July 2020

Molina Healthcare of Illinois

Preferred Drug List (Formulary)

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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
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If you need services, contact Civil Rights Coordinator. If you believe that Molina has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802
Fax: (630) 203-3993
Email: Civil.Rights@MolinaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can file a civil rights compliant with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

MOLINA HEALTHCARE
Your Extended Family.

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

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-766-5462 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-766-5462 (TTY: 711).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-766-5462 (TTY: 711).
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Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-766-5462 (TTY: 711) 번으로 전화해 주십시오.
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Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-766-5462 (TTY: 711).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-766-5462 (TTY: 711) पर कॉल करें।
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Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-766-5462 (TTY: 711).
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Molina Healthcare of Illinois Preferred Drug List (Formulary)

(07/01/2020)

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INTRODUCTION

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

This Formulary is up to date through its date of publication, July 1, 2020. Please notify Molina Healthcare of Illinois at **mhilpharmacy@molinahealthcare.com** or 1-855-866-5462 with any mistakes in the formulary.

Molina Healthcare of Illinois only covers drugs made by a manufacturer that participates in the Federal Medicaid drug rebate program. Drugs obtained through the Molina Healthcare of Illinois prescription drug benefit are covered at no cost to the member.

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

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

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

PREFACE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

GENERIC SUBSTITUTION

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

Prescription generic drugs are:

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

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

PLAN DESIGN

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

CATEGORIES OF CONSIDERATION

OPIOID ANALGESICS, BENZODIAZEPINES, MUSCLE RELAXANTS

- All Opioid Analgesics are subject to a Morphine Equivalent Dose of 90 mg per day, Acute Pain Duration Limits, and ER Opioid Step Therapy.
- Concurrent use of Opioid Analgesics, Benzodiazepines, and/or Muscle Relaxants may be subject to clinical review.

NON-COVERED MEDICATIONS

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

- Appetite Suppressants / Anorexiants for weight loss
- Drugs for Cosmetic Purposes
- Drugs to treat infertility
- Drugs to treat erectile dysfunction
- Experimental or Investigational Medications
- Convenience Dosage Forms not listed on the Formulary
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related or similar drugs (frequently referred to as “DESI 5 and 6” drugs)

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (855) 365-8112. The forms may be obtained by logging into the website **www.molinahealthcare.com**. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from MHIL Pharmacy Department, please provide clinical documentation with the Prior Authorization request. The following are examples:

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

LEGEND

AGE	Age Limit
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy

Preferred	Preferred product, may require Prior Authorization
Non-preferred	Non-Preferred product, requires Prior Authorization and documentation of medical necessity

URGENT AND AFTER-HOURS MEDICATION POLICY

To prevent a member's condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before prior authorization may be obtained from Molina Healthcare. (e.g., a member is discharged from a hospital after regular business hours with a special antibiotic prescription). Pharmacies are instructed to use their professional judgment. Molina Healthcare will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may contact CVS Caremark Help Desk at (800) 364-6331 to obtain an override for a 72-hour supply.

Pharmacies may call Molina Healthcare at (855) 866-5462 on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

NOTICE

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

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AMPHETAMINES

Drug Name	Drug Tier	Requirements/Limits
ADDERALL TAB 5MG	Non Preferred	QL (3 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
ADDERALL TAB 7.5MG	Non Preferred	QL (5 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
ADDERALL TAB 10MG	Non Preferred	QL (3 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
ADDERALL TAB 12.5MG	Non Preferred	QL (3 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
ADDERALL TAB 15MG	Non Preferred	QL (3 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
ADDERALL TAB 20MG	Non Preferred	QL (3 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
ADDERALL TAB 30MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
ADDERALL XR CAP 5MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
ADDERALL XR CAP 10MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
ADDERALL XR CAP 15MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
ADDERALL XR CAP 20MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
ADDERALL XR CAP 25MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
ADDERALL XR CAP 30MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
ADZENYS ER SUS 1.25MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
ADZENYS XR TAB 3.1MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADZENYS XR TAB 6.3MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADZENYS XR TAB 9.4MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADZENYS XR TAB 12.5MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADZENYS XR TAB 15.7 MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADZENYS XR TAB 18.8MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
amphetamine extended release susp 1.25 mg/ml	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
amphetamine sulfate tab 5 mg (generic of EVEKEO)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
amphetamine sulfate tab 10 mg (generic of EVEKEO)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)	Preferred	QL (5 ea per day); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)	Preferred	QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
DESOXYN TAB 5MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
DEXEDRINE CAP 5MG CR	Non Preferred	QL (4 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
DEXEDRINE CAP 10MG CR	Non Preferred	QL (4 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
DEXEDRINE CAP 15MG CR	Non Preferred	QL (2 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
dextroamphetamine sulfate cap er 24hr 5 mg (generic of DEXEDRINE)	Non Preferred	QL (4 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
dextroamphetamine sulfate cap er 24hr 10 mg (generic of DEXEDRINE)	Non Preferred	QL (4 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
dextroamphetamine sulfate cap er 24hr 15 mg (generic of DEXEDRINE)	Non Preferred	QL (2 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
dextroamphetamine sulfate oral solution 5 mg/5ml	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
dextroamphetamine sulfate tab 5 mg	Non Preferred	QL (6 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
dextroamphetamine sulfate tab 10 mg	Non Preferred	QL (6 ea per day), PA; AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
DYANAVEL XR SUS 2.5MG/ML	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
EVEKEO ODT TAB 5MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
EVEKEO ODT TAB 10MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
EVEKEO ODT TAB 15MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
EVEKEO ODT TAB 20MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
EVEKEO TAB 5MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
EVEKEO TAB 10MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methamphetamine hcl tab 5 mg (generic of DESOXYN)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
MYDAYIS CAP 12.5MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
MYDAYIS CAP 25MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
MYDAYIS CAP 37.5MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
MYDAYIS CAP 50MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
procentra sol 5mg/5ml	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
VYVANSE CAP 10MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CAP 20MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CAP 30MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CAP 40MG	Preferred	AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 50MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CAP 60MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CAP 70MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 10MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 20MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 30MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 40MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 50MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 60MG	Preferred	AGE (Min age 6 years and Max age 18 years)
zenzedi tab 2.5mg	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
zenzedi tab 5mg	Non Preferred	QL (6 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
zenzedi tab 7.5mg	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
zenzedi tab 10mg	Non Preferred	QL (6 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
zenzedi tab 15mg	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
zenzedi tab 20mg	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
zenzedi tab 30mg	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

ANALEPTICS

Drug Name	Drug Tier	Requirements/Limits
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	Preferred	QL (120 mL in lifetime); AGE (Max age 1 year)

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

Drug Name	Drug Tier	Requirements/Limits

Drug Name	Drug Tier	Requirements/Limits
atomoxetine hcl cap 10 mg (base equiv) (generic of STRATTERA)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 18 mg (base equiv) (generic of STRATTERA)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 25 mg (base equiv) (generic of STRATTERA)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 40 mg (base equiv) (generic of STRATTERA)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 60 mg (base equiv) (generic of STRATTERA)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 80 mg (base equiv) (generic of STRATTERA)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 100 mg (base equiv) (generic of STRATTERA)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
clonidine hcl tab er 12hr 0.1 mg (generic of KAPVAY)	Preferred	AGE (Min age 6 years and Max age 18 years)
guanfacine hcl tab er 24hr 1 mg (base equiv) (generic of INTUNIV)	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
guanfacine hcl tab er 24hr 2 mg (base equiv) (generic of INTUNIV)	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
guanfacine hcl tab er 24hr 3 mg (base equiv) (generic of INTUNIV)	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
guanfacine hcl tab er 24hr 4 mg (base equiv) (generic of INTUNIV)	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
INTUNIV TAB 1MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
INTUNIV TAB 2MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
INTUNIV TAB 3MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
INTUNIV TAB 4MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
STRATTERA CAP 10MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
STRATTERA CAP 18MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
STRATTERA CAP 25MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
STRATTERA CAP 40MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
STRATTERA CAP 60MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
STRATTERA CAP 80MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
STRATTERA CAP 100MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)

DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)

Drug Name	Drug Tier	Requirements/Limits
SUNOSI TAB 75MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
SUNOSI TAB 150MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS

Drug Name	Drug Tier	Requirements/Limits
WAKIX TAB 4.45MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
WAKIX TAB 17.8MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

STIMULANTS - MISC.

Drug Name	Drug Tier	Requirements/Limits
ADHANSIA XR CAP 25MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADHANSIA XR CAP 35MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
ADHANSIA XR CAP 45MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADHANSIA XR CAP 55MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADHANSIA XR CAP 70MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADHANSIA XR CAP 85MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 10MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 15MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 20MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 30MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 40MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 50MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 60MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
armodafinil tab 50 mg (generic of NUVIGIL)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 17 years)
armodafinil tab 150 mg (generic of NUVIGIL)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 17 years)
armodafinil tab 200 mg (generic of NUVIGIL)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 17 years)
armodafinil tab 250 mg (generic of NUVIGIL)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 17 years)
CONCERTA TAB 18MG	Preferred	AGE (Min age 6 years and Max age 18 years)
CONCERTA TAB 27MG	Preferred	AGE (Min age 6 years and Max age 18 years)
CONCERTA TAB 36MG	Preferred	AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
CONCERTA TAB 54MG	Preferred	AGE (Min age 6 years and Max age 18 years)
COTEMPLA TAB 8.6MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
COTEMPLA TAB 17.3MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
COTEMPLA TAB 25.9MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
DAYTRANA DIS 10MG/9HR	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
DAYTRANA DIS 15MG/9HR	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
DAYTRANA DIS 20MG/9HR	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
DAYTRANA DIS 30MG/9HR	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
dexmethylphenidate hcl cap er 24 hr 5 mg (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
dexmethylphenidate hcl cap er 24 hr 10 mg (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
dexmethylphenidate hcl cap er 24 hr 15 mg (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
dexmethylphenidate hcl cap er 24 hr 20 mg (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
dexmethylphenidate hcl cap er 24 hr 25 mg (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
dexmethylphenidate hcl cap er 24 hr 30 mg (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
dexmethylphenidate hcl cap er 24 hr 35 mg (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
dexmethylphenidate hcl cap er 24 hr 40 mg (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl tab 2.5 mg (generic of FOCALIN)	Preferred	QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
dexmethylphenidate hcl tab 5 mg (generic of FOCALIN)	Preferred	QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
dexmethylphenidate hcl tab 10 mg (generic of FOCALIN)	Preferred	QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
FOCALIN TAB 2.5MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
FOCALIN TAB 5MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
FOCALIN TAB 10MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 5MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 10MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 15MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 20MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 25MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 30MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 35MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 40MG	Preferred	AGE (Min age 6 years and Max age 18 years)
JORNAY PM CAP 20MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
JORNAY PM CAP 40MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
JORNAY PM CAP 60MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
JORNAY PM CAP 80MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
JORNAY PM CAP 100MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
METHYLIN SOL 5MG/5ML	Non Preferred	QL (15 mL per day), PA; AGE (Min age 6 years and Max age 18 years)
METHYLIN SOL 10MG/5ML	Non Preferred	QL (30 mL per day), PA; AGE (Min age 6 years and Max age 18 years)
METHYLPHENID TAB 72MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 10 mg (cd)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 20 mg (cd)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 24hr 10 mg (la) (generic of RITALIN LA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 24hr 10 mg (xr)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 24hr 15 mg (xr)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 24hr 20 mg (la) (generic of RITALIN LA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 24hr 20 mg (xr)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 24hr 30 mg (la) (generic of RITALIN LA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 24hr 30 mg (xr)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 24hr 40 mg (la) (generic of RITALIN LA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 24hr 40 mg (xr)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 24hr 50 mg (xr)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 24hr 60 mg (la)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 24hr 60 mg (xr)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 30 mg (cd)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 40 mg (cd)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 50 mg (cd)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl cap er 60 mg (cd)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl chew tab 2.5 mg	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl chew tab 5 mg	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl chew tab 10 mg	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl soln 5 mg/5ml (generic of METHYLIN)	Non Preferred	QL (15 mL per day), PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl soln 10 mg/5ml (generic of METHYLIN)	Non Preferred	QL (30 mL per day), PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab 5 mg (generic of RITALIN)	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab 10 mg (generic of RITALIN)	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab 20 mg (generic of RITALIN)	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 10 mg	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 20 mg	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tab er 24hr 18 mg	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 24hr 27 mg	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 24hr 36 mg	Non Preferred	QL (2 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 24hr 54 mg	Non Preferred	QL (1 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
modafinil tab 100 mg (generic of PROVIGIL)	Non Preferred	QL (1 ea per day), PA; AGE (Min age 17 years)
modafinil tab 200 mg (generic of PROVIGIL)	Non Preferred	QL (2 ea per day), PA; AGE (Min age 17 years)
NUVIGIL TAB 50MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 17 years)
NUVIGIL TAB 150MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 17 years)
NUVIGIL TAB 200MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 17 years)
NUVIGIL TAB 250MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 17 years)
PROVIGIL TAB 100MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 17 years)
PROVIGIL TAB 200MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 17 years)
QUILLICHEW CHW 20MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
QUILLICHEW CHW 30MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
QUILLICHEW CHW 40MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
QUILLIVANT SUS 25MG/5ML	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
RELEXXII TAB 72MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
RITALIN LA CAP 10MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
RITALIN LA CAP 20MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
RITALIN LA CAP 30MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
RITALIN LA CAP 40MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
RITALIN TAB 5MG	Non Preferred	QL (3 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
RITALIN TAB 10MG	Non Preferred	QL (3 ea per day), PA; AGE (Min age 6 years and Max age 18 years)
RITALIN TAB 20MG	Non Preferred	QL (3 ea per day), PA; AGE (Min age 6 years and Max age 18 years)

ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

Drug Name	Drug Tier	Requirements/Limits
melatonin tab 3 mg	Preferred	OTC, QL (1 ea per day)
melatonin tab 5 mg	Preferred	OTC, QL (1 ea per day)

AMEBICIDES - DRUGS TO TREAT INFECTIONS

AMEBICIDES - DRUGS TO TREAT INFECTIONS

Drug Name	Drug Tier	Requirements/Limits
SOLOSEC GRA 2GM	Non Preferred	PA

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

Drug Name	Drug Tier	Requirements/Limits
ARIKAYCE SUS	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
BETHKIS NEB 300/4ML	Non Preferred	SP, PA
KITABIS PAK NEB 300/5ML	Preferred	SP
neomycin sulfate tab 500 mg	Preferred	
paromomycin sulfate cap 250 mg	Preferred	
TOBI NEB 300/5ML	Non Preferred	SP, PA
TOBI PODHALR CAP 28MG	Non Preferred	SP, PA
tobramycin nebu soln 300 mg/5ml (generic of KITABIS PAK)	Non Preferred	SP, PA

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

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 10/0.1ML	Preferred	SP, QL (0.072 ea per day), PA
HUMIRA INJ 10MG/0.2	Preferred	SP, QL (0.072 ea per day), PA
HUMIRA INJ 20/0.2ML	Preferred	SP, QL (0.072 ea per day), PA
HUMIRA INJ 40/0.4ML	Preferred	SP, QL (0.072 ea per day), PA
HUMIRA KIT 20MG/0.4	Preferred	SP, PA
HUMIRA KIT 40MG/0.8	Preferred	SP, PA
HUMIRA PEDIA INJ CROHNS	Preferred	SP, QL (0.072 ea per day), PA
HUMIRA PEN INJ 40/0.4ML	Preferred	SP, QL (0.072 ea per day), PA
HUMIRA PEN INJ 40MG/0.8	Preferred	SP, PA
HUMIRA PEN INJ CD/UC/HS	Preferred	SP, PA
HUMIRA PEN INJ PS/UV	Preferred	SP, PA
HUMIRA PEN KIT CD/UC/HS	Preferred	SP, PA
HUMIRA PEN KIT PS/UV	Preferred	SP, PA
SIMPONI ARIA SOL 50MG/4ML	Non Preferred	SP, PA
SIMPONI INJ 50/0.5ML	Non Preferred	SP, PA
SIMPONI INJ 100MG/ML	Non Preferred	SP, PA

ANTIRHEUMATIC - ENZYME INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
OLUMIANT TAB 1MG	Non Preferred	PA
OLUMIANT TAB 2MG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 15MG ER	Non Preferred	PA
XELJANZ TAB 5MG	Preferred	SP, PA
XELJANZ TAB 10MG	Preferred	SP, PA
XELJANZ XR TAB 11MG	Preferred	SP, PA
XELJANZ XR TAB 22MG	Preferred	PA

ANTIRHEUMATIC ANTIMETABOLITES

Drug Name	Drug Tier	Requirements/Limits
OTREXUP INJ 10MG	Non Preferred	SP, PA
OTREXUP INJ 12.5/0.4	Non Preferred	SP, PA
OTREXUP INJ 15MG	Non Preferred	SP, PA
OTREXUP INJ 17.5/0.4	Non Preferred	SP, PA
OTREXUP INJ 20MG	Non Preferred	SP, PA
OTREXUP INJ 22.5/0.4	Non Preferred	SP, PA
OTREXUP INJ 25MG	Non Preferred	SP, PA
RASUVO INJ 7.5MG	Non Preferred	SP, PA
RASUVO INJ 10MG	Non Preferred	SP, PA
RASUVO INJ 12.5MG	Non Preferred	SP, PA
RASUVO INJ 15MG	Non Preferred	SP, PA
RASUVO INJ 17.5MG	Non Preferred	SP, PA
RASUVO INJ 20MG	Non Preferred	SP, PA
RASUVO INJ 22.5MG	Non Preferred	SP, PA
RASUVO INJ 25MG	Non Preferred	SP, PA
RASUVO INJ 30MG	Non Preferred	SP, PA

GOLD COMPOUNDS

Drug Name	Drug Tier	Requirements/Limits
RIDAURA CAP 3MG	Non Preferred	PA

INTERLEUKIN-1 BLOCKERS

Drug Name	Drug Tier	Requirements/Limits

Drug Name	Drug Tier	Requirements/Limits
ARCALYST INJ 220MG	Non Preferred	SP, PA

INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)

Drug Name	Drug Tier	Requirements/Limits
KINERET INJ	Non Preferred	PA

INTERLEUKIN-1BETA BLOCKERS

Drug Name	Drug Tier	Requirements/Limits
ILARIS INJ 150MG/ML	Non Preferred	SP, PA

INTERLEUKIN-6 RECEPTOR INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA INJ 80MG/4ML	Non Preferred	SP, PA
ACTEMRA INJ 162/0.9	Non Preferred	SP, PA
ACTEMRA INJ 200/10ML	Non Preferred	SP, PA
ACTEMRA INJ 400/20ML	Non Preferred	SP, PA
ACTEMRA INJ ACTPEN	Non Preferred	SP, PA
KEVZARA INJ 150/1.14	Non Preferred	SP, PA
KEVZARA INJ 200/1.14	Non Preferred	SP, PA

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

Drug Name	Drug Tier	Requirements/Limits
ARTHROTEC 50 TAB	Non Preferred	PA
ARTHROTEC 75 TAB	Non Preferred	PA
CELEBREX CAP 50MG	Non Preferred	PA
CELEBREX CAP 100MG	Non Preferred	QL (4 ea per day), PA
CELEBREX CAP 200MG	Non Preferred	QL (2 ea per day), PA
CELEBREX CAP 400MG	Non Preferred	QL (4 ea per day), PA
celecoxib cap 50 mg (generic of CELEBREX)	Preferred	
celecoxib cap 100 mg (generic of CELEBREX)	Preferred	QL (4 ea per day)
celecoxib cap 200 mg (generic of CELEBREX)	Preferred	QL (2 ea per day)

Drug Name	Drug Tier	Requirements/Limits
celecoxib cap 400 mg (generic of CELEBREX)	Preferred	QL (4 ea per day)
DAYPRO TAB 600MG	Non Preferred	QL (3 ea per day), PA
diclofenac potassium tab 50 mg	Preferred	QL (4 ea per day)
diclofenac sodium tab delayed release 25 mg	Preferred	QL (3 ea per day)
diclofenac sodium tab delayed release 50 mg	Preferred	QL (3 ea per day)
diclofenac sodium tab delayed release 75 mg	Preferred	QL (2 ea per day)
diclofenac sodium tab er 24hr 100 mg	Preferred	QL (2 ea per day)
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (generic of ARTHROTEC 50)	Non Preferred	PA
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (generic of ARTHROTEC 75)	Non Preferred	PA
DUEXIS TAB 800-26.6	Non Preferred	PA
EC-NAPROXEN TAB 375MG	Non Preferred	QL (3 ea per day), PA
EC-NAPROXEN TAB 500MG	Non Preferred	QL (3 ea per day), PA
etodolac cap 200 mg	Preferred	
etodolac cap 300 mg	Preferred	
etodolac tab 400 mg (generic of LODINE)	Preferred	QL (3 ea per day)
etodolac tab 500 mg	Preferred	QL (3 ea per day)
etodolac tab er 24hr 400 mg	Preferred	
etodolac tab er 24hr 500 mg	Preferred	
etodolac tab er 24hr 600 mg	Preferred	
FELDENE CAP 10MG	Non Preferred	QL (4 ea per day), PA
FELDENE CAP 20MG	Non Preferred	QL (2 ea per day), PA
fenoprofen calcium cap 400 mg	Non Preferred	PA
fenoprofen calcium tab 600 mg	Non Preferred	PA
flurbiprofen tab 50 mg	Preferred	QL (4 ea per day)
flurbiprofen tab 100 mg	Preferred	QL (4 ea per day)
ibuprofen cap 200 mg	Preferred	OTC
ibuprofen chew tab 100 mg	Preferred	OTC
ibuprofen susp 40 mg/ml	Preferred	OTC
ibuprofen susp 100 mg/5ml	Preferred	OTC, QL (160 mL per day)

Drug Name	Drug Tier	Requirements/Limits
ibuprofen susp 100 mg/5ml	Non Preferred	QL (160 mL per day), PA
ibuprofen tab 100 mg	Preferred	OTC
ibuprofen tab 200 mg	Preferred	OTC
ibuprofen tab 400 mg	Preferred	QL (4 ea per day)
ibuprofen tab 600 mg	Preferred	QL (4 ea per day)
ibuprofen tab 800 mg	Preferred	QL (4 ea per day)
INDOCIN SUP 50MG	Non Preferred	PA
INDOCIN SUS 25MG/5ML	Non Preferred	PA
indomethacin cap 25 mg	Preferred	QL (4 ea per day)
indomethacin cap 50 mg	Preferred	QL (4 ea per day)
indomethacin cap er 75 mg	Preferred	
ketoprofen cap 50 mg	Preferred	
ketoprofen cap 75 mg	Preferred	
ketoprofen cap er 24hr 200 mg	Non Preferred	PA
ketorolac tromethamine tab 10 mg	Preferred	QL (4 ea per day)
meclofenamate sodium cap 50 mg	Non Preferred	PA
meclofenamate sodium cap 100 mg	Non Preferred	PA
mefenamic acid cap 250 mg	Non Preferred	PA
meloxicam tab 7.5 mg (generic of MOBIC)	Preferred	QL (2 ea per day)
meloxicam tab 15 mg (generic of MOBIC)	Preferred	QL (1 ea per day)
MOBIC TAB 7.5MG	Non Preferred	QL (2 ea per day), PA
MOBIC TAB 15MG	Non Preferred	QL (1 ea per day), PA
nabumetone tab 500 mg	Preferred	QL (4 ea per day)
nabumetone tab 750 mg	Preferred	QL (4 ea per day)
NALFON CAP 400MG	Non Preferred	PA
NALFON TAB 600MG	Non Preferred	PA
NAPRELAN TAB 375MG CR	Non Preferred	PA
NAPRELAN TAB 500MG CR	Non Preferred	PA
NAPRELAN TAB 750MG CR	Non Preferred	PA
naproxen dr tab 375mg (generic of EC-NAPROSYN)	Preferred	QL (3 ea per day)
naproxen dr tab 500mg (generic of EC-NAPROXEN)	Preferred	QL (3 ea per day)

Drug Name	Drug Tier	Requirements/Limits
naproxen sodium tab 220 mg	Preferred	OTC
naproxen sodium tab 275 mg	Preferred	
naproxen sodium tab 550 mg (generic of ANAPROX DS)	Preferred	
naproxen sodium tab er 24hr 375 mg (base equiv) (generic of NAPRELAN)	Non Preferred	PA
naproxen sodium tab er 24hr 500 mg (base equiv) (generic of NAPRELAN)	Non Preferred	PA
naproxen susp 125 mg/5ml (generic of NAPROSYN)	Preferred	QL (100 mL per day)
naproxen tab 250 mg (generic of NAPROSYN)	Preferred	QL (3 ea per day)
naproxen tab 375 mg	Preferred	QL (3 ea per day)
naproxen tab 500 mg	Preferred	QL (3 ea per day)
naproxen-esomeprazole magnesium tab dr 375-20 mg (generic of VIMOVO)	Non Preferred	PA
naproxen-esomeprazole magnesium tab dr 500-20 mg (generic of VIMOVO)	Non Preferred	PA
oxaprozin tab 600 mg (generic of DAYPRO)	Non Preferred	QL (3 ea per day), PA
piroxicam cap 10 mg (generic of FELDENE)	Non Preferred	QL (4 ea per day), PA
piroxicam cap 20 mg (generic of FELDENE)	Non Preferred	QL (2 ea per day), PA
QMIIZ ODT TAB 7.5MG	Non Preferred	PA
QMIIZ ODT TAB 15 MG	Non Preferred	PA
RELAFEN DS TAB 1000MG	Non Preferred	PA
SPRIX SPR 15.75MG	Non Preferred	PA
sulindac tab 150 mg	Preferred	QL (3 ea per day)
sulindac tab 200 mg	Preferred	QL (3 ea per day)
tolmetin sodium cap 400 mg	Non Preferred	PA
tolmetin sodium tab 600 mg	Non Preferred	PA
VIMOVO TAB 375-20MG	Non Preferred	PA
VIMOVO TAB 500-20MG	Non Preferred	PA
VIVLODEX CAP 5MG	Non Preferred	PA
VIVLODEX CAP 10MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ZIPSOR CAP 25MG	Non Preferred	PA
ZORVOLEX CAP 18MG	Non Preferred	PA
ZORVOLEX CAP 35MG	Non Preferred	PA

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 10/20/30	Non Preferred	SP, PA
OTEZLA TAB 30MG	Non Preferred	SP, PA

PYRIMIDINE SYNTHESIS INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
ARAVA TAB 10MG	Non Preferred	QL (1 ea per day), PA
ARAVA TAB 20MG	Non Preferred	QL (1 ea per day), PA
leflunomide tab 10 mg (generic of ARAVA)	Preferred	QL (1 ea per day)
leflunomide tab 20 mg (generic of ARAVA)	Preferred	QL (1 ea per day)

SELECTIVE COSTIMULATION MODULATORS

Drug Name	Drug Tier	Requirements/Limits
ORENCIA CLCK INJ 125MG/ML	Non Preferred	SP, PA
ORENCIA INJ 50/0.4	Non Preferred	SP, PA
ORENCIA INJ 87.5/0.7	Non Preferred	SP, PA
ORENCIA INJ 125MG/ML	Non Preferred	SP, PA
ORENCIA INJ 250MG	Non Preferred	SP, PA

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 25/0.5ML	Preferred	SP, PA
ENBREL INJ 25MG	Preferred	SP, PA
ENBREL INJ 50MG/ML	Preferred	SP, PA
ENBREL MINI INJ 50MG/ML	Preferred	SP, PA
ENBREL SRCLK INJ 50MG/ML	Preferred	SP, PA

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
ALLZITAL TAB 25-325MG	Non Preferred	PA
bupap tab 50-300mg	Preferred	
BUT/ASA/CAF TAB	Preferred	

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen cap 50-300 mg (generic of BUTALBITAL/ACETAMINOPHEN)	Non Preferred	PA
butalbital-acetaminophen tab 50-300 mg	Preferred	
butalbital-acetaminophen tab 50-325 mg	Preferred	QL (10 ea per day)
butalbital-acetaminophen-caffeine cap 50-300-40 mg (generic of FIORICET)	Preferred	
butalbital-acetaminophen-caffeine cap 50-325-40 mg	Preferred	QL (2 ea per day)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)	Preferred	QL (6 ea per day)
butalbital-aspirin-caffeine cap 50-325-40 mg (generic of FIORINAL)	Preferred	
ESGIC TAB	Non Preferred	QL (6 ea per day), PA
FIORICET CAP	Non Preferred	PA
FIORINAL CAP	Non Preferred	PA
VANATOL LQ SOL	Non Preferred	PA
VANATOL S SOL	Non Preferred	PA
vtol lq sol	Non Preferred	PA

ANALGESICS OTHER

Drug Name	Drug Tier	Requirements/Limits
acetaminophen cap 500 mg	Preferred	OTC, QL (8 ea per day)
acetaminophen chew tab 80 mg	Preferred	OTC, QL (6 ea per day)
acetaminophen chew tab 160 mg	Preferred	OTC, QL (6 ea per day)
acetaminophen disintegrating tab 80 mg	Preferred	OTC, QL (50 ea per day)
acetaminophen disintegrating tab 160 mg	Preferred	OTC, QL (25 ea per day)
acetaminophen liquid 160 mg/5ml	Preferred	OTC
acetaminophen liquid 167 mg/5ml	Preferred	OTC
acetaminophen soln 160 mg/5ml	Preferred	OTC
acetaminophen suppos 120 mg	Preferred	OTC, QL (34 ea per day)
acetaminophen suppos 650 mg	Preferred	OTC, QL (6 ea per day)
acetaminophen susp 160 mg/5ml	Preferred	OTC
acetaminophen tab 325 mg	Preferred	OTC, QL (12 ea per day)
acetaminophen tab 500 mg	Preferred	OTC, QL (8 ea per day)
acetaminophen tab er 650 mg	Preferred	OTC, QL (6 ea per day)
FEVERALL INF SUP 80MG	Preferred	OTC, QL (50 ea per day)

SALICYLATES

Drug Name	Drug Tier	Requirements/Limits
aspirin chew tab 81 mg	Preferred	OTC
aspirin tab 325 mg	Preferred	OTC
aspirin tab delayed release 81 mg	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
aspirin tab delayed release 325 mg	Preferred	OTC
diflunisal tab 500 mg	Preferred	
salsalate tab 500 mg	Preferred	QL (4 ea per day)
salsalate tab 750 mg	Preferred	QL (4 ea per day)

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

Drug Name	Drug Tier	Requirements/Limits
ABSTRAL SUB 400MCG	Non Preferred	PA
ABSTRAL SUB 600MCG	Non Preferred	PA
ABSTRAL SUB 800MCG	Non Preferred	PA
ACTIQ LOZ 200MCG	Non Preferred	PA
ACTIQ LOZ 400MCG	Non Preferred	PA
ACTIQ LOZ 600MCG	Non Preferred	PA
ACTIQ LOZ 800MCG	Non Preferred	PA
ACTIQ LOZ 1200MCG	Non Preferred	PA
ACTIQ LOZ 1600MCG	Non Preferred	PA
ARYMO ER TAB 15MG	Non Preferred	PA
ARYMO ER TAB 30MG	Non Preferred	PA
ARYMO ER TAB 60MG	Non Preferred	PA
CODEINE SULF TAB 15MG	Preferred	QL (12 ea per day)
CODEINE SULF TAB 30MG	Preferred	QL (12 ea per day); AGE (Min age 18 years)
CODEINE SULF TAB 60MG	Preferred	QL (8 ea per day); AGE (Min age 18 years)
codeine sulfate tab 30 mg (generic of CODEINE SULFATE)	Preferred	QL (12 ea per day); AGE (Min age 18 years)
CONZIP CAP 100MG	Non Preferred	PA; AGE (Min age 18 years)
CONZIP CAP 200MG	Non Preferred	PA; AGE (Min age 18 years)
CONZIP CAP 300MG	Non Preferred	PA; AGE (Min age 18 years)
DILAUDID LIQ 1MG/ML	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
DILAUDID TAB 2MG	Non Preferred	QL (12 ea per day), PA
DILAUDID TAB 4MG	Non Preferred	QL (12 ea per day), PA
DILAUDID TAB 8MG	Non Preferred	QL (12 ea per day), PA
DOLOPHINE TAB 5MG	Non Preferred	PA
DOLOPHINE TAB 10MG	Non Preferred	PA
DURAGESIC DIS 12MCG/HR	Non Preferred	QL (0.334 ea per day), PA
DURAGESIC DIS 25MCG/HR	Non Preferred	QL (0.334 ea per day), PA
DURAGESIC DIS 50MCG/HR	Non Preferred	QL (0.334 ea per day), PA
DURAGESIC DIS 75MCG/HR	Non Preferred	QL (0.334 ea per day), PA
DURAGESIC DIS 100MCG/H	Non Preferred	QL (0.334 ea per day), PA
fentanyl citrate buccal tab 100 mcg (base equiv)	Non Preferred	PA
fentanyl citrate buccal tab 200 mcg (base equiv)	Non Preferred	PA
fentanyl citrate buccal tab 400 mcg (base equiv)	Non Preferred	PA
fentanyl citrate buccal tab 600 mcg (base equiv)	Non Preferred	PA
fentanyl citrate buccal tab 800 mcg (base equiv)	Non Preferred	PA
fentanyl citrate lozenge on a handle 200 mcg (generic of ACTIQ)	Non Preferred	PA
fentanyl citrate lozenge on a handle 400 mcg (generic of ACTIQ)	Non Preferred	PA
fentanyl citrate lozenge on a handle 600 mcg (generic of ACTIQ)	Non Preferred	PA
fentanyl citrate lozenge on a handle 800 mcg (generic of ACTIQ)	Non Preferred	PA
fentanyl citrate lozenge on a handle 1200 mcg (generic of ACTIQ)	Non Preferred	PA
fentanyl citrate lozenge on a handle 1600 mcg (generic of ACTIQ)	Non Preferred	PA
fentanyl td patch 72hr 12 mcg/hr (generic of DURAGESIC)	Non Preferred	QL (0.334 ea per day), PA
fentanyl td patch 72hr 25 mcg/hr (generic of DURAGESIC)	Non Preferred	QL (0.334 ea per day), PA
fentanyl td patch 72hr 37.5 mcg/hr	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
fentanyl td patch 72hr 50 mcg/hr (generic of DURAGESIC)	Non Preferred	QL (0.334 ea per day), PA
fentanyl td patch 72hr 62.5 mcg/hr	Non Preferred	PA
fentanyl td patch 72hr 75 mcg/hr (generic of DURAGESIC)	Non Preferred	QL (0.334 ea per day), PA
fentanyl td patch 72hr 87.5 mcg/hr	Non Preferred	PA
fentanyl td patch 72hr 100 mcg/hr (generic of DURAGESIC)	Non Preferred	QL (0.334 ea per day), PA
FENTORA TAB 100MCG	Non Preferred	PA
FENTORA TAB 200MCG	Non Preferred	PA
FENTORA TAB 400MCG	Non Preferred	PA
FENTORA TAB 600MCG	Non Preferred	PA
FENTORA TAB 800MCG	Non Preferred	PA
HYDROCODONE BITARTRATE CAP ER 12HR ABUSE-DETERRENT 10 MG	Non Preferred	PA
HYDROCODONE BITARTRATE CAP ER 12HR ABUSE-DETERRENT 15 MG	Non Preferred	PA
hydrocodone bitartrate cap er 12hr abuse-deterrent 20 mg (generic of ZOHYDRO ER)	Non Preferred	PA
HYDROCODONE BITARTRATE CAP ER 12HR ABUSE-DETERRENT 30 MG	Non Preferred	PA
HYDROCODONE BITARTRATE CAP ER 12HR ABUSE-DETERRENT 40 MG	Non Preferred	PA
HYDROCODONE BITARTRATE CAP ER 12HR ABUSE-DETERRENT 50 MG	Non Preferred	PA
HYDROMORPHON SUP 3MG	Preferred	QL (3 ea per day)
hydromorphone hcl liqd 1 mg/ml (generic of DILAUDID)	Preferred	
hydromorphone hcl tab 2 mg (generic of DILAUDID)	Preferred	QL (12 ea per day)
hydromorphone hcl tab 4 mg (generic of DILAUDID)	Preferred	QL (12 ea per day)
hydromorphone hcl tab 8 mg (generic of DILAUDID)	Preferred	QL (12 ea per day)
hydromorphone hcl tab er 24hr deter 8 mg	Non Preferred	PA
hydromorphone hcl tab er 24hr deter 12 mg	Non Preferred	PA
hydromorphone hcl tab er 24hr deter 16 mg	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl tab er 24hr deter 32 mg	Non Preferred	PA
HYSINGLA ER TAB 20 MG	Non Preferred	PA
HYSINGLA ER TAB 30 MG	Non Preferred	PA
HYSINGLA ER TAB 40 MG	Non Preferred	PA
HYSINGLA ER TAB 60 MG	Non Preferred	PA
HYSINGLA ER TAB 80 MG	Non Preferred	PA
HYSINGLA ER TAB 100 MG	Non Preferred	PA
HYSINGLA ER TAB 120 MG	Non Preferred	PA
KADIAN CAP 10MG ER	Non Preferred	PA
KADIAN CAP 20MG ER	Non Preferred	PA
KADIAN CAP 30MG ER	Non Preferred	PA
KADIAN CAP 40MG ER	Non Preferred	PA
KADIAN CAP 50MG ER	Non Preferred	PA
KADIAN CAP 60MG ER	Non Preferred	PA
KADIAN CAP 80MG ER	Non Preferred	PA
KADIAN CAP 100MG ER	Non Preferred	PA
KADIAN CAP 200MG ER	Non Preferred	PA
levorphanol tartrate tab 2 mg	Non Preferred	PA
levorphanol tartrate tab 3 mg	Non Preferred	PA
meperidine hcl oral soln 50 mg/5ml	Non Preferred	QL (500 mL / 25 days), PA; AGE (Max age 64 years)
meperidine hcl tab 50 mg	Non Preferred	QL (10 ea per day), PA; AGE (Max age 64 years)
meperidine hcl tab 100 mg	Non Preferred	QL (8 ea per day), PA; AGE (Max age 64 years)
methadone hcl conc 10 mg/ml (generic of METHADOSE)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
methadone hcl soln 5 mg/5ml	Non Preferred	PA
methadone hcl soln 10 mg/5ml	Non Preferred	PA
methadone hcl tab 5 mg (generic of DOLOPHINE)	Non Preferred	PA
methadone hcl tab 10 mg (generic of DOLOPHINE)	Non Preferred	PA
methadone hcl tab for oral susp 40 mg	Non Preferred	PA
METHADOSE CON 10MG/ML	Non Preferred	PA
METHADOSE SF CON 10MG/ML	Non Preferred	PA
methadose tab 40mg	Non Preferred	PA
morphine sulfate beads cap er 24hr 30 mg	Non Preferred	PA
morphine sulfate beads cap er 24hr 45 mg	Non Preferred	PA
morphine sulfate beads cap er 24hr 60 mg	Non Preferred	PA
morphine sulfate beads cap er 24hr 75 mg	Non Preferred	PA
morphine sulfate beads cap er 24hr 90 mg	Non Preferred	PA
morphine sulfate beads cap er 24hr 120 mg	Non Preferred	PA
morphine sulfate cap er 24hr 10 mg (generic of KADIAN)	Non Preferred	PA
morphine sulfate cap er 24hr 20 mg (generic of KADIAN)	Non Preferred	PA
morphine sulfate cap er 24hr 30 mg (generic of KADIAN)	Non Preferred	PA
morphine sulfate cap er 24hr 40 mg (generic of KADIAN)	Non Preferred	PA
morphine sulfate cap er 24hr 50 mg (generic of KADIAN)	Non Preferred	PA
morphine sulfate cap er 24hr 60 mg (generic of KADIAN)	Non Preferred	PA
morphine sulfate cap er 24hr 80 mg (generic of KADIAN)	Non Preferred	PA
morphine sulfate cap er 24hr 100 mg (generic of KADIAN)	Non Preferred	PA
morphine sulfate oral soln 10 mg/5ml	Preferred	
morphine sulfate oral soln 20 mg/5ml	Preferred	

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	Preferred	
morphine sulfate suppos 5 mg	Preferred	
morphine sulfate suppos 10 mg	Preferred	
morphine sulfate suppos 20 mg	Preferred	
morphine sulfate suppos 30 mg	Preferred	
morphine sulfate tab 15 mg	Preferred	QL (3 ea per day)
morphine sulfate tab 30 mg	Preferred	QL (3 ea per day)
morphine sulfate tab er 15 mg (generic of MS CONTIN)	Preferred	QL (3 ea per day), PA
morphine sulfate tab er 30 mg (generic of MS CONTIN)	Preferred	QL (3 ea per day), PA
morphine sulfate tab er 60 mg (generic of MS CONTIN)	Preferred	QL (3 ea per day), PA
morphine sulfate tab er 100 mg (generic of MS CONTIN)	Preferred	QL (3 ea per day), PA
morphine sulfate tab er 200 mg (generic of MS CONTIN)	Preferred	QL (3 ea per day), PA
MS CONTIN TAB 15MG ER	Non Preferred	QL (3 ea per day), PA
MS CONTIN TAB 30MG ER	Non Preferred	QL (3 ea per day), PA
MS CONTIN TAB 60MG ER	Non Preferred	QL (3 ea per day), PA
MS CONTIN TAB 100MG ER	Non Preferred	QL (3 ea per day), PA
MS CONTIN TAB 200MG ER	Non Preferred	QL (3 ea per day), PA
NUCYNTA ER TAB 50MG	Non Preferred	PA
NUCYNTA ER TAB 100MG	Non Preferred	PA
NUCYNTA ER TAB 150MG	Non Preferred	PA
NUCYNTA ER TAB 200MG	Non Preferred	PA
NUCYNTA ER TAB 250MG	Non Preferred	PA
NUCYNTA TAB 50MG	Non Preferred	PA
NUCYNTA TAB 75MG	Non Preferred	PA
NUCYNTA TAB 100MG	Non Preferred	PA
OXAYDO TAB 5MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
OXAYDO TAB 7.5MG	Non Preferred	PA
oxycodone hcl cap 5 mg	Preferred	QL (6 ea per day)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	Preferred	QL (10 mL per day)
oxycodone hcl soln 5 mg/5ml	Preferred	
oxycodone hcl tab 5 mg (generic of ROXICODONE)	Preferred	
oxycodone hcl tab 10 mg	Preferred	
oxycodone hcl tab 15 mg (generic of ROXICODONE)	Preferred	
oxycodone hcl tab 20 mg	Preferred	
oxycodone hcl tab 30 mg (generic of ROXICODONE)	Preferred	
oxycodone hcl tab er 12hr deter 10 mg	Non Preferred	PA
oxycodone hcl tab er 12hr deter 15 mg	Non Preferred	PA
oxycodone hcl tab er 12hr deter 20 mg	Non Preferred	PA
oxycodone hcl tab er 12hr deter 30 mg	Non Preferred	PA
oxycodone hcl tab er 12hr deter 40 mg	Non Preferred	PA
oxycodone hcl tab er 12hr deter 60 mg	Non Preferred	PA
oxycodone hcl tab er 12hr deter 80 mg	Non Preferred	PA
OXYCONTIN TAB 10MG CR	Non Preferred	PA
OXYCONTIN TAB 15MG CR	Non Preferred	PA
OXYCONTIN TAB 20MG CR	Non Preferred	PA
OXYCONTIN TAB 30MG CR	Non Preferred	PA
OXYCONTIN TAB 40MG CR	Non Preferred	PA
OXYCONTIN TAB 60MG CR	Non Preferred	PA
OXYCONTIN TAB 80MG CR	Non Preferred	PA
oxymorphone hcl tab 5 mg	Non Preferred	PA
oxymorphone hcl tab 10 mg (generic of OPANA)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
oxymorphone hcl tab er 12hr 5 mg	Non Preferred	PA
oxymorphone hcl tab er 12hr 7.5 mg	Non Preferred	PA
oxymorphone hcl tab er 12hr 10 mg	Non Preferred	PA
oxymorphone hcl tab er 12hr 15 mg	Non Preferred	PA
oxymorphone hcl tab er 12hr 20 mg	Non Preferred	PA
oxymorphone hcl tab er 12hr 30 mg	Non Preferred	PA
oxymorphone hcl tab er 12hr 40 mg	Non Preferred	PA
ROXICODONE TAB 5MG	Non Preferred	PA
ROXICODONE TAB 15MG	Non Preferred	PA
ROXICODONE TAB 30MG	Non Preferred	PA
tramadol hcl cap er 24hr biphasic release 100 mg	Non Preferred	PA; AGE (Min age 18 years)
tramadol hcl cap er 24hr biphasic release 200 mg	Non Preferred	PA; AGE (Min age 18 years)
tramadol hcl cap er 24hr biphasic release 300 mg	Non Preferred	PA; AGE (Min age 18 years)
tramadol hcl tab 50 mg (generic of ULTRAM)	Preferred	QL (8 ea per day); AGE (Min age 18 years)
tramadol hcl tab 100 mg	Non Preferred	PA; AGE (Min age 18 years)
tramadol hcl tab er 24hr 100 mg	Non Preferred	PA; AGE (Min age 18 years)
tramadol hcl tab er 24hr 200 mg	Non Preferred	PA; AGE (Min age 18 years)
tramadol hcl tab er 24hr 300 mg	Non Preferred	PA; AGE (Min age 18 years)
tramadol hcl tab er 24hr biphasic release 100 mg	Non Preferred	PA; AGE (Min age 18 years)
tramadol hcl tab er 24hr biphasic release 200 mg	Non Preferred	PA; AGE (Min age 18 years)
tramadol hcl tab er 24hr biphasic release 300 mg	Non Preferred	PA; AGE (Min age 18 years)
ULTRAM TAB 50MG	Non Preferred	QL (8 ea per day), PA; AGE (Min age 18 years)
XTAMPZA ER CAP 9MG	Non Preferred	PA
XTAMPZA ER CAP 13.5MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 18MG	Non Preferred	PA
XTAMPZA ER CAP 27MG	Non Preferred	PA
XTAMPZA ER CAP 36MG	Non Preferred	PA
ZOHYDRO ER CAP 10MG	Non Preferred	PA
ZOHYDRO ER CAP 15MG	Non Preferred	PA
ZOHYDRO ER CAP 20MG	Non Preferred	PA
ZOHYDRO ER CAP 30MG	Non Preferred	PA
ZOHYDRO ER CAP 40MG	Non Preferred	PA
ZOHYDRO ER CAP 50MG	Non Preferred	PA

OPIOID COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
acetaminophen w/ codeine soln 120-12 mg/5ml	Preferred	QL (3750 mL / 25 days); AGE (Min age 18 years)
acetaminophen w/ codeine tab 300-15 mg	Preferred	QL (6 ea per day); AGE (Min age 18 years)
acetaminophen w/ codeine tab 300-30 mg (generic of TYLENOL/CODEINE #3)	Preferred	QL (6 ea per day); AGE (Min age 18 years)
acetaminophen w/ codeine tab 300-60 mg	Preferred	QL (6 ea per day); AGE (Min age 18 years)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	Non Preferred	PA
APADAZ TAB 4.08-325	Non Preferred	PA
APADAZ TAB 6.12-325	Non Preferred	PA
APADAZ TAB 8.16-325	Non Preferred	PA
ascomp/cod cap 30mg (generic of FIORINAL/CODEINE #3)	Preferred	AGE (Min age 18 years)
BENZHY/ACETA TAB 4.08-325	Non Preferred	PA
BENZHY/ACETA TAB 6.12-325	Non Preferred	PA
BENZHY/ACETA TAB 8.16-325	Non Preferred	PA
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	Non Preferred	PA; AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	Non Preferred	QL (8 ea per day), PA; AGE (Min age 18 years)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (generic of FIORINAL/CODEINE #3)	Preferred	AGE (Min age 18 years)
endocet tab 5-325mg (generic of PERCOCET)	Preferred	QL (8 ea per day)
endocet tab 7.5-325 (generic of PERCOCET)	Preferred	QL (6 ea per day)
endocet tab 10-325mg (generic of PERCOCET)	Preferred	QL (6 ea per day)
FIORINAL/COD CAP 30MG	Non Preferred	PA; AGE (Min age 18 years)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Preferred	QL (3750 mL / 25 days)
hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL)	Preferred	QL (10 ea per day)
hydrocodone-acetaminophen tab 5-325 mg (generic of HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG)	Preferred	QL (6 ea per day)
hydrocodone-acetaminophen tab 7.5-300 mg	Preferred	QL (10 ea per day)
hydrocodone-acetaminophen tab 7.5-325 mg (generic of HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG)	Preferred	QL (6 ea per day)
hydrocodone-acetaminophen tab 10-300 mg	Preferred	QL (10 ea per day)
hydrocodone-acetaminophen tab 10-325 mg (generic of HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG)	Preferred	QL (6 ea per day)
hydrocodone-ibuprofen tab 5-200 mg	Preferred	
hydrocodone-ibuprofen tab 7.5-200 mg	Preferred	QL (20 ea per day)
hydrocodone-ibuprofen tab 10-200 mg	Preferred	
LORTAB ELX 10-300MG	Non Preferred	PA
NALOCET TAB 2.5-300	Non Preferred	PA
NORCO TAB 5-325MG	Non Preferred	QL (6 ea per day), PA
NORCO TAB 7.5-325	Non Preferred	QL (6 ea per day), PA
NORCO TAB 10-325MG	Non Preferred	QL (6 ea per day), PA
oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET)	Preferred	QL (6 ea per day)
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)	Preferred	QL (8 ea per day)

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)	Preferred	QL (6 ea per day)
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)	Preferred	QL (6 ea per day)
oxycodone-aspirin tab 4.8355-325 mg	Non Preferred	QL (8 ea per day), PA
PERCOCET TAB 2.5-325	Non Preferred	QL (6 ea per day), PA
PERCOCET TAB 5-325MG	Non Preferred	QL (8 ea per day), PA
PERCOCET TAB 7.5-325	Non Preferred	QL (6 ea per day), PA
PERCOCET TAB 10-325MG	Non Preferred	QL (6 ea per day), PA
PRIMLEV TAB 5-300MG	Non Preferred	PA
PRIMLEV TAB 7.5-300	Non Preferred	PA
PRIMLEV TAB 10-300MG	Non Preferred	QL (10 ea per day), PA
PROLATE TAB 5-300MG	Non Preferred	PA
PROLATE TAB 7.5-300	Non Preferred	PA
PROLATE TAB 10-300MG	Non Preferred	QL (10 ea per day), PA
tramadol-acetaminophen tab 37.5-325 mg (generic of ULTRACET)	Non Preferred	QL (5 ea per day), PA; AGE (Min age 18 years)
TYLENOL/COD TAB #3	Non Preferred	QL (6 ea per day), PA; AGE (Min age 18 years)
ULTRACET TAB 37.5-325	Non Preferred	QL (5 ea per day), PA; AGE (Min age 18 years)

OPIOID PARTIAL AGONISTS

Drug Name	Drug Tier	Requirements/Limits
BELBUCA MIS 75MCG	Non Preferred	PA
BELBUCA MIS 150MCG	Non Preferred	PA
BELBUCA MIS 300MCG	Non Preferred	PA
BELBUCA MIS 450MCG	Non Preferred	PA
BELBUCA MIS 600MCG	Non Preferred	PA
BELBUCA MIS 750MCG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
BELBUCA MIS 900MCG	Non Preferred	PA
BUNAVAIL MIS 2.1-0.3	Preferred	QL (3 ea per day)
BUNAVAIL MIS 4.2-0.7	Preferred	QL (3 ea per day)
BUNAVAIL MIS 6.3-1MG	Preferred	QL (3 ea per day)
buprenorphine hcl sl tab 2 mg (base equiv)	Preferred	QL (3 ea per day)
buprenorphine hcl sl tab 8 mg (base equiv)	Preferred	QL (3 ea per day)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)	Preferred	QL (3 ea per day)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)	Preferred	QL (3 ea per day)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)	Preferred	QL (3 ea per day)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)	Preferred	QL (3 ea per day)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Preferred	QL (3 ea per day)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Preferred	QL (3 ea per day)
buprenorphine td patch weekly 5 mcg/hr (generic of BUTRANS)	Non Preferred	PA
buprenorphine td patch weekly 7.5 mcg/hr (generic of BUTRANS)	Non Preferred	PA
buprenorphine td patch weekly 10 mcg/hr (generic of BUTRANS)	Non Preferred	PA
buprenorphine td patch weekly 15 mcg/hr (generic of BUTRANS)	Non Preferred	PA
buprenorphine td patch weekly 20 mcg/hr (generic of BUTRANS)	Non Preferred	PA
butorphanol tartrate nasal soln 10 mg/ml	Non Preferred	PA
BUTRANS DIS 5MCG/HR	Non Preferred	PA
BUTRANS DIS 7.5/HR	Non Preferred	PA
BUTRANS DIS 10MCG/HR	Non Preferred	PA
BUTRANS DIS 15MCG/HR	Non Preferred	PA
BUTRANS DIS 20MCG/HR	Non Preferred	PA
pentazocine w/ naloxone tab 50-0.5 mg	Non Preferred	PA; AGE (Max age 64 years)
PROBUPHINE IMP KIT 74.2	Preferred	
SUBLOCADE INJ 100/0.5	Preferred	
SUBLOCADE INJ 300/1.5	Preferred	

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE MIS 2-0.5MG	Preferred	QL (3 ea per day)
SUBOXONE MIS 4-1MG	Preferred	QL (3 ea per day)
SUBOXONE MIS 8-2MG	Preferred	QL (3 ea per day)
SUBOXONE MIS 12-3MG	Preferred	QL (3 ea per day)
ZUBSOLV SUB 0.7-0.18	Preferred	QL (3 ea per day)
ZUBSOLV SUB 1.4-0.36	Preferred	QL (3 ea per day)
ZUBSOLV SUB 2.9-0.71	Preferred	QL (3 ea per day)
ZUBSOLV SUB 5.7-1.4	Preferred	QL (3 ea per day)
ZUBSOLV SUB 8.6-2.1	Preferred	QL (3 ea per day)
ZUBSOLV SUB 11.4-2.9	Preferred	QL (3 ea per day)

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

Drug Name	Drug Tier	Requirements/Limits
testosterone cypionate im inj in oil 100 mg/ml (generic of DEPO-TESTOSTERONE)	Preferred	
testosterone cypionate im inj in oil 200 mg/ml (generic of DEPO-TESTOSTERONE)	Preferred	
testosterone enanthate im inj in oil 200 mg/ml	Preferred	

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

Drug Name	Drug Tier	Requirements/Limits
colocortene 100mg (generic of CORTENEMA)	Preferred	QL (60 mL per day)
CORTENEMA ENE 100MG	Non Preferred	QL (60 mL per day), PA
CORTIFOAM AER 90MG	Non Preferred	PA
hydrocortisone enema 100 mg/60ml (generic of CORTENEMA)	Preferred	QL (60 mL per day)
UCERIS AER 2MG/ACT	Non Preferred	PA

RECTAL COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
ana-lex kit	Non Preferred	PA
LIDO-HYDRO GEL 2.8-0.55	Non Preferred	PA
lidocaine-hydrocortisone acetate perianal cream 3-0.5%	Non Preferred	PA
lidocaine-hydrocortisone acetate rectal cream kit 2-2%	Non Preferred	PA
lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%	Non Preferred	PA
lidocaine-hydrocortisone acetate rectal cream kit 3-1%	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%	Non Preferred	PA
pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%	Preferred	OTC
PROCTOFOAM AER HC 1%	Non Preferred	PA

RECTAL LOCAL ANESTHETICS

Drug Name	Drug Tier	Requirements/Limits
dibucaine perianal ointment 1%	Preferred	OTC

RECTAL STEROIDS

Drug Name	Drug Tier	Requirements/Limits
ANUSOL-HC CRE 2.5%	Non Preferred	PA
hydrocortisone perianal cream 1% (generic of PROCTOCORT)	Preferred	
hydrocortisone rectal cream 2.5% (generic of HYDROCORTISONE RECTAL CREAM 2.5%)	Preferred	

VASODILATING AGENTS

Drug Name	Drug Tier	Requirements/Limits
RECTIV OIN 0.4%	Non Preferred	PA

ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID

ANTACID COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
alum & mag hydroxide-simethicone chew tab 200-200-25 mg	Preferred	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	Preferred	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	Preferred	OTC
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	Preferred	OTC
aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml	Preferred	OTC
aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg	Preferred	OTC

ANTACIDS - BICARBONATE

Drug Name	Drug Tier	Requirements/Limits
sodium bicarbonate tab 325 mg	Preferred	OTC
sodium bicarbonate tab 650 mg	Preferred	OTC

ANTACIDS - CALCIUM SALTS

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CARB TAB 648MG	Preferred	OTC
calcium carbonate (antacid) chew tab 400 mg	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate (antacid) chew tab 500 mg	Preferred	OTC
calcium carbonate (antacid) chew tab 750 mg	Preferred	OTC
calcium carbonate (antacid) chew tab 1000 mg	Preferred	OTC
calcium carbonate (antacid) susp 1250 mg/5ml	Preferred	OTC

ANTACIDS - MAGNESIUM SALTS

Drug Name	Drug Tier	Requirements/Limits
magnesium oxide tab 400 mg	Preferred	OTC

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

Drug Name	Drug Tier	Requirements/Limits
albendazole tab 200 mg (generic of ALBENZA)	Non Preferred	PA
ALBENZA TAB 200MG	Non Preferred	PA
BENZNIDAZOLE TAB 12.5MG	Non Preferred	PA
BENZNIDAZOLE TAB 100MG	Non Preferred	PA
BILTRICIDE TAB 600MG	Non Preferred	PA
EMVERM CHW 100MG	Non Preferred	PA
ivermectin tab 3 mg (generic of STROMECTOL)	Non Preferred	QL (10 ea per day), PA
praziquantel tab 600 mg (generic of BILTRICIDE)	Preferred	
STROMECTOL TAB 3MG	Non Preferred	QL (10 ea per day), PA

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

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

Drug Name	Drug Tier	Requirements/Limits
FLAGYL CAP 375MG	Non Preferred	PA
FLAGYL TAB 250MG	Non Preferred	QL (8 ea per day), PA
FLAGYL TAB 500MG	Non Preferred	QL (4 ea per day), PA
metronidazole cap 375 mg (generic of FLAGYL)	Non Preferred	PA
metronidazole tab 250 mg (generic of FLAGYL)	Preferred	QL (8 ea per day)

Drug Name	Drug Tier	Requirements/Limits
metronidazole tab 500 mg (generic of FLAGYL)	Preferred	QL (4 ea per day)
NEBUPENT INH 300MG	Preferred	
pentamidine isethionate for nebulization soln 300 mg (generic of NEBUPENT)	Preferred	
tinidazole tab 250 mg	Non Preferred	PA
tinidazole tab 500 mg	Non Preferred	PA
trimethoprim tab 100 mg	Preferred	QL (6 ea per day)
XIFAXAN TAB 200MG	Non Preferred	PA
XIFAXAN TAB 550MG	Non Preferred	PA

ANTI-INFECTIVE MISC. - COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
BACTRIM DS TAB 800-160	Non Preferred	QL (4 ea per day), PA
BACTRIM TAB 400-80MG	Non Preferred	QL (4 ea per day), PA
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Preferred	QL (40 mL per day)
sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)	Preferred	QL (4 ea per day)
sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	Preferred	QL (4 ea per day)
sulfatrim pd sus 200-40/5	Preferred	QL (40 mL per day)

ANTIPROTOZOAL AGENTS

Drug Name	Drug Tier	Requirements/Limits
atovaquone susp 750 mg/5ml (generic of MEPRON)	Preferred	
MEPRON SUS	Non Preferred	PA

GLYCOPEPTIDES

Drug Name	Drug Tier	Requirements/Limits
FIRVANQ SOL 25MG/ML	Non Preferred	QL (40 mL per day), PA
FIRVANQ SOL 50MG/ML	Non Preferred	QL (40 mL per day), PA
VANCOCIN CAP 250MG	Non Preferred	PA
VANCOCIN HCL CAP 125MG	Non Preferred	PA
vancomycin hcl cap 125 mg (base equivalent) (generic of VANCOCIN HCL)	Preferred	
vancomycin hcl cap 250 mg (base equivalent) (generic of VANCOCIN)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN SOL 250/5ML	Preferred	QL (40 mL per day)

LEPROSTATICS

Drug Name	Drug Tier	Requirements/Limits
dapsone tab 25 mg	Preferred	QL (4 ea per day)
dapsone tab 100 mg	Preferred	QL (3 ea per day)

LINCOSAMIDES

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN CAP 75MG	Non Preferred	PA
CLEOCIN CAP 150MG	Non Preferred	QL (8 ea per day), PA
CLEOCIN CAP 300MG	Non Preferred	QL (6 ea per day), PA
CLEOCIN PED SOL 75MG/5ML	Non Preferred	PA
clindamycin hcl cap 75 mg (generic of CLEOCIN)	Preferred	
clindamycin hcl cap 150 mg (generic of CLEOCIN)	Preferred	QL (8 ea per day)
clindamycin hcl cap 300 mg (generic of CLEOCIN)	Preferred	QL (6 ea per day)
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)	Preferred	

MONOBACTAMS

Drug Name	Drug Tier	Requirements/Limits
CAYSTON INH 75MG	Non Preferred	SP, PA

OXAZOLIDINONES

Drug Name	Drug Tier	Requirements/Limits
linezolid for susp 100 mg/5ml (generic of ZYVOX)	Non Preferred	PA
linezolid tab 600 mg (generic of ZYVOX)	Non Preferred	PA
SIVEXTRO TAB 200MG	Non Preferred	PA
ZYVOX SUS 100MG/5M	Non Preferred	PA
ZYVOX TAB 600MG	Non Preferred	PA

PLEUROMUTILINS

Drug Name	Drug Tier	Requirements/Limits
XENLETA TAB 600MG	Non Preferred	PA

ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS

ANTIANGINALS-OTHER

Drug Name	Drug Tier	Requirements/Limits
RANEXA TAB 500MG	Non Preferred	QL (2 ea per day), PA
RANEXA TAB 1000MG	Non Preferred	QL (2 ea per day), PA
ranolazine tab er 12hr 500 mg (generic of RANEXA)	Non Preferred	QL (2 ea per day), PA
ranolazine tab er 12hr 1000 mg (generic of RANEXA)	Non Preferred	QL (2 ea per day), PA

NITRATES

Drug Name	Drug Tier	Requirements/Limits
DILATRATE SR CAP 40MG	Preferred	
ISORDIL TAB 5MG	Non Preferred	QL (4 ea per day), PA
ISORDIL TAB 40MG	Non Preferred	PA
isosorbide dinitrate tab 5 mg (generic of ISORDIL TITRADOSE)	Preferred	QL (4 ea per day)
isosorbide dinitrate tab 10 mg	Preferred	QL (4 ea per day)
isosorbide dinitrate tab 20 mg	Preferred	QL (6 ea per day)
isosorbide dinitrate tab 30 mg	Preferred	QL (4 ea per day)
isosorbide dinitrate tab 40 mg (generic of ISORDIL TITRADOSE)	Preferred	
isosorbide mononitrate tab 10 mg	Preferred	QL (3 ea per day)
isosorbide mononitrate tab 20 mg	Preferred	QL (2 ea per day)
isosorbide mononitrate tab er 24hr 30 mg	Preferred	QL (2 ea per day)
isosorbide mononitrate tab er 24hr 60 mg	Preferred	QL (2 ea per day)
isosorbide mononitrate tab er 24hr 120 mg	Preferred	QL (2 ea per day)
minitran dis 0.1mg/hr (generic of NITRO-DUR)	Preferred	QL (1 ea per day)
minitran dis 0.2mg/hr (generic of NITRO-DUR)	Preferred	QL (1 ea per day)
minitran dis 0.4mg/hr (generic of NITRO-DUR)	Preferred	QL (1 ea per day)
minitran dis 0.6mg/hr (generic of NITRO-DUR)	Preferred	QL (1 ea per day)
NITRO-BID OIN 2%	Preferred	
NITRO-DUR DIS 0.1MG/HR	Non Preferred	QL (1 ea per day), PA
NITRO-DUR DIS 0.2MG/HR	Non Preferred	QL (1 ea per day), PA
NITRO-DUR DIS 0.3MG/HR	Non Preferred	PA
NITRO-DUR DIS 0.4MG/HR	Non Preferred	QL (1 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR DIS 0.6MG/HR	Non Preferred	QL (1 ea per day), PA
NITRO-DUR DIS 0.8MG/HR	Non Preferred	PA
nitroglycerin sl tab 0.3 mg (generic of NITROSTAT)	Preferred	QL (10 ea per day)
nitroglycerin sl tab 0.4 mg (generic of NITROSTAT)	Preferred	QL (10 ea per day)
nitroglycerin sl tab 0.6 mg (generic of NITROSTAT)	Preferred	QL (10 ea per day)
nitroglycerin td patch 24hr 0.1 mg/hr	Preferred	QL (1 ea per day)
nitroglycerin td patch 24hr 0.2 mg/hr	Preferred	QL (1 ea per day)
nitroglycerin td patch 24hr 0.4 mg/hr	Preferred	QL (1 ea per day)
nitroglycerin td patch 24hr 0.6 mg/hr	Preferred	QL (1 ea per day)
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (generic of NITROLINGUAL PUMPSPRAY)	Non Preferred	PA
NITROMIST AER 400MCG	Non Preferred	PA
NITROSTAT SUB 0.3MG	Non Preferred	QL (10 ea per day), PA
NITROSTAT SUB 0.4MG	Non Preferred	QL (10 ea per day), PA
NITROSTAT SUB 0.6MG	Non Preferred	QL (10 ea per day), PA

ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTIANXIETY AGENTS - MISC.

