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

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Room 509F, HHH Building
Washington, D.C. 20201
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Molina Healthcare of Illinois Preferred Drug List (Formulary)

(04/01/2021)

INTRODUCTION

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

This Formulary is up to date through its date of publication, April 1, 2021. Please notify Molina Healthcare of Illinois at mhilpharmacy@molinahealthcare.com or 1-855-866-5462 with any mistakes in the formulary.

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

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

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

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

PREFACE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

GENERIC SUBSTITUTION

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

Prescription generic drugs are:

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

- Manufactured in the same strength and dosage form as the brand-name drugs.

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

PLAN DESIGN

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

CATEGORIES OF CONSIDERATION

OPIOID ANALGESICS, BENZODIAZEPINES, MUSCLE RELAXANTS

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

NON-COVERED MEDICATIONS

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

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

PRIOR AUTHORIZATION REQUEST PROCEDURE

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

PRIOR AUTHORIZATION HELPFUL HINTS

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

Class of Medication/Diagnosis

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

LEGEND

AGE	Age Limit
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval

QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
Preferred	Preferred product, may require Prior Authorization
Non-preferred	Non-Preferred product, requires Prior Authorization and documentation of medical necessity

URGENT AND AFTER-HOURS MEDICATION POLICY

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

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

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2021. All rights reserved.

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

Molina IL 2781 eff 04/01/2021

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

AMPHETAMINES

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 50MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CAP 60MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CAP 70MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 10MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 20MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 30MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 40MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 50MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 60MG	Preferred	AGE (Min age 6 years and Max age 18 years)
<i>zenzedi tab 2.5mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>zenzedi tab 5mg</i>	Non Preferred	PA, QL (6 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>zenzedi tab 7.5mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>zenzedi tab 10mg</i>	Non Preferred	PA, QL (6 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>zenzedi tab 15mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>zenzedi tab 20mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>zenzedi tab 30mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ANALEPTICS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Preferred	QL (120 mL in lifetime); AGE (Max age 1 year)
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl cap 10 mg (base equiv) (generic of STRATTERA)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)

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

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

DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)

SUNOSI TAB 75MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
SUNOSI TAB 150MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS

WAKIX TAB 4.45MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
WAKIX TAB 17.8MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

STIMULANTS - MISC.

ADHANSIA XR CAP 25MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADHANSIA XR CAP 35MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADHANSIA XR CAP 45MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADHANSIA XR CAP 55MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
ADHANSIA XR CAP 70MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADHANSIA XR CAP 85MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 10MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 15MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 20MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 30MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 40MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 50MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 60MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>armodafinil tab 50 mg (generic of NUVIGIL)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
<i>armodafinil tab 150 mg (generic of NUVIGIL)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
<i>armodafinil tab 200 mg (generic of NUVIGIL)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
<i>armodafinil tab 250 mg (generic of NUVIGIL)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
CONCERTA TAB 18MG	Preferred	AGE (Min age 6 years and Max age 18 years)
CONCERTA TAB 27MG	Preferred	AGE (Min age 6 years and Max age 18 years)
CONCERTA TAB 36MG	Preferred	AGE (Min age 6 years and Max age 18 years)
CONCERTA TAB 54MG	Preferred	AGE (Min age 6 years and Max age 18 years)
COTEMPLA TAB 8.6MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
COTEMPLA TAB 17.3MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
COTEMPLA TAB 25.9MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
DAYTRANA DIS 10MG/9HR	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
DAYTRANA DIS 15MG/9HR	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
DAYTRANA DIS 20MG/9HR	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
DAYTRANA DIS 30MG/9HR	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl tab 2.5 mg</i> (generic of FOCALIN)	Preferred	QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl tab 5 mg</i> (generic of FOCALIN)	Preferred	QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl tab 10 mg</i> (generic of FOCALIN)	Preferred	QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
FOCALIN TAB 2.5MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
FOCALIN TAB 5MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
FOCALIN TAB 10MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 5MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 10MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 15MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 20MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 25MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 30MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 35MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 40MG	Preferred	AGE (Min age 6 years and Max age 18 years)
JORNAY PM CAP 20MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
JORNAY PM CAP 40MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
JORNAY PM CAP 60MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
JORNAY PM CAP 80MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
JORNAY PM CAP 100MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
METHYLIN SOL 5MG/5ML	Non Preferred	PA, QL (15 mL per day); AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
METHYLIN SOL 10MG/5ML	Non Preferred	PA, QL (30 mL per day); AGE (Min age 6 years and Max age 18 years)
METHYLPHENID TAB 72MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i> (generic of RITALIN LA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i> (generic of APTENSIO XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> (generic of APTENSIO XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> (generic of RITALIN LA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> (generic of APTENSIO XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> (generic of RITALIN LA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i> (generic of APTENSIO XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> (generic of RITALIN LA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> (generic of APTENSIO XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> (generic of APTENSIO XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i> (generic of APTENSIO XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl chew tab 2.5 mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl chew tab 5 mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl chew tab 10 mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl soln 5 mg/5ml (generic of METHYLIN)</i>	Non Preferred	PA, QL (15 mL per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl soln 10 mg/5ml (generic of METHYLIN)</i>	Non Preferred	PA, QL (30 mL per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 5 mg (generic of RITALIN)</i>	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 10 mg (generic of RITALIN)</i>	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 20 mg (generic of RITALIN)</i>	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 10 mg</i>	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 20 mg</i>	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Non Preferred	PA, QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>modafinil tab 100 mg (generic of PROVIGIL)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
<i>modafinil tab 200 mg (generic of PROVIGIL)</i>	Non Preferred	PA, QL (2 ea per day); AGE (Min age 17 years)
NUVIGIL TAB 50MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
NUVIGIL TAB 150MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
NUVIGIL TAB 200MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
NUVIGIL TAB 250MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
PROVIGIL TAB 100MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
PROVIGIL TAB 200MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 17 years)
QUILLICHEW CHW 20MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
QUILLICHEW CHW 30MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
QUILLICHEW CHW 40MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
QUILLIVANT SUS 25MG/5ML	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

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

ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

<i>melatonin tab 3 mg</i>	Preferred	QL (1 ea per day), OTC
<i>melatonin tab 5 mg</i>	Preferred	QL (1 ea per day), OTC

AMEBICIDES - DRUGS TO TREAT INFECTIONS

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SOLOSEC GRA 2GM	Non Preferred	PA
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AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

ARIKAYCE SUS	Non Preferred	PA
BETHKIS NEB 300/4ML	Non Preferred	SP, PA
KITABIS PAK NEB 300/5ML	Preferred	SP
<i>neomycin sulfate tab 500 mg</i>	Preferred	
<i>paromomycin sulfate cap 250 mg</i>	Preferred	
TOBI NEB 300/5ML	Non Preferred	SP, PA
TOBI PODHALR CAP 28MG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin nebu soln 300 mg/4ml</i> (generic of BETHKIS)	Non Preferred	SP, PA
<i>tobramycin nebu soln 300 mg/5ml</i> (generic of KITABIS PAK)	Non Preferred	SP, PA

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

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML	Preferred	SP, PA, QL (0.072 ea per day)
HUMIRA INJ 20/0.2ML	Preferred	SP, PA, QL (0.072 ea per day)
HUMIRA INJ 40/0.4ML	Preferred	SP, PA, QL (0.072 ea per day)
HUMIRA KIT 40MG/0.8	Preferred	SP, PA
HUMIRA PEDIA INJ CROHNS	Preferred	SP, PA, QL (0.072 ea per day)
HUMIRA PEN INJ 40/0.4ML	Preferred	SP, PA, QL (0.072 ea per day)
HUMIRA PEN INJ 40MG/0.8	Preferred	SP, PA
HUMIRA PEN INJ 80/0.8ML	Preferred	SP, PA
HUMIRA PEN INJ CD/UC/HS	Preferred	SP, PA
HUMIRA PEN INJ PS/UV	Preferred	SP, PA
HUMIRA PEN KIT CD/UC/HS	Preferred	SP, PA
HUMIRA PEN KIT PS/UV	Preferred	SP, PA
SIMPONI ARIA SOL 50MG/4ML	Non Preferred	SP, PA
SIMPONI INJ 50/0.5ML	Non Preferred	SP, PA
SIMPONI INJ 100MG/ML	Non Preferred	SP, PA

ANTIRHEUMATIC - ENZYME INHIBITORS

OLUMIANT TAB 1MG	Non Preferred	PA
OLUMIANT TAB 2MG	Non Preferred	SP, PA
RINVOQ TAB 15MG ER	Non Preferred	PA
XELJANZ TAB 5MG	Preferred	SP, PA
XELJANZ TAB 10MG	Preferred	SP, PA
XELJANZ XR TAB 11MG	Preferred	SP, PA
XELJANZ XR TAB 22MG	Preferred	PA

ANTIRHEUMATIC ANTIMETABOLITES

OTREXUP INJ 10MG	Non Preferred	SP, PA
OTREXUP INJ 12.5/0.4	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
OTREXUP INJ 15MG	Non Preferred	SP, PA
OTREXUP INJ 17.5/0.4	Non Preferred	SP, PA
OTREXUP INJ 20MG	Non Preferred	SP, PA
OTREXUP INJ 22.5/0.4	Non Preferred	SP, PA
OTREXUP INJ 25MG	Non Preferred	SP, PA
RASUVO INJ 7.5MG	Non Preferred	SP, PA
RASUVO INJ 10MG	Non Preferred	SP, PA
RASUVO INJ 12.5MG	Non Preferred	SP, PA
RASUVO INJ 15MG	Non Preferred	SP, PA
RASUVO INJ 17.5MG	Non Preferred	SP, PA
RASUVO INJ 20MG	Non Preferred	SP, PA
RASUVO INJ 22.5MG	Non Preferred	SP, PA
RASUVO INJ 25MG	Non Preferred	SP, PA
RASUVO INJ 30MG	Non Preferred	SP, PA
REDITREX INJ 7.5/.3ML	Non Preferred	PA
REDITREX INJ 10/.4ML	Non Preferred	PA
REDITREX INJ 12.5/0.5	Non Preferred	PA
REDITREX INJ 15/.6ML	Non Preferred	PA
REDITREX INJ 17.5/0.7	Non Preferred	PA
REDITREX INJ 20/.8ML	Non Preferred	PA
REDITREX INJ 22.5/0.9	Non Preferred	PA
REDITREX INJ 25MG/ML	Non Preferred	PA
GOLD COMPOUNDS		
RIDAURA CAP 3MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	Non Preferred	SP, PA
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ	Non Preferred	PA
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ 150MG/ML	Non Preferred	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 80MG/4ML	Non Preferred	SP, PA
ACTEMRA INJ 162/0.9	Non Preferred	SP, PA
ACTEMRA INJ 200/10ML	Non Preferred	SP, PA
ACTEMRA INJ 400/20ML	Non Preferred	SP, PA
ACTEMRA INJ ACTPEN	Non Preferred	SP, PA
KEVZARA INJ 150/1.14	Non Preferred	SP, PA
KEVZARA INJ 200/1.14	Non Preferred	SP, PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ARTHROTEC 50 TAB	Non Preferred	PA
ARTHROTEC 75 TAB	Non Preferred	PA
CELEBREX CAP 50MG	Non Preferred	PA
CELEBREX CAP 100MG	Non Preferred	PA, QL (4 ea per day)
CELEBREX CAP 200MG	Non Preferred	PA, QL (2 ea per day)
CELEBREX CAP 400MG	Non Preferred	PA, QL (4 ea per day)
<i>celecoxib cap 50 mg</i> (generic of CELEBREX)	Preferred	
<i>celecoxib cap 100 mg</i> (generic of CELEBREX)	Preferred	QL (4 ea per day)
<i>celecoxib cap 200 mg</i> (generic of CELEBREX)	Preferred	QL (2 ea per day)
<i>celecoxib cap 400 mg</i> (generic of CELEBREX)	Preferred	QL (4 ea per day)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tab 400 mg</i>	Preferred	QL (4 ea per day)
<i>ibuprofen tab 600 mg</i>	Preferred	QL (4 ea per day)
<i>ibuprofen tab 800 mg</i>	Preferred	QL (4 ea per day)
INDOCIN SUP 50MG	Non Preferred	PA
INDOCIN SUS 25MG/5ML	Non Preferred	PA
<i>indomethacin cap 25 mg</i>	Preferred	QL (4 ea per day)
<i>indomethacin cap 50 mg</i>	Preferred	QL (4 ea per day)
<i>indomethacin cap er 75 mg</i>	Preferred	
<i>ketoprofen cap 50 mg</i>	Preferred	
<i>ketoprofen cap 75 mg</i>	Preferred	
<i>ketoprofen cap er 24hr 200 mg</i>	Non Preferred	PA
KETOR TROMET SPR 15.75MG	Non Preferred	PA
<i>ketorolac tromethamine tab 10 mg</i>	Preferred	QL (4 ea per day)
<i>meclofenamate sodium cap 50 mg</i>	Non Preferred	PA
<i>meclofenamate sodium cap 100 mg</i>	Non Preferred	PA
<i>mefenamic acid cap 250 mg</i>	Non Preferred	PA
<i>meloxicam cap 5 mg</i>	Non Preferred	PA
<i>meloxicam cap 10 mg</i>	Non Preferred	PA
<i>meloxicam tab 7.5 mg (generic of MOBIC)</i>	Preferred	QL (2 ea per day)
<i>meloxicam tab 15 mg (generic of MOBIC)</i>	Preferred	QL (1 ea per day)
MOBIC TAB 7.5MG	Non Preferred	PA, QL (2 ea per day)
MOBIC TAB 15MG	Non Preferred	PA, QL (1 ea per day)
<i>nabumetone tab 500 mg</i>	Preferred	QL (4 ea per day)
<i>nabumetone tab 750 mg</i>	Preferred	QL (4 ea per day)
NALFON CAP 400MG	Non Preferred	PA
NALFON TAB 600MG	Non Preferred	PA
NAPRELAN TAB 375MG CR	Non Preferred	PA
NAPRELAN TAB 500MG CR	Non Preferred	PA
NAPRELAN TAB 750MG CR	Non Preferred	PA
<i>naproxen sodium tab 220 mg</i>	Preferred	OTC
<i>naproxen sodium tab 275 mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium tab 550 mg (generic of ANAPROX DS)</i>	Preferred	
<i>naproxen sodium tab er 24hr 375 mg (base equiv) (generic of NAPRELAN)</i>	Non Preferred	PA
<i>naproxen sodium tab er 24hr 500 mg (base equiv) (generic of NAPRELAN)</i>	Non Preferred	PA
<i>naproxen sodium tab er 24hr 750 mg (base equiv) (generic of NAPRELAN)</i>	Non Preferred	PA
<i>naproxen susp 125 mg/5ml (generic of NAPROSYN)</i>	Preferred	QL (100 mL per day)
<i>naproxen tab 250 mg</i>	Preferred	QL (3 ea per day)
<i>naproxen tab 375 mg</i>	Preferred	QL (3 ea per day)
<i>naproxen tab 500 mg (generic of NAPROSYN)</i>	Preferred	QL (3 ea per day)
<i>naproxen tab ec 375 mg (generic of EC-NAPROSYN)</i>	Preferred	QL (3 ea per day)
<i>naproxen tab ec 500 mg (generic of EC-NAPROSYN)</i>	Preferred	QL (3 ea per day)
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg (generic of VIMOVO)</i>	Non Preferred	PA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg (generic of VIMOVO)</i>	Non Preferred	PA
<i>oxaprozin tab 600 mg (generic of DAYPRO)</i>	Non Preferred	PA, QL (3 ea per day)
<i>piroxicam cap 10 mg (generic of FELDENE)</i>	Non Preferred	PA, QL (4 ea per day)
<i>piroxicam cap 20 mg (generic of FELDENE)</i>	Non Preferred	PA, QL (2 ea per day)
QMIIZ ODT TAB 7.5MG	Non Preferred	PA
QMIIZ ODT TAB 15 MG	Non Preferred	PA
RELAFEN DS TAB 1000MG	Non Preferred	PA
SPRIX SPR 15.75MG	Non Preferred	PA
<i>sulindac tab 150 mg</i>	Preferred	QL (3 ea per day)
<i>sulindac tab 200 mg</i>	Preferred	QL (3 ea per day)
<i>tolmetin sodium cap 400 mg</i>	Non Preferred	PA
<i>tolmetin sodium tab 600 mg</i>	Non Preferred	PA
VIMOVO TAB 375-20MG	Non Preferred	PA
VIMOVO TAB 500-20MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
VIVLODEX CAP 5MG	Non Preferred	PA
VIVLODEX CAP 10MG	Non Preferred	PA
ZIPSOR CAP 25MG	Non Preferred	PA
ZORVOLEX CAP 18MG	Non Preferred	PA
ZORVOLEX CAP 35MG	Non Preferred	PA

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TAB 10/20/30	Non Preferred	SP, PA
OTEZLA TAB 30MG	Non Preferred	SP, PA

PYRIMIDINE SYNTHESIS INHIBITORS

ARAVA TAB 10MG	Non Preferred	PA, QL (1 ea per day)
ARAVA TAB 20MG	Non Preferred	PA, QL (1 ea per day)
<i>leflunomide tab 10 mg (generic of ARAVA)</i>	Preferred	QL (1 ea per day)
<i>leflunomide tab 20 mg (generic of ARAVA)</i>	Preferred	QL (1 ea per day)

SELECTIVE COSTIMULATION MODULATORS

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

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ 25/0.5ML	Preferred	SP, PA
ENBREL INJ 25MG	Preferred	PA
ENBREL INJ 25MG	Preferred	SP, PA
ENBREL INJ 50MG/ML	Preferred	SP, PA
ENBREL MINI INJ 50MG/ML	Preferred	SP, PA
ENBREL SRCLK INJ 50MG/ML	Preferred	SP, PA

ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS

ALLZITAL TAB 25-325MG	Non Preferred	PA
<i>bac tab (generic of ESGIC)</i>	Preferred	QL (6 ea per day)
<i>bupap tab 50-300mg</i>	Preferred	

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

ANALGESICS OTHER

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

SALICYLATES

<i>aspirin chew tab 81 mg</i>	Preferred	OTC
<i>aspirin tab 325 mg</i>	Preferred	OTC
<i>aspirin tab delayed release 81 mg</i>	Preferred	OTC
<i>aspirin tab delayed release 325 mg</i>	Preferred	OTC
<i>diflunisal tab 500 mg</i>	Preferred	
<i>salsalate tab 500 mg</i>	Preferred	QL (4 ea per day)
<i>salsalate tab 750 mg</i>	Preferred	QL (4 ea per day)

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

OPIOID AGONISTS

ACTIQ LOZ 200MCG	Non Preferred	PA
ACTIQ LOZ 400MCG	Non Preferred	PA
ACTIQ LOZ 600MCG	Non Preferred	PA
ACTIQ LOZ 800MCG	Non Preferred	PA
ACTIQ LOZ 1200MCG	Non Preferred	PA
ACTIQ LOZ 1600MCG	Non Preferred	PA
CODEINE SULF TAB 15MG	Preferred	QL (12 ea per day); AGE (Min age 18 years)
CODEINE SULF TAB 60MG	Preferred	QL (8 ea per day); AGE (Min age 18 years)
CODEINE SULFATE TAB 30 MG	Preferred	QL (12 ea per day); AGE (Min age 18 years)
CONZIP CAP 100MG	Non Preferred	PA; AGE (Min age 18 years)
CONZIP CAP 200MG	Non Preferred	PA; AGE (Min age 18 years)
CONZIP CAP 300MG	Non Preferred	PA; AGE (Min age 18 years)
DILAUDID LIQ 1MG/ML	Non Preferred	PA
DILAUDID TAB 2MG	Non Preferred	PA, QL (12 ea per day)
DILAUDID TAB 4MG	Non Preferred	PA, QL (12 ea per day)
DILAUDID TAB 8MG	Non Preferred	PA, QL (12 ea per day)
DURAGESIC DIS 12MCG/HR	Non Preferred	PA, QL (0.334 ea per day)
DURAGESIC DIS 25MCG/HR	Non Preferred	PA, QL (0.334 ea per day)
DURAGESIC DIS 50MCG/HR	Non Preferred	PA, QL (0.334 ea per day)
DURAGESIC DIS 75MCG/HR	Non Preferred	PA, QL (0.334 ea per day)
DURAGESIC DIS 100MCG/H	Non Preferred	PA, QL (0.334 ea per day)
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	Non Preferred	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	Non Preferred	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	Non Preferred	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	Non Preferred	PA
<i>fentanyl citrate lozenge on a handle 200 mcg (generic of ACTIQ)</i>	Non Preferred	PA
<i>fentanyl citrate lozenge on a handle 400 mcg (generic of ACTIQ)</i>	Non Preferred	PA
<i>fentanyl citrate lozenge on a handle 600 mcg (generic of ACTIQ)</i>	Non Preferred	PA
<i>fentanyl citrate lozenge on a handle 800 mcg (generic of ACTIQ)</i>	Non Preferred	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg (generic of ACTIQ)</i>	Non Preferred	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg (generic of ACTIQ)</i>	Non Preferred	PA
<i>fentanyl td patch 72hr 12 mcg/hr (generic of DURAGESIC)</i>	Non Preferred	PA, QL (0.334 ea per day)
<i>fentanyl td patch 72hr 25 mcg/hr (generic of DURAGESIC)</i>	Non Preferred	PA, QL (0.334 ea per day)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Non Preferred	PA
<i>fentanyl td patch 72hr 50 mcg/hr (generic of DURAGESIC)</i>	Non Preferred	PA, QL (0.334 ea per day)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	Non Preferred	PA
<i>fentanyl td patch 72hr 75 mcg/hr (generic of DURAGESIC)</i>	Non Preferred	PA, QL (0.334 ea per day)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	Non Preferred	PA
<i>fentanyl td patch 72hr 100 mcg/hr (generic of DURAGESIC)</i>	Non Preferred	PA, QL (0.334 ea per day)
FENTORA TAB 100MCG	Non Preferred	PA
FENTORA TAB 200MCG	Non Preferred	PA
FENTORA TAB 400MCG	Non Preferred	PA
FENTORA TAB 600MCG	Non Preferred	PA
FENTORA TAB 800MCG	Non Preferred	PA
HYDROCODONE BITARTRATE CAP ER 12HR 10 MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
HYDROCODONE BITARTRATE CAP ER 12HR 15 MG	Non Preferred	PA
<i>hydrocodone bitartrate cap er 12hr 20 mg</i> (generic of ZOHYDRO ER)	Non Preferred	PA
HYDROCODONE BITARTRATE CAP ER 12HR 30 MG	Non Preferred	PA
HYDROCODONE BITARTRATE CAP ER 12HR 40 MG	Non Preferred	PA
HYDROCODONE BITARTRATE CAP ER 12HR 50 MG	Non Preferred	PA
HYDROMORPHON SUP 3MG	Preferred	QL (3 ea per day)
<i>hydromorphone hcl liqd 1 mg/ml</i> (generic of DILAUDID)	Preferred	
<i>hydromorphone hcl tab 2 mg</i> (generic of DILAUDID)	Preferred	QL (12 ea per day)
<i>hydromorphone hcl tab 4 mg</i> (generic of DILAUDID)	Preferred	QL (12 ea per day)
<i>hydromorphone hcl tab 8 mg</i> (generic of DILAUDID)	Preferred	QL (12 ea per day)
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Non Preferred	PA
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Non Preferred	PA
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Non Preferred	PA
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Non Preferred	PA
HYSINGLA ER TAB 20 MG	Non Preferred	PA
HYSINGLA ER TAB 30 MG	Non Preferred	PA
HYSINGLA ER TAB 40 MG	Non Preferred	PA
HYSINGLA ER TAB 60 MG	Non Preferred	PA
HYSINGLA ER TAB 80 MG	Non Preferred	PA
HYSINGLA ER TAB 100 MG	Non Preferred	PA
HYSINGLA ER TAB 120 MG	Non Preferred	PA
<i>levorphanol tartrate tab 2 mg</i>	Non Preferred	PA
<i>levorphanol tartrate tab 3 mg</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>meperidine hcl oral soln 50 mg/5ml</i>	Non Preferred	PA, QL (500 mL / 25 days); AGE (Max age 64 years)
<i>meperidine hcl tab 50 mg</i>	Non Preferred	PA, QL (10 ea per day); AGE (Max age 64 years)
<i>methadone hcl conc 10 mg/ml (generic of METHADOSE)</i>	Non Preferred	PA
<i>methadone hcl soln 5 mg/5ml</i>	Non Preferred	PA
<i>methadone hcl soln 10 mg/5ml</i>	Non Preferred	PA
<i>methadone hcl tab 5 mg</i>	Non Preferred	PA
<i>methadone hcl tab 10 mg</i>	Non Preferred	PA
<i>methadone hcl tab for oral susp 40 mg</i>	Non Preferred	PA
METHADOSE CON 10MG/ML	Non Preferred	PA
METHADOSE SF CON 10MG/ML	Non Preferred	PA
<i>methadose tab 40mg</i>	Non Preferred	PA
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Non Preferred	PA
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Non Preferred	PA
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Non Preferred	PA
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Non Preferred	PA
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Non Preferred	PA
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Non Preferred	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	Non Preferred	PA
<i>morphine sulfate cap er 24hr 20 mg</i>	Non Preferred	PA
<i>morphine sulfate cap er 24hr 30 mg</i>	Non Preferred	PA
<i>morphine sulfate cap er 24hr 40 mg</i>	Non Preferred	PA
<i>morphine sulfate cap er 24hr 50 mg</i>	Non Preferred	PA
<i>morphine sulfate cap er 24hr 60 mg</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cap er 24hr 80 mg</i>	Non Preferred	PA
<i>morphine sulfate cap er 24hr 100 mg</i>	Non Preferred	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	Preferred	
<i>morphine sulfate oral soln 20 mg/5ml</i>	Preferred	
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Preferred	
<i>morphine sulfate suppos 5 mg</i>	Preferred	
<i>morphine sulfate suppos 10 mg</i>	Preferred	
<i>morphine sulfate suppos 20 mg</i>	Preferred	
<i>morphine sulfate suppos 30 mg</i>	Preferred	
<i>morphine sulfate tab 15 mg</i>	Preferred	QL (3 ea per day)
<i>morphine sulfate tab 30 mg</i>	Preferred	QL (3 ea per day)
<i>morphine sulfate tab er 15 mg (generic of MS CONTIN)</i>	Preferred	PA, QL (3 ea per day)
<i>morphine sulfate tab er 30 mg (generic of MS CONTIN)</i>	Preferred	PA, QL (3 ea per day)
<i>morphine sulfate tab er 60 mg (generic of MS CONTIN)</i>	Preferred	PA, QL (3 ea per day)
<i>morphine sulfate tab er 100 mg (generic of MS CONTIN)</i>	Preferred	PA, QL (3 ea per day)
<i>morphine sulfate tab er 200 mg (generic of MS CONTIN)</i>	Preferred	PA, QL (3 ea per day)
MS CONTIN TAB 15MG ER	Non Preferred	PA, QL (3 ea per day)
MS CONTIN TAB 30MG ER	Non Preferred	PA, QL (3 ea per day)
MS CONTIN TAB 60MG ER	Non Preferred	PA, QL (3 ea per day)
MS CONTIN TAB 100MG ER	Non Preferred	PA, QL (3 ea per day)
MS CONTIN TAB 200MG ER	Non Preferred	PA, QL (3 ea per day)
NUCYNTA ER TAB 50MG	Non Preferred	PA
NUCYNTA ER TAB 100MG	Non Preferred	PA
NUCYNTA ER TAB 150MG	Non Preferred	PA
NUCYNTA ER TAB 200MG	Non Preferred	PA
NUCYNTA ER TAB 250MG	Non Preferred	PA
NUCYNTA TAB 50MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TAB 75MG	Non Preferred	PA
NUCYNTA TAB 100MG	Non Preferred	PA
OXAYDO TAB 5MG	Non Preferred	PA
OXAYDO TAB 7.5MG	Non Preferred	PA
<i>oxycodone hcl cap 5 mg</i>	Preferred	QL (6 ea per day)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Preferred	QL (10 mL per day)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Preferred	PA, QL (10 mL per day)
<i>oxycodone hcl soln 5 mg/5ml</i>	Preferred	
<i>oxycodone hcl tab 5 mg (generic of ROXICODONE)</i>	Preferred	
<i>oxycodone hcl tab 10 mg</i>	Preferred	
<i>oxycodone hcl tab 15 mg (generic of ROXICODONE)</i>	Preferred	
<i>oxycodone hcl tab 20 mg</i>	Preferred	
<i>oxycodone hcl tab 30 mg (generic of ROXICODONE)</i>	Preferred	
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Non Preferred	PA
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	Non Preferred	PA
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Non Preferred	PA
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	Non Preferred	PA
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Non Preferred	PA
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	Non Preferred	PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Non Preferred	PA
OXYCONTIN TAB 10MG CR	Non Preferred	PA
OXYCONTIN TAB 15MG CR	Non Preferred	PA
OXYCONTIN TAB 20MG CR	Non Preferred	PA
OXYCONTIN TAB 30MG CR	Non Preferred	PA
OXYCONTIN TAB 40MG CR	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TAB 60MG CR	Non Preferred	PA
OXYCONTIN TAB 80MG CR	Non Preferred	PA
<i>oxymorphone hcl tab 5 mg</i>	Non Preferred	PA
<i>oxymorphone hcl tab 10 mg (generic of OPANA)</i>	Non Preferred	PA
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Non Preferred	PA
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Non Preferred	PA
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Non Preferred	PA
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Non Preferred	PA
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Non Preferred	PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Non Preferred	PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Non Preferred	PA
ROXICODONE TAB 5MG	Non Preferred	PA
ROXICODONE TAB 15MG	Non Preferred	PA
ROXICODONE TAB 30MG	Non Preferred	PA
<i>tramadol hcl tab 50 mg (generic of ULTRAM)</i>	Preferred	QL (8 ea per day); AGE (Min age 18 years)
<i>tramadol hcl tab 100 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>tramadol hcl tab er 24hr 100 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>tramadol hcl tab er 24hr 200 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>tramadol hcl tab er 24hr 300 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
ULTRAM TAB 50MG	Non Preferred	PA, QL (8 ea per day); AGE (Min age 18 years)
XTAMPZA ER CAP 9MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 13.5MG	Non Preferred	PA
XTAMPZA ER CAP 18MG	Non Preferred	PA
XTAMPZA ER CAP 27MG	Non Preferred	PA
XTAMPZA ER CAP 36MG	Non Preferred	PA
ZOHYDRO ER CAP 10MG	Non Preferred	PA
ZOHYDRO ER CAP 15MG	Non Preferred	PA
ZOHYDRO ER CAP 20MG	Non Preferred	PA
ZOHYDRO ER CAP 30MG	Non Preferred	PA
ZOHYDRO ER CAP 40MG	Non Preferred	PA
ZOHYDRO ER CAP 50MG	Non Preferred	PA

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Preferred	QL (3750 mL / 25 days); AGE (Min age 18 years)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Preferred	QL (6 ea per day); AGE (Min age 18 years)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Preferred	QL (6 ea per day); AGE (Min age 18 years)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Preferred	QL (6 ea per day); AGE (Min age 18 years)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	Non Preferred	PA
APADAZ TAB 4.08-325	Non Preferred	PA
APADAZ TAB 6.12-325	Non Preferred	PA
APADAZ TAB 8.16-325	Non Preferred	PA
<i>ascomp/cod cap 30mg</i>	Preferred	AGE (Min age 18 years)
BENZHY/ACETA TAB 4.08-325	Non Preferred	PA
BENZHY/ACETA TAB 6.12-325	Non Preferred	PA
BENZHY/ACETA TAB 8.16-325	Non Preferred	PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Non Preferred	PA; AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Non Preferred	PA, QL (8 ea per day); AGE (Min age 18 years)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	Preferred	AGE (Min age 18 years)
<i>endocet tab 5-325mg (generic of PERCOCET)</i>	Preferred	QL (8 ea per day)
<i>endocet tab 7.5-325 (generic of PERCOCET)</i>	Preferred	QL (6 ea per day)
<i>endocet tab 10-325mg (generic of PERCOCET)</i>	Preferred	QL (6 ea per day)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Preferred	QL (3750 mL / 25 days)
<i>hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL)</i>	Preferred	QL (10 ea per day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Preferred	QL (6 ea per day)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Preferred	QL (10 ea per day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Preferred	QL (6 ea per day)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Preferred	QL (10 ea per day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Preferred	QL (6 ea per day)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Preferred	
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Preferred	QL (20 ea per day)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Preferred	
LORTAB ELX 10-300MG	Non Preferred	PA
NALOCET TAB 2.5-300	Non Preferred	PA
<i>oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET)</i>	Preferred	QL (6 ea per day)
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i>	Preferred	QL (8 ea per day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i>	Preferred	QL (6 ea per day)
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i>	Preferred	QL (6 ea per day)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	Non Preferred	PA, QL (8 ea per day)
PERCOCET TAB 2.5-325	Non Preferred	PA, QL (6 ea per day)
PERCOCET TAB 5-325MG	Non Preferred	PA, QL (8 ea per day)
PERCOCET TAB 7.5-325	Non Preferred	PA, QL (6 ea per day)

Drug Name	Drug Tier	Requirements/Limits
PERCOCET TAB 10-325MG	Non Preferred	PA, QL (6 ea per day)
PROLATE SOL 10/300MG	Non Preferred	PA
PROLATE TAB 5-300MG	Non Preferred	PA
PROLATE TAB 7.5-300	Non Preferred	PA
PROLATE TAB 10-300MG	Non Preferred	PA, QL (10 ea per day)
<i>tramadol-acetaminophen tab 37.5-325 mg (generic of ULTRACET)</i>	Non Preferred	PA, QL (5 ea per day); AGE (Min age 18 years)
ULTRACET TAB 37.5-325	Non Preferred	PA, QL (5 ea per day); AGE (Min age 18 years)

OPIOID PARTIAL AGONISTS

BELBUCA MIS 75MCG	Non Preferred	PA
BELBUCA MIS 150MCG	Non Preferred	PA
BELBUCA MIS 300MCG	Non Preferred	PA
BELBUCA MIS 450MCG	Non Preferred	PA
BELBUCA MIS 600MCG	Non Preferred	PA
BELBUCA MIS 750MCG	Non Preferred	PA
BELBUCA MIS 900MCG	Non Preferred	PA
BUNAVAIL MIS 2.1-0.3	Preferred	QL (3 ea per day)
BUNAVAIL MIS 4.2-0.7	Preferred	QL (3 ea per day)
BUNAVAIL MIS 6.3-1MG	Preferred	QL (3 ea per day)
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Preferred	QL (3 ea per day)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Preferred	QL (3 ea per day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)</i>	Preferred	QL (3 ea per day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)</i>	Preferred	QL (3 ea per day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)</i>	Preferred	QL (3 ea per day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)</i>	Preferred	QL (3 ea per day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Preferred	QL (3 ea per day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Preferred	QL (3 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine td patch weekly 5 mcg/hr</i> (generic of BUTRANS)	Non Preferred	PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i> (generic of BUTRANS)	Non Preferred	PA
<i>buprenorphine td patch weekly 10 mcg/hr</i> (generic of BUTRANS)	Non Preferred	PA
<i>buprenorphine td patch weekly 15 mcg/hr</i> (generic of BUTRANS)	Non Preferred	PA
<i>buprenorphine td patch weekly 20 mcg/hr</i> (generic of BUTRANS)	Non Preferred	PA
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Non Preferred	PA
BUTRANS DIS 5MCG/HR	Non Preferred	PA
BUTRANS DIS 7.5/HR	Non Preferred	PA
BUTRANS DIS 10MCG/HR	Non Preferred	PA
BUTRANS DIS 15MCG/HR	Non Preferred	PA
BUTRANS DIS 20MCG/HR	Non Preferred	PA
<i>pentazocine w/ naloxone tab 50-0.5 mg</i>	Non Preferred	PA; AGE (Max age 64 years)
PROBUPHINE IMP KIT 74.2	Preferred	
SUBLOCADE INJ 100/0.5	Preferred	
SUBLOCADE INJ 300/1.5	Preferred	
SUBOXONE MIS 2-0.5MG	Preferred	QL (3 ea per day)
SUBOXONE MIS 4-1MG	Preferred	QL (3 ea per day)
SUBOXONE MIS 8-2MG	Preferred	QL (3 ea per day)
SUBOXONE MIS 12-3MG	Preferred	QL (3 ea per day)
ZUBSOLV SUB 0.7-0.18	Preferred	QL (3 ea per day)
ZUBSOLV SUB 1.4-0.36	Preferred	QL (3 ea per day)
ZUBSOLV SUB 2.9-0.71	Preferred	QL (3 ea per day)
ZUBSOLV SUB 5.7-1.4	Preferred	QL (3 ea per day)
ZUBSOLV SUB 8.6-2.1	Preferred	QL (3 ea per day)
ZUBSOLV SUB 11.4-2.9	Preferred	QL (3 ea per day)

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

<i>testosterone cypionate im inj in oil 100 mg/ml</i> (generic of DEPO-TESTOSTERONE)	Preferred	
<i>testosterone cypionate im inj in oil 200 mg/ml</i> (generic of DEPO-TESTOSTERONE)	Preferred	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
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ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

CORTENEMA ENE 100MG	Non Preferred	PA, QL (60 mL per day)
CORTIFOAM AER 90MG	Non Preferred	PA
<i>hydrocortisone enema 100 mg/60ml (generic of CORTENEMA)</i>	Preferred	QL (60 mL per day)
UCERIS AER 2MG/ACT	Non Preferred	PA

RECTAL COMBINATIONS

<i>ana-lex kit</i>	Non Preferred	PA
LIDO-HYDRO GEL 2.8-0.55	Non Preferred	PA
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	Non Preferred	PA
<i>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</i>	Non Preferred	PA
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%</i>	Non Preferred	PA
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-1%</i>	Non Preferred	PA
<i>lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%</i>	Non Preferred	PA
<i>lidocort cre 3-0.5%</i>	Non Preferred	PA
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i>	Preferred	OTC
PROCTOFOAM AER HC 1%	Non Preferred	PA

RECTAL LOCAL ANESTHETICS

<i>dibucaine perianal ointment 1%</i>	Preferred	OTC
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RECTAL STEROIDS

ANUSOL-HC CRE 2.5%	Non Preferred	PA
<i>hydrocortisone perianal cream 1% (generic of PROCTOCORT)</i>	Preferred	
<i>hydrocortisone rectal cream 2.5% (generic of HYDROCORTISONE RECTAL CREAM 2.5%)</i>	Preferred	

VASODILATING AGENTS

RECTIV OIN 0.4%	Non Preferred	PA
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Drug Name	Drug Tier	Requirements/Limits
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ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID

ANTACID COMBINATIONS

<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	Preferred	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	Preferred	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	Preferred	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	Preferred	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	Preferred	OTC
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</i>	Preferred	OTC

ANTACIDS - BICARBONATE

<i>sodium bicarbonate tab 325 mg</i>	Preferred	OTC
<i>sodium bicarbonate tab 650 mg</i>	Preferred	OTC

ANTACIDS - CALCIUM SALTS

CALCIUM CARB TAB 648MG	Preferred	OTC
<i>calcium carbonate (antacid) chew tab 400 mg</i>	Preferred	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	Preferred	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i>	Preferred	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	Preferred	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Preferred	OTC

ANTACIDS - MAGNESIUM SALTS

<i>magnesium oxide tab 400 mg</i>	Preferred	OTC
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ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

<i>albendazole tab 200 mg (generic of ALBENZA)</i>	Non Preferred	PA
ALBENZA TAB 200MG	Non Preferred	PA
BENZNIDAZOLE TAB 12.5MG	Non Preferred	PA
BENZNIDAZOLE TAB 100MG	Non Preferred	PA
BILTRICIDE TAB 600MG	Non Preferred	PA
EMVERM CHW 100MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin tab 3 mg</i> (generic of STROMECTOL)	Non Preferred	PA, QL (10 ea per day)
<i>praziquantel tab 600 mg</i> (generic of BILTRICIDE)	Preferred	
STROMECTOL TAB 3MG	Non Preferred	PA, QL (10 ea per day)

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

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

FLAGYL CAP 375MG	Non Preferred	PA
FLAGYL TAB 500MG	Non Preferred	PA, QL (4 ea per day)
<i>metronidazole cap 375 mg</i> (generic of FLAGYL)	Non Preferred	PA
<i>metronidazole tab 250 mg</i>	Preferred	QL (8 ea per day)
<i>metronidazole tab 500 mg</i> (generic of FLAGYL)	Preferred	QL (4 ea per day)
NEBUPENT INH 300MG	Preferred	
<i>pentamidine isethionate for nebulization soln 300 mg</i> (generic of NEBUPENT)	Preferred	
<i>tinidazole tab 250 mg</i>	Non Preferred	PA
<i>tinidazole tab 500 mg</i>	Non Preferred	PA
<i>trimethoprim tab 100 mg</i>	Preferred	QL (6 ea per day)
XIFAXAN TAB 200MG	Non Preferred	PA
XIFAXAN TAB 550MG	Non Preferred	PA

ANTI-INFECTIVE MISC. - COMBINATIONS

BACTRIM DS TAB 800-160	Non Preferred	PA, QL (4 ea per day)
BACTRIM TAB 400-80MG	Non Preferred	PA, QL (4 ea per day)
<i>hyophen tab</i>	Non Preferred	PA
<i>me/naphos/mb tab hyo 1</i>	Non Preferred	PA
<i>phosphasal tab</i>	Non Preferred	PA
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Preferred	QL (40 mL per day)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> (generic of BACTRIM)	Preferred	QL (4 ea per day)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> (generic of BACTRIM DS)	Preferred	QL (4 ea per day)
<i>sulfatrim pd sus 200-40/5</i>	Preferred	QL (40 mL per day)

Drug Name	Drug Tier	Requirements/Limits
<i>urimar-t tab</i>	Non Preferred	PA
<i>urin d/s tab</i>	Non Preferred	PA
<i>uro-458 tab</i>	Non Preferred	PA
<i>uro-mp cap 118mg</i>	Non Preferred	PA
UROGESIC- TAB BLUE	Non Preferred	PA
<i>ustell cap</i>	Non Preferred	PA

ANTIPROTOZOAL AGENTS

<i>atovaquone susp 750 mg/5ml (generic of MEPRON)</i>	Preferred	
LAMPIT TAB 30MG	Non Preferred	PA
LAMPIT TAB 120MG	Non Preferred	PA
MEPRON SUS	Non Preferred	PA
<i>nitazoxanide tab 500 mg (generic of ALINIA)</i>	Non Preferred	PA

CARBAPENEMS

<i>ertapenem sodium for inj 1 gm (base equivalent) (generic of INVANZ)</i>	Preferred	
<i>meropenem iv for soln 1 gm</i>	Preferred	
<i>meropenem iv for soln 500 mg (generic of MERREM)</i>	Preferred	

GLYCOPEPTIDES

FIRVANQ SOL 25MG/ML	Non Preferred	PA, QL (40 mL per day)
FIRVANQ SOL 50MG/ML	Non Preferred	PA, QL (40 mL per day)
VANCOGIN CAP 250MG	Non Preferred	PA
VANCOGIN HCL CAP 125MG	Non Preferred	PA
<i>vancomycin hcl cap 125 mg (base equivalent) (generic of VANCOGIN HCL)</i>	Preferred	
<i>vancomycin hcl cap 250 mg (base equivalent) (generic of VANCOGIN)</i>	Preferred	
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	Preferred	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	Preferred	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	Preferred	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	Preferred	
VANCOMYCIN INJ 250MG	Preferred	
VANCOMYCIN SOL 1.5GM	Preferred	
VANCOMYCIN SOL 1.25GM	Preferred	
VANCOMYCIN SOL 250/5ML	Preferred	QL (40 mL per day)

LEPROSTATICS

<i>dapsone tab 25 mg</i>	Preferred	QL (4 ea per day)
<i>dapsone tab 100 mg</i>	Preferred	QL (3 ea per day)

LINCOSAMIDES

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

MONOBACTAMS

CAYSTON INH 75MG	Non Preferred	SP, PA
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OXAZOLIDINONES

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

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

URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS

<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i> (generic of MONUROL)	Preferred	
HIPREX TAB 1GM	Non Preferred	PA
MACROBID CAP 100MG	Non Preferred	PA, QL (2 ea per day)
MACRODANTIN CAP 25MG	Non Preferred	PA
MACRODANTIN CAP 50MG	Non Preferred	PA, QL (2 ea per day)
MACRODANTIN CAP 100MG	Non Preferred	PA, QL (4 ea per day)
<i>methenamine hippurate tab 1 gm</i> (generic of HIPREX)	Preferred	
<i>methenamine mandelate tab 0.5 gm</i>	Preferred	
<i>methenamine mandelate tab 1 gm</i>	Preferred	
MONUROL PAK GRANULES	Preferred	
<i>nitrofurantoin macrocrystalline cap 25 mg</i> (generic of MACRODANTIN)	Preferred	
<i>nitrofurantoin macrocrystalline cap 50 mg</i> (generic of MACRODANTIN)	Preferred	QL (2 ea per day)
<i>nitrofurantoin macrocrystalline cap 100 mg</i> (generic of MACRODANTIN)	Preferred	QL (4 ea per day)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (generic of MACROBID)	Preferred	QL (2 ea per day)
<i>nitrofurantoin susp 25 mg/5ml</i>	Preferred	QL (40 mL per day)

ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS

ANTIANGINALS-OTHER

RANEXA TAB 500MG	Non Preferred	PA, QL (2 ea per day)
RANEXA TAB 1000MG	Non Preferred	PA, QL (2 ea per day)
<i>ranolazine tab er 12hr 500 mg</i> (generic of RANEXA)	Non Preferred	PA, QL (2 ea per day)
<i>ranolazine tab er 12hr 1000 mg</i> (generic of RANEXA)	Non Preferred	PA, QL (2 ea per day)

NITRATES

DILATRATE SR CAP 40MG	Preferred	
GONITRO POW 400MCG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ISORDIL TAB 5MG	Non Preferred	PA, QL (4 ea per day)
ISORDIL TAB 40MG	Non Preferred	PA
<i>isosorbide dinitrate tab 5 mg</i> (generic of ISORDIL TITRADOSE)	Preferred	QL (4 ea per day)
<i>isosorbide dinitrate tab 10 mg</i>	Preferred	QL (4 ea per day)
<i>isosorbide dinitrate tab 20 mg</i>	Preferred	QL (6 ea per day)
<i>isosorbide dinitrate tab 30 mg</i>	Preferred	QL (4 ea per day)
<i>isosorbide dinitrate tab 40 mg</i> (generic of ISORDIL TITRADOSE)	Preferred	
<i>isosorbide mononitrate tab 10 mg</i>	Preferred	QL (3 ea per day)
<i>isosorbide mononitrate tab 20 mg</i>	Preferred	QL (2 ea per day)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Preferred	QL (2 ea per day)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Preferred	QL (2 ea per day)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Preferred	QL (2 ea per day)
<i>minitran dis 0.1mg/hr</i> (generic of NITRO-DUR)	Preferred	QL (1 ea per day)
<i>minitran dis 0.2mg/hr</i> (generic of NITRO-DUR)	Preferred	QL (1 ea per day)
<i>minitran dis 0.4mg/hr</i> (generic of NITRO-DUR)	Preferred	QL (1 ea per day)
<i>minitran dis 0.6mg/hr</i> (generic of NITRO-DUR)	Preferred	QL (1 ea per day)
NITRO-BID OIN 2%	Preferred	
NITRO-DUR DIS 0.1MG/HR	Non Preferred	PA, QL (1 ea per day)
NITRO-DUR DIS 0.2MG/HR	Non Preferred	PA, QL (1 ea per day)
NITRO-DUR DIS 0.3MG/HR	Non Preferred	PA
NITRO-DUR DIS 0.4MG/HR	Non Preferred	PA, QL (1 ea per day)
NITRO-DUR DIS 0.6MG/HR	Non Preferred	PA, QL (1 ea per day)
NITRO-DUR DIS 0.8MG/HR	Non Preferred	PA
<i>nitroglycerin sl tab 0.3 mg</i> (generic of NITROSTAT)	Preferred	QL (10 ea per day)
<i>nitroglycerin sl tab 0.4 mg</i> (generic of NITROSTAT)	Preferred	QL (10 ea per day)
<i>nitroglycerin sl tab 0.6 mg</i> (generic of NITROSTAT)	Preferred	QL (10 ea per day)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Preferred	QL (1 ea per day)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Preferred	QL (1 ea per day)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Preferred	QL (1 ea per day)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Preferred	QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (generic of NITROLINGUAL PUMPSPRAY)</i>	Non Preferred	PA
NITROLINGUAL SPR PUMPSPRA	Non Preferred	PA
NITROSTAT SUB 0.3MG	Non Preferred	PA, QL (10 ea per day)
NITROSTAT SUB 0.4MG	Non Preferred	PA, QL (10 ea per day)
NITROSTAT SUB 0.6MG	Non Preferred	PA, QL (10 ea per day)

ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTIANXIETY AGENTS - MISC.

<i>bupirone hcl tab 5 mg</i>	Preferred	QL (8 ea per day)
<i>bupirone hcl tab 7.5 mg</i>	Preferred	
<i>bupirone hcl tab 10 mg</i>	Preferred	QL (6 ea per day)
<i>bupirone hcl tab 15 mg</i>	Preferred	QL (4 ea per day)
<i>bupirone hcl tab 30 mg</i>	Preferred	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Preferred	QL (60 mL per day)
<i>hydroxyzine hcl tab 10 mg</i>	Preferred	QL (8 ea per day)
<i>hydroxyzine hcl tab 25 mg</i>	Preferred	QL (8 ea per day)
<i>hydroxyzine hcl tab 50 mg</i>	Preferred	QL (8 ea per day)
<i>hydroxyzine pamoate cap 25 mg (generic of VISTARIL)</i>	Preferred	QL (8 ea per day)
<i>hydroxyzine pamoate cap 50 mg (generic of VISTARIL)</i>	Preferred	QL (8 ea per day)
<i>hydroxyzine pamoate cap 100 mg</i>	Preferred	QL (4 ea per day)
<i>meprobamate tab 200 mg</i>	Non Preferred	PA
<i>meprobamate tab 400 mg</i>	Non Preferred	PA
VISTARIL CAP 25MG	Non Preferred	PA, QL (8 ea per day)
VISTARIL CAP 50MG	Non Preferred	PA, QL (8 ea per day)

BENZODIAZEPINES

ALPRAZOLAM CON 1 MG/ML	Preferred	
<i>alprazolam orally disintegrating tab 0.5 mg</i>	Non Preferred	PA
<i>alprazolam orally disintegrating tab 0.25 mg</i>	Non Preferred	PA
<i>alprazolam orally disintegrating tab 1 mg</i>	Non Preferred	PA
<i>alprazolam orally disintegrating tab 2 mg</i>	Non Preferred	PA
<i>alprazolam tab 0.5 mg (generic of XANAX)</i>	Preferred	QL (3 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tab 0.5mg xr</i> (generic of XANAX XR)	Non Preferred	PA
<i>alprazolam tab 0.25 mg</i> (generic of XANAX)	Preferred	QL (3 ea per day)
<i>alprazolam tab 1 mg</i> (generic of XANAX)	Preferred	QL (3 ea per day)
<i>alprazolam tab 1mg xr</i> (generic of XANAX XR)	Non Preferred	PA
<i>alprazolam tab 2 mg</i> (generic of XANAX)	Preferred	QL (3 ea per day)
<i>alprazolam tab 2mg xr</i> (generic of XANAX XR)	Non Preferred	PA
<i>alprazolam tab 3mg xr</i> (generic of XANAX XR)	Non Preferred	PA
<i>alprazolam tab er 24hr 0.5 mg</i> (generic of XANAX XR)	Non Preferred	PA
<i>alprazolam tab er 24hr 1 mg</i> (generic of XANAX XR)	Non Preferred	PA
<i>alprazolam tab er 24hr 2 mg</i> (generic of XANAX XR)	Non Preferred	PA
<i>alprazolam tab er 24hr 3 mg</i> (generic of XANAX XR)	Non Preferred	PA
ATIVAN TAB 0.5MG	Non Preferred	PA, QL (3 ea per day)
ATIVAN TAB 1MG	Non Preferred	PA, QL (3 ea per day)
ATIVAN TAB 2MG	Non Preferred	PA, QL (3 ea per day)
<i>chlordiazepoxide hcl cap 5 mg</i>	Preferred	QL (3 ea per day)
<i>chlordiazepoxide hcl cap 10 mg</i>	Preferred	QL (3 ea per day)
<i>chlordiazepoxide hcl cap 25 mg</i>	Preferred	QL (3 ea per day)
<i>clorazepate dipotassium tab 3.75 mg</i>	Preferred	QL (3 ea per day)
<i>clorazepate dipotassium tab 7.5 mg</i>	Preferred	QL (4 ea per day)
<i>clorazepate dipotassium tab 15 mg</i>	Preferred	QL (3 ea per day)
<i>diazepam conc 5 mg/ml</i>	Preferred	QL (3 mL per day)
<i>diazepam oral soln 1 mg/ml</i>	Preferred	QL (4 mL per day)
<i>diazepam tab 2 mg</i> (generic of VALIUM)	Preferred	QL (3 ea per day)
<i>diazepam tab 5 mg</i> (generic of VALIUM)	Preferred	QL (3 ea per day)
<i>diazepam tab 10 mg</i> (generic of VALIUM)	Preferred	QL (3 ea per day)
<i>lorazepam conc 2 mg/ml</i>	Preferred	QL (3 mL per day)
<i>lorazepam tab 0.5 mg</i> (generic of ATIVAN)	Preferred	QL (3 ea per day)
<i>lorazepam tab 1 mg</i> (generic of ATIVAN)	Preferred	QL (3 ea per day)
<i>lorazepam tab 2 mg</i> (generic of ATIVAN)	Preferred	QL (3 ea per day)
<i>oxazepam cap 10 mg</i>	Preferred	QL (3 ea per day)
<i>oxazepam cap 15 mg</i>	Preferred	QL (3 ea per day)
<i>oxazepam cap 30 mg</i>	Preferred	QL (4 ea per day)
TRANXENE T TAB 7.5MG	Non Preferred	PA, QL (4 ea per day)

Drug Name	Drug Tier	Requirements/Limits
XANAX TAB 0.5MG	Non Preferred	PA, QL (3 ea per day)
XANAX TAB 0.25MG	Non Preferred	PA, QL (3 ea per day)
XANAX TAB 1MG	Non Preferred	PA, QL (3 ea per day)
XANAX TAB 2MG	Non Preferred	PA, QL (3 ea per day)
XANAX XR TAB 0.5MG	Non Preferred	PA
XANAX XR TAB 1MG	Non Preferred	PA
XANAX XR TAB 2MG	Non Preferred	PA
XANAX XR TAB 3MG	Non Preferred	PA

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i> (generic of NORPACE)	Preferred	QL (8 ea per day)
<i>disopyramide phosphate cap 150 mg</i> (generic of NORPACE)	Preferred	QL (5 ea per day)
NORPACE CAP 100MG	Non Preferred	PA, QL (8 ea per day)
NORPACE CAP 100MG CR	Preferred	
NORPACE CAP 150MG	Non Preferred	PA, QL (5 ea per day)
NORPACE CAP 150MG CR	Preferred	
<i>quinidine gluconate tab er 324 mg</i>	Preferred	
<i>quinidine sulfate tab 200 mg</i>	Preferred	
<i>quinidine sulfate tab 300 mg</i>	Preferred	QL (8 ea per day)

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	Preferred	QL (6 ea per day)
<i>mexiletine hcl cap 200 mg</i>	Preferred	QL (6 ea per day)
<i>mexiletine hcl cap 250 mg</i>	Preferred	QL (6 ea per day)

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	Preferred	QL (7 ea per day)
<i>flecainide acetate tab 100 mg</i>	Preferred	QL (6 ea per day)
<i>flecainide acetate tab 150 mg</i>	Preferred	QL (3 ea per day)
<i>propafenone hcl cap er 12hr 225 mg</i> (generic of RYTHMOL SR)	Non Preferred	PA
<i>propafenone hcl cap er 12hr 325 mg</i> (generic of RYTHMOL SR)	Non Preferred	PA
<i>propafenone hcl cap er 12hr 425 mg</i> (generic of RYTHMOL SR)	Non Preferred	PA
<i>propafenone hcl tab 150 mg</i>	Preferred	QL (6 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl tab 225 mg</i>	Preferred	QL (3 ea per day)
<i>propafenone hcl tab 300 mg</i>	Preferred	QL (3 ea per day)
RYTHMOL SR CAP 225MG	Non Preferred	PA
RYTHMOL SR CAP 325MG	Non Preferred	PA
RYTHMOL SR CAP 425MG	Non Preferred	PA

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 100 mg</i>	Preferred	
<i>amiodarone hcl tab 200 mg</i>	Preferred	QL (4 ea per day)
<i>amiodarone hcl tab 400 mg</i>	Preferred	
<i>dofetilide cap 125 mcg (0.125 mg)</i> (generic of TIKOSYN)	Preferred	SP
<i>dofetilide cap 250 mcg (0.25 mg)</i> (generic of TIKOSYN)	Preferred	SP
<i>dofetilide cap 500 mcg (0.5 mg)</i> (generic of TIKOSYN)	Preferred	SP
MULTAQ TAB 400MG	Non Preferred	PA
<i>pacerone tab 100mg</i>	Preferred	
<i>pacerone tab 200mg</i>	Preferred	QL (4 ea per day)
<i>pacerone tab 400mg</i>	Preferred	
TIKOSYN CAP 125MCG	Non Preferred	SP, PA
TIKOSYN CAP 250MCG	Non Preferred	SP, PA
TIKOSYN CAP 500MCG	Non Preferred	SP, 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>	Preferred	QL (26 mL per day)
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

CINQAIR INJ	Non Preferred	SP, PA
FASENRA INJ 30MG/ML	Non Preferred	SP, PA
FASENRA PEN INJ 30MG/ML	Non Preferred	PA
NUCALA INJ 100MG	Preferred	SP, PA
NUCALA INJ 100MG/ML	Non Preferred	SP, PA
XOLAIR INJ 75/0.5	Non Preferred	SP, PA

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

BRONCHODILATORS - ANTICHOLINERGICS

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

LEUKOTRIENE MODULATORS

ACCOLATE TAB 10MG	Non Preferred	PA
ACCOLATE TAB 20MG	Non Preferred	PA
<i>montelukast sodium chew tab 4 mg (base equiv) (generic of SINGULAIR)</i>	Preferred	QL (1 ea per day)
<i>montelukast sodium chew tab 5 mg (base equiv) (generic of SINGULAIR)</i>	Preferred	QL (1 ea per day)
<i>montelukast sodium oral granules packet 4 mg (base equiv) (generic of SINGULAIR)</i>	Preferred	
<i>montelukast sodium tab 10 mg (base equiv) (generic of SINGULAIR)</i>	Preferred	QL (1 ea per day)
SINGULAIR CHW 4MG	Non Preferred	PA, QL (1 ea per day)
SINGULAIR CHW 5MG	Non Preferred	PA, QL (1 ea per day)
SINGULAIR GRA 4MG	Non Preferred	PA
SINGULAIR TAB 10MG	Non Preferred	PA, QL (1 ea per day)
<i>zafirlukast tab 10 mg (generic of ACCOLATE)</i>	Preferred	
<i>zafirlukast tab 20 mg (generic of ACCOLATE)</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>zileuton tab er 12hr 600 mg</i>	Non Preferred	PA
ZYFLO TAB 600MG	Non Preferred	PA

SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

DALIRESPIRIN TAB 250MCG	Non Preferred	PA
DALIRESPIRIN TAB 500MCG	Non Preferred	PA

STEROID INHALANTS

ALVESCO AER 80MCG	Non Preferred	PA
ALVESCO AER 160MCG	Non Preferred	PA
ARMONAIR DIG AER 55MCG	Non Preferred	PA
ARMONAIR DIG AER 113MCG	Non Preferred	PA
ARMONAIR DIG AER 232MCG	Non Preferred	PA
ARNUITY ELPT INH 50MCG	Non Preferred	PA, QL (1 ea per day)
ARNUITY ELPT INH 100MCG	Non Preferred	PA, QL (1 ea per day)
ARNUITY ELPT INH 200MCG	Non Preferred	PA, QL (1 ea per day)
ASMANEX 14 AER 220MCG	Preferred	
ASMANEX 30 AER 110MCG	Preferred	
ASMANEX 30 AER 220MCG	Preferred	
ASMANEX 60 AER 220MCG	Preferred	
ASMANEX 120 AER 220MCG	Preferred	
ASMANEX HFA AER 50MCG	Non Preferred	PA
ASMANEX HFA AER 100 MCG	Non Preferred	PA
ASMANEX HFA AER 200 MCG	Non Preferred	PA
<i>budesonide inhalation susp 0.5 mg/2ml (generic of PULMICORT)</i>	Preferred	QL (4 mL per day); AGE (Max age 7 years)
<i>budesonide inhalation susp 0.25 mg/2ml (generic of PULMICORT)</i>	Preferred	QL (4 mL per day); AGE (Max age 7 years)
<i>budesonide inhalation susp 1 mg/2ml (generic of PULMICORT)</i>	Preferred	AGE (Max age 7 years)
FLOVENT DISK AER 50MCG	Preferred	
FLOVENT DISK AER 100MCG	Preferred	
FLOVENT DISK AER 250MCG	Preferred	
FLOVENT HFA AER 44MCG	Preferred	QL (0.354 gm per day)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AER 110MCG	Preferred	QL (0.4 gm per day)
FLOVENT HFA AER 220MCG	Preferred	
PULMICORT INH 90MCG	Non Preferred	PA
PULMICORT INH 180MCG	Non Preferred	PA
PULMICORT SUS 0.5MG/2	Non Preferred	PA, QL (4 mL per day); AGE (Max age 7 years)
PULMICORT SUS 0.25MG/2	Non Preferred	PA, QL (4 mL per day); AGE (Max age 7 years)
PULMICORT SUS 1MG/2ML	Non Preferred	PA; AGE (Max age 7 years)
QVAR REDIHA AER 80MCG	Non Preferred	PA, QL (0.354 gm per day)
QVAR REDIHAL AER 40MCG	Non Preferred	PA, QL (0.354 gm per day)

