

**January 2022**

**Molina Healthcare of Washington  
Apple Health (Medicaid)**

**Preferred Drug List  
(Formulary)**

# Molina Healthcare of Washington Medicaid Preferred Drug List (Formulary)

01/01/2022

## INTRODUCTION

We are pleased to provide the 2022 *Molina Healthcare of Washington Apple Health (Medicaid) Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by Pharmacy and Therapeutics (P&T) Committee and Washington State Drug Utilization Review (DUR) Board, and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

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

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

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

## PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

## DRUG LIST PRODUCT DESCRIPTIONS

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

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

## PRESCRIPTION QUANTITIES

Prescriptions should be written for a therapeutic supply of medications (the amount to appropriately treat a medical condition) up to a maximum of a 30-day supply. Trial quantities may be used when trying new treatments, if appropriate. Drugs listed with DS indicator are covered up to a 90-day supply.

## GENERIC SUBSTITUTION

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

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

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

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

## PLAN DESIGN

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

## PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (800) 869-7791. The forms may be obtained by logging into the website [www.molinahealthcare.com](http://www.molinahealthcare.com). Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

## PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from Molina Healthcare of Washington's Pharmacy Department, please provide relevant information with the prior authorization request. The following are examples:

### Class of Medication/Diagnosis

- Cholesterol Lowering
- Diabetes
- Non-Formulary/Non-Preferred Medication

### Requested Clinical Information

- Lipid Panel, Cardiovascular risk factors
- A1c Report
- Medication Log and/or Progress Notes documenting previous use of Formulary medications

## CONTRACEPTIVES

All Contraceptives listed are covered up to 1 year supply at a time.

## EXCLUDED MEDICATIONS

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

- Appetite Suppressants and other drugs used for weight loss
- Medications used for the treatment of infertility, impotence and sexual dysfunction
- Medications used for cosmetic purposes
- Experimental or Investigational Medications

- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related, or similar drugs (frequently referred to as “DESI 5 and 6” drugs)
- Drugs from a labeler without a federal rebate agreement
- Agents used for symptomatic relief of cough and colds not included on HCA-specific list
- Agents used for aid in dying
- Drugs prescribed specifically for medical studies
- Standard Infant Formulas, enteral nutrition
- Medical Food
- Drugs not FDA-approved or licensed for use in the United States
- Products FDA-approved as medical devices

### **Non-Contracted Drugs (medications covered under the Apple Health Fee-for-Service program):**

The following types of medications are covered by the Apple Health Fee-for-Service program directly, even when the member is enrolled in Molina managed care. For questions about a benefit or service listed here, call Apple Health Customer Service at (800) 562-3022.

- Aducanumab-avwa (Aduhelm™)
- Agalsidase Beta (Fabrazyme®)
- Alglucosidase Alfa (Lumizyme®)
- Asfotase Alfa (Strensiq®)
- ATA-129 (tabelecleucel®)
- axicabtagene ciloleucel (Yescarta®)
- Berotralstat (Orladeyo™)
- BMN 111 (vosoritide)
- brexucabtagene autoleucel (Tecartus™)
- burosumab-twza (Crysvita®)
- C1 Esterase Inhibitor (Human) (Berinert®)
- C1 Esterase Inhibitor (Human) (Cinryze®)
- C1 Esterase Inhibitor (Human) (Haegarda®)
- C1 Esterase Inhibitor (Recombinant) (Ruconest®)
- casimersen (Amondys 45™)
- Cenegermin-BKBJ (Oxervate™)
- Cerliponase alfa (Brineura™)
- Citrulline (Urea Cycle) (Citrulline Easy)
- Crizanlizumab (Adakveo®)
- Cysteamine Bitartrate (Cystagon®)
- Cysteamine Bitartrate (Procysbi®)
- Ecallantide (Kalbitor®)
- Eculizumab (Soliris®)
- Edaravone (Radicava™)
- Elapegademase-lvlr (Revcovi™)
- Elosulfase Alfa (Vimizim®)

- Emapalumab (Gamifant™)
- Eteplirsen (Exondys51™)
- evinacumab (Evkeeza™)
- fosdenopterin (Nulibry™)
- Galsulfase (Naglazyme®)
- Givosiran (Givlaari™)
- Glycerol Phenylbutyrate (Ravicti®)
- Golodirsen (Vyondys 53™)
- Icatibant Acetate (Firazyr®)
- Icatibant Acetate
- Idecabtagene vicleucel (Abecma®)
- Idursulfase (Elaprase®)
- Inebilizumab-cdon (Uplizna®)
- Interferon Gamma-1B (Actimmune®)
- JNJ-4528 (ciltacabtagene autoleucel)
- Lanadelumab-flyo (Takhzyro®)
- Laronidase (Aldurazyme®)
- Lenti-D™
- Lentiglobin (Zynteglo)
- Lisocabtagene maraleucel (Breyanzi®)
- Lonafarnib (Zokinvy™)
- Lumasiran (Oxlumo™)
- Luspatercept (Reblozyl®)
- Lutetium Lu 177 dotatate (Lutathera®)
- Maralixibat (Livmarli™)
- Metreleptin (Mylept®)
- Nitisinone
- Nitisinone (Nityr®)
- Nitisinone (Orfadin®)
- Nusinersen (Spinraza®)
- odevixibat (Bylvay™)
- Onasemnogene abeparvovec-xioi (Zolgensma®)
- osilodrostat phosphate (Isturisa®)
- Pegcetacoplan (Empaveli™)
- Pegvaliase-pqpz (Palynziq™)
- Ravulizumab-cwvz (Ultomiris®)
- Risdiplam (Evrysdi™)
- Satralizumab-mwge (Enspryng™)
- Sebelipase Alfa (Kanuma®)
- Sodium Phenylbutyrate (Buphenyl®)
- Sodium Phenylbutyrate
- Teprotumumab-trbw (Tepezza®)
- Tisagenlecleucel (Kymriah™)
- Triheptanoin (Dojolvi™)

- valoctocogene roxaparvovec (Roctavian™)
- viltolarsen (Viltepso®)
- Voretigene neparvovec-rzyl (Luxturna™)
- CPP-1X/Sulindac
- donislecel
- bardoxolone methyl
- Arimoclomol
- OTL-200
- Avalglucosidase Alfa (Nexviazyme™)
- Immune modulators and anti-viral medications to treat Hepatitis C. This exclusion does not apply to any other contracted service related to the diagnosis or treatment of Hepatitis.
- Hemophiliac Products – Anti-hemophiliac blood factors VII, VIII, and IX, anti-inhibitor, and biological products FDA approved with an indication for use in treatment of hemophilia or von Willebrand disease when distributed for administration in the Enrollee's home or other outpatient setting.

## **MOLINA BEHAVIORAL HEALTH PROVIDER RESOURCES**

### **Second Opinion Program**

The Second Opinion Program is designed to improve prescribing practices for children ages 17 and younger. In collaboration with The Pediatric Mental Health Advisory Group and the Drug Utilization Review Board, the agency established pediatric mental health guidelines to identify children who may be at high risk due to off-label use of prescription medication, use of multiple medications, high medication dosage, or lack of coordination among multiple prescribing providers.

The guidelines include, but are not limited to, the following:

- Alpha-agonists age and dose limits
- Antidepressant therapy duplications
- Antipsychotic age and dose limits
- Antipsychotic therapy duplications
- Attention deficit hyperactivity disorder (ADHD) age and dose limits
- ADHD therapy duplications
- Insomnia medications
- Mental Health Polypharmacy (medication therapy includes five or more mental health drugs)

Seattle Children's Hospital provides pediatric mental health second-opinion medication reviews. Second-opinion reviews are required when a psychiatric medication is prescribed outside of guidelines set by the Pediatric Mental Health Workgroup. Seattle Children's Hospital schedules second-opinion reviews between their psychiatrists and the pediatric prescribers within Molina's network after the Seattle Children's Hospital Second Opinion Network (SON) Program receives the necessary information about the child and the requested medication dosage. In addition, they are responsible for sending the written second opinion review back to the Washington State Health Care Authority (HCA).

As part of the authorization process, prescribers are required to engage in a phone consultation from the SON. If a SON review is required, the SON team will call the prescriber to schedule an appointment. To receive payment for the phone consultation, use procedure code 99441 on the claim. If you are a prescriber and have any questions, please contact Molina at (800) 869-7165.

**Health Care Authority (HCA) - Antipsychotic Age and Dose Limitations Table 1**

Drug	Under 3 years*	3-5 years*	6-12 years*	13-17 years*
<b>Injectable formulations:</b>				
All 2nd generation injectable products	0	0	0	0
<b>Oral formulations:</b>				
aripiprazole, Abilify	0	5 mg per day	20 mg per day	30 mg per day
Caplyta (lumateperone)	0	0	0	0
clozapine, Clozaril, Fazaclo, Versacloz	0	0	0	700 mg per day
Fanapt (iloperidone)	0	0	0	0
haloperidol, Haldol	0	0	10 mg per day	15 mg per day
Latuda (lurasidone)	0	0	40 mg per day	80 mg per day
olanzapine, Zyprexa/ Zydys	0	0	10 mg per day	20 mg per day
Lybalvi (olanzapine-samidorphan)	0	0	0	0
Nuplazid (pimavanserin tartate)	0	0	0	0
paliperidone, Invega	0	0	0	0
perphenazine, Trilafon	0	0	12 mg per day	24 mg per day
quetiapine/ XR, Seroquel/ XR	0	0	400 mg per day	800 mg per day
Rexulti (brexpiprazole)	0	0	0	0
risperidone, Risperdal/ M-Tab	0	2 mg per day	4 mg per day	6 mg per day
Saphris (asenapine)	0	0	0	0
Vraylar (cariprazine)	0	0	0	0
ziprasidone, Geodon	0	0	80 mg per day	160 mg per day

\*A zero indicates the need for a HCA-approved second opinion for any dose



**Alpha-agonist age and dose limits table 2:**

Drug	0-3 years of age	4-5 years of age	6-8 years of age	9-17 years of age
Catapres® (clonidine)	PA required	0.2 mg	0.3 mg	0.4 mg
Intuniv® (guanfacine SR)	PA required	2mg	3 mg	4 mg
Kapvay® (clonidine SR)	PA required	0.2 mg	0.3 mg	0.4 mg
Tenex® (guanfacine)	PA required	2mg	3 mg	4 mg

**Attention Deficit Hyper Disorder age and dose limits table 3:**

Drug	0-4 years of age	5-8 years of age	9-11 years of age	12-17 years of age
Amphetamine	PA required	35 mg	45 mg	60 mg
Atomoxetine	PA required	120 mg	120 mg	120 mg
Clonidine IR and ER	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose
Dexmethylphenidate	PA required	35 mg	45 mg	60 mg
Guanfacine IR and ER	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose
Lisdexamfetamine	PA required	60 mg	75 mg	100 mg
Methylphenidate	PA required	70 mg	90 mg	120 mg
Methylphenidate patch	PA required	35 mg	45 mg	60 mg
Modafinil	PA required	PA required	PA required	PA required
Serdexmethylphenidate-Dexmethylphenidate	PA required	PA required	PA required	PA required
Viloxazine	PA required	PA required	PA required	PA required

## Attention Deficit Hyper-Activity Disorder duplication table 4 for ages 0-17:

DRUG	Am- phet- amine/ Dextro- amphet- amine	Atom- oxetine	Vilox- azine	Dex- methyl- pheni- date	Serdex- methyl- pheni- date-Dex- methyl- phenidate	Cloni- dine IR and ER	Guan- facine IR and ER	Lis- dexam- fet- amine	Methyl- pheni- date	Ar- modaf- inil/ Modaf- inil
Amphet- amine/ Dextroam- phetamine		PA required	PA required	PA required	PA required				PA required	PA required
Armodafinil/ Modafinil	PA required	PA required	PA required	PA required	PA required			PA required	PA required	
Atomoxetine	PA required			PA required	PA required	PA required	PA required	PA required	PA required	PA required
Viloxazine	PA required			PA required	PA required	PA required	PA required	PA required	PA required	PA required
Dexmethyl- phenidate		PA required	PA required		PA required					
Serdex- methylphe- nidate-Dex- methylphe- nidate	PA required	PA required	PA required	PA required				PA required		PA required
Clonidine IR and ER		PA required	PA required							
Guanfacine IR and ER		PA required	PA required							
Lisdexamfe- tamine		PA required	PA required	PA required	PA required				PA required	PA required
Methylphe- nidate	PA required	PA required	PA required					PA required		PA required

## Second Generation Antidepressant Chart table 5 for ages 0-17:

Class	SSRI	TeCA	NDRI	SNRI	SMM
SSRI (Selective Serotonin Reuptake Inhibitor)	PA			PA	PA
TeCA (Alpha-2 Receptor Antagonists – Tetracyclics)		PA	PA	PA	PA
NDRI (Norepinephrine - Dopamine Reuptake Inhibitor)		PA	PA		

SNRI (Serotonin Norepinephrine Reuptake Inhibitor)	PA	PA	PA	PA
SMM (Serotonin Modulator – Miscellaneous)	PA	PA	PA	PA

SSRI	TeCA	NDRI	SNRI	SMM
Brisdelle (paroxetine)	Ludiomil (maprotiline)	Aplenzin (bupropion)	Cymbalta (duloxetine)	Serzone (nefazodone)
Celexa (citalopram)	Remeron (mirtazapine)	Forfivo (bupropion)	Desvenlafaxine ER	Trintellix (vortioxetine)
Lexapro (escitalopram)		Wellbutrin (bupropion)	Effexor (venlafaxine)	Viibryd (vilazodone)
Luvox (fluvoxamine)			Fetzima (levomilnacipran)	
Paxil (paroxetine)			Pristiq (desvenlafaxine)	
Pexeva (paroxetine mesylate)				
Prozac (fluoxetine)				
Sarafem (fluoxetine)				
Zoloft (sertraline)				

### Other: for ages 0-17

**Cymbalta (duloxetine): 120mg/day**

**Celexa (citalopram): 40mg/day**

**Any dose for client under 18 years:**

- Insomnia medications
- Naltrexone

**Insomnia Drugs Requires SON review for under 18 table 6:**

- Ambien /CR® (zolpidem tartrate)
- Belsomra® (suvorexant)
- Dayvigo (lemborexant)
- Doral (quazepam)
- Edluar® (zolpidem tartrate) sublingual
- estazolam
- eszopiclone

- flurazepam
- Hetlioz (tasimelteon)
- Intermezzo (*zolpidem tartrate SL*)
- Lunesta® (*eszopiclone*)
- Rozerem® (*ramelteon*)
- Sonata® (*zaleplon*)
- Silenor (doxepin)
- temazepam
- triazolam
- Xywav
- Zolpimist (*zolpidem tartrate*, *zolpidem tartrate ER*)

### Partnership Access Line (PAL)

The Partnership Access Line is a consultation program provided through Seattle Children's Hospital for primary care physicians (PCPs). The consultation is free, funded by the Washington State Legislature and the Washington State Health Care Authority. Any primary care doctor, nurse practitioner, or physician assistant throughout Washington State can call this line for assistance with any type of child mental health advice for any child the practitioner sees. Call (866) 599-7257 Monday - Friday, 8:00 a.m. to 5:00 p.m. PST for assistance, or visit [www.seattlechildrens.org/PAL](http://www.seattlechildrens.org/PAL).

For more information on the second opinion program and the pediatric mental health guidelines, see the [HCA Second Opinion Program](https://www.hca.wa.gov/billers-providers-partners/programs-and-services/apple-health-second-opinion-program) webpage at <https://www.hca.wa.gov/billers-providers-partners/programs-and-services/apple-health-second-opinion-program>.

### LEGEND

<b>AGE</b>	Age Limit
<b>AGE*</b>	See Table in Preface for Age Limit
<b>DS</b>	Products with day supply indicator are fillable for up to 90 days supply
<b>EA</b>	Expedited Authorization
<b>MME</b>	All opioid containing products have a max morphine milligram equivalent of 120, doses greater than 120 are subject to the opioid policy <a href="https://www.molinahealthcare.com/providers/wa/medicaid/forms/Pages/fuf.aspx">https://www.molinahealthcare.com/providers/wa/medicaid/forms/Pages/fuf.aspx</a>
<b>OTC</b>	Over-the-counter, covered benefit with a prescription (only covered labelers)
<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty Drug; these drugs must be obtained through a specialty pharmacy
<b>ST</b>	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability

## What is expedited authorization (EA)?

The EA process is designed to eliminate the need to request authorization. The intent is to establish authorization criteria and associate these criteria with specific codes, enabling pharmacies to create an “EA” number when appropriate.

**Reminder:** EA numbers are only for drugs listed in this table.

**Note:** Use of an EA number does not exempt claims from edits, such as per-calendar-month prescription limits or early refills.

### EA Guidelines:

**Diagnoses** - Diagnostic information may be obtained from the prescriber, client, client’s caregiver, or family member to meet the conditions for EA. Drug claims submitted without an appropriate diagnosis/condition code for the dispensed drug are denied.

**Documentation** - Dispensing pharmacists must write both of the following on the original prescription:

- The full name of the person who provided the diagnostic information
- The diagnosis/condition and/or the criteria code from the attached table

Product	EA code	Criteria
Buprenorphine	850000000077	Buprenorphine monotherapy for pregnant clients
	850000000078	Buprenorphine monotherapy for non-pregnant clients while prior authorization is initiated. Limited to 32mg per day, seven (7) days at a time for up to fourteen (14) days every six (6) months.  NOTE: Providers (prescribers or pharmacies) must initiate a prior authorization for further fills.

<p>Testosterone Products</p> <p><b>Aveed</b> (<i>testosterone undecanoate</i>)  <b>AndroDerm</b> (<i>testosterone transdermal patch</i>)  <b>testosterone cypionate IM</b>  <b>testosterone transdermal gel 1%, 1.62% and 2%</b>  <b>Xyosted</b> (<i>testosterone enanthate</i>)</p>	85000000102	<p>For clients 18 years of age and older:</p> <ul style="list-style-type: none"> <li>• Testosterone therapy for the treatment of gender dysphoria.</li> </ul> <p>For clients 17 years of age and under:</p> <ul style="list-style-type: none"> <li>• Testosterone therapy for the treatment of gender dysphoria; AND</li> <li>• A pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate.</li> </ul> <p>This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.</p>
<p>Gonadotropin-releasing Hormone (GnRH) Agonists</p> <p><b>Eligard</b> (<i>leuprolide</i>)  <b>Fensolvi</b> (<i>leuprolide</i>)  <b>Lupron Depot/Depot-Ped</b> (<i>leuprolide</i>)  <b>Supprelin LA</b> (<i>histrelin</i>)  <b>Triptodur</b> (<i>triptorelin</i>)  <b>Vantas</b> (<i>histrelin</i>)  <b>Zoladex</b> (<i>goserlin</i>)</p>	85000000103	<p>GnRH therapy for puberty suppression in adolescents diagnosed with gender dysphoria <b>AND</b> a pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate.</p> <p>This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.</p>

85000000104 For clients 18 years of age and older:

- GnRH therapy for the treatment of gender dysphoria.

For clients 17 years of age and under:

- GnRH therapy for the treatment of gender dysphoria; AND
- A pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate.

This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.

oxandrolone		Before any code is allowed, there must be an absence of all of the following: a) Hypercalcemia; b) Nephrosis; c) Carcinoma of the breast; d) Carcinoma of the prostate; and e) Pregnancy
	85000000110	Treatment of unintentional weight loss in patients who have had extensive surgery, severe trauma, chronic infections (such as AIDS wasting), or who fail to maintain or gain weight for no conclusive pathophysiological cause.
	85000000111	To compensate for the protein catabolism due to long-term corticosteroid use.
	85000000112	Treatment of bone pain due to osteoporosis.

<p>Opioid products containing the following are subject to the opioid policy:</p> <ul style="list-style-type: none"> <li>• benzhydrocodone</li> <li>• buprenorphine (pain indications only)</li> <li>• butorphanol</li> <li>• codeine</li> <li>• dihydrocodeine</li> <li>• fentanyl</li> <li>• hydrocodone</li> <li>• hydromorphone</li> <li>• levorphanol</li> <li>• meperidine</li> <li>• methadone</li> <li>• morphine</li> <li>• oxycodone</li> <li>• oxymorphone</li> <li>• pentazocine</li> <li>• tapentadol</li> <li>• tramadol</li> </ul> <p><a href="https://www.molinahealthcare.com/providers/wa/medicaid/forms/PDF/opioid-attestation.pdf">https://www.molinahealthcare.com/providers/wa/medicaid/forms/PDF/opioid-attestation.pdf</a></p>	<p>85000000540</p> <p>85000000541</p>	<p>Client is in active cancer treatment, hospice care, palliative care, or other end-of-life care.</p> <p>Prescriber has indicated "EXEMPT" on the prescription. Does not override MME limits (Morphine Milligram Equivalent)</p>
<p>Methadone products subject to Methadone policy</p>	<p>85000000540</p>	<p>Client is in active cancer treatment, hospice care, palliative care, or other end-of-life care.</p>
<p>Omeprazole Delayed Release Tab 20 mg</p> <p>Omeprazole Cap Delayed Release 20 mg</p> <p>Omeprazole Cap Delayed Release 40 mg-</p> <p>Pantoprazole Sodium EC Tab 20 mg (Base Equiv)</p> <p>Pantoprazole Sodium EC Tab 40 mg (Base Equiv)</p>	<p>85000000079</p>	<p>Diagnosis of <i>H. pylori</i> with ulcer present. Limited to 30 units for 15 days for initial fill.</p>
<p><b>Descovy</b>® (emtricitabine/tenofovir alafenamide)</p>	<p>850000000006</p>	<p>Continuation of pre-exposure prophylaxis (PrEP) therapy</p>



## HIV combinations

85000000007 Continuation of antiviral treatment

**Biktarvy**® (bictegravir/  
emtricitabine/tenofovir  
alafenamide)

**Cimduo**(Lamivudine/tenofovir  
disoproxil)

**Descovy**® (emtricitabine/  
tenofovir alafenamide)

**Dovato** (dolutegravir/lamivudine)  
efavirenz/lamivudine/tenofovir  
disoproxil

**Juluca** (dolutegravir/rilpivirine)

**Symtuza**® (darunavir/cobicistat/  
emtricitabine/tenofovir  
alafenamide)

**Temixys**™ (lamivudine/tenofovir  
disoproxil)

**Triumeq** (Dolutegravir/abacavir/  
lamivudine)

## REQUESTING FORMULARY CHANGES

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

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## FORMULARY UPDATES

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

Product Name	Date Effective	Change	Notes
DIPHEN/ATROP TAB 2.5/.025	1/1/2022	Update to non-preferred with PA	
DIPHEN/ATROP TAB 2.5MG	1/1/2022	Update to non-preferred with PA	
APRA ELX 160/5ML	1/1/2022	Remove from formulary	
BERINERT INJ 500UNIT	1/1/2022	Remove from formulary	
BUPHENYL POW	1/1/2022	Remove from formulary	
BUPHENYL TAB 500MG	1/1/2022	Remove from formulary	
CINRYZE SOL 500 UNIT	1/1/2022	Remove from formulary	
CYSTAGON CAP 150MG	1/1/2022	Remove from formulary	
CYSTAGON CAP 50MG	1/1/2022	Remove from formulary	
EMPAVELI INJ 1080MG	1/1/2022	Remove from formulary	
ENSPRYNG INJ	1/1/2022	Remove from formulary	
FIRAZYR INJ 30MG/3ML	1/1/2022	Remove from formulary	
HAEGARDA INJ 2000UNIT	1/1/2022	Remove from formulary	
HAEGARDA INJ 3000UNIT	1/1/2022	Remove from formulary	
ICATIBANT INJ 30MG/3ML	1/1/2022	Remove from formulary	
IMPAVIDO CAP 50MG	1/1/2022	Remove from formulary	
KALBITOR INJ 10MG/ML	1/1/2022	Remove from formulary	
MEDI-TABS ELX 80/2.5ML	1/1/2022	Remove from formulary	
NITISINONE CAP 10MG	1/1/2022	Remove from formulary	



NITISINONE CAP 2MG	1/1/2022	Remove from formulary	
NITISINONE CAP 5MG	1/1/2022	Remove from formulary	
NITYR TAB 10MG	1/1/2022	Remove from formulary	
NITYR TAB 2MG	1/1/2022	Remove from formulary	
NITYR TAB 5MG	1/1/2022	Remove from formulary	
ORFADIN CAP 10MG	1/1/2022	Remove from formulary	
ORFADIN CAP 20MG	1/1/2022	Remove from formulary	
ORFADIN CAP 2MG	1/1/2022	Remove from formulary	
ORFADIN CAP 5MG	1/1/2022	Remove from formulary	
ORFADIN SUS 4MG/ML	1/1/2022	Remove from formulary	
ORLADEYO CAP 110MG	1/1/2022	Remove from formulary	
ORLADEYO CAP 150MG	1/1/2022	Remove from formulary	
OXERVATE SOL 20MCG/ML	1/1/2022	Remove from formulary	
PAIN RELIEF ELX 160/5ML	1/1/2022	Remove from formulary	
PHENYLBUTYRA POW SODIUM	1/1/2022	Remove from formulary	
PROCYSBI CAP 25MG	1/1/2022	Remove from formulary	
PROCYSBI CAP 75MG	1/1/2022	Remove from formulary	
PROCYSBI GRA 300MG	1/1/2022	Remove from formulary	
PROCYSBI GRA 75MG	1/1/2022	Remove from formulary	
RAVICTI LIQ 1.1GM/ML	1/1/2022	Remove from formulary	
RUCONEST INJ 2100UNIT	1/1/2022	Remove from formulary	
SODIUM PHENY TAB 500MG	1/1/2022	Remove from formulary	
SOLIRIS INJ 10MG/ML	1/1/2022	Remove from formulary	
STRENSIQ INJ 18/0.45	1/1/2022	Remove from formulary	
STRENSIQ INJ 28/0.7ML	1/1/2022	Remove from formulary	
STRENSIQ INJ 40MG/ML	1/1/2022	Remove from formulary	

STRENSIQ INJ 80/0.8ML	1/1/2022	Remove from formulary	
TAKHZYRO INJ 300/2ML	1/1/2022	Remove from formulary	
CROMOLYN SOD CON 100/5ML	1/1/2022	Update to non-preferred with PA	
CYSTADROPS SOL 0.37%	1/1/2022	Update to non-preferred with PA	
DIPHEN/ATROP TAB	1/1/2022	Update to non-preferred with PA	
EFFER-K TAB 25MEQ EF	1/1/2022	Update to non-preferred with PA	
KLOR-CON PAK 20MEQ	1/1/2022	Update to non-preferred with PA	
KLOR-CON/EF TAB 25MEQ FR	1/1/2022	Update to non-preferred with PA	
OPIUM TIN 10MG/ML	1/1/2022	Update to non-preferred with PA	
POT CHLORIDE POW 20MEQ	1/1/2022	Update to non-preferred with PA	

## Effective 01/01/2022

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

#### AMPHETAMINES

ADDERALL TAB 5MG	Non-Pref	PA; AGE*
ADDERALL TAB 7.5MG	Non-Pref	PA; AGE*
ADDERALL TAB 10MG	Non-Pref	PA; AGE*
ADDERALL TAB 12.5MG	Non-Pref	PA; AGE*
ADDERALL TAB 15MG	Non-Pref	PA; AGE*
ADDERALL TAB 20MG	Non-Pref	PA; AGE*
ADDERALL TAB 30MG	Non-Pref	PA; AGE*
ADDERALL XR CAP 5MG	Pref	AGE*
ADDERALL XR CAP 10MG	Pref	AGE*
ADDERALL XR CAP 15MG	Pref	AGE*
ADDERALL XR CAP 20MG	Pref	AGE*
ADDERALL XR CAP 25MG	Pref	AGE*
ADDERALL XR CAP 30MG	Pref	AGE*
ADZENYS XR TAB 3.1MG	Non-Pref	PA; AGE*
ADZENYS XR TAB 6.3MG	Non-Pref	PA; AGE*
ADZENYS XR TAB 9.4MG	Non-Pref	PA; AGE*
ADZENYS XR TAB 12.5MG	Non-Pref	PA; AGE*
ADZENYS XR TAB 15.7 MG	Non-Pref	PA; AGE*
ADZENYS XR TAB 18.8MG	Non-Pref	PA; AGE*
<i>amphetamine er sus 1.25/ml</i>	Non-Pref	PA; AGE*
<i>amphetamine sulfate tab 5 mg</i>	Non-Pref	PA; AGE*
<i>amphetamine sulfate tab 10 mg</i>	Non-Pref	PA; AGE*
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Pref	AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Pref	AGE*
DESOXYN TAB 5MG	Non-Pref	PA
DEXEDRINE CAP 5MG CR	Non-Pref	PA; AGE*
DEXEDRINE CAP 10MG CR	Non-Pref	PA; AGE*
DEXEDRINE CAP 15MG CR	Non-Pref	PA; AGE*
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Pref	AGE*
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Pref	AGE*
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Pref	AGE*
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Non-Pref	PA; AGE*
<i>dextroamphetamine sulfate tab 5 mg</i>	Non-Pref	PA; AGE*
<i>dextroamphetamine sulfate tab 10 mg</i>	Non-Pref	PA; AGE*
<i>dextroamphetamine sulfate tab 15 mg</i>	Non-Pref	PA; AGE*
<i>dextroamphetamine sulfate tab 20 mg</i>	Non-Pref	PA; AGE*
<i>dextroamphetamine sulfate tab 30 mg</i>	Non-Pref	PA; AGE*
DYANAVEL XR SUS 2.5MG/ML	Non-Pref	PA; AGE*
EVEKEO ODT TAB 5MG	Non-Pref	PA; AGE*
EVEKEO ODT TAB 10MG	Non-Pref	PA; AGE*
EVEKEO ODT TAB 15MG	Non-Pref	PA; AGE*
EVEKEO ODT TAB 20MG	Non-Pref	PA; AGE*
EVEKEO TAB 5MG	Non-Pref	PA; AGE*
EVEKEO TAB 10MG	Non-Pref	PA; AGE*
<i>methamphetamine hcl tab 5 mg</i>	Non-Pref	PA
MYDAYIS CAP 12.5MG	Non-Pref	PA; AGE*
MYDAYIS CAP 25MG	Non-Pref	PA; AGE*
MYDAYIS CAP 37.5MG	Non-Pref	PA; AGE*
MYDAYIS CAP 50MG	Non-Pref	PA; AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>procentra sol 5mg/5ml</i>	Non-Pref	PA; AGE*
VYVANSE CAP 10MG	Pref	AGE*
VYVANSE CAP 20MG	Pref	AGE*
VYVANSE CAP 30MG	Pref	AGE*
VYVANSE CAP 40MG	Pref	AGE*
VYVANSE CAP 50MG	Pref	AGE*
VYVANSE CAP 60MG	Pref	AGE*
VYVANSE CAP 70MG	Pref	AGE*
VYVANSE CHW 10MG	Pref	AGE*
VYVANSE CHW 20MG	Pref	AGE*
VYVANSE CHW 30MG	Pref	AGE*
VYVANSE CHW 40MG	Pref	AGE*
VYVANSE CHW 50MG	Pref	AGE*
VYVANSE CHW 60MG	Pref	AGE*
<i>zenzedi tab 2.5mg</i>	Non-Pref	PA; AGE*
<i>zenzedi tab 5mg</i>	Non-Pref	PA; AGE*
<i>zenzedi tab 7.5mg</i>	Non-Pref	PA; AGE*
<i>zenzedi tab 10mg</i>	Non-Pref	PA; AGE*
<i>zenzedi tab 15mg</i>	Non-Pref	PA; AGE*
<i>zenzedi tab 20mg</i>	Non-Pref	PA; AGE*
<i>zenzedi tab 30mg</i>	Non-Pref	PA; AGE*

### **ANALEPTICS**

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Pref	QL (40 vials in lifetime); AGE
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### **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)**

#### **AGENTS**

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Pref	AGE*
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Pref	AGE*
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Pref	AGE*
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Pref	AGE*
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Pref	AGE*
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Pref	AGE*
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Pref	AGE*
<i>clonidine hcl tab er 12hr 0.1 mg</i>	Pref	AGE*
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Pref	AGE*
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Pref	AGE*
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Pref	AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Pref	AGE*
INTUNIV TAB 1MG	Non-Pref	PA; AGE*
INTUNIV TAB 2MG	Non-Pref	PA; AGE*
INTUNIV TAB 3MG	Non-Pref	PA; AGE*
INTUNIV TAB 4MG	Non-Pref	PA; AGE*
QELBREE CAP 100MG ER	Non-Pref	PA
QELBREE CAP 150MG ER	Non-Pref	PA
QELBREE CAP 200MG ER	Non-Pref	PA
STRATTERA CAP 10MG	Non-Pref	PA; AGE*
STRATTERA CAP 18MG	Non-Pref	PA; AGE*
STRATTERA CAP 25MG	Non-Pref	PA; AGE*
STRATTERA CAP 40MG	Non-Pref	PA; AGE*
STRATTERA CAP 60MG	Non-Pref	PA; AGE*
STRATTERA CAP 80MG	Non-Pref	PA; AGE*
STRATTERA CAP 100MG	Non-Pref	PA; AGE*

### ***DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***

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

### ***HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS***

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

### ***STIMULANTS - MISC.***

ADHANSIA XR CAP 25MG	Non-Pref	PA; AGE*
ADHANSIA XR CAP 35MG	Non-Pref	PA; AGE*
ADHANSIA XR CAP 45MG	Non-Pref	PA; AGE*
ADHANSIA XR CAP 55MG	Non-Pref	PA; AGE*
ADHANSIA XR CAP 70MG	Non-Pref	PA; AGE*
ADHANSIA XR CAP 85MG	Non-Pref	PA; AGE*
APTENSIO XR CAP 10MG	Non-Pref	PA; AGE*
APTENSIO XR CAP 15MG	Non-Pref	PA; AGE*
APTENSIO XR CAP 20MG	Non-Pref	PA; AGE*
APTENSIO XR CAP 30MG	Non-Pref	PA; AGE*
APTENSIO XR CAP 40MG	Non-Pref	PA; AGE*
APTENSIO XR CAP 50MG	Non-Pref	PA; AGE*
APTENSIO XR CAP 60MG	Non-Pref	PA; AGE*
<i>armodafinil tab 50 mg</i>	Pref	PA; AGE*
<i>armodafinil tab 150 mg</i>	Pref	PA; AGE*
<i>armodafinil tab 200 mg</i>	Pref	PA; AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>armodafinil tab 250 mg</i>	Pref	PA; AGE*
AZSTARYS CAP 26.1-5.2	Non-Pref	PA
AZSTARYS CAP 39.2-7.8	Non-Pref	PA
AZSTARYS CAP 52.3-10.	Non-Pref	PA
CONCERTA TAB 18MG	Pref	AGE*
CONCERTA TAB 27MG	Pref	AGE*
CONCERTA TAB 36MG	Pref	AGE*
CONCERTA TAB 54MG	Pref	AGE*
COTEMPLA TAB 8.6MG	Non-Pref	PA; AGE*
COTEMPLA TAB 17.3MG	Non-Pref	PA; AGE*
COTEMPLA TAB 25.9MG	Non-Pref	PA; AGE*
DAYTRANA DIS 10MG/9HR	Non-Pref	PA; AGE*
DAYTRANA DIS 15MG/9HR	Non-Pref	PA; AGE*
DAYTRANA DIS 20MG/9HR	Non-Pref	PA; AGE*
DAYTRANA DIS 30MG/9HR	Non-Pref	PA; AGE*
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl tab 5 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl tab 10 mg</i>	Pref	AGE*
FOCALIN TAB 2.5MG	Pref	AGE*
FOCALIN TAB 5MG	Pref	AGE*
FOCALIN TAB 10MG	Pref	AGE*
FOCALIN XR CAP 5MG	Non-Pref	PA; AGE*
FOCALIN XR CAP 10MG	Non-Pref	PA; AGE*
FOCALIN XR CAP 15MG	Non-Pref	PA; AGE*
FOCALIN XR CAP 20MG	Non-Pref	PA; AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FOCALIN XR CAP 25MG	Non-Pref	PA; AGE*
FOCALIN XR CAP 30MG	Non-Pref	PA; AGE*
FOCALIN XR CAP 35MG	Non-Pref	PA; AGE*
FOCALIN XR CAP 40MG	Non-Pref	PA; AGE*
JORNAY PM CAP 20MG ER	Non-Pref	PA; AGE*
JORNAY PM CAP 40MG ER	Non-Pref	PA; AGE*
JORNAY PM CAP 60MG ER	Non-Pref	PA; AGE*
JORNAY PM CAP 80MG ER	Non-Pref	PA; AGE*
JORNAY PM CAP 100MG ER	Non-Pref	PA; AGE*
METHYLIN SOL 5MG/5ML	Pref	AGE*
METHYLIN SOL 10MG/5ML	Pref	AGE*
METHYLPHENID TAB 72MG ER	Non-Pref	PA; AGE*
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Pref	AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Pref	AGE*
<i>methylphenidate hcl chew tab 2.5 mg</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl chew tab 5 mg</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl chew tab 10 mg</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl soln 5 mg/5ml</i>	Pref	AGE*
<i>methylphenidate hcl soln 10 mg/5ml</i>	Pref	AGE*
<i>methylphenidate hcl tab 5 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab 10 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab 20 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er 10 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er 20 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Pref	AGE*
<i>modafinil tab 100 mg</i>	Pref	PA, QL (1 tab / 1 day); AGE*
<i>modafinil tab 200 mg</i>	Pref	PA, QL (2 tabs / 1 day); AGE*
NUVIGIL TAB 50MG	Non-Pref	PA; AGE*
NUVIGIL TAB 150MG	Non-Pref	PA; AGE*
NUVIGIL TAB 200MG	Non-Pref	PA; AGE*
NUVIGIL TAB 250MG	Non-Pref	PA; AGE*
PROVIGIL TAB 100MG	Non-Pref	PA, QL (1 tab / 1 day); AGE*
PROVIGIL TAB 200MG	Non-Pref	PA, QL (2 tabs / 1 day); AGE*
QUILLICHEW CHW 20MG ER	Non-Pref	PA; AGE*
QUILLICHEW CHW 30MG ER	Non-Pref	PA; AGE*
QUILLICHEW CHW 40MG ER	Non-Pref	PA; AGE*
QUILLIVANT SUS 25MG/5ML	Non-Pref	PA; AGE*
RELEXXII TAB 72MG	Non-Pref	PA; AGE*
RITALIN LA CAP 10MG	Non-Pref	PA; AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RITALIN LA CAP 20MG	Non-Pref	PA; AGE*
RITALIN LA CAP 30MG	Non-Pref	PA; AGE*
RITALIN LA CAP 40MG	Non-Pref	PA; AGE*
RITALIN TAB 5MG	Non-Pref	PA; AGE*
RITALIN TAB 10MG	Non-Pref	PA; AGE*
RITALIN TAB 20MG	Non-Pref	PA; AGE*

## **ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES**

### **ALLERGENIC EXTRACTS**

ORALAIR SUB 300 IR	Pref	PA
PALFORZIA CAP ESCALAT	Pref	SP, PA
PALFORZIA CAP LEVEL 1	Pref	SP, PA
PALFORZIA CAP LEVEL 2	Pref	SP, PA
PALFORZIA CAP LEVEL 3	Pref	SP, PA
PALFORZIA CAP LEVEL 4	Pref	SP, PA
PALFORZIA CAP LEVEL 5	Pref	SP, PA
PALFORZIA CAP LEVEL 6	Pref	SP, PA
PALFORZIA CAP LEVEL 7	Pref	SP, PA
PALFORZIA CAP LEVEL 8	Pref	SP, PA
PALFORZIA CAP LEVEL 9	Pref	SP, PA
PALFORZIA CAP LEVEL 10	Pref	SP, PA
PALFORZIA POW LEVEL 11	Pref	SP, PA

## **AMEBICIDES - DRUGS TO TREAT INFECTIONS**

### **AMEBICIDES - DRUGS TO TREAT INFECTIONS**

SOLOSEC GRA 2GM	Pref	PA
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## **AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS**

### **AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS**

ARIKAYCE SUS	Non-Pref	PA
BETHKIS NEB 300/4ML	Pref	SP, PA
HUMATIN CAP 250MG	Non-Pref	PA
KITABIS PAK NEB 300/5ML	Pref	SP, PA
<i>neomycin sulfate tab 500 mg</i>	Pref	QL (24 tabs / 1 day)
<i>paromomycin sulfate cap 250 mg</i>	Pref	
TOBI NEB 300/5ML	Non-Pref	SP, PA
TOBI PODHALR CAP 28MG	Non-Pref	SP, PA
<i>tobramycin nebu soln 300 mg/4ml</i>	Pref	SP, PA
<i>tobramycin nebu soln 300 mg/5ml</i>	Non-Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

**Drug Name** **Drug Tier** **Requirements/Limits**  
**ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS**

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

HUMIRA INJ 10/0.1ML	Pref	SP, PA
HUMIRA INJ 20/0.2ML	Pref	SP, PA
HUMIRA INJ 40/0.4ML	Pref	SP, PA
HUMIRA KIT 40MG/0.8	Pref	SP, PA, QL (2 injections / 24 days)
HUMIRA PEDIA INJ CROHNS	Pref	SP, PA
HUMIRA PEN INJ 40/0.4ML	Pref	SP, PA
HUMIRA PEN INJ 40MG/0.8	Pref	SP, PA, QL (2 pens / 24 days)
HUMIRA PEN INJ 80/0.8ML	Pref	SP, PA
HUMIRA PEN INJ CD/UC/HS	Pref	SP, PA, QL (2 pens / 24 days)
HUMIRA PEN INJ PS/UV	Pref	SP, PA, QL (2 pens / 24 days)
HUMIRA PEN KIT CD/UC/HS	Pref	SP, PA
HUMIRA PEN KIT PED UC	Pref	SP, PA
HUMIRA PEN KIT PS/UV	Pref	SP, PA
SIMPONI ARIA SOL 50MG/4ML	Non-Pref	SP, PA
SIMPONI INJ 50/0.5ML	Non-Pref	SP, PA
SIMPONI INJ 100MG/ML	Non-Pref	SP, PA

**ANTIRHEUMATIC - ENZYME INHIBITORS**

OLUMIANT TAB 1MG	Non-Pref	SP, PA
OLUMIANT TAB 2MG	Non-Pref	SP, PA
RINVOQ TAB 15MG ER	Non-Pref	SP, PA
XELJANZ SOL 1MG/ML	Non-Pref	SP, PA
XELJANZ TAB 5MG	Non-Pref	SP, PA
XELJANZ TAB 10MG	Non-Pref	SP, PA
XELJANZ XR TAB 11MG	Non-Pref	SP, PA
XELJANZ XR TAB 22MG	Non-Pref	SP, PA

**ANTIRHEUMATIC ANTIMETABOLITES**

OTREXUP INJ 10MG	Non-Pref	PA
OTREXUP INJ 12.5/0.4	Non-Pref	PA
OTREXUP INJ 15MG	Non-Pref	PA
OTREXUP INJ 17.5/0.4	Non-Pref	PA
OTREXUP INJ 20MG	Non-Pref	PA
OTREXUP INJ 22.5/0.4	Non-Pref	PA
OTREXUP INJ 25MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RASUVO INJ 7.5MG	Pref	PA
RASUVO INJ 10MG	Pref	PA
RASUVO INJ 12.5MG	Pref	PA
RASUVO INJ 15MG	Pref	PA
RASUVO INJ 17.5MG	Pref	PA
RASUVO INJ 20MG	Pref	PA
RASUVO INJ 22.5MG	Pref	PA
RASUVO INJ 25MG	Pref	PA
RASUVO INJ 30MG	Pref	PA
REDITREX INJ 7.5/.3ML	Non-Pref	SP, PA
REDITREX INJ 10/.4ML	Non-Pref	SP, PA
REDITREX INJ 12.5/0.5	Non-Pref	SP, PA
REDITREX INJ 15/.6ML	Non-Pref	SP, PA
REDITREX INJ 17.5/0.7	Non-Pref	SP, PA
REDITREX INJ 20/.8ML	Non-Pref	SP, PA
REDITREX INJ 22.5/0.9	Non-Pref	SP, PA
REDITREX INJ 25MG/ML	Non-Pref	SP, PA
<b>GOLD COMPOUNDS</b>		
RIDAURA CAP 3MG	Pref	
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST INJ 220MG	Non-Pref	SP, PA
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET INJ	Non-Pref	SP, PA
<b>INTERLEUKIN-1BETA BLOCKERS</b>		
ILARIS INJ 150MG/ML	Non-Pref	SP, PA
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA INJ 80MG/4ML	Non-Pref	SP, PA
ACTEMRA INJ 162/0.9	Non-Pref	SP, PA
ACTEMRA INJ 200/10ML	Non-Pref	SP, PA
ACTEMRA INJ 400/20ML	Non-Pref	SP, PA
ACTEMRA INJ ACTPEN	Non-Pref	SP, PA
KEVZARA INJ 150/1.14	Non-Pref	SP, PA
KEVZARA INJ 200/1.14	Non-Pref	SP, PA
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
ARTHROTEC 50 TAB	Non-Pref	PA
ARTHROTEC 75 TAB	Non-Pref	PA
CELEBREX CAP 50MG	Non-Pref	PA
CELEBREX CAP 100MG	Non-Pref	PA
CELEBREX CAP 200MG	Non-Pref	PA
CELEBREX CAP 400MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>celecoxib cap 50 mg</i>	Non-Pref	PA
<i>celecoxib cap 100 mg</i>	Non-Pref	PA
<i>celecoxib cap 200 mg</i>	Non-Pref	PA
<i>celecoxib cap 400 mg</i>	Non-Pref	PA
DAYPRO TAB 600MG	Non-Pref	PA
<i>diclofenac potassium tab 50 mg</i>	Pref	QL (4 tabs / 1 day)
<i>diclofenac sodium tab delayed release 25 mg</i>	Pref	QL (3 tabs / 1 day)
<i>diclofenac sodium tab delayed release 50 mg</i>	Pref	QL (3 tabs / 1 day)
<i>diclofenac sodium tab delayed release 75 mg</i>	Pref	QL (2 tabs / 1 day)
<i>diclofenac sodium tab er 24hr 100 mg</i>	Pref	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Non-Pref	PA
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Non-Pref	PA
DUEXIS TAB 800-26.6	Non-Pref	PA
<i>ec-naproxen tab 375mg</i>	Pref	QL (3 tabs / 1 day)
<i>ec-naproxen tab 500mg</i>	Pref	QL (3 tabs / 1 day)
<i>etodolac cap 200 mg</i>	Non-Pref	PA
<i>etodolac cap 300 mg</i>	Non-Pref	PA
<i>etodolac tab 400 mg</i>	Non-Pref	PA
<i>etodolac tab 500 mg</i>	Non-Pref	PA
<i>etodolac tab er 24hr 400 mg</i>	Non-Pref	PA
<i>etodolac tab er 24hr 500 mg</i>	Non-Pref	PA
<i>etodolac tab er 24hr 600 mg</i>	Non-Pref	PA
FELDENE CAP 10MG	Non-Pref	PA
FELDENE CAP 20MG	Non-Pref	PA
<i>fenoprofen calcium cap 400 mg</i>	Non-Pref	PA
<i>fenoprofen calcium tab 600 mg</i>	Non-Pref	PA
<i>flurbiprofen tab 100 mg</i>	Pref	QL (4 tabs / 1 day)
IBUPAK KIT	Non-Pref	PA
<i>ibuprofen chew tab 100 mg</i>	Pref	QL (6 tabs / 1 day), OTC
<i>ibuprofen susp 40 mg/ml</i>	Pref	QL (160 mL / 1 day), OTC
<i>ibuprofen susp 100 mg/5ml</i>	Pref	QL (160 mL / 1 day)
<i>ibuprofen susp 100 mg/5ml</i>	Pref	QL (160 mL / 1 day), OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibuprofen tab 100 mg</i>	Pref	QL (4 tabs / 1 day), OTC
<i>ibuprofen tab 200 mg</i>	Pref	QL (4 tabs / 1 day), OTC
<i>ibuprofen tab 400 mg</i>	Pref	QL (4 tabs / 1 day)
<i>ibuprofen tab 600 mg</i>	Pref	QL (4 tabs / 1 day)
<i>ibuprofen tab 800 mg</i>	Pref	QL (4 tabs / 1 day)
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	Non-Pref	PA
INDOCIN SUP 50MG	Pref	
INDOCIN SUS 25MG/5ML	Pref	
<i>indomethacin cap 25 mg</i>	Pref	QL (4 caps / 1 day)
<i>indomethacin cap 50 mg</i>	Pref	QL (4 caps / 1 day)
<i>indomethacin cap er 75 mg</i>	Non-Pref	PA
<i>inflammacin mis 75-0.025</i>	Non-Pref	PA
<i>ketoprofen cap 50 mg</i>	Non-Pref	PA
<i>ketoprofen cap 75 mg</i>	Non-Pref	PA
<i>ketoprofen cap er 24hr 200 mg</i>	Non-Pref	PA
KETOR TROMET SPR 15.75MG	Non-Pref	PA
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	Pref	PA
<i>ketorolac tromethamine inj 15 mg/ml</i>	Pref	PA
<i>ketorolac tromethamine inj 30 mg/ml</i>	Pref	PA
<i>ketorolac tromethamine tab 10 mg</i>	Pref	QL (4 tabs / 1 day)
<i>meclofenamate sodium cap 50 mg</i>	Non-Pref	PA
<i>meclofenamate sodium cap 100 mg</i>	Non-Pref	PA
<i>mefenamic acid cap 250 mg</i>	Non-Pref	PA
<i>meloxicam cap 5 mg</i>	Non-Pref	PA
<i>meloxicam cap 10 mg</i>	Non-Pref	PA
<i>meloxicam tab 7.5 mg</i>	Pref	
<i>meloxicam tab 15 mg</i>	Pref	
MOBIC TAB 7.5MG	Non-Pref	PA
MOBIC TAB 15MG	Non-Pref	PA
<i>nabumetone tab 500 mg</i>	Pref	QL (4 tabs / 1 day)
<i>nabumetone tab 750 mg</i>	Pref	QL (4 tabs / 1 day)
NALFON CAP 400MG	Non-Pref	PA
NALFON TAB 600MG	Non-Pref	PA
NAPRELAN TAB 375MG CR	Non-Pref	PA
NAPRELAN TAB 500MG CR	Non-Pref	PA
NAPRELAN TAB 750MG CR	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NAPROSYN SUS 125/5ML	Non-Pref	PA, QL (100 mL / 1 day)
<i>naproxen sodium tab 220 mg</i>	Pref	QL (3 tabs / 1 day), OTC
<i>naproxen sodium tab 275 mg</i>	Non-Pref	PA
<i>naproxen sodium tab 550 mg</i>	Non-Pref	PA
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i>	Non-Pref	PA
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i>	Non-Pref	PA
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i>	Non-Pref	PA
<i>naproxen susp 125 mg/5ml</i>	Pref	QL (100 mL / 1 day)
<i>naproxen tab 250 mg</i>	Pref	QL (3 tabs / 1 day)
<i>naproxen tab 375 mg</i>	Pref	QL (3 tabs / 1 day)
<i>naproxen tab 500 mg</i>	Pref	QL (3 tabs / 1 day)
<i>naproxen tab ec 375 mg</i>	Pref	QL (3 tabs / 1 day)
<i>naproxen tab ec 500 mg</i>	Pref	QL (3 tabs / 1 day)
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	Non-Pref	PA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	Non-Pref	PA
<i>oxaprozin tab 600 mg</i>	Non-Pref	PA
<i>piroxicam cap 10 mg</i>	Non-Pref	PA
<i>piroxicam cap 20 mg</i>	Non-Pref	PA
PREVIDOLRX PAK ANALGESI	Non-Pref	PA
<i>previrolrx pak plus</i>	Non-Pref	PA
RELAFEN DS TAB 1000MG	Non-Pref	PA
SPRIX SPR 15.75MG	Non-Pref	PA
<i>sulindac tab 150 mg</i>	Pref	QL (3 tabs / 1 day)
<i>sulindac tab 200 mg</i>	Pref	QL (3 tabs / 1 day)
VIMOVO TAB 375-20MG	Non-Pref	PA
VIMOVO TAB 500-20MG	Non-Pref	PA
VIVLODEX CAP 5MG	Non-Pref	PA
VIVLODEX CAP 10MG	Non-Pref	PA
ZIPSOR CAP 25MG	Non-Pref	PA
ZORVOLEX CAP 18MG	Non-Pref	PA
ZORVOLEX CAP 35MG	Non-Pref	PA
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA TAB 10/20/30	Non-Pref	SP, PA
OTEZLA TAB 30MG	Non-Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **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
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**PYRIMIDINE SYNTHESIS INHIBITORS**

ARAVA TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
ARAVA TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day)
<i>leflunomide tab 10 mg</i>	Pref	QL (1 tab / 1 day)
<i>leflunomide tab 20 mg</i>	Pref	QL (1 tab / 1 day)

**SELECTIVE COSTIMULATION MODULATORS**

ORENCIA CLCK INJ 125MG/ML	Non-Pref	SP, PA
ORENCIA INJ 50/0.4ML	Non-Pref	SP, PA
ORENCIA INJ 87.5/0.7	Non-Pref	SP, PA
ORENCIA INJ 125MG/ML	Non-Pref	SP, PA
ORENCIA INJ 250MG	Non-Pref	SP, PA

**SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

ENBREL INJ 25/0.5ML	Pref	SP, PA, QL (8 syringes / 24 days)
ENBREL INJ 25MG	Pref	SP, PA
ENBREL INJ 25MG	Pref	SP, PA, QL (4 syringes / 24 days)
ENBREL INJ 50MG/ML	Pref	SP, PA, QL (4 syringes / 24 days)
ENBREL MINI INJ 50MG/ML	Non-Pref	SP, PA
ENBREL SRCLK INJ 50MG/ML	Pref	SP, PA, QL (4 pens / 24 days)

**ANALGESICS - NONNARCOTIC**

**ANALGESIC COMBINATIONS**

ALLZITAL TAB 25-325MG	Non-Pref	PA
<i>bac tab</i>	Pref	QL (6 tabs / 1 day)
<i>bupap tab 50-300mg</i>	Non-Pref	PA
<i>butalbital-acetaminophen cap 50-300 mg</i>	Non-Pref	PA
<i>butalbital-acetaminophen tab 50-300 mg</i>	Non-Pref	PA
<i>butalbital-acetaminophen tab 50-325 mg</i>	Non-Pref	PA
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	Non-Pref	PA
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	Non-Pref	PA
<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>	Non-Pref	PA
ESGIC TAB	Non-Pref	PA, QL (6 tabs / 1 day)
FIORICET CAP	Non-Pref	PA

**AGE** - Age Limit    **AGE\*** - See Table in Preface for Age Limit    **DS** - Covered up to 90 days    **EA** - Expedited Authorization    **MME** - Max Morphine Equivalent of 120 mg  
**Non-Pref** - Non-Preferred    **OTC** - Over the counter    **PA** - Prior Authorization    **Pref** - Preferred    **QL** - Quantity Limits    **SP** - Specialty    **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vtol lq sol</i>	Non-Pref	PA

### **ANALGESICS OTHER**

<i>acetaminophen chew tab 80 mg</i>	Pref	QL (6 tabs / 1 day), OTC
<i>acetaminophen chew tab 160 mg</i>	Pref	QL (6 tabs / 1 day), OTC
<i>acetaminophen disintegrating tab 160 mg</i>	Pref	QL (25 tabs / 1 day), OTC
<i>acetaminophen liquid 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen soln 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen suppos 120 mg</i>	Pref	QL (34 supp / 1 day), OTC
<i>acetaminophen suppos 650 mg</i>	Pref	QL (6 supp / 1 day), OTC
<i>acetaminophen susp 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen tab 325 mg</i>	Pref	QL (12 tabs / 1 day), OTC
<i>acetaminophen tab 500 mg</i>	Pref	QL (8 tabs / 1 day), OTC
<i>acetaminophen tab er 650 mg</i>	Pref	QL (6 tabs / 1 day), OTC
FEVERALL INF SUP 80MG	Pref	QL (50 supp / 1 day), OTC
FEVERALL SUP 325MG	Pref	QL (12 supp / 1 day), OTC
TYLENOL CHLD SUS 160/5ML	Pref	OTC
TYLENOL TAB 500MG	Pref	OTC

### **SALICYLATES**

<i>aspirin chew tab 81 mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>aspirin tab 325 mg</i>	Pref	OTC
<i>aspirin tab delayed release 81 mg</i>	Pref	OTC
<i>aspirin tab delayed release 325 mg</i>	Pref	QL (12 tabs / 1 day), OTC
<i>diflunisal tab 500 mg</i>	Non-Pref	PA
<i>salsalate tab 500 mg</i>	Non-Pref	PA
<i>salsalate tab 750 mg</i>	Non-Pref	PA

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

#### **OPIOID AGONISTS**

ACTIQ LOZ 200MCG	Non-Pref	PA; MME
ACTIQ LOZ 400MCG	Non-Pref	PA; MME

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACTIQ LOZ 600MCG	Non-Pref	PA; MME
ACTIQ LOZ 800MCG	Non-Pref	PA; MME
ACTIQ LOZ 1200MCG	Non-Pref	PA; MME
ACTIQ LOZ 1600MCG	Non-Pref	PA; MME
CODEINE SULF TAB 15MG	Pref	AGE; QL; EA; MME
CODEINE SULF TAB 60MG	Pref	AGE; QL; EA; MME
<i>codeine sulfate tab 30 mg</i>	Pref	AGE; QL; EA; MME
CONZIP CAP 100MG	Non-Pref	PA, AGE; MME
CONZIP CAP 200MG	Non-Pref	PA, AGE; MME
CONZIP CAP 300MG	Non-Pref	PA, AGE; MME
DILAUDID LIQ 1MG/ML	Non-Pref	PA; MME
DILAUDID TAB 2MG	Non-Pref	PA; MME
DILAUDID TAB 4MG	Non-Pref	PA; MME
DILAUDID TAB 8MG	Non-Pref	PA; MME
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	Non-Pref	PA; MME
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	Non-Pref	PA; MME
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	Non-Pref	PA; MME
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	Non-Pref	PA; MME
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	Non-Pref	PA; MME
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Non-Pref	PA; MME
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	Non-Pref	PA; MME
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	Non-Pref	PA; MME
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	Non-Pref	PA; MME
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	Non-Pref	PA; MME
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	Non-Pref	PA; MME
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Pref	PA, QL (10 patches / 30 days); EA; MME
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Pref	PA, QL (10 patches / 30 days); EA; MME
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Non-Pref	PA; MME

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

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

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Non-Pref	PA; MME
HYSINGLA ER TAB 20 MG	Non-Pref	PA; MME
HYSINGLA ER TAB 30 MG	Non-Pref	PA; MME
HYSINGLA ER TAB 40 MG	Non-Pref	PA; MME
HYSINGLA ER TAB 60 MG	Non-Pref	PA; MME
HYSINGLA ER TAB 80 MG	Non-Pref	PA; MME
HYSINGLA ER TAB 100 MG	Non-Pref	PA; MME
HYSINGLA ER TAB 120 MG	Non-Pref	PA; MME
KADIAN CAP 10MG ER	Non-Pref	PA; MME
<i>levorphanol tartrate tab 2 mg</i>	Non-Pref	PA; MME
<i>levorphanol tartrate tab 3 mg</i>	Non-Pref	PA; MME
<i>meperidine hcl oral soln 50 mg/5ml</i>	Non-Pref	PA; MME
<i>meperidine hcl tab 50 mg</i>	Non-Pref	PA; MME
<i>methadone hcl conc 10 mg/ml</i>	Non-Pref	PA, QL (2 mL / 1 day); EA; MME
<i>methadone hcl inj 10 mg/ml</i>	Non-Pref	PA; EA; MME
<i>methadone hcl soln 5 mg/5ml</i>	Non-Pref	PA, QL (4 mL / 1 day); EA; MME
<i>methadone hcl soln 10 mg/5ml</i>	Non-Pref	PA, QL (2 mL / 1 day); EA; MME
<i>methadone hcl tab 5 mg</i>	Non-Pref	PA, QL (4 tabs / 1 day); EA; MME
<i>methadone hcl tab 10 mg</i>	Non-Pref	PA, QL (2 tabs / 1 day); EA; MME
<i>methadone hcl tab for oral susp 40 mg</i>	Non-Pref	PA, QL (0.5 tabs / 1 day); EA; MME
METHADONE INJ 10MG/ML	Non-Pref	PA; EA; MME
METHADOSE CON 10MG/ML	Non-Pref	PA; EA; MME
METHADOSE SF CON 10MG/ML	Non-Pref	PA; EA; MME
<i>methadose tab 40mg</i>	Non-Pref	PA, QL (0.5 tabs / 1 day); EA; MME
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Non-Pref	PA; MME

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate cap er 24hr 10 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate cap er 24hr 20 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate cap er 24hr 30 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate cap er 24hr 50 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate cap er 24hr 60 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate cap er 24hr 80 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate cap er 24hr 100 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate oral soln 10 mg/5ml</i>	Non-Pref	PA; MME
<i>morphine sulfate oral soln 20 mg/5ml</i>	Non-Pref	PA; MME
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Non-Pref	PA; MME
<i>morphine sulfate suppos 5 mg</i>	Pref	QL; EA; MME
<i>morphine sulfate suppos 10 mg</i>	Pref	QL; EA; MME
<i>morphine sulfate suppos 20 mg</i>	Pref	QL; EA; MME
<i>morphine sulfate suppos 30 mg</i>	Pref	QL; EA; MME
<i>morphine sulfate tab 15 mg</i>	Pref	QL; EA; MME
<i>morphine sulfate tab 30 mg</i>	Pref	QL; EA; MME
<i>morphine sulfate tab er 15 mg</i>	Pref	PA; EA; MME
<i>morphine sulfate tab er 30 mg</i>	Pref	PA, QL (3 tabs / 1 day); EA; MME
<i>morphine sulfate tab er 60 mg</i>	Pref	PA, QL (3 tabs / 1 day); EA; MME
<i>morphine sulfate tab er 100 mg</i>	Pref	PA, QL (3 tabs / 1 day); EA; MME
<i>morphine sulfate tab er 200 mg</i>	Pref	PA, QL (3 tabs / 1 day); EA; MME
MS CONTIN TAB 15MG ER	Non-Pref	PA; MME
MS CONTIN TAB 30MG ER	Non-Pref	PA; MME
MS CONTIN TAB 60MG ER	Non-Pref	PA; MME
MS CONTIN TAB 100MG ER	Non-Pref	PA; MME
MS CONTIN TAB 200MG ER	Non-Pref	PA; MME
NUCYNTA ER TAB 50MG	Non-Pref	PA; MME
NUCYNTA ER TAB 100MG	Non-Pref	PA; MME
NUCYNTA ER TAB 150MG	Non-Pref	PA; MME
NUCYNTA ER TAB 200MG	Non-Pref	PA; MME
NUCYNTA ER TAB 250MG	Non-Pref	PA; MME
NUCYNTA TAB 50MG	Non-Pref	PA; MME
NUCYNTA TAB 75MG	Non-Pref	PA; MME
NUCYNTA TAB 100MG	Non-Pref	PA; MME

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OXAYDO TAB 5MG	Non-Pref	PA; MME
OXAYDO TAB 7.5MG	Non-Pref	PA; MME
<i>oxycodone hcl cap 5 mg</i>	Non-Pref	PA; MME
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Non-Pref	PA; MME
<i>oxycodone hcl soln 5 mg/5ml</i>	Pref	QL; EA; MME
<i>oxycodone hcl tab 5 mg</i>	Pref	QL; EA; MME
<i>oxycodone hcl tab 10 mg</i>	Pref	QL; EA; MME
<i>oxycodone hcl tab 15 mg</i>	Pref	QL; EA; MME
<i>oxycodone hcl tab 20 mg</i>	Pref	QL; EA; MME
<i>oxycodone hcl tab 30 mg</i>	Pref	QL; EA; MME
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Non-Pref	PA; MME
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	Non-Pref	PA; MME
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Non-Pref	PA; MME
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	Non-Pref	PA; MME
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Non-Pref	PA; MME
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	Non-Pref	PA; MME
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Non-Pref	PA; MME
OXYCONTIN TAB 10MG CR	Non-Pref	PA; MME
OXYCONTIN TAB 15MG CR	Non-Pref	PA; MME
OXYCONTIN TAB 30MG CR	Non-Pref	PA; MME
OXYCONTIN TAB 60MG CR	Non-Pref	PA; MME
OXYCONTIN TAB 80MG CR	Non-Pref	PA; MME
<i>oxymorphone hcl tab 5 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab 10 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Non-Pref	PA, QL (2 tabs / 1 day); MME
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Non-Pref	PA; MME
QDOLO SOL 5MG/ML	Non-Pref	PA, AGE; MME
ROXICODONE TAB 5MG	Non-Pref	PA; MME
ROXICODONE TAB 15MG	Non-Pref	PA; MME
ROXICODONE TAB 30MG	Non-Pref	PA; MME
SUBSYS SPR 100MCG	Non-Pref	PA; MME
SUBSYS SPR 200MCG	Non-Pref	PA; MME

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUBSYS SPR 1200MCG	Non-Pref	PA; MME
SUBSYS SPR 1600MCG	Non-Pref	PA; MME
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	Non-Pref	PA, AGE; MME
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	Non-Pref	PA, AGE; MME
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	Non-Pref	PA, AGE; MME
<i>tramadol hcl tab 50 mg</i>	Pref	AGE; QL; EA; MME
<i>tramadol hcl tab 100 mg</i>	Non-Pref	PA, AGE; MME
<i>tramadol hcl tab er 24hr 100 mg</i>	Pref	PA, QL (1 tab / 1 day); QL; EA; MME
<i>tramadol hcl tab er 24hr 200 mg</i>	Pref	PA, QL (1 tab / 1 day); QL; EA; MME
<i>tramadol hcl tab er 24hr 300 mg</i>	Pref	PA, QL (1 tab / 1 day); QL; EA; MME
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Non-Pref	PA, AGE; MME
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Non-Pref	PA, AGE; MME
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Non-Pref	PA, AGE; MME
ULTRAM TAB 50MG	Non-Pref	PA, AGE; MME
XTAMPZA ER CAP 9MG	Non-Pref	PA; MME
XTAMPZA ER CAP 13.5MG	Non-Pref	PA; MME
XTAMPZA ER CAP 18MG	Non-Pref	PA; MME
XTAMPZA ER CAP 27MG	Non-Pref	PA; MME
XTAMPZA ER CAP 36MG	Non-Pref	PA; MME

### **OPIOID COMBINATIONS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Pref	AGE; QL; EA; MME
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Pref	AGE; QL; EA; MME
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Pref	AGE; QL; EA; MME
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Pref	AGE; QL; EA; MME
<i>acetaminophen-cafeine-dihydrocodeine cap 320.5-30-16 mg</i>	Non-Pref	PA, AGE; MME
APADAZ TAB 4.08-325	Non-Pref	PA; MME
APADAZ TAB 6.12-325	Non-Pref	PA; MME