Drug Name	Drug Tier	Requirements/Limits
buspirone hcl tab 5 mg	Preferred	QL (8 ea per day)
buspirone hcl tab 7.5 mg	Preferred	
buspirone hcl tab 10 mg	Preferred	QL (6 ea per day)
buspirone hcl tab 15 mg	Preferred	QL (4 ea per day)
buspirone hcl tab 30 mg	Preferred	
hydroxyzine hcl syrup 10 mg/5ml	Preferred	QL (60 mL per day)
hydroxyzine hcl tab 10 mg	Preferred	QL (8 ea per day)
hydroxyzine hcl tab 25 mg	Preferred	QL (8 ea per day)
hydroxyzine hcl tab 50 mg	Preferred	QL (8 ea per day)
hydroxyzine pamoate cap 25 mg (generic of VISTARIL)	Preferred	QL (8 ea per day)
hydroxyzine pamoate cap 50 mg (generic of VISTARIL)	Preferred	QL (8 ea per day)
hydroxyzine pamoate cap 100 mg	Preferred	QL (4 ea per day)
meprobamate tab 200 mg	Non Preferred	PA
meprobamate tab 400 mg	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
VISTARIL CAP 25MG	Non Preferred	QL (8 ea per day), PA
VISTARIL CAP 50MG	Non Preferred	QL (8 ea per day), PA

BENZODIAZEPINES

Drug Name	Drug Tier	Requirements/Limits
ALPRAZOLAM CON 1 MG/ML	Preferred	
alprazolam orally disintegrating tab 0.5 mg	Non Preferred	PA
alprazolam orally disintegrating tab 0.25 mg	Non Preferred	PA
alprazolam orally disintegrating tab 1 mg	Non Preferred	PA
alprazolam orally disintegrating tab 2 mg	Non Preferred	PA
alprazolam tab 0.5 mg (generic of XANAX)	Preferred	QL (3 ea per day)
alprazolam tab 0.5mg xr (generic of XANAX XR)	Non Preferred	PA
alprazolam tab 0.25 mg (generic of XANAX)	Preferred	QL (3 ea per day)
alprazolam tab 1 mg (generic of XANAX)	Preferred	QL (3 ea per day)
alprazolam tab 1mg xr (generic of XANAX XR)	Non Preferred	PA
alprazolam tab 2 mg (generic of XANAX)	Preferred	QL (3 ea per day)
alprazolam tab 2mg xr (generic of XANAX XR)	Non Preferred	PA
alprazolam tab 3mg xr (generic of XANAX XR)	Non Preferred	PA
alprazolam tab er 24hr 0.5 mg (generic of XANAX XR)	Non Preferred	PA
alprazolam tab er 24hr 1 mg (generic of XANAX XR)	Non Preferred	PA
alprazolam tab er 24hr 2 mg (generic of XANAX XR)	Non Preferred	PA
alprazolam tab er 24hr 3 mg (generic of XANAX XR)	Non Preferred	PA
ATIVAN TAB 0.5MG	Non Preferred	QL (3 ea per day), PA
ATIVAN TAB 1MG	Non Preferred	QL (3 ea per day), PA
ATIVAN TAB 2MG	Non Preferred	QL (3 ea per day), PA
chlordiazepoxide hcl cap 5 mg	Preferred	QL (3 ea per day)
chlordiazepoxide hcl cap 10 mg	Preferred	QL (3 ea per day)
chlordiazepoxide hcl cap 25 mg	Preferred	QL (3 ea per day)
clorazepate dipotassium tab 3.75 mg	Preferred	QL (3 ea per day)
clorazepate dipotassium tab 7.5 mg	Preferred	QL (4 ea per day)

Drug Name	Drug Tier	Requirements/Limits
clorazepate dipotassium tab 15 mg	Preferred	QL (3 ea per day)
diazepam conc 5 mg/ml	Preferred	QL (3 mL per day)
diazepam oral soln 1 mg/ml	Preferred	QL (4 mL per day)
diazepam tab 2 mg (generic of VALIUM)	Preferred	QL (3 ea per day)
diazepam tab 5 mg (generic of VALIUM)	Preferred	QL (3 ea per day)
diazepam tab 10 mg (generic of VALIUM)	Preferred	QL (3 ea per day)
lorazepam conc 2 mg/ml	Preferred	QL (3 mL per day)
lorazepam tab 0.5 mg (generic of ATIVAN)	Preferred	QL (3 ea per day)
lorazepam tab 1 mg (generic of ATIVAN)	Preferred	QL (3 ea per day)
lorazepam tab 2 mg (generic of ATIVAN)	Preferred	QL (3 ea per day)
oxazepam cap 10 mg	Preferred	QL (3 ea per day)
oxazepam cap 15 mg	Preferred	QL (3 ea per day)
oxazepam cap 30 mg	Preferred	QL (4 ea per day)
TRANXENE T TAB 7.5MG	Non Preferred	QL (4 ea per day), PA
XANAX TAB 0.5MG	Non Preferred	QL (3 ea per day), PA
XANAX TAB 0.25MG	Non Preferred	QL (3 ea per day), PA
XANAX TAB 1MG	Non Preferred	QL (3 ea per day), PA
XANAX TAB 2MG	Non Preferred	QL (3 ea per day), PA
XANAX XR TAB 0.5MG	Non Preferred	PA
XANAX XR TAB 1MG	Non Preferred	PA
XANAX XR TAB 2MG	Non Preferred	PA
XANAX XR TAB 3MG	Non Preferred	PA

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

Drug Name	Drug Tier	Requirements/Limits
disopyramide phosphate cap 100 mg (generic of NORPACE)	Preferred	QL (8 ea per day)
disopyramide phosphate cap 150 mg (generic of NORPACE)	Preferred	QL (5 ea per day)
NORPACE CAP 100MG	Non Preferred	QL (8 ea per day), PA
NORPACE CAP 100MG CR	Preferred	
NORPACE CAP 150MG	Non Preferred	QL (5 ea per day), PA
NORPACE CAP 150MG CR	Preferred	
quinidine gluconate tab er 324 mg	Preferred	
quinidine sulfate tab 200 mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
quinidine sulfate tab 300 mg	Preferred	QL (8 ea per day)

ANTIARRHYTHMICS TYPE I-B

Drug Name	Drug Tier	Requirements/Limits
mexiletine hcl cap 150 mg	Preferred	QL (6 ea per day)
mexiletine hcl cap 200 mg	Preferred	QL (6 ea per day)
mexiletine hcl cap 250 mg	Preferred	QL (6 ea per day)

ANTIARRHYTHMICS TYPE I-C

Drug Name	Drug Tier	Requirements/Limits
flecainide acetate tab 50 mg	Preferred	QL (7 ea per day)
flecainide acetate tab 100 mg	Preferred	QL (6 ea per day)
flecainide acetate tab 150 mg	Preferred	QL (3 ea per day)
propafenone hcl cap er 12hr 225 mg (generic of RYTHMOL SR)	Non Preferred	PA
propafenone hcl cap er 12hr 325 mg (generic of RYTHMOL SR)	Non Preferred	PA
propafenone hcl cap er 12hr 425 mg (generic of RYTHMOL SR)	Non Preferred	PA
propafenone hcl tab 150 mg	Preferred	QL (6 ea per day)
propafenone hcl tab 225 mg	Preferred	QL (3 ea per day)
propafenone hcl tab 300 mg	Preferred	QL (3 ea per day)
RYTHMOL SR CAP 225MG	Non Preferred	PA
RYTHMOL SR CAP 325MG	Non Preferred	PA
RYTHMOL SR CAP 425MG	Non Preferred	PA

ANTIARRHYTHMICS TYPE III

Drug Name	Drug Tier	Requirements/Limits
amiodarone hcl tab 100 mg	Preferred	
amiodarone hcl tab 200 mg	Preferred	QL (4 ea per day)
amiodarone hcl tab 400 mg	Preferred	
dofetilide cap 125 mcg (0.125 mg) (generic of TIKOSYN)	Preferred	SP
dofetilide cap 250 mcg (0.25 mg) (generic of TIKOSYN)	Preferred	SP
dofetilide cap 500 mcg (0.5 mg) (generic of TIKOSYN)	Preferred	SP
MULTAQ TAB 400MG	Non Preferred	PA
pacerone tab 100mg	Preferred	
pacerone tab 200mg	Preferred	QL (4 ea per day)
pacerone tab 400mg	Preferred	
TIKOSYN CAP 125MCG	Non Preferred	SP, PA
TIKOSYN CAP 250MCG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TIKOSYN CAP 500MCG	Non Preferred	SP, PA

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

ANTI-INFLAMMATORY AGENTS

Drug Name	Drug Tier	Requirements/Limits
cromolyn sodium soln nebu 20 mg/2ml	Preferred	QL (26 mL per day)

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

Drug Name	Drug Tier	Requirements/Limits
CINQAIR INJ	Non Preferred	SP, PA
FASENRA INJ 30MG/ML	Non Preferred	SP, PA
FASENRA PEN INJ 30MG/ML	Non Preferred	PA
NUCALA INJ 100MG	Preferred	SP, PA
NUCALA INJ 100MG/ML	Non Preferred	SP, PA
XOLAIR INJ 75/0.5	Non Preferred	SP, PA
XOLAIR INJ 150MG/ML	Non Preferred	SP, PA
XOLAIR SOL 150MG	Non Preferred	SP, PA

BRONCHODILATORS - ANTICHOLINERGICS

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA AER 17MCG	Preferred	QL (12.9 gm / 25 days)
INCRUSE ELPT INH 62.5MCG	Non Preferred	QL (1 ea per day), PA
ipratropium bromide inhal soln 0.02%	Preferred	QL (10 mL per day)
LONHALA MAGN SOL 25MCG	Non Preferred	PA
SEEBRI NEOHA CAP 15.6MCG	Non Preferred	PA
SPIRIVA AER 1.25MCG	Preferred	AGE (Min age 6 years and Max age 17 years)
SPIRIVA CAP HANDIHLR	Preferred	
SPIRIVA SPR 2.5MCG	Non Preferred	PA
TUDORZA PRES AER 400/ACT	Non Preferred	PA
YUPELRI SOL	Non Preferred	PA

LEUKOTRIENE MODULATORS

Drug Name	Drug Tier	Requirements/Limits

Drug Name	Drug Tier	Requirements/Limits
ACCOLATE TAB 10MG	Non Preferred	PA
ACCOLATE TAB 20MG	Non Preferred	PA
montelukast sodium chew tab 4 mg (base equiv) (generic of SINGULAIR)	Preferred	QL (1 ea per day)
montelukast sodium chew tab 5 mg (base equiv) (generic of SINGULAIR)	Preferred	QL (1 ea per day)
montelukast sodium oral granules packet 4 mg (base equiv) (generic of SINGULAIR)	Preferred	
montelukast sodium tab 10 mg (base equiv) (generic of SINGULAIR)	Preferred	QL (1 ea per day)
SINGULAIR CHW 4MG	Non Preferred	QL (1 ea per day), PA
SINGULAIR CHW 5MG	Non Preferred	QL (1 ea per day), PA
SINGULAIR GRA 4MG	Non Preferred	PA
SINGULAIR TAB 10MG	Non Preferred	QL (1 ea per day), PA
zafirlukast tab 10 mg (generic of ACCOLATE)	Preferred	
zafirlukast tab 20 mg (generic of ACCOLATE)	Preferred	
zileuton tab er 12hr 600 mg	Non Preferred	PA
ZYFLO TAB 600MG	Non Preferred	PA

SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
DALIRESP TAB 250MCG	Non Preferred	PA
DALIRESP TAB 500MCG	Non Preferred	PA

STEROID INHALANTS

Drug Name	Drug Tier	Requirements/Limits
ALVESCO AER 80MCG	Non Preferred	PA
ALVESCO AER 160MCG	Non Preferred	PA
ARNUITY ELPT INH 50MCG	Non Preferred	QL (1 ea per day), PA
ARNUITY ELPT INH 100MCG	Non Preferred	QL (1 ea per day), PA
ARNUITY ELPT INH 200MCG	Non Preferred	QL (1 ea per day), PA
ASMANEX 14 AER 220MCG	Preferred	

Drug Name	Drug Tier	Requirements/Limits
ASMANEX 30 AER 110MCG	Preferred	
ASMANEX 30 AER 220MCG	Preferred	
ASMANEX 60 AER 220MCG	Preferred	
ASMANEX 120 AER 220MCG	Preferred	
ASMANEX HFA AER 50MCG	Non Preferred	PA
ASMANEX HFA AER 100 MCG	Non Preferred	PA
ASMANEX HFA AER 200 MCG	Non Preferred	PA
budesonide inhalation susp 0.5 mg/2ml (generic of PULMICORT)	Preferred	QL (4 mL per day); AGE (Max age 7 years)
budesonide inhalation susp 0.25 mg/2ml (generic of PULMICORT)	Preferred	QL (4 mL per day); AGE (Max age 7 years)
budesonide inhalation susp 1 mg/2ml (generic of PULMICORT)	Preferred	AGE (Max age 7 years)
FLOVENT DISK AER 50MCG	Preferred	
FLOVENT DISK AER 100MCG	Preferred	
FLOVENT DISK AER 250MCG	Preferred	
FLOVENT HFA AER 44MCG	Preferred	QL (0.354 gm per day)
FLOVENT HFA AER 110MCG	Preferred	QL (0.4 gm per day)
FLOVENT HFA AER 220MCG	Preferred	
PULMICORT INH 90MCG	Non Preferred	PA
PULMICORT INH 180MCG	Non Preferred	PA
PULMICORT SUS 0.5MG/2	Non Preferred	QL (4 mL per day), PA; AGE (Max age 7 years)
PULMICORT SUS 0.25MG/2	Non Preferred	QL (4 mL per day), PA; AGE (Max age 7 years)
PULMICORT SUS 1MG/2ML	Non Preferred	PA; AGE (Max age 7 years)
QVAR REDIHA AER 80MCG	Non Preferred	QL (0.354 gm per day), PA
QVAR REDIHAL AER 40MCG	Non Preferred	QL (0.354 gm per day), PA

SYMPATHOMIMETICS

Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKU AER 100/50	Non Preferred	QL (2 ea per day), PA
ADVAIR DISKU AER 250/50	Non Preferred	QL (2 ea per day), PA
ADVAIR DISKU AER 500/50	Non Preferred	QL (2 ea per day), PA
ADVAIR HFA AER 45/21	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AER 115/21	Non Preferred	PA
ADVAIR HFA AER 230/21	Non Preferred	PA
AIRDUO RESPI INH 55-14	Non Preferred	QL (0.04 ea per day), PA
AIRDUO RESPI INH 113-14	Non Preferred	QL (0.04 ea per day), PA
AIRDUO RESPI INH 232-14	Non Preferred	QL (0.04 ea per day), PA
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Preferred	
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROAIR HFA)	Preferred	
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROVENTIL HFA)	Preferred	
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Preferred	QL (6 ea per day)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	Preferred	QL (12 mL per day)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	Preferred	QL (10 mL per day)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	Preferred	QL (9 mL per day)
albuterol sulfate syrup 2 mg/5ml	Preferred	QL (150 mL per day)
albuterol sulfate tab 2 mg	Non Preferred	PA
albuterol sulfate tab 4 mg	Non Preferred	QL (8 ea per day), PA
albuterol sulfate tab er 12hr 4 mg	Non Preferred	PA
albuterol sulfate tab er 12hr 8 mg	Non Preferred	PA
ANORO ELLIPT AER 62.5-25	Non Preferred	QL (2 ea per day), PA
ARCAPTA CAP 75MCG	Non Preferred	PA
BEVESPI AER 9-4.8MCG	Preferred	
BREO ELLIPTA INH 100-25	Non Preferred	PA
BREO ELLIPTA INH 200-25	Non Preferred	PA
BROVANA NEB 15MCG	Non Preferred	PA
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	Non Preferred	QL (10.2 gm / 25 days), PA

Drug Name	Drug Tier	Requirements/Limits
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	Non Preferred	QL (10.2 gm / 25 days), PA
COMBIVENT AER 20-100	Non Preferred	PA
DUAKLIR AER 400/12	Non Preferred	PA
DULERA AER 50-5MCG	Preferred	
DULERA AER 100-5MCG	Preferred	
DULERA AER 200-5MCG	Preferred	
fluticasone-salmeterol aer powder ba 55-14 mcg/act	Non Preferred	QL (0.04 ea per day), PA
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (generic of ADVAIR DISKUS)	Non Preferred	QL (2 ea per day), PA
fluticasone-salmeterol aer powder ba 113-14 mcg/act	Non Preferred	QL (0.04 ea per day), PA
fluticasone-salmeterol aer powder ba 232-14 mcg/act	Non Preferred	QL (0.04 ea per day), PA
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (generic of ADVAIR DISKUS)	Non Preferred	QL (2 ea per day), PA
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (generic of ADVAIR DISKUS)	Non Preferred	QL (2 ea per day), PA
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Preferred	QL (360 mL / 25 days)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (generic of XOPENEX)	Preferred	
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (generic of XOPENEX)	Preferred	
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (generic of XOPENEX)	Preferred	
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (generic of XOPENEX CONCENTRATE)	Preferred	
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	Preferred	
metaproterenol sulfate syrup 10 mg/5ml	Non Preferred	PA
PERFOROMIST NEB 20MCG	Non Preferred	PA
PROAIR DIGIH AER 108MCG	Non Preferred	PA
PROAIR HFA AER	Preferred	QL (8.5 gm / 25 days)
PROAIR RESPI AER	Non Preferred	PA
PROVENTIL AER HFA	Preferred	QL (6.7 gm / 25 days)
SEREVENT DIS AER 50MCG	Preferred	
STIOLTO AER 2.5-2.5	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI AER 2.5MCG	Non Preferred	QL (2 gm per day), PA
SYMBICORT AER 80-4.5	Preferred	QL (10.2 gm / 25 days)
SYMBICORT AER 160-4.5	Preferred	QL (10.2 gm / 25 days)
terbutaline sulfate tab 2.5 mg	Preferred	QL (8 ea per day)
terbutaline sulfate tab 5 mg	Preferred	QL (6 ea per day)
TRELEGY AER ELLIPTA	Non Preferred	PA
UTIBRON CAP NEOHALER	Non Preferred	PA
VENTOLIN HFA AER	Preferred	
wixela inhub aer 100/50 (generic of ADVAIR DISKUS)	Preferred	QL (2 ea per day)
wixela inhub aer 250/50 (generic of ADVAIR DISKUS)	Preferred	QL (2 ea per day)
wixela inhub aer 500/50 (generic of ADVAIR DISKUS)	Preferred	QL (2 ea per day)
XOPENEX CONC NEB 1.25/0.5	Non Preferred	PA
XOPENEX HFA AER	Preferred	
XOPENEX NEB 0.31MG	Non Preferred	PA
XOPENEX NEB 0.63MG	Non Preferred	PA
XOPENEX NEB 1.25/3ML	Non Preferred	PA

XANTHINES

Drug Name	Drug Tier	Requirements/Limits
THEO-24 CAP 100MG CR	Preferred	
THEO-24 CAP 200MG CR	Preferred	
THEO-24 CAP 300MG CR	Preferred	
THEO-24 CAP 400MG ER	Preferred	
theophylline soln 80 mg/15ml	Preferred	
theophylline tab er 12hr 300 mg	Preferred	QL (4 ea per day)
theophylline tab er 12hr 450 mg	Preferred	QL (2 ea per day)
theophylline tab er 24hr 400 mg	Preferred	QL (3 ea per day)
theophylline tab er 24hr 600 mg	Preferred	QL (3 ea per day)

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TAB 1MG	Non Preferred	QL (10 ea per day), PA
COUMADIN TAB 2.5MG	Non Preferred	QL (10 ea per day), PA
COUMADIN TAB 4MG	Non Preferred	QL (10 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TAB 5MG	Non Preferred	QL (10 ea per day), PA
COUMADIN TAB 6MG	Non Preferred	QL (10 ea per day), PA
COUMADIN TAB 7.5MG	Non Preferred	QL (10 ea per day), PA
warfarin sodium tab 1 mg (generic of WARFARIN SODIUM TAB 1 MG)	Preferred	QL (10 ea per day)
warfarin sodium tab 2 mg	Preferred	QL (10 ea per day)
warfarin sodium tab 2.5 mg (generic of WARFARIN SODIUM TAB 2.5 MG)	Preferred	QL (10 ea per day)
warfarin sodium tab 3 mg	Preferred	QL (10 ea per day)
warfarin sodium tab 4 mg (generic of WARFARIN SODIUM TAB 4 MG)	Preferred	QL (10 ea per day)
warfarin sodium tab 5 mg (generic of WARFARIN SODIUM TAB 5 MG)	Preferred	QL (10 ea per day)
warfarin sodium tab 6 mg (generic of WARFARIN SODIUM TAB 6 MG)	Preferred	QL (10 ea per day)
warfarin sodium tab 7.5 mg (generic of WARFARIN SODIUM TAB 7.5 MG)	Preferred	QL (10 ea per day)
warfarin sodium tab 10 mg	Preferred	QL (10 ea per day)

DIRECT FACTOR XA INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
BEVYXXA CAP 40MG	Non Preferred	PA
BEVYXXA CAP 80MG	Non Preferred	PA
ELIQUIS ST P TAB 5MG	Preferred	PA
ELIQUIS TAB 2.5MG	Preferred	PA
ELIQUIS TAB 5MG	Preferred	PA
SAVAYSA TAB 15MG	Non Preferred	PA
SAVAYSA TAB 30MG	Non Preferred	PA
SAVAYSA TAB 60MG	Non Preferred	PA
XARELTO STAR TAB 15/20MG	Preferred	PA
XARELTO TAB 2.5MG	Preferred	PA
XARELTO TAB 10MG	Preferred	QL (1 ea per day), PA
XARELTO TAB 15MG	Preferred	QL (2 ea per day), PA
XARELTO TAB 20MG	Preferred	QL (1 ea per day), PA

HEPARINS AND HEPARINOID-LIKE AGENTS

Drug Name	Drug Tier	Requirements/Limits
ARIXTRA INJ 2.5/0.5	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ARIXTRA INJ 5/0.4ML	Non Preferred	PA
ARIXTRA INJ 7.5/0.6	Non Preferred	PA
ARIXTRA INJ 10/0.8ML	Non Preferred	PA
enoxaparin sodium inj 30 mg/0.3ml (generic of LOVENOX)	Preferred	SP, QL (0.6 mL per day)
enoxaparin sodium inj 40 mg/0.4ml (generic of LOVENOX)	Preferred	SP, QL (0.8 mL per day)
enoxaparin sodium inj 60 mg/0.6ml (generic of LOVENOX)	Preferred	SP, QL (1.2 mL per day)
enoxaparin sodium inj 80 mg/0.8ml (generic of LOVENOX)	Preferred	SP, QL (1.6 mL per day)
enoxaparin sodium inj 100 mg/ml (generic of LOVENOX)	Preferred	SP, QL (2 mL per day)
enoxaparin sodium inj 120 mg/0.8ml (generic of LOVENOX)	Preferred	SP, QL (1.6 mL per day)
enoxaparin sodium inj 150 mg/ml (generic of LOVENOX)	Preferred	SP, QL (2 mL per day)
enoxaparin sodium inj 300 mg/3ml (generic of LOVENOX)	Preferred	SP
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (generic of ARIXTRA)	Preferred	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (generic of ARIXTRA)	Preferred	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (generic of ARIXTRA)	Preferred	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml (generic of ARIXTRA)	Preferred	
FRAGMIN INJ 2500/0.2	Preferred	SP
FRAGMIN INJ 5000/0.2	Preferred	SP
FRAGMIN INJ 7500/0.3	Preferred	SP
FRAGMIN INJ 10000/ML	Preferred	SP
FRAGMIN INJ 12500UNT	Preferred	SP
FRAGMIN INJ 15000UNT	Preferred	SP
FRAGMIN INJ 18000UNT	Preferred	SP
FRAGMIN INJ 95000UNT	Preferred	
HEPARIN SOD INJ 5000/0.5	Preferred	
HEPARIN SOD INJ 5000/ML	Preferred	
heparin sodium (porcine) inj 1000 unit/ml	Preferred	
heparin sodium (porcine) inj 5000 unit/ml	Preferred	
heparin sodium (porcine) inj 10000 unit/ml	Preferred	
heparin sodium (porcine) inj 20000 unit/ml	Preferred	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	Preferred	

Drug Name	Drug Tier	Requirements/Limits
LOVENOX INJ 30/0.3ML	Non Preferred	SP, QL (0.6 mL per day), PA
LOVENOX INJ 40/0.4ML	Non Preferred	SP, QL (0.8 mL per day), PA
LOVENOX INJ 60/0.6ML	Non Preferred	SP, QL (1.2 mL per day), PA
LOVENOX INJ 80/0.8ML	Non Preferred	SP, QL (1.6 mL per day), PA
LOVENOX INJ 100MG/ML	Non Preferred	SP, QL (2 mL per day), PA
LOVENOX INJ 120/0.8	Non Preferred	SP, QL (1.6 mL per day), PA
LOVENOX INJ 150MG/ML	Non Preferred	SP, QL (2 mL per day), PA
LOVENOX INJ 300/3ML	Non Preferred	SP, PA

THROMBIN INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
PRADAXA CAP 75MG	Non Preferred	PA
PRADAXA CAP 110MG	Non Preferred	PA
PRADAXA CAP 150MG	Non Preferred	PA

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA SUS 0.5MG/ML	Non Preferred	PA
FYCOMPA TAB 2MG	Non Preferred	PA
FYCOMPA TAB 4MG	Non Preferred	PA
FYCOMPA TAB 6MG	Non Preferred	PA
FYCOMPA TAB 8MG	Non Preferred	PA
FYCOMPA TAB 10MG	Non Preferred	PA
FYCOMPA TAB 12MG	Non Preferred	PA

ANTICONVULSANTS - BENZODIAZEPINES

Drug Name	Drug Tier	Requirements/Limits
clobazam suspension 2.5 mg/ml (generic of ONFI)	Non Preferred	PA
clobazam tab 10 mg (generic of ONFI)	Non Preferred	QL (2 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
clobazam tab 20 mg (generic of ONFI)	Non Preferred	QL (2 ea per day), PA
clonazepam orally disintegrating tab 0.5 mg	Non Preferred	PA
clonazepam orally disintegrating tab 0.25 mg	Non Preferred	PA
clonazepam orally disintegrating tab 0.125 mg	Non Preferred	PA
clonazepam orally disintegrating tab 1 mg	Non Preferred	PA
clonazepam orally disintegrating tab 2 mg	Non Preferred	PA
clonazepam tab 0.5 mg (generic of KLONOPIN)	Preferred	QL (10 ea per day)
clonazepam tab 1 mg (generic of KLONOPIN)	Preferred	QL (10 ea per day)
clonazepam tab 2 mg (generic of KLONOPIN)	Preferred	QL (10 ea per day)
DIASTAT ACDL GEL 5-10MG	Preferred	QL (0.2 ea per day)
DIASTAT ACDL GEL 12.5-20	Preferred	QL (0.2 ea per day)
DIASTAT PED GEL 2.5M GEL	Preferred	QL (0.2 ea per day)
diazepam rectal gel delivery system 2.5 mg	Preferred	QL (0.2 ea per day)
diazepam rectal gel delivery system 10 mg	Preferred	QL (0.2 ea per day)
diazepam rectal gel delivery system 20 mg	Preferred	QL (0.2 ea per day)
KLONOPIN TAB 0.5MG	Non Preferred	QL (10 ea per day), PA
KLONOPIN TAB 1MG	Non Preferred	QL (10 ea per day), PA
KLONOPIN TAB 2MG	Non Preferred	QL (10 ea per day), PA
NAYZILAM SPR 5MG	Non Preferred	PA
ONFI SUS 2.5MG/ML	Non Preferred	PA
ONFI TAB 10MG	Non Preferred	QL (2 ea per day), PA
ONFI TAB 20MG	Non Preferred	QL (2 ea per day), PA
SYMPAZAN MIS 5MG	Non Preferred	PA
SYMPAZAN MIS 10MG	Non Preferred	PA
SYMPAZAN MIS 20MG	Non Preferred	PA
VALTOCO LIQ 15MG	Non Preferred	QL (10 ea / 27 days), PA

Drug Name	Drug Tier	Requirements/Limits
VALTOCO LIQ 20MG	Non Preferred	QL (10 ea / 28 days), PA
VALTOCO SPR 5MG	Non Preferred	QL (10 ea / 25 days), PA
VALTOCO SPR 10MG	Non Preferred	QL (10 ea / 26 days), PA

ANTICONVULSANTS - MISC.

Drug Name	Drug Tier	Requirements/Limits
APTIOM TAB 200MG	Non Preferred	PA
APTIOM TAB 400MG	Non Preferred	PA
APTIOM TAB 600MG	Non Preferred	PA
APTIOM TAB 800MG	Non Preferred	PA
BANZEL SUS 40MG/ML	Non Preferred	QL (80 mL per day), PA
BANZEL TAB 200MG	Non Preferred	QL (16 ea per day), PA
BANZEL TAB 400MG	Non Preferred	QL (8 ea per day), PA
BRIVIACT SOL 10MG/ML	Non Preferred	PA
BRIVIACT TAB 10MG	Non Preferred	PA
BRIVIACT TAB 25MG	Non Preferred	PA
BRIVIACT TAB 50MG	Non Preferred	PA
BRIVIACT TAB 75MG	Non Preferred	PA
BRIVIACT TAB 100MG	Non Preferred	PA
carbamazepine cap er 12hr 100 mg (generic of CARBATROL)	Non Preferred	QL (8 ea per day), PA
carbamazepine cap er 12hr 200 mg (generic of CARBATROL)	Non Preferred	QL (8 ea per day), PA
carbamazepine cap er 12hr 300 mg (generic of CARBATROL)	Non Preferred	QL (8 ea per day), PA
carbamazepine chew tab 100 mg	Preferred	QL (8 ea per day)
carbamazepine susp 100 mg/5ml (generic of TEGRETOL)	Preferred	QL (60 mL per day)
carbamazepine tab 200 mg (generic of TEGRETOL)	Preferred	QL (8 ea per day)
carbamazepine tab er 12hr 100 mg (generic of TEGRETOL-XR)	Preferred	QL (8 ea per day)

Drug Name	Drug Tier	Requirements/Limits
carbamazepine tab er 12hr 200 mg (generic of TEGRETOL-XR)	Preferred	QL (8 ea per day)
carbamazepine tab er 12hr 400 mg (generic of TEGRETOL-XR)	Preferred	QL (8 ea per day)
CARBATROL CAP 100MG	Non Preferred	QL (8 ea per day), PA
CARBATROL CAP 200MG	Non Preferred	QL (8 ea per day), PA
CARBATROL CAP 300MG	Non Preferred	QL (8 ea per day), PA
DIACOMIT CAP 250MG	Non Preferred	PA
DIACOMIT CAP 500MG	Non Preferred	PA
DIACOMIT PAK 250MG	Non Preferred	PA
DIACOMIT PAK 500MG	Non Preferred	PA
EPIDIOLEX SOL 100MG/ML	Non Preferred	SP, PA
epitol tab 200mg (generic of TEGRETOL)	Preferred	QL (8 ea per day)
gabapentin cap 100 mg (generic of NEURONTIN)	Preferred	QL (10 ea per day)
gabapentin cap 300 mg (generic of NEURONTIN)	Preferred	QL (10 ea per day)
gabapentin cap 400 mg (generic of NEURONTIN)	Preferred	QL (9 ea per day)
gabapentin oral soln 250 mg/5ml (generic of NEURONTIN)	Preferred	
gabapentin tab 600 mg (generic of NEURONTIN)	Preferred	QL (6 ea per day)
gabapentin tab 800 mg (generic of NEURONTIN)	Preferred	QL (4 ea per day)
KEPPRA SOL 100MG/ML	Non Preferred	QL (30 mL per day), PA
KEPPRA TAB 250MG	Non Preferred	QL (6 ea per day), PA
KEPPRA TAB 500MG	Non Preferred	QL (6 ea per day), PA
KEPPRA TAB 750MG	Non Preferred	QL (4 ea per day), PA
KEPPRA TAB 1000MG	Non Preferred	QL (3 ea per day), PA
KEPPRA XR TAB 500MG	Non Preferred	QL (6 ea per day), PA
KEPPRA XR TAB 750MG	Non Preferred	QL (4 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL CHW 5MG	Non Preferred	QL (8 ea per day), PA
LAMICTAL CHW 25MG	Non Preferred	QL (8 ea per day), PA
LAMICTAL KIT START 35	Non Preferred	PA
LAMICTAL KIT START 49	Non Preferred	PA
LAMICTAL KIT START 98	Non Preferred	PA
LAMICTAL ODT KIT	Non Preferred	PA
LAMICTAL ODT TAB 25MG	Non Preferred	PA
LAMICTAL ODT TAB 50MG	Non Preferred	PA
LAMICTAL ODT TAB 100MG	Non Preferred	PA
LAMICTAL ODT TAB 200MG	Non Preferred	PA
LAMICTAL TAB 25MG	Non Preferred	QL (10 ea per day), PA
LAMICTAL TAB 100MG	Non Preferred	QL (8 ea per day), PA
LAMICTAL TAB 150MG	Non Preferred	QL (4 ea per day), PA
LAMICTAL TAB 200MG	Non Preferred	QL (4 ea per day), PA
LAMICTAL XR KIT	Non Preferred	PA
LAMICTAL XR TAB 25MG	Non Preferred	PA
LAMICTAL XR TAB 50MG	Non Preferred	PA
LAMICTAL XR TAB 100MG	Non Preferred	PA
LAMICTAL XR TAB 200MG	Non Preferred	PA
LAMICTAL XR TAB 250MG	Non Preferred	PA
LAMICTAL XR TAB 300MG	Non Preferred	PA
lamotrigine orally disintegrating tab 25 mg (generic of LAMICTAL ODT)	Non Preferred	PA
lamotrigine orally disintegrating tab 50 mg (generic of LAMICTAL ODT)	Non Preferred	PA
lamotrigine orally disintegrating tab 100 mg (generic of LAMICTAL ODT)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
lamotrigine orally disintegrating tab 200 mg (generic of LAMICTAL ODT)	Non Preferred	PA
lamotrigine tab 25 mg (generic of LAMICTAL)	Preferred	QL (10 ea per day)
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (generic of LAMICTAL STARTER/NOT TAKI)	Non Preferred	PA
lamotrigine tab 35 x 25 mg starter kit (generic of LAMICTAL STARTER/TAKING V)	Non Preferred	PA
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (generic of LAMICTAL STARTER/TAKING C)	Non Preferred	PA
lamotrigine tab 100 mg (generic of LAMICTAL)	Preferred	QL (8 ea per day)
lamotrigine tab 150 mg (generic of LAMICTAL)	Preferred	QL (4 ea per day)
lamotrigine tab 200 mg (generic of LAMICTAL)	Preferred	QL (4 ea per day)
lamotrigine tab chewable dispersible 5 mg (generic of LAMICTAL CHEWABLE DISPERS)	Preferred	QL (8 ea per day)
lamotrigine tab chewable dispersible 25 mg (generic of LAMICTAL CHEWABLE DISPERS)	Preferred	QL (8 ea per day)
lamotrigine tab er 24hr 25 mg (generic of LAMICTAL XR)	Non Preferred	PA
lamotrigine tab er 24hr 50 mg (generic of LAMICTAL XR)	Non Preferred	PA
lamotrigine tab er 24hr 100 mg (generic of LAMICTAL XR)	Non Preferred	PA
lamotrigine tab er 24hr 200 mg (generic of LAMICTAL XR)	Non Preferred	PA
lamotrigine tab er 24hr 250 mg (generic of LAMICTAL XR)	Non Preferred	PA
lamotrigine tab er 24hr 300 mg (generic of LAMICTAL XR)	Non Preferred	PA
levetiracetam oral soln 100 mg/ml (generic of KEPPRA)	Preferred	QL (30 mL per day)
levetiracetam tab 250 mg (generic of KEPPRA)	Preferred	QL (6 ea per day)
levetiracetam tab 500 mg (generic of KEPPRA)	Preferred	QL (6 ea per day)
levetiracetam tab 750 mg (generic of KEPPRA)	Preferred	QL (4 ea per day)
levetiracetam tab 1000 mg (generic of KEPPRA)	Preferred	QL (3 ea per day)
levetiracetam tab er 24hr 500 mg (generic of KEPPRA XR)	Preferred	QL (6 ea per day)

Drug Name	Drug Tier	Requirements/Limits
levetiracetam tab er 24hr 750 mg (generic of KEPPRA XR)	Preferred	QL (4 ea per day)
LYRICA CAP 25MG	Non Preferred	PA
LYRICA CAP 50MG	Non Preferred	PA
LYRICA CAP 75MG	Non Preferred	PA
LYRICA CAP 100MG	Non Preferred	QL (3 ea per day), PA
LYRICA CAP 150MG	Non Preferred	PA
LYRICA CAP 200MG	Non Preferred	QL (3 ea per day), PA
LYRICA CAP 225MG	Non Preferred	PA
LYRICA CAP 300MG	Non Preferred	QL (2 ea per day), PA
LYRICA SOL 20MG/ML	Non Preferred	PA
MYSOLINE TAB 50MG	Non Preferred	QL (4 ea per day), PA
MYSOLINE TAB 250MG	Non Preferred	QL (4 ea per day), PA
NEURONTIN CAP 100MG	Non Preferred	QL (10 ea per day), PA
NEURONTIN CAP 300MG	Non Preferred	QL (10 ea per day), PA
NEURONTIN CAP 400MG	Non Preferred	QL (9 ea per day), PA
NEURONTIN SOL 250/5ML	Non Preferred	PA
NEURONTIN TAB 600MG	Non Preferred	QL (6 ea per day), PA
NEURONTIN TAB 800MG	Non Preferred	QL (4 ea per day), PA
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (generic of TRILEPTAL)	Preferred	QL (16.667 mL per day)
oxcarbazepine tab 150 mg (generic of TRILEPTAL)	Preferred	QL (16 ea per day)
oxcarbazepine tab 300 mg (generic of TRILEPTAL)	Preferred	QL (8 ea per day)
oxcarbazepine tab 600 mg (generic of TRILEPTAL)	Preferred	QL (4 ea per day)
OXTELLAR XR TAB 150MG	Non Preferred	PA
OXTELLAR XR TAB 300MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
OXTELLAR XR TAB 600MG	Non Preferred	PA
pregabalin cap 25 mg (generic of LYRICA)	Preferred	
pregabalin cap 50 mg (generic of LYRICA)	Preferred	
pregabalin cap 75 mg (generic of LYRICA)	Preferred	
pregabalin cap 100 mg (generic of LYRICA)	Preferred	QL (3 ea per day)
pregabalin cap 150 mg (generic of LYRICA)	Preferred	
pregabalin cap 200 mg (generic of LYRICA)	Preferred	QL (3 ea per day)
pregabalin cap 225 mg (generic of LYRICA)	Preferred	
pregabalin cap 300 mg (generic of LYRICA)	Preferred	QL (2 ea per day)
pregabalin soln 20 mg/ml (generic of LYRICA)	Preferred	
primidone tab 50 mg (generic of MYSOLINE)	Preferred	QL (4 ea per day)
primidone tab 250 mg (generic of MYSOLINE)	Preferred	QL (4 ea per day)
QUDEXY XR CAP 25/24HR	Non Preferred	PA
QUDEXY XR CAP 50/24HR	Non Preferred	PA
QUDEXY XR CAP 100/24HR	Non Preferred	PA
QUDEXY XR CAP 150/24HR	Non Preferred	PA
QUDEXY XR CAP 200/24HR	Non Preferred	PA
roweepra tab 500mg (generic of KEPPRA)	Preferred	QL (6 ea per day)
SPRITAM TAB 250MG	Non Preferred	PA
SPRITAM TAB 500MG	Non Preferred	PA
SPRITAM TAB 750MG	Non Preferred	PA
SPRITAM TAB 1000MG	Non Preferred	PA
subvenite kit start 35 (generic of LAMICTAL STARTER/TAKING V)	Non Preferred	PA
subvenite kit start 49 (generic of LAMICTAL STARTER/NOT TAKI)	Non Preferred	PA
subvenite kit start 98 (generic of LAMICTAL STARTER/TAKING C)	Non Preferred	PA
subvenite tab 25mg (generic of LAMICTAL)	Preferred	QL (10 ea per day)
subvenite tab 100mg (generic of LAMICTAL)	Preferred	QL (8 ea per day)
subvenite tab 150mg (generic of LAMICTAL)	Preferred	QL (4 ea per day)

Drug Name	Drug Tier	Requirements/Limits
subvenite tab 200mg (generic of LAMICTAL)	Preferred	QL (4 ea per day)
TEGRETOL SUS 100/5ML	Non Preferred	QL (60 mL per day), PA
TEGRETOL TAB 200MG	Non Preferred	QL (8 ea per day), PA
TEGRETOL-XR TAB 100MG	Non Preferred	QL (8 ea per day), PA
TEGRETOL-XR TAB 200MG	Non Preferred	QL (8 ea per day), PA
TEGRETOL-XR TAB 400MG	Non Preferred	QL (8 ea per day), PA
TOPAMAX SPR CAP 15MG	Non Preferred	QL (8 ea per day), PA
TOPAMAX SPR CAP 25MG	Non Preferred	QL (8 ea per day), PA
TOPAMAX TAB 25MG	Non Preferred	QL (4 ea per day), PA
TOPAMAX TAB 50MG	Non Preferred	QL (2 ea per day), PA
TOPAMAX TAB 100MG	Non Preferred	QL (2 ea per day), PA
TOPAMAX TAB 200MG	Non Preferred	QL (2 ea per day), PA
topiramate cap er 24hr sprinkle 25 mg	Non Preferred	PA
topiramate cap er 24hr sprinkle 50 mg	Non Preferred	PA
topiramate cap er 24hr sprinkle 100 mg	Non Preferred	PA
topiramate cap er 24hr sprinkle 150 mg	Non Preferred	PA
topiramate cap er 24hr sprinkle 200 mg	Non Preferred	PA
topiramate sprinkle cap 15 mg (generic of TOPAMAX SPRINKLE)	Preferred	QL (8 ea per day)
topiramate sprinkle cap 25 mg (generic of TOPAMAX SPRINKLE)	Preferred	QL (8 ea per day)
topiramate tab 25 mg (generic of TOPAMAX)	Preferred	QL (4 ea per day)
topiramate tab 50 mg (generic of TOPAMAX)	Preferred	QL (2 ea per day)
topiramate tab 100 mg (generic of TOPAMAX)	Preferred	QL (2 ea per day)
topiramate tab 200 mg (generic of TOPAMAX)	Preferred	QL (2 ea per day)
TRILEPTAL SUS 300MG/5M	Non Preferred	QL (16.667 mL per day), PA

Drug Name	Drug Tier	Requirements/Limits
TRILEPTAL TAB 150MG	Non Preferred	QL (16 ea per day), PA
TRILEPTAL TAB 300MG	Non Preferred	QL (8 ea per day), PA
TRILEPTAL TAB 600MG	Non Preferred	QL (4 ea per day), PA
TROKENDI XR CAP 25MG	Non Preferred	PA
TROKENDI XR CAP 50MG	Non Preferred	PA
TROKENDI XR CAP 100MG	Non Preferred	PA
TROKENDI XR CAP 200MG	Non Preferred	PA
VIMPAT SOL 10MG/ML	Non Preferred	QL (40 mL per day), PA
VIMPAT TAB 50MG	Non Preferred	QL (2 ea per day), PA
VIMPAT TAB 100MG	Non Preferred	QL (2 ea per day), PA
VIMPAT TAB 150MG	Non Preferred	QL (2 ea per day), PA
VIMPAT TAB 200MG	Non Preferred	QL (2 ea per day), PA
zonisamide cap 25 mg (generic of ZONEGRAN)	Preferred	QL (2 ea per day)
zonisamide cap 50 mg	Preferred	QL (2 ea per day)
zonisamide cap 100 mg (generic of ZONEGRAN)	Preferred	QL (6 ea per day)

CARBAMATES

Drug Name	Drug Tier	Requirements/Limits
felbamate susp 600 mg/5ml (generic of FELBATOL)	Non Preferred	PA
felbamate tab 400 mg (generic of FELBATOL)	Non Preferred	PA
felbamate tab 600 mg (generic of FELBATOL)	Non Preferred	PA
FELBATOL SUS 600/5ML	Non Preferred	PA
FELBATOL TAB 400MG	Non Preferred	PA
FELBATOL TAB 600MG	Non Preferred	PA

GABA MODULATORS

Drug Name	Drug Tier	Requirements/Limits
GABITRIL TAB 2MG	Non Preferred	QL (28 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
GABITRIL TAB 4MG	Non Preferred	QL (14 ea per day), PA
GABITRIL TAB 12MG	Non Preferred	PA
GABITRIL TAB 16MG	Non Preferred	PA
SABRIL POW 500MG	Non Preferred	SP, QL (6 ea per day), PA
SABRIL TAB 500MG	Non Preferred	SP, QL (6 ea per day), PA
tiagabine hcl tab 2 mg (generic of GABITRIL)	Non Preferred	QL (28 ea per day), PA
tiagabine hcl tab 4 mg (generic of GABITRIL)	Non Preferred	QL (14 ea per day), PA
tiagabine hcl tab 12 mg (generic of GABITRIL)	Non Preferred	PA
tiagabine hcl tab 16 mg (generic of GABITRIL)	Non Preferred	PA
vigabatrin powd pack 500 mg (generic of SABRIL)	Non Preferred	SP, QL (6 ea per day), PA
vigabatrin tab 500 mg (generic of SABRIL)	Non Preferred	SP, QL (6 ea per day), PA
vigadrone pow 500mg (generic of SABRIL)	Non Preferred	SP, QL (6 ea per day), PA

HYDANTOINS

Drug Name	Drug Tier	Requirements/Limits
DILANTIN CAP 30MG	Non Preferred	QL (6 ea per day), PA
DILANTIN CAP 100MG	Non Preferred	QL (6 ea per day), PA
DILANTIN CHW 50MG	Non Preferred	QL (5 ea per day), PA
DILANTIN-125 SUS 125/5ML	Non Preferred	QL (20 mL per day), PA
PEGANONE TAB 250MG	Non Preferred	PA
PHENYTEK CAP 200MG	Non Preferred	QL (6 ea per day), PA
PHENYTEK CAP 300MG	Non Preferred	QL (6 ea per day), PA
phenytoin chew tab 50 mg (generic of DILANTIN INFATABS)	Preferred	QL (5 ea per day)
phenytoin sodium extended cap 100 mg (generic of DILANTIN)	Preferred	QL (6 ea per day)
phenytoin sodium extended cap 200 mg (generic of PHENYTEK)	Preferred	QL (6 ea per day)

Drug Name	Drug Tier	Requirements/Limits
phenytoin sodium extended cap 300 mg (generic of PHENYTEK)	Preferred	QL (6 ea per day)
phenytoin susp 125 mg/5ml (generic of DILANTIN-125)	Preferred	QL (20 mL per day)

SUCCINIMIDES

Drug Name	Drug Tier	Requirements/Limits
CELONTIN CAP 300MG	Non Preferred	PA
ethosuximide cap 250 mg (generic of ZARONTIN)	Preferred	QL (6 ea per day)
ethosuximide soln 250 mg/5ml (generic of ZARONTIN)	Preferred	QL (30 mL per day)
ZARONTIN CAP 250MG	Non Preferred	QL (6 ea per day), PA
ZARONTIN SOL 250/5ML	Non Preferred	QL (30 mL per day), PA

VALPROIC ACID

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE ER TAB 250MG	Non Preferred	QL (10 ea per day), PA
DEPAKOTE ER TAB 500MG	Non Preferred	QL (10 ea per day), PA
DEPAKOTE SPR CAP 125MG	Non Preferred	QL (10 ea per day), PA
DEPAKOTE TAB 125MG DR	Non Preferred	QL (15 ea per day), PA
DEPAKOTE TAB 250MG DR	Non Preferred	QL (10 ea per day), PA
DEPAKOTE TAB 500MG DR	Non Preferred	QL (10 ea per day), PA
divalproex sodium cap delayed release sprinkle 125 mg (generic of DEPAKOTE SPRINKLES)	Preferred	QL (10 ea per day)
divalproex sodium tab delayed release 125 mg (generic of DEPAKOTE)	Preferred	QL (15 ea per day)
divalproex sodium tab delayed release 250 mg (generic of DEPAKOTE)	Preferred	QL (10 ea per day)
divalproex sodium tab delayed release 500 mg (generic of DEPAKOTE)	Preferred	QL (10 ea per day)
divalproex sodium tab er 24 hr 250 mg (generic of DEPAKOTE ER)	Preferred	QL (10 ea per day)
divalproex sodium tab er 24 hr 500 mg (generic of DEPAKOTE ER)	Preferred	QL (10 ea per day)
valproate sodium oral soln 250 mg/5ml (base equiv)	Preferred	QL (100 mL per day)
valproic acid cap 250 mg	Preferred	QL (20 ea per day)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

Drug Name	Drug Tier	Requirements/Limits
mirtazapine orally disintegrating tab 15 mg (generic of REMERON SOLTAB)	Preferred	
mirtazapine orally disintegrating tab 30 mg (generic of REMERON SOLTAB)	Preferred	
mirtazapine orally disintegrating tab 45 mg (generic of REMERON SOLTAB)	Preferred	
mirtazapine tab 7.5 mg	Preferred	
mirtazapine tab 15 mg (generic of REMERON)	Preferred	QL (1 ea per day)
mirtazapine tab 30 mg (generic of REMERON)	Preferred	QL (4 ea per day)
mirtazapine tab 45 mg	Preferred	QL (1 ea per day)
REMERON SLTB TAB 15MG	Non Preferred	PA
REMERON SLTB TAB 30MG	Non Preferred	PA
REMERON SLTB TAB 45MG	Non Preferred	PA
REMERON TAB 15MG	Non Preferred	QL (1 ea per day), PA
REMERON TAB 30MG	Non Preferred	QL (4 ea per day), PA

ANTIDEPRESSANTS - MISC.

Drug Name	Drug Tier	Requirements/Limits
APLENZIN TAB 174MG	Non Preferred	PA
APLENZIN TAB 348MG	Non Preferred	PA
APLENZIN TAB 522MG	Non Preferred	PA
bupropion hcl tab 75 mg	Preferred	QL (4 ea per day)
bupropion hcl tab 100 mg	Preferred	QL (4 ea per day)
bupropion hcl tab er 12hr 100 mg (generic of WELLBUTRIN SR)	Preferred	QL (2 ea per day)
bupropion hcl tab er 12hr 150 mg (generic of WELLBUTRIN SR)	Preferred	QL (3 ea per day)
bupropion hcl tab er 12hr 200 mg (generic of WELLBUTRIN SR)	Preferred	QL (2 ea per day)
bupropion hcl tab er 24hr 150 mg (generic of WELLBUTRIN XL)	Preferred	QL (1 ea per day)
bupropion hcl tab er 24hr 300 mg (generic of WELLBUTRIN XL)	Preferred	QL (1 ea per day)
bupropion hcl tab er 24hr 450 mg	Preferred	
FORFIVO XL TAB 450MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
maprotiline hcl tab 25 mg	Preferred	QL (3 ea per day)
maprotiline hcl tab 50 mg	Preferred	QL (4 ea per day)
maprotiline hcl tab 75 mg	Preferred	QL (3 ea per day)
WELLBUTRIN TAB 100MG SR	Non Preferred	QL (2 ea per day), PA
WELLBUTRIN TAB 150MG SR	Non Preferred	QL (3 ea per day), PA
WELLBUTRIN TAB 200MG SR	Non Preferred	QL (2 ea per day), PA
WELLBUTRIN TAB XL 150MG	Non Preferred	QL (1 ea per day), PA
WELLBUTRIN TAB XL 300MG	Non Preferred	QL (1 ea per day), PA

MONOAMINE OXIDASE INHIBITORS (MAOIS)

Drug Name	Drug Tier	Requirements/Limits
EMSAM DIS 6MG/24HR	Non Preferred	PA
EMSAM DIS 9MG/24HR	Non Preferred	PA
EMSAM DIS 12MG/24H	Non Preferred	PA
MARPLAN TAB 10MG	Non Preferred	PA
NARDIL TAB 15MG	Non Preferred	QL (6 ea per day), PA
phenelzine sulfate tab 15 mg (generic of NARDIL)	Preferred	QL (6 ea per day)
tranylcypromine sulfate tab 10 mg (generic of PARNATE)	Preferred	QL (8 ea per day)

N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
SPRAVATO SOL 56MG DOS	Non Preferred	PA
SPRAVATO SOL 84MG DOS	Non Preferred	PA

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

Drug Name	Drug Tier	Requirements/Limits
CELEXA TAB 10MG	Non Preferred	QL (1 ea per day), PA
CELEXA TAB 20MG	Non Preferred	QL (2 ea per day), PA
CELEXA TAB 40MG	Non Preferred	QL (2 ea per day), PA
citalopram hydrobromide oral soln 10 mg/5ml	Preferred	QL (20 mL per day)
citalopram hydrobromide tab 10 mg (base equiv) (generic of CELEXA)	Preferred	QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
citalopram hydrobromide tab 20 mg (base equiv) (generic of CELEXA)	Preferred	QL (2 ea per day)
citalopram hydrobromide tab 40 mg (base equiv) (generic of CELEXA)	Preferred	QL (2 ea per day)
escitalopram oxalate soln 5 mg/5ml (base equiv)	Preferred	
escitalopram oxalate tab 5 mg (base equiv) (generic of LEXAPRO)	Preferred	QL (1 ea per day)
escitalopram oxalate tab 10 mg (base equiv) (generic of LEXAPRO)	Preferred	QL (1 ea per day)
escitalopram oxalate tab 20 mg (base equiv) (generic of LEXAPRO)	Preferred	QL (1 ea per day)
fluoxetine hcl cap 10 mg (generic of PROZAC)	Preferred	QL (3 ea per day)
fluoxetine hcl cap 20 mg (generic of PROZAC)	Preferred	QL (4 ea per day)
fluoxetine hcl cap 40 mg (generic of PROZAC)	Preferred	
fluoxetine hcl cap delayed release 90 mg	Non Preferred	PA
fluoxetine hcl solution 20 mg/5ml	Preferred	
fluoxetine hcl tab 10 mg	Preferred	
fluoxetine hcl tab 20 mg	Preferred	
fluoxetine hcl tab 60 mg (generic of FLUOXETINE HYDROCHLORIDE)	Preferred	
FLUOXETINE TAB 60MG	Preferred	
fluvoxamine maleate cap er 24hr 100 mg	Non Preferred	PA
fluvoxamine maleate cap er 24hr 150 mg	Non Preferred	PA
fluvoxamine maleate tab 25 mg	Preferred	QL (2 ea per day)
fluvoxamine maleate tab 50 mg	Preferred	QL (2 ea per day)
fluvoxamine maleate tab 100 mg	Preferred	QL (3 ea per day)
LEXAPRO TAB 5MG	Non Preferred	QL (1 ea per day), PA
LEXAPRO TAB 10MG	Non Preferred	QL (1 ea per day), PA
LEXAPRO TAB 20MG	Non Preferred	QL (1 ea per day), PA
paroxetine hcl tab 10 mg (generic of PAXIL)	Preferred	QL (2 ea per day)
paroxetine hcl tab 20 mg (generic of PAXIL)	Preferred	QL (2 ea per day)
paroxetine hcl tab 30 mg (generic of PAXIL)	Preferred	QL (2 ea per day)
paroxetine hcl tab 40 mg (generic of PAXIL)	Preferred	QL (2 ea per day)

Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl tab er 24hr 12.5 mg (generic of PAXIL CR)	Non Preferred	PA
paroxetine hcl tab er 24hr 25 mg (generic of PAXIL CR)	Non Preferred	PA
paroxetine hcl tab er 24hr 37.5 mg (generic of PAXIL CR)	Non Preferred	PA
PAXIL CR TAB 12.5MG	Non Preferred	PA
PAXIL CR TAB 25MG	Non Preferred	PA
PAXIL CR TAB 37.5MG	Non Preferred	PA
PAXIL SUS 10MG/5ML	Non Preferred	PA
PAXIL TAB 10MG	Non Preferred	QL (2 ea per day), PA
PAXIL TAB 20MG	Non Preferred	QL (2 ea per day), PA
PAXIL TAB 30MG	Non Preferred	QL (2 ea per day), PA
PAXIL TAB 40MG	Non Preferred	QL (2 ea per day), PA
PEXEVA TAB 10MG	Non Preferred	PA
PEXEVA TAB 20MG	Non Preferred	PA
PEXEVA TAB 30MG	Non Preferred	PA
PEXEVA TAB 40MG	Non Preferred	PA
PROZAC CAP 10MG	Non Preferred	QL (3 ea per day), PA
PROZAC CAP 20MG	Non Preferred	QL (4 ea per day), PA
PROZAC CAP 40MG	Non Preferred	PA
sertraline hcl oral concentrate for solution 20 mg/ml (generic of ZOLOFT)	Preferred	
sertraline hcl tab 25 mg (generic of ZOLOFT)	Preferred	QL (1 ea per day)
sertraline hcl tab 50 mg (generic of ZOLOFT)	Preferred	QL (2 ea per day)
sertraline hcl tab 100 mg (generic of ZOLOFT)	Preferred	QL (2 ea per day)
ZOLOFT CON 20MG/ML	Non Preferred	PA
ZOLOFT TAB 25MG	Non Preferred	QL (1 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
ZOLOFT TAB 50MG	Non Preferred	QL (2 ea per day), PA
ZOLOFT TAB 100MG	Non Preferred	QL (2 ea per day), PA

SEROTONIN MODULATORS

Drug Name	Drug Tier	Requirements/Limits
nefazodone hcl tab 50 mg	Non Preferred	PA
nefazodone hcl tab 100 mg	Non Preferred	PA
nefazodone hcl tab 150 mg	Non Preferred	PA
nefazodone hcl tab 200 mg	Non Preferred	PA
nefazodone hcl tab 250 mg	Non Preferred	PA
trazodone hcl tab 50 mg	Preferred	
trazodone hcl tab 100 mg	Preferred	
trazodone hcl tab 150 mg	Preferred	
trazodone hcl tab 300 mg	Preferred	
TRINTELLIX TAB 5MG	Non Preferred	PA
TRINTELLIX TAB 10MG	Non Preferred	PA
TRINTELLIX TAB 20MG	Non Preferred	PA
VIIBRYD KIT STARTER	Non Preferred	PA
VIIBRYD TAB 10MG	Non Preferred	PA
VIIBRYD TAB 20MG	Non Preferred	PA
VIIBRYD TAB 40MG	Non Preferred	PA

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

Drug Name	Drug Tier	Requirements/Limits
CYMBALTA CAP 20MG	Non Preferred	QL (2 ea per day), PA
CYMBALTA CAP 30MG	Non Preferred	QL (2 ea per day), PA
CYMBALTA CAP 60MG	Non Preferred	QL (2 ea per day), PA
DESVENLAFAX TAB 50MG ER	Non Preferred	PA
DESVENLAFAX TAB 100MG ER	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (generic of PRISTIQ)	Non Preferred	PA
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (generic of PRISTIQ)	Non Preferred	PA
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (generic of PRISTIQ)	Non Preferred	PA
DRIZALMA CAP 20MG DR	Non Preferred	PA
DRIZALMA CAP 30MG DR	Non Preferred	PA
DRIZALMA CAP 40MG DR	Non Preferred	PA
DRIZALMA CAP 60MG DR	Non Preferred	PA
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (generic of CYMBALTA)	Preferred	QL (2 ea per day)
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (generic of CYMBALTA)	Preferred	QL (2 ea per day)
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	Preferred	
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (generic of CYMBALTA)	Preferred	QL (2 ea per day)
EFFEXOR XR CAP 37.5MG	Non Preferred	QL (1 ea per day), PA
EFFEXOR XR CAP 75MG	Non Preferred	QL (3 ea per day), PA
EFFEXOR XR CAP 150MG	Non Preferred	QL (1 ea per day), PA
FETZIMA CAP 20MG	Non Preferred	PA
FETZIMA CAP 40MG	Non Preferred	PA
FETZIMA CAP 80MG	Non Preferred	PA
FETZIMA CAP 120MG	Non Preferred	PA
FETZIMA CAP TITRATIO	Non Preferred	PA
PRISTIQ TAB 25MG	Non Preferred	PA
PRISTIQ TAB 50MG	Non Preferred	PA
PRISTIQ TAB 100MG	Non Preferred	PA
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (generic of EFFEXOR XR)	Preferred	QL (1 ea per day)
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (generic of EFFEXOR XR)	Preferred	QL (3 ea per day)

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (generic of EFFEXOR XR)	Preferred	QL (1 ea per day)
venlafaxine hcl tab 25 mg (base equivalent)	Preferred	QL (3 ea per day)
venlafaxine hcl tab 37.5 mg (base equivalent)	Preferred	QL (3 ea per day)
venlafaxine hcl tab 50 mg (base equivalent)	Preferred	QL (3 ea per day)
venlafaxine hcl tab 75 mg (base equivalent)	Preferred	QL (3 ea per day)
venlafaxine hcl tab 100 mg (base equivalent)	Preferred	QL (3 ea per day)
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	Non Preferred	PA
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	Non Preferred	PA
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	Non Preferred	PA
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	Non Preferred	PA

TRICYCLIC AGENTS

Drug Name	Drug Tier	Requirements/Limits
amitriptyline hcl tab 10 mg	Preferred	QL (6 ea per day)
amitriptyline hcl tab 25 mg	Preferred	QL (6 ea per day)
amitriptyline hcl tab 50 mg	Preferred	QL (4 ea per day)
amitriptyline hcl tab 75 mg	Preferred	QL (4 ea per day)
amitriptyline hcl tab 100 mg	Preferred	QL (3 ea per day)
amitriptyline hcl tab 150 mg	Preferred	QL (3 ea per day)
amoxapine tab 25 mg	Non Preferred	PA
amoxapine tab 50 mg	Non Preferred	PA
amoxapine tab 100 mg	Non Preferred	PA
amoxapine tab 150 mg	Non Preferred	PA
ANAFRANIL CAP 25MG	Non Preferred	QL (6 ea per day), PA
ANAFRANIL CAP 50MG	Non Preferred	QL (4 ea per day), PA
ANAFRANIL CAP 75MG	Non Preferred	QL (4 ea per day), PA
clomipramine hcl cap 25 mg (generic of ANAFRANIL)	Preferred	QL (6 ea per day)
clomipramine hcl cap 50 mg (generic of ANAFRANIL)	Preferred	QL (4 ea per day)

Drug Name	Drug Tier	Requirements/Limits
clomipramine hcl cap 75 mg (generic of ANAFRANIL)	Preferred	QL (4 ea per day)
desipramine hcl tab 10 mg (generic of NORPRAMIN)	Preferred	QL (6 ea per day)
desipramine hcl tab 25 mg (generic of NORPRAMIN)	Preferred	QL (4 ea per day)
desipramine hcl tab 50 mg	Preferred	QL (6 ea per day)
desipramine hcl tab 75 mg	Preferred	QL (4 ea per day)
desipramine hcl tab 100 mg	Preferred	QL (3 ea per day)
desipramine hcl tab 150 mg	Preferred	QL (2 ea per day)
doxepin hcl cap 10 mg	Preferred	QL (3 ea per day)
doxepin hcl cap 25 mg	Preferred	QL (3 ea per day)
doxepin hcl cap 50 mg	Preferred	QL (3 ea per day)
doxepin hcl cap 75 mg	Preferred	QL (3 ea per day)
doxepin hcl cap 100 mg	Preferred	QL (3 ea per day)
doxepin hcl cap 150 mg	Preferred	QL (2 ea per day)
doxepin hcl conc 10 mg/ml	Preferred	QL (30 mL per day)
imipramine hcl tab 10 mg	Preferred	QL (6 ea per day)
imipramine hcl tab 25 mg	Preferred	QL (6 ea per day)
imipramine hcl tab 50 mg	Preferred	QL (6 ea per day)
imipramine pamoate cap 75 mg	Non Preferred	PA
imipramine pamoate cap 100 mg	Non Preferred	PA
imipramine pamoate cap 125 mg	Non Preferred	PA
imipramine pamoate cap 150 mg	Non Preferred	PA
NORPRAMIN TAB 10MG	Non Preferred	QL (6 ea per day), PA
NORPRAMIN TAB 25MG	Non Preferred	QL (4 ea per day), PA
nortriptyline hcl cap 10 mg (generic of PAMELOR)	Preferred	QL (6 ea per day)
nortriptyline hcl cap 25 mg (generic of PAMELOR)	Preferred	QL (6 ea per day)
nortriptyline hcl cap 50 mg (generic of PAMELOR)	Preferred	QL (4 ea per day)
nortriptyline hcl cap 75 mg (generic of PAMELOR)	Preferred	QL (2 ea per day)
nortriptyline hcl soln 10 mg/5ml	Preferred	
PAMELOR CAP 10MG	Non Preferred	QL (6 ea per day), PA
PAMELOR CAP 25MG	Non Preferred	QL (6 ea per day), PA
PAMELOR CAP 50MG	Non Preferred	QL (4 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
PAMELOR CAP 75MG	Non Preferred	QL (2 ea per day), PA
protriptyline hcl tab 5 mg	Preferred	QL (8 ea per day)
protriptyline hcl tab 10 mg	Preferred	QL (8 ea per day)
trimipramine maleate cap 25 mg	Non Preferred	PA
trimipramine maleate cap 50 mg	Non Preferred	PA
trimipramine maleate cap 100 mg	Non Preferred	PA

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
acarbose tab 25 mg (generic of PRECOSE)	Preferred	QL (3 ea per day)
acarbose tab 50 mg (generic of PRECOSE)	Preferred	QL (3 ea per day)
acarbose tab 100 mg (generic of PRECOSE)	Preferred	QL (4 ea per day)
GLYSET TAB 25MG	Non Preferred	PA
GLYSET TAB 50MG	Non Preferred	PA
GLYSET TAB 100MG	Non Preferred	PA
miglitol tab 25 mg (generic of GLYSET)	Preferred	
miglitol tab 50 mg (generic of GLYSET)	Preferred	
miglitol tab 100 mg (generic of GLYSET)	Preferred	
PRECOSE TAB 25MG	Non Preferred	QL (3 ea per day), PA
PRECOSE TAB 50MG	Non Preferred	QL (3 ea per day), PA
PRECOSE TAB 100MG	Non Preferred	QL (4 ea per day), PA

ANTIDIABETIC - AMYLIN ANALOGS

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60 INJ 1000MCG	Non Preferred	PA
SYMLNPEN 120 INJ 1000MCG	Non Preferred	PA

ANTIDIABETIC COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
ACTOPLUS MET TAB 15-500MG	Non Preferred	PA
ACTOPLUS MET TAB 15-850MG	Non Preferred	PA
alogliptin-metformin hcl tab 12.5-500 mg	Non Preferred	QL (2 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
alogliptin-metformin hcl tab 12.5-1000 mg	Non Preferred	QL (2 ea per day), PA
alogliptin-pioglitazone tab 12.5-15 mg	Non Preferred	QL (1 ea per day), PA
alogliptin-pioglitazone tab 12.5-30 mg	Non Preferred	QL (1 ea per day), PA
alogliptin-pioglitazone tab 12.5-45 mg	Non Preferred	QL (1 ea per day), PA
alogliptin-pioglitazone tab 25-15 mg	Non Preferred	QL (1 ea per day), PA
alogliptin-pioglitazone tab 25-30 mg	Non Preferred	QL (1 ea per day), PA
alogliptin-pioglitazone tab 25-45 mg	Non Preferred	QL (1 ea per day), PA
DUETACT TAB 30-2MG	Non Preferred	PA
DUETACT TAB 30-4MG	Non Preferred	PA
glipizide-metformin hcl tab 2.5-250 mg	Preferred	
glipizide-metformin hcl tab 2.5-500 mg	Preferred	
glipizide-metformin hcl tab 5-500 mg	Preferred	
glyburide-metformin tab 1.25-250 mg	Preferred	QL (2 ea per day)
glyburide-metformin tab 2.5-500 mg	Preferred	QL (2 ea per day)
glyburide-metformin tab 5-500 mg	Preferred	QL (4 ea per day)
GLYXAMBI TAB 10-5 MG	Non Preferred	PA
GLYXAMBI TAB 25-5 MG	Non Preferred	PA
INVOKAMET TAB 50-500MG	Non Preferred	PA
INVOKAMET TAB 50-1000	Non Preferred	PA
INVOKAMET TAB 150-500	Non Preferred	PA
INVOKAMET TAB 150-1000	Non Preferred	PA
INVOKAMET XR TAB 50-500MG	Non Preferred	PA
INVOKAMET XR TAB 50-1000	Non Preferred	PA
INVOKAMET XR TAB 150-500	Non Preferred	PA
INVOKAMET XR TAB 150-1000	Non Preferred	PA
JANUMET TAB 50-500MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
JANUMET TAB 50-1000	Non Preferred	PA
JANUMET XR TAB 50-500MG	Non Preferred	PA
JANUMET XR TAB 50-1000	Non Preferred	PA
JANUMET XR TAB 100-1000	Non Preferred	PA
JENTADUETO TAB 2.5-500	Non Preferred	PA
JENTADUETO TAB 2.5-850	Non Preferred	PA
JENTADUETO TAB 2.5-1000	Non Preferred	PA
JENTADUETO TAB XR	Non Preferred	PA
KAZANO 12.5- TAB 500MG	Non Preferred	QL (2 ea per day), PA
KAZANO 12.5- TAB 1000MG	Non Preferred	QL (2 ea per day), PA
KOMBIGLYZ XR TAB 2.5-1000	Non Preferred	PA
KOMBIGLYZ XR TAB 5-500MG	Non Preferred	PA
KOMBIGLYZ XR TAB 5-1000MG	Non Preferred	PA
OSENI TAB 12.5-15	Non Preferred	QL (1 ea per day), PA
OSENI TAB 12.5-30	Non Preferred	QL (1 ea per day), PA
OSENI TAB 12.5-45	Non Preferred	QL (1 ea per day), PA
OSENI TAB 25-15MG	Non Preferred	QL (1 ea per day), PA
OSENI TAB 25-30MG	Non Preferred	QL (1 ea per day), PA
OSENI TAB 25-45MG	Non Preferred	QL (1 ea per day), PA
pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)	Non Preferred	PA
pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)	Non Preferred	PA
pioglitazone hcl-metformin hcl tab 15-500 mg (generic of ACTOPLUS MET)	Non Preferred	PA
pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)	Non Preferred	PA
QTERN TAB 5-5MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
QTERN TAB 10MG/5MG	Non Preferred	PA
SEGLUROMET TAB 2.5-500	Non Preferred	QL (2 ea per day), PA
SEGLUROMET TAB 2.5-1000	Non Preferred	QL (2 ea per day), PA
SEGLUROMET TAB 7.5-500	Non Preferred	QL (2 ea per day), PA
SEGLUROMET TAB 7.5-1000	Non Preferred	QL (2 ea per day), PA
SOLIQUA INJ 100/33	Non Preferred	PA
STEGLUJAN TAB 5-100MG	Non Preferred	PA
STEGLUJAN TAB 15-100MG	Non Preferred	PA
SYNJARDY TAB	Non Preferred	PA
SYNJARDY TAB 5-500MG	Non Preferred	PA
SYNJARDY TAB 5-1000MG	Non Preferred	PA
SYNJARDY TAB 12.5-500	Non Preferred	PA
SYNJARDY XR TAB	Non Preferred	PA
SYNJARDY XR TAB 5-1000MG	Non Preferred	PA
SYNJARDY XR TAB 10-1000	Non Preferred	PA
SYNJARDY XR TAB 25-1000	Non Preferred	PA
TRIJARDY XR TAB	Non Preferred	PA
XIGDUO XR TAB 2.5-1000	Non Preferred	PA
XIGDUO XR TAB 5-500MG	Non Preferred	PA
XIGDUO XR TAB 5-1000MG	Non Preferred	PA
XIGDUO XR TAB 10-500MG	Non Preferred	PA
XIGDUO XR TAB 10-1000	Non Preferred	PA
XULTOPHY INJ 100/3.6	Non Preferred	PA

BIGUANIDES

Drug Name	Drug Tier	Requirements/Limits
FORTAMET TAB 500MG	Non Preferred	PA
FORTAMET TAB 1000MG	Non Preferred	PA
GLUMETZA TAB 500MG	Non Preferred	PA
GLUMETZA TAB 1000MG	Non Preferred	PA
metformin hcl oral soln 500 mg/5ml (generic of RIOMET)	Non Preferred	PA
metformin hcl tab 500 mg	Preferred	QL (5 ea per day)
metformin hcl tab 850 mg	Preferred	QL (3 ea per day)
metformin hcl tab 1000 mg	Preferred	QL (2 ea per day)
metformin hcl tab er 24hr 500 mg	Preferred	QL (4 ea per day)
metformin hcl tab er 24hr 750 mg	Preferred	QL (4 ea per day)
metformin hcl tab er 24hr modified release 500 mg (generic of GLUMETZA)	Preferred	
metformin hcl tab er 24hr modified release 1000 mg (generic of GLUMETZA)	Preferred	
metformin hcl tab er 24hr osmotic 500 mg (generic of FORTAMET)	Preferred	
metformin hcl tab er 24hr osmotic 1000 mg (generic of FORTAMET)	Preferred	
RIOMET ER SUS 500/5ML	Non Preferred	PA
RIOMET SOL	Non Preferred	PA
RIOMET SOL 500/5ML	Non Preferred	PA

DIABETIC OTHER

Drug Name	Drug Tier	Requirements/Limits
BAQSIMI ONE POW 3MG/DOSE	Non Preferred	QL (2 ea / 25 days), PA
BAQSIMI TWO POW 3MG/DOSE	Non Preferred	QL (2 ea / 25 days), PA
diazoxide susp 50 mg/ml (generic of PROGLYCEM)	Preferred	
GLUCAGEN INJ HYPOKIT	Preferred	QL (2 ea / 25 days)
GLUCAGON EMR SOL 1MG	Preferred	
GLUCAGON KIT 1MG	Preferred	QL (2 ea / 25 days)
GLUCOSE CHEW TABS	Preferred	OTC
GVOKE HYPO 1 INJ 1MG/.2ML	Non Preferred	PA
GVOKE HYPO 1 INJ .5/.1ML	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPO 2 INJ 1MG/.2ML	Non Preferred	PA
GVOKE HYPO 2 INJ .5/.1ML	Non Preferred	PA
GVOKE PFS INJ	Non Preferred	PA
KORLYM TAB 300MG	Non Preferred	PA
PROGLYCEM SUS 50MG/ML	Preferred	

