>dml lot</i>	191
DIOVAN TAB 160MG	118	<i>docosanol cream 10%</i>	186
DIOVAN TAB 320MG	118	<i>docu liq 100/10ml</i>	216
DIOVAN TAB 40MG	117	<i>docu liq 50mg/5ml</i>	216
DIOVAN TAB 80MG	118	<i>docusate calcium cap 240 mg</i>	216
DIP/TET PED INJ 25-5LFU	266	<i>docusate min ene 283mg</i>	216
DIPENTUM CAP 250MG	205	<i>docusate sodium cap 100 mg</i>	216
<i>diphenhydramine hcl cap 50 mg</i> .107		<i>docusate sodium cap 250 mg</i>	216
<i>diphenhydramine hcl elixir 12.5</i>		<i>docusate sodium liquid 150</i>	
<i>mg/5ml</i>	107	<i>mg/15ml</i>	216
<i>diphenhydramine hcl inj 50 mg/ml</i>		<i>docusate sodium tab 100 mg</i>	216
.....	107	<i>docusol mini ene</i>	216
<i>diphenhydramine hcl liquid 12.5</i>		DOCUSOL PLUS ENE 20-283	216
<i>mg/5ml</i>	107	<i>dodex inj</i>	210
<i>diphenhydramine-acetaminophen</i>		<i>dok tab 100mg</i>	217
<i>tab 25-500 mg (sleep)</i>	213	<i>dolishale tab 90-20mcg</i>	166
<i>diphenhydramine-zinc acetate</i>		DOME-PASTE PAD BANDAGE	194
<i>cream 2-0.1%</i>	185	<i>donepezil hydrochloride orally</i>	
<i>diphenoxylate w/ atropine liq 2.5-</i>		<i>disintegrating tab 10 mg</i>	257
<i>0.025 mg/5ml</i>	103	<i>donepezil hydrochloride orally</i>	
<i>diphenoxylate w/ atropine tab 2.5-</i>		<i>disintegrating tab 5 mg</i>	257
<i>0.025 mg</i>	103	<i>donepezil hydrochloride tab 10 mg</i>	
DIPROLENE OIN 0.05%	188	.....	257
<i>dipyridamole tab 25 mg</i>	210	<i>donepezil hydrochloride tab 23 mg</i>	
<i>dipyridamole tab 50 mg</i>	210	.....	257
<i>dipyridamole tab 75 mg</i>	210	<i>donepezil hydrochloride tab 5 mg</i>	
DISPOSABLE GLOVES	220	.....	257
<i>disulfiram tab 250 mg</i>	256	<i>dorzolamide hcl ophth soln 2%</i> ..	250
<i>disulfiram tab 500 mg</i>	256	<i>dorzolamide hcl-timolol maleate</i>	
DITROPAN XL TAB 10MG	269	<i>ophth sol 22.3-6.8 mg/ml pf</i> ...	246

<i>dorzolamide hcl-timolol maleate</i>		DRIZALMA CAP 20MG DR.....	88
<i>ophth soln 22.3-6.8 mg/ml</i>	246	DRIZALMA CAP 30MG DR.....	88
<i>dotti dis 0.025mg</i>	201	DRIZALMA CAP 40MG DR.....	88
<i>dotti dis 0.0375mg</i>	201	DRIZALMA CAP 60MG DR.....	88
<i>dotti dis 0.05mg</i>	201	<i>dronabinol cap 10 mg</i>	105
<i>dotti dis 0.075mg</i>	201	<i>dronabinol cap 2.5 mg</i>	105
<i>dotti dis 0.1mg</i>	201	<i>dronabinol cap 5 mg</i>	105
<i>double antib oin</i>	182	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>double oin antibiot</i>	182	<i>0.02 mg</i>	166
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DOVONEX CRE 0.005%.....	185	<i>0.03 mg</i>	166
<i>doxazosin mesylate tab 1 mg</i>	119	<i>drospirenone-ethinyl estrad-</i>	
<i>doxazosin mesylate tab 2 mg</i>	119	<i>levomefolate tab 3-0.02-0.451 mg</i>	
<i>doxazosin mesylate tab 4 mg</i>	119	.....	166
<i>doxazosin mesylate tab 8 mg</i>	119	<i>drospirenone-ethinyl estrad-</i>	
<i>doxepin hcl (sleep) tab 3 mg (base</i>		<i>levomefolate tab 3-0.03-0.451 mg</i>	
<i>equiv)</i>	213	.....	166
<i>doxepin hcl (sleep) tab 6 mg (base</i>		<i>dry eye relf dro 0.4-0.3%</i>	245
<i>equiv)</i>	213	<i>dry eye relf gel 1%</i>	245
<i>doxepin hcl cap 10 mg</i>	90	<i>dry eye rlf dro</i>	245
<i>doxepin hcl cap 100 mg</i>	90	DUAKLIR AER 400/12	72
<i>doxepin hcl cap 150 mg</i>	90	DUETACT TAB 30-2MG.....	91
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<i>doxepin hcl cap 50 mg</i>	90	DUEXIS TAB 800-26.6	49
<i>doxepin hcl cap 75 mg</i>	90	<i>dulcolax ss cap 100mg</i>	217
<i>doxepin hcl conc 10 mg/ml</i>	90	DULERA AER 100-5MCG.....	72
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<i>doxorubicin hcl for inj 50 mg</i>	127	DULERA AER 50-5MCG	72
<i>doxycycline hyclate cap 100 mg</i> .	263	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxycycline hyclate cap 50 mg</i> ...	263	<i>cap 20 mg (base eq)</i>	88
<i>doxycycline hyclate tab 100 mg</i> .	263	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxycycline hyclate tab 20 mg</i> ...	263	<i>cap 30 mg (base eq)</i>	88
<i>doxycycline monohydrate cap 100</i>		<i>duloxetine hcl enteric coated pellets</i>	
<i>mg</i>	263	<i>cap 40 mg (base eq)</i>	88
<i>doxycycline monohydrate cap 50 mg</i>		<i>duloxetine hcl enteric coated pellets</i>	
.....	263	<i>cap 60 mg (base eq)</i>	88
<i>doxycycline monohydrate tab 100</i>		DUOBRII LOT	188
<i>mg</i>	264	DUPIXENT INJ 100/0.67	191
<i>doxycycline monohydrate tab 50 mg</i>		DUPIXENT INJ 200/1.14	191
.....	263	DUPIXENT INJ 200MG.....	191
<i>doxylamine-pyridoxine tab delayed</i>		DUPIXENT INJ 300/2ML	191
<i>release 10-10 mg</i>	105	DUREZOL EMU 0.05%	249
<i>driminate tab 50mg</i>	104	<i>dutasteride cap 0.5 mg</i>	207

