



August 2023

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



Your Extended Family

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Molina Healthcare of Michigan
Medicaid**

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 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language
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Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (248) 925-1765.

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

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

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

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

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Molina Healthcare of Michigan Preferred Drug List (Formulary)

(08/01/2023)

INTRODUCTION

The Michigan Department of Health and Human Services has worked with its health plan partners to create a list of drugs that all Medicaid health plans must cover. This list is called the *Michigan Medicaid Managed Care Common Formulary*.

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

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

This Formulary is up to date through its date of publication. Please notify Molina Healthcare of Michigan at MMIPharmacyOps@MolinaHealthCare.Com or 1-855-322-4077 with any mistakes in the formulary.

Molina Healthcare of Michigan only covers drugs made by a manufacturer that participates in the Federal Medicaid drug rebate program. Drugs obtained through the Molina Healthcare of Michigan 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. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., *atorvastatin*).
- Listed products on the document generally include all strengths and dosage forms of the cited product.
- This document may not contain all available dosage forms (including injectable dosage forms).
- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products are listed separately.
- 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. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. This document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

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

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

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

PLAN DESIGN

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

CATEGORIES OF CONSIDERATION

OPIOID ANALGESICS

All Opioid Analgesics are subject to a Morphine Equivalent Dose of 90MME per day and Acute Pain Duration Limits.

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 (888) 373-3059. 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 Molina Healthcare of Michigan Pharmacy Department, please provide relevant information with the Prior Authorization request such as medication log, progress notes documenting previous use of Formulary medications, and/or lab reports.

LEGEND

Term	Definition
AGE	Age Limit
MED	Max 90 mg Morphine EQ Dose Per Day
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
Biologic	MI Biologic Class
Preferred	Preferred product, requires Prior Authorization if PA indicator is present
Non-preferred	Non-Preferred product, requires Prior Authorization and documentation of medical necessity

REQUESTING FORMULARY CHANGES

If you are a prescriber and would like to request a formulary change, please submit your request and rationale to the Michigan Medicaid Health Plan Common Formulary with your contact information.

Email: MDHHSCommonFormulary@michigan.gov

STATE OF MICHIGAN, MEDICAID CARVE-OUT

The State of Michigan enacted a carve-out for Medicaid beneficiaries. This impacts all Medicaid members including Healthy Michigan Medicaid members. Claims for these medications must be submitted directly to the State Fee-for-Service Pharmacy Program, Magellan. These medications are subject to a \$1.10 or \$3.30 copay. The Medicaid Carve-Out includes:

- ADHD Stimulants
- Anticonvulsants
- Antidepressants
- Antineoplastic-Hypoxia Inducible Factor (HIF) Inhibitors
- Antipsychotics
- Antiretroviral Agents
- Benzodiazepines
- Drugs to treat substance abuse disorders
- Hemophilia Factor products
- Hepatitis C Agents
- Kinase Inhibitors
- Mood Stabilizers

STATE OF MICHIGAN, MEDICAID CARVE-OUT LIST

Medications on the Medicaid Carve-Out List include all dosage forms, i.e. oral, injectable, etc.

ABILIFY (aripiprazole)	APTIVUS (tipranavir)	CERDELGA (eliglustat)
ABILIFY ASIMTUFI (aripiprazole injection)	ARCALYST (rilonacept)	CEREBYX (fosphenytoin)
ABILIFY MYCITE (aripiprazole tab with sensor)	ARISTADA (aripiprazole lauroxil ER)	CEREZYME (imiglucerase)
ABILIFY MAINTENA (aripiprazole injection)	ARTANE (trihexyphenidyl)	CIMDUO (lamivudine/tenofovir DF)
ACTHAR (corticotropin)	ASENDIN (amoxapine)	CINRYZE (C1 esterase inhibitor)
ADAGEN (pegademase bovine)	ATIVAN (lorazepam)	CLOZARIL (clozapine)
ADASUVE (loxapine)	ATRIPLA (efavirenz-emtricitabine-tenofovir disoproxil)	CLOZAPINE ODT
ADDERALL (amphetamine-dextroamphetamine)	AUVELITY (dextromethorphan HBr-bupropion HCl)	COGENTIN (benztropine)
ADDERALL XR (amphetamine-dextroamphetamine ER)	AYVAKIT (avapritinib)	COMBIVIR (lamivudine-zidovudine)
ADHANSIA XR (methylphenidate ER)	AZSTARYS (serdexmethylphenidate/dexmethylphenidate)	COMETRIQ (cabozantinib)
ADVATE (antihemophilic factor)	BALVERSA (erdafitinib)	COMPLERA (emtricitabine/rilpivirine/tenofovir)
ADYNOVATE (antihemophilic factor)	BANZEL (rufinamide)	CONCERTA (methylphenidate ER)
ADZENYS XR-ODT (amphetamine ER)	BELSOMRA (suvorexant)	COPIKTRA (duvelisib)
AFSTYLA (antihemophilic factor)	BENEFIX (coagulation factor IX)	CORIFACT (factor XIII concentrate)
ALBUKED-25 (albumin, human)	BERINERT (C1 esterase inhibitor)	CORTROSYN (cosyntropin)
ALBUKED-5 (albumin, human)	BIKTARVY (bictegravir-emtricitabine-tenofovir alafenamide)	COSELA (trilaciclib dihydrochloride)
ALBURX (albumin, human)	BOSULIF (bosutinib)	COTELLIC (cobimetinib)
ALBUMINAR-25 (albumin, human)	BRISDELLE (paroxetine mesylate)	COTEMPLA XR-ODT (methylphenidate ER)
ALBUMINEX (albumin, human)	BRIVIACT (brivaracetam)	CYKLOKAPRON (tranexamic acid)
ALBUTEIN (albumin, human)	BRUKINSA (zanubrutinib)	CYMBALTA (duloxetine DR)
ALDURAZYME (laronidase)	BUNAVAIL (buprenorphine-naloxone)	CYSTADANE (betaine)
ALECENSA (alectinib)	BUPHENYL (sodium phenylbutyrate)	DALMANE (flurazepam)
ALIQOPA (copanlisib)	BUSPAR (buspirone)	DAYBUE (trofinetide)
ALPHANATE (antihemophilic factor/VWF)	BUTISOL (butabarbital)	DAYTRANA (methylphenidate)
ALPHANINE SD (coagulation factor IX)	BYLVAY (odevixibat)	DAYVIGO (lemborexant)
ALPRAZOLAM ODT	CABENUVA (cabotegravir/rilpivirine)	DELSTRIGO (doravirine-lamivudine-tenofovir disoproxil)
ALPRAZOLAM XR	CABOMETRYX (cabozantinib)	DEPAACON (valproate)
ALPROLIX (coagulation factor IX)	CALQUENCE (acalabrutinib)	DEPAKENE (valproic acid)
ALTUVIIIIO (antihemophilic factor)	CAMPRAL (acamprosate)	DEPAKOTE (divalproex sodium DR)
ALUNBRIG (brigatinib)	CAPLYTA (lumateperone)	DEPAKOTE ER (divalproex sodium ER)
AMBIEN (zolpidem)	CAPRELSA (vandetanib)	DESCOVY (emtricitabine-tenofovir alafenamide)
AMBIEN CR (zolpidem ER)	CARBAGLU (carglumic acid)	DESOXYN (methamphetamine)
AMICAR (aminocaproic acid)	CARBATROL (carbamazepine ER)	DESYREL (trazodone)
AMMONUL (sodium benzoate-sodium phenylacetate)	CARNITOR (levocarnitine)	DEXEDRINE (dextroamphetamine)
AMONDYS-45 (casimersen)	CARNITOR SF (levocarnitine)	DIACOMIT (stiripentol)
ANAFRANIL (clomipramine)	CEDELGA (eliglustat tartrate)	DIASTAT (diazepam)
ANTABUSE (disulfiram)	CELEXA (citalopram)	DIASTAT ACUDIAL (diazepam)
APLENZIN (bupropion ER)	CELONTIN (methsuximide)	DILANTIN (phenytoin)
APTENSIO XR (methylphenidate ER)	CEREBYX (fosphenytoin sodium)	DOVATO (dolutegravir/lamivudine)
APTIOM (eslicarbazepine)	CEPROTIN (protein C concentrate)	DRIZALMA (duloxetine DR)

DYANAVEL XR (amphetamine ER)	GABITRIL (tiagabine)	KEPPRA (levetiracetam)
EDLUAR (zolidem tartrate)	GALAFOLD (migalastat)	KEPPRA XR (levetiracetam ER)
EDURANT (rilpivirine)	GAVRETO (pralsetinib)	KETAMINE (ketamine HCl troche)
EFFEXOR (venlafaxine)	GENERLAC (lactulose)	KHEDEZLA (desvenlafaxine ER)
EFFEXOR XR (venlafaxine ER)	GENVOYA (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)	KINERET (anakinra)
ELAPRASE (idursulfase)	GEODON (ziprasidone)	KISQALI (ribociclib)
ELAVIL (amitriptyline)	GILOTRIF (afatinib)	KLONOPIN (clonazepam)
ELELYSO (taliglucerase alfa)	GLEEVEC (imatinib)	KOATE-DVI (antihemophilic factor)
ELEPSIA XR (levetiracetam)	HAEGARDA (C1 esterase inhibitor)	KOGENATE FS (antihemophilic factor)
ELOCTATE (antihemophilic factor)	HALCION (triazolam)	KOSELUGO (selumetinib sulfate)
Empaveli (pegcetacoplan)	HALDOL (haloperidol)	KOVALTRY (antihemophilic FVIII, full length)
EMSAM (selegiline)	HARVONI (ledipasvir-sofosbuvir)	KUVAN (sapropterin)
EMTRIVA (emtricitabine)	HEMLIBRA (emicizumab-kxwh)	KYPROLIS (carfilzomib)
ENJAYMO (sutimlimab-JOME)	HEMOFIL M (antihemophilic factor)	LAMICTAL (lamotrigine)
ENULOSE (lactulose)	HETLIOZ (tasimelteon)	LAMICTAL XR (lamotrigine ER)
EPCLUSA (sofosbuvir-velpatasvir)	HETLIOZ LQ (tasimelteon)	LAMICTAL ODT (lamotrigine)
EPIDIOLEX (cannabidiol)	HUMATE-P (antihemophilic factor/VFW)	LATUDA (lurasidone)
EPITOL (carbamazepine)	IBRANCE (palbociclib)	LENVIMA (lenvatinib)
EPIVIR (lamivudine)	ICLUSIG (ponatinib)	LEXAPRO (escitalopram)
EPRONTIA (topiramate)	IDELVION (coagulation factor IX)	LEXIVA (fosamprenavir)
EPZICOM (abacavir-lamivudine)	ILARIS (canakinumab)	LIBRIUM (chlordiazepoxide)
EQUETRO (carbamazepine ER)	IMBRUVICA (ibrutinib)	LIMBITROL (amitriptyline-chlordiazepoxide)
ESKALITH (lithium carbonate)	IMCIVREE (setmelanotide)	LIMBITROL DS (amitriptyline-chlordiazepoxide)
ESKALITH CR (lithium carbonate ER)	INAPSINE (droperidol)	LITHOBID (lithium carbonate ER)
ESPEROCT (antihemophilic factor)	INLYTA (axitinib)	LITHOSTAT (acetohydroxamic acid)
ETRAFON (perphenazine-amitriptyline)	INREBIC (fedratinib)	LORBRENA (lorlatinib)
EVEKEO (amphetamine)	INTELENCE (etravirine)	LOREEV XR (lorazepam)
EVOTAZ (atazanavir-cobicistat)	INTUNIV (guanfacine ER)	LOXITANE (loxapine)
EVRYSDI (risdiplam)	INVEGA (paliperidone ER)	LUDIOMIL (maprotiline)
EXKIVITY (mobocertinib succinate)	INVEGA HAFYERA (paliperidone palmitate)	LUMINAL (phenobarbital)
EXONDYS 51 (eteplirsen)	INVEGA SUSTENNA (paliperidone palmitate)	LUMIZYME (alglucosidase alfa)
FABRAZYME (agalsidase beta)	INVIRASE (saquinavir)	LUNESTA (eszopiclone)
FANAPT (iloperidone)	IRESSA (gefitinib)	LUVOX (fluvoxamine)
FAZACLO (clozapine)	ISENTRESS (raltegravir)	LUVOX CR (fluvoxamine ER)
FEIBA VH (anti inhibitor coagulant complex)	IXINITY (coagulation factor IX)	LYBALVI (olanzapine/samidorphan malate)
FELBATOL (felbamate)	JAYPIRCA (pirtobrutinib)	LYNPARZA (olaparib)
FETZIMA (levomilnacipran)	JIVI (antihemophilic factor, recombinant)	LYRICA (pregabalin)
FIBRYGA (fibrinogen)	JORNAY PM (methylphenidate ER)	LYRICA CR (pregabalin ER)
FINTEPLA (fenfluramine HCl)	JULUCA (dolutegravir/rilpivirine)	LYSTEDA (tranexamic acid)
FIRDAPSE (amifampridine)	KALBITOR (ecallantide)	LYTGOBI (futibatinib)
FLEXBUMIN (albumin, huma)	KALETRA (lopinavir-ritonavir)	MARPLAN (isocarboxazid)
FOCALIN (dexmethylphenidate)	KALYDECO (ivacaftor)	MAVYRET (glecaprevir-pibrentasvir)
FOCALIN XR (dexmethylphenidate ER)	KAPVAY (clonidine ER)	MEKINIST (trametinib)
FORFIVO XL (bupropion ER)	KCENTRA (prothrombin complex concentrate, human)	MEKTOVI (binimetinib)
FOTIVDA (tivozanib)		MEPSEVII (vestronidase alfa-vjbc)
FUZEON (enfuvirtide)		MELLARIL (thioridazine)
FYCOMPA (perampanel)		
GABACAINA (gabapentin/lidocaine)		

METADATE CD (methylphenidate ER)	PIFELTRO (doravirine)	RYDAPT (midostaurin)
METADATE ER (methylphenidate ER)	PIQRAY (alpelisib)	SABRIL (vigabatrin)
METHYLIN (methylphenidate)	PLASBUMIN-25 (albumin, human)	SAPHRIS (asenapine)
MILTOWN (meprobamate)	PLASBUMIN-5 (albumin, human)	SARAFEM (fluoxetine HCl)
MOBAN (molindone)	PLASMANATE (plasma protein fraction)	SCEMBLIX (asciminib hydrochloride)
MYALEPT (metreleptin)	PREZCOBIX (darunavir-cobicistat)	SECUADO (asenapine)
MYDAYIS ER (amphetamine-dextroamphetamine)	PREZISTA (darunavir)	SECONAL (secobarbital)
MYSOLINE (primidone)	PRISTIQ (desvenlafaxine succinate ER)	SELZENTRY (maraviroc)
NARDIL (phenelzine)	PROCENTRA (dextroamphetamine)	SERAX (oxazepam)
NAVANE (thiothixene)	PROFILNINE (factor IX cplx)	SEROQUEL (quetiapine)
NAYZILAM (midazolam)	PROLIXIN (fluphenazine)	SEROQUEL XR (quetiapine ER)
NERLYNX (neratinib)	PROSOM (estazolam)	SERZONE (nefazodone)
NEURONTIN (gabapentin)	PROVIGIL (modafinil)	SEVENFACT (coagulation VIIa, recomb-jncw)
NEXAVAR (sorafenib)	PROZAC (fluoxetine)	SEZABY (phenobarbital)
NEXVIAZYME (avalglucosidase alfa-NGPT)	PROZAC WEEKLY (fluoxetine DR)	SILENOR (doxepin)
NINLARO (ixazomib)	QELBREE (viloxazine)	SINEQUAN (doxepin)
NITYR (nitisinone)	QINLOCK (ripretinib)	SOLIRIS (eculizumab)
NORPRAMIN (desipramine)	QUDEXY XR (topiramate ER)	SONATA (zaleplon)
NORTRIPTYLINE (nortriptyline solution)	QUILLICHEW ER (methylphenidate chew tab ER)	SOVALDI (sofosbuvir)
NORVIR (ritonavir)	QUILLIVANT XR (methylphenidate ER)	SPINRAZA (nusinersen sodium/pf)
NOVOEIGHT (antihemophilic factor)	QUVIVIQ (daridorexant)	SPRAVATO (esketamine HCl)
NOVOSEVEN (coagulation factor VIIa)	RAVICTI (glycerol phenylbutyrate)	SPRITAM (levetiracetam)
NOVOSEVEN RT (coagulation factor VIIa)	REBINYN (factor ix human rec, pegylated)	SPRYCEL (dasatinib)
NUPLAZID (pimavanserin)	RECOMBINATE (antihemophilic factor)	STELAZINE (trifluoperazine)
NUVIGIL (armodafinil)	RELEXXII (methylphenidate)	STIVARGA (regorafenib)
NUWIQ (antihemophilic factor)	REMERON (mirtazapine)	STRATTERA (atomoxetine)
OBIZUR (antihemophilic factor)	RESCRIPTOR (delavirdine)	STRENSIQ (asfotase alfa)
OCTAPLAS (plasma, human)	RESTORIL (temazepam)	STRIBILD (elvitegravir-cobicistat-emtricitabine-tenofovir disoproxil)
ODEFSEY (emtricitabine- rilpivirine-tenofovir alafenamide)	RETEVMO (selpercatinib)	SUBLOCADE (buprenorphine)
ONFI (clobazam)	RETROVIR (zidovudine)	SUBOXONE (buprenorphine-naloxone)
ORAP (pimozide)	REVCovi (elapegademase)	SUBVENITE (lamotrigine)
ORFADIN (nitisinone)	REVIA (naltrexone)	SUBUTEX (buprenorphine)
ORKAMBI (lumacaftor-ivacaftor)	REXULTI (brexpiprazole)	SUNOSI (solriamfetol)
ORLADEYO (berotralstat)	REYATAZ (atazanavir)	SURMONTIL (trimipramine)
OXTELLAR XR (oxcarbazepine ER)	RIASTAP (fibrinogen)	SUSTIVA (efavirenz)
PAMELOR (nortriptyline)	RIBAVIRIN (ribavirin)	SUTENT (sunitinib)
PARNATE (tranylcypromine)	RISPERDAL (risperidone)	SYMBYAX (olanzapine-fluoxetine)
PAXIL (paroxetine HCl)	RISPERDAL CONSTA (risperidone microspheres)	SYMDEKO (tezacaftor-ivacaftor)
PAXIL CR (paroxetine HCl ER)	RITALIN (methylphenidate)	SYMFI (efavirenz/lamivudine/tenofovir)
PEGASYS (peginterferon alfa-2a)	RITALIN LA, SR (methylphenidate ER)	SYMPAZAN (clobazam)
PEGINTRON (peginterferon alfa-2b)	RIXUBIS (coagulation factor IX)	SYMTUZA (darunavir-cobicistat-emtricitabine-tenofovir alafenamide)
PEMAZYRE (pemigatinib)	ROWEEPRA (levetiracetam)	TABRECTA (capmatinib hydrochloride)
PERSERIS (risperidone ER injection)	ROZEREM (ramelteon)	TAFINLAR (dabrafenib)
PEXEVA (paroxetine mesylate)	ROZLYTREK (entrectinib)	TAGRISSO (osimertinib)
PHEBURANE (sodium phenylbutyrate)	RUBRACA (rucaparib)	TAKHZYRO (lanadelumab-flyo)
PHENYTEK (phenytoin ER)	RUCONEST (C1 esterase inhibitor)	TALZENNA (talazoparib)
	RUKOBIA (fostemsavir)	

TARCEVA (erlotinib)	TYBOST (cobicistat)	VPRIV (velaglucerase alfa)
TASIGNA (nilotinib)	TYKERB (lapatinib)	VRAYLAR (cariprazine)
TECHNIVIE (ombitasvir-paritaprevir-ritonavir)	UKONIQ (umbralisib tosylate)	VYONDYS 53 (golodirsen)
TEGRETOL (carbamazepine)	ULTOMIRIS (ravulizumab-cwvz)	VYVANSE (lisdexamfetamine)
TEGRETOL XR (carbamazepine ER)	UZEDY (risperidone injection)	WAKIX (pitolisant)
TEMIXYS (lamivudine/tenofovir disoproxil fumarate)	VALIUM (diazepam)	WELIREG (belzutifan)
TEPMETKO (tepotinib HCl)	VALTOCO (diazepam)	WELLBUTRIN (bupropion)
THORAZINE (chlorpromazine)	VANSPAR (buspirone)	WELLBUTRIN SR, XL (bupropion ER)
THROMBATE III (antithrombin III)	VELCADE (bortezomib)	WILATE (antihemophilic factor/VFW)
TIVICAY (dolutegravir)	VERSACLOZ (clozapine)	XALKORI (crizotinib)
TOFRANIL (imipramine HCl)	VERZENIO (abemaciclib)	XANAX (alprazolam)
TOFRANIL-PM (imipramine pamoate)	VIDEX (didanosine)	XANAX XR (alprazolam ER)
TOPAMAX (topiramate)	VIDEX EC(didanosine DR)	XCOPRI (cenobamate)
TRANXENE (clorazepate)	VIEKIRA (ombitasvir-paritaprevir-ritonavir + dasabuvir)	XELSTRYM (dextroamphetamine patch)
TRETEN (coagulation factor XIII A-subunit)	VIEKIRA XR (dasabuvir-ombitasvir-paritaprevir-ritonavir ER)	XOSPATA (gilteritinib)
TRIAVIL (perphenazine-amitriptyline)	VIIBRYD (vilazodone)	XYNTHA (antihemophilic factor)
TRIKAFTA (elexacaftor/tezacaftor/ivacaftor)	VILTEPSO (viltolarsen)	XYNTHA SOLOFUSE (antihemophilic factor)
TRILAFON (perphenazine)	VIMIZIM (elosulfase alfa)	ZARONTIN (ethosuximide)
TRILEPTAL (oxcarbazepine)	VIMPAT (lacosamide)	ZAVESCA (miglustat)
TRINTELLIX (vortioxetine)	VIRACEPT (nelfinavir)	ZEJULA (niraparib)
TRIUMEQ (abacavir-dolutegravir-lamivudine)	VIRAMUNE (nevirapine)	ZELBORAF (vemurafenib)
TRIZIVIR (abacavir-lamivudine-zidovudine)	VIRAMUNE XR (nevirapine ER)	ZENZEDI (dextroamphetamine)
TROGARZO (ibalizumab-uiyk)	VIREAD (tenofovir disoproxil)	ZEPATIER (elbasvir-grazoprevir)
TROKENDI XR (topiramate ER)	VITRAKVI (larotrectinib)	ZERIT (stavudine)
TRUSELTIQ (infigratinib)	VIVACTIL (protriptyline)	ZIAGEN (abacavir)
TRUVADA (emtricitabine-tenofovir disoproxil)	VIVITROL (naltrexone ER)	ZOKINVY (lonafarnib)
TUKYSA (tucatinib)	VIZIMPRO (dacomitinib)	ZOLOFT (sertraline)
TURALIO (pexidartinib)	VONVENDI (Von Willebrand factor)	ZONEGRAN (zonisamide)
	VOSEVI (sofosbuvir-velpatasvir-voxilaprevir)	ZTALMY (ganaxolone)
	VOTRIENT (pazopanib)	ZUBSOLV (buprenorphine-naloxone)
	VOXZOGO (vosoritide)	ZYDELIG (idelalisib)
		ZYKADIA (ceritinib)
		ZYPREXA (olanzapine)

NON-COVERED MEDICATIONS

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

- Drugs for Cosmetic Purposes
- Experimental or Investigational Medications
- Convenience Dosage Forms not listed in the Formulary
- Fertility Drugs
- Sexual Dysfunction Drugs
- OTC Medications not listed on the Formulary
- Medications used for non-FDA approved indications, unless approved by Medical Director
- 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)

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.

NOTICE

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FORMULARY UPDATES

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date Effective	Product Name	Change	Notes
8/1/2023	ALVESCO AER 160MCG	Update brand to preferred	
8/1/2023	ALVESCO AER 80MCG	Update brand to preferred	
8/1/2023	Anoro Ellipta AEPB 62.5-25MCG/ACT	Add QL	180 per 90 days
8/1/2023	Anoro Ellipta AEPB 62.5-25MCG/ACT	Add QL	42 per 90 days
8/1/2023	BEVESPI AEROSPHERE INHALER	Add QL	32.1 per 90 days
8/1/2023	Breztri Aerosphere AERO 160-9-4.8MCG/ACT	Add QL	17.7 per 90 days
8/1/2023	Breztri Aerosphere AERO 160-9-4.8MCG/ACT	Add QL	32.1 per 90 days
8/1/2023	BUDESONIDE SUS 0.25MG/2	Add QL	2 per day
8/1/2023	BUDESONIDE SUS 0.5MG/2	Add QL	2 per day
8/1/2023	BUDESONIDE SUS 1MG/2ML	Add QL	2 per day
8/1/2023	CELEBREX CAP 100MG	Remove ST	
8/1/2023	CELEBREX CAP 200MG	Remove ST	
8/1/2023	CELEBREX CAP 400MG	Remove ST, update QL	1 per day
8/1/2023	CELEBREX CAP 50MG	Remove ST	
8/1/2023	CELECOXIB CAP 100MG	Remove ST	
8/1/2023	CELECOXIB CAP 200MG	Remove ST	
8/1/2023	CELECOXIB CAP 400MG	Remove ST, update QL	1 per day
8/1/2023	CELECOXIB CAP 50MG	Remove ST	
8/1/2023	CLINDESSE CRE 2%	Update to preferred	
8/1/2023	CLOPIDOGREL TAB 75MG	Add QL	1 per day
8/1/2023	COMBIVENT AER 20-100	Add QL	20 per 90 days
8/1/2023	DABIGATRAN CAP 150MG	Add QL	2 per day
8/1/2023	DABIGATRAN CAP 75MG	Add QL	2 per day
8/1/2023	DIFICID SUS	Update to preferred	
8/1/2023	DIFICID TAB 200MG	Update to preferred	

Date Effective	Product Name	Change	Notes
8/1/2023	ELIQUIS ST P TAB 5MG	Add QL	74 per 30 days
8/1/2023	ELIQUIS TAB 2.5MG	Add QL	2 per day
8/1/2023	ELIQUIS TAB 5MG	Add QL	218 per 102 days
8/1/2023	ESOMEPRAZOLE GRA 10MG DR	Add QL	2 per day
8/1/2023	ESOMEPRAZOLE GRA 20MG DR	Add QL	2 per day
8/1/2023	ESOMEPRAZOLE GRA 40MG DR	Add QL	2 per day
8/1/2023	EXELDERM CRE 1%	Remove brand from formulary	
8/1/2023	EXELDERM SOL 1%	Remove brand from formulary	
8/1/2023	Fluticasone Propionate Nasal Susp 50 MCG/ACT	Remove from formulary	
8/1/2023	Incruse Ellipta AEPB 62.5MCG/ACT	Add QL	21 per 90 days
8/1/2023	Incruse Ellipta AEPB 62.5MCG/ACT	Add QL	90 per 90 days
8/1/2023	KITABIS PAK NEB 300/5ML	Remove from formulary	
8/1/2023	NEXIUM GRA 10MG DR	Add QL	2 per day
8/1/2023	NEXIUM GRA 2.5MG DR	Add QL	2 per day
8/1/2023	NEXIUM GRA 20MG DR	Add QL	2 per day
8/1/2023	NEXIUM GRA 40MG DR	Add QL	2 per day
8/1/2023	NEXIUM GRA 5MG DR	Add QL	2 per day
8/1/2023	Omeprazole Cap Delayed Release 10 MG	Add QL	2 per day
8/1/2023	Omeprazole Cap Delayed Release 20 MG	Add QL	2 per day
8/1/2023	Omeprazole Cap Delayed Release 40 MG	Add QL	2 per day
8/1/2023	PANTOPRAZOLE PAK 40MG	Add QL	2 per day
8/1/2023	PANTOPRAZOLE TAB 20MG	Add QL	2 per day
8/1/2023	PANTOPRAZOLE TAB 40MG	Add QL	2 per day
8/1/2023	PLAVIX TAB 75MG	Add QL	1 per day
8/1/2023	PRADAXA CAP 110MG	Add QL	4 per day
8/1/2023	PRADAXA CAP 150MG	Add QL	2 per day
8/1/2023	PRADAXA CAP 75MG	Add QL	2 per day
8/1/2023	PROTONIX PAK 40MG	Add QL	2 per day
8/1/2023	PROTONIX TAB 20MG	Add QL	2 per day
8/1/2023	PROTONIX TAB 40MG	Add QL	2 per day
8/1/2023	PULMICORT SUS 0.25MG/2	Add QL	2 per day

Date Effective	Product Name	Change	Notes
8/1/2023	PULMICORT SUS 0.5MG/2	Add QL	2 per day
8/1/2023	PULMICORT SUS 1MG/2ML	Add QL	2 per day
8/1/2023	Roflumilast Tab 250 MCG	Update to preferred with PA	
8/1/2023	Roflumilast Tab 500 MCG	Update to preferred with PA	
8/1/2023	STIMUFEND INJ 6/0.6ML	Add to formulary, non-pref, PA, QL	0.6 per 10 days
8/1/2023	STIOLTO RESPIMAT INHAL SPRAY	Add QL	12 per 90 days
8/1/2023	TOBRAMYCIN NEB 300/5ML	Add to formulary, non-preferred with PA	
8/1/2023	Tobramycin Nebu Soln 300 MG/5ML	Update to preferred	
8/1/2023	Trelegy Ellipta AEPB 100-62.5-25MCG/ACT	Add QL	180 per 90 days
8/1/2023	Trelegy Ellipta AEPB 100-62.5-25MCG/ACT	Add QL	84 per 90 days
8/1/2023	XARELTO STAR TAB 15/20MG	Add QL	51 per 30 days
8/1/2023	XARELTO SUS 1MG/ML	Add QL	20 mL per day
8/1/2023	XARELTO TAB 10MG	Add QL	1 per day
8/1/2023	XARELTO TAB 2.5MG	Add QL	2 per day
8/1/2023	XARELTO TAB 20MG	Add QL	1 per day
8/1/2023	XOPENEX HFA AER	Update to preferred	

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

ANALEPTICS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Pref	AGE (Max 1)
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ANOREXIANTS NON-AMPHETAMINE

ADIPEX-P CAP 37.5MG	Pref	PA; AGE (Min 18)
ADIPEX-P TAB 37.5MG	Pref	PA; AGE (Min 18)
<i>benzphetamine hcl tab 50 mg</i>	Pref	PA; AGE (Min 18)
<i>diethylpropion hcl tab 25 mg</i>	Pref	PA; AGE (Min 18)
<i>diethylpropion hcl tab er 24hr 75 mg</i>	Pref	PA; AGE (Min 18)
LOMAIRA TAB 8MG	Pref	PA; AGE (Min 18)
PHENDIMETRAZ CAP 105MG ER	Pref	PA; AGE (Min 18)
<i>phendimetrazine tartrate tab 35 mg</i>	Pref	PA; AGE (Min 18)
<i>phentermine hcl cap 15 mg</i>	Pref	PA; AGE (Min 18)
<i>phentermine hcl cap 30 mg</i>	Pref	PA; AGE (Min 18)
<i>phentermine hcl cap 37.5 mg</i>	Pref	PA; AGE (Min 18)
<i>phentermine hcl tab 37.5 mg (generic of ADIPEX-P)</i>	Pref	PA; AGE (Min 18)

ANTI-OBESITY AGENTS

CONTRAIVE TAB 8-90MG	Pref	PA; AGE (Min 18)
<i>orlistat cap 120 mg</i>	Pref	PA; AGE (Min 12)
SAXENDA INJ 18MG/3ML	Pref	PA; AGE (Min 12)
WEGOVI INJ 0.5MG	Pref	PA; AGE (Min 12)
WEGOVI INJ 0.25MG	Pref	PA; AGE (Min 12)
WEGOVI INJ 1.7MG	Pref	PA; AGE (Min 12)
WEGOVI INJ 1MG	Pref	PA; AGE (Min 12)
WEGOVI INJ 2.4MG	Pref	PA; AGE (Min 12)
XENICAL CAP 120MG	Pref	PA; AGE (Min 12)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES

ALLERGENIC EXTRACTS

PALFORZIA CAP ESCALAT	Pref	SP, PA; AGE (Min 4, Max 17)
PALFORZIA CAP LEVEL 1	Pref	SP, PA; AGE (Min 4, Max 17)
PALFORZIA CAP LEVEL 2	Pref	SP, PA; AGE (Min 4, Max 17)
PALFORZIA CAP LEVEL 3	Pref	SP, PA; AGE (Min 4, Max 17)
PALFORZIA CAP LEVEL 4	Pref	SP, PA; AGE (Min 4, Max 17)
PALFORZIA CAP LEVEL 5	Pref	SP, PA; AGE (Min 4, Max 17)

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA CAP LEVEL 6	Pref	SP, PA; AGE (Min 4, Max 17)
PALFORZIA CAP LEVEL 7	Pref	SP, PA; AGE (Min 4, Max 17)
PALFORZIA CAP LEVEL 8	Pref	SP, PA; AGE (Min 4, Max 17)
PALFORZIA CAP LEVEL 9	Pref	SP, PA; AGE (Min 4, Max 17)
PALFORZIA CAP LEVEL 10	Pref	SP, PA; AGE (Min 4, Max 17)
PALFORZIA POW LEVEL 11	Pref	SP, PA; AGE (Min 4, Max 17)

ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

<i>melatonin liquid 1 mg/ml</i>	Pref	OTC
<i>melatonin tab 3 mg</i>	Pref	QL (1 tab every 1 day), OTC; AGE (Max 12)
<i>melatonin tab 5 mg</i>	Pref	QL (1 tab every 1 day), OTC; AGE (Max 12)
<i>sleep child/ liq melatoni</i>	Pref	OTC

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

BETHKIS NEB 300/4ML	Pref	QL (90 each every 30 days)
<i>neomycin sulfate tab 500 mg</i>	Pref	QL (90 tabs every 30 days)
<i>paromomycin sulfate cap 250 mg</i>	Pref	QL (90 caps every 30 days)
TOBI PODHALR CAP 28MG	Pref	QL (90 caps every 30 days)
<i>tobramycin nebu soln 300 mg/4ml</i> (generic of BETHKIS)	Non-Pref	PA, QL (90 each every 30 days)
<i>tobramycin nebu soln 300 mg/5ml</i> (generic of KITABIS PAK)	Pref	PA
<i>tobramycin nebu soln 300 mg/5ml</i> (generic of KITABIS PAK)	Non-Pref	PA

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

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML	Pref	BIOLOGIC
HUMIRA INJ 20/0.2ML	Pref	BIOLOGIC
HUMIRA INJ 40/0.4ML	Pref	BIOLOGIC
HUMIRA KIT 40MG/0.8	Pref	BIOLOGIC

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIA INJ CROHNS	Pref	BIOLOGIC
HUMIRA PEN INJ 40/0.4ML	Pref	BIOLOGIC
HUMIRA PEN INJ 40MG/0.8	Pref	BIOLOGIC
HUMIRA PEN INJ 80/0.8ML	Pref	BIOLOGIC
HUMIRA PEN INJ CD/UC/HS	Pref	BIOLOGIC
HUMIRA PEN INJ PS/UV	Pref	BIOLOGIC
HUMIRA PEN KIT CD/UC/HS	Pref	BIOLOGIC
HUMIRA PEN KIT PED UC	Pref	BIOLOGIC
HUMIRA PEN KIT PS/UV	Pref	BIOLOGIC
SIMPONI ARIA SOL 50MG/4ML	Non-Pref	PA; BIOLOGIC
SIMPONI INJ 50/0.5ML	Non-Pref	PA; BIOLOGIC
SIMPONI INJ 100MG/ML	Non-Pref	PA; BIOLOGIC

ANTIRHEUMATIC - ENZYME INHIBITORS

OLUMIANT TAB 1MG	Non-Pref	PA; BIOLOGIC
OLUMIANT TAB 2MG	Non-Pref	PA; BIOLOGIC
OLUMIANT TAB 4MG	Non-Pref	PA; BIOLOGIC
RINVOQ TAB 15MG ER	Non-Pref	PA; BIOLOGIC
RINVOQ TAB 30MG ER	Non-Pref	PA; BIOLOGIC
RINVOQ TAB 45MG ER	Non-Pref	PA; BIOLOGIC
XELJANZ SOL 1MG/ML	Non-Pref	PA; BIOLOGIC
XELJANZ TAB 5MG	Non-Pref	PA; BIOLOGIC
XELJANZ TAB 10MG	Non-Pref	PA; BIOLOGIC
XELJANZ XR TAB 11MG	Non-Pref	PA; BIOLOGIC
XELJANZ XR TAB 22MG	Non-Pref	PA; BIOLOGIC

INTERLEUKIN-6 RECEPTOR INHIBITORS

ACTEMRA INJ 162/0.9	Non-Pref	PA; BIOLOGIC
ACTEMRA INJ ACTPEN	Non-Pref	PA; BIOLOGIC
KEVZARA INJ 150/1.14	Non-Pref	PA; BIOLOGIC
KEVZARA INJ 200/1.14	Non-Pref	PA; BIOLOGIC

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

ARTHROTEC 50 TAB	Non-Pref	PA
ARTHROTEC 75 TAB	Non-Pref	PA
CELEBREX CAP 50MG	Non-Pref	PA, QL (2 caps every 1 day)
CELEBREX CAP 100MG	Non-Pref	PA, QL (2 caps every 1 day)
CELEBREX CAP 200MG	Non-Pref	PA, QL (2 caps every 1 day)
CELEBREX CAP 400MG	Non-Pref	PA, QL (1 cap every 1 day)
<i>celecoxib cap 50 mg</i> (generic of CELEBREX)	Pref	QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib cap 100 mg (generic of CELEBREX)</i>	Pref	QL (2 caps every 1 day)
<i>celecoxib cap 200 mg (generic of CELEBREX)</i>	Pref	QL (2 caps every 1 day)
<i>celecoxib cap 400 mg (generic of CELEBREX)</i>	Pref	QL (1 cap every 1 day)
DAYPRO TAB 600MG	Non-Pref	PA
<i>diclofenac potassium tab 25 mg</i>	Non-Pref	PA
<i>diclofenac potassium tab 50 mg</i>	Non-Pref	PA
<i>diclofenac sodium tab delayed release 25 mg</i>	Pref	
<i>diclofenac sodium tab delayed release 50 mg</i>	Pref	
<i>diclofenac sodium tab delayed release 75 mg</i>	Pref	
<i>diclofenac sodium tab er 24hr 100 mg</i>	Non-Pref	PA
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg (generic of ARTHROTEC 50)</i>	Non-Pref	PA
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg (generic of ARTHROTEC 75)</i>	Non-Pref	PA
DUEXIS TAB 800-26.6	Non-Pref	PA
<i>ec-naproxen tab 375mg (generic of EC-NAPROSYN)</i>	Non-Pref	PA
<i>ec-naproxen tab 500mg (generic of EC-NAPROSYN)</i>	Non-Pref	PA
<i>etodolac cap 200 mg</i>	Non-Pref	PA
<i>etodolac cap 300 mg</i>	Non-Pref	PA
<i>etodolac tab 400 mg (generic of LODINE)</i>	Non-Pref	PA
<i>etodolac tab 500 mg</i>	Non-Pref	PA
<i>etodolac tab er 24hr 400 mg</i>	Non-Pref	PA
<i>etodolac tab er 24hr 500 mg</i>	Non-Pref	PA
<i>etodolac tab er 24hr 600 mg</i>	Non-Pref	PA
FELDENE CAP 10MG	Non-Pref	PA
FELDENE CAP 20MG	Non-Pref	PA
<i>fenoprofen calcium cap 400 mg (generic of NALFON)</i>	Non-Pref	PA
<i>fenoprofen calcium tab 600 mg</i>	Non-Pref	PA
<i>flurbiprofen tab 100 mg</i>	Non-Pref	PA
<i>gnp naproxen cap 220mg</i>	Pref	OTC
<i>ibuprofen cap 200 mg</i>	Pref	OTC
<i>ibuprofen chew tab 100 mg</i>	Pref	OTC
<i>ibuprofen susp 40 mg/ml</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen susp 100 mg/5ml</i>	Pref	
<i>ibuprofen susp 100 mg/5ml</i>	Pref	OTC
<i>ibuprofen tab 100 mg</i>	Pref	OTC
<i>ibuprofen tab 200 mg</i>	Pref	OTC
<i>ibuprofen tab 400 mg</i>	Pref	
<i>ibuprofen tab 600 mg</i>	Pref	
<i>ibuprofen tab 800 mg</i>	Pref	
<i>ibuprofen-famotidine tab 800-26.6 mg</i> (generic of DUEXIS)	Non-Pref	PA
<i>indomethacin cap 25 mg</i>	Pref	
<i>indomethacin cap 50 mg</i>	Pref	
<i>indomethacin cap er 75 mg</i>	Non-Pref	PA
<i>ketoprofen cap 50 mg</i>	Non-Pref	PA
<i>ketoprofen cap er 24hr 200 mg</i>	Non-Pref	PA
KETOR TROMET SPR 15.75MG	Non-Pref	PA
<i>ketorolac tromethamine tab 10 mg</i>	Pref	QL (21 tabs every 30 days)
<i>lofena tab 25mg</i>	Non-Pref	PA
<i>meclofenamate sodium cap 50 mg</i>	Non-Pref	PA
<i>meclofenamate sodium cap 100 mg</i>	Non-Pref	PA
<i>mefenamic acid cap 250 mg</i>	Non-Pref	PA
<i>meloxicam cap 5 mg</i>	Non-Pref	PA
<i>meloxicam cap 10 mg</i>	Non-Pref	PA
<i>meloxicam tab 7.5 mg</i>	Pref	
<i>meloxicam tab 15 mg</i>	Pref	
<i>nabumetone tab 500 mg</i>	Pref	
<i>nabumetone tab 750 mg</i>	Pref	
NALFON CAP 400MG	Non-Pref	PA
NALFON TAB 600MG	Non-Pref	PA
NAPRELAN TAB 375MG CR	Non-Pref	PA
NAPRELAN TAB 500MG CR	Non-Pref	PA
NAPRELAN TAB 750MG CR	Non-Pref	PA
<i>naproxen sodium cap 220 mg</i>	Pref	OTC
<i>naproxen sodium tab 220 mg</i>	Pref	OTC
<i>naproxen sodium tab 275 mg</i>	Non-Pref	PA
<i>naproxen sodium tab 550 mg</i> (generic of ANAPROX DS)	Non-Pref	PA
<i>naproxen sodium tab er 24hr 375 mg</i> (base equiv) (generic of NAPRELAN)	Non-Pref	PA
<i>naproxen sodium tab er 24hr 500 mg</i> (base equiv) (generic of NAPRELAN)	Non-Pref	PA
<i>naproxen sodium tab er 24hr 750 mg</i> (base equiv) (generic of NAPRELAN)	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen susp 125 mg/5ml</i> (generic of NAPROSYN)	Non-Pref	PA
<i>naproxen tab 250 mg</i>	Pref	
<i>naproxen tab 375 mg</i>	Pref	
<i>naproxen tab 500 mg</i> (generic of NAPROSYN)	Pref	
<i>naproxen tab ec 375 mg</i> (generic of EC-NAPROSYN)	Non-Pref	PA
<i>naproxen tab ec 500 mg</i> (generic of EC-NAPROSYN)	Non-Pref	PA
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> (generic of VIMOVO)	Non-Pref	PA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> (generic of VIMOVO)	Non-Pref	PA
<i>oxaprozin tab 600 mg</i> (generic of DAYPRO)	Non-Pref	PA
<i>piroxicam cap 10 mg</i> (generic of FELDENE)	Non-Pref	PA
<i>piroxicam cap 20 mg</i> (generic of FELDENE)	Non-Pref	PA
<i>qc naproxen cap 220mg</i>	Pref	OTC
RELAFEN DS TAB 1000MG	Non-Pref	PA
<i>sulindac tab 150 mg</i>	Pref	
<i>sulindac tab 200 mg</i>	Pref	
<i>tolmetin sodium tab 600 mg</i>	Non-Pref	PA
VIMOVO TAB 375-20MG	Non-Pref	PA
VIMOVO TAB 500-20MG	Non-Pref	PA
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	Non-Pref	PA; BIOLOGIC
OTEZLA TAB 30MG	Non-Pref	PA; BIOLOGIC
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i> (generic of ARAVA)	Pref	QL (1 tab every 1 day)
<i>leflunomide tab 20 mg</i> (generic of ARAVA)	Pref	QL (1 tab every 1 day)
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	Non-Pref	PA; BIOLOGIC
ORENCIA INJ 50/0.4ML	Non-Pref	PA; BIOLOGIC
ORENCIA INJ 87.5/0.7	Non-Pref	PA; BIOLOGIC
ORENCIA INJ 125MG/ML	Non-Pref	PA; BIOLOGIC
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	Pref	BIOLOGIC
ENBREL INJ 25MG	Pref	BIOLOGIC
ENBREL INJ 50MG/ML	Pref	BIOLOGIC
ENBREL MINI INJ 50MG/ML	Pref	BIOLOGIC
ENBREL SRCLK INJ 50MG/ML	Pref	BIOLOGIC

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Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
<i>bac tab (generic of ESGIC)</i>	Pref	AGE (Min 10, Max 64)
<i>butalbital-acetaminophen tab 50-325 mg</i>	Pref	AGE (Min 10, Max 64)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)</i>	Pref	AGE (Min 10, Max 64)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Pref	AGE (Max 64)
ANALGESICS OTHER		
<i>acetaminophen cap 500 mg</i>	Pref	OTC
<i>acetaminophen chew tab 80 mg</i>	Pref	OTC
<i>acetaminophen disintegrating tab 160 mg</i>	Pref	OTC
<i>acetaminophen elixir 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen soln 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen suppos 120 mg</i>	Pref	OTC
<i>acetaminophen suppos 650 mg</i>	Pref	OTC
<i>acetaminophen susp 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen tab 325 mg</i>	Pref	OTC
<i>acetaminophen tab 500 mg</i>	Pref	OTC
<i>acetaminophen tab er 650 mg</i>	Pref	OTC
FEVERALL SUP 325MG	Pref	OTC
TYLENOL CHLD SUS 160/5ML	Pref	OTC
TYLENOL TAB 325MG	Pref	OTC
TYLENOL TAB 500MG	Pref	OTC
SALICYLATES		
<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	Pref	OTC; AGE (Min 40, Max 79)
<i>aspirin chew tab 81 mg</i>	Pref	QL (1 tab every 1 day), OTC
ASPIRIN SUP 300MG	Pref	OTC
<i>aspirin tab 325 mg</i>	Pref	QL (1 tab every 1 day), OTC; AGE (Min 40, Max 79)
<i>aspirin tab delayed release 81 mg</i>	Pref	QL (1 tab every 1 day), OTC
<i>aspirin tab delayed release 325 mg</i>	Pref	QL (1 tab every 1 day), OTC; AGE (Min 40, Max 79)
BUFFERIN TAB 325MG	Pref	OTC; AGE (Min 40, Max 79)
<i>diflunisal tab 500 mg</i>	Non-Pref	PA

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name Drug Tier Requirements/Limits
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

ACTIQ LOZ 200MCG	Non-Pref	PA, QL (120 lozenges every 30 days); MED
ACTIQ LOZ 400MCG	Non-Pref	PA, QL (120 lozenges every 30 days); MED
ACTIQ LOZ 600MCG	Non-Pref	PA, QL (120 lozenges every 30 days); MED
ACTIQ LOZ 800MCG	Non-Pref	PA, QL (120 lozenges every 30 days); MED
ACTIQ LOZ 1200MCG	Non-Pref	PA, QL (120 lozenges every 30 days); MED
ACTIQ LOZ 1600MCG	Non-Pref	PA, QL (120 lozenges every 30 days); MED
CODEINE SULF TAB 15MG	Pref	QL (180 tabs every 30 days); AGE (Min 12); MED
CODEINE SULF TAB 60MG	Pref	QL (180 tabs every 30 days); AGE (Min 12); MED
<i>codeine sulfate tab 30 mg</i>	Pref	QL (180 tabs every 30 days); AGE (Min 12); MED
CONZIP CAP 100MG	Non-Pref	PA; AGE (Min 12); MED
CONZIP CAP 200MG	Non-Pref	PA; AGE (Min 12); MED
CONZIP CAP 300MG	Non-Pref	PA; AGE (Min 12); MED
DILAUDID LIQ 1MG/ML	Non-Pref	PA, QL (120 mL every 30 days); MED
DILAUDID TAB 2MG	Non-Pref	PA, QL (180 tabs every 30 days); MED
DILAUDID TAB 4MG	Non-Pref	PA, QL (165 tabs every 30 days); MED
DILAUDID TAB 8MG	Non-Pref	PA, QL (84 tabs every 30 days); MED
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	Non-Pref	PA, QL (120 tabs every 30 days); MED
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	Non-Pref	PA, QL (120 tabs every 30 days); MED
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	Non-Pref	PA, QL (120 tabs every 30 days); MED
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	Non-Pref	PA, QL (120 tabs every 30 days); MED
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	Non-Pref	PA, QL (120 tabs every 30 days); MED

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Non-Pref	PA, QL (120 lozenges every 30 days); MED
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	Non-Pref	PA, QL (120 lozenges every 30 days); MED
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	Non-Pref	PA, QL (120 lozenges every 30 days); MED
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	Non-Pref	PA, QL (120 lozenges every 30 days); MED
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	Non-Pref	PA, QL (120 lozenges every 30 days); MED
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	Non-Pref	PA, QL (120 lozenges every 30 days); MED
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Pref	10 per fill; MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Pref	10 per fill; MED
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Pref	10 per fill; MED
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Pref	10 per fill; MED
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Pref	10 per fill; MED
FENTORA TAB 100MCG	Non-Pref	PA, QL (120 tabs every 30 days); MED
FENTORA TAB 200MCG	Non-Pref	PA, QL (120 tabs every 30 days); MED
FENTORA TAB 400MCG	Non-Pref	PA, QL (120 tabs every 30 days); MED
FENTORA TAB 600MCG	Non-Pref	PA, QL (120 tabs every 30 days); MED
FENTORA TAB 800MCG	Non-Pref	PA, QL (120 tabs every 30 days); MED
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Non-Pref	PA; MED

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Non-Pref	PA; MED
HYDROMORPHON SUP 3MG	Non-Pref	PA; MED
<i>hydromorphone hcl liqd 1 mg/ml (generic of DILAUDID)</i>	Pref	QL (120 mL every 30 days); MED
<i>hydromorphone hcl tab 2 mg (generic of DILAUDID)</i>	Pref	QL (180 tabs every 30 days); MED
<i>hydromorphone hcl tab 4 mg (generic of DILAUDID)</i>	Pref	QL (165 tabs every 30 days); MED
<i>hydromorphone hcl tab 8 mg (generic of DILAUDID)</i>	Pref	QL (84 tabs every 30 days); MED
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Non-Pref	PA; MED
HYSINGLA ER TAB 20 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 30 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 40 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 60 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 80 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 100 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 120 MG	Non-Pref	PA; MED
<i>levorphanol tartrate tab 2 mg</i>	Non-Pref	PA; MED
<i>levorphanol tartrate tab 3 mg</i>	Non-Pref	PA; MED
<i>meperidine hcl oral soln 50 mg/5ml</i>	Non-Pref	PA, QL (240 mL every 30 days); MED
<i>meperidine hcl tab 50 mg</i>	Non-Pref	PA, QL (120 tabs every 30 days); MED
<i>methadone hcl conc 10 mg/ml (generic of METHADOSE)</i>	Non-Pref	PA; MED
<i>methadone hcl soln 5 mg/5ml</i>	Non-Pref	PA; MED
<i>methadone hcl soln 10 mg/5ml</i>	Non-Pref	PA; MED
<i>methadone hcl tab 5 mg</i>	Non-Pref	PA; MED
<i>methadone hcl tab 10 mg</i>	Non-Pref	PA; MED
<i>methadone hcl tab for oral susp 40 mg</i>	Non-Pref	PA; MED
METHADOSE CON 10MG/ML	Non-Pref	PA; MED
METHADOSE SF CON 10MG/ML	Non-Pref	PA; MED
<i>methadose tab 40mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Non-Pref	PA; MED

