



Molina Complete Care

January 2023

Molina Complete Care

Medicaid

**Preferred Drug List
(Formulary)/**

**Lista de Medicamentos Preferidos
(Formulario)**



Molina Complete Care

Discrimination is against the law

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

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

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

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

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

- Qualified interpreters
- Information that is written in other languages

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

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

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

U.S. Department of Health and Human Services

VA-ALL-MEM-10623-22

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
TDD: 1-800-537-7697

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

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(1/1/2023)

FORMULARY GUIDE (ENGLISH)

INTRODUCTION

We are pleased to provide the *2023 Molina Complete Care (MCC) Preferred Drug List (Formulary)* as a useful reference and informational tool. This guide can help medical providers select clinically appropriate and cost-effective products for their patients.

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

To help you understand which specific strengths and dosage forms are covered, some general guidelines are noted below.

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., atorvastatin).

- The second column (labeled Drug Tier) will list what tier the drug is placed on in the Drug Formulary.
- The third column (Requirements/Limits) contains any special requirements for coverage of your drug.
- If the OTC and prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

Generic substitution is when your pharmacy may dispense a generic version instead of a prescribed brand-name product. In this guide, lowercase italicized type means a generic version is available. In most instances, if there's a generic product available, the brand-name version will become non-formulary. The generic product will be covered instead of the brand-name version. However, this guide is subject to state specific regulations and rules for generic substitution and mandatory generic rules apply where appropriate.

Prescription generic drugs are:

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

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

PLAN DESIGN

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

This guide lists drugs in the following manner:

Preferred Drugs

Non-Preferred Drugs

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

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

PRIOR AUTHORIZATION REQUEST PROCEDURE

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

PRIOR AUTHORIZATION HELPFUL HINTS

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

The following are examples:

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

EXCLUDED SERVICES

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

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

NOTICE

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

FORMULARY UPDATES

Please review the formulary changes which pertain to the pharmacy benefit. If you have questions, contact MCC Member Services. We're available Monday through Friday from 8 a.m. to 8 p.m. local time.

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

Key			
AGE= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA= Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs	MED= Max 90 mg Morphine Equivalent Dose Per Day

LEGEND

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

GUÍA DE FORMULARIO (ESPAÑOL)

INTRODUCCIÓN

Nos complace proporcionar la *Lista de Medicamentos Preferidos de [Molina Complete Care (MCC)] [2023] (Formulario)* como una herramienta de referencia e información útil. Esta guía puede ayudar a los proveedores médicos a seleccionar productos clínicamente apropiados y rentables para sus pacientes.

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

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

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

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

PREFACIO

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

COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)

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

DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS

Para ayudar a entender cuáles son las fortalezas específicas y las formas de dosificación cubiertas, algunas pautas generales se describen a continuación.

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

SUSTITUCIÓN GENÉRICA

La sustitución genérica es cuando su farmacia puede administrar una versión genérica en lugar de un producto de marca recetado. En esta guía, la letra minúscula en cursiva significa que hay una versión genérica disponible. En la mayoría de los casos, si hay un producto genérico disponible, la versión de marca registrada no tendrá formulario. El producto genérico estará cubierto en lugar de la versión de marca registrada. Sin embargo, esta guía está sujeta a regulaciones y normas específicas del estado sobre la sustitución genérica y se aplican normas genéricas obligatorias si corresponde.

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

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

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

DISEÑO DE PLANES

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

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

Categoría 1: Medicamentos Genéricos Preferidos

Categoría 2: Medicamentos de Marca Preferidos

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

Los medicamentos que aparecen en esta guía están cubiertos por [MCC] según lo que se representa. [MCC] cubra algunos medicamentos de la lista si se cumplen los criterios de administración de utilización (es decir, terapia progresiva, autorización previa, límites de cantidad, etc.). [MCC] revisará las solicitudes de dichos medicamentos que estén fuera de los criterios enumerados se revisarán según la necesidad médica. Si un medicamento no aparece, puede solicitar una excepción de formulario para la cobertura. Revisaremos las solicitudes de necesidad médica o de excepción de formulario en función de los criterios de autorización previos específicos para el medicamento o los criterios estándar de solicitud de receta médica no convencional. Inicie sesión en [www.MCCofVA.com] para revisar la cobertura.

PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA

Las recetas de medicamentos que requieren aprobación previa o para medicamentos que no están incluidos en el Formulario de Medicamentos de [MCC] pueden ser aprobadas cuando son médicamente necesarias y cuando se haya demostrado que las alternativas del formulario no funcionan. Cuando esto ocurra, su proveedor puede enviar por fax un formulario completado de autorización previa de medicamentos a [MCC] al [(844) 278-5731]. Puede encontrar estos formularios en [www.MCCofVA.com]. No consideraremos los ensayos de muestras farmacéuticas como justificativos para la aprobación de una solicitud de autorización previa.

CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA

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

Observe los siguientes ejemplos:

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

SERVICIOS EXCLUIDOS

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

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

AVISO

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

ACTUALIZACIONES DEL FORMULARIO

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

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

Siglas			
EDAD = Límite de Edad	ST = Terapia Progresiva	OTC = Medicamentos de Venta Libre	PA = Autorización Previa
PA, QL = Límite de Cantidad que se aplica después de la aprobación de la Autorización Previa	QL = Límite de Cantidad	SP = Medicamentos Especializados	MED = Dosis Máxima Equivalente a 90 mg de Morphine al Día

LEYENDA

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

Molina Complete Care Effective 1/01/2023

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

AMPHETAMINES

ADDERALL TAB 5MG	Non-Pref	PA; AGE (Min 4, Max 17)
ADDERALL TAB 7.5MG	Non-Pref	PA; AGE (Min 4, Max 17)
ADDERALL TAB 10MG	Non-Pref	PA; AGE (Min 4, Max 17)
ADDERALL TAB 12.5MG	Non-Pref	PA; AGE (Min 4, Max 17)
ADDERALL TAB 15MG	Non-Pref	PA; AGE (Min 4, Max 17)
ADDERALL TAB 20MG	Non-Pref	PA; AGE (Min 4, Max 17)
ADDERALL TAB 30MG	Non-Pref	PA; AGE (Min 4, Max 17)
ADDERALL XR CAP 5MG	Pref	QL (1 cap / 1 day); AGE (Min 4, Max 17)
ADDERALL XR CAP 10MG	Pref	QL (1 cap / 1 day); AGE (Min 4, Max 17)
ADDERALL XR CAP 15MG	Pref	QL (1 cap / 1 day); AGE (Min 4, Max 17)
ADDERALL XR CAP 20MG	Pref	QL (2 caps / 1 day); AGE (Min 4, Max 17)
ADDERALL XR CAP 25MG	Pref	QL (2 caps / 1 day); AGE (Min 4, Max 17)
ADDERALL XR CAP 30MG	Pref	QL (2 caps / 1 day); AGE (Min 4, Max 17)
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	Non-Pref	PA; AGE (Min 4, Max 17)
<i>amphetamine sulfate tabs 5mg, 10mg</i>	Non-Pref	PA; AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Pref	AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Pref	AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Pref	AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Pref	AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Pref	AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Pref	AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Pref	AGE (Min 4, Max 17)

Drug Name	Drug Tier	Requirements/Limits
DESOXYN TABS 5mg	Non-Pref	PA; AGE (Min 4, Max 17)
DEXEDRINE CP24 10mg, 15mg	Non-Pref	PA; AGE (Min 4, Max 17)
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml</i>	Non-Pref	PA; AGE (Min 4, Max 17)
<i>dextroamphetamine sulfate tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	Pref	AGE (Min 4, Max 17)
DYANAVEL XR SUER 2.5mg/ml	Non-Pref	PA; AGE (Min 4, Max 17)
EVEKEO TABS 5mg, 10mg	Non-Pref	PA; AGE (Min 4, Max 17)
EVEKEO ODT TBDP 5mg, 10mg, 15mg, 20mg	Non-Pref	PA; AGE (Min 4, Max 17)
<i>methamphetamine hcl tabs 5mg</i>	Non-Pref	PA; AGE (Min 4, Max 17)
MYDAYIS CAP 12.5MG	Non-Pref	PA; AGE (Min 4, Max 17)
MYDAYIS CAP 25MG	Non-Pref	PA; AGE (Min 4, Max 17)
MYDAYIS CAP 37.5MG	Non-Pref	PA; AGE (Min 4, Max 17)
MYDAYIS CAP 50MG	Non-Pref	PA; AGE (Min 4, Max 17)
<i>procentra soln 5mg/5ml</i>	Non-Pref	PA; AGE (Min 4, Max 17)
VYVANSE CAPS 10mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	Pref	AGE (Min 4, Max 17)
VYVANSE CAPS 20mg, 30mg, 40mg, 50mg, 60mg, 70mg	Pref	QL (1 cap / 1 day); AGE (Min 4, Max 17)
<i>zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg</i>	Non-Pref	PA; AGE (Min 4, Max 17)

ANALEPTICS

<i>awake maximum strength tabs 200mg</i>	Pref	OTC
<i>caffeine tabs 200mg</i>	Pref	OTC
<i>cvs caffeine tabs 200mg</i>	Pref	OTC
<i>eqi stay awake tabs 200mg</i>	Pref	OTC
<i>gnp alert aid tabs 200mg</i>	Pref	OTC
<i>keep alert tabs 200mg</i>	Pref	OTC
<i>stay awake maximum streng tabs 200mg</i>	Pref	OTC

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>clonidine hcl (adhd) tb12 .1mg</i>	Pref	90 day supply
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	Pref	90 day supply
INTUNIV TB24 1mg, 2mg, 3mg, 4mg	Non-Pref	PA; 90 day supply
QELBREE CP24 100mg, 150mg, 200mg	Non-Pref	PA; AGE (Min 6, Max 17)
STRATTERA CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)

DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)

SUNOSI TABS 75mg, 150mg	Non-Pref	PA
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HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS

WAKIX TABS 4.45mg, 17.8mg	Non-Pref	SP, PA
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Drug Name	Drug Tier	Requirements/Limits
STIMULANTS - MISC.		
ADHANSIA XR CP24 25mg, 35mg, 45mg, 55mg, 70mg, 85mg	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 6, Max 17)
APTENSIO XR CP24 10mg	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min 4, Max 17)
APTENSIO XR CP24 15mg	Non-Pref	PA; AGE (Min 4, Max 17)
APTENSIO XR CP24 20mg, 30mg, 40mg, 50mg, 60mg	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 4, Max 17)
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	Non-Pref	PA
AZSTARYS CAP 26.1-5.2	Non-Pref	PA; AGE (Min 6, Max 17)
AZSTARYS CAP 39.2-7.8	Non-Pref	PA; AGE (Min 6, Max 17)
AZSTARYS CAP 52.3-10.	Non-Pref	PA; AGE (Min 6, Max 17)
CONCERTA TBCR 18mg, 27mg, 54mg	Pref	QL (1 tab / 1 day); AGE (Min 4, Max 17)
CONCERTA TBCR 36mg	Pref	QL (2 tabs / 1 day); AGE (Min 4, Max 17)
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	Non-Pref	PA; AGE (Min 4, Max 17)
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	Pref	QL (1 patch / 1 day); AGE (Min 4, Max 17)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 4, Max 17)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	Pref	AGE (Min 4, Max 17)
FOCALIN TABS 2.5mg, 5mg, 10mg	Non-Pref	PA; AGE (Min 4, Max 17)
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	Pref	QL (1 cap / 1 day); AGE (Min 4, Max 17)
JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg	Non-Pref	PA; AGE (Min 4, Max 17)
METHYLIN SOLN 5mg/5ml, 10mg/5ml	Non-Pref	PA; AGE (Min 4, Max 17)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; cp24 15mg, 60mg; soln 5mg/5ml, 10mg/5ml; tbc 10mg, 20mg</i>	Non-Pref	PA; AGE (Min 4, Max 17)
<i>methylphenidate hcl cp24 10mg</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min 4, Max 17)
<i>methylphenidate hcl cp24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 4, Max 17)
<i>methylphenidate hcl tabs 5mg, 10mg, 20mg</i>	Pref	AGE (Min 4, Max 17)
<i>methylphenidate hcl tb24 18mg, 27mg, 54mg; tbc 18mg, 27mg, 54mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min 4, Max 17)
<i>methylphenidate hcl tb24 36mg; tbc 36mg</i>	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 4, Max 17)
METHYLPHENIDATE HYDROCHLO TBCR 72mg	Non-Pref	PA; AGE (Min 4, Max 17)
<i>modafinil tabs 100mg, 200mg</i>	Non-Pref	PA, QL (1 tab / 1 day)
NUVIGIL TABS 50mg, 150mg, 200mg, 250mg	Non-Pref	PA
PROVIGIL TABS 100mg, 200mg	Non-Pref	PA, QL (1 tab / 1 day)

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

Drug Name	Drug Tier	Requirements/Limits
QUILLICHEW ER CHER 20mg, 30mg, 40mg	Non-Pref	PA; AGE (Min 4, Max 17)
QUILLIVANT XR SRER 25mg/5ml	Non-Pref	PA; AGE (Min 4, Max 17)
RELEXXII TBCR 72mg	Non-Pref	PA; AGE (Min 4, Max 17)
RITALIN TABS 5mg, 10mg, 20mg	Non-Pref	PA; AGE (Min 4, Max 17)
RITALIN LA CP24 10mg, 20mg, 30mg, 40mg	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 4, Max 17)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES

ALLERGENIC EXTRACTS

ORALAIR SUB 300 IR	Non-Pref	PA; AGE (Min 5)
PALFORZIA CAP ESCALAT	Non-Pref	SP, PA, QL (0.434 ea / 1 day)
PALFORZIA CAP LEVEL 3	Non-Pref	SP, PA, QL (1.5 ea / 1 day)
PALFORZIA CAP LEVEL 7	Non-Pref	SP, PA, QL (1.034 ea / 1 day)
PALFORZIA CAP LEVEL 8	Non-Pref	SP, PA, QL (2 ea / 1 day)
PALFORZIA CAP LEVEL 10	Non-Pref	SP, PA, QL (2 ea / 1 day)
PALFORZIA LEVEL 1 CSPK 1mg	Non-Pref	SP, PA, QL (1.5 ea / 1 day)
PALFORZIA LEVEL 2 CSPK 1mg	Non-Pref	SP, PA, QL (3 ea / 1 day)
PALFORZIA LEVEL 4 CSPK 20mg	Non-Pref	SP, PA, QL (0.5 ea / 1 day)
PALFORZIA LEVEL 5 CSPK 20mg	Non-Pref	SP, PA, QL (31 ea / 27 days)
PALFORZIA LEVEL 6 CSPK 20mg	Non-Pref	SP, PA, QL (2 ea / 1 day)
PALFORZIA LEVEL 9 CSPK 100mg	Non-Pref	SP, PA, QL (31 ea / 27 days)
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	Non-Pref	SP, PA, QL (31 packets / 27 days)
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	Non-Pref	SP, PA, QL (0.5 packets / 1 day)

ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - A'S

<i>alpha-lipoic acid (thioctic acid) caps 100mg</i>	Pref	OTC
<i>tyler lipoic acid caps 100mg</i>	Pref	OTC

ALTERNATIVE MEDICINE - C'S

<i>co q10 maximum strength caps 200mg</i>	Pref	OTC
COENZYME Q10 TABS 100mg	Pref	OTC
<i>coenzyme q10 (ubidecarenone) caps 30mg, 50mg, 100mg, 200mg</i>	Pref	OTC
COQ-10 TR CPCR 100mg	Pref	OTC
<i>cvs coq-10 caps 50mg, 100mg, 200mg</i>	Pref	OTC
<i>eql coq10 caps 100mg, 200mg</i>	Pref	OTC
<i>gnp co q10 caps 100mg, 200mg</i>	Pref	OTC
<i>gnp co q-10 caps 100mg</i>	Pref	OTC
<i>hm coq-10 caps 200mg</i>	Pref	OTC
<i>pronutrients coq10 caps 100mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>q-sorb co q-10 caps 100mg, 200mg</i>	Pref	OTC
<i>ra coenzyme q-10 caps 100mg</i>	Pref	OTC
<i>sm co q-10 caps 200mg</i>	Pref	OTC
<i>sm coq-10 caps 50mg</i>	Pref	OTC
ALTERNATIVE MEDICINE - G'S		
<i>garlic caps 500mg</i>	Pref	OTC
<i>genicin caps 500mg</i>	Pref	OTC
<i>glucosamine sulfate caps 500mg</i>	Pref	OTC
<i>synovacin caps 500mg</i>	Pref	OTC
ALTERNATIVE MEDICINE - M'S		
<i>hm melatonin tabs 5mg</i>	Pref	OTC
<i>kp melatonin tabs 3mg</i>	Pref	OTC
MELATONIN SUBL 3mg	Pref	OTC
<i>melatonin tabs 1mg, 3mg, 5mg; tbdp 3mg</i>	Pref	OTC
<i>qc melatonin maximum stre tabs 5mg</i>	Pref	OTC
<i>ra melatonin tabs 3mg, 5mg</i>	Pref	OTC
<i>sm melatonin tabs 3mg</i>	Pref	OTC
<i>sv melatonin tabs 5mg; tbdp 3mg</i>	Pref	OTC
ALTERNATIVE MEDICINE COMBINATIONS		
<i>cosamin ds</i>	Pref	OTC
<i>cvs glucosamine/chondroit</i>	Pref	OTC
<i>eql melatonin/vitamin b-6</i>	Pref	OTC
<i>ez flex gc</i>	Pref	OTC
GLUCOS/CHOND TAB DOUBLE	Pref	OTC
GLUCOS/CHOND TAB MSM/ADV	Pref	OTC
<i>glucosamine 1500 complex</i>	Pref	OTC
<i>glucosamine chondroitin 1</i>	Pref	OTC
<i>glucosamine chondroitin 5</i>	Pref	OTC
<i>glucosamine chondroitin c</i>	Pref	OTC
<i>glucosamine chondroitin m</i>	Pref	OTC
<i>*glucosamine-chondroitin-vit c-manganese cap***</i>	Pref	OTC
<i>*glucosamine-chondroitin-vit c-manganese tab***</i>	Pref	OTC
<i>glucosamine/chondroitin p</i>	Pref	OTC
<i>kp glucosamine chondroiti</i>	Pref	OTC
<i>melatin</i>	Pref	OTC
MELATONIN TAB 1-10MG	Pref	OTC
MELATONIN TAB 3-10MG	Pref	OTC
<i>melatonin-pyridoxine tab 5-1 mg</i>	Pref	OTC
<i>melatonin-pyridoxine tab 5-10 mg</i>	Pref	OTC
<i>melatonin/vitamin b-6 ext</i>	Pref	OTC
RA GLUCOSAMI CAP CHONDROI	Pref	OTC
<i>ra glucosamine/chondroiti</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
RA MELATONIN TAB 3MG	Pref	OTC
<i>sm glucosamine/chondroitin</i>	Pref	OTC
SM MELATONIN TAB	Pref	OTC

AMEBICIDES - DRUGS TO TREAT INFECTIONS

AMEBICIDES - DRUGS TO TREAT INFECTIONS

SOLOSEC PACK 2gm	Non-Pref	PA
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AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

ARIKAYCE SUSP 590mg/8.4ml	Non-Pref	PA, QL (236 mL / 22 days); AGE (Min 18)
BETHKIS NEBU 300mg/4ml	Pref	SP, QL (224 each / 22 days); AGE (Min 6)
KITABIS PAK NEBU 300mg/5ml	Pref	SP, QL (280 each / 22 days); AGE (Min 6)
<i>neomycin sulfate tabs 500mg</i>	Pref	
<i>paromomycin sulfate caps 250mg</i>	Non-Pref	PA
TOBI NEBU 300mg/5ml	Non-Pref	SP, PA, QL (280 each / 22 days); AGE (Min 6)
TOBI PODHALER CAPS 28mg	Pref	SP, PA, QL (224 caps / 22 days); AGE (Min 6)
<i>tobramycin nebu 300mg/4ml</i>	Non-Pref	SP, PA, QL (224 mL / 22 days); AGE (Min 6)
<i>tobramycin nebu 300mg/5ml</i>	Non-Pref	SP, PA, QL (280 each / 22 days); AGE (Min 6)

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

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	Pref	SP
HUMIRA PEDIA INJ CROHNS	Pref	SP
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	Pref	SP
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	Pref	SP
HUMIRA PEN KIT PS/UV	Pref	SP
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	Pref	SP
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	Pref	SP
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	Pref	SP
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml	Non-Pref	SP, PA
SIMPONI ARIA SOLN 50mg/4ml	Non-Pref	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TABS 1mg, 2mg	Non-Pref	SP, PA; AGE (Min 18)
OLUMIANT TABS 4mg	Non-Pref	PA
RINVOQ TB24 15mg	Non-Pref	SP, PA; Preferred agent for Rheumatoid Arthritis and Psoriatic Arthritis
RINVOQ TB24 30mg, 45mg	Non-Pref	SP, PA
XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg	Non-Pref	SP, PA
XELJANZ XR TB24 11mg, 22mg	Non-Pref	SP, PA
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml	Non-Pref	PA
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	Non-Pref	PA
REDITREX SOSY 7.5mg/0.3ml, 10mg/0.4ml, 12.5mg/0.5ml, 15mg/0.6ml, 17.5mg/0.7ml, 20mg/0.8ml, 22.5mg/0.9ml, 25mg/ml	Non-Pref	SP, PA
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET SOSY 100mg/0.67ml	Non-Pref	SP, PA
INTERLEUKIN-1BETA BLOCKERS		
ILARIS SOLN 150mg/ml	Non-Pref	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml; SOSY 162mg/0.9ml	Non-Pref	SP, PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml	Non-Pref	SP, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	Non-Pref	SP, PA; AGE (Min 18)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>all day pain relief tabs 220mg</i>	Pref	OTC; 90 day supply
<i>all day relief tabs 220mg</i>	Pref	OTC; 90 day supply
ARTHROTEC 50 TAB	Non-Pref	PA
ARTHROTEC 75 TAB	Non-Pref	PA
CELEBREX CAPS 50mg, 400mg	Non-Pref	PA
CELEBREX CAPS 100mg	Non-Pref	PA, QL (3 caps / 1 day)
CELEBREX CAPS 200mg	Non-Pref	PA, QL (2 caps / 1 day)
<i>celecoxib caps 50mg, 400mg</i>	Non-Pref	PA
<i>celecoxib caps 100mg</i>	Pref	QL (3 caps / 1 day)
<i>celecoxib caps 200mg</i>	Pref	QL (2 caps / 1 day)
<i>childrens ibuprofen susp 100mg/5ml</i>	Pref	OTC; 90 day supply
DAYPRO TABS 600mg	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium caps 25mg; tabs 25mg, 50mg</i>	Non-Pref	PA
<i>diclofenac sodium tb24 100mg</i>	Non-Pref	PA
<i>diclofenac sodium tbec 25mg, 50mg, 75mg</i>	Pref	90 day supply
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Non-Pref	PA
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Non-Pref	PA
DUEXIS TAB 800-26.6	Non-Pref	PA
<i>ec-naproxen tbec 375mg, 500mg</i>	Pref	90 day supply
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg</i>	Pref	
<i>etodolac tb24 400mg, 500mg, 600mg</i>	Non-Pref	PA
FELDENE CAPS 10mg, 20mg	Non-Pref	PA
<i>fenoprofen calcium caps 400mg; tabs 600mg</i>	Non-Pref	PA
<i>flurbiprofen tabs 100mg</i>	Pref	
<i>gnp ibuprofen childrens chew 100mg</i>	Pref	OTC
<i>gnp naproxen tabs 220mg</i>	Pref	OTC; 90 day supply
<i>gnp naproxen sodium caps 220mg</i>	Pref	OTC; 90 day supply
<i>goodsense naproxen sodium tabs 220mg</i>	Pref	OTC; 90 day supply
<i>hm ibuprofen tabs 200mg</i>	Pref	OTC; 90 day supply
<i>ibu tabs 400mg, 600mg, 800mg</i>	Pref	90 day supply
<i>ibu-200 tabs 200mg</i>	Pref	OTC; 90 day supply
<i>ibuprofen caps 200mg; tabs 200mg</i>	Pref	OTC; 90 day supply
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	Pref	90 day supply
<i>ibuprofen childrens susp 100mg/5ml</i>	Pref	OTC; 90 day supply
<i>ibuprofen infants susp 50mg/1.25ml</i>	Pref	OTC; 90 day supply
<i>ibuprofen junior strength chew 100mg</i>	Pref	OTC
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	Non-Pref	PA
INDOCIN SUPP 50mg; SUSP 25mg/5ml	Non-Pref	PA
<i>indomethacin caps 25mg, 50mg</i>	Pref	
<i>indomethacin cpcr 75mg</i>	Non-Pref	PA
<i>ketoprofen cp24 200mg</i>	Non-Pref	PA
KETOROLAC TROMETHAMINE SOLN 15.75mg/spray	Non-Pref	PA
<i>ketorolac tromethamine tabs 10mg</i>	Pref	
<i>lofena tabs 25mg</i>	Non-Pref	PA
<i>meclofenamate sodium caps 50mg, 100mg</i>	Non-Pref	PA
<i>mefenamic acid caps 250mg</i>	Non-Pref	PA
<i>meloxicam caps 5mg, 10mg</i>	Non-Pref	PA
<i>meloxicam tabs 7.5mg, 15mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>nabumetone tabs 500mg, 750mg</i>	Non-Pref	PA
NALFON CAPS 400mg; TABS 600mg	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
NAPRELAN TB24 375mg, 500mg, 750mg	Non-Pref	PA
<i>naproxen susp 125mg/5ml</i>	Non-Pref	PA
<i>naproxen tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	Pref	90 day supply
<i>naproxen sodium caps 220mg</i>	Pref	OTC; 90 day supply
<i>naproxen sodium tabs 275mg</i>	Pref	
<i>naproxen sodium tabs 550mg</i>	Pref	90 day supply
<i>naproxen sodium tb24 375mg, 500mg, 750mg</i>	Non-Pref	PA
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	Non-Pref	PA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	Non-Pref	PA
<i>oxaprozin tabs 600mg</i>	Non-Pref	PA
<i>piroxicam caps 10mg, 20mg</i>	Non-Pref	PA
<i>qc ibuprofen tabs 200mg</i>	Pref	OTC; 90 day supply
RELAFEN DS TABS 1000mg	Non-Pref	PA
<i>sm ibuprofen caps 200mg</i>	Pref	OTC; 90 day supply
<i>sm ibuprofen ib tabs 200mg</i>	Pref	OTC; 90 day supply
<i>sm ibuprofen ib childrens chew 100mg</i>	Pref	OTC
SPRIX SOLN 15.75mg/spray	Non-Pref	PA
<i>sulindac tabs 150mg, 200mg</i>	Pref	90 day supply
VIMOVO TAB 375-20MG	Non-Pref	PA
VIMOVO TAB 500-20MG	Non-Pref	PA
ZIPSOR CAPS 25mg	Non-Pref	PA
ZORVOLEX CAPS 18mg, 35mg	Non-Pref	PA

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TABS 30mg	Non-Pref	SP, PA
OTEZLA TAB 10/20/30	Non-Pref	SP, PA

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide tabs 10mg, 20mg</i>	Pref	
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SELECTIVE COSTIMULATION MODULATORS

ORENCIA SOLR 250mg; SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	Non-Pref	SP, PA
ORENCIA CLICKJECT SOAJ 125mg/ml	Non-Pref	SP, PA

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL SOLN 25mg/0.5ml	Pref	SP, QL (0.3 vials / 1 day); AGE (Min 2)
ENBREL SOSY 25mg/0.5ml	Pref	SP, QL (0.3 syringes / 1 day); AGE (Min 2)
ENBREL SOSY 50mg/ml	Pref	SP, QL (0.27 syringes / 1 day); AGE (Min 2)
ENBREL MINI SOCT 50mg/ml	Pref	SP, QL (0.27 injections / 1 day); AGE (Min 2)

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SOAJ 50mg/ml	Pref	SP, QL (0.27 pens / 1 day); AGE (Min 2)

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>aspirin-acetaminophen-caffeine tab 250-250-65 mg</i>	Pref	OTC
<i>bac</i>	Pref	QL (6 tabs / 1 day)
<i>butalbital-acetaminophen tab 50-325 mg</i>	Pref	QL (6 tabs / 1 day)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	Pref	QL (6 caps / 1 day)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	Pref	QL (6 caps / 1 day)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Pref	QL (6 tabs / 1 day)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Pref	QL (6 caps / 1 day)
<i>esgic</i>	Pref	QL (6 caps / 1 day)
<i>panadol extra</i>	Pref	OTC
<i>ra tension headache pain</i>	Pref	OTC
<i>tension headache</i>	Pref	OTC
<i>zebutal</i>	Pref	QL (6 caps / 1 day)

ANALGESICS OTHER

<i>acetaminophen liqd 160mg/5ml; soln 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; supp 120mg, 650mg</i>	Pref	OTC
<i>acetaminophen chew tab 160 mg chew 160mg</i>	Pref	OTC
<i>acetaminophen extra stren caps 500mg</i>	Pref	OTC
<i>acetaminophen susp 160 mg/5ml susp 160mg/5ml</i>	Pref	OTC
<i>acetaminophen tab 325 mg tabs 325mg</i>	Pref	OTC
<i>acetaminophen tab 500 mg tabs 500mg</i>	Pref	OTC
<i>acetaminophen tab er 650 mg tbc 650mg</i>	Pref	OTC
<i>childrens apap chew 80mg</i>	Pref	OTC
<i>childrens medi-tabs chew 80mg</i>	Pref	OTC
<i>childrens non-aspirin chew 80mg</i>	Pref	OTC
<i>childrens pain reliever chew 80mg</i>	Pref	OTC
<i>childrens silapap liqd 160mg/5ml</i>	Pref	OTC
<i>cvs acetaminophen caps 325mg</i>	Pref	OTC
<i>cvs acetaminophen extra s liqd 500mg/15ml</i>	Pref	OTC
<i>cvs childs non-aspirin chew 80mg</i>	Pref	OTC
<i>cvs fever reducing childr supp 120mg</i>	Pref	OTC
<i>ed-apap liqd 160mg/5ml</i>	Pref	OTC
<i>feverall adults supp 650mg</i>	Pref	OTC
<i>feverall childrens supp 120mg</i>	Pref	OTC
FEVERALL INFANTS SUPP 80mg	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
FEVERALL JUNIOR STRENGTH SUPP 325mg	Pref	OTC
<i>liquid acetaminophen liqd 160mg/5ml</i>	Pref	OTC
<i>liquid pain relief liqd 160mg/5ml</i>	Pref	OTC
<i>little remedies for fever liqd 160mg/5ml</i>	Pref	OTC
<i>m-pap liqd 160mg/5ml</i>	Pref	OTC
<i>mapap caps 500mg</i>	Pref	OTC
<i>mapap acetaminophen extra liqd 500mg/15ml</i>	Pref	OTC
<i>mapap childrens chew 80mg</i>	Pref	OTC
<i>pain relief extra strengt caps 500mg; liqd 500mg/15ml</i>	Pref	OTC
<i>pain reliever liqd 500mg/15ml</i>	Pref	OTC
<i>pain reliever/fever reduc supp 120mg</i>	Pref	OTC
<i>sb non-aspirin chew 80mg</i>	Pref	OTC

SALICYLATES

<i>adult aspirin regimen tbec 81mg</i>	Pref	OTC
ASPIRIN SUPP 300mg	Pref	OTC
<i>aspirin tbec 81mg</i>	Pref	OTC
<i>aspirin tbec 81mg</i>	Pref	OTC
<i>aspirin adult low dose tbec 81mg</i>	Pref	OTC
<i>aspirin ec low dose tbec 81mg</i>	Pref	OTC
<i>aspirin low chw 81mg chew 81mg</i>	Pref	OTC
<i>aspirin low dose tbec 81mg</i>	Pref	OTC
<i>aspirin tab 325 mg tabs 325mg</i>	Pref	OTC
<i>bayer advanced aspirin ex tabs 500mg</i>	Pref	OTC
<i>bayer aspirin ec low dose tbec 81mg</i>	Pref	OTC
<i>bayer aspirin extra stren tabs 500mg</i>	Pref	OTC
<i>bayer low dose tbec 81mg</i>	Pref	OTC
<i>cvs aspirin low dose tbec 81mg</i>	Pref	OTC
<i>cvs aspirin low strength tbec 81mg</i>	Pref	OTC
<i>diflunisal tabs 500mg</i>	Pref	
<i>ecotrin low strength tbec 81mg</i>	Pref	OTC
<i>gnp aspirin tbec 81mg</i>	Pref	OTC
<i>gnp aspirin low dose tbec 81mg</i>	Pref	OTC
<i>goodsense aspirin tbec 81mg</i>	Pref	OTC
<i>kls aspirin low dose tbec 81mg</i>	Pref	OTC
<i>kp aspirin tbec 81mg</i>	Pref	OTC
<i>px enteric aspirin tbec 81mg</i>	Pref	OTC
<i>ra aspirin ec tbec 81mg</i>	Pref	OTC
<i>sb aspirin tab 325mg ec tbec 325mg</i>	Pref	OTC
<i>sm aspirin low dose tbec 81mg</i>	Pref	OTC
<i>st joseph low dose aspiri tbec 81mg</i>	Pref	OTC
<i>tri-buffered aspirin</i>	Pref	QL (24 tabs / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN		
OPIOID AGONISTS		
ACTIQ LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	Non-Pref	PA; MED
CODEINE SULFATE TABS 15mg, 60mg	Non-Pref	PA; AGE (Min 12); MED
<i>codeine sulfate tabs 30mg</i>	Non-Pref	PA; AGE (Min 12); MED
CONZIP CP24 100mg, 200mg, 300mg	Non-Pref	PA; AGE (Min 12); MED
DILAUDID LIQD 1mg/ml	Non-Pref	PA; MED
DILAUDID TABS 2mg	Non-Pref	PA, QL (11.2 tabs / 1 day); MED
DILAUDID TABS 4mg	Non-Pref	PA, QL (5.6 tabs / 1 day); MED
DILAUDID TABS 8mg	Non-Pref	PA, QL (2.8 tabs / 1 day); MED
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	Pref	PA, QL (0.334 patches / 1 day); MED
<i>fentanyl pt72 37.5mcg/hr, 62.5mcg/hr, 87.5mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg; tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	Non-Pref	PA; MED
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	Non-Pref	PA; MED
<i>hydrocodone bitartrate cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl liqd 1mg/ml; tb24 8mg, 12mg, 16mg, 32mg</i>	Non-Pref	PA; MED
HYDROMORPHONE HCL SUPP 3mg	Non-Pref	PA; MED
<i>hydromorphone hcl tabs 2mg</i>	Pref	PA, QL (11.2 tabs / 1 day); MED
<i>hydromorphone hcl tabs 4mg</i>	Pref	PA, QL (5.6 tabs / 1 day); MED
<i>hydromorphone hcl tabs 8mg</i>	Pref	PA, QL (2.8 tabs / 1 day); MED
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	Non-Pref	PA; MED
<i>levorphanol tartrate tabs 2mg, 3mg</i>	Non-Pref	PA; MED
<i>meperidine hcl soln 50mg/5ml; tabs 50mg</i>	Non-Pref	PA; MED
<i>methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg</i>	Non-Pref	PA; AGE (Max 1); MED
METHADOSE CONC 10mg/ml	Non-Pref	PA; AGE (Max 1); MED
<i>methadose tbso 40mg</i>	Non-Pref	PA; AGE (Max 1); MED
METHADOSE SUGAR-FREE CONC 10mg/ml	Non-Pref	PA; AGE (Max 1); MED

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; supp 5mg, 10mg, 20mg, 30mg</i>	Non-Pref	PA; MED
<i>morphine sulfate soln 10mg/5ml</i>	Pref	PA, QL (45 mL / 1 day); MED
<i>morphine sulfate soln 20mg/5ml</i>	Pref	PA, QL (22.5 mL / 1 day); MED
<i>morphine sulfate soln 20mg/ml</i>	Pref	PA, QL (4.5 mL / 1 day); MED
<i>morphine sulfate tabs 15mg</i>	Pref	PA, QL (6 tabs / 1 day); MED
<i>morphine sulfate tabs 30mg; tbcx 30mg</i>	Pref	PA, QL (3 tabs / 1 day); MED
<i>morphine sulfate tbcx 15mg</i>	Pref	PA, QL (4 tabs / 1 day); MED
<i>morphine sulfate tbcx 60mg</i>	Pref	PA, QL (2 tabs / 1 day); MED
<i>morphine sulfate tbcx 100mg, 200mg</i>	Pref	PA, QL (1 tab / 1 day); MED
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	Non-Pref	PA; MED
MS CONTIN TBCR 15mg	Non-Pref	PA, QL (4 tabs / 1 day); MED
MS CONTIN TBCR 30mg	Non-Pref	PA, QL (3 tabs / 1 day); MED
MS CONTIN TBCR 60mg	Non-Pref	PA, QL (2 tabs / 1 day); MED
MS CONTIN TBCR 100mg, 200mg	Non-Pref	PA, QL (1 tab / 1 day); MED
NUCYNTA TABS 50mg, 75mg, 100mg	Non-Pref	PA; MED
NUCYNTA ER TB12 50mg, 100mg, 150mg, 200mg, 250mg	Non-Pref	PA; MED
OXAYDO TABS 5mg	Non-Pref	PA, QL (12 tabs / 1 day); MED
OXAYDO TABS 7.5mg	Non-Pref	PA; MED
<i>oxycodone hcl caps 5mg</i>	Pref	PA, QL (12 caps / 1 day); MED
<i>oxycodone hcl conc 100mg/5ml; t12a 10mg, 20mg, 40mg, 80mg</i>	Non-Pref	PA; MED
<i>oxycodone hcl soln 5mg/5ml</i>	Pref	PA, QL (60 mL / 1 day); MED
<i>oxycodone hcl tabs 5mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>oxycodone hcl tabs 10mg</i>	Pref	PA, QL (6 tabs / 1 day); MED
<i>oxycodone hcl tabs 15mg</i>	Pref	PA, QL (4 tabs / 1 day); MED

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tabs 20mg</i>	Pref	PA, QL (3 tabs / 1 day); MED
<i>oxycodone hcl tabs 30mg</i>	Pref	PA, QL (2 tabs / 1 day); MED
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	Non-Pref	PA; MED
<i>oxymorphone hcl tabs 5mg, 10mg; tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	Non-Pref	PA; MED
ROXICODONE TABS 5mg	Non-Pref	PA, QL (12 tabs / 1 day); MED
ROXICODONE TABS 15mg	Non-Pref	PA, QL (4 tabs / 1 day); MED
ROXICODONE TABS 30mg	Non-Pref	PA, QL (2 tabs / 1 day); MED
<i>tramadol hcl cp24 100mg, 200mg, 300mg; tabs 100mg; tb24 100mg, 200mg, 300mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>tramadol hcl tabs 50mg</i>	Pref	PA, QL (8 tabs / 1 day); AGE (Min 12); MED
TRAMADOL HYDROCHLORIDE SOLN 5mg/ml	Non-Pref	PA; AGE (Min 12); MED
ULTRAM TABS 50mg	Non-Pref	PA, QL (8 tabs / 1 day); AGE (Min 12); MED
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg, 36mg	Non-Pref	PA; MED

OPIOID COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>endocet</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>endocet</i>	Pref	PA, QL (6 tabs / 1 day); MED
<i>endocet</i>	Pref	PA, QL (8 tabs / 1 day); MED
FIORICET CAP CODEINE	Non-Pref	PA; AGE (Min 12); MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Pref	PA, QL (180 mL / 1 day)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Pref	PA, QL (180 mL / 1 day); MED
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Pref	PA, QL (9 tabs / 1 day); MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Pref	PA, QL (9 tabs / 1 day); MED
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Pref	PA, QL (5 tabs / 1 day); MED
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Pref	PA, QL (5 tabs / 1 day); MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Pref	PA, QL (5 tabs / 1 day)
LORTAB ELX 10-300MG	Non-Pref	PA; MED
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	Pref	PA, QL (60 mL / 1 day)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Pref	PA, QL (8 tabs / 1 day); MED
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Pref	PA, QL (6 tabs / 1 day); MED
PERCOCET TAB 2.5-325	Non-Pref	PA, QL (12 tabs / 1 day); MED
PERCOCET TAB 5-325MG	Non-Pref	PA, QL (12 tabs / 1 day); MED

Drug Name	Drug Tier	Requirements/Limits
PERCOCET TAB 7.5-325	Non-Pref	PA, QL (8 tabs / 1 day); MED
PERCOCET TAB 10-325MG	Non-Pref	PA, QL (6 tabs / 1 day); MED
SEGLENTIS TAB 56-44MG	Non-Pref	PA, QL (4 tabs / 1 day); AGE (Min 18)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Pref	PA, QL (8 tabs / 1 day); AGE (Min 12); MED
ULTRACET TAB 37.5-325	Non-Pref	PA, QL (8 tabs / 1 day); AGE (Min 12); MED

OPIOID PARTIAL AGONISTS

BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg	Non-Pref	PA; MED
<i>buprenorphine ptwk 5mcg/hr, 10mcg/hr</i>	Pref	PA, QL (0.29 patches / 1 day); MED
<i>buprenorphine ptwk 7.5mcg/hr</i>	Pref	PA, QL (0.29 ea / 1 day); MED
<i>buprenorphine ptwk 15mcg/hr, 20mcg/hr</i>	Pref	PA, QL (0.145 patches / 1 day); MED
<i>buprenorphine hcl subl 2mg</i>	Pref	PA, QL (3 tabs / 1 day); AGE (Min 16)
<i>buprenorphine hcl subl 8mg</i>	Pref	PA, QL (2 tabs / 1 day); AGE (Min 16)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Non-Pref	PA, QL (3 films / 1 day; 90 day supply); AGE (Min 16)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Non-Pref	PA, QL (1 film / 1 day; 90 day supply); AGE (Min 16)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Non-Pref	PA, QL (3 films / 1 day; 90 day supply); AGE (Min 16)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Non-Pref	PA, QL (2 films / 1 day; 90 day supply); AGE (Min 16)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Pref	PA, QL (3 tabs / 1 day); AGE (Min 16)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Pref	PA, QL (3 tabs / 1 day); AGE (Min 16)
<i>butorphanol tartrate soln 10mg/ml</i>	Non-Pref	PA; MED
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr	Pref	PA, QL (0.29 patches / 1 day); MED
BUTRANS PTWK 15mcg/hr, 20mcg/hr	Pref	PA, QL (0.145 patches / 1 day); MED
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	Non-Pref	PA; MED
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	Pref	SP
SUBOXONE MIS 2-0.5MG	Pref	PA, QL (3 films / 1 day; 90 day supply); AGE (Min 16)
SUBOXONE MIS 4-1MG	Pref	PA, QL (1 film / 1 day; 90 day supply); AGE (Min 16)

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE MIS 8-2MG	Pref	PA, QL (3 films / 1 day; 90 day supply); AGE (Min 16)
SUBOXONE MIS 12-3MG	Pref	PA, QL (2 films / 1 day; 90 day supply); AGE (Min 16)
ZUBSOLV SUB 0.7-0.18	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 16)
ZUBSOLV SUB 1.4-0.36	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 16)
ZUBSOLV SUB 2.9-0.71	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 16)
ZUBSOLV SUB 5.7-1.4	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 16)
ZUBSOLV SUB 8.6-2.1	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 16)
ZUBSOLV SUB 11.4-2.9	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 16)

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

ANDRODERM PT24 2mg/24hr	Pref	QL (1 patch / 1 day); AGE (Min 18)
ANDRODERM PT24 4mg/24hr	Pref	QL (1 ea / 1 day); AGE (Min 18)
ANDROGEL GEL 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	Non-Pref	PA; AGE (Min 18)
ANDROGEL PUMP GEL 1.62%	Pref	QL (5 gm / 1 day); AGE (Min 18)
FORTESTA GEL 10mg/act	Non-Pref	PA; AGE (Min 18)
NATESTO GEL 5.5mg/act	Non-Pref	PA; AGE (Min 18)
TESTIM GEL 1%	Non-Pref	PA; AGE (Min 18)
testosterone gel 1%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act	Non-Pref	PA; AGE (Min 18)
testosterone gel 1.62%	Pref	QL (5 gm / 1 day); AGE (Min 18)
testosterone cypionate soln 100mg/ml, 200mg/ml	Pref	
VOGELXO GEL 50mg/5gm	Non-Pref	PA; AGE (Min 18)
VOGELXO PUMP GEL 1%	Non-Pref	PA; AGE (Min 18)

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS

INTRARECTAL STEROIDS

UCERIS FOAM 2mg/act	Non-Pref	PA
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RECTAL COMBINATIONS

avedana hemorrhoidal cool	Pref	OTC
cvs hemorrhoidal	Pref	OTC
gnp hemorrhoidal	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>hemorrhoidal</i>	Pref	OTC
<i>hemorrhoidal cooling</i>	Pref	OTC
<i>hemorrhoidal maximum stre</i>	Pref	OTC
<i>hemorrhoidal suppositorie</i>	Pref	OTC
<i>phenylephrine-cocoa butter suppos 0.25-88.44%</i>	Pref	OTC
<i>preparation h</i>	Pref	OTC
<i>px hemorrhoidal</i>	Pref	OTC
<i>qc hemorrhoidal maximum f</i>	Pref	OTC
<i>qc hemorrhoidal/aloe</i>	Pref	OTC
<i>ra hemorrhoidal</i>	Pref	OTC
<i>sb hemorrhoid</i>	Pref	OTC
<i>sm hemorrhoidal cooling g</i>	Pref	OTC

RECTAL LOCAL ANESTHETICS

<i>anecream5 crea 5%</i>	Pref	OTC
<i>gnp anorectal instant rel crea 5%</i>	Pref	OTC
<i>hemorrhoidal relief cream crea 5%</i>	Pref	OTC
<i>lidocaine (anorectal) crea 5%</i>	Pref	OTC
<i>lipocaine 5 crea 5%</i>	Pref	OTC
<i>pramoxine hcl (rectal) foam 1%</i>	Pref	OTC
<i>ra anorectal crea 5%</i>	Pref	OTC
<i>rectasmoothe crea 5%</i>	Pref	OTC

RECTAL STEROIDS

<i>ANUSOL-HC CREA 2.5%</i>	Pref	
<i>hydrocortisone (rectal) crea 2.5%</i>	Pref	
<i>procto-med hc crea 2.5%</i>	Pref	
<i>PROCTOCORT CREA 1%</i>	Pref	
<i>proctosol hc crea 2.5%</i>	Pref	
<i>proctozone-hc crea 2.5%</i>	Pref	

ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID

ANTACID COMBINATIONS

<i>acid gone</i>	Pref	OTC
<i>antacid extra strength</i>	Pref	OTC
<i>antacid plus sus gas rel</i>	Pref	OTC
<i>antacid sus antigas</i>	Pref	OTC
<i>cvs heartburn relief</i>	Pref	OTC
<i>gnp antacid extra strengt</i>	Pref	OTC
<i>heartburn antacid extra s</i>	Pref	OTC
<i>MAG-AL LIQ</i>	Pref	OTC
<i>mintox plus</i>	Pref	OTC
<i>qc heartburn antacid</i>	Pref	OTC

ANTACIDS - ALUMINUM SALTS

<i>ALUMINUM HYDROXIDE SUSP 320mg/5ml</i>	Pref	OTC
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Drug Name	Drug Tier	Requirements/Limits
ANTACIDS - BICARBONATE		
sodium bicarbonate (antacid) tabs 325mg, 650mg	Pref	OTC
ANTACIDS - CALCIUM SALTS		
alka-seltzer heartburn re chew 750mg	Pref	OTC
ANTACID CHEW 1177mg	Pref	OTC
antacid flavor chews chew 750mg	Pref	OTC
antacid maximum chew 1000mg	Pref	OTC
ANTACID SOFT CHEWS CHEW 1177mg	Pref	OTC
antacid ultra strength chew 1000mg	Pref	OTC
calcium antacid extra str chew 750mg	Pref	OTC
CALCIUM CARBONATE TABS 648mg	Pref	OTC
calcium carbonate (antacid) susp 1250mg/5ml	Pref	OTC
calcium carbonate (antacid) chew tab 500 mg chew 500mg	Pref	OTC
childrens pepto chew 400mg	Pref	OTC
childrens soothe chew 400mg	Pref	OTC
cvs antacid kids chew 750mg	Pref	OTC
CVS ANTACID SOFT CHEWS UL CHEW 1177mg	Pref	OTC
cvs antacid ultra strengt chew 1000mg	Pref	OTC
cvs chewy not chalky flav chew 750mg	Pref	OTC
cvs smooth antacid extra chew 750mg	Pref	OTC
eq antacid extra strength chew 750mg	Pref	OTC
eq antacid ultra strength chew 1000mg	Pref	OTC
eq1 antacid ultra strengt chew 1000mg	Pref	OTC
gnp antacid extra strengt chew 750mg	Pref	OTC
gnp antacid ultra strengt chew 1000mg	Pref	OTC
goodsense antacid/ultra s chew 1000mg	Pref	OTC
hm antacid extra strength chew 750mg	Pref	OTC
maalox childrens chew 400mg	Pref	OTC
px antacid maximum streng chew 1000mg	Pref	OTC
qc antacid extra strength chew 750mg	Pref	OTC
qc antacid ultra strength chew 1000mg	Pref	OTC
ra antacid ultra strength chew 1000mg	Pref	OTC
sm antacid extra strength chew 750mg	Pref	OTC
smooth antacid extra stre chew 750mg	Pref	OTC
TUMS CHEWY DELIGHTS CHEW 1177mg	Pref	OTC
tums smoothies chew 750mg	Pref	OTC
ANTACIDS - MAGNESIUM SALTS		
MAGNESIUM CAPS 500mg	Pref	OTC
magnesium oxide tabs 250mg, 400mg, 420mg	Pref	OTC
maox tabs 420mg	Pref	OTC
qc magnesium tabs 250mg	Pref	OTC
URO MAG CAPS 140mg	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
<i>albendazole tabs 200mg</i>	Pref	PA, QL (4 tabs / 1 day)
BENZNIDAZOLE TABS 12.5mg, 100mg	Pref	AGE (Min 2, Max 12)
<i>ivermectin tabs 3mg</i>	Pref	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
AEMCOLO TBEC 194mg	Non-Pref	PA
FLAGYL CAPS 375mg	Non-Pref	PA
<i>metronidazole caps 375mg</i>	Non-Pref	PA
<i>metronidazole tabs 250mg, 500mg</i>	Pref	
<i>pentamidine isethionate solr 300mg</i>	Pref	
<i>tinidazole tabs 250mg, 500mg</i>	Non-Pref	PA
TRIMETHOPRIM TABS 100mg	Pref	
XIFAXAN TABS 200mg, 550mg	Non-Pref	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Pref	90 day supply
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Pref	90 day supply
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Pref	90 day supply
<i>sulfatrim pediatric</i>	Pref	90 day supply
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750mg/5ml</i>	Pref	PA
<i>nitazoxanide tabs 500mg</i>	Non-Pref	PA
GLYCOPEPTIDES		
FIRVANQ SOLR 25mg/ml, 50mg/ml	Pref	
VANCOCIN CAPS 125mg, 250mg	Non-Pref	PA
<i>vancomycin hcl caps 125mg, 250mg</i>	Pref	
VANCOMYCIN HYDROCHLORIDE SOLR 250mg/5ml	Non-Pref	PA
VANCOMYCIN INJ 750MG	Pref	
LEPROSTATICS		
<i>dapsone tabs 25mg, 100mg</i>	Pref	
LINCOSAMIDES		
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	Pref	QL (4 caps / 1 day)
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	Pref	QL (70 mL / 1 day)
MONOBACTAMS		
CAYSTON SOLR 75mg	Non-Pref	SP, PA, QL (84 vials / 22 days); AGE (Min 7)
OXAZOLIDINONES		
<i>linezolid tabs 600mg</i>	Pref	QL (2 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
<i>fosfomycin tromethamine pack 3gm</i>	Pref	
<i>methenamine hippurate tabs 1gm</i>	Pref	
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	Pref	
<i>nitrofurantoin monohyd macro caps 100mg</i>	Pref	
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
ANTIANGINALS-OTHER		
<i>ranolazine tb12 500mg, 1000mg</i>	Pref	QL (2 tabs / 1 day)
NITRATES		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>NITRO-BID OINT 2%</i>	Pref	QL (4 gm / 1 day; 90 day supply)
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr</i>	Pref	QL (1 patch / 1 day; 90 day supply)
<i>nitroglycerin subl .3mg, .4mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply)
ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	Pref	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml</i>	Pref	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	Pref	AGE (Min 2)
<i>hydroxyzine pamoate caps 25mg, 50mg</i>	Pref	AGE (Min 2)
<i>hydroxyzine pamoate caps 100mg</i>	Pref	
BENZODIAZEPINES		
<i>alprazolam tabs 2mg</i>	Pref	QL (5 tabs / 1 day)
<i>alprazolam tabs .25mg, .5mg, 1mg</i>	Pref	QL (4 tabs / 1 day)
<i>chlordiazepoxide hcl caps 5mg</i>	Pref	QL (4 caps / 1 day)
<i>chlordiazepoxide hcl caps 10mg</i>	Pref	QL (30 caps / 1 day)
<i>chlordiazepoxide hcl caps 25mg</i>	Pref	QL (12 caps / 1 day)
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	Non-Pref	PA
<i>diazepam conc 5mg/ml; soln 5mg/5ml; tabs 2mg, 5mg, 10mg</i>	Pref	
<i>lorazepam tabs 2mg</i>	Pref	QL (5 tabs / 1 day)
<i>lorazepam tabs .5mg, 1mg</i>	Pref	QL (3 tabs / 1 day)
<i>TRANXENE T TABS 7.5mg</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS		
ANTIARRHYTHMICS TYPE I-B		
LIDOCAINE HCL SOLN 100mg/5ml	Pref	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tabs 50mg, 100mg, 150mg	Pref	
propafenone hcl tabs 150mg, 225mg, 300mg	Pref	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tabs 100mg, 200mg, 400mg	Pref	
pacrone tabs 100mg, 200mg, 400mg	Pref	
ASTHMA AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE		
ASTHMA - MONOCLONAL ANTIBODIES		
NUCALA SOAJ 100mg/ml	Pref	SP, PA, QL (0.04 injections / 1 day)
NUCALA SOSY 100mg/ml	Pref	SP, PA, QL (0.04 syringes / 1 day)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	Pref	90 day supply
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Non-Pref	PA
ipratropium bromide soln .02%	Pref	90 day supply
LONHALA MAGNAIR STARTER K SOLN 25mcg/ml	Non-Pref	PA
SPIRIVA HANDIHALER CAPS 18mcg	Pref	90 day supply
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	Pref	
TUDORZA PRESSAIR AEPB 400mcg/act	Non-Pref	PA
YUPELRI SOLN 175mcg/3ml	Non-Pref	PA
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	Non-Pref	PA
montelukast sodium chew 4mg	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Max 5)
montelukast sodium chew 5mg	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Max 14)
montelukast sodium pack 4mg	Non-Pref	PA; 90 day supply
montelukast sodium tabs 10mg	Pref	QL (1 tab / 1 day; 90 day supply)
SINGULAIR CHEW 4mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Max 5)
SINGULAIR CHEW 5mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Max 14)
SINGULAIR PACK 4mg	Non-Pref	PA; 90 day supply
SINGULAIR TABS 10mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
zafirlukast tabs 10mg, 20mg	Non-Pref	PA
zileuton tb12 600mg	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ZYFLO TABS 600mg	Non-Pref	PA
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TABS 250mcg, 500mcg	Non-Pref	PA
STERIOD INHALANTS		
ALVESCO AERS 80mcg/act, 160mcg/act	Non-Pref	PA
ARMONAIR DIGIHALER AEPB 55mcg/act, 113mcg/act, 232mcg/act	Non-Pref	PA
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	Non-Pref	PA
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act	Non-Pref	PA
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh	Pref	90 day supply
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh, 220mcg/inh	Pref	90 day supply
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh	Pref	90 day supply
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh	Pref	90 day supply
budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml	Pref	
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist	Pref	90 day supply
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	Pref	90 day supply
FLUTICASONE PROPIONATE HF AERO 44mcg/act, 110mcg/act, 220mcg/act	Non-Pref	PA
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	Non-Pref	PA
PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act	Pref	90 day supply
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	Non-Pref	PA
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	Pref	90 day supply
ADVAIR DISKU AER 250/50	Pref	90 day supply
ADVAIR DISKU AER 500/50	Pref	90 day supply
ADVAIR HFA AER 45/21	Pref	90 day supply
ADVAIR HFA AER 115/21	Pref	90 day supply
ADVAIR HFA AER 230/21	Pref	90 day supply
AIRDUO DGHLR INH 55-14	Non-Pref	PA
AIRDUO DGHLR INH 113-14	Non-Pref	PA
AIRDUO DGHLR INH 232-14	Non-Pref	PA
AIRDUO RESPI INH 55-14	Non-Pref	PA
AIRDUO RESPI INH 113-14	Non-Pref	PA
AIRDUO RESPI INH 232-14	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate aers 108mcg/act</i>	Pref	QL (0.119 inhalers / 1 day; 90 day supply)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	Pref	QL (18 each / 1 day)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	Pref	QL (18 each / 1 day; 90 day supply)
<i>albuterol sulfate syrp 2mg/5ml</i>	Pref	
ANORO ELLIPT AER 62.5-25	Pref	90 day supply
<i>arformoterol tartrate nebu 15mcg/2ml</i>	Non-Pref	PA
<i>asthmanefrin refill nebu 2.25%</i>	Pref	OTC
BEVESPI AER 9-4.8MCG	Non-Pref	PA; 90 day supply
BREO ELLIPTA INH 100-25	Non-Pref	PA
BREO ELLIPTA INH 200-25	Non-Pref	PA
BREZTRI AERO AER SPHERE	Non-Pref	PA
BROVANA NEBU 15mcg/2ml	Non-Pref	PA
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Non-Pref	PA; 90 day supply
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Non-Pref	PA; 90 day supply
COMBIVENT AER 20-100	Pref	90 day supply
DUAKLIR AER 400/12	Non-Pref	PA
DULERA AER 50-5MCG	Pref	90 day supply
DULERA AER 100-5MCG	Pref	90 day supply
DULERA AER 200-5MCG	Pref	90 day supply
FLUTIC/VILAN INH 100-25	Non-Pref	PA
FLUTIC/VILAN INH 200-25	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	Non-Pref	PA; 90 day supply
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	Non-Pref	PA; 90 day supply
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	Non-Pref	PA; 90 day supply
<i>formoterol fumarate nebu 20mcg/2ml</i>	Non-Pref	PA
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Pref	90 day supply
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	Non-Pref	PA
<i>levalbuterol tartrate aero 45mcg/act</i>	Non-Pref	PA
PERFOROMIST NEBU 20mcg/2ml	Non-Pref	PA
PROAIR DIGIHALER AEPB 108mcg/act	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
PROAIR HFA AERS 108mcg/act	Pref	QL (0.094 inhalers / 1 day; 90 day supply)
PROAIR RESPICLICK AEPB 108mcg/act	Non-Pref	PA
PROVENTIL HFA AERS 108mcg/act	Non-Pref	PA, QL (6 inhalers / 72 days; 90 day supply)
SEREVENT DISKUS AEPB 50mcg/dose	Pref	QL (2 inhalations / 1 day; 90 day supply); AGE (Min 3)
STIOLTO AER 2.5-2.5	Pref	90 day supply
STRIVERDI RESPIMAT AERS 2.5mcg/act	Pref	QL (0.036 inhalers / 1 day)
SYMBICORT AER 80-4.5	Pref	90 day supply
SYMBICORT AER 160-4.5	Pref	90 day supply
TRELEGY AER 100MCG	Non-Pref	PA
TRELEGY AER 200MCG	Non-Pref	PA
VENTOLIN HFA AERS 108mcg/act	Pref	QL (0.083 inhalers / 1 day; 90 day supply)
VENTOLIN HFA AERS 108mcg/act	Pref	QL (0.188 inhalers / 1 day; 90 day supply)
<i>wixela inhub</i>	Non-Pref	PA; 90 day supply
XOPENEX NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	Non-Pref	PA
XOPENEX CONCENTRATE NEBU 1.25mg/0.5ml	Non-Pref	PA
XOPENEX HFA AERO 45mcg/act	Non-Pref	PA

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

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

DIRECT FACTOR XA INHIBITORS

ELIQUIS TABS 2.5mg, 5mg	Pref	90 day supply
ELIQUIS STARTER PACK TBPK 5mg	Pref	
SAVAYSA TABS 15mg, 30mg, 60mg	Non-Pref	PA
XARELTO SUSR 1mg/ml	Pref	
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	Pref	90 day supply
XARELTO STAR TAB 15/20MG	Pref	

HEPARINS AND HEPARINOID-LIKE AGENTS

ARIXTRA SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Non-Pref	PA
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	Pref	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOLN 95000unit/3.8ml; SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	Non-Pref	PA
<i>heparin sodium (porcine) soln 5000unit/0.5ml</i>	Pref	
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Non-Pref	PA

THROMBIN INHIBITORS

PRADAXA CAPS 75mg, 110mg, 150mg	Pref	90 day supply
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ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	Non-Pref	PA
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ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	Pref	
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	Pref	
<i>clonazepam tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	Non-Pref	PA
DIASTAT ACUDIAL GEL 10mg, 20mg	Pref	
DIASTAT PEDIATRIC GEL 2.5mg	Pref	
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	Pref	
KLONOPIN TABS .5mg, 1mg, 2mg	Non-Pref	PA
NAYZILAM SOLN 5mg/0.1ml	Non-Pref	PA
ONFI SUSP 2.5mg/ml; TABS 10mg, 20mg	Non-Pref	PA
SYMPAZAN FILM 5mg, 10mg, 20mg	Non-Pref	PA
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	Pref	

ANTICONVULSANTS - MISC.