SYMPATHOMIMETICS

ADVAIR DISKU AER 100/50	Non Preferred	PA, QL (2 ea per day)
ADVAIR DISKU AER 250/50	Non Preferred	PA, QL (2 ea per day)
ADVAIR DISKU AER 500/50	Non Preferred	PA, QL (2 ea per day)
ADVAIR HFA AER 45/21	Non Preferred	PA
ADVAIR HFA AER 115/21	Non Preferred	PA
ADVAIR HFA AER 230/21	Non Preferred	PA
AIRDUO DGHLR INH 55-14	Non Preferred	PA
AIRDUO DGHLR INH 113-14	Non Preferred	PA
AIRDUO DGHLR INH 232-14	Non Preferred	PA
AIRDUO RESPI INH 55-14	Non Preferred	PA, QL (0.04 ea per day)
AIRDUO RESPI INH 113-14	Non Preferred	PA, QL (0.04 ea per day)
AIRDUO RESPI INH 232-14	Non Preferred	PA, QL (0.04 ea per day)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Preferred	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROAIR HFA)</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROVENTIL HFA)</i>	Preferred	
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Preferred	QL (6 ea per day)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Preferred	QL (12 mL per day)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Preferred	QL (10 mL per day)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Preferred	QL (9 mL per day)
<i>albuterol sulfate syrup 2 mg/5ml</i>	Preferred	QL (150 mL per day)
<i>albuterol sulfate tab 2 mg</i>	Non Preferred	PA
<i>albuterol sulfate tab 4 mg</i>	Non Preferred	PA, QL (8 ea per day)
<i>albuterol sulfate tab er 12hr 4 mg</i>	Non Preferred	PA
<i>albuterol sulfate tab er 12hr 8 mg</i>	Non Preferred	PA
ANORO ELLIPT AER 62.5-25	Non Preferred	PA, QL (2 ea per day)
BEVESPI AER 9-4.8MCG	Preferred	
BREO ELLIPTA INH 100-25	Non Preferred	PA
BREO ELLIPTA INH 200-25	Non Preferred	PA
BREZTRI AERO AER SPHERE	Non Preferred	PA
BREZTRI AERO AER SPHERE	Non Preferred	PA
BROVANA NEB 15MCG	Non Preferred	PA
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Non Preferred	PA, QL (10.2 gm / 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Non Preferred	PA, QL (10.2 gm / 25 days)
COMBIVENT AER 20-100	Non Preferred	PA
DUAKLIR AER 400/12	Non Preferred	PA
DULERA AER 50-5MCG	Preferred	
DULERA AER 100-5MCG	Preferred	
DULERA AER 200-5MCG	Preferred	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Non Preferred	PA, QL (0.04 ea per day)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose (generic of ADVAIR DISKUS)</i>	Preferred	QL (2 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose (generic of ADVAIR DISKUS)</i>	Non Preferred	PA, QL (2 ea per day)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Non Preferred	PA, QL (0.04 ea per day)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Non Preferred	PA, QL (0.04 ea per day)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose (generic of ADVAIR DISKUS)</i>	Preferred	QL (2 ea per day)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose (generic of ADVAIR DISKUS)</i>	Non Preferred	PA, QL (2 ea per day)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose (generic of ADVAIR DISKUS)</i>	Non Preferred	PA, QL (2 ea per day)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Preferred	QL (360 mL / 25 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (generic of XOPENEX)</i>	Preferred	
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (generic of XOPENEX)</i>	Preferred	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (generic of XOPENEX)</i>	Preferred	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (generic of XOPENEX CONCENTRATE)</i>	Preferred	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Preferred	
PERFOROMIST NEB 20MCG	Non Preferred	PA
PROAIR DIGIH AER 108MCG	Non Preferred	PA
PROAIR HFA AER	Preferred	QL (8.5 gm / 25 days)
PROAIR RESPI AER	Non Preferred	PA
PROVENTIL AER HFA	Preferred	QL (6.7 gm / 25 days)
SEREVENT DIS AER 50MCG	Preferred	
STIOLTO AER 2.5-2.5	Non Preferred	PA
STRIVERDI AER 2.5MCG	Non Preferred	PA, QL (2 gm per day)
SYMBICORT AER 80-4.5	Preferred	QL (10.2 gm / 25 days)
SYMBICORT AER 160-4.5	Preferred	QL (10.2 gm / 25 days)
<i>terbutaline sulfate tab 2.5 mg</i>	Preferred	QL (8 ea per day)
<i>terbutaline sulfate tab 5 mg</i>	Preferred	QL (6 ea per day)
TRELEGY AER ELLIPTA	Non Preferred	PA
TRELEGY AER ELLIPTA	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
UTIBRON CAP NEOHALER	Non Preferred	PA
VENTOLIN HFA AER	Preferred	
<i>wixela inhub aer 100/50</i> (generic of ADVAIR DISKUS)	Preferred	QL (2 ea per day)
<i>wixela inhub aer 250/50</i> (generic of ADVAIR DISKUS)	Preferred	QL (2 ea per day)
<i>wixela inhub aer 500/50</i> (generic of ADVAIR DISKUS)	Preferred	QL (2 ea per day)
XOPENEX CONC NEB 1.25/0.5	Non Preferred	PA
XOPENEX HFA AER	Preferred	
XOPENEX NEB 0.31MG	Non Preferred	PA
XOPENEX NEB 0.63MG	Non Preferred	PA
XOPENEX NEB 1.25/3ML	Non Preferred	PA

XANTHINES

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

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

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

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG	Preferred	PA
ELIQUIS TAB 2.5MG	Preferred	PA
ELIQUIS TAB 5MG	Preferred	PA
SAVAYSA TAB 15MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
SAVAYSA TAB 30MG	Non Preferred	PA
SAVAYSA TAB 60MG	Non Preferred	PA
XARELTO STAR TAB 15/20MG	Preferred	PA
XARELTO TAB 2.5MG	Preferred	PA
XARELTO TAB 10MG	Preferred	PA, QL (1 ea per day)
XARELTO TAB 15MG	Preferred	PA, QL (2 ea per day)
XARELTO TAB 20MG	Preferred	PA, QL (1 ea per day)

HEPARINS AND HEPARINOID-LIKE AGENTS

ARIXTRA INJ 2.5/0.5	Non Preferred	PA
ARIXTRA INJ 5/0.4ML	Non Preferred	PA
ARIXTRA INJ 7.5/0.6	Non Preferred	PA
ARIXTRA INJ 10/0.8ML	Non Preferred	PA
<i>enoxaparin sodium inj 30 mg/0.3ml (generic of LOVENOX)</i>	Preferred	SP, QL (0.6 mL per day)
<i>enoxaparin sodium inj 40 mg/0.4ml (generic of LOVENOX)</i>	Preferred	SP, QL (0.8 mL per day)
<i>enoxaparin sodium inj 60 mg/0.6ml (generic of LOVENOX)</i>	Preferred	SP, QL (1.2 mL per day)
<i>enoxaparin sodium inj 80 mg/0.8ml (generic of LOVENOX)</i>	Preferred	SP, QL (1.6 mL per day)
<i>enoxaparin sodium inj 100 mg/ml (generic of LOVENOX)</i>	Preferred	SP, QL (2 mL per day)
<i>enoxaparin sodium inj 120 mg/0.8ml (generic of LOVENOX)</i>	Preferred	SP, QL (1.6 mL per day)
<i>enoxaparin sodium inj 150 mg/ml (generic of LOVENOX)</i>	Preferred	SP, QL (2 mL per day)
<i>enoxaparin sodium inj 300 mg/3ml (generic of LOVENOX)</i>	Preferred	SP
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (generic of ARIXTRA)</i>	Preferred	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml (generic of ARIXTRA)</i>	Preferred	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (generic of ARIXTRA)</i>	Preferred	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml (generic of ARIXTRA)</i>	Preferred	
FRAGMIN INJ 2500/0.2	Preferred	SP
FRAGMIN INJ 5000/0.2	Preferred	SP
FRAGMIN INJ 7500/0.3	Preferred	SP
FRAGMIN INJ 10000/ML	Preferred	SP
FRAGMIN INJ 12500UNT	Preferred	SP

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 15000UNT	Preferred	SP
FRAGMIN INJ 18000UNT	Preferred	SP
FRAGMIN INJ 95000UNT	Preferred	
HEPARIN SOD INJ 5000/0.5	Preferred	
HEPARIN SOD INJ 5000/ML	Preferred	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Preferred	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	Preferred	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Preferred	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	Preferred	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Preferred	
LOVENOX INJ 30/0.3ML	Non Preferred	SP, PA, QL (0.6 mL per day)
LOVENOX INJ 40/0.4ML	Non Preferred	SP, PA, QL (0.8 mL per day)
LOVENOX INJ 60/0.6ML	Non Preferred	SP, PA, QL (1.2 mL per day)
LOVENOX INJ 80/0.8ML	Non Preferred	SP, PA, QL (1.6 mL per day)
LOVENOX INJ 100MG/ML	Non Preferred	SP, PA, QL (2 mL per day)
LOVENOX INJ 120/0.8	Non Preferred	SP, PA, QL (1.6 mL per day)
LOVENOX INJ 150MG/ML	Non Preferred	SP, PA, QL (2 mL per day)
LOVENOX INJ 300/3ML	Non Preferred	SP, PA

THROMBIN INHIBITORS

PRADAXA CAP 75MG	Non Preferred	PA
PRADAXA CAP 110MG	Non Preferred	PA
PRADAXA CAP 150MG	Non Preferred	PA

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUS 0.5MG/ML	Non Preferred	PA
FYCOMPA TAB 2MG	Non Preferred	PA
FYCOMPA TAB 4MG	Non Preferred	PA
FYCOMPA TAB 6MG	Non Preferred	PA
FYCOMPA TAB 8MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 10MG	Non Preferred	PA
FYCOMPA TAB 12MG	Non Preferred	PA

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam suspension 2.5 mg/ml (generic of ONFI)</i>	Non Preferred	PA
<i>clobazam tab 10 mg (generic of ONFI)</i>	Non Preferred	PA, QL (2 ea per day)
<i>clobazam tab 20 mg (generic of ONFI)</i>	Non Preferred	PA, QL (2 ea per day)
<i>clonazepam orally disintegrating tab 0.5 mg</i>	Non Preferred	PA
<i>clonazepam orally disintegrating tab 0.25 mg</i>	Non Preferred	PA
<i>clonazepam orally disintegrating tab 0.125 mg</i>	Non Preferred	PA
<i>clonazepam orally disintegrating tab 1 mg</i>	Non Preferred	PA
<i>clonazepam orally disintegrating tab 2 mg</i>	Non Preferred	PA
<i>clonazepam tab 0.5 mg (generic of KLONOPIN)</i>	Preferred	QL (10 ea per day)
<i>clonazepam tab 1 mg (generic of KLONOPIN)</i>	Preferred	QL (10 ea per day)
<i>clonazepam tab 2 mg (generic of KLONOPIN)</i>	Preferred	QL (10 ea per day)
DIASTAT ACDL GEL 5-10MG	Preferred	QL (0.2 ea per day)
DIASTAT ACDL GEL 12.5-20	Preferred	QL (0.2 ea per day)
DIASTAT PED GEL 2.5M GEL	Preferred	QL (0.2 ea per day)
<i>diazepam rectal gel delivery system 2.5 mg</i>	Preferred	QL (0.2 ea per day)
<i>diazepam rectal gel delivery system 10 mg</i>	Preferred	QL (0.2 ea per day)
<i>diazepam rectal gel delivery system 20 mg</i>	Preferred	QL (0.2 ea per day)
KLONOPIN TAB 0.5MG	Non Preferred	PA, QL (10 ea per day)
KLONOPIN TAB 1MG	Non Preferred	PA, QL (10 ea per day)
KLONOPIN TAB 2MG	Non Preferred	PA, QL (10 ea per day)
NAYZILAM SPR 5MG	Non Preferred	PA
ONFI SUS 2.5MG/ML	Non Preferred	PA
ONFI TAB 10MG	Non Preferred	PA, QL (2 ea per day)

Drug Name	Drug Tier	Requirements/Limits
ONFI TAB 20MG	Non Preferred	PA, QL (2 ea per day)
SYMPAZAN MIS 5MG	Non Preferred	PA
SYMPAZAN MIS 10MG	Non Preferred	PA
SYMPAZAN MIS 20MG	Non Preferred	PA
VALTOCO LIQ 15MG	Non Preferred	PA, QL (10 ea / 27 days)
VALTOCO LIQ 20MG	Non Preferred	PA, QL (10 ea / 28 days)
VALTOCO SPR 5MG	Non Preferred	PA, QL (10 ea / 25 days)
VALTOCO SPR 10MG	Non Preferred	PA, QL (10 ea / 26 days)

ANTICONVULSANTS - MISC.

APTIOM TAB 200MG	Non Preferred	PA
APTIOM TAB 400MG	Non Preferred	PA
APTIOM TAB 600MG	Non Preferred	PA
APTIOM TAB 800MG	Non Preferred	PA
BANZEL SUS 40MG/ML	Non Preferred	PA, QL (80 mL per day)
BANZEL TAB 200MG	Non Preferred	PA, QL (16 ea per day)
BANZEL TAB 400MG	Non Preferred	PA, QL (8 ea per day)
BRIVIACT SOL 10MG/ML	Non Preferred	PA
BRIVIACT TAB 10MG	Non Preferred	PA
BRIVIACT TAB 25MG	Non Preferred	PA
BRIVIACT TAB 50MG	Non Preferred	PA
BRIVIACT TAB 75MG	Non Preferred	PA
BRIVIACT TAB 100MG	Non Preferred	PA
<i>carbamazepine cap er 12hr 100 mg (generic of CARBATROL)</i>	Non Preferred	PA, QL (8 ea per day)
<i>carbamazepine cap er 12hr 200 mg (generic of CARBATROL)</i>	Non Preferred	PA, QL (8 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine cap er 12hr 300 mg</i> (generic of CARBATROL)	Non Preferred	PA, QL (8 ea per day)
<i>carbamazepine chew tab 100 mg</i>	Preferred	QL (8 ea per day)
<i>carbamazepine susp 100 mg/5ml</i> (generic of TEGRETOL)	Preferred	QL (60 mL per day)
<i>carbamazepine tab 200 mg</i> (generic of TEGRETOL)	Preferred	QL (8 ea per day)
<i>carbamazepine tab er 12hr 100 mg</i> (generic of TEGRETOL-XR)	Preferred	QL (8 ea per day)
<i>carbamazepine tab er 12hr 200 mg</i> (generic of TEGRETOL-XR)	Preferred	QL (8 ea per day)
<i>carbamazepine tab er 12hr 400 mg</i> (generic of TEGRETOL-XR)	Preferred	QL (8 ea per day)
CARBATROL CAP 100MG	Non Preferred	PA, QL (8 ea per day)
CARBATROL CAP 200MG	Non Preferred	PA, QL (8 ea per day)
CARBATROL CAP 300MG	Non Preferred	PA, QL (8 ea per day)
DIACOMIT CAP 250MG	Non Preferred	PA
DIACOMIT CAP 500MG	Non Preferred	PA
DIACOMIT PAK 250MG	Non Preferred	PA
DIACOMIT PAK 500MG	Non Preferred	PA
EPIDIOLEX SOL 100MG/ML	Non Preferred	SP, PA
<i>epitol tab 200mg</i> (generic of TEGRETOL)	Preferred	QL (8 ea per day)
FINTEPLA SOL 2.2MG/ML	Non Preferred	PA
<i>gabapentin cap 100 mg</i> (generic of NEURONTIN)	Preferred	QL (10 ea per day)
<i>gabapentin cap 300 mg</i> (generic of NEURONTIN)	Preferred	QL (10 ea per day)
<i>gabapentin cap 400 mg</i> (generic of NEURONTIN)	Preferred	QL (9 ea per day)
<i>gabapentin oral soln 250 mg/5ml</i> (generic of NEURONTIN)	Preferred	
<i>gabapentin tab 600 mg</i> (generic of NEURONTIN)	Preferred	QL (6 ea per day)
<i>gabapentin tab 800 mg</i> (generic of NEURONTIN)	Preferred	QL (4 ea per day)
KEPPRA SOL 100MG/ML	Non Preferred	PA, QL (30 mL per day)

Drug Name	Drug Tier	Requirements/Limits
KEPPRA TAB 250MG	Non Preferred	PA, QL (6 ea per day)
KEPPRA TAB 500MG	Non Preferred	PA, QL (6 ea per day)
KEPPRA TAB 750MG	Non Preferred	PA, QL (4 ea per day)
KEPPRA TAB 1000MG	Non Preferred	PA, QL (3 ea per day)
KEPPRA XR TAB 500MG	Non Preferred	PA, QL (6 ea per day)
KEPPRA XR TAB 750MG	Non Preferred	PA, QL (4 ea per day)
LAMICTAL CHW 5MG	Non Preferred	PA, QL (8 ea per day)
LAMICTAL CHW 25MG	Non Preferred	PA, QL (8 ea per day)
LAMICTAL KIT START 35	Non Preferred	PA
LAMICTAL KIT START 49	Non Preferred	PA
LAMICTAL KIT START 98	Non Preferred	PA
LAMICTAL ODT KIT	Non Preferred	PA
LAMICTAL ODT TAB 25MG	Non Preferred	PA
LAMICTAL ODT TAB 50MG	Non Preferred	PA
LAMICTAL ODT TAB 100MG	Non Preferred	PA
LAMICTAL ODT TAB 200MG	Non Preferred	PA
LAMICTAL TAB 25MG	Non Preferred	PA, QL (10 ea per day)
LAMICTAL TAB 100MG	Non Preferred	PA, QL (8 ea per day)
LAMICTAL TAB 150MG	Non Preferred	PA, QL (4 ea per day)
LAMICTAL TAB 200MG	Non Preferred	PA, QL (4 ea per day)
LAMICTAL XR KIT	Non Preferred	PA
LAMICTAL XR TAB 25MG	Non Preferred	PA
LAMICTAL XR TAB 50MG	Non Preferred	PA
LAMICTAL XR TAB 100MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR TAB 200MG	Non Preferred	PA
LAMICTAL XR TAB 250MG	Non Preferred	PA
LAMICTAL XR TAB 300MG	Non Preferred	PA
<i>lamotrigine orally disintegrating tab 25 mg (generic of LAMICTAL ODT)</i>	Non Preferred	PA
<i>lamotrigine orally disintegrating tab 50 mg (generic of LAMICTAL ODT)</i>	Non Preferred	PA
<i>lamotrigine orally disintegrating tab 100 mg (generic of LAMICTAL ODT)</i>	Non Preferred	PA
<i>lamotrigine orally disintegrating tab 200 mg (generic of LAMICTAL ODT)</i>	Non Preferred	PA
<i>lamotrigine tab 25 mg (generic of LAMICTAL)</i>	Preferred	QL (10 ea per day)
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (generic of LAMICTAL STARTER/NOT TAKI)</i>	Non Preferred	PA
<i>lamotrigine tab 35 x 25 mg starter kit (generic of LAMICTAL STARTER/TAKING V)</i>	Non Preferred	PA
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (generic of LAMICTAL STARTER/TAKING C)</i>	Non Preferred	PA
<i>lamotrigine tab 100 mg (generic of LAMICTAL)</i>	Preferred	QL (8 ea per day)
<i>lamotrigine tab 150 mg (generic of LAMICTAL)</i>	Preferred	QL (4 ea per day)
<i>lamotrigine tab 200 mg (generic of LAMICTAL)</i>	Preferred	QL (4 ea per day)
<i>lamotrigine tab chewable dispersible 5 mg (generic of LAMICTAL CHEWABLE DISPERS)</i>	Preferred	QL (8 ea per day)
<i>lamotrigine tab chewable dispersible 25 mg (generic of LAMICTAL CHEWABLE DISPERS)</i>	Preferred	QL (8 ea per day)
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (generic of LAMICTAL ODT)</i>	Non Preferred	PA
<i>lamotrigine tab er 24hr 25 mg (generic of LAMICTAL XR)</i>	Non Preferred	PA
<i>lamotrigine tab er 24hr 50 mg (generic of LAMICTAL XR)</i>	Non Preferred	PA
<i>lamotrigine tab er 24hr 100 mg (generic of LAMICTAL XR)</i>	Non Preferred	PA
<i>lamotrigine tab er 24hr 200 mg (generic of LAMICTAL XR)</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab er 24hr 250 mg</i> (generic of LAMICTAL XR)	Non Preferred	PA
<i>lamotrigine tab er 24hr 300 mg</i> (generic of LAMICTAL XR)	Non Preferred	PA
<i>levetiracetam oral soln 100 mg/ml</i> (generic of KEPPRA)	Preferred	QL (30 mL per day)
<i>levetiracetam tab 250 mg</i> (generic of KEPPRA)	Preferred	QL (6 ea per day)
<i>levetiracetam tab 500 mg</i> (generic of KEPPRA)	Preferred	QL (6 ea per day)
<i>levetiracetam tab 750 mg</i> (generic of KEPPRA)	Preferred	QL (4 ea per day)
<i>levetiracetam tab 1000 mg</i> (generic of KEPPRA)	Preferred	QL (3 ea per day)
<i>levetiracetam tab er 24hr 500 mg</i> (generic of KEPPRA XR)	Preferred	QL (6 ea per day)
<i>levetiracetam tab er 24hr 750 mg</i> (generic of KEPPRA XR)	Preferred	QL (4 ea per day)
LYRICA CAP 25MG	Non Preferred	PA
LYRICA CAP 50MG	Non Preferred	PA
LYRICA CAP 75MG	Non Preferred	PA
LYRICA CAP 100MG	Non Preferred	PA, QL (3 ea per day)
LYRICA CAP 150MG	Non Preferred	PA
LYRICA CAP 200MG	Non Preferred	PA, QL (3 ea per day)
LYRICA CAP 225MG	Non Preferred	PA
LYRICA CAP 300MG	Non Preferred	PA, QL (2 ea per day)
LYRICA SOL 20MG/ML	Non Preferred	PA
MYSOLINE TAB 50MG	Non Preferred	PA, QL (4 ea per day)
MYSOLINE TAB 250MG	Non Preferred	PA, QL (4 ea per day)
NEURONTIN CAP 100MG	Non Preferred	PA, QL (10 ea per day)
NEURONTIN CAP 300MG	Non Preferred	PA, QL (10 ea per day)
NEURONTIN CAP 400MG	Non Preferred	PA, QL (9 ea per day)
NEURONTIN SOL 250/5ML	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
NEURONTIN TAB 600MG	Non Preferred	PA, QL (6 ea per day)
NEURONTIN TAB 800MG	Non Preferred	PA, QL (4 ea per day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml) (generic of TRILEPTAL)</i>	Preferred	QL (16.667 mL per day)
<i>oxcarbazepine tab 150 mg (generic of TRILEPTAL)</i>	Preferred	QL (16 ea per day)
<i>oxcarbazepine tab 300 mg (generic of TRILEPTAL)</i>	Preferred	QL (8 ea per day)
<i>oxcarbazepine tab 600 mg (generic of TRILEPTAL)</i>	Preferred	QL (4 ea per day)
OXTELLAR XR TAB 150MG	Non Preferred	PA
OXTELLAR XR TAB 300MG	Non Preferred	PA
OXTELLAR XR TAB 600MG	Non Preferred	PA
<i>pregabalin cap 25 mg (generic of LYRICA)</i>	Preferred	
<i>pregabalin cap 50 mg (generic of LYRICA)</i>	Preferred	
<i>pregabalin cap 75 mg (generic of LYRICA)</i>	Preferred	
<i>pregabalin cap 100 mg (generic of LYRICA)</i>	Preferred	QL (3 ea per day)
<i>pregabalin cap 150 mg (generic of LYRICA)</i>	Preferred	
<i>pregabalin cap 200 mg (generic of LYRICA)</i>	Preferred	QL (3 ea per day)
<i>pregabalin cap 225 mg (generic of LYRICA)</i>	Preferred	
<i>pregabalin cap 300 mg (generic of LYRICA)</i>	Preferred	QL (2 ea per day)
<i>pregabalin soln 20 mg/ml (generic of LYRICA)</i>	Preferred	
<i>primidone tab 50 mg (generic of MYSOLINE)</i>	Preferred	QL (4 ea per day)
<i>primidone tab 250 mg (generic of MYSOLINE)</i>	Preferred	QL (4 ea per day)
QUDEXY XR CAP 25/24HR	Non Preferred	PA
QUDEXY XR CAP 50/24HR	Non Preferred	PA
QUDEXY XR CAP 100/24HR	Non Preferred	PA
QUDEXY XR CAP 150/24HR	Non Preferred	PA
QUDEXY XR CAP 200/24HR	Non Preferred	PA
<i>roweepra tab 500mg (generic of KEPPRA)</i>	Preferred	QL (6 ea per day)
<i>rufinamide susp 40 mg/ml (generic of BANZEL)</i>	Non Preferred	PA, QL (80 mL per day)
SPRITAM TAB 250MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TAB 500MG	Non Preferred	PA
SPRITAM TAB 750MG	Non Preferred	PA
SPRITAM TAB 1000MG	Non Preferred	PA
<i>subvenite kit start 35 (generic of LAMICTAL STARTER/TAKING V)</i>	Non Preferred	PA
<i>subvenite kit start 49 (generic of LAMICTAL STARTER/NOT TAKI)</i>	Non Preferred	PA
<i>subvenite kit start 98 (generic of LAMICTAL STARTER/TAKING C)</i>	Non Preferred	PA
<i>subvenite tab 25mg (generic of LAMICTAL)</i>	Preferred	QL (10 ea per day)
<i>subvenite tab 100mg (generic of LAMICTAL)</i>	Preferred	QL (8 ea per day)
<i>subvenite tab 150mg (generic of LAMICTAL)</i>	Preferred	QL (4 ea per day)
<i>subvenite tab 200mg (generic of LAMICTAL)</i>	Preferred	QL (4 ea per day)
TEGRETOL SUS 100/5ML	Non Preferred	PA, QL (60 mL per day)
TEGRETOL TAB 200MG	Non Preferred	PA, QL (8 ea per day)
TEGRETOL-XR TAB 100MG	Non Preferred	PA, QL (8 ea per day)
TEGRETOL-XR TAB 200MG	Non Preferred	PA, QL (8 ea per day)
TEGRETOL-XR TAB 400MG	Non Preferred	PA, QL (8 ea per day)
TOPAMAX SPR CAP 15MG	Non Preferred	PA, QL (8 ea per day)
TOPAMAX SPR CAP 25MG	Non Preferred	PA, QL (8 ea per day)
TOPAMAX TAB 25MG	Non Preferred	PA, QL (4 ea per day)
TOPAMAX TAB 50MG	Non Preferred	PA, QL (2 ea per day)
TOPAMAX TAB 100MG	Non Preferred	PA, QL (2 ea per day)
TOPAMAX TAB 200MG	Non Preferred	PA, QL (2 ea per day)
<i>topiramate cap er 24hr sprinkle 25 mg (generic of QUDEXY XR)</i>	Non Preferred	PA
<i>topiramate cap er 24hr sprinkle 50 mg (generic of QUDEXY XR)</i>	Non Preferred	PA
<i>topiramate cap er 24hr sprinkle 100 mg (generic of QUDEXY XR)</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate cap er 24hr sprinkle 150 mg (generic of QUDEXY XR)</i>	Non Preferred	PA
<i>topiramate cap er 24hr sprinkle 200 mg (generic of QUDEXY XR)</i>	Non Preferred	PA
<i>topiramate sprinkle cap 15 mg (generic of TOPAMAX SPRINKLE)</i>	Preferred	QL (8 ea per day)
<i>topiramate sprinkle cap 25 mg (generic of TOPAMAX SPRINKLE)</i>	Preferred	QL (8 ea per day)
<i>topiramate tab 25 mg (generic of TOPAMAX)</i>	Preferred	QL (4 ea per day)
<i>topiramate tab 50 mg (generic of TOPAMAX)</i>	Preferred	QL (2 ea per day)
<i>topiramate tab 100 mg (generic of TOPAMAX)</i>	Preferred	QL (2 ea per day)
<i>topiramate tab 200 mg (generic of TOPAMAX)</i>	Preferred	QL (2 ea per day)
TRILEPTAL SUS 300MG/5M	Non Preferred	PA, QL (16.667 mL per day)
TRILEPTAL TAB 150MG	Non Preferred	PA, QL (16 ea per day)
TRILEPTAL TAB 300MG	Non Preferred	PA, QL (8 ea per day)
TRILEPTAL TAB 600MG	Non Preferred	PA, QL (4 ea per day)
TROKENDI XR CAP 25MG	Non Preferred	PA
TROKENDI XR CAP 50MG	Non Preferred	PA
TROKENDI XR CAP 100MG	Non Preferred	PA
TROKENDI XR CAP 200MG	Non Preferred	PA
VIMPAT SOL 10MG/ML	Non Preferred	PA, QL (40 mL per day)
VIMPAT TAB 50MG	Non Preferred	PA, QL (2 ea per day)
VIMPAT TAB 100MG	Non Preferred	PA, QL (2 ea per day)
VIMPAT TAB 150MG	Non Preferred	PA, QL (2 ea per day)
VIMPAT TAB 200MG	Non Preferred	PA, QL (2 ea per day)
<i>zonisamide cap 25 mg (generic of ZONEGRAN)</i>	Preferred	QL (2 ea per day)
<i>zonisamide cap 50 mg</i>	Preferred	QL (2 ea per day)
<i>zonisamide cap 100 mg (generic of ZONEGRAN)</i>	Preferred	QL (6 ea per day)

Drug Name	Drug Tier	Requirements/Limits
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i> (generic of FELBATOL)	Non Preferred	PA
<i>felbamate tab 400 mg</i> (generic of FELBATOL)	Non Preferred	PA
<i>felbamate tab 600 mg</i> (generic of FELBATOL)	Non Preferred	PA
FELBATOL SUS 600/5ML	Non Preferred	PA
FELBATOL TAB 400MG	Non Preferred	PA
FELBATOL TAB 600MG	Non Preferred	PA
XCOPRI PAK 12.5-25	Non Preferred	PA
XCOPRI PAK 50-100MG	Non Preferred	PA
XCOPRI PAK 150-200	Non Preferred	PA
XCOPRI TAB 50-200MG	Non Preferred	PA
XCOPRI TAB 50MG	Non Preferred	PA
XCOPRI TAB 100MG	Non Preferred	PA
XCOPRI TAB 150MG	Non Preferred	PA
XCOPRI TAB 200MG	Non Preferred	PA
GABA MODULATORS		
GABITRIL TAB 2MG	Non Preferred	PA, QL (28 ea per day)
GABITRIL TAB 4MG	Non Preferred	PA, QL (14 ea per day)
GABITRIL TAB 12MG	Non Preferred	PA
GABITRIL TAB 16MG	Non Preferred	PA
SABRIL POW 500MG	Non Preferred	SP, PA, QL (6 ea per day)
SABRIL TAB 500MG	Non Preferred	SP, PA, QL (6 ea per day)
<i>tiagabine hcl tab 2 mg</i> (generic of GABITRIL)	Non Preferred	PA, QL (28 ea per day)
<i>tiagabine hcl tab 4 mg</i> (generic of GABITRIL)	Non Preferred	PA, QL (14 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hcl tab 12 mg</i> (generic of GABITRIL)	Non Preferred	PA
<i>tiagabine hcl tab 16 mg</i> (generic of GABITRIL)	Non Preferred	PA
<i>vigabatrin powd pack 500 mg</i> (generic of SABRIL)	Non Preferred	SP, PA, QL (6 ea per day)
<i>vigabatrin tab 500 mg</i> (generic of SABRIL)	Non Preferred	SP, PA, QL (6 ea per day)
<i>vigadrone pow 500mg</i> (generic of SABRIL)	Non Preferred	SP, PA, QL (6 ea per day)

HYDANTOINS

DILANTIN CAP 30MG	Non Preferred	PA, QL (6 ea per day)
DILANTIN CAP 100MG	Non Preferred	PA, QL (6 ea per day)
DILANTIN CHW 50MG	Non Preferred	PA, QL (5 ea per day)
DILANTIN-125 SUS 125/5ML	Non Preferred	PA, QL (20 mL per day)
PHENYTEK CAP 200MG	Non Preferred	PA, QL (6 ea per day)
PHENYTEK CAP 300MG	Non Preferred	PA, QL (6 ea per day)
<i>phenytoin chew tab 50 mg</i> (generic of DILANTIN INFATABS)	Preferred	QL (5 ea per day)
<i>phenytoin sodium extended cap 100 mg</i> (generic of DILANTIN)	Preferred	QL (6 ea per day)
<i>phenytoin sodium extended cap 200 mg</i> (generic of PHENYTEK)	Preferred	QL (6 ea per day)
<i>phenytoin sodium extended cap 300 mg</i> (generic of PHENYTEK)	Preferred	QL (6 ea per day)
<i>phenytoin susp 125 mg/5ml</i> (generic of DILANTIN-125)	Preferred	QL (20 mL per day)

SUCCINIMIDES

CELONTIN CAP 300MG	Non Preferred	PA
<i>ethosuximide cap 250 mg</i> (generic of ZARONTIN)	Preferred	QL (6 ea per day)
<i>ethosuximide soln 250 mg/5ml</i> (generic of ZARONTIN)	Preferred	QL (30 mL per day)
ZARONTIN CAP 250MG	Non Preferred	PA, QL (6 ea per day)
ZARONTIN SOL 250/5ML	Non Preferred	PA, QL (30 mL per day)

VALPROIC ACID

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

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine orally disintegrating tab 15 mg</i> (generic of REMERON SOLTAB)	Preferred	
<i>mirtazapine orally disintegrating tab 30 mg</i> (generic of REMERON SOLTAB)	Preferred	
<i>mirtazapine orally disintegrating tab 45 mg</i> (generic of REMERON SOLTAB)	Preferred	
<i>mirtazapine tab 7.5 mg</i>	Preferred	
<i>mirtazapine tab 15 mg</i> (generic of REMERON)	Preferred	QL (1 ea per day)
<i>mirtazapine tab 30 mg</i> (generic of REMERON)	Preferred	QL (4 ea per day)
<i>mirtazapine tab 45 mg</i>	Preferred	QL (1 ea per day)
REMERON SLTB TAB 15MG	Non Preferred	PA
REMERON SLTB TAB 30MG	Non Preferred	PA
REMERON SLTB TAB 45MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
REMERON TAB 15MG	Non Preferred	PA, QL (1 ea per day)
REMERON TAB 30MG	Non Preferred	PA, QL (4 ea per day)

ANTIDEPRESSANTS - MISC.

APLENZIN TAB 174MG	Non Preferred	PA
APLENZIN TAB 348MG	Non Preferred	PA
APLENZIN TAB 522MG	Non Preferred	PA
<i>bupropion hcl tab 75 mg</i>	Preferred	QL (4 ea per day)
<i>bupropion hcl tab 100 mg</i>	Preferred	QL (4 ea per day)
<i>bupropion hcl tab er 12hr 100 mg</i> (generic of WELLBUTRIN SR)	Preferred	QL (2 ea per day)
<i>bupropion hcl tab er 12hr 150 mg</i> (generic of WELLBUTRIN SR)	Preferred	QL (3 ea per day)
<i>bupropion hcl tab er 12hr 200 mg</i> (generic of WELLBUTRIN SR)	Preferred	QL (2 ea per day)
<i>bupropion hcl tab er 24hr 150 mg</i> (generic of WELLBUTRIN XL)	Preferred	QL (1 ea per day)
<i>bupropion hcl tab er 24hr 300 mg</i> (generic of WELLBUTRIN XL)	Preferred	QL (1 ea per day)
<i>bupropion hcl tab er 24hr 450 mg</i>	Preferred	
FORFIVO XL TAB 450MG	Non Preferred	PA
<i>maprotiline hcl tab 25 mg</i>	Preferred	QL (3 ea per day)
<i>maprotiline hcl tab 50 mg</i>	Preferred	QL (4 ea per day)
<i>maprotiline hcl tab 75 mg</i>	Preferred	QL (3 ea per day)
WELLBUTRIN TAB 100MG SR	Non Preferred	PA, QL (2 ea per day)
WELLBUTRIN TAB 150MG SR	Non Preferred	PA, QL (3 ea per day)
WELLBUTRIN TAB 200MG SR	Non Preferred	PA, QL (2 ea per day)
WELLBUTRIN TAB XL 150MG	Non Preferred	PA, QL (1 ea per day)
WELLBUTRIN TAB XL 300MG	Non Preferred	PA, QL (1 ea per day)

MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM DIS 6MG/24HR	Non Preferred	PA
EMSAM DIS 9MG/24HR	Non Preferred	PA
EMSAM DIS 12MG/24H	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
MARPLAN TAB 10MG	Non Preferred	PA
NARDIL TAB 15MG	Non Preferred	PA, QL (6 ea per day)
<i>phenelzine sulfate tab 15 mg</i> (generic of NARDIL)	Preferred	QL (6 ea per day)
<i>tranylcypromine sulfate tab 10 mg</i> (generic of PARNATE)	Preferred	QL (8 ea per day)

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

SPRAVATO SOL 56MG DOS	Non Preferred	PA
SPRAVATO SOL 84MG DOS	Non Preferred	PA

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

CELEXA TAB 10MG	Non Preferred	PA, QL (1 ea per day)
CELEXA TAB 20MG	Non Preferred	PA, QL (2 ea per day)
CELEXA TAB 40MG	Non Preferred	PA, QL (2 ea per day)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Preferred	QL (20 mL per day)
<i>citalopram hydrobromide tab 10 mg</i> (base equiv) (generic of CELEXA)	Preferred	QL (1 ea per day)
<i>citalopram hydrobromide tab 20 mg</i> (base equiv) (generic of CELEXA)	Preferred	QL (2 ea per day)
<i>citalopram hydrobromide tab 40 mg</i> (base equiv) (generic of CELEXA)	Preferred	QL (2 ea per day)
<i>escitalopram oxalate soln 5 mg/5ml</i> (base equiv)	Preferred	
<i>escitalopram oxalate tab 5 mg</i> (base equiv) (generic of LEXAPRO)	Preferred	QL (1 ea per day)
<i>escitalopram oxalate tab 10 mg</i> (base equiv) (generic of LEXAPRO)	Preferred	QL (1 ea per day)
<i>escitalopram oxalate tab 20 mg</i> (base equiv) (generic of LEXAPRO)	Preferred	QL (1 ea per day)
<i>fluoxetine hcl cap 10 mg</i> (generic of PROZAC)	Preferred	QL (3 ea per day)
<i>fluoxetine hcl cap 20 mg</i> (generic of PROZAC)	Preferred	QL (4 ea per day)
<i>fluoxetine hcl cap 40 mg</i> (generic of PROZAC)	Preferred	
<i>fluoxetine hcl cap delayed release 90 mg</i>	Non Preferred	PA
<i>fluoxetine hcl solution 20 mg/5ml</i>	Preferred	
<i>fluoxetine hcl tab 10 mg</i>	Preferred	
<i>fluoxetine hcl tab 20 mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl tab 60 mg</i> (generic of FLUOXETINE HYDROCHLORIDE)	Preferred	
FLUOXETINE TAB 60MG	Preferred	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	Non Preferred	PA
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	Non Preferred	PA
<i>fluvoxamine maleate tab 25 mg</i>	Preferred	QL (2 ea per day)
<i>fluvoxamine maleate tab 50 mg</i>	Preferred	QL (2 ea per day)
<i>fluvoxamine maleate tab 100 mg</i>	Preferred	QL (3 ea per day)
LEXAPRO TAB 5MG	Non Preferred	PA, QL (1 ea per day)
LEXAPRO TAB 10MG	Non Preferred	PA, QL (1 ea per day)
LEXAPRO TAB 20MG	Non Preferred	PA, QL (1 ea per day)
<i>paroxetine hcl tab 10 mg</i> (generic of PAXIL)	Preferred	QL (2 ea per day)
<i>paroxetine hcl tab 20 mg</i> (generic of PAXIL)	Preferred	QL (2 ea per day)
<i>paroxetine hcl tab 30 mg</i> (generic of PAXIL)	Preferred	QL (2 ea per day)
<i>paroxetine hcl tab 40 mg</i> (generic of PAXIL)	Preferred	QL (2 ea per day)
<i>paroxetine hcl tab er 24hr 12.5 mg</i> (generic of PAXIL CR)	Non Preferred	PA
<i>paroxetine hcl tab er 24hr 25 mg</i> (generic of PAXIL CR)	Non Preferred	PA
<i>paroxetine hcl tab er 24hr 37.5 mg</i> (generic of PAXIL CR)	Non Preferred	PA
PAXIL CR TAB 12.5MG	Non Preferred	PA
PAXIL CR TAB 25MG	Non Preferred	PA
PAXIL CR TAB 37.5MG	Non Preferred	PA
PAXIL SUS 10MG/5ML	Non Preferred	PA
PAXIL TAB 10MG	Non Preferred	PA, QL (2 ea per day)
PAXIL TAB 20MG	Non Preferred	PA, QL (2 ea per day)
PAXIL TAB 30MG	Non Preferred	PA, QL (2 ea per day)
PAXIL TAB 40MG	Non Preferred	PA, QL (2 ea per day)

Drug Name	Drug Tier	Requirements/Limits
PEXEVA TAB 10MG	Non Preferred	PA
PEXEVA TAB 20MG	Non Preferred	PA
PEXEVA TAB 30MG	Non Preferred	PA
PEXEVA TAB 40MG	Non Preferred	PA
PROZAC CAP 10MG	Non Preferred	PA, QL (3 ea per day)
PROZAC CAP 20MG	Non Preferred	PA, QL (4 ea per day)
PROZAC CAP 40MG	Non Preferred	PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml (generic of ZOLOFT)</i>	Preferred	
<i>sertraline hcl tab 25 mg (generic of ZOLOFT)</i>	Preferred	QL (1 ea per day)
<i>sertraline hcl tab 50 mg (generic of ZOLOFT)</i>	Preferred	QL (2 ea per day)
<i>sertraline hcl tab 100 mg (generic of ZOLOFT)</i>	Preferred	QL (2 ea per day)
ZOLOFT CON 20MG/ML	Non Preferred	PA
ZOLOFT TAB 25MG	Non Preferred	PA, QL (1 ea per day)
ZOLOFT TAB 50MG	Non Preferred	PA, QL (2 ea per day)
ZOLOFT TAB 100MG	Non Preferred	PA, QL (2 ea per day)
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	Non Preferred	PA
<i>nefazodone hcl tab 100 mg</i>	Non Preferred	PA
<i>nefazodone hcl tab 150 mg</i>	Non Preferred	PA
<i>nefazodone hcl tab 200 mg</i>	Non Preferred	PA
<i>nefazodone hcl tab 250 mg</i>	Non Preferred	PA
<i>trazodone hcl tab 50 mg</i>	Preferred	
<i>trazodone hcl tab 100 mg</i>	Preferred	
<i>trazodone hcl tab 150 mg</i>	Preferred	
<i>trazodone hcl tab 300 mg</i>	Preferred	
TRINTELLIX TAB 5MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TAB 10MG	Non Preferred	PA
TRINTELLIX TAB 20MG	Non Preferred	PA
VIIBRYD KIT STARTER	Non Preferred	PA
VIIBRYD TAB 10MG	Non Preferred	PA
VIIBRYD TAB 20MG	Non Preferred	PA
VIIBRYD TAB 40MG	Non Preferred	PA
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA CAP 20MG	Non Preferred	PA, QL (2 ea per day)
CYMBALTA CAP 30MG	Non Preferred	PA, QL (2 ea per day)
CYMBALTA CAP 60MG	Non Preferred	PA, QL (2 ea per day)
DESVENLAFAX TAB 50MG ER	Non Preferred	PA
DESVENLAFAX TAB 100MG ER	Non Preferred	PA
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (generic of PRISTIQ)</i>	Non Preferred	PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (generic of PRISTIQ)</i>	Non Preferred	PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (generic of PRISTIQ)</i>	Non Preferred	PA
DRIZALMA CAP 20MG DR	Non Preferred	PA
DRIZALMA CAP 30MG DR	Non Preferred	PA
DRIZALMA CAP 40MG DR	Non Preferred	PA
DRIZALMA CAP 60MG DR	Non Preferred	PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (generic of CYMBALTA)</i>	Preferred	QL (2 ea per day)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (generic of CYMBALTA)</i>	Preferred	QL (2 ea per day)
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	Preferred	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (generic of CYMBALTA)</i>	Preferred	QL (2 ea per day)
EFFEXOR XR CAP 37.5MG	Non Preferred	PA, QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
EFFEXOR XR CAP 75MG	Non Preferred	PA, QL (3 ea per day)
EFFEXOR XR CAP 150MG	Non Preferred	PA, QL (1 ea per day)
FETZIMA CAP 20MG	Non Preferred	PA
FETZIMA CAP 40MG	Non Preferred	PA
FETZIMA CAP 80MG	Non Preferred	PA
FETZIMA CAP 120MG	Non Preferred	PA
FETZIMA CAP TITRATIO	Non Preferred	PA
PRISTIQ TAB 25MG	Non Preferred	PA
PRISTIQ TAB 50MG	Non Preferred	PA
PRISTIQ TAB 100MG	Non Preferred	PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (generic of EFFEXOR XR)</i>	Preferred	QL (1 ea per day)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (generic of EFFEXOR XR)</i>	Preferred	QL (3 ea per day)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (generic of EFFEXOR XR)</i>	Preferred	QL (1 ea per day)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Preferred	QL (3 ea per day)
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Preferred	QL (3 ea per day)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Preferred	QL (3 ea per day)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Preferred	QL (3 ea per day)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Preferred	QL (3 ea per day)
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	Non Preferred	PA
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	Non Preferred	PA
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	Non Preferred	PA
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	Non Preferred	PA
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	Preferred	QL (6 ea per day)
<i>amitriptyline hcl tab 25 mg</i>	Preferred	QL (6 ea per day)

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

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate cap 125 mg</i>	Non Preferred	PA
<i>imipramine pamoate cap 150 mg</i>	Non Preferred	PA
NORPRAMIN TAB 10MG	Non Preferred	PA, QL (6 ea per day)
NORPRAMIN TAB 25MG	Non Preferred	PA, QL (4 ea per day)
<i>nortriptyline hcl cap 10 mg (generic of PAMELOR)</i>	Preferred	QL (6 ea per day)
<i>nortriptyline hcl cap 25 mg (generic of PAMELOR)</i>	Preferred	QL (6 ea per day)
<i>nortriptyline hcl cap 50 mg (generic of PAMELOR)</i>	Preferred	QL (4 ea per day)
<i>nortriptyline hcl cap 75 mg (generic of PAMELOR)</i>	Preferred	QL (2 ea per day)
<i>nortriptyline hcl soln 10 mg/5ml</i>	Preferred	
PAMELOR CAP 10MG	Non Preferred	PA, QL (6 ea per day)
PAMELOR CAP 25MG	Non Preferred	PA, QL (6 ea per day)
PAMELOR CAP 50MG	Non Preferred	PA, QL (4 ea per day)
PAMELOR CAP 75MG	Non Preferred	PA, QL (2 ea per day)
<i>protriptyline hcl tab 5 mg</i>	Preferred	QL (8 ea per day)
<i>protriptyline hcl tab 10 mg</i>	Preferred	QL (8 ea per day)
<i>trimipramine maleate cap 25 mg</i>	Non Preferred	PA
<i>trimipramine maleate cap 50 mg</i>	Non Preferred	PA
<i>trimipramine maleate cap 100 mg</i>	Non Preferred	PA

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg (generic of PRECOSE)</i>	Preferred	QL (3 ea per day)
<i>acarbose tab 50 mg (generic of PRECOSE)</i>	Preferred	QL (3 ea per day)
<i>acarbose tab 100 mg (generic of PRECOSE)</i>	Preferred	QL (4 ea per day)
<i>miglitol tab 25 mg</i>	Preferred	
<i>miglitol tab 50 mg</i>	Preferred	
<i>miglitol tab 100 mg</i>	Preferred	
PRECOSE TAB 25MG	Non Preferred	PA, QL (3 ea per day)
PRECOSE TAB 50MG	Non Preferred	PA, QL (3 ea per day)

Drug Name	Drug Tier	Requirements/Limits
PRECOSE TAB 100MG	Non Preferred	PA, QL (4 ea per day)
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	Non Preferred	PA
SYMLNPEN 120 INJ 1000MCG	Non Preferred	PA
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-500MG	Non Preferred	PA
ACTOPLUS MET TAB 15-850MG	Non Preferred	PA
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Non Preferred	PA, QL (2 ea per day)
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Non Preferred	PA, QL (2 ea per day)
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Non Preferred	PA, QL (1 ea per day)
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Non Preferred	PA, QL (1 ea per day)
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Non Preferred	PA, QL (1 ea per day)
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Non Preferred	PA, QL (1 ea per day)
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Non Preferred	PA, QL (1 ea per day)
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Non Preferred	PA, QL (1 ea per day)
DUETACT TAB 30-2MG	Non Preferred	PA
DUETACT TAB 30-4MG	Non Preferred	PA
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Preferred	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Preferred	
<i>glipizide-metformin hcl tab 5-500 mg</i>	Preferred	
<i>glyburide-metformin tab 1.25-250 mg</i>	Preferred	QL (2 ea per day)
<i>glyburide-metformin tab 2.5-500 mg</i>	Preferred	QL (2 ea per day)
<i>glyburide-metformin tab 5-500 mg</i>	Preferred	QL (4 ea per day)
GLYXAMBI TAB 10-5 MG	Non Preferred	PA
GLYXAMBI TAB 25-5 MG	Non Preferred	PA
INVOKAMET TAB 50-500MG	Non Preferred	PA
INVOKAMET TAB 50-1000	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
INVOKAMET TAB 150-500	Non Preferred	PA
INVOKAMET TAB 150-1000	Non Preferred	PA
INVOKAMET XR TAB 50-500MG	Non Preferred	PA
INVOKAMET XR TAB 50-1000	Non Preferred	PA
INVOKAMET XR TAB 150-500	Non Preferred	PA
INVOKAMET XR TAB 150-1000	Non Preferred	PA
JANUMET TAB 50-500MG	Non Preferred	PA
JANUMET TAB 50-1000	Non Preferred	PA
JANUMET XR TAB 50-500MG	Non Preferred	PA
JANUMET XR TAB 50-1000	Non Preferred	PA
JANUMET XR TAB 100-1000	Non Preferred	PA
JENTADUETO TAB 2.5-500	Non Preferred	PA
JENTADUETO TAB 2.5-850	Non Preferred	PA
JENTADUETO TAB 2.5-1000	Non Preferred	PA
JENTADUETO TAB XR	Non Preferred	PA
KAZANO 12.5- TAB 500MG	Non Preferred	PA, QL (2 ea per day)
KAZANO 12.5- TAB 1000MG	Non Preferred	PA, QL (2 ea per day)
KOMBIGLYZ XR TAB 2.5-1000	Non Preferred	PA
KOMBIGLYZ XR TAB 5-500MG	Non Preferred	PA
KOMBIGLYZ XR TAB 5-1000MG	Non Preferred	PA
OSENI TAB 12.5-15	Non Preferred	PA, QL (1 ea per day)
OSENI TAB 12.5-30	Non Preferred	PA, QL (1 ea per day)
OSENI TAB 12.5-45	Non Preferred	PA, QL (1 ea per day)
OSENI TAB 25-15MG	Non Preferred	PA, QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
OSENI TAB 25-30MG	Non Preferred	PA, QL (1 ea per day)
OSENI TAB 25-45MG	Non Preferred	PA, QL (1 ea per day)
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> (generic of DUETACT)	Non Preferred	PA
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> (generic of DUETACT)	Non Preferred	PA
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> (generic of ACTOPLUS MET)	Non Preferred	PA
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> (generic of ACTOPLUS MET)	Non Preferred	PA
QTERN TAB 5-5MG	Non Preferred	PA
QTERN TAB 10MG/5MG	Non Preferred	PA
SEGLUROMET TAB 2.5-500	Non Preferred	PA, QL (2 ea per day)
SEGLUROMET TAB 2.5-1000	Non Preferred	PA, QL (2 ea per day)
SEGLUROMET TAB 7.5-500	Non Preferred	PA, QL (2 ea per day)
SEGLUROMET TAB 7.5-1000	Non Preferred	PA, QL (2 ea per day)
SOLIQUA INJ 100/33	Non Preferred	PA
STEGLUJAN TAB 5-100MG	Non Preferred	PA
STEGLUJAN TAB 15-100MG	Non Preferred	PA
SYNJARDY TAB	Non Preferred	PA
SYNJARDY TAB 5-500MG	Non Preferred	PA
SYNJARDY TAB 5-1000MG	Non Preferred	PA
SYNJARDY TAB 12.5-500	Non Preferred	PA
SYNJARDY XR TAB	Non Preferred	PA
SYNJARDY XR TAB 5-1000MG	Non Preferred	PA
SYNJARDY XR TAB 10-1000	Non Preferred	PA
SYNJARDY XR TAB 25-1000	Non Preferred	PA
TRIJARDY XR TAB	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 2.5-1000	Non Preferred	PA
XIGDUO XR TAB 5-500MG	Non Preferred	PA
XIGDUO XR TAB 5-1000MG	Non Preferred	PA
XIGDUO XR TAB 10-500MG	Non Preferred	PA
XIGDUO XR TAB 10-1000	Non Preferred	PA
XULTOPHY INJ 100/3.6	Non Preferred	PA

BIGUANIDES

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

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE	Non Preferred	PA, QL (2 ea / 25 days)
BAQSIMI TWO POW 3MG/DOSE	Non Preferred	PA, QL (2 ea / 25 days)
<i>diazoxide susp 50 mg/ml</i> (generic of PROGLYCEM)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN INJ HYPOKIT	Preferred	QL (2 ea / 25 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	Preferred	QL (2 ea / 25 days)
GLUCAGON EMR SOL 1MG	Preferred	
GLUCAGON KIT 1MG	Preferred	QL (2 ea / 25 days)
GLUCOSE CHEW TABS	Preferred	OTC
GVOKE HYPO 1 INJ 1MG/.2ML	Non Preferred	PA
GVOKE HYPO 1 INJ .5/.1ML	Non Preferred	PA
GVOKE HYPO 2 INJ 1MG/.2ML	Non Preferred	PA
GVOKE HYPO 2 INJ .5/.1ML	Non Preferred	PA
GVOKE PFS INJ	Non Preferred	PA
KORLYM TAB 300MG	Non Preferred	PA
PROGLYCEM SUS 50MG/ML	Preferred	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Non Preferred	PA, QL (1 ea per day)
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Non Preferred	PA, QL (1 ea per day)
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Non Preferred	PA, QL (1 ea per day)
JANUVIA TAB 25MG	Preferred	
JANUVIA TAB 50MG	Preferred	
JANUVIA TAB 100MG	Preferred	
NESINA TAB 6.25MG	Non Preferred	PA, QL (1 ea per day)
NESINA TAB 12.5MG	Non Preferred	PA, QL (1 ea per day)
NESINA TAB 25MG	Non Preferred	PA, QL (1 ea per day)
ONGLYZA TAB 2.5MG	Non Preferred	PA
ONGLYZA TAB 5MG	Non Preferred	PA
TRADJENTA TAB 5MG	Preferred	
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	Non Preferred	PA
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
ADLYXIN INJ 10/20MCG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ADLYXIN INJ 20MCG	Non Preferred	PA
BYDUREON BC INJ 2/0.85ML	Non Preferred	PA
BYETTA INJ 5MCG	Preferred	
BYETTA INJ 10MCG	Preferred	
OZEMPIC INJ 2/1.5ML	Non Preferred	PA
RYBELSUS TAB 3MG	Non Preferred	PA
RYBELSUS TAB 7MG	Non Preferred	PA
RYBELSUS TAB 14MG	Non Preferred	PA
TRULICITY INJ 0.75/0.5	Non Preferred	PA
TRULICITY INJ 1.5/0.5	Non Preferred	PA
TRULICITY INJ 3/0.5	Non Preferred	PA
TRULICITY INJ 4.5/0.5	Non Preferred	PA
VICTOZA INJ 18MG/3ML	Preferred	
INSULIN		
ADMELOG INJ 100U/ML	Non Preferred	PA
ADMELOG SOLO INJ 100U/ML	Non Preferred	PA
AFREZZA POW 4-8 UNIT	Non Preferred	PA
AFREZZA POW 4-8-12	Non Preferred	PA
AFREZZA POW 4UNIT	Non Preferred	PA
AFREZZA POW 8 UNIT	Non Preferred	PA
AFREZZA POW 8-12UNIT	Non Preferred	PA
AFREZZA POW 12 UNIT	Non Preferred	PA
APIDRA INJ SOLOSTAR	Non Preferred	PA
APIDRA INJ U-100	Non Preferred	PA
BASAGLAR INJ 100UNIT	Non Preferred	PA, QL (1.34 mL per day)

Drug Name	Drug Tier	Requirements/Limits
FIASP FLEX INJ TOUCH	Non Preferred	PA
FIASP INJ 100/ML	Non Preferred	PA
FIASP PENFIL INJ U-100	Non Preferred	PA
HUMALOG INJ 100/ML	Preferred	
HUMALOG JR INJ 100/ML	Preferred	
HUMALOG KWIK INJ 100/ML	Preferred	
HUMALOG KWIK INJ 200/ML	Preferred	
HUMALOG MIX INJ 50/50	Preferred	QL (1.34 mL per day)
HUMALOG MIX INJ 50/50KWP	Preferred	QL (1.34 mL per day)
HUMALOG MIX INJ 75/25KWP	Preferred	QL (1.34 mL per day)
HUMALOG MIX SUS 75/25	Preferred	QL (1.34 mL per day)
HUMULIN INJ 70/30	Preferred	QL (1.34 mL per day), OTC
HUMULIN INJ 70/30KWP	Preferred	QL (1.34 mL per day), OTC
HUMULIN N INJ U-100	Preferred	QL (1.34 mL per day), OTC
HUMULIN N INJ U-100KWP	Preferred	OTC
HUMULIN R INJ U-100	Preferred	QL (1.34 mL per day), OTC
HUMULIN R INJ U-500	Preferred	
HUMULIN R INJ U-500	Preferred	QL (1 mL per day)
INS ASP PROT INJ FLEXPEN	Non Preferred	PA, QL (1.34 mL per day)
INSULIN ASPA INJ 70/30	Non Preferred	PA, QL (1.34 mL per day)
INSULIN ASPA INJ 100/ML	Non Preferred	PA
INSULIN ASPA INJ FLEXPEN	Non Preferred	PA
INSULIN ASPA INJ PENFILL	Non Preferred	PA
INSULIN LISP INJ 100/ML	Preferred	
INSULIN LISP INJ JUNIOR	Preferred	
INSULIN LISP INJ PROTAMIN	Preferred	QL (1.34 mL per day)
LANTUS INJ 100/ML	Preferred	
LANTUS SOLOS INJ 100/ML	Preferred	QL (1.34 mL per day)
LEVEMIR INJ	Preferred	
LEVEMIR INJ FLEXTouc	Preferred	
LYUMJEV INJ 100UT/ML	Non Preferred	PA
LYUMJEV KWPN INJ 100UT/ML	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
LYUMJEV KWPN INJ 200UT/ML	Non Preferred	PA
NOVOLIN70/30 INJ RELION	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLIN INJ 70/30	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLIN INJ 70/30 FP	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLIN N INJ 100 UNIT	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLIN N INJ RELION	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLIN N INJ U-100	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLIN R INJ 100 UNIT	Non Preferred	PA, OTC
NOVOLIN R INJ RELION	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLIN R INJ U-100	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLOG INJ 100/ML	Non Preferred	PA
NOVOLOG INJ FLEXPEN	Non Preferred	PA
NOVOLOG INJ PENFILL	Non Preferred	PA
NOVOLOG MIX INJ 70/30	Non Preferred	PA, QL (1.34 mL per day)
NOVOLOG MIX INJ FLEXPEN	Non Preferred	PA, QL (1.34 mL per day)
SEMGLEE INJ 100U/ML	Non Preferred	PA, QL (1.34 mL per day)
SEMGLEE SOL 100U/ML	Non Preferred	PA
TOUJEO MAX INJ 300IU/ML	Non Preferred	PA
TOUJEO SOLO INJ 300IU/ML	Non Preferred	PA
TRESIBA FLEX INJ 100UNIT	Non Preferred	PA
TRESIBA FLEX INJ 200UNIT	Non Preferred	PA
TRESIBA INJ 100UNIT	Non Preferred	PA
INSULIN SENSITIZING AGENTS		
ACTOS TAB 15MG	Non Preferred	PA, QL (1 ea per day)

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

MEGLITINIDE ANALOGUES

<i>nateglinide tab 60 mg</i>	Preferred	QL (3 ea per day)
<i>nateglinide tab 120 mg</i>	Preferred	QL (3 ea per day)
<i>repaglinide tab 0.5 mg</i>	Non Preferred	PA, QL (6 ea per day)
<i>repaglinide tab 1 mg</i>	Non Preferred	PA, QL (6 ea per day)
<i>repaglinide tab 2 mg</i>	Non Preferred	PA, QL (6 ea per day)
STARLIX TAB 120MG	Non Preferred	PA, QL (3 ea per day)

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA TAB 5MG	Non Preferred	PA
FARXIGA TAB 10MG	Non Preferred	PA
INVOKANA TAB 100MG	Preferred	
INVOKANA TAB 300MG	Preferred	
JARDIANCE TAB 10MG	Preferred	
JARDIANCE TAB 25MG	Preferred	
STEGLATRO TAB 5MG	Non Preferred	PA, QL (1 ea per day)
STEGLATRO TAB 15MG	Non Preferred	PA, QL (1 ea per day)

SULFONYLUREAS

AMARYL TAB 1MG	Non Preferred	PA, QL (3 ea per day)
AMARYL TAB 2MG	Non Preferred	PA, QL (4 ea per day)
AMARYL TAB 4MG	Non Preferred	PA, QL (3 ea per day)
<i>glimepiride tab 1 mg (generic of AMARYL)</i>	Preferred	QL (3 ea per day)
<i>glimepiride tab 2 mg (generic of AMARYL)</i>	Preferred	QL (4 ea per day)
<i>glimepiride tab 4 mg (generic of AMARYL)</i>	Preferred	QL (3 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tab 5 mg</i>	Preferred	QL (8 ea per day)
<i>glipizide tab 10 mg</i> (generic of GLUCOTROL)	Preferred	QL (4 ea per day)
<i>glipizide tab er 24hr 2.5 mg</i> (generic of GLUCOTROL XL)	Preferred	QL (2 ea per day)
<i>glipizide tab er 24hr 5 mg</i> (generic of GLUCOTROL XL)	Preferred	QL (2 ea per day)
<i>glipizide tab er 24hr 10 mg</i> (generic of GLUCOTROL XL)	Preferred	QL (2 ea per day)
<i>glipizide xl tab 2.5mg</i> (generic of GLUCOTROL XL)	Preferred	QL (2 ea per day)
<i>glipizide xl tab 5mg</i> (generic of GLUCOTROL XL)	Preferred	QL (2 ea per day)
<i>glipizide xl tab 10mg</i> (generic of GLUCOTROL XL)	Preferred	QL (2 ea per day)
GLUCOTROL TAB 10MG	Non Preferred	PA, QL (4 ea per day)
GLUCOTROL XL TAB 2.5MG	Non Preferred	PA, QL (2 ea per day)
GLUCOTROL XL TAB 5MG	Non Preferred	PA, QL (2 ea per day)
GLUCOTROL XL TAB 10MG	Non Preferred	PA, QL (2 ea per day)
<i>glyburide micronized tab 1.5 mg</i> (generic of GLYNASE)	Preferred	QL (4 ea per day)
<i>glyburide micronized tab 3 mg</i> (generic of GLYNASE)	Preferred	QL (4 ea per day)
<i>glyburide micronized tab 6 mg</i> (generic of GLYNASE)	Preferred	QL (4 ea per day)
<i>glyburide tab 1.25 mg</i>	Preferred	QL (4 ea per day)
<i>glyburide tab 2.5 mg</i>	Preferred	QL (4 ea per day)
<i>glyburide tab 5 mg</i>	Preferred	QL (4 ea per day)
GLYNASE TAB 1.5MG	Non Preferred	PA, QL (4 ea per day)
GLYNASE TAB 3MG	Non Preferred	PA, QL (4 ea per day)
GLYNASE TAB 6MG	Non Preferred	PA, QL (4 ea per day)
<i>tolbutamide tab 500 mg</i>	Preferred	QL (6 ea per day)

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate chew tab 262 mg</i>	Preferred	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	Preferred	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i>	Preferred	OTC
<i>bismuth subsalicylate tab 262 mg</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Preferred	QL (40 mL per day)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	Preferred	QL (8 ea per day)
<i>loperamide hcl cap 2 mg</i>	Preferred	QL (8 ea per day)
<i>loperamide hcl cap 2 mg</i>	Preferred	QL (8 ea per day), OTC
<i>loperamide hcl tab 2 mg</i>	Preferred	QL (8 ea per day), OTC
<i>loperamide sus 1mg/7.5</i>	Preferred	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG	Preferred	
<i>deferasirox granules packet 90 mg (generic of JADENU SPRINKLE)</i>	Non Preferred	SP, PA
<i>deferasirox granules packet 180 mg (generic of JADENU SPRINKLE)</i>	Non Preferred	SP, PA
<i>deferasirox granules packet 360 mg (generic of JADENU SPRINKLE)</i>	Non Preferred	SP, PA
<i>deferasirox tab 90 mg (generic of JADENU)</i>	Non Preferred	SP, PA
<i>deferasirox tab 180 mg (generic of JADENU)</i>	Non Preferred	SP, PA
<i>deferasirox tab 360 mg (generic of JADENU)</i>	Non Preferred	SP, PA
<i>deferasirox tab for oral susp 125 mg (generic of EXJADE)</i>	Non Preferred	SP, PA
<i>deferasirox tab for oral susp 250 mg (generic of EXJADE)</i>	Non Preferred	SP, PA
<i>deferasirox tab for oral susp 500 mg (generic of EXJADE)</i>	Non Preferred	SP, PA
<i>deferiprone tab 500 mg</i>	Non Preferred	PA
EXJADE TAB 125MG	Non Preferred	SP, PA
EXJADE TAB 250MG	Non Preferred	SP, PA
EXJADE TAB 500MG	Non Preferred	SP, PA
FERPRX 2-DAY TAB 1000MG	Non Preferred	PA
FERRIPROX SOL 100MG/ML	Non Preferred	PA
FERRIPROX TAB 500MG	Non Preferred	PA
FERRIPROX TAB 1000MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
JADENU SPRKL GRA 90MG	Non Preferred	SP, PA
JADENU SPRKL GRA 180MG	Non Preferred	SP, PA
JADENU SPRKL GRA 360MG	Non Preferred	SP, PA
JADENU TAB 90MG	Non Preferred	SP, PA
JADENU TAB 180MG	Non Preferred	SP, PA
JADENU TAB 360MG	Non Preferred	SP, PA

OPIOID ANTAGONISTS

<i>naloxone hcl inj 0.4 mg/ml</i>	Preferred	
<i>naloxone hcl inj 4 mg/10ml</i>	Preferred	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Preferred	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Preferred	
<i>naltrexone hcl tab 50 mg</i>	Preferred	QL (2 ea per day)
NARCAN SPR	Preferred	
VIVITROL INJ 380MG	Preferred	SP

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT₃ RECEPTOR ANTAGONISTS

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

ANTIEMETICS - ANTICHOLINERGIC

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

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

ANTIEMETICS - MISCELLANEOUS

AKYNZEO CAP 300-0.5	Non Preferred	PA
BONJESTA TAB 20-20MG	Non Preferred	PA
DICLEGIS TAB 10-10MG	Non Preferred	PA
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)	Non Preferred	PA
<i>dronabinol cap 2.5 mg</i> (generic of MARINOL)	Non Preferred	PA
<i>dronabinol cap 5 mg</i> (generic of MARINOL)	Non Preferred	PA
<i>dronabinol cap 10 mg</i> (generic of MARINOL)	Non Preferred	PA
MARINOL CAP 2.5MG	Non Preferred	PA
MARINOL CAP 5MG	Non Preferred	PA
MARINOL CAP 10MG	Non Preferred	PA

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant capsule 40 mg</i>	Preferred	
<i>aprepitant capsule 80 mg</i> (generic of EMEND)	Preferred	
<i>aprepitant capsule 125 mg</i>	Preferred	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Preferred	
EMEND CAP 80MG	Non Preferred	PA
EMEND SUS 125MG	Non Preferred	PA
EMEND TRIPAC PAK 80 & 125	Non Preferred	PA
VARUBI TAB 90MG	Non Preferred	PA

Drug Name Drug Tier Requirements/Limits
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANCOBON CAP 250MG	Non Preferred	PA
ANCOBON CAP 500MG	Non Preferred	PA
<i>flucytosine cap 250 mg</i> (generic of ANCOBON)	Non Preferred	PA
<i>flucytosine cap 500 mg</i> (generic of ANCOBON)	Non Preferred	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Preferred	QL (40 mL per day)
<i>griseofulvin microsize tab 500 mg</i>	Preferred	
<i>griseofulvin ultramicrosize tab 125 mg</i>	Preferred	
<i>griseofulvin ultramicrosize tab 250 mg</i>	Preferred	
<i>nystatin tab 500000 unit</i>	Preferred	QL (8 ea per day)
<i>terbinafine hcl tab 250 mg</i> (generic of LAMISIL)	Preferred	QL (1 ea per day)

IMIDAZOLE-RELATED ANTIFUNGALS

CRESEMBA CAP 186 MG	Non Preferred	PA
DIFLUCAN SUS 10MG/ML	Non Preferred	PA, QL (3 mL per day)
DIFLUCAN SUS 40MG/ML	Non Preferred	PA, QL (5 mL per day)
DIFLUCAN TAB 50MG	Non Preferred	PA, QL (2 ea per day)
DIFLUCAN TAB 100MG	Non Preferred	PA
DIFLUCAN TAB 150MG	Non Preferred	PA
DIFLUCAN TAB 200MG	Non Preferred	PA
<i>fluconazole for susp 10 mg/ml</i> (generic of DIFLUCAN)	Preferred	QL (3 mL per day)
<i>fluconazole for susp 40 mg/ml</i> (generic of DIFLUCAN)	Preferred	QL (5 mL per day)
<i>fluconazole tab 50 mg</i> (generic of DIFLUCAN)	Preferred	QL (2 ea per day)
<i>fluconazole tab 100 mg</i> (generic of DIFLUCAN)	Preferred	
<i>fluconazole tab 150 mg</i> (generic of DIFLUCAN)	Preferred	
<i>fluconazole tab 200 mg</i> (generic of DIFLUCAN)	Preferred	
<i>itraconazole cap 100 mg</i> (generic of SPORANOX)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral soln 10 mg/ml</i> (generic of SPORANOX)	Non Preferred	PA
<i>ketoconazole tab 200 mg</i> NOXAFIL SUS 40MG/ML	Preferred	QL (2 ea per day)
NOXAFIL TAB 100MG	Non Preferred	PA
<i>posaconazole tab delayed release 100 mg</i> (generic of NOXAFIL)	Non Preferred	PA
SPORANOX CAP 100MG	Non Preferred	PA
SPORANOX CAP PULSEPAK	Non Preferred	PA
SPORANOX SOL 10MG/ML	Non Preferred	PA
TOLSURA CAP 65MG	Non Preferred	PA
VFEND SUS 40MG/ML	Non Preferred	PA
VFEND TAB 50MG	Non Preferred	PA
VFEND TAB 200MG	Non Preferred	PA
<i>voriconazole for susp 40 mg/ml</i> (generic of VFEND)	Non Preferred	PA
<i>voriconazole tab 50 mg</i> (generic of VFEND)	Non Preferred	PA
<i>voriconazole tab 200 mg</i> (generic of VFEND)	Non Preferred	PA

ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHIISTAMINES - ALKYLAMINES

<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	Preferred	OTC
<i>chlorpheniramine tab 4 mg</i>	Preferred	QL (6 ea per day), OTC
<i>chlorpheniramine tab er 12 mg</i>	Preferred	QL (2 ea per day), OTC

ANTIHIISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate soln 4 mg/5ml</i>	Preferred	
<i>carbinoxamine maleate tab 4 mg</i>	Preferred	
<i>clemastine fumarate tab 1.34 mg</i>	Preferred	QL (2 ea per day), OTC
<i>clemastine fumarate tab 2.68 mg</i>	Preferred	QL (3 ea per day)
<i>diphenhydramine hcl cap 25 mg</i>	Preferred	QL (6 ea per day), OTC; AGE (Max age 64 years)
<i>diphenhydramine hcl cap 50 mg</i>	Preferred	QL (6 ea per day), OTC; AGE (Max age 64 years)
<i>diphenhydramine hcl chew tab 12.5 mg</i>	Preferred	QL (6 ea per day), OTC; AGE (Max age 12 years)

Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Preferred	QL (80 mL per day); AGE (Max age 12 years)
<i>diphenhydramine hcl inj 50 mg/ml</i>	Preferred	AGE (Max age 64 years)
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	Preferred	QL (60 mL per day), OTC; AGE (Max age 12 years)
<i>diphenhydramine hcl tab disint 12.5 mg</i>	Preferred	QL (6 ea per day), OTC; AGE (Max age 64 years)
<i>diphenhydramine hcl tab 25 mg</i>	Preferred	QL (6 ea per day), OTC; AGE (Max age 64 years)

ANTI-HISTAMINES - NON-SEDATING

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

ANTI-HISTAMINES - PHENOTHIAZINES

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

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

ANTIHIISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Preferred	QL (20 mL per day); AGE (Max age 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	Preferred	QL (6 ea per day); AGE (Max age 64 years)

ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TAB 180MG	Non Preferred	PA
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ANTIHYPERLIPIDEMICS - COMBINATIONS

<i>ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN)</i>	Non Preferred	PA
<i>ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN)</i>	Non Preferred	PA
<i>ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN)</i>	Non Preferred	PA
<i>ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN)</i>	Non Preferred	PA
NEXLIZET TAB 180/10MG	Non Preferred	PA
VYTORIN TAB 10-10MG	Non Preferred	PA
VYTORIN TAB 10-20MG	Non Preferred	PA
VYTORIN TAB 10-40MG	Non Preferred	PA
VYTORIN TAB 10-80MG	Non Preferred	PA

ANTIHYPERLIPIDEMICS - MISC.