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 10 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 20 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 30 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 50 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 60 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 80 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 100 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate oral soln 10 mg/5ml</i>	Pref	QL (240 mL every 30 days); MED
<i>morphine sulfate oral soln 20 mg/5ml</i>	Pref	QL (240 mL every 30 days); MED
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Pref	QL (120 mL every 30 days); MED
<i>morphine sulfate suppos 5 mg</i>	Pref	MED
<i>morphine sulfate suppos 10 mg</i>	Pref	MED
<i>morphine sulfate suppos 20 mg</i>	Pref	MED
<i>morphine sulfate suppos 30 mg</i>	Pref	MED
<i>morphine sulfate tab 15 mg</i>	Pref	QL (180 tabs every 30 days); MED
<i>morphine sulfate tab 30 mg</i>	Pref	QL (90 tabs every 30 days); MED
<i>morphine sulfate tab er 15 mg (generic of MS CONTIN)</i>	Pref	MED
<i>morphine sulfate tab er 30 mg (generic of MS CONTIN)</i>	Pref	MED
<i>morphine sulfate tab er 60 mg (generic of MS CONTIN)</i>	Pref	MED
<i>morphine sulfate tab er 100 mg (generic of MS CONTIN)</i>	Pref	MED
<i>morphine sulfate tab er 200 mg (generic of MS CONTIN)</i>	Pref	MED
MS CONTIN TAB 15MG ER	Non-Pref	PA; MED
MS CONTIN TAB 30MG ER	Non-Pref	PA; MED
MS CONTIN TAB 60MG ER	Non-Pref	PA; MED
MS CONTIN TAB 100MG ER	Non-Pref	PA; MED
MS CONTIN TAB 200MG ER	Non-Pref	PA; MED
NUCYNTA ER TAB 50MG	Non-Pref	PA; MED
NUCYNTA ER TAB 100MG	Non-Pref	PA; MED
NUCYNTA ER TAB 150MG	Non-Pref	PA; MED

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TAB 200MG	Non-Pref	PA; MED
NUCYNTA ER TAB 250MG	Non-Pref	PA; MED
NUCYNTA TAB 50MG	Non-Pref	PA; MED
NUCYNTA TAB 75MG	Non-Pref	PA; MED
NUCYNTA TAB 100MG	Non-Pref	PA; MED
<i>oxycodone hcl cap 5 mg</i>	Non-Pref	PA, QL (90 caps every 30 days); MED
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Non-Pref	PA, QL (90 mL every 30 days); MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Pref	QL (240 mL every 30 days); MED
<i>oxycodone hcl tab 5 mg</i>	Pref	PA, QL (90 tabs every 30 days); MED
<i>oxycodone hcl tab 10 mg</i>	Pref	QL (90 tabs every 30 days); MED
<i>oxycodone hcl tab 15 mg (generic of ROXICODONE)</i>	Pref	QL (90 tabs every 30 days); MED
<i>oxycodone hcl tab 20 mg</i>	Non-Pref	PA, QL (90 tabs every 30 days); MED
<i>oxycodone hcl tab 30 mg (generic of ROXICODONE)</i>	Non-Pref	PA, QL (60 tabs every 30 days); MED
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Non-Pref	PA, QL (180 tabs every 30 days); MED
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Non-Pref	PA, QL (90 tabs every 30 days); MED
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Non-Pref	PA, QL (45 tabs every 30 days); MED
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Non-Pref	PA, QL (22 tabs every 30 days); MED
OXYCONTIN TAB 10MG ER	Non-Pref	PA, QL (180 tabs every 30 days); MED
OXYCONTIN TAB 15MG ER	Non-Pref	PA, QL (120 tabs every 30 days); MED
OXYCONTIN TAB 20MG ER	Non-Pref	PA, QL (90 tabs every 30 days); MED
OXYCONTIN TAB 30MG ER	Non-Pref	PA, QL (60 tabs every 30 days); MED
OXYCONTIN TAB 40MG ER	Non-Pref	PA, QL (45 tabs every 30 days); MED
OXYCONTIN TAB 60MG ER	Non-Pref	PA, QL (30 tabs every 30 days); MED
OXYCONTIN TAB 80MG ER	Non-Pref	PA, QL (22 tabs every 30 days); MED
<i>oxymorphone hcl tab 5 mg</i>	Non-Pref	PA, QL (120 tabs every 30 days); MED

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tab 10 mg</i>	Non-Pref	PA, QL (90 tabs every 30 days); MED
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Non-Pref	PA; MED
ROXICODONE TAB 15MG	Non-Pref	PA, QL (90 tabs every 30 days); MED
ROXICODONE TAB 30MG	Non-Pref	PA, QL (60 tabs every 30 days); MED
ROXYBOND TAB 5MG	Non-Pref	PA, QL (3 tabs every 1 day); MED
ROXYBOND TAB 15MG	Non-Pref	PA, QL (3 tabs every 1 day); MED
ROXYBOND TAB 30MG	Non-Pref	PA, QL (2 tabs every 1 day); MED
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>tramadol hcl tab 50 mg</i>	Pref	AGE (Min 12); MED
<i>tramadol hcl tab 100 mg</i>	Pref	AGE (Min 12); MED
<i>tramadol hcl tab er 24hr 100 mg</i>	Pref	AGE (Min 12); MED
<i>tramadol hcl tab er 24hr 200 mg</i>	Pref	AGE (Min 12); MED
<i>tramadol hcl tab er 24hr 300 mg</i>	Pref	AGE (Min 12); MED
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Pref	AGE (Min 12); MED
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Pref	AGE (Min 12); MED
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Pref	AGE (Min 12); MED
TRAMADOL SOL 5MG/ML	Non-Pref	PA, QL (80 mL every 1 day); AGE (Min 12); MED
XTAMPZA ER CAP 9MG	Non-Pref	PA, QL (60 caps every 30 days); MED
XTAMPZA ER CAP 13.5MG	Non-Pref	PA, QL (60 caps every 30 days); MED
XTAMPZA ER CAP 18MG	Non-Pref	PA, QL (60 caps every 30 days); MED

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 27MG	Non-Pref	PA, QL (60 caps every 30 days); MED
XTAMPZA ER CAP 36MG	Non-Pref	PA, QL (45 caps every 30 days); MED

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Pref	PA; AGE (Min 12); MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Pref	AGE (Min 12); MED
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Pref	AGE (Min 12); MED
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Pref	AGE (Min 12); MED
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	Non-Pref	PA; MED
APADAZ TAB 4.08-325	Non-Pref	PA; MED
APADAZ TAB 6.12-325	Non-Pref	PA; MED
APADAZ TAB 8.16-325	Non-Pref	PA; MED
<i>ascomp/cod cap 30mg</i>	Non-Pref	PA; AGE (Min 12); MED
BENZHY/ACETA TAB 4.08-325	Non-Pref	PA; MED
BENZHY/ACETA TAB 6.12-325	Non-Pref	PA; MED
BENZHY/ACETA TAB 8.16-325	Non-Pref	PA; MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (generic of FIORICET/CODEINE)</i>	Non-Pref	PA; AGE (Min 12); MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>endocet tab 2.5-325 (generic of PERCOCET)</i>	Pref	MED
<i>endocet tab 5-325mg (generic of PERCOCET)</i>	Pref	MED
<i>endocet tab 7.5-325 (generic of PERCOCET)</i>	Pref	MED
<i>endocet tab 10-325mg (generic of PERCOCET)</i>	Pref	MED
FIORICET CAP CODEINE	Non-Pref	PA; AGE (Min 12); MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Pref	MED
<i>hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL)</i>	Pref	MED
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Pref	MED
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Pref	MED
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Pref	MED

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Pref	MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Pref	MED
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Non-Pref	PA; MED
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Non-Pref	PA; MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Non-Pref	PA; MED
NALOCET TAB 2.5-300	Non-Pref	PA; MED
<i>oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET)</i>	Pref	MED
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i>	Pref	MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i>	Pref	MED
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i>	Pref	MED
PERCOCET TAB 2.5-325	Non-Pref	PA; MED
PERCOCET TAB 5-325MG	Non-Pref	PA; MED
PERCOCET TAB 7.5-325	Non-Pref	PA; MED
PERCOCET TAB 10-325MG	Non-Pref	PA; MED
PROLATE SOL 10/300MG	Non-Pref	PA; MED
PROLATE TAB 5-300MG	Non-Pref	PA; MED
PROLATE TAB 7.5-300	Non-Pref	PA; MED
PROLATE TAB 10-300MG	Non-Pref	PA; MED
SEGLENTIS TAB 56-44MG	Non-Pref	PA, QL (4 tabs every 1 day); AGE (Min 12); MED
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Pref	AGE (Min 12); MED

OPIOID PARTIAL AGONISTS

BELBUCA MIS 75MCG	Non-Pref	PA, QL (60 films every 30 days); MED
BELBUCA MIS 150MCG	Non-Pref	PA, QL (60 films every 30 days); MED
BELBUCA MIS 300MCG	Non-Pref	PA, QL (60 films every 30 days); MED
BELBUCA MIS 450MCG	Non-Pref	PA, QL (60 films every 30 days); MED
BELBUCA MIS 600MCG	Non-Pref	PA, QL (60 films every 30 days); MED
BELBUCA MIS 750MCG	Non-Pref	PA, QL (60 films every 30 days); MED
BELBUCA MIS 900MCG	Non-Pref	PA, QL (60 films every 30 days); MED
<i>buprenorphine td patch weekly 5 mcg/hr (generic of BUTRANS)</i>	Non-Pref	PA, QL (6 patches every 28 days); MED

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 40

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine td patch weekly 7.5 mcg/hr (generic of BUTRANS)</i>	Non-Pref	PA, QL (6 patches every 28 days); MED
<i>buprenorphine td patch weekly 10 mcg/hr (generic of BUTRANS)</i>	Non-Pref	PA, QL (6 patches every 28 days); MED
<i>buprenorphine td patch weekly 15 mcg/hr (generic of BUTRANS)</i>	Non-Pref	PA, QL (6 patches every 28 days); MED
<i>buprenorphine td patch weekly 20 mcg/hr (generic of BUTRANS)</i>	Non-Pref	PA, QL (6 patches every 28 days); MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Non-Pref	PA, QL (6 bottles every 30 days); MED
BUTRANS DIS 5MCG/HR	Pref	QL (6 patches every 28 days); MED
BUTRANS DIS 7.5/HR	Pref	QL (6 patches every 28 days); MED
BUTRANS DIS 10MCG/HR	Pref	QL (6 patches every 28 days); MED
BUTRANS DIS 15MCG/HR	Pref	QL (6 patches every 28 days); MED
BUTRANS DIS 20MCG/HR	Pref	QL (6 patches every 28 days); MED
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	Non-Pref	PA; MED

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

ANDRODERM DIS 2MG/24HR	Non-Pref	PA
ANDRODERM DIS 4MG/24HR	Non-Pref	PA
ANDROGEL GEL 1.62%	Non-Pref	PA
<i>danazol cap 50 mg</i>	Pref	
<i>danazol cap 100 mg</i>	Pref	
<i>danazol cap 200 mg</i>	Pref	
<i>depo-testost inj 100mg/ml</i>	Pref	
<i>depo-testost inj 200mg/ml</i>	Pref	
FORTESTA GEL 10MG/ACT	Non-Pref	PA
NATESTO GEL 5.5MG	Non-Pref	PA
TESTIM GEL 1%(50MG)	Non-Pref	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Pref	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Pref	
<i>testosterone td gel 10mg/act (2%) (generic of FORTESTA)</i>	Non-Pref	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	Non-Pref	PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone td gel 20.25 mg/act (1.62%)</i> (generic of ANDROGEL PUMP)	Pref	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Non-Pref	PA
<i>testosterone td gel 40.5 mg/2.5gm</i> (1.62%)	Non-Pref	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	Non-Pref	PA
<i>testosterone td soln 30 mg/act</i>	Non-Pref	PA
VOGELXO GEL 1%(50MG)	Non-Pref	PA
VOGELXO GEL PUMP 1%	Non-Pref	PA

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS

RECTAL STEROIDS

<i>hydrocortisone perianal cream 1%</i> (generic of PROCTOCORT)	Pref	
<i>hydrocortisone rectal cream 2.5%</i> (generic of HYDROCORTISONE RECTAL CREAM 2.5%)	Pref	QL (45 gm every 25 days)
PROCTOCORT CRE 1%	Non-Pref	PA

ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID

ANTACID COMBINATIONS

ALKA SELTZER TAB HEARTBRN	Pref	OTC
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	Pref	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	Pref	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	Pref	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	Pref	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	Pref	OTC
<i>ant/anti-gas chw 1000-60</i>	Pref	OTC
ANTACID CHW 550-110	Pref	OTC
<i>antacid extr chw 675-135</i>	Pref	OTC
<i>antacid mult chw symptom</i>	Pref	OTC
<i>antacid ultr chw 1000-200</i>	Pref	OTC
<i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i>	Pref	OTC
DEWEES CARMI LIQ	Pref	OTC
E-Z-GAS II GRA	Pref	OTC
FOAM ANTACID CHW 80-20MG	Pref	OTC
GAVISCON SUS	Pref	OTC
<i>heartbrn rel sus cherry</i>	Pref	OTC
MAG-AL LIQ	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
ANTACIDS - ALUMINUM SALTS		
ALUM HYDROX SUS 320/5ML	Pref	OTC
ANTACIDS - BICARBONATE		
sodium bicarbonate tab 325 mg	Pref	OTC
sodium bicarbonate tab 650 mg	Pref	OTC
ANTACIDS - CALCIUM SALTS		
calcium carbonate (antacid) chew tab 400 mg	Pref	OTC
calcium carbonate (antacid) chew tab 500 mg	Pref	OTC
calcium carbonate (antacid) chew tab 750 mg	Pref	OTC
calcium carbonate (antacid) chew tab 1000 mg	Pref	OTC
calcium carbonate (antacid) susp 1250 mg/5ml	Pref	OTC
titralac chw 420mg	Pref	OTC
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide tab 400 mg	Pref	OTC
magnesium oxide tab 420 mg	Pref	OTC
maox tab 420mg	Pref	OTC
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
BENZNIDAZOLE TAB 12.5MG	Pref	PA
BENZNIDAZOLE TAB 100MG	Pref	PA
ivermectin tab 3 mg (generic of STROMEKTOL)	Pref	QL (10 tabs every 30 days)
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
AEMCOLO TAB 194MG	Non-Pref	PA, QL (4 tabs every 1 day); AGE (Min 18); Max 3 day supply per fill
FLAGYL CAP 375MG	Non-Pref	PA
metronidazole cap 375 mg (generic of FLAGYL)	Non-Pref	PA
metronidazole tab 250 mg	Pref	
metronidazole tab 500 mg	Pref	
tinidazole tab 250 mg	Pref	
tinidazole tab 500 mg	Pref	
trimethoprim tab 100 mg	Pref	
XIFAXAN TAB 200MG	Non-Pref	PA; AGE (Min 12)
XIFAXAN TAB 550MG	Non-Pref	PA; AGE (Min 18)

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Pref	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	Pref	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	Pref	
<i>sulfatrim pd sus 200-40/5</i>	Pref	
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750 mg/5ml (generic of MEPRON)</i>	Pref	
<i>nitazoxanide tab 500 mg (generic of ALINIA)</i>	Non-Pref	PA
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML	Pref	
FIRVANQ SOL 50MG/ML	Pref	
VANCOGIN CAP 125MG	Non-Pref	PA
VANCOGIN CAP 250MG	Non-Pref	PA
<i>vancomycin hcl cap 125 mg (base equivalent) (generic of VANCOGIN)</i>	Pref	
<i>vancomycin hcl cap 250 mg (base equivalent) (generic of VANCOGIN)</i>	Pref	
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	Pref	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	Pref	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	Pref	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	Pref	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	Pref	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent) (generic of FIRVANQ)</i>	Non-Pref	PA
VANCOMYCIN INJ 750MG	Pref	
VANCOMYCIN SOL 250/5ML	Non-Pref	PA
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Pref	
<i>dapsone tab 100 mg</i>	Pref	
LINCOSAMIDES		
<i>clindamycin hcl cap 75 mg (generic of CLEOCIN)</i>	Pref	
<i>clindamycin hcl cap 150 mg (generic of CLEOCIN)</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl cap 300 mg</i> (generic of CLEOCIN)	Pref	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Pref	AGE (Max 12)

MONOBACTAMS

CAYSTON INH 75MG	Pref	
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OXAZOLIDINONES

<i>linezolid for susp 100 mg/5ml</i> (generic of ZYVOX)	Non-Pref	PA
<i>linezolid tab 600 mg</i> (generic of ZYVOX)	Pref	
SIVEXTRO TAB 200MG	Non-Pref	PA
ZYVOX SUS 100MG/5M	Non-Pref	PA
ZYVOX TAB 600MG	Non-Pref	PA

URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS

<i>methenamine hippurate tab 1 gm</i> (generic of HIPREX)	Pref	
<i>methenamine mandelate tab 0.5 gm</i>	Pref	
<i>methenamine mandelate tab 1 gm</i>	Pref	
<i>nitrofurantoin macrocrystalline cap 50 mg</i> (generic of MACRODANTIN)	Pref	QL (2 caps every 1 day); AGE (Max 64)
<i>nitrofurantoin macrocrystalline cap 100 mg</i> (generic of MACRODANTIN)	Pref	QL (2 caps every 1 day); AGE (Max 64)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (generic of MACROBID)	Pref	QL (2 caps every 1 day); AGE (Max 64)

ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS

ANTIANGINALS-OTHER

ASPRUZYO SPR GRA 500MG	Pref	PA, QL (2 packets every 1 day); AGE (Min 18)
ASPRUZYO SPR GRA 1000MG	Pref	PA, QL (2 packets every 1 day); AGE (Min 18)
<i>ranolazine tab er 12hr 500 mg</i>	Pref	PA, QL (2 tabs every 1 day)
<i>ranolazine tab er 12hr 1000 mg</i>	Pref	PA, QL (2 tabs every 1 day)

NITRATES

<i>isosorbide dinitrate tab 5 mg</i> (generic of ISORDIL TITRADOSE)	Pref	
<i>isosorbide dinitrate tab 10 mg</i>	Pref	
<i>isosorbide dinitrate tab 20 mg</i>	Pref	
<i>isosorbide dinitrate tab 30 mg</i>	Pref	
<i>isosorbide mononitrate tab 10 mg</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate tab 20 mg</i>	Pref	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Pref	QL (1 tab every 1 day)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Pref	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Pref	QL (2 tabs every 1 day)
NITRO-BID OIN 2%	Pref	
<i>nitroglycerin sl tab 0.3 mg (generic of NITROSTAT)</i>	Pref	
<i>nitroglycerin sl tab 0.4 mg (generic of NITROSTAT)</i>	Pref	
<i>nitroglycerin sl tab 0.6 mg (generic of NITROSTAT)</i>	Pref	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Pref	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Pref	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Pref	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Pref	QL (1 patch every 1 day)
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (generic of NITROLINGUAL PUMPSPRAY)</i>	Pref	ST

ANTI-ANXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTI-ANXIETY AGENTS - MISC.

<i>hydroxyzine hcl im soln 25 mg/ml</i>	Pref	
<i>hydroxyzine hcl im soln 50 mg/ml</i>	Pref	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Pref	
<i>hydroxyzine hcl tab 10 mg</i>	Pref	
<i>hydroxyzine hcl tab 25 mg</i>	Pref	
<i>hydroxyzine hcl tab 50 mg</i>	Pref	
<i>hydroxyzine pamoate cap 25 mg (generic of VISTARIL)</i>	Pref	
<i>hydroxyzine pamoate cap 50 mg (generic of VISTARIL)</i>	Pref	
<i>hydroxyzine pamoate cap 100 mg</i>	Pref	
VISTARIL CAP 25MG	Non-Pref	PA
VISTARIL CAP 50MG	Non-Pref	PA

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg (generic of NORPACE)</i>	Pref	AGE (Max 64)
<i>disopyramide phosphate cap 150 mg (generic of NORPACE)</i>	Pref	AGE (Max 64)
<i>quinidine sulfate tab 200 mg</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinidine sulfate tab 300 mg</i>	Pref	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl cap 150 mg</i>	Pref	
<i>mexiletine hcl cap 200 mg</i>	Pref	
<i>mexiletine hcl cap 250 mg</i>	Pref	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate tab 50 mg</i>	Pref	
<i>flecainide acetate tab 100 mg</i>	Pref	
<i>flecainide acetate tab 150 mg</i>	Pref	
<i>propafenone hcl tab 150 mg</i>	Pref	
<i>propafenone hcl tab 225 mg</i>	Pref	
<i>propafenone hcl tab 300 mg</i>	Pref	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tab 100 mg</i>	Pref	QL (1 tab every 1 day)
<i>amiodarone hcl tab 200 mg</i>	Pref	
<i>amiodarone hcl tab 400 mg</i>	Pref	
<i>pacerone tab 100mg</i>	Pref	QL (1 tab every 1 day)
<i>pacerone tab 200mg</i>	Pref	
<i>pacerone tab 400mg</i>	Pref	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Pref	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ 30MG/ML	Non-Pref	PA; AGE (Min 12)
NUCALA INJ 40MG/0.4	Non-Pref	PA; AGE (Min 6)
NUCALA INJ 100MG/ML	Non-Pref	PA; AGE (Min 6)
TEZSPIRE INJ 210MG	Non-Pref	SP, PA; AGE (Min 12)
XOLAIR INJ 75/0.5	Pref	PA; AGE (Min 6)
XOLAIR INJ 150MG/ML	Pref	PA; AGE (Min 6)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	Pref	QL (6 inhalers every 90 days); M
INCRUSE ELPT INH 62.5MCG	Pref	QL (21 blisters every 90 days); M
INCRUSE ELPT INH 62.5MCG	Pref	QL (90 blisters every 90 days); M
<i>ipratropium bromide inhal soln 0.02%</i>	Pref	(inh soln); M
LONHALA MAGN SOL 25MCG	Non-Pref	PA; M
SPIRIVA AER 1.25MCG	Pref	QL (3 inhalers every 90 days); M

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA CAP HANDIHLR	Pref	QL (90 caps every 90 days); M
SPIRIVA SPR 2.5MCG	Pref	QL (3 inhalers every 90 days); M
TUDORZA PRES AER 400/ACT	Non-Pref	PA; M
YUPELRI SOL	Non-Pref	PA

LEUKOTRIENE MODULATORS

ACCOLATE TAB 10MG	Non-Pref	PA; M
ACCOLATE TAB 20MG	Non-Pref	PA; M
<i>montelukast sodium chew tab 4 mg (base equiv) (generic of SINGULAIR)</i>	Pref	AGE (Max 5); M
<i>montelukast sodium chew tab 5 mg (base equiv) (generic of SINGULAIR)</i>	Pref	AGE (Max 14); M
<i>montelukast sodium oral granules packet 4 mg (base equiv) (generic of SINGULAIR)</i>	Non-Pref	PA; AGE (Max 5); M
<i>montelukast sodium tab 10 mg (base equiv) (generic of SINGULAIR)</i>	Pref	M
SINGULAIR CHW 4MG	Non-Pref	PA; AGE (Max 5); M
SINGULAIR CHW 5MG	Non-Pref	PA; AGE (Max 14); M
SINGULAIR GRA 4MG	Non-Pref	PA; AGE (Max 5); M
SINGULAIR TAB 10MG	Non-Pref	PA; M
<i>zafirlukast tab 10 mg (generic of ACCOLATE)</i>	Non-Pref	PA; M
<i>zafirlukast tab 20 mg (generic of ACCOLATE)</i>	Non-Pref	PA; M
<i>zileuton tab er 12hr 600 mg</i>	Non-Pref	PA; M
ZYFLO TAB 600MG	Non-Pref	PA; M

SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

DALIRESP TAB 250MCG	Non-Pref	PA
DALIRESP TAB 500MCG	Non-Pref	PA
<i>roflumilast tab 250 mcg (generic of DALIRESP)</i>	Pref	PA
<i>roflumilast tab 500 mcg (generic of DALIRESP)</i>	Pref	PA

STEROID INHALANTS

ALVESCO AER 80MCG	Pref	PA
ALVESCO AER 160MCG	Pref	PA
ARNUITY ELPT INH 50MCG	Non-Pref	PA
ARNUITY ELPT INH 100MCG	Non-Pref	PA
ARNUITY ELPT INH 200MCG	Non-Pref	PA
ASMANEX 14 AER 220MCG	Pref	QL (1 inhaler every 30 days)
ASMANEX 30 AER 110MCG	Pref	QL (1 inhaler every 30 days); AGE (Max 11)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX 30 AER 220MCG	Pref	QL (1 inhaler every 30 days)
ASMANEX 60 AER 220MCG	Pref	QL (1 inhaler every 30 days)
ASMANEX 120 AER 220MCG	Pref	QL (1 inhaler every 30 days)
ASMANEX HFA AER 50MCG	Non-Pref	PA, QL (3 inhalers every 90 days)
ASMANEX HFA AER 100 MCG	Non-Pref	PA, QL (3 inhalers every 90 days)
ASMANEX HFA AER 200 MCG	Non-Pref	PA, QL (3 inhalers every 90 days)
<i>budesonide inhalation susp 0.5 mg/2ml (generic of PULMICORT)</i>	Pref	QL (2 mL every 1 day)
<i>budesonide inhalation susp 0.25 mg/2ml (generic of PULMICORT)</i>	Pref	QL (2 mL every 1 day)
<i>budesonide inhalation susp 1 mg/2ml (generic of PULMICORT)</i>	Pref	QL (2 mL every 1 day)
FLOVENT DISK AER 50MCG	Non-Pref	PA
FLOVENT DISK AER 100MCG	Non-Pref	PA
FLOVENT DISK AER 250MCG	Non-Pref	PA
FLOVENT HFA AER 44MCG	Pref	QL (3 inhalers every 90 days)
FLOVENT HFA AER 110MCG	Pref	QL (3 inhalers every 90 days)
FLOVENT HFA AER 220MCG	Pref	QL (6 inhalers every 90 days)
<i>fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)</i>	Non-Pref	PA, QL (3 inhalers every 90 days)
<i>fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)</i>	Non-Pref	PA, QL (6 inhalers every 90 days)
<i>fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)</i>	Non-Pref	PA, QL (3 inhalers every 90 days)
PULMICORT INH 90MCG	Non-Pref	PA, QL (3 inhalers every 90 days)
PULMICORT INH 180MCG	Non-Pref	PA, QL (6 inhalers every 90 days)
PULMICORT SUS 0.5MG/2	Non-Pref	PA, QL (2 mL every 1 day)
PULMICORT SUS 0.25MG/2	Non-Pref	PA, QL (2 mL every 1 day)
PULMICORT SUS 1MG/2ML	Non-Pref	PA, QL (2 mL every 1 day)
QVAR REDIIHA AER 80MCG	Non-Pref	PA
QVAR REDIIHAL AER 40MCG	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	Pref	M
ADVAIR DISKU AER 250/50	Pref	M
ADVAIR DISKU AER 500/50	Pref	M
ADVAIR HFA AER 45/21	Pref	QL (3 inhalers every 90 days); M
ADVAIR HFA AER 115/21	Pref	QL (3 inhalers every 90 days); M
ADVAIR HFA AER 230/21	Pref	QL (3 inhalers every 90 days); M
AIRDUO RESPI INH 55-14	Non-Pref	PA, QL (3 inhalers every 90 days); M
AIRDUO RESPI INH 113-14	Non-Pref	PA, QL (3 inhalers every 90 days); M
AIRDUO RESPI INH 232-14	Non-Pref	PA, QL (3 inhalers every 90 days); M
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Non-Pref	PA, QL (6 inhalers every 90 days); (Albuterol HFA); M
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROVENTIL HFA)</i>	Non-Pref	PA, QL (6 inhalers every 90 days); (Albuterol HFA); M
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Pref	M
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Pref	M
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Pref	M
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Pref	M
ANORO ELLIPT AER 62.5-25	Pref	QL (180 blisters every 90 days); M
ANORO ELLIPT AER 62.5-25	Pref	QL (42 blisters every 90 days); M
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (generic of BROVANA)</i>	Non-Pref	PA; M
BEVESPI AER 9-4.8MCG	Pref	QL (3 inhalers every 90 days); M
BREO ELLIPTA INH 100-25	Non-Pref	PA; M
BREO ELLIPTA INH 200-25	Non-Pref	PA; M
BREZTRI AERO AER SPHERE	Non-Pref	PA, QL (3 inhalers every 90 days); M
BROVANA NEB 15MCG	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)</i>	Non-Pref	PA, QL (6 inhalers every 90 days); M
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)</i>	Non-Pref	PA, QL (6 inhalers every 90 days); M
COMBIVENT AER 20-100	Pref	QL (5 inhalers every 90 days); M
DUAKLIR AER 400/12	Non-Pref	PA
DULERA AER 50-5MCG	Pref	QL (6 inhalers every 90 days); M
DULERA AER 100-5MCG	Pref	QL (6 inhalers every 90 days); M
DULERA AER 200-5MCG	Pref	QL (6 inhalers every 90 days); M
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	Non-Pref	PA; M
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	Non-Pref	PA; M
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Non-Pref	PA, QL (3 inhalers every 90 days); M
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)</i>	Non-Pref	PA; M
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Non-Pref	PA, QL (3 inhalers every 90 days); M
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Non-Pref	PA, QL (3 inhalers every 90 days); M
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)</i>	Non-Pref	PA; M
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)</i>	Non-Pref	PA; M
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	Non-Pref	PA, QL (3 inhalers every 67 days)
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	Non-Pref	PA, QL (3 inhalers every 67 days)
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	Non-Pref	PA, QL (3 inhalers every 67 days)
<i>formoterol fumarate soln nebu 20 mcg/2ml (generic of PERFOROMIST)</i>	Non-Pref	PA; M
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Pref	(nebu soln); M
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Non-Pref	PA; M
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Non-Pref	PA; M

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Non-Pref	PA; M
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Non-Pref	PA; M
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Non-Pref	PA, QL (6 inhalers every 90 days); M
PERFOROMIST NEB 20MCG	Non-Pref	PA; M
PROAIR RESPI AER	Non-Pref	PA, QL (3 inhalers every 90 days); M
PROVENTIL AER HFA	Pref	QL (6 inhalers every 90 days); M
SEREVENT DIS AER 50MCG	Pref	M
STIOLTO AER 2.5-2.5	Pref	QL (3 inhalers every 90 days); M
STRIVERDI AER 2.5MCG	Non-Pref	PA; M
SYMBICORT AER 80-4.5	Pref	QL (6 inhalers every 90 days); M
SYMBICORT AER 160-4.5	Pref	QL (6 inhalers every 90 days); M
<i>terbutaline sulfate tab 2.5 mg</i>	Pref	
<i>terbutaline sulfate tab 5 mg</i>	Pref	
TRELEGY AER 100MCG	Pref	QL (3 inhalers every 90 days); M
TRELEGY AER 200MCG	Pref	M
VENTOLIN HFA AER	Pref	QL (6 inhalers every 90 days); M
<i>wixela inhub aer 100/50 (generic of ADVAIR DISKUS)</i>	Non-Pref	PA; M
<i>wixela inhub aer 250/50 (generic of ADVAIR DISKUS)</i>	Non-Pref	PA; M
<i>wixela inhub aer 500/50 (generic of ADVAIR DISKUS)</i>	Non-Pref	PA; M
XOPENEX HFA AER	Pref	PA, QL (6 inhalers every 90 days); M

XANTHINES

<i>theophylline soln 80 mg/15ml</i>	Pref	
<i>theophylline tab er 12hr 300 mg</i>	Pref	
<i>theophylline tab er 12hr 450 mg</i>	Pref	
<i>theophylline tab er 24hr 400 mg</i>	Pref	
<i>theophylline tab er 24hr 600 mg</i>	Pref	

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tab 1 mg</i>	Pref	M
<i>warfarin sodium tab 2 mg</i>	Pref	M

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tab 2.5 mg</i>	Pref	M
<i>warfarin sodium tab 3 mg</i>	Pref	M
<i>warfarin sodium tab 4 mg</i>	Pref	M
<i>warfarin sodium tab 5 mg</i>	Pref	M
<i>warfarin sodium tab 6 mg</i>	Pref	M
<i>warfarin sodium tab 7.5 mg</i>	Pref	M
<i>warfarin sodium tab 10 mg</i>	Pref	M

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG	Pref	QL (74 tabs every 30 days)
ELIQUIS TAB 2.5MG	Pref	QL (2 tabs every 1 day); M
ELIQUIS TAB 5MG	Pref	QL (218 tabs every 102 days); M
SAVAYSA TAB 15MG	Non-Pref	PA; M
SAVAYSA TAB 30MG	Non-Pref	PA; M
SAVAYSA TAB 60MG	Non-Pref	PA; M
XARELTO STAR TAB 15/20MG	Pref	QL (51 tabs every 30 days)
XARELTO SUS 1MG/ML	Pref	QL (20 mL every 1 day); M
XARELTO TAB 2.5MG	Pref	QL (2 tabs every 1 day); M
XARELTO TAB 10MG	Pref	QL (1 tab every 1 day); M
XARELTO TAB 15MG	Pref	QL (1 tab every 1 day); M
XARELTO TAB 20MG	Pref	QL (1 tab every 1 day); M

HEPARINS AND HEPARINOID-LIKE AGENTS

ARIXTRA INJ 2.5/0.5	Non-Pref	PA; M
ARIXTRA INJ 5/0.4ML	Non-Pref	PA; M
ARIXTRA INJ 7.5/0.6	Non-Pref	PA; M
ARIXTRA INJ 10/0.8ML	Non-Pref	PA; M
<i>enoxaparin sodium inj 300 mg/3ml (generic of LOVENOX)</i>	Pref	M
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml (generic of LOVENOX)</i>	Pref	M
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml (generic of LOVENOX)</i>	Pref	M
<i>enoxaparin sodium inj soln pref syr 100 mg/ml (generic of LOVENOX)</i>	Pref	M
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml (generic of LOVENOX)</i>	Pref	M

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj soln pref syr 150 mg/ml (generic of LOVENOX)</i>	Pref	M
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (generic of ARIXTRA)</i>	Non-Pref	PA; M
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml (generic of ARIXTRA)</i>	Non-Pref	PA; M
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (generic of ARIXTRA)</i>	Non-Pref	PA; M
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml (generic of ARIXTRA)</i>	Non-Pref	PA; M
FRAGMIN INJ 2500/0.2	Non-Pref	PA; M
FRAGMIN INJ 5000/0.2	Non-Pref	PA; M
FRAGMIN INJ 7500/0.3	Non-Pref	PA; M
FRAGMIN INJ 10000/ML	Non-Pref	PA; M
FRAGMIN INJ 12500UNT	Non-Pref	PA; M
FRAGMIN INJ 15000UNT	Non-Pref	PA; M
FRAGMIN INJ 18000UNT	Non-Pref	PA; M
FRAGMIN INJ 95000UNT	Non-Pref	PA; M
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	Pref	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Pref	
LOVENOX INJ 30/0.3ML	Non-Pref	PA; M
LOVENOX INJ 40/0.4ML	Non-Pref	PA; M
LOVENOX INJ 100MG/ML	Non-Pref	PA; M
LOVENOX INJ 120/0.8	Non-Pref	PA; M
LOVENOX INJ 150MG/ML	Non-Pref	PA; M
LOVENOX INJ 300/3ML	Non-Pref	PA; M
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	Non-Pref	PA, QL (2 caps every 1 day); M
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq) (generic of PRADAXA)</i>	Non-Pref	PA, QL (2 caps every 1 day); M
PRADAXA CAP 75MG	Pref	QL (2 caps every 1 day); M
PRADAXA CAP 110MG	Pref	QL (4 caps every 1 day); M
PRADAXA CAP 150MG	Pref	QL (2 caps every 1 day); M
PRADAXA PAK 20MG	Non-Pref	PA; AGE (Max 11); M
PRADAXA PAK 30MG	Non-Pref	PA; AGE (Max 11); M
PRADAXA PAK 40MG	Non-Pref	PA; AGE (Max 11); M
PRADAXA PAK 50MG	Non-Pref	PA; AGE (Max 11); M
PRADAXA PAK 110MG	Non-Pref	PA; AGE (Max 11); M
PRADAXA PAK 150MG	Non-Pref	PA; AGE (Max 11); M

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Drug Name	Drug Tier	Requirements/Limits
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ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	Pref	M
<i>acarbose tab 50 mg</i>	Pref	M
<i>acarbose tab 100 mg</i>	Pref	M
<i>miglitol tab 25 mg</i>	Pref	M
<i>miglitol tab 50 mg</i>	Pref	M
<i>miglitol tab 100 mg</i>	Pref	M

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	Pref	M
SYMLNPEN 120 INJ 1000MCG	Pref	M

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-850MG	Non-Pref	PA; M
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Non-Pref	PA; M
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Non-Pref	PA; M
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Non-Pref	PA; M
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Non-Pref	PA; M
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Non-Pref	PA; M
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Non-Pref	PA; M
DUETACT TAB 30-2MG	Non-Pref	PA; M
DUETACT TAB 30-4MG	Non-Pref	PA; M
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Non-Pref	PA; M
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Non-Pref	PA; M
<i>glipizide-metformin hcl tab 5-500 mg</i>	Non-Pref	PA; M
<i>glyburide-metformin tab 1.25-250 mg</i>	Pref	M
<i>glyburide-metformin tab 2.5-500 mg</i>	Pref	M
<i>glyburide-metformin tab 5-500 mg</i>	Pref	M
GLYXAMBI TAB 10-5 MG	Non-Pref	PA; M
GLYXAMBI TAB 25-5 MG	Non-Pref	PA; M
INVOKAMET TAB 50-500MG	Pref	M
INVOKAMET TAB 50-1000	Pref	M
INVOKAMET TAB 150-500	Pref	M
INVOKAMET TAB 150-1000	Pref	M
INVOKAMET XR TAB 50-500MG	Non-Pref	PA; M
INVOKAMET XR TAB 50-1000	Non-Pref	PA; M
INVOKAMET XR TAB 150-500	Non-Pref	PA; M
INVOKAMET XR TAB 150-1000	Non-Pref	PA; M
JANUMET TAB 50-500MG	Pref	M
JANUMET TAB 50-1000	Pref	M
JANUMET XR TAB 50-500MG	Pref	M
JANUMET XR TAB 50-1000	Pref	M
JANUMET XR TAB 100-1000	Pref	M
JENTADUETO TAB 2.5-500	Pref	M

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB 2.5-850	Pref	M
JENTADUETO TAB 2.5-1000	Pref	M
JENTADUETO TAB XR	Non-Pref	PA; M
KAZANO 12.5- TAB 500MG	Non-Pref	PA; M
KAZANO 12.5- TAB 1000MG	Non-Pref	PA; M
KOMBIGLYZ XR TAB 2.5-1000	Non-Pref	PA; M
KOMBIGLYZ XR TAB 5-500MG	Non-Pref	PA; M
KOMBIGLYZ XR TAB 5-1000MG	Non-Pref	PA; M
OSENI TAB 12.5-30	Non-Pref	PA; M
OSENI TAB 25-15MG	Non-Pref	PA; M
OSENI TAB 25-30MG	Non-Pref	PA; M
OSENI TAB 25-45MG	Non-Pref	PA; M
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT)	Non-Pref	PA; M
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT)	Non-Pref	PA; M
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Non-Pref	PA; M
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET)	Non-Pref	PA; M
QTERN TAB 5-5MG	Non-Pref	PA; M
QTERN TAB 10-5MG	Non-Pref	PA; M
SEGLUROMET TAB 2.5-500	Non-Pref	PA; M
SEGLUROMET TAB 2.5-1000	Non-Pref	PA; M
SEGLUROMET TAB 7.5-500	Non-Pref	PA; M
SEGLUROMET TAB 7.5-1000	Non-Pref	PA; M
SOLIQUA INJ 100/33	Non-Pref	PA; M
STEGLUJAN TAB 5-100MG	Non-Pref	PA; M
STEGLUJAN TAB 15-100MG	Non-Pref	PA; M
SYNJARDY TAB	Pref	M
SYNJARDY TAB 5-500MG	Pref	M
SYNJARDY TAB 5-1000MG	Pref	M
SYNJARDY TAB 12.5-500	Pref	M
SYNJARDY XR TAB	Non-Pref	PA; M
SYNJARDY XR TAB 5-1000MG	Non-Pref	PA; M
SYNJARDY XR TAB 10-1000	Non-Pref	PA; M
SYNJARDY XR TAB 25-1000	Non-Pref	PA; M
TRIJARDY XR TAB	Non-Pref	PA
XIGDUO XR TAB 2.5-1000	Pref	M
XIGDUO XR TAB 5-500MG	Pref	M
XIGDUO XR TAB 5-1000MG	Pref	M
XIGDUO XR TAB 10-500MG	Pref	M
XIGDUO XR TAB 10-1000	Pref	M

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Drug Name	Drug Tier	Requirements/Limits
XULTOPHY INJ 100/3.6	Non-Pref	PA; M
BIGUANIDES		
GLUMETZA TAB 500MG	Non-Pref	PA; M
GLUMETZA TAB 1000MG	Non-Pref	PA; M
<i>metformin hcl oral soln 500 mg/5ml</i> (generic of RIOMET)	Non-Pref	PA; M
<i>metformin hcl tab 500 mg</i>	Pref	M
<i>metformin hcl tab 850 mg</i>	Pref	M
<i>metformin hcl tab 1000 mg</i>	Pref	M
<i>metformin hcl tab er 24hr 500 mg</i>	Pref	M
<i>metformin hcl tab er 24hr 750 mg</i>	Pref	M
<i>metformin hcl tab er 24hr modified release</i> <i>500 mg (generic of GLUMETZA)</i>	Non-Pref	PA; M
<i>metformin hcl tab er 24hr modified release</i> <i>1000 mg (generic of GLUMETZA)</i>	Non-Pref	PA; M
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	Non-Pref	PA; M
<i>metformin hcl tab er 24hr osmotic 1000</i> <i>mg</i>	Non-Pref	PA; M
RIOMET SOL 500/5ML	Non-Pref	PA; M
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	Pref	QL (2 ea every 30 days)
BAQSIMI TWO POW 3MG/DOSE	Pref	QL (2 ea every 30 days)
<i>diazoxide susp 50 mg/ml</i> (generic of PROGLYCEM)	Non-Pref	PA
GLUCAGEN INJ HYPOKIT	Pref	
<i>glucagon (rdna) for inj kit 1 mg</i> (generic of GLUCAGON EMERGENCY KIT)	Pref	
GLUCAGON EMR SOL 1MG	Non-Pref	PA
GLUCAGON KIT 1MG	Pref	
GVOKE HYPO 1 INJ 1MG/.2ML	Pref	QL (2 injections every 30 days)
GVOKE HYPO 1 INJ .5/.1ML	Pref	QL (2 injections every 30 days)
GVOKE HYPO 2 INJ 1MG/.2ML	Pref	QL (2 injections every 30 days)
GVOKE HYPO 2 INJ .5/.1ML	Pref	QL (2 injections every 30 days)
GVOKE KIT SOL 1MG/0.2M	Non-Pref	PA, QL (2 vials every 30 days)
GVOKE PFS INJ	Non-Pref	PA, QL (2 syringes every 30 days)
PROGLYCEM SUS 50MG/ML	Pref	
ZEGALOGUE INJ 0.6/0.6	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
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DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Non-Pref	PA; M
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Non-Pref	PA; M
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Non-Pref	PA; M
JANUVIA TAB 25MG	Pref	M
JANUVIA TAB 50MG	Pref	M
JANUVIA TAB 100MG	Pref	M
NESINA TAB 6.25MG	Non-Pref	PA; M
NESINA TAB 12.5MG	Non-Pref	PA; M
NESINA TAB 25MG	Non-Pref	PA; M
ONGLYZA TAB 2.5MG	Non-Pref	PA; M
ONGLYZA TAB 5MG	Non-Pref	PA; M
TRADJENTA TAB 5MG	Pref	M

INCRETIN MIMETIC AGENTS

BYDUREON BC INJ 2/0.85ML	Non-Pref	PA; M
BYETTA INJ 5MCG	Pref	M
BYETTA INJ 10MCG	Pref	M
MOUNJARO INJ 2.5/0.5	Non-Pref	PA
MOUNJARO INJ 5MG/0.5	Non-Pref	PA
MOUNJARO INJ 7.5/0.5	Non-Pref	PA
MOUNJARO INJ 10MG/0.5	Non-Pref	PA
MOUNJARO INJ 12.5/0.5	Non-Pref	PA
MOUNJARO INJ 15MG/0.5	Non-Pref	PA
OZEMPIC INJ 2MG/3ML	Non-Pref	PA; M
OZEMPIC INJ 4MG/3ML	Non-Pref	PA; M
OZEMPIC INJ 8MG/3ML	Non-Pref	PA; M
RYBELSUS TAB 3MG	Non-Pref	PA; M
RYBELSUS TAB 7MG	Non-Pref	PA; M
RYBELSUS TAB 14MG	Non-Pref	PA; M
TRULICITY INJ 0.75/0.5	Pref	M
TRULICITY INJ 1.5/0.5	Pref	M
TRULICITY INJ 3/0.5	Pref	M
TRULICITY INJ 4.5/0.5	Pref	M
VICTOZA INJ 18MG/3ML	Pref	M

INSULIN

ADMELOG INJ 100U/ML	Non-Pref	PA, QL (90 mL every 30 days); M
ADMELOG SOLO INJ 100U/ML	Non-Pref	PA, QL (30 pens every 30 days); M
AFREZZA POW 4-8 UNIT	Non-Pref	PA; M
AFREZZA POW 4-8-12	Non-Pref	PA; M

Drug Name	Drug Tier	Requirements/Limits
AFREZZA POW 4UNIT	Non-Pref	PA; M
AFREZZA POW 8 UNIT	Non-Pref	PA; M
AFREZZA POW 8-12UNIT	Non-Pref	PA; M
AFREZZA POW 12 UNIT	Non-Pref	PA; M
APIDRA INJ SOLOSTAR	Pref	QL (30 pens every 30 days); M
APIDRA INJ U-100	Pref	QL (9 vials every 30 days); M
BASAGLAR INJ 100UNIT	Non-Pref	PA, QL (30 pens every 30 days); Max 90 per fill; M
BASAGLAR INJ TEMPO PN	Non-Pref	PA; Max 90 per fill
FIASP FLEX INJ TOUCH	Non-Pref	PA; M
FIASP INJ 100/ML	Non-Pref	PA; M
FIASP PENFIL INJ U-100	Non-Pref	PA; M
HUMALOG INJ 100/ML	Pref	QL (30 cartridges every 30 days); M
HUMALOG INJ 100/ML	Pref	QL (90 mL every 30 days); M
HUMALOG JR INJ 100/ML	Pref	QL (30 pens every 30 days); M
HUMALOG KWIK INJ 100/ML	Pref	QL (30 pens every 30 days); M
HUMALOG KWIK INJ 200/ML	Non-Pref	PA; M
HUMALOG MIX INJ 50/50	Pref	QL (90 mL every 30 days); M
HUMALOG MIX INJ 50/50KWP	Pref	QL (30 pens every 30 days); M
HUMALOG MIX INJ 75/25KWP	Pref	QL (30 pens every 30 days); M
HUMALOG MIX SUS 75/25	Pref	QL (90 mL every 30 days); M
HUMALOG TMPO INJ 100/ML	Pref	Max 90 per fill
HUMULIN INJ 70/30	Pref	QL (90 mL every 30 days), OTC; M
HUMULIN INJ 70/30KWP	Pref	QL (30 pens every 30 days), OTC; M
HUMULIN N INJ U-100	Pref	QL (90 mL every 30 days), OTC; M
HUMULIN N INJ U-100KWP	Non-Pref	PA, QL (30 pens every 30 days), OTC; M
HUMULIN R INJ U-100	Pref	QL (30 vials every 30 days), OTC; M
HUMULIN R INJ U-500	Pref	(Kwikpen); M

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R INJ U-500	Pref	QL (4.5 vials every 30 days); M
INS ASP PROT INJ FLEXPEN	Non-Pref	PA, QL (30 pens every 30 days); M
INS DEGL FLX INJ 100UNIT	Non-Pref	PA
INS DEGL FLX INJ 200UNIT	Non-Pref	PA
INSULIN ASPA INJ 70/30	Pref	QL (90 mL every 30 days); M
INSULIN ASPA INJ 100/ML	Non-Pref	PA, QL (9 vials every 30 days); M
INSULIN ASPA INJ FLEXPEN	Non-Pref	PA, QL (30 pens every 30 days); M
INSULIN ASPA INJ PENFILL	Non-Pref	PA, QL (30 cartridges every 30 days); M
INSULIN DEGL INJ 100UNIT	Non-Pref	PA
INSULIN GLAR INJ 100U/ML	Non-Pref	PA; M
INSULIN GLAR INJ 100U/ML	Non-Pref	PA; Max 90 per fill; M
INSULIN GLAR SOL 100U/ML	Non-Pref	PA; M
INSULIN GLAR SOL 100U/ML	Non-Pref	PA; Max 90 per fill; M
INSULIN LISP INJ 100/ML	Pref	QL (30 pens every 30 days); M
INSULIN LISP INJ 100/ML	Pref	QL (90 mL every 30 days); M
INSULIN LISP INJ JUNIOR	Pref	QL (30 pens every 30 days); M
INSULIN LISP INJ PROTAMIN	Non-Pref	PA, QL (30 pens every 30 days); M
LANTUS INJ 100/ML	Pref	Max 90 per fill; M
LANTUS SOLOS INJ 100/ML	Pref	QL (30 pens every 30 days); Max 90 per fill; M
LEVEMIR INJ	Pref	QL (9 vials every 30 days); M
LEVEMIR INJ FLEXPEN	Pref	
LYUMJEV INJ 100UT/ML	Non-Pref	PA; Max 90 per fill; M
LYUMJEV KWPN INJ 100UT/ML	Non-Pref	PA; Max 90 per fill; M
LYUMJEV KWPN INJ 200UT/ML	Non-Pref	PA; Max 90 per fill; M
LYUMJEV TMPO INJ 100UT/ML	Non-Pref	PA; Max 90 per fill; AGE (Min 18); M
NOVOLIN70/30 INJ RELION	Non-Pref	PA, QL (90 mL every 30 days), OTC; M
NOVOLIN INJ 70/30	Non-Pref	PA, QL (90 mL every 30 days), OTC; M
NOVOLIN INJ 70/30 FP	Non-Pref	PA, QL (30 pens every 30 days), OTC; M