APTIOM TABS 200mg, 400mg, 600mg, 800mg	Non-Pref	PA
BANZEL SUSP 40mg/ml; TABS 200mg, 400mg	Non-Pref	PA
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	Non-Pref	PA
<i>carbamazepine chew 100mg; susp 100mg/5ml; tabs 200mg</i>	Pref	90 day supply
<i>carbamazepine cp12 100mg, 200mg, 300mg; tb12 100mg, 200mg, 400mg</i>	Non-Pref	PA; 90 day supply
CARBATROL CP12 100mg, 200mg, 300mg	Pref	90 day supply
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	Non-Pref	SP, PA
ELEPSIA XR TB24 1000mg, 1500mg	Non-Pref	PA
EPIDIOLEX SOLN 100mg/ml	Pref	SP, PA; AGE (Min 1)
<i>epitol tabs 200mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
EPRONTIA SOLN 25mg/ml	Non-Pref	PA
FINTEPLA SOLN 2.2mg/ml	Non-Pref	PA; AGE (Min 2, Max 18)
<i>gabapentin caps 100mg, 300mg, 400mg</i>	Pref	QL (9 caps / 1 day)
<i>gabapentin soln 250mg/5ml, 300mg/6ml</i>	Pref	QL (72 mL / 1 day)
<i>gabapentin tabs 600mg</i>	Pref	QL (6 tabs / 1 day)
<i>gabapentin tabs 800mg</i>	Pref	QL (5 tabs / 1 day)
KEPPRA SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	Non-Pref	PA; 90 day supply
KEPPRA XR TB24 500mg, 750mg	Non-Pref	PA; 90 day supply
<i>lacosamide soln 10mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	Non-Pref	PA
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	Non-Pref	PA; 90 day supply
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	Non-Pref	PA; 90 day supply
LAMICTAL KIT START 49	Non-Pref	PA
LAMICTAL KIT START 98	Non-Pref	PA
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	Pref	
LAMICTAL ODT KIT	Pref	
LAMICTAL STARTER/TAKING V KIT 25mg	Non-Pref	PA
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Non-Pref	PA; 90 day supply
LAMICTAL XR KIT	Non-Pref	PA
<i>lamotrigine chew 5mg, 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	Pref	90 day supply
<i>lamotrigine kit 25mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	Non-Pref	PA
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	Non-Pref	PA
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	Non-Pref	PA
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	Non-Pref	PA
<i>levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	Pref	90 day supply
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAPS 225mg, 300mg	Non-Pref	PA, QL (2 caps / 1 day)
LYRICA SOLN 20mg/ml	Non-Pref	PA
MYSOLINE TABS 50mg, 250mg	Non-Pref	PA; 90 day supply
NEURONTIN CAPS 100mg, 300mg, 400mg	Non-Pref	PA, QL (9 caps / 1 day)
NEURONTIN SOLN 250mg/5ml	Non-Pref	PA, QL (72 mL / 1 day)
NEURONTIN TABS 600mg	Non-Pref	PA, QL (6 tabs / 1 day)
NEURONTIN TABS 800mg	Non-Pref	PA, QL (5 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine susp 300mg/5ml</i>	Non-Pref	PA; 90 day supply
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	Pref	90 day supply
OXTELLAR XR TB24 150mg, 300mg, 600mg	Non-Pref	PA
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin caps 225mg, 300mg</i>	Pref	QL (2 caps / 1 day)
<i>pregabalin soln 20mg/ml</i>	Non-Pref	PA
<i>primidone tabs 50mg, 250mg</i>	Pref	90 day supply
QUDEXY XR CS24 25mg, 50mg, 100mg, 150mg, 200mg	Non-Pref	PA
<i>roweepra tabs 500mg</i>	Pref	90 day supply
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	Non-Pref	PA
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	Non-Pref	PA
<i>subvenite tabs 25mg, 100mg, 150mg, 200mg</i>	Pref	90 day supply
<i>subvenite starter kit/blu kit 25mg</i>	Non-Pref	PA
<i>subvenite starter kit/gre</i>	Non-Pref	PA
<i>subvenite starter kit/ora</i>	Non-Pref	PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	Non-Pref	PA; 90 day supply
TEGRETOL-XR TB12 100mg, 200mg, 400mg	Pref	90 day supply
TOPAMAX TABS 25mg, 50mg, 100mg, 200mg	Non-Pref	PA; 90 day supply
TOPAMAX SPRINKLE CPSP 15mg, 25mg	Non-Pref	PA; 90 day supply
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	Pref	90 day supply
<i>topiramate cs24 25mg, 50mg, 100mg, 150mg, 200mg</i>	Non-Pref	PA
TRILEPTAL SUSP 300mg/5ml	Pref	90 day supply
TRILEPTAL TABS 150mg, 300mg, 600mg	Non-Pref	PA; 90 day supply
TROKENDI XR CP24 25mg, 50mg, 100mg, 200mg	Non-Pref	PA
VIMPAT SOLN 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Pref	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	Pref	90 day supply

CARBAMATES

<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	Non-Pref	PA
FELBATOL SUSP 600mg/5ml; TABS 400mg, 600mg	Non-Pref	PA
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	Non-Pref	PA
XCOPRI PAK 12.5-25	Non-Pref	PA
XCOPRI PAK 50-100MG	Non-Pref	PA
XCOPRI PAK 100-150	Non-Pref	PA
XCOPRI PAK 150-200	Non-Pref	PA

GABA MODULATORS

GABITRIL TABS 2mg, 4mg, 12mg, 16mg	Pref	
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AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
SABRIL PACK 500mg; TABS 500mg	Non-Pref	PA
tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg	Non-Pref	PA
vigabatrin pack 500mg; tabs 500mg	Non-Pref	PA
vigadrone pack 500mg	Non-Pref	PA

HYDANTOINS

DILANTIN CAPS 30mg	Pref	
DILANTIN CAPS 100mg	Non-Pref	PA; 90 day supply
DILANTIN INFATABS CHEW 50mg	Non-Pref	PA; 90 day supply
DILANTIN-125 SUSP 125mg/5ml	Non-Pref	PA; 90 day supply
PHENYTEK CAPS 200mg, 300mg	Non-Pref	PA; 90 day supply
phenytoin susp 100mg/4ml, 125mg/5ml	Pref	90 day supply
phenytoin infatabs chew 50mg	Pref	90 day supply
phenytoin sodium extended caps 100mg, 200mg, 300mg	Pref	90 day supply

SUCCINIMIDES

CELONTIN CAPS 300mg	Non-Pref	PA
ethosuximide caps 250mg; soln 250mg/5ml	Pref	90 day supply
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	Non-Pref	PA; 90 day supply

VALPROIC ACID

DEPAKOTE TBEC 125mg, 250mg, 500mg	Non-Pref	PA; 90 day supply
DEPAKOTE ER TB24 250mg, 500mg	Non-Pref	PA; 90 day supply
DEPAKOTE SPRINKLES CSDR 125mg	Non-Pref	PA; 90 day supply
divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg	Pref	90 day supply
valproate sodium soln 250mg/5ml	Pref	90 day supply
valproic acid caps 250mg	Pref	90 day supply

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

mirtazapine tabs 7.5mg	Pref	QL (2 tabs / 1 day; 90 day supply)
mirtazapine tabs 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg	Pref	QL (1 tab / 1 day; 90 day supply)
REMERON TABS 15mg, 30mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

ANTIDEPRESSANTS - MISC.

APLENZIN TB24 174mg, 348mg, 522mg	Non-Pref	PA
bupropion hcl tabs 75mg	Pref	QL (6 tabs / 1 day; 90 day supply)
bupropion hcl tabs 100mg	Pref	QL (5 tabs / 1 day; 90 day supply)
bupropion hcl tb12 100mg	Pref	QL (4 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tb12 150mg, 200mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>bupropion hcl tb24 150mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>bupropion hcl tb24 300mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>bupropion hcl tb24 450mg</i>	Non-Pref	PA
FORFIVO XL TB24 450mg	Non-Pref	PA
WELLBUTRIN SR TB12 100mg	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
WELLBUTRIN SR TB12 150mg, 200mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
WELLBUTRIN XL TB24 150mg	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply)
WELLBUTRIN XL TB24 300mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	Non-Pref	PA
MARPLAN TABS 10mg	Non-Pref	PA
NARDIL TABS 15mg	Non-Pref	PA, QL (6 tabs / 1 day)
<i>phenelzine sulfate tabs 15mg</i>	Pref	QL (6 tabs / 1 day)
<i>tranylcypromine sulfate tabs 10mg</i>	Non-Pref	PA

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

CELEXA TABS 10mg, 20mg, 40mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
CITALOPRAM HYDROBROMIDE CAPS 30mg	Non-Pref	PA
<i>citalopram hydrobromide soln 10mg/5ml</i>	Pref	QL (20 mL / 1 day; 90 day supply)
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>escitalopram oxalate soln 5mg/5ml</i>	Non-Pref	PA
<i>escitalopram oxalate tabs 5mg, 10mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>escitalopram oxalate tabs 20mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fluoxetine hcl caps 10mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>fluoxetine hcl caps 20mg</i>	Pref	QL (4 caps / 1 day)
<i>fluoxetine hcl caps 40mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>fluoxetine hcl cpdr 90mg; tabs 10mg, 20mg, 60mg</i>	Non-Pref	PA
<i>fluoxetine hcl soln 20mg/5ml</i>	Pref	QL (20 mL / 1 day; 90 day supply)
FLUOXETINE HYDROCHLORIDE TABS 60mg	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate cp24 100mg, 150mg</i>	Non-Pref	PA
<i>fluvoxamine maleate tabs 25mg, 50mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fluvoxamine maleate tabs 100mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
LEXAPRO TABS 5mg, 10mg	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
LEXAPRO TABS 20mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>paroxetine hcl susp 10mg/5ml; tb24 12.5mg, 25mg, 37.5mg</i>	Non-Pref	PA
<i>paroxetine hcl tabs 10mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>paroxetine hcl tabs 20mg, 40mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>paroxetine hcl tabs 30mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
PAXIL SUSP 10mg/5ml	Non-Pref	PA
PAXIL TABS 10mg	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
PAXIL TABS 20mg, 40mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PAXIL TABS 30mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
PAXIL CR TB24 12.5mg, 25mg, 37.5mg	Non-Pref	PA
PEXEVA TABS 10mg, 20mg, 30mg	Non-Pref	PA
PROZAC CAPS 10mg	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
PROZAC CAPS 20mg	Non-Pref	PA, QL (4 caps / 1 day)
PROZAC CAPS 40mg	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
<i>sertraline hcl conc 20mg/ml</i>	Pref	QL (10 mL / 1 day; 90 day supply)
<i>sertraline hcl tabs 25mg, 50mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>sertraline hcl tabs 100mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg	Non-Pref	PA
ZOLOFT CONC 20mg/ml	Non-Pref	PA, QL (10 mL / 1 day; 90 day supply)
ZOLOFT TABS 25mg, 50mg	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
ZOLOFT TABS 100mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
SEROTONIN MODULATORS		
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	Non-Pref	PA
<i>trazodone hcl tabs 50mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>trazodone hcl tabs 100mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>trazodone hcl tabs 150mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>trazodone hcl tabs 300mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
TRINTELLIX TABS 5mg, 10mg, 20mg	Non-Pref	PA
VIIBRYD TABS 10mg, 20mg, 40mg	Non-Pref	PA
VIIBRYD KIT STARTER	Non-Pref	PA
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	Non-Pref	PA
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA CPEP 20mg, 30mg	Non-Pref	PA, QL (1 cap / 1 day)
CYMBALTA CPEP 60mg	Non-Pref	PA, QL (2 caps / 1 day)
DESVENLAFAXINE ER TB24 50mg, 100mg	Non-Pref	PA; 90 day supply
<i>desvenlafaxine succinate tb24 25mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>desvenlafaxine succinate tb24 50mg, 100mg</i>	Pref	QL (1 tab / 1 day)
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	Non-Pref	PA
<i>duloxetine hcl cpep 20mg</i>	Pref	QL (1 cap / 1 day)
<i>duloxetine hcl cpep 30mg</i>	Pref	QL (1 ea / 1 day)
<i>duloxetine hcl cpep 40mg</i>	Non-Pref	PA
<i>duloxetine hcl cpep 60mg</i>	Pref	QL (2 ea / 1 day)
EFFEXOR XR CP24 37.5mg, 150mg	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
EFFEXOR XR CP24 75mg	Non-Pref	PA, QL (3 caps / 1 day; 90 day supply)
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	Non-Pref	PA
FETZIMA CAP TITRATIO	Non-Pref	PA
PRISTIQ TB24 25mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PRISTIQ TB24 50mg, 100mg	Non-Pref	PA, QL (1 tab / 1 day)
<i>venlafaxine hcl cp24 37.5mg, 150mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>venlafaxine hcl cp24 75mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	Pref	90 day supply
<i>venlafaxine hcl tb24 37.5mg, 75mg, 150mg, 225mg</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
TRICYCLIC AGENTS		
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	Pref	
<i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>	Pref	
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	Pref	
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	Pref	
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	Pref	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	Pref	
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	Pref	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg</i>	Pref	
ANTIDIABETICS - DRUGS TO TREAT DIABETES		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply); AGE (Min 18)
<i>acarbose tabs 50mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply); AGE (Min 18)
<i>acarbose tabs 100mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min 18)
<i>miglitol tabs 25mg, 50mg, 100mg</i>	Non-Pref	PA; AGE (Min 18)
PRECOSE TABS 25mg	Non-Pref	PA, QL (12 tabs / 1 day; 90 day supply); AGE (Min 18)
PRECOSE TABS 50mg	Non-Pref	PA, QL (6 tabs / 1 day; 90 day supply); AGE (Min 18)
PRECOSE TABS 100mg	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply); AGE (Min 18)
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	Non-Pref	PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	Non-Pref	PA
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-850MG	Non-Pref	PA
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Non-Pref	PA; AGE (Min 18)
DUETACT TAB 30-2MG	Non-Pref	PA
DUETACT TAB 30-4MG	Non-Pref	PA
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Pref	QL (8 tabs / 1 day)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Pref	QL (4 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl tab 5-500 mg</i>	Pref	QL (4 tabs / 1 day)
<i>glyburide-metformin tab 1.25-250 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min 18)
<i>glyburide-metformin tab 2.5-500 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min 18)
<i>glyburide-metformin tab 5-500 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min 18)
GLYXAMBI TAB 10-5 MG	Non-Pref	PA; AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
GLYXAMBI TAB 25-5 MG	Non-Pref	PA; AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET TAB 50-500MG	Pref	AGE (Min 18); PRIOR USE OF METFORMIN
INVOKAMET TAB 50-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN
INVOKAMET TAB 150-500	Pref	AGE (Min 18); PRIOR USE OF METFORMIN
INVOKAMET TAB 150-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN
INVOKAMET XR TAB 50-500MG	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET XR TAB 50-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET XR TAB 150-500	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET XR TAB 150-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
JANUMET TAB 50-500MG	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min 18); PRIOR USE OF METFORMIN
JANUMET TAB 50-1000	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min 18); PRIOR USE OF METFORMIN
JANUMET XR TAB 50-500MG	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
JANUMET XR TAB 50-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply

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

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 5-1000MG	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY TAB 12.5-500	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY XR TAB	Non-Pref	PA; AGE (Min 18)
SYNJARDY XR TAB 5-1000MG	Non-Pref	PA; AGE (Min 18)
SYNJARDY XR TAB 10-1000	Non-Pref	PA; AGE (Min 18)
SYNJARDY XR TAB 25-1000	Non-Pref	PA; AGE (Min 18)
TRIJARDY XR TAB	Non-Pref	PA; AGE (Min 18)
XIGDUO XR TAB 2.5-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 5-500MG	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 5-1000MG	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 10-500MG	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 10-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
XULTOPHY INJ 100/3.6	Non-Pref	PA
BIGUANIDES		
GLUMETZA TB24 500mg, 1000mg	Non-Pref	PA; AGE (Min 10)
<i>metformin hcl soln 500mg/5ml; tb24 500mg, 1000mg</i>	Non-Pref	PA; AGE (Min 10)
<i>metformin hcl tabs 500mg; tb24 500mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply); AGE (Min 10)
<i>metformin hcl tabs 850mg; tb24 750mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min 10)
<i>metformin hcl tabs 1000mg</i>	Pref	QL (2.5 tabs / 1 day; 90 day supply); AGE (Min 10)
RIOMET SOLN 500mg/5ml	Non-Pref	PA; AGE (Min 10)
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3mg/dose	Pref	QL (2 ea / 24 days)
BAQSIMI TWO PACK POWD 3mg/dose	Pref	QL (2 ea / 24 days)
CVS GLUCOSE CHW FRUIT	Pref	OTC
CVS GLUCOSE CHW GRAPE	Pref	OTC
CVS GLUCOSE CHW ORANGE	Pref	OTC
CVS GLUCOSE CHW RASPBERRY	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
CVS GLUCOSE CHW TROP BLS	Pref	OTC
DEX4 CHW FRUIT	Pref	OTC
DEX4 CHW GRAPE	Pref	OTC
DEX4 CHW ORANGE	Pref	OTC
DEX4 CHW RASPBERR	Pref	OTC
DEX4 CHW RASPBERRY	Pref	OTC
DEX4 CHW SOUR APL	Pref	OTC
DEX4 CHW TROP FRT	Pref	OTC
DEX4 CHW WATERMLN	Pref	OTC
DEX4 GLUCOSE CHW	Pref	OTC
DEX4 NATURAL CHW ORANGE	Pref	OTC
DEX4 POUCH CHW PACK	Pref	OTC
GLUCAGEN HYPOKIT SOLR 1mg	Pref	QL (2 syringes / 24 days)
<i>glucagon (rdna) kit 1mg</i>	Pref	QL (2 kits / 24 days)
GLUCOSE CHW 4-0.006	Pref	OTC
GLUCOSE CHW 4-.006GM	Pref	OTC
GLUCOSE CHW 4GM	Pref	OTC
GLUCOSE CHW FRT PNCH	Pref	OTC
GLUCOSE CHW FRUIT	Pref	OTC
GLUCOSE CHW GRAPE	Pref	OTC
GLUCOSE CHW ORANGE	Pref	OTC
GLUCOSE CHW RASPBERRY	Pref	OTC
GLUCOSE CHW RASPBRRY	Pref	OTC
GLUCOSE CHW TROP FRT	Pref	OTC
GLUCOSE CHW WATERMLN	Pref	OTC
GNP GLUCOSE CHW GRAPE	Pref	OTC
GNP GLUCOSE CHW ORANGE	Pref	OTC
GNP GLUCOSE CHW RASPBERRY	Pref	OTC
GNP GLUCOSE CHW WATERMLN	Pref	OTC
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Pref	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Pref	
GVOKE PFS SOSY 1mg/0.2ml	Pref	QL (0.035 syringes / 1 day)
GVOKE PFS SOSY .5mg/0.1ml	Pref	QL (0.07 syringes / 1 day)
KROG GLUCOSE CHW GRAPE	Pref	OTC
KROG GLUCOSE CHW ORANGE	Pref	OTC
KROG GLUCOSE CHW RASPBERRY	Pref	OTC
KROG GLUCOSE CHW TROP FRT	Pref	OTC
KROG GLUCOSE CHW WATERMLN	Pref	OTC
PX GLUCOSE CHW FRUIT	Pref	OTC
PX GLUCOSE CHW ORANGE	Pref	OTC
PX GLUCOSE CHW RASPBERRY	Pref	OTC
PX GLUCOSE CHW SOUR APL	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
PX GLUCOSE CHW TROP FRU	Pref	OTC
RA GLUCOSE CHW GRAPE	Pref	OTC
RA GLUCOSE CHW ORANGE	Pref	OTC
RA GLUCOSE CHW RASPBERRY	Pref	OTC
RA GLUCOSE CHW TROP FRT	Pref	OTC
RELION GLUCO CHW 4GM	Pref	OTC
SM GLUCOSE CHW ORANGE	Pref	OTC
SM GLUCOSE CHW RASPBERRY	Pref	OTC
SMART SENSE CHW 4GM	Pref	OTC
SMART SENSE CHW GLUCOSE	Pref	OTC
TGT GLUCOSE CHW GRAPE	Pref	OTC
TGT GLUCOSE CHW ORANGE	Pref	OTC
TGT GLUCOSE CHW RASPBERRY	Pref	OTC
TGT GLUCOSE CHW TROP FRT	Pref	OTC
UP&UP CHW GRAPE	Pref	OTC
UP&UP CHW ORANGE	Pref	OTC
UP&UP CHW RASPBERRY	Pref	OTC
VP GLUCOSE CHW FRUIT	Pref	OTC
VP GLUCOSE CHW GRAPE	Pref	OTC

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	Non-Pref	PA; AGE (Min 18)
JANUVIA TABS 25mg, 50mg, 100mg	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min 18); PRIOR USE OF METFORMIN
NESINA TABS 6.25mg, 12.5mg, 25mg	Non-Pref	PA; AGE (Min 18)
ONGLYZA TABS 2.5mg, 5mg	Non-Pref	PA; AGE (Min 18)
TRADJENTA TABS 5mg	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply

INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

ADLYXIN SOPN 20mcg/0.2ml	Non-Pref	PA
ADLYXIN INJ 10/20MCG	Non-Pref	PA
BYDUREON BCISE AUIJ 2mg/0.85ml	Non-Pref	PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	Pref	90 day supply
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	Non-Pref	PA; AGE (Min 18)
OZEMPIC SOPN 2mg/1.5ml	Non-Pref	PA
OZEMPIC SOPN 4mg/3ml	Non-Pref	PA; AGE (Min 18)
OZEMPIC INJ 8MG/3ML	Non-Pref	PA; AGE (Min 18)
RYBELSUS TABS 3mg, 7mg, 14mg	Non-Pref	PA; AGE (Min 18)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Pref	90 day supply
VICTOZA SOPN 18mg/3ml	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
INSULIN		
ADMELOG SOLN 100unit/ml	Pref	90 day supply
ADMELOG SOLOSTAR SOPN 100unit/ml	Pref	
AFREZZA POWD 4unit, 8unit, 12unit	Non-Pref	PA
AFREZZA POW 4-8 UNIT	Non-Pref	PA
AFREZZA POW 4-8-12	Non-Pref	PA
AFREZZA POW 8-12UNIT	Non-Pref	PA
APIDRA SOLN 100unit/ml	Non-Pref	PA
APIDRA SOLOSTAR SOPN 100unit/ml	Non-Pref	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	Pref	90 day supply
FIASP FLEX INJ TOUCH	Non-Pref	PA
FIASP INJ 100/ML	Non-Pref	PA
FIASP PENFIL INJ U-100	Non-Pref	PA
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	Pref	90 day supply
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	Pref	
HUMALOG KWIKPEN SOPN 100unit/ml	Pref	
HUMALOG KWIKPEN SOPN 200unit/ml	Non-Pref	PA
HUMALOG MIX INJ 50/50	Pref	90 day supply
HUMALOG MIX INJ 50/50KWP	Pref	
HUMALOG MIX INJ 75/25KWP	Pref	
HUMALOG MIX SUS 75/25	Pref	90 day supply
HUMULIN INJ 70/30	Pref	OTC; 90 day supply
HUMULIN INJ 70/30KWP	Pref	OTC; 90 day supply
HUMULIN N SUSP 100unit/ml	Pref	OTC; 90 day supply
HUMULIN N KWIKPEN SUPN 100unit/ml	Pref	OTC; 90 day supply
HUMULIN R SOLN 100unit/ml	Pref	OTC; 90 day supply
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Pref	90 day supply
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Pref	90 day supply
INS ASP PROT INJ FLEXPEN	Pref	90 day supply
INSULIN ASPA INJ 70/30	Pref	90 day supply
INSULIN ASPART SOLN 100unit/ml	Pref	90 day supply
INSULIN ASPART FLEXPEN SOPN 100unit/ml	Pref	90 day supply
INSULIN ASPART PENFILL SOCT 100unit/ml	Pref	90 day supply
INSULIN GLARGINE SOLN 100unit/ml	Non-Pref	PA
INSULIN GLARGINE SOLN 100unit/ml; SOPN 100unit/ml	Pref	
INSULIN GLARGINE SOLOSTAR SOPN 100unit/ml	Non-Pref	PA
INSULIN LISP INJ PROTAMIN	Pref	
INSULIN LISPRO SOLN 100unit/ml	Pref	90 day supply
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	Pref	
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	Pref	
LANTUS SOLN 100unit/ml	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR SOPN 100unit/ml	Pref	90 day supply
LEVEMIR SOLN 100unit/ml	Pref	90 day supply
LEVEMIR FLEXTOUCH SOPN 100unit/ml	Pref	90 day supply
LYUMJEV SOLN 100unit/ml	Non-Pref	PA
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	Non-Pref	PA
NOVOLIN70/30 INJ RELION	Non-Pref	PA, OTC; 90 day supply
NOVOLIN INJ 70/30	Non-Pref	PA, OTC; 90 day supply
NOVOLIN INJ 70/30 FP	Non-Pref	PA, OTC; 90 day supply
NOVOLIN N SUSP 100unit/ml	Non-Pref	PA, OTC; 90 day supply
NOVOLIN N FLEXPEN SUPN 100unit/ml	Non-Pref	PA, OTC; 90 day supply
NOVOLIN N RELION SUSP 100unit/ml	Non-Pref	PA, OTC; 90 day supply
NOVOLIN R SOLN 100unit/ml	Non-Pref	PA, OTC; 90 day supply
NOVOLIN R FLEXPEN SOPN 100unit/ml	Non-Pref	PA, OTC
NOVOLIN R RELION SOLN 100unit/ml	Non-Pref	PA, OTC; 90 day supply
NOVOLOG SOLN 100unit/ml	Pref	90 day supply
NOVOLOG FLEXPEN SOPN 100unit/ml	Pref	90 day supply
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	Pref	
NOVOLOG MIX INJ 70/30	Non-Pref	PA; 90 day supply
NOVOLOG MIX INJ FLEX REL	Non-Pref	PA; 90 day supply
NOVOLOG MIX INJ FLEXPEN	Non-Pref	PA; 90 day supply
NOVOLOG PENFILL SOCT 100unit/ml	Pref	90 day supply
NOVOLOG RELI INJ 70/30	Non-Pref	PA; 90 day supply
NOVOLOG RELION SOLN 100unit/ml	Pref	90 day supply
SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml	Non-Pref	PA
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Non-Pref	PA
TOUJEO SOLOSTAR SOPN 300unit/ml	Non-Pref	PA
TRESIBA SOLN 100unit/ml	Non-Pref	PA
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Non-Pref	PA

INSULIN SENSITIZING AGENTS

ACTOS TABS 15mg, 30mg, 45mg	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min 18)
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	Pref	QL (1 tab / 1 day); AGE (Min 18)

MEGLITINIDE ANALOGUES

<i>nateglinide tabs 60mg, 120mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min 18)
<i>repaglinide tabs 2mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min 18)
<i>repaglinide tabs .5mg, 1mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min 18)

Drug Name	Drug Tier	Requirements/Limits
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TABS 5mg, 10mg	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min 18); PRIOR USE OF METFORMIN
INVOKANA TABS 100mg	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min 18); PRIOR USE OF METFORMIN
INVOKANA TABS 300mg	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min 18); PRIOR USE OF METFORMIN
JARDIANCE TABS 10mg, 25mg	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
STEGLATRO TABS 5mg, 15mg	Non-Pref	PA; AGE (Min 18)

SULFONYLUREAS

AMARYL TABS 1mg, 2mg, 4mg	Non-Pref	PA; AGE (Min 18); 90 day supply
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	Pref	AGE (Min 18); 90 day supply
GLUCOTROL XL TB24 2.5mg, 5mg, 10mg	Non-Pref	PA; AGE (Min 18); 90 day supply
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	Pref	AGE (Min 18); 90 day supply
GLYNASE TABS 1.5mg, 3mg, 6mg	Non-Pref	PA; AGE (Min 18); 90 day supply

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>abatinex caps 680mg</i>	Pref	OTC
ACIDOPHILUS WAFR 1mg	Pref	OTC
<i>acidophilus extra strengt</i>	Pref	OTC
<i>acidophilus probiotic caps 10mg, 100mg; tabs .5mg</i>	Pref	OTC
ACIDOPHILUS TAB BLEND	Pref	OTC
ACIDOPHILUS/ WAF BIFIDUS	Pref	OTC
<i>align chew 10.5mg</i>	Pref	OTC
<i>align jr for kids chew 10.5mg</i>	Pref	OTC
<i>azo complete feminine bal</i>	Pref	OTC
AZO DUAL CAP PROTECT	Pref	OTC
BACID TAB	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
BIOGAIA CHW 100M CEL	Pref	OTC
BIOGAIA CHW GASTRUS	Pref	OTC
BIOGAIA DRO PROBIOTI	Pref	OTC
BIOGAIA DRO PRODENTI	Pref	OTC
BIOGAIA PROT DRO BABY	Pref	OTC
<i>biohm childrens probiotic</i>	Pref	OTC
BIOMEPRO CAP	Pref	OTC
<i>biotinex caps 3.5mg</i>	Pref	OTC
<i>bismatrol chew 262mg</i>	Pref	OTC
<i>bismuth subsalicylate chew 262mg</i>	Pref	OTC
<i>bismuth subsalicylate susp 262 mg/15ml susp 262mg/15ml, 525mg/30ml, 527mg/30ml</i>	Pref	OTC
<i>childrens probiotic</i>	Pref	OTC
CULTURELLE CAP WOMENS	Pref	OTC
CULTURELLE CHW KIDS	Pref	OTC
<i>culturelle health & welln caps 50mg</i>	Pref	OTC
<i>culturelle immune defense</i>	Pref	OTC
CULTURELLE KIDS PACK 5bcell	Pref	OTC
<i>culturelle kids immune de</i>	Pref	OTC
CULTURELLE KIDS PURELY PR CHEW 26mg; PACK 23mg	Pref	OTC
<i>culturelle prenatal welln</i>	Pref	OTC
<i>culturelle probiotics</i>	Pref	OTC
<i>culturelle probiotics kid</i>	Pref	OTC
CULTURELLE PROBIOTICS KID PACK 5bcell	Pref	OTC
<i>culturelle total balance</i>	Pref	OTC
<i>cvs acidophilus probiotic tabs .5mg, 5mg</i>	Pref	OTC
<i>cvs advanced probiotic gu</i>	Pref	OTC
<i>cvs chewable probiotic ch</i>	Pref	OTC
<i>cvs digestive probiotic caps 250mg</i>	Pref	OTC
<i>cvs probiotic caps 10bcell</i>	Pref	OTC
<i>cvs probiotic childrens</i>	Pref	OTC
<i>daily probiotic supplemen caps 250mg</i>	Pref	OTC
<i>dialyvite chewable probio</i>	Pref	OTC
DIGESTIVE AD TAB FIBR SUP	Pref	OTC
<i>digestive advantage daily chew 3.33mg</i>	Pref	OTC
<i>digestive advantage kids chew 3.33mg</i>	Pref	OTC
<i>digestive advantage multi</i>	Pref	OTC
<i>digestive advantage prebi</i>	Pref	OTC
<i>digestive advantage probi</i>	Pref	OTC
<i>eq probiotic digestive sy</i>	Pref	OTC
EQL 4X TAB PROBIOTC	Pref	OTC
<i>eql digestive probiotic</i>	Pref	OTC
<i>eql stomach relief chew 262mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
FLORAJEN CAP ACIDOPHI	Pref	OTC
FLORAJEN CAP WOMEN	Pref	OTC
<i>floranex</i>	Pref	OTC
FLORASTOR BABY PACK 250mg	Pref	OTC
FLORASTOR KIDS PACK 250mg	Pref	OTC
GERBR SOOTHE DRO COLIC	Pref	OTC
<i>gnp pink bismuth chew 262mg</i>	Pref	OTC
GOOD START CHW GROW KID	Pref	OTC
<i>goodsense stomach relief/ susp 1050mg/30ml</i>	Pref	OTC
<i>hm probiotic digestive he caps 20bcell</i>	Pref	OTC
<i>kaopectate tabs 262mg</i>	Pref	OTC
<i>kaopectate extra strength susp 525mg/15ml</i>	Pref	OTC
KIDS PROBIOT PAK FIBER	Pref	OTC
<i>lactobacillus tabs .5mg</i>	Pref	OTC
<i>*lactobacillus - packet**</i>	Pref	OTC
<i>*lactobacillus cap**</i>	Pref	OTC
<i>lactobacillus extra stren</i>	Pref	OTC
<i>lactobacillus probiotic</i>	Pref	OTC
<i>*lactobacillus tab**</i>	Pref	OTC
<i>medi-bismuth chew 262mg</i>	Pref	OTC
MOMMYS BLISS PROBIOTIC PACK 5bcell	Pref	OTC
MORE-DOPHILUS ACIDOPHILUS POWD 1550mg/1.55gm	Pref	OTC
NEWFLORA CAP PROBIOTI	Pref	OTC
PEDIA-LAX CHW YUMS	Pref	OTC
<i>pink bismuth maximum stre susp 525mg/15ml</i>	Pref	OTC
PREB-2 PAK	Pref	OTC
<i>primadophilus</i>	Pref	OTC
<i>probiata</i>	Pref	OTC
<i>probiotic acidophilus</i>	Pref	OTC
PROBIOTIC CAP	Pref	OTC
PROBIOTIC CAP PEARLS CAPS 4mg, 6mg, 25mg	Pref	OTC
<i>probiotic chewable childr</i>	Pref	OTC
<i>probiotic chocolate bears</i>	Pref	OTC
PROBIOTIC DRO COLIC	Pref	OTC
<i>probiotic gold extra stre</i>	Pref	OTC
<i>probiotic gummies chew 30mg</i>	Pref	OTC
PROBIOTIC LIQ 15 DAY	Pref	OTC
PROBIOTIC LIQ NEWBORN	Pref	OTC
<i>probiotic packets childre</i>	Pref	OTC
<i>*probiotic product - chew tab**</i>	Pref	OTC
PROBIOTIC TAB	Pref	OTC
PROBIOTIC TAB 2 IN 1	Pref	OTC
PROBIOTIC TAB ENZYME	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
PROBIOTIC TAB TRIPLE	Pref	OTC
<i>probiotic-10 chewable</i>	Pref	OTC
PROVELLA TAB	Pref	OTC
<i>px stomach relief chew 262mg</i>	Pref	OTC
<i>px stomach relief maximum susp 525mg/15ml</i>	Pref	OTC
<i>qc pink bismuth tabs 262mg</i>	Pref	OTC
<i>qc stomach relief chew 262mg; tabs 262mg</i>	Pref	OTC
<i>ra digestive health</i>	Pref	OTC
<i>ra probiotic gummies</i>	Pref	OTC
REJUVAFLOR CAP	Pref	OTC
REPHRESH CAP PRO-B	Pref	OTC
RISA-BID TAB PROBIO	Pref	OTC
<i>saccharomyces boulardii caps 250mg</i>	Pref	OTC
<i>saccharomycin df caps 250mg</i>	Pref	OTC
<i>sb bismuth tabs 262mg</i>	Pref	OTC
SM 4X TAB PROBIOTI	Pref	OTC
<i>sm acidophilus caps 10mg</i>	Pref	OTC
<i>sm probiotic caps 250mg</i>	Pref	OTC
<i>sm stomach relief chew 262mg</i>	Pref	OTC
<i>smarty pants kids probiot</i>	Pref	OTC
<i>soothe chew 262mg; tabs 262mg</i>	Pref	OTC
<i>soothe maximum strength susp 525mg/15ml</i>	Pref	OTC
<i>stablegi caps 250mg</i>	Pref	OTC
<i>stomach relief chew 262mg; tabs 262mg</i>	Pref	OTC
<i>stomach relief extra stre susp 525mg/15ml</i>	Pref	OTC
<i>stomach relief plus susp 525mg/15ml</i>	Pref	OTC
<i>trubiotics digestive + im</i>	Pref	OTC
<i>trubiotics kids</i>	Pref	OTC
<i>up4 probiotics</i>	Pref	OTC
<i>up4 probiotics kids</i>	Pref	OTC
<i>up4 probiotics kids cubes</i>	Pref	OTC
<i>up4 probiotics mind & bod</i>	Pref	OTC
<i>upspring dual prenatal im</i>	Pref	OTC
4X PROBIOTIC TAB	Pref	OTC
4X PROBIOTIC TAB DR	Pref	OTC

ANTIDIARRHEAL/PROBIOTIC COMBINATIONS

ACIDOPHILUS/ TAB CIT PECT	Pref	OTC
<i>*bacillus coagulans-inulin cap**</i>	Pref	OTC
BIOGAIA IMMU DRO ACTIVE	Pref	OTC
BIOGAIA PROT DRO VIT D	Pref	OTC
CULTR ULTIMA CAP STRENGTH	Pref	OTC
CULTUR DIGES CAP DAILY	Pref	OTC
CULTURELLE CAP	Pref	OTC
CULTURELLE CAP DIGESTIV	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
CULTURELLE CAP HLTH/WEL	Pref	OTC
CULTURELLE CHW DIGESTIV	Pref	OTC
DIGESTIVE CAP SUPPORT	Pref	OTC
<i>eql probiotic acidophilus</i>	Pref	OTC
GERBER SOOTH DRO VIT D	Pref	OTC
KALA TAB	Pref	OTC
<i>*lactobacillus acidophilus-pectin cap**</i>	Pref	OTC
<i>probiotic formula</i>	Pref	OTC
<i>probiotic/prebiotic</i>	Pref	OTC
VIActiv CHW DIGESTIV	Pref	OTC

ANTIPERISTALTIC AGENTS

<i>anti-diarrheal liqd 1mg/7.5ml; tabs 2mg</i>	Pref	OTC
<i>diamode tabs 2mg</i>	Pref	OTC
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Pref	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Pref	
<i>hm anti-diarrheal liqd 1mg/7.5ml</i>	Pref	OTC
<i>loperamide hcl caps 2mg</i>	Pref	
<i>loperamide hcl liqd 1mg/7.5ml; soln 1mg/7.5ml, 2mg/15ml; susp 1mg/7.5ml; tabs 2mg</i>	Pref	OTC
<i>qc anti-diarrheal caps 2mg</i>	Pref	OTC
<i>sm anti-diarrheal caps 2mg; liqd 1mg/7.5ml; tabs 2mg</i>	Pref	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

ANTIDOTES - CHELATING AGENTS

<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	Pref	PA
<i>deferiprone tabs 500mg</i>	Pref	PA

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

<i>charcoal activated caps 260mg</i>	Pref	OTC
<i>charcocaps caps 260mg</i>	Pref	OTC
<i>requa activated charcoal caps 260mg</i>	Pref	OTC

OPIOID ANTAGONISTS

<i>KLOXXADO LIQD 8mg/0.1ml</i>	Pref	
<i>naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	Pref	
<i>naltrexone hcl tabs 50mg</i>	Pref	
<i>NARCAN LIQD 4mg/0.1ml</i>	Pref	
<i>VIVITROL SUSR 380mg</i>	Pref	
<i>ZIMHI SOSY 5mg/0.5ml</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TABS 50mg	Non-Pref	PA; Max 10 Per Claim
<i>granisetron hcl soln 1mg/ml; tabs 1mg</i>	Non-Pref	PA
<i>ondansetron tbdp 4mg</i>	Pref	QL (24 each / 27 days)
<i>ondansetron tbdp 8mg</i>	Pref	QL (24 tabs / 27 days)
<i>ondansetron hcl soln 4mg/2ml, 40mg/20ml; sosy 4mg/2ml</i>	Non-Pref	PA
<i>ondansetron hcl soln 4mg/5ml</i>	Pref	QL (20 mL / 1 day)
<i>ondansetron hcl tabs 4mg, 8mg</i>	Pref	QL (24 tabs / 27 days)
<i>ondansetron hcl tabs 24mg</i>	Pref	
<i>palonosetron hcl soln .25mg/5ml; sosy .25mg/5ml</i>	Non-Pref	PA
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	Non-Pref	PA
SANCUSO PTCH 3.1mg/24hr	Non-Pref	PA
SUSTOL PRSY 10mg/0.4ml	Non-Pref	PA
ANTIEMETICS - ANTICHOLINERGIC		
ANTIVERT CHEW 25mg	Pref	
DIMENHYDRINATE SOLN 50mg/ml	Non-Pref	PA
<i>driminate tabs 50mg</i>	Pref	OTC
<i>gnp motion sickness relie tabs 25mg</i>	Pref	OTC
<i>hm motion sickness relief tabs 25mg</i>	Pref	OTC
<i>meclizine hcl chew 25mg; tabs 12.5mg</i>	Pref	OTC
<i>meclizine hcl tabs 12.5mg, 25mg</i>	Pref	
<i>motion sickness relief tabs 50mg</i>	Pref	OTC
<i>motion sickness relief/le tabs 25mg</i>	Pref	OTC
<i>motion-time chew 25mg</i>	Pref	OTC
<i>scopolamine pt72 1.5mg</i>	Non-Pref	PA
TIGAN SOLN 100mg/ml	Non-Pref	PA
TRANSDERM-SCOP PT72 1mg/3days	Non-Pref	PA
<i>trimethobenzamide hcl caps 300mg</i>	Pref	
ANTIEMETICS - ANTIDOPAMINERGIC		
BARHEMSYS SOLN 5mg/2ml, 10mg/4ml	Non-Pref	PA
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	Non-Pref	PA
AKYNZEO INJ	Non-Pref	PA
AKYNZEO INJ 235-0.25	Non-Pref	PA
BONJESTA TAB 20-20MG	Non-Pref	PA; AGE (Min 18)
DICLEGIS TAB 10-10MG	Non-Pref	PA; AGE (Min 18)
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	Pref	PA, QL (5 caps / 1 day)
MARINOL CAPS 2.5mg	Non-Pref	PA, QL (5 caps / 1 day)

Drug Name	Drug Tier	Requirements/Limits
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant caps 40mg, 80mg, 125mg</i>	Non-Pref	PA
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Non-Pref	PA
CINVANTI EMUL 130mg/18ml	Non-Pref	PA
EMEND CAPS 80mg	Non-Pref	PA
EMEND SOLR 150mg; SUSR 125mg/5ml	Non-Pref	PA
EMEND TRIPAC PAK 80 & 125	Non-Pref	PA
<i>fosaprepitant dimeglumine solr 150mg</i>	Non-Pref	PA
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME TABS 150mg	Non-Pref	PA
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANCOBON CAPS 250mg, 500mg	Non-Pref	PA
<i>flucytosine caps 250mg, 500mg</i>	Non-Pref	PA
<i>griseofulvin microsize susp 125mg/5ml</i>	Pref	90 day supply
<i>griseofulvin microsize tabs 500mg</i>	Non-Pref	PA
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	Non-Pref	PA
<i>nystatin tabs 500000unit</i>	Pref	90 day supply
<i>terbinafine hcl tabs 250mg</i>	Pref	90 day supply
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAPS 186mg	Non-Pref	PA
DIFLUCAN SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	Non-Pref	PA; 90 day supply
DIFLUCAN TABS 150mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 200mg</i>	Pref	90 day supply
<i>fluconazole tabs 150mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>itraconazole caps 100mg; soln 10mg/ml</i>	Non-Pref	PA
<i>ketoconazole tabs 200mg</i>	Non-Pref	PA
NOXAFIL SUSP 40mg/ml; TBEC 100mg	Non-Pref	PA
<i>posaconazole tbec 100mg</i>	Non-Pref	PA
SPORANOX CAPS 100mg; SOLN 10mg/ml	Non-Pref	PA
SPORANOX PULSEPAK CAPS 100mg	Non-Pref	PA
TOLSURA CAPS 65mg	Non-Pref	PA
VFEND SUSR 40mg/ml; TABS 50mg, 200mg	Non-Pref	PA
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	Non-Pref	PA
ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES		
ANTIHIISTAMINES - ALKYLAMINES		
<i>chlorphenir tab 4mg tabs 4mg</i>	Pref	OTC
<i>chlorpheniramine maleate tbc 12mg</i>	Pref	OTC
<i>cvs allergy relief tbc 12mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>diabetic tussin allergy syrpf 2mg/5ml</i>	Pref	OTC
<i>ed chlorped jr syrpf 2mg/5ml</i>	Pref	OTC
ANTI-HISTAMINES - ETHANOLAMINES		
<i>allergy relf cap 25mg caps 25mg</i>	Pref	OTC
<i>allergy relief childrens tbdp 12.5mg</i>	Pref	OTC
<i>banophen caps 50mg</i>	Pref	OTC
<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	Pref	AGE (Min 2)
<i>clemastine fumarate tabs 2.68mg</i>	Pref	AGE (Min 2)
<i>cvs allergy relief childr chew 12.5mg; tbdp 12.5mg</i>	Pref	OTC
<i>diphenhydramine hcl caps 50mg; chew 12.5mg</i>	Pref	OTC
<i>diphenhydramine hcl elix 12.5mg/5ml; soln 50mg/ml</i>	Pref	
<i>diphenhydramine hcl liquid 12.5 mg/5ml liqd 12.5mg/5ml, 25mg/10ml, 50mg/20ml</i>	Pref	OTC
<i>eql allergy relief childr tbdp 12.5mg</i>	Pref	OTC
<i>gnp allergy relief chew 12.5mg</i>	Pref	OTC
<i>pharbedryl caps 50mg</i>	Pref	OTC
<i>RYVENT TABS 6mg</i>	Pref	AGE (Min 2)
<i>sm allergy tab 25mg tabs 25mg</i>	Pref	OTC
<i>wal-dryl allergy relief c tbdp 12.5mg</i>	Pref	OTC
ANTI-HISTAMINES - NON-SEDATING		
<i>all day allergy tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>aller-ease tabs 60mg</i>	Non-Pref	PA, OTC
<i>allergy 24-hr tabs 180mg</i>	Non-Pref	PA, OTC
<i>allergy childrens syrpf 5mg/5ml</i>	Pref	QL (5 mL / 1 day), OTC; AGE (Min 2)
<i>allergy childrens syrpf 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min 2)
<i>allergy relief caps 10mg</i>	Non-Pref	PA, OTC
<i>allergy relief 24hr tabs 5mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>allergy relief childrens soln 1mg/ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>allergy relief childrens soln 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min 2)
<i>allergy relief/indoor/out tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>cetirizine hcl chew 5mg, 10mg</i>	Non-Pref	PA, OTC
<i>cetirizine hcl soln 1mg/ml</i>	Pref	QL (10 mL / 1 day; 90 day supply)
<i>cetirizine hcl tabs 5mg</i>	Pref	OTC; 90 day supply
<i>cetirizine hcl tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine hcl allergy ch soln 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>cetirizine hydrochloride soln 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
CLARINEX TABS 5mg	Non-Pref	PA
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	Non-Pref	PA
<i>fexofenadine hcl tabs 60mg, 180mg</i>	Non-Pref	PA, OTC
<i>gnp all day allergy tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>gnp all day allergy relie caps 10mg</i>	Non-Pref	PA, OTC
<i>gnp allergy relief tabs 180mg</i>	Non-Pref	PA, OTC
<i>gnp loratadine tbdp 10mg</i>	Pref	QL (1 tab / 1 day), OTC
<i>goodsense all day allergy soln 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>goodsense aller-ease tabs 180mg</i>	Non-Pref	PA, OTC
<i>goodsense allergy relief tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>hm all day allergy childr soln 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>hm allergy relief tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>hm allergy relief tabs 60mg, 180mg</i>	Non-Pref	PA, OTC
<i>hm loratadine childrens syrp 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min 2)
<i>24hr allergy relief tabs 180mg</i>	Non-Pref	PA, OTC
<i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>	Non-Pref	PA
<i>levocetirizine dihydrochloride tabs 5mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>loratadine tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>loratadine childrens chew 5mg</i>	Non-Pref	PA, OTC; AGE (Min 2)
<i>loratadine childrens syrp 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min 2)
<i>qc all day allergy tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>qc childrens allergy soln 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>sm all day allergy tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>sm all day allergy relief tabs 10mg</i>	Pref	QL (1 tab / 1 day), OTC
<i>sm allergy childrens syrp 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min 2)
<i>sm allergy relief tabs 60mg</i>	Non-Pref	PA, OTC
<i>sm loratadine tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC

Drug Name	Drug Tier	Requirements/Limits
ANTIHIISTAMINES - PHENOTHIAZINES		
PHENERGAN SOLN 25mg/ml, 50mg/ml	Non-Pref	PA
<i>promethazine hcl soln 25mg/ml, 50mg/ml</i>	Pref	
<i>promethazine hcl supp 12.5mg, 25mg; tabs 12.5mg, 25mg</i>	Pref	AGE (Min 2)
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	Pref	AGE (Min 2)
ANTIHIISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	Pref	AGE (Min 2)
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TABS 180mg	Non-Pref	PA; AGE (Min 18)
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Non-Pref	PA
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Non-Pref	PA
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Non-Pref	PA
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Non-Pref	PA
NEXLIZET TAB 180/10MG	Non-Pref	PA; AGE (Min 18)
VYTORIN TAB 10-10MG	Non-Pref	PA
VYTORIN TAB 10-20MG	Non-Pref	PA
VYTORIN TAB 10-40MG	Non-Pref	PA
VYTORIN TAB 10-80MG	Non-Pref	PA
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl caps 1gm</i>	Non-Pref	PA, QL (4 caps / 1 day)
LOVAZA CAP 1GM	Non-Pref	PA, QL (4 caps / 1 day)
<i>omega-3-acid ethyl esters cap 1 gm</i>	Pref	QL (4 each / 1 day)
VASCEPA CAPS 1gm	Non-Pref	PA, QL (4 caps / 1 day)
VASCEPA CAPS .5gm	Non-Pref	PA; AGE (Min 18)
BILE ACID SEQUESTRANTS		
<i>cholestyramine pack 4gm</i>	Pref	QL (4 packets / 1 day; 90 day supply)
<i>cholestyramine powd 4gm/dose</i>	Pref	QL (24 gm / 1 day; 90 day supply)
<i>cholestyramine light pack 4gm</i>	Pref	QL (4 packets / 1 day; 90 day supply)
<i>cholestyramine light powd 4gm/dose</i>	Pref	QL (24 gm / 1 day; 90 day supply)
<i>colesevelam hcl pack 3.75gm; tabs 625mg</i>	Non-Pref	PA
COLESTID GRAN 5gm; PACK 5gm	Non-Pref	PA
COLESTID TABS 1gm	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
COLESTID FLAVORED GRAN 5gm; PACK 5gm/7.5gm	Non-Pref	PA
<i>colestipol hcl gran 5gm; pack 5gm</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl tabs 1gm</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>prevalite pack 4gm</i>	Pref	QL (4 packets / 1 day; 90 day supply)
<i>prevalite powd 4gm/dose</i>	Pref	QL (24 gm / 1 day; 90 day supply)
QUESTRAN PACK 4gm	Non-Pref	PA, QL (4 packets / 1 day; 90 day supply)
QUESTRAN POWD 4gm/dose	Non-Pref	PA, QL (24 gm / 1 day; 90 day supply)
QUESTRAN LIGHT POWD 4gm/dose	Non-Pref	PA, QL (24 gm / 1 day; 90 day supply)
WELCHOL PACK 3.75gm; TABS 625mg	Non-Pref	PA

FIBRIC ACID DERIVATIVES

ANTARA CAPS 30mg, 90mg	Non-Pref	PA
<i>choline fenofibrate cpdr 45mg, 135mg</i>	Non-Pref	PA
<i>fenofibrate caps 50mg, 150mg; tabs 40mg, 54mg, 120mg, 160mg</i>	Non-Pref	PA
<i>fenofibrate tabs 48mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>fenofibrate tabs 145mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fenofibrate micronized caps 30mg, 43mg, 67mg, 90mg, 130mg, 134mg, 200mg</i>	Non-Pref	PA
<i>fenofibric acid tabs 35mg</i>	Pref	QL (2 tabs / 1 day)
<i>fenofibric acid tabs 105mg</i>	Non-Pref	PA
FENOGLIDE TABS 40mg, 120mg	Non-Pref	PA
<i>gemfibrozil tabs 600mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
LIPOFEN CAPS 50mg, 150mg	Non-Pref	PA
LOPID TABS 600mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
TRICOR TABS 48mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
TRICOR TABS 145mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
TRILIPIX CPDR 45mg, 135mg	Non-Pref	PA

HMG COA REDUCTASE INHIBITORS

ALTOPREV TB24 20mg, 40mg, 60mg	Non-Pref	PA
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
CRESTOR TABS 5mg, 10mg, 20mg, 40mg	Non-Pref	PA, QL (1 tab / 1 day)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	Non-Pref	PA
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	Non-Pref	PA

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

Drug Name	Drug Tier	Requirements/Limits
LESCOL XL TB24 80mg	Non-Pref	PA
LIPITOR TABS 10mg, 20mg, 40mg, 80mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LIVALO TABS 1mg, 2mg, 4mg	Non-Pref	PA
<i>lovastatin tabs 10mg, 20mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lovastatin tabs 40mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>pravastatin sodium tabs 10mg, 20mg, 40mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>pravastatin sodium tabs 80mg</i>	Pref	90 day supply
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>simvastatin tabs 5mg, 80mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>simvastatin tabs 10mg, 20mg, 40mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
ZOCOR TABS 10mg, 20mg, 40mg	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
ZYPITAMAG TABS 2mg, 4mg	Non-Pref	PA

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
ZETIA TABS 10mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS

JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	Non-Pref	SP, PA
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NICOTINIC ACID DERIVATIVES

<i>niacin (antihyperlipidemic) tbc 500mg</i>	Pref	QL (3 tabs / 1 day)
<i>niacin (antihyperlipidemic) tbc 750mg, 1000mg</i>	Pref	QL (2 tabs / 1 day)
NIASPAN TBCR 1000mg	Non-Pref	PA, QL (2 tabs / 1 day)

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

LEQVIO SOSY 284mg/1.5ml	Non-Pref	PA
PRALUENT SOAJ 75mg/ml, 150mg/ml	Non-Pref	PA
REPATHA SOSY 140mg/ml	Non-Pref	PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	Non-Pref	PA
REPATHA SURECLICK SOAJ 140mg/ml	Non-Pref	PA

ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACE INHIBITORS

ACCUPRIL TABS 5mg, 10mg, 20mg, 40mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl tabs 5mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>benazepril hcl tabs 10mg, 40mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>benazepril hcl tabs 20mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	Non-Pref	PA
<i>enalapril maleate soln 1mg/ml</i>	Non-Pref	PA
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
EPANED SOLN 1mg/ml	Non-Pref	PA
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	Pref	QL (2 tabs / 1 day)
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lisinopril tabs 40mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
LOTENSIN TABS 10mg, 40mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
LOTENSIN TABS 20mg	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
<i>moexipril hcl tabs 7.5mg, 15mg</i>	Non-Pref	PA
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	Non-Pref	PA
QBRELIS SOLN 1mg/ml	Non-Pref	PA
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	Pref	QL (2 tabs / 1 day)
VASOTEC TABS 2.5mg, 5mg, 10mg, 20mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
ZESTRIL TABS 40mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)

AGENTS FOR PHEOCHROMOCYTOMA

<i>metyrosine caps 250mg</i>	Pref	PA
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ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

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

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

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	Non-Pref	PA; 90 day supply
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	Pref	90 day supply
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	Pref	90 day supply
<i>guanfacine hcl tabs 1mg, 2mg</i>	Pref	90 day supply
<i>methyldopa tabs 500mg</i>	Pref	90 day supply
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	Pref	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	Pref	90 day supply

ANTIHYPERTENSIVE COMBINATIONS

ACCURETIC TAB 10-12.5	Non-Pref	PA
ACCURETIC TAB 20-12.5	Non-Pref	PA
ACCURETIC TAB 20-25MG	Non-Pref	PA
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)

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

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
BENICAR HCT TAB 20-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
BENICAR HCT TAB 40-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
BENICAR HCT TAB 40-25MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Pref	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Pref	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Pref	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Non-Pref	PA
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Non-Pref	PA
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Non-Pref	PA
DIOVAN HCT TAB 80/12.5	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
DIOVAN HCT TAB 160-12.5	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
DIOVAN HCT TAB 160-25MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
DIOVAN HCT TAB 320-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
DIOVAN HCT TAB 320-25MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
EDARBYCLOR TAB 40-12.5	Non-Pref	PA
EDARBYCLOR TAB 40-25MG	Non-Pref	PA
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Pref	90 day supply
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
EXFORGE TAB 5-160MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
EXFORGE TAB 5-320MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
EXFORGE TAB 10-160MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
EXFORGE TAB 10-320MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
EXFORGEH/5- TAB 160-12.5	Non-Pref	PA
EXFORGEH/5- TAB 160-25	Non-Pref	PA
EXFORGEH/10- TAB 160-12.5	Non-Pref	PA
EXFORGEH/10- TAB 160-25	Non-Pref	PA
EXFORGEH/10- TAB 320-25	Non-Pref	PA
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Non-Pref	PA
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Non-Pref	PA
HYZAAR TAB 50-12.5	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
HYZAAR TAB 100-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
HYZAAR TAB 100-25	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
LOTENSIN HCT TAB 10-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LOTENSIN HCT TAB 20-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LOTENSIN HCT TAB 20-25MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LOTREL CAP 5-10MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
LOTREL CAP 5-20MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
LOTREL CAP 10-20MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
LOTREL CAP 10-40MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Pref	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Pref	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Pref	
MICARDIS HCT TAB 40/12.5	Non-Pref	PA
MICARDIS HCT TAB 80-25MG	Non-Pref	PA
MICARDIS HCT TAB 80/12.5	Non-Pref	PA
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Non-Pref	PA
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Non-Pref	PA
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Non-Pref	PA
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Non-Pref	PA
TEKTURN HCT TAB 150-12.5	Non-Pref	PA
TEKTURN HCT TAB 150-25MG	Non-Pref	PA
TEKTURN HCT TAB 300-12.5	Non-Pref	PA
TEKTURN HCT TAB 300-25MG	Non-Pref	PA
<i>telmisartan-amlodipine tab 40-5 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 40-10 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 80-5 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 80-10 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Non-Pref	PA
TENORETIC TAB 50	Non-Pref	PA
TENORETIC TAB 100	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Non-Pref	PA
TRIBENZOR20- TAB 5-12.5MG	Non-Pref	PA

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

DIRECT RENIN INHIBITORS

<i>aliskiren fumarate tabs 150mg, 300mg</i>	Non-Pref	PA
TEKTURNA TABS 150mg, 300mg	Non-Pref	PA

VASODILATORS

<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	Pref	90 day supply
<i>minoxidil tabs 2.5mg, 10mg</i>	Pref	

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIAL COMBINATIONS

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

ANTIMALARIALS - DRUGS TO TREAT MALARIA

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

Drug Name	Drug Tier	Requirements/Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
pyridostigmine bromide soln 60mg/5ml; tabs 60mg	Pref	
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
ethambutol hcl tabs 100mg, 400mg	Pref	
isoniazid syrp 50mg/5ml; tabs 100mg, 300mg	Pref	
rifabutin caps 150mg	Pref	PA
rifampin caps 150mg, 300mg	Pref	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
carboplatin soln 50mg/5ml, 450mg/45ml, 600mg/60ml	Pref	
cyclophosphamide caps 25mg, 50mg	Pref	SP, PA
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Pref	PA
LEUKERAN TABS 2mg	Pref	
melphalan tabs 2mg	Pref	
MYLERAN TABS 2mg	Pref	
paraplatin soln 50mg/5ml, 450mg/45ml	Pref	
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	Pref	SP, PA
ANTIMETABOLITES		
capecitabine tabs 150mg, 500mg	Pref	SP, PA
decitabine solr 50mg	Pref	
mercaptopurine tabs 50mg	Pref	
methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm; tabs 2.5mg	Pref	90 day supply
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	Non-Pref	PA
XATMEP SOLN 2.5mg/ml	Non-Pref	PA
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
MVASI SOLN 100mg/4ml, 400mg/16ml	Pref	PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Pref	PA
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERZUMA SOLR 150mg, 420mg	Pref	PA
KANJINTI SOLR 150mg, 420mg	Pref	PA
OGIVRI SOLR 150mg, 420mg	Pref	PA
ONTRUZANT SOLR 150mg, 420mg	Pref	PA
TRAZIMERA SOLR 150mg, 420mg	Pref	PA
ANTINEOPLASTIC - ANTIBODIES		
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	Pref	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Pref	SP, PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tabs 250mg	Pref	SP, PA, QL (4 tabs / 1 day)
abiraterone acetate tabs 500mg	Pref	SP, PA, QL (2 tabs / 1 day)
anastrozole tabs 1mg	Pref	
bicalutamide tabs 50mg	Pref	
exemestane tabs 25mg	Pref	
flutamide caps 125mg	Pref	
hydroxyprogesterone caproate (antineoplastic) soln 1.25gm/5ml	Non-Pref	PA
letrozole tabs 2.5mg	Pref	
megestrol acetate susp 40mg/ml, 400mg/10ml; tabs 20mg, 40mg	Pref	
tamoxifen citrate tabs 10mg, 20mg	Pref	
ANTINEOPLASTIC ANTIBIOTICS		
adriamycin solr 50mg	Pref	
bleomycin sulfate solr 15unit, 30unit	Pref	PA
doxorubicin hcl solr 10mg, 50mg	Pref	
mitomycin solr 5mg, 20mg, 40mg	Pref	
mutamycin solr 5mg, 20mg, 40mg	Pref	
ANTINEOPLASTIC ENZYME INHIBITORS		
imatinib mesylate tabs 100mg	Pref	SP, PA, QL (8 tabs / 1 day)
imatinib mesylate tabs 400mg	Pref	SP, PA, QL (2 tabs / 1 day)
sunitinib malate caps 12.5mg	Pref	SP, PA, QL (7 caps / 1 day)
sunitinib malate caps 25mg	Pref	SP, PA, QL (3 caps / 1 day)
sunitinib malate caps 37.5mg, 50mg	Pref	SP, PA, QL (1 cap / 1 day)
ANTINEOPLASTICS MISC.		
hydroxyurea caps 500mg	Pref	
tretinoin (chemotherapy) caps 10mg	Pref	PA, QL (90 caps / 292 days)
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg	Pref	
MITOTIC INHIBITORS		
etoposide caps 50mg	Pref	
TOPOISOMERASE I INHIBITORS		
irinotecan hcl soln 100mg/5ml, 300mg/15ml	Pref	
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tabs .5mg, 1mg, 2mg	Pref	90 day supply
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	Pref	

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl caps 100mg</i>	Pref	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa tab 10-100 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa tab 25-100 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa tab 25-250 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa tab er 25-100 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa tab er 50-200 mg</i>	Pref	90 day supply
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Pref	
<i>DHIVY TAB 25-100MG</i>	Pref	90 day supply
<i>MIRAPEX ER TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	Non-Pref	PA
<i>NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	Non-Pref	PA
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tb24 2mg, 8mg</i>	Pref	QL (1 tab / 1 day)
<i>ropinirole hydrochloride tb24 4mg, 6mg, 12mg</i>	Non-Pref	PA
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>selegiline hcl caps 5mg; tabs 5mg</i>	Pref	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES		
ANTIMANIC AGENTS		
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAPS 42mg	Non-Pref	PA; AGE (Min 18)
EQUETRO CP12 100mg, 200mg, 300mg	Non-Pref	PA
GEODON CAPS 20mg, 40mg, 60mg	Non-Pref	PA
GEODON CAPS 80mg	Non-Pref	PA; AGE (Min 18)
GEODON SOLR 20mg	Non-Pref	PA; AGE (Min 18)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min 18)
LATUDA TABS 80mg	Pref	AGE (Min 18)
NUPLAZID CAPS 34mg	Non-Pref	SP, PA, QL (2 caps / 1 day); AGE (Min 18)
NUPLAZID TABS 10mg	Non-Pref	SP, PA, QL (2 tabs / 1 day); AGE (Min 18)
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	Non-Pref	PA; AGE (Min 18)
VRAYLAR CAP 1.5-3MG	Non-Pref	PA; AGE (Min 18)
<i>ziprasidone hcl caps 20mg, 40mg, 60mg</i>	Pref	
<i>ziprasidone hcl caps 80mg</i>	Pref	AGE (Min 18)
<i>ziprasidone mesylate solr 20mg</i>	Non-Pref	PA; AGE (Min 18)
BENZISOXAZOLES		
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 18)
FANAPT PAK	Non-Pref	PA; AGE (Min 18)
INVEGA TB24 1.5mg, 3mg, 6mg, 9mg	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min 18)
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	Pref	AGE (Min 18)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	Pref	AGE (Min 18)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	Pref	AGE (Min 18)
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min 18)
PERSERIS PRSY 90mg, 120mg	Non-Pref	PA; AGE (Min 18)
RISPERDAL SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 4mg	Non-Pref	PA; AGE (Min 18)
RISPERDAL TABS 3mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply); AGE (Min 18)
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	Pref	QL (0.072 vials / 1 day); AGE (Min 18)
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	Pref	AGE (Min 18)
<i>risperidone tabs 3mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min 18)

Drug Name	Drug Tier	Requirements/Limits
BUTYROPHENONES		
HALDOL DECANOATE 50 SOLN 50mg/ml	Non-Pref	PA; AGE (Min 18); 90 day supply
HALDOL DECANOATE 100 SOLN 100mg/ml	Non-Pref	PA; AGE (Min 18); 90 day supply
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	Pref	AGE (Min 18); 90 day supply
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	Pref	AGE (Min 18); 90 day supply
<i>haloperidol lactate conc 2mg/ml</i>	Pref	AGE (Min 18); 90 day supply
<i>haloperidol lactate soln 5mg/ml</i>	Pref	AGE (Min 18)
DIBENZAPINES		
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 18)
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg</i>	Pref	AGE (Min 18)
<i>clozapine tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	Non-Pref	PA; AGE (Min 18)
CLOZARIL TABS 25mg, 50mg, 100mg, 200mg	Non-Pref	PA; AGE (Min 18)
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	Pref	AGE (Min 18); 90 day supply
<i>olanzapine solr 10mg</i>	Pref	AGE (Min 18); 90 day supply
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	Pref	AGE (Min 18)
<i>quetiapine fumarate tabs 25mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 200mg, 300mg, 400mg</i>	Pref	AGE (Min 18)
<i>quetiapine fumarate tabs 50mg; tb24 150mg</i>	Pref	
SAPHRIS SUBL 2.5mg, 5mg, 10mg	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 18)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	Non-Pref	PA
SEROQUEL TABS 25mg, 100mg, 200mg, 300mg, 400mg	Non-Pref	PA; AGE (Min 18)
SEROQUEL TABS 50mg	Non-Pref	PA
SEROQUEL XR TB24 50mg, 200mg, 300mg, 400mg	Non-Pref	PA; AGE (Min 18)
SEROQUEL XR TB24 150mg	Non-Pref	PA
VERSACLOZ SUSP 50mg/ml	Non-Pref	PA; AGE (Min 18)
ZYPREXA SOLR 10mg	Non-Pref	PA; AGE (Min 18); 90 day supply
ZYPREXA TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	Non-Pref	PA; AGE (Min 18)
ZYPREXA RELPREVV SUSR 210mg, 300mg, 405mg	Non-Pref	PA; AGE (Min 18)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA ZYDIS TBDP 5mg, 10mg, 15mg, 20mg	Non-Pref	PA; AGE (Min 18)
DIHYDROINDOLONES		
molindone hcl tabs 5mg, 10mg, 25mg	Non-Pref	PA; AGE (Min 18)
PHENOTHIAZINES		
chlorpromazine hcl soln 25mg/ml, 50mg/2ml	Pref	
chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg	Pref	AGE (Min 18); 90 day supply
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	Pref	AGE (Min 18)
compro supp 25mg	Non-Pref	PA
fluphenazine decanoate soln 25mg/ml	Pref	AGE (Min 18); 90 day supply
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg	Pref	AGE (Min 18); 90 day supply
fluphenazine hcl soln 2.5mg/ml	Pref	AGE (Min 18)
perphenazine tabs 2mg, 4mg, 8mg, 16mg	Pref	AGE (Min 18); 90 day supply
prochlorperazine supp 25mg	Non-Pref	PA
prochlorperazine edisylate soln 10mg/2ml	Non-Pref	PA; AGE (Min 2)
prochlorperazine maleate tabs 5mg, 10mg	Pref	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	Pref	AGE (Min 18); 90 day supply
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	Pref	AGE (Min 18); 90 day supply
QUINOLINONE DERIVATIVES		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min 18)
ABILIFY TABS 30mg	Non-Pref	PA; AGE (Min 18)
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	Pref	AGE (Min 18)
ABILIFY MYCITE MAINTENANC TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	Non-Pref	PA; AGE (Min 18)
ABILIFY MYCITE STARTER KI TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	Non-Pref	PA; AGE (Min 18)
aripiprazole soln 1mg/ml; tbdp 10mg, 15mg	Non-Pref	PA; AGE (Min 18)
aripiprazole tabs 2mg, 5mg, 10mg, 15mg, 20mg	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min 18)
aripiprazole tabs 30mg	Pref	AGE (Min 18)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	Pref	AGE (Min 18)
ARISTADA INITIO PRSY 675mg/2.4ml	Pref	AGE (Min 18)
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	Non-Pref	PA; AGE (Min 18)

Drug Name	Drug Tier	Requirements/Limits
THIOXANTHENES		
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	Pref	AGE (Min 18); 90 day supply
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT		
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT		
KERR TRIPLE MIS DYE SWAB	Pref	OTC
CHLORINE ANTISEPTICS		
<i>h-chlor 12 soln .125%</i>	Pref	OTC
<i>hysept soln .25%</i>	Pref	OTC
IODINE ANTISEPTICS		
<i>eq first aid antiseptic soln 10%</i>	Pref	OTC
<i>hm povidone-iodine soln 10%</i>	Pref	OTC
IODINE TIN STRONG	Pref	OTC
<i>povidone-iodine soln 10%</i>	Pref	OTC
<i>qc povidone iodine soln 10%</i>	Pref	OTC
<i>ra antiseptic soln 10%</i>	Pref	OTC
<i>scrub care povidone-iodin soln 10%</i>	Pref	OTC
<i>sm povidone-iodine soln 10%</i>	Pref	OTC
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20mg/ml</i>	Pref	QL (30 mL / 1 day; 90 day supply)
<i>abacavir sulfate tabs 300mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
APRETUDE SUER 600mg/3ml	Pref	
APTIVUS CAPS 250mg	Pref	QL (4 caps / 1 day; 90 day supply)
<i>atazanavir sulfate caps 150mg, 300mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>atazanavir sulfate caps 200mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
BIKTARVY TAB	Pref	QL (1 tab / 1 day)
BIKTARVY TAB	Pref	QL (1 tab / 1 day; 90 day supply)
CABENUVA SUS 400-600	Pref	90 day supply
CABENUVA SUS 600-900	Pref	90 day supply
CIMDUO TAB 300-300	Pref	QL (1 tab / 1 day; 90 day supply)
COMBIVIR TAB 150-300	Pref	QL (2 tabs / 1 day; 90 day supply)
COMPLERA TAB	Pref	QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO TAB	Pref	QL (1 tab / 1 day; 90 day supply)
DESCOVY TAB 120-15MG	Pref	QL (1 tab / 1 day)
DESCOVY TAB 200/25MG	Pref	QL (1 tab / 1 day; 90 day supply)
DOVATO TAB 50-300MG	Pref	QL (1 tab / 1 day; 90 day supply)
EDURANT TABS 25mg	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>efavirenz caps 50mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>efavirenz caps 200mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>efavirenz tabs 600mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>emtricitabine caps 200mg</i>	Pref	QL (24 caps / 1 day; 90 day supply)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
EMTRIVA CAPS 200mg	Pref	QL (24 caps / 1 day; 90 day supply)
EMTRIVA SOLN 10mg/ml	Pref	QL (1 mL / 1 day; 90 day supply)
EPIVIR SOLN 10mg/ml	Pref	QL (30 mL / 1 day; 90 day supply)
EPIVIR TABS 150mg	Pref	QL (2 tabs / 1 day; 90 day supply)
EPIVIR TABS 300mg	Pref	QL (1 tab / 1 day; 90 day supply)
EPZICOM TAB 600-300	Pref	QL (1 tab / 1 day; 90 day supply)
<i>etravirine tabs 100mg, 200mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
EVOTAZ TAB 300-150	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fosamprenavir calcium tabs 700mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
FUZEON SOLR 90mg	Pref	QL (2 vials / 1 day; 90 day supply)
GENVOYA TAB	Pref	QL (1 tab / 1 day; 90 day supply)
INTELENCE TABS 25mg	Pref	QL (4 tabs / 1 day; 90 day supply)
INTELENCE TABS 100mg, 200mg	Pref	QL (2 tabs / 1 day; 90 day supply)
ISENTRESS CHEW 25mg, 100mg	Pref	QL (6 tabs / 1 day; 90 day supply)
ISENTRESS PACK 100mg	Pref	QL (2 packets / 1 day; 90 day supply)
ISENTRESS TABS 400mg	Pref	QL (2 tabs / 1 day; 90 day supply)
ISENTRESS HD TABS 600mg	Pref	90 day supply
JULUCA TAB 50-25MG	Pref	QL (1 tab / 1 day; 90 day supply)
KALETRA SOL	Pref	QL (4 mL / 1 day; 90 day supply)
KALETRA TAB 100-25MG	Pref	QL (10 tabs / 1 day; 90 day supply)
KALETRA TAB 200-50MG	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>lamivudine soln 10mg/ml</i>	Pref	QL (30 mL / 1 day; 90 day supply)
<i>lamivudine tabs 150mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>lamivudine tabs 300mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
LEXIVA SUSP 50mg/ml	Pref	QL (56 mL / 1 day ; 90 day supply)
LEXIVA TABS 700mg	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Pref	QL (4 mL / 1 day; 90 day supply)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Pref	QL (10 tabs / 1 day; 90 day supply)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>maraviroc tabs 150mg</i>	Pref	QL (2 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc tabs 300mg</i>	Pref	QL (4 tabs / 1 day)
<i>nevirapine susp 50mg/5ml</i>	Pref	QL (40 mL / 1 day; 90 day supply)
<i>nevirapine tabs 200mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>nevirapine tb24 100mg, 400mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
NORVIR PACK 100mg	Pref	QL (12 packets / 1 day; 90 day supply)
NORVIR SOLN 80mg/ml	Pref	QL (15 mL / 1 day; 90 day supply)
NORVIR TABS 100mg	Pref	QL (12 tabs / 1 day; 90 day supply)
ODEFSEY TAB	Pref	QL (1 tab / 1 day; 90 day supply)
PIFELTRO TABS 100mg	Pref	QL (1 tab / 1 day; 90 day supply)
PREZCOBIX TAB 800-150	Pref	QL (1 tab / 1 day; 90 day supply)
PREZISTA SUSP 100mg/ml	Pref	QL (12 mL / 1 day; 90 day supply)
PREZISTA TABS 75mg, 150mg, 600mg	Pref	QL (2 tabs / 1 day; 90 day supply)
PREZISTA TABS 800mg	Pref	QL (1 tab / 1 day; 90 day supply)
RETROVIR CAPS 100mg	Pref	QL (2 caps / 1 day; 90 day supply)
RETROVIR SYRP 50mg/5ml	Pref	QL (60 mL / 1 day; 90 day supply)
REYATAZ CAPS 200mg	Pref	QL (2 caps / 1 day; 90 day supply)
REYATAZ CAPS 300mg	Pref	QL (1 cap / 1 day; 90 day supply)
REYATAZ PACK 50mg	Pref	QL (6 packets / 1 day; 90 day supply)
<i>ritonavir tabs 100mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
RUKOBIA TB12 600mg	Pref	QL (2 tabs / 1 day; 90 day supply)
SELZENTRY SOLN 20mg/ml	Pref	90 day supply
SELZENTRY TABS 25mg	Pref	QL (8 tabs / 1 day; 90 day supply)
SELZENTRY TABS 75mg, 150mg	Pref	QL (2 tabs / 1 day; 90 day supply)
SELZENTRY TABS 300mg	Pref	QL (4 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>stavudine caps 30mg</i>	Pref	
STRIBILD TAB	Pref	QL (1 tab / 1 day; 90 day supply)
SUSTIVA CAPS 50mg	Pref	QL (3 caps / 1 day; 90 day supply)
SUSTIVA CAPS 200mg	Pref	QL (2 caps / 1 day; 90 day supply)
SUSTIVA TABS 600mg	Pref	QL (1 tab / 1 day; 90 day supply)
SYMFI LO TAB	Pref	QL (1 tab / 1 day; 90 day supply)
SYMFI TAB	Pref	QL (1 tab / 1 day; 90 day supply)
SYMITUZA TAB	Pref	QL (1 tab / 1 day; 90 day supply)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
TIVICAY TABS 10mg, 25mg, 50mg	Pref	QL (2 tabs / 1 day; 90 day supply)
TIVICAY PD TBSO 5mg	Pref	90 day supply
TRIUMEQ PD TAB	Pref	QL (1 tab / 1 day)
TRIUMEQ TAB	Pref	QL (1 tab / 1 day; 90 day supply)
TRIZIVIR TAB	Pref	QL (2 tabs / 1 day; 90 day supply)
TROGARZO SOLN 200mg/1.33ml	Non-Pref	PA
TRUVADA TAB 100-150	Pref	QL (1 tab / 1 day; 90 day supply)
TRUVADA TAB 133-200	Pref	QL (1 tab / 1 day; 90 day supply)
TRUVADA TAB 167-250	Pref	QL (1 tab / 1 day; 90 day supply)
TRUVADA TAB 200-300	Pref	QL (1 tab / 1 day; 90 day supply)
TYBOST TABS 150mg	Pref	QL (1 tab / 1 day; 90 day supply)
VIRACEPT TABS 250mg	Pref	QL (10 tabs / 1 day; 90 day supply)
VIRACEPT TABS 625mg	Pref	QL (4 tabs / 1 day; 90 day supply)
VIREAD POWD 40mg/gm	Pref	QL (1 gm / 1 day; 90 day supply)
VIREAD TABS 150mg	Pref	QL (8 tabs / 1 day; 90 day supply)
VIREAD TABS 200mg, 250mg, 300mg	Pref	QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
ZIAGEN SOLN 20mg/ml	Pref	QL (30 mL / 1 day; 90 day supply)
ZIAGEN TABS 300mg	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>zidovudine caps 100mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>zidovudine syrp 50mg/5ml</i>	Pref	QL (60 mL / 1 day; 90 day supply)
<i>zidovudine tabs 300mg</i>	Pref	90 day supply

HEPATITIS AGENTS

<i>entecavir tabs 1mg</i>	Pref	QL (1 tab / 1 day)
<i>entecavir tabs .5mg</i>	Pref	PA, QL (1 tab / 1 day)
EPCLUSA PAK 150-37.5	Non-Pref	SP, PA; AGE (Min 3)
EPCLUSA PAK 200-50MG	Non-Pref	SP, PA; AGE (Min 3)
EPCLUSA TAB 200-50MG	Non-Pref	SP, PA; AGE (Min 3)
EPCLUSA TAB 400-100	Non-Pref	SP, PA; AGE (Min 6)
HARVONI PAK	Non-Pref	SP, PA; AGE (Min 3)
HARVONI PAK 45-200MG	Non-Pref	SP, PA; AGE (Min 3)
HARVONI TAB 45-200MG	Non-Pref	SP, PA; AGE (Min 3)
HARVONI TAB 90-400MG	Non-Pref	SP, PA; AGE (Min 3)
<i>lamivudine (hcv) tabs 100mg</i>	Pref	
LEDIP-SOFOSB TAB 90-400MG	Non-Pref	SP, PA; AGE (Min 3)
MAVYRET PAK 50-20MG	Pref	SP; AGE (Min 3); 84 day supply
MAVYRET TAB 100-40MG	Pref	SP; AGE (Min 3); 84 day supply
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Non-Pref	SP, PA
<i>ribavirin (hepatitis c) caps 200mg</i>	Pref	SP, QL (6 caps / 1 day)
<i>ribavirin (hepatitis c) tabs 200mg</i>	Pref	SP, QL (6 tabs / 1 day)
SOFOS/VELPAT TAB 400-100	Pref	SP; AGE (Min 6)
SOVALDI PACK 150mg, 200mg; TABS 200mg, 400mg	Non-Pref	SP, PA
VIEKIRA PAK TAB	Non-Pref	SP, PA
VOSEVI TAB	Non-Pref	SP, PA
ZEPATIER TAB 50-100MG	Non-Pref	SP, PA

HERPES AGENTS

<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	Pref	90 day supply
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	Pref	90 day supply
SITAVIG TABS 50mg	Non-Pref	PA
<i>valacyclovir hcl tabs 500mg, 1000mg</i>	Pref	90 day supply
VALTREX TABS 1gm, 500mg	Non-Pref	PA; 90 day supply
ZOVIRAX SUSP 200mg/5ml	Non-Pref	PA; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
INFLUENZA AGENTS		
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg</i>	Pref	QL (20 each / 292 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	Pref	QL (6 mL / 1 day)
RELENZA DISKHALER AEPB 5mg/blister	Non-Pref	PA
<i>rimantadine hydrochloride tabs 100mg</i>	Non-Pref	PA
TAMIFLU CAPS 30mg, 45mg, 75mg	Non-Pref	PA, QL (20 caps / 292 days)
TAMIFLU SUSR 6mg/ml	Non-Pref	PA, QL (6 mL / 1 day)
XOFLUZA TBPK 40mg, 80mg	Non-Pref	PA
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
ALPHA-BETA BLOCKERS		
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	Pref	90 day supply
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	Non-Pref	PA
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Non-Pref	PA; 90 day supply
COREG CR CP24 10mg, 20mg, 40mg, 80mg	Non-Pref	PA
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	Pref	90 day supply
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl caps 200mg, 400mg</i>	Pref	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	Pref	90 day supply
<i>betaxolol hcl tabs 10mg, 20mg</i>	Non-Pref	PA
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	Pref	90 day supply
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	Non-Pref	PA
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	Non-Pref	PA
LOPRESSOR TABS 50mg, 100mg	Non-Pref	PA; 90 day supply
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	Pref	90 day supply
<i>metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	Pref	90 day supply
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	Non-Pref	PA
TENORMIN TABS 25mg, 50mg, 100mg	Non-Pref	PA; 90 day supply
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	Non-Pref	PA; 90 day supply
BETA BLOCKERS NON-SELECTIVE		
BETAPACE TABS 80mg, 120mg, 160mg	Non-Pref	PA; 90 day supply
BETAPACE AF TABS 80mg, 160mg	Non-Pref	PA; 90 day supply
BETAPACE AF TABS 120mg	Non-Pref	PA
CORGARD TABS 20mg, 40mg, 80mg	Non-Pref	PA
HEMANGEOL SOLN 4.28mg/ml	Non-Pref	PA
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	Non-Pref	PA; 90 day supply
INDERAL XL CP24 80mg, 120mg	Non-Pref	PA
INNOPRAN XL CP24 80mg, 120mg	Non-Pref	PA
<i>nadolol tabs 20mg, 40mg, 80mg</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>pindolol tabs 5mg, 10mg</i>	Non-Pref	PA
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	Pref	90 day supply
<i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>	Pref	90 day supply
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	Pref	90 day supply
<i>sotalol hcl (afib/afl) tabs 80mg, 160mg</i>	Pref	90 day supply
<i>sotalol hcl (afib/afl) tabs 120mg</i>	Pref	
<i>SOTYLIZE SOLN 5mg/ml</i>	Non-Pref	PA
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	Non-Pref	PA

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

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

<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>CALAN SR TBCR 120mg, 180mg, 240mg</i>	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>CARDIZEM TABS 30mg, 60mg, 120mg</i>	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
<i>CARDIZEM CD CP24 120mg</i>	Non-Pref	PA, QL (4 caps / 1 day; 90 day supply)
<i>CARDIZEM CD CP24 180mg</i>	Non-Pref	PA, QL (3 caps / 1 day; 90 day supply)
<i>CARDIZEM CD CP24 240mg</i>	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
<i>CARDIZEM CD CP24 300mg, 360mg</i>	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
<i>CARDIZEM LA TB24 120mg</i>	Non-Pref	PA
<i>CARDIZEM LA TB24 180mg</i>	Non-Pref	PA, QL (3 tabs / 1 day)
<i>CARDIZEM LA TB24 240mg</i>	Non-Pref	PA, QL (2 tabs / 1 day)
<i>CARDIZEM LA TB24 300mg, 360mg, 420mg</i>	Non-Pref	PA, QL (1 tab / 1 day)
<i>cartia xt cp24 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>cartia xt cp24 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>cartia xt cp24 240mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>cartia xt cp24 300mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>dilt-xr cp24 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>dilt-xr cp24 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>dilt-xr cp24 240mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 240mg; tabs 90mg</i>	Pref	90 day supply
<i>diltiazem hcl cp24 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>diltiazem hcl cp24 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>diltiazem hcl tabs 30mg, 60mg, 120mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cp24 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cp24 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cp24 240mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cp24 300mg, 360mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>diltiazem hcl coated beads tb24 180mg</i>	Pref	QL (3 tabs / 1 day)
<i>diltiazem hcl coated beads tb24 240mg</i>	Pref	QL (2 tabs / 1 day)
<i>diltiazem hcl coated beads tb24 300mg, 360mg, 420mg</i>	Pref	QL (1 tab / 1 day)
<i>diltiazem hcl extended release beads cp24 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>diltiazem hcl extended release beads cp24 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>diltiazem hcl extended release beads cp24 240mg, 300mg, 360mg, 420mg</i>	Pref	90 day supply
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	Pref	QL (1 tab / 1 day)
<i>isradipine caps 2.5mg, 5mg</i>	Non-Pref	PA
<i>KATERZIA SUSP 1mg/ml</i>	Non-Pref	PA
<i>levamlodipine maleate tabs 5mg</i>	Non-Pref	PA
<i>matzim la tb24 180mg</i>	Non-Pref	PA, QL (3 tabs / 1 day)
<i>matzim la tb24 240mg</i>	Non-Pref	PA, QL (2 tabs / 1 day)
<i>matzim la tb24 300mg, 360mg, 420mg</i>	Non-Pref	PA, QL (1 tab / 1 day)
<i>nicardipine hcl caps 20mg, 30mg</i>	Non-Pref	PA
<i>nifedipine caps 10mg, 20mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>nifedipine tb24 30mg, 90mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>nifedipine tb24 60mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	Non-Pref	PA
<i>NORLIQVA SOLN 1mg/ml</i>	Non-Pref	PA
<i>NORVASC TABS 2.5mg, 5mg, 10mg</i>	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
PROCARDIA XL TB24 30mg, 90mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PROCARDIA XL TB24 60mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
SULAR TB24 8.5mg, 17mg, 34mg	Non-Pref	PA
<i>taztia xt cp24 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>taztia xt cp24 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>taztia xt cp24 240mg, 300mg, 360mg</i>	Pref	90 day supply
<i>tiadylt er cp24 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>tiadylt er cp24 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>tiadylt er cp24 240mg, 300mg, 360mg, 420mg</i>	Pref	90 day supply
TIAZAC CP24 120mg	Non-Pref	PA, QL (4 caps / 1 day; 90 day supply)
TIAZAC CP24 180mg	Non-Pref	PA, QL (3 caps / 1 day; 90 day supply)
TIAZAC CP24 240mg, 300mg, 360mg, 420mg	Non-Pref	PA; 90 day supply
<i>verapamil hcl cp24 100mg, 200mg, 300mg, 360mg</i>	Non-Pref	PA
<i>verapamil hcl cp24 120mg, 180mg, 240mg</i>	Pref	QL (1 cap / 1 day)
<i>verapamil hcl tabs 80mg, 120mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>verapamil hcl tbc 120mg, 180mg, 240mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>verapamil inj 5mg/2ml soln 2.5mg/ml</i>	Pref	
VERELAN CP24 120mg, 180mg, 240mg	Non-Pref	PA, QL (1 cap / 1 day)
VERELAN CP24 360mg	Non-Pref	PA
VERELAN PM CP24 100mg, 200mg, 300mg	Non-Pref	PA

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digitek tabs 125mcg, 250mcg</i>	Pref	90 day supply
<i>digoxin soln .05mg/ml; tabs 125mcg, 250mcg</i>	Pref	90 day supply

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

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Non-Pref	PA
CADUET TAB 5-10MG	Non-Pref	PA
CADUET TAB 5-20MG	Non-Pref	PA
CADUET TAB 5-40MG	Non-Pref	PA
CADUET TAB 5-80MG	Non-Pref	PA
CADUET TAB 10-10MG	Non-Pref	PA
CADUET TAB 10-20MG	Non-Pref	PA
CADUET TAB 10-40MG	Non-Pref	PA
CADUET TAB 10-80MG	Non-Pref	PA
ENTRESTO TAB 24-26MG	Pref	QL (2 tabs / 1 day); AGE (Min 18)
ENTRESTO TAB 49-51MG	Pref	QL (2 tabs / 1 day); AGE (Min 18)
ENTRESTO TAB 97-103MG	Pref	QL (2 tabs / 1 day); AGE (Min 18)

IMPOTENCE AGENTS

CIALIS TABS 2.5mg, 5mg	Non-Pref	PA
<i>tadalafil tabs 2.5mg, 5mg</i>	Non-Pref	PA

PROSTAGLANDIN VASODILATORS

ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	Non-Pref	SP, PA
TYVASO SOLN .6mg/ml	Non-Pref	SP, PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	Non-Pref	SP, PA
TYVASO DPI POW 16-32-48	Non-Pref	SP, PA
TYVASO DPI POW 16-32MCG	Non-Pref	SP, PA
TYVASO DPI POW 32-48MCG	Non-Pref	SP, PA
TYVASO REFILL SOLN .6mg/ml	Non-Pref	SP, PA
TYVASO STARTER SOLN .6mg/ml	Non-Pref	SP, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	Pref	SP, PA, QL (9 mL / 1 day)

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tabs 5mg, 10mg</i>	Pref	SP, PA, QL (1 tab / 1 day); AGE (Min 18)
<i>bosentan tabs 62.5mg, 125mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
LETAIRIS TABS 5mg, 10mg	Non-Pref	SP, PA, QL (1 tab / 1 day); AGE (Min 18)
OPSUMIT TABS 10mg	Non-Pref	SP, PA
TRACLEER TABS 62.5mg, 125mg	Pref	SP, PA, QL (2 tabs / 1 day)
TRACLEER TBSO 32mg	Non-Pref	SP, PA

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TABS 20mg	Non-Pref	SP, PA, QL (2 tabs / 1 day); AGE (Min 18)
<i>alyq tabs 20mg</i>	Pref	SP, PA, QL (2 tabs / 1 day); AGE (Min 18)
REVATIO SUSR 10mg/ml	Non-Pref	SP, PA, QL (6 mL / 1 day); AGE (Min 18)
REVATIO TABS 20mg	Non-Pref	SP, PA, QL (3 tabs / 1 day); AGE (Min 18)
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml</i>	Pref	SP, PA, QL (6 mL / 1 day); AGE (Min 18)
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	Pref	SP, PA, QL (3 tabs / 1 day); AGE (Min 18)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	Pref	SP, PA, QL (2 tabs / 1 day); AGE (Min 18)

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	Non-Pref	SP, PA
UPTRAVI TAB 200/800	Non-Pref	SP, PA

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	Non-Pref	SP, PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil caps 500mg; susr 500mg/5ml; tabs 1gm</i>	Pref	
<i>cephalexin caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml</i>	Pref	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor caps 250mg, 500mg</i>	Pref	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	Non-Pref	PA
CEFACLOR ER TB12 500mg	Non-Pref	PA
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
cefuroxime axetil tabs 250mg, 500mg	Pref	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	Pref	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	Non-Pref	PA
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	Non-Pref	PA
SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 200mg/5ml, 500mg/5ml	Non-Pref	PA
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING		
ACIDS, BASES, & BUFFERS		
HYDROCHLORIC ACID LIQD 10%	Pref	
BULK CHEMICALS - E'S		
EUCALYPTOL LIQ	Pref	
EUCALYPTOL LIQ	Pref	OTC
BULK CHEMICALS - I'S		
IODINE SOL STRONG	Pref	
IODINE SOL STRONG	Pref	OTC
iodine solution strong (lugol's) (bulk)	Pref	
BULK CHEMICALS - P'S		
PINE NEEDLE OIL	Pref	
BULK CHEMICALS - S'S		
SAGE LEAF POW	Pref	
SOD BISULFIT GRA	Pref	
SOD BISULFIT GRA	Pref	OTC
LIQUIDS		
ACETONE SOL	Pref	
ACETONE SOL	Pref	OTC
ANISE OIL	Pref	OTC
CINNAMON OIL	Pref	OTC
CINNAMON OIL ARTIFIC	Pref	OTC
DENATURED ALCOHOL SOLN 95%	Pref	OTC
ETHYL ALCOHOL SDA SOLN 95%	Pref	OTC
GLYCINE SOYA SOL PROTEIN	Pref	
GNP CINNAMON OIL	Pref	OTC
LAVENDER OIL	Pref	OTC
LAVENDER OIL FRAGRANC	Pref	
LAVENDER OIL NATURAL	Pref	
LAVENDER OIL NATURAL	Pref	OTC
LINSEED OIL RAW	Pref	
METHANOL SOLN 99%	Pref	OTC
METHANOL SOL	Pref	

Drug Name	Drug Tier	Requirements/Limits
METHYL ALCOH SOL	Pref	OTC
OLIVE OIL	Pref	
OLIVE OIL	Pref	OTC
ORANGE OIL	Pref	OTC
ORANGE OIL FLORIDA	Pref	OTC
PEANUT OIL	Pref	
PEANUT OIL	Pref	OTC
PEPPERMINT OIL	Pref	
PEPPERMINT OIL	Pref	OTC
PINE TAR LIQ	Pref	
POLYSORBATE LIQ 60	Pref	
QC SWEET OIL	Pref	OTC
ROSE OIL	Pref	
ROSE OIL	Pref	OTC
ROSEMARY OIL	Pref	
ROSEMARY OIL	Pref	OTC
SASSAFRAS OIL	Pref	
SESAME OIL	Pref	
SESAME OIL	Pref	OTC
SM SWEET OIL	Pref	OTC
SODIUM SILICATE SOLN 40%	Pref	OTC
SPEARMINT OIL	Pref	
SPEARMINT OIL	Pref	OTC
SWEET OIL	Pref	OTC

SOLIDS

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

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

COMBINATION CONTRACEPTIVES - ORAL

<i>alyacen 1/35</i>	Pref	365 day supply
<i>alyacen 7/7/7</i>	Pref	365 day supply
<i>amethia</i>	Pref	365 day supply
<i>amethyst</i>	Pref	365 day supply
<i>apri</i>	Pref	365 day supply
<i>aranelle</i>	Pref	365 day supply
<i>ashlyna</i>	Pref	365 day supply
<i>aurovela 1.5/30</i>	Pref	365 day supply
<i>aurovela 1/20</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>aurovela 24 fe</i>	Pref	365 day supply
<i>azurette</i>	Pref	365 day supply
BALCOLTRA TAB 0.1-20	Pref	365 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>balziva</i>	Pref	365 day supply
<i>blisovi 24 fe</i>	Pref	365 day supply
<i>briellyn</i>	Pref	365 day supply
<i>camrese</i>	Pref	365 day supply
<i>camrese lo</i>	Pref	365 day supply
<i>caziant</i>	Pref	365 day supply
<i>charlotte 24 fe</i>	Pref	365 day supply
<i>cryselle-28</i>	Pref	365 day supply
<i>cyred</i>	Pref	365 day supply
<i>cyred eq</i>	Pref	365 day supply
<i>dasetta 1/35</i>	Pref	365 day supply
<i>dasetta 7/7/7</i>	Pref	365 day supply
<i>daysee</i>	Pref	365 day supply
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Pref	365 day supply
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Pref	365 day supply
<i>dolishale</i>	Pref	365 day supply
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Pref	365 day supply
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Pref	365 day supply
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Pref	365 day supply
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Pref	365 day supply
<i>elinest</i>	Pref	365 day supply
<i>emoquette</i>	Pref	365 day supply
<i>enpresse-28</i>	Pref	365 day supply
<i>enskyce</i>	Pref	365 day supply
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Pref	365 day supply
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Pref	365 day supply
<i>fayosim</i>	Pref	365 day supply
<i>finzala</i>	Pref	
<i>gemmily</i>	Pref	365 day supply
<i>hailey 1.5/30</i>	Pref	365 day supply
<i>hailey 24 fe</i>	Pref	365 day supply
<i>iclevia</i>	Pref	365 day supply
<i>introvale</i>	Pref	365 day supply
<i>isibloom</i>	Pref	365 day supply
<i>jaimiess</i>	Pref	365 day supply
<i>jasmiel</i>	Pref	365 day supply
<i>jolessa</i>	Pref	365 day supply
<i>juleber</i>	Pref	365 day supply
<i>junel 1.5/30</i>	Pref	365 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>junel 1/20</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>junel fe 24</i>	Pref	365 day supply
<i>kaitlib fe</i>	Pref	365 day supply
<i>kalliga</i>	Pref	365 day supply
<i>kariva</i>	Pref	365 day supply
<i>kelnor 1/35</i>	Pref	365 day supply
<i>kelnor 1/50</i>	Pref	365 day supply
<i>larin 1.5/30</i>	Pref	365 day supply
<i>larin 1/20</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>larin 24 fe</i>	Pref	365 day supply
<i>layolis fe</i>	Pref	365 day supply
<i>leena</i>	Pref	365 day supply
<i>levonest</i>	Pref	365 day supply
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	Pref	365 day supply
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Pref	365 day supply
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	Pref	365 day supply
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Pref	365 day supply
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Pref	365 day supply
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Pref	365 day supply
<i>LO LOESTRIN TAB 1-10-10</i>	Pref	365 day supply
<i>lo-zumandimine</i>	Pref	365 day supply
<i>loestrin 1.5/30-21</i>	Pref	365 day supply
<i>loestrin 1/20-21</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>loestrin fe tab 1.5/30</i>	Pref	365 day supply
<i>lojaimiess</i>	Pref	365 day supply
<i>loryna</i>	Pref	365 day supply
<i>low-ogestrel</i>	Pref	365 day supply
<i>merzee</i>	Pref	365 day supply
<i>microgestin 1.5/30</i>	Pref	365 day supply
<i>microgestin 1/20</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>microgestin 24 fe</i>	Pref	365 day supply
<i>mono-lynyah tab 0.25-35</i>	Pref	365 day supply
<i>NATAZIA TAB</i>	Pref	365 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>necon 0.5/35-28</i>	Pref	365 day supply
NEXTSTELLIS TAB 3-14.2MG	Pref	365 day supply
<i>nikki</i>	Pref	365 day supply
<i>noreth/ethin tab fe 1/20</i>	Pref	365 day supply
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Pref	365 day supply
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Pref	365 day supply
<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	QL (1 tab / 1 day; 365 day supply)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Pref	365 day supply
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Pref	365 day supply
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Pref	365 day supply
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Pref	365 day supply
<i>nortrel 0.5/35 (28)</i>	Pref	365 day supply
<i>nortrel 1/35</i>	Pref	365 day supply
<i>nortrel 7/7/7</i>	Pref	365 day supply
<i>nylia 1/35</i>	Pref	365 day supply
<i>nylia 7/7/7</i>	Pref	365 day supply
<i>ocella</i>	Pref	365 day supply
<i>philith</i>	Pref	365 day supply
<i>pimtrea</i>	Pref	365 day supply
<i>pirmella 1/35</i>	Pref	365 day supply
<i>pirmella 7/7/7</i>	Pref	365 day supply
<i>portia-28 tab</i>	Pref	365 day supply
<i>reclipsen</i>	Pref	365 day supply
<i>rivelsa</i>	Pref	365 day supply
<i>setlakin</i>	Pref	365 day supply
<i>simliya</i>	Pref	365 day supply
<i>simpesse</i>	Pref	365 day supply
<i>syeda</i>	Pref	365 day supply
<i>tarina 24 fe</i>	Pref	365 day supply
<i>taysofy</i>	Pref	365 day supply
<i>tilia fe</i>	Pref	365 day supply
<i>tri-legest fe</i>	Pref	365 day supply
<i>tri-lo-estarylla</i>	Pref	365 day supply
<i>tri-lo-marzia</i>	Pref	365 day supply
<i>tri-lo-mili</i>	Pref	365 day supply
<i>tri-lo-sprintec</i>	Pref	365 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>tri-nymyo tab</i>	Pref	365 day supply
<i>tri-vylibra lo</i>	Pref	365 day supply
<i>trivora-28</i>	Pref	365 day supply
TYBLUME CHW 0.1-0.02	Pref	365 day supply
<i>tydemy</i>	Pref	365 day supply
<i>velivet</i>	Pref	365 day supply
<i>vestura</i>	Pref	365 day supply
<i>viorele</i>	Pref	365 day supply
<i>volnea</i>	Pref	365 day supply
<i>vyfemla</i>	Pref	365 day supply
<i>wera</i>	Pref	365 day supply
<i>wymzya fe</i>	Pref	365 day supply
<i>zovia 1/35</i>	Pref	365 day supply
<i>zumandimine</i>	Pref	365 day supply
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>xulane</i>	Pref	QL (0.12 patches / 1 day; 365 day supply)
<i>zafemy</i>	Pref	QL (0.12 patches / 1 day; 365 day supply)
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>eluryng</i>	Pref	QL (0.04 rings / 1 day; 365 day supply)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Pref	QL (0.04 rings / 1 day; 365 day supply)
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A	Pref	365 day supply
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPL 68mg	Pref	365 day supply
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	Non-Pref	PA, QL (0.04 injections / 1 day; 365 day supply)
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Non-Pref	PA; 365 day supply
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	Pref	QL (0.04 injections / 1 day; 365 day supply)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5mg	Pref	365 day supply
LILETTA IUD 20.1mcg/day	Pref	365 day supply
MIRENA IUD 20mcg/day	Pref	365 day supply
SKYLA IUD 13.5mg	Pref	365 day supply
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norlyroc tab 0.35mg tabs .35mg</i>	Pref	365 day supply
SLYND TABS 4mg	Pref	365 day supply

Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRINKLE CPSP .5mg, 1mg, 2mg, 5mg	Non-Pref	SP, PA; AGE (Max 17)
<i>budesonide cpep 3mg</i>	Pref	
<i>budesonide tb24 9mg</i>	Non-Pref	PA
CORTEF TABS 5mg, 10mg, 20mg	Non-Pref	PA
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	Pref	
<i>dexamethasone tbpk 1.5mg</i>	Non-Pref	PA
DEXAMETHASONE INTENSOL CONC 1mg/ml	Pref	
<i>dexamethasone sodium phosphate soln 10mg/ml</i>	Pref	
EMFLAZA SUSP 22.75mg/ml; TABS 6mg, 18mg, 30mg, 36mg	Non-Pref	SP, PA; AGE (Min 2)
HEMADY TABS 20mg	Non-Pref	PA
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	Pref	
MEDROL TABS 2mg, 4mg, 8mg, 16mg, 32mg	Non-Pref	PA
MEDROL DOSEPAK TBPK 4mg	Non-Pref	PA
<i>methylprednisolone tabs 4mg; tbpk 4mg</i>	Pref	
<i>methylprednisolone tabs 8mg, 16mg, 32mg</i>	Non-Pref	PA
ORTIKOS CP24 6mg, 9mg	Non-Pref	PA
<i>prednisolone soln 15mg/5ml</i>	Pref	
<i>prednisolone sodium phosphate soln 6.7mg/5ml, 15mg/5ml, 25mg/5ml</i>	Pref	
<i>prednisolone sodium phosphate soln 10mg/5ml, 20mg/5ml; tbdp 10mg, 15mg, 30mg</i>	Non-Pref	PA
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	Pref	90 day supply
PREDNISONE INTENSOL CONC 5mg/ml	Pref	
RAYOS TBEC 1mg, 2mg, 5mg	Non-Pref	PA
<i>taperdex 6-day tbpk 1.5mg</i>	Non-Pref	PA
<i>taperdex 7-day tbpk 1.5mg</i>	Non-Pref	PA
<i>taperdex 12-day tbpk 1.5mg</i>	Non-Pref	PA
TARPEYO CPDR 4mg	Non-Pref	PA
UCERIS TB24 9mg	Non-Pref	PA
MINERALOCORTICIDS		
<i>fludrocortisone acetate tabs .1mg</i>	Pref	
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS		
ANTITUSSIVES		
<i>benzonatate caps 100mg</i>	Pref	QL (6 caps / 1 day); AGE (Min 6)
<i>benzonatate caps 200mg</i>	Pref	QL (2 caps / 1 day)
<i>cough dm suer 30mg/5ml</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>cvs cough dm suer 30mg/5ml</i>	Pref	OTC
<i>cvs tussin cough caps 15mg</i>	Pref	OTC
<i>cvs tussin long-acting liqd 15mg/5ml</i>	Pref	OTC
<i>dextromethorphan hbr caps 15mg</i>	Pref	OTC
<i>dextromethorphan polistirex suer 30mg/5ml</i>	Pref	OTC
<i>eq cough dm suer 30mg/5ml</i>	Pref	OTC
<i>eql cough dm suer 30mg/5ml</i>	Pref	OTC
<i>giltuss honey dm liqd 30mg/10ml</i>	Pref	OTC
<i>giltuss honey dm children liqd 15mg/5ml</i>	Pref	OTC
<i>gnp cough dm er suer 30mg/5ml</i>	Pref	OTC
<i>gnp cough gels caps 15mg</i>	Pref	OTC
<i>gnp tussin cough long act syrp 15mg/5ml</i>	Pref	OTC
<i>hm cough dm suer 30mg/5ml</i>	Pref	OTC
HYCODAN SYP 5-1.5/5	Pref	QL (30 mL / 1 day); AGE (Min 6)
HYCODAN TAB 5-1.5MG	Non-Pref	PA; AGE (Min 6)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Pref	QL (30 mL / 1 day); AGE (Min 6)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	Non-Pref	PA; AGE (Min 6)
<i>hydromet</i>	Pref	QL (30 mL / 1 day); AGE (Min 6)
<i>px tussin max syrp 15mg/5ml</i>	Pref	OTC
<i>qc cough relief liqd 15mg/5ml</i>	Pref	OTC
<i>ra cough dm suer 30mg/5ml</i>	Pref	OTC
<i>robitussin 12 hour cough suer 30mg/5ml</i>	Pref	OTC
<i>sm cough dm childrens suer 30mg/5ml</i>	Pref	OTC
<i>sm cough relief syrp 15mg/5ml</i>	Pref	OTC
<i>wal-tussin cough caps 15mg; syrp 15mg/5ml</i>	Pref	OTC
<i>wal-tussin cough long act liqd 15mg/5ml</i>	Pref	OTC
COUGH/COLD/ALLERGY COMBINATIONS		
ABATUSS DMX LIQ 30-1-15	Pref	OTC
ACTICON SOL 1-30	Pref	OTC
ACTICON TAB 2-60MG	Pref	OTC
ACTINEL LIQ PEDIATRI	Pref	OTC
<i>all day allergy-d</i>	Non-Pref	PA, OTC
<i>allergy multi-symptom day</i>	Pref	OTC
<i>allergy relief d</i>	Non-Pref	PA, OTC
<i>allergy relief d-12</i>	Non-Pref	PA, OTC
<i>allergy relief d-24</i>	Non-Pref	PA, OTC
<i>allergy relief nasal deco</i>	Non-Pref	PA, OTC
<i>allergy relief/nasal deco</i>	Non-Pref	PA, OTC
<i>antihistamine/nasal decon</i>	Pref	QL (2 tabs / 1 day), OTC
<i>aprodine</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Non-Pref	PA, OTC
<i>childrens cold & allergy</i>	Pref	OTC
CLARINEX-D TAB 2.5-120	Non-Pref	PA
<i>cold & allergy</i>	Pref	OTC
<i>cold & flu relief nightti</i>	Pref	OTC
<i>cold multi-symptom daytim</i>	Pref	OTC
<i>cold/flu liq daytime</i>	Pref	OTC
CONEX SOL CLD/ALRG	Pref	OTC
CONEX TAB 2-60MG	Pref	OTC
<i>coricidin d cold/flu/sinu</i>	Pref	OTC
<i>cough cold & sore throat</i>	Pref	OTC
<i>cvs cold & sinus relief</i>	Pref	OTC
<i>cvs cold relief multi-sym</i>	Pref	OTC
<i>cvs cold/flu & sore throa</i>	Pref	OTC
<i>cvs cold/flu relief night</i>	Pref	OTC
<i>cvs mucus d extended rele</i>	Pref	OTC
<i>cvs mucus dm er</i>	Pref	OTC
<i>cvs mucus dm maximum stre</i>	Pref	OTC
<i>cvs multi-symptom cold ch</i>	Pref	OTC
<i>cvs multi-symptoms cold &</i>	Pref	OTC
<i>cvs sinus pain & congesti</i>	Pref	OTC
<i>cvs sinus pe & allergy ma</i>	Pref	OTC
<i>cvs stuffy nose & cold ch</i>	Pref	OTC
<i>despec dm</i>	Pref	OTC
<i>despec dm-g</i>	Pref	OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Pref	OTC
<i>dextromethorphan-guaifenesin tab 20-400 mg</i>	Pref	OTC
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	Pref	OTC
<i>dextromethorphan-phenylephrine-apap cap 10-5-325 mg</i>	Pref	OTC
<i>diabetic tussin cough/che</i>	Pref	QL (10 mL / 1 day), OTC
<i>ed a-hist</i>	Pref	OTC
<i>ed a-hist dm</i>	Pref	OTC
<i>eq cold multi-symptom day</i>	Pref	OTC
<i>eq daytime/nighttime cold</i>	Pref	OTC
<i>eq mucus dm maximum stren</i>	Pref	OTC
<i>eq mucus relief dm</i>	Pref	OTC
<i>eq mucus-d</i>	Pref	OTC
<i>eq multi-symptom cold & f</i>	Pref	OTC
<i>eq multi-symptom cold chi</i>	Pref	OTC
<i>eq suphedrine pe sinus &</i>	Pref	OTC
<i>eql mucus-dm</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>eql sinus & allergy pe</i>	Pref	OTC
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	Pref	QL (2 tabs / 1 day), OTC
GILTUSS CGH TAB ALG/SINU	Pref	OTC
GLENMAX PEB LIQ DM	Pref	OTC
<i>gnp all day allergy-d</i>	Non-Pref	PA, OTC
<i>gnp allergy & congestion</i>	Non-Pref	PA, OTC
<i>gnp allergy multi-symptom</i>	Pref	OTC
<i>gnp cold + head congestio</i>	Pref	OTC
<i>gnp cold max day/night ad</i>	Pref	OTC
<i>gnp cold max daytime for</i>	Pref	OTC
<i>gnp fexofenadine/pseudoep</i>	Non-Pref	PA, QL (2 tabs / 1 day), OTC
<i>gnp mucus dm maximum stre</i>	Pref	OTC
<i>gnp mucus relief maximum</i>	Pref	OTC
<i>gnp night time cold & flu</i>	Pref	OTC
<i>gnp tussin cf cough & col</i>	Pref	OTC
<i>goodsense cold max</i>	Pref	OTC
<i>goodsense cold multi-symp</i>	Pref	OTC
<i>goodsense mucus dm</i>	Pref	OTC
<i>goodsense mucus relief ch</i>	Pref	OTC
<i>goodsense mucus relief se</i>	Pref	OTC
<i>guaiaatussin ac</i>	Pref	QL (60 mL / 1 day), OTC; AGE (Min 6)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Pref	QL (60 mL / 1 day), OTC; AGE (Min 6)
<i>head congestion cold reli</i>	Pref	OTC
<i>herbiomed severe cold & f</i>	Pref	OTC
HISTEX-AC SYP	Non-Pref	PA, OTC; AGE (Min 6)
<i>hm allergy & congestion</i>	Non-Pref	PA, OTC
<i>hm allergy relief & nasal</i>	Non-Pref	PA, OTC
<i>hm cold & sinus relief</i>	Pref	OTC
<i>hm mucus relief dm</i>	Pref	OTC
<i>hm nighttime cold & flu r</i>	Pref	OTC
<i>12hr allergy/congestion r</i>	Pref	QL (2 tabs / 1 day), OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	Non-Pref	PA; AGE (Min 6)
<i>ibuprofen cold & sinus</i>	Pref	OTC
LOHIST-DM SYP 5-2-10MG	Pref	OTC
<i>loratadine-d 12hr</i>	Non-Pref	PA, OTC
<i>loratadine-d 24hr</i>	Non-Pref	PA, OTC
LORTUSS LQ LIQ	Pref	OTC
M-CLEAR WC LIQ 100-6.3	Non-Pref	PA, OTC; AGE (Min 6)
M-END PE LIQ	Non-Pref	PA, OTC; AGE (Min 6)
<i>mapap cold formula multi-</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
MAR-COF CG LIQ 225-7.5	Non-Pref	PA, OTC; AGE (Min 6)
<i>maxi-tuss gmx</i>	Pref	QL (10 mL / 1 day), OTC
<i>medicidin-d</i>	Pref	OTC
MUCINEX CGH GRA 5-100MG	Pref	OTC
<i>mucinex dm liq 20-400</i>	Pref	OTC
<i>mucinex freefrom severe c</i>	Pref	OTC
<i>mucus congestion & cough</i>	Pref	OTC
<i>mucus d</i>	Pref	OTC
<i>mucus dm</i>	Pref	OTC
<i>mucus relief childrens</i>	Pref	OTC
<i>mucus relief cold flu & s</i>	Pref	OTC
<i>mucus relief cold/flu/sor</i>	Pref	OTC
<i>mucus relief d</i>	Pref	OTC
<i>mucus relief dm</i>	Pref	OTC
<i>mucus relief dm maximum s</i>	Pref	OTC
<i>mucus relief multi sympto</i>	Pref	OTC
<i>mucus-d</i>	Pref	OTC
<i>mucus-dm</i>	Pref	OTC
<i>multi-symptom cold childr</i>	Pref	OTC
NINJACOF-XG LIQ 200-8/5	Non-Pref	PA, OTC; AGE (Min 6)
<i>nohist-dm</i>	Pref	OTC
<i>nohist-lq</i>	Pref	OTC
PHENAGIL CH TAB	Pref	OTC
<i>phenylephrine w/ acetaminophen tab 5-325 mg</i>	Pref	OTC
<i>phenylephrine w/ dm-gg liqd 5-10-100 mg/5ml</i>	Pref	OTC
<i>phenylephrine-apap-gg tab 5-325-200 mg</i>	Pref	OTC
<i>phenylephrine-brompheniramine-dm liquid 2.5-1-5 mg/5ml</i>	Pref	OTC
<i>phenylephrine-dm-gg w/ apap tab 5-10-200-325 mg</i>	Pref	QL (1 tab / 1 day), OTC
POLY-TUSSIN LIQ 10-4-10	Non-Pref	PA, OTC; AGE (Min 6)
<i>pres gen</i>	Pref	OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	Pref	AGE (Min 6)
<i>promethazine vc</i>	Pref	AGE (Min 6)
<i>promethazine vc/codeine</i>	Non-Pref	PA; AGE (Min 6)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Pref	AGE (Min 6)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Pref	AGE (Min 2)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	Non-Pref	PA; AGE (Min 6)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Pref	AGE (Min 2)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Pref	OTC
<i>px allergy sinus pe</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>px cold relief multi-symp</i>	Pref	OTC
<i>px daytime cold</i>	Pref	OTC
<i>px dibromm cold/allergy c</i>	Pref	OTC
<i>px ibuprofen cold & sinus</i>	Pref	OTC
<i>px nighttime cold</i>	Pref	OTC
<i>px nitetime cold/flu reli</i>	Pref	OTC
<i>qc cough & cold hbp</i>	Pref	OTC
<i>qc ibuprofen cold/sinus</i>	Pref	OTC
<i>qc nighttime multi-sympto</i>	Pref	OTC
<i>ra ibu-profen cold/sinus</i>	Pref	OTC
<i>ra mucus relief d</i>	Pref	OTC
<i>ra mucus relief dm</i>	Pref	OTC
<i>ra multi-symptom cold rel</i>	Pref	OTC
<i>ra suphedrine pe</i>	Pref	OTC
<i>ra tussin cough & cold mu</i>	Pref	OTC
<i>ra tussin cough/chest con</i>	Pref	QL (10 mL / 1 day), OTC
<i>robitussin severe multi-s</i>	Pref	OTC
<i>rompe pecho max multi sym</i>	Pref	OTC
<i>rynex pe</i>	Pref	OTC
<i>rynex pse</i>	Pref	OTC
<i>sb allergy multi-symptom</i>	Pref	OTC
<i>sb cold & allergy childre</i>	Pref	OTC
<i>sb cold & cough hbp</i>	Pref	OTC
<i>sb cold & flu hbp</i>	Pref	OTC
<i>sb cold multi-symptom day</i>	Pref	OTC
<i>sb sinus & allergy maximu</i>	Pref	OTC
<i>sb sinus congestion & pai</i>	Pref	OTC
<i>sm cold & allergy childre</i>	Pref	OTC
<i>sm cold & allergy pe</i>	Pref	OTC
<i>sm cold & sinus relief</i>	Pref	OTC
<i>sm cold head congestion n</i>	Pref	OTC
<i>sm loratadine d 12hr</i>	Non-Pref	PA, OTC
<i>sm severe congestion & co</i>	Pref	OTC
<i>sm tussin cf</i>	Pref	OTC
<i>teo-tus</i>	Pref	OTC
<i>theraflu expressmax sever</i>	Pref	OTC
<i>theraflu severe cold & co</i>	Pref	OTC
TUSNEL PED DRO 7.5-50	Pref	OTC
TUSNEL PEDI LIQ 15-5-50	Pref	OTC
<i>tussi-pres</i>	Pref	OTC
<i>tussi-pres pe pediatric</i>	Pref	OTC
<i>tussin cf severe multi-sy</i>	Pref	OTC
<i>tussin dm liq 10-100mg</i>	Pref	OTC
TUSSLIN LIQ PEDIATRI	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>valihist</i>	Pref	OTC
VCKS DAYQUIL LIQ MUCUS DM	Pref	OTC
<i>vicks nyquil cold & flu n</i>	Pref	OTC
<i>wal-act</i>	Pref	OTC
<i>wal-phed pe sinus/allergy</i>	Pref	OTC
<i>wal-profen cold & sinus</i>	Pref	OTC
<i>wal-tap cold & allergy</i>	Pref	OTC
<i>wal-tussin cf</i>	Pref	OTC
<i>wal-tussin cf max</i>	Pref	OTC
<i>wal-tussin cf max multi-s</i>	Pref	OTC

EXPECTORANTS

<i>altarussin syrp 100mg/5ml</i>	Pref	OTC
<i>chest congestion relief syrp 100mg/5ml; tabs 400mg</i>	Pref	OTC
<i>cough tab tabs 200mg</i>	Pref	OTC
<i>cvs mucus extended releas tb12 600mg, 1200mg</i>	Pref	OTC
<i>diabetic tussin ex syrp 100mg/5ml</i>	Pref	OTC
<i>eq 12 hour mucus relief tb12 600mg</i>	Pref	OTC
<i>eq mucus er tb12 600mg, 1200mg</i>	Pref	OTC
<i>gnp mucus er tb12 600mg, 1200mg</i>	Pref	OTC
<i>gnp mucus relief tabs 400mg</i>	Pref	OTC
<i>gnp tab tussin tabs 400mg</i>	Pref	OTC
<i>goodsense mucus er tb12 600mg</i>	Pref	OTC
<i>goodsense mucus er maximu tb12 1200mg</i>	Pref	OTC
<i>guaifenesin tabs 200mg, 400mg; tb12 600mg</i>	Pref	OTC
<i>guaifenesin liquid 100 mg/5ml liqd 100mg/5ml, 200mg/10ml, 400mg/20ml; soln 100mg/5ml</i>	Pref	OTC
MUCINEX FOR KIDS PACK 100mg	Pref	OTC
<i>mucosa tabs 400mg</i>	Pref	OTC
<i>mucus relief tb12 600mg</i>	Pref	OTC
<i>pharbinex tabs 400mg</i>	Pref	OTC
<i>qc medifin 400 tabs 400mg</i>	Pref	OTC
<i>qc mucus relief er 12 hou tb12 1200mg</i>	Pref	OTC
<i>qc mucus relief maximum s tb12 1200mg</i>	Pref	OTC
<i>ra mucus relief tb12 600mg</i>	Pref	OTC
<i>ra tussin chest congestio syrp 100mg/5ml</i>	Pref	OTC
<i>refenesen 400 tabs 400mg</i>	Pref	OTC
<i>sb cough control syrp 100mg/5ml</i>	Pref	OTC
<i>sb cough tab tabs 200mg</i>	Pref	OTC
<i>siltussin sa syrp 100mg/5ml</i>	Pref	OTC
<i>sm mucus relief maximum s tb12 1200mg</i>	Pref	OTC
<i>sm mucus relief/12 hour tb12 600mg</i>	Pref	OTC
<i>tussin mucus + chest cong syrp 100mg/5ml</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>xpect tabs 400mg</i>	Pref	OTC
MISC. RESPIRATORY INHALANTS		
<i>simply saline baby aers .9%</i>	Pref	OTC
<i>sodium chloride (inhalant) aers .9%</i>	Pref	OTC
<i>sodium chloride (inhalant) nebu .9%</i>	Pref	
MUCOLYTICS		
<i>acetylcysteine soln 10%, 20%</i>	Pref	
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS		
ACNE PRODUCTS		
ACANYA GEL 1.2-2.5%	Non-Pref	PA; AGE (Max 18)
<i>acutane caps 10mg, 20mg, 30mg, 40mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>acne maximum strength crea 10%</i>	Pref	OTC
<i>acne medication 2.5 gel 2.5%</i>	Pref	OTC; AGE (Max 18)
<i>acne medication 5 gel 5%</i>	Pref	OTC; AGE (Max 18)
ACNE MEDICATION 5 LOTN 5%	Pref	OTC; AGE (Max 18)
<i>acne medication 10 gel 10%</i>	Pref	OTC; AGE (Max 18)
ACNE MEDICATION 10 LOTN 10%	Pref	OTC; AGE (Max 18)
<i>adapalene crea .1%; gel .3%</i>	Non-Pref	PA; AGE (Max 18)
<i>adapalene gel .1%</i>	Pref	QL (1.5 gm / 1 day), OTC; AGE (Max 18)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Non-Pref	PA; AGE (Max 18)
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	Non-Pref	PA; AGE (Max 18)
AKLIEF CREA .005%	Non-Pref	PA; AGE (Max 18)
ALTRENO LOTN .05%	Non-Pref	PA; AGE (Max 18)
<i>amnestem caps 10mg, 20mg, 40mg</i>	Pref	PA, QL (2 caps / 1 day)
AMZEEQ FOAM 4%	Non-Pref	PA; AGE (Max 18)
ARAZLO LOTN .045%	Non-Pref	PA; AGE (Max 18)
ATRALIN GEL .05%	Non-Pref	PA; AGE (Max 18)
<i>avar cleanser</i>	Non-Pref	PA; AGE (Max 18)
AVAR LS LIQ 10-2%	Non-Pref	PA; AGE (Max 18)
<i>avar-e emollient</i>	Non-Pref	PA; AGE (Max 18)
<i>avar-e green</i>	Non-Pref	PA; AGE (Max 18)
AVAR-E LS CRE 10-2%	Non-Pref	PA; AGE (Max 18)
<i>avita crea .025%; gel .025%</i>	Non-Pref	PA; AGE (Max 18)
BENZAMYCIN GEL 5-3%	Non-Pref	PA; AGE (Max 18)
<i>benzefoam foam 5.3%</i>	Non-Pref	PA, OTC; AGE (Max 18)
<i>benzoyl peroxide gel 2.5%, 5%, 10%</i>	Pref	OTC; AGE (Max 18)
<i>benzoyl peroxide topical liqd 10%</i>	Pref	OTC; AGE (Max 18)
<i>benzoyl peroxide wash liqd 5%</i>	Pref	OTC; AGE (Max 18)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Non-Pref	PA; AGE (Max 18)
<i>bp 10-1</i>	Non-Pref	PA; AGE (Max 18)
<i>bp cleansing wash</i>	Non-Pref	PA; AGE (Max 18)
<i>bpo foaming cloths misc 6%</i>	Non-Pref	PA, OTC; AGE (Max 18)
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	Pref	PA, QL (2 caps / 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>clearasil daily clear van crea 10%</i>	Pref	OTC
<i>clearasil rapid rescue sp crea 10%</i>	Pref	OTC
<i>clearskin crea 10%</i>	Pref	OTC
CLEOCIN-T LOTN 1%	Non-Pref	PA; AGE (Max 18)
<i>clindacin etz pledgets swab 1%</i>	Pref	AGE (Max 18)
CLINDACIN KIT ETZ 1%	Non-Pref	PA; AGE (Max 18)
CLINDACIN KIT PAC 1%	Non-Pref	PA; AGE (Max 18)
<i>clindacin-p swab 1%</i>	Pref	AGE (Max 18)
CLINDAGEL GEL 1%	Non-Pref	PA; AGE (Max 18)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Pref	QL (1.5 gm / 1 day); AGE (Max 18)
<i>clindamycin phosphate (topical) foam 1%; gel 1%; lotn 1%</i>	Non-Pref	PA; AGE (Max 18)
<i>clindamycin phosphate (topical) soln 1%; swab 1%</i>	Pref	AGE (Max 18)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Non-Pref	PA; AGE (Max 18)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Non-Pref	PA; AGE (Max 18)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	Non-Pref	PA; AGE (Max 18)
<i>cvs acne crea 10%</i>	Pref	OTC
<i>cvs acne control cleanser crea 10%</i>	Pref	OTC
<i>dapsone (topical) gel 5%, 7.5%</i>	Non-Pref	PA; AGE (Max 18)
DIFFERIN CREA .1%; GEL .3%; LOTN .1%	Non-Pref	PA; AGE (Max 18)
DIFFERIN GEL .1%	Pref	QL (1.5 gm / 1 day), OTC; AGE (Max 18)
EPIDUO FORTE GEL 0.3-2.5%	Non-Pref	PA; AGE (Max 18)
EPSOLAY CREA 5%	Non-Pref	PA; AGE (Min 18)
<i>ery pads 2%</i>	Non-Pref	PA; AGE (Max 18)
ERYGEL GEL 2%	Non-Pref	PA; AGE (Max 18)
<i>erythromycin (acne aid) gel 2%</i>	Non-Pref	PA; AGE (Max 18)
<i>erythromycin (acne aid) soln 2%</i>	Pref	AGE (Max 18)
EVOCLIN FOAM 1%	Non-Pref	PA; AGE (Max 18)
FABIOR FOAM .1%	Non-Pref	PA; AGE (Max 18)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>myorisan caps 10mg, 20mg, 30mg, 40mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>neuac</i>	Non-Pref	PA, QL (1.5 gm / 1 day); AGE (Max 18)
NEUAC KIT 1.2-5%	Non-Pref	PA; AGE (Max 18)
ONEXTON GEL 1.2-3.75	Non-Pref	PA; AGE (Max 18)
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	Pref	AGE (Max 18)
RETIN-A MICRO GEL .04%, .06%, .1%	Non-Pref	PA; AGE (Max 18)
RETIN-A MICRO PUMP GEL .04%, .08%, .1%	Non-Pref	PA; AGE (Max 18)
SOD SUL/SULF EMU 10-5%	Non-Pref	PA; AGE (Max 18)

Drug Name	Drug Tier	Requirements/Limits
SOD SUL/SULF SUS 10-5%	Non-Pref	PA; AGE (Max 18)
sss 10%-5%	Non-Pref	PA; AGE (Max 18)
sss 10-5	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium (acne) lotn 10%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur cleanser 10-2%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur cleanser 10-5%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur cream 10-2%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur cream 10-5%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur lotion 10-5%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur susp 8-4%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur wash 9-4%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur wash 9-4.5%	Non-Pref	PA; AGE (Max 18)
SUMADAN KIT	Non-Pref	PA; AGE (Max 18)
SUMADAN WASH LIQ 9-4.5%	Non-Pref	PA; AGE (Max 18)
SUMADAN XLT KIT 9-4.5%	Non-Pref	PA; AGE (Max 18)
SUMAXIN CP KIT	Non-Pref	PA; AGE (Max 18)
TAZAROTENE FOAM .1%	Pref	AGE (Max 18)
tretinoin crea .025%, .05%, .1%; gel .01%, .025%	Pref	AGE (Max 18)
tretinoin gel .05%	Non-Pref	PA; AGE (Max 18)
tretinoin microsphere gel .04%, .1%	Non-Pref	PA; AGE (Max 18)
TWYNEO CRE 0.1-3%	Non-Pref	PA
WINLEVI CREA 1%	Non-Pref	PA; AGE (Min 12, Max 18)
zenatane caps 10mg, 20mg, 30mg, 40mg	Pref	PA, QL (2 caps / 1 day)
ZIANA GEL	Non-Pref	PA; AGE (Max 18)

ANALGESICS - TOPICAL

bengay vanishing scent gel 2.5%	Pref	OTC
blue gel gel 2%	Pref	OTC
cvs sore muscle rub gel 2.5%	Pref	OTC
cvs therapeutic menthol gel 2%	Pref	OTC
ice blue gel gel 2%	Pref	OTC
mineral ice gel 2%	Pref	OTC
muscle & joint gel 2.5%	Pref	OTC

ANTI-INFLAMMATORY AGENTS - TOPICAL

arthritis pain reliever gel 1%	Pref	QL (1000 gm / 27 days; 90 day supply), OTC
diclofenac epolamine ptch 1.3%	Pref	QL (2 ea / 1 day)
diclofenac sodium (topical) gel 1%	Pref	QL (1000 gm / 27 days; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (topical) gel 1%</i>	Pref	QL (1000 gm / 27 days; 90 day supply), OTC
<i>diclofenac sodium (topical) soln 1.5%, 2%</i>	Non-Pref	PA
FLECTOR PTCH 1.3%	Non-Pref	PA, QL (2 patches / 1 day)
<i>goodsense arthritis pain gel 1%</i>	Pref	QL (1000 gm / 27 days; 90 day supply), OTC
LICART PT24 1.3%	Non-Pref	PA
PENNSAID SOLN 2%	Non-Pref	PA
<i>qc diclofenac sodium gel 1%</i>	Pref	QL (1000 gm / 27 days; 90 day supply), OTC

ANTIBIOTICS - TOPICAL

<i>antibiotic ointment oint 500unit/gm</i>	Pref	OTC
<i>bacitracin (topical) oint 500unit/gm</i>	Pref	OTC
<i>bacitracin zinc oint 500unit/gm</i>	Pref	OTC
<i>bacitraycin plus oint 500unit/gm</i>	Pref	OTC
CENTANY OINT 2%	Non-Pref	PA
CENTANY AT KIT 2%	Non-Pref	PA
<i>cvs antibiotic</i>	Pref	OTC
<i>cvs antibiotic pain/scar</i>	Pref	OTC
<i>cvs antibiotic/pain relie</i>	Pref	OTC
<i>cvs triple antibiotic/pai</i>	Pref	OTC
<i>double antibiotic</i>	Pref	OTC
<i>eq triple antibiotic</i>	Pref	OTC
<i>eq1 first aid antibiotic</i>	Pref	OTC
<i>first aid antibiotic</i>	Pref	OTC
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	Pref	
<i>gnp antibiotic + pain rel</i>	Pref	OTC
<i>gnp triple antibiotic</i>	Pref	OTC
<i>hm double antibiotic</i>	Pref	OTC
<i>hm triple antibiotic</i>	Pref	OTC
<i>lanabiotic</i>	Pref	OTC
<i>multi antibiotic plus</i>	Pref	OTC
<i>mupirocin oint 2%</i>	Pref	
<i>neosporin</i>	Pref	OTC
<i>neosporin + pain relief m</i>	Pref	OTC
<i>neosporin pain/itch/scar</i>	Pref	OTC
<i>neosporin/burn relief</i>	Pref	OTC
<i>poly bacitracin</i>	Pref	OTC
<i>px triple ointment</i>	Pref	OTC
<i>qc bacitracin oint 500unit/gm</i>	Pref	OTC
<i>qc triple antibiotic</i>	Pref	OTC
<i>qc triple antibiotic maxi</i>	Pref	OTC
<i>ra antibiotic + pain reli</i>	Pref	OTC
<i>ra antibiotic plus</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>ra antibiotic/pain relief</i>	Pref	OTC
<i>ra triple antibiotic</i>	Pref	OTC
<i>sb triple antibiotic</i>	Pref	OTC
<i>sm antibiotic oint 500unit/gm</i>	Pref	OTC
<i>sm antibiotic plus pain r</i>	Pref	OTC
<i>sm triple antibiotic orig</i>	Pref	OTC
<i>triple antibiotic</i>	Pref	OTC
<i>triple antibiotic + pain</i>	Pref	OTC
<i>triple antibiotic plus</i>	Pref	OTC
<i>triple antibiotic plus ma</i>	Pref	OTC
<i>wal-sporin</i>	Pref	OTC

ANTIFUNGALS - TOPICAL

ALEVAZOL OINT 1%	Non-Pref	PA, OTC
<i>anti-fungal powder powd 1%</i>	Pref	OTC
<i>antifungal crea 1%</i>	Pref	OTC
<i>antifungal powder powd 2%</i>	Non-Pref	PA, OTC
<i>athletes foot crea 1%</i>	Pref	OTC
<i>athletes foot antifungal aerp 1%</i>	Non-Pref	PA, OTC
<i>athletes foot powder spra aerp 2%</i>	Non-Pref	PA, OTC
<i>athletes foot spray aero 1%</i>	Pref	OTC
<i>butenafine hcl crea 1%</i>	Non-Pref	PA, OTC
<i>ciclodan soln 8%</i>	Pref	QL (0.22 mL / 1 day)
<i>ciclopirox gel .77%; sham 1%</i>	Non-Pref	PA
<i>ciclopirox soln 8%</i>	Pref	QL (0.22 mL / 1 day)
<i>ciclopirox olamine crea .77%; susp .77%</i>	Non-Pref	PA
<i>ciclopirox treatment</i>	Non-Pref	PA
<i>clotrimazole (topical) crea 1%; soln 1%</i>	Pref	
<i>clotrimazole (topical) soln 1%</i>	Pref	OTC
<i>clotrimazole antifungal crea 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 crea 1%</i>	Non-Pref	PA
ERTACZO CREA 2%	Non-Pref	PA
EXELDERM CREA 1%; SOLN 1%	Non-Pref	PA
EXTINA FOAM 2%	Non-Pref	PA
FUNGOID TINCTURE SOLN 2%	Non-Pref	PA, OTC
<i>gnp miconazorb af powd 2%</i>	Non-Pref	PA, OTC
<i>gnp terbinafine hydrochlo crea 1%</i>	Pref	OTC
JUBLIA SOLN 10%	Non-Pref	PA
KERYDIN SOLN 5%	Non-Pref	PA
<i>ketconazole (topical) crea 2%; sham 2%</i>	Pref	
<i>ketconazole (topical) foam 2%</i>	Non-Pref	PA
<i>ketodan foam 2%</i>	Non-Pref	PA
KETODAN KIT 2%	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
LOPROX CREA .77%; SUSP .77%	Non-Pref	PA
LOPROX KIT KIT .77%	Non-Pref	PA
LOPROX KIT 0.77%	Non-Pref	PA
LOPROX SHAMPOO SHAM 1%	Non-Pref	PA
<i>luliconazole crea 1%</i>	Non-Pref	PA
LUZU CREA 1%	Non-Pref	PA
MENTAX CREA 1%	Non-Pref	PA
<i>miconazole nitrate (topical) crea 2%</i>	Pref	OTC
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	Non-Pref	PA
<i>micotrin ac crea 1%</i>	Pref	OTC
<i>micotrin al soln 1%</i>	Pref	OTC
<i>micotrin ap powd 2%</i>	Non-Pref	PA, OTC
<i>mycozyl ac crea 1%</i>	Pref	OTC
<i>mycozyl al soln 1%</i>	Pref	OTC
<i>mycozyl ap powd 2%</i>	Non-Pref	PA, OTC
<i>naftifine hcl crea 1%, 2%</i>	Non-Pref	PA
NAFTIN GEL 1%, 2%	Non-Pref	PA
<i>nyamyc powd 100000unit/gm</i>	Pref	
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	Pref	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Non-Pref	PA
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Non-Pref	PA
<i>nystop powd 100000unit/gm</i>	Pref	
<i>oxiconazole nitrate crea 1%</i>	Non-Pref	PA
OXISTAT CREA 1%; LOTN 1%	Non-Pref	PA
<i>sm antifungal miconazole crea 2%</i>	Pref	OTC
<i>sm antifungal tolnaftate crea 1%</i>	Pref	OTC
<i>sulconazole nitrate crea 1%; soln 1%</i>	Non-Pref	PA
<i>tavaborole soln 5%</i>	Non-Pref	PA
<i>tolnaftate crea 1%; powd 1%</i>	Pref	OTC
VUSION OIN	Non-Pref	PA

ANTI-HISTAMINES-TOPICAL

<i>anti-itch</i>	Pref	OTC
<i>banophen</i>	Pref	OTC
<i>cvs itch relief extra str</i>	Pref	OTC
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	Pref	OTC
<i>itch relief extra strengt</i>	Pref	OTC
<i>qc anti-itch extra streng</i>	Pref	OTC
<i>ra allergy cream</i>	Pref	OTC
<i>ra anti-itch & skin prote</i>	Pref	OTC
<i>sm anti-itch extra streng</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
wal-dryl	Pref	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac sodium (actinic keratoses) gel 3%	Pref	QL (3.334 gm / 1 day)
fluorouracil (topical) crea 5%; soln 5%	Pref	
ANTIPSORIATICS		
calcipotriene crea .005%; oint .005%	Pref	QL (2 gm / 1 day)
calcipotriene foam .005%	Non-Pref	PA
calcipotriene soln .005%	Pref	QL (2 mL / 1 day)
calcitriol (topical) oint 3mcg/gm	Non-Pref	PA; AGE (Max 18)
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	Non-Pref	SP, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	Non-Pref	SP, PA
DOVONEX CREA .005%	Non-Pref	PA, QL (2 gm / 1 day)
ILUMYA SOSY 100mg/ml	Non-Pref	SP, PA; AGE (Min 18)
SILIQ SOSY 210mg/1.5ml	Non-Pref	SP, PA; AGE (Min 18)
SKYRIZI PSKT 75mg/0.83ml; SOSY 150mg/ml	Non-Pref	SP, PA
SKYRIZI PEN SOAJ 150mg/ml	Non-Pref	SP, PA
SORILUX FOAM .005%	Non-Pref	PA
STELARA SOLN 45mg/0.5ml; SOSY 45mg/0.5ml, 90mg/ml	Non-Pref	SP, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	Non-Pref	SP, PA
tazarotene crea .1%	Non-Pref	PA; AGE (Max 18)
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	Non-Pref	SP, PA
VECTICAL OINT 3mcg/gm	Non-Pref	PA; AGE (Max 18)
VTAMA CREA 1%	Non-Pref	PA; AGE (Min 18)
ANTISEBORRHEIC PRODUCTS		
anti-dandruff shampoo sham 1%	Pref	OTC
beta med sham 2%	Pref	OTC
controlgx anti-dandruff sham 1%	Pref	OTC
cvs dandruff everyday cle sham 1%	Pref	OTC
dandruff 2 in 1 sham 1%	Pref	OTC
dandruff dry scalp care sham 1%	Pref	OTC
dandruff shampoo lotn 1%; sham 1%	Pref	OTC
dermazinc shampoo sham 2%	Pref	OTC
eql dry scalp 2 in 1 sham 1%	Pref	OTC
eql everyday clean 2 in 1 sham 1%	Pref	OTC
eql everyday clean dandru sham 1%	Pref	OTC
eql itchy scalp 2 in 1 sham 1%	Pref	OTC
eql smooth spice 2 in 1 sham 1%	Pref	OTC
OVACE PLUS CREA 10%; FOAM 9.8%; LOTN 9.8%; SHAM 10%	Non-Pref	PA; AGE (Max 18)
OVACE PLUS WASH GEL 10%; LIQD 10%	Non-Pref	PA; AGE (Max 18)
OVACE WASH LIQD 10%	Non-Pref	PA; AGE (Max 18)
SEBEX SHA	Pref	OTC
selenium sulfide lotn 2.5%; sham 2.25%	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>selsun blue full & thick sham 1%</i>	Pref	OTC
<i>sm dandruff 2 in 1 sham 1%</i>	Pref	OTC
<i>sulfacetamide sodium gel 10%; liqd 10%; sham 10%</i>	Non-Pref	PA; AGE (Max 18)

ANTIVIRALS - TOPICAL

<i>acyclovir topical crea 5%</i>	Pref	QL (0.167 gm / 1 day)
<i>acyclovir topical oint 5%</i>	Pref	
DENAVIR CREA 1%	Non-Pref	PA
<i>docosanol crea 10%</i>	Pref	OTC
<i>hm docosanol crea 10%</i>	Pref	OTC
XERESE CRE 5-1%	Non-Pref	PA
ZOVIRAX CREA 5%	Non-Pref	PA, QL (0.167 gm / 1 day)
ZOVIRAX OINT 5%	Non-Pref	PA

BURN PRODUCTS

<i>silver sulfadiazine crea 1%</i>	Pref	
<i>ssd crea 1%</i>	Pref	

CORTICOSTEROIDS - TOPICAL

<i>alclometasone dipropionate crea .05%; oint .05%</i>	Non-Pref	PA
<i>amcinonide crea .1%; lotn .1%</i>	Non-Pref	PA
<i>anti-itch maximum strengt crea 1%</i>	Pref	OTC
APEXICON E CREA .05%	Non-Pref	PA
<i>aquanil hc lotn 1%</i>	Pref	OTC
<i>beta hc lotn 1%</i>	Pref	OTC
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented crea .05%</i>	Pref	
<i>betamethasone dipropionate augmented gel .05%; lotn .05%; oint .05%</i>	Non-Pref	PA
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	Pref	
<i>betamethasone valerate foam .12%</i>	Non-Pref	PA
BRYHALI LOTN .01%	Non-Pref	PA
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Non-Pref	PA
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	Non-Pref	PA
CAPEX SHAM .01%	Non-Pref	PA
<i>clobetasol propionate crea .05%; gel .05%; oint .05%; soln .05%</i>	Pref	
<i>clobetasol propionate foam .05%; liqd .05%; lotn .05%; sham .05%</i>	Non-Pref	PA
<i>clobetasol propionate emollient base crea .05%</i>	Pref	
<i>clobetasol propionate emulsion foam .05%</i>	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
CLOBEX LIQD .05%; SHAM .05%	Non-Pref	PA
<i>clocortolone pivalate crea .1%</i>	Non-Pref	PA
<i>clodan sham .05%</i>	Non-Pref	PA
CLODAN KIT KIT .05%	Non-Pref	PA
CLODERM CREA .1%	Non-Pref	PA
<i>cortizone-10 diabetics sk lotn 1%</i>	Pref	OTC
<i>cortizone-10 eczema lotn 1%</i>	Pref	OTC
<i>cortizone-10 hydratensive lotn 1%</i>	Pref	OTC
<i>cortizone-10 psoriasis lotn 1%</i>	Pref	OTC
<i>cvs cortisone maximum str lotn 1%</i>	Pref	OTC
DERMA-SMOOTH/FS BODY OIL .01%	Non-Pref	PA
DERMA-SMOOTH/FS SCALP OIL .01%	Non-Pref	PA
<i>dermarest eczema lotn 1%</i>	Pref	OTC
<i>desonide crea .05%; lotn .05%; oint .05%</i>	Non-Pref	PA
<i>desoximetasone crea .05%, .25%; gel .05%; liqd .25%; oint .05%, .25%</i>	Non-Pref	PA
<i>diflorasone diacetate crea .05%; oint .05%</i>	Non-Pref	PA
DIPROLENE OINT .05%	Non-Pref	PA
DUOBRII LOT	Non-Pref	PA
ENSTILAR AER	Non-Pref	PA; AGE (Min 18)
<i>fluocinolone acetonide crea .01%, .025%; oil .01%; oint .025%; soln .01%</i>	Non-Pref	PA
<i>fluocinonide crea .05%, .1%; gel .05%; oint .05%; soln .05%</i>	Non-Pref	PA
<i>fluocinonide emulsified base crea .05%</i>	Non-Pref	PA
<i>flurandrenolide crea .05%; lotn .05%; oint .05%</i>	Non-Pref	PA
<i>fluticasone propionate crea .05%; oint .005%</i>	Pref	
<i>fluticasone propionate lotn .05%</i>	Non-Pref	PA
<i>gnp hydrocortisone crea .5%</i>	Pref	OTC
<i>gnp hydrocortisone plus crea 1%</i>	Pref	OTC
<i>halcinonide crea .1%</i>	Non-Pref	PA
<i>halobetasol propionate crea .05%</i>	Pref	
HALOBETASOL PROPIONATE FOAM .05%	Non-Pref	PA
<i>halobetasol propionate oint .05%</i>	Non-Pref	PA
HALOG CREA .1%; OINT .1%; SOLN .1%	Non-Pref	PA
HC/ALOE CRE 0.5%	Pref	OTC
<i>hm hydrocortisone plus</i>	Pref	OTC
<i>hm hydrocortisone/aloe ma</i>	Pref	OTC
<i>hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 1%, 2.5%</i>	Pref	
<i>hydrocortisone (topical) crea 1%; lotn 1%; oint .5%</i>	Pref	OTC
<i>hydrocortisone acetate (topical) crea 1%; oint 1%</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate crea .1%; lotn .1%; oint .1%; soln .1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate hydrophilic lipo base crea .1%</i>	Non-Pref	PA
<i>hydrocortisone maximum st crea 1%; oint 1%</i>	Pref	OTC
<i>hydrocortisone valerate crea .2%; oint .2%</i>	Non-Pref	PA
<i>hydrocortisone/aloe maxim</i>	Pref	OTC
IMPEKLO LOTN .15mg/act	Non-Pref	PA
KENALOG AERS .147mg/gm	Non-Pref	PA
LEXETTE FOAM .05%	Non-Pref	PA
LOCOID LOTN .1%	Non-Pref	PA
LOCOID LIPOCREAM CREA .1%	Non-Pref	PA
LUXIQ FOAM .12%	Non-Pref	PA
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	Pref	
OLUX FOAM .05%	Non-Pref	PA
OLUX-E FOAM .05%	Non-Pref	PA
PANDEL CREA .1%	Non-Pref	PA
<i>prednicarbate oint .1%</i>	Non-Pref	PA
<i>qc anti-itch intensive he crea 1%</i>	Pref	OTC
<i>qc anti-itch/aloe</i>	Pref	OTC
<i>sarnol-hc lotn 1%</i>	Pref	OTC
<i>scalp relief maximum stre soln 1%</i>	Pref	OTC
<i>scalpicin maximum strengt soln 1%</i>	Pref	OTC
<i>sm hydrocortisone crea 1%</i>	Pref	OTC
<i>sm hydrocortisone maximum oint 1%</i>	Pref	OTC
<i>sm hydrocortisone plus</i>	Pref	OTC
SYNALAR CREA .025%; OINT .025%; SOLN .01%	Non-Pref	PA
SYNALAR CREAM KIT KIT .025%	Non-Pref	PA
SYNALAR OINTMENT KIT KIT .025%	Non-Pref	PA
SYNALAR TS KIT .01%	Non-Pref	PA
TACLONEX OIN	Non-Pref	PA
TACLONEX SUS	Non-Pref	PA
TEXACORT SOLN 2.5%	Non-Pref	PA
TOPICORT CREA .05%, .25%; GEL .05%; LIQD .25%; OINT .05%, .25%	Non-Pref	PA
<i>tovet foam .05%</i>	Non-Pref	PA
TOVET KIT KIT 0.05%	Non-Pref	PA
<i>triamcinolone acetonide (topical) aers .147mg/gm</i>	Non-Pref	PA
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .05%, .1%, .5%</i>	Pref	
<i>trianex oint .05%</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ULTRAVATE LOTN .05%	Non-Pref	PA
VANICREAM HC MAXIMUM STRE CREA 1.12%	Pref	OTC
VANOS CREA .1%	Non-Pref	PA

DIAPER RASH PRODUCTS

A+D DIAPER CRE RASH	Pref	OTC
A+D TREAT CRE	Pref	OTC
<i>aveeno baby soothing mult</i>	Pref	OTC
<i>balmex multi-purpose oint 51.1%</i>	Pref	OTC
BENSONS CRE BOTTOM	Pref	OTC
<i>cerave baby healing ointm oint 46.5%</i>	Pref	OTC
<i>cvs all-purpose skin prot</i>	Pref	OTC
CVS DIAPER CRE A/D ZINC	Pref	OTC
<i>cvs pediatric ointment</i>	Pref	OTC
<i>desitin multi-purpose hea oint 71.3%</i>	Pref	OTC
<i>flanders buttocks</i>	Pref	OTC
<i>medi-paste</i>	Pref	OTC
<i>paladin</i>	Pref	OTC
<i>pinxav</i>	Pref	OTC

ECZEMA AGENTS

ADBRY SOSY 150mg/ml	Non-Pref	SP, PA; AGE (Min 18)
CIBINQO TABS 50mg, 100mg, 200mg	Non-Pref	PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	Non-Pref	SP, PA; AGE (Min 6)
OPZELURA CREA 1.5%	Non-Pref	PA; AGE (Min 12)

EMOLLIENT/KERATOLYTIC AGENTS

<i>gormel creme crea 20%</i>	Pref	OTC
<i>urea 20 intensive hydrati crea 20%</i>	Pref	OTC
<i>ureacin-20 crea 20%</i>	Pref	OTC

EMOLLIENTS

<i>a&d</i>	Pref	OTC
<i>a+d prevent</i>	Pref	OTC
<i>al12 lotn 12%</i>	Pref	OTC
<i>amlactin daily lotn 12%</i>	Pref	OTC
<i>aqua-cerin</i>	Pref	OTC
<i>baby vitamin a & d</i>	Pref	OTC
<i>beauty lotion</i>	Pref	OTC
<i>cocoa butter skin cream</i>	Pref	OTC
<i>complete moisture</i>	Pref	OTC
<i>cvs beauty 360 pure vitam oil 28000unit/29ml</i>	Pref	OTC
<i>cvs dry skin therapy</i>	Pref	OTC
<i>cvs extra moisturizing</i>	Pref	OTC
<i>cvs gentle skin cleanser</i>	Pref	OTC
<i>cvs moisturizing lotion</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>cvs skin treatment body l lotn 12%</i>	Pref	OTC
<i>cvs special care</i>	Pref	OTC
<i>cvs vitamin a&d ointment</i>	Pref	OTC
<i>cvs vitamin e moisturizin</i>	Pref	OTC
<i>dml</i>	Pref	OTC
<i>e-oil oil 933.333unit/ml, 30000unit</i>	Pref	OTC
EMOLLIENT - CREAM CREA 70%	Pref	OTC
<i>*emollient - cream**</i>	Pref	OTC
EMOLLIENT - LOTION	Pref	OTC
<i>eq vitamins a & d</i>	Pref	OTC
<i>eql absolute moisture dry</i>	Pref	OTC
<i>eql advanced recovery ski</i>	Pref	OTC
<i>eql advanced skin therapy</i>	Pref	OTC
<i>eql aloe after sun</i>	Pref	OTC
<i>eql vitamin e ultra stren oil 20000unit</i>	Pref	OTC
<i>gnp vitamin a & d</i>	Pref	OTC
<i>gordomatic</i>	Pref	OTC
LAC-HYDRIN FIVE LOTN 5%	Pref	OTC
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	Pref	
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	Pref	OTC
<i>lubricating skin lotion</i>	Pref	OTC
<i>minerin</i>	Pref	OTC
<i>moisture lotion</i>	Pref	OTC
<i>moisture recovery</i>	Pref	OTC
<i>moisturizing cream</i>	Pref	OTC
<i>moisturizing lotion</i>	Pref	OTC
<i>moisturizing sensitive sk</i>	Pref	OTC
<i>refreshing aloe</i>	Pref	OTC
<i>sm dry skin therapy</i>	Pref	OTC
<i>thera-derm</i>	Pref	OTC
<i>vitamin e beauty oil oil 49000unit/52ml</i>	Pref	OTC
<i>vitamin e skin oil oil 12000unit, 56000unit</i>	Pref	OTC
<i>vitamins a & d (topical) oint 95%, 96%</i>	Pref	OTC
<i>*vitamins a & d oint**</i>	Pref	OTC

IMMUNOMODULATING AGENTS - TOPICAL

<i>imiquimod crea 5%</i>	Pref	QL (0.434 packets / 1 day); AGE (Min 12)
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IMMUNOSUPPRESSIVE AGENTS - TOPICAL

ELIDEL CREA 1%	Pref	PA; AGE (Min 2)
<i>pimecrolimus crea 1%</i>	Non-Pref	PA; AGE (Min 2)
PROTOPIC OINT .1%	Non-Pref	PA; AGE (Min 18)
PROTOPIC OINT .03%	Non-Pref	PA; AGE (Min 2)

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (topical) oint .1%</i>	Pref	PA; AGE (Min 18)
<i>tacrolimus (topical) oint .03%</i>	Pref	PA; AGE (Min 2)

KERATOLYTIC/ANTIMITOTIC AGENTS

BENSAL HP OINT 3%	Non-Pref	PA
BETASAL SHAM 3%	Pref	OTC
CVS PSORIASIS MEDICATED S SHAM 3%	Pref	OTC
DENOREX EXTRA STRENGTH ME SHAM 3%	Pref	OTC
<i>dermacinrx atrix antibact liqd 2%</i>	Non-Pref	PA, OTC; AGE (Max 18)
DERMAREST PSORIASIS MEDIC SHAM 3%	Pref	OTC
NEUTROGENA T/SAL SHAM 3%	Pref	OTC
<i>podofilox soln .5%</i>	Pref	
SELSUN BLUE DEEP CLEANSIN SHAM 3%	Pref	OTC
SELSUN BLUE NATURALS DRY SHAM 3%	Pref	OTC
THERAPEUTIC DANDRUFF SHAM 3%	Pref	OTC
THERAPEUTIC T+PLUS MAXIMU SHAM 3%	Pref	OTC

LINIMENTS

<i>amplify relief mm</i>	Pref	OTC
<i>analgesic balm</i>	Pref	OTC
<i>arthritis hot</i>	Pref	OTC
<i>calypxo</i>	Pref	OTC
<i>calypxo hp</i>	Pref	OTC
<i>cool & heat extra strengt</i>	Pref	OTC
<i>cool n heat extra strengt</i>	Pref	OTC
<i>cool n heat muscle & join</i>	Pref	OTC
<i>cvs cold & hot pain relie</i>	Pref	OTC
<i>eql cool heat extra stren</i>	Pref	OTC
<i>goodsense muscle rub</i>	Pref	OTC
<i>icy hot extra strength</i>	Pref	OTC
<i>icy hot original pain rel</i>	Pref	OTC
<i>muscle rub</i>	Pref	OTC
<i>pain relieving cream</i>	Pref	OTC
<i>qc muscle rub</i>	Pref	OTC
<i>ra hot & cold pain reliev</i>	Pref	OTC
<i>sm cold & hot therapy pa</i>	Pref	OTC
<i>sm muscle rub</i>	Pref	OTC
<i>thera-gesic</i>	Pref	OTC
<i>thera-gesic plus</i>	Pref	OTC

LOCAL ANESTHETICS - TOPICAL

<i>anecream crea 4%</i>	Pref	OTC
<i>arthritis pain relieving crea .075%</i>	Pref	OTC
<i>aspercreme w/lidocaine crea 4%</i>	Pref	OTC
<i>aspercreme/lidocaine crea 4%</i>	Pref	OTC
<i>bengay lidocaine crea 4%</i>	Pref	OTC
<i>blue tube pain relieving/ crea 4%</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>capsaicin crea .025%, .1%</i>	Pref	OTC
<i>cvs lidocaine maximum str crea 4%</i>	Pref	OTC
<i>cvs pain relief/maximum s crea 4%</i>	Pref	OTC
<i>eq lidocaine pain relievi crea 4%</i>	Pref	OTC
<i>gnp lidocaine pain reliev crea 4%</i>	Pref	OTC
<i>gold bond multi-symptom/i crea 4%</i>	Pref	OTC
<i>lidocaine crea 4%</i>	Pref	OTC
LIDOCAINE CREA 5%	Pref	OTC
<i>lidocaine oint 5%</i>	Pref	
<i>lidocaine ptch 5%</i>	Pref	QL (3 patches / 1 day)
<i>lidocaine hcl crea 4%</i>	Pref	OTC
<i>lidocaine pain relief max crea 4%</i>	Pref	OTC
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Pref	
LIDODERM PTCH 5%	Non-Pref	PA, QL (3 patches / 1 day)
<i>pain relieving/lidocaine crea 4%</i>	Pref	OTC
<i>qc pain relieving/lidocai crea 4%</i>	Pref	OTC
QUTENZA KIT 8% 1-PCH	Non-Pref	SP, PA
QUTENZA KIT 8% 2-PCH	Non-Pref	SP, PA
QUTENZA KIT 8% 4-PCH	Non-Pref	SP, PA
<i>ra pain relief crea 4%</i>	Pref	OTC
ZTLIDO PTCH 1.8%	Non-Pref	PA