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
APADAZ TAB 8.16-325	Non-Pref	PA; MME
<i>ascomp/cod cap 30mg</i>	Pref	AGE; QL; EA; MME
BENZHY/ACETA TAB 4.08-325	Non-Pref	PA; MME
BENZHY/ACETA TAB 6.12-325	Non-Pref	PA; MME
BENZHY/ACETA TAB 8.16-325	Non-Pref	PA; MME
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Pref	AGE; QL; EA; MME
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Pref	AGE; QL; EA; MME
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	Pref	AGE; QL; EA; MME
<i>endocet tab 2.5-325</i>	Pref	QL; EA; MME
<i>endocet tab 5-325mg</i>	Pref	QL; EA; MME
<i>endocet tab 7.5-325</i>	Pref	QL; EA; MME
<i>endocet tab 10-325mg</i>	Pref	QL; EA; MME
FIORICET CAP CODEINE	Non-Pref	PA, AGE; MME
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Pref	QL; EA; MME
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Pref	QL; EA; MME
LORTAB ELX 10-300MG	Non-Pref	PA; MME
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Pref	QL; EA; MME
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Pref	QL; EA; MME
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Pref	QL; EA; MME

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Pref	QL; EA; MME
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	Non-Pref	PA; MME
PERCOCET TAB 2.5-325	Non-Pref	PA; MME
PERCOCET TAB 5-325MG	Non-Pref	PA; MME
PERCOCET TAB 7.5-325	Non-Pref	PA; MME
PERCOCET TAB 10-325MG	Non-Pref	PA; MME
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Pref	AGE; QL; EA; MME
ULTRACET TAB 37.5-325	Non-Pref	PA, AGE; MME

### **OPIOID PARTIAL AGONISTS**

BELBUCA MIS 75MCG	Non-Pref	PA; MME
BELBUCA MIS 150MCG	Non-Pref	PA; MME
BELBUCA MIS 300MCG	Non-Pref	PA; MME
BELBUCA MIS 450MCG	Non-Pref	PA; MME
BELBUCA MIS 600MCG	Non-Pref	PA; MME
BELBUCA MIS 750MCG	Non-Pref	PA; MME
BELBUCA MIS 900MCG	Non-Pref	PA; MME
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Non-Pref	PA, QL (16 tabs / 1 day); EA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Non-Pref	PA, QL (4 tabs / 1 day); EA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Non-Pref	PA, QL (16 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Non-Pref	PA, QL (8 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Non-Pref	PA, QL (4 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Non-Pref	PA, QL (2 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Pref	QL (16 tabs / 1 day); Max 32 mg / day
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Pref	QL (4 tabs / 1 day); Max 32 mg / day
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Pref	PA; QL; EA; MME
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Pref	PA; QL; EA; MME
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Pref	PA; QL; EA; MME
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Pref	PA; QL; EA; MME

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Pref	PA; QL; EA; MME
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Non-Pref	PA; MME
BUTRANS DIS 5MCG/HR	Pref	PA; QL; EA; MME
BUTRANS DIS 7.5/HR	Pref	PA; QL; EA; MME
BUTRANS DIS 10MCG/HR	Pref	PA; QL; EA; MME
BUTRANS DIS 15MCG/HR	Pref	PA; QL; EA; MME
BUTRANS DIS 20MCG/HR	Pref	PA; QL; EA; MME
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	Non-Pref	PA; MME
SUBLOCADE INJ 100/0.5	Pref	SP, QL (1 syringe / 24 days)
SUBLOCADE INJ 300/1.5	Pref	SP, QL (1 syringe / 24 days)
SUBOXONE MIS 2-0.5MG	Pref	QL (16 films / 1 day); Max 32 mg / day
SUBOXONE MIS 4-1MG	Pref	QL (8 films / 1 day); Max 32 mg / day
SUBOXONE MIS 8-2MG	Pref	QL (4 films / 1 day); Max 32 mg / day
SUBOXONE MIS 12-3MG	Pref	QL (2 films / 1 day); Max 32 mg / day
ZUBSOLV SUB 0.7-0.18	Non-Pref	PA
ZUBSOLV SUB 1.4-0.36	Non-Pref	PA
ZUBSOLV SUB 2.9-0.71	Non-Pref	PA
ZUBSOLV SUB 5.7-1.4	Non-Pref	PA
ZUBSOLV SUB 8.6-2.1	Non-Pref	PA
ZUBSOLV SUB 11.4-2.9	Non-Pref	PA

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

### **ANABOLIC STEROIDS**

<i>oxandrolone tab 2.5 mg</i>	Pref	PA; EA
<i>oxandrolone tab 10 mg</i>	Pref	PA; EA

### **ANDROGENS**

ANDRODERM DIS 2MG/24HR	Pref	PA; EA
ANDRODERM DIS 4MG/24HR	Pref	PA; EA
ANDROGEL GEL 1%(25MG)	Non-Pref	PA
ANDROGEL GEL 1%(50MG)	Non-Pref	PA
ANDROGEL GEL 1.62%	Non-Pref	PA
AVEED INJ 750/3ML	Non-Pref	PA; EA
<i>danazol cap 50 mg</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>danazol cap 100 mg</i>	Pref	
<i>danazol cap 200 mg</i>	Pref	
DEPO-TESTOST INJ 100MG/ML	Non-Pref	PA
DEPO-TESTOST INJ 200MG/ML	Non-Pref	PA
FORTESTA GEL 10MG/ACT	Non-Pref	PA
JATENZO CAP 158MG	Non-Pref	PA
JATENZO CAP 198MG	Non-Pref	PA
JATENZO CAP 237MG	Non-Pref	PA
METHITEST TAB 10MG	Non-Pref	PA
<i>methyltestosterone cap 10 mg</i>	Non-Pref	PA
NATESTO GEL 5.5MG	Non-Pref	PA
TESTIM GEL 1%(50MG)	Pref	PA
TESTOPEL MIS PELLETS	Non-Pref	PA
TESTOST CYP INJ 200MG/ML	Non-Pref	PA; EA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Pref	PA; EA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Pref	PA; EA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Non-Pref	PA; EA
<i>testosterone td gel 10mg/act (2%)</i>	Non-Pref	PA; EA
<i>testosterone td gel 12.5 mg/act (1%)</i>	Pref	PA; EA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	Non-Pref	PA; EA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	Non-Pref	PA; EA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Pref	PA; EA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	Non-Pref	PA; EA
<i>testosterone td gel 50 mg/5gm (1%)</i>	Pref	PA; EA
<i>testosterone td soln 30 mg/act</i>	Non-Pref	PA
VOGELXO GEL 1%(50MG)	Non-Pref	PA
VOGELXO GEL PUMP 1%	Non-Pref	PA
XYOSTED INJ 50/0.5	Non-Pref	PA; EA
XYOSTED INJ 75/0.5	Non-Pref	PA; EA
XYOSTED INJ 100/0.5	Non-Pref	PA; EA

## **ANORECTAL AND RELATED PRODUCTS**

### **INTRARECTAL STEROIDS**

CORTENEMA ENE 100MG	Non-Pref	PA
CORTIFOAM AER 90MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone enema 100 mg/60ml</i>	Pref	
UCERIS AER 2MG/ACT	Non-Pref	PA

### **RECTAL COMBINATIONS**

<i>ana-lex kit</i>	Non-Pref	PA
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	Pref	QL (30 gm / 25 days)
LIDO-HYDRO GEL 2.8-0.55	Non-Pref	PA
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	Pref	
<i>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</i>	Non-Pref	PA
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%</i>	Non-Pref	PA
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-1%</i>	Non-Pref	PA
<i>lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%</i>	Non-Pref	PA
<i>lidocort cre 3-0.5%</i>	Pref	
PROCTOFOAM AER HC 1%	Non-Pref	PA

### **RECTAL STEROIDS**

ANUSOL-HC CRE 2.5%	Non-Pref	PA
<i>hydrocortisone perianal cream 1%</i>	Pref	
<i>hydrocortisone rectal cream 2.5%</i>	Pref	
<i>procto-pak cre 1%</i>	Pref	
PROCTOCORT CRE 1%	Non-Pref	PA

### **VASODILATING AGENTS**

RECTIV OIN 0.4%	Pref	PA
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## **ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID**

### **ANTACID COMBINATIONS**

MAG-AL LIQ	Pref	OTC
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### **ANTACIDS - CALCIUM SALTS**

CALCIUM CARB TAB 648MG	Pref	QL (16 tabs / 1 day), OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	Pref	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i>	Pref	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Pref	QL (500 mL / 25 days), OTC

## **ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES**

### **ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES**

<i>albendazole tab 200 mg</i>	Pref	QL (4 tabs / 25 days)
<i>albendazole tab 200 mg</i>	Non-Pref	PA, QL (4 tabs / 25 days)
ALBENZA TAB 200MG	Non-Pref	PA, QL (4 tabs / 25 days)
BENZNIDAZOLE TAB 12.5MG	Non-Pref	PA
BENZNIDAZOLE TAB 100MG	Non-Pref	PA
BILTRICIDE TAB 600MG	Non-Pref	PA
EMVERM CHW 100MG	Non-Pref	PA
<i>ivermectin tab 3 mg</i>	Non-Pref	PA
<i>pinworm med sus 144mg/ml</i>	Pref	QL (60 mL / 25 days), OTC
<i>praziquantel tab 600 mg</i>	Non-Pref	PA
STROMECTOL TAB 3MG	Non-Pref	PA

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

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

AEMCOLO TAB 194MG	Non-Pref	PA
FLAGYL CAP 375MG	Non-Pref	PA
METRONIDAZOL SUS 50MG/ML	Non-Pref	PA
<i>metronidazole cap 375 mg</i>	Non-Pref	PA
<i>metronidazole tab 250 mg</i>	Pref	QL (8 tabs / 1 day)
<i>metronidazole tab 500 mg</i>	Pref	QL (4 tabs / 1 day)
NEBUPENT INH 300MG	Pref	PA
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Pref	PA
<i>tinidazole tab 250 mg</i>	Pref	
<i>tinidazole tab 500 mg</i>	Pref	
<i>trimethoprim tab 100mg</i>	Pref	QL (6 tabs / 1 day)
XIFAXAN TAB 200MG	Pref	PA
XIFAXAN TAB 550MG	Pref	PA

### **ANTI-INFECTIVE MISC. - COMBINATIONS**

BACTRIM DS TAB 800-160	Non-Pref	PA, QL (4 tabs / 1 day)
BACTRIM TAB 400-80MG	Non-Pref	PA, QL (4 tabs / 1 day)
<i>hyophen tab</i>	Non-Pref	PA
<i>me/naphos/mb tab hyo 1</i>	Non-Pref	PA
<i>phosphasal tab</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	Pref	PA
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	Pref	QL (40 mL / 1 day)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Pref	QL (4 tabs / 1 day)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Pref	QL (4 tabs / 1 day)
<i>sulfatrim pd sus 200-40/5</i>	Pref	QL (40 mL / 1 day)
<i>uribel cap 118mg</i>	Non-Pref	PA
<i>urin d/s tab</i>	Non-Pref	PA
<i>uro-458 tab</i>	Non-Pref	PA
<i>uro-mp cap 118mg</i>	Non-Pref	PA
UROGESIC- TAB BLUE	Non-Pref	PA
<i>ustell cap</i>	Non-Pref	PA
<i>utira-c tab</i>	Non-Pref	PA
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone susp 750 mg/5ml</i>	Pref	
LAMPIT TAB 30MG	Pref	PA
LAMPIT TAB 120MG	Pref	PA
MEPRON SUS	Non-Pref	PA
<i>nitazoxanide tab 500 mg</i>	Non-Pref	PA
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOL 25MG/ML	Pref	
FIRVANQ SOL 50MG/ML	Pref	
VANCOCIN CAP 250MG	Non-Pref	PA
VANCOCIN HCL CAP 125MG	Non-Pref	PA
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Pref	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Pref	
VANCOMYCIN SOL 250/5ML	Non-Pref	PA
VANCOMYCIN SUS +SYRSPEN	Non-Pref	PA
<b>LEPROSTATICS</b>		
<i>dapsone tab 25 mg</i>	Pref	QL (4 tabs / 1 day)
<i>dapsone tab 100 mg</i>	Pref	QL (3 tabs / 1 day)
<b>LINCOSAMIDES</b>		
CLEOCIN CAP 75MG	Non-Pref	PA
CLEOCIN CAP 150MG	Non-Pref	PA, QL (8 caps / 1 day)
CLEOCIN CAP 300MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLEOCIN PED SOL 75MG/5ML	Non-Pref	PA
<i>clindamycin hcl cap 75 mg</i>	Pref	
<i>clindamycin hcl cap 150 mg</i>	Pref	QL (8 caps / 1 day)
<i>clindamycin hcl cap 300 mg</i>	Pref	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Pref	
LINCOCIN INJ 300MG/ML	Pref	PA
<i>lincomycin hcl inj 300 mg/ml</i>	Pref	PA
<b>MONOBACTAMS</b>		
CAYSTON INH 75MG	Pref	SP, PA
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml</i>	Non-Pref	PA
<i>linezolid tab 600 mg</i>	Pref	
SIVEXTRO TAB 200MG	Non-Pref	PA
ZYVOX SUS 100MG/5M	Non-Pref	PA
ZYVOX TAB 600MG	Non-Pref	PA
<b>PLEUROMUTILINS</b>		
XENLETA INJ 150/15ML	Pref	PA
XENLETA TAB 600MG	Pref	PA
<b>STREPTOGRAMINS</b>		
SYNERCID INJ 500MG	Pref	PA
<b>URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS</b>		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Non-Pref	PA
HIPREX TAB 1GM	Non-Pref	PA, QL (2 tabs / 1 day)
MACROBID CAP 100MG	Non-Pref	PA, QL (2 caps / 1 day)
MACRODANTIN CAP 25MG	Non-Pref	PA
MACRODANTIN CAP 50MG	Non-Pref	PA, QL (2 caps / 1 day)
MACRODANTIN CAP 100MG	Non-Pref	PA, QL (4 caps / 1 day)
<i>methenamine hippurate tab 1 gm</i>	Pref	QL (2 tabs / 1 day)
<i>methenamine mandelate tab 0.5 gm</i>	Pref	QL (8 tabs / 1 day)
<i>methenamine mandelate tab 1 gm</i>	Pref	QL (4 tabs / 1 day)
MONUROL PAK GRANULES	Non-Pref	PA
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	Non-Pref	PA
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Pref	QL (2 caps / 1 day)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Pref	QL (4 caps / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitrofurantoin monohydrate</i>	Pref	QL (2 caps / 1 day)
<i>macrocrystalline cap 100 mg</i>		
<i>nitrofurantoin susp 25 mg/5ml</i>	Non-Pref	PA

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

### **ANTIANGINALS-OTHER**

RANEXA TAB 500MG	Non-Pref	PA
RANEXA TAB 1000MG	Non-Pref	PA
<i>ranolazine tab er 12hr 500 mg</i>	Pref	PA
<i>ranolazine tab er 12hr 1000 mg</i>	Pref	PA

### **NITRATES**

GONITRO POW 400MCG	Non-Pref	PA
ISORDIL TAB 5MG	Pref	QL (4 tabs / 1 day)
ISORDIL TAB 40MG	Non-Pref	PA
<i>isosorbide dinitrate tab 5 mg</i>	Pref	QL (4 tabs / 1 day)
<i>isosorbide dinitrate tab 10 mg</i>	Pref	QL (4 tabs / 1 day)
<i>isosorbide dinitrate tab 20 mg</i>	Pref	QL (6 tabs / 1 day)
<i>isosorbide dinitrate tab 30 mg</i>	Pref	QL (4 tabs / 1 day)
<i>isosorbide dinitrate tab 40 mg</i>	Pref	
<i>isosorbide mononitrate tab 10 mg</i>	Pref	QL (3 tabs / 1 day)
<i>isosorbide mononitrate tab 20 mg</i>	Pref	QL (2 tabs / 1 day)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Pref	QL (2 tabs / 1 day)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Pref	QL (2 tabs / 1 day)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Pref	QL (2 tabs / 1 day)
NITRO-BID OIN 2%	Pref	QL (2 gm / 1 day)
NITRO-DUR DIS 0.1MG/HR	Non-Pref	PA, QL (1 patch / 1 day)
NITRO-DUR DIS 0.2MG/HR	Non-Pref	PA, QL (1 patch / 1 day)
NITRO-DUR DIS 0.3MG/HR	Pref	
NITRO-DUR DIS 0.4MG/HR	Non-Pref	PA, QL (1 patch / 1 day)
NITRO-DUR DIS 0.6MG/HR	Non-Pref	PA, QL (1 patch / 1 day)
NITRO-DUR DIS 0.8MG/HR	Pref	
<i>nitro-time cap 2.5mg cr</i>	Pref	QL (6 caps / 1 day)
<i>nitro-time cap 6.5mg cr</i>	Pref	QL (6 caps / 1 day)
<i>nitro-time cap 9mg cr</i>	Pref	QL (3 caps / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NITROGLYCER INJ 5MG/ML	Non-Pref	PA
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	Pref	PA
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	Pref	PA
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	Pref	PA
<i>nitroglycerin sl tab 0.3 mg</i>	Pref	QL (10 tabs / 1 day)
<i>nitroglycerin sl tab 0.4 mg</i>	Pref	QL (10 tabs / 1 day)
<i>nitroglycerin sl tab 0.6 mg</i>	Pref	QL (10 tabs / 1 day)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Pref	QL (1 patch / 1 day)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Pref	QL (1 patch / 1 day)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Pref	QL (1 patch / 1 day)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Pref	QL (1 patch / 1 day)
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	Non-Pref	PA
NITROLINGUAL SPR PUMPSRA	Non-Pref	PA
NITROMIST AER 400MCG	Non-Pref	PA
NITROSTAT SUB 0.3MG	Non-Pref	PA, QL (10 tabs / 1 day)
NITROSTAT SUB 0.4MG	Non-Pref	PA, QL (10 tabs / 1 day)
NITROSTAT SUB 0.6MG	Non-Pref	PA, QL (10 tabs / 1 day)

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

### **ANTIANXIETY AGENTS - MISC.**

<i>buspirone hcl tab 5 mg</i>	Pref
<i>buspirone hcl tab 7.5 mg</i>	Pref
<i>buspirone hcl tab 10 mg</i>	Pref
<i>buspirone hcl tab 15 mg</i>	Pref
<i>buspirone hcl tab 30 mg</i>	Pref
<i>droperidol inj 2.5 mg/ml</i>	Pref
<i>hydroxyzine hcl im soln 25 mg/ml</i>	Pref
<i>hydroxyzine hcl im soln 50 mg/ml</i>	Pref
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Pref
<i>hydroxyzine hcl tab 10 mg</i>	Pref
<i>hydroxyzine hcl tab 25 mg</i>	Pref
<i>hydroxyzine hcl tab 50 mg</i>	Pref
<i>hydroxyzine pamoate cap 25 mg</i>	Pref
<i>hydroxyzine pamoate cap 50 mg</i>	Pref
<i>hydroxyzine pamoate cap 100 mg</i>	Pref
<i>meprobamate tab 200 mg</i>	Non-Pref PA
<i>meprobamate tab 400 mg</i>	Non-Pref PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VISTARIL CAP 25MG	Non-Pref	PA
VISTARIL CAP 50MG	Non-Pref	PA
<b>BENZODIAZEPINES</b>		
ALPRAZOLAM CON 1 MG/ML	Non-Pref	PA
<i>alprazolam orally disintegrating tab 0.5 mg</i>	Non-Pref	PA
<i>alprazolam orally disintegrating tab 0.25 mg</i>	Non-Pref	PA
<i>alprazolam orally disintegrating tab 1 mg</i>	Non-Pref	PA
<i>alprazolam orally disintegrating tab 2 mg</i>	Non-Pref	PA
<i>alprazolam tab 0.5 mg</i>	Pref	
<i>alprazolam tab 0.5mg xr</i>	Non-Pref	PA
<i>alprazolam tab 0.25 mg</i>	Pref	
<i>alprazolam tab 1 mg</i>	Pref	
<i>alprazolam tab 1mg xr</i>	Non-Pref	PA
<i>alprazolam tab 2 mg</i>	Pref	
<i>alprazolam tab 2mg xr</i>	Non-Pref	PA
<i>alprazolam tab 3mg xr</i>	Non-Pref	PA
<i>alprazolam tab er 24hr 0.5 mg</i>	Non-Pref	PA
<i>alprazolam tab er 24hr 1 mg</i>	Non-Pref	PA
<i>alprazolam tab er 24hr 2 mg</i>	Non-Pref	PA
<i>alprazolam tab er 24hr 3 mg</i>	Non-Pref	PA
ATIVAN INJ 2MG/ML	Non-Pref	PA
ATIVAN INJ 4MG/ML	Non-Pref	PA
ATIVAN TAB 0.5MG	Non-Pref	PA
ATIVAN TAB 1MG	Non-Pref	PA
ATIVAN TAB 2MG	Non-Pref	PA
<i>chlordiazepoxide hcl cap 5 mg</i>	Pref	
<i>chlordiazepoxide hcl cap 10 mg</i>	Pref	
<i>chlordiazepoxide hcl cap 25 mg</i>	Pref	
<i>clorazepate dipotassium tab 3.75 mg</i>	Pref	
<i>clorazepate dipotassium tab 7.5 mg</i>	Pref	
<i>clorazepate dipotassium tab 15 mg</i>	Pref	
<i>diazepam conc 5 mg/ml</i>	Pref	
<i>diazepam inj 5 mg/ml</i>	Pref	
<i>diazepam oral soln 1 mg/ml</i>	Pref	
<i>diazepam tab 2 mg</i>	Pref	
<i>diazepam tab 5 mg</i>	Pref	
<i>diazepam tab 10 mg</i>	Pref	
<i>lorazepam conc 2 mg/ml</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lorazepam inj 2 mg/ml</i>	Pref	
<i>lorazepam inj 4 mg/ml</i>	Pref	
<i>lorazepam tab 0.5 mg</i>	Pref	
<i>lorazepam tab 1 mg</i>	Pref	
<i>lorazepam tab 2 mg</i>	Pref	
LOREEV XR CAP 1MG	Non-Pref	PA
LOREEV XR CAP 2MG	Non-Pref	PA
LOREEV XR CAP 3MG	Non-Pref	PA
<i>oxazepam cap 10 mg</i>	Non-Pref	PA
<i>oxazepam cap 15 mg</i>	Non-Pref	PA
<i>oxazepam cap 30 mg</i>	Non-Pref	PA
TRANXENE T TAB 7.5MG	Non-Pref	PA
XANAX TAB 0.5MG	Non-Pref	PA
XANAX TAB 0.25MG	Non-Pref	PA
XANAX TAB 1MG	Non-Pref	PA
XANAX TAB 2MG	Non-Pref	PA
XANAX XR TAB 0.5MG	Non-Pref	PA
XANAX XR TAB 1MG	Non-Pref	PA
XANAX XR TAB 2MG	Non-Pref	PA
XANAX XR TAB 3MG	Non-Pref	PA

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

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

<i>disopyramide phosphate cap 100 mg</i>	Pref	
<i>disopyramide phosphate cap 150 mg</i>	Pref	QL (5 caps / 1 day)
NORPACE CAP 100MG	Non-Pref	PA
NORPACE CAP 100MG CR	Non-Pref	PA
NORPACE CAP 150MG	Non-Pref	PA, QL (5 caps / 1 day)
NORPACE CAP 150MG CR	Non-Pref	PA
<i>procainamide hcl inj 100 mg/ml</i>	Pref	PA
<i>procainamide hcl inj 500 mg/ml</i>	Pref	PA
<i>quinidine gluconate tab er 324 mg</i>	Pref	QL (6 tabs / 1 day)
<i>quinidine sulfate tab 200 mg</i>	Non-Pref	PA
<i>quinidine sulfate tab 300 mg</i>	Non-Pref	PA

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

<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	Pref	PA
<i>lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)</i>	Pref	PA
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	Pref	PA
LIDOCAINE INJ 20MG/ML	Pref	PA
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	Pref	PA
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	Pref	PA
<i>mexiletine hcl cap 150 mg</i>	Pref	QL (6 caps / 1 day)
<i>mexiletine hcl cap 200 mg</i>	Pref	QL (6 caps / 1 day)
<i>mexiletine hcl cap 250 mg</i>	Pref	QL (6 caps / 1 day)

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

<i>flecainide acetate tab 50 mg</i>	Pref	QL (7 tabs / 1 day)
<i>flecainide acetate tab 100 mg</i>	Pref	QL (6 tabs / 1 day)
<i>flecainide acetate tab 150 mg</i>	Pref	QL (3 tabs / 1 day)
<i>propafenone hcl cap er 12hr 225 mg</i>	Pref	
<i>propafenone hcl cap er 12hr 325 mg</i>	Pref	
<i>propafenone hcl cap er 12hr 425 mg</i>	Pref	
<i>propafenone hcl tab 150 mg</i>	Pref	QL (6 tabs / 1 day)
<i>propafenone hcl tab 225 mg</i>	Pref	QL (3 tabs / 1 day)
<i>propafenone hcl tab 300 mg</i>	Pref	
RYTHMOL SR CAP 225MG	Non-Pref	PA
RYTHMOL SR CAP 325MG	Non-Pref	PA
RYTHMOL SR CAP 425MG	Non-Pref	PA

#### **ANTIARRHYTHMICS TYPE III**

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	Pref	PA
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	Pref	PA
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	Pref	PA
<i>amiodarone hcl tab 100 mg</i>	Pref	QL (4 tabs / 1 day)
<i>amiodarone hcl tab 200 mg</i>	Pref	QL (4 tabs / 1 day)
<i>amiodarone hcl tab 400 mg</i>	Pref	QL (4 tabs / 1 day)
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Pref	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Pref	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Pref	
MULTAQ TAB 400MG	Non-Pref	PA
NEXTERONE INJ	Pref	PA
<i>pacerone tab 100mg</i>	Non-Pref	PA, QL (4 tabs / 1 day)
<i>pacerone tab 200mg</i>	Non-Pref	PA, QL (4 tabs / 1 day)
<i>pacerone tab 400mg</i>	Non-Pref	PA, QL (4 tabs / 1 day)
TIKOSYN CAP 125MCG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **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
TIKOSYN CAP 250MCG	Non-Pref	PA
TIKOSYN CAP 500MCG	Non-Pref	PA

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

### ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Pref	QL (26 mL/ 1 day); DS
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### ANTIASTHMATIC - MONOCLONAL ANTIBODIES

CINQAIR INJ	Pref	SP, PA
FASENRA INJ 30MG/ML	Pref	SP, PA
FASENRA PEN INJ 30MG/ML	Pref	SP, PA
NUCALA INJ 100MG	Non-Pref	SP, PA
NUCALA INJ 100MG/ML	Non-Pref	SP, PA
XOLAIR INJ 75/0.5	Pref	SP, PA
XOLAIR INJ 150MG/ML	Pref	SP, PA
XOLAIR SOL 150MG	Pref	SP, PA

### BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	Pref	
INCRUSE ELPT INH 62.5MCG	Non-Pref	PA
<i>ipratropium bromide inhal soln 0.02%</i>	Pref	QL (540 mL / 25 days); DS
LONHALA MAGN SOL 25MCG	Non-Pref	PA
SPIRIVA AER 1.25MCG	Non-Pref	PA
SPIRIVA CAP HANDIHLR	Pref	QL (1 cap / 1 day)
SPIRIVA SPR 2.5MCG	Non-Pref	PA
TUDORZA PRES AER 400/ACT	Non-Pref	PA
YUPELRI SOL	Non-Pref	PA

### LEUKOTRIENE MODULATORS

ACCOLATE TAB 10MG	Non-Pref	PA, QL (2 tabs / 1 day)
ACCOLATE TAB 20MG	Non-Pref	PA, QL (2 tabs / 1 day)
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); DS
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); DS
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	Pref	QL (1 packet / 1 day); DS
<i>montelukast sodium tab 10 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); DS
SINGULAIR CHW 4MG	Non-Pref	PA, QL (1 tab / 1 day)
SINGULAIR CHW 5MG	Non-Pref	PA, QL (1 tab / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SINGULAIR GRA 4MG	Non-Pref	PA, QL (1 packet / 1 day)
SINGULAIR TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
<i>zafirlukast tab 10 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>zafirlukast tab 20 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>zileuton tab er 12hr 600 mg</i>	Non-Pref	PA
ZYFLO TAB 600MG	Non-Pref	PA

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

DALIRESP TAB 250MCG	Pref	PA
DALIRESP TAB 500MCG	Pref	PA

### **STEROID INHALANTS**

ALVESCO AER 80MCG	Non-Pref	PA
ALVESCO AER 160MCG	Non-Pref	PA
ARMONAIR DIG AER 55MCG	Non-Pref	PA
ARMONAIR DIG AER 113MCG	Non-Pref	PA
ARMONAIR DIG AER 232MCG	Non-Pref	PA
ARNUITY ELPT INH 50MCG	Non-Pref	PA
ARNUITY ELPT INH 100MCG	Non-Pref	PA
ARNUITY ELPT INH 200MCG	Non-Pref	PA
ASMANEX 7 AER 110MCG	Non-Pref	PA
ASMANEX 14 AER 220MCG	Non-Pref	PA
ASMANEX 30 AER 110MCG	Non-Pref	PA
ASMANEX 30 AER 220MCG	Non-Pref	PA
ASMANEX 60 AER 220MCG	Non-Pref	PA
ASMANEX 120 AER 220MCG	Non-Pref	PA
ASMANEX HFA AER 50MCG	Non-Pref	PA
ASMANEX HFA AER 100 MCG	Non-Pref	PA
ASMANEX HFA AER 200 MCG	Non-Pref	PA
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Pref	QL (120 mL / 25 days); DS
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Pref	QL (120 mL / 25 days); DS
<i>budesonide inhalation susp 1 mg/2ml</i>	Pref	QL (120 mL / 25 days); DS
FLOVENT DISK AER 50MCG	Pref	QL (180 inhalations / 77 days); DS
FLOVENT DISK AER 100MCG	Pref	QL (180 inhalations / 77 days); DS
FLOVENT DISK AER 250MCG	Pref	QL (180 inhalations / 77 days); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLOVENT HFA AER 44MCG	Pref	QL (3 inhalers / 77 days); DS
FLOVENT HFA AER 110MCG	Pref	QL (3 inhalers / 77 days); DS
FLOVENT HFA AER 220MCG	Pref	QL (3 inhalers / 77 days); DS
PULMICORT INH 90MCG	Pref	QL (3 inhalers / 77 days); DS
PULMICORT INH 180MCG	Pref	QL (3 inhalers / 77 days); DS
PULMICORT SUS 0.5MG/2	Non-Pref	PA, QL (120 mL / 25 days)
PULMICORT SUS 0.25MG/2	Non-Pref	PA, QL (120 mL / 25 days)
PULMICORT SUS 1MG/2ML	Non-Pref	PA, QL (120 mL / 25 days)
QVAR REDIHA AER 80MCG	Non-Pref	PA
QVAR REDIHAL AER 40MCG	Non-Pref	PA

### **SYMPATHOMIMETICS**

ADVAIR DISKU AER 100/50	Pref	QL (2 inhalations / 1 day); Max 180 / 77 days; DS
ADVAIR DISKU AER 250/50	Pref	QL (2 inhalations / 1 day); Max 180 / 77 days; DS
ADVAIR DISKU AER 500/50	Pref	QL (2 inhalations / 1 day); Max 180 / 77 days; DS
ADVAIR HFA AER 45/21	Pref	QL (3 inhalers / 77 days); DS
ADVAIR HFA AER 115/21	Pref	QL (3 inhalers / 77 days); DS
ADVAIR HFA AER 230/21	Pref	QL (3 inhalers / 77 days); DS
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

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Pref	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Non-Pref	PA
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Pref	QL (150 each / 25 days); DS
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Pref	QL (540 each / 25 days); DS
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Pref	QL (540 each / 25 days); DS
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Pref	QL (540 each / 25 days); DS
<i>albuterol sulfate syrup 2 mg/5ml</i>	Pref	QL (150 mL / 1 day); DS
<i>albuterol sulfate tab 2 mg</i>	Pref	QL (16 tabs / 1 day); DS
<i>albuterol sulfate tab 4 mg</i>	Pref	QL (8 tabs / 1 day); DS
ANORO ELLIPT AER 62.5-25	Non-Pref	PA
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	Non-Pref	PA
BEVESPI AER 9-4.8MCG	Non-Pref	PA
BREO ELLIPTA INH 100-25	Non-Pref	PA
BREO ELLIPTA INH 200-25	Non-Pref	PA
BREZTRI AERO AER SPHERE	Non-Pref	PA
BROVANA NEB 15MCG	Non-Pref	PA
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Pref	QL (3 inhalers / 77 days); DS
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Pref	QL (3 inhalers / 77 days); DS
COMBIVENT AER 20-100	Pref	
DUAKLIR AER 400/12	Non-Pref	PA
DULERA AER 50-5MCG	Pref	QL (3 inhalers / 77 days)
DULERA AER 100-5MCG	Pref	QL (4 inhalers / 77 days); DS
DULERA AER 200-5MCG	Pref	QL (4 inhalers / 77 days); DS
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i>	Pref	QL (2 inhalations / 1 day); Max 180 / 77 days; DS
<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/dose</i>	Pref	QL (2 inhalations / 1 day); Max 180 / 77 days; DS
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i>	Pref	QL (2 inhalations / 1 day); Max 180 / 77 days; DS
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	Non-Pref	PA
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Pref	QL (540 mL / 25 days); DS
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Non-Pref	PA
PERFOROMIST NEB 20MCG	Non-Pref	PA
PROAIR DIGIH AER	Non-Pref	PA
PROAIR HFA AER	Pref	
PROAIR RESPI AER	Non-Pref	PA
PROVENTIL AER HFA	Pref	
PROVENTIL AER HFA	Non-Pref	PA
SEREVENT DIS AER 50MCG	Pref	QL (2 inhalations / 1 day); DS
STIOLTO AER 2.5-2.5	Pref	
STRIVERDI AER 2.5MCG	Non-Pref	PA
SYMBICORT AER 80-4.5	Pref	QL (3 inhalers / 77 days); DS
SYMBICORT AER 160-4.5	Pref	QL (3 inhalers / 77 days); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>terbutaline sulfate inj 1 mg/ml</i>	Non-Pref	PA
<i>terbutaline sulfate tab 2.5 mg</i>	Non-Pref	PA
<i>terbutaline sulfate tab 5 mg</i>	Non-Pref	PA
TRELEGY AER ELLIPTA	Non-Pref	PA
VENTOLIN HFA AER	Non-Pref	PA
<i>wixela inhub aer 100/50</i>	Non-Pref	PA, QL (2 inhalations / 1 day); Max 180 / 77 days
<i>wixela inhub aer 250/50</i>	Non-Pref	PA, QL (2 inhalations / 1 day); Max 180 / 77 days
<i>wixela inhub aer 500/50</i>	Non-Pref	PA, QL (2 inhalations / 1 day); Max 180 / 77 days
XOPENEX CONC NEB 1.25/0.5	Non-Pref	PA
XOPENEX HFA AER	Non-Pref	PA
XOPENEX NEB 0.31MG	Non-Pref	PA
XOPENEX NEB 0.63MG	Non-Pref	PA
XOPENEX NEB 1.25/3ML	Non-Pref	PA

## **XANTHINES**

<i>aminophylline inj 25 mg/ml</i>	Pref	PA
THEO-24 CAP 100MG CR	Non-Pref	PA
THEO-24 CAP 200MG CR	Non-Pref	PA
THEO-24 CAP 300MG CR	Non-Pref	PA
THEO-24 CAP 400MG ER	Non-Pref	PA
<i>theophylline soln 80 mg/15ml</i>	Pref	DS
<i>theophylline tab er 12hr 300 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>theophylline tab er 12hr 450 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>theophylline tab er 24hr 400 mg</i>	Pref	
<i>theophylline tab er 24hr 600 mg</i>	Pref	QL (3 tabs / 1 day)

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

### **COUMARIN ANTICOAGULANTS**

<i>warfarin sodium tab 1 mg</i>	Pref	QL (10 tabs / 1 day)
<i>warfarin sodium tab 2 mg</i>	Pref	QL (10 tabs / 1 day)
<i>warfarin sodium tab 2.5 mg</i>	Pref	QL (10 tabs / 1 day)
<i>warfarin sodium tab 3 mg</i>	Pref	QL (10 tabs / 1 day)
<i>warfarin sodium tab 4 mg</i>	Pref	QL (10 tabs / 1 day)
<i>warfarin sodium tab 5 mg</i>	Pref	QL (10 tabs / 1 day)
<i>warfarin sodium tab 6 mg</i>	Pref	QL (10 tabs / 1 day)
<i>warfarin sodium tab 7.5 mg</i>	Pref	QL (10 tabs / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>warfarin sodium tab 10 mg</i>	Pref	QL (10 tabs / 1 day)
<b><i>DIRECT FACTOR XA INHIBITORS</i></b>		
ELIQUIS ST P TAB 5MG	Pref	
ELIQUIS TAB 2.5MG	Pref	
ELIQUIS TAB 5MG	Pref	
SAVAYSA TAB 15MG	Non-Pref	PA
SAVAYSA TAB 30MG	Non-Pref	PA
SAVAYSA TAB 60MG	Non-Pref	PA
XARELTO STAR TAB 15/20MG	Pref	
XARELTO TAB 2.5MG	Pref	
XARELTO TAB 10MG	Pref	QL (1 tab / 1 day)
XARELTO TAB 15MG	Pref	QL (2 tabs / 1 day)
XARELTO TAB 20MG	Pref	QL (1 tab / 1 day)
<b><i>HEPARINS AND HEPARINOID-LIKE AGENTS</i></b>		
ARIXTRA INJ 2.5/0.5	Non-Pref	PA
ARIXTRA INJ 5/0.4ML	Non-Pref	PA
ARIXTRA INJ 7.5/0.6	Non-Pref	PA
ARIXTRA INJ 10/0.8ML	Non-Pref	PA
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	Pref	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	Pref	
<i>enoxaparin sodium inj 100 mg/ml</i>	Pref	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	Pref	
<i>enoxaparin sodium inj 150 mg/ml</i>	Pref	
<i>enoxaparin sodium inj 300 mg/3ml</i>	Pref	
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	Pref	
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i>	Pref	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Non-Pref	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Non-Pref	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Non-Pref	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Non-Pref	PA
FRAGMIN INJ 2500/0.2	Non-Pref	PA
FRAGMIN INJ 5000/0.2	Non-Pref	PA
FRAGMIN INJ 7500/0.3	Non-Pref	PA
FRAGMIN INJ 10000/ML	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FRAGMIN INJ 12500UNT	Non-Pref	PA
FRAGMIN INJ 15000UNT	Non-Pref	PA
FRAGMIN INJ 18000UNT	Non-Pref	PA
FRAGMIN INJ 95000UNT	Non-Pref	PA
HEP SOD/DEXT INJ 25000UNT	Pref	PA
HEP SOD/NACL INJ 12500UNT	Pref	PA
HEP SOD/NACL INJ 25000UNT	Pref	PA
<i>heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%</i>	Pref	PA
<i>heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%</i>	Pref	PA
HEPARIN SOD INJ 5000/0.5	Pref	PA
HEPARIN SOD INJ 5000/ML	Pref	PA
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	Pref	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Pref	PA
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	Pref	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Pref	PA
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	Pref	PA
<i>heparin sodium (porcine) lock flush iv soln 1 unit/ml</i>	Pref	PA
<i>heparin sodium (porcine) lock flush iv soln 10 unit/ml</i>	Pref	PA
<i>heparin sodium (porcine) lock flush iv soln 100 unit/ml</i>	Pref	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Pref	PA
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	Pref	PA
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	Pref	PA
HEPARIN/NACL INJ 25000UNT	Pref	PA
LOVENOX INJ 30/0.3ML	Non-Pref	PA
LOVENOX INJ 40/0.4ML	Non-Pref	PA
LOVENOX INJ 60/0.6ML	Non-Pref	PA
LOVENOX INJ 80/0.8ML	Non-Pref	PA
LOVENOX INJ 100MG/ML	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOVENOX INJ 120/0.8	Non-Pref	PA
LOVENOX INJ 150MG/ML	Non-Pref	PA
LOVENOX INJ 300/3ML	Non-Pref	PA

### **THROMBIN INHIBITORS**

PRADAXA CAP 75MG	Pref
PRADAXA CAP 110MG	Pref
PRADAXA CAP 150MG	Pref

## **ANTICONVULSANTS - DRUGS TO TREAT SEIZURES**

### **AMPA GLUTAMATE RECEPTOR ANTAGONISTS**

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

### **ANTICONVULSANTS - BENZODIAZEPINES**

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

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diazepam rectal gel delivery system 20 mg</i>	Pref	
KLONOPIN TAB 0.5MG	Non-Pref	PA
KLONOPIN TAB 1MG	Non-Pref	PA
KLONOPIN TAB 2MG	Non-Pref	PA
NAYZILAM SPR 5MG	Non-Pref	PA
ONFI SUS 2.5MG/ML	Non-Pref	PA
ONFI TAB 10MG	Non-Pref	PA
ONFI TAB 20MG	Non-Pref	PA
SYMPAZAN MIS 5MG	Non-Pref	PA
SYMPAZAN MIS 10MG	Non-Pref	PA
SYMPAZAN MIS 20MG	Non-Pref	PA
VALTOCO SPR 5MG	Non-Pref	PA
VALTOCO SPR 10MG	Non-Pref	PA
VALTOCO SPR 15MG	Non-Pref	PA
VALTOCO SPR 20MG	Non-Pref	PA
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM TAB 200MG	Non-Pref	PA
APTIOM TAB 400MG	Non-Pref	PA
APTIOM TAB 600MG	Non-Pref	PA
APTIOM TAB 800MG	Non-Pref	PA
BANZEL SUS 40MG/ML	Non-Pref	PA
BANZEL TAB 200MG	Non-Pref	PA
BANZEL TAB 400MG	Non-Pref	PA
BRIVIACT INJ 50MG/5ML	Pref	PA
BRIVIACT SOL 10MG/ML	Non-Pref	PA
BRIVIACT TAB 10MG	Non-Pref	PA
BRIVIACT TAB 25MG	Non-Pref	PA
BRIVIACT TAB 50MG	Non-Pref	PA
BRIVIACT TAB 75MG	Non-Pref	PA
BRIVIACT TAB 100MG	Non-Pref	PA
<i>carbamazepine cap er 12hr 100 mg</i>	Pref	
<i>carbamazepine cap er 12hr 200 mg</i>	Pref	
<i>carbamazepine cap er 12hr 300 mg</i>	Pref	
<i>carbamazepine chew tab 100 mg</i>	Pref	
<i>carbamazepine susp 100 mg/5ml</i>	Pref	
<i>carbamazepine tab 200 mg</i>	Pref	
<i>carbamazepine tab er 12hr 100 mg</i>	Pref	
<i>carbamazepine tab er 12hr 200 mg</i>	Pref	
<i>carbamazepine tab er 12hr 400 mg</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CARBATROL CAP 100MG	Non-Pref	PA
CARBATROL CAP 200MG	Non-Pref	PA
CARBATROL CAP 300MG	Non-Pref	PA
DIACOMIT CAP 250MG	Non-Pref	SP, PA
DIACOMIT CAP 500MG	Non-Pref	SP, PA
DIACOMIT PAK 250MG	Non-Pref	SP, PA
DIACOMIT PAK 500MG	Non-Pref	SP, PA
ELEPSIA XR TAB 1000MG	Non-Pref	PA
ELEPSIA XR TAB 1500MG	Non-Pref	PA
EPIDIOLEX SOL 100MG/ML	Non-Pref	SP, PA
<i>epitol tab 200mg</i>	Pref	
FINTEPLA SOL 2.2MG/ML	Non-Pref	PA
<i>gabapentin cap 100 mg</i>	Pref	
<i>gabapentin cap 300 mg</i>	Pref	
<i>gabapentin cap 400 mg</i>	Pref	
<i>gabapentin oral soln 250 mg/5ml</i>	Pref	
<i>gabapentin tab 600 mg</i>	Pref	
<i>gabapentin tab 800 mg</i>	Pref	
KEPPRA INJ 500/5ML	Non-Pref	PA
KEPPRA SOL 100MG/ML	Non-Pref	PA
KEPPRA TAB 250MG	Non-Pref	PA
KEPPRA TAB 500MG	Non-Pref	PA
KEPPRA TAB 750MG	Non-Pref	PA
KEPPRA TAB 1000MG	Non-Pref	PA
KEPPRA XR TAB 500MG	Non-Pref	PA
KEPPRA XR TAB 750MG	Non-Pref	PA
LAMICTAL CHW 5MG	Non-Pref	PA
LAMICTAL CHW 25MG	Non-Pref	PA
LAMICTAL KIT START 35	Non-Pref	PA
LAMICTAL KIT START 49	Non-Pref	PA
LAMICTAL KIT START 98	Non-Pref	PA
LAMICTAL ODT KIT	Non-Pref	PA
LAMICTAL ODT TAB 25MG	Non-Pref	PA
LAMICTAL ODT TAB 50MG	Non-Pref	PA
LAMICTAL ODT TAB 100MG	Non-Pref	PA
LAMICTAL ODT TAB 200MG	Non-Pref	PA
LAMICTAL TAB 25MG	Non-Pref	PA
LAMICTAL TAB 100MG	Non-Pref	PA
LAMICTAL TAB 150MG	Non-Pref	PA
LAMICTAL TAB 200MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LAMICTAL XR KIT	Non-Pref	PA
LAMICTAL XR TAB 25MG	Non-Pref	PA
LAMICTAL XR TAB 50MG	Non-Pref	PA
LAMICTAL XR TAB 100MG	Non-Pref	PA
LAMICTAL XR TAB 200MG	Non-Pref	PA
LAMICTAL XR TAB 250MG	Non-Pref	PA
LAMICTAL XR TAB 300MG	Non-Pref	PA
<i>lamotrigine orally disintegrating tab 25 mg</i>	Non-Pref	PA
<i>lamotrigine orally disintegrating tab 50 mg</i>	Non-Pref	PA
<i>lamotrigine orally disintegrating tab 100 mg</i>	Non-Pref	PA
<i>lamotrigine orally disintegrating tab 200 mg</i>	Non-Pref	PA
<i>lamotrigine tab 25 mg</i>	Pref	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	Non-Pref	PA
<i>lamotrigine tab 35 x 25 mg starter kit</i>	Non-Pref	PA
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	Non-Pref	PA
<i>lamotrigine tab 100 mg</i>	Pref	
<i>lamotrigine tab 150 mg</i>	Pref	
<i>lamotrigine tab 200 mg</i>	Pref	
<i>lamotrigine tab chewable dispersible 5 mg</i>	Non-Pref	PA
<i>lamotrigine tab chewable dispersible 25 mg</i>	Non-Pref	PA
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i>	Non-Pref	PA
<i>lamotrigine tab er 24hr 25 mg</i>	Non-Pref	PA
<i>lamotrigine tab er 24hr 50 mg</i>	Non-Pref	PA
<i>lamotrigine tab er 24hr 100 mg</i>	Non-Pref	PA
<i>lamotrigine tab er 24hr 200 mg</i>	Non-Pref	PA
<i>lamotrigine tab er 24hr 250 mg</i>	Non-Pref	PA
<i>lamotrigine tab er 24hr 300 mg</i>	Non-Pref	PA
LEVETIRACETA INJ 5MG/ML	Pref	PA
LEVETIRACETA INJ 10MG/ML	Pref	PA
LEVETIRACETA INJ 15MG/ML	Pref	PA
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	Pref	PA
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	Pref	PA
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	Pref	PA
<i>levetiracetam oral soln 100 mg/ml</i>	Pref	
<i>levetiracetam tab 250 mg</i>	Pref	
<i>levetiracetam tab 500 mg</i>	Pref	
<i>levetiracetam tab 750 mg</i>	Pref	
<i>levetiracetam tab 1000 mg</i>	Pref	
<i>levetiracetam tab er 24hr 500 mg</i>	Pref	
<i>levetiracetam tab er 24hr 750 mg</i>	Pref	
LYRICA CAP 25MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 50MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 75MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 100MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 150MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 200MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 225MG	Non-Pref	PA, QL (2 caps / 1 day)
LYRICA CAP 300MG	Non-Pref	PA, QL (2 caps / 1 day)
LYRICA SOL 20MG/ML	Non-Pref	PA, QL (30 mL / 1 day)
MYSOLINE TAB 50MG	Non-Pref	PA
MYSOLINE TAB 250MG	Non-Pref	PA
NEURONTIN CAP 100MG	Non-Pref	PA
NEURONTIN CAP 300MG	Non-Pref	PA
NEURONTIN CAP 400MG	Non-Pref	PA
NEURONTIN SOL 250/5ML	Non-Pref	PA
NEURONTIN TAB 600MG	Non-Pref	PA
NEURONTIN TAB 800MG	Non-Pref	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Pref	
<i>oxcarbazepine tab 150 mg</i>	Pref	
<i>oxcarbazepine tab 300 mg</i>	Pref	
<i>oxcarbazepine tab 600 mg</i>	Pref	
OXTELLAR XR TAB 150MG	Non-Pref	PA
OXTELLAR XR TAB 300MG	Non-Pref	PA
OXTELLAR XR TAB 600MG	Non-Pref	PA
<i>pregabalin cap 25 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 50 mg</i>	Pref	QL (3 caps / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pregabalin cap 75 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 100 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 150 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 200 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 225 mg</i>	Pref	QL (2 caps / 1 day)
<i>pregabalin cap 300 mg</i>	Pref	QL (2 caps / 1 day)
<i>pregabalin soln 20 mg/ml</i>	Pref	QL (30 mL / 1 day)
<i>primidone tab 50 mg</i>	Pref	
<i>primidone tab 250 mg</i>	Pref	
QUDEXY XR CAP 25/24HR	Non-Pref	PA
QUDEXY XR CAP 50/24HR	Non-Pref	PA
QUDEXY XR CAP 100/24HR	Non-Pref	PA
QUDEXY XR CAP 150/24HR	Non-Pref	PA
QUDEXY XR CAP 200/24HR	Non-Pref	PA
<i>roweepra tab 500mg</i>	Pref	
<i>rufinamide susp 40 mg/ml</i>	Non-Pref	PA
<i>rufinamide tab 200 mg</i>	Non-Pref	PA
<i>rufinamide tab 400 mg</i>	Non-Pref	PA
SPRITAM TAB 250MG	Non-Pref	PA
SPRITAM TAB 500MG	Non-Pref	PA
SPRITAM TAB 750MG	Non-Pref	PA
SPRITAM TAB 1000MG	Non-Pref	PA
<i>subvenite kit start 35</i>	Non-Pref	PA
<i>subvenite kit start 49</i>	Non-Pref	PA
<i>subvenite kit start 98</i>	Non-Pref	PA
<i>subvenite tab 25mg</i>	Pref	
<i>subvenite tab 100mg</i>	Pref	
<i>subvenite tab 150mg</i>	Pref	
<i>subvenite tab 200mg</i>	Pref	
TEGRETOL SUS 100/5ML	Pref	
TEGRETOL TAB 200MG	Pref	
TEGRETOL-XR TAB 100MG	Pref	
TEGRETOL-XR TAB 200MG	Pref	
TEGRETOL-XR TAB 400MG	Pref	
TOPAMAX SPR CAP 15MG	Non-Pref	PA
TOPAMAX SPR CAP 25MG	Non-Pref	PA
TOPAMAX TAB 25MG	Non-Pref	PA
TOPAMAX TAB 50MG	Non-Pref	PA
TOPAMAX TAB 100MG	Non-Pref	PA
TOPAMAX TAB 200MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>topiramate cap er 24hr sprinkle 25 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 50 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 100 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 150 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 200 mg</i>	Non-Pref	PA
<i>topiramate sprinkle cap 15 mg</i>	Pref	
<i>topiramate sprinkle cap 25 mg</i>	Pref	
<i>topiramate tab 25 mg</i>	Pref	
<i>topiramate tab 50 mg</i>	Pref	
<i>topiramate tab 100 mg</i>	Pref	
<i>topiramate tab 200 mg</i>	Pref	
TRILEPTAL SUS 300MG/5M	Pref	
TRILEPTAL TAB 150MG	Non-Pref	PA
TRILEPTAL TAB 300MG	Non-Pref	PA
TRILEPTAL TAB 600MG	Non-Pref	PA
TROKENDI XR CAP 25MG	Non-Pref	PA
TROKENDI XR CAP 50MG	Non-Pref	PA
TROKENDI XR CAP 100MG	Non-Pref	PA
TROKENDI XR CAP 200MG	Non-Pref	PA
VIMPAT INJ 200MG/20	Pref	PA
VIMPAT SOL 10MG/ML	Pref	
VIMPAT TAB 50MG	Pref	
VIMPAT TAB 100MG	Pref	
VIMPAT TAB 150MG	Pref	
VIMPAT TAB 200MG	Pref	
<i>zonisamide cap 25 mg</i>	Pref	
<i>zonisamide cap 50 mg</i>	Pref	
<i>zonisamide cap 100 mg</i>	Pref	
<b>CARBAMATES</b>		
<i>felbamate susp 600 mg/5ml</i>	Pref	PA
<i>felbamate tab 400 mg</i>	Pref	PA
<i>felbamate tab 600 mg</i>	Pref	PA
FELBATOL SUS 600/5ML	Pref	PA
FELBATOL TAB 400MG	Pref	PA
FELBATOL TAB 600MG	Pref	PA
XCOPRI PAK 12.5-25	Non-Pref	PA
XCOPRI PAK 50-100MG	Non-Pref	PA
XCOPRI PAK 100-150	Non-Pref	PA
XCOPRI PAK 150-200	Non-Pref	PA
XCOPRI TAB 50MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XCOPRI TAB 100MG	Non-Pref	PA
XCOPRI TAB 150MG	Non-Pref	PA
XCOPRI TAB 200MG	Non-Pref	PA
<b>GABA MODULATORS</b>		
GABITRIL TAB 2MG	Pref	PA, QL (28 tabs / 1 day)
GABITRIL TAB 4MG	Pref	PA, QL (14 tabs / 1 day)
GABITRIL TAB 12MG	Pref	PA, QL (10 tabs / 1 day)
GABITRIL TAB 16MG	Pref	PA, QL (10 tabs / 1 day)
SABRIL POW 500MG	Pref	PA, QL (6 packets / 1 day)
SABRIL TAB 500MG	Pref	PA, QL (6 tabs / 1 day)
<i>tiagabine hcl tab 2 mg</i>	Pref	PA, QL (28 tabs / 1 day)
<i>tiagabine hcl tab 4 mg</i>	Pref	PA, QL (14 tabs / 1 day)
<i>tiagabine hcl tab 12 mg</i>	Pref	PA, QL (10 tabs / 1 day)
<i>tiagabine hcl tab 16 mg</i>	Pref	PA, QL (10 tabs / 1 day)
<i>vigabatrin powd pack 500 mg</i>	Pref	PA, QL (6 packets / 1 day)
<i>vigabatrin tab 500 mg</i>	Pref	PA, QL (6 tabs / 1 day)
<i>vigadrone pow 500mg</i>	Pref	PA, QL (6 packets / 1 day)
<b>HYDANTOINS</b>		
CEREBYX INJ 100/2ML	Non-Pref	PA
CEREBYX INJ 500/10ML	Non-Pref	PA
DILANTIN CAP 30MG	Pref	QL (6 caps / 1 day)
DILANTIN CAP 100MG	Non-Pref	PA, QL (6 caps / 1 day)
DILANTIN CHW 50MG	Non-Pref	PA, QL (5 tabs / 1 day)
DILANTIN-125 SUS 125/5ML	Non-Pref	PA, QL (20 mL / 1 day)
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	Pref	PA
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	Pref	PA
PHENYTEK CAP 200MG	Non-Pref	PA, QL (6 caps / 1 day)
PHENYTEK CAP 300MG	Non-Pref	PA, QL (6 caps / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenytoin chew tab 50 mg</i>	Pref	QL (5 tabs / 1 day)
<i>phenytoin sodium extended cap 100 mg</i>	Pref	QL (6 caps / 1 day)
<i>phenytoin sodium extended cap 200 mg</i>	Pref	QL (6 caps / 1 day)
<i>phenytoin sodium extended cap 300 mg</i>	Pref	QL (6 caps / 1 day)
<i>phenytoin sodium inj 50 mg/ml</i>	Pref	PA
<i>phenytoin susp 125 mg/5ml</i>	Pref	QL (20 mL / 1 day)
<b>SUCCINIMIDES</b>		
CELONTIN CAP 300MG	Non-Pref	PA
<i>ethosuximide cap 250 mg</i>	Pref	QL (6 caps / 1 day)
<i>ethosuximide soln 250 mg/5ml</i>	Pref	QL (30 mL / 1 day)
ZARONTIN CAP 250MG	Non-Pref	PA, QL (6 caps / 1 day)
ZARONTIN SOL 250/5ML	Non-Pref	PA, QL (30 mL / 1 day)
<b>VALPROIC ACID</b>		
DEPAKOTE ER TAB 250MG	Non-Pref	PA, QL (10 tabs / 1 day)
DEPAKOTE ER TAB 500MG	Non-Pref	PA
DEPAKOTE SPR CAP 125MG	Pref	QL (10 caps / 1 day)
DEPAKOTE TAB 125MG DR	Non-Pref	PA
DEPAKOTE TAB 250MG DR	Non-Pref	PA
DEPAKOTE TAB 500MG DR	Non-Pref	PA
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Pref	QL (10 caps / 1 day)
<i>divalproex sodium tab delayed release 125 mg</i>	Pref	
<i>divalproex sodium tab delayed release 250 mg</i>	Pref	
<i>divalproex sodium tab delayed release 500 mg</i>	Pref	
<i>divalproex sodium tab er 24 hr 250 mg</i>	Pref	QL (10 tabs / 1 day)
<i>divalproex sodium tab er 24 hr 500 mg</i>	Pref	
<i>valproate sodium inj 100 mg/ml</i>	Pref	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Pref	QL (100 mL / 1 day)
<i>valproic acid cap 250 mg</i>	Pref	
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine orally disintegrating tab 15 mg</i>	Pref	
<i>mirtazapine orally disintegrating tab 30 mg</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mirtazapine orally disintegrating tab 45 mg</i>	Pref	
<i>mirtazapine tab 7.5 mg</i>	Pref	DS
<i>mirtazapine tab 15 mg</i>	Pref	DS
<i>mirtazapine tab 30 mg</i>	Pref	DS
<i>mirtazapine tab 45 mg</i>	Pref	DS
REMERON SLTB TAB 15MG	Non-Pref	PA
REMERON SLTB TAB 30MG	Non-Pref	PA
REMERON SLTB TAB 45MG	Non-Pref	PA
REMERON TAB 15MG	Non-Pref	PA
REMERON TAB 30MG	Non-Pref	PA
<b>ANTIDEPRESSANTS - MISC.</b>		
APLENZIN TAB 174MG	Non-Pref	PA
APLENZIN TAB 348MG	Non-Pref	PA
APLENZIN TAB 522MG	Non-Pref	PA
<i>bupropion hcl tab 75 mg</i>	Pref	DS
<i>bupropion hcl tab 100 mg</i>	Pref	DS
<i>bupropion hcl tab er 12hr 100 mg</i>	Pref	DS
<i>bupropion hcl tab er 12hr 150 mg</i>	Pref	DS
<i>bupropion hcl tab er 12hr 200 mg</i>	Pref	DS
<i>bupropion hcl tab er 24hr 150 mg</i>	Pref	DS
<i>bupropion hcl tab er 24hr 300 mg</i>	Pref	DS
<i>bupropion hcl tab er 24hr 450 mg</i>	Non-Pref	PA
FORFIVO XL TAB 450MG	Non-Pref	PA
WELLBUTRIN TAB 100MG SR	Non-Pref	PA
WELLBUTRIN TAB 150MG SR	Non-Pref	PA
WELLBUTRIN TAB 200MG SR	Non-Pref	PA
WELLBUTRIN TAB XL 150MG	Non-Pref	PA
WELLBUTRIN TAB XL 300MG	Non-Pref	PA
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
EMSAM DIS 6MG/24HR	Pref	DS
EMSAM DIS 9MG/24HR	Pref	DS
EMSAM DIS 12MG/24H	Pref	DS
MARPLAN TAB 10MG	Non-Pref	PA
NARDIL TAB 15MG	Non-Pref	PA
<i>phenelzine sulfate tab 15 mg</i>	Pref	DS
<i>tranylcypromine sulfate tab 10 mg</i>	Pref	DS
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
CELEXA TAB 10MG	Non-Pref	PA; AGE*
CELEXA TAB 20MG	Non-Pref	PA; AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CELEXA TAB 40MG	Non-Pref	PA; AGE*
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Non-Pref	PA; AGE*
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Pref	AGE*; DS
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Pref	AGE*; DS
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Pref	AGE*; DS
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Pref	DS
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Pref	DS
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Pref	DS
<i>fluoxetine hcl cap 10 mg</i>	Pref	DS
<i>fluoxetine hcl cap 20 mg</i>	Pref	DS
<i>fluoxetine hcl cap 40 mg</i>	Pref	DS
<i>fluoxetine hcl cap delayed release 90 mg</i>	Non-Pref	PA
<i>fluoxetine hcl solution 20 mg/5ml</i>	Pref	
<i>fluoxetine hcl tab 10 mg</i>	Non-Pref	PA
<i>fluoxetine hcl tab 20 mg</i>	Non-Pref	PA
<i>fluoxetine hcl tab 60 mg</i>	Non-Pref	PA
FLUOXETINE TAB 60MG	Non-Pref	PA
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	Non-Pref	PA
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	Non-Pref	PA
<i>fluvoxamine maleate tab 25 mg</i>	Pref	DS
<i>fluvoxamine maleate tab 50 mg</i>	Pref	DS
<i>fluvoxamine maleate tab 100 mg</i>	Pref	DS
LEXAPRO TAB 5MG	Non-Pref	PA
LEXAPRO TAB 10MG	Non-Pref	PA
LEXAPRO TAB 20MG	Non-Pref	PA
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>paroxetine hcl tab 10 mg</i>	Pref	DS
<i>paroxetine hcl tab 20 mg</i>	Pref	DS
<i>paroxetine hcl tab 30 mg</i>	Pref	DS
<i>paroxetine hcl tab 40 mg</i>	Pref	DS
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>paroxetine hcl tab er 24hr 25 mg</i>	Non-Pref	PA
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	Non-Pref	PA
PAXIL CR TAB 12.5MG	Non-Pref	PA
PAXIL CR TAB 25MG	Non-Pref	PA
PAXIL CR TAB 37.5MG	Non-Pref	PA
PAXIL SUS 10MG/5ML	Non-Pref	PA
PAXIL TAB 10MG	Non-Pref	PA
PAXIL TAB 20MG	Non-Pref	PA
PAXIL TAB 30MG	Non-Pref	PA
PAXIL TAB 40MG	Non-Pref	PA
PEXEVA TAB 10MG	Non-Pref	PA
PEXEVA TAB 20MG	Non-Pref	PA
PEXEVA TAB 30MG	Non-Pref	PA
PEXEVA TAB 40MG	Non-Pref	PA
PROZAC CAP 10MG	Non-Pref	PA
PROZAC CAP 20MG	Non-Pref	PA
PROZAC CAP 40MG	Non-Pref	PA
SERTRALINE CAP 150MG	Non-Pref	PA
SERTRALINE CAP 200MG	Non-Pref	PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Non-Pref	PA
<i>sertraline hcl tab 25 mg</i>	Pref	DS
<i>sertraline hcl tab 50 mg</i>	Pref	DS
<i>sertraline hcl tab 100 mg</i>	Pref	DS
ZOLOFT CON 20MG/ML	Non-Pref	PA
ZOLOFT TAB 25MG	Non-Pref	PA
ZOLOFT TAB 50MG	Non-Pref	PA
ZOLOFT TAB 100MG	Non-Pref	PA

### **SEROTONIN MODULATORS**

<i>nefazodone hcl tab 50 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 200 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 250 mg</i>	Non-Pref	PA
<i>trazodone hcl tab 50 mg</i>	Pref	DS
<i>trazodone hcl tab 100 mg</i>	Pref	DS
<i>trazodone hcl tab 150 mg</i>	Pref	DS
<i>trazodone hcl tab 300 mg</i>	Pref	DS
TRINTELLIX TAB 5MG	Non-Pref	PA
TRINTELLIX TAB 10MG	Non-Pref	PA
TRINTELLIX TAB 20MG	Non-Pref	PA
VIIBRYD KIT STARTER	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIIBRYD TAB 10MG	Non-Pref	PA
VIIBRYD TAB 20MG	Non-Pref	PA
VIIBRYD TAB 40MG	Non-Pref	PA
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
CYMBALTA CAP 20MG	Non-Pref	PA; AGE*
CYMBALTA CAP 30MG	Non-Pref	PA; AGE*
CYMBALTA CAP 60MG	Non-Pref	PA; AGE*
DESVENLAFAX TAB 50MG ER	Non-Pref	PA
DESVENLAFAX TAB 100MG ER	Non-Pref	PA
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Non-Pref	PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Non-Pref	PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Non-Pref	PA
DRIZALMA CAP 20MG DR	Non-Pref	PA; AGE*
DRIZALMA CAP 30MG DR	Non-Pref	PA; AGE*
DRIZALMA CAP 40MG DR	Non-Pref	PA; AGE*
DRIZALMA CAP 60MG DR	Non-Pref	PA; AGE*
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Pref	AGE*; DS
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Pref	AGE*; DS
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	Non-Pref	PA; AGE*
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Pref	AGE*; DS
EFFEXOR XR CAP 37.5MG	Non-Pref	PA
EFFEXOR XR CAP 75MG	Non-Pref	PA
EFFEXOR XR CAP 150MG	Non-Pref	PA
FETZIMA CAP 20MG	Non-Pref	PA
FETZIMA CAP 40MG	Non-Pref	PA
FETZIMA CAP 80MG	Non-Pref	PA
FETZIMA CAP 120MG	Non-Pref	PA
FETZIMA CAP TITRATIO	Non-Pref	PA
PRISTIQ TAB 25MG	Non-Pref	PA
PRISTIQ TAB 50MG	Non-Pref	PA
PRISTIQ TAB 100MG	Non-Pref	PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Pref	DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Pref	DS
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Pref	DS
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Pref	DS
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Pref	DS
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Pref	DS
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Pref	DS
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Pref	DS
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	Non-Pref	PA
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	Non-Pref	PA
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	Non-Pref	PA
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	Non-Pref	PA