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N INJ 100 UNIT	Pref	QL (30 pens every 30 days), OTC; M
NOVOLIN N INJ RELION	Pref	QL (90 mL every 30 days), OTC; M
NOVOLIN N INJ U-100	Pref	QL (90 mL every 30 days), OTC; M
NOVOLIN R INJ 100 UNIT	Pref	QL (30 pens every 30 days), OTC; M
NOVOLIN R INJ RELION	Pref	QL (9 vials every 30 days), OTC; M
NOVOLIN R INJ U-100	Pref	QL (9 vials every 30 days), OTC; M
NOVOLOG INJ 100/ML	Pref	QL (9 vials every 30 days); M
NOVOLOG INJ FLEXPEN	Pref	QL (30 pens every 30 days); M
NOVOLOG INJ PENFILL	Pref	QL (30 cartridges every 30 days); M
NOVOLOG MIX INJ 70/30	Non-Pref	PA, QL (90 mL every 30 days); M
NOVOLOG MIX INJ FLEXPEN	Pref	QL (30 pens every 30 days); M
SEMGLEE INJ 100U/ML	Non-Pref	PA; M
SEMGLEE SOL 100U/ML	Non-Pref	PA; M
TOUJEO MAX INJ 300IU/ML	Non-Pref	PA; M
TOUJEO SOLO INJ 300IU/ML	Non-Pref	PA; M
TRESIBA FLEX INJ 100UNIT	Non-Pref	PA; M
TRESIBA FLEX INJ 200UNIT	Non-Pref	PA; M
TRESIBA INJ 100UNIT	Non-Pref	PA; M
INSULIN SENSITIZING AGENTS		
ACTOS TAB 15MG	Non-Pref	PA; M
ACTOS TAB 30MG	Non-Pref	PA; M
ACTOS TAB 45MG	Non-Pref	PA; M
<i>pioglitazone hcl tab 15 mg (base equiv)</i> (generic of ACTOS)	Pref	M
<i>pioglitazone hcl tab 30 mg (base equiv)</i> (generic of ACTOS)	Pref	M
<i>pioglitazone hcl tab 45 mg (base equiv)</i> (generic of ACTOS)	Pref	M
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	Pref	M
<i>nateglinide tab 120 mg</i>	Pref	M
<i>repaglinide tab 0.5 mg</i>	Pref	M
<i>repaglinide tab 1 mg</i>	Pref	M

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide tab 2 mg</i>	Pref	M
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	Pref	M
FARXIGA TAB 10MG	Pref	M
INVOKANA TAB 100MG	Pref	M
INVOKANA TAB 300MG	Pref	M
JARDIANCE TAB 10MG	Pref	M
JARDIANCE TAB 25MG	Pref	M
STEGLATRO TAB 5MG	Non-Pref	PA; M
STEGLATRO TAB 15MG	Non-Pref	PA; M
SULFONYLUREAS		
AMARYL TAB 1MG	Non-Pref	PA; M
AMARYL TAB 2MG	Non-Pref	PA; M
AMARYL TAB 4MG	Non-Pref	PA; M
<i>glimepiride tab 1 mg</i>	Pref	M
<i>glimepiride tab 2 mg</i>	Pref	M
<i>glimepiride tab 4 mg</i>	Pref	M
<i>glipizide tab 5 mg</i>	Pref	M
<i>glipizide tab 10 mg</i>	Pref	M
<i>glipizide tab er 24hr 2.5 mg (generic of GLUCOTROL XL)</i>	Pref	M
<i>glipizide tab er 24hr 5 mg (generic of GLUCOTROL XL)</i>	Pref	M
<i>glipizide tab er 24hr 10 mg (generic of GLUCOTROL XL)</i>	Pref	M
<i>glipizide xl tab 2.5mg (generic of GLUCOTROL XL)</i>	Pref	M
<i>glipizide xl tab 5mg (generic of GLUCOTROL XL)</i>	Pref	M
<i>glipizide xl tab 10mg (generic of GLUCOTROL XL)</i>	Pref	M
GLUCOTROL XL TAB 2.5MG	Non-Pref	PA; M
GLUCOTROL XL TAB 5MG	Non-Pref	PA; M
GLUCOTROL XL TAB 10MG	Non-Pref	PA; M
<i>glyburide micronized tab 1.5 mg (generic of GLYNASE)</i>	Pref	M
<i>glyburide micronized tab 3 mg (generic of GLYNASE)</i>	Pref	M
<i>glyburide micronized tab 6 mg (generic of GLYNASE)</i>	Pref	M
<i>glyburide tab 1.25 mg</i>	Pref	M
<i>glyburide tab 2.5 mg</i>	Pref	M
<i>glyburide tab 5 mg</i>	Pref	M
GLYNASE TAB 1.5MG	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
GLYNASE TAB 3MG	Non-Pref	PA; M
GLYNASE TAB 6MG	Non-Pref	PA; M

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate chew tab 262 mg</i>	Pref	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	Pref	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i>	Pref	OTC
<i>bismuth subsalicylate tab 262 mg</i>	Pref	OTC
PEPTO BISMOL TAB 262MG	Pref	OTC
PEPTO-BISMOL CHW 262MG	Pref	OTC
PEPTO-BISMOL SUS 262/15ML	Pref	OTC
PEPTO-BISMOL SUS 525/15ML	Pref	OTC

ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Pref	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	Pref	
IMODIUM A-D CAP 2MG	Pref	OTC
<i>loperamide hcl cap 2 mg</i>	Pref	
<i>loperamide hcl cap 2 mg</i>	Pref	OTC
<i>loperamide hcl tab 2 mg</i>	Pref	OTC
<i>loperamide sus 1mg/7.5</i>	Pref	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG	Pref	
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OPIOID ANTAGONISTS

KLOXXADO SPR 8MG	Pref	QL (6 sprays every 90 days)
<i>naloxone hcl inj 0.4 mg/ml</i>	Pref	QL (6 vials every 90 days)
<i>naloxone hcl inj 4 mg/10ml</i>	Pref	QL (0.6 vials every 67 days)
<i>naloxone hcl inj 4 mg/10ml</i>	Pref	QL (0.6 vials every 90 days)
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Pref	QL (6 sprays every 90 days)
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Pref	QL (6 injections every 90 days)
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Pref	QL (3 syringes every 90 days)
NARCAN SPR 4MG	Pref	QL (6 sprays every 90 days)

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Drug Name	Drug Tier	Requirements/Limits
ZIMHI SOL	Pref	QL (6 syringes every 90 days)

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT3 RECEPTOR ANTAGONISTS

<i>granisetron hcl tab 1 mg</i>	Pref	Max 15 per fill
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Pref	
<i>ondansetron hcl tab 4 mg</i>	Pref	Max 15 per fill
<i>ondansetron hcl tab 8 mg</i>	Pref	Max 15 per fill
<i>ondansetron orally disintegrating tab 4 mg</i>	Pref	Max 15 per fill
<i>ondansetron orally disintegrating tab 8 mg</i>	Pref	Max 15 per fill
SANCUSO DIS 3.1MG	Non-Pref	PA, QL (0.2 patches every 1 day)

ANTIEMETICS - ANTICHOLINERGIC

<i>dimenhydrinate tab 50 mg</i>	Pref	OTC
<i>meclizine hcl chew tab 25 mg</i>	Pref	OTC
<i>meclizine hcl tab 12.5 mg</i>	Pref	
<i>meclizine hcl tab 12.5 mg</i>	Pref	OTC
<i>meclizine hcl tab 25 mg</i>	Pref	
<i>meclizine hcl tab 25 mg</i>	Pref	OTC

ANTIEMETICS - MISCELLANEOUS

AKYNZEO CAP 300-0.5	Non-Pref	PA
<i>dronabinol cap 2.5 mg (generic of MARINOL)</i>	Pref	PA
<i>dronabinol cap 5 mg</i>	Pref	PA
<i>dronabinol cap 10 mg</i>	Pref	PA

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant capsule 80 mg (generic of EMEND)</i>	Non-Pref	PA; AGE (Min 12)
<i>aprepitant capsule 125 mg</i>	Non-Pref	PA; AGE (Min 12)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Non-Pref	PA; AGE (Min 12)
EMEND CAP 80MG	Pref	QL (2 caps every 30 days); AGE (Min 12)
EMEND SUS 125MG	Non-Pref	PA; AGE (Min 12)
EMEND TRIPAC PAK 80 & 125	Non-Pref	PA; AGE (Min 12)

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

BREXAFEMME TAB 150MG	Non-Pref	PA; Max 4 tabs per claim
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ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANCOBON CAP 250MG	Non-Pref	PA, QL (2 caps every 30 days)
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Drug Name	Drug Tier	Requirements/Limits
ANCOBON CAP 500MG	Non-Pref	PA, QL (21 caps every 30 days)
<i>flucytosine cap 250 mg</i> (generic of ANCOBON)	Non-Pref	PA, QL (4 caps every 30 days)
<i>flucytosine cap 500 mg</i> (generic of ANCOBON)	Non-Pref	PA, QL (12 caps every 30 days)
<i>griseofulvin microsize susp 125 mg/5ml</i>	Pref	
<i>griseofulvin microsize tab 500 mg</i>	Non-Pref	PA
<i>griseofulvin ultramicrosize tab 125 mg</i>	Non-Pref	PA
<i>griseofulvin ultramicrosize tab 250 mg</i>	Non-Pref	PA
<i>nystatin tab 500000 unit</i>	Pref	QL (4 tabs every 30 days)
<i>terbinafine hcl tab 250 mg</i>	Pref	QL (4 tabs every 30 days)

IMIDAZOLE-RELATED ANTIFUNGALS

CRESEMBA CAP 186 MG	Non-Pref	PA
DIFLUCAN SUS 10MG/ML	Non-Pref	PA
DIFLUCAN SUS 40MG/ML	Non-Pref	PA
DIFLUCAN TAB 100MG	Non-Pref	PA
DIFLUCAN TAB 150MG	Non-Pref	PA
DIFLUCAN TAB 200MG	Non-Pref	PA
<i>fluconazole for susp 10 mg/ml</i> (generic of DIFLUCAN)	Pref	
<i>fluconazole for susp 40 mg/ml</i> (generic of DIFLUCAN)	Pref	
<i>fluconazole tab 50 mg</i>	Pref	
<i>fluconazole tab 100 mg</i> (generic of DIFLUCAN)	Pref	
<i>fluconazole tab 150 mg</i> (generic of DIFLUCAN)	Pref	
<i>fluconazole tab 200 mg</i> (generic of DIFLUCAN)	Pref	
<i>itraconazole cap 100 mg</i> (generic of SPORANOX)	Non-Pref	PA, QL (4 caps every 1 day)
<i>itraconazole oral soln 10 mg/ml</i> (generic of SPORANOX)	Non-Pref	PA
<i>itraconazole oral soln 10 mg/ml</i> (generic of SPORANOX)	Non-Pref	PA
<i>ketoconazole tab 200 mg</i>	Pref	
NOXAFIL PAK 300MG	Non-Pref	PA
NOXAFIL SUS 40MG/ML	Non-Pref	PA
NOXAFIL TAB 100MG	Non-Pref	PA
<i>posaconazole susp 40 mg/ml</i> (generic of NOXAFIL)	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole tab delayed release 100 mg (generic of NOXAFIL)</i>	Non-Pref	PA
SPORANOX CAP 100MG	Non-Pref	PA, QL (4 caps every 1 day)
SPORANOX SOL 10MG/ML	Non-Pref	PA
TOLSURA CAP 65MG	Non-Pref	PA
VFEND SUS 40MG/ML	Non-Pref	PA
VFEND TAB 50MG	Non-Pref	PA
VFEND TAB 200MG	Non-Pref	PA
VIVJOA CAP 150MG	Non-Pref	PA
<i>voriconazole for susp 40 mg/ml (generic of VFEND)</i>	Non-Pref	PA
<i>voriconazole tab 50 mg (generic of VFEND)</i>	Non-Pref	PA
<i>voriconazole tab 200 mg (generic of VFEND)</i>	Non-Pref	PA

ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES

ANTI-HISTAMINES - ALKYLAMINES

CHLOR-TRIMET TAB 4MG	Pref	OTC
<i>chlorpheniramine tab 4 mg</i>	Pref	OTC

ANTI-HISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate soln 4 mg/5ml</i>	Pref	
<i>carbinoxamine maleate tab 4 mg</i>	Pref	
<i>clemastine fumarate tab 1.34 mg</i>	Pref	OTC
<i>clemastine fumarate tab 2.68 mg</i>	Pref	
<i>diphenhydramine hcl cap 25 mg</i>	Pref	OTC; AGE (Max 64)
<i>diphenhydramine hcl cap 50 mg</i>	Pref	OTC; AGE (Max 64)
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Pref	QL (80 mL every 1 day)
<i>diphenhydramine hcl inj 50 mg/ml</i>	Pref	AGE (Max 64)
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	Pref	QL (80 mL every 1 day), OTC
<i>diphenhydramine hcl tab 25 mg</i>	Pref	OTC; AGE (Max 64)

ANTI-HISTAMINES - NON-SEDATING

<i>all day allg cap 10mg</i>	Non-Pref	PA, OTC
<i>all day allg sol 1mg/ml</i>	Pref	OTC
<i>all day allg sol 5mg/5ml</i>	Pref	OTC
<i>allergy chld sol 1mg/ml</i>	Pref	OTC
<i>allergy chld sol 5mg/5ml</i>	Pref	OTC
<i>allergy chld sus 30mg/5ml</i>	Pref	OTC
<i>allergy rel cap 10mg</i>	Non-Pref	PA, OTC
<i>allergy relf sol 1mg/ml</i>	Pref	OTC
<i>allergy relf sol 5mg/5ml</i>	Pref	OTC
<i>allergy relf tab 5mg</i>	Pref	OTC
<i>cetirizine chw 5mg</i>	Non-Pref	PA, OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine chw 10mg</i>	Non-Pref	PA, OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Pref	
<i>cetirizine hcl tab 5 mg</i>	Pref	OTC
<i>cetirizine hcl tab 10 mg</i>	Pref	OTC
<i>cetirizine sol 1mg/ml</i>	Pref	OTC
<i>cetirizine sol 1mg/ml</i>	Non-Pref	PA, OTC
<i>cetirizine sol 5mg/5ml</i>	Pref	OTC
<i>child allrgy sol 5mg/5ml</i>	Pref	OTC
CLARINEX TAB 5MG	Non-Pref	PA
<i>desloratadine tab 5 mg (generic of CLARINEX)</i>	Non-Pref	PA
<i>desloratadine tab orally disintegrating 2.5 mg</i>	Non-Pref	PA; AGE (Max 11)
<i>desloratadine tab orally disintegrating 5 mg</i>	Non-Pref	PA
<i>fexofenadine hcl tab 60 mg</i>	Pref	OTC
<i>fexofenadine hcl tab 180 mg</i>	Pref	OTC
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Non-Pref	PA
<i>levocetirizine dihydrochloride tab 5 mg</i>	Pref	
<i>levocetirizine dihydrochloride tab 5 mg</i>	Pref	OTC
<i>loratadine chw 5mg</i>	Pref	OTC
<i>loratadine oral soln 5 mg/5ml</i>	Pref	OTC
<i>loratadine rapidly-disintegrating tab 10 mg</i>	Pref	OTC
<i>loratadine tab 10 mg</i>	Pref	OTC
<i>qc all day cap 10mg</i>	Non-Pref	PA, OTC
<i>sm allergy sol 5mg/5ml</i>	Pref	OTC

ANTIHISTAMINES - PHENOTHIAZINES

<i>promethazine hcl suppos 12.5 mg</i>	Pref	QL (4 supp every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl suppos 25 mg</i>	Pref	QL (4 supp every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl suppos 50 mg</i>	Pref	QL (2 supp every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Pref	AGE (Min 2, Max 64)
<i>promethazine hcl tab 12.5 mg</i>	Pref	AGE (Min 2, Max 64)
<i>promethazine hcl tab 25 mg</i>	Pref	AGE (Min 2, Max 64)
<i>promethazine hcl tab 50 mg</i>	Pref	AGE (Min 2, Max 64)

ANTIHISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Pref	AGE (Max 64)
<i>cyproheptadine hcl tab 4 mg</i>	Pref	AGE (Max 64)

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Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERSLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	Non-Pref	PA; AGE (Min 18)

ANTIHYPERSLIPIDEMICS - COMBINATIONS

<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN)	Non-Pref	PA, QL (1 tab every 1 day)
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN)	Non-Pref	PA, QL (1 tab every 1 day)
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN)	Non-Pref	PA, QL (1 tab every 1 day)
<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN)	Non-Pref	PA, QL (1 tab every 1 day)
NEXLIZET TAB 180/10MG	Non-Pref	PA; AGE (Min 18)
VYTORIN TAB 10-10MG	Non-Pref	PA, QL (1 tab every 1 day)
VYTORIN TAB 10-20MG	Non-Pref	PA, QL (1 tab every 1 day)
VYTORIN TAB 10-40MG	Non-Pref	PA, QL (1 tab every 1 day)
VYTORIN TAB 10-80MG	Non-Pref	PA, QL (1 tab every 1 day)

ANTIHYPERSLIPIDEMICS - MISC.

<i>icosapent ethyl cap 0.5 gm</i> (generic of VASCEPA)	Non-Pref	PA
<i>icosapent ethyl cap 1 gm</i> (generic of VASCEPA)	Non-Pref	PA
LOVAZA CAP 1GM	Non-Pref	PA
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	Non-Pref	PA
VASCEPA CAP 0.5GM	Non-Pref	PA
VASCEPA CAP 1GM	Non-Pref	PA

BILE ACID SEQUESTRANTS

<i>cholestyramine light powder 4 gm/dose</i> (generic of QUESTRAN LIGHT)	Pref	M
<i>cholestyramine light powder packets 4 gm</i>	Pref	M
<i>cholestyramine powder 4 gm/dose</i> (generic of QUESTRAN)	Pref	M
<i>cholestyramine powder packets 4 gm</i> (generic of QUESTRAN)	Pref	M
<i>colesevelam hcl packet for susp 3.75 gm</i> (generic of WELCHOL)	Non-Pref	PA; M
<i>colesevelam hcl tab 625 mg</i> (generic of WELCHOL)	Non-Pref	PA; M
COLESTID FLA GRA 5/7.5GM	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
COLESTID FLA GRA 5GM	Non-Pref	PA; M
COLESTID GRA 5GM	Non-Pref	PA; M
COLESTID POW 5GM	Non-Pref	PA; M
COLESTID TAB 1GM	Non-Pref	PA; M
<i>colestipol hcl granule packets 5 gm</i> (generic of COLESTID)	Non-Pref	PA; M
<i>colestipol hcl granules 5 gm</i> (generic of COLESTID)	Non-Pref	PA; M
<i>colestipol hcl tab 1 gm</i> (generic of COLESTID)	Pref	M
<i>prevalite pow 4gm</i> (generic of QUESTRAN LIGHT)	Pref	M
<i>prevalite pow 4gm pk</i>	Pref	M
QUESTRAN POW 4GM	Non-Pref	PA; M
QUESTRAN POW 4GM LITE	Non-Pref	PA; M
WELCHOL PAK 3.75GM	Non-Pref	PA; M
WELCHOL TAB 625MG	Non-Pref	PA; M

FIBRIC ACID DERIVATIVES

ANTARA CAP 90MG	Non-Pref	PA
<i>choline fenofibrate cap dr 45 mg</i> (fenofibric acid equiv) (generic of TRILIPIX)	Non-Pref	PA
<i>choline fenofibrate cap dr 135 mg</i> (fenofibric acid equiv) (generic of TRILIPIX)	Non-Pref	PA
<i>fenofibrate cap 50 mg</i>	Non-Pref	PA
<i>fenofibrate cap 150 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 43 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 67 mg</i>	Pref	
<i>fenofibrate micronized cap 90 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 130 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 134 mg</i>	Pref	
<i>fenofibrate micronized cap 200 mg</i>	Pref	
<i>fenofibrate tab 40 mg</i> (generic of FENOGLIDE)	Non-Pref	PA
<i>fenofibrate tab 48 mg</i> (generic of TRICOR)	Pref	
<i>fenofibrate tab 54 mg</i>	Pref	
<i>fenofibrate tab 120 mg</i> (generic of FENOGLIDE)	Non-Pref	PA
<i>fenofibrate tab 145 mg</i> (generic of TRICOR)	Pref	
<i>fenofibrate tab 160 mg</i>	Pref	
<i>fenofibric acid tab 35 mg</i>	Non-Pref	PA
<i>fenofibric acid tab 105 mg</i>	Non-Pref	PA
FENOGLIDE TAB 40MG	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
FENOGLIDE TAB 120MG	Non-Pref	PA
<i>gemfibrozil tab 600 mg (generic of LOPID)</i>	Pref	
LIPOFEN CAP 50MG	Non-Pref	PA
LIPOFEN CAP 150MG	Non-Pref	PA
LOPID TAB 600MG	Non-Pref	PA
TRICOR TAB 48MG	Non-Pref	PA
TRICOR TAB 145MG	Non-Pref	PA
TRILIPIX CAP 45MG	Non-Pref	PA
TRILIPIX CAP 135MG	Non-Pref	PA

HMG COA REDUCTASE INHIBITORS

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

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
LIPITOR TAB 20MG	Non-Pref	PA
LIPITOR TAB 40MG	Non-Pref	PA
LIPITOR TAB 80MG	Non-Pref	PA
LIVALO TAB 1MG	Non-Pref	PA, QL (1 tab every 1 day)
LIVALO TAB 2MG	Non-Pref	PA, QL (1 tab every 1 day)
LIVALO TAB 4MG	Non-Pref	PA, QL (1 tab every 1 day)
<i>lovastatin tab 10 mg</i>	Pref	QL (1 tab every 1 day)
<i>lovastatin tab 20 mg</i>	Pref	QL (1 tab every 1 day)
<i>lovastatin tab 40 mg</i>	Pref	QL (1 tab every 1 day)
<i>pravastatin sodium tab 10 mg</i>	Pref	QL (1 tab every 1 day)
<i>pravastatin sodium tab 20 mg</i>	Pref	QL (1 tab every 1 day)
<i>pravastatin sodium tab 40 mg</i>	Pref	QL (1 tab every 1 day)
<i>pravastatin sodium tab 80 mg</i>	Pref	QL (1 tab every 1 day)
<i>rosuvastatin calcium tab 5 mg (generic of CRESTOR)</i>	Pref	
<i>rosuvastatin calcium tab 10 mg (generic of CRESTOR)</i>	Pref	
<i>rosuvastatin calcium tab 20 mg (generic of CRESTOR)</i>	Pref	
<i>rosuvastatin calcium tab 40 mg (generic of CRESTOR)</i>	Pref	
<i>simvastatin tab 5 mg</i>	Pref	
<i>simvastatin tab 10 mg (generic of ZOCOR)</i>	Pref	
<i>simvastatin tab 20 mg (generic of ZOCOR)</i>	Pref	
<i>simvastatin tab 40 mg (generic of ZOCOR)</i>	Pref	
<i>simvastatin tab 80 mg</i>	Pref	
ZOCOR TAB 10MG	Non-Pref	PA
ZOCOR TAB 20MG	Non-Pref	PA
ZOCOR TAB 40MG	Non-Pref	PA
ZYPITAMAG TAB 2MG	Non-Pref	PA, QL (1 tab every 1 day)
ZYPITAMAG TAB 4MG	Non-Pref	PA, QL (1 tab every 1 day)

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg (generic of ZETIA)</i>	Pref	
ZETIA TAB 10MG	Non-Pref	PA

NICOTINIC ACID DERIVATIVES

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Non-Pref	PA
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	Non-Pref	PA
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ 75MG/ML	Pref	PA, QL (2 pens every 28 days)
PRALUENT INJ 150MG/ML	Pref	PA, QL (2 pens every 28 days)
REPATHA INJ 140MG/ML	Pref	PA, QL (2 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	Pref	PA, QL (1 cartridge every 28 days)
REPATHA SURE INJ 140MG/ML	Pref	PA, QL (2 pens every 28 days)

ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACE INHIBITORS

ACCUPRIL TAB 5MG	Non-Pref	PA; M
ACCUPRIL TAB 10MG	Non-Pref	PA; M
ACCUPRIL TAB 20MG	Non-Pref	PA; M
ACCUPRIL TAB 40MG	Non-Pref	PA; M
ALTACE CAP 1.25MG	Non-Pref	PA; M
ALTACE CAP 2.5MG	Non-Pref	PA; M
ALTACE CAP 5MG	Non-Pref	PA; M
ALTACE CAP 10MG	Non-Pref	PA; M
<i>benazepril hcl tab 5 mg</i>	Pref	M
<i>benazepril hcl tab 10 mg (generic of LOTENSIN)</i>	Pref	M
<i>benazepril hcl tab 20 mg (generic of LOTENSIN)</i>	Pref	M
<i>benazepril hcl tab 40 mg (generic of LOTENSIN)</i>	Pref	M
<i>captopril tab 12.5 mg</i>	Non-Pref	PA; M
<i>captopril tab 25 mg</i>	Non-Pref	PA; M
<i>captopril tab 50 mg</i>	Non-Pref	PA; M
<i>captopril tab 100 mg</i>	Non-Pref	PA; M
<i>enalapril maleate oral soln 1 mg/ml (generic of EPANED)</i>	Non-Pref	PA; M
<i>enalapril maleate tab 2.5 mg (generic of VASOTEC)</i>	Pref	M
<i>enalapril maleate tab 5 mg (generic of VASOTEC)</i>	Pref	M
<i>enalapril maleate tab 10 mg (generic of VASOTEC)</i>	Pref	M
<i>enalapril maleate tab 20 mg (generic of VASOTEC)</i>	Pref	M
EPANED SOL 1MG/ML	Non-Pref	PA; M
<i>fosinopril sodium tab 10 mg</i>	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium tab 20 mg</i>	Non-Pref	PA; M
<i>fosinopril sodium tab 40 mg</i>	Non-Pref	PA; M
<i>lisinopril tab 2.5 mg (generic of ZESTRIL)</i>	Pref	M
<i>lisinopril tab 5 mg (generic of ZESTRIL)</i>	Pref	M
<i>lisinopril tab 10 mg (generic of ZESTRIL)</i>	Pref	M
<i>lisinopril tab 20 mg (generic of ZESTRIL)</i>	Pref	M
<i>lisinopril tab 30 mg (generic of ZESTRIL)</i>	Pref	M
<i>lisinopril tab 40 mg (generic of ZESTRIL)</i>	Pref	M
LOTENSIN TAB 10MG	Non-Pref	PA; M
LOTENSIN TAB 20MG	Non-Pref	PA; M
LOTENSIN TAB 40MG	Non-Pref	PA; M
<i>moexipril hcl tab 7.5 mg</i>	Non-Pref	PA; M
<i>moexipril hcl tab 15 mg</i>	Non-Pref	PA; M
<i>perindopril erbumine tab 2 mg</i>	Non-Pref	PA; M
<i>perindopril erbumine tab 4 mg</i>	Non-Pref	PA; M
<i>perindopril erbumine tab 8 mg</i>	Non-Pref	PA; M
QBRELIS SOL 1MG/ML	Non-Pref	PA; M
<i>quinapril hcl tab 5 mg (generic of ACCUPRIL)</i>	Non-Pref	PA; M
<i>quinapril hcl tab 10 mg (generic of ACCUPRIL)</i>	Non-Pref	PA; M
<i>quinapril hcl tab 20 mg (generic of ACCUPRIL)</i>	Non-Pref	PA; M
<i>quinapril hcl tab 40 mg (generic of ACCUPRIL)</i>	Non-Pref	PA; M
<i>ramipril cap 1.25 mg (generic of ALTACE)</i>	Pref	M
<i>ramipril cap 2.5 mg (generic of ALTACE)</i>	Pref	M
<i>ramipril cap 5 mg (generic of ALTACE)</i>	Pref	M
<i>ramipril cap 10 mg (generic of ALTACE)</i>	Pref	M
<i>trandolapril tab 1 mg</i>	Non-Pref	PA; M
<i>trandolapril tab 2 mg</i>	Non-Pref	PA; M
<i>trandolapril tab 4 mg</i>	Non-Pref	PA; M
VASOTEC TAB 2.5MG	Non-Pref	PA; M
VASOTEC TAB 5MG	Non-Pref	PA; M
VASOTEC TAB 10MG	Non-Pref	PA; M
VASOTEC TAB 20MG	Non-Pref	PA; M
ZESTRIL TAB 2.5MG	Non-Pref	PA; M
ZESTRIL TAB 5MG	Non-Pref	PA; M
ZESTRIL TAB 10MG	Non-Pref	PA; M
ZESTRIL TAB 20MG	Non-Pref	PA; M
ZESTRIL TAB 30MG	Non-Pref	PA; M
ZESTRIL TAB 40MG	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TAB 4MG	Non-Pref	PA; M
ATACAND TAB 8MG	Non-Pref	PA; M
ATACAND TAB 16MG	Non-Pref	PA; M
ATACAND TAB 32MG	Non-Pref	PA; M
AVAPRO TAB 75MG	Non-Pref	PA; M
AVAPRO TAB 150MG	Non-Pref	PA; M
AVAPRO TAB 300MG	Non-Pref	PA; M
BENICAR TAB 5MG	Non-Pref	PA; M
BENICAR TAB 20MG	Non-Pref	PA; M
BENICAR TAB 40MG	Non-Pref	PA; M
<i>candesartan cilexetil tab 4 mg (generic of ATACAND)</i>	Non-Pref	PA; M
<i>candesartan cilexetil tab 8 mg (generic of ATACAND)</i>	Non-Pref	PA; M
<i>candesartan cilexetil tab 16 mg (generic of ATACAND)</i>	Non-Pref	PA; M
<i>candesartan cilexetil tab 32 mg (generic of ATACAND)</i>	Non-Pref	PA; M
COZAAR TAB 25MG	Non-Pref	PA; M
COZAAR TAB 50MG	Non-Pref	PA; M
COZAAR TAB 100MG	Non-Pref	PA; M
DIOVAN TAB 40MG	Non-Pref	PA; M
DIOVAN TAB 80MG	Non-Pref	PA; M
DIOVAN TAB 160MG	Non-Pref	PA; M
DIOVAN TAB 320MG	Non-Pref	PA; M
EDARBI TAB 40MG	Non-Pref	PA; M
EDARBI TAB 80MG	Non-Pref	PA; M
<i>irbesartan tab 75 mg (generic of AVAPRO)</i>	Non-Pref	PA; M
<i>irbesartan tab 150 mg (generic of AVAPRO)</i>	Non-Pref	PA; M
<i>irbesartan tab 300 mg (generic of AVAPRO)</i>	Non-Pref	PA; M
<i>losartan potassium tab 25 mg (generic of COZAAR)</i>	Pref	M
<i>losartan potassium tab 50 mg (generic of COZAAR)</i>	Pref	M
<i>losartan potassium tab 100 mg (generic of COZAAR)</i>	Pref	M
MICARDIS TAB 20MG	Non-Pref	PA; M
MICARDIS TAB 40MG	Non-Pref	PA; M
MICARDIS TAB 80MG	Non-Pref	PA; M
<i>olmesartan medoxomil tab 5 mg (generic of BENICAR)</i>	Pref	M

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil tab 20 mg (generic of BENICAR)</i>	Pref	M
<i>olmesartan medoxomil tab 40 mg (generic of BENICAR)</i>	Pref	M
<i>telmisartan tab 20 mg (generic of MICARDIS)</i>	Non-Pref	PA; M
<i>telmisartan tab 40 mg (generic of MICARDIS)</i>	Non-Pref	PA; M
<i>telmisartan tab 80 mg (generic of MICARDIS)</i>	Non-Pref	PA; M
<i>valsartan tab 40 mg (generic of DIOVAN)</i>	Pref	M
<i>valsartan tab 80 mg (generic of DIOVAN)</i>	Pref	M
<i>valsartan tab 160 mg (generic of DIOVAN)</i>	Pref	M
<i>valsartan tab 320 mg (generic of DIOVAN)</i>	Pref	M

ANTIADRENERGIC ANTIHYPERTENSIVES

CARDURA TAB 1MG	Non-Pref	PA; M
CARDURA TAB 2MG	Non-Pref	PA; M
CARDURA TAB 4MG	Non-Pref	PA; M
CARDURA TAB 8MG	Non-Pref	PA; M
<i>clonidine hcl tab 0.1 mg</i>	Pref	M
<i>clonidine hcl tab 0.2 mg</i>	Pref	M
<i>clonidine hcl tab 0.3 mg</i>	Pref	M
<i>clonidine hcl tab er 24hr 0.17 mg (base equivalent)</i>	Pref	
<i>clonidine td patch weekly 0.1 mg/24hr (generic of CATAPRES-TTS-1)</i>	Pref	QL (14 patches every 90 days); M
<i>clonidine td patch weekly 0.2 mg/24hr (generic of CATAPRES-TTS-2)</i>	Pref	QL (14 patches every 90 days); M
<i>clonidine td patch weekly 0.3 mg/24hr (generic of CATAPRES-TTS-3)</i>	Pref	QL (14 patches every 90 days); M
<i>doxazosin mesylate tab 1 mg (generic of CARDURA)</i>	Pref	M
<i>doxazosin mesylate tab 2 mg (generic of CARDURA)</i>	Pref	M
<i>doxazosin mesylate tab 4 mg (generic of CARDURA)</i>	Pref	M
<i>doxazosin mesylate tab 8 mg (generic of CARDURA)</i>	Pref	M
<i>guanfacine hcl tab 1 mg</i>	Pref	M
<i>guanfacine hcl tab 2 mg</i>	Pref	M
<i>methyldopa tab 250 mg</i>	Pref	M
<i>methyldopa tab 500 mg</i>	Pref	M
MINIPRESS CAP 1MG	Non-Pref	PA; M
MINIPRESS CAP 2MG	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
MINIPRESS CAP 5MG	Non-Pref	PA; M
<i>prazosin hcl cap 1 mg (generic of MINIPRESS)</i>	Pref	M
<i>prazosin hcl cap 2 mg (generic of MINIPRESS)</i>	Pref	M
<i>prazosin hcl cap 5 mg (generic of MINIPRESS)</i>	Pref	M
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Pref	M
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Pref	M
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Pref	M
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Pref	M

ANTIHYPERTENSIVE COMBINATIONS

ACCURETIC TAB 10-12.5	Non-Pref	PA; M
ACCURETIC TAB 20-12.5	Non-Pref	PA; M
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Pref	M
<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	Pref	M
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	Pref	M
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Pref	M
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	Pref	M
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	Pref	M
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AZOR)</i>	Pref	M
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AZOR)</i>	Pref	M
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AZOR)</i>	Pref	M
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AZOR)</i>	Pref	M
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	Pref	M
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	Pref	M
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	Pref	M
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	Pref	M
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (generic of EXFORGE HCT)</i>	Pref	M

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)</i>	Pref	M
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)</i>	Pref	M
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)</i>	Pref	M
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)</i>	Pref	M
ATACAND HCT TAB 16-12.5	Non-Pref	PA; M
ATACAND HCT TAB 32-12.5	Non-Pref	PA; M
ATACAND HCT TAB 32-25MG	Non-Pref	PA; M
<i>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	Pref	M
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	Pref	M
AVALIDE TAB 150-12.5	Non-Pref	PA; M
AVALIDE TAB 300-12.5	Non-Pref	PA; M
AZOR TAB 5-20MG	Non-Pref	PA; M
AZOR TAB 5-40MG	Non-Pref	PA; M
AZOR TAB 10-20MG	Non-Pref	PA; M
AZOR TAB 10-40MG	Non-Pref	PA; M
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Pref	M
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	Pref	M
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	Pref	M
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	Pref	M
BENICAR HCT TAB 20-12.5	Non-Pref	PA; M
BENICAR HCT TAB 40-12.5	Non-Pref	PA; M
BENICAR HCT TAB 40-25MG	Non-Pref	PA; M
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)</i>	Pref	M
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)</i>	Pref	M
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)</i>	Pref	M
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i>	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i>	Non-Pref	PA; M
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i>	Non-Pref	PA; M
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Non-Pref	PA; M
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Non-Pref	PA; M
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Non-Pref	PA; M
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Non-Pref	PA; M
DIOVAN HCT TAB 80/12.5	Non-Pref	PA; M
DIOVAN HCT TAB 160-12.5	Non-Pref	PA; M
DIOVAN HCT TAB 160-25MG	Non-Pref	PA; M
DIOVAN HCT TAB 320-12.5	Non-Pref	PA; M
DIOVAN HCT TAB 320-25MG	Non-Pref	PA; M
EDARBYCLOR TAB 40-12.5	Non-Pref	PA; M
EDARBYCLOR TAB 40-25MG	Non-Pref	PA; M
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Pref	M
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	Pref	M
EXFORGE TAB 5-160MG	Non-Pref	PA; M
EXFORGE TAB 5-320MG	Non-Pref	PA; M
EXFORGE TAB 10-160MG	Non-Pref	PA; M
EXFORGE TAB 10-320MG	Non-Pref	PA; M
EXFORGEH/5- TAB 160-12.5	Non-Pref	PA; M
EXFORGEH/5- TAB 160-25	Non-Pref	PA; M
EXFORGEH/10- TAB 160-12.5	Non-Pref	PA; M
EXFORGEH/10- TAB 160-25	Non-Pref	PA; M
EXFORGEH/10- TAB 320-25	Non-Pref	PA; M
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Non-Pref	PA; M
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Non-Pref	PA; M
HYZAAR TAB 50-12.5	Non-Pref	PA; M
HYZAAR TAB 100-12.5	Non-Pref	PA; M
HYZAAR TAB 100-25	Non-Pref	PA; M
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	Non-Pref	PA; M
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	Pref	M
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	Pref	M
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	Pref	M
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	Pref	M
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	Pref	M
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	Pref	M
LOTENSIN HCT TAB 10-12.5	Non-Pref	PA; M
LOTENSIN HCT TAB 20-12.5	Non-Pref	PA; M
LOTENSIN HCT TAB 20-25MG	Non-Pref	PA; M
LOTREL CAP 5-10MG	Non-Pref	PA; M
LOTREL CAP 5-20MG	Non-Pref	PA; M
LOTREL CAP 10-20MG	Non-Pref	PA; M
LOTREL CAP 10-40MG	Non-Pref	PA; M
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Non-Pref	PA; M
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Non-Pref	PA; M
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Non-Pref	PA; M
MICARDIS HCT TAB 40/12.5	Non-Pref	PA; M
MICARDIS HCT TAB 80-25MG	Non-Pref	PA; M
MICARDIS HCT TAB 80/12.5	Non-Pref	PA; M
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>	Pref	M
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>	Pref	M
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	Pref	M
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i>	Non-Pref	PA; M
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i>	Non-Pref	PA; M
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i>	Non-Pref	PA; M
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i>	Non-Pref	PA; M
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i>	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	Non-Pref	PA; M
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Non-Pref	PA; M
TEKTURNA HCT TAB 300-12.5	Non-Pref	PA; M
TEKTURNA HCT TAB 300-25MG	Non-Pref	PA; M
<i>telmisartan-amlodipine tab 40-5 mg</i>	Non-Pref	PA; M
<i>telmisartan-amlodipine tab 40-10 mg</i>	Non-Pref	PA; M
<i>telmisartan-amlodipine tab 80-5 mg</i>	Non-Pref	PA; M
<i>telmisartan-amlodipine tab 80-10 mg</i>	Non-Pref	PA; M
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i>	Non-Pref	PA; M
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i>	Non-Pref	PA; M
<i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>	Non-Pref	PA; M
TENORETIC TAB 50	Non-Pref	PA; M
TENORETIC TAB 100	Non-Pref	PA; M
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Non-Pref	PA; M
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Non-Pref	PA; M
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Non-Pref	PA; M
TRIBENZOR20- TAB 5-12.5MG	Non-Pref	PA; M
TRIBENZOR40- TAB 5-12.5MG	Non-Pref	PA; M
TRIBENZOR40- TAB 5-25MG	Non-Pref	PA; M
TRIBENZOR40- TAB 10-12.5	Non-Pref	PA; M
TRIBENZOR40- TAB 10-25MG	Non-Pref	PA; M
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	Pref	M
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	Pref	M
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	Pref	M
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	Pref	M
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	Pref	M
VASERETIC TAB 10-25MG	Non-Pref	PA; M
ZESTORETIC TAB 10-12.5	Non-Pref	PA; M
ZESTORETIC TAB 20-12.5	Non-Pref	PA; M
ZESTORETIC TAB 20-25MG	Non-Pref	PA; M
ZIAC TAB 2.5/6.25	Non-Pref	PA; M
ZIAC TAB 5-6.25MG	Non-Pref	PA; M
ZIAC TAB 10/6.25	Non-Pref	PA; M

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent) (generic of TEKTURN)</i>	Non-Pref	PA; M
<i>aliskiren fumarate tab 300 mg (base equivalent) (generic of TEKTURN)</i>	Non-Pref	PA; M
TEKTURN TAB 150MG	Non-Pref	PA; M
TEKTURN TAB 300MG	Non-Pref	PA; M

VASODILATORS

<i>hydralazine hcl inj 20 mg/ml</i>	Pref	
<i>hydralazine hcl tab 10 mg</i>	Pref	
<i>hydralazine hcl tab 25 mg</i>	Pref	
<i>hydralazine hcl tab 50 mg</i>	Pref	
<i>hydralazine hcl tab 100 mg</i>	Pref	
<i>minoxidil tab 2.5 mg</i>	Pref	
<i>minoxidil tab 10 mg</i>	Pref	

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>chloroquine phosphate tab 250 mg</i>	Pref	QL (1 tab every 1 day)
<i>chloroquine phosphate tab 500 mg</i>	Pref	QL (1 tab every 1 day)
<i>hydroxychloroquine sulfate tab 100 mg</i>	Pref	
<i>hydroxychloroquine sulfate tab 200 mg (generic of PLAQUENIL)</i>	Pref	
<i>hydroxychloroquine sulfate tab 300 mg</i>	Pref	
<i>hydroxychloroquine sulfate tab 400 mg</i>	Pref	
KRINTAFEL TAB 150MG	Pref	PA, QL (2 tabs every 365 days); AGE (Min 16)
<i>mefloquine hcl tab 250 mg</i>	Pref	PA, QL (5 tabs every 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base) (generic of PRIMAQUINE PHOSPHATE)</i>	Pref	
<i>pyrimethamine tab 25 mg (generic of DARAPRIM)</i>	Pref	PA, QL (3 tabs every 1 day)

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

<i>pyridostigmine bromide tab 60 mg (generic of MESTINON)</i>	Pref	
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ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

<i>cycloserine cap 250 mg</i>	Pref	QL (4 caps every 1 day)
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Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol hcl tab 100 mg</i>	Pref	QL (90 tabs every 30 days)
<i>ethambutol hcl tab 400 mg</i> (generic of MYAMBUTOL)	Pref	QL (90 tabs every 30 days)
<i>isoniazid syrup 50 mg/5ml</i>	Pref	QL (90 mL every 30 days); AGE (Max 12)
<i>isoniazid tab 100 mg</i>	Pref	QL (90 tabs every 30 days)
<i>isoniazid tab 300 mg</i>	Pref	QL (90 tabs every 30 days)
PRETOMANID TAB 200MG	Pref	PA; AGE (Min 18)
PRIFTIN TAB 150MG	Pref	QL (24 tabs every 21 days)
<i>pyrazinamide tab 500 mg</i>	Pref	QL (1.2 tabs every 1 day)
<i>rifabutin cap 150 mg</i> (generic of MYCOBUTIN)	Pref	QL (1.2 caps every 1 day)
<i>rifampin cap 150 mg</i>	Pref	QL (1.2 caps every 1 day)
<i>rifampin cap 300 mg</i>	Pref	QL (1.2 caps every 1 day)
SIRTURO TAB 20MG	Pref	PA
SIRTURO TAB 100MG	Pref	PA
TRECTOR TAB 250MG	Pref	QL (90 tabs every 30 days)

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

CYCLOPHOSPH TAB 25MG	Pref	
CYCLOPHOSPH TAB 50MG	Pref	
<i>cyclophosphamide cap 25 mg</i>	Pref	SP
<i>cyclophosphamide cap 50 mg</i>	Pref	SP
LEUKERAN TAB 2MG	Pref	
<i>melphalan tab 2 mg</i>	Pref	
MYLERAN TAB 2MG	Pref	
<i>oxaliplatin for iv inj 50 mg</i>	Pref	
<i>oxaliplatin for iv inj 100 mg</i>	Pref	
<i>oxaliplatin iv soln 50 mg/10ml</i>	Pref	
<i>oxaliplatin iv soln 100 mg/20ml</i>	Pref	
<i>temozolomide cap 5 mg</i>	Pref	SP
<i>temozolomide cap 20 mg</i>	Pref	SP
<i>temozolomide cap 100 mg</i>	Pref	SP
<i>temozolomide cap 140 mg</i>	Pref	SP
<i>temozolomide cap 180 mg</i>	Pref	SP

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Drug Name	Drug Tier	Requirements/Limits
<i>temozolomide cap 250 mg</i>	Pref	SP
ANTIMETABOLITES		
ALIMTA INJ 100MG	Pref	
ALIMTA INJ 500MG	Pref	
ARRANON INJ 5MG/ML	Pref	
<i>azacitidine for inj 100 mg (generic of VIDAZA)</i>	Pref	
<i>capecitabine tab 150 mg (generic of XELODA)</i>	Pref	SP
<i>capecitabine tab 500 mg (generic of XELODA)</i>	Pref	SP
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	Pref	
<i>clofarabine iv soln 1 mg/ml (generic of CLOLAR)</i>	Pref	
CLOLAR INJ 1MG/ML	Pref	
<i>cytarabine inj 20 mg/ml</i>	Pref	
<i>cytarabine inj pf 20 mg/ml</i>	Pref	
<i>cytarabine inj pf 100 mg/ml</i>	Pref	
<i>decitabine for inj 50 mg</i>	Pref	
FLUDARABINE INJ 50MG/2ML	Pref	
<i>fludarabine phosphate for inj 50 mg</i>	Pref	
<i>fludarabine phosphate inj 25 mg/ml</i>	Pref	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	Pref	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	Pref	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	Pref	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	Pref	
FOLOTYN INJ 20MG/ML	Pref	
FOLOTYN INJ 40MG/2ML	Pref	
<i>gemcitabine hcl for inj 1 gm</i>	Pref	
<i>gemcitabine hcl for inj 2 gm</i>	Pref	
<i>gemcitabine hcl for inj 200 mg</i>	Pref	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv) (generic of GEMCITABINE HYDROCHLORIDE)</i>	Pref	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv) (generic of GEMCITABINE HYDROCHLORIDE)</i>	Pref	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv) (generic of GEMCITABINE HYDROCHLORIDE)</i>	Pref	
GEMCITABINE INJ 1.5GM/15	Pref	
GEMCITABINE INJ 1GM	Pref	

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Drug Name	Drug Tier	Requirements/Limits
GEMCITABINE INJ 1GM/10ML	Pref	
GEMCITABINE INJ 2GM	Pref	
GEMCITABINE INJ 2GM/20ML	Pref	
GEMCITABINE INJ 200MG	Pref	
INFUGEM SOL 1200MG	Pref	
INFUGEM SOL 1300MG	Pref	
INFUGEM SOL 1400MG	Pref	
INFUGEM SOL 1500MG	Pref	
INFUGEM SOL 1600MG	Pref	
INFUGEM SOL 1700MG	Pref	
INFUGEM SOL 1800MG	Pref	
INFUGEM SOL 1900MG	Pref	
INFUGEM SOL 2000MG	Pref	
INFUGEM SOL 2200MG	Pref	
<i>mercaptopurine tab 50 mg</i>	Pref	
<i>methotrexate sodium for inj 1 gm</i>	Pref	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Pref	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Pref	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Pref	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Pref	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Pref	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Pref	
<i>nelarabine iv soln 5 mg/ml (generic of ARRANON)</i>	Pref	
ONUREG TAB 200MG	Pref	SP
ONUREG TAB 300MG	Pref	SP
<i>pemetrexed disodium for iv soln 100 mg (base equiv) (generic of ALIMTA)</i>	Pref	
<i>pemetrexed disodium for iv soln 500 mg (base equiv) (generic of ALIMTA)</i>	Pref	
PEMETREXED SOL 500/20ML	Pref	SP
PEMFEXY SOL 500/20ML	Pref	SP
<i>pralatrexate iv inj 20 mg/ml</i>	Pref	
<i>pralatrexate iv inj 40 mg/2ml</i>	Pref	
PURIXAN SUS 20MG/ML	Pref	
TABLOID TAB 40MG	Pref	
TREXALL TAB 5MG	Pref	
TREXALL TAB 7.5MG	Pref	

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Drug Name	Drug Tier	Requirements/Limits
TREXALL TAB 10MG	Pref	
TREXALL TAB 15MG	Pref	
VIDAZA INJ 100MG	Pref	
XATMEP SOL 2.5MG/ML	Pref	
XELODA TAB 150MG	Pref	SP
XELODA TAB 500MG	Pref	SP
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
CYRAMZA INJ 100/10ML	Pref	
CYRAMZA INJ 500/50ML	Pref	
ANTINEOPLASTIC - ANTIBODIES		
ARZERRA CON 100/5ML	Pref	
BLINCYTO INJ 35MCG	Pref	
GAZYVA INJ 25MG/ML	Pref	
IMFINZI INJ 120/2.4	Pref	
IMFINZI INJ 500/10	Pref	
JEMPERLI SOL 500/10ML	Pref	SP
KEYTRUDA INJ 100MG/4M	Pref	
KIMMTRAK SOL 100MCG	Pref	SP
LIBTAYO INJ 350/7ML	Pref	
OPDIVO INJ 40MG/4ML	Pref	
OPDIVO INJ 100MG/10	Pref	
OPDIVO INJ 120MG/12	Pref	
OPDIVO INJ 240/24	Pref	
RIABNI SOL 100/10ML	Pref	SP
RIABNI SOL 500/50ML	Pref	SP
RITUXAN INJ 100MG	Pref	SP
RITUXAN INJ 500MG	Pref	SP
RUXIENCE INJ 100/10ML	Pref	SP
RUXIENCE INJ 500/50ML	Pref	SP
RYBREVANT SOL 350/7ML	Pref	SP
TECENTRIQ INJ 840/14	Pref	
TRUXIMA INJ 100/10ML	Pref	SP
TRUXIMA INJ 500/50ML	Pref	SP
YERVOY INJ 50MG	Pref	
YERVOY INJ 200MG	Pref	
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	Pref	SP
VENCLEXTA TAB 50MG	Pref	SP
VENCLEXTA TAB 100MG	Pref	SP
VENCLEXTA TAB START PK	Pref	SP
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 25MG	Pref	SP

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Drug Name	Drug Tier	Requirements/Limits
DAURISMO TAB 100MG	Pref	SP
ERIVEDGE CAP 150MG	Pref	SP
ODOMZO CAP 200MG	Pref	SP