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
alogliptin benzoate tab 6.25 mg (base equiv)	Non Preferred	QL (1 ea per day), PA
alogliptin benzoate tab 12.5 mg (base equiv)	Non Preferred	QL (1 ea per day), PA
alogliptin benzoate tab 25 mg (base equiv)	Non Preferred	QL (1 ea per day), PA
JANUVIA TAB 25MG	Preferred	
JANUVIA TAB 50MG	Preferred	
JANUVIA TAB 100MG	Preferred	
NESINA TAB 6.25MG	Non Preferred	QL (1 ea per day), PA
NESINA TAB 12.5MG	Non Preferred	QL (1 ea per day), PA
NESINA TAB 25MG	Non Preferred	QL (1 ea per day), PA
ONGLYZA TAB 2.5MG	Non Preferred	PA
ONGLYZA TAB 5MG	Non Preferred	PA
TRADJENTA TAB 5MG	Preferred	

DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC

Drug Name	Drug Tier	Requirements/Limits
CYCLOSET TAB 0.8MG	Non Preferred	PA

INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

Drug Name	Drug Tier	Requirements/Limits
ADLYXIN INJ 10/20MCG	Non Preferred	PA
ADLYXIN INJ 20MCG	Non Preferred	PA
BYDUREON BC INJ 2/0.85ML	Non Preferred	PA
BYDUREON PEN INJ 2MG	Non Preferred	PA
BYETTA INJ 5MCG	Preferred	

Drug Name	Drug Tier	Requirements/Limits
BYETTA INJ 10MCG	Preferred	
OZEMPIC INJ 2/1.5ML	Non Preferred	PA
RYBELSUS TAB 3MG	Non Preferred	PA
RYBELSUS TAB 7MG	Non Preferred	PA
RYBELSUS TAB 14MG	Non Preferred	PA
TRULICITY INJ 0.75/0.5	Non Preferred	PA
TRULICITY INJ 1.5/0.5	Non Preferred	PA
VICTOZA INJ 18MG/3ML	Preferred	

INSULIN

Drug Name	Drug Tier	Requirements/Limits
ADMELOG INJ 100U/ML	Non Preferred	PA
ADMELOG SOLO INJ 100U/ML	Non Preferred	PA
AFREZZA POW 4-8 UNIT	Non Preferred	PA
AFREZZA POW 4-8-12	Non Preferred	PA
AFREZZA POW 4UNIT	Non Preferred	PA
AFREZZA POW 8 UNIT	Non Preferred	PA
AFREZZA POW 8-12UNIT	Non Preferred	PA
AFREZZA POW 12 UNIT	Non Preferred	PA
APIDRA INJ SOLOSTAR	Non Preferred	PA
APIDRA INJ U-100	Non Preferred	PA
BASAGLAR INJ 100UNIT	Non Preferred	QL (1.34 mL per day), PA
FIASP FLEX INJ TOUCH	Non Preferred	PA
FIASP INJ 100/ML	Non Preferred	PA
FIASP PENFIL INJ U-100	Non Preferred	PA
HUMALOG INJ 100/ML	Preferred	
HUMALOG JR INJ 100/ML	Preferred	
HUMALOG KWIK INJ 100/ML	Preferred	

Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIK INJ 200/ML	Preferred	
HUMALOG MIX INJ 50/50	Preferred	QL (1.34 mL per day)
HUMALOG MIX INJ 50/50KWP	Preferred	QL (1.34 mL per day)
HUMALOG MIX INJ 75/25KWP	Preferred	QL (1.34 mL per day)
HUMALOG MIX SUS 75/25	Preferred	QL (1.34 mL per day)
HUMULIN INJ 70/30	Preferred	OTC, QL (1.34 mL per day)
HUMULIN INJ 70/30KWP	Preferred	OTC, QL (1.34 mL per day)
HUMULIN N INJ U-100	Preferred	OTC, QL (1.34 mL per day)
HUMULIN N INJ U-100KWP	Preferred	OTC
HUMULIN R INJ U-100	Preferred	OTC, QL (1.34 mL per day)
HUMULIN R INJ U-500	Preferred	
HUMULIN R INJ U-500	Preferred	QL (1 mL per day)
INS ASP PROT INJ FLEXPEN	Non Preferred	QL (1.34 mL per day), PA
INSULIN ASPA INJ 70/30	Non Preferred	QL (1.34 mL per day), PA
INSULIN ASPA INJ 100/ML	Non Preferred	PA
INSULIN ASPA INJ FLEXPEN	Non Preferred	PA
INSULIN ASPA INJ PENFILL	Non Preferred	PA
INSULIN LISP INJ 100/ML	Preferred	
INSULIN LISP INJ JUNIOR	Preferred	
INSULIN LISP INJ PROTAMIN	Preferred	QL (1.34 mL per day)
LANTUS INJ 100/ML	Preferred	
LANTUS SOLOS INJ 100/ML	Preferred	QL (1.34 mL per day)
LEVEMIR INJ	Preferred	
LEVEMIR INJ FLEXTOUC	Preferred	
NOVOLIN70/30 INJ RELION	Non Preferred	OTC, QL (1.34 mL per day), PA
NOVOLIN INJ 70/30	Non Preferred	OTC, QL (1.34 mL per day), PA
NOVOLIN INJ 70/30 FP	Non Preferred	OTC, QL (1.34 mL per day), PA
NOVOLIN N INJ 100 UNIT	Non Preferred	OTC, QL (1.34 mL per day), PA
NOVOLIN N INJ RELION	Non Preferred	OTC, QL (1.34 mL per day), PA
NOVOLIN N INJ U-100	Non Preferred	OTC, QL (1.34 mL per day), PA
NOVOLIN R INJ 100 UNIT	Non Preferred	OTC, PA

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R INJ RELION	Non Preferred	OTC, QL (1.34 mL per day), PA
NOVOLIN R INJ U-100	Non Preferred	OTC, QL (1.34 mL per day), PA
NOVOLOG INJ 100/ML	Non Preferred	PA
NOVOLOG INJ FLEXPEN	Non Preferred	PA
NOVOLOG INJ PENFILL	Non Preferred	PA
NOVOLOG MIX INJ 70/30	Non Preferred	QL (1.34 mL per day), PA
NOVOLOG MIX INJ FLEXPEN	Non Preferred	QL (1.34 mL per day), PA
TOUJEO MAX INJ 300IU/ML	Non Preferred	PA
TOUJEO SOLO INJ 300IU/ML	Non Preferred	PA
TRESIBA FLEX INJ 100UNIT	Non Preferred	PA
TRESIBA FLEX INJ 200UNIT	Non Preferred	PA
TRESIBA INJ 100UNIT	Non Preferred	PA

INSULIN SENSITIZING AGENTS

Drug Name	Drug Tier	Requirements/Limits
ACTOS TAB 15MG	Non Preferred	QL (1 ea per day), PA
ACTOS TAB 30MG	Non Preferred	QL (1 ea per day), PA
ACTOS TAB 45MG	Non Preferred	QL (1 ea per day), PA
AVANDIA TAB 2MG	Preferred	
AVANDIA TAB 4MG	Preferred	
pioglitazone hcl tab 15 mg (base equiv) (generic of ACTOS)	Preferred	QL (1 ea per day)
pioglitazone hcl tab 30 mg (base equiv) (generic of ACTOS)	Preferred	QL (1 ea per day)
pioglitazone hcl tab 45 mg (base equiv) (generic of ACTOS)	Preferred	QL (1 ea per day)

MEGLITINIDE ANALOGUES

Drug Name	Drug Tier	Requirements/Limits
nateglinide tab 60 mg (generic of STARLIX)	Preferred	QL (3 ea per day)
nateglinide tab 120 mg (generic of STARLIX)	Preferred	QL (3 ea per day)

Drug Name	Drug Tier	Requirements/Limits
repaglinide tab 0.5 mg	Non Preferred	QL (6 ea per day), PA
repaglinide tab 1 mg	Non Preferred	QL (6 ea per day), PA
repaglinide tab 2 mg	Non Preferred	QL (6 ea per day), PA
STARLIX TAB 60MG	Non Preferred	QL (3 ea per day), PA
STARLIX TAB 120MG	Non Preferred	QL (3 ea per day), PA

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
FARXIGA TAB 5MG	Non Preferred	PA
FARXIGA TAB 10MG	Non Preferred	PA
INVOKANA TAB 100MG	Preferred	
INVOKANA TAB 300MG	Preferred	
JARDIANCE TAB 10MG	Preferred	
JARDIANCE TAB 25MG	Preferred	
STEGLATRO TAB 5MG	Non Preferred	QL (1 ea per day), PA
STEGLATRO TAB 15MG	Non Preferred	QL (1 ea per day), PA

SULFONYLUREAS

Drug Name	Drug Tier	Requirements/Limits
AMARYL TAB 1MG	Non Preferred	QL (3 ea per day), PA
AMARYL TAB 2MG	Non Preferred	QL (4 ea per day), PA
AMARYL TAB 4MG	Non Preferred	QL (3 ea per day), PA
glimepiride tab 1 mg (generic of AMARYL)	Preferred	QL (3 ea per day)
glimepiride tab 2 mg (generic of AMARYL)	Preferred	QL (4 ea per day)
glimepiride tab 4 mg (generic of AMARYL)	Preferred	QL (3 ea per day)
glipizide tab 5 mg (generic of GLUCOTROL)	Preferred	QL (8 ea per day)
glipizide tab 10 mg (generic of GLUCOTROL)	Preferred	QL (4 ea per day)
glipizide tab er 24hr 2.5 mg (generic of GLUCOTROL XL)	Preferred	QL (2 ea per day)
glipizide tab er 24hr 5 mg (generic of GLUCOTROL XL)	Preferred	QL (2 ea per day)
glipizide tab er 24hr 10 mg (generic of GLUCOTROL XL)	Preferred	QL (2 ea per day)
glipizide xl tab 2.5mg (generic of GLUCOTROL XL)	Preferred	QL (2 ea per day)

Drug Name	Drug Tier	Requirements/Limits
glipizide xl tab 5mg (generic of GLUCOTROL XL)	Preferred	QL (2 ea per day)
glipizide xl tab 10mg (generic of GLUCOTROL XL)	Preferred	QL (2 ea per day)
GLUCOTROL TAB 5MG	Non Preferred	QL (8 ea per day), PA
GLUCOTROL TAB 10MG	Non Preferred	QL (4 ea per day), PA
GLUCOTROL XL TAB 2.5MG	Non Preferred	QL (2 ea per day), PA
GLUCOTROL XL TAB 5MG	Non Preferred	QL (2 ea per day), PA
GLUCOTROL XL TAB 10MG	Non Preferred	QL (2 ea per day), PA
glyburide micronized tab 1.5 mg (generic of GLYNASE)	Preferred	QL (4 ea per day)
glyburide micronized tab 3 mg (generic of GLYNASE)	Preferred	QL (4 ea per day)
glyburide micronized tab 6 mg (generic of GLYNASE)	Preferred	QL (4 ea per day)
glyburide tab 1.25 mg	Preferred	QL (4 ea per day)
glyburide tab 2.5 mg	Preferred	QL (4 ea per day)
glyburide tab 5 mg	Preferred	QL (4 ea per day)
GLYNASE TAB 1.5MG	Non Preferred	QL (4 ea per day), PA
GLYNASE TAB 3MG	Non Preferred	QL (4 ea per day), PA
GLYNASE TAB 6MG	Non Preferred	QL (4 ea per day), PA
tolbutamide tab 500 mg	Preferred	QL (6 ea per day)

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

Drug Name	Drug Tier	Requirements/Limits
bismuth subsalicylate chew tab 262 mg	Preferred	OTC
bismuth subsalicylate susp 262 mg/15ml	Preferred	OTC
bismuth subsalicylate susp 525 mg/15ml	Preferred	OTC
bismuth subsalicylate tab 262 mg	Preferred	OTC

ANTIPERISTALTIC AGENTS

Drug Name	Drug Tier	Requirements/Limits
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	Preferred	QL (40 mL per day)
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	Preferred	QL (8 ea per day)
loperamide hcl cap 2 mg	Preferred	QL (8 ea per day)
loperamide hcl cap 2 mg	Preferred	OTC, QL (8 ea per day)
loperamide hcl tab 2 mg	Preferred	OTC, QL (8 ea per day)

Drug Name	Drug Tier	Requirements/Limits
loperamide sus 1mg/7.5	Preferred	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

ANTIDOTES - CHELATING AGENTS

Drug Name	Drug Tier	Requirements/Limits
CHEMET CAP 100MG	Preferred	
deferasirox tab 90 mg (generic of JADENU)	Non Preferred	SP, PA
deferasirox tab 180 mg (generic of JADENU)	Non Preferred	SP, PA
deferasirox tab 360 mg (generic of JADENU)	Non Preferred	SP, PA
deferasirox tab for oral susp 125 mg (generic of EXJADE)	Non Preferred	SP, PA
deferasirox tab for oral susp 250 mg (generic of EXJADE)	Non Preferred	SP, PA
deferasirox tab for oral susp 500 mg (generic of EXJADE)	Non Preferred	SP, PA
EXJADE TAB 125MG	Non Preferred	SP, PA
EXJADE TAB 250MG	Non Preferred	SP, PA
EXJADE TAB 500MG	Non Preferred	SP, PA
FERRIPROX SOL 100MG/ML	Non Preferred	PA
FERRIPROX TAB 500MG	Non Preferred	PA
FERRIPROX TAB 1000MG	Non Preferred	PA
JADENU SPRKL GRA 90MG	Non Preferred	SP, PA
JADENU SPRKL GRA 180MG	Non Preferred	SP, PA
JADENU SPRKL GRA 360MG	Non Preferred	SP, PA
JADENU TAB 90MG	Non Preferred	SP, PA
JADENU TAB 180MG	Non Preferred	SP, PA
JADENU TAB 360MG	Non Preferred	SP, PA

OPIOID ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
naloxone hcl inj 0.4 mg/ml	Preferred	
naloxone hcl inj 4 mg/10ml	Preferred	

Drug Name	Drug Tier	Requirements/Limits
naloxone hcl soln cartridge 0.4 mg/ml	Preferred	
naloxone hcl soln prefilled syringe 2 mg/2ml	Preferred	
naltrexone hcl tab 50 mg	Preferred	QL (2 ea per day)
NARCAN SPR	Preferred	
VIVITROL INJ 380MG	Preferred	SP

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT3 RECEPTOR ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
ANZEMET TAB 50MG	Non Preferred	PA
ANZEMET TAB 100MG	Non Preferred	PA
granisetron hcl tab 1 mg	Non Preferred	QL (2 ea per day), PA
ondansetron hcl oral soln 4 mg/5ml	Preferred	
ondansetron hcl tab 4 mg (generic of ZOFRAN)	Preferred	QL (6 ea per day)
ondansetron hcl tab 8 mg (generic of ZOFRAN)	Preferred	QL (3 ea per day)
ondansetron orally disintegrating tab 4 mg	Preferred	QL (6 ea per day)
ondansetron orally disintegrating tab 8 mg	Preferred	QL (3 ea per day)
SANCUSO DIS 3.1MG	Non Preferred	PA
ZOFRAN TAB 4MG	Non Preferred	QL (6 ea per day), PA
ZOFRAN TAB 8MG	Non Preferred	QL (3 ea per day), PA
ZUPLENZ MIS 4MG	Non Preferred	PA
ZUPLENZ MIS 8MG	Non Preferred	PA

ANTIEMETICS - ANTICHOLINERGIC

Drug Name	Drug Tier	Requirements/Limits
dimenhydrinate tab 50 mg	Preferred	OTC
meclizine hcl chew tab 25 mg	Preferred	OTC
meclizine hcl tab 12.5 mg	Preferred	QL (4 ea per day)
meclizine hcl tab 25 mg	Preferred	QL (4 ea per day)
scopolamine td patch 72hr 1 mg/3days (generic of TRANSDERM SCOP)	Preferred	
TIGAN CAP 300MG	Non Preferred	PA
TRANSDERM SC DIS 1MG/3DAY	Preferred	
TRANSDERM-SC DIS 1MG/3DAY	Preferred	
trimethobenzamide hcl cap 300 mg (generic of TIGAN)	Non Preferred	PA

ANTIEMETICS - MISCELLANEOUS

Drug Name	Drug Tier	Requirements/Limits
AKYNZEO CAP 300-0.5	Non Preferred	PA
BONJESTA TAB 20-20MG	Non Preferred	PA
DICLEGIS TAB 10-10MG	Non Preferred	PA
doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)	Non Preferred	PA
dronabinol cap 2.5 mg (generic of MARINOL)	Non Preferred	PA
dronabinol cap 5 mg (generic of MARINOL)	Non Preferred	PA
dronabinol cap 10 mg (generic of MARINOL)	Non Preferred	PA
MARINOL CAP 2.5MG	Non Preferred	PA
MARINOL CAP 5MG	Non Preferred	PA
MARINOL CAP 10MG	Non Preferred	PA

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
aprepitant capsule 40 mg (generic of EMEND)	Preferred	
aprepitant capsule 80 mg (generic of EMEND)	Preferred	
aprepitant capsule 125 mg	Preferred	
aprepitant capsule therapy pack 80 & 125 mg	Preferred	
EMEND CAP 40MG	Non Preferred	PA
EMEND CAP 80MG	Non Preferred	PA
EMEND SUS 125MG	Non Preferred	PA
EMEND TRIPAC PAK 80 & 125	Non Preferred	PA
VARUBI TAB 90MG	Non Preferred	PA

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

Drug Name	Drug Tier	Requirements/Limits
ANCOBON CAP 250MG	Non Preferred	PA
ANCOBON CAP 500MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
flucytosine cap 250 mg (generic of ANCOBON)	Non Preferred	PA
flucytosine cap 500 mg (generic of ANCOBON)	Non Preferred	PA
griseofulvin microsize susp 125 mg/5ml	Preferred	QL (40 mL per day)
griseofulvin microsize tab 500 mg	Preferred	
griseofulvin ultramicrosize tab 125 mg	Preferred	
griseofulvin ultramicrosize tab 250 mg	Preferred	
nystatin tab 500000 unit	Preferred	QL (8 ea per day)
terbinafine hcl tab 250 mg (generic of LAMISIL)	Preferred	QL (1 ea per day)

IMIDAZOLE-RELATED ANTIFUNGALS

Drug Name	Drug Tier	Requirements/Limits
CRESEMBA CAP 186 MG	Non Preferred	PA
DIFLUCAN SUS 10MG/ML	Non Preferred	QL (3 mL per day), PA
DIFLUCAN SUS 40MG/ML	Non Preferred	QL (5 mL per day), PA
DIFLUCAN TAB 50MG	Non Preferred	QL (2 ea per day), PA
DIFLUCAN TAB 100MG	Non Preferred	PA
DIFLUCAN TAB 150MG	Non Preferred	PA
DIFLUCAN TAB 200MG	Non Preferred	PA
fluconazole for susp 10 mg/ml (generic of DIFLUCAN)	Preferred	QL (3 mL per day)
fluconazole for susp 40 mg/ml (generic of DIFLUCAN)	Preferred	QL (5 mL per day)
fluconazole tab 50 mg (generic of DIFLUCAN)	Preferred	QL (2 ea per day)
fluconazole tab 100 mg (generic of DIFLUCAN)	Preferred	
fluconazole tab 150 mg (generic of DIFLUCAN)	Preferred	
fluconazole tab 200 mg (generic of DIFLUCAN)	Preferred	
itraconazole cap 100 mg (generic of SPORANOX)	Non Preferred	PA
itraconazole oral soln 10 mg/ml (generic of SPORANOX)	Non Preferred	PA
ketoconazole tab 200 mg	Preferred	QL (2 ea per day)
NOXAFIL SUS 40MG/ML	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
NOXAFIL TAB 100MG	Non Preferred	PA
posaconazole tab delayed release 100 mg (generic of NOXAFIL)	Non Preferred	PA
SPORANOX CAP 100MG	Non Preferred	PA
SPORANOX CAP PULSEPAK	Non Preferred	PA
SPORANOX SOL 10MG/ML	Non Preferred	PA
TOLSURA CAP 65MG	Non Preferred	PA
VFEND SUS 40MG/ML	Non Preferred	PA
VFEND TAB 50MG	Non Preferred	PA
VFEND TAB 200MG	Non Preferred	PA
voriconazole for susp 40 mg/ml (generic of VFEND)	Non Preferred	PA
voriconazole tab 50 mg (generic of VFEND)	Non Preferred	PA
voriconazole tab 200 mg (generic of VFEND)	Non Preferred	PA

ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHISTAMINES - ALKYLAMINES

Drug Name	Drug Tier	Requirements/Limits
chlorpheniramine maleate syrup 2 mg/5ml	Preferred	OTC
chlorpheniramine tab 4 mg	Preferred	OTC, QL (6 ea per day)
chlorpheniramine tab er 12 mg	Preferred	OTC, QL (2 ea per day)

ANTIHISTAMINES - ETHANOLAMINES

Drug Name	Drug Tier	Requirements/Limits
carbinoxamine maleate soln 4 mg/5ml	Preferred	
carbinoxamine maleate tab 4 mg	Preferred	
clemastine fumarate tab 1.34 mg	Preferred	OTC, QL (2 ea per day)
clemastine fumarate tab 2.68 mg	Preferred	QL (3 ea per day)
diphenhydramine hcl cap 25 mg	Preferred	OTC, QL (6 ea per day); AGE (Max age 64 years)
diphenhydramine hcl cap 50 mg	Preferred	OTC, QL (6 ea per day); AGE (Max age 64 years)
diphenhydramine hcl chew tab 12.5 mg	Preferred	OTC, QL (6 ea per day); AGE (Max age 12 years)
diphenhydramine hcl elixir 12.5 mg/5ml	Preferred	QL (80 mL per day); AGE (Max age 12 years)
diphenhydramine hcl inj 50 mg/ml	Preferred	AGE (Max age 64 years)

Drug Name	Drug Tier	Requirements/Limits
diphenhydramine hcl liquid 12.5 mg/5ml	Preferred	OTC, QL (60 mL per day); AGE (Max age 12 years)
diphenhydramine hcl tab disint 12.5 mg	Preferred	OTC, QL (6 ea per day); AGE (Max age 64 years)
diphenydramine hcl tab 25 mg	Preferred	OTC, QL (6 ea per day); AGE (Max age 64 years)

ANTIHISTAMINES - NON-SEDATING

Drug Name	Drug Tier	Requirements/Limits
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Preferred	QL (10 mL per day); AGE (Max age 12 years)
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Preferred	OTC, QL (10 mL per day); AGE (Max age 12 years)
cetirizine hcl tab 5 mg	Preferred	OTC, QL (1 ea per day)
cetirizine hcl tab 10 mg	Preferred	OTC, QL (1 ea per day)
loratadine rapidly-disintegrating tab 10 mg	Preferred	OTC, QL (1 ea per day); AGE (Max age 12 years)
loratadine syrup 5 mg/5ml	Preferred	OTC, QL (10 mL per day); AGE (Max age 12 years)
loratadine tab 10 mg	Preferred	OTC, QL (1 ea per day)

ANTIHISTAMINES - PHENOTHIAZINES

Drug Name	Drug Tier	Requirements/Limits
promethazine hcl inj 25 mg/ml (generic of PHENERGAN)	Preferred	QL (100 mL per day); AGE (Min age 2 years and Max age 64 years)
promethazine hcl inj 50 mg/ml (generic of PHENERGAN)	Preferred	QL (50 mL per day); AGE (Min age 2 years and Max age 64 years)
promethazine hcl suppos 12.5 mg	Preferred	QL (8 ea per day); AGE (Min age 2 years and Max age 64 years)
promethazine hcl suppos 25 mg	Preferred	QL (8 ea per day); AGE (Min age 2 years and Max age 64 years)
promethazine hcl syrup 6.25 mg/5ml	Preferred	QL (100 mL per day); AGE (Min age 2 years and Max age 64 years)
promethazine hcl tab 12.5 mg	Preferred	QL (2 ea per day); AGE (Min age 2 years and Max age 64 years)
promethazine hcl tab 25 mg	Preferred	QL (6 ea per day); AGE (Min age 2 years and Max age 64 years)

Drug Name	Drug Tier	Requirements/Limits
promethazine hcl tab 50 mg	Preferred	QL (2 ea per day); AGE (Min age 2 years and Max age 64 years)

ANTIHISTAMINES - PIPERIDINES

Drug Name	Drug Tier	Requirements/Limits
cyproheptadine hcl syrup 2 mg/5ml	Preferred	QL (20 mL per day); AGE (Max age 64 years)
cyproheptadine hcl tab 4 mg	Preferred	QL (6 ea per day); AGE (Max age 64 years)

ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
NEXLETOL TAB 180MG	Non Preferred	PA

ANTIHYPERLIPIDEMICS - COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN)	Non Preferred	PA
ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN)	Non Preferred	PA
ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN)	Non Preferred	PA
ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN)	Non Preferred	PA
VYTORIN TAB 10-10MG	Non Preferred	PA
VYTORIN TAB 10-20MG	Non Preferred	PA
VYTORIN TAB 10-40MG	Non Preferred	PA
VYTORIN TAB 10-80MG	Non Preferred	PA

ANTIHYPERLIPIDEMICS - MISC.

Drug Name	Drug Tier	Requirements/Limits
LOVAZA CAP 1GM	Non Preferred	PA
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	Non Preferred	PA
VASCEPA CAP 0.5GM	Non Preferred	PA
VASCEPA CAP 1GM	Non Preferred	PA

BILE ACID SEQUESTRANTS

Drug Name	Drug Tier	Requirements/Limits
cholestyramine light powder 4 gm/dose (generic of QUESTRAN LIGHT)	Preferred	QL (8 gm per day)

Drug Name	Drug Tier	Requirements/Limits
cholestyramine light powder packets 4 gm	Preferred	
cholestyramine powder 4 gm/dose (generic of QUESTRAN)	Preferred	QL (48 gm per day)
cholestyramine powder packets 4 gm (generic of QUESTRAN)	Preferred	
colesevelam hcl packet for susp 3.75 gm (generic of WELCHOL)	Non Preferred	PA
colesevelam hcl tab 625 mg (generic of WELCHOL)	Non Preferred	PA
COLESTID FLA GRA 5/7.5GM	Non Preferred	PA
COLESTID FLA GRA 5GM	Non Preferred	PA
COLESTID GRA 5GM	Non Preferred	PA
COLESTID POW 5GM	Non Preferred	PA
COLESTID TAB 1GM	Non Preferred	QL (16 ea per day), PA
colestipol hcl granule packets 5 gm (generic of COLESTID)	Non Preferred	PA
colestipol hcl granules 5 gm (generic of COLESTID)	Non Preferred	PA
colestipol hcl tab 1 gm (generic of COLESTID)	Non Preferred	QL (16 ea per day), PA
prevalite pow 4gm (generic of QUESTRAN LIGHT)	Preferred	QL (8 gm per day)
prevalite pow 4gm pk	Preferred	
QUESTRAN POW 4GM	Non Preferred	PA
QUESTRAN POW 4GM	Non Preferred	QL (48 gm per day), PA
QUESTRAN POW 4GM LITE	Non Preferred	QL (8 gm per day), PA
WELCHOL PAK 3.75GM	Non Preferred	PA
WELCHOL TAB 625MG	Non Preferred	PA

FIBRIC ACID DERIVATIVES

Drug Name	Drug Tier	Requirements/Limits
ANTARA CAP 30MG	Non Preferred	PA
ANTARA CAP 90MG	Non Preferred	PA
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (generic of TRILIPIX)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (generic of TRILIPIX)	Preferred	
fenofibrate cap 50 mg	Preferred	
fenofibrate cap 150 mg	Preferred	
fenofibrate micronized cap 43 mg	Preferred	
fenofibrate micronized cap 67 mg	Preferred	
fenofibrate micronized cap 130 mg	Preferred	
fenofibrate micronized cap 134 mg	Preferred	
fenofibrate micronized cap 200 mg	Preferred	
fenofibrate tab 40 mg (generic of FENOGLIDE)	Preferred	
fenofibrate tab 48 mg (generic of TRICOR)	Preferred	QL (1 ea per day)
fenofibrate tab 54 mg	Preferred	QL (1 ea per day)
fenofibrate tab 120 mg (generic of FENOGLIDE)	Preferred	
fenofibrate tab 145 mg (generic of TRICOR)	Preferred	QL (1 ea per day)
fenofibrate tab 160 mg	Preferred	QL (1 ea per day)
FENOGLIDE TAB 40MG	Non Preferred	PA
FENOGLIDE TAB 120MG	Non Preferred	PA
gemfibrozil tab 600 mg (generic of LOPID)	Preferred	QL (4 ea per day)
LIPOFEN CAP 50MG	Non Preferred	PA
LIPOFEN CAP 150MG	Non Preferred	PA
LOPID TAB 600MG	Non Preferred	QL (4 ea per day), PA
TRICOR TAB 48MG	Non Preferred	QL (1 ea per day), PA
TRICOR TAB 145MG	Non Preferred	QL (1 ea per day), PA
TRIGLIDE TAB 160MG	Non Preferred	QL (1 ea per day), PA
TRILIPIX CAP 45MG	Non Preferred	PA
TRILIPIX CAP 135MG	Non Preferred	PA

HMG COA REDUCTASE INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
ALTOPREV TAB 20MG ER	Non Preferred	PA
ALTOPREV TAB 40MG ER	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ALTOPREV TAB 60MG ER	Non Preferred	PA
atorvastatin calcium tab 10 mg (base equivalent) (generic of LIPITOR)	Preferred	QL (1 ea per day)
atorvastatin calcium tab 20 mg (base equivalent) (generic of LIPITOR)	Preferred	QL (1 ea per day)
atorvastatin calcium tab 40 mg (base equivalent) (generic of LIPITOR)	Preferred	QL (1 ea per day)
atorvastatin calcium tab 80 mg (base equivalent) (generic of LIPITOR)	Preferred	QL (1 ea per day)
CRESTOR TAB 5MG	Non Preferred	QL (1 ea per day), PA
CRESTOR TAB 10MG	Non Preferred	QL (1 ea per day), PA
CRESTOR TAB 20MG	Non Preferred	QL (1 ea per day), PA
CRESTOR TAB 40MG	Non Preferred	QL (1 ea per day), PA
EZALLOR SPR CAP 5MG	Non Preferred	PA
EZALLOR SPR CAP 10MG	Non Preferred	PA
EZALLOR SPR CAP 20MG	Non Preferred	PA
EZALLOR SPR CAP 40MG	Non Preferred	PA
fluvastatin sodium cap 20 mg (base equivalent)	Non Preferred	PA
fluvastatin sodium cap 40 mg (base equivalent)	Non Preferred	PA
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (generic of LESCOL XL)	Non Preferred	PA
LESCOL XL TAB 80MG	Non Preferred	PA
LIPITOR TAB 10MG	Non Preferred	QL (1 ea per day), PA
LIPITOR TAB 20MG	Non Preferred	QL (1 ea per day), PA
LIPITOR TAB 40MG	Non Preferred	QL (1 ea per day), PA
LIPITOR TAB 80MG	Non Preferred	QL (1 ea per day), PA
LIVALO TAB 1MG	Non Preferred	PA
LIVALO TAB 2MG	Non Preferred	PA
LIVALO TAB 4MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
lovastatin tab 10 mg	Preferred	QL (1 ea per day)
lovastatin tab 20 mg	Preferred	QL (1 ea per day)
lovastatin tab 40 mg	Preferred	QL (1 ea per day)
PRAVACHOL TAB 20MG	Non Preferred	QL (1 ea per day), PA
PRAVACHOL TAB 40MG	Non Preferred	QL (1 ea per day), PA
pravastatin sodium tab 10 mg	Preferred	QL (1 ea per day)
pravastatin sodium tab 20 mg (generic of PRAVACHOL)	Preferred	QL (1 ea per day)
pravastatin sodium tab 40 mg (generic of PRAVACHOL)	Preferred	QL (1 ea per day)
pravastatin sodium tab 80 mg	Preferred	QL (1 ea per day)
rosuvastatin calcium tab 5 mg (generic of CRESTOR)	Preferred	QL (1 ea per day)
rosuvastatin calcium tab 10 mg (generic of CRESTOR)	Preferred	QL (1 ea per day)
rosuvastatin calcium tab 20 mg (generic of CRESTOR)	Preferred	QL (1 ea per day)
rosuvastatin calcium tab 40 mg (generic of CRESTOR)	Preferred	QL (1 ea per day)
simvastatin tab 5 mg (generic of ZOCOR)	Preferred	QL (1 ea per day)
simvastatin tab 10 mg (generic of ZOCOR)	Preferred	QL (1 ea per day)
simvastatin tab 20 mg (generic of ZOCOR)	Preferred	QL (1 ea per day)
simvastatin tab 40 mg (generic of ZOCOR)	Preferred	QL (1 ea per day)
simvastatin tab 80 mg (generic of ZOCOR)	Preferred	
ZOCOR TAB 10MG	Non Preferred	QL (1 ea per day), PA
ZOCOR TAB 20MG	Non Preferred	QL (1 ea per day), PA
ZOCOR TAB 40MG	Non Preferred	QL (1 ea per day), PA
ZOCOR TAB 80MG	Non Preferred	PA
ZYPITAMAG TAB 1MG	Non Preferred	PA
ZYPITAMAG TAB 2MG	Non Preferred	PA
ZYPITAMAG TAB 4MG	Non Preferred	PA

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
ezetimibe tab 10 mg (generic of ZETIA)	Preferred	QL (1 ea per day)
ZETIA TAB 10MG	Non Preferred	QL (1 ea per day), PA

MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP)

INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAP 5MG	Non Preferred	PA
JUXTAPID CAP 10MG	Non Preferred	PA
JUXTAPID CAP 20MG	Non Preferred	PA
JUXTAPID CAP 30MG	Non Preferred	PA
JUXTAPID CAP 40MG	Non Preferred	PA
JUXTAPID CAP 60MG	Non Preferred	PA

NICOTINIC ACID DERIVATIVES

Drug Name	Drug Tier	Requirements/Limits
niacin tab er 500 mg (antihyperlipidemic) (generic of NIASPAN)	Non Preferred	PA
niacin tab er 750 mg (antihyperlipidemic) (generic of NIASPAN)	Non Preferred	PA
niacin tab er 1000 mg (antihyperlipidemic) (generic of NIASPAN)	Non Preferred	PA
NIASPAN TAB 500MG ER	Non Preferred	PA
NIASPAN TAB 750MG ER	Non Preferred	PA
NIASPAN TAB 1000 ER	Non Preferred	PA

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
PRALUENT INJ 75MG/ML	Non Preferred	PA
PRALUENT INJ 150MG/ML	Non Preferred	PA
REPATHA INJ 140MG/ML	Non Preferred	PA
REPATHA PUSH INJ 420/3.5	Non Preferred	PA
REPATHA SURE INJ 140MG/ML	Non Preferred	PA

ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACE INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
ACCUPRIL TAB 5MG	Non Preferred	QL (1 ea per day), PA
ACCUPRIL TAB 10MG	Non Preferred	QL (1 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
ACCUPRIL TAB 20MG	Non Preferred	QL (1 ea per day), PA
ACCUPRIL TAB 40MG	Non Preferred	QL (2 ea per day), PA
ALTACE CAP 1.25MG	Non Preferred	QL (1 ea per day), PA
ALTACE CAP 2.5MG	Non Preferred	QL (1 ea per day), PA
ALTACE CAP 5MG	Non Preferred	QL (1 ea per day), PA
ALTACE CAP 10MG	Non Preferred	QL (1 ea per day), PA
benazepril hcl tab 5 mg	Preferred	QL (1.5 ea per day)
benazepril hcl tab 10 mg (generic of LOTENSIN)	Preferred	QL (1.5 ea per day)
benazepril hcl tab 20 mg (generic of LOTENSIN)	Preferred	QL (1.5 ea per day)
benazepril hcl tab 40 mg (generic of LOTENSIN)	Preferred	QL (2 ea per day)
captopril tab 12.5 mg	Preferred	QL (3 ea per day)
captopril tab 25 mg	Preferred	QL (3 ea per day)
captopril tab 50 mg	Preferred	QL (3 ea per day)
captopril tab 100 mg	Preferred	QL (3 ea per day)
enalapril maleate tab 2.5 mg (generic of VASOTEC)	Preferred	QL (1 ea per day)
enalapril maleate tab 5 mg (generic of VASOTEC)	Preferred	QL (1 ea per day)
enalapril maleate tab 10 mg (generic of VASOTEC)	Preferred	QL (1 ea per day)
enalapril maleate tab 20 mg (generic of VASOTEC)	Preferred	QL (2 ea per day)
EPANED SOL 1MG/ML	Non Preferred	PA
fosinopril sodium tab 10 mg	Preferred	QL (1 ea per day)
fosinopril sodium tab 20 mg	Preferred	QL (1 ea per day)
fosinopril sodium tab 40 mg	Preferred	QL (1 ea per day)
lisinopril tab 2.5 mg (generic of ZESTRIL)	Preferred	QL (1 ea per day)
lisinopril tab 5 mg (generic of ZESTRIL)	Preferred	QL (1 ea per day)
lisinopril tab 10 mg (generic of PRINIVIL)	Preferred	QL (1 ea per day)
lisinopril tab 20 mg (generic of PRINIVIL)	Preferred	QL (1 ea per day)
lisinopril tab 30 mg (generic of ZESTRIL)	Preferred	QL (2 ea per day)
lisinopril tab 40 mg (generic of ZESTRIL)	Preferred	QL (2 ea per day)
LOTENSIN TAB 10MG	Non Preferred	QL (1.5 ea per day), PA
LOTENSIN TAB 20MG	Non Preferred	QL (1.5 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
LOTENSIN TAB 40MG	Non Preferred	QL (2 ea per day), PA
moexipril hcl tab 7.5 mg	Preferred	
moexipril hcl tab 15 mg	Preferred	
perindopril erbumine tab 2 mg	Non Preferred	PA
perindopril erbumine tab 4 mg	Non Preferred	PA
perindopril erbumine tab 8 mg	Non Preferred	PA
PRINIVIL TAB 10MG	Non Preferred	QL (1 ea per day), PA
PRINIVIL TAB 20MG	Non Preferred	QL (1 ea per day), PA
QBRELIS SOL 1MG/ML	Non Preferred	PA
quinapril hcl tab 5 mg (generic of ACCUPRIL)	Preferred	QL (1 ea per day)
quinapril hcl tab 10 mg (generic of ACCUPRIL)	Preferred	QL (1 ea per day)
quinapril hcl tab 20 mg (generic of ACCUPRIL)	Preferred	QL (1 ea per day)
quinapril hcl tab 40 mg (generic of ACCUPRIL)	Preferred	QL (2 ea per day)
ramipril cap 1.25 mg (generic of ALTACE)	Preferred	QL (1 ea per day)
ramipril cap 2.5 mg (generic of ALTACE)	Preferred	QL (1 ea per day)
ramipril cap 5 mg (generic of ALTACE)	Preferred	QL (1 ea per day)
ramipril cap 10 mg (generic of ALTACE)	Preferred	QL (1 ea per day)
trandolapril tab 1 mg	Preferred	QL (1 ea per day)
trandolapril tab 2 mg	Preferred	QL (1 ea per day)
trandolapril tab 4 mg (generic of MAVIK)	Preferred	QL (1 ea per day)
VASOTEC TAB 2.5MG	Non Preferred	QL (1 ea per day), PA
VASOTEC TAB 5MG	Non Preferred	QL (1 ea per day), PA
VASOTEC TAB 10MG	Non Preferred	QL (1 ea per day), PA
VASOTEC TAB 20MG	Non Preferred	QL (2 ea per day), PA
ZESTRIL TAB 2.5MG	Non Preferred	QL (1 ea per day), PA
ZESTRIL TAB 5MG	Non Preferred	QL (1 ea per day), PA
ZESTRIL TAB 10MG	Non Preferred	QL (1 ea per day), PA
ZESTRIL TAB 20MG	Non Preferred	QL (1 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
ZESTRIL TAB 30MG	Non Preferred	QL (2 ea per day), PA
ZESTRIL TAB 40MG	Non Preferred	QL (2 ea per day), PA

AGENTS FOR PHEOCHROMOCYTOMA

Drug Name	Drug Tier	Requirements/Limits
DEMSER CAP 250MG	Preferred	
phenoxybenzamine hcl cap 10 mg (generic of DIBENZYLINE)	Non Preferred	PA

ANGIOTENSIN II RECEPTOR ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
ATACAND TAB 4MG	Non Preferred	PA
ATACAND TAB 8MG	Non Preferred	PA
ATACAND TAB 16MG	Non Preferred	PA
ATACAND TAB 32MG	Non Preferred	PA
AVAPRO TAB 75MG	Non Preferred	QL (1 ea per day), PA
AVAPRO TAB 150MG	Non Preferred	QL (1 ea per day), PA
AVAPRO TAB 300MG	Non Preferred	QL (1 ea per day), PA
BENICAR TAB 5MG	Non Preferred	PA
BENICAR TAB 20MG	Non Preferred	PA
BENICAR TAB 40MG	Non Preferred	PA
candesartan cilexetil tab 4 mg (generic of ATACAND)	Non Preferred	PA
candesartan cilexetil tab 8 mg (generic of ATACAND)	Non Preferred	PA
candesartan cilexetil tab 16 mg (generic of ATACAND)	Non Preferred	PA
candesartan cilexetil tab 32 mg (generic of ATACAND)	Non Preferred	PA
COZAAR TAB 25MG	Non Preferred	QL (1 ea per day), PA
COZAAR TAB 50MG	Non Preferred	QL (1 ea per day), PA
COZAAR TAB 100MG	Non Preferred	QL (1 ea per day), PA
DIOVAN TAB 40MG	Non Preferred	QL (2 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
DIOVAN TAB 80MG	Non Preferred	QL (2 ea per day), PA
DIOVAN TAB 160MG	Non Preferred	QL (2 ea per day), PA
DIOVAN TAB 320MG	Non Preferred	QL (2 ea per day), PA
EDARBI TAB 40MG	Non Preferred	PA
EDARBI TAB 80MG	Non Preferred	PA
irbesartan tab 75 mg (generic of AVAPRO)	Preferred	QL (1 ea per day)
irbesartan tab 150 mg (generic of AVAPRO)	Preferred	QL (1 ea per day)
irbesartan tab 300 mg (generic of AVAPRO)	Preferred	QL (1 ea per day)
losartan potassium tab 25 mg (generic of COZAAR)	Preferred	QL (1 ea per day)
losartan potassium tab 50 mg (generic of COZAAR)	Preferred	QL (1 ea per day)
losartan potassium tab 100 mg (generic of COZAAR)	Preferred	QL (1 ea per day)
MICARDIS TAB 20MG	Non Preferred	PA
MICARDIS TAB 40MG	Non Preferred	PA
MICARDIS TAB 80MG	Non Preferred	PA
olmesartan medoxomil tab 5 mg (generic of BENICAR)	Non Preferred	PA
olmesartan medoxomil tab 20 mg (generic of BENICAR)	Non Preferred	PA
olmesartan medoxomil tab 40 mg (generic of BENICAR)	Non Preferred	PA
telmisartan tab 20 mg (generic of MICARDIS)	Non Preferred	PA
telmisartan tab 40 mg (generic of MICARDIS)	Non Preferred	PA
telmisartan tab 80 mg (generic of MICARDIS)	Non Preferred	PA
valsartan tab 40 mg (generic of DIOVAN)	Preferred	QL (2 ea per day)
valsartan tab 80 mg (generic of DIOVAN)	Preferred	QL (2 ea per day)
valsartan tab 160 mg (generic of DIOVAN)	Preferred	QL (2 ea per day)
valsartan tab 320 mg (generic of DIOVAN)	Preferred	QL (2 ea per day)

ANTIADRENERGIC ANTIHYPERTENSIVES

Drug Name	Drug Tier	Requirements/Limits
CARDURA TAB 1MG	Non Preferred	QL (1 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
CARDURA TAB 2MG	Non Preferred	QL (1 ea per day), PA
CARDURA TAB 4MG	Non Preferred	QL (1 ea per day), PA
CARDURA TAB 8MG	Non Preferred	QL (2 ea per day), PA
CATAPRES TAB 0.1MG	Non Preferred	QL (6 ea per day), PA
CATAPRES TAB 0.2MG	Non Preferred	QL (6 ea per day), PA
CATAPRES TAB 0.3MG	Non Preferred	QL (4 ea per day), PA
CATAPRES-TTS DIS 0.1/24HR	Non Preferred	PA
CATAPRES-TTS DIS 0.2/24HR	Non Preferred	PA
CATAPRES-TTS DIS 0.3/24HR	Non Preferred	PA
clonidine hcl tab 0.1 mg (generic of CATAPRES)	Preferred	QL (6 ea per day)
clonidine hcl tab 0.2 mg (generic of CATAPRES)	Preferred	QL (6 ea per day)
clonidine hcl tab 0.3 mg (generic of CATAPRES)	Preferred	QL (4 ea per day)
clonidine td patch weekly 0.1 mg/24hr (generic of CATAPRES-TTS-1)	Preferred	
clonidine td patch weekly 0.2 mg/24hr (generic of CATAPRES-TTS-2)	Preferred	
clonidine td patch weekly 0.3 mg/24hr (generic of CATAPRES-TTS-3)	Preferred	
doxazosin mesylate tab 1 mg (generic of CARDURA)	Preferred	QL (1 ea per day)
doxazosin mesylate tab 2 mg (generic of CARDURA)	Preferred	QL (1 ea per day)
doxazosin mesylate tab 4 mg (generic of CARDURA)	Preferred	QL (1 ea per day)
doxazosin mesylate tab 8 mg (generic of CARDURA)	Preferred	QL (2 ea per day)
guanfacine hcl tab 1 mg	Preferred	QL (4 ea per day)
guanfacine hcl tab 2 mg	Preferred	QL (2 ea per day)
methyldopa tab 250 mg	Preferred	QL (4 ea per day)
methyldopa tab 500 mg	Preferred	QL (6 ea per day)
MINIPRESS CAP 1MG	Non Preferred	QL (6 ea per day), PA
MINIPRESS CAP 2MG	Non Preferred	QL (6 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
MINIPRESS CAP 5MG	Non Preferred	QL (6 ea per day), PA
prazosin hcl cap 1 mg (generic of MINIPRESS)	Preferred	QL (6 ea per day)
prazosin hcl cap 2 mg (generic of MINIPRESS)	Preferred	QL (6 ea per day)
prazosin hcl cap 5 mg (generic of MINIPRESS)	Preferred	QL (6 ea per day)
terazosin hcl cap 1 mg (base equivalent)	Preferred	QL (1 ea per day)
terazosin hcl cap 2 mg (base equivalent)	Preferred	QL (2 ea per day)
terazosin hcl cap 5 mg (base equivalent)	Preferred	QL (1 ea per day)
terazosin hcl cap 10 mg (base equivalent)	Preferred	QL (2 ea per day)

ANTIHYPERTENSIVE COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
ACCURETIC TAB 10-12.5	Non Preferred	QL (1 ea per day), PA
ACCURETIC TAB 20-12.5	Non Preferred	QL (1 ea per day), PA
ACCURETIC TAB 20-25MG	Non Preferred	QL (1 ea per day), PA
amlodipine besylate-benazepril hcl cap 2.5-10 mg	Preferred	
amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)	Preferred	QL (1 ea per day)
amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)	Preferred	QL (1 ea per day)
amlodipine besylate-benazepril hcl cap 5-40 mg	Preferred	QL (1 ea per day)
amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)	Preferred	QL (1 ea per day)
amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)	Preferred	QL (1 ea per day)
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AZOR)	Non Preferred	PA
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AZOR)	Non Preferred	PA
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AZOR)	Non Preferred	PA
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AZOR)	Non Preferred	PA
amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)	Non Preferred	QL (1 ea per day), PA
amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)	Non Preferred	QL (1 ea per day), PA
amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)	Non Preferred	QL (1 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)	Non Preferred	QL (1 ea per day), PA
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (generic of EXFORGE HCT)	Non Preferred	PA
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)	Non Preferred	PA
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)	Non Preferred	PA
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)	Non Preferred	PA
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)	Non Preferred	PA
ATACAND HCT TAB 16-12.5	Non Preferred	PA
ATACAND HCT TAB 32-12.5	Non Preferred	PA
ATACAND HCT TAB 32-25MG	Non Preferred	PA
atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	Preferred	QL (2 ea per day)
atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)	Preferred	QL (1 ea per day)
AVALIDE TAB 150-12.5	Non Preferred	QL (1 ea per day), PA
AVALIDE TAB 300-12.5	Non Preferred	QL (1 ea per day), PA
AZOR TAB 5-20MG	Non Preferred	PA
AZOR TAB 5-40MG	Non Preferred	PA
AZOR TAB 10-20MG	Non Preferred	PA
AZOR TAB 10-40MG	Non Preferred	PA
benazepril & hydrochlorothiazide tab 5-6.25 mg	Preferred	QL (1 ea per day)
benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)	Preferred	QL (1 ea per day)
benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)	Preferred	QL (1 ea per day)
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	Preferred	QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
BENICAR HCT TAB 20-12.5	Non Preferred	PA
BENICAR HCT TAB 40-12.5	Non Preferred	PA
BENICAR HCT TAB 40-25MG	Non Preferred	PA
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)	Preferred	QL (3 ea per day)
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)	Preferred	QL (3 ea per day)
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)	Preferred	QL (4 ea per day)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)	Non Preferred	PA
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)	Non Preferred	PA
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)	Non Preferred	PA
captopril & hydrochlorothiazide tab 25-15 mg	Preferred	QL (3 ea per day)
captopril & hydrochlorothiazide tab 25-25 mg	Preferred	QL (2 ea per day)
captopril & hydrochlorothiazide tab 50-15 mg	Preferred	QL (3 ea per day)
captopril & hydrochlorothiazide tab 50-25 mg	Preferred	QL (2 ea per day)
DIOVAN HCT TAB 80/12.5	Non Preferred	QL (1 ea per day), PA
DIOVAN HCT TAB 160-12.5	Non Preferred	QL (1 ea per day), PA
DIOVAN HCT TAB 160-25MG	Non Preferred	QL (1 ea per day), PA
DIOVAN HCT TAB 320-12.5	Non Preferred	QL (1 ea per day), PA
DIOVAN HCT TAB 320-25MG	Non Preferred	QL (1 ea per day), PA
EDARBYCLOR TAB 40-12.5	Non Preferred	PA
EDARBYCLOR TAB 40-25MG	Non Preferred	PA
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	Preferred	QL (2 ea per day)
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	Preferred	QL (2 ea per day)
EXFORGE TAB 5-160MG	Non Preferred	QL (1 ea per day), PA
EXFORGE TAB 5-320MG	Non Preferred	QL (1 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
EXFORGE TAB 10-160MG	Non Preferred	QL (1 ea per day), PA
EXFORGE TAB 10-320MG	Non Preferred	QL (1 ea per day), PA
EXFORGEH/5- TAB 160-12.5	Non Preferred	PA
EXFORGEH/5- TAB 160-25	Non Preferred	PA
EXFORGEH/10- TAB 160-12.5	Non Preferred	PA
EXFORGEH/10- TAB 160-25	Non Preferred	PA
EXFORGEH/10- TAB 320-25	Non Preferred	PA
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	Preferred	QL (1 ea per day)
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	Preferred	QL (1 ea per day)
HYZAAR TAB 50-12.5	Non Preferred	QL (1 ea per day), PA
HYZAAR TAB 100-12.5	Non Preferred	QL (1 ea per day), PA
HYZAAR TAB 100-25	Non Preferred	QL (1 ea per day), PA
irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)	Preferred	QL (1 ea per day)
irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)	Preferred	QL (1 ea per day)
lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)	Preferred	QL (2 ea per day)
lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)	Preferred	QL (2 ea per day)
lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)	Preferred	QL (2 ea per day)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)	Preferred	QL (1 ea per day)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)	Preferred	QL (1 ea per day)
losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)	Preferred	QL (1 ea per day)
LOTENSIN HCT TAB 10-12.5	Non Preferred	QL (1 ea per day), PA
LOTENSIN HCT TAB 20-12.5	Non Preferred	QL (1 ea per day), PA
LOTENSIN HCT TAB 20-25MG	Non Preferred	QL (1 ea per day), PA
LOTREL CAP 5-10MG	Non Preferred	QL (1 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
LOTREL CAP 5-20MG	Non Preferred	QL (1 ea per day), PA
LOTREL CAP 10-20MG	Non Preferred	QL (1 ea per day), PA
LOTREL CAP 10-40MG	Non Preferred	QL (1 ea per day), PA
methyldopa & hydrochlorothiazide tab 250-15 mg	Preferred	
methyldopa & hydrochlorothiazide tab 250-25 mg	Preferred	
metoprolol & hydrochlorothiazide tab 50-25 mg (generic of LOPRESSOR HCT)	Preferred	
metoprolol & hydrochlorothiazide tab 100-25 mg	Preferred	
metoprolol & hydrochlorothiazide tab 100-50 mg	Preferred	
MICARDIS HCT TAB 40/12.5	Non Preferred	PA
MICARDIS HCT TAB 80-25MG	Non Preferred	PA
MICARDIS HCT TAB 80/12.5	Non Preferred	PA
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)	Non Preferred	PA
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)	Non Preferred	PA
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)	Non Preferred	PA
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)	Non Preferred	PA
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)	Non Preferred	PA
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)	Non Preferred	PA
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)	Non Preferred	PA
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)	Non Preferred	PA
propranolol & hydrochlorothiazide tab 40-25 mg	Preferred	
propranolol & hydrochlorothiazide tab 80-25 mg	Preferred	
quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)	Preferred	QL (1 ea per day)
quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)	Preferred	QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
quinapril-hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)	Preferred	QL (1 ea per day)
TARKA TAB 2-180 CR	Non Preferred	PA
TARKA TAB 2-240 CR	Non Preferred	PA
TARKA TAB 4-240 CR	Non Preferred	PA
TEKTURNA HCT TAB 150-12.5	Non Preferred	PA
TEKTURNA HCT TAB 150-25MG	Non Preferred	PA
TEKTURNA HCT TAB 300-12.5	Non Preferred	PA
TEKTURNA HCT TAB 300-25MG	Non Preferred	PA
telmisartan-amlodipine tab 40-5 mg (generic of TWYNSTA)	Non Preferred	PA
telmisartan-amlodipine tab 40-10 mg (generic of TWYNSTA)	Non Preferred	PA
telmisartan-amlodipine tab 80-5 mg (generic of TWYNSTA)	Non Preferred	PA
telmisartan-amlodipine tab 80-10 mg (generic of TWYNSTA)	Non Preferred	PA
telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)	Non Preferred	PA
telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)	Non Preferred	PA
telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)	Non Preferred	PA
TENORETIC TAB 50	Non Preferred	QL (2 ea per day), PA
TENORETIC TAB 100	Non Preferred	QL (1 ea per day), PA
trandolapril-verapamil hcl tab er 1-240 mg	Preferred	
trandolapril-verapamil hcl tab er 2-180 mg (generic of TARKA)	Preferred	
trandolapril-verapamil hcl tab er 2-240 mg (generic of TARKA)	Preferred	
trandolapril-verapamil hcl tab er 4-240 mg (generic of TARKA)	Preferred	
TRIBENZOR20- TAB 5-12.5MG	Non Preferred	PA
TRIBENZOR40- TAB 5-12.5MG	Non Preferred	PA
TRIBENZOR40- TAB 5-25MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR40- TAB 10-12.5	Non Preferred	PA
TRIBENZOR40- TAB 10-25MG	Non Preferred	PA
valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)	Preferred	QL (1 ea per day)
valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)	Preferred	QL (1 ea per day)
valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)	Preferred	QL (1 ea per day)
valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)	Preferred	QL (1 ea per day)
valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)	Preferred	QL (1 ea per day)
VASERETIC TAB 10-25MG	Non Preferred	QL (2 ea per day), PA
ZESTORETIC TAB 10-12.5	Non Preferred	QL (2 ea per day), PA
ZESTORETIC TAB 20-12.5	Non Preferred	QL (2 ea per day), PA
ZESTORETIC TAB 20-25MG	Non Preferred	QL (2 ea per day), PA
ZIAC TAB 2.5/6.25	Non Preferred	QL (3 ea per day), PA
ZIAC TAB 5-6.25MG	Non Preferred	QL (3 ea per day), PA
ZIAC TAB 10/6.25	Non Preferred	QL (4 ea per day), PA

ANTIHYPERTENSIVES - MISC.

Drug Name	Drug Tier	Requirements/Limits
VECAMYL TAB 2.5MG	Non Preferred	PA

DIRECT RENIN INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
aliskiren fumarate tab 150 mg (base equivalent) (generic of TEKTURNA)	Non Preferred	PA
aliskiren fumarate tab 300 mg (base equivalent) (generic of TEKTURNA)	Non Preferred	PA
TEKTURNA TAB 150MG	Non Preferred	PA
TEKTURNA TAB 300MG	Non Preferred	PA

SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)

Drug Name	Drug Tier	Requirements/Limits
eplerenone tab 25 mg (generic of INSPRA)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
eplerenone tab 50 mg (generic of INSPRA)	Non Preferred	PA
INSPRA TAB 25MG	Non Preferred	PA
INSPRA TAB 50MG	Non Preferred	PA

VASODILATORS

Drug Name	Drug Tier	Requirements/Limits
hydralazine hcl tab 10 mg	Preferred	QL (10 ea per day)
hydralazine hcl tab 25 mg	Preferred	QL (4 ea per day)
hydralazine hcl tab 50 mg	Preferred	QL (8 ea per day)
hydralazine hcl tab 100 mg	Preferred	QL (3 ea per day)
minoxidil tab 2.5 mg	Preferred	QL (5 ea per day)
minoxidil tab 10 mg	Preferred	QL (5 ea per day)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIAL COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	Preferred	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	Preferred	
COARTEM TAB 20-120MG	Non Preferred	PA
MALARONE TAB 62.5-25	Non Preferred	PA
MALARONE TAB 250-100	Non Preferred	PA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

Drug Name	Drug Tier	Requirements/Limits
chloroquine phosphate tab 250 mg	Preferred	QL (3 ea per day)
chloroquine phosphate tab 500 mg	Preferred	QL (1 ea per day)
DARAPRIM TAB 25MG	Non Preferred	PA
hydroxychloroquine sulfate tab 200 mg (generic of PLAQUENIL)	Preferred	QL (4 ea per day)
KRINTAFEL TAB 150MG	Non Preferred	PA
mefloquine hcl tab 250 mg	Preferred	QL (4 ea per day)
primaquine phosphate tab 26.3 mg (15 mg base) (generic of PRIMAQUINE PHOSPHATE)	Preferred	
PRIMAQUINE TAB 26.3MG	Preferred	
pyrimethamine tab 25 mg	Non Preferred	PA
QUALAQUIN CAP 324MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
quinine sulfate cap 324 mg (generic of QUALAQUIN)	Non Preferred	PA

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

Drug Name	Drug Tier	Requirements/Limits
FIRDAPSE TAB 10MG	Non Preferred	PA
GUANIDINE TAB 125MG	Non Preferred	PA
MESTINON SOL 60MG/5ML	Non Preferred	PA
MESTINON TAB 60MG	Non Preferred	QL (6 ea per day), PA
MESTINON TAB TIMESPAN	Non Preferred	PA
pyridostigmine bromide oral soln 60 mg/5ml (generic of MESTINON)	Preferred	
pyridostigmine bromide tab 30 mg	Preferred	
pyridostigmine bromide tab 60 mg (generic of MESTINON)	Preferred	QL (6 ea per day)
pyridostigmine bromide tab er 180 mg (generic of MESTINON TIMESPAN)	Preferred	
RUZURGI TAB 10MG	Non Preferred	PA

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTI TB COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
RIFAMATE CAP	Preferred	
RIFATER TAB	Preferred	

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

Drug Name	Drug Tier	Requirements/Limits
cycloserine cap 250 mg	Preferred	
ethambutol hcl tab 100 mg	Preferred	QL (5 ea per day)
ethambutol hcl tab 400 mg (generic of MYAMBUTOL)	Preferred	QL (5 ea per day)
isoniazid syrup 50 mg/5ml	Preferred	QL (30 mL per day)
isoniazid tab 100 mg	Preferred	QL (6 ea per day)
isoniazid tab 300 mg	Preferred	QL (3 ea per day)
MYAMBUTOL TAB 400MG	Non Preferred	QL (5 ea per day), PA
MYCOBUTIN CAP 150MG	Non Preferred	PA
PASER GRA 4GM	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
PRETOMANID TAB 200MG	Non Preferred	PA
PRIFTIN TAB 150MG	Non Preferred	QL (1.143 ea per day), PA
pyrazinamide tab 500 mg	Preferred	QL (6 ea per day)
rifabutin cap 150 mg (generic of MYCOBUTIN)	Preferred	
RIFADIN CAP 150MG	Non Preferred	QL (8 ea per day), PA
RIFADIN CAP 300MG	Non Preferred	QL (4 ea per day), PA
rifampin cap 150 mg (generic of RIFADIN)	Preferred	QL (8 ea per day)
rifampin cap 300 mg (generic of RIFADIN)	Preferred	QL (4 ea per day)
SIRTURO TAB 100MG	Non Preferred	PA
TRECATOR TAB 250MG	Preferred	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

Drug Name	Drug Tier	Requirements/Limits
ALKERAN TAB 2MG	Non Preferred	PA
cyclophosphamide cap 25 mg	Preferred	QL (16 ea per day)
cyclophosphamide cap 50 mg	Preferred	QL (16 ea per day)
LEUKERAN TAB 2MG	Preferred	QL (8 ea per day)
melphalan tab 2 mg (generic of ALKERAN)	Preferred	
MYLERAN TAB 2MG	Preferred	
TEMODAR CAP 5MG	Non Preferred	SP, PA
TEMODAR CAP 20MG	Non Preferred	SP, PA
TEMODAR CAP 100MG	Non Preferred	SP, PA
TEMODAR CAP 140MG	Non Preferred	SP, PA
TEMODAR CAP 180MG	Non Preferred	SP, PA
TEMODAR CAP 250MG	Non Preferred	SP, PA
temozolomide cap 5 mg (generic of TEMODAR)	Preferred	SP
temozolomide cap 20 mg (generic of TEMODAR)	Preferred	SP
temozolomide cap 100 mg (generic of TEMODAR)	Preferred	SP

Drug Name	Drug Tier	Requirements/Limits
temozolomide cap 140 mg (generic of TEMODAR)	Preferred	SP
temozolomide cap 180 mg (generic of TEMODAR)	Preferred	SP
temozolomide cap 250 mg (generic of TEMODAR)	Preferred	SP

ANTIMETABOLITES

Drug Name	Drug Tier	Requirements/Limits
capecitabine tab 150 mg (generic of XELODA)	Non Preferred	SP, PA
capecitabine tab 500 mg (generic of XELODA)	Non Preferred	SP, PA
mercaptopurine tab 50 mg	Preferred	QL (4 ea per day)
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	Preferred	QL (0.4 mL per day)
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	Preferred	QL (0.4 mL per day)
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	Preferred	QL (0.4 mL per day)
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	Preferred	QL (0.4 mL per day)
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	Preferred	QL (0.4 mL per day)
methotrexate sodium tab 2.5 mg (base equiv)	Preferred	QL (24 ea per day)
PURIXAN SUS 20MG/ML	Non Preferred	SP, PA
TABLOID TAB 40MG	Preferred	
TREXALL TAB 5MG	Preferred	
TREXALL TAB 7.5MG	Preferred	
TREXALL TAB 10MG	Preferred	
TREXALL TAB 15MG	Preferred	
XATMEP SOL 2.5MG/ML	Non Preferred	PA
XELODA TAB 150MG	Non Preferred	SP, PA
XELODA TAB 500MG	Non Preferred	SP, PA

ANTINEOPLASTIC - BCL-2 INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TAB 10MG	Non Preferred	PA
VENCLEXTA TAB 50MG	Non Preferred	PA
VENCLEXTA TAB 100MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TAB START PK	Non Preferred	PA

ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
DAURISMO TAB 25MG	Non Preferred	SP, PA
DAURISMO TAB 100MG	Non Preferred	SP, PA
ERIVEDGE CAP 150MG	Preferred	SP
ODOMZO CAP 200MG	Non Preferred	SP, PA

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

Drug Name	Drug Tier	Requirements/Limits
abiraterone acetate tab 250 mg (generic of ZYTIGA)	Preferred	SP, QL (4 ea per day)
anastrozole tab 1 mg (generic of ARIMIDEX)	Preferred	QL (1 ea per day); AGE (Min age 40 years)
ARIMIDEX TAB 1MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 40 years)
AROMASIN TAB 25MG	Non Preferred	PA; AGE (Min age 40 years)
bicalutamide tab 50 mg (generic of CASODEX)	Preferred	QL (3 ea per day)
CASODEX TAB 50MG	Non Preferred	QL (3 ea per day), PA
EMCYT CAP 140MG	Preferred	
ERLEADA TAB 60MG	Non Preferred	SP, PA
exemestane tab 25 mg (generic of AROMASIN)	Preferred	AGE (Min age 40 years)
FARESTON TAB 60MG	Non Preferred	PA
FEMARA TAB 2.5MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 40 years)
flutamide cap 125 mg	Preferred	QL (6 ea per day)
letrozole tab 2.5 mg (generic of FEMARA)	Preferred	QL (1 ea per day); AGE (Min age 40 years)
LYSODREN TAB 500MG	Preferred	
megestrol acetate susp 40 mg/ml	Preferred	QL (40 mL per day)
megestrol acetate tab 20 mg	Preferred	QL (40 ea per day)
megestrol acetate tab 40 mg	Preferred	QL (20 ea per day)
nilutamide tab 150 mg (generic of NILANDRON)	Preferred	
NUBEQA TAB 300MG	Non Preferred	PA
SOLTAMOX SOL 10MG/5ML	Preferred	

Drug Name	Drug Tier	Requirements/Limits
tamoxifen citrate tab 10 mg (base equivalent)	Preferred	QL (2 ea per day)
tamoxifen citrate tab 20 mg (base equivalent)	Preferred	QL (2 ea per day)
toremifene citrate tab 60 mg (base equivalent) (generic of FARESTON)	Preferred	
XTANDI CAP 40MG	Non Preferred	SP, PA
YONSA TAB 125MG	Non Preferred	SP, PA
ZYTIGA TAB 250MG	Non Preferred	SP, QL (4 ea per day), PA
ZYTIGA TAB 500MG	Non Preferred	SP, PA

ANTINEOPLASTIC - IMMUNOMODULATORS

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAP 1MG	Non Preferred	SP, PA
POMALYST CAP 2MG	Non Preferred	SP, PA
POMALYST CAP 3MG	Non Preferred	SP, PA
POMALYST CAP 4MG	Non Preferred	SP, PA

ANTINEOPLASTIC - XPO1 INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK 60MG	Non Preferred	PA
XPOVIO PAK 80MG	Non Preferred	PA
XPOVIO PAK 100MG	Non Preferred	PA

ANTINEOPLASTIC COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 PAK FEMARA	Non Preferred	SP, PA
KISQALI 400 PAK FEMARA	Non Preferred	SP, PA
KISQALI 600 PAK FEMARA	Non Preferred	SP, PA
LONSURF TAB 15-6.14	Non Preferred	SP, PA
LONSURF TAB 20-8.19	Non Preferred	SP, PA

ANTINEOPLASTIC ENZYME INHIBITORS

Drug Name	Drug Tier	Requirements/Limits

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DIS TAB 2MG	Non Preferred	SP, PA
AFINITOR DIS TAB 3MG	Non Preferred	SP, PA
AFINITOR DIS TAB 5MG	Non Preferred	SP, PA
AFINITOR TAB 2.5MG	Non Preferred	SP, PA
AFINITOR TAB 5MG	Non Preferred	SP, PA
AFINITOR TAB 7.5MG	Non Preferred	SP, PA
AFINITOR TAB 10MG	Non Preferred	SP, PA
ALECENSA CAP 150MG	Non Preferred	SP, PA
ALUNBRIG PAK	Non Preferred	SP, PA
ALUNBRIG TAB 30MG	Non Preferred	SP, PA
ALUNBRIG TAB 90MG	Non Preferred	SP, PA
ALUNBRIG TAB 180MG	Non Preferred	SP, PA
AYVAKIT TAB 100MG	Non Preferred	PA
AYVAKIT TAB 200MG	Non Preferred	PA
AYVAKIT TAB 300MG	Non Preferred	PA
BALVERSA TAB 3MG	Non Preferred	PA
BALVERSA TAB 4MG	Non Preferred	PA
BALVERSA TAB 5MG	Non Preferred	PA
BOSULIF TAB 100MG	Non Preferred	SP, PA
BOSULIF TAB 400MG	Non Preferred	SP, PA
BOSULIF TAB 500MG	Non Preferred	SP, PA
BRAFTOVI CAP 75MG	Non Preferred	PA
BRUKINSA CAP 80MG	Non Preferred	PA
CABOMETYX TAB 20MG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TAB 40MG	Non Preferred	SP, PA
CABOMETYX TAB 60MG	Non Preferred	SP, PA
CALQUENCE CAP 100MG	Non Preferred	PA
CAPRELSA TAB 100MG	Preferred	
CAPRELSA TAB 300MG	Preferred	
COMETRIQ KIT 60MG	Non Preferred	PA
COMETRIQ KIT 100MG	Non Preferred	PA
COMETRIQ KIT 140MG	Non Preferred	PA
COPIKTRA CAP 15MG	Non Preferred	PA
COPIKTRA CAP 25MG	Non Preferred	PA
COTELLIC TAB 20MG	Non Preferred	SP, PA
erlotinib hcl tab 25 mg (base equivalent) (generic of TARCEVA)	Preferred	SP
erlotinib hcl tab 100 mg (base equivalent) (generic of TARCEVA)	Preferred	SP
erlotinib hcl tab 150 mg (base equivalent) (generic of TARCEVA)	Preferred	SP
everolimus tab 2.5 mg (generic of AFINITOR)	Non Preferred	SP, PA
everolimus tab 5 mg (generic of AFINITOR)	Non Preferred	SP, PA
everolimus tab 7.5 mg (generic of AFINITOR)	Non Preferred	SP, PA
FARYDAK CAP 10MG	Non Preferred	SP, PA
FARYDAK CAP 20MG	Non Preferred	SP, PA
GILOTRIF TAB 20MG	Non Preferred	PA
GILOTRIF TAB 30MG	Non Preferred	PA
GILOTRIF TAB 40MG	Non Preferred	PA
GLEEVEC TAB 100MG	Non Preferred	SP, QL (6 ea per day), PA
GLEEVEC TAB 400MG	Non Preferred	SP, QL (2 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAP 75MG	Non Preferred	SP, PA
IBRANCE CAP 100MG	Non Preferred	SP, PA
IBRANCE CAP 125MG	Non Preferred	SP, PA
IBRANCE TAB 75MG	Non Preferred	PA
IBRANCE TAB 100MG	Non Preferred	PA
IBRANCE TAB 125MG	Non Preferred	PA
ICLUSIG TAB 15MG	Non Preferred	PA
ICLUSIG TAB 45MG	Non Preferred	PA
IDHIFA TAB 50MG	Non Preferred	SP, PA
IDHIFA TAB 100MG	Non Preferred	SP, PA
imatinib mesylate tab 100 mg (base equivalent) (generic of GLEEVEC)	Non Preferred	SP, QL (6 ea per day), PA
imatinib mesylate tab 400 mg (base equivalent) (generic of GLEEVEC)	Non Preferred	SP, QL (2 ea per day), PA
IMBRUVICA CAP 70MG	Non Preferred	PA
IMBRUVICA CAP 140MG	Non Preferred	QL (3 ea per day), PA
IMBRUVICA TAB 140MG	Non Preferred	PA
IMBRUVICA TAB 280MG	Non Preferred	PA
IMBRUVICA TAB 420MG	Non Preferred	QL (1 ea per day), PA
IMBRUVICA TAB 560MG	Non Preferred	QL (1 ea per day), PA
INLYTA TAB 1MG	Non Preferred	SP, PA
INLYTA TAB 5MG	Non Preferred	SP, PA
INREBIC CAP 100MG	Non Preferred	PA
IRESSA TAB 250MG	Preferred	SP
JAKAFI TAB 5MG	Preferred	SP
JAKAFI TAB 10MG	Preferred	SP
JAKAFI TAB 15MG	Preferred	SP
JAKAFI TAB 20MG	Preferred	SP

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 25MG	Preferred	SP
KISQALI TAB 200DOSE	Non Preferred	SP, PA
KISQALI TAB 400DOSE	Non Preferred	SP, PA
KISQALI TAB 600DOSE	Non Preferred	SP, PA
KOSELUGO CAP 10MG	Non Preferred	PA
KOSELUGO CAP 25MG	Non Preferred	PA
LENVIMA CAP 4MG	Non Preferred	SP, PA
LENVIMA CAP 8 MG	Non Preferred	SP, PA
LENVIMA CAP 10 MG	Non Preferred	SP, PA
LENVIMA CAP 12MG	Non Preferred	SP, PA
LENVIMA CAP 14 MG	Non Preferred	SP, PA
LENVIMA CAP 18 MG	Non Preferred	SP, PA
LENVIMA CAP 20 MG	Non Preferred	SP, PA
LENVIMA CAP 24 MG	Non Preferred	SP, PA
LORBRENA TAB 25MG	Non Preferred	SP, PA
LORBRENA TAB 100MG	Non Preferred	SP, PA
LYNPARZA TAB 100MG	Non Preferred	SP, PA
LYNPARZA TAB 150MG	Non Preferred	SP, PA
MEKINIST TAB 0.5MG	Non Preferred	SP, PA
MEKINIST TAB 2MG	Non Preferred	SP, PA
MEKTOVI TAB 15MG	Non Preferred	PA
NERLYNX TAB 40MG	Non Preferred	SP, PA
NEXAVAR TAB 200MG	Preferred	SP, QL (4 ea per day)
NINLARO CAP 2.3MG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
NINLARO CAP 3MG	Non Preferred	SP, PA
NINLARO CAP 4MG	Non Preferred	SP, PA
PEMAZYRE TAB 4.5MG	Non Preferred	PA
PEMAZYRE TAB 9MG	Non Preferred	PA
PEMAZYRE TAB 13.5MG	Non Preferred	PA
PIQRAY 200MG TAB DOSE	Non Preferred	SP, PA
PIQRAY 250MG TAB DOSE	Non Preferred	SP, PA
PIQRAY 300MG TAB DOSE	Non Preferred	SP, PA
ROZLYTREK CAP 100MG	Non Preferred	PA
ROZLYTREK CAP 200MG	Non Preferred	PA
RUBRACA TAB 200MG	Non Preferred	SP, PA
RUBRACA TAB 250MG	Non Preferred	SP, PA
RUBRACA TAB 300MG	Non Preferred	SP, PA
RYDAPT CAP 25MG	Non Preferred	SP, PA
SPRYCEL TAB 20MG	Non Preferred	SP, QL (1 ea per day), PA
SPRYCEL TAB 50MG	Non Preferred	SP, QL (1 ea per day), PA
SPRYCEL TAB 70MG	Non Preferred	SP, QL (1 ea per day), PA
SPRYCEL TAB 80MG	Non Preferred	SP, PA
SPRYCEL TAB 100MG	Non Preferred	SP, QL (1 ea per day), PA
SPRYCEL TAB 140MG	Non Preferred	SP, QL (1 ea per day), PA
STIVARGA TAB 40MG	Non Preferred	SP, PA
SUTENT CAP 12.5MG	Preferred	SP, QL (1 ea per day)
SUTENT CAP 25MG	Preferred	SP, QL (1 ea per day)
SUTENT CAP 37.5MG	Preferred	SP, QL (1 ea per day)
SUTENT CAP 50MG	Preferred	SP, QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
TABRECTA TAB 150MG	Non Preferred	PA
TABRECTA TAB 200MG	Non Preferred	PA
TAFINLAR CAP 50MG	Non Preferred	SP, PA
TAFINLAR CAP 75MG	Non Preferred	SP, PA
TAGRISSO TAB 40MG	Non Preferred	SP, PA
TAGRISSO TAB 80MG	Non Preferred	SP, PA
TALZENNA CAP 0.25MG	Non Preferred	SP, PA
TALZENNA CAP 1MG	Non Preferred	SP, PA
TARCEVA TAB 25MG	Non Preferred	SP, PA
TARCEVA TAB 100MG	Non Preferred	SP, PA
TARCEVA TAB 150MG	Non Preferred	SP, PA
TASIGNA CAP 50MG	Non Preferred	SP, PA
TASIGNA CAP 150MG	Non Preferred	SP, PA
TASIGNA CAP 200MG	Non Preferred	SP, PA
TAZVERIK TAB 200MG	Non Preferred	PA
TIBSOVO TAB 250MG	Non Preferred	PA
TUKYSA TAB 50MG	Non Preferred	PA
TUKYSA TAB 150MG	Non Preferred	PA
TURALIO CAP 200MG	Non Preferred	PA
TYKERB TAB 250MG	Non Preferred	SP, QL (6 ea per day), PA
VERZENIO TAB 50MG	Non Preferred	SP, PA
VERZENIO TAB 100MG	Non Preferred	SP, PA
VERZENIO TAB 150MG	Non Preferred	SP, PA
VERZENIO TAB 200MG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAP 25MG	Non Preferred	SP, PA
VITRAKVI CAP 100MG	Non Preferred	SP, PA
VITRAKVI SOL 20MG/ML	Non Preferred	SP, PA
VIZIMPRO TAB 15MG	Non Preferred	SP, PA
VIZIMPRO TAB 30MG	Non Preferred	SP, PA
VIZIMPRO TAB 45MG	Non Preferred	SP, PA
VOTRIENT TAB 200MG	Preferred	SP
XALKORI CAP 200MG	Non Preferred	SP, PA
XALKORI CAP 250MG	Non Preferred	SP, PA
XOSPATA TAB 40MG	Non Preferred	PA
ZEJULA CAP 100MG	Non Preferred	PA
ZELBORAF TAB 240MG	Non Preferred	SP, PA
ZOLINZA CAP 100MG	Non Preferred	SP, PA
ZYDELIG TAB 100MG	Non Preferred	SP, PA
ZYDELIG TAB 150MG	Non Preferred	SP, PA
ZYKADIA TAB 150MG	Non Preferred	SP, PA

ANTINEOPLASTICS MISC.