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

BILE ACID SEQUESTRANTS

<i>cholestyramine light powder 4 gm/dose (generic of QUESTRAN LIGHT)</i>	Preferred	QL (8 gm per day)
<i>cholestyramine light powder packets 4 gm</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine powder 4 gm/dose</i> (generic of QUESTRAN)	Preferred	QL (48 gm per day)
<i>cholestyramine powder packets 4 gm</i> (generic of QUESTRAN)	Preferred	
<i>colesevelam hcl packet for susp 3.75 gm</i> (generic of WELCHOL)	Non Preferred	PA
<i>colesevelam hcl tab 625 mg</i> (generic of WELCHOL)	Non Preferred	PA
COLESTID FLA GRA 5/7.5GM	Non Preferred	PA
COLESTID FLA GRA 5GM	Non Preferred	PA
COLESTID GRA 5GM	Non Preferred	PA
COLESTID POW 5GM	Non Preferred	PA
COLESTID TAB 1GM	Non Preferred	PA, QL (16 ea per day)
<i>colestipol hcl granule packets 5 gm</i> (generic of COLESTID)	Non Preferred	PA
<i>colestipol hcl granules 5 gm</i> (generic of COLESTID)	Non Preferred	PA
<i>colestipol hcl tab 1 gm</i> (generic of COLESTID)	Non Preferred	PA, QL (16 ea per day)
<i>prevalite pow 4gm</i> (generic of QUESTRAN LIGHT)	Preferred	QL (8 gm per day)
<i>prevalite pow 4gm pk</i> QUESTRAN POW 4GM	Preferred	
QUESTRAN POW 4GM	Non Preferred	PA, QL (48 gm per day)
QUESTRAN POW 4GM LITE	Non Preferred	PA, QL (8 gm per day)
WELCHOL PAK 3.75GM	Non Preferred	PA
WELCHOL TAB 625MG	Non Preferred	PA
FIBRIC ACID DERIVATIVES		
ANTARA CAP 30MG	Non Preferred	PA
ANTARA CAP 90MG	Non Preferred	PA
<i>choline fenofibrate cap dr 45 mg</i> (fenofibric acid equiv) (generic of TRILIPIX)	Preferred	
<i>choline fenofibrate cap dr 135 mg</i> (fenofibric acid equiv) (generic of TRILIPIX)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate cap 50 mg</i>	Preferred	
<i>fenofibrate cap 150 mg</i>	Preferred	
<i>fenofibrate micronized cap 43 mg</i>	Preferred	
<i>fenofibrate micronized cap 67 mg</i>	Preferred	
<i>fenofibrate micronized cap 130 mg</i>	Preferred	
<i>fenofibrate micronized cap 134 mg</i>	Preferred	
<i>fenofibrate micronized cap 200 mg</i>	Preferred	
<i>fenofibrate tab 40 mg</i> (generic of FENOGLIDE)	Preferred	
<i>fenofibrate tab 48 mg</i> (generic of TRICOR)	Preferred	QL (1 ea per day)
<i>fenofibrate tab 54 mg</i>	Preferred	QL (1 ea per day)
<i>fenofibrate tab 120 mg</i> (generic of FENOGLIDE)	Preferred	
<i>fenofibrate tab 145 mg</i> (generic of TRICOR)	Preferred	QL (1 ea per day)
<i>fenofibrate tab 160 mg</i>	Preferred	QL (1 ea per day)
<i>fenofibric acid tab 35 mg</i>	Non Preferred	PA
<i>fenofibric acid tab 105 mg</i>	Non Preferred	PA
FENOGLIDE TAB 40MG	Non Preferred	PA
FENOGLIDE TAB 120MG	Non Preferred	PA
<i>gemfibrozil tab 600 mg</i> (generic of LOPID)	Preferred	QL (4 ea per day)
LIPOFEN CAP 50MG	Non Preferred	PA
LIPOFEN CAP 150MG	Non Preferred	PA
LOPID TAB 600MG	Non Preferred	PA, QL (4 ea per day)
TRICOR TAB 48MG	Non Preferred	PA, QL (1 ea per day)
TRICOR TAB 145MG	Non Preferred	PA, QL (1 ea per day)
TRILIPIX CAP 45MG	Non Preferred	PA
TRILIPIX CAP 135MG	Non Preferred	PA
HMG COA REDUCTASE INHIBITORS		
ALTOPREV TAB 20MG ER	Non Preferred	PA
ALTOPREV TAB 40MG ER	Non Preferred	PA
ALTOPREV TAB 60MG ER	Non Preferred	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tab 20 mg</i>	Preferred	QL (1 ea per day)
<i>lovastatin tab 40 mg</i>	Preferred	QL (1 ea per day)
PRAVACHOL TAB 20MG	Non Preferred	PA, QL (1 ea per day)
PRAVACHOL TAB 40MG	Non Preferred	PA, QL (1 ea per day)
<i>pravastatin sodium tab 10 mg</i>	Preferred	QL (1 ea per day)
<i>pravastatin sodium tab 20 mg (generic of PRAVACHOL)</i>	Preferred	QL (1 ea per day)
<i>pravastatin sodium tab 40 mg (generic of PRAVACHOL)</i>	Preferred	QL (1 ea per day)
<i>pravastatin sodium tab 80 mg</i>	Preferred	QL (1 ea per day)
<i>rosuvastatin calcium tab 5 mg (generic of CRESTOR)</i>	Preferred	QL (1 ea per day)
<i>rosuvastatin calcium tab 10 mg (generic of CRESTOR)</i>	Preferred	QL (1 ea per day)
<i>rosuvastatin calcium tab 20 mg (generic of CRESTOR)</i>	Preferred	QL (1 ea per day)
<i>rosuvastatin calcium tab 40 mg (generic of CRESTOR)</i>	Preferred	QL (1 ea per day)
<i>simvastatin tab 5 mg</i>	Preferred	QL (1 ea per day)
<i>simvastatin tab 10 mg (generic of ZOCOR)</i>	Preferred	QL (1 ea per day)
<i>simvastatin tab 20 mg (generic of ZOCOR)</i>	Preferred	QL (1 ea per day)
<i>simvastatin tab 40 mg (generic of ZOCOR)</i>	Preferred	QL (1 ea per day)
<i>simvastatin tab 80 mg (generic of ZOCOR)</i>	Preferred	
ZOCOR TAB 10MG	Non Preferred	PA, QL (1 ea per day)
ZOCOR TAB 20MG	Non Preferred	PA, QL (1 ea per day)
ZOCOR TAB 40MG	Non Preferred	PA, QL (1 ea per day)
ZOCOR TAB 80MG	Non Preferred	PA
ZYPITAMAG TAB 2MG	Non Preferred	PA
ZYPITAMAG TAB 4MG	Non Preferred	PA
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg (generic of ZETIA)</i>	Preferred	QL (1 ea per day)
ZETIA TAB 10MG	Non Preferred	PA, QL (1 ea per day)
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	Non Preferred	PA

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

NICOTINIC ACID DERIVATIVES

<i>niacin tab er 500 mg (antihyperlipidemic)</i> (generic of NIASPAN)	Non Preferred	PA
<i>niacin tab er 750 mg (antihyperlipidemic)</i> (generic of NIASPAN)	Non Preferred	PA
<i>niacin tab er 1000 mg (antihyperlipidemic)</i> (generic of NIASPAN)	Non Preferred	PA
NIASPAN TAB 500MG ER	Non Preferred	PA
NIASPAN TAB 750MG ER	Non Preferred	PA
NIASPAN TAB 1000 ER	Non Preferred	PA

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

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

ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACE INHIBITORS

ACCUPRIL TAB 5MG	Non Preferred	PA, QL (1 ea per day)
ACCUPRIL TAB 10MG	Non Preferred	PA, QL (1 ea per day)
ACCUPRIL TAB 20MG	Non Preferred	PA, QL (1 ea per day)
ACCUPRIL TAB 40MG	Non Preferred	PA, QL (2 ea per day)
ALTACE CAP 1.25MG	Non Preferred	PA, QL (1 ea per day)
ALTACE CAP 2.5MG	Non Preferred	PA, QL (1 ea per day)
ALTACE CAP 5MG	Non Preferred	PA, QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
ALTACE CAP 10MG	Non Preferred	PA, QL (1 ea per day)
<i>benazepril hcl tab 5 mg</i>	Preferred	QL (1.5 ea per day)
<i>benazepril hcl tab 10 mg</i> (generic of LOTENSIN)	Preferred	QL (1.5 ea per day)
<i>benazepril hcl tab 20 mg</i> (generic of LOTENSIN)	Preferred	QL (1.5 ea per day)
<i>benazepril hcl tab 40 mg</i> (generic of LOTENSIN)	Preferred	QL (2 ea per day)
<i>captopril tab 12.5 mg</i>	Preferred	QL (3 ea per day)
<i>captopril tab 25 mg</i>	Preferred	QL (3 ea per day)
<i>captopril tab 50 mg</i>	Preferred	QL (3 ea per day)
<i>captopril tab 100 mg</i>	Preferred	QL (3 ea per day)
<i>enalapril maleate tab 2.5 mg</i> (generic of VASOTEC)	Preferred	QL (1 ea per day)
<i>enalapril maleate tab 5 mg</i> (generic of VASOTEC)	Preferred	QL (1 ea per day)
<i>enalapril maleate tab 10 mg</i> (generic of VASOTEC)	Preferred	QL (1 ea per day)
<i>enalapril maleate tab 20 mg</i> (generic of VASOTEC)	Preferred	QL (2 ea per day)
EPANED SOL 1MG/ML	Non Preferred	PA
<i>fosinopril sodium tab 10 mg</i>	Preferred	QL (1 ea per day)
<i>fosinopril sodium tab 20 mg</i>	Preferred	QL (1 ea per day)
<i>fosinopril sodium tab 40 mg</i>	Preferred	QL (1 ea per day)
<i>lisinopril tab 2.5 mg</i> (generic of ZESTRIL)	Preferred	QL (1 ea per day)
<i>lisinopril tab 5 mg</i> (generic of ZESTRIL)	Preferred	QL (1 ea per day)
<i>lisinopril tab 10 mg</i> (generic of ZESTRIL)	Preferred	QL (1 ea per day)
<i>lisinopril tab 20 mg</i> (generic of PRINIVIL)	Preferred	QL (1 ea per day)
<i>lisinopril tab 30 mg</i> (generic of ZESTRIL)	Preferred	QL (2 ea per day)
<i>lisinopril tab 40 mg</i> (generic of ZESTRIL)	Preferred	QL (2 ea per day)
LOTENSIN TAB 10MG	Non Preferred	PA, QL (1.5 ea per day)
LOTENSIN TAB 20MG	Non Preferred	PA, QL (1.5 ea per day)
LOTENSIN TAB 40MG	Non Preferred	PA, QL (2 ea per day)
<i>moexipril hcl tab 7.5 mg</i>	Preferred	
<i>moexipril hcl tab 15 mg</i>	Preferred	
<i>perindopril erbumine tab 2 mg</i>	Non Preferred	PA
<i>perindopril erbumine tab 4 mg</i>	Non Preferred	PA
<i>perindopril erbumine tab 8 mg</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
PRINIVIL TAB 20MG	Non Preferred	PA, QL (1 ea per day)
QBRELIS SOL 1MG/ML	Non Preferred	PA
<i>quinapril hcl tab 5 mg</i> (generic of ACCUPRIL)	Preferred	QL (1 ea per day)
<i>quinapril hcl tab 10 mg</i> (generic of ACCUPRIL)	Preferred	QL (1 ea per day)
<i>quinapril hcl tab 20 mg</i> (generic of ACCUPRIL)	Preferred	QL (1 ea per day)
<i>quinapril hcl tab 40 mg</i> (generic of ACCUPRIL)	Preferred	QL (2 ea per day)
<i>ramipril cap 1.25 mg</i> (generic of ALTACE)	Preferred	QL (1 ea per day)
<i>ramipril cap 2.5 mg</i> (generic of ALTACE)	Preferred	QL (1 ea per day)
<i>ramipril cap 5 mg</i> (generic of ALTACE)	Preferred	QL (1 ea per day)
<i>ramipril cap 10 mg</i> (generic of ALTACE)	Preferred	QL (1 ea per day)
<i>trandolapril tab 1 mg</i>	Preferred	QL (1 ea per day)
<i>trandolapril tab 2 mg</i>	Preferred	QL (1 ea per day)
<i>trandolapril tab 4 mg</i> (generic of MAVIK)	Preferred	QL (1 ea per day)
VASOTEC TAB 2.5MG	Non Preferred	PA, QL (1 ea per day)
VASOTEC TAB 5MG	Non Preferred	PA, QL (1 ea per day)
VASOTEC TAB 10MG	Non Preferred	PA, QL (1 ea per day)
VASOTEC TAB 20MG	Non Preferred	PA, QL (2 ea per day)
ZESTRIL TAB 2.5MG	Non Preferred	PA, QL (1 ea per day)
ZESTRIL TAB 5MG	Non Preferred	PA, QL (1 ea per day)
ZESTRIL TAB 10MG	Non Preferred	PA, QL (1 ea per day)
ZESTRIL TAB 20MG	Non Preferred	PA, QL (1 ea per day)
ZESTRIL TAB 30MG	Non Preferred	PA, QL (2 ea per day)
ZESTRIL TAB 40MG	Non Preferred	PA, QL (2 ea per day)
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSEER CAP 250MG	Preferred	
<i>metyrosine cap 250 mg</i> (generic of DEMSEER)	Preferred	
<i>phenoxybenzamine hcl cap 10 mg</i> (generic of DIBENZYLIN)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TAB 4MG	Non Preferred	PA
ATACAND TAB 8MG	Non Preferred	PA
ATACAND TAB 16MG	Non Preferred	PA
ATACAND TAB 32MG	Non Preferred	PA
AVAPRO TAB 75MG	Non Preferred	PA, QL (1 ea per day)
AVAPRO TAB 150MG	Non Preferred	PA, QL (1 ea per day)
AVAPRO TAB 300MG	Non Preferred	PA, QL (1 ea per day)
BENICAR TAB 5MG	Non Preferred	PA
BENICAR TAB 20MG	Non Preferred	PA
BENICAR TAB 40MG	Non Preferred	PA
<i>candesartan cilexetil tab 4 mg (generic of ATACAND)</i>	Non Preferred	PA
<i>candesartan cilexetil tab 8 mg (generic of ATACAND)</i>	Non Preferred	PA
<i>candesartan cilexetil tab 16 mg (generic of ATACAND)</i>	Non Preferred	PA
<i>candesartan cilexetil tab 32 mg (generic of ATACAND)</i>	Non Preferred	PA
COZAAR TAB 25MG	Non Preferred	PA, QL (1 ea per day)
COZAAR TAB 50MG	Non Preferred	PA, QL (1 ea per day)
COZAAR TAB 100MG	Non Preferred	PA, QL (1 ea per day)
DIOVAN TAB 40MG	Non Preferred	PA, QL (2 ea per day)
DIOVAN TAB 80MG	Non Preferred	PA, QL (2 ea per day)
DIOVAN TAB 160MG	Non Preferred	PA, QL (2 ea per day)
DIOVAN TAB 320MG	Non Preferred	PA, QL (2 ea per day)
EDARBI TAB 40MG	Non Preferred	PA
EDARBI TAB 80MG	Non Preferred	PA

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

ANTIADRENERGIC ANTIHYPERTENSIVES

CARDURA TAB 1MG	Non Preferred	PA, QL (1 ea per day)
CARDURA TAB 2MG	Non Preferred	PA, QL (1 ea per day)
CARDURA TAB 4MG	Non Preferred	PA, QL (1 ea per day)
CARDURA TAB 8MG	Non Preferred	PA, QL (2 ea per day)
CATAPRES-TTS DIS 0.1/24HR	Non Preferred	PA
CATAPRES-TTS DIS 0.2/24HR	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS DIS 0.3/24HR	Non Preferred	PA
<i>clonidine hcl tab 0.1 mg</i>	Preferred	QL (6 ea per day)
<i>clonidine hcl tab 0.2 mg</i>	Preferred	QL (6 ea per day)
<i>clonidine hcl tab 0.3 mg</i>	Preferred	QL (4 ea per day)
<i>clonidine td patch weekly 0.1 mg/24hr</i> (generic of CATAPRES-TTS-1)	Preferred	
<i>clonidine td patch weekly 0.2 mg/24hr</i> (generic of CATAPRES-TTS-2)	Preferred	
<i>clonidine td patch weekly 0.3 mg/24hr</i> (generic of CATAPRES-TTS-3)	Preferred	
<i>doxazosin mesylate tab 1 mg</i> (generic of CARDURA)	Preferred	QL (1 ea per day)
<i>doxazosin mesylate tab 2 mg</i> (generic of CARDURA)	Preferred	QL (1 ea per day)
<i>doxazosin mesylate tab 4 mg</i> (generic of CARDURA)	Preferred	QL (1 ea per day)
<i>doxazosin mesylate tab 8 mg</i> (generic of CARDURA)	Preferred	QL (2 ea per day)
<i>guanfacine hcl tab 1 mg</i>	Preferred	QL (4 ea per day)
<i>guanfacine hcl tab 2 mg</i>	Preferred	QL (2 ea per day)
<i>methyldopa tab 250 mg</i>	Preferred	QL (4 ea per day)
<i>methyldopa tab 500 mg</i>	Preferred	QL (6 ea per day)
MINIPRESS CAP 1MG	Non Preferred	PA, QL (6 ea per day)
MINIPRESS CAP 2MG	Non Preferred	PA, QL (6 ea per day)
MINIPRESS CAP 5MG	Non Preferred	PA, QL (6 ea per day)
<i>prazosin hcl cap 1 mg</i> (generic of MINIPRESS)	Preferred	QL (6 ea per day)
<i>prazosin hcl cap 2 mg</i> (generic of MINIPRESS)	Preferred	QL (6 ea per day)
<i>prazosin hcl cap 5 mg</i> (generic of MINIPRESS)	Preferred	QL (6 ea per day)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Preferred	QL (1 ea per day)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Preferred	QL (2 ea per day)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Preferred	QL (1 ea per day)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Preferred	QL (2 ea per day)
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	Non Preferred	PA, QL (1 ea per day)
ACCURETIC TAB 20-12.5	Non Preferred	PA, QL (1 ea per day)
ACCURETIC TAB 20-25MG	Non Preferred	PA, QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Preferred	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	Preferred	QL (1 ea per day)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	Preferred	QL (1 ea per day)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Preferred	QL (1 ea per day)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	Preferred	QL (1 ea per day)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	Preferred	QL (1 ea per day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AZOR)</i>	Non Preferred	PA
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AZOR)</i>	Non Preferred	PA
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AZOR)</i>	Non Preferred	PA
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AZOR)</i>	Non Preferred	PA
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	Non Preferred	PA, QL (1 ea per day)
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	Non Preferred	PA, QL (1 ea per day)
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	Non Preferred	PA, QL (1 ea per day)
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	Non Preferred	PA, QL (1 ea per day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (generic of EXFORGE HCT)</i>	Non Preferred	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)</i>	Non Preferred	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)</i>	Non Preferred	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)</i>	Non Preferred	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)</i>	Non Preferred	PA
ATACAND HCT TAB 16-12.5	Non Preferred	PA
ATACAND HCT TAB 32-12.5	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ATACAND HCT TAB 32-25MG	Non Preferred	PA
<i>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	Preferred	QL (2 ea per day)
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	Preferred	QL (1 ea per day)
AVALIDE TAB 150-12.5	Non Preferred	PA, QL (1 ea per day)
AVALIDE TAB 300-12.5	Non Preferred	PA, QL (1 ea per day)
AZOR TAB 5-20MG	Non Preferred	PA
AZOR TAB 5-40MG	Non Preferred	PA
AZOR TAB 10-20MG	Non Preferred	PA
AZOR TAB 10-40MG	Non Preferred	PA
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Preferred	QL (1 ea per day)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	Preferred	QL (1 ea per day)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	Preferred	QL (1 ea per day)
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	Preferred	QL (1 ea per day)
BENICAR HCT TAB 20-12.5	Non Preferred	PA
BENICAR HCT TAB 40-12.5	Non Preferred	PA
BENICAR HCT TAB 40-25MG	Non Preferred	PA
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)</i>	Preferred	QL (3 ea per day)
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)</i>	Preferred	QL (3 ea per day)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)</i>	Preferred	QL (4 ea per day)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i>	Non Preferred	PA
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i>	Non Preferred	PA
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i>	Non Preferred	PA
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Preferred	QL (3 ea per day)
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Preferred	QL (2 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Preferred	QL (3 ea per day)
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Preferred	QL (2 ea per day)
DIOVAN HCT TAB 80/12.5	Non Preferred	PA, QL (1 ea per day)
DIOVAN HCT TAB 160-12.5	Non Preferred	PA, QL (1 ea per day)
DIOVAN HCT TAB 160-25MG	Non Preferred	PA, QL (1 ea per day)
DIOVAN HCT TAB 320-12.5	Non Preferred	PA, QL (1 ea per day)
DIOVAN HCT TAB 320-25MG	Non Preferred	PA, QL (1 ea per day)
EDARBYCLOR TAB 40-12.5	Non Preferred	PA
EDARBYCLOR TAB 40-25MG	Non Preferred	PA
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Preferred	QL (2 ea per day)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	Preferred	QL (2 ea per day)
EXFORGE TAB 5-160MG	Non Preferred	PA, QL (1 ea per day)
EXFORGE TAB 5-320MG	Non Preferred	PA, QL (1 ea per day)
EXFORGE TAB 10-160MG	Non Preferred	PA, QL (1 ea per day)
EXFORGE TAB 10-320MG	Non Preferred	PA, QL (1 ea per day)
EXFORGEH/5- TAB 160-12.5	Non Preferred	PA
EXFORGEH/5- TAB 160-25	Non Preferred	PA
EXFORGEH/10- TAB 160-12.5	Non Preferred	PA
EXFORGEH/10- TAB 160-25	Non Preferred	PA
EXFORGEH/10- TAB 320-25	Non Preferred	PA
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Preferred	QL (1 ea per day)
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Preferred	QL (1 ea per day)
HYZAAR TAB 50-12.5	Non Preferred	PA, QL (1 ea per day)
HYZAAR TAB 100-12.5	Non Preferred	PA, QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
HYZAAR TAB 100-25	Non Preferred	PA, QL (1 ea per day)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	Preferred	QL (1 ea per day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	Preferred	QL (1 ea per day)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	Preferred	QL (2 ea per day)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	Preferred	QL (2 ea per day)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	Preferred	QL (2 ea per day)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	Preferred	QL (1 ea per day)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	Preferred	QL (1 ea per day)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	Preferred	QL (1 ea per day)
LOTENSIN HCT TAB 10-12.5	Non Preferred	PA, QL (1 ea per day)
LOTENSIN HCT TAB 20-12.5	Non Preferred	PA, QL (1 ea per day)
LOTENSIN HCT TAB 20-25MG	Non Preferred	PA, QL (1 ea per day)
LOTREL CAP 5-10MG	Non Preferred	PA, QL (1 ea per day)
LOTREL CAP 5-20MG	Non Preferred	PA, QL (1 ea per day)
LOTREL CAP 10-20MG	Non Preferred	PA, QL (1 ea per day)
LOTREL CAP 10-40MG	Non Preferred	PA, QL (1 ea per day)
<i>methyldopa & hydrochlorothiazide tab 250-15 mg</i>	Preferred	
<i>methyldopa & hydrochlorothiazide tab 250-25 mg</i>	Preferred	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Preferred	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Preferred	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Preferred	
MICARDIS HCT TAB 40/12.5	Non Preferred	PA
MICARDIS HCT TAB 80-25MG	Non Preferred	PA
MICARDIS HCT TAB 80/12.5	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>	Non Preferred	PA
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>	Non Preferred	PA
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	Non Preferred	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i>	Non Preferred	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i>	Non Preferred	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i>	Non Preferred	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i>	Non Preferred	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i>	Non Preferred	PA
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	Preferred	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	Preferred	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	Preferred	QL (1 ea per day)
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	Preferred	QL (1 ea per day)
<i>quinapril-hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)</i>	Preferred	QL (1 ea per day)
TARKA TAB 2-180 CR	Non Preferred	PA
TARKA TAB 2-240 CR	Non Preferred	PA
TARKA TAB 4-240 CR	Non Preferred	PA
TEKTURNA HCT TAB 150-12.5	Non Preferred	PA
TEKTURNA HCT TAB 150-25MG	Non Preferred	PA
TEKTURNA HCT TAB 300-12.5	Non Preferred	PA
TEKTURNA HCT TAB 300-25MG	Non Preferred	PA
<i>telmisartan-amlodipine tab 40-5 mg (generic of TWYNSTA)</i>	Non Preferred	PA
<i>telmisartan-amlodipine tab 40-10 mg (generic of TWYNSTA)</i>	Non Preferred	PA
<i>telmisartan-amlodipine tab 80-5 mg (generic of TWYNSTA)</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-amlodipine tab 80-10 mg</i> (generic of TWYNSTA)	Non Preferred	PA
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (generic of MICARDIS HCT)	Non Preferred	PA
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT)	Non Preferred	PA
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT)	Non Preferred	PA
TENORETIC TAB 50	Non Preferred	PA, QL (2 ea per day)
TENORETIC TAB 100	Non Preferred	PA, QL (1 ea per day)
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Preferred	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i> (generic of TARKA)	Preferred	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i> (generic of TARKA)	Preferred	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i> (generic of TARKA)	Preferred	
TRIBENZOR20- TAB 5-12.5MG	Non Preferred	PA
TRIBENZOR40- TAB 5-12.5MG	Non Preferred	PA
TRIBENZOR40- TAB 5-25MG	Non Preferred	PA
TRIBENZOR40- TAB 10-12.5	Non Preferred	PA
TRIBENZOR40- TAB 10-25MG	Non Preferred	PA
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)	Preferred	QL (1 ea per day)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)	Preferred	QL (1 ea per day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)	Preferred	QL (1 ea per day)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)	Preferred	QL (1 ea per day)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)	Preferred	QL (1 ea per day)
VASERETIC TAB 10-25MG	Non Preferred	PA, QL (2 ea per day)
ZESTORETIC TAB 10-12.5	Non Preferred	PA, QL (2 ea per day)
ZESTORETIC TAB 20-12.5	Non Preferred	PA, QL (2 ea per day)
ZESTORETIC TAB 20-25MG	Non Preferred	PA, QL (2 ea per day)

Drug Name	Drug Tier	Requirements/Limits
ZIAC TAB 2.5/6.25	Non Preferred	PA, QL (3 ea per day)
ZIAC TAB 5-6.25MG	Non Preferred	PA, QL (3 ea per day)
ZIAC TAB 10/6.25	Non Preferred	PA, QL (4 ea per day)

ANTIHYPERTENSIVES - MISC.

VECAMYL TAB 2.5MG	Non Preferred	PA
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DIRECT RENIN INHIBITORS

<i>aliskiren fumarate tab 150 mg (base equivalent) (generic of TEKTURN)</i>	Non Preferred	PA
<i>aliskiren fumarate tab 300 mg (base equivalent) (generic of TEKTURN)</i>	Non Preferred	PA
TEKTURN TAB 150MG	Non Preferred	PA
TEKTURN TAB 300MG	Non Preferred	PA

SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)

<i>eplerenone tab 25 mg (generic of INSPRA)</i>	Non Preferred	PA
<i>eplerenone tab 50 mg (generic of INSPRA)</i>	Non Preferred	PA
INSPRA TAB 25MG	Non Preferred	PA
INSPRA TAB 50MG	Non Preferred	PA

VASODILATORS

<i>hydralazine hcl tab 10 mg</i>	Preferred	QL (10 ea per day)
<i>hydralazine hcl tab 25 mg</i>	Preferred	QL (4 ea per day)
<i>hydralazine hcl tab 50 mg</i>	Preferred	QL (8 ea per day)
<i>hydralazine hcl tab 100 mg</i>	Preferred	QL (3 ea per day)
<i>minoxidil tab 2.5 mg</i>	Preferred	QL (5 ea per day)
<i>minoxidil tab 10 mg</i>	Preferred	QL (5 ea per day)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIAL COMBINATIONS

<i>atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)</i>	Preferred	
<i>atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)</i>	Preferred	
COARTEM TAB 20-120MG	Non Preferred	PA
MALARONE TAB 62.5-25	Non Preferred	PA
MALARONE TAB 250-100	Non Preferred	PA

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

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

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

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

<i>cycloserine cap 250 mg</i>	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol hcl tab 100 mg</i>	Preferred	QL (5 ea per day)
<i>ethambutol hcl tab 400 mg</i> (generic of MYAMBUTOL)	Preferred	QL (5 ea per day)
<i>isoniazid syrup 50 mg/5ml</i>	Preferred	QL (30 mL per day)
<i>isoniazid tab 100 mg</i>	Preferred	QL (6 ea per day)
<i>isoniazid tab 300 mg</i>	Preferred	QL (3 ea per day)
MYAMBUTOL TAB 400MG	Non Preferred	PA, QL (5 ea per day)
MYCOBUTIN CAP 150MG	Non Preferred	PA
PASER GRA 4GM	Non Preferred	PA
PRETOMANID TAB 200MG	Non Preferred	PA
PRIFTIN TAB 150MG	Non Preferred	PA, QL (1.143 ea per day)
<i>pyrazinamide tab 500 mg</i>	Preferred	QL (6 ea per day)
<i>rifabutin cap 150 mg</i> (generic of MYCOBUTIN)	Preferred	
<i>rifampin cap 150 mg</i>	Preferred	QL (8 ea per day)
<i>rifampin cap 300 mg</i>	Preferred	QL (4 ea per day)
SIRTURO TAB 20MG	Non Preferred	PA
SIRTURO TAB 100MG	Non Preferred	PA
TRECTOR TAB 250MG	Preferred	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

ALKERAN TAB 2MG	Non Preferred	PA
<i>cyclophosphamide cap 25 mg</i>	Preferred	QL (16 ea per day)
<i>cyclophosphamide cap 50 mg</i>	Preferred	QL (16 ea per day)
GLEOSTINE CAP 10MG	Preferred	
GLEOSTINE CAP 40MG	Preferred	
GLEOSTINE CAP 100MG	Preferred	
LEUKERAN TAB 2MG	Preferred	QL (8 ea per day)
<i>melphalan tab 2 mg</i> (generic of ALKERAN)	Preferred	
MYLERAN TAB 2MG	Preferred	
TEMODAR CAP 20MG	Non Preferred	SP, PA
TEMODAR CAP 100MG	Non Preferred	SP, PA
TEMODAR CAP 140MG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TEMODAR CAP 180MG	Non Preferred	SP, PA
TEMODAR CAP 250MG	Non Preferred	SP, PA
<i>temozolomide cap 5 mg</i>	Preferred	SP
<i>temozolomide cap 20 mg (generic of TEMODAR)</i>	Preferred	SP
<i>temozolomide cap 100 mg (generic of TEMODAR)</i>	Preferred	SP
<i>temozolomide cap 140 mg (generic of TEMODAR)</i>	Preferred	SP
<i>temozolomide cap 180 mg (generic of TEMODAR)</i>	Preferred	SP
<i>temozolomide cap 250 mg (generic of TEMODAR)</i>	Preferred	SP
ANTIMETABOLITES		
<i>capecitabine tab 150 mg (generic of XELODA)</i>	Non Preferred	SP, PA
<i>capecitabine tab 500 mg (generic of XELODA)</i>	Non Preferred	SP, PA
<i>mercaptopurine tab 50 mg</i>	Preferred	QL (4 ea per day)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Preferred	QL (0.4 mL per day)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Preferred	QL (0.4 mL per day)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Preferred	QL (0.4 mL per day)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Preferred	QL (0.4 mL per day)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Preferred	QL (0.4 mL per day)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Preferred	QL (24 ea per day)
ONUREG TAB 200MG	Non Preferred	PA
ONUREG TAB 300MG	Non Preferred	PA
PURIXAN SUS 20MG/ML	Non Preferred	SP, PA
TABLOID TAB 40MG	Preferred	
TREXALL TAB 5MG	Preferred	
TREXALL TAB 7.5MG	Preferred	
TREXALL TAB 10MG	Preferred	
TREXALL TAB 15MG	Preferred	
XATMEP SOL 2.5MG/ML	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
XELODA TAB 150MG	Non Preferred	SP, PA
XELODA TAB 500MG	Non Preferred	SP, PA

ANTINEOPLASTIC - BCL-2 INHIBITORS

VENCLEXTA TAB 10MG	Non Preferred	PA, QL (4 ea per day)
VENCLEXTA TAB 50MG	Non Preferred	PA, QL (4 ea per day)
VENCLEXTA TAB 100MG	Non Preferred	PA, QL (6 ea per day)
VENCLEXTA TAB START PK	Non Preferred	PA, QL (1.5 ea per day)

ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

DAURISMO TAB 25MG	Non Preferred	SP, PA, QL (2 ea per day)
DAURISMO TAB 100MG	Non Preferred	SP, PA, QL (1 ea per day)
ERIVEDGE CAP 150MG	Preferred	SP, QL (1 ea per day)
ODOMZO CAP 200MG	Non Preferred	SP, PA, QL (1 ea per day)

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate tab 250 mg</i> (generic of ZYTIGA)	Preferred	SP, QL (4 ea per day)
<i>abiraterone acetate tab 500 mg</i>	Preferred	SP
<i>anastrozole tab 1 mg</i> (generic of ARIMIDEX)	Preferred	QL (1 ea per day); AGE (Min age 40 years)
ARIMIDEX TAB 1MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 40 years)
AROMASIN TAB 25MG	Non Preferred	PA; AGE (Min age 40 years)
<i>bicalutamide tab 50 mg</i> (generic of CASODEX)	Preferred	QL (3 ea per day)
CASODEX TAB 50MG	Non Preferred	PA, QL (3 ea per day)
EMCYT CAP 140MG	Preferred	
ERLEADA TAB 60MG	Non Preferred	SP, PA, QL (4 ea per day)
<i>exemestane tab 25 mg</i> (generic of AROMASIN)	Preferred	AGE (Min age 40 years)
FARESTON TAB 60MG	Non Preferred	PA
FEMARA TAB 2.5MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 40 years)
<i>flutamide cap 125 mg</i>	Preferred	QL (6 ea per day)
<i>letrozole tab 2.5 mg</i> (generic of FEMARA)	Preferred	QL (1 ea per day); AGE (Min age 40 years)

Drug Name	Drug Tier	Requirements/Limits
LYSODREN TAB 500MG	Preferred	
<i>megestrol acetate susp 40 mg/ml</i>	Preferred	QL (40 mL per day)
<i>megestrol acetate tab 20 mg</i>	Preferred	QL (40 ea per day)
<i>megestrol acetate tab 40 mg</i>	Preferred	QL (20 ea per day)
<i>nilutamide tab 150 mg</i> (generic of NILANDRON)	Preferred	
NUBEQA TAB 300MG	Non Preferred	PA, QL (4 ea per day)
SOLTAMOX SOL 10MG/5ML	Preferred	
<i>tamoxifen citrate tab 10 mg</i> (base equivalent)	Preferred	QL (2 ea per day)
<i>tamoxifen citrate tab 20 mg</i> (base equivalent)	Preferred	QL (2 ea per day)
<i>toremifene citrate tab 60 mg</i> (base equivalent) (generic of FARESTON)	Preferred	
XTANDI CAP 40MG	Non Preferred	SP, PA, QL (4 ea per day)
YONSA TAB 125MG	Non Preferred	SP, PA, QL (4 ea per day)
ZYTIGA TAB 250MG	Non Preferred	SP, PA, QL (4 ea per day)
ZYTIGA TAB 500MG	Non Preferred	SP, PA, QL (2 ea per day)

ANTINEOPLASTIC - IMMUNOMODULATORS

POMALYST CAP 1MG	Non Preferred	SP, PA, QL (1 ea per day)
POMALYST CAP 2MG	Non Preferred	SP, PA, QL (1 ea per day)
POMALYST CAP 3MG	Non Preferred	SP, PA, QL (1 ea per day)
POMALYST CAP 4MG	Non Preferred	SP, PA, QL (1 ea per day)

ANTINEOPLASTIC - XPO1 INHIBITORS

XPOVIO PAK 40MG	Non Preferred	PA
XPOVIO PAK 60MG	Non Preferred	PA; Twice Weekly
XPOVIO PAK 60MG	Non Preferred	PA, QL (12 ea / 24 days); Once Weekly
XPOVIO PAK 80MG	Non Preferred	PA, QL (16 ea / 24 days); Once Weekly
XPOVIO PAK 80MG	Non Preferred	PA, QL (32 ea / 24 days); Twice Weekly
XPOVIO PAK 100MG	Non Preferred	PA, QL (20 ea / 24 days)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	Non Preferred	SP, PA
KISQALI 200 PAK FEMARA	Non Preferred	SP, PA, QL (49 ea / 24 days)
KISQALI 400 PAK FEMARA	Non Preferred	SP, PA, QL (70 ea / 24 days)
KISQALI 600 PAK FEMARA	Non Preferred	SP, PA, QL (91 ea / 24 days)
LONSURF TAB 15-6.14	Non Preferred	SP, PA, QL (100 ea / 24 days)
LONSURF TAB 20-8.19	Non Preferred	SP, PA, QL (100 ea / 24 days)

ANTINEOPLASTIC ENZYME INHIBITORS

AFINITOR DIS TAB 2MG	Non Preferred	SP, PA, QL (2 ea per day)
AFINITOR DIS TAB 3MG	Non Preferred	SP, PA, QL (3 ea per day)
AFINITOR DIS TAB 5MG	Non Preferred	SP, PA, QL (2 ea per day)
AFINITOR TAB 2.5MG	Non Preferred	SP, PA, QL (1 ea per day)
AFINITOR TAB 5MG	Non Preferred	SP, PA, QL (1 ea per day)
AFINITOR TAB 7.5MG	Non Preferred	SP, PA, QL (1 ea per day)
AFINITOR TAB 10MG	Non Preferred	SP, PA, QL (1 ea per day)
ALECENSA CAP 150MG	Non Preferred	SP, PA, QL (8 ea per day)
ALUNBRIG PAK	Non Preferred	SP, PA, QL (1 ea per day)
ALUNBRIG TAB 30MG	Non Preferred	SP, PA, QL (4 ea per day)
ALUNBRIG TAB 90MG	Non Preferred	SP, PA, QL (1 ea per day)
ALUNBRIG TAB 180MG	Non Preferred	SP, PA, QL (1 ea per day)
AYVAKIT TAB 100MG	Non Preferred	PA, QL (1 ea per day)
AYVAKIT TAB 200MG	Non Preferred	PA, QL (1 ea per day)
AYVAKIT TAB 300MG	Non Preferred	PA, QL (1 ea per day)
BALVERSA TAB 3MG	Non Preferred	PA, QL (3 ea per day)

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TAB 4MG	Non Preferred	PA, QL (2 ea per day)
BALVERSA TAB 5MG	Non Preferred	PA, QL (1 ea per day)
BOSULIF TAB 100MG	Non Preferred	SP, PA, QL (3 ea per day)
BOSULIF TAB 400MG	Non Preferred	SP, PA, QL (1 ea per day)
BOSULIF TAB 500MG	Non Preferred	SP, PA, QL (1 ea per day)
BRAFTOVI CAP 75MG	Non Preferred	PA, QL (6 ea per day)
BRUKINSA CAP 80MG	Non Preferred	PA, QL (4 ea per day)
CABOMETYX TAB 20MG	Non Preferred	SP, PA, QL (1 ea per day)
CABOMETYX TAB 40MG	Non Preferred	SP, PA, QL (1 ea per day)
CABOMETYX TAB 60MG	Non Preferred	SP, PA, QL (1 ea per day)
CALQUENCE CAP 100MG	Non Preferred	PA, QL (2 ea per day)
CAPRELSA TAB 100MG	Preferred	QL (2 ea per day)
CAPRELSA TAB 300MG	Preferred	QL (1 ea per day)
COMETRIQ KIT 60MG	Non Preferred	PA, QL (3 ea per day)
COMETRIQ KIT 100MG	Non Preferred	PA, QL (2 ea per day)
COMETRIQ KIT 140MG	Non Preferred	PA, QL (4 ea per day)
COPIKTRA CAP 15MG	Non Preferred	PA, QL (2 ea per day)
COPIKTRA CAP 25MG	Non Preferred	PA, QL (2 ea per day)
COTELLIC TAB 20MG	Non Preferred	SP, PA, QL (3 ea per day)
<i>erlotinib hcl tab 25 mg (base equivalent) (generic of TARCEVA)</i>	Preferred	SP, QL (3 ea per day)
<i>erlotinib hcl tab 100 mg (base equivalent) (generic of TARCEVA)</i>	Preferred	SP, QL (1 ea per day)
<i>erlotinib hcl tab 150 mg (base equivalent) (generic of TARCEVA)</i>	Preferred	SP, QL (1 ea per day)
<i>everolimus tab 2.5 mg (generic of AFINITOR)</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>everolimus tab 5 mg (generic of AFINITOR)</i>	Non Preferred	SP, PA, QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tab 7.5 mg (generic of AFINITOR)</i>	Non Preferred	SP, PA, QL (1 ea per day)
FARYDAK CAP 10MG	Non Preferred	SP, PA, QL (6 ea / 17 days)
FARYDAK CAP 15MG	Non Preferred	SP, PA, QL (6 ea / 17 days)
FARYDAK CAP 20MG	Non Preferred	SP, PA, QL (6 ea / 17 days)
GAVRETO CAP 100MG	Non Preferred	PA
GILOTRIF TAB 20MG	Non Preferred	PA, QL (1 ea per day)
GILOTRIF TAB 30MG	Non Preferred	PA, QL (1 ea per day)
GILOTRIF TAB 40MG	Non Preferred	PA, QL (1 ea per day)
GLEEVEC TAB 100MG	Non Preferred	SP, PA, QL (3 ea per day)
GLEEVEC TAB 400MG	Non Preferred	SP, PA, QL (2 ea per day)
IBRANCE CAP 75MG	Non Preferred	SP, PA, QL (1 ea per day)
IBRANCE CAP 100MG	Non Preferred	SP, PA, QL (1 ea per day)
IBRANCE CAP 125MG	Non Preferred	SP, PA, QL (1 ea per day)
IBRANCE TAB 75MG	Non Preferred	SP, PA, QL (1 ea per day)
IBRANCE TAB 100MG	Non Preferred	SP, PA, QL (1 ea per day)
IBRANCE TAB 125MG	Non Preferred	SP, PA, QL (1 ea per day)
ICLUSIG TAB 10MG	Non Preferred	PA
ICLUSIG TAB 15MG	Non Preferred	PA, QL (2 ea per day)
ICLUSIG TAB 30MG	Non Preferred	PA
ICLUSIG TAB 45MG	Non Preferred	PA, QL (1 ea per day)
IDHIFA TAB 50MG	Non Preferred	SP, PA, QL (1 ea per day)
IDHIFA TAB 100MG	Non Preferred	SP, PA, QL (1 ea per day)
<i>imatinib mesylate tab 100 mg (base equivalent) (generic of GLEEVEC)</i>	Non Preferred	SP, PA, QL (3 ea per day)
<i>imatinib mesylate tab 400 mg (base equivalent) (generic of GLEEVEC)</i>	Non Preferred	SP, PA, QL (2 ea per day)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAP 70MG	Non Preferred	PA, QL (1 ea per day)
IMBRUVICA CAP 140MG	Non Preferred	PA, QL (3 ea per day)
IMBRUVICA TAB 140MG	Non Preferred	PA, QL (1 ea per day)
IMBRUVICA TAB 280MG	Non Preferred	PA, QL (1 ea per day)
IMBRUVICA TAB 420MG	Non Preferred	PA, QL (1 ea per day)
IMBRUVICA TAB 560MG	Non Preferred	PA, QL (1 ea per day)
INLYTA TAB 1MG	Non Preferred	SP, PA, QL (6 ea per day)
INLYTA TAB 5MG	Non Preferred	SP, PA, QL (4 ea per day)
INREBIC CAP 100MG	Non Preferred	PA, QL (4 ea per day)
IRESSA TAB 250MG	Preferred	SP, QL (1 ea per day)
JAKAFI TAB 5MG	Preferred	SP, QL (2 ea per day)
JAKAFI TAB 10MG	Preferred	SP, QL (2 ea per day)
JAKAFI TAB 15MG	Preferred	SP, QL (2 ea per day)
JAKAFI TAB 20MG	Preferred	SP, QL (2 ea per day)
JAKAFI TAB 25MG	Preferred	SP, QL (2 ea per day)
KISQALI TAB 200DOSE	Non Preferred	SP, PA, QL (1 ea per day)
KISQALI TAB 400DOSE	Non Preferred	SP, PA, QL (2 ea per day)
KISQALI TAB 600DOSE	Non Preferred	SP, PA, QL (3 ea per day)
KOSELUGO CAP 10MG	Non Preferred	PA
KOSELUGO CAP 25MG	Non Preferred	PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i> (generic of TYKERB)	Non Preferred	SP, PA, QL (6 ea per day)
LENVIMA CAP 4MG	Non Preferred	SP, PA, QL (1 ea per day)
LENVIMA CAP 8 MG	Non Preferred	SP, PA, QL (2 ea per day)
LENVIMA CAP 10 MG	Non Preferred	SP, PA, QL (1 ea per day)
LENVIMA CAP 12MG	Non Preferred	SP, PA, QL (3 ea per day)
LENVIMA CAP 14 MG	Non Preferred	SP, PA, QL (2 ea per day)

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 18 MG	Non Preferred	SP, PA, QL (3 ea per day)
LENVIMA CAP 20 MG	Non Preferred	SP, PA, QL (2 ea per day)
LENVIMA CAP 24 MG	Non Preferred	SP, PA, QL (3 ea per day)
LORBRENA TAB 25MG	Non Preferred	SP, PA, QL (3 ea per day)
LORBRENA TAB 100MG	Non Preferred	SP, PA, QL (1 ea per day)
LYNPARZA TAB 100MG	Non Preferred	SP, PA, QL (4 ea per day)
LYNPARZA TAB 150MG	Non Preferred	SP, PA, QL (4 ea per day)
MEKINIST TAB 0.5MG	Non Preferred	SP, PA, QL (3 ea per day)
MEKINIST TAB 2MG	Non Preferred	SP, PA, QL (1 ea per day)
MEKTOVI TAB 15MG	Non Preferred	PA, QL (6 ea per day)
NERLYNX TAB 40MG	Non Preferred	SP, PA, QL (6 ea per day)
NEXAVAR TAB 200MG	Preferred	SP, QL (4 ea per day)
NINLARO CAP 2.3MG	Non Preferred	SP, PA, QL (3 ea / 17 days)
NINLARO CAP 3MG	Non Preferred	SP, PA, QL (3 ea / 17 days)
NINLARO CAP 4MG	Non Preferred	SP, PA, QL (3 ea / 17 days)
PEMAZYRE TAB 4.5MG	Non Preferred	PA
PEMAZYRE TAB 9MG	Non Preferred	PA
PEMAZYRE TAB 13.5MG	Non Preferred	PA
PIQRAY 200MG TAB DOSE	Non Preferred	SP, PA, QL (1 ea per day)
PIQRAY 250MG TAB DOSE	Non Preferred	SP, PA, QL (2 ea per day)
PIQRAY 300MG TAB DOSE	Non Preferred	SP, PA, QL (2 ea per day)
QINLOCK TAB 50MG	Non Preferred	PA
RETEVMO CAP 40MG	Non Preferred	SP, PA
RETEVMO CAP 80MG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAP 100MG	Non Preferred	PA, QL (1 ea per day)
ROZLYTREK CAP 200MG	Non Preferred	PA, QL (3 ea per day)
RUBRACA TAB 200MG	Non Preferred	SP, PA, QL (4 ea per day)
RUBRACA TAB 250MG	Non Preferred	SP, PA, QL (4 ea per day)
RUBRACA TAB 300MG	Non Preferred	SP, PA, QL (4 ea per day)
RYDAPT CAP 25MG	Non Preferred	SP, PA, QL (8 ea per day)
SPRYCEL TAB 20MG	Non Preferred	SP, PA, QL (3 ea per day)
SPRYCEL TAB 50MG	Non Preferred	SP, PA, QL (1 ea per day)
SPRYCEL TAB 70MG	Non Preferred	SP, PA, QL (1 ea per day)
SPRYCEL TAB 80MG	Non Preferred	SP, PA, QL (1 ea per day)
SPRYCEL TAB 100MG	Non Preferred	SP, PA, QL (1 ea per day)
SPRYCEL TAB 140MG	Non Preferred	SP, PA, QL (1 ea per day)
STIVARGA TAB 40MG	Non Preferred	SP, PA, QL (3 ea per day)
SUTENT CAP 12.5MG	Preferred	SP, QL (4 ea per day)
SUTENT CAP 25MG	Preferred	SP, QL (2 ea per day)
SUTENT CAP 37.5MG	Preferred	SP, QL (1 ea per day)
SUTENT CAP 50MG	Preferred	SP, QL (1 ea per day)
TABRECTA TAB 150MG	Non Preferred	SP, PA
TABRECTA TAB 200MG	Non Preferred	SP, PA
TAFINLAR CAP 50MG	Non Preferred	SP, PA, QL (4 ea per day)
TAFINLAR CAP 75MG	Non Preferred	SP, PA, QL (4 ea per day)
TAGRISSE TAB 40MG	Non Preferred	SP, PA, QL (1 ea per day)
TAGRISSE TAB 80MG	Non Preferred	SP, PA, QL (1 ea per day)
TALZENNA CAP 0.25MG	Non Preferred	SP, PA, QL (3 ea per day)
TALZENNA CAP 1MG	Non Preferred	SP, PA, QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
TARCEVA TAB 25MG	Non Preferred	SP, PA, QL (3 ea per day)
TARCEVA TAB 100MG	Non Preferred	SP, PA, QL (1 ea per day)
TARCEVA TAB 150MG	Non Preferred	SP, PA, QL (1 ea per day)
TASIGNA CAP 50MG	Non Preferred	SP, PA, QL (4 ea per day)
TASIGNA CAP 150MG	Non Preferred	SP, PA, QL (4 ea per day)
TASIGNA CAP 200MG	Non Preferred	SP, PA, QL (4 ea per day)
TAZVERIK TAB 200MG	Non Preferred	PA, QL (8 ea per day)
TIBSOVO TAB 250MG	Non Preferred	PA, QL (2 ea per day)
TUKYSA TAB 50MG	Non Preferred	PA
TUKYSA TAB 150MG	Non Preferred	PA
TURALIO CAP 200MG	Non Preferred	PA, QL (4 ea per day)
TYKERB TAB 250MG	Non Preferred	SP, PA, QL (6 ea per day)
VERZENIO TAB 50MG	Non Preferred	SP, PA, QL (2 ea per day)
VERZENIO TAB 100MG	Non Preferred	SP, PA, QL (2 ea per day)
VERZENIO TAB 150MG	Non Preferred	SP, PA, QL (2 ea per day)
VERZENIO TAB 200MG	Non Preferred	SP, PA, QL (2 ea per day)
VITRAKVI CAP 25MG	Non Preferred	SP, PA, QL (6 ea per day)
VITRAKVI CAP 100MG	Non Preferred	SP, PA, QL (2 ea per day)
VITRAKVI SOL 20MG/ML	Non Preferred	SP, PA, QL (10 mL per day)
VIZIMPRO TAB 15MG	Non Preferred	SP, PA, QL (1 ea per day)
VIZIMPRO TAB 30MG	Non Preferred	SP, PA, QL (1 ea per day)
VIZIMPRO TAB 45MG	Non Preferred	SP, PA, QL (1 ea per day)
VOTRIENT TAB 200MG	Preferred	SP, QL (4 ea per day)
XALKORI CAP 200MG	Non Preferred	SP, PA, QL (2 ea per day)

Drug Name	Drug Tier	Requirements/Limits
XALKORI CAP 250MG	Non Preferred	SP, PA, QL (2 ea per day)
XOSPATA TAB 40MG	Non Preferred	PA, QL (3 ea per day)
ZEJULA CAP 100MG	Non Preferred	PA, QL (3 ea per day)
ZELBORAF TAB 240MG	Non Preferred	SP, PA, QL (8 ea per day)
ZOLINZA CAP 100MG	Non Preferred	SP, PA, QL (4 ea per day)
ZYDELIG TAB 100MG	Non Preferred	SP, PA, QL (2 ea per day)
ZYDELIG TAB 150MG	Non Preferred	SP, PA, QL (2 ea per day)
ZYKADIA TAB 150MG	Non Preferred	SP, PA, QL (3 ea per day)

ANTINEOPLASTICS MISC.