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate tab 250 mg</i> (generic of ZYTIGA)	Pref	SP
<i>abiraterone acetate tab 500 mg</i> (generic of ZYTIGA)	Pref	SP
<i>anastrozole tab 1 mg</i> (generic of ARIMIDEX)	Pref	
ARIMIDEX TAB 1MG	Pref	
AROMASIN TAB 25MG	Pref	
<i>bicalutamide tab 50 mg</i> (generic of CASODEX)	Pref	
CAMCEVI INJ 42MG	Pref	SP
CASODEX TAB 50MG	Pref	
DEPO-PROVERA INJ 400/ML	Non-Pref	PA; M
ELIGARD INJ 7.5MG	Pref	
ELIGARD INJ 22.5MG	Pref	
ELIGARD INJ 30MG	Pref	
ELIGARD INJ 45MG	Pref	
EMCYT CAP 140MG	Pref	
ERLEADA TAB 60MG	Pref	SP
<i>exemestane tab 25 mg</i> (generic of AROMASIN)	Pref	
FARESTON TAB 60MG	Pref	
FEMARA TAB 2.5MG	Pref	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Pref	
<i>letrozole tab 2.5 mg</i> (generic of FEMARA)	Pref	
<i>leuprolide acetate inj kit 5 mg/ml</i>	Pref	
LEUPROLIDE INJ 22.5MG	Pref	
LUPRON DEPOT INJ 7.5MG	Pref	
LUPRON DEPOT INJ 22.5MG	Pref	
LUPRON DEPOT INJ 30MG	Pref	
LUPRON DEPOT INJ 45MG	Pref	
LYSODREN TAB 500MG	Pref	SP
<i>megestrol acetate susp 40 mg/ml</i>	Pref	
<i>megestrol acetate tab 20 mg</i>	Pref	
<i>megestrol acetate tab 40 mg</i>	Pref	
<i>nilutamide tab 150 mg</i> (generic of NILANDRON)	Pref	
NUBEQA TAB 300MG	Pref	SP
ORGOVYX TAB 120MG	Pref	SP

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Drug Name	Drug Tier	Requirements/Limits
ORSERDU TAB 86MG	Pref	SP
ORSERDU TAB 345MG	Pref	SP
SOLTAMOX SOL 10MG/5ML	Pref	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Pref	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Pref	
<i>toremifene citrate tab 60 mg (base equivalent) (generic of FARESTON)</i>	Pref	
XTANDI CAP 40MG	Pref	SP
XTANDI TAB 40MG	Pref	SP
XTANDI TAB 80MG	Pref	SP
YONSA TAB 125MG	Pref	SP
ZYTIGA TAB 250MG	Pref	SP
ZYTIGA TAB 500MG	Pref	SP
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	Pref	SP
POMALYST CAP 2MG	Pref	SP
POMALYST CAP 3MG	Pref	SP
POMALYST CAP 4MG	Pref	SP
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	Pref	
XPOVIO PAK 50MG	Pref	
XPOVIO PAK 60MG	Pref	
XPOVIO PAK 60MG	Pref	SP
XPOVIO PAK 80MG	Pref	SP
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	Pref	SP
KISQALI 200 PAK FEMARA	Pref	SP
KISQALI 400 PAK FEMARA	Pref	SP
KISQALI 600 PAK FEMARA	Pref	SP
LONSURF TAB 15-6.14	Pref	SP
LONSURF TAB 20-8.19	Pref	SP
OPDUALAG SOL	Pref	SP
RITUXAN INJ HYCELA	Pref	SP
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG	Pref	SP
AFINITOR DIS TAB 3MG	Pref	SP
AFINITOR DIS TAB 5MG	Pref	SP
AFINITOR TAB 2.5MG	Pref	SP
AFINITOR TAB 5MG	Pref	SP
AFINITOR TAB 7.5MG	Pref	SP
AFINITOR TAB 10MG	Pref	SP

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Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAP 75MG	Pref	
<i>everolimus tab 2.5 mg</i> (generic of AFINITOR)	Pref	SP
<i>everolimus tab 5 mg</i> (generic of AFINITOR)	Pref	SP
<i>everolimus tab 7.5 mg</i> (generic of AFINITOR)	Pref	SP
<i>everolimus tab 10 mg</i> (generic of AFINITOR)	Pref	SP
<i>everolimus tab for oral susp 2 mg</i> (generic of AFINITOR DISPERZ)	Pref	SP
<i>everolimus tab for oral susp 3 mg</i> (generic of AFINITOR DISPERZ)	Pref	SP
<i>everolimus tab for oral susp 5 mg</i> (generic of AFINITOR DISPERZ)	Pref	SP
IDHIFA TAB 50MG	Pref	SP
IDHIFA TAB 100MG	Pref	SP
JAKAFI TAB 5MG	Pref	SP
JAKAFI TAB 10MG	Pref	SP
JAKAFI TAB 15MG	Pref	SP
JAKAFI TAB 20MG	Pref	SP
JAKAFI TAB 25MG	Pref	SP
KRAZATI TAB 200MG	Pref	SP
LUMAKRAS TAB 120MG	Pref	SP
LUMAKRAS TAB 320MG	Pref	SP
REZLIDHIA CAP 150MG	Pref	SP
TAZVERIK TAB 200MG	Pref	SP
TIBSOVO TAB 250MG	Pref	SP
ZOLINZA CAP 100MG	Pref	SP
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	Pref	SP
BESREMI SOL 500MCG	Pref	SP
<i>bexarotene cap 75 mg</i> (generic of TARGRETIN)	Pref	SP
HYDREA CAP 500MG	Pref	
<i>hydroxyurea cap 500 mg</i> (generic of HYDREA)	Pref	
MATULANE CAP 50MG	Pref	SP
NIPENT INJ 10MG	Pref	
TARGRETIN CAP 75MG	Pref	SP
<i>tretinoin cap 10 mg</i>	Pref	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium inj 100 mg/10ml (10 mg/ml)</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	Pref	
<i>leucovorin calcium tab 5 mg</i>	Pref	
<i>leucovorin calcium tab 10 mg</i>	Pref	
<i>leucovorin calcium tab 15 mg</i>	Pref	
<i>leucovorin calcium tab 25 mg</i>	Pref	
MESNEX TAB 400MG	Pref	

MITOTIC INHIBITORS

<i>etoposide cap 50 mg</i>	Pref	
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TOPOISOMERASE I INHIBITORS

HYCAMTIN CAP 0.25MG	Pref	SP
HYCAMTIN CAP 1MG	Pref	SP

ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

ANTIPARKINSON ADJUNCTIVE THERAPY

<i>carbidopa tab 25 mg (generic of LODOSYN)</i>	Non-Pref	PA; M
LODOSYN TAB 25MG	Non-Pref	PA; M
NOURIANZ TAB 20MG	Non-Pref	PA; M
NOURIANZ TAB 40MG	Non-Pref	PA; M

ANTIPARKINSON COMT INHIBITORS

COMTAN TAB 200MG	Non-Pref	PA; M
<i>entacapone tab 200 mg (generic of COMTAN)</i>	Non-Pref	PA; M
ONGENTYS CAP 25MG	Non-Pref	PA; M
ONGENTYS CAP 50MG	Non-Pref	PA; M
TASMAR TAB 100MG	Non-Pref	PA; M
<i>tolcapone tab 100 mg (generic of TASMAR)</i>	Non-Pref	PA; M

ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl cap 100 mg</i>	Pref	M
<i>amantadine hcl tab 100 mg</i>	Non-Pref	PA; M
<i>bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)</i>	Non-Pref	PA; M
<i>bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)</i>	Non-Pref	PA; M
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Non-Pref	PA; M
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Non-Pref	PA; M
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Non-Pref	PA; M
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	Pref	M

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	Pref	M
<i>carbidopa & levodopa tab 25-250 mg</i>	Pref	M
<i>carbidopa & levodopa tab er 25-100 mg</i>	Pref	M
<i>carbidopa & levodopa tab er 50-200 mg</i>	Pref	M
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (generic of STALEVO 50)</i>	Non-Pref	PA; M
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (generic of STALEVO 75)</i>	Non-Pref	PA; M
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)</i>	Non-Pref	PA; M
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (generic of STALEVO 125)</i>	Non-Pref	PA; M
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)</i>	Non-Pref	PA; M
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg (generic of STALEVO 200)</i>	Non-Pref	PA; M
DHIVY TAB 25-100MG	Non-Pref	PA; M
DUOPA SUS 4.63-20	Non-Pref	PA; M
GOCOVRI CAP 68.5MG	Non-Pref	PA; M
GOCOVRI CAP 137MG	Non-Pref	PA; M
INBRIJA CAP 42MG	Non-Pref	PA; M
KYNMOBI MIS 10MG	Non-Pref	PA; M
KYNMOBI MIS 15MG	Non-Pref	PA; M
KYNMOBI MIS 20MG	Non-Pref	PA; M
KYNMOBI MIS 25MG	Non-Pref	PA; M
KYNMOBI MIS 30MG	Non-Pref	PA; M
MIRAPEX ER TAB 0.75MG	Non-Pref	PA; M
MIRAPEX ER TAB 0.375MG	Non-Pref	PA; M
MIRAPEX ER TAB 1.5MG	Non-Pref	PA; M
MIRAPEX ER TAB 2.25MG	Non-Pref	PA; M
MIRAPEX ER TAB 3.75MG	Non-Pref	PA; M
MIRAPEX ER TAB 3MG	Non-Pref	PA; M
MIRAPEX ER TAB 4.5MG	Non-Pref	PA; M
NEUPRO DIS 1MG/24HR	Non-Pref	PA, QL (102 patches every 90 days); M
NEUPRO DIS 2MG/24HR	Non-Pref	PA, QL (102 patches every 90 days); M
NEUPRO DIS 3MG/24HR	Non-Pref	PA, QL (102 patches every 90 days); M
NEUPRO DIS 4MG/24HR	Non-Pref	PA, QL (102 patches every 90 days); M

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
NEUPRO DIS 6MG/24HR	Non-Pref	PA, QL (102 patches every 90 days); M
NEUPRO DIS 8MG/24HR	Non-Pref	PA, QL (102 patches every 90 days); M
OSMOLEX ER TAB 129MG	Non-Pref	PA; M
OSMOLEX ER TAB 193MG	Non-Pref	PA; M
PARLODEL CAP 5MG	Non-Pref	PA; M
PARLODEL TAB 2.5MG	Non-Pref	PA; M
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Pref	M
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Pref	M
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Pref	M
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Pref	M
<i>pramipexole dihydrochloride tab 1 mg</i>	Pref	M
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Pref	M
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg (generic of MIRAPEX ER)</i>	Non-Pref	PA; M
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg (generic of MIRAPEX ER)</i>	Non-Pref	PA; M
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg (generic of MIRAPEX ER)</i>	Non-Pref	PA; M
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg (generic of MIRAPEX ER)</i>	Non-Pref	PA; M
<i>pramipexole dihydrochloride tab er 24hr 3 mg (generic of MIRAPEX ER)</i>	Non-Pref	PA; M
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg (generic of MIRAPEX ER)</i>	Non-Pref	PA; M
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg (generic of MIRAPEX ER)</i>	Non-Pref	PA; M
REQUIP XL TAB 6MG	Non-Pref	PA; M
REQUIP XL TAB 12MG	Non-Pref	PA; M
<i>ropinirole hydrochloride tab 0.5 mg</i>	Pref	M
<i>ropinirole hydrochloride tab 0.25 mg</i>	Pref	M
<i>ropinirole hydrochloride tab 1 mg</i>	Pref	M
<i>ropinirole hydrochloride tab 2 mg</i>	Pref	M
<i>ropinirole hydrochloride tab 3 mg</i>	Pref	M
<i>ropinirole hydrochloride tab 4 mg</i>	Pref	M
<i>ropinirole hydrochloride tab 5 mg</i>	Pref	M
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	Non-Pref	PA; M
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	Non-Pref	PA; M
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	Non-Pref	PA; M

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	Non-Pref	PA; M
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	Non-Pref	PA; M
RYTARY CAP 95MG	Non-Pref	PA; M
RYTARY CAP 145MG	Non-Pref	PA; M
RYTARY CAP 195MG	Non-Pref	PA; M
RYTARY CAP 245MG	Non-Pref	PA; M
SINEMET TAB 10-100MG	Non-Pref	PA; M
SINEMET TAB 25-100MG	Non-Pref	PA; M
STALEVO 50 TAB	Non-Pref	PA; M
STALEVO 75 TAB	Non-Pref	PA; M
STALEVO 100 TAB	Non-Pref	PA; M
STALEVO 100 TAB	Non-Pref	PA; M
STALEVO 125 TAB	Non-Pref	PA; M
STALEVO 150 TAB	Non-Pref	PA; M
STALEVO 200 TAB	Non-Pref	PA; M

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

AZILECT TAB 0.5MG	Non-Pref	PA; AGE (Min 18); M
AZILECT TAB 1MG	Non-Pref	PA; AGE (Min 18); M
<i>rasagiline mesylate tab 0.5 mg (base equiv) (generic of AZILECT)</i>	Pref	PA; AGE (Min 18); M
<i>rasagiline mesylate tab 1 mg (base equiv) (generic of AZILECT)</i>	Pref	PA; AGE (Min 18); M
<i>selegiline hcl cap 5 mg</i>	Non-Pref	PA; M
<i>selegiline hcl tab 5 mg</i>	Non-Pref	PA; M
XADAGO TAB 50MG	Non-Pref	PA; M
XADAGO TAB 100MG	Non-Pref	PA; M
ZELAPAR TAB 1.25MG	Non-Pref	PA; M

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES

PHENOTHIAZINES

<i>compro sup 25mg</i>	Pref	QL (2 supp every 1 day)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Pref	QL (4 tabs every 1 day)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Pref	QL (4 tabs every 1 day)
<i>prochlorperazine suppos 25 mg</i>	Pref	QL (2 supp every 1 day)

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIVIRAL COMBINATIONS

PAXLOVID TAB 300-100	Pref	
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CMV AGENTS

LIVTENCITY TAB 200MG	Pref	SP, PA
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AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl tab 450 mg (base equivalent)</i> (generic of VALCYTE)	Pref	QL (2 tabs every 1 day)

HEPATITIS AGENTS

<i>adefovir dipivoxil tab 10 mg</i>	Pref	QL (1 tab every 1 day)
<i>entecavir tab 0.5 mg</i> (generic of BARACLUDE)	Pref	QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i> (generic of BARACLUDE)	Pref	QL (1 tab every 1 day)
<i>lamivudine tab 100 mg (hbv)</i>	Pref	QL (1 tab every 1 day)
VEMLIDY TAB 25MG	Pref	PA, QL (1 tab every 1 day); AGE (Min12)

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	Pref	M
<i>acyclovir susp 200 mg/5ml</i>	Pref	M
<i>acyclovir tab 400 mg</i>	Pref	M
<i>acyclovir tab 800 mg</i>	Pref	M
<i>famciclovir tab 125 mg</i>	Pref	M
<i>famciclovir tab 250 mg</i>	Pref	M
<i>famciclovir tab 500 mg</i>	Pref	M
SITAVIG TAB 50MG	Non-Pref	PA; M
<i>valacyclovir hcl tab 1 gm</i> (generic of VALTREX)	Pref	M
<i>valacyclovir hcl tab 500 mg</i> (generic of VALTREX)	Pref	M
VALTREX TAB 1GM	Non-Pref	PA; M
VALTREX TAB 500MG	Non-Pref	PA; M

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i> (generic of TAMIFLU)	Pref	M
<i>oseltamivir phosphate cap 45 mg (base equiv)</i> (generic of TAMIFLU)	Pref	M
<i>oseltamivir phosphate cap 75 mg (base equiv)</i> (generic of TAMIFLU)	Pref	M
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> (generic of TAMIFLU)	Pref	
RELENZA MIS DISKHALE	Pref	QL (1 inhaler every 30 days); M
<i>rimantadine hydrochloride tab 100 mg</i>	Pref	M
TAMIFLU CAP 30MG	Non-Pref	PA, QL (14 caps every 30 days); M
TAMIFLU CAP 45MG	Non-Pref	PA, QL (14 caps every 30 days); M
TAMIFLU CAP 75MG	Non-Pref	PA, QL (14 caps every 30 days); M

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU SUS 6MG/ML	Non-Pref	PA, QL (120 mL every 30 days); M
XOFLUZA TAB 40MG	Pref	
XOFLUZA TAB 80MG	Pref	

MISC. ANTIVIRALS

LAGEVRIO CAP 200MG	Pref	
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BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

ALPHA-BETA BLOCKERS

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

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	Non-Pref	PA; M
<i>acebutolol hcl cap 400 mg</i>	Non-Pref	PA; M
<i>atenolol tab 25 mg</i> (generic of TENORMIN)	Pref	M
<i>atenolol tab 50 mg</i> (generic of TENORMIN)	Pref	M
<i>atenolol tab 100 mg</i> (generic of TENORMIN)	Pref	M
<i>betaxolol hcl tab 10 mg</i>	Non-Pref	PA; M
<i>betaxolol hcl tab 20 mg</i>	Non-Pref	PA; M
<i>bisoprolol fumarate tab 5 mg</i>	Non-Pref	PA; M

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate tab 10 mg</i>	Non-Pref	PA; M
BYSTOLIC TAB 2.5MG	Pref	M
BYSTOLIC TAB 5MG	Pref	M
BYSTOLIC TAB 10MG	Pref	M
BYSTOLIC TAB 20MG	Pref	M
KAPSPARGO CAP 25MG	Non-Pref	PA; M
KAPSPARGO CAP 50MG	Non-Pref	PA; M
KAPSPARGO CAP 100MG	Non-Pref	PA; M
KAPSPARGO CAP 200MG	Non-Pref	PA; M
LOPRESSOR TAB 50MG	Non-Pref	PA; M
LOPRESSOR TAB 100MG	Non-Pref	PA; M
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)</i>	Pref	M
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)</i>	Pref	M
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)</i>	Pref	M
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)</i>	Pref	M
<i>metoprolol tartrate tab 25 mg</i>	Pref	M
<i>metoprolol tartrate tab 37.5 mg</i>	Pref	M
<i>metoprolol tartrate tab 50 mg (generic of LOPRESSOR)</i>	Pref	M
<i>metoprolol tartrate tab 75 mg</i>	Pref	M
<i>metoprolol tartrate tab 100 mg (generic of LOPRESSOR)</i>	Pref	M
<i>nebivolol hcl tab 2.5 mg (base equivalent) (generic of BYSTOLIC)</i>	Non-Pref	PA; M
<i>nebivolol hcl tab 5 mg (base equivalent) (generic of BYSTOLIC)</i>	Non-Pref	PA; M
<i>nebivolol hcl tab 10 mg (base equivalent) (generic of BYSTOLIC)</i>	Non-Pref	PA; M
<i>nebivolol hcl tab 20 mg (base equivalent) (generic of BYSTOLIC)</i>	Non-Pref	PA; M
TENORMIN TAB 25MG	Non-Pref	PA; M
TENORMIN TAB 50MG	Non-Pref	PA; M
TENORMIN TAB 100MG	Non-Pref	PA; M
TOPROL XL TAB 25MG	Non-Pref	PA; M
TOPROL XL TAB 50MG	Non-Pref	PA; M
TOPROL XL TAB 100MG	Non-Pref	PA; M
TOPROL XL TAB 200MG	Non-Pref	PA; M
BETA BLOCKERS NON-SELECTIVE		
BETAPACE AF TAB 80MG	Non-Pref	PA; M
BETAPACE AF TAB 120MG	Non-Pref	PA; M

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

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

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (afib/af) tab 160 mg</i> (generic of BETAPACE AF)	Pref	M
<i>sotalol hcl tab 80 mg</i> (generic of BETAPACE)	Pref	M
<i>sotalol hcl tab 120 mg</i> (generic of BETAPACE)	Pref	M
<i>sotalol hcl tab 160 mg</i> (generic of BETAPACE)	Pref	M
<i>sotalol hcl tab 240 mg</i>	Pref	M
SOTYLIZE SOL 5MG/ML	Non-Pref	PA; M
<i>timolol maleate tab 5 mg</i>	Non-Pref	PA; M
<i>timolol maleate tab 10 mg</i>	Non-Pref	PA; M
<i>timolol maleate tab 20 mg</i>	Non-Pref	PA; M

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

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

<i>amlodipine besylate tab 2.5 mg</i> (base equivalent) (generic of NORVASC)	Pref	M
<i>amlodipine besylate tab 5 mg</i> (base equivalent) (generic of NORVASC)	Pref	M
<i>amlodipine besylate tab 10 mg</i> (base equivalent) (generic of NORVASC)	Pref	M
CALAN SR TAB 120MG	Non-Pref	PA; M
CALAN SR TAB 180MG	Non-Pref	PA; M
CALAN SR TAB 240MG	Non-Pref	PA; M
CARDIZEM CD CAP 120MG/24	Non-Pref	PA; M
CARDIZEM CD CAP 180MG/24	Non-Pref	PA; M
CARDIZEM CD CAP 240MG/24	Non-Pref	PA; M
CARDIZEM CD CAP 300MG/24	Non-Pref	PA; M
CARDIZEM CD CAP 360MG/24	Non-Pref	PA; M
CARDIZEM LA TAB 120MG	Non-Pref	PA; M
CARDIZEM LA TAB 180MG	Non-Pref	PA; M
CARDIZEM LA TAB 240MG	Non-Pref	PA; M
CARDIZEM LA TAB 300MG/24	Non-Pref	PA; M
CARDIZEM LA TAB 360MG	Non-Pref	PA; M
CARDIZEM LA TAB 420MG/24	Non-Pref	PA; M
CARDIZEM TAB 30MG	Non-Pref	PA; M
CARDIZEM TAB 60MG	Non-Pref	PA; M
CARDIZEM TAB 120MG	Non-Pref	PA; M
<i>cartia xt cap 120/24hr</i> (generic of CARDIZEM CD)	Pref	M
<i>cartia xt cap 180/24hr</i> (generic of CARDIZEM CD)	Pref	M

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt cap 240/24hr</i> (generic of CARDIZEM CD)	Pref	M
<i>cartia xt cap 300/24hr</i> (generic of CARDIZEM CD)	Pref	M
CONJUPRI TAB 5MG	Non-Pref	PA
<i>dilt-xr cap 120mg</i>	Pref	M
<i>dilt-xr cap 180mg</i>	Pref	M
<i>dilt-xr cap 240mg</i>	Pref	M
<i>diltiazem hcl cap er 12hr 60 mg</i>	Pref	M
<i>diltiazem hcl cap er 12hr 90 mg</i>	Pref	M
<i>diltiazem hcl cap er 12hr 120 mg</i>	Pref	M
<i>diltiazem hcl cap er 24hr 120 mg</i>	Pref	M
<i>diltiazem hcl cap er 24hr 180 mg</i>	Pref	M
<i>diltiazem hcl cap er 24hr 240 mg</i>	Pref	M
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (generic of CARDIZEM CD)	Pref	M
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (generic of CARDIZEM CD)	Pref	M
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (generic of CARDIZEM CD)	Pref	M
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (generic of CARDIZEM CD)	Pref	M
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i> (generic of CARDIZEM CD)	Pref	M
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (generic of TIAZAC)	Pref	M
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (generic of TIAZAC)	Pref	M
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (generic of TIAZAC)	Pref	M
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (generic of TIAZAC)	Pref	M
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (generic of TIAZAC)	Pref	M
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (generic of TIAZAC)	Pref	M
<i>diltiazem hcl tab 30 mg</i> (generic of CARDIZEM)	Pref	M
<i>diltiazem hcl tab 60 mg</i> (generic of CARDIZEM)	Pref	M
<i>diltiazem hcl tab 90 mg</i>	Pref	M
<i>diltiazem hcl tab 120 mg</i> (generic of CARDIZEM)	Pref	M
<i>diltiazem hcl tab er 24hr 120 mg</i> (generic of CARDIZEM LA)	Non-Pref	PA; M

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl tab er 24hr 180 mg (generic of CARDIZEM LA)</i>	Non-Pref	PA; M
<i>diltiazem hcl tab er 24hr 240 mg (generic of CARDIZEM LA)</i>	Non-Pref	PA; M
<i>diltiazem hcl tab er 24hr 300 mg (generic of CARDIZEM LA)</i>	Non-Pref	PA; M
<i>diltiazem hcl tab er 24hr 360 mg (generic of CARDIZEM LA)</i>	Non-Pref	PA; M
<i>diltiazem hcl tab er 24hr 420 mg (generic of CARDIZEM LA)</i>	Non-Pref	PA; M
<i>felodipine tab er 24hr 2.5 mg</i>	Non-Pref	PA; M
<i>felodipine tab er 24hr 5 mg</i>	Non-Pref	PA; M
<i>felodipine tab er 24hr 10 mg</i>	Non-Pref	PA; M
<i>isradipine cap 2.5 mg</i>	Non-Pref	PA; M
<i>isradipine cap 5 mg</i>	Non-Pref	PA; M
KATERZIA SUS 1MG/ML	Non-Pref	PA; M
<i>levamlodipine maleate tab 5 mg</i>	Non-Pref	PA
<i>matzim la tab 180mg/24 (generic of CARDIZEM LA)</i>	Non-Pref	PA; M
<i>matzim la tab 240mg/24 (generic of CARDIZEM LA)</i>	Non-Pref	PA; M
<i>matzim la tab 300mg/24 (generic of CARDIZEM LA)</i>	Non-Pref	PA; M
<i>matzim la tab 360mg/24 (generic of CARDIZEM LA)</i>	Non-Pref	PA; M
<i>matzim la tab 420mg/24 (generic of CARDIZEM LA)</i>	Non-Pref	PA; M
<i>nicardipine hcl cap 20 mg</i>	Non-Pref	PA; M
<i>nicardipine hcl cap 30 mg</i>	Non-Pref	PA; M
<i>nifedipine cap 10 mg</i>	Pref	M
<i>nifedipine cap 20 mg</i>	Pref	M
<i>nifedipine tab er 24hr 30 mg</i>	Pref	M
<i>nifedipine tab er 24hr 60 mg</i>	Pref	M
<i>nifedipine tab er 24hr 90 mg</i>	Pref	M
<i>nifedipine tab er 24hr osmotic release 30 mg (generic of PROCARDIA XL)</i>	Pref	M
<i>nifedipine tab er 24hr osmotic release 60 mg (generic of PROCARDIA XL)</i>	Pref	M
<i>nifedipine tab er 24hr osmotic release 90 mg (generic of PROCARDIA XL)</i>	Pref	M
<i>nimodipine cap 30 mg</i>	Pref	QL (252 caps every 273 days)
<i>nisoldipine tab er 24hr 8.5 mg (generic of SULAR)</i>	Non-Pref	PA; M

Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine tab er 24hr 17 mg</i> (generic of SULAR)	Non-Pref	PA; M
<i>nisoldipine tab er 24hr 20 mg</i>	Non-Pref	PA; M
<i>nisoldipine tab er 24hr 25.5 mg</i>	Non-Pref	PA; M
<i>nisoldipine tab er 24hr 30 mg</i>	Non-Pref	PA; M
<i>nisoldipine tab er 24hr 34 mg</i> (generic of SULAR)	Non-Pref	PA; M
<i>nisoldipine tab er 24hr 40 mg</i>	Non-Pref	PA; M
NORLIQVA SOL 1MG/ML	Non-Pref	PA
NORVASC TAB 2.5MG	Non-Pref	PA; M
NORVASC TAB 5MG	Non-Pref	PA; M
NORVASC TAB 10MG	Non-Pref	PA; M
PROCARDIA XL TAB 30MG CR	Non-Pref	PA; M
PROCARDIA XL TAB 60MG CR	Non-Pref	PA; M
PROCARDIA XL TAB 90MG CR	Non-Pref	PA; M
SULAR TAB 8.5MG	Non-Pref	PA; M
SULAR TAB 17MG	Non-Pref	PA; M
SULAR TAB 34MG	Non-Pref	PA; M
<i>taztia xt cap 120mg/24</i> (generic of TIAZAC)	Pref	M
<i>taztia xt cap 180mg/24</i> (generic of TIAZAC)	Pref	M
<i>taztia xt cap 240mg/24</i> (generic of TIAZAC)	Pref	M
<i>taztia xt cap 300mg er</i> (generic of TIAZAC)	Pref	M
<i>taztia xt cap 360mg/24</i> (generic of TIAZAC)	Pref	M
<i>tiadylt cap 120mg/24</i> (generic of TIAZAC)	Pref	M
<i>tiadylt cap 180mg/24</i> (generic of TIAZAC)	Pref	M
<i>tiadylt cap 240mg/24</i> (generic of TIAZAC)	Pref	M
<i>tiadylt cap 300mg/24</i> (generic of TIAZAC)	Pref	M
<i>tiadylt cap 360mg/24</i> (generic of TIAZAC)	Pref	M
<i>tiadylt cap 420mg/24</i> (generic of TIAZAC)	Pref	M
TIAZAC CAP 120MG/24	Non-Pref	PA; M
TIAZAC CAP 180MG/24	Non-Pref	PA; M
TIAZAC CAP 240MG/24	Non-Pref	PA; M
TIAZAC CAP 300MG/24	Non-Pref	PA; M
TIAZAC CAP 360MG/24	Non-Pref	PA; M
TIAZAC CAP 420MG/24	Non-Pref	PA; M
VERAPAMIL CAP 100MG ER	Non-Pref	PA; M
<i>verapamil hcl cap er 24hr 100 mg</i>	Non-Pref	PA; M
<i>verapamil hcl cap er 24hr 120 mg</i> (generic of VERELAN)	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cap er 24hr 180 mg</i> (generic of VERELAN)	Non-Pref	PA; M
<i>verapamil hcl cap er 24hr 200 mg</i>	Non-Pref	PA; M
<i>verapamil hcl cap er 24hr 240 mg</i> (generic of VERELAN)	Non-Pref	PA; M
<i>verapamil hcl cap er 24hr 300 mg</i>	Non-Pref	PA; M
<i>verapamil hcl cap er 24hr 360 mg</i>	Non-Pref	PA; M
<i>verapamil hcl tab 40 mg</i>	Pref	M
<i>verapamil hcl tab 80 mg</i>	Pref	M
<i>verapamil hcl tab 120 mg</i>	Pref	M
<i>verapamil hcl tab er 120 mg</i>	Pref	M
<i>verapamil hcl tab er 180 mg</i>	Pref	M
<i>verapamil hcl tab er 240 mg</i>	Pref	M
VERELAN CAP 120MG SR	Non-Pref	PA; M
VERELAN CAP 180MG SR	Non-Pref	PA; M
VERELAN CAP 240MG SR	Non-Pref	PA; M
VERELAN CAP 360MG SR	Non-Pref	PA; M
VERELAN PM CAP 100MG ER	Non-Pref	PA; M
VERELAN PM CAP 200MG ER	Non-Pref	PA; M
VERELAN PM CAP 300MG ER	Non-Pref	PA; M

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digoxin tab 125 mcg (0.125 mg)</i> (generic of DIGOXIN TAB 125 MCG (0.125 MG))	Pref	
<i>digoxin tab 250 mcg (0.25 mg)</i> (generic of DIGOXIN TAB 250 MCG (0.25 MG))	Pref	

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

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAP 2.5MG	Pref	PA, QL (1 cap every 1 day); AGE (Min 18)
CAMZYOS CAP 5MG	Pref	PA, QL (1 cap every 1 day); AGE (Min 18)
CAMZYOS CAP 10MG	Pref	PA, QL (1 cap every 1 day); AGE (Min 18)
CAMZYOS CAP 15MG	Pref	PA, QL (1 cap every 1 day); AGE (Min 18)

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Non-Pref	PA; M
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Non-Pref	PA; M
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Non-Pref	PA; M

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

PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG	Non-Pref	PA; M
ORENITRAM TAB 0.125MG	Non-Pref	PA; M
ORENITRAM TAB 1MG	Non-Pref	PA; M
ORENITRAM TAB 2.5MG	Non-Pref	PA; M
ORENITRAM TAB 5MG	Non-Pref	PA; M
ORENITRAM TAB MONTH 1	Non-Pref	SP, PA
ORENITRAM TAB MONTH 2	Non-Pref	SP, PA
ORENITRAM TAB MONTH 3	Non-Pref	SP, PA
TYVASO DPI POW 16-32-48	Non-Pref	PA
TYVASO DPI POW 16-32MCG	Non-Pref	PA
TYVASO DPI POW 16MCG	Non-Pref	PA
TYVASO DPI POW 32MCG	Non-Pref	PA
TYVASO DPI POW 48MCG	Non-Pref	PA
TYVASO DPI POW 64MCG	Non-Pref	PA
TYVASO REFIL SOL 0.6MG/ML	Pref	PA; M
TYVASO SOL 0.6MG/ML	Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
TYVASO START SOL 0.6MG/ML	Pref	PA; M
VENTAVIS SOL 10MCG/ML	Pref	PA; M
VENTAVIS SOL 20MCG/ML	Pref	PA; M

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i> (generic of LETAIRIS)	Pref	PA; M
<i>ambrisentan tab 10 mg</i> (generic of LETAIRIS)	Pref	PA; M
<i>bosentan tab 62.5 mg</i> (generic of TRACLEER)	Non-Pref	PA; M
<i>bosentan tab 125 mg</i> (generic of TRACLEER)	Non-Pref	PA; M
LETAIRIS TAB 5MG	Non-Pref	PA; M
LETAIRIS TAB 10MG	Non-Pref	PA; M
OPSUMIT TAB 10MG	Pref	PA; M
TRACLEER TAB 32MG	Non-Pref	PA; M
TRACLEER TAB 62.5MG	Pref	PA; M
TRACLEER TAB 125MG	Pref	PA; M

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

ADCIRCA TAB 20MG	Non-Pref	PA; M
<i>alyq tab 20mg</i> (generic of ADCIRCA)	Non-Pref	PA; M
REVATIO SUS 10MG/ML	Non-Pref	PA; M
REVATIO TAB 20MG	Non-Pref	PA; M
<i>sildenafil citrate for suspension 10 mg/ml</i> (generic of REVATIO)	Pref	PA; M
<i>sildenafil citrate tab 20 mg</i> (generic of REVATIO)	Pref	PA; M
<i>tadalafil tab 20 mg (pah)</i> (generic of ADCIRCA)	Pref	PA; M
TADLIQ SUS 20MG/5ML	Non-Pref	PA; AGE (Min 18)

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI PACK TAB 200/800	Pref	PA; M
UPTRAVI TAB 200MCG	Pref	PA; M
UPTRAVI TAB 400MCG	Pref	PA; M
UPTRAVI TAB 600MCG	Pref	PA; M
UPTRAVI TAB 800MCG	Pref	PA; M
UPTRAVI TAB 1000MCG	Pref	PA; M
UPTRAVI TAB 1200MCG	Pref	PA; M
UPTRAVI TAB 1400MCG	Pref	PA; M
UPTRAVI TAB 1600MCG	Pref	PA; M

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Drug Name Drug Tier Requirements/Limits
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE
STIMULATOR

ADEMPAS TAB 0.5MG	Pref	PA; M
ADEMPAS TAB 1.5MG	Pref	PA; M
ADEMPAS TAB 1MG	Pref	PA; M
ADEMPAS TAB 2.5MG	Pref	PA; M
ADEMPAS TAB 2MG	Pref	PA; M

SINUS NODE INHIBITORS

CORLANOR SOL 5MG/5ML	Pref	PA
CORLANOR TAB 5MG	Pref	PA
CORLANOR TAB 7.5MG	Pref	PA

TRANSTHYRETIN STABILIZERS

VYNDAMAX CAP 61MG	Pref	SP, PA, QL (1 cap every 1 day); AGE (Min 18)
VYNDAQEL CAP 20MG	Pref	SP, PA, QL (4 caps every 1 day); AGE (Min 18)

VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)

VERQUVO TAB 2.5MG	Pref	PA, QL (1 tab every 1 day); AGE (Min 18)
VERQUVO TAB 5MG	Pref	PA, QL (1 tab every 1 day); AGE (Min 18)
VERQUVO TAB 10MG	Pref	PA, QL (1 tab every 1 day); AGE (Min 18)

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil cap 500 mg</i>	Pref	
<i>cefadroxil for susp 250 mg/5ml</i>	Pref	
<i>cefadroxil for susp 500 mg/5ml</i>	Pref	
<i>cefadroxil tab 1 gm</i>	Non-Pref	PA
<i>cephalexin cap 250 mg</i>	Pref	
<i>cephalexin cap 500 mg</i>	Pref	
<i>cephalexin cap 750 mg</i>	Pref	
<i>cephalexin for susp 125 mg/5ml</i>	Pref	
<i>cephalexin for susp 250 mg/5ml</i>	Pref	
<i>cephalexin tab 250 mg</i>	Pref	
<i>cephalexin tab 500 mg</i>	Pref	

CEPHALOSPORINS - 2ND GENERATION

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil for susp 250 mg/5ml</i>	Pref	
<i>cefprozil tab 250 mg</i>	Pref	
<i>cefprozil tab 500 mg</i>	Pref	
<i>cefuroxime axetil tab 250 mg</i>	Pref	
<i>cefuroxime axetil tab 500 mg</i>	Pref	

CEPHALOSPORINS - 3RD GENERATION

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

CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING

LIQUIDS

CASTOR OIL	Pref	OTC
QC CASTOR OIL	Pref	OTC

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

COMBINATION CONTRACEPTIVES - ORAL

<i>afirmelle tab 0.1-0.02</i>	Pref	
<i>altavera tab</i>	Pref	
<i>alyacen tab 1/35</i>	Pref	
<i>alyacen tab 7/7/7</i>	Pref	
<i>amethyst tab 90-20mcg</i>	Pref	
<i>apri tab</i>	Pref	
<i>aranelle tab</i>	Pref	
<i>aubra eq tab 0.1-0.02</i>	Pref	
<i>aurovela 24 tab fe 1/20</i>	Pref	
<i>aurovela fe tab 1.5/30</i>	Pref	
<i>aurovela fe tab 1/20</i>	Pref	
<i>aurovela tab 1.5/30</i>	Pref	
<i>aurovela tab 1/20</i>	Pref	
<i>aviane tab</i>	Pref	
<i>ayuna tab</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>azurette tab</i> (generic of MIRCETTE)	Pref	
<i>balziva tab</i>	Pref	
<i>blisovi 24 tab fe 1/20</i>	Pref	
<i>blisovi fe tab 1.5/30</i>	Pref	
<i>blisovi fe tab 1/20</i>	Pref	
<i>briellyn tab</i>	Pref	
<i>charlotte 24 chw fe 1/20</i> (generic of MINASTRIN 24 FE)	Pref	
<i>chateal eq tab 0.15/30</i>	Pref	
<i>cryselle-28 tab 28 tabs</i>	Pref	
<i>cyred eq tab</i>	Pref	
<i>dasetta tab 1/35</i>	Pref	
<i>dasetta tab 7/7/7</i>	Pref	
<i>delyla tab 0.1-0.02</i>	Pref	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	Pref	
<i>dolishale tab 90-20mcg</i>	Pref	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (generic of SAFYRAL)	Pref	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	Pref	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	Pref	
<i>elinest tab</i>	Pref	
<i>enpresse-28 tab</i>	Pref	
<i>enskyce tab</i>	Pref	
<i>estarylla tab 0.25-35</i>	Pref	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Pref	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Pref	
<i>falmina tab</i>	Pref	
<i>finzala chw fe 1/20</i> (generic of MINASTRIN 24 FE)	Pref	
<i>hailey 24 tab fe</i>	Pref	
<i>hailey fe tab 1.5/30</i>	Pref	
<i>hailey fe tab 1/20</i>	Pref	
<i>hailey tab 1.5/30</i>	Pref	
<i>iclevia tab</i>	Pref	
<i>introvale tab</i>	Pref	
<i>isibloom tab</i>	Pref	
<i>jasmiel tab 3-0.02mg</i> (generic of YAZ)	Pref	
<i>jolessa tab</i>	Pref	
<i>juleber tab</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>junel 1.5/30 tab</i>	Pref	
<i>junel 1/20 tab</i>	Pref	
<i>junel fe 24 tab 1/20</i>	Pref	
<i>junel fe tab 1.5/30</i>	Pref	
<i>junel fe tab 1/20</i>	Pref	
<i>kaitlib fe chw (generic of GENERESS FE)</i>	Pref	
<i>kalliga tab</i>	Pref	
<i>kariva tab 28 day (generic of MIRCETTE)</i>	Pref	
<i>kelnor 1/50 tab</i>	Pref	
<i>kelnor tab 1/35</i>	Pref	
<i>kurvelo tab 0.15/30</i>	Pref	
<i>larin 24 tab fe 1/20</i>	Pref	
<i>larin fe tab 1.5/30</i>	Pref	
<i>larin fe tab 1/20</i>	Pref	
<i>larin tab 1.5/30</i>	Pref	
<i>larin tab 1/20</i>	Pref	
<i>layolis fe chw (generic of GENERESS FE)</i>	Pref	
<i>leena tab</i>	Pref	
<i>lessina tab</i>	Pref	
<i>levonest tab</i>	Pref	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Pref	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Pref	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Pref	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Pref	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Pref	
<i>levora-28 tab 0.15/30</i>	Pref	
LO LOESTRIN TAB 1-10-10	Pref	
<i>lo-zumandimi tab 3-0.02mg (generic of YAZ)</i>	Pref	
<i>loestrin 21 tab 1.5/30</i>	Pref	
<i>loestrin fe tab 1.5/30</i>	Pref	
<i>loestrin fe tab 1/20</i>	Pref	
<i>loestrin tab 1/20-21</i>	Pref	
<i>loryna tab 3-0.02mg (generic of YAZ)</i>	Pref	
<i>low-ogestrel tab</i>	Pref	
<i>lutera tab</i>	Pref	
<i>marlissa tab 0.15/30</i>	Pref	
<i>micrgstin 24 tab fe 1/20</i>	Pref	
<i>microgestin tab 1.5/30</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>microgestin tab 1/20</i>	Pref	
<i>microgestin tab fe1.5/30</i>	Pref	
<i>microgestin tab fe 1/20</i>	Pref	
<i>mili tab 0.25/35</i>	Pref	
<i>mono-linyah tab 0.25-35</i>	Pref	
<i>necon tab 0.5/35</i>	Pref	
<i>nikki tab 3-0.02mg (generic of YAZ)</i>	Pref	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Pref	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (generic of GENERESS FE)</i>	Pref	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Pref	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Pref	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Pref	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Pref	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Pref	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)</i>	Pref	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Pref	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Pref	
<i>nortrel tab 0.5/35</i>	Pref	
<i>nortrel tab 1/35</i>	Pref	
<i>nortrel tab 7/7/7</i>	Pref	
<i>nylia tab 1/35</i>	Pref	
<i>nylia tab 7/7/7</i>	Pref	
<i>nymyo tab 0.25-35</i>	Pref	
<i>ocella tab 3-0.03mg (generic of YASMIN 28)</i>	Pref	
<i>philith tab 0.4-35</i>	Pref	
<i>pimtrea tab (generic of MIRCETTE)</i>	Pref	
<i>pirmella tab 1/35</i>	Pref	
<i>pirmella tab 7/7/7</i>	Pref	
<i>portia-28 tab</i>	Pref	
<i>reclipsen tab</i>	Pref	
<i>setlakin tab</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>simliya tab 28 day</i> (generic of MIRCETTE)	Pref	
<i>sprintec 28 tab 28 day</i>	Pref	
<i>sronyx tab</i>	Pref	
<i>syeda tab 3-0.03mg</i> (generic of YASMIN 28)	Pref	
<i>tarina 24 fe tab</i>	Pref	
<i>tarina fe tab 1/20 eq</i>	Pref	
<i>tilia fe tab</i>	Pref	
<i>tri-estaryll tab</i>	Pref	
<i>tri-legest tab fe</i>	Pref	
<i>tri-linyah tab</i>	Pref	
<i>tri-lo tab estaryll</i> (generic of ORTHO TRI-CYCLEN LO)	Pref	
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Pref	
<i>tri-lo- tab sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Pref	
<i>tri-lo-mili tab</i> (generic of ORTHO TRI-CYCLEN LO)	Pref	
<i>tri-mili tab</i>	Pref	
<i>tri-nymyo tab</i>	Pref	
<i>tri-sprintec tab</i>	Pref	
<i>tri-vylibra tab</i>	Pref	
<i>tri-vylibra tab lo</i> (generic of ORTHO TRI-CYCLEN LO)	Pref	
<i>trivora-28 tab</i>	Pref	
TYBLUME CHW 0.1-0.02	Pref	
<i>tydemy tab</i> (generic of SAFYRAL)	Pref	
<i>velivet pak</i>	Pref	
<i>vestura tab 3-0.02mg</i> (generic of YAZ)	Pref	
<i>vienva tab 0.1-20</i>	Pref	
<i>viorele tab</i> (generic of MIRCETTE)	Pref	
<i>volnea tab</i> (generic of MIRCETTE)	Pref	
<i>vyfemla tab 0.4-35</i>	Pref	
<i>vylibra tab 0.25-35</i>	Pref	
<i>wera tab 0.5/35</i>	Pref	
<i>wymzya fe chw 0.4mg-35</i>	Pref	
<i>zovia 1/35 tab</i>	Pref	
<i>zumandimine tab 3-0.03mg</i> (generic of YASMIN 28)	Pref	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>xulane dis 150-35</i>	Pref	QL (36 patches every 365 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zafemy dis 150/35</i>	Pref	QL (36 patches every 365 days)
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>eluryng mis</i> (generic of NUVARING)	Pref	QL (12 rings every 365 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	Pref	QL (12 rings every 365 days)
<i>haloette mis</i> (generic of NUVARING)	Pref	QL (12 rings every 365 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	Pref	
<i>levonorgestrel tab 1.5 mg</i>	Pref	OTC
PLAN B TAB 1.5MG	Pref	OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
<i>medroxyprogesterone acetate im susp 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Pref	QL (1 injection every 75 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Pref	
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila tab 0.35mg</i>	Pref	
<i>deblitane tab 0.35mg</i>	Pref	
<i>errin tab 0.35mg</i>	Pref	
<i>heather tab 0.35mg</i>	Pref	
<i>incassia tab 0.35mg</i>	Pref	
<i>jencycla tab 0.35mg</i>	Pref	
<i>lyleq tab 0.35mg</i>	Pref	
<i>lyza tab 0.35mg</i>	Pref	
<i>nora-be tab 0.35mg</i>	Pref	
<i>norethindrone tab 0.35 mg</i>	Pref	
<i>norlyroc tab 0.35mg</i>	Pref	
<i>sharobel tab 0.35mg</i>	Pref	
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRI CAP 0.5MG	Pref	SP
ALKINDI SPRI CAP 1MG	Pref	SP
ALKINDI SPRI CAP 2MG	Pref	SP
ALKINDI SPRI CAP 5MG	Pref	SP
<i>budesonide delayed release particles cap 3 mg</i>	Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide tab er 24hr 9 mg</i> (generic of UCERIS)	Non-Pref	PA
CORTEF TAB 5MG	Pref	
CORTEF TAB 10MG	Pref	
CORTEF TAB 20MG	Pref	
DEPO-MEDROL INJ 20MG/ML	Pref	
DEPO-MEDROL INJ 40MG/ML	Pref	
DEPO-MEDROL INJ 80MG/ML	Pref	
DEXAMETH PHO INJ 10MG/ML	Pref	
DEXAMETHASON CON 1MG/ML	Pref	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Pref	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	Pref	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	Pref	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Pref	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	Pref	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	Pref	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	Pref	
<i>dexamethasone soln 0.5 mg/5ml</i>	Pref	
<i>dexamethasone tab 0.5 mg</i>	Pref	
<i>dexamethasone tab 0.75 mg</i>	Pref	
<i>dexamethasone tab 1 mg</i>	Pref	
<i>dexamethasone tab 1.5 mg</i>	Pref	
<i>dexamethasone tab 2 mg</i>	Pref	
<i>dexamethasone tab 4 mg</i>	Pref	
<i>dexamethasone tab 6 mg</i>	Pref	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	Pref	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	Pref	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	Pref	
EMFLAZA SUS 22.75/ML	Pref	SP
EMFLAZA TAB 6MG	Pref	SP
EMFLAZA TAB 18MG	Pref	SP
EMFLAZA TAB 30MG	Pref	SP
EMFLAZA TAB 36MG	Pref	SP
HEMADY TAB 20MG	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone tab 5 mg (generic of CORTEF)</i>	Pref	
<i>hydrocortisone tab 10 mg (generic of CORTEF)</i>	Pref	
<i>hydrocortisone tab 20 mg</i>	Pref	
KENALOG-10 INJ 10MG/ML	Pref	
KENALOG-40 INJ 40MG/ML	Pref	
MEDROL TAB 2MG	Pref	
MEDROL TAB 4MG	Pref	
MEDROL TAB 8MG	Pref	
MEDROL TAB 16MG	Pref	
<i>methylprednisolone acetate inj susp 40 mg/ml (generic of DEPO-MEDROL)</i>	Pref	
<i>methylprednisolone acetate inj susp 80 mg/ml (generic of DEPO-MEDROL)</i>	Pref	
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	Pref	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	Pref	
<i>methylprednisolone sod succ for inj 500 mg (base equiv) (generic of SOLU-MEDROL)</i>	Pref	
<i>methylprednisolone sod succ for inj 1000 mg (base equiv) (generic of SOLU-MEDROL)</i>	Pref	
<i>methylprednisolone tab 4 mg (generic of MEDROL)</i>	Pref	
<i>methylprednisolone tab 8 mg (generic of MEDROL)</i>	Pref	
<i>methylprednisolone tab 16 mg (generic of MEDROL)</i>	Pref	
<i>methylprednisolone tab 32 mg</i>	Pref	
<i>methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)</i>	Pref	
<i>millipred tab 5mg</i>	Pref	
PEDIAPRED SOL 5MG/5ML	Pref	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	Pref	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	Pref	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	Pref	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	Pref	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Pref	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	Pref	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Pref	
<i>prednisolone tab 5 mg</i>	Pref	
PREDNISON CON 5MG/ML	Pref	
<i>prednisone oral soln 5 mg/5ml</i>	Pref	
<i>prednisone tab 1 mg</i>	Pref	
<i>prednisone tab 2.5 mg</i>	Pref	
<i>prednisone tab 5 mg</i>	Pref	
<i>prednisone tab 10 mg</i>	Pref	
<i>prednisone tab 20 mg</i>	Pref	
<i>prednisone tab 50 mg</i>	Pref	
<i>prednisone tab therapy pack 5 mg (21)</i>	Pref	
<i>prednisone tab therapy pack 5 mg (48)</i>	Pref	
<i>prednisone tab therapy pack 10 mg (21)</i>	Pref	
<i>prednisone tab therapy pack 10 mg (48)</i>	Pref	
RAYOS TAB 1MG	Pref	
RAYOS TAB 2MG	Pref	
RAYOS TAB 5MG	Pref	
SOLU-CORTEF INJ 100MG	Pref	
SOLU-CORTEF INJ 250MG	Pref	
SOLU-CORTEF INJ 500MG	Pref	
SOLU-CORTEF INJ 1000MG	Pref	
SOLU-MEDROL INJ 1GM	Pref	
SOLU-MEDROL INJ 2GM	Pref	
SOLU-MEDROL INJ 40MG	Pref	
SOLU-MEDROL INJ 125MG	Pref	
SOLU-MEDROL INJ 500MG	Pref	
SOLU-MEDROL INJ 1000MG	Pref	
<i>taperdex pak 6 day</i>	Pref	
<i>taperdex pak 7-day</i>	Pref	
<i>taperdex pak 12-day</i>	Pref	
<i>triamcinolone acetone inj susp 40 mg/ml (generic of KENALOG-40)</i>	Pref	
UCERIS TAB 9MG	Non-Pref	PA
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	Pref	

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

ANTITUSSIVES

<i>benzonatate cap 100 mg</i>	Pref	QL (6 caps every 1 day)
<i>benzonatate cap 200 mg</i>	Pref	QL (5 caps every 1 day)