<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	207	ELEPSIA XR TAB 1500MG	78
DYANAVEL XR SUS 2.5MG/ML	35	<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	233
DYMISTA SPR 137-50	243	<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	233
E		ELIDEL CRE 1%	192
<i>e.e.s. 400 tab 400mg</i>	218	<i>elinest tab</i>	166
E.E.S. GRAN SUS 200/5ML	218	ELIQUIS ST P TAB 5MG	74
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EASY GLIDE MIS 30ML SYR	221	ELIQUIS TAB 5MG	74
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<i>ec-naproxen tab 375mg</i>	49	EMEND SUS 125MG	105
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<i>econazole nitrate cream 1%</i>	183	EMFLAZA SUS 22.75/ML	170
<i>ed a-hist dm liq</i>	173	EMFLAZA TAB 18MG	170
<i>ed a-hist tab 4-10mg</i>	173	EMFLAZA TAB 30MG	170
<i>ed chlorped syp jr</i>	107	EMFLAZA TAB 36MG	171
<i>ed-apap liq 80mg/2.5</i>	53	EMFLAZA TAB 6MG	170
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<i>efavirenz cap 200 mg</i>	145	EMSAM DIS 9MG/24HR	85
<i>efavirenz cap 50 mg</i>	145	<i>emtricitabine caps 200 mg</i>	145
<i>efavirenz tab 600 mg</i>	145	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	145
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	145	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	145
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<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	145	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	145
<i>effer-k tab 25meq ef</i>	236	EMTRIVA CAP 200MG	146
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.....	115	ENTRESTO TAB 97-103MG	160
<i>enalapril maleate tab 10 mg</i>	115	ENTYVIO INJ 300MG.....	205
<i>enalapril maleate tab 2.5 mg</i>	115	<i>enulose sol 10gm/15</i>	205
<i>enalapril maleate tab 20 mg</i>	115	EPANED SOL 1MG/ML	115
<i>enalapril maleate tab 5 mg</i>	115	EPCLUSA PAK 150-37.5	150
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<i>endocet tab 10-325mg</i>	60	<i>epinastine hcl ophth soln 0.05%</i>	250
<i>endocet tab 5-325mg</i>	60	EPINEPHRINE INJ 1MG/10ML.....	272
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<i>enema ready- ene to-use</i>	216	<i>epinephrine soln prefilled syringe 1</i>	
<i>enemeez mini ene</i>	217	<i>mg/10ml (0.1 mg/ml)</i>	272
ENEMEEZ PLUS ENE 20-283	217	<i>epinephrine solution auto-injector</i>	
<i>enoxaparin sodium inj 300 mg/3ml</i>		<i>0.15 mg/0.15ml (1:1000)</i>	272
.....	75	<i>epinephrine solution auto-injector</i>	
<i>enoxaparin sodium inj soln pref syr</i>		<i>0.15 mg/0.3ml (1:2000)</i>	272
<i>100 mg/ml</i>	75	<i>epinephrine solution auto-injector</i>	
<i>enoxaparin sodium inj soln pref syr</i>		<i>0.3 mg/0.3ml (1:1000)</i>	272
<i>120 mg/0.8ml</i>	75	EPIPEN 2-PAK INJ 0.3MG	272
<i>enoxaparin sodium inj soln pref syr</i>		EPIPEN-JR INJ 0.15MG	272
<i>150 mg/ml</i>	75	<i>epitol tab 200mg</i>	78
<i>enoxaparin sodium inj soln pref syr</i>		EPIVIR SOL 10MG/ML.....	146
<i>30 mg/0.3ml</i>	75	EPIVIR TAB 150MG	146
<i>enoxaparin sodium inj soln pref syr</i>		EPIVIR TAB 300MG	146
<i>40 mg/0.4ml</i>	75	EPOGEN INJ 10000/ML	211
<i>enoxaparin sodium inj soln pref syr</i>		EPOGEN INJ 2000/ML	211
<i>60 mg/0.6ml</i>	75	EPOGEN INJ 20000/ML	211
<i>enoxaparin sodium inj soln pref syr</i>		EPOGEN INJ 3000/ML	211
<i>80 mg/0.8ml</i>	75	EPOGEN INJ 4000/ML	211
<i>enpresse-28 tab</i>	166	EPRONTIA SOL 25MG/ML	78
<i>enskyce tab</i>	166	EPZICOM TAB 600-300	146
ENSPRYNG INJ.....	237	EQUETRO CAP 100MG	131
ENSTILAR AER.....	188	EQUETRO CAP 200MG	131
<i>entecavir tab 0.5 mg</i>	150	EQUETRO CAP 300MG	131
<i>entecavir tab 1 mg</i>	150	ERAPID NEB MIS HANDSET	230

<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	273	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	267
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	273	<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	267
<i>ERTACZO CRE 2%</i>	183	<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	267
<i>ery pad 2%</i>	179	<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	267
<i>ERYGEL GEL 2%</i>	179	<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	267
<i>ERYPED SUS 200/5ML</i>	218	<i>esomeprazole magnesium tab delayed release 20 mg</i>	267
<i>ERYPED SUS 400/5ML</i>	218	<i>ESSENTRA MIS 9X9</i>	220
<i>ery-tab tab 250mg ec</i>	218	<i>estazolam tab 1 mg</i>	213
<i>ery-tab tab 333mg ec</i>	218	<i>estazolam tab 2 mg</i>	213
<i>ery-tab tab 500mg ec</i>	218	<i>ester-c tab 500mg</i>	239
<i>erythrocine tab 250mg</i>	218	<i>ESTRACE VAG CRE 0.01%</i>	271
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	218	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	201
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	218	<i>estradiol tab 0.5 mg</i>	201
<i>erythromycin ethylsuccinate tab 400 mg</i>	218	<i>estradiol tab 1 mg</i>	202
<i>erythromycin gel 2%</i>	179	<i>estradiol tab 2 mg</i>	202
<i>erythromycin ophth oint 5 mg/gm</i>	247	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	202
<i>erythromycin soln 2%</i>	179	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	202
<i>erythromycin tab 250 mg</i>	218	<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	202
<i>erythromycin tab 500 mg</i>	218	<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	202
<i>erythromycin tab delayed release 250 mg</i>	218	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	202
<i>erythromycin tab delayed release 333 mg</i>	218	<i>estradiol td patch weekly 0.025 mg/24hr</i>	202
<i>erythromycin tab delayed release 500 mg</i>	218	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	202
<i>erythromycin w/ delayed release particles cap 250 mg</i>	218	<i>estradiol td patch weekly 0.05 mg/24hr</i>	202
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	85		
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	85		
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	85		
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	85		
<i>esgic cap</i>	52		
<i>esomeprazole cap 20mg dr</i>	267		