<i>bexarotene cap 75 mg</i> (generic of TARGRETIN)	Preferred	SP
HYDREA CAP 500MG	Non Preferred	PA
<i>hydroxyurea cap 500 mg</i> (generic of HYDREA)	Preferred	
MATULANE CAP 50MG	Preferred	
TARGRETIN CAP 75MG	Non Preferred	SP, PA
<i>tretinoin cap 10 mg</i>	Preferred	

CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

<i>leucovorin calcium tab 5 mg</i>	Preferred	
<i>leucovorin calcium tab 10 mg</i>	Preferred	
<i>leucovorin calcium tab 15 mg</i>	Preferred	
<i>leucovorin calcium tab 25 mg</i>	Preferred	
MESNEX TAB 400MG	Preferred	

MITOTIC INHIBITORS

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

HYCAMTIN CAP 0.25MG	Preferred	SP
HYCAMTIN CAP 1MG	Preferred	SP

ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

ANTIPARKINSON ADJUNCTIVE THERAPY

<i>carbidopa tab 25 mg</i> (generic of LODOSYN)	Preferred	
LODOSYN TAB 25MG	Non Preferred	PA

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

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate tab 0.5 mg</i>	Preferred	QL (5 ea per day)
<i>benztropine mesylate tab 1 mg</i>	Preferred	QL (6 ea per day)
<i>benztropine mesylate tab 2 mg</i>	Preferred	QL (3 ea per day)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Preferred	
<i>trihexyphenidyl hcl tab 2 mg</i>	Preferred	QL (12 ea per day)
<i>trihexyphenidyl hcl tab 5 mg</i>	Preferred	QL (3 ea per day)

ANTIPARKINSON COMT INHIBITORS

COMTAN TAB 200MG	Non Preferred	PA, QL (8 ea per day)
<i>entacapone tab 200 mg (generic of COMTAN)</i>	Preferred	QL (8 ea per day)
ONGENTYS CAP 25MG	Non Preferred	PA
ONGENTYS CAP 50MG	Non Preferred	PA
TASMAR TAB 100MG	Non Preferred	PA
<i>tolcapone tab 100 mg (generic of TASMAR)</i>	Non Preferred	PA

ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl cap 100 mg</i>	Preferred	QL (4 ea per day)
<i>amantadine hcl syrup 50 mg/5ml</i>	Preferred	QL (40 mL per day)
<i>amantadine hcl tab 100 mg</i>	Preferred	
APOKYN INJ 10MG/ML	Non Preferred	SP, PA
<i>bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)</i>	Preferred	QL (6 ea per day)
<i>bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)</i>	Preferred	QL (6 ea per day)
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Non Preferred	PA
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Non Preferred	PA
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Non Preferred	PA
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	Preferred	QL (8 ea per day)
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	Preferred	QL (12 ea per day)
<i>carbidopa & levodopa tab 25-250 mg (generic of SINEMET)</i>	Preferred	QL (8 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab er 25-100 mg</i>	Preferred	QL (4 ea per day)
<i>carbidopa & levodopa tab er 50-200 mg</i>	Preferred	QL (8 ea per day)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Non Preferred	PA, QL (8 ea per day)
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (generic of STALEVO 75)</i>	Non Preferred	PA, QL (8 ea per day)
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)</i>	Non Preferred	PA, QL (8 ea per day)
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (generic of STALEVO 125)</i>	Non Preferred	PA, QL (8 ea per day)
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)</i>	Non Preferred	PA, QL (8 ea per day)
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Non Preferred	PA, QL (6 ea per day)
GOCOVRI CAP 68.5MG	Non Preferred	PA
GOCOVRI CAP 137MG	Non Preferred	PA
INBRIJA CAP 42MG	Non Preferred	PA
KYNMOBI MIS 10MG	Non Preferred	SP, PA
KYNMOBI MIS 15MG	Non Preferred	SP, PA
KYNMOBI MIS 20MG	Non Preferred	SP, PA
KYNMOBI MIS 25MG	Non Preferred	SP, PA
KYNMOBI MIS 30MG	Non Preferred	SP, PA
MIRAPEX ER TAB 0.75MG	Non Preferred	PA
MIRAPEX ER TAB 0.375MG	Non Preferred	PA
MIRAPEX ER TAB 1.5MG	Non Preferred	PA
MIRAPEX ER TAB 2.25MG	Non Preferred	PA
MIRAPEX ER TAB 3.75MG	Non Preferred	PA
MIRAPEX ER TAB 3MG	Non Preferred	PA
MIRAPEX ER TAB 4.5MG	Non Preferred	PA
NEUPRO DIS 1MG/24HR	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
NEUPRO DIS 2MG/24HR	Non Preferred	PA
NEUPRO DIS 3MG/24HR	Non Preferred	PA
NEUPRO DIS 4MG/24HR	Non Preferred	PA
NEUPRO DIS 6MG/24HR	Non Preferred	PA
NEUPRO DIS 8MG/24HR	Non Preferred	PA
OSMOLEX ER TAB	Non Preferred	PA
OSMOLEX ER TAB 129MG	Non Preferred	PA
OSMOLEX ER TAB 193MG	Non Preferred	PA
OSMOLEX ER TAB 258MG	Non Preferred	PA
PARLODEL CAP 5MG	Non Preferred	PA, QL (6 ea per day)
PARLODEL TAB 2.5MG	Non Preferred	PA, QL (6 ea per day)
<i>pramipexole dihydrochloride tab 0.5 mg (generic of MIRAPEX)</i>	Preferred	QL (3 ea per day)
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Preferred	QL (3 ea per day)
<i>pramipexole dihydrochloride tab 0.75 mg (generic of MIRAPEX)</i>	Preferred	QL (6 ea per day)
<i>pramipexole dihydrochloride tab 0.125 mg (generic of MIRAPEX)</i>	Preferred	QL (3 ea per day)
<i>pramipexole dihydrochloride tab 1 mg (generic of MIRAPEX)</i>	Preferred	QL (3 ea per day)
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Preferred	QL (3 ea per day)
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg (generic of MIRAPEX ER)</i>	Non Preferred	PA
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg (generic of MIRAPEX ER)</i>	Non Preferred	PA
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg (generic of MIRAPEX ER)</i>	Non Preferred	PA
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg (generic of MIRAPEX ER)</i>	Non Preferred	PA
<i>pramipexole dihydrochloride tab er 24hr 3 mg (generic of MIRAPEX ER)</i>	Non Preferred	PA
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg (generic of MIRAPEX ER)</i>	Non Preferred	PA
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg (generic of MIRAPEX ER)</i>	Non Preferred	PA
<i>ropinirole hydrochloride tab 0.5 mg</i>	Preferred	QL (6 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab 0.25 mg</i>	Preferred	QL (12 ea per day)
<i>ropinirole hydrochloride tab 1 mg</i>	Preferred	QL (12 ea per day)
<i>ropinirole hydrochloride tab 2 mg</i>	Preferred	QL (12 ea per day)
<i>ropinirole hydrochloride tab 3 mg</i>	Preferred	QL (12 ea per day)
<i>ropinirole hydrochloride tab 4 mg</i>	Preferred	QL (12 ea per day)
<i>ropinirole hydrochloride tab 5 mg</i>	Preferred	QL (12 ea per day)
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	Non Preferred	PA
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	Non Preferred	PA
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	Non Preferred	PA
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	Non Preferred	PA
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	Non Preferred	PA
RYTARY CAP 95MG	Non Preferred	PA
RYTARY CAP 145MG	Non Preferred	PA
RYTARY CAP 195MG	Non Preferred	PA
RYTARY CAP 245MG	Non Preferred	PA
SINEMET TAB 10-100MG	Non Preferred	PA, QL (8 ea per day)
SINEMET TAB 25-100MG	Non Preferred	PA, QL (12 ea per day)
SINEMET TAB 25-250MG	Non Preferred	PA, QL (8 ea per day)
STALEVO 50 TAB	Non Preferred	PA, QL (8 ea per day)
STALEVO 75 TAB	Non Preferred	PA, QL (8 ea per day)
STALEVO 100 TAB	Non Preferred	PA, QL (8 ea per day)
STALEVO 125 TAB	Non Preferred	PA, QL (8 ea per day)
STALEVO 150 TAB	Non Preferred	PA, QL (8 ea per day)
STALEVO 200 TAB	Non Preferred	PA, QL (6 ea per day)
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	Non Preferred	PA
AZILECT TAB 1MG	Non Preferred	PA

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

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES

ANTIMANIC AGENTS

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

ANTIPSYCHOTICS - MISC.

CAPLYTA CAP 42MG	Non Preferred	PA; AGE (Min age 8 years)
EQUETRO CAP 100MG	Non Preferred	PA; AGE (Min age 8 years)
EQUETRO CAP 200MG	Non Preferred	PA; AGE (Min age 8 years)
EQUETRO CAP 300MG	Non Preferred	PA; AGE (Min age 8 years)
GEODON CAP 20MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
GEODON CAP 40MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
GEODON CAP 60MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
GEODON CAP 80MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
GEODON INJ 20MG	Non Preferred	PA; AGE (Min age 8 years)
LATUDA TAB 20MG	Non Preferred	PA; AGE (Min age 8 years)

Drug Name	Drug Tier	Requirements/Limits
LATUDA TAB 40MG	Non Preferred	PA; AGE (Min age 8 years)
LATUDA TAB 60MG	Non Preferred	PA; AGE (Min age 8 years)
LATUDA TAB 80MG	Non Preferred	PA; AGE (Min age 8 years)
LATUDA TAB 120MG	Non Preferred	PA; AGE (Min age 8 years)
NUPLAZID CAP 34MG	Non Preferred	SP, PA; AGE (Min age 8 years)
NUPLAZID TAB 10MG	Non Preferred	SP, PA; AGE (Min age 8 years)
VRAYLAR CAP 1.5-3MG	Non Preferred	PA; AGE (Min age 8 years)
VRAYLAR CAP 1.5MG	Non Preferred	PA; AGE (Min age 8 years)
VRAYLAR CAP 3MG	Non Preferred	PA; AGE (Min age 8 years)
VRAYLAR CAP 4.5MG	Non Preferred	PA; AGE (Min age 8 years)
VRAYLAR CAP 6MG	Non Preferred	PA; AGE (Min age 8 years)
<i>ziprasidone hcl cap 20 mg (generic of GEODON)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>ziprasidone hcl cap 40 mg (generic of GEODON)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>ziprasidone hcl cap 60 mg (generic of GEODON)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>ziprasidone hcl cap 80 mg (generic of GEODON)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>ziprasidone mesylate for inj 20 mg (base equivalent) (generic of GEODON)</i>	Non Preferred	PA; AGE (Min age 8 years)
BENZISOXAZOLES		
FANAPT PAK	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 1MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 2MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 4MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 6MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 8MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 10MG	Non Preferred	PA; AGE (Min age 8 years)

Drug Name	Drug Tier	Requirements/Limits
FANAPT TAB 12MG	Non Preferred	PA; AGE (Min age 8 years)
INVEGA SUST INJ 39/0.25	Preferred	PA; AGE (Min age 8 years)
INVEGA SUST INJ 78/0.5ML	Preferred	PA; AGE (Min age 8 years)
INVEGA SUST INJ 117/0.75	Preferred	PA; AGE (Min age 8 years)
INVEGA SUST INJ 156MG/ML	Preferred	PA; AGE (Min age 8 years)
INVEGA SUST INJ 234/1.5	Preferred	PA; AGE (Min age 8 years)
INVEGA TAB 1.5MG	Non Preferred	PA; AGE (Min age 8 years)
INVEGA TAB 3MG	Non Preferred	PA; AGE (Min age 8 years)
INVEGA TAB 6MG	Non Preferred	PA; AGE (Min age 8 years)
INVEGA TAB 9MG	Non Preferred	PA; AGE (Min age 8 years)
INVEGA TRINZ INJ 273MG	Preferred	PA; AGE (Min age 8 years)
INVEGA TRINZ INJ 410MG	Preferred	PA; AGE (Min age 8 years)
INVEGA TRINZ INJ 546MG	Preferred	PA; AGE (Min age 8 years)
INVEGA TRINZ INJ 819MG	Preferred	PA; AGE (Min age 8 years)
<i>paliperidone tab er 24hr 1.5 mg (generic of INVEGA)</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>paliperidone tab er 24hr 3 mg (generic of INVEGA)</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>paliperidone tab er 24hr 6 mg (generic of INVEGA)</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>paliperidone tab er 24hr 9 mg (generic of INVEGA)</i>	Non Preferred	PA; AGE (Min age 8 years)
PERSERIS INJ 90MG	Non Preferred	PA; AGE (Min age 8 years)
PERSERIS INJ 120MG	Non Preferred	PA; AGE (Min age 8 years)
RISPERDAL INJ 12.5MG	Non Preferred	PA; AGE (Min age 8 years)
RISPERDAL INJ 25MG	Non Preferred	PA; AGE (Min age 8 years)
RISPERDAL INJ 37.5MG	Non Preferred	PA; AGE (Min age 8 years)
RISPERDAL INJ 50MG	Non Preferred	PA; AGE (Min age 8 years)

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL SOL 1MG/ML	Non Preferred	PA, QL (16 mL per day); AGE (Min age 8 years)
RISPERDAL TAB 0.5MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
RISPERDAL TAB 1MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
RISPERDAL TAB 2MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
RISPERDAL TAB 3MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
RISPERDAL TAB 4MG	Non Preferred	PA, QL (4 ea per day); AGE (Min age 8 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone orally disintegrating tab 1 mg</i>	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone orally disintegrating tab 2 mg</i>	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone orally disintegrating tab 3 mg</i>	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone orally disintegrating tab 4 mg</i>	Non Preferred	PA, QL (4 ea per day); AGE (Min age 8 years)
<i>risperidone soln 1 mg/ml (generic of RISPERDAL)</i>	Preferred	QL (16 mL per day); AGE (Min age 8 years)
<i>risperidone tab 0.5 mg (generic of RISPERDAL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone tab 0.25 mg</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone tab 1 mg (generic of RISPERDAL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone tab 2 mg (generic of RISPERDAL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone tab 3 mg (generic of RISPERDAL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone tab 4 mg (generic of RISPERDAL)</i>	Preferred	QL (4 ea per day); AGE (Min age 8 years)
BUTYROPHENONES		
<i>haloperidol decanoate im soln 50 mg/ml (generic of HALDOL DECANOATE 50)</i>	Preferred	AGE (Min age 6 years)
<i>haloperidol decanoate im soln 100 mg/ml (generic of HALDOL DECANOATE 100)</i>	Preferred	AGE (Min age 6 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	Preferred	
<i>haloperidol tab 0.5 mg</i>	Preferred	QL (6 ea per day)
<i>haloperidol tab 1 mg</i>	Preferred	QL (5 ea per day)
<i>haloperidol tab 2 mg</i>	Preferred	QL (5 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tab 5 mg</i>	Preferred	QL (5 ea per day)
<i>haloperidol tab 10 mg</i>	Preferred	QL (5 ea per day)
<i>haloperidol tab 20 mg</i>	Preferred	QL (5 ea per day)

DIBENZAPINES

ADASUVE INH 10MG	Non Preferred	PA; AGE (Min age 8 years)
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>clozapine orally disintegrating tab 12.5 mg</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>clozapine orally disintegrating tab 25 mg</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>clozapine orally disintegrating tab 100 mg</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>clozapine orally disintegrating tab 150 mg</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>clozapine orally disintegrating tab 200 mg</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>clozapine tab 25 mg (generic of CLOZARIL)</i>	Preferred	AGE (Min age 8 years)
<i>clozapine tab 50 mg (generic of CLOZARIL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>clozapine tab 100 mg (generic of CLOZARIL)</i>	Preferred	AGE (Min age 8 years)
<i>clozapine tab 200 mg (generic of CLOZARIL)</i>	Preferred	AGE (Min age 8 years)
CLOZARIL TAB 25MG	Non Preferred	PA; AGE (Min age 8 years)
CLOZARIL TAB 50MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
CLOZARIL TAB 100MG	Non Preferred	PA; AGE (Min age 8 years)
CLOZARIL TAB 200MG	Non Preferred	PA; AGE (Min age 8 years)
<i>loxapine succinate cap 5 mg</i>	Preferred	QL (15 ea per day); AGE (Min age 8 years)
<i>loxapine succinate cap 10 mg</i>	Preferred	QL (15 ea per day); AGE (Min age 8 years)
<i>loxapine succinate cap 25 mg</i>	Preferred	QL (6 ea per day); AGE (Min age 8 years)
<i>loxapine succinate cap 50 mg</i>	Preferred	QL (15 ea per day); AGE (Min age 8 years)
<i>olanzapine for im inj 10 mg (generic of ZYPREXA)</i>	Non Preferred	PA; AGE (Min age 8 years)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine orally disintegrating tab 5 mg (generic of ZYPREXA ZYDIS)</i>	Preferred	AGE (Min age 8 years)
<i>olanzapine orally disintegrating tab 10 mg (generic of ZYPREXA ZYDIS)</i>	Preferred	AGE (Min age 8 years)
<i>olanzapine orally disintegrating tab 15 mg (generic of ZYPREXA ZYDIS)</i>	Preferred	AGE (Min age 8 years)
<i>olanzapine orally disintegrating tab 20 mg (generic of ZYPREXA ZYDIS)</i>	Preferred	AGE (Min age 8 years)
<i>olanzapine tab 2.5 mg (generic of ZYPREXA)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>olanzapine tab 5 mg (generic of ZYPREXA)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>olanzapine tab 7.5 mg (generic of ZYPREXA)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>olanzapine tab 10 mg (generic of ZYPREXA)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>olanzapine tab 15 mg (generic of ZYPREXA)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>olanzapine tab 20 mg (generic of ZYPREXA)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab 25 mg (generic of SEROQUEL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab 50 mg (generic of SEROQUEL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab 100 mg (generic of SEROQUEL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab 200 mg (generic of SEROQUEL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab 300 mg (generic of SEROQUEL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab 400 mg (generic of SEROQUEL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab er 24hr 50 mg (generic of SEROQUEL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab er 24hr 150 mg (generic of SEROQUEL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab er 24hr 200 mg (generic of SEROQUEL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab er 24hr 300 mg (generic of SEROQUEL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab er 24hr 400 mg (generic of SEROQUEL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
SAPHRIS SUB 2.5MG	Non Preferred	PA; AGE (Min age 8 years)
SAPHRIS SUB 5MG	Non Preferred	PA; AGE (Min age 8 years)
SAPHRIS SUB 10MG	Non Preferred	PA; AGE (Min age 8 years)

Drug Name	Drug Tier	Requirements/Limits
SECUADO DIS 3.8MG	Non Preferred	PA; AGE (Min age 8 years)
SECUADO DIS 5.7MG	Non Preferred	PA; AGE (Min age 8 years)
SECUADO DIS 7.6MG	Non Preferred	PA; AGE (Min age 8 years)
SEROQUEL TAB 25MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
SEROQUEL TAB 50MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
SEROQUEL TAB 100MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
SEROQUEL TAB 200MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
SEROQUEL TAB 300MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
SEROQUEL TAB 400MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
SEROQUEL XR TAB 50MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
SEROQUEL XR TAB 150MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
SEROQUEL XR TAB 200MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
SEROQUEL XR TAB 300MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
SEROQUEL XR TAB 400MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
VERSACLOZ SUS 50MG/ML	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA INJ 10MG	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA RELP INJ 210MG	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA RELP INJ 300MG	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA RELP INJ 405MG	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA TAB 2.5MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ZYPREXA TAB 5MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ZYPREXA TAB 7.5MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ZYPREXA TAB 10MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ZYPREXA TAB 15MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)

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

DIHYDROINDOLONES

<i>molindone hcl tab 5 mg</i>	Non Preferred	PA
<i>molindone hcl tab 10 mg</i>	Non Preferred	PA
<i>molindone hcl tab 25 mg</i>	Non Preferred	PA

PHENOTHIAZINES

<i>chlorpromazine hcl tab 10 mg</i>	Preferred	QL (12 ea per day)
<i>chlorpromazine hcl tab 25 mg</i>	Preferred	QL (12 ea per day)
<i>chlorpromazine hcl tab 50 mg</i>	Preferred	QL (12 ea per day)
<i>chlorpromazine hcl tab 100 mg</i>	Preferred	QL (12 ea per day)
<i>chlorpromazine hcl tab 200 mg</i>	Preferred	QL (12 ea per day)
<i>compro sup 25mg</i>	Preferred	QL (12 ea per day)
<i>fluphenazine decanoate inj 25 mg/ml</i>	Preferred	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Preferred	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Preferred	
<i>fluphenazine hcl tab 1 mg</i>	Preferred	QL (4 ea per day)
<i>fluphenazine hcl tab 2.5 mg</i>	Preferred	QL (4 ea per day)
<i>fluphenazine hcl tab 5 mg</i>	Preferred	QL (4 ea per day)
<i>fluphenazine hcl tab 10 mg</i>	Preferred	QL (4 ea per day)
<i>perphenazine tab 2 mg</i>	Preferred	QL (3 ea per day)
<i>perphenazine tab 4 mg</i>	Preferred	QL (3 ea per day)
<i>perphenazine tab 8 mg</i>	Preferred	QL (3 ea per day)
<i>perphenazine tab 16 mg</i>	Preferred	QL (3 ea per day)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Preferred	QL (10 ea per day)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Preferred	QL (8 ea per day)
<i>prochlorperazine suppos 25 mg</i>	Preferred	QL (12 ea per day)
<i>thioridazine hcl tab 10 mg</i>	Preferred	QL (3 ea per day)
<i>thioridazine hcl tab 25 mg</i>	Preferred	QL (3 ea per day)
<i>thioridazine hcl tab 50 mg</i>	Preferred	QL (3 ea per day)
<i>thioridazine hcl tab 100 mg</i>	Preferred	QL (3 ea per day)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Preferred	QL (6 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Preferred	QL (6 ea per day)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Preferred	QL (6 ea per day)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Preferred	QL (4 ea per day)

QUINOLINONE DERIVATIVES

ABILIFY MAIN INJ 300MG	Preferred	PA; AGE (Min age 8 years)
ABILIFY MAIN INJ 400MG	Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 2MG	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 5MG	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 10MG	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 15MG	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 20MG	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 30MG	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY TAB 2MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ABILIFY TAB 5MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ABILIFY TAB 10MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ABILIFY TAB 15MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ABILIFY TAB 20MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ABILIFY TAB 30MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
<i>aripiprazole oral solution 1 mg/ml</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>aripiprazole orally disintegrating tab 10 mg</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
<i>aripiprazole orally disintegrating tab 15 mg</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
<i>aripiprazole tab 2 mg (generic of ABILIFY)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>aripiprazole tab 5 mg (generic of ABILIFY)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>aripiprazole tab 10 mg (generic of ABILIFY)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)

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

THIOXANTHENES

<i>thiothixene cap 1 mg</i>	Preferred	QL (6 ea per day)
<i>thiothixene cap 2 mg</i>	Preferred	QL (6 ea per day)
<i>thiothixene cap 5 mg</i>	Preferred	QL (6 ea per day)
<i>thiothixene cap 10 mg</i>	Preferred	QL (6 ea per day)

ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT

CHLORINE ANTISEPTICS

<i>betasept liq 4%</i>	Preferred	OTC
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IODINE ANTISEPTICS

<i>povidone-iodine swabs 10%</i>	Preferred	OTC
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ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i> (generic of ZIAGEN)	Preferred	QL (30 mL per day)
<i>abacavir sulfate tab 300 mg (base equiv)</i> (generic of ZIAGEN)	Preferred	QL (2 ea per day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	Preferred	QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (generic of TRIZIVIR)</i>	Preferred	QL (2 ea per day)
APTIVUS CAP 250MG	Preferred	
APTIVUS SOL	Preferred	
<i>atazanavir sulfate cap 150 mg (base equiv) (generic of REYATAZ)</i>	Preferred	QL (2 ea per day)
<i>atazanavir sulfate cap 200 mg (base equiv) (generic of REYATAZ)</i>	Preferred	QL (2 ea per day)
<i>atazanavir sulfate cap 300 mg (base equiv) (generic of REYATAZ)</i>	Preferred	QL (1 ea per day)
ATRIPLA TAB	Preferred	
BIKTARVY TAB	Preferred	QL (1 ea per day)
CIMDUO TAB 300-300	Non Preferred	PA, QL (1 ea per day)
COMBIVIR TAB 150-300	Non Preferred	PA, QL (2 ea per day)
COMPLERA TAB	Preferred	QL (1 ea per day)
CRIXIVAN CAP 200MG	Preferred	
CRIXIVAN CAP 400MG	Preferred	
DELSTRIGO TAB	Preferred	
DESCOVY TAB 200/25MG	Preferred	QL (1 ea per day)
<i>didanosine delayed release capsule 250 mg</i>	Preferred	QL (1 ea per day)
<i>didanosine delayed release capsule 400 mg</i>	Preferred	QL (1 ea per day)
DOVATO TAB 50-300MG	Preferred	QL (1 ea per day)
EDURANT TAB 25MG	Preferred	QL (1 ea per day)
<i>efavirenz cap 50 mg (generic of SUSTIVA)</i>	Preferred	QL (12 ea per day)
<i>efavirenz cap 200 mg (generic of SUSTIVA)</i>	Preferred	QL (3 ea per day)
<i>efavirenz tab 600 mg (generic of SUSTIVA)</i>	Preferred	QL (1 ea per day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic of ATRIPLA)</i>	Preferred	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)</i>	Non Preferred	PA, QL (1 ea per day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)</i>	Non Preferred	PA, QL (1 ea per day)
<i>emtricitabine caps 200 mg (generic of EMTRIVA)</i>	Preferred	QL (1 ea per day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Preferred	QL (1 ea per day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Preferred	QL (1 ea per day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Preferred	QL (1 ea per day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)</i>	Preferred	QL (1 ea per day)
EMTRIVA CAP 200MG	Preferred	QL (1 ea per day)
EMTRIVA SOL 10MG/ML	Preferred	QL (20 mL per day)

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

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

Drug Name	Drug Tier	Requirements/Limits
SYMTUZA TAB	Non Preferred	PA
TEMIXYS TAB 300-300	Non Preferred	PA, QL (1 ea per day)
<i>tenofovir disoproxil fumarate tab 300 mg (generic of VIREAD)</i>	Preferred	QL (1 ea per day)
TIVICAY PD TAB 5MG	Preferred	
TIVICAY TAB 10MG	Preferred	
TIVICAY TAB 25MG	Preferred	
TIVICAY TAB 50MG	Preferred	QL (2 ea per day)
TRIUMEQ TAB	Preferred	QL (1 ea per day)
TRIZIVIR TAB	Non Preferred	PA, QL (2 ea per day)
TROGARZO INJ 150MG/ML	Preferred	PA
TRUVADA TAB 100-150	Preferred	QL (1 ea per day)
TRUVADA TAB 133-200	Preferred	QL (1 ea per day)
TRUVADA TAB 167-250	Preferred	QL (1 ea per day)
TRUVADA TAB 200-300	Preferred	QL (1 ea per day)
TYBOST TAB 150MG	Non Preferred	PA
VIRACEPT TAB 250MG	Preferred	QL (10 ea per day)
VIRACEPT TAB 625MG	Preferred	QL (4 ea per day)
VIRAMUNE SUS 50MG/5ML	Preferred	QL (40 mL per day)
VIRAMUNE XR TAB 400MG	Non Preferred	PA, QL (1 ea per day)
VIREAD POW 40MG/GM	Preferred	QL (7.5 gm per day)
VIREAD TAB 150MG	Preferred	QL (1 ea per day)
VIREAD TAB 200MG	Preferred	QL (1 ea per day)
VIREAD TAB 250MG	Preferred	QL (1 ea per day)
VIREAD TAB 300MG	Preferred	QL (1 ea per day)
ZIAGEN SOL 20MG/ML	Preferred	QL (30 mL per day)
ZIAGEN TAB 300MG	Non Preferred	PA, QL (2 ea per day)
<i>zidovudine cap 100 mg (generic of RETROVIR)</i>	Preferred	QL (6 ea per day)
<i>zidovudine syrup 10 mg/ml (generic of RETROVIR)</i>	Preferred	QL (60 mL per day)
<i>zidovudine tab 300 mg</i>	Preferred	QL (2 ea per day)
CMV AGENTS		
PREVYMIS TAB 240MG	Non Preferred	PA
PREVYMIS TAB 480MG	Non Preferred	PA
VALCYTE SOL 50MG/ML	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
VALCYTE TAB 450MG	Non Preferred	PA
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> (generic of VALCYTE)	Non Preferred	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i> (generic of VALCYTE)	Preferred	
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i> (generic of HEPSERA)	Non Preferred	PA, QL (1 ea per day)
BARACLUDE SOL	Non Preferred	PA, QL (30 mL per day)
BARACLUDE TAB 0.5MG	Non Preferred	PA, QL (1 ea per day)
BARACLUDE TAB 1MG	Non Preferred	PA, QL (1 ea per day)
<i>entecavir tab 0.5 mg</i> (generic of BARACLUDE)	Preferred	QL (1 ea per day)
<i>entecavir tab 1 mg</i> (generic of BARACLUDE)	Preferred	QL (1 ea per day)
EPCLUSA TAB 200-50MG	Non Preferred	PA
EPCLUSA TAB 400-100	Non Preferred	SP, PA, QL (1 ea per day)
EPIVIR HBV SOL 5MG/ML	Non Preferred	PA
EPIVIR HBV TAB 100MG	Non Preferred	PA, QL (3 ea per day)
HARVONI PAK	Non Preferred	PA
HARVONI PAK 45-200MG	Non Preferred	PA
HARVONI TAB 45-200MG	Non Preferred	PA
HARVONI TAB 90-400MG	Non Preferred	SP, PA, QL (1 ea per day)
HEPSERA TAB 10MG	Non Preferred	PA, QL (1 ea per day)
<i>lamivudine tab 100 mg (hbv)</i> (generic of EPIVIR HBV)	Non Preferred	PA, QL (3 ea per day)
LEDIP-SOFOSB TAB 90-400MG	Non Preferred	SP, PA, QL (1 ea per day)
MAVYRET TAB 100-40MG	Preferred	SP, PA
PEGASYS INJ	Non Preferred	SP, PA
PEGASYS INJ 180MCG/M	Non Preferred	SP, PA
PEGINTRON KIT 50MCG	Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin cap 200 mg</i>	Preferred	SP
<i>ribavirin tab 200 mg</i>	Preferred	SP
SOFOS/VELPAT TAB 400-100	Preferred	SP, PA, QL (1 ea per day)
SOVALDI PAK 150MG	Non Preferred	PA
SOVALDI PAK 200MG	Non Preferred	PA
SOVALDI TAB 200MG	Non Preferred	PA
SOVALDI TAB 400MG	Non Preferred	SP, PA, QL (1 ea per day)
VEMLIDY TAB 25MG	Non Preferred	PA
VIEKIRA PAK TAB	Non Preferred	SP, PA
VOSEVI TAB	Non Preferred	SP, PA, QL (1 ea per day)
ZEPATIER TAB 50-100MG	Non Preferred	SP, PA, QL (1 ea per day)

HERPES AGENTS

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

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv) (generic of TAMIFLU)</i>	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate cap 45 mg (base equiv) (generic of TAMIFLU)</i>	Preferred	
<i>oseltamivir phosphate cap 75 mg (base equiv) (generic of TAMIFLU)</i>	Preferred	
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv) (generic of TAMIFLU)</i>	Preferred	
RELENZA MIS DISKHALE	Preferred	
<i>rimantadine hydrochloride tab 100 mg</i>	Non Preferred	PA, QL (2 ea per day)
TAMIFLU CAP 30MG	Non Preferred	PA
TAMIFLU CAP 45MG	Non Preferred	PA
TAMIFLU CAP 75MG	Non Preferred	PA
TAMIFLU SUS 6MG/ML	Non Preferred	PA
XOFLUZA TAB 20MG	Non Preferred	PA
XOFLUZA TAB 40MG	Non Preferred	PA

RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS

<i>ribavirin for inhal soln 6 gm (generic of VIRAZOLE)</i>	Preferred	
VIRAZOLE INH 6GM	Non Preferred	PA

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

ALPHA-BETA BLOCKERS

<i>carvedilol phosphate cap er 24hr 10 mg (generic of COREG CR)</i>	Non Preferred	PA
<i>carvedilol phosphate cap er 24hr 20 mg (generic of COREG CR)</i>	Non Preferred	PA
<i>carvedilol phosphate cap er 24hr 40 mg (generic of COREG CR)</i>	Non Preferred	PA
<i>carvedilol phosphate cap er 24hr 80 mg (generic of COREG CR)</i>	Non Preferred	PA
<i>carvedilol tab 3.125 mg (generic of COREG)</i>	Preferred	QL (2 ea per day)
<i>carvedilol tab 6.25 mg (generic of COREG)</i>	Preferred	QL (2 ea per day)
<i>carvedilol tab 12.5 mg (generic of COREG)</i>	Preferred	QL (2 ea per day)
<i>carvedilol tab 25 mg (generic of COREG)</i>	Preferred	QL (2 ea per day)
COREG CR CAP 10MG	Non Preferred	PA
COREG CR CAP 20MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
COREG CR CAP 40MG	Non Preferred	PA
COREG CR CAP 80MG	Non Preferred	PA
COREG TAB 3.125MG	Non Preferred	PA, QL (2 ea per day)
COREG TAB 6.25MG	Non Preferred	PA, QL (2 ea per day)
COREG TAB 12.5MG	Non Preferred	PA, QL (2 ea per day)
COREG TAB 25MG	Non Preferred	PA, QL (2 ea per day)
<i>labetalol hcl tab 100 mg</i>	Preferred	QL (4 ea per day)
<i>labetalol hcl tab 200 mg</i>	Preferred	QL (4 ea per day)
<i>labetalol hcl tab 300 mg</i>	Preferred	QL (6 ea per day)
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	Preferred	QL (16 ea per day)
<i>acebutolol hcl cap 400 mg</i>	Preferred	QL (16 ea per day)
<i>atenolol tab 25 mg (generic of TENORMIN)</i>	Preferred	QL (2 ea per day)
<i>atenolol tab 50 mg (generic of TENORMIN)</i>	Preferred	QL (2 ea per day)
<i>atenolol tab 100 mg (generic of TENORMIN)</i>	Preferred	QL (2 ea per day)
<i>betaxolol hcl tab 10 mg</i>	Preferred	
<i>betaxolol hcl tab 20 mg</i>	Preferred	
<i>bisoprolol fumarate tab 5 mg</i>	Preferred	QL (2 ea per day)
<i>bisoprolol fumarate tab 10 mg</i>	Preferred	QL (2 ea per day)
BYSTOLIC TAB 2.5MG	Non Preferred	PA
BYSTOLIC TAB 5MG	Non Preferred	PA
BYSTOLIC TAB 10MG	Non Preferred	PA
BYSTOLIC TAB 20MG	Non Preferred	PA
FIRST - METO SOL 10MG/ML	Non Preferred	PA
FIRST-ATENOL SOL 2MG/ML	Non Preferred	PA
FIRST-ATENOL SOL 10MG/ML	Non Preferred	PA
KAPSPARGO CAP 25MG	Non Preferred	PA
KAPSPARGO CAP 50MG	Non Preferred	PA
KAPSPARGO CAP 100MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
KAPSPARGO CAP 200MG	Non Preferred	PA
LOPRESSOR TAB 50MG	Non Preferred	PA, QL (3 ea per day)
LOPRESSOR TAB 100MG	Non Preferred	PA, QL (3 ea per day)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)</i>	Preferred	QL (3 ea per day)
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)</i>	Preferred	QL (4 ea per day)
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)</i>	Preferred	QL (3 ea per day)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)</i>	Preferred	QL (2 ea per day)
<i>metoprolol tartrate tab 25 mg</i>	Preferred	QL (3 ea per day)
<i>metoprolol tartrate tab 37.5 mg</i>	Preferred	
<i>metoprolol tartrate tab 50 mg (generic of LOPRESSOR)</i>	Preferred	QL (3 ea per day)
<i>metoprolol tartrate tab 75 mg</i>	Preferred	
<i>metoprolol tartrate tab 100 mg (generic of LOPRESSOR)</i>	Preferred	QL (3 ea per day)
TENORMIN TAB 25MG	Non Preferred	PA, QL (2 ea per day)
TENORMIN TAB 50MG	Non Preferred	PA, QL (2 ea per day)
TENORMIN TAB 100MG	Non Preferred	PA, QL (2 ea per day)
TOPROL XL TAB 25MG	Non Preferred	PA, QL (3 ea per day)
TOPROL XL TAB 50MG	Non Preferred	PA, QL (4 ea per day)
TOPROL XL TAB 100MG	Non Preferred	PA, QL (3 ea per day)
TOPROL XL TAB 200MG	Non Preferred	PA, QL (2 ea per day)
<i>BETA BLOCKERS NON-SELECTIVE</i>		
BETAPACE AF TAB 80MG	Non Preferred	PA, QL (2 ea per day)
BETAPACE AF TAB 120MG	Non Preferred	PA, QL (2 ea per day)
BETAPACE AF TAB 160MG	Non Preferred	PA, QL (2 ea per day)
BETAPACE TAB 80MG	Non Preferred	PA, QL (2 ea per day)
BETAPACE TAB 120MG	Non Preferred	PA, QL (2 ea per day)

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
SULAR TAB 8.5MG	Non Preferred	PA
SULAR TAB 17MG	Non Preferred	PA
SULAR TAB 34MG	Non Preferred	PA
<i>taztia xt cap 120mg/24</i> (generic of TIAZAC)	Preferred	QL (2 ea per day)
<i>taztia xt cap 180mg/24</i> (generic of TIAZAC)	Preferred	QL (2 ea per day)
<i>taztia xt cap 240mg/24</i> (generic of TIAZAC)	Preferred	QL (2 ea per day)
<i>taztia xt cap 300mg er</i> (generic of TIAZAC)	Preferred	QL (2 ea per day)
<i>taztia xt cap 360mg/24</i> (generic of TIAZAC)	Preferred	QL (2 ea per day)
<i>tiadylt cap 120mg/24</i> (generic of TIAZAC)	Preferred	QL (2 ea per day)
<i>tiadylt cap 180mg/24</i> (generic of TIAZAC)	Preferred	QL (2 ea per day)
<i>tiadylt cap 240mg/24</i> (generic of TIAZAC)	Preferred	QL (2 ea per day)
<i>tiadylt cap 300mg/24</i> (generic of TIAZAC)	Preferred	QL (2 ea per day)
<i>tiadylt cap 360mg/24</i> (generic of TIAZAC)	Preferred	QL (2 ea per day)
<i>tiadylt cap 420mg/24</i> (generic of TIAZAC)	Preferred	QL (1 ea per day)
TIAZAC CAP 120MG/24	Non Preferred	PA, QL (2 ea per day)
TIAZAC CAP 180MG/24	Non Preferred	PA, QL (2 ea per day)
TIAZAC CAP 240MG/24	Non Preferred	PA, QL (2 ea per day)
TIAZAC CAP 300MG/24	Non Preferred	PA, QL (2 ea per day)
TIAZAC CAP 360MG/24	Non Preferred	PA, QL (2 ea per day)
TIAZAC CAP 420MG/24	Non Preferred	PA, QL (1 ea per day)
<i>verapamil hcl cap er 24hr 100 mg</i> (generic of VERELAN PM)	Preferred	
<i>verapamil hcl cap er 24hr 120 mg</i> (generic of VERELAN)	Preferred	
<i>verapamil hcl cap er 24hr 180 mg</i> (generic of VERELAN)	Preferred	
<i>verapamil hcl cap er 24hr 200 mg</i> (generic of VERELAN PM)	Preferred	
<i>verapamil hcl cap er 24hr 240 mg</i> (generic of VERELAN)	Preferred	
<i>verapamil hcl cap er 24hr 300 mg</i>	Preferred	
<i>verapamil hcl cap er 24hr 360 mg</i>	Preferred	
<i>verapamil hcl tab 40 mg</i>	Preferred	QL (4 ea per day)
<i>verapamil hcl tab 80 mg</i>	Preferred	QL (4 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl tab 120 mg</i>	Preferred	QL (3 ea per day)
<i>verapamil hcl tab er 120 mg</i> (generic of CALAN SR)	Preferred	QL (3 ea per day)
<i>verapamil hcl tab er 180 mg</i>	Preferred	QL (2 ea per day)
<i>verapamil hcl tab er 240 mg</i> (generic of CALAN SR)	Preferred	QL (3 ea per day)
VERELAN CAP 120MG SR	Non Preferred	PA
VERELAN CAP 180MG SR	Non Preferred	PA
VERELAN CAP 240MG SR	Non Preferred	PA
VERELAN CAP 360MG SR	Non Preferred	PA
VERELAN PM CAP 100MG ER	Non Preferred	PA
VERELAN PM CAP 200MG ER	Non Preferred	PA
VERELAN PM CAP 300MG ER	Non Preferred	PA

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	Preferred	
<i>digoxin tab 125 mcg (0.125 mg)</i> (generic of DIGOXIN TAB 125 MCG (0.125 MG))	Preferred	QL (1 ea per day)
<i>digoxin tab 250 mcg (0.25 mg)</i> (generic of DIGOXIN TAB 250 MCG (0.25 MG))	Preferred	QL (1 ea per day)

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

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	Non Preferred	PA
BIDIL TAB	Preferred	
CADUET TAB 5-10MG	Non Preferred	PA
CADUET TAB 5-20MG	Non Preferred	PA
CADUET TAB 5-40MG	Non Preferred	PA
CADUET TAB 5-80MG	Non Preferred	PA
CADUET TAB 10-10MG	Non Preferred	PA
CADUET TAB 10-20MG	Non Preferred	PA
CADUET TAB 10-40MG	Non Preferred	PA
CADUET TAB 10-80MG	Non Preferred	PA
ENTRESTO TAB 24-26MG	Non Preferred	PA
ENTRESTO TAB 49-51MG	Non Preferred	PA
ENTRESTO TAB 97-103MG	Non Preferred	PA
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium for inj 0.5 mg (generic of FLOLAN)</i>	Preferred	SP, PA
<i>epoprostenol sodium for inj 1.5 mg (generic of FLOLAN)</i>	Preferred	SP, PA
FLOLAN INJ 0.5MG	Preferred	SP, PA
FLOLAN INJ 1.5MG	Preferred	SP, PA
ORENITRAM TAB 0.25MG	Non Preferred	SP, PA
ORENITRAM TAB 0.125MG	Non Preferred	SP, PA
ORENITRAM TAB 1MG	Non Preferred	SP, PA
ORENITRAM TAB 2.5MG	Non Preferred	SP, PA
ORENITRAM TAB 5MG	Non Preferred	SP, PA

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

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg (generic of LETAIRIS)</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>ambrisentan tab 10 mg (generic of LETAIRIS)</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>bosentan tab 62.5 mg (generic of TRACLEER)</i>	Non Preferred	SP, PA, QL (2 ea per day)
<i>bosentan tab 125 mg (generic of TRACLEER)</i>	Non Preferred	SP, PA, QL (2 ea per day)
LETAIRIS TAB 5MG	Preferred	SP, PA, QL (1 ea per day)
LETAIRIS TAB 10MG	Preferred	SP, PA, QL (1 ea per day)
OPSUMIT TAB 10MG	Non Preferred	SP, PA, QL (1 ea per day)
TRACLEER TAB 32MG	Preferred	SP, PA

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

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

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

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

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

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TAB 0.5MG	Non Preferred	SP, PA
ADEMPAS TAB 1.5MG	Non Preferred	SP, PA
ADEMPAS TAB 1MG	Non Preferred	SP, PA

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

SINUS NODE INHIBITORS

CORLANOR SOL 5MG/5ML	Non Preferred	PA
CORLANOR TAB 5MG	Non Preferred	PA
CORLANOR TAB 7.5MG	Non Preferred	PA

TRANSTHYRETIN STABILIZERS

VYNDAMAX CAP 61MG	Non Preferred	PA
VYNDAQEL CAP 20MG	Non Preferred	SP, PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil cap 500 mg</i>	Preferred	
<i>cefadroxil for susp 250 mg/5ml</i>	Preferred	
<i>cefadroxil for susp 500 mg/5ml</i>	Preferred	
<i>cefadroxil tab 1 gm</i>	Preferred	
<i>cefazolin sodium for inj 1 gm</i>	Preferred	
<i>cefazolin sodium for inj 10 gm</i>	Preferred	
<i>cephalexin cap 250 mg</i>	Preferred	QL (6 ea per day)
<i>cephalexin cap 500 mg</i>	Preferred	QL (6 ea per day)
<i>cephalexin cap 750 mg (generic of KEFLEX)</i>	Preferred	
<i>cephalexin for susp 125 mg/5ml</i>	Preferred	
<i>cephalexin for susp 250 mg/5ml</i>	Preferred	
<i>cephalexin tab 250 mg</i>	Preferred	
<i>cephalexin tab 500 mg</i>	Preferred	
KEFLEX CAP 750MG	Non Preferred	PA

CEPHALOSPORINS - 2ND GENERATION

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil tab 250 mg</i>	Non Preferred	PA
<i>cefprozil tab 500 mg</i>	Non Preferred	PA
<i>cefuroxime axetil tab 250 mg</i>	Preferred	QL (2 ea per day)
<i>cefuroxime axetil tab 500 mg</i>	Preferred	QL (2 ea per day)

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir cap 300 mg</i>	Preferred	QL (2 ea per day)
<i>cefdinir for susp 125 mg/5ml</i>	Preferred	
<i>cefdinir for susp 250 mg/5ml</i>	Preferred	
<i>cefixime cap 400 mg (generic of SUPRAX)</i>	Preferred	
<i>cefixime for susp 100 mg/5ml (generic of SUPRAX)</i>	Non Preferred	PA
<i>cefixime for susp 200 mg/5ml (generic of SUPRAX)</i>	Non Preferred	PA
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Non Preferred	PA
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Non Preferred	PA
<i>cefpodoxime proxetil tab 100 mg</i>	Non Preferred	PA
<i>cefpodoxime proxetil tab 200 mg</i>	Non Preferred	PA
<i>ceftazidime for inj 2 gm</i>	Preferred	
<i>ceftriaxone sodium for inj 1 gm</i>	Preferred	
<i>ceftriaxone sodium for inj 2 gm</i>	Preferred	
<i>ceftriaxone sodium for inj 10 gm</i>	Preferred	
<i>ceftriaxone sodium for inj 250 mg</i>	Preferred	
<i>ceftriaxone sodium for inj 500 mg</i>	Preferred	
<i>ceftriaxone sodium for iv soln 1 gm</i>	Preferred	
<i>ceftriaxone sodium for iv soln 2 gm</i>	Preferred	
SUPRAX CAP 400MG	Preferred	
SUPRAX CHW 100MG	Non Preferred	PA
SUPRAX CHW 200MG	Non Preferred	PA
SUPRAX SUS 100/5ML	Non Preferred	PA
SUPRAX SUS 200/5ML	Non Preferred	PA
SUPRAX SUS 500/5ML	Non Preferred	PA
<i>tazicef inj 2gm</i>	Preferred	

CEPHALOSPORINS - 4TH GENERATION

<i>cefepime hcl for inj 1 gm</i>	Preferred	
<i>cefepime hcl for inj 2 gm</i>	Preferred	

Drug Name Drug Tier Requirements/Limits
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING

LIQUIDS

BENZYL BENZO LIQ	Preferred	AGE (Min age 16 years and Max age 60 years)
BENZYL BENZO LIQ	Preferred	OTC; AGE (Min age 16 years and Max age 60 years)
SESAME OIL	Preferred	
SESAME OIL	Preferred	OTC

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

COMBINATION CONTRACEPTIVES - ORAL

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>camrese tab</i> (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>caziant pak</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>charlotte 24 chw fe 1/20</i> (generic of MINASTRIN 24 FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>chateal eq tab 0.15/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>chateal tab 0.15/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>cryselle-28 tab 28 tabs</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>cyclafem tab 1/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>cyclafem tab 7/7/7</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>cyred eq tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>cyred tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>dasetta tab 1/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>dasetta tab 7/7/7</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>daysee tab</i> (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (generic of BEYAZ)	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (generic of SAFYRAL)	Preferred	AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>elinest tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>emoquette tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>enpresse-28 tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>enskyce tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>estarylla tab 0.25-35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
ESTROSTEP FE TAB	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
FALESSA KIT	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>falmina tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>fayosim tab (generic of QUARTETTE)</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>femynor tab 0.25-35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>gemmily cap 1/20 (generic of TAYTULLA)</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
GENERESS FE CHW	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>gianvi tab 3-0.02mg (generic of YAZ)</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>hailey 24 tab fe</i>	Preferred	AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
<i>hailey fe tab 1.5/30</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>hailey fe tab 1/20</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>hailey tab 1.5/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>iclevia tab</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>introvale tab</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>isibloom tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>jaimiess tab</i> (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>jasmiel tab 3-0.02mg</i> (generic of YAZ)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>jolessa tab</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>juleber tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>junel 1.5/30 tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>junel 1/20 tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>junel fe 24 tab 1/20</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>junel fe tab 1.5/30</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>junel fe tab 1/20</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>kaitlib fe chw</i> (generic of GENERESS FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>kalliga tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
<i>kariva tab 28 day</i> (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>kelnor 1/50 tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>kelnor tab 1/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>kurvelo tab 0.15/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>larin 24 tab fe 1/20</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>larin fe tab 1.5/30</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>larin fe tab 1/20</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>larin tab 1.5/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>larin tab 1/20</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>larissia tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>layolis fe chw</i> (generic of GENERESS FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>leena tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>lessina tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>levonest tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (generic of QUARTETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (generic of LOSEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>levora-28 tab 0.15/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>lillow tab 0.15/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
LO LOESTRIN TAB 1-10-10	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>lo-zumandimi tab 3-0.02mg (generic of YAZ)</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
LOESTRIN 21 TAB 1.5/30	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
LOESTRIN FE TAB 1.5/30	Preferred	AGE (Min age 10 years and Max age 55 years)
LOESTRIN FE TAB 1/20	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
LOESTRIN TAB 1/20-21	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>lojaimiess tab (generic of LOSEASONIQUE)</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>loryna tab 3-0.02mg (generic of YAZ)</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
LOSEASONIQUE TAB	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>low-ogestrel tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
<i>lutera tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>marlissa tab 0.15/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>melodetta chw 24 fe</i> (generic of MINASTRIN 24 FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>merzee cap 1/20</i> (generic of TAYTULLA)	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>mibelas 24 chw fe</i> (generic of MINASTRIN 24 FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>micrgstin 24 tab fe 1/20</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>microgestin tab 1.5/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>microgestin tab 1/20</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>microgestin tab fe1.5/30</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>microgestin tab fe 1/20</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>mili tab 0.25/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
MINASTRIN 24 CHW FE	Preferred	AGE (Min age 10 years and Max age 55 years)
MIRCETTE TAB 28 DAY	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>mono-linyah tab 0.25-35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
NATAZIA TAB	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>necon tab 0.5/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>nikki tab 3-0.02mg</i> (generic of YAZ)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (generic of GENERESS FE)</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>nortrel tab 0.5/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>nortrel tab 1/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>nortrel tab 7/7/7</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>nylia tab 7/7/7</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>nymyo tab 0.25-35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>ocella tab 3-0.03mg (generic of YASMIN 28)</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>orsythia tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
<i>philith tab 0.4-35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>pimtrex tab (generic of MIRCETTE)</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>pirmella tab 1/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>pirmella tab 7/7/7</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>portia-28 tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>previfem tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
QUARTETTE TAB	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>reclipsen tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>rivelsa tab (generic of QUARTETTE)</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
SAFYRAL TAB	Preferred	AGE (Min age 10 years and Max age 55 years)
SEASONIQUE TAB	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>setlakin tab</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>simliya tab 28 day (generic of MIRCETTE)</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>simpesse tab (generic of SEASONIQUE)</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>sprintec 28 tab 28 day</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>sronyx tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
<i>syeda tab 3-0.03mg</i> (generic of YASMIN 28)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>tarina 24 fe tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>tarina fe tab 1/20</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>tarina fe tab 1/20 eq</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
TAYTULLA CAP 1MG/20MC	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>tilia fe tab</i> (generic of ESTROSTEP FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>tri femynor tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>tri-estaryll tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>tri-legest tab fe</i> (generic of ESTROSTEP FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>tri-linyah tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>tri-lo tab estaryll</i> (generic of ORTHO TRI-CYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>tri-lo- tab sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>tri-lo-mili tab</i> (generic of ORTHO TRI-CYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>tri-mili tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>tri-nymyo tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>tri-previfem tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>tri-sprintec tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>tri-vylibra tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>tri-vylibra tab lo</i> (generic of ORTHO TRI-CYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
<i>trivora-28 tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
TYBLUME TAB 0.1-0.02	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>velivet pak</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>vienva tab 0.1-20</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>viorele tab</i> (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>volnea tab</i> (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>vyfemla tab 0.4-35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>vylibra tab 0.25-35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>wera tab 0.5/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>wymzya fe chw 0.4mg-35</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
YASMIN 28 TAB 3-0.03MG	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
YAZ TAB 3-0.02MG	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>zarah tab 3-0.03mg</i> (generic of YASMIN 28)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>zovia 1/35 tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>zovia 1/35e tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>zumandimine tab 3-0.03mg</i> (generic of YASMIN 28)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA DIS 120-30	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>xulane dis 150-35</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>eluryng mis</i> (generic of NUVARING)	Preferred	QL (0.05 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	Preferred	QL (0.05 ea per day); AGE (Min age 10 years and Max age 55 years)
NUVARING MIS	Preferred	QL (0.05 ea per day); AGE (Min age 10 years and Max age 55 years)
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A	Preferred	
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	Preferred	QL (4 ea / 28 days); AGE (Min age 10 years and Max age 55 years)
<i>levonorgestrel tab 1.5 mg</i>	Preferred	QL (4 ea / 28 days), OTC
PLAN B TAB 1.5MG	Preferred	QL (4 ea / 28 days), OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG	Preferred	SP
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	Preferred	AGE (Min age 10 years and Max age 55 years)
DEPO-PROVERA INJ 150MG/ML	Preferred	QL (1 mL / 71 days); AGE (Min age 10 years and Max age 55 years)
DEPO-SQ PROV INJ 104	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Preferred	QL (1 mL / 71 days); AGE (Min age 10 years and Max age 55 years)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Preferred	AGE (Min age 10 years and Max age 55 years)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	Preferred	SP
LILETTA IUD 52MG	Preferred	SP

Drug Name	Drug Tier	Requirements/Limits
MIRENA IUD SYSTEM	Preferred	SP
SKYLA IUD 13.5MG	Preferred	SP

PROGESTIN CONTRACEPTIVES - ORAL

<i>camila tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>deblitane tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>errin tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>heather tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>incassia tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>jencycla tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>lyleq tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>lyza tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>nora-be tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>norethindrone tab 0.35 mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>norlyda tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
ORTHO MICRON TAB 0.35MG	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>sharobel tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
SLYND TAB 4MG	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>tulana tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)

CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

GLUCOCORTICOSTEROIDS

ALKINDI SPRI CAP 0.5MG	Non Preferred	PA
ALKINDI SPRI CAP 1MG	Non Preferred	PA
ALKINDI SPRI CAP 2MG	Non Preferred	PA
ALKINDI SPRI CAP 5MG	Non Preferred	PA
<i>budesonide delayed release particles cap 3 mg (generic of ENTOCORT EC)</i>	Non Preferred	PA
<i>budesonide tab er 24hr 9 mg (generic of UCERIS)</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
CORTEF TAB 5MG	Non Preferred	PA, QL (24 ea per day)
CORTEF TAB 10MG	Non Preferred	PA, QL (12 ea per day)
CORTEF TAB 20MG	Non Preferred	PA, QL (6 ea per day)
<i>decadron tab 0.75mg</i>	Preferred	QL (10 ea per day)
<i>decadron tab 4mg</i>	Preferred	QL (10 ea per day)
<i>decadron tab 6mg</i>	Preferred	QL (10 ea per day)
DEXAMETHASON CON 1MG/ML	Preferred	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Preferred	QL (60 mL per day)
<i>dexamethasone soln 0.5 mg/5ml</i>	Preferred	
<i>dexamethasone tab 0.5 mg</i>	Preferred	QL (12 ea per day)
<i>dexamethasone tab 0.75 mg</i>	Preferred	QL (10 ea per day)
<i>dexamethasone tab 1 mg</i>	Preferred	QL (10 ea per day)
<i>dexamethasone tab 1.5 mg</i>	Preferred	QL (10 ea per day)
<i>dexamethasone tab 2 mg</i>	Preferred	QL (10 ea per day)
<i>dexamethasone tab 4 mg</i>	Preferred	QL (10 ea per day)
<i>dexamethasone tab 6 mg</i>	Preferred	QL (10 ea per day)
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	Preferred	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	Preferred	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	Preferred	
EMFLAZA SUS 22.75/ML	Non Preferred	PA
EMFLAZA TAB 6MG	Non Preferred	PA
EMFLAZA TAB 18MG	Non Preferred	PA
EMFLAZA TAB 30MG	Non Preferred	PA
EMFLAZA TAB 36MG	Non Preferred	PA
ENTOCORT EC CAP 3MG DR	Non Preferred	PA
HEMADY TAB 20MG	Non Preferred	PA
<i>hydrocortisone tab 5 mg (generic of CORTEF)</i>	Preferred	QL (24 ea per day)
<i>hydrocortisone tab 10 mg (generic of CORTEF)</i>	Preferred	QL (12 ea per day)
<i>hydrocortisone tab 20 mg (generic of CORTEF)</i>	Preferred	QL (6 ea per day)
MEDROL TAB 2MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
MEDROL TAB 4MG	Non Preferred	PA, QL (12 ea per day)
MEDROL TAB 8MG	Non Preferred	PA, QL (6 ea per day)
MEDROL TAB 16MG	Non Preferred	PA, QL (4 ea per day)
MEDROL TAB 32MG	Non Preferred	PA, QL (2 ea per day)
<i>methylprednisolone tab 4 mg (generic of MEDROL)</i>	Preferred	QL (12 ea per day)
<i>methylprednisolone tab 8 mg (generic of MEDROL)</i>	Preferred	QL (6 ea per day)
<i>methylprednisolone tab 16 mg (generic of MEDROL)</i>	Preferred	QL (4 ea per day)
<i>methylprednisolone tab 32 mg (generic of MEDROL)</i>	Preferred	QL (2 ea per day)
<i>methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)</i>	Preferred	QL (12 ea per day)
MILLIPRED TAB 5MG	Preferred	
ORTIKOS CAP 6MG ER	Non Preferred	PA
ORTIKOS CAP 9MG ER	Non Preferred	PA
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq) (generic of ORAPRED ODT)</i>	Non Preferred	PA
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq) (generic of ORAPRED ODT)</i>	Non Preferred	PA
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq) (generic of ORAPRED ODT)</i>	Non Preferred	PA
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)</i>	Preferred	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	Preferred	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Preferred	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	Preferred	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Preferred	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Preferred	
PREDNISON CON 5MG/ML	Preferred	
<i>prednisone oral soln 5 mg/5ml</i>	Preferred	QL (60 mL per day)

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 1 mg</i>	Preferred	QL (10 ea per day)
<i>prednisone tab 2.5 mg</i>	Preferred	QL (8 ea per day)
<i>prednisone tab 5 mg</i>	Preferred	QL (16 ea per day)
<i>prednisone tab 10 mg</i>	Preferred	QL (9 ea per day)
<i>prednisone tab 20 mg</i>	Preferred	QL (6 ea per day)
<i>prednisone tab 50 mg</i>	Preferred	QL (3 ea per day)
<i>prednisone tab therapy pack 5 mg (21)</i>	Preferred	
<i>prednisone tab therapy pack 5 mg (48)</i>	Preferred	
<i>prednisone tab therapy pack 10 mg (21)</i>	Preferred	
<i>prednisone tab therapy pack 10 mg (48)</i>	Preferred	
RAYOS TAB 1MG	Non Preferred	PA
RAYOS TAB 2MG	Non Preferred	PA
RAYOS TAB 5MG	Non Preferred	PA
<i>taperdex pak 6 day</i>	Non Preferred	PA
<i>taperdex pak 7-day</i>	Non Preferred	PA
<i>taperdex pak 12-day</i>	Non Preferred	PA
UCERIS TAB 9MG	Non Preferred	PA

MINERALOCORTICOIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	Preferred	QL (5 ea per day)
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COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES

<i>benzonatate cap 100 mg (generic of TESSALON PERLES)</i>	Preferred	QL (6 ea per day)
<i>benzonatate cap 200 mg</i>	Preferred	QL (5 ea per day)
<i>hm cgh relf liq 15mg/5ml</i>	Preferred	OTC

COUGH/COLD/ALLERGY COMBINATIONS

<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	Preferred	QL (480 mL / 25 days), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)
<i>chest conges tab 20-400mg</i>	Preferred	OTC
<i>chest conges tab relf dm</i>	Preferred	OTC
<i>delsym cough liq congs dm</i>	Preferred	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Preferred	QL (240 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	Preferred	QL (240 mL / 25 days), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Preferred	QL (180 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	Preferred	QL (2 ea per day), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	Preferred	OTC
<i>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</i>	Preferred	QL (180 mL / 25 days), OTC
<i>gnp mucus liq rlf dm</i>	Preferred	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Preferred	QL (60 mL per day), OTC; AGE (Min age 2 years)
<i>hm mucus dm tab 60-1200</i>	Preferred	OTC
<i>hm mucus rel liq cgh chld</i>	Preferred	OTC
<i>intense coug liq reliever</i>	Preferred	OTC
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	Preferred	QL (2 ea per day), OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	Preferred	QL (1 ea per day), OTC
<i>medi-tuss dm liq dbl str</i>	Preferred	OTC
<i>muc/cgh relf liq 5-100mg</i>	Preferred	OTC
<i>mucinex cgh liq 5-100mg</i>	Preferred	OTC
<i>mucinex dm liq 20-400</i>	Preferred	OTC
<i>mucinex dm liq max str</i>	Preferred	OTC
<i>mucinex liq freeform</i>	Preferred	OTC
<i>mucus dm tab 60-1200</i>	Preferred	OTC
<i>mucus rel dm liq</i>	Preferred	OTC
<i>mucus rel dm liq 5-100/5</i>	Preferred	OTC
<i>mucus relief liq 5-100mg</i>	Preferred	OTC
<i>mucus relief tab 20-400mg</i>	Preferred	OTC
<i>mucus relief tab 60-1200</i>	Preferred	OTC
<i>mucus relief tab dm</i>	Preferred	OTC
<i>mucus relief tab dm cough</i>	Preferred	OTC
<i>mucus rlf dm liq 5-100/5</i>	Preferred	OTC
<i>mucus rlf dm liq 20-400mg</i>	Preferred	OTC
<i>mucus-dm max tab 60-1200</i>	Preferred	OTC
<i>mucus/cough liq 5-100mg</i>	Preferred	OTC
<i>pharbinex-dm tab 20-400mg</i>	Preferred	OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	Preferred	QL (60 mL per day); AGE (Max age 64 years)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Preferred	QL (240 mL / 25 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Preferred	QL (180 mL / 25 days); AGE (Min age 4 years and Max age 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	Preferred	QL (60 mL per day); AGE (Min age 2 years and Max age 64 years)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Preferred	QL (60 mL per day)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Preferred	QL (4 ea per day), OTC; AGE (Min age 4 years)
<i>qc medifin tab dm</i>	Preferred	OTC
<i>robitussin liq 20-400</i>	Preferred	OTC
<i>robitussin liq 20-400mg</i>	Preferred	OTC
<i>sm tussin dm liq 5-100/5</i>	Preferred	OTC
<i>tab tussin tab 20-400mg</i>	Preferred	OTC
<i>tab tussin tab dm</i>	Preferred	OTC
<i>tussin dm liq 5-100mg</i>	Preferred	OTC
<i>tussin dm liq 20-400mg</i>	Preferred	OTC
<i>tussin dm liq 20-400ml</i>	Preferred	OTC
<i>tussin dm mx liq</i>	Preferred	OTC
VCKS DAYQUIL LIQ MUCUS DM	Preferred	OTC

EXPECTORANTS

<i>guaifenesin liquid 100 mg/5ml</i>	Preferred	OTC; AGE (Min age 4 years)
<i>guaifenesin syrup 100 mg/5ml</i>	Preferred	OTC; AGE (Min age 4 years)
<i>guaifenesin tab 200 mg</i>	Preferred	OTC; AGE (Min age 4 years)
<i>guaifenesin tab 400 mg</i>	Preferred	OTC; AGE (Min age 4 years)
<i>guaifenesin tab er 12hr 600 mg</i>	Preferred	QL (2 ea per day), OTC

MISC. RESPIRATORY INHALANTS

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

MUCOLYTICS

<i>acetylcysteine inhal soln 20%</i>	Preferred	QL (120 mL per day)
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DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

ABSORICA CAP 10MG	Non Preferred	PA; AGE (Min age 12 years)
ABSORICA CAP 20MG	Non Preferred	PA; AGE (Min age 12 years)
ABSORICA CAP 25MG	Non Preferred	PA; AGE (Min age 12 years)
ABSORICA CAP 30MG	Non Preferred	PA; AGE (Min age 12 years)
ABSORICA CAP 35MG	Non Preferred	PA; AGE (Min age 12 years)

Drug Name	Drug Tier	Requirements/Limits
ABSORICA CAP 40MG	Non Preferred	PA; AGE (Min age 12 years)
ABSORICA LD CAP 8MG	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ABSORICA LD CAP 16MG	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ABSORICA LD CAP 24MG	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ABSORICA LD CAP 32MG	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ACANYA GEL 1.2-2.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ACZONE GEL 7.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>adapalene cream 0.1%</i> (generic of DIFFERIN)	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>adapalene gel 0.1%</i>	Preferred	QL (1.5 gm per day), OTC; AGE (Min age 10 years)
<i>adapalene gel 0.1%</i>	Non Preferred	PA, QL (1.5 gm per day); AGE (Min age 10 years)
<i>adapalene gel 0.3%</i> (generic of DIFFERIN)	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO)	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
AKLIEF CRE 0.005%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ALTRENO LOT 0.05%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
AMZEEQ AER 4%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ARAZLO LOT 0.045%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)