Drug Name	Drug Tier	Requirements/Limits
bexarotene cap 75 mg (generic of TARGRETIN)	Preferred	SP
HYDREA CAP 500MG	Non Preferred	PA
hydroxyurea cap 500 mg (generic of HYDREA)	Preferred	
MATULANE CAP 50MG	Preferred	
TARGRETIN CAP 75MG	Non Preferred	SP, PA
tretinoin cap 10 mg	Preferred	

CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium tab 5 mg	Preferred	
leucovorin calcium tab 10 mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium tab 15 mg	Preferred	
leucovorin calcium tab 25 mg	Preferred	
MESNEX TAB 400MG	Preferred	

MITOTIC INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
etoposide cap 50 mg	Preferred	

TOPOISOMERASE I INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
HYCAMTIN CAP 0.25MG	Preferred	SP
HYCAMTIN CAP 1MG	Preferred	SP

ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

ANTIPARKINSON ADJUNCTIVE THERAPY

Drug Name	Drug Tier	Requirements/Limits
carbidopa tab 25 mg (generic of LODOSYN)	Preferred	
LODOSYN TAB 25MG	Non Preferred	PA
NOURIANZ TAB 20MG	Non Preferred	PA
NOURIANZ TAB 40MG	Non Preferred	PA

ANTIPARKINSON ANTICHOLINERGICS

Drug Name	Drug Tier	Requirements/Limits
benztropine mesylate tab 0.5 mg	Preferred	QL (5 ea per day)
benztropine mesylate tab 1 mg	Preferred	QL (6 ea per day)
benztropine mesylate tab 2 mg	Preferred	QL (3 ea per day)
trihexyphenidyl hcl oral soln 0.4 mg/ml	Preferred	
trihexyphenidyl hcl tab 2 mg	Preferred	QL (12 ea per day)
trihexyphenidyl hcl tab 5 mg	Preferred	QL (3 ea per day)

ANTIPARKINSON COMT INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
COMTAN TAB 200MG	Non Preferred	QL (8 ea per day), PA
entacapone tab 200 mg (generic of COMTAN)	Preferred	QL (8 ea per day)
TASMAR TAB 100MG	Non Preferred	PA
tolcapone tab 100 mg (generic of TASMAR)	Non Preferred	PA

ANTIPARKINSON DOPAMINERGICS

Drug Name	Drug Tier	Requirements/Limits
amantadine hcl cap 100 mg	Preferred	QL (4 ea per day)
amantadine hcl syrup 50 mg/5ml	Preferred	QL (40 mL per day)
amantadine hcl tab 100 mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
APOKYN INJ 10MG/ML	Non Preferred	SP, PA
bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)	Preferred	QL (6 ea per day)
bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)	Preferred	QL (6 ea per day)
carbidopa & levodopa orally disintegrating tab 10-100 mg	Non Preferred	PA
carbidopa & levodopa orally disintegrating tab 25-100 mg	Non Preferred	PA
carbidopa & levodopa orally disintegrating tab 25-250 mg	Non Preferred	PA
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	Preferred	QL (8 ea per day)
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	Preferred	QL (12 ea per day)
carbidopa & levodopa tab 25-250 mg (generic of SINEMET)	Preferred	QL (8 ea per day)
carbidopa & levodopa tab er 25-100 mg	Preferred	QL (4 ea per day)
carbidopa & levodopa tab er 50-200 mg	Preferred	QL (8 ea per day)
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Non Preferred	QL (8 ea per day), PA
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Non Preferred	QL (8 ea per day), PA
carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)	Non Preferred	QL (8 ea per day), PA
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Non Preferred	QL (8 ea per day), PA
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)	Non Preferred	QL (8 ea per day), PA
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Non Preferred	QL (6 ea per day), PA
GOCOVRI CAP 68.5MG	Non Preferred	PA
GOCOVRI CAP 137MG	Non Preferred	PA
INBRIJA CAP 42MG	Non Preferred	SP, PA
MIRAPEX ER TAB 0.75MG	Non Preferred	PA
MIRAPEX ER TAB 0.375MG	Non Preferred	PA
MIRAPEX ER TAB 1.5MG	Non Preferred	PA
MIRAPEX ER TAB 2.25MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
MIRAPEX ER TAB 3.75MG	Non Preferred	PA
MIRAPEX ER TAB 3MG	Non Preferred	PA
MIRAPEX ER TAB 4.5MG	Non Preferred	PA
NEUPRO DIS 1MG/24HR	Non Preferred	PA
NEUPRO DIS 2MG/24HR	Non Preferred	PA
NEUPRO DIS 3MG/24HR	Non Preferred	PA
NEUPRO DIS 4MG/24HR	Non Preferred	PA
NEUPRO DIS 6MG/24HR	Non Preferred	PA
NEUPRO DIS 8MG/24HR	Non Preferred	PA
OSMOLEX ER TAB	Non Preferred	PA
OSMOLEX ER TAB 129MG	Non Preferred	PA
OSMOLEX ER TAB 193MG	Non Preferred	PA
OSMOLEX ER TAB 258MG	Non Preferred	PA
PARLODEL CAP 5MG	Non Preferred	QL (6 ea per day), PA
PARLODEL TAB 2.5MG	Non Preferred	QL (6 ea per day), PA
pramipexole dihydrochloride tab 0.5 mg (generic of MIRAPEX)	Preferred	QL (3 ea per day)
pramipexole dihydrochloride tab 0.25 mg	Preferred	QL (3 ea per day)
pramipexole dihydrochloride tab 0.75 mg (generic of MIRAPEX)	Preferred	QL (6 ea per day)
pramipexole dihydrochloride tab 0.125 mg (generic of MIRAPEX)	Preferred	QL (3 ea per day)
pramipexole dihydrochloride tab 1 mg (generic of MIRAPEX)	Preferred	QL (3 ea per day)
pramipexole dihydrochloride tab 1.5 mg	Preferred	QL (3 ea per day)
pramipexole dihydrochloride tab er 24hr 0.75 mg (generic of MIRAPEX ER)	Non Preferred	PA
pramipexole dihydrochloride tab er 24hr 0.375 mg (generic of MIRAPEX ER)	Non Preferred	PA
pramipexole dihydrochloride tab er 24hr 1.5 mg (generic of MIRAPEX ER)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
pramipexole dihydrochloride tab er 24hr 2.25 mg (generic of MIRAPEX ER)	Non Preferred	PA
pramipexole dihydrochloride tab er 24hr 3 mg (generic of MIRAPEX ER)	Non Preferred	PA
pramipexole dihydrochloride tab er 24hr 3.75 mg (generic of MIRAPEX ER)	Non Preferred	PA
pramipexole dihydrochloride tab er 24hr 4.5 mg (generic of MIRAPEX ER)	Non Preferred	PA
REQUIP XL TAB 6MG	Non Preferred	PA
REQUIP XL TAB 12MG	Non Preferred	PA
ropinirole hydrochloride tab 0.5 mg	Preferred	QL (6 ea per day)
ropinirole hydrochloride tab 0.25 mg	Preferred	QL (12 ea per day)
ropinirole hydrochloride tab 1 mg	Preferred	QL (12 ea per day)
ropinirole hydrochloride tab 2 mg	Preferred	QL (12 ea per day)
ropinirole hydrochloride tab 3 mg	Preferred	QL (12 ea per day)
ropinirole hydrochloride tab 4 mg	Preferred	QL (12 ea per day)
ropinirole hydrochloride tab 5 mg	Preferred	QL (12 ea per day)
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	Non Preferred	PA
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	Non Preferred	PA
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (generic of REQUIP XL)	Non Preferred	PA
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	Non Preferred	PA
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (generic of REQUIP XL)	Non Preferred	PA
RYTARY CAP 95MG	Non Preferred	PA
RYTARY CAP 145MG	Non Preferred	PA
RYTARY CAP 195MG	Non Preferred	PA
RYTARY CAP 245MG	Non Preferred	PA
SINEMET TAB 10-100MG	Non Preferred	QL (8 ea per day), PA
SINEMET TAB 25-100MG	Non Preferred	QL (12 ea per day), PA
SINEMET TAB 25-250MG	Non Preferred	QL (8 ea per day), PA
STALEVO 50 TAB	Non Preferred	QL (8 ea per day), PA
STALEVO 75 TAB	Non Preferred	QL (8 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
STALEVO 100 TAB	Non Preferred	QL (8 ea per day), PA
STALEVO 125 TAB	Non Preferred	QL (8 ea per day), PA
STALEVO 150 TAB	Non Preferred	QL (8 ea per day), PA
STALEVO 200 TAB	Non Preferred	QL (6 ea per day), PA

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
AZILECT TAB 0.5MG	Non Preferred	PA
AZILECT TAB 1MG	Non Preferred	PA
rasagiline mesylate tab 0.5 mg (base equiv) (generic of AZILECT)	Non Preferred	PA
rasagiline mesylate tab 1 mg (base equiv) (generic of AZILECT)	Non Preferred	PA
selegiline hcl cap 5 mg	Preferred	QL (2 ea per day)
selegiline hcl tab 5 mg	Preferred	QL (2 ea per day)
XADAGO TAB 50MG	Non Preferred	PA
XADAGO TAB 100MG	Non Preferred	PA
ZELAPAR TAB 1.25MG	Non Preferred	PA

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES

ANTIMANIC AGENTS

Drug Name	Drug Tier	Requirements/Limits
lithium carbonate cap 150 mg	Preferred	QL (12 ea per day)
lithium carbonate cap 300 mg	Preferred	QL (6 ea per day)
lithium carbonate cap 600 mg	Preferred	QL (3 ea per day)
lithium carbonate tab 300 mg	Preferred	QL (6 ea per day)
lithium carbonate tab er 300 mg (generic of LITHOBID)	Preferred	QL (6 ea per day)
lithium carbonate tab er 450 mg	Preferred	QL (4 ea per day)
LITHIUM SOL 8MEQ/5ML	Preferred	
LITHOBID TAB 300MG CR	Non Preferred	QL (6 ea per day), PA

ANTIPSYCHOTICS - MISC.

Drug Name	Drug Tier	Requirements/Limits
EQUETRO CAP 100MG	Non Preferred	PA; AGE (Min age 8 years)
EQUETRO CAP 200MG	Non Preferred	PA; AGE (Min age 8 years)

Drug Name	Drug Tier	Requirements/Limits
EQUETRO CAP 300MG	Non Preferred	PA; AGE (Min age 8 years)
GEODON CAP 20MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
GEODON CAP 40MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
GEODON CAP 60MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
GEODON CAP 80MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
GEODON INJ 20MG	Non Preferred	PA; AGE (Min age 8 years)
LATUDA TAB 20MG	Non Preferred	PA; AGE (Min age 8 years)
LATUDA TAB 40MG	Non Preferred	PA; AGE (Min age 8 years)
LATUDA TAB 60MG	Non Preferred	PA; AGE (Min age 8 years)
LATUDA TAB 80MG	Non Preferred	PA; AGE (Min age 8 years)
LATUDA TAB 120MG	Non Preferred	PA; AGE (Min age 8 years)
NUPLAZID CAP 34MG	Non Preferred	SP, PA; AGE (Min age 8 years)
NUPLAZID TAB 10MG	Non Preferred	SP, PA; AGE (Min age 8 years)
VRAYLAR CAP 1.5-3MG	Non Preferred	PA; AGE (Min age 8 years)
VRAYLAR CAP 1.5MG	Non Preferred	PA; AGE (Min age 8 years)
VRAYLAR CAP 3MG	Non Preferred	PA; AGE (Min age 8 years)
VRAYLAR CAP 4.5MG	Non Preferred	PA; AGE (Min age 8 years)
VRAYLAR CAP 6MG	Non Preferred	PA; AGE (Min age 8 years)
ziprasidone hcl cap 20 mg (generic of GEODON)	Preferred	QL (2 ea per day); AGE (Min age 8 years)
ziprasidone hcl cap 40 mg (generic of GEODON)	Preferred	QL (2 ea per day); AGE (Min age 8 years)
ziprasidone hcl cap 60 mg (generic of GEODON)	Preferred	QL (2 ea per day); AGE (Min age 8 years)
ziprasidone hcl cap 80 mg (generic of GEODON)	Preferred	QL (2 ea per day); AGE (Min age 8 years)
ziprasidone mesylate for inj 20 mg (base equivalent) (generic of GEODON)	Non Preferred	PA; AGE (Min age 8 years)

BENZISOXAZOLES

Drug Name	Drug Tier	Requirements/Limits
FANAPT PAK	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 1MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 2MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 4MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 6MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 8MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 10MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 12MG	Non Preferred	PA; AGE (Min age 8 years)
INVEGA SUST INJ 39/0.25	Preferred	PA; AGE (Min age 8 years)
INVEGA SUST INJ 78/0.5ML	Preferred	PA; AGE (Min age 8 years)
INVEGA SUST INJ 117/0.75	Preferred	PA; AGE (Min age 8 years)
INVEGA SUST INJ 156MG/ML	Preferred	PA; AGE (Min age 8 years)
INVEGA SUST INJ 234/1.5	Preferred	PA; AGE (Min age 8 years)
INVEGA TAB 1.5MG	Non Preferred	PA; AGE (Min age 8 years)
INVEGA TAB 3MG	Non Preferred	PA; AGE (Min age 8 years)
INVEGA TAB 6MG	Non Preferred	PA; AGE (Min age 8 years)
INVEGA TAB 9MG	Non Preferred	PA; AGE (Min age 8 years)
INVEGA TRINZ INJ 273MG	Preferred	PA; AGE (Min age 8 years)
INVEGA TRINZ INJ 410MG	Preferred	PA; AGE (Min age 8 years)
INVEGA TRINZ INJ 546MG	Preferred	PA; AGE (Min age 8 years)
INVEGA TRINZ INJ 819MG	Preferred	PA; AGE (Min age 8 years)
paliperidone tab er 24hr 1.5 mg (generic of INVEGA)	Non Preferred	PA; AGE (Min age 8 years)
paliperidone tab er 24hr 3 mg (generic of INVEGA)	Non Preferred	PA; AGE (Min age 8 years)

Drug Name	Drug Tier	Requirements/Limits
paliperidone tab er 24hr 6 mg (generic of INVEGA)	Non Preferred	PA; AGE (Min age 8 years)
paliperidone tab er 24hr 9 mg (generic of INVEGA)	Non Preferred	PA; AGE (Min age 8 years)
PERSERIS INJ 90MG	Non Preferred	PA; AGE (Min age 8 years)
PERSERIS INJ 120MG	Non Preferred	PA; AGE (Min age 8 years)
RISPERDAL INJ 12.5MG	Non Preferred	PA; AGE (Min age 8 years)
RISPERDAL INJ 25MG	Non Preferred	PA; AGE (Min age 8 years)
RISPERDAL INJ 37.5MG	Non Preferred	PA; AGE (Min age 8 years)
RISPERDAL INJ 50MG	Non Preferred	PA; AGE (Min age 8 years)
RISPERDAL SOL 1MG/ML	Non Preferred	QL (16 mL per day), PA; AGE (Min age 8 years)
RISPERDAL TAB 0.5MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
RISPERDAL TAB 1MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
RISPERDAL TAB 2MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
RISPERDAL TAB 3MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
RISPERDAL TAB 4MG	Non Preferred	QL (4 ea per day), PA; AGE (Min age 8 years)
risperidone orally disintegrating tab 0.5 mg	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
risperidone orally disintegrating tab 0.25 mg	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
risperidone orally disintegrating tab 1 mg	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
risperidone orally disintegrating tab 2 mg	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
risperidone orally disintegrating tab 3 mg	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
risperidone orally disintegrating tab 4 mg	Non Preferred	QL (4 ea per day), PA; AGE (Min age 8 years)
risperidone soln 1 mg/ml (generic of RISPERDAL)	Preferred	QL (16 mL per day); AGE (Min age 8 years)
risperidone tab 0.5 mg (generic of RISPERDAL)	Preferred	QL (2 ea per day); AGE (Min age 8 years)
risperidone tab 0.25 mg	Preferred	QL (2 ea per day); AGE (Min age 8 years)
risperidone tab 1 mg (generic of RISPERDAL)	Preferred	QL (2 ea per day); AGE (Min age 8 years)

Drug Name	Drug Tier	Requirements/Limits
risperidone tab 2 mg (generic of RISPERDAL)	Preferred	QL (2 ea per day); AGE (Min age 8 years)
risperidone tab 3 mg (generic of RISPERDAL)	Preferred	QL (2 ea per day); AGE (Min age 8 years)
risperidone tab 4 mg (generic of RISPERDAL)	Preferred	QL (4 ea per day); AGE (Min age 8 years)

BUTYROPHENONES

Drug Name	Drug Tier	Requirements/Limits
haloperidol decanoate im soln 50 mg/ml (generic of HALDOL DECANOATE 50)	Preferred	AGE (Min age 6 years)
haloperidol decanoate im soln 100 mg/ml (generic of HALDOL DECANOATE 100)	Preferred	AGE (Min age 6 years)
haloperidol lactate oral conc 2 mg/ml	Preferred	
haloperidol tab 0.5 mg	Preferred	QL (6 ea per day)
haloperidol tab 1 mg	Preferred	QL (5 ea per day)
haloperidol tab 2 mg	Preferred	QL (5 ea per day)
haloperidol tab 5 mg	Preferred	QL (5 ea per day)
haloperidol tab 10 mg	Preferred	QL (5 ea per day)
haloperidol tab 20 mg	Preferred	QL (5 ea per day)

DIBENZAPINES

Drug Name	Drug Tier	Requirements/Limits
ADASUVE INH 10MG	Non Preferred	PA; AGE (Min age 8 years)
clozapine orally disintegrating tab 12.5 mg	Non Preferred	PA; AGE (Min age 8 years)
clozapine orally disintegrating tab 25 mg	Non Preferred	PA; AGE (Min age 8 years)
clozapine orally disintegrating tab 100 mg	Non Preferred	PA; AGE (Min age 8 years)
clozapine orally disintegrating tab 150 mg	Non Preferred	PA; AGE (Min age 8 years)
clozapine orally disintegrating tab 200 mg	Non Preferred	PA; AGE (Min age 8 years)
clozapine tab 25 mg (generic of CLOZARIL)	Preferred	AGE (Min age 8 years)
clozapine tab 50 mg (generic of CLOZARIL)	Preferred	QL (2 ea per day); AGE (Min age 8 years)
clozapine tab 100 mg (generic of CLOZARIL)	Preferred	AGE (Min age 8 years)
clozapine tab 200 mg (generic of CLOZARIL)	Preferred	AGE (Min age 8 years)
CLOZARIL TAB 25MG	Non Preferred	PA; AGE (Min age 8 years)
CLOZARIL TAB 50MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
CLOZARIL TAB 100MG	Non Preferred	PA; AGE (Min age 8 years)

Drug Name	Drug Tier	Requirements/Limits
CLOZARIL TAB 200MG	Non Preferred	PA; AGE (Min age 8 years)
loxapine succinate cap 5 mg	Preferred	QL (15 ea per day); AGE (Min age 8 years)
loxapine succinate cap 10 mg	Preferred	QL (15 ea per day); AGE (Min age 8 years)
loxapine succinate cap 25 mg	Preferred	QL (6 ea per day); AGE (Min age 8 years)
loxapine succinate cap 50 mg	Preferred	QL (15 ea per day); AGE (Min age 8 years)
olanzapine for im inj 10 mg (generic of ZYPREXA)	Non Preferred	PA; AGE (Min age 8 years)
olanzapine orally disintegrating tab 5 mg (generic of ZYPREXA ZYDIS)	Preferred	AGE (Min age 8 years)
olanzapine orally disintegrating tab 10 mg (generic of ZYPREXA ZYDIS)	Preferred	AGE (Min age 8 years)
olanzapine orally disintegrating tab 15 mg (generic of ZYPREXA ZYDIS)	Preferred	AGE (Min age 8 years)
olanzapine orally disintegrating tab 20 mg (generic of ZYPREXA ZYDIS)	Preferred	AGE (Min age 8 years)
olanzapine tab 2.5 mg (generic of ZYPREXA)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
olanzapine tab 5 mg (generic of ZYPREXA)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
olanzapine tab 7.5 mg (generic of ZYPREXA)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
olanzapine tab 10 mg (generic of ZYPREXA)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
olanzapine tab 15 mg (generic of ZYPREXA)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
olanzapine tab 20 mg (generic of ZYPREXA)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
quetiapine fumarate tab 25 mg (generic of SEROQUEL)	Preferred	QL (2 ea per day); AGE (Min age 8 years)
quetiapine fumarate tab 50 mg (generic of SEROQUEL)	Preferred	QL (2 ea per day); AGE (Min age 8 years)
quetiapine fumarate tab 100 mg (generic of SEROQUEL)	Preferred	QL (2 ea per day); AGE (Min age 8 years)
quetiapine fumarate tab 200 mg (generic of SEROQUEL)	Preferred	QL (2 ea per day); AGE (Min age 8 years)
quetiapine fumarate tab 300 mg (generic of SEROQUEL)	Preferred	QL (2 ea per day); AGE (Min age 8 years)
quetiapine fumarate tab 400 mg (generic of SEROQUEL)	Preferred	QL (2 ea per day); AGE (Min age 8 years)
quetiapine fumarate tab er 24hr 50 mg (generic of SEROQUEL XR)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
quetiapine fumarate tab er 24hr 150 mg (generic of SEROQUEL XR)	Preferred	QL (1 ea per day); AGE (Min age 8 years)

Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tab er 24hr 200 mg (generic of SEROQUEL XR)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
quetiapine fumarate tab er 24hr 300 mg (generic of SEROQUEL XR)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
quetiapine fumarate tab er 24hr 400 mg (generic of SEROQUEL XR)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
SAPHRIS SUB 2.5MG	Non Preferred	PA; AGE (Min age 8 years)
SAPHRIS SUB 5MG	Non Preferred	PA; AGE (Min age 8 years)
SAPHRIS SUB 10MG	Non Preferred	PA; AGE (Min age 8 years)
SECUADO DIS 3.8MG	Non Preferred	PA; AGE (Min age 8 years)
SECUADO DIS 5.7MG	Non Preferred	PA; AGE (Min age 8 years)
SECUADO DIS 7.6MG	Non Preferred	PA; AGE (Min age 8 years)
SEROQUEL TAB 25MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
SEROQUEL TAB 50MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
SEROQUEL TAB 100MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
SEROQUEL TAB 200MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
SEROQUEL TAB 300MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
SEROQUEL TAB 400MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 8 years)
SEROQUEL XR TAB 50MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
SEROQUEL XR TAB 150MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
SEROQUEL XR TAB 200MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
SEROQUEL XR TAB 300MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
SEROQUEL XR TAB 400MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
VERSACLOZ SUS 50MG/ML	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA INJ 10MG	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA RELP INJ 210MG	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA RELP INJ 300MG	Non Preferred	PA; AGE (Min age 8 years)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELP INJ 405MG	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA TAB 2.5MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
ZYPREXA TAB 5MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
ZYPREXA TAB 7.5MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
ZYPREXA TAB 10MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
ZYPREXA TAB 15MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
ZYPREXA TAB 20MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
ZYPREXA ZYDI TAB 5MG	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA ZYDI TAB 10MG	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA ZYDI TAB 15MG	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA ZYDI TAB 20MG	Non Preferred	PA; AGE (Min age 8 years)

DIHYDROINDOLONES

Drug Name	Drug Tier	Requirements/Limits
molindone hcl tab 5 mg	Non Preferred	PA
molindone hcl tab 10 mg	Non Preferred	PA
molindone hcl tab 25 mg	Non Preferred	PA

PHENOTHIAZINES

Drug Name	Drug Tier	Requirements/Limits
chlorpromazine hcl tab 10 mg	Preferred	QL (12 ea per day)
chlorpromazine hcl tab 25 mg	Preferred	QL (12 ea per day)
chlorpromazine hcl tab 50 mg	Preferred	QL (12 ea per day)
chlorpromazine hcl tab 100 mg	Preferred	QL (12 ea per day)
chlorpromazine hcl tab 200 mg	Preferred	QL (12 ea per day)
compro sup 25mg	Preferred	QL (12 ea per day)
fluphenazine decanoate inj 25 mg/ml	Preferred	
fluphenazine hcl elixir 2.5 mg/5ml	Preferred	
fluphenazine hcl oral conc 5 mg/ml	Preferred	
fluphenazine hcl tab 1 mg	Preferred	QL (4 ea per day)
fluphenazine hcl tab 2.5 mg	Preferred	QL (4 ea per day)
fluphenazine hcl tab 5 mg	Preferred	QL (4 ea per day)
fluphenazine hcl tab 10 mg	Preferred	QL (4 ea per day)
perphenazine tab 2 mg	Preferred	QL (3 ea per day)

Drug Name	Drug Tier	Requirements/Limits
perphenazine tab 4 mg	Preferred	QL (3 ea per day)
perphenazine tab 8 mg	Preferred	QL (3 ea per day)
perphenazine tab 16 mg	Preferred	QL (3 ea per day)
prochlorperazine maleate tab 5 mg (base equivalent)	Preferred	QL (10 ea per day)
prochlorperazine maleate tab 10 mg (base equivalent)	Preferred	QL (8 ea per day)
thioridazine hcl tab 10 mg	Preferred	QL (3 ea per day)
thioridazine hcl tab 25 mg	Preferred	QL (3 ea per day)
thioridazine hcl tab 50 mg	Preferred	QL (3 ea per day)
thioridazine hcl tab 100 mg	Preferred	QL (3 ea per day)
trifluoperazine hcl tab 1 mg (base equivalent)	Preferred	QL (6 ea per day)
trifluoperazine hcl tab 2 mg (base equivalent)	Preferred	QL (6 ea per day)
trifluoperazine hcl tab 5 mg (base equivalent)	Preferred	QL (6 ea per day)
trifluoperazine hcl tab 10 mg (base equivalent)	Preferred	QL (4 ea per day)

QUINOLINONE DERIVATIVES

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAIN INJ 300MG	Preferred	PA; AGE (Min age 8 years)
ABILIFY MAIN INJ 400MG	Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 2MG	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 5MG	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 10MG	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 15MG	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 20MG	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 30MG	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY TAB 2MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
ABILIFY TAB 5MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
ABILIFY TAB 10MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
ABILIFY TAB 15MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
ABILIFY TAB 20MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)

Drug Name	Drug Tier	Requirements/Limits
ABILIFY TAB 30MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
aripiprazole oral solution 1 mg/ml	Non Preferred	PA; AGE (Min age 8 years)
aripiprazole orally disintegrating tab 10 mg	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
aripiprazole orally disintegrating tab 15 mg	Non Preferred	QL (1 ea per day), PA; AGE (Min age 8 years)
aripiprazole tab 2 mg (generic of ABILIFY)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
aripiprazole tab 5 mg (generic of ABILIFY)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
aripiprazole tab 10 mg (generic of ABILIFY)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
aripiprazole tab 15 mg (generic of ABILIFY)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
aripiprazole tab 20 mg (generic of ABILIFY)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
aripiprazole tab 30 mg (generic of ABILIFY)	Preferred	QL (1 ea per day); AGE (Min age 8 years)
ARISTADA INJ 441MG/1.	Preferred	PA; AGE (Min age 8 years)
ARISTADA INJ 662MG/2	Preferred	PA; AGE (Min age 8 years)
ARISTADA INJ 882MG/3	Preferred	PA; AGE (Min age 8 years)
ARISTADA INJ 1064MG	Preferred	PA; AGE (Min age 8 years)
ARISTADA INJ INITIO	Preferred	PA; AGE (Min age 8 years)
REXULTI TAB 0.5MG	Non Preferred	PA; AGE (Min age 8 years)
REXULTI TAB 0.25MG	Non Preferred	PA; AGE (Min age 8 years)
REXULTI TAB 1MG	Non Preferred	PA; AGE (Min age 8 years)
REXULTI TAB 2MG	Non Preferred	PA; AGE (Min age 8 years)
REXULTI TAB 3MG	Non Preferred	PA; AGE (Min age 8 years)
REXULTI TAB 4MG	Non Preferred	PA; AGE (Min age 8 years)

THIOXANTHENES

Drug Name	Drug Tier	Requirements/Limits
thiothixene cap 1 mg	Preferred	QL (6 ea per day)
thiothixene cap 2 mg	Preferred	QL (6 ea per day)
thiothixene cap 5 mg	Preferred	QL (6 ea per day)

Drug Name	Drug Tier	Requirements/Limits
thiothixene cap 10 mg	Preferred	QL (6 ea per day)

ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT

CHLORINE ANTISEPTICS

Drug Name	Drug Tier	Requirements/Limits
betasept liq 4%	Preferred	OTC

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

Drug Name	Drug Tier	Requirements/Limits
abacavir sulfate soln 20 mg/ml (base equiv) (generic of ZIAGEN)	Preferred	QL (30 mL per day)
abacavir sulfate tab 300 mg (base equiv) (generic of ZIAGEN)	Preferred	QL (2 ea per day)
abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)	Preferred	QL (1 ea per day)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (generic of TRIZIVIR)	Preferred	QL (2 ea per day)
APTIVUS CAP 250MG	Preferred	
APTIVUS SOL	Preferred	
atazanavir sulfate cap 150 mg (base equiv) (generic of REYATAZ)	Preferred	QL (2 ea per day)
atazanavir sulfate cap 200 mg (base equiv) (generic of REYATAZ)	Preferred	QL (2 ea per day)
atazanavir sulfate cap 300 mg (base equiv) (generic of REYATAZ)	Preferred	QL (1 ea per day)
ATRIPLA TAB	Preferred	
BIKTARVY TAB	Preferred	QL (1 ea per day)
CIMDUO TAB 300-300	Non Preferred	QL (1 ea per day), PA
COMBIVIR TAB 150-300	Non Preferred	QL (2 ea per day), PA
COMPLERA TAB	Preferred	QL (1 ea per day)
CRIXIVAN CAP 200MG	Preferred	
CRIXIVAN CAP 400MG	Preferred	
DELSTRIGO TAB	Preferred	
DESCOVY TAB 200/25	Preferred	QL (1 ea per day)
didanosine delayed release capsule 250 mg	Preferred	QL (1 ea per day)
didanosine delayed release capsule 400 mg	Preferred	QL (1 ea per day)
DOVATO TAB 50-300MG	Preferred	QL (1 ea per day)
EDURANT TAB 25MG	Preferred	QL (1 ea per day)
efavirenz cap 50 mg (generic of SUSTIVA)	Preferred	QL (12 ea per day)
efavirenz cap 200 mg (generic of SUSTIVA)	Preferred	QL (3 ea per day)
efavirenz tab 600 mg (generic of SUSTIVA)	Preferred	QL (1 ea per day)
EMTRIVA CAP 200MG	Preferred	QL (1 ea per day)
EMTRIVA SOL 10MG/ML	Preferred	QL (20 mL per day)

Drug Name	Drug Tier	Requirements/Limits
EPIVIR SOL 10MG/ML	Non Preferred	QL (30 mL per day), PA
EPIVIR TAB 150MG	Non Preferred	QL (2 ea per day), PA
EPIVIR TAB 300MG	Non Preferred	QL (1 ea per day), PA
EPZICOM TAB 600-300	Non Preferred	QL (1 ea per day), PA
EVOTAZ TAB 300-150	Non Preferred	QL (1 ea per day), PA
fosamprenavir calcium tab 700 mg (base equiv) (generic of LEXIVA)	Preferred	QL (4 ea per day)
FUZEON INJ 90MG	Non Preferred	SP, PA
GENVOYA TAB	Preferred	QL (1 ea per day)
INTELENCE TAB 25MG	Preferred	
INTELENCE TAB 100MG	Preferred	QL (4 ea per day)
INTELENCE TAB 200MG	Preferred	QL (2 ea per day)
INVIRASE TAB 500MG	Preferred	QL (4 ea per day)
ISENTRESS CHW 25MG	Preferred	
ISENTRESS CHW 100MG	Preferred	QL (12 ea per day)
ISENTRESS HD TAB 600MG	Preferred	QL (2 ea per day)
ISENTRESS POW 100MG	Preferred	
ISENTRESS TAB 400MG	Preferred	QL (2 ea per day)
JULUCA TAB 50-25MG	Non Preferred	QL (1 ea per day), PA
KALETRA SOL	Non Preferred	QL (16 mL per day), PA
KALETRA TAB 100-25MG	Preferred	QL (8 ea per day)
KALETRA TAB 200-50MG	Preferred	QL (4 ea per day)
lamivudine oral soln 10 mg/ml (generic of EPIVIR)	Preferred	QL (30 mL per day)
lamivudine tab 150 mg (generic of EPIVIR)	Preferred	QL (2 ea per day)
lamivudine tab 300 mg (generic of EPIVIR)	Preferred	QL (1 ea per day)
lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)	Preferred	QL (2 ea per day)
LEXIVA SUS 50MG/ML	Preferred	
LEXIVA TAB 700MG	Preferred	QL (4 ea per day)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)	Preferred	QL (16 mL per day)
nevirapine susp 50 mg/5ml (generic of VIRAMUNE)	Preferred	QL (40 mL per day)
nevirapine tab 200 mg (generic of VIRAMUNE)	Preferred	QL (2 ea per day)
nevirapine tab er 24hr 100 mg	Preferred	
nevirapine tab er 24hr 400 mg (generic of VIRAMUNE XR)	Preferred	QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
NORVIR POW 100MG	Preferred	
NORVIR SOL 80MG/ML	Preferred	QL (15 mL per day)
NORVIR TAB 100MG	Preferred	QL (12 ea per day)
ODEFSEY TAB	Preferred	QL (1 ea per day)
PIFELTRO TAB 100MG	Non Preferred	PA
PREZCOBIX TAB 800-150	Non Preferred	QL (1 ea per day), PA
PREZISTA SUS 100MG/ML	Preferred	QL (8 mL per day)
PREZISTA TAB 75MG	Preferred	
PREZISTA TAB 150MG	Preferred	
PREZISTA TAB 600MG	Preferred	QL (2 ea per day)
PREZISTA TAB 800MG	Preferred	QL (1 ea per day)
RETROVIR CAP 100MG	Non Preferred	QL (6 ea per day), PA
RETROVIR SYP 50MG/5ML	Non Preferred	QL (60 mL per day), PA
REYATAZ CAP 150MG	Preferred	QL (2 ea per day)
REYATAZ CAP 200MG	Preferred	QL (2 ea per day)
REYATAZ CAP 300MG	Preferred	QL (1 ea per day)
REYATAZ POW 50MG	Preferred	
ritonavir tab 100 mg (generic of NORVIR)	Preferred	QL (12 ea per day)
SELZENTRY SOL 20MG/ML	Non Preferred	PA
SELZENTRY TAB 25MG	Non Preferred	PA
SELZENTRY TAB 75MG	Non Preferred	PA
SELZENTRY TAB 150MG	Non Preferred	QL (2 ea per day), PA
SELZENTRY TAB 300MG	Non Preferred	QL (2 ea per day), PA
stavudine cap 15 mg	Preferred	
stavudine cap 20 mg	Preferred	QL (2 ea per day)
stavudine cap 30 mg (generic of ZERIT)	Preferred	QL (2 ea per day)
stavudine cap 40 mg (generic of ZERIT)	Preferred	QL (2 ea per day)
STRIBILD TAB	Non Preferred	QL (1 ea per day), PA
SUSTIVA CAP 50MG	Preferred	QL (12 ea per day)
SUSTIVA CAP 200MG	Preferred	QL (3 ea per day)
SUSTIVA TAB 600MG	Preferred	QL (1 ea per day)
SYMFI LO TAB	Preferred	QL (1 ea per day)
SYMFI TAB	Preferred	QL (1 ea per day)
SYMTUZA TAB	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
TEMIXYS TAB 300-300	Non Preferred	QL (1 ea per day), PA
tenofovir disoproxil fumarate tab 300 mg (generic of VIREAD)	Preferred	QL (1 ea per day)
TIVICAY TAB 10MG	Preferred	
TIVICAY TAB 25MG	Preferred	
TIVICAY TAB 50MG	Preferred	QL (2 ea per day)
TRIUMEQ TAB	Preferred	QL (1 ea per day)
TRIZIVIR TAB	Non Preferred	QL (2 ea per day), PA
TROGARZO INJ 150MG/ML	Preferred	PA
TRUVADA TAB 100-150	Preferred	QL (1 ea per day)
TRUVADA TAB 133-200	Preferred	QL (1 ea per day)
TRUVADA TAB 167-250	Preferred	QL (1 ea per day)
TRUVADA TAB 200-300	Preferred	QL (1 ea per day)
TYBOST TAB 150MG	Non Preferred	PA
VIRACEPT TAB 250MG	Preferred	QL (10 ea per day)
VIRACEPT TAB 625MG	Preferred	QL (4 ea per day)
VIRAMUNE SUS 50MG/5ML	Preferred	QL (40 mL per day)
VIRAMUNE TAB 200MG	Non Preferred	QL (2 ea per day), PA
VIRAMUNE XR TAB 400MG	Non Preferred	QL (1 ea per day), PA
VIREAD POW 40MG/GM	Preferred	QL (7.5 gm per day)
VIREAD TAB 150MG	Preferred	QL (1 ea per day)
VIREAD TAB 200MG	Preferred	QL (1 ea per day)
VIREAD TAB 250MG	Preferred	QL (1 ea per day)
VIREAD TAB 300MG	Preferred	QL (1 ea per day)
ZIAGEN SOL 20MG/ML	Preferred	QL (30 mL per day)
ZIAGEN TAB 300MG	Non Preferred	QL (2 ea per day), PA
zidovudine cap 100 mg (generic of RETROVIR)	Preferred	QL (6 ea per day)
zidovudine syrup 10 mg/ml (generic of RETROVIR)	Preferred	QL (60 mL per day)
zidovudine tab 300 mg	Preferred	QL (2 ea per day)

CMV AGENTS

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS TAB 240MG	Non Preferred	PA
PREVYMIS TAB 480MG	Non Preferred	PA
VALCYTE SOL 50MG/ML	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
VALCYTE TAB 450MG	Non Preferred	PA
valganciclovir hcl for soln 50 mg/ml (base equiv) (generic of VALCYTE)	Non Preferred	PA
valganciclovir hcl tab 450 mg (base equivalent) (generic of VALCYTE)	Preferred	

HEPATITIS AGENTS

Drug Name	Drug Tier	Requirements/Limits
adefovir dipivoxil tab 10 mg (generic of HEPSERA)	Non Preferred	QL (1 ea per day), PA
BARACLUDE SOL	Non Preferred	QL (30 mL per day), PA
BARACLUDE TAB 0.5MG	Non Preferred	QL (1 ea per day), PA
BARACLUDE TAB 1MG	Non Preferred	QL (1 ea per day), PA
entecavir tab 0.5 mg (generic of BARACLUDE)	Preferred	QL (1 ea per day)
entecavir tab 1 mg (generic of BARACLUDE)	Preferred	QL (1 ea per day)
EPCLUSA TAB 400-100	Non Preferred	SP, QL (1 ea per day), PA
EPIVIR HBV SOL 5MG/ML	Non Preferred	PA
EPIVIR HBV TAB 100MG	Non Preferred	QL (3 ea per day), PA
HARVONI TAB 45-200MG	Non Preferred	PA
HARVONI TAB 90-400MG	Non Preferred	SP, QL (1 ea per day), PA
HEPSERA TAB 10MG	Non Preferred	QL (1 ea per day), PA
lamivudine tab 100 mg (hbv) (generic of EPIVIR HBV)	Non Preferred	QL (3 ea per day), PA
LEDIP-SOFOSB TAB 90-400MG	Non Preferred	SP, QL (1 ea per day), PA
MAVYRET TAB 100-40MG	Preferred	SP, PA
PEGASYS INJ	Non Preferred	SP, PA
PEGASYS INJ 180MCG/M	Non Preferred	SP, PA
PEGINTRON KIT 50MCG	Preferred	SP, PA
ribavirin cap 200 mg	Preferred	SP
ribavirin tab 200 mg	Preferred	SP
SOFOS/VELPAT TAB 400-100	Preferred	SP, QL (1 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
SOVALDI TAB 200MG	Non Preferred	PA
SOVALDI TAB 400MG	Non Preferred	SP, QL (1 ea per day), PA
VEMLIDY TAB 25MG	Non Preferred	PA
VIEKIRA PAK TAB	Non Preferred	SP, PA
VOSEVI TAB	Non Preferred	SP, QL (1 ea per day), PA
ZEPATIER TAB 50-100MG	Non Preferred	SP, QL (1 ea per day), PA

HERPES AGENTS

Drug Name	Drug Tier	Requirements/Limits
acyclovir cap 200 mg	Preferred	QL (5 ea per day)
acyclovir susp 200 mg/5ml (generic of ZOVIRAX)	Preferred	QL (25 mL per day)
acyclovir tab 400 mg (generic of ZOVIRAX)	Preferred	QL (5 ea per day)
acyclovir tab 800 mg (generic of ZOVIRAX)	Preferred	QL (5 ea per day)
famciclovir tab 125 mg	Non Preferred	QL (3 ea per day), PA
famciclovir tab 250 mg	Non Preferred	QL (3 ea per day), PA
famciclovir tab 500 mg	Non Preferred	QL (3 ea per day), PA
SITAVIG TAB 50MG	Non Preferred	PA
valacyclovir hcl tab 1 gm (generic of VALTREX)	Preferred	QL (8 ea per day)
valacyclovir hcl tab 500 mg (generic of VALTREX)	Preferred	QL (8 ea per day)
VALTREX TAB 1GM	Non Preferred	QL (8 ea per day), PA
VALTREX TAB 500MG	Non Preferred	QL (8 ea per day), PA
ZOVIRAX SUS 200/5ML	Non Preferred	QL (25 mL per day), PA

INFLUENZA AGENTS

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate cap 30 mg (base equiv) (generic of TAMIFLU)	Preferred	
oseltamivir phosphate cap 45 mg (base equiv) (generic of TAMIFLU)	Preferred	
oseltamivir phosphate cap 75 mg (base equiv) (generic of TAMIFLU)	Preferred	
oseltamivir phosphate for susp 6 mg/ml (base equiv) (generic of TAMIFLU)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
RELENZA MIS DISKHALE	Preferred	
rimantadine hydrochloride tab 100 mg	Non Preferred	QL (2 ea per day), PA
TAMIFLU CAP 30MG	Non Preferred	PA
TAMIFLU CAP 45MG	Non Preferred	PA
TAMIFLU CAP 75MG	Non Preferred	PA
TAMIFLU SUS 6MG/ML	Non Preferred	PA
XOFLUZA TAB 20MG	Non Preferred	PA
XOFLUZA TAB 40MG	Non Preferred	PA

RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS

Drug Name	Drug Tier	Requirements/Limits
ribavirin for inhal soln 6 gm (generic of VIRAZOLE)	Preferred	
VIRAZOLE INH 6GM	Non Preferred	PA

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

ALPHA-BETA BLOCKERS

Drug Name	Drug Tier	Requirements/Limits
carvedilol phosphate cap er 24hr 10 mg (generic of COREG CR)	Non Preferred	PA
carvedilol phosphate cap er 24hr 20 mg (generic of COREG CR)	Non Preferred	PA
carvedilol phosphate cap er 24hr 40 mg (generic of COREG CR)	Non Preferred	PA
carvedilol phosphate cap er 24hr 80 mg (generic of COREG CR)	Non Preferred	PA
carvedilol tab 3.125 mg (generic of COREG)	Preferred	QL (2 ea per day)
carvedilol tab 6.25 mg (generic of COREG)	Preferred	QL (2 ea per day)
carvedilol tab 12.5 mg (generic of COREG)	Preferred	QL (2 ea per day)
carvedilol tab 25 mg (generic of COREG)	Preferred	QL (2 ea per day)
COREG CR CAP 20MG	Non Preferred	PA
COREG CR CAP 40MG	Non Preferred	PA
COREG CR CAP 80MG	Non Preferred	PA
COREG TAB 3.125MG	Non Preferred	QL (2 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
COREG TAB 6.25MG	Non Preferred	QL (2 ea per day), PA
COREG TAB 12.5MG	Non Preferred	QL (2 ea per day), PA
COREG TAB 25MG	Non Preferred	QL (2 ea per day), PA
labetalol hcl tab 100 mg	Preferred	QL (4 ea per day)
labetalol hcl tab 200 mg	Preferred	QL (4 ea per day)
labetalol hcl tab 300 mg	Preferred	QL (6 ea per day)

BETA BLOCKERS CARDIO-SELECTIVE

Drug Name	Drug Tier	Requirements/Limits
acebutolol hcl cap 200 mg	Preferred	QL (16 ea per day)
acebutolol hcl cap 400 mg	Preferred	QL (16 ea per day)
atenolol tab 25 mg (generic of TENORMIN)	Preferred	QL (2 ea per day)
atenolol tab 50 mg (generic of TENORMIN)	Preferred	QL (2 ea per day)
atenolol tab 100 mg (generic of TENORMIN)	Preferred	QL (2 ea per day)
betaxolol hcl tab 10 mg	Preferred	
betaxolol hcl tab 20 mg	Preferred	
bisoprolol fumarate tab 5 mg	Preferred	QL (2 ea per day)
bisoprolol fumarate tab 10 mg	Preferred	QL (2 ea per day)
BYSTOLIC TAB 2.5MG	Non Preferred	PA
BYSTOLIC TAB 5MG	Non Preferred	PA
BYSTOLIC TAB 10MG	Non Preferred	PA
BYSTOLIC TAB 20MG	Non Preferred	PA
FIRST - METO SOL 10MG/ML	Non Preferred	PA
FIRST-ATENOL SOL 2MG/ML	Non Preferred	PA
FIRST-ATENOL SOL 10MG/ML	Non Preferred	PA
KAPSPARGO CAP 25MG	Non Preferred	PA
KAPSPARGO CAP 50MG	Non Preferred	PA
KAPSPARGO CAP 100MG	Non Preferred	PA
KAPSPARGO CAP 200MG	Non Preferred	PA
LOPRESSOR TAB 50MG	Non Preferred	QL (3 ea per day), PA
LOPRESSOR TAB 100MG	Non Preferred	QL (3 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)	Preferred	QL (3 ea per day)
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)	Preferred	QL (4 ea per day)
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)	Preferred	QL (3 ea per day)
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)	Preferred	QL (2 ea per day)
metoprolol tartrate tab 25 mg	Preferred	QL (3 ea per day)
metoprolol tartrate tab 37.5 mg	Preferred	
metoprolol tartrate tab 50 mg (generic of LOPRESSOR)	Preferred	QL (3 ea per day)
metoprolol tartrate tab 75 mg	Preferred	
metoprolol tartrate tab 100 mg (generic of LOPRESSOR)	Preferred	QL (3 ea per day)
TENORMIN TAB 25MG	Non Preferred	QL (2 ea per day), PA
TENORMIN TAB 50MG	Non Preferred	QL (2 ea per day), PA
TENORMIN TAB 100MG	Non Preferred	QL (2 ea per day), PA
TOPROL XL TAB 25MG	Non Preferred	QL (3 ea per day), PA
TOPROL XL TAB 50MG	Non Preferred	QL (4 ea per day), PA
TOPROL XL TAB 100MG	Non Preferred	QL (3 ea per day), PA
TOPROL XL TAB 200MG	Non Preferred	QL (2 ea per day), PA

BETA BLOCKERS NON-SELECTIVE

Drug Name	Drug Tier	Requirements/Limits
BETAPACE AF TAB 80MG	Non Preferred	QL (2 ea per day), PA
BETAPACE AF TAB 120MG	Non Preferred	QL (2 ea per day), PA
BETAPACE AF TAB 160MG	Non Preferred	QL (2 ea per day), PA
BETAPACE TAB 80MG	Non Preferred	QL (2 ea per day), PA
BETAPACE TAB 120MG	Non Preferred	QL (2 ea per day), PA
BETAPACE TAB 160MG	Non Preferred	QL (2 ea per day), PA
CORGARD TAB 20MG	Non Preferred	QL (3 ea per day), PA
CORGARD TAB 40MG	Non Preferred	QL (3 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
CORGARD TAB 80MG	Non Preferred	QL (2 ea per day), PA
HEMANGEOL SOL 4.28/ML	Preferred	PA; AGE (Max age 1 year)
INDERAL LA CAP 60MG	Non Preferred	QL (3 ea per day), PA
INDERAL LA CAP 80MG	Non Preferred	QL (4 ea per day), PA
INDERAL LA CAP 120MG	Non Preferred	QL (3 ea per day), PA
INDERAL LA CAP 160MG	Non Preferred	QL (2 ea per day), PA
INDERAL XL CAP 80MG	Non Preferred	PA
INDERAL XL CAP 120MG	Non Preferred	PA
INNOPRAN XL CAP 80MG	Non Preferred	PA
INNOPRAN XL CAP 120MG	Non Preferred	PA
nadolol tab 20 mg (generic of CORGARD)	Preferred	QL (3 ea per day)
nadolol tab 40 mg (generic of CORGARD)	Preferred	QL (3 ea per day)
nadolol tab 80 mg (generic of CORGARD)	Preferred	QL (2 ea per day)
pindolol tab 5 mg	Preferred	
pindolol tab 10 mg	Preferred	
propranolol hcl cap er 24hr 60 mg (generic of INDERAL LA)	Preferred	QL (3 ea per day)
propranolol hcl cap er 24hr 80 mg (generic of INDERAL LA)	Preferred	QL (4 ea per day)
propranolol hcl cap er 24hr 120 mg (generic of INDERAL LA)	Preferred	QL (3 ea per day)
propranolol hcl cap er 24hr 160 mg (generic of INDERAL LA)	Preferred	QL (2 ea per day)
propranolol hcl oral soln 20 mg/5ml	Preferred	QL (20 mL per day)
propranolol hcl oral soln 40 mg/5ml	Preferred	
propranolol hcl tab 10 mg	Preferred	QL (6 ea per day)
propranolol hcl tab 20 mg	Preferred	QL (6 ea per day)
propranolol hcl tab 40 mg	Preferred	QL (6 ea per day)
propranolol hcl tab 60 mg	Preferred	QL (6 ea per day)
propranolol hcl tab 80 mg	Preferred	QL (6 ea per day)
sorine tab 80mg (generic of BETAPACE)	Preferred	QL (2 ea per day)
sorine tab 120mg (generic of BETAPACE)	Preferred	QL (2 ea per day)
sorine tab 160mg (generic of BETAPACE)	Preferred	QL (2 ea per day)
sorine tab 240mg	Preferred	QL (2 ea per day)
sotalol hcl (afib/afl) tab 80 mg (generic of BETAPACE AF)	Non Preferred	QL (2 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl (afib/afl) tab 120 mg (generic of BETAPACE AF)	Non Preferred	QL (2 ea per day), PA
sotalol hcl (afib/afl) tab 160 mg (generic of BETAPACE AF)	Non Preferred	QL (2 ea per day), PA
sotalol hcl tab 80 mg (generic of BETAPACE)	Preferred	QL (2 ea per day)
sotalol hcl tab 120 mg (generic of BETAPACE)	Preferred	QL (2 ea per day)
sotalol hcl tab 160 mg (generic of BETAPACE)	Preferred	QL (2 ea per day)
sotalol hcl tab 240 mg	Preferred	QL (2 ea per day)
SOTYLIZE SOL 5MG/ML	Non Preferred	PA
timolol maleate tab 5 mg	Preferred	
timolol maleate tab 10 mg	Preferred	
timolol maleate tab 20 mg	Preferred	

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

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

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate tab 2.5 mg (base equivalent) (generic of NORVASC)	Preferred	QL (1 ea per day)
amlodipine besylate tab 5 mg (base equivalent) (generic of NORVASC)	Preferred	QL (1 ea per day)
amlodipine besylate tab 10 mg (base equivalent) (generic of NORVASC)	Preferred	QL (1 ea per day)
CALAN SR TAB 120MG	Non Preferred	QL (3 ea per day), PA
CALAN SR TAB 180MG	Non Preferred	QL (2 ea per day), PA
CALAN SR TAB 240MG	Non Preferred	QL (3 ea per day), PA
CARDIZEM CD CAP 120MG/24	Non Preferred	QL (1 ea per day), PA
CARDIZEM CD CAP 180MG/24	Non Preferred	QL (2 ea per day), PA
CARDIZEM CD CAP 240MG/24	Non Preferred	QL (1 ea per day), PA
CARDIZEM CD CAP 300MG/24	Non Preferred	QL (1 ea per day), PA
CARDIZEM CD CAP 360MG/24	Non Preferred	PA
CARDIZEM LA TAB 120MG	Non Preferred	PA
CARDIZEM LA TAB 180MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM LA TAB 240MG	Non Preferred	PA
CARDIZEM LA TAB 300MG/24	Non Preferred	PA
CARDIZEM LA TAB 360MG	Non Preferred	PA
CARDIZEM LA TAB 420MG/24	Non Preferred	PA
CARDIZEM TAB 30MG	Non Preferred	QL (2 ea per day), PA
CARDIZEM TAB 60MG	Non Preferred	QL (4 ea per day), PA
CARDIZEM TAB 120MG	Non Preferred	QL (4 ea per day), PA
cartia xt cap 120/24hr (generic of CARDIZEM CD)	Preferred	QL (1 ea per day)
cartia xt cap 180/24hr (generic of CARDIZEM CD)	Preferred	QL (2 ea per day)
cartia xt cap 240/24hr (generic of CARDIZEM CD)	Preferred	QL (1 ea per day)
cartia xt cap 300/24hr (generic of CARDIZEM CD)	Preferred	QL (1 ea per day)
dilt-xr cap 120mg	Non Preferred	PA
dilt-xr cap 180mg	Non Preferred	QL (2 ea per day), PA
dilt-xr cap 240mg	Non Preferred	QL (2 ea per day), PA
diltiazem hcl cap er 12hr 60 mg	Preferred	
diltiazem hcl cap er 12hr 90 mg	Preferred	
diltiazem hcl cap er 12hr 120 mg	Preferred	
diltiazem hcl coated beads cap er 24hr 120 mg (generic of CARDIZEM CD)	Preferred	QL (1 ea per day)
diltiazem hcl coated beads cap er 24hr 180 mg (generic of CARDIZEM CD)	Preferred	QL (2 ea per day)
diltiazem hcl coated beads cap er 24hr 240 mg (generic of CARDIZEM CD)	Preferred	QL (1 ea per day)
diltiazem hcl coated beads cap er 24hr 300 mg (generic of CARDIZEM CD)	Preferred	QL (1 ea per day)
diltiazem hcl coated beads cap er 24hr 360 mg (generic of CARDIZEM CD)	Preferred	
diltiazem hcl coated beads tab er 24hr 180 mg (generic of CARDIZEM LA)	Preferred	
diltiazem hcl coated beads tab er 24hr 240 mg (generic of CARDIZEM LA)	Preferred	
diltiazem hcl coated beads tab er 24hr 300 mg (generic of CARDIZEM LA)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl coated beads tab er 24hr 360 mg (generic of CARDIZEM LA)	Preferred	
diltiazem hcl coated beads tab er 24hr 420 mg (generic of CARDIZEM LA)	Preferred	
diltiazem hcl extended release beads cap er 24hr 120 mg (generic of TIAZAC)	Preferred	QL (2 ea per day)
diltiazem hcl extended release beads cap er 24hr 180 mg (generic of TIAZAC)	Preferred	QL (2 ea per day)
diltiazem hcl extended release beads cap er 24hr 240 mg (generic of TIAZAC)	Preferred	QL (2 ea per day)
diltiazem hcl extended release beads cap er 24hr 300 mg (generic of TIAZAC)	Preferred	QL (2 ea per day)
diltiazem hcl extended release beads cap er 24hr 360 mg (generic of TIAZAC)	Preferred	QL (2 ea per day)
diltiazem hcl extended release beads cap er 24hr 420 mg (generic of TIAZAC)	Preferred	QL (1 ea per day)
diltiazem hcl tab 30 mg (generic of CARDIZEM)	Preferred	QL (2 ea per day)
diltiazem hcl tab 60 mg (generic of CARDIZEM)	Preferred	QL (4 ea per day)
diltiazem hcl tab 90 mg	Preferred	QL (4 ea per day)
diltiazem hcl tab 120 mg (generic of CARDIZEM)	Preferred	QL (4 ea per day)
felodipine tab er 24hr 2.5 mg	Preferred	QL (1 ea per day)
felodipine tab er 24hr 5 mg	Preferred	QL (1 ea per day)
felodipine tab er 24hr 10 mg	Preferred	QL (2 ea per day)
isradipine cap 2.5 mg	Non Preferred	PA
isradipine cap 5 mg	Non Preferred	PA
KATERZIA SUS 1MG/ML	Non Preferred	PA
matzim la tab 180mg/24 (generic of CARDIZEM LA)	Preferred	
matzim la tab 240mg/24 (generic of CARDIZEM LA)	Preferred	
matzim la tab 300mg/24 (generic of CARDIZEM LA)	Preferred	
matzim la tab 360mg/24 (generic of CARDIZEM LA)	Preferred	
matzim la tab 420mg/24 (generic of CARDIZEM LA)	Preferred	
nicardipine hcl cap 20 mg	Non Preferred	PA
nicardipine hcl cap 30 mg	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
nifedipine cap 10 mg (generic of PROCARDIA)	Preferred	QL (4 ea per day)
nifedipine cap 20 mg	Preferred	QL (4 ea per day)
nifedipine tab er 24hr 30 mg	Preferred	QL (1 ea per day)
nifedipine tab er 24hr 60 mg	Preferred	QL (1 ea per day)
nifedipine tab er 24hr 90 mg	Preferred	QL (2 ea per day)
nifedipine tab er 24hr osmotic release 30 mg (generic of PROCARDIA XL)	Preferred	QL (1 ea per day)
nifedipine tab er 24hr osmotic release 60 mg (generic of PROCARDIA XL)	Preferred	QL (2 ea per day)
nifedipine tab er 24hr osmotic release 90 mg (generic of PROCARDIA XL)	Preferred	QL (2 ea per day)
nimodipine cap 30 mg	Preferred	
nisoldipine tab er 24hr 8.5 mg (generic of SULAR)	Non Preferred	PA
nisoldipine tab er 24hr 17 mg (generic of SULAR)	Non Preferred	PA
nisoldipine tab er 24hr 20 mg	Non Preferred	PA
nisoldipine tab er 24hr 25.5 mg	Non Preferred	PA
nisoldipine tab er 24hr 30 mg	Non Preferred	PA
nisoldipine tab er 24hr 34 mg (generic of SULAR)	Non Preferred	PA
nisoldipine tab er 24hr 40 mg	Non Preferred	PA
NORVASC TAB 2.5MG	Non Preferred	QL (1 ea per day), PA
NORVASC TAB 5MG	Non Preferred	QL (1 ea per day), PA
NORVASC TAB 10MG	Non Preferred	QL (1 ea per day), PA
NYMALIZE SOL	Non Preferred	PA
PROCARDIA CAP 10MG	Non Preferred	QL (4 ea per day), PA
PROCARDIA XL TAB 30MG CR	Non Preferred	QL (1 ea per day), PA
PROCARDIA XL TAB 60MG CR	Non Preferred	QL (2 ea per day), PA
PROCARDIA XL TAB 90MG CR	Non Preferred	QL (2 ea per day), PA
SULAR TAB 8.5MG	Non Preferred	PA
SULAR TAB 17MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
SULAR TAB 34MG	Non Preferred	PA
taztia xt cap 120mg/24 (generic of TIAZAC)	Preferred	QL (2 ea per day)
taztia xt cap 180mg/24 (generic of TIAZAC)	Preferred	QL (2 ea per day)
taztia xt cap 240mg/24 (generic of TIAZAC)	Preferred	QL (2 ea per day)
taztia xt cap 300mg er (generic of TIAZAC)	Preferred	QL (2 ea per day)
taztia xt cap 360mg/24 (generic of TIAZAC)	Preferred	QL (2 ea per day)
tiadylt cap 120mg/24 (generic of TIAZAC)	Preferred	QL (2 ea per day)
tiadylt cap 180mg/24 (generic of TIAZAC)	Preferred	QL (2 ea per day)
tiadylt cap 240mg/24 (generic of TIAZAC)	Preferred	QL (2 ea per day)
tiadylt cap 300mg/24 (generic of TIAZAC)	Preferred	QL (2 ea per day)
tiadylt cap 360mg/24 (generic of TIAZAC)	Preferred	QL (2 ea per day)
tiadylt cap 420mg/24 (generic of TIAZAC)	Preferred	QL (1 ea per day)
TIAZAC CAP 120MG/24	Non Preferred	QL (2 ea per day), PA
TIAZAC CAP 180MG/24	Non Preferred	QL (2 ea per day), PA
TIAZAC CAP 240MG/24	Non Preferred	QL (2 ea per day), PA
TIAZAC CAP 300MG/24	Non Preferred	QL (2 ea per day), PA
TIAZAC CAP 360MG/24	Non Preferred	QL (2 ea per day), PA
TIAZAC CAP 420MG/24	Non Preferred	QL (1 ea per day), PA
verapamil hcl cap er 24hr 100 mg (generic of VERELAN PM)	Preferred	
verapamil hcl cap er 24hr 120 mg (generic of VERELAN)	Preferred	
verapamil hcl cap er 24hr 180 mg (generic of VERELAN)	Preferred	
verapamil hcl cap er 24hr 200 mg (generic of VERELAN PM)	Preferred	
verapamil hcl cap er 24hr 240 mg (generic of VERELAN)	Preferred	
verapamil hcl cap er 24hr 300 mg	Preferred	
verapamil hcl cap er 24hr 360 mg	Preferred	
verapamil hcl tab 40 mg	Preferred	QL (4 ea per day)
verapamil hcl tab 80 mg	Preferred	QL (4 ea per day)
verapamil hcl tab 120 mg	Preferred	QL (3 ea per day)
verapamil hcl tab er 120 mg (generic of CALAN SR)	Preferred	QL (3 ea per day)
verapamil hcl tab er 180 mg	Preferred	QL (2 ea per day)

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl tab er 240 mg (generic of CALAN SR)	Preferred	QL (3 ea per day)
VERELAN CAP 120MG SR	Non Preferred	PA
VERELAN CAP 180MG SR	Non Preferred	PA
VERELAN CAP 240MG SR	Non Preferred	PA
VERELAN CAP 360MG SR	Non Preferred	PA
VERELAN PM CAP 100MG ER	Non Preferred	PA
VERELAN PM CAP 200MG ER	Non Preferred	PA
VERELAN PM CAP 300MG ER	Non Preferred	PA