<i>estradiol td patch weekly 0.06 mg/24hr.....</i>	202	<i>euthyrox tab 137mcg</i>	264
<i>estradiol td patch weekly 0.075 mg/24hr.....</i>	202	<i>euthyrox tab 150mcg</i>	264
<i>estradiol td patch weekly 0.1 mg/24hr.....</i>	202	<i>euthyrox tab 175mcg</i>	264
<i>estradiol vaginal cream 0.1 mg/gm</i>	271	<i>euthyrox tab 200mcg</i>	264
<i>estradiol vaginal tab 10 mcg.....</i>	271	<i>euthyrox tab 25mcg</i>	264
<i>estradiol valerate im in oil 20 mg/ml</i>	202	<i>euthyrox tab 50mcg</i>	264
<i>estradiol valerate im in oil 40 mg/ml</i>	202	<i>euthyrox tab 75mcg</i>	264
<i>ESTRING MIS 2MG</i>	271	<i>euthyrox tab 88mcg</i>	264
<i>eszopiclone tab 1 mg</i>	213	<i>EVEKEO ODT TAB 10MG</i>	35
<i>eszopiclone tab 2 mg</i>	213	<i>EVEKEO ODT TAB 15MG</i>	35
<i>eszopiclone tab 3 mg</i>	213	<i>EVEKEO ODT TAB 20MG</i>	35
<i>ethambutol hcl tab 100 mg</i>	125	<i>EVEKEO ODT TAB 5MG</i>	35
<i>ethambutol hcl tab 400 mg</i>	125	<i>EVEKEO TAB 10MG.....</i>	35
<i>ethosuximide cap 250 mg</i>	83	<i>EVEKEO TAB 5MG</i>	35
<i>ethosuximide soln 250 mg/5ml ...</i>	83	<i>EVISTA TAB 60MG</i>	200
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....</i>	166	<i>EVOCLIN AER 1%</i>	179
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....</i>	166	<i>EVOTAZ TAB 300-150.....</i>	146
<i>etodolac cap 200 mg</i>	49	<i>EXELDERM CRE 1%.....</i>	183
<i>etodolac cap 300 mg</i>	49	<i>EXELDERM SOL 1%.....</i>	183
<i>etodolac tab 400 mg.....</i>	49	<i>EXELON DIS 13.3/24.....</i>	257
<i>etodolac tab 500 mg.....</i>	49	<i>EXELON DIS 4.6MG/24</i>	257
<i>etodolac tab er 24hr 400 mg</i>	49	<i>EXELON DIS 9.5MG/24</i>	257
<i>etodolac tab er 24hr 500 mg</i>	49	<i>exemestane tab 25 mg</i>	127
<i>etodolac tab er 24hr 600 mg</i>	49	<i>EXFORGE TAB 10-160MG</i>	121
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	169	<i>EXFORGE TAB 10-320MG</i>	121
<i>etoposide cap 50 mg</i>	128	<i>EXFORGE TAB 5-160MG.....</i>	121
<i>etravirine tab 100 mg</i>	146	<i>EXFORGE TAB 5-320MG.....</i>	121
<i>etravirine tab 200 mg</i>	146	<i>EXFORGEH/10- TAB 160-12.5....</i>	121
<i>EUCALYPTOL LIQ.....</i>	163	<i>EXFORGEH/10- TAB 160-25</i>	121
<i>EUCRISA OIN 2%.....</i>	193	<i>EXFORGEH/10- TAB 320-25</i>	121
<i>EUFLEXXA INJ 10MG/ML</i>	243	<i>EXFORGEH/5- TAB 160-12.5</i>	121
<i>euthyrox tab 100mcg</i>	264	<i>EXFORGEH/5- TAB 160-25</i>	121
<i>euthyrox tab 112mcg</i>	264	<i>EXTAVIA INJ 0.3MG.....</i>	260
<i>euthyrox tab 125mcg</i>	264	<i>EXTINA AER 2%</i>	183
		<i>eye allergy sol itch rel</i>	250
		<i>eye allergy sol itch/red</i>	250
		<i>eye drops dro adv relf</i>	248
		<i>eye drops sol 0.05% op</i>	248
		<i>eye drops sol op</i>	248
		<i>eye drops sol relief.....</i>	245
		<i>eye itch rel dro 0.025%op</i>	250
		<i>EYE STREAM SOL OP</i>	250
		<i>EYE-SCRUB PAD</i>	193

EYSUVIS DRO 0.25%.....	249
EZALLOR SPR CAP 10MG.....	112
EZALLOR SPR CAP 20MG.....	112
EZALLOR SPR CAP 40MG.....	112
EZALLOR SPR CAP 5MG	112
<i>ezetimibe tab 10 mg</i>	114
<i>ezetimibe-simvastatin tab 10-10 mg</i>	110
<i>ezetimibe-simvastatin tab 10-20 mg</i>	110
<i>ezetimibe-simvastatin tab 10-40 mg</i>	110
<i>ezetimibe-simvastatin tab 10-80 mg</i>	110

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FABIOR AER 0.1%.....	179
<i>famciclovir tab 125 mg</i>	151
<i>famciclovir tab 250 mg</i>	151
<i>famciclovir tab 500 mg</i>	151
<i>famotidine for susp 40 mg/5ml</i> ..	266
<i>famotidine tab 10 mg</i>	266
<i>famotidine tab 20 mg</i>	266
<i>famotidine tab 20mg</i>	266
<i>famotidine tab 40 mg</i>	266
FANAPT PAK	132
FANAPT TAB 10MG	132
FANAPT TAB 12MG	132
FANAPT TAB 1MG	132
FANAPT TAB 2MG	132
FANAPT TAB 4MG	132
FANAPT TAB 6MG	132
FANAPT TAB 8MG	132
FARXIGA TAB 10MG	101
FARXIGA TAB 5MG	100
<i>fayosim tab</i>	166
<i>febuxostat tab 40 mg</i>	208
<i>febuxostat tab 80 mg</i>	208
<i>felbamate susp 600 mg/5ml</i>	82
<i>felbamate tab 400 mg</i>	82
<i>felbamate tab 600 mg</i>	82
FELBATOL SUS 600/5ML	82
FELBATOL TAB 400MG	82
FELBATOL TAB 600MG	82
FELDENE CAP 10MG	49
FELDENE CAP 20MG	49
<i>felodipine tab er 24hr 10 mg</i>	157
<i>felodipine tab er 24hr 2.5 mg</i>	157
<i>felodipine tab er 24hr 5 mg</i>	157
FEMRING MIS 0.05/24H.....	272
FEMRING MIS 0.1MG/24	271
<i>fenofibrate cap 150 mg</i>	111
<i>fenofibrate cap 50 mg</i>	111
<i>fenofibrate micronized cap 130 mg</i>	111
<i>fenofibrate micronized cap 134 mg</i>	111
<i>fenofibrate micronized cap 200 mg</i>	111
<i>fenofibrate micronized cap 30 mg</i>	111
<i>fenofibrate micronized cap 43 mg</i>	111
<i>fenofibrate micronized cap 67 mg</i>	111
<i>fenofibrate micronized cap 90 mg</i>	111
<i>fenofibrate tab 120 mg</i>	111
<i>fenofibrate tab 145 mg</i>	111
<i>fenofibrate tab 160 mg</i>	111
<i>fenofibrate tab 40 mg</i>	111
<i>fenofibrate tab 48 mg</i>	111
<i>fenofibrate tab 54 mg</i>	111
<i>fenofibric acid tab 105 mg</i>	111
<i>fenofibric acid tab 35 mg</i>	111
FENOGLIDE TAB 120MG.....	111
FENOGLIDE TAB 40MG	111
<i>fenoprofen calcium cap 400 mg</i> ...	49
<i>fenoprofen calcium tab 600 mg</i>	49
<i>fantanyl citrate buccal tab 100 mcg</i> (base equiv)	54
<i>fantanyl citrate buccal tab 200 mcg</i> (base equiv)	54
<i>fantanyl citrate buccal tab 400 mcg</i> (base equiv)	54
<i>fantanyl citrate buccal tab 600 mcg</i> (base equiv)	54