COUGH/COLD/ALLERGY COMBINATIONS

<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	Pref	QL (360 mL every 25 days), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Pref	QL (2 tabs every 1 day), OTC; AGE (Min 4)
<i>cold/flu liq daytime</i>	Pref	OTC
<i>day cold/flu liq 10-5-325</i>	Pref	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Pref	QL (360 mL every 25 days), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Pref	QL (360 mL every 25 days), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	Pref	QL (2 tabs every 1 day), OTC
<i>diphenhydramine-phenylephrine tab 25-10 mg</i>	Pref	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Pref	QL (360 mL every 25 days), OTC; AGE (Min 2)
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	Pref	QL (2 tabs every 1 day), OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	Pref	OTC
<i>prometh vc syp 6.25-5/5</i>	Pref	QL (360 mL every 25 days); AGE (Max 64)
<i>prometh vc/ syp codeine</i>	Pref	QL (360 mL every 25 days); AGE (Min 2, Max 64)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Pref	QL (240 mL every 25 days); AGE (Min 2, Max 64)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Pref	QL (360 mL every 25 days); AGE (Min 4, Max 64)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Pref	QL (360 mL every 25 days)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Pref	OTC; AGE (Min 4)
<i>qc daytime liq cold/flu</i>	Pref	OTC
<i>sm day time liq cold/flu</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
EXPECTORANTS		
<i>guaifenesin liquid 100 mg/5ml</i>	Pref	QL (360 mL every 25 days), OTC; AGE (Min 4)
<i>guaifenesin tab 200 mg</i>	Pref	OTC; AGE (Min 4)
<i>guaifenesin tab 400 mg</i>	Pref	OTC; AGE (Min 4)
<i>guaifenesin tab er 12hr 600 mg</i>	Pref	QL (2 tabs every 1 day), OTC; AGE (Min 4)

MISC. RESPIRATORY INHALANTS

<i>HYPERSAL NEB 3.5%</i>	Pref	
<i>HYPERSAL NEB 7%</i>	Pref	
<i>nebusal neb 3%</i>	Pref	
<i>pulmosal neb 7%</i>	Pref	
<i>sodium chloride soln nebu 0.9%</i>	Pref	
<i>sodium chloride soln nebu 3%</i>	Pref	
<i>sodium chloride soln nebu 7%</i>	Pref	

MUCOLYTICS

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

DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

<i>ACANYA GEL 1.2-2.5%</i>	Non-Pref	PA
<i>adapalene gel 0.1%</i>	Pref	QL (45 gm every 30 days), OTC
<i>adapalene gel 0.3% (generic of DIFFERIN)</i>	Pref	QL (45 gm every 22 days); AGE (Max 30)
<i>adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO)</i>	Pref	QL (45 gm every 22 days); AGE (Max 30)
<i>avita cre 0.025% (generic of RETIN-A)</i>	Pref	AGE (Max 30)
<i>benzoyl peroxide gel 5%</i>	Pref	OTC
<i>benzoyl peroxide gel 10%</i>	Pref	QL (3.78 gm every 1 day), OTC
<i>benzoyl peroxide liq 5%</i>	Pref	OTC
<i>benzoyl peroxide liq 10%</i>	Pref	OTC
<i>benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)</i>	Pref	
<i>clindacin mis etz 1%</i>	Pref	
<i>clindacin-p pad 1%</i>	Pref	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Pref	
<i>clindamycin phosphate soln 1%</i>	Pref	QL (180 mL every 30 days)
<i>clindamycin phosphate swab 1%</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Pref	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (generic of ACANYA)</i>	Pref	
<i>erythromycin soln 2%</i>	Pref	
<i>isotretinoin cap 10 mg</i>	Pref	PA, QL (2 caps every 1 day)
<i>isotretinoin cap 10 mg (generic of ISOTRETINOIN CAP 10 MG)</i>	Pref	PA, QL (2 caps every 1 day)
<i>isotretinoin cap 20 mg</i>	Pref	PA, QL (2 caps every 1 day)
<i>isotretinoin cap 20 mg (generic of ISOTRETINOIN CAP 20 MG)</i>	Pref	PA, QL (2 caps every 1 day)
<i>isotretinoin cap 30 mg</i>	Pref	PA, QL (2 caps every 1 day)
<i>isotretinoin cap 30 mg (generic of ISOTRETINOIN CAP 30 MG)</i>	Pref	PA, QL (2 caps every 1 day)
<i>isotretinoin cap 40 mg</i>	Pref	PA, QL (2 caps every 1 day)
<i>isotretinoin cap 40 mg (generic of ISOTRETINOIN CAP 40 MG)</i>	Pref	PA, QL (2 caps every 1 day)
<i>neuac gel 1.2-5%</i>	Pref	
ONEXTON GEL 1.2-3.75	Non-Pref	PA
<i>tretinoin cream 0.05% (generic of RETIN-A)</i>	Pref	QL (20 gm every 22 days); AGE (Max 30)
<i>tretinoin cream 0.025% (generic of RETIN-A)</i>	Pref	AGE (Max 30)
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>arthr pain gel 1%</i>	Pref	OTC
<i>diclofenac epolamine patch 1.3%</i>	Non-Pref	PA, QL (2 patches every 1 day)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Pref	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Pref	OTC
<i>diclofenac sodium soln 1.5%</i>	Pref	
<i>diclofenac sodium soln 2% (generic of PENNSAID)</i>	Non-Pref	PA
FLECTOR DIS 1.3%	Non-Pref	PA, QL (2 patches every 1 day)
<i>goodsense gel art pain</i>	Pref	OTC
LICART DIS 1.3%	Non-Pref	PA, QL (15 patches every 30 days)
PENNSAID SOL 2%	Non-Pref	PA
<i>qc diclofena gel 1%</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
ANTIBIOTICS - TOPICAL		
<i>bacitracin oint 500 unit/gm</i>	Pref	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Pref	OTC
<i>gentamicin sulfate cream 0.1%</i>	Pref	
<i>gentamicin sulfate oint 0.1%</i>	Pref	
<i>mupirocin calcium cream 2%</i>	Non-Pref	PA
<i>mupirocin oint 2%</i>	Pref	
<i>neomycin-bacitracin-polymyxin oint</i>	Pref	OTC
XEPI CRE 1%	Non-Pref	PA, QL (60 gm every 30 days)
ANTIFUNGALS - TOPICAL		
<i>butenafine hcl cream 1%</i>	Non-Pref	PA, OTC
<i>ciclodan sol 8%</i>	Pref	
<i>ciclopirox gel 0.77%</i>	Non-Pref	PA
<i>ciclopirox kit 8%</i>	Non-Pref	PA
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Pref	
<i>ciclopirox olamine susp 0.77% (base equiv) (generic of LOPROX)</i>	Non-Pref	PA
<i>ciclopirox shampoo 1% (generic of LOPROX SHAMPOO)</i>	Non-Pref	PA
<i>ciclopirox solution 8%</i>	Pref	
<i>clotrimazole cream 1%</i>	Pref	
<i>clotrimazole cream 1%</i>	Pref	OTC
<i>clotrimazole soln 1%</i>	Pref	
<i>clotrimazole soln 1%</i>	Pref	OTC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Pref	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Non-Pref	PA
<i>econazole nitrate cream 1%</i>	Non-Pref	PA
ERTACZO CRE 2%	Non-Pref	PA
JUBLIA SOL 10%	Non-Pref	PA; AGE (Min 6)
KERYDIN SOL 5%	Non-Pref	PA; AGE (Min 6)
<i>ketoconazole cream 2%</i>	Pref	
<i>ketoconazole foam 2%</i>	Non-Pref	PA
<i>ketoconazole shampoo 2%</i>	Pref	
<i>ketodan aer 2%</i>	Non-Pref	PA
KETODAN KIT 2%	Non-Pref	PA
LOPROX KIT 0.77%	Non-Pref	PA
LOPROX SHA 1%	Non-Pref	PA
LOPROX SUS 0.77%	Non-Pref	PA
LOTRIMIN ULT CRE 1%	Non-Pref	PA, OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>luliconazole cream 1%</i>	Non-Pref	PA
LUZU CRE 1%	Non-Pref	PA
MENTAX CRE 1%	Non-Pref	PA
<i>miconazole nitrate cream 2%</i>	Pref	OTC
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	Non-Pref	PA
<i>naftifine hcl cream 1%</i>	Non-Pref	PA
<i>naftifine hcl cream 2%</i>	Non-Pref	PA
<i>naftifine hcl gel 2% (generic of NAFTIN)</i>	Non-Pref	PA
NAFTIN GEL 1%	Non-Pref	PA
NAFTIN GEL 2%	Non-Pref	PA
<i>nystatin cream 100000 unit/gm</i>	Pref	
<i>nystatin oint 100000 unit/gm</i>	Pref	
<i>nystatin topical powder 100000 unit/gm</i>	Pref	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Pref	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Pref	
<i>oxiconazole nitrate cream 1% (generic of OXISTAT)</i>	Non-Pref	PA
OXISTAT CRE 1%	Non-Pref	PA
OXISTAT LOT 1%	Non-Pref	PA
<i>sulconazole nitrate cream 1%</i>	Non-Pref	PA
<i>sulconazole nitrate solution 1%</i>	Non-Pref	PA
<i>tavorole soln 5% (generic of KERYDIN)</i>	Non-Pref	PA; AGE (Min 6)
<i>terbinafine hcl cream 1%</i>	Pref	OTC
TINACTIN CRE 1%	Non-Pref	PA, OTC
<i>tolnaftate aerosol pow 1%</i>	Pref	OTC
<i>tolnaftate cream 1%</i>	Pref	OTC
<i>tolnaftate powder 1%</i>	Pref	OTC
VUSION OIN	Non-Pref	PA
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene gel 1% (generic of TARGRETIN)</i>	Pref	SP
CARAC CRE 0.5%	Pref	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Pref	
EFUDEX CRE 5%	Pref	
<i>fluorouracil cream 0.5%</i>	Pref	
<i>fluorouracil cream 5% (generic of EFUDEX)</i>	Pref	
<i>fluorouracil soln 2%</i>	Pref	
<i>fluorouracil soln 5%</i>	Pref	
TARGRETIN GEL 1%	Pref	SP
VALCHLOR GEL 0.016%	Pref	

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Drug Name	Drug Tier	Requirements/Limits
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	Pref	PA, QL (2 caps every 1 day)
<i>acitretin cap 17.5 mg</i>	Pref	PA, QL (2 caps every 1 day)
<i>acitretin cap 25 mg</i>	Pref	PA, QL (2 caps every 1 day)
<i>calcipotriene cream 0.005%</i>	Pref	PA; AGE (Min 2)
<i>calcipotriene oint 0.005%</i>	Pref	PA; AGE (Min 2)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Pref	PA; AGE (Min 2)
<i>calcitrene oin 0.005%</i>	Pref	PA; AGE (Min 2)
<i>calcitriol oint 3 mcg/gm</i>	Pref	PA; AGE (Min 2)
COSENTYX INJ 75MG/0.5	Pref	BIOLOGIC
COSENTYX INJ 150MG/ML	Pref	BIOLOGIC
COSENTYX INJ 300DOSE	Pref	BIOLOGIC
COSENTYX PEN INJ 150MG/ML	Pref	BIOLOGIC
COSENTYX PEN INJ 300DOSE	Pref	BIOLOGIC
ILUMYA SOL 100MG/ML	Non-Pref	PA; BIOLOGIC
SILIQ INJ 210/1.5	Non-Pref	PA; BIOLOGIC
SKYRIZI INJ 150MG/ML	Non-Pref	PA; BIOLOGIC
SKYRIZI PEN INJ 150MG/ML	Non-Pref	PA; BIOLOGIC
SOTYKTU TAB 6MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18)
STELARA INJ 45MG/0.5	Non-Pref	PA; BIOLOGIC
STELARA INJ 90MG/ML	Non-Pref	PA; BIOLOGIC
TALTZ INJ 80MG/ML	Non-Pref	PA; BIOLOGIC
<i>tazarotene cream 0.1% (generic of TAZORAC)</i>	Pref	PA
<i>tazarotene gel 0.1% (generic of TAZORAC)</i>	Pref	PA
<i>tazarotene gel 0.05% (generic of TAZORAC)</i>	Pref	PA
TREMFYA INJ 100MG/ML	Non-Pref	PA; BIOLOGIC
VTAMA CRE 1%	Pref	PA; AGE (Min 18)
ZORYVE CRE 0.3%	Pref	PA; AGE (Min 12)
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 2.5%</i>	Pref	
ANTIVIRALS - TOPICAL		
<i>acyclovir cream 5% (generic of ZOVIRAX)</i>	Non-Pref	PA; M
<i>acyclovir oint 5% (generic of ZOVIRAX)</i>	Pref	M
DENAVIR CRE 1%	Pref	M
<i>docosanol cream 10%</i>	Pref	OTC
<i>penciclovir cream 1% (generic of DENAVIR)</i>	Non-Pref	PA

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
XERESE CRE 5-1%	Non-Pref	PA; M
ZOVIRAX CRE 5%	Pref	M
ZOVIRAX OIN 5%	Non-Pref	PA; M

BURN PRODUCTS

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

CORTICOSTEROIDS - TOPICAL

<i>alclometasone dipropionate cream 0.05%</i>	Non-Pref	PA
<i>alclometasone dipropionate oint 0.05%</i>	Non-Pref	PA
<i>anti-itch cre 1%</i>	Pref	OTC
APEXICON E CRE 0.05%	Non-Pref	PA
<i>betamethasone dipropionate augmented cream 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented gel 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented oint 0.05% (generic of DIPROLENE)</i>	Non-Pref	PA
<i>betamethasone dipropionate cream 0.05%</i>	Pref	
<i>betamethasone dipropionate lotion 0.05%</i>	Pref	
<i>betamethasone dipropionate oint 0.05%</i>	Pref	
<i>betamethasone valerate aerosol foam 0.12% (generic of LUXIQ)</i>	Non-Pref	PA
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Pref	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Pref	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Pref	
BRYHALI LOT 0.01%	Non-Pref	PA
<i>clobetasol propionate cream 0.05%</i>	Pref	
<i>clobetasol propionate emollient base cream 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate emulsion foam 0.05% (generic of OLUX-E)</i>	Non-Pref	PA
<i>clobetasol propionate foam 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate gel 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate lotion 0.05% (generic of CLOBEX)</i>	Non-Pref	PA
<i>clobetasol propionate oint 0.05%</i>	Pref	
<i>clobetasol propionate shampoo 0.05% (generic of CLOBEX)</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate soln 0.05%</i>	Pref	
<i>clobetasol propionate spray 0.05%</i> (generic of CLOBEX)	Non-Pref	PA
<i>clocortolone pivalate cream 0.1%</i> (generic of CLODERM)	Non-Pref	PA
CLODAN KIT 0.05%	Non-Pref	PA
<i>clodan sha 0.05%</i> (generic of CLOBEX)	Non-Pref	PA
CLODERM CRE 0.1%	Non-Pref	PA
DERMA-SMOOTH OIL /FS BODY	Non-Pref	PA
DERMA-SMOOTH OIL /FS SCLP	Non-Pref	PA
<i>desonide cream 0.05%</i> (generic of DESOWEN)	Non-Pref	PA
<i>desonide gel 0.05%</i>	Non-Pref	PA
<i>desonide lotion 0.05%</i>	Non-Pref	PA
<i>desonide oint 0.05%</i>	Non-Pref	PA
<i>desoximetasone cream 0.05%</i> (generic of TOPICORT)	Non-Pref	PA
<i>desoximetasone cream 0.25%</i> (generic of TOPICORT)	Non-Pref	PA
<i>desoximetasone gel 0.05%</i> (generic of TOPICORT)	Non-Pref	PA
<i>desoximetasone oint 0.05%</i> (generic of TOPICORT)	Non-Pref	PA
<i>desoximetasone oint 0.25%</i> (generic of TOPICORT)	Non-Pref	PA
<i>desoximetasone spray 0.25%</i> (generic of TOPICORT)	Non-Pref	PA
<i>diflorasone diacetate cream 0.05%</i>	Non-Pref	PA
<i>diflorasone diacetate oint 0.05%</i>	Non-Pref	PA
DIPROLENE OIN 0.05%	Non-Pref	PA
<i>fluocinolone acetonide cream 0.01%</i>	Non-Pref	PA
<i>fluocinolone acetonide cream 0.025%</i> (generic of SYNALAR)	Non-Pref	PA
<i>fluocinolone acetonide oil 0.01%</i> (body oil) (generic of DERMA-SMOOTH/FS BODY)	Non-Pref	PA
<i>fluocinolone acetonide oil 0.01%</i> (scalp oil) (generic of DERMA-SMOOTH/FS SCALP)	Non-Pref	PA
<i>fluocinolone acetonide oint 0.025%</i> (generic of SYNALAR)	Non-Pref	PA
<i>fluocinolone acetonide soln 0.01%</i> (generic of SYNALAR)	Non-Pref	PA
<i>fluocinonide cream 0.1%</i> (generic of VANOS)	Non-Pref	PA
<i>fluocinonide cream 0.05%</i>	Non-Pref	PA
<i>fluocinonide emulsified base cream 0.05%</i>	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide gel 0.05%</i>	Non-Pref	PA
<i>fluocinonide oint 0.05%</i>	Non-Pref	PA
<i>fluocinonide soln 0.05%</i>	Non-Pref	PA
<i>flurandrenolide cream 0.05%</i>	Non-Pref	PA
<i>flurandrenolide lotion 0.05%</i>	Non-Pref	PA
<i>fluticasone propionate cream 0.05%</i>	Pref	
<i>fluticasone propionate lotion 0.05%</i>	Non-Pref	PA
<i>fluticasone propionate oint 0.005%</i>	Pref	
<i>gnp hydrocor cre 1% plus</i>	Pref	OTC
<i>halcinonide cream 0.1% (generic of HALOG)</i>	Non-Pref	PA
HALOBETASOL AER 0.05%	Non-Pref	PA
<i>halobetasol propionate cream 0.05%</i>	Pref	
<i>halobetasol propionate oint 0.05%</i>	Pref	
HALOG CRE 0.1%	Non-Pref	PA
HALOG OIN 0.1%	Non-Pref	PA
<i>hm hydrocort cre 1% plus</i>	Pref	OTC
<i>hydrocort cre 1% aloe</i>	Non-Pref	PA, OTC
<i>hydrocort/ cre aloe 1%</i>	Pref	OTC
<i>hydrocortisone acetate oint 1%</i>	Non-Pref	PA, OTC
<i>hydrocortisone butyrate cream 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1% (generic of LOCOID LIPOCREAM)</i>	Non-Pref	PA
<i>hydrocortisone butyrate lotion 0.1% (generic of LOCOID)</i>	Non-Pref	PA
<i>hydrocortisone butyrate oint 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate soln 0.1%</i>	Non-Pref	PA
<i>hydrocortisone cream 0.5%</i>	Pref	OTC
<i>hydrocortisone cream 1%</i>	Pref	OTC
<i>hydrocortisone cream 1%</i>	Non-Pref	PA, OTC
<i>hydrocortisone cream 1%- rx</i>	Pref	
<i>hydrocortisone cream 2.5%</i>	Pref	
<i>hydrocortisone lotion 2.5%</i>	Pref	
<i>hydrocortisone oint 1%</i>	Pref	OTC
<i>hydrocortisone oint 1%- rx</i>	Pref	
<i>hydrocortisone oint 2.5%</i>	Pref	
<i>hydrocortisone valerate cream 0.2%</i>	Non-Pref	PA
<i>hydrocortisone valerate oint 0.2%</i>	Non-Pref	PA
IMPEKLO LOT 0.05%	Non-Pref	PA
KENALOG AER SPRAY	Non-Pref	PA
LEXETTE AER 0.05%	Non-Pref	PA
LOCOID LIPO CRE 0.1%	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
LOCOID LOT 0.1%	Non-Pref	PA
LUXIQ AER 0.12%	Non-Pref	PA
<i>mometasone furoate cream 0.1%</i>	Pref	
<i>mometasone furoate oint 0.1%</i>	Pref	
<i>mometasone furoate solution 0.1% (lotion)</i>	Pref	
OLUX-E AER 0.05%	Non-Pref	PA
PANDEL CRE 0.1%	Non-Pref	PA
<i>qc anti-itch cre 1% aloe</i>	Pref	OTC
<i>sm hydrocort cre 1%</i>	Pref	OTC
<i>sm hydrocort cre 1% plus</i>	Non-Pref	PA, OTC
SYNALAR CRE 0.025%	Non-Pref	PA
SYNALAR KIT 0.025%	Non-Pref	PA
SYNALAR OIN 0.025%	Non-Pref	PA
SYNALAR SOL 0.01%	Non-Pref	PA
SYNALAR TS KIT 0.01%	Non-Pref	PA
TEXACORT SOL 2.5%	Non-Pref	PA
TOPICORT CRE 0.05%	Non-Pref	PA
TOPICORT CRE 0.25%	Non-Pref	PA
TOPICORT GEL 0.05%	Non-Pref	PA
TOPICORT OIN 0.05%	Non-Pref	PA
TOPICORT OIN 0.25%	Non-Pref	PA
TOPICORT SPR 0.25%	Non-Pref	PA
<i>tovet aer 0.05% (generic of OLUX-E)</i>	Non-Pref	PA
TOVET KIT KIT 0.05%	Non-Pref	PA
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm (generic of KENALOG)</i>	Non-Pref	PA
<i>triamcinolone acetonide cream 0.1%</i>	Pref	
<i>triamcinolone acetonide cream 0.5%</i>	Pref	
<i>triamcinolone acetonide cream 0.025%</i>	Pref	
<i>triamcinolone acetonide lotion 0.1%</i>	Pref	
<i>triamcinolone acetonide lotion 0.025%</i>	Pref	
<i>triamcinolone acetonide oint 0.1%</i>	Pref	
<i>triamcinolone acetonide oint 0.5%</i>	Pref	
<i>triamcinolone acetonide oint 0.05%</i>	Pref	
<i>triamcinolone acetonide oint 0.025%</i>	Pref	
ULTRAVATE LOT 0.05%	Non-Pref	PA
VANOS CRE 0.1%	Non-Pref	PA
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	Non-Pref	PA, QL (4 syringes every 28 days)
CIBINQO TAB 50MG	Non-Pref	PA; AGE (Min 12)
CIBINQO TAB 100MG	Non-Pref	PA; AGE (Min 12)
CIBINQO TAB 200MG	Non-Pref	PA; AGE (Min 12)

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 100/0.67	Pref	PA
DUPIXENT INJ 200/1.14	Pref	PA
DUPIXENT INJ 200MG	Pref	PA; AGE (Min 2)
DUPIXENT INJ 300/2ML	Pref	PA
DUPIXENT INJ 300/2ML	Pref	PA; AGE (Min 2)
OPZELURA CRE 1.5%	Non-Pref	PA, QL (240 gm every 30 days); AGE (Min 12)

EMOLLIENTS

<i>lactic acid (ammonium lactate) cream 12%</i>	Pref	QL (140 gm every 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	Pref	QL (140 gm every 30 days), OTC
<i>lactic acid (ammonium lactate) lotion 12%</i>	Pref	QL (225 gm every 30 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	Pref	QL (225 gm every 30 days), OTC

IMMUNOMODULATING AGENTS - TOPICAL

<i>imiquimod cream 5%</i>	Pref	
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IMMUNOSUPPRESSIVE AGENTS - TOPICAL

ELIDEL CRE 1%	Pref	PA, QL (30 gm every 30 days); AGE (Min 2)
HYFTOR GEL 0.2%	Pref	PA; AGE (Min 6)
<i>pimecrolimus cream 1%</i> (generic of ELIDEL)	Non-Pref	PA, QL (30 gm every 30 days); AGE (Min 2)
<i>tacrolimus oint 0.1%</i>	Non-Pref	PA, QL (30 gm every 30 days); AGE (Min 16)
<i>tacrolimus oint 0.03%</i>	Non-Pref	PA, QL (30 gm every 30 days); AGE (Min 2)

KERATOLYTIC/ANTIMITOTIC AGENTS

<i>podofilox soln 0.5%</i>	Pref	
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LOCAL ANESTHETICS - TOPICAL

<i>glydo gel 2%</i>	Pref	
<i>lidocaine cre pain 4%</i>	Pref	OTC
<i>lidocaine hcl cream 3%</i>	Pref	QL (85 gm every 30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Pref	
<i>lidocaine oint 5%</i>	Pref	QL (100 gm every 30 days)
<i>lidocaine patch 4%</i>	Pref	QL (30 patches every 30 days), OTC
<i>lidocaine patch 5%</i> (generic of LIDODERM)	Pref	PA, QL (3 patches every 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Pref	QL (1 gm every 1 day)

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Drug Name	Drug Tier	Requirements/Limits
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	Pref	PA, QL (100 gm every 30 days); AGE (Min 3 months)
ROSACEA AGENTS		
<i>metronidazole cream 0.75%</i> (generic of METROCREAM)	Pref	
<i>metronidazole gel 0.75%</i>	Pref	
SCABICIDES & PEDICULICIDES		
<i>goodsense liq lice rin</i>	Pref	QL (59 mL every 30 days), OTC
<i>lice treatmt liq 1%</i>	Pref	QL (59 mL every 30 days), OTC
<i>lice trtmnt liq 1%</i>	Pref	QL (59 mL every 30 days), OTC
<i>lindane shampoo 1%</i>	Pref	QL (2 mL every 1 day)
<i>malathion lotion 0.5%</i>	Pref	ST, QL (1.97 mL every 1 day)
NIX CREM RIN LIQ 1%	Pref	QL (59 mL every 30 days), OTC
<i>permethrin cream 5%</i>	Pref	QL (2 gm every 1 day)
<i>permethrin lotion 1%</i>	Pref	QL (59 mL every 30 days), OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	Pref	QL (59 mL every 30 days), OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	Pref	QL (59 mL every 30 days), OTC
RID LIQ	Pref	QL (59 mL every 30 days), OTC
<i>spinosad susp 0.9%</i>	Pref	ST, QL (240 mL every 180 days)
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS		
DIAGNOSTIC TESTS		
ANTIGEN TEST KIT 2-PACK	Pref	QL (8 kits every 30 days), OTC
ANTIGEN TEST KIT 8-PACK	Pref	QL (8 kits every 30 days), OTC
BINAXNOW COV KIT HOME TES	Pref	QL (30 kits every 30 days), OTC
CARESTART KIT COVID-19	Pref	QL (8 kits every 30 days), OTC
CHEMSTRIP TES UGK	Pref	OTC
CLINITEST KIT SELF-TST	Pref	QL (30 kits every 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
CLINITEST KIT SELF-TST	Pref	QL (8 kits every 30 days), OTC
COVID-19 AT- KIT 1-PACK	Pref	QL (30 kits every 30 days), OTC
COVID-19 RAP KIT 1-PACK	Pref	QL (30 kits every 30 days), OTC
COVID-19 RAP KIT 2-PACK	Pref	QL (30 kits every 30 days), OTC
CUE COVID-19 INJ TEST CAR	Pref	QL (30 cartridges every 30 days), OTC
CVS KETONE TES CARE	Pref	OTC
DIATRUST KIT COVID-19	Pref	QL (30 kits every 30 days), OTC
ELLUME COV19 KIT HOME TES	Pref	QL (30 kits every 30 days), OTC
EVERLYWELL KIT HOME	Pref	OTC
FASTEP 2-PK KIT COVID-19	Pref	QL (8 kits every 30 days), OTC
FASTEP 4-PK KIT COVID-19	Pref	QL (8 kits every 30 days), OTC
FLOWFLEX KIT TEST	Pref	QL (30 kits every 30 days), OTC
IHEALTH 2-PK KIT COVID-19	Pref	QL (30 kits every 30 days), OTC
IHEALTH 5-PK KIT COVID-19	Pref	QL (30 kits every 30 days), OTC
IHEALTH 40PK KIT COVID-19	Pref	QL (30 kits every 30 days), OTC
INDICAID KIT COVID-19	Pref	QL (30 kits every 30 days), OTC
INTELISWAB KIT COVID-19	Pref	QL (30 kits every 30 days), OTC
KETO-DIASTIX TES	Pref	OTC
LUCIRA CHECK KIT COVID-19	Pref	QL (30 kits every 30 days), OTC
ON/GO COVID KIT ANTIGEN	Pref	QL (30 kits every 30 days), OTC
ON/GO ONE KIT COVID-19	Pref	QL (30 kits every 30 days), OTC
PILOT COVID KIT HOME TES	Pref	QL (30 kits every 30 days), OTC
PIXEL COVID KIT HOME TES	Pref	QL (30 kits every 30 days), OTC
QUICKVUE HOM KIT COVID-19	Pref	QL (30 kits every 30 days), OTC

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Drug Name	Drug Tier	Requirements/Limits
RELION TRUE TES METRIX	Pref	OTC
SPEEDY SWAB KIT COVID-19	Pref	QL (8 kits every 30 days), OTC
TRUE METRIX TES GLUCOSE	Pref	OTC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION

DIETARY MANAGEMENT PRODUCTS

METAFOBIC TAB PLUS	Pref	
METAFOBIC TAB PLUS RF	Pref	
METHYLFOL/CA TAB ME-CBL	Pref	
NIVA-FOL TAB	Pref	OTC
<i>westab max tab 2.5-25-2</i>	Pref	

NUTRITIONAL SUPPLEMENTS

BLADDER 2.2 TAB	Pref	OTC
FIBER WEIGHT CHW MANAGEME	Pref	OTC
FIBER-STAT LIQ	Pref	OTC
<i>sm estroplus tab ex st</i>	Pref	OTC
TYR COOLER LIQ	Pref	OTC

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	Pref	PA; M
CREON CAP 6000UNIT	Pref	PA; M
CREON CAP 12000UNT	Pref	PA; M
CREON CAP 24000UNT	Pref	PA; M
CREON CAP 36000UNT	Pref	PA; M
PERTZYE CAP 4000UNIT	Non-Pref	PA; M
PERTZYE CAP 8000UNIT	Non-Pref	PA; M
PERTZYE CAP 16000U	Non-Pref	PA; M
PERTZYE CAP 24000U	Non-Pref	PA; M
VIOKACE TAB 10440	Non-Pref	PA; M
VIOKACE TAB 20880	Non-Pref	PA; M
ZENPEP CAP 3000UNIT	Pref	PA
ZENPEP CAP 5000UNIT	Pref	PA; M
ZENPEP CAP 10000UNT	Pref	PA; M
ZENPEP CAP 15000UNT	Pref	PA, QL (16 caps every 1 day)
ZENPEP CAP 20000UNT	Pref	PA; M
ZENPEP CAP 25000UNT	Pref	PA; M
ZENPEP CAP 40000UNT	Pref	PA; M

Drug Name	Drug Tier	Requirements/Limits
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DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	Pref	QL (2 caps every 1 day)
<i>acetazolamide tab 125 mg</i>	Pref	QL (4 tabs every 1 day)
<i>acetazolamide tab 250 mg</i>	Pref	QL (4 tabs every 1 day)

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Pref	QL (2 tabs every 1 day)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)</i>	Pref	QL (3 tabs every 1 day)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Pref	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)</i>	Pref	
<i>triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	Pref	

LOOP DIURETICS

<i>bumetanide tab 0.5 mg (generic of BUMEX)</i>	Pref	
<i>bumetanide tab 1 mg</i>	Pref	
<i>bumetanide tab 2 mg</i>	Pref	
<i>furosemide oral soln 8 mg/ml</i>	Pref	
<i>furosemide oral soln 10 mg/ml</i>	Pref	
<i>furosemide tab 20 mg (generic of LASIX)</i>	Pref	
<i>furosemide tab 40 mg (generic of LASIX)</i>	Pref	
<i>furosemide tab 80 mg (generic of LASIX)</i>	Pref	
<i>torsemide tab 5 mg</i>	Pref	QL (2 tabs every 1 day)
<i>torsemide tab 10 mg</i>	Pref	QL (4 tabs every 1 day)
<i>torsemide tab 20 mg</i>	Pref	QL (4 tabs every 1 day)
<i>torsemide tab 100 mg</i>	Pref	QL (2 tabs every 1 day)

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>	Pref	QL (1 tab every 1 day)
<i>spironolactone tab 25 mg (generic of ALDACTONE)</i>	Pref	
<i>spironolactone tab 50 mg (generic of ALDACTONE)</i>	Pref	
<i>spironolactone tab 100 mg (generic of ALDACTONE)</i>	Pref	

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tab 25 mg</i>	Pref	
<i>chlorthalidone tab 50 mg</i>	Pref	
<i>DIURIL SUS 250/5ML</i>	Pref	AGE (Max 12)
<i>hydrochlorothiazide cap 12.5 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide tab 12.5 mg</i>	Pref	
<i>hydrochlorothiazide tab 25 mg</i>	Pref	
<i>hydrochlorothiazide tab 50 mg</i>	Pref	
<i>indapamide tab 1.25 mg</i>	Pref	QL (1 tab every 1 day)
<i>indapamide tab 2.5 mg</i>	Pref	QL (1 tab every 1 day)
<i>metolazone tab 2.5 mg</i>	Pref	QL (1 tab every 1 day)
<i>metolazone tab 5 mg</i>	Pref	QL (1 tab every 1 day)
<i>metolazone tab 10 mg</i>	Pref	QL (1 tab every 1 day)

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

BONE DENSITY REGULATORS

ACTONEL TAB 35MG	Non-Pref	PA, QL (4 tabs every 28 days)
ACTONEL TAB 150MG	Non-Pref	PA
<i>alendronate sodium oral soln 70 mg/75ml</i>	Non-Pref	PA
<i>alendronate sodium tab 5 mg</i>	Pref	
<i>alendronate sodium tab 10 mg</i>	Pref	
<i>alendronate sodium tab 35 mg</i>	Pref	QL (0.15 tabs every 1 day)
<i>alendronate sodium tab 70 mg (generic of FOSAMAX)</i>	Pref	QL (0.15 tabs every 1 day)
ATELVIA TAB	Non-Pref	PA, QL (4 tabs every 30 days)
BINOSTO TAB 70MG	Non-Pref	PA
<i>calcitonin (salmon) inj 200 unit/ml (generic of MIACALCIN)</i>	Non-Pref	PA
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Pref	
FORTEO INJ 600/2.4	Non-Pref	PA
FOSAMAX + D TAB 70-2800	Non-Pref	PA, QL (0.15 tabs every 1 day)
FOSAMAX + D TAB 70-5600	Non-Pref	PA, QL (0.15 tabs every 1 day)
FOSAMAX TAB 70MG	Non-Pref	PA, QL (0.15 tabs every 1 day)
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	Non-Pref	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Non-Pref	PA, QL (0.04 tabs every 1 day)
MIACALCIN INJ 200/ML	Non-Pref	PA
MIACALCIN INJ 400/2ML	Non-Pref	PA
<i>risedronate sodium tab 5 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 30 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 35 mg (generic of ACTONEL)</i>	Non-Pref	PA, QL (4 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tab 150 mg (generic of ACTONEL)</i>	Non-Pref	PA
<i>risedronate sodium tab delayed release 35 mg (generic of ATELVIA)</i>	Non-Pref	PA, QL (4 tabs every 30 days)
TERIPARATIDE INJ	Non-Pref	PA
TYMLOS INJ	Non-Pref	PA

GNRH/LHRH ANTAGONISTS

ORILISSA TAB 150MG	Pref	PA; AGE (Min 18)
ORILISSA TAB 200MG	Pref	PA; AGE (Min 18)

GROWTH HORMONES

GENOTROPIN INJ 0.2MG	Pref	PA
GENOTROPIN INJ 0.4MG	Pref	PA
GENOTROPIN INJ 0.6MG	Pref	PA
GENOTROPIN INJ 0.8MG	Pref	PA
GENOTROPIN INJ 1.2MG	Pref	PA
GENOTROPIN INJ 1.4MG	Pref	PA
GENOTROPIN INJ 1.6MG	Pref	PA
GENOTROPIN INJ 1.8MG	Pref	PA
GENOTROPIN INJ 1MG	Pref	PA
GENOTROPIN INJ 2MG	Pref	PA
GENOTROPIN INJ 5MG	Pref	PA
HUMATROPE INJ 6MG	Non-Pref	PA
HUMATROPE INJ 24MG	Non-Pref	PA
NORDITROPIN INJ 5/1.5ML	Pref	PA
NORDITROPIN INJ 10/1.5ML	Pref	PA
NORDITROPIN INJ 15/1.5ML	Pref	PA
NORDITROPIN INJ 30/3ML	Pref	PA
NUTROPIN AQ INJ 10MG/2ML	Non-Pref	PA
NUTROPIN AQ INJ 20MG/2ML	Non-Pref	PA
NUTROPIN AQ INJ NUSPIN 5	Non-Pref	PA
OMNITROPE INJ 5.8MG	Non-Pref	PA
OMNITROPE INJ 5/1.5ML	Non-Pref	PA
OMNITROPE INJ 10/1.5ML	Non-Pref	PA
SAIZEN INJ 5MG	Non-Pref	PA
SAIZEN INJ 8.8MG	Non-Pref	PA
SAIZENPREP INJ 8.8MG	Non-Pref	PA
SEROSTIM INJ 4MG	Non-Pref	PA
SEROSTIM INJ 5MG	Non-Pref	PA
SEROSTIM INJ 6MG	Non-Pref	PA
SKYTROFA INJ 3.6MG	Non-Pref	PA
SKYTROFA INJ 3MG	Non-Pref	PA
SKYTROFA INJ 4.3MG	Non-Pref	PA
SKYTROFA INJ 5.2MG	Non-Pref	PA

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
SKYTROFA INJ 6.3MG	Non-Pref	PA
SKYTROFA INJ 7.6MG	Non-Pref	PA
SKYTROFA INJ 9.1MG	Non-Pref	PA
SKYTROFA INJ 11MG	Non-Pref	PA
SKYTROFA INJ 13.3MG	Non-Pref	PA
ZOMACTON INJ 5MG	Non-Pref	PA
ZOMACTON INJ 10MG	Non-Pref	PA
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	Non-Pref	PA
<i>raloxifene hcl tab 60 mg (generic of EVISTA)</i>	Pref	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	Pref	SP, PA
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg (generic of ROCALTROL)</i>	Pref	QL (4 caps every 1 day)
<i>calcitriol cap 0.25 mcg (generic of ROCALTROL)</i>	Pref	QL (4 caps every 1 day)
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	Pref	AGE (Max 12)
<i>cinacalcet hcl tab 30 mg (base equiv) (generic of SENSIPAR)</i>	Pref	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv) (generic of SENSIPAR)</i>	Pref	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv) (generic of SENSIPAR)</i>	Pref	PA, QL (4 tabs every 1 day)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	Pref	PA, QL (1 tab every 1 day); AGE (Min 18)
KERENDIA TAB 20MG	Pref	PA, QL (1 tab every 1 day); AGE (Min 18)
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Pref	PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Pref	PA
<i>desmopressin acetate tab 0.1 mg (generic of DDAVP)</i>	Pref	QL (6 tabs every 1 day)
<i>desmopressin acetate tab 0.2 mg (generic of DDAVP)</i>	Pref	QL (6 tabs every 1 day)
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (generic of SANDOSTATIN)</i>	Pref	SP, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (generic of SANDOSTATIN)</i>	Pref	SP, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Pref	SP, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Pref	SP, PA

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

ESTROGEN COMBINATIONS

<i>amabelz tab 0.5-0.1</i>	Pref	AGE (Max 64)
<i>amabelz tab 1-0.5mg</i>	Pref	AGE (Max 64)
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Pref	AGE (Max 64)
<i>estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)</i>	Pref	AGE (Max 64)
<i>fyavolv tab 0.5-2.5</i>	Pref	QL (1 tab every 1 day); AGE (Max 64)
<i>fyavolv tab 1-5</i>	Pref	AGE (Max 64)
<i>jinteli tab 1mg-5mcg</i>	Pref	AGE (Max 64)
<i>mimvey tab 1-0.5mg (generic of ACTIVELLA)</i>	Pref	AGE (Max 64)
MYFEMBREE TAB	Pref	PA; AGE (Min 18)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Pref	QL (1 tab every 1 day); AGE (Max 64)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Pref	AGE (Max 64)
ORIAHNN CAP	Pref	PA; AGE (Min 18)
PREMPHASE TAB	Pref	QL (1 tab every 1 day); AGE (Max 64)
PREMPRO TAB	Pref	QL (1 tab every 1 day); AGE (Max 64)
PREMPRO TAB 0.3-1.5	Pref	QL (1 tab every 1 day); AGE (Max 64)
PREMPRO TAB 0.45-1.5	Pref	QL (1 tab every 1 day); AGE (Max 64)
PREMPRO TAB 0.625-5	Pref	QL (1 tab every 1 day); AGE (Max 64)

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

ALORA DIS 0.1MG	Pref	QL (8 patches every 28 days); AGE (Max 64)
ALORA DIS 0.025MG	Pref	QL (8 patches every 28 days); AGE (Max 64)

Drug Name	Drug Tier	Requirements/Limits
ALORA DIS 0.075MG	Pref	QL (8 patches every 28 days); AGE (Max 64)
DELESTROGEN INJ 10MG/ML	Pref	M
DELESTROGEN INJ 20MG/ML	Pref	
DELESTROGEN INJ 40MG/ML	Pref	
<i>dotti dis 0.1mg</i> (generic of VIVELLE-DOT)	Pref	QL (8 patches every 28 days); AGE (Max 64)
<i>dotti dis 0.05mg</i> (generic of VIVELLE-DOT)	Pref	QL (8 patches every 28 days); AGE (Max 64)
<i>dotti dis 0.025mg</i> (generic of VIVELLE-DOT)	Pref	QL (8 patches every 28 days); AGE (Max 64)
<i>dotti dis 0.075mg</i> (generic of VIVELLE-DOT)	Pref	QL (8 patches every 28 days); AGE (Max 64)
<i>dotti dis 0.0375mg</i> (generic of VIVELLE-DOT)	Pref	QL (8 patches every 28 days); AGE (Max 64)
<i>estradiol tab 0.5 mg</i> (generic of ESTRACE)	Pref	AGE (Max 64)
<i>estradiol tab 1 mg</i> (generic of ESTRACE)	Pref	AGE (Max 64)
<i>estradiol tab 2 mg</i> (generic of ESTRACE)	Pref	AGE (Max 64)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> (generic of MINIVELLE)	Pref	QL (8 patches every 28 days); AGE (Max 64)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> (generic of MINIVELLE)	Pref	QL (8 patches every 28 days); AGE (Max 64)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> (generic of MINIVELLE)	Pref	QL (8 patches every 28 days); AGE (Max 64)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (generic of MINIVELLE)	Pref	QL (8 patches every 28 days); AGE (Max 64)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (generic of MINIVELLE)	Pref	QL (8 patches every 28 days); AGE (Max 64)
<i>estradiol td patch weekly 0.1 mg/24hr</i> (generic of CLIMARA)	Pref	QL (4 patches every 28 days); AGE (Max 64)
<i>estradiol td patch weekly 0.05 mg/24hr</i> (generic of CLIMARA)	Pref	QL (4 patches every 28 days); AGE (Max 64)
<i>estradiol td patch weekly 0.06 mg/24hr</i> (generic of CLIMARA)	Pref	QL (4 patches every 28 days); AGE (Max 64)
<i>estradiol td patch weekly 0.025 mg/24hr</i> (generic of CLIMARA)	Pref	QL (4 patches every 28 days); AGE (Max 64)
<i>estradiol td patch weekly 0.075 mg/24hr</i> (generic of CLIMARA)	Pref	QL (4 patches every 28 days); AGE (Max 64)
<i>estradiol td patch weekly 0.0375 mg/24hr</i> (37.5 mcg/24hr) (generic of CLIMARA)	Pref	QL (4 patches every 28 days); AGE (Max 64)
<i>estradiol valerate im in oil 10 mg/ml</i> (generic of DELESTROGEN)	Pref	M
<i>estradiol valerate im in oil 20 mg/ml</i> (generic of DELESTROGEN)	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate im in oil 40 mg/ml</i> (generic of DELESTROGEN)	Pref	
<i>lyllana dis 0.1mg</i> (generic of MINIVELLE)	Pref	QL (8 patches every 28 days); AGE (Max 64)
<i>lyllana dis 0.05mg</i> (generic of MINIVELLE)	Pref	QL (8 patches every 28 days); AGE (Max 64)
<i>lyllana dis 0.025mg</i> (generic of MINIVELLE)	Pref	QL (8 patches every 28 days); AGE (Max 64)
<i>lyllana dis 0.075mg</i> (generic of MINIVELLE)	Pref	QL (8 patches every 28 days); AGE (Max 64)
<i>lyllana dis 0.0375mg</i> (generic of MINIVELLE)	Pref	QL (8 patches every 28 days); AGE (Max 64)
MENEST TAB 0.3MG	Pref	AGE (Max 64)
MENEST TAB 0.625MG	Pref	AGE (Max 64)
MENEST TAB 1.25MG	Pref	AGE (Max 64)
MENEST TAB 2.5MG	Pref	AGE (Max 64)
PREMARIN TAB 0.3MG	Pref	QL (1 tab every 1 day); AGE (Max 64)
PREMARIN TAB 0.9MG	Pref	QL (1 tab every 1 day); AGE (Max 64)
PREMARIN TAB 0.45MG	Pref	QL (1 tab every 1 day); AGE (Max 64)
PREMARIN TAB 0.625MG	Pref	QL (1 tab every 1 day); AGE (Max 64)
PREMARIN TAB 1.25MG	Pref	QL (1 tab every 1 day); AGE (Max 64)

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

BAXDELA TAB 450MG	Non-Pref	PA, QL (42 tabs every 30 days)
CIPRO (5%) SUS 250MG/5	Pref	QL (90 mL every 30 days)
CIPRO (10%) SUS 500MG/5	Pref	QL (90 mL every 30 days)
CIPRO TAB 250MG	Non-Pref	PA, QL (42 tabs every 30 days)
CIPRO TAB 500MG	Non-Pref	PA, QL (90 tabs every 30 days)
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	Pref	QL (42 tabs every 30 days)
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> (generic of CIPRO)	Pref	QL (42 tabs every 30 days)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> (generic of CIPRO)	Pref	QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Pref	QL (42 tabs every 30 days)
<i>levofloxacin oral soln 25 mg/ml</i>	Pref	QL (90 mL every 30 days)
<i>levofloxacin tab 250 mg (generic of LEVAQUIN)</i>	Pref	QL (42 tabs every 30 days)
<i>levofloxacin tab 500 mg</i>	Pref	QL (90 tabs every 30 days)
<i>levofloxacin tab 750 mg (generic of LEVAQUIN)</i>	Pref	QL (90 tabs every 30 days)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Non-Pref	PA, QL (90 tabs every 30 days)
<i>ofloxacin tab 300 mg</i>	Non-Pref	PA, QL (90 tabs every 30 days)
<i>ofloxacin tab 400 mg</i>	Non-Pref	PA, QL (90 tabs every 30 days)

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

5-HT4 RECEPTOR AGONISTS

MOTEGRITY TAB 1MG	Non-Pref	PA
MOTEGRITY TAB 2MG	Non-Pref	PA

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB 3MG	Non-Pref	PA
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ANTIFLATULENTS

<i>simethicone chew tab 80 mg</i>	Pref	OTC
<i>simethicone chew tab 125 mg</i>	Pref	OTC
<i>simethicone liquid 40 mg/0.6ml</i>	Pref	OTC
<i>simethicone susp 40 mg/0.6ml</i>	Pref	OTC

GALLSTONE SOLUBILIZING AGENTS

RELTONE CAP 200MG	Non-Pref	PA; M
RELTONE CAP 400MG	Non-Pref	PA; M
URSO 250 TAB 250MG	Non-Pref	PA; M
URSO FORTE TAB 500MG	Non-Pref	PA; M
<i>ursodiol cap 300 mg</i>	Pref	M
<i>ursodiol tab 250 mg (generic of URSO 250)</i>	Pref	M
<i>ursodiol tab 500 mg (generic of URSO FORTE)</i>	Pref	M

GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium oral conc 100 mg/5ml (generic of GASTROCROM)</i>	Pref	
GASTROCROM CON 100/5ML	Pref	

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

AMITIZA CAP 8MCG	Pref	
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Drug Name	Drug Tier	Requirements/Limits
AMITIZA CAP 24MCG	Pref	
<i>lubiprostone cap 8 mcg (generic of AMITIZA)</i>	Non-Pref	PA
<i>lubiprostone cap 24 mcg (generic of AMITIZA)</i>	Non-Pref	PA

GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Pref	
<i>metoclopramide hcl tab 5 mg (base equivalent) (generic of REGLAN)</i>	Pref	
<i>metoclopramide hcl tab 10 mg (base equivalent) (generic of REGLAN)</i>	Pref	

INFLAMMATORY BOWEL AGENTS

APRISO CAP 0.375GM	Pref	
AZULFIDINE TAB 500MG	Non-Pref	PA
AZULFIDINE TAB 500MG EN	Non-Pref	PA
<i>balsalazide disodium cap 750 mg (generic of COLAZAL)</i>	Non-Pref	PA
CIMZIA KIT 200MG	Non-Pref	PA; BIOLOGIC
CIMZIA START KIT 200MG/ML	Non-Pref	PA; BIOLOGIC
COLAZAL CAP 750MG	Non-Pref	PA
DELZICOL CAP 400MG	Non-Pref	PA
DIPENTUM CAP 250MG	Non-Pref	PA
ENTYVIO INJ 300MG	Non-Pref	PA; BIOLOGIC
LIALDA TAB 1.2GM	Pref	
<i>mesalamine cap dr 400 mg (generic of DELZICOL)</i>	Non-Pref	PA
<i>mesalamine cap er 24hr 0.375 gm (generic of APRISO)</i>	Non-Pref	PA
<i>mesalamine cap er 500 mg (generic of PENTASA)</i>	Non-Pref	PA
<i>mesalamine enema 4 gm</i>	Pref	
<i>mesalamine tab delayed release 1.2 gm (generic of LIALDA)</i>	Non-Pref	PA
<i>mesalamine tab delayed release 800 mg</i>	Non-Pref	PA
PENTASA CAP 250MG CR	Non-Pref	PA
PENTASA CAP 500MG CR	Non-Pref	PA
SKYRIZI INJ 180/1.2	Non-Pref	PA
SKYRIZI INJ 360/2.4	Non-Pref	PA
STELARA INJ 5MG/ML	Non-Pref	PA; BIOLOGIC
<i>sulfasalazine tab 500 mg (generic of AZULFIDINE)</i>	Pref	
<i>sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i> (generic of LOTRONEX)	Non-Pref	PA
<i>alosetron hcl tab 1 mg (base equiv)</i> (generic of LOTRONEX)	Non-Pref	PA
IBSRELA TAB 50MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18)
LINZESS CAP 72MCG	Pref	
LINZESS CAP 145MCG	Pref	
LINZESS CAP 290MCG	Pref	
LOTRONEX TAB 0.5MG	Non-Pref	PA
LOTRONEX TAB 1MG	Non-Pref	PA
VIBERZI TAB 75MG	Non-Pref	PA, QL (2 tabs every 1 day)
VIBERZI TAB 100MG	Non-Pref	PA, QL (2 tabs every 1 day)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG	Pref	
MOVANTIK TAB 25MG	Pref	
RELISTOR INJ 8/0.4ML	Non-Pref	PA
RELISTOR INJ 12/0.6ML	Non-Pref	PA
RELISTOR TAB 150MG	Non-Pref	PA
SYMPROIC TAB 0.2MG	Non-Pref	PA
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	Non-Pref	PA; M
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Pref	PA; M
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Pref	PA; M
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Pref	PA, OTC; M
<i>calphron tab 667mg</i>	Pref	PA, OTC; M
FOSRENOL CHW 500MG	Non-Pref	PA; M
FOSRENOL CHW 750MG	Non-Pref	PA; M
FOSRENOL CHW 1000MG	Non-Pref	PA; M
FOSRENOL POW 750MG	Non-Pref	PA; M
FOSRENOL POW 1000MG	Non-Pref	PA; M
<i>lanthanum carbonate chew tab 500 mg (elemental)</i> (generic of FOSRENOL)	Non-Pref	PA; M
<i>lanthanum carbonate chew tab 750 mg (elemental)</i> (generic of FOSRENOL)	Non-Pref	PA; M
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i> (generic of FOSRENOL)	Non-Pref	PA; M
PHOSLYRA SOL	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
RENAGEL TAB 800MG	Non-Pref	PA; M
RENVELA POW 0.8GM	Non-Pref	PA; M
RENVELA POW 2.4GM	Non-Pref	PA; M
RENVELA TAB 800MG	Non-Pref	PA; M
<i>sevelamer carbonate packet 0.8 gm</i> (generic of RENVELA)	Non-Pref	PA; M
<i>sevelamer carbonate packet 2.4 gm</i> (generic of RENVELA)	Non-Pref	PA; M
<i>sevelamer carbonate tab 800 mg</i> (generic of RENVELA)	Pref	PA; M
<i>sevelamer hcl tab 400 mg</i>	Non-Pref	PA; M
<i>sevelamer hcl tab 800 mg</i> (generic of RENAGEL)	Non-Pref	PA; M
VELPHORO CHW 500MG	Non-Pref	PA; M