Drug Name	Drug Tier	Requirements/Limits
ATRALIN GEL 0.05%	Non Preferred	PA, QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
<i>avita cre 0.025%</i> (generic of RETIN-A)	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
<i>avita gel 0.025%</i>	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
BENZAACLIN GEL 1-5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
BENZAACLIN GEL 1-5%PUMP	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
BENZAMYCIN GEL 5-3%	Non Preferred	PA, QL (1.6 gm per day); AGE (Min age 10 years)
<i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN)	Preferred	QL (1.6 gm per day); AGE (Min age 10 years)
<i>bp 10-1 emu</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>bp cleansing emu 10-4%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
CLEOCIN-T LOT 1%	Non Preferred	PA, QL (10 mL per day); AGE (Min age 10 years)
CLINDACIN KIT ETZ 1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
CLINDACIN KIT PAC 1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>clindacin mis etz 1%</i>	Preferred	QL (2 ea per day); AGE (Min age 10 years)
<i>clindacin-p pad 1%</i>	Preferred	QL (2 ea per day); AGE (Min age 10 years)
CLINDAGEL GEL 1%	Non Preferred	PA, QL (2 mL per day); AGE (Min age 10 years)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>clindamycin phosphate foam 1%</i> (generic of EVOCLIN)	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate gel 1%</i>	Preferred	QL (2 mL per day); AGE (Min age 10 years)
<i>clindamycin phosphate lotion 1% (generic of CLEOCIN-T)</i>	Preferred	QL (10 mL per day); AGE (Min age 10 years)
<i>clindamycin phosphate soln 1%</i>	Preferred	QL (60 mL / 25 days); AGE (Min age 10 years)
<i>clindamycin phosphate swab 1%</i>	Preferred	QL (2 ea per day); AGE (Min age 10 years)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5% (generic of BENZACLIN)</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (generic of ACANYA)</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025% (generic of ZIANA)</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>dapsone gel 5% (generic of ACZONE)</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>dapsone gel 7.5% (generic of ACZONE)</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
DIFFERIN CRE 0.1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
DIFFERIN GEL 0.3%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
DIFFERIN LOT 0.1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
EPIDUO FORTE GEL 0.3-2.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
EPIDUO GEL 0.1-2.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>ery pad 2%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ERYGEL GEL 2%	Non Preferred	PA, QL (1 gm per day); AGE (Min age 10 years)
<i>erythromycin gel 2% (generic of ERYGEL)</i>	Preferred	QL (1 gm per day); AGE (Min age 10 years)
<i>erythromycin soln 2%</i>	Preferred	QL (15 mL per day); AGE (Min age 10 years)

Drug Name	Drug Tier	Requirements/Limits
EVOCLIN AER 1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
FABIOR AER 0.1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>isotretinoin cap 10 mg</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>isotretinoin cap 20 mg</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>isotretinoin cap 30 mg</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>isotretinoin cap 40 mg</i>	Non Preferred	PA; AGE (Min age 12 years)
KLARON LOT 10%	Non Preferred	PA, QL (118 mL / 25 days); AGE (Min age 10 years and Max age 20 years)
<i>neuac gel 1.2-5%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
NEUAC KIT 1.2-5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ONEXTON GEL 1.2-3.75	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A CRE 0.1%	Non Preferred	PA, QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
RETIN-A CRE 0.05%	Non Preferred	PA, QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
RETIN-A CRE 0.025%	Non Preferred	PA, QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
RETIN-A GEL 0.01%	Non Preferred	PA, QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
RETIN-A GEL 0.025%	Non Preferred	PA, QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)

Drug Name	Drug Tier	Requirements/Limits
RETIN-A MICR GEL 0.1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A MICR GEL 0.1%PUMP	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A MICR GEL 0.04%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A MICR GEL 0.04%PMP	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A MICR GEL 0.06%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A MICR GEL 0.08%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SOD SUL/SULF EMU 10-5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sss 10-5 aer 10-5%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sss cre 10%-5%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium lotion 10% (acne) (generic of KLARON)</i>	Non Preferred	PA, QL (118 mL / 25 days); AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur emulsion 10-5%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur wash 9-4%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur wash 9-4.5%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SUMADAN KIT	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SUMADAN WASH LIQ 9-4.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SUMADAN XLT KIT 9-4.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SUMAXIN CP KIT	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SUMAXIN PAD 10-4%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SUMAXIN WASH LIQ 9-4%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>tretinoin cream 0.1% (generic of RETIN-A)</i>	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
<i>tretinoin cream 0.05% (generic of RETIN-A)</i>	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
<i>tretinoin cream 0.025% (generic of RETIN-A)</i>	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
<i>tretinoin gel 0.01% (generic of RETIN-A)</i>	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
<i>tretinoin gel 0.05% (generic of ATRALIN)</i>	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
<i>tretinoin gel 0.025% (generic of RETIN-A)</i>	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin microsphere gel 0.1%</i> (generic of RETIN-A MICRO)	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>tretinoin microsphere gel 0.04%</i> (generic of RETIN-A MICRO)	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ZIANA GEL	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)

AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS

VEREGEN OIN 15%	Non Preferred	PA
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ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>diclofenac epolamine patch 1.3%</i>	Non Preferred	PA
<i>diclofenac sodium gel 1%</i> (generic of VOLTAREN)	Non Preferred	PA
<i>diclofenac sodium soln 1.5%</i>	Non Preferred	PA
DICLOTREX PAK	Non Preferred	PA
FLECTOR PAD 1.3%	Non Preferred	PA
LICART DIS 1.3%	Non Preferred	PA
PENNSAID SOL 2%	Non Preferred	PA
VENNGEL ONE KIT 1%	Non Preferred	PA
VOLTAREN GEL 1%	Preferred	QL (100 gm / 25 days), OTC
VOLTAREN GEL 1%	Non Preferred	PA

ANTIBIOTICS - TOPICAL

<i>bacitracin oint 500 unit/gm</i>	Preferred	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Preferred	OTC
<i>bacitracin-polymyxin b oint</i>	Preferred	OTC
CENTANY AT KIT 2%	Non Preferred	PA
CENTANY OIN 2%	Non Preferred	PA
CORTISPORIN CRE 0.5%	Non Preferred	PA
CORTISPORIN OIN 1%	Preferred	
<i>gentamicin sulfate cream 0.1%</i>	Preferred	QL (1 gm per day)
<i>gentamicin sulfate oint 0.1%</i>	Preferred	QL (1 gm per day)

Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin calcium cream 2%</i>	Non Preferred	PA; AGE (Max age 20 years)
<i>mupirocin oint 2%</i>	Preferred	
NEO-SYNALAR CRE	Non Preferred	PA
NEO-SYNALAR KIT	Non Preferred	PA
<i>neomycin-bacitracin-polymyxin oint</i>	Preferred	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	Preferred	OTC
XEPI CRE 1%	Non Preferred	PA

ANTIFUNGALS - TOPICAL

<i>ciclodan sol 8%</i>	Non Preferred	PA, QL (6.6 mL / 25 days)
<i>ciclopirox gel 0.77%</i>	Non Preferred	PA
<i>ciclopirox kit 8%</i>	Non Preferred	PA
<i>ciclopirox olamine cream 0.77% (base equiv) (generic of LOPROX)</i>	Non Preferred	PA, QL (180 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv) (generic of LOPROX)</i>	Non Preferred	PA, QL (60 mL / 25 days)
<i>ciclopirox shampoo 1% (generic of LOPROX SHAMPOO)</i>	Non Preferred	PA
<i>ciclopirox solution 8%</i>	Non Preferred	PA, QL (6.6 mL / 25 days)
<i>clotrimazole cream 1%</i>	Preferred	QL (60 gm / 30 days)
<i>clotrimazole soln 1%</i>	Non Preferred	PA, QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Non Preferred	PA
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Non Preferred	PA
ECONASIL KIT	Non Preferred	PA
<i>econazole nitrate cream 1%</i>	Preferred	
ERTACZO CRE 2%	Non Preferred	PA
EXTINA AER 2%	Non Preferred	PA
JUBLIA SOL 10%	Non Preferred	PA
KERYDIN SOL 5%	Non Preferred	PA
<i>ketconazole cream 2%</i>	Preferred	QL (2 gm per day)

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole foam 2% (generic of EXTINA)</i>	Non Preferred	PA
<i>ketoconazole shampoo 2%</i>	Preferred	QL (4 mL per day)
<i>ketodan aer 2% (generic of EXTINA)</i>	Non Preferred	PA
KETODAN KIT 2%	Non Preferred	PA
LOPROX CRE 0.77%	Non Preferred	PA, QL (180 gm / 30 days)
LOPROX KIT 0.77%	Non Preferred	PA
LOPROX SHA 1%	Non Preferred	PA
LOPROX SUS 0.77%	Non Preferred	PA, QL (60 mL / 25 days)
<i>luliconazole cream 1%</i>	Non Preferred	PA
LUZU CRE 1%	Non Preferred	PA
MENTAX CRE 1%	Non Preferred	PA
<i>miconazole nitrate aerosol pow 2%</i>	Preferred	QL (133 gm / 30 days), OTC
<i>miconazole nitrate cream 2%</i>	Preferred	OTC
<i>miconazole nitrate ointment 2%</i>	Preferred	QL (113 gm / 30 days), OTC
<i>miconazole nitrate powder 2%</i>	Preferred	QL (90 gm / 30 days), OTC
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	Non Preferred	PA
<i>naftifine hcl cream 1%</i>	Non Preferred	PA
<i>naftifine hcl cream 2%</i>	Non Preferred	PA
<i>naftifine hcl gel 1% (generic of NAFTIN)</i>	Non Preferred	PA
NAFTIN GEL 1%	Non Preferred	PA
NAFTIN GEL 2%	Non Preferred	PA
<i>nystatin cream 100000 unit/gm</i>	Preferred	
<i>nystatin oint 100000 unit/gm</i>	Preferred	
<i>nystatin topical powder 100000 unit/gm</i>	Preferred	QL (30 gm / 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Non Preferred	PA
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>oxiconazole nitrate cream 1%</i> (generic of OXISTAT)	Non Preferred	PA
OXISTAT CRE 1%	Non Preferred	PA
OXISTAT LOT 1%	Non Preferred	PA
<i>tavaborole soln 5%</i> (generic of KERYDIN)	Non Preferred	PA
<i>terbinafine hcl cream 1%</i>	Preferred	OTC
<i>tolnaftate aerosol pow 1%</i>	Preferred	QL (133 gm / 30 days), OTC
<i>tolnaftate cream 1%</i>	Preferred	QL (60 gm / 30 days), OTC
<i>tolnaftate powder 1%</i>	Preferred	QL (67.5 gm / 30 days), OTC
VUSION OIN	Non Preferred	PA
ZOLPAK KIT	Non Preferred	PA

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

AMELUZ GEL 10%	Non Preferred	PA
CARAC CRE 0.5%	Non Preferred	PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Non Preferred	PA
EFUDEX CRE 5%	Non Preferred	PA
<i>fluorouracil cream 0.5%</i> (generic of CARAC)	Non Preferred	PA
<i>fluorouracil cream 5%</i> (generic of EFUDEX)	Non Preferred	PA
<i>fluorouracil soln 2%</i>	Non Preferred	PA
<i>fluorouracil soln 5%</i>	Non Preferred	PA
LEVULAN KERA SOL 20%	Preferred	
ORMECA KIT	Non Preferred	PA
PANRETIN GEL 0.1%	Preferred	
PICATO GEL 0.05%	Non Preferred	PA
PICATO GEL 0.015%	Non Preferred	PA
TARGRETIN GEL 1%	Preferred	SP
VALCHLOR GEL 0.016%	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIPRURITICS - TOPICAL		
<i>doxepin hcl cream 5%</i>	Non Preferred	PA
PRUDOXIN CRE 5%	Non Preferred	PA
ZONALON CRE 5%	Non Preferred	PA
ANTIPSORIATICS		
<i>acitretin cap 10 mg (generic of SORIATANE)</i>	Non Preferred	PA
<i>acitretin cap 17.5 mg</i>	Non Preferred	PA
<i>acitretin cap 25 mg (generic of SORIATANE)</i>	Non Preferred	PA
<i>calcipotriene cream 0.005% (generic of DOVONEX)</i>	Preferred	
<i>calcipotriene oint 0.005%</i>	Preferred	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Preferred	
<i>calcitriol oint 3 mcg/gm</i>	Non Preferred	PA
COSENTYX INJ 150MG/ML	Non Preferred	SP, PA
COSENTYX INJ 300DOSE	Non Preferred	SP, PA
COSENTYX PEN INJ 150MG/ML	Non Preferred	SP, PA
COSENTYX PEN INJ 300DOSE	Non Preferred	SP, PA
DOVONEX CRE 0.005%	Non Preferred	PA
ILUMYA SOL 100MG/ML	Non Preferred	SP, PA
<i>methoxsalen rapid cap 10 mg (generic of OXSORALEN ULTRA)</i>	Non Preferred	PA
OXSORALEN-UL CAP 10MG	Non Preferred	PA
SILIQ INJ 210/1.5	Non Preferred	SP, PA
SKYRIZI INJ 150DOSE	Non Preferred	SP, PA
SORIATANE CAP 10MG	Non Preferred	PA
SORIATANE CAP 25MG	Non Preferred	PA
SORILUX AER 0.005%	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45MG/0.5	Non Preferred	SP, PA
STELARA INJ 90MG/ML	Non Preferred	SP, PA
TALTZ INJ 80MG/ML	Non Preferred	SP, PA
<i>tazarotene cream 0.1%</i> (generic of TAZORAC)	Non Preferred	PA
TREMFYA INJ 100MG/ML	Non Preferred	SP, PA
VECTICAL OIN 3MCG/GM	Non Preferred	PA

ANTISEBORRHEIC PRODUCTS

<i>selenium sulfide lotion 1%</i>	Preferred	OTC
<i>selenium sulfide lotion 2.5%</i>	Preferred	
<i>selenium sulfide shampoo 2.3%</i>	Non Preferred	PA
<i>selenium sulfide shampoo 2.25%</i>	Non Preferred	PA
<i>sulfacetamide sodium cleansing gel 10%</i>	Non Preferred	PA
<i>sulfacetamide sodium liquid 10%</i>	Non Preferred	PA

ANTIVIRALS - TOPICAL

<i>acyclovir cream 5%</i> (generic of ZOVIRAX)	Non Preferred	PA
<i>acyclovir oint 5%</i> (generic of ZOVIRAX)	Non Preferred	PA
DENAVIR CRE 1%	Non Preferred	PA
XERESE CRE 5-1%	Non Preferred	PA
ZOVIRAX CRE 5%	Non Preferred	PA
ZOVIRAX OIN 5%	Non Preferred	PA

BURN PRODUCTS

<i>mafenide acetate packet for topical soln 5% (50 gm)</i> (generic of SULFAMYLON)	Preferred	
SILVADENE CRE 1%	Non Preferred	PA
<i>silver sulfadiazine cream 1%</i> (generic of SILVADENE)	Preferred	
<i>ssd cre 1%</i> (generic of SILVADENE)	Preferred	
SULFAMYLON CRE 85MG/GM	Preferred	
SULFAMYLON PAK 5%	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
CAUTERIZING AGENTS		
SILVER NITRA SOL 0.5%	Non Preferred	PA
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	Preferred	QL (2 gm per day)
<i>alclometasone dipropionate oint 0.05%</i>	Preferred	QL (2 gm per day)
<i>amcinonide cream 0.1%</i>	Non Preferred	PA
<i>amcinonide lotion 0.1%</i>	Non Preferred	PA
APEXICON E CRE 0.05%	Non Preferred	PA
BESER KIT 0.05%	Non Preferred	PA
<i>beser lot 0.05%</i> (generic of CUTIVATE)	Non Preferred	PA
<i>betamethasone dipropionate augmented cream 0.05%</i> (generic of DIPROLENE AF)	Non Preferred	PA, QL (2 gm per day)
<i>betamethasone dipropionate augmented gel 0.05%</i>	Non Preferred	PA, QL (2 gm per day)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Non Preferred	PA, QL (60 mL / 25 days)
<i>betamethasone dipropionate augmented oint 0.05%</i> (generic of DIPROLENE)	Non Preferred	PA, QL (2 gm per day)
<i>betamethasone dipropionate cream 0.05%</i>	Non Preferred	PA, QL (2 gm per day)
<i>betamethasone dipropionate lotion 0.05%</i>	Non Preferred	PA, QL (60 mL / 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	Non Preferred	PA, QL (2 gm per day)
<i>betamethasone valerate aerosol foam 0.12%</i> (generic of LUXIQ)	Non Preferred	PA
<i>betamethasone valerate cream 0.1%</i> (base equivalent)	Preferred	QL (2 gm per day)
<i>betamethasone valerate lotion 0.1%</i> (base equivalent)	Preferred	QL (60 mL / 25 days)
<i>betamethasone valerate oint 0.1%</i> (base equivalent)	Preferred	QL (2 gm per day)
BRYHALI LOT 0.01%	Non Preferred	PA
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> (generic of TACLONEX)	Non Preferred	PA
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> (generic of TACLONEX)	Non Preferred	PA
CAPEX SHA 0.01%	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate cream 0.05%</i> (generic of TEMOVATE)	Preferred	
<i>clobetasol propionate emollient base cream 0.05%</i>	Preferred	
<i>clobetasol propionate emulsion foam 0.05%</i> (generic of OLUX-E)	Non Preferred	PA
<i>clobetasol propionate foam 0.05%</i> (generic of OLUX)	Non Preferred	PA
<i>clobetasol propionate gel 0.05%</i>	Preferred	
<i>clobetasol propionate lotion 0.05%</i> (generic of CLOBEX)	Non Preferred	PA
<i>clobetasol propionate oint 0.05%</i> (generic of TEMOVATE)	Preferred	
<i>clobetasol propionate shampoo 0.05%</i> (generic of CLOBEX)	Non Preferred	PA
<i>clobetasol propionate soln 0.05%</i>	Preferred	QL (50 mL / 25 days)
<i>clobetasol propionate spray 0.05%</i> (generic of CLOBEX)	Non Preferred	PA
CLOBEX SHA 0.05%	Non Preferred	PA
CLOBEX SPR 0.05%	Non Preferred	PA
<i>clocortolone pivalate cream 0.1%</i> (generic of CLODERM)	Non Preferred	PA
CLODAN KIT 0.05%	Non Preferred	PA
<i>clodan sha 0.05%</i> (generic of CLOBEX)	Non Preferred	PA
CLODERM CRE 0.1%	Non Preferred	PA
CUTIVATE LOT 0.05%	Non Preferred	PA
DERMA-SMOOTH OIL /FS BODY	Non Preferred	PA, QL (4 mL per day)
DERMA-SMOOTH OIL /FS SCLP	Non Preferred	PA, QL (4 mL per day)
DESONATE GEL 0.05%	Non Preferred	PA
<i>desonide cream 0.05%</i> (generic of DESOWEN)	Preferred	QL (2 gm per day)
<i>desonide lotion 0.05%</i>	Non Preferred	PA
<i>desonide oint 0.05%</i>	Preferred	QL (2 gm per day)
<i>desoximetasone cream 0.05%</i> (generic of TOPICORT)	Non Preferred	PA
<i>desoximetasone cream 0.25%</i> (generic of TOPICORT)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone gel 0.05%</i> (generic of TOPICORT)	Non Preferred	PA
<i>desoximetasone oint 0.05%</i> (generic of TOPICORT)	Non Preferred	PA
<i>desoximetasone oint 0.25%</i> (generic of TOPICORT)	Non Preferred	PA
<i>desoximetasone spray 0.25%</i> (generic of TOPICORT)	Non Preferred	PA
<i>diflorasone diacetate cream 0.05%</i>	Preferred	
<i>diflorasone diacetate oint 0.05%</i>	Preferred	
DIPROLENE OIN 0.05%	Non Preferred	PA, QL (2 gm per day)
DUOBRII LOT	Non Preferred	PA
ENSTILAR AER	Non Preferred	PA
EPIFOAM AER 1%	Non Preferred	PA
<i>fluocinolone acetonide cream 0.01%</i>	Preferred	
<i>fluocinolone acetonide cream 0.025%</i> (generic of SYNALAR)	Preferred	QL (2 gm per day)
<i>fluocinolone acetonide oil 0.01% (body oil)</i> (generic of DERMA-SMOOTH/FS BODY)	Preferred	QL (4 mL per day)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> (generic of DERMA-SMOOTH/FS SCALP)	Preferred	QL (4 mL per day)
<i>fluocinolone acetonide oint 0.025%</i> (generic of SYNALAR)	Preferred	QL (2 gm per day)
<i>fluocinolone acetonide soln 0.01%</i> (generic of SYNALAR)	Preferred	
<i>fluocinonide cream 0.1%</i> (generic of VANOS)	Preferred	
<i>fluocinonide cream 0.05%</i>	Preferred	QL (2 gm per day)
<i>fluocinonide emulsified base cream 0.05%</i>	Preferred	QL (2 gm per day)
<i>fluocinonide gel 0.05%</i>	Preferred	QL (2 gm per day)
<i>fluocinonide oint 0.05%</i>	Preferred	QL (2 gm per day)
<i>fluocinonide soln 0.05%</i>	Preferred	QL (60 mL / 25 days)
FLUOPAR KIT	Non Preferred	PA
<i>flurandrenolide cream 0.05%</i> (generic of CORDRAN)	Non Preferred	PA
<i>flurandrenolide lotion 0.05%</i> (generic of CORDRAN)	Non Preferred	PA
<i>flurandrenolide oint 0.05%</i> (generic of CORDRAN)	Non Preferred	PA
<i>fluticasone propionate cream 0.05%</i>	Preferred	QL (2 gm per day)
<i>fluticasone propionate lotion 0.05%</i> (generic of CUTIVATE)	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate oint 0.005%</i>	Preferred	QL (2 gm per day)
<i>halcinonide cream 0.1%</i> (generic of HALOG)	Non Preferred	PA
HALOBETASOL AER 0.05%	Non Preferred	PA
<i>halobetasol propionate cream 0.05%</i>	Preferred	QL (2 gm per day)
<i>halobetasol propionate oint 0.05%</i>	Preferred	QL (2 gm per day)
HALOG CRE 0.1%	Non Preferred	PA
HALOG OIN 0.1%	Non Preferred	PA
HALOG SOL 0.1%	Non Preferred	PA
<i>hydrocortisone butyrate cream 0.1%</i>	Non Preferred	PA
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i> (generic of LOCOID LIPOCREAM)	Non Preferred	PA
<i>hydrocortisone butyrate lotion 0.1%</i> (generic of LOCOID)	Non Preferred	PA
<i>hydrocortisone butyrate oint 0.1%</i>	Non Preferred	PA
<i>hydrocortisone butyrate soln 0.1%</i>	Non Preferred	PA
<i>hydrocortisone cream 0.5%</i>	Preferred	OTC
<i>hydrocortisone cream 1%- rx</i>	Preferred	
<i>hydrocortisone cream 2.5%</i>	Preferred	
<i>hydrocortisone lotion 1%</i>	Preferred	OTC
<i>hydrocortisone lotion 2.5%</i>	Preferred	QL (60 mL / 25 days)
<i>hydrocortisone oint 0.5%</i>	Preferred	OTC
<i>hydrocortisone oint 1%- rx</i>	Preferred	
<i>hydrocortisone oint 2.5%</i>	Preferred	
<i>hydrocortisone valerate cream 0.2%</i>	Preferred	
<i>hydrocortisone valerate oint 0.2%</i>	Preferred	
<i>hydrocortisone-aloe vera cream 0.5%</i>	Preferred	OTC
<i>hydrocortisone-aloe vera cream 1%</i>	Preferred	OTC
IMPEKLO LOT 0.05%	Non Preferred	PA
KENALOG AER SPRAY	Non Preferred	PA
LEXETTE AER 0.05%	Non Preferred	PA
LOCOID LIPO CRE 0.1%	Non Preferred	PA
LOCOID LOT 0.1%	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
LUXIQ AER 0.12%	Non Preferred	PA
<i>mometasone furoate cream 0.1%</i>	Preferred	QL (2 gm per day)
<i>mometasone furoate oint 0.1%</i>	Preferred	QL (2 gm per day)
<i>mometasone furoate solution 0.1% (lotion)</i>	Preferred	QL (60 mL / 25 days)
OLUX AER 0.05%	Non Preferred	PA
OLUX-E AER 0.05%	Non Preferred	PA
PANDEL CRE 0.1%	Non Preferred	PA
<i>prednicarbate cream 0.1%</i>	Non Preferred	PA
<i>prednicarbate oint 0.1%</i>	Non Preferred	PA
PSORCON CRE 0.05%	Non Preferred	PA
SYNALAR CRE 0.025%	Non Preferred	PA, QL (2 gm per day)
SYNALAR KIT 0.025%	Non Preferred	PA
SYNALAR OIN 0.025%	Non Preferred	PA, QL (2 gm per day)
SYNALAR SOL 0.01%	Non Preferred	PA
SYNALAR TS KIT 0.01%	Non Preferred	PA
TACLONEX OIN	Non Preferred	PA
TACLONEX SUS	Non Preferred	PA
TASOPROL KIT	Non Preferred	PA
TEMOVATE CRE 0.05%	Non Preferred	PA
TEMOVATE OIN 0.05%	Non Preferred	PA
TEXACORT SOL 2.5%	Non Preferred	PA
TOPICORT CRE 0.05%	Non Preferred	PA
TOPICORT CRE 0.25%	Non Preferred	PA
TOPICORT GEL 0.05%	Non Preferred	PA
TOPICORT OIN 0.05%	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
TOPICORT OIN 0.25%	Non Preferred	PA
TOPICORT SPR 0.25%	Non Preferred	PA
<i>tovet aer 0.05%</i> (generic of OLUX-E)	Non Preferred	PA
TOVET KIT KIT 0.05%	Non Preferred	PA
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i> (generic of KENALOG)	Non Preferred	PA
<i>triamcinolone acetonide cream 0.1%</i>	Preferred	
<i>triamcinolone acetonide cream 0.5%</i>	Preferred	
<i>triamcinolone acetonide cream 0.025%</i>	Preferred	
<i>triamcinolone acetonide lotion 0.1%</i>	Preferred	
<i>triamcinolone acetonide lotion 0.025%</i>	Preferred	
<i>triamcinolone acetonide oint 0.1%</i>	Preferred	
<i>triamcinolone acetonide oint 0.5%</i>	Preferred	
<i>triamcinolone acetonide oint 0.05%</i>	Non Preferred	PA
<i>triamcinolone acetonide oint 0.025%</i>	Preferred	
<i>trianex oin 0.05%</i>	Non Preferred	PA
TRIOLOCICLO KIT 0.1-8%	Non Preferred	PA
ULTRAVATE LOT 0.05%	Non Preferred	PA
VANOS CRE 0.1%	Non Preferred	PA
ECZEMA AGENTS		
DUPIXENT INJ 200/1.14	Preferred	SP, PA
DUPIXENT INJ 300/2ML	Non Preferred	PA; Pen-Injector
DUPIXENT INJ 300/2ML	Non Preferred	SP, PA; Prefilled Syringe
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea cream 39%</i>	Preferred	
<i>urea cream 40%</i>	Preferred	
<i>urea cream 41%</i>	Preferred	
<i>urea hydrati aer 35%</i>	Non Preferred	PA
<i>urea lotion 40%</i>	Preferred	
EMOLLIENTS		
AQUAPHILIC OIN	Preferred	OTC
AQUAPHOR ADV OIN HEALING	Preferred	OTC
AQUAPHOR ADV OIN THER BAB	Preferred	OTC
AQUAPHOR OIN	Preferred	OTC

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

ENZYMES - TOPICAL

SANTYL OIN 250/GM	Non Preferred	PA, QL (1 gm per day)
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IMMUNOMODULATING AGENTS - TOPICAL

ALDARA CRE 5%	Non Preferred	PA, QL (1 ea per day); AGE (Min age 10 years)
<i>imiquimod cream 3.75%</i>	Non Preferred	PA; AGE (Min age 10 years)
<i>imiquimod cream 5% (generic of ALDARA)</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years)
ZYCLARA CRE 3.75%	Non Preferred	PA; AGE (Min age 10 years)
ZYCLARA PUMP CRE 2.5%	Non Preferred	PA; AGE (Min age 10 years)
ZYCLARA PUMP CRE 3.75%	Non Preferred	PA; AGE (Min age 10 years)

IMMUNOSUPPRESSIVE AGENTS - TOPICAL

ELIDEL CRE 1%	Preferred	PA, QL (2 gm per day)
<i>pimecrolimus cream 1% (generic of ELIDEL)</i>	Preferred	PA, QL (2 gm per day)
PROTOPIC OIN 0.1%	Preferred	PA
PROTOPIC OIN 0.03%	Preferred	PA
<i>tacrolimus oint 0.1% (generic of PROTOPIC)</i>	Preferred	PA
<i>tacrolimus oint 0.03% (generic of PROTOPIC)</i>	Preferred	PA

KERATOLYTIC/ANTIMITOTIC AGENTS

BENSAL HP OIN	Non Preferred	PA
CONDYLOX GEL 0.5%	Preferred	
PODOCON SOL 25%	Non Preferred	PA
<i>podofilox soln 0.5%</i>	Preferred	QL (7 mL / 180 days)

Drug Name	Drug Tier	Requirements/Limits
<i>salicylic ac liq 27.5%</i>	Preferred	
<i>salicylic acid foam 6%</i>	Non Preferred	PA
<i>salicylic acid gel 6%</i>	Preferred	
LOCAL ANESTHETICS - TOPICAL		
APRIZIO PAK KIT II	Non Preferred	PA
ARTH PAIN CRE 0.075%	Preferred	OTC
<i>capsaicin cream 0.1%</i>	Preferred	OTC
<i>capsaicin cream 0.025%</i>	Preferred	OTC
<i>dermacinrx cre penetral</i>	Preferred	OTC
EMPRICAINE KIT II	Non Preferred	PA
<i>glydo gel 2%</i>	Preferred	
<i>lidocaine cream 4%</i>	Preferred	OTC
<i>lidocaine hcl cream 3%</i>	Preferred	
<i>lidocaine hcl soln 4%</i>	Preferred	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Preferred	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Preferred	
<i>lidocaine oint 5%</i>	Preferred	
<i>lidocaine patch 4%</i>	Preferred	OTC
<i>lidocaine patch 5% (generic of LIDODERM)</i>	Preferred	QL (3 ea per day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Non Preferred	PA
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	Non Preferred	PA
LIDODERM DIS 5%	Non Preferred	PA, QL (3 ea per day)
LYDEXA CRE 4.12%	Non Preferred	PA
NUVAKAAN II KIT	Non Preferred	PA
PLIAGLIS CRE 7-7%	Non Preferred	PA
PRILO PATCH KIT II	Non Preferred	PA
PRIZOPAK II KIT 2.5-2.5%	Non Preferred	PA
PRIZOTRAL II KIT	Non Preferred	PA
QUTENZA KIT 8% 1-PCH	Non Preferred	PA
QUTENZA KIT 8% 2-PCH	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
SYNERA DIS 70-70MG	Non Preferred	PA
ZTLIDO PAD 1.8%	Non Preferred	PA

MISC. DERMATOLOGICAL PRODUCTS

NUVAIL SOL 16%	Non Preferred	PA
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MISC. TOPICAL

<i>americerin cre</i>	Preferred	OTC
<i>dermacerin cre</i>	Preferred	OTC
HYCLODEX SOL 0.012%	Non Preferred	PA
<i>minerin cre</i>	Preferred	OTC
QBREXZA PAD 2.4%	Non Preferred	PA
XERAC-AC SOL 6.25%	Non Preferred	PA

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL

EUCRISA OIN 2%	Preferred	PA
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ROSACEA AGENTS

<i>azelaic acid gel 15%</i> (generic of FINACEA)	Non Preferred	PA
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	Non Preferred	PA
FINACEA AER 15%	Non Preferred	PA
FINACEA GEL 15%	Non Preferred	PA
METROCREAM CRE 0.75%	Non Preferred	PA
METROGEL GEL 1%	Non Preferred	PA
<i>metronidazole cream 0.75%</i> (generic of METROCREAM)	Preferred	
<i>metronidazole gel 0.75%</i>	Preferred	
<i>metronidazole gel 1%</i> (generic of METROGEL)	Preferred	
<i>metronidazole lotion 0.75%</i> (generic of METROLOTION)	Preferred	
NORITATE CRE 1%	Non Preferred	PA
ORACEA CAP 40MG	Non Preferred	PA
<i>rosadan cre 0.75%</i> (generic of METROCREAM)	Preferred	
<i>rosadan gel 0.75%</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
ROSADAN KIT 0.75%	Non Preferred	PA
SOOLANTRA CRE 1%	Non Preferred	PA
ZILXI AER 1.5%	Non Preferred	PA

SCABICIDES & PEDICULICIDES

<i>crotan lot 10%</i>	Non Preferred	PA
ELIMITE CRE 5%	Non Preferred	PA
<i>ivermectin lotion 0.5%</i>	Non Preferred	PA
<i>lice trtmnt liq 1%</i>	Preferred	OTC
<i>lindane shampoo 1%</i>	Non Preferred	PA
<i>malathion lotion 0.5%</i>	Non Preferred	PA
NATROBA SUS 0.9%	Preferred	
OVIDE LOT 0.5%	Non Preferred	PA
<i>permethrin aerosol 0.5%</i>	Preferred	OTC
<i>permethrin cream 5% (generic of ELIMITE)</i>	Preferred	
<i>permethrin lotion 1%</i>	Preferred	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	Preferred	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	Preferred	OTC
SKLICE LOT 0.5%	Non Preferred	PA
<i>spinosad susp 0.9%</i>	Non Preferred	PA

WOUND CARE PRODUCTS

REGANEX GEL 0.01%	Non Preferred	PA
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DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS

DIAGNOSTIC TESTS

ACCU-CHEK TES AVIVA PL	Non Preferred	PA, QL (4 ea per day), OTC
ACCU-CHEK TES COMPACT	Non Preferred	PA, QL (4 ea per day), OTC
ACCU-CHEK TES GUIDE	Non Preferred	PA, QL (4 ea per day), OTC
ACCU-CHEK TES SMART	Non Preferred	PA, QL (4 ea per day), OTC
ACCUTREND TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC

Drug Name	Drug Tier	Requirements/Limits
ACETONE (URINE) TEST STRIP	Preferred	OTC
ADVANCE TES INTUITIO	Non Preferred	PA, QL (4 ea per day), OTC
ADVANCE TES MICRO-DW	Non Preferred	PA, QL (4 ea per day), OTC
ADVOCATE TES	Non Preferred	PA, QL (4 ea per day), OTC
ADVOCATE TES REDI-COD	Non Preferred	PA, QL (4 ea per day), OTC
ADVOCATE TES REDICODE	Non Preferred	PA, QL (4 ea per day), OTC
AGAMATRIX TES AMP	Non Preferred	PA, QL (4 ea per day), OTC
AGAMATRIX TES JAZZ	Non Preferred	PA, QL (4 ea per day), OTC
AGAMATRIX TES KEYNOTE	Non Preferred	PA, QL (4 ea per day), OTC
AGAMATRIX TES PRESTO	Non Preferred	PA, QL (4 ea per day), OTC
ASSURE 3 TES	Non Preferred	PA, QL (4 ea per day), OTC
ASSURE 4 TES	Non Preferred	PA, QL (4 ea per day), OTC
ASSURE II TES	Non Preferred	PA, QL (4 ea per day), OTC
ASSURE II TES CHECK	Non Preferred	PA, QL (4 ea per day), OTC
ASSURE PRISM TES MULTI	Non Preferred	PA, QL (4 ea per day), OTC
ASSURE PRO TES	Non Preferred	PA, QL (4 ea per day), OTC
ASSURE TES PLATINUM	Non Preferred	PA, QL (4 ea per day), OTC
AUTOCODE TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
BIOSCANNER TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
BLOOD GLUCOS TES	Non Preferred	PA, QL (4 ea per day), OTC
BLOOD GLUCOS TES LE1	Non Preferred	PA, QL (4 ea per day), OTC
BLOOD GLUCOS TES PREMIUM	Non Preferred	PA, QL (4 ea per day), OTC
BLOOD GLUCOS TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
CARESENS N TES	Non Preferred	PA, QL (4 ea per day), OTC

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH MIS TST STRP	Non Preferred	PA, QL (4 ea per day), OTC
CLEVER CHEK TES	Non Preferred	PA, QL (4 ea per day), OTC
CLEVER CHEK TES AUTO CD	Non Preferred	PA, QL (4 ea per day), OTC
CLEVER CHEK TES TALK	Non Preferred	PA, QL (4 ea per day), OTC
CLEVER CHEK TES VOICE	Non Preferred	PA, QL (4 ea per day), OTC
CLEVER CHOIC TES MICRO	Non Preferred	PA, QL (4 ea per day), OTC
CLEVR CHOICE TES AUTO-CD	Non Preferred	PA, QL (4 ea per day), OTC
CLEVR CHOICE TES NOCODE	Non Preferred	PA, QL (4 ea per day), OTC
CONFIRM/MICR TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
CONTOUR TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
CONTOUR TES NEXT	Non Preferred	PA, QL (4 ea per day), OTC
COOL BLOOD TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
CVS ADVANCED TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
CVS GLUCOSE TES TEST STR	Non Preferred	PA, QL (4 ea per day), OTC
D-CARE BLOOD TES GLUCOSE	Non Preferred	PA, QL (4 ea per day)
DIATHRIVE MIS TEST STR	Non Preferred	PA, QL (4 ea per day), OTC
DIATHRIVE+ MIS TEST STR	Non Preferred	PA, QL (4 ea per day), OTC
DIATRUE PLUS TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
DUO-CARE TES	Non Preferred	PA, QL (4 ea per day), OTC
EASY PLUS II TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
EASY STEP TES	Non Preferred	PA, QL (4 ea per day), OTC
EASY TALK TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
EASY TOUCH TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
EASY TOUCH TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TRAK II TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
EASY TRAK TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
EASYGLUCO TES	Non Preferred	PA, QL (4 ea per day), OTC
EASYGLUCO TES PLUS	Non Preferred	PA, QL (4 ea per day), OTC
EASYMAX 15 TES	Non Preferred	PA, QL (4 ea per day), OTC
EASYMAX TES	Non Preferred	PA, QL (4 ea per day), OTC
EASYPRO PLUS TES	Non Preferred	PA, QL (4 ea per day), OTC
EASYPRO TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
ELEMENT TES	Non Preferred	PA, QL (4 ea per day), OTC
ELEMNT COMPA TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
EMBRACE EVO TES	Non Preferred	PA, QL (4 ea per day), OTC
EMBRACE PRO TES	Non Preferred	PA, QL (4 ea per day), OTC
EMBRACE TALK TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
EMBRACE TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
EVENCARE + TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
EVENCARE G2 TES	Non Preferred	PA, QL (4 ea per day), OTC
EVENCARE G3 TES	Non Preferred	PA, QL (4 ea per day), OTC
EVENCARE TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
EVENCARE TES MINI	Non Preferred	PA, QL (4 ea per day), OTC
EVENCARE TES PROVIEW	Non Preferred	PA, QL (4 ea per day), OTC
EVOLUTION TES AUTOCODE	Non Preferred	PA, QL (4 ea per day), OTC
EXACTECH TES	Non Preferred	PA, QL (4 ea per day), OTC
EXACTECH TES R-S-G	Non Preferred	PA, QL (4 ea per day), OTC
FIFTY50 GLUC TES 2.0	Non Preferred	PA, QL (4 ea per day), OTC

Drug Name	Drug Tier	Requirements/Limits
FORA 6 MIS CONNECT	Non Preferred	PA, QL (4 ea per day), OTC
FORA BLOOD TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
FORA D15G TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA D20 TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA D40/G31 TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
FORA G20 TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA G30/V10 TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA GD20 TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA GD50 TES	Non Preferred	PA, QL (4 ea per day), OTC
FORA GTEL TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA TN'G TES TN'G VOI	Non Preferred	PA, QL (4 ea per day), OTC
FORA V10 TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA V12 TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA V20 TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA V30A TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORACARE TES GD40	Non Preferred	PA, QL (4 ea per day), OTC
FORACARE TES PREM V10	Non Preferred	PA, QL (4 ea per day), OTC
FORACARE TES TST N GO	Non Preferred	PA, QL (4 ea per day), OTC
FORTISCARE TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FREESTYLE TES	Non Preferred	PA, QL (4 ea per day), OTC
FREESTYLE TES INSULINX	Non Preferred	PA, QL (4 ea per day), OTC
FREESTYLE TES LITE	Non Preferred	PA, QL (4 ea per day), OTC
FREESTYLE TES PREC NEO	Non Preferred	PA, QL (4 ea per day), OTC
GE100 BLOOD TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC

Drug Name	Drug Tier	Requirements/Limits
GENULTIMATE TES	Non Preferred	PA, QL (4 ea per day), OTC
GHT TEST TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
GLUCO PERFEC TES 3	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOCARD 01 TES PLUS	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOCARD 01 TES SENSOR	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOCARD TES EXPRESSI	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOCARD TES SHINE	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOCARD TES VITAL	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOCARD TES X-SENSOR	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOCOM TES	Non Preferred	PA, QL (4 ea per day), OTC
GLUCONAVII TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOSE TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
GOJJI BLOOD TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
GOJJI STRIPS MIS W/LANCET	Non Preferred	PA, QL (4 ea per day), OTC
HARMONY TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
HW EMBRACE TES PRO	Non Preferred	PA, QL (4 ea per day), OTC
HW EMBRACE TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
IGLUCOSE TES	Non Preferred	PA, QL (4 ea per day), OTC
IN TOUCH TES BLOOD	Non Preferred	PA, QL (4 ea per day), OTC
INFINITY TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
INFINITY TES VOICE	Non Preferred	PA, QL (4 ea per day), OTC
KROGER BLOOD TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
KROGER TES	Non Preferred	PA, QL (4 ea per day), OTC
LIBERTY NEXT TES GEN	Non Preferred	PA, QL (4 ea per day), OTC

Drug Name	Drug Tier	Requirements/Limits
LIBERTY TES	Non Preferred	PA, QL (4 ea per day), OTC
MEIJER BLOOD TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
MEIJER TES TRUETEST	Non Preferred	PA, QL (4 ea per day), OTC
MEIJER TES TRUETRAC	Non Preferred	PA, QL (4 ea per day), OTC
MICRODOT TES	Non Preferred	PA, QL (4 ea per day), OTC
MICRODOT TES XTRA	Non Preferred	PA, QL (4 ea per day), OTC
MYGLUCOHEALT TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
NEUTEK 2TEK TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
NO CODING TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
NOVA MAX TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
ONE DROP TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
ONETOUCH TES ULTRA	Preferred	QL (4 ea per day), OTC
ONETOUCH TES VERIO	Preferred	QL (4 ea per day), OTC
ONETOUCH TES VERIO	Non Preferred	PA, QL (4 ea per day), OTC
OPTIUM TES	Non Preferred	PA, QL (4 ea per day), OTC
OPTIUMEZ TES	Non Preferred	PA, QL (4 ea per day), OTC
POCKETCHEM TES EZ	Non Preferred	PA, QL (4 ea per day), OTC
PRECISION PT TES OF CARE	Non Preferred	PA, QL (4 ea per day), OTC
PRECISION TES PCX	Non Preferred	PA, QL (4 ea per day), OTC
PRECISION TES PCX PLUS	Non Preferred	PA, QL (4 ea per day), OTC
PRECISION TES QID	Non Preferred	PA, QL (4 ea per day), OTC
PRECISION TES SOF-TACT	Non Preferred	PA, QL (4 ea per day), OTC
PRECISION TES XTRA	Non Preferred	PA, QL (4 ea per day), OTC
PREMIUM BLOO MIS GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC

Drug Name	Drug Tier	Requirements/Limits
PRO VOICE TES V8/V9	Non Preferred	PA, QL (4 ea per day), OTC
PRODIGY NO TES CODING	Non Preferred	PA, QL (4 ea per day), OTC
PTS PANELS TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
QUICKTEK TES	Non Preferred	PA, QL (4 ea per day), OTC
QUINTET AC TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
QUINTET TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
REFUAH PLUS TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
RELION BLOOD TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
RELION PREMI TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
RELION PRIME TES	Non Preferred	PA, QL (4 ea per day), OTC
RELION PRIME TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
RELION TES ULTIMA	Non Preferred	PA, QL (4 ea per day), OTC
RELION TRUE TES METRIX	Non Preferred	PA, QL (4 ea per day), OTC
RIGHTEST TES GS100	Non Preferred	PA, QL (4 ea per day), OTC
RIGHTEST TES GS300	Non Preferred	PA, QL (4 ea per day), OTC
RIGHTEST TES GS550	Non Preferred	PA, QL (4 ea per day), OTC
SMART SENSE TES TEST	Non Preferred	PA, QL (4 ea per day), OTC
SMARTEST TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
SOLUS V2 TES AUDIBLE	Non Preferred	PA, QL (4 ea per day), OTC
SUPREME TES	Non Preferred	PA, QL (4 ea per day), OTC
SURE-TEST TES EASYPLUS	Non Preferred	PA, QL (4 ea per day), OTC
TRUE FOCUS MIS BLOOD	Non Preferred	PA, QL (4 ea per day), OTC
TRUE METRIX TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
TRUETEST TES	Non Preferred	PA, QL (4 ea per day), OTC

Drug Name	Drug Tier	Requirements/Limits
TRUETRACK TES	Non Preferred	PA, QL (4 ea per day), OTC
ULTIMA TES	Non Preferred	PA, QL (4 ea per day), OTC
UNISTRIP1 TES GENERIC	Non Preferred	PA, QL (4 ea per day), OTC
VERASENS TES	Non Preferred	PA, QL (4 ea per day), OTC
VIVAGUARD TES INO	Non Preferred	PA, QL (4 ea per day), OTC

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	Preferred	QL (6 ea per day)
CREON CAP 6000UNIT	Preferred	QL (6 ea per day)
CREON CAP 12000UNT	Preferred	QL (6 ea per day)
CREON CAP 24000UNT	Preferred	QL (6 ea per day)
CREON CAP 36000UNT	Preferred	QL (6 ea per day)
PANCREAZE CAP 2600UNIT	Preferred	
PANCREAZE CAP 4200UNIT	Preferred	
PANCREAZE CAP 10500UNT	Preferred	
PANCREAZE CAP 16800UNT	Preferred	
PANCREAZE CAP 21000UNT	Preferred	
PERTZYE CAP 4000UNIT	Non Preferred	PA
PERTZYE CAP 8000UNIT	Non Preferred	PA
PERTZYE CAP 16000U	Non Preferred	PA
PERTZYE CAP 24000U	Non Preferred	PA
VIOKACE TAB 10440	Non Preferred	PA
VIOKACE TAB 20880	Non Preferred	PA
ZENPEP CAP 3000UNIT	Preferred	QL (6 ea per day)
ZENPEP CAP 5000UNIT	Preferred	QL (6 ea per day)
ZENPEP CAP 10000UNT	Preferred	
ZENPEP CAP 15000UNT	Preferred	QL (6 ea per day)
ZENPEP CAP 20000UNT	Preferred	QL (6 ea per day)
ZENPEP CAP 25000	Preferred	QL (6 ea per day)
ZENPEP CAP 40000	Preferred	QL (6 ea per day)

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

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

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 25/25	Non Preferred	PA, QL (4 ea per day)
ALDACTAZIDE TAB 50/50	Non Preferred	PA, QL (2 ea per day)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Preferred	QL (2 ea per day)
MAXZIDE TAB 75-50	Non Preferred	PA, QL (4 ea per day)
MAXZIDE-25 TAB	Non Preferred	PA, QL (4 ea per day)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)</i>	Preferred	QL (4 ea per day)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Preferred	QL (2 ea per day)
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)</i>	Preferred	QL (4 ea per day)
<i>triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	Preferred	QL (4 ea per day)

LOOP DIURETICS

<i>bumetanide tab 0.5 mg (generic of BUMEX)</i>	Preferred	QL (2 ea per day)
<i>bumetanide tab 1 mg</i>	Preferred	QL (2 ea per day)
<i>bumetanide tab 2 mg</i>	Preferred	QL (5 ea per day)
BUMEX TAB 0.5MG	Non Preferred	PA, QL (2 ea per day)
EDECIN TAB 25MG	Non Preferred	PA
<i>ethacrynic acid tab 25 mg (generic of EDECIN)</i>	Preferred	
<i>furosemide oral soln 8 mg/ml</i>	Preferred	
<i>furosemide oral soln 10 mg/ml</i>	Preferred	
<i>furosemide tab 20 mg (generic of LASIX)</i>	Preferred	QL (6 ea per day)
<i>furosemide tab 40 mg (generic of LASIX)</i>	Preferred	QL (6 ea per day)
<i>furosemide tab 80 mg (generic of LASIX)</i>	Preferred	QL (6 ea per day)
LASIX TAB 20MG	Non Preferred	PA, QL (6 ea per day)
LASIX TAB 40MG	Non Preferred	PA, QL (6 ea per day)

Drug Name	Drug Tier	Requirements/Limits
LASIX TAB 80MG	Non Preferred	PA, QL (6 ea per day)
<i>torsemide tab 5 mg</i>	Preferred	QL (2 ea per day)
<i>torsemide tab 10 mg</i>	Preferred	QL (4 ea per day)
<i>torsemide tab 20 mg</i>	Preferred	QL (4 ea per day)
<i>torsemide tab 100 mg</i>	Preferred	QL (2 ea per day)

POTASSIUM SPARING DIURETICS

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

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tab 25 mg</i>	Preferred	QL (4 ea per day)
<i>chlorthalidone tab 50 mg</i>	Preferred	QL (4 ea per day)
DIURIL SUS 250/5ML	Preferred	
<i>hydrochlorothiazide cap 12.5 mg</i>	Preferred	QL (2 ea per day)
<i>hydrochlorothiazide tab 12.5 mg</i>	Preferred	
<i>hydrochlorothiazide tab 25 mg</i>	Preferred	QL (8 ea per day)
<i>hydrochlorothiazide tab 50 mg</i>	Preferred	QL (4 ea per day)
<i>indapamide tab 1.25 mg</i>	Preferred	QL (2 ea per day)
<i>indapamide tab 2.5 mg</i>	Preferred	QL (2 ea per day)
<i>metolazone tab 2.5 mg</i>	Preferred	QL (4 ea per day)
<i>metolazone tab 5 mg</i>	Preferred	QL (4 ea per day)
<i>metolazone tab 10 mg</i>	Preferred	QL (2 ea per day)

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

ADRENAL STEROID INHIBITORS

ISTURISA TAB 1MG	Non Preferred	PA
ISTURISA TAB 5MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ISTURISA TAB 10MG	Non Preferred	PA
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	Non Preferred	PA
ACTONEL TAB 150MG	Non Preferred	PA
<i>alendronate sodium oral soln 70 mg/75ml</i>	Preferred	
<i>alendronate sodium tab 10 mg</i>	Preferred	QL (1 ea per day)
<i>alendronate sodium tab 35 mg</i>	Preferred	QL (0.1429 ea per day)
<i>alendronate sodium tab 70 mg (generic of FOSAMAX)</i>	Preferred	QL (0.1429 ea per day)
AELVIA TAB	Non Preferred	PA
BONIVA TAB 150MG	Non Preferred	PA, QL (0.0358 ea per day)
<i>calcitonin (salmon) nasal soln 200 unit/act (generic of MIACALCIN)</i>	Preferred	QL (1 mL per day)
FOSAMAX + D TAB 70-2800	Non Preferred	PA
FOSAMAX + D TAB 70-5600	Non Preferred	PA
FOSAMAX TAB 70MG	Non Preferred	PA, QL (0.1429 ea per day)
<i>ibandronate sodium tab 150 mg (base equivalent) (generic of BONIVA)</i>	Non Preferred	PA, QL (0.0358 ea per day)
<i>risedronate sodium tab 5 mg</i>	Non Preferred	PA
<i>risedronate sodium tab 30 mg</i>	Non Preferred	PA
<i>risedronate sodium tab 35 mg (generic of ACTONEL)</i>	Non Preferred	PA
<i>risedronate sodium tab 150 mg (generic of ACTONEL)</i>	Non Preferred	PA
<i>risedronate sodium tab delayed release 35 mg (generic of AELVIA)</i>	Non Preferred	PA
GNRH/LHRH ANTAGONISTS		
ORLISSA TAB 150MG	Preferred	PA
ORLISSA TAB 200MG	Preferred	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	Non Preferred	SP, PA
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	Preferred	SP, PA
GENOTROPIN INJ 0.4MG	Preferred	SP, PA
GENOTROPIN INJ 0.6MG	Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN INJ 0.8MG	Preferred	SP, PA
GENOTROPIN INJ 1.2MG	Preferred	SP, PA
GENOTROPIN INJ 1.4MG	Preferred	SP, PA
GENOTROPIN INJ 1.6MG	Preferred	SP, PA
GENOTROPIN INJ 1.8MG	Preferred	SP, PA
GENOTROPIN INJ 1MG	Preferred	SP, PA
GENOTROPIN INJ 2MG	Preferred	SP, PA
GENOTROPIN INJ 5MG	Preferred	SP, PA
GENOTROPIN INJ 12MG	Preferred	SP, PA
HUMATROPE INJ 5MG	Non Preferred	SP, PA
HUMATROPE INJ 6MG	Non Preferred	SP, PA
HUMATROPE INJ 12MG	Non Preferred	SP, PA
HUMATROPE INJ 24MG	Non Preferred	SP, PA
NORDITROPIN INJ 5/1.5ML	Non Preferred	SP, PA
NORDITROPIN INJ 10/1.5ML	Non Preferred	SP, PA
NORDITROPIN INJ 15/1.5ML	Non Preferred	SP, PA
NORDITROPIN INJ 30/3ML	Non Preferred	SP, PA
NUTROPIN AQ INJ 10MG/2ML	Non Preferred	SP, PA
NUTROPIN AQ INJ 20MG/2ML	Non Preferred	SP, PA
NUTROPIN AQ INJ NUSPIN 5	Non Preferred	SP, PA
OMNITROPE INJ 5.8MG	Non Preferred	SP, PA
OMNITROPE INJ 5/1.5ML	Non Preferred	SP, PA
OMNITROPE INJ 10/1.5ML	Non Preferred	SP, PA
SAIZEN INJ 5MG	Non Preferred	SP, PA
SAIZEN INJ 8.8MG	Non Preferred	SP, PA
SAIZENPREP INJ 8.8MG	Non Preferred	SP, PA
SEROSTIM INJ 4MG	Non Preferred	SP, PA
SEROSTIM INJ 5MG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
SEROSTIM INJ 6MG	Non Preferred	SP, PA
ZOMACTON INJ 5MG	Non Preferred	SP, PA
ZOMACTON INJ 10MG	Non Preferred	SP, PA
ZORBTIVE INJ 8.8MG	Non Preferred	SP, PA

HORMONE RECEPTOR MODULATORS

EVISTA TAB 60MG	Non Preferred	PA, QL (1 ea per day)
OSPHENA TAB 60MG	Non Preferred	PA
<i>raloxifene hcl tab 60 mg (generic of EVISTA)</i>	Non Preferred	PA, QL (1 ea per day)

INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)

INCRELEX INJ 40MG/4ML	Non Preferred	SP, PA
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LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS

SYNAREL SOL 2MG/ML	Non Preferred	SP, PA
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METABOLIC MODIFIERS

BUPHENYL POW	Non Preferred	SP, PA
BUPHENYL TAB 500MG	Non Preferred	SP, PA
<i>calcitriol cap 0.5 mcg (generic of ROCALTROL)</i>	Preferred	QL (4 ea per day)
<i>calcitriol cap 0.25 mcg (generic of ROCALTROL)</i>	Preferred	QL (4 ea per day)
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	Preferred	
CARBAGLU TAB 200MG	Non Preferred	PA
CARNITOR SF SOL 1GM/10ML	Non Preferred	PA, QL (60 mL per day)
CARNITOR SOL 1GM/10ML	Non Preferred	PA, QL (60 mL per day)
CARNITOR TAB 330MG	Non Preferred	PA, QL (18 ea per day)
<i>cinacalcet hcl tab 30 mg (base equiv) (generic of SENSIPAR)</i>	Non Preferred	SP, PA
<i>cinacalcet hcl tab 60 mg (base equiv) (generic of SENSIPAR)</i>	Non Preferred	SP, PA
<i>cinacalcet hcl tab 90 mg (base equiv) (generic of SENSIPAR)</i>	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
CYSTADANE POW	Non Preferred	PA
<i>doxercalciferol cap 0.5 mcg</i>	Preferred	
<i>doxercalciferol cap 1 mcg</i>	Preferred	
<i>doxercalciferol cap 2.5 mcg</i>	Preferred	
GALAFOLD CAP 123MG	Non Preferred	PA
KUVAN POW 100MG	Non Preferred	SP, PA
KUVAN POW 500MG	Non Preferred	SP, PA
KUVAN TAB 100MG	Non Preferred	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> (generic of CARNITOR)	Non Preferred	PA, QL (60 mL per day)
<i>levocarnitine tab 330 mg</i> (generic of CARNITOR)	Non Preferred	PA, QL (18 ea per day)
<i>nitisinone cap 2 mg</i> (generic of ORFADIN)	Preferred	
<i>nitisinone cap 5 mg</i> (generic of ORFADIN)	Preferred	
<i>nitisinone cap 10 mg</i> (generic of ORFADIN)	Preferred	
NITYR TAB 2MG	Non Preferred	PA
NITYR TAB 5MG	Non Preferred	PA
NITYR TAB 10MG	Non Preferred	PA
ORFADIN CAP 2MG	Preferred	
ORFADIN CAP 5MG	Preferred	
ORFADIN CAP 10MG	Preferred	
ORFADIN CAP 20MG	Preferred	
ORFADIN SUS 4MG/ML	Non Preferred	PA
<i>paricalcitol cap 1 mcg</i> (generic of ZEMPLAR)	Non Preferred	PA
<i>paricalcitol cap 2 mcg</i> (generic of ZEMPLAR)	Non Preferred	PA
<i>paricalcitol cap 4 mcg</i>	Non Preferred	PA
RAVICTI LIQ 1.1GM/ML	Non Preferred	SP, PA
RAYALDEE CAP 30MCG	Non Preferred	PA
ROCALTROL CAP 0.5MCG	Non Preferred	PA, QL (4 ea per day)
ROCALTROL CAP 0.25MCG	Non Preferred	PA, QL (4 ea per day)

Drug Name	Drug Tier	Requirements/Limits
ROCALTROL SOL 1MCG/ML	Non Preferred	PA
<i>sapropterin dihydrochloride powder packet 100 mg (generic of KUVAN)</i>	Non Preferred	SP, PA
<i>sapropterin dihydrochloride powder packet 500 mg (generic of KUVAN)</i>	Non Preferred	SP, PA
<i>sapropterin dihydrochloride soluble tab 100 mg (generic of KUVAN)</i>	Non Preferred	SP, PA
SENSIPAR TAB 30MG	Non Preferred	SP, PA
SENSIPAR TAB 60MG	Non Preferred	SP, PA
SENSIPAR TAB 90MG	Non Preferred	SP, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful (generic of BUPHENYL)</i>	Non Preferred	SP, PA
<i>sodium phenylbutyrate tab 500 mg (generic of BUPHENYL)</i>	Non Preferred	SP, PA
ZEMPLAR CAP 1MCG	Non Preferred	PA
ZEMPLAR CAP 2MCG	Non Preferred	PA

POSTERIOR PITUITARY HORMONES

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

PROGESTERONE RECEPTOR ANTAGONISTS

MIFEPREX TAB 200MG	Non Preferred	PA
<i>mifepristone tab 200 mg (generic of MIFEPREX)</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	Preferred	
SOMATOSTATIC AGENTS		
BYNFEZIA PEN INJ 2500MCG	Non Preferred	SP, PA
MYCAPSSA CAP 20MG	Non Preferred	SP, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (generic of SANDOSTATIN)</i>	Non Preferred	SP, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (generic of SANDOSTATIN)</i>	Non Preferred	SP, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Non Preferred	SP, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (generic of SANDOSTATIN)</i>	Non Preferred	SP, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Non Preferred	SP, PA
SANDOSTATIN INJ 50MCG/ML	Non Preferred	SP, PA
SANDOSTATIN INJ 100MCG	Non Preferred	SP, PA
SANDOSTATIN INJ 500MCG	Non Preferred	SP, PA
SANDOSTATIN KIT LAR 10MG	Non Preferred	SP, PA
SANDOSTATIN KIT LAR 20MG	Non Preferred	SP, PA
SANDOSTATIN KIT LAR 30MG	Non Preferred	SP, PA
SIGNIFOR INJ 0.3MG/ML	Non Preferred	PA
SIGNIFOR INJ 0.6MG/ML	Non Preferred	PA
SIGNIFOR INJ 0.9MG/ML	Non Preferred	PA
SIGNIFOR LAR INJ 10MG	Non Preferred	PA
SIGNIFOR LAR INJ 20MG	Non Preferred	PA
SIGNIFOR LAR INJ 30MG	Non Preferred	PA
SIGNIFOR LAR INJ 40MG	Non Preferred	PA
SIGNIFOR LAR INJ 60MG	Non Preferred	PA
SOMATULINE INJ 60/0.2ML	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE INJ 90/0.3ML	Non Preferred	SP, PA
SOMATULINE INJ 120/.5ML	Non Preferred	SP, PA

VASOPRESSIN RECEPTOR ANTAGONISTS

JYNARQUE PAK 30-15MG	Non Preferred	PA
JYNARQUE PAK 45-15MG	Non Preferred	PA
JYNARQUE PAK 60-30MG	Non Preferred	PA
JYNARQUE PAK 90-30MG	Non Preferred	PA
JYNARQUE TAB 15MG	Non Preferred	PA
JYNARQUE TAB 15MG	Non Preferred	SP, PA
JYNARQUE TAB 30MG	Non Preferred	SP, PA
SAMSCA TAB 15MG	Non Preferred	SP, PA
SAMSCA TAB 30MG	Non Preferred	SP, PA
<i>tolvaptan tab 15 mg</i>	Non Preferred	SP, PA
<i>tolvaptan tab 30 mg (generic of SAMSCA)</i>	Non Preferred	SP, PA