<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	54	<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	212
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	54	<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	212
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	54	<i>ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)</i>	212
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	54	<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	212
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	54	<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	212
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	54	FETZIMA CAP 120MG	89
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	54	FETZIMA CAP 20MG	88
<i>fentanyl td patch 72hr 100 mcg/hr</i>	55	FETZIMA CAP 40MG	89
<i>fentanyl td patch 72hr 12 mcg/hr</i>	54	FETZIMA CAP 80MG	89
<i>fentanyl td patch 72hr 25 mcg/hr</i>	54	FETZIMA CAP TITRATIO	89
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	54	FEVERALL INF SUP 80MG	53
<i>fentanyl td patch 72hr 50 mcg/hr</i>	54	<i>feverall sup 120mg</i>	53
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	55	FEVERALL SUP 325MG	53
<i>fentanyl td patch 72hr 75 mcg/hr</i>	55	<i>feverall sup 650mg</i>	53
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	55	<i>fexmid tab 7.5mg</i>	242
FENTORA TAB 100MCG	55	<i>fexofen/pse tab 60-120mg</i>	174
FENTORA TAB 200MCG	55	<i>fexofenadine hcl tab 180 mg</i>	108
FENTORA TAB 400MCG	55	<i>fexofenadine hcl tab 60 mg</i>	108
FENTORA TAB 600MCG	55	<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	174
FENTORA TAB 800MCG	55	FIASP FLEX INJ TOUCH	98
<i>ferate tab 27mg</i>	212	FIASP INJ 100/ML	98
<i>ferocon cap</i>	211	FIASP PENFIL INJ U-100	98
<i>ferosul tab 325mg</i>	212	<i>fiber laxtiv cap 0.52gm</i>	214
<i>ferrex 150 cap 150mg</i>	212	<i>fiber therap tab 500mg</i>	214
<i>ferrocite tab 324mg</i>	212	FIBRICOR TAB 105MG	112
<i>ferrocite tab plus</i>	211	FILTER AIR MIS PP	230
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	212	FILTER NEEDL MIS 18GX1.5	222
FERROUS GLUC TAB 324MG	212	FILTER NEEDL MIS 20GX1.5	222
FERROUS SULF LIQ 44MG/5ML	212	FINACEA AER 15%	194
FERROUS SULF TAB 324MG EC	212	FINACEA GEL 15%	194
		<i>finasteride tab 5 mg</i>	207
		FINTEPLA SOL 2.2MG/ML	78
		FIORICET CAP CODEINE	61
		FIRAZYR INJ 30MG/3ML	209
		<i>first aid oin antibiot</i>	182
		FIRVANQ SOL 25MG/ML	67
		FIRVANQ SOL 50MG/ML	67

FLAGYL CAP 375MG.....	66	<i>fluocinolone acetonide oil 0.01%</i>	
FLAREX SUS 0.1% OP.....	249	(<i>scalp oil</i>)	188
FLAVORING AGENT - OIL	254	<i>fluocinolone acetonide oint 0.025%</i>	
FLAVORING AGENTS.....	254	.....	188
FLAVORX LIQ.....	254	<i>fluocinolone acetonide soln 0.01%</i>	
<i>flavoxate hcl tab 100 mg</i>	270	.....	188
<i>flecainide acetate tab 100 mg</i>	69	<i>fluocinonide cream 0.05%</i>	188
<i>flecainide acetate tab 150 mg</i>	69	<i>fluocinonide cream 0.1%</i>	188
<i>flecainide acetate tab 50 mg</i>	69	<i>fluocinonide emulsified base cream</i>	
FLECTOR DIS 1.3%	182	0.05%	188
FLEQSUVY SUS 25MG/5ML	242	<i>fluocinonide gel 0.05%</i>	188
FLEXICHAMBER MIS MASK LRG..	230	<i>fluocinonide oint 0.05%</i>	189
FLEXICHAMBER MIS MASK SM ...	230	<i>fluocinonide soln 0.05%</i>	189
FLOMAX CAP 0.4MG	208	<i>fluorometholone ophth susp 0.1%</i>	
<i>floranex gra</i>	103	.....	249
<i>floranex tab</i>	103	<i>fluorouracil cream 5%</i>	185
FLORIVA DRO PLUS.....	240	<i>fluorouracil soln 5%</i>	185
FLOVENT DISK AER 100MCG	71	<i>fluoxetine hcl (pmdd) tab 10 mg</i>	261
FLOVENT DISK AER 250MCG	71	<i>fluoxetine hcl (pmdd) tab 20 mg</i>	261
FLOVENT DISK AER 50MCG	71	<i>fluoxetine hcl cap 10 mg</i>	85
FLOVENT HFA AER 110MCG.....	71	<i>fluoxetine hcl cap 20 mg</i>	85
FLOVENT HFA AER 220MCG.....	71	<i>fluoxetine hcl cap 40 mg</i>	85
FLOVENT HFA AER 44MCG.....	71	<i>fluoxetine hcl cap delayed release</i>	
FLOW-EZE MIS VENTED	222	90 mg.....	85
FLOWFLEX KIT TEST.....	195	<i>fluoxetine hcl solution 20 mg/5ml</i>	86
<i>fluconazole for susp 10 mg/ml</i> ...	106	<i>fluoxetine hcl tab 10 mg</i>	86
<i>fluconazole for susp 40 mg/ml</i> ...	106	<i>fluoxetine hcl tab 20 mg</i>	86
<i>fluconazole tab 100 mg</i>	106	<i>fluoxetine hcl tab 60 mg</i>	86
<i>fluconazole tab 150 mg</i>	106	FLUOXETINE TAB 60MG	86
<i>fluconazole tab 200 mg</i>	106	<i>fluphenazine decanoate inj 25</i>	
<i>fluconazole tab 50 mg</i>	106	mg/ml.....	140
<i>flucytosine cap 250 mg</i>	106	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	
<i>flucytosine cap 500 mg</i>	106	.....	140
<i>fludrocortisone acetate tab 0.1 mg</i>		<i>fluphenazine hcl oral conc 5 mg/ml</i>	
.....	172	.....	140
<i>flunisolide nasal soln 25 mcg/act</i>		<i>fluphenazine hcl tab 1 mg</i>	141
(0.025%)	244	<i>fluphenazine hcl tab 10 mg</i>	141
<i>fluocinolone acetonide cream 0.01%</i>		<i>fluphenazine hcl tab 2.5 mg</i>	141
.....	188	<i>fluphenazine hcl tab 5 mg</i>	141
<i>fluocinolone acetonide cream</i>		<i>flurandrenolide cream 0.05%</i>	189
0.025%	188	<i>flurandrenolide lotion 0.05%</i>	189
<i>fluocinolone acetonide oil 0.01%</i>		<i>flurandrenolide oint 0.05%</i>	189
(<i>body oil</i>)	188	<i>flurazepam hcl cap 15 mg</i>	213