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

ACIDIFIERS

K-PHOS TAB NO 2	Pref	
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ALKALINIZERS

<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Pref	
<i>potassium citrate tab er 5 meq (540 mg)</i> (generic of UROCIT-K 5)	Pref	
<i>potassium citrate tab er 10 meq (1080 mg)</i> (generic of UROCIT-K 10)	Pref	
<i>potassium citrate tab er 15 meq (1620 mg)</i> (generic of UROCIT-K 15)	Pref	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Pref	

INTERSTITIAL CYSTITIS AGENTS

ELMIRON CAP 100MG	Pref	PA, QL (3 caps every 1 day)
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PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl tab er 24hr 10 mg</i> (generic of UROXATRAL)	Pref	
AVODART CAP 0.5MG	Non-Pref	PA
CARDURA XL TAB 4MG	Non-Pref	PA; M
CARDURA XL TAB 8MG	Non-Pref	PA; M
<i>dutasteride cap 0.5 mg</i> (generic of AVODART)	Pref	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> (generic of JALYN)	Non-Pref	PA
ENTADFI CAP 5-5MG	Non-Pref	PA
<i>finasteride tab 5 mg</i> (generic of PROSCAR)	Pref	

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
FLOMAX CAP 0.4MG	Non-Pref	PA
JALYN CAP	Non-Pref	PA
PROSCAR TAB 5MG	Non-Pref	PA
RAPAFLO CAP 4MG	Non-Pref	PA
RAPAFLO CAP 8MG	Non-Pref	PA
<i>silodosin cap 4 mg</i> (generic of RAPAFLO)	Non-Pref	PA
<i>silodosin cap 8 mg</i> (generic of RAPAFLO)	Non-Pref	PA
<i>tamsulosin hcl cap 0.4 mg</i> (generic of FLOMAX)	Pref	

URINARY ANALGESICS

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

GOUT AGENTS - DRUGS TO TREAT GOUT

GOUT AGENT COMBINATIONS

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Pref	
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GOUT AGENTS - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg</i> (generic of ZYLOPRIM)	Pref	
ALLOPURINOL TAB 200MG	Pref	
<i>allopurinol tab 300 mg</i> (generic of ZYLOPRIM)	Pref	
<i>colchicine cap 0.6 mg</i>	Non-Pref	PA
<i>colchicine tab 0.6 mg</i> (generic of COLCRYS)	Pref	
COLCRYS TAB 0.6MG	Non-Pref	PA
<i>febuxostat tab 40 mg</i> (generic of ULORIC)	Non-Pref	PA
<i>febuxostat tab 80 mg</i> (generic of ULORIC)	Non-Pref	PA
MITIGARE CAP 0.6MG	Non-Pref	PA
ULORIC TAB 40MG	Non-Pref	PA
ULORIC TAB 80MG	Non-Pref	PA
ZYLOPRIM TAB 100MG	Non-Pref	PA

URICOSURICS

<i>probenecid tab 500 mg</i>	Pref	
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HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS

HEMATORHEOLOGIC AGENTS

<i>pentoxifylline tab er 400 mg</i>	Pref	
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PLATELET AGGREGATION INHIBITORS

<i>anagrelide hcl cap 0.5 mg</i> (generic of AGRYLIN)	Pref	
<i>anagrelide hcl cap 1 mg</i>	Pref	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Non-Pref	PA; M

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
BRILINTA TAB 60MG	Pref	M
BRILINTA TAB 90MG	Pref	M
<i>cilostazol tab 50 mg</i>	Pref	QL (2 tabs every 1 day)
<i>cilostazol tab 100 mg</i>	Pref	QL (2 tabs every 1 day)
<i>clopidogrel bisulfate tab 75 mg (base equiv) (generic of PLAVIX)</i>	Pref	QL (1 tab every 1 day); M
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	Pref	QL (2 tabs every 30 days)
<i>dipyridamole tab 25 mg</i>	Non-Pref	PA; M
<i>dipyridamole tab 50 mg</i>	Non-Pref	PA; M
<i>dipyridamole tab 75 mg</i>	Non-Pref	PA; M
EFFIENT TAB 5MG	Non-Pref	PA; M
EFFIENT TAB 10MG	Non-Pref	PA; M
PLAVIX TAB 75MG	Non-Pref	PA, QL (1 tab every 1 day); M
<i>prasugrel hcl tab 5 mg (base equiv) (generic of EFFIENT)</i>	Pref	M
<i>prasugrel hcl tab 10 mg (base equiv) (generic of EFFIENT)</i>	Pref	M

HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS

AGENTS FOR SICKLE CELL DISEASE

DROXIA CAP 200MG	Pref	
DROXIA CAP 300MG	Pref	
DROXIA CAP 400MG	Pref	
ENDARI POW 5GM	Pref	SP, PA, QL (6 packets every 1 day); AGE (Min 5)
OXBRYTA TAB 300MG	Pref	SP, PA, QL (3 tabs every 1 day); AGE (Min 4)
OXBRYTA TAB 500MG	Pref	SP, PA, QL (3 tabs every 1 day); AGE (Min 12)
SIKLOS TAB 100MG	Pref	SP, PA
SIKLOS TAB 1000MG	Pref	SP, PA

COBALAMINS

<i>cyanocobalamin inj 1000 mcg/ml</i>	Pref	
<i>cyanocobalamin tab 100 mcg</i>	Pref	QL (1 tab every 1 day), OTC
<i>cyanocobalamin tab 500 mcg</i>	Pref	QL (1 tab every 1 day), OTC
<i>cyanocobalamin tab 1000 mcg</i>	Pref	QL (1 tab every 1 day), OTC
<i>dodex inj</i>	Pref	

FOLIC ACID/FOLATES

<i>folic acid tab 1 mg</i>	Pref	
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Drug Name	Drug Tier	Requirements/Limits
<i>folic acid tab 400 mcg</i>	Pref	QL (1 tab every 1 day), OTC

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	Pref	PA
ARANESP INJ 25MCG	Pref	PA
ARANESP INJ 40MCG	Pref	PA
ARANESP INJ 60MCG	Pref	PA
ARANESP INJ 100MCG	Pref	PA
ARANESP INJ 150MCG	Pref	PA
ARANESP INJ 200MCG	Pref	PA
ARANESP INJ 300MCG	Pref	PA
ARANESP INJ 500MCG	Pref	PA
EPOGEN INJ 2000/ML	Pref	PA
EPOGEN INJ 3000/ML	Pref	PA
EPOGEN INJ 4000/ML	Pref	PA
EPOGEN INJ 10000/ML	Pref	PA
EPOGEN INJ 20000/ML	Pref	PA
FULPHILA INJ 6/0.6ML	Non-Pref	PA, QL (1 syringe every 14 days)
FYLNETRA INJ 6MG/0.6	Non-Pref	PA, QL (0.6 mL every 10 days)
GRANIX INJ 300/0.5	Non-Pref	PA
GRANIX INJ 300/1ML	Non-Pref	PA
GRANIX INJ 480/0.8	Non-Pref	PA
GRANIX INJ 480/1.6	Non-Pref	PA
LEUKINE INJ 250MCG	Non-Pref	PA
NEULASTA INJ 6MG/0.6M	Non-Pref	PA, QL (1 syringe every 14 days)
NEULASTA KIT 6MG/0.6M	Non-Pref	PA, QL (0.6 mL every 14 days)
NEUPOGEN INJ 300/0.5	Pref	
NEUPOGEN INJ 300MCG	Pref	
NEUPOGEN INJ 480/0.8	Pref	
NEUPOGEN INJ 480MCG	Pref	
NIVESTYM INJ 300/0.5	Non-Pref	PA
NIVESTYM INJ 300MCG	Non-Pref	PA
NIVESTYM INJ 480/0.8	Non-Pref	PA
NIVESTYM INJ 480MCG	Non-Pref	PA
NYVEPRIA INJ 6/0.6ML	Pref	QL (0.6 mL every 14 days)
PROCRIT INJ 2000/ML	Non-Pref	PA
PROCRIT INJ 3000/ML	Non-Pref	PA
PROCRIT INJ 4000/ML	Non-Pref	PA
PROCRIT INJ 10000/ML	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 20000/ML	Non-Pref	PA
PROCRIT INJ 40000/ML	Non-Pref	PA
RELEUKO INJ 300MCG	Non-Pref	PA
RELEUKO INJ 480MCG	Non-Pref	PA
RETACRIT INJ 2000UNIT	Pref	PA
RETACRIT INJ 3000UNIT	Pref	PA
RETACRIT INJ 4000UNIT	Pref	PA
RETACRIT INJ 10000UNT	Pref	PA
RETACRIT INJ 20000UNI	Pref	
RETACRIT INJ 40000UNT	Pref	PA
STIMUFEND INJ 6/0.6ML	Non-Pref	PA, QL (1 syringe every 10 days)
UDENYCA INJ 6MG/.6ML	Non-Pref	PA, QL (1 syringe every 14 days)
ZARXIO INJ 300/0.5	Non-Pref	PA, QL (90 syringes every 30 days)
ZARXIO INJ 480/0.8	Non-Pref	PA, QL (56.25 syringes every 30 days)
ZIEXTENZO INJ 6/0.6ML	Non-Pref	PA, QL (1 syringe every 14 days)

HEMATOPOIETIC MIXTURES

ACTIVE FE TAB 75-1.25	Pref	
<i>airavite tab</i>	Pref	
CENTRATEX CAP	Pref	
<i>chromagen cap</i>	Pref	QL (2 caps every 1 day)
<i>fabb tab 2.2-25-1</i>	Pref	
FERIVA TAB 21/7	Pref	
FERIVAFA CAP 110-1MG	Pref	
<i>ferocon cap</i>	Pref	QL (2 caps every 1 day)
FERRALET 90 TAB	Pref	
<i>ferrocite tab plus</i>	Pref	
<i>folbee tab</i>	Pref	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	Pref	
FOLITAB 500 TAB	Pref	OTC
FOLIVANE-F CAP	Pref	
FOLIVANE-PLS CAP	Pref	
<i>folplex 2.2 tab</i>	Pref	
<i>foltabs 800 tab</i>	Pref	OTC
<i>foltrin cap</i>	Pref	QL (2 caps every 1 day)
<i>hematinic pl tab vit/min</i>	Pref	
HEMATINIC/FA TAB	Pref	
IRO-PLEX LIQ	Pref	OTC
IRON 21/7 MIS	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>iron 100 tab plus</i>	Pref	OTC; AGE (Max 12)
<i>iron 100/c tab 100-250</i>	Pref	OTC
MULTIGEN PLS TAB	Pref	
MULTIGEN TAB	Pref	
MULTIGEN TAB FOLIC	Pref	
NEPHRON FA TAB	Pref	
<i>nufol tab</i>	Pref	
<i>poly-iron cap 150 fort</i>	Pref	QL (2 caps every 1 day)
<i>purevit dual cap fe plus</i>	Pref	
RX SUPPORT TAB HEARTBUR	Pref	OTC
<i>se-tan plus cap</i>	Pref	
TARON FORTE CAP	Pref	
<i>trigels-f cap forte</i>	Pref	
<i>virt-gard tab 2.2-25-1</i>	Pref	
VITRON-C TAB 65-125	Pref	OTC
<i>westab one tab 2.5-25-1</i>	Pref	

IRON

<i>carbonyl tab fe 45mg</i>	Pref	OTC
FERRETTIS IPS SOL	Pref	OTC
<i>ferrex 150 cap 150mg</i>	Pref	QL (2 caps every 1 day), OTC
FERRIMIN 150 TAB	Pref	OTC
<i>ferrocite tab 324mg</i>	Pref	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Pref	OTC
FERROUS GLUC TAB 324MG	Pref	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	Pref	OTC
FERROUS SULF LIQ 44MG/5ML	Pref	OTC; AGE (Max 12)
FERROUS SULF TAB 324MG EC	Pref	OTC
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	Pref	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Pref	OTC; AGE (Max 12)
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Pref	OTC; AGE (Max 12)
<i>ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)</i>	Pref	OTC; AGE (Max 12)
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Pref	OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Pref	OTC
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>ferumoxytol inj 510 mg/17ml (30 mg/ml) (elemental fe) (generic of FERAHEME)</i>	Pref	
IRON CHW PEDIATRI	Pref	OTC
IRON UP LIQ	Pref	OTC
NOVAFERRUM LIQ 125	Pref	OTC
<i>nu-iron 150 cap 150mg</i>	Pref	QL (2 caps every 1 day), OTC
<i>poly-iron cap 150mg</i>	Pref	QL (2 caps every 1 day), OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	Pref	QL (2 caps every 1 day), OTC
PROFERRIN ES TAB 12 MG	Pref	OTC
<i>px iron tab 27mg</i>	Pref	OTC
SLOW REL FE TAB 143MG CR	Pref	OTC
<i>wee care sus 15/1.25</i>	Pref	OTC

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

NON-BARBITURATE HYPNOTICS

<i>midazolam hcl inj 5 mg/ml (base equivalent)</i>	Pref	QL (4 vials every 30 days)
<i>midazolam hcl inj 10 mg/2ml (base equivalent)</i>	Pref	QL (2 vials every 30 days)
<i>midazolam hcl inj 25 mg/5ml (base equivalent)</i>	Pref	QL (0.8 vials every 30 days)
<i>midazolam hcl inj 50 mg/10ml (base equivalent)</i>	Pref	QL (0.4 vials every 30 days)
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>	Pref	QL (4 mL every 25 days)
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>	Pref	QL (4 vials every 25 days)
<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i>	Pref	

LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg</i>	Pref	OTC
<i>corn dextrin oral powder</i>	Pref	OTC
EQUALACTIN CHW 625MG	Pref	OTC
FIBER CHOICE CHW 1.5GM	Pref	OTC
HYDROCIL INS POW 95%	Pref	OTC
HYDROCIL POW 95%	Pref	OTC
KONSYL DAILY POW 60.3%	Pref	OTC
KONSYL DAILY POW 100%	Pref	OTC
KONSYL ORIG POW 100%	Pref	OTC
METAMUCIL WAF	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>methylcellulose tab 500 mg</i>	Pref	OTC
NAT FIBER POW 58.6%	Pref	OTC
NUTRISOURCE POW FIBER	Pref	OTC
<i>pedialax fbr chw gummies</i>	Pref	OTC
<i>psyllium cap 0.52 gm</i>	Pref	OTC
<i>psyllium powder 28.3%</i>	Pref	OTC
<i>psyllium powder 48.57%</i>	Pref	OTC
<i>psyllium powder 58.6%</i>	Pref	OTC
<i>qc natural pow vegetabl</i>	Pref	OTC
<i>soluble fib pow therapy</i>	Pref	OTC
<i>wheat dextrin oral powder</i>	Pref	OTC
WHEAT DEXTRIN PACKET	Pref	OTC

LAXATIVE COMBINATIONS

<i>easy fiber/ chw calcium</i>	Pref	OTC
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	Pref	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Pref	
SENNAPLUS CAP 8.6-50MG	Pref	OTC
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Pref	OTC
SENNAPLUS S TAB 8.6-50MG	Pref	OTC
STL SOFT/LAX CAP 8.6-50MG	Pref	OTC
<i>wal-mucil cap plus ca</i>	Pref	OTC

LAXATIVES - MISCELLANEOUS

CEO-TWO SUP	Pref	OTC
<i>constulose sol 10gm/15</i>	Pref	
FLEET LIQUID ENE GLYCERIN	Pref	OTC
<i>glycerin sup 1gm</i>	Pref	OTC
<i>glycerin sup 2gm</i>	Pref	OTC
<i>glycerin suppos 1.2 gm</i>	Pref	OTC
<i>glycerin suppos 2.1 gm</i>	Pref	OTC
<i>glycerin suppos 80.7%</i>	Pref	OTC
<i>lactulose solution 10 gm/15ml</i>	Pref	
PEDIA-LAX SUP 2.8GM	Pref	OTC
<i>polyethylene glycol 3350 oral powder</i>	Pref	OTC

LUBRICANT LAXATIVES

FLEET OIL ENE	Pref	OTC
KONDREMUL EMU 50%	Pref	OTC
<i>mineral oil</i>	Pref	OTC
<i>mineral oil enema</i>	Pref	OTC

SALINE LAXATIVES

<i>epsom salt gra</i>	Pref	OTC
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Drug Name	Drug Tier	Requirements/Limits
EPSOM SALT GRA	Pref	OTC
EPSOM SALT GRA LAVENDER	Pref	OTC
FLEET ENE	Pref	OTC
FLEET ENE ENEMA	Pref	OTC
<i>gnp epsom gra salt</i>	Pref	OTC
<i>lax diet sup tab 500mg</i>	Pref	OTC
<i>magnesium citrate soln</i>	Pref	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	Pref	OTC
MILK OF MAGN CHW 311MG	Pref	OTC
MILK OF MAGN SUS 2400/10	Pref	OTC
PEDIA-LAX CHW 400MG	Pref	OTC
PHILLIPS TAB 500MG	Pref	OTC
<i>qc epsom gra salt</i>	Pref	OTC
RA EPSOM GRA SALT	Pref	OTC
RA EPSOM GRA SALT/LVN	Pref	OTC
<i>sm epsom gra salt</i>	Pref	OTC
<i>sodium phosphates - enema</i>	Pref	OTC
STIMULANT LAXATIVES		
<i>bisacodyl suppos 10 mg</i>	Pref	OTC
<i>bisacodyl tab delayed release 5 mg</i>	Pref	OTC
<i>castor oil 100%</i>	Pref	OTC
DULCOLAX TAB 5MG EC	Pref	OTC
FLEET BISACO ENE 10/30ML	Pref	OTC
<i>gnp castor oil 100%</i>	Pref	OTC
<i>laxative reg tab 15mg</i>	Pref	OTC
<i>medi-lax tab 15mg</i>	Pref	OTC
<i>perdiem tab 15mg</i>	Pref	OTC
<i>senna smooth tab 15mg</i>	Pref	OTC
SENNA SYP	Pref	OTC
<i>sennosides cap 8.6 mg</i>	Pref	OTC
<i>sennosides chew tab 15 mg</i>	Pref	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	Pref	OTC
<i>sennosides tab 8.6 mg</i>	Pref	OTC
<i>sennosides tab 25 mg</i>	Pref	OTC
<i>senokot extr tab 17.2mg</i>	Pref	OTC
SENOKOT TAB 8.6MG	Pref	OTC
SURFACTANT LAXATIVES		
COLACE CLEAR CAP 50MG	Pref	OTC
<i>docusate calcium cap 240 mg</i>	Pref	OTC
<i>docusate min ene 283mg</i>	Pref	OTC
<i>docusate sodium cap 50 mg</i>	Pref	OTC
<i>docusate sodium cap 100 mg</i>	Pref	OTC
<i>docusate sodium cap 250 mg</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>docusate sodium liquid 150 mg/15ml</i>	Pref	OTC
<i>docusate sodium tab 100 mg</i>	Pref	OTC
<i>docusol mini ene</i>	Pref	OTC
<i>docusol plus ene 20-283</i>	Pref	OTC
<i>enemeez mini ene</i>	Pref	OTC
<i>enemeez plus ene 20-283</i>	Pref	OTC
<i>mini enema ene 20-283mg</i>	Pref	OTC
<i>mini enema ene 100/5ml</i>	Pref	OTC
PEDIA-LAX LIQ 50MG	Pref	QL (30 mL every 1 day), OTC

MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml (generic of ZITHROMAX)</i>	Pref	
<i>azithromycin for susp 200 mg/5ml (generic of ZITHROMAX)</i>	Pref	
<i>azithromycin powd pack for susp 1 gm</i>	Pref	QL (2 packets every 30 days)
<i>azithromycin tab 250 mg (generic of ZITHROMAX)</i>	Pref	
<i>azithromycin tab 500 mg (generic of ZITHROMAX)</i>	Pref	
<i>azithromycin tab 600 mg</i>	Pref	
ZITHROMAX POW 1GM PAK	Non-Pref	PA, QL (42 packets every 30 days)
ZITHROMAX SUS 100/5ML	Non-Pref	PA
ZITHROMAX SUS 200/5ML	Non-Pref	PA
ZITHROMAX TAB 250MG	Non-Pref	PA
ZITHROMAX TAB 500MG	Non-Pref	PA
ZITHROMAX TAB TRI-PAK	Non-Pref	PA
ZITHROMAX TAB Z-PAK	Non-Pref	PA

CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>	Pref	QL (14 mL every 30 days)
<i>clarithromycin for susp 250 mg/5ml</i>	Pref	QL (14 mL every 30 days)
<i>clarithromycin tab 250 mg</i>	Pref	QL (42 tabs every 30 days)
<i>clarithromycin tab 500 mg</i>	Pref	QL (14 tabs every 30 days)
<i>clarithromycin tab er 24hr 500 mg (generic of BIAXIN XL)</i>	Non-Pref	PA, QL (120 tabs every 30 days)

ERYTHROMYCINS

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

FIDAXOMICIN

DIFICID SUS	Pref	PA
DIFICID TAB 200MG	Pref	PA, QL (20 tabs every 30 days)

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

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CAYA DPR	Pref	
CONDOMS - FEMALE	Pref	QL (36 boxes every 30 days), OTC
CONDOMS LATEX LUBRICATED	Pref	QL (36 boxes every 30 days), OTC
CONDOMS LATEX NON-LUBRICATED	Pref	QL (36 boxes every 30 days), OTC
CONDOMS MIS	Pref	OTC
DUREX MIS REALFEEL	Pref	OTC
FEMCAP MIS 22MM	Pref	
FEMCAP MIS 26MM	Pref	
FEMCAP MIS 30MM	Pref	
WIDE-SEAL DPR KIT 60	Pref	
WIDE-SEAL DPR KIT 65	Pref	
WIDE-SEAL DPR KIT 70	Pref	
WIDE-SEAL DPR KIT 75	Pref	
WIDE-SEAL DPR KIT 80	Pref	

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Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DPR KIT 85	Pref	
WIDE-SEAL DPR KIT 90	Pref	
WIDE-SEAL DPR KIT 95	Pref	

DIABETIC SUPPLIES

DEXCOM G6 MIS RECEIVER	Pref	PA
DEXCOM G6 MIS SENSOR	Pref	PA, QL (3 boxes every 30 days)
DEXCOM G6 MIS TRANSMIT	Pref	PA, QL (1 box every 90 days)
FREESTY LIBR KIT 2 SENSOR	Pref	PA, QL (2 boxes every 28 days)
FREESTY LIBR KIT 3 SENSOR	Pref	PA, QL (2 boxes every 21 days)
FREESTY LIBR MIS 2 READER	Pref	PA
FREESTYLE KIT SENSOR	Pref	PA, QL (2 boxes every 28 days)
FREESTYLE MIS READER	Pref	PA
LANCETS	Pref	OTC
OMNIPOD 5 G6 KIT INTRO	Pref	PA
OMNIPOD 5 G6 MIS PODS	Pref	PA
RELION TRUE KIT MET AIR	Pref	OTC; Covered thru Manufacturer
TRUE METRIX KIT METER	Pref	OTC; Covered thru Manufacturer
TRUE METRIX SOL LEVEL 1	Pref	OTC
TRUE METRIX SOL LEVEL 2	Pref	OTC
TRUE METRIX SOL LEVEL 3	Pref	OTC

MISC. DEVICES

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

PARENTERAL THERAPY SUPPLIES

BD U-500 MIS 31GX6MM	Pref	
INSULIN SYRINGE/NEEDLE	Pref	QL (5 syringes every 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 29GX10MM	Pref	QL (8 needles every 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 29GX12.7	Pref	QL (8 needles every 1 day), OTC; TECHLITE/TRUEPLUS

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 29GX12MM	Pref	QL (8 needles every 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 31GX5/16	Pref	QL (8 needles every 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 31GX5MM	Pref	QL (8 needles every 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 31GX6MM	Pref	QL (8 needles every 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 31GX8MM	Pref	QL (8 pen needles every 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 32GX4MM	Pref	QL (8 needles every 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 32GX6MM	Pref	QL (8 needles every 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 32GX8MM	Pref	QL (8 needles every 1 day), OTC; TECHLITE/TRUEPLUS
RESPIRATORY AIDS		
PEDIATRIC MD MIS MASK	Pref	QL (4 packs every year), OTC
PEDIATRIC SM MIS MASK	Pref	QL (4 packs every year), OTC
RESPIRATORY THERAPY SUPPLIES		
ACE AERO CLD MIS ENHANCER	Pref	QL (4 boxes every 365 days)
ACTIVITY PCH MIS	Pref	QL (4 packs every 365 days)
ADULT DISPOS MIS MOUTHPIE	Pref	QL (4 boxes every 365 days), OTC
ADULT MASK MIS	Pref	QL (4 boxes every 365 days)
ADULT MASK MIS LARGE	Pref	QL (4 boxes every 365 days)
AERCHMBR PLS MIS FLOW-VU	Pref	QL (4 spacers every 365 days)
AERCHMBR PLS MIS LRG MASK	Pref	QL (4 spacers every 365 days)

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 150

Drug Name	Drug Tier	Requirements/Limits
AERCHMBR PLS MIS MED MASK	Pref	QL (4 spacers every 365 days)
AERCHMBR PLS MIS SM MASK	Pref	QL (4 spacers every 365 days)
AERCHMBR Z- MIS STAT PLS	Pref	QL (4 spacers every 365 days)
AEROBIKA MIS	Pref	QL (4 boxes every 365 days)
AEROCHAMBER MIS CHAMBER	Pref	QL (4 spacers every 365 days)
AEROCHAMBER MIS FLOSIGNA	Pref	QL (4 spacers every 365 days)
AEROCHAMBER MIS MV	Pref	QL (4 spacers every 365 days)
AEROCHAMBER MIS PLUS	Pref	QL (4 spacers every 365 days)
AEROSOL MASK MIS ADULT	Pref	QL (4 boxes every 365 days)
AEROTRC PLUS MIS	Pref	QL (4 boxes every 365 days)
AEROVENT MIS PLUS	Pref	QL (4 spacers every 365 days)
AIR TUBE MIS /PLUGS	Pref	QL (4 boxes every 365 days)
AIRS PEDIATR MIS MASK	Pref	QL (4 boxes every 365 days)
ALTERA NEB MIS HANDSET	Pref	QL (4 boxes every 365 days)
BREATHE EASE MIS LG MASK	Pref	QL (4 spacers every 365 days)
BREATHE EASE MIS MED MASK	Pref	QL (4 spacers every 365 days)
BREATHE EASE MIS SM MASK	Pref	QL (4 spacers every 365 days)
BREATHERITE MIS MDI CHMB	Pref	QL (4 boxes every 365 days)
CARETOUCH MIS CPAP	Pref	QL (4 boxes every 365 days)
CO MONITOR MIS T PIECES	Pref	QL (4 boxes every 365 days)
COMPACT SPAC MIS CHAMBER	Pref	QL (4 spacers every 365 days)
COMPACT SPAC MIS LG MASK	Pref	QL (4 spacers every 365 days)
COMPACT SPAC MIS MD MASK	Pref	QL (4 spacers every 365 days)

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 151

Drug Name	Drug Tier	Requirements/Limits
COMPACT SPAC MIS SM MASK	Pref	QL (4 spacers every 365 days)
CONVERSION MIS BABY SZ1	Pref	QL (4 boxes every 365 days)
CONVERSION MIS BABY SZ2	Pref	QL (4 boxes every 365 days)
CONVERSION MIS BABY SZ3	Pref	QL (4 boxes every 365 days)
CPAP & BIPAP MIS HOSE	Pref	QL (4 boxes every 365 days)
2 CPAP HOSE MIS HANGER	Pref	QL (4 boxes every 365 days)
CPAP MASK MIS WIPES	Pref	QL (4 boxes every 365 days)
CPAP NEURAL MIS PRE-WASH	Pref	QL (4 boxes every 365 days)
DISPOSABLE MIS MTHPIECE	Pref	QL (4 boxes every 365 days), OTC
EASIVENT MIS	Pref	QL (4 spacers every 365 days)
EASIVENT MIS MASK LG	Pref	QL (4 spacers every 365 days)
EASIVENT MIS MASK MED	Pref	QL (4 spacers every 365 days)
EASIVENT MIS MASK SM	Pref	QL (4 spacers every 365 days)
ERAPID NEB MIS HANDSET	Pref	QL (4 boxes every 365 days)
EXPIRATORY MIS MTHPIECE	Pref	QL (4 boxes every 365 days), OTC
FILTER AIR MIS PP	Pref	QL (4 boxes every 365 days)
FLEXICHAMBER MIS	Pref	QL (4 spacers every 365 days)
FULL KIT NEB MIS SET	Pref	QL (4 boxes every 365 days)
HOLD CHAMBER MIS ADLT LG	Pref	QL (4 spacers every 365 days)
HOLD CHAMBER MIS MEDIUM	Pref	QL (4 spacers every 365 days)
HOLD CHAMBER MIS SMALL	Pref	QL (4 spacers every 365 days)
IN-CHK FLOW MIS METER	Pref	QL (4 boxes every 365 days)
INSPIRACHAMB MIS LARGE	Pref	QL (4 spacers every 365 days)

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 152

Drug Name	Drug Tier	Requirements/Limits
INSPIRACHAMB MIS MEDIUM	Pref	QL (4 spacers every 365 days)
INSPIRACHAMB MIS MOUTHPC	Pref	QL (4 spacers every 365 days)
INSPIRACHAMB MIS SMALL	Pref	QL (4 spacers every 365 days)
INSPIRATORY MIS MTHPIECE	Pref	QL (4 boxes every 365 days), OTC
INSPIREASE MIS DD SYST	Pref	QL (4 spacers every 365 days)
KOKO PEAK PR MIS MOUTHPIE	Pref	QL (4 boxes every 365 days), OTC
LITETOUCH MIS MASK LG	Pref	QL (4 boxes every 365 days)
LITETOUCH MIS MASK MD	Pref	QL (4 boxes every 365 days)
LITETOUCH MIS MASK SM	Pref	QL (4 boxes every 365 days)
MASK VORTEX/ MIS FROG	Pref	QL (4 boxes every 365 days), OTC
MASK VORTEX/ MIS LADY BUG	Pref	QL (4 boxes every 365 days), OTC
MICROCHAMBER MIS	Pref	QL (4 spacers every 365 days)
MICROSPACER MIS	Pref	QL (4 spacers every 365 days)
MOUTHPIECE MIS DISP/PPR	Pref	QL (4 boxes every 365 days), OTC
MOUTHPIECE MIS PED ADAP	Pref	QL (4 boxes every 365 days), OTC
NEBULIZER MIS MASK AD	Pref	QL (4 boxes every 365 days)
NEBULIZER MIS MASK CH	Pref	QL (4 boxes every 365 days)
NEBULIZER MIS MASK CHD	Pref	QL (4 boxes every 365 days)
NEBULIZER MIS MASK INF	Pref	QL (4 boxes every 365 days)
ONE FLOW MIS MTHPIECE	Pref	QL (4 boxes every 365 days), OTC
OPTICHAMBER MIS DIA LG	Pref	QL (4 spacers every 365 days)
OPTICHAMBER MIS DIA MD	Pref	QL (4 spacers every 365 days)
OPTICHAMBER MIS DIA SM	Pref	QL (4 spacers every 365 days)

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 153

Drug Name	Drug Tier	Requirements/Limits
OPTICHAMBER MIS DIAMOND	Pref	QL (4 spacers every 365 days)
PANDA MASK MIS LARGE	Pref	QL (4 boxes every 365 days), OTC
PANDA MASK MIS MEDIUM	Pref	QL (4 boxes every 365 days), OTC
PANDA MASK MIS PEDIATRI	Pref	QL (4 boxes every 365 days), OTC
PANDA MASK MIS SMALL	Pref	QL (4 boxes every 365 days), OTC
PARI EXPIRAT MIS FILTER	Pref	QL (4 boxes every 365 days)
PARI MANUAL MIS INTERRUPT	Pref	QL (4 boxes every 365 days)
PARI MASK MIS SIZE 3	Pref	QL (4 boxes every 365 days)
PARI PLASTIC MIS MASK	Pref	QL (4 boxes every 365 days)
PARI PLASTIC MIS MASK PED	Pref	QL (4 boxes every 365 days)
PARI TREK S KIT COMBO	Pref	QL (4 boxes every 365 days)
PARI VORTEX MIS ADL MASK	Pref	QL (4 boxes every 365 days), OTC
PEAK FLOW METER	Pref	QL (4 boxes every 365 days), OTC
PEAK FLOW METER- RX	Pref	QL (4 boxes every 365 days)
PFLEX MIS	Pref	QL (4 packs every 365 days)
PFT FILTER MIS 1000	Pref	QL (4 boxes every 365 days)
PFT FILTER MIS 2000	Pref	QL (4 boxes every 365 days)
PFT FILTER MIS 3000	Pref	QL (4 boxes every 365 days)
PFT FILTER MIS 4000	Pref	QL (4 boxes every 365 days)
PFT FILTER MIS 5000	Pref	QL (4 boxes every 365 days)
PFT FILTER MIS 6000	Pref	QL (4 boxes every 365 days)
PFT FILTER MIS 7000	Pref	QL (4 boxes every 365 days)
PILLOW MASK MIS ADULT	Pref	QL (4 boxes every 365 days)

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 154

Drug Name	Drug Tier	Requirements/Limits
PILLOW MASK MIS CHILD	Pref	QL (4 boxes every 365 days)
PILLOW MASK MIS PEDIATRI	Pref	QL (4 boxes every 365 days)
POCKET CHAMB MIS	Pref	QL (4 spacers every 365 days)
POCKET SPACE MIS	Pref	QL (4 spacers every 365 days)
QUAKE MIS	Pref	QL (4 boxes every 365 days)
REPLACEMENT MIS FILTER	Pref	QL (4 boxes every 365 days)
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	Pref	QL (4 boxes every 365 days), OTC
RITEFLO MIS	Pref	QL (4 spacers every 365 days)
SIDESTREAM MIS MASK	Pref	QL (4 boxes every 365 days)
SIDESTREAM MIS PED MASK	Pref	QL (4 boxes every 365 days)
SILICONE MSK MIS ADULT	Pref	QL (4 boxes every 365 days)
SILICONE MSK MIS INFANT	Pref	QL (4 boxes every 365 days)
SILICONE MSK MIS PED	Pref	QL (4 boxes every 365 days)
SPACE CHAMBR MIS ANTI-STA	Pref	QL (4 spacers every 365 days)
SPACE CHAMBR MIS LARGE	Pref	QL (4 spacers every 365 days)
SPACE CHAMBR MIS MEDIUM	Pref	QL (4 spacers every 365 days)
SPACE CHAMBR MIS SMALL	Pref	QL (4 spacers every 365 days)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Pref	QL (4 spacers every 365 days), OTC
THRESHOLD MIS IMT	Pref	QL (4 boxes every 365 days)
THRESHOLD MIS PEP	Pref	QL (4 boxes every 365 days)
TUBE CLEANIN MIS BRUSH	Pref	QL (4 boxes every 365 days)
VORTEX VALVE MIS CHAMBER	Pref	QL (4 spacers every 365 days)
VORTEX/MASK MIS CHILDS	Pref	QL (4 boxes every 365 days)

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 155

Drug Name	Drug Tier	Requirements/Limits
VORTEX/MASK MIS TODDLER	Pref	QL (4 boxes every 365 days)
WINDMILL MIS TRAINER	Pref	QL (4 boxes every 365 days)

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	Pref	PA, QL (6 pens every 90 days); AGE (Min 18); M
AIMOVIG INJ 140MG/ML	Pref	PA, QL (3 pens every 90 days); AGE (Min 18); M
AJOVY INJ 225/1.5	Non-Pref	PA, QL (3 pens every 90 days); AGE (Min 18); M
AJOVY INJ 225/1.5	Non-Pref	PA, QL (4.5 syringes every 90 days); AGE (Min 18); M
EMGALITY INJ 100MG/ML	Pref	PA, QL (9 syringes every 90 days); AGE (Min 18); M
EMGALITY INJ 120MG/ML	Pref	PA, QL (3 pens every 90 days); AGE (Min 18); M
EMGALITY INJ 120MG/ML	Pref	PA, QL (3 syringes every 90 days); AGE (Min 18); M
NURTEC TAB 75MG ODT	Pref	PA, QL (54 tabs every 67 days); AGE (Min 18)
QULIPTA TAB 10MG	Non-Pref	PA; AGE (Min 18)
QULIPTA TAB 30MG	Non-Pref	PA; AGE (Min 18)
QULIPTA TAB 60MG	Non-Pref	PA; AGE (Min 18)
UBRELVY TAB 50MG	Non-Pref	PA, QL (16 tabs every 30 days)
UBRELVY TAB 100MG	Non-Pref	PA, QL (16 tabs every 30 days)

MIGRAINE COMBINATIONS

<i>sumatriptan-naproxen sodium tab 85-500 mg (generic of TREXIMET)</i>	Non-Pref	PA
TREXIMET TAB 85-500MG	Non-Pref	PA

MIGRAINE PRODUCTS - NSAIDS

ELYXYB SOL 120/4.8	Non-Pref	PA, QL (14 mL every 22 days); AGE (Min 18)
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SEROTONIN AGONISTS

<i>almotriptan malate tab 6.25 mg</i>	Non-Pref	PA
<i>almotriptan malate tab 12.5 mg</i>	Non-Pref	PA
<i>eletriptan hydrobromide tab 20 mg (base equivalent) (generic of RELPAX)</i>	Non-Pref	PA, QL (12 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan hydrobromide tab 40 mg (base equivalent) (generic of RELPAX)</i>	Non-Pref	PA, QL (12 tabs every 30 days)
FROVA TAB 2.5MG	Non-Pref	PA
<i>frovatriptan succinate tab 2.5 mg (base equivalent) (generic of FROVA)</i>	Non-Pref	PA
IMITREX INJ 4MG/0.5	Non-Pref	PA
IMITREX INJ 6MG/0.5	Non-Pref	PA
IMITREX SPR 5MG/ACT	Pref	QL (6 inhalers every 30 days)
IMITREX SPR 20MG/ACT	Pref	QL (6 inhalers every 30 days)
IMITREX TAB 25MG	Non-Pref	PA
IMITREX TAB 50MG	Non-Pref	PA
IMITREX TAB 100MG	Non-Pref	PA
MAXALT TAB 10MG	Non-Pref	PA, QL (18 per claim)
MAXALT-MLT TAB 10MG	Non-Pref	PA, QL (18 per claim)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Non-Pref	PA
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Non-Pref	PA
ONZETRA XSAI MIS 11MG	Non-Pref	PA
RELPAK TAB 20MG	Non-Pref	PA, QL (12 tabs every 30 days)
RELPAK TAB 40MG	Non-Pref	PA, QL (12 tabs every 30 days)
REYVOW TAB 50MG	Non-Pref	PA, QL (8 tabs every 30 days); AGE (Min 18)
REYVOW TAB 100MG	Non-Pref	PA, QL (8 tabs every 30 days); AGE (Min 18)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Pref	QL (18 per claim)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (generic of MAXALT-MLT)</i>	Pref	QL (18 per claim)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Pref	QL (18 per claim)
<i>rizatriptan benzoate tab 10 mg (base equivalent) (generic of MAXALT)</i>	Pref	QL (18 per claim)
<i>sumatriptan nasal spray 5 mg/act (generic of IMITREX)</i>	Non-Pref	PA, QL (6 inhalers every 30 days)
<i>sumatriptan nasal spray 20 mg/act (generic of IMITREX)</i>	Non-Pref	PA, QL (6 inhalers every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Pref	QL (4 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml (generic of IMITREX STATDOSE SYSTEM)</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml (generic of IMITREX STATDOSE SYSTEM)</i>	Pref	
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml (generic of IMITREX STATDOSE REFILL)</i>	Pref	
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml (generic of IMITREX STATDOSE REFILL)</i>	Pref	QL (8 injections every 30 days)
<i>sumatriptan succinate tab 25 mg (generic of IMITREX)</i>	Pref	
<i>sumatriptan succinate tab 50 mg (generic of IMITREX)</i>	Pref	
<i>sumatriptan succinate tab 100 mg (generic of IMITREX)</i>	Pref	
TOSYMRA SOL 10MG	Non-Pref	PA
ZEMBRACE SYM INJ 3/0.5ML	Non-Pref	PA
<i>zolmitriptan nasal spray 5 mg/spray unit (generic of ZOMIG)</i>	Non-Pref	PA
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Non-Pref	PA
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Non-Pref	PA
<i>zolmitriptan tab 2.5 mg (generic of ZOMIG)</i>	Non-Pref	PA
<i>zolmitriptan tab 5 mg (generic of ZOMIG)</i>	Non-Pref	PA
ZOMIG SPR 2.5MG	Non-Pref	PA
ZOMIG SPR 5MG	Non-Pref	PA
ZOMIG TAB 2.5MG	Non-Pref	PA
ZOMIG TAB 5MG	Non-Pref	PA

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

BONE DENSITY TAB	Pref	OTC
CAL-QUICK LIQ 500-400	Pref	OTC
CALC CITRATE TAB +D	Pref	OTC
CALCET PETIT TAB 200-250	Pref	OTC
<i>calcium 600 chw +d/miner</i>	Pref	OTC
<i>calcium + d chw</i>	Pref	OTC
CALCIUM CARB CHW 500MG	Pref	OTC
<i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i>	Pref	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</i>	Pref	OTC
<i>calcium chloride inj 10%</i>	Pref	
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	Pref	OTC
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	Pref	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	Pref	OTC
CALCIUM GLUC INJ 10%	Pref	
<i>calcium soft chw mlk choc</i>	Pref	OTC
<i>calcium w/ magnesium tab 500-250 mg</i>	Pref	OTC
<i>calcium+d3 tab grad rel</i>	Pref	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	Pref	OTC
<i>calcium/d3 tab 600-800</i>	Pref	OTC
CALMAG THINS TAB 200-50MG	Pref	OTC
CALTRATE 600 CHW 600-800	Pref	OTC
CALTRATE +D3 TAB 600-800	Pref	OTC
CITRACAL+D3 CHW 250-500	Pref	OTC
CITRACAL+D3 TAB MAXIMUM	Pref	OTC
LOCALNESIUM TAB	Pref	OTC
LOCALNESIUM TAB -C	Pref	OTC
<i>os-cal extra tab d3</i>	Pref	OTC
OSTEO-PORETI TAB	Pref	OTC
<i>oyster shell calcium tab 500 mg</i>	Pref	OTC
PARVA-CAL TAB 250-100	Pref	OTC
PARVA-CAL TAB 500MG	Pref	OTC
<i>qc calcium tab 600mg</i>	Pref	OTC
<i>sm calcium chw</i>	Pref	OTC
SM CORAL CAL TAB 1000MG	Pref	OTC
<i>super cal/ tab mag</i>	Pref	OTC
UPCAL D POW	Pref	OTC
ELECTROLYTE MIXTURES		
<i>oral electrolyte solution</i>	Pref	OTC
PEDIALYTE SOL BUBL GUM	Pref	OTC
PEDIALYTE SOL FREEZE	Pref	OTC
PEDIALYTE SOL FRUIT	Pref	OTC
PEDIALYTE SOL SINGLES	Pref	OTC
PEDIALYTE SOL UNFLAVOR	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
FLUORIDE		
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Pref	QL (1 tab every 1 day); AGE (Max 16)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Pref	QL (1 tab every 1 day); AGE (Max 16)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Pref	QL (1 tab every 1 day); AGE (Max 16)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Pref	QL (4 mL every 1 day); AGE (Max 16)
MAGNESIUM		
BEELITH TAB	Pref	OTC
MAG-G TAB 500MG	Pref	OTC
<i>magnesium chloride inj 200 mg/ml</i>	Pref	
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Pref	OTC
<i>magnesium tab 250 mg</i>	Pref	OTC
<i>magnesium tab 500mg</i>	Pref	OTC
<i>magnesium-ox tab 400mg</i>	Pref	OTC
MAGONATE LIQ 1000/5ML	Pref	OTC
MAGOX 400 TAB 400MG	Pref	OTC
NU-MAG TAB 71.5-119	Pref	OTC
SLOW-MAG TAB	Pref	OTC
SLOW-MAG TAB 71.5-119	Pref	OTC
SLOWMAG MG TAB MUS/HRT	Pref	OTC
MINERAL COMBINATIONS		
<i>cal-mag-zinc tab +d3</i>	Pref	OTC
CITRACAL PLS TAB	Pref	OTC
NUTRA-SUPPRT CAP BONE	Pref	OTC
PHOSPHATE		
GLYCOPHOS SOL 1MM/ML	Pref	
PHOS-NAK POW CONCENTR	Pref	OTC
<i>phospho-trin tab k500</i>	Pref	
<i>potassium & sodium phosphates powder pack 280-160-250 mg</i>	Pref	OTC
<i>potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)</i>	Pref	
<i>sodium phosphates inj 15 mm/5ml (phos) 20 meq/5ml (na)</i>	Pref	
<i>sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na)</i>	Pref	
POTASSIUM		
<i>klor-con 8 tab 8meq er</i>	Pref	
<i>klor-con 10 tab 10meq er</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium bicarbonate effer tab 25 meq</i>	Pref	
<i>potassium chloride cap er 8 meq</i>	Pref	
<i>potassium chloride cap er 10 meq</i>	Pref	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Pref	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Pref	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Pref	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Pref	
<i>potassium chloride tab er 8 meq (600 mg)</i>	Pref	
<i>potassium chloride tab er 10 meq (generic of K-TAB)</i>	Pref	
<i>potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)</i>	Pref	

MISCELLANEOUS THERAPEUTIC CLASSES

IMMUNOMODULATORS

<i>lenalidomide cap 5 mg</i>	Pref	SP
<i>lenalidomide cap 10 mg</i>	Pref	SP
<i>lenalidomide cap 15 mg</i>	Pref	SP
<i>lenalidomide cap 20 mg</i>	Pref	SP
<i>lenalidomide cap 25 mg</i>	Pref	SP
<i>lenalidomide caps 2.5 mg</i>	Pref	SP
REVLIMID CAP 2.5MG	Pref	SP
REVLIMID CAP 5MG	Pref	SP
REVLIMID CAP 10MG	Pref	SP
REVLIMID CAP 15MG	Pref	SP
REVLIMID CAP 20MG	Pref	SP
REVLIMID CAP 25MG	Pref	SP
REZUROCK TAB 200MG	Pref	SP
THALOMID CAP 50MG	Pref	SP
THALOMID CAP 100MG	Pref	SP
THALOMID CAP 150MG	Pref	SP
THALOMID CAP 200MG	Pref	SP

IMMUNOSUPPRESSIVE AGENTS

ASTAGRAF XL CAP 0.5MG	Pref	
ASTAGRAF XL CAP 1MG	Pref	
ASTAGRAF XL CAP 5MG	Pref	
<i>azasan tab 75 mg</i>	Pref	
<i>azasan tab 100mg</i>	Pref	
<i>azathioprine tab 50 mg (generic of IMURAN)</i>	Pref	