MISC. TOPICAL

A+D FIRST OIN AID	Pref	OTC
<i>a.e.r. traveler</i>	Pref	OTC
<i>a.e.r. witch hazel</i>	Pref	OTC
A/D ZINC OXI CRE	Pref	OTC
ABSORBASE OIN	Pref	OTC
ACNE-AID BAR	Pref	OTC
ALCOHOL WIPES MISC 70%	Pref	OTC
<i>aloe vesta cleansing foam</i>	Pref	OTC
<i>aloe vesta perineal/skin</i>	Pref	OTC
ALOE VESTA PROTECTIVE OINT 43%	Pref	OTC
<i>aluminum sulfate & calcium acetate powd pack</i>	Pref	OTC
AMERIDERM PERISHIELD OINT 3.8%	Pref	OTC
<i>ameriphor</i>	Pref	OTC
AQUAPHOR LIP OIN REPAIR	Pref	OTC
AVEENO ACTIV PAD ULT-CALM	Pref	OTC
AVEENO ACTIV PAD WIPES	Pref	OTC
AVEENO CALM PAD RESTORE	Pref	OTC
AVEENO INTENSE RELIEF OVE CREA 1.3%	Pref	OTC
AVEENO MOIST BAR	Pref	OTC
BABY EYELID PAD CLEANSER	Pref	OTC
<i>balmex skin protectant oint 51.1%</i>	Pref	OTC
BALNEOL LOT	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
BASIS BAR ALL CLEA	Pref	OTC
BASIS BAR COMBINAT	Pref	OTC
BASIS BAR NORM/DRY	Pref	OTC
BASIS BAR SEN SKIN	Pref	OTC
BASIS BAR XTRA DRY	Pref	OTC
<i>boro-packs</i>	Pref	OTC
<i>boudreauxs butt paste max oint 40%</i>	Pref	OTC
CA-REZZ LIQ NORISC	Pref	OTC
CALAMINE LOT	Pref	OTC
CALAMINE LOT 8-8%	Pref	OTC
CALAMINE LOT PHENOLAT	Pref	OTC
CALAMINE SUS 8-8%	Pref	OTC
<i>calmoseptine</i>	Pref	OTC
<i>calprotect</i>	Pref	OTC
CARMEX OIN LIP BALM	Pref	OTC
CAVILON DURABLE BARRIER CREA 1.3%	Pref	OTC
CHAPSTICK OVERNIGHT OINT 2%	Pref	OTC
CLEAN EYELID PAD	Pref	OTC
CLEAN EYELID PAD PADS	Pref	OTC
CLEAN&CLEAR PAD SHEETS	Pref	OTC
COLEMAN 100 MAX INSECT RE AERO 98.11%; LIQD 98.11%	Pref	OTC
COLEMAN INSECT REPELLENT/ AERO 25%, 40%	Pref	OTC
CONTAC LENS BAR SOAP	Pref	OTC
CONTI CASTIL BAR SOAP	Pref	OTC
CUTTER AERO 10%	Pref	OTC
CUTTER ALL FAMILY AERO 7%; LIQD 7%	Pref	OTC
CUTTER BACKWOODS LIQD 25%	Pref	OTC
CUTTER BACKWOODS DRY AERO 25%	Pref	OTC
CUTTER DRY AERO 10%	Pref	OTC
CUTTER SKINSATIONS AERO 7%; LIQD 7%	Pref	OTC
CUTTER SPORT AERO 15%	Pref	OTC
<i>cvs astringent solution s</i>	Pref	OTC
CVS EYELID PAD WIPES	Pref	OTC
CVS HYGIENIC LOT CLEANSNG	Pref	OTC
CVS INSECT REPELLENT AERO 15%	Pref	OTC
DAILY CARE LIQ FOAM	Pref	OTC
DEODORANT BAR SOAP	Pref	OTC
<i>dermafix</i>	Pref	OTC
<i>diaper rash oint 40%</i>	Pref	OTC
DICKINSONS PAD WITCH HZ	Pref	OTC
EQ CALAMINE SUS 8-8%	Pref	OTC
<i>eq diaper rash oint 40%</i>	Pref	OTC
EUCERIN BAR	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
EYE-SCRUB PAD	Pref	OTC
EYELID WIPES PAD	Pref	OTC
GNP CALAMINE LOT 8-8%	Pref	OTC
GNP CALAMINE LOT PHENOLAT	Pref	OTC
<i>gnp zinc oxide oint 20%</i>	Pref	OTC
GRANDPAS BAR BAKE SOD	Pref	OTC
GRANDPAS BAR INDN CRN	Pref	OTC
GRANDPAS BAR LOOFAH	Pref	OTC
GRANDPAS BAR OATMEAL	Pref	OTC
GRANDPAS BAR ORANGE	Pref	OTC
GRANDPAS BAR PATCHOUL	Pref	OTC
GRANDPAS BAR SHEA BTR	Pref	OTC
GRANDPAS BAR WITCH HZ	Pref	OTC
HM CALAMINE LOT 8-8%	Pref	OTC
HM EYELID PAD WIPES	Pref	OTC
<i>hygienic cleansing</i>	Pref	OTC
JOHNSONS BAR BABY	Pref	OTC
LANTISEPTIC LIQ NR FOAM	Pref	OTC
LANTISEPTIC SPR BODY WSH	Pref	OTC
LANTISEPTIC SPR PERINEAL	Pref	OTC
<i>lip balm/vitamin e/aloe</i>	Pref	OTC
MAKEUP PAD REMOVER	Pref	OTC
MAKEUP REMOV PAD TOWELET	Pref	OTC
MAXI DEET LIQD 98.11%	Pref	OTC
<i>medicated wipes</i>	Pref	OTC
MEDPURA ALCOHOL PADS MISC 70%	Pref	OTC
<i>medpura hydroseptine</i>	Pref	OTC
MENTHOL-ZINC OIN	Pref	OTC
MOIST BEAUTY BAR SENSITVE	Pref	OTC
<i>moisture barrier</i>	Pref	OTC
MOISTURIZING BAR BEAUTY	Pref	OTC
MULTI-PURPOS OIN	Pref	OTC
NATRAPEL LIQD 20%	Pref	OTC
NATURE DE FR BAR ALGOLI	Pref	OTC
NATURE DE FR BAR ARGILE B	Pref	OTC
NATURE DE FR BAR ARGIMIEL	Pref	OTC
NEOSPORIN LIP HEALTH OVER OINT 77.4%	Pref	OTC
NEUTROGENA BAR CLEANSIN	Pref	OTC
NEUTROGENA BAR ORIGINAL	Pref	OTC
NEUTROGENA BAR UNSCENT	Pref	OTC
OCUSO EYELID PAD CLEANSNG	Pref	OTC
OCUSOFT LID PAD ALLERGY	Pref	OTC
OCUSOFT LID PAD ORIGINAL	Pref	OTC
OCUSOFT LID PAD SCRUB PL	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
OFF ACTIVE AERO 15%	Pref	OTC
OFF DEEP WOODS AERO 25%; LIQD 25%	Pref	OTC
OFF DEEP WOODS SPORTSMEN AERO 30%; LIQD 98.25%	Pref	OTC
OFF FAMILYCARE CLEAN FEEL LIQD 5%	Pref	OTC
OFF FAMILYCARE SMOOTH & D AERO 15%	Pref	OTC
OFF FAMILYCARE TROPICAL F LIQD 5%	Pref	OTC
OFF FAMILYCARE UNSCENTED LIQD 7%	Pref	OTC
OILATUM BAR 7.5%	Pref	OTC
ONE STEP PERINEAL LOTN 2%	Pref	OTC
OUST DEMODEX PAD CLEANSER	Pref	OTC
PERICLEAN LIQ	Pref	OTC
PERINEAL SKIN CLEANSER LIQD .1%	Pref	OTC
<i>periscent</i>	Pref	OTC
<i>perishield</i>	Pref	OTC
PETROL JELLY OIN LIP TRTM	Pref	OTC
<i>preparation pad h pads 20%, 50%</i>	Pref	OTC
PROSHIELD PLUS SKIN PROTE CREA 1%	Pref	OTC
PROSHIELD SPR CLEANSER	Pref	OTC
PX CALAMINE LOT	Pref	OTC
<i>qc zinc oxide oint 20%</i>	Pref	OTC
RA CALAMINE SUS 8-8%	Pref	OTC
RA EYELID PAD WIPES	Pref	OTC
<i>ra hemorrhoidal medicated</i>	Pref	OTC
RA ISOPROPYL ALCOHOL WIPE MISC 70%	Pref	OTC
RANGER READY REPELLENT LIQD 20%	Pref	OTC
REPEL 100 LIQD 98.11%	Pref	OTC
REPEL FAMILY AERO 15%	Pref	OTC
REPEL FAMILY DRY AERO 10%	Pref	OTC
REPEL HUNTERS FORMULA AERO 25%	Pref	OTC
REPEL SPORTSMEN AERO 25%	Pref	OTC
REPEL SPORTSMEN MAX AERO 40%; LIQD 40%; LOTN 40%	Pref	OTC
RISAMINE OIN	Pref	OTC
SAWYER INSECT REPELLENT AERO 30%	Pref	OTC
SAWYER INSECT REPELLENT C LOTN 20%	Pref	OTC
SAWYER PREMIUM INSECT REP LIQD 20%	Pref	OTC
<i>sb hemorrhoid</i>	Pref	OTC
<i>sensi-care perineal/skin</i>	Pref	OTC
SM CALAMINE LOT	Pref	OTC
SM CALAMINE LOT PHENOLAT	Pref	OTC
<i>sm hygienic cleansing</i>	Pref	OTC
SOOTHE&COOL LIQ SHAMPOO	Pref	OTC
SUMMERS EVE BAR NIGHT	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
ULTRASMOOTH OIN FORTIFY	Pref	OTC
ULTRASMOOTH OIN NOURISH	Pref	OTC
ULTRASMOOTH OIN REJUVENA	Pref	OTC
ULTRASMOOTH OIN SOOTHE	Pref	OTC
ULTRATHON INSECT REPELLEN AERO 25%; LOTN 34.34%	Pref	OTC
VANICREAM BAR	Pref	OTC
VISTA MEIBO PAD EYELID	Pref	OTC
<i>zinc oxide (topical) oint 20%, 40%</i>	Pref	OTC

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL

EUCRISA OINT 2%	Pref	PA; AGE (Min 3 months)
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ROSACEA AGENTS

<i>azelaic acid gel 15%</i>	Non-Pref	PA
FINACEA FOAM 15%	Non-Pref	PA; AGE (Max 19)
FINACEA GEL 15%	Non-Pref	PA
<i>ivermectin (rosacea) crea 1%</i>	Pref	QL (1.5 gm / 1 day)
METROCREAM CREA .75%	Pref	
METROGEL GEL 1%	Pref	
<i>metronidazole (topical) crea .75%; gel 1%; lotn .75%</i>	Pref	
<i>metronidazole (topical) gel .75%</i>	Non-Pref	PA
MIRVASO GEL .33%	Non-Pref	PA
NORITATE CREA 1%	Non-Pref	PA
RHOFADE CREA 1%	Non-Pref	PA
<i>rosadan crea .75%; gel .75%</i>	Non-Pref	PA
ROSADAN KIT KIT .75%	Non-Pref	PA
SOOLANTRA CREA 1%	Non-Pref	PA, QL (1.5 gm / 1 day)
ZILXI FOAM 1.5%	Non-Pref	PA; AGE (Min 18)

SCABICIDES & PEDICULICIDES

<i>cvs lice treatment liqd 1%</i>	Pref	OTC
<i>eq lice killing maximum s</i>	Pref	OTC
<i>gnp lice treatment</i>	Pref	OTC
<i>goodsense lice killing cr liqd 1%</i>	Pref	OTC
IVERMECTIN LOTN .5%	Pref	OTC
<i>ivermectin (pediculicide) lotn .5%</i>	Pref	
<i>lice killing shampoo</i>	Pref	OTC
<i>lice treatment creme rins liqd 1%</i>	Pref	OTC
<i>permethrin crea 5%</i>	Pref	
<i>ra lice treatment lotn 1%</i>	Pref	OTC
<i>rid lice killing shampoo</i>	Pref	OTC
<i>sm lice killing</i>	Pref	OTC
<i>sm lice treatment lotn 1%</i>	Pref	OTC
<i>stop lice maximum strengt</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
TAR PRODUCTS		
<i>cvs therapeutic sham .5%</i>	Pref	OTC
<i>eql therapeutic sham .5%</i>	Pref	OTC
<i>sm anti-dandruff coal tar sham .5%</i>	Pref	OTC
<i>therapeutic shampoo sham .5%</i>	Pref	OTC
<i>therapeutic t+plus sham .5%</i>	Pref	OTC
WOUND CARE PRODUCTS		
ADAPTIC PAD 3" X 3"	Pref	OTC
ALLEVYN ADH PAD 3"X3"	Pref	OTC
ALLEVYN ADH PAD 5"X5"	Pref	OTC
ALLEVYN ADH PAD 7"X7"	Pref	OTC
ALLEVYN ADH PAD 9"X9"	Pref	OTC
ALLEVYN BORD PAD MULTISIT	Pref	OTC
ALLEVYN GENT PAD 2"X2"	Pref	OTC
ALLEVYN GENT PAD 3"X3"	Pref	OTC
ALLEVYN GENT PAD 4"X4"	Pref	OTC
ALLEVYN GENT PAD 5"X5"	Pref	OTC
ALLEVYN GENT PAD 6"X6"	Pref	OTC
ALLEVYN GENT PAD 7"X7"	Pref	OTC
ALLEVYN HEEL PAD	Pref	OTC
ALLEVYN HEEL PAD 9"X9-1/8	Pref	OTC
ALLEVYN LIFE PAD 4"X4"	Pref	OTC
ALLEVYN LIFE PAD 5-1/16"	Pref	OTC
ALLEVYN LIFE PAD 6-1/16"	Pref	OTC
ALLEVYN LIFE PAD 8-1/4"	Pref	OTC
ALLEVYN LIFE PAD HEEL	Pref	OTC
ALLEVYN LITE PAD 2"X2"	Pref	OTC
ALLEVYN LITE PAD 2-1/8"	Pref	OTC
ALLEVYN LITE PAD 3"X3"	Pref	OTC
ALLEVYN LITE PAD 4"X4"	Pref	OTC
ALLEVYN LITE PAD 6"X6"	Pref	OTC
ALLEVYN NON- PAD ADH 2X2"	Pref	OTC
ALLEVYN NON- PAD ADH 4X4"	Pref	OTC
ALLEVYN NON- PAD ADH 6X6"	Pref	OTC
ALLEVYN NON- PAD ADH 8X8"	Pref	OTC
ALLEVYN SACR PAD 6-3/4"	Pref	OTC
ALLEVYN SACR PAD 6-5/8"	Pref	OTC
ALLEVYN SACR PAD 8.5"X9"	Pref	OTC
ALLVYN TRACH PAD 3.5X3.5"	Pref	OTC
AQUACEL AG PAD 2"X2"	Pref	OTC
AQUACEL AG PAD 4"X5"	Pref	OTC
AQUACEL FOAM PAD 3.2X3.2"	Pref	OTC
AQUACEL FOAM PAD 4"X4"	Pref	OTC
AQUACEL FOAM PAD 5"X5"	Pref	OTC

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

Drug Name	Drug Tier	Requirements/Limits
AQUACEL FOAM PAD 6"X6"	Pref	OTC
AQUACEL FOAM PAD 6"X8"	Pref	OTC
AQUACEL FOAM PAD 7"X7"	Pref	OTC
AQUACEL FOAM PAD 8"X5.5"	Pref	OTC
AQUACEL FOAM PAD 8"X7"	Pref	OTC
AQUACEL HG PAD 6"X6"	Pref	OTC
AQUASITE DRS PAD 2"X2"	Pref	OTC
AQUASITE DRS PAD 4"X4"	Pref	OTC
AQUASITE DRS PAD 4"X8"	Pref	OTC
AQUASITE PAD 2"X2"	Pref	OTC
AQUASITE PAD 4"X4"	Pref	OTC
BURN JACKET PAD 17"X20"	Pref	OTC
BURN JACKET PAD 31"X32"	Pref	OTC
CARBOFLEX PAD 3"X6"	Pref	OTC
CARBOFLEX PAD 4"X4"	Pref	OTC
CARBOFLEX PAD 6"X8"	Pref	OTC
COMFORT-AID PAD 1.5"X2.5	Pref	OTC
CURITY HEAVY PAD DRAINAGE	Pref	OTC
CURTY SALINE PAD 8"X4"	Pref	OTC
DERMAGRAN PAD 2"X2"	Pref	OTC
DERMAGRAN PAD 4"X4"	Pref	OTC
DERMAGRAN PAD 8"X4"	Pref	OTC
DOME-PASTE PAD BANDAGE	Pref	OTC
DRAWTEX PAD 2"X2"	Pref	OTC
DRAWTEX PAD 3"X3"	Pref	OTC
DRAWTEX PAD 4"X4"	Pref	OTC
DRAWTEX PAD 6"X8"	Pref	OTC
DRAWTEX PAD 8"X8"	Pref	OTC
DRS CHOICE PAD BLISTER	Pref	OTC
DRS CHOICE PAD BURNS	Pref	OTC
DUDRESS DRS PAD 4"X4"	Pref	OTC
DUDRESS DRS PAD 6"X6"	Pref	OTC
ELASTO-GEL PAD 2"X3"	Pref	OTC
ELASTO-GEL PAD 3" ROUND	Pref	OTC
ELASTO-GEL PAD 4"X4"	Pref	OTC
ELASTO-GEL PAD 5"X5"	Pref	OTC
ELASTO-GEL PAD 6"X8"	Pref	OTC
ELASTO-GEL PAD 8"X8"	Pref	OTC
ELASTO-GEL PAD 8"X16"	Pref	OTC
ELASTO-GEL PAD 12"X12"	Pref	OTC
ELASTO-GEL PAD FACE MSK	Pref	OTC
EXU-DRY ARM PAD 27"X31"	Pref	OTC
EXU-DRY BUTT PAD 23"X53"	Pref	OTC
EXU-DRY FACE PAD 9"X14"	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
EXU-DRY INCI PAD 3"X9"	Pref	OTC
EXU-DRY NECK PAD 6"X25"	Pref	OTC
EXU-DRY NON PAD 24"X36"	Pref	OTC
EXU-DRY PAD 3"X4"	Pref	OTC
EXU-DRY PAD 4"X6"	Pref	OTC
EXU-DRY PAD 6"X9"	Pref	OTC
EXU-DRY PAD 9"X15"	Pref	OTC
EXU-DRY PAD 15"X18"	Pref	OTC
EXU-DRY PAD 15"X24"	Pref	OTC
EXU-DRY PAD 20"X28"	Pref	OTC
EXU-DRY PERM PAD 24"X36"	Pref	OTC
FIBRACOL PAD 2"X2"	Pref	OTC
FIBRACOL PAD 4X8-3/4"	Pref	OTC
FOAM DRESSIN PAD BORDERED	Pref	OTC
FOAM DRESSIN PAD CIRCULAR	Pref	OTC
FOAM DRESSIN PAD NON-BORD	Pref	OTC
HYDROCOL II PAD	Pref	OTC
HYDROCOL II PAD SACRAL	Pref	OTC
HYDROCOL II PAD THIN	Pref	OTC
HYDROCOL PAD 6"X8"	Pref	OTC
HYPAFIX PAD 2"X11YDS	Pref	OTC
KALTOSTAT FO PAD 4"X4"	Pref	OTC
KALTOSTAT PAD 2"X2"	Pref	OTC
KALTOSTAT PAD 3X4-3/4"	Pref	OTC
KALTOSTAT PAD 4"X8"	Pref	OTC
KALTOSTAT PAD 6"X9-1/2	Pref	OTC
KALTOSTAT PAD 12"X24"	Pref	OTC
KERLIX SPONG PAD SALINE	Pref	OTC
MEDI-PAK ABD PAD 8"X7.5"	Pref	OTC
MEPILEX LITE PAD 4"X4"	Pref	OTC
NU-GEL PAD 3.75X3.7	Pref	OTC
NU-GEL PAD 6"X8"	Pref	OTC
PADDED HAND PAD 12"X13"	Pref	OTC
PADDED HAND PAD CHLD 8X8	Pref	OTC
PRIMACOL DRE PAD 4"X4"	Pref	OTC
PRIMACOL DRE PAD 6"X6"	Pref	OTC
PRIMACOL DRS PAD 2"X2"	Pref	OTC
PRIMACOL DRS PAD 4"X4"	Pref	OTC
PRIMACOL DRS PAD 6"X6"	Pref	OTC
PRIMACOL DRS PAD 8"X8"	Pref	OTC
PRIMACOL PAD DRESSING	Pref	OTC
REPLICA THIN PAD 2"X2.75"	Pref	OTC
REPLICA THIN PAD 3.5"X5"	Pref	OTC
REPLICA THIN PAD 6"X8"	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
REPLICA ULTR PAD 4"X4"	Pref	OTC
REPLICA ULTR PAD 6"X6"	Pref	OTC
REPLICA ULTR PAD SAC 7X8"	Pref	OTC
REPLICARE PAD 1.5X2.5"	Pref	OTC
REPLICARE PAD 4"X4"	Pref	OTC
REPLICARE PAD 6"X6"	Pref	OTC
REPLICARE PAD 8"X8"	Pref	OTC
RESTORE CX PAD 4 X 4	Pref	OTC
RESTORE CX PAD 6 X 8	Pref	OTC
RESTORE CX PAD 8 X 8	Pref	OTC
RESTORE HYDR PAD 4"X4"	Pref	OTC
RESTORE PLUS PAD 4"X4"	Pref	OTC
RESTORE PLUS PAD 6"X6"	Pref	OTC
RESTORE PLUS PAD 6"X8"	Pref	OTC
RESTORE PLUS PAD 8"X8"	Pref	OTC
RESTORE PLUS PAD TRIANGLE	Pref	OTC
RESTORE PSOR PAD 4 X 4	Pref	OTC
RESTORE PSOR PAD 8 X 8	Pref	OTC
RESTORE THIN PAD 4"X4"	Pref	OTC
RESTORE THIN PAD 6"X8"	Pref	OTC
RESTORE THIN PAD 8"X8"	Pref	OTC
RESTORE WOUN PAD 4"X4"	Pref	OTC
RESTORE WOUN PAD 4"X5"	Pref	OTC
RESTORE WOUN PAD 6"X6"	Pref	OTC
RESTORE WOUN PAD 6"X8"	Pref	OTC
RESTORE WOUN PAD 8"X8"	Pref	OTC
SLIT TUBE PAD 2"X3"	Pref	OTC
SORBACELL PAD 1"X8"	Pref	OTC
SORBACELL PAD 4"X4"	Pref	OTC
SORBSAN PAD 2 X 2	Pref	OTC
SORBSAN PAD 3 X 3	Pref	OTC
SORBSAN PAD 4 X 4	Pref	OTC
SORBSAN PAD 4 X 8	Pref	OTC
SORBSAN PAD 12"	Pref	OTC
TEGADERM HG PAD ALG 4X4	Pref	OTC
TEGADERM HI PAD ALG 4X4	Pref	OTC
TOE-AID PAD	Pref	OTC
TRIPLE HELIX PAD 2"X2"	Pref	OTC
TUBE FOIL PAD 1/2"X72"	Pref	OTC
VASELINE PET PAD 1"X8"	Pref	OTC
VASELINE PET PAD 1"X36"	Pref	OTC
VASELINE PET PAD 3" X 9"	Pref	OTC
VASELINE PET PAD 3"X9"	Pref	OTC
VASELINE PET PAD 3"X18"	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
VASELINE PET PAD 3"X36"	Pref	OTC
VASELINE PET PAD 6"X36"	Pref	OTC
VIGILON DRES PAD 3"X8"	Pref	OTC
VIGILON DRES PAD 4"X4"	Pref	OTC
VIGILON DRES PAD 6"X8"	Pref	OTC
VIGILON DRES PAD 13"X24"	Pref	OTC
WOUNDGARD PAD 2.5"X2.5	Pref	OTC
WOUNDGARD PAD 4"X4.25"	Pref	OTC
WOUNDGARD PAD 4"X6"	Pref	OTC

DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS

DIAGNOSTIC TESTS

BINAXNOW COV KIT HOME TES	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
BINAXNOW COV KIT HOME TES	Pref	QL (8 kits / 30 days), OTC; AGE (Min 4)
CARESTART KIT COVID-19	Pref	QL (8 kits / 30 days), OTC
CLEARDETECT KIT COVID-19	Pref	QL (8 kits / 30 days), OTC
CLINITEST KIT SELF-TST	Pref	QL (8 kits / 30 days), OTC
COVID-19 AT- KIT 1-PACK	Pref	QL (8 kits / 30 days), OTC
COVID-19 AT- KIT 4-PACK	Pref	QL (8 kits / 30 days), OTC
DIATRUST KIT COVID-19	Pref	QL (8 kits / 30 days), OTC
ELLUME COV19 KIT HOME TES	Pref	QL (8 kits / 30 days), OTC
ELLUME COV19 KIT HOME TES	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
FLOWFLEX KIT TEST	Pref	QL (8 kits / 30 days), OTC
FLOWFLEX KIT TEST	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
IHEALTH 2-PK KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
IHEALTH 5-PK KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
IHEALTH 40PK KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
INDICAID KIT COVID-19	Pref	QL (8 kits / 30 days), OTC
INTELISWAB KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min 15)
LUCIRA CHECK KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
ON/GO COVID KIT ANTIGEN	Pref	QL (8 kits / 30 days), OTC
ON/GO ONE KIT COVID-19	Pref	QL (8 kits / 30 days), OTC
OTC ANTIGENT KIT 1-PACK	Pref	QL (8 kits / 30 days), OTC
OTC ANTIGENT KIT 2-PACK	Pref	QL (8 kits / 30 days), OTC
QUICKVUE HOM KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
RELION TRUE TES METRIX	Pref	QL (10 strips / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX TES GLUCOSE	Pref	QL (10 strips / 1 day), OTC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION

DIETARY MANAGEMENT PRODUCTS

FOLBIC RF TAB	Pref	
FOLBIC TAB	Pref	OTC
FOLTANX RF CAP	Pref	
FOLTANX TAB	Pref	
L-METHYL- TAB B6-B12	Pref	
L-METHYL-MC TAB	Pref	
L-METHYLFOLA CAP FORTE	Pref	
L-METHYLFOLA CAP FORTE 15	Pref	
<i>l-methylfolate tabs 7.5mg</i>	Pref	
L-METHYLFOLATE CALCIUM TABS 7.5mg	Pref	
METAFOLBIC TAB	Pref	
METAFOLBIC TAB PLUS RF	Pref	
METHYLFOL/CA TAB ME-CBL	Pref	
NIVA-FOL TAB	Pref	OTC
<i>westab max</i>	Pref	

NUTRITIONAL SUPPLEMENTS

BOOST PUDDIN MIS BUTTSCTH	Pref	OTC
BOOST PUDDIN MIS CHOCOLAT	Pref	OTC
BOOST PUDDIN MIS VANILLA	Pref	OTC
ENSURE HARVE LIQ 1.2 CAL	Pref	OTC
ENSURE PUDD MIS BTRSCTCH	Pref	OTC
ENSURE PUDD MIS CHOCOLAT	Pref	OTC
ENSURE PUDD MIS TAPIOCA	Pref	OTC
ENSURE PUDD MIS VANILLA	Pref	OTC
ENSURE PUDDI MIS CHOCOLAT	Pref	OTC
LIQ HOPE PEP LIQ HIGH PRO	Pref	OTC
NOURISH PEPT LIQ BERRY	Pref	OTC
NUTREN 1.5 LIQ UNFLAV	Pref	OTC
NUTRITIONAL SUPPLEMENTS	Pref	OTC
PEDIASUR 1.0 LIQ PEPTIDE	Pref	OTC
PEDIASUR 1.5 LIQ PEPTIDE	Pref	OTC
PEDIASUR 1.5 LIQ W/FIBER	Pref	OTC
PEDIASURE LIQ ENTERAL	Pref	OTC
PEDIASURE LIQ HARVEST	Pref	OTC
PEDIASURE LIQ W/FIBER	Pref	OTC
REAL FOOD LIQ BLENDS	Pref	OTC
REAL FOOD LIQ MINI	Pref	OTC
THRIVACIN 30 LIQ	Pref	
THRIVACIN LIQ DETOX	Pref	

Drug Name	Drug Tier	Requirements/Limits
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	Pref	PA; 90 day supply
CREON CAP 6000UNIT	Pref	PA; 90 day supply
CREON CAP 12000UNT	Pref	PA; 90 day supply
CREON CAP 24000UNT	Pref	PA; 90 day supply
CREON CAP 36000UNT	Pref	PA; 90 day supply
PANCREAZE CAP 2600UNIT	Non-Pref	PA
PANCREAZE CAP 4200UNIT	Non-Pref	PA
PANCREAZE CAP 10500UNT	Non-Pref	PA
PANCREAZE CAP 16800UNT	Non-Pref	PA
PANCREAZE CAP 21000UNT	Non-Pref	PA
PANCREAZE CAP 37000	Non-Pref	PA
PERTZYE CAP 4000UNIT	Non-Pref	PA
PERTZYE CAP 8000UNIT	Non-Pref	PA
PERTZYE CAP 16000U	Non-Pref	PA
PERTZYE CAP 24000U	Non-Pref	PA
VIOKACE TAB 10440	Non-Pref	PA
VIOKACE TAB 20880	Non-Pref	PA
ZENPEP CAP 3000UNIT	Pref	PA; 90 day supply
ZENPEP CAP 5000UNIT	Pref	PA; 90 day supply
ZENPEP CAP 10000UNT	Pref	PA; 90 day supply
ZENPEP CAP 15000UNT	Pref	PA; 90 day supply
ZENPEP CAP 20000UNT	Pref	PA; 90 day supply
ZENPEP CAP 25000	Pref	PA; 90 day supply
ZENPEP CAP 40000	Pref	PA; 90 day supply
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	Pref	
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	Pref	
spironolactone & hydrochlorothiazide tab 25-25 mg	Pref	
triamterene & hydrochlorothiazide cap 37.5-25 mg	Pref	90 day supply
triamterene & hydrochlorothiazide tab 37.5-25 mg	Pref	90 day supply
triamterene & hydrochlorothiazide tab 75-50 mg	Pref	90 day supply
LOOP DIURETICS		
bumetanide tabs 2mg	Pref	QL (5 tabs / 1 day; 90 day supply)
bumetanide tabs .5mg, 1mg	Pref	QL (2 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide soln 8mg/ml, 10mg/ml</i>	Pref	
<i>furosemide tabs 20mg, 40mg, 80mg</i>	Pref	90 day supply
<i>torsemide tabs 5mg, 10mg, 20mg, 100mg</i>	Pref	90 day supply

POTASSIUM SPARING DIURETICS

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

THIAZIDES AND THIAZIDE-LIKE DIURETICS

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

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

BONE DENSITY REGULATORS

<i>ACTONEL TABS 35mg, 150mg</i>	Non-Pref	PA
<i>alendronate sodium soln 70mg/75ml</i>	Non-Pref	PA
<i>alendronate sodium tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>alendronate sodium tabs 35mg, 70mg</i>	Pref	QL (0.15 tabs / 1 day; 90 day supply)
<i>ATELVIA TBEC 35mg</i>	Non-Pref	PA
<i>calcitonin (salmon) soln 200unit/act</i>	Pref	QL (0.13 mL / 1 day; 90 day supply)
<i>FOSAMAX TABS 70mg</i>	Non-Pref	PA, QL (0.15 tabs / 1 day; 90 day supply)
<i>FOSAMAX + D TAB 70-2800</i>	Non-Pref	PA
<i>FOSAMAX + D TAB 70-5600</i>	Non-Pref	PA
<i>ibandronate sodium tabs 150mg</i>	Pref	QL (0.04 tabs / 1 day; 90 day supply)
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	Non-Pref	PA
<i>TYMLOS SOPN 3120mcg/1.56ml</i>	Non-Pref	SP, PA

GROWTH HORMONES

<i>GENOTROPIN CART 5mg, 12mg</i>	Pref	SP, PA
<i>GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg</i>	Pref	SP, PA
<i>HUMATROPE CART 6mg, 12mg, 24mg</i>	Non-Pref	SP, PA
<i>NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml</i>	Pref	SP, PA
<i>NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml</i>	Non-Pref	SP, PA
<i>NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml</i>	Non-Pref	SP, PA
<i>NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml</i>	Non-Pref	SP, PA

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	Non-Pref	SP, PA
SAIZEN SOLR 5mg, 8.8mg	Non-Pref	SP, PA
SAIZENPREP RECONSTITUTION SOLR 8.8mg	Non-Pref	SP, PA
SEROSTIM SOLR 4mg, 5mg, 6mg	Non-Pref	SP, PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	Non-Pref	SP, PA
ZOMACTON SOLR 5mg, 10mg	Non-Pref	SP, PA
ZORBTIVE SOLR 8.8mg	Non-Pref	SP, PA

HORMONE RECEPTOR MODULATORS

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

METABOLIC MODIFIERS

<i>calcitriol caps .25mcg, .5mcg</i>	Pref	
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	Pref	PA, QL (2 tabs / 1 day)
<i>javygtor pack 100mg</i>	Pref	SP, PA
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	Pref	SP, PA

POSTERIOR PITUITARY HORMONES

<i>desmopressin acetate tabs .1mg, .2mg</i>	Pref	
STIMATE SOLN 1.5mg/ml	Pref	SP

PROLACTIN INHIBITORS

<i>cabergoline tabs .5mg</i>	Pref	
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SOMATOSTATIC AGENTS

<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	Pref	SP, PA
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VASOPRESSIN RECEPTOR ANTAGONISTS

JYNARQUE TABS 15mg	Pref	SP, PA, QL (1 tab / 1 day)
JYNARQUE TABS 30mg	Pref	SP, PA, QL (2 tabs / 1 day)
<i>tolvaptan tabs 15mg</i>	Pref	SP, PA, QL (1 each / 1 day)
<i>tolvaptan tabs 30mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

ESTROGEN COMBINATIONS

<i>amabelz</i>	Pref	QL (1 tab / 1 day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Pref	QL (1 tab / 1 day)
<i>mimvey</i>	Pref	QL (1 tab / 1 day)

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

ALORA PTTW .025mg/24hr	Pref	QL (0.29 ea / 1 day)
ALORA PTTW .075mg/24hr, .1mg/24hr	Pref	QL (0.29 patches / 1 day)
<i>dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Pref	QL (0.29 ea / 1 day)

Drug Name	Drug Tier	Requirements/Limits
estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Pref	QL (0.29 ea / 1 day)
estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Pref	QL (0.15 patches / 1 day)
estradiol tabs .5mg, 1mg, 2mg	Pref	QL (1 tab / 1 day; 90 day supply)
estradiol valerate oil 20mg/ml, 40mg/ml	Pref	
lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Pref	QL (0.29 ea / 1 day)

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

BAXDELA TABS 450mg	Non-Pref	PA
CIPRO SUSR 5gm/100ml	Non-Pref	PA, QL (7 mL / 1 day)
CIPRO SUSR 500mg/5ml	Non-Pref	PA, QL (10 mL / 1 day)
CIPRO TABS 250mg, 500mg	Non-Pref	PA, QL (2 tabs / 1 day)
ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg	Pref	QL (2 tabs / 1 day)
levofloxacin soln 25mg/ml	Non-Pref	PA
levofloxacin tabs 250mg, 500mg, 750mg	Pref	
moxifloxacin hcl tabs 400mg	Non-Pref	PA
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	Pref	
ofloxacin tabs 300mg, 400mg	Non-Pref	PA

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

5-HT4 RECEPTOR AGONISTS

MOTEGRITY TABS 1mg, 2mg	Non-Pref	PA; AGE (Min 18)
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AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TABS 3mg	Non-Pref	PA; AGE (Min 18)
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ANTIFLATULENTS

cvs gas relief infants susp 20mg/0.3ml	Pref	OTC
eq gas relief caps 125mg	Pref	OTC
eq gas relief extra stren caps 125mg	Pref	OTC
eq gas relief infants susp 20mg/0.3ml	Pref	OTC
eq gas relief ultra stre caps 180mg	Pref	OTC
gas relief infants liqd 20mg/0.3ml; susp 20mg/0.3ml	Pref	OTC
gas relief ultra strength caps 180mg	Pref	OTC
gas-x extra strength caps 125mg	Pref	OTC
gas-x infant drops liqd 20mg/0.3ml	Pref	OTC
gas-x ultra strength caps 180mg	Pref	OTC
gnp anti-gas caps 180mg	Pref	OTC
gnp anti-gas ultra streng caps 180mg	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>gnp infant gas relief susp 20mg/0.3ml</i>	Pref	OTC
<i>infants simethicone susp 20mg/0.3ml</i>	Pref	OTC
<i>little remedies for tummy susp 20mg/0.3ml</i>	Pref	OTC
<i>little remedies gas relie susp 20mg/0.3ml</i>	Pref	OTC
<i>simaped susp 40mg/0.6ml</i>	Pref	OTC
<i>simethicone caps 125mg; susp 40mg/0.6ml</i>	Pref	OTC
<i>simethicone chew tab 125 mg chew 125mg</i>	Pref	OTC
<i>simethicone chw 80mg chew 80mg</i>	Pref	OTC
<i>simethicone drops infants susp 20mg/0.3ml</i>	Pref	OTC
<i>simethicone ultra strengt caps 180mg</i>	Pref	OTC
<i>sm gas relief caps 180mg</i>	Pref	OTC
<i>sm gas relief infants dro susp 40mg/0.6ml</i>	Pref	OTC
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAPS 50mg, 250mg	Non-Pref	SP, PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OICALIVA TABS 5mg, 10mg	Non-Pref	SP, PA
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TABS 250mg	Non-Pref	SP, PA
RELTONE CAPS 200mg, 400mg	Non-Pref	PA
URSO 250 TABS 250mg	Non-Pref	PA
URSO FORTE TABS 500mg	Non-Pref	PA
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	Pref	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAPS 8mcg, 24mcg	Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min 18)
<i>lubiprostone caps 8mcg, 24mcg</i>	Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min 18)
GASTROINTESTINAL STIMULANTS		
GIMOTI SOLN 15mg/act	Non-Pref	PA
<i>metoclopramide hcl soln 5mg/5ml, 5mg/ml, 10mg/10ml; tabs 5mg, 10mg</i>	Pref	
<i>metoclopramide hcl tbdp 5mg</i>	Non-Pref	PA
REGLAN TABS 5mg, 10mg	Non-Pref	PA
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAPS 400mcg, 1200mcg	Non-Pref	SP, PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	Non-Pref	SP, PA
INFLAMMATORY BOWEL AGENTS		
APRISO CP24 .375gm	Pref	90 day supply
ASACOL HD TBEC 800mg	Non-Pref	PA
AVSOLA SOLR 100mg	Non-Pref	SP, PA
AZULFIDINE TABS 500mg	Non-Pref	PA; 90 day supply
AZULFIDINE EN-TABS TBEC 500mg	Non-Pref	PA; 90 day supply
<i>balsalazide disodium caps 750mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
CANASA SUPP 1000mg	Non-Pref	PA; 90 day supply
CIMZIA KIT 200mg; PSKT 200mg/ml	Non-Pref	SP, PA
CIMZIA STARTER KIT PSKT 200mg/ml	Non-Pref	SP, PA
COLAZAL CAPS 750mg	Non-Pref	PA; 90 day supply
DELZICOL CPDR 400mg	Non-Pref	PA
DIPENTUM CAPS 250mg	Non-Pref	PA
ENTYVIO SOLR 300mg	Non-Pref	SP, PA
INFLECTRA SOLR 100mg	Pref	SP
INFLIXIMAB SOLR 100mg	Non-Pref	SP, PA
LIALDA TBEC 1.2gm	Non-Pref	PA
mesalamine cp24 .375gm; enem 4gm; supp 1000mg	Pref	90 day supply
mesalamine cpcr 500mg	Non-Pref	PA
mesalamine cpdr 400mg; tbec 1.2gm, 800mg	Pref	
mesalamine w/ cleanser kit 4gm	Non-Pref	PA
PENTASA CPCR 250mg, 500mg	Pref	90 day supply
REMICADE SOLR 100mg	Non-Pref	SP, PA
RENFLEXIS SOLR 100mg	Non-Pref	SP, PA
ROWASA KIT 4gm	Non-Pref	PA
SFROWASA ENEM 4gm/60ml	Non-Pref	PA
SKYRIZI SOCT 360mg/2.4ml; SOLN 600mg/10ml	Non-Pref	PA
STELARA SOLN 130mg/26ml	Non-Pref	PA
sulfasalazine tabs 500mg; tbec 500mg	Pref	90 day supply
INTESTINAL ACIDIFIERS		
enulose soln 10gm/15ml	Pref	
generlac soln 10gm/15ml	Pref	
lactulose (encephalopathy) soln 10gm/15ml	Pref	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tabs .5mg, 1mg	Non-Pref	PA; AGE (Min 18)
IBSRELA TABS 50mg	Non-Pref	PA; AGE (Min 18)
LINZESS CAPS 72mcg, 145mcg, 290mcg	Pref	PA, QL (1 cap / 1 day; 90 day supply)
LOTRONEX TABS .5mg, 1mg	Non-Pref	PA; AGE (Min 18)
VIBERZI TABS 75mg, 100mg	Non-Pref	PA; AGE (Min 18)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TABS 12.5mg, 25mg	Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min 18)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	Non-Pref	PA; AGE (Min 18)
SYMPROIC TABS .2mg	Non-Pref	PA; AGE (Min 18)
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	Pref	
<i>calcium acetate (phosphate binder) tabs 667mg</i>	Pref	OTC
FOSRENOL CHEW 500mg, 750mg, 1000mg; PACK 750mg, 1000mg	Non-Pref	PA
<i>lanthanum carbonate chew 500mg, 750mg</i>	Pref	
<i>lanthanum carbonate chew 1000mg</i>	Non-Pref	PA
PHOSLYRA SOLN 667mg/5ml	Non-Pref	PA
RENAGEL TABS 800mg	Non-Pref	PA
RENVELA PACK .8gm, 2.4gm; TABS 800mg	Non-Pref	PA
<i>sevelamer carbonate pack .8gm, 2.4gm</i>	Non-Pref	PA
<i>sevelamer carbonate tabs 800mg</i>	Pref	
<i>sevelamer hcl tabs 400mg, 800mg</i>	Non-Pref	PA
VELPHORO CHEW 500mg	Non-Pref	PA

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

ALKALINIZERS

<i>cytra k crystals</i>	Pref	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Pref	
<i>potassium citrate (alkalinizer) tbc 540mg, 1080mg, 1620mg</i>	Pref	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Pref	

GENITOURINARY IRRIGANTS

<i>acetic acid soln .25%</i>	Pref	
<i>sodium chloride (gu irrigant) soln .9%</i>	Pref	

PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl tb24 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
AVODART CAPS .5mg	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
<i>dutasteride caps .5mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Non-Pref	PA
<i>finasteride tabs 5mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
FLOMAX CAPS .4mg	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
JALYN CAP	Non-Pref	PA
PROSCAR TABS 5mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
RAPAFLO CAPS 4mg, 8mg	Non-Pref	PA
<i>silodosin caps 4mg, 8mg</i>	Non-Pref	PA
<i>tamsulosin hcl caps .4mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
URINARY ANALGESICS		
<i>phenazopyridine hcl tabs 100mg, 200mg</i>	Pref	
GOUT AGENTS - DRUGS TO TREAT GOUT		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
GOUT AGENTS - DRUGS TO TREAT GOUT		
<i>allopurinol tabs 100mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>allopurinol tabs 300mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>colchicine caps .6mg</i>	Pref	QL (2 caps / 1 day)
<i>colchicine tabs .6mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
COLCRYS TABS .6mg	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
<i>febuxostat tabs 40mg, 80mg</i>	Non-Pref	PA
GLOPERBA SOLN .6mg/5ml	Non-Pref	PA
MITIGARE CAPS .6mg	Non-Pref	PA, QL (2 caps / 1 day)
ULORIC TABS 40mg, 80mg	Non-Pref	PA
ZYLOPRIM TABS 100mg	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply)
URICOSURICS		
<i>probenecid tabs 500mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR SOLN 30mg/3ml	Non-Pref	SP, PA; AGE (Min 18)
<i>icatibant acetate soln 30mg/3ml</i>	Non-Pref	SP, PA; AGE (Min 18)
<i>sajazir soln 30mg/3ml</i>	Non-Pref	SP, PA; AGE (Min 18)
COMPLEMENT INHIBITORS		
BERINERT KIT 500unit	Pref	SP, PA; AGE (Min 6)
CINRYZE SOLR 500unit	Pref	SP, PA; AGE (Min 6)
HAEGARDA SOLR 2000unit, 3000unit	Non-Pref	SP, PA; AGE (Min 12)
RUCONEST SOLR 2100unit	Non-Pref	SP, PA; AGE (Min 13)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tbc 400mg</i>	Pref	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR SOLN 10mg/ml	Pref	SP, PA; AGE (Min 12)
ORLADEYO CAPS 110mg, 150mg	Non-Pref	SP, PA; AGE (Min 12)
TAKHZYRO SOLN 300mg/2ml	Non-Pref	SP, PA; AGE (Min 12)
TAKHZYRO SOSY 300mg/2ml	Non-Pref	SP, PA

Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Non-Pref	PA
BRILINTA TABS 60mg, 90mg	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>cilostazol tabs 50mg, 100mg</i>	Pref	QL (2 tabs / 1 day)
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
EFFIENT TABS 5mg, 10mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PLAVIX TABS 75mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>prasugrel hcl tabs 5mg, 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
ZONTIVITY TABS 2.08mg	Non-Pref	PA; AGE (Min 18)
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS		
AGENTS FOR GAUCHER DISEASE		
VPRIV SOLR 400unit	Pref	SP, PA
COBALAMINS		
B-12 DOTS TBDP 500mcg	Pref	OTC
<i>b-12 tr tbc 1000mcg</i>	Pref	OTC
<i>cvs b-12 tabs 500mcg</i>	Pref	OTC
<i>cvs vitamin b12 tabs 1000mcg</i>	Pref	OTC
<i>cvs vitamin b12 tr tbc 1000mcg</i>	Pref	OTC
<i>cvs vitamin b-12 tr tbc 1000mcg</i>	Pref	OTC
<i>cyanocobalamin soln 1000mcg/ml</i>	Pref	
<i>cyanocobalamin sub 2500mcg; tabs 100mcg, 250mcg, 500mcg, 1000mcg; tbc 1000mcg</i>	Pref	OTC
<i>dodex soln 1000mcg/ml</i>	Pref	
<i>egl b-12 tabs 1000mcg</i>	Pref	OTC
<i>gnp b-12 sub 2500mcg</i>	Pref	OTC
<i>gnp vitamin b-12 tabs 500mcg</i>	Pref	OTC
<i>gnp vitamin b-12 prolonge tbc 1000mcg</i>	Pref	OTC
<i>hm vitamin b12 tabs 500mcg</i>	Pref	OTC
<i>qc vitamin b12 tabs 500mcg; tbc 1000mcg</i>	Pref	OTC
<i>ra vitamin b-12 tabs 100mcg</i>	Pref	OTC
<i>ra vitamin b-12 tr tbc 1000mcg</i>	Pref	OTC
<i>sm vitamin b12 tabs 500mcg</i>	Pref	OTC
<i>sm vitamin b12 tr tbc 1000mcg</i>	Pref	OTC
<i>sm vitamin b-12 tabs 100mcg, 500mcg</i>	Pref	OTC
<i>sv vitamin b12 tr tbc 1000mcg</i>	Pref	OTC
FOLIC ACID/FOLATES		
<i>fa-8 caps .8mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>folate tabs 400mcg</i>	Pref	OTC
FOLIC ACID CAPS 20mg	Pref	OTC
<i>folic acid caps 800mcg; tabs 400mcg, 800mcg</i>	Pref	OTC
<i>folic acid tabs 1mg</i>	Pref	
<i>kp folic acid tabs 1mg</i>	Pref	OTC
<i>sm folic acid tabs 400mcg</i>	Pref	OTC
<i>yl folic acid tabs 400mcg</i>	Pref	OTC

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	Non-Pref	PA
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml	Pref	
FULPHILA SOSY 6mg/0.6ml	Pref	PA
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	Non-Pref	PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	Pref	PA
PROCRT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	Non-Pref	PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 20000unit/2ml, 20000unit/ml, 40000unit/ml	Pref	
UDENYCA SOSY 6mg/0.6ml	Pref	PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Pref	PA
ZIEXTENZO SOSY 6mg/0.6ml	Pref	PA

HEMATOPOIETIC MIXTURES

<i>abatron af</i>	Pref	OTC
<i>airavite</i>	Pref	
D 1000 PLUS TAB ALOE	Pref	OTC
<i>fe c tab</i>	Pref	OTC
<i>fe c tab plus</i>	Pref	OTC
<i>ferocon</i>	Pref	
<i>ferrocite plus</i>	Pref	
<i>folbee</i>	Pref	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	Pref	
FOLINIC-PLUS TAB 4-50-2MG	Pref	OTC
FOLITAB 500 TAB	Pref	OTC
<i>folplex 2.2</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>foltrin</i>	Pref	
<i>hematinic plus vitamins/m</i>	Pref	
<i>hematinic/folic acid</i>	Pref	
<i>hemax</i>	Pref	OTC
<i>iron 100 plus</i>	Pref	OTC
<i>iron 100/c</i>	Pref	OTC
<i>iron-vitamin c tab 100-250 mg</i>	Pref	OTC
<i>nufol</i>	Pref	
RX SUPPORT TAB HEARTBUR	Pref	OTC
<i>westab one</i>	Pref	

IRON

<i>bprotected pedia iron soln 15mg/ml</i>	Pref	OTC
<i>cvs iron tabs 27mg</i>	Pref	OTC
<i>cvs iron tabs 325mg</i>	Pref	OTC
<i>cvs slow release iron tbc 45mg, 143mg</i>	Pref	OTC
<i>eql iron supplement thera tabs 325mg</i>	Pref	OTC
<i>eql slow release iron tbc 160mg</i>	Pref	OTC
<i>fe tabs tbc 325mg</i>	Pref	OTC
<i>fe-vite iron soln 15mg/ml</i>	Pref	OTC
<i>ferate tabs 27mg</i>	Pref	OTC
<i>fergon tabs 240mg</i>	Pref	OTC
<i>ferosul tabs 325mg</i>	Pref	OTC
<i>ferrex 150 caps 150mg</i>	Pref	OTC
<i>ferric x-150 caps 150mg</i>	Pref	OTC
<i>ferrocite tabs 324mg</i>	Pref	OTC
<i>ferrotabs tabs 240mg</i>	Pref	OTC
<i>ferrous fumarate tabs 324mg</i>	Pref	OTC
<i>ferrous gluconate tabs 27mg, 240mg</i>	Pref	OTC
FERROUS GLUCONATE TABS 324mg	Pref	OTC
<i>ferrous sulfate elix 220mg/5ml; soln 15mg/ml; syrp 300mg/5ml; tabs 27mg; tbc 50mg, 142mg; tbc 325mg</i>	Pref	OTC
FERROUS SULFATE LIQD 220mg/5ml; SOLN 300mg/6.8ml; TBEC 324mg	Pref	OTC
<i>ferrous sulfate tabs 325mg</i>	Pref	OTC
<i>gnp iron tabs 200mg; tbc 45mg</i>	Pref	OTC
<i>iferex 150 caps 150mg</i>	Pref	OTC
<i>iron slow release tbc 45mg, 142mg, 143mg</i>	Pref	OTC
<i>iron supplement elix 220mg/5ml</i>	Pref	OTC
<i>iron supplement childrens soln 15mg/ml</i>	Pref	OTC
<i>kp ferrous gluconate tabs 324mg</i>	Pref	OTC
<i>nat-rul iron tabs 325mg</i>	Pref	OTC
<i>nu-iron 150 caps 150mg</i>	Pref	OTC
<i>pc pediatric iron drops soln 15mg/ml</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>poly-iron 150 caps 150mg</i>	Pref	OTC
<i>polysaccharide iron complex caps 150mg</i>	Pref	OTC
<i>px iron tabs 27mg, 200mg</i>	Pref	OTC
<i>ra high potency iron tabs 27mg</i>	Pref	OTC
<i>ra iron tabs 27mg</i>	Pref	OTC
<i>ra iron tabs 325mg</i>	Pref	OTC
<i>ra slow release iron tbc 45mg</i>	Pref	OTC
<i>slow iron tbc 160mg</i>	Pref	OTC
<i>slow release iron tbc 45mg, 50mg</i>	Pref	OTC
<i>SLOW RELEASE IRON TBC 47.5mg</i>	Pref	OTC
<i>slow-release iron tbc 45mg</i>	Pref	OTC
<i>sm iron tabs 325mg</i>	Pref	OTC
<i>sm iron slow release tbc 142mg, 160mg</i>	Pref	OTC
<i>sm slow release iron tbc 45mg, 142mg</i>	Pref	OTC
<i>SM SLOW RELEASE IRON TBC 143mg</i>	Pref	OTC

HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS

HEMOSTATICS - SYSTEMIC

<i>tranexamic acid tabs 650mg</i>	Pref	QL (6 tabs / 1 day)
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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS

ANTI-HISTAMINE HYPNOTICS

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

<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	Pref	
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HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	Non-Pref	PA
<i>SILENOR TABS 3mg, 6mg</i>	Non-Pref	PA

NON-BARBITURATE HYPNOTICS

<i>AMBIEN TABS 5mg, 10mg</i>	Non-Pref	PA, QL (1 tab / 1 day)
<i>AMBIEN CR TBC 6.25mg, 12.5mg</i>	Non-Pref	PA
<i>EDLUAR SUBL 5mg, 10mg</i>	Non-Pref	PA
<i>eszopiclone tabs 1mg, 2mg</i>	Non-Pref	PA
<i>eszopiclone tabs 1mg, 2mg</i>	Pref	QL (1 tab / 1 day)
<i>eszopiclone tabs 3mg</i>	Pref	QL (1 tab / 1 day); AGE (Max 65)
<i>flurazepam hcl caps 15mg, 30mg</i>	Non-Pref	PA
<i>HALCION TABS .25mg</i>	Non-Pref	PA, QL (2 tabs / 1 day)
<i>LUNESTA TABS 1mg, 2mg</i>	Non-Pref	PA, QL (1 tab / 1 day)
<i>LUNESTA TABS 3mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Max 65)

Drug Name	Drug Tier	Requirements/Limits
RESTORIL CAPS 7.5mg, 22.5mg	Non-Pref	PA
RESTORIL CAPS 15mg, 30mg	Non-Pref	PA, QL (1 cap / 1 day)
temazepam caps 7.5mg, 22.5mg	Non-Pref	PA
temazepam caps 15mg, 30mg	Pref	QL (1 cap / 1 day)
triazolam tabs .25mg	Pref	QL (2 tabs / 1 day)
triazolam tabs .125mg	Pref	QL (1 tab / 1 day)
zaleplon caps 5mg, 10mg	Pref	QL (1 cap / 1 day)
zolpidem tartrate subl 1.75mg, 3.5mg; tbc 6.25mg, 12.5mg	Non-Pref	PA
zolpidem tartrate tabs 5mg, 10mg	Pref	QL (1 tab / 1 day)

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	Non-Pref	PA
DAYVIGO TABS 5mg, 10mg	Non-Pref	PA
QUVIVIQ TABS 25mg, 50mg	Non-Pref	PA

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ CAPS 20mg	Non-Pref	SP, PA; AGE (Min 16)
HETLIOZ LQ SUSP 4mg/ml	Non-Pref	PA; AGE (Min 3, Max 15)
ramelteon tabs 8mg	Non-Pref	PA
ROZEREM TABS 8mg	Non-Pref	PA

LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

BENEFIBER ON POW THE GO	Pref	OTC
BENEFIBER POW DRINK MX	Pref	OTC
cvs daily fiber caps .52gm	Pref	OTC
cvs fiber caps .52gm	Pref	OTC
cvs natural daily fiber powd 48.57%, 58.6%	Pref	OTC
cvs natural fiber supplem powd 100%	Pref	OTC
cvs soluble fiber therapy tabs 500mg	Pref	OTC
daily fiber caps 400mg; powd 43%, 51.7%	Pref	OTC
eq daily fiber caps 400mg; powd 51.7%	Pref	OTC
eq fiber therapy caps .52gm	Pref	OTC
eq fiber therapy powd 28.3%, 48.57%	Pref	OTC
eq smooth texture fiber powd 51.7%	Pref	OTC
gnp natural fiber caps .52gm; powd 28.3%, 48.57%	Pref	OTC
goodsense fiber tabs 500mg	Pref	OTC
goodsense psyllium fiber powd 51.7%	Pref	OTC
hm fiber caps 400mg; powd 51.7%; tabs 500mg	Pref	OTC
hm fiber powder powd 25%, 43%	Pref	OTC
konsyl daily fiber powd 28.3%	Pref	OTC
KONSYL DAILY FIBER POWD 60.3%	Pref	OTC
medi-mucil caps .52gm	Pref	OTC
metamucil smooth texture powd 28.3%, 58.6%	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
NATURAL FIBER LAXATIVE POWD 30.9%	Pref	OTC
<i>natural fiber laxative powd 58.6%</i>	Pref	OTC
<i>natural psyllium seed ind powd 100%</i>	Pref	OTC
<i>natural vegetable fiber powd 48.57%</i>	Pref	OTC
<i>onelax fiber therapy powd 25%</i>	Pref	OTC
<i>psyllium caps .52gm; powd 28.3%</i>	Pref	OTC
<i>px fiber caps .52gm</i>	Pref	OTC
<i>qc fiber laxative caps .52gm</i>	Pref	OTC
<i>qc fiber therapy tabs 500mg</i>	Pref	OTC
<i>qc natural vegetable powd 95%</i>	Pref	OTC
<i>ra multihealth fiber supp powd 48.57%, 58.6%</i>	Pref	OTC
<i>reguloid caps .52gm; powd 28.3%, 43%, 48.57%, 51.7%</i>	Pref	OTC
REGULOID POWD 57.6%	Pref	OTC
<i>sb fiber laxative powd 48.57%</i>	Pref	OTC
<i>sm fiber caps 400mg; powd 28.3%, 48.57%, 51.7%, 58.6%</i>	Pref	OTC
<i>sm fiber laxative tabs 500mg</i>	Pref	OTC
<i>sm fiber powder powd 25%</i>	Pref	OTC
<i>sm fiber tab 625mg tabs 625mg</i>	Pref	OTC
<i>soluble fiber</i>	Pref	OTC
<i>wal-mucil caps .52gm; powd 28.3%, 43%, 48.57%, 51.7%, 58.6%</i>	Pref	OTC

LAXATIVE COMBINATIONS

<i>gavilyte-g</i>	Pref	
<i>gavilyte-n/flavor pack</i>	Pref	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Pref	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Pref	
<i>peg-3350/electrolytes/asc</i>	Pref	
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Pref	OTC

LAXATIVES - MISCELLANEOUS

<i>constulose soln 10gm/15ml</i>	Pref	
<i>cvs glycerin adult supp 2.1gm</i>	Pref	OTC
<i>cvs glycerin child supp 1gm</i>	Pref	OTC
<i>cvs purelax pack 17gm</i>	Pref	OTC
<i>glycerin (laxative) supp 1.2gm, 2gm, 2.1gm</i>	Pref	OTC
<i>glycerin childrens supp 1gm</i>	Pref	OTC
<i>gnp clearlax pack 17gm</i>	Pref	OTC
<i>gnp glycerin adult supp 2.1gm</i>	Pref	OTC
<i>gnp glycerin child supp 1.2gm</i>	Pref	OTC
<i>healthylax pack 17gm</i>	Pref	OTC
<i>hm clearlax pack 17gm</i>	Pref	OTC
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
PEDIA-LAX SUPP 2.8gm	Pref	OTC
polyethylene glycol 3350 pack 17gm	Pref	OTC
polyethylene glycol 3350 oral powder 17 gm/scoop powd 17gm/scoop	Pref	OTC
px glycerin supp 2.1gm	Pref	OTC
ra glycerin child supp 80.7%	Pref	OTC
sb glycerin adult supp 2.1gm	Pref	OTC
sb glycerin pediatric supp 1.2gm	Pref	OTC
sm glycerin laxative pedi supp 1.2gm	Pref	OTC
sm glycerin pediatric supp 80.7%	Pref	OTC
smooth lax pack 17gm	Pref	OTC

LUBRICANT LAXATIVES

cvs mineral oil	Pref	OTC
eq mineral oil oil 100%	Pref	OTC
gnp mineral oil	Pref	OTC
goodsense mineral oil lub oil 99.9%	Pref	OTC
hm enema mineral oil enem 100%	Pref	OTC
hm mineral oil oil 99.9%	Pref	OTC
mineral oil oil 100%	Pref	OTC
qc mineral oil heavy	Pref	OTC
ra mineral oil	Pref	OTC
sm enema	Pref	OTC
sm mineral oil oil 99.9%	Pref	OTC

SALINE LAXATIVES

citroma soln 1.745gm/30ml	Pref	OTC
cvs enema disposable	Pref	OTC
cvs laxative dietary supp tabs 500mg	Pref	OTC
enema disposable	Pref	OTC
enema ready-to-use	Pref	OTC
eq enema	Pref	OTC
eql ready-to-use enema	Pref	OTC
goodsense ready to use en	Pref	OTC
hm enema saline laxative	Pref	OTC
magnesium citrate soln 1.745gm/30ml	Pref	OTC
milk of magn sus 400/5ml susp 400mg/5ml, 1200mg/15ml, 2400mg/30ml	Pref	OTC
MILK OF MAGNESIA CONCENTR SUSP 2400mg/10ml	Pref	OTC
pediatric enema	Pref	OTC
PHILLIPS MILK OF MAGNESIA CHEW 311mg	Pref	OTC
qc enema	Pref	OTC
ra saline enema	Pref	OTC
sm enema	Pref	OTC
sm magnesium citrate soln 1.745gm/30ml	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
*sodium phosphates - enema***	Pref	OTC
STIMULANT LAXATIVES		
bisacodyl supp 10mg	Pref	OTC
bisacodyl tab delayed release 5 mg tbec 5mg	Pref	OTC
chocolated laxative chew 15mg	Pref	OTC
chocolated laxative regul chew 15mg	Pref	OTC
cvs chocolate laxative pi chew 15mg	Pref	OTC
cvs laxative pills maximu tabs 25mg	Pref	OTC
cvs senna-extra tabs 17.2mg	Pref	OTC
eq laxative maximum stren tabs 25mg	Pref	OTC
eql laxative eql laxative chew 15mg	Pref	OTC
eql laxative maximum stre tabs 25mg	Pref	OTC
ex-lax maximum strength tabs 25mg	Pref	OTC
gentle laxative supp 10mg	Pref	OTC
goodsense laxative pills tabs 25mg	Pref	OTC
hm gentle laxative supp 10mg	Pref	OTC
laxative supp 10mg	Pref	OTC
laxative maximum strength tabs 25mg	Pref	OTC
onelax supp 10mg	Pref	OTC
qc gentle laxative supp 10mg	Pref	OTC
ra fast relief laxative supp 10mg	Pref	OTC
ra laxative chew 15mg	Pref	OTC
sb laxative supp 10mg	Pref	OTC
SENNA SYRP 176mg/5ml	Pref	OTC
sennazon syrp 8.8mg/5ml	Pref	OTC
sennosides liqd 8.8mg/5ml; syrp 8.8mg/5ml	Pref	OTC
sennosides tab 8.6 mg tabs 8.6mg	Pref	OTC
senokot extra strength tabs 17.2mg	Pref	OTC
sm laxative supp 10mg	Pref	OTC
the magic bullet supp 10mg	Pref	OTC
SURFACTANT LAXATIVES		
correctol extra gentle caps 100mg	Pref	OTC
cvs stool softener caps 50mg, 240mg	Pref	OTC
docu liqd 50mg/5ml, 100mg/10ml	Pref	OTC
docusate calcium caps 240mg	Pref	OTC
docusate mini enem 283mg/5ml	Pref	OTC
docusate sodium caps 100mg, 250mg; liqd 50mg/5ml, 100mg/10ml; tabs 100mg	Pref	OTC
DOCUSATE SODIUM SYRP 60mg/15ml	Pref	OTC
docusol mini enem 283mg/5ml	Pref	OTC
DOCUSOL PLUS ENE 20-283	Pref	OTC
dok tabs 100mg	Pref	OTC
dulcolax pink stool softene caps 100mg	Pref	OTC
dulcolax stool softener caps 100mg	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>easy-lax caps 100mg</i>	Pref	OTC
<i>enemeez mini enem 283mg/5ml</i>	Pref	OTC
ENEMEEZ PLUS ENE 20-283	Pref	OTC
<i>eq stool softener caps 100mg</i>	Pref	OTC
<i>gnp stool softener caps 240mg, 250mg</i>	Pref	OTC
<i>healthy mama move it alon tabs 100mg</i>	Pref	OTC
<i>hm stool softener caps 100mg, 250mg</i>	Pref	OTC
<i>phillips stool softener caps 100mg</i>	Pref	OTC
<i>qc stool softener caps 100mg</i>	Pref	OTC
<i>ra col-rite caps 100mg, 250mg</i>	Pref	OTC
<i>silace liqd 150mg/15ml</i>	Pref	OTC
<i>sm stool softener tabs 100mg</i>	Pref	OTC
<i>stool softener caps 100mg; liqd 50mg/5ml</i>	Pref	OTC
<i>stool softener extra stre caps 250mg</i>	Pref	OTC
<i>surfak caps 240mg</i>	Pref	OTC

LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETIC COMBINATIONS

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

LOCAL ANESTHETICS - AMIDES

<i>lidocaine hcl (local anesth.) soln .5%</i>	Pref	
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MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 500mg, 600mg</i>	Pref	
<i>azithromycin tabs 250mg</i>	Pref	QL (6 tabs / 4 days)
ZITHROMAX PACK 1gm; SUSR 100mg/5ml, 200mg/5ml; TABS 500mg	Non-Pref	PA
ZITHROMAX TABS 250mg	Non-Pref	PA, QL (6 tabs / 4 days)
ZITHROMAX TRI-PAK TABS 500mg	Non-Pref	PA
ZITHROMAX Z-PAK TABS 250mg	Non-Pref	PA, QL (6 tabs / 4 days)

CLARITHROMYCIN

<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Pref	
<i>clarithromycin tb24 500mg</i>	Non-Pref	PA

ERYTHROMYCINS

<i>e.e.s. 400 tabs 400mg</i>	Non-Pref	PA
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Drug Name	Drug Tier	Requirements/Limits
E.E.S. GRANULES SUSR 200mg/5ml	Pref	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	Non-Pref	PA
ERYPED 200 SUSR 200mg/5ml	Non-Pref	PA
ERYPED 400 SUSR 400mg/5ml	Non-Pref	PA
<i>erythrocin stearate tabs 250mg</i>	Non-Pref	PA
<i>erythromycin base cpep 250mg</i>	Pref	
<i>erythromycin base tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	Non-Pref	PA
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	Pref	
<i>erythromycin ethylsuccinate susr 400mg/5ml; tabs 400mg</i>	Non-Pref	PA

FIDAXOMICIN

DIFICID SUSR 40mg/ml; TABS 200mg	Non-Pref	PA
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MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING

BLOOD PRESSURE DEVICES

BLOOD PRESSURE MONITORING	Pref	OTC
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CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CONDOMS LATEX LUBRICATED - MALE	Pref	OTC
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DIABETIC SUPPLIES

AMBI-TRAY MIS	Pref	OTC
COUNT-A-DOSE MIS	Pref	OTC
DEXCOM G6 MIS RECEIVER	Pref	PA, QL (1 each / 292 days)
DEXCOM G6 MIS SENSOR	Pref	PA, QL (0.08 boxes / 1 day)
DEXCOM G6 MIS TRANSMIT	Pref	PA, QL (1 box / 72 days)
FREESTY LIBR KIT 2 SENSOR	Pref	PA, QL (0.08 boxes / 1 day)
FREESTY LIBR MIS 2 READER	Pref	PA, QL (1 each / 292 days)
FREESTYLE KIT SENSOR	Pref	PA, QL (0.08 boxes / 1 day)
FREESTYLE MIS READER	Pref	PA, QL (1 each / 292 days)
INSUL-CAP MIS	Pref	OTC
INSUL-EZE MIS	Pref	OTC
INSULIN MIS BARR 1ML	Pref	OTC
INSULIN SYR MIS BARR 1ML	Pref	OTC
LANCET DEVICES	Pref	OTC
LANCETS	Pref	OTC
LANCETS KIT	Pref	OTC
LANCETS MISC.	Pref	OTC
OMNIPOD 5 G6 KIT INTRO	Pref	PA
OMNIPOD 5 G6 MIS PODS	Pref	PA
OMNIPOD DASH KIT INTRO	Pref	PA
OMNIPOD DASH MIS PODS	Pref	PA
OMNIPOD MIS CLASSIC	Pref	PA
OMNIPOD PDM KIT CLASSIC	Pref	PA

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX SOL LEVEL 1	Pref	OTC
TRUE METRIX SOL LEVEL 2	Pref	OTC
TRUE METRIX SOL LEVEL 3	Pref	OTC
V-GO 20 KIT	Pref	PA
V-GO 30 KIT	Pref	PA
V-GO 40 KIT	Pref	PA
VIVI CAP1 MIS	Pref	OTC
VIVI CAP MIS	Pref	OTC

ENTERAL NUTRITION SUPPLIES

BARD PISTON MIS IRR SYR	Pref	
ENTERAL NUTRITION SUPPLIES	Pref	OTC
MONOJECT ENT MIS 1ML SYR	Pref	
MONOJECT ENT MIS 6ML SYR	Pref	
MONOJECT ENT MIS 12ML SYR	Pref	
MONOJECT ENT MIS 35ML SYR	Pref	
MONOJECT ENT MIS 60ML SYR	Pref	
MONOJECT ENT MIS SYR CAP	Pref	
STOMA MEASUR MIS DEVICE	Pref	

MISC. DEVICES

ALCOHOL SWABS PADS 70%	Pref	OTC
CHEMO GLOVES MIS LARGE	Pref	
CHEMO GLOVES MIS MEDIUM	Pref	
CHEMO GLOVES MIS SMALL	Pref	
CHEMO GLOVES MIS X-LARGE	Pref	
DISPOSABLE GLOVES	Pref	OTC
ENEMA BOTTLE MIS 120ML	Pref	
ESSENTRA WIPES 9X9" CLEAN SHEET 70%	Pref	
LATEX GLOVE MIS LARGE	Pref	
LATEX GLOVE MIS MEDIUM	Pref	
LATEX GLOVE MIS SMALL	Pref	
LATEX GLOVES MIS MEDIUM	Pref	
MEDICAL DEVICES AND SUPPLIES - RUBBER GOODS	Pref	OTC
NEOPRENE GLV MIS LARGE	Pref	
NEOPRENE GLV MIS MEDIUM	Pref	
NEOPRENE GLV MIS SMALL	Pref	
NEOPRENE GLV MIS X-LARGE	Pref	
NITRILE GLOV MIS BLUE/L	Pref	
NITRILE GLOV MIS BLUE/M	Pref	
NITRILE GLOV MIS BLUE/S	Pref	
NITRILE GLOV MIS BLUE/XL	Pref	
NITRILE GLOV MIS LARGE	Pref	
NITRILE GLOV MIS MEDIUM	Pref	
NITRILE GLOV MIS SIZE 6	Pref	

Drug Name	Drug Tier	Requirements/Limits
NITRILE GLOV MIS SIZE 6.5	Pref	
NITRILE GLOV MIS SIZE 7	Pref	
NITRILE GLOV MIS SIZE 7.5	Pref	
NITRILE GLOV MIS SIZE 8	Pref	
NITRILE GLOV MIS SIZE 8.5	Pref	
NITRILE GLOV MIS SIZE 9	Pref	
NITRILE GLOV MIS SIZE 9.5	Pref	
NITRILE GLOV MIS SIZE 10	Pref	
NITRILE GLOV MIS SMALL	Pref	
NITRILE GLOV MIS X-LARGE	Pref	

PARENTERAL THERAPY SUPPLIES

ALLERGIST KIT 1MLX27G	Pref	
ALLERGIST KIT 1MLX28G	Pref	
ALLERGIST KIT 27GX1/2"	Pref	OTC
ALLERGY SYRG MIS 1ML/27G	Pref	OTC
ALLERGY TRAY KIT 27GX1/2"	Pref	OTC
1ML ALLR SYR MIS 27GX1/2"	Pref	OTC
ASSEMBLY MIS FIXTURE	Pref	
AUM MINI PEN MIS 33GX5MM	Pref	OTC; 90 day supply
AUM MINI PEN MIS 33GX6MM	Pref	OTC; 90 day supply
AUM SAFETY MIS 31GX4MM	Pref	OTC; 90 day supply
AUTOSHIELD MIS 29X3/16"	Pref	OTC; 90 day supply
BD ECLIPSE MIS 25GX1"	Pref	
BD FILTR NDL MIS 5 MICRON	Pref	OTC
BD HYPO NEED MIS 16GX1"	Pref	OTC
BD HYPO NEED MIS 19GX1.5"	Pref	OTC
BD HYPO NEED MIS 21GX2"	Pref	OTC
BD HYPO NEED MIS 23GX3/4"	Pref	OTC
BD HYPO NEED MIS 26GX1/2"	Pref	OTC; 90 day supply
BD INTEGRA MIS 25GX1"	Pref	OTC
BD NEEDLES MIS 16GX1.5"	Pref	OTC
BD NEEDLES MIS 25GX7/8"	Pref	OTC; 90 day supply
BD NEEDLES MIS 27GX1/2"	Pref	OTC; 90 day supply
BD NEEDLES MIS 30GX1/2"	Pref	OTC; 90 day supply
BD PLASTIPAK MIS 21GX1"	Pref	OTC
BD PRECISION MIS 23GX1.5"	Pref	OTC
BD SHARPS MIS 1.4QT	Pref	QL (1 box / 1 day), OTC
BD U-500 MIS 31GX6MM	Pref	90 day supply
BLUNT CANNUL MIS 20GX1.5"	Pref	
BLUNT CANNUL MIS 21GX1"	Pref	
CAREPOINT SY MIS 20GX1"	Pref	
CAREPOINT SY MIS 20GX1.5"	Pref	
CAREPOINT SY MIS 22G X 1"	Pref	
CAREPOINT SY MIS 22GX1.5"	Pref	

Drug Name	Drug Tier	Requirements/Limits
CAREPOINT SY MIS 23GX1"	Pref	
CAREPOINT SY MIS 23GX1.5"	Pref	
CAREPOINT SY MIS 25GX1"	Pref	
CLEAR GLASS MIS VIAL 5ML	Pref	
COMFORT TOUC MIS 31GX4MM	Pref	OTC; 90 day supply
COMFORT TOUC MIS 33GX1/4"	Pref	OTC; 90 day supply
COMFORT TOUC MIS 33GX3/16	Pref	OTC; 90 day supply
COMPL NEEDLE MIS COLL SYS	Pref	QL (1 box / 1 day), OTC
CONNECTOR MIS LUER LOC	Pref	
CONNECTOR MIS Y-SITE	Pref	
EASY GLIDE MIS 1ML SYR	Pref	OTC
EASY GLIDE MIS 30ML SYR	Pref	OTC
EASYPOINT MIS 23GX1"	Pref	
EASYPOINT MIS 25GX1"	Pref	
EASYPOINT MIS 25GX5/8"	Pref	90 day supply
FILTER NEEDL MIS 18GX1.5"	Pref	
FILTER NEEDL MIS 20GX1.5"	Pref	
FLOW-EZE MIS VENTED	Pref	OTC
HUBER NEEDLE MIS 20GX3/4"	Pref	OTC
HUBER NEEDLE MIS 22GX3/4"	Pref	OTC
HYPO NEEDLE MIS 14GX1"	Pref	
HYPO NEEDLE MIS 14GX1.5"	Pref	
HYPO NEEDLE MIS 14GX2"	Pref	
HYPO NEEDLE MIS 16GX1"	Pref	
HYPO NEEDLE MIS 16GX1"	Pref	OTC
HYPO NEEDLE MIS 16GX1.5"	Pref	
HYPO NEEDLE MIS 16GX1.5"	Pref	OTC
HYPO NEEDLE MIS 16GX3/4"	Pref	
HYPO NEEDLE MIS 16GX5/8"	Pref	
HYPO NEEDLE MIS 18GX1"	Pref	
HYPO NEEDLE MIS 18GX1.5"	Pref	
HYPO NEEDLE MIS 18GX1.25	Pref	OTC
HYPO NEEDLE MIS 19GX1"	Pref	
HYPO NEEDLE MIS 19GX1.5"	Pref	
HYPO NEEDLE MIS 19GX1.5"	Pref	OTC
HYPO NEEDLE MIS 20GX1"	Pref	
HYPO NEEDLE MIS 20GX1.5"	Pref	
HYPO NEEDLE MIS 20GX3/4"	Pref	OTC
HYPO NEEDLE MIS 21GX1"	Pref	
HYPO NEEDLE MIS 21GX1.5"	Pref	
HYPO NEEDLE MIS 21GX1.25	Pref	OTC
HYPO NEEDLE MIS 21GX2"	Pref	
HYPO NEEDLE MIS 22GX1"	Pref	
HYPO NEEDLE MIS 22GX1.5"	Pref	

Drug Name	Drug Tier	Requirements/Limits
HYPO NEEDLE MIS 22GX3/4"	Pref	OTC
HYPO NEEDLE MIS 23GX1"	Pref	
HYPO NEEDLE MIS 23GX1.5"	Pref	OTC
HYPO NEEDLE MIS 23GX1.25	Pref	OTC
HYPO NEEDLE MIS 23GX3/4"	Pref	
HYPO NEEDLE MIS 23GX3/4"	Pref	OTC
HYPO NEEDLE MIS 24GX1"	Pref	OTC
HYPO NEEDLE MIS 24GX1.25	Pref	OTC
HYPO NEEDLE MIS 25GX1"	Pref	
HYPO NEEDLE MIS 25GX1.5"	Pref	
HYPO NEEDLE MIS 25GX1.25	Pref	
HYPO NEEDLE MIS 25GX2"	Pref	
HYPO NEEDLE MIS 25GX3/4"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 25GX5/8"	Pref	90 day supply
HYPO NEEDLE MIS 26GX1/2"	Pref	90 day supply
HYPO NEEDLE MIS 26GX1/2"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 26GX3/8"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 26GX5/8"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 27GX1.5"	Pref	
HYPO NEEDLE MIS 27GX1.5"	Pref	OTC
HYPO NEEDLE MIS 27GX1.25	Pref	
HYPO NEEDLE MIS 27GX1.25	Pref	OTC
HYPO NEEDLE MIS 27GX1/2"	Pref	90 day supply
HYPO NEEDLE MIS 27GX1/2"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 30G X 1"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 30GX1/2"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 30GX3/4"	Pref	90 day supply
HYPO NEEDLE MIS 31GX5/16	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 32GX5/16	Pref	OTC; 90 day supply
I-PORT ADV MIS 6MM	Pref	
I-PORT ADV MIS 9MM	Pref	
INFUSION MIS ADAPTER	Pref	
INFUSION MIS CLAMP	Pref	
INJECTOR CAP MIS PHASEAL	Pref	
INJECTOR MIS LUER LOC	Pref	
INSULIN PEN MIS 31GX4MM	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.3/29G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.3/30G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.3/30G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.3/31G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.3/31G	Pref	OTC; TECHLITE; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 0.3/31G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.5/27G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.5/28G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.5/29G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.5/29G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.5/30G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.5/30G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 0.5/30G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.5/31G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.5/31G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 0.5/31G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML	Pref	90 day supply
INSULIN SYRG MIS 1ML	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/25G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/26G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/27G	Pref	90 day supply
INSULIN SYRG MIS 1ML/27G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/28G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML/29G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/29G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML/30G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/30G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 1ML/30G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML/31G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/31G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 1ML/31G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 27GX1/2"	Pref	OTC; 90 day supply
INSUPEN MIS 33GX4MM	Pref	OTC; 90 day supply
IV BAG HANGR MIS PHASEAL	Pref	
10ML LL SYRN MIS 20GX1"	Pref	OTC
10ML LL SYRN MIS 20GX1.5"	Pref	OTC
10ML LL SYRN MIS 21GX1"	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
10ML LL SYRN MIS 21GX1.5"	Pref	OTC
10ML LL SYRN MIS 22GX1"	Pref	OTC
3ML LL SYRNG MIS 18GX1.5"	Pref	OTC
3ML LL SYRNG MIS 20GX1"	Pref	
5ML LL SYRNG MIS 20GX1"	Pref	OTC
3ML LL SYRNG MIS 20GX1.5"	Pref	
3ML LL SYRNG MIS 20GX1.5"	Pref	OTC
3ML LL SYRNG MIS 20GX3/4"	Pref	
3ML LL SYRNG MIS 21GX1"	Pref	
5ML LL SYRNG MIS 21GX1"	Pref	OTC
3ML LL SYRNG MIS 21GX1.5"	Pref	
5ML LL SYRNG MIS 21GX1.5"	Pref	OTC
3ML LL SYRNG MIS 22GX1"	Pref	OTC
3ML LL SYRNG MIS 22GX1.5"	Pref	
5ML LL SYRNG MIS 22GX1.5"	Pref	OTC
3ML LL SYRNG MIS 22GX3/4"	Pref	OTC
3ML LL SYRNG MIS 23GX1"	Pref	
3ML LL SYRNG MIS 23GX1"	Pref	OTC
3ML LL SYRNG MIS 23GX1.5"	Pref	OTC
3ML LL SYRNG MIS 25GX1"	Pref	
3ML LL SYRNG MIS 25GX1"	Pref	OTC
3ML LL SYRNG MIS 25GX1.5"	Pref	OTC
3ML LL SYRNG MIS 25GX5/8"	Pref	
3ML LL SYRNG MIS 25GX5/8"	Pref	OTC
3ML LL SYRNG MIS 26GX5/8"	Pref	OTC
3ML LL SYRNG MIS 27GX1.25	Pref	
3ML LL SYRNG MIS 27GX1.25	Pref	OTC
3ML LUER LOC MIS 21GX1.5"	Pref	OTC
3ML LUER LOC MIS 22GX1"	Pref	OTC
3ML LUER LOC MIS 22GX1.5"	Pref	OTC
3ML LUER LOC MIS 23GX1"	Pref	OTC
3ML LUER LOC MIS 23GX1.5"	Pref	OTC
3ML LUER LOC MIS 25GX1"	Pref	OTC
3ML LUER LOC MIS 25GX1.5"	Pref	OTC
3ML LUER LOC MIS 25GX5/8"	Pref	OTC
LUER-LOK SYR MIS 1ML/20G	Pref	OTC
1M ALLR SYR MIS 27GX1/2"	Pref	OTC
MAXICOMFORT MIS 27GX1/2	Pref	OTC; 90 day supply
MAXICOMFORT MIS 27GX1/2"	Pref	OTC; 90 day supply
MED PREP MIS CANNULA	Pref	
MONOJECT LS MIS CANN/BLN	Pref	
MULTI-DRAW MIS 20GX1"	Pref	
MULTI-DRAW MIS 21GX1"	Pref	
MULTI-DRAW MIS 22GX1"	Pref	

Drug Name	Drug Tier	Requirements/Limits
NEEDL COLLEC MIS DISPOSAL	Pref	QL (1 box / 1 day), OTC
NEEDLE COLLE MIS DISPOSAL	Pref	QL (1 box / 1 day), OTC
NEEDLE TIP MIS 16GX1.5"	Pref	
NEEDLELESS MIS CONNECTO	Pref	
NEEDLELESS MIS PORT CON	Pref	
NEEDLES MIS 18GX1"	Pref	OTC
NEEDLES MIS 18GX1.5"	Pref	OTC
NEEDLES MIS 19GX1"	Pref	OTC
NEEDLES MIS 19GX1.5"	Pref	OTC
NEEDLES MIS 20GX1"	Pref	OTC
NEEDLES MIS 20GX1.5"	Pref	OTC
NEEDLES MIS 21GX1"	Pref	OTC
NEEDLES MIS 21GX1.5"	Pref	OTC
NEEDLES MIS 22GX1"	Pref	OTC
NEEDLES MIS 22GX1.5"	Pref	OTC
NEEDLES MIS 22GX3/4"	Pref	OTC
NEEDLES MIS 23GX1"	Pref	OTC
NEEDLES MIS 23GX1.5"	Pref	OTC
NEEDLES MIS 23GX5/8"	Pref	OTC
NEEDLES MIS 25GX1"	Pref	OTC
NEEDLES MIS 25GX1.5"	Pref	OTC
NEEDLES MIS 25GX5/8"	Pref	OTC; 90 day supply
NEEDLES MIS 26X1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 27GX1"	Pref	OTC; 90 day supply
NEEDLES MIS 27GX1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 28GX1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 29GX1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 30GX1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 30GX5/16	Pref	OTC; 90 day supply
NEEDLES MIS 31GX5/16	Pref	OTC; 90 day supply
NOVOTWIST MIS 32GX5MM	Pref	OTC; 90 day supply
PARENTERAL THERAPY SUPPLIES	Pref	OTC
PATIENT SAFE MIS SYR 30ML	Pref	OTC
PEN NEEDLE MIS 29GX3/16	Pref	OTC; 90 day supply
PEN NEEDLE MIS 29GX5/16	Pref	OTC; 90 day supply
PEN NEEDLES MIS 29GX10MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 30GX3/16	Pref	OTC; 90 day supply
PEN NEEDLES MIS 30GX5/16	Pref	OTC; 90 day supply
PEN NEEDLES MIS 30GX5MM	Pref	OTC; 90 day supply
PEN NEEDLES MIS 31GX5MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM	Pref	OTC; TRUEPLUS

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 32GX4MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 33GX5MM	Pref	OTC; 90 day supply
PEN NEEDLES MIS 33GX6MM	Pref	OTC; 90 day supply
PHARM TRAY MIS 1ML/REG	Pref	OTC
POLY HUB MIS 23GX1.5"	Pref	OTC
POLY HUB MIS 27GX1.25	Pref	OTC
POLY HUB MIS 27GX1/2"	Pref	OTC; 90 day supply
POLY HUB MIS 30GX1/2"	Pref	OTC; 90 day supply
PRECISIONGLI MIS 27GX1.5"	Pref	OTC
PROTECTOR 14 MIS PHASEAL	Pref	
PROTECTOR 21 MIS PHASEAL	Pref	
PROTECTOR 28 MIS PHASEAL	Pref	
PROTECTOR 50 MIS PHASEAL	Pref	
SAFTY NEEDLE MIS 18GX1"	Pref	
SAFTY NEEDLE MIS 18GX1.5"	Pref	
SAFTY NEEDLE MIS 19GX1"	Pref	
SAFTY NEEDLE MIS 19GX1.5"	Pref	
SAFTY NEEDLE MIS 20GX1"	Pref	
SAFTY NEEDLE MIS 20GX1.5"	Pref	
SAFTY NEEDLE MIS 21GX1"	Pref	
SAFTY NEEDLE MIS 21GX1.5"	Pref	
SAFTY NEEDLE MIS 22GX1"	Pref	
SAFTY NEEDLE MIS 22GX1.5"	Pref	
SAFTY NEEDLE MIS 23GX1"	Pref	
SAFTY NEEDLE MIS 23GX5/8"	Pref	
SAFTY NEEDLE MIS 25GX1"	Pref	
SAFTY NEEDLE MIS 25GX5/8"	Pref	90 day supply
SECONDARY MIS SET/DRIP	Pref	
SECURESAFE MIS 19GX1.5"	Pref	OTC
SECURESAFE MIS 23GX1.5"	Pref	OTC
SECURESAFE MIS 26GX1/2"	Pref	OTC; 90 day supply
SECURESAFE MIS 27GX1/2"	Pref	OTC; 90 day supply
SHARP CONTAI MIS	Pref	QL (1 box / 1 day)
SHARPS CONT MIS 1QUART	Pref	QL (1 box / 1 day), OTC
SHARPS CONT MIS 2QUART	Pref	QL (1 box / 1 day), OTC
SHARPS CONT MIS 5GAL	Pref	QL (1 box / 1 day), OTC
SHARPS CONT MIS 14QT	Pref	QL (1 box / 1 day)
SHARPS CONT MIS HOME	Pref	QL (1 box / 1 day), OTC
SHARPS DISP MIS 1 GALLON	Pref	QL (1 box / 1 day), OTC
SHARPS DISP MIS 1 QUART	Pref	QL (1 box / 1 day), OTC
SHARPS DISP MIS 2 GALLON	Pref	QL (1 box / 1 day), OTC
SHARPS DISP MIS 3 GALLON	Pref	QL (1 box / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
SLIP TIP 1ML MIS	Pref	OTC
SLIP TIP 1ML MIS 26GX5/8"	Pref	OTC
1ML SLIP TIP MIS 25GX5/8"	Pref	OTC
1ML SLIP TIP MIS 26GX3/8"	Pref	OTC
SMARTIP SYR MIS /CANNULA	Pref	
SURE COMFORT MIS 0.5/31G	Pref	OTC; 90 day supply
SURE COMFORT MIS 31GX6MM	Pref	OTC; 90 day supply
SYR FILTER MIS 65MM	Pref	
SYR FILTER MIS 90MM	Pref	
SYR/FILT/MEM MIS TITAN3	Pref	
SYRG/NDL 3ML MIS 22G X 1"	Pref	OTC
SYRG/NDL 3ML MIS 23GX1"	Pref	OTC
SYRG/NDL 3ML MIS 25GX5/8"	Pref	OTC
SYRINGE (DISPOSABLE) 1 ML	Pref	
SYRINGE (DISPOSABLE) 10 ML	Pref	OTC
SYRINGE BARR MIS LUER10ML	Pref	OTC
SYRINGE BARR MIS LUER 1ML	Pref	
SYRINGE BARR MIS LUER 1ML	Pref	OTC
SYRINGE BARR MIS LUER 3ML	Pref	OTC
SYRINGE BARR MIS LUER 5ML	Pref	OTC
SYRINGE BARR MIS UNI 3ML	Pref	OTC
SYRINGE BARR MIS UNI 5ML	Pref	OTC
SYRINGE BARR MIS UNI 10ML	Pref	OTC
SYRINGE FILT MIS 25MM	Pref	
SYRINGE FILT MIS 32MM	Pref	
SYRINGE FILT MIS 33MM	Pref	
SYRINGE FLTR MIS 32MM	Pref	
SYRINGE LUER MIS -LOK 1ML	Pref	OTC
3ML SYRINGE MIS 18GX1"	Pref	
5ML SYRINGE MIS 18GX1"	Pref	OTC
3ML SYRINGE MIS 18GX1.5"	Pref	
10ML SYRINGE MIS 18GX1.5"	Pref	OTC
3ML SYRINGE MIS 19GX1"	Pref	OTC
3ML SYRINGE MIS 19GX1.5"	Pref	OTC
3ML SYRINGE MIS 20GX1"	Pref	
5ML SYRINGE MIS 20GX1"	Pref	OTC
3ML SYRINGE MIS 20GX1.5"	Pref	
10ML SYRINGE MIS 20GX1.5"	Pref	OTC
3ML SYRINGE MIS 21GX1"	Pref	
3ML SYRINGE MIS 21GX1"	Pref	OTC
3ML SYRINGE MIS 21GX1.5"	Pref	
3ML SYRINGE MIS 21GX1.5"	Pref	OTC
3ML SYRINGE MIS 22G X 1"	Pref	OTC
3ML SYRINGE MIS 22GX1"	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
3ML SYRINGE MIS 22GX1.5"	Pref	
10ML SYRINGE MIS 22GX1.5"	Pref	OTC
3 ML SYRINGE MIS 22X1-1/2	Pref	OTC
3ML SYRINGE MIS 23GX1"	Pref	
3ML SYRINGE MIS 23GX1"	Pref	OTC
3ML SYRINGE MIS 23GX1.5"	Pref	OTC
3ML SYRINGE MIS 25GX1"	Pref	
3ML SYRINGE MIS 25GX1"	Pref	OTC
3ML SYRINGE MIS 25GX1.5"	Pref	OTC
3ML SYRINGE MIS 25GX1.25	Pref	
1ML SYRINGE MIS 25GX5/8"	Pref	
1ML SYRINGE MIS 25GX5/8"	Pref	OTC
1ML SYRINGE MIS 26GX3/8"	Pref	OTC
3ML SYRINGE MIS 27GX1.25	Pref	
1ML SYRINGE MIS 27GX1/2"	Pref	OTC
1ML SYRINGE MIS 28GX1/2"	Pref	OTC
30ML SYRINGE MIS LUER LOC	Pref	
1ML SYRINGE MIS LUER LOC	Pref	OTC
30ML SYRINGE MIS LUER LOK	Pref	OTC
1ML SYRINGE MIS LUER SLI	Pref	OTC
1ML SYRINGE MIS LUER SLP	Pref	OTC
30ML SYRINGE MIS LUER-LOK	Pref	OTC
SYRINGE TRAY MIS PHASEAL	Pref	
5ML SYRINGES MIS 21GX1"	Pref	OTC
TB SYRINGE MIS 0.5/28G	Pref	
1ML TB SYRNG MIS 25GX1"	Pref	OTC
1ML TB SYRNG MIS 25GX5/8"	Pref	
1ML TB SYRNG MIS 25GX5/8"	Pref	OTC
1ML TB SYRNG MIS 26GX3/8"	Pref	
1ML TB SYRNG MIS 26GX3/8"	Pref	OTC
1ML TB SYRNG MIS 26GX5/8"	Pref	OTC
1ML TB SYRNG MIS 27GX1/2"	Pref	
1ML TB SYRNG MIS 27GX1/2"	Pref	OTC
1ML TB SYRNG MIS 28GX1/2"	Pref	
1ML TB SYRNG MIS 28GX1/2"	Pref	OTC
1ML TB SYRNG MIS REG LUER	Pref	OTC
TRANSFER NDL MIS 20GX1"	Pref	OTC
ULTICARE MIS 30GX3/16	Pref	OTC; 90 day supply
UNIFINE PNTP MIS 30GX3/16	Pref	OTC; 90 day supply
VACUUM FILTR MIS 0.20UM	Pref	
VIAL ACCESS MIS CANN 6ML	Pref	
VIAL STOPPER MIS 13MM	Pref	
YALE NEEDLES MIS 21GX1.25	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY THERAPY SUPPLIES		
ACE AERO CLD MIS ENHANCER	Pref	
ACTIVITY PCH MIS	Pref	
ADULT MASK MIS	Pref	
ADULT MASK MIS LARGE	Pref	
AEROBIKA MIS	Pref	
AEROSOL MASK MIS ADULT	Pref	
AEROTRC PLUS MIS	Pref	
AIR TUBE MIS /PLUGS	Pref	
AIRS PEDIATR MIS MASK	Pref	
ALTERA NEB MIS HANDSET	Pref	
BREATHERITE MIS MDI CHMB	Pref	
CARETOUCH MIS CPAP	Pref	
CO MONITOR MIS T PIECES	Pref	
CONVERSION MIS BABY SZ1	Pref	
CONVERSION MIS BABY SZ2	Pref	
CONVERSION MIS BABY SZ3	Pref	
CPAP & BIPAP MIS HOSE	Pref	
2 CPAP HOSE MIS HANGER	Pref	
CPAP MASK MIS WIPES	Pref	
CPAP NEURAL MIS PRE-WASH	Pref	
ERAPID NEB MIS HANDSET	Pref	
FILTER AIR MIS PP	Pref	
FLEXICHAMBER MIS MASK LRG	Pref	
FLEXICHAMBER MIS MASK SM	Pref	
FULL KIT NEB MIS SET	Pref	
HOLD CHAMBER MIS ADLT LG	Pref	OTC
HOLD CHAMBER MIS MEDIUM	Pref	OTC
HOLD CHAMBER MIS SMALL	Pref	OTC
HOLDING CHAM MIS ADULT	Pref	OTC
HOLDING CHAM MIS CHILD	Pref	OTC
IN-CHK FLOW MIS METER	Pref	
LITETOUCH MIS MASK LG	Pref	
LITETOUCH MIS MASK MD	Pref	
LITETOUCH MIS MASK SM	Pref	
MASK VORTEX/ MIS FROG	Pref	OTC
MASK VORTEX/ MIS LADY BUG	Pref	OTC
NEBULIZER MIS MASK AD	Pref	
NEBULIZER MIS MASK CH	Pref	
NEBULIZER MIS MASK CHD	Pref	
NEBULIZER MIS MASK INF	Pref	
PANDA MASK MIS LARGE	Pref	OTC
PANDA MASK MIS MEDIUM	Pref	OTC
PANDA MASK MIS PEDIATRI	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
PANDA MASK MIS SMALL	Pref	OTC
PARI EXPIRAT MIS FILTER	Pref	
PARI MANUAL MIS INTERRUPT	Pref	
PARI MASK MIS SIZE 3	Pref	
PARI PLASTIC MIS MASK	Pref	
PARI PLASTIC MIS MASK PED	Pref	
PARI TREK S KIT COMBO	Pref	
PEAK FLOW METER	Pref	OTC
PFLEX MIS	Pref	
PFT FILTER MIS 1000	Pref	
PFT FILTER MIS 2000	Pref	
PFT FILTER MIS 3000	Pref	
PFT FILTER MIS 4000	Pref	
PFT FILTER MIS 5000	Pref	
PFT FILTER MIS 6000	Pref	
PFT FILTER MIS 7000	Pref	
PILLOW MASK MIS ADULT	Pref	
PILLOW MASK MIS CHILD	Pref	
PILLOW MASK MIS PEDIATRI	Pref	
PROCARE MIS ADULT	Pref	OTC
PROCARE MIS CHILD	Pref	OTC
PURE COMFORT MIS SPACER	Pref	OTC
REPLACEMENT MIS FILTER	Pref	
RESPIRATORY THERAPY SUPPLIES	Pref	OTC
SIDESTREAM MIS MASK	Pref	
SIDESTREAM MIS PED MASK	Pref	
SILICONE MSK MIS ADULT	Pref	
SILICONE MSK MIS INFANT	Pref	
SILICONE MSK MIS PED	Pref	
SPACER CHAMB MIS ADULT	Pref	OTC
SPACER CHAMB MIS CHILD	Pref	OTC
SPACER CHAMB MIS INFANT	Pref	OTC
SPACER/AEROSOL-HOLDING CHAMBERS	Pref	
THRESHOLD MIS IMT	Pref	
THRESHOLD MIS PEP	Pref	
TRUZONE PEAK MIS FLOW MTR	Pref	
TUBE CLEANIN MIS BRUSH	Pref	
VORTEX/MASK MIS CHILDS	Pref	
VORTEX/MASK MIS TODDLER	Pref	
WINDMILL MIS TRAINER	Pref	

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG SOAJ 70mg/ml, 140mg/ml	Non-Pref	PA; AGE (Min 18)
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	Pref	PA; AGE (Min 18)

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

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOAJ 120mg/ml; SOSY 120mg/ml	Pref	PA; AGE (Min 18)
EMGALITY SOSY 100mg/ml	Non-Pref	PA; AGE (Min 18)
NURTEC TBDP 75mg	Pref	QL (17 tabs / 27 days); AGE (Min 18)
QULIPTA TABS 10mg, 30mg, 60mg	Non-Pref	PA; AGE (Min 18)
UBRELVY TABS 50mg	Non-Pref	PA
UBRELVY TABS 100mg	Non-Pref	PA; AGE (Min 18)

MIGRAINE COMBINATIONS

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

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

TRUDHESA AERS .725mg/act	Non-Pref	PA
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SEROTONIN AGONISTS

<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	Non-Pref	PA
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	Non-Pref	PA
FROVA TABS 2.5mg	Non-Pref	PA
<i>frovatriptan succinate tabs 2.5mg</i>	Non-Pref	PA
IMITREX SOLN 5mg/act, 20mg/act	Pref	QL (6 inhalers / 27 days)
IMITREX TABS 25mg, 50mg, 100mg	Non-Pref	PA, QL (0.3 tabs / 1 day)
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml, 6mg/0.5ml	Non-Pref	PA, QL (0.334 injections / 1 day)
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml, 6mg/0.5ml	Non-Pref	PA, QL (0.334 injections / 1 day)
MAXALT TABS 10mg	Non-Pref	PA, QL (0.6 tabs / 1 day)
MAXALT-MLT TBDP 10mg	Non-Pref	PA, QL (0.6 tabs / 1 day)
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	Non-Pref	PA
ONZETRA XSAIL EXHP 11mg/nosepc	Non-Pref	PA
RELPAX TABS 20mg, 40mg	Non-Pref	PA
REYVOW TABS 50mg, 100mg	Non-Pref	PA; AGE (Min 18)
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	Pref	QL (0.6 tabs / 1 day)
<i>sumatriptan soln 5mg/act, 20mg/act</i>	Pref	QL (6 inhalers / 27 days)
<i>sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml</i>	Pref	QL (0.334 injections / 1 day)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	Pref	QL (0.3 tabs / 1 day)
TOSYMRA SOLN 10mg/act	Non-Pref	PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	Non-Pref	PA
<i>zolmitriptan soln 2.5mg; tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	Non-Pref	PA
<i>zolmitriptan soln 5mg</i>	Non-Pref	PA
ZOMIG SOLN 2.5mg; TABS 2.5mg, 5mg	Non-Pref	PA
ZOMIG SOLN 5mg	Non-Pref	PA