<i>flurazepam hcl cap 30 mg</i>	213	<i>FOCALIN TAB 10MG</i>	41
<i>flurbiprofen sodium ophth soln</i>		<i>FOCALIN TAB 2.5MG</i>	41
0.03%.....	250	<i>FOCALIN TAB 5MG</i>	41
<i>flurbiprofen tab 100 mg</i>	49	<i>FOCALIN XR CAP 10MG</i>	41
<i>flutamide cap 125 mg</i>	127	<i>FOCALIN XR CAP 15MG</i>	41
<i>fluticasone propionate cream 0.05%</i>		<i>FOCALIN XR CAP 20MG</i>	41
.....	189	<i>FOCALIN XR CAP 25MG</i>	41
<i>fluticasone propionate lotion 0.05%</i>		<i>FOCALIN XR CAP 30MG</i>	41
.....	189	<i>FOCALIN XR CAP 35MG</i>	41
<i>fluticasone propionate nasal susp 50</i>		<i>FOCALIN XR CAP 40MG</i>	41
<i>mcg/act</i>	244	<i>FOCALIN XR CAP 5MG</i>	41
<i>fluticasone propionate oint 0.005%</i>		<i>folbee plus tab</i>	239
.....	189	<i>folbee plus tab cz</i>	239
<i>fluticasone spr 50mcg</i>	244	<i>folbee tab</i>	211
<i>fluticasone sus 50mcg</i>	244	<i>FOLBIC RF TAB</i>	196
<i>fluticasone-salmeterol aer powder</i>		<i>FOLBIC TAB</i>	196
<i>ba 100-50 mcg/act</i>	73	<i>folic acid tab 1 mg</i>	210
<i>fluticasone-salmeterol aer powder</i>		<i>folic acid tab 400 mcg</i>	210
<i>ba 113-14 mcg/act</i>	73	<i>folic acid tab 800 mcg</i>	210
<i>fluticasone-salmeterol aer powder</i>		<i>folic acid-vitamin b6-vitamin b12</i>	
<i>ba 232-14 mcg/act</i>	73	<i>tab 2.2-25-0.5 mg</i>	212
<i>fluticasone-salmeterol aer powder</i>		<i>FOLITAB 500 TAB</i>	212
<i>ba 250-50 mcg/act</i>	73	<i>folplex 2.2 tab</i>	212
<i>fluticasone-salmeterol aer powder</i>		<i>FOLTANX RF CAP</i>	196
<i>ba 500-50 mcg/act</i>	73	<i>FOLTANX TAB</i>	196
<i>fluticasone-salmeterol aer powder</i>		<i>foltrin cap</i>	212
<i>ba 55-14 mcg/act</i>	73	<i>fondaparinux sodium subcutaneous</i>	
<i>fluvastatin sodium cap 20 mg (base</i>		<i>inj 10 mg/0.8ml</i>	75
<i>equivalent)</i>	112	<i>fondaparinux sodium subcutaneous</i>	
<i>fluvastatin sodium cap 40 mg (base</i>		<i>inj 2.5 mg/0.5ml</i>	75
<i>equivalent)</i>	112	<i>fondaparinux sodium subcutaneous</i>	
<i>fluvastatin sodium tab er 24 hr 80</i>		<i>inj 5 mg/0.4ml</i>	75
<i>mg (base equivalent)</i>	112	<i>fondaparinux sodium subcutaneous</i>	
<i>fluvoxamine maleate cap er 24hr</i>		<i>inj 7.5 mg/0.6ml</i>	75
100 mg	86	<i>FORFIVO XL TAB 450MG</i>	84
<i>fluvoxamine maleate cap er 24hr</i>		<i>formoterol fumarate soln nebu 20</i>	
150 mg	86	<i>mcg/2ml</i>	73
<i>fluvoxamine maleate tab 100 mg</i>	86	<i>FORTESTA GEL 10MG/ACT</i>	64
<i>fluvoxamine maleate tab 25 mg</i> ..	86	<i>FOSAMAX + D TAB 70-2800</i>	199
<i>fluvoxamine maleate tab 50 mg</i> ..	86	<i>FOSAMAX + D TAB 70-5600</i>	199
<i>FML FORTE SUS 0.25% OP</i>	249	<i>FOSAMAX TAB 70MG</i>	199
<i>FML LIQUIFLM SUS 0.1% OP</i>	249	<i>fosamprenavir calcium tab 700 mg</i>	
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<i>100 mg</i>	<i>79</i>	<i>lanthanum carbonate chew tab 500</i>	
<i>lamotrigine orally disintegrating tab</i>		<i>mg (elemental)</i>	<i>207</i>
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<i>leucovorin calcium tab 25 mg</i>	<i>128</i>	<i>levonorgestrel-eth estra tab 0.05-</i>	<i>30/0.075-40/0.125-30mg-mcg</i>	<i>167</i>
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<i>levalbuterol hcl soln nebu 0.31</i>		<i>0.01mg(7).....</i>		<i>167</i>
<i>mg/3ml (base equiv)</i>	<i>73</i>	<i>levonorg-eth est tab 0.15-</i>	<i>0.03mg(84) & eth est tab</i>	
<i>levalbuterol hcl soln nebu 0.63</i>		<i>0.01mg(7).....</i>		<i>167</i>
<i>mg/3ml (base equiv)</i>	<i>73</i>	<i>levorphanol tartrate tab 2 mg.....</i>		<i>56</i>
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<i>mg/3ml (base equiv)</i>	<i>73</i>	<i>levo-t tab 100mcg.....</i>		<i>264</i>
<i>levalbuterol hcl soln nebu conc 1.25</i>		<i>levo-t tab 112mcg.....</i>		<i>264</i>
<i>mg/0.5ml (base equiv).....</i>	<i>73</i>	<i>levo-t tab 125mcg.....</i>		<i>264</i>
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<i>levetiracetam tab er 24hr 500 mg</i>	<i>79</i>	<i>levothyroxine sodium tab 112 mcg</i>	<i>.....</i>	<i>265</i>
<i>levetiracetam tab er 24hr 750 mg</i>	<i>79</i>	<i>levothyroxine sodium tab 125 mcg</i>	<i>.....</i>	<i>265</i>
<i>levobunolol hcl ophth soln 0.5%</i>	<i>246</i>	<i>levothyroxine sodium tab 137 mcg</i>	<i>.....</i>	<i>265</i>
<i>levocarnitine (dietary) oral soln 1</i>		<i>levothyroxine sodium tab 150 mcg</i>	<i>.....</i>	<i>265</i>
<i>gm/10ml</i>	<i>245</i>	<i>levothyroxine sodium tab 175 mcg</i>	<i>.....</i>	<i>265</i>
<i>levocetirizine dihydrochloride soln</i>		<i>levothyroxine sodium tab 200 mcg</i>	<i>.....</i>	<i>265</i>
<i>2.5 mg/5ml (0.5 mg/ml)</i>	<i>108</i>	<i>levothyroxine sodium tab 25 mcg</i>	<i>.....</i>	<i>264</i>
<i>levocetirizine dihydrochloride tab 5</i>				
<i>mg</i>	<i>108</i>			
<i>levofloxacin ophth soln 0.5%</i>	<i>247</i>			
<i>levofloxacin oral soln 25 mg/ml .</i>	<i>202</i>			
<i>levofloxacin tab 250 mg</i>	<i>202</i>			
<i>levofloxacin tab 500 mg</i>	<i>202</i>			
<i>levofloxacin tab 750 mg</i>	<i>203</i>			
<i>levonest tab</i>	<i>167</i>			
<i>levonor-eth est tab 0.15-</i>				
<i>0.02/0.025/0.03 mg &eth est 0.01</i>				
<i>mg</i>	<i>167</i>			
<i>levonorgestrel & ethinyl estradiol</i>				
<i>(91-day) tab 0.15-0.03 mg</i>	<i>167</i>			