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine tab 75 mg</i>	Pref	
<i>azathioprine tab 100 mg</i>	Pref	
CELLCEPT CAP 250MG	Pref	
CELLCEPT IV INJ 500MG	Pref	
CELLCEPT SUS 200MG/ML	Pref	
CELLCEPT TAB 500MG	Pref	
<i>cyclosporine cap 25 mg (generic of SANDIMMUNE)</i>	Pref	
<i>cyclosporine cap 100 mg (generic of SANDIMMUNE)</i>	Pref	
<i>cyclosporine iv soln 50 mg/ml (generic of SANDIMMUNE)</i>	Pref	
<i>cyclosporine modified cap 25 mg (generic of NEORAL)</i>	Pref	
<i>cyclosporine modified cap 50 mg</i>	Pref	
<i>cyclosporine modified cap 100 mg (generic of NEORAL)</i>	Pref	
<i>cyclosporine modified oral soln 100 mg/ml (generic of NEORAL)</i>	Pref	
ENSPRYNG INJ	Pref	SP, PA, QL (1 syringe every 28 days); AGE (Min 18)
ENVARUSUS XR TAB 0.75MG	Pref	
ENVARUSUS XR TAB 1MG	Pref	
ENVARUSUS XR TAB 4MG	Pref	
<i>everolimus tab 0.5 mg (generic of ZORTRESS)</i>	Pref	
<i>everolimus tab 0.25 mg (generic of ZORTRESS)</i>	Pref	
<i>everolimus tab 0.75 mg (generic of ZORTRESS)</i>	Pref	
<i>everolimus tab 1 mg (generic of ZORTRESS)</i>	Pref	
<i>engraf cap 25mg (generic of NEORAL)</i>	Pref	
<i>engraf cap 100mg (generic of NEORAL)</i>	Pref	
<i>engraf sol 100mg/ml (generic of NEORAL)</i>	Pref	
IMURAN TAB 50MG	Pref	
<i>mycophenolate mofetil cap 250 mg (generic of CELLCEPT)</i>	Pref	
<i>mycophenolate mofetil for oral susp 200 mg/ml (generic of CELLCEPT)</i>	Pref	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv) (generic of CELLCEPT INTRAVENOUS)</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil tab 500 mg</i> (generic of CELLCEPT)	Pref	
<i>mycophenolate sodium tab dr 180 mg</i> (<i>mycophenolic acid equiv</i>) (generic of MYFORTIC)	Pref	
<i>mycophenolate sodium tab dr 360 mg</i> (<i>mycophenolic acid equiv</i>) (generic of MYFORTIC)	Pref	
MYFORTIC TAB 180MG	Pref	
MYFORTIC TAB 360MG	Pref	
NEORAL CAP 25MG	Pref	
NEORAL CAP 100MG	Pref	
NEORAL SOL 100MG/ML	Pref	
NULOJIX INJ 250MG	Pref	
PROGRAF CAP 0.5MG	Pref	
PROGRAF CAP 1MG	Pref	
PROGRAF CAP 5MG	Pref	
PROGRAF GRA 0.2MG	Pref	
PROGRAF GRA 1MG	Pref	
PROGRAF INJ 5MG/ML	Pref	
RAPAMUNE SOL 1MG/ML	Pref	
RAPAMUNE TAB 0.5MG	Pref	
RAPAMUNE TAB 1MG	Pref	
RAPAMUNE TAB 2MG	Pref	
SANDIMMUNE CAP 25MG	Pref	
SANDIMMUNE CAP 100MG	Pref	
SANDIMMUNE INJ 50MG/ML	Pref	
SANDIMMUNE SOL 100MG/ML	Pref	
<i>sirolimus oral soln 1 mg/ml</i> (generic of RAPAMUNE)	Pref	
<i>sirolimus tab 0.5 mg</i> (generic of RAPAMUNE)	Pref	
<i>sirolimus tab 1 mg</i> (generic of RAPAMUNE)	Pref	
<i>sirolimus tab 2 mg</i> (generic of RAPAMUNE)	Pref	
<i>tacrolimus cap 0.5 mg</i> (generic of PROGRAF)	Pref	
<i>tacrolimus cap 1 mg</i> (generic of PROGRAF)	Pref	
<i>tacrolimus cap 5 mg</i> (generic of PROGRAF)	Pref	
ZORTRESS TAB 0.5MG	Pref	
ZORTRESS TAB 0.25MG	Pref	
ZORTRESS TAB 0.75MG	Pref	
ZORTRESS TAB 1MG	Pref	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate powder</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>sps sus 15gm/60</i>	Pref	
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl viscous soln 2%</i>	Pref	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	Pref	
<i>nystatin susp 100000 unit/ml</i>	Pref	
ORAVIG TAB 50MG	Non-Pref	PA
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i> (generic of CHLORHEXIDINE GLUCONATE SOLN 0.12%)	Pref	
DENTAL PRODUCTS		
<i>denta 5000 cre plus</i>	Pref	
<i>denta 5000 cre plus 2pk</i>	Pref	
<i>dentagel gel 1.1%</i>	Pref	
<i>sf 5000 plus cre 1.1%</i>	Pref	
<i>sf gel 1.1%</i>	Pref	
<i>sodium fluor cre 5000 pls</i>	Pref	
<i>sodium fluor cre 5000 ppm</i>	Pref	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	Pref	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>oralone dent pst 0.1%</i>	Pref	QL (0.167 gm every 1 day)
<i>triamcinolone acetonide dental paste 0.1%</i>	Pref	QL (0.167 gm every 1 day)
THROAT PRODUCTS - MISC.		
<i>pilocarpine hcl tab 5 mg (generic of SALAGEN)</i>	Pref	
<i>pilocarpine hcl tab 7.5 mg (generic of SALAGEN)</i>	Pref	
MULTIVITAMINS - DRUGS FOR NUTRITION		
B-COMPLEX VITAMINS		
B-COMPLEX INJ	Pref	
<i>b-complex inj 100</i>	Pref	
B-COMPLEX INJ HYDRXCB	Pref	
<i>b-complex vitamin cap</i>	Pref	OTC
<i>b-complex vitamin tab</i>	Pref	OTC
B-COMPLEX W/ C		
<i>stress b com tab vit c/zn</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
B-COMPLEX W/ FOLIC ACID		
<i>b-complex w/ c & folic acid cap 1 mg</i>	Pref	OTC
<i>b-complex w/ c & folic acid cap 1 mg- rx</i>	Pref	
<i>b-complex w/ c & folic acid tab</i>	Pref	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	Pref	OTC
<i>b-complex w/ c & folic acid tab 1 mg</i>	Pref	OTC
<i>b-complex w/ c & folic acid tab 1 mg- rx</i>	Pref	
<i>b-complex w/ c & folic acid tab 5 mg- rx</i>	Pref	
DIALYVIT 800 TAB ZINC 15	Pref	OTC
DIALYVITE TAB 800/IRON	Pref	OTC
DIALYVITE TAB 800/ZINC	Pref	OTC
DIALYVITE TAB 3000	Pref	
DIALYVITE TAB 5000	Pref	
DIALYVITE WAF PLUS D	Pref	OTC
DIALYVITE/ TAB ZINC	Pref	
NEPHPLEX RX TAB	Pref	
NEPHRO-VITE TAB	Pref	OTC
NEPHROCAPS CAP	Pref	
NEPHRONEX LIQ 0.9/5ML	Pref	OTC
NUTRIVIT LIQ 800-15-1	Pref	
SM B-COMPLEX TAB /VIT C	Pref	OTC
<i>sm balanced tab b-50</i>	Pref	OTC
<i>sm balanced tab b-100</i>	Pref	OTC
VITAL-D RX TAB	Pref	
B-COMPLEX W/ MINERALS		
GLYCO-TECH TAB	Pref	OTC
IRON W/ VITAMINS		
<i>s.s.s. tonic tab</i>	Pref	OTC
MULTIPLE VITAMINS W/ CALCIUM		
HM ONE DAILY TAB ESSENTIA	Pref	OTC
MULTIPLE VITAMINS W/ IRON		
<i>multiple vitamins w/ iron tab</i>	Pref	OTC
MULTIPLE VITAMINS W/ MINERALS		
<i>a thru z chw select</i>	Pref	OTC
ABC COMPLETE TAB MENS 50+	Pref	OTC
ABC COMPLETE TAB SENIOR	Pref	OTC
ABC COMPLETE TAB WOMEN	Pref	OTC
ACTIVE 55 LIQ PLUS	Pref	QL (1 mL every 1 day), OTC
ACTIVNUTRIEN CAP	Pref	OTC
ACTIVNUTRIEN CAP PERFORMA	Pref	OTC
ACTIVNUTRIEN CAP W/O IRON	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
ADEK CHW PLUS ZN	Pref	OTC
<i>adlt multivi chw gummies</i>	Pref	OTC
ADLT ONE DLY CHW GUMMIES	Pref	OTC
ADULT 50+ CAP EYE HLTH	Pref	OTC
ADULT 50+ CAP OCUVITE	Pref	OTC
ADV DIABETIC TAB MULTIVIT	Pref	OTC
<i>advanced chw multi ea</i>	Pref	OTC
<i>airborne chw</i>	Pref	OTC
AIRBORNE CHW	Pref	OTC
<i>airborne chw gummies</i>	Pref	OTC
<i>airborne chw immune</i>	Pref	OTC
<i>airborne chw kids</i>	Pref	OTC
AIRBORNE CHW KIDS	Pref	OTC
AIRBORNE+ CHW PROBIOTI	Pref	OTC
AIRBORNE+ CHW REST	Pref	OTC
<i>airshield chw</i>	Pref	OTC
AIRSHIELD CHW IMMUNITY	Pref	OTC
ALGAE BASED TAB CALCIUM	Pref	OTC
ALIVE 50+ TAB ENERGY	Pref	OTC
ALIVE DAILY TAB WOMENS	Pref	OTC
ALIVE DIABET TAB MULTIVIT	Pref	OTC
ALIVE ENERGY TAB WOMENS	Pref	OTC
ALIVE HAIR CHW SKN/NAIL	Pref	OTC
ALIVE IMMUNE CAP HEALTH	Pref	OTC
ALIVE MENS TAB	Pref	OTC
ALIVE MULTI CHW VITAMIN	Pref	OTC
ALIVE WOMENS CHW 50+	Pref	OTC
ALIVE WOMENS CHW GUMMY	Pref	OTC
ANTIOXIDANT TAB FORMULA	Pref	OTC
APPE-CURB CAP	Pref	OTC
AZO HORMONAL TAB HEALTH	Pref	OTC
BACMIN TAB	Pref	
BARIATRIC CAP MULTIVIT	Pref	OTC
BARIATRIC CHW FUSION	Pref	OTC
BASIC AM TAB	Pref	OTC
BASIC PM TAB	Pref	OTC
<i>berocca tab</i>	Pref	OTC
BIO-35 GLUTE CAP FREE	Pref	OTC
BIO-35 IRON CAP FREE	Pref	OTC
BIOCAL CAP	Pref	OTC
CAL-DAY 1000 TAB	Pref	OTC
CELEBRATE CAP 18	Pref	OTC
CELEBRATE CAP 36	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
CELEBRATE CAP 45	Pref	OTC
CELEBRATE CAP 60	Pref	OTC
CELEBRATE CHW 18	Pref	OTC
CELEBRATE CHW 36	Pref	OTC
CELEBRATE CHW 45	Pref	OTC
CELEBRATE CHW 60	Pref	OTC
CENT MATURE TAB ADLT 50+	Pref	OTC
CENTRAL-VITE TAB	Pref	OTC
CENTRAVITES TAB 50 PLUS	Pref	OTC
CENTRAVITES TAB ADULTS	Pref	OTC
CENTRUM 50+ CHW FRSH/FRU	Pref	OTC
CENTRUM CHW ADULTS	Pref	OTC
CENTRUM CHW FLAV BST	Pref	OTC
CENTRUM CHW SILVER	Pref	OTC
CENTRUM CHW VITAMINT	Pref	OTC
CENTRUM MINI TAB WOMEN 50	Pref	OTC
CENTRUM MULT CHW OMEGA 3	Pref	OTC
CENTRUM SPEC TAB HEART	Pref	OTC
CENTRUM SPEC TAB IMMUNE	Pref	OTC
CENTRUM SPEC TAB VISION	Pref	OTC
CENTRUM TAB CARDIO	Pref	OTC
CENTRUM TAB MEN	Pref	OTC
CENTRUM TAB SILVER	Pref	OTC
CENTRUM TAB ULTRA	Pref	OTC
CERTAVITE TAB SENIOR	Pref	OTC
CERTAVITE/ TAB ANTIOXID	Pref	OTC
CHOICEFUL CAP MULTIVIT	Pref	OTC
CHOICEFUL CHW MULTIVIT	Pref	OTC
CULTURELLE CHW MULTIVIT	Pref	OTC
<i>cvs daily chw gummies</i>	Pref	OTC
CVS VISION CAP HEALTH	Pref	OTC
DECUBI-VITE CAP	Pref	OTC
DEKAS CHW BARIATRI	Pref	OTC
DEKAS PLUS CAP	Pref	OTC
DEKAS PLUS CAP OCEAN	Pref	OTC
DEKAS PLUS CHW	Pref	OTC
DERMAVITE TAB	Pref	OTC
DIALYVITE TAB SUPREM D	Pref	
EMERGEN-C CHW IMMUNE/D	Pref	OTC
EMERGEN-C CHW VITA C	Pref	OTC
ENDUR-VM TAB	Pref	OTC
EQ COMPLETE TAB ADULT	Pref	OTC
EQ ONE DAILY TAB MENS	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
EQ ONE DAILY TAB WOMENS	Pref	OTC
EQL CENTURY TAB MENS	Pref	OTC
EQL CENTURY TAB WOMENS	Pref	OTC
ESTROVEN MEN TAB SUPPLEM	Pref	OTC
EVOLUTION60 POW	Pref	OTC
EYE HEALTH CAP	Pref	OTC
EYE HEALTH CAP ADLT 50+	Pref	OTC
EYE HEALTH TAB LUTEIN	Pref	OTC
EYE MULTIVIT TAB SODIUM	Pref	OTC
FITNESS TABS TAB MEN	Pref	OTC
FITNESS TABS TAB WOMEN	Pref	OTC
FREEDAVITE TAB	Pref	OTC
GENADEK CAP STEP 1	Pref	OTC
GENADEK CAP STEP 2	Pref	OTC
GERI-FREEDA TAB SENIOR	Pref	OTC
HAIR SKIN & TAB NAILS AD	Pref	OTC
HAIR/SKIN/ CAP NAILS	Pref	OTC
HEALTHY EYES CAP SUPERVIS	Pref	OTC
HI POT MV/ TAB BETA-CAR	Pref	OTC
HIGH POTENCY TAB MV/FA	Pref	OTC
HM COMPLETE TAB MEN	Pref	OTC
HM HAIR/SKIN TAB /NAILS	Pref	OTC
ICAPS AREDS TAB FORMULA	Pref	OTC
IMMUNE CHW SUPPORT	Pref	OTC
IMMUNE ESSEN CAP DAILY	Pref	OTC
K-PAX TAB PROF ST	Pref	OTC
KEYFOLIC TAB	Pref	
LIVER DETOX TAB	Pref	OTC
LUTEIN PLUS TAB ZEAXANTH	Pref	OTC
MEGA MULTI TAB MEN	Pref	OTC
MEGA MULTI TAB WOMEN	Pref	OTC
MEGAVITE TAB FRT/VEG	Pref	OTC
MEGAVITE TAB GOLD 55+	Pref	OTC
MENS 50+ CAP ADVANCED	Pref	OTC
MENS 50+ TAB MULTIVIT	Pref	OTC
<i>mens daily chw gummies</i>	Pref	OTC
MENS MULTI CHW	Pref	OTC
MENS MULTI TAB VIT/MIN	Pref	OTC
MENS MULTIPL TAB	Pref	OTC
MOOD FOOD CAP	Pref	OTC
MOOD FOOD ES CAP	Pref	OTC
<i>multi adult chw gummies</i>	Pref	OTC
<i>multi gummie chw mens</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>multi gummie chw womens</i>	Pref	OTC
MULTI VITAMN TAB MINERALS	Pref	OTC
<i>multi+omega3 chw adult</i>	Pref	OTC
<i>multi-vitami chw gummies</i>	Pref	OTC
MULTI-VITAMI TAB MONOCAPS	Pref	OTC
<i>multiple vitamins w/ minerals cap</i>	Pref	OTC
<i>multiple vitamins w/ minerals cap- rx</i>	Pref	
<i>multiple vitamins w/ minerals tab</i>	Pref	OTC
<i>multiple vitamins w/ minerals tab- rx</i>	Pref	
<i>multivi adlt chw gummies</i>	Pref	OTC
MULTIVITAMIN CHW ADLT GUM	Pref	OTC
MULTIVITAMIN TAB	Pref	OTC
MULTIVITAMIN TAB ADULT	Pref	OTC
MULTIVITAMIN TAB ADULTS	Pref	OTC
MULTIVITAMIN TAB MEN	Pref	OTC
MULTIVITAMIN TAB WOMEN	Pref	OTC
MULTIVITAMIN TAB ZINC STR	Pref	OTC
MVW COMPLETE CAP D3000	Pref	OTC
MVW COMPLETE CAP D5000	Pref	OTC
MVW COMPLETE CAP FORMULAT	Pref	OTC
MVW COMPLETE CAP MINIS	Pref	OTC
NAT-RUL THER TAB M	Pref	OTC
NATRUL-VITES TAB	Pref	OTC
NUTRICAP TAB	Pref	
OCUHEALTH CAP VISION 2	Pref	OTC
OCULAR TAB VITAMINS	Pref	OTC
OCUVITE CAP ADULT	Pref	OTC
<i>ocuvite eye chw health</i>	Pref	OTC
OCUVITE LUTE CAP	Pref	OTC
ONCOVITE TAB	Pref	OTC
ONE A DAY CHW IMMUNITY	Pref	OTC
ONE A DAY CHW WOMENS	Pref	OTC
ONE DAILY CHW ADLT GUM	Pref	OTC
ONE DAILY MN TAB W/O IRON	Pref	OTC
ONE DAILY MV TAB WOMENS	Pref	OTC
ONE DAILY TAB MENS	Pref	OTC
ONE DAILY TAB MENS 50+	Pref	OTC
ONE DAILY TAB WMNS 50+	Pref	OTC
ONE DAILY TAB WOMENS	Pref	OTC
ONE-A-DAY CHW IMMUNITY	Pref	OTC
ONE-A-DAY CHW VITACRAV	Pref	OTC
ONE-A-DAY TAB 50+ ADV	Pref	OTC
ONE-A-DAY TAB 50+ MENS	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY TAB 50+ WMN	Pref	OTC
ONE-A-DAY TAB 65+	Pref	OTC
ONE-A-DAY TAB ENERGY	Pref	OTC
ONE-A-DAY TAB MENOPAUS	Pref	OTC
ONE-A-DAY TAB MENS	Pref	OTC
ONE-A-DAY TAB PROEDGE	Pref	OTC
ONE-A-DAY TAB TEEN/HIM	Pref	OTC
ONE-A-DAY TAB WOMENS	Pref	OTC
ONE-DAILY CAP MULTI	Pref	OTC
OPTIFAST POS CHW BARIATRI	Pref	OTC
OPTIMUM CHW AIRVITES	Pref	OTC
OPTISOURCE CHW BARIATRC	Pref	OTC
OPURITY CHW BYPASS	Pref	OTC
OPURITY TAB	Pref	OTC
OSTEOPRIME TAB PLUS	Pref	OTC
PA WOMENS PAK VITAPAK	Pref	OTC
PARVLEX TAB	Pref	OTC
PHYTOMULTI TAB	Pref	OTC
PORENAL+D CAP OMEGA 3	Pref	OTC
PRESERVISION CAP AREDS	Pref	OTC
PRESERVISION CAP AREDS 2	Pref	OTC
PRESERVISION CAP LUTEIN	Pref	OTC
PRESERVISION CHW AREDS 2	Pref	OTC
PRESERVISION TAB AREDS	Pref	OTC
PRO-CAL TAB	Pref	OTC
PROCERV HP TAB	Pref	OTC
PRORENAL +D TAB	Pref	OTC
PRORENAL+D CAP OMEGA-3	Pref	OTC
PRORENAL+D TAB	Pref	OTC
PROTECT CAP CARDIO	Pref	OTC
PROTECT CAP PLUS SO	Pref	OTC
PROTEGRA CAP	Pref	OTC
PROVIT TAB	Pref	OTC
QC MULTI-VIT TAB	Pref	OTC
QUIN B TAB STRONG	Pref	OTC
QUINTABS-M TAB	Pref	OTC
RENAPLEX-D TAB	Pref	OTC
SENTRY SENIO TAB LUTEIN	Pref	OTC
SENTRY TAB	Pref	OTC
SM ONE DAILY TAB MENS	Pref	OTC
SM ONE DAILY TAB WOMENS	Pref	OTC
SOLO TAB	Pref	OTC
SPECTRAVITE CHW ADLT 50+	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
SPECTRAVITE CHW WOMEN	Pref	OTC
SPECTRAVITE TAB	Pref	OTC
SPECTRAVITE TAB ADLT 50+	Pref	OTC
SPECTRAVITE TAB ADULTS	Pref	OTC
SPECTRAVITE TAB MEN 50+	Pref	OTC
SPECTRAVITE TAB ULT MEN	Pref	OTC
SPECTRAVITE TAB ULT WMN	Pref	OTC
SUPER ANTIOX CAP	Pref	OTC
SUPPORT LIQ	Pref	QL (1 mL every 1 day)
SUPPORT-500 CAP	Pref	OTC
SYSTANE ICAP CHW AREDS2	Pref	OTC
SYSTANE ICAP TAB AREDS2	Pref	OTC
T-VITES TAB	Pref	OTC
THERA M PLUS TAB	Pref	OTC
THERA-M TAB	Pref	OTC
THERA-TABS M TAB	Pref	OTC
THERABETIC TAB MULTIVIT	Pref	OTC
THERAGRAN-M TAB	Pref	OTC
THERAGRAN-M TAB 50 PLUS	Pref	OTC
THERAGRAN-M TAB ADVANCED	Pref	OTC
THERAGRAN-M TAB PREMIER	Pref	OTC
THERAMILL CAP FORTE	Pref	OTC
THERANATAL CAP LACTATIO	Pref	OTC
THEREMS-M TAB	Pref	OTC
UDAMIN SP TAB	Pref	
ULTRA POTENC TAB WOMEN 50	Pref	OTC
<i>ultra-mega tab cr</i>	Pref	OTC
VISION HEALT CAP	Pref	OTC
VISTA ADVAN CAP AREDS2	Pref	OTC
VISTA ADVAN CAP DRY EYE	Pref	OTC
VITABEX CAP	Pref	OTC
VITABEX PLUS CAP	Pref	OTC
VITACHEW CHW ADULT	Pref	OTC
VITACRAVES CHW GUMMIES	Pref	OTC
VITACRAVES CHW IMMUNITY	Pref	OTC
VITACRAVES CHW MENS	Pref	OTC
VITACRAVES CHW SOUR GUM	Pref	OTC
VITACRAVES CHW WOMENS	Pref	OTC
VITAMIN D3 TAB COMPLETE	Pref	OTC
VITASANA TAB	Pref	OTC
<i>vitatrum chw</i>	Pref	OTC
VITATRUM TAB	Pref	OTC
VITEYES CAP CLASSIC	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
VITEYES CLAS CAP ADV	Pref	OTC
VITEYES CLAS CAP ADVANCED	Pref	OTC
VITEYES CLAS CAP MAC SUPP	Pref	OTC
VITEYES CLAS CAP OMEGA-3	Pref	OTC
VITEYES CLAS TAB MULTIVIT	Pref	OTC
VITEYES OPTI TAB NERV SUP	Pref	OTC
VITRUM 50+ TAB ADT- MUL	Pref	OTC
VITRUM TAB ADULT	Pref	OTC
VITRUM TAB SENIOR	Pref	OTC
WAL-BORN CHW VIT C	Pref	OTC
WMNS MULTIVI CHW +COLLAGE	Pref	OTC
WOMENS 50+ TAB MULTIVIT	Pref	OTC
<i>womens daily chw gummies</i>	Pref	OTC
WOMENS MULT CHW GUMMIES	Pref	OTC
WOMENS MULTI TAB VIT/MIN	Pref	OTC
YELETS TEEN TAB FORMULA	Pref	OTC
YOUR LIFE CHW GUMMIES	Pref	OTC
YUMVS DIABET CHW MULTIVIT	Pref	OTC
YUMVS MULTI CHW ZERO	Pref	OTC

MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID

FOLGARD OS TAB	Pref	
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MULTIVITAMINS - DRUGS FOR NUTRITION

<i>multiple vitamin tab</i>	Pref	OTC
ONE-A-DAY TAB ESSENT	Pref	OTC
THERA TAB	Pref	OTC

PED MULTI VITAMINS W/FL & FE

<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	Pref	QL (2 mL every 1 day); AGE (Max 12)
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PED MULTIPLE VITAMINS W/ MINERALS

ACTIVNUTRIEN CHW	Pref	OTC
<i>alive gummie chw children</i>	Pref	OTC
<i>alive multi chw childrns</i>	Pref	OTC
CENTRUM KIDS CHW	Pref	OTC
CENTRUM KIDS CHW FLAV BST	Pref	OTC
<i>childrens chw gummies</i>	Pref	OTC
<i>eq multivita chw gummies</i>	Pref	OTC
<i>flintstones chw bone bld</i>	Pref	OTC
FLINTSTONES CHW COMPLETE	Pref	OTC
FLINTSTONES CHW TODDLER	Pref	OTC
GNP MULTI CHW CHILDREN	Pref	OTC
<i>gummi bear chw multivit</i>	Pref	OTC
<i>gummies chw</i>	Pref	OTC
<i>gummy dinos chw</i>	Pref	OTC

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>gummy dinos chw chldrn</i>	Pref	OTC
<i>gummy multiv chw kids</i>	Pref	OTC
HEALTHY KIDS CHW GUMMIES	Pref	OTC
KIDZ MULTVIT CHW PROBIOTI	Pref	OTC
MULTI ZERO CHW YUMVSKID	Pref	OTC
<i>multivitamin chw child</i>	Pref	OTC
<i>multivitamin chw children</i>	Pref	OTC
MULTIVITAMIN CHW GUMMIES	Pref	OTC
<i>mvw complete chw bubblgum</i>	Pref	OTC
<i>mvw complete chw d3000</i>	Pref	OTC
<i>mvw complete chw d5000</i>	Pref	OTC
MVW COMPLETE CHW GRAPE	Pref	OTC
<i>mvw complete chw orange</i>	Pref	OTC
MVW COMPLETE DRO PEDIATRI	Pref	OTC
<i>smarty pants chw kids</i>	Pref	OTC
<i>vitachew chw</i>	Pref	OTC
VITALETS CHW CHILD	Pref	OTC
<i>zoo friends chw gummies</i>	Pref	OTC

PED MV W/ FLUORIDE

FLORIVA DRO PLUS	Pref	QL (2 mL every 1 day); AGE (Max 12)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	Pref	QL (1 tab every 1 day); AGE (Max 12)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	Pref	QL (1 tab every 1 day); AGE (Max 12)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	Pref	QL (1 tab every 1 day); AGE (Max 12)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	Pref	QL (2 mL every 1 day); AGE (Max 12)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	Pref	QL (2 mL every 1 day); AGE (Max 12)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	Pref	QL (2 mL every 1 day); AGE (Max 12)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	Pref	QL (2 mL every 1 day); AGE (Max 12)
POLY-VI-FLOR CHW 0.5MG	Pref	QL (1 tab every 1 day); AGE (Max 12)
POLY-VI-FLOR CHW 0.25MG	Pref	QL (1 tab every 1 day); AGE (Max 12)
POLY-VI-FLOR CHW 1MG	Pref	QL (1 tab every 1 day); AGE (Max 12)
QUFLORA PED CHW 0.5MG	Pref	QL (1 tab every 1 day); AGE (Max 12)

Drug Name	Drug Tier	Requirements/Limits
QUFLORA PED CHW 0.25MG	Pref	QL (1 tab every 1 day); AGE (Max 12)
QUFLORA PED CHW 1MG	Pref	QL (1 tab every 1 day); AGE (Max 12)
QUFLORA PED DRO 0.5MG/ML	Pref	QL (2 mL every 1 day); AGE (Max 12)
QUFLORA PED DRO 0.25MG	Pref	QL (2 mL every 1 day); AGE (Max 12)
TRI-VI-FLOR SUS 0.5MG/ML	Pref	
TRI-VI-FLOR SUS 0.25/ML	Pref	
PED MV W/ IRON		
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	Pref	QL (1 tab every 1 day), OTC
PEDIATRIC MULTIPLE VITAMINS		
MULTIV INFAN DRO /TODDLER	Pref	OTC
POLY-VITE DRO	Pref	OTC
PEDIATRIC VITAMINS		
VITAMI A-C-D DRO INF/TODD	Pref	OTC
PRENATAL VITAMINS		
COMPLETENATE CHW	Pref	QL (1 tab every 1 day); AGE (Min 12, Max 55)
MYNATAL-Z TAB	Pref	QL (1 tab every 1 day)
NESTABS TAB	Pref	QL (1 tab every 1 day); AGE (Min 12, Max 55)
PRENATABS FA TAB 29-1MG	Pref	QL (1 tab every 1 day), OTC; AGE (Min 12, Max 55)
<i>prenatabs rx tab</i>	Pref	QL (1 tab every 1 day), OTC; AGE (Min 12, Max 55)
<i>prenatal vit w/ fe fumarate-fa chew tab 29- 1 mg- rx</i>	Pref	QL (1 tab every 1 day); AGE (Min 12, Max 55)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	Pref	QL (1 tab every 1 day), OTC; AGE (Min 12, Max 55)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	Pref	QL (1 tab every 1 day); AGE (Min 12, Max 55)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	Pref	QL (1 tab every 1 day), OTC; AGE (Min 12, Max 55)
SE-NATAL 19 CHW	Pref	QL (1 tab every 1 day); AGE (Min 12, Max 55)
SE-NATAL 19 TAB	Pref	QL (1 tab every 1 day); AGE (Min 12, Max 55)

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Drug Name	Drug Tier	Requirements/Limits
THRIVITE RX TAB 29-1MG	Pref	QL (1 tab every 1 day); AGE (Min 12, Max 55)
TRINATAL RX TAB 1	Pref	QL (1 tab every 1 day); AGE (Min 12, Max 55)
<i>trinate tab</i>	Pref	QL (1 tab every 1 day); AGE (Min 12, Max 55)
VINATE ONE TAB	Pref	QL (1 tab every 1 day); AGE (Min 12, Max 55)

SPECIALTY VITAMINS PRODUCTS

ULTRA MAN TAB	Pref	OTC
<i>urosex tab</i>	Pref	

VITAMIN MIXTURES

NICOMIDE TAB	Pref	
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VITAMINS W/ LIPOTROPICS

ACTIFLOVIT TAB EAR HEAL	Pref	OTC
<i>lipoflavovit tab</i>	Pref	OTC
<i>risanoid tab plus</i>	Pref	OTC

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

AMRIX CAP 15MG	Non-Pref	PA
AMRIX CAP 30MG	Non-Pref	PA
<i>baclofen oral soln 5 mg/5ml</i>	Pref	PA
<i>baclofen susp 25 mg/5ml</i> (generic of FLEQSUVY)	Non-Pref	PA
<i>baclofen tab 5 mg</i>	Pref	
<i>baclofen tab 10 mg</i>	Pref	
<i>baclofen tab 20 mg</i>	Pref	
<i>chlorzoxazone tab 250 mg</i>	Non-Pref	PA
<i>chlorzoxazone tab 375 mg</i>	Non-Pref	PA
<i>chlorzoxazone tab 500 mg</i>	Non-Pref	PA
<i>chlorzoxazone tab 750 mg</i>	Non-Pref	PA
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i> (generic of AMRIX)	Non-Pref	PA
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i> (generic of AMRIX)	Non-Pref	PA
<i>cyclobenzaprine hcl tab 5 mg</i>	Pref	
<i>cyclobenzaprine hcl tab 7.5 mg</i>	Pref	
<i>cyclobenzaprine hcl tab 10 mg</i>	Pref	
<i>fexmid tab 7.5mg</i>	Non-Pref	PA
FLEQSUVY SUS 25MG/5ML	Non-Pref	PA
<i>lorzone tab 375mg</i>	Non-Pref	PA
<i>lorzone tab 750mg</i>	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
LYVISPAAH GRA 5MG	Non-Pref	PA
LYVISPAAH GRA 10MG	Non-Pref	PA
LYVISPAAH GRA 20MG	Non-Pref	PA
<i>metaxalone tab 400 mg</i>	Non-Pref	PA
<i>metaxalone tab 800 mg</i>	Non-Pref	PA
<i>methocarbamol tab 500 mg</i>	Pref	
<i>methocarbamol tab 750 mg</i>	Pref	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Pref	
<i>tizanidine hcl cap 2 mg (base equivalent)</i> (generic of ZANAFLEX)	Non-Pref	PA
<i>tizanidine hcl cap 4 mg (base equivalent)</i> (generic of ZANAFLEX)	Non-Pref	PA
<i>tizanidine hcl cap 6 mg (base equivalent)</i> (generic of ZANAFLEX)	Non-Pref	PA
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Pref	
<i>tizanidine hcl tab 4 mg (base equivalent)</i> (generic of ZANAFLEX)	Pref	
ZANAFLEX CAP 2MG	Non-Pref	PA
ZANAFLEX CAP 4MG	Non-Pref	PA
ZANAFLEX CAP 6MG	Non-Pref	PA
ZANAFLEX TAB 4MG	Non-Pref	PA

DIRECT MUSCLE RELAXANTS

DANTRIUM CAP 25MG	Non-Pref	PA
<i>dantrolene sodium cap 25 mg (generic of DANTRIUM)</i>	Non-Pref	PA
<i>dantrolene sodium cap 50 mg</i>	Non-Pref	PA
<i>dantrolene sodium cap 100 mg</i>	Non-Pref	PA

MUSCLE RELAXANT COMBINATIONS

NORGESIC TAB FORTE	Non-Pref	PA
<i>orphengesic tab forte</i>	Non-Pref	PA

NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL AGENT COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic of DYMISTA)</i>	Non-Pref	PA
DYMISTA SPR 137-50	Non-Pref	PA
RYALTRIS SPR 665-25	Non-Pref	PA

NASAL AGENTS - MISC.

OCEAN NASAL SPR 0.65%	Pref	OTC
<i>saline nasal spray 0.65%</i>	Pref	OTC

NASAL ANTIALLERGY

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Pref	
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Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Pref	
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Pref	OTC
NASALCROM SPR 5.2/ACT	Pref	OTC
<i>olopatadine hcl nasal soln 0.6% (generic of PATANASE)</i>	Non-Pref	PA
PATANASE SPR 0.6%	Non-Pref	PA

NASAL ANTICHOLINERGICS

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

NASAL STEROIDS

BECONASE AQ SUS 0.042%	Non-Pref	PA
<i>budesonide sus 32mcg</i>	Non-Pref	PA, OTC
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Non-Pref	PA
<i>mometasone furoate nasal susp 50 mcg/act</i>	Non-Pref	PA
OMNARIS SPR	Non-Pref	PA
QNASL AER 80MCG	Non-Pref	PA
QNASL CHILD SPR 40MCG	Non-Pref	PA
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Non-Pref	PA, OTC
XHANCE MIS 93MCG	Non-Pref	PA
ZETONNA AER 37MCG	Non-Pref	PA

NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES

ALS AGENTS

EXSERVAN MIS 50MG	Pref	SP, PA; AGE (Min 18)
RELYVRIO PAK 3-1GM	Pref	PA, QL (2 packets every 1 day); AGE (Min 18)
<i>riluzole tab 50 mg (generic of RILUTEK)</i>	Pref	
TIGLUTIK SUS 50/10ML	Pref	PA; AGE (Min 18)

NUTRIENTS - DRUGS FOR NUTRITION

MISC. NUTRITIONAL SUBSTANCES

FISH OIL CAP 150MG	Pref	OTC
FISH OIL CAP 180MG	Pref	OTC
<i>fish oil cap 300mg</i>	Pref	OTC
KELP/LEC/B6 CAP	Pref	OTC
<i>omega-3 conc cap 600mg</i>	Pref	OTC
<i>omega-3 fatty acids cap 500 mg</i>	Pref	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Pref	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
SUPER TWIN CAP EPA/DHA	Pref	OTC

OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS

ARTIFICIAL TEARS AND LUBRICANTS

<i>artificial tear ophth solution</i>	Pref	OTC
BION TEARS SOL 0.1-0.3%	Pref	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	Pref	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	Pref	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	Pref	OTC
<i>dry eye relf dro 0.4-0.3%</i>	Pref	OTC
<i>dry eye relf gel 1%</i>	Pref	OTC
<i>lubricnt gel dro 1%</i>	Pref	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	Pref	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	Pref	OTC
<i>refresh cell gel 1% op</i>	Pref	OTC
REFRESH TEAR DRO 0.5% OP	Pref	OTC
SYSTANE SOL	Pref	OTC
SYSTANE ULTR SOL	Pref	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	Pref	OTC

BETA-BLOCKERS - OPHTHALMIC

<i>betaxolol hcl ophth soln 0.5%</i>	Non-Pref	PA
BETIMOL SOL 0.5%	Non-Pref	PA
BETIMOL SOL 0.25%	Non-Pref	PA
BETOPTIC-S SUS 0.25% OP	Pref	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)</i>	Non-Pref	PA
<i>carteolol hcl ophth soln 1%</i>	Pref	
COMBIGAN SOL 0.2/0.5%	Pref	
COSOPT PF SOL 2%-0.5%	Non-Pref	PA
COSOPT SOL 22.3-6.8	Non-Pref	PA
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (generic of COSOPT PF)</i>	Non-Pref	PA
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)</i>	Pref	
ISTALOL SOL 0.5% OP	Non-Pref	PA
<i>levobunolol hcl ophth soln 0.5%</i>	Non-Pref	PA
<i>timolol maleate ophth gel forming soln 0.5% (generic of TIMOPTIC-XE)</i>	Pref	
<i>timolol maleate ophth gel forming soln 0.25% (generic of TIMOPTIC-XE)</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophth soln 0.5%</i> (generic of TIMOPTIC)	Pref	
<i>timolol maleate ophth soln 0.5%</i> (<i>once-daily</i>) (generic of ISTALOL)	Non-Pref	PA
<i>timolol maleate ophth soln 0.25%</i> (generic of TIMOPTIC)	Pref	
<i>timolol maleate preservative free ophth soln 0.5%</i> (generic of TIMOPTIC OCUDOSE)	Non-Pref	PA
<i>timolol maleate preservative free ophth soln 0.25%</i> (generic of TIMOPTIC OCUDOSE)	Non-Pref	PA
TIMOPTIC OCU SOL 0.5% OP	Non-Pref	PA
TIMOPTIC OCU SOL 0.25% OP	Non-Pref	PA
TIMOPTIC SOL 0.5% OP	Non-Pref	PA
TIMOPTIC SOL 0.25% OP	Non-Pref	PA
TIMOPTIC-XE SOL 0.5% OP	Non-Pref	PA
TIMOPTIC-XE SOL 0.25% OP	Non-Pref	PA
CHOLINERGIC AGONISTS		
TYRVAYA SOL 0.03MG	Non-Pref	PA, QL (8.4 mL every 30 days)
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1%	Pref	
ATROPINE SUL SOL 1% OP	Pref	
<i>atropine sulfate ophth oint 1%</i>	Pref	
<i>atropine sulfate ophth soln 1%</i>	Pref	
CYCLOGYL SOL 2% OP	Pref	
<i>cyclopentolate hcl ophth soln 1%</i> (generic of CYCLOGYL)	Pref	
ISOPTO ATROP SOL 1% OP	Pref	
<i>phenylephrine hcl ophth soln 2.5%</i>	Pref	
<i>tropicamide ophth soln 0.5%</i>	Pref	
<i>tropicamide ophth soln 1%</i> (generic of MYDRIACYL)	Pref	
MIOTICS		
PHOSPHOLINE SOL 0.125%OP	Pref	
<i>pilocarpine hcl ophth soln 1%</i>	Pref	
<i>pilocarpine hcl ophth soln 2%</i>	Pref	
<i>pilocarpine hcl ophth soln 4%</i>	Pref	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	Non-Pref	PA
ALPHAGAN P SOL 0.15%	Non-Pref	PA
<i>apraclonidine hcl ophth soln 0.5%</i> (<i>base equivalent</i>)	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate ophth soln 0.2%</i>	Pref	
<i>brimonidine tartrate ophth soln 0.15%</i> (generic of ALPHAGAN P)	Non-Pref	PA
IOPIDINE SOL 1% OP	Non-Pref	PA
SIMBRINZA SUS 1-0.2%	Pref	

OPHTHALMIC ANTI-INFECTIVES

AZASITE SOL 1%	Non-Pref	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Pref	
<i>bacitracin-polymyxin b ophth oint</i>	Pref	
BESIVANCE SUS 0.6%	Non-Pref	PA
CILOXAN OIN 0.3% OP	Non-Pref	PA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Pref	
<i>erythromycin ophth oint 5 mg/gm</i>	Pref	
<i>gatifloxacin ophth soln 0.5%</i> (generic of ZYMAXID)	Non-Pref	PA
<i>gentamicin sulfate ophth soln 0.3%</i>	Pref	
<i>moxifloxacin hcl ophth soln 0.5% (base eq)</i> (2 times daily)	Non-Pref	PA
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i> (generic of VIGAMOX)	Non-Pref	PA
<i>neo-polycin oin op</i>	Pref	
<i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Pref	
<i>neomycin-polymyx-gramicidin op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Pref	
OCUFLOX DRO 0.3% OP	Non-Pref	PA
<i>ofloxacin ophth soln 0.3%</i> (generic of OCUFLOX)	Pref	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> (generic of POLYTRIM)	Pref	
<i>sulfacetamide sodium ophth oint 10%</i>	Pref	
<i>sulfacetamide sodium ophth soln 10%</i>	Pref	
<i>tobramycin ophth soln 0.3%</i>	Pref	
<i>trifluridine ophth soln 1%</i>	Pref	QL (7.5 mL every 30 days)
VIGAMOX DRO 0.5%	Pref	
ZYMAXID SOL 0.5%	Non-Pref	PA

OPHTHALMIC DECONGESTANTS

<i>allergy eye dro</i>	Pref	OTC; (Generic of Naphcon-A)
NAPHCON-A SOL OP	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOL 0.09%	Non-Pref	PA, QL (60 ea every 30 days)
<i>cyclosporine (ophth) emulsion 0.05%</i> (generic of RESTASIS)	Non-Pref	PA, QL (60 single use vials every 30 days)
RESTASIS EMU 0.05% OP	Pref	QL (60 single use vials every 30 days)
RESTASIS MUL EMU 0.05% OP	Pref	QL (5.5 mL every 30 days)
VERKAZIA EMU 0.1% OP	Non-Pref	PA, QL (4 vials every 1 day); AGE (Min 4)
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	Pref	QL (60 ea every 30 days)
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	Pref	
ROCKLATAN DRO	Pref	
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i> (generic of ALCAINE)	Pref	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	Pref	SP, PA, QL (112 mL in lifetime); AGE (Min 2)
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	Non-Pref	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Pref	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Pref	
EYSUVIS DRO 0.25%	Non-Pref	PA, QL (8.3 mL every 14 days)
<i>fluorometholone ophth susp 0.1%</i>	Pref	QL (15 mL every 30 days)
<i>neo-polycin oin hc 1%op</i>	Pref	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> (generic of MAXITROL)	Pref	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> (generic of MAXITROL)	Pref	
PRED SOD PHO SOL 1% OP	Pref	
<i>prednisolone acetate ophth susp 1%</i> (generic of PRED FORTE)	Pref	
PREDNISOLONE SUS 1%	Pref	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	Pref	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	Non-Pref	PA
ACULAR SOL 0.5% OP	Non-Pref	PA
ACUVAIL SOL 0.45%	Non-Pref	PA
ALOCRIAL SOL 2%	Non-Pref	PA
ALOMIDE SOL 0.1% OP	Non-Pref	PA
<i>azelastine hcl ophth soln 0.05%</i>	Pref	
AZOPT SUS 1% OP	Pref	
<i>bepotastine besilate ophth soln 1.5% (generic of BEPREVE)</i>	Non-Pref	PA
BEPREVE DRO 1.5%	Non-Pref	PA
<i>brinzolamide ophth susp 1% (generic of AZOPT)</i>	Non-Pref	PA
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Non-Pref	PA
BROMSITE DRO 0.075%	Non-Pref	PA
<i>cromolyn sodium ophth soln 4%</i>	Pref	
<i>diclofenac sodium ophth soln 0.1%</i>	Pref	
<i>dorzolamide hcl ophth soln 2%</i>	Pref	
<i>epinastine hcl ophth soln 0.05%</i>	Non-Pref	PA
<i>eye allergy sol itch/red</i>	Pref	OTC
<i>flurbiprofen sodium ophth soln 0.03%</i>	Pref	
ILEVRO DRO 0.3% OP	Non-Pref	PA
<i>ketorolac tromethamine ophth soln 0.4% (generic of ACULAR LS)</i>	Non-Pref	PA
<i>ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)</i>	Pref	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Pref	OTC
NEVANAC SUS 0.1% OP	Non-Pref	PA
<i>olopatadine dro 0.1% op</i>	Pref	OTC
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Pref	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Pref	OTC
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Pref	
PATADAY SOL 0.1%	Non-Pref	PA, OTC
PATADAY SOL 0.2%	Non-Pref	PA, OTC
PATADAY SOL 0.7%	Non-Pref	PA, OTC
PROLENSA SOL 0.07%	Non-Pref	PA
<i>sod chloride oin 5% op</i>	Pref	OTC

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride hypertonic ophth soln 5%</i>	Pref	OTC
ZADITOR DRO 0.025%OP	Pref	OTC
ZERVIATE DRO 0.24%	Non-Pref	PA

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost ophth soln 0.03%</i>	Non-Pref	PA
<i>latanoprost ophth soln 0.005% (generic of XALATAN)</i>	Pref	
LUMIGAN SOL 0.01%	Non-Pref	PA
<i>tafluprost preservative free (pf) ophth soln 0.0015% (generic of ZIOPTAN)</i>	Non-Pref	PA
TRAVATAN Z DRO 0.004%	Non-Pref	PA
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free) (generic of TRAVATAN Z)</i>	Non-Pref	PA
VYZULTA SOL 0.024%	Non-Pref	PA
XALATAN SOL 0.005%	Non-Pref	PA
XELPROS EMU 0.005%	Non-Pref	PA
ZIOPTAN DRO 0.0015%	Non-Pref	PA

OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	Pref	
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OTIC ANTI-INFECTIVES

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Non-Pref	PA
<i>ofloxacin otic soln 0.3%</i>	Pref	

OTIC COMBINATIONS

CIPRO HC SUS OTIC	Non-Pref	PA
CIPRODEX SUS 0.3-0.1%	Pref	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1% (generic of CIPRODEX)</i>	Non-Pref	PA
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	Non-Pref	PA
<i>neomycin-polymyxin-hc otic soln 1%</i>	Pref	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Pref	

OTIC STEROIDS

<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Pref	
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OXYTOCICS - DRUGS FOR PREGNANCY

OXYTOCICS - DRUGS FOR PREGNANCY

<i>methergine tab 0.2mg</i>	Pref	QL (28 tabs every 180 days); AGE (Min 12)
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Drug Name	Drug Tier	Requirements/Limits
<i>methylergonovine maleate tab 0.2 mg</i>	Pref	QL (28 tabs every 180 days); AGE (Min 12)

PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS

MONOCLONAL ANTIBODIES

SYNAGIS INJ 50/0.5ML	Pref	SP, PA
SYNAGIS INJ 100MG/ML	Pref	SP, PA

PENICILLINS - DRUGS TO TREAT INFECTIONS

AMINOPENICILLINS

<i>amoxicillin (trihydrate) cap 250 mg</i>	Pref	
<i>amoxicillin (trihydrate) cap 500 mg</i>	Pref	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Pref	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Pref	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Pref	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Pref	
<i>ampicillin cap 500 mg</i>	Pref	

NATURAL PENICILLINS

<i>penicillin v potassium for soln 125 mg/5ml</i>	Pref	
<i>penicillin v potassium for soln 250 mg/5ml</i>	Pref	
<i>penicillin v potassium tab 250 mg</i>	Pref	
<i>penicillin v potassium tab 500 mg</i>	Pref	

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Pref	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Pref	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Pref	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Pref	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Pref	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Pref	
<i>amoxicillin & k clavulanate tab 500-125 mg</i> (generic of AUGMENTIN)	Pref	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Pref	

PENICILLINASE-RESISTANT PENICILLINS

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

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

AYGESTIN TAB 5MG	Non-Pref	PA; M
<i>medroxyprogesterone acetate tab 2.5 mg</i> (generic of PROVERA)	Pref	M
<i>medroxyprogesterone acetate tab 5 mg</i> (generic of PROVERA)	Pref	M
<i>medroxyprogesterone acetate tab 10 mg</i> (generic of PROVERA)	Pref	M
<i>megestrol acetate susp 625 mg/5ml</i>	Non-Pref	PA
<i>norethindrone acetate tab 5 mg</i> (generic of AYGESTIN)	Pref	M
<i>progesterone cap 100 mg</i> (generic of PROMETRIUM)	Pref	
<i>progesterone cap 200 mg</i> (generic of PROMETRIUM)	Pref	
<i>progesterone im in oil 50 mg/ml</i>	Non-Pref	PA; M
PROMETRIUM CAP 100MG	Non-Pref	PA
PROMETRIUM CAP 200MG	Non-Pref	PA
PROVERA TAB 2.5MG	Non-Pref	PA; M
PROVERA TAB 5MG	Non-Pref	PA; M
PROVERA TAB 10MG	Non-Pref	PA; M

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

AGENTS FOR CHEMICAL DEPENDENCY

LUCEMYRA TAB 0.18MG	Pref	
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ANTI-CATAPLECTIC AGENTS

SOD OXYBATE SOL 500MG/ML	Pref	SP, PA, QL (540 mL every 22 days); AGE (Min 7)
XYWAV SOL 0.5GM/ML	Pref	SP, PA; AGE (Min 7)

ANTIDEMENTIA AGENTS

ADLARITY DIS 5MG/DAY	Non-Pref	PA
ADLARITY DIS 10MG/DAY	Non-Pref	PA
ARICEPT TAB 5MG	Non-Pref	PA
ARICEPT TAB 10MG	Non-Pref	PA

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ARICEPT TAB 23MG	Non-Pref	PA
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Pref	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Pref	
<i>donepezil hydrochloride tab 5 mg (generic of ARICEPT)</i>	Pref	
<i>donepezil hydrochloride tab 10 mg (generic of ARICEPT)</i>	Pref	
<i>donepezil hydrochloride tab 23 mg (generic of ARICEPT)</i>	Non-Pref	PA
EXELON DIS 4.6MG/24	Pref	
EXELON DIS 9.5MG/24	Pref	
EXELON DIS 13.3/24	Pref	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Non-Pref	PA
<i>galantamine hydrobromide tab 4 mg</i>	Pref	
<i>galantamine hydrobromide tab 8 mg</i>	Pref	
<i>galantamine hydrobromide tab 12 mg</i>	Pref	
<i>memantine hcl cap er 24hr 7 mg (generic of NAMENDA XR)</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 14 mg (generic of NAMENDA XR)</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 21 mg (generic of NAMENDA XR)</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 28 mg (generic of NAMENDA XR)</i>	Non-Pref	PA
<i>memantine hcl oral solution 2 mg/ml</i>	Pref	
<i>memantine hcl tab 5 mg (generic of NAMENDA)</i>	Pref	
<i>memantine hcl tab 10 mg (generic of NAMENDA)</i>	Pref	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)</i>	Pref	
NAMENDA TAB 5-10MG	Non-Pref	PA
NAMENDA TAB 5MG	Non-Pref	PA
NAMENDA TAB 10MG	Non-Pref	PA
NAMENDA XR CAP 7MG	Non-Pref	PA

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

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

FIBROMYALGIA AGENTS

SAVELLA MIS TITR PAK	Pref	QL (60 tabs every 30 days)
SAVELLA TAB 12.5MG	Pref	QL (60 tabs every 30 days)
SAVELLA TAB 25MG	Pref	QL (60 tabs every 30 days)
SAVELLA TAB 50MG	Pref	QL (60 tabs every 30 days)
SAVELLA TAB 100MG	Pref	QL (60 tabs every 30 days)

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO TAB 6MG	Pref	SP, PA; AGE (Min 18)
AUSTEDO TAB 9MG	Pref	SP, PA; AGE (Min 18)
AUSTEDO TAB 12MG	Pref	SP, PA; AGE (Min 18)
AUSTEDO XR TAB 6MG	Pref	SP, PA; AGE (Min 18)
AUSTEDO XR TAB 12MG	Pref	SP, PA; AGE (Min 18)
AUSTEDO XR TAB 24MG	Pref	SP, PA; AGE (Min 18)
INGREZZA CAP 40-80MG	Pref	SP, PA; AGE (Min 18)
INGREZZA CAP 40MG	Pref	SP, PA; AGE (Min 18)
INGREZZA CAP 60MG	Pref	SP, PA; AGE (Min 18)

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAP 80MG	Pref	SP, PA; AGE (Min 18)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG	Non-Pref	PA
AUBAGIO TAB 14MG	Non-Pref	PA
AVONEX PEN KIT 30MCG	Pref	
AVONEX PREFL KIT 30MCG	Pref	QL (4 injections every 30 days)
BAFIERTAM CAP 95MG	Non-Pref	PA, QL (4 caps every 1 day)
BETASERON INJ 0.3MG	Pref	
COPAXONE INJ 20MG/ML	Pref	
COPAXONE INJ 40MG/ML	Non-Pref	PA
<i>dalfampridine tab er 12hr 10 mg</i> (generic of AMPYRA)	Pref	SP, PA, QL (2 tabs every 1 day); AGE (Min 18, Max 70)
<i>dimethyl fumarate capsule delayed release 120 mg</i> (generic of TECFIDERA)	Pref	
<i>dimethyl fumarate capsule delayed release 240 mg</i> (generic of TECFIDERA)	Pref	
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (generic of TECFIDERA STARTER PACK)	Pref	
EXTAVIA INJ 0.3MG	Non-Pref	PA
<i> fingolimod hcl cap 0.5 mg</i> (base equiv) (generic of GILENYA)	Non-Pref	PA
GILENYA CAP 0.5MG	Pref	
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (generic of COPAXONE)	Non-Pref	PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> (generic of COPAXONE)	Non-Pref	PA
<i>glatopa inj 20mg/ml</i> (generic of COPAXONE)	Non-Pref	PA
<i>glatopa inj 40mg/ml</i> (generic of COPAXONE)	Non-Pref	PA
KESIMPTA INJ 20/.4ML	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(4)	Non-Pref	PA
MAVENCLAD PAK 10MG(5)	Non-Pref	PA
MAVENCLAD PAK 10MG(6)	Non-Pref	PA
MAVENCLAD PAK 10MG(7)	Non-Pref	PA
MAVENCLAD PAK 10MG(8)	Non-Pref	PA
MAVENCLAD PAK 10MG(9)	Non-Pref	PA
MAVENCLAD PAK 10MG(10)	Non-Pref	PA
MAYZENT PAK STARTER	Non-Pref	PA
MAYZENT TAB 0.25MG	Non-Pref	PA