### **TRICYCLIC AGENTS**

<i>amitriptyline hcl tab 10 mg</i>	Pref	DS
<i>amitriptyline hcl tab 25 mg</i>	Pref	DS
<i>amitriptyline hcl tab 50 mg</i>	Pref	DS
<i>amitriptyline hcl tab 75 mg</i>	Pref	DS
<i>amitriptyline hcl tab 100 mg</i>	Pref	DS
<i>amitriptyline hcl tab 150 mg</i>	Pref	DS
<i>amoxapine tab 25 mg</i>	Pref	DS
<i>amoxapine tab 50 mg</i>	Pref	DS
<i>amoxapine tab 100 mg</i>	Pref	DS
<i>amoxapine tab 150 mg</i>	Pref	DS
ANAFRANIL CAP 25MG	Non-Pref	PA
ANAFRANIL CAP 50MG	Non-Pref	PA
ANAFRANIL CAP 75MG	Non-Pref	PA
<i>clomipramine hcl cap 25 mg</i>	Non-Pref	PA
<i>clomipramine hcl cap 50 mg</i>	Non-Pref	PA
<i>clomipramine hcl cap 75 mg</i>	Non-Pref	PA
<i>desipramine hcl tab 10 mg</i>	Pref	DS
<i>desipramine hcl tab 25 mg</i>	Pref	DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desipramine hcl tab 50 mg</i>	Pref	DS
<i>desipramine hcl tab 75 mg</i>	Pref	DS
<i>desipramine hcl tab 100 mg</i>	Pref	DS
<i>desipramine hcl tab 150 mg</i>	Pref	DS
<i>doxepin hcl cap 10 mg</i>	Pref	DS
<i>doxepin hcl cap 25 mg</i>	Pref	DS
<i>doxepin hcl cap 50 mg</i>	Pref	DS
<i>doxepin hcl cap 75 mg</i>	Pref	DS
<i>doxepin hcl cap 100 mg</i>	Pref	DS
<i>doxepin hcl cap 150 mg</i>	Pref	DS
<i>doxepin hcl conc 10 mg/ml</i>	Pref	
<i>imipramine hcl tab 10 mg</i>	Pref	DS
<i>imipramine hcl tab 25 mg</i>	Pref	DS
<i>imipramine hcl tab 50 mg</i>	Pref	DS
<i>imipramine pamoate cap 75 mg</i>	Non-Pref	PA
<i>imipramine pamoate cap 100 mg</i>	Non-Pref	PA
<i>imipramine pamoate cap 125 mg</i>	Non-Pref	PA
<i>imipramine pamoate cap 150 mg</i>	Non-Pref	PA
NORPRAMIN TAB 10MG	Non-Pref	PA
NORPRAMIN TAB 25MG	Non-Pref	PA
<i>nortriptyline hcl cap 10 mg</i>	Pref	DS
<i>nortriptyline hcl cap 25 mg</i>	Pref	DS
<i>nortriptyline hcl cap 50 mg</i>	Pref	DS
<i>nortriptyline hcl cap 75 mg</i>	Pref	DS
<i>nortriptyline hcl soln 10 mg/5ml</i>	Non-Pref	PA
PAMELOR CAP 10MG	Non-Pref	PA
PAMELOR CAP 25MG	Non-Pref	PA
PAMELOR CAP 50MG	Non-Pref	PA
PAMELOR CAP 75MG	Non-Pref	PA
<i>protriptyline hcl tab 5 mg</i>	Non-Pref	PA
<i>protriptyline hcl tab 10 mg</i>	Non-Pref	PA
<i>trimipramine maleate cap 25 mg</i>	Non-Pref	PA
<i>trimipramine maleate cap 50 mg</i>	Non-Pref	PA
<i>trimipramine maleate cap 100 mg</i>	Non-Pref	PA

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

### **ALPHA-GLUCOSIDASE INHIBITORS**

<i>acarbose tab 25 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>acarbose tab 50 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>acarbose tab 100 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>miglitol tab 25 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>miglitol tab 50 mg</i>	Non-Pref	PA
<i>miglitol tab 100 mg</i>	Non-Pref	PA
PRECOSE TAB 25MG	Non-Pref	PA, QL (3 tabs / 1 day)
PRECOSE TAB 50MG	Non-Pref	PA, QL (3 tabs / 1 day)
PRECOSE TAB 100MG	Non-Pref	PA, QL (4 tabs / 1 day)

### **ANTIDIABETIC - AMYLIN ANALOGS**

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

### **ANTIDIABETIC COMBINATIONS**

ACTOPLUS MET TAB 15-500MG	Non-Pref	PA
ACTOPLUS MET TAB 15-850MG	Non-Pref	PA
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Non-Pref	PA
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Non-Pref	PA
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Non-Pref	PA
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Non-Pref	PA
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Non-Pref	PA
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Non-Pref	PA
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Non-Pref	PA
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Non-Pref	PA
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	DS
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Pref	DS
<i>glipizide-metformin hcl tab 5-500 mg</i>	Pref	DS
<i>glyburide-metformin tab 1.25-250 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>glyburide-metformin tab 2.5-500 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>glyburide-metformin tab 5-500 mg</i>	Pref	QL (4 tabs / 1 day); DS
GLYXAMBI TAB 10-5 MG	Non-Pref	PA
GLYXAMBI TAB 25-5 MG	Non-Pref	PA
INVOKAMET TAB 50-500MG	Pref	
INVOKAMET TAB 50-1000	Pref	
INVOKAMET TAB 150-500	Pref	
INVOKAMET TAB 150-1000	Pref	
INVOKAMET XR TAB 50-500MG	Non-Pref	PA
INVOKAMET XR TAB 50-1000	Non-Pref	PA
INVOKAMET XR TAB 150-500	Non-Pref	PA
INVOKAMET XR TAB 150-1000	Non-Pref	PA
JANUMET TAB 50-500MG	Pref	
JANUMET TAB 50-1000	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUMET XR TAB 50-500MG	Pref	
JANUMET XR TAB 50-1000	Pref	
JANUMET XR TAB 100-1000	Pref	
JENTADUETO TAB 2.5-500	Pref	
JENTADUETO TAB 2.5-850	Pref	
JENTADUETO TAB 2.5-1000	Pref	
JENTADUETO TAB XR	Pref	
KAZANO 12.5- TAB 500MG	Non-Pref	PA
KAZANO 12.5- TAB 1000MG	Non-Pref	PA
KOMBIGLYZ XR TAB 2.5-1000	Pref	
KOMBIGLYZ XR TAB 5-500MG	Pref	
KOMBIGLYZ XR TAB 5-1000MG	Pref	
OSENI TAB 12.5-15	Non-Pref	PA
OSENI TAB 12.5-30	Non-Pref	PA
OSENI TAB 12.5-45	Non-Pref	PA
OSENI TAB 25-15MG	Non-Pref	PA
OSENI TAB 25-30MG	Non-Pref	PA
OSENI TAB 25-45MG	Non-Pref	PA
<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
QTERN TAB 10-5MG	Non-Pref	PA
SEGLUROMET TAB 2.5-500	Non-Pref	PA
SEGLUROMET TAB 2.5-1000	Non-Pref	PA
SEGLUROMET TAB 7.5-500	Non-Pref	PA
SEGLUROMET TAB 7.5-1000	Non-Pref	PA
SOLIQUA INJ 100/33	Non-Pref	PA
STEGLUJAN TAB 5-100MG	Non-Pref	PA
STEGLUJAN TAB 15-100MG	Non-Pref	PA
SYNJARDY TAB	Pref	
SYNJARDY TAB 5-500MG	Pref	
SYNJARDY TAB 5-1000MG	Pref	
SYNJARDY TAB 12.5-500	Pref	
SYNJARDY XR TAB	Non-Pref	PA
SYNJARDY XR TAB 5-1000MG	Non-Pref	PA
SYNJARDY XR TAB 10-1000	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY XR TAB 25-1000	Non-Pref	PA
TRIJARDY XR TAB	Non-Pref	PA
XIGDUO XR TAB 2.5-1000	Pref	
XIGDUO XR TAB 5-500MG	Pref	
XIGDUO XR TAB 5-1000MG	Pref	
XIGDUO XR TAB 10-500MG	Pref	
XIGDUO XR TAB 10-1000	Pref	
XULTOPHY INJ 100/3.6	Non-Pref	PA

### **BIGUANIDES**

GLUMETZA TAB 500MG	Non-Pref	PA
GLUMETZA TAB 1000MG	Non-Pref	PA
<i>metformin hcl oral soln 500 mg/5ml</i>	Non-Pref	PA
<i>metformin hcl tab 500 mg</i>	Pref	QL (5 tabs / 1 day); DS
<i>metformin hcl tab 850 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>metformin hcl tab 1000 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>metformin hcl tab er 24hr 500 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>metformin hcl tab er 24hr 750 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>metformin hcl tab er 24hr modified release 500 mg</i>	Non-Pref	PA
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	Non-Pref	PA
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	Non-Pref	PA
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	Non-Pref	PA
RIOMET SOL	Non-Pref	PA
RIOMET SOL 500/5ML	Non-Pref	PA

### **DIABETIC OTHER**

BAQSIMI ONE POW 3MG/DOSE	Pref	PA, QL (2 sprays / 25 days)
BAQSIMI TWO POW 3MG/DOSE	Pref	PA, QL (2 sprays / 25 days)
CVS GLUCOSE CHW TROPICAL	Pref	OTC
DEX4 GLUCOSE CHW QK DISLV	Pref	OTC
<i>diazoxide susp 50 mg/ml</i>	Pref	
GLUCAGEN INJ HYPOKIT	Pref	
<i>glucagon (rdna) for inj kit 1 mg</i>	Pref	
GLUCAGON EMR SOL 1MG	Non-Pref	PA
GLUCAGON KIT 1MG	Pref	
GLUCOSE CHW 4GM	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLUCOSE CHW ORANGE	Pref	OTC
GLUCOSE CHW RASPBERRY	Pref	OTC
GNP GLUCOSE CHW GRAPE	Pref	OTC
GNP GLUCOSE CHW ORANGE	Pref	OTC
GNP GLUCOSE CHW RASPBERR	Pref	OTC
GNP GLUCOSE CHW RASPBERRY	Pref	OTC
GVOKE HYPO 1 INJ 1MG/.2ML	Non-Pref	PA
GVOKE HYPO 1 INJ .5/.1ML	Non-Pref	PA
GVOKE HYPO 2 INJ 1MG/.2ML	Non-Pref	PA
GVOKE HYPO 2 INJ .5/.1ML	Non-Pref	PA
GVOKE PFS INJ	Non-Pref	PA
KORLYM TAB 300MG	Pref	SP, PA
PROGLYCEM SUS 50MG/ML	Pref	
QUICK DISSOL CHW GLUCOSE	Pref	OTC
SM GLUCOSE CHW SOUR APP	Pref	OTC
ZEGALOGUE INJ 0.6/0.6	Non-Pref	PA

#### **DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

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

#### **DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC**

CYCLOSET TAB 0.8MG	Non-Pref	PA
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#### **INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)**

ADLYXIN INJ 10/20MCG	Non-Pref	PA
ADLYXIN INJ 20MCG	Non-Pref	PA
BYDUREON BC INJ 2/0.85ML	Non-Pref	PA
BYETTA INJ 5MCG	Pref	QL (1 pen / 25 days)
BYETTA INJ 10MCG	Pref	QL (1 pen / 25 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OZEMPIC INJ 2/1.5ML	Non-Pref	PA
OZEMPIC INJ 4MG/3ML	Non-Pref	PA
RYBELSUS TAB 3MG	Non-Pref	PA
RYBELSUS TAB 7MG	Non-Pref	PA
RYBELSUS TAB 14MG	Non-Pref	PA
TRULICITY INJ 0.75/0.5	Non-Pref	PA
TRULICITY INJ 1.5/0.5	Non-Pref	PA
TRULICITY INJ 3/0.5	Non-Pref	PA
TRULICITY INJ 4.5/0.5	Non-Pref	PA
VICTOZA INJ 18MG/3ML	Pref	QL (9 mL / month)

### **INSULIN**

ADMELOG INJ 100U/ML	Non-Pref	PA, QL (30 mL / 25 days)
ADMELOG SOLO INJ 100U/ML	Non-Pref	PA, QL (10 pens / 25 days)
AFREZZA POW 4-8 UNIT	Non-Pref	PA
AFREZZA POW 4-8-12	Non-Pref	PA
AFREZZA POW 4UNIT	Non-Pref	PA
AFREZZA POW 8 UNIT	Non-Pref	PA
AFREZZA POW 8-12UNIT	Non-Pref	PA
AFREZZA POW 12 UNIT	Non-Pref	PA
APIDRA INJ SOLOSTAR	Non-Pref	PA
APIDRA INJ U-100	Non-Pref	PA
BASAGLAR INJ 100UNIT	Non-Pref	PA, QL (10 pens / 25 days)
FIASP FLEX INJ TOUCH	Non-Pref	PA
FIASP INJ 100/ML	Non-Pref	PA
FIASP PENFIL INJ U-100	Non-Pref	PA
HUMALOG INJ 100/ML	Pref	QL (10 cartridges / 25 days)
HUMALOG INJ 100/ML	Pref	QL (30 mL / 25 days)
HUMALOG JR INJ 100/ML	Pref	QL (10 pens / 25 days)
HUMALOG KWIK INJ 100/ML	Pref	QL (10 pens / 25 days)
HUMALOG KWIK INJ 200/ML	Non-Pref	PA, QL (10 pens / 25 days)
HUMALOG MIX INJ 50/50	Pref	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50KWP	Pref	QL (10 pens / 25 days)
HUMALOG MIX INJ 75/25KWP	Pref	QL (10 pens / 25 days)
HUMALOG MIX SUS 75/25	Pref	QL (30 mL / 25 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMULIN INJ 70/30	Pref	QL (30 mL / 25 days), OTC
HUMULIN INJ 70/30KWP	Pref	QL (10 pens / 25 days), OTC
HUMULIN N INJ U-100	Pref	QL (30 mL / 25 days), OTC
HUMULIN N INJ U-100KWP	Pref	QL (10 pens / 25 days), OTC
HUMULIN R INJ U-100	Pref	QL (10 vials / 25 days), OTC
HUMULIN R INJ U-500	Pref	QL (1 vial / 25 days)
HUMULIN R INJ U-500	Pref	QL (6 pens / 25 days)
INS ASP PROT INJ FLEXPEN	Pref	QL (10 pens / 25 days)
INSULIN ASPA INJ 70/30	Pref	QL (30 mL / 25 days)
INSULIN ASPA INJ 100/ML	Non-Pref	PA, QL (3 vials / 25 days)
INSULIN ASPA INJ FLEXPEN	Non-Pref	PA, QL (10 pens / 25 days)
INSULIN ASPA INJ PENFILL	Non-Pref	PA, QL (10 cartridges / 25 days)
INSULIN GLAR INJ 100U/ML	Non-Pref	PA
INSULIN GLAR SOL 100U/ML	Non-Pref	PA
INSULIN LISP INJ 100/ML	Non-Pref	PA, QL (10 pens / 25 days)
INSULIN LISP INJ 100/ML	Non-Pref	PA, QL (30 mL / 25 days)
INSULIN LISP INJ JUNIOR	Non-Pref	PA, QL (10 pens / 25 days)
INSULIN LISP INJ PROTAMIN	Pref	QL (10 pens / 25 days)
LANTUS INJ 100/ML	Pref	QL (3 vials / 25 days)
LANTUS SOLOS INJ 100/ML	Pref	QL (10 pens / 25 days)
LEVEMIR INJ	Pref	QL (3 vials / 25 days)
LEVEMIR INJ FLEXTUOC	Pref	QL (10 pens / 25 days)
LYUMJEV INJ 100UT/ML	Non-Pref	PA
LYUMJEV KWPN INJ 100UT/ML	Non-Pref	PA
LYUMJEV KWPN INJ 200UT/ML	Non-Pref	PA
NOVOLIN70/30 INJ RELION	Non-Pref	PA, QL (30 mL / 25 days), OTC
NOVOLIN INJ 70/30	Non-Pref	PA, QL (30 mL / 25 days), OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLIN INJ 70/30 FP	Non-Pref	PA, QL (10 pens / 25 days), OTC
NOVOLIN N INJ 100 UNIT	Non-Pref	PA, QL (10 pens / 25 days), OTC
NOVOLIN N INJ RELION	Non-Pref	PA, QL (30 mL / 25 days), OTC
NOVOLIN N INJ U-100	Non-Pref	PA, QL (30 mL / 25 days), OTC
NOVOLIN R INJ RELION	Non-Pref	PA, QL (3 vials / 25 days), OTC
NOVOLIN R INJ U-100	Non-Pref	PA, QL (3 vials / 25 days), OTC
NOVOLOG INJ 100/ML	Pref	QL (30 mL / 25 days)
NOVOLOG INJ FLEXPEN	Pref	QL (10 pens / 25 days)
NOVOLOG INJ FLEXPEN	Non-Pref	PA, QL (10 pens / 25 days)
NOVOLOG INJ PENFILL	Pref	QL (10 cartridges / 25 days)
NOVOLOG INJ RELION	Non-Pref	PA, QL (3 vials / 25 days)
NOVOLOG MIX INJ 70/30	Pref	QL (30 mL / 25 days)
NOVOLOG MIX INJ FLEX REL	Pref	QL (10 pens / 25 days)
NOVOLOG MIX INJ FLEXPEN	Pref	QL (10 pens / 25 days)
NOVOLOG RELI INJ 70/30	Pref	QL (30 mL / 25 days)
SEMGLEE INJ 100U/ML	Non-Pref	PA
SEMGLEE INJ 100U/ML	Non-Pref	PA, QL (10 pens / 25 days)
SEMGLEE SOL 100U/ML	Non-Pref	PA
SEMGLEE SOL 100U/ML	Non-Pref	PA, QL (3 vials / 25 days)
TOUJEO MAX INJ 300IU/ML	Non-Pref	PA
TOUJEO SOLO INJ 300IU/ML	Non-Pref	PA
TRESIBA FLEX INJ 100UNIT	Non-Pref	PA
TRESIBA FLEX INJ 200UNIT	Non-Pref	PA
TRESIBA INJ 100UNIT	Non-Pref	PA

### ***INSULIN SENSITIZING AGENTS***

ACTOS TAB 15MG	Non-Pref	PA, QL (1 tab / 1 day)
ACTOS TAB 30MG	Non-Pref	PA, QL (1 tab / 1 day)
ACTOS TAB 45MG	Non-Pref	PA, QL (1 tab / 1 day)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); DS
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); DS
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 60 mg</i>	Pref	DS
<i>nateglinide tab 120 mg</i>	Pref	DS
<i>repaglinide tab 0.5 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>repaglinide tab 1 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>repaglinide tab 2 mg</i>	Pref	QL (6 tabs / 1 day); DS
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB 5MG	Pref	
FARXIGA TAB 10MG	Pref	
INVOKANA TAB 100MG	Pref	
INVOKANA TAB 300MG	Pref	
JARDIANCE TAB 10MG	Pref	QL (2 tabs / 1 day)
JARDIANCE TAB 25MG	Pref	QL (1 tab / 1 day)
STEGLATRO TAB 5MG	Non-Pref	PA
STEGLATRO TAB 15MG	Non-Pref	PA
<b>SULFONYLUREAS</b>		
AMARYL TAB 1MG	Non-Pref	PA, QL (3 tabs / 1 day)
AMARYL TAB 2MG	Non-Pref	PA, QL (4 tabs / 1 day)
AMARYL TAB 4MG	Non-Pref	PA, QL (2 tabs / 1 day)
<i>glimepiride tab 1 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>glimepiride tab 2 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>glimepiride tab 4 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>glipizide tab 5 mg</i>	Pref	QL (8 tabs / 1 day); DS
<i>glipizide tab 10 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>glipizide tab er 24hr 2.5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>glipizide tab er 24hr 5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>glipizide tab er 24hr 10 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>glipizide xl tab 2.5mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>glipizide xl tab 5mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>glipizide xl tab 10mg</i>	Pref	QL (2 tabs / 1 day); DS
GLUCOTROL XL TAB 2.5MG	Non-Pref	PA, QL (2 tabs / 1 day)
GLUCOTROL XL TAB 5MG	Non-Pref	PA, QL (2 tabs / 1 day)
GLUCOTROL XL TAB 10MG	Non-Pref	PA, QL (2 tabs / 1 day)
<i>glyburide micronized tab 1.5 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>glyburide micronized tab 3 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>glyburide micronized tab 6 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>glyburide tab 1.25 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>glyburide tab 2.5 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>glyburide tab 5 mg</i>	Pref	QL (4 tabs / 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **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
GLYNASE TAB 1.5MG	Non-Pref	PA, QL (4 tabs / 1 day)
GLYNASE TAB 3MG	Non-Pref	PA, QL (4 tabs / 1 day)
GLYNASE TAB 6MG	Non-Pref	PA, QL (4 tabs / 1 day)

## ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

### ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TAB 125MG	Non-Pref	PA
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### ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate chew tab 262 mg</i>	Pref	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	Pref	OTC
<i>bismuth subsalicylate tab 262 mg</i>	Pref	OTC

### ANTIPERISTALTIC AGENTS

ANTI-DIARRHE LIQ 1MG/5ML	Pref	OTC
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Non-Pref	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Non-Pref	PA, QL (8 tabs / 1 day)
LOMOTIL TAB 2.5MG	Non-Pref	PA, QL (8 tabs / 1 day)
<i>loperamide hcl cap 2 mg</i>	Non-Pref	PA
<i>loperamide hcl tab 2 mg</i>	Pref	OTC
MOTOFEN TAB 1-0.025	Non-Pref	PA
<i>opium tincture 1% (10 mg/ml)</i> <i>(morphine equiv)</i>	Non-Pref	PA

## ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

### ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG	Pref	PA
<i>deferasirox granules packet 90 mg</i>	Pref	
<i>deferasirox granules packet 180 mg</i>	Pref	
<i>deferasirox granules packet 360 mg</i>	Pref	
<i>deferasirox tab 90 mg</i>	Pref	
<i>deferasirox tab 180 mg</i>	Pref	
<i>deferasirox tab 360 mg</i>	Pref	
<i>deferasirox tab for oral susp 125 mg</i>	Pref	
<i>deferasirox tab for oral susp 250 mg</i>	Pref	
<i>deferasirox tab for oral susp 500 mg</i>	Pref	
<i>deferiprone tab 500 mg</i>	Non-Pref	PA
EXJADE TAB 125MG	Non-Pref	PA
EXJADE TAB 250MG	Non-Pref	PA
EXJADE TAB 500MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FERPRX 2-DAY TAB 1000MG	Non-Pref	PA
FERRIPROX SOL 100MG/ML	Non-Pref	PA
FERRIPROX TAB 500MG	Non-Pref	PA
FERRIPROX TAB 1000MG	Non-Pref	PA
JADENU SPRKL GRA 90MG	Non-Pref	PA
JADENU SPRKL GRA 180MG	Non-Pref	PA
JADENU SPRKL GRA 360MG	Non-Pref	PA
JADENU TAB 90MG	Non-Pref	PA
JADENU TAB 180MG	Non-Pref	PA
JADENU TAB 360MG	Non-Pref	PA

### **OPIOID ANTAGONISTS**

KLOXXADO LIQ	Pref	
<i>naloxone hcl inj 0.4 mg/ml</i>	Pref	
<i>naloxone hcl inj 4 mg/10ml</i>	Pref	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Pref	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Pref	
<i>naltrexone hcl tab 50 mg</i>	Pref	AGE*
NARCAN SPR	Pref	
VIVITROL INJ 380MG	Pref	QL (1 injection / 30 days); AGE*

### **ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING**

#### **5-HT3 RECEPTOR ANTAGONISTS**

ALOXI INJ 0.25MG/5	Non-Pref	PA
<i>granisetron hcl inj 1 mg/ml</i>	Non-Pref	PA
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	Non-Pref	PA
<i>granisetron hcl tab 1 mg</i>	Non-Pref	PA, QL (2 tabs / 1 day)
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	Pref	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	Pref	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Pref	QL (30 mL / 1 day)
<i>ondansetron hcl tab 4 mg</i>	Pref	QL (90 tabs / 25 days)
<i>ondansetron hcl tab 8 mg</i>	Pref	QL (90 tabs / 25 days)
<i>ondansetron hcl tab 24 mg</i>	Pref	
<i>ondansetron orally disintegrating tab 4 mg</i>	Pref	QL (90 tabs / 25 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Pref	QL (90 tabs / 25 days)
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)</i>	Non-Pref	PA
PALONOSETRON INJ 0.25/2ML	Non-Pref	PA
SANCUSO DIS 3.1MG	Non-Pref	PA
SUSTOL INJ 10/0.4ML	Non-Pref	PA
ZOFRAN TAB 4MG	Non-Pref	PA, QL (90 tabs / 25 days)
ZUPLENZ MIS 4MG	Non-Pref	PA

### **ANTIEMETICS - ANTICHOLINERGIC**

ANTIVERT TAB 50MG	Pref	
DIMENHYDRIN INJ 50MG/ML	Non-Pref	PA
<i>meclizine hcl chew tab 25 mg</i>	Pref	QL (4 tabs / 1 day), OTC
<i>meclizine hcl tab 12.5 mg</i>	Pref	QL (4 tabs / 1 day)
<i>meclizine hcl tab 12.5 mg</i>	Pref	QL (4 tabs / 1 day), OTC
<i>meclizine hcl tab 25 mg</i>	Pref	QL (4 tabs / 1 day)
<i>meclizine hcl tab 25 mg</i>	Pref	QL (4 tabs / 1 day), OTC
<i>scopolamine td patch 72hr 1 mg/3days</i>	Pref	QL (10 patches / 25 days)
TIGAN INJ 100MG/ML	Non-Pref	PA
TRANSDERM-SC DIS 1MG/3DAY	Non-Pref	PA, QL (10 patches / 25 days)
<i>trimethobenzamide hcl cap 300 mg</i>	Pref	

### **ANTIEMETICS - MISCELLANEOUS**

AKYNZEO CAP 300-0.5	Non-Pref	PA
AKYNZEO INJ	Pref	PA
AKYNZEO INJ 235-0.25	Pref	PA
BONJESTA TAB 20-20MG	Non-Pref	PA
DICLEGIS TAB 10-10MG	Pref	PA
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	Pref	PA
<i>dronabinol cap 2.5 mg</i>	Non-Pref	PA
<i>dronabinol cap 5 mg</i>	Non-Pref	PA
<i>dronabinol cap 10 mg</i>	Non-Pref	PA
MARINOL CAP 2.5MG	Non-Pref	PA
MARINOL CAP 5MG	Non-Pref	PA
MARINOL CAP 10MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **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
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant capsule 40 mg</i>	Pref	
<i>aprepitant capsule 80 mg</i>	Pref	
<i>aprepitant capsule 125 mg</i>	Pref	
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Non-Pref	PA
CINVANTI INJ 130/18ML	Non-Pref	PA
EMEND CAP 80MG	Non-Pref	PA
EMEND SOL 150MG	Non-Pref	PA
EMEND SUS 125MG	Non-Pref	PA
EMEND TRIPAC PAK 80 & 125	Non-Pref	PA
<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i>	Non-Pref	PA
VARUBI TAB 90MG	Non-Pref	PA

## ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

### ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

BREXAFEMME TAB 150MG	Non-Pref	PA
CANCIDAS INJ 50MG	Non-Pref	PA
CANCIDAS INJ 70MG	Non-Pref	PA
<i>caspofungin acetate for iv soln 50 mg</i>	Pref	PA
<i>caspofungin acetate for iv soln 70 mg</i>	Pref	PA
CASPOFUNGIN INJ 50MG	Pref	PA
CASPOFUNGIN INJ 70MG	Pref	PA
ERAXIS INJ 50MG	Pref	PA
ERAXIS INJ 100MG	Pref	PA
MICAFUNGIN INJ 50MG	Non-Pref	PA
MICAFUNGIN INJ 100MG	Non-Pref	PA
<i>micafungin sodium for iv soln 50 mg</i>	Pref	PA
<i>micafungin sodium for iv soln 100 mg</i>	Pref	PA

### ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ABELCET INJ 5MG/ML	Pref	PA
AMBISOME INJ 50MG	Pref	PA
<i>amphotericin b for iv soln 50 mg</i>	Pref	PA
ANCOBON CAP 250MG	Non-Pref	PA
ANCOBON CAP 500MG	Non-Pref	PA
<i>flucytosine cap 250 mg</i>	Non-Pref	PA
<i>flucytosine cap 500 mg</i>	Non-Pref	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Non-Pref	PA, QL (40 mL / 1 day)
<i>griseofulvin microsize tab 500 mg</i>	Non-Pref	PA
<i>griseofulvin ultramicrosize tab 125 mg</i>	Non-Pref	PA

**AGE** - Age Limit    **AGE\*** - See Table in Preface for Age Limit    **DS** - Covered up to 90 days    **EA** - Expedited Authorization    **MME** - Max Morphine Equivalent of 120 mg  
**Non-Pref** - Non-Preferred    **OTC** - Over the counter    **PA** - Prior Authorization    **Pref** - Preferred    **QL** - Quantity Limits    **SP** - Specialty    **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>griseofulvin ultramicrosize tab 250 mg</i>	Non-Pref	PA
<i>nystatin tab 500000 unit</i>	Pref	QL (8 tabs / 1 day)
<i>terbinafine hcl tab 250 mg</i>	Pref	QL (1 tab / 1 day)
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA CAP 186 MG	Non-Pref	PA
CRESEMBA INJ 372MG	Pref	PA
DIFLUCAN SUS 10MG/ML	Non-Pref	PA
DIFLUCAN SUS 40MG/ML	Non-Pref	PA
DIFLUCAN TAB 50MG	Non-Pref	PA, QL (2 tabs / 1 day)
DIFLUCAN TAB 100MG	Non-Pref	PA
DIFLUCAN TAB 150MG	Non-Pref	PA
DIFLUCAN TAB 200MG	Non-Pref	PA
<i>fluconazole for susp 10 mg/ml</i>	Pref	
<i>fluconazole for susp 40 mg/ml</i>	Pref	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	Pref	PA
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	Pref	PA
FLUCONAZOLE SOL /NACL	Pref	PA
<i>fluconazole tab 50 mg</i>	Pref	QL (2 tabs / 1 day)
<i>fluconazole tab 100 mg</i>	Pref	
<i>fluconazole tab 150 mg</i>	Pref	
<i>fluconazole tab 200 mg</i>	Pref	
<i>itraconazole cap 100 mg</i>	Non-Pref	PA
<i>itraconazole oral soln 10 mg/ml</i>	Non-Pref	PA
<i>ketoconazole tab 200 mg</i>	Non-Pref	PA
NOXAFIL INJ 300/16.7	Pref	PA
NOXAFIL SUS 40MG/ML	Non-Pref	PA
NOXAFIL TAB 100MG	Non-Pref	PA
<i>posaconazole tab delayed release 100 mg</i>	Non-Pref	PA
SPORANOX CAP 100MG	Non-Pref	PA
SPORANOX CAP PULSEPAK	Non-Pref	PA
SPORANOX SOL 10MG/ML	Non-Pref	PA
TOLSURA CAP 65MG	Non-Pref	PA
VFEND IV INJ 200MG	Non-Pref	PA
VFEND SUS 40MG/ML	Non-Pref	PA
VFEND TAB 50MG	Non-Pref	PA
VFEND TAB 200MG	Non-Pref	PA
<i>voriconazole for inj 200 mg</i>	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>voriconazole for susp 40 mg/ml</i>	Non-Pref	PA
<i>voriconazole tab 50 mg</i>	Non-Pref	PA
<i>voriconazole tab 200 mg</i>	Non-Pref	PA

## **ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES**

### **ANTIHIISTAMINES - ALKYLAMINES**

<i>chlorpheniramine tab 4 mg</i>	Pref	OTC
<i>ryclora sol 2mg/5ml</i>	Non-Pref	PA

### **ANTIHIISTAMINES - COMBINATIONS**

CLOBETEX PAK	Pref	PA
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### **ANTIHIISTAMINES - ETHANOLAMINES**

<i>carbinoxamine maleate soln 4 mg/5ml</i>	Non-Pref	PA
<i>carbinoxamine maleate tab 4 mg</i>	Non-Pref	PA
<i>clemastine fumarate tab 2.68 mg</i>	Non-Pref	PA
<i>diphenhydramine hcl cap 25 mg</i>	Pref	QL (6 caps / 1 day), OTC
<i>diphenhydramine hcl cap 50 mg</i>	Pref	QL (6 caps / 1 day), OTC
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Pref	QL (80 mL / 1 day)
<i>diphenhydramine hcl inj 50 mg/ml</i>	Pref	PA
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	Pref	QL (80 mL / 1 day), OTC
<i>diphenydramine hcl tab 25 mg</i>	Pref	QL (6 tabs / 1 day), OTC
KARBINAL ER SUS 4MG/5ML	Non-Pref	PA
RYVENT TAB 6MG	Non-Pref	PA

### **ANTIHIISTAMINES - NON-SEDATING**

<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Pref	QL (10 mL / 1 day)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Pref	QL (10 mL / 1 day), OTC
<i>cetirizine hcl tab 5 mg</i>	Pref	QL (1 tab / 1 day), OTC
<i>cetirizine hcl tab 10 mg</i>	Pref	QL (1 tab / 1 day), OTC
CLARINEX TAB 5MG	Non-Pref	PA
<i>desloratadine tab 5 mg</i>	Non-Pref	PA
<i>desloratadine tab orally disintegrating 2.5 mg</i>	Non-Pref	PA
<i>desloratadine tab orally disintegrating 5 mg</i>	Non-Pref	PA
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levocetirizine dihydrochloride tab 5 mg</i>	Non-Pref	PA
<i>loratadine syrup 5 mg/5ml</i>	Pref	QL (10 mL / 1 day), OTC
<i>loratadine tab 10 mg</i>	Pref	QL (1 tab / 1 day), OTC

#### **ANTIHISTAMINES - PHENOTHIAZINES**

<i>PHENERGAN INJ 25MG/ML</i>	Non-Pref	PA
<i>PHENERGAN INJ 50MG/ML</i>	Non-Pref	PA
<i>promethazine hcl inj 25 mg/ml</i>	Non-Pref	PA
<i>promethazine hcl inj 50 mg/ml</i>	Non-Pref	PA
<i>promethazine hcl suppos 12.5 mg</i>	Pref	QL (8 supp / 1 day), AGE; Min age 2
<i>promethazine hcl suppos 25 mg</i>	Pref	QL (8 supp / 1 day), AGE; Min age 2
<i>promethazine hcl suppos 50 mg</i>	Non-Pref	PA, QL (6 supp / 1 day), AGE; Min age 2
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Pref	QL (100 mL / 1 day), AGE; Min age 2
<i>promethazine hcl tab 12.5 mg</i>	Pref	QL (2 tabs / 1 day), AGE; Min age 2
<i>promethazine hcl tab 25 mg</i>	Pref	QL (6 tabs / 1 day), AGE; Min age 2
<i>promethazine hcl tab 50 mg</i>	Pref	QL (2 tabs / 1 day), AGE; Min age 2

#### **ANTIHISTAMINES - PIPERIDINES**

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Pref	QL (20 mL / 1 day)
<i>cyproheptadine hcl tab 4 mg</i>	Pref	QL (6 tabs / 1 day)

#### **ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS**

<i>NEXLETOL TAB 180MG</i>	Pref	PA
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#### **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
<i>NEXLIZET TAB 180/10MG</i>	Non-Pref	PA
<i>VYTORIN TAB 10-10MG</i>	Non-Pref	PA
<i>VYTORIN TAB 10-20MG</i>	Non-Pref	PA
<i>VYTORIN TAB 10-40MG</i>	Non-Pref	PA
<i>VYTORIN TAB 10-80MG</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **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
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl cap 1 gm</i>	Non-Pref	PA
LOVAZA CAP 1GM	Non-Pref	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	Non-Pref	PA
VASCEPA CAP 0.5GM	Non-Pref	PA
VASCEPA CAP 1GM	Non-Pref	PA
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	Pref	QL (24 gm / 1 day); DS
<i>cholestyramine light powder packets 4 gm</i>	Pref	QL (48 packets / 1 day); DS
<i>cholestyramine powder 4 gm/dose</i>	Pref	QL (48 gm / 1 day); DS
<i>cholestyramine powder packets 4 gm</i>	Pref	QL (48 packets / 1 day); DS
<i>colesevelam hcl packet for susp 3.75 gm</i>	Non-Pref	PA
<i>colesevelam hcl tab 625 mg</i>	Non-Pref	PA
COLESTID FLA GRA 5/7.5GM	Non-Pref	PA
COLESTID FLA GRA 5GM	Non-Pref	PA
COLESTID GRA 5GM	Non-Pref	PA
COLESTID POW 5GM	Non-Pref	PA
COLESTID TAB 1GM	Non-Pref	PA, QL (16 tabs / 1 day)
<i>colestipol hcl granule packets 5 gm</i>	Non-Pref	PA
<i>colestipol hcl granules 5 gm</i>	Non-Pref	PA
<i>colestipol hcl tab 1 gm</i>	Pref	QL (16 tabs / 1 day); DS
<i>prevalite pow 4gm</i>	Pref	QL (24 gm / 1 day); DS
<i>prevalite pow 4gm pk</i>	Pref	QL (48 packets / 1 day); DS
QUESTRAN POW 4GM	Non-Pref	PA, QL (48 gm / 1 day)
QUESTRAN POW 4GM	Non-Pref	PA, QL (48 packets / 1 day)
QUESTRAN POW 4GM LITE	Non-Pref	PA, QL (24 gm / 1 day)
WELCHOL PAK 3.75GM	Non-Pref	PA
WELCHOL TAB 625MG	Non-Pref	PA
<b>FIBRIC ACID DERIVATIVES</b>		
ANTARA CAP 30MG	Non-Pref	PA
ANTARA CAP 90MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Non-Pref	PA
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Non-Pref	PA
FENOFIB MICR CAP 30MG	Non-Pref	PA
FENOFIB MICR CAP 90MG	Non-Pref	PA
<i>fenofibrate cap 50 mg</i>	Non-Pref	PA
<i>fenofibrate cap 150 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 43 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 67 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 130 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 134 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 200 mg</i>	Non-Pref	PA
<i>fenofibrate tab 40 mg</i>	Pref	DS
<i>fenofibrate tab 48 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>fenofibrate tab 54 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>fenofibrate tab 120 mg</i>	Pref	DS
<i>fenofibrate tab 145 mg</i>	Pref	DS
<i>fenofibrate tab 160 mg</i>	Pref	DS
<i>fenofibric acid tab 35 mg</i>	Non-Pref	PA
<i>fenofibric acid tab 105 mg</i>	Non-Pref	PA
FENOGLIDE TAB 40MG	Non-Pref	PA
FENOGLIDE TAB 120MG	Non-Pref	PA
FIBRICOR TAB 35MG	Non-Pref	PA
FIBRICOR TAB 105MG	Non-Pref	PA
<i>gemfibrozil tab 600 mg</i>	Pref	QL (4 tabs / 1 day); DS
LIPOFEN CAP 50MG	Non-Pref	PA
LIPOFEN CAP 150MG	Non-Pref	PA
LOPID TAB 600MG	Non-Pref	PA, QL (4 tabs / 1 day)
TRICOR TAB 48MG	Non-Pref	PA, QL (1 tab / 1 day)
TRICOR TAB 145MG	Non-Pref	PA
TRILIPIX CAP 45MG	Non-Pref	PA
TRILIPIX CAP 135MG	Non-Pref	PA
<b>HMG COA REDUCTASE INHIBITORS</b>		
ALTOPREV TAB 20MG ER	Non-Pref	PA
ALTOPREV TAB 40MG ER	Non-Pref	PA
ALTOPREV TAB 60MG ER	Non-Pref	PA
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day); DS
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day); DS
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Pref	DS
CRESTOR TAB 5MG	Non-Pref	PA, QL (2 tabs / 1 day)
CRESTOR TAB 10MG	Non-Pref	PA, QL (2 tabs / 1 day)
CRESTOR TAB 20MG	Non-Pref	PA, QL (2 tabs / 1 day)
CRESTOR TAB 40MG	Non-Pref	PA, QL (1 tab / 1 day)
EZALLOR SPR CAP 5MG	Non-Pref	PA
EZALLOR SPR CAP 10MG	Non-Pref	PA
EZALLOR SPR CAP 20MG	Non-Pref	PA
EZALLOR SPR CAP 40MG	Non-Pref	PA
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Non-Pref	PA
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Non-Pref	PA
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Non-Pref	PA
LESCOL XL TAB 80MG	Non-Pref	PA
LIPITOR TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
LIPITOR TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day)
LIPITOR TAB 40MG	Non-Pref	PA, QL (1 tab / 1 day)
LIPITOR TAB 80MG	Non-Pref	PA
LIVALO TAB 1MG	Non-Pref	PA
LIVALO TAB 2MG	Non-Pref	PA
LIVALO TAB 4MG	Non-Pref	PA
<i>lovastatin tab 10 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>lovastatin tab 20 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>lovastatin tab 40 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>pravastatin sodium tab 10 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>pravastatin sodium tab 20 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>pravastatin sodium tab 40 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>pravastatin sodium tab 80 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>rosuvastatin calcium tab 5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>rosuvastatin calcium tab 10 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>rosuvastatin calcium tab 20 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>rosuvastatin calcium tab 40 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>simvastatin tab 5 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>simvastatin tab 10 mg</i>	Pref	QL (1 tab / 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>simvastatin tab 20 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>simvastatin tab 40 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>simvastatin tab 80 mg</i>	Pref	QL (1 tab / 1 day); DS
ZOCOR TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
ZOCOR TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day)
ZOCOR TAB 40MG	Non-Pref	PA, QL (1 tab / 1 day)
ZOCOR TAB 80MG	Non-Pref	PA, QL (1 tab / 1 day)
ZYPITAMAG TAB 2MG	Non-Pref	PA
ZYPITAMAG TAB 4MG	Non-Pref	PA

### **INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

<i>ezetimibe tab 10 mg</i>	Pref	QL (1 tab / 1 day); DS
ZETIA TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)

### **MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS**

JUXTAPID CAP 5MG	Pref	SP, PA
JUXTAPID CAP 10MG	Pref	SP, PA
JUXTAPID CAP 20MG	Pref	SP, PA
JUXTAPID CAP 30MG	Pref	SP, PA

### **NICOTINIC ACID DERIVATIVES**

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Pref	DS
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	Pref	DS
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	Pref	DS
NIASPAN TAB 500MG ER	Non-Pref	PA
NIASPAN TAB 750MG ER	Non-Pref	PA
NIASPAN TAB 1000 ER	Non-Pref	PA

### **PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS**

PRALUENT INJ 75MG/ML	Pref	PA
PRALUENT INJ 150MG/ML	Pref	PA
REPATHA INJ 140MG/ML	Non-Pref	PA
REPATHA PUSH INJ 420/3.5	Non-Pref	PA
REPATHA SURE INJ 140MG/ML	Non-Pref	PA

### **ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE ACE INHIBITORS**

ACCUPRIL TAB 5MG	Non-Pref	PA
ACCUPRIL TAB 10MG	Non-Pref	PA
ACCUPRIL TAB 20MG	Non-Pref	PA
ACCUPRIL TAB 40MG	Non-Pref	PA
ALTACE CAP 1.25MG	Non-Pref	PA, QL (1 cap / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALTACE CAP 2.5MG	Non-Pref	PA, QL (1 cap / 1 day)
ALTACE CAP 5MG	Non-Pref	PA, QL (1 cap / 1 day)
ALTACE CAP 10MG	Non-Pref	PA, QL (1 cap / 1 day)
<i>benazepril hcl tab 5 mg</i>	Pref	DS
<i>benazepril hcl tab 10 mg</i>	Pref	DS
<i>benazepril hcl tab 20 mg</i>	Pref	DS
<i>benazepril hcl tab 40 mg</i>	Pref	DS
<i>captopril tab 12.5 mg</i>	Pref	DS
<i>captopril tab 25 mg</i>	Pref	DS
<i>captopril tab 50 mg</i>	Pref	DS
<i>captopril tab 100 mg</i>	Pref	DS
<i>enalapril maleate oral soln 1 mg/ml</i>	Non-Pref	PA
<i>enalapril maleate tab 2.5 mg</i>	Pref	DS
<i>enalapril maleate tab 5 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>enalapril maleate tab 10 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>enalapril maleate tab 20 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>enalaprilat iv inj 1.25 mg/ml</i>	Pref	
EPANED SOL 1MG/ML	Non-Pref	PA
<i>fosinopril sodium tab 10 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>fosinopril sodium tab 20 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>fosinopril sodium tab 40 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>lisinopril tab 2.5 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>lisinopril tab 5 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>lisinopril tab 10 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>lisinopril tab 20 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>lisinopril tab 30 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>lisinopril tab 40 mg</i>	Pref	QL (2 tabs / 1 day); DS
LOTENSIN TAB 10MG	Non-Pref	PA
LOTENSIN TAB 20MG	Non-Pref	PA
LOTENSIN TAB 40MG	Non-Pref	PA
<i>moexipril hcl tab 7.5 mg</i>	Non-Pref	PA
<i>moexipril hcl tab 15 mg</i>	Non-Pref	PA
<i>perindopril erbumine tab 2 mg</i>	Non-Pref	PA
<i>perindopril erbumine tab 4 mg</i>	Non-Pref	PA
<i>perindopril erbumine tab 8 mg</i>	Non-Pref	PA
PRINIVIL TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day)
QBRELIS SOL 1MG/ML	Non-Pref	PA
<i>quinapril hcl tab 5 mg</i>	Non-Pref	PA
<i>quinapril hcl tab 10 mg</i>	Non-Pref	PA
<i>quinapril hcl tab 20 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinapril hcl tab 40 mg</i>	Non-Pref	PA
<i>ramipril cap 1.25 mg</i>	Pref	QL (1 cap / 1 day); DS
<i>ramipril cap 2.5 mg</i>	Pref	QL (1 cap / 1 day); DS
<i>ramipril cap 5 mg</i>	Pref	QL (1 cap / 1 day); DS
<i>ramipril cap 10 mg</i>	Pref	QL (1 cap / 1 day); DS
<i>trandolapril tab 1 mg</i>	Non-Pref	PA
<i>trandolapril tab 2 mg</i>	Non-Pref	PA
<i>trandolapril tab 4 mg</i>	Non-Pref	PA
VASOTEC TAB 2.5MG	Non-Pref	PA
VASOTEC TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day)
VASOTEC TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
VASOTEC TAB 20MG	Non-Pref	PA, QL (2 tabs / 1 day)
ZESTRIL TAB 2.5MG	Non-Pref	PA, QL (1 tab / 1 day)
ZESTRIL TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day)
ZESTRIL TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
ZESTRIL TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day)
ZESTRIL TAB 30MG	Non-Pref	PA, QL (2 tabs / 1 day)
ZESTRIL TAB 40MG	Non-Pref	PA, QL (2 tabs / 1 day)

#### **AGENTS FOR PHEOCHROMOCYTOMA**

DEMSEER CAP 250MG	Non-Pref	PA
<i>metirosine cap 250 mg</i>	Non-Pref	PA
<i>phenoxybenzamine hcl cap 10 mg</i>	Pref	DS
<i>phentolamine mesylate for inj 5 mg</i>	Pref	

#### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

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

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



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

### **ANTIADRENERGIC ANTIHYPERTENSIVES**

CARDURA TAB 1MG	Non-Pref	PA, QL (1 tab / 1 day)
CARDURA TAB 2MG	Non-Pref	PA, QL (1 tab / 1 day)
CARDURA TAB 4MG	Non-Pref	PA, QL (1 tab / 1 day)
CARDURA TAB 8MG	Non-Pref	PA, QL (2 tabs / 1 day)
CATAPRES-TTS DIS 0.1/24HR	Non-Pref	PA; AGE*
CATAPRES-TTS DIS 0.2/24HR	Non-Pref	PA; AGE*
CATAPRES-TTS DIS 0.3/24HR	Non-Pref	PA; AGE*
<i>clonidine hcl tab 0.1 mg</i>	Pref	AGE*; DS
<i>clonidine hcl tab 0.2 mg</i>	Pref	AGE*; DS
<i>clonidine hcl tab 0.3 mg</i>	Pref	AGE*; DS
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Pref	AGE*; DS
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Pref	AGE*; DS
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Pref	AGE*; DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxazosin mesylate tab 1 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>doxazosin mesylate tab 2 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>doxazosin mesylate tab 4 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>doxazosin mesylate tab 8 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>guanfacine hcl tab 1 mg</i>	Pref	AGE*
<i>guanfacine hcl tab 2 mg</i>	Pref	AGE*
<i>methyldopa tab 250mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>methyldopa tab 500mg</i>	Pref	QL (6 tabs / 1 day); DS
MINIPRESS CAP 1MG	Non-Pref	PA
MINIPRESS CAP 2MG	Non-Pref	PA
MINIPRESS CAP 5MG	Non-Pref	PA
<i>prazosin hcl cap 1 mg</i>	Pref	DS
<i>prazosin hcl cap 2 mg</i>	Pref	DS
<i>prazosin hcl cap 5 mg</i>	Pref	DS
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Pref	QL (1 cap / 1 day); DS
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Pref	QL (2 caps / 1 day); DS
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Pref	QL (1 cap / 1 day); DS
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Pref	QL (2 caps / 1 day); DS

#### **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	PA, QL (3 caps / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Pref	PA
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Pref	PA
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Pref	PA
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Pref	PA
<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 &amp; chlorthalidone tab 50-25 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	Pref	QL (1 tab / 1 day); DS
AVALIDE TAB 150-12.5	Non-Pref	PA
AVALIDE TAB 300-12.5	Non-Pref	PA
AZOR TAB 5-20MG	Non-Pref	PA
AZOR TAB 5-40MG	Non-Pref	PA
AZOR TAB 10-20MG	Non-Pref	PA
AZOR TAB 10-40MG	Non-Pref	PA
<i>benazep/hctz tab 5-6.25</i>	Pref	QL (1 tab / 1 day); DS
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Pref	DS
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Pref	DS
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	Pref	DS
BENICAR HCT TAB 20-12.5	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BENICAR HCT TAB 40-12.5	Non-Pref	PA
BENICAR HCT TAB 40-25MG	Non-Pref	PA
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	Pref	QL (4 tabs / 1 day); DS
<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 (3 tabs / 1 day)
DIOVAN HCT TAB 160-12.5	Non-Pref	PA, QL (2 tabs / 1 day)
DIOVAN HCT TAB 160-25MG	Non-Pref	PA
DIOVAN HCT TAB 320-12.5	Non-Pref	PA
DIOVAN HCT TAB 320-25MG	Non-Pref	PA
EDARBYCLOR TAB 40-12.5	Non-Pref	PA
EDARBYCLOR TAB 40-25MG	Non-Pref	PA
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Pref	DS
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	Pref	DS
EXFORGE TAB 5-160MG	Non-Pref	PA
EXFORGE TAB 5-320MG	Non-Pref	PA
EXFORGE TAB 10-160MG	Non-Pref	PA
EXFORGE TAB 10-320MG	Non-Pref	PA
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 &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Pref	DS
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Pref	DS
HYZAAR TAB 50-12.5	Non-Pref	PA, QL (1 tab / 1 day)
HYZAAR TAB 100-12.5	Non-Pref	PA, QL (1 tab / 1 day)
HYZAAR TAB 100-25	Non-Pref	PA, QL (1 tab / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Pref	DS
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Pref	DS
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	Pref	QL (1 tab / 1 day); DS
LOTENSIN HCT TAB 10-12.5	Non-Pref	PA
LOTENSIN HCT TAB 20-12.5	Non-Pref	PA
LOTENSIN HCT TAB 20-25MG	Non-Pref	PA
LOTREL CAP 5-10MG	Non-Pref	PA, QL (2 caps / 1 day)
LOTREL CAP 5-20MG	Non-Pref	PA, QL (2 caps / 1 day)
LOTREL CAP 10-20MG	Non-Pref	PA, QL (2 caps / 1 day)
LOTREL CAP 10-40MG	Non-Pref	PA, QL (2 caps / 1 day)
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	Pref	DS
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	Pref	DS
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	Pref	DS
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	DS
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Pref	DS
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Pref	DS
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>	Pref	DS
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Pref	DS
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Pref	DS
TEKTURNA HCT TAB 150-12.5	Non-Pref	PA
TEKTURNA HCT TAB 150-25MG	Non-Pref	PA
TEKTURNA HCT TAB 300-12.5	Non-Pref	PA
TEKTURNA HCT TAB 300-25MG	Non-Pref	PA
<i>telmisartan-amlodipine tab 40-5 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 40-10 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 80-5 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 80-10 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Non-Pref	PA
TENORETIC TAB 50	Non-Pref	PA, QL (2 tabs / 1 day)
TENORETIC TAB 100	Non-Pref	PA, QL (1 tab / 1 day)
<i>trando/verap tab 2-180 er</i>	Non-Pref	PA
<i>trando/verap tab 2-240 er</i>	Non-Pref	PA
<i>trando/verap tab 4-240 er</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Non-Pref	PA
TRIBENZOR20- TAB 5-12.5MG	Non-Pref	PA
TRIBENZOR40- TAB 5-12.5MG	Non-Pref	PA
TRIBENZOR40- TAB 5-25MG	Non-Pref	PA
TRIBENZOR40- TAB 10-12.5	Non-Pref	PA
TRIBENZOR40- TAB 10-25MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Pref	DS
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Pref	DS
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Pref	DS
VASERETIC TAB 10-25MG	Non-Pref	PA
ZESTORETIC TAB 10-12.5	Non-Pref	PA, QL (2 tabs / 1 day)
ZESTORETIC TAB 20-12.5	Non-Pref	PA, QL (2 tabs / 1 day)
ZESTORETIC TAB 20-25MG	Non-Pref	PA, QL (2 tabs / 1 day)
ZIAC TAB 2.5/6.25	Non-Pref	PA, QL (3 tabs / 1 day)
ZIAC TAB 5-6.25MG	Non-Pref	PA, QL (3 tabs / 1 day)
ZIAC TAB 10/6.25	Non-Pref	PA, QL (4 tabs / 1 day)
<b>ANTIHYPERTENSIVES - MISC.</b>		
VECAMYL TAB 2.5MG	Non-Pref	PA
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Non-Pref	PA
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Non-Pref	PA
TEKTURN TAB 150MG	Non-Pref	PA
TEKTURN TAB 300MG	Non-Pref	PA
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone tab 25 mg</i>	Pref	DS
<i>eplerenone tab 50 mg</i>	Pref	DS
INSPRA TAB 25MG	Non-Pref	PA
INSPRA TAB 50MG	Non-Pref	PA
<b>VASODILATORS</b>		
<i>hydralazine hcl inj 20 mg/ml</i>	Pref	PA
<i>hydralazine hcl tab 10 mg</i>	Pref	QL (10 tabs / 1 day); DS
<i>hydralazine hcl tab 25 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>hydralazine hcl tab 50 mg</i>	Pref	QL (8 tabs / 1 day); DS
<i>hydralazine hcl tab 100 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>minoxidil tab 2.5 mg</i>	Pref	QL (5 tabs / 1 day); DS
<i>minoxidil tab 10 mg</i>	Pref	QL (5 tabs / 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **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
NIPRIDE RTU INJ 20/100ML	Pref	PA
NIPRIDE RTU INJ 50/100ML	Pref	PA
<i>nitroprusside sodium iv soln 25 mg/ml</i>	Pref	PA

## **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	
COARTEM TAB 20-120MG	Pref	
MALARONE TAB 62.5-25	Non-Pref	PA
MALARONE TAB 250-100	Non-Pref	PA

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

<i>chloroquine phosphate tab 250 mg</i>	Pref	QL (10 tabs / 3 days)
<i>chloroquine phosphate tab 500 mg</i>	Pref	QL (5 tabs / 3 days)
DARAPRIM TAB 25MG	Non-Pref	PA
HYDROXYCHLOR TAB 100MG	Pref	
HYDROXYCHLOR TAB 300MG	Pref	
HYDROXYCHLOR TAB 400MG	Pref	
<i>hydroxychloroquine sulfate tab 200 mg</i>	Pref	QL (3 tabs / 1 day)
KRINTAFEL TAB 150MG	Non-Pref	PA
<i>mefloquine hcl tab 250 mg</i>	Pref	QL (4 tabs / 1 day)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Pref	QL (4 tabs / 1 day)
PRIMAQUINE TAB 26.3MG	Pref	QL (4 tabs / 1 day)
<i>pyrimethamine tab 25 mg</i>	Non-Pref	PA
QUALAQUIN CAP 324MG	Non-Pref	PA, QL (30 caps / 25 days)
<i>quinine sulfate cap 324 mg</i>	Pref	QL (30 caps / 25 days)

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

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

BLOXIVERZ INJ 5MG/10ML	Pref	PA
BLOXIVERZ INJ 10/10ML	Pref	PA
FIRDAPSE TAB 10MG	Non-Pref	SP, PA
MESTINON SOL 60MG/5ML	Pref	PA
MESTINON TAB 60MG	Non-Pref	PA, QL (6 tabs / 1 day)
MESTINON TAB TIMESPAN	Non-Pref	PA, QL (6 tabs / 1 day)
NEOSTIG METH INJ 3MG/3ML	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEOSTIG METH INJ 5MG/5ML	Pref	PA
NEOSTIG METH INJ 10/10ML	Pref	PA
NEOSTIGMINE INJ 5MG/10ML	Pref	PA
<i>neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)</i>	Pref	PA
<i>neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)</i>	Pref	PA
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	Pref	PA
<i>pyridostigmine bromide tab 30 mg</i>	Pref	
<i>pyridostigmine bromide tab 60 mg</i>	Pref	QL (6 tabs / 1 day)
<i>pyridostigmine bromide tab er 180 mg</i>	Pref	QL (6 tabs / 1 day)
REGONOL INJ 5MG/ML	Pref	PA
RUZURGI TAB 10MG	Non-Pref	SP, PA

## **ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS**

### **ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS**

<i>cycloserine cap 250 mg</i>	Pref	
<i>ethambutol hcl tab 100 mg</i>	Pref	QL (5 tabs / 1 day)
<i>ethambutol hcl tab 400 mg</i>	Pref	QL (5 tabs / 1 day)
<i>isoniazid syrup 50 mg/5ml</i>	Pref	QL (30 mL / 1 day)
<i>isoniazid tab 100 mg</i>	Pref	QL (6 tabs / 1 day)
<i>isoniazid tab 300 mg</i>	Pref	QL (3 tabs / 1 day)
MYAMBUTOL TAB 400MG	Non-Pref	PA, QL (5 tabs / 1 day)
MYCOBUTIN CAP 150MG	Non-Pref	PA
PASER GRA 4GM	Non-Pref	PA
PRETOMANID TAB 200MG	Non-Pref	PA
PRIFTIN TAB 150MG	Pref	QL (32 tabs / 25 days)
<i>pyrazinamide tab 500 mg</i>	Pref	QL (6 tabs / 1 day)
<i>rifabutin cap 150 mg</i>	Pref	
<i>rifampin cap 150 mg</i>	Pref	QL (8 caps / 1 day)
<i>rifampin cap 300 mg</i>	Pref	QL (4 caps / 1 day)
RIFAMPIN SUS 25MG/ML	Non-Pref	PA
SIRTURO TAB 20MG	Pref	
SIRTURO TAB 100MG	Pref	
TRECATOR TAB 250MG	Pref	

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

### **ALKYLATING AGENTS**

ALKERAN TAB 2MG	Non-Pref	PA
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**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclophosphamide cap 25 mg</i>	Pref	SP, QL (16 caps / 1 day)
<i>cyclophosphamide cap 50 mg</i>	Pref	SP, QL (16 caps / 1 day)
LEUKERAN TAB 2MG	Pref	PA, QL (8 tabs / 1 day)
<i>melfalan tab 2 mg</i>	Pref	
MYLERAN TAB 2MG	Pref	PA
TEMODAR CAP 100MG	Non-Pref	SP, PA
TEMODAR CAP 140MG	Non-Pref	SP, PA
TEMODAR CAP 180MG	Non-Pref	SP, PA
TEMODAR CAP 250MG	Non-Pref	SP, PA
<i>temozolomide cap 5 mg</i>	Pref	SP, PA
<i>temozolomide cap 20 mg</i>	Pref	SP, PA
<i>temozolomide cap 100 mg</i>	Pref	SP, PA
<i>temozolomide cap 140 mg</i>	Pref	SP, PA
<i>temozolomide cap 180 mg</i>	Pref	SP, PA
<i>temozolomide cap 250 mg</i>	Pref	SP, PA