<i>levothyroxine sodium tab 300 mcg</i>	193
.....	265
<i>levothyroxine sodium tab 50 mcg</i>	193
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<i>levothyroxine sodium tab 75 mcg</i>	193
.....	169
<i>levothyroxine sodium tab 88 mcg</i>	67
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<i>levoxyl tab 100mcg</i>	206
<i>levoxyl tab 112mcg</i>	206
<i>levoxyl tab 125mcg</i>	206
<i>levoxyl tab 137mcg</i>	206
<i>levoxyl tab 150mcg</i>	265
<i>levoxyl tab 175mcg</i>	265
<i>levoxyl tab 200mcg</i>	265
<i>levoxyl tab 25mcg</i>	265
<i>levoxyl tab 50mcg</i>	265
<i>levoxyl tab 75mcg</i>	265
<i>levoxyl tab 88mcg</i>	265
LEXAPRO TAB 10MG	86
LEXAPRO TAB 20MG	86
LEXAPRO TAB 5MG	86
LEXETTE AER 0.05%	190
LEXIVA SUS 50MG/ML	147
LEXIVA TAB 700MG	147
LIALDA TAB 1.2GM	205
LICART DIS 1.3%	182
<i>lice killing sha</i>	194
<i>lice killing sha 0.33-4%</i>	194
<i>lice treatmt liq 1%</i>	194
<i>lice treatmt lot 1%</i>	194
<i>lice treatmt sha 0.33-4%</i>	194
<i>lice trtmnt liq 1%</i>	194
<i>lidocaine anorectal cream 5%</i>	65
<i>lidocaine cre pain 4%</i>	193
<i>lidocaine cream 4%</i>	193
<i>lidocaine hcl cream 4%</i>	193
<i>lidocaine hcl local preservative free</i>	
(pf) inj 0.5%	217
<i>lidocaine hcl viscous soln 2%</i>	238
<i>lidocaine inj 2% w/ epinephrine-</i>	
1:100000	217
LIDOCAINE INJ 20MG/ML	69
<i>lidocaine oint 5%</i>	193
<i>lidocaine patch 5%</i>	193
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	193
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LIDODERM DIS 5%	193
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<i>linezolid tab 600 mg</i>	67
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<i>liothyronine sodium tab 5 mcg</i>	265
<i>liothyronine sodium tab 50 mcg</i>	265
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<i>lisinopril & hydrochlorothiazide tab</i>	
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<i>lisinopril tab 20 mg</i>	115
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<i>lithium carbonate cap 600 mg</i>	131
<i>lithium carbonate tab 300 mg</i>	131
<i>lithium carbonate tab er 300 mg</i>	131
<i>lithium carbonate tab er 450 mg</i>	131
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LOCOID LOT 0.1%	190	<i>hydrochlorothiazide tab 100-12.5</i>	
<i>loestrin 21 tab 1.5/30.....</i>	167	<i>mg</i>	122
<i>loestrin fe tab 1.5/30.....</i>	167	<i>losartan potassium &</i>	
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<i>lubiprostone cap 8 mcg</i>	204	<i>magnesium oxide tab 400 mg</i>	66
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<i>lubricating dro 0.5%</i>	245	<i>mg elemental mg)</i>	235
<i>lubricating sol tears</i>	245	<i>magnesium oxide tab 500 mg (mg</i>	
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<i>200 mg (tartrate equiv)</i>	153	
<i>metoprolol succinate tab er 24hr 25</i>		
<i>mg (tartrate equiv)</i>	153	
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<i>metronidazole cream 0.75%</i>	194	
<i>metronidazole gel 0.75%</i>	194	
<i>metronidazole gel 1%</i>	194	
<i>metronidazole lotion 0.75%</i>	194	
<i>metronidazole tab 250 mg</i>	66	
<i>metronidazole tab 500 mg</i>	66	
<i>metronidazole vaginal gel 0.75%</i>	271	
<i>metyrosine cap 250 mg</i>	117	
<i>MICARDIS HCT TAB 40/12.5</i>	123	
<i>MICARDIS HCT TAB 80/12.5</i>	123	
<i>MICARDIS HCT TAB 80-25MG</i>	123	
<i>MICARDIS TAB 20MG</i>	118	
<i>MICARDIS TAB 40MG</i>	118	
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<i>miconazole 7 cre 2%</i>	271	
<i>miconazole 7 cre tube/kit</i>	271	
<i>miconazole 7 sup 100mg</i>	271	
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<i>petrolatum oint 0.25-15-81.35%</i>		
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<i>microgestin tab 1/20</i>	167	
<i>midodrine hcl tab 10 mg</i>	272	
<i>midodrine hcl tab 2.5 mg</i>	272	
<i>midodrine hcl tab 5 mg</i>	272	
<i>miglitol tab 100 mg</i>	90	
<i>miglitol tab 25 mg</i>	90	
<i>miglitol tab 50 mg</i>	90	
<i>milk of magn sus 2400/10</i>	216	
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<i>milk of magn sus 400/5ml</i>	216	
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<i>mineral oil ene</i>	216	
<i>minerin lot</i>	192	
<i>minocycline hcl cap 100 mg</i>	264	
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<i>minoxidil tab 10 mg</i>	125	
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<i>mintox plus chw</i>	65	
<i>MIRAPEX ER TAB 0.375MG</i>	129	
<i>MIRAPEX ER TAB 0.75MG</i>	129	
<i>MIRAPEX ER TAB 1.5MG</i>	129	
<i>MIRAPEX ER TAB 2.25MG</i>	129	
<i>MIRAPEX ER TAB 3.75MG</i>	129	
<i>MIRAPEX ER TAB 3MG</i>	129	
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<i>mirtazapine orally disintegrating tab</i>		<i>(base equiv)</i>	70
<i>15 mg</i>	83	<i>montelukast sodium chew tab 5 mg</i>	
<i>mirtazapine orally disintegrating tab</i>		<i>(base equiv)</i>	70
<i>30 mg</i>	83	<i>montelukast sodium oral granules</i>	
<i>mirtazapine orally disintegrating tab</i>		<i>packet 4 mg (base equiv)</i>	70
<i>45 mg</i>	83	<i>montelukast sodium tab 10 mg</i>	
<i>mirtazapine tab 15 mg</i>	84	<i>(base equiv)</i>	70
<i>mirtazapine tab 30 mg</i>	84	<i>morphine sulfate beads cap er 24hr</i>	
<i>mirtazapine tab 45 mg</i>	84	<i>120 mg</i>	56
<i>mirtazapine tab 7.5 mg</i>	83	<i>morphine sulfate beads cap er 24hr</i>	
MIRVASO GEL 0.33%	194	<i>30 mg</i>	56
<i>misc natural products cap</i>	237	<i>morphine sulfate beads cap er 24hr</i>	
<i>misoprostol tab 100 mcg</i>	268	<i>45 mg</i>	56
<i>misoprostol tab 200 mcg</i>	268	<i>morphine sulfate beads cap er 24hr</i>	
MITIGARE CAP 0.6MG	208	<i>60 mg</i>	56
<i>mitomycin for iv soln 20 mg</i>	128	<i>morphine sulfate beads cap er 24hr</i>	
<i>mitomycin for iv soln 40 mg</i>	128	<i>75 mg</i>	56
<i>mitomycin for iv soln 5 mg</i>	128	<i>morphine sulfate beads cap er 24hr</i>	
M-NATAL PLUS TAB	241	<i>90 mg</i>	56
<i>modafinil tab 100 mg</i>	44	<i>morphine sulfate cap er 24hr 10 mg</i>	
<i>modafinil tab 200 mg</i>	44		56
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<i>moexipril hcl tab 15 mg</i>	116	<i>mg</i>	57
<i>moexipril hcl tab 7.5 mg</i>	116	<i>morphine sulfate cap er 24hr 20 mg</i>	
<i>molindone hcl tab 10 mg</i>	140	.....	56
<i>molindone hcl tab 25 mg</i>	140	<i>morphine sulfate cap er 24hr 30 mg</i>	
<i>molindone hcl tab 5 mg</i>	140	.....	56
<i>mometasone furoate cream 0.1%</i>		<i>morphine sulfate cap er 24hr 50 mg</i>	
.....	190	.....	56
<i>mometasone furoate nasal susp 50</i>		<i>morphine sulfate cap er 24hr 60 mg</i>	
<i>mcg/act</i>	244	.....	56
<i>mometasone furoate oint 0.1%</i> ..	190	<i>morphine sulfate cap er 24hr 80 mg</i>	
<i>mometasone furoate solution 0.1%</i>		.....	56
<i>(lotion)</i>	190	<i>morphine sulfate oral soln 10</i>	
MONOJECT ENT MIS 12ML SYR ..	219	<i>mg/5ml</i>	57
MONOJECT ENT MIS 1ML SYR ...	219	<i>morphine sulfate oral soln 100</i>	
MONOJECT ENT MIS 35ML SYR ..	220	<i>mg/5ml (20 mg/ml)</i>	57
MONOJECT ENT MIS 60ML SYR ..	220	<i>morphine sulfate oral soln 20</i>	
MONOJECT ENT MIS 6ML SYR ...	219	<i>mg/5ml</i>	57
MONOJECT ENT MIS SYR CAP	220	<i>morphine sulfate suppos 10 mg ...</i>	57