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

Drug Name	Drug Tier	Requirements/Limits
digoxin oral soln 0.05 mg/ml	Preferred	
digoxin tab 125 mcg (0.125 mg) (generic of DIGOXIN TAB 125 MCG (0.125 MG))	Preferred	QL (1 ea per day)
digoxin tab 250 mcg (0.25 mg) (generic of DIGOXIN TAB 250 MCG (0.25 MG))	Preferred	QL (1 ea per day)

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

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	Non Preferred	PA
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	Non Preferred	PA
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	Non Preferred	PA
amlodipine besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)	Non Preferred	PA
amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)	Non Preferred	PA
amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)	Non Preferred	PA
amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)	Non Preferred	PA
amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)	Non Preferred	PA
amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)	Non Preferred	PA
amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)	Non Preferred	PA
BIDIL TAB	Preferred	
CADUET TAB 5-10MG	Non Preferred	PA
CADUET TAB 5-20MG	Non Preferred	PA
CADUET TAB 5-40MG	Non Preferred	PA
CADUET TAB 5-80MG	Non Preferred	PA
CADUET TAB 10-10MG	Non Preferred	PA
CADUET TAB 10-20MG	Non Preferred	PA
CADUET TAB 10-40MG	Non Preferred	PA
CADUET TAB 10-80MG	Non Preferred	PA
ENTRESTO TAB 24-26MG	Non Preferred	PA
ENTRESTO TAB 49-51MG	Non Preferred	PA
ENTRESTO TAB 97-103MG	Non Preferred	PA

PROSTAGLANDIN VASODILATORS

Drug Name	Drug Tier	Requirements/Limits
epoprostenol sodium for inj 0.5 mg (generic of FLOLAN)	Preferred	SP, PA
epoprostenol sodium for inj 1.5 mg (generic of FLOLAN)	Preferred	SP, PA
FLOLAN INJ 0.5MG	Preferred	SP, PA
FLOLAN INJ 1.5MG	Preferred	SP, PA
ORENITRAM TAB 0.25MG	Non Preferred	SP, PA
ORENITRAM TAB 0.125MG	Non Preferred	SP, PA
ORENITRAM TAB 1MG	Non Preferred	SP, PA
ORENITRAM TAB 2.5MG	Non Preferred	SP, PA
ORENITRAM TAB 5MG	Non Preferred	SP, PA
REMODULIN INJ 1MG/ML	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJ 2.5MG/ML	Non Preferred	SP, PA
REMODULIN INJ 5MG/ML	Non Preferred	SP, PA
REMODULIN INJ 10MG/ML	Non Preferred	SP, PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	Non Preferred	SP, PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	Non Preferred	SP, PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	Non Preferred	SP, PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	Non Preferred	SP, PA
TYVASO REFIL SOL 0.6MG/ML	Non Preferred	SP, PA
TYVASO SOL 0.6MG/ML	Non Preferred	SP, PA
TYVASO START SOL 0.6MG/ML	Non Preferred	SP, PA
VELETRI INJ 0.5MG	Non Preferred	SP, PA
VELETRI INJ 1.5MG	Non Preferred	SP, PA
VENTAVIS SOL 10MCG/ML	Non Preferred	SP, PA
VENTAVIS SOL 20MCG/ML	Non Preferred	SP, PA

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
ambrisentan tab 5 mg (generic of LETAIRIS)	Non Preferred	SP, QL (1 ea per day), PA
ambrisentan tab 10 mg (generic of LETAIRIS)	Non Preferred	SP, QL (1 ea per day), PA
bosentan tab 62.5 mg (generic of TRACLEER)	Non Preferred	SP, QL (2 ea per day), PA
bosentan tab 125 mg (generic of TRACLEER)	Non Preferred	SP, QL (2 ea per day), PA
LETAIRIS TAB 5MG	Preferred	SP, QL (1 ea per day), PA
LETAIRIS TAB 10MG	Preferred	SP, QL (1 ea per day), PA
OPSUMIT TAB 10MG	Non Preferred	SP, QL (1 ea per day), PA
TRACLEER TAB 32MG	Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TRACLEER TAB 62.5MG	Preferred	SP, QL (2 ea per day), PA
TRACLEER TAB 125MG	Preferred	SP, QL (2 ea per day), PA

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
ADCIRCA TAB 20MG	Preferred	SP, PA
alyq tab 20mg (generic of ADCIRCA)	Preferred	SP, PA
REVATIO INJ	Non Preferred	SP, PA
REVATIO SUS 10MG/ML	Preferred	SP, PA
REVATIO TAB 20MG	Non Preferred	SP, QL (3 ea per day), PA
sildenafil citrate for suspension 10 mg/ml (generic of REVATIO)	Non Preferred	SP, PA
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent) (generic of REVATIO)	Non Preferred	SP, PA
sildenafil citrate tab 20 mg (generic of REVATIO)	Preferred	SP, QL (3 ea per day), PA
tadalafil tab 20 mg (pah) (generic of ADCIRCA)	Preferred	SP, PA

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 200/800	Non Preferred	SP, PA
UPTRAVI TAB 200MCG	Non Preferred	SP, QL (2 ea per day), PA
UPTRAVI TAB 400MCG	Non Preferred	SP, QL (2 ea per day), PA
UPTRAVI TAB 600MCG	Non Preferred	SP, QL (2 ea per day), PA
UPTRAVI TAB 800MCG	Non Preferred	SP, QL (2 ea per day), PA
UPTRAVI TAB 1000MCG	Non Preferred	SP, QL (2 ea per day), PA
UPTRAVI TAB 1200MCG	Non Preferred	SP, QL (2 ea per day), PA
UPTRAVI TAB 1400MCG	Non Preferred	SP, QL (2 ea per day), PA
UPTRAVI TAB 1600MCG	Non Preferred	SP, QL (2 ea per day), PA

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 0.5MG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 1.5MG	Non Preferred	SP, PA
ADEMPAS TAB 1MG	Non Preferred	SP, PA
ADEMPAS TAB 2.5MG	Non Preferred	SP, PA
ADEMPAS TAB 2MG	Non Preferred	SP, PA

SINUS NODE INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
CORLANOR SOL 5MG/5ML	Non Preferred	PA
CORLANOR TAB 5MG	Non Preferred	PA
CORLANOR TAB 7.5MG	Non Preferred	PA

TRANSTHYRETIN STABILIZERS

Drug Name	Drug Tier	Requirements/Limits
VYNDAMAX CAP 61MG	Non Preferred	PA
VYNDAQEL CAP 20MG	Non Preferred	SP, PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION

Drug Name	Drug Tier	Requirements/Limits
cefadroxil cap 500 mg	Preferred	
cefadroxil for susp 250 mg/5ml	Preferred	
cefadroxil for susp 500 mg/5ml	Preferred	
cefadroxil tab 1 gm	Preferred	
cephalexin cap 250 mg (generic of KEFLEX)	Preferred	QL (6 ea per day)
cephalexin cap 500 mg (generic of KEFLEX)	Preferred	QL (6 ea per day)
cephalexin cap 750 mg (generic of KEFLEX)	Preferred	
cephalexin for susp 125 mg/5ml	Preferred	
cephalexin for susp 250 mg/5ml	Preferred	
cephalexin tab 250 mg	Preferred	
cephalexin tab 500 mg	Preferred	
KEFLEX CAP 250MG	Non Preferred	QL (6 ea per day), PA
KEFLEX CAP 500MG	Non Preferred	QL (6 ea per day), PA
KEFLEX CAP 750MG	Non Preferred	PA

CEPHALOSPORINS - 2ND GENERATION

Drug Name	Drug Tier	Requirements/Limits
cefaclor cap 250 mg	Preferred	
cefaclor cap 500 mg	Preferred	
CEFACLOR ER TAB 500MG	Non Preferred	PA
cefaclor for susp 125 mg/5ml	Preferred	
cefaclor for susp 250 mg/5ml	Preferred	
cefaclor for susp 375 mg/5ml	Preferred	
cefprozil for susp 125 mg/5ml	Preferred	
cefprozil for susp 250 mg/5ml	Preferred	
cefprozil tab 250 mg	Non Preferred	PA
cefprozil tab 500 mg	Non Preferred	PA
cefuroxime axetil tab 250 mg	Preferred	QL (2 ea per day)
cefuroxime axetil tab 500 mg	Preferred	QL (2 ea per day)

CEPHALOSPORINS - 3RD GENERATION

Drug Name	Drug Tier	Requirements/Limits
cefdinir cap 300 mg	Preferred	QL (2 ea per day)
cefdinir for susp 125 mg/5ml	Preferred	
cefdinir for susp 250 mg/5ml	Preferred	
cefixime cap 400 mg (generic of SUPRAX)	Preferred	
cefixime for susp 100 mg/5ml (generic of SUPRAX)	Non Preferred	PA
cefixime for susp 200 mg/5ml (generic of SUPRAX)	Non Preferred	PA
cefpodoxime proxetil for susp 50 mg/5ml	Non Preferred	PA
cefpodoxime proxetil for susp 100 mg/5ml	Non Preferred	PA
cefpodoxime proxetil tab 100 mg	Non Preferred	PA
cefpodoxime proxetil tab 200 mg	Non Preferred	PA
SUPRAX CAP 400MG	Preferred	
SUPRAX CHW 100MG	Non Preferred	PA
SUPRAX CHW 200MG	Non Preferred	PA
SUPRAX SUS 100/5ML	Non Preferred	PA
SUPRAX SUS 200/5ML	Non Preferred	PA
SUPRAX SUS 500/5ML	Non Preferred	PA

CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING

LIQUIDS

Drug Name	Drug Tier	Requirements/Limits
BENZYL BENZO LIQ	Preferred	AGE (Min age 16 years and Max age 60 years)
BENZYL BENZO LIQ	Preferred	OTC; AGE (Min age 16 years and Max age 60 years)
SESAME OIL	Preferred	
SESAME OIL	Preferred	OTC

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

COMBINATION CONTRACEPTIVES - ORAL

Drug Name	Drug Tier	Requirements/Limits
afirmelle tab 0.1-0.02	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
altavera tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
alyacen tab 1/35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
alyacen tab 7/7/7	Preferred	AGE (Min age 10 years and Max age 55 years)
amethia lo tab (generic of LOSEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
amethia tab (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
amethyst tab 90-20mcg	Preferred	AGE (Min age 10 years and Max age 55 years)
apri tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
aranelle tab	Preferred	AGE (Min age 10 years and Max age 55 years)
ashlyna tab (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
aubra eq tab 0.1-0.02	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
aubra tab 0.1-0.02	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
aurovela 24 tab fe 1/20	Preferred	AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
aurovela fe tab 1.5/30 (generic of LOESTRIN FE 1.5/30)	Preferred	AGE (Min age 10 years and Max age 55 years)
aurovela fe tab 1/20 (generic of LOESTRIN FE 1/20)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
aurovela tab 1.5/30 (generic of LOESTRIN 1.5/30-21)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
aurovela tab 1/20 (generic of LOESTRIN 1/20-21)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
aviane tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
ayuna tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
azurette tab 28 day (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
BALCOLTRA TAB 0.1-20	Preferred	AGE (Min age 10 years and Max age 55 years)
balziva tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
bekyree tab (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
BEYAZ TAB	Preferred	AGE (Min age 10 years and Max age 55 years)
blisovi 24 tab fe 1/20	Preferred	AGE (Min age 10 years and Max age 55 years)
blisovi fe tab 1.5/30 (generic of LOESTRIN FE 1.5/30)	Preferred	AGE (Min age 10 years and Max age 55 years)
blisovi fe tab 1/20 (generic of LOESTRIN FE 1/20)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
briellyn tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
camrese lo tab (generic of LOSEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
camrese tab (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
caziant pak	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
chateal eq tab 0.15/30	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
chateal tab 0.15/30	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
cryselle-28 tab 28 tabs	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
cyclafem tab 1/35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
cyclafem tab 7/7/7	Preferred	AGE (Min age 10 years and Max age 55 years)
cyred eq tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
cyred tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
dasetta tab 1/35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
dasetta tab 7/7/7	Preferred	AGE (Min age 10 years and Max age 55 years)
daysee tab (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)	Preferred	AGE (Min age 10 years and Max age 55 years)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)	Preferred	AGE (Min age 10 years and Max age 55 years)
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
elinest tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
emoquette tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
enpresse-28 tab	Preferred	AGE (Min age 10 years and Max age 55 years)
enskyce tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
estarylla tab 0.25-35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
ESTROSTEP FE TAB	Preferred	AGE (Min age 10 years and Max age 55 years)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
FALESSA KIT	Preferred	AGE (Min age 10 years and Max age 55 years)
falmina tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
fayosim tab (generic of QUARTETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
femynor tab 0.25-35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
GENERESS FE CHW	Preferred	AGE (Min age 10 years and Max age 55 years)
gianvi tab 3-0.02mg (generic of YAZ)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
hailey 24 tab fe	Preferred	AGE (Min age 10 years and Max age 55 years)
hailey tab 1.5/30 (generic of LOESTRIN 1.5/30-21)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
introvale tab	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
isibloom tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
jaimiess tab (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
jasmiel tab 3-0.02mg (generic of YAZ)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
jolessa tab	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
juleber tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
junel 1.5/30 tab (generic of LOESTRIN 1.5/30-21)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
junel 1/20 tab (generic of LOESTRIN 1/20-21)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
junel fe 24 tab 1/20	Preferred	AGE (Min age 10 years and Max age 55 years)
junel fe tab 1.5/30 (generic of LOESTRIN FE 1.5/30)	Preferred	AGE (Min age 10 years and Max age 55 years)
junel fe tab 1/20 (generic of LOESTRIN FE 1/20)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
kaitlib fe chw (generic of GENERESS FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
kalliga tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
kariva tab 28 day (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
kelnor 1/50 tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
kelnor tab 1/35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
kurvelo tab 0.15/30	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
larin 24 tab fe 1/20	Preferred	AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
larin fe tab 1.5/30 (generic of LOESTRIN FE 1.5/30)	Preferred	AGE (Min age 10 years and Max age 55 years)
larin fe tab 1/20 (generic of LOESTRIN FE 1/20)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
larin tab 1.5/30 (generic of LOESTRIN 1.5/30-21)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
larin tab 1/20 (generic of LOESTRIN 1/20-21)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
larissia tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
layolis fe chw (generic of GENERESS FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
leena tab	Preferred	AGE (Min age 10 years and Max age 55 years)
lessina tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
levonest tab	Preferred	AGE (Min age 10 years and Max age 55 years)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (generic of QUARTETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (generic of LOSEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Preferred	AGE (Min age 10 years and Max age 55 years)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Preferred	AGE (Min age 10 years and Max age 55 years)
levora-28 tab 0.15/30	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
lillow tab 0.15/30	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
LO LOESTRIN TAB 1-10-10	Preferred	AGE (Min age 10 years and Max age 55 years)
lo-zumandimi tab 3-0.02mg (generic of YAZ)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
LOESTRIN 21 TAB 1.5/30	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
LOESTRIN FE TAB 1.5/30	Preferred	AGE (Min age 10 years and Max age 55 years)
LOESTRIN FE TAB 1/20	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
LOESTRIN TAB 1/20-21	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
lojaimiess tab (generic of LOSEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
loryna tab 3-0.02mg (generic of YAZ)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
LOSEASONIQUE TAB	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
low-ogestrel tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
lutera tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
marlissa tab 0.15/30	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
melodetta chw 24 fe (generic of MINASTRIN 24 FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
mibelas 24 chw fe (generic of MINASTRIN 24 FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
microgestin tab 1.5/30 (generic of LOESTRIN 1.5/30-21)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
microgestin tab 1/20 (generic of LOESTRIN 1/20-21)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
microgestin tab fe1.5/30 (generic of LOESTRIN FE 1.5/30)	Preferred	AGE (Min age 10 years and Max age 55 years)
microgestin tab fe 1/20 (generic of LOESTRIN FE 1/20)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
mili tab 0.25/35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
MINASTRIN 24 CHW FE	Preferred	AGE (Min age 10 years and Max age 55 years)
MIRCETTE TAB 28 DAY	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
mono-linyah tab 0.25-35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
NATAZIA TAB	Preferred	AGE (Min age 10 years and Max age 55 years)
necon tab 0.5/35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
nikki tab 3-0.02mg (generic of YAZ)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Preferred	AGE (Min age 10 years and Max age 55 years)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (generic of GENERESS FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (generic of LOESTRIN 1/20-21)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (generic of LOESTRIN 1.5/30-21)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (generic of LOESTRIN FE 1/20)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (generic of LOESTRIN FE 1.5/30)	Preferred	AGE (Min age 10 years and Max age 55 years)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	Preferred	AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Preferred	AGE (Min age 10 years and Max age 55 years)
nortrel tab 0.5/35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
nortrel tab 1/35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
nortrel tab 7/7/7	Preferred	AGE (Min age 10 years and Max age 55 years)
ocella tab 3-0.03mg (generic of YASMIN 28)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
orsythia tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
philith tab 0.4-35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
pimtrea tab (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
pirmella tab 1/35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
pirmella tab 7/7/7	Preferred	AGE (Min age 10 years and Max age 55 years)
portia-28 tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
previfem tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
QUARTETTE TAB	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
reclipsen tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
rivelsa tab (generic of QUARTETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
SAFYRAL TAB	Preferred	AGE (Min age 10 years and Max age 55 years)
SEASONIQUE TAB	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
setlakin tab	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
simliya tab 28 day (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
simpesse tab (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
sprintec 28 tab 28 day	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
sronyx tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
syeda tab 3-0.03mg (generic of YASMIN 28)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
tarina 24 fe tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tarina fe tab 1/20 (generic of LOESTRIN FE 1/20)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
tarina fe tab 1/20 eq (generic of LOESTRIN FE 1/20)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
TAYTULLA CAP 1MG/20MC	Preferred	AGE (Min age 10 years and Max age 55 years)
tilia fe tab (generic of ESTROSTEP FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
tri femynor tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tri-estaryll tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tri-legest tab fe (generic of ESTROSTEP FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
tri-linyah tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tri-lo tab estaryll (generic of ORTHO TRI-CYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
tri-lo-tab marzia (generic of ORTHO TRI-CYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
tri-lo-tab sprintec (generic of ORTHO TRI-CYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
tri-lo-mili tab (generic of ORTHO TRI-CYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
tri-mili tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tri-previfem tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tri-sprintec tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tri-vylibra tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tri-vylibra tab lo (generic of ORTHO TRI-CYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
trivora-28 tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tydemy tab (generic of SAFYRAL)	Preferred	AGE (Min age 10 years and Max age 55 years)
velivet pak	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
vienva tab 0.1-20	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
viorele tab (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
volnea tab (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
vyfemla tab 0.4-35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
vylibra tab 0.25-35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
wera tab 0.5/35	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
wymzya fe chw 0.4mg-35	Preferred	AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
YASMIN 28 TAB 3-0.03MG	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
YAZ TAB 3-0.02MG	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
zarah tab 3-0.03mg (generic of YASMIN 28)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
zovia 1/35e tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
zumandimine tab 3-0.03mg (generic of YASMIN 28)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)

COMBINATION CONTRACEPTIVES - TRANSDERMAL

Drug Name	Drug Tier	Requirements/Limits
xulane dis 150-35	Preferred	AGE (Min age 10 years and Max age 55 years)

COMBINATION CONTRACEPTIVES - VAGINAL

Drug Name	Drug Tier	Requirements/Limits
ANNOVERA MIS	Preferred	
eluryng mis (generic of NUVARING)	Preferred	QL (0.05 ea per day); AGE (Min age 10 years and Max age 55 years)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)	Preferred	QL (0.05 ea per day); AGE (Min age 10 years and Max age 55 years)
NUVARING MIS	Preferred	QL (0.05 ea per day); AGE (Min age 10 years and Max age 55 years)

COPPER CONTRACEPTIVES - IUD

Drug Name	Drug Tier	Requirements/Limits
PARAGARD IUD T380A	Preferred	

EMERGENCY CONTRACEPTIVES

Drug Name	Drug Tier	Requirements/Limits
ELLA TAB 30MG	Preferred	AGE (Min age 10 years and Max age 55 years)
levonorgestrel tab 1.5 mg	Preferred	OTC
PLAN B TAB 1.5MG	Preferred	OTC

PROGESTIN CONTRACEPTIVES - IMPLANTS

Drug Name	Drug Tier	Requirements/Limits
NEXPLANON IMP 68MG	Preferred	SP

PROGESTIN CONTRACEPTIVES - INJECTABLE

Drug Name	Drug Tier	Requirements/Limits

Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA INJ 150MG/ML	Preferred	AGE (Min age 10 years and Max age 55 years)
DEPO-PROVERA INJ 150MG/ML	Preferred	QL (1 mL / 71 days); AGE (Min age 10 years and Max age 55 years)
DEPO-SQ PROV INJ 104	Preferred	AGE (Min age 10 years and Max age 55 years)
medroxyprogesterone acetate im susp 150 mg/ml (generic of DEPO-PROVERA CONTRACEPTIV)	Preferred	QL (1 mL / 71 days); AGE (Min age 10 years and Max age 55 years)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (generic of DEPO-PROVERA CONTRACEPTIV)	Preferred	AGE (Min age 10 years and Max age 55 years)

PROGESTIN CONTRACEPTIVES - IUD

Drug Name	Drug Tier	Requirements/Limits
KYLEENA IUD 19.5MG	Preferred	SP
LILETTA IUD 52MG	Preferred	SP
MIRENA IUD SYSTEM	Preferred	SP
SKYLA IUD 13.5MG	Preferred	SP

PROGESTIN CONTRACEPTIVES - ORAL

Drug Name	Drug Tier	Requirements/Limits
camila tab 0.35mg	Preferred	AGE (Min age 10 years and Max age 55 years)
deblitane tab 0.35mg	Preferred	AGE (Min age 10 years and Max age 55 years)
errin tab 0.35mg (generic of ORTHO MICRONOR)	Preferred	AGE (Min age 10 years and Max age 55 years)
heather tab 0.35mg	Preferred	AGE (Min age 10 years and Max age 55 years)
incassia tab 0.35mg	Preferred	AGE (Min age 10 years and Max age 55 years)
jencycla tab 0.35mg (generic of ORTHO MICRONOR)	Preferred	AGE (Min age 10 years and Max age 55 years)
lyza tab 0.35mg (generic of ORTHO MICRONOR)	Preferred	AGE (Min age 10 years and Max age 55 years)
nora-be tab 0.35mg	Preferred	AGE (Min age 10 years and Max age 55 years)
norethindrone tab 0.35 mg	Preferred	AGE (Min age 10 years and Max age 55 years)
norlyda tab 0.35mg	Preferred	AGE (Min age 10 years and Max age 55 years)
ORTHO MICRON TAB 0.35MG	Preferred	AGE (Min age 10 years and Max age 55 years)
sharobel tab 0.35mg (generic of ORTHO MICRONOR)	Preferred	AGE (Min age 10 years and Max age 55 years)
SLYND TAB 4MG	Preferred	AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
tulana tab 0.35mg	Preferred	AGE (Min age 10 years and Max age 55 years)

CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

GLUCOCORTICOSTEROIDS

Drug Name	Drug Tier	Requirements/Limits
budesonide delayed release particles cap 3 mg (generic of ENTOCORT EC)	Non Preferred	PA
budesonide tab er 24hr 9 mg (generic of UCERIS)	Non Preferred	PA
CORTEF TAB 5MG	Non Preferred	QL (24 ea per day), PA
CORTEF TAB 10MG	Non Preferred	QL (12 ea per day), PA
CORTEF TAB 20MG	Non Preferred	QL (6 ea per day), PA
cortisone acetate tab 25 mg	Non Preferred	PA
decadron tab 0.5mg	Preferred	QL (12 ea per day)
decadron tab 0.75mg	Preferred	QL (10 ea per day)
decadron tab 4mg	Preferred	QL (10 ea per day)
decadron tab 6mg	Preferred	QL (10 ea per day)
DEXAMETHASON CON 1MG/ML	Preferred	
dexamethasone elixir 0.5 mg/5ml	Preferred	QL (60 mL per day)
dexamethasone soln 0.5 mg/5ml	Preferred	
dexamethasone tab 0.5 mg	Preferred	QL (12 ea per day)
dexamethasone tab 0.75 mg	Preferred	QL (10 ea per day)
dexamethasone tab 1 mg	Preferred	QL (10 ea per day)
dexamethasone tab 1.5 mg	Preferred	QL (10 ea per day)
dexamethasone tab 2 mg	Preferred	QL (10 ea per day)
dexamethasone tab 4 mg	Preferred	QL (10 ea per day)
dexamethasone tab 6 mg	Preferred	QL (10 ea per day)
dexamethasone tab therapy pack 1.5 mg (21)	Preferred	
dexamethasone tab therapy pack 1.5 mg (35)	Preferred	
dexamethasone tab therapy pack 1.5 mg (51)	Preferred	
dexpak pak 6 day	Non Preferred	PA
dexpak pak 10 day	Preferred	PA
dexpak pak 13 day	Preferred	PA
DXEVO 11-DAY PAK 1.5MG	Non Preferred	PA
EMFLAZA SUS 22.75/ML	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
EMFLAZA TAB 6MG	Non Preferred	PA
EMFLAZA TAB 18MG	Non Preferred	PA
EMFLAZA TAB 30MG	Non Preferred	PA
EMFLAZA TAB 36MG	Non Preferred	PA
ENTOCORT EC CAP 3MG DR	Non Preferred	PA
hydrocortisone tab 5 mg (generic of CORTEF)	Preferred	QL (24 ea per day)
hydrocortisone tab 10 mg (generic of CORTEF)	Preferred	QL (12 ea per day)
hydrocortisone tab 20 mg (generic of CORTEF)	Preferred	QL (6 ea per day)
MEDROL TAB 2MG	Non Preferred	PA
MEDROL TAB 4MG	Non Preferred	QL (12 ea per day), PA
MEDROL TAB 8MG	Non Preferred	QL (6 ea per day), PA
MEDROL TAB 16MG	Non Preferred	QL (4 ea per day), PA
MEDROL TAB 32MG	Non Preferred	QL (2 ea per day), PA
methylprednisolone tab 4 mg (generic of MEDROL)	Preferred	QL (12 ea per day)
methylprednisolone tab 8 mg (generic of MEDROL)	Preferred	QL (6 ea per day)
methylprednisolone tab 16 mg (generic of MEDROL)	Preferred	QL (4 ea per day)
methylprednisolone tab 32 mg (generic of MEDROL)	Preferred	QL (2 ea per day)
methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)	Preferred	QL (12 ea per day)
MILLIPRED DP PAK 5MG	Preferred	
MILLIPRED TAB 5MG	Preferred	
prednisolone sod phos orally disintegr tab 10 mg (base eq) (generic of ORAPRED ODT)	Non Preferred	PA
prednisolone sod phos orally disintegr tab 15 mg (base eq) (generic of ORAPRED ODT)	Non Preferred	PA
prednisolone sod phos orally disintegr tab 30 mg (base eq) (generic of ORAPRED ODT)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)	Preferred	
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	Preferred	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	Preferred	
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	Preferred	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	Preferred	
prednisolone syrup 15 mg/5ml (usp solution equivalent)	Preferred	
PREDNISONE CON 5MG/ML	Preferred	
prednisone oral soln 5 mg/5ml	Preferred	QL (60 mL per day)
prednisone tab 1 mg	Preferred	QL (10 ea per day)
prednisone tab 2.5 mg	Preferred	QL (8 ea per day)
prednisone tab 5 mg	Preferred	QL (16 ea per day)
prednisone tab 10 mg	Preferred	QL (9 ea per day)
prednisone tab 20 mg	Preferred	QL (6 ea per day)
prednisone tab 50 mg	Preferred	QL (3 ea per day)
prednisone tab therapy pack 5 mg (21)	Preferred	
prednisone tab therapy pack 5 mg (48)	Preferred	
prednisone tab therapy pack 10 mg (21)	Preferred	
prednisone tab therapy pack 10 mg (48)	Preferred	
RAYOS TAB 1MG	Non Preferred	PA
RAYOS TAB 2MG	Non Preferred	PA
RAYOS TAB 5MG	Non Preferred	PA
taperdex pak 6 day	Non Preferred	PA
taperdex pak 7-day	Non Preferred	PA
taperdex pak 12-day	Non Preferred	PA
UCERIS TAB 9MG	Non Preferred	PA

MINERALOCORTICOIDS

Drug Name	Drug Tier	Requirements/Limits
fludrocortisone acetate tab 0.1 mg	Preferred	QL (5 ea per day)

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

ANTITUSSIVES

Drug Name	Drug Tier	Requirements/Limits

Drug Name	Drug Tier	Requirements/Limits
benzonatate cap 100 mg (generic of TESSALON PERLES)	Preferred	QL (6 ea per day)
benzonatate cap 200 mg	Preferred	QL (5 ea per day)
hm cgh relf liq 15mg/5ml	Preferred	OTC
qc cgh relf liq 15mg/5ml	Preferred	OTC

COUGH/COLD/ALLERGY COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
bromfed dm syp	Preferred	QL (60 mL per day)
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml	Preferred	OTC, QL (480 mL / 25 days)
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	Preferred	OTC, QL (2 ea per day); AGE (Min age 4 years)
chest conges tab 20-400mg	Preferred	OTC
chest conges tab relf dm	Preferred	OTC
delsym cough liq congs dm	Preferred	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	Preferred	OTC, QL (240 mL / 25 days)
dextromethorphan-guaifenesin liquid 10-200 mg/5ml	Preferred	OTC, QL (240 mL / 25 days)
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	Preferred	OTC, QL (180 mL / 25 days)
dextromethorphan-guaifenesin tab er 12hr 30-600 mg	Preferred	OTC, QL (2 ea per day)
dextromethorphan-guaifenesin tab er 12hr 60-1200 mg	Preferred	OTC
diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml	Preferred	OTC, QL (180 mL / 25 days)
gnp mucus liq rlf dm	Preferred	OTC
guaifenesin-codeine soln 100-10 mg/5ml	Preferred	OTC, QL (60 mL per day); AGE (Min age 2 years)
intense coug liq reliever	Preferred	OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg	Preferred	OTC, QL (2 ea per day)
loratadine & pseudoephedrine tab er 24hr 10-240 mg	Preferred	OTC, QL (1 ea per day)
muc/cgh relf liq 5-100mg	Preferred	OTC
mucinex cgh liq 5-100mg	Preferred	OTC
mucinex dm liq 20-400	Preferred	OTC
mucosa dm tab 20-400mg	Preferred	OTC
mucus dm tab 60-1200	Preferred	OTC
mucus rel dm liq	Preferred	OTC
mucus rel dm liq 5-100/5	Preferred	OTC
mucus relief liq 5-100mg	Preferred	OTC
mucus relief tab 20-400mg	Preferred	OTC
mucus relief tab 60-1200	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
mucus relief tab dm	Preferred	OTC
mucus relief tab dm cough	Preferred	OTC
mucus rlf dm liq 5-100/5	Preferred	OTC
mucus rlf dm liq 20-400mg	Preferred	OTC
mucus-dm max tab 60-1200	Preferred	OTC
mucus/cough liq 5-100mg	Preferred	OTC
pharbinex-dm tab 20-400mg	Preferred	OTC
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Preferred	QL (60 mL per day); AGE (Max age 64 years)
promethazine w/ codeine syrup 6.25-10 mg/5ml	Preferred	QL (240 mL / 25 days); AGE (Min age 2 years and Max age 64 years)
promethazine-dm syrup 6.25-15 mg/5ml	Preferred	QL (180 mL / 25 days); AGE (Min age 4 years and Max age 64 years)
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	Preferred	QL (60 mL per day); AGE (Min age 2 years and Max age 64 years)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	Preferred	QL (60 mL per day)
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	Preferred	OTC, QL (4 ea per day); AGE (Min age 4 years)
qc medifin tab dm	Preferred	OTC
sm tussin dm liq 5-100/5	Preferred	OTC
tab tussin tab 20-400mg	Preferred	OTC
tab tussin tab dm	Preferred	OTC
tussin dm liq 5-100mg	Preferred	OTC
tussin dm liq 20-400mg	Preferred	OTC
tussin dm liq 20-400ml	Preferred	OTC
virtussin sol dac	Preferred	OTC, QL (60 mL per day)

EXPECTORANTS

Drug Name	Drug Tier	Requirements/Limits
guaifenesin liquid 100 mg/5ml	Preferred	OTC; AGE (Min age 4 years)
guaifenesin syrup 100 mg/5ml	Preferred	OTC; AGE (Min age 4 years)
guaifenesin tab 200 mg	Preferred	OTC; AGE (Min age 4 years)
guaifenesin tab 400 mg	Preferred	OTC; AGE (Min age 4 years)
guaifenesin tab er 12hr 600 mg	Preferred	OTC, QL (2 ea per day)

MISC. RESPIRATORY INHALANTS

Drug Name	Drug Tier	Requirements/Limits
sodium chloride soln nebu 0.9%	Preferred	
sodium chloride soln nebu 3%	Preferred	

Drug Name	Drug Tier	Requirements/Limits
sodium chloride soln nebu 7%	Preferred	

MUCOLYTICS

Drug Name	Drug Tier	Requirements/Limits
acetylcysteine inhal soln 20%	Preferred	QL (120 mL per day)

DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

Drug Name	Drug Tier	Requirements/Limits
ABSORICA CAP 10MG	Non Preferred	PA; AGE (Min age 12 years)
ABSORICA CAP 20MG	Non Preferred	PA; AGE (Min age 12 years)
ABSORICA CAP 25MG	Non Preferred	PA; AGE (Min age 12 years)
ABSORICA CAP 30MG	Non Preferred	PA; AGE (Min age 12 years)
ABSORICA CAP 35MG	Non Preferred	PA; AGE (Min age 12 years)
ABSORICA CAP 40MG	Non Preferred	PA; AGE (Min age 12 years)
ABSORICA LD CAP 8MG	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ABSORICA LD CAP 16MG	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ABSORICA LD CAP 24MG	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ABSORICA LD CAP 32MG	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ACANYA GEL 1.2-2.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ACZONE GEL 5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ACZONE GEL 7.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
adapalene cream 0.1% (generic of DIFFERIN)	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
adapalene gel 0.1%	Non Preferred	QL (1.5 gm per day), PA; AGE (Min age 10 years)

Drug Name	Drug Tier	Requirements/Limits
adapalene gel 0.3% (generic of DIFFERIN)	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO)	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
AKLIEF CRE 0.005%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ALTRENO LOT 0.05%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
AMZEEQ AER 4%	Non Preferred	PA
ARAZLO LOT 0.045%	Non Preferred	PA
ATRALIN GEL 0.05%	Non Preferred	QL (1.5 gm per day), PA; AGE (Min age 10 years and Max age 35 years)
avita cre 0.025% (generic of RETIN-A)	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
avita gel 0.025%	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
AZELEX CRE 20%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
BENZACLIN GEL 1-5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
BENZACLIN GEL 1-5%PUMP	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
BENZAMYCIN GEL 5-3%	Non Preferred	QL (1.6 gm per day), PA; AGE (Min age 10 years)
benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)	Preferred	QL (1.6 gm per day); AGE (Min age 10 years)
bp 10-1 emu	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
bp cleansing emu 10-4%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
CLEOCIN-T GEL 1%	Non Preferred	QL (2 gm per day), PA; AGE (Min age 10 years)

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN-T LOT 1%	Non Preferred	QL (10 mL per day), PA; AGE (Min age 10 years)
CLINDACIN KIT ETZ 1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
CLINDACIN KIT PAC 1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
clindacin mis etz 1%	Preferred	QL (2 ea per day); AGE (Min age 10 years)
clindacin-p pad 1%	Preferred	QL (2 ea per day); AGE (Min age 10 years)
CLINDAGEL GEL 1%	Non Preferred	QL (2 mL per day), PA; AGE (Min age 10 years)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
clindamycin phosphate foam 1% (generic of EVOCLIN)	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
clindamycin phosphate gel 1%	Preferred	QL (2 mL per day); AGE (Min age 10 years)
clindamycin phosphate lotion 1% (generic of CLEOCIN-T)	Preferred	QL (10 mL per day); AGE (Min age 10 years)
clindamycin phosphate soln 1%	Preferred	QL (60 mL / 25 days); AGE (Min age 10 years)
clindamycin phosphate swab 1%	Preferred	QL (2 ea per day); AGE (Min age 10 years)
clindamycin phosphate-benzoyl peroxide gel 1-5% (generic of BENZACLIN)	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (generic of ACANYA)	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
clindamycin phosphate-tretinoin gel 1.2-0.025%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
dapsone gel 5% (generic of ACZONE)	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
dapsone gel 7.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
DIFFERIN CRE 0.1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)

Drug Name	Drug Tier	Requirements/Limits
DIFFERIN GEL 0.3%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
DIFFERIN LOT 0.1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
EPIDUO FORTE GEL 0.3-2.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
EPIDUO GEL 0.1-2.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ery pad 2%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ERYGEL GEL 2%	Non Preferred	QL (1 gm per day), PA; AGE (Min age 10 years)
erythromycin gel 2% (generic of ERYGEL)	Preferred	QL (1 gm per day); AGE (Min age 10 years)
erythromycin soln 2%	Preferred	QL (15 mL per day); AGE (Min age 10 years)
EVOCLIN AER 1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
FABIOR AER 0.1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
isotretinoin cap 10 mg	Non Preferred	PA; AGE (Min age 12 years)
isotretinoin cap 20 mg	Non Preferred	PA; AGE (Min age 12 years)
isotretinoin cap 30 mg	Non Preferred	PA; AGE (Min age 12 years)
isotretinoin cap 40 mg	Non Preferred	PA; AGE (Min age 12 years)
KLARON LOT 10%	Non Preferred	QL (118 mL / 25 days), PA; AGE (Min age 10 years and Max age 20 years)
neuac gel 1.2-5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
NEUAC KIT 1.2-5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ONEXTON GEL 1.2-3.75	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)

Drug Name	Drug Tier	Requirements/Limits
RETIN-A CRE 0.1%	Non Preferred	QL (1.5 gm per day), PA; AGE (Min age 10 years and Max age 35 years)
RETIN-A CRE 0.05%	Non Preferred	QL (1.5 gm per day), PA; AGE (Min age 10 years and Max age 35 years)
RETIN-A CRE 0.025%	Non Preferred	QL (1.5 gm per day), PA; AGE (Min age 10 years and Max age 35 years)
RETIN-A GEL 0.01%	Non Preferred	QL (1.5 gm per day), PA; AGE (Min age 10 years and Max age 35 years)
RETIN-A GEL 0.025%	Non Preferred	QL (1.5 gm per day), PA; AGE (Min age 10 years and Max age 35 years)
RETIN-A MICR GEL 0.1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A MICR GEL 0.1%PUMP	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A MICR GEL 0.04%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A MICR GEL 0.04%PMP	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A MICR GEL 0.06%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A MICR GEL 0.08%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SOD SUL/SULF EMU 10-5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
sss 10-5 aer 10-5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
sss cre 10%-5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium lotion 10% (acne) (generic of KLARON)	Non Preferred	QL (118 mL / 25 days), PA; AGE (Min age 10 years and Max age 20 years)
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
sulfacetamide sodium w/ sulfur cleanser 10-2%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
sulfacetamide sodium w/ sulfur cream 10-2%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
sulfacetamide sodium w/ sulfur cream 10-5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
sulfacetamide sodium w/ sulfur emulsion 10-5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
sulfacetamide sodium w/ sulfur susp 8-4%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
sulfacetamide sodium w/ sulfur wash 9-4%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
sulfacetamide sodium w/ sulfur wash 9-4.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SUMADAN KIT	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SUMADAN WASH LIQ 9-4.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SUMADAN XLT KIT 9-4.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SUMAXIN CP KIT	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SUMAXIN PAD 10-4%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)

Drug Name	Drug Tier	Requirements/Limits
SUMAXIN WASH LIQ 9-4%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
tretinoin cream 0.1% (generic of RETIN-A)	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
tretinoin cream 0.05% (generic of RETIN-A)	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
tretinoin cream 0.025% (generic of RETIN-A)	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
tretinoin gel 0.01% (generic of RETIN-A)	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
tretinoin gel 0.05% (generic of ATRALIN)	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
tretinoin gel 0.025% (generic of RETIN-A)	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
tretinoin microsphere gel 0.1% (generic of RETIN-A MICRO)	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
tretinoin microsphere gel 0.04% (generic of RETIN-A MICRO)	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ZIANA GEL	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)

AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS

Drug Name	Drug Tier	Requirements/Limits
VEREGEN OIN 15%	Non Preferred	PA

ANTI-INFLAMMATORY AGENTS - TOPICAL

Drug Name	Drug Tier	Requirements/Limits
diclofenac epolamine patch 1.3%	Non Preferred	PA
diclofenac sodium gel 1% (generic of VOLTAREN)	Non Preferred	PA
diclofenac sodium soln 1.5%	Non Preferred	PA
diclofex dc mis	Non Preferred	PA
PENNSAID SOL 2%	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
VOLTAREN GEL 1%	Non Preferred	PA

ANTIBIOTICS - TOPICAL

Drug Name	Drug Tier	Requirements/Limits
bacitracin oint 500 unit/gm	Preferred	OTC
bacitracin zinc oint 500 unit/gm	Preferred	OTC
bacitracin-polymyxin b oint	Preferred	OTC
CENTANY AT KIT 2%	Non Preferred	PA
CENTANY OIN 2%	Non Preferred	PA
CORTISPORIN CRE 0.5%	Non Preferred	PA
CORTISPORIN OIN 1%	Preferred	
gentamicin sulfate cream 0.1%	Preferred	QL (1 gm per day)
gentamicin sulfate oint 0.1%	Preferred	QL (1 gm per day)
mupirocin calcium cream 2%	Non Preferred	PA; AGE (Max age 20 years)
mupirocin oint 2%	Preferred	
NEO-SYNALAR CRE	Non Preferred	PA
NEO-SYNALAR KIT	Non Preferred	PA
neomycin-bacitracin-polymyxin oint	Preferred	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1%	Preferred	OTC
XEPI CRE 1%	Non Preferred	PA

ANTIFUNGALS - TOPICAL

Drug Name	Drug Tier	Requirements/Limits
ciclodan sol 8%	Non Preferred	QL (6.6 mL / 25 days), PA
ciclopirox gel 0.77%	Non Preferred	PA
ciclopirox kit 8%	Non Preferred	PA
ciclopirox olamine cream 0.77% (base equiv) (generic of LOPROX)	Non Preferred	QL (180 gm / 30 days), PA
ciclopirox olamine susp 0.77% (base equiv) (generic of LOPROX)	Non Preferred	QL (60 mL / 25 days), PA
ciclopirox shampoo 1% (generic of LOPROX SHAMPOO)	Non Preferred	PA
ciclopirox solution 8%	Non Preferred	QL (6.6 mL / 25 days), PA
clotrimazole cream 1%	Preferred	QL (60 gm / 30 days)
clotrimazole cream 1%	Preferred	OTC, QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
clotrimazole soln 1%	Non Preferred	QL (60 mL / 30 days), PA
clotrimazole w/ betamethasone cream 1-0.05%	Non Preferred	PA
clotrimazole w/ betamethasone lotion 1-0.05%	Non Preferred	PA
econazole nitrate cream 1%	Preferred	
ERTACZO CRE 2%	Non Preferred	PA
EXTINA AER 2%	Non Preferred	PA
JUBLIA SOL 10%	Non Preferred	PA
KERYDIN SOL 5%	Non Preferred	PA
ketoconazole cream 2%	Preferred	QL (2 gm per day)
ketoconazole foam 2% (generic of EXTINA)	Non Preferred	PA
ketoconazole shampoo 2%	Preferred	QL (4 mL per day)
ketodan aer 2% (generic of EXTINA)	Non Preferred	PA
KETODAN KIT 2%	Non Preferred	PA
LOPROX CRE 0.77%	Non Preferred	QL (180 gm / 30 days), PA
LOPROX KIT 0.77%	Non Preferred	PA
LOPROX SHA 1%	Non Preferred	PA
LOPROX SUS 0.77%	Non Preferred	QL (60 mL / 25 days), PA
luliconazole cream 1%	Non Preferred	PA
LUZU CRE 1%	Non Preferred	PA
MENTAX CRE 1%	Non Preferred	PA
miconazole nitrate aerosol pow 2%	Preferred	OTC, QL (133 gm / 30 days)
miconazole nitrate cream 2%	Preferred	OTC
miconazole nitrate powder 2%	Preferred	OTC, QL (90 gm / 30 days)
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	Non Preferred	PA
naftifine hcl cream 1%	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
naftifine hcl cream 2% (generic of NAFTIN)	Non Preferred	PA
naftifine hcl gel 1% (generic of NAFTIN)	Non Preferred	PA
NAFTIN CRE 2%	Non Preferred	PA
NAFTIN GEL 1%	Non Preferred	PA
NAFTIN GEL 2%	Non Preferred	PA
nystatin cream 100000 unit/gm	Preferred	
nystatin oint 100000 unit/gm	Preferred	
nystatin topical powder 100000 unit/gm	Preferred	QL (30 gm / 25 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	Non Preferred	PA
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	Non Preferred	PA
oxiconazole nitrate cream 1% (generic of OXISTAT)	Non Preferred	PA
OXISTAT CRE 1%	Non Preferred	PA
OXISTAT LOT 1%	Non Preferred	PA
terbinafine hcl cream 1%	Preferred	OTC
tolnaftate aerosol pow 1%	Preferred	OTC, QL (133 gm / 30 days)
tolnaftate cream 1%	Preferred	OTC, QL (60 gm / 30 days)
tolnaftate powder 1%	Preferred	OTC, QL (67.5 gm / 30 days)
VUSION OIN	Non Preferred	PA

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

Drug Name	Drug Tier	Requirements/Limits
AMELUZ GEL 10%	Non Preferred	PA
CARAC CRE 0.5%	Non Preferred	PA
diclofenac sodium (actinic keratoses) gel 3%	Non Preferred	PA
EFUDEX CRE 5%	Non Preferred	PA
fluorouracil cream 0.5% (generic of CARAC)	Non Preferred	PA
fluorouracil cream 5% (generic of EFUDEX)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
fluorouracil soln 2%	Non Preferred	PA
fluorouracil soln 5%	Non Preferred	PA
LEVULAN KERA SOL 20%	Preferred	
ORMECA KIT	Non Preferred	PA
PANRETIN GEL 0.1%	Preferred	
PICATO GEL 0.05%	Non Preferred	PA
PICATO GEL 0.015%	Non Preferred	PA
TARGRETIN GEL 1%	Preferred	SP
TOLAK CRE 4%	Non Preferred	PA
VALCHLOR GEL 0.016%	Non Preferred	PA

ANTIPRURITICS - TOPICAL

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl cream 5%	Non Preferred	PA
PRUDOXIN CRE 5%	Non Preferred	PA
ZONALON CRE 5%	Non Preferred	PA

ANTIPSORIATICS

Drug Name	Drug Tier	Requirements/Limits
acitretin cap 10 mg (generic of SORIATANE)	Non Preferred	PA
acitretin cap 17.5 mg	Non Preferred	PA
acitretin cap 25 mg (generic of SORIATANE)	Non Preferred	PA
calcipotriene cream 0.005% (generic of DOVONEX)	Preferred	
calcipotriene oint 0.005%	Preferred	
calcipotriene soln 0.005% (50 mcg/ml)	Preferred	
calcitriol oint 3 mcg/gm	Non Preferred	PA
COSENTYX INJ 150MG/ML	Non Preferred	SP, PA
COSENTYX INJ 300DOSE	Non Preferred	SP, PA
COSENTYX PEN INJ 150MG/ML	Non Preferred	SP, PA
COSENTYX PEN INJ 300DOSE	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
DOVONEX CRE 0.005%	Non Preferred	PA
ILUMYA SOL 100MG/ML	Non Preferred	SP, PA
methoxsalen rapid cap 10 mg (generic of OXSORALEN ULTRA)	Non Preferred	PA
OXSORALEN-UL CAP 10MG	Non Preferred	PA
SILIQ INJ 210/1.5	Non Preferred	SP, PA
SKYRIZI INJ 150DOSE	Non Preferred	SP, PA
SORIATANE CAP 10MG	Non Preferred	PA
SORIATANE CAP 25MG	Non Preferred	PA
SORILUX AER 0.005%	Non Preferred	PA
STELARA INJ 45MG/0.5	Non Preferred	SP, PA
STELARA INJ 90MG/ML	Non Preferred	SP, PA
TALTZ INJ 80MG/ML	Non Preferred	SP, PA
tazarotene cream 0.1% (generic of TAZORAC)	Non Preferred	PA
TAZORAC CRE 0.1%	Non Preferred	PA
TAZORAC GEL 0.1%	Non Preferred	PA
TAZORAC GEL 0.05%	Non Preferred	PA
TREMFYA INJ 100MG/ML	Non Preferred	SP, PA
VECTICAL OIN 3MCG/GM	Non Preferred	PA

ANTISEBORRHEIC PRODUCTS

Drug Name	Drug Tier	Requirements/Limits
selenium sulfide lotion 1%	Preferred	OTC
selenium sulfide lotion 2.5%	Preferred	
selenium sulfide shampoo 2.3%	Non Preferred	PA
selenium sulfide shampoo 2.25%	Non Preferred	PA
sulfacetamide sodium cleansing gel 10%	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium liquid 10%	Non Preferred	PA

ANTIVIRALS - TOPICAL

Drug Name	Drug Tier	Requirements/Limits
acyclovir cream 5% (generic of ZOVIRAX)	Non Preferred	PA
acyclovir oint 5% (generic of ZOVIRAX)	Non Preferred	PA
DENAVIR CRE 1%	Non Preferred	PA
XERESE CRE 5-1%	Non Preferred	PA
ZOVIRAX CRE 5%	Non Preferred	PA
ZOVIRAX OIN 5%	Non Preferred	PA

BURN PRODUCTS

Drug Name	Drug Tier	Requirements/Limits
mafenide acetate packet for topical soln 5% (50 gm) (generic of SULFAMYLON)	Preferred	
SILVADENE CRE 1%	Non Preferred	PA
silver sulfadiazine cream 1% (generic of SILVADENE)	Preferred	
ssd cre 1% (generic of SILVADENE)	Preferred	
SULFAMYLON CRE 85MG/GM	Preferred	
SULFAMYLON PAK 5%	Non Preferred	PA

CAUTERIZING AGENTS

Drug Name	Drug Tier	Requirements/Limits
SILVER NITRA SOL 0.5%	Non Preferred	PA

CORTICOSTEROIDS - TOPICAL

Drug Name	Drug Tier	Requirements/Limits
alclometasone dipropionate cream 0.05%	Preferred	QL (2 gm per day)
alclometasone dipropionate oint 0.05%	Preferred	QL (2 gm per day)
amcinonide cream 0.1%	Non Preferred	PA
amcinonide lotion 0.1%	Non Preferred	PA
APEXICON E CRE 0.05%	Non Preferred	PA
BESER KIT 0.05%	Non Preferred	PA
beser lot 0.05% (generic of CUTIVATE)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate augmented cream 0.05% (generic of DIPROLENE AF)	Non Preferred	QL (2 gm per day), PA
betamethasone dipropionate augmented gel 0.05%	Non Preferred	QL (2 gm per day), PA
betamethasone dipropionate augmented lotion 0.05%	Non Preferred	QL (60 mL / 25 days), PA
betamethasone dipropionate augmented oint 0.05% (generic of DIPROLENE)	Non Preferred	QL (2 gm per day), PA
betamethasone dipropionate cream 0.05%	Non Preferred	QL (2 gm per day), PA
betamethasone dipropionate lotion 0.05%	Non Preferred	QL (60 mL / 25 days), PA
betamethasone dipropionate oint 0.05%	Non Preferred	QL (2 gm per day), PA
betamethasone valerate aerosol foam 0.12% (generic of LUXIQ)	Non Preferred	PA
betamethasone valerate cream 0.1% (base equivalent)	Preferred	QL (2 gm per day)
betamethasone valerate lotion 0.1% (base equivalent)	Preferred	QL (60 mL / 25 days)
betamethasone valerate oint 0.1% (base equivalent)	Preferred	QL (2 gm per day)
BRYHALI LOT 0.01%	Non Preferred	PA
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (generic of TACLONEX)	Non Preferred	PA
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (generic of TACLONEX)	Non Preferred	PA
CAPEX SHA 0.01%	Non Preferred	PA
clobetasol propionate cream 0.05% (generic of TEMOVATE)	Preferred	
clobetasol propionate emollient base cream 0.05%	Preferred	
clobetasol propionate emulsion foam 0.05% (generic of OLUX-E)	Non Preferred	PA
clobetasol propionate foam 0.05% (generic of OLUX)	Non Preferred	PA
clobetasol propionate gel 0.05%	Preferred	
clobetasol propionate lotion 0.05% (generic of CLOBEX)	Non Preferred	PA
clobetasol propionate oint 0.05% (generic of TEMOVATE)	Preferred	
clobetasol propionate shampoo 0.05% (generic of CLOBEX)	Non Preferred	PA
clobetasol propionate soln 0.05%	Preferred	QL (50 mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate spray 0.05% (generic of CLOBEX)	Non Preferred	PA
CLOBEX LOT 0.05%	Non Preferred	PA
CLOBEX SHA 0.05%	Non Preferred	PA
CLOBEX SPR 0.05%	Non Preferred	PA
clocortolone pivalate cream 0.1% (generic of CLODERM)	Non Preferred	PA
CLODAN KIT 0.05%	Non Preferred	PA
clodan sha 0.05% (generic of CLOBEX)	Non Preferred	PA
CLODERM CRE 0.1%	Non Preferred	PA
CUTIVATE LOT 0.05%	Non Preferred	PA
DERMA-SMOOTH OIL /FS BODY	Non Preferred	QL (4 mL per day), PA
DERMA-SMOOTH OIL /FS SCLP	Non Preferred	QL (4 mL per day), PA
DESONATE GEL 0.05%	Non Preferred	PA
desonide cream 0.05% (generic of DESOWEN)	Preferred	QL (2 gm per day)
desonide lotion 0.05%	Non Preferred	PA
desonide oint 0.05%	Preferred	QL (2 gm per day)
desoximetasone cream 0.05% (generic of TOPICORT)	Non Preferred	PA
desoximetasone cream 0.25% (generic of TOPICORT)	Non Preferred	PA
desoximetasone gel 0.05% (generic of TOPICORT)	Non Preferred	PA
desoximetasone oint 0.05% (generic of TOPICORT)	Non Preferred	PA
desoximetasone oint 0.25% (generic of TOPICORT)	Non Preferred	PA
desoximetasone spray 0.25% (generic of TOPICORT)	Non Preferred	PA
diflorasone diacetate cream 0.05%	Preferred	
diflorasone diacetate oint 0.05%	Preferred	
DIPROLENE OIN 0.05%	Non Preferred	QL (2 gm per day), PA
DUOBRII LOT	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ENSTILAR AER	Non Preferred	PA
EPIFOAM AER 1%	Non Preferred	PA
fluocinolone acetonide cream 0.01%	Preferred	
fluocinolone acetonide cream 0.025% (generic of SYNALAR)	Preferred	QL (2 gm per day)
fluocinolone acetonide oil 0.01% (body oil) (generic of DERMA-SMOOTHE/FS BODY)	Preferred	QL (4 mL per day)
fluocinolone acetonide oil 0.01% (scalp oil) (generic of DERMA-SMOOTHE/FS SCALP)	Preferred	QL (4 mL per day)
fluocinolone acetonide oint 0.025% (generic of SYNALAR)	Preferred	QL (2 gm per day)
fluocinolone acetonide soln 0.01% (generic of SYNALAR)	Preferred	
fluocinonide cream 0.1% (generic of VANOS)	Preferred	
fluocinonide cream 0.05%	Preferred	QL (2 gm per day)
fluocinonide emulsified base cream 0.05%	Preferred	QL (2 gm per day)
fluocinonide gel 0.05%	Preferred	QL (2 gm per day)
fluocinonide oint 0.05%	Preferred	QL (2 gm per day)
fluocinonide soln 0.05%	Preferred	QL (60 mL / 25 days)
flurandrenolide cream 0.05% (generic of CORDRAN)	Non Preferred	PA
flurandrenolide lotion 0.05% (generic of CORDRAN)	Non Preferred	PA
flurandrenolide oint 0.05% (generic of CORDRAN)	Non Preferred	PA
fluticasone propionate cream 0.05%	Preferred	QL (2 gm per day)
fluticasone propionate lotion 0.05% (generic of CUTIVATE)	Non Preferred	PA
fluticasone propionate oint 0.005%	Preferred	QL (2 gm per day)
halcinonide cream 0.1% (generic of HALOG)	Non Preferred	PA
HALOBETASOL AER 0.05%	Non Preferred	PA
halobetasol propionate cream 0.05%	Preferred	QL (2 gm per day)
halobetasol propionate oint 0.05%	Preferred	QL (2 gm per day)
HALOG CRE 0.1%	Non Preferred	PA
HALOG OIN 0.1%	Non Preferred	PA
HALOG SOL 0.1%	Non Preferred	PA
hydrocortisone butyrate cream 0.1% (generic of LOCOID)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone butyrate hydrophilic lipo base cream 0.1% (generic of LOCOID LIPOCREAM)	Non Preferred	PA
hydrocortisone butyrate lotion 0.1% (generic of LOCOID)	Non Preferred	PA
hydrocortisone butyrate oint 0.1%	Non Preferred	PA
hydrocortisone butyrate soln 0.1% (generic of LOCOID)	Non Preferred	PA
hydrocortisone cream 0.5%	Preferred	OTC
hydrocortisone cream 1%- rx	Preferred	
hydrocortisone cream 2.5%	Preferred	
hydrocortisone lotion 1%	Preferred	OTC
hydrocortisone lotion 2.5%	Preferred	QL (60 mL / 25 days)
hydrocortisone oint 0.5%	Preferred	OTC
hydrocortisone oint 1%- rx	Preferred	
hydrocortisone oint 2.5%	Preferred	
hydrocortisone valerate cream 0.2%	Preferred	
hydrocortisone valerate oint 0.2%	Preferred	
hydrocortisone-aloe vera cream 0.5%	Preferred	OTC
hydrocortisone-aloe vera cream 1%	Preferred	OTC
KENALOG AER SPRAY	Non Preferred	PA
LEXETTE AER 0.05%	Non Preferred	PA
LOCOID CRE 0.1%	Non Preferred	PA
LOCOID LIPO CRE 0.1%	Non Preferred	PA
LOCOID LOT 0.1%	Non Preferred	PA
LOCOID SOL 0.1%	Non Preferred	PA
LUXIQ AER 0.12%	Non Preferred	PA
mometasone furoate cream 0.1%	Preferred	QL (2 gm per day)
mometasone furoate oint 0.1%	Preferred	QL (2 gm per day)
mometasone furoate solution 0.1% (lotion)	Preferred	QL (60 mL / 25 days)
OLUX AER 0.05%	Non Preferred	PA
OLUX-E AER 0.05%	Non Preferred	PA
PANDEL CRE 0.1%	Non Preferred	PA
prednicarbate cream 0.1%	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
prednicarbate oint 0.1%	Non Preferred	PA
PSORCON CRE 0.05%	Non Preferred	PA
SERNIVO SPR	Non Preferred	PA
SYNALAR CRE 0.025%	Non Preferred	QL (2 gm per day), PA
SYNALAR KIT 0.025%	Non Preferred	PA
SYNALAR OIN 0.025%	Non Preferred	QL (2 gm per day), PA
SYNALAR SOL 0.01%	Non Preferred	PA
SYNALAR TS KIT 0.01%	Non Preferred	PA
TACLONEX OIN	Non Preferred	PA
TACLONEX SUS	Non Preferred	PA
TEMOVATE CRE 0.05%	Non Preferred	PA
TEMOVATE OIN 0.05%	Non Preferred	PA
TEXACORT SOL 2.5%	Non Preferred	PA
TOPICORT CRE 0.05%	Non Preferred	PA
TOPICORT CRE 0.25%	Non Preferred	PA
TOPICORT GEL 0.05%	Non Preferred	PA
TOPICORT OIN 0.05%	Non Preferred	PA
TOPICORT OIN 0.25%	Non Preferred	PA
TOPICORT SPR 0.25%	Non Preferred	PA
tovet aer 0.05% (generic of OLUX-E)	Non Preferred	PA
TOVET KIT KIT 0.05%	Non Preferred	PA
triamcinolone acetonide aerosol soln 0.147 mg/gm (generic of KENALOG)	Non Preferred	PA
triamcinolone acetonide cream 0.1%	Preferred	
triamcinolone acetonide cream 0.5%	Preferred	
triamcinolone acetonide cream 0.025%	Preferred	

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide lotion 0.1%	Preferred	
triamcinolone acetonide lotion 0.025%	Preferred	
triamcinolone acetonide oint 0.1%	Preferred	
triamcinolone acetonide oint 0.5%	Preferred	
triamcinolone acetonide oint 0.05%	Non Preferred	PA
triamcinolone acetonide oint 0.025%	Preferred	
trianex oin 0.05%	Non Preferred	PA
ULTRAVATE LOT 0.05%	Non Preferred	PA
VANOS CRE 0.1%	Non Preferred	PA

ECZEMA AGENTS

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 200/1.14	Preferred	SP, PA
DUPIXENT INJ 300/2ML	Non Preferred	SP, PA

EMOLLIENT/KERATOLYTIC AGENTS

Drug Name	Drug Tier	Requirements/Limits
umecta mousse aer 40%	Non Preferred	PA
urea cream 39%	Preferred	
urea cream 40%	Preferred	
urea cream 41%	Preferred	
urea hydrati aer 35%	Non Preferred	PA
urea lotion 40%	Preferred	

EMOLLIENTS

Drug Name	Drug Tier	Requirements/Limits
AQUAPHILIC OIN	Preferred	OTC
AQUAPHOR ADV OIN THER BAB	Preferred	OTC
AQUAPHOR OIN	Preferred	OTC
AQUAPHOR OIN ADVANCED	Preferred	OTC
BAG BALM OIN	Preferred	OTC
BOUDREAUXS OIN BABY BUT	Preferred	OTC
emollient - ointment	Preferred	OTC
GOLD BOND OIN HEALING	Preferred	OTC
lactic acid (ammonium lactate) cream 12%	Non Preferred	PA
lactic acid (ammonium lactate) lotion 12%	Preferred	QL (225 gm / 25 days)
LANAPHILIC OIN	Preferred	OTC
OINTMENT OIN BASE	Preferred	OTC
RA HYDRATING OIN HEALING	Preferred	OTC

ENZYMES - TOPICAL

Drug Name	Drug Tier	Requirements/Limits
SANTYL OIN 250/GM	Non Preferred	QL (1 gm per day), PA

IMMUNOMODULATING AGENTS - TOPICAL

Drug Name	Drug Tier	Requirements/Limits
ALDARA CRE 5%	Non Preferred	QL (1 ea per day), PA; AGE (Min age 10 years)
imiquimod cream 3.75%	Non Preferred	PA; AGE (Min age 10 years)
imiquimod cream 5% (generic of ALDARA)	Preferred	QL (1 ea per day); AGE (Min age 10 years)
ZYCLARA CRE 3.75%	Non Preferred	PA; AGE (Min age 10 years)
ZYCLARA PUMP CRE 2.5%	Non Preferred	PA; AGE (Min age 10 years)
ZYCLARA PUMP CRE 3.75%	Non Preferred	PA; AGE (Min age 10 years)

IMMUNOSUPPRESSIVE AGENTS - TOPICAL

Drug Name	Drug Tier	Requirements/Limits
ELIDEL CRE 1%	Preferred	QL (2 gm per day), PA
pimecrolimus cream 1% (generic of ELIDEL)	Preferred	QL (2 gm per day), PA
PROTOPIC OIN 0.1%	Preferred	PA
PROTOPIC OIN 0.03%	Preferred	PA
tacrolimus oint 0.1% (generic of PROTOPIC)	Preferred	PA
tacrolimus oint 0.03% (generic of PROTOPIC)	Preferred	PA

KERATOLYTIC/ANTIMITOTIC AGENTS

Drug Name	Drug Tier	Requirements/Limits
BENSAL HP OIN	Non Preferred	PA
CONDYLOX GEL 0.5%	Preferred	
PODOCON SOL 25%	Non Preferred	PA
podofilox soln 0.5%	Preferred	QL (7 mL / 180 days)
SALEX CREAM KIT 6%	Non Preferred	PA
SALEX LOTION KIT 6%	Non Preferred	PA
salicylic ac liq 27.5%	Preferred	
salicylic acid foam 6%	Non Preferred	PA
salicylic acid gel 6%	Preferred	

LOCAL ANESTHETICS - TOPICAL

Drug Name	Drug Tier	Requirements/Limits

Drug Name	Drug Tier	Requirements/Limits
ARTH PAIN CRE 0.075%	Preferred	OTC
capsaicin cream 0.1%	Preferred	OTC
capsaicin cream 0.025%	Preferred	OTC
glydo gel 2%	Preferred	
lidocaine cream 4%	Preferred	OTC
lidocaine hcl cream 3%	Preferred	
lidocaine hcl soln 4%	Preferred	
lidocaine hcl urethral/mucosal gel 2%	Preferred	
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	Preferred	
lidocaine oint 5%	Preferred	
lidocaine patch 4%	Preferred	OTC
lidocaine patch 5% (generic of LIDODERM)	Non Preferred	QL (3 ea per day), PA
lidocaine-prilocaine cream 2.5-2.5%	Non Preferred	PA
lidocaine-prilocaine cream kit 2.5-2.5%	Non Preferred	PA
LIDODERM DIS 5%	Non Preferred	QL (3 ea per day), PA
lidozion lot 3%	Non Preferred	PA
PLIAGLIS CRE 7-7%	Non Preferred	PA
QUTENZA KIT 8% 1-PCH	Non Preferred	PA
QUTENZA KIT 8% 2-PCH	Non Preferred	PA
SYNERA DIS 70-70MG	Non Preferred	PA
ZTLIDO PAD 1.8%	Non Preferred	PA

MISC. DERMATOLOGICAL PRODUCTS

Drug Name	Drug Tier	Requirements/Limits
NUVAIL SOL 16%	Non Preferred	PA

MISC. TOPICAL

Drug Name	Drug Tier	Requirements/Limits
HYCLODEX SOL 0.012%	Non Preferred	PA
minerin cre	Preferred	OTC
QBREXZA PAD 2.4%	Non Preferred	PA
XERAC-AC SOL 6.25%	Non Preferred	PA

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL

Drug Name	Drug Tier	Requirements/Limits
EUCRISA OIN 2%	Preferred	PA

ROSACEA AGENTS

Drug Name	Drug Tier	Requirements/Limits
azelaic acid gel 15% (generic of FINACEA)	Non Preferred	PA
doxycycline (rosacea) cap delayed release 40 mg	Non Preferred	PA
FINACEA AER 15%	Non Preferred	PA
FINACEA GEL 15%	Non Preferred	PA
METROCREAM CRE 0.75%	Non Preferred	PA
METROGEL GEL 1%	Non Preferred	PA
metronidazole cream 0.75% (generic of METROCREAM)	Preferred	
metronidazole gel 0.75%	Preferred	
metronidazole gel 1% (generic of METROGEL)	Preferred	
metronidazole lotion 0.75% (generic of METROLOTION)	Preferred	
NORITATE CRE 1%	Non Preferred	PA
ORACEA CAP 40MG	Non Preferred	PA
rosadan cre 0.75% (generic of METROCREAM)	Preferred	
rosadan gel 0.75%	Preferred	
ROSADAN KIT 0.75%	Non Preferred	PA
SOOLANTRA CRE 1%	Non Preferred	PA

SCABICIDES & PEDICULICIDES

Drug Name	Drug Tier	Requirements/Limits
crotan lot 10%	Non Preferred	PA
ELIMITE CRE 5%	Non Preferred	PA
lice trtmnt liq 1%	Preferred	OTC
lindane shampoo 1%	Non Preferred	PA
malathion lotion 0.5%	Non Preferred	PA
NATROBA SUS 0.9%	Preferred	

Drug Name	Drug Tier	Requirements/Limits
OVIDE LOT 0.5%	Non Preferred	PA
permethrin aerosol 0.5%	Preferred	OTC
permethrin cream 5% (generic of ELIMITE)	Preferred	
permethrin lotion 1%	Preferred	OTC
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit	Preferred	OTC
pyrethrins-piperonyl butoxide liq 0.33-4%	Preferred	OTC
pyrethrins-piperonyl butoxide shampoo 0.33-4%	Preferred	OTC
SKLICE LOT 0.5%	Non Preferred	PA
spinosad susp 0.9%	Non Preferred	PA