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

CALCIUM

CAL-CITRATE TAB PLUS D	Pref	OTC
CAL-MINT CHEW 260mg	Pref	OTC
<i>calcitrate plus d</i>	Pref	OTC
<i>calcium 500 + d</i>	Pref	OTC
<i>calcium 500 +d</i>	Pref	OTC
<i>calcium 500 +d3</i>	Pref	OTC
<i>calcium 500+d3</i>	Pref	OTC
<i>calcium 500+d high potenc</i>	Pref	OTC
<i>calcium 500/d</i>	Pref	OTC
<i>calcium 500/vitamin d</i>	Pref	OTC
<i>calcium 600 tabs 600mg</i>	Pref	OTC
<i>calcium 600 + d</i>	Pref	OTC
CALCIUM 600 TAB +D	Pref	OTC
<i>calcium 600+d</i>	Pref	OTC
<i>calcium 600+d3</i>	Pref	OTC
<i>calcium 600+d high potenc</i>	Pref	OTC
<i>calcium 600/vitamin d</i>	Pref	OTC
CALCIUM ACETATE TABS 668mg	Non-Pref	PA, OTC
CALCIUM CARBONATE CHEW 260mg, 500mg	Pref	OTC
<i>calcium carbonate tabs 600mg, 1250mg</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol cap 600 mg-500 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-vitamin d cap 600 mg-200 unit</i>	Pref	OTC
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	Pref	OTC
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	Pref	OTC
CALCIUM CHW 500MG	Pref	OTC
CALCIUM CIT/ TAB VIT D	Pref	OTC
<i>calcium citrate tabs 200mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>calcium citrate +</i>	Pref	OTC
<i>calcium citrate + d</i>	Pref	OTC
<i>calcium citrate + d3</i>	Pref	OTC
<i>calcium citrate + d3 max</i>	Pref	OTC
<i>calcium citrate +d</i>	Pref	OTC
<i>calcium citrate+ d</i>	Pref	OTC
<i>calcium citrate+d3</i>	Pref	OTC
<i>calcium citrate+d3 petite</i>	Pref	OTC
<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
<i>calcium citrate/d3</i>	Pref	OTC
<i>calcium high potency + vi</i>	Pref	OTC
<i>calcium plus vitamin d</i>	Pref	OTC
<i>calcium plus vitamin d3</i>	Pref	OTC
<i>calcium+d3</i>	Pref	OTC
<i>calcium+d3 gradual releas</i>	Pref	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	Pref	OTC
<i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>	Pref	OTC
<i>calcium-magnesium-zinc tab 334-134-5 mg</i>	Pref	OTC
<i>CALCIUM/C/D CHW 500MG</i>	Pref	OTC
<i>CALCIUM/D3 CAP 600-2500</i>	Pref	OTC
<i>calcium/vitamin d3</i>	Pref	OTC
<i>cvs calcium</i>	Pref	OTC
<i>cvs calcium 600 & vitamin</i>	Pref	OTC
<i>cvs calcium 600+d</i>	Pref	OTC
<i>cvs calcium & vitamin d3</i>	Pref	OTC
<i>cvs calcium carbonate tabs 1250mg</i>	Pref	OTC
<i>cvs calcium citrate+d3 pe</i>	Pref	OTC
<i>cvs calcium/magnesium/zin</i>	Pref	OTC
<i>cvs oyster shell calcium/</i>	Pref	OTC
<i>600+d3</i>	Pref	OTC
<i>eq calcium 500+d</i>	Pref	OTC
<i>eq calcium citrate+d</i>	Pref	OTC
<i>eq calcium citrate+d3</i>	Pref	OTC
<i>eql calcium 600mg/vitamin</i>	Pref	OTC
<i>eql calcium citrate/ vita</i>	Pref	OTC
<i>eql calcium/vitamin d</i>	Pref	OTC
<i>gnp calcium 500 +d3</i>	Pref	OTC
<i>gnp calcium 600 +d3</i>	Pref	OTC
<i>gnp calcium citrate +d3</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>gnp calcium citrate+d3 ma</i>	Pref	OTC
<i>hm calcium tabs 600mg</i>	Pref	OTC
<i>kp calcium 600+d</i>	Pref	OTC
<i>kp calcium 600+d3</i>	Pref	OTC
<i>kp calcium citrate+d</i>	Pref	OTC
<i>kp calcium/magnesium/zinc</i>	Pref	OTC
<i>liquid calcium/d3</i>	Pref	OTC
<i>liquid calcium/vitamin d</i>	Pref	OTC
<i>nat-rul oyster calcium +</i>	Pref	OTC
<i>os-cal calcium + d3</i>	Pref	OTC
<i>os-cal extra d3</i>	Pref	OTC
<i>OYS SHELL CA TAB 500 + D</i>	Pref	OTC
<i>oysco 500+d</i>	Pref	OTC
<i>OYST SHELL/D TAB 500MG</i>	Pref	OTC
<i>oyster calcium/d3</i>	Pref	OTC
<i>oyster shell tabs 500mg</i>	Pref	OTC
<i>oyster shell calcium 250+</i>	Pref	OTC
<i>oyster shell calcium 500+</i>	Pref	OTC
<i>oyster shell calcium + d3</i>	Pref	OTC
<i>oyster shell calcium plus</i>	Pref	OTC
<i>oyster shell calcium/d3</i>	Pref	OTC
<i>oyster shell calcium/vita</i>	Pref	OTC
<i>pure calcium carbonate tabs 600mg</i>	Pref	OTC
<i>px calcium&d</i>	Pref	OTC
<i>ra calcium 600 plus vitam</i>	Pref	OTC
<i>ra calcium citrate plus v</i>	Pref	OTC
<i>ra calcium citrate/vitami</i>	Pref	OTC
<i>ra calcium high potency tabs 600mg</i>	Pref	OTC
<i>ra calcium plus vitamin d</i>	Pref	OTC
<i>ra hi cal</i>	Pref	OTC
<i>sb calcium + d</i>	Pref	OTC
<i>sm calcium 500/vitamin d3</i>	Pref	OTC
<i>sm calcium 600/vitamin d</i>	Pref	OTC
<i>sm calcium /vitamin d</i>	Pref	OTC
<i>sm calcium citrate + d</i>	Pref	OTC
<i>sm calcium citrate+ w/vit</i>	Pref	OTC
<i>sm calcium citrate+vitami</i>	Pref	OTC
<i>sm calcium/magnesium/zinc</i>	Pref	OTC
<i>sm calcium/vitamin d</i>	Pref	OTC
<i>SM CORAL CALCIUM TABS 1000mg</i>	Pref	OTC
<i>sm oyster shell calcium/v</i>	Pref	OTC
<i>super calcium tabs 600mg</i>	Pref	OTC
<i>super calcium 600 + d3</i>	Pref	OTC
<i>super calcium 600+d3 400</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
ELECTROLYTE MIXTURES		
BIOLYTE SOL BERRY	Pref	OTC
BIOLYTE SOL CITRUS	Pref	OTC
BIOLYTE SOL TROPICAL	Pref	OTC
CERASPORT SOL	Pref	OTC
CERASPORT SOL EX1	Pref	OTC
ENFAMIL SOL ENFALYTE	Pref	OTC
HYDRALATE SOL BERRY	Pref	OTC
HYDRALYTE SOL BERRY	Pref	OTC
HYDRALYTE SOL LEMONADE	Pref	OTC
HYDRALYTE SOL ORANGE	Pref	OTC
KINDERLYTE SOL	Pref	OTC
KINDERLYTE SOL PREMAX	Pref	OTC
<i>oral electrolyte solution</i>	Pref	OTC
FLUORIDE		
<i>sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml</i>	Pref	
<i>sodium fluoride soln .5mg/ml</i>	Pref	OTC
MAGNESIUM		
BEELITH TAB	Pref	OTC
<i>cvs magnesium oxide tabs 250mg</i>	Pref	OTC
<i>high absorption magnesium tabs 100mg</i>	Pref	OTC
MAG-G TABS 500mg	Pref	OTC
MAGNESIUM CAPS 400mg	Pref	OTC
<i>magnesium tabs 100mg</i>	Pref	OTC
MAGNESIUM CITRATE TABS 100mg	Pref	OTC
MAGNESIUM ELEMENTAL CAPS 300mg; TABS 30mg	Pref	OTC
MAGNESIUM EXTRA STRENGTH CAPS 400mg	Pref	OTC
<i>magnesium gluconate tabs 27.5mg</i>	Pref	OTC
MAGNESIUM GLUCONATE TABS 500mg	Pref	OTC
MAGNESIUM OXIDE CAPS 400mg; TABS 420mg	Pref	OTC
<i>magnesium oxide (mg supplement) caps 500mg; tabs 250mg, 400mg, 500mg</i>	Pref	OTC
<i>magnesium tab 400 mg</i>	Pref	OTC
<i>magnesium-oxide tabs 400mg</i>	Pref	OTC
MAGONATE LIQ 1000/5ML	Pref	OTC
<i>mgo tabs 400mg</i>	Pref	OTC
NU-MAG TAB 71.5-119	Pref	OTC
<i>ra magnesium caps 500mg</i>	Pref	OTC
SLOW-MAG TAB	Pref	OTC
SLOW-MAG TAB 71.5-119	Pref	OTC
SLOWMAG MG TAB MUS/HRT	Pref	OTC
<i>sm magnesium tabs 250mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
MINERAL COMBINATIONS		
ADVANCED CA/ TAB D/MAGNES	Pref	OTC
BONE DENSITY TAB BUILDER	Pref	OTC
CA CITRATE+D TAB MAGNESIU	Pref	OTC
CA/MG/ZN TAB	Pref	OTC
CA/MG/ZN TAB VIT D3	Pref	OTC
CAL MAG ZINC TAB +D3	Pref	OTC
CAL-MAG-ZINC TAB -D	Pref	OTC
CAL-MAG-ZINC TAB -D3	Pref	OTC
CALC 600+D3 TAB MINERALS	Pref	OTC
<i>calcium citrate +</i>	Pref	OTC
<i>calcium citrate plus</i>	Pref	OTC
<i>calcium citrate plus/magn</i>	Pref	OTC
CALCIUM MAGN TAB /D	Pref	OTC
CITRACAL PLS TAB	Pref	OTC
CITRACAL TAB MAX PLUS	Pref	OTC
CVS CALCIUM TAB CITR/D3	Pref	OTC
FEM-CAL TAB CITRATE	Pref	OTC
<i>gnp cal mag zinc +d3</i>	Pref	OTC
MULTI MEGA TAB MINERALS	Pref	OTC
<i>*multiple minerals w/ vitamins tab**</i>	Pref	OTC
PROSTEON TAB	Pref	OTC
THERACAL TAB	Pref	OTC
THERACAL TAB D2000	Pref	OTC
THERACAL TAB D4000	Pref	OTC
PHOSPHATE		
<i>phospha 250 neutral</i>	Pref	
<i>phospho-trin 250 neutral</i>	Pref	
<i>phospho-trin k500 tabs 500mg</i>	Pref	
<i>potassium & sodium phosphates powder pack 280-160-250 mg</i>	Pref	OTC
POTASSIUM		
<i>effer-k tbef 25meq</i>	Pref	
<i>klor-con pack 20meq</i>	Pref	90 day supply
<i>klor-con 8 tbc 8meq</i>	Pref	90 day supply
<i>klor-con 10 tbc 10meq</i>	Pref	90 day supply
<i>klor-con m10 tbc 10meq</i>	Pref	
<i>klor-con m20 tbc 20meq</i>	Pref	90 day supply
<i>klor-con/ef tbef 25meq</i>	Pref	
<i>potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 20%; tbc 8meq, 10meq</i>	Pref	90 day supply
<i>potassium chloride soln 10%; tbc 20meq</i>	Pref	
<i>potassium chloride tbc 8meq</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
potassium chloride microencapsulated crystals er tbc 10meq	Pref	
potassium chloride microencapsulated crystals er tbc 20meq	Pref	90 day supply
SODIUM		
sodium chloride tabs 1gm	Pref	OTC
sodium chloride flush soln .9%	Pref	
TRACE MINERALS		
chromium picolinate tabs 200mcg	Pref	OTC
chromium picolinate/calci	Pref	OTC
sm chromium picolinate tabs 200mcg	Pref	OTC
ZINC		
cvs zinc tabs 50mg	Pref	OTC
eql natural zinc tabs 50mg	Pref	OTC
orazinc caps 220mg	Pref	OTC
qc zinc tabs 50mg	Pref	OTC
ra zinc tabs 50mg	Pref	OTC
sm zinc tabs 50mg	Pref	OTC
zinc tabs 50mg	Pref	OTC
zinc gluconate tabs 50mg	Pref	OTC
zinc sulfate caps 220mg	Pref	OTC
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tabs 250mg	Pref	PA, QL (4 tabs / 1 day)
trientine hcl caps 250mg	Pref	PA
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tabs 50mg	Pref	90 day supply
cyclosporine modified (for microemulsion) caps 25mg, 100mg; soln 100mg/ml	Pref	
ENSPRYNG SOSY 120mg/ml	Non-Pref	SP, PA
gengraf caps 25mg, 100mg; soln 100mg/ml	Pref	
mycophenolate mofetil caps 250mg; sus 200mg/ml; tabs 500mg	Pref	
mycophenolate sodium tbec 180mg, 360mg	Pref	
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	Pref	
tacrolimus caps 1mg	Pref	QL (8 caps / 1 day)
tacrolimus caps 5mg	Pref	QL (4 caps / 1 day)
tacrolimus caps .5mg	Pref	QL (2 caps / 1 day)
UPLIZNA SOLN 100mg/10ml	Non-Pref	SP, PA
IRRIGATION SOLUTIONS		
water for irrigation, sterile irrigation soln	Pref	
MISC NATURAL PRODUCTS		
ACAI+SUPERFR TAB GREENTEA	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
ADV TURMERIC CAP CUR CMPX	Pref	OTC
<i>advanced joint relief</i>	Pref	OTC
ALLERDHQ CAP	Pref	OTC
ALZ CAP	Pref	OTC
ARTHRI-FLEX TAB ADVANTAG	Pref	OTC
ATRANTIL CAP	Pref	OTC
BEAUTY&SKIN TAB THERAPY	Pref	OTC
BETA-SITOSTE CAP PLT STER	Pref	OTC
<i>bio-flav</i>	Pref	OTC
BLACK COHOSH PAK MENOPAUS	Pref	OTC
<i>blood sugar 360</i>	Pref	OTC
BLOOD SUGAR TAB BALANCE	Pref	OTC
BRAINSTRONG TAB MEMORY	Pref	OTC
CALCIUM PLUS TAB ADVANCED	Pref	OTC
CALCIUM PYRUVATE CAPS 600mg	Pref	OTC
CANDICIDAL CAP	Pref	OTC
CARDIO HEALT CAP FORMULA	Pref	OTC
<i>cholesterol relief</i>	Pref	OTC
CHROMIUM CAP FORTE	Pref	OTC
COLD DEFENSE CAP FIGHTER	Pref	OTC
<i>colon cleanse</i>	Pref	OTC
<i>colon herbal cleanser</i>	Pref	OTC
COLONX CAP	Pref	OTC
COLOX CAP	Pref	OTC
<i>cordymax cs-4 caps 525mg</i>	Pref	OTC
CORTISOL TAB MANAGER	Pref	OTC
CORTISOLV CAP	Pref	OTC
<i>cosamin asu advanced life</i>	Pref	OTC
<i>cosamin asu for joint hea</i>	Pref	OTC
COSAMIN TAB VERDE	Pref	OTC
CRAMP RELEAF CAP	Pref	OTC
CRANBERRY CAP FORTE	Pref	OTC
CRANBERRY TAB PROBIOTI	Pref	OTC
CRANBLADDER CAP RELEAF	Pref	OTC
CURCUMAX PRO TAB	Pref	OTC
CVS PROSTATE TAB MAX +	Pref	OTC
DEEP HEALTH CAP	Pref	OTC
DEEP SLEEP CAP	Pref	OTC
DETOXAREX CAP	Pref	OTC
DIMENSION 3 CAP	Pref	OTC
EARLY ALERT CAP	Pref	OTC
END FATIGUE CAP SLEEP FM	Pref	OTC
ENERGEL CAP 125-12.5	Pref	OTC
ESSIAC TONIC CAP	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
ESTROVEN + TAB ENERGY	Pref	OTC
ESTROVEN TAB ENERGY	Pref	OTC
FLEXCIN JNT CAP MOBILITY	Pref	OTC
GARLIN TAB	Pref	OTC
GLUC/CHOND/ TAB MSM/D-3	Pref	OTC
GLUC/CHONDR TAB DBL STR	Pref	OTC
GLUC/CHONDR TAB TRIP STR	Pref	OTC
GLUCOLESS CAP	Pref	OTC
GLUCOS CHOND TAB /MSM	Pref	OTC
GLUCOS CHOND TAB MSM	Pref	OTC
GLUCOS CHOND TAB MSM FORM	Pref	OTC
GLUCOS/CHOND TAB	Pref	OTC
GLUCOS/CHOND TAB /MSM	Pref	OTC
GLUCOS/CHOND TAB ADVANCED	Pref	OTC
GLUCOS/CHOND TAB COMP/MSM	Pref	OTC
GLUCOS/CHOND TAB COMPLEX	Pref	OTC
GLUCOS/CHOND TAB MSM	Pref	OTC
GLUCOS/CHOND TAB MSM COMP	Pref	OTC
GLUCOS/CHOND TAB MSM TRPL	Pref	OTC
GLUCOS/CHOND TAB MSM TURM	Pref	OTC
GLUCOS/CHOND TAB MSM/D	Pref	OTC
GLUCOS/CHOND TAB SULFATE	Pref	OTC
GLUCOS/CHOND TAB TRPL STR	Pref	OTC
GLUCOSA FACT CAP DOC HIGH	Pref	OTC
GLUCOSA IMMU CAP BOOSTER	Pref	OTC
<i>glucosamine chondroitin p</i>	Pref	OTC
GLUCOSAMINE TAB	Pref	OTC
GLUCOSAMINE TAB CHONDROI	Pref	OTC
<i>grape seed complex</i>	Pref	OTC
GREEN TEA TAB	Pref	OTC
GREEN TEA TAB SLIM	Pref	OTC
HDL RX TAB	Pref	OTC
HM ESTROPLUS TAB MENOPAUS	Pref	OTC
HOODIA PLUS CAP 375MG	Pref	OTC
HORNY GOAT CAP WEED	Pref	OTC
HOT FLASHEX TAB	Pref	OTC
IMUHANCA CAP	Pref	OTC
INDOLPLEX CAP	Pref	OTC
ITI MAN CAP	Pref	OTC
ITI WOMAN CAP	Pref	OTC
JOINT CAP SUPPORT	Pref	OTC
JOINT HEALTH CAP	Pref	OTC
JOINT HEALTH TAB ULTRA	Pref	OTC
7-KETO LEAN CAP	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
LAXATIVE TAB FORMULA	Pref	OTC
LEG VEIN & TAB CIRCULAT	Pref	OTC
LIVER PROTCT CAP	Pref	OTC
LOVIRAL CAP	Pref	OTC
LUNG TONIC CAP	Pref	OTC
LYDIA PINKHA TAB	Pref	OTC
LYMPHATONIC CAP	Pref	OTC
MAGIC MUSHRO CAP MIX	Pref	OTC
MALE POTENCY TAB	Pref	OTC
MAXIMUM TAB ENERGY	Pref	OTC
MEDCAPS CAP MENOPAUS	Pref	OTC
MEMORY/FOCUS TAB FORMULA	Pref	OTC
MENOPAUSE TAB HEALTH	Pref	OTC
MENOPAUTONIC CAP	Pref	OTC
MENS POTENT TAB FORMULA	Pref	OTC
METABO-STYLE TAB	Pref	OTC
MILKFLOW CAP	Pref	OTC
MILKFLOW MAX CAP	Pref	OTC
<i>misc natural products caps 10mg, 500mg</i>	Pref	OTC
<i>*misc natural products cap**</i>	Pref	OTC
MISEFLEX TAB	Pref	OTC
MISEFLEX-C TAB	Pref	OTC
MIXED TOCOTR CAP VIT E	Pref	OTC
NARCOSOFT CAP HERB LAX	Pref	OTC
NARCOSOFT II CAP	Pref	OTC
NEURIVA CAP	Pref	OTC
NEURO-ESSENT TAB	Pref	OTC
NRF2 ACTIVAT CAP	Pref	OTC
OCTACOSANOL TAB	Pref	OTC
OMEGA 3/GRN CAP TEA/CLA	Pref	OTC
ORTHODIET TAB	Pref	OTC
OSTEO BI-FLX TAB 5-LOXIN	Pref	OTC
OSTEO BI-FLX TAB ADVANCED	Pref	OTC
OSTEO BI-FLX TAB TRIPLE	Pref	OTC
PANTETHINE TAB PLUS	Pref	OTC
PARA-GARD CAP	Pref	OTC
PETADOLEX 50 CAPS 50mg	Pref	OTC
PETADOLEX 75 CAPS 75mg	Pref	OTC
PHYTOCILLIN CAP	Pref	OTC
PMS FORMULA TAB INDOLPLX	Pref	OTC
PRO CUT CAP	Pref	OTC
PRO NUTRIENT TAB FRU/VEG	Pref	OTC
PROSTATE CAP COMPLEX	Pref	OTC
<i>prostate control</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
PROSTATE TAB HEALTH	Pref	OTC
RA ESTROPLUS TAB MAX STRE	Pref	OTC
<i>recharge</i>	Pref	OTC
RED WINE EXT CAP PLUS	Pref	OTC
REFEX CAP	Pref	OTC
RELAX & TAB SLEEP	Pref	OTC
RESPIRATONIC CAP	Pref	OTC
<i>rest and relaxation</i>	Pref	OTC
RESVERATIN CAP PLUS	Pref	OTC
RESVERATROL CAP DIET	Pref	OTC
RESVERATROL CAP RED WINE	Pref	OTC
RESVERATROL CAP ULTRA	Pref	OTC
SEASONAL IC TAB	Pref	OTC
<i>seredyn</i>	Pref	OTC
SKELAGESIC CAP	Pref	OTC
SLEEP TONITE TAB	Pref	OTC
<i>sm echinacea/goldenseal</i>	Pref	OTC
<i>sm saw palmetto complex e</i>	Pref	OTC
STRESS CAP RELEAF	Pref	OTC
SUPER ENERGY TAB	Pref	OTC
<i>super-d3+</i>	Pref	OTC
T-150 CAP	Pref	OTC
<i>tart cherry advanced</i>	Pref	OTC
TESTOSTERONE CAP FORMULA	Pref	OTC
<i>thisilbin caps 300mg</i>	Pref	OTC
<i>toprophan</i>	Pref	OTC
TOTAL BODY TAB CLEANSE	Pref	OTC
TRIPLE FLEX CAP	Pref	OTC
TUMERSAID TAB	Pref	OTC
UPSPRING CAP FERTILIT	Pref	OTC
UPSPRING CAP MILKFLOW	Pref	OTC
URINOZINC CAP PROSTATE	Pref	OTC
URINOZINC TAB PLUS	Pref	OTC
VALINEX CAP	Pref	OTC
VARIVODA TAB	Pref	OTC

POTASSIUM REMOVING AGENTS

<i>*sodium polystyrene sulfonate powder**</i>	Pref
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MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT

ANESTHETICS TOPICAL ORAL

<i>lidocaine hcl (mouth-throat) soln 2%</i>	Pref	
<i>sore throat</i>	Pref	OTC
<i>sore throat lozenges</i>	Pref	OTC
<i>ultra throat lozenges</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troc 10mg</i>	Non-Pref	PA
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	Pref	90 day supply
ANTISEPTICS - MOUTH/THROAT		
<i>chloraseptic warming sore liqd 1.4%</i>	Pref	OTC
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	Pref	
<i>cvs sore throat spray liqd 1.4%</i>	Pref	OTC
<i>goodsense sore throat spr liqd 1.4%</i>	Pref	OTC
<i>ora relief sore throat liqd 1.4%</i>	Pref	OTC
<i>oral relief liqd 1.4%</i>	Pref	OTC
<i>oralseptic liqd 1.4%</i>	Pref	OTC
<i>phenaseptic liqd 1.4%</i>	Pref	OTC
<i>sore throat spray liqd 1.4%</i>	Pref	OTC
DENTAL PRODUCTS		
<i>denta 5000 plus crea 1.1%</i>	Pref	
<i>dentagel gel 1.1%</i>	Pref	
<i>sf gel 1.1%</i>	Pref	
<i>sf 5000 plus crea 1.1%</i>	Pref	
<i>sodium fluoride 5000 plus crea 1.1%</i>	Pref	
<i>sodium fluoride 5000 ppm crea 1.1%; gel 1.1%</i>	Pref	
<i>sodium fluoride (dental) gel 1.1%</i>	Pref	
LOZENGES		
<i>cough drops lozg 5.8mg, 7.6mg</i>	Pref	OTC
<i>cough drops sugar free lozg 5.8mg</i>	Pref	OTC
<i>cvs cough drops sugar fre lozg 5.8mg, 7.6mg</i>	Pref	OTC
<i>eql cough drops lozg 5.8mg, 7.6mg</i>	Pref	OTC
<i>medikoff drops lozg 7.6mg</i>	Pref	OTC
<i>qc cough drops lozg 5.8mg</i>	Pref	OTC
<i>ra cough drops lozg 7mg</i>	Pref	OTC
<i>sm cough drops lozg 5.8mg, 7mg</i>	Pref	OTC
STEROIDS - MOUTH/THROAT/DENTAL		
<i>oralone dental paste pste .1%</i>	Pref	
<i>triamcinolone acetonide (mouth) pste .1%</i>	Pref	
THROAT PRODUCTS - MISC.		
<i>eql cold sore treatment</i>	Pref	QL (24 gm / 1 day), OTC
MULTIVITAMINS - DRUGS FOR NUTRITION		
B-COMPLEX VITAMINS		
<i>b-complex plus b-12</i>	Pref	OTC
<i>*b-complex vitamin cap**</i>	Pref	OTC
<i>*b-complex vitamin tab**</i>	Pref	OTC
<i>brewers yeast tabs 487.5mg</i>	Pref	OTC
<i>*brewers yeast tab***</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>ra b-complex</i>	Pref	OTC
<i>ra b-complex with b-12</i>	Pref	OTC
B-COMPLEX W/ C		
<i>allbee plus vitamin c</i>	Pref	OTC
<i>*b-complex w/ c cap**</i>	Pref	OTC
<i>*b-complex w/ c tab**</i>	Pref	OTC
<i>bec/zinc</i>	Pref	OTC
<i>better b complex</i>	Pref	OTC
<i>cvs b complex plus c</i>	Pref	OTC
<i>cvs stress formula/zinc</i>	Pref	OTC
<i>cvs super b complex/c</i>	Pref	OTC
<i>eql stress b-complex/vita</i>	Pref	OTC
<i>hm b-complex with vitamin</i>	Pref	OTC
<i>sm super b complex-vitami</i>	Pref	OTC
<i>sm vitamin b complex with</i>	Pref	OTC
<i>stress b/zinc</i>	Pref	OTC
<i>stress formula/zinc</i>	Pref	OTC
<i>stress plus zinc</i>	Pref	OTC
<i>super b with c</i>	Pref	OTC
<i>vitamin b complex-c</i>	Pref	OTC
<i>zinc-vites</i>	Pref	OTC
B-COMPLEX W/ FOLIC ACID		
<i>b complex formula #1</i>	Pref	OTC
<i>b-50 complex</i>	Pref	OTC
<i>b-100</i>	Pref	OTC
<i>b-compleet-50</i>	Pref	OTC
<i>b-compleet-100</i>	Pref	OTC
<i>b-complex balanced</i>	Pref	OTC
<i>B-COMPLEX TAB C/FA/BIO</i>	Pref	OTC
<i>*b-complex w/ c & folic acid tab***</i>	Pref	OTC
<i>*b-complex w/ folic acid cap**</i>	Pref	OTC
<i>*b-complex w/ folic acid tab**</i>	Pref	OTC
<i>*b-complex w/biotin & folic acid tab***</i>	Pref	OTC
<i>balance b-50</i>	Pref	OTC
<i>balanced b complex</i>	Pref	OTC
<i>balanced b-50</i>	Pref	OTC
<i>balanced b-100</i>	Pref	OTC
<i>benfotiamine multi-b neur</i>	Pref	OTC
<i>big 100</i>	Pref	OTC
<i>BIOTIN FORTE TAB</i>	Pref	OTC
<i>BIOTIN FORTE TAB /ZINC</i>	Pref	OTC
<i>DIALYVIT 800 TAB ZINC 15</i>	Pref	OTC
<i>dialyvite</i>	Pref	
<i>dialyvite 800</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
DIALYVITE TAB 800/ZINC	Pref	OTC
DIALYVITE WAF PLUS D	Pref	OTC
<i>eql b complex 50</i>	Pref	OTC
<i>eql super b complex/vitam</i>	Pref	OTC
<i>folbee plus</i>	Pref	
<i>folbee plus cz</i>	Pref	
FULL SPECT TAB B/ VIT C	Pref	OTC
<i>kobee</i>	Pref	OTC
<i>kp b complex/c</i>	Pref	OTC
<i>nephro vitamins</i>	Pref	OTC
<i>nephronex</i>	Pref	
NEPHRONEX LIQ 0.9/5ML	Pref	OTC
<i>quin b strong b-25</i>	Pref	OTC
<i>ra balanced b-50</i>	Pref	OTC
<i>ra balanced b-100</i>	Pref	OTC
<i>rena-vite</i>	Pref	OTC
<i>rena-vite rx</i>	Pref	OTC
<i>renal caps</i>	Pref	
<i>renal multivitamin formul</i>	Pref	OTC
<i>renal vitamin</i>	Pref	OTC
<i>renal-vite</i>	Pref	OTC
<i>reno caps</i>	Pref	OTC
<i>sm b super vitamin comple</i>	Pref	OTC
<i>sm b-complex</i>	Pref	OTC
SM B-COMPLEX TAB /VIT C	Pref	OTC
<i>sm balanced b-50</i>	Pref	OTC
<i>sm ballanced b-100</i>	Pref	OTC
<i>sm vitamin b100 complex</i>	Pref	OTC
<i>stress formula</i>	Pref	OTC
<i>super b-50</i>	Pref	OTC
<i>super b-100</i>	Pref	OTC
<i>super b-complex</i>	Pref	OTC
<i>super b-complex/folic aci</i>	Pref	OTC
<i>super b-complex/vitamin c</i>	Pref	OTC
<i>super dec b-100</i>	Pref	OTC
<i>super quints b-50</i>	Pref	OTC
<i>triphrocaps</i>	Pref	
<i>virt-caps</i>	Pref	
VITAL-D RX TAB	Pref	
<i>vp-vite rx</i>	Pref	
<i>wescaps</i>	Pref	
<i>yl balanced b-100</i>	Pref	OTC
BIOFLAVONOID PRODUCTS		
ADVANCED C TAB PLUS	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>anti-allergy</i>	Pref	OTC
<i>*bioflavonoid products tab**</i>	Pref	OTC
<i>bioflex</i>	Pref	OTC
<i>easy-c</i>	Pref	OTC
<i>ester-c</i>	Pref	OTC
<i>flexgen</i>	Pref	OTC
FRUIT C CHW 200MG	Pref	OTC
<i>hi c-500</i>	Pref	OTC
<i>pan-c 500/bioflavonoids</i>	Pref	OTC
<i>span c</i>	Pref	OTC
<i>super c-500</i>	Pref	OTC
<i>super c-1000</i>	Pref	OTC
<i>tri super flavons</i>	Pref	OTC
<i>vasoflex</i>	Pref	OTC
<i>vasoflex hd</i>	Pref	OTC
VITAMIN C CHW 500MG	Pref	OTC
<i>vitamin c/bioflavonoids/w</i>	Pref	OTC

MULTIPLE VITAMINS W/ CALCIUM

CALCI-MAX CAP	Pref	OTC
<i>essential one daily multi</i>	Pref	OTC
<i>gnp one daily womens heal</i>	Pref	OTC
<i>signacal</i>	Pref	OTC
SM ONE DAILY TAB ESSENTIA	Pref	OTC

MULTIPLE VITAMINS W/ IRON

<i>daily vitamin formula+ir</i>	Pref	OTC
<i>daily vitamin formula+iro</i>	Pref	OTC
<i>daily vite multivitamin/i</i>	Pref	OTC
<i>daily-vitamin/iron</i>	Pref	OTC
<i>multi vitamin with iron</i>	Pref	OTC
<i>multi-vitamins/iron</i>	Pref	OTC
<i>*multiple vitamins w/ iron tab**</i>	Pref	OTC
<i>multivitamin plus iron ad</i>	Pref	OTC
<i>nat-rul daily-vite + iron</i>	Pref	OTC
<i>one-daily multi-vitamin/i</i>	Pref	OTC
<i>one-daily/iron</i>	Pref	OTC
<i>qc daily multivitamins/ir</i>	Pref	OTC
<i>sm multiple vitamins/iron</i>	Pref	OTC
<i>stress b complex/iron</i>	Pref	OTC
<i>stress formula/iron</i>	Pref	OTC
<i>tab-a-vite multivitamin/i</i>	Pref	OTC
TAB-A-VITE TAB IRON/BET	Pref	OTC

MULTIPLE VITAMINS W/ MINERALS

<i>a thru z select</i>	Pref	OTC
ABC COMPLETE TAB WOMEN	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
ACTIVE 55 LIQ PLUS	Pref	OTC
ADV DIABETIC TAB MULTIVIT	Pref	OTC
<i>advanced multi ea</i>	Pref	OTC
<i>airborne</i>	Pref	OTC
<i>airborne gummies</i>	Pref	OTC
<i>airborne immune system</i>	Pref	OTC
<i>airborne kids</i>	Pref	OTC
AIRBORNE+NAT LIQ ENERGY	Pref	OTC
ALGAE BASED TAB CALCIUM	Pref	OTC
ALIVE 50+ TAB ENERGY	Pref	OTC
ALIVE 50+ TAB WOMENS	Pref	OTC
ALIVE DAILY TAB WOMENS	Pref	OTC
ALIVE ENERGY TAB MENS	Pref	OTC
ALIVE ENERGY TAB WOMENS	Pref	OTC
ALIVE LIQ MULT-VIT	Pref	OTC
ANTIOXIDANT TAB FORMULA	Pref	OTC
AZO HORMONAL TAB HEALTH	Pref	OTC
BASIC AM TAB	Pref	OTC
BASIC PM TAB	Pref	OTC
<i>bprotected multi-vite</i>	Pref	OTC
CAL-DAY 1000 TAB	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 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
<i>complete multivitamin/mul</i>	Pref	OTC
<i>corvita</i>	Pref	
<i>cvs airshield</i>	Pref	OTC
<i>cvs daily gummies adult</i>	Pref	OTC
<i>cvs mens daily gummies</i>	Pref	OTC
<i>cvs womens daily gummies</i>	Pref	OTC
DERMAVITE TAB	Pref	OTC
EQ COMPLETE TAB ADULT	Pref	OTC
EQ ONE DAILY TAB MENS	Pref	OTC
EQ ONE DAILY TAB WOMENS	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
EQL CENTURY TAB MENS	Pref	OTC
EQL CENTURY TAB WOMENS	Pref	OTC
ESTROVEN MEN TAB SUPPLEM	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
GERI-FREEDA TAB SENIOR	Pref	OTC
HAIR SKIN & TAB NAILS AD	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
K-PAX TAB PROF ST	Pref	OTC
LIVER DETOX TAB	Pref	OTC
LUTEIN PLUS TAB ZEAXANTH	Pref	OTC
<i>lysiplex plus</i>	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 MULTI TAB VIT/MIN	Pref	OTC
MENS MULTIPL TAB	Pref	OTC
<i>multi + omega-3 adult gum</i>	Pref	OTC
<i>multi adult gummies</i>	Pref	OTC
MULTI VITAMN TAB MINERALS	Pref	OTC
MULTI-BETIC TAB DIABETES	Pref	OTC
MULTI-VITAMI TAB MONOCAPS	Pref	OTC
<i>multi-vitamin gummies</i>	Pref	OTC
MULTI-VITE LIQ	Pref	OTC
MULTIPLE VITAMINS W/ MINERALS	Pref	
<i>multiple vitamins w/ minerals</i>	Pref	OTC
<i>multiple vitamins w/ minerals cap</i>	Pref	OTC
MULTIPLE VITAMINS W/ MINERALS CAP	Pref	OTC
MULTIPLE VITAMINS W/ MINERALS CHEW TAB	Pref	OTC
<i>multivitamin</i>	Pref	OTC
<i>multivitamin & mineral</i>	Pref	OTC
<i>multivitamin gummies adul</i>	Pref	OTC
<i>multivitamin gummies mens</i>	Pref	OTC
<i>multivitamin gummies wome</i>	Pref	OTC
MULTIVITAMIN TAB	Pref	OTC
MULTIVITAMIN TAB ADULT	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN TAB ADULTS	Pref	OTC
MULTIVITAMIN TAB MEN	Pref	OTC
MULTIVITAMIN TAB WOMEN	Pref	OTC
MULTIVITAMIN TAB ZINC STR	Pref	OTC
NAT-RUL THER TAB M	Pref	OTC
NATRUL-VITES TAB	Pref	OTC
NUTRIENT 45+ TAB WOMEN	Pref	OTC
NUTRIENT 50+ TAB MEN	Pref	OTC
NUTRIENTS TAB MEN	Pref	OTC
NUTRIENTS TAB TEENS	Pref	OTC
NUTRIENTS TAB WOMEN	Pref	OTC
<i>nutrifac zx</i>	Pref	
OCULAR TAB VITAMINS	Pref	OTC
<i>ocuvite eye health gummie</i>	Pref	OTC
ONCOVITE TAB	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 TAB 50+ ADV	Pref	OTC
ONE-A-DAY TAB 50+ MENS	Pref	OTC
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
OPURITY TAB	Pref	OTC
OSTEOPRIME TAB PLUS	Pref	OTC
PARVLEX TAB	Pref	OTC
PHYTOMULTI TAB	Pref	OTC
PRESERVISION TAB AREDS	Pref	OTC
PRO-CAL TAB	Pref	OTC
PROCERV HP TAB	Pref	OTC
PRORENAL +D TAB	Pref	OTC
PRORENAL+D TAB	Pref	OTC
PROVIT TAB	Pref	OTC
QC MULTI-VIT TAB	Pref	OTC
QUIN B TAB STRONG	Pref	OTC
QUINTABS-M TAB	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
RENAPLEX-D TAB	Pref	OTC
SENTRY SENIO TAB LUTEIN	Pref	OTC
SENTRY TAB	Pref	OTC
SENTRY TAB SENIOR	Pref	OTC
SM ONE DAILY TAB MENS	Pref	OTC
SM ONE DAILY TAB WOMENS	Pref	OTC
SOLO TAB	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
<i>super nu-thera</i>	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
THEREMS-M TAB	Pref	OTC
<i>tropical liquid nutrition</i>	Pref	OTC
ULTRA POTENC TAB WOMEN 50	Pref	OTC
<i>v-c forte</i>	Pref	
<i>vita s forte</i>	Pref	
VITALINE TAB FORMULA2	Pref	OTC
VITALINE TAB FORMULA3	Pref	OTC
VITAMIN D3 TAB COMPLETE	Pref	OTC
VITASANA TAB	Pref	OTC
<i>vitatrum</i>	Pref	OTC
VITATRUM TAB	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
WOMENS MULTI TAB VIT/MIN	Pref	OTC
YELETS TEEN TAB FORMULA	Pref	OTC
MULTIVITAMINS - DRUGS FOR NUTRITION		
DAILY MULTI TAB VITAMINS	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
ESTROFACTORS TAB	Pref	OTC
HIGH POTENCY TAB MULTIVIT	Pref	OTC
MULTI VITAMI TAB	Pref	OTC
MULTI VITAMI TAB D-3	Pref	OTC
<i>multiple vitamin tab</i>	Pref	OTC
MULTIVITAMIN TAB	Pref	OTC
MULTIVITAMIN TAB ADULT	Pref	OTC
NEOMULTIVITE TAB	Pref	OTC
OMNICAP TAB	Pref	OTC
ONE DAILY TAB ESSENTL	Pref	OTC
ONE-A-DAY CHW VITACRAV	Pref	OTC
QUINTABS TAB	Pref	OTC
THERA TAB	Pref	OTC
THEREMS TAB MULTIVIT	Pref	OTC

PED MULTIPLE VITAMINS W/ MINERALS

ACTIVNUTRIEN CHW	Pref	OTC
<i>alive gummies for childre</i>	Pref	OTC
<i>alive multi-vitamin child</i>	Pref	OTC
CENTRUM KIDS CHW	Pref	OTC
CENTRUM KIDS CHW FLAV BST	Pref	OTC
<i>childrens gummies</i>	Pref	OTC
<i>cvs gummy dinos</i>	Pref	OTC
<i>cvs gummy dinos childrens</i>	Pref	OTC
<i>cvs gummy multivitamin ki</i>	Pref	OTC
<i>eq multivitamin gummies c</i>	Pref	OTC
<i>eq multivitamins children</i>	Pref	OTC
FLINTSTONES CHW TODDLER	Pref	OTC
<i>flintstones gummies plus</i>	Pref	OTC
<i>gummi bear multivitamin/m</i>	Pref	OTC
HEALTHY KIDS CHW GUMMIES	Pref	OTC
<i>healthy kids overall hea</i>	Pref	OTC
KIDZ MULTVIT CHW PROBIOTI	Pref	OTC
MULTIVITAMIN CHW GUMMIES	Pref	OTC
<i>multivitamin gummies chil</i>	Pref	OTC
MVW COMPLETE CHW GRAPE	Pref	OTC
MVW COMPLETE DRO PEDIATRI	Pref	OTC
<i>mvw complete formulation</i>	Pref	OTC
NF FORMULAS CHW CHILDREN	Pref	OTC
<i>sea buddies daily multipl</i>	Pref	OTC
<i>smarty pants kids complet</i>	Pref	OTC
<i>spongebob squarepants gum</i>	Pref	OTC
<i>vitachew multiple vitamin</i>	Pref	OTC
VITALETS CHW CHILD	Pref	OTC
ZOO FRIENDS CHW COMPLETE	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>zoo friends multi gummies</i>	Pref	OTC
PED MV W/ FLUORIDE		
FLORIVA DRO PLUS	Pref	
<i>multi-vitamin/fluoride dr</i>	Pref	
MULTIV+FLUOR CHW 0.5MG	Pref	OTC
MULTIV+FLUOR CHW 0.25MG	Pref	OTC
MULTIV+FLUOR CHW 1MG	Pref	OTC
<i>multivitamin with fluorid</i>	Pref	OTC
<i>multivitamin/fluoride</i>	Pref	
QUFLORA PED DRO 0.25MG	Pref	
PED MV W/ IRON		
<i>bite-a-mins/iron</i>	Pref	OTC
<i>cerovite jr</i>	Pref	OTC
<i>childrens animal shapes c</i>	Pref	OTC
<i>childrens chewable multiv</i>	Pref	OTC
<i>cvs chewable childrens vi</i>	Pref	OTC
<i>cvs childrens chewable co</i>	Pref	OTC
<i>eq complete chewable mult</i>	Pref	OTC
<i>eqi childrens multivitami</i>	Pref	OTC
<i>flintstones complete</i>	Pref	OTC
<i>flintstones w/iron</i>	Pref	OTC
<i>fruity chews/iron</i>	Pref	OTC
<i>gnp childrens chewables/i</i>	Pref	OTC
HONEY BEARS CHW IRON-ZIN	Pref	OTC
<i>land before time multivit</i>	Pref	OTC
<i>little animals plus iron</i>	Pref	OTC
MULTIVITAMIN CHW IRON	Pref	OTC
POLY-VI-SOL SOL IRON	Pref	OTC
POLY-VITE SOL IRON	Pref	OTC
<i>px childrens vitamin</i>	Pref	OTC
<i>qc childrens chewable com</i>	Pref	OTC
<i>qc childrens chewable vit</i>	Pref	OTC
<i>ra chewable vitamins comp</i>	Pref	OTC
SCOOBY-DOO CHW	Pref	OTC
<i>sm animal shapes complete</i>	Pref	OTC
<i>ultra choice multivitamin</i>	Pref	OTC
PEDIATRIC MULTIPLE VITAMINS		
<i>animal chews</i>	Pref	OTC
<i>bite-a-mins</i>	Pref	OTC
<i>childrens chewable multiv</i>	Pref	OTC
<i>childrens chewable vitam</i>	Pref	OTC
<i>flintstones gummies plus</i>	Pref	OTC
<i>flintstones multivitamin</i>	Pref	OTC
<i>flintstones plus calcium</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>flintstones plus extra c</i>	Pref	OTC
<i>flintstones/my first</i>	Pref	OTC
<i>fruity chews</i>	Pref	OTC
<i>gerber grow mighty</i>	Pref	OTC
<i>gnp childrens chewables/e</i>	Pref	OTC
<i>gnp little ones childrens</i>	Pref	OTC
<i>land before time multivit</i>	Pref	OTC
<i>little animals</i>	Pref	OTC
PED POLY-VIT DRO	Pref	OTC
POLY-VI-SOL SOL 50MG/ML	Pref	OTC
POLY-VITA DRO	Pref	OTC
POLY-VITE DRO	Pref	OTC
POLY-VITE SOL 50MG/ML	Pref	OTC
<i>qc childrens chewable vit</i>	Pref	OTC
<i>sm animal shapes kids fir</i>	Pref	OTC
<i>zoo friends/extra c</i>	Pref	OTC

PEDIATRIC VITAMINS

HONEY BEARS CHW	Pref	OTC
MULTIVITAMIN CHW CHILD	Pref	OTC
TRI-VI-SOL SOL A/C/D	Pref	OTC

PRENATAL VITAMINS

BRAINSTRONG MIS PRENATAL	Pref	OTC
CL PRENATAL TAB 28-0.8MG	Pref	OTC
COMPLETENATE CHW	Pref	
CVS PRENATAL CHW GUMMY	Pref	OTC
CVS PRENATAL TAB 27-0.8MG	Pref	OTC
ENFAMIL MIS EXPECTA	Pref	OTC
EQL PRENATAL TAB FORMULA	Pref	OTC
GNP PRENATAL TAB 28-0.8MG	Pref	OTC
KP PRENATAL TAB MULTIVIT	Pref	OTC
KPN PRENATAL TAB	Pref	OTC
M-NATAL PLUS TAB	Pref	
MASONATAL TAB	Pref	OTC
MULTI PRENAT TAB	Pref	OTC
NEONATAL VIT TAB 27-0.8MG	Pref	OTC
NIVA-PLUS TAB	Pref	
ONE A DAY MIS PRENATAL	Pref	OTC
ONE A DAY PAK PRENATAL	Pref	OTC
ONE VITE TAB 27-0.8MG	Pref	OTC
PERRY PRENAT CAP	Pref	OTC
PRENAT MULTI CAP +DHA	Pref	OTC
PRENATABS FA TAB 29-1MG	Pref	OTC
<i>prenatabs rx</i>	Pref	
<i>prenatal 19</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL 19 TAB	Pref	OTC
PRENATAL CAP FORMULA	Pref	OTC
PRENATAL FRM TAB A-FREE	Pref	OTC
PRENATAL MUL CAP +DHA	Pref	OTC
PRENATAL MV MIS + DHA	Pref	OTC
PRENATAL ONE TAB DAILY	Pref	OTC
PRENATAL TAB	Pref	OTC
PRENATAL TAB 27-0.8MG	Pref	OTC
PRENATAL TAB 27-1MG	Pref	
PRENATAL TAB 28-0.8MG	Pref	OTC
PRENATAL TAB COMPLETE	Pref	OTC
PRENATAL TAB FORTE	Pref	OTC
PRENATAL TAB IRON	Pref	OTC
PRENATAL TAB MULTIVIT	Pref	OTC
PRENATAL TAB PLUS	Pref	
PRENATAL VIT TAB 28-0.8MG	Pref	OTC
PRENATAL VIT TAB MINERALS	Pref	OTC
PRENATAL+DHA MIS	Pref	OTC
PRENATAL+DHA MIS WOMENS	Pref	OTC
PRENATAL-U CAP 106.5-1	Pref	
PRENATAL/FE TAB	Pref	OTC
PRENATL MULT CAP + DHA	Pref	OTC
PRENTAT MULT CAP PLUS DHA	Pref	OTC
PX PRENATAL TAB MULTIVIT	Pref	OTC
QC PRENATAL TAB 28-0.8MG	Pref	OTC
RA PRENATAL TAB 28-0.8MG	Pref	OTC
RA PRENATAL TAB FORMULA	Pref	OTC
SE-NATAL 19 CHW	Pref	
SE-NATAL 19 TAB	Pref	
SM PRENATAL TAB VITAMINS	Pref	OTC
THERANATAL TAB 27-1	Pref	OTC
THRIVITE RX TAB 29-1MG	Pref	
TRICARE TAB PRENATAL	Pref	
TRINATAL RX TAB 1	Pref	
VINATE ONE TAB	Pref	
VITAFOL-OB TAB 65-1MG	Pref	
WESTAB PLUS TAB 27-1MG	Pref	

SPECIALTY VITAMINS PRODUCTS

<i>a thru z advantage</i>	Pref	OTC
ADRENAL TAB CALM	Pref	OTC
ALLERWELL TAB ALLERGY	Pref	OTC
BIOTIN PLUS TAB KERATIN	Pref	OTC
BRAIN MIGHT TAB	Pref	OTC
CENTRUM SPEC TAB ENERGY	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
CENTRUM TAB PERFORMA	Pref	OTC
<i>cvs hair skin & nails/an</i>	Pref	OTC
CVS HAIR/SKN TAB NAILS	Pref	OTC
<i>cvs menopause support</i>	Pref	OTC
ELON MATRIX TAB 5000	Pref	OTC
ELON MATRIX TAB 5000 COM	Pref	OTC
ELON MATRIX TAB COMPLETE	Pref	OTC
ELON MATRIX TAB PLUS	Pref	OTC
ELON R3 TAB	Pref	OTC
HAIR FARE TAB	Pref	OTC
HAIR NOURISH TAB SUPPLEMN	Pref	OTC
HEALTHY TAB HEART	Pref	OTC
HEART TABS TAB	Pref	OTC
ICAPS LUTEIN TAB ZEAXANTH	Pref	OTC
LIPIDSHIELD TAB PLUS	Pref	OTC
MG PLUS TAB PROTEIN	Pref	OTC
MIL ADREGEN TAB	Pref	OTC
<i>milltrium stamina plus</i>	Pref	OTC
RA EAR CARE TAB	Pref	OTC
THERABETIC TAB EYE HLTH	Pref	OTC
<i>ultimate fat burner</i>	Pref	OTC
UPSPRING TAB HE NATAL	Pref	OTC
<i>urosex</i>	Pref	
<i>varisan vitality</i>	Pref	OTC
<i>vitamins for hair</i>	Pref	OTC
<i>weight loss daily multi</i>	Pref	OTC

VITAMIN MIXTURES

<i>cod liver oil/vitamins a</i>	Pref	OTC
<i>norwegian cod liver oil</i>	Pref	OTC
<i>qc cod liver oil</i>	Pref	OTC
<i>ra cod liver oil</i>	Pref	OTC
<i>sm cod liver oil</i>	Pref	OTC
<i>*vitamins a & d cap***</i>	Pref	OTC
<i>yl natural vitamin a & d</i>	Pref	OTC

VITAMINS W/ LIPOTROPICS

ACTIFLOVIT TAB EAR HEAL	Pref	OTC
B-100 COMP TAB TR	Pref	OTC
<i>b-complex formula 1</i>	Pref	OTC
<i>b-stress</i>	Pref	OTC
<i>balance b-100</i>	Pref	OTC
<i>balanced b-50 complex</i>	Pref	OTC
<i>cvs balanced b50</i>	Pref	OTC
<i>cvs inner ear plus</i>	Pref	OTC
<i>ear health formula</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>ear health plus</i>	Pref	OTC
<i>lipo flavonoid plus</i>	Pref	OTC
<i>lipoflavovit</i>	Pref	OTC
<i>mega multiple w/chelated</i>	Pref	OTC
<i>methacholine/liver</i>	Pref	OTC
<i>multi-vitamin hp/minerals</i>	Pref	OTC
<i>nat-rul b-50</i>	Pref	OTC
<i>px b-50</i>	Pref	OTC
<i>risanoid plus</i>	Pref	OTC
<i>ultra b-100 complex</i>	Pref	OTC
<i>*vitamins w/ lipotropics tab**</i>	Pref	OTC

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

AMRIX CP24 15mg, 30mg	Non-Pref	PA
<i>baclofen soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	Pref	
<i>carisoprodol tabs 250mg</i>	Non-Pref	PA
<i>carisoprodol tabs 350mg</i>	Pref	
<i>chlorzoxazone tabs 250mg, 375mg, 500mg, 750mg</i>	Pref	
<i>cyclobenzaprine hcl cp24 15mg, 30mg</i>	Non-Pref	PA
<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>	Pref	
<i>fexmid tabs 7.5mg</i>	Non-Pref	PA
FLEQSUVY SUSP 25mg/5ml	Non-Pref	PA
<i>lorzone tabs 375mg, 750mg</i>	Non-Pref	PA
LYVISPAH PACK 5mg, 10mg, 20mg	Non-Pref	PA
<i>metaxalone tabs 400mg, 800mg</i>	Non-Pref	PA
<i>methocarbamol soln 1000mg/10ml; tabs 500mg, 750mg</i>	Pref	
<i>orphenadrine citrate tb12 100mg</i>	Pref	
SOMA TABS 250mg, 350mg	Non-Pref	PA
<i>tizanidine hcl caps 2mg, 4mg, 6mg</i>	Non-Pref	PA
<i>tizanidine hcl tabs 2mg, 4mg</i>	Pref	
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	Non-Pref	PA

DIRECT MUSCLE RELAXANTS

DANTRIUM CAPS 25mg	Non-Pref	PA
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	Pref	

MUSCLE RELAXANT COMBINATIONS

NORGESIC TAB FORTE	Non-Pref	PA
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VISCOSUPPLEMENTS

EUFLEXXA SOSY 20mg/2ml	Pref	PA
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Drug Name	Drug Tier	Requirements/Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	Non-Pref	PA; AGE (Min 6)
DYMISTA SPR 137-50	Non-Pref	PA; AGE (Min 6)
NASAL AGENTS - MISC.		
AYR NASAL DROPS SOLN .65%	Pref	OTC
AYR NASAL MIST ALLERGY & SOLN 2.65%	Pref	OTC
ayr saline nasal	Pref	OTC
nasogel	Pref	OTC
*saline nasal gel**	Pref	OTC
saline nasal spray 0.65% soln .65%	Pref	OTC
NASAL ANTIALLERGY		
azelastine hcl soln 137mcg/spray	Pref	QL (0.067 bottles / 1 day)
azelastine hcl soln .15%	Non-Pref	PA
cromolyn sodium (nasal) aers 5.2mg/act	Pref	OTC
olopatadine hcl (nasal) soln .6%	Non-Pref	PA
PATANASE SOLN .6%	Non-Pref	PA
NASAL ANTICHOLINERGICS		
ipratropium bromide (nasal) soln .03%, .06%	Pref	QL (2 mL / 1 day)
NASAL STEROIDS		
BECONASE AQ SUSP 42mcg/spray	Non-Pref	PA
FLONASE SENSIMIST SUSP 27.5mcg/spray	Pref	OTC
flunisolide (nasal) soln .025%	Non-Pref	PA
fluticasone propionate (nasal) susp 50mcg/act	Pref	QL (0.038 bottles / 1 day)
fluticasone propionate (nasal) susp 50mcg/act	Pref	QL (0.038 bottles / 1 day), OTC
gnp 24 hour nasal allerg aero 55mcg/act	Pref	QL (1 bottle / 24 days), OTC
gnp budesonide nasal spra susp 32mcg/act	Non-Pref	PA, OTC
gnp fluticasone propionat susp 50mcg/act	Pref	QL (0.038 bottles / 1 day), OTC
goodsense nasal allergy s aero 55mcg/act	Pref	QL (1 bottle / 24 days), OTC
hm 24 hour nasal allergy aero 55mcg/act	Non-Pref	PA, QL (1 bottle / 24 days), OTC
mometasone furoate (nasal) susp 50mcg/act	Non-Pref	PA
OMNARIS SUSP 50mcg/act	Non-Pref	PA
qc allergy relief susp 50mcg/act	Pref	QL (0.038 bottles / 1 day), OTC
QNASL AERS 80mcg/act	Non-Pref	PA
QNASL CHILDRENS AERS 40mcg/act	Non-Pref	PA
sm allergy relief nasal s susp 50mcg/act	Pref	QL (0.038 bottles / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sm allergy relief nasal s susp 50mcg/act</i>	Non-Pref	PA, QL (0.038 bottles / 1 day), OTC
<i>triamcinolone acetonide (nasal) aero 55mcg/act</i>	Pref	QL (1 bottle / 24 days), OTC
XHANCE EXHU 93mcg/act	Non-Pref	PA
ZETONNA AERS 37mcg/act	Non-Pref	PA

SYMPATHOMIMETIC DECONGESTANTS

<i>cvs nasal decongestant pe tabs 10mg</i>	Pref	OTC
<i>gnp nasal decongestant pe tabs 10mg</i>	Pref	OTC
<i>nasal decong spr 0.05% soln .05%</i>	Pref	OTC
<i>nexafed taba 30mg</i>	Pref	OTC
<i>non-pseudo sinus deconges tabs 10mg</i>	Pref	OTC
<i>phenylephrine hcl (oral) tabs 10mg</i>	Pref	OTC
<i>phenylephrine hcl nasal soln 1% soln 1%</i>	Pref	OTC
<i>pseudoephedrine hcl tabs 60mg</i>	Pref	OTC
<i>pseudoephedrine hcl tab 30 mg tabs 30mg</i>	Pref	OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg tb12 120mg</i>	Pref	OTC
<i>ra sinus pressure/congest tabs 10mg</i>	Pref	OTC
<i>sm nasal decongestant pe tabs 10mg</i>	Pref	OTC
SUDAFED SINUS CONGESTION TB24 240mg	Pref	OTC
<i>sudogest tabs 60mg</i>	Pref	OTC
<i>wal-phed pe tabs 10mg</i>	Pref	OTC
<i>zephrex-d taba 30mg</i>	Pref	OTC

NUTRIENTS - DRUGS FOR NUTRITION

CARBOHYDRATES

<i>dextrose soln 5%</i>	Pref	
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LIPOTROPICS

<i>cvs lecithin caps 1200mg</i>	Pref	OTC
<i>lecithin caps 1200mg</i>	Pref	OTC
<i>sm soya lecithin caps 1200mg</i>	Pref	OTC

MISC. NUTRITIONAL SUBSTANCES

<i>cvs fish oil</i>	Pref	OTC
<i>eql omega-3 fish oil</i>	Pref	OTC
FISH OIL CAP 183.33MG	Pref	OTC
<i>fish oil concentrate</i>	Pref	OTC
<i>fish oil pearls</i>	Pref	OTC
<i>gnp fish oil maximum stre</i>	Pref	OTC
<i>kp omega-3 fish oil</i>	Pref	OTC
OMEGA-3 CAP 1400MG	Pref	OTC
<i>omega-3 fatty acids caps 1000mg</i>	Pref	OTC
<i>*omega-3 fatty acids cap 300 mg**</i>	Pref	OTC
<i>sm fish oil</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
PROTEINS		
<i>cvs l-lysine tabs 500mg</i>	Pref	OTC
<i>eql l-lysine tabs 500mg</i>	Pref	OTC
<i>g-levocarnitine s/f soln 1gm/10ml</i>	Pref	OTC
L-TRYPTOPHAN CAPS 500mg; TABS 500mg	Pref	OTC
<i>levocarnitine soln 1gm/10ml</i>	Pref	OTC
<i>lysine tabs 500mg</i>	Pref	OTC
<i>lysine hcl tabs 500mg</i>	Pref	OTC
<i>nac caps 600mg</i>	Pref	OTC
<i>nac 600 caps 600mg</i>	Pref	OTC
<i>ra l-lysine tabs 500mg</i>	Pref	OTC
<i>sd l-lysine tabs 500mg</i>	Pref	OTC
<i>sm l-lysine tabs 500mg</i>	Pref	OTC

OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS

ARTIFICIAL TEARS AND LUBRICANTS		
<i>artificial tears soln 1.4%</i>	Pref	OTC
<i>biolle gel tears gel 1%</i>	Pref	OTC
<i>biolle tears soln .5%</i>	Pref	OTC
<i>carboxymethylcellulose sodium (ophth) soln .5%</i>	Pref	OTC
<i>clear eyes natural tears</i>	Pref	OTC
<i>cvs artificial tears</i>	Pref	OTC
<i>cvs dry eye relief</i>	Pref	OTC
<i>cvs lubricant eye drops soln .5%, .6%</i>	Pref	OTC
<i>cvs lubricant eye drops p soln .5%</i>	Pref	OTC
<i>cvs lubricant gel drops gel 1%</i>	Pref	OTC
<i>cvs lubricating eye drops</i>	Pref	OTC
<i>cvs natural tears pf</i>	Pref	OTC
<i>dry eye relief gel 1%</i>	Pref	OTC
<i>dry eye relief drops</i>	Pref	OTC
<i>eq restore plus lubricant soln .5%</i>	Pref	OTC
<i>eq restore tears soln .5%</i>	Pref	OTC
GENTEAL SEVERE TEARS GEL .3%	Pref	OTC
<i>genteal tears liquid drop</i>	Pref	OTC
<i>gnp eye drops dry eye rel</i>	Pref	OTC
<i>goniotaire soln 2.5%</i>	Pref	OTC
<i>goodsense lubricating plu soln .5%</i>	Pref	OTC
<i>hm dry eye relief</i>	Pref	OTC
ISOPTO TEARS SOLN .5%	Pref	OTC
<i>just tears eye drops</i>	Pref	OTC
<i>lubricant eye drops soln .5%, .6%</i>	Pref	OTC
<i>lubricant eye drops/dual-</i>	Pref	OTC
<i>lubricating plus eye drop soln .5%</i>	Pref	OTC
<i>lubricating tears eye dro</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
LUBRICNT GEL DRO 0.25-0.3	Pref	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	Pref	OTC
<i>polyvinyl alcohol soln 1.4%</i>	Pref	OTC
PURE & GENTLE LUBRICANT SOLN 3mg/ml	Pref	OTC
<i>qc artificial tears</i>	Pref	OTC
<i>ra artificial tears eye c</i>	Pref	OTC
<i>ra lubricant eye drops</i>	Pref	OTC
<i>refresh celluvisc gel 1%</i>	Pref	OTC
REFRESH DRO OP	Pref	OTC
REFRESH DRO RELIEVA	Pref	OTC
REFRESH GEL OPTIVE	Pref	OTC
<i>refresh lacr oin op</i>	Pref	OTC
REFRESH OPT SOL MEGA-3	Pref	OTC
REFRESH OPTI DRO 0.5-0.9%	Pref	OTC
REFRESH SOL DIGITAL	Pref	OTC
REFRESH SOL OPTIVE	Pref	OTC
<i>retaine cmc soln .5%</i>	Pref	OTC
RETAINE HPMC SOLN .3%	Pref	OTC
<i>sm artificial tears</i>	Pref	OTC
<i>sm dry eye relief</i>	Pref	OTC
<i>soothe hydration soln 1.25%</i>	Pref	OTC
<i>soothe xp</i>	Pref	OTC
<i>soothe xp/xtra protection</i>	Pref	OTC
<i>stye</i>	Pref	OTC
<i>systane contacts soothing</i>	Pref	OTC
<i>theratears liquid gel nig gel 1%</i>	Pref	OTC
<i>ultra fresh soln .5%</i>	Pref	OTC
<i>ultra lubricating eye dro</i>	Pref	OTC

BETA-BLOCKERS - OPHTHALMIC

<i>betaxolol hcl (ophth) soln .5%</i>	Pref	QL (0.54 mL / 1 day)
BETIMOL SOLN .25%, .5%	Non-Pref	PA
BETOPTIC-S SUSP .25%	Non-Pref	PA
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Non-Pref	PA, QL (0.334 mL / 1 day)
<i>carteolol hcl (ophth) soln 1%</i>	Pref	QL (0.334 mL / 1 day)
COMBIGAN SOL 0.2/0.5%	Pref	QL (0.334 mL / 1 day)
COSOPT PF SOL 2%-0.5%	Non-Pref	PA
COSOPT SOL 22.3-6.8	Non-Pref	PA, QL (0.334 mL / 1 day)
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	Non-Pref	PA
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Pref	QL (0.334 mL / 1 day)
ISTALOL SOLN .5%	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
levobunolol hcl soln .5%	Pref	QL (0.4 mL / 1 day)
timolol maleate (ophth) solg .25%, .5%; soln .25%	Pref	QL (0.286 mL / 1 day)
timolol maleate (ophth) soln .5%	Pref	QL (0.334 mL / 1 day)
timolol maleate (ophth) soln .5%	Non-Pref	PA
timolol maleate in ocudos soln .5%	Pref	QL (0.334 ea / 1 day)
TIMOPTIC SOLN .5%	Non-Pref	PA, QL (0.334 mL / 1 day)
TIMOPTIC SOLN .25%	Non-Pref	PA, QL (0.286 mL / 1 day)
TIMOPTIC OCUDOSE SOLN .5%	Non-Pref	PA, QL (0.334 ea / 1 day)
TIMOPTIC OCUDOSE SOLN .25%	Non-Pref	PA
TIMOPTIC-XE SOLG .25%, .5%	Non-Pref	PA, QL (0.286 mL / 1 day)

CHOLINERGIC AGONISTS

TYRVAYA SOLN .03mg/act	Non-Pref	PA
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CYCLOPLEGIC MYDRIATICS

atropine sulfate (ophthalmic) oint 1%; soln 1%	Pref	
cyclopentolate hcl soln .5%, 1%, 2%	Pref	
ISOPTO ATROPINE SOLN 1%	Pref	
tropicamide soln .5%, 1%	Pref	

MIOTICS

PHOSPHOLINE IODIDE SOLR .125%	Non-Pref	PA
pilocarpine hcl soln 1%, 2%, 4%	Pref	QL (0.54 mL / 1 day)

OPHTHALMIC ADRENERGIC AGENTS

ALPHAGAN P SOLN .1%, .15%	Pref	QL (0.4 mL / 1 day)
apraclonidine hcl soln .5%	Non-Pref	PA
brimonidine tartrate soln .15%, .2%	Pref	QL (0.4 mL / 1 day)
IOPIDINE SOLN 1%	Non-Pref	PA
SIMBRINZA SUS 1-0.2%	Non-Pref	PA

OPHTHALMIC ANTI-INFECTIVES

ak-poly-bac	Pref	QL (0.434 gm / 1 day)
AZASITE SOLN 1%	Non-Pref	PA
bacitracin (ophthalmic) oint 500unit/gm	Pref	QL (0.434 gm / 1 day)
bacitracin-polymyxin b ophth oint	Pref	QL (0.434 gm / 1 day)
BESIVANCE SUSP .6%	Non-Pref	PA
CILOXAN OINT .3%	Non-Pref	PA
ciprofloxacin hcl (ophth) soln .3%	Pref	QL (0.767 mL / 1 day)
erythromycin (ophth) oint 5mg/gm	Pref	QL (0.54 gm / 1 day)
gatifloxacin (ophth) soln .5%	Non-Pref	PA
gentak oint .3%	Pref	QL (0.54 gm / 1 day)
gentamicin sulfate (ophth) soln .3%	Pref	QL (2.143 mL / 1 day)
levofloxacin (ophth) soln .5%	Non-Pref	PA
moxifloxacin hcl (ophth) soln .5%	Pref	QL (0.434 mL / 1 day)
moxifloxacin hcl (ophth) soln .5%	Non-Pref	PA
neo-polycin	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Non-Pref	PA
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Non-Pref	PA
OCUFLOX SOLN .3%	Non-Pref	PA, QL (1.47 mL / 1 day)
<i>ofloxacin (ophth) soln .3%</i>	Pref	QL (1.47 mL / 1 day)
<i>polycin</i>	Pref	QL (0.434 gm / 1 day)
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Pref	QL (1.47 mL / 1 day)
POLYTRIM SOL OP	Non-Pref	PA, QL (1.47 mL / 1 day)
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	Non-Pref	PA
<i>tobramycin (ophth) soln .3%</i>	Pref	QL (2.143 mL / 1 day)
VIGAMOX SOLN .5%	Non-Pref	PA, QL (0.434 mL / 1 day)
ZYMAXID SOLN .5%	Non-Pref	PA

OPHTHALMIC DECONGESTANTS

<i>cvs astringent eye drops</i>	Pref	OTC
<i>cvs eye drops</i>	Pref	OTC
<i>cvs eye drops original soln .05%</i>	Pref	OTC
<i>eq eye drops soln .05%</i>	Pref	OTC
<i>eql advanced relief eye d</i>	Pref	OTC
<i>eql eye drops soln .05%</i>	Pref	OTC
<i>eql eye drops ac</i>	Pref	OTC
<i>eye drops soln .05%</i>	Pref	OTC
<i>eye drops advanced relief</i>	Pref	OTC
<i>eye drops ar</i>	Pref	OTC
<i>eye drops maximum relief</i>	Pref	OTC
<i>gnp eye drops soln .05%</i>	Pref	OTC
<i>gnp eye drops seasonal re</i>	Pref	OTC
<i>goodsense eye drops</i>	Pref	OTC
<i>hm eye drops soln .05%</i>	Pref	OTC
<i>px sterile eye drops soln .05%</i>	Pref	OTC
<i>qc eye drops soln .05%</i>	Pref	OTC
<i>redness reliever eye drop soln .05%</i>	Pref	OTC
<i>relief drops</i>	Pref	OTC
<i>relief eye drops</i>	Pref	OTC
<i>sm eye drops soln .05%</i>	Pref	OTC
<i>visine-ac</i>	Pref	OTC

OPHTHALMIC IMMUNOMODULATORS

CEQUA SOLN .09%	Non-Pref	PA
<i>cyclosporine (ophth) emul .05%</i>	Non-Pref	PA
RESTASIS EMUL .05%	Pref	
RESTASIS MULTIDOSE EMUL .05%	Pref	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA SOLN 5%	Pref	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOLN .02%	Pref	QL (0.1 mL / 1 day)
ROCKLATAN DRO	Pref	QL (0.1 mL / 1 day)
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl soln .5%</i>	Pref	
OPHTHALMIC STEROIDS		
ALREX SUSP .2%	Non-Pref	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Non-Pref	PA
BLEPHAMIDE OIN S.O.P.	Non-Pref	PA
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	Non-Pref	PA
<i>difluprednate emul .05%</i>	Non-Pref	PA, QL (0.334 mL / 1 day)
DUREZOL EMUL .05%	Pref	QL (0.334 mL / 1 day)
EYSUVIS SUSP .25%	Non-Pref	PA, QL (8.3 mL / 72 days)
FLAREX SUSP .1%	Non-Pref	PA
<i>fluorometholone (ophth) susp .1%</i>	Pref	
FML OINT .1%	Non-Pref	PA
FML FORTE SUSP .25%	Non-Pref	PA
FML LIQUIFILM SUSP .1%	Non-Pref	PA
INVELTYS SUSP 1%	Non-Pref	PA
LOTEMAX GEL .5%; SUSP .5%	Non-Pref	PA
LOTEMAX OINT .5%	Non-Pref	PA
LOTEMAX SM GEL .38%	Non-Pref	PA
<i>loteprednol etabonate gel .5%; susp .5%</i>	Pref	
MAXIDEX SUSP .1%	Non-Pref	PA
MAXITROL OIN 0.1% OP	Non-Pref	PA
MAXITROL SUS 0.1% OP	Non-Pref	PA
<i>neo-polycin hc</i>	Non-Pref	PA
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Pref	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Pref	
<i>neomycin-polymyxin-hc ophth susp</i>	Non-Pref	PA
PRED FORTE SUSP 1%	Non-Pref	PA
PRED MILD SUSP .12%	Non-Pref	PA
PRED-G S.O.P OIN OP	Non-Pref	PA
PRED-G SUS OP	Non-Pref	PA
<i>prednisolone acetate (ophth) susp 1%</i>	Pref	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Non-Pref	PA
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Pref	
TOBRADEX OIN 0.3-0.1%	Pref	

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX ST SUS 0.3-0.05	Non-Pref	PA
TOBRADEX SUS 0.3-0.1%	Pref	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Pref	
ZYLET SUS 0.5-0.3%	Non-Pref	PA

OPHTHALMICS - MISC.