<i>morphine sulfate suppos 20 mg ..</i>	57	<i>mucus relief liq max st</i>	175
<i>morphine sulfate suppos 30 mg ..</i>	57	<i>mucus relief tab 1200 er</i>	176
<i>morphine sulfate suppos 5 mg</i>	57	<i>mucus relief tab 1200mg</i>	176
<i>morphine sulfate tab 15 mg</i>	57	<i>mucus relief tab 30-600er</i>	175
<i>morphine sulfate tab 30 mg</i>	57	<i>mucus relief tab 400mg</i>	176
<i>morphine sulfate tab er 100 mg ..</i>	57	<i>mucus relief tab 600mg er</i>	176
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<i>morphine sulfate tab er 200 mg ..</i>	57	<i>mucus-dm max tab 60-1200</i>	175
<i>morphine sulfate tab er 30 mg</i>	57	<i>multi vit/fl chw 0.25mg</i>	240
<i>morphine sulfate tab er 60 mg</i>	57	MULTI-DRAW MIS 20GX1	225
MOTEGRITY TAB 1MG	203	MULTI-DRAW MIS 21GX1	225
MOTEGRITY TAB 2MG	203	MULTI-DRAW MIS 22GX1	225
<i>motion relf tab 25mg</i>	105	<i>multiple vitamin tab</i>	240
<i>motion sick tab 25mg</i>	105	<i>multiple vitamins w/ minerals</i>	239
<i>motion sick tab 50mg</i>	105	MULTIPLE VITAMINS W/ MINERALS	
<i>motion sickn tab 25 mg</i>	105	.....	239
<i>motion-time chw 25mg</i>	105	<i>multiple vitamins w/ minerals cap</i>	
MOVANTIK TAB 12.5MG	206		239
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<i>moxifloxacin hcl 400 mg/250ml in</i>		CAP	239
<i>sodium chloride 0.8% inj</i>	203	MULTIPLE VITAMINS W/ MINERALS	
<i>moxifloxacin hcl ophth soln 0.5%</i>		CHEW TAB	240
<i>(base eq) (2 times daily)</i>	247	<i>multivit/fl chw 0.25mg</i>	240
<i>moxifloxacin hcl ophth soln 0.5%</i>		<i>multivit/fl chw 0.5mg</i>	240
<i>(base equiv)</i>	247	<i>multivit/fl chw 1mg</i>	240
<i>moxifloxacin hcl tab 400 mg (base</i>		<i>multivit/fl dro 0.25mg</i>	240
<i>equiv)</i>	203	<i>multivitamin chw children</i>	241
<i>m-pap liq 160/5ml</i>	53	MULTI-VIT-FL CHW 0.25MG	240
MS CONTIN TAB 100MG ER	57	MULTI-VIT-FL CHW 0.5MG	240
MS CONTIN TAB 15MG ER	57	MULTI-VIT-FL CHW 1MG	240
MS CONTIN TAB 200MG ER	57	<i>mupirocin oint 2%</i>	183
MS CONTIN TAB 30MG ER	57	MURO 128 SOL 2% OP	251
MS CONTIN TAB 60MG ER	57	<i>muscle rub cre</i>	192
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<i>mucinex dm liq 20-400</i>	174	<i>mutamycin inj 40mg</i>	128
<i>mucinex free liq cong/cgh</i>	174	<i>mutamycin inj 5mg</i>	128
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<i>mucus d tab 60-600mg</i>	174	MVASI INJ 400MG	126
<i>mucus dm tab 60-1200</i>	174	MX-SOL SF SYP	255
<i>mucus er max tab 1200mg</i>	176	MX-SOL SYP	255
<i>mucus relf d tab 60-600mg</i>	174	<i>mycophenolate mofetil cap 250 mg</i>	
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<i>mucus relief liq children</i>	175		

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200 mg/ml	237
<i>mycophenolate mofetil tab 500 mg</i>	
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<i>mycophenolate sodium tab dr 180</i>	
mg (mycophenolic acid equiv).	237
<i>mycophenolate sodium tab dr 360</i>	
mg (mycophenolic acid equiv).	237
<i>mycozyl ac cre 1%</i>	184
<i>mycozyl ap pow 2%</i>	184
MYDAYIS CAP 12.5MG	35
MYDAYIS CAP 25MG	36
MYDAYIS CAP 37.5MG	36
MYDAYIS CAP 50MG	36
MYLERAN TAB 2MG	126
<i>myorisan cap 10mg</i>	180
<i>myorisan cap 20mg</i>	180
<i>myorisan cap 30mg</i>	180
<i>myorisan cap 40mg</i>	180
<i>myozyl al sol 1%</i>	184
MYRBETRIQ SUS 8MG/ML	270
MYRBETRIQ TAB 25MG	270
MYRBETRIQ TAB 50MG	270
MYSOLINE TAB 250MG	80
MYSOLINE TAB 50MG	80
N	
<i>nabumetone tab 500 mg</i>	50
<i>nabumetone tab 750 mg</i>	50
<i>nadolol tab 20 mg</i>	154
<i>nadolol tab 40 mg</i>	154
<i>nadolol tab 80 mg</i>	154
<i>naftifine hcl cream 1%</i>	184
<i>naftifine hcl cream 2%</i>	184
NAFTIN GEL 1%	184
NAFTIN GEL 2%	184
NALFON CAP 400MG	50
NALFON TAB 600MG	50
<i>naloxone hcl inj 0.4 mg/ml</i>	104
<i>naloxone hcl inj 4 mg/10ml</i>	104
<i>naloxone hcl nasal spray 4</i>	
mg/0.1ml	104
<i>naloxone hcl soln cartridge 0.4</i>	
mg/ml	104