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

ESTROGEN COMBINATIONS

ACTIVELLA TAB 1-0.5MG	Non Preferred	PA
<i>amabelz tab 0.5-0.1</i>	Preferred	
<i>amabelz tab 1-0.5mg (generic of ACTIVELLA)</i>	Preferred	
ANGELIQ TAB 0.5-1MG	Non Preferred	PA
ANGELIQ TAB 0.25-0.5	Non Preferred	PA
BIJUVA CAP 1-100MG	Non Preferred	PA
CLIMARA PRO DIS WEEKLY	Non Preferred	PA
COMBIPATCH DIS	Preferred	
DUAVEE TAB 0.45-20	Non Preferred	PA
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)</i>	Preferred	
FEMHRT TAB 0.5-2.5	Non Preferred	PA, QL (1 ea per day)
<i>fyavolv tab 0.5-2.5 (generic of FEMHRT LOW DOSE)</i>	Non Preferred	PA, QL (1 ea per day)
<i>fyavolv tab 1-5</i>	Non Preferred	PA
<i>jinteli tab 1mg-5mcg</i>	Non Preferred	PA
<i>mimvey tab 1-0.5mg (generic of ACTIVELLA)</i>	Preferred	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (generic of FEMHRT LOW DOSE)</i>	Non Preferred	PA, QL (1 ea per day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Non Preferred	PA
ORIAHNN CAP	Non Preferred	PA
PREFEST TAB	Non Preferred	PA
PREMPHASE TAB	Preferred	
PREMPRO TAB	Preferred	
PREMPRO TAB 0.3-1.5	Preferred	
PREMPRO TAB 0.45-1.5	Preferred	
PREMPRO TAB 0.625-5	Preferred	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ALORA DIS 0.1MG	Non Preferred	PA
ALORA DIS 0.05MG	Non Preferred	PA
ALORA DIS 0.025MG	Non Preferred	PA
ALORA DIS 0.075MG	Non Preferred	PA
CLIMARA DIS 0.1MG	Non Preferred	PA
CLIMARA DIS 0.05MG	Non Preferred	PA
CLIMARA DIS 0.06MG	Non Preferred	PA
CLIMARA DIS 0.025MG	Non Preferred	PA
CLIMARA DIS 0.075MG	Non Preferred	PA
CLIMARA DIS 0.0375MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL 0.5MG	Non Preferred	PA
DIVIGEL GEL 0.25MG	Non Preferred	PA
DIVIGEL GEL 0.75MG	Non Preferred	PA
DIVIGEL GEL 1.25MG	Non Preferred	PA
DIVIGEL GEL 1MG/GM	Non Preferred	PA
<i>dotti dis 0.1mg</i> (generic of VIVELLE-DOT)	Preferred	
<i>dotti dis 0.05mg</i> (generic of VIVELLE-DOT)	Preferred	
<i>dotti dis 0.025mg</i> (generic of VIVELLE-DOT)	Preferred	
<i>dotti dis 0.075mg</i> (generic of VIVELLE-DOT)	Preferred	
<i>dotti dis 0.0375mg</i> (generic of VIVELLE-DOT)	Preferred	
ELESTRIN GEL 0.06%	Non Preferred	PA
ESTRACE TAB 0.5MG	Non Preferred	PA, QL (1 ea per day)
ESTRACE TAB 1MG	Non Preferred	PA, QL (1 ea per day)
ESTRACE TAB 2MG	Non Preferred	PA, QL (1 ea per day)
<i>estradiol tab 0.5 mg</i> (generic of ESTRACE)	Preferred	QL (1 ea per day)
<i>estradiol tab 1 mg</i> (generic of ESTRACE)	Preferred	QL (1 ea per day)
<i>estradiol tab 2 mg</i> (generic of ESTRACE)	Preferred	QL (1 ea per day)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> (generic of MINIVELLE)	Preferred	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> (generic of MINIVELLE)	Preferred	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> (generic of MINIVELLE)	Preferred	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (generic of MINIVELLE)	Preferred	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (generic of MINIVELLE)	Preferred	
<i>estradiol td patch weekly 0.1 mg/24hr</i> (generic of CLIMARA)	Preferred	
<i>estradiol td patch weekly 0.05 mg/24hr</i> (generic of CLIMARA)	Preferred	
<i>estradiol td patch weekly 0.06 mg/24hr</i> (generic of CLIMARA)	Preferred	
<i>estradiol td patch weekly 0.025 mg/24hr</i> (generic of CLIMARA)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch weekly 0.075 mg/24hr</i> (generic of CLIMARA)	Preferred	
<i>estradiol td patch weekly 0.0375 mg/24hr</i> (37.5 mcg/24hr) (generic of CLIMARA)	Preferred	
EVAMIST SPR 1.53MG	Non Preferred	PA
<i>lyllana dis 0.1mg</i> (generic of MINIVELLE)	Preferred	
<i>lyllana dis 0.05mg</i> (generic of MINIVELLE)	Preferred	
<i>lyllana dis 0.025mg</i> (generic of MINIVELLE)	Preferred	
<i>lyllana dis 0.075mg</i> (generic of MINIVELLE)	Preferred	
<i>lyllana dis 0.0375mg</i> (generic of MINIVELLE)	Preferred	
MENEST TAB 0.3MG	Preferred	
MENEST TAB 0.625MG	Preferred	
MENEST TAB 1.25MG	Preferred	
MENOSTAR DIS 14MCG	Non Preferred	PA
MINIVELLE DIS 0.1MG	Non Preferred	PA
MINIVELLE DIS 0.05MG	Non Preferred	PA
MINIVELLE DIS 0.025MG	Non Preferred	PA
MINIVELLE DIS 0.075MG	Non Preferred	PA
MINIVELLE DIS 0.0375MG	Non Preferred	PA
PREMARIN TAB 0.3MG	Preferred	
PREMARIN TAB 0.9MG	Preferred	
PREMARIN TAB 0.45MG	Preferred	
PREMARIN TAB 0.625MG	Preferred	
PREMARIN TAB 1.25MG	Preferred	
VIVELLE-DOT DIS 0.1MG	Non Preferred	PA
VIVELLE-DOT DIS 0.05MG	Non Preferred	PA
VIVELLE-DOT DIS 0.025MG	Non Preferred	PA
VIVELLE-DOT DIS 0.075MG	Non Preferred	PA
VIVELLE-DOT DIS 0.0375MG	Non Preferred	PA

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

BAXDELA TAB 450MG	Non Preferred	PA; AGE (Min age 16 years)
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Drug Name	Drug Tier	Requirements/Limits
CIPRO (5%) SUS 250MG/5	Non Preferred	PA; AGE (Min age 16 years)
CIPRO (10%) SUS 500MG/5	Non Preferred	PA; AGE (Min age 16 years)
CIPRO TAB 250MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 16 years)
CIPRO TAB 500MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 16 years)
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	Preferred	AGE (Min age 16 years)
<i>ciprofloxacin hcl tab 250 mg (base equiv) (generic of CIPRO)</i>	Preferred	QL (2 ea per day); AGE (Min age 16 years)
<i>ciprofloxacin hcl tab 500 mg (base equiv) (generic of CIPRO)</i>	Preferred	QL (2 ea per day); AGE (Min age 16 years)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Preferred	QL (2 ea per day); AGE (Min age 16 years)
<i>levofloxacin oral soln 25 mg/ml</i>	Preferred	AGE (Min age 16 years)
<i>levofloxacin tab 250 mg (generic of LEVAQUIN)</i>	Preferred	QL (1 ea per day); AGE (Min age 16 years)
<i>levofloxacin tab 500 mg (generic of LEVAQUIN)</i>	Preferred	QL (1 ea per day); AGE (Min age 16 years)
<i>levofloxacin tab 750 mg (generic of LEVAQUIN)</i>	Preferred	QL (1 ea per day); AGE (Min age 16 years)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Non Preferred	PA; AGE (Min age 16 years)
<i>ofloxacin tab 300 mg</i>	Non Preferred	PA; AGE (Min age 16 years)
<i>ofloxacin tab 400 mg</i>	Non Preferred	PA; AGE (Min age 16 years)

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

5-HT₄ RECEPTOR AGONISTS

MOTEGRITY TAB 1MG	Non Preferred	PA
MOTEGRITY TAB 2MG	Non Preferred	PA

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB 3MG	Non Preferred	PA
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ANTIFLATULENTS

<i>simethicone cap 125 mg</i>	Preferred	OTC
<i>simethicone cap 180 mg</i>	Preferred	OTC
<i>simethicone chew tab 80 mg</i>	Preferred	OTC
<i>simethicone chew tab 125 mg</i>	Preferred	OTC
<i>simethicone susp 40 mg/0.6ml</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	Non Preferred	PA
CHOLBAM CAP 250MG	Non Preferred	PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	Non Preferred	SP, PA
OCALIVA TAB 10MG	Non Preferred	SP, PA
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TAB 250MG	Non Preferred	PA
URSO 250 TAB 250MG	Non Preferred	PA, QL (4 ea per day)
URSO FORTE TAB 500MG	Non Preferred	PA, QL (2 ea per day)
<i>ursodiol cap 300 mg</i>	Preferred	QL (3 ea per day)
<i>ursodiol tab 250 mg (generic of URSO 250)</i>	Non Preferred	PA, QL (4 ea per day)
<i>ursodiol tab 500 mg (generic of URSO FORTE)</i>	Non Preferred	PA, QL (2 ea per day)
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml (generic of GASTROCROM)</i>	Preferred	
GASTROCROM CON 100/5ML	Non Preferred	PA
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP 8MCG	Non Preferred	PA
AMITIZA CAP 24MCG	Non Preferred	PA
<i>lubiprostone cap 8 mcg</i>	Non Preferred	PA
<i>lubiprostone cap 24 mcg</i>	Non Preferred	PA
GASTROINTESTINAL STIMULANTS		
METOCLOPRAMI TAB 10MG ODT	Non Preferred	PA
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	Non Preferred	PA
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Preferred	
<i>metoclopramide hcl tab 5 mg (base equivalent) (generic of REGLAN)</i>	Preferred	QL (6 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl tab 10 mg (base equivalent) (generic of REGLAN)</i>	Preferred	QL (6 ea per day)
REGLAN TAB 5MG	Non Preferred	PA, QL (6 ea per day)
REGLAN TAB 10MG	Non Preferred	PA, QL (6 ea per day)

INFLAMMATORY BOWEL AGENTS

APRISO CAP 0.375GM	Non Preferred	PA, QL (4 ea per day)
ASACOL HD TAB 800MG	Non Preferred	PA
AVSOLA INJ 100MG	Non Preferred	SP, PA
AZULFIDINE TAB 500MG	Non Preferred	PA, QL (10 ea per day)
AZULFIDINE TAB 500MG EN	Non Preferred	PA, QL (8 ea per day)
<i>balsalazide disodium cap 750 mg (generic of COLAZAL)</i>	Preferred	
CANASA SUP 1000MG	Non Preferred	PA
CIMZIA KIT 200MG	Non Preferred	SP, PA
CIMZIA PREFL KIT 200MG/ML	Preferred	SP, PA
CIMZIA START KIT 200MG/ML	Preferred	SP, PA
COLAZAL CAP 750MG	Non Preferred	PA
DELZICOL CAP 400MG	Non Preferred	PA
DIPENTUM CAP 250MG	Non Preferred	PA
ENTYVIO INJ 300MG	Non Preferred	SP, PA
INFLECTRA INJ 100MG	Non Preferred	SP, PA
LIALDA TAB 1.2GM	Non Preferred	PA
<i>mesalamine cap dr 400 mg (generic of DELZICOL)</i>	Non Preferred	PA
<i>mesalamine cap er 24hr 0.375 gm (generic of APRISO)</i>	Non Preferred	PA, QL (4 ea per day)
<i>mesalamine enema 4 gm</i>	Preferred	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit (generic of ROWASA)</i>	Non Preferred	PA
<i>mesalamine suppos 1000 mg (generic of CANASA)</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine tab delayed release 1.2 gm</i> (generic of LIALDA)	Non Preferred	PA
<i>mesalamine tab delayed release 800 mg</i> (generic of ASACOL HD)	Non Preferred	PA
PENTASA CAP 250MG CR	Preferred	
PENTASA CAP 500MG CR	Preferred	
REMICADE INJ 100MG	Non Preferred	SP, PA
RENFLXIS INJ 100MG	Non Preferred	SP, PA
ROWASA KIT 4GM	Non Preferred	PA
SFROWASA ENE 4GM	Preferred	
STELARA INJ 5MG/ML	Non Preferred	SP, PA
<i>sulfasalazine tab 500 mg</i> (generic of AZULFIDINE)	Preferred	QL (10 ea per day)
<i>sulfasalazine tab delayed release 500 mg</i> (generic of AZULFIDINE EN-TABS)	Preferred	QL (8 ea per day)
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Preferred	QL (180 mL per day)
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i> (generic of LOTRONEX)	Non Preferred	PA
<i>alosetron hcl tab 1 mg (base equiv)</i> (generic of LOTRONEX)	Non Preferred	PA
LINZESS CAP 72MCG	Non Preferred	PA
LINZESS CAP 145MCG	Non Preferred	PA
LINZESS CAP 290MCG	Non Preferred	PA
LOTROXIN TAB 0.5MG	Non Preferred	PA
LOTROXIN TAB 1MG	Non Preferred	PA
VIBERZI TAB 75MG	Non Preferred	PA
VIBERZI TAB 100MG	Non Preferred	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan cap 12 mg</i> (generic of ENTEREG)	Non Preferred	PA
ENTEREG CAP 12MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK TAB 12.5MG	Non Preferred	PA
MOVANTIK TAB 25MG	Non Preferred	PA
RELISTOR INJ 8/0.4ML	Non Preferred	PA
RELISTOR INJ 12/0.6ML	Non Preferred	PA
RELISTOR TAB 150MG	Non Preferred	PA
SYMPROIC TAB 0.2MG	Non Preferred	PA

PHOSPHATE BINDER AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate tab 800 mg (generic of RENVELA)</i>	Preferred	
<i>sevelamer hcl tab 400 mg</i>	Preferred	
<i>sevelamer hcl tab 800 mg (generic of RENAGEL)</i>	Preferred	
VELPHORO CHW 500MG	Non Preferred	PA

SHORT BOWEL SYNDROME (SBS) AGENTS

GATTEX KIT 5MG	Non Preferred	SP, PA
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TRYPTOPHAN HYDROXYLASE INHIBITORS

XERMELO TAB 250MG	Non Preferred	PA
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GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

ACIDIFIERS

K-PHOS TAB NO 2	Non Preferred	PA
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ALKALINIZERS

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

CYSTINOSIS AGENTS

CYSTAGON CAP 50MG	Preferred	SP
CYSTAGON CAP 150MG	Preferred	SP

Drug Name	Drug Tier	Requirements/Limits
PROCYSBI CAP 25MG	Non Preferred	PA
PROCYSBI CAP 75MG	Non Preferred	PA
PROCYSBI GRA 75MG	Non Preferred	PA
PROCYSBI GRA 300MG	Non Preferred	PA

INTERSTITIAL CYSTITIS AGENTS

ELMIRON CAP 100MG	Non Preferred	PA
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PROSTATIC HYPERTROPHY AGENTS

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

URINARY ANALGESICS

<i>phenazopyridine hcl tab 100 mg</i>	Preferred	QL (3 ea per day)
<i>phenazopyridine hcl tab 200 mg</i>	Preferred	QL (3 ea per day)
PYRIDIDIUM TAB 100MG	Non Preferred	PA, QL (3 ea per day)

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

URINARY STONE AGENTS

LITHOSTAT TAB 250MG	Non Preferred	PA
THIOLA EC TAB 100MG	Non Preferred	PA
THIOLA EC TAB 300MG	Non Preferred	PA

GOUT AGENTS - DRUGS TO TREAT GOUT

GOUT AGENT COMBINATIONS

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Preferred	QL (3 ea per day)
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GOUT AGENTS - DRUGS TO TREAT GOUT

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

URICOSURICS

<i>probenecid tab 500 mg</i>	Preferred	QL (3 ea per day)
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HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS

ANTIHEMOPHILIC PRODUCTS

ADVATE INJ 250UNIT	Preferred	SP, PA
ADVATE INJ 500UNIT	Preferred	SP, PA
ADVATE INJ 1000UNIT	Preferred	SP, PA
ADVATE INJ 1500UNIT	Preferred	SP, PA

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

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

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

Drug Name	Drug Tier	Requirements/Limits
RIXUBIS INJ 3000UNIT	Preferred	SP, PA
TRETTEN INJ	Preferred	SP, PA
VONVENDI INJ 650UNIT	Preferred	SP, PA
VONVENDI INJ 1300UNIT	Preferred	SP, PA
WILATE INJ	Preferred	SP, PA
XYNTHA INJ 250UNIT	Preferred	SP, PA
XYNTHA INJ 500UNIT	Preferred	SP, PA
XYNTHA INJ 1000UNIT	Preferred	SP, PA
XYNTHA INJ 2000UNIT	Preferred	SP, PA
XYNTHA SOLOF INJ 500UNIT	Preferred	SP, PA
XYNTHA SOLOF INJ 1000UNIT	Preferred	SP, PA
XYNTHA SOLOF INJ 2000UNIT	Preferred	SP, PA
XYNTHA SOLOF INJ 3000UNIT	Preferred	SP, PA
XYNTHA SOLOF KIT 250UNIT	Preferred	SP, PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	Non Preferred	SP, PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent) (generic of FIRAZYR)</i>	Non Preferred	SP, PA
COMPLEMENT INHIBITORS		
HAEGARDA INJ 2000UNIT	Non Preferred	SP, PA
HAEGARDA INJ 3000UNIT	Non Preferred	SP, PA
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	Non Preferred	PA
TAVALISSE TAB 150MG	Non Preferred	PA
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	Preferred	QL (4 ea per day)
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ 10MG/ML	Non Preferred	SP, PA
ORLADEYO CAP 110MG	Non Preferred	PA
ORLADEYO CAP 150MG	Non Preferred	PA
TAKHZYRO INJ 300/2ML	Non Preferred	SP, PA
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	Non Preferred	PA
<i>anagrelide hcl cap 0.5 mg (generic of AGRYLIN)</i>	Preferred	

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

HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS

COBALAMINS

<i>cyanocobalamin sl tab 2500 mcg</i>	Preferred	OTC
<i>cyanocobalamin tab 100 mcg</i>	Preferred	OTC
<i>cyanocobalamin tab 500 mcg</i>	Preferred	OTC
<i>cyanocobalamin tab 1000 mcg</i>	Preferred	OTC
<i>cyanocobalamin tab er 1000 mcg</i>	Preferred	OTC

FOLIC ACID/FOLATES

<i>folic acid tab 1 mg</i>	Preferred	QL (5 ea per day)
<i>folic acid tab 400 mcg</i>	Preferred	OTC
<i>folic acid tab 800 mcg</i>	Preferred	OTC

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	Non Preferred	SP, PA
ARANESP INJ 25MCG	Non Preferred	SP, PA
ARANESP INJ 40MCG	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 60MCG	Non Preferred	SP, PA
ARANESP INJ 100MCG	Non Preferred	SP, PA
ARANESP INJ 150MCG	Non Preferred	SP, PA
ARANESP INJ 200MCG	Non Preferred	SP, PA
ARANESP INJ 300MCG	Non Preferred	SP, PA
ARANESP INJ 500MCG	Non Preferred	SP, PA
DOPTELET TAB 20MG	Non Preferred	SP, PA
EPOGEN INJ 2000/ML	Preferred	SP, PA
EPOGEN INJ 3000/ML	Preferred	SP, PA
EPOGEN INJ 4000/ML	Preferred	SP, PA
EPOGEN INJ 10000/ML	Preferred	SP, PA
EPOGEN INJ 20000/ML	Preferred	SP, PA
FULPHILA INJ 6/0.6ML	Non Preferred	SP, PA, QL (0.6 mL / 11 days)
GRANIX INJ 300/0.5	Non Preferred	SP, PA
GRANIX INJ 300/1ML	Non Preferred	SP, PA
GRANIX INJ 480/0.8	Non Preferred	SP, PA
GRANIX INJ 480/1.6	Non Preferred	SP, PA
LEUKINE INJ 250MCG	Preferred	SP
MIRCERA INJ 30MCG	Non Preferred	PA
MIRCERA INJ 50MCG	Non Preferred	PA
MIRCERA INJ 75MCG	Non Preferred	PA
MIRCERA INJ 100MCG	Non Preferred	PA
MIRCERA INJ 150MCG	Non Preferred	PA
MIRCERA INJ 200MCG	Non Preferred	PA
MULPLETA TAB 3MG	Non Preferred	SP, PA
NEULASTA INJ 6MG/0.6M	Non Preferred	SP, PA, QL (0.6 mL / 11 days)

Drug Name	Drug Tier	Requirements/Limits
NEULASTA KIT 6MG/0.6M	Non Preferred	SP, PA, QL (0.6 mL / 11 days)
NEUPOGEN INJ 300/0.5	Preferred	SP
NEUPOGEN INJ 300MCG	Preferred	SP
NEUPOGEN INJ 480/0.8	Preferred	SP
NEUPOGEN INJ 480MCG	Preferred	SP
NIVESTYM INJ 300/0.5	Non Preferred	SP, PA
NIVESTYM INJ 300MCG	Non Preferred	PA
NIVESTYM INJ 480/0.8	Non Preferred	SP, PA
NIVESTYM INJ 480MCG	Non Preferred	PA
NPLATE INJ 125MCG	Non Preferred	PA
NPLATE INJ 250MCG	Non Preferred	SP, PA
NPLATE INJ 500MCG	Non Preferred	SP, PA
NYVEPRIA INJ 6/0.6ML	Non Preferred	PA
PROCRIT INJ 2000/ML	Preferred	SP, PA
PROCRIT INJ 3000/ML	Preferred	SP, PA
PROCRIT INJ 4000/ML	Preferred	SP, PA
PROCRIT INJ 10000/ML	Preferred	SP, PA
PROCRIT INJ 20000/ML	Preferred	SP, PA
PROCRIT INJ 40000/ML	Preferred	SP, PA
PROMACTA PAK 25MG	Non Preferred	PA
PROMACTA POW 12.5MG	Non Preferred	SP, PA
PROMACTA TAB 12.5MG	Non Preferred	SP, PA
PROMACTA TAB 25MG	Non Preferred	SP, PA
PROMACTA TAB 50MG	Non Preferred	SP, PA
PROMACTA TAB 75MG	Non Preferred	SP, PA
REBLOZYL INJ 25MG	Non Preferred	PA
REBLOZYL INJ 75MG	Non Preferred	PA
RETACRIT INJ 2000UNIT	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 3000UNIT	Non Preferred	SP, PA
RETACRIT INJ 4000UNIT	Non Preferred	SP, PA
RETACRIT INJ 10000UNT	Non Preferred	SP, PA
RETACRIT INJ 20000UNI	Non Preferred	PA
RETACRIT INJ 40000UNT	Non Preferred	SP, PA
UDENYCA INJ 6MG/.6ML	Non Preferred	SP, PA, QL (0.6 mL / 11 days)
ZARXIO INJ 300/0.5	Non Preferred	SP, PA
ZARXIO INJ 480/0.8	Non Preferred	SP, PA
ZIEXTENZO INJ 6/0.6ML	Non Preferred	PA, QL (0.6 mL / 11 days)

IRON

<i>ferrex 150 cap 150mg</i>	Preferred	OTC
<i>ferrocite tab 324mg</i>	Preferred	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Preferred	OTC
FERROUS GLUC TAB 324MG	Preferred	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	Preferred	OTC
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	Preferred	OTC
FERROUS SULF TAB 324MG EC	Preferred	OTC
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	Preferred	OTC
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i>	Preferred	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Preferred	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Preferred	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Preferred	OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Preferred	OTC
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Preferred	OTC
<i>nu-iron 150 cap 150mg</i>	Preferred	OTC
<i>poly-iron cap 150mg</i>	Preferred	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>slow release tab 47.5mg</i>	Preferred	OTC

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

ANTI-HISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) tab 25 mg</i>	Preferred	QL (1 ea per day), OTC
<i>doxylamine succinate (sleep) tab 25 mg</i>	Preferred	QL (1 ea per day), OTC

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	Preferred	QL (50 mL per day)
<i>phenobarbital tab 15 mg</i>	Preferred	QL (2 ea per day)
<i>phenobarbital tab 16.2 mg</i>	Preferred	QL (2 ea per day)
<i>phenobarbital tab 30 mg</i>	Preferred	QL (2 ea per day)
<i>phenobarbital tab 32.4 mg</i>	Preferred	QL (2 ea per day)
<i>phenobarbital tab 60 mg</i>	Preferred	QL (2 ea per day)
<i>phenobarbital tab 64.8 mg</i>	Preferred	QL (3 ea per day)
<i>phenobarbital tab 97.2 mg</i>	Preferred	QL (2 ea per day)
<i>phenobarbital tab 100 mg</i>	Preferred	QL (2 ea per day)

HYPNOTICS - TRICYCLIC AGENTS

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

NON-BARBITURATE HYPNOTICS

AMBIEN CR TAB 6.25MG	Non Preferred	PA
AMBIEN CR TAB 12.5MG	Non Preferred	PA
AMBIEN TAB 5MG	Non Preferred	PA, QL (2 ea per day)
AMBIEN TAB 10MG	Non Preferred	PA, QL (1 ea per day)
EDLUAR SUB 5MG	Non Preferred	PA
EDLUAR SUB 10MG	Non Preferred	PA
<i>estazolam tab 1 mg</i>	Preferred	QL (1 ea per day)
<i>estazolam tab 2 mg</i>	Preferred	QL (1 ea per day)
<i>eszopiclone tab 1 mg (generic of LUNESTA)</i>	Non Preferred	PA
<i>eszopiclone tab 2 mg (generic of LUNESTA)</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone tab 3 mg (generic of LUNESTA)</i>	Non Preferred	PA
<i>flurazepam hcl cap 15 mg</i>	Non Preferred	PA, QL (1 ea per day)
<i>flurazepam hcl cap 30 mg</i>	Non Preferred	PA, QL (1 ea per day)
HALCION TAB 0.25MG	Non Preferred	PA, QL (2 ea per day)
LUNESTA TAB 1MG	Non Preferred	PA
LUNESTA TAB 2MG	Non Preferred	PA
LUNESTA TAB 3MG	Non Preferred	PA
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	Non Preferred	PA
RESTORIL CAP 7.5MG	Non Preferred	PA
RESTORIL CAP 15MG	Non Preferred	PA, QL (1 ea per day)
RESTORIL CAP 22.5MG	Non Preferred	PA
RESTORIL CAP 30MG	Non Preferred	PA, QL (1 ea per day)
<i>temazepam cap 7.5 mg (generic of RESTORIL)</i>	Preferred	
<i>temazepam cap 15 mg (generic of RESTORIL)</i>	Preferred	QL (1 ea per day)
<i>temazepam cap 22.5 mg (generic of RESTORIL)</i>	Preferred	
<i>temazepam cap 30 mg (generic of RESTORIL)</i>	Preferred	QL (1 ea per day)
<i>triazolam tab 0.25 mg (generic of HALCION)</i>	Preferred	QL (2 ea per day)
<i>triazolam tab 0.125 mg</i>	Preferred	QL (1 ea per day)
<i>zaleplon cap 5 mg</i>	Non Preferred	PA
<i>zaleplon cap 10 mg</i>	Non Preferred	PA
<i>zolpidem tartrate sl tab 1.75 mg</i>	Non Preferred	PA
<i>zolpidem tartrate sl tab 3.5 mg</i>	Non Preferred	PA
<i>zolpidem tartrate tab 5 mg (generic of AMBIEN)</i>	Preferred	QL (2 ea per day)
<i>zolpidem tartrate tab 10 mg (generic of AMBIEN)</i>	Preferred	QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate tab er 6.25 mg</i> (generic of AMBIEN CR)	Non Preferred	PA
<i>zolpidem tartrate tab er 12.5 mg</i> (generic of AMBIEN CR)	Non Preferred	PA
ZOLPIMIST SPR 5MG	Non Preferred	PA

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TAB 5MG	Non Preferred	PA
BELSOMRA TAB 10MG	Non Preferred	PA
BELSOMRA TAB 15MG	Non Preferred	PA
BELSOMRA TAB 20MG	Non Preferred	PA
DAYVIGO TAB 5MG	Non Preferred	PA
DAYVIGO TAB 10MG	Non Preferred	PA

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ CAP 20MG	Non Preferred	PA
<i>ramelteon tab 8 mg</i> (generic of ROZEREM)	Non Preferred	PA
ROZEREM TAB 8MG	Non Preferred	PA

LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg</i>	Preferred	OTC
KONSYL DAILY POW 28.3%	Preferred	OTC
KONSYL DAILY POW 100%	Preferred	OTC
KONSYL ORIG POW 100%	Preferred	OTC
KONSYL-D POW 52.3%	Preferred	OTC
<i>methylcellulose tab 500 mg</i>	Preferred	OTC
<i>psyllium cap 0.52 gm</i>	Preferred	OTC
<i>psyllium powder 28.3%</i>	Preferred	OTC
<i>psyllium powder 30.9%</i>	Preferred	OTC
<i>psyllium powder 48.57%</i>	Preferred	OTC
<i>psyllium powder 58.6%</i>	Preferred	OTC
<i>psyllium powder 100%</i>	Preferred	OTC
<i>qc natural pow vegetabl</i>	Preferred	OTC
<i>sb fib lax pow 33%</i>	Preferred	OTC
<i>wheat dextrin oral powder</i>	Preferred	OTC
WHEAT DEXTRIN PACKET	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
LAXATIVE COMBINATIONS		
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	Preferred	QL (1 ea per day)
<i>gavilyte-c sol</i>	Preferred	QL (4000 mL per day)
<i>gavilyte-g sol (generic of GOLYTELY)</i>	Preferred	QL (4000 mL per day)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	Preferred	QL (4000 mL per day)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (generic of PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM)</i>	Preferred	QL (4000 mL per day)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Preferred	QL (6 ea per day), OTC
LAXATIVES - MISCELLANEOUS		
<i>constulose sol 10gm/15</i>	Preferred	QL (180 mL per day)
<i>glycerin suppos 1.2 gm</i>	Preferred	OTC
<i>glycerin suppos 2 gm</i>	Preferred	OTC
<i>glycerin suppos 2.1 gm</i>	Preferred	OTC
<i>glycerin suppos 80.7%</i>	Preferred	OTC
<i>lactulose solution 10 gm/15ml</i>	Preferred	QL (180 mL per day)
<i>polyethylene glycol 3350 oral powder</i>	Preferred	QL (34 gm per day), OTC
LUBRICANT LAXATIVES		
<i>mineral oil</i>	Preferred	OTC
<i>mineral oil enema</i>	Preferred	OTC
SALINE LAXATIVES		
<i>magnesium citrate soln</i>	Preferred	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	Preferred	OTC
<i>milk of magn sus 2400mg</i>	Preferred	OTC
<i>sodium phosphates - enema</i>	Preferred	OTC
STIMULANT LAXATIVES		
<i>bisacodyl suppos 10 mg</i>	Preferred	QL (1 ea per day), OTC
<i>bisacodyl tab delayed release 5 mg</i>	Preferred	QL (3 ea per day), OTC
<i>sennosides chew tab 15 mg</i>	Preferred	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	Preferred	OTC
<i>sennosides tab 8.6 mg</i>	Preferred	QL (2 ea per day), OTC
<i>sennosides tab 25 mg</i>	Preferred	OTC
SURFACTANT LAXATIVES		
<i>BENZOCAINE-DOCUSATE SODIUM RECTAL ENEMA 20-283 MG</i>	Preferred	OTC
<i>docusate calcium cap 240 mg</i>	Preferred	QL (2 ea per day), OTC
<i>docusate sodium cap 100 mg</i>	Preferred	QL (6 ea per day), OTC
<i>docusate sodium cap 250 mg</i>	Preferred	QL (6 ea per day), OTC
<i>docusate sodium liquid 150 mg/15ml</i>	Preferred	QL (30 mL per day), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>docusate sodium syrup 60 mg/15ml</i>	Preferred	QL (30 mL per day), OTC
<i>docusate sodium tab 100 mg</i>	Preferred	QL (6 ea per day), OTC
PEDIA-LAX LIQ 50MG	Preferred	QL (30 mL per day), OTC

MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml</i> (generic of ZITHROMAX)	Preferred	QL (20 mL per day)
<i>azithromycin for susp 200 mg/5ml</i> (generic of ZITHROMAX)	Preferred	QL (30 mL per day)
<i>azithromycin powd pack for susp 1 gm</i>	Preferred	QL (1 ea per day)
<i>azithromycin tab 250 mg</i> (generic of ZITHROMAX)	Preferred	
<i>azithromycin tab 500 mg</i> (generic of ZITHROMAX)	Preferred	
<i>azithromycin tab 600 mg</i>	Preferred	QL (1 ea per day)
ZITHROMAX POW 1GM PAK	Preferred	QL (1 ea per day)
ZITHROMAX SUS 100/5ML	Non Preferred	PA, QL (20 mL per day)
ZITHROMAX SUS 200/5ML	Non Preferred	PA, QL (30 mL per day)
ZITHROMAX TAB 250MG	Non Preferred	PA
ZITHROMAX TAB 500MG	Non Preferred	PA
ZITHROMAX TAB TRI-PAK	Non Preferred	PA
ZITHROMAX TAB Z-PAK	Non Preferred	PA

CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>	Preferred	
<i>clarithromycin for susp 250 mg/5ml</i>	Preferred	
<i>clarithromycin tab 250 mg</i>	Preferred	
<i>clarithromycin tab 500 mg</i>	Preferred	
<i>clarithromycin tab er 24hr 500 mg</i> (generic of BIAXIN XL)	Preferred	

ERYTHROMYCINS

E.E.S. GRAN SUS 200/5ML	Preferred	
<i>ery-tab tab 250mg ec</i>	Preferred	
<i>ery-tab tab 333mg ec</i>	Preferred	
<i>ery-tab tab 500mg ec</i>	Preferred	
ERYPED SUS 200/5ML	Preferred	
ERYPED SUS 400/5ML	Preferred	
<i>erythrocin tab 250mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate for susp 200 mg/5ml (generic of E.E.S. GRANULES)</i>	Preferred	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml (generic of ERYPED 400)</i>	Preferred	
<i>erythromycin ethylsuccinate tab 400 mg</i>	Preferred	
<i>erythromycin tab 250 mg</i>	Preferred	
<i>erythromycin tab 500 mg</i>	Preferred	
<i>erythromycin tab delayed release 250 mg</i>	Preferred	
<i>erythromycin tab delayed release 333 mg</i>	Preferred	
<i>erythromycin tab delayed release 500 mg</i>	Preferred	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Preferred	

FIDAXOMICIN

DIFICID SUS	Non Preferred	PA
DIFICID TAB 200MG	Non Preferred	PA

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

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CONDOMS - FEMALE	Preferred	OTC
CONDOMS - MALE	Preferred	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX LUBRICATED	Preferred	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX NON-LUBRICATED	Preferred	OTC; QL (max quantity 12 per fill)
FEMCAP MIS 30MM	Preferred	

DIABETIC SUPPLIES

ACCU-CHECK KIT GUIDE ME	Non Preferred	PA, QL (1 ea / year), OTC
ACCU-CHEK KIT AVIVA PL	Non Preferred	PA, QL (1 ea / year), OTC
ACCU-CHEK KIT COMPACT	Non Preferred	PA, OTC
ACCU-CHEK KIT FASTCLIX	Preferred	OTC
ACCU-CHEK KIT GUIDE	Non Preferred	PA, QL (1 ea / year), OTC
ACCU-CHEK KIT NANO	Non Preferred	PA, QL (1 ea / year), OTC
ACCU-CHEK KIT SOFTCLIX	Preferred	OTC
ACCU-CHEK MIS AVIVA	Non Preferred	PA, OTC
ACCU-CHEK MIS MLTICLIX	Preferred	OTC
ACTI-LANCE MIS 28G	Preferred	OTC
ACTI-LANCE MIS LITE 28G	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
ACTI-LANCE MIS SPEC 17G	Preferred	OTC
ACTI-LANCE MIS UNIV 23G	Preferred	OTC
ADVANCE KIT INTUITIO	Non Preferred	PA, QL (1 ea / year), OTC
ADVANCE MIS INTUITIO	Non Preferred	PA, OTC
ADVANCE MIS MICRO-DW	Non Preferred	PA, OTC
ADVOCATE KIT	Non Preferred	PA, QL (1 ea / year), OTC
ADVOCATE KIT REDICODE	Non Preferred	PA, QL (1 ea / year), OTC
ADVOCATE KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
ADVOCATE MIS	Non Preferred	PA, OTC
ADVOCATE MIS LANC 30G	Preferred	OTC
ADVOCATE MIS REDICODE	Non Preferred	PA, OTC
ADVOCATE RED MIS	Non Preferred	PA, OTC
ADVOCATE+ MIS REDI-COD	Non Preferred	PA, OTC
AGAMA JAZZ KIT WRLSS 2	Non Preferred	PA, QL (1 ea / year), OTC
AGAMATRIX KIT PRESTO	Non Preferred	PA, QL (1 ea / year), OTC
AGAMATRIX MIS 33G	Preferred	OTC
AGAMATRIX MIS AMP	Non Preferred	PA, OTC
AGAMATRIX MIS PRESTO	Non Preferred	PA, OTC
AIMSCO TWIST MIS 32G	Preferred	OTC
AIMSCO TWIST MIS 33G	Preferred	OTC
ASSURE 3 KIT METER	Non Preferred	PA, OTC
ASSURE 4 MIS	Non Preferred	PA, OTC
ASSURE LANCE MIS 21G	Preferred	OTC
ASSURE LANCE MIS 28G	Preferred	OTC
ASSURE LANCE MIS LOW FLOW	Preferred	OTC
ASSURE LANCE MIS MICRO	Preferred	OTC
ASSURE LANCE MIS SAFE 25G	Preferred	OTC
ASSURE LANCE MIS SAFE 30G	Preferred	OTC
ASSURE MIS PLATINUM	Non Preferred	PA, OTC
ASSURE PLUS MIS HIGH 18G	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
ASSURE PLUS MIS LOW 25G	Preferred	OTC
ASSURE PLUS MIS MCRO 28G	Preferred	OTC
ASSURE PLUS MIS NORM 21G	Preferred	OTC
ASSURE PLUS MIS PEDIATRI	Preferred	OTC
ASSURE PRISM MIS MULTI	Non Preferred	PA, OTC
ASSURE PRO MIS METER	Non Preferred	PA, OTC
AURORA LANCE MIS 30G	Preferred	OTC
AURORA LANCE MIS THIN 23G	Preferred	OTC
AUTOCODE SYS KIT GLUCOSE	Non Preferred	PA, QL (1 ea / year), OTC
AUTOLET II KIT CLINISAF	Preferred	OTC
AUTOLET LITE KIT	Preferred	OTC
AUTOLET LITE KIT CLINISAF	Preferred	OTC
AUTOLET LITE KIT STARTER	Preferred	OTC
BD LANCET UF MIS 30G	Preferred	OTC
BD LANCET UF MIS 33G	Preferred	OTC
BD LATITUDE KIT	Non Preferred	PA, QL (1 ea / year), OTC
BD LATITUDE KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
BD LOGIC KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
BIOTEL CARE KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
BLOOD GLUC KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
BLOOD GLUC MIS METER	Non Preferred	PA, OTC
BLOOD GLUCOS KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
BLOOD GLUCOS KIT TRUETEST	Non Preferred	PA, QL (1 ea / year), OTC
CAREONE LANC MIS 30G	Preferred	OTC
CAREONE LANC MIS THIN 23G	Preferred	OTC
CARESENS 30G MIS LANCETS	Preferred	OTC
CARESENS N MIS SYSTEM	Non Preferred	PA, OTC
CARESENS N MIS VOICE	Non Preferred	PA, OTC
CARETOUCH KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
CARETOUCH MIS LANC 26G	Preferred	OTC
CARETOUCH MIS LANC 28G	Preferred	OTC
CARETOUCH MIS LANC 30G	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH MIS TWIST 30	Preferred	OTC
CLEANLET 28G MIS LANCETS	Preferred	OTC
CLEVER CHECK MIS	Preferred	OTC
CLEVER CHECK MIS 30G	Preferred	OTC
CLEVER CHEK KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
CLEVER CHEK MIS AUTO-CD	Non Preferred	PA, OTC
CLEVER CHEK MIS VOICE	Non Preferred	PA, OTC
CLEVER CHOIC KIT MICRO	Non Preferred	PA, QL (1 ea / year), OTC
CLEVR CHOICE MIS AUTO-CD	Non Preferred	PA, OTC
CLEVR CHOICE MIS MINI	Non Preferred	PA, OTC
CLEVR CHOICE MIS TALK	Non Preferred	PA, OTC
COAGUCHEK MIS LANCETS	Preferred	OTC
COMFORT ASSU MIS LANC 28G	Preferred	OTC
COMFORT ASSU MIS LANC 33G	Preferred	OTC
COMFORT MIS LANCETS	Preferred	OTC
COMFORTOUCH MIS LANCET	Preferred	OTC
CONTOUR KIT NEXT	Non Preferred	PA, QL (1 ea / year), OTC
CONTOUR KIT NEXT EZ	Non Preferred	PA, QL (1 ea / year), OTC
CONTOUR KIT NEXT LNK	Non Preferred	PA, QL (1 ea / year), OTC
CONTOUR MIS MONITOR	Non Preferred	PA, OTC
CONTOUR NEXT KIT ONE	Non Preferred	PA, OTC
COOL MIS MONITOR	Non Preferred	PA, OTC
COOL MONITOR KIT	Non Preferred	PA, QL (1 ea / year), OTC
CVS GLUCOSE KIT METER	Non Preferred	PA, QL (1 ea / year), OTC
CVS LANCETS MIS 21G	Preferred	OTC
CVS LANCETS MIS 30G	Preferred	OTC
CVS LANCETS MIS 33G	Preferred	OTC
CVS LANCETS MIS ORIGINAL	Preferred	OTC
CVS LANCETS MIS THIN 26G	Preferred	OTC
CVS LANCETS MIS THIN 30G	Preferred	OTC
CVS LANCETS MIS THIN 33G	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
D-CARE GLUCO KIT TEST STR	Non Preferred	PA, QL (1 ea / year)
DEXCOM G5 MOBILE RECEIVER	Non Preferred	PA
DEXCOM G5 MOBILE TRANSMIT	Non Preferred	PA
DEXCOM G6 RECEIVER	Preferred	PA
DEXCOM G6 SENSOR	Preferred	PA
DEXCOM G6 TRANSMITTER	Preferred	PA
DIATHRIVE MIS LANCETS	Preferred	OTC
DIATHRIVE MIS METER	Non Preferred	PA, OTC
DIATHRIVE MIS UT 30G	Preferred	OTC
DIATHRIVE+ KIT SYSTEM	Non Preferred	PA, OTC
DIATRUE PLUS MIS MONITOR	Non Preferred	PA, OTC
DROPLET LANC MIS 30G	Preferred	OTC
DROPLET PERS MIS LANC 30G	Preferred	OTC
E-Z JECT MIS 21G	Preferred	OTC
E-Z JECT MIS 21G COLR	Preferred	OTC
E-Z JECT MIS 30G	Preferred	OTC
E-Z JECT MIS 32G COLR	Preferred	OTC
E-Z JECT MIS LANC 21G	Preferred	OTC
E-Z JECT MIS THIN 26G	Preferred	OTC
E-ZJECT LANC MIS 33G	Preferred	OTC
EASY PLUS II MIS SYSTEM	Non Preferred	PA, OTC
EASY STEP MIS MONITOR	Non Preferred	PA, OTC
EASY TALK MIS SYSTEM	Non Preferred	PA, OTC
EASY TOUCH KIT METER	Non Preferred	PA, QL (1 ea / year), OTC
EASY TOUCH KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
EASY TOUCH MIS LANC/21G	Preferred	OTC
EASY TOUCH MIS LANC/23G	Preferred	OTC
EASY TOUCH MIS LANC/26G	Preferred	OTC
EASY TOUCH MIS LANC/28G	Preferred	OTC
EASY TOUCH MIS LANC/30G	Preferred	OTC
EASY TOUCH MIS LANC/32G	Preferred	OTC
EASY TOUCH MIS LANC/33G	Preferred	OTC
EASY TOUNCH MIS GLUCOSE	Non Preferred	PA, OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TRAK II MIS SYSTEM	Non Preferred	PA, OTC
EASY TRAK MIS SYSTEM	Non Preferred	PA, OTC
EASYGLUCO KIT	Non Preferred	PA, OTC
EASYMAX NG KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
EASYMAX NG MIS SYSTEM	Non Preferred	PA, OTC
EASYMAX V KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
EASYMAX V MIS SYSTEM	Non Preferred	PA, OTC
EASYPRO KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
EASYPRO PLUS KIT	Non Preferred	PA, QL (1 ea / year), OTC
ELEMENT AUTO KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
ELEMENT GLUC MIS SYSTEM	Non Preferred	PA, OTC
ELEMENT PLUS MIS METER	Non Preferred	PA, OTC
EMBRACE EVO KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
EMBRACE MIS	Non Preferred	PA, OTC
EMBRACE PRO MIS	Non Preferred	PA, OTC
EMBRACE TALK KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
EMBRACE TALK MIS MONITOR	Non Preferred	PA, OTC
ENLITE GLUCO MIS SENSOR	Non Preferred	PA
EQL LANCETS MIS 21G COLR	Preferred	OTC
EQL LANCETS MIS 33G COLR	Preferred	OTC
EQL LANCETS MIS THIN 26G	Preferred	OTC
EQL LANCETS MIS THIN 30G	Preferred	OTC
EVENCAR MINI MIS MONITOR	Non Preferred	PA, OTC
EVENCARE G2 MIS MONITOR	Non Preferred	PA, OTC
EVENCARE G3 MIS MONITOR	Non Preferred	PA, OTC

Drug Name	Drug Tier	Requirements/Limits
EVENCARE SYS KIT BG MONIT	Non Preferred	PA, OTC
EVERSENSE MIS SENSOR	Non Preferred	PA
EVERSENSE MIS TRANSMTR	Non Preferred	PA
EVOLUTION MIS AUTOCODE	Non Preferred	PA, OTC
EZ-LETS 21G MIS LANCETS	Preferred	OTC
EZ-LETS 26G MIS LANCETS	Preferred	OTC
EZ-LETS 28G MIS LANCETS	Preferred	OTC
EZ-LETS 30G MIS LANCETS	Preferred	OTC
FASTCLIX MIS LANCETS	Preferred	OTC
FIFTY50 GLUC KIT METR 2.0	Non Preferred	PA, QL (1 ea / year), OTC
FIFTY50 SAFE MIS LANCETS	Preferred	OTC
FINE 30 MIS	Preferred	OTC
FORA G20 KIT	Non Preferred	PA, QL (1 ea / year), OTC
FORA G30A MIS	Non Preferred	PA, OTC
FORA GD20 MIS	Non Preferred	PA, OTC
FORA GD50 MIS MONITOR	Non Preferred	PA, OTC
FORA GTEL MIS MONITOR	Non Preferred	PA, OTC
FORA LANCETS MIS 30G	Preferred	OTC
FORA MIS LANCETS	Preferred	OTC
FORA TEST N' MIS GO	Non Preferred	PA, OTC
FORA TN'G KIT VOICE	Non Preferred	PA, QL (1 ea / year), OTC
FORA V10 MIS	Non Preferred	PA, OTC
FORA V12 MIS	Non Preferred	PA, OTC
FORA V12 MIS NO CODE	Non Preferred	PA, OTC
FORA V20 MIS	Non Preferred	PA, OTC
FORA V30A KIT	Non Preferred	PA, QL (1 ea / year), OTC
FORA V30A MIS	Non Preferred	PA, OTC
FORACARE MIS GD40	Non Preferred	PA, OTC

Drug Name	Drug Tier	Requirements/Limits
FORACARE MIS TST N GO	Non Preferred	PA, OTC
FORTISCARE KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
FORTISCARE MIS GLUC SYS	Non Preferred	PA, OTC
FORTISCARE MIS T1	Non Preferred	PA, OTC
FREESTY LIBR KIT 2 SENSOR	Non Preferred	PA
FREESTY LIBR MIS 2 READER	Non Preferred	PA
FREESTYLE KIT FREEDOM	Non Preferred	PA, QL (1 ea / year), OTC
FREESTYLE KIT INSULINX	Non Preferred	PA, QL (1 ea / year), OTC
FREESTYLE KIT SIDEKICK	Non Preferred	PA, QL (1 ea / year), OTC
FREESTYLE KIT SYSTEM	Non Preferred	PA, OTC
FREESTYLE LIBRE READER	Non Preferred	PA
FREESTYLE LIBRE SENSOR	Non Preferred	PA
FREESTYLE MIS LANCETS	Preferred	OTC
FREESTYLE MIS LITE	Non Preferred	PA, OTC
G4 PLAT PED MIS RVC/SHAR	Non Preferred	PA
G4 PLATINUM MIS PEDIATRC	Non Preferred	PA
G4 PLATINUM MIS RCV/SHAR	Non Preferred	PA
G4 PLATINUM MIS RECEIVER	Non Preferred	PA
G4 PLATINUM MIS TRANSMIT	Non Preferred	PA
G4 SENSOR MIS	Non Preferred	PA
G5/G4 MIS SENSOR	Non Preferred	PA
GE100 BLOOD MIS GLUCOSE	Non Preferred	PA, OTC
GE100 GLUCOS KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
GENTEEL LANC KIT BLUE	Preferred	OTC
GENTEEL MIS LANCETS	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
GENTLE-LET MIS 26G	Preferred	OTC
GENTLE-LET MIS 28G	Preferred	OTC
GENTLE-LET MIS LANCETS	Preferred	OTC
GLUCO PERFEC MIS 3 METER	Non Preferred	PA, OTC
GLUCO PERFEC MIS 3/VOICE	Non Preferred	PA, OTC
GLUCOCARD 01 KIT MINI	Non Preferred	PA, QL (1 ea / year), OTC
GLUCOCARD 01 KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
GLUCOCARD 01 MIS METER	Non Preferred	PA, OTC
GLUCOCARD KIT EXPRESSI	Non Preferred	PA, QL (1 ea / year), OTC
GLUCOCARD KIT SHINE	Non Preferred	PA, QL (1 ea / year), OTC
GLUCOCARD KIT SHNE CON	Non Preferred	PA, QL (1 ea / year), OTC
GLUCOCARD KIT SHNE EXP	Non Preferred	PA, QL (1 ea / year), OTC
GLUCOCARD KIT VITAL	Non Preferred	PA, QL (1 ea / year), OTC
GLUCOCARD KIT X-METER	Non Preferred	PA, QL (1 ea / year), OTC
GLUCOCARD MIS SHINE	Non Preferred	PA, OTC
GLUCOCARD MIS SHINE XL	Non Preferred	PA, OTC
GLUCOCOM KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
GLUCOCOM MIS 28G	Preferred	OTC
GLUCOCOM MIS 30G	Preferred	OTC
GLUCOCOM MIS 33G	Preferred	OTC
GLUCOCOM MIS MONITOR	Non Preferred	PA, OTC
GLUCONAVII KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
GNP LANCETS MIS	Preferred	OTC
GNP LANCETS MIS 21G	Preferred	OTC
GNP LANCETS MIS MICRO	Preferred	OTC
GNP LANCETS MIS SUP THIN	Preferred	OTC
GNP LANCETS MIS THIN	Preferred	OTC
GNP LANCETS MIS THIN 26G	Preferred	OTC
GOJJI LANCET MIS 30G	Preferred	OTC
GOODSENSE MIS LANC 26G	Preferred	OTC
GOODSENSE MIS LANC 30G	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
GOODSENSE MIS LANC 33G	Preferred	OTC
GUARDIAN CON MIS TRANSMIT	Non Preferred	PA
GUARDIAN MIS LINK 3	Non Preferred	PA
GUARDIAN MIS SENSOR 3	Non Preferred	PA
GUARDIAN RT MIS CHARGER	Non Preferred	PA
GUARDIAN RT MIS REPL PED	Non Preferred	PA
GUARDIAN RT MIS TST PLUG	Non Preferred	PA
HAEMOLANCE MIS HIGH FLO	Preferred	OTC
HAEMOLANCE MIS LOW FLOW	Preferred	OTC
HAEMOLANCE MIS PLUS	Preferred	OTC
HAEMOLANCE MIS PLUS LOW	Preferred	OTC
HAEMOLANCE MIS PLUS MAX	Preferred	OTC
HAEMOLANCE MIS PLUS PED	Preferred	OTC
HAEMOLANCE MIS RETRACT	Preferred	OTC
HLTHY ACCNTS MIS LANC 30G	Preferred	OTC
HM EMBRACE KIT TALK	Non Preferred	PA, QL (1 ea / year), OTC
HW EMBRACE MIS PRO	Non Preferred	PA, OTC
HW EMBRACE MIS TALK	Non Preferred	PA, OTC
HYPOLANCE KIT LANCING	Preferred	OTC
IGLUCOSE KIT	Non Preferred	PA, QL (1 ea / year), OTC
IN TOUCH MIS	Non Preferred	PA, OTC
INCONTROL MIS LANC 28G	Preferred	OTC
INCONTROL MIS LANC 30G	Preferred	OTC
INCONTROL MIS LANC 33G	Preferred	OTC
INFINITY KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
INFINITY KIT VOICE	Non Preferred	PA, QL (1 ea / year), OTC
KINNEY MIS LANCETS	Preferred	OTC
KINNEY THIN MIS LANCETS	Preferred	OTC
KROGER BGM KIT	Non Preferred	PA, QL (1 ea / year), OTC
KROGER BGM KIT PREMIUM	Non Preferred	PA, QL (1 ea / year), OTC
KROGER BGM KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC

Drug Name	Drug Tier	Requirements/Limits
KROGER LANCE MIS	Preferred	OTC
KROGER LANCE MIS 26G	Preferred	OTC
KROGER LANCE MIS THIN	Preferred	OTC
KROGER LANCE MIS THIN 30G	Preferred	OTC
LANCET MICRO MIS THIN 33G	Preferred	OTC
LANCET STAND MIS 21G	Preferred	OTC
LANCET SUPER MIS THIN 30G	Preferred	OTC
LANCET ULTRA MIS 28G	Preferred	OTC
LANCET ULTRA MIS THIN 30G	Preferred	OTC
LANCETS MICR MIS THIN 33G	Preferred	OTC
LANCETS MIS	Preferred	OTC
LANCETS MIS 21G	Preferred	OTC
LANCETS MIS 21G COLR	Preferred	OTC
LANCETS MIS 26G	Preferred	OTC
LANCETS MIS 28G	Preferred	OTC
LANCETS MIS 30G	Preferred	OTC
LANCETS MIS 33G	Preferred	OTC
LANCETS MIS ORIGINAL	Preferred	OTC
LANCETS MIS THIN	Preferred	OTC
LANCETS MIS THIN 26G	Preferred	OTC
LANCETS MIS THIN 30G	Preferred	OTC
LANCETS SUPR MIS THIN 28G	Preferred	OTC
LANCETS THIN MIS	Preferred	OTC
LANCETS THIN MIS 26G	Preferred	OTC
LANCETS ULTR MIS THIN	Preferred	OTC
LB LANCET MIS 28G	Preferred	OTC
LIBERTY NEXT MIS MONITOR	Non Preferred	PA, OTC
LITE TOUCH MIS LANCETS	Preferred	OTC
LITETOUCH MIS LANCETS	Preferred	OTC
LONGS LANCET MIS STANDARD	Preferred	OTC
LONGS LANCET MIS THIN	Preferred	OTC
LONGS LANCET MIS ULTRA TH	Preferred	OTC
MEDICHOICE MIS LANCET	Preferred	OTC
MEDLANCE MIS 30G PLUS	Preferred	OTC
MEDLANCE MIS EXTR 21G	Preferred	OTC
MEDLANCE MIS LITE 25G	Preferred	OTC
MEDLANCE MIS PLUS	Preferred	OTC
MEDLANCE MIS PLUS 30G	Preferred	OTC
MEDLANCE MIS UNV 21G	Preferred	OTC
MEDLANCE PLS MIS 0.8MM	Preferred	OTC
MEDLANCE PLS MIS EXTR 21G	Preferred	OTC
MEDLANCE PLS MIS LITE 25G	Preferred	OTC
MEDLANCE PLS MIS UNIV 21G	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
MEIJER BGM KIT ESSENTIA	Non Preferred	PA, QL (1 ea / year), OTC
MEIJER BGM KIT PREMIUM	Non Preferred	PA, QL (1 ea / year), OTC
MEIJER GLUCO KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
MEIJER LANCE MIS COLOR	Preferred	OTC
MEIJER LANCE MIS UNIV 21G	Preferred	OTC
MEIJER LANCE MIS UNIV 30G	Preferred	OTC
MEIJER LANCE MIS UNIVERSA	Preferred	OTC
MEIJER MIS LANCETS	Preferred	OTC
MICRO THIN MIS LANC 33G	Preferred	OTC
MICRODOT KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
MICROLET MIS LANCETS	Preferred	OTC
MM TWIST MIS LANCETS	Preferred	OTC
MOBILE LANCE MIS 30G	Preferred	OTC
MONOLET MIS LANCETS	Preferred	OTC
MONOLET OPD MIS LANCETS	Preferred	OTC
MPD SFTY LAN MIS 21G	Preferred	OTC
MPD SFTY LAN MIS 23G	Preferred	OTC
MPD SFTY LAN MIS 28G	Preferred	OTC
MPD SFTY LAN MIS 30G	Preferred	OTC
MULTI-LANCET KIT DEVICE	Preferred	OTC
MYGLUCOHEALT KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
MYGLUCOHEALT MIS LANC 30G	Preferred	OTC
NOVA MAX KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
NOVA MAX MIS SYSTEM	Non Preferred	PA, OTC
NOVA SURE MIS LANCETS	Preferred	OTC
OMNIPOD KIT STARTER	Preferred	PA
OMNIPOD MIS 5 PACK	Preferred	PA
ONE TOUCH KIT VERIO FL	Preferred	QL (1 ea / year), OTC
ONETOUCH DEL MIS PLUS 30G	Preferred	OTC
ONETOUCH DEL MIS PLUS 33G	Preferred	OTC
ONETOUCH KIT ULT MINI	Preferred	QL (1 ea / year), OTC
ONETOUCH KIT ULT MINI	Non Preferred	PA, QL (1 ea / year), OTC
ONETOUCH KIT ULTRA 2	Preferred	QL (1 ea / year), OTC
ONETOUCH KIT ULTRALNK	Non Preferred	PA, QL (1 ea / year), OTC
ONETOUCH KIT VERIO	Preferred	QL (1 ea / year), OTC
ONETOUCH KIT VERIO FL	Preferred	QL (1 ea / year), OTC
ONETOUCH KIT VERIO IQ	Preferred	QL (1 ea / year), OTC

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH KIT VERIO RE	Preferred	QL (1 ea / year), OTC
ONETOUCH MIS 30G	Preferred	OTC
ONETOUCH MIS LANCETS	Preferred	OTC
ONETOUCH US MIS LANCETS	Preferred	OTC
ONETOUCH VER KIT SYNC	Non Preferred	PA, QL (1 ea / year), OTC
OPTIUM KIT BL GLUC	Non Preferred	PA, QL (1 ea / year), OTC
OPTIUM MIS SYSTEM	Non Preferred	PA, OTC
OVAL TAPE MIS	Non Preferred	PA, OTC
PC LANCETS MIS 30G	Preferred	OTC
PENLET II KIT BLOOD	Preferred	OTC
PERFECT 28G MIS LANCETS	Preferred	OTC
PERFECT 30G MIS LANCETS	Preferred	OTC
PHARM CHOICE MIS MINI	Non Preferred	PA, OTC
PHARMACY COU MIS LANCETS	Preferred	OTC
PIP LANCETS MIS 28G	Preferred	OTC
PIP LANCETS MIS 30G	Preferred	OTC
POCKETCHEM KIT EZ	Non Preferred	PA, QL (1 ea / year), OTC
PREC NEO SYS KIT FREESTYL	Non Preferred	PA, QL (1 ea / year), OTC
PRECISION KIT LINK	Non Preferred	PA, QL (1 ea / year), OTC
PRECISION KIT XTRA	Non Preferred	PA, OTC
PRECISION KIT XTRA	Non Preferred	PA, QL (1 ea / year), OTC
PRECISION MIS QID	Non Preferred	PA, OTC
PRECISION MIS SOF-TACT	Non Preferred	PA, OTC
PRECISION MIS XTRA	Non Preferred	PA, OTC
PREM V10 BLE MIS GLUC SYS	Non Preferred	PA, OTC
PREMIUM V10 MIS METER	Non Preferred	PA, OTC
PRESSURE ACT MIS LANCET	Preferred	OTC
PRESSURE ACT MIS LANCETS	Preferred	OTC
PRO VOICE V8 MIS SYSTEM	Non Preferred	PA, OTC
PRO VOICE V9 MIS SYSTEM	Non Preferred	PA, OTC

Drug Name	Drug Tier	Requirements/Limits
PRODIGY AUTO KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
PRODIGY AUTO MIS SYSTEM	Non Preferred	PA, OTC
PRODIGY KIT NO CODIN	Non Preferred	PA, QL (1 ea / year), OTC
PRODIGY MIS 26G	Preferred	OTC
PRODIGY MIS 28G	Preferred	OTC
PRODIGY PCKT KIT METER	Non Preferred	PA, QL (1 ea / year), OTC
PRODIGY VOIC KIT METER	Non Preferred	PA, QL (1 ea / year), OTC
PSS SAFE LAN MIS	Preferred	OTC
PSS SEL LANC MIS	Preferred	OTC
PX LANCETS MIS 28G	Preferred	OTC
PX LANCETS MIS ULT THIN	Preferred	OTC
QC LANCETS MIS 28G	Preferred	OTC
QC LANCETS MIS 30G	Preferred	OTC
QUICKTEK KIT	Non Preferred	PA, OTC
QUICKTEK KIT	Non Preferred	PA, QL (1 ea / year), OTC
QUINTET AC MIS SYSTEM	Non Preferred	PA, OTC
QUINTET MIS SYSTEM	Non Preferred	PA, OTC
RA E-ZJECT MIS 28G	Preferred	OTC
RA E-ZJECT MIS THIN 26G	Preferred	OTC
RA E-ZJECT MIS THIN 28G	Preferred	OTC
RA E-ZJECT MIS ULT THIN	Preferred	OTC
READYLANCE MIS 21G	Preferred	OTC
READYLANCE MIS 23G	Preferred	OTC
READYLANCE MIS 26G	Preferred	OTC
READYLANCE MIS 28G	Preferred	OTC
READYLANCE MIS 30G	Preferred	OTC
REALITY MIS LANCETS	Preferred	OTC
REALITY TRIG MIS LANCETS	Preferred	OTC
REDICODE+ KIT ADVOCATE	Non Preferred	PA, QL (1 ea / year), OTC
REFUAH PLUS KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
RELION ALL- MIS IN-ONE	Non Preferred	PA, OTC
RELION KIT LANCING	Preferred	OTC
RELION KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC

Drug Name	Drug Tier	Requirements/Limits
RELION LANCE MIS STND 21G	Preferred	OTC
RELION LANCE MIS THIN 26G	Preferred	OTC
RELION LANCE MIS THIN 30G	Preferred	OTC
RELION MICRO KIT	Non Preferred	PA, QL (1 ea / year), OTC
RELION MICRO MIS THIN 33G	Preferred	OTC
RELION PREMI KIT COMP SYS	Non Preferred	PA, QL (1 ea / year), OTC
RELION PREMI MIS MONITOR	Non Preferred	PA, OTC
RELION PRIME MIS MONITOR	Non Preferred	PA, OTC
RELION ULTIM KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
RELION ULTRA MIS THIN 30G	Preferred	OTC
RELION ULTRA MIS THIN 32G	Preferred	OTC
RELION ULTRA MIS THIN PLS	Preferred	OTC
RIGHTEST MIS GL300	Preferred	OTC
RIGHTEST SYS KIT GM100	Non Preferred	PA, QL (1 ea / year), OTC
RIGHTEST SYS KIT GM300	Non Preferred	PA, QL (1 ea / year), OTC
RIGHTEST SYS KIT GM550	Non Preferred	PA, QL (1 ea / year), OTC
SAFE-T-LANCE MIS 21G	Preferred	OTC
SAFE-T-LANCE MIS 25G	Preferred	OTC
SAFE-T-PRO MIS LANCETS	Preferred	OTC
SAFE-T-PRO MIS PLUS	Preferred	OTC
SAFETY 21G MIS LANCETS	Preferred	OTC
SAFETY 23G MIS LANCETS	Preferred	OTC
SAFETY 28G MIS LANCETS	Preferred	OTC
SAFETY 30G MIS LANCETS	Preferred	OTC
SAPS TWIST MIS 30G	Preferred	OTC
SB LANCETS MIS THIN	Preferred	OTC
SB LANCETS MIS ULTR THN	Preferred	OTC
SELECT-LITE KIT DEV/LANC	Preferred	OTC
SIDE BUTTON MIS SAFETY	Preferred	OTC
SM LANCETS MIS 33G	Preferred	OTC
SMART SENSE KIT GLUC SYS	Non Preferred	PA, QL (1 ea / year), OTC
SMART SENSE MIS LANC 21G	Preferred	OTC
SMART SENSE MIS LANC 26G	Preferred	OTC
SMART SENSE MIS LANC 30G	Preferred	OTC
SMART SENSE MIS LANC 33G	Preferred	OTC
SMARTEST KIT EJECT	Non Preferred	PA, QL (1 ea / year), OTC