#### **ANTIMETABOLITES**

<i>capecitabine tab 150 mg</i>	Pref	SP, PA
<i>capecitabine tab 500 mg</i>	Pref	SP, PA
<i>mercaptopurine tab 50 mg</i>	Pref	QL (4 tabs / 1 day)
<i>methotrexate sodium for inj 1 gm</i>	Pref	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Pref	QL (5 vials / 25 days)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Pref	QL (1 vial / 25 days)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Pref	QL (5 vials / 25 days)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Pref	QL (1 vial / 25 days)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Pref	QL (1 vial / 25 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Pref	QL (24 tabs / 1 day)
ONUREG TAB 200MG	Pref	SP, PA
ONUREG TAB 300MG	Pref	SP, PA
PURIXAN SUS 20MG/ML	Pref	PA
TABLOID TAB 40MG	Pref	QL (7 tabs / 1 day)
TREXALL TAB 5MG	Pref	
TREXALL TAB 7.5MG	Pref	
TREXALL TAB 10MG	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TREXALL TAB 15MG	Pref	
XATMEP SOL 2.5MG/ML	Pref	
XELODA TAB 150MG	Non-Pref	SP, PA
XELODA TAB 500MG	Non-Pref	SP, PA
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
INLYTA TAB 1MG	Pref	SP, PA
INLYTA TAB 5MG	Pref	SP, PA
LENVIMA CAP 4MG	Pref	SP, PA
LENVIMA CAP 8 MG	Pref	SP, PA
LENVIMA CAP 10 MG	Pref	SP, PA
LENVIMA CAP 12MG	Pref	SP, PA
LENVIMA CAP 14 MG	Pref	SP, PA
LENVIMA CAP 18 MG	Pref	SP, PA
LENVIMA CAP 20 MG	Pref	SP, PA
LENVIMA CAP 24 MG	Pref	SP, PA
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
TUKYSA TAB 50MG	Pref	SP, PA
TUKYSA TAB 150MG	Pref	SP, PA
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA TAB 10MG	Pref	SP, PA, QL (4 tabs / 1 day)
VENCLEXTA TAB 50MG	Pref	SP, PA, QL (4 tabs / 1 day)
VENCLEXTA TAB 100MG	Pref	SP, PA, QL (6 tabs / 1 day)
VENCLEXTA TAB START PK	Pref	SP, PA, QL (1.5 tabs / 1 day)
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Pref	SP, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Pref	SP, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Pref	SP, PA
EXKIVITY CAP 40MG	Pref	SP, PA
GILOTRIF TAB 20MG	Pref	SP, PA
GILOTRIF TAB 30MG	Pref	SP, PA
GILOTRIF TAB 40MG	Pref	SP, PA
IRESSA TAB 250MG	Pref	SP, PA
TAGRISSE TAB 40MG	Pref	SP, PA, QL (2 tabs / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TAGRISSO TAB 80MG	Pref	SP, PA, QL (1 tab / 1 day)
TARCEVA TAB 25MG	Non-Pref	SP, PA
TARCEVA TAB 100MG	Non-Pref	SP, PA
TARCEVA TAB 150MG	Non-Pref	SP, PA
VIZIMPRO TAB 15MG	Pref	SP, PA
VIZIMPRO TAB 30MG	Pref	SP, PA
VIZIMPRO TAB 45MG	Pref	SP, PA
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO TAB 25MG	Pref	SP, PA, QL (2 tabs / 1 day)
DAURISMO TAB 100MG	Pref	SP, PA, QL (1 tab / 1 day)
ERIVEDGE CAP 150MG	Pref	SP, PA, QL (1 cap / 1 day)
ODOMZO CAP 200MG	Pref	SP, PA, QL (1 cap / 1 day)
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	Pref	SP, PA, QL (4 tabs / 1 day)
<i>abiraterone acetate tab 500 mg</i>	Non-Pref	SP, PA
<i>anastrozole tab 1 mg</i>	Pref	
ARIMIDEX TAB 1MG	Non-Pref	PA
AROMASIN TAB 25MG	Non-Pref	PA
<i>bicalutamide tab 50 mg</i>	Pref	QL (3 tabs / 1 day)
CASODEX TAB 50MG	Non-Pref	PA, QL (3 tabs / 1 day)
ELIGARD INJ 7.5MG	Pref	PA; EA
ELIGARD INJ 22.5MG	Pref	PA; EA
ELIGARD INJ 30MG	Pref	PA; EA
ELIGARD INJ 45MG	Pref	PA; EA
EMCYT CAP 140MG	Pref	PA
ERLEADA TAB 60MG	Pref	SP, PA, QL (4 tabs / 1 day)
<i>exemestane tab 25 mg</i>	Pref	
FARESTON TAB 60MG	Non-Pref	PA
FEMARA TAB 2.5MG	Non-Pref	PA, QL (1 tab / 1 day)
<i>flutamide cap 125 mg</i>	Pref	QL (6 caps / 1 day)
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Pref	PA
<i>letrozole tab 2.5 mg</i>	Pref	QL (1 tab / 1 day)
<i>leuprolide acetate inj kit 5 mg/ml</i>	Pref	PA; EA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUPRON DEPOT INJ 3.75MG	Pref	PA; EA
LUPRON DEPOT INJ 7.5MG	Pref	PA; EA
LUPRON DEPOT INJ 11.25MG	Pref	PA; EA
LUPRON DEPOT INJ 22.5MG	Pref	PA; EA
LUPRON DEPOT INJ 30MG	Pref	PA; EA
LUPRON DEPOT INJ 45MG	Pref	PA; EA
LYSODREN TAB 500MG	Pref	PA
<i>megestrol acetate susp 40 mg/ml</i>	Pref	QL (40 mL / 1 day)
<i>megestrol acetate tab 20 mg</i>	Pref	QL (40 tabs / 1 day)
<i>megestrol acetate tab 40 mg</i>	Pref	QL (20 tabs / 1 day)
<i>nilutamide tab 150 mg</i>	Pref	PA
NUBEQA TAB 300MG	Pref	SP, PA, QL (4 tabs / 1 day)
ORGOVYX TAB 120MG	Pref	SP, PA
SOLTAMOX SOL 10MG/5ML	Non-Pref	PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Pref	QL (2 tabs / 1 day)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Pref	QL (2 tabs / 1 day)
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Non-Pref	PA
TRELSTAR MIX INJ 3.75MG	Pref	PA
TRELSTAR MIX INJ 11.25MG	Pref	PA
TRELSTAR MIX INJ 22.5MG	Pref	PA
XTANDI CAP 40MG	Pref	SP, PA, QL (4 caps / 1 day)
XTANDI TAB 40MG	Pref	SP, PA, QL (4 tabs / 1 day)
XTANDI TAB 80MG	Pref	PA, QL (2 tabs / 1 day)
YONSA TAB 125MG	Non-Pref	SP, PA
ZOLADEX IMP 3.6MG	Pref	SP, PA; EA
ZOLADEX IMP 10.8MG	Pref	SP, PA; EA
ZYTIGA TAB 250MG	Non-Pref	SP, PA, QL (4 tabs / 1 day)
ZYTIGA TAB 500MG	Non-Pref	SP, PA
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG TAB 40MG	Pref	SP, PA
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP 1MG	Pref	SP, PA
POMALYST CAP 2MG	Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
POMALYST CAP 3MG	Pref	SP, PA
POMALYST CAP 4MG	Pref	SP, PA
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT TAB 25MG	Pref	SP, PA
AYVAKIT TAB 50MG	Pref	SP, PA
AYVAKIT TAB 100MG	Pref	SP, PA
AYVAKIT TAB 200MG	Pref	SP, PA
AYVAKIT TAB 300MG	Pref	SP, PA
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO PAK 40MG	Pref	SP, PA
XPOVIO PAK 50MG	Pref	SP, PA
XPOVIO PAK 60MG	Pref	SP, PA
XPOVIO PAK 80MG	Pref	SP, PA
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI TAB 35-100MG	Pref	SP, PA
KISQALI 200 PAK FEMARA	Pref	SP, PA
KISQALI 400 PAK FEMARA	Pref	SP, PA
KISQALI 600 PAK FEMARA	Pref	SP, PA
LONSURF TAB 15-6.14	Pref	SP, PA
LONSURF TAB 20-8.19	Pref	SP, PA
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
AFINITOR DIS TAB 2MG	Non-Pref	SP, PA
AFINITOR DIS TAB 3MG	Non-Pref	SP, PA
AFINITOR DIS TAB 5MG	Non-Pref	SP, PA
AFINITOR TAB 2.5MG	Non-Pref	SP, PA
AFINITOR TAB 5MG	Non-Pref	SP, PA
AFINITOR TAB 7.5MG	Non-Pref	SP, PA
AFINITOR TAB 10MG	Non-Pref	SP, PA
ALECENSA CAP 150MG	Pref	SP, PA
ALUNBRIG PAK	Pref	SP, PA
ALUNBRIG TAB 30MG	Pref	SP, PA
ALUNBRIG TAB 90MG	Pref	SP, PA
ALUNBRIG TAB 180MG	Pref	SP, PA
BALVERSA TAB 3MG	Pref	SP, PA, QL (3 tabs / 1 day)
BALVERSA TAB 4MG	Pref	SP, PA, QL (2 tabs / 1 day)
BALVERSA TAB 5MG	Pref	SP, PA, QL (1 tab / 1 day)
BOSULIF TAB 100MG	Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BOSULIF TAB 400MG	Pref	SP, PA
BOSULIF TAB 500MG	Pref	SP, PA
BRAFTOVI CAP 75MG	Pref	PA, QL (6 caps / 1 day)
BRUKINSA CAP 80MG	Pref	SP, PA
CABOMETYX TAB 20MG	Pref	SP, PA, QL (3 tabs / 1 day)
CABOMETYX TAB 40MG	Pref	SP, PA, QL (1 tab / 1 day)
CABOMETYX TAB 60MG	Pref	SP, PA, QL (1 tab / 1 day)
CALQUENCE CAP 100MG	Pref	SP, PA
CAPRELSA TAB 100MG	Pref	SP, PA
CAPRELSA TAB 300MG	Pref	SP, PA
COMETRIQ KIT 60MG	Pref	SP, PA
COMETRIQ KIT 100MG	Pref	SP, PA
COMETRIQ KIT 140MG	Pref	SP, PA
COPIKTRA CAP 15MG	Pref	SP, PA, QL (2 caps / 1 day)
COPIKTRA CAP 25MG	Pref	SP, PA, QL (2 caps / 1 day)
COTELLIC TAB 20MG	Pref	SP, PA
<i>everolimus tab 2.5 mg</i>	Pref	SP, PA
<i>everolimus tab 5 mg</i>	Pref	SP, PA
<i>everolimus tab 7.5 mg</i>	Pref	SP, PA
<i>everolimus tab 10 mg</i>	Pref	SP, PA
<i>everolimus tab for oral susp 2 mg</i>	Pref	SP, PA
<i>everolimus tab for oral susp 3 mg</i>	Pref	SP, PA
<i>everolimus tab for oral susp 5 mg</i>	Pref	SP, PA
FARYDAK CAP 10MG	Pref	SP, PA
FARYDAK CAP 15MG	Pref	SP, PA
FARYDAK CAP 20MG	Pref	SP, PA
FOTIVDA CAP 0.89MG	Pref	SP, PA
FOTIVDA CAP 1.34MG	Pref	SP, PA
GAVRETO CAP 100MG	Pref	PA
GLEEVEC TAB 100MG	Non-Pref	SP, PA
GLEEVEC TAB 400MG	Non-Pref	SP, PA
IBRANCE CAP 75MG	Pref	SP, PA, QL (1 cap / 1 day)
IBRANCE CAP 100MG	Pref	SP, PA, QL (1 cap / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IBRANCE CAP 125MG	Pref	SP, PA, QL (1 cap / 1 day)
IBRANCE TAB 75MG	Pref	SP, PA, QL (1 tab / 1 day)
IBRANCE TAB 100MG	Pref	SP, PA, QL (1 tab / 1 day)
IBRANCE TAB 125MG	Pref	SP, PA, QL (1 tab / 1 day)
ICLUSIG TAB 10MG	Pref	PA
ICLUSIG TAB 15MG	Pref	SP, PA
ICLUSIG TAB 30MG	Pref	PA
ICLUSIG TAB 45MG	Pref	SP, PA
IDHIFA TAB 50MG	Pref	SP, PA, QL (1 tab / 1 day)
IDHIFA TAB 100MG	Pref	SP, PA, QL (1 tab / 1 day)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Pref	SP, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Pref	SP, PA
IMBRUVICA CAP 70MG	Pref	SP, PA
IMBRUVICA CAP 140MG	Pref	SP, PA
IMBRUVICA TAB 140MG	Pref	SP, PA
IMBRUVICA TAB 280MG	Pref	SP, PA
IMBRUVICA TAB 420MG	Pref	SP, PA
IMBRUVICA TAB 560MG	Pref	SP, PA
INREBIC CAP 100MG	Pref	SP, PA, QL (4 caps / 1 day)
JAKAFI TAB 5MG	Pref	SP, PA, QL (2 tabs / 1 day)
JAKAFI TAB 10MG	Pref	SP, PA, QL (2 tabs / 1 day)
JAKAFI TAB 15MG	Pref	SP, PA, QL (2 tabs / 1 day)
JAKAFI TAB 20MG	Pref	SP, PA, QL (2 tabs / 1 day)
JAKAFI TAB 25MG	Pref	SP, PA, QL (2 tabs / 1 day)
KISQALI TAB 200DOSE	Pref	SP, PA
KISQALI TAB 400DOSE	Pref	SP, PA
KISQALI TAB 600DOSE	Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KOSELUGO CAP 10MG	Pref	SP, PA, QL (8 caps / 1 day)
KOSELUGO CAP 25MG	Pref	SP, PA, QL (4 caps / 1 day)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Pref	SP, PA, QL (6 tabs / 1 day)
LORBRENA TAB 25MG	Pref	SP, PA
LORBRENA TAB 100MG	Pref	SP, PA
LUMAKRAS TAB 120MG	Pref	SP, PA
LYNPARZA TAB 100MG	Pref	SP, PA, QL (4 tabs / 1 day)
LYNPARZA TAB 150MG	Pref	SP, PA, QL (4 tabs / 1 day)
MEKINIST TAB 0.5MG	Pref	SP, PA, QL (3 tabs / 1 day)
MEKINIST TAB 2MG	Pref	SP, PA, QL (1 tab / 1 day)
MEKTOVI TAB 15MG	Pref	PA, QL (6 tabs / 1 day)
NERLYNX TAB 40MG	Pref	SP, PA
NEXAVAR TAB 200MG	Pref	SP, PA, QL (4 tabs / 1 day)
NINLARO CAP 2.3MG	Pref	SP, PA
NINLARO CAP 3MG	Pref	SP, PA
NINLARO CAP 4MG	Pref	SP, PA
PEMAZYRE TAB 4.5MG	Pref	SP, PA
PEMAZYRE TAB 9MG	Pref	SP, PA
PEMAZYRE TAB 13.5MG	Pref	SP, PA
PIQRAY 200MG TAB DOSE	Pref	SP, PA, QL (1 tab / 1 day)
PIQRAY 250MG TAB DOSE	Pref	SP, PA, QL (2 tabs / 1 day)
PIQRAY 300MG TAB DOSE	Pref	SP, PA, QL (2 tabs / 1 day)
QINLOCK TAB 50MG	Pref	SP, PA
RETEVMO CAP 40MG	Pref	SP, PA
RETEVMO CAP 80MG	Pref	SP, PA
ROZLYTREK CAP 100MG	Pref	SP, PA, QL (1 cap / 1 day)
ROZLYTREK CAP 200MG	Pref	SP, PA, QL (3 caps / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RUBRACA TAB 200MG	Pref	SP, PA, QL (4 tabs / 1 day)
RUBRACA TAB 250MG	Pref	SP, PA, QL (4 tabs / 1 day)
RUBRACA TAB 300MG	Pref	SP, PA, QL (4 tabs / 1 day)
RYDAPT CAP 25MG	Pref	SP, PA
SPRYCEL TAB 20MG	Pref	SP, PA, QL (1 tab / 1 day)
SPRYCEL TAB 50MG	Pref	SP, PA, QL (1 tab / 1 day)
SPRYCEL TAB 70MG	Pref	SP, PA, QL (1 tab / 1 day)
SPRYCEL TAB 80MG	Pref	SP, PA, QL (1 tab / 1 day)
SPRYCEL TAB 100MG	Pref	SP, PA, QL (1 tab / 1 day)
SPRYCEL TAB 140MG	Pref	SP, PA, QL (1 tab / 1 day)
STIVARGA TAB 40MG	Pref	SP, PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Pref	SP, PA, QL (1 cap / 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Pref	SP, PA, QL (1 cap / 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Pref	SP, PA, QL (1 cap / 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Pref	SP, PA, QL (1 cap / 1 day)
SUTENT CAP 12.5MG	Pref	SP, PA, QL (1 cap / 1 day)
SUTENT CAP 25MG	Pref	SP, PA, QL (1 cap / 1 day)
SUTENT CAP 37.5MG	Pref	SP, PA, QL (1 cap / 1 day)
SUTENT CAP 50MG	Pref	SP, PA, QL (1 cap / 1 day)
TABRECTA TAB 150MG	Pref	SP, PA
TABRECTA TAB 200MG	Pref	SP, PA
TAFINLAR CAP 50MG	Pref	SP, PA, QL (4 caps / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TAFINLAR CAP 75MG	Pref	SP, PA, QL (4 caps / 1 day)
TALZENNA CAP 0.25MG	Pref	SP, PA, QL (3 caps / 1 day)
TALZENNA CAP 1MG	Pref	SP, PA, QL (1 cap / 1 day)
TASIGNA CAP 50MG	Pref	SP, PA
TASIGNA CAP 150MG	Pref	SP, PA
TASIGNA CAP 200MG	Pref	SP, PA
TEPMETKO TAB 225MG	Pref	PA, QL (2 tabs / 1 day)
TIBSOVO TAB 250MG	Pref	SP, PA, QL (2 tabs / 1 day)
TRUSELTIQ CAP 50MG	Pref	SP, PA
TRUSELTIQ CAP 75MG	Pref	SP, PA
TRUSELTIQ CAP 100MG	Pref	SP, PA
TRUSELTIQ CAP 125MG	Pref	PA
TURALIO CAP 200MG	Pref	SP, PA
TYKERB TAB 250MG	Pref	SP, PA, QL (6 tabs / 1 day)
UKONIQ TAB 200MG	Pref	PA
VERZENIO TAB 50MG	Pref	SP, PA, QL (2 tabs / 1 day)
VERZENIO TAB 100MG	Pref	SP, PA, QL (2 tabs / 1 day)
VERZENIO TAB 150MG	Pref	SP, PA, QL (2 tabs / 1 day)
VERZENIO TAB 200MG	Pref	SP, PA, QL (2 tabs / 1 day)
VITRAKVI CAP 25MG	Pref	SP, PA, QL (6 caps / 1 day)
VITRAKVI CAP 100MG	Pref	SP, PA, QL (2 caps / 1 day)
VITRAKVI SOL 20MG/ML	Pref	SP, PA
VOTRIENT TAB 200MG	Pref	SP, PA
XALKORI CAP 200MG	Pref	SP, PA
XALKORI CAP 250MG	Pref	SP, PA
XOSPATA TAB 40MG	Pref	SP, PA
ZEJULA CAP 100MG	Pref	SP, PA, QL (3 caps / 1 day)
ZELBORAF TAB 240MG	Pref	SP, PA, QL (8 tabs / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZOLINZA CAP 100MG	Pref	SP, PA, QL (4 caps / 1 day)
ZYDELIG TAB 100MG	Pref	SP, PA, QL (2 tabs / 1 day)
ZYDELIG TAB 150MG	Pref	SP, PA, QL (2 tabs / 1 day)
ZYKADIA TAB 150MG	Pref	SP, PA

#### **ANTINEOPLASTICS MISC.**

<i>bexarotene cap 75 mg</i>	Pref	SP, PA
HYDREA CAP 500MG	Non-Pref	PA, QL (24 caps / 1 day)
<i>hydroxyurea cap 500 mg</i>	Pref	QL (24 caps / 1 day)
MATULANE CAP 50MG	Non-Pref	SP, PA
TARGRETIN CAP 75MG	Non-Pref	SP, PA
<i>tretinoin cap 10 mg</i>	Pref	PA

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

<i>leucovorin calcium tab 5 mg</i>	Pref	QL (8 tabs / 1 day)
<i>leucovorin calcium tab 10 mg</i>	Pref	
<i>leucovorin calcium tab 15 mg</i>	Pref	
<i>leucovorin calcium tab 25 mg</i>	Pref	
MESNEX TAB 400MG	Pref	

#### **MITOTIC INHIBITORS**

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

HYCAMTIN CAP 0.25MG	Pref	SP, PA
HYCAMTIN CAP 1MG	Pref	SP, PA

### **ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE**

#### **ANTIPARKINSON ADJUNCTIVE THERAPY**

<i>carbidopa tab 25 mg</i>	Pref	
LODOSYN TAB 25MG	Non-Pref	PA
NOURIANZ TAB 20MG	Pref	PA
NOURIANZ TAB 40MG	Pref	PA

#### **ANTIPARKINSON ANTICHOLINERGICS**

<i>benztropine mesylate inj 1 mg/ml</i>	Pref	
<i>benztropine mesylate tab 0.5 mg</i>	Pref	
<i>benztropine mesylate tab 1 mg</i>	Pref	
<i>benztropine mesylate tab 2 mg</i>	Pref	
COGENTIN INJ 1MG/ML	Pref	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trihexyphenidyl hcl tab 2 mg</i>	Pref	
<i>trihexyphenidyl hcl tab 5 mg</i>	Pref	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
COMTAN TAB 200MG	Non-Pref	PA, QL (8 tabs / 1 day)
<i>entacapone tab 200 mg</i>	Pref	QL (8 tabs / 1 day)
ONGENTYS CAP 25MG	Non-Pref	PA
ONGENTYS CAP 50MG	Non-Pref	PA
TASMAR TAB 100MG	Non-Pref	PA
<i>tolcapone tab 100 mg</i>	Pref	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl cap 100 mg</i>	Pref	
<i>amantadine hcl soln 50 mg/5ml</i>	Pref	
<i>amantadine hcl tab 100 mg</i>	Non-Pref	PA
APOKYN INJ 10MG/ML	Non-Pref	SP, PA
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Non-Pref	PA
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Non-Pref	PA
<i>carb/levo tab 10-100mg</i>	Non-Pref	PA
<i>carb/levo tab 25-100mg</i>	Non-Pref	PA
<i>carb/levo tab 25-250mg</i>	Non-Pref	PA
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Pref	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Pref	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Pref	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Pref	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Non-Pref	PA
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Non-Pref	PA
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Non-Pref	PA
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Non-Pref	PA
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Non-Pref	PA
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Non-Pref	PA
DUOPA SUS 4.63-20	Non-Pref	SP, PA
GOCOVRI CAP 68.5MG	Non-Pref	SP, PA
GOCOVRI CAP 137MG	Non-Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INBRIJA CAP 42MG	Non-Pref	SP, PA
KYNMOBI MIS 10MG	Non-Pref	SP, PA
KYNMOBI MIS 15MG	Non-Pref	SP, PA
KYNMOBI MIS 20MG	Non-Pref	SP, PA
KYNMOBI MIS 25MG	Non-Pref	SP, PA
KYNMOBI MIS 30MG	Non-Pref	SP, PA
MIRAPEX ER TAB 0.75MG	Non-Pref	PA
MIRAPEX ER TAB 0.375MG	Non-Pref	PA
MIRAPEX ER TAB 1.5MG	Non-Pref	PA
MIRAPEX ER TAB 2.25MG	Non-Pref	PA
MIRAPEX ER TAB 3.75MG	Non-Pref	PA
MIRAPEX ER TAB 3MG	Non-Pref	PA
MIRAPEX ER TAB 4.5MG	Non-Pref	PA
NEUPRO DIS 1MG/24HR	Non-Pref	PA
NEUPRO DIS 2MG/24HR	Non-Pref	PA
NEUPRO DIS 3MG/24HR	Non-Pref	PA
NEUPRO DIS 4MG/24HR	Non-Pref	PA
NEUPRO DIS 6MG/24HR	Non-Pref	PA
NEUPRO DIS 8MG/24HR	Non-Pref	PA
OSMOLEX ER TAB	Non-Pref	PA
OSMOLEX ER TAB 129MG	Non-Pref	PA
OSMOLEX ER TAB 193MG	Non-Pref	PA
PARLODEL CAP 5MG	Non-Pref	PA
PARLODEL TAB 2.5MG	Non-Pref	PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Pref	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Pref	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Pref	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Pref	
<i>pramipexole dihydrochloride tab 1 mg</i>	Pref	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Pref	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab 0.5 mg</i>	Pref	
<i>ropinirole hydrochloride tab 0.25 mg</i>	Pref	
<i>ropinirole hydrochloride tab 1 mg</i>	Pref	
<i>ropinirole hydrochloride tab 2 mg</i>	Pref	
<i>ropinirole hydrochloride tab 3 mg</i>	Pref	
<i>ropinirole hydrochloride tab 4 mg</i>	Pref	
<i>ropinirole hydrochloride tab 5 mg</i>	Pref	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	Non-Pref	PA
RYTARY CAP 95MG	Non-Pref	PA
RYTARY CAP 145MG	Non-Pref	PA
RYTARY CAP 195MG	Non-Pref	PA
RYTARY CAP 245MG	Non-Pref	PA
SINEMET TAB 10-100MG	Non-Pref	PA
SINEMET TAB 25-100MG	Non-Pref	PA
STALEVO 50 TAB	Non-Pref	PA
STALEVO 75 TAB	Non-Pref	PA
STALEVO 100 TAB	Non-Pref	PA
STALEVO 125 TAB	Non-Pref	PA
STALEVO 150 TAB	Non-Pref	PA
STALEVO 200 TAB	Non-Pref	PA
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
AZILECT TAB 0.5MG	Non-Pref	PA
AZILECT TAB 1MG	Non-Pref	PA
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Non-Pref	PA
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Non-Pref	PA
<i>selegiline hcl cap 5 mg</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>selegiline hcl tab 5 mg</i>	Pref	
XADAGO TAB 50MG	Non-Pref	PA
XADAGO TAB 100MG	Non-Pref	PA
ZELAPAR TAB 1.25MG	Non-Pref	PA

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

### **ANTIMANIC AGENTS**

<i>lithium carbonate cap 150 mg</i>	Pref	
<i>lithium carbonate cap 300 mg</i>	Pref	
<i>lithium carbonate cap 600 mg</i>	Pref	
<i>lithium carbonate tab 300 mg</i>	Pref	
<i>lithium carbonate tab er 300 mg</i>	Pref	
<i>lithium carbonate tab er 450 mg</i>	Pref	
LITHOBID TAB 300MG CR	Non-Pref	PA

### **ANTIPSYCHOTICS - MISC.**

CAPLYTA CAP 42MG	Non-Pref	PA; AGE*
EQUETRO CAP 100MG	Pref	PA
EQUETRO CAP 200MG	Pref	PA
EQUETRO CAP 300MG	Pref	PA
GEODON CAP 20MG	Non-Pref	PA; AGE*
GEODON CAP 40MG	Non-Pref	PA; AGE*
GEODON CAP 60MG	Non-Pref	PA; AGE*
GEODON CAP 80MG	Non-Pref	PA; AGE*
GEODON INJ 20MG	Pref	AGE*
LATUDA TAB 20MG	Pref	AGE*
LATUDA TAB 40MG	Pref	AGE*
LATUDA TAB 60MG	Pref	AGE*
LATUDA TAB 80MG	Pref	AGE*
LATUDA TAB 120MG	Pref	AGE*
NUPLAZID CAP 34MG	Pref	SP, PA
NUPLAZID TAB 10MG	Pref	SP, PA
VRAYLAR CAP 1.5-3MG	Pref	PA; AGE*
VRAYLAR CAP 1.5MG	Pref	PA; AGE*
VRAYLAR CAP 3MG	Pref	PA; AGE*
VRAYLAR CAP 4.5MG	Pref	PA; AGE*
VRAYLAR CAP 6MG	Pref	PA; AGE*
<i>ziprasidone hcl cap 20 mg</i>	Pref	AGE*
<i>ziprasidone hcl cap 40 mg</i>	Pref	AGE*
<i>ziprasidone hcl cap 60 mg</i>	Pref	AGE*
<i>ziprasidone hcl cap 80 mg</i>	Pref	AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	Pref	AGE*
<b>BENZISOXAZOLES</b>		
FANAPT PAK	Non-Pref	PA; AGE*
FANAPT TAB 1MG	Non-Pref	PA; AGE*
FANAPT TAB 2MG	Non-Pref	PA; AGE*
FANAPT TAB 4MG	Non-Pref	PA; AGE*
FANAPT TAB 6MG	Non-Pref	PA; AGE*
FANAPT TAB 8MG	Non-Pref	PA; AGE*
FANAPT TAB 10MG	Non-Pref	PA; AGE*
FANAPT TAB 12MG	Non-Pref	PA; AGE*
INVEGA HAFYE INJ 1092MG	Pref	PA
INVEGA HAFYE INJ 1560MG	Pref	PA
INVEGA SUST INJ 39/0.25	Pref	AGE*
INVEGA SUST INJ 78/0.5ML	Pref	AGE*
INVEGA SUST INJ 117/0.75	Pref	AGE*
INVEGA SUST INJ 156MG/ML	Pref	AGE*
INVEGA SUST INJ 234/1.5	Pref	AGE*
INVEGA TAB 1.5MG	Non-Pref	PA; AGE*
INVEGA TAB 3MG	Non-Pref	PA; AGE*
INVEGA TAB 6MG	Non-Pref	PA; AGE*
INVEGA TAB 9MG	Non-Pref	PA; AGE*
INVEGA TRINZ INJ 273MG	Pref	QL (0.88 injections / 70 days); AGE*
INVEGA TRINZ INJ 410MG	Pref	QL (1.4 injections / 70 days); AGE*
INVEGA TRINZ INJ 546MG	Pref	QL (1.8 injections / 70 days); AGE*
INVEGA TRINZ INJ 819MG	Pref	QL (2.7 injections / 70 days); AGE*
<i>paliperidone tab er 24hr 1.5 mg</i>	Non-Pref	PA; AGE*
<i>paliperidone tab er 24hr 3 mg</i>	Non-Pref	PA; AGE*
<i>paliperidone tab er 24hr 6 mg</i>	Non-Pref	PA; AGE*
<i>paliperidone tab er 24hr 9 mg</i>	Non-Pref	PA; AGE*
PERSERIS INJ 90MG	Non-Pref	PA; AGE*
PERSERIS INJ 120MG	Non-Pref	PA; AGE*
RISPERDAL INJ 12.5MG	Pref	AGE*
RISPERDAL INJ 25MG	Pref	AGE*
RISPERDAL INJ 37.5MG	Pref	AGE*
RISPERDAL INJ 50MG	Pref	AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RISPERDAL SOL 1MG/ML	Non-Pref	PA; AGE*
RISPERDAL TAB 0.5MG	Non-Pref	PA; AGE*
RISPERDAL TAB 1MG	Non-Pref	PA; AGE*
RISPERDAL TAB 2MG	Non-Pref	PA; AGE*
RISPERDAL TAB 3MG	Non-Pref	PA; AGE*
RISPERDAL TAB 4MG	Non-Pref	PA; AGE*
<i>risperidone orally disintegrating tab 0.5 mg</i>	Pref	AGE*; DS
<i>risperidone orally disintegrating tab 0.25 mg</i>	Pref	AGE*; DS
<i>risperidone orally disintegrating tab 1 mg</i>	Pref	AGE*; DS
<i>risperidone orally disintegrating tab 2 mg</i>	Pref	AGE*; DS
<i>risperidone orally disintegrating tab 3 mg</i>	Pref	AGE*; DS
<i>risperidone orally disintegrating tab 4 mg</i>	Pref	AGE*; DS
<i>risperidone soln 1 mg/ml</i>	Pref	AGE*; DS
<i>risperidone tab 0.5 mg</i>	Pref	AGE*; DS
<i>risperidone tab 0.25 mg</i>	Pref	AGE*; DS
<i>risperidone tab 1 mg</i>	Pref	AGE*; DS
<i>risperidone tab 2 mg</i>	Pref	AGE*; DS
<i>risperidone tab 3 mg</i>	Pref	AGE*; DS
<i>risperidone tab 4 mg</i>	Pref	AGE*; DS
<b>BUTYROPHENONES</b>		
HALDOL DECAN INJ 50MG/ML	Non-Pref	PA; AGE*
HALDOL DECAN INJ 100MG/ML	Non-Pref	PA; AGE*
<i>haloperidol decanoate im soln 50 mg/ml</i>	Pref	AGE*
<i>haloperidol decanoate im soln 100 mg/ml</i>	Pref	AGE*
<i>haloperidol lactate inj 5 mg/ml</i>	Pref	AGE*
<i>haloperidol lactate oral conc 2 mg/ml</i>	Pref	AGE*
<i>haloperidol tab 0.5 mg</i>	Pref	AGE*
<i>haloperidol tab 1 mg</i>	Pref	AGE*
<i>haloperidol tab 2 mg</i>	Pref	AGE*
<i>haloperidol tab 5 mg</i>	Pref	AGE*; DS
<i>haloperidol tab 10 mg</i>	Pref	AGE*
<i>haloperidol tab 20 mg</i>	Pref	AGE*
<b>DIBENZAPINES</b>		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Non-Pref	PA; AGE*
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Non-Pref	PA; AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Non-Pref	PA; AGE*
<i>clozapine orally disintegrating tab 12.5 mg</i>	Non-Pref	PA; AGE*
<i>clozapine orally disintegrating tab 25 mg</i>	Non-Pref	PA; AGE*
<i>clozapine orally disintegrating tab 100 mg</i>	Non-Pref	PA; AGE*
<i>clozapine orally disintegrating tab 150 mg</i>	Non-Pref	PA; AGE*
<i>clozapine orally disintegrating tab 200 mg</i>	Non-Pref	PA; AGE*
<i>clozapine tab 25 mg</i>	Pref	AGE*; DS
<i>clozapine tab 50 mg</i>	Pref	AGE*; DS
<i>clozapine tab 100 mg</i>	Pref	AGE*; DS
<i>clozapine tab 200 mg</i>	Pref	AGE*; DS
<i>CLOZARIL TAB 25MG</i>	Non-Pref	PA; AGE*
<i>CLOZARIL TAB 50MG</i>	Non-Pref	PA; AGE*
<i>CLOZARIL TAB 100MG</i>	Non-Pref	PA; AGE*
<i>CLOZARIL TAB 200MG</i>	Non-Pref	PA; AGE*
<i>loxapine succinate cap 5 mg</i>	Pref	DS
<i>loxapine succinate cap 10 mg</i>	Pref	DS
<i>loxapine succinate cap 25 mg</i>	Pref	DS
<i>loxapine succinate cap 50 mg</i>	Pref	DS
<i>olanzapine for im inj 10 mg</i>	Pref	AGE*
<i>olanzapine orally disintegrating tab 5 mg</i>	Pref	AGE*
<i>olanzapine orally disintegrating tab 10 mg</i>	Pref	AGE*
<i>olanzapine orally disintegrating tab 15 mg</i>	Pref	AGE*
<i>olanzapine orally disintegrating tab 20 mg</i>	Pref	AGE*
<i>olanzapine tab 2.5 mg</i>	Pref	AGE*; DS
<i>olanzapine tab 5 mg</i>	Pref	AGE*; DS
<i>olanzapine tab 7.5 mg</i>	Pref	AGE*; DS
<i>olanzapine tab 10 mg</i>	Pref	AGE*; DS
<i>olanzapine tab 15 mg</i>	Pref	AGE*; DS
<i>olanzapine tab 20 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab 25 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab 50 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab 100 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab 200 mg</i>	Pref	AGE*; DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quetiapine fumarate tab 300 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab 400 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Pref	AGE*; DS
SAPHRIS SUB 2.5MG	Non-Pref	PA; AGE*
SAPHRIS SUB 5MG	Non-Pref	PA; AGE*
SAPHRIS SUB 10MG	Non-Pref	PA; AGE*
SECUADO DIS 3.8MG	Non-Pref	PA; AGE*
SECUADO DIS 5.7MG	Non-Pref	PA; AGE*
SECUADO DIS 7.6MG	Non-Pref	PA; AGE*
SEROQUEL TAB 25MG	Non-Pref	PA; AGE*
SEROQUEL TAB 50MG	Non-Pref	PA; AGE*
SEROQUEL TAB 100MG	Non-Pref	PA; AGE*
SEROQUEL TAB 200MG	Non-Pref	PA; AGE*
SEROQUEL TAB 300MG	Non-Pref	PA; AGE*
SEROQUEL TAB 400MG	Non-Pref	PA; AGE*
SEROQUEL XR TAB 50MG	Non-Pref	PA; AGE*
SEROQUEL XR TAB 150MG	Non-Pref	PA; AGE*
SEROQUEL XR TAB 200MG	Non-Pref	PA; AGE*
SEROQUEL XR TAB 300MG	Non-Pref	PA; AGE*
SEROQUEL XR TAB 400MG	Non-Pref	PA; AGE*
VERSACLOZ SUS 50MG/ML	Non-Pref	PA; AGE*
ZYPREXA INJ 10MG	Non-Pref	PA; AGE*
ZYPREXA RELP INJ 210MG	Non-Pref	PA; AGE*
ZYPREXA RELP INJ 300MG	Non-Pref	PA; AGE*
ZYPREXA RELP INJ 405MG	Non-Pref	PA; AGE*
ZYPREXA TAB 2.5MG	Non-Pref	PA; AGE*
ZYPREXA TAB 5MG	Non-Pref	PA; AGE*
ZYPREXA TAB 7.5MG	Non-Pref	PA; AGE*
ZYPREXA TAB 10MG	Non-Pref	PA; AGE*
ZYPREXA TAB 15MG	Non-Pref	PA; AGE*
ZYPREXA TAB 20MG	Non-Pref	PA; AGE*
ZYPREXA ZYDI TAB 5MG	Non-Pref	PA; AGE*
ZYPREXA ZYDI TAB 10MG	Non-Pref	PA; AGE*
ZYPREXA ZYDI TAB 15MG	Non-Pref	PA; AGE*
ZYPREXA ZYDI TAB 20MG	Non-Pref	PA; AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DIHYDROINDOLONES</b>		
<i>molindone hcl tab 5 mg</i>	Pref	DS
<i>molindone hcl tab 10 mg</i>	Pref	DS
<i>molindone hcl tab 25 mg</i>	Pref	DS
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl inj 25 mg/ml</i>	Pref	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	Pref	
<i>chlorpromazine hcl tab 10 mg</i>	Pref	DS
<i>chlorpromazine hcl tab 25 mg</i>	Pref	DS
<i>chlorpromazine hcl tab 50 mg</i>	Pref	DS
<i>chlorpromazine hcl tab 100 mg</i>	Pref	DS
<i>chlorpromazine hcl tab 200 mg</i>	Pref	DS
<i>compro sup 25mg</i>	Non-Pref	PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	Pref	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Pref	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	Pref	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Pref	
<i>fluphenazine hcl tab 1 mg</i>	Pref	DS
<i>fluphenazine hcl tab 2.5 mg</i>	Pref	DS
<i>fluphenazine hcl tab 5 mg</i>	Pref	DS
<i>fluphenazine hcl tab 10 mg</i>	Pref	DS
<i>perphenazine tab 2 mg</i>	Pref	AGE*; DS
<i>perphenazine tab 4 mg</i>	Pref	AGE*; DS
<i>perphenazine tab 8 mg</i>	Pref	AGE*; DS
<i>perphenazine tab 16 mg</i>	Pref	AGE*; DS
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	Pref	PA
<i>prochlorperazine edisylate inj 50 mg/10ml</i>	Pref	PA
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Pref	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Pref	
<i>prochlorperazine suppos 25 mg</i>	Non-Pref	PA
<i>thioridazine hcl tab 10 mg</i>	Pref	DS
<i>thioridazine hcl tab 25 mg</i>	Pref	DS
<i>thioridazine hcl tab 50 mg</i>	Pref	DS
<i>thioridazine hcl tab 100 mg</i>	Pref	DS
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Pref	DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Pref	DS
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Pref	DS
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Pref	DS

## **QUINOLINONE DERIVATIVES**

ABILIFY MAIN INJ 300MG	Pref	AGE*
ABILIFY MAIN INJ 400MG	Pref	AGE*
ABILIFY MYCI TAB 2MG	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 2MG MANT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 2MG STRT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 5MG	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 5MG MANT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 5MG STRT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 10MG	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 10MG MNT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 10MG STR	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 15MG	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 15MG MNT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 15MG STR	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 20MG	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 20MG MNT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 20MG STR	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 30MG	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 30MG MNT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 30MG STR	Non-Pref	PA; AGE*
ABILIFY TAB 2MG	Non-Pref	PA; AGE*
ABILIFY TAB 5MG	Non-Pref	PA; AGE*
ABILIFY TAB 10MG	Non-Pref	PA; AGE*
ABILIFY TAB 15MG	Non-Pref	PA; AGE*
ABILIFY TAB 20MG	Non-Pref	PA; AGE*
ABILIFY TAB 30MG	Non-Pref	PA; AGE*
<i>aripiprazole oral solution 1 mg/ml</i>	Non-Pref	PA; AGE*
<i>aripiprazole orally disintegrating tab 10 mg</i>	Non-Pref	PA; AGE*
<i>aripiprazole orally disintegrating tab 15 mg</i>	Non-Pref	PA; AGE*
<i>aripiprazole tab 2 mg</i>	Pref	AGE*; DS
<i>aripiprazole tab 5 mg</i>	Pref	AGE*; DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aripiprazole tab 10 mg</i>	Pref	AGE*; DS
<i>aripiprazole tab 15 mg</i>	Pref	AGE*; DS
<i>aripiprazole tab 20 mg</i>	Pref	AGE*; DS
<i>aripiprazole tab 30 mg</i>	Pref	AGE*; DS
ARISTADA INJ 441MG/1.	Pref	AGE*
ARISTADA INJ 662MG/2	Pref	AGE*
ARISTADA INJ 882MG/3	Pref	QL (1 injection / 36 days); AGE*
ARISTADA INJ 1064MG	Pref	QL (1.026 injections / 47 days); AGE*
ARISTADA INJ INITIO	Non-Pref	PA; AGE*
REXULTI TAB 0.5MG	Non-Pref	PA; AGE*
REXULTI TAB 0.25MG	Non-Pref	PA; AGE*
REXULTI TAB 1MG	Non-Pref	PA; AGE*
REXULTI TAB 2MG	Non-Pref	PA; AGE*
REXULTI TAB 3MG	Non-Pref	PA; AGE*
REXULTI TAB 4MG	Non-Pref	PA; AGE*

### **THIOXANTHENES**

<i>thiothixene cap 1 mg</i>	Pref	DS
<i>thiothixene cap 2 mg</i>	Pref	DS
<i>thiothixene cap 5 mg</i>	Pref	DS
<i>thiothixene cap 10 mg</i>	Pref	DS

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

### **ANTIRETROVIRALS**

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Pref	QL (30 mL / 1 day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Pref	QL (1 tab / 1 day)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Pref	QL (2 tabs / 1 day)
APTIVUS CAP 250MG	Pref	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Pref	QL (2 caps / 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Pref	QL (2 caps / 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Pref	QL (1 cap / 1 day)
ATRIPLA TAB	Pref	QL (1 tab / 1 day)
BIKTARVY TAB	Non-Pref	PA, EA, QL (1 tab / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CABENUVA SUS 400-600	Pref	PA, QL (1 box / 30 days)
CABENUVA SUS 600-900	Pref	PA, QL (1 box / 30 days)
CIMDUO TAB 300-300	Non-Pref	PA; EA
COMBIVIR TAB 150-300	Non-Pref	PA, QL (2 tabs / 1 day)
COMPLERA TAB	Pref	QL (1 tab / 1 day)
CRIXIVAN CAP 400MG	Pref	
DELSTRIGO TAB	Pref	QL (1 tab / 1 day)
DESCOVY TAB 200/25MG	Non-Pref	PA, QL (1 tab / 1 day); EA
DOVATO TAB 50-300MG	Non-Pref	PA, QL (1 tab / 1 day); EA
EDURANT TAB 25MG	Pref	PA, QL (1 tab / 1 day)
<i>efavirenz cap 50 mg</i>	Pref	QL (12 caps / 1 day)
<i>efavirenz cap 200 mg</i>	Pref	QL (3 caps / 1 day)
<i>efavirenz tab 600 mg</i>	Pref	QL (1 tab / 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Pref	QL (1 tab / 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); EA
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); EA
<i>emtricitabine caps 200 mg</i>	Pref	QL (1 cap / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Pref	QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Pref	QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Pref	QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Pref	QL (1 tab / 1 day)
EMTRIVA CAP 200MG	Pref	QL (1 cap / 1 day)
EMTRIVA SOL 10MG/ML	Pref	QL (24 mL / 1 day)
EPIVIR SOL 10MG/ML	Non-Pref	PA, QL (30 mL / 1 day)
EPIVIR TAB 150MG	Non-Pref	PA, QL (2 tabs / 1 day)
EPIVIR TAB 300MG	Non-Pref	PA, QL (1 tab / 1 day)
EPZICOM TAB 600-300	Non-Pref	PA, QL (1 tab / 1 day)
<i>etravirine tab 100 mg</i>	Pref	QL (4 tabs / 1 day)
<i>etravirine tab 200 mg</i>	Pref	QL (2 tabs / 1 day)
EVOTAZ TAB 300-150	Pref	QL (1 tab / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Pref	QL (4 tabs / 1 day)
FUZEON INJ 90MG	Pref	
GENVOYA TAB	Pref	QL (1 tab / 1 day)
INTELENCE TAB 25MG	Pref	
INTELENCE TAB 100MG	Pref	QL (4 tabs / 1 day)
INTELENCE TAB 200MG	Pref	QL (2 tabs / 1 day)
INVIRASE TAB 500MG	Pref	QL (4 tabs / 1 day)
ISENTRESS CHW 25MG	Pref	
ISENTRESS CHW 100MG	Pref	QL (12 tabs / 1 day)
ISENTRESS HD TAB 600MG	Pref	
ISENTRESS POW 100MG	Pref	
ISENTRESS TAB 400MG	Pref	QL (2 tabs / 1 day)
JULUCA TAB 50-25MG	Non-Pref	PA, QL (1 tab / 1 day); EA
KALETRA SOL	Pref	QL (16 mL / 1 day)
KALETRA TAB 100-25MG	Pref	QL (12 tabs / 1 day)
KALETRA TAB 200-50MG	Pref	QL (6 tabs / 1 day)
<i>lamivudine oral soln 10 mg/ml</i>	Pref	QL (30 mL / 1 day)
<i>lamivudine tab 150 mg</i>	Pref	QL (2 tabs / 1 day)
<i>lamivudine tab 300 mg</i>	Pref	QL (1 tab / 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Pref	QL (2 tabs / 1 day)
LEXIVA SUS 50MG/ML	Pref	
LEXIVA TAB 700MG	Non-Pref	PA, QL (4 tabs / 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Pref	QL (16 mL / 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Pref	QL (12 tabs / 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Pref	QL (6 tabs / 1 day)
<i>nevirapine sus 50mg/5ml</i>	Pref	QL (40 mL / 1 day)
<i>nevirapine tab 200 mg</i>	Pref	QL (2 tabs / 1 day)
<i>nevirapine tab er 24hr 100 mg</i>	Pref	
<i>nevirapine tab er 24hr 400 mg</i>	Pref	QL (2 tabs / 1 day)
NORVIR POW 100MG	Non-Pref	PA
NORVIR SOL 80MG/ML	Non-Pref	PA
NORVIR TAB 100MG	Non-Pref	PA, QL (12 tabs / 1 day)
ODEFSEY TAB	Pref	QL (1 tab / 1 day)
PIFELTRO TAB 100MG	Pref	
PREZCOBIX TAB 800-150	Pref	QL (1 tab / 1 day)
PREZISTA SUS 100MG/ML	Pref	QL (8 mL / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREZISTA TAB 75MG	Pref	
PREZISTA TAB 150MG	Pref	
PREZISTA TAB 600MG	Pref	QL (2 tabs / 1 day)
PREZISTA TAB 800MG	Pref	QL (1 tab / 1 day)
RETROVIR CAP 100MG	Non-Pref	PA, QL (6 caps / 1 day)
RETROVIR INJ 10MG/ML	Pref	
RETROVIR SYP 50MG/5ML	Non-Pref	PA, QL (60 mL / 1 day)
REYATAZ CAP 150MG	Non-Pref	PA, QL (2 caps / 1 day)
REYATAZ CAP 200MG	Non-Pref	PA, QL (2 caps / 1 day)
REYATAZ CAP 300MG	Non-Pref	PA, QL (1 cap / 1 day)
REYATAZ POW 50MG	Pref	
<i>ritonavir tab 100 mg</i>	Pref	QL (12 tabs / 1 day)
RUKOBIA TAB 600MG ER	Non-Pref	PA
SELZENTRY SOL 20MG/ML	Pref	
SELZENTRY TAB 25MG	Pref	
SELZENTRY TAB 75MG	Pref	
SELZENTRY TAB 150MG	Pref	QL (2 tabs / 1 day)
SELZENTRY TAB 300MG	Pref	QL (2 tabs / 1 day)
<i>stavudine cap 15 mg</i>	Pref	
<i>stavudine cap 20 mg</i>	Pref	QL (2 caps / 1 day)
<i>stavudine cap 30 mg</i>	Pref	QL (2 caps / 1 day)
<i>stavudine cap 40 mg</i>	Pref	QL (2 caps / 1 day)
STRIBILD TAB	Pref	QL (1 tab / 1 day)
SUSTIVA CAP 50MG	Non-Pref	PA, QL (12 caps / 1 day)
SUSTIVA CAP 200MG	Non-Pref	PA, QL (3 caps / 1 day)
SUSTIVA TAB 600MG	Non-Pref	PA, QL (1 tab / 1 day)
SYMFI LO TAB	Non-Pref	PA, QL (1 tab / 1 day)
SYMFI TAB	Non-Pref	PA, QL (1 tab / 1 day)
SYMITUZA TAB	Non-Pref	PA, QL (1 tab / 1 day); EA
TEMIXYS TAB 300-300	Non-Pref	PA; EA
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Pref	QL (1 tab / 1 day)
TIVICAY PD TAB 5MG	Non-Pref	PA
TIVICAY TAB 10MG	Pref	
TIVICAY TAB 25MG	Pref	
TIVICAY TAB 50MG	Pref	QL (2 tabs / 1 day)
TRIUMEQ TAB	Non-Pref	PA, QL (1 tab / 1 day); EA
TRIZIVIR TAB	Non-Pref	PA, QL (2 tabs / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TROGARZO INJ 150MG/ML	Pref	PA
TRUVADA TAB 100-150	Non-Pref	PA, QL (1 tab / 1 day)
TRUVADA TAB 133-200	Non-Pref	PA, QL (1 tab / 1 day)
TRUVADA TAB 167-250	Non-Pref	PA, QL (1 tab / 1 day)
TRUVADA TAB 200-300	Non-Pref	PA, QL (1 tab / 1 day)
TYBOST TAB 150MG	Pref	QL (1 tab / 1 day)
VIRACEPT TAB 250MG	Pref	QL (10 tabs / 1 day)
VIRACEPT TAB 625MG	Pref	QL (4 tabs / 1 day)
VIRAMUNE XR TAB 400MG	Non-Pref	PA, QL (2 tabs / 1 day)
VIREAD POW 40MG/GM	Pref	QL (7.5 gm / 1 day)
VIREAD TAB 150MG	Pref	QL (1 tab / 1 day)
VIREAD TAB 200MG	Pref	QL (1 tab / 1 day)
VIREAD TAB 250MG	Pref	QL (1 tab / 1 day)
VIREAD TAB 300MG	Non-Pref	PA, QL (1 tab / 1 day)
ZIAGEN SOL 20MG/ML	Non-Pref	PA, QL (30 mL / 1 day)
ZIAGEN TAB 300MG	Non-Pref	PA, QL (2 tabs / 1 day)
<i>zidovudine cap 100 mg</i>	Pref	QL (6 caps / 1 day)
<i>zidovudine syrup 10 mg/ml</i>	Pref	QL (60 mL / 1 day)
<i>zidovudine tab 300 mg</i>	Pref	QL (2 tabs / 1 day)

### **CMV AGENTS**

<i>cidofovir iv inj 75 mg/ml</i>	Pref	PA
<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i>	Pref	PA
GANCICLOVIR INJ 500/25	Pref	PA
GANCICLOVIR INJ 500MG	Non-Pref	PA
<i>ganciclovir sodium for inj 500 mg</i>	Pref	PA
PREVYMIS INJ 240/12	Pref	PA
PREVYMIS INJ 480/24	Pref	PA
PREVYMIS TAB 240MG	Pref	PA
PREVYMIS TAB 480MG	Pref	PA
VALCYTE SOL 50MG/ML	Non-Pref	PA
VALCYTE TAB 450MG	Non-Pref	PA, QL (4 tabs / 1 day)
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Pref	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Pref	QL (4 tabs / 1 day)

### **HEPATITIS AGENTS**

<i>adefovir dipivoxil tab 10 mg</i>	Non-Pref	PA, QL (1 tab / 1 day)
BARACLUDE SOL	Non-Pref	PA
BARACLUDE TAB 0.5MG	Non-Pref	PA, QL (1 tab / 1 day)

**AGE** - Age Limit   **AGE\*** - See Table in Preface for Age Limit   **DS** - Covered up to 90 days   **EA** - Expedited Authorization   **MME** - Max Morphine Equivalent of 120 mg   **Non-Pref** - Non-Preferred   **OTC** - Over the counter   **PA** - Prior Authorization   **Pref** - Preferred   **QL** - Quantity Limits   **SP** - Specialty   **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BARACLUDE TAB 1MG	Non-Pref	PA, QL (1 tab / 1 day)
<i>entecavir tab 0.5 mg</i>	Pref	QL (1 tab / 1 day)
<i>entecavir tab 1 mg</i>	Pref	QL (1 tab / 1 day)
EPIVIR HBV SOL 5MG/ML	Non-Pref	PA
EPIVIR HBV TAB 100MG	Pref	QL (3 tabs / 1 day)
HEPSERA TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
<i>lamivudine tab 100 mg (hbv)</i>	Pref	QL (3 tabs / 1 day)
PEGASYS INJ	Non-Pref	SP, PA
PEGASYS INJ 180MCG/M	Non-Pref	SP, PA
PEGASYS INJ PROCLICK	Non-Pref	SP, PA
<i>ribavirin cap 200 mg</i>	Pref	SP
<i>ribavirin tab 200 mg</i>	Pref	SP
VEMLIDY TAB 25MG	Non-Pref	PA

### **HERPES AGENTS**

<i>acyclovir cap 200 mg</i>	Pref	QL (5 caps / 1 day)
<i>acyclovir sodium iv soln 50 mg/ml</i>	Pref	PA
<i>acyclovir susp 200 mg/5ml</i>	Pref	QL (25 mL / 1 day)
<i>acyclovir tab 400 mg</i>	Pref	QL (5 tabs / 1 day)
<i>acyclovir tab 800 mg</i>	Pref	QL (5 tabs / 1 day)
<i>famciclovir tab 125 mg</i>	Pref	QL (3 tabs / 1 day)
<i>famciclovir tab 250 mg</i>	Pref	QL (3 tabs / 1 day)
<i>famciclovir tab 500 mg</i>	Pref	QL (3 tabs / 1 day)
SITAVIG TAB 50MG	Non-Pref	PA
<i>valacyclovir hcl tab 1 gm</i>	Pref	QL (8 tabs / 1 day)
<i>valacyclovir hcl tab 500 mg</i>	Pref	QL (8 tabs / 1 day)
VALTREX TAB 1GM	Non-Pref	PA, QL (8 tabs / 1 day)
VALTREX TAB 500MG	Non-Pref	PA, QL (8 tabs / 1 day)
ZOVIRAX SUS 200/5ML	Non-Pref	PA, QL (25 mL / 1 day)

### **INFLUENZA AGENTS**

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Pref	QL (2 caps / 1 day); Max Days Supply = 10
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Pref	QL (2 caps / 1 day); Max Days Supply = 10
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Pref	QL (2 caps / 1 day); Max Days Supply = 10
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Pref	QL (25 mL / 1 day), AGE; Max Days Supply = 10
RAPIVAB INJ 200MG/20	Pref	PA
RELENZA MIS DISKHALE	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rimantadine hydrochloride tab 100 mg</i>	Pref	QL (2 tabs / 1 day)
TAMIFLU CAP 30MG	Non-Pref	PA, QL (2 caps / 1 day); Max Days Supply = 10
TAMIFLU CAP 45MG	Non-Pref	PA, QL (2 caps / 1 day); Max Days Supply = 10
TAMIFLU CAP 75MG	Non-Pref	PA, QL (2 caps / 1 day); Max Days Supply = 10
TAMIFLU SUS 6MG/ML	Non-Pref	PA, QL (25 mL / 1 day), AGE; Max Days Supply = 10
XOFLUZA TAB 20MG	Non-Pref	PA
XOFLUZA TAB 40MG	Non-Pref	PA
XOFLUZA TAB 80MG	Non-Pref	PA

### **RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS**

<i>ribavirin for inhal soln 6 gm</i>	Pref	PA
VIRAZOLE INH 6GM	Non-Pref	PA

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

### **ALPHA-BETA BLOCKERS**

<i>carvedilol phosphate cap er 24hr 10 mg</i>	Non-Pref	PA, QL (2 caps / 1 day)
<i>carvedilol phosphate cap er 24hr 20 mg</i>	Non-Pref	PA, QL (2 caps / 1 day)
<i>carvedilol phosphate cap er 24hr 40 mg</i>	Non-Pref	PA, QL (2 caps / 1 day)
<i>carvedilol phosphate cap er 24hr 80 mg</i>	Non-Pref	PA
<i>carvedilol tab 3.125 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>carvedilol tab 6.25 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>carvedilol tab 12.5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>carvedilol tab 25 mg</i>	Pref	QL (2 tabs / 1 day)
<i>carvedilol tab 25 mg</i>	Pref	QL (2 tabs / 1 day); DS
COREG CR CAP 10MG	Non-Pref	PA, QL (2 caps / 1 day)
COREG CR CAP 20MG	Non-Pref	PA, QL (2 caps / 1 day)
COREG CR CAP 40MG	Non-Pref	PA, QL (2 caps / 1 day)
COREG CR CAP 80MG	Non-Pref	PA
COREG TAB 3.125MG	Non-Pref	PA, QL (2 tabs / 1 day)
COREG TAB 6.25MG	Non-Pref	PA, QL (2 tabs / 1 day)
COREG TAB 12.5MG	Non-Pref	PA, QL (2 tabs / 1 day)
COREG TAB 25MG	Non-Pref	PA, QL (2 tabs / 1 day)
<i>labetalol hcl iv soln 5 mg/ml</i>	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>labetalol hcl tab 100 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>labetalol hcl tab 200 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>labetalol hcl tab 300 mg</i>	Pref	QL (8 tabs / 1 day); DS
LABETALOL INJ NACL	Pref	PA

### **BETA BLOCKERS CARDIO-SELECTIVE**

<i>acebutolol hcl cap 200 mg</i>	Pref	QL (16 caps / 1 day); DS
<i>acebutolol hcl cap 400 mg</i>	Pref	QL (16 caps / 1 day); DS
ATENOLOL SUS 1GM/ML	Non-Pref	PA
<i>atenolol tab 25 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>atenolol tab 50 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>atenolol tab 100 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>betaxolol hcl tab 10 mg</i>	Pref	DS
<i>betaxolol hcl tab 20 mg</i>	Pref	DS
<i>bisoprolol fumarate tab 5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>bisoprolol fumarate tab 10 mg</i>	Pref	QL (2 tabs / 1 day); DS
BREVIBLOC DS SOL 2000MG	Non-Pref	PA
BREVIBLOC INJ 10MG/ML	Non-Pref	PA
BREVIBLOC PM SOL 2500MG	Non-Pref	PA
BREVIBLOC SOL	Non-Pref	PA
BREVIBLOC SOL 10MG/ML	Non-Pref	PA
BREVIBLOC SOL 2000MG	Non-Pref	PA
BREVIBLOC SOL 2500MG	Non-Pref	PA
BYSTOLIC TAB 2.5MG	Non-Pref	PA
BYSTOLIC TAB 5MG	Non-Pref	PA
BYSTOLIC TAB 10MG	Non-Pref	PA
BYSTOLIC TAB 20MG	Non-Pref	PA
<i>esmolol hcl inj 100 mg/10ml</i>	Pref	PA
ESMOLOL HCL SOL 2000/100	Pref	PA
ESMOLOL HCL SOL 2500/250	Pref	PA
<i>esmolol hcl-sodium chloride iv soln 2000 mg/100ml</i>	Pref	
<i>esmolol hcl-sodium chloride iv soln 2500 mg/250ml</i>	Pref	
KAPSPARGO CAP 25MG	Non-Pref	PA
KAPSPARGO CAP 50MG	Non-Pref	PA
KAPSPARGO CAP 100MG	Non-Pref	PA
KAPSPARGO CAP 200MG	Non-Pref	PA
LOPRESSOR TAB 50MG	Non-Pref	PA, QL (3 tabs / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOPRESSOR TAB 100MG	Non-Pref	PA, QL (3 tabs / 1 day)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Pref	QL (3 tabs / 1 day); DS
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Pref	QL (4 tabs / 1 day); DS
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Pref	QL (3 tabs / 1 day); DS
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Pref	QL (2 tabs / 1 day); DS
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	Pref	PA
<i>metoprolol tartrate tab 25 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>metoprolol tartrate tab 37.5 mg</i>	Pref	DS
<i>metoprolol tartrate tab 50 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>metoprolol tartrate tab 75 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>metoprolol tartrate tab 100 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Non-Pref	PA
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Non-Pref	PA
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Non-Pref	PA
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Non-Pref	PA
TENORMIN TAB 25MG	Non-Pref	PA, QL (2 tabs / 1 day)
TENORMIN TAB 50MG	Non-Pref	PA, QL (2 tabs / 1 day)
TENORMIN TAB 100MG	Non-Pref	PA, QL (2 tabs / 1 day)
TOPROL XL TAB 25MG	Non-Pref	PA, QL (3 tabs / 1 day)
TOPROL XL TAB 50MG	Non-Pref	PA, QL (4 tabs / 1 day)
TOPROL XL TAB 100MG	Non-Pref	PA, QL (3 tabs / 1 day)
TOPROL XL TAB 200MG	Non-Pref	PA, QL (2 tabs / 1 day)
<b>BETA BLOCKERS NON-SELECTIVE</b>		
BETAPACE AF TAB 80MG	Non-Pref	PA, QL (2 tabs / 1 day)
BETAPACE AF TAB 120MG	Non-Pref	PA, QL (2 tabs / 1 day)
BETAPACE AF TAB 160MG	Non-Pref	PA
BETAPACE TAB 80MG	Non-Pref	PA, QL (2 tabs / 1 day)
BETAPACE TAB 120MG	Non-Pref	PA, QL (2 tabs / 1 day)
BETAPACE TAB 160MG	Non-Pref	PA, QL (2 tabs / 1 day)
CORGARD TAB 20MG	Non-Pref	PA, QL (3 tabs / 1 day)
CORGARD TAB 40MG	Non-Pref	PA, QL (3 tabs / 1 day)
CORGARD TAB 80MG	Non-Pref	PA, QL (2 tabs / 1 day)
HEMANGEOL SOL 4.28/ML	Non-Pref	PA
INDERAL LA CAP 60MG	Non-Pref	PA, QL (3 caps / 1 day)
INDERAL LA CAP 80MG	Non-Pref	PA, QL (4 caps / 1 day)

**AGE** - Age Limit    **AGE\*** - See Table in Preface for Age Limit    **DS** - Covered up to 90 days    **EA** - Expedited Authorization    **MME** - Max Morphine Equivalent of 120 mg    134  
**Non-Pref** - Non-Preferred    **OTC** - Over the counter    **PA** - Prior Authorization    **Pref** - Preferred    **QL** - Quantity Limits    **SP** - Specialty    **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INDERAL LA CAP 120MG	Non-Pref	PA, QL (3 caps / 1 day)
INDERAL LA CAP 160MG	Non-Pref	PA, QL (2 caps / 1 day)
INDERAL XL CAP 80MG	Non-Pref	PA
INDERAL XL CAP 120MG	Non-Pref	PA
INNOPRAN XL CAP 80MG	Non-Pref	PA
INNOPRAN XL CAP 120MG	Non-Pref	PA
<i>nadolol tab 20 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>nadolol tab 40 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>nadolol tab 80 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>pindolol tab 5 mg</i>	Non-Pref	PA
<i>pindolol tab 10 mg</i>	Non-Pref	PA
<i>propranolol hcl cap er 24hr 60 mg</i>	Pref	QL (3 caps / 1 day); DS
<i>propranolol hcl cap er 24hr 80 mg</i>	Pref	QL (4 caps / 1 day); DS
<i>propranolol hcl cap er 24hr 120 mg</i>	Pref	QL (3 caps / 1 day); DS
<i>propranolol hcl cap er 24hr 160 mg</i>	Pref	QL (2 caps / 1 day); DS
<i>propranolol hcl inj 1 mg/ml</i>	Pref	PA
<i>propranolol hcl oral soln 20 mg/5ml</i>	Pref	QL (20 mL / 1 day)
<i>propranolol hcl oral soln 40 mg/5ml</i>	Pref	
<i>propranolol hcl tab 10 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>propranolol hcl tab 20 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>propranolol hcl tab 40 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>propranolol hcl tab 60 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>propranolol hcl tab 80 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>sorine tab 80mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>sorine tab 120mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>sorine tab 160mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>sorine tab 240mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Pref	QL (2 tabs / 1 day)
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Pref	QL (2 tabs / 1 day)
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Pref	
<i>sotalol hcl tab 80 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>sotalol hcl tab 120 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>sotalol hcl tab 160 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>sotalol hcl tab 240 mg</i>	Pref	QL (2 tabs / 1 day); DS
SOTYLIZE SOL 5MG/ML	Non-Pref	PA
<i>timolol maleate tab 5 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>timolol maleate tab 10 mg</i>	Non-Pref	PA
<i>timolol maleate tab 20 mg</i>	Non-Pref	PA

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

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

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day); DS
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day); DS
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day); DS
AMLODIPINE SUS 1MG/ML	Non-Pref	PA
CALAN SR TAB 120MG	Non-Pref	PA, QL (3 tabs / 1 day)
CALAN SR TAB 180MG	Non-Pref	PA, QL (2 tabs / 1 day)
CALAN SR TAB 240MG	Non-Pref	PA
CARDENE IV INJ 40/200ML	Pref	PA
CARDENE IV SOL 20/200ML	Pref	PA
CARDIZEM CD CAP 120MG/24	Non-Pref	PA, QL (1 cap / 1 day)
CARDIZEM CD CAP 180MG/24	Non-Pref	PA, QL (2 caps / 1 day)
CARDIZEM CD CAP 240MG/24	Non-Pref	PA, QL (1 cap / 1 day)
CARDIZEM CD CAP 300MG/24	Non-Pref	PA, QL (1 cap / 1 day)
CARDIZEM CD CAP 360MG/24	Non-Pref	PA, QL (1 cap / 1 day)
CARDIZEM LA TAB 120MG	Non-Pref	PA
CARDIZEM LA TAB 180MG	Non-Pref	PA
CARDIZEM LA TAB 240MG	Non-Pref	PA
CARDIZEM LA TAB 300MG/24	Non-Pref	PA
CARDIZEM LA TAB 360MG	Non-Pref	PA
CARDIZEM LA TAB 420MG/24	Non-Pref	PA
CARDIZEM TAB 30MG	Non-Pref	PA, QL (2 tabs / 1 day)
CARDIZEM TAB 60MG	Non-Pref	PA, QL (4 tabs / 1 day)
CARDIZEM TAB 120MG	Non-Pref	PA, QL (4 tabs / 1 day)
<i>cartia xt cap 120/24hr</i>	Non-Pref	PA, QL (1 cap / 1 day)
<i>cartia xt cap 180/24hr</i>	Non-Pref	PA, QL (2 caps / 1 day)
<i>cartia xt cap 240/24hr</i>	Non-Pref	PA, QL (1 cap / 1 day)
<i>cartia xt cap 300/24hr</i>	Non-Pref	PA, QL (1 cap / 1 day)
CLEVIPREX EMU 0.5MG/ML	Pref	PA
<i>dilt-xr cap 120mg</i>	Pref	QL (2 caps / 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

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

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Pref	QL (2 caps / 1 day); DS
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Pref	QL (1 cap / 1 day); DS
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	Pref	PA
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	Pref	PA
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	Pref	PA
<i>diltiazem hcl tab 30 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>diltiazem hcl tab 60 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>diltiazem hcl tab 90 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>diltiazem hcl tab 120 mg</i>	Pref	QL (4 tabs / 1 day); DS
DILTIAZEM INJ 100MG	Pref	PA
<i>felodipine tab er 24hr 2.5 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>felodipine tab er 24hr 5 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>felodipine tab er 24hr 10 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>isradipine cap 2.5 mg</i>	Non-Pref	PA
<i>isradipine cap 5 mg</i>	Non-Pref	PA
KATERZIA SUS 1MG/ML	Non-Pref	PA
<i>matzim la tab 180mg/24</i>	Non-Pref	PA
<i>matzim la tab 240mg/24</i>	Non-Pref	PA
<i>matzim la tab 300mg/24</i>	Non-Pref	PA
<i>matzim la tab 360mg/24</i>	Non-Pref	PA
<i>matzim la tab 420mg/24</i>	Non-Pref	PA
<i>nicardipine hcl cap 20 mg</i>	Non-Pref	PA
<i>nicardipine hcl cap 30 mg</i>	Non-Pref	PA
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	Pref	PA
NICARDIPINE SOL 20/200ML	Pref	PA
NICARDIPINE SOL 40/200ML	Pref	PA
<i>nifedipine cap 10 mg</i>	Pref	QL (4 caps / 1 day); DS
<i>nifedipine cap 20 mg</i>	Pref	QL (4 caps / 1 day); DS
<i>nifedipine tab er 24hr 30 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>nifedipine tab er 24hr 60 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>nifedipine tab er 24hr 90 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Pref	QL (1 tab / 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

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

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 139

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIAZAC CAP 300MG/24	Non-Pref	PA, QL (2 caps / 1 day)
TIAZAC CAP 360MG/24	Non-Pref	PA, QL (2 caps / 1 day)
TIAZAC CAP 420MG/24	Non-Pref	PA, QL (1 cap / 1 day)
<i>verapamil hcl cap er 24hr 100 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 120 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 180 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 200 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 240 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 300 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 360 mg</i>	Non-Pref	PA
<i>verapamil hcl iv soln 2.5 mg/ml</i>	Pref	PA
<i>verapamil hcl tab 40 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>verapamil hcl tab 80 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>verapamil hcl tab 120 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>verapamil hcl tab er 120 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>verapamil hcl tab er 180 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>verapamil hcl tab er 240 mg</i>	Pref	QL (3 tabs / 1 day); DS
VERELAN CAP 120MG SR	Non-Pref	PA
VERELAN CAP 180MG SR	Non-Pref	PA
VERELAN CAP 240MG SR	Non-Pref	PA
VERELAN CAP 360MG SR	Non-Pref	PA
VERELAN PM CAP 100MG ER	Non-Pref	PA
VERELAN PM CAP 200MG ER	Non-Pref	PA
VERELAN PM CAP 300MG ER	Non-Pref	PA

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

### **CARDIAC GLYCOSIDES**

<i>digoxin inj 0.25 mg/ml</i>	Pref	
<i>digoxin oral soln 0.05 mg/ml</i>	Pref	
<i>digoxin tab 125 mcg (0.125 mg)</i>	Pref	QL (1 tab / 1 day)
<i>digoxin tab 250 mcg (0.25 mg)</i>	Pref	QL (1 tab / 1 day)
LANOXIN INJ 0.5/2ML	Non-Pref	PA
LANOXIN INJ 0.25MG/1	Non-Pref	PA
LANOXIN PED INJ 0.1MG/ML	Non-Pref	PA

### **INOTROPES**

<i>milrinone lactate in dextrose 5% iv soln 20 mg/100ml</i>	Pref	PA
<i>milrinone lactate in dextrose 5% iv soln 40 mg/200ml</i>	Pref	PA
<i>milrinone lactate iv soln 10 mg/10ml (base equivalent)</i>	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>milrinone lactate iv soln 20 mg/20ml (base equivalent)</i>	Pref	PA
<i>milrinone lactate iv soln 50 mg/50ml (base equivalent)</i>	Pref	PA

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

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

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Non-Pref	PA
BIDIL TAB	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	
ENTRESTO TAB 49-51MG	Pref	
ENTRESTO TAB 97-103MG	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>IMPOTENCE AGENTS</b>		
CIALIS TAB 5MG	Non-Pref	PA
<i>tadalafil tab 5 mg</i>	Non-Pref	PA
<b>PROSTAGLANDIN VASODILATORS</b>		
ORENITRAM TAB 0.25MG	Non-Pref	SP, PA
ORENITRAM TAB 0.125MG	Non-Pref	SP, PA
ORENITRAM TAB 1MG	Non-Pref	SP, PA
ORENITRAM TAB 2.5MG	Non-Pref	SP, PA
ORENITRAM TAB 5MG	Non-Pref	SP, PA
TYVASO REFIL SOL 0.6MG/ML	Pref	SP, PA
TYVASO SOL 0.6MG/ML	Pref	SP, PA
TYVASO START SOL 0.6MG/ML	Pref	SP, PA
VENTAVIS SOL 10MCG/ML	Pref	SP, PA
VENTAVIS SOL 20MCG/ML	Pref	SP, PA
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan tab 5 mg</i>	Pref	SP, PA, QL (1 tab / 1 day)
<i>ambrisentan tab 10 mg</i>	Pref	SP, PA, QL (1 tab / 1 day)
<i>bosentan tab 62.5 mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
<i>bosentan tab 125 mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
LETAIRIS TAB 5MG	Pref	SP, PA, QL (1 tab / 1 day)
LETAIRIS TAB 10MG	Pref	SP, PA, QL (1 tab / 1 day)
OPSUMIT TAB 10MG	Non-Pref	SP, PA
TRACLEER TAB 32MG	Pref	SP, PA
TRACLEER TAB 62.5MG	Pref	SP, PA, QL (2 tabs / 1 day)
TRACLEER TAB 125MG	Pref	SP, PA, QL (2 tabs / 1 day)
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
ADCIRCA TAB 20MG	Non-Pref	SP, PA, QL (2 tabs / 1 day)
<i>alyq tab 20mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REVATIO SUS 10MG/ML	Non-Pref	SP, PA
REVATIO TAB 20MG	Non-Pref	SP, PA
<i>sildenafil citrate for suspension 10 mg/ml</i>	Non-Pref	SP, PA
<i>sildenafil citrate tab 20 mg</i>	Pref	SP, PA
<i>tadalafil tab 20 mg (pah)</i>	Pref	SP, PA, QL (2 tabs / 1 day)

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

UPTRAVI INJ 1800MCG	Non-Pref	PA
UPTRAVI TAB 200/800	Non-Pref	SP, PA
UPTRAVI TAB 200MCG	Non-Pref	SP, PA
UPTRAVI TAB 400MCG	Non-Pref	SP, PA
UPTRAVI TAB 600MCG	Non-Pref	SP, PA
UPTRAVI TAB 800MCG	Non-Pref	SP, PA
UPTRAVI TAB 1000MCG	Non-Pref	SP, PA
UPTRAVI TAB 1200MCG	Non-Pref	SP, PA
UPTRAVI TAB 1400MCG	Non-Pref	SP, PA
UPTRAVI TAB 1600MCG	Non-Pref	SP, PA