ACULAR SOLN .5%	Non-Pref	PA, QL (0.5 mL / 1 day)
ACULAR LS SOLN .4%	Non-Pref	PA
ACUVAIL SOLN .45%	Non-Pref	PA
<i>alaway soln .025%</i>	Pref	QL (0.167 mL / 1 day), OTC
<i>alaway childrens allergy soln .025%</i>	Pref	QL (0.167 mL / 1 day), OTC
ALOCRIL SOLN 2%	Non-Pref	PA
ALOMIDE SOLN .1%	Non-Pref	PA
<i>altachlore oint 5%; soln 5%</i>	Pref	OTC
<i>azelastine hcl (ophth) soln .05%</i>	Pref	QL (0.267 mL / 1 day)
AZOPT SUSP 1%	Pref	QL (0.334 mL / 1 day)
<i>bepotastine besilate soln 1.5%</i>	Non-Pref	PA, QL (0.334 mL / 1 day)
BEPREVE SOLN 1.5%	Non-Pref	PA, QL (0.334 mL / 1 day)
<i>brinzolamide susp 1%</i>	Pref	QL (0.334 mL / 1 day)
<i>bromfenac sodium (ophth) soln .09%</i>	Non-Pref	PA
BROMSITE SOLN .075%	Non-Pref	PA
<i>cromolyn sodium (ophth) soln 4%</i>	Pref	
<i>diclofenac sodium (ophth) soln .1%</i>	Pref	
<i>dorzolamide hcl soln 2%</i>	Pref	QL (0.4 mL / 1 day)
<i>epinastine hcl (ophth) soln .05%</i>	Pref	QL (0.286 mL / 1 day)
<i>eye allergy itch relief soln .2%</i>	Pref	QL (0.286 mL / 1 day), OTC
<i>eye allergy itch/redness soln .1%</i>	Pref	QL (0.286 mL / 1 day), OTC
<i>eye itch relief soln .025%</i>	Pref	QL (0.167 mL / 1 day), OTC
EYE STREAM SOL OP	Pref	OTC
<i>flurbiprofen sodium soln .03%</i>	Pref	
<i>gnp olopatadine hydrochlo soln .1%, .2%</i>	Pref	QL (0.286 mL / 1 day), OTC
ILEVRO SUSP .3%	Non-Pref	PA
<i>ketorolac tromethamine (ophth) soln .4%</i>	Pref	
<i>ketorolac tromethamine (ophth) soln .5%</i>	Pref	QL (0.5 mL / 1 day)
<i>ketotifen fumarate (ophth) soln .025%</i>	Pref	QL (0.167 mL / 1 day), OTC
MURO 128 SOLN 2%	Pref	OTC
NEVANAC SUSP .1%	Non-Pref	PA
<i>olopatadine hcl soln .1%</i>	Pref	QL (0.286 mL / 1 day)
<i>olopatadine hcl soln .1%, .2%</i>	Pref	QL (0.286 mL / 1 day), OTC
PATADAY SOLN .1%, .2%	Non-Pref	PA, QL (0.286 mL / 1 day), OTC
PATADAY EXTRA STRENGTH SOLN .7%	Non-Pref	PA, QL (0.286 mL / 1 day), OTC
PROLENSA SOLN .07%	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride hypertonic oint 5%; soln 5%</i>	Pref	OTC
TRUSOPT SOLN 2%	Non-Pref	PA, QL (0.4 mL / 1 day)
ZADITOR SOLN .025%	Pref	QL (0.167 mL / 1 day), OTC
ZERVIAE SOLN .24%	Non-Pref	PA

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost soln .03%</i>	Non-Pref	PA
<i>latanoprost soln .005%</i>	Pref	QL (0.13 mL / 1 day)
LUMIGAN SOLN .01%	Non-Pref	PA
TRAVATAN Z SOLN .004%	Pref	QL (0.167 mL / 1 day)
<i>travoprost soln .004%</i>	Pref	QL (0.167 mL / 1 day)
VYZULTA SOLN .024%	Non-Pref	PA
XALATAN SOLN .005%	Non-Pref	PA, QL (0.13 mL / 1 day)
XELPROS EMUL .005%	Non-Pref	PA
ZIOPTAN SOLN .015mg/ml	Non-Pref	PA

OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS - MISCELLANEOUS

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

OTIC ANTI-INFECTIVES

<i>ciprofloxacin hcl (otic) soln .2%</i>	Non-Pref	PA
<i>ofloxacin (otic) soln .3%</i>	Pref	QL (0.334 mL / 1 day)

OTIC COMBINATIONS

CIPRO HC SUS OTIC	Non-Pref	PA
CIPRODEX SUS 0.3-0.1%	Pref	QL (0.257 mL / 1 day)
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Non-Pref	PA, QL (0.257 mL / 1 day)
<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 tabs .2mg</i>	Pref	QL (6 tabs / 1 day)
<i>methylergonovine maleate tabs .2mg</i>	Pref	QL (6 tabs / 1 day)

PENICILLINS - DRUGS TO TREAT INFECTIONS

AMINOPENICILLINS

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	Pref	
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Drug Name	Drug Tier	Requirements/Limits
NATURAL PENICILLINS		
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</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</i>	Pref	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Pref	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Pref	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Pref	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium caps 250mg, 500mg</i>	Pref	
PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING		
FLAVORING AGENTS		
APPLE FLAVOR LIQ	Pref	OTC
BACON FLAVOR LIQ	Pref	OTC
BACON FLAVOR LIQ NATURAL	Pref	OTC
BANANA CREAM LIQ FLAVOR	Pref	OTC
BANANA CREME LIQ FLAVOR	Pref	OTC
BANANA LIQ FLAVOR	Pref	OTC
BEEF BRAISED LIQ FLAVOR	Pref	OTC
BEEF FLAVOR LIQ	Pref	OTC
BEEF FLAVOR LIQ NATURAL	Pref	OTC
BEEF FLAVOR LIQ OIL SOLU	Pref	OTC
BITTER MASK LIQ FLAVOR	Pref	OTC
BITTERNESS LIQ SUPPRESS	Pref	OTC
BLOOD ORANGE LIQ OS	Pref	OTC
BLUEBERRY LIQ FLAVOR	Pref	OTC
BUBBLE GUM LIQ CONCENTR	Pref	OTC
BUBBLE GUM LIQ FLAVOR	Pref	OTC
BUBBLE GUM LIQ OS	Pref	OTC
BUBBLE GUM LIQ WS	Pref	OTC
BUBBLEGUM LIQ FLAVOR	Pref	OTC
BUTTERSCOTCH LIQ FLAVOR	Pref	OTC
CARAMEL LIQ FLAVOR	Pref	OTC
CARAMEL OS LIQ	Pref	OTC

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

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

GELATIN CAPSULES (EMPTY)

CAPSULE SZ 1 CAP LACTOSE	Pref	OTC
EMPTY CAPSUL CAP #0	Pref	OTC
EMPTY CAPSUL CAP #00	Pref	OTC
EMPTY CAPSUL CAP SIZE 0	Pref	OTC
EMPTY CAPSUL CAP SIZE 1	Pref	OTC
EMPTY CAPSUL CAP SIZE 2	Pref	OTC
EMPTY CAPSUL CAP SIZE 3	Pref	OTC
EMPTY CAPSUL CAP SIZE 4	Pref	OTC
EMPTY CAPSUL CAP SIZE 5	Pref	OTC
EMPTY CAPSUL CAP SIZE 7	Pref	OTC
EMPTY CAPSUL CAP SIZE 00	Pref	OTC
EMPTY CAPSUL CAP SIZE 10	Pref	OTC
EMPTY CAPSUL CAP SIZE 11	Pref	OTC
EMPTY CAPSUL CAP SIZE 13	Pref	OTC
EMPTY CAPSUL CAP SIZE 000	Pref	OTC

LIQUID VEHICLES

FLAVOR SWEET SYP S/F	Pref	OTC
GRAPE SYP	Pref	OTC
MX-SOL SF SYP	Pref	OTC
MX-SOL SYP	Pref	OTC
ORA-PLUS LIQ	Pref	OTC
ORA-SWEET SF SYP	Pref	OTC
ORA-SWEET SYP	Pref	OTC
ORAL SUSPEND LIQ	Pref	OTC
ORAL SYP FLAVORED	Pref	OTC
ORAL SYP SF	Pref	OTC
ORAPENN SD LIQ SWEET	Pref	OTC
ORAPENN SD LIQ UNSWEET	Pref	OTC
RASPBERRY SYP	Pref	OTC
SIMPLE SYP	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
SIMPLE SYRUP SYP NF	Pref	OTC
SOSWEET SYP	Pref	OTC
SYRPALTA SYRP 83%	Pref	OTC
SYRSPEND SF LIQ	Pref	OTC
SYRUP NF SYRP 85%	Pref	OTC
<i>water for injection</i>	Pref	

PHARMACEUTICAL EXCIPIENTS

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

SEMI SOLID VEHICLES

BABY SKIN PROTECTANT OINT 41%	Pref	OTC
DAILY MOISTURIZER OINT 41%	Pref	OTC
LANOLIN ANHY OIN	Pref	OTC
PEG 3350 POW	Pref	
PEG 3350 POW	Pref	OTC
PETROLATUM OINT 42%	Pref	OTC
<i>petrolatum gel</i>	Pref	OTC
PETROLATUM OIN WHITE	Pref	OTC
PETROLATUM OIN YELLOW	Pref	OTC
PETROLEUM OIN BABY	Pref	OTC
PETROLEUM OIN JELLY	Pref	OTC
POLY GLYCOL GRA 3350	Pref	

Drug Name	Drug Tier	Requirements/Limits
RA PETROLEUM OIN	Pref	OTC
SKIN PROTECTANT PETROLATU OINT 44.28%	Pref	OTC
<i>vaseline</i>	Pref	
WHITE PETROLATUM OINT 100%	Pref	OTC
<i>white petrolatum gel</i>	Pref	

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

AYGESTIN TABS 5mg	Non-Pref	PA
<i>hydroxyprogesterone caproate oil 250mg/ml</i>	Non-Pref	SP, PA
MAKENA SOAJ 275mg/1.1ml	Pref	SP
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	Pref	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	Non-Pref	PA
<i>norethindrone acetate tabs 5mg</i>	Pref	
<i>progesterone caps 100mg, 200mg; oil 50mg/ml</i>	Pref	
PROMETRIUM CAPS 100mg, 200mg	Non-Pref	PA
PROVERA TABS 2.5mg, 5mg, 10mg	Non-Pref	PA

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

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tbec 333mg</i>	Pref	
<i>disulfiram tabs 250mg, 500mg</i>	Pref	

ANTIDEMENTIA AGENTS

ADLARITY PTWK 5mg/day, 10mg/day	Non-Pref	PA
ARICEPT TABS 5mg, 10mg	Non-Pref	PA; 90 day supply
ARICEPT TABS 23mg	Non-Pref	PA; AGE (Min 40)
<i>donepezil hydrochloride tabs 5mg, 10mg; tbdp 10mg</i>	Pref	90 day supply
<i>donepezil hydrochloride tabs 23mg</i>	Pref	AGE (Min 40)
<i>donepezil hydrochloride tbdp 5mg</i>	Pref	AGE (Min 40); 90 day supply
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	Pref	90 day supply
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	Non-Pref	PA
<i>memantine hcl cp24 7mg; soln 2mg/ml</i>	Non-Pref	PA; 90 day supply
<i>memantine hcl cp24 14mg, 21mg, 28mg</i>	Non-Pref	PA
<i>memantine hcl tabs 5mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min 40)
<i>memantine hcl tabs 10mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min 40)
NAMENDA TABS 5mg	Non-Pref	PA, QL (3 each / 1 day); AGE (Min 40)

Drug Name	Drug Tier	Requirements/Limits
NAMENDA TABS 10mg	Non-Pref	PA, QL (2 each / 1 day); AGE (Min 40)
NAMZARIC CAP	Non-Pref	PA
NAMZARIC CAP 7-10MG	Non-Pref	PA
NAMZARIC CAP 14-10MG	Non-Pref	PA
NAMZARIC CAP 21-10MG	Non-Pref	PA
NAMZARIC CAP 28-10MG	Non-Pref	PA
RAZADYNE ER CP24 8mg, 16mg, 24mg	Non-Pref	PA
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	Pref	90 day supply
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	Non-Pref	PA

COMBINATION PSYCHOTHERAPEUTICS

LYBALVI TAB 5-10MG	Non-Pref	PA; AGE (Min 18)
LYBALVI TAB 10-10MG	Non-Pref	PA; AGE (Min 18)
LYBALVI TAB 15-10MG	Non-Pref	PA; AGE (Min 18)
LYBALVI TAB 20-10MG	Non-Pref	PA; AGE (Min 18)
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Pref	AGE (Min 18); 90 day supply
SYMBYAX CAP 3-25MG	Non-Pref	PA; AGE (Min 18)
SYMBYAX CAP 6-25MG	Non-Pref	PA; AGE (Min 18)

FIBROMYALGIA AGENTS

SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	Non-Pref	PA
SAVELLA MIS TITR PAK	Non-Pref	PA

MOVEMENT DISORDER DRUG THERAPY

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

Drug Name	Drug Tier	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg	Non-Pref	SP, PA
AUBAGIO TABS 7mg, 14mg	Non-Pref	SP, PA
AVONEX PSKT 30mcg/0.5ml	Pref	SP
AVONEX PEN AJKT 30mcg/0.5ml	Pref	SP
BAFIERTAM CPDR 95mg	Non-Pref	SP, PA
BETASERON KIT .3mg	Pref	SP
COPAXONE SOSY 20mg/ml	Pref	SP
COPAXONE SOSY 40mg/ml	Non-Pref	SP, PA
<i>dalfampridine tb12 10mg</i>	Non-Pref	SP, PA
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	Pref	SP
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	Pref	SP
EXTAVIA KIT .3mg	Non-Pref	SP, PA
GILENYA CAPS .5mg	Non-Pref	SP, PA
<i>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	Non-Pref	SP, PA
<i>glatopa sosy 20mg/ml, 40mg/ml</i>	Non-Pref	SP, PA
KESIMPTA SOAJ 20mg/0.4ml	Pref	PA; AGE (Min 18)
MAVENCLAD TBPK 10mg	Non-Pref	SP, PA
MAYZENT TABS 1mg	Non-Pref	PA
MAYZENT TABS .25mg, 2mg	Non-Pref	SP, PA
MAYZENT STARTER PACK TBPK .25mg	Non-Pref	PA
MAYZENT STARTER PACK TBPK .25mg	Non-Pref	SP, PA
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	Non-Pref	SP, PA
PLEGRIDY INJ STARTER	Non-Pref	SP, PA
PLEGRIDY PEN INJ STARTER	Non-Pref	SP, PA
PONVORY TABS 20mg	Non-Pref	SP, PA
PONVORY TAB STARTER	Non-Pref	SP, PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	Non-Pref	SP, PA
REBIF REBIDO INJ TITRATN	Non-Pref	SP, PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	Non-Pref	SP, PA
REBIF TITRTN INJ PACK	Non-Pref	SP, PA
TECFIDERA CPDR 120mg, 240mg	Non-Pref	SP, PA
TECFIDERA MIS STARTER	Non-Pref	SP, PA
VUMERITY CPDR 231mg	Non-Pref	SP, PA
ZEPOSIA CAPS .92mg	Non-Pref	SP, PA
ZEPOSIA 7DAY CAP STR PACK	Non-Pref	SP, PA
ZEPOSIA CAP STR KIT	Non-Pref	SP, PA
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE TABS 300mg, 600mg	Non-Pref	PA
LYRICA CR TB24 82.5mg, 165mg, 330mg	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin (once-daily) tb24 82.5mg, 165mg, 330mg</i>	Non-Pref	PA
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
<i>fluoxetine hcl (pmdd) tabs 10mg, 20mg</i>	Non-Pref	PA
PSEUDOBULBAR AFFECT (PBA) AGENTS		
<i>NUEDEXTA CAP 20-10MG</i>	Pref	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
<i>pimozide tabs 1mg, 2mg</i>	Non-Pref	PA; AGE (Min 18)
RESTLESS LEG SYNDROME (RLS) AGENTS		
<i>HORIZANT TBCR 300mg, 600mg</i>	Non-Pref	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>gnp nicotine mini lozenge lozg 4mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>gnp nicotine polacrilex m lozg 4mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>gnp nicotine transdermal pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>hm nicotine polacrilex lozg 4mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>hm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>nicotine polacrilex lozg 4mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>nicotine polacrilex gum 2 mg gum 2mg</i>	Pref	QL (24 pieces / 1 day), OTC
<i>nicotine polacrilex gum 4 mg gum 4mg</i>	Pref	QL (24 pieces / 1 day), OTC
<i>nicotine polacrilex lozenge 2 mg lozg 2mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>NICOTINE SYS KIT TRANSDER</i>	Pref	QL (0.018 kits / 1 day), OTC
<i>nicotine transdermal syst pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>NICOTROL INHALER INHA 10mg</i>	Non-Pref	PA
<i>NICOTROL NS SOLN 10mg/ml</i>	Non-Pref	PA
<i>qc nicotine transdermal s pt24 14mg/24hr, 21mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>sm nicotine polacrilex lozg 4mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>sm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>varenicline tartrate tabs .5mg, 1mg</i>	Pref	QL (2 tabs / 1 day)
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	Pref	
VASOMOTOR SYMPTOM AGENTS		
<i>paroxetine mesylate (vasomotor) caps 7.5mg</i>	Non-Pref	PA
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
CYSTIC FIBROSIS AGENTS		
<i>PULMOZYME SOLN 2.5mg/2.5ml</i>	Pref	SP, PA, QL (5 mL / 1 day)

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxycycline (monohydrate) caps 50mg, 100mg; tabs 50mg, 100mg</i>	Pref	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	Pref	
<i>minocycline hcl caps 50mg</i>	Pref	QL (4 caps / 1 day)
<i>minocycline hcl caps 75mg, 100mg</i>	Pref	QL (2 caps / 1 day)
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ANTITHYROID AGENTS		
<i>methimazole tabs 5mg, 10mg</i>	Pref	
<i>propylthiouracil tabs 50mg</i>	Pref	
THYROID HORMONES		
<i>ARMOUR THYROID TABS 180mg, 240mg, 300mg</i>	Pref	
<i>euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	Pref	90 day supply
<i>levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Pref	90 day supply
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	Pref	90 day supply
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	Pref	
<i>np thyroid 15 tabs 15mg</i>	Pref	
<i>np thyroid 30 tabs 30mg</i>	Pref	
<i>np thyroid 60 tabs 60mg</i>	Pref	
<i>np thyroid 90 tabs 90mg</i>	Pref	
<i>np thyroid 120 tabs 120mg</i>	Pref	
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Pref	90 day supply
TOXOIDS - DRUGS TO PREVENT INFECTIONS		
TOXOID COMBINATIONS		
<i>ADACEL INJ</i>	Pref	AGE (Min 19)
<i>BOOSTRIX INJ</i>	Pref	AGE (Min 19)
<i>DAPTACEL INJ</i>	Pref	
<i>DIP/TET PED INJ 25-5LFU</i>	Pref	
<i>INFANRIX INJ</i>	Pref	
<i>PEDIARIX INJ 0.5ML</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
PENTACEL INJ	Pref	
QUADRACEL INJ	Pref	
QUADRACEL INJ 0.5ML	Pref	
TDVAX INJ 2-2 LF	Pref	AGE (Min 19); 1 fill per lifetime
TENIVAC INJ 5-2LF	Pref	AGE (Min 19); 1 fill per lifetime

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

ANTISPASMODICS

<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	Pref	
<i>glycopyrrolate tabs 1mg, 2mg</i>	Pref	

H-2 ANTAGONISTS

<i>acid reducer maximum stre tabs 20mg</i>	Pref	OTC; 90 day supply
<i>acid reducer original str tabs 10mg</i>	Pref	OTC; 90 day supply
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	Non-Pref	PA
<i>cimetidine hcl soln 300mg/5ml</i>	Non-Pref	PA
<i>famotidine susr 40mg/5ml</i>	Pref	AGE (Max 11); 90 day supply
<i>famotidine tabs 10mg</i>	Pref	OTC; 90 day supply
<i>famotidine tabs 20mg, 40mg</i>	Pref	90 day supply
<i>famotidine maximum streng tabs 20mg</i>	Pref	OTC; 90 day supply
<i>heartburn relief tabs 10mg</i>	Pref	OTC; 90 day supply
<i>heartburn relief maximum tabs 20mg</i>	Pref	OTC; 90 day supply
<i>nizatidine caps 150mg, 300mg</i>	Non-Pref	PA
<i>PEPCID TABS 20mg, 40mg</i>	Non-Pref	PA; 90 day supply
<i>qc acid controller tabs 10mg</i>	Pref	OTC; 90 day supply
<i>qc acid controller maximu tabs 20mg</i>	Pref	OTC; 90 day supply

MISC. ANTI-ULCER

<i>sucralfate susp 1gm/10ml; tabs 1gm</i>	Pref	
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PROTON PUMP INHIBITORS

<i>acid reducer cpdr 20.6mg</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>DEXILANT CPDR 30mg, 60mg</i>	Non-Pref	PA
<i>dexlansoprazole cpdr 30mg, 60mg</i>	Non-Pref	PA
<i>esomeprazole magnesium cpdr 20mg</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	Pref	PA, QL (1 cap / 1 day)
<i>esomeprazole magnesium pack 10mg, 20mg, 40mg</i>	Non-Pref	PA
<i>esomeprazole magnesium tbec 20mg</i>	Non-Pref	PA, QL (2 tabs / 1 day), OTC
<i>gnp omeprazole cpdr 20.6mg</i>	Non-Pref	PA, QL (1 cap / 1 day), OTC
<i>gnp omeprazole tbec 20mg</i>	Non-Pref	PA, OTC
<i>gnp omeprazole odt tbdd 20mg</i>	Pref	PA, OTC

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cpdr 15mg</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>lansoprazole cpdr 15mg, 30mg</i>	Pref	PA, QL (1 cap / 1 day)
<i>lansoprazole tbdd 15mg, 30mg</i>	Non-Pref	PA
NEXIUM CPDR 20mg, 40mg	Non-Pref	PA, QL (1 cap / 1 day)
NEXIUM PACK 2.5mg, 5mg, 10mg, 20mg, 40mg	Non-Pref	PA
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	Pref	PA, QL (1 cap / 1 day; 90 day supply)
<i>omeprazole tbdd 20mg</i>	Pref	PA, OTC
<i>omeprazole tbec 20mg</i>	Non-Pref	PA, OTC
<i>omeprazole magnesium cpdr 20.6mg</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>omeprazole magnesium tbec 20mg</i>	Pref	PA, QL (1 tab / 1 day), OTC
<i>pantoprazole sodium pack 40mg</i>	Pref	PA; 90 day supply
<i>pantoprazole sodium tbec 20mg</i>	Pref	PA, QL (1 tab / 1 day)
<i>pantoprazole sodium tbec 20mg</i>	Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>pantoprazole sodium tbec 40mg</i>	Pref	PA, QL (2 tabs / 1 day; 90 day supply)
PREVACID CPDR 30mg	Non-Pref	PA, QL (1 cap / 1 day)
PREVACID 24HR CPDR 15mg	Non-Pref	PA, QL (1 cap / 1 day), OTC
PREVACID SOLUTAB TBDD 15mg, 30mg	Non-Pref	PA
PRILOSEC PACK 2.5mg, 10mg	Non-Pref	PA
PROTONIX PACK 40mg	Pref	PA; 90 day supply
PROTONIX TBEC 20mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PROTONIX TBEC 40mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
<i>qc esomeprazole magnesium cpdr 20mg</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>rabeprazole sodium tbec 20mg</i>	Non-Pref	PA

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tabs 100mcg, 200mcg</i>	Pref	
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ULCER THERAPY COMBINATIONS

<i>acid reducer complete</i>	Non-Pref	PA, OTC
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Pref	QL (112 ea / 292 days)
OMECLAMOX- MIS PAK	Non-Pref	PA
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	Non-Pref	PA
PYLERA CAP	Pref	QL (120 caps / 292 days)
TALICIA CAP	Non-Pref	PA
ZEGERID CAP 20-1100	Non-Pref	PA
ZEGERID CAP 40-1100	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
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 tb24 7.5mg, 15mg</i>	Non-Pref	PA
DETROL TABS 1mg, 2mg	Non-Pref	PA
DETROL LA CP24 2mg, 4mg	Non-Pref	PA
DITROPAN XL TB24 5mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
DITROPAN XL TB24 10mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
GELNIQUE GEL 10%	Non-Pref	PA
<i>oxybutynin chloride syrp 5mg/5ml</i>	Pref	QL (20 mL / 1 day; 90 day supply)
<i>oxybutynin chloride tabs 5mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>oxybutynin chloride tb24 5mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>oxybutynin chloride tb24 10mg, 15mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
OXYTROL PTTW 3.9mg/24hr	Non-Pref	PA
OXYTROL FOR WOMEN PTTW 3.9mg/24hr	Non-Pref	PA, OTC
<i>solifenacin succinate tabs 5mg, 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	Non-Pref	PA
TOVIAZ TB24 4mg, 8mg	Pref	QL (1 tab / 1 day; 90 day supply)
<i>trospium chloride cp24 60mg</i>	Pref	QL (1 cap / 1 day)
<i>trospium chloride tabs 20mg</i>	Non-Pref	PA
VESICARE TABS 5mg, 10mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
VESICARE LS SUSP 5mg/5ml	Non-Pref	PA

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

GEMTESA TABS 75mg	Non-Pref	PA
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	Non-Pref	PA

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	Pref	
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URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

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

BACTERIAL VACCINES

ACTHIB INJ	Pref	
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Drug Name	Drug Tier	Requirements/Limits
BIOTHRAX INJ	Pref	
HIBERIX SOLR 10mcg	Pref	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Pref	
PNEUMOVAX 23 INJ 25mcg/0.5ml	Pref	AGE (Min 19); 2 fills per lifetime
PREVNAR 13 INJ	Pref	AGE (Min 19); 1 fill per lifetime
PREVNAR 20 INJ	Pref	AGE (Min 19); 1 fill per lifetime
VAXCHORA SUS	Pref	
VAXNEUVANCE INJ	Pref	AGE (Min 19); 1 fill per lifetime

VIRAL VACCINES

AFLURIA QUAD INJ 2022-23	Pref	AGE (Min 19); 1 fill per 180 days
ENGRIX-B SUSP 10mcg/0.5ml, 20mcg/ml	Pref	AGE (Min 19); 3 fills per lifetime
FLUAD QUADRI INJ 2022-23	Pref	AGE (Min 19); 1 fill per 180 days
FLUARIX QUAD INJ 2022-23	Pref	AGE (Min 19); 1 fill per 180 days
FLUBLOK QUAD INJ 2022-23	Pref	AGE (Min 19); 1 fill per 180 days
FLUCLVX QUAD INJ 2022-23	Pref	AGE (Min 19); 1 fill per 180 days
FLULAVAL QUA INJ 2022-23	Pref	AGE (Min 19); 1 fill per 180 days
FLUMIST QUAD SUS 2022-23	Pref	AGE (Min 19, Max 49); 1 fill per 180 days
FLUZONE HD INJ 2022-23	Pref	AGE (Min 65); max 1 fill per 180 days
FLUZONE QUAD INJ 2022-23	Pref	AGE (Min 19); 1 fill per 180 days
GARDASIL 9 INJ	Pref	AGE (Min 19); max 3 fills per lifetime
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Pref	AGE (Min 19); 2 fills per lifetime
HEPLISAV-B SOSY 20mcg/0.5ml	Pref	AGE (Min 19); 3 fills per lifetime
IPOLE INJ INACTIVE	Pref	
JANSSEN COVID-19 VACCINE SUSP .5ml	Pref	AGE (Min 18)
M-M-R II INJ	Pref	AGE (Min 19)
MODERNA COVID-19 VACCINE SUSP 100mcg/0.5ml	Pref	AGE (Min 18)
PFIZER-BIONTECH COVID-19 SUSP 30mcg/0.3ml	Pref	

Drug Name	Drug Tier	Requirements/Limits
PRIORIX INJ	Pref	AGE (Min 19)
PROQUAD INJ	Pref	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml	Pref	AGE (Min 19); 3 fills per lifetime
RECOMBIVAX HB SUSP 40mcg/ml	Pref	
ROTARIX SUS	Pref	
ROTATEQ SOL	Pref	
SHINGRIX SUSR 50mcg/0.5ml	Pref	AGE (Min 18); 2 fills per lifetime
SPIKEVAX COVID-19 VACCINE SUSP 100mcg/0.5ml	Pref	
TWINRIX INJ	Pref	AGE (Min 19); 3 fills per lifetime
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Pref	AGE (Min 19); 2 fills per lifetime

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

MISCELLANEOUS VAGINAL PRODUCTS

INTRAROSA INST 6.5mg	Pref	QL (1 supp / 1 day)
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SPERMICIDES

VCF VAGINAL CONTRACEPTIVE FOAM 12.5%	Pref	OTC
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VAGINAL ANTI-INFECTIVES

CLEOCIN CREA 2%	Non-Pref	PA
CLEOCIN SUPP 100mg	Pref	
<i>clindamycin phosphate vaginal crea 2%</i>	Non-Pref	PA
CLINDESSE CREA 2%	Pref	
<i>clotrimazole vaginal crea 1%</i>	Pref	OTC
<i>cvs clotrimazole 3 crea 2%</i>	Pref	OTC
<i>cvs miconazole 3</i>	Pref	OTC
<i>cvs miconazole 7 crea 2%</i>	Pref	OTC
<i>3 day vaginal crea 2%</i>	Pref	OTC
<i>eq miconazole 1</i>	Pref	OTC
<i>gnp clotrimazole 3 crea 2%</i>	Pref	OTC
<i>gnp miconazole 1 combinat</i>	Pref	OTC
<i>medicated douche soln .3%</i>	Pref	OTC
<i>metronidazole vaginal gel .75%</i>	Pref	
MICONAZOLE 1 KIT COMBO	Pref	OTC
<i>miconazole 3 combination</i>	Pref	OTC
<i>miconazole 7 crea 2%; supp 100mg</i>	Pref	OTC
<i>miconazole nitrate vaginal crea 2%</i>	Pref	OTC
NUVESSA GEL 1.3%	Pref	
<i>qc 3 day vaginal cream crea 4%</i>	Pref	OTC
<i>qc clotrimazole crea 1%</i>	Pref	OTC
<i>qc miconazole 7 crea 2%</i>	Pref	OTC
<i>sm miconazole 3</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sm miconazole 7 supp 100mg</i>	Pref	OTC
<i>summers eve medicated soln .3%</i>	Pref	OTC
<i>terconazole vaginal crea .4%, .8%</i>	Pref	
<i>terconazole vaginal supp 80mg</i>	Pref	QL (1.5 supp / 1 day)
<i>vagistat-3</i>	Pref	OTC
VANDAZOLE GEL .75%	Pref	

VAGINAL ESTROGENS

ESTRACE CREA .1mg/gm	Non-Pref	PA, QL (4 gm / 1 day)
<i>estradiol vaginal crea .1mg/gm</i>	Pref	QL (4 gm / 1 day)
<i>estradiol vaginal tabs 10mcg</i>	Pref	QL (1 tab / 1 day)
ESTRING RING 2mg	Non-Pref	PA
FEMRING RING .05mg/24hr, .1mg/24hr	Non-Pref	PA
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	Non-Pref	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	Non-Pref	PA
PREMARIN CREA .625mg/gm	Pref	QL (2 gm / 1 day)
VAGIFEM TABS 10mcg	Pref	QL (1 tab / 1 day)
<i>yuvaferm tabs 10mcg</i>	Pref	QL (1 tab / 1 day)

VAGINAL PROGESTINS

CRINONE GEL 4%, 8%	Non-Pref	PA
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VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i>	Pref	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	Non-Pref	PA
<i>epinephrine (anaphylaxis) soln 30mg/30ml</i>	Pref	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	Non-Pref	PA
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	Non-Pref	PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	Non-Pref	PA

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

<i>epinephrine sosy 1mg/10ml</i>	Pref	
EPINEPHRINE SOSY 1mg/10ml	Pref	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	Pref	

VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

<i>a-10000 caps 10000unit</i>	Pref	OTC
<i>aqueous vitamin d infants liqd 10mcg/ml</i>	Pref	OTC
<i>bprotected pedia d-vite liqd 400unit/ml</i>	Pref	OTC
<i>calcidol soln 200mcg/ml</i>	Pref	OTC
<i>cholecalciferol caps 1.25mg, 25mcg, 50mcg, 125mcg, 400unit, 1000unit, 2000unit, 5000unit, 50000unit; chew 5000unit; liqd 400unit/ml; tabs 25mcg, 50mcg, 125mcg, 400unit, 1000unit, 2000unit, 5000unit</i>	Pref	OTC

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

Drug Name	Drug Tier	Requirements/Limits
<i>cvs d3 caps 400unit, 1000unit, 2000unit, 5000unit</i>	Pref	OTC
<i>cvs vitamin e caps 180mg, 400unit</i>	Pref	OTC
<i>d3 2000 caps 2000unit</i>	Pref	OTC
<i>d3 5000 caps 5000unit</i>	Pref	OTC
<i>d3 high potency caps 50mcg, 1000unit, 2000unit, 5000unit; tabs 400unit</i>	Pref	OTC
<i>d3 maximum strength caps 5000unit</i>	Pref	OTC
<i>d3 super strength caps 2000unit</i>	Pref	OTC
<i>d3-50 caps 50000unit</i>	Pref	OTC
<i>d3-1000 caps 1000unit</i>	Pref	OTC
<i>d 1000 caps 1000unit</i>	Pref	OTC
<i>d-vite pediatric liqd 400unit/ml</i>	Pref	OTC
<i>decara caps 50000unit</i>	Pref	OTC
<i>delta d3 tabs 400unit</i>	Pref	OTC
<i>dialyvite vitamin d3 max tabs 50000unit</i>	Pref	OTC
<i>dialyvite vitamin d 5000 caps 5000unit</i>	Pref	OTC
<i>e400 caps 400unit</i>	Pref	OTC
<i>e-200 caps 200unit</i>	Pref	OTC
<i>e-400 caps 180mg, 400unit</i>	Pref	OTC
<i>e-1000 caps 1000unit</i>	Pref	OTC
<i>eql vitamin d3 caps 400unit, 5000unit</i>	Pref	OTC
<i>eql vitamin e caps 400unit</i>	Pref	OTC
<i>ergocalciferol caps 1.25mg, 50000unit</i>	Pref	
<i>ergocalciferol soln 8000unit/ml</i>	Pref	OTC
<i>finest nutrition vitamin caps 25mcg</i>	Pref	OTC
<i>gnp d 1000 caps 1000unit</i>	Pref	OTC
<i>gnp vitamin d tabs 1000unit</i>	Pref	OTC
<i>gnp vitamin d3 extra stre tabs 1000unit</i>	Pref	OTC
<i>gnp vitamin d super stren tabs 5000unit</i>	Pref	OTC
<i>gnp vitamin d-400 tabs 400unit</i>	Pref	OTC
<i>gnp vitamin e caps 400unit</i>	Pref	OTC
<i>hm e vitamin caps 180mg</i>	Pref	OTC
<i>hm vitamin d3 tabs 25mcg</i>	Pref	OTC
<i>kls d3 caps 2000unit</i>	Pref	OTC
<i>kp vitamin d caps 1000unit</i>	Pref	OTC
<i>kp vitamin d3 caps 2000unit</i>	Pref	OTC
<i>nat-rul vitamin d tabs 5000unit</i>	Pref	OTC
<i>natural vitamin a caps 10000unit</i>	Pref	OTC
<i>natural vitamin e caps 400unit</i>	Pref	OTC
<i>optimal d3 caps 50000unit</i>	Pref	OTC
<i>opurity vitamin d chew 5000unit</i>	Pref	OTC
<i>pharmacist choice d-vitam liqd 400unit/ml</i>	Pref	OTC
<i>phytonadione tabs 5mg</i>	Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>px vitamin e caps 400unit</i>	Pref	OTC
<i>qc vitamin d3 caps 1000unit, 2000unit; tabs 400unit, 1000unit, 2000unit, 5000unit</i>	Pref	OTC
<i>qc vitamin e caps 400unit</i>	Pref	OTC
<i>ra vitamin a caps 10000unit</i>	Pref	OTC
<i>ra vitamin d-3 caps 2000unit; tabs 1000unit</i>	Pref	OTC
<i>radiance platinum vitamin tabs 5000unit</i>	Pref	OTC
<i>sm vitamin d tabs 400unit</i>	Pref	OTC
<i>sm vitamin d3 caps 50mcg</i>	Pref	OTC
<i>sm vitamin e caps 400unit</i>	Pref	OTC
<i>thera-d 2000 tabs 2000unit</i>	Pref	OTC
<i>vitamin a caps 10000unit</i>	Pref	OTC
<i>vitamin d3 high potency caps 2000unit</i>	Pref	OTC
<i>vitamin d3 ultra potency tabs 50000unit</i>	Pref	OTC
<i>vitamin e caps 100unit, 180mg, 200unit, 400unit, 1000unit</i>	Pref	OTC
<i>VITAMIN E TABS 100unit</i>	Pref	OTC
<i>weekly-d caps 1.25mg</i>	Pref	OTC

WATER SOLUBLE VITAMINS

<i>acerola c-500 chew 500mg</i>	Pref	OTC
<i>ARKALIOX CAPS 200mg</i>	Pref	OTC
<i>ascorbic acid chew 250mg, 500mg; cpcr 500mg; tabs 250mg, 500mg, 1000mg</i>	Pref	OTC
<i>ascorbic acid tab 500 mg</i>	Pref	OTC
<i>ascorbic acid tab 1000 mg</i>	Pref	OTC
<i>b6 natural tabs 100mg</i>	Pref	OTC
<i>c 250 tabs 250mg</i>	Pref	OTC
<i>c 500</i>	Pref	OTC
<i>c 1000 tabs 1000mg</i>	Pref	OTC
<i>c-250 chew 250mg; tabs 250mg</i>	Pref	OTC
<i>c-500 chew 500mg; tabs 500mg</i>	Pref	OTC
<i>c-500 non-acid tabs 500mg</i>	Pref	OTC
<i>c-500 sr cpcr 500mg</i>	Pref	OTC
<i>c-1000 tabs 1000mg</i>	Pref	OTC
<i>c-1000/rose hips tabs 1000mg</i>	Pref	OTC
<i>c-chewable chew 500mg</i>	Pref	OTC
<i>calcium ascorbate tabs 500mg</i>	Pref	OTC
<i>cvs b1 tabs 100mg</i>	Pref	OTC
<i>cvs b6 tabs 100mg</i>	Pref	OTC
<i>cvs b-1 tabs 100mg</i>	Pref	OTC
<i>cvs chewable c with rose</i>	Pref	OTC
<i>cvs vitamin c tabs 1000mg</i>	Pref	OTC
<i>endur-acin tbc 250mg, 750mg</i>	Pref	OTC
<i>endur-acin tbc 500mg</i>	Pref	QL (3 tabs / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>eql b-6 tabs 100mg</i>	Pref	OTC
<i>eql vitamin c tabs 1000mg</i>	Pref	OTC
<i>eql vitamin c/rose hips tabs 1000mg</i>	Pref	OTC
<i>fruit c 500</i>	Pref	OTC
<i>fruity c chew 250mg</i>	Pref	OTC
<i>gnp vitamin b-6 tabs 100mg</i>	Pref	OTC
<i>gnp vitamin c tabs 250mg, 1000mg</i>	Pref	OTC
<i>gnp vitamin c/rose hips</i>	Pref	OTC
<i>hm vitamin c</i>	Pref	OTC
<i>kp niacin tabs 500mg</i>	Pref	OTC
<i>niacin cpcr 250mg; tabs 50mg, 100mg, 250mg, 500mg; tbc 250mg, 750mg</i>	Pref	OTC
<i>niacin tbc 500mg</i>	Pref	QL (3 tabs / 1 day), OTC
<i>NIACIN TR TBC 1000mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>niacinamide tabs 500mg</i>	Pref	OTC
<i>pureway-c tabs 500mg</i>	Pref	OTC
<i>pyridoxine hcl tabs 25mg, 50mg, 100mg</i>	Pref	OTC
<i>qc c with rose hips</i>	Pref	OTC
<i>qc vitamin b1 tabs 100mg</i>	Pref	OTC
<i>qc vitamin b6 tabs 100mg</i>	Pref	OTC
<i>qc vitamin c tabs 500mg, 1000mg</i>	Pref	OTC
<i>ra niacin tabs 100mg, 500mg</i>	Pref	OTC
<i>ra vitamin b-1 tabs 100mg</i>	Pref	OTC
<i>ra vitamin b-6 tabs 50mg, 100mg</i>	Pref	OTC
<i>ra vitamin c chew 250mg; tabs 250mg</i>	Pref	OTC
<i>ra vitamin c/acerola chew 500mg</i>	Pref	OTC
<i>ra vitamin c/rose hips tabs 1000mg</i>	Pref	OTC
<i>riboflavin tabs 25mg</i>	Pref	OTC
<i>sm chewable c chew 500mg</i>	Pref	OTC
<i>sm chewable vitamin c</i>	Pref	OTC
<i>sm niacin cr tbc 250mg</i>	Pref	OTC
<i>sm vit c/rose hips tabs 1000mg</i>	Pref	OTC
<i>sm vitamin b1 tabs 100mg</i>	Pref	OTC
<i>sm vitamin b6 tabs 100mg</i>	Pref	OTC
<i>sm vitamin b-6 tabs 100mg</i>	Pref	OTC
<i>sm vitamin c chew 500mg; tabs 250mg, 500mg, 1000mg</i>	Pref	OTC
<i>sunkist vitamin c</i>	Pref	OTC
<i>thiamine hcl tabs 50mg, 100mg</i>	Pref	OTC
<i>thiamine mononitrate tabs 100mg</i>	Pref	OTC
<i>vitamin c immune health</i>	Pref	OTC
<i>vitamin c plus bioflavono</i>	Pref	OTC
<i>vitamin c plus wild rose</i>	Pref	OTC
<i>vitamin c/natural rose hi tabs 1000mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>yl vitamin b-6 tabs 100mg</i>	Pref	OTC
<i>yl vitamin c tabs 1000mg</i>	Pref	OTC
<i>yl vitamin c/rose hips tabs 1000mg</i>	Pref	OTC

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COMBIVIR TAB 150-300	106	<i>cosamin asu for joint hea</i>	192
COMFORT TOUC MIS 31GX4MM	175	<i>cosamin ds</i>	45
COMFORT TOUC MIS 33GX1/4	175	COSAMIN TAB VERDE	192
COMFORT TOUC MIS 33GX3/16	175	COSENTYX	137
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<i>complete multivitamin/mul</i>	200	COTTON CANDY LIQ FLAVOR	220
COMPLETENATE CHW	206	<i>cough cold & sore throat</i>	126
<i>compro</i>	105	<i>cough dm</i>	124
CONCERTA	43	<i>cough drops</i>	196
CONDOMS LATEX LUBRICATED - MALE	172	<i>cough drops sugar free</i>	196
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CONVERSION MIS BABY SZ2	183	CRANBERRY CAP FORTE	192
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		CREME DEMENT LIQ FLAVOR	220
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CREON CAP 24000UNT.....	155	<i>cvs all-purpose skin prot</i>	141
CREON CAP 3000UNIT	155	<i>cvs antacid kids</i>	59
CREON CAP 36000UNT.....	155	CVS ANTACID SOFT CHEWS UL.....	59
CREON CAP 6000UNIT	155	<i>cvs antacid ultra strengt</i>	59
CRESEMBA	87	<i>cvs antibiotic</i>	134
CRESTOR	91	<i>cvs antibiotic pain/scar</i>	134
CRINONE	233	<i>cvs antibiotic/pain relie</i>	134
<i>cromolyn sodium (nasal)</i>	210	<i>cvs artificial tears</i>	212
<i>cromolyn sodium (ophth)</i>	217	<i>cvs aspirin low dose</i>	51
<i>cryselle-28</i>	120	<i>cvs aspirin low strength</i>	51
CULTR ULTIMA CAP STRENGTH	84	<i>cvs astringent eye drops</i>	215
CULTUR DIGES CAP DAILY	84	<i>cvs astringent solution s</i>	145
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CULTURELLE CAP DIGESTIV	84	<i>cvs b1</i>	235
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<i>cvs acetaminophen</i>	50	<i>cvs cold relief multi-sym</i>	126
<i>cvs acetaminophen extra s</i>	50	<i>cvs cold/flu & sore throa</i>	126
<i>cvs acidophilus probiotic</i>	82	<i>cvs cold/flu relief night</i>	126
<i>cvs acne</i>	132	<i>cvs coq-10</i>	44
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<i>cvs advanced probiotic gu</i>	82	<i>cvs cough dm</i>	125
<i>cvs airshield</i>	200	<i>cvs cough drops sugar fre</i>	196
<i>cvs allergy relief</i>	87	<i>cvs d3</i>	234

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<i>cv's daily gummies adult</i>	200	<i>cv's menopause support</i>	208
<i>cv's dandruff everyday cle</i>	137	<i>cv's mens daily gummies</i>	200
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<i>cv's digestive probiotic</i>	82	<i>cv's miconazole 7</i>	232
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<i>cv's dry skin therapy</i>	141	<i>cv's moisturizing lotion</i>	141
<i>cv's enema disposable</i>	169	<i>cv's mucus d extended rele</i>	126
<i>cv's extra moisturizing</i>	141	<i>cv's mucus dm er</i>	126
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<i>cv's eye drops original</i>	215	<i>cv's mucus extended releas</i>	130
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<i>cv's glucosamine/chondroit</i>	45	<i>cv's oyster shell calcium/</i>	187
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<i>cv's glycerin child</i>	168	CVS PROSTATE TAB MAX +	192
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<i>cv's gummy dinos childrens</i>	204	<i>cv's purelax</i>	168
<i>cv's gummy multivitamin ki</i>	204	<i>cv's senna-extra</i>	170
<i>cv's hair skin & nails/an</i>	208	<i>cv's sinus pain & congesti</i>	126
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<i>cv's heartburn relief</i>	58	<i>cv's skin treatment body l</i>	142
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<i>cv's inner ear plus</i>	208	<i>cv's soluble fiber therapy</i>	167
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<i>cv's iron</i>	165	<i>cv's sore throat spray</i>	196
<i>cv's itch relief extra str</i>	136	<i>cv's special care</i>	142
<i>cv's laxative dietary supp</i>	169	<i>cv's stool softener</i>	170
<i>cv's laxative pills maximu</i>	170	<i>cv's stress formula/zinc</i>	197
<i>cv's lecithin</i>	211	<i>cv's stuffy nose & cold ch</i>	126
<i>cv's lice treatment</i>	148	<i>cv's super b complex/c</i>	197
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<i>cv's lubricant eye drops</i>	212	<i>cv's triple antibiotic/pai</i>	134
<i>cv's lubricant eye drops p</i>	212	<i>cv's tussin cough</i>	125
<i>cv's lubricant gel drops</i>	212	<i>cv's tussin long-acting</i>	125
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<i>desogestrel & ethinyl estradiol tab 0.15</i> mg-30 mcg	120	<i>dextrose</i>	211
<i>desonide</i>	139	DHIVY TAB 25-100MG	102
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<i>dexlansoprazole</i>	228	<i>dicloxacin sodium</i>	219
<i>dexmethylphenidate hcl</i>	43	<i>dicyclomine hcl</i>	228
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<i>dextromethorphan polistirex</i>	125	<i>diflorasone diacetate</i>	139
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<i>dextromethorphan-guaifenesin tab 20-</i> 400 mg	126	<i>diflunisal</i>	51
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<i>diphenhydramine-acetaminophen tab</i> <i>25-500 mg (sleep)</i>	166	DRAWTEX PAD 4	150
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<i>divalproex sodium</i>	69	<i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.03-0.451 mg</i>	120
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ELASTO-GEL PAD 3	150
ELASTO-GEL PAD 4	150
ELASTO-GEL PAD 5	150
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