Drug Name	Drug Tier	Requirements/Limits
SMARTEST KIT PERSONA	Non Preferred	PA, QL (1 ea / year), OTC
SMARTEST KIT PRONTO	Non Preferred	PA, QL (1 ea / year), OTC
SMARTEST KIT PROTEGE	Non Preferred	PA, QL (1 ea / year), OTC
SMARTEST MIS EJECT	Non Preferred	PA, OTC
SMARTEST MIS PROTEGE	Non Preferred	PA, OTC
SOFTCLIX MIS LANCETS	Preferred	OTC
SOLUS V2 KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
SOLUS V2 MIS AUDIBLE	Non Preferred	PA, OTC
SOLUS V2 MIS LANC 30G	Preferred	OTC
STERILANCE MIS TL 28G	Preferred	OTC
STERILANCE MIS TL 30G	Preferred	OTC
STERILANCE MIS TL 32G	Preferred	OTC
SUPER THIN MIS LANC 28G	Preferred	OTC
SUPER THIN MIS LANCETS	Preferred	OTC
SURE COMFORT MIS LANCETS	Preferred	OTC
SURE-LANCE MIS 26G	Preferred	OTC
SURE-LANCE MIS LANCETS	Preferred	OTC
SURE-TEST MIS EASYPLUS	Non Preferred	PA, OTC
SURE-TOUCH MIS UNV LANC	Preferred	OTC
SUREFLEX MIS LANCETS	Preferred	OTC
SURELITE MIS LANCETS	Preferred	OTC
TECHLITE AST MIS LANCETS	Preferred	OTC
TECHLITE MIS LANC 30G	Preferred	OTC
TECHLITE MIS LANCETS	Preferred	OTC
TGT LANCET MIS 26G	Preferred	OTC
TGT LANCET MIS 30G	Preferred	OTC
TGT LANCET MIS 33G	Preferred	OTC
THIN LANCETS MIS	Preferred	OTC
THIN LANCETS MIS 26G	Preferred	OTC
THIN LANCETS MIS 30G	Preferred	OTC
THINLETS GP MIS 26G	Preferred	OTC
TOPCARE MIS LANC 33G	Preferred	OTC
TRUE2GO KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
TRUE COMFORT MIS LANC 30G	Preferred	OTC
TRUE FOCUS MIS METER	Non Preferred	PA, OTC

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX KIT AIR	Non Preferred	PA, QL (1 ea / year), OTC
TRUE METRIX KIT METER	Non Preferred	PA, QL (1 ea / year), OTC
TRUE METRIX MIS	Non Preferred	PA, OTC
TRUERESULT KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
TRUERESULT KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
TRUETRACK KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
TRUETRACK KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
TRUETRACK MIS BLD GLC	Non Preferred	PA, OTC
TRUPLUS LANC MIS 26G	Preferred	OTC
TRUPLUS LANC MIS 30G	Preferred	OTC
TRUPLUS LANC MIS 33G	Preferred	OTC
ULTILET MIS 26G	Preferred	OTC
ULTILET MIS 28G	Preferred	OTC
ULTILET MIS 33G	Preferred	OTC
ULTILET MIS LANCETS	Preferred	OTC
ULTIMA KIT MONITOR	Non Preferred	PA, OTC
ULTRA THIN MIS LAN 31G	Preferred	OTC
ULTRA THIN MIS LANC 28G	Preferred	OTC
ULTRA THIN MIS LANC 30G	Preferred	OTC
ULTRA THIN MIS LANCETS	Preferred	OTC
UNILET CMFR MIS TCH 28G	Preferred	OTC
UNILET CMFR MIS TCH 30G	Preferred	OTC
UNILET EX II MIS 28G	Preferred	OTC
UNILET EXCEL MIS 23G	Preferred	OTC
UNILET G.P MIS SUPR 23G	Preferred	OTC
UNILET G.P. MIS 21G	Preferred	OTC
UNILET GP 28 MIS ULT THIN	Preferred	OTC
UNILET LANCE MIS 21G	Preferred	OTC
UNILET LANCE MIS 28G	Preferred	OTC
UNILET LANCE MIS 33G	Preferred	OTC
UNILET LANCT MIS 28G	Preferred	OTC
UNILET LANCT MIS 30G	Preferred	OTC
UNILET LANCT MIS 33G	Preferred	OTC
UNILET MICRO MIS 33G	Preferred	OTC
UNILET MIS 21G	Preferred	OTC
UNILET SUPER MIS 23G	Preferred	OTC
UNILET SUPER MIS G.P. 23G	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
UNIVERSAL 1 MIS 33G	Preferred	OTC
UNIVERSAL 1 MIS LANC 26G	Preferred	OTC
UNIVERSAL 1 MIS LANC 30G	Preferred	OTC
V10/V12/D10/ KIT D20/FORA	Non Preferred	PA, OTC
V-GO 20 KIT	Non Preferred	PA
V-GO 30 KIT	Non Preferred	PA
V-GO 40 KIT	Non Preferred	PA
VERASENS KIT	Non Preferred	PA, QL (1 ea / year), OTC
VERASENS MIS METER	Non Preferred	PA, OTC
VIVAGUARD MIS 30G	Preferred	OTC
VIVAGUARD MIS INO	Non Preferred	PA, OTC
WAVESENSE KIT AMP	Non Preferred	PA, QL (1 ea / year), OTC

MISC. DEVICES

ALCOH-WIPE MIS 12"X12"	Preferred	QL (8 ea per day)
ALCOHOL SWABS	Preferred	QL (8 ea per day), OTC

PARENTERAL THERAPY SUPPLIES

BD NEEDLES MIS 25GX5/8"	Preferred	QL (100 ea / 75 days), OTC
BD U-500 MIS 31GX6MM	Preferred	QL (5 ea per day)
INSULIN SYRG MIS 0.3/29G	Preferred	QL (8 ea per day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G	Preferred	QL (8 ea per day), OTC; TECHLITE
INSULIN SYRG MIS 0.3/30G	Preferred	QL (8 ea per day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G	Preferred	QL (8 ea per day), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G	Preferred	QL (8 ea per day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G	Preferred	QL (8 ea per day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G	Preferred	QL (8 ea per day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G	Preferred	QL (8 ea per day), OTC; TECHLITE
INSULIN SYRG MIS 0.5/30G	Preferred	QL (8 ea per day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G	Preferred	QL (8 ea per day), OTC; TECHLITE

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 0.5/31G	Preferred	QL (8 ea per day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G	Preferred	QL (8 ea per day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G	Preferred	QL (8 ea per day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G	Preferred	QL (8 ea per day), OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G	Preferred	QL (8 ea per day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G	Preferred	QL (8 ea per day), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G	Preferred	QL (8 ea per day), OTC; TRUEPLUS
10ML LL SYRN MIS 22GX1"	Preferred	OTC
5ML LL SYRNG MIS 21GX1"	Preferred	OTC
3ML LL SYRNG MIS 25GX5/8"	Preferred	
3ML LL SYRNG MIS 25GX5/8"	Preferred	OTC
3ML LUER LOC MIS 25GX5/8"	Preferred	OTC
LUER-LOK SYR MIS 1ML/20G	Preferred	QL (100 ea / 75 days), OTC
NEEDLE (DISP) 18 X 1-1/2"	Preferred	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	Preferred	
PEN NEEDLES MIS 29GX10MM	Preferred	QL (8 ea per day), OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7	Preferred	QL (8 ea per day), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM	Preferred	QL (8 ea per day), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM	Preferred	QL (8 ea per day), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM	Preferred	QL (8 ea per day), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM	Preferred	QL (8 ea per day), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM	Preferred	QL (8 ea per day), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM	Preferred	QL (8 ea per day), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM	Preferred	QL (8 ea per day), OTC; TECHLITE
SHARP CONTAI MIS	Preferred	
SHARPS CONT MIS 14QT	Preferred	
SHARPS CONTAINER - MISC	Preferred	OTC
SYRINGE (DISPOSABLE) 3 ML	Preferred	OTC
SYRINGE (DISPOSABLE) 3 ML - RX	Preferred	
5ML SYRINGE MIS 21GX1"	Preferred	OTC

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

RESPIRATORY THERAPY SUPPLIES

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

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	Preferred	PA
AIMOVIG INJ 140MG/ML	Preferred	PA

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

MIGRAINE COMBINATIONS

CAFERGOT TAB 1-100MG	Non Preferred	PA
<i>migergot sup 2/100</i>	Preferred	
SUMANSETRON PAK	Non Preferred	PA
<i>sumatriptan-naproxen sodium tab 85-500 mg (generic of TREXIMET)</i>	Non Preferred	PA
TREXIMET TAB 85-500MG	Non Preferred	PA

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

<i>dihydroergotamine mesylate nasal spray 4 mg/ml (generic of MIGRANAL)</i>	Non Preferred	PA
ERGOMAR SUB 2MG	Non Preferred	PA
MIGRANAL SPR 4MG/ML	Non Preferred	PA

MIGRAINE PRODUCTS - NSAIDS

CAMBIA POW 50MG	Non Preferred	PA
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SEROTONIN AGONISTS

<i>almotriptan malate tab 6.25 mg</i>	Non Preferred	PA
<i>almotriptan malate tab 12.5 mg</i>	Non Preferred	PA
AMERGE TAB 1MG	Non Preferred	PA, QL (9 ea / 25 days)
AMERGE TAB 2.5MG	Non Preferred	PA, QL (9 ea / 25 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent) (generic of RELPAX)</i>	Non Preferred	PA
<i>eletriptan hydrobromide tab 40 mg (base equivalent) (generic of RELPAX)</i>	Non Preferred	PA

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

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

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

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

<i>calcitrate tab 950mg</i>	Preferred	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	Preferred	OTC
<i>calcium carbonate tab 600 mg</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-800 unit</i>	Preferred	OTC
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	Preferred	OTC
<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	Preferred	OTC
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	Preferred	OTC
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	Preferred	OTC
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	Preferred	OTC
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	Preferred	OTC
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	Preferred	OTC
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	Preferred	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	Preferred	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	Preferred	OTC
<i>oys shell+d tab 250-125</i>	Preferred	OTC
<i>oyster shell calcium tab 500 mg</i>	Preferred	OTC
RISACAL-D TAB	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
ELECTROLYTE MIXTURES		
<i>oral electrolyte solution</i>	Preferred	OTC
FLUORIDE		
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Preferred	QL (1 ea per day)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Preferred	QL (1 ea per day)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Preferred	QL (1 ea per day)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Preferred	QL (1.67 mL per day)
MAGNESIUM		
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	Preferred	OTC
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Preferred	OTC
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	Preferred	OTC
<i>magnesium oxide tab 500 mg (mg supplement)</i>	Preferred	OTC
<i>magnesium tab 250 mg</i>	Preferred	OTC
PHOSPHATE		
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	Preferred	QL (4 ea per day)
POTASSIUM		
<i>klor-con 8 tab 8meq er</i>	Preferred	QL (4 ea per day)
<i>klor-con 10 tab 10meq er</i>	Preferred	QL (4 ea per day)
<i>potassium bicarbonate effer tab 25 meq</i>	Preferred	QL (2 ea per day)
<i>potassium chloride cap er 8 meq</i>	Preferred	QL (4 ea per day)
<i>potassium chloride cap er 10 meq</i>	Preferred	QL (4 ea per day)
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Preferred	QL (4 ea per day)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Preferred	QL (5 ea per day)
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Preferred	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Preferred	
<i>potassium chloride tab er 8 meq (600 mg)</i>	Preferred	QL (4 ea per day)
<i>potassium chloride tab er 10 meq</i>	Preferred	QL (4 ea per day)
<i>potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)</i>	Preferred	QL (5 ea per day)
SODIUM		
<i>sodium chloride tab 1 gm</i>	Preferred	OTC

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

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

<i>clovique cap 250mg (generic of SYPRINE)</i>	Preferred	
CUPRIMINE CAP 250MG	Non Preferred	PA
DEPEN TITRA TAB 250MG	Preferred	
<i>penicillamine cap 250 mg (generic of CUPRIMINE)</i>	Preferred	
<i>penicillamine tab 250 mg (generic of DEPEN TITRATABS)</i>	Preferred	
SYPRINE CAP 250MG	Non Preferred	PA
<i>trientine hcl cap 250 mg (generic of SYPRINE)</i>	Preferred	

IMMUNOMODULATORS

REVLIMID CAP 2.5MG	Non Preferred	SP, PA, QL (1 ea per day)
REVLIMID CAP 5MG	Non Preferred	SP, PA, QL (1 ea per day)
REVLIMID CAP 10MG	Non Preferred	SP, PA, QL (1 ea per day)
REVLIMID CAP 15MG	Non Preferred	SP, PA, QL (1 ea per day)
REVLIMID CAP 20MG	Non Preferred	SP, PA, QL (1 ea per day)
REVLIMID CAP 25MG	Non Preferred	SP, PA, QL (1 ea per day)
THALOMID CAP 50MG	Non Preferred	SP, PA, QL (1 ea per day)
THALOMID CAP 100MG	Non Preferred	SP, PA, QL (1 ea per day)
THALOMID CAP 150MG	Non Preferred	SP, PA, QL (2 ea per day)
THALOMID CAP 200MG	Non Preferred	SP, PA, QL (2 ea per day)

IMMUNOSUPPRESSIVE AGENTS

ASTAGRAF XL CAP 0.5MG	Non Preferred	PA
ASTAGRAF XL CAP 1MG	Non Preferred	PA
ASTAGRAF XL CAP 5MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
AZASAN TAB 75 MG	Non Preferred	PA
AZASAN TAB 100MG	Non Preferred	PA
<i>azathioprine tab 50 mg</i> (generic of IMURAN)	Preferred	QL (8 ea per day)
CELLCEPT CAP 250MG	Non Preferred	PA, QL (12 ea per day)
CELLCEPT SUS 200MG/ML	Non Preferred	PA
CELLCEPT TAB 500MG	Non Preferred	PA, QL (8 ea per day)
<i>cyclosporine cap 25 mg</i> (generic of SANDIMMUNE)	Preferred	QL (16 ea per day)
<i>cyclosporine cap 100 mg</i> (generic of SANDIMMUNE)	Preferred	QL (5 ea per day)
<i>cyclosporine modified cap 25 mg</i> (generic of NEORAL)	Preferred	QL (15 ea per day)
<i>cyclosporine modified cap 50 mg</i>	Preferred	QL (15 ea per day)
<i>cyclosporine modified cap 100 mg</i> (generic of NEORAL)	Preferred	QL (10 ea per day)
<i>cyclosporine modified oral soln 100 mg/ml</i> (generic of NEORAL)	Preferred	QL (10 mL per day)
ENVARUSUS XR TAB 0.75MG	Non Preferred	PA
ENVARUSUS XR TAB 1MG	Non Preferred	PA
ENVARUSUS XR TAB 4MG	Non Preferred	PA
<i>everolimus tab 0.5 mg</i> (generic of ZORTRESS)	Non Preferred	PA
<i>everolimus tab 0.25 mg</i> (generic of ZORTRESS)	Non Preferred	PA
<i>everolimus tab 0.75 mg</i> (generic of ZORTRESS)	Non Preferred	PA
<i>engraf cap 25mg</i> (generic of NEORAL)	Preferred	QL (15 ea per day)
<i>engraf cap 100mg</i> (generic of NEORAL)	Preferred	QL (10 ea per day)
<i>engraf sol 100mg/ml</i> (generic of NEORAL)	Preferred	QL (10 mL per day)
IMURAN TAB 50MG	Non Preferred	PA, QL (8 ea per day)
<i>mycophenolate mofetil cap 250 mg</i> (generic of CELLCEPT)	Preferred	QL (12 ea per day)
<i>mycophenolate mofetil for oral susp 200 mg/ml</i> (generic of CELLCEPT)	Preferred	
<i>mycophenolate mofetil tab 500 mg</i> (generic of CELLCEPT)	Preferred	QL (8 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (generic of MYFORTIC)</i>	Preferred	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (generic of MYFORTIC)</i>	Preferred	
MYFORTIC TAB 180MG	Non Preferred	PA
MYFORTIC TAB 360MG	Non Preferred	PA
NEORAL CAP 25MG	Non Preferred	PA, QL (15 ea per day)
NEORAL CAP 100MG	Non Preferred	PA, QL (10 ea per day)
NEORAL SOL 100MG/ML	Non Preferred	PA, QL (10 mL per day)
PROGRAF CAP 0.5MG	Non Preferred	PA, QL (2 ea per day)
PROGRAF CAP 1MG	Non Preferred	PA, QL (14 ea per day)
PROGRAF CAP 5MG	Non Preferred	PA
PROGRAF GRA 0.2MG	Non Preferred	PA
PROGRAF GRA 1MG	Non Preferred	PA
RAPAMUNE SOL 1MG/ML	Non Preferred	PA
RAPAMUNE TAB 0.5MG	Non Preferred	PA
RAPAMUNE TAB 1MG	Non Preferred	PA
RAPAMUNE TAB 2MG	Non Preferred	PA
SANDIMMUNE CAP 25MG	Non Preferred	PA, QL (16 ea per day)
SANDIMMUNE CAP 100MG	Non Preferred	PA, QL (5 ea per day)
SANDIMMUNE SOL 100MG/ML	Preferred	
<i>sirolimus oral soln 1 mg/ml (generic of RAPAMUNE)</i>	Preferred	
<i>sirolimus tab 0.5 mg (generic of RAPAMUNE)</i>	Preferred	
<i>sirolimus tab 1 mg (generic of RAPAMUNE)</i>	Preferred	
<i>sirolimus tab 2 mg (generic of RAPAMUNE)</i>	Preferred	
<i>tacrolimus cap 0.5 mg (generic of PROGRAF)</i>	Preferred	QL (2 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus cap 1 mg</i> (generic of PROGRAF)	Preferred	QL (14 ea per day)
<i>tacrolimus cap 5 mg</i> (generic of PROGRAF)	Preferred	
ZORTRESS TAB 0.5MG	Non Preferred	PA
ZORTRESS TAB 0.25MG	Non Preferred	PA
ZORTRESS TAB 0.75MG	Non Preferred	PA
ZORTRESS TAB 1MG	Non Preferred	PA

POTASSIUM REMOVING AGENTS

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

SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

BENLYSTA INJ 200MG/ML	Non Preferred	SP, PA
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MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT

ANESTHETICS TOPICAL ORAL

<i>lidocaine hcl laryngotracheal soln 4%</i>	Preferred	
<i>lidocaine hcl viscous soln 2%</i>	Preferred	

ANTI-INFECTIVES - THROAT

<i>clotrimazole troche 10 mg</i>	Preferred	QL (5 ea per day)
<i>nystatin susp 100000 unit/ml</i>	Preferred	QL (120 mL per day)
ORAVIG TAB 50MG	Non Preferred	PA

ANTISEPTICS - MOUTH/THROAT

<i>chlorhexidine gluconate soln 0.12%</i> (generic of CHLORHEXIDINE GLUCONATE SOLN 0.12%)	Preferred	
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DENTAL PRODUCTS

<i>denta 5000 cre plus</i>	Non Preferred	PA
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Drug Name	Drug Tier	Requirements/Limits
<i>denta 5000 cre plus 2pk</i>	Non Preferred	PA
<i>dentagel gel 1.1%</i>	Non Preferred	PA
<i>sf 5000 plus cre 1.1%</i>	Non Preferred	PA
<i>sf gel 1.1%</i>	Non Preferred	PA
<i>sod fluoride pst 1.1%</i>	Non Preferred	PA
<i>sod fluoride pst 1.1-5%</i>	Non Preferred	PA
<i>sodium fluor cre 5000 pls</i>	Non Preferred	PA
<i>sodium fluor cre 5000 ppm</i>	Non Preferred	PA
<i>sodium fluoride gel 1.1% (0.5% f)</i>	Non Preferred	PA

STEROIDS - MOUTH/THROAT/DENTAL

<i>oralone dent pst 0.1%</i>	Preferred	
<i>triamcinolone acetonide dental paste 0.1%</i>	Preferred	

THROAT PRODUCTS - MISC.

<i>cevimeline hcl cap 30 mg (generic of EVOXAC)</i>	Non Preferred	PA
<i>EVOXAC CAP 30MG</i>	Non Preferred	PA
<i>GELX GEL</i>	Non Preferred	PA
<i>pilocarpine hcl tab 5 mg (generic of SALAGEN)</i>	Preferred	
<i>pilocarpine hcl tab 7.5 mg (generic of SALAGEN)</i>	Preferred	

MULTIVITAMINS - DRUGS FOR NUTRITION

B-COMPLEX W/ FOLIC ACID

<i>b-complex w/ c & folic acid tab 0.8 mg</i>	Preferred	OTC
<i>b-complex w/ c & folic acid tab 1 mg</i>	Preferred	OTC
<i>WEST-VITE TAB W/FA</i>	Preferred	OTC

MULTIPLE VITAMINS W/ IRON

<i>multiple vitamins w/ iron tab</i>	Preferred	QL (1 ea per day), OTC
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MULTIPLE VITAMINS W/ MINERALS

<i>ADULT 50+ CAP OCUVITE</i>	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
<i>AQUADEKS CHW</i>	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)
<i>CENTRUM 50+ CHW FRSH/FRU</i>	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)

Drug Name	Drug Tier	Requirements/Limits
CENTRUM CHW	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)
CENTRUM CHW FLAV BST	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)
CENTRUM CHW SILVER	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)
CENTRUM CHW VITAMINT	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)
CENTRUM MULT CHW OMEGA 3	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)
<i>multiple vitamins w/ minerals cap</i>	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
<i>multiple vitamins w/ minerals cap- rx</i>	Preferred	QL (1 ea per day); AGE (Min age 4 years)
<i>multiple vitamins w/ minerals liquid</i>	Preferred	QL (1 mL per day), OTC
<i>multiple vitamins w/ minerals tab</i>	Preferred	QL (1 ea per day), OTC
<i>multiple vitamins w/ minerals tab- rx</i>	Preferred	QL (1 ea per day)
OCUVITE CAP ADULT	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
<i>ocuvite eye chw health</i>	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)
OCUVITE LUTE CAP	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
PORENAL+D CAP OMEGA 3	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
PRESERVISION CAP AREDS	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
PRESERVISION CAP AREDS 2	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
PRESERVISION CAP LUTEIN	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
PRESERVISION CHW AREDS 2	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)
PRORENAL+D CAP OMEGA-3	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
SYSTANE ICAP CHW AREDS2	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)
MULTIVITAMINS - DRUGS FOR NUTRITION		
<i>multiple vitamin tab</i>	Preferred	OTC
QUINTABS TAB	Preferred	OTC
THERA TAB	Preferred	OTC
PED MULTI VITAMINS W/FL & FE		
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	Preferred	QL (1.67 mL per day)
POLY-VI-FLOR CHW W/IRON	Preferred	
POLY-VI-FLOR SUS /IRON	Preferred	

Drug Name	Drug Tier	Requirements/Limits
PED MULTIPLE VITAMINS W/ MINERALS		
<i>pediatric multiple vitamin w/ minerals & c chew tab</i>	Preferred	QL (1 ea per day), OTC
PED MV W/ FLUORIDE		
<i>multivitamin sol fluoride</i>	Preferred	QL (1.67 mL per day), OTC
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	Preferred	QL (1 ea per day)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	Preferred	QL (1 ea per day)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	Preferred	QL (2 ea per day)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	Preferred	QL (1.67 mL per day)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	Preferred	QL (1.67 mL per day)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	Preferred	QL (1.67 mL per day)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	Preferred	QL (1.67 mL per day)
POLY-VI-FLOR CHW 0.5MG	Preferred	
POLY-VI-FLOR CHW 0.25MG	Preferred	
POLY-VI-FLOR CHW 1MG	Preferred	
POLY-VI-FLOR SUS 0.25/ML	Preferred	
PED MV W/ IRON		
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	Preferred	QL (1 ea per day), OTC
PEDIATRIC MULTIPLE VITAMINS		
<i>pediatric multiple vitamin liq</i>	Preferred	OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i>	Preferred	QL (1 ea per day), OTC
<i>pediatric multiple vitamin w/ extra c & fa chew tab</i>	Preferred	QL (1 ea per day), OTC
PRENATAL VITAMINS		
C-NATE DHA CAP 28-1-200	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL CAP HARMONY	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL MIS	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL MIS 90 DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL MIS B-CALM	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL PAK ASSURE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL PAK DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL TAB BLOOM	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL TAB RX	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CONCEPT DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CONCEPT OB CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
ENBRACE HR CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
KPN PRENATAL TAB	Preferred	OTC
NESTABS DHA PAK	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
NESTABS ONE CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
NESTABS TAB	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
OB COMPLETE CAP ONE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
OB COMPLETE CAP PETITE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
OB COMPLETE TAB	Preferred	AGE (Min age 10 years and Max age 55 years)
OB COMPLETE TAB PREMIER	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
OB COMPLETE/ CAP DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
PNV TABS TAB 29-1MG	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>pnv-dha cap</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PNV-DHA CAP DOCUSATE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PNV-OMEGA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
<i>pnv-select tab</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PREMESISRX TAB	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENAISSANCE CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENAISSANCE CAP PLUS	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 440 MG PAK	Preferred	OTC
PRENATAL FRM TAB A-FREE	Preferred	OTC
PRENATAL TAB	Preferred	OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	Preferred	OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	Preferred	OTC
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK	Preferred	OTC
PRENATE AM TAB 1MG	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE CAP ENHANCE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE CAP ESSENT	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
PRENATE CAP PIXIE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE CAP RESTORE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE CHW 0.6-0.4	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE MINI CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE TAB ELITE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRETAB TAB 29-1MG	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
PRIMACARE CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PROVIDA OB CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
RELNATE DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
SE-NATAL 19 CHW	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
SE-NATAL 19 TAB	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
SELECT-OB CHW	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
SELECT-OB+ PAK DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
TARON-PREX CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
THRIVITE RX TAB 29-1MG	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)

Drug Name	Drug Tier	Requirements/Limits
TRICARE PRE CAP 27-1-500	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
TRISTART DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
TRISTART ONE CAP 35-1-215	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VINATE DHA CAP 27-1.13	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VIRT-C DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VIRT-NATE CAP DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VIRT-PN DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VIRT-PN PLUS CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL CAP ULTRA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL CHW GUMMIES	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL FE+ CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL STRP MIS 1MG	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL-NANO TAB	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL-OB PAK +DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL-OB TAB 65-1MG	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
VITAFOL-ONE CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)

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

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

AMRIX CAP 15MG	Non Preferred	PA
AMRIX CAP 30MG	Non Preferred	PA
<i>baclofen tab 5 mg</i>	Preferred	
<i>baclofen tab 10 mg</i>	Preferred	QL (3 ea per day)
<i>baclofen tab 20 mg</i>	Preferred	QL (4 ea per day)
<i>carisoprodol tab 250 mg (generic of SOMA)</i>	Non Preferred	PA
<i>carisoprodol tab 350 mg (generic of SOMA)</i>	Non Preferred	PA
CHLORZOXAZON TAB 250MG	Preferred	
<i>chlorzoxazone tab 375 mg</i>	Preferred	
<i>chlorzoxazone tab 500 mg</i>	Preferred	QL (6 ea per day)
<i>chlorzoxazone tab 750 mg</i>	Preferred	
<i>cyclobenzaprine hcl cap er 24hr 15 mg (generic of AMRIX)</i>	Non Preferred	PA
<i>cyclobenzaprine hcl cap er 24hr 30 mg (generic of AMRIX)</i>	Non Preferred	PA
<i>cyclobenzaprine hcl tab 5 mg</i>	Preferred	QL (3 ea per day)
<i>cyclobenzaprine hcl tab 7.5 mg</i>	Preferred	
<i>cyclobenzaprine hcl tab 10 mg</i>	Preferred	QL (3 ea per day)
<i>fexmid tab 7.5mg</i>	Non Preferred	PA
<i>lorzone tab 375mg</i>	Preferred	
<i>lorzone tab 750mg</i>	Preferred	
<i>metaxalone tab 400 mg</i>	Non Preferred	PA
<i>metaxalone tab 800 mg (generic of SKELAXIN)</i>	Non Preferred	PA
<i>methocarbamol tab 500 mg</i>	Preferred	QL (6 ea per day)
<i>methocarbamol tab 750 mg (generic of ROBAXIN-750)</i>	Preferred	QL (10 ea per day)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Preferred	QL (2 ea per day)
ROBAXIN-750 TAB 750MG	Non Preferred	PA, QL (10 ea per day)
	Preferred	

Drug Name	Drug Tier	Requirements/Limits
SKELAXIN TAB 800MG	Non Preferred	PA
SOMA TAB 250MG	Non Preferred	PA
SOMA TAB 350MG	Non Preferred	PA
<i>tizanidine hcl cap 2 mg (base equivalent)</i> (generic of ZANAFLEX)	Non Preferred	PA
<i>tizanidine hcl cap 4 mg (base equivalent)</i> (generic of ZANAFLEX)	Non Preferred	PA
<i>tizanidine hcl cap 6 mg (base equivalent)</i> (generic of ZANAFLEX)	Non Preferred	PA
<i>tizanidine hcl tab 2 mg (base equivalent)</i> (generic of ZANAFLEX)	Preferred	QL (3 ea per day)
<i>tizanidine hcl tab 4 mg (base equivalent)</i> (generic of ZANAFLEX)	Preferred	QL (9 ea per day)
ZANAFLEX CAP 2MG	Non Preferred	PA
ZANAFLEX CAP 4MG	Non Preferred	PA
ZANAFLEX CAP 6MG	Non Preferred	PA
ZANAFLEX TAB 4MG	Non Preferred	PA, QL (9 ea per day)

DIRECT MUSCLE RELAXANTS

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

MUSCLE RELAXANT COMBINATIONS

<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
NORGESIC TAB FORTE	Non Preferred	PA

NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL AGENT COMBINATIONS

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

NASAL AGENTS - MISC.

<i>saline nasal spray 0.65%</i>	Preferred	OTC
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Drug Name	Drug Tier	Requirements/Limits
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Preferred	QL (30 mL / 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Preferred	
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Preferred	QL (52 mL / 25 days), OTC
<i>olopatadine hcl nasal soln 0.6% (generic of PATANASE)</i>	Preferred	
PATANASE SPR 0.6%	Non Preferred	PA
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Non Preferred	PA
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Non Preferred	PA
NASAL STEROIDS		
BECONASE AQ SUS 0.042%	Non Preferred	PA
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Preferred	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Preferred	QL (16 gm / 25 days)
<i>mometasone furoate nasal susp 50 mcg/act (generic of NASONEX)</i>	Non Preferred	PA
NASONEX SPR 50MCG/AC	Non Preferred	PA
OMNARIS SPR	Non Preferred	PA
QNASL AER 80MCG	Non Preferred	PA
QNASL CHILD SPR 40MCG	Non Preferred	PA
SINUVA IMP 1350MCG	Non Preferred	PA
XHANCE MIS 93MCG	Non Preferred	PA
ZETONNA AER 37MCG	Non Preferred	PA
SYMPATHOMIMETIC DECONGESTANTS		
<i>oxymetazoline hcl nasal soln 0.05%</i>	Preferred	OTC
<i>phenylephrine hcl tab 10 mg</i>	Preferred	OTC
<i>pseudoephedrine hcl liq 15 mg/5ml</i>	Preferred	QL (40 mL per day), OTC
<i>pseudoephedrine hcl tab 30 mg</i>	Preferred	QL (6 ea per day), OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Preferred	QL (6 ea per day), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	Preferred	QL (2 ea per day), OTC

Drug Name **Drug Tier** **Requirements/Limits**
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES
ALS AGENTS

RILUTEK TAB 50MG	Non Preferred	PA
<i>riluzole tab 50 mg (generic of RILUTEK)</i>	Preferred	
TIGLUTIK SUS 50/10ML	Non Preferred	PA

NUTRIENTS - DRUGS FOR NUTRITION

MISC. NUTRITIONAL SUBSTANCES

<i>docosahexaenoic acid cap 200 mg</i>	Preferred	QL (1 ea per day), OTC
<i>omega-3 fatty acids cap 500 mg</i>	Preferred	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Preferred	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	Preferred	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	Preferred	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i>	Preferred	OTC

OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS

ARTIFICIAL TEARS AND LUBRICANTS

<i>artificial tear ophth solution</i>	Preferred	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	Preferred	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	Preferred	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	Preferred	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	Preferred	OTC
LACRISERT MIS 5MG OP	Preferred	
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	Preferred	OTC
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	Preferred	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	Preferred	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	Preferred	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	Preferred	OTC

BETA-BLOCKERS - OPHTHALMIC

<i>betaxolol hcl ophth soln 0.5%</i>	Preferred	
BETOPTIC-S SUS 0.25% OP	Non Preferred	PA
<i>carteolol hcl ophth soln 1%</i>	Preferred	QL (15 mL / 25 days)
COMBIGAN SOL 0.2/0.5%	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
COSOPT PF SOL 2%-0.5%	Non Preferred	PA
COSOPT SOL 22.3-6.8	Non Preferred	PA, QL (10 mL / 25 days)
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> (generic of COSOPT PF)	Non Preferred	PA
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> (generic of COSOPT)	Preferred	QL (10 mL / 25 days)
ISTALOL SOL 0.5% OP	Non Preferred	PA
<i>levobunolol hcl ophth soln 0.5%</i>	Preferred	QL (15 mL / 25 days)
<i>timolol maleate ophth gel forming soln 0.5%</i> (generic of TIMOPTIC-XE)	Preferred	
<i>timolol maleate ophth gel forming soln 0.25%</i> (generic of TIMOPTIC-XE)	Preferred	
<i>timolol maleate ophth soln 0.5%</i> (generic of TIMOPTIC)	Preferred	
<i>timolol maleate ophth soln 0.5%</i> (once-daily) (generic of ISTALOL)	Preferred	
<i>timolol maleate ophth soln 0.25%</i> (generic of TIMOPTIC)	Preferred	
<i>timolol maleate preservative free ophth soln 0.5%</i> (generic of TIMOPTIC OCUDOSE)	Non Preferred	PA
TIMOPTIC OCU SOL 0.5% OP	Non Preferred	PA
TIMOPTIC OCU SOL 0.25% OP	Non Preferred	PA
TIMOPTIC SOL 0.5% OP	Non Preferred	PA
TIMOPTIC SOL 0.25% OP	Non Preferred	PA
TIMOPTIC-XE SOL 0.5% OP	Non Preferred	PA
TIMOPTIC-XE SOL 0.25% OP	Non Preferred	PA
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	Preferred	QL (15 mL / 25 days)
ATROPINE SULFATE OPHTH OINT 1%	Preferred	
CYCLOGYL SOL 0.5% OP	Non Preferred	PA
CYCLOGYL SOL 1% OP	Non Preferred	PA
CYCLOGYL SOL 2% OP	Non Preferred	PA
CYCLOMYDRIL SOL OP	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclopentolate hcl ophth soln 0.5%</i> (generic of CYCLOGYL)	Preferred	
<i>cyclopentolate hcl ophth soln 1%</i> (generic of CYCLOGYL)	Preferred	
<i>cyclopentolate hcl ophth soln 2%</i>	Preferred	
ISOPTO ATROP SOL 1% OP	Non Preferred	PA, QL (15 mL / 25 days)
MYDRIACYL SOL 1% OP	Non Preferred	PA
<i>phenylephrine hcl ophth soln 2.5%</i>	Non Preferred	PA
<i>phenylephrine hcl ophth soln 10%</i>	Non Preferred	PA
<i>tropicamide ophth soln 0.5%</i>	Preferred	
<i>tropicamide ophth soln 1%</i> (generic of MYDRIACYL)	Preferred	
MIOTICS		
ISOPTO CARP SOL 1% OP	Non Preferred	PA
ISOPTO CARP SOL 2% OP	Non Preferred	PA
ISOPTO CARP SOL 4% OP	Non Preferred	PA
PHOSPHOLINE SOL 0.125%OP	Preferred	
<i>pilocarpine hcl ophth soln 1%</i> (generic of ISOPTO CARPINE)	Preferred	
<i>pilocarpine hcl ophth soln 2%</i> (generic of ISOPTO CARPINE)	Preferred	
<i>pilocarpine hcl ophth soln 4%</i> (generic of ISOPTO CARPINE)	Preferred	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	Preferred	
ALPHAGAN P SOL 0.15%	Preferred	
<i>apraclonidine hcl ophth soln 0.5%</i> (base equivalent)	Non Preferred	PA
<i>brimonidine tartrate ophth soln 0.2%</i>	Preferred	
<i>brimonidine tartrate ophth soln 0.15%</i> (generic of ALPHAGAN P)	Preferred	
IOPIDINE SOL 1% OP	Non Preferred	PA
SIMBRINZA SUS 1-0.2%	Non Preferred	PA
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1%	Non Preferred	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophth oint</i>	Preferred	
BESIVANCE SUS 0.6%	Non	PA
	Preferred	
BETADINE SOL 5% OP	Non	PA
	Preferred	
BLEPH-10 SOL 10% OP	Non	PA
	Preferred	
CILOXAN OIN 0.3% OP	Preferred	
CILOXAN SOL 0.3% OP	Non	PA
	Preferred	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (generic of CILOXAN)</i>	Preferred	
<i>erythromycin ophth oint 5 mg/gm</i>	Preferred	
<i>gatifloxacin ophth soln 0.5% (generic of ZYMAXID)</i>	Non	PA
	Preferred	
<i>gentak oin 0.3% op</i>	Preferred	
<i>gentamicin sulfate ophth soln 0.3%</i>	Preferred	QL (10 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Preferred	
MOXEZA SOL 0.5%	Non	PA
	Preferred	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic of MOXEZA)</i>	Non	PA
	Preferred	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)</i>	Non	PA
	Preferred	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)</i>	Non	PA
	Preferred	
NATACYN SUS 5% OP	Preferred	
<i>neo-polycin oin op</i>	Preferred	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Preferred	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Preferred	
OCUFLOX DRO 0.3% OP	Non	PA
	Preferred	
<i>ofloxacin ophth soln 0.3% (generic of OCUFLOX)</i>	Preferred	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	Preferred	
POLYTRIM SOL OP	Non	PA
	Preferred	
<i>sulfacetamide sodium ophth oint 10%</i>	Preferred	
<i>sulfacetamide sodium ophth soln 10% (generic of BLEPH-10)</i>	Preferred	
<i>tobramycin ophth soln 0.3% (generic of TOBREX)</i>	Preferred	
TOBREX OIN 0.3% OP	Preferred	

Drug Name	Drug Tier	Requirements/Limits
TOBREX SOL 0.3% OP	Non Preferred	PA
<i>trifluridine ophth soln 1%</i>	Preferred	QL (7.5 mL / 25 days)
VIGAMOX DRO 0.5%	Non Preferred	PA
ZIRGAN GEL 0.15%	Preferred	
ZYMAXID SOL 0.5%	Non Preferred	PA

OPHTHALMIC IMMUNOMODULATORS

CEQUA SOL 0.09%	Non Preferred	PA
RESTASIS EMU 0.05%	Non Preferred	PA
RESTASIS MUL EMU 0.05%	Non Preferred	PA

OPHTHALMIC INTEGRIN ANTAGONISTS

XIIDRA DRO 5%	Non Preferred	PA
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OPHTHALMIC KINASE INHIBITORS

RHOPRESSA SOL 0.02%	Non Preferred	PA
ROCKLATAN DRO	Non Preferred	PA

OPHTHALMIC LOCAL ANESTHETICS

AKTEN GEL 3.5%	Non Preferred	PA
ALCAINE SOL 0.5% OP	Non Preferred	PA
<i>proparacaine hcl ophth soln 0.5%</i> (generic of ALCAINE)	Non Preferred	PA
<i>tetracaine hcl ophth soln 0.5%</i>	Non Preferred	PA

OPHTHALMIC NERVE GROWTH FACTORS

OXERVATE SOL 20MCG/ML	Non Preferred	PA
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OPHTHALMIC STEROIDS

ALREX SUS 0.2%	Preferred	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Preferred	
BLEPHAMIDE OIN S.O.P.	Non Preferred	PA
BLEPHAMIDE SUS OP	Non Preferred	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
DEXTENZA MIS 0.4MG	Non Preferred	PA
DUREZOL EMU 0.05%	Non Preferred	PA
EYSUVIS DRO 0.25%	Non Preferred	PA
FLAREX SUS 0.1% OP	Preferred	
<i>fluorometholone ophth susp 0.1%</i>	Preferred	QL (15 mL / 25 days)
FML FORTE SUS 0.25% OP	Preferred	
FML LIQUIFLM SUS 0.1% OP	Non Preferred	PA, QL (15 mL / 25 days)
FML OIN 0.1% OP	Preferred	
INVELTYS SUS 1%	Non Preferred	PA
LOTEMAX GEL 0.5%	Non Preferred	PA
LOTEMAX OIN 0.5%	Non Preferred	PA
LOTEMAX SM GEL 0.38%	Non Preferred	PA
LOTEMAX SUS 0.5%	Non Preferred	PA
<i>loteprednol etabonate ophth susp 0.5%</i> (generic of LOTE MAX)	Preferred	
MAXIDEX SUS 0.1% OP	Preferred	
MAXITROL OIN 0.1% OP	Non Preferred	PA
MAXITROL SUS 0.1% OP	Non Preferred	PA
<i>neo-polycin oin hc 1%op</i>	Preferred	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> (generic of MAXITROL)	Preferred	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> (generic of MAXITROL)	Preferred	
<i>neomycin-polymyxin-hc ophth susp</i>	Preferred	
PRED FORTE SUS 1% OP	Non Preferred	PA
PRED MILD SUS 0.12% OP	Preferred	
PRED SOD PHO SOL 1% OP	Preferred	
PRED-G S.O.P OIN OP	Non Preferred	PA
PRED-G SUS OP	Non Preferred	PA
<i>prednisolone acetate ophth susp 1%</i> (generic of PRED FORTE)	Preferred	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX OIN 0.3-0.1%	Non Preferred	PA
TOBRADEX ST SUS 0.3-0.05	Non Preferred	PA
TOBRADEX SUS 0.3-0.1%	Non Preferred	PA
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> (generic of TOBRADEX)	Preferred	
ZYLET SUS 0.5-0.3%	Non Preferred	PA
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	Non Preferred	PA
ACULAR SOL 0.5% OP	Non Preferred	PA, QL (10 mL / 25 days)
ACUVAIL SOL 0.45%	Non Preferred	PA
ALOCRIAL SOL 2%	Non Preferred	PA
ALOMIDE SOL 0.1% OP	Non Preferred	PA
<i>azelastine hcl ophth soln 0.05%</i>	Preferred	QL (6 mL / 25 days)
AZOPT SUS 1% OP	Non Preferred	PA
BEPREVE DRO 1.5%	Non Preferred	PA
<i>bromfenac sodium ophth soln 0.09%</i> (base equiv) (once-daily)	Non Preferred	PA
BROMSITE DRO 0.075%	Non Preferred	PA
<i>cromolyn sodium ophth soln 4%</i>	Preferred	
CYSTADROPS SOL 0.37%	Non Preferred	PA
CYSTARAN SOL 0.44%	Non Preferred	PA
<i>diclofenac sodium ophth soln 0.1%</i>	Preferred	
<i>dorzolamide hcl ophth soln 2%</i> (generic of TRUSOPT)	Preferred	
<i>epinastine hcl ophth soln 0.05%</i>	Non Preferred	PA
<i>flurbiprofen sodium ophth soln 0.03%</i>	Preferred	
<i>glostrips mis 1mg op</i>	Non Preferred	PA
ILEVRO DRO 0.3% OP	Non Preferred	PA
<i>ketorolac tromethamine ophth soln 0.4%</i> (generic of ACULAR LS)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine ophth soln 0.5%</i> (generic of ACULAR)	Preferred	QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025%</i> (base equiv)	Preferred	OTC
LASTACFT SOL 0.25%	Non Preferred	PA
NEVANAC SUS 0.1%	Non Preferred	PA
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Non Preferred	PA, QL (5 mL / 30 days)
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Non Preferred	PA, QL (2.5 mL / 30 days)
PROLENSA SOL 0.07%	Non Preferred	PA
<i>sodium chloride hypertonic ophth oint 5%</i>	Preferred	OTC
<i>sodium chloride hypertonic ophth soln 5%</i>	Preferred	OTC
TRUSOPT SOL 2% OP	Non Preferred	PA
ZERVIAE DRO 0.24%	Non Preferred	PA

PROSTAGLANDINS - OPHTHALMIC

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

OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	Preferred	QL (20 mL / 25 days)
<i>carbamide peroxide 6.5% otic soln</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Non Preferred	PA, QL (14 ea / 25 days)
<i>ofloxacin otic soln 0.3%</i>	Preferred	QL (5 mL / 25 days)
OTIC COMBINATIONS		
CIPRO HC SUS OTIC	Non Preferred	PA
CIPRODEX SUS 0.3-0.1%	Preferred	QL (7.5 mL / 25 days)
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1% (generic of CIPRODEX)</i>	Preferred	QL (7.5 mL / 25 days)
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	Non Preferred	PA
CORTISPORIN SUS -TC OTIC	Non Preferred	PA
<i>neomycin-polymyxin-hc otic soln 1%</i>	Preferred	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Preferred	
OTOVEL DRO	Non Preferred	PA
OTIC STEROIDS		
DERMOTIC OIL 0.01%	Non Preferred	PA
<i>flac oil 0.01% (generic of DERMOTIC)</i>	Non Preferred	PA
<i>fluocinolone acetonide (otic) oil 0.01% (generic of DERMOTIC)</i>	Non Preferred	PA
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Non Preferred	PA
OXYTOCICS - DRUGS FOR PREGNANCY		
OXYTOCICS - DRUGS FOR PREGNANCY		
<i>methergine tab 0.2mg</i>	Preferred	QL (7 ea per day)
<i>methylergonovine maleate tab 0.2 mg</i>	Preferred	QL (7 ea per day)
PENICILLINS - DRUGS TO TREAT INFECTIONS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	Preferred	QL (8 ea per day)
<i>amoxicillin (trihydrate) cap 500 mg</i>	Preferred	QL (8 ea per day)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Preferred	QL (6 ea per day)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Preferred	QL (8 ea per day)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Preferred	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Preferred	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Preferred	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) tab 500 mg</i>	Preferred	QL (5 ea per day)
<i>amoxicillin (trihydrate) tab 875 mg</i>	Preferred	QL (4 ea per day)
<i>ampicillin cap 500 mg</i>	Preferred	QL (8 ea per day)

NATURAL PENICILLINS

<i>penicillin v potassium for soln 125 mg/5ml</i>	Preferred	QL (40 mL per day)
<i>penicillin v potassium for soln 250 mg/5ml</i>	Preferred	QL (40 mL per day)
<i>penicillin v potassium tab 250 mg</i>	Preferred	QL (8 ea per day)
<i>penicillin v potassium tab 500 mg</i>	Preferred	QL (8 ea per day)

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Preferred	QL (3 ea per day)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Preferred	QL (4 ea per day)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Preferred	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (generic of AUGMENTIN)</i>	Preferred	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Preferred	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	Preferred	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Preferred	QL (2 ea per day)
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	Preferred	QL (2 ea per day)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Preferred	QL (2 ea per day)
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	Non Preferred	PA
AUGMENTIN SUS 125/5ML	Preferred	
AUGMENTIN SUS 250/5ML	Preferred	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	Preferred	QL (8 ea per day)
<i>dicloxacillin sodium cap 500 mg</i>	Preferred	QL (6 ea per day)

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

AYGESTIN TAB 5MG	Non Preferred	PA, QL (1 ea per day)
<i>hydroxyprogesterone caproate im in oil 250 mg/ml (generic of MAKENA)</i>	Non Preferred	SP, PA
MAKENA INJ 250MG/ML	Preferred	SP, PA
MAKENA INJ 275MG	Preferred	SP, PA
<i>medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA)</i>	Preferred	QL (2 ea per day)
<i>medroxyprogesterone acetate tab 5 mg (generic of PROVERA)</i>	Preferred	QL (2 ea per day)

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

ANTI-CATAPLECTIC AGENTS

XYREM SOL 500MG/ML	Non Preferred	PA
XYWAV SOL 0.5GM/ML	Non Preferred	PA

ANTIDEMENTIA AGENTS

ARICEPT TAB 5MG	Non Preferred	PA, QL (1 ea per day)
ARICEPT TAB 10MG	Non Preferred	PA, QL (1 ea per day)
ARICEPT TAB 23MG	Non Preferred	PA
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Preferred	QL (2 ea per day)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Preferred	QL (1 ea per day)
<i>donepezil hydrochloride tab 5 mg (generic of ARICEPT)</i>	Preferred	QL (1 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride tab 10 mg (generic of ARICEPT)</i>	Preferred	QL (1 ea per day)
<i>donepezil hydrochloride tab 23 mg (generic of ARICEPT)</i>	Preferred	
EXELON DIS 4.6MG/24	Non Preferred	PA
EXELON DIS 9.5MG/24	Non Preferred	PA
EXELON DIS 13.3/24	Non Preferred	PA
<i>galantamine hydrobromide cap er 24hr 8 mg (generic of RAZADYNE ER)</i>	Non Preferred	PA
<i>galantamine hydrobromide cap er 24hr 16 mg (generic of RAZADYNE ER)</i>	Non Preferred	PA
<i>galantamine hydrobromide cap er 24hr 24 mg (generic of RAZADYNE ER)</i>	Non Preferred	PA
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Non Preferred	PA
<i>galantamine hydrobromide tab 4 mg</i>	Non Preferred	PA
<i>galantamine hydrobromide tab 8 mg</i>	Non Preferred	PA
<i>galantamine hydrobromide tab 12 mg</i>	Non Preferred	PA
<i>memantine hcl cap er 24hr 7 mg (generic of NAMENDA XR)</i>	Non Preferred	PA
<i>memantine hcl cap er 24hr 14 mg (generic of NAMENDA XR)</i>	Non Preferred	PA
<i>memantine hcl cap er 24hr 21 mg (generic of NAMENDA XR)</i>	Non Preferred	PA
<i>memantine hcl cap er 24hr 28 mg (generic of NAMENDA XR)</i>	Non Preferred	PA
<i>memantine hcl oral solution 2 mg/ml</i>	Non Preferred	PA
<i>memantine hcl tab 5 mg (generic of NAMENDA)</i>	Preferred	
<i>memantine hcl tab 5 mg (generic of NAMENDA)</i>	Preferred	
<i>memantine hcl tab 10 mg (generic of NAMENDA)</i>	Preferred	
<i>memantine hcl tab 10 mg (generic of NAMENDA)</i>	Preferred	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)</i>	Non Preferred	PA
NAMENDA TAB 5-10MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
NAMENDA TAB 5MG	Non Preferred	PA
NAMENDA TAB 10MG	Non Preferred	PA
NAMENDA XR CAP 7MG	Non Preferred	PA
NAMENDA XR CAP 14MG	Non Preferred	PA
NAMENDA XR CAP 21MG	Non Preferred	PA
NAMENDA XR CAP 28MG	Non Preferred	PA
NAMENDA XR CAP TITRATIO	Non Preferred	PA
NAMZARIC CAP	Non Preferred	PA
NAMZARIC CAP 7-10MG	Non Preferred	PA
NAMZARIC CAP 14-10MG	Non Preferred	PA
NAMZARIC CAP 21-10MG	Non Preferred	PA
NAMZARIC CAP 28-10MG	Non Preferred	PA
RAZADYNE ER CAP 8MG	Non Preferred	PA
RAZADYNE ER CAP 16MG	Non Preferred	PA
RAZADYNE ER CAP 24MG	Non Preferred	PA
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Non Preferred	PA
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Non Preferred	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Non Preferred	PA
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Non Preferred	PA
<i>rivastigmine td patch 24hr 4.6 mg/24hr (generic of EXELON)</i>	Non Preferred	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr (generic of EXELON)</i>	Non Preferred	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr (generic of EXELON)</i>	Non Preferred	PA
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Preferred	
<i>olanzapine-fluoxetine hcl cap 3-25 mg (generic of SYMBYAX)</i>	Non Preferred	PA
<i>olanzapine-fluoxetine hcl cap 6-25 mg (generic of SYMBYAX)</i>	Non Preferred	PA
<i>olanzapine-fluoxetine hcl cap 6-50 mg (generic of SYMBYAX)</i>	Non Preferred	PA
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	Non Preferred	PA
<i>olanzapine-fluoxetine hcl cap 12-50 mg (generic of SYMBYAX)</i>	Non Preferred	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Preferred	
SYMBYAX CAP 3-25MG	Non Preferred	PA
SYMBYAX CAP 6-25MG	Non Preferred	PA
SYMBYAX CAP 6-50MG	Non Preferred	PA
SYMBYAX CAP 12-50MG	Non Preferred	PA
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	Non Preferred	PA
SAVELLA TAB 12.5MG	Non Preferred	PA
SAVELLA TAB 25MG	Non Preferred	PA
SAVELLA TAB 50MG	Non Preferred	PA
SAVELLA TAB 100MG	Non Preferred	PA
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	Non Preferred	SP, PA
AUSTEDO TAB 9MG	Non Preferred	SP, PA
AUSTEDO TAB 12MG	Non Preferred	SP, PA
INGREZZA CAP 40-80MG	Non Preferred	PA
INGREZZA CAP 40MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAP 80MG	Non Preferred	PA
<i>tetrabenazine tab 12.5 mg (generic of XENAZINE)</i>	Non Preferred	SP, PA
<i>tetrabenazine tab 25 mg (generic of XENAZINE)</i>	Non Preferred	SP, PA
XENAZINE TAB 12.5MG	Non Preferred	SP, PA
XENAZINE TAB 25MG	Non Preferred	SP, PA

MULTIPLE SCLEROSIS AGENTS

AMPYRA TAB 10MG	Non Preferred	SP, PA
AUBAGIO TAB 7MG	Non Preferred	SP, PA
AUBAGIO TAB 14MG	Non Preferred	SP, PA
AVONEX PEN KIT 30MCG	Non Preferred	SP, PA
AVONEX PREFL KIT 30MCG	Non Preferred	SP, PA
BAFIERTAM CAP 95MG	Non Preferred	PA
BETASERON INJ 0.3MG	Preferred	SP
COPAXONE INJ 20MG/ML	Preferred	SP
COPAXONE INJ 40MG/ML	Non Preferred	SP, PA
<i>dalfampridine tab er 12hr 10 mg (generic of AMPYRA)</i>	Non Preferred	SP, PA
<i>dimethyl fumarate capsule delayed release 120 mg (generic of TECFIDERA)</i>	Non Preferred	SP, PA, QL (2 ea per day)
<i>dimethyl fumarate capsule delayed release 240 mg (generic of TECFIDERA)</i>	Non Preferred	SP, PA, QL (2 ea per day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic of TECFIDERA STARTER PACK)</i>	Non Preferred	SP, PA
EXTAVIA INJ 0.3MG	Non Preferred	SP, PA
GILENYA CAP 0.5MG	Non Preferred	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml (generic of COPAXONE)</i>	Non Preferred	SP, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml (generic of COPAXONE)</i>	Non Preferred	SP, PA
<i>glatopa inj 20mg/ml (generic of COPAXONE)</i>	Non Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa inj 40mg/ml</i> (generic of COPAXONE)	Non Preferred	SP, PA
KESIMPTA INJ 20/.4ML	Non Preferred	PA
LEMTRADA INJ 12/1.2ML	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(4)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(5)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(6)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(7)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(8)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(9)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(10)	Non Preferred	SP, PA
MAYZENT PAK STARTER	Non Preferred	PA
MAYZENT TAB 0.25MG	Non Preferred	SP, PA
MAYZENT TAB 2MG	Non Preferred	SP, PA
OCREVUS INJ 300/10ML	Non Preferred	SP, PA
PLEGRIDY INJ	Non Preferred	SP, PA
PLEGRIDY INJ PEN	Non Preferred	SP, PA
PLEGRIDY INJ STARTER	Non Preferred	SP, PA
PLEGRIDY PEN INJ STARTER	Non Preferred	SP, PA
REBIF INJ 22/0.5	Preferred	SP
REBIF INJ 44/0.5	Preferred	SP
REBIF REBIDO INJ 22/0.5	Preferred	SP
REBIF REBIDO INJ 44/0.5	Preferred	SP
REBIF REBIDO INJ TITRATN	Preferred	SP
REBIF TITRTN INJ PACK	Preferred	SP
TECFIDERA CAP 120MG	Preferred	SP, PA, QL (2 ea per day)
TECFIDERA CAP 240MG	Preferred	SP, PA, QL (2 ea per day)
TECFIDERA MIS STARTER	Preferred	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TYSABRI INJ 300/15ML	Non Preferred	SP, PA
VUMERITY CAP 231MG	Non Preferred	SP, PA
ZEPOSIA 7DAY CAP STR PACK	Non Preferred	SP, PA
ZEPOSIA CAP .92MG	Non Preferred	SP, PA
ZEPOSIA CAP STR KIT	Non Preferred	SP, PA

POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

LIPRITIN II PAK	Non Preferred	PA
LYRICA CR TAB 82.5MG	Non Preferred	PA
LYRICA CR TAB 165MG	Non Preferred	PA
LYRICA CR TAB 330MG	Non Preferred	PA

PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS

<i>fluoxetine hcl (pmdd) tab 10 mg</i>	Non Preferred	PA
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	Non Preferred	PA

PSEUDOBULBAR AFFECT (PBA) AGENTS

NUEDEXTA CAP 20-10MG	Non Preferred	PA
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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

<i>ergoloid mesylates tab 1 mg</i>	Preferred	
<i>pimozide tab 1 mg</i>	Preferred	
<i>pimozide tab 2 mg</i>	Preferred	

RESTLESS LEG SYNDROME (RLS) AGENTS

HORIZANT TAB 300MG ER	Non Preferred	PA
HORIZANT TAB 600MG ER	Non Preferred	PA

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Preferred	QL (2 ea per day)
CHANTIX PAK 0.5& 1MG	Preferred	QL (2 ea per day)
CHANTIX PAK 1MG	Preferred	QL (2 ea per day)
CHANTIX TAB 0.5MG	Preferred	QL (2 ea per day)
CHANTIX TAB 1MG	Preferred	QL (2 ea per day)
<i>nicotine polacrilex gum 2 mg</i>	Preferred	QL (8 ea per day), OTC
<i>nicotine polacrilex gum 4 mg</i>	Preferred	QL (8 ea per day), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine polacrilex lozenge 2 mg</i>	Preferred	QL (8 ea per day), OTC
<i>nicotine polacrilex lozenge 4 mg</i>	Preferred	QL (8 ea per day), OTC
NICOTINE SYS KIT TRANSDER	Preferred	OTC
<i>nicotine td patch 24hr 7 mg/24hr</i>	Preferred	QL (1 ea per day), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i>	Preferred	QL (1 ea per day), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i>	Preferred	QL (1 ea per day), OTC
NICOTROL INH	Preferred	
NICOTROL NS SPR 10MG/ML	Preferred	

TRANSTHYRETIN AMYLOIDOSIS AGENTS

TEGSEDI INJ 284/1.5	Non Preferred	PA
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VASOMOTOR SYMPTOM AGENTS

BRISDELLE CAP 7.5MG	Non Preferred	PA
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i> (generic of BRISDELLE)	Non Preferred	PA

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG	Non Preferred	PA
KALYDECO PAK 50MG	Non Preferred	PA
KALYDECO PAK 75MG	Non Preferred	PA
ORKAMBI GRA 100-125	Non Preferred	PA
ORKAMBI GRA 150-188	Non Preferred	PA
ORKAMBI TAB 100-125	Non Preferred	PA
ORKAMBI TAB 200-125	Non Preferred	PA
PULMOZYME SOL 1MG/ML	Preferred	SP, QL (2.5 mL per day)
SYMDEKO TAB 50-75MG	Non Preferred	PA
SYMDEKO TAB 100-150	Non Preferred	PA
TRIKAFTA TAB	Non Preferred	PA

PULMONARY FIBROSIS AGENTS

ESBRIET CAP 267MG	Non Preferred	SP, PA
ESBRIET TAB 267MG	Non Preferred	SP, PA
ESBRIET TAB 801MG	Non Preferred	SP, PA

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

SULFONAMIDES - DRUGS TO TREAT INFECTIONS

SULFONAMIDES - DRUGS TO TREAT INFECTIONS

SULFADIAZINE TAB 500MG	Preferred	
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TETRACYCLINES - DRUGS TO TREAT INFECTIONS

AMINOMETHYLCYCLINES

NUZYRA TAB 150MG	Non Preferred	PA
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TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>demeclocycline hcl tab 150 mg</i>	Preferred	
<i>demeclocycline hcl tab 300 mg</i>	Preferred	
DORYX MPC TAB 120MG	Non Preferred	PA
DORYX TAB 50MG	Non Preferred	PA
DORYX TAB 80MG	Non Preferred	PA
DORYX TAB 200MG	Non Preferred	PA
<i>doxycycline hyclate cap 50 mg</i>	Preferred	
<i>doxycycline hyclate cap 100 mg (generic of VIBRAMYCIN)</i>	Preferred	
<i>doxycycline hyclate tab 20 mg</i>	Preferred	
<i>doxycycline hyclate tab 75 mg (generic of ACTICLATE)</i>	Preferred	
<i>doxycycline hyclate tab 100 mg</i>	Preferred	
<i>doxycycline hyclate tab 150 mg (generic of ACTICLATE)</i>	Preferred	
<i>doxycycline hyclate tab delayed release 50 mg (generic of DORYX)</i>	Non Preferred	PA
<i>doxycycline hyclate tab delayed release 75 mg</i>	Non Preferred	PA
<i>doxycycline hyclate tab delayed release 80 mg (generic of DORYX)</i>	Non Preferred	PA
<i>doxycycline hyclate tab delayed release 100 mg</i>	Non Preferred	PA
<i>doxycycline hyclate tab delayed release 150 mg</i>	Non Preferred	PA
<i>doxycycline hyclate tab delayed release 200 mg (generic of DORYX)</i>	Non Preferred	PA
<i>doxycycline monohydrate cap 50 mg</i>	Preferred	QL (3 ea per day)
<i>doxycycline monohydrate cap 75 mg</i>	Preferred	
<i>doxycycline monohydrate cap 100 mg</i>	Preferred	QL (3 ea per day)

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate cap 150 mg</i>	Preferred	
<i>doxycycline monohydrate for susp 25 mg/5ml (generic of VIBRAMYCIN)</i>	Preferred	
<i>doxycycline monohydrate tab 50 mg</i>	Preferred	
<i>doxycycline monohydrate tab 75 mg</i>	Preferred	
<i>doxycycline monohydrate tab 100 mg</i>	Preferred	QL (3 ea per day)
<i>doxycycline monohydrate tab 150 mg</i>	Preferred	
<i>minocycline hcl cap 50 mg</i>	Preferred	QL (2 ea per day)
<i>minocycline hcl cap 75 mg</i>	Preferred	
<i>minocycline hcl cap 100 mg (generic of MINOCIN)</i>	Preferred	QL (2 ea per day)
<i>minocycline hcl tab 50 mg</i>	Preferred	
<i>minocycline hcl tab 75 mg</i>	Preferred	
<i>minocycline hcl tab 100 mg</i>	Preferred	
<i>minocycline hcl tab er 24hr 45 mg</i>	Non Preferred	PA
<i>minocycline hcl tab er 24hr 55 mg (generic of SOLODYN)</i>	Non Preferred	PA
<i>minocycline hcl tab er 24hr 65 mg (generic of SOLODYN)</i>	Non Preferred	PA
<i>minocycline hcl tab er 24hr 80 mg (generic of SOLODYN)</i>	Non Preferred	PA
<i>minocycline hcl tab er 24hr 90 mg</i>	Non Preferred	PA
<i>minocycline hcl tab er 24hr 105 mg (generic of SOLODYN)</i>	Non Preferred	PA
<i>minocycline hcl tab er 24hr 115 mg (generic of SOLODYN)</i>	Non Preferred	PA
<i>minocycline hcl tab er 24hr 135 mg</i>	Non Preferred	PA
MINOLIRA TAB 105MG	Non Preferred	PA
MINOLIRA TAB 135MG	Non Preferred	PA
<i>morgidox cap 1x100mg (generic of VIBRAMYCIN)</i>	Preferred	
<i>morgidox cap 2x100mg (generic of VIBRAMYCIN)</i>	Preferred	
MORGIDOX KIT 1X100MG	Non Preferred	PA
MORGIDOX KIT 2X100MG	Non Preferred	PA
SOLODYN TAB 55MG	Non Preferred	PA
SOLODYN TAB 65MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
SOLODYN TAB 80MG	Non Preferred	PA
SOLODYN TAB 105MG	Non Preferred	PA
SOLODYN TAB 115MG	Non Preferred	PA
<i>tetracycline hcl cap 250 mg</i>	Preferred	
<i>tetracycline hcl cap 500 mg</i>	Preferred	
VIBRAMYCIN CAP 100MG	Non Preferred	PA
VIBRAMYCIN SUS 25MG/5ML	Non Preferred	PA
VIBRAMYCIN SYP 50MG/5ML	Preferred	
XIMINO CAP 45MG ER	Non Preferred	PA
XIMINO CAP 90MG ER	Non Preferred	PA
XIMINO CAP 135MG ER	Non Preferred	PA