### **PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

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

### **SINUS NODE INHIBITORS**

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

### **TRANSTHYRETIN STABILIZERS**

VYNDAMAX CAP 61MG	Pref	SP, PA
VYNDAQEL CAP 20MG	Pref	SP, PA

### **VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)**

VERQUVO TAB 2.5MG	Pref	PA
VERQUVO TAB 5MG	Pref	PA
VERQUVO TAB 10MG	Pref	PA

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

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

<i>cefadroxil cap 500 mg</i>	Pref	
<i>cefadroxil for susp 250 mg/5ml</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefadroxil for susp 500 mg/5ml</i>	Pref	
<i>cefadroxil tab 1 gm</i>	Pref	
CEFAZOL/DEX SOL 1GM	Pref	PA
CEFAZOL/DEX SOL 2GM	Pref	PA
CEFAZOL/NACL INJ 2/100ML	Pref	PA
CEFAZOLIN INJ 1GM/50ML	Pref	PA
<i>cefazolin sodium for inj 1 gm</i>	Pref	PA
<i>cefazolin sodium for inj 10 gm</i>	Pref	PA
<i>cefazolin sodium for inj 500 mg</i>	Pref	PA
<i>cefazolin sodium for iv soln 1 gm</i>	Pref	PA
CEFAZOLIN SOL	Pref	PA
<i>cephalexin cap 250 mg</i>	Pref	QL (6 caps / 1 day)
<i>cephalexin cap 500 mg</i>	Pref	QL (8 caps / 1 day)
<i>cephalexin cap 750 mg</i>	Pref	
<i>cephalexin for susp 125 mg/5ml</i>	Pref	
<i>cephalexin for susp 250 mg/5ml</i>	Pref	
<i>cephalexin tab 250 mg</i>	Non-Pref	PA
<i>cephalexin tab 500 mg</i>	Non-Pref	PA
KEFLEX CAP 750MG	Non-Pref	PA

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

CEFACLOR ER TAB 500MG	Non-Pref	PA
<i>cefactor for susp 125 mg/5ml</i>	Non-Pref	PA, QL (40 mL / 1 day)
<i>cefactor for susp 250 mg/5ml</i>	Non-Pref	PA, QL (60 mL / 1 day)
<i>cefactor for susp 375 mg/5ml</i>	Non-Pref	PA, QL (40 mL / 1 day)
CEFOTAN INJ 1GM/10ML	Non-Pref	PA
CEFOTAN INJ 2GM	Non-Pref	PA
CEFOTET/DEX INJ 1-3.58%	Pref	PA
CEFOTET/DEX INJ 2-2.08%	Pref	PA
<i>cefotetan disodium for inj 1 gm</i>	Pref	PA
<i>cefotetan disodium for inj 2 gm</i>	Pref	PA
CEFOXITIN INJ 1GM	Pref	PA
CEFOXITIN INJ 2GM	Pref	PA
<i>cefoxitin sodium for iv soln 1 gm</i>	Pref	PA
<i>cefoxitin sodium for iv soln 2 gm</i>	Pref	PA
<i>cefoxitin sodium for iv soln 10 gm</i>	Pref	PA
<i>cefprozil for susp 125 mg/5ml</i>	Pref	
<i>cefprozil for susp 250 mg/5ml</i>	Pref	
<i>cefprozil tab 250 mg</i>	Pref	QL (4 tabs / 1 day)
<i>cefprozil tab 500 mg</i>	Pref	QL (2 tabs / 1 day)
<i>cefuroxime axetil tab 250 mg</i>	Pref	QL (2 tabs / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefuroxime axetil tab 500 mg</i>	Pref	QL (2 tabs / 1 day)
<i>cefuroxime sodium for inj 750 mg</i>	Pref	PA
<i>cefuroxime sodium for iv soln 1.5 gm</i>	Pref	PA
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir cap 300 mg</i>	Pref	
<i>cefdinir for susp 125 mg/5ml</i>	Pref	
<i>cefdinir for susp 250 mg/5ml</i>	Pref	
<i>cefixime cap 400 mg</i>	Non-Pref	PA
<i>cefixime for susp 100 mg/5ml</i>	Non-Pref	PA
<i>cefixime for susp 200 mg/5ml</i>	Non-Pref	PA
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Non-Pref	PA
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Non-Pref	PA, QL (40 mL / 1 day)
<i>cefpodoxime proxetil tab 100 mg</i>	Non-Pref	PA, QL (2 tabs / 1 day)
<i>cefpodoxime proxetil tab 200 mg</i>	Non-Pref	PA, QL (2 tabs / 1 day)
<i>ceftazidime for inj 1 gm</i>	Pref	PA
<i>ceftazidime for inj 6 gm</i>	Pref	PA
<i>ceftazidime for iv soln 2 gm</i>	Pref	PA
CEFTAZIDIME/ SOL D5W 1GM	Pref	PA
CEFTAZIDIME/ SOL D5W 2GM	Pref	PA
CEFTRIAX/DEX INJ 1GM	Pref	PA
CEFTRIAX/DEX INJ 2GM	Pref	PA
<i>ceftriaxone sodium for inj 1 gm</i>	Pref	PA
<i>ceftriaxone sodium for inj 2 gm</i>	Pref	PA
<i>ceftriaxone sodium for inj 10 gm</i>	Pref	PA
<i>ceftriaxone sodium for inj 250 mg</i>	Pref	PA
<i>ceftriaxone sodium for inj 500 mg</i>	Pref	PA
<i>ceftriaxone sodium for iv soln 1 gm</i>	Pref	PA
<i>ceftriaxone sodium for iv soln 2 gm</i>	Pref	PA
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	Pref	PA
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	Pref	PA
FORTAZ INJ 1GM	Pref	PA
FORTAZ INJ 2GM	Pref	PA
FORTAZ INJ 500MG	Pref	PA
SUPRAX CAP 400MG	Non-Pref	PA
SUPRAX CHW 100MG	Non-Pref	PA
SUPRAX CHW 200MG	Non-Pref	PA
SUPRAX SUS 100/5ML	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUPRAX SUS 200/5ML	Non-Pref	PA
SUPRAX SUS 500/5ML	Non-Pref	PA
<i>tazicef inj 1gm</i>	Pref	PA
TAZICEF INJ 1GM/50ML	Pref	PA
<i>tazicef inj 2gm</i>	Pref	PA
<i>tazicef inj 6gm</i>	Pref	PA

### **CEPHALOSPORINS - 4TH GENERATION**

<i>cefepime hcl for inj 1 gm</i>	Pref	PA
<i>cefepime hcl for inj 2 gm</i>	Pref	PA
CEFEPIME INJ 1GM	Pref	PA
CEFEPIME INJ 2G/100ML	Pref	PA
CEFEPIME/DEX INJ 1GM	Pref	PA
CEFEPIME/DEX INJ 2GM	Pref	PA

### **CEPHALOSPORINS - SIDEROPHORES**

FETROJA INJ 1GM	Pref	PA
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## **CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING**

### **LIQUIDS**

GLYCERIN LIQ	Pref	
GLYCERIN LIQ	Pref	OTC
GLYCERINE LIQ	Pref	
GLYCEROL LIQ FORMAL	Pref	

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

### **COMBINATION CONTRACEPTIVES - ORAL**

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

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>ayuna tab</i>	Pref
<i>azurette tab</i>	Pref
<i>azurette tab 28 day</i>	Pref
BALCOLTRA TAB 0.1-20	Pref
<i>balziva tab</i>	Pref
BEYAZ TAB	Pref
<i>blisovi 24 tab fe 1/20</i>	Pref
<i>blisovi fe tab 1.5/30</i>	Pref
<i>blisovi fe tab 1/20</i>	Pref
<i>briellyn tab</i>	Pref
<i>camrese lo tab</i>	Pref
<i>camrese tab</i>	Pref
<i>caziant pak</i>	Pref
<i>charlotte 24 chw fe 1/20</i>	Pref
<i>chateal eq tab 0.15/30</i>	Pref
<i>chateal tab 0.15/30</i>	Pref
<i>cryselle-28 tab 28 tabs</i>	Pref
<i>cyclafem tab 1/35</i>	Pref
<i>cyclafem tab 7/7/7</i>	Pref
<i>cyred eq tab</i>	Pref
<i>cyred tab</i>	Pref
<i>dasetta tab 1/35</i>	Pref
<i>dasetta tab 7/7/7</i>	Pref
<i>daysee tab</i>	Pref
<i>delyla tab 0.1-0.02</i>	Pref
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Pref
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Pref
<i>dolishale tab 90-20mcg</i>	Pref
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Pref
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Pref
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Pref
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Pref
<i>elinest tab</i>	Pref
<i>emoquette tab</i>	Pref
<i>enpresse-28 tab</i>	Pref

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>enskyce tab</i>	Pref
<i>estarylla tab 0.25-35</i>	Pref
ESTROSTEP FE TAB	Pref
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Pref
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Pref
<i>falmina tab</i>	Pref
<i>fayosim tab</i>	Pref
<i>femynor tab 0.25-35</i>	Pref
<i>gemmily cap 1/20</i>	Pref
GENERESS FE CHW	Pref
<i>hailey 24 tab fe</i>	Pref
<i>hailey fe tab 1.5/30</i>	Pref
<i>hailey fe tab 1/20</i>	Pref
<i>hailey tab 1.5/30</i>	Pref
<i>iclevia tab</i>	Pref
<i>introvale tab</i>	Pref
<i>isibloom tab</i>	Pref
<i>jaimiess tab</i>	Pref
<i>jasmiel tab 3-0.02mg</i>	Pref
<i>jolessa tab</i>	Pref
<i>juleber tab</i>	Pref
<i>junel 1.5/30 tab</i>	Pref
<i>junel 1/20 tab</i>	Pref
<i>junel fe 24 tab 1/20</i>	Pref
<i>junel fe tab 1.5/30</i>	Pref
<i>junel fe tab 1/20</i>	Pref
<i>kaitlib fe chw</i>	Pref
<i>kalliga tab</i>	Pref
<i>kariva tab 28 day</i>	Pref
<i>kelnor 1/50 tab</i>	Pref
<i>kelnor tab 1/35</i>	Pref
<i>kurvelo tab 0.15/30</i>	Pref
<i>larin 24 tab fe 1/20</i>	Pref
<i>larin fe tab 1.5/30</i>	Pref
<i>larin fe tab 1/20</i>	Pref
<i>larin tab 1.5/30</i>	Pref
<i>larin tab 1/20</i>	Pref
<i>larissia tab</i>	Pref

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>layolis fe chw</i>	Pref	
<i>leena tab</i>	Pref	
<i>lessina tab</i>	Pref	
<i>levonest tab</i>	Pref	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i>	Pref	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp;eth est tab 0.01mg(7)</i>	Pref	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp;eth est tab 0.01mg(7)</i>	Pref	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Pref	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Pref	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Pref	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Pref	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Pref	
<i>levora-28 tab 0.15/30</i>	Pref	
<i>lillow tab 0.15/30</i>	Pref	
LO LOESTRIN TAB 1-10-10	Pref	
<i>lo-zumandimi tab 3-0.02mg</i>	Pref	
<i>loestrin 21 tab 1.5/30</i>	Pref	
<i>loestrin fe tab 1.5/30</i>	Pref	
<i>loestrin fe tab 1/20</i>	Pref	
<i>loestrin tab 1/20-21</i>	Pref	
<i>lojaimiess tab</i>	Pref	
<i>loryna tab 3-0.02mg</i>	Pref	
LOSEASONIQUE TAB	Pref	
<i>low-ogestrel tab</i>	Pref	
<i>lutra tab</i>	Pref	
<i>marlissa tab 0.15/30</i>	Pref	
<i>merzee cap 1/20</i>	Pref	
<i>mibelas 24 chw fe</i>	Pref	
<i>micrgstin 24 tab fe 1/20</i>	Pref	
<i>microgestin tab 1.5/30</i>	Pref	
<i>microgestin tab 1/20</i>	Pref	
<i>microgestin tab fe1.5/30</i>	Pref	
<i>microgestin tab fe 1/20</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>mili tab 0.25/35</i>	Pref
MINASTRIN 24 CHW FE	Pref
MIRCETTE TAB 28 DAY	Pref
<i>mono-linyah tab 0.25-35</i>	Pref
NATAZIA TAB	Pref
<i>necon tab 0.5/35</i>	Pref
NEXTSTELLIS TAB 3-14.2MG	Pref
<i>nikki tab 3-0.02mg</i>	Pref
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Pref
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Pref
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Pref
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Pref
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Pref
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Pref
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Pref
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Pref
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Pref
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Pref
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Pref
<i>nortrel tab 0.5/35</i>	Pref
<i>nortrel tab 1/35</i>	Pref
<i>nortrel tab 7/7/7</i>	Pref
<i>nylia tab 7/7/7</i>	Pref
<i>nymyo tab 0.25-35</i>	Pref
<i>ocella tab 3-0.03mg</i>	Pref
<i>orsythia tab</i>	Pref
<i>philith tab 0.4-35</i>	Pref
<i>pimtrea tab</i>	Pref
<i>pirmella tab 1/35</i>	Pref
<i>pirmella tab 7/7/7</i>	Pref

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>portia-28 tab</i>	Pref
<i>previfem tab</i>	Pref
QUARTETTE TAB	Pref
<i>reclipsen tab</i>	Pref
<i>rivelsa tab</i>	Pref
SAFYRAL TAB	Pref
SEASONIQUE TAB	Pref
<i>setlakin tab</i>	Pref
<i>simliya tab 28 day</i>	Pref
<i>simpesse tab</i>	Pref
<i>sprintec 28 tab 28 day</i>	Pref
<i>sronyx tab</i>	Pref
<i>syeda tab 3-0.03mg</i>	Pref
<i>tarina 24 fe tab</i>	Pref
<i>tarina fe tab 1/20</i>	Pref
<i>tarina fe tab 1/20 eq</i>	Pref
<i>taysofy cap 1/20</i>	Pref
TAYTULLA CAP 1MG/20MC	Pref
<i>tilia fe tab</i>	Pref
<i>tri femynor tab</i>	Pref
<i>tri-estaryll tab</i>	Pref
<i>tri-legest tab fe</i>	Pref
<i>tri-lynyah tab</i>	Pref
<i>tri-lo tab estaryll</i>	Pref
<i>tri-lo- tab marzia</i>	Pref
<i>tri-lo- tab sprintec</i>	Pref
<i>tri-lo-mili tab</i>	Pref
<i>tri-mili tab</i>	Pref
<i>tri-nymyo tab</i>	Pref
<i>tri-previfem tab</i>	Pref
<i>tri-sprintec tab</i>	Pref
<i>tri-vylibra tab</i>	Pref
<i>tri-vylibra tab lo</i>	Pref
<i>trivora-28 tab</i>	Pref
TYBLUME CHW 0.1-0.02	Pref
<i>tydemy tab</i>	Pref
<i>velivet pak</i>	Pref
<i>vestura tab 3-0.02mg</i>	Pref
<i>vienva tab 0.1-20</i>	Pref
<i>viorele tab</i>	Pref

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **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>volnea tab</i>	Pref	
<i>vyfemla tab 0.4-35</i>	Pref	
<i>vylibra tab 0.25-35</i>	Pref	
<i>wera tab 0.5/35</i>	Pref	
<i>wymzya fe chw 0.4mg-35</i>	Pref	
YASMIN 28 TAB 3-0.03MG	Pref	
YAZ TAB 3-0.02MG	Pref	
<i>zarah tab 3-0.03mg</i>	Pref	
<i>zovia 1/35 tab</i>	Pref	
<i>zovia 1/35e tab</i>	Pref	
<i>zumandimine tab 3-0.03mg</i>	Pref	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
TWIRLA DIS 120-30	Pref	
<i>xulane dis 150-35</i>	Pref	
<i>zafemy dis 150/35</i>	Pref	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA MIS	Pref	
<i>eluryng mis</i>	Pref	
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i>	Pref	
NUVARING MIS	Pref	
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD T380A	Pref	
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB 30MG	Pref	
<i>levonorgestrel tab 1.5 mg</i>	Pref	OTC
PLAN B TAB 1.5MG	Pref	OTC
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMP 68MG	Pref	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA INJ 150MG/ML	Pref	
DEPO-SQ PROV INJ 104	Pref	
<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i>	Pref	
<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i>	Pref	
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA IUD 19.5MG	Pref	
LILETTA IUD 52MG	Pref	
MIRENA IUD SYSTEM	Pref	

**AGE** - Age Limit   **AGE\*** - See Table in Preface for Age Limit   **DS** - Covered up to 90 days  
**EA** - Expedited Authorization   **MME** - Max Morphine Equivalent of 120 mg  
**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
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SKYLA IUD 13.5MG

Pref

### **PROGESTIN CONTRACEPTIVES - ORAL**

*camila tab 0.35mg*

Pref

*deblitane tab 0.35mg*

Pref

*errin tab 0.35mg*

Pref

*heather tab 0.35mg*

Pref

*incassia tab 0.35mg*

Pref

*jencycla tab 0.35mg*

Pref

*lyleq tab 0.35mg*

Pref

*lyza tab 0.35mg*

Pref

*nora-be tab 0.35mg*

Pref

*norethindrone tab 0.35 mg*

Pref

*norlyda tab 0.35mg*

Pref

*norlyroc tab 0.35mg*

Pref

*sharobel tab 0.35mg*

Pref

SLYND TAB 4MG

Pref

*tulana tab 0.35mg*

Pref

### **CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE GLUCOCORTICOSTEROIDS**

ALKINDI SPRI CAP 0.5MG

Non-Pref SP, PA

ALKINDI SPRI CAP 1MG

Non-Pref SP, PA

ALKINDI SPRI CAP 2MG

Non-Pref SP, PA

ALKINDI SPRI CAP 5MG

Non-Pref SP, PA

*betamethasone sod phosphate & acetate  
inj susp 6 (3-3) mg/ml*

Pref PA

*budesonide delayed release particles cap  
3 mg*

Pref

*budesonide tab er 24hr 9 mg*

Pref QL (1 tab / 1 day)

CELESTONE INJ SOLUSPAN

Non-Pref PA

CORTEF TAB 5MG

Non-Pref PA, QL (24 tabs / 1 day)

CORTEF TAB 10MG

Non-Pref PA, QL (12 tabs / 1 day)

CORTEF TAB 20MG

Non-Pref PA, QL (6 tabs / 1 day)

*decadron tab 0.5mg*

Pref QL (12 tabs / 1 day)

*decadron tab 0.75mg*

Pref QL (10 tabs / 1 day)

*decadron tab 4mg*

Pref QL (10 tabs / 1 day)

*decadron tab 6mg*

Pref QL (10 tabs / 1 day)

DEPO-MEDROL INJ 20MG/ML

Pref PA

DEPO-MEDROL INJ 40MG/ML

Non-Pref PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEPO-MEDROL INJ 80MG/ML	Non-Pref	PA
DEXAMETH PHO INJ 10MG/ML	Pref	PA
DEXAMETHASON CON 1MG/ML	Pref	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Pref	QL (60 mL / 1 day)
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	Pref	PA
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	Pref	PA
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Pref	PA
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	Pref	PA
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	Pref	PA
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	Pref	PA
<i>dexamethasone soln 0.5 mg/5ml</i>	Pref	PA
<i>dexamethasone tab 0.5 mg</i>	Pref	QL (12 tabs / 1 day)
<i>dexamethasone tab 0.75 mg</i>	Pref	QL (10 tabs / 1 day)
<i>dexamethasone tab 1 mg</i>	Pref	QL (10 tabs / 1 day)
<i>dexamethasone tab 1.5 mg</i>	Pref	QL (10 tabs / 1 day)
<i>dexamethasone tab 4 mg</i>	Pref	QL (10 tabs / 1 day)
<i>dexamethasone tab 6 mg</i>	Pref	QL (10 tabs / 1 day)
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	Non-Pref	PA
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	Non-Pref	PA
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	Non-Pref	PA
EMFLAZA SUS 22.75/ML	Non-Pref	SP, PA
EMFLAZA TAB 6MG	Non-Pref	SP, PA
EMFLAZA TAB 18MG	Non-Pref	SP, PA
EMFLAZA TAB 30MG	Non-Pref	SP, PA
EMFLAZA TAB 36MG	Non-Pref	SP, PA
ENTOCORT EC CAP 3MG DR	Non-Pref	PA
HEMADY TAB 20MG	Non-Pref	PA
<i>hydrocortisone tab 5 mg</i>	Pref	QL (24 tabs / 1 day)
<i>hydrocortisone tab 10 mg</i>	Pref	QL (12 tabs / 1 day)
<i>hydrocortisone tab 20 mg</i>	Pref	QL (6 tabs / 1 day)
KENALOG-10 INJ 10MG/ML	Pref	PA
KENALOG-40 INJ 40MG/ML	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KENALOG-80 INJ	Pref	PA
MEDROL TAB 2MG	Non-Pref	PA
MEDROL TAB 4MG	Non-Pref	PA, QL (12 tabs / 1 day)
MEDROL TAB 8MG	Non-Pref	PA
MEDROL TAB 16MG	Non-Pref	PA, QL (4 tabs / 1 day)
MEDROL TAB 32MG	Non-Pref	PA, QL (12 tabs / 1 day)
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	Pref	PA
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	Pref	PA
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	Pref	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	Pref	
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	Pref	
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	Pref	
<i>methylprednisolone tab 4 mg</i>	Pref	QL (12 tabs / 1 day)
<i>methylprednisolone tab 8 mg</i>	Pref	
<i>methylprednisolone tab 16 mg</i>	Pref	QL (4 tabs / 1 day)
<i>methylprednisolone tab 32 mg</i>	Pref	QL (12 tabs / 1 day)
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Pref	QL (12 tabs / 1 day)
MILLIPRED DP PAK 5MG	Non-Pref	PA
MILLIPRED TAB 5MG	Non-Pref	PA
ORTIKOS CAP 6MG ER	Non-Pref	PA
ORTIKOS CAP 9MG ER	Non-Pref	PA
PEDIAPRED SOL 5MG/5ML	Non-Pref	PA
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	Pref	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	Pref	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	Pref	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Pref	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Pref	QL (50 mL / 1 day)
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	Pref	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Pref	
PREDNISON CON 5MG/ML	Pref	
<i>prednisone oral soln 5 mg/5ml</i>	Non-Pref	PA, QL (60 mL / 1 day)
<i>prednisone tab 1 mg</i>	Pref	QL (10 tabs / 1 day)
<i>prednisone tab 2.5 mg</i>	Pref	QL (8 tabs / 1 day)
<i>prednisone tab 5 mg</i>	Pref	QL (16 tabs / 1 day)
<i>prednisone tab 10 mg</i>	Pref	QL (9 tabs / 1 day)
<i>prednisone tab 20 mg</i>	Pref	QL (6 tabs / 1 day)
<i>prednisone tab 50 mg</i>	Pref	QL (3 tabs / 1 day)
<i>prednisone tab therapy pack 5 mg (21)</i>	Pref	
<i>prednisone tab therapy pack 5 mg (48)</i>	Pref	
<i>prednisone tab therapy pack 10 mg (21)</i>	Pref	
<i>prednisone tab therapy pack 10 mg (48)</i>	Pref	
RAYOS TAB 1MG	Non-Pref	PA
RAYOS TAB 2MG	Non-Pref	PA
RAYOS TAB 5MG	Non-Pref	PA
SOLU-CORTEF INJ 100MG	Pref	PA
SOLU-CORTEF INJ 250MG	Pref	PA
SOLU-CORTEF INJ 500MG	Pref	PA
SOLU-CORTEF INJ 1000MG	Pref	PA
SOLU-MEDROL INJ 1GM	Non-Pref	PA
SOLU-MEDROL INJ 2GM	Non-Pref	PA
SOLU-MEDROL INJ 40MG	Non-Pref	PA
SOLU-MEDROL INJ 125MG	Non-Pref	PA
SOLU-MEDROL INJ 500MG	Non-Pref	PA
SOLU-MEDROL INJ 1000MG	Non-Pref	PA
<i>taperdex pak 6 day</i>	Non-Pref	PA
<i>taperdex pak 7-day</i>	Non-Pref	PA
<i>taperdex pak 12-day</i>	Non-Pref	PA
<i>triamcinolone acetone inj susp 40 mg/ml</i>	Pref	
UCERIS TAB 9MG	Pref	QL (1 tab / 1 day)
ZILRETTA INJ 32MG	Non-Pref	PA
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate tab 0.1 mg</i>	Pref	QL (5 tabs / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **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**  
**COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS**

**ANTITUSSIVES**

<i>daytme cough liq 15/15ml</i>	Pref	OTC
<i>sm cough rel syp 15mg/5ml</i>	Pref	OTC
<i>tussin cough syp 15mg/5ml</i>	Pref	OTC
<i>wal-tussin syp 15mg/5ml</i>	Pref	OTC

**COUGH/COLD/ALLERGY COMBINATIONS**

<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Pref	QL (2 tabs / 1 day), AGE, OTC
CLARINEX-D TAB 2.5-120	Non-Pref	PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Pref	QL (240 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Pref	QL (240 mL / 25 days), OTC
<i>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</i>	Pref	QL (1 tab / 1 day), OTC

**EXPECTORANTS**

<i>guaifenesin liquid 100 mg/5ml</i>	Pref	AGE, OTC
<i>guaifenesin syrup 100 mg/5ml</i>	Pref	AGE, OTC

**MISC. RESPIRATORY INHALANTS**

<i>sodium chloride soln nebu 0.9%</i>	Pref	
<i>sodium chloride soln nebu 3%</i>	Pref	
<i>sodium chloride soln nebu 7%</i>	Pref	
<i>sodium chloride soln nebu 10%</i>	Pref	

**MUCOLYTICS**

<i>acetylcysteine inhal soln 10%</i>	Pref	
<i>acetylcysteine inhal soln 20%</i>	Pref	QL (4 vials / 1 day)

**DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS**

**ACNE PRODUCTS**

ABSORICA CAP 10MG	Non-Pref	PA
ABSORICA CAP 20MG	Non-Pref	PA
ABSORICA CAP 25MG	Non-Pref	PA
ABSORICA CAP 30MG	Non-Pref	PA
ABSORICA CAP 35MG	Non-Pref	PA
ABSORICA CAP 40MG	Non-Pref	PA
ABSORICA LD CAP 8MG	Non-Pref	PA
ABSORICA LD CAP 16MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ABSORICA LD CAP 24MG	Non-Pref	PA
ABSORICA LD CAP 32MG	Non-Pref	PA
ACANYA GEL 1.2-2.5%	Non-Pref	PA, QL (50 gm / 25 days)
<i>adapalene cream 0.1%</i>	Pref	
<i>adapalene gel 0.3%</i>	Pref	QL (45 gm / 25 days)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Pref	QL (45 gm / 25 days)
AKLIEF CRE 0.005%	Non-Pref	PA
ALTRENO LOT 0.05%	Non-Pref	PA
AMZEEQ AER 4%	Non-Pref	PA
ARAZLO LOT 0.045%	Non-Pref	PA
ATRALIN GEL 0.05%	Non-Pref	PA, QL (45 gm / 25 days), AGE
<i>avar cleanse liq 10-5%</i>	Pref	QL (340.2 gm / 25 days)
AVAR LS LIQ 10-2%	Non-Pref	PA, QL (227 gm / 25 days)
<i>avar-e emoll cre 10-5%</i>	Non-Pref	PA
<i>avar-e green cre 10-5%</i>	Non-Pref	PA
AVAR-E LS CRE 10-2%	Non-Pref	PA
<i>avita cre 0.025%</i>	Pref	QL (45 gm / 25 days), AGE; Covered for ages 10 to 35 years old
<i>avita gel 0.025%</i>	Pref	QL (45 gm / 25 days), AGE; Covered for ages 10 to 35 years old
BENZACLIN GEL 1-5%	Non-Pref	PA, QL (50 gm / 25 days)
BENZACLIN GEL 1-5%PUMP	Non-Pref	PA, QL (50 gm / 25 days)
BENZAMYCIN GEL 5-3%	Non-Pref	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Pref	
<i>bp 10-1 emu</i>	Non-Pref	PA
<i>bp cleansing emu 10-4%</i>	Non-Pref	PA
CLEOCIN-T LOT 1%	Non-Pref	PA, QL (60 mL / 25 days)
<i>clindacin mis etz 1%</i>	Non-Pref	PA, QL (60 swabs / 25 days)
<i>clindacin-p pad 1%</i>	Non-Pref	PA, QL (60 pads / 25 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINDAGEL GEL 1%	Non-Pref	PA, QL (60 mL / 25 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Pref	QL (45 gm / 25 days)
<i>clindamycin phosphate foam 1%</i>	Non-Pref	PA
<i>clindamycin phosphate gel 1%</i>	Non-Pref	PA, QL (60 mL / 25 days)
<i>clindamycin phosphate lotion 1%</i>	Non-Pref	PA, QL (60 mL / 25 days)
<i>clindamycin phosphate soln 1%</i>	Pref	QL (60 mL / 25 days)
<i>clindamycin phosphate swab 1%</i>	Non-Pref	PA, QL (60 swabs / 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Pref	QL (50 gm / 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Pref	QL (50 gm / 25 days)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	Non-Pref	PA
CLINDAVIX KIT	Non-Pref	PA
<i>dapsone gel 5%</i>	Non-Pref	PA
<i>dapsone gel 7.5%</i>	Non-Pref	PA
DIFFERIN CRE 0.1%	Pref	
DIFFERIN GEL 0.1%	Pref	QL (45 gm / 25 days), OTC
DIFFERIN GEL 0.3%	Pref	QL (45 gm / 25 days)
DIFFERIN LOT 0.1%	Pref	
EPIDUO FORTE GEL 0.3-2.5%	Non-Pref	PA
EPIDUO GEL 0.1-2.5%	Non-Pref	PA, QL (45 gm / 25 days)
<i>ery pad 2%</i>	Non-Pref	PA
ERYGEL GEL 2%	Non-Pref	PA
<i>erythromycin gel 2%</i>	Non-Pref	PA
<i>erythromycin soln 2%</i>	Pref	QL (120 mL / 25 days)
EVOCLIN AER 1%	Non-Pref	PA
FABIOR AER 0.1%	Non-Pref	PA
<i>isotretinoin cap 10 mg</i>	Pref	PA
<i>isotretinoin cap 20 mg</i>	Pref	PA
<i>isotretinoin cap 25 mg</i>	Pref	PA
<i>isotretinoin cap 30 mg</i>	Pref	PA
<i>isotretinoin cap 35 mg</i>	Pref	PA
<i>isotretinoin cap 40 mg</i>	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KLARON LOT 10%	Non-Pref	PA
<i>neuac gel 1.2-5%</i>	Pref	QL (45 gm / 25 days)
ONEXTON GEL 1.2-3.75	Non-Pref	PA
RETIN-A CRE 0.1%	Non-Pref	PA, QL (45 gm / 25 days), AGE
RETIN-A CRE 0.05%	Non-Pref	PA, QL (45 gm / 25 days), AGE
RETIN-A CRE 0.025%	Non-Pref	PA, QL (45 gm / 25 days), AGE
RETIN-A GEL 0.01%	Pref	QL (45 gm / 25 days), AGE
RETIN-A GEL 0.025%	Pref	QL (45 gm / 25 days), AGE
RETIN-A MICR GEL 0.1%	Non-Pref	PA
RETIN-A MICR GEL 0.1%PUMP	Non-Pref	PA
RETIN-A MICR GEL 0.04%	Non-Pref	PA
RETIN-A MICR GEL 0.04%PMP	Non-Pref	PA
RETIN-A MICR GEL 0.06%	Non-Pref	PA
RETIN-A MICR GEL 0.08%	Non-Pref	PA
SOD SUL/SULF EMU 10-5%	Non-Pref	PA
SOD SUL/SULF SUS 10-5%	Non-Pref	PA
<i>sss 10-5 aer 10-5%</i>	Non-Pref	PA
<i>sss cre 10%-5%</i>	Non-Pref	PA
SULFAC SULFR PAD 9.8-4.8%	Non-Pref	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	Pref	QL (227 gm / 25 days)
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	Pref	QL (340.2 gm / 25 days)
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfacetamide sodium w/ sulfur wash 9-4%</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur wash 9-4.5%</i>	Non-Pref	PA
SUMADAN WASH LIQ 9-4.5%	Non-Pref	PA
SUMAXIN PAD 10-4%	Non-Pref	PA
TAZAROTENE AER 0.1%	Non-Pref	PA
<i>tretinoin cream 0.1%</i>	Pref	QL (45 gm / 25 days), AGE; Covered for ages 10 to 35 years old
<i>tretinoin cream 0.05%</i>	Pref	QL (45 gm / 25 days), AGE; Covered for ages 10 to 35 years old
<i>tretinoin cream 0.025%</i>	Pref	QL (45 gm / 25 days), AGE; Covered for ages 10 to 35 years old
<i>tretinoin gel 0.01%</i>	Pref	QL (45 gm / 25 days), AGE; Covered for ages 10 to 35 years old
<i>tretinoin gel 0.05%</i>	Pref	QL (45 gm / 25 days), AGE; Covered for ages 10 to 35 years old
<i>tretinoin gel 0.025%</i>	Pref	QL (45 gm / 25 days), AGE; Covered for ages 10 to 35 years old
<i>tretinoin microsphere gel 0.1%</i>	Non-Pref	PA
<i>tretinoin microsphere gel 0.04%</i>	Non-Pref	PA
WINLEVI CRE 1%	Non-Pref	PA
ZIANA GEL	Non-Pref	PA

### **AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS**

VEREGEN OIN 15%	Non-Pref	PA
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### **ANTI-INFLAMMATORY AGENTS - TOPICAL**

DERMACINRX PAK LEXITRAL	Non-Pref	PA
<i>diclofenac epolamine patch 1.3%</i>	Non-Pref	PA
<i>diclofenac sodium gel 1%</i>	Pref	QL (32 gm / 1 day)
<i>diclofenac sodium soln 1.5%</i>	Pref	QL (300 mL / 25 days)
DICLOTREX PAK	Non-Pref	PA
LICART DIS 1.3%	Non-Pref	PA
PENNSAID SOL 2%	Non-Pref	PA
VENNGEL ONE KIT 1%	Non-Pref	PA
XRYLIX PAK	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ziclopro pak</i>	Non-Pref	PA
<b>ANTIBIOTICS - TOPICAL</b>		
<i>bacitracin oint 500 unit/gm</i>	Pref	QL (10 gm / 1 day), OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Pref	OTC
<i>bacitracin-polymyxin b oint</i>	Pref	OTC
CENTANY AT KIT 2%	Non-Pref	PA
CENTANY OIN 2%	Non-Pref	PA, QL (44 gm / 25 days)
<i>gentamicin sulfate cream 0.1%</i>	Pref	
<i>gentamicin sulfate oint 0.1%</i>	Pref	QL (30 gm / 25 days)
<i>mupirocin calcium cream 2%</i>	Non-Pref	PA
<i>mupirocin oint 2%</i>	Pref	QL (44 gm / 25 days)
NEO-SYNALAR CRE	Non-Pref	PA
NEO-SYNALAR KIT	Non-Pref	PA
XEPI CRE 1%	Non-Pref	PA
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclodan sol 8%</i>	Non-Pref	PA
<i>ciclopirox gel 0.77%</i>	Non-Pref	PA
<i>ciclopirox kit 8%</i>	Non-Pref	PA
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Pref	QL (20 gm / 1 day)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Pref	
<i>ciclopirox shampoo 1%</i>	Pref	
<i>ciclopirox solution 8%</i>	Non-Pref	PA
<i>clotrimazole cream 1%</i>	Pref	
<i>clotrimazole cream 1%</i>	Pref	OTC
<i>clotrimazole soln 1%</i>	Pref	
<i>clotrimazole soln 1%</i>	Pref	OTC
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i>	Pref	
<i>clotrimazole w/ betamethasone lotion 1- 0.05%</i>	Non-Pref	PA
DERMACINRX PAK THERAZOL	Non-Pref	PA
<i>econazole nitrate cream 1%</i>	Non-Pref	PA
ERTACZO CRE 2%	Non-Pref	PA
EXTINA AER 2%	Non-Pref	PA
JUBLIA SOL 10%	Non-Pref	PA
KERYDIN SOL 5%	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ketoconazole cream 2%</i>	Pref	QL (60 gm / 25 days)
<i>ketoconazole foam 2%</i>	Non-Pref	PA
<i>ketoconazole shampoo 2%</i>	Pref	QL (120 mL / 25 days)
<i>ketodan aer 2%</i>	Non-Pref	PA
KETODAN KIT 2%	Non-Pref	PA
LOPROX CRE 0.77%	Non-Pref	PA, QL (20 gm / 1 day)
LOPROX KIT 0.77%	Non-Pref	PA
LOPROX SHA 1%	Non-Pref	PA
LOPROX SUS 0.77%	Non-Pref	PA
<i>luliconazole cream 1%</i>	Non-Pref	PA
LUZU CRE 1%	Non-Pref	PA
MENTAX CRE 1%	Non-Pref	PA
<i>miconazole nitrate cream 2%</i>	Pref	QL (150 gm / 25 days), OTC
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	Non-Pref	PA
<i>naftifine hcl cream 1%</i>	Non-Pref	PA
<i>naftifine hcl cream 2%</i>	Non-Pref	PA
<i>naftifine hcl gel 1%</i>	Non-Pref	PA
NAFTIN GEL 1%	Non-Pref	PA
NAFTIN GEL 2%	Non-Pref	PA
<i>nystatin cream 100000 unit/gm</i>	Pref	QL (90 gm / 25 days)
<i>nystatin oint 100000 unit/gm</i>	Pref	QL (90 gm / 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	Pref	QL (30 gm / 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Pref	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Pref	
<i>oxiconazole nitrate cream 1%</i>	Non-Pref	PA
OXISTAT CRE 1%	Non-Pref	PA
OXISTAT LOT 1%	Non-Pref	PA
<i>tavaborole soln 5%</i>	Non-Pref	PA
<i>tolnaftate cream 1%</i>	Pref	OTC
VUSION OIN	Non-Pref	PA
ZOLPAK KIT	Non-Pref	PA
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
AMELUZ GEL 10%	Pref	PA
CARAC CRE 0.5%	Non-Pref	PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EFUDEX CRE 5%	Non-Pref	PA
<i>fluorouracil cream 5%</i>	Pref	
<i>fluorouracil soln 2%</i>	Pref	PA
<i>fluorouracil soln 5%</i>	Pref	PA
LEVULAN KERA SOL 20%	Pref	PA
ORMECA KIT	Pref	PA
TARGRETIN GEL 1%	Pref	SP, PA
VALCHLOR GEL 0.016%	Pref	PA

### **ANTIPRURITICS - TOPICAL**

<i>doxepin hcl cream 5%</i>	Pref	PA
PRUDOXIN CRE 5%	Non-Pref	PA
ZONALON CRE 5%	Non-Pref	PA

### **ANTIPSORIATICS**

<i>acitretin cap 10 mg</i>	Pref	
<i>acitretin cap 17.5 mg</i>	Pref	
<i>acitretin cap 25 mg</i>	Pref	
<i>calcipotriene cream 0.005%</i>	Pref	QL (60 gm / 25 days)
<i>calcipotriene foam 0.005%</i>	Non-Pref	PA
<i>calcipotriene oint 0.005%</i>	Pref	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Pref	
<i>calcitrene oin 0.005%</i>	Pref	
<i>calcitriol oint 3 mcg/gm</i>	Non-Pref	PA
COSENTYX INJ 75MG/0.5	Non-Pref	SP, PA
COSENTYX INJ 150MG/ML	Non-Pref	SP, PA
COSENTYX INJ 300DOSE	Non-Pref	SP, PA
COSENTYX PEN INJ 150MG/ML	Non-Pref	SP, PA
COSENTYX PEN INJ 300DOSE	Non-Pref	SP, PA
DOVONEX CRE 0.005%	Non-Pref	PA, QL (60 gm / 25 days)
ILUMYA SOL 100MG/ML	Non-Pref	SP, PA
<i>methoxsalen rapid cap 10 mg</i>	Non-Pref	PA
SILIQ INJ 210/1.5	Non-Pref	SP, PA
SKYRIZI INJ 150DOSE	Non-Pref	SP, PA
SKYRIZI INJ 150MG/ML	Non-Pref	SP, PA
SKYRIZI PEN INJ 150MG/ML	Non-Pref	SP, PA
SORILUX AER 0.005%	Non-Pref	PA
STELARA INJ 45MG/0.5	Non-Pref	SP, PA
STELARA INJ 90MG/ML	Non-Pref	SP, PA
TALTZ INJ 80MG/ML	Non-Pref	SP, PA
<i>tazarotene cream 0.1%</i>	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TREMFYA INJ 100MG/ML	Non-Pref	SP, PA
VECTICAL OIN 3MCG/GM	Non-Pref	PA
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide lotion 2.5%</i>	Pref	
<i>sodium sulfa liq 10% wash</i>	Pref	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir cream 5%</i>	Non-Pref	PA
<i>acyclovir oint 5%</i>	Non-Pref	PA
DENAVIR CRE 1%	Non-Pref	PA
XERESE CRE 5-1%	Non-Pref	PA
ZOVIRAX CRE 5%	Non-Pref	PA
ZOVIRAX OIN 5%	Non-Pref	PA
<b>BURN PRODUCTS</b>		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	Pref	PA
SILVADENE CRE 1%	Non-Pref	PA
<i>silver sulfadiazine cream 1%</i>	Pref	
<i>ssd cre 1%</i>	Pref	
SULFAMYLON CRE 85MG/GM	Pref	PA
SULFAMYLON PAK 5%	Non-Pref	PA
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>alclometasone dipropionate cream 0.05%</i>	Non-Pref	PA
<i>alclometasone dipropionate oint 0.05%</i>	Non-Pref	PA
<i>amcinonide cream 0.1%</i>	Non-Pref	PA
<i>amcinonide lotion 0.1%</i>	Non-Pref	PA
AMCINONIDE OIN 0.1%	Non-Pref	PA
APEXICON E CRE 0.05%	Non-Pref	PA
BESER KIT 0.05%	Non-Pref	PA
<i>besser lot 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented cream 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented gel 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented oint 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate cream 0.05%</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate lotion 0.05%</i>	Pref	
<i>betamethasone dipropionate oint 0.05%</i>	Non-Pref	PA
<i>betamethasone valerate aerosol foam 0.12%</i>	Non-Pref	PA
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Pref	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Pref	QL (60 mL / 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Pref	
BRYHALI LOT 0.01%	Non-Pref	PA
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Pref	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	Non-Pref	PA
CAPEX SHA 0.01%	Non-Pref	PA
<i>clobetasol propionate cream 0.05%</i>	Pref	
<i>clobetasol propionate emollient base cream 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate emulsion foam 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate foam 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate gel 0.05%</i>	Pref	
<i>clobetasol propionate lotion 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate oint 0.05%</i>	Pref	
<i>clobetasol propionate shampoo 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate soln 0.05%</i>	Pref	
<i>clobetasol propionate spray 0.05%</i>	Non-Pref	PA
CLOBEX LOT 0.05%	Non-Pref	PA
CLOBEX SHA 0.05%	Non-Pref	PA
CLOBEX SPR 0.05%	Non-Pref	PA
<i>clocortolone pivalate cream 0.1%</i>	Non-Pref	PA
CLODAN KIT 0.05%	Non-Pref	PA
<i>clodan sha 0.05%</i>	Non-Pref	PA
CLODERM CRE 0.1%	Non-Pref	PA
CUTIVATE LOT 0.05%	Non-Pref	PA
DERMA-SMOOTH OIL /FS BODY	Non-Pref	PA
DERMA-SMOOTH OIL /FS SCLP	Non-Pref	PA
DESONATE GEL 0.05%	Non-Pref	PA
<i>desonide cream 0.05%</i>	Pref	QL (60 gm / 25 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desonide lotion 0.05%</i>	Non-Pref	PA
<i>desonide oint 0.05%</i>	Pref	
DESOWEN CRE 0.05%	Non-Pref	PA, QL (60 gm / 25 days)
<i>desoximetasone cream 0.05%</i>	Non-Pref	PA
<i>desoximetasone cream 0.25%</i>	Non-Pref	PA
<i>desoximetasone gel 0.05%</i>	Non-Pref	PA
<i>desoximetasone oint 0.05%</i>	Non-Pref	PA
<i>desoximetasone oint 0.25%</i>	Non-Pref	PA
<i>desoximetasone spray 0.25%</i>	Non-Pref	PA
<i>desrx gel 0.05%</i>	Non-Pref	PA
<i>diflorasone diacetate cream 0.05%</i>	Non-Pref	PA
<i>diflorasone diacetate oint 0.05%</i>	Non-Pref	PA
DIPROLENE AF CRE 0.05%	Non-Pref	PA
DIPROLENE OIN 0.05%	Non-Pref	PA
DUOBRII LOT	Non-Pref	PA
ENSTILAR AER	Non-Pref	PA
EPIFOAM AER 1%	Non-Pref	PA
<i>fluocinolone acetonide cream 0.01%</i>	Non-Pref	PA
<i>fluocinolone acetonide cream 0.025%</i>	Non-Pref	PA
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Non-Pref	PA
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Non-Pref	PA
<i>fluocinolone acetonide oint 0.025%</i>	Non-Pref	PA
<i>fluocinolone acetonide soln 0.01%</i>	Non-Pref	PA
<i>fluocinonide cream 0.1%</i>	Non-Pref	PA
<i>fluocinonide cream 0.05%</i>	Non-Pref	PA
<i>fluocinonide emulsified base cream 0.05%</i>	Non-Pref	PA
<i>fluocinonide gel 0.05%</i>	Non-Pref	PA
<i>fluocinonide oint 0.05%</i>	Non-Pref	PA
<i>fluocinonide soln 0.05%</i>	Non-Pref	PA
FLUOPAR KIT	Non-Pref	PA
<i>flurandrenolide cream 0.05%</i>	Non-Pref	PA
<i>flurandrenolide lotion 0.05%</i>	Non-Pref	PA
<i>flurandrenolide oint 0.05%</i>	Non-Pref	PA
<i>fluticasone propionate cream 0.05%</i>	Pref	
<i>fluticasone propionate lotion 0.05%</i>	Non-Pref	PA
<i>fluticasone propionate oint 0.005%</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>halcinonide cream 0.1%</i>	Non-Pref	PA
HALOBETASOL AER 0.05%	Non-Pref	PA
<i>halobetasol propionate cream 0.05%</i>	Pref	
<i>halobetasol propionate oint 0.05%</i>	Pref	
HALOG CRE 0.1%	Non-Pref	PA
HALOG OIN 0.1%	Non-Pref	PA
HALOG SOL 0.1%	Non-Pref	PA
<i>hydrocortisone acetate cream 1%</i>	Pref	OTC
<i>hydrocortisone butyrate cream 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate lotion 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate oint 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate soln 0.1%</i>	Non-Pref	PA
<i>hydrocortisone cream 0.5%</i>	Pref	OTC
<i>hydrocortisone cream 1%</i>	Pref	OTC
<i>hydrocortisone cream 1%- rx</i>	Pref	
<i>hydrocortisone cream 2.5%</i>	Pref	QL (60 gm / 25 days)
<i>hydrocortisone lotion 1%</i>	Non-Pref	PA, OTC
<i>hydrocortisone lotion 2.5%</i>	Non-Pref	PA
<i>hydrocortisone oint 0.5%</i>	Pref	OTC
<i>hydrocortisone oint 1%</i>	Pref	OTC
<i>hydrocortisone oint 1%- rx</i>	Pref	
<i>hydrocortisone oint 2.5%</i>	Pref	QL (60 gm / 25 days)
<i>hydrocortisone valerate cream 0.2%</i>	Non-Pref	PA
<i>hydrocortisone valerate oint 0.2%</i>	Non-Pref	PA
IMPEKLO LOT 0.05%	Non-Pref	PA
KENALOG AER SPRAY	Non-Pref	PA
LEXETTE AER 0.05%	Non-Pref	PA
LOCOID LIPO CRE 0.1%	Non-Pref	PA
LOCOID LOT 0.1%	Non-Pref	PA
LUXIQ AER 0.12%	Non-Pref	PA
<i>mometasone furoate cream 0.1%</i>	Pref	QL (60 gm / 25 days)
<i>mometasone furoate oint 0.1%</i>	Pref	QL (60 gm / 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	Pref	
OLUX AER 0.05%	Non-Pref	PA
OLUX-E AER 0.05%	Non-Pref	PA
PANDEL CRE 0.1%	Non-Pref	PA
<i>prednicarbate oint 0.1%</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PSORCON CRE 0.05%	Non-Pref	PA
RADIAURA CRE 3-0.5%	Non-Pref	PA
<i>sanadermr x kit skin rep</i>	Non-Pref	PA
SERNIVO SPR	Non-Pref	PA
SILA III PAK	Non-Pref	PA
SYNALAR CRE 0.025%	Non-Pref	PA
SYNALAR KIT 0.025%	Non-Pref	PA
SYNALAR OIN 0.025%	Non-Pref	PA
SYNALAR SOL 0.01%	Non-Pref	PA
SYNALAR TS KIT 0.01%	Non-Pref	PA
TACLONEX OIN	Non-Pref	PA
TACLONEX SUS	Non-Pref	PA
TASOPROL KIT	Non-Pref	PA
TEMOVATE CRE 0.05%	Non-Pref	PA
TEMOVATE OIN 0.05%	Non-Pref	PA
TEXACORT SOL 2.5%	Non-Pref	PA
TOPICORT CRE 0.05%	Non-Pref	PA
TOPICORT CRE 0.25%	Non-Pref	PA
TOPICORT GEL 0.05%	Non-Pref	PA
TOPICORT OIN 0.05%	Non-Pref	PA
TOPICORT OIN 0.25%	Non-Pref	PA
TOPICORT SPR 0.25%	Non-Pref	PA
<i>tovet aer 0.05%</i>	Non-Pref	PA
TOVET KIT KIT 0.05%	Non-Pref	PA
<i>triamcinolone acetone aerosol soln 0.147 mg/gm</i>	Non-Pref	PA
<i>triamcinolone acetone cream 0.1%</i>	Pref	
<i>triamcinolone acetone cream 0.5%</i>	Pref	
<i>triamcinolone acetone cream 0.025%</i>	Pref	
<i>triamcinolone acetone lotion 0.1%</i>	Pref	
<i>triamcinolone acetone lotion 0.025%</i>	Pref	
<i>triamcinolone acetone oint 0.1%</i>	Pref	
<i>triamcinolone acetone oint 0.5%</i>	Pref	
<i>triamcinolone acetone oint 0.05%</i>	Pref	
<i>triamcinolone acetone oint 0.025%</i>	Pref	
<i>trianex oin 0.05%</i>	Non-Pref	PA
ULTRAVATE LOT 0.05%	Non-Pref	PA
VANOS CRE 0.1%	Non-Pref	PA
<b>ECZEMA AGENTS</b>		
DUPIXENT INJ 200/1.14	Non-Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DUPIXENT INJ 200MG	Non-Pref	SP, PA
DUPIXENT INJ 300/2ML	Non-Pref	SP, PA
OPZELURA CRE 1.5%	Pref	PA
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>urea cream 40%</i>	Pref	PA, QL (85 gm / 25 days)
<i>urea lotion 40%</i>	Pref	QL (240 gm / 25 days)
<b>EMOLLIENTS</b>		
<i>lactic acid (ammonium lactate) cream 12%</i>	Pref	PA, QL (280 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	Pref	PA, QL (225 gm / 25 days)
LACTIC ACID LOT 10%	Pref	PA
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
ALDARA CRE 5%	Non-Pref	PA, QL (24 packets / 25 days)
<i>imiquimod cream 3.75%</i>	Non-Pref	PA
<i>imiquimod cream 5%</i>	Pref	QL (24 packets / 25 days)
ZYCLARA CRE 3.75%	Non-Pref	PA
ZYCLARA PUMP CRE 2.5%	Non-Pref	PA
ZYCLARA PUMP CRE 3.75%	Non-Pref	PA
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
ELIDEL CRE 1%	Non-Pref	PA, QL (30 gm / 24 days), AGE
<i>pimecrolimus cream 1%</i>	Pref	PA, QL (30 gm / 24 days), AGE
PROTOPIC OIN 0.1%	Non-Pref	PA
PROTOPIC OIN 0.03%	Non-Pref	PA
<i>tacrolimus oint 0.1%</i>	Non-Pref	PA
<i>tacrolimus oint 0.03%</i>	Non-Pref	PA
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
<i>podofilox soln 0.5%</i>	Pref	QL (3.5 mL / 25 days)
<i>salicylic acid foam 6%</i>	Pref	QL (200 gm / 25 days)
<i>salicylic acid gel 6%</i>	Pref	QL (120 gm / 25 days)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
APRIZIO PAK KIT	Non-Pref	PA
APRIZIO PAK KIT II	Non-Pref	PA
CRYODOSE AER TA	Non-Pref	PA
DERMACINRX PAK PHN	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DERMACINRX PAK ZRM	Non-Pref	PA
EMPRICAINE KIT II	Non-Pref	PA
<i>glydo gel 2%</i>	Pref	
LIDOCAINE HC CRE 4.12%	Non-Pref	PA
<i>lidocaine hcl cream 3%</i>	Pref	
<i>lidocaine hcl soln 4%</i>	Pref	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Pref	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Pref	
<i>lidocaine oint 5%</i>	Pref	QL (50 gm / 25 days)
<i>lidocaine patch 5%</i>	Pref	QL (3 patches / 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Pref	QL (60 gm / 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	Non-Pref	PA
LIDODERM DIS 5%	Non-Pref	PA, QL (3 packets / 1 day)
LIDOPURE KIT 5%	Non-Pref	PA
LIDOTRAL CRE 3.88%	Non-Pref	PA
NUVAKAAN II KIT	Non-Pref	PA
PLIAGLIS CRE 7-7%	Non-Pref	PA
PRILO PATCH KIT	Non-Pref	PA
PRILO PATCH KIT II	Non-Pref	PA
PRIZOPAK II KIT 2.5-2.5%	Non-Pref	PA
PRIZOTRAL II KIT	Non-Pref	PA
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
SYNERA DIS 70-70MG	Non-Pref	PA
ZILACAINE PAK 5%	Non-Pref	PA
ZTLIDO PAD 1.8%	Non-Pref	PA

### **MISC. TOPICAL**

DRYSOL SOL 20%	Pref
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### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**

EUCRISA OIN 2%	Non-Pref	PA
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### **ROSACEA AGENTS**

<i>azelaic acid gel 15%</i>	Pref	
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	Non-Pref	PA
FINACEA AER 15%	Pref	
FINACEA GEL 15%	Pref	
<i>ivermectin cream 1%</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
METROCREAM CRE 0.75%	Non-Pref	PA
METROGEL GEL 1%	Non-Pref	PA
METROLOTION LOT 0.75%	Non-Pref	PA
<i>metronidazole cream 0.75%</i>	Pref	
<i>metronidazole gel 0.75%</i>	Pref	
<i>metronidazole gel 1%</i>	Pref	
<i>metronidazole lotion 0.75%</i>	Pref	
MIRVASO GEL 0.33%	Non-Pref	PA
NORITATE CRE 1%	Non-Pref	PA
ORACEA CAP 40MG	Non-Pref	PA
RHOFADE CRE 1%	Non-Pref	PA
<i>rosadan cre 0.75%</i>	Pref	
<i>rosadan gel 0.75%</i>	Pref	
ROSADAN KIT 0.75%	Non-Pref	PA
SOOLANTRA CRE 1%	Non-Pref	PA
ZILXI AER 1.5%	Non-Pref	PA

### **SCABICIDES & PEDICULICIDES**

<i>crotan lot 10%</i>	Non-Pref	PA
<i>ivermectin lotion 0.5%</i>	Non-Pref	PA
<i>lice treatmt liq 1%</i>	Pref	OTC
<i>lice trtmnt liq 1%</i>	Pref	OTC
<i>lindane shampoo 1%</i>	Non-Pref	PA
<i>malathion lotion 0.5%</i>	Non-Pref	PA
NATROBA SUS 0.9%	Pref	
OVIDE LOT 0.5%	Non-Pref	PA
<i>permethrin cream 5%</i>	Pref	QL (120 gm / 25 days)
<i>permethrin lotion 1%</i>	Pref	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	Pref	OTC
SKLICE LOT 0.5%	Non-Pref	PA
<i>spinosad susp 0.9%</i>	Pref	

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

#### **DIAGNOSTIC TESTS**

ACETONE (URINE) TEST STRIP	Pref	OTC
BD VERITOR KIT SARSCOV2	Pref	QL (12 kits / 25 days)
BINAXNOW COV KIT HOME TES	Pref	QL (12 kits / 25 days)
BINAXNOW COV KIT HOME TES	Pref	QL (12 kits / 25 days), OTC
BINAXNOW KIT COVID-19	Pref	QL (12 kits / 25 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELLUME COV19 KIT HOME TES	Pref	QL (12 kits / 25 days), OTC
ID NOW CONTR KIT COVID-19	Pref	QL (12 kits / 25 days)
ID NOW KIT COVID-19	Pref	QL (12 kits / 25 days)
INTELISWAB KIT COVID-19	Pref	QL (12 kits / 25 days), OTC
LUCIRA KIT COVID-19	Pref	QL (12 kits / 25 days)
LYRA DIRECT KIT COV-2	Pref	QL (12 kits / 25 days)
LYRA SARS KIT COV-2	Pref	QL (12 kits / 25 days)
PIXEL COVID KIT HOME TES	Pref	QL (12 kits / 25 days), OTC
QUICKVUE HOM KIT COVID-19	Pref	QL (12 kits / 25 days), OTC
QUICKVUE KIT SARS ANT	Pref	QL (12 kits / 25 days)
RELION TRUE TES METRIX	Pref	PA, OTC; Max of #100 / month for non-insulin users; Max of #200 / month for insulin users and pregnant members filling prenatal vitamins
SOFIA 2 SARS KIT ANTIGEN	Pref	QL (12 kits / 25 days)
SOFIA SARS KIT ANTIGEN	Pref	QL (12 kits / 25 days)
TRUE METRIX TES GLUCOSE	Pref	PA, OTC; Max of #100 / month for non-insulin users; Max of #200 / month for insulin users and pregnant members filling prenatal vitamins
XPERT XPRESS KIT COV-2	Pref	QL (12 kits / 25 days)

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

### ***DIGESTIVE ENZYMES***

CREON CAP 3000UNIT	Pref	QL (6 caps / 1 day)
CREON CAP 6000UNIT	Pref	QL (6 caps / 1 day)
CREON CAP 12000UNT	Pref	QL (6 caps / 1 day)
CREON CAP 24000UNT	Pref	QL (6 caps / 1 day)
CREON CAP 36000UNT	Pref	
PANCREAZE CAP 2600UNIT	Non-Pref	PA
PANCREAZE CAP 4200UNIT	Non-Pref	PA
PANCREAZE CAP 10500UNT	Non-Pref	PA
PANCREAZE CAP 16800UNT	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg  
**Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
ZENPEP CAP 5000UNIT	Pref	
ZENPEP CAP 10000UNT	Pref	
ZENPEP CAP 15000UNT	Pref	
ZENPEP CAP 20000UNT	Pref	
ZENPEP CAP 25000	Pref	
ZENPEP CAP 40000	Pref	

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

### **CARBONIC ANHYDRASE INHIBITORS**

<i>acetazolamide cap er 12hr 500 mg</i>	Pref	QL (4 caps / 1 day)
<i>acetazolamide sodium for inj 500 mg</i>	Pref	PA
<i>acetazolamide tab 125 mg</i>	Pref	QL (4 tabs / 1 day)
<i>acetazolamide tab 250 mg</i>	Pref	QL (4 tabs / 1 day)
KEVEYIS TAB 50MG	Non-Pref	SP, PA
<i>methazolamide tab 25 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>methazolamide tab 50 mg</i>	Pref	QL (6 tabs / 1 day); DS

### **DIURETIC COMBINATIONS**

ALDACTAZIDE TAB 25/25	Non-Pref	PA, QL (3 tabs / 1 day)
ALDACTAZIDE TAB 50/50	Non-Pref	PA
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Pref	QL (2 tabs / 1 day); DS
MAXZIDE TAB 75-50	Non-Pref	PA, QL (4 tabs / 1 day)
MAXZIDE-25 TAB	Non-Pref	PA, QL (4 tabs / 1 day)
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Pref	QL (2 caps / 1 day); DS
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Pref	QL (4 tabs / 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>LOOP DIURETICS</b>		
<i>bumetanide inj 0.25 mg/ml</i>	Pref	PA
<i>bumetanide tab 0.5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>bumetanide tab 1 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>bumetanide tab 2 mg</i>	Pref	QL (5 tabs / 1 day); DS
BUMEX TAB 0.5MG	Non-Pref	PA, QL (2 tabs / 1 day)
EDECRIN TAB 25MG	Non-Pref	PA
<i>ethacrynate sodium for inj 50 mg</i>	Pref	PA
<i>ethacrynic acid tab 25 mg</i>	Non-Pref	PA
<i>furosemide inj 10 mg/ml</i>	Pref	PA
<i>furosemide oral soln 8 mg/ml</i>	Pref	DS
<i>furosemide oral soln 10 mg/ml</i>	Pref	DS
<i>furosemide tab 20 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>furosemide tab 40 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>furosemide tab 80 mg</i>	Pref	QL (6 tabs / 1 day); DS
LASIX TAB 20MG	Non-Pref	PA, QL (6 tabs / 1 day)
LASIX TAB 40MG	Non-Pref	PA, QL (6 tabs / 1 day)
LASIX TAB 80MG	Non-Pref	PA, QL (6 tabs / 1 day)
SOD EDECRIN INJ 50MG	Non-Pref	PA
<i>torsemide tab 5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>torsemide tab 10 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>torsemide tab 20 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>torsemide tab 100 mg</i>	Pref	QL (2 tabs / 1 day); DS
<b>POTASSIUM SPARING DIURETICS</b>		
ALDACTONE TAB 25MG	Non-Pref	PA, QL (8 tabs / 1 day)
ALDACTONE TAB 50MG	Non-Pref	PA, QL (4 tabs / 1 day)
ALDACTONE TAB 100MG	Non-Pref	PA, QL (2 tabs / 1 day)
<i>amiloride hcl tab 5 mg</i>	Pref	DS
CAROSPIR SUS 25MG/5ML	Non-Pref	PA
<i>spironolactone tab 25 mg</i>	Pref	QL (8 tabs / 1 day); DS
<i>spironolactone tab 50 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>spironolactone tab 100 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>triamterene cap 50 mg</i>	Non-Pref	PA
<i>triamterene cap 100 mg</i>	Non-Pref	PA
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorothiazide sodium for inj 500 mg</i>	Pref	PA
<i>chlorthalidone tab 25 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>chlorthalidone tab 50 mg</i>	Pref	QL (4 tabs / 1 day); DS
DIURIL SUS 250/5ML	Non-Pref	PA
<i>hydrochlorothiazide cap 12.5 mg</i>	Pref	QL (2 caps / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrochlorothiazide tab 12.5 mg</i>	Pref	QL (8 tabs / 1 day); DS
<i>hydrochlorothiazide tab 25 mg</i>	Pref	QL (8 tabs / 1 day); DS
<i>hydrochlorothiazide tab 50 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>indapamide tab 1.25 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>indapamide tab 2.5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>metolazone tab 2.5 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>metolazone tab 5 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>metolazone tab 10 mg</i>	Pref	QL (2 tabs / 1 day); DS
SOD DIURIL INJ 500MG	Non-Pref	PA
THALITONE TAB 15MG	Pref	

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

### **BONE DENSITY REGULATORS**

ACTONEL TAB 35MG	Non-Pref	PA
ACTONEL TAB 150MG	Non-Pref	PA
<i>alendronate sodium oral soln 70 mg/75ml</i>	Pref	
<i>alendronate sodium tab 5 mg</i>	Pref	QL (8 tabs / 1 day)
<i>alendronate sodium tab 10 mg</i>	Pref	QL (1 tab / 1 day)
<i>alendronate sodium tab 35 mg</i>	Pref	QL (4 tabs / 30 days)
<i>alendronate sodium tab 70 mg</i>	Pref	QL (4 tabs / 30 days)
ATELVIA TAB	Non-Pref	PA
BONIVA TAB 150MG	Non-Pref	PA, QL (1 tab / 30 days)
<i>calcitonin (salmon) inj 200 unit/ml</i>	Pref	PA
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Pref	QL (1 mL / 1 day)
EVENITY INJ 105MG	Non-Pref	SP, PA
FORTEO INJ 620/2.48	Pref	SP, PA
FOSAMAX + D TAB 70-2800	Non-Pref	PA
FOSAMAX + D TAB 70-5600	Non-Pref	PA
FOSAMAX TAB 70MG	Non-Pref	PA, QL (4 tabs / 30 days)
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	Non-Pref	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Pref	QL (1 tab / 30 days)
MIACALCIN INJ 200/ML	Non-Pref	PA
NATPARA INJ 25MCG	Non-Pref	SP, PA
NATPARA INJ 50MCG	Non-Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NATPARA INJ 75MCG	Non-Pref	SP, PA
NATPARA INJ 100MCG	Non-Pref	SP, PA
<i>pamidronate disodium iv soln 3 mg/ml</i>	Non-Pref	PA
<i>pamidronate disodium iv soln 9 mg/ml</i>	Non-Pref	PA
PAMIDRONATE INJ 6MG/ML	Non-Pref	PA
PROLIA SOL 60MG/ML	Pref	SP, PA
RECLAST INJ 5/100ML	Non-Pref	PA
<i>risedronate sodium tab 5 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 30 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 35 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 150 mg</i>	Non-Pref	PA
<i>risedronate sodium tab delayed release 35 mg</i>	Non-Pref	PA
TERIPARATIDE INJ	Pref	SP, PA
TYMLOS INJ	Non-Pref	SP, PA
XGEVA INJ	Pref	SP, PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	Pref	PA
<i>zoledronic acid iv soln 4 mg/100ml</i>	Pref	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	Pref	PA
ZOLEDRONIC INJ 4/100ML	Pref	PA
<b>CORTICOTROPIN</b>		
ACTHAR INJ 80UNIT	Pref	SP, PA
<b>GNRH/LHRH ANTAGONISTS</b>		
ORILISSA TAB 150MG	Pref	PA
ORILISSA TAB 200MG	Pref	PA
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ 10MG	Pref	SP, PA
SOMAVERT INJ 15MG	Pref	SP, PA
SOMAVERT INJ 20MG	Pref	SP, PA
SOMAVERT INJ 25MG	Pref	SP, PA
SOMAVERT INJ 30MG	Pref	SP, PA
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA SV INJ 2MG	Pref	SP, PA
<b>GROWTH HORMONES</b>		
GENOTROPIN INJ 0.2MG	Pref	SP, PA
GENOTROPIN INJ 0.4MG	Pref	SP, PA
GENOTROPIN INJ 0.6MG	Pref	SP, PA
GENOTROPIN INJ 0.8MG	Pref	SP, PA
GENOTROPIN INJ 1.2MG	Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GENOTROPIN INJ 1.4MG	Pref	SP, PA
GENOTROPIN INJ 1.6MG	Pref	SP, PA
GENOTROPIN INJ 1.8MG	Pref	SP, PA
GENOTROPIN INJ 1MG	Pref	SP, PA
GENOTROPIN INJ 2MG	Pref	SP, PA
GENOTROPIN INJ 5MG	Pref	SP, PA
GENOTROPIN INJ 12MG	Pref	SP, PA
HUMATROPE INJ 6MG	Non-Pref	SP, PA
HUMATROPE INJ 12MG	Non-Pref	SP, PA
HUMATROPE INJ 24MG	Non-Pref	SP, PA
NORDITROPIN INJ 5/1.5ML	Pref	SP, PA
NORDITROPIN INJ 10/1.5ML	Pref	SP, PA
NORDITROPIN INJ 15/1.5ML	Pref	SP, PA
NORDITROPIN INJ 30/3ML	Pref	SP, PA
NUTROPIN AQ INJ 10MG/2ML	Non-Pref	SP, PA
NUTROPIN AQ INJ 20MG/2ML	Non-Pref	SP, PA
NUTROPIN AQ INJ NUSPIN 5	Non-Pref	SP, PA
OMNITROPE INJ 5.8MG	Non-Pref	SP, PA
OMNITROPE INJ 5/1.5ML	Non-Pref	SP, PA
OMNITROPE INJ 10/1.5ML	Non-Pref	SP, PA
SAIZEN INJ 5MG	Non-Pref	SP, PA
SAIZEN INJ 8.8MG	Non-Pref	SP, PA
SAIZENPREP INJ 8.8MG	Non-Pref	SP, PA
SEROSTIM INJ 4MG	Non-Pref	SP, PA
SEROSTIM INJ 5MG	Non-Pref	SP, PA
SEROSTIM INJ 6MG	Non-Pref	SP, PA
ZOMACTON INJ 5MG	Non-Pref	SP, PA
ZOMACTON INJ 10MG	Non-Pref	SP, PA
ZORBTIVE INJ 8.8MG	Non-Pref	SP, PA