<i>naloxone hcl soln prefilled syringe 2</i>	
mg/2ml	104
<i>naltrexone hcl tab 50 mg</i>	104
NAMENDA TAB 10MG	257
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NAPRELAN TAB 750MG CR	50
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<i>naproxen sod tab 220mg</i>	50
<i>naproxen sodium cap 220 mg</i>	50
<i>naproxen sodium tab 275 mg</i>	50
<i>naproxen sodium tab 550 mg</i>	51
<i>naproxen sodium tab er 24hr 375</i>	
mg (base equiv)	51
<i>naproxen sodium tab er 24hr 500</i>	
mg (base equiv)	51
<i>naproxen sodium tab er 24hr 750</i>	
mg (base equiv)	51
<i>naproxen susp 125 mg/5ml</i>	51
<i>naproxen tab 220mg</i>	51
<i>naproxen tab 250 mg</i>	51
<i>naproxen tab 375 mg</i>	51
<i>naproxen tab 500 mg</i>	51
<i>naproxen tab ec 375 mg</i>	51
<i>naproxen tab ec 500 mg</i>	51
<i>naproxen-esomeprazole magnesium</i>	
<i>tab dr 375-20 mg</i>	51
<i>naproxen-esomeprazole magnesium</i>	
<i>tab dr 500-20 mg</i>	51
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<i>equiv)</i>	233
<i>naratriptan hcl tab 2.5 mg (base</i>	
<i>equiv)</i>	233

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<i>nasal decong tab 10mg</i>	244	NEEDLES MIS 25GX5/8.....	226
<i>nat fiber pow 48.57%</i>	215	NEEDLES MIS 26X1/2.....	226
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<i>nebivolol hcl tab 20 mg (base</i> <i>equivalent)</i>	153	<i>nefazodone hcl tab 200 mg</i>	87
<i>nebivolol hcl tab 5 mg (base</i> <i>equivalent)</i>	153	<i>nefazodone hcl tab 250 mg</i>	87
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<i>nevirapine tab er 24hr 100 mg</i> ..	147	<i>nifedipine tab er 24hr 30 mg</i>	157
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NEXIUM GRA 20MG DR	267	<i>release 60 mg</i>	158
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<i>niacin tab 500 mg</i>	273	<i>nisoldipine tab er 24hr 20 mg</i>	158
<i>niacin tab er 1000 mg</i>		<i>nisoldipine tab er 24hr 25.5 mg</i> .	158
<i>(antihyperlipidemic)</i>	114	<i>nisoldipine tab er 24hr 30 mg</i>	158
<i>niacin tab er 500 mg</i>		<i>nisoldipine tab er 24hr 34 mg</i>	158
<i>(antihyperlipidemic)</i>	114	<i>nisoldipine tab er 24hr 40 mg</i>	158
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NITRILE GLOV MIS BLUE/M	220	NORDITROPIN INJ 30/3ML	200
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<i>perphenazine-amitriptyline tab 4-25 mg</i>	259	<i>phenobarbital tab 97.2 mg</i>	213
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PERTZYE CAP 4000UNIT	197	<i>phenylephrine-brompheniramine-dm liquid 2.5-1-5 mg/5ml</i>	175
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<i>phenazopyridine hcl tab 200 mg</i>	208	<i>pilocarpine hcl ophth soln 2%</i>	247
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PHENERGAN INJ 50MG/ML	109	<i>pimozide tab 1 mg</i>	261
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		<i>mg/0.5ml</i>	234

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<i>temozolomide cap 20 mg</i>	126	<i>testosterone td soln 30 mg/act</i>	64
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<i>timolol maleate ophth gel forming</i>		<i>tobramycin-dexamethasone ophth</i>	
<i>soln 0.5%</i>	246	<i>susp 0.3-0.1%</i>	250
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<i>timolol maleate ophth soln 0.5%</i>		<i>tolnaftate powder 1%</i>	185
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<i>tizanidine hcl cap 4 mg (base</i>		TOPICORT OIN 0.25%	190
<i>equivalent)</i>	242	TOPICORT SPR 0.25%	190
<i>tizanidine hcl cap 6 mg (base</i>		<i>topiramate cap er 24hr sprinkle 100</i>	
<i>equivalent)</i>	242	<i>mg</i>	81
<i>tizanidine hcl tab 2 mg (base</i>		<i>topiramate cap er 24hr sprinkle 150</i>	
<i>equivalent)</i>	242	<i>mg</i>	81
<i>tizanidine hcl tab 4 mg (base</i>		<i>topiramate cap er 24hr sprinkle 200</i>	
<i>equivalent)</i>	242	<i>mg</i>	81

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<i>topiramate cap er 24hr sprinkle 50 mg</i>	81
<i>topiramate sprinkle cap 15 mg</i>	81
<i>topiramate sprinkle cap 25 mg</i>	81
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TOUJEO SOLO INJ 300IU/ML	100
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<i>trazodone hcl tab 100 mg</i>	87
<i>trazodone hcl tab 150 mg</i>	88
<i>trazodone hcl tab 300 mg</i>	88
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<i>tretinoin cream 0.05%</i>	181
<i>tretinoin cream 0.1%</i>	181
<i>tretinoin gel 0.01%</i>	181

<i>tretinoin gel 0.025%</i>	181	TRIBENZOR40- TAB 10-12.5	124
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<i>0.147 mg/gm</i>	190	<i>trifluoperazine hcl tab 1 mg (base</i>	
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<i>0.025%</i>	190	<i>trifluoperazine hcl tab 10 mg (base</i>	
<i>triamcinolone acetonide cream 0.1%</i>		<i>equivalent)</i>	141
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<i>paste 0.1%</i>	238	<i>trihexyphenidyl hcl oral soln 0.4</i>	
<i>triamcinolone acetonide lotion</i>		<i>mg/ml</i>	128
<i>0.025%</i>	191	<i>trihexyphenidyl hcl tab 2 mg</i>	128
<i>triamcinolone acetonide lotion 0.1%</i>		<i>trihexyphenidyl hcl tab 5 mg</i>	129
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<i>triamcinolone acetonide nasal</i>		<i>tri-legest tab fe</i>	168
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<i>0.025%</i>	191	TRILEPTAL TAB 300MG	81
<i>triamcinolone acetonide oint 0.05%</i>		TRILEPTAL TAB 600MG	81
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<i>triamcinolone acetonide oint 0.5%</i>		<i>tri-lo- tab marzia</i>	168
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<i>trianex oin 0.05%</i>	191	TRINTELLIX TAB 20MG	88
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