WOUND CARE PRODUCTS

Drug Name	Drug Tier	Requirements/Limits
REGRANEX GEL 0.01%	Non Preferred	PA

DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS

DIAGNOSTIC TESTS

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK TES AVIVA PL	Non Preferred	OTC, QL (4 ea per day), PA
ACCU-CHEK TES COMPACT	Non Preferred	OTC, QL (4 ea per day), PA
ACCU-CHEK TES GUIDE	Non Preferred	OTC, QL (4 ea per day), PA
ACCU-CHEK TES SMART	Non Preferred	OTC, QL (4 ea per day), PA
ACCUTREND TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
ACETONE (URINE) TEST STRIP	Preferred	OTC
ADVANCE TES INTUITIO	Non Preferred	OTC, QL (4 ea per day), PA
ADVANCE TES MICRO-DW	Non Preferred	OTC, QL (4 ea per day), PA
ADVOCATE TES	Non Preferred	OTC, QL (4 ea per day), PA
ADVOCATE TES REDI-COD	Non Preferred	OTC, QL (4 ea per day), PA
ADVOCATE TES REDICODE	Non Preferred	OTC, QL (4 ea per day), PA
AGAMATRIX TES AMP	Non Preferred	OTC, QL (4 ea per day), PA
AGAMATRIX TES JAZZ	Non Preferred	OTC, QL (4 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
AGAMATRIX TES KEYNOTE	Non Preferred	OTC, QL (4 ea per day), PA
AGAMATRIX TES PRESTO	Non Preferred	OTC, QL (4 ea per day), PA
ASSURE 3 TES	Non Preferred	OTC, QL (4 ea per day), PA
ASSURE 4 TES	Non Preferred	OTC, QL (4 ea per day), PA
ASSURE II TES	Non Preferred	OTC, QL (4 ea per day), PA
ASSURE II TES CHECK	Non Preferred	OTC, QL (4 ea per day), PA
ASSURE PRISM TES MULTI	Non Preferred	OTC, QL (4 ea per day), PA
ASSURE PRO TES	Non Preferred	OTC, QL (4 ea per day), PA
ASSURE TES PLATINUM	Non Preferred	OTC, QL (4 ea per day), PA
AUTOCODE TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
BIOSCANNER TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
BLOOD GLUCOS TES	Non Preferred	OTC, QL (4 ea per day), PA
BLOOD GLUCOS TES LE1	Non Preferred	OTC, QL (4 ea per day), PA
BLOOD GLUCOS TES PREMIUM	Non Preferred	OTC, QL (4 ea per day), PA
BLOOD GLUCOS TES STRIPS	Non Preferred	OTC, QL (4 ea per day), PA
CARESENS N TES	Non Preferred	OTC, QL (4 ea per day), PA
CARETOUCH MIS TST STRP	Non Preferred	OTC, QL (4 ea per day), PA
CLEVER CHEK TES	Non Preferred	OTC, QL (4 ea per day), PA
CLEVER CHEK TES AUTO CD	Non Preferred	OTC, QL (4 ea per day), PA
CLEVER CHEK TES TALK	Non Preferred	OTC, QL (4 ea per day), PA
CLEVER CHEK TES VOICE	Non Preferred	OTC, QL (4 ea per day), PA
CLEVER CHOIC TES MICRO	Non Preferred	OTC, QL (4 ea per day), PA
CLEVR CHOICE TES AUTO-CD	Non Preferred	OTC, QL (4 ea per day), PA
CLEVR CHOICE TES NOCODE	Non Preferred	OTC, QL (4 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
CONFIRM/MICR TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
CONTOUR TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
CONTOUR TES NEXT	Non Preferred	OTC, QL (4 ea per day), PA
COOL BLOOD TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
CVS ADVANCED TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
CVS GLUCOSE TES TEST STR	Non Preferred	OTC, QL (4 ea per day), PA
D-CARE BLOOD TES GLUCOSE	Non Preferred	QL (4 ea per day), PA
DIATHRIVE MIS TEST STR	Non Preferred	OTC, QL (4 ea per day), PA
DIATRUE PLUS TES STRIPS	Non Preferred	OTC, QL (4 ea per day), PA
DUO-CARE TES	Non Preferred	OTC, QL (4 ea per day), PA
EASY PLUS II TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
EASY STEP TES	Non Preferred	OTC, QL (4 ea per day), PA
EASY TALK TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
EASY TOUCH TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
EASY TOUCH TES STRIPS	Non Preferred	OTC, QL (4 ea per day), PA
EASY TRAK II TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
EASY TRAK TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
EASYGLUCO TES	Non Preferred	OTC, QL (4 ea per day), PA
EASYGLUCO TES PLUS	Non Preferred	OTC, QL (4 ea per day), PA
EASYMAX 15 TES	Non Preferred	OTC, QL (4 ea per day), PA
EASYMAX TES	Non Preferred	OTC, QL (4 ea per day), PA
EASYPRO PLUS TES	Non Preferred	OTC, QL (4 ea per day), PA
EASYPRO TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
ELEMENT TES	Non Preferred	OTC, QL (4 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
ELEMNT COMPA TES STRIPS	Non Preferred	OTC, QL (4 ea per day), PA
EMBRACE EVO TES	Non Preferred	OTC, QL (4 ea per day), PA
EMBRACE PRO TES	Non Preferred	OTC, QL (4 ea per day), PA
EMBRACE TALK TES STRIPS	Non Preferred	OTC, QL (4 ea per day), PA
EMBRACE TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
EVENCARE + TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
EVENCARE G2 TES	Non Preferred	OTC, QL (4 ea per day), PA
EVENCARE G3 TES	Non Preferred	OTC, QL (4 ea per day), PA
EVENCARE TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
EVENCARE TES MINI	Non Preferred	OTC, QL (4 ea per day), PA
EVENCARE TES PROVIEW	Non Preferred	OTC, QL (4 ea per day), PA
EVOLUTION TES AUTOCODE	Non Preferred	OTC, QL (4 ea per day), PA
EXACTECH TES	Non Preferred	OTC, QL (4 ea per day), PA
EXACTECH TES R-S-G	Non Preferred	OTC, QL (4 ea per day), PA
EZ SMART PLS TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
EZ SMART TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
FIFTY50 GLUC TES 2.0	Non Preferred	OTC, QL (4 ea per day), PA
FORA BLOOD TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
FORA D15G TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
FORA D20 TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
FORA D40/G31 TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
FORA G20 TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
FORA G30/V10 TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
FORA GD20 TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
FORA GD50 TES	Non Preferred	OTC, QL (4 ea per day), PA
FORA GTEL TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
FORA TN'G TES TN'G VOI	Non Preferred	OTC, QL (4 ea per day), PA
FORA V10 TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
FORA V12 TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
FORA V20 TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
FORA V30A TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
FORACARE TES GD40	Non Preferred	OTC, QL (4 ea per day), PA
FORACARE TES PREM V10	Non Preferred	OTC, QL (4 ea per day), PA
FORACARE TES TST N GO	Non Preferred	OTC, QL (4 ea per day), PA
FORTISCARE TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
FREESTYLE TES	Non Preferred	OTC, QL (4 ea per day), PA
FREESTYLE TES INSULINX	Non Preferred	OTC, QL (4 ea per day), PA
FREESTYLE TES LITE	Non Preferred	OTC, QL (4 ea per day), PA
FREESTYLE TES PREC NEO	Non Preferred	OTC, QL (4 ea per day), PA
GE100 BLOOD TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
GENULTIMATE TES	Non Preferred	OTC, QL (4 ea per day), PA
GHT TEST TES STRIPS	Non Preferred	OTC, QL (4 ea per day), PA
GLUCO PERFEC TES 3	Non Preferred	OTC, QL (4 ea per day), PA
GLUCOCARD 01 TES PLUS	Non Preferred	OTC, QL (4 ea per day), PA
GLUCOCARD 01 TES SENSOR	Non Preferred	OTC, QL (4 ea per day), PA
GLUCOCARD TES EXPRESSI	Non Preferred	OTC, QL (4 ea per day), PA
GLUCOCARD TES SHINE	Non Preferred	OTC, QL (4 ea per day), PA
GLUCOCARD TES VITAL	Non Preferred	OTC, QL (4 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
GLUCOCARD TES X-SENSOR	Non Preferred	OTC, QL (4 ea per day), PA
GLUCOCOM TES	Non Preferred	OTC, QL (4 ea per day), PA
GLUCONAVII TES STRIPS	Non Preferred	OTC, QL (4 ea per day), PA
GLUCOSE TES STRIPS	Non Preferred	OTC, QL (4 ea per day), PA
GOJJI BLOOD TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
GOJJI STRIPS MIS W/LANCET	Non Preferred	OTC, QL (4 ea per day), PA
HARMONY TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
HW EMBRACE TES PRO	Non Preferred	OTC, QL (4 ea per day), PA
HW EMBRACE TES STRIPS	Non Preferred	OTC, QL (4 ea per day), PA
IGLUCOSE TES	Non Preferred	OTC, QL (4 ea per day), PA
IN TOUCH TES BLOOD	Non Preferred	OTC, QL (4 ea per day), PA
INFINITY TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
INFINITY TES VOICE	Non Preferred	OTC, QL (4 ea per day), PA
KROGER BLOOD TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
KROGER TES	Non Preferred	OTC, QL (4 ea per day), PA
LIBERTY NEXT TES GEN	Non Preferred	OTC, QL (4 ea per day), PA
LIBERTY TES	Non Preferred	OTC, QL (4 ea per day), PA
MEIJER BLOOD TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
MEIJER TES TRUETEST	Non Preferred	OTC, QL (4 ea per day), PA
MEIJER TES TRUETRAC	Non Preferred	OTC, QL (4 ea per day), PA
MICRODOT TES	Non Preferred	OTC, QL (4 ea per day), PA
MICRODOT TES XTRA	Non Preferred	OTC, QL (4 ea per day), PA
MYGLUCOHEALT TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
NEUTEK 2TEK TES STRIPS	Non Preferred	OTC, QL (4 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
NO CODING TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
NOVA MAX TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
ON CALL PLUS TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
ON CALL TES EXPRESS	Non Preferred	OTC, QL (4 ea per day), PA
ON CALL VIVD TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
ONE DROP TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
ONETOUCH TES ULTRA	Preferred	OTC, QL (4 ea per day)
ONETOUCH TES VERIO	Preferred	OTC, QL (4 ea per day)
OPTIUM TES	Non Preferred	OTC, QL (4 ea per day), PA
OPTIUMEZ TES	Non Preferred	OTC, QL (4 ea per day), PA
OPTUMRX TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
POCKETCHEM TES EZ	Non Preferred	OTC, QL (4 ea per day), PA
PRECISION PT TES OF CARE	Non Preferred	OTC, QL (4 ea per day), PA
PRECISION TES PCX	Non Preferred	OTC, QL (4 ea per day), PA
PRECISION TES PCX PLUS	Non Preferred	OTC, QL (4 ea per day), PA
PRECISION TES QID	Non Preferred	OTC, QL (4 ea per day), PA
PRECISION TES SOF-TACT	Non Preferred	OTC, QL (4 ea per day), PA
PRECISION TES XTRA	Non Preferred	OTC, QL (4 ea per day), PA
PREMIUM BLOO MIS GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
PRO VOICE TES V8/V9	Non Preferred	OTC, QL (4 ea per day), PA
PRODIGY NO TES CODING	Non Preferred	OTC, QL (4 ea per day), PA
PTS PANELS TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
QUICKTEK TES	Non Preferred	OTC, QL (4 ea per day), PA
QUINTET AC TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
QUINTET TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
RA TRUETEST TES	Non Preferred	OTC, QL (4 ea per day), PA
REFUAH PLUS TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
RELION BLOOD TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
RELION PREMI TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
RELION PRIME TES	Non Preferred	OTC, QL (4 ea per day), PA
RELION PRIME TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
RELION TES ULTIMA	Non Preferred	OTC, QL (4 ea per day), PA
REVEAL TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
RIGHTEST TES GS100	Non Preferred	OTC, QL (4 ea per day), PA
RIGHTEST TES GS300	Non Preferred	OTC, QL (4 ea per day), PA
RIGHTEST TES GS550	Non Preferred	OTC, QL (4 ea per day), PA
SMART SENSE TES TEST	Non Preferred	OTC, QL (4 ea per day), PA
SMARTEST TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
SOLUS V2 TES AUDIBLE	Non Preferred	OTC, QL (4 ea per day), PA
SUPREME TES	Non Preferred	OTC, QL (4 ea per day), PA
SURE EDGE TES	Non Preferred	OTC, QL (4 ea per day), PA
SURE-TEST TES EASYPLUS	Non Preferred	OTC, QL (4 ea per day), PA
SURECHEK TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
TELCARE TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
TRUE FOCUS MIS BLOOD	Non Preferred	OTC, QL (4 ea per day), PA
TRUE METRIX TES GLUCOSE	Non Preferred	OTC, QL (4 ea per day), PA
TRUETEST TES	Non Preferred	OTC, QL (4 ea per day), PA
TRUETRACK TES	Non Preferred	OTC, QL (4 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
TRUETRACK TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA
ULTIMA TES	Non Preferred	OTC, QL (4 ea per day), PA
ULTRATRAK TES ULTIMATE	Non Preferred	OTC, QL (4 ea per day), PA
ULTRATRK PRO TES	Non Preferred	OTC, QL (4 ea per day), PA
UNISTRIP1 TES GENERIC	Non Preferred	OTC, QL (4 ea per day), PA
VERASENS TES	Non Preferred	OTC, QL (4 ea per day), PA
VICTORY TES AGM-4000	Non Preferred	OTC, QL (4 ea per day), PA
VIVAGUARD TES INO	Non Preferred	OTC, QL (4 ea per day), PA
VOCAL POINT TES BLD GLUC	Non Preferred	OTC, QL (4 ea per day), PA

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 3000UNIT	Preferred	QL (6 ea per day)
CREON CAP 6000UNIT	Preferred	QL (6 ea per day)
CREON CAP 12000UNT	Preferred	QL (6 ea per day)
CREON CAP 24000UNT	Preferred	QL (6 ea per day)
CREON CAP 36000UNT	Preferred	QL (6 ea per day)
PANCREAZE CAP 2600UNIT	Preferred	
PANCREAZE CAP 4200UNIT	Preferred	
PANCREAZE CAP 10500UNT	Preferred	
PANCREAZE CAP 16800UNT	Preferred	
PANCREAZE CAP 21000UNT	Preferred	
PERTZYE CAP 4000UNIT	Non Preferred	PA
PERTZYE CAP 8000UNIT	Non Preferred	PA
PERTZYE CAP 16000U	Non Preferred	PA
PERTZYE CAP 24000U	Non Preferred	PA
VIOKACE TAB 10440	Non Preferred	PA
VIOKACE TAB 20880	Non Preferred	PA
ZENPEP CAP 3000UNIT	Preferred	QL (6 ea per day)
ZENPEP CAP 5000UNIT	Preferred	QL (6 ea per day)

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 10000UNT	Preferred	
ZENPEP CAP 15000UNT	Preferred	QL (6 ea per day)
ZENPEP CAP 20000UNT	Preferred	QL (6 ea per day)
ZENPEP CAP 25000	Preferred	QL (6 ea per day)
ZENPEP CAP 40000	Preferred	QL (6 ea per day)

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
acetazolamide cap er 12hr 500 mg	Preferred	QL (4 ea per day)
acetazolamide tab 125 mg	Preferred	QL (4 ea per day)
acetazolamide tab 250 mg	Preferred	QL (4 ea per day)
KEVEYIS TAB 50MG	Non Preferred	PA
methazolamide tab 25 mg	Preferred	
methazolamide tab 50 mg	Preferred	

DIURETIC COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
ALDACTAZIDE TAB 25/25	Non Preferred	QL (4 ea per day), PA
ALDACTAZIDE TAB 50/50	Non Preferred	QL (2 ea per day), PA
amiloride & hydrochlorothiazide tab 5-50 mg	Preferred	QL (2 ea per day)
DYAZIDE CAP 37.5-25	Non Preferred	QL (2 ea per day), PA
MAXZIDE TAB 75-50	Non Preferred	QL (4 ea per day), PA
MAXZIDE-25 TAB	Non Preferred	QL (4 ea per day), PA
spironolactone & hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)	Preferred	QL (4 ea per day)
triamterene & hydrochlorothiazide cap 37.5-25 mg (generic of DYAZIDE)	Preferred	QL (2 ea per day)
triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)	Preferred	QL (4 ea per day)
triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)	Preferred	QL (4 ea per day)

LOOP DIURETICS

Drug Name	Drug Tier	Requirements/Limits
bumetanide tab 0.5 mg (generic of BUMEX)	Preferred	QL (2 ea per day)
bumetanide tab 1 mg (generic of BUMEX)	Preferred	QL (2 ea per day)
bumetanide tab 2 mg (generic of BUMEX)	Preferred	QL (5 ea per day)
BUMEX TAB 0.5MG	Non Preferred	QL (2 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
BUMEX TAB 1MG	Non Preferred	QL (2 ea per day), PA
BUMEX TAB 2MG	Non Preferred	QL (5 ea per day), PA
EDECRIN TAB 25MG	Non Preferred	PA
ethacrynic acid tab 25 mg (generic of EDECRIN)	Preferred	
furosemide oral soln 8 mg/ml	Preferred	
furosemide oral soln 10 mg/ml	Preferred	
furosemide tab 20 mg (generic of LASIX)	Preferred	QL (6 ea per day)
furosemide tab 40 mg (generic of LASIX)	Preferred	QL (6 ea per day)
furosemide tab 80 mg (generic of LASIX)	Preferred	QL (6 ea per day)
LASIX TAB 20MG	Non Preferred	QL (6 ea per day), PA
LASIX TAB 40MG	Non Preferred	QL (6 ea per day), PA
LASIX TAB 80MG	Non Preferred	QL (6 ea per day), PA
torsemide tab 5 mg	Preferred	QL (2 ea per day)
torsemide tab 10 mg	Preferred	QL (4 ea per day)
torsemide tab 20 mg	Preferred	QL (4 ea per day)
torsemide tab 100 mg	Preferred	QL (2 ea per day)

POTASSIUM SPARING DIURETICS

Drug Name	Drug Tier	Requirements/Limits
ALDACTONE TAB 25MG	Non Preferred	QL (8 ea per day), PA
ALDACTONE TAB 50MG	Non Preferred	QL (4 ea per day), PA
ALDACTONE TAB 100MG	Non Preferred	QL (2 ea per day), PA
amiloride hcl tab 5 mg	Preferred	QL (4 ea per day)
CAROSPIR SUS 25MG/5ML	Non Preferred	PA
spironolactone tab 25 mg (generic of ALDACTONE)	Preferred	QL (8 ea per day)
spironolactone tab 50 mg (generic of ALDACTONE)	Preferred	QL (4 ea per day)
spironolactone tab 100 mg (generic of ALDACTONE)	Preferred	QL (2 ea per day)
triamterene cap 50 mg (generic of DYRENIUM)	Preferred	
triamterene cap 100 mg (generic of DYRENIUM)	Preferred	

THIAZIDES AND THIAZIDE-LIKE DIURETICS

Drug Name	Drug Tier	Requirements/Limits

Drug Name	Drug Tier	Requirements/Limits
chlorothiazide tab 250 mg	Preferred	
chlorothiazide tab 500 mg	Preferred	
chlorthalidone tab 25 mg	Preferred	QL (4 ea per day)
chlorthalidone tab 50 mg	Preferred	QL (4 ea per day)
DIURIL SUS 250/5ML	Preferred	
hydrochlorothiazide cap 12.5 mg	Preferred	QL (2 ea per day)
hydrochlorothiazide tab 12.5 mg	Preferred	
hydrochlorothiazide tab 25 mg	Preferred	QL (8 ea per day)
hydrochlorothiazide tab 50 mg	Preferred	QL (4 ea per day)
indapamide tab 1.25 mg	Preferred	QL (2 ea per day)
indapamide tab 2.5 mg	Preferred	QL (2 ea per day)
metolazone tab 2.5 mg	Preferred	QL (4 ea per day)
metolazone tab 5 mg	Preferred	QL (4 ea per day)
metolazone tab 10 mg	Preferred	QL (2 ea per day)

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

ADRENAL STEROID INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
ISTURISA TAB 1MG	Non Preferred	PA
ISTURISA TAB 5MG	Non Preferred	PA
ISTURISA TAB 10MG	Non Preferred	PA

BONE DENSITY REGULATORS

Drug Name	Drug Tier	Requirements/Limits
ACTONEL TAB 5MG	Non Preferred	PA
ACTONEL TAB 35MG	Non Preferred	PA
ACTONEL TAB 150MG	Non Preferred	PA
alendronate sodium oral soln 70 mg/75ml	Preferred	
alendronate sodium tab 10 mg	Preferred	QL (1 ea per day)
alendronate sodium tab 35 mg	Preferred	QL (0.1429 ea per day)
alendronate sodium tab 70 mg (generic of FOSAMAX)	Preferred	QL (0.1429 ea per day)
ATELVIA TAB	Non Preferred	PA
BONIVA TAB 150MG	Non Preferred	QL (0.0358 ea per day), PA
calcitonin (salmon) nasal soln 200 unit/act (generic of MIACALCIN)	Preferred	QL (1 mL per day)
FOSAMAX + D TAB 70-2800	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX + D TAB 70-5600	Non Preferred	PA
FOSAMAX TAB 70MG	Non Preferred	QL (0.1429 ea per day), PA
ibandronate sodium tab 150 mg (base equivalent) (generic of BONIVA)	Non Preferred	QL (0.0358 ea per day), PA
risedronate sodium tab 5 mg (generic of ACTONEL)	Non Preferred	PA
risedronate sodium tab 30 mg (generic of ACTONEL)	Non Preferred	PA
risedronate sodium tab 35 mg (generic of ACTONEL)	Non Preferred	PA
risedronate sodium tab 150 mg (generic of ACTONEL)	Non Preferred	PA
risedronate sodium tab delayed release 35 mg (generic of ATELVIA)	Non Preferred	PA

GNRH/LHRH ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
ORILISSA TAB 150MG	Preferred	PA
ORILISSA TAB 200MG	Preferred	PA

GROWTH HORMONE RELEASING HORMONES (GHRH)

Drug Name	Drug Tier	Requirements/Limits
EGRIFTA SOL 1MG	Non Preferred	SP, PA
EGRIFTA SV INJ 2MG	Non Preferred	SP, PA

GROWTH HORMONES

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN INJ 0.2MG	Preferred	SP, PA
GENOTROPIN INJ 0.4MG	Preferred	SP, PA
GENOTROPIN INJ 0.6MG	Preferred	SP, PA
GENOTROPIN INJ 0.8MG	Preferred	SP, PA
GENOTROPIN INJ 1.2MG	Preferred	SP, PA
GENOTROPIN INJ 1.4MG	Preferred	SP, PA
GENOTROPIN INJ 1.6MG	Preferred	SP, PA
GENOTROPIN INJ 1.8MG	Preferred	SP, PA
GENOTROPIN INJ 1MG	Preferred	SP, PA
GENOTROPIN INJ 2MG	Preferred	SP, PA
GENOTROPIN INJ 5MG	Preferred	SP, PA
GENOTROPIN INJ 12MG	Preferred	SP, PA
HUMATROPE INJ 5MG	Non Preferred	SP, PA
HUMATROPE INJ 6MG	Non Preferred	SP, PA
HUMATROPE INJ 12MG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
HUMATROPE INJ 24MG	Non Preferred	SP, PA
NORDITROPIN INJ 5/1.5ML	Non Preferred	SP, PA
NORDITROPIN INJ 10/1.5ML	Non Preferred	SP, PA
NORDITROPIN INJ 15/1.5ML	Non Preferred	SP, PA
NORDITROPIN INJ 30/3ML	Non Preferred	SP, PA
NUTROPIN AQ INJ 10MG/2ML	Non Preferred	SP, PA
NUTROPIN AQ INJ 20MG/2ML	Non Preferred	SP, PA
NUTROPIN AQ INJ NUSPIN 5	Non Preferred	SP, PA
OMNITROPE INJ 5.8MG	Non Preferred	SP, PA
OMNITROPE INJ 5/1.5ML	Non Preferred	SP, PA
OMNITROPE INJ 10/1.5ML	Non Preferred	SP, PA
SAIZEN INJ 5MG	Non Preferred	SP, PA
SAIZEN INJ 8.8MG	Non Preferred	SP, PA
SAIZENPREP INJ 8.8MG	Non Preferred	SP, PA
SEROSTIM INJ 4MG	Non Preferred	SP, PA
SEROSTIM INJ 5MG	Non Preferred	SP, PA
SEROSTIM INJ 6MG	Non Preferred	SP, PA
ZOMACTON INJ 5MG	Non Preferred	SP, PA
ZOMACTON INJ 10MG	Non Preferred	SP, PA
ZORBTIVE INJ 8.8MG	Non Preferred	SP, PA

HORMONE RECEPTOR MODULATORS

Drug Name	Drug Tier	Requirements/Limits
EVISTA TAB 60MG	Non Preferred	QL (1 ea per day), PA
OSPHENA TAB 60MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
raloxifene hcl tab 60 mg (generic of EVISTA)	Non Preferred	QL (1 ea per day), PA

INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)

Drug Name	Drug Tier	Requirements/Limits
INCRELEX INJ 40MG/4ML	Non Preferred	SP, PA

LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS

Drug Name	Drug Tier	Requirements/Limits
SYNAREL SOL 2MG/ML	Non Preferred	SP, PA

METABOLIC MODIFIERS

Drug Name	Drug Tier	Requirements/Limits
BUPHENYL POW	Non Preferred	SP, PA
BUPHENYL TAB 500MG	Non Preferred	SP, PA
calcitriol cap 0.5 mcg (generic of ROCALTROL)	Preferred	QL (4 ea per day)
calcitriol cap 0.25 mcg (generic of ROCALTROL)	Preferred	QL (4 ea per day)
calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)	Preferred	
CARBAGLU TAB 200MG	Non Preferred	PA
CARNITOR SF SOL 1GM/10ML	Non Preferred	QL (60 mL per day), PA
CARNITOR SOL 1GM/10ML	Non Preferred	QL (60 mL per day), PA
CARNITOR TAB 330MG	Non Preferred	QL (18 ea per day), PA
cinacalcet hcl tab 30 mg (base equiv) (generic of SENSIPAR)	Non Preferred	SP, PA
cinacalcet hcl tab 60 mg (base equiv) (generic of SENSIPAR)	Non Preferred	SP, PA
cinacalcet hcl tab 90 mg (base equiv) (generic of SENSIPAR)	Non Preferred	SP, PA
CYSTADANE POW	Non Preferred	PA
doxercalciferol cap 0.5 mcg	Preferred	
doxercalciferol cap 1 mcg	Preferred	
doxercalciferol cap 2.5 mcg	Preferred	
GALAFOLD CAP 123MG	Non Preferred	PA
KUVAN POW 100MG	Non Preferred	SP, PA
KUVAN POW 500MG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
KUVAN TAB 100MG	Non Preferred	SP, PA
levocarnitine oral soln 1 gm/10ml (10%) (generic of CARNITOR)	Non Preferred	QL (60 mL per day), PA
levocarnitine tab 330 mg (generic of CARNITOR)	Non Preferred	QL (18 ea per day), PA
nitisinone cap 2 mg (generic of ORFADIN)	Preferred	
nitisinone cap 5 mg (generic of ORFADIN)	Preferred	
nitisinone cap 10 mg (generic of ORFADIN)	Preferred	
NITYR TAB 2MG	Non Preferred	PA
NITYR TAB 5MG	Non Preferred	PA
NITYR TAB 10MG	Non Preferred	PA
ORFADIN CAP 2MG	Preferred	
ORFADIN CAP 5MG	Preferred	
ORFADIN CAP 10MG	Preferred	
ORFADIN CAP 20MG	Preferred	
ORFADIN SUS 4MG/ML	Non Preferred	PA
paricalcitol cap 1 mcg (generic of ZEMPLAR)	Non Preferred	PA
paricalcitol cap 2 mcg (generic of ZEMPLAR)	Non Preferred	PA
paricalcitol cap 4 mcg	Non Preferred	PA
RAVICTI LIQ 1.1GM/ML	Non Preferred	SP, PA
RAYALDEE CAP 30MCG	Non Preferred	PA
ROCALTROL CAP 0.5MCG	Non Preferred	QL (4 ea per day), PA
ROCALTROL CAP 0.25MCG	Non Preferred	QL (4 ea per day), PA
ROCALTROL SOL 1MCG/ML	Non Preferred	PA
SENSIPAR TAB 30MG	Non Preferred	SP, PA
SENSIPAR TAB 60MG	Non Preferred	SP, PA
SENSIPAR TAB 90MG	Non Preferred	SP, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful (generic of BUPHENYL)	Non Preferred	SP, PA
sodium phenylbutyrate tab 500 mg (generic of BUPHENYL)	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ZEMPLAR CAP 1MCG	Non Preferred	PA
ZEMPLAR CAP 2MCG	Non Preferred	PA

POSTERIOR PITUITARY HORMONES

Drug Name	Drug Tier	Requirements/Limits
DDAVP SOL 0.01%	Non Preferred	PA
DDAVP SPR 0.01%	Non Preferred	SP, PA
DDAVP TAB 0.1MG	Non Preferred	SP, QL (4 ea per day), PA
DDAVP TAB 0.2MG	Non Preferred	SP, QL (5 ea per day), PA
desmopressin acetate nasal spray soln 0.01% (generic of DDAVP)	Preferred	SP
desmopressin acetate nasal spray soln 0.01% (refrigerated)	Preferred	
desmopressin acetate tab 0.1 mg (generic of DDAVP)	Preferred	SP, QL (4 ea per day)
desmopressin acetate tab 0.2 mg (generic of DDAVP)	Preferred	SP, QL (5 ea per day)
NOCDURNA SUB 27.7MCG	Non Preferred	PA
NOCDURNA SUB 55.3MCG	Non Preferred	PA
STIMATE SOL 1.5MG/ML	Preferred	SP

PROGESTERONE RECEPTOR ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
MIFEPREX TAB 200MG	Non Preferred	PA
mifepristone tab 200 mg (generic of MIFEPREX)	Non Preferred	PA

PROLACTIN INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
cabergoline tab 0.5 mg	Preferred	

SOMATOSTATIC AGENTS

Drug Name	Drug Tier	Requirements/Limits
BYNFEZIA PEN INJ 2500MCG	Non Preferred	PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (generic of SANDOSTATIN)	Non Preferred	SP, PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (generic of SANDOSTATIN)	Non Preferred	SP, PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (generic of SANDOSTATIN)	Non Preferred	SP, PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	Non Preferred	SP, PA
SANDOSTATIN INJ 50MCG/ML	Non Preferred	SP, PA
SANDOSTATIN INJ 100MCG	Non Preferred	SP, PA
SANDOSTATIN INJ 500MCG	Non Preferred	SP, PA
SANDOSTATIN KIT LAR 10MG	Non Preferred	SP, PA
SANDOSTATIN KIT LAR 20MG	Non Preferred	SP, PA
SANDOSTATIN KIT LAR 30MG	Non Preferred	SP, PA
SIGNIFOR INJ 0.3MG/ML	Non Preferred	PA
SIGNIFOR INJ 0.6MG/ML	Non Preferred	PA
SIGNIFOR INJ 0.9MG/ML	Non Preferred	PA
SIGNIFOR LAR INJ 10MG	Non Preferred	PA
SIGNIFOR LAR INJ 20MG	Non Preferred	PA
SIGNIFOR LAR INJ 30MG	Non Preferred	PA
SIGNIFOR LAR INJ 40MG	Non Preferred	PA
SIGNIFOR LAR INJ 60MG	Non Preferred	PA
SOMATULINE INJ 60/0.2ML	Non Preferred	SP, PA
SOMATULINE INJ 90/0.3ML	Non Preferred	SP, PA
SOMATULINE INJ 120/.5ML	Non Preferred	SP, PA

VASOPRESSIN RECEPTOR ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE PAK 45-15MG	Non Preferred	PA
JYNARQUE PAK 60-30MG	Non Preferred	PA
JYNARQUE PAK 90-30MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE TAB 15MG	Non Preferred	SP, PA
JYNARQUE TAB 30MG	Non Preferred	SP, PA
SAMSCA TAB 15MG	Non Preferred	SP, PA
SAMSCA TAB 30MG	Non Preferred	SP, PA

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

ESTROGEN COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
ACTIVELLA TAB 1-0.5MG	Non Preferred	PA
amabelz tab 0.5-0.1	Preferred	
amabelz tab 1-0.5mg (generic of ACTIVELLA)	Preferred	
ANGELIQ TAB 0.5-1MG	Non Preferred	PA
ANGELIQ TAB 0.25-0.5	Non Preferred	PA
BIJUVA CAP 1-100MG	Non Preferred	PA
CLIMARA PRO DIS WEEKLY	Non Preferred	PA
COMBIPATCH DIS	Preferred	
DUAVEE TAB 0.45-20	Non Preferred	PA
estradiol & norethindrone acetate tab 0.5-0.1 mg	Preferred	
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	Preferred	
FEMHRT TAB 0.5-2.5	Non Preferred	QL (1 ea per day), PA
fyavolv tab 0.5-2.5 (generic of FEMHRT LOW DOSE)	Non Preferred	QL (1 ea per day), PA
fyavolv tab 1-5	Non Preferred	PA
jinteli tab 1mg-5mcg	Non Preferred	PA
lopreeza tab 1-0.5mg (generic of ACTIVELLA)	Preferred	
mimvey tab 1-0.5mg (generic of ACTIVELLA)	Preferred	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (generic of FEMHRT LOW DOSE)	Non Preferred	QL (1 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Non Preferred	PA
PREFEST TAB	Non Preferred	PA
PREMPHASE TAB	Preferred	
PREMPRO TAB	Preferred	
PREMPRO TAB 0.3-1.5	Preferred	
PREMPRO TAB 0.45-1.5	Preferred	
PREMPRO TAB 0.625-5	Preferred	

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

Drug Name	Drug Tier	Requirements/Limits
ALORA DIS 0.1MG	Non Preferred	PA
ALORA DIS 0.05MG	Non Preferred	PA
ALORA DIS 0.025MG	Non Preferred	PA
ALORA DIS 0.075MG	Non Preferred	PA
CLIMARA DIS 0.1MG	Non Preferred	PA
CLIMARA DIS 0.05MG	Non Preferred	PA
CLIMARA DIS 0.06MG	Non Preferred	PA
CLIMARA DIS 0.025MG	Non Preferred	PA
CLIMARA DIS 0.075MG	Non Preferred	PA
CLIMARA DIS 0.0375MG	Non Preferred	PA
DIVIGEL GEL 0.5MG	Non Preferred	PA
DIVIGEL GEL 0.25MG	Non Preferred	PA
DIVIGEL GEL 0.75MG	Non Preferred	PA
DIVIGEL GEL 1.25MG	Non Preferred	PA
DIVIGEL GEL 1MG/GM	Non Preferred	PA
dotti dis 0.1mg (generic of VIVELLE-DOT)	Preferred	
dotti dis 0.05mg (generic of VIVELLE-DOT)	Preferred	
dotti dis 0.025mg (generic of VIVELLE-DOT)	Preferred	
dotti dis 0.075mg (generic of VIVELLE-DOT)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
dotti dis 0.0375mg (generic of VIVELLE-DOT)	Preferred	
ELESTRIN GEL 0.06%	Non Preferred	PA
ESTRACE TAB 0.5MG	Non Preferred	QL (1 ea per day), PA
ESTRACE TAB 1MG	Non Preferred	QL (1 ea per day), PA
ESTRACE TAB 2MG	Non Preferred	QL (1 ea per day), PA
estradiol tab 0.5 mg (generic of ESTRACE)	Preferred	QL (1 ea per day)
estradiol tab 1 mg (generic of ESTRACE)	Preferred	QL (1 ea per day)
estradiol tab 2 mg (generic of ESTRACE)	Preferred	QL (1 ea per day)
estradiol td patch twice weekly 0.1 mg/24hr (generic of MINIVELLE)	Preferred	
estradiol td patch twice weekly 0.05 mg/24hr (generic of MINIVELLE)	Preferred	
estradiol td patch twice weekly 0.025 mg/24hr (generic of MINIVELLE)	Preferred	
estradiol td patch twice weekly 0.075 mg/24hr (generic of MINIVELLE)	Preferred	
estradiol td patch twice weekly 0.0375 mg/24hr (generic of MINIVELLE)	Preferred	
estradiol td patch weekly 0.1 mg/24hr (generic of CLIMARA)	Preferred	
estradiol td patch weekly 0.05 mg/24hr (generic of CLIMARA)	Preferred	
estradiol td patch weekly 0.06 mg/24hr (generic of CLIMARA)	Preferred	
estradiol td patch weekly 0.025 mg/24hr (generic of CLIMARA)	Preferred	
estradiol td patch weekly 0.075 mg/24hr (generic of CLIMARA)	Preferred	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (generic of CLIMARA)	Preferred	
EVAMIST SPR 1.53MG	Non Preferred	PA
MENEST TAB 0.3MG	Preferred	
MENEST TAB 0.625MG	Preferred	
MENEST TAB 1.25MG	Preferred	
MENOSTAR DIS 14MCG	Non Preferred	PA
MINIVELLE DIS 0.1MG	Non Preferred	PA
MINIVELLE DIS 0.05MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
MINIVELLE DIS 0.025MG	Non Preferred	PA
MINIVELLE DIS 0.075MG	Non Preferred	PA
MINIVELLE DIS 0.0375MG	Non Preferred	PA
PREMARIN TAB 0.3MG	Preferred	
PREMARIN TAB 0.9MG	Preferred	
PREMARIN TAB 0.45MG	Preferred	
PREMARIN TAB 0.625MG	Preferred	
PREMARIN TAB 1.25MG	Preferred	
VIVELLE-DOT DIS 0.1MG	Non Preferred	PA
VIVELLE-DOT DIS 0.05MG	Non Preferred	PA
VIVELLE-DOT DIS 0.025MG	Non Preferred	PA
VIVELLE-DOT DIS 0.075MG	Non Preferred	PA
VIVELLE-DOT DIS 0.0375MG	Non Preferred	PA

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

Drug Name	Drug Tier	Requirements/Limits
BAXDELA TAB 450MG	Non Preferred	PA; AGE (Min age 16 years)
CIPRO (5%) SUS 250MG/5	Non Preferred	PA; AGE (Min age 16 years)
CIPRO (10%) SUS 500MG/5	Non Preferred	PA; AGE (Min age 16 years)
CIPRO TAB 250MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 16 years)
CIPRO TAB 500MG	Non Preferred	QL (2 ea per day), PA; AGE (Min age 16 years)
ciprofloxacin hcl tab 100 mg (base equiv)	Preferred	AGE (Min age 16 years)
ciprofloxacin hcl tab 250 mg (base equiv) (generic of CIPRO)	Preferred	QL (2 ea per day); AGE (Min age 16 years)
ciprofloxacin hcl tab 500 mg (base equiv) (generic of CIPRO)	Preferred	QL (2 ea per day); AGE (Min age 16 years)
ciprofloxacin hcl tab 750 mg (base equiv)	Preferred	QL (2 ea per day); AGE (Min age 16 years)
LEVAQUIN TAB 500MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 16 years)
LEVAQUIN TAB 750MG	Non Preferred	QL (1 ea per day), PA; AGE (Min age 16 years)
levofloxacin oral soln 25 mg/ml	Preferred	AGE (Min age 16 years)

Drug Name	Drug Tier	Requirements/Limits
levofloxacin tab 250 mg (generic of LEVAQUIN)	Preferred	QL (1 ea per day); AGE (Min age 16 years)
levofloxacin tab 500 mg (generic of LEVAQUIN)	Preferred	QL (1 ea per day); AGE (Min age 16 years)
levofloxacin tab 750 mg (generic of LEVAQUIN)	Preferred	QL (1 ea per day); AGE (Min age 16 years)
moxifloxacin hcl tab 400 mg (base equiv)	Non Preferred	PA; AGE (Min age 16 years)
ofloxacin tab 300 mg	Non Preferred	PA; AGE (Min age 16 years)
ofloxacin tab 400 mg	Non Preferred	PA; AGE (Min age 16 years)

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

5-HT4 RECEPTOR AGONISTS

Drug Name	Drug Tier	Requirements/Limits
MOTEGRITY TAB 1MG	Non Preferred	PA
MOTEGRITY TAB 2MG	Non Preferred	PA

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

Drug Name	Drug Tier	Requirements/Limits
TRULANCE TAB 3MG	Non Preferred	PA

ANTIFLATULENTS

Drug Name	Drug Tier	Requirements/Limits
simethicone cap 125 mg	Preferred	OTC
simethicone cap 180 mg	Preferred	OTC
simethicone chew tab 80 mg	Preferred	OTC
simethicone chew tab 125 mg	Preferred	OTC
simethicone susp 40 mg/0.6ml	Preferred	OTC

BILE ACID SYNTHESIS DISORDER AGENTS

Drug Name	Drug Tier	Requirements/Limits
CHOLBAM CAP 50MG	Non Preferred	PA
CHOLBAM CAP 250MG	Non Preferred	PA

FARNESOID X RECEPTOR (FXR) AGONISTS

Drug Name	Drug Tier	Requirements/Limits
OCALIVA TAB 5MG	Non Preferred	SP, PA
OCALIVA TAB 10MG	Non Preferred	SP, PA

GALLSTONE SOLUBILIZING AGENTS

Drug Name	Drug Tier	Requirements/Limits

Drug Name	Drug Tier	Requirements/Limits
ACTIGALL CAP 300MG	Non Preferred	QL (3 ea per day), PA
CHENODAL TAB 250MG	Non Preferred	PA
URSO 250 TAB 250MG	Non Preferred	QL (4 ea per day), PA
URSO FORTE TAB 500MG	Non Preferred	QL (2 ea per day), PA
ursodiol cap 300 mg (generic of ACTIGALL)	Preferred	QL (3 ea per day)
ursodiol tab 250 mg (generic of URSO 250)	Non Preferred	QL (4 ea per day), PA
ursodiol tab 500 mg (generic of URSO FORTE)	Non Preferred	QL (2 ea per day), PA

GASTROINTESTINAL ANTIALLERGY AGENTS

Drug Name	Drug Tier	Requirements/Limits
cromolyn sodium oral conc 100 mg/5ml (generic of GASTROCROM)	Preferred	
GASTROCROM CON 100/5ML	Non Preferred	PA

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

Drug Name	Drug Tier	Requirements/Limits
AMITIZA CAP 8MCG	Non Preferred	PA
AMITIZA CAP 24MCG	Non Preferred	PA

GASTROINTESTINAL STIMULANTS

Drug Name	Drug Tier	Requirements/Limits
METOCLOPRAMI TAB 10MG ODT	Non Preferred	PA
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	Non Preferred	PA
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	Preferred	
metoclopramide hcl tab 5 mg (base equivalent) (generic of REGLAN)	Preferred	QL (6 ea per day)
metoclopramide hcl tab 10 mg (base equivalent) (generic of REGLAN)	Preferred	QL (6 ea per day)
REGLAN TAB 5MG	Non Preferred	QL (6 ea per day), PA
REGLAN TAB 10MG	Non Preferred	QL (6 ea per day), PA

INFLAMMATORY BOWEL AGENTS

Drug Name	Drug Tier	Requirements/Limits
APRISO CAP 0.375GM	Non Preferred	QL (4 ea per day), PA
ASACOL HD TAB 800MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
AZULFIDINE TAB 500MG	Non Preferred	QL (10 ea per day), PA
AZULFIDINE TAB 500MG EN	Non Preferred	QL (8 ea per day), PA
balsalazide disodium cap 750 mg (generic of COLAZAL)	Preferred	
CANASA SUP 1000MG	Non Preferred	PA
CIMZIA KIT	Non Preferred	SP, PA
CIMZIA KIT STARTER	Preferred	SP, PA
CIMZIA PREFL KIT 200MG/ML	Preferred	SP, PA
COLAZAL CAP 750MG	Non Preferred	PA
DELZICOL CAP 400MG	Non Preferred	PA
DIPENTUM CAP 250MG	Non Preferred	PA
ENTYVIO INJ 300MG	Non Preferred	SP, PA
INFLECTRA INJ 100MG	Non Preferred	SP, PA
LIALDA TAB 1.2GM	Non Preferred	PA
mesalamine cap dr 400 mg (generic of DELZICOL)	Non Preferred	PA
mesalamine cap er 24hr 0.375 gm (generic of APRISO)	Non Preferred	QL (4 ea per day), PA
mesalamine enema 4 gm	Preferred	
mesalamine rectal enema 4 gm & cleanser wipe kit (generic of ROWASA)	Non Preferred	PA
mesalamine suppos 1000 mg (generic of CANASA)	Preferred	
mesalamine tab delayed release 1.2 gm (generic of LIALDA)	Non Preferred	PA
mesalamine tab delayed release 800 mg (generic of ASACOL HD)	Non Preferred	PA
PENTASA CAP 250MG CR	Preferred	
PENTASA CAP 500MG CR	Preferred	
REMICADE INJ 100MG	Non Preferred	SP, PA
RENFLEXIS INJ 100MG	Non Preferred	SP, PA
ROWASA KIT 4GM	Non Preferred	PA
SFROWASA ENE 4GM	Preferred	

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 5MG/ML	Non Preferred	SP, PA
sulfasalazine tab 500 mg (generic of AZULFIDINE)	Preferred	QL (10 ea per day)
sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)	Preferred	QL (8 ea per day)

INTESTINAL ACIDIFIERS

Drug Name	Drug Tier	Requirements/Limits
lactulose (encephalopathy) solution 10 gm/15ml	Preferred	QL (180 mL per day)

IRRITABLE BOWEL SYNDROME (IBS) AGENTS

Drug Name	Drug Tier	Requirements/Limits
alosetron hcl tab 0.5 mg (base equiv) (generic of LOTRONEX)	Non Preferred	PA
alosetron hcl tab 1 mg (base equiv) (generic of LOTRONEX)	Non Preferred	PA
LINZESS CAP 72MCG	Non Preferred	PA
LINZESS CAP 145MCG	Non Preferred	PA
LINZESS CAP 290MCG	Non Preferred	PA
LOTRONEX TAB 0.5MG	Non Preferred	PA
LOTRONEX TAB 1MG	Non Preferred	PA
VIBERZI TAB 75MG	Non Preferred	PA
VIBERZI TAB 100MG	Non Preferred	PA
ZELNORM TAB 6MG	Non Preferred	PA

PERIPHERAL OPIOID RECEPTOR ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
ENTEREG CAP 12MG	Non Preferred	PA
MOVANTIK TAB 12.5MG	Non Preferred	PA
MOVANTIK TAB 25MG	Non Preferred	PA
RELISTOR INJ 8/0.4ML	Non Preferred	PA
RELISTOR INJ 12/0.6ML	Non Preferred	PA
RELISTOR TAB 150MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
SYMPROIC TAB 0.2MG	Non Preferred	PA

PHOSPHATE BINDER AGENTS

Drug Name	Drug Tier	Requirements/Limits
AURYXIA TAB 210MG	Non Preferred	PA
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (generic of PHOSLO)	Preferred	
calcium acetate (phosphate binder) tab 667 mg	Preferred	
FOSRENOL CHW 500MG	Non Preferred	PA
FOSRENOL CHW 750MG	Non Preferred	PA
FOSRENOL CHW 1000MG	Non Preferred	PA
FOSRENOL POW 750MG	Preferred	
FOSRENOL POW 1000MG	Preferred	
lanthanum carbonate chew tab 500 mg (elemental) (generic of FOSRENOL)	Preferred	
lanthanum carbonate chew tab 750 mg (elemental) (generic of FOSRENOL)	Preferred	
lanthanum carbonate chew tab 1000 mg (elemental) (generic of FOSRENOL)	Preferred	
PHOSLYRA SOL	Non Preferred	PA
RENAGEL TAB 800MG	Non Preferred	PA
RENVELA POW 0.8GM	Non Preferred	PA
RENVELA POW 2.4GM	Non Preferred	PA
RENVELA TAB 800MG	Non Preferred	PA
sevelamer carbonate packet 0.8 gm (generic of RENVELA)	Non Preferred	PA
sevelamer carbonate packet 2.4 gm (generic of RENVELA)	Non Preferred	PA
sevelamer carbonate tab 800 mg (generic of RENVELA)	Preferred	
sevelamer hcl tab 400 mg	Preferred	
sevelamer hcl tab 800 mg (generic of RENAGEL)	Preferred	
VELPHORO CHW 500MG	Non Preferred	PA

SHORT BOWEL SYNDROME (SBS) AGENTS

Drug Name	Drug Tier	Requirements/Limits

Drug Name	Drug Tier	Requirements/Limits
GATTEX KIT 5MG	Non Preferred	SP, PA

TRYPTOPHAN HYDROXYLASE INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
XERMELO TAB 250MG	Non Preferred	PA

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

ACIDIFIERS

Drug Name	Drug Tier	Requirements/Limits
K-PHOS TAB NO 2	Non Preferred	PA

ALKALINIZERS

Drug Name	Drug Tier	Requirements/Limits
cytra k gra crystals	Non Preferred	PA
ORACIT SOL	Preferred	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	Non Preferred	PA
potassium citrate & citric acid soln 1100-334 mg/5ml	Non Preferred	PA
potassium citrate tab er 5 meq (540 mg) (generic of UROCIT-K 5)	Non Preferred	QL (3 ea per day), PA
potassium citrate tab er 10 meq (1080 mg) (generic of UROCIT-K 10)	Non Preferred	QL (3 ea per day), PA
potassium citrate tab er 15 meq (1620 mg) (generic of UROCIT-K 15)	Non Preferred	QL (4 ea per day), PA
sodium citrate & citric acid soln 500-334 mg/5ml	Preferred	
taron gra crystals	Non Preferred	PA
UROCIT-K 5 TAB	Non Preferred	QL (3 ea per day), PA
UROCIT-K 10 TAB	Non Preferred	QL (3 ea per day), PA
UROCIT-K 15 TAB	Non Preferred	QL (4 ea per day), PA

CYSTINOSIS AGENTS

Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAP 50MG	Preferred	SP
CYSTAGON CAP 150MG	Preferred	SP
PROCYSBI CAP 25MG	Non Preferred	PA
PROCYSBI CAP 75MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
PROCYSBI GRA 75MG	Non Preferred	PA
PROCYSBI GRA 300MG	Non Preferred	PA

INTERSTITIAL CYSTITIS AGENTS

Drug Name	Drug Tier	Requirements/Limits
ELMIRON CAP 100MG	Non Preferred	PA

PROSTATIC HYPERTROPHY AGENTS

Drug Name	Drug Tier	Requirements/Limits
alfuzosin hcl tab er 24hr 10 mg (generic of UROXATRAL)	Preferred	QL (1 ea per day)
AVODART CAP 0.5MG	Non Preferred	PA
CARDURA XL TAB 4MG	Non Preferred	PA
CARDURA XL TAB 8MG	Non Preferred	PA
dutasteride cap 0.5 mg (generic of AVODART)	Non Preferred	PA
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (generic of JALYN)	Non Preferred	PA
finasteride tab 5 mg (generic of PROSCAR)	Preferred	QL (1 ea per day)
FLOMAX CAP 0.4MG	Non Preferred	QL (2 ea per day), PA
JALYN CAP	Non Preferred	PA
PROSCAR TAB 5MG	Non Preferred	QL (1 ea per day), PA
RAPAFLO CAP 4MG	Non Preferred	PA
RAPAFLO CAP 8MG	Non Preferred	PA
silodosin cap 4 mg (generic of RAPAFLO)	Non Preferred	PA
silodosin cap 8 mg (generic of RAPAFLO)	Non Preferred	PA
tamsulosin hcl cap 0.4 mg (generic of FLOMAX)	Preferred	QL (2 ea per day)

URINARY ANALGESICS

Drug Name	Drug Tier	Requirements/Limits
phenazopyridine hcl tab 100 mg	Preferred	QL (3 ea per day)
phenazopyridine hcl tab 200 mg	Preferred	QL (3 ea per day)
PYRIDIUM TAB 100MG	Non Preferred	QL (3 ea per day), PA
PYRIDIUM TAB 200MG	Non Preferred	QL (3 ea per day), PA

URINARY STONE AGENTS

Drug Name	Drug Tier	Requirements/Limits
LITHOSTAT TAB 250MG	Non Preferred	PA
THIOLA EC TAB 100MG	Non Preferred	PA
THIOLA EC TAB 300MG	Non Preferred	PA
THIOLA TAB 100MG	Non Preferred	PA

GOUT AGENTS - DRUGS TO TREAT GOUT

GOUT AGENT COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
colchicine w/ probenecid tab 0.5-500 mg	Preferred	QL (3 ea per day)

GOUT AGENTS - DRUGS TO TREAT GOUT

Drug Name	Drug Tier	Requirements/Limits
allopurinol tab 100 mg (generic of ZYLOPRIM)	Preferred	QL (6 ea per day)
allopurinol tab 300 mg (generic of ZYLOPRIM)	Preferred	QL (4 ea per day)
colchicine cap 0.6 mg	Non Preferred	PA
colchicine tab 0.6 mg (generic of COLCRYS)	Non Preferred	QL (2 ea per day), PA
COLCRYS TAB 0.6MG	Non Preferred	QL (2 ea per day), PA
febuxostat tab 40 mg (generic of ULORIC)	Non Preferred	PA
febuxostat tab 80 mg (generic of ULORIC)	Non Preferred	PA
GLOPERBA SOL 0.6/5ML	Non Preferred	PA
MITIGARE CAP 0.6MG	Non Preferred	PA
ULORIC TAB 40MG	Non Preferred	PA
ULORIC TAB 80MG	Non Preferred	PA
ZYLOPRIM TAB 100MG	Non Preferred	QL (6 ea per day), PA
ZYLOPRIM TAB 300MG	Non Preferred	QL (4 ea per day), PA

URICOSURICS

Drug Name	Drug Tier	Requirements/Limits
probenecid tab 500 mg	Preferred	QL (3 ea per day)

HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS

ANTIHEMOPHILIC PRODUCTS

Drug Name	Drug Tier	Requirements/Limits
ADVATE INJ 250UNIT	Preferred	SP, PA
ADVATE INJ 500UNIT	Preferred	SP, PA
ADVATE INJ 1000UNIT	Preferred	SP, PA
ADVATE INJ 1500UNIT	Preferred	SP, PA
ADVATE INJ 2000UNIT	Preferred	SP, PA
ADVATE INJ 3000UNIT	Preferred	SP, PA
ADVATE INJ 4000UNIT	Preferred	SP, PA
ADYNOVATE INJ 250UNIT	Preferred	SP, PA
ADYNOVATE INJ 500UNIT	Preferred	SP, PA
ADYNOVATE INJ 750UNIT	Preferred	SP, PA
ADYNOVATE INJ 1000UNIT	Preferred	SP, PA
ADYNOVATE INJ 1500UNIT	Preferred	SP, PA
ADYNOVATE INJ 2000UNIT	Preferred	SP, PA
ADYNOVATE INJ 3000UNIT	Preferred	SP, PA
AFSTYLA KIT 250UNIT	Preferred	SP, PA
AFSTYLA KIT 500UNIT	Preferred	SP, PA
AFSTYLA KIT 1000UNIT	Preferred	SP, PA
AFSTYLA KIT 1500UNIT	Preferred	SP, PA
AFSTYLA KIT 2000UNIT	Preferred	SP, PA
AFSTYLA KIT 2500UNIT	Preferred	SP, PA
AFSTYLA KIT 3000UNIT	Preferred	SP, PA
ALPHANATE INJ VWF/HUM	Preferred	SP, PA
ALPHANINE SD INJ 500UNIT	Preferred	SP, PA
ALPHANINE SD INJ 1000UNIT	Preferred	SP, PA
ALPHANINE SD INJ 1500UNIT	Preferred	SP, PA
ALPROLIX INJ 250UNIT	Preferred	SP, PA
ALPROLIX INJ 500UNIT	Preferred	SP, PA
ALPROLIX INJ 1000UNIT	Preferred	SP, PA
ALPROLIX INJ 2000UNIT	Preferred	SP, PA
ALPROLIX INJ 3000UNIT	Preferred	SP, PA
ALPROLIX INJ 4000UNIT	Preferred	SP, PA
BENEFIX INJ 250UNIT	Preferred	SP, PA
BENEFIX INJ 500UNIT	Preferred	SP, PA
BENEFIX INJ 1000UNIT	Preferred	SP, PA
BENEFIX INJ 2000UNIT	Preferred	SP, PA
BENEFIX INJ 3000UNIT	Preferred	SP, PA
COAGADEX INJ 250UNIT	Preferred	SP, PA
COAGADEX INJ 500UNIT	Preferred	SP, PA
CORIFACT KIT	Preferred	SP, PA
ELOCTATE INJ 250UNIT	Preferred	SP, PA
ELOCTATE INJ 500UNIT	Preferred	SP, PA
ELOCTATE INJ 750UNIT	Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ELOCTATE INJ 1000UNIT	Preferred	SP, PA
ELOCTATE INJ 1500UNIT	Preferred	SP, PA
ELOCTATE INJ 2000UNIT	Preferred	SP, PA
ELOCTATE INJ 3000UNIT	Preferred	SP, PA
ELOCTATE INJ 4000UNIT	Preferred	SP, PA
ELOCTATE INJ 5000UNIT	Preferred	SP, PA
ELOCTATE INJ 6000UNIT	Preferred	SP, PA
ESPEROCT INJ 500UNIT	Preferred	PA
ESPEROCT INJ 1000UNIT	Preferred	PA
ESPEROCT INJ 1500UNIT	Preferred	PA
ESPEROCT INJ 2000UNIT	Preferred	PA
ESPEROCT INJ 3000UNIT	Preferred	PA
FEIBA INJ	Preferred	SP, PA
HEMLIBRA INJ 30MG/ML	Preferred	SP, PA
HEMLIBRA INJ 60/0.4	Preferred	SP, PA
HEMLIBRA INJ 105/0.7	Preferred	SP, PA
HEMLIBRA INJ 150/ML	Preferred	SP, PA
HEMOFIL M INJ 250UNIT	Preferred	SP, PA
HEMOFIL M INJ 500UNIT	Preferred	SP, PA
HEMOFIL M INJ 1000UNIT	Preferred	SP, PA
HEMOFIL M INJ 1700UNIT	Preferred	SP, PA
HUMATE-P SOL 250-600	Preferred	SP, PA
HUMATE-P SOL 500-1200	Preferred	SP, PA
HUMATE-P SOL 2400UNIT	Preferred	SP, PA
IDELVION SOL 250UNIT	Preferred	SP, PA
IDELVION SOL 500UNIT	Preferred	SP, PA
IDELVION SOL 1000UNIT	Preferred	SP, PA
IDELVION SOL 2000UNIT	Preferred	SP, PA
IDELVION SOL 3500UNIT	Preferred	SP, PA
IXINITY INJ 250UNIT	Preferred	SP, PA
IXINITY INJ 500UNIT	Preferred	SP, PA
IXINITY INJ 1000UNIT	Preferred	SP, PA
IXINITY INJ 1500UNIT	Preferred	SP, PA
IXINITY INJ 2000UNIT	Preferred	SP, PA
IXINITY INJ 3000UNIT	Preferred	SP, PA
JIVI INJ 500 UNIT	Preferred	SP, PA
JIVI INJ 1000UNIT	Preferred	SP, PA
JIVI INJ 2000UNIT	Preferred	SP, PA
JIVI INJ 3000UNIT	Preferred	SP, PA
KOATE INJ 250UNIT	Preferred	SP, PA
KOATE INJ 500 UNIT	Preferred	SP, PA
KOATE INJ 1000UNIT	Preferred	SP, PA
KOATE-DVI INJ 1000UNIT	Preferred	SP, PA
KOGENATE FS INJ 250UNIT	Preferred	SP, PA
KOGENATE FS INJ 500UNIT	Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
KOGENATE FS INJ 1000UNIT	Preferred	SP, PA
KOGENATE FS INJ 2000UNIT	Preferred	SP, PA
KOGENATE FS INJ 3000UNIT	Preferred	SP, PA
KOVALTRY INJ 250UNIT	Preferred	SP, PA
KOVALTRY INJ 500UNIT	Preferred	SP, PA
KOVALTRY INJ 1000UNIT	Preferred	SP, PA
KOVALTRY INJ 2000UNIT	Preferred	SP, PA
KOVALTRY INJ 3000UNIT	Preferred	SP, PA
MONONINE INJ 1000UNIT	Preferred	SP, PA
NOVOEIGHT INJ 250UNIT	Preferred	SP, PA
NOVOEIGHT INJ 500UNIT	Preferred	SP, PA
NOVOEIGHT INJ 1000UNIT	Preferred	SP, PA
NOVOEIGHT INJ 1500UNIT	Preferred	SP, PA
NOVOEIGHT INJ 2000UNIT	Preferred	SP, PA
NOVOEIGHT INJ 3000UNIT	Preferred	SP, PA
NOVOSEVEN RT INJ 1MG	Preferred	SP, PA
NOVOSEVEN RT INJ 2MG	Preferred	SP, PA
NOVOSEVEN RT INJ 5MG	Preferred	SP, PA
NOVOSEVEN RT INJ 8MG	Preferred	SP, PA
NUWIQ INJ 250UNIT	Preferred	SP, PA
NUWIQ INJ 500UNIT	Preferred	SP, PA
NUWIQ INJ 1000UNIT	Preferred	SP, PA
NUWIQ INJ 2000UNIT	Preferred	SP, PA
NUWIQ INJ 2500UNIT	Preferred	SP, PA
NUWIQ INJ 3000UNIT	Preferred	SP, PA
NUWIQ INJ 4000UNIT	Preferred	SP, PA
NUWIQ KIT 250UNIT	Preferred	SP, PA
NUWIQ KIT 500UNIT	Preferred	SP, PA
NUWIQ KIT 1000UNIT	Preferred	SP, PA
NUWIQ KIT 2000UNIT	Preferred	SP, PA
NUWIQ KIT 2500UNIT	Preferred	SP, PA
NUWIQ KIT 3000UNIT	Preferred	SP, PA
NUWIQ KIT 4000UNIT	Preferred	SP, PA
OBIZUR INJ 500 UNIT	Preferred	SP, PA
PROFILNINE INJ 500UNIT	Preferred	SP, PA
PROFILNINE INJ 1000UNIT	Preferred	SP, PA
PROFILNINE INJ 1500UNIT	Preferred	SP, PA
REBINYN SOL 500UNIT	Preferred	SP, PA
REBINYN SOL 1000UNIT	Preferred	SP, PA
REBINYN SOL 2000UNIT	Preferred	SP, PA
RECOMBINATE INJ	Preferred	SP, PA
RECOMBINATE INJ 220-400	Preferred	SP, PA
RECOMBINATE INJ 401-800	Preferred	SP, PA
RECOMBINATE INJ 801-1240	Preferred	SP, PA
RIXUBIS INJ 250 UNIT	Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
RIXUBIS INJ 500UNIT	Preferred	SP, PA
RIXUBIS INJ 1000UNIT	Preferred	SP, PA
RIXUBIS INJ 2000UNIT	Preferred	SP, PA
RIXUBIS INJ 3000UNIT	Preferred	SP, PA
TRETTEN INJ	Preferred	SP, PA
VONVENDI INJ 650UNIT	Preferred	SP, PA
VONVENDI INJ 1300UNIT	Preferred	SP, PA
WILATE INJ	Preferred	SP, PA
XYNTHA INJ 250UNIT	Preferred	SP, PA
XYNTHA INJ 500UNIT	Preferred	SP, PA
XYNTHA INJ 1000UNIT	Preferred	SP, PA
XYNTHA INJ 2000UNIT	Preferred	SP, PA
XYNTHA SOLOF INJ 500UNIT	Preferred	SP, PA
XYNTHA SOLOF INJ 1000UNIT	Preferred	SP, PA
XYNTHA SOLOF INJ 2000UNIT	Preferred	SP, PA
XYNTHA SOLOF INJ 3000UNIT	Preferred	SP, PA
XYNTHA SOLOF KIT 250UNIT	Preferred	SP, PA

BRADYKININ B2 RECEPTOR ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
FIRAZYR INJ 30MG/3ML	Non Preferred	SP, PA
icatibant acetate inj 30 mg/3ml (base equivalent) (generic of FIRAZYR)	Non Preferred	SP, PA

COMPLEMENT INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA INJ 2000UNIT	Non Preferred	SP, PA
HAEGARDA INJ 3000UNIT	Non Preferred	SP, PA

HEMATAOLOGIC - TYROSINE KINASE INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
TAVALISSE TAB 100MG	Non Preferred	PA
TAVALISSE TAB 150MG	Non Preferred	PA

HEMATORHEOLOGIC AGENTS

Drug Name	Drug Tier	Requirements/Limits
pentoxifylline tab er 400 mg	Preferred	QL (4 ea per day)

PLASMA KALLIKREIN INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
KALBITOR INJ 10MG/ML	Non Preferred	SP, PA
TAKHZYRO INJ 300/2ML	Non Preferred	SP, PA

PLATELET AGGREGATION INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
AGGRENOX CAP 25-200MG	Non Preferred	PA
AGRYLIN CAP 0.5MG	Non Preferred	PA
anagrelide hcl cap 0.5 mg (generic of AGRYLIN)	Preferred	
anagrelide hcl cap 1 mg	Preferred	
aspirin-dipyridamole cap er 12hr 25-200 mg (generic of AGGRENOX)	Preferred	
BRILINTA TAB 60MG	Preferred	
BRILINTA TAB 90MG	Preferred	
cilostazol tab 50 mg	Non Preferred	QL (2 ea per day), PA
cilostazol tab 100 mg	Non Preferred	QL (2 ea per day), PA
clopidogrel bisulfate tab 75 mg (base equiv) (generic of PLAVIX)	Preferred	QL (1 ea per day)
clopidogrel bisulfate tab 300 mg (base equiv)	Preferred	
dipyridamole tab 25 mg	Preferred	QL (10 ea per day)
dipyridamole tab 50 mg	Preferred	QL (8 ea per day)
dipyridamole tab 75 mg	Preferred	QL (4 ea per day)
EFFIENT TAB 5MG	Non Preferred	PA
EFFIENT TAB 10MG	Non Preferred	PA
PLAVIX TAB 75MG	Non Preferred	QL (1 ea per day), PA
prasugrel hcl tab 5 mg (base equiv) (generic of EFFIENT)	Non Preferred	PA
prasugrel hcl tab 10 mg (base equiv) (generic of EFFIENT)	Non Preferred	PA
ZONTIVITY TAB 2.08MG	Non Preferred	PA

HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS

COBALAMINS

Drug Name	Drug Tier	Requirements/Limits
cyanocobalamin sl tab 2500 mcg	Preferred	OTC
cyanocobalamin tab 100 mcg	Preferred	OTC
cyanocobalamin tab 250 mcg	Preferred	OTC
cyanocobalamin tab 500 mcg	Preferred	OTC
cyanocobalamin tab 1000 mcg	Preferred	OTC
cyanocobalamin tab er 1000 mcg	Preferred	OTC

FOLIC ACID/FOLATES

Drug Name	Drug Tier	Requirements/Limits

Drug Name	Drug Tier	Requirements/Limits
folic acid tab 1 mg	Preferred	QL (5 ea per day)
folic acid tab 400 mcg	Preferred	OTC
folic acid tab 800 mcg	Preferred	OTC

HEMATOPOIETIC GROWTH FACTORS

Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 10MCG	Non Preferred	SP, PA
ARANESP INJ 25MCG	Non Preferred	SP, PA
ARANESP INJ 40MCG	Non Preferred	SP, PA
ARANESP INJ 60MCG	Non Preferred	SP, PA
ARANESP INJ 100MCG	Non Preferred	SP, PA
ARANESP INJ 150MCG	Non Preferred	SP, PA
ARANESP INJ 200MCG	Non Preferred	SP, PA
ARANESP INJ 300MCG	Non Preferred	SP, PA
ARANESP INJ 500MCG	Non Preferred	SP, PA
DOPTELET TAB 20MG	Non Preferred	SP, PA
EPOGEN INJ 2000/ML	Preferred	SP, PA
EPOGEN INJ 3000/ML	Preferred	SP, PA
EPOGEN INJ 4000/ML	Preferred	SP, PA
EPOGEN INJ 10000/ML	Preferred	SP, PA
EPOGEN INJ 20000/ML	Preferred	SP, PA
FULPHILA INJ 6/0.6ML	Non Preferred	SP, PA
GRANIX INJ 300/0.5	Non Preferred	SP, PA
GRANIX INJ 300/1ML	Non Preferred	SP, PA
GRANIX INJ 480/0.8	Non Preferred	SP, PA
GRANIX INJ 480/1.6	Non Preferred	SP, PA
LEUKINE INJ 250MCG	Preferred	SP
MIRCERA INJ 50MCG	Non Preferred	PA
MIRCERA INJ 75MCG	Non Preferred	PA
MIRCERA INJ 100MCG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
MIRCERA INJ 200MCG	Non Preferred	PA
MIRCERA SOL 30/0.3ML	Non Preferred	PA
MIRCERA SOL 150/0.3	Non Preferred	PA
MULPLETA TAB 3MG	Non Preferred	SP, PA
NEULASTA INJ 6MG/0.6M	Non Preferred	SP, PA
NEULASTA KIT 6MG/0.6M	Non Preferred	SP, PA
NEUPOGEN INJ 300/0.5	Preferred	SP
NEUPOGEN INJ 300MCG	Preferred	SP
NEUPOGEN INJ 480/0.8	Preferred	SP
NEUPOGEN INJ 480MCG	Preferred	SP
NIVESTYM INJ 300/0.5	Non Preferred	SP, PA
NIVESTYM INJ 300MCG	Non Preferred	PA
NIVESTYM INJ 480/0.8	Non Preferred	SP, PA
NIVESTYM INJ 480MCG	Non Preferred	PA
NPLATE INJ 125MCG	Non Preferred	PA
NPLATE INJ 250MCG	Non Preferred	SP, PA
NPLATE INJ 500MCG	Non Preferred	SP, PA
PROCRIT INJ 2000/ML	Preferred	SP, PA
PROCRIT INJ 3000/ML	Preferred	SP, PA
PROCRIT INJ 4000/ML	Preferred	SP, PA
PROCRIT INJ 10000/ML	Preferred	SP, PA
PROCRIT INJ 20000/ML	Preferred	SP, PA
PROCRIT INJ 40000/ML	Preferred	SP, PA
PROMACTA PAK 25MG	Non Preferred	PA
PROMACTA POW 12.5MG	Non Preferred	SP, PA
PROMACTA TAB 12.5MG	Non Preferred	SP, PA
PROMACTA TAB 25MG	Non Preferred	SP, PA
PROMACTA TAB 50MG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TAB 75MG	Non Preferred	SP, PA
REBLOZYL INJ 25MG	Non Preferred	PA
REBLOZYL INJ 75MG	Non Preferred	PA
RETACRIT INJ 2000UNIT	Non Preferred	SP, PA
RETACRIT INJ 3000UNIT	Non Preferred	SP, PA
RETACRIT INJ 4000UNIT	Non Preferred	SP, PA
RETACRIT INJ 10000UNT	Non Preferred	SP, PA
RETACRIT INJ 40000UNT	Non Preferred	SP, PA
UDENYCA INJ 6MG/.6ML	Non Preferred	SP, PA
ZARXIO INJ 300/0.5	Non Preferred	SP, PA
ZARXIO INJ 480/0.8	Non Preferred	SP, PA
ZIEXTENZO INJ 6/0.6ML	Non Preferred	PA