### **HORMONE RECEPTOR MODULATORS**

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

### **INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**

INCRELEX INJ 40MG/4ML	Pref	SP, PA
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### **LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**

FENSOLVI INJ 45MG	Pref	PA; EA
LUPR DEP-PED INJ 3M 30MG	Pref	PA; EA
LUPR DEP-PED INJ 7.5MG	Pref	PA; EA
LUPR DEP-PED INJ 11.25MG	Pref	PA; EA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUPR DEP-PED INJ 11.25MG	Pref	PA; EA
LUPR DEP-PED INJ 15MG	Pref	PA; EA
SUPPRELIN LA KIT 50MG	Pref	SP, PA; EA
SYNAREL SOL 2MG/ML	Pref	SP, PA, QL (32 mL / 28 days)
TRIPTODUR SUS 22.5MG	Non-Pref	SP, PA; EA

### **METABOLIC MODIFIERS**

<i>calcitriol cap 0.5 mcg</i>	Pref	QL (4 caps / 1 day)
<i>calcitriol cap 0.25 mcg</i>	Pref	QL (4 caps / 1 day)
<i>calcitriol oral soln 1 mcg/ml</i>	Pref	
CARBAGLU TAB 200MG	Pref	SP, PA
CARNITOR SF SOL 1GM/10ML	Non-Pref	PA, QL (60 mL / 1 day)
CARNITOR SOL 1GM/10ML	Non-Pref	PA, QL (60 mL / 1 day)
CARNITOR TAB 330MG	Non-Pref	PA, QL (18 tabs / 1 day)
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Pref	
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Pref	
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Pref	
CYSTADANE POW	Pref	SP, PA
<i>doxercalciferol cap 0.5 mcg</i>	Non-Pref	PA
<i>doxercalciferol cap 1 mcg</i>	Non-Pref	PA
<i>doxercalciferol cap 2.5 mcg</i>	Non-Pref	PA
GALAFOLD CAP 123MG	Pref	SP, PA
KUVAN POW 100MG	Non-Pref	SP, PA
KUVAN POW 500MG	Non-Pref	SP, PA
KUVAN TAB 100MG	Non-Pref	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Pref	QL (60 mL / 1 day)
<i>levocarnitine tab 330 mg</i>	Pref	QL (18 tabs / 1 day)
<i>paricalcitol cap 1 mcg</i>	Non-Pref	PA
<i>paricalcitol cap 2 mcg</i>	Non-Pref	PA
<i>paricalcitol cap 4 mcg</i>	Non-Pref	PA
RAYALDEE CAP 30MCG	Non-Pref	PA
ROCALTROL CAP 0.5MCG	Non-Pref	PA, QL (4 caps / 1 day)
ROCALTROL CAP 0.25MCG	Non-Pref	PA, QL (4 caps / 1 day)
ROCALTROL SOL 1MCG/ML	Non-Pref	PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	Non-Pref	SP, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	Non-Pref	SP, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	Non-Pref	SP, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SENSIPAR TAB 30MG	Pref	
SENSIPAR TAB 60MG	Pref	
SENSIPAR TAB 90MG	Pref	
ZEMPLAR CAP 1MCG	Non-Pref	PA
ZEMPLAR CAP 2MCG	Non-Pref	PA
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TAB 10MG	Pref	PA
KERENDIA TAB 20MG	Pref	PA
<b>POSTERIOR PITUITARY HORMONES</b>		
DDAVP INJ 4MCG/ML	Non-Pref	PA
DDAVP TAB 0.1MG	Non-Pref	PA, QL (4 tabs / 1 day)
DDAVP TAB 0.2MG	Non-Pref	PA, QL (5 tabs / 1 day)
<i>desmopressin acetate inj 4 mcg/ml</i>	Pref	PA
<i>desmopressin acetate nasal spray soln 0.01%</i>	Pref	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Pref	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	Pref	PA
<i>desmopressin acetate tab 0.1 mg</i>	Pref	QL (4 tabs / 1 day)
<i>desmopressin acetate tab 0.2 mg</i>	Pref	QL (5 tabs / 1 day)
NOC DURNA SUB 27.7MCG	Non-Pref	PA
NOC DURNA SUB 55.3MCG	Non-Pref	PA
STIMATE SOL 1.5MG/ML	Non-Pref	SP, PA
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
MIFEPREX TAB 200MG	Non-Pref	PA
<i>mifepristone tab 200 mg</i>	Pref	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline tab 0.5 mg</i>	Pref	QL (0.57 tabs / 1 day)
<b>SOMATOSTATIC AGENTS</b>		
MYCAPSSA CAP 20MG	Pref	SP, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Pref	SP, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Pref	SP, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Pref	SP, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Pref	SP, PA
<i>octreotide inj 50mcg/ml</i>	Pref	SP, PA
<i>octreotide inj 100mcg</i>	Pref	SP, PA
<i>octreotide inj 500mcg</i>	Pref	SP, PA
SANDOSTATIN INJ 50MCG/ML	Non-Pref	SP, PA
SANDOSTATIN INJ 100MCG	Non-Pref	SP, PA
SANDOSTATIN INJ 500MCG	Non-Pref	SP, PA
SANDOSTATIN KIT LAR 10MG	Non-Pref	SP, PA
SANDOSTATIN KIT LAR 20MG	Non-Pref	SP, PA
SANDOSTATIN KIT LAR 30MG	Non-Pref	SP, PA
SIGNIFOR INJ 0.3MG/ML	Pref	SP, PA
SIGNIFOR INJ 0.6MG/ML	Pref	SP, PA
SIGNIFOR INJ 0.9MG/ML	Pref	SP, PA
SIGNIFOR LAR INJ 10MG	Non-Pref	SP, PA
SIGNIFOR LAR INJ 20MG	Non-Pref	SP, PA
SIGNIFOR LAR INJ 30MG	Non-Pref	SP, PA
SIGNIFOR LAR INJ 40MG	Non-Pref	SP, PA
SIGNIFOR LAR INJ 60MG	Non-Pref	SP, PA

### **VASOPRESSIN RECEPTOR ANTAGONISTS**

JYNARQUE PAK 30-15MG	Non-Pref	SP, PA
JYNARQUE PAK 45-15MG	Non-Pref	SP, PA
JYNARQUE PAK 60-30MG	Non-Pref	SP, PA
JYNARQUE PAK 90-30MG	Non-Pref	SP, PA
JYNARQUE TAB 15MG	Pref	SP, PA
JYNARQUE TAB 15MG	Non-Pref	SP, PA; Therapy Pack
JYNARQUE TAB 30MG	Pref	SP, PA
SAMSCA TAB 15MG	Pref	SP, PA
SAMSCA TAB 30MG	Pref	SP, PA
<i>tolvaptan tab 15 mg</i>	Pref	SP, PA
<i>tolvaptan tab 30 mg</i>	Pref	SP, PA

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

#### **ESTROGEN COMBINATIONS**

ACTIVELLA TAB 1-0.5MG	Non-Pref	PA
<i>amabelz tab 0.5-0.1</i>	Pref	
<i>amabelz tab 1-0.5mg</i>	Pref	
ANGELIQ TAB 0.5-1MG	Pref	
ANGELIQ TAB 0.25-0.5	Pref	
BIEST/PROGES CRE	Non-Pref	PA
BIJUVA CAP 1-100MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLIMARA PRO DIS WEEKLY	Pref	
COMBIPATCH DIS	Pref	
DUAVEE TAB 0.45-20	Pref	PA
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Pref	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	Pref	
FEMHRT TAB 0.5-2.5	Non-Pref	PA
<i>fyavolv tab 0.5-2.5</i>	Pref	
<i>fyavolv tab 1-5</i>	Pref	
<i>jinteli tab 1mg-5mcg</i>	Pref	
<i>mimvey tab 1-0.5mg</i>	Pref	
MYFEMBREE TAB	Pref	PA
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Pref	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Pref	
ORIAHNN CAP	Pref	PA
PREFEST TAB	Non-Pref	PA
PREMPHASE TAB	Pref	
PREMPRO TAB	Pref	
PREMPRO TAB 0.3-1.5	Pref	
PREMPRO TAB 0.45-1.5	Pref	
PREMPRO TAB 0.625-5	Pref	

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

ALORA DIS 0.1MG	Non-Pref	PA
ALORA DIS 0.05MG	Non-Pref	PA
ALORA DIS 0.025MG	Non-Pref	PA
ALORA DIS 0.075MG	Non-Pref	PA
CLIMARA DIS 0.1MG	Non-Pref	PA
CLIMARA DIS 0.05MG	Non-Pref	PA
CLIMARA DIS 0.06MG	Non-Pref	PA
CLIMARA DIS 0.025MG	Non-Pref	PA
CLIMARA DIS 0.075MG	Non-Pref	PA
CLIMARA DIS 0.0375MG	Non-Pref	PA
DELESTROGEN INJ 10MG/ML	Non-Pref	PA
DELESTROGEN INJ 20MG/ML	Non-Pref	PA
DELESTROGEN INJ 40MG/ML	Non-Pref	PA
DEPO-ESTRADI INJ 5MG/ML	Pref	
DIVIGEL GEL 0.5MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIVIGEL GEL 0.25MG	Non-Pref	PA
DIVIGEL GEL 0.75MG	Non-Pref	PA
DIVIGEL GEL 1.25MG	Non-Pref	PA
DIVIGEL GEL 1MG/GM	Non-Pref	PA
<i>dotti dis 0.1mg</i>	Pref	
<i>dotti dis 0.05mg</i>	Pref	
<i>dotti dis 0.025mg</i>	Pref	
<i>dotti dis 0.075mg</i>	Pref	
<i>dotti dis 0.0375mg</i>	Pref	
ELESTRIN GEL 0.06%	Non-Pref	PA
ESTRACE TAB 0.5MG	Non-Pref	PA
ESTRACE TAB 1MG	Non-Pref	PA
ESTRACE TAB 2MG	Non-Pref	PA
<i>estradiol tab 0.5 mg</i>	Pref	
<i>estradiol tab 1 mg</i>	Pref	
<i>estradiol tab 2 mg</i>	Pref	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Pref	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Pref	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Pref	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Pref	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Pref	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Pref	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Pref	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Pref	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Pref	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Pref	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Pref	
<i>estradiol valerate im in oil 20 mg/ml</i>	Pref	
<i>estradiol valerate im in oil 40 mg/ml</i>	Pref	
EVAMIST SPR 1.53MG	Non-Pref	PA
<i>lyllana dis 0.1mg</i>	Pref	
<i>lyllana dis 0.05mg</i>	Pref	
<i>lyllana dis 0.025mg</i>	Pref	
<i>lyllana dis 0.075mg</i>	Pref	
<i>lyllana dis 0.0375mg</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MENEST TAB 0.3MG	Pref	
MENEST TAB 0.625MG	Pref	
MENEST TAB 1.25MG	Pref	
MENOSTAR DIS 14MCG	Non-Pref	PA
MINIVELLE DIS 0.1MG	Non-Pref	PA
MINIVELLE DIS 0.05MG	Non-Pref	PA
MINIVELLE DIS 0.025MG	Non-Pref	PA
MINIVELLE DIS 0.075MG	Non-Pref	PA
MINIVELLE DIS 0.0375MG	Non-Pref	PA
PREMARIN INJ 25MG	Non-Pref	PA
PREMARIN TAB 0.3MG	Pref	
PREMARIN TAB 0.9MG	Pref	
PREMARIN TAB 0.45MG	Pref	
PREMARIN TAB 0.625MG	Pref	
PREMARIN TAB 1.25MG	Pref	
VIVELLE-DOT DIS 0.1MG	Non-Pref	PA
VIVELLE-DOT DIS 0.05MG	Non-Pref	PA
VIVELLE-DOT DIS 0.025MG	Non-Pref	PA
VIVELLE-DOT DIS 0.075MG	Non-Pref	PA
VIVELLE-DOT DIS 0.0375MG	Non-Pref	PA

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

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

BAXDELA TAB 450MG	Non-Pref	PA
CIPRO (5%) SUS 250MG/5	Pref	QL (20 mL / 1 day), AGE
CIPRO (10%) SUS 500MG/5	Pref	QL (12 mL / 1 day)
CIPRO TAB 250MG	Non-Pref	PA, QL (2 tabs / 1 day)
CIPRO TAB 500MG	Non-Pref	PA, QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>levofloxacin oral soln 25 mg/ml</i>	Non-Pref	PA
<i>levofloxacin tab 250 mg</i>	Pref	
<i>levofloxacin tab 500 mg</i>	Pref	
<i>levofloxacin tab 750 mg</i>	Pref	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Non-Pref	PA
<i>ofloxacin tab 300 mg</i>	Non-Pref	PA
<i>ofloxacin tab 400 mg</i>	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>		

**5-HT<sub>4</sub> RECEPTOR AGONISTS**

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

**AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)**

TRULANCE TAB 3MG	Non-Pref	PA
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**ANTIFLATULENTS**

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

**BILE ACID SYNTHESIS DISORDER AGENTS**

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

**FARNESOID X RECEPTOR (FXR) AGONISTS**

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

**GALLSTONE SOLUBILIZING AGENTS**

CHENODAL TAB 250MG	Non-Pref	SP, PA
RELTONE CAP 200MG	Non-Pref	PA
RELTONE CAP 400MG	Non-Pref	PA
URSO 250 TAB 250MG	Non-Pref	PA, QL (12 tabs / 1 day)
URSO FORTE TAB 500MG	Non-Pref	PA, QL (6 tabs / 1 day)
<i>ursodiol cap 300 mg</i>	Pref	QL (10 caps / 1 day)
URSODIOL SUS 30MG/ML	Non-Pref	PA
<i>ursodiol tab 250 mg</i>	Pref	QL (12 tabs / 1 day)
<i>ursodiol tab 500 mg</i>	Pref	QL (6 tabs / 1 day)

**GASTROINTESTINAL ANTIALLERGY AGENTS**

<i>cromolyn sodium oral conc 100 mg/5ml</i>	Non-Pref	PA, QL (1200 mL / 25 days)
GASTROCROM CON 100/5ML	Non-Pref	PA, QL (1200 mL / 25 days)

**GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**

AMITIZA CAP 8MCG	Pref	PA
AMITIZA CAP 24MCG	Pref	PA
<i>lubiprostone cap 8 mcg</i>	Pref	PA
<i>lubiprostone cap 24 mcg</i>	Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<b>GASTROINTESTINAL STIMULANTS</b>		
GIMOTI SPR 15MG	Non-Pref	PA
METOCLOPRAMI TAB 10MG ODT	Pref	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Non-Pref	PA
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	Pref	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Pref	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Pref	QL (6 tabs / 1 day)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Pref	QL (6 tabs / 1 day)
REGLAN TAB 5MG	Non-Pref	PA, QL (6 tabs / 1 day)
REGLAN TAB 10MG	Non-Pref	PA, QL (6 tabs / 1 day)
<b>INFLAMMATORY BOWEL AGENTS</b>		
APRISO CAP 0.375GM	Pref	QL (4 caps / 1 day)
ASACOL HD TAB 800MG	Non-Pref	PA
AVSOLA INJ 100MG	Non-Pref	SP, PA
AZULFIDINE TAB 500MG	Non-Pref	PA, QL (10 tabs / 1 day)
AZULFIDINE TAB 500MG EN	Non-Pref	PA, QL (8 tabs / 1 day)
<i>balsalazide disodium cap 750 mg</i>	Pref	
CANASA SUP 1000MG	Pref	QL (2 supp / 1 day)
CIMZIA KIT 200MG	Non-Pref	SP, PA
CIMZIA PREFL KIT 200MG/ML	Non-Pref	SP, PA
CIMZIA START KIT 200MG/ML	Non-Pref	SP, PA
COLAZAL CAP 750MG	Non-Pref	PA
DELZICOL CAP 400MG	Pref	
DIPENTUM CAP 250MG	Non-Pref	PA
ENTYVIO INJ 300MG	Non-Pref	SP, PA
INFLECTRA INJ 100MG	Non-Pref	SP, PA
LIALDA TAB 1.2GM	Pref	
<i>mesalamine cap dr 400 mg</i>	Pref	
<i>mesalamine cap er 24hr 0.375 gm</i>	Pref	QL (4 caps / 1 day)
<i>mesalamine enema 4 gm</i>	Non-Pref	PA, QL (60 mL / 1 day)
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	Non-Pref	PA
<i>mesalamine suppos 1000 mg</i>	Pref	QL (2 supp / 1 day)
<i>mesalamine tab delayed release 1.2 gm</i>	Pref	
<i>mesalamine tab delayed release 800 mg</i>	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PENTASA CAP 250MG CR	Pref	QL (16 caps / 1 day)
PENTASA CAP 500MG CR	Pref	QL (8 caps / 1 day)
REMICADE INJ 100MG	Non-Pref	SP, PA
RENFLEXIS INJ 100MG	Non-Pref	SP, PA
ROWASA KIT 4GM	Non-Pref	PA
SFROWASA ENE 4GM	Non-Pref	PA
STELARA INJ 5MG/ML	Non-Pref	SP, PA
<i>sulfasalazine tab 500 mg</i>	Pref	QL (10 tabs / 1 day)
<i>sulfasalazine tab delayed release 500 mg</i>	Pref	QL (8 tabs / 1 day)
<b>INTESTINAL ACIDIFIERS</b>		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Pref	QL (180 mL / 1 day)
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Non-Pref	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	Non-Pref	PA
LINZESS CAP 72MCG	Pref	PA
LINZESS CAP 145MCG	Pref	PA
LINZESS CAP 290MCG	Pref	PA
LOTRONEX TAB 0.5MG	Non-Pref	PA
LOTRONEX TAB 1MG	Non-Pref	PA
VIBERZI TAB 75MG	Non-Pref	PA
VIBERZI TAB 100MG	Non-Pref	PA
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
<i>alvimopan cap 12 mg</i>	Non-Pref	PA
ENTEREG CAP 12MG	Non-Pref	PA
MOVANTIK TAB 12.5MG	Non-Pref	PA
MOVANTIK TAB 25MG	Non-Pref	PA
RELISTOR INJ 8/0.4ML	Non-Pref	PA
RELISTOR INJ 12/0.6ML	Non-Pref	PA
RELISTOR TAB 150MG	Non-Pref	PA
SYMPROIC TAB 0.2MG	Non-Pref	PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA TAB 210MG	Non-Pref	PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Pref	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Non-Pref	PA
FOSRENOL CHW 500MG	Non-Pref	PA
FOSRENOL CHW 750MG	Non-Pref	PA
FOSRENOL CHW 1000MG	Non-Pref	PA

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

### **SHORT BOWEL SYNDROME (SBS) AGENTS**

GATTEX KIT 5MG	Pref	SP, PA
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### **TRYPTOPHAN HYDROXYLASE INHIBITORS**

XERMELO TAB 250MG	Pref	SP, PA
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## **GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS**

### **ACIDIFIERS**

K-PHOS TAB NO 2	Pref	
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### **ALKALINIZERS**

<i>cytra k gra crystals</i>	Pref	QL (4 packets / 1 day)
ORACIT SOL	Non-Pref	PA
<i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	Pref	QL (4 mL / 1 day)
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	Pref	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Pref	QL (20 tabs / 1 day)
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Pref	QL (10 tabs / 1 day)
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Pref	QL (6 tabs / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	Pref	QL (120 mL / 1 day)
UROCIT-K 5 TAB	Non-Pref	PA, QL (20 tabs / 1 day)
UROCIT-K 10 TAB	Non-Pref	PA, QL (10 tabs / 1 day)
UROCIT-K 15 TAB	Non-Pref	PA, QL (6 tabs / 1 day)
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid irrigation soln 0.25%</i>	Pref	
<i>sodium chloride irrigation soln 0.9%</i>	Pref	
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAP 100MG	Pref	PA
RIMSO-50 SOL 50%	Pref	PA
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	Pref	QL (1 tab / 1 day)
AVODART CAP 0.5MG	Non-Pref	PA
CARDURA XL TAB 4MG	Non-Pref	PA
CARDURA XL TAB 8MG	Non-Pref	PA
<i>dutasteride cap 0.5 mg</i>	Pref	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Non-Pref	PA
<i>finasteride tab 5 mg</i>	Pref	QL (1 tab / 1 day)
FLOMAX CAP 0.4MG	Non-Pref	PA, QL (2 caps / 1 day)
JALYN CAP	Non-Pref	PA
PROSCAR TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day)
RAPAFLO CAP 4MG	Non-Pref	PA
RAPAFLO CAP 8MG	Non-Pref	PA
<i>silodosin cap 4 mg</i>	Non-Pref	PA
<i>silodosin cap 8 mg</i>	Non-Pref	PA
<i>tamsulosin hcl cap 0.4 mg</i>	Pref	QL (2 caps / 1 day)
<b>URINARY ANALGESICS</b>		
<i>phenazo tab 200mg</i>	Pref	QL (3 tabs / 1 day)
<i>phenazopyridine hcl tab 100 mg</i>	Pref	QL (3 tabs / 1 day)
<i>phenazopyridine hcl tab 200 mg</i>	Pref	QL (3 tabs / 1 day)
PYRIDIUM TAB 100MG	Non-Pref	PA, QL (3 tabs / 1 day)
PYRIDIUM TAB 200MG	Non-Pref	PA, QL (3 tabs / 1 day)
<b>URINARY STONE AGENTS</b>		
LITHOSTAT TAB 250MG	Pref	PA
THIOLA EC TAB 100MG	Pref	PA
THIOLA EC TAB 300MG	Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THIOLA TAB 100MG	Non-Pref	PA
<i>tiopronin tab 100 mg</i>	Pref	PA

## **GOUT AGENTS - DRUGS TO TREAT GOUT**

### **GOUT AGENT COMBINATIONS**

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Pref	QL (3 tabs / 1 day)
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### **GOUT AGENTS - DRUGS TO TREAT GOUT**

<i>allopurinol sodium for inj 500 mg</i>	Pref	PA
<i>allopurinol tab 100 mg</i>	Pref	QL (6 tabs / 1 day)
<i>allopurinol tab 300 mg</i>	Pref	QL (4 tabs / 1 day)
ALOPRIM INJ 500MG	Pref	PA
<i>colchicine cap 0.6 mg</i>	Non-Pref	PA, QL (3 caps / 1 day)
<i>colchicine tab 0.6 mg</i>	Pref	
COLCRYS TAB 0.6MG	Non-Pref	PA
<i>febuxostat tab 40 mg</i>	Non-Pref	PA
<i>febuxostat tab 80 mg</i>	Non-Pref	PA
GLOPERBA SOL 0.6/5ML	Non-Pref	PA
KRYSTEXXA INJ 8MG/ML	Non-Pref	PA
MITIGARE CAP 0.6MG	Non-Pref	PA, QL (3 caps / 1 day)
ULORIC TAB 40MG	Non-Pref	PA
ULORIC TAB 80MG	Non-Pref	PA
ZYLOPRIM TAB 100MG	Non-Pref	PA, QL (6 tabs / 1 day)
ZYLOPRIM TAB 300MG	Non-Pref	PA, QL (4 tabs / 1 day)

### **URICOSURICS**

<i>probenecid tab 500 mg</i>	Pref	QL (3 tabs / 1 day)
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## **HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS**

### **HEMATAOLOGIC - TYROSINE KINASE INHIBITORS**

TAVALISSE TAB 100MG	Non-Pref	SP, PA
TAVALISSE TAB 150MG	Non-Pref	SP, PA

### **HEMATORHEOLOGIC AGENTS**

<i>pentoxifylline tab er 400 mg</i>	Pref	QL (4 tabs / 1 day)
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### **HEMIN**

PANHEMATIN INJ 350MG	Pref	PA
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### **HUMAN PROTEIN C**

CEPROTIN INJ 500 UNIT	Pref	SP, PA
CEPROTIN INJ 1000UNIT	Pref	SP, PA

### **PLATELET AGGREGATION INHIBITORS**

AGRYLIN CAP 0.5MG	Non-Pref	PA
<i>anagrelide hcl cap 0.5 mg</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>anagrelide hcl cap 1 mg</i>	Pref	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Pref	
BRILINTA TAB 60MG	Pref	
BRILINTA TAB 90MG	Pref	
<i>cilostazol tab 50 mg</i>	Pref	
<i>cilostazol tab 100 mg</i>	Pref	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Pref	QL (1 tab / 1 day)
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>dipyridamole tab 25 mg</i>	Pref	QL (10 tabs / 1 day)
<i>dipyridamole tab 50 mg</i>	Pref	QL (8 tabs / 1 day)
<i>dipyridamole tab 75 mg</i>	Pref	QL (4 tabs / 1 day)
EFFIENT TAB 5MG	Non-Pref	PA
EFFIENT TAB 10MG	Non-Pref	PA
KENGREAL SOL 50MG	Non-Pref	PA
PLAVIX TAB 75MG	Non-Pref	PA, QL (1 tab / 1 day)
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Pref	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Pref	
ZONTIVITY TAB 2.08MG	Non-Pref	PA
<b>PROTAMINE</b>		
<i>protamine sulfate inj 10 mg/ml</i>	Pref	PA
<b>THROMBOLYTIC ENZYMES</b>		
ACTIVASE INJ 50MG	Pref	PA
ACTIVASE INJ 100MG	Pref	PA
CATHFLO ACTI INJ 2MG	Pref	PA
RETAVASE INJ FULL KIT	Non-Pref	PA
RETAVASE INJ HALF-KIT	Non-Pref	PA
TNKASE KIT 50MG	Pref	PA
<b>HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA CAP 84MG	Non-Pref	SP, PA
CEREZYME INJ 400UNIT	Non-Pref	SP, PA
ELELYSO INJ 200UNIT	Non-Pref	SP, PA
<i>miglustat cap 100 mg</i>	Pref	SP, PA
VPRIV INJ 400UNIT	Non-Pref	SP, PA
ZAVESCA CAP 100MG	Pref	SP, PA
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
DROXIA CAP 200MG	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DROXIA CAP 300MG	Pref	
DROXIA CAP 400MG	Pref	
ENDARI POW 5GM	Non-Pref	SP, PA
OXBRYTA TAB 500MG	Non-Pref	SP, PA
SIKLOS TAB 100MG	Non-Pref	SP, PA
SIKLOS TAB 1000MG	Non-Pref	SP, PA
<b>COBALAMINS</b>		
<i>cyanocobalamin inj 1000 mcg/ml</i>	Pref	
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	Pref	PA
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid inj 5 mg/ml</i>	Pref	PA
<i>folic acid tab 1 mg</i>	Pref	QL (5 tabs / 1 day)
<i>folic acid tab 800 mcg</i>	Pref	QL (5 tabs / 1 day), OTC
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP INJ 10MCG	Pref	PA
ARANESP INJ 25MCG	Pref	PA
ARANESP INJ 40MCG	Pref	PA
ARANESP INJ 60MCG	Pref	PA
ARANESP INJ 100MCG	Pref	PA
ARANESP INJ 150MCG	Pref	PA
ARANESP INJ 200MCG	Pref	PA
ARANESP INJ 300MCG	Pref	PA
ARANESP INJ 500MCG	Pref	PA
DOPTelet TAB 20MG	Non-Pref	SP, PA
EPOGEN INJ 2000/ML	Non-Pref	PA
EPOGEN INJ 3000/ML	Non-Pref	PA
EPOGEN INJ 4000/ML	Non-Pref	PA
EPOGEN INJ 10000/ML	Non-Pref	PA
EPOGEN INJ 20000/ML	Non-Pref	PA
FULPHILA INJ 6/0.6ML	Non-Pref	PA
GRANIX INJ 300/0.5	Pref	PA
GRANIX INJ 300/1ML	Pref	PA
GRANIX INJ 480/0.8	Pref	PA
GRANIX INJ 480/1.6	Pref	PA
LEUKINE INJ 250MCG	Non-Pref	PA
MIRCERA INJ 30MCG	Non-Pref	PA
MIRCERA INJ 50MCG	Non-Pref	PA
MIRCERA INJ 75MCG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MIRCERA INJ 100MCG	Non-Pref	PA
MIRCERA INJ 150MCG	Non-Pref	PA
MIRCERA INJ 200MCG	Non-Pref	PA
MULPLETA TAB 3MG	Non-Pref	SP, PA
NEULASTA INJ 6MG/0.6M	Non-Pref	PA
NEULASTA KIT 6MG/0.6M	Non-Pref	PA
NEUPOGEN INJ 300/0.5	Pref	PA
NEUPOGEN INJ 300MCG	Pref	PA
NEUPOGEN INJ 480/0.8	Pref	PA
NEUPOGEN INJ 480MCG	Pref	PA
NIVESTYM INJ 300/0.5	Non-Pref	PA
NIVESTYM INJ 300MCG	Non-Pref	PA
NIVESTYM INJ 480/0.8	Non-Pref	PA
NIVESTYM INJ 480MCG	Non-Pref	PA
NPLATE INJ 125MCG	Non-Pref	SP, PA
NPLATE INJ 250MCG	Non-Pref	SP, PA
NPLATE INJ 500MCG	Non-Pref	SP, PA
NYVEPRIA INJ 6/0.6ML	Non-Pref	PA
PROCRIT INJ 2000/ML	Non-Pref	PA
PROCRIT INJ 3000/ML	Non-Pref	PA
PROCRIT INJ 4000/ML	Non-Pref	PA
PROCRIT INJ 10000/ML	Non-Pref	PA
PROCRIT INJ 20000/ML	Non-Pref	PA
PROCRIT INJ 40000/ML	Non-Pref	PA
PROMACTA PAK 25MG	Non-Pref	SP, PA
PROMACTA POW 12.5MG	Non-Pref	SP, PA
PROMACTA TAB 12.5MG	Pref	SP, PA
PROMACTA TAB 25MG	Pref	SP, PA
PROMACTA TAB 50MG	Pref	SP, PA
PROMACTA TAB 75MG	Pref	SP, PA
RETACRIT INJ 2000UNIT	Pref	PA
RETACRIT INJ 3000UNIT	Pref	PA
RETACRIT INJ 4000UNIT	Pref	PA
RETACRIT INJ 10000UNT	Pref	PA
RETACRIT INJ 20000UNI	Pref	PA
RETACRIT INJ 40000UNT	Pref	PA
UDENYCA INJ 6MG/.6ML	Non-Pref	PA
ZARXIO INJ 300/0.5	Non-Pref	PA
ZARXIO INJ 480/0.8	Non-Pref	PA
ZIEXTENZO INJ 6/0.6ML	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **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
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### HEMATOPOIETIC MIXTURES

<i>airavite tab</i>	Pref	
<i>fabb tab 2.2-25-1</i>	Pref	
<i>ferocon cap</i>	Pref	QL (2 caps / 1 day)
<i>ferottrinsic cap</i>	Pref	QL (2 caps / 1 day)
<i>ferrocite tab plus</i>	Pref	QL (1 tab / 1 day)
<i>folbee tab</i>	Pref	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	Pref	
<i>folplex 2.2 tab</i>	Pref	
<i>foltrin cap</i>	Pref	QL (2 caps / 1 day)
<i>hematinic pl tab vit/min</i>	Pref	QL (1 tab / 1 day)
<i>hematogen cap</i>	Pref	OTC
<i>hematogen cap forte</i>	Pref	QL (1 cap / 1 day), OTC
<i>iferex 150 cap forte</i>	Pref	
<i>iron 100 tab plus</i>	Pref	QL (1 tab / 1 day), OTC
<i>iron 100/c tab 100-250</i>	Pref	QL (1 tab / 1 day), OTC
<i>iron complex cap</i>	Pref	OTC
<i>nufol tab</i>	Pref	
<i>poly-iron cap 150 fort</i>	Pref	
<i>polysacchari cap iron</i>	Pref	
<i>purevit dual cap fe plus</i>	Pref	QL (1 cap / 1 day)
<i>se-tan plus cap</i>	Pref	QL (1 cap / 1 day)
<i>tl-hem 150 tab</i>	Pref	QL (1 tab / 1 day)
<i>tricon cap</i>	Pref	QL (2 caps / 1 day)
<i>trigels-f cap forte</i>	Pref	QL (1 cap / 1 day)
<i>virt-gard tab 2.2-25-1</i>	Pref	
<i>westab mini tab 2.2-25-1</i>	Pref	
<i>westab one tab 2.5-25-1</i>	Pref	

### IRON

FERROUS SULF LIQ 44MG/5ML	Pref	OTC
FERROUS SULF TAB 324MG EC	Pref	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Pref	QL (35 mL / 1 day), OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Pref	OTC
<i>ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Pref	QL (3 tabs / 1 day), OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Pref	OTC
INFED INJ 50MG/ML	Pref	PA
INJECTAFER INJ 750/15ML	Pref	PA
VENOFER INJ 20MG/ML	Pref	PA

## **HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS**

### **HEMOSTATICS - SYSTEMIC**

AMICAR SOL 0.25/ML	Non-Pref	PA
AMICAR TAB 500MG	Non-Pref	PA
AMICAR TAB 1000MG	Non-Pref	PA
<i>aminocaproic acid inj 250 mg/ml</i>	Pref	PA
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	Pref	
<i>aminocaproic acid tab 500 mg</i>	Pref	
<i>aminocaproic acid tab 1000 mg</i>	Pref	
CYKLOKAPRON INJ 100MG/ML	Pref	PA
LYSTEDA TAB 650MG	Non-Pref	PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	Pref	PA
<i>tranexamic acid tab 650 mg</i>	Pref	
TRANEXAMIC INJ ACID	Pref	PA

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

### **BARBITURATE HYPNOTICS**

AMYTAL SOD INJ 500MG	Pref	PA
NEMBUTAL SOD INJ 50MG/ML	Pref	PA
<i>pentobarbital sodium inj 50 mg/ml</i>	Pref	PA
<i>phenobarbital elixir 20 mg/5ml</i>	Pref	QL (50 mL / 1 day)
<i>phenobarbital tab 15 mg</i>	Pref	QL (2 tabs / 1 day)
<i>phenobarbital tab 16.2 mg</i>	Pref	QL (2 tabs / 1 day)
<i>phenobarbital tab 30 mg</i>	Pref	QL (2 tabs / 1 day)
<i>phenobarbital tab 32.4 mg</i>	Pref	QL (2 tabs / 1 day)
<i>phenobarbital tab 60 mg</i>	Pref	QL (2 tabs / 1 day)
<i>phenobarbital tab 64.8 mg</i>	Pref	QL (3 tabs / 1 day)
<i>phenobarbital tab 97.2 mg</i>	Pref	QL (2 tabs / 1 day)
<i>phenobarbital tab 100 mg</i>	Pref	QL (2 tabs / 1 day)

### **HYPNOTIC COMBINATIONS**

MET/KET/OND TRO 3-25-2MG	Non-Pref	PA
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**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **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
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Non-Pref	PA; AGE*
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Non-Pref	PA; AGE*
SILENOR TAB 3MG	Non-Pref	PA; AGE*
SILENOR TAB 6MG	Non-Pref	PA; AGE*

### **NON-BARBITURATE HYPNOTICS**

AMBIEN CR TAB 6.25MG	Non-Pref	PA
AMBIEN CR TAB 12.5MG	Non-Pref	PA
AMBIEN TAB 5MG	Non-Pref	PA
AMBIEN TAB 10MG	Non-Pref	PA
EDLUAR SUB 5MG	Non-Pref	PA; AGE*
EDLUAR SUB 10MG	Non-Pref	PA; AGE*
<i>estazolam tab 1 mg</i>	Non-Pref	PA; AGE*
<i>estazolam tab 2 mg</i>	Non-Pref	PA; AGE*
<i>eszopiclone tab 1 mg</i>	Non-Pref	PA; AGE*
<i>eszopiclone tab 2 mg</i>	Non-Pref	PA; AGE*
<i>eszopiclone tab 3 mg</i>	Non-Pref	PA; AGE*
<i>flurazepam hcl cap 15 mg</i>	Non-Pref	PA; AGE*
<i>flurazepam hcl cap 30 mg</i>	Non-Pref	PA; AGE*
HALCION TAB 0.25MG	Non-Pref	PA; AGE*
LUNESTA TAB 1MG	Non-Pref	PA; AGE*
LUNESTA TAB 2MG	Non-Pref	PA; AGE*
LUNESTA TAB 3MG	Non-Pref	PA; AGE*
<i>midazolam hcl inj 2 mg/2ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj 5 mg/5ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj 5 mg/ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj 10 mg/2ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj 10 mg/10ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj 25 mg/5ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj 50 mg/10ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj pf 2 mg/2ml (base equivalent)</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>midazolam hcl inj pf 5 mg/5ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i>	Pref	
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	Non-Pref	PA
MIDAZOLAM INJ 150/30ML	Pref	
MIDAZOLAM SUS 1MG/ML	Non-Pref	PA
RESTORIL CAP 7.5MG	Non-Pref	PA; AGE*
RESTORIL CAP 15MG	Non-Pref	PA; AGE*
RESTORIL CAP 22.5MG	Non-Pref	PA; AGE*
RESTORIL CAP 30MG	Non-Pref	PA; AGE*
<i>temazepam cap 7.5 mg</i>	Pref	AGE*
<i>temazepam cap 15 mg</i>	Pref	AGE*
<i>temazepam cap 22.5 mg</i>	Pref	AGE*
<i>temazepam cap 30 mg</i>	Pref	AGE*
<i>triazolam tab 0.25 mg</i>	Pref	AGE*
<i>triazolam tab 0.125 mg</i>	Pref	AGE*
<i>zaleplon cap 5 mg</i>	Non-Pref	PA; AGE*
<i>zaleplon cap 10 mg</i>	Non-Pref	PA; AGE*
<i>zolpidem tartrate sl tab 1.75 mg</i>	Pref	AGE*
<i>zolpidem tartrate sl tab 3.5 mg</i>	Pref	AGE*
<i>zolpidem tartrate tab 5 mg</i>	Pref	AGE*
<i>zolpidem tartrate tab 10 mg</i>	Pref	AGE*
<i>zolpidem tartrate tab er 6.25 mg</i>	Pref	AGE*
<i>zolpidem tartrate tab er 12.5 mg</i>	Pref	AGE*
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA TAB 5MG	Non-Pref	PA; AGE*
BELSOMRA TAB 10MG	Non-Pref	PA; AGE*
BELSOMRA TAB 15MG	Non-Pref	PA; AGE*
BELSOMRA TAB 20MG	Non-Pref	PA; AGE*
DAYVIGO TAB 5MG	Non-Pref	PA; AGE*
DAYVIGO TAB 10MG	Non-Pref	PA; AGE*
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
HETLIOZ CAP 20MG	Non-Pref	SP, PA
HETLIOZ LQ SUS 4MG/ML	Non-Pref	PA
<i>ramelteon tab 8 mg</i>	Pref	PA, QL (1 tab / 1 day); AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **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
ROZEREM TAB 8MG	Non-Pref	PA, QL (1 tab / 1 day); AGE*

## LAXATIVES - DRUGS TO TREAT CONSTIPATION

### BULK LAXATIVES

<i>daily fiber pow</i>	Pref	OTC
<i>daily fiber pow 43%</i>	Pref	OTC
<i>eq daily fib pow 51.7%</i>	Pref	OTC
<i>psyldex pow 30%</i>	Pref	OTC
<i>psyllium fib pow 51.7%</i>	Pref	OTC
<i>psyllium powder 28.3%</i>	Pref	OTC
<i>psyllium powder 48.57%</i>	Pref	OTC
<i>psyllium powder 58.6%</i>	Pref	OTC
<i>psyllium powder 100%</i>	Pref	OTC
<i>qc natural pow vegetabl</i>	Pref	OTC
<i>sm fiber pow</i>	Pref	OTC
<i>wal-mucil pow 43%</i>	Pref	OTC
<i>wal-mucil pow 51.7%</i>	Pref	OTC

### LAXATIVE COMBINATIONS

CLENPIQ SOL	Non-Pref	PA
<i>gavilyte-c sol</i>	Pref	QL (4000 mL / 1 day)
<i>gavilyte-g sol</i>	Pref	QL (4000 mL / 1 day)
GOLYTELY SOL	Non-Pref	PA, QL (4000 mL / 1 day)
MOVIPREP SOL	Non-Pref	PA
NULYTELY SOL LMN/LIME	Non-Pref	PA, QL (4000 mL / 1 day)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Pref	QL (4000 mL / 1 day)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Pref	QL (4000 mL / 1 day)
<i>peg/nasul/c/ sol nacl/pot</i>	Non-Pref	PA
PLENVU SOL	Non-Pref	PA
SUPREP BOWEL SOL PREP KIT	Non-Pref	PA
SUTAB TAB	Non-Pref	PA

### LAXATIVES - MISCELLANEOUS

<i>constulose sol 10gm/15</i>	Pref	QL (180 mL / 1 day)
<i>glycerin sup 1gm</i>	Pref	OTC
GLYCERIN SUP 2GM	Pref	OTC
<i>glycerin suppos 1 gm</i>	Pref	OTC
<i>glycerin suppos 1.2 gm</i>	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glycerin suppos 2 gm</i>	Pref	OTC
<i>glycerin suppos 2.1 gm</i>	Pref	OTC
<i>glycerin suppos 80.7%</i>	Pref	OTC
KRISTALOSE PAK 10GM	Non-Pref	PA
KRISTALOSE PAK 20GM	Non-Pref	PA
<i>lactulose solution 10 gm/15ml</i>	Pref	QL (180 mL / 1 day)
<i>polyethylene glycol 3350 oral powder</i>	Pref	OTC
<b>LUBRICANT LAXATIVES</b>		
<i>mineral oil- rx</i>	Non-Pref	PA
<b>SALINE LAXATIVES</b>		
<i>magnesium citrate soln</i>	Pref	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	Pref	OTC
OSMOPREP TAB 1.5GM	Non-Pref	PA
<i>pediatric ene enema</i>	Pref	OTC
<i>sodium phosphates - enema</i>	Pref	OTC
<b>STIMULANT LAXATIVES</b>		
<i>bisacodyl suppos 10 mg</i>	Pref	QL (1 supp / 1 day), OTC
<i>bisacodyl tab delayed release 5 mg</i>	Pref	QL (3 tabs / 1 day), OTC
<i>laxative reg tab 15mg</i>	Pref	OTC
<i>laxative tab 15mg</i>	Pref	OTC
<i>perdiem tab 15mg</i>	Pref	OTC
<i>senna smooth tab 15mg</i>	Pref	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	Pref	OTC
<i>sennosides tab 8.6 mg</i>	Pref	OTC
<i>sennosides tab 25 mg</i>	Pref	OTC
<i>senokot extr tab 17.2mg</i>	Pref	OTC
SENOKOT TAB 8.6MG	Pref	OTC
<b>SURFACTANT LAXATIVES</b>		
BENZOCAINE-DOCUSATE SODIUM RECTAL ENEMA 20-283 MG	Pref	OTC
<i>docusate calcium cap 240 mg</i>	Pref	QL (2 caps / 1 day), OTC
<i>docusate sodium cap 100 mg</i>	Pref	QL (6 caps / 1 day), OTC
<i>docusate sodium cap 250 mg</i>	Pref	QL (6 caps / 1 day), OTC
<i>docusate sodium liquid 150 mg/15ml</i>	Pref	OTC
<i>docusate sodium syrup 60 mg/15ml</i>	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **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>docusate sodium tab 100 mg</i>	Pref	OTC

## MACROLIDES - DRUGS TO TREAT INFECTIONS

### AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml</i>	Pref	
<i>azithromycin for susp 200 mg/5ml</i>	Pref	
<i>azithromycin powd pack for susp 1 gm</i>	Pref	PA, QL (2 packets / 25 days)
<i>azithromycin tab 250 mg</i>	Pref	QL (13 tabs / 25 days)
<i>azithromycin tab 500 mg</i>	Pref	QL (13 tabs / 25 days)
<i>azithromycin tab 600 mg</i>	Pref	QL (2 tabs / 1 day)
ZITHROMAX SUS 100/5ML	Non-Pref	PA
ZITHROMAX SUS 200/5ML	Non-Pref	PA
ZITHROMAX TAB 250MG	Non-Pref	PA, QL (13 tabs / 25 days)
ZITHROMAX TAB 500MG	Non-Pref	PA, QL (13 tabs / 25 days)
ZITHROMAX TAB TRI-PAK	Non-Pref	PA, QL (13 tabs / 25 days)

### CLARITHROMYCIN

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

### ERYTHROMYCINS

<i>e.e.s. 400 tab 400mg</i>	Non-Pref	PA, QL (6 tabs / 1 day)
E.E.S. GRAN SUS 200/5ML	Non-Pref	PA
<i>ery-tab tab 250mg ec</i>	Non-Pref	PA, QL (8 tabs / 1 day)
<i>ery-tab tab 333mg ec</i>	Non-Pref	PA, QL (6 tabs / 1 day)
<i>ery-tab tab 500mg ec</i>	Non-Pref	PA, QL (4 tabs / 1 day)
ERYPED SUS 200/5ML	Non-Pref	PA
ERYPED SUS 400/5ML	Non-Pref	PA, QL (30 mL / 1 day)
<i>erythrocin tab 250mg</i>	Non-Pref	PA
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Pref	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Non-Pref	PA, QL (30 mL / 1 day)
<i>erythromycin ethylsuccinate tab 400 mg</i>	Pref	QL (6 tabs / 1 day)
<i>erythromycin tab 250 mg</i>	Non-Pref	PA
<i>erythromycin tab 500 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 200

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin tab delayed release 250 mg</i>	Pref	QL (8 tabs / 1 day)
<i>erythromycin tab delayed release 250 mg</i>	Non-Pref	PA, QL (8 tabs / 1 day)
<i>erythromycin tab delayed release 333 mg</i>	Pref	QL (6 tabs / 1 day)
<i>erythromycin tab delayed release 500 mg</i>	Pref	QL (4 tabs / 1 day)
<i>erythromycin tab delayed release 500 mg</i>	Non-Pref	PA, QL (4 tabs / 1 day)
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Pref	QL (8 caps / 1 day)

### **FIDAXOMICIN**

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

## **MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL**

CAYA DPR	Pref	
CONDOMS - FEMALE	Pref	OTC
CONDOMS - MALE	Pref	OTC
CONDOMS LATEX LUBRICATED	Pref	OTC
CONDOMS LATEX NON-LUBRICATED	Pref	OTC
DUREX MIS REALFEEL	Pref	OTC
FEMCAP MIS 22MM	Pref	
FEMCAP MIS 26MM	Pref	
FEMCAP MIS 30MM	Pref	
OMNIFLEX DPR	Pref	
WIDE-SEAL DPR KIT 60	Pref	
WIDE-SEAL DPR KIT 65	Pref	
WIDE-SEAL DPR KIT 70	Pref	
WIDE-SEAL DPR KIT 75	Pref	
WIDE-SEAL DPR KIT 80	Pref	
WIDE-SEAL DPR KIT 85	Pref	
WIDE-SEAL DPR KIT 90	Pref	
WIDE-SEAL DPR KIT 95	Pref	

### **DIABETIC SUPPLIES**

DEXCOM G5 MIS RECEIVER	Pref	PA, QL (1 each / 310 days)
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**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXCOM G5 MIS TRANSMIT	Pref	PA, QL (1 box / 76 days)
DEXCOM G6 MIS RECEIVER	Pref	PA, QL (1 each / 310 days)
DEXCOM G6 MIS SENSOR	Pref	PA, QL (3 boxes / 25 days)
DEXCOM G6 MIS TRANSMIT	Pref	PA, QL (1 box / 76 days)
FREESTY LIBR KIT 2 SENSOR	Pref	PA, QL (2 boxes / 25 days)
FREESTY LIBR MIS 2 READER	Pref	PA, QL (1 each / 310 days)
FREESTYLE KIT SENSOR	Pref	PA, QL (2 boxes / 25 days)
FREESTYLE MIS READER	Pref	PA, QL (1 each / 310 days)
G5/G4 MIS SENSOR	Pref	PA, QL (4 boxes / 23 days)
LANCETS	Pref	OTC
RELION TRUE KIT MET AIR	Pref	QL (1 kit / year), OTC

### **MISC. DEVICES**

ALCOHOL SWABS	Pref	QL (200 pads / 25 days), OTC
LMA MAD MIS NASAL	Pref	
MUCOSAL ATOM MIS DEVICE	Pref	OTC

### **PARENTERAL THERAPY SUPPLIES**

ALLERGIST KIT 0.5/28G	Pref	
ALLERGIST KIT 1MLX27G	Pref	
ALLERGIST KIT 1MLX28G	Pref	
ALLERGIST KIT 27GX1/2"	Pref	OTC
ALLERGIST KIT PACK	Pref	OTC
ALLERGY SYRG MIS 1ML/27G	Pref	OTC
ALLERGY TRAY KIT 27GX1/2"	Pref	OTC
1ML ALLR SYR MIS 27GX1/2"	Pref	OTC
BD HYPO NEED MIS 16GX1"	Pref	OTC
BD HYPO NEED MIS 18GX1"	Pref	OTC
BD HYPO NEED MIS 19GX1"	Pref	OTC
BD HYPO NEED MIS 19GX1.5"	Pref	OTC
BD HYPO NEED MIS 21GX1"	Pref	OTC
BD HYPO NEED MIS 21GX2"	Pref	OTC
BD HYPO NEED MIS 22GX1"	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BD HYPO NEED MIS 22GX1.5"	Pref	OTC
BD HYPO NEED MIS 23GX3/4"	Pref	OTC
BD HYPO NEED MIS 25GX1.5"	Pref	OTC
BD HYPO NEED MIS 26GX1/2"	Pref	OTC
BD NEEDLE MIS 23GX1"	Pref	OTC
BD NEEDLES MIS 16GX1.5"	Pref	OTC
BD NEEDLES MIS 19GX1"	Pref	OTC
BD NEEDLES MIS 20GX1"	Pref	OTC
BD NEEDLES MIS 20GX1.5"	Pref	OTC
BD NEEDLES MIS 21GX1.5"	Pref	OTC
BD NEEDLES MIS 22GX1.5"	Pref	OTC
BD NEEDLES MIS 25GX5/8"	Pref	OTC
BD NEEDLES MIS 25GX7/8"	Pref	OTC
BD NEEDLES MIS 27GX1/2"	Pref	OTC
BD NEEDLES MIS 30GX1/2"	Pref	OTC
BD U-500 MIS 31GX6MM	Pref	QL (5 syringes / 1 day)
BD YALE LNR MIS 26GX1/2"	Pref	OTC
BLUNT CANNUL MIS 20GX1.5"	Pref	
BLUNT CANNUL MIS 21GX1"	Pref	
BULB IRR SYR MIS 60ML	Pref	OTC
CATHETER/TIP MIS 60ML COV	Pref	OTC
CRONO SYR MIS 10ML	Pref	OTC
CRONO SYR MIS 20ML	Pref	OTC
EASY GLIDE MIS 1ML SYR	Pref	OTC
EASY GLIDE MIS 5ML SYR	Pref	OTC
EASY GLIDE MIS 10ML SYR	Pref	OTC
EASY GLIDE MIS 20ML SYR	Pref	OTC
EASY GLIDE MIS 30ML SYR	Pref	OTC
EASY GLIDE MIS 60ML SYR	Pref	OTC
EASY TOUCH MIS 20ML SYR	Pref	OTC
EASY TOUCH MIS 60ML SYR	Pref	OTC
EASYPOINT MIS 18GX1"	Pref	OTC
EASYPOINT MIS 20GX1"	Pref	OTC
EASYPOINT MIS 20GX1.5"	Pref	OTC
EASYPOINT MIS 21G X 1"	Pref	OTC
EASYPOINT MIS 21GX1.5"	Pref	OTC
EASYPOINT MIS 22GX1"	Pref	OTC
EASYPOINT MIS 22GX1.5"	Pref	OTC
EASYPOINT MIS 23GX1"	Pref	
EASYPOINT MIS 23GX1"	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASYPOINT MIS 25GX1"	Pref	
EASYPOINT MIS 25GX1"	Pref	OTC
EASYPOINT MIS 25GX1.5"	Pref	OTC
EASYPOINT MIS 25GX5/8"	Pref	
EASYPOINT MIS 25GX5/8"	Pref	OTC
FILTER ASPIR MIS 18GX3"	Pref	
HUBER NEEDLE MIS 19GX1"	Pref	OTC
HUBER NEEDLE MIS 19GX1.25	Pref	OTC
HUBER NEEDLE MIS 19GX3/4"	Pref	OTC
HUBER NEEDLE MIS 20GX1"	Pref	OTC
HUBER NEEDLE MIS 20GX1.5"	Pref	OTC
HUBER NEEDLE MIS 20GX1.25	Pref	OTC
HUBER NEEDLE MIS 20GX3/4"	Pref	OTC
HUBER NEEDLE MIS 22GX1"	Pref	OTC
HUBER NEEDLE MIS 22GX1.5"	Pref	OTC
HUBER NEEDLE MIS 22GX1.25	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"	Pref	OTC
HYPO NEEDLE MIS 18GX1.25	Pref	OTC
HYPO NEEDLE MIS 19GX1"	Pref	
HYPO NEEDLE MIS 19GX1"	Pref	OTC
HYPO NEEDLE MIS 19GX1.5"	Pref	
HYPO NEEDLE MIS 19GX1.5"	Pref	OTC
HYPO NEEDLE MIS 20GX1"	Pref	
HYPO NEEDLE MIS 20GX1"	Pref	OTC
HYPO NEEDLE MIS 20GX1.5"	Pref	
HYPO NEEDLE MIS 20GX1.5"	Pref	OTC
HYPO NEEDLE MIS 20GX3/4"	Pref	OTC
HYPO NEEDLE MIS 21GX1"	Pref	
HYPO NEEDLE MIS 21GX1"	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYPO NEEDLE MIS 21GX1.5"	Pref	
HYPO NEEDLE MIS 21GX1.5"	Pref	OTC
HYPO NEEDLE MIS 21GX1.25	Pref	OTC
HYPO NEEDLE MIS 21GX2"	Pref	
HYPO NEEDLE MIS 22GX1"	Pref	
HYPO NEEDLE MIS 22GX1"	Pref	OTC
HYPO NEEDLE MIS 22GX1.5"	Pref	
HYPO NEEDLE MIS 22GX1.5"	Pref	OTC
HYPO NEEDLE MIS 22GX1.25	Pref	OTC
HYPO NEEDLE MIS 22GX3/4"	Pref	OTC
HYPO NEEDLE MIS 23GX1"	Pref	
HYPO NEEDLE MIS 23GX1"	Pref	OTC
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"	Pref	OTC
HYPO NEEDLE MIS 25GX1.5"	Pref	
HYPO NEEDLE MIS 25GX1.5"	Pref	OTC
HYPO NEEDLE MIS 25GX1.25	Pref	
HYPO NEEDLE MIS 25GX2"	Pref	
HYPO NEEDLE MIS 25GX3/4"	Pref	OTC
HYPO NEEDLE MIS 25GX5/8"	Pref	
HYPO NEEDLE MIS 25GX5/8"	Pref	OTC
HYPO NEEDLE MIS 26GX1.5"	Pref	
HYPO NEEDLE MIS 26GX1/2"	Pref	
HYPO NEEDLE MIS 26GX1/2"	Pref	OTC
HYPO NEEDLE MIS 26GX3/8"	Pref	OTC
HYPO NEEDLE MIS 26GX5/8"	Pref	OTC
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	
HYPO NEEDLE MIS 27GX1/2"	Pref	OTC
HYPO NEEDLE MIS 30G X 1"	Pref	OTC
HYPO NEEDLE MIS 30GX1/2"	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYPO NEEDLE MIS 30GX3/4"	Pref	
HYPO NEEDLE MIS 31GX5/16	Pref	OTC
HYPO NEEDLE MIS 32GX5/16	Pref	OTC
INSULIN SYRG MIS 0.3/29G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 0.3/29G	Pref	OTC; TRUEPlus
INSULIN SYRG MIS 0.3/30G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 0.3/30G	Pref	OTC; TRUEPlus
INSULIN SYRG MIS 0.3/31G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G	Pref	OTC; TRUEPlus
INSULIN SYRG MIS 0.5/28G	Pref	OTC; TRUEPlus
INSULIN SYRG MIS 0.5/29G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 0.5/29G	Pref	OTC; TRUEPlus
INSULIN SYRG MIS 0.5/30G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 0.5/30G	Pref	OTC; TRUEPlus
INSULIN SYRG MIS 0.5/31G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G	Pref	OTC; TRUEPlus
INSULIN SYRG MIS 1ML/28G	Pref	OTC; TRUEPlus
INSULIN SYRG MIS 1ML/29G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 1ML/29G	Pref	OTC; TRUEPlus
INSULIN SYRG MIS 1ML/30G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G	Pref	OTC; TRUEPlus
INSULIN SYRG MIS 1ML/31G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G	Pref	OTC; TRUEPlus
INTRO NEEDLE MIS 18GX1.25	Pref	
10ML LL SYRG MIS CONTROL	Pref	OTC
12ML LL SYRN MIS 20GX1"	Pref	OTC
10ML LL SYRN MIS 20GX1.5"	Pref	OTC
10ML LL SYRN MIS 21GX1"	Pref	OTC
10ML LL SYRN MIS 21GX1.5"	Pref	OTC
12ML LL SYRN MIS 22GX1"	Pref	OTC
3ML LL SYRNG MIS 18GX1.5"	Pref	OTC
3ML LL SYRNG MIS 20GX1"	Pref	
3ML LL SYRNG MIS 20GX1"	Pref	OTC
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	
6ML LL SYRNG MIS 21GX1"	Pref	OTC
3ML LL SYRNG MIS 21GX1.5"	Pref	
6ML LL SYRNG MIS 21GX1.5"	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
3ML LL SYRNG MIS 21GX1.25	Pref	OTC
5ML LL SYRNG MIS 22GX1"	Pref	OTC
3ML LL SYRNG MIS 22GX1.5"	Pref	
3ML LL SYRNG MIS 22GX1.5"	Pref	OTC
3ML LL SYRNG MIS 22GX1.25	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 25GX1.5"	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 22GX1.5"	Pref	OTC
3ML LUER LOC MIS 23GX1"	Pref	OTC
3ML LUER LOC MIS 23GX1.5"	Pref	OTC
3ML LUER LOC MIS 25GX1.5"	Pref	OTC
3ML LUER LOC MIS 25GX5/8"	Pref	OTC
6ML LUER LOK MIS 20GX1"	Pref	OTC
6ML LUER LOK MIS 21GX1.25	Pref	OTC
6ML LUER LOK MIS 22GX1"	Pref	OTC
6ML LUER LOK MIS 22GX1.25	Pref	OTC
LUER-LOK SYR MIS 1ML/20G	Pref	OTC
1M ALLR SYR MIS 27GX1/2"	Pref	OTC
MAGELLAN SYR MIS 23GX1"	Pref	
MONOJECT S/P MIS 20ML/LL	Pref	OTC
MONOJECT S/P MIS 20ML/LT	Pref	OTC
MONOJECT S/P MIS 35/CATH	Pref	OTC
MONOJECT S/P MIS 35ML/LL	Pref	OTC
MONOJECT S/P MIS 35ML/REG	Pref	OTC
MONOJECT S/P MIS 60ML/LL	Pref	OTC
MONOJECT S/P MIS 60ML/REG	Pref	OTC
MULIT-DRAW MIS 22GX1.5"	Pref	OTC
MULTI-DRAW MIS 20GX1.5	Pref	OTC
MULTI-DRAW MIS 21GX1.5"	Pref	OTC
NEEDLE (DISP) 18 X 1-1/2"	Pref	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEEDLES MIS 18GX1"	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
NEEDLES MIS 26X1/2"	Pref	OTC
NEEDLES MIS 27GX1"	Pref	OTC
NEEDLES MIS 27GX1/2"	Pref	OTC
NEEDLES MIS 28GX1/2"	Pref	OTC
NEEDLES MIS 29GX1/2"	Pref	OTC
NEEDLES MIS 30GX1/2"	Pref	OTC
NEEDLES MIS 30GX5/16	Pref	OTC
NEEDLES MIS 31GX5/16	Pref	OTC
NORM-JECT MIS LUER LOC	Pref	OTC
NORM-JECT MIS LUER LOK	Pref	
PATIENT SAFE MIS SYR 10ML	Pref	OTC
PATIENT SAFE MIS SYR 20ML	Pref	OTC
PATIENT SAFE MIS SYR 30ML	Pref	OTC
PATIENT SAFE MIS SYR 60ML	Pref	OTC
PATIENT SAFE MIS SYRG 5ML	Pref	OTC
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 31GX5MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM	Pref	OTC; TRUEPlus
PEN NEEDLES MIS 31GX6MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 31GX6MM	Pref	OTC; TRUEPlus
PEN NEEDLES MIS 31GX8MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 31GX8MM	Pref	OTC; TRUEPlus

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEN NEEDLES MIS 32GX4MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 32GX4MM	Pref	OTC; TRUEPlus
PEN NEEDLES MIS 32GX6MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM	Pref	OTC; TECHLITE
PHARM SYRNG MIS TRAY 1ML	Pref	
PHARM TRAY MIS 1ML/REG	Pref	OTC
PHARM TRAY MIS 6ML	Pref	
PHARM TRAY MIS 12ML/LL	Pref	
PHARM TRAY MIS 20ML/LL	Pref	
PHARM TRAY MIS 35ML/LL	Pref	
PHARM TRAY MIS 60ML/LL	Pref	
PISTON IRRIG MIS 60ML SYR	Pref	OTC
POLY HUB MIS 18GX1"	Pref	OTC
POLY HUB MIS 21GX1"	Pref	OTC
POLY HUB MIS 21GX1.5"	Pref	OTC
POLY HUB MIS 22GX1"	Pref	OTC
POLY HUB MIS 22GX1.5"	Pref	OTC
POLY HUB MIS 23GX1"	Pref	OTC
POLY HUB MIS 23GX1.5"	Pref	OTC
POLY HUB MIS 25GX1"	Pref	OTC
POLY HUB MIS 25GX1.5"	Pref	OTC
POLY HUB MIS 25GX5/8"	Pref	OTC
POLY HUB MIS 27GX1.25	Pref	OTC
POLY HUB MIS 27GX1/2"	Pref	OTC
POLY HUB MIS 30GX1/2"	Pref	OTC
PRECISIONGLI MIS 27GX1.5"	Pref	OTC
SAFETYGLIDE MIS 23GX1"	Pref	OTC
SAFTY NEEDLE MIS 18GX1"	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 21GX5/8"	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	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAFTY NEEDLE MIS 25GX5/8"	Pref	
SECURESAFE MIS 18GX1"	Pref	OTC
SECURESAFE MIS 19GX1"	Pref	OTC
SECURESAFE MIS 19GX1.5"	Pref	OTC
SECURESAFE MIS 20GX1"	Pref	OTC
SECURESAFE MIS 20GX1.5"	Pref	OTC
SECURESAFE MIS 21GX1"	Pref	OTC
SECURESAFE MIS 21GX1.5"	Pref	OTC
SECURESAFE MIS 22GX1"	Pref	OTC
SECURESAFE MIS 22GX1.5"	Pref	OTC
SECURESAFE MIS 23GX1"	Pref	OTC
SECURESAFE MIS 23GX1.5"	Pref	OTC
SECURESAFE MIS 25GX1.5"	Pref	OTC
SECURESAFE MIS 25GX5/8"	Pref	OTC
SECURESAFE MIS 26GX1/2"	Pref	OTC
SECURESAFE MIS 27GX1/2"	Pref	OTC
140ML SYRINGE MIS CATH TIP	Pref	
5-6ML SYRINGE MIS LUER LCK	Pref	OTC
5-6ML SYRINGE MIS LUER SLP	Pref	OTC
140ML SYRINGE MIS LUER-LOC	Pref	
140ML SYRINGE MIS REG TIP	Pref	
SYRINGE (DISPOSABLE) 3 ML	Pref	OTC
SYRINGE (DISPOSABLE) 3 ML - RX	Pref	
SYRINGE BARR MIS LUER10ML	Pref	OTC
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 LUER MIS -LOK 1ML	Pref	OTC
6ML SYRINGE MIS	Pref	
6ML SYRINGE MIS 18GX1"	Pref	
12ML SYRINGE MIS 18GX1"	Pref	OTC
3ML SYRINGE MIS 18GX1.5"	Pref	
3ML SYRINGE MIS 18GX1.5"	Pref	OTC
3ML SYRINGE MIS 19GX1"	Pref	OTC
3ML SYRINGE MIS 19GX1.5"	Pref	OTC
3ML SYRINGE MIS 20GX1"	Pref	
5ML SYRINGE MIS 20GX1"	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
12ML SYRINGE MIS 20GX1.5"	Pref	
12ML SYRINGE MIS 20GX1.5"	Pref	OTC
12ML SYRINGE MIS 21GX1"	Pref	
12ML SYRINGE MIS 21GX1"	Pref	OTC
12ML SYRINGE MIS 21GX1.5"	Pref	
12ML SYRINGE MIS 21GX1.5"	Pref	OTC
5ML SYRINGE MIS 22GX1"	Pref	OTC
12ML SYRINGE MIS 22GX1.5"	Pref	
12ML SYRINGE MIS 22GX1.5"	Pref	OTC
1 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
1ML SYRINGE MIS 25GX1"	Pref	
1ML SYRINGE MIS 25GX1"	Pref	OTC
3ML SYRINGE MIS 25GX1.5"	Pref	OTC
3ML SYRINGE MIS 25GX1.25	Pref	
1ML SYRINGE MIS 25GX5/8"	Pref	
5ML SYRINGE MIS 25GX5/8"	Pref	OTC
1ML SYRINGE MIS 26GX3/8"	Pref	OTC
10ML SYRINGE MIS 27GX1.5"	Pref	OTC
3ML SYRINGE MIS 27GX1.25	Pref	
1ML SYRINGE MIS 27GX1/2"	Pref	OTC
6ML SYRINGE MIS CANNULA	Pref	
10ML SYRINGE MIS CANNULA	Pref	OTC
60ML SYRINGE MIS CATH TIP	Pref	
60ML SYRINGE MIS CATH TIP	Pref	OTC
20ML SYRINGE MIS ECC LUER	Pref	
60ML SYRINGE MIS ECC TIP	Pref	
10ML SYRINGE MIS ECC TIP	Pref	OTC
30ML SYRINGE MIS LUER LOC	Pref	
1ML SYRINGE MIS LUER LOC	Pref	OTC
60ML SYRINGE MIS LUER LOK	Pref	
10ML SYRINGE MIS LUER LOK	Pref	OTC
1ML SYRINGE MIS LUER SLI	Pref	OTC
1ML SYRINGE MIS LUER SLP	Pref	
20ML SYRINGE MIS LUER SLP	Pref	OTC
12ML SYRINGE MIS LUER-LOC	Pref	
6ML SYRINGE MIS LUER-LOK	Pref	
20ML SYRINGE MIS LUER-LOK	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
6ML SYRINGE MIS REG LUER	Pref	
12ML SYRINGE MIS REG LUER	Pref	OTC
20ML SYRINGE MIS REG TIP	Pref	
10ML SYRINGE MIS SLIP TIP	Pref	OTC
60ML SYRINGE MIS TOOMEY	Pref	
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	Pref	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1"	Pref	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX	Pref	
5ML SYRINGES MIS 21GX1"	Pref	OTC
30-35ML SYRN MIS CATH TIP	Pref	OTC
50-60ML SYRN MIS CT EC	Pref	OTC
20-25ML SYRN MIS LS EC	Pref	OTC
10-12ML SYRN MIS LUER LCK	Pref	OTC
10-12ML SYRN MIS LUER SLP	Pref	OTC
1.5 ML SYRNG MIS 22X1-1/2	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 27GX5/8"	Pref	OTC
1ML TB SYRNG MIS 28GX1/2"	Pref	
1ML TB SYRNG MIS 28GX1/2"	Pref	OTC
1ML TB SYRNG MIS LUER LOK	Pref	
1ML TB SYRNG MIS LUER SLP	Pref	
1ML TB SYRNG MIS REG LUER	Pref	
1ML TB SYRNG MIS REG LUER	Pref	OTC
TOOMEY SYRIN MIS 70ML	Pref	
YALE NEEDLES MIS 21GX1.25	Pref	OTC
<b>RESPIRATORY THERAPY SUPPLIES</b>		
NEBULIZER	Pref	OTC
NEBULIZER- RX	Pref	
PEAK FLOW METER	Pref	QL (1 box / year), OTC
PEAK FLOW METER- RX	Pref	QL (1 box / year)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	Pref	QL (1 box / year), OTC
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)- RX	Pref	QL (1 box / year)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Pref	QL (1 spacer / year), OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	Pref	QL (1 spacer / year)