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i> (generic of TAPAZOLE)	Preferred	QL (6 ea per day)
<i>methimazole tab 10 mg</i> (generic of TAPAZOLE)	Preferred	QL (6 ea per day)
<i>propylthiouracil tab 50 mg</i>	Preferred	QL (20 ea per day)
TAPAZOLE TAB 5MG	Non Preferred	PA, QL (6 ea per day)
TAPAZOLE TAB 10MG	Non Preferred	PA, QL (6 ea per day)

THYROID HORMONES

ARMOUR THYRO TAB 15MG	Preferred	
ARMOUR THYRO TAB 30MG	Preferred	
ARMOUR THYRO TAB 60MG	Preferred	
ARMOUR THYRO TAB 90MG	Preferred	
ARMOUR THYRO TAB 120MG	Preferred	
ARMOUR THYRO TAB 180MG	Preferred	QL (1 ea per day)
ARMOUR THYRO TAB 240MG	Preferred	QL (1 ea per day)
ARMOUR THYRO TAB 300MG	Preferred	QL (1 ea per day)
CYTOMEL TAB 5MCG	Non Preferred	PA
CYTOMEL TAB 25MCG	Non Preferred	PA
CYTOMEL TAB 50MCG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
LEVOTHYROXIN CAP 13MCG	Non Preferred	PA
LEVOTHYROXIN CAP 25MCG	Non Preferred	PA
LEVOTHYROXIN CAP 50MCG	Non Preferred	PA
LEVOTHYROXIN CAP 75MCG	Non Preferred	PA
LEVOTHYROXIN CAP 88MCG	Non Preferred	PA
LEVOTHYROXIN CAP 100MCG	Non Preferred	PA
LEVOTHYROXIN CAP 112MCG	Non Preferred	PA
LEVOTHYROXIN CAP 125MCG	Non Preferred	PA
LEVOTHYROXIN CAP 137MCG	Non Preferred	PA
LEVOTHYROXIN CAP 150MCG	Non Preferred	PA
LEVOTHYROXIN CAP 175MCG	Non Preferred	PA
LEVOTHYROXIN CAP 200MCG	Non Preferred	PA
<i>levothyroxine sodium tab 25 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 25 MCG)	Preferred	QL (2 ea per day)
<i>levothyroxine sodium tab 50 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 50 MCG)	Preferred	QL (2 ea per day)
<i>levothyroxine sodium tab 75 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 75 MCG)	Preferred	QL (2 ea per day)
<i>levothyroxine sodium tab 88 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 88 MCG)	Preferred	QL (2 ea per day)
<i>levothyroxine sodium tab 100 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 100 MCG)	Preferred	QL (2 ea per day)
<i>levothyroxine sodium tab 112 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 112 MCG)	Preferred	QL (2 ea per day)
<i>levothyroxine sodium tab 125 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 125 MCG)	Preferred	QL (2 ea per day)
<i>levothyroxine sodium tab 137 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 137 MCG)	Preferred	QL (2 ea per day)
<i>levothyroxine sodium tab 150 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 150 MCG)	Preferred	QL (2 ea per day)

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

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

Drug Name	Drug Tier	Requirements/Limits
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TOXOIDS - DRUGS TO PREVENT INFECTIONS
TOXOID COMBINATIONS

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

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

ANTISPASMODICS

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

Drug Name	Drug Tier	Requirements/Limits
LEVSIN/SL SUB 0.125MG	Non Preferred	PA, QL (12 ea per day)
LIBRAX CAP 5-2.5MG	Non Preferred	PA
<i>methscopolamine bromide tab 2.5 mg</i>	Non Preferred	PA
<i>methscopolamine bromide tab 5 mg</i>	Non Preferred	PA
<i>oscimin tab 0.125mg</i>	Preferred	QL (12 ea per day)
<i>propantheline bromide tab 15 mg</i>	Preferred	

H-2 ANTAGONISTS

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

MISC. ANTI-ULCER

CARAFATE SUS 1GM/10ML	Preferred	QL (40 mL per day)
CARAFATE TAB 1GM	Non Preferred	PA, QL (4 ea per day)
<i>sucralfate susp 1 gm/10ml (generic of CARAFATE)</i>	Preferred	QL (40 mL per day)
<i>sucralfate tab 1 gm (generic of CARAFATE)</i>	Preferred	QL (4 ea per day)

PROTON PUMP INHIBITORS

ACIPHEX SPR CAP 5MG	Non Preferred	PA
ACIPHEX SPR CAP 10MG	Non Preferred	PA
ACIPHEX TAB 20MG	Non Preferred	PA
DEXILANT CAP 30MG DR	Non Preferred	PA
DEXILANT CAP 60MG DR	Non Preferred	PA

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

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits
SP - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
PREVACID CAP 15MG DR	Non Preferred	PA, QL (2 ea per day)
PREVACID CAP 30MG DR	Non Preferred	PA
PREVACID TAB 15MG STB	Non Preferred	PA; AGE (Max age 10 years)
PREVACID TAB 30MG STB	Non Preferred	PA; AGE (Max age 10 years)
PRILOSEC POW 2.5MG	Non Preferred	PA
PRILOSEC POW 10MG	Non Preferred	PA
PROTONIX PAK 40MG	Non Preferred	PA
PROTONIX TAB 20MG	Non Preferred	PA, QL (1 ea per day)
PROTONIX TAB 40MG	Non Preferred	PA, QL (3 ea per day)
<i>rabeprazole sodium ec tab 20 mg (generic of ACIPHEX)</i>	Non Preferred	PA
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	Non Preferred	PA, QL (4 ea per day)
CYTOTEC TAB 200MCG	Non Preferred	PA, QL (4 ea per day)
<i>misoprostol tab 100 mcg (generic of CYTOTEC)</i>	Preferred	QL (4 ea per day)
<i>misoprostol tab 200 mcg (generic of CYTOTEC)</i>	Preferred	QL (4 ea per day)
ULCER THERAPY COMBINATIONS		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Non Preferred	PA
HELIDAC MIS THERAPY	Non Preferred	PA
OMECLAMOX- MIS PAK	Non Preferred	PA
<i>omeprazole-sodium bicarbonate cap 20-1100 mg (generic of ZEGERID)</i>	Non Preferred	PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg (generic of ZEGERID)</i>	Non Preferred	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (generic of ZEGERID)</i>	Non Preferred	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (generic of ZEGERID)</i>	Non Preferred	PA
PYLERA CAP	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
TALICIA CAP	Non Preferred	PA
ZEGERID CAP 20-1100	Non Preferred	PA
ZEGERID CAP 40-1100	Non Preferred	PA
ZEGERID POW 20-1680	Non Preferred	PA
ZEGERID POW 40-1680	Non Preferred	PA

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

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

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

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

MYRBETRIQ TAB 25MG	Non Preferred	PA
MYRBETRIQ TAB 50MG	Non Preferred	PA

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	Preferred	QL (4 ea per day)
<i>bethanechol chloride tab 10 mg</i>	Preferred	QL (4 ea per day)
<i>bethanechol chloride tab 25 mg</i>	Preferred	QL (4 ea per day)
<i>bethanechol chloride tab 50 mg</i>	Preferred	QL (4 ea per day)

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tab 100 mg</i>	Non Preferred	PA, QL (4 ea per day)
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VACCINES - DRUGS TO PREVENT INFECTIONS

BACTERIAL VACCINES

PNEUMOVAX 23 INJ 25/0.5	Preferred	QL (Max 2 injections per lifetime); AGE (Min age 19 years)
PREVNAR 13 INJ	Preferred	QL (Max 1 injection per lifetime); AGE (Min age 19 years)

VIRAL VACCINES

AFLURIA QUAD INJ 2020-21	Preferred	AGE (Min age 19 years)
ENGERIX-B INJ 10/0.5ML	Preferred	QL (Max 3 injections per lifetime); AGE (Min age 19 years)

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJ 20MCG/ML	Preferred	QL (Max 3 injections per lifetime); AGE (Min age 19 years)
FLUARIX QUAD INJ 2020-21	Preferred	AGE (Min age 19 years)
FLUBLOK QUAD INJ 2020-21	Preferred	AGE (Min age 19 years)
FLUCLVX QUAD INJ 2020-21	Preferred	AGE (Min age 19 years)
FLULAVAL QUA INJ 2020-21	Preferred	AGE (Min age 19 years)
FLUMIST QUAD SUS 2020-21	Preferred	AGE (Min age 19 years and Max age 49 years)
FLUZONE QUAD INJ 2020-21	Preferred	AGE (Min age 19 years)
HAVRIX INJ 720UNIT	Preferred	QL (Max 2 injections per lifetime); AGE (Min age 19 years)
HAVRIX INJ 1440UNIT	Preferred	QL (Max 2 injections per lifetime); AGE (Min age 19 years)
HEPLISAV-B INJ 20/0.5ML	Preferred	QL (Max 3 injections per lifetime); AGE (Min age 19 years)
RECOMBIVA HB INJ 5MCG/0.5	Preferred	QL (Max 3 injections per lifetime); AGE (Min age 19 years)
RECOMBIVA HB INJ 10MCG/ML	Preferred	QL (Max 3 injections per lifetime); AGE (Min age 19 years)
SHINGRIX INJ 50/0.5ML	Preferred	QL (Max 2 injections per lifetime); AGE (Min age 50 years)
TWINRIX INJ	Preferred	QL (Max 3 injections per lifetime); AGE (Min age 19 years)
VAQTA INJ 25/0.5ML	Preferred	QL (Max 2 injections per lifetime); AGE (Min age 19 years)
VAQTA INJ 50UNT/ML	Preferred	QL (Max 2 injections per lifetime); AGE (Min age 19 years)

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

MISCELLANEOUS VAGINAL PRODUCTS

INTRAROSA SUP 6.5MG	Non Preferred	PA
TRIMO-SAN GEL	Non Preferred	PA

VAGINAL ANTI-INFECTIVES

CLEOCIN CRE 2% VAG	Non Preferred	PA
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Drug Name	Drug Tier	Requirements/Limits
CLEOCIN SUP 100MG	Preferred	
<i>clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)</i>	Preferred	
CLINDESSE CRE 2%	Non Preferred	PA
<i>clotrimazole vaginal cream 1%</i>	Preferred	OTC
<i>clotrimazole vaginal cream 2%</i>	Preferred	OTC
GYNAZOLE-1 CRE 2%	Non Preferred	PA
<i>metronidazole vaginal gel 0.75%</i>	Preferred	QL (70 gm / 5 days)
<i>miconazole 3 sup 200mg</i>	Preferred	
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	Preferred	OTC
<i>miconazole nitrate vaginal cream 2%</i>	Preferred	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	Preferred	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	Preferred	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i>	Preferred	OTC
NUVESSA GEL 1.3%	Non Preferred	PA
<i>terconazole vaginal cream 0.4%</i>	Preferred	
<i>terconazole vaginal cream 0.8%</i>	Preferred	
<i>terconazole vaginal suppos 80 mg</i>	Preferred	QL (1 ea per day)
<i>tioconazole vaginal oint 6.5%</i>	Preferred	OTC
<i>vandazole gel 0.75%</i>	Preferred	QL (70 gm / 5 days)
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	Preferred	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	Non Preferred	PA, QL (1.42 gm per day)
<i>estradiol vaginal cream 0.1 mg/gm (generic of ESTRACE)</i>	Preferred	QL (1.42 gm per day)
<i>estradiol vaginal tab 10 mcg (generic of ESTRADIOL VAGINAL TAB 10 MCG)</i>	Non Preferred	PA
ESTRING MIS 2MG	Non Preferred	PA
FEMRING MIS 0.1MG/24	Non Preferred	PA
FEMRING MIS 0.05/24H	Non Preferred	PA
IMVEXXY MAIN SUP 4MCG	Non Preferred	PA
IMVEXXY MAIN SUP 10MCG	Non Preferred	PA

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

VAGINAL PROGESTINS

CRINONE GEL 4% VAG	Non Preferred	PA
CRINONE GEL 8% VAG	Non Preferred	PA
ENDOMETRIN SUP 100MG	Preferred	

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> (generic of EPIPEN 2-PAK)	Preferred	QL (2 ea / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> (generic of EPIPEN-JR 2-PAK)	Preferred	QL (2 ea / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Preferred	
EPIPEN 2-PAK INJ 0.3MG	Non Preferred	PA, QL (2 ea / 25 days)
EPIPEN-JR INJ 0.15MG	Non Preferred	PA, QL (2 ea / 25 days)

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

NORTHERA CAP 100MG	Non Preferred	SP, PA
NORTHERA CAP 200MG	Non Preferred	SP, PA
NORTHERA CAP 300MG	Non Preferred	SP, PA

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

<i>midodrine hcl tab 2.5 mg</i>	Preferred	QL (3 ea per day)
<i>midodrine hcl tab 5 mg</i>	Preferred	QL (3 ea per day)
<i>midodrine hcl tab 10 mg</i>	Preferred	QL (3 ea per day)

VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

<i>cholecalciferol cap 1000 unit</i>	Preferred	OTC
<i>cholecalciferol cap 2000 unit</i>	Preferred	OTC
<i>cholecalciferol cap 5000 unit</i>	Preferred	OTC

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

WATER SOLUBLE VITAMINS

<i>ascorbic acid tab 500 mg</i>	Preferred	OTC
<i>niacin cap er 250 mg</i>	Preferred	OTC
<i>niacin cap er 500 mg</i>	Preferred	OTC
<i>niacin tab 50 mg</i>	Preferred	OTC
<i>niacin tab 100 mg</i>	Preferred	OTC
<i>niacin tab 500 mg</i>	Preferred	OTC
<i>niacin tab er 250 mg</i>	Preferred	OTC
<i>niacin tab er 750 mg</i>	Preferred	OTC
<i>niacinamide tab 500 mg</i>	Preferred	OTC
<i>pyridoxine hcl tab 25 mg</i>	Preferred	OTC
<i>pyridoxine hcl tab 50 mg</i>	Preferred	OTC
<i>pyridoxine hcl tab 100 mg</i>	Preferred	OTC
<i>riboflavin tab 100 mg</i>	Preferred	OTC
<i>thiamine hcl tab 50 mg</i>	Preferred	OTC
<i>thiamine hcl tab 100 mg</i>	Preferred	OTC

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.....	297	<i>bupap tab 50-300mg</i>	40
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.....	297	<i>see sodium phenylbutyrate oral</i>	
BRISDELLE		<i>powder 3 gm/teaspoonful</i>	229
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BRIVIACT TAB 100MG	73	<i>buprenorphine hcl sl tab 2 mg (base</i>	
BRIVIACT TAB 10MG	73	<i>equiv)</i>	51
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BRIVIACT TAB 50MG	73	<i>equiv)</i>	51
BRIVIACT TAB 75MG	73	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bromfenac sodium ophth soln 0.09%</i>		<i>12-3 mg (base equiv)</i>	51
<i>(base equiv) (once-daily)</i>	301	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>2-0.5 mg (base equiv)</i>	51
<i>equivalent)</i>	139	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bromocriptine mesylate tab 2.5 mg</i>		<i>4-1 mg (base equiv)</i>	51
<i>(base equivalent)</i>	139	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>brompheniramine & pseudoephedrine</i>		<i>8-2 mg (base equiv)</i>	51
<i>elixir 1-15 mg/5ml</i>	190	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BROMSITE DRO 0.075%	301	<i>2-0.5 mg (base equiv)</i>	51
BROVANA NEB 15MCG	67	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BRUKINSA CAP 80MG	132	<i>8-2 mg (base equiv)</i>	51
BRYHALI LOT 0.01%	205	<i>buprenorphine td patch weekly 10</i>	
<i>budesonide delayed release particles</i>		<i>mcg/hr</i>	52
<i>cap 3 mg</i>	187	<i>buprenorphine td patch weekly 15</i>	
<i>budesonide inhalation susp 0.25</i>		<i>mcg/hr</i>	52
<i>mg/2ml</i>	65	<i>buprenorphine td patch weekly 20</i>	
<i>budesonide inhalation susp 0.5 mg/2ml</i>		<i>mcg/hr</i>	52
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.....	65	<i>buprenorphine td patch weekly 7.5</i>	
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<i>budesonide-formoterol fumarate dihyd</i>		<i>bupropion hcl (smoking deterrent) tab</i>	
<i>aerosol 160-4.5 mcg/act</i>	67	<i>er 12hr 150 mg</i>	311
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<i>butalbital-acetaminophen-caffeine cap</i> <i>50-325-40 mg</i>	41	<i>see amlodipine besylate-atorvastatin</i> <i>calcium tab 10-20 mg</i>	169
<i>butalbital-acetaminophen-caffeine tab</i> <i>50-325-40 mg</i>	41	<i>see amlodipine besylate-atorvastatin</i> <i>calcium tab 10-40 mg</i>	169
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<i>(base equiv).....</i>	42	<i>elemental iron).....</i>	250
<i>fantanyl citrate buccal tab 200 mcg</i>		FERROUS SULF TAB 324MG EC.....	250
<i>(base equiv).....</i>	43	<i>ferrous sulfate dried tab 200 mg (65</i>	
<i>fantanyl citrate buccal tab 400 mcg</i>		<i>mg elemental fe)</i>	250
<i>(base equiv).....</i>	43	<i>ferrous sulfate dried tab er 160 mg (50</i>	
<i>fantanyl citrate buccal tab 600 mcg</i>		<i>mg fe equivalent)</i>	250
<i>(base equiv).....</i>	43	<i>ferrous sulfate elixir 220 mg/5ml (44</i>	
<i>fantanyl citrate buccal tab 800 mcg</i>		<i>mg/5ml elemental fe).....</i>	250
<i>(base equiv).....</i>	43	<i>ferrous sulfate soln 75 mg/ml (15</i>	
<i>fantanyl citrate lozenge on a handle</i>		<i>mg/ml elemental fe)</i>	250
1200 mcg	43	<i>ferrous sulfate tab 325 mg (65 mg</i>	
<i>fantanyl citrate lozenge on a handle</i>		<i>elemental fe)</i>	250
1600 mcg	43	<i>ferrous sulfate tab ec 325 mg (65 mg</i>	
<i>fantanyl citrate lozenge on a handle</i>		<i>fe equivalent).....</i>	250
200 mcg	43	<i>ferrous sulfate tab er 142 mg (45 mg</i>	
<i>fantanyl citrate lozenge on a handle</i>		<i>fe equivalent).....</i>	250
400 mcg	43	FETZIMA CAP 120MG	89
<i>fantanyl citrate lozenge on a handle</i>		FETZIMA CAP 20MG	89
600 mcg	43	FETZIMA CAP 40MG	89
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FIORICET		<i>fluconazole tab 100 mg</i>	105
<i>see butalbital-acetaminophen-</i>		<i>fluconazole tab 150 mg</i>	105
<i>caffeine cap 50-300-40 mg</i>	41	<i>fluconazole tab 200 mg</i>	105
FIORICET CAP	41	<i>fluconazole tab 50 mg</i>	105
FIRAZYR		<i>flucytosine cap 250 mg</i>	105
<i>see icatibant acetate inj 30 mg/3ml</i>		<i>flucytosine cap 500 mg</i>	105
<i>(base equivalent)</i>	246	<i>fludrocortisone acetate tab 0.1 mg.</i>	190
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FIRST - METO SOL 10MG/ML.....	160	<i>flunisolide nasal soln 25 mcg/act</i>	
FIRST-ATENOL SOL 10MG/ML.....	160	<i>(0.025%)</i>	294
FIRST-ATENOL SOL 2MG/ML.....	160	<i>fluocinolone acetonide (otic) oil 0.01%</i>	
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FIRVANQ SOL 50MG/ML.....	56	<i>fluocinolone acetonide cream 0.01%</i>	
<i>flac oil 0.01%</i>	303	207
FLAGYL		<i>fluocinolone acetonide cream 0.025%</i>	
<i>see metronidazole cap 375 mg</i>	55	207
<i>see metronidazole tab 500 mg</i>	55	<i>fluocinolone acetonide oil 0.01% (body</i>	
FLAGYL CAP 375MG	55	<i>oil)</i>	207
FLAGYL TAB 500MG	55	<i>fluocinolone acetonide oil 0.01% (scalp</i>	
FLAREX SUS 0.1% OP	300	<i>oil)</i>	207
<i>flavoxate hcl tab 100 mg</i>	324	<i>fluocinolone acetonide oint 0.025%</i>	207
<i>flecainide acetate tab 100 mg</i>	62	<i>fluocinolone acetonide soln 0.01%</i> .	207
<i>flecainide acetate tab 150 mg</i>	62	<i>fluocinolone cream 0.05%</i>	207
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<i>mg</i>	169	<i>fluocinolone oint 0.05%</i>	207
<i>see epoprostenol sodium for inj 1.5</i>		<i>fluocinolone soln 0.05%</i>	207
<i>mg</i>	169	FLUOPAR KIT	207

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<i>fluorouracil cream 0.5%</i>	202	232-14 mcg/act.....	68
<i>fluorouracil cream 5%</i>	202	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluorouracil soln 2%</i>	202	250-50 mcg/dose	68
<i>fluorouracil soln 5%</i>	202	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	311	500-50 mcg/dose	68
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	311	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluoxetine hcl cap 10 mg</i>	85	55-14 mcg/act	67
<i>fluoxetine hcl cap 20 mg</i>	85	<i>fluvastatin sodium cap 20 mg (base</i>	
<i>fluoxetine hcl cap 40 mg</i>	85	equivalent)	111
<i>fluoxetine hcl cap delayed release 90</i>		<i>fluvastatin sodium cap 40 mg (base</i>	
<i>mg</i>	85	equivalent)	111
<i>fluoxetine hcl solution 20 mg/5ml</i>	85	<i>fluvastatin sodium tab er 24 hr 80 mg</i>	
<i>fluoxetine hcl tab 10 mg</i>	85	(base equivalent).....	111
<i>fluoxetine hcl tab 20 mg</i>	85	<i>fluvoxamine maleate cap er 24hr 100</i>	
<i>fluoxetine hcl tab 60 mg</i>	86	mg	86
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<i>fluphenazine hcl elixir 2.5 mg/5ml</i> ..	150	FLUZONE QUAD INJ 2020-21	325
<i>fluphenazine hcl oral conc 5 mg/ml</i>	150	FML FORTE SUS 0.25% OP	300
<i>fluphenazine hcl tab 1 mg</i>	150	FML LIQUIFLM SUS 0.1% OP	300
<i>fluphenazine hcl tab 10 mg</i>	150	FML OIN 0.1% OP.....	300
<i>fluphenazine hcl tab 2.5 mg</i>	150	FOCALIN	
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<i>flurazepam hcl cap 15 mg</i>	252	see <i>dexmethylphenidate hcl tab 5 mg</i>	
<i>flurazepam hcl cap 30 mg</i>	252	28
<i>flurbiprofen sodium ophth soln 0.03%</i>		FOCALIN TAB 10MG	29
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<i>flurbiprofen tab 100 mg</i>	37	FOCALIN TAB 5MG.....	29
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<i>fluticasone propionate cream 0.05%</i>		see <i>dexmethylphenidate hcl cap er</i>	
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<i>fluticasone propionate lotion 0.05%</i>	207	see <i>dexmethylphenidate hcl cap er</i>	
<i>fluticasone propionate nasal susp 50</i>		24 hr 15 mg	28
<i>mcg/act</i>	294	see <i>dexmethylphenidate hcl cap er</i>	
<i>fluticasone propionate oint 0.005%</i>	208	24 hr 20 mg	28
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<i>folic acid tab 400 mcg</i>	247
<i>folic acid tab 800 mcg</i>	247
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<i>fondaparinux sodium subcutaneous inj</i>	
2.5 mg/0.5ml	70
<i>fondaparinux sodium subcutaneous inj</i>	
5 mg/0.4ml	70
<i>fondaparinux sodium subcutaneous inj</i>	
7.5 mg/0.6ml	70
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<i>hydrocodone-acetaminophen tab 5-300</i>		208
<i>mg</i>	50	<i>hydrocortisone-aloe vera cream 1%</i>	208
<i>hydrocodone-acetaminophen tab 5-325</i>		HYDROMORPHON SUP 3MG.....	44
<i>mg</i>	50	<i>hydromorphone hcl liqd 1 mg/ml</i>	44
<i>hydrocodone-acetaminophen tab 7.5-</i>		<i>hydromorphone hcl tab 2 mg</i>	44
<i>300 mg</i>	50	<i>hydromorphone hcl tab 4 mg</i>	44
<i>hydrocodone-acetaminophen tab 7.5-</i>		<i>hydromorphone hcl tab 8 mg</i>	44
<i>325 mg</i>	50	<i>hydromorphone hcl tab er 24hr 12 mg</i>	
<i>hydrocodone-ibuprofen tab 10-200 mg</i>		44
.....	50	<i>hydromorphone hcl tab er 24hr 16 mg</i>	
<i>hydrocodone-ibuprofen tab 5-200 mg</i>		44
.....	50	<i>hydromorphone hcl tab er 24hr 32 mg</i>	
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>		44
.....	50	<i>hydromorphone hcl tab er 24hr 8 mg</i>	44
<i>hydrocortisone butyrate cream 0.1%</i>		<i>hydroxychloroquine sulfate tab 200 mg</i>	
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250 mg/ml	IBRANCE CAP 75MG	133
<i>hydroxyurea cap 500 mg</i>	IBRANCE TAB 100MG	133
138	IBRANCE TAB 125MG	133
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	IBRANCE TAB 75MG	133
60	IBUPAK KIT	37
<i>hydroxyzine hcl tab 10 mg</i>	<i>ibuprofen cap 200 mg</i>	37
60	<i>ibuprofen chew tab 100 mg</i>	37
<i>hydroxyzine hcl tab 25 mg</i>	<i>ibuprofen susp 100 mg/5ml</i>	37
60	<i>ibuprofen susp 40 mg/ml</i>	37
<i>hydroxyzine hcl tab 50 mg</i>	<i>ibuprofen tab 100 mg</i>	37
60	<i>ibuprofen tab 200 mg</i>	37
<i>hydroxyzine pamoate cap 100 mg</i>	<i>ibuprofen tab 400 mg</i>	38
60	<i>ibuprofen tab 600 mg</i>	38
<i>hydroxyzine pamoate cap 25 mg</i>	<i>ibuprofen tab 800 mg</i>	38
60	<i>icatibant acetate inj 30 mg/3ml (base</i>	
<i>hydroxyzine pamoate cap 50 mg</i>	<i>equivalent)</i>	246
60	<i>iclevia tab</i>	178
<i>hyophen tab</i>	ICLUSIG TAB 10MG	133
55	ICLUSIG TAB 15MG	133
<i>hyoscyamine sulfate elixir 0.125</i>	ICLUSIG TAB 30MG	133
<i>mg/5ml</i>	ICLUSIG TAB 45MG	133
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<i>hyoscyamine sulfate sl tab 0.125 mg</i>	IDELVION SOL 1000UNIT	244
.....	IDELVION SOL 2000UNIT	244
319	IDELVION SOL 250UNIT	244
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	IDELVION SOL 3500UNIT	244
.....	IDELVION SOL 500UNIT	244
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<i>mg</i>	ILARIS INJ 150MG/ML	36
319	ILEVRO DRO 0.3% OP	301
<i>hyoscyamine sulfate tab er 12hr 0.375</i>	ILUMYA SOL 100MG/ML	203
<i>mg</i>	<i>imatinib mesylate tab 100 mg (base</i>	
319	<i>equivalent)</i>	133
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265	<i>equivalent)</i>	133
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44	IMBRUVICA TAB 280MG	134
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<i>mg</i>		
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<i>hydrochlorothiazide tab 100-25 mg</i>		
.....		
122		
see <i>losartan potassium &</i>		
<i>hydrochlorothiazide tab 50-12.5</i>		
<i>mg</i>		
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HYZAAR TAB 100-12.5		
121		
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<i>ibandronate sodium tab 150 mg (base</i>		
<i>equivalent)</i>		
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IBRANCE CAP 100MG		
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<i>imipramine pamoate cap 100 mg</i>	90	<i>incassia tab 0.35mg</i>	187
<i>imipramine pamoate cap 125 mg</i>	91	IN-CHK DIAL MIS TRAINER	275
<i>imipramine pamoate cap 150 mg</i>	91	IN-CHK FLOW MIS METER.....	275
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<i>mg/act</i>	277	INDERAL LA	
see <i>sumatriptan succinate inj 6</i>		see <i>propranolol hcl cap er 24hr 120</i>	
<i>mg/0.5ml</i>	278	<i>mg</i>	162
see <i>sumatriptan succinate tab 100</i>		see <i>propranolol hcl cap er 24hr 160</i>	
<i>mg</i>	278	<i>mg</i>	162
see <i>sumatriptan succinate tab 25 mg</i>		see <i>propranolol hcl cap er 24hr 60</i>	
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INSPIRA TAB 25MG	125	<i>see paliperidone tab er 24hr 9 mg</i>	145
INSPIRA TAB 50MG	125	INVEGA SUST INJ 117/0.75	145
INSULIN ASPA INJ 100/ML	98	INVEGA SUST INJ 156MG/ML	145
INSULIN ASPA INJ 70/30	98	INVEGA SUST INJ 234/1.5	145
INSULIN ASPA INJ FLEXPEN	98	INVEGA SUST INJ 39/0.25	145
INSULIN ASPA INJ PENFILL	98	INVEGA SUST INJ 78/0.5ML	145
INSULIN LISP INJ 100/ML	98	INVEGA TAB 1.5MG	145
INSULIN LISP INJ JUNIOR	98	INVEGA TAB 3MG	145
INSULIN LISP INJ PROTAMIN	98	INVEGA TAB 6MG	145
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INSULIN SYRG MIS 0.3/31G	273	INVEGA TRINZ INJ 410MG	145
INSULIN SYRG MIS 0.5/28G	273	INVEGA TRINZ INJ 546MG	145
INSULIN SYRG MIS 0.5/29G	273	INVEGA TRINZ INJ 819MG	145
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INSULIN SYRG MIS 1ML/29G	274	INVOKAMET TAB 150-500	93
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INSULIN SYRG MIS 1ML/31G	274	INVOKAMET TAB 50-500MG	92
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INTELENCE TAB 200MG	154	INVOKAMET XR TAB 150-500	93
INTELENCE TAB 25MG	154	INVOKAMET XR TAB 50-1000	93
<i>intense coug liq reliever</i>	191	INVOKAMET XR TAB 50-500MG	93
INTRAROSA SUP 6.5MG	325	INVOKANA TAB 100MG	100
<i>introvale tab</i>	178	INVOKANA TAB 300MG	100
INTUNIV		IOPIDINE SOL 1% OP	297
<i>see guanfacine hcl tab er 24hr 1 mg</i>		<i>ipratropium bromide inhal soln 0.02%</i>	
<i>(base equiv)</i>	25	.....	64
<i>see guanfacine hcl tab er 24hr 2 mg</i>		<i>ipratropium bromide nasal soln 0.03%</i>	
<i>(base equiv)</i>	25	<i>(21 mcg/spray)</i>	294
<i>see guanfacine hcl tab er 24hr 3 mg</i>		<i>ipratropium bromide nasal soln 0.06%</i>	
<i>(base equiv)</i>	25	<i>(42 mcg/spray)</i>	294
<i>see guanfacine hcl tab er 24hr 4 mg</i>		<i>ipratropium-albuterol nebu soln 0.5-</i>	
<i>(base equiv)</i>	25	<i>2.5(3) mg/3ml</i>	68
INTUNIV TAB 1MG	25	<i>irbesartan tab 150 mg</i>	117
INTUNIV TAB 2MG	25	<i>irbesartan tab 300 mg</i>	117
INTUNIV TAB 3MG	25	<i>irbesartan tab 75 mg</i>	117
INTUNIV TAB 4MG	25	<i>irbesartan-hydrochlorothiazide tab</i>	
INVANZ		<i>150-12.5 mg</i>	122
<i>see ertapenem sodium for inj 1 gm</i>		<i>irbesartan-hydrochlorothiazide tab</i>	
<i>(base equivalent)</i>	56	<i>300-12.5 mg</i>	122
INVEGA		IRESSA TAB 250MG	134
<i>see paliperidone tab er 24hr 1.5 mg</i>		ISENTRESS CHW 100MG	154
.....	145	ISENTRESS CHW 25MG	154

ISENTRESS HD TAB 600MG	154	<i>itraconazole oral soln 10 mg/ml</i>	106
ISENTRESS POW 100MG	154	<i>ivermectin lotion 0.5%</i>	214
ISENTRESS TAB 400MG	154	<i>ivermectin tab 3 mg</i>	55
<i>isibloom tab</i>	178	IXINITY INJ 1000UNIT.....	244
<i>isoniazid syrup 50 mg/5ml</i>	127	IXINITY INJ 1500UNIT.....	244
<i>isoniazid tab 100 mg</i>	127	IXINITY INJ 2000UNIT.....	244
<i>isoniazid tab 300 mg</i>	127	IXINITY INJ 250UNIT	244
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ISOPTO CARP SOL 2% OP	297	J	
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ISOPTO CARPINE		see <i>deferasirox tab 180 mg</i>	102
see <i>pilocarpine hcl ophth soln 1%</i> 297		see <i>deferasirox tab 360 mg</i>	102
see <i>pilocarpine hcl ophth soln 2%</i> 297		see <i>deferasirox tab 90 mg</i>	102
see <i>pilocarpine hcl ophth soln 4%</i> 297		JADENU SPRINKLE	
ISORDIL TAB 40MG	59	see <i>deferasirox granules packet 180</i>	
ISORDIL TAB 5MG	59	<i>mg</i>	102
ISORDIL TITRADOSE		see <i>deferasirox granules packet 360</i>	
see <i>isosorbide dinitrate tab 40 mg</i> .59		<i>mg</i>	102
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<i>isosorbide dinitrate tab 10 mg</i>	59	<i>mg</i>	102
<i>isosorbide dinitrate tab 20 mg</i>	59	JADENU SPRKL GRA 180MG	103
<i>isosorbide dinitrate tab 30 mg</i>	59	JADENU SPRKL GRA 360MG	103
<i>isosorbide dinitrate tab 40 mg</i>	59	JADENU SPRKL GRA 90MG	103
<i>isosorbide dinitrate tab 5 mg</i>	59	JADENU TAB 180MG	103
<i>isosorbide mononitrate tab 10 mg</i>59		JADENU TAB 360MG	103
<i>isosorbide mononitrate tab 20 mg</i>59		JADENU TAB 90MG	103
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<i>isotretinoin cap 20 mg</i>	196	see <i>dutasteride-tamsulosin hcl cap</i>	
<i>isotretinoin cap 30 mg</i>	196	<i>0.5-0.4 mg</i>	241
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<i>isradipine cap 2.5 mg</i>	165	JANUMET TAB 50-1000.....	93
<i>isradipine cap 5 mg</i>	165	JANUMET TAB 50-500MG	93
ISTALOL		JANUMET XR TAB 100-1000	93
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ISTALOL SOL 0.5% OP	296	JANUVIA TAB 100MG	96
ISTURISA TAB 10MG	225	JANUVIA TAB 25MG	96
ISTURISA TAB 1MG	224	JANUVIA TAB 50MG	96
ISTURISA TAB 5MG	224	JARDIANCE TAB 10MG	100
<i>itraconazole cap 100 mg</i>	105	JARDIANCE TAB 25MG	100

<i>jasmiel tab 3-0.02mg</i>	178
<i>jencycla tab 0.35mg</i>	187
JENTADUETO TAB 2.5-1000	93
JENTADUETO TAB 2.5-500	93
JENTADUETO TAB 2.5-850	93
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<i>jolessa tab</i>	178
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JORNAY PM CAP 20MG ER	29
JORNAY PM CAP 40MG ER	29
JORNAY PM CAP 60MG ER	29
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JUBLIA SOL 10%	200
<i>juleber tab</i>	178
JULUCA TAB 50-25MG	154
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<i>junel 1/20 tab</i>	178
<i>junel fe 24 tab 1/20</i>	178
<i>junel fe tab 1.5/30</i>	178
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JYNARQUE PAK 60-30MG	231
JYNARQUE PAK 90-30MG	231
JYNARQUE TAB 15MG	231
JYNARQUE TAB 30MG	231
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<i>kaitlib fe chw</i>	178
KALBITOR INJ 10MG/ML	246
KALETRA	
<i>see lopinavir-ritonavir soln 400-100</i>	
<i>mg/5ml (80-20 mg/ml)</i>	154
KALETRA SOL	154
KALETRA TAB 100-25MG	154
KALETRA TAB 200-50MG	154
<i>kalliga tab</i>	178
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KAPSPARGO CAP 100MG	160
KAPSPARGO CAP 200MG	161
KAPSPARGO CAP 25MG	160
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<i>see clonidine hcl tab er 12hr 0.1 mg</i>	
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<i>kariva tab 28 day</i>	179
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KAZANO 12.5- TAB 1000MG	93
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<i>see cephalexin cap 750 mg</i>	172
KEFLEX CAP 750MG	172
<i>kelnor 1/50 tab</i>	179
<i>kelnor tab 1/35</i>	179
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<i>see triamcinolone acetonide aerosol</i>	
<i>soln 0.147 mg/gm</i>	210
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KEPPRA	
<i>see levetiracetam oral soln 100</i>	
<i>mg/ml</i>	77
<i>see levetiracetam tab 1000 mg</i>	77
<i>see levetiracetam tab 250 mg</i>	77
<i>see levetiracetam tab 500 mg</i>	77
<i>see levetiracetam tab 750 mg</i>	77
<i>see roweepra tab 500mg</i>	78
KEPPRA SOL 100MG/ML	74
KEPPRA TAB 1000MG	75
KEPPRA TAB 250MG	75
KEPPRA TAB 500MG	75
KEPPRA TAB 750MG	75
KEPPRA XR	
<i>see levetiracetam tab er 24hr 500</i>	
<i>mg</i>	77
<i>see levetiracetam tab er 24hr 750</i>	
<i>mg</i>	77
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KEPPRA XR TAB 750MG	75
KERYDIN	
<i>see tavaborole soln 5%</i>	202
KERYDIN SOL 5%	200
KESIMPTA INJ 20/.4ML	310
<i>ketoconazole cream 2%</i>	200
<i>ketoconazole foam 2%</i>	201

<i>ketoconazole shampoo 2%</i>	201	KOATE-DVI INJ 1000UNIT.....	244
<i>ketoconazole tab 200 mg</i>	106	KOGENATE FS INJ 1000UNIT.....	244
<i>ketodan aer 2%</i>	201	KOGENATE FS INJ 2000UNIT.....	244
KETODAN KIT 2%	201	KOGENATE FS INJ 250UNIT	244
<i>ketoprofen cap 50 mg</i>	38	KOGENATE FS INJ 3000UNIT.....	244
<i>ketoprofen cap 75 mg</i>	38	KOGENATE FS INJ 500UNIT	244
<i>ketoprofen cap er 24hr 200 mg</i>	38	KOMBIGLYZ XR TAB 2.5-1000	93
KETOR TROMET SPR 15.75MG	38	KOMBIGLYZ XR TAB 5-1000MG	93
<i>ketorolac tromethamine ophth soln</i>		KOMBIGLYZ XR TAB 5-500MG	93
<i>0.4%</i>	301	KONSYL DAILY POW 100%	253
<i>ketorolac tromethamine ophth soln</i>		KONSYL DAILY POW 28.3%	253
<i>0.5%</i>	302	KONSYL ORIG POW 100%	253
<i>ketorolac tromethamine tab 10 mg</i> ...38		KONSYL-D POW 52.3%	253
<i>ketotifen fumarate ophth soln 0.025%</i>		KORLYM TAB 300MG	96
<i>(base equiv)</i>	302	KOSELUGO CAP 10MG.....	134
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<i>mg/5ml</i>	34	KROGER LANCE MIS 26G.....	266
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<i>see sulfacetamide sodium lotion 10%</i>		KROGER TES.....	219
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<i>see clonazepam tab 1 mg</i>	72	KUVAN	
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<i>oxymorphone hcl tab 10 mg</i>	48	<i>paricalcitol cap 1 mcg</i>	228
<i>oxymorphone hcl tab 5 mg</i>	48	<i>paricalcitol cap 2 mcg</i>	228
<i>oxymorphone hcl tab er 12hr 10 mg</i>	48	<i>paricalcitol cap 4 mcg</i>	228
<i>oxymorphone hcl tab er 12hr 15 mg</i>	48	PARLODEL	
<i>oxymorphone hcl tab er 12hr 20 mg</i>	48	<i>see bromocriptine mesylate cap 5 mg (base equivalent)</i>	139
<i>oxymorphone hcl tab er 12hr 30 mg</i>	48	<i>see bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	139
<i>oxymorphone hcl tab er 12hr 40 mg</i>	48	PARLODEL CAP 5MG	141
<i>oxymorphone hcl tab er 12hr 5 mg</i>	48	PARLODEL TAB 2.5MG	141
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	48	PARNATE	
OXYTROL DIS 3.9MG/24	323	<i>see tranlycypromine sulfate tab 10 mg</i>	85
<i>oys shell+d tab 250-125</i>	279	<i>paromomycin sulfate cap 250 mg</i>	33
<i>oyster shell calcium tab 500 mg</i>	279	<i>paroxetine hcl tab 10 mg</i>	86
OZEMPIC INJ 2/1.5ML	97	<i>paroxetine hcl tab 20 mg</i>	86
P		<i>paroxetine hcl tab 30 mg</i>	86
<i>pacerone tab 100mg</i>	63	<i>paroxetine hcl tab 40 mg</i>	86
<i>pacerone tab 200mg</i>	63	<i>paroxetine hcl tab er 24hr 12.5 mg</i> ..	86
<i>pacerone tab 400mg</i>	63	<i>paroxetine hcl tab er 24hr 25 mg</i>	86
<i>paliperidone tab er 24hr 1.5 mg</i>	145	<i>paroxetine hcl tab er 24hr 37.5 mg</i> ..	86
<i>paliperidone tab er 24hr 3 mg</i>	145	<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	312
<i>paliperidone tab er 24hr 6 mg</i>	145	PASER GRA 4GM	127
<i>paliperidone tab er 24hr 9 mg</i>	145	PATANASE	
PAMELOR		<i>see olopatadine hcl nasal soln 0.6%</i>	294
<i>see nortriptyline hcl cap 10 mg</i>	91	PATANASE SPR 0.6%	294
<i>see nortriptyline hcl cap 25 mg</i>	91	PAXIL	
<i>see nortriptyline hcl cap 50 mg</i>	91	<i>see paroxetine hcl tab 10 mg</i>	86
<i>see nortriptyline hcl cap 75 mg</i>	91	<i>see paroxetine hcl tab 20 mg</i>	86
PAMELOR CAP 10MG	91	<i>see paroxetine hcl tab 30 mg</i>	86
PAMELOR CAP 25MG	91		
PAMELOR CAP 50MG	91		
PAMELOR CAP 75MG	91		
PANCREAZE CAP 10500UNT	222		

see <i>paroxetine hcl tab 40 mg</i>	86	<i>pediatric vitamins acd w/ fluoride soln</i>	
PAXIL CR		0.5 mg/ml	287
see <i>paroxetine hcl tab er 24hr 12.5</i>		<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
mg	86	for soln 236 gm	254
see <i>paroxetine hcl tab er 24hr 25 mg</i>		<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
.....	86	420 gm	254
see <i>paroxetine hcl tab er 24hr 37.5</i>		PEG 3350-KCL-SOD BICARB-NACL FOR	
mg	86	SOLN 420 GM	
PAXIL CR TAB 12.5MG	86	see <i>peg 3350-kcl-sod bicarb-nacl for</i>	
PAXIL CR TAB 25MG.....	86	<i>soln 420 gm</i>	254
PAXIL CR TAB 37.5MG	86	PEGASYS INJ	157
PAXIL SUS 10MG/5ML	86	PEGASYS INJ 180MCG/M	157
PAXIL TAB 10MG	86	PEGINTRON KIT 50MCG.....	157
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PAXIL TAB 30MG	86	PEMAZYRE TAB 4.5MG	135
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PEAK FLOW METER	275	PEN NEEDLES MIS 29GX12.7	274
PEDIA-LAX LIQ 50MG	255	PEN NEEDLES MIS 29GX12MM.....	274
PEDIAPRED		PEN NEEDLES MIS 31GX5MM	274
see <i>prednisolone sod phosph oral</i>		PEN NEEDLES MIS 31GX6MM	274
<i>soln 6.7 mg/5ml (5 mg/5ml base)</i>		PEN NEEDLES MIS 31GX8MM	274
.....	189	PEN NEEDLES MIS 32GX4MM	274
<i>pediatric multiple vitamin liq</i>	287	PEN NEEDLES MIS 32GX6MM	274
<i>pediatric multiple vitamin w/ c & fa</i>		PEN NEEDLES MIS 32GX8MM	274
<i>chew tab</i>	287	<i>penicillamine cap 250 mg</i>	281
<i>pediatric multiple vitamin w/ extra c &</i>		<i>penicillamine tab 250 mg</i>	281
<i>fa chew tab</i>	287	<i>penicillin v potassium for soln 125</i>	
<i>pediatric multiple vitamin w/ minerals</i>		mg/5ml	304
& c chew tab	287	<i>penicillin v potassium for soln 250</i>	
<i>pediatric multiple vitamins w/ fl-fe</i>		mg/5ml	304
<i>drops 0.25-10 mg/ml</i>	286	<i>penicillin v potassium tab 250 mg</i> ..	304
<i>pediatric multiple vitamins w/ fluoride</i>		<i>penicillin v potassium tab 500 mg</i> ..	304
<i>chew tab 0.25 mg</i>	287	PENLET II KIT BLOOD	268
<i>pediatric multiple vitamins w/ fluoride</i>		PENNSAID SOL 2%	199
<i>chew tab 0.5 mg</i>	287	<i>pentamidine isethionate for</i>	
<i>pediatric multiple vitamins w/ fluoride</i>		<i>nebulization soln 300 mg</i>	55
<i>chew tab 1 mg</i>	287	PENTASA CAP 250MG CR	238
<i>pediatric multiple vitamins w/ fluoride</i>		PENTASA CAP 500MG CR	238
<i>soln 0.25 mg/ml</i>	287	<i>pentazocine w/ naloxone tab 50-0.5</i>	
<i>pediatric multiple vitamins w/ fluoride</i>		mg	52
<i>soln 0.5 mg/ml</i>	287	<i>pentoxifylline tab er 400 mg</i>	246
<i>pediatric multiple vitamins w/ iron</i>		PEPCID	
<i>chew tab 15 mg</i>	287	see <i>famotidine tab 20 mg</i>	320
<i>pediatric vitamins acd w/ fluoride soln</i>		see <i>famotidine tab 40 mg</i>	320
0.25 mg/ml	287	PEPCID TAB 20MG	320
		PEPCID TAB 40MG	320

PERCOCET	
see <i>endocet tab 10-325mg</i>	50
see <i>endocet tab 5-325mg</i>	50
see <i>endocet tab 7.5-325</i>	50
see <i>oxycodone w/ acetaminophen tab 10-325 mg</i>	50
see <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	50
see <i>oxycodone w/ acetaminophen tab 5-325 mg</i>	50
see <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	50
PERCOCET TAB 10-325MG	51
PERCOCET TAB 2.5-325	50
PERCOCET TAB 5-325MG	50
PERCOCET TAB 7.5-325	50
PERFECT 28G MIS LANCETS	268
PERFECT 30G MIS LANCETS	268
PERFOROMIST NEB 20MCG	68
<i>perindopril erbumine tab 2 mg</i>	114
<i>perindopril erbumine tab 4 mg</i>	114
<i>perindopril erbumine tab 8 mg</i>	114
<i>permethrin aerosol 0.5%</i>	214
<i>permethrin cream 5%</i>	214
<i>permethrin lotion 1%</i>	214
<i>perphenazine tab 16 mg</i>	150
<i>perphenazine tab 2 mg</i>	150
<i>perphenazine tab 4 mg</i>	150
<i>perphenazine tab 8 mg</i>	150
<i>perphenazine-amitriptyline tab 2-10 mg</i>	308
<i>perphenazine-amitriptyline tab 2-25 mg</i>	308
<i>perphenazine-amitriptyline tab 4-10 mg</i>	308
<i>perphenazine-amitriptyline tab 4-25 mg</i>	308
<i>perphenazine-amitriptyline tab 4-50 mg</i>	308
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PERTZYE CAP 24000U	222
PERTZYE CAP 4000UNIT	222
PERTZYE CAP 8000UNIT	222
PEXEVA TAB 10MG	87
PEXEVA TAB 20MG	87
PEXEVA TAB 30MG	87
PEXEVA TAB 40MG	87
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PFT FILTER MIS 2000	275
PFT FILTER MIS 3000	275
PFT FILTER MIS 4000	275
PFT FILTER MIS 5000	275
PFT FILTER MIS 6000	275
PFT FILTER MIS 7000	275
<i>pharbinex-dm tab 20-400mg</i>	191
PHARM CHOICE MIS MINI	268
PHARMACY COU MIS LANCETS	268
<i>phenazopyridine hcl tab 100 mg</i>	241
<i>phenazopyridine hcl tab 200 mg</i>	241
<i>phenelzine sulfate tab 15 mg</i>	85
PHENERGAN	
see <i>promethazine hcl inj 25 mg/ml</i>	107
see <i>promethazine hcl inj 50 mg/ml</i>	107
<i>phenobarbital elixir 20 mg/5ml</i>	251
<i>phenobarbital tab 100 mg</i>	251
<i>phenobarbital tab 15 mg</i>	251
<i>phenobarbital tab 16.2 mg</i>	251
<i>phenobarbital tab 30 mg</i>	251
<i>phenobarbital tab 32.4 mg</i>	251
<i>phenobarbital tab 60 mg</i>	251
<i>phenobarbital tab 64.8 mg</i>	251
<i>phenobarbital tab 97.2 mg</i>	251
<i>phenoxybenzamine hcl cap 10 mg</i> .	115
<i>phenylephrine hcl ophth soln 10%</i> .	297
<i>phenylephrine hcl ophth soln 2.5%</i>	297
<i>phenylephrine hcl tab 10 mg</i>	294
PHENYTEK	
see <i>phenytoin sodium extended cap 200 mg</i>	82
see <i>phenytoin sodium extended cap 300 mg</i>	82
PHENYTEK CAP 200MG	82
PHENYTEK CAP 300MG	82
<i>phenytoin chew tab 50 mg</i>	82
<i>phenytoin sodium extended cap 100 mg</i>	82
<i>phenytoin sodium extended cap 200 mg</i>	82
<i>phenytoin sodium extended cap 300 mg</i>	82

<i>phenytoin susp 125 mg/5ml</i>	82	PLAN B TAB 1.5MG	186
PHEXXI GEL	326	PLAQUENIL	
<i>philith tab 0.4-35</i>	183	<i>see hydroxychloroquine sulfate tab</i>	
PHOSLO		200 mg	126
<i>see calcium acetate (phosphate</i>		PLAVIX	
<i>binder) cap 667 mg (169 mg ca)</i>		<i>see clopidogrel bisulfate tab 75 mg</i>	
.....	239	<i>(base equiv)</i>	247
PHOSLYRA SOL.....	239	PLAVIX TAB 75MG	247
<i>phosphasal tab</i>	55	PLEGRIDY INJ	310
PHOSPHOLINE SOL 0.125%OP.....	297	PLEGRIDY INJ PEN.....	310
PICATO GEL 0.015%	202	PLEGRIDY INJ STARTER.....	310
PICATO GEL 0.05%	202	PLEGRIDY PEN INJ STARTER	310
PIFELTRO TAB 100MG	155	PLIAGLIS CRE 7-7%	212
<i>pilocarpine hcl ophth soln 1%</i>	297	PNEUMOVAX 23 INJ 25/0.5	324
<i>pilocarpine hcl ophth soln 2%</i>	297	PNV TABS TAB 29-1MG	289
<i>pilocarpine hcl ophth soln 4%</i>	297	<i>pnv-dha cap</i>	289
<i>pilocarpine hcl tab 5 mg</i>	285	PNV-DHA CAP DOCUSATE	289
<i>pilocarpine hcl tab 7.5 mg</i>	285	PNV-OMEGA CAP	289
<i>pimecrolimus cream 1%</i>	211	<i>pnv-select tab</i>	289
<i>pimozide tab 1 mg</i>	311	POCKETCHEM KIT EZ	268
<i>pimozide tab 2 mg</i>	311	POCKETCHEM TES EZ.....	220
<i>pimtrea tab</i>	183	PODOCON SOL 25%	211
<i>pindolol tab 10 mg</i>	162	<i>podofilox soln 0.5%</i>	211
<i>pindolol tab 5 mg</i>	162	<i>polyethylene glycol 3350 oral powder</i>	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>		.....	254
.....	100	<i>polyethylene glycol-propylene glycol</i>	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>		<i>ophth soln 0.4-0.3%</i>	295
.....	100	<i>polyethylene glycol-propylene glycol pf</i>	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>		<i>op soln 0.4-0.3%</i>	295
.....	100	<i>poly-iron cap 150mg</i>	250
<i>pioglitazone hcl-glimepiride tab 30-2</i>		<i>polymyxin b-trimethoprim ophth soln</i>	
<i>mg</i>	94	10000 unit/ml-0.1%	298
<i>pioglitazone hcl-glimepiride tab 30-4</i>		<i>polysaccharide iron complex cap 150</i>	
<i>mg</i>	94	<i>mg (iron equivalent)</i>	250
<i>pioglitazone hcl-metformin hcl tab 15-</i>		POLYTRIM	
500 mg	94	<i>see polymyxin b-trimethoprim ophth</i>	
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>soln 10000 unit/ml-0.1%</i>	298
850 mg	94	POLYTRIM SOL OP	298
PIP LANCETS MIS 28G	268	POLY-VI-FLOR CHW 0.25MG.....	287
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PIQRAY 300MG TAB DOSE.....	135	POLY-VI-FLOR SUS /IRON.....	286
<i>pirmella tab 1/35</i>	183	POLY-VI-FLOR SUS 0.25/ML.....	287
<i>pirmella tab 7/7/7</i>	183	<i>polyvinyl alcohol ophth soln 1.4%</i> ..	295
<i>piroxicam cap 10 mg</i>	39	<i>polyvinyl alcohol-povidone ophth soln</i>	
<i>piroxicam cap 20 mg</i>	39	5-6 mg/ml (0.5-0.6%)	295

POMALYST CAP 1MG	130	<i>pramipexole dihydrochloride tab 0.5</i>	
POMALYST CAP 2MG	130	<i>mg</i>	141
POMALYST CAP 3MG	130	<i>pramipexole dihydrochloride tab 0.75</i>	
POMALYST CAP 4MG	130	<i>mg</i>	141
PORENAL+D CAP OMEGA 3	286	<i>pramipexole dihydrochloride tab 1 mg</i>	
<i>portia-28 tab</i>	183	.....	141
<i>posaconazole tab delayed release 100</i>		<i>pramipexole dihydrochloride tab 1.5</i>	
<i>mg</i>	106	<i>mg</i>	141
<i>pot & sod citrates w/ cit ac soln 550-</i>		<i>pramipexole dihydrochloride tab er</i>	
<i>500-334 mg/5ml</i>	240	<i>24hr 0.375 mg</i>	141
<i>pot phos monobasic w/sod phos di &</i>		<i>pramipexole dihydrochloride tab er</i>	
<i>monobas tab 155-852-130mg</i>	280	<i>24hr 0.75 mg</i>	141
<i>potassium bicarbonate effer tab 25</i>		<i>pramipexole dihydrochloride tab er</i>	
<i>meq</i>	280	<i>24hr 1.5 mg</i>	141
<i>potassium chloride cap er 10 meq</i> ..	280	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride cap er 8 meq</i>	280	<i>24hr 2.25 mg</i>	141
<i>potassium chloride microencapsulated</i>		<i>pramipexole dihydrochloride tab er</i>	
<i>crys er tab 10 meq</i>	280	<i>24hr 3 mg</i>	141
<i>potassium chloride microencapsulated</i>		<i>pramipexole dihydrochloride tab er</i>	
<i>crys er tab 20 meq</i>	280	<i>24hr 3.75 mg</i>	141
<i>potassium chloride oral soln 10% (20</i>		<i>pramipexole dihydrochloride tab er</i>	
<i>meq/15ml)</i>	280	<i>24hr 4.5 mg</i>	141
<i>potassium chloride oral soln 20% (40</i>		<i>pramox-pe-glycerin-petrolatum rectal</i>	
<i>meq/15ml)</i>	280	<i>cream 1-0.25-14.4-15%</i>	53
<i>potassium chloride tab er 10 meq</i> ..	280	<i>prasugrel hcl tab 10 mg (base equiv)</i>	
<i>potassium chloride tab er 20 meq</i>		.....	247
<i>(1500 mg)</i>	280	<i>prasugrel hcl tab 5 mg (base equiv)</i>	247
<i>potassium chloride tab er 8 meq (600</i>		PRAVACHOL	
<i>mg)</i>	280	<i>see pravastatin sodium tab 20 mg</i>	
<i>potassium citrate & citric acid soln</i>		.....	112
<i>1100-334 mg/5ml</i>	240	<i>see pravastatin sodium tab 40 mg</i>	
<i>potassium citrate tab er 10 meq (1080</i>		.....	112
<i>mg)</i>	240	PRAVACHOL TAB 20MG	112
<i>potassium citrate tab er 15 meq (1620</i>		PRAVACHOL TAB 40MG	112
<i>mg)</i>	240	<i>pravastatin sodium tab 10 mg</i>	112
<i>potassium citrate tab er 5 meq (540</i>		<i>pravastatin sodium tab 20 mg</i>	112
<i>mg)</i>	240	<i>pravastatin sodium tab 40 mg</i>	112
<i>povidone-iodine swabs 10%</i>	152	<i>pravastatin sodium tab 80 mg</i>	112
PRADAXA CAP 110MG.....	71	<i>praziquantel tab 600 mg</i>	55
PRADAXA CAP 150MG.....	71	<i>prazosin hcl cap 1 mg</i>	118
PRADAXA CAP 75MG	71	<i>prazosin hcl cap 2 mg</i>	118
PRALUENT INJ 150MG/ML	113	<i>prazosin hcl cap 5 mg</i>	118
PRALUENT INJ 75MG/ML	113	PREC NEO SYS KIT FREESTYL.....	268
<i>pramipexole dihydrochloride tab 0.125</i>		PRECISION KIT LINK.....	268
<i>mg</i>	141	PRECISION KIT XTRA	268
<i>pramipexole dihydrochloride tab 0.25</i>		PRECISION MIS QID	268
<i>mg</i>	141	PRECISION MIS SOF-TACT.....	268

PRECISION MIS XTRA.....	268	<i>prednisone tab 10 mg</i>	190
PRECISION PT TES OF CARE.....	220	<i>prednisone tab 2.5 mg</i>	190
PRECISION TES PCX.....	220	<i>prednisone tab 20 mg</i>	190
PRECISION TES PCX PLUS.....	220	<i>prednisone tab 5 mg</i>	190
PRECISION TES QID.....	220	<i>prednisone tab 50 mg</i>	190
PRECISION TES SOF-TACT	220	<i>prednisone tab therapy pack 10 mg</i>	
PRECISION TES XTRA.....	220	(21).....	190
PRECOSE		<i>prednisone tab therapy pack 10 mg</i>	
see <i>acarbose tab 100 mg</i>	91	(48).....	190
see <i>acarbose tab 25 mg</i>	91	<i>prednisone tab therapy pack 5 mg (21)</i>	
see <i>acarbose tab 50 mg</i>	91	.....	190
PRECOSE TAB 100MG.....	92	<i>prednisone tab therapy pack 5 mg (48)</i>	
PRECOSE TAB 25MG.....	91	.....	190
PRECOSE TAB 50MG.....	91	PREFEST TAB	232
PRED FORTE		<i>pregabalin cap 100 mg</i>	78
see <i>prednisolone acetate ophth susp</i>		<i>pregabalin cap 150 mg</i>	78
1%.....	300	<i>pregabalin cap 200 mg</i>	78
PRED FORTE SUS 1% OP	300	<i>pregabalin cap 225 mg</i>	78
PRED MILD SUS 0.12% OP.....	300	<i>pregabalin cap 25 mg</i>	78
PRED SOD PHO SOL 1% OP.....	300	<i>pregabalin cap 300 mg</i>	78
PRED-G S.O.P OIN OP	300	<i>pregabalin cap 50 mg</i>	78
PRED-G SUS OP.....	300	<i>pregabalin cap 75 mg</i>	78
<i>prednicarbate cream 0.1%</i>	209	<i>pregabalin soln 20 mg/ml</i>	78
<i>prednicarbate oint 0.1%</i>	209	PREM V10 BLE MIS GLUC SYS	268
<i>prednisolone acetate ophth susp 1%</i>		PREMARIN TAB 0.3MG.....	234
.....	300	PREMARIN TAB 0.45MG.....	234
<i>prednisolone sod phos orally disintegr</i>		PREMARIN TAB 0.625MG	234
<i>tab 10 mg (base eq)</i>	189	PREMARIN TAB 0.9MG.....	234
<i>prednisolone sod phos orally disintegr</i>		PREMARIN TAB 1.25MG.....	234
<i>tab 15 mg (base eq)</i>	189	PREMARIN VAG CRE 0.625MG	327
<i>prednisolone sod phos orally disintegr</i>		PREMESISRX TAB	289
<i>tab 30 mg (base eq)</i>	189	PREMIUM BLOO MIS GLUCOSE	220
<i>prednisolone sod phosph oral soln 6.7</i>		PREMIUM V10 MIS METER.....	268
<i>mg/5ml (5 mg/5ml base)</i>	189	PREMPHASE TAB	232
<i>prednisolone sod phosphate oral soln</i>		PREMPRO TAB.....	232
<i>10 mg/5ml (base equiv)</i>	189	PREMPRO TAB 0.3-1.5.....	232
<i>prednisolone sod phosphate oral soln</i>		PREMPRO TAB 0.45-1.5.....	232
<i>15 mg/5ml (base equiv)</i>	189	PREMPRO TAB 0.625-5	232
<i>prednisolone sod phosphate oral soln</i>		PRENAISSANCE CAP	289
<i>20 mg/5ml (base equiv)</i>	189	PRENAISSANCE CAP PLUS	289
<i>prednisolone sodium phosphate oral</i>		PRENAT W/ FE FUM-FA TAB 28-0.8 MG	
<i>soln 25 mg/5ml (base eq)</i>	189	& OMEGA 3 CAP 440 MG PAK.....	289
<i>prednisolone syrup 15 mg/5ml (usp</i>		PRENATAL FRM TAB A-FREE	289
<i>solution equivalent)</i>	189	PRENATAL TAB.....	289
PREDNISONE CON 5MG/ML	189	PRENATAL VIT W/ FE FUMARATE-FA	
<i>prednisone oral soln 5 mg/5ml</i>	189	TAB 27-0.8 MG.....	289
<i>prednisone tab 1 mg</i>	190		

PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	289	PREZISTA TAB 75MG	155
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	289	PREZISTA TAB 800MG	155
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK	289	PRIFTIN TAB 150MG	127
PRENATE AM TAB 1MG	289	PRILO PATCH KIT II	212
PRENATE CAP ENHANCE	289	PRILOSEC POW 10MG	322
PRENATE CAP ESSENT	289	PRILOSEC POW 2.5MG	322
PRENATE CAP PIXIE	290	PRIMACARE CAP	290
PRENATE CAP RESTORE	290	PRIMAQUINE PHOSPHATE see <i>primaquine phosphate tab 26.3</i> <i>mg (15 mg base)</i>	126
PRENATE CHW 0.6-0.4	290	<i>primaquine phosphate tab 26.3 mg (15</i> <i>mg base)</i>	126
PRENATE DHA CAP	290	PRIMAQUINE TAB 26.3MG	126
PRENATE MINI CAP	290	<i>primidone tab 250 mg</i>	78
PRENATE TAB ELITE	290	<i>primidone tab 50 mg</i>	78
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