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
MAYZENT TAB 1MG	Non-Pref	PA
MAYZENT TAB 2MG	Non-Pref	PA
PLEGRIDY INJ	Non-Pref	PA
PLEGRIDY INJ PEN	Non-Pref	PA
PLEGRIDY INJ STARTER	Non-Pref	PA
PLEGRIDY PEN INJ STARTER	Non-Pref	PA
PONVORY TAB 20MG	Non-Pref	PA; AGE (Min 18, Max 55)
PONVORY TAB STARTER	Non-Pref	PA; AGE (Min 18, Max 55)
REBIF INJ 22/0.5	Non-Pref	PA
REBIF INJ 44/0.5	Non-Pref	PA, QL (0.5 injections every 1 day)
REBIF REBIDO INJ 22/0.5	Non-Pref	PA
REBIF REBIDO INJ 44/0.5	Non-Pref	PA
REBIF REBIDO INJ TITRATN	Non-Pref	PA
REBIF TITRTN INJ PACK	Non-Pref	PA
TASCENSO ODT TAB 0.5MG	Non-Pref	PA; AGE (Min 10, Max 17)
TASCENSO ODT TAB 0.25MG	Non-Pref	PA; AGE (Min 10, Max 17)
TECFIDERA CAP 120MG	Non-Pref	PA
TECFIDERA CAP 240MG	Non-Pref	PA
TECFIDERA MIS STARTER	Non-Pref	PA
<i>teriflunomide tab 7 mg (generic of AUBAGIO)</i>	Non-Pref	PA
<i>teriflunomide tab 14 mg (generic of AUBAGIO)</i>	Non-Pref	PA
VUMERITY CAP 231MG	Non-Pref	PA
ZEPOSIA 7DAY CAP STR PACK	Non-Pref	PA
ZEPOSIA CAP .92MG	Non-Pref	PA
ZEPOSIA CAP STR KIT	Non-Pref	PA
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE TAB 300MG	Non-Pref	PA
GRALISE TAB 450MG	Non-Pref	PA
GRALISE TAB 600MG	Non-Pref	PA
GRALISE TAB 750MG	Non-Pref	PA
GRALISE TAB 900MG	Non-Pref	PA
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB 300MG ER	Non-Pref	PA, QL (2 tabs every 1 day)
HORIZANT TAB 600MG ER	Non-Pref	PA, QL (2 tabs every 1 day)

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Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Pref	QL (2 tabs every 1 day)
<i>nicotine polacrilex gum 2 mg</i>	Pref	QL (30 pieces every 1 day), OTC
<i>nicotine polacrilex gum 4 mg</i>	Pref	QL (24 pieces every 1 day), OTC
<i>nicotine polacrilex lozenge 2 mg</i>	Pref	QL (20 lozenges every 1 day), OTC
<i>nicotine polacrilex lozenge 4 mg</i>	Pref	QL (20 lozenges every 1 day), OTC
NICOTINE SYS KIT TRANSDER	Pref	QL (1 kit every 56 days), OTC
<i>nicotine td patch 24hr 7 mg/24hr</i>	Pref	QL (1 patch every 1 day), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i>	Pref	QL (1 patch every 1 day), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i>	Pref	QL (1 patch every 1 day), OTC
NICOTROL INH	Pref	QL (168 cartridges every 30 days)
NICOTROL NS SPR 10MG/ML	Pref	QL (4 bottles every 30 days)
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Pref	max 168 days supply / 365 days
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Pref	max 168 days supply / 365 days

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

CYSTIC FIBROSIS AGENTS

BRONCHITOL CAP 40MG	Pref	PA, QL (20 caps every 1 day); AGE (Min 18)
BRONCHITOL CAP TOL TEST	Pref	PA, QL (20 caps every 1 day); AGE (Min 18)
PULMOZYME SOL 1MG/ML	Pref	SP, PA, QL (2.5 mL every 1 day)

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxycycline hyclate cap 50 mg</i>	Pref	QL (90 caps every 30 days)
<i>doxycycline hyclate cap 100 mg (generic of VIBRAMYCIN)</i>	Pref	QL (90 caps every 30 days)
<i>doxycycline hyclate tab 100 mg</i>	Pref	QL (90 tabs every 30 days)
<i>doxycycline monohydrate cap 50 mg</i>	Pref	QL (90 caps every 30 days)

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate cap 100 mg</i>	Pref	QL (90 caps every 30 days)
<i>doxycycline monohydrate for susp 25 mg/5ml (generic of VIBRAMYCIN)</i>	Pref	QL (90 mL every 30 days)
<i>doxycycline monohydrate tab 50 mg</i>	Pref	QL (90 tabs every 30 days)
<i>doxycycline monohydrate tab 100 mg</i>	Pref	QL (90 tabs every 30 days)
<i>minocycline hcl cap 50 mg</i>	Pref	QL (90 caps every 30 days)
<i>minocycline hcl cap 75 mg</i>	Pref	QL (90 caps every 30 days)
<i>minocycline hcl cap 100 mg</i>	Pref	QL (90 caps every 30 days)

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

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

THYROID HORMONES

ADTHYZA TAB 16.25MG	Pref	
ADTHYZA TAB 32.5MG	Pref	
ADTHYZA TAB 65MG	Pref	
ADTHYZA TAB 97.5MG	Pref	
ADTHYZA TAB 130MG	Pref	
ARMOUR THYRO TAB 15MG	Pref	AGE (Max 64)
ARMOUR THYRO TAB 30MG	Pref	AGE (Max 64)
ARMOUR THYRO TAB 60MG	Pref	AGE (Max 64)
ARMOUR THYRO TAB 90MG	Pref	AGE (Max 64)
ARMOUR THYRO TAB 120MG	Pref	AGE (Max 64)
ARMOUR THYRO TAB 180MG	Pref	AGE (Max 64)
ARMOUR THYRO TAB 240MG	Pref	AGE (Max 64)
ARMOUR THYRO TAB 300MG	Pref	AGE (Max 64)
CYTOMEL TAB 5MCG	Pref	
CYTOMEL TAB 25MCG	Pref	
CYTOMEL TAB 50MCG	Pref	
ERMEZA SOL 150/5ML	Pref	
LEVOTHYROXIN INJ 100MCG	Pref	
LEVOTHYROXIN INJ 200MCG	Pref	
LEVOTHYROXIN INJ 500MCG	Pref	
<i>levothyroxine sodium cap 13 mcg</i>	Pref	
<i>levothyroxine sodium cap 25 mcg</i>	Pref	
<i>levothyroxine sodium cap 50 mcg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium cap 75 mcg</i>	Pref	
<i>levothyroxine sodium cap 88 mcg</i>	Pref	
<i>levothyroxine sodium cap 100 mcg</i>	Pref	
<i>levothyroxine sodium cap 112 mcg</i>	Pref	
<i>levothyroxine sodium cap 125 mcg</i>	Pref	
<i>levothyroxine sodium cap 137 mcg</i>	Pref	
<i>levothyroxine sodium cap 150 mcg</i>	Pref	
<i>levothyroxine sodium for iv inj 100 mcg</i> (generic of LEVOTHYROXINE SODIUM)	Pref	
<i>levothyroxine sodium for iv inj 200 mcg</i> (generic of LEVOTHYROXINE SODIUM)	Pref	
<i>levothyroxine sodium for iv inj 500 mcg</i> (generic of LEVOTHYROXINE SODIUM)	Pref	
<i>levothyroxine sodium tab 25 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 25 MCG)	Pref	
<i>levothyroxine sodium tab 50 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 50 MCG)	Pref	
<i>levothyroxine sodium tab 75 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 75 MCG)	Pref	
<i>levothyroxine sodium tab 88 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 88 MCG)	Pref	
<i>levothyroxine sodium tab 100 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 100 MCG)	Pref	
<i>levothyroxine sodium tab 112 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 112 MCG)	Pref	
<i>levothyroxine sodium tab 125 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 125 MCG)	Pref	
<i>levothyroxine sodium tab 137 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 137 MCG)	Pref	
<i>levothyroxine sodium tab 150 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 150 MCG)	Pref	
<i>levothyroxine sodium tab 175 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 175 MCG)	Pref	
<i>levothyroxine sodium tab 200 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 200 MCG)	Pref	
<i>levothyroxine sodium tab 300 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 300 MCG)	Pref	

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium iv soln 10 mcg/ml</i>	Pref	
<i>liothyronine sodium tab 5 mcg (generic of CYTOMEL)</i>	Pref	
<i>liothyronine sodium tab 25 mcg (generic of CYTOMEL)</i>	Pref	
<i>liothyronine sodium tab 50 mcg (generic of CYTOMEL)</i>	Pref	
NP THYROID TAB 15MG	Pref	AGE (Max 64)
NP THYROID TAB 30MG	Pref	AGE (Max 64)
NP THYROID TAB 60MG	Pref	AGE (Max 64)
NP THYROID TAB 90MG	Pref	AGE (Max 64)
NP THYROID TAB 120MG	Pref	AGE (Max 64)
SYNTHROID TAB 25MCG	Pref	
SYNTHROID TAB 50MCG	Pref	
SYNTHROID TAB 75MCG	Pref	
SYNTHROID TAB 88MCG	Pref	
SYNTHROID TAB 100MCG	Pref	
SYNTHROID TAB 112MCG	Pref	
SYNTHROID TAB 125MCG	Pref	
SYNTHROID TAB 137MCG	Pref	
SYNTHROID TAB 150MCG	Pref	
SYNTHROID TAB 175MCG	Pref	
SYNTHROID TAB 200MCG	Pref	
SYNTHROID TAB 300MCG	Pref	
THYQUIDITY SOL 100MCG	Pref	
TIROSINT CAP 13MCG	Pref	
TIROSINT CAP 25MCG	Pref	
TIROSINT CAP 50MCG	Pref	
TIROSINT CAP 75MCG	Pref	
TIROSINT CAP 88MCG	Pref	
TIROSINT CAP 100MCG	Pref	
TIROSINT CAP 112MCG	Pref	
TIROSINT CAP 125MCG	Pref	
TIROSINT CAP 137MCG	Pref	
TIROSINT CAP 150MCG	Pref	
TIROSINT-SOL SOL 13MCG/ML	Pref	
TIROSINT-SOL SOL 25MCG/ML	Pref	
TIROSINT-SOL SOL 50MCG/ML	Pref	
TIROSINT-SOL SOL 75MCG/ML	Pref	
TIROSINT-SOL SOL 88MCG/ML	Pref	
TIROSINT-SOL SOL 100MCG	Pref	
TIROSINT-SOL SOL 112MCG	Pref	
TIROSINT-SOL SOL 125MCG	Pref	

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
TIROSINT-SOL SOL 137MCG	Pref	
TIROSINT-SOL SOL 150MCG	Pref	
TIROSINT-SOL SOL 175MCG	Pref	
TIROSINT-SOL SOL 200MCG	Pref	

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

ADACEL INJ	Pref	AGE (Min 19)
BOOSTRIX INJ	Pref	AGE (Min 19)
TDVAX INJ 2-2 LF	Pref	QL (1 mL in lifetime); AGE (Min 19)
TENIVAC INJ 5-2LF	Pref	QL (1 mL in lifetime); AGE (Min 19)

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

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	Pref	AGE (Max 64)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Pref	AGE (Max 64)
<i>dicyclomine hcl tab 20 mg</i>	Pref	AGE (Max 64)
<i>glycopyrrolate oral soln 1 mg/5ml (generic of CUVPOSA)</i>	Pref	AGE (Max 12)
<i>glycopyrrolate tab 1 mg (generic of ROBINUL)</i>	Pref	
<i>glycopyrrolate tab 2 mg (generic of ROBINUL FORTE)</i>	Pref	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	Pref	AGE (Max 64)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Pref	AGE (Max 64)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Pref	AGE (Max 64)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Pref	AGE (Max 64)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Pref	AGE (Max 64)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Pref	AGE (Max 64)
<i>oscimin tab 0.125mg</i>	Pref	AGE (Max 64)

H-2 ANTAGONISTS

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

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm (generic of CARAFATE)</i>	Pref	QL (4 tabs every 1 day)
PROTON PUMP INHIBITORS		
<i>acid reducer cap 20.6mgdr</i>	Non-Pref	PA, OTC
ACIPHEX TAB 20MG	Non-Pref	PA
DEXILANT CAP 30MG DR	Non-Pref	PA
DEXILANT CAP 60MG DR	Non-Pref	PA
<i>dexlansoprazole cap delayed release 30 mg (generic of DEXILANT)</i>	Non-Pref	PA
<i>dexlansoprazole cap delayed release 60 mg (generic of DEXILANT)</i>	Non-Pref	PA
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Non-Pref	PA, OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq) (generic of NEXIUM)</i>	Non-Pref	PA
<i>esomeprazole magnesium cap delayed release 40 mg (base eq) (generic of NEXIUM)</i>	Non-Pref	PA
<i>esomeprazole magnesium for delayed release susp packet 10 mg (generic of NEXIUM)</i>	Non-Pref	PA, QL (2 packets every 1 day)
<i>esomeprazole magnesium for delayed release susp packet 20 mg (generic of NEXIUM)</i>	Non-Pref	PA, QL (2 packets every 1 day)
<i>esomeprazole magnesium for delayed release susp packet 40 mg (generic of NEXIUM)</i>	Non-Pref	PA, QL (2 packets every 1 day)
<i>gnp omeprazo cap 20mg</i>	Non-Pref	PA, OTC
<i>lansoprazole cap delayed release 15 mg</i>	Non-Pref	PA
<i>lansoprazole cap delayed release 15 mg</i>	Non-Pref	PA, OTC
<i>lansoprazole cap delayed release 30 mg (generic of PREVACID)</i>	Non-Pref	PA
<i>lansoprazole tab delayed release orally disintegrating 15 mg (generic of PREVACID SOLUTAB)</i>	Non-Pref	PA
<i>lansoprazole tab delayed release orally disintegrating 30 mg (generic of PREVACID SOLUTAB)</i>	Non-Pref	PA
NEXIUM CAP 20MG	Non-Pref	PA
NEXIUM CAP 40MG	Non-Pref	PA
NEXIUM GRA 2.5MG DR	Pref	QL (2 packets every 1 day)
NEXIUM GRA 5MG DR	Pref	QL (2 packets every 1 day)

AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
NEXIUM GRA 10MG DR	Pref	QL (2 packets every 1 day)
NEXIUM GRA 20MG DR	Pref	QL (2 packets every 1 day)
NEXIUM GRA 40MG DR	Pref	QL (2 packets every 1 day)
<i>omeprazole cap delayed release 10 mg</i>	Pref	QL (2 caps every 1 day)
<i>omeprazole cap delayed release 20 mg</i>	Pref	QL (2 caps every 1 day)
<i>omeprazole cap delayed release 40 mg</i>	Pref	QL (2 caps every 1 day)
<i>omeprazole delayed release tab 20 mg</i>	Non-Pref	PA, OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	Non-Pref	PA, OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	Non-Pref	PA, OTC
<i>omeprazole tab 20mg</i>	Non-Pref	PA, OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)</i>	Pref	QL (2 tabs every 1 day)
<i>pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)</i>	Pref	QL (2 tabs every 1 day)
<i>pantoprazole sodium for delayed release susp packet 40 mg (generic of PROTONIX)</i>	Non-Pref	PA, QL (2 packets every 1 day)
PREVACID 24H CAP 15MG DR	Non-Pref	PA, OTC
PREVACID CAP 30MG DR	Non-Pref	PA
PREVACID TAB 15MG STB	Non-Pref	PA
PREVACID TAB 30MG STB	Non-Pref	PA
PRILOSEC OTC TAB 20MG	Non-Pref	PA, OTC
PRILOSEC POW 2.5MG	Non-Pref	PA
PRILOSEC POW 10MG	Non-Pref	PA
PROTONIX PAK 40MG	Pref	QL (2 packets every 1 day)
PROTONIX TAB 20MG	Pref	QL (2 tabs every 1 day)
PROTONIX TAB 40MG	Pref	QL (2 tabs every 1 day)
<i>qc omepraza tab 20mg</i>	Non-Pref	PA, OTC
<i>rabeprazole sodium ec tab 20 mg (generic of ACIPHEX)</i>	Non-Pref	PA
<i>sm omepraza tab 20mg</i>	Non-Pref	PA, OTC
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg (generic of CYTOTEC)</i>	Pref	QL (4 tabs every 1 day)
<i>misoprostol tab 200 mcg (generic of CYTOTEC)</i>	Pref	QL (4 tabs every 1 day)
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (generic of PYLERA)</i>	Non-Pref	PA
OMECLAMOX- MIS PAK	Non-Pref	PA
<i>omeprazole-sodium bicarbonate cap 20-1100 mg (generic of ZEGERID)</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg (generic of ZEGERID)</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (generic of ZEGERID)</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (generic of ZEGERID)</i>	Non-Pref	PA
PYLERA CAP	Pref	
TALICIA CAP	Non-Pref	PA
ZEGERID CAP 20-1100	Non-Pref	PA
ZEGERID CAP 40-1100	Non-Pref	PA
ZEGERID POW 20-1680	Non-Pref	PA
ZEGERID POW 40-1680	Non-Pref	PA

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Non-Pref	PA
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Non-Pref	PA
DETROL LA CAP 2MG	Non-Pref	PA
DETROL LA CAP 4MG	Non-Pref	PA
DETROL TAB 1MG	Non-Pref	PA
DETROL TAB 2MG	Non-Pref	PA
DITROPAN XL TAB 5MG	Non-Pref	PA
<i>fesoterodine fumarate tab er 24hr 4 mg (generic of TOVIAZ)</i>	Non-Pref	PA
<i>fesoterodine fumarate tab er 24hr 8 mg (generic of TOVIAZ)</i>	Non-Pref	PA
GELNIQUE GEL 10%	Non-Pref	PA
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Pref	
<i>oxybutynin chloride tab 5 mg</i>	Pref	
<i>oxybutynin chloride tab er 24hr 5 mg (generic of DITROPAN XL)</i>	Pref	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Pref	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Pref	
OXYTROL DIS 3.9MG/24	Non-Pref	PA
OXYTROL/WOMN DIS 3.9MG/24	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin succinate tab 5 mg</i> (generic of VESICARE)	Pref	
<i>solifenacin succinate tab 10 mg</i> (generic of VESICARE)	Pref	
<i>tolterodine tartrate cap er 24hr 2 mg</i> (generic of DETROL LA)	Non-Pref	PA
<i>tolterodine tartrate cap er 24hr 4 mg</i> (generic of DETROL LA)	Non-Pref	PA
<i>tolterodine tartrate tab 1 mg</i> (generic of DETROL)	Non-Pref	PA
<i>tolterodine tartrate tab 2 mg</i> (generic of DETROL)	Non-Pref	PA
TOVIAZ TAB 4MG	Pref	
TOVIAZ TAB 8MG	Pref	
<i>tropium chloride cap er 24hr 60 mg</i>	Non-Pref	PA
<i>tropium chloride tab 20 mg</i>	Non-Pref	PA
VESICARE LS SUS 5MG/5ML	Non-Pref	PA
VESICARE TAB 5MG	Non-Pref	PA
VESICARE TAB 10MG	Non-Pref	PA

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

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

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

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

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tab 100 mg</i>	Non-Pref	PA
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VACCINES - DRUGS TO PREVENT INFECTIONS

BACTERIAL VACCINES

PNEUMOVAX 23 INJ 25/0.5	Pref	QL (2 mL in lifetime); AGE (Min 19)
PREVNAR 13 INJ	Pref	QL (2 injections in lifetime)

VIRAL VACCINES

AFLURIA QUAD INJ 2020-21	Pref	QL (1 injection every 180 days)
ENGERIX-B INJ 10/0.5ML	Pref	QL (6 injections in lifetime); AGE (Min 19)

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJ 20MCG/ML	Pref	QL (3 injections in lifetime); AGE (Min 19)
FLUCLVX QUAD INJ 2020-21	Pref	QL (1 mL every 180 days)
FLUMIST QUAD SUS 2020-21	Pref	QL (1 mL every year)
FLUZONE QUAD INJ 2020-21	Pref	QL (1 mL every 180 days)
HAVRIX INJ 720UNIT	Pref	QL (2 injections in lifetime); AGE (Max 19)
HAVRIX INJ 1440UNIT	Pref	QL (2 injections in lifetime); AGE (Max 19)
RECOMBIVA HB INJ 5MCG/0.5	Pref	QL (6 injections in lifetime); AGE (Min 19)
RECOMBIVA HB INJ 10MCG/ML	Pref	QL (3 injections in lifetime); AGE (Min 19)
SHINGRIX INJ 50/0.5ML	Pref	QL (2 injections in lifetime); AGE (Min 50)
VAQTA INJ 25/0.5ML	Pref	QL (2 injections in lifetime); AGE (Max 19)
VAQTA INJ 50UNT/ML	Pref	QL (2 injections in lifetime); AGE (Max 19)

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

VAGINAL ANTI-INFECTIVES

CLEOCIN CRE 2% VAG	Non-Pref	PA
CLEOCIN SUP 100MG	Pref	
<i>clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)</i>	Pref	
CLINDESSE CRE 2%	Pref	PA
<i>clotrimazole vaginal cream 1%</i>	Pref	OTC
<i>clotrimazole vaginal cream 2%</i>	Pref	OTC
GYNE-LOTRIMI CRE 3	Pref	OTC
<i>metronidazole vaginal gel 0.75%</i>	Pref	
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	Pref	OTC
<i>miconazole nitrate vaginal cream 2%</i>	Pref	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	Pref	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i>	Pref	OTC
MONISTAT 3 KIT 200MG/2%	Pref	OTC
MONISTAT 7 CRE 2%	Pref	OTC
NUVESSA GEL 1.3%	Pref	
<i>qc clotrimaz cre 1%</i>	Pref	OTC
<i>terconazole vaginal cream 0.4%</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal cream 0.8%</i>	Pref	
VANDAZOLE GEL 0.75%	Pref	
XACIATO GEL 2%	Non-Pref	PA; AGE (Min 12)

VAGINAL ESTROGENS

<i>estradiol vaginal cream 0.1 mg/gm</i> (generic of ESTRACE)	Pref	QL (42.5 gm every 30 days)
<i>estradiol vaginal tab 10 mcg</i> (generic of ESTRADIOL VAGINAL TAB 10 MCG)	Pref	

VAGINAL PROGESTINS

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

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

AUVI-Q INJ 0.1MG	Non-Pref	PA, QL (4 pens per fill)
AUVI-Q INJ 0.3MG	Non-Pref	PA
AUVI-Q INJ 0.15MG	Non-Pref	PA
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Non-Pref	PA
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> (generic of EPIPEN 2-PAK)	Non-Pref	PA
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> (generic of EPIPEN-JR 2-PAK)	Non-Pref	PA
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Non-Pref	PA
EPIPEN 2-PAK INJ 0.3MG	Pref	
EPIPEN-JR INJ 0.15MG	Pref	
SYMJEPI INJ 0.3MG	Non-Pref	PA
SYMJEPI INJ 0.15MG	Non-Pref	PA

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

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

VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

<i>calcitol dro 8000/ml</i>	Pref	QL (2 mL every 1 day), OTC
<i>cholecalciferol cap 2000 unit</i>	Pref	OTC
<i>cholecalciferol cap 5000 unit</i>	Pref	OTC
<i>cholecalciferol cap 50000 unit</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>cholecalciferol oral liquid 400 unit/ml</i>	Pref	OTC
<i>cholecalciferol tab 400 unit</i>	Pref	OTC
<i>cholecalciferol tab 1000 unit</i>	Pref	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> (generic of DRISDOL)	Pref	
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	Pref	QL (2 mL every 1 day), OTC
<i>phytonadione tab 5 mg</i>	Pref	QL (3 tabs every 30 days)
REPLESTA WAF 50000UNT	Pref	OTC
<i>vitamin d3 tab 50000unt</i>	Pref	OTC

WATER SOLUBLE VITAMINS

<i>biotin tab 5 mg</i>	Pref	OTC
<i>niacin cap er 250 mg</i>	Pref	OTC
<i>niacin tab 500 mg</i>	Pref	OTC
NIACIN TR TAB 1000MG	Pref	OTC
<i>pyridoxine hcl tab 25 mg</i>	Pref	QL (2 tabs every 1 day), OTC
<i>pyridoxine hcl tab 100 mg</i>	Pref	QL (4 tabs every 1 day), OTC
SLO-NIACIN TAB 750MG ER	Pref	OTC
<i>thiamine hcl tab 100 mg</i>	Pref	QL (1 tab every 1 day), OTC
<i>thiamine mononitrate tab 100 mg</i>	Pref	QL (1 tab every 1 day), OTC

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<i>aspirin buffered (ca carb-mg carb-mg</i> <i>ox) tab 325 mg</i>	32		

<i>aspirin chew tab 81 mg</i>	32	<i>a thru z chw select</i>	165
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	139	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	70
ASPIRIN SUP 300MG	32	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	70
<i>aspirin tab 325 mg</i>	32	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	70
<i>aspirin tab delayed release 325 mg</i> ..	32	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	70
<i>aspirin tab delayed release 81 mg</i>	32	<i>atovaquone susp 750 mg/5ml</i>	44
ASPRUZYO SPR GRA 1000MG	45	<i>atropine sulfate ophth oint 1%</i>	179
ASPRUZYO SPR GRA 500MG	45	<i>atropine sulfate ophth soln 1%</i>	179
ASTAGRAF XL CAP 0.5MG.....	161	ATROPINE SUL SOL 1%.....	179
ASTAGRAF XL CAP 1MG.....	161	ATROPINE SUL SOL 1% OP.....	179
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.....	74	<i>see teriflunomide tab 7 mg</i>	189
<i>see candesartan cilexetil tab 32 mg</i>		AUBAGIO TAB 14MG.....	188
.....	74	AUBAGIO TAB 7MG.....	188
<i>see candesartan cilexetil tab 4 mg</i>	74	<i>aubra eq tab 0.1-0.02</i>	105
<i>see candesartan cilexetil tab 8 mg</i>	74	AUGMENTIN	
ATACAND HCT		<i>see amoxicillin & k clavulanate tab 500-125 mg</i>	185
<i>see candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	77	AUGMENTIN ES-600	
<i>see candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	78	<i>see amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	184
<i>see candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	78	<i>aurovela 24 tab fe 1/20</i>	105
ATACAND HCT TAB 16-12.5.....	77	<i>aurovela fe tab 1/20</i>	105
ATACAND HCT TAB 32-12.5.....	77	<i>aurovela fe tab 1.5/30</i>	105
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ATACAND TAB 16MG	74	<i>aurovela tab 1.5/30</i>	105
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<i>see risedronate sodium tab delayed release 35 mg</i>	130	AUSTEDO XR TAB 12MG.....	187
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<i>atenolol & chlorthalidone tab 50-25 mg</i>	77	AUVI-Q INJ 0.15MG	200
.....	77	AUVI-Q INJ 0.1MG.....	200
<i>atenolol tab 100 mg</i>	94	AUVI-Q INJ 0.3MG.....	200
<i>atenolol tab 25 mg</i>	94	AVALIDE	
<i>atenolol tab 50 mg</i>	94	<i>see irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	78
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AVAPRO TAB 75MG	74	<i>medoxomil tab 10-20 mg</i>	76
<i>aviane tab</i>	105	<i>see amlodipine besylate-olmesartan</i>	
<i>avita cre 0.025%</i>	115	<i>medoxomil tab 10-40 mg</i>	76
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<i>ayuna tab.....</i>	105	<i>see sulfasalazine tab 500 mg</i>	136
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<i>azasan tab 75 mg.....</i>	161	500 mg	136
AZASITE SOL 1%	180	AZULFIDINE TAB 500MG	136
<i>azathioprine tab 100 mg</i>	162	AZULFIDINE TAB 500MG EN	136
<i>azathioprine tab 50 mg</i>	161	<i>azurette tab.....</i>	106
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<i>azelastine hcl-fluticasone prop nasal</i>		<i>bacitracin oint 500 unit/gm.....</i>	117
<i>spray 137-50 mcg/act.....</i>	176	<i>bacitracin ophth oint 500 unit/gm...180</i>	
<i>azelastine hcl nasal spray 0.1% (137</i>		<i>bacitracin-polymyxin b ophth oint...180</i>	
<i>mcg/spray).....</i>	176	<i>bacitracin-polymyxin-neomycin-hc</i>	
<i>azelastine hcl nasal spray 0.15%</i>		<i>ophth oint 1%.....</i>	181
<i>(205.5 mcg/spray).....</i>	177	<i>bacitracin zinc oint 500 unit/gm</i>	117
<i>azelastine hcl ophth soln 0.05%</i>	182	<i>baclofen oral soln 5 mg/5ml.....</i>	175
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<i>(base equiv)</i>	92	<i>baclofen tab 20 mg.....</i>	175
<i>see rasagiline mesylate tab 1 mg</i>		<i>baclofen tab 5 mg</i>	175
<i>(base equiv)</i>	92	BACMIN TAB.....	166
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<i>azithromycin for susp 100 mg/5ml..</i>	147	<i>see sulfamethoxazole-trimethoprim</i>	
<i>azithromycin for susp 200 mg/5ml..</i>	147	<i>tab 400-80 mg</i>	44
<i>azithromycin powd pack for susp 1 gm</i>		BACTRIM DS	
.....	147	<i>see sulfamethoxazole-trimethoprim</i>	
<i>azithromycin tab 250 mg.....</i>	147	<i>tab 800-160 mg</i>	44

BAFIERTAM CAP 95MG	188	<i>benazepril & hydrochlorothiazide tab</i>	
<i>balsalazide disodium cap 750 mg</i> ...	136	20-25 mg	77
<i>balziva tab</i>	106	<i>benazepril & hydrochlorothiazide tab 5-</i>	
BAQSIMI ONE POW 3MG/DOSE	57	6.25 mg	77
BAQSIMI TWO POW 3MG/DOSE	57	<i>benazepril hcl tab 10 mg</i>	72
BARACLUDE		<i>benazepril hcl tab 20 mg</i>	72
see <i>entecavir tab 0.5 mg</i>	93	<i>benazepril hcl tab 40 mg</i>	72
see <i>entecavir tab 1 mg</i>	93	<i>benazepril hcl tab 5 mg</i>	72
BARIATRIC CAP MULTIVIT	166	BENICAR	
BARIATRIC CHW FUSION	166	see <i>olmesartan medoxomil tab 20</i>	
BASAGLAR INJ 100UNIT	59	mg	75
BASAGLAR INJ TEMPO PN	59	see <i>olmesartan medoxomil tab 40</i>	
BASIC AM TAB	166	mg	75
BASIC PM TAB	166	see <i>olmesartan medoxomil tab 5 mg</i>	
BAXDELA TAB 450MG	134	74
B-COMPLEX INJ	164	BENICAR HCT	
<i>b-complex inj 100</i>	164	see <i>olmesartan medoxomil-</i>	
B-COMPLEX INJ HYDRXCB	164	<i>hydrochlorothiazide tab 20-12.5</i>	
<i>b-complex vitamin cap</i>	164	mg	79
<i>b-complex vitamin tab</i>	164	see <i>olmesartan medoxomil-</i>	
<i>b-complex w/ c & folic acid cap 1 mg</i>		<i>hydrochlorothiazide tab 40-12.5</i>	
.....	165	mg	79
<i>b-complex w/ c & folic acid cap 1 mg-</i>		see <i>olmesartan medoxomil-</i>	
<i>rx</i>	165	<i>hydrochlorothiazide tab 40-25 mg</i>	
<i>b-complex w/ c & folic acid tab</i>	165	79
<i>b-complex w/ c & folic acid tab 0.8 mg</i>		BENICAR HCT TAB 20-12.5	77
.....	165	BENICAR HCT TAB 40-12.5	77
<i>b-complex w/ c & folic acid tab 1 mg</i>		BENICAR HCT TAB 40-25MG	77
.....	165	BENICAR TAB 20MG	74
<i>b-complex w/ c & folic acid tab 1 mg-</i>		BENICAR TAB 40MG	74
<i>rx</i>	165	BENICAR TAB 5MG	74
<i>b-complex w/ c & folic acid tab 5 mg-</i>		BENZAMYCIN	
<i>rx</i>	165	see <i>benzoyl peroxide-erythromycin</i>	
BD U-500 MIS 31GX6MM	149	<i>gel 5-3%</i>	115
BECONASE AQ SUS 0.042%	177	BENZHY/ACETA TAB 4.08-325	39
BEELITH TAB	160	BENZHY/ACETA TAB 6.12-325	39
BELBUCA MIS 150MCG	40	BENZHY/ACETA TAB 8.16-325	39
BELBUCA MIS 300MCG	40	BENZNIDAZOLE TAB 100MG	43
BELBUCA MIS 450MCG	40	BENZNIDAZOLE TAB 12.5MG	43
BELBUCA MIS 600MCG	40	<i>benzonatate cap 100 mg</i>	114
BELBUCA MIS 750MCG	40	<i>benzonatate cap 200 mg</i>	114
BELBUCA MIS 75MCG	40	<i>benzoyl peroxide-erythromycin gel 5-</i>	
BELBUCA MIS 900MCG	40	3%	115
<i>benazepril & hydrochlorothiazide tab</i>		<i>benzoyl peroxide gel 10%</i>	115
10-12.5 mg	77	<i>benzoyl peroxide gel 5%</i>	115
<i>benazepril & hydrochlorothiazide tab</i>		<i>benzoyl peroxide liq 10%</i>	115
20-12.5 mg	77	<i>benzoyl peroxide liq 5%</i>	115

<i>benzphetamine hcl tab 50 mg</i>	26	BETAPACE AF TAB 80MG	95
<i>bepotastine besilate ophth soln 1.5%</i>	182	BETAPACE TAB 120MG.....	96
BEPREVE <i>see bepotastine besilate ophth soln</i> <i>1.5%</i>	182	BETAPACE TAB 160MG.....	96
BEPREVE DRO 1.5%	182	BETAPACE TAB 80MG	96
<i>berocca tab</i>	166	BETASERON INJ 0.3MG	188
BESIVANCE SUS 0.6%	180	<i>betaxolol hcl ophth soln 0.5%</i>	178
BESREMI SOL 500MCG	88	<i>betaxolol hcl tab 10 mg</i>	94
<i>betamethasone dipropionate</i> <i>augmented cream 0.05%</i>	120	<i>betaxolol hcl tab 20 mg</i>	94
<i>betamethasone dipropionate</i> <i>augmented gel 0.05%</i>	120	<i>bethanechol chloride tab 10 mg</i>	198
<i>betamethasone dipropionate</i> <i>augmented lotion 0.05%</i>	120	<i>bethanechol chloride tab 25 mg</i>	198
<i>betamethasone dipropionate</i> <i>augmented oint 0.05%</i>	120	<i>bethanechol chloride tab 50 mg</i>	198
<i>betamethasone dipropionate cream</i> <i>0.05%</i>	120	<i>bethanechol chloride tab 5 mg</i>	198
<i>betamethasone dipropionate lotion</i> <i>0.05%</i>	120	BETHKIS <i>see tobramycin nebu soln 300</i> <i>mg/4ml</i>	27
<i>betamethasone dipropionate oint</i> <i>0.05%</i>	120	BETHKIS NEB 300/4ML	27
<i>betamethasone valerate aerosol foam</i> <i>0.12%</i>	120	BETIMOL SOL 0.25%	178
<i>betamethasone valerate cream 0.1%</i> <i>(base equivalent)</i>	120	BETIMOL SOL 0.5%	178
<i>betamethasone valerate lotion 0.1%</i> <i>(base equivalent)</i>	120	BETOPTIC-S SUS 0.25% OP.....	178
<i>betamethasone valerate oint 0.1%</i> <i>(base equivalent)</i>	120	BEVESPI AER 9-4.8MCG	50
BETAPACE <i>see sorine tab 120mg</i>	96	<i>bexarotene cap 75 mg</i>	88
<i>see sorine tab 160mg</i>	96	<i>bexarotene gel 1%</i>	118
<i>see sorine tab 80mg</i>	96	BIAXIN XL <i>see clarithromycin tab er 24hr 500</i> <i>mg</i>	147
<i>see sotalol hcl tab 120 mg</i>	97	<i>bicalutamide tab 50 mg</i>	86
<i>see sotalol hcl tab 160 mg</i>	97	<i>bimatoprost ophth soln 0.03%</i>	183
<i>see sotalol hcl tab 80 mg</i>	97	BINAXNOW COV KIT HOME TES	125
BETAPACE AF <i>see sotalol hcl (afib/afl) tab 120 mg</i>	96	BINOSTO TAB 70MG	129
<i>see sotalol hcl (afib/afl) tab 160 mg</i>	97	BIO-35 GLUTE CAP FREE	166
<i>see sotalol hcl (afib/afl) tab 80 mg</i> 96		BIO-35 IRON CAP FREE.....	166
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BETAPACE AF TAB 160MG	96	BION TEARS SOL 0.1-0.3%	178
		<i>biotin tab 5 mg</i>	201
		<i>bisacodyl suppos 10 mg</i>	146
		<i>bisacodyl tab delayed release 5 mg</i> .146	
		<i>bismuth subcit-metronidazole-</i> <i>tetracycline cap 140-125-125 mg</i> 197	
		<i>bismuth subsalicylate chew tab 262 mg</i>	63
		<i>bismuth subsalicylate susp 262</i> <i>mg/15ml</i>	63
		<i>bismuth subsalicylate susp 525</i> <i>mg/15ml</i>	63
		<i>bismuth subsalicylate tab 262 mg</i>	63
		<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	77

<i>bisoprolol & hydrochlorothiazide tab</i>	
2.5-6.25 mg	77
<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
6.25 mg	77
<i>bisoprolol fumarate tab 10 mg</i>	95
<i>bisoprolol fumarate tab 5 mg</i>	94
BLADDER 2.2 TAB	127
BLINCYTO INJ 35MCG	85
<i>blisovi 24 tab fe 1/20</i>	106
<i>blisovi fe tab 1/20</i>	106
<i>blisovi fe tab 1.5/30</i>	106
BONE DENSITY TAB	158
BOOSTRIX INJ	194
<i>bosentan tab 125 mg</i>	103
<i>bosentan tab 62.5 mg</i>	103
BRAFTOVI CAP 75MG	88
BREATHE EASE MIS LG MASK	151
BREATHE EASE MIS MED MASK	151
BREATHE EASE MIS SM MASK	151
BREATHERITE MIS MDI CHMB	151
BREO ELLIPTA INH 100-25	50
BREO ELLIPTA INH 200-25	50
BREXAFEMME TAB 150MG	64
BREZTRI AERO AER SPHERE	50
<i>briellyn tab</i>	106
BRILINTA TAB 60MG	140
BRILINTA TAB 90MG	140
<i>brimonidine tartrate ophth soln 0.15%</i>	
.....	180
<i>brimonidine tartrate ophth soln 0.2%</i>	
.....	180
<i>brimonidine tartrate-timolol maleate</i>	
<i>ophth soln 0.2-0.5%</i>	178
<i>brinzolamide ophth susp 1%</i>	182
<i>bromfenac sodium ophth soln 0.09%</i>	
<i>(base equiv) (once-daily)</i>	182
<i>bromocriptine mesylate cap 5 mg (base</i>	
<i>equivalent)</i>	89
<i>bromocriptine mesylate tab 2.5 mg</i>	
<i>(base equivalent)</i>	89
<i>brompheniramine & pseudoephedrine</i>	
<i>elixir 1-15 mg/5ml</i>	114
BROMSITE DRO 0.075%	182
BRONCHITOL CAP 40MG	190
BRONCHITOL CAP TOL TEST	190
BROVANA	
<i>see arformoterol tartrate soln nebu</i>	
15 mcg/2ml (base equiv)	50
BROVANA NEB 15MCG	50
BRYHALI LOT 0.01%	120
<i>budesonide delayed release particles</i>	
<i>cap 3 mg</i>	110
<i>budesonide-formoterol fumarate dihyd</i>	
<i>aerosol 160-4.5 mcg/act</i>	51
<i>budesonide-formoterol fumarate dihyd</i>	
<i>aerosol 80-4.5 mcg/act</i>	51
<i>budesonide inhalation susp 0.25</i>	
<i>mg/2ml</i>	49
<i>budesonide inhalation susp 0.5 mg/2ml</i>	
.....	49
<i>budesonide inhalation susp 1 mg/2ml</i>	
.....	49
<i>budesonide sus 32mcg</i>	177
<i>budesonide tab er 24hr 9 mg</i>	111
BUFFERIN TAB 325MG	32
<i>bumetanide tab 0.5 mg</i>	128
<i>bumetanide tab 1 mg</i>	128
<i>bumetanide tab 2 mg</i>	128
BUMEX	
<i>see bumetanide tab 0.5 mg</i>	128
<i>buprenorphine td patch weekly 10</i>	
<i>mcg/hr</i>	41
<i>buprenorphine td patch weekly 15</i>	
<i>mcg/hr</i>	41
<i>buprenorphine td patch weekly 20</i>	
<i>mcg/hr</i>	41
<i>buprenorphine td patch weekly 5</i>	
<i>mcg/hr</i>	40
<i>buprenorphine td patch weekly 7.5</i>	
<i>mcg/hr</i>	41
<i>bupropion hcl (smoking deterrent) tab</i>	
<i>er 12hr 150 mg</i>	190
<i>butalbital-acetaminophen-caffeine tab</i>	
50-325-40 mg	32
<i>butalbital-acetaminophen-caff w/ cod</i>	
<i>cap 50-300-40-30 mg</i>	39
<i>butalbital-acetaminophen-caff w/ cod</i>	
<i>cap 50-325-40-30 mg</i>	39
<i>butalbital-acetaminophen tab 50-325</i>	
<i>mg</i>	32
<i>butalbital-aspirin-caffeine cap 50-325-</i>	
40 mg	32

<i>butalbital-aspirin-caff w/ codeine cap</i>	
50-325-40-30 mg.....	39
<i>butenafine hcl cream 1%</i>	117
<i>butorphanol tartrate nasal soln 10</i>	
mg/ml	41
BUTRANS	
see <i>buprenorphine td patch weekly</i>	
10 mcg/hr	41
see <i>buprenorphine td patch weekly</i>	
15 mcg/hr	41
see <i>buprenorphine td patch weekly</i>	
20 mcg/hr	41
see <i>buprenorphine td patch weekly 5</i>	
mcg/hr.....	40
see <i>buprenorphine td patch weekly</i>	
7.5 mcg/hr	41
BUTRANS DIS 10MCG/HR	41
BUTRANS DIS 15MCG/HR	41
BUTRANS DIS 20MCG/HR	41
BUTRANS DIS 5MCG/HR	41
BUTRANS DIS 7.5/HR	41
BYDUREON BC INJ 2/0.85ML	58
BYETTA INJ 10MCG	58
BYETTA INJ 5MCG	58
BYSTOLIC	
see <i>nebivolol hcl tab 10 mg (base</i>	
equivalent)	95
see <i>nebivolol hcl tab 2.5 mg (base</i>	
equivalent)	95
see <i>nebivolol hcl tab 20 mg (base</i>	
equivalent)	95
see <i>nebivolol hcl tab 5 mg (base</i>	
equivalent)	95
BYSTOLIC TAB 10MG	95
BYSTOLIC TAB 2.5MG	95
BYSTOLIC TAB 20MG	95
BYSTOLIC TAB 5MG	95
C	
<i>cabergoline tab 0.5 mg</i>	131
CADUET	
see <i>amlodipine besylate-atorvastatin</i>	
calcium tab 10-10 mg	102
see <i>amlodipine besylate-atorvastatin</i>	
calcium tab 10-20 mg	102
see <i>amlodipine besylate-atorvastatin</i>	
calcium tab 10-40 mg	102
see <i>amlodipine besylate-atorvastatin</i>	
calcium tab 10-80 mg	102
see <i>amlodipine besylate-atorvastatin</i>	
calcium tab 5-10 mg	102
see <i>amlodipine besylate-atorvastatin</i>	
calcium tab 5-20 mg	102
see <i>amlodipine besylate-atorvastatin</i>	
calcium tab 5-40 mg	102
see <i>amlodipine besylate-atorvastatin</i>	
calcium tab 5-80 mg	102
CADUET TAB 10-10MG	102
CADUET TAB 10-20MG	102
CADUET TAB 10-40MG	102
CADUET TAB 10-80MG	102
CADUET TAB 5-10MG	102
CADUET TAB 5-20MG	102
CADUET TAB 5-40MG	102
CADUET TAB 5-80MG	102
<i>caffeine citrate oral soln 60 mg/3ml</i>	
(10 mg/ml base equiv).....	26
CALAN SR TAB 120MG	97
CALAN SR TAB 180MG	97
CALAN SR TAB 240MG	97
CALC CITRATE TAB +D	158
CALCET PETIT TAB 200-250	158
<i>calcidol dro 8000/ml</i>	200
<i>calcipotriene cream 0.005%</i>	119
<i>calcipotriene oint 0.005%</i>	119
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	
.....	119
<i>calcitonin (salmon) inj 200 unit/ml</i> .	129
<i>calcitonin (salmon) nasal soln 200</i>	
unit/act.....	129
<i>calcitrene oin 0.005%</i>	119
<i>calcitriol cap 0.25 mcg</i>	131
<i>calcitriol cap 0.5 mcg</i>	131
<i>calcitriol oint 3 mcg/gm</i>	119
<i>calcitriol oral soln 1 mcg/ml</i>	131
<i>calcium/d3 tab 600-800</i>	159
<i>calcium+d3 tab grad rel</i>	159
<i>calcium + d chw</i>	158
<i>calcium 600 chw +d/miner</i>	158
<i>calcium acetate (phosphate binder) cap</i>	
667 mg (169 mg ca)	137
<i>calcium acetate (phosphate binder) tab</i>	
667 mg	137

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<i>fluorouracil cream 0.5%</i>	118	<i>230-21 mcg/act</i>	51
<i>fluorouracil cream 5%</i>	118	<i>fluticasone-salmeterol inhal aerosol 45-</i>	
<i>fluorouracil iv soln 1 gm/20ml (50</i>		<i>21 mcg/act</i>	51
<i>mg/ml)</i>	83	<i>fluvastatin sodium cap 20 mg (base</i>	
<i>fluorouracil iv soln 2.5 gm/50ml (50</i>		<i>equivalent)</i>	70
<i>mg/ml)</i>	83	<i>fluvastatin sodium cap 40 mg (base</i>	
<i>fluorouracil iv soln 500 mg/10ml (50</i>		<i>equivalent)</i>	70
<i>mg/ml)</i>	83	<i>fluvastatin sodium tab er 24 hr 80 mg</i>	
<i>fluorouracil iv soln 5 gm/100ml (50</i>		<i>(base equivalent)</i>	70
<i>mg/ml)</i>	83	<i>FLUZONE QUAD INJ 2020-21</i>	199
<i>fluorouracil soln 2%</i>	118	<i>FOAM ANTACID CHW 80-20MG</i>	42
<i>fluorouracil soln 5%</i>	118	<i>folbee tab</i>	142
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<i>flurandrenolide lotion 0.05%</i>	122	<i>folic acid tab 1 mg</i>	140
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<i>flurbiprofen tab 100 mg</i>	29	<i>2.2-25-0.5 mg</i>	142
<i>fluticasone furoate-vilanterol aero</i>		<i>FOLITAB 500 TAB</i>	142
<i>powd ba 100-25 mcg/act</i>	51	<i>FOLIVANE-F CAP</i>	142
<i>fluticasone furoate-vilanterol aero</i>		<i>FOLIVANE-PLS CAP</i>	142
<i>powd ba 200-25 mcg/act</i>	51	<i>FOLOTYN INJ 20MG/ML</i>	83
<i>fluticasone propionate cream 0.05%</i>		<i>FOLOTYN INJ 40MG/2ML</i>	83
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<i>fluticasone propionate hfa inhal aer</i>	110	<i>foltabs 800 tab</i>	142
<i>mcg/act (125/valve)</i>	49	<i>foltrin cap</i>	142
<i>fluticasone propionate hfa inhal aer</i>	220	<i>fondaparinux sodium subcutaneous inj</i>	
<i>mcg/act (250/valve)</i>	49	<i>10 mg/0.8ml</i>	54
<i>fluticasone propionate hfa inhal aero</i>	44	<i>fondaparinux sodium subcutaneous inj</i>	
<i>mcg/act (50/valve)</i>	49	<i>2.5 mg/0.5ml</i>	54
<i>fluticasone propionate lotion 0.05%</i>	122	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluticasone propionate oint 0.005%</i>	122	<i>5 mg/0.4ml</i>	54
<i>fluticasone-salmeterol aer powder ba</i>		<i>fondaparinux sodium subcutaneous inj</i>	
<i>100-50 mcg/act</i>	51	<i>7.5 mg/0.6ml</i>	54
<i>fluticasone-salmeterol aer powder ba</i>		<i>formoterol fumarate soln nebu 20</i>	
<i>113-14 mcg/act</i>	51	<i>mcg/2ml</i>	51
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			132
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			<i>mg/ml)</i>
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<i>testosterone td gel 12.5 mg/act (1%)</i>	41	<i>tiadylt cap 420mg/24</i>	100
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<i>testosterone td gel 20.25 mg/act (1.62%)</i>	42	<i>see diltiazem hcl extended release beads cap er 24hr 120 mg</i>	98
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<i>testosterone td gel 50 mg/5gm (1%)</i>	42	<i>see diltiazem hcl extended release beads cap er 24hr 300 mg</i>	98
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THALOMID CAP 200MG	161	<i>see taztia xt cap 300mg er</i>	100
THALOMID CAP 50MG	161	<i>see taztia xt cap 360mg/24</i>	100
<i>theophylline soln 80 mg/15ml</i>	52	<i>see tiadylt cap 120mg/24</i>	100
<i>theophylline tab er 12hr 300 mg</i>	52	<i>see tiadylt cap 180mg/24</i>	100
<i>theophylline tab er 12hr 450 mg</i>	52	<i>see tiadylt cap 240mg/24</i>	100
<i>theophylline tab er 24hr 400 mg</i>	52	<i>see tiadylt cap 300mg/24</i>	100
<i>theophylline tab er 24hr 600 mg</i>	52	<i>see tiadylt cap 360mg/24</i>	100
THERABETIC TAB MULTIVIT	171	<i>see tiadylt cap 420mg/24</i>	100
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THERAGRAN-M TAB 50 PLUS	171	TIAZAC CAP 180MG/24	100
THERAGRAN-M TAB ADVANCED	171	TIAZAC CAP 240MG/24	100
THERAGRAN-M TAB PREMIER	171	TIAZAC CAP 300MG/24	100
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<i>tiadylt cap 180mg/24</i>	100		
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<i>timolol maleate tab 10 mg</i>	97	TIROSINT-SOL SOL 50MCG/ML	193
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<i>toremide tab 20 mg</i>	128	<i>trandolapril-verapamil hcl tab er 2-180</i>	
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