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

### ***CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***

AIMOVIG INJ 70MG/ML	Pref	PA
AIMOVIG INJ 140MG/ML	Pref	PA
AJOVY INJ 225/1.5	Non-Pref	PA
EMGALITY INJ 100MG/ML	Non-Pref	PA
EMGALITY INJ 120MG/ML	Pref	PA
NURTEC TAB 75MG ODT	Non-Pref	PA
QULIPTA TAB 10MG	Non-Pref	PA
QULIPTA TAB 30MG	Non-Pref	PA
QULIPTA TAB 60MG	Non-Pref	PA
UBRELVY TAB 50MG	Non-Pref	PA
UBRELVY TAB 100MG	Non-Pref	PA
VYEPTI INJ 100MG/ML	Non-Pref	SP, PA

### ***MIGRAINE COMBINATIONS***

CAFERGOT TAB 1-100MG	Non-Pref	PA, QL (6 tabs / 1 day)
<i>migergot sup 2/100</i>	Pref	
MIGRANOW PAK	Non-Pref	PA
<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***

D.H.E. 45 INJ 1MG/ML	Non-Pref	PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Pref	PA
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	Pref	PA
ERGOMAR SUB 2MG	Pref	
MIGRANAL SPR 4MG/ML	Non-Pref	PA

### ***MIGRAINE PRODUCTS - NSAIDS***

CAMBIA POW 50MG	Pref	PA
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### ***SEROTONIN AGONISTS***

<i>almotriptan malate tab 6.25 mg</i>	Non-Pref	PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>almotriptan malate tab 12.5 mg</i>	Non-Pref	PA
AMERGE TAB 1MG	Non-Pref	PA, QL (12 tabs / 25 days)
AMERGE TAB 2.5MG	Non-Pref	PA, QL (12 tabs / 25 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Non-Pref	PA
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Non-Pref	PA
FROVA TAB 2.5MG	Non-Pref	PA
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Non-Pref	PA
IMITREX INJ 4MG/0.5	Non-Pref	PA, QL (8 injections / 25 days)
IMITREX INJ 6MG/0.5	Non-Pref	PA, QL (8 injections / 25 days)
IMITREX SPR 5MG/ACT	Pref	QL (12 inhalers / 25 days)
IMITREX SPR 20MG/ACT	Pref	QL (12 inhalers / 25 days)
IMITREX TAB 25MG	Non-Pref	PA, QL (12 tabs / 25 days)
IMITREX TAB 50MG	Non-Pref	PA, QL (12 tabs / 25 days)
IMITREX TAB 100MG	Non-Pref	PA, QL (12 tabs / 25 days)
MAXALT TAB 10MG	Non-Pref	PA, QL (12 tabs / 25 days)
MAXALT-MLT TAB 10MG	Non-Pref	PA, QL (12 tabs / 25 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Pref	QL (12 tabs / 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Pref	QL (12 tabs / 1 day)
ONZETRA XSAI MIS 11MG	Non-Pref	PA
RELPAK TAB 20MG	Non-Pref	PA
RELPAK TAB 40MG	Non-Pref	PA
REYVOW TAB 50MG	Non-Pref	PA
REYVOW TAB 100MG	Non-Pref	PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Pref	QL (12 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Pref	QL (12 tabs / 25 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 214

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Pref	QL (12 tabs / 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Pref	QL (12 tabs / 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	Pref	QL (12 inhalations / 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	Pref	QL (12 inhalations / 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Pref	QL (8 injections / 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Non-Pref	PA, QL (8 injections / 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Non-Pref	PA, QL (8 injections / 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Non-Pref	PA, QL (8 injections / 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Non-Pref	PA, QL (8 injections / 25 days)
<i>sumatriptan succinate tab 25 mg</i>	Pref	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 50 mg</i>	Pref	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 100 mg</i>	Pref	QL (12 tabs / 25 days)
TOSYMRA SOL 10MG	Non-Pref	PA
ZEMBRACE SYM INJ 3/0.5ML	Non-Pref	PA
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	Non-Pref	PA
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Non-Pref	PA
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Non-Pref	PA
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Non-Pref	PA
<i>zolmitriptan tab 2.5 mg</i>	Non-Pref	PA
<i>zolmitriptan tab 5 mg</i>	Non-Pref	PA
ZOMIG SPR 2.5MG	Non-Pref	PA
ZOMIG SPR 5MG	Non-Pref	PA
ZOMIG TAB 2.5MG	Non-Pref	PA
ZOMIG TAB 5MG	Non-Pref	PA

## **MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION**

### **CALCIUM**

<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate tab 600 mg</i>	Pref	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	Pref	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol chew tab 600 mg-400 unit</i>	Pref	PA, 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 tab 600 mg-200 unit</i>	Pref	OTC
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	Pref	OTC
CALCIUM/D3 TAB 500/200	Pref	OTC
CHEWABLE CHW CALCIUM	Pref	QL (2 tabs / 1 day), OTC
<i>creamies chw 600-400</i>	Pref	PA, OTC
<i>oyster shell calcium tab 500 mg</i>	Pref	OTC

## **FLUORIDE**

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Pref	QL (1 tab / 1 day)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Pref	QL (1 tab / 1 day)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Pref	QL (1 tab / 1 day)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Pref	QL (50 mL / 25 days)
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	Pref	
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	Pref	

## **PHOSPHATE**

K-PHOS TAB	Pref	QL (8 tabs / 1 day)
K-PHOS TAB NEUTRAL	Non-Pref	PA, QL (8 tabs / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i>	Pref	QL (8 tabs / 1 day)
<b>POTASSIUM</b>		
<i>EFFER-K TAB 10MEQ</i>	Pref	
<i>EFFER-K TAB 20MEQ</i>	Pref	
<i>K-TAB TAB 8MEQ CR</i>	Non-Pref	PA, QL (4 tabs / 1 day)
<i>K-TAB TAB 10MEQ CR</i>	Non-Pref	PA, QL (4 tabs / 1 day)
<i>K-TAB TAB 20MEQ</i>	Non-Pref	PA
<i>klor-con 8 tab 8meq er</i>	Pref	QL (4 tabs / 1 day)
<i>klor-con 10 tab 10meq er</i>	Pref	QL (4 tabs / 1 day)
<i>klor-con m15 tab 15meq er</i>	Pref	QL (6 tabs / 1 day)
<i>klor-con pak 20meq</i>	Non-Pref	PA
<i>POT CHLORIDE INJ 10MEQ</i>	Pref	PA
<i>POT CHLORIDE INJ 20MEQ</i>	Pref	PA
<i>POT CHLORIDE INJ 40MEQ</i>	Pref	PA
<i>potassium acetate inj 2 meq/ml</i>	Pref	PA
<i>potassium bicarbonate effer tab 25 meq</i>	Non-Pref	PA, QL (4 tabs / 1 day)
<i>potassium chloride cap er 8 meq</i>	Pref	QL (4 caps / 1 day)
<i>potassium chloride cap er 10 meq</i>	Pref	QL (4 caps / 1 day)
<i>potassium chloride inj 2 meq/ml</i>	Pref	PA
<i>potassium chloride inj 10 meq/50ml</i>	Pref	PA
<i>potassium chloride inj 10 meq/100ml</i>	Pref	PA
<i>potassium chloride inj 20 meq/50ml</i>	Pref	PA
<i>potassium chloride inj 20 meq/100ml</i>	Pref	PA
<i>potassium chloride inj 40 meq/100ml</i>	Pref	PA
<i>potassium chloride microencapsulated cys er tab 10 meq</i>	Pref	QL (4 tabs / 1 day)
<i>potassium chloride microencapsulated cys er tab 20 meq</i>	Pref	QL (5 tabs / 1 day)
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Pref	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Pref	PA
<i>potassium chloride powder packet 20 meq</i>	Non-Pref	PA
<i>potassium chloride tab er 8 meq (600 mg)</i>	Pref	QL (4 tabs / 1 day)
<i>potassium chloride tab er 10 meq</i>	Pref	QL (4 tabs / 1 day)
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
CUPRIMINE CAP 250MG	Non-Pref	PA
DEPEN TITRA TAB 250MG	Pref	PA
<i>penicillamine cap 250 mg</i>	Pref	PA
<i>penicillamine tab 250 mg</i>	Pref	PA
SYPRINE CAP 250MG	Non-Pref	PA
<i>trientine hcl cap 250 mg</i>	Pref	PA
<b>IMMUNOMODULATORS</b>		
REVLIMID CAP 2.5MG	Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 5MG	Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 10MG	Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 15MG	Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 20MG	Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 25MG	Pref	SP, PA, QL (1 cap / 1 day)
THALOMID CAP 50MG	Pref	SP, PA
THALOMID CAP 100MG	Pref	SP, PA
THALOMID CAP 150MG	Pref	SP, PA
THALOMID CAP 200MG	Pref	SP, PA
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ASTAGRAF XL CAP 0.5MG	Non-Pref	PA
ASTAGRAF XL CAP 1MG	Non-Pref	PA
ASTAGRAF XL CAP 5MG	Non-Pref	PA
AZASAN TAB 75 MG	Non-Pref	PA
AZASAN TAB 100MG	Non-Pref	PA
<i>azathioprine tab 50 mg</i>	Pref	QL (8 tabs / 1 day)
<i>azathioprine tab 75 mg</i>	Non-Pref	PA
<i>azathioprine tab 100 mg</i>	Non-Pref	PA
CELLCEPT CAP 250MG	Non-Pref	PA, QL (12 caps / 1 day)
CELLCEPT SUS 200MG/ML	Pref	
CELLCEPT TAB 500MG	Non-Pref	PA, QL (8 tabs / 1 day)
<i>cyclosporine cap 25 mg</i>	Pref	QL (16 caps / 1 day)
<i>cyclosporine cap 100 mg</i>	Pref	QL (5 caps / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclosporine modified cap 25 mg</i>	Pref	QL (15 caps / 1 day)
<i>cyclosporine modified cap 50 mg</i>	Non-Pref	PA
<i>cyclosporine modified cap 100 mg</i>	Pref	QL (10 caps / 1 day)
<i>cyclosporine modified oral soln 100 mg/ml</i>	Pref	QL (10 mL / 1 day)
ENVARUSUS XR TAB 0.75MG	Non-Pref	PA
ENVARUSUS XR TAB 1MG	Non-Pref	PA
ENVARUSUS XR TAB 4MG	Non-Pref	PA
<i>everolimus tab 0.5 mg</i>	Non-Pref	PA
<i>everolimus tab 0.25 mg</i>	Non-Pref	PA
<i>everolimus tab 0.75 mg</i>	Non-Pref	PA
<i>engraft cap 25mg</i>	Pref	QL (15 caps / 1 day)
<i>engraft cap 100mg</i>	Pref	QL (10 caps / 1 day)
<i>engraft sol 100mg/ml</i>	Pref	QL (10 mL / 1 day)
IMURAN TAB 50MG	Non-Pref	PA, QL (8 tabs / 1 day)
LUPKYNIS CAP 7.9MG	Non-Pref	PA
<i>mycophenolate mofetil cap 250 mg</i>	Pref	QL (12 caps / 1 day)
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Pref	
<i>mycophenolate mofetil tab 500 mg</i>	Pref	QL (8 tabs / 1 day)
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Non-Pref	PA
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Non-Pref	PA
MYFORTIC TAB 180MG	Non-Pref	PA
MYFORTIC TAB 360MG	Non-Pref	PA
NEORAL CAP 25MG	Non-Pref	PA, QL (15 caps / 1 day)
NEORAL CAP 100MG	Non-Pref	PA, QL (10 caps / 1 day)
NEORAL SOL 100MG/ML	Non-Pref	PA, QL (10 mL / 1 day)
PROGRAF CAP 0.5MG	Non-Pref	PA, QL (2 caps / 1 day)
PROGRAF CAP 1MG	Non-Pref	PA, QL (14 caps / 1 day)
PROGRAF CAP 5MG	Non-Pref	PA
PROGRAF GRA 0.2MG	Non-Pref	PA
PROGRAF GRA 1MG	Non-Pref	PA
PROGRAF INJ 5MG/ML	Pref	PA
RAPAMUNE SOL 1MG/ML	Pref	PA
RAPAMUNE TAB 0.5MG	Pref	
RAPAMUNE TAB 1MG	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 219

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RAPAMUNE TAB 2MG	Pref	
REZUROCK TAB 200MG	Pref	SP, PA
SANDIMMUNE CAP 25MG	Non-Pref	PA, QL (16 caps / 1 day)
SANDIMMUNE CAP 100MG	Non-Pref	PA, QL (5 caps / 1 day)
SANDIMMUNE SOL 100MG/ML	Non-Pref	PA
<i>sirolimus oral soln 1 mg/ml</i>	Pref	PA
<i>sirolimus tab 0.5 mg</i>	Pref	
<i>sirolimus tab 1 mg</i>	Pref	
<i>sirolimus tab 2 mg</i>	Pref	
<i>tacrolimus cap 0.5 mg</i>	Pref	QL (2 caps / 1 day)
<i>tacrolimus cap 1 mg</i>	Pref	QL (14 caps / 1 day)
<i>tacrolimus cap 5 mg</i>	Pref	
ZORTRESS TAB 0.5MG	Non-Pref	PA
ZORTRESS TAB 0.25MG	Non-Pref	PA
ZORTRESS TAB 0.75MG	Non-Pref	PA
ZORTRESS TAB 1MG	Non-Pref	PA

### **IRRIGATION SOLUTIONS**

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

LOKELMA PAK 5GM	Non-Pref	PA
LOKELMA PAK 10GM	Non-Pref	PA
<i>sodium polystyrene sulfonate powder</i>	Pref	
<i>sps sus 15gm/60</i>	Pref	
VELTASSA POW 8.4GM	Non-Pref	PA
VELTASSA POW 16.8GM	Non-Pref	PA
VELTASSA POW 25.2GM	Non-Pref	PA

### **SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS**

BENLYSTA INJ 120MG	Pref	SP, PA
BENLYSTA INJ 200MG/ML	Pref	SP, PA
BENLYSTA INJ 400MG	Pref	SP, PA

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

### **ANESTHETICS TOPICAL ORAL**

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

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

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

<i>chlorhexidine gluconate soln 0.12%</i>	Pref
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Drug Name	Drug Tier	Requirements/Limits
<b>DENTAL PRODUCTS</b>		
<i>cavarest gel 1.1%</i>	Pref	
<i>denta 5000 cre plus</i>	Pref	
<i>denta 5000 cre plus 2pk</i>	Pref	
<i>dentagel gel 1.1%</i>	Pref	
<i>sf 5000 plus cre 1.1%</i>	Pref	
<i>sf gel 1.1%</i>	Pref	
<i>sod fluoride gel 1.1%</i>	Pref	
<i>sodium fluor cre 5000 pls</i>	Pref	
<i>sodium fluor cre 5000 ppm</i>	Pref	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	Pref	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>oralone dent pst 0.1%</i>	Pref	
<i>triamcinolone acetonide dental paste 0.1%</i>	Pref	
<b>THROAT PRODUCTS - MISC.</b>		
<i>AQUORAL SPR</i>	Pref	
<i>cevimeline hcl cap 30 mg</i>	Pref	
<i>EVOXAC CAP 30MG</i>	Non-Pref	PA
<i>pilocarpine hcl tab 5 mg</i>	Pref	
<i>pilocarpine hcl tab 7.5 mg</i>	Pref	
<i>XEROSTOMIA SOL RELIEF</i>	Pref	
<b>MULTIVITAMINS - DRUGS FOR NUTRITION</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
<i>b-complex w/ c &amp; folic acid cap 1 mg- rx</i>	Pref	QL (2 caps / 1 day)
<i>b-complex w/ c &amp; folic acid tab 1 mg- rx</i>	Pref	
<i>b-complex w/ c &amp; folic acid tab 5 mg- rx</i>	Pref	
<i>b-complex w/ c &amp; folic acid tab- rx</i>	Pref	
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>multi-vit/fe dro /fl 0.25</i>	Pref	QL (2 mL / 1 day), OTC
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	Pref	QL (2 mL / 1 day)
<i>QUFLORA FE DRO 0.25-9.5</i>	Pref	QL (2 mL / 1 day)
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
<i>AQUADEKS DRO</i>	Pref	OTC
<i>pediatric multiple vitamin w/ minerals &amp; c chew tab</i>	Pref	OTC
<b>PED MV W/ FLUORIDE</b>		
<i>multi vit/fl dro 0.5mg/ml</i>	Pref	QL (2 mL / 1 day), OTC
<i>multivit/fl dro 0.25mg</i>	Pref	QL (2 mL / 1 day), OTC

**AGE** - Age Limit    **AGE\*** - See Table in Preface for Age Limit    **DS** - Covered up to 90 days    **EA** - Expedited Authorization    **MME** - Max Morphine Equivalent of 120 mg    **Non-Pref** - Non-Preferred    **OTC** - Over the counter    **PA** - Prior Authorization    **Pref** - Preferred    **QL** - Quantity Limits    **SP** - Specialty    **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	Pref	QL (1 tab / 1 day)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	Pref	QL (1 tab / 1 day)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	Pref	QL (1 tab / 1 day)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	Pref	QL (2 mL / 1 day)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	Pref	QL (2 mL / 1 day)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	Pref	QL (2 mL / 1 day)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	Pref	QL (2 mL / 1 day)
<b>PED MV W/ IRON</b>		
<i>animal shape chw complete</i>	Pref	OTC
<i>cerovite jr chw</i>	Pref	OTC
<i>compl multiv chw childrns</i>	Pref	OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	Pref	OTC
<i>POLY-VI-SOL SOL IRON</i>	Pref	QL (2 mL / 1 day), OTC
<i>qc childrens chw complete</i>	Pref	OTC
<i>sm animal sh chw complete</i>	Pref	OTC
<i>ultra choice chw kids</i>	Pref	OTC
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
<i>INFUVITE INJ</i>	Pref	PA
<i>INFUVITE INJ PEDIATRI</i>	Pref	PA
<i>POLY-VI-SOL SOL 50MG/ML</i>	Pref	QL (1 mL / 1 day), OTC
<i>POLY-VI-SOL SOL 50MG/ML</i>	Pref	QL (2 mL / 1 day), OTC
<b>PEDIATRIC VITAMINS</b>		
<i>TRI-VI-SOL SOL A/C/D</i>	Pref	OTC
<b>PRENATAL VITAMINS</b>		
<i>CO-NATAL FA TAB 29-1MG</i>	Pref	QL (1 tab / 1 day)
<i>COMPLETE NAT PAK DHA</i>	Pref	QL (1 box / 1 day)
<i>COMPLETENATE CHW</i>	Pref	QL (1 tab / 1 day)
<i>NATALVIT TAB 75-1MG</i>	Pref	QL (1 tab / 1 day)
<i>NEONATAL TAB COMPLETE</i>	Pref	QL (1 tab / 1 day)
<i>PNV TABS TAB 29-1MG</i>	Pref	QL (1 tab / 1 day)
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx</i>	Pref	QL (1 tab / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	Pref	QL (1 tab / 1 day), OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	Pref	QL (1 tab / 1 day)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	Pref	QL (1 tab / 1 day), OTC
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	Pref	QL (1 tab / 1 day)
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK	Pref	OTC
PRETAB TAB 29-1MG	Pref	QL (1 tab / 1 day)
SE-NATAL 19 CHW	Pref	QL (1 tab / 1 day)
SE-NATAL 19 TAB	Pref	QL (1 tab / 1 day)
THRIVITE RX TAB 29-1MG	Pref	QL (1 tab / 1 day)
TRINATAL RX TAB 1	Pref	QL (1 tab / 1 day)
<i>trinate tab</i>	Pref	QL (1 tab / 1 day)
VINATE ONE TAB	Pref	QL (1 tab / 1 day)

## **MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS**

### **CENTRAL MUSCLE RELAXANTS**

AMRIX CAP 15MG	Non-Pref	PA
AMRIX CAP 30MG	Non-Pref	PA
<i>baclofen tab 5 mg</i>	Pref	
<i>baclofen tab 10 mg</i>	Pref	QL (3 tabs / 1 day)
<i>baclofen tab 20 mg</i>	Pref	QL (4 tabs / 1 day)
<i>carisoprodol tab 250 mg</i>	Non-Pref	PA
<i>carisoprodol tab 350 mg</i>	Non-Pref	PA
CHLORZOXAZONE TAB 250 MG	Non-Pref	PA
<i>chlorzoxazone tab 375 mg</i>	Non-Pref	PA
<i>chlorzoxazone tab 500 mg</i>	Non-Pref	PA
<i>chlorzoxazone tab 750 mg</i>	Non-Pref	PA
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i>	Non-Pref	PA
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i>	Non-Pref	PA
<i>cyclobenzaprine hcl tab 5 mg</i>	Pref	QL (3 tabs / 1 day)
<i>cyclobenzaprine hcl tab 7.5 mg</i>	Pref	
<i>cyclobenzaprine hcl tab 10 mg</i>	Pref	QL (3 tabs / 1 day)
<i>fexmid tab 7.5mg</i>	Non-Pref	PA
<i>lorzone tab 375mg</i>	Non-Pref	PA
<i>lorzone tab 750mg</i>	Non-Pref	PA
<i>metaxalone tab 400 mg</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metaxalone tab 800 mg</i>	Pref	
<i>methocarbamol inj 1000 mg/10ml</i>	Non-Pref	PA
<i>methocarbamol tab 500 mg</i>	Pref	QL (6 tabs / 1 day)
<i>methocarbamol tab 750 mg</i>	Pref	QL (10 tabs / 1 day)
<i>orphenadrine citrate inj 30 mg/ml</i>	Non-Pref	PA
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Non-Pref	PA
OZOBAX SOL 5MG/5ML	Non-Pref	PA
ROBAXIN INJ 100MG/ML	Non-Pref	PA
SKELAXIN TAB 800MG	Pref	
SOMA TAB 250MG	Non-Pref	PA
SOMA TAB 350MG	Non-Pref	PA
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	Non-Pref	PA
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	Non-Pref	PA
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	Non-Pref	PA
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Pref	QL (3 tabs / 1 day)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Pref	QL (9 tabs / 1 day)
ZANAFLEX CAP 2MG	Non-Pref	PA
ZANAFLEX CAP 4MG	Non-Pref	PA
ZANAFLEX CAP 6MG	Non-Pref	PA
ZANAFLEX TAB 4MG	Non-Pref	PA, QL (9 tabs / 1 day)

#### ***DIRECT MUSCLE RELAXANTS***

DANTRIUM CAP 25MG	Non-Pref	PA
DANTRIUM CAP 50MG	Non-Pref	PA
DANTRIUM IV INJ 20MG	Pref	PA
<i>dantrolene sodium cap 25 mg</i>	Non-Pref	PA
<i>dantrolene sodium cap 50 mg</i>	Non-Pref	PA
<i>dantrolene sodium cap 100 mg</i>	Non-Pref	PA
<i>dantrolene sodium for iv soln 20 mg</i>	Pref	PA
<i>revonto inj 20mg</i>	Pref	PA
RYANODEX INJ 250MG	Pref	PA

#### ***MUSCLE RELAXANT COMBINATIONS***

<i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i>	Non-Pref	PA
METAXALL CP KIT 0.025%	Non-Pref	PA
NOPIOID-TC MIS KIT	Non-Pref	PA
NORGESIC TAB FORTE	Non-Pref	PA
<i>orphenadrine w/ aspirin &amp; caffeine tab 50-770-60 mg</i>	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
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**NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE**

**NASAL AGENT COMBINATIONS**

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Non-Pref	PA
AZENASE PAK MIS 137-50	Non-Pref	PA
DYMISTA SPR 137-50	Non-Pref	PA

**NASAL AGENTS - MISC.**

<i>saline nasal spray 0.65%</i>	Pref	OTC
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**NASAL ANTIALLERGY**

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Pref	QL (1 bottle / 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Pref	QL (1 bottle / 25 days)
<i>olopatadine hcl nasal soln 0.6%</i>	Non-Pref	PA
PATANASE SPR 0.6%	Non-Pref	PA

**NASAL ANTICHOLINERGICS**

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

**NASAL STEROIDS**

<i>aller-flo spr 50mcg</i>	Pref	QL (1 bottle / 25 days), OTC
<i>allergy nasa spr 50mcg</i>	Pref	QL (1 bottle / 25 days), OTC
<i>allergy relf spr 50mcg</i>	Pref	QL (1 bottle / 25 days), OTC
<i>allgy relief spr 50mcg</i>	Pref	QL (1 bottle / 25 days), OTC
BECONASE AQ SUS 0.042%	Non-Pref	PA
<i>budesonide sus 32mcg</i>	Pref	QL (1 bottle / 25 days), OTC
<i>clarispray spr 50mcg</i>	Pref	QL (1 bottle / 25 days), OTC
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Non-Pref	PA
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Pref	QL (1 bottle / 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Pref	QL (1 bottle / 25 days), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone sus 50mcg</i>	Pref	QL (0.879 bottles / 25 days), OTC
<i>mometasone furoate nasal susp 50 mcg/act</i>	Non-Pref	PA
NASONEX SPR 50MCG/AC	Non-Pref	PA
OMNARIS SPR	Non-Pref	PA
QNASL AER 80MCG	Non-Pref	PA
QNASL CHILD SPR 40MCG	Non-Pref	PA
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Pref	QL (1 bottle / 25 days), OTC
XHANCE MIS 93MCG	Non-Pref	PA
ZETONNA AER 37MCG	Non-Pref	PA

### **SYMPATHOMIMETIC DECONGESTANTS**

<i>phenylephrine hcl tab 10 mg</i>	Pref	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	Pref	QL (8 tabs / 1 day), OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Pref	QL (6 tabs / 1 day), OTC

## **NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES**

### **ALS AGENTS**

EXSERVAN MIS 50MG	Non-Pref	SP, PA
RILUTEK TAB 50MG	Non-Pref	PA
<i>riluzole tab 50 mg</i>	Pref	
TIGLUTIK SUS 50/10ML	Non-Pref	PA

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

### **ARTIFICIAL TEARS AND LUBRICANTS**

<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	Pref	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	Pref	OTC
LACRISERT MIS 5MG OP	Pref	
<i>polyvinyl alcohol ophth soln 1.4%</i>	Pref	OTC
REFRESH PLUS DRO 0.5% OP	Pref	OTC
REFRESH TEAR DRO 0.5% OP	Pref	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	Pref	OTC

### **BETA-BLOCKERS - OPHTHALMIC**

<i>betaxolol hcl ophth soln 0.5%</i>	Non-Pref	PA
BETIMOL SOL 0.5%	Non-Pref	PA

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

### **CYCLOPLEGIC MYDRIATICS**

<i>altafrin sol 2.5% op</i>	Pref	
<i>altafrin sol 10% op</i>	Pref	
ATROPINE SUL SOL 1% OP	Pref	QL (15 mL / 25 days)
<i>atropine sulfate ophth oint 1%</i>	Pref	
CYCLOGYL SOL 0.5% OP	Non-Pref	PA
CYCLOGYL SOL 1% OP	Non-Pref	PA
CYCLOGYL SOL 2% OP	Non-Pref	PA
CYCLOMYDRIL SOL OP	Pref	
<i>cyclopentolate hcl ophth soln 0.5%</i>	Pref	
<i>cyclopentolate hcl ophth soln 1%</i>	Pref	
<i>cyclopentolate hcl ophth soln 2%</i>	Pref	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISOPTO ATROP SOL 1% OP	Non-Pref	PA, QL (15 mL / 25 days)
MYDRIACYL SOL 1% OP	Non-Pref	PA
<i>phenylephrine hcl ophth soln 2.5%</i>	Pref	
<i>phenylephrine hcl ophth soln 10%</i>	Pref	
TROP-CYC-PE DRO 1-1-2.5	Non-Pref	PA
<i>tropicamide ophth soln 0.5%</i>	Pref	
<i>tropicamide ophth soln 1%</i>	Pref	
<b>MIOTICS</b>		
ISOPTO CARP SOL 1% OP	Non-Pref	PA
ISOPTO CARP SOL 2% OP	Non-Pref	PA
PHOSPHOLINE SOL 0.125%OP	Pref	
<i>pilocarpine hcl ophth soln 1%</i>	Non-Pref	PA
<i>pilocarpine hcl ophth soln 2%</i>	Non-Pref	PA
<i>pilocarpine hcl ophth soln 4%</i>	Non-Pref	PA
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P SOL 0.1%	Pref	
ALPHAGAN P SOL 0.15%	Pref	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Non-Pref	PA
<i>brimonidine tartrate ophth soln 0.2%</i>	Pref	
<i>brimonidine tartrate ophth soln 0.15%</i>	Pref	
IOPIDINE SOL 1% OP	Non-Pref	PA
SIMBRINZA SUS 1-0.2%	Pref	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE SOL 1%	Non-Pref	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Non-Pref	PA
<i>bacitracin-polymyxin b ophth oint</i>	Non-Pref	PA
BESIVANCE SUS 0.6%	Non-Pref	PA
BLEPH-10 SOL 10% OP	Non-Pref	PA
CILOXAN OIN 0.3% OP	Non-Pref	PA
CILOXAN SOL 0.3% OP	Non-Pref	PA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Pref	
<i>erythromycin ophth oint 5 mg/gm</i>	Pref	
<i>gatifloxacin ophth soln 0.5%</i>	Non-Pref	PA
<i>gentak oin 0.3% op</i>	Non-Pref	PA
<i>gentamicin sulfate ophth soln 0.3%</i>	Pref	
<i>levofloxacin ophth soln 0.5%</i>	Non-Pref	PA
MOXEZA SOL 0.5%	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	Non-Pref	PA
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Pref	
NATACYN SUS 5% OP	Pref	
<i>neo-polycin oin op</i>	Non-Pref	PA
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Non-Pref	PA
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Non-Pref	PA
OCUFLOX DRO 0.3% OP	Non-Pref	PA
<i>ofloxacin ophth soln 0.3%</i>	Pref	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Pref	
POLYTRIM SOL OP	Non-Pref	PA
<i>sulfacetamide sodium ophth oint 10%</i>	Non-Pref	PA
<i>sulfacetamide sodium ophth soln 10%</i>	Pref	
<i>tobramycin ophth soln 0.3%</i>	Pref	
TOBREX OIN 0.3% OP	Non-Pref	PA
TOBREX SOL 0.3% OP	Non-Pref	PA
<i>trifluridine ophth soln 1%</i>	Pref	QL (8 mL / 25 days)
VIGAMOX DRO 0.5%	Non-Pref	PA
ZIRGAN GEL 0.15%	Non-Pref	PA
ZYMAXID SOL 0.5%	Non-Pref	PA
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
CEQUA SOL 0.09%	Non-Pref	PA
RESTASIS EMU 0.05%	Pref	
RESTASIS MUL EMU 0.05%	Pref	
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA DRO 5%	Non-Pref	PA
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA SOL 0.02%	Pref	
ROCKLATAN DRO	Pref	
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
AKTEN GEL 3.5%	Non-Pref	PA
ALCAINE SOL 0.5% OP	Non-Pref	PA
<i>altacaine sol 0.5% op</i>	Pref	
<i>proparacaine hcl ophth soln 0.5%</i>	Pref	
<i>tetracaine hcl ophth soln 0.5%</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<b>OPHTHALMIC STEROIDS</b>		
ALREX SUS 0.2%	Non-Pref	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Non-Pref	PA
BLEPHAMIDE OIN S.O.P.	Non-Pref	PA
BLEPHAMIDE SUS OP	Non-Pref	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Pref	
<i>difluprednate ophth emulsion 0.05%</i>	Pref	
DUREZOL EMU 0.05%	Non-Pref	PA
EYSUVIS DRO 0.25%	Non-Pref	PA
FLAREX SUS 0.1% OP	Non-Pref	PA
<i>fluorometholone ophth susp 0.1%</i>	Pref	QL (15 mL / 25 days)
FML FORTE SUS 0.25% OP	Non-Pref	PA
FML LIQUIFLM SUS 0.1% OP	Non-Pref	PA, QL (15 mL / 25 days)
FML OIN 0.1% OP	Non-Pref	PA
INVELTYS SUS 1%	Non-Pref	PA
LOTEMAX GEL 0.5%	Non-Pref	PA
LOTEMAX OIN 0.5%	Non-Pref	PA
LOTEMAX SM GEL 0.38%	Non-Pref	PA
LOTEMAX SUS 0.5%	Non-Pref	PA
<i>loteprednol etabonate ophth gel 0.5%</i>	Non-Pref	PA
<i>loteprednol etabonate ophth susp 0.5%</i>	Non-Pref	PA
MAXIDEX SUS 0.1% OP	Non-Pref	PA
MAXITROL OIN 0.1% OP	Non-Pref	PA
MAXITROL SUS 0.1% OP	Non-Pref	PA
<i>neo-polycin oin hc 1%op</i>	Non-Pref	PA
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Pref	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Pref	
<i>neomycin-polymyxin-hc ophth susp</i>	Non-Pref	PA
PRED FORTE SUS 1% OP	Non-Pref	PA
PRED MILD SUS 0.12% OP	Non-Pref	PA
PRED SOD PHO SOL 1% OP	Non-Pref	PA
PRED-G S.O.P OIN OP	Non-Pref	PA
PRED-G SUS OP	Non-Pref	PA
<i>prednisolone acetate ophth susp 1%</i>	Pref	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TOBRADEX OIN 0.3-0.1%	Pref	
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
<b>OPHTHALMICS - MISC.</b>		
ACULAR LS SOL 0.4%	Non-Pref	PA, QL (2 mL / 1 day)
ACULAR SOL 0.5% OP	Non-Pref	PA, QL (2 mL / 1 day)
ACUVAIL SOL 0.45%	Non-Pref	PA
ALOCRIL SOL 2%	Non-Pref	PA
ALOMIDE SOL 0.1% OP	Non-Pref	PA
<i>azelastine hcl ophth soln 0.05%</i>	Non-Pref	PA
AZOPT SUS 1% OP	Non-Pref	PA
<i>bepotastine besilate ophth soln 1.5%</i>	Non-Pref	PA
BEPREVE DRO 1.5%	Non-Pref	PA
<i>brinzolamide ophth susp 1%</i>	Pref	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Non-Pref	PA
BROMSITE DRO 0.075%	Non-Pref	PA
<i>cromolyn sodium ophth soln 4%</i>	Pref	
CYSTADROPS SOL 0.37%	Non-Pref	SP, PA
CYSTARAN SOL 0.44%	Pref	SP, PA
<i>diclofenac sodium ophth soln 0.1%</i>	Pref	
<i>dorzolamide hcl ophth soln 2%</i>	Pref	
<i>epinastine hcl ophth soln 0.05%</i>	Non-Pref	PA
<i>flurbiprofen sodium ophth soln 0.03%</i>	Pref	
ILEVRO DRO 0.3% OP	Pref	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Pref	QL (2 mL / 1 day)
<i>ketorolac tromethamine ophth soln 0.5%</i>	Pref	QL (2 mL / 1 day)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Pref	OTC
LASTACFT SOL 0.25%	Non-Pref	PA
NEVANAC SUS 0.1%	Non-Pref	PA
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Non-Pref	PA
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Non-Pref	PA
PROLENSA SOL 0.07%	Non-Pref	PA
TRUSOPT SOL 2% OP	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZERVIAE DRO 0.24%	Non-Pref	PA

### **PROSTAGLANDINS - OPHTHALMIC**

<i>bimatoprost ophth soln 0.03%</i>	Non-Pref	PA
<i>latanoprost ophth soln 0.005%</i>	Pref	QL (5 mL / 25 days)
LUMIGAN SOL 0.01%	Non-Pref	PA
TRAVATAN Z DRO 0.004%	Non-Pref	PA, QL (5 mL / 25 days)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Non-Pref	PA, QL (5 mL / 25 days)
VYZULTA SOL 0.024%	Non-Pref	PA
XALATAN SOL 0.005%	Non-Pref	PA, QL (5 mL / 25 days)
XELPROS EMU 0.005%	Non-Pref	PA
ZIOPTAN DRO 0.0015%	Non-Pref	PA

### **OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR**

#### **OTIC AGENTS - MISCELLANEOUS**

<i>acetic acid otic soln 2%</i>	Pref	QL (20 mL / 25 days)
<i>carbamide peroxide 6.5% otic soln</i>	Pref	OTC
<i>isopropyl alcohol-glycerin otic liquid 95-5%</i>	Pref	OTC
<i>sm swimmers dro ear</i>	Pref	OTC

#### **OTIC ANTI-INFECTIVES**

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Non-Pref	PA
<i>ofloxacin otic soln 0.3%</i>	Pref	QL (20 mL / 25 days)

#### **OTIC COMBINATIONS**

CIPRO HC SUS OTIC	Pref	
CIPRO/FLUOC DRO PF	Non-Pref	PA
CIPRODEX SUS 0.3-0.1%	Pref	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Pref	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	Non-Pref	PA
CORTISPORIN SUS -TC OTIC	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	
OTOVEL DRO	Non-Pref	PA

#### **OTIC STEROIDS**

DERMOTIC OIL 0.01%	Pref	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>flac oil 0.01%</i>	Pref	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Pref	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Pref	

## **OXYTOCICS - DRUGS FOR PREGNANCY**

### **OXYTOCICS - DRUGS FOR PREGNANCY**

<i>methergine tab 0.2mg</i>	Pref	QL (4 tabs / 1 day)
<i>methylergonovine maleate tab 0.2 mg</i>	Pref	QL (4 tabs / 1 day)

## **PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS**

### **MONOCLONAL ANTIBODIES**

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

## **PENICILLINS - DRUGS TO TREAT INFECTIONS**

### **AMINOPENICILLINS**

<i>amoxicillin (trihydrate) cap 250 mg</i>	Pref	QL (8 caps / 1 day)
<i>amoxicillin (trihydrate) cap 500 mg</i>	Pref	QL (8 caps / 1 day)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Pref	QL (6 tabs / 1 day)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Pref	QL (5 tabs / 1 day)
<i>amoxicillin (trihydrate) tab 875 mg</i>	Pref	QL (4 tabs / 1 day)
<i>ampicillin sodium for inj 1 gm</i>	Pref	
<i>ampicillin sodium for inj 2 gm</i>	Pref	
<i>ampicillin sodium for inj 125 mg</i>	Pref	
<i>ampicillin sodium for inj 250 mg</i>	Pref	
<i>ampicillin sodium for inj 500 mg</i>	Pref	
<i>ampicillin sodium for iv soln 1 gm</i>	Pref	
<i>ampicillin sodium for iv soln 2 gm</i>	Pref	
<i>ampicillin sodium for iv soln 10 gm</i>	Pref	

### **NATURAL PENICILLINS**

BICILLIN L-A INJ 600000	Pref	PA
BICILLIN L-A INJ 1200000	Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BICILLIN L-A INJ 2400000	Pref	PA
PEN G PROC INJ 600000	Pref	PA
PEN GK/DEXTR INJ 20000/ML	Pref	PA
PEN GK/DEXTR INJ 40000/ML	Pref	PA
PEN GK/DEXTR INJ 60000/ML	Pref	PA
<i>penicillin g potassium for inj 5000000 unit</i>	Pref	PA
<i>penicillin g potassium for inj 20000000 unit</i>	Pref	PA
<i>penicillin g sodium for inj 5000000 unit</i>	Pref	PA
<i>penicillin v potassium for soln 125 mg/5ml</i>	Pref	QL (40 mL / 1 day)
<i>penicillin v potassium for soln 250 mg/5ml</i>	Pref	QL (40 mL / 1 day)
<i>penicillin v potassium tab 250 mg</i>	Pref	QL (8 tabs / 1 day)
<i>penicillin v potassium tab 500 mg</i>	Pref	QL (8 tabs / 1 day)
<i>pfizerpen inj 5mu</i>	Non-Pref	PA
<i>pfizerpen inj 20mu</i>	Non-Pref	PA
<i>pfizerpen inj 20000000</i>	Non-Pref	PA

### **PENICILLIN COMBINATIONS**

<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	Non-Pref	PA, QL (3 tabs / 1 day)
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Non-Pref	PA, QL (4 tabs / 1 day)
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Pref	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Pref	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Pref	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	Pref	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Pref	QL (3 tabs / 1 day)
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Pref	QL (3 tabs / 1 day)
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Pref	QL (2 tabs / 1 day)
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	Non-Pref	PA
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	Non-Pref	PA
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Non-Pref	PA
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	Non-Pref	PA
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	Non-Pref	PA
AUGMENTIN SUS ES-600	Non-Pref	PA
AUGMENTIN TAB 500MG	Non-Pref	PA, QL (3 tabs / 1 day)
BICILLIN C-R INJ 900/300	Pref	PA
BICILLIN C-R INJ 1200000	Pref	PA
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Pref	PA
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Pref	PA
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Pref	PA
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Pref	PA
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Pref	PA
UNASYN INJ 1.5GM	Non-Pref	PA
UNASYN INJ 3GM	Non-Pref	PA
UNASYN INJ 15GM	Non-Pref	PA
ZOSYN SOL 2-0.25GM	Pref	PA
ZOSYN SOL 3-0.375G	Pref	PA
ZOSYN SOL 4-0.50GM	Pref	PA

### **PENICILLINASE-RESISTANT PENICILLINS**

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

## **PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING**

### **LIQUID VEHICLES**

<i>water for injection</i>	Pref
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## **PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES**

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

AYGESTIN TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Pref	SP, PA
MAKENA INJ 250MG/ML	Pref	SP, PA
MAKENA INJ 275MG	Non-Pref	SP, PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Pref	QL (2 tabs / 1 day)
<i>medroxyprogesterone acetate tab 5 mg</i>	Pref	QL (2 tabs / 1 day)
<i>medroxyprogesterone acetate tab 10 mg</i>	Pref	QL (2 tabs / 1 day)
<i>megestrol acetate susp 625 mg/5ml</i>	Pref	
<i>norethindrone acetate tab 5 mg</i>	Pref	QL (1 tab / 1 day)
<i>progesterone cap 100 mg</i>	Pref	QL (1 cap / 1 day)
<i>progesterone cap 200 mg</i>	Pref	QL (2 caps / 1 day)
<i>progesterone im in oil 50 mg/ml</i>	Pref	
PROMETRIUM CAP 100MG	Non-Pref	PA, QL (1 cap / 1 day)
PROMETRIUM CAP 200MG	Non-Pref	PA, QL (2 caps / 1 day)
PROVERA TAB 2.5MG	Non-Pref	PA, QL (2 tabs / 1 day)
PROVERA TAB 5MG	Non-Pref	PA, QL (2 tabs / 1 day)
PROVERA TAB 10MG	Non-Pref	PA, QL (2 tabs / 1 day)

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

### **AGENTS FOR CHEMICAL DEPENDENCY**

<i>acamprosate calcium tab delayed release 333 mg</i>	Pref
<i>disulfiram tab 250 mg</i>	Pref
<i>disulfiram tab 500 mg</i>	Pref
LUCEMYRA TAB 0.18MG	Non-Pref PA

### **ANTI-CATAPLECTIC AGENTS**

XYREM SOL 500MG/ML	Non-Pref SP, PA
XYWAV SOL 0.5GM/ML	Non-Pref SP, PA

### **ANTIDEMENTIA AGENTS**

ARICEPT TAB 5MG	Non-Pref PA, QL (3 tabs / 1 day)
ARICEPT TAB 10MG	Non-Pref PA, QL (2 tabs / 1 day)
ARICEPT TAB 23MG	Non-Pref PA
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Pref QL (2 tabs / 1 day)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Pref QL (1 tab / 1 day)
<i>donepezil hydrochloride tab 5 mg</i>	Pref QL (3 tabs / 1 day)
<i>donepezil hydrochloride tab 10 mg</i>	Pref QL (2 tabs / 1 day)
<i>donepezil hydrochloride tab 23 mg</i>	Non-Pref PA
EXELON DIS 4.6MG/24	Pref

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EXELON DIS 9.5MG/24	Pref	
EXELON DIS 13.3/24	Pref	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Non-Pref	PA
<i>galantamine hydrobromide tab 4 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide tab 8 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide tab 12 mg</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 7 mg</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 14 mg</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 21 mg</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 28 mg</i>	Non-Pref	PA
<i>memantine hcl oral solution 2 mg/ml</i>	Pref	
<i>memantine hcl tab 5 mg</i>	Pref	
<i>memantine hcl tab 10 mg</i>	Pref	
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	Pref	
NAMENDA TAB 5-10MG	Non-Pref	PA
NAMENDA XR CAP 7MG	Non-Pref	PA
NAMENDA XR CAP 14MG	Non-Pref	PA
NAMENDA XR CAP 21MG	Non-Pref	PA
NAMENDA XR CAP 28MG	Non-Pref	PA
NAMZARIC CAP	Non-Pref	PA
NAMZARIC CAP 7-10MG	Non-Pref	PA
NAMZARIC CAP 14-10MG	Non-Pref	PA
NAMZARIC CAP 21-10MG	Non-Pref	PA
NAMZARIC CAP 28-10MG	Non-Pref	PA
RAZADYNE ER CAP 8MG	Non-Pref	PA
RAZADYNE ER CAP 16MG	Non-Pref	PA
RAZADYNE ER CAP 24MG	Non-Pref	PA
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Pref	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Pref	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Pref	
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Non-Pref	PA
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Non-Pref	PA
LYBALVI TAB 5-10MG	Pref	PA
LYBALVI TAB 10-10MG	Pref	PA
LYBALVI TAB 15-10MG	Pref	PA
LYBALVI TAB 20-10MG	Pref	PA
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	Non-Pref	PA; AGE*
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	Non-Pref	PA; AGE*
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	Non-Pref	PA; AGE*
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	Non-Pref	PA; AGE*
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	Non-Pref	PA; AGE*
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Pref	AGE*; DS
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Pref	AGE*; DS
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Pref	AGE*; DS
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Pref	AGE*; DS
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Pref	AGE*; DS
SYMBYAX CAP 3-25MG	Non-Pref	PA; AGE*
SYMBYAX CAP 6-25MG	Non-Pref	PA; AGE*
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA MIS TITR PAK	Non-Pref	PA
SAVELLA TAB 12.5MG	Non-Pref	PA
SAVELLA TAB 25MG	Non-Pref	PA
SAVELLA TAB 50MG	Non-Pref	PA
SAVELLA TAB 100MG	Non-Pref	PA
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO TAB 6MG	Pref	SP, PA
AUSTEDO TAB 9MG	Pref	SP, PA
AUSTEDO TAB 12MG	Pref	SP, PA
INGREZZA CAP 40-80MG	Non-Pref	SP, PA
INGREZZA CAP 40MG	Non-Pref	SP, PA
INGREZZA CAP 60MG	Non-Pref	SP, PA
INGREZZA CAP 80MG	Non-Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tetrabenazine tab 12.5 mg</i>	Pref	SP, PA
<i>tetrabenazine tab 25 mg</i>	Pref	SP, PA
XENAZINE TAB 12.5MG	Non-Pref	SP, PA
XENAZINE TAB 25MG	Non-Pref	SP, PA

### ***MULTIPLE SCLEROSIS AGENTS***

AMPYRA TAB 10MG	Non-Pref	SP, PA
AUBAGIO TAB 7MG	Non-Pref	SP, PA
AUBAGIO TAB 14MG	Non-Pref	SP, PA
AVONEX PEN KIT 30MCG	Pref	SP, QL (1 injection / 25 days)
AVONEX PREFL KIT 30MCG	Pref	SP, QL (1 injection / 25 days)
BAFIERTAM CAP 95MG	Non-Pref	SP, PA
BETASERON INJ 0.3MG	Pref	SP, QL (15 injections / 25 days)
COPAXONE INJ 20MG/ML	Pref	SP, QL (30 injections / 25 days)
COPAXONE INJ 40MG/ML	Pref	SP, QL (12 injections / 25 days)
<i>dalfampridine tab er 12hr 10 mg</i>	Non-Pref	SP, PA
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Pref	SP, QL (2 caps / 1 day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Pref	SP, QL (2 caps / 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	Pref	SP, QL (1 kit / 25 days)
EXTAVIA INJ 0.3MG	Non-Pref	SP, PA, QL (15 injections / 25 days)
GILENYA CAP 0.5MG	Non-Pref	SP, PA, QL (1 cap / 1 day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Non-Pref	SP, PA, QL (30 injections / 25 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Non-Pref	SP, PA, QL (12 injections / 25 days)
<i>glatopa inj 20mg/ml</i>	Non-Pref	SP, PA, QL (30 injections / 25 days)
<i>glatopa inj 40mg/ml</i>	Non-Pref	SP, PA, QL (12 injections / 25 days)
KESIMPTA INJ 20/.4ML	Pref	PA
LEMTRADA INJ 12/1.2ML	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(4)	Non-Pref	SP, PA

**AGE** - Age Limit   **AGE\*** - See Table in Preface for Age Limit   **DS** - Covered up to 90 days   **EA** - Expedited Authorization   **MME** - Max Morphine Equivalent of 120 mg   **Non-Pref** - Non-Preferred   **OTC** - Over the counter   **PA** - Prior Authorization   **Pref** - Preferred   **QL** - Quantity Limits   **SP** - Specialty   **ST** - Step Therapy   239



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAVENCLAD PAK 10MG(5)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(6)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(7)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(8)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(9)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(10)	Non-Pref	SP, PA
MAYZENT PAK STARTER	Non-Pref	SP, PA
MAYZENT TAB 0.25MG	Non-Pref	SP, PA
MAYZENT TAB 2MG	Non-Pref	SP, PA
OCREVUS INJ 300/10ML	Non-Pref	SP, PA
PLEGRIDY INJ	Non-Pref	SP, PA
PLEGRIDY INJ PEN	Non-Pref	SP, PA
PLEGRIDY INJ STARTER	Non-Pref	SP, PA
PLEGRIDY PEN INJ STARTER	Non-Pref	SP, PA
PONVORY TAB 20MG	Non-Pref	SP, PA
PONVORY TAB STARTER	Non-Pref	SP, PA
REBIF INJ 22/0.5	Non-Pref	SP, PA, QL (12 injections / 25 days)
REBIF INJ 44/0.5	Non-Pref	SP, PA, QL (12 injections / 25 days)
REBIF REBIDO INJ 22/0.5	Non-Pref	SP, PA, QL (12 injections / 25 days)
REBIF REBIDO INJ 44/0.5	Non-Pref	SP, PA, QL (12 injections / 25 days)
REBIF REBIDO INJ TITRATN	Non-Pref	SP, PA, QL (4.2 mL / 25 days)
REBIF TITRTN INJ PACK	Non-Pref	SP, PA, QL (4.2 mL / 25 days)
TECFIDERA CAP 120MG	Non-Pref	SP, PA, QL (2 caps / 1 day)
TECFIDERA CAP 240MG	Non-Pref	SP, PA, QL (2 caps / 1 day)
TECFIDERA MIS STARTER	Non-Pref	SP, PA, QL (1 kit / 25 days)
TYSABRI INJ 300/15ML	Non-Pref	SP, PA
VUMERITY CAP 231MG	Non-Pref	SP, PA
ZEPOSIA 7DAY CAP STR PACK	Non-Pref	SP, PA
ZEPOSIA CAP .92MG	Non-Pref	SP, PA
ZEPOSIA CAP STR KIT	Non-Pref	SP, PA
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
GRALISE TAB 300MG	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GRALISE TAB 600MG	Non-Pref	PA
LYRICA CR TAB 82.5MG	Non-Pref	PA
LYRICA CR TAB 165MG	Non-Pref	PA
LYRICA CR TAB 330MG	Non-Pref	PA
<i>pregabalin tab er 24hr 82.5 mg</i>	Non-Pref	PA
<i>pregabalin tab er 24hr 165 mg</i>	Non-Pref	PA
<i>pregabalin tab er 24hr 330 mg</i>	Non-Pref	PA
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	Non-Pref	PA
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	Non-Pref	PA
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP 20-10MG	Non-Pref	PA
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<i>ergoloid mesylates tab 1 mg</i>	Pref	
<i>pimozide tab 1 mg</i>	Pref	
<i>pimozide tab 2 mg</i>	Pref	
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT TAB 300MG ER	Non-Pref	PA
HORIZANT TAB 600MG ER	Non-Pref	PA
<b>SMOKING DETERRENTS</b>		
APO-VARENICL TAB 0.5MG	Pref	
APO-VARENICL TAB 1MG	Pref	
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Pref	
<i>nicotine polacrilex gum 2 mg</i>	Pref	QL (8 pieces / 1 day), OTC
<i>nicotine polacrilex gum 4 mg</i>	Pref	QL (8 pieces / 1 day), OTC
<i>nicotine polacrilex lozenge 2 mg</i>	Pref	QL (8 lozgs / 1 day), OTC
<i>nicotine polacrilex lozenge 4 mg</i>	Pref	QL (8 lozgs / 1 day), OTC
NICOTINE SYS KIT TRANSDER	Non-Pref	PA, OTC
<i>nicotine td patch 24hr 7 mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NICOTROL INH	Non-Pref	PA
NICOTROL NS SPR 10MG/ML	Non-Pref	PA
VARENICLINE TAB 0.5MG	Pref	
VARENICLINE TAB 1MG	Pref	

### **TRANSTHYRETIN AMYLOIDOSIS AGENTS**

ONPATTRO SOL 10MG/5ML	Pref	SP, PA
TEGSEDI INJ 284/1.5	Pref	SP, PA

### **VASOMOTOR SYMPTOM AGENTS**

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

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

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

ARALAST NP INJ 500MG	Pref	SP, PA
ARALAST NP INJ 1000MG	Pref	SP, PA
GLASSIA INJ	Pref	SP, PA
PROLASTIN-C INJ 1000MG	Pref	SP, PA
ZEMAIRA INJ 1000MG	Pref	SP, PA

### **CYSTIC FIBROSIS AGENTS**

BRONCHITOL CAP 40MG	Pref	PA
BRONCHITOL CAP TOL TEST	Pref	PA
KALYDECO PAK 25MG	Pref	SP, PA
KALYDECO PAK 50MG	Pref	SP, PA
KALYDECO PAK 75MG	Pref	SP, PA
KALYDECO TAB 150MG	Pref	SP, PA
ORKAMBI GRA 100-125	Pref	SP, PA
ORKAMBI GRA 150-188	Pref	SP, PA
ORKAMBI TAB 100-125	Pref	SP, PA
ORKAMBI TAB 200-125	Pref	SP, PA
PULMOZYME SOL 1MG/ML	Pref	SP, PA, QL (2.5 mL / 1 day)
SYMDEKO TAB 50-75MG	Pref	SP, PA
SYMDEKO TAB 100-150	Pref	SP, PA
TRIKAFTA TAB	Pref	SP, PA

### **PULMONARY FIBROSIS AGENTS**

ESBRIET CAP 267MG	Pref	SP, PA
ESBRIET TAB 267MG	Pref	SP, PA
ESBRIET TAB 801MG	Pref	SP, PA
OFEV CAP 100MG	Pref	SP, PA
OFEV CAP 150MG	Pref	SP, PA

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Drug Name	Drug Tier	Requirements/Limits
<b>SULFONAMIDES - DRUGS TO TREAT INFECTIONS</b>		
<b><i>SULFONAMIDES - DRUGS TO TREAT INFECTIONS</i></b>		
SULFADIAZINE TAB 500MG	Pref	

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

### ***AMINOMETHYLCYCLINES***

NUZYRA INJ 100MG	Pref	PA
NUZYRA TAB 150MG	Non-Pref	SP, PA

### ***FLUOROCYCLINES***

XERAVA INJ 50MG	Pref	PA
XERAVA INJ 100MG	Pref	PA

### ***GLYCYLCYCLINES***

<i>tigecycline for iv soln 50 mg</i>	Pref	PA
TIGECYCLINE INJ 50MG	Pref	PA
TYGACIL INJ 50MG	Non-Pref	PA

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

<i>demeclocycline hcl tab 150 mg</i>	Non-Pref	PA
<i>demeclocycline hcl tab 300 mg</i>	Non-Pref	PA
DORYX MPC TAB 120MG	Non-Pref	PA
DORYX TAB 50MG	Non-Pref	PA
DORYX TAB 80MG	Non-Pref	PA
DORYX TAB 200MG	Non-Pref	PA
<i>doxy 100 inj 100mg</i>	Pref	PA
<i>doxycycline hyclate cap 50 mg</i>	Pref	QL (4 caps / 1 day)
<i>doxycycline hyclate cap 100 mg</i>	Pref	QL (4 caps / 1 day)
<i>doxycycline hyclate for inj 100 mg</i>	Pref	PA
<i>doxycycline hyclate tab 20 mg</i>	Pref	QL (2 tabs / 1 day)
<i>doxycycline hyclate tab 50 mg</i>	Pref	
<i>doxycycline hyclate tab 75 mg</i>	Pref	
<i>doxycycline hyclate tab 100 mg</i>	Pref	QL (2 tabs / 1 day)
<i>doxycycline hyclate tab 150 mg</i>	Pref	
<i>doxycycline hyclate tab delayed release 50 mg</i>	Non-Pref	PA
<i>doxycycline hyclate tab delayed release 75 mg</i>	Non-Pref	PA
<i>doxycycline hyclate tab delayed release 80 mg</i>	Non-Pref	PA
<i>doxycycline hyclate tab delayed release 100 mg</i>	Non-Pref	PA
<i>doxycycline hyclate tab delayed release 150 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline hyclate tab delayed release 200 mg</i>	Non-Pref	PA
<i>doxycycline monohydrate cap 50 mg</i>	Pref	QL (3 caps / 1 day)
<i>doxycycline monohydrate cap 75 mg</i>	Non-Pref	PA
<i>doxycycline monohydrate cap 100 mg</i>	Pref	QL (3 caps / 1 day)
<i>doxycycline monohydrate cap 150 mg</i>	Non-Pref	PA
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	Non-Pref	PA
<i>doxycycline monohydrate tab 50 mg</i>	Pref	QL (3 tabs / 1 day)
<i>doxycycline monohydrate tab 75 mg</i>	Pref	
<i>doxycycline monohydrate tab 100 mg</i>	Pref	QL (3 tabs / 1 day)
<i>doxycycline monohydrate tab 150 mg</i>	Pref	
MINOCIN INJ 100MG	Pref	PA
<i>minocycline hcl cap 50 mg</i>	Pref	QL (2 caps / 1 day)
<i>minocycline hcl cap 75 mg</i>	Pref	QL (2 caps / 1 day)
<i>minocycline hcl cap 100 mg</i>	Pref	QL (2 caps / 1 day)
<i>minocycline hcl tab 50 mg</i>	Non-Pref	PA
<i>minocycline hcl tab 75 mg</i>	Non-Pref	PA
<i>minocycline hcl tab 100 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 45 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 55 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 65 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 80 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 90 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 105 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 115 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 135 mg</i>	Non-Pref	PA
MINOLIRA TAB 105MG	Non-Pref	PA
MINOLIRA TAB 135MG	Non-Pref	PA
SOLODYN TAB 55MG	Non-Pref	PA
SOLODYN TAB 65MG	Non-Pref	PA
SOLODYN TAB 80MG	Non-Pref	PA
SOLODYN TAB 105MG	Non-Pref	PA
SOLODYN TAB 115MG	Non-Pref	PA
<i>tetracycline hcl cap 250 mg</i>	Non-Pref	PA, QL (6 caps / 1 day)
<i>tetracycline hcl cap 500 mg</i>	Non-Pref	PA, QL (4 caps / 1 day)
VIBRAMYCIN CAP 100MG	Non-Pref	PA, QL (4 caps / 1 day)
VIBRAMYCIN SUS 25MG/5ML	Non-Pref	PA
VIBRAMYCIN SYP 50MG/5ML	Non-Pref	PA
XIMINO CAP 45MG ER	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIMINO CAP 90MG ER	Non-Pref	PA
XIMINO CAP 135MG ER	Non-Pref	PA

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

### **ANTITHYROID AGENTS**

<i>methimazole tab 5 mg</i>	Pref	QL (6 tabs / 1 day)
<i>methimazole tab 10 mg</i>	Pref	QL (6 tabs / 1 day)
<i>propylthiouracil tab 50 mg</i>	Pref	QL (20 tabs / 1 day)

### **THYROID HORMONES**

ARMOUR THYRO TAB 15MG	Pref	QL (1 tab / 1 day)
ARMOUR THYRO TAB 30MG	Pref	QL (1 tab / 1 day)
ARMOUR THYRO TAB 60MG	Pref	QL (1 tab / 1 day)
ARMOUR THYRO TAB 90MG	Pref	QL (1 tab / 1 day)
ARMOUR THYRO TAB 120MG	Pref	QL (1 tab / 1 day)
ARMOUR THYRO TAB 180MG	Pref	QL (1 tab / 1 day)
ARMOUR THYRO TAB 240MG	Pref	QL (1 tab / 1 day)
ARMOUR THYRO TAB 300MG	Pref	QL (1 tab / 1 day)
CYTOMEL TAB 5MCG	Non-Pref	PA
CYTOMEL TAB 25MCG	Non-Pref	PA
CYTOMEL TAB 50MCG	Non-Pref	PA
<i>levothyroxine sodium cap 13 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 25 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 50 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 75 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 88 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 100 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 112 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 125 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 137 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 150 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 175 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 200 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium tab 25 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 50 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 75 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 88 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 100 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 112 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 125 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 137 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 150 mcg</i>	Pref	QL (2 tabs / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levothyroxine sodium tab 175 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 200 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 300 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>liothyronine sodium tab 5 mcg</i>	Pref	
<i>liothyronine sodium tab 25 mcg</i>	Pref	
<i>liothyronine sodium tab 50 mcg</i>	Pref	
<i>np thyroid tab 15mg</i>	Pref	QL (1 tab / 1 day)
<i>np thyroid tab 30mg</i>	Pref	QL (1 tab / 1 day)
<i>np thyroid tab 60mg</i>	Pref	QL (1 tab / 1 day)
<i>np thyroid tab 90mg</i>	Pref	QL (1 tab / 1 day)
<i>np thyroid tab 120mg</i>	Pref	QL (1 tab / 1 day)
SYNTHROID TAB 25MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 50MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 75MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 88MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 100MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 112MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 125MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 137MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 150MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 175MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 200MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 300MCG	Non-Pref	PA, QL (2 tabs / 1 day)
THYQUIDITY SOL 100MCG	Non-Pref	PA
TIROSINT CAP 13MCG	Non-Pref	PA
TIROSINT CAP 25MCG	Non-Pref	PA
TIROSINT CAP 50MCG	Non-Pref	PA
TIROSINT CAP 75MCG	Non-Pref	PA
TIROSINT CAP 88MCG	Non-Pref	PA
TIROSINT CAP 100MCG	Non-Pref	PA
TIROSINT CAP 112MCG	Non-Pref	PA
TIROSINT CAP 125MCG	Non-Pref	PA
TIROSINT CAP 137MCG	Non-Pref	PA
TIROSINT CAP 150MCG	Non-Pref	PA
TIROSINT CAP 175MCG	Non-Pref	PA
TIROSINT CAP 200	Non-Pref	PA
TIROSINT-SOL SOL 13MCG/ML	Non-Pref	PA
TIROSINT-SOL SOL 25MCG/ML	Non-Pref	PA
TIROSINT-SOL SOL 37.5/ML	Non-Pref	PA
TIROSINT-SOL SOL 44MCG/ML	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIROSINT-SOL SOL 50MCG/ML	Non-Pref	PA
TIROSINT-SOL SOL 62.5/ML	Non-Pref	PA
TIROSINT-SOL SOL 75MCG/ML	Non-Pref	PA
TIROSINT-SOL SOL 88MCG/ML	Non-Pref	PA
TIROSINT-SOL SOL 100MCG	Non-Pref	PA
TIROSINT-SOL SOL 112MCG	Non-Pref	PA
TIROSINT-SOL SOL 125MCG	Non-Pref	PA
TIROSINT-SOL SOL 137MCG	Non-Pref	PA
TIROSINT-SOL SOL 150MCG	Non-Pref	PA
TIROSINT-SOL SOL 175MCG	Non-Pref	PA
TIROSINT-SOL SOL 200MCG	Non-Pref	PA

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

### **TOXOID COMBINATIONS**

ADACEL INJ	Pref	AGE; Min age 19
BOOSTRIX INJ	Pref	AGE; Min age 19
TDVAX INJ 2-2 LF	Pref	AGE; Min age 19
TENIVAC INJ 5-2LF	Pref	AGE; Min age 19
TET/DIP TOX INJ 2-2 LF	Pref	AGE; Min age 19