IRON

Drug Name	Drug Tier	Requirements/Limits
ferrex 150 cap 150mg	Preferred	OTC
ferrocite tab 324mg	Preferred	OTC
ferrous fumarate tab 324 mg (106 mg elemental fe)	Preferred	OTC
FERROUS GLUC TAB 324MG	Preferred	OTC
ferrous gluconate tab 240 mg (27 mg elemental fe)	Preferred	OTC
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	Preferred	OTC
FERROUS SULF TAB 324MG EC	Preferred	OTC
ferrous sulfate dried tab 200 mg (65 mg elemental fe)	Preferred	OTC
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)	Preferred	OTC
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	Preferred	OTC
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	Preferred	OTC
ferrous sulfate tab 325 mg (65 mg elemental fe)	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	Preferred	OTC
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	Preferred	OTC
nu-iron 150 cap 150mg	Preferred	OTC
poly-iron cap 150mg	Preferred	OTC
polysaccharide iron complex cap 150 mg (iron equivalent)	Preferred	OTC
slow release tab 47.5mg	Preferred	OTC

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

ANTIHISTAMINE HYPNOTICS

Drug Name	Drug Tier	Requirements/Limits
diphenhydramine hcl (sleep) tab 25 mg	Preferred	OTC, QL (1 ea per day)
doxylamine succinate (sleep) tab 25 mg	Preferred	OTC, QL (1 ea per day)

BARBITURATE HYPNOTICS

Drug Name	Drug Tier	Requirements/Limits
phenobarbital elixir 20 mg/5ml	Preferred	QL (50 mL per day)
phenobarbital tab 15 mg	Preferred	QL (2 ea per day)
phenobarbital tab 16.2 mg	Preferred	QL (2 ea per day)
phenobarbital tab 30 mg	Preferred	QL (2 ea per day)
phenobarbital tab 32.4 mg	Preferred	QL (2 ea per day)
phenobarbital tab 60 mg	Preferred	QL (2 ea per day)
phenobarbital tab 64.8 mg	Preferred	QL (3 ea per day)
phenobarbital tab 97.2 mg	Preferred	QL (2 ea per day)
phenobarbital tab 100 mg	Preferred	QL (2 ea per day)
SECONAL SOD CAP 100MG	Non Preferred	PA

HYPNOTICS - TRICYCLIC AGENTS

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl (sleep) tab 3 mg (base equiv) (generic of SILENOR)	Non Preferred	PA
doxepin hcl (sleep) tab 6 mg (base equiv) (generic of SILENOR)	Non Preferred	PA
SILENOR TAB 3MG	Non Preferred	PA
SILENOR TAB 6MG	Non Preferred	PA

NON-BARBITURATE HYPNOTICS

Drug Name	Drug Tier	Requirements/Limits
AMBIEN CR TAB 6.25MG	Non Preferred	PA
AMBIEN CR TAB 12.5MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
AMBIEN TAB 5MG	Non Preferred	QL (2 ea per day), PA
AMBIEN TAB 10MG	Non Preferred	QL (1 ea per day), PA
EDLUAR SUB 5MG	Non Preferred	PA
EDLUAR SUB 10MG	Non Preferred	PA
estazolam tab 1 mg	Preferred	QL (1 ea per day)
estazolam tab 2 mg	Preferred	QL (1 ea per day)
eszopiclone tab 1 mg (generic of LUNESTA)	Non Preferred	PA
eszopiclone tab 2 mg (generic of LUNESTA)	Non Preferred	PA
eszopiclone tab 3 mg (generic of LUNESTA)	Non Preferred	PA
flurazepam hcl cap 15 mg	Non Preferred	QL (1 ea per day), PA
flurazepam hcl cap 30 mg	Non Preferred	QL (1 ea per day), PA
HALCION TAB 0.25MG	Non Preferred	QL (2 ea per day), PA
INTERMEZZO SUB 1.75MG	Non Preferred	PA
LUNESTA TAB 1MG	Non Preferred	PA
LUNESTA TAB 2MG	Non Preferred	PA
LUNESTA TAB 3MG	Non Preferred	PA
midazolam hcl syrup 2 mg/ml (base equivalent)	Non Preferred	PA
RESTORIL CAP 7.5MG	Non Preferred	PA
RESTORIL CAP 15MG	Non Preferred	QL (1 ea per day), PA
RESTORIL CAP 22.5MG	Non Preferred	PA
RESTORIL CAP 30MG	Non Preferred	QL (1 ea per day), PA
temazepam cap 7.5 mg (generic of RESTORIL)	Preferred	
temazepam cap 15 mg (generic of RESTORIL)	Preferred	QL (1 ea per day)
temazepam cap 22.5 mg (generic of RESTORIL)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
temazepam cap 30 mg (generic of RESTORIL)	Preferred	QL (1 ea per day)
triazolam tab 0.25 mg (generic of HALCION)	Preferred	QL (2 ea per day)
triazolam tab 0.125 mg	Preferred	QL (1 ea per day)
zaleplon cap 5 mg	Non Preferred	PA
zaleplon cap 10 mg	Non Preferred	PA
zolpidem tartrate sl tab 1.75 mg (generic of INTERMEZZO)	Non Preferred	PA
zolpidem tartrate sl tab 3.5 mg	Non Preferred	PA
zolpidem tartrate tab 5 mg (generic of AMBIEN)	Preferred	QL (2 ea per day)
zolpidem tartrate tab 10 mg (generic of AMBIEN)	Preferred	QL (1 ea per day)
zolpidem tartrate tab er 6.25 mg (generic of AMBIEN CR)	Non Preferred	PA
zolpidem tartrate tab er 12.5 mg (generic of AMBIEN CR)	Non Preferred	PA

OREXIN RECEPTOR ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA TAB 5MG	Non Preferred	PA
BELSOMRA TAB 10MG	Non Preferred	PA
BELSOMRA TAB 15MG	Non Preferred	PA
BELSOMRA TAB 20MG	Non Preferred	PA
DAYVIGO TAB 5MG	Non Preferred	PA
DAYVIGO TAB 10MG	Non Preferred	PA

SELECTIVE MELATONIN RECEPTOR AGONISTS

Drug Name	Drug Tier	Requirements/Limits
HETLIOZ CAP 20MG	Non Preferred	PA
ramelteon tab 8 mg (generic of ROZEREM)	Non Preferred	PA
ROZEREM TAB 8MG	Non Preferred	PA

LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

Drug Name	Drug Tier	Requirements/Limits
calcium polycarbophil tab 625 mg	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
KONSYL DAILY POW 28.3%	Preferred	OTC
KONSYL DAILY POW 100%	Preferred	OTC
KONSYL-D POW 52.3%	Preferred	OTC
methylcellulose tab 500 mg	Preferred	OTC
psyllium cap 0.52 gm	Preferred	OTC
psyllium powder 28.3%	Preferred	OTC
psyllium powder 30.9%	Preferred	OTC
psyllium powder 48.57%	Preferred	OTC
psyllium powder 58.6%	Preferred	OTC
qc natural pow vegetabl	Preferred	OTC
sb fib lax pow 33%	Preferred	OTC
wheat dextrin oral powder	Preferred	OTC
WHEAT DEXTRIN PACKET	Preferred	OTC

LAXATIVE COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	Preferred	QL (1 ea per day)
gavilyte-c sol	Preferred	QL (4000 mL per day)
gavilyte-g sol (generic of GOLYTELY)	Preferred	QL (4000 mL per day)
GOLYTELY SOL	Preferred	QL (1 ea per day)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	Preferred	QL (4000 mL per day)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (generic of PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM)	Preferred	QL (4000 mL per day)
sennosides-docusate sodium tab 8.6-50 mg	Preferred	OTC, QL (6 ea per day)

LAXATIVES - MISCELLANEOUS

Drug Name	Drug Tier	Requirements/Limits
constulose sol 10gm/15	Preferred	QL (180 mL per day)
glycerin suppos 1.2 gm	Preferred	OTC
glycerin suppos 2 gm	Preferred	OTC
glycerin suppos 2.1 gm	Preferred	OTC
glycerin suppos 80.7%	Preferred	OTC
lactulose solution 10 gm/15ml	Preferred	QL (180 mL per day)
polyethylene glycol 3350 oral powder	Preferred	OTC, QL (34 gm per day)

LUBRICANT LAXATIVES

Drug Name	Drug Tier	Requirements/Limits
mineral oil	Preferred	OTC
mineral oil enema	Preferred	OTC

SALINE LAXATIVES

Drug Name	Drug Tier	Requirements/Limits
magnesium citrate soln	Preferred	OTC
magnesium hydroxide susp 400 mg/5ml	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
milk of magn sus 2400mg	Preferred	OTC
sodium phosphates - enema	Preferred	OTC

STIMULANT LAXATIVES

Drug Name	Drug Tier	Requirements/Limits
bisacodyl suppos 10 mg	Preferred	OTC, QL (1 ea per day)
bisacodyl tab delayed release 5 mg	Preferred	OTC, QL (3 ea per day)
sennosides chew tab 15 mg	Preferred	OTC
sennosides syrup 8.8 mg/5ml	Preferred	OTC
sennosides tab 8.6 mg	Preferred	OTC, QL (2 ea per day)
sennosides tab 25 mg	Preferred	OTC

SURFACTANT LAXATIVES

Drug Name	Drug Tier	Requirements/Limits
BENZOCAINE-DOCUSATE SODIUM RECTAL ENEMA 20-283 MG	Preferred	OTC
docusate calcium cap 240 mg	Preferred	OTC, QL (2 ea per day)
docusate sodium cap 100 mg	Preferred	OTC, QL (6 ea per day)
docusate sodium cap 250 mg	Preferred	OTC, QL (6 ea per day)
docusate sodium liquid 150 mg/15ml	Preferred	OTC, QL (30 mL per day)
docusate sodium syrup 60 mg/15ml	Preferred	OTC, QL (30 mL per day)
docusate sodium tab 100 mg	Preferred	OTC, QL (6 ea per day)
PEDIA-LAX LIQ 50MG	Preferred	OTC, QL (30 mL per day)

MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

Drug Name	Drug Tier	Requirements/Limits
azithromycin for susp 100 mg/5ml (generic of ZITHROMAX)	Preferred	QL (20 mL per day)
azithromycin for susp 200 mg/5ml (generic of ZITHROMAX)	Preferred	QL (30 mL per day)
azithromycin powd pack for susp 1 gm	Preferred	QL (1 ea per day)
azithromycin tab 250 mg (generic of ZITHROMAX)	Preferred	
azithromycin tab 500 mg (generic of ZITHROMAX)	Preferred	
azithromycin tab 600 mg	Preferred	QL (1 ea per day)
ZITHROMAX POW 1GM PAK	Preferred	QL (1 ea per day)
ZITHROMAX SUS 100/5ML	Non Preferred	QL (20 mL per day), PA
ZITHROMAX SUS 200/5ML	Non Preferred	QL (30 mL per day), PA
ZITHROMAX TAB 250MG	Non Preferred	PA
ZITHROMAX TAB 500MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TAB TRI-PAK	Non Preferred	PA
ZITHROMAX TAB Z-PAK	Non Preferred	PA

CLARITHROMYCIN

Drug Name	Drug Tier	Requirements/Limits
clarithromycin for susp 125 mg/5ml	Preferred	
clarithromycin for susp 250 mg/5ml	Preferred	
clarithromycin tab 250 mg	Preferred	
clarithromycin tab 500 mg	Preferred	
clarithromycin tab er 24hr 500 mg (generic of BIAXIN XL)	Preferred	

ERYTHROMYCINS

Drug Name	Drug Tier	Requirements/Limits
e.e.s. 400 tab 400mg	Preferred	
E.E.S. GRAN SUS 200/5ML	Preferred	
ery-tab tab 250mg ec	Preferred	
ery-tab tab 333mg ec	Preferred	
ery-tab tab 500mg ec	Preferred	
ERYPED SUS 200/5ML	Preferred	
ERYPED SUS 400/5ML	Preferred	
erythrocin tab 250mg	Preferred	
erythromycin ethylsuccinate for susp 200 mg/5ml (generic of E.E.S. GRANULES)	Preferred	
erythromycin ethylsuccinate for susp 400 mg/5ml (generic of ERYPED 400)	Preferred	
erythromycin ethylsuccinate tab 400 mg	Preferred	
erythromycin tab 250 mg	Preferred	
erythromycin tab 500 mg	Preferred	
erythromycin tab delayed release 250 mg	Preferred	
erythromycin tab delayed release 333 mg	Preferred	
erythromycin tab delayed release 500 mg	Preferred	
erythromycin w/ delayed release particles cap 250 mg	Preferred	

FIDAXOMICIN

Drug Name	Drug Tier	Requirements/Limits
DIFICID TAB 200MG	Non Preferred	PA

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

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

Drug Name	Drug Tier	Requirements/Limits
CONDOMS - FEMALE	Preferred	OTC
CONDOMS - MALE	Preferred	OTC; QL (max quantity 12 per fill)

Drug Name	Drug Tier	Requirements/Limits
CONDOMS LATEX LUBRICATED	Preferred	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX NON-LUBRICATED	Preferred	OTC; QL (max quantity 12 per fill)
FEMCAP MIS 30MM	Preferred	

DIABETIC SUPPLIES

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHECK KIT GUIDE ME	Non Preferred	OTC, QL (1 ea / year), PA
ACCU-CHEK KIT AVA CONN	Non Preferred	OTC, QL (1 ea / year), PA
ACCU-CHEK KIT AVIVA PL	Non Preferred	OTC, QL (1 ea / year), PA
ACCU-CHEK KIT COMPACT	Non Preferred	OTC, PA
ACCU-CHEK KIT FASTCLIX	Preferred	OTC
ACCU-CHEK KIT GUIDE	Non Preferred	OTC, QL (1 ea / year), PA
ACCU-CHEK KIT MLTICLIX	Preferred	OTC
ACCU-CHEK KIT NANO	Non Preferred	OTC, QL (1 ea / year), PA
ACCU-CHEK KIT SOFTCLIX	Preferred	OTC
ACCU-CHEK MIS AVIVA	Non Preferred	OTC, PA
ADVANCE KIT INTUITIO	Non Preferred	OTC, QL (1 ea / year), PA
ADVANCE MIS INTUITIO	Non Preferred	OTC, PA
ADVANCE MIS MICRO-DW	Non Preferred	OTC, PA
ADVOCATE KIT	Non Preferred	OTC, QL (1 ea / year), PA
ADVOCATE KIT REDICODE	Non Preferred	OTC, QL (1 ea / year), PA
ADVOCATE KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
ADVOCATE MIS	Non Preferred	OTC, PA
ADVOCATE MIS REDICODE	Non Preferred	OTC, PA
ADVOCATE RED MIS	Non Preferred	OTC, PA
ADVOCATE+ MIS REDI-COD	Non Preferred	OTC, PA
AGAMA JAZZ KIT WRLSS 2	Non Preferred	OTC, QL (1 ea / year), PA

Drug Name	Drug Tier	Requirements/Limits
AGAMATRIX KIT PRESTO	Non Preferred	OTC, QL (1 ea / year), PA
AGAMATRIX MIS AMP	Non Preferred	OTC, PA
AGAMATRIX MIS PRESTO	Non Preferred	OTC, PA
ASSURE 3 KIT METER	Non Preferred	OTC, PA
ASSURE 4 MIS	Non Preferred	OTC, PA
ASSURE MIS PLATINUM	Non Preferred	OTC, PA
ASSURE PRISM MIS MULTI	Non Preferred	OTC, PA
ASSURE PRO MIS METER	Non Preferred	OTC, PA
AUTOCODE SYS KIT GLUCOSE	Non Preferred	OTC, QL (1 ea / year), PA
AUTOLET II KIT CLINISAF	Preferred	OTC
AUTOLET LITE KIT	Preferred	OTC
AUTOLET LITE KIT CLINISAF	Preferred	OTC
AUTOLET LITE KIT STARTER	Preferred	OTC
BD LATITUDE KIT	Non Preferred	OTC, QL (1 ea / year), PA
BD LATITUDE KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
BD LOGIC KIT MONITOR	Non Preferred	OTC, QL (1 ea / year), PA
BIOTEL CARE KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
BLOOD GLUC KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
BLOOD GLUC MIS METER	Non Preferred	OTC, PA
BLOOD GLUCOS KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
BLOOD GLUCOS KIT TRUETEST	Non Preferred	OTC, QL (1 ea / year), PA
CARESENS N MIS SYSTEM	Non Preferred	OTC, PA
CARESENS N MIS VOICE	Non Preferred	OTC, PA
CARETOUCH KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
CHOICE DM KIT RISK TST	Non Preferred	OTC, PA

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHEK KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
CLEVER CHEK MIS AUTO-CD	Non Preferred	OTC, PA
CLEVER CHEK MIS VOICE	Non Preferred	OTC, PA
CLEVER CHOIC KIT MICRO	Non Preferred	OTC, QL (1 ea / year), PA
CLEVR CHOICE MIS AUTO-CD	Non Preferred	OTC, PA
CLEVR CHOICE MIS MINI	Non Preferred	OTC, PA
CLEVR CHOICE MIS TALK	Non Preferred	OTC, PA
CONTOUR KIT LINK 2.4	Non Preferred	OTC, QL (1 ea / year), PA
CONTOUR KIT NEXT	Non Preferred	OTC, QL (1 ea / year), PA
CONTOUR KIT NEXT EZ	Non Preferred	OTC, QL (1 ea / year), PA
CONTOUR KIT NEXT LNK	Non Preferred	OTC, QL (1 ea / year), PA
CONTOUR MIS MONITOR	Non Preferred	OTC, PA
CONTOUR NEXT KIT ONE	Non Preferred	OTC, PA
COOL MIS MONITOR	Non Preferred	OTC, PA
COOL MONITOR KIT	Non Preferred	OTC, QL (1 ea / year), PA
CVS GLUCOSE KIT METER	Non Preferred	OTC, QL (1 ea / year), PA
D-CARE GLUCO KIT TEST STR	Non Preferred	QL (1 ea / year), PA
DEXCOM G5 MOBILE RECEIVER	Non Preferred	PA
DEXCOM G5 MOBILE TRANSMIT	Non Preferred	PA
DEXCOM G6 RECEIVER	Preferred	PA
DEXCOM G6 SENSOR	Preferred	PA
DEXCOM G6 TRANSMITTER	Preferred	PA
DIATHRIVE MIS METER	Non Preferred	OTC, PA
DIATRUE PLUS MIS MONITOR	Non Preferred	OTC, PA
EASY PLUS II MIS SYSTEM	Non Preferred	OTC, PA

Drug Name	Drug Tier	Requirements/Limits
EASY STEP MIS MONITOR	Non Preferred	OTC, PA
EASY TALK MIS SYSTEM	Non Preferred	OTC, PA
EASY TOUCH KIT METER	Non Preferred	OTC, QL (1 ea / year), PA
EASY TOUCH KIT MONITOR	Non Preferred	OTC, QL (1 ea / year), PA
EASY TOUNCH MIS GLUCOSE	Non Preferred	OTC, PA
EASY TRAK II MIS SYSTEM	Non Preferred	OTC, PA
EASY TRAK MIS SYSTEM	Non Preferred	OTC, PA
EASYGLUCO KIT	Non Preferred	OTC, PA
EASYGLUCO KIT STARTER	Non Preferred	OTC, PA
EASYMAX NG KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
EASYMAX NG MIS SYSTEM	Non Preferred	OTC, PA
EASYMAX V KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
EASYMAX V MIS SYSTEM	Non Preferred	OTC, PA
EASYPRO KIT MONITOR	Non Preferred	OTC, QL (1 ea / year), PA
EASYPRO PLUS KIT	Non Preferred	OTC, QL (1 ea / year), PA
ELEMENT AUTO KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
ELEMENT GLUC MIS SYSTEM	Non Preferred	OTC, PA
ELEMENT PLUS MIS METER	Non Preferred	OTC, PA
EMBRACE EVO KIT MONITOR	Non Preferred	OTC, QL (1 ea / year), PA
EMBRACE MIS	Non Preferred	OTC, PA
EMBRACE MIS GLUCOSE	Non Preferred	OTC, PA
EMBRACE PRO MIS	Non Preferred	OTC, PA
EMBRACE TALK KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
EMBRACE TALK MIS MONITOR	Non Preferred	OTC, PA

Drug Name	Drug Tier	Requirements/Limits
ENLITE GLUCO MIS SENSOR	Non Preferred	PA
EVENCAR MINI MIS MONITOR	Non Preferred	OTC, PA
EVENCARE G2 MIS MONITOR	Non Preferred	OTC, PA
EVENCARE G3 MIS MONITOR	Non Preferred	OTC, PA
EVENCARE SYS KIT BG MONIT	Non Preferred	OTC, PA
EVERSENSE MIS SENSOR	Non Preferred	PA
EVERSENSE MIS TRANSMTR	Non Preferred	PA
EVOLUTION MIS AUTOCODE	Non Preferred	OTC, PA
EZ SMART MIS	Non Preferred	OTC, PA
EZ SMART PLS MIS	Non Preferred	OTC, PA
FIFTY50 GLUC KIT METR 2.0	Non Preferred	OTC, QL (1 ea / year), PA
FORA G20 KIT	Non Preferred	OTC, QL (1 ea / year), PA
FORA G30A MIS	Non Preferred	OTC, PA
FORA GD20 MIS	Non Preferred	OTC, PA
FORA GD50 MIS MONITOR	Non Preferred	OTC, PA
FORA GTEL MIS MONITOR	Non Preferred	OTC, PA
FORA TEST N' MIS GO	Non Preferred	OTC, PA
FORA TN'G KIT VOICE	Non Preferred	OTC, QL (1 ea / year), PA
FORA V10 MIS	Non Preferred	OTC, PA
FORA V12 MIS	Non Preferred	OTC, PA
FORA V12 MIS NO CODE	Non Preferred	OTC, PA
FORA V20 MIS	Non Preferred	OTC, PA
FORA V30A KIT	Non Preferred	OTC, QL (1 ea / year), PA
FORA V30A MIS	Non Preferred	OTC, PA

Drug Name	Drug Tier	Requirements/Limits
FORACARE MIS GD40	Non Preferred	OTC, PA
FORACARE MIS TST N GO	Non Preferred	OTC, PA
FORTISCARE KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
FREESTYLE KIT FREEDOM	Non Preferred	OTC, QL (1 ea / year), PA
FREESTYLE KIT INSULINX	Non Preferred	OTC, QL (1 ea / year), PA
FREESTYLE KIT SIDEKICK	Non Preferred	OTC, QL (1 ea / year), PA
FREESTYLE KIT SYSTEM	Non Preferred	OTC, PA
FREESTYLE LIBRE READER	Non Preferred	PA
FREESTYLE LIBRE SENSOR	Non Preferred	PA
FREESTYLE MIS LITE	Non Preferred	OTC, PA
G4 PLAT PED MIS RVC/SHAR	Non Preferred	PA
G4 PLATINUM MIS PEDIATRC	Non Preferred	PA
G4 PLATINUM MIS RCV/SHAR	Non Preferred	PA
G4 PLATINUM MIS RECEIVER	Non Preferred	PA
G4 PLATINUM MIS TRANSMIT	Non Preferred	PA
G4 SENSOR MIS	Non Preferred	PA
G5/G4 MIS SENSOR	Non Preferred	PA
GE100 BLOOD MIS GLUCOSE	Non Preferred	OTC, PA
GE100 GLUCOS KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
GENTEEL LANC KIT BLUE	Preferred	OTC
GLUCO PERFEC MIS 3 METER	Non Preferred	OTC, PA
GLUCO PERFEC MIS 3/VOICE	Non Preferred	OTC, PA
GLUCOCARD 01 KIT MINI	Non Preferred	OTC, QL (1 ea / year), PA
GLUCOCARD 01 KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA

Drug Name	Drug Tier	Requirements/Limits
GLUCOCARD 01 MIS METER	Non Preferred	OTC, PA
GLUCOCARD KIT EXPRESSI	Non Preferred	OTC, QL (1 ea / year), PA
GLUCOCARD KIT SHINE	Non Preferred	OTC, QL (1 ea / year), PA
GLUCOCARD KIT SHNE CON	Non Preferred	OTC, QL (1 ea / year), PA
GLUCOCARD KIT SHNE EXP	Non Preferred	OTC, QL (1 ea / year), PA
GLUCOCARD KIT VITAL	Non Preferred	OTC, QL (1 ea / year), PA
GLUCOCARD KIT X-METER	Non Preferred	OTC, QL (1 ea / year), PA
GLUCOCARD MIS SHINE	Non Preferred	OTC, PA
GLUCOCARD MIS SHINE XL	Non Preferred	OTC, PA
GLUCOCOM KIT MONITOR	Non Preferred	OTC, QL (1 ea / year), PA
GLUCOCOM MIS MONITOR	Non Preferred	OTC, PA
GLUCONAVII KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
GUARDIAN CON MIS TRANSMIT	Non Preferred	PA
GUARDIAN MIS LINK 3	Non Preferred	PA
GUARDIAN MIS SENSOR 3	Non Preferred	PA
GUARDIAN MIS TRANSMTR	Non Preferred	PA
GUARDIAN RT KIT	Non Preferred	PA
GUARDIAN RT KIT STARTER	Non Preferred	PA
GUARDIAN RT KIT SYST PED	Non Preferred	PA
GUARDIAN RT KIT SYSTEM	Non Preferred	PA
GUARDIAN RT MIS REPL PED	Non Preferred	PA
GUARDIAN RT MIS REPLACE	Non Preferred	PA
HM EMBRACE KIT TALK	Non Preferred	OTC, QL (1 ea / year), PA
HW EMBRACE MIS PRO	Non Preferred	OTC, PA

Drug Name	Drug Tier	Requirements/Limits
HW EMBRACE MIS TALK	Non Preferred	OTC, PA
HYPOLANCE KIT LANCING	Preferred	OTC
IBG STAR KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
IGLUCOSE KIT	Non Preferred	OTC, QL (1 ea / year), PA
IN TOUCH MIS	Non Preferred	OTC, PA
INFINITY KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
INFINITY KIT VOICE	Non Preferred	OTC, QL (1 ea / year), PA
KROGER BGM KIT	Non Preferred	OTC, QL (1 ea / year), PA
KROGER BGM KIT PREMIUM	Non Preferred	OTC, QL (1 ea / year), PA
KROGER BGM KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
LANCETS	Preferred	OTC
LIBERTY NEXT MIS MONITOR	Non Preferred	OTC, PA
MEIJER BGM KIT ESSENTIA	Non Preferred	OTC, QL (1 ea / year), PA
MEIJER BGM KIT PREMIUM	Non Preferred	OTC, QL (1 ea / year), PA
MEIJER GLUCO KIT MONITOR	Non Preferred	OTC, QL (1 ea / year), PA
MICRODOT KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
MINIMED MIS SENSOR	Non Preferred	PA
MULTI-LANCET KIT DEVICE	Preferred	OTC
MYGLUCOHEALT KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
NOVA MAX KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
NOVA MAX MIS SYSTEM	Non Preferred	OTC, PA
OMNIPOD KIT STARTER	Preferred	PA
OMNIPOD MIS 5 PACK	Preferred	PA
ON CALL EXPR KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
ON CALL EXPR MIS METER	Non Preferred	OTC, PA
ON CALL PLUS KIT METER	Non Preferred	OTC, QL (1 ea / year), PA

Drug Name	Drug Tier	Requirements/Limits
ON CALL PLUS KIT MONITOR	Non Preferred	OTC, QL (1 ea / year), PA
ON CALL PLUS MIS METER	Non Preferred	OTC, PA
ON CALL VIVD KIT METER	Non Preferred	OTC, QL (1 ea / year), PA
ON CALL VIVD KIT MONITOR	Non Preferred	OTC, QL (1 ea / year), PA
ON CALL VIVD MIS METER	Non Preferred	OTC, PA
ONE TOUCH KIT VERIO FL	Preferred	OTC, QL (1 ea / year)
ONETOUCH KIT ULT MINI	Preferred	OTC, QL (1 ea / year)
ONETOUCH KIT ULTRA 2	Preferred	OTC, QL (1 ea / year)
ONETOUCH KIT ULTRALNK	Non Preferred	OTC, QL (1 ea / year), PA
ONETOUCH KIT VERIO	Preferred	OTC, QL (1 ea / year)
ONETOUCH KIT VERIO FL	Preferred	OTC, QL (1 ea / year)
ONETOUCH KIT VERIO IQ	Preferred	OTC, QL (1 ea / year)
ONETOUCH KIT VERIO RE	Preferred	OTC, QL (1 ea / year)
ONETOUCH VER KIT SYNC	Non Preferred	OTC, QL (1 ea / year), PA
OPTIUM KIT BL GLUC	Non Preferred	OTC, QL (1 ea / year), PA
OPTIUM MIS SYSTEM	Non Preferred	OTC, PA
OPTUMRX KIT METER	Non Preferred	OTC, QL (1 ea / year), PA
OPTUMRX KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
PARADIGM KIT LINK	Non Preferred	QL (1 ea / year), PA
PENLET II KIT BLOOD	Preferred	OTC
PHARM CHOICE MIS MINI	Non Preferred	OTC, PA
POCKETCHEM KIT EZ	Non Preferred	OTC, QL (1 ea / year), PA
PREC NEO SYS KIT FREESTYL	Non Preferred	OTC, QL (1 ea / year), PA
PRECISION KIT LINK	Non Preferred	OTC, QL (1 ea / year), PA
PRECISION KIT XTRA	Non Preferred	OTC, PA
PRECISION KIT XTRA	Non Preferred	OTC, QL (1 ea / year), PA
PRECISION MIS QID	Non Preferred	OTC, PA

Drug Name	Drug Tier	Requirements/Limits
PRECISION MIS SOF-TACT	Non Preferred	OTC, PA
PRECISION MIS XTRA	Non Preferred	OTC, PA
PREM V10 BLE MIS GLUC SYS	Non Preferred	OTC, PA
PREMIUM V10 MIS METER	Non Preferred	OTC, PA
PRO VOICE V8 MIS SYSTEM	Non Preferred	OTC, PA
PRO VOICE V9 MIS SYSTEM	Non Preferred	OTC, PA
PRODIGY AUTO KIT MONITOR	Non Preferred	OTC, QL (1 ea / year), PA
PRODIGY AUTO MIS SYSTEM	Non Preferred	OTC, PA
PRODIGY KIT NO CODIN	Non Preferred	OTC, QL (1 ea / year), PA
PRODIGY PCKT KIT METER	Non Preferred	OTC, QL (1 ea / year), PA
PRODIGY VOIC KIT METER	Non Preferred	OTC, QL (1 ea / year), PA
QUICKTEK KIT	Non Preferred	OTC, PA
QUICKTEK KIT	Non Preferred	OTC, QL (1 ea / year), PA
QUINTET AC MIS SYSTEM	Non Preferred	OTC, PA
QUINTET MIS SYSTEM	Non Preferred	OTC, PA
RA GLUCOSE MIS MONITOR	Non Preferred	OTC, PA
RA TRUE2GO KIT	Non Preferred	OTC, QL (1 ea / year), PA
REAL-TIME KIT	Non Preferred	PA
REDICODE+ KIT ADVOCATE	Non Preferred	OTC, QL (1 ea / year), PA
REFUAH PLUS KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
RELION ALL- MIS IN-ONE	Non Preferred	OTC, PA
RELION KIT LANCING	Preferred	OTC
RELION KIT MONITOR	Non Preferred	OTC, QL (1 ea / year), PA
RELION MICRO KIT	Non Preferred	OTC, QL (1 ea / year), PA

Drug Name	Drug Tier	Requirements/Limits
RELION PREMI KIT COMP SYS	Non Preferred	OTC, QL (1 ea / year), PA
RELION PREMI MIS MONITOR	Non Preferred	OTC, PA
RELION PRIME MIS MONITOR	Non Preferred	OTC, PA
RELION ULTIM KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
REVEAL KIT MONITOR	Non Preferred	OTC, QL (1 ea / year), PA
RIGHTEST SYS KIT GM100	Non Preferred	OTC, QL (1 ea / year), PA
RIGHTEST SYS KIT GM300	Non Preferred	OTC, QL (1 ea / year), PA
RIGHTEST SYS KIT GM550	Non Preferred	OTC, QL (1 ea / year), PA
SELECT-LITE KIT DEV/LANC	Preferred	OTC
SMART SENSE KIT GLUC SYS	Non Preferred	OTC, QL (1 ea / year), PA
SMARTEST KIT EJECT	Non Preferred	OTC, QL (1 ea / year), PA
SMARTEST KIT PERSONA	Non Preferred	OTC, QL (1 ea / year), PA
SMARTEST KIT PRONTO	Non Preferred	OTC, QL (1 ea / year), PA
SMARTEST KIT PROTEGE	Non Preferred	OTC, QL (1 ea / year), PA
SMARTEST MIS EJECT	Non Preferred	OTC, PA
SMARTEST MIS PROTEGE	Non Preferred	OTC, PA
SOF-SENSOR MIS	Non Preferred	PA
SOLUS V2 KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
SOLUS V2 MIS AUDIBLE	Non Preferred	OTC, PA
SURE EDGE MIS	Non Preferred	OTC, PA
SURE-TEST MIS EASYPLUS	Non Preferred	OTC, PA
SURECHEK KIT	Non Preferred	OTC, QL (1 ea / year), PA
SURECHEK MIS	Non Preferred	OTC, PA
TELCARE KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA

Drug Name	Drug Tier	Requirements/Limits
TRUE2GO KIT MONITOR	Non Preferred	OTC, QL (1 ea / year), PA
TRUE FOCUS MIS METER	Non Preferred	OTC, PA
TRUE METRIX KIT AIR	Non Preferred	OTC, QL (1 ea / year), PA
TRUE METRIX KIT METER	Non Preferred	OTC, QL (1 ea / year), PA
TRUE METRIX MIS	Non Preferred	OTC, PA
TRUE METRIX MIS AIR	Non Preferred	OTC, PA
TRUERESULT KIT MONITOR	Non Preferred	OTC, QL (1 ea / year), PA
TRUERESULT KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
TRUETRACK KIT MONITOR	Non Preferred	OTC, QL (1 ea / year), PA
TRUETRACK KIT SYSTEM	Non Preferred	OTC, QL (1 ea / year), PA
TRUETRACK MIS BLD GLC	Non Preferred	OTC, PA
ULTIMA KIT MONITOR	Non Preferred	OTC, PA
ULTRA TRAK KIT PRO SYS	Non Preferred	OTC, QL (1 ea / year), PA
ULTRATRAK MIS ACTIVE	Non Preferred	OTC, PA
ULTRATRAK MIS MONITOR	Non Preferred	OTC, PA
ULTRATRAK MIS PRO	Non Preferred	OTC, PA
V10/V12/D10/ KIT D20/FORA	Non Preferred	OTC, PA
V-GO 20 KIT	Non Preferred	PA
V-GO 30 KIT	Non Preferred	PA
V-GO 40 KIT	Non Preferred	PA
VERASENS KIT	Non Preferred	OTC, QL (1 ea / year), PA
VERASENS MIS METER	Non Preferred	OTC, PA
VICTORY MIS SYSTEM	Non Preferred	OTC, PA
VIVAGUARD MIS INO	Non Preferred	OTC, PA

Drug Name	Drug Tier	Requirements/Limits
VIVID PAL KIT METER	Non Preferred	OTC, QL (1 ea / year), PA
VIVID PAL MIS METER	Non Preferred	OTC, PA
VOCAL POINT MIS SYSTEM	Non Preferred	OTC, PA
WAVESENSE KIT AMP	Non Preferred	OTC, QL (1 ea / year), PA

MISC. DEVICES

Drug Name	Drug Tier	Requirements/Limits
ALCOH-WIPE MIS 12"X12"	Preferred	QL (8 ea per day)
ALCOHOL SWABS	Preferred	OTC, QL (8 ea per day)

PARENTERAL THERAPY SUPPLIES

Drug Name	Drug Tier	Requirements/Limits
BD U-500 MIS 31GX6MM	Preferred	QL (5 ea per day)
INSULIN SYRG MIS 0.3/29G	Preferred	OTC, QL (8 ea per day); TECHLITE
INSULIN SYRG MIS 0.3/29G	Preferred	OTC, QL (8 ea per day); TRUEPLUS
INSULIN SYRG MIS 0.3/30G	Preferred	OTC, QL (8 ea per day); TECHLITE
INSULIN SYRG MIS 0.3/30G	Preferred	OTC, QL (8 ea per day); TRUEPLUS
INSULIN SYRG MIS 0.3/31G	Preferred	OTC, QL (8 ea per day); TECHLITE
INSULIN SYRG MIS 0.3/31G	Preferred	OTC, QL (8 ea per day); TRUEPLUS
INSULIN SYRG MIS 0.5/28G	Preferred	OTC, QL (8 ea per day); TRUEPLUS
INSULIN SYRG MIS 0.5/29G	Preferred	OTC, QL (8 ea per day); TECHLITE
INSULIN SYRG MIS 0.5/29G	Preferred	OTC, QL (8 ea per day); TRUEPLUS
INSULIN SYRG MIS 0.5/30G	Preferred	OTC, QL (8 ea per day); TECHLITE
INSULIN SYRG MIS 0.5/30G	Preferred	OTC, QL (8 ea per day); TRUEPLUS
INSULIN SYRG MIS 0.5/31G	Preferred	OTC, QL (8 ea per day); TECHLITE
INSULIN SYRG MIS 0.5/31G	Preferred	OTC, QL (8 ea per day); TRUEPLUS
INSULIN SYRG MIS 1ML/28G	Preferred	OTC, QL (8 ea per day); TRUEPLUS
INSULIN SYRG MIS 1ML/29G	Preferred	OTC, QL (8 ea per day); TECHLITE
INSULIN SYRG MIS 1ML/29G	Preferred	OTC, QL (8 ea per day); TRUEPLUS

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 1ML/30G	Preferred	OTC, QL (8 ea per day); TECHLITE
INSULIN SYRG MIS 1ML/30G	Preferred	OTC, QL (8 ea per day); TRUEPLUS
INSULIN SYRG MIS 1ML/31G	Preferred	OTC, QL (8 ea per day); TECHLITE
INSULIN SYRG MIS 1ML/31G	Preferred	OTC, QL (8 ea per day); TRUEPLUS
10ML LL SYRN MIS 22GX1"	Preferred	OTC
5ML LL SYRNG MIS 21GX1"	Preferred	OTC
3ML LL SYRNG MIS 25GX5/8"	Preferred	
3ML LL SYRNG MIS 25GX5/8"	Preferred	OTC
3ML LUER LOC MIS 25GX5/8"	Preferred	OTC
NEEDLE (DISP) 18 X 1-1/2"	Preferred	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	Preferred	
PEN NEEDLES MIS 29GX10MM	Preferred	OTC, QL (8 ea per day); TECHLITE
PEN NEEDLES MIS 29GX12.7	Preferred	QL (8 ea per day); TRUEPLUS
PEN NEEDLES MIS 29GX12MM	Preferred	OTC, QL (8 ea per day); TECHLITE
PEN NEEDLES MIS 31GX5MM	Preferred	QL (8 ea per day); TRUEPLUS
PEN NEEDLES MIS 31GX5MM	Preferred	OTC, QL (8 ea per day); TECHLITE
PEN NEEDLES MIS 31GX6MM	Preferred	QL (8 ea per day); TRUEPLUS
PEN NEEDLES MIS 31GX6MM	Preferred	OTC, QL (8 ea per day); TECHLITE
PEN NEEDLES MIS 31GX8MM	Preferred	QL (8 ea per day); TRUEPLUS
PEN NEEDLES MIS 31GX8MM	Preferred	OTC, QL (8 ea per day); TECHLITE
PEN NEEDLES MIS 32GX4MM	Preferred	QL (8 ea per day); TRUEPLUS
PEN NEEDLES MIS 32GX4MM	Preferred	OTC, QL (8 ea per day); TECHLITE
PEN NEEDLES MIS 32GX6MM	Preferred	OTC, QL (8 ea per day); TECHLITE
PEN NEEDLES MIS 32GX8MM	Preferred	OTC, QL (8 ea per day); TECHLITE
SHARP CONTAI MIS	Preferred	
SHARPS CONT MIS 14QT	Preferred	
SHARPS CONTAINER - MISC	Preferred	OTC
SYRINGE (DISPOSABLE) 3 ML	Preferred	OTC
SYRINGE (DISPOSABLE) 3 ML - RX	Preferred	
5ML SYRINGE MIS 21GX1"	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
10ML SYRINGE MIS 22GX1"	Preferred	OTC
3ML SYRINGE MIS 25GX5/8"	Preferred	
3ML SYRINGE MIS 25GX5/8"	Preferred	OTC
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	Preferred	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1"	Preferred	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX	Preferred	
5ML SYRINGES MIS 21GX1"	Preferred	OTC
1.5 ML SYRNG MIS 22X1-1/2	Preferred	OTC

RESPIRATORY THERAPY SUPPLIES

Drug Name	Drug Tier	Requirements/Limits
ADULT MASK MIS	Preferred	
AEROBIKA MIS	Preferred	
BREATHERITE MIS MDI CHMB	Preferred	
CO MONITOR MIS	Preferred	
IN-CHK DIAL MIS TRAINER	Preferred	
IN-CHK FLOW MIS METER	Preferred	
MISTASSIST MIS	Preferred	
NEBULIZER MIS CUP/TUBI	Preferred	OTC
OBBRA TABLE MIS COMPRESS	Preferred	
ONE FLOW MIS SPIROMTR	Preferred	
PARI MANUAL MIS INTERRUP	Preferred	
PARI TREK S KIT COMBO	Preferred	
PEAK FLOW METER	Preferred	OTC
PFT FILTER MIS 1000	Preferred	
PFT FILTER MIS 2000	Preferred	
PFT FILTER MIS 3000	Preferred	
PFT FILTER MIS 4000	Preferred	
PFT FILTER MIS 5000	Preferred	
PFT FILTER MIS 6000	Preferred	
PFT FILTER MIS 7000	Preferred	
PRIMEAIRE MIS CHAMBER	Preferred	
PULMONEB LT MIS NEBULIZE	Preferred	
QUAKE MIS	Preferred	
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	Preferred	OTC, QL (1 ea / year)
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)- RX	Preferred	QL (1 ea / year)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Preferred	OTC, QL (1 ea / year)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	Preferred	QL (1 ea / year)
SPIRO PD MIS	Preferred	
THRESHOLD MIS PEP	Preferred	
VORTEX/MASK MIS CHILDS	Preferred	

Drug Name	Drug Tier	Requirements/Limits
VORTEX/MASK MIS TODDLER	Preferred	

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

Drug Name	Drug Tier	Requirements/Limits
AIMOVIG INJ 70MG/ML	Preferred	PA
AIMOVIG INJ 140MG/ML	Preferred	PA
AJOVY INJ 225/1.5	Non Preferred	PA
EMGALITY INJ 100MG/ML	Non Preferred	PA
EMGALITY INJ 120MG/ML	Non Preferred	PA
NURTEC TAB 75MG ODT	Non Preferred	PA
UBRELVY TAB 50MG	Non Preferred	PA
UBRELVY TAB 100MG	Non Preferred	PA
VYEPTI INJ 100MG/ML	Non Preferred	PA

MIGRAINE COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
CAFERGOT TAB 1-100MG	Non Preferred	PA
sumatriptan-naproxen sodium tab 85-500 mg (generic of TREXIMET)	Non Preferred	PA
TREXIMET TAB 85-500MG	Non Preferred	PA

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

Drug Name	Drug Tier	Requirements/Limits
dihydroergotamine mesylate nasal spray 4 mg/ml (generic of MIGRANAL)	Non Preferred	PA
ERGOMAR SUB 2MG	Non Preferred	PA
MIGRANAL SPR 4MG/ML	Non Preferred	PA

MIGRAINE PRODUCTS - NSAIDS

Drug Name	Drug Tier	Requirements/Limits
CAMBIA POW 50MG	Non Preferred	PA

SEROTONIN AGONISTS

Drug Name	Drug Tier	Requirements/Limits
almotriptan malate tab 6.25 mg	Non Preferred	PA
almotriptan malate tab 12.5 mg	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
AMERGE TAB 1MG	Non Preferred	QL (9 ea / 25 days), PA
AMERGE TAB 2.5MG	Non Preferred	QL (9 ea / 25 days), PA
eletriptan hydrobromide tab 20 mg (base equivalent) (generic of RELPAX)	Non Preferred	PA
eletriptan hydrobromide tab 40 mg (base equivalent) (generic of RELPAX)	Non Preferred	PA
FROVA TAB 2.5MG	Non Preferred	PA
frovatriptan succinate tab 2.5 mg (base equivalent) (generic of FROVA)	Non Preferred	PA
IMITREX INJ 4MG/0.5	Non Preferred	PA
IMITREX INJ 6MG/0.5	Non Preferred	PA
IMITREX INJ 6MG/0.5	Non Preferred	QL (4 mL / 25 days), PA
IMITREX SPR 5MG/ACT	Non Preferred	QL (6 ea / 20 days), PA
IMITREX SPR 20MG/ACT	Non Preferred	QL (6 ea / 20 days), PA
IMITREX TAB 25MG	Non Preferred	QL (9 ea / 25 days), PA
IMITREX TAB 50MG	Non Preferred	QL (9 ea / 25 days), PA
IMITREX TAB 100MG	Non Preferred	QL (9 ea / 25 days), PA
MAXALT TAB 10MG	Non Preferred	QL (12 ea / 25 days), PA
MAXALT-MLT TAB 10MG	Non Preferred	QL (12 ea / 25 days), PA
naratriptan hcl tab 1 mg (base equiv) (generic of AMERGE)	Non Preferred	QL (9 ea / 25 days), PA
naratriptan hcl tab 2.5 mg (base equiv) (generic of AMERGE)	Non Preferred	QL (9 ea / 25 days), PA
ONZETRA XSAI MIS 11MG	Non Preferred	PA
RELPAX TAB 20MG	Non Preferred	PA
RELPAX TAB 40MG	Non Preferred	PA
REYVOW TAB 50MG	Non Preferred	PA
REYVOW TAB 100MG	Non Preferred	PA
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	Preferred	QL (12 ea / 25 days)

Drug Name	Drug Tier	Requirements/Limits
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (generic of MAXALT-MLT)	Preferred	QL (12 ea / 25 days)
rizatriptan benzoate tab 5 mg (base equivalent)	Preferred	QL (12 ea / 25 days)
rizatriptan benzoate tab 10 mg (base equivalent) (generic of MAXALT)	Preferred	QL (12 ea / 25 days)
sumatriptan nasal spray 5 mg/act (generic of IMITREX)	Preferred	QL (6 ea / 20 days)
sumatriptan nasal spray 20 mg/act (generic of IMITREX)	Preferred	QL (6 ea / 20 days)
sumatriptan succinate inj 6 mg/0.5ml (generic of IMITREX)	Preferred	QL (4 mL / 25 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml (generic of IMITREX STATDOSE SYSTEM)	Preferred	
sumatriptan succinate solution auto-injector 6 mg/0.5ml (generic of IMITREX STATDOSE SYSTEM)	Preferred	
sumatriptan succinate solution cartridge 4 mg/0.5ml (generic of IMITREX STATDOSE REFILL)	Preferred	
sumatriptan succinate solution cartridge 6 mg/0.5ml (generic of IMITREX STATDOSE REFILL)	Preferred	
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	Preferred	
sumatriptan succinate tab 25 mg (generic of IMITREX)	Preferred	QL (9 ea / 25 days)
sumatriptan succinate tab 50 mg (generic of IMITREX)	Preferred	QL (9 ea / 25 days)
sumatriptan succinate tab 100 mg (generic of IMITREX)	Preferred	QL (9 ea / 25 days)
TOSYMRA SOL 10MG	Non Preferred	PA
ZEMBRACE SYM INJ 3/0.5ML	Non Preferred	PA
zolmitriptan orally disintegrating tab 2.5 mg (generic of ZOMIG ZMT)	Non Preferred	PA
zolmitriptan orally disintegrating tab 5 mg (generic of ZOMIG ZMT)	Non Preferred	PA
zolmitriptan tab 2.5 mg (generic of ZOMIG)	Non Preferred	PA
zolmitriptan tab 5 mg (generic of ZOMIG)	Non Preferred	PA
ZOMIG SPR 2.5MG	Non Preferred	PA
ZOMIG SPR 5MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ZOMIG TAB 2.5MG	Non Preferred	PA
ZOMIG TAB 5MG	Non Preferred	PA
ZOMIG ZMT TAB 2.5 MG	Non Preferred	PA
ZOMIG ZMT TAB 5MG ODT	Non Preferred	PA

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

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

Drug Name	Drug Tier	Requirements/Limits
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)	Preferred	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)	Preferred	OTC
calcium-magnesium-zinc tab 333-133-5 mg	Preferred	OTC
oys shell+d tab 250-125	Preferred	OTC
oyster shell calcium tab 500 mg	Preferred	OTC
RISACAL-D TAB	Preferred	OTC

ELECTROLYTE MIXTURES

Drug Name	Drug Tier	Requirements/Limits
oral electrolyte solution	Preferred	OTC

FLUORIDE

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	Preferred	QL (1 ea per day)
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	Preferred	QL (1 ea per day)
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	Preferred	QL (1 ea per day)
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	Preferred	QL (1.67 mL per day)

MAGNESIUM

Drug Name	Drug Tier	Requirements/Limits
magnesium gluconate tab 500 mg (27 mg elemental mg)	Preferred	OTC
magnesium oxide tab 400 mg (240 mg elemental mg)	Preferred	OTC
magnesium oxide tab 400 mg (241.3 mg elemental mg)	Preferred	OTC
magnesium oxide tab 500 mg (mg supplement)	Preferred	OTC
magnesium tab 250 mg	Preferred	OTC

PHOSPHATE

Drug Name	Drug Tier	Requirements/Limits
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	Preferred	QL (4 ea per day)

POTASSIUM

Drug Name	Drug Tier	Requirements/Limits
klor-con 8 tab 8meq er	Preferred	QL (4 ea per day)
klor-con 10 tab 10meq er	Preferred	QL (4 ea per day)
klor-con spr cap 8meq	Preferred	QL (4 ea per day)
klor-con spr cap 10meq	Preferred	QL (4 ea per day)
potassium bicarbonate effer tab 25 meq	Preferred	QL (2 ea per day)
potassium chloride cap er 8 meq	Preferred	QL (4 ea per day)
potassium chloride cap er 10 meq	Preferred	QL (4 ea per day)

Drug Name	Drug Tier	Requirements/Limits
potassium chloride microencapsulated crys er tab 10 meq	Preferred	QL (4 ea per day)
potassium chloride microencapsulated crys er tab 20 meq	Preferred	QL (5 ea per day)
potassium chloride oral soln 10% (20 meq/15ml)	Preferred	
potassium chloride oral soln 20% (40 meq/15ml)	Preferred	
potassium chloride tab er 8 meq (600 mg)	Preferred	QL (4 ea per day)
potassium chloride tab er 10 meq	Preferred	QL (4 ea per day)
potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)	Preferred	QL (5 ea per day)

SODIUM

Drug Name	Drug Tier	Requirements/Limits
sodium chloride tab 1 gm	Preferred	OTC

ZINC

Drug Name	Drug Tier	Requirements/Limits
zinc sulfate cap 220 mg (50 mg elemental zn)	Preferred	OTC

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

Drug Name	Drug Tier	Requirements/Limits
clovique cap 250mg (generic of SYPRINE)	Preferred	
CUPRIMINE CAP 250MG	Non Preferred	PA
DEPEN TITRA TAB 250MG	Preferred	
penicillamine cap 250 mg (generic of CUPRIMINE)	Preferred	
penicillamine tab 250 mg (generic of DEPEN TITRATABS)	Preferred	
SYPRINE CAP 250MG	Non Preferred	PA
trientine hcl cap 250 mg (generic of SYPRINE)	Preferred	

IMMUNOMODULATORS

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 2.5MG	Non Preferred	SP, PA
REVLIMID CAP 5MG	Non Preferred	SP, QL (1 ea per day), PA
REVLIMID CAP 10MG	Non Preferred	SP, QL (1 ea per day), PA
REVLIMID CAP 15MG	Non Preferred	SP, QL (1 ea per day), PA
REVLIMID CAP 20MG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 25MG	Non Preferred	SP, QL (1 ea per day), PA
THALOMID CAP 50MG	Non Preferred	SP, PA
THALOMID CAP 100MG	Non Preferred	SP, PA
THALOMID CAP 150MG	Non Preferred	SP, PA
THALOMID CAP 200MG	Non Preferred	SP, PA

IMMUNOSUPPRESSIVE AGENTS

Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CAP 0.5MG	Non Preferred	PA
ASTAGRAF XL CAP 1MG	Non Preferred	PA
ASTAGRAF XL CAP 5MG	Non Preferred	PA
AZASAN TAB 75 MG	Non Preferred	PA
AZASAN TAB 100MG	Non Preferred	PA
azathioprine tab 50 mg (generic of IMURAN)	Preferred	QL (8 ea per day)
CELLCEPT CAP 250MG	Non Preferred	QL (12 ea per day), PA
CELLCEPT SUS 200MG/ML	Non Preferred	PA
CELLCEPT TAB 500MG	Non Preferred	QL (8 ea per day), PA
cyclosporine cap 25 mg (generic of SANDIMMUNE)	Preferred	QL (16 ea per day)
cyclosporine cap 100 mg (generic of SANDIMMUNE)	Preferred	QL (5 ea per day)
cyclosporine modified cap 25 mg (generic of NEORAL)	Preferred	QL (15 ea per day)
cyclosporine modified cap 50 mg	Preferred	QL (15 ea per day)
cyclosporine modified cap 100 mg (generic of NEORAL)	Preferred	QL (10 ea per day)
cyclosporine modified oral soln 100 mg/ml (generic of NEORAL)	Preferred	QL (10 mL per day)
ENVARSUS XR TAB 0.75MG	Non Preferred	PA
ENVARSUS XR TAB 1MG	Non Preferred	PA
ENVARSUS XR TAB 4MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
everolimus tab 0.5 mg (generic of ZORTRESS)	Non Preferred	PA
everolimus tab 0.25 mg (generic of ZORTRESS)	Non Preferred	PA
everolimus tab 0.75 mg (generic of ZORTRESS)	Non Preferred	PA
gengraf cap 25mg (generic of NEORAL)	Preferred	QL (15 ea per day)
gengraf cap 100mg (generic of NEORAL)	Preferred	QL (10 ea per day)
gengraf sol 100mg/ml (generic of NEORAL)	Preferred	QL (10 mL per day)
IMURAN TAB 50MG	Non Preferred	QL (8 ea per day), PA
mycophenolate mofetil cap 250 mg (generic of CELLCEPT)	Preferred	QL (12 ea per day)
mycophenolate mofetil for oral susp 200 mg/ml (generic of CELLCEPT)	Preferred	
mycophenolate mofetil tab 500 mg (generic of CELLCEPT)	Preferred	QL (8 ea per day)
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (generic of MYFORTIC)	Preferred	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (generic of MYFORTIC)	Preferred	
MYFORTIC TAB 180MG	Non Preferred	PA
MYFORTIC TAB 360MG	Non Preferred	PA
NEORAL CAP 25MG	Non Preferred	QL (15 ea per day), PA
NEORAL CAP 100MG	Non Preferred	QL (10 ea per day), PA
NEORAL SOL 100MG/ML	Non Preferred	QL (10 mL per day), PA
PROGRAF CAP 0.5MG	Non Preferred	QL (2 ea per day), PA
PROGRAF CAP 1MG	Non Preferred	QL (14 ea per day), PA
PROGRAF CAP 5MG	Non Preferred	PA
PROGRAF GRA 0.2MG	Non Preferred	PA
PROGRAF GRA 1MG	Non Preferred	PA
RAPAMUNE SOL 1MG/ML	Non Preferred	PA
RAPAMUNE TAB 0.5MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE TAB 1MG	Non Preferred	PA
RAPAMUNE TAB 2MG	Non Preferred	PA
SANDIMMUNE CAP 25MG	Non Preferred	QL (16 ea per day), PA
SANDIMMUNE CAP 100MG	Non Preferred	QL (5 ea per day), PA
SANDIMMUNE SOL 100MG/ML	Preferred	
sirolimus oral soln 1 mg/ml (generic of RAPAMUNE)	Preferred	
sirolimus tab 0.5 mg (generic of RAPAMUNE)	Preferred	
sirolimus tab 1 mg (generic of RAPAMUNE)	Preferred	
sirolimus tab 2 mg (generic of RAPAMUNE)	Preferred	
tacrolimus cap 0.5 mg (generic of PROGRAF)	Preferred	QL (2 ea per day)
tacrolimus cap 1 mg (generic of PROGRAF)	Preferred	QL (14 ea per day)
tacrolimus cap 5 mg (generic of PROGRAF)	Preferred	
ZORTRESS TAB 0.5MG	Non Preferred	PA
ZORTRESS TAB 0.25MG	Non Preferred	PA
ZORTRESS TAB 0.75MG	Non Preferred	PA
ZORTRESS TAB 1MG	Non Preferred	PA

POTASSIUM REMOVING AGENTS

Drug Name	Drug Tier	Requirements/Limits
kionex sus 15gm/60	Preferred	
LOKELMA PAK 5GM	Non Preferred	PA
LOKELMA PAK 10GM	Non Preferred	PA
sodium polystyrene sulfonate oral susp 15 gm/60ml	Preferred	
sodium polystyrene sulfonate powder	Preferred	
sps sus 15gm/60	Preferred	
VELTASSA POW 8.4GM	Non Preferred	PA
VELTASSA POW 16.8GM	Non Preferred	PA
VELTASSA POW 25.2GM	Non Preferred	PA

SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

Drug Name	Drug Tier	Requirements/Limits

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA INJ 200MG/ML	Non Preferred	SP, PA

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

ANESTHETICS TOPICAL ORAL

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl laryngotracheal soln 4%	Preferred	
lidocaine hcl viscous soln 2%	Preferred	

ANTI-INFECTIVES - THROAT

Drug Name	Drug Tier	Requirements/Limits
clotrimazole troche 10 mg	Preferred	QL (5 ea per day)
nystatin susp 100000 unit/ml	Preferred	QL (120 mL per day)
ORAVIG TAB 50MG	Non Preferred	PA

ANTISEPTICS - MOUTH/THROAT

Drug Name	Drug Tier	Requirements/Limits
chlorhexidine gluconate soln 0.12% (generic of CHLORHEXIDINE GLUCONATE SOLN 0.12%)	Preferred	

DENTAL PRODUCTS

Drug Name	Drug Tier	Requirements/Limits
denta 5000 cre plus	Non Preferred	PA
denta 5000 cre plus 2pk	Non Preferred	PA
dentagel gel 1.1%	Non Preferred	PA
sf 5000 plus cre 1.1%	Non Preferred	PA
sf gel 1.1%	Non Preferred	PA
sodium fluor cre 5000 pls	Non Preferred	PA
sodium fluor cre 5000 ppm	Non Preferred	PA
sodium fluoride gel 1.1% (0.5% f)	Non Preferred	PA

STEROIDS - MOUTH/THROAT/DENTAL

Drug Name	Drug Tier	Requirements/Limits
oralone dent pst 0.1%	Preferred	
triamcinolone acetonide dental paste 0.1%	Preferred	

THROAT PRODUCTS - MISC.

Drug Name	Drug Tier	Requirements/Limits
cevimeline hcl cap 30 mg (generic of EVOXAC)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
EVOXAC CAP 30MG	Non Preferred	PA
GELX GEL	Non Preferred	PA
pilocarpine hcl tab 5 mg (generic of SALAGEN)	Preferred	
pilocarpine hcl tab 7.5 mg (generic of SALAGEN)	Preferred	

MULTIVITAMINS - DRUGS FOR NUTRITION

B-COMPLEX W/ FOLIC ACID

Drug Name	Drug Tier	Requirements/Limits
b-complex w/ c & folic acid tab 0.8 mg	Preferred	OTC
b-complex w/ c & folic acid tab 1 mg	Preferred	OTC
WEST-VITE TAB W/FA	Preferred	OTC

MULTIPLE VITAMINS W/ IRON

Drug Name	Drug Tier	Requirements/Limits
multiple vitamins w/ iron tab	Preferred	OTC, QL (1 ea per day)

MULTIPLE VITAMINS W/ MINERALS

Drug Name	Drug Tier	Requirements/Limits
ADULT 50+ CAP OCUVITE	Preferred	OTC, QL (1 ea per day); AGE (Min age 4 years)
AQUADEKS CHW	Preferred	OTC, QL (2 ea per day); AGE (Min age 4 years)
multiple vitamins w/ minerals cap	Preferred	OTC, QL (1 ea per day); AGE (Min age 4 years)
multiple vitamins w/ minerals cap- rx	Preferred	QL (1 ea per day); AGE (Min age 4 years)
multiple vitamins w/ minerals liquid	Preferred	OTC, QL (1 mL per day)
multiple vitamins w/ minerals tab	Preferred	OTC, QL (1 ea per day)
multiple vitamins w/ minerals tab- rx	Preferred	QL (1 ea per day)
OCUVITE CAP ADULT	Preferred	OTC, QL (1 ea per day); AGE (Min age 4 years)
ocuvite eye chw heatlh	Preferred	OTC, QL (2 ea per day); AGE (Min age 4 years)
OCUVITE LUTE CAP	Preferred	OTC, QL (1 ea per day); AGE (Min age 4 years)
PORENAL+D CAP OMEGA 3	Preferred	OTC, QL (1 ea per day); AGE (Min age 4 years)
PRESERVISION CAP AREDS	Preferred	OTC, QL (1 ea per day); AGE (Min age 4 years)
PRESERVISION CAP AREDS 2	Preferred	OTC, QL (1 ea per day); AGE (Min age 4 years)
PRESERVISION CAP LUTEIN	Preferred	OTC, QL (1 ea per day); AGE (Min age 4 years)
PRESERVISION CHW AREDS 2	Preferred	OTC, QL (2 ea per day); AGE (Min age 4 years)

Drug Name	Drug Tier	Requirements/Limits
PRORENAL+D CAP OMEGA-3	Preferred	OTC, QL (1 ea per day); AGE (Min age 4 years)
SYSTANE ICAP CHW AREDS2	Preferred	OTC, QL (2 ea per day); AGE (Min age 4 years)

MULTIVITAMINS - DRUGS FOR NUTRITION

Drug Name	Drug Tier	Requirements/Limits
multiple vitamin tab	Preferred	OTC
THERA TAB	Preferred	OTC

PED MULTI VITAMINS W/FL & FE

Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	Preferred	QL (1.67 mL per day)
POLY-VI-FLOR CHW W/IRON	Preferred	
POLY-VI-FLOR SUS /IRON	Preferred	

PED MULTIPLE VITAMINS W/ MINERALS

Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamin w/ minerals & c chew tab	Preferred	OTC, QL (1 ea per day)
pediatric multiple vitamin w/ minerals & c drops 45 mg/ml	Preferred	OTC, QL (1 mL per day); AGE (Max age 3 years)

PED MV W/ FLUORIDE

Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	Preferred	QL (1 ea per day)
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	Preferred	QL (1 ea per day)
pediatric multiple vitamins w/ fluoride chew tab 1 mg	Preferred	QL (2 ea per day)
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml	Preferred	QL (1.67 mL per day)
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml	Preferred	QL (1.67 mL per day)
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	Preferred	QL (1.67 mL per day)
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml	Preferred	QL (1.67 mL per day)
POLY-VI-FLOR CHW 0.5MG	Preferred	
POLY-VI-FLOR CHW 0.25MG	Preferred	
POLY-VI-FLOR CHW 1MG	Preferred	
POLY-VI-FLOR MIS FS	Preferred	
POLY-VI-FLOR MIS FS 0.5MG	Preferred	
POLY-VI-FLOR MIS FS 0.25	Preferred	
POLY-VI-FLOR SUS 0.25/ML	Preferred	

PED MV W/ IRON

Drug Name	Drug Tier	Requirements/Limits

Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamins w/ iron chew tab 15 mg	Preferred	OTC, QL (1 ea per day)

PEDIATRIC MULTIPLE VITAMINS

Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamin liq	Preferred	OTC
pediatric multiple vitamin w/ c & fa chew tab	Preferred	OTC, QL (1 ea per day)
pediatric multiple vitamin w/ extra c & fa chew tab	Preferred	OTC, QL (1 ea per day)

PRENATAL VITAMINS

Drug Name	Drug Tier	Requirements/Limits
C-NATE DHA CAP 28-1-200	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL CAP HARMONY	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL CAP MEDLEY	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL MIS	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL MIS 90 DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL MIS B-CALM	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL PAK ASSURE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL PAK DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL TAB BLOOM	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL TAB RX	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
COMPLETE NAT PAK DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
COMPLETENATE CHW	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
CONCEPT DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CONCEPT OB CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
elite-ob tab	Preferred	AGE (Min age 10 years and Max age 55 years)
ENBRACE HR CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
EZFE FORTE CAP	Preferred	OTC
FOLIVANE-OB CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
NESTABS DHA PAK	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
NESTABS ONE CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
NESTABS TAB	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
OB COMPLETE CAP ONE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
OB COMPLETE CAP PETITE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
OB COMPLETE TAB	Preferred	AGE (Min age 10 years and Max age 55 years)
OB COMPLETE TAB PREMIER	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
OB COMPLETE/ CAP DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PNV TABS TAB 29-1MG	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
pnv-dha cap	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PNV-DHA CAP DOCUSATE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
PNV-OMEGA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
pnv-select tab	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PREMESISRX TAB	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENAISSANCE CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENAISSANCE CAP PLUS	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 440 MG PAK	Preferred	OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	Preferred	OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	Preferred	OTC
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK	Preferred	OTC
PRENATE AM TAB 1MG	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE CAP ENHANCE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE CAP ESSENT	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE CAP PIXIE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE CAP RESTORE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE CHW 0.6-0.4	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
PRENATE MINI CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE TAB ELITE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRETAB TAB 29-1MG	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
PRIMACARE CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PROVIDA OB CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
RELNATE DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
SE-NATAL 19 CHW	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
SE-NATAL 19 TAB	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
SELECT-OB CHW	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
SELECT-OB+ PAK DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
TARON-C DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
TARON-PREX CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
THRIVITE RX TAB 29-1MG	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
TRI-TABS DHA MIS	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
TRICARE PRE CAP 27-1-500	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
TRINATAL RX TAB 1	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
TRISTART DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
TRISTART ONE CAP 35-1-215	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
TRIVEEN-DUO PAK DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VINATE DHA CAP 27-1.13	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VIRT-C DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VIRT-NATE CAP DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VIRT-PN DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VIRT-PN PLUS CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL CAP ULTRA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL CHW GUMMIES	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL FE+ CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL STRP MIS 1MG	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL-NANO TAB	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL-OB PAK +DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL-OB TAB 65-1MG	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
VITAFOL-ONE CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
VP-PNV-DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
ZATEAN-PN CAP DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
ZATEAN-PN CAP PLUS	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

Drug Name	Drug Tier	Requirements/Limits
AMRIX CAP 15MG	Non Preferred	PA
AMRIX CAP 30MG	Non Preferred	PA
baclofen tab 5 mg	Preferred	
baclofen tab 10 mg	Preferred	QL (3 ea per day)
baclofen tab 20 mg	Preferred	QL (4 ea per day)
carisoprodol tab 250 mg (generic of SOMA)	Non Preferred	PA
carisoprodol tab 350 mg (generic of SOMA)	Non Preferred	PA
CHLORZOXAZON TAB 250MG	Preferred	
chlorzoxazone tab 375 mg	Preferred	
chlorzoxazone tab 500 mg	Preferred	QL (6 ea per day)
chlorzoxazone tab 750 mg	Preferred	
cyclobenzaprine hcl cap er 24hr 15 mg (generic of AMRIX)	Non Preferred	PA
cyclobenzaprine hcl cap er 24hr 30 mg (generic of AMRIX)	Non Preferred	PA
cyclobenzaprine hcl tab 5 mg	Preferred	QL (3 ea per day)
cyclobenzaprine hcl tab 7.5 mg (generic of FEXMID)	Preferred	
cyclobenzaprine hcl tab 10 mg	Preferred	QL (3 ea per day)
fexmid tab 7.5mg (generic of FEXMID)	Non Preferred	PA
lorzone tab 375mg	Preferred	
lorzone tab 750mg	Preferred	
metaxalone tab 400 mg	Non Preferred	PA
metaxalone tab 800 mg (generic of SKELAXIN)	Non Preferred	PA
methocarbamol tab 500 mg	Preferred	QL (6 ea per day)

Drug Name	Drug Tier	Requirements/Limits
methocarbamol tab 750 mg (generic of ROBAXIN-750)	Preferred	QL (10 ea per day)
orphenadrine citrate tab er 12hr 100 mg	Preferred	QL (2 ea per day)
ROBAXIN-750 TAB 750MG	Non Preferred	QL (10 ea per day), PA
SKELAXIN TAB 800MG	Non Preferred	PA
SOMA TAB 250MG	Non Preferred	PA
SOMA TAB 350MG	Non Preferred	PA
tizanidine hcl cap 2 mg (base equivalent) (generic of ZANAFLEX)	Non Preferred	PA
tizanidine hcl cap 4 mg (base equivalent) (generic of ZANAFLEX)	Non Preferred	PA
tizanidine hcl cap 6 mg (base equivalent) (generic of ZANAFLEX)	Non Preferred	PA
tizanidine hcl tab 2 mg (base equivalent)	Preferred	QL (3 ea per day)
tizanidine hcl tab 4 mg (base equivalent) (generic of ZANAFLEX)	Preferred	QL (9 ea per day)
ZANAFLEX CAP 2MG	Non Preferred	PA
ZANAFLEX CAP 4MG	Non Preferred	PA
ZANAFLEX CAP 6MG	Non Preferred	PA
ZANAFLEX TAB 4MG	Non Preferred	QL (9 ea per day), PA

DIRECT MUSCLE RELAXANTS

Drug Name	Drug Tier	Requirements/Limits
DANTRIUM CAP 25MG	Non Preferred	PA
DANTRIUM CAP 50MG	Non Preferred	PA
dantrolene sodium cap 25 mg (generic of DANTRIUM)	Preferred	
dantrolene sodium cap 50 mg (generic of DANTRIUM)	Preferred	
dantrolene sodium cap 100 mg	Preferred	

MUSCLE RELAXANT COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
carisoprodol w/ aspirin & codeine tab 200-325-16 mg	Non Preferred	PA; AGE (Min age 18 years)
METAXALL CP KIT 0.025%	Non Preferred	PA
NORGESIC TAB FORTE	Non Preferred	PA

NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL AGENT COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic of DYMISTA)	Non Preferred	PA
DYMISTA SPR 137-50	Non Preferred	PA

NASAL AGENTS - MISC.