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

### **ANTISPASMODICS**

ANASPAZ TAB 0.125MG	Non-Pref	PA, QL (12 tabs / 1 day)
BELLA/OPIUM SUP 16.2-30	Non-Pref	PA
BELLA/OPIUM SUP 16.2-60	Non-Pref	PA
BENTYL INJ 10MG/ML	Non-Pref	PA
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	Non-Pref	PA
CUVPOSA SOL 1MG/5ML	Non-Pref	PA
<i>dicyclomine hcl cap 10 mg</i>	Pref	QL (4 caps / 1 day)
<i>dicyclomine hcl inj 10 mg/ml</i>	Pref	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Pref	QL (80 mL / 1 day)
<i>dicyclomine hcl tab 20 mg</i>	Pref	QL (8 tabs / 1 day)
<i>glycopyrrolate inj 0.2 mg/ml</i>	Pref	
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	Pref	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	Pref	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	Pref	
<i>glycopyrrolate tab 1 mg</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glycopyrrolate tab 2 mg</i>	Pref	
GLYRX-PF SOL 0.2MG/ML	Non-Pref	PA
GLYRX-PF SOL 0.4/2	Non-Pref	PA
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	Pref	QL (60 mL / 1 day)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Pref	QL (12 tabs / 1 day)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Pref	QL (60 mL / 1 day)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Pref	QL (12 tabs / 1 day)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Pref	QL (12 tabs / 1 day)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Pref	QL (4 tabs / 1 day)
LEVBID TAB 0.375 ER	Non-Pref	PA, QL (4 tabs / 1 day)
LEVSIN INJ 0.5MG/ML	Non-Pref	PA
LEVSIN TAB 0.125MG	Non-Pref	PA, QL (12 tabs / 1 day)
LEVSIN/SL SUB 0.125MG	Non-Pref	PA, QL (12 tabs / 1 day)
LIBRAX CAP 5-2.5MG	Non-Pref	PA
<i>methscopolamine bromide tab 2.5 mg</i>	Pref	
<i>methscopolamine bromide tab 5 mg</i>	Pref	
<i>oscimin tab 0.125mg</i>	Pref	QL (12 tabs / 1 day)

## **H-2 ANTAGONISTS**

<i>cimetidine hcl soln 300 mg/5ml</i>	Non-Pref	PA
<i>cimetidine tab 300 mg</i>	Non-Pref	PA
<i>cimetidine tab 400 mg</i>	Non-Pref	PA
<i>cimetidine tab 800 mg</i>	Non-Pref	PA
<i>famotidine for susp 40 mg/5ml</i>	Pref	QL (10 mL / 1 day)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Non-Pref	PA
<i>famotidine inj 20 mg/2ml</i>	Non-Pref	PA
<i>famotidine inj 40 mg/4ml</i>	Non-Pref	PA
<i>famotidine inj 200 mg/20ml</i>	Non-Pref	PA
<i>famotidine tab 10 mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>famotidine tab 20 mg</i>	Pref	QL (2 tabs / 1 day)
<i>famotidine tab 20 mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>famotidine tab 40 mg</i>	Pref	QL (2 tabs / 1 day)
<i>nizatidine oral soln 15 mg/ml</i>	Non-Pref	PA
PEPCID TAB 20MG	Non-Pref	PA, QL (2 tabs / 1 day)
PEPCID TAB 40MG	Non-Pref	PA, QL (2 tabs / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 248

Drug Name	Drug Tier	Requirements/Limits
<b>MISC. ANTI-ULCER</b>		
CARAFATE SUS 1GM/10ML	Pref	QL (40 mL / 1 day)
CARAFATE TAB 1GM	Non-Pref	PA, QL (4 tabs / 1 day)
SUCRALFATE SUS 1GM/10ML	Pref	QL (40 mL / 1 day)
<i>sucralfate susp 1 gm/10ml</i>	Pref	QL (40 mL / 1 day)
<i>sucralfate tab 1 gm</i>	Pref	QL (4 tabs / 1 day)
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX SPR CAP 5MG	Non-Pref	PA
ACIPHEX SPR CAP 10MG	Non-Pref	PA
ACIPHEX TAB 20MG	Non-Pref	PA
DEXILANT CAP 30MG DR	Non-Pref	PA
DEXILANT CAP 60MG DR	Non-Pref	PA
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Pref	Max 60 DS every 365 days; QL (1 cap/1day)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Pref	OTC; Max 60 DS every 365 days; QL (1 cap/1day)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Non-Pref	PA
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Non-Pref	PA
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	Non-Pref	PA
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	Non-Pref	PA
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	Non-Pref	PA
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	Pref	PA
<i>lansoprazole cap delayed release 15 mg</i>	Non-Pref	PA
<i>lansoprazole cap delayed release 15 mg</i>	Non-Pref	PA, OTC
<i>lansoprazole cap delayed release 30 mg</i>	Non-Pref	PA
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	Non-Pref	PA
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	Non-Pref	PA
NEXIUM 24HR CAP 20MG	Pref	OTC; Max 60 DS every 365 days; QL (1 cap/1day)
NEXIUM CAP 20MG	Non-Pref	PA
NEXIUM CAP 40MG	Non-Pref	PA

**AGE** - Age Limit    **AGE\*** - See Table in Preface for Age Limit    **DS** - Covered up to 90 days    **EA** - Expedited Authorization    **MME** - Max Morphine Equivalent of 120 mg    249  
**Non-Pref** - Non-Preferred    **OTC** - Over the counter    **PA** - Prior Authorization    **Pref** - Preferred    **QL** - Quantity Limits    **SP** - Specialty    **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEXIUM GRA 2.5MG DR	Non-Pref	PA
NEXIUM GRA 5MG DR	Non-Pref	PA
NEXIUM GRA 10MG DR	Non-Pref	PA
NEXIUM GRA 20MG DR	Non-Pref	PA
NEXIUM GRA 40MG DR	Non-Pref	PA
NEXIUM I.V. INJ 40MG	Pref	PA
OMEPRAZOLE + SUS SYRSPEND	Non-Pref	PA
<i>omeprazole cap delayed release 10 mg</i>	Non-Pref	PA
<i>omeprazole cap delayed release 20 mg</i>	Pref	Max 60 DS every 365 days; QL (1 cap/1day); EA
<i>omeprazole cap delayed release 20 mg</i>	Pref	OTC; Max 60 DS every 365 days; QL (1 cap/1day); EA
<i>omeprazole cap delayed release 40 mg</i>	Pref	Max 60 DS every 365 days; QL (1cap/1 day);EA
<i>omeprazole delayed release tab 20 mg</i>	Pref	OTC; EA; Max 60 DS every 365 days; QL (1tab/1day)
<i>omeprazole tab 20mg</i>	Pref	OTC; EA; Max 60 DS every 365 days; QL (1tab/1day)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Pref	Max 60 DS every 365 days; QL (1tab/1 day);EA
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Pref	Max 60 DS every 365 days; QL (1tab/1day); EA
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	Non-Pref	PA
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	Pref	PA
PREVACID 24H CAP 15MG DR	Non-Pref	PA, OTC
PREVACID CAP 30MG DR	Non-Pref	PA
PREVACID TAB 15MG STB	Non-Pref	PA
PREVACID TAB 30MG STB	Non-Pref	PA
PRILOSEC POW 2.5MG	Non-Pref	PA
PRILOSEC POW 10MG	Non-Pref	PA
PROTONIX INJ 40MG	Pref	PA
PROTONIX PAK 40MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 250

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROTONIX TAB 20MG	Non-Pref	PA
PROTONIX TAB 40MG	Non-Pref	PA
<i>rabeprazole sodium ec tab 20 mg</i>	Non-Pref	PA

#### **ULCER DRUGS - PROSTAGLANDINS**

CYTOTEC TAB 100MCG	Non-Pref	PA, QL (4 tabs / 1 day)
CYTOTEC TAB 200MCG	Non-Pref	PA, QL (4 tabs / 1 day)
<i>misoprostol tab 100 mcg</i>	Pref	QL (4 tabs / 1 day)
<i>misoprostol tab 200 mcg</i>	Pref	QL (4 tabs / 1 day)

#### **ULCER THERAPY COMBINATIONS**

<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Non-Pref	PA
HELIDAC MIS THERAPY	Pref	
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	
TALICIA CAP	Non-Pref	PA
ZEGERID CAP 20-1100	Non-Pref	PA
ZEGERID CAP 40-1100	Non-Pref	PA
ZEGERID POW 20-1680	Non-Pref	PA
ZEGERID POW 40-1680	Non-Pref	PA

### **URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE**

#### **URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Non-Pref	PA
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Non-Pref	PA
DETROL LA CAP 2MG	Non-Pref	PA
DETROL LA CAP 4MG	Non-Pref	PA
DETROL TAB 1MG	Non-Pref	PA
DETROL TAB 2MG	Non-Pref	PA
DITROPAN XL TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DITROPAN XL TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
GELNIQUE GEL 10%	Non-Pref	PA
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Pref	QL (20 mL / 1 day)
<i>oxybutynin chloride tab 5 mg</i>	Pref	QL (3 tabs / 1 day)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Pref	QL (1 tab / 1 day)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Pref	QL (1 tab / 1 day)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Pref	QL (2 tabs / 1 day)
OXYTROL DIS 3.9MG/24	Non-Pref	PA
<i>solifenacin succinate tab 5 mg</i>	Pref	
<i>solifenacin succinate tab 10 mg</i>	Pref	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	Non-Pref	PA
<i>tolterodine tartrate cap er 24hr 4 mg</i>	Non-Pref	PA
<i>tolterodine tartrate tab 1 mg</i>	Non-Pref	PA
<i>tolterodine tartrate tab 2 mg</i>	Non-Pref	PA
TOVIAZ TAB 4MG	Pref	QL (1 tab / 1 day)
TOVIAZ TAB 8MG	Pref	QL (1 tab / 1 day)
<i>trospium chloride cap er 24hr 60 mg</i>	Non-Pref	PA
<i>trospium chloride tab 20 mg</i>	Non-Pref	PA
VESICARE LS SUS 5MG/5ML	Non-Pref	PA
VESICARE TAB 5MG	Non-Pref	PA
VESICARE TAB 10MG	Non-Pref	PA

### **URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS**

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

### **URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

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

### **URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS**

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

### **BACTERIAL VACCINES**

PNEUMOVAX 23 INJ 25/0.5	Pref	AGE; Min age 19; 2 fills max
PREVNAR 13 INJ	Pref	AGE; Min age 19; 1 fill max
VAXNEUVANCE INJ	Pref	AGE; Min age 19

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VIRAL VACCINES</b>		
AFLURIA QUAD INJ 2021-22	Pref	AGE; Min age 19; 1 fill / 180 days
ENGRIX-B INJ 10/0.5ML	Pref	AGE; Min age 19; 3 fills / lifetime
ENGRIX-B INJ 20MCG/ML	Pref	AGE; Min age 19; 3 fills / lifetime
FLUAD QUADRI INJ 2021-22	Pref	AGE; Min age 65; 1 fill / 180 days
FLUARIX QUAD INJ 2021-22	Pref	AGE; Min age 19; 1 fill / 180 days
FLUBLOK QUAD INJ 2021-22	Pref	AGE; Min age 19; 1 fill / 180 days
FLUCLVX QUAD INJ 2021-22	Pref	AGE; Min age 19; 1 fill / 180 days
FLULAVAL QUA INJ 2021-22	Pref	AGE; Min age 19; 1 fill / 180 days
FLUMIST QUAD SUS 2021-22	Pref	AGE; Min age 19; Max age 49; 1 fill / 180 days
FLUZONE HD INJ 2021-22	Pref	AGE; Min age 65; 1 fill / 180 days
FLUZONE QUAD INJ 2021-22	Pref	AGE; Min age 19; 1 fill / 180 days
GARDASIL 9 INJ	Pref	AGE; Min age 19; Max age 26; 3 fills / lifetime
HAVRIX INJ 720UNIT	Pref	AGE; Min age 19; 2 fills / lifetime
HAVRIX INJ 1440UNIT	Pref	AGE; Min age 19; 2 fills / lifetime
HEPLISAV-B INJ 20/0.5ML	Pref	AGE; Min age 19; 3 fills / lifetime
JANSSEN VACC INJ COVID-19	Pref	
M-M-R II INJ	Pref	AGE; Min age 19
MODERNA VAC INJ COVID-19	Pref	
PFIZER VACC INJ COVID-19	Pref	
RECOMBIVA HB INJ 5MCG/0.5	Pref	AGE; Min age 19; 3 fills / lifetime
RECOMBIVA HB INJ 10MCG/ML	Pref	AGE; Min age 19; 3 fills / lifetime

**AGE** - Age Limit   **AGE\*** - See Table in Preface for Age Limit   **DS** - Covered up to 90 days   **EA** - Expedited Authorization   **MME** - Max Morphine Equivalent of 120 mg   **Non-Pref** - Non-Preferred   **OTC** - Over the counter   **PA** - Prior Authorization   **Pref** - Preferred   **QL** - Quantity Limits   **SP** - Specialty   **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SHINGRIX INJ 50/0.5ML	Pref	AGE; Min age 50; 2 fills / lifetime
TWINRIX INJ	Pref	AGE; Min age 19; 3 fills / lifetime
VAQTA INJ 25/0.5ML	Pref	AGE; Min age 19; 2 fills / lifetime
VAQTA INJ 50UNT/ML	Pref	AGE; Min age 19; 2 fills / lifetime

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

### **VAGINAL ANTI-INFECTIVES**

CLEOCIN CRE 2% VAG	Non-Pref	PA
CLEOCIN SUP 100MG	Pref	
<i>clindamycin phosphate vaginal cream 2%</i>	Pref	
CLINDESSE CRE 2%	Non-Pref	PA
<i>clotrimazole vaginal cream 1%</i>	Pref	OTC
<i>clotrimazole vaginal cream 2%</i>	Pref	OTC
GYNAZOLE-1 CRE 2%	Non-Pref	PA
<i>metronidazole vaginal gel 0.75%</i>	Pref	QL (70 gm / 5 days)
<i>miconazole 3 sup 200mg</i>	Pref	
<i>miconazole nitrate vaginal cream 2%</i>	Pref	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	Pref	OTC
NUVESSA GEL 1.3%	Pref	
<i>terconazole vaginal cream 0.4%</i>	Pref	
<i>terconazole vaginal cream 0.8%</i>	Pref	
<i>terconazole vaginal suppos 80 mg</i>	Non-Pref	PA
<i>vandazole gel 0.75%</i>	Pref	QL (70 gm / 5 days)

### **VAGINAL CONTRACEPTIVE - PH MODULATORS**

PHEXXI GEL	Pref	PA
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### **VAGINAL ESTROGENS**

ESTRACE VAG CRE 0.01%	Non-Pref	PA
<i>estradiol vaginal cream 0.1 mg/gm</i>	Pref	
<i>estradiol vaginal tab 10 mcg</i>	Pref	
ESTRING MIS 2MG	Pref	
FEMRING MIS 0.1MG/24	Non-Pref	PA
FEMRING MIS 0.05/24H	Non-Pref	PA
PREMARIN VAG CRE 0.625MG	Pref	
VAGIFEM TAB 10MCG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days **EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **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
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL 4% VAG	Non-Pref	PA
CRINONE GEL 8% VAG	Non-Pref	PA

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

### **ANAPHYLAXIS THERAPY AGENTS**

ADRENALIN INJ 1MG/ML	Pref	
ADRENALIN INJ 1MG/ML	Non-Pref	PA
ADRENALIN INJ 30/30ML	Non-Pref	PA
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	Non-Pref	PA
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Pref	QL (2 pens / 25 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Non-Pref	PA, QL (2 pens / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Pref	QL (2 pens / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Pref	QL (2 pens / 25 days)
EPIPEN 2-PAK INJ 0.3MG	Non-Pref	PA, QL (2 pens / 25 days)
EPIPEN-JR INJ 0.15MG	Non-Pref	PA, QL (2 pens / 25 days)
SYMJEPI INJ 0.3MG	Pref	
SYMJEPI INJ 0.15MG	Pref	

### **NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS**

<i>droxidopa cap 100 mg</i>	Non-Pref	SP, PA
<i>droxidopa cap 200 mg</i>	Non-Pref	SP, PA
<i>droxidopa cap 300 mg</i>	Non-Pref	SP, PA
NORTHERA CAP 100MG	Non-Pref	SP, PA
NORTHERA CAP 200MG	Non-Pref	SP, PA
NORTHERA CAP 300MG	Non-Pref	SP, PA

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

<i>midodrine hcl tab 2.5 mg</i>	Pref	
<i>midodrine hcl tab 5 mg</i>	Pref	
<i>midodrine hcl tab 10 mg</i>	Pref	



Drug Name	Drug Tier	Requirements/Limits
<b>VITAMINS - DRUGS FOR NUTRITION</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>cholecalciferol cap 1000 unit</i>	Pref	QL (5 caps / 1 day), OTC
<i>cholecalciferol cap 10000 unit</i>	Pref	OTC
<i>cholecalciferol oral liquid 400 unit/ml</i>	Pref	OTC
<i>cholecalciferol tab 1000 unit</i>	Pref	QL (5 tabs / 1 day), OTC
<i>D-VI-SOL LIQ 400UNIT</i>	Pref	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Pref	QL (6 caps / 1 day)
<i>phytonadione tab 5 mg</i>	Pref	QL (5 tabs / 1 day)
<b>WATER SOLUBLE VITAMINS</b>		
<i>niacin tab 500 mg</i>	Pref	OTC
<i>niacin tab er 500 mg</i>	Pref	OTC
<i>niacin tab er 750 mg</i>	Pref	OTC
<i>niacinamide tab 500 mg</i>	Pref	OTC
<i>pyridoxine hcl tab 50 mg</i>	Pref	QL (4 tabs / 1 day), OTC
<i>thiamine hcl inj 100 mg/ml</i>	Pref	PA
<i>thiamine hcl tab 100 mg</i>	Pref	QL (1 tab / 1 day), OTC

**AGE** - Age Limit   **AGE\*** - See Table in Preface for Age Limit   **DS** - Covered up to 90 days  
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*benazepril & hydrochlorothiazide tab 20-12.5 mg* ..... 100  
*benazepril & hydrochlorothiazide tab 20-25 mg* ..... 100  
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BREVIBLOC SOL .....	135	<i>mg/2ml</i> .....	55
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*mcg/hr ..... 42*  
*buprenorphine td patch weekly 20*  
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*buspirone hcl tab 15 mg ..... 50*  
*buspirone hcl tab 30 mg ..... 50*  
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<i>mg .....</i>	<i>88</i>	<i>cefixime for susp 200 mg/5ml ...</i>	<i>147</i>
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<i>mg .....</i>	<i>88</i>	CEFOTAN INJ 2GM .....	146
CASPOFUNGIN INJ 50MG .....	88	CEFOTET/DEX INJ 1-3.58%.....	146
CASPOFUNGIN INJ 70MG .....	88	CEFOTET/DEX INJ 2-2.08%.....	146
CATAPRES-TTS DIS 0.1/24HR.....	98	<i>cefotetan disodium for inj 1 gm .</i>	<i>146</i>
CATAPRES-TTS DIS 0.2/24HR.....	98	<i>cefotetan disodium for inj 2 gm .</i>	<i>146</i>
CATAPRES-TTS DIS 0.3/24HR.....	98	CEFOXITIN INJ 1GM .....	146
CATHETER/TIP MIS 60ML COV ...	205	CEFOXITIN INJ 2GM .....	146
CATHFLO ACTI INJ 2MG .....	193	<i>cefoxitin sodium for iv soln 1 gm</i>	<i>146</i>
<i>cavarest gel 1.1% .....</i>	<i>223</i>	<i>cefoxitin sodium for iv soln 10 gm</i>	
CAYA DPR .....	203	<i>.....</i>	<i>146</i>
CAYSTON INH 75MG.....	48	<i>cefoxitin sodium for iv soln 2 gm</i>	<i>146</i>
<i>caziant pak.....</i>	<i>149</i>	<i>cefpodoxime proxetil for susp 100</i>	
CEFACLOR ER TAB 500MG.....	146	<i>mg/5ml .....</i>	<i>147</i>
<i>cefaclor for susp 125 mg/5ml ....</i>	<i>146</i>	<i>cefpodoxime proxetil for susp 50</i>	
<i>cefaclor for susp 250 mg/5ml ....</i>	<i>146</i>	<i>mg/5ml .....</i>	<i>147</i>
<i>cefaclor for susp 375 mg/5ml ....</i>	<i>146</i>	<i>cefpodoxime proxetil tab 100 mg</i>	
<i>cefadroxil cap 500 mg .....</i>	<i>145</i>	<i>.....</i>	<i>147</i>
<i>cefadroxil for susp 250 mg/5ml..</i>	<i>145</i>	<i>cefpodoxime proxetil tab 200 mg</i>	
<i>cefadroxil for susp 500 mg/5ml..</i>	<i>146</i>	<i>.....</i>	<i>147</i>
<i>cefadroxil tab 1 gm .....</i>	<i>146</i>	<i>cefprozil for susp 125 mg/5ml ...</i>	<i>146</i>

<i>cefprozil for susp 250 mg/5ml ...</i>	146	CELLCEPT CAP 250MG .....	220
<i>cefprozil tab 250 mg.....</i>	146	CELLCEPT SUS 200MG/ML.....	220
<i>cefprozil tab 500 mg.....</i>	146	CELLCEPT TAB 500MG .....	220
<i>ceftazidime for inj 1 gm .....</i>	147	CELONTIN CAP 300MG.....	70
<i>ceftazidime for inj 6 gm .....</i>	147	CENTANY AT KIT 2% .....	164
<i>ceftazidime for iv soln 2 gm.....</i>	147	CENTANY OIN 2% .....	164
CEFTAZIDIME/ SOL D5W 1GM ...	147	<i>cephalexin cap 250 mg .....</i>	146
CEFTAZIDIME/ SOL D5W 2GM ...	147	<i>cephalexin cap 500 mg .....</i>	146
CEFTRIAX/DEX INJ 1GM.....	147	<i>cephalexin cap 750 mg .....</i>	146
CEFTRIAX/DEX INJ 2GM.....	147	<i>cephalexin for susp 125 mg/5ml</i>	146
<i>ceftriaxone sodium for inj 1 gm .</i>	147	<i>cephalexin for susp 250 mg/5ml</i>	146
<i>ceftriaxone sodium for inj 10 gm</i>	147	<i>cephalexin tab 250 mg .....</i>	146
<i>ceftriaxone sodium for inj 2 gm .</i>	147	<i>cephalexin tab 500 mg .....</i>	146
<i>ceftriaxone sodium for inj 250 mg</i>	147	CEPROTIN INJ 1000UNIT .....	192
.....	147	CEPROTIN INJ 500 UNIT .....	192
<i>ceftriaxone sodium for inj 500 mg</i>	147	CEQUA SOL 0.09%.....	231
.....	147	CERDELGA CAP 84MG.....	193
<i>ceftriaxone sodium for iv soln 1 gm</i>	147	CEREBYX INJ 100/2ML.....	69
.....	147	CEREBYX INJ 500/10ML.....	69
<i>ceftriaxone sodium for iv soln 2 gm</i>	147	CEREZYME INJ 400UNIT .....	193
.....	147	<i>cerovite jr chw.....</i>	224
<i>ceftriaxone sodium in dextrose inj</i>	147	<i>cetirizine hcl oral soln 1 mg/ml (5</i>	90
<i>20 mg/ml .....</i>	147	<i>mg/5ml).....</i>	90
<i>ceftriaxone sodium in dextrose inj</i>	147	<i>cetirizine hcl tab 10 mg .....</i>	90
<i>40 mg/ml .....</i>	147	<i>cetirizine hcl tab 5 mg .....</i>	90
<i>cefuroxime axetil tab 250 mg ...</i>	146	<i>cetirizine-pseudoephedrine tab er</i>	159
<i>cefuroxime axetil tab 500 mg ...</i>	147	<i>12hr 5-120 mg.....</i>	159
<i>cefuroxime sodium for inj 750 mg</i>	147	<i>cevimeline hcl cap 30 mg .....</i>	223
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<i>cefuroxime sodium for iv soln 1.5</i>	147	<i>chateal eq tab 0.15/30 .....</i>	149
<i>gm .....</i>	147	<i>chateal tab 0.15/30.....</i>	149
CELEBREX CAP 100MG.....	29	CHEMET CAP 100MG .....	85
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CELEBREX CAP 400MG.....	29	CHEWABLE CHW CALCIUM .....	218
CELEBREX CAP 50MG .....	29	<i>chlordiazepoxide hcl cap 10 mg ...</i>	51
<i>celecoxib cap 100 mg .....</i>	30	<i>chlordiazepoxide hcl cap 25 mg ...</i>	51
<i>celecoxib cap 200 mg .....</i>	30	<i>chlordiazepoxide hcl cap 5 mg ....</i>	51
<i>celecoxib cap 400 mg .....</i>	30	<i>chlordiazepoxide hcl-clidinium</i>	249
<i>celecoxib cap 50 mg .....</i>	30	<i>bromide cap 5-2.5 mg .....</i>	249
CELESTONE INJ SOLUSPAN .....	155	<i>chlordiazepoxide-amitriptyline tab</i>	240
CELEXA TAB 10MG .....	71	<i>10-25 mg .....</i>	240
CELEXA TAB 20MG .....	71	<i>chlordiazepoxide-amitriptyline tab</i>	240
CELEXA TAB 40MG .....	72	<i>5-12.5 mg .....</i>	240

<i>chlorhexidine gluconate soln 0.12%</i> .....	222	<i>ciclodan sol 8%</i> .....	164
<i>chloroquine phosphate tab 250 mg</i> .....	105	<i>ciclopirox gel 0.77%</i> .....	164
<i>chloroquine phosphate tab 500 mg</i> .....	105	<i>ciclopirox kit 8%</i> .....	164
<i>chlorothiazide sodium for inj 500 mg</i> .....	177	<i>ciclopirox olamine cream 0.77%</i> (base equiv) .....	164
<i>chlorpheniramine tab 4 mg</i> .....	90	<i>ciclopirox olamine susp 0.77% (base</i> <i>equiv)</i> .....	164
<i>chlorpromazine hcl inj 25 mg/ml</i>	126	<i>ciclopirox shampoo 1%</i> .....	164
<i>chlorpromazine hcl inj 50 mg/2ml</i> .....	126	<i>ciclopirox solution 8%</i> .....	164
<i>chlorpromazine hcl tab 10 mg</i> ....	126	<i>cidofovir iv inj 75 mg/ml</i> .....	132
<i>chlorpromazine hcl tab 100 mg</i> ..	126	<i>cilostazol tab 100 mg</i> .....	193
<i>chlorpromazine hcl tab 200 mg</i> ..	126	<i>cilostazol tab 50 mg</i> .....	193
<i>chlorpromazine hcl tab 25 mg</i> ....	126	CILOXAN OIN 0.3% OP .....	230
<i>chlorpromazine hcl tab 50 mg</i> ....	126	CILOXAN SOL 0.3% OP .....	230
<i>chlorthalidone tab 25 mg</i> .....	177	CIMDUO TAB 300-300 .....	129
<i>chlorthalidone tab 50 mg</i> .....	177	<i>cimetidine hcl soln 300 mg/5ml</i> .	250
CHLORZOXAZONE TAB 250 MG..	225	<i>cimetidine tab 300 mg</i> .....	250
<i>chlorzoxazone tab 375 mg</i> .....	225	<i>cimetidine tab 400 mg</i> .....	250
<i>chlorzoxazone tab 500 mg</i> .....	225	<i>cimetidine tab 800 mg</i> .....	250
<i>chlorzoxazone tab 750 mg</i> .....	225	CIMZIA KIT 200MG .....	188
CHOLBAM CAP 250MG .....	187	CIMZIA PREFL KIT 200MG/ML....	188
CHOLBAM CAP 50MG .....	187	CIMZIA START KIT 200MG/ML ...	188
<i>cholecalciferol cap 1000 unit</i> .....	257	<i>cinacalcet hcl tab 30 mg (base</i> <i>equiv)</i> .....	181
<i>cholecalciferol cap 10000 unit</i> ....	257	<i>cinacalcet hcl tab 60 mg (base</i> <i>equiv)</i> .....	181
<i>cholecalciferol oral liquid 400</i> <i>unit/ml</i> .....	257	<i>cinacalcet hcl tab 90 mg (base</i> <i>equiv)</i> .....	181
<i>cholecalciferol tab 1000 unit</i> .....	258	CINQAIR INJ .....	54
<i>cholestyramine light powder 4</i> <i>gm/dose</i> .....	92	CINVANTI INJ 130/18ML .....	88
<i>cholestyramine light powder packets</i> <i>4 gm</i> .....	92	CIPRO (10%) SUS 500MG/5.....	186
<i>cholestyramine powder 4 gm/dose</i> .....	92	CIPRO (5%) SUS 250MG/5.....	186
<i>cholestyramine powder packets 4</i> <i>gm</i> .....	92	CIPRO HC SUS OTIC.....	234
<i>choline fenofibrate cap dr 135 mg</i> (fenofibric acid equiv) .....	93	CIPRO TAB 250MG .....	186
<i>choline fenofibrate cap dr 45 mg</i> (fenofibric acid equiv) .....	93	CIPRO TAB 500MG .....	186
CIALIS TAB 5MG .....	144	CIPRO/FLUOC DRO PF .....	234
		CIPRODEX SUS 0.3-0.1% .....	234
		<i>ciprofloxacin hcl ophth soln 0.3%</i> (base equivalent) .....	230
		<i>ciprofloxacin hcl otic soln 0.2%</i> (base equivalent) .....	234
		<i>ciprofloxacin hcl tab 100 mg (base</i> <i>equiv)</i> .....	186

<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> .....	186
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> .....	186
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i> .....	186
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	234
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i> .....	234
<i>citalopram hydrobromide oral soln 10 mg/5ml</i> .....	72
<i>citalopram hydrobromide tab 10 mg (base equiv)</i> .....	72
<i>citalopram hydrobromide tab 20 mg (base equiv)</i> .....	72
<i>citalopram hydrobromide tab 40 mg (base equiv)</i> .....	72
CLARINEX TAB 5MG.....	90
CLARINEX-D TAB 2.5-120 .....	159
<i>clarispray spr 50mcg</i> .....	227
<i>clarithromycin for susp 125 mg/5ml</i> .....	202
<i>clarithromycin for susp 250 mg/5ml</i> .....	202
<i>clarithromycin tab 250 mg</i> .....	202
<i>clarithromycin tab 500 mg</i> .....	202
<i>clarithromycin tab er 24hr 500 mg</i> .....	202
<i>clemastine fumarate tab 2.68 mg</i> .....	90
CLENPIQ SOL.....	200
CLEOCIN CAP 150MG.....	47
CLEOCIN CAP 300MG.....	47
CLEOCIN CAP 75MG .....	47
CLEOCIN CRE 2% VAG.....	256
CLEOCIN PED SOL 75MG/5ML.....	48
CLEOCIN SUP 100MG .....	256
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CLIMARA DIS 0.05MG.....	184
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<i>clindacin mis etz 1%</i> .....	160
<i>clindacin-p pad 1%</i> .....	160
CLINDAGEL GEL 1% .....	161
<i>clindamycin hcl cap 150 mg</i> .....	48
<i>clindamycin hcl cap 300 mg</i> .....	48
<i>clindamycin hcl cap 75 mg</i> .....	48
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> .....	48
<i>clindamycin phosphate foam 1%</i> .....	161
<i>clindamycin phosphate gel 1%</i> ..	161
<i>clindamycin phosphate lotion 1%</i> .....	161
<i>clindamycin phosphate soln 1%</i> ..	161
<i>clindamycin phosphate swab 1%</i> ..	161
<i>clindamycin phosphate vaginal cream 2%</i> .....	256
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> .....	161
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> .....	161
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> .....	161
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> .....	161
CLINDAVIX KIT.....	161
CLINDESSE CRE 2%.....	256
<i>clobazam suspension 2.5 mg/ml</i> ..	62
<i>clobazam tab 10 mg</i> .....	62
<i>clobazam tab 20 mg</i> .....	62
<i>clobetasol propionate cream 0.05%</i> .....	168
<i>clobetasol propionate emollient base cream 0.05%</i> .....	168
<i>clobetasol propionate emulsion foam 0.05%</i> .....	168
<i>clobetasol propionate foam 0.05%</i> .....	168
<i>clobetasol propionate gel 0.05%</i> ..	168

<i>clobetasol propionate lotion 0.05%</i> .....	168	<i>clonidine td patch weekly 0.3</i> <i>mg/24hr.....</i>	98
<i>clobetasol propionate oint 0.05%</i> .....	168	<i>clopidogrel bisulfate tab 300 mg</i> <i>(base equiv) .....</i>	193
<i>clobetasol propionate shampoo</i> <i>0.05%.....</i>	168	<i>clopidogrel bisulfate tab 75 mg</i> <i>(base equiv) .....</i>	193
<i>clobetasol propionate soln 0.05%</i> .....	168	<i>clorazepate dipotassium tab 15 mg</i> .....	51
<i>clobetasol propionate spray 0.05%</i> .....	168	<i>clorazepate dipotassium tab 3.75</i> <i>mg .....</i>	51
CLOBETEX PAK .....	90	<i>clorazepate dipotassium tab 7.5 mg</i> .....	51
CLOBEX LOT 0.05%.....	168	<i>clotrimazole cream 1% .....</i>	164
CLOBEX SHA 0.05% .....	168	<i>clotrimazole soln 1% .....</i>	164
CLOBEX SPR 0.05% .....	168	<i>clotrimazole troche 10 mg.....</i>	222
<i>clocortolone pivalate cream 0.1%</i> .....	168	<i>clotrimazole vaginal cream 1% ..</i>	256
CLODAN KIT 0.05%.....	168	<i>clotrimazole vaginal cream 2% ..</i>	256
<i>clodan sha 0.05% .....</i>	168	<i>clotrimazole w/ betamethasone</i> <i>cream 1-0.05%.....</i>	164
CLODERM CRE 0.1% .....	168	<i>clotrimazole w/ betamethasone</i> <i>lotion 1-0.05%.....</i>	164
<i>clomipramine hcl cap 25 mg .....</i>	75	<i>clozapine orally disintegrating tab</i> <i>100 mg .....</i>	124
<i>clomipramine hcl cap 50 mg .....</i>	75	<i>clozapine orally disintegrating tab</i> <i>12.5 mg .....</i>	124
<i>clomipramine hcl cap 75 mg .....</i>	75	<i>clozapine orally disintegrating tab</i> <i>150 mg .....</i>	124
<i>clonazepam orally disintegrating tab</i> <i>0.125 mg .....</i>	62	<i>clozapine orally disintegrating tab</i> <i>200 mg .....</i>	124
<i>clonazepam orally disintegrating tab</i> <i>0.25 mg .....</i>	62	<i>clozapine orally disintegrating tab</i> <i>25 mg .....</i>	124
<i>clonazepam orally disintegrating tab</i> <i>0.5 mg .....</i>	62	<i>clozapine tab 100 mg .....</i>	124
<i>clonazepam orally disintegrating tab</i> <i>1 mg.....</i>	62	<i>clozapine tab 200 mg .....</i>	124
<i>clonazepam orally disintegrating tab</i> <i>2 mg.....</i>	62	<i>clozapine tab 25 mg .....</i>	124
<i>clonazepam tab 0.5 mg.....</i>	62	<i>clozapine tab 50 mg .....</i>	124
<i>clonazepam tab 1 mg .....</i>	62	CLOZARIL TAB 100MG .....	124
<i>clonazepam tab 2 mg .....</i>	62	CLOZARIL TAB 200MG .....	124
<i>clonidine hcl tab 0.1 mg .....</i>	98	CLOZARIL TAB 25MG.....	124
<i>clonidine hcl tab 0.2 mg .....</i>	98	CLOZARIL TAB 50MG.....	124
<i>clonidine hcl tab 0.3 mg .....</i>	98	COARTEM TAB 20-120MG .....	105
<i>clonidine hcl tab er 12hr 0.1 mg..</i>	22	CODEINE SULF TAB 15MG.....	35
<i>clonidine td patch weekly 0.1</i> <i>mg/24hr.....</i>	98	CODEINE SULF TAB 60MG.....	35
<i>clonidine td patch weekly 0.2</i> <i>mg/24hr.....</i>	98	<i>codeine sulfate tab 30 mg .....</i>	35



COGENTIN INJ 1MG/ML.....	117	CONZIP CAP 100MG .....	35
COLAZAL CAP 750MG .....	188	CONZIP CAP 200MG .....	35
<i>colchicine cap 0.6 mg</i> .....	192	CONZIP CAP 300MG .....	35
<i>colchicine tab 0.6 mg</i> .....	192	COPAXONE INJ 20MG/ML .....	241
<i>colchicine w/ probenecid tab 0.5-</i>		COPAXONE INJ 40MG/ML .....	241
<i>500 mg</i> .....	192	COPIKTRA CAP 15MG .....	112
COLCRYS TAB 0.6MG .....	192	COPIKTRA CAP 25MG .....	112
<i>colesevelam hcl packet for susp</i>		COREG CR CAP 10MG .....	134
<i>3.75 gm</i> .....	92	COREG CR CAP 20MG .....	134
<i>colesevelam hcl tab 625 mg</i> .....	92	COREG CR CAP 40MG .....	134
COLESTID FLA GRA 5/7.5GM .....	92	COREG CR CAP 80MG .....	134
COLESTID FLA GRA 5GM .....	92	COREG TAB 12.5MG .....	134
COLESTID GRA 5GM .....	92	COREG TAB 25MG .....	134
COLESTID POW 5GM .....	92	COREG TAB 3.125MG .....	134
COLESTID TAB 1GM .....	92	COREG TAB 6.25MG .....	134
<i>colestipol hcl granule packets 5 gm</i>		CORGARD TAB 20MG.....	136
.....	92	CORGARD TAB 40MG.....	136
<i>colestipol hcl granules 5 gm</i> .....	92	CORGARD TAB 80MG.....	136
<i>colestipol hcl tab 1 gm</i> .....	92	CORLANOR SOL 5MG/5ML .....	145
COMBIGAN SOL 0.2/0.5% .....	229	CORLANOR TAB 5MG .....	145
COMBIPATCH DIS .....	184	CORLANOR TAB 7.5MG .....	145
COMBIVENT AER 20-100.....	57	CORTEF TAB 10MG.....	155
COMBIVIR TAB 150-300.....	129	CORTEF TAB 20MG.....	155
COMETRIQ KIT 100MG.....	112	CORTEF TAB 5MG .....	155
COMETRIQ KIT 140MG.....	112	CORTENEMA ENE 100MG .....	44
COMETRIQ KIT 60MG .....	112	CORTIFOAM AER 90MG.....	44
<i>compl multiv chw childrns</i> .....	224	CORTISPORIN SUS -TC OTIC....	234
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COMPLETENATE CHW .....	224	COSENTYX INJ 75MG/0.5.....	166
<i>compro sup 25mg</i> .....	126	COSENTYX PEN INJ 150MG/ML ..	166
COMTAN TAB 200MG .....	118	COSENTYX PEN INJ 300DOSE....	166
CO-NATAL FA TAB 29-1MG .....	224	COSOPT PF SOL 2%-0.5% .....	229
CONCERTA TAB 18MG.....	24	COSOPT SOL 22.3-6.8 .....	229
CONCERTA TAB 27MG.....	24	COTELIC TAB 20MG .....	112
CONCERTA TAB 36MG.....	24	COTEMPLA TAB 17.3MG .....	24
CONCERTA TAB 54MG.....	24	COTEMPLA TAB 25.9MG .....	24
CONDOMS - FEMALE.....	203	COTEMPLA TAB 8.6MG.....	24
CONDOMS - MALE .....	203	COZAAR TAB 100MG .....	98
CONDOMS LATEX LUBRICATED ..	203	COZAAR TAB 25MG .....	97
CONDOMS LATEX NON-LUBRICATED		COZAAR TAB 50MG .....	97
.....	203	<i>creamies chw 600-400</i> .....	218
<i>constulose sol 10gm/15</i> .....	200	CREON CAP 12000UNT .....	175

CREON CAP 24000UNT .....	175
CREON CAP 3000UNIT .....	175
CREON CAP 36000UNT .....	175
CREON CAP 6000UNIT .....	175
CRESEMBA CAP 186 MG .....	89
CRESEMBA INJ 372MG .....	89
CRESTOR TAB 10MG .....	94
CRESTOR TAB 20MG .....	94
CRESTOR TAB 40MG .....	94
CRESTOR TAB 5MG .....	94
CRINONE GEL 4% VAG .....	256
CRINONE GEL 8% VAG .....	256
CRIXIVAN CAP 400MG .....	129
<i>cromolyn sodium ophth soln 4%</i>	233
<i>cromolyn sodium oral conc 100</i>	
<i>mg/5ml .....</i>	187
<i>cromolyn sodium soln nebu 20</i>	
<i>mg/2ml .....</i>	54
CRONO SYR MIS 10ML .....	205
CRONO SYR MIS 20ML .....	205
<i>crotan lot 10%</i> .....	174
CRYODOSE AER TA .....	172
<i>cryselle-28 tab 28 tabs .....</i>	149
CUPRIMINE CAP 250MG .....	220
CUTIVATE LOT 0.05% .....	168
CUVPOSA SOL 1MG/5ML .....	249
CVS GLUCOSE CHW TROPICAL ...	79
<i>cyanocobalamin inj 1000 mcg/ml</i>	
<i>.....</i>	194
<i>cyclafem tab 1/35 .....</i>	149
<i>cyclafem tab 7/7/7 .....</i>	149
<i>cyclobenzaprine hcl cap er 24hr 15</i>	
<i>mg .....</i>	225
<i>cyclobenzaprine hcl cap er 24hr 30</i>	
<i>mg .....</i>	225
<i>cyclobenzaprine hcl tab 10 mg ...</i>	225
<i>cyclobenzaprine hcl tab 5 mg .....</i>	225
<i>cyclobenzaprine hcl tab 7.5 mg ..</i>	225
CYCLOGYL SOL 0.5% OP .....	229
CYCLOGYL SOL 1% OP .....	229
CYCLOGYL SOL 2% OP .....	229
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<i>cyclopentolate hcl ophth soln 0.5%</i>	
<i>.....</i>	229
<i>cyclopentolate hcl ophth soln 1%</i>	
<i>.....</i>	229
<i>cyclopentolate hcl ophth soln 2%</i>	
<i>.....</i>	229
<i>cyclophosphamide cap 25 mg ....</i>	107
<i>cyclophosphamide cap 50 mg ....</i>	107
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GLUCAGON KIT 1MG .....	79	GLYRX-PF SOL 0.2MG/ML .....	250
GLUCOSE CHW 4GM .....	79	GLYRX-PF SOL 0.4/2 .....	250
GLUCOSE CHW ORANGE .....	80	GLYXAMBI TAB 10-5 MG .....	77
GLUCOSE CHW RASPBERRY .....	80	GLYXAMBI TAB 25-5 MG .....	77
GLUCOTROL XL TAB 10MG .....	84	GNP GLUCOSE CHW GRAPE .....	80
GLUCOTROL XL TAB 2.5MG .....	84	GNP GLUCOSE CHW ORANGE .....	80
GLUCOTROL XL TAB 5MG .....	84	GNP GLUCOSE CHW RASPBERR ...	80
GLUMETZA TAB 1000MG .....	79	GNP GLUCOSE CHW RASPBERRY ...	80
GLUMETZA TAB 500MG .....	79	GOCOVRI CAP 137MG .....	118
<i>glyburide micronized tab 1.5 mg</i> ..	84	GOCOVRI CAP 68.5MG .....	118
<i>glyburide micronized tab 3 mg</i> ....	84	GOLYTELY SOL .....	200
<i>glyburide micronized tab 6 mg</i> ....	84	GONITRO POW 400MCG .....	49
<i>glyburide tab 1.25 mg</i> .....	84	GRALISE TAB 300MG .....	243
<i>glyburide tab 2.5 mg</i> .....	84		

GRALISE TAB 600MG .....243  
*granisetron hcl inj 1 mg/ml* ..... 86  
*granisetron hcl inj 4 mg/4ml (1 mg/ml)* ..... 86  
*granisetron hcl tab 1 mg* ..... 86  
 GRANIX INJ 300/0.5 .....194  
 GRANIX INJ 300/1ML .....194  
 GRANIX INJ 480/0.8 .....194  
 GRANIX INJ 480/1.6 .....194  
*griseofulvin microsize susp 125 mg/5ml* ..... 88  
*griseofulvin microsize tab 500 mg* 88  
*griseofulvin ultramicrosize tab 125 mg* ..... 88  
*griseofulvin ultramicrosize tab 250 mg* ..... 89  
*guaifenesin liquid 100 mg/5ml*...159  
*guaifenesin syrup 100 mg/5ml*...159  
*guanfacine hcl tab 1 mg* ..... 99  
*guanfacine hcl tab 2 mg* ..... 99  
*guanfacine hcl tab er 24hr 1 mg (base equiv)* ..... 22  
*guanfacine hcl tab er 24hr 2 mg (base equiv)* ..... 22  
*guanfacine hcl tab er 24hr 3 mg (base equiv)* ..... 22  
*guanfacine hcl tab er 24hr 4 mg (base equiv)* ..... 23  
 GVOKE HYPO 1 INJ .5/.1ML ..... 80  
 GVOKE HYPO 1 INJ 1MG/.2ML..... 80  
 GVOKE HYPO 2 INJ .5/.1ML ..... 80  
 GVOKE HYPO 2 INJ 1MG/.2ML..... 80  
 GVOKE PFS INJ ..... 80  
 GYNAZOLE-1 CRE 2% .....256  
**H**  
*hailey 24 tab fe*.....150  
*hailey fe tab 1.5/30*.....150  
*hailey fe tab 1/20*.....150  
*hailey tab 1.5/30* .....150  
*halcinonide cream 0.1%*.....170  
 HALCION TAB 0.25MG .....198  
 HALDOL DECAN INJ 100MG/ML..123  
 HALDOL DECAN INJ 50MG/ML....123

HALOBETASOL AER 0.05% ..... 170  
*halobetasol propionate cream 0.05%* .....170  
*halobetasol propionate oint 0.05%* .....170  
 HALOG CRE 0.1% .....170  
 HALOG OIN 0.1% .....170  
 HALOG SOL 0.1% .....170  
*haloperidol decanoate im soln 100 mg/ml*.....123  
*haloperidol decanoate im soln 50 mg/ml*.....123  
*haloperidol lactate inj 5 mg/ml* ..123  
*haloperidol lactate oral conc 2 mg/ml*.....123  
*haloperidol tab 0.5 mg* .....123  
*haloperidol tab 1 mg* .....123  
*haloperidol tab 10 mg*.....123  
*haloperidol tab 2 mg* .....123  
*haloperidol tab 20 mg*.....123  
*haloperidol tab 5 mg* .....123  
 HAVRIX INJ 1440UNIT .....255  
 HAVRIX INJ 720UNIT .....255  
*heather tab 0.35mg* .....155  
 HELIDAC MIS THERAPY.....253  
 HEMADY TAB 20MG .....156  
 HEMANGEOL SOL 4.28/ML .....136  
*hematinic pl tab vit/min* .....196  
*hematogen cap* .....196  
*hematogen cap forte* .....196  
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*heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%* .....61  
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*heparin sodium (porcine) 100 unit/ml in d5w* .....61  
*heparin sodium (porcine) inj 1000 unit/ml*.....61

<i>heparin sodium (porcine) inj 10000 unit/ml</i> .....	61	HUMALOG MIX INJ 75/25KWP.....	81
<i>heparin sodium (porcine) inj 20000 unit/ml</i> .....	61	HUMALOG MIX SUS 75/25.....	81
<i>heparin sodium (porcine) inj 5000 unit/ml</i> .....	61	HUMATIN CAP 250MG.....	27
<i>heparin sodium (porcine) lock flush iv soln 1 unit/ml</i> .....	61	HUMATROPE INJ 12MG .....	180
<i>heparin sodium (porcine) lock flush iv soln 10 unit/ml</i> .....	61	HUMATROPE INJ 24MG .....	180
<i>heparin sodium (porcine) lock flush iv soln 100 unit/ml</i> .....	61	HUMATROPE INJ 6MG .....	180
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i> .....	61	HUMIRA INJ 10/0.1ML .....	28
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i> ....	61	HUMIRA INJ 20/0.2ML .....	28
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i> ....	61	HUMIRA INJ 40/0.4ML .....	28
HEPARIN/NACL INJ 25000UNT ....	61	HUMIRA KIT 40MG/0.8 .....	28
HEPLISAV-B INJ 20/0.5ML.....	255	HUMIRA PEDIA INJ CROHNS.....	28
HEPSERA TAB 10MG .....	133	HUMIRA PEN INJ 40/0.4ML.....	28
HETLIOZ CAP 20MG.....	199	HUMIRA PEN INJ 40MG/0.8 .....	28
HETLIOZ LQ SUS 4MG/ML .....	199	HUMIRA PEN INJ 80/0.8ML.....	28
HIPREX TAB 1GM .....	48	HUMIRA PEN INJ CD/UC/HS .....	28
HORIZANT TAB 300MG ER.....	243	HUMIRA PEN INJ PS/UV .....	28
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HUBER NEEDLE MIS 19GX3/4 ....	206	HUMULIN INJ 70/30 .....	82
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HUBER NEEDLE MIS 20GX1.25 ..	206	HUMULIN N INJ U-100 .....	82
HUBER NEEDLE MIS 20GX1.5 ....	206	HUMULIN N INJ U-100KWP.....	82
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HUBER NEEDLE MIS 22GX1 .....	206	HUMULIN R INJ U-500 .....	82
HUBER NEEDLE MIS 22GX1.25 ..	206	HYCANTIN CAP 0.25MG .....	117
HUBER NEEDLE MIS 22GX1.5 ....	206	HYCANTIN CAP 1MG.....	117
HUBER NEEDLE MIS 22GX3/4 ....	206	<i>hydralazine hcl inj 20 mg/ml</i> ....	104
HUMALOG INJ 100/ML .....	81	<i>hydralazine hcl tab 10 mg</i> .....	104
HUMALOG JR INJ 100/ML .....	81	<i>hydralazine hcl tab 100 mg</i> .....	104
HUMALOG KWIK INJ 100/ML.....	81	<i>hydralazine hcl tab 25 mg</i> .....	104
HUMALOG KWIK INJ 200/ML.....	81	<i>hydralazine hcl tab 50 mg</i> .....	104
HUMALOG MIX INJ 50/50 .....	81	HYDREA CAP 500MG.....	117
HUMALOG MIX INJ 50/50KWP.....	81	<i>hydrochlorothiazide cap 12.5 mg</i> 177	
		<i>hydrochlorothiazide tab 12.5 mg</i> 178	
		<i>hydrochlorothiazide tab 25 mg</i> ..	178
		<i>hydrochlorothiazide tab 50 mg</i> ..	178
		<i>hydrocodone bitartrate tab er 24hr</i>	
		<i>deter 100 mg</i> .....	36
		<i>hydrocodone bitartrate tab er 24hr</i>	
		<i>deter 120 mg</i> .....	36
		<i>hydrocodone bitartrate tab er 24hr</i>	
		<i>deter 20 mg</i> .....	36

*hydrocodone bitartrate tab er 24hr  
deter 30 mg..... 36*  
*hydrocodone bitartrate tab er 24hr  
deter 40 mg..... 36*  
*hydrocodone bitartrate tab er 24hr  
deter 60 mg..... 36*  
*hydrocodone bitartrate tab er 24hr  
deter 80 mg..... 36*  
*hydrocodone cap 10mg er..... 36*  
*hydrocodone cap 15mg er..... 36*  
*hydrocodone cap 20mg er..... 36*  
*hydrocodone cap 30mg er..... 36*  
*hydrocodone cap 40mg er..... 36*  
*hydrocodone cap 50mg er..... 36*  
*hydrocodone-acetaminophen soln  
7.5-325 mg/15ml ..... 41*  
*hydrocodone-acetaminophen tab  
10-300 mg ..... 41*  
*hydrocodone-acetaminophen tab  
10-325 mg ..... 41*  
*hydrocodone-acetaminophen tab 5-  
300 mg ..... 41*  
*hydrocodone-acetaminophen tab 5-  
325 mg ..... 41*  
*hydrocodone-acetaminophen tab  
7.5-300 mg ..... 41*  
*hydrocodone-acetaminophen tab  
7.5-325 mg ..... 41*  
*hydrocodone-ibuprofen tab 10-200  
mg ..... 41*  
*hydrocodone-ibuprofen tab 5-200  
mg ..... 41*  
*hydrocodone-ibuprofen tab 7.5-200  
mg ..... 41*  
*hydrocortisone acetate cream 1%  
.....170*  
*hydrocortisone acetate w/  
pramoxine perianal cream 1-1%45*  
*hydrocortisone butyrate cream  
0.1% .....170*  
*hydrocortisone butyrate hydrophilic  
lipo base cream 0.1% .....170*

*hydrocortisone butyrate lotion 0.1%  
.....170*  
*hydrocortisone butyrate oint 0.1%  
.....170*  
*hydrocortisone butyrate soln 0.1%  
.....170*  
*hydrocortisone cream 0.5% .....170*  
*hydrocortisone cream 1% .....170*  
*hydrocortisone cream 1%- rx ....170*  
*hydrocortisone cream 2.5% .....170*  
*hydrocortisone enema 100 mg/60ml  
.....45*  
*hydrocortisone lotion 1% .....170*  
*hydrocortisone lotion 2.5% .....170*  
*hydrocortisone oint 0.5% .....170*  
*hydrocortisone oint 1%.....170*  
*hydrocortisone oint 1%- rx .....170*  
*hydrocortisone oint 2.5% .....170*  
*hydrocortisone perianal cream 1%  
.....45*  
*hydrocortisone rectal cream 2.5%45*  
*hydrocortisone tab 10 mg .....156*  
*hydrocortisone tab 20 mg .....156*  
*hydrocortisone tab 5 mg .....156*  
*hydrocortisone valerate cream 0.2%  
.....170*  
*hydrocortisone valerate oint 0.2%  
.....170*  
*hydrocortisone w/ acetic acid otic  
soln 1-2% .....235*  
*HYDROMORPHON SUP 3MG .....36*  
*hydromorphone hcl liqd 1 mg/ml .36*  
*hydromorphone hcl tab 2 mg.....36*  
*hydromorphone hcl tab 4 mg.....36*  
*hydromorphone hcl tab 8 mg.....36*  
*hydromorphone hcl tab er 24hr 12  
mg .....36*  
*hydromorphone hcl tab er 24hr 16  
mg .....36*  
*hydromorphone hcl tab er 24hr 32  
mg .....37*  
*hydromorphone hcl tab er 24hr 8  
mg .....36*

<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent) .....</i>	194	HYPO NEEDLE MIS 19GX1 .....	206
HYDROXYCHLOR TAB 100MG .....	105	HYPO NEEDLE MIS 19GX1.5 .....	206
HYDROXYCHLOR TAB 300MG .....	105	HYPO NEEDLE MIS 20GX1 .....	206
HYDROXYCHLOR TAB 400MG .....	105	HYPO NEEDLE MIS 20GX1.5 .....	206
<i>hydroxychloroquine sulfate tab 200 mg .....</i>	105	HYPO NEEDLE MIS 20GX3/4 .....	206
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml.....</i>	109	HYPO NEEDLE MIS 21GX1 .....	206
<i>hydroxyprogesterone caproate im in oil 250 mg/ml .....</i>	238	HYPO NEEDLE MIS 21GX1.25 ....	207
<i>hydroxyurea cap 500 mg .....</i>	117	HYPO NEEDLE MIS 21GX1.5 .....	207
<i>hydroxyzine hcl im soln 25 mg/ml</i>	50	HYPO NEEDLE MIS 21GX2 .....	207
<i>hydroxyzine hcl im soln 50 mg/ml</i>	50	HYPO NEEDLE MIS 22GX1 .....	207
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	50	HYPO NEEDLE MIS 22GX1.25 ....	207
<i>hydroxyzine hcl tab 10 mg .....</i>	50	HYPO NEEDLE MIS 22GX1.5 .....	207
<i>hydroxyzine hcl tab 25 mg .....</i>	50	HYPO NEEDLE MIS 22GX3/4 .....	207
<i>hydroxyzine hcl tab 50 mg .....</i>	50	HYPO NEEDLE MIS 23GX1 .....	207
<i>hydroxyzine pamoate cap 100 mg</i>	50	HYPO NEEDLE MIS 23GX1.25 ....	207
<i>hydroxyzine pamoate cap 25 mg.</i>	50	HYPO NEEDLE MIS 23GX1.5 .....	207
<i>hydroxyzine pamoate cap 50 mg.</i>	50	HYPO NEEDLE MIS 23GX3/4 .....	207
<i>hyophen tab .....</i>	46	HYPO NEEDLE MIS 24GX1 .....	207
<i>hyoscyamine sulfate elixir 0.125 mg/5ml .....</i>	250	HYPO NEEDLE MIS 24GX1.25 ....	207
<i>hyoscyamine sulfate sl tab 0.125 mg .....</i>	250	HYPO NEEDLE MIS 25GX1 .....	207
<i>hyoscyamine sulfate soln 0.125 mg/ml.....</i>	250	HYPO NEEDLE MIS 25GX1.25 ....	207
<i>hyoscyamine sulfate tab 0.125 mg .....</i>	250	HYPO NEEDLE MIS 25GX1.5 .....	207
<i>hyoscyamine sulfate tab disint 0.125 mg .....</i>	250	HYPO NEEDLE MIS 25GX2 .....	207
<i>hyoscyamine sulfate tab er 12hr 0.375 mg .....</i>	250	HYPO NEEDLE MIS 25GX3/4 .....	207
HYPO NEEDLE MIS 14GX1 .....	206	HYPO NEEDLE MIS 25GX5/8 .....	207
HYPO NEEDLE MIS 14GX1.5 .....	206	HYPO NEEDLE MIS 26GX1.5 .....	207
HYPO NEEDLE MIS 14GX2 .....	206	HYPO NEEDLE MIS 26GX1/2 .....	207
HYPO NEEDLE MIS 16GX1 .....	206	HYPO NEEDLE MIS 26GX3/8 .....	207
HYPO NEEDLE MIS 16GX1.5 .....	206	HYPO NEEDLE MIS 26GX5/8 .....	207
HYPO NEEDLE MIS 16GX3/4 .....	206	HYPO NEEDLE MIS 27GX1.25 ....	207
HYPO NEEDLE MIS 16GX5/8 .....	206	HYPO NEEDLE MIS 27GX1.5 .....	207
HYPO NEEDLE MIS 18GX1 .....	206	HYPO NEEDLE MIS 27GX1/2 .....	207
HYPO NEEDLE MIS 18GX1.25.....	206	HYPO NEEDLE MIS 30G X 1 .....	207
		HYPO NEEDLE MIS 30GX1/2 .....	207
		HYPO NEEDLE MIS 30GX3/4 .....	208
		HYPO NEEDLE MIS 31GX5/16 ....	208
		HYPO NEEDLE MIS 32GX5/16 ....	208
		HYSINGLA ER TAB 100 MG.....	37
		HYSINGLA ER TAB 120 MG.....	37
		HYSINGLA ER TAB 20 MG.....	37
		HYSINGLA ER TAB 30 MG.....	37
		HYSINGLA ER TAB 40 MG.....	37
		HYSINGLA ER TAB 60 MG.....	37



HYSINGLA ER TAB 80 MG .....	37
HYZAAR TAB 100-12.5.....	101
HYZAAR TAB 100-25 .....	101
HYZAAR TAB 50-12.5 .....	101

## I

<i>ibandronate sodium iv soln 3</i>		<i>imatinib mesylate tab 400 mg (base</i>	
<i>mg/3ml (base equivalent) .....</i>	178	<i>equivalent) .....</i>	113
<i>ibandronate sodium tab 150 mg</i>		IMBRUVICA CAP 140MG.....	113
<i>(base equivalent) .....</i>	178	IMBRUVICA CAP 70MG.....	113
IBRANCE CAP 100MG.....	112	IMBRUVICA TAB 140MG.....	113
IBRANCE CAP 125MG.....	113	IMBRUVICA TAB 280MG.....	113
IBRANCE CAP 75MG .....	112	IMBRUVICA TAB 420MG.....	113
IBRANCE TAB 100MG.....	113	IMBRUVICA TAB 560MG.....	113
IBRANCE TAB 125MG.....	113	<i>imipramine hcl tab 10 mg .....</i>	76
IBRANCE TAB 75MG .....	113	<i>imipramine hcl tab 25 mg .....</i>	76
IBUPAK KIT .....	30	<i>imipramine hcl tab 50 mg .....</i>	76
<i>ibuprofen chew tab 100 mg .....</i>	30	<i>imipramine pamoate cap 100 mg .76</i>	
<i>ibuprofen susp 100 mg/5ml.....</i>	30	<i>imipramine pamoate cap 125 mg .76</i>	
<i>ibuprofen susp 40 mg/ml .....</i>	30	<i>imipramine pamoate cap 150 mg .76</i>	
<i>ibuprofen tab 100 mg .....</i>	31	<i>imipramine pamoate cap 75 mg...76</i>	
<i>ibuprofen tab 200 mg .....</i>	31	<i>imiquimod cream 3.75%.....</i>	172
<i>ibuprofen tab 400 mg .....</i>	31	<i>imiquimod cream 5% .....</i>	172
<i>ibuprofen tab 600 mg .....</i>	31	IMITREX INJ 4MG/0.5.....	216
<i>ibuprofen tab 800 mg .....</i>	31	IMITREX INJ 6MG/0.5.....	216
<i>ibuprofen-famotidine tab 800-26.6</i>		IMITREX SPR 20MG/ACT .....	216
<i>mg .....</i>	31	IMITREX SPR 5MG/ACT.....	216
<i>iclevia tab .....</i>	150	IMITREX TAB 100MG .....	216
ICLUSIG TAB 10MG .....	113	IMITREX TAB 25MG.....	216
ICLUSIG TAB 15MG .....	113	IMITREX TAB 50MG.....	216
ICLUSIG TAB 30MG .....	113	IMPEKLO LOT 0.05% .....	170
ICLUSIG TAB 45MG .....	113	IMURAN TAB 50MG .....	221
<i>icosapent ethyl cap 1 gm .....</i>	92	INBRIJA CAP 42MG .....	119
ID NOW CONTR KIT COVID-19 ..	175	<i>incassia tab 0.35mg .....</i>	155
ID NOW KIT COVID-19 .....	175	INCRELEX INJ 40MG/4ML.....	180
IDHIFA TAB 100MG .....	113	INCRUSE ELPT INH 62.5MCG.....	54
IDHIFA TAB 50MG.....	113	<i>indapamide tab 1.25 mg .....</i>	178
<i>iferex 150 cap forte .....</i>	196	<i>indapamide tab 2.5 mg.....</i>	178
ILARIS INJ 150MG/ML .....	29	INDERAL LA CAP 120MG .....	137
ILEVRO DRO 0.3% OP .....	233	INDERAL LA CAP 160MG .....	137
ILUMYA SOL 100MG/ML .....	166	INDERAL LA CAP 60MG.....	136
<i>imatinib mesylate tab 100 mg (base</i>		INDERAL LA CAP 80MG.....	136
<i>equivalent) .....</i>	113	INDERAL XL CAP 120MG .....	137
		INDERAL XL CAP 80MG.....	137
		INDOCIN SUP 50MG .....	31
		INDOCIN SUS 25MG/5ML.....	31
		<i>indomethacin cap 25 mg.....</i>	31
		<i>indomethacin cap 50 mg.....</i>	31
		<i>indomethacin cap er 75 mg .....</i>	31

INFED INJ 50MG/ML .....	197
<i>inflammacin mis 75-0.025</i> .....	31
INFLECTRA INJ 100MG.....	188
INFUVITE INJ.....	224
INFUVITE INJ PEDIATRI .....	224
INGREZZA CAP 40-80MG .....	241
INGREZZA CAP 40MG .....	241
INGREZZA CAP 60MG .....	241
INGREZZA CAP 80MG .....	241
INJECTAFER INJ 750/15ML.....	197
INLYTA TAB 1MG.....	108
INLYTA TAB 5MG.....	108
INNOPRAN XL CAP 120MG.....	137
INNOPRAN XL CAP 80MG .....	137
INQOVI TAB 35-100MG.....	111
INREBIC CAP 100MG .....	113
INS ASP PROT INJ FLEXPEN.....	82
INSPIRA TAB 25MG .....	104
INSPIRA TAB 50MG .....	104
INSULIN ASPA INJ 100/ML .....	82
INSULIN ASPA INJ 70/30 .....	82
INSULIN ASPA INJ FLEXPEN .....	82
INSULIN ASPA INJ PENFILL .....	82
INSULIN GLAR INJ 100U/ML .....	82
INSULIN GLAR SOL 100U/ML .....	82
INSULIN LISP INJ 100/ML .....	82
INSULIN LISP INJ JUNIOR .....	82
INSULIN LISP INJ PROTAMIN.....	82
INSULIN SYRG MIS 0.3/29G .....	208
INSULIN SYRG MIS 0.3/30G .....	208
INSULIN SYRG MIS 0.3/31G .....	208
INSULIN SYRG MIS 0.5/28G .....	208
INSULIN SYRG MIS 0.5/29G .....	208
INSULIN SYRG MIS 0.5/30G .....	208
INSULIN SYRG MIS 0.5/31G .....	208
INSULIN SYRG MIS 1ML/28G .....	208
INSULIN SYRG MIS 1ML/29G .....	208
INSULIN SYRG MIS 1ML/30G .....	208
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INTELENCE TAB 100MG .....	130
INTELENCE TAB 200MG .....	130
INTELENCE TAB 25MG .....	130
INTELISWAB KIT COVID-19.....	175

INTRO NEEDLE MIS 18GX1.25 ...	208
<i>introvale tab</i> .....	150
INTUNIV TAB 1MG .....	23
INTUNIV TAB 2MG .....	23
INTUNIV TAB 3MG .....	23
INTUNIV TAB 4MG .....	23
INVEGA HAFYE INJ 1092MG .....	122
INVEGA HAFYE INJ 1560MG .....	122
INVEGA SUST INJ 117/0.75 .....	122
INVEGA SUST INJ 156MG/ML ....	122
INVEGA SUST INJ 234/1.5 .....	122
INVEGA SUST INJ 39/0.25 .....	122
INVEGA SUST INJ 78/0.5ML .....	122
INVEGA TAB 1.5MG.....	122
INVEGA TAB 3MG.....	122
INVEGA TAB 6MG.....	122
INVEGA TAB 9MG.....	122
INVEGA TRINZ INJ 273MG .....	122
INVEGA TRINZ INJ 410MG .....	122
INVEGA TRINZ INJ 546MG .....	122
INVEGA TRINZ INJ 819MG .....	122
INVELTYS SUS 1% .....	232
INVIRASE TAB 500MG .....	130
INVOKAMET TAB 150-1000 .....	77
INVOKAMET TAB 150-500 .....	77
INVOKAMET TAB 50-1000 .....	77
INVOKAMET TAB 50-500MG .....	77
INVOKAMET XR TAB 150-1000 ....	77
INVOKAMET XR TAB 150-500 .....	77
INVOKAMET XR TAB 50-1000 .....	77
INVOKAMET XR TAB 50-500MG ...	77
INVOKANA TAB 100MG.....	84
INVOKANA TAB 300MG.....	84
IOPIDINE SOL 1% OP.....	230
<i>ipratropium bromide inhal soln</i>	
0.02% .....	54
<i>ipratropium bromide nasal soln</i>	
0.03% (21 mcg/spray).....	227
<i>ipratropium bromide nasal soln</i>	
0.06% (42 mcg/spray).....	227
<i>ipratropium-albuterol nebu soln 0.5-</i>	
2.5(3) mg/3ml .....	58
<i>irbesartan tab 150 mg</i> .....	98

*irbesartan tab 300 mg* ..... 98  
*irbesartan tab 75 mg* ..... 98  
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<i>mg</i> .....	125
<i>quetiapine fumarate tab er 24hr</i> .....	200
<i>mg</i> .....	125
<i>quetiapine fumarate tab er 24hr</i> .....	300
<i>mg</i> .....	125
<i>quetiapine fumarate tab er 24hr</i> .....	400
<i>mg</i> .....	125
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<i>quinapril hcl tab 20 mg</i> .....	96	<i>rasagiline mesylate tab 0.5 mg</i>	
<i>quinapril hcl tab 40 mg</i> .....	97	(base equiv) .....	120
<i>quinapril hcl tab 5 mg</i> .....	96	<i>rasagiline mesylate tab 1 mg (base</i>	
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