Drug Name	Drug Tier	Requirements/Limits
saline nasal spray 0.65%	Preferred	OTC

NASAL ANTIALLERGY

Drug Name	Drug Tier	Requirements/Limits
azelastine hcl nasal spray 0.1% (137 mcg/spray)	Preferred	QL (30 mL / 25 days)
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	Preferred	
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	Preferred	OTC, QL (52 mL / 25 days)
olopatadine hcl nasal soln 0.6% (generic of PATANASE)	Preferred	
PATANASE SPR 0.6%	Non Preferred	PA

NASAL ANTICHOLINERGICS

Drug Name	Drug Tier	Requirements/Limits
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	Non Preferred	PA
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	Non Preferred	PA

NASAL STEROIDS

Drug Name	Drug Tier	Requirements/Limits
BECONASE AQ SUS 0.042%	Non Preferred	PA
flunisolide nasal soln 25 mcg/act (0.025%)	Preferred	
fluticasone propionate nasal susp 50 mcg/act	Preferred	QL (16 gm / 25 days)
mometasone furoate nasal susp 50 mcg/act (generic of NASONEX)	Non Preferred	PA
NASONEX SPR 50MCG/AC	Non Preferred	PA
OMNARIS SPR	Non Preferred	PA
QNASL AER 80MCG	Non Preferred	PA
QNASL CHILD SPR 40MCG	Non Preferred	PA
SINUVA IMP 1350MCG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
XHANCE MIS 93MCG	Non Preferred	PA
ZETONNA AER 37MCG	Non Preferred	PA

SYMPATHOMIMETIC DECONGESTANTS

Drug Name	Drug Tier	Requirements/Limits
oxymetazoline hcl nasal soln 0.05%	Preferred	OTC
phenylephrine hcl tab 10 mg	Preferred	OTC
pseudoephedrine hcl liq 15 mg/5ml	Preferred	OTC, QL (40 mL per day)
pseudoephedrine hcl tab 30 mg	Preferred	OTC, QL (6 ea per day)
pseudoephedrine hcl tab 60 mg	Preferred	OTC, QL (6 ea per day)
pseudoephedrine hcl tab er 12hr 120 mg	Preferred	OTC, QL (2 ea per day)

NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES

ALS AGENTS

Drug Name	Drug Tier	Requirements/Limits
RILUTEK TAB 50MG	Non Preferred	PA
riluzole tab 50 mg (generic of RILUTEK)	Preferred	
TIGLUTIK SUS 50/10ML	Non Preferred	PA

NUTRIENTS - DRUGS FOR NUTRITION

MISC. NUTRITIONAL SUBSTANCES

Drug Name	Drug Tier	Requirements/Limits
docosahexaenoic acid cap 200 mg	Preferred	OTC, QL (1 ea per day)
omega-3 fatty acids cap 500 mg	Preferred	OTC
omega-3 fatty acids cap 1000 mg	Preferred	OTC
omega-3 fatty acids cap 1200 mg	Preferred	OTC
omega-3 fatty acids cap delayed release 1000 mg	Preferred	OTC
omega-3 fatty acids cap delayed release 1200 mg	Preferred	OTC

OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS

ARTIFICIAL TEARS AND LUBRICANTS

Drug Name	Drug Tier	Requirements/Limits
artificial tear ophth ointment	Preferred	OTC
artificial tear ophth solution	Preferred	OTC
carboxymethylcellulose sodium (pf) ophth soln 0.5%	Preferred	OTC
carboxymethylcellulose sodium ophth soln 0.5%	Preferred	OTC
dextran 70-hypromellose ophth soln 0.1-0.3%	Preferred	OTC
glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
LACRISERT MIS 5MG OP	Preferred	
polyethylene glycol-propylene glycol ophth soln 0.4-0.3%	Preferred	OTC
polyethylene glycol-propylene glycol pf op soln 0.4-0.3%	Preferred	OTC
polyvinyl alcohol ophth soln 1.4%	Preferred	OTC
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)	Preferred	OTC
white petrolatum-mineral oil ophth ointment	Preferred	OTC

BETA-BLOCKERS - OPHTHALMIC

Drug Name	Drug Tier	Requirements/Limits
betaxolol hcl ophth soln 0.5%	Preferred	
BETOPTIC-S SUS 0.25% OP	Non Preferred	PA
carteolol hcl ophth soln 1%	Preferred	QL (15 mL / 25 days)
COMBIGAN SOL 0.2/0.5%	Non Preferred	PA
COSOPT PF SOL 2%-0.5%	Non Preferred	PA
COSOPT SOL 22.3-6.8	Non Preferred	QL (10 mL / 25 days), PA
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (generic of COSOPT PF)	Non Preferred	PA
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)	Preferred	QL (10 mL / 25 days)
ISTALOL SOL 0.5% OP	Non Preferred	PA
levobunolol hcl ophth soln 0.5%	Preferred	QL (15 mL / 25 days)
timolol maleate ophth gel forming soln 0.5% (generic of TIMOPTIC-XE)	Preferred	
timolol maleate ophth gel forming soln 0.25% (generic of TIMOPTIC-XE)	Preferred	
timolol maleate ophth soln 0.5% (generic of TIMOPTIC)	Preferred	
timolol maleate ophth soln 0.5% (once-daily) (generic of ISTALOL)	Preferred	
timolol maleate ophth soln 0.25% (generic of TIMOPTIC)	Preferred	
TIMOPTIC OCU SOL 0.5% OP	Non Preferred	PA
TIMOPTIC OCU SOL 0.25% OP	Non Preferred	PA
TIMOPTIC SOL 0.5% OP	Non Preferred	PA
TIMOPTIC SOL 0.25% OP	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC-XE SOL 0.5% OP	Non Preferred	PA
TIMOPTIC-XE SOL 0.25% OP	Non Preferred	PA

CYCLOPLEGIC MYDRIATICS

Drug Name	Drug Tier	Requirements/Limits
ATROPINE SUL OIN 1% OP	Preferred	
ATROPINE SUL SOL 1% OP	Preferred	QL (15 mL / 25 days)
CYCLOGYL SOL 0.5% OP	Non Preferred	PA
CYCLOGYL SOL 1% OP	Non Preferred	PA
CYCLOGYL SOL 2% OP	Non Preferred	PA
CYCLOMYDRIL SOL OP	Preferred	
cyclopentolate hcl ophth soln 0.5% (generic of CYCLOGYL)	Preferred	
cyclopentolate hcl ophth soln 1% (generic of CYCLOGYL)	Preferred	
cyclopentolate hcl ophth soln 2%	Preferred	
ISOPTO ATROP SOL 1% OP	Non Preferred	QL (15 mL / 25 days), PA
MYDRIACYL SOL 1% OP	Non Preferred	PA
phenylephrine hcl ophth soln 2.5%	Non Preferred	PA
phenylephrine hcl ophth soln 10%	Non Preferred	PA
tropicamide ophth soln 0.5%	Preferred	
tropicamide ophth soln 1% (generic of MYDRIACYL)	Preferred	

MIOTICS

Drug Name	Drug Tier	Requirements/Limits
ISOPTO CARP SOL 1% OP	Non Preferred	PA
ISOPTO CARP SOL 2% OP	Non Preferred	PA
ISOPTO CARP SOL 4% OP	Non Preferred	PA
PHOSPHOLINE SOL 0.125%OP	Preferred	
pilocarpine hcl ophth soln 1% (generic of ISOPTO CARPINE)	Preferred	
pilocarpine hcl ophth soln 2% (generic of ISOPTO CARPINE)	Preferred	
pilocarpine hcl ophth soln 4% (generic of ISOPTO CARPINE)	Preferred	

OPHTHALMIC ADRENERGIC AGENTS

Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P SOL 0.1%	Preferred	
ALPHAGAN P SOL 0.15%	Preferred	
apraclonidine hcl ophth soln 0.5% (base equivalent)	Non Preferred	PA
brimonidine tartrate ophth soln 0.2%	Preferred	
brimonidine tartrate ophth soln 0.15% (generic of ALPHAGAN P)	Preferred	
IOPIDINE SOL 1% OP	Non Preferred	PA
SIMBRINZA SUS 1-0.2%	Non Preferred	PA

OPHTHALMIC ANTI-INFECTIVES

Drug Name	Drug Tier	Requirements/Limits
AZASITE SOL 1%	Non Preferred	PA
bacitracin ophth oint 500 unit/gm	Preferred	
bacitracin-polymyxin b ophth oint	Preferred	
BESIVANCE SUS 0.6%	Non Preferred	PA
BETADINE SOL 5% OP	Non Preferred	PA
BLEPH-10 SOL 10% OP	Non Preferred	PA
CILOXAN OIN 0.3% OP	Preferred	
CILOXAN SOL 0.3% OP	Non Preferred	PA
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (generic of CILOXAN)	Preferred	
erythromycin ophth oint 5 mg/gm	Preferred	
gatifloxacin ophth soln 0.5% (generic of ZYMAXID)	Non Preferred	PA
gentak oin 0.3% op	Preferred	
gentamicin sulfate ophth soln 0.3%	Preferred	QL (10 mL / 30 days)
levofloxacin ophth soln 0.5%	Preferred	
MOXEZA SOL 0.5%	Non Preferred	PA
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic of MOXEZA)	Non Preferred	PA
moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)	Non Preferred	PA
NATACYN SUS 5% OP	Preferred	
neo-polycin oin op	Preferred	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Preferred	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Preferred	
OCUFLOX DRO 0.3% OP	Non Preferred	PA
ofloxacin ophth soln 0.3% (generic of OCUFLOX)	Preferred	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)	Preferred	
POLYTRIM SOL OP	Non Preferred	PA
sulfacetamide sodium ophth oint 10%	Preferred	
sulfacetamide sodium ophth soln 10% (generic of BLEPH-10)	Preferred	
tobramycin ophth soln 0.3% (generic of TOBREX)	Preferred	
TOBREX OIN 0.3% OP	Preferred	
TOBREX SOL 0.3% OP	Non Preferred	PA
trifluridine ophth soln 1%	Preferred	QL (7.5 mL / 25 days)
VIGAMOX DRO 0.5%	Non Preferred	PA
ZIRGAN GEL 0.15%	Preferred	
ZYMAXID SOL 0.5%	Non Preferred	PA

OPHTHALMIC IMMUNOMODULATORS

Drug Name	Drug Tier	Requirements/Limits
CEQUA SOL 0.09%	Non Preferred	PA
RESTASIS EMU 0.05%	Non Preferred	PA
RESTASIS MUL EMU 0.05%	Non Preferred	PA

OPHTHALMIC INTEGRIN ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
XIIDRA DRO 5%	Non Preferred	PA

OPHTHALMIC KINASE INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
RHOPRESSA SOL 0.02%	Non Preferred	PA
ROCKLATAN DRO	Non Preferred	PA

OPHTHALMIC LOCAL ANESTHETICS

Drug Name	Drug Tier	Requirements/Limits

Drug Name	Drug Tier	Requirements/Limits
AKTEN GEL 3.5%	Non Preferred	PA
ALCAINE SOL 0.5% OP	Non Preferred	PA
proparacaine hcl ophth soln 0.5% (generic of ALCAINE)	Non Preferred	PA
tetracaine hcl ophth soln 0.5%	Non Preferred	PA

OPHTHALMIC NERVE GROWTH FACTORS

Drug Name	Drug Tier	Requirements/Limits
OXERVATE SOL 20MCG/ML	Non Preferred	PA

OPHTHALMIC STEROIDS

Drug Name	Drug Tier	Requirements/Limits
ALREX SUS 0.2%	Preferred	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Preferred	
BLEPHAMIDE OIN S.O.P.	Non Preferred	PA
BLEPHAMIDE SUS OP	Non Preferred	PA
dexamethasone sodium phosphate ophth soln 0.1%	Preferred	
DEXTENZA MIS 0.4MG	Non Preferred	PA
DUREZOL EMU 0.05%	Non Preferred	PA
FLAREX SUS 0.1% OP	Preferred	
fluorometholone ophth susp 0.1%	Preferred	QL (15 mL / 25 days)
FML FORTE SUS 0.25% OP	Preferred	
FML LIQUIFLM SUS 0.1% OP	Non Preferred	QL (15 mL / 25 days), PA
FML OIN 0.1% OP	Preferred	
INVELTYS SUS 1%	Non Preferred	PA
LOTEMAX GEL 0.5%	Non Preferred	PA
LOTEMAX OIN 0.5%	Non Preferred	PA
LOTEMAX SM GEL 0.38%	Non Preferred	PA
LOTEMAX SUS 0.5%	Non Preferred	PA
loteprednol etabonate ophth susp 0.5% (generic of LOTEMAX)	Preferred	
MAXIDEX SUS 0.1% OP	Preferred	

Drug Name	Drug Tier	Requirements/Limits
MAXITROL OIN 0.1% OP	Non Preferred	PA
MAXITROL SUS 0.1% OP	Non Preferred	PA
neo-polycin oin hc 1%op	Preferred	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	Preferred	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	Preferred	
neomycin-polymyxin-hc ophth susp	Preferred	
PRED FORTE SUS 1% OP	Non Preferred	PA
PRED MILD SUS 0.12% OP	Preferred	
PRED SOD PHO SOL 1% OP	Preferred	
PRED-G S.O.P OIN OP	Non Preferred	PA
PRED-G SUS OP	Non Preferred	PA
prednisolone acetate ophth susp 1% (generic of PRED FORTE)	Preferred	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Non Preferred	PA
TOBRADEX OIN 0.3-0.1%	Non Preferred	PA
TOBRADEX ST SUS 0.3-0.05	Non Preferred	PA
TOBRADEX SUS 0.3-0.1%	Non Preferred	PA
tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)	Preferred	
ZYLET SUS 0.5-0.3%	Non Preferred	PA

OPHTHALMICS - MISC.

Drug Name	Drug Tier	Requirements/Limits
ACULAR LS SOL 0.4%	Non Preferred	PA
ACULAR SOL 0.5% OP	Non Preferred	QL (10 mL / 25 days), PA
ACUVAIL SOL 0.45%	Non Preferred	PA
ALOCRIL SOL 2%	Non Preferred	PA
ALOMIDE SOL 0.1% OP	Non Preferred	PA
azelastine hcl ophth soln 0.05%	Preferred	QL (6 mL / 25 days)
AZOPT SUS 1% OP	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
BEPREVE DRO 1.5%	Non Preferred	PA
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Non Preferred	PA
BROMSITE DRO 0.075%	Non Preferred	PA
cromolyn sodium ophth soln 4%	Preferred	
CYSTARAN SOL 0.44%	Non Preferred	PA
diclofenac sodium ophth soln 0.1%	Preferred	
dorzolamide hcl ophth soln 2% (generic of TRUSOPT)	Preferred	
epinastine hcl ophth soln 0.05%	Non Preferred	PA
flurbiprofen sodium ophth soln 0.03%	Preferred	
glostrips mis 1mg op	Non Preferred	PA
ILEVRO DRO 0.3% OP	Non Preferred	PA
ketorolac tromethamine ophth soln 0.4% (generic of ACULAR LS)	Preferred	
ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)	Preferred	QL (10 mL / 25 days)
ketotifen fumarate ophth soln 0.025% (base equiv)	Preferred	OTC
LASTACAFT SOL 0.25%	Non Preferred	PA
NEVANAC SUS 0.1%	Non Preferred	PA
olopatadine hcl ophth soln 0.1% (base equivalent)	Non Preferred	QL (5 mL / 30 days), PA
olopatadine hcl ophth soln 0.2% (base equivalent)	Non Preferred	QL (2.5 mL / 30 days), PA
PAZEO DRO 0.7%	Preferred	
PROLENSA SOL 0.07%	Non Preferred	PA
sodium chloride hypertonic ophth oint 5%	Preferred	OTC
sodium chloride hypertonic ophth soln 5%	Preferred	OTC
TRUSOPT SOL 2% OP	Non Preferred	PA
ZERVIATE DRO 0.24%	Non Preferred	PA

PROSTAGLANDINS - OPHTHALMIC

Drug Name	Drug Tier	Requirements/Limits
bimatoprost ophth soln 0.03%	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
latanoprost ophth soln 0.005% (generic of XALATAN)	Preferred	QL (5 mL / 25 days)
LUMIGAN SOL 0.01%	Non Preferred	PA
TRAVATAN Z DRO 0.004%	Non Preferred	QL (5 mL / 25 days), PA
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (generic of TRAVATAN Z)	Non Preferred	QL (5 mL / 25 days), PA
VYZULTA SOL 0.024%	Non Preferred	PA
XALATAN SOL 0.005%	Non Preferred	QL (5 mL / 25 days), PA
XELPROS EMU 0.005%	Non Preferred	PA
ZIOPTAN DRO 0.0015%	Non Preferred	PA

OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS - MISCELLANEOUS

Drug Name	Drug Tier	Requirements/Limits
acetic acid otic soln 2%	Preferred	QL (20 mL / 25 days)
carbamide peroxide 6.5% otic soln	Preferred	OTC

OTIC ANTI-INFECTIVES

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hcl otic soln 0.2% (base equivalent)	Non Preferred	QL (14 ea / 25 days), PA
ofloxacin otic soln 0.3%	Preferred	QL (5 mL / 25 days)

OTIC COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
CIPRO HC SUS OTIC	Non Preferred	PA
CIPRODEX SUS 0.3-0.1%	Preferred	QL (7.5 mL / 25 days)
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	Non Preferred	PA
CORTISPORIN SUS -TC OTIC	Non Preferred	PA
neomycin-polymyxin-hc otic soln 1%	Preferred	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Preferred	
OTOVEL DRO	Non Preferred	PA

OTIC STEROIDS

Drug Name	Drug Tier	Requirements/Limits
DERMOTIC OIL 0.01%	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
flac oil 0.01% (generic of DERMOTIC)	Non Preferred	PA
fluocinolone acetonide (otic) oil 0.01% (generic of DERMOTIC)	Non Preferred	PA
hydrocortisone w/ acetic acid otic soln 1-2%	Non Preferred	PA

OXYTOCICS - DRUGS FOR PREGNANCY

OXYTOCICS - DRUGS FOR PREGNANCY

Drug Name	Drug Tier	Requirements/Limits
methergine tab 0.2mg	Preferred	QL (7 ea per day)
methylergonovine maleate tab 0.2 mg	Preferred	QL (7 ea per day)

PENICILLINS - DRUGS TO TREAT INFECTIONS

AMINOPENICILLINS

Drug Name	Drug Tier	Requirements/Limits
amoxicillin (trihydrate) cap 250 mg	Preferred	QL (8 ea per day)
amoxicillin (trihydrate) cap 500 mg	Preferred	QL (8 ea per day)
amoxicillin (trihydrate) chew tab 125 mg	Preferred	QL (6 ea per day)
amoxicillin (trihydrate) chew tab 250 mg	Preferred	QL (8 ea per day)
amoxicillin (trihydrate) for susp 125 mg/5ml	Preferred	
amoxicillin (trihydrate) for susp 200 mg/5ml	Preferred	
amoxicillin (trihydrate) for susp 250 mg/5ml	Preferred	
amoxicillin (trihydrate) for susp 400 mg/5ml	Preferred	
amoxicillin (trihydrate) tab 500 mg	Preferred	QL (5 ea per day)
amoxicillin (trihydrate) tab 875 mg	Preferred	QL (4 ea per day)
ampicillin cap 500 mg	Preferred	QL (8 ea per day)

NATURAL PENICILLINS

Drug Name	Drug Tier	Requirements/Limits
penicillin v potassium for soln 125 mg/5ml	Preferred	QL (40 mL per day)
penicillin v potassium for soln 250 mg/5ml	Preferred	QL (40 mL per day)
penicillin v potassium tab 250 mg	Preferred	QL (8 ea per day)
penicillin v potassium tab 500 mg	Preferred	QL (8 ea per day)

PENICILLIN COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & k clavulanate chew tab 200-28.5 mg	Preferred	QL (3 ea per day)
amoxicillin & k clavulanate chew tab 400-57 mg	Preferred	QL (4 ea per day)
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Preferred	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (generic of AUGMENTIN)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Preferred	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Preferred	
amoxicillin & k clavulanate tab 250-125 mg	Preferred	QL (2 ea per day)
amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)	Preferred	QL (2 ea per day)
amoxicillin & k clavulanate tab 875-125 mg	Preferred	QL (2 ea per day)
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	Non Preferred	PA
AUGMENTIN SUS 125/5ML	Preferred	
AUGMENTIN SUS 250/5ML	Preferred	

PENICILLINASE-RESISTANT PENICILLINS

Drug Name	Drug Tier	Requirements/Limits
dicloxacillin sodium cap 250 mg	Preferred	QL (8 ea per day)
dicloxacillin sodium cap 500 mg	Preferred	QL (6 ea per day)

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

Drug Name	Drug Tier	Requirements/Limits
AYGESTIN TAB 5MG	Non Preferred	QL (1 ea per day), PA
hydroxyprogesterone caproate im in oil 250 mg/ml (generic of MAKENA)	Non Preferred	SP, PA
MAKENA INJ 250MG/ML	Preferred	SP, PA
MAKENA INJ 275MG	Preferred	SP, PA
medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA)	Preferred	QL (2 ea per day)
medroxyprogesterone acetate tab 5 mg (generic of PROVERA)	Preferred	QL (2 ea per day)
medroxyprogesterone acetate tab 10 mg (generic of PROVERA)	Preferred	QL (2 ea per day)
megestrol acetate susp 625 mg/5ml	Non Preferred	PA
norethindrone acetate tab 5 mg (generic of AYGESTIN)	Non Preferred	QL (1 ea per day), PA
progesterone im in oil 50 mg/ml	Preferred	
progesterone micronized cap 100 mg (generic of PROMETRIUM)	Preferred	QL (1 ea per day)
progesterone micronized cap 200 mg (generic of PROMETRIUM)	Preferred	QL (2 ea per day)
PROMETRIUM CAP 100MG	Non Preferred	QL (1 ea per day), PA
PROMETRIUM CAP 200MG	Non Preferred	QL (2 ea per day), PA
PROVERA TAB 2.5MG	Non Preferred	QL (2 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
PROVERA TAB 5MG	Non Preferred	QL (2 ea per day), PA
PROVERA TAB 10MG	Non Preferred	QL (2 ea per day), PA

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

AGENTS FOR CHEMICAL DEPENDENCY

Drug Name	Drug Tier	Requirements/Limits
acamprosate calcium tab delayed release 333 mg	Preferred	
ANTABUSE TAB 250MG	Preferred	QL (1 ea per day)
ANTABUSE TAB 500MG	Preferred	QL (1 ea per day)
disulfiram tab 250 mg (generic of ANTABUSE)	Preferred	QL (1 ea per day)
disulfiram tab 500 mg (generic of ANTABUSE)	Preferred	QL (1 ea per day)
LUCEMYRA TAB 0.18MG	Preferred	

ANTI-CATAPLECTIC AGENTS

Drug Name	Drug Tier	Requirements/Limits
XYREM SOL 500MG/ML	Non Preferred	PA

ANTIDEMENTIA AGENTS

Drug Name	Drug Tier	Requirements/Limits
ARICEPT TAB 5MG	Non Preferred	QL (1 ea per day), PA
ARICEPT TAB 10MG	Non Preferred	QL (1 ea per day), PA
ARICEPT TAB 23MG	Non Preferred	PA
donepezil hydrochloride orally disintegrating tab 5 mg	Preferred	QL (2 ea per day)
donepezil hydrochloride orally disintegrating tab 10 mg	Preferred	QL (1 ea per day)
donepezil hydrochloride tab 5 mg (generic of ARICEPT)	Preferred	QL (1 ea per day)
donepezil hydrochloride tab 10 mg (generic of ARICEPT)	Preferred	QL (1 ea per day)
donepezil hydrochloride tab 23 mg (generic of ARICEPT)	Preferred	
EXELON DIS 4.6MG/24	Non Preferred	PA
EXELON DIS 9.5MG/24	Non Preferred	PA
EXELON DIS 13.3/24	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
galantamine hydrobromide cap er 24hr 8 mg (generic of RAZADYNE ER)	Non Preferred	PA
galantamine hydrobromide cap er 24hr 16 mg (generic of RAZADYNE ER)	Non Preferred	PA
galantamine hydrobromide cap er 24hr 24 mg (generic of RAZADYNE ER)	Non Preferred	PA
galantamine hydrobromide oral soln 4 mg/ml	Non Preferred	PA
galantamine hydrobromide tab 4 mg (generic of RAZADYNE)	Non Preferred	PA
galantamine hydrobromide tab 8 mg	Non Preferred	PA
galantamine hydrobromide tab 12 mg	Non Preferred	PA
memantine hcl cap er 24hr 7 mg (generic of NAMENDA XR)	Non Preferred	PA
memantine hcl cap er 24hr 14 mg (generic of NAMENDA XR)	Non Preferred	PA
memantine hcl cap er 24hr 21 mg (generic of NAMENDA XR)	Non Preferred	PA
memantine hcl cap er 24hr 28 mg (generic of NAMENDA XR)	Non Preferred	PA
memantine hcl oral solution 2 mg/ml	Non Preferred	PA
memantine hcl tab 5 mg (generic of NAMENDA)	Preferred	
memantine hcl tab 10 mg (generic of NAMENDA)	Preferred	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)	Non Preferred	PA
NAMENDA TAB 5-10MG	Non Preferred	PA
NAMENDA TAB 5MG	Non Preferred	PA
NAMENDA TAB 10MG	Non Preferred	PA
NAMENDA XR CAP 7MG	Non Preferred	PA
NAMENDA XR CAP 14MG	Non Preferred	PA
NAMENDA XR CAP 21MG	Non Preferred	PA
NAMENDA XR CAP 28MG	Non Preferred	PA
NAMENDA XR CAP TITRATIO	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP	Non Preferred	PA
NAMZARIC CAP 7-10MG	Non Preferred	PA
NAMZARIC CAP 14-10MG	Non Preferred	PA
NAMZARIC CAP 21-10MG	Non Preferred	PA
NAMZARIC CAP 28-10MG	Non Preferred	PA
RAZADYNE ER CAP 8MG	Non Preferred	PA
RAZADYNE ER CAP 16MG	Non Preferred	PA
RAZADYNE ER CAP 24MG	Non Preferred	PA
RAZADYNE TAB 4MG	Non Preferred	PA
rivastigmine tartrate cap 1.5 mg (base equivalent)	Non Preferred	PA
rivastigmine tartrate cap 3 mg (base equivalent)	Non Preferred	PA
rivastigmine tartrate cap 4.5 mg (base equivalent)	Non Preferred	PA
rivastigmine tartrate cap 6 mg (base equivalent)	Non Preferred	PA
rivastigmine td patch 24hr 4.6 mg/24hr (generic of EXELON)	Non Preferred	PA
rivastigmine td patch 24hr 9.5 mg/24hr (generic of EXELON)	Non Preferred	PA
rivastigmine td patch 24hr 13.3 mg/24hr (generic of EXELON)	Non Preferred	PA

COMBINATION PSYCHOTHERAPEUTICS

Drug Name	Drug Tier	Requirements/Limits
chlordiazepoxide-amitriptyline tab 5-12.5 mg	Preferred	
chlordiazepoxide-amitriptyline tab 10-25 mg	Preferred	
olanzapine-fluoxetine hcl cap 3-25 mg (generic of SYMBYAX)	Non Preferred	PA
olanzapine-fluoxetine hcl cap 6-25 mg (generic of SYMBYAX)	Non Preferred	PA
olanzapine-fluoxetine hcl cap 6-50 mg (generic of SYMBYAX)	Non Preferred	PA
olanzapine-fluoxetine hcl cap 12-25 mg	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
olanzapine-fluoxetine hcl cap 12-50 mg (generic of SYMBYAX)	Non Preferred	PA
perphenazine-amitriptyline tab 2-10 mg	Preferred	
perphenazine-amitriptyline tab 2-25 mg	Preferred	
perphenazine-amitriptyline tab 4-10 mg	Preferred	
perphenazine-amitriptyline tab 4-25 mg	Preferred	
perphenazine-amitriptyline tab 4-50 mg	Preferred	
SYMBYAX CAP 3-25MG	Non Preferred	PA
SYMBYAX CAP 6-25MG	Non Preferred	PA
SYMBYAX CAP 6-50MG	Non Preferred	PA
SYMBYAX CAP 12-50MG	Non Preferred	PA

FIBROMYALGIA AGENTS

Drug Name	Drug Tier	Requirements/Limits
SAVELLA MIS TITR PAK	Non Preferred	PA
SAVELLA TAB 12.5MG	Non Preferred	PA
SAVELLA TAB 25MG	Non Preferred	PA
SAVELLA TAB 50MG	Non Preferred	PA
SAVELLA TAB 100MG	Non Preferred	PA

HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS

Drug Name	Drug Tier	Requirements/Limits
VYLEESI INJ 1.75/0.3	Non Preferred	PA

MOVEMENT DISORDER DRUG THERAPY

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TAB 6MG	Non Preferred	SP, PA
AUSTEDO TAB 9MG	Non Preferred	SP, PA
AUSTEDO TAB 12MG	Non Preferred	SP, PA
INGREZZA CAP 40-80MG	Non Preferred	PA
INGREZZA CAP 40MG	Non Preferred	PA
INGREZZA CAP 80MG	Non Preferred	PA
tetrabenazine tab 12.5 mg (generic of XENAZINE)	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine tab 25 mg (generic of XENAZINE)	Non Preferred	SP, PA
XENAZINE TAB 12.5MG	Non Preferred	SP, PA
XENAZINE TAB 25MG	Non Preferred	SP, PA

MULTIPLE SCLEROSIS AGENTS

Drug Name	Drug Tier	Requirements/Limits
AMPYRA TAB 10MG	Non Preferred	SP, PA
AUBAGIO TAB 7MG	Non Preferred	SP, PA
AUBAGIO TAB 14MG	Non Preferred	SP, PA
AVONEX PEN KIT 30MCG	Non Preferred	SP, PA
AVONEX PREFL KIT 30MCG	Non Preferred	SP, PA
BETASERON INJ 0.3MG	Preferred	SP
COPAXONE INJ 20MG/ML	Preferred	SP
COPAXONE INJ 40MG/ML	Non Preferred	SP, PA
dalfampridine tab er 12hr 10 mg (generic of AMPYRA)	Non Preferred	SP, PA
EXTAVIA INJ 0.3MG	Non Preferred	SP, PA
GILENYA CAP 0.5MG	Non Preferred	SP, PA
glatiramer acetate soln prefilled syringe 20 mg/ml (generic of COPAXONE)	Non Preferred	SP, PA
glatiramer acetate soln prefilled syringe 40 mg/ml (generic of COPAXONE)	Non Preferred	SP, PA
glatopa inj 20mg/ml (generic of COPAXONE)	Non Preferred	SP, PA
glatopa inj 40mg/ml (generic of COPAXONE)	Non Preferred	SP, PA
LEMTRADA INJ 12/1.2ML	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(4)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(5)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(6)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(7)	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD PAK 10MG(8)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(9)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(10)	Non Preferred	SP, PA
MAYZENT TAB 0.25MG	Non Preferred	SP, PA
MAYZENT TAB 2MG	Non Preferred	SP, PA
OCREVUS INJ 300/10ML	Non Preferred	SP, PA
PLEGRIDY INJ	Non Preferred	SP, PA
PLEGRIDY INJ PEN	Non Preferred	SP, PA
PLEGRIDY INJ STARTER	Non Preferred	SP, PA
PLEGRIDY PEN INJ STARTER	Non Preferred	SP, PA
REBIF INJ 22/0.5	Preferred	SP
REBIF INJ 44/0.5	Preferred	SP
REBIF REBIDO INJ 22/0.5	Preferred	SP
REBIF REBIDO INJ 44/0.5	Preferred	SP
REBIF REBIDO INJ TITRATN	Preferred	SP
REBIF TITRTN INJ PACK	Preferred	SP
TECFIDERA CAP 120MG	Preferred	SP, QL (2 ea per day), PA
TECFIDERA CAP 240MG	Preferred	SP, QL (2 ea per day), PA
TECFIDERA MIS STARTER	Preferred	SP, PA
TYSABRI INJ 300/15ML	Non Preferred	SP, PA
VUMERITY CAP 231MG	Non Preferred	PA

POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

Drug Name	Drug Tier	Requirements/Limits
GRALISE TAB 300MG	Non Preferred	PA
GRALISE TAB 600MG	Non Preferred	PA
LYRICA CR TAB 82.5MG	Non Preferred	PA
LYRICA CR TAB 165MG	Non Preferred	PA
LYRICA CR TAB 330MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
PRILOPENTIN MIS	Non Preferred	PA

PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS

Drug Name	Drug Tier	Requirements/Limits
fluoxetine hcl (pmdd) tab 10 mg (generic of SARAFEM)	Non Preferred	PA
fluoxetine hcl (pmdd) tab 20 mg (generic of SARAFEM)	Non Preferred	PA
SARAFEM TAB 10MG	Non Preferred	PA
SARAFEM TAB 20MG	Non Preferred	PA

PSEUDOBULBAR AFFECT (PBA) AGENTS

Drug Name	Drug Tier	Requirements/Limits
NUEDEXTA CAP 20-10MG	Non Preferred	PA

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

Drug Name	Drug Tier	Requirements/Limits
ergoloid mesylates tab 1 mg	Preferred	
pimozide tab 1 mg	Preferred	
pimozide tab 2 mg	Preferred	

RESTLESS LEG SYNDROME (RLS) AGENTS

Drug Name	Drug Tier	Requirements/Limits
HORIZANT TAB 300MG ER	Non Preferred	PA
HORIZANT TAB 600MG ER	Non Preferred	PA

SMOKING DETERRENTS

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Preferred	QL (2 ea per day)
CHANTIX PAK 0.5& 1MG	Preferred	QL (2 ea per day)
CHANTIX PAK 1MG	Preferred	QL (2 ea per day)
CHANTIX TAB 0.5MG	Preferred	QL (2 ea per day)
CHANTIX TAB 1MG	Preferred	QL (2 ea per day)
NICODERM CQ DIS 7MG/24HR	Preferred	OTC, QL (1 ea per day)
NICODERM CQ DIS 14MG/24H	Preferred	OTC, QL (1 ea per day)
NICODERM CQ DIS 21MG/24H	Preferred	OTC, QL (1 ea per day)
NICORETTE GUM 2MG	Preferred	OTC, QL (8 ea per day)
NICORETTE GUM 2MG CINN	Preferred	OTC, QL (8 ea per day)
NICORETTE GUM 2MG MINT	Preferred	OTC, QL (8 ea per day)
NICORETTE GUM 2MG ORIG	Preferred	OTC, QL (8 ea per day)
NICORETTE GUM 2MGFRUIT	Preferred	OTC, QL (8 ea per day)
NICORETTE GUM 4MG	Preferred	OTC, QL (8 ea per day)

Drug Name	Drug Tier	Requirements/Limits
NICORETTE GUM 4MG CINN	Preferred	OTC, QL (8 ea per day)
NICORETTE GUM 4MG MINT	Preferred	OTC, QL (8 ea per day)
NICORETTE GUM 4MG ORIG	Preferred	OTC, QL (8 ea per day)
NICORETTE GUM 4MGFRUIT	Preferred	OTC, QL (8 ea per day)
NICORETTE LOZ 2MG MINT	Preferred	OTC, QL (8 ea per day)
NICORETTE LOZ 4MG MINT	Preferred	OTC, QL (8 ea per day)
NICORETTE ST GUM 2MG MINT	Preferred	OTC, QL (8 ea per day)
NICORETTE ST GUM 2MG ORIG	Preferred	OTC, QL (8 ea per day)
NICORETTE ST GUM 4MG ORIG	Preferred	OTC, QL (8 ea per day)
nicotine polacrilex gum 2 mg	Preferred	OTC, QL (8 ea per day)
nicotine polacrilex gum 4 mg	Preferred	OTC, QL (8 ea per day)
nicotine polacrilex lozenge 2 mg	Preferred	OTC, QL (8 ea per day)
nicotine polacrilex lozenge 4 mg	Preferred	OTC, QL (8 ea per day)
NICOTINE SYS KIT TRANSDER	Preferred	OTC
nicotine td patch 24hr 7 mg/24hr	Preferred	OTC, QL (1 ea per day)
nicotine td patch 24hr 14 mg/24hr	Preferred	OTC, QL (1 ea per day)
nicotine td patch 24hr 21 mg/24hr	Preferred	OTC, QL (1 ea per day)
NICOTROL INH	Preferred	
NICOTROL NS SPR 10MG/ML	Preferred	

TRANSTHYRETIN AMYLOIDOSIS AGENTS

Drug Name	Drug Tier	Requirements/Limits
TEGSEDI INJ 284/1.5	Non Preferred	PA

VASOMOTOR SYMPTOM AGENTS

Drug Name	Drug Tier	Requirements/Limits
BRISDELLE CAP 7.5MG	Non Preferred	PA
paroxetine mesylate cap 7.5 mg (base equiv) (generic of BRISDELLE)	Non Preferred	PA

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

CYSTIC FIBROSIS AGENTS

Drug Name	Drug Tier	Requirements/Limits
KALYDECO PAK 25MG	Non Preferred	PA
KALYDECO PAK 50MG	Non Preferred	PA
KALYDECO PAK 75MG	Non Preferred	PA
KALYDECO TAB 150MG	Non Preferred	PA
ORKAMBI GRA 100-125	Non Preferred	PA
ORKAMBI GRA 150-188	Non Preferred	PA
ORKAMBI TAB 100-125	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 200-125	Non Preferred	PA
PULMOZYME SOL 1MG/ML	Preferred	SP, QL (2.5 mL per day)
SYMDEKO TAB 50-75MG	Non Preferred	PA
SYMDEKO TAB 100-150	Non Preferred	PA
TRIKAFTA TAB	Non Preferred	PA

PULMONARY FIBROSIS AGENTS

Drug Name	Drug Tier	Requirements/Limits
ESBRIET CAP 267MG	Non Preferred	SP, PA
ESBRIET TAB 267MG	Non Preferred	SP, PA
ESBRIET TAB 801MG	Non Preferred	SP, PA
OFEV CAP 100MG	Non Preferred	SP, PA
OFEV CAP 150MG	Non Preferred	SP, PA

SULFONAMIDES - DRUGS TO TREAT INFECTIONS

SULFONAMIDES - DRUGS TO TREAT INFECTIONS

Drug Name	Drug Tier	Requirements/Limits
SULFADIAZINE TAB 500MG	Preferred	

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

AMINOMETHYLCYCLINES

Drug Name	Drug Tier	Requirements/Limits
NUZYRA TAB 150MG	Non Preferred	PA

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

Drug Name	Drug Tier	Requirements/Limits
demeclocycline hcl tab 150 mg	Preferred	
demeclocycline hcl tab 300 mg	Preferred	
DORYX MPC TAB 120MG	Non Preferred	PA
DORYX TAB 50MG	Non Preferred	PA
DORYX TAB 200MG	Non Preferred	PA
doxycycline hyclate cap 50 mg	Preferred	
doxycycline hyclate cap 100 mg (generic of VIBRAMYCIN)	Preferred	
doxycycline hyclate tab 20 mg	Preferred	
doxycycline hyclate tab 75 mg (generic of ACTICLATE)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
doxycycline hyclate tab 100 mg	Preferred	
doxycycline hyclate tab 150 mg (generic of ACTICLATE)	Preferred	
doxycycline hyclate tab delayed release 50 mg (generic of DORYX)	Non Preferred	PA
doxycycline hyclate tab delayed release 75 mg	Non Preferred	PA
doxycycline hyclate tab delayed release 100 mg	Non Preferred	PA
doxycycline hyclate tab delayed release 150 mg	Non Preferred	PA
doxycycline hyclate tab delayed release 200 mg (generic of DORYX)	Non Preferred	PA
doxycycline monohydrate cap 50 mg	Preferred	QL (3 ea per day)
doxycycline monohydrate cap 75 mg	Preferred	
doxycycline monohydrate cap 100 mg	Preferred	QL (3 ea per day)
doxycycline monohydrate cap 150 mg	Preferred	
doxycycline monohydrate for susp 25 mg/5ml (generic of VIBRAMYCIN)	Preferred	
doxycycline monohydrate tab 50 mg	Preferred	
doxycycline monohydrate tab 75 mg	Preferred	
doxycycline monohydrate tab 100 mg	Preferred	QL (3 ea per day)
doxycycline monohydrate tab 150 mg	Preferred	
MINOCIN CAP 50MG	Non Preferred	QL (2 ea per day), PA
minocycline hcl cap 50 mg (generic of MINOCIN)	Preferred	QL (2 ea per day)
minocycline hcl cap 75 mg	Preferred	
minocycline hcl cap 100 mg (generic of MINOCIN)	Preferred	QL (2 ea per day)
minocycline hcl tab 50 mg	Preferred	
minocycline hcl tab 75 mg	Preferred	
minocycline hcl tab 100 mg	Preferred	
minocycline hcl tab er 24hr 45 mg	Non Preferred	PA
minocycline hcl tab er 24hr 55 mg (generic of SOLODYN)	Non Preferred	PA
minocycline hcl tab er 24hr 65 mg (generic of SOLODYN)	Non Preferred	PA
minocycline hcl tab er 24hr 80 mg (generic of SOLODYN)	Non Preferred	PA
minocycline hcl tab er 24hr 90 mg	Non Preferred	PA
minocycline hcl tab er 24hr 105 mg (generic of SOLODYN)	Non Preferred	PA
minocycline hcl tab er 24hr 115 mg (generic of SOLODYN)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
minocycline hcl tab er 24hr 135 mg	Non Preferred	PA
MINOLIRA TAB 105MG	Non Preferred	PA
MINOLIRA TAB 135MG	Non Preferred	PA
morgidox cap 1x100mg (generic of VIBRAMYCIN)	Preferred	
morgidox cap 2x100mg (generic of VIBRAMYCIN)	Preferred	
MORGIDOX KIT 1X100MG	Non Preferred	PA
MORGIDOX KIT 2X100MG	Non Preferred	PA
SOLODYN TAB 55MG	Non Preferred	PA
SOLODYN TAB 65MG	Non Preferred	PA
SOLODYN TAB 80MG	Non Preferred	PA
SOLODYN TAB 105MG	Non Preferred	PA
SOLODYN TAB 115MG	Non Preferred	PA
tetracycline hcl cap 250 mg	Preferred	
tetracycline hcl cap 500 mg	Preferred	
VIBRAMYCIN CAP 100MG	Non Preferred	PA
VIBRAMYCIN SUS 25MG/5ML	Non Preferred	PA
VIBRAMYCIN SYP 50MG/5ML	Preferred	
XIMINO CAP 45MG ER	Non Preferred	PA
XIMINO CAP 90MG ER	Non Preferred	PA
XIMINO CAP 135MG ER	Non Preferred	PA

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

Drug Name	Drug Tier	Requirements/Limits
methimazole tab 5 mg (generic of TAPAZOLE)	Preferred	QL (6 ea per day)
methimazole tab 10 mg (generic of TAPAZOLE)	Preferred	QL (6 ea per day)
propylthiouracil tab 50 mg	Preferred	QL (20 ea per day)
TAPAZOLE TAB 5MG	Non Preferred	QL (6 ea per day), PA

Drug Name	Drug Tier	Requirements/Limits
TAPAZOLE TAB 10MG	Non Preferred	QL (6 ea per day), PA

THYROID HORMONES

Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYRO TAB 15MG	Preferred	QL (1 ea per day)
ARMOUR THYRO TAB 30MG	Preferred	QL (1 ea per day)
ARMOUR THYRO TAB 60MG	Preferred	QL (1 ea per day)
ARMOUR THYRO TAB 90MG	Preferred	QL (1 ea per day)
ARMOUR THYRO TAB 120MG	Preferred	QL (1 ea per day)
ARMOUR THYRO TAB 180MG	Preferred	QL (1 ea per day)
ARMOUR THYRO TAB 240MG	Preferred	QL (1 ea per day)
ARMOUR THYRO TAB 300MG	Preferred	QL (1 ea per day)
CYTOMEL TAB 5MCG	Non Preferred	PA
CYTOMEL TAB 25MCG	Non Preferred	PA
CYTOMEL TAB 50MCG	Non Preferred	PA
levothyroxine sodium tab 25 mcg (generic of LEVOTHYROXINE SODIUM TAB 25 MCG)	Preferred	QL (2 ea per day)
levothyroxine sodium tab 50 mcg (generic of LEVOTHYROXINE SODIUM TAB 50 MCG)	Preferred	QL (2 ea per day)
levothyroxine sodium tab 75 mcg (generic of LEVOTHYROXINE SODIUM TAB 75 MCG)	Preferred	QL (2 ea per day)
levothyroxine sodium tab 88 mcg (generic of LEVOTHYROXINE SODIUM TAB 88 MCG)	Preferred	QL (2 ea per day)
levothyroxine sodium tab 100 mcg (generic of LEVOTHYROXINE SODIUM TAB 100 MCG)	Preferred	QL (2 ea per day)
levothyroxine sodium tab 112 mcg (generic of LEVOTHYROXINE SODIUM TAB 112 MCG)	Preferred	QL (2 ea per day)
levothyroxine sodium tab 125 mcg (generic of LEVOTHYROXINE SODIUM TAB 125 MCG)	Preferred	QL (2 ea per day)
levothyroxine sodium tab 137 mcg (generic of LEVOTHYROXINE SODIUM TAB 137 MCG)	Preferred	QL (2 ea per day)
levothyroxine sodium tab 150 mcg (generic of LEVOTHYROXINE SODIUM TAB 150 MCG)	Preferred	QL (2 ea per day)
levothyroxine sodium tab 175 mcg (generic of LEVOTHYROXINE SODIUM TAB 175 MCG)	Preferred	QL (2 ea per day)
levothyroxine sodium tab 200 mcg (generic of LEVOTHYROXINE SODIUM TAB 200 MCG)	Preferred	QL (2 ea per day)

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium tab 300 mcg (generic of LEVOTHYROXINE SODIUM TAB 300 MCG)	Preferred	QL (2 ea per day)
liothyronine sodium tab 5 mcg (generic of CYTOMEL)	Preferred	
liothyronine sodium tab 25 mcg (generic of CYTOMEL)	Preferred	
liothyronine sodium tab 50 mcg (generic of CYTOMEL)	Preferred	
np thyroid tab 15mg	Preferred	QL (1 ea per day)
np thyroid tab 30mg	Preferred	QL (1 ea per day)
np thyroid tab 60mg	Preferred	QL (1 ea per day)
np thyroid tab 90mg	Preferred	QL (1 ea per day)
np thyroid tab 120mg	Preferred	QL (1 ea per day)
SYNTHROID TAB 25MCG	Non Preferred	QL (2 ea per day), PA
SYNTHROID TAB 50MCG	Non Preferred	QL (2 ea per day), PA
SYNTHROID TAB 75MCG	Non Preferred	QL (2 ea per day), PA
SYNTHROID TAB 88MCG	Non Preferred	QL (2 ea per day), PA
SYNTHROID TAB 100MCG	Non Preferred	QL (2 ea per day), PA
SYNTHROID TAB 112MCG	Non Preferred	QL (2 ea per day), PA
SYNTHROID TAB 125MCG	Non Preferred	QL (2 ea per day), PA
SYNTHROID TAB 137MCG	Non Preferred	QL (2 ea per day), PA
SYNTHROID TAB 150MCG	Non Preferred	QL (2 ea per day), PA
SYNTHROID TAB 175MCG	Non Preferred	QL (2 ea per day), PA
SYNTHROID TAB 200MCG	Non Preferred	QL (2 ea per day), PA
SYNTHROID TAB 300MCG	Non Preferred	QL (2 ea per day), PA
TIROSINT CAP 13MCG	Non Preferred	PA
TIROSINT CAP 25MCG	Non Preferred	PA
TIROSINT CAP 50MCG	Non Preferred	PA
TIROSINT CAP 75MCG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAP 88MCG	Non Preferred	PA
TIROSINT CAP 100MCG	Non Preferred	PA
TIROSINT CAP 112MCG	Non Preferred	PA
TIROSINT CAP 125MCG	Non Preferred	PA
TIROSINT CAP 137MCG	Non Preferred	PA
TIROSINT CAP 150MCG	Non Preferred	PA
TIROSINT CAP 175MCG	Non Preferred	PA
TIROSINT CAP 200	Non Preferred	PA
TIROSINT-SOL SOL 13MCG/ML	Non Preferred	PA
TIROSINT-SOL SOL 25MCG/ML	Non Preferred	PA
TIROSINT-SOL SOL 50MCG/ML	Non Preferred	PA
TIROSINT-SOL SOL 75MCG/ML	Non Preferred	PA
TIROSINT-SOL SOL 88MCG/ML	Non Preferred	PA
TIROSINT-SOL SOL 100MCG	Non Preferred	PA
TIROSINT-SOL SOL 112MCG	Non Preferred	PA
TIROSINT-SOL SOL 125MCG	Non Preferred	PA
TIROSINT-SOL SOL 137MCG	Non Preferred	PA
TIROSINT-SOL SOL 150MCG	Non Preferred	PA
TIROSINT-SOL SOL 175MCG	Non Preferred	PA
TIROSINT-SOL SOL 200MCG	Non Preferred	PA

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
ADACEL INJ	Preferred	PA, ST; AGE (Min age 19 years); Requires history of prenatal vitamins in past 90 days

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INJ	Preferred	PA, ST; AGE (Min age 19 years); Requires history of prenatal vitamins in past 90 days
TDVAX INJ 2-2 LF	Preferred	QL (Max 1 injection every 10 years); AGE (Min age 19 years)
TENIVAC INJ 5-2LF	Preferred	QL (Max 1 injection every 10 years); AGE (Min age 19 years)

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

ANTISPASMODICS

Drug Name	Drug Tier	Requirements/Limits
ANASPAZ TAB 0.125MG	Non Preferred	QL (12 ea per day), PA
BELLA/OPIUM SUP 16.2-30	Preferred	
BELLA/OPIUM SUP 16.2-60	Preferred	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	Non Preferred	PA
CUVPOSA SOL 1MG/5ML	Non Preferred	PA
dicyclomine hcl cap 10 mg	Preferred	QL (4 ea per day)
dicyclomine hcl oral soln 10 mg/5ml	Preferred	QL (80 mL per day)
dicyclomine hcl tab 20 mg	Preferred	QL (8 ea per day)
GLYCATE TAB 1.5MG	Non Preferred	PA
glycopyrrolate tab 1 mg	Preferred	
glycopyrrolate tab 2 mg	Preferred	
hyoscyamine sulfate elixir 0.125 mg/5ml	Preferred	QL (60 mL per day)
hyoscyamine sulfate sl tab 0.125 mg	Preferred	QL (12 ea per day)
hyoscyamine sulfate soln 0.125 mg/ml	Preferred	QL (60 mL per day)
hyoscyamine sulfate tab 0.125 mg	Preferred	QL (12 ea per day)
hyoscyamine sulfate tab disint 0.125 mg	Preferred	QL (12 ea per day)
hyoscyamine sulfate tab er 12hr 0.375 mg	Preferred	QL (4 ea per day)
LEVSIN TAB 0.125MG	Non Preferred	QL (12 ea per day), PA
LEVSIN/SL SUB 0.125MG	Non Preferred	QL (12 ea per day), PA
LIBRAX CAP 5-2.5MG	Non Preferred	PA
methscopolamine bromide tab 2.5 mg	Non Preferred	PA
methscopolamine bromide tab 5 mg	Non Preferred	PA
oscimin tab 0.125mg	Preferred	QL (12 ea per day)

Drug Name	Drug Tier	Requirements/Limits
propantheline bromide tab 15 mg	Preferred	

H-2 ANTAGONISTS

Drug Name	Drug Tier	Requirements/Limits
cimetidine hcl soln 300 mg/5ml	Preferred	QL (60 mL per day)
cimetidine tab 200 mg	Preferred	QL (4 ea per day)
cimetidine tab 300 mg	Preferred	QL (2 ea per day)
cimetidine tab 400 mg	Preferred	QL (2 ea per day)
cimetidine tab 800 mg	Preferred	QL (2 ea per day)
famotidine for susp 40 mg/5ml	Preferred	QL (5 mL per day)
famotidine tab 10 mg	Preferred	OTC
famotidine tab 20 mg (generic of PEPCID)	Preferred	QL (2 ea per day)
famotidine tab 40 mg (generic of PEPCID)	Preferred	QL (2 ea per day)
nizatidine cap 150 mg	Preferred	QL (4 ea per day)
nizatidine cap 300 mg	Preferred	
nizatidine oral soln 15 mg/ml	Preferred	
PEPCID TAB 20MG	Non Preferred	QL (2 ea per day), PA
PEPCID TAB 40MG	Non Preferred	QL (2 ea per day), PA

MISC. ANTI-ULCER

Drug Name	Drug Tier	Requirements/Limits
CARAFATE SUS 1GM/10ML	Preferred	QL (40 mL per day)
CARAFATE TAB 1GM	Non Preferred	QL (4 ea per day), PA
sucralfate susp 1 gm/10ml (generic of CARAFATE)	Preferred	QL (40 mL per day)
sucralfate tab 1 gm (generic of CARAFATE)	Preferred	QL (4 ea per day)

PROTON PUMP INHIBITORS

Drug Name	Drug Tier	Requirements/Limits
ACIPHEX SPR CAP 5MG	Non Preferred	PA
ACIPHEX SPR CAP 10MG	Non Preferred	PA
ACIPHEX TAB 20MG	Non Preferred	PA
DEXILANT CAP 30MG DR	Non Preferred	PA
DEXILANT CAP 60MG DR	Non Preferred	PA
esomeprazole magnesium cap delayed release 20 mg (base eq) (generic of NEXIUM)	Non Preferred	QL (2 ea per day), PA
esomeprazole magnesium cap delayed release 40 mg (base eq) (generic of NEXIUM)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium for delayed release susp packet 10 mg (generic of NEXIUM)	Non Preferred	PA
esomeprazole magnesium for delayed release susp packet 20 mg (generic of NEXIUM)	Non Preferred	PA
esomeprazole magnesium for delayed release susp packet 40 mg (generic of NEXIUM)	Non Preferred	PA
lansoprazole cap delayed release 15 mg (generic of PREVACID)	Non Preferred	QL (2 ea per day), PA
lansoprazole cap delayed release 30 mg (generic of PREVACID)	Non Preferred	PA
lansoprazole tab delayed release orally disintegrating 15 mg (generic of PREVACID SOLUTAB)	Preferred	AGE (Max age 10 years)
lansoprazole tab delayed release orally disintegrating 30 mg (generic of PREVACID SOLUTAB)	Preferred	AGE (Max age 10 years)
NEXIUM CAP 20MG	Non Preferred	QL (2 ea per day), PA
NEXIUM CAP 40MG	Non Preferred	PA
NEXIUM GRA 2.5MG DR	Non Preferred	PA
NEXIUM GRA 5MG DR	Non Preferred	PA
NEXIUM GRA 10MG DR	Non Preferred	PA
NEXIUM GRA 20MG DR	Non Preferred	PA
NEXIUM GRA 40MG DR	Non Preferred	PA
omeprazole cap delayed release 10 mg	Preferred	QL (3 ea per day)
omeprazole cap delayed release 20 mg	Preferred	QL (3 ea per day)
omeprazole cap delayed release 40 mg	Preferred	QL (1 ea per day)
pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)	Preferred	QL (1 ea per day)
pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)	Preferred	QL (3 ea per day)
PREVACID CAP 15MG DR	Non Preferred	QL (2 ea per day), PA
PREVACID CAP 30MG DR	Non Preferred	PA
PREVACID TAB 15MG STB	Non Preferred	PA; AGE (Max age 10 years)

Drug Name	Drug Tier	Requirements/Limits
PREVACID TAB 30MG STB	Non Preferred	PA; AGE (Max age 10 years)
PRILOSEC POW 2.5MG	Non Preferred	PA
PRILOSEC POW 10MG	Non Preferred	PA
PROTONIX PAK	Non Preferred	PA
PROTONIX TAB 20MG	Non Preferred	QL (1 ea per day), PA
PROTONIX TAB 40MG	Non Preferred	QL (3 ea per day), PA
rabeprazole sodium ec tab 20 mg (generic of ACIPHEX)	Non Preferred	PA

ULCER DRUGS - PROSTAGLANDINS

Drug Name	Drug Tier	Requirements/Limits
CYTOTEC TAB 100MCG	Non Preferred	QL (4 ea per day), PA
CYTOTEC TAB 200MCG	Non Preferred	QL (4 ea per day), PA
misoprostol tab 100 mcg (generic of CYTOTEC)	Preferred	QL (4 ea per day)
misoprostol tab 200 mcg (generic of CYTOTEC)	Preferred	QL (4 ea per day)

ULCER THERAPY COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
amoxicillin cap-clarithro tab-lansoprazcap dr therapy pack	Non Preferred	PA
OMECLAMOX- MIS PAK	Non Preferred	PA
omeprazole-sodium bicarbonate cap 20-1100 mg (generic of ZEGERID)	Non Preferred	PA
omeprazole-sodium bicarbonate cap 40-1100 mg (generic of ZEGERID)	Non Preferred	PA
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (generic of ZEGERID)	Non Preferred	PA
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (generic of ZEGERID)	Non Preferred	PA
PYLERA CAP	Non Preferred	PA
TALICIA CAP	Non Preferred	PA
ZEGERID CAP 20-1100	Non Preferred	PA
ZEGERID CAP 40-1100	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ZEGERID POW 20-1680	Non Preferred	PA
ZEGERID POW 40-1680	Non Preferred	PA

URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS

URINARY ANTI-INFECTIVE COMBINATIONS

Drug Name	Drug Tier	Requirements/Limits
hyophen tab	Non Preferred	PA
me/naphos/mb tab hyo 1	Non Preferred	PA
phosphasal tab	Non Preferred	PA
urimar-t tab	Non Preferred	PA
urin d/s tab	Non Preferred	PA
uro-458 tab	Non Preferred	PA
UROGESIC- TAB BLUE	Non Preferred	PA
ustell cap	Non Preferred	PA

URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS

Drug Name	Drug Tier	Requirements/Limits
HIPREX TAB 1GM	Non Preferred	PA
MACROBID CAP 100MG	Non Preferred	QL (2 ea per day), PA
MACRODANTIN CAP 25MG	Non Preferred	PA
MACRODANTIN CAP 50MG	Non Preferred	QL (2 ea per day), PA
MACRODANTIN CAP 100MG	Non Preferred	QL (4 ea per day), PA
methenamine hippurate tab 1 gm (generic of HIPREX)	Preferred	
methenamine mandelate tab 0.5 gm	Preferred	
methenamine mandelate tab 1 gm	Preferred	
MONUROL PAK GRANULES	Preferred	
nitrofurantoin macrocrystalline cap 25 mg (generic of MACRODANTIN)	Preferred	
nitrofurantoin macrocrystalline cap 50 mg (generic of MACRODANTIN)	Preferred	QL (2 ea per day)

Drug Name	Drug Tier	Requirements/Limits
nitrofurantoin macrocrystalline cap 100 mg (generic of MACRODANTIN)	Preferred	QL (4 ea per day)
nitrofurantoin monohydrate macrocrystalline cap 100 mg (generic of MACROBID)	Preferred	QL (2 ea per day)
nitrofurantoin susp 25 mg/5ml	Preferred	QL (40 mL per day)

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

Drug Name	Drug Tier	Requirements/Limits
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (generic of ENABLEX)	Non Preferred	PA
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (generic of ENABLEX)	Non Preferred	PA
DETROL LA CAP 2MG	Non Preferred	PA
DETROL LA CAP 4MG	Non Preferred	PA
DETROL TAB 1MG	Non Preferred	QL (2 ea per day), PA
DETROL TAB 2MG	Non Preferred	QL (2 ea per day), PA
DITROPAN XL TAB 5MG	Non Preferred	QL (1 ea per day), PA
DITROPAN XL TAB 10MG	Non Preferred	QL (1 ea per day), PA
ENABLEX TAB 7.5MG	Non Preferred	PA
GELNIQUE GEL 10%	Non Preferred	PA
oxybutynin chloride syrup 5 mg/5ml	Preferred	QL (20 mL per day)
oxybutynin chloride tab 5 mg	Preferred	QL (3 ea per day)
oxybutynin chloride tab er 24hr 5 mg (generic of DITROPAN XL)	Preferred	QL (1 ea per day)
oxybutynin chloride tab er 24hr 10 mg (generic of DITROPAN XL)	Preferred	QL (1 ea per day)
oxybutynin chloride tab er 24hr 15 mg	Preferred	QL (1 ea per day)
OXYTROL DIS 3.9MG/24	Non Preferred	PA
solifenacin succinate tab 5 mg (generic of VESICARE)	Preferred	
solifenacin succinate tab 10 mg (generic of VESICARE)	Preferred	
tolterodine tartrate cap er 24hr 2 mg (generic of DETROL LA)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
tolterodine tartrate cap er 24hr 4 mg (generic of DETROL LA)	Non Preferred	PA
tolterodine tartrate tab 1 mg (generic of DETROL)	Non Preferred	QL (2 ea per day), PA
tolterodine tartrate tab 2 mg (generic of DETROL)	Non Preferred	QL (2 ea per day), PA
TOVIAZ TAB 4MG	Non Preferred	PA
TOVIAZ TAB 8MG	Non Preferred	PA
trospium chloride cap er 24hr 60 mg	Non Preferred	PA
trospium chloride tab 20 mg	Non Preferred	QL (2 ea per day), PA
VESICARE TAB 5MG	Non Preferred	PA
VESICARE TAB 10MG	Non Preferred	PA

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ TAB 25MG	Non Preferred	PA
MYRBETRIQ TAB 50MG	Non Preferred	PA

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

Drug Name	Drug Tier	Requirements/Limits
bethanechol chloride tab 5 mg	Preferred	QL (4 ea per day)
bethanechol chloride tab 10 mg	Preferred	QL (4 ea per day)
bethanechol chloride tab 25 mg (generic of URECHOLINE)	Preferred	QL (4 ea per day)
bethanechol chloride tab 50 mg (generic of URECHOLINE)	Preferred	QL (4 ea per day)
URECHOLINE TAB 25MG	Non Preferred	QL (4 ea per day), PA
URECHOLINE TAB 50MG	Non Preferred	QL (4 ea per day), PA

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

Drug Name	Drug Tier	Requirements/Limits
flavoxate hcl tab 100 mg	Non Preferred	QL (4 ea per day), PA

VACCINES - DRUGS TO PREVENT INFECTIONS

BACTERIAL VACCINES

Drug Name	Drug Tier	Requirements/Limits
PNEUMOVAX 23 INJ 25/0.5	Preferred	QL (Max 2 injections per lifetime); AGE (Min age 19 years)

Drug Name	Drug Tier	Requirements/Limits
PREVNAR 13 INJ	Preferred	QL (Max 1 injection per lifetime); AGE (Min age 19 years)

VIRAL VACCINES

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJ 10/0.5ML	Preferred	QL (Max 3 injections per lifetime); AGE (Min age 19 years)
ENGERIX-B INJ 20MCG/ML	Preferred	QL (Max 3 injections per lifetime); AGE (Min age 19 years)
HAVRIX INJ 720UNIT	Preferred	QL (Max 2 injections per lifetime); AGE (Min age 19 years)
HAVRIX INJ 1440UNIT	Preferred	QL (Max 2 injections per lifetime); AGE (Min age 19 years)
HEPLISAV-B INJ 20/0.5ML	Preferred	QL (Max 3 injections per lifetime); AGE (Min age 19 years)
RECOMBIVA HB INJ 5MCG/0.5	Preferred	QL (Max 3 injections per lifetime); AGE (Min age 19 years)
RECOMBIVA HB INJ 10MCG/ML	Preferred	QL (Max 3 injections per lifetime); AGE (Min age 19 years)
SHINGRIX INJ 50/0.5ML	Preferred	QL (Max 2 injections per lifetime); AGE (Min age 50 years)
TWINRIX INJ	Preferred	QL (Max 3 injections per lifetime); AGE (Min age 19 years)
VAQTA INJ 25/0.5ML	Preferred	QL (Max 2 injections per lifetime); AGE (Min age 19 years)
VAQTA INJ 50UNT/ML	Preferred	QL (Max 2 injections per lifetime); AGE (Min age 19 years)
ZOSTAVAX INJ	Preferred	QL (Max 1 injection per lifetime); AGE (Min age 50 years)

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

MISCELLANEOUS VAGINAL PRODUCTS

Drug Name	Drug Tier	Requirements/Limits
INTRAROSA SUP 6.5MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
TRIMO-SAN GEL	Non Preferred	PA

VAGINAL ANTI-INFECTIVES

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN CRE 2% VAG	Non Preferred	PA
CLEOCIN SUP 100MG	Preferred	
clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)	Preferred	
CLINDESSE CRE 2%	Non Preferred	PA
clotrimazole vaginal cream 1%	Preferred	OTC
clotrimazole vaginal cream 2%	Preferred	OTC
GYNAZOLE-1 CRE 2%	Non Preferred	PA
metronidazole vaginal gel 0.75%	Preferred	QL (70 gm / 5 days)
miconazole 3 sup 200mg	Preferred	
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	Preferred	OTC
miconazole nitrate vaginal cream 2%	Preferred	OTC
miconazole nitrate vaginal cream 4% (200 mg/5gm)	Preferred	OTC
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit	Preferred	OTC
miconazole nitrate vaginal suppos 100 mg	Preferred	OTC
NUVESSA GEL 1.3%	Non Preferred	PA
terconazole vaginal cream 0.4%	Preferred	
terconazole vaginal cream 0.8%	Preferred	
terconazole vaginal suppos 80 mg	Preferred	QL (1 ea per day)
tioconazole vaginal oint 6.5%	Preferred	OTC
vandazole gel 0.75%	Preferred	QL (70 gm / 5 days)

VAGINAL ESTROGENS

Drug Name	Drug Tier	Requirements/Limits
ESTRACE VAG CRE 0.01%	Non Preferred	QL (1.42 gm per day), PA
estradiol vaginal cream 0.1 mg/gm (generic of ESTRACE)	Preferred	QL (1.42 gm per day)
estradiol vaginal tab 10 mcg (generic of ESTRADIOL VAGINAL TAB 10 MCG)	Non Preferred	PA
ESTRING MIS 2MG	Non Preferred	PA
FEMRING MIS 0.1MG/24	Non Preferred	PA
FEMRING MIS 0.05/24H	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAIN SUP 4MCG	Non Preferred	PA
IMVEXXY MAIN SUP 10MCG	Non Preferred	PA
IMVEXXY STRT SUP 4MCG	Non Preferred	PA
IMVEXXY STRT SUP 10MCG	Non Preferred	PA
PREMARIN VAG CRE 0.625MG	Preferred	
VAGIFEM TAB 10MCG	Non Preferred	PA

VAGINAL PROGESTINS

Drug Name	Drug Tier	Requirements/Limits
CRINONE GEL 4% VAG	Non Preferred	PA
CRINONE GEL 8% VAG	Non Preferred	PA
ENDOMETRIN SUP 100MG	Preferred	

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

Drug Name	Drug Tier	Requirements/Limits
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	Preferred	QL (2 ea / 25 days)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic of EPIPEN 2-PAK)	Preferred	QL (2 ea / 25 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (generic of EPIPEN-JR 2-PAK)	Preferred	QL (2 ea / 25 days)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	Preferred	
EPIPEN 2-PAK INJ 0.3MG	Non Preferred	QL (2 ea / 25 days), PA
EPIPEN-JR INJ 0.15MG	Non Preferred	QL (2 ea / 25 days), PA
SYMJEPI INJ 0.3MG	Non Preferred	PA
SYMJEPI INJ 0.15MG	Non Preferred	PA

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

Drug Name	Drug Tier	Requirements/Limits
NORTHERA CAP 100MG	Non Preferred	SP, PA
NORTHERA CAP 200MG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
NORTHERA CAP 300MG	Non Preferred	SP, PA

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

Drug Name	Drug Tier	Requirements/Limits
midodrine hcl tab 2.5 mg	Preferred	QL (3 ea per day)
midodrine hcl tab 5 mg	Preferred	QL (3 ea per day)
midodrine hcl tab 10 mg	Preferred	QL (3 ea per day)

VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

Drug Name	Drug Tier	Requirements/Limits
cholecalciferol cap 1000 unit	Preferred	OTC
cholecalciferol cap 2000 unit	Preferred	OTC
cholecalciferol cap 5000 unit	Preferred	OTC
cholecalciferol cap 10000 unit	Preferred	OTC
cholecalciferol cap 50000 unit	Preferred	OTC
cholecalciferol chew tab 400 unit	Preferred	OTC
cholecalciferol oral liquid 400 unit/ml	Preferred	OTC
cholecalciferol tab 400 unit	Preferred	OTC
cholecalciferol tab 1000 unit	Preferred	OTC
cholecalciferol tab 2000 unit	Preferred	OTC
cholecalciferol tab 5000 unit	Preferred	OTC
ergocalciferol cap 1.25 mg (50000 unit) (generic of DRISDOL)	Preferred	QL (6 ea per day)

WATER SOLUBLE VITAMINS

Drug Name	Drug Tier	Requirements/Limits
ascorbic acid tab 500 mg	Preferred	OTC
niacin cap er 250 mg	Preferred	OTC
niacin cap er 500 mg	Preferred	OTC
niacin tab 100 mg	Preferred	OTC
niacin tab 500 mg	Preferred	OTC
niacin tab er 250 mg	Preferred	OTC
niacin tab er 750 mg	Preferred	OTC
niacinamide tab 500 mg	Preferred	OTC
pyridoxine hcl tab 25 mg	Preferred	OTC
pyridoxine hcl tab 50 mg	Preferred	OTC
pyridoxine hcl tab 100 mg	Preferred	OTC
riboflavin tab 100 mg	Preferred	OTC
thiamine hcl tab 50 mg	Preferred	OTC
thiamine hcl tab 100 mg	Preferred	OTC

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