



July 2021

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

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Molina Healthcare of Illinois Preferred Drug List (Formulary)

(07/01/2021)

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, July 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 / Anorexiant 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

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Molina IL 2781 eff 07/01/2021

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)</i> (generic of STRATTERA) | 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) |
| QELBREE CAP 100MG ER | Non Preferred | PA; AGE (Min age 6 years and Max age 18 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------|------------------|---|
| QELBREE CAP 150MG ER | Non Preferred | PA; AGE (Min age 6 years and Max age 18 years) |
| QELBREE CAP 200MG ER | Non Preferred | PA; 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) |
| 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 | SP, PA; AGE (Min age 6 years and Max age 18 years) |
| WAKIX TAB 17.8MG | Non Preferred | SP, 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) |
|----------------------|---------------|--|

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| 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) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| 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) |
| 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 (generic of FOCALIN XR)</i> | Non Preferred | PA; AGE (Min age 6 years and Max age 18 years) |
| <i>dexmethylphenidate hcl cap er 24 hr 10 mg (generic of FOCALIN XR)</i> | Non Preferred | PA; AGE (Min age 6 years and Max age 18 years) |
| <i>dexmethylphenidate hcl cap er 24 hr 15 mg (generic of FOCALIN XR)</i> | Non Preferred | PA; AGE (Min age 6 years and Max age 18 years) |
| <i>dexmethylphenidate hcl cap er 24 hr 20 mg (generic of FOCALIN XR)</i> | Non Preferred | PA; AGE (Min age 6 years and Max age 18 years) |
| <i>dexmethylphenidate hcl cap er 24 hr 25 mg (generic of FOCALIN XR)</i> | Non Preferred | PA; AGE (Min age 6 years and Max age 18 years) |
| <i>dexmethylphenidate hcl cap er 24 hr 30 mg (generic of FOCALIN XR)</i> | Non Preferred | PA; AGE (Min age 6 years and Max age 18 years) |
| <i>dexmethylphenidate hcl cap er 24 hr 35 mg (generic of FOCALIN XR)</i> | Non Preferred | PA; AGE (Min age 6 years and Max age 18 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <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) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| 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) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>methylphenidate hcl cap er 24hr 50 mg (xr) (generic of APTENSIO XR)</i> | 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) (generic of APTENSIO XR)</i> | Non Preferred | PA; AGE (Min age 6 years and Max age 18 years) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <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) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------|------------------|---|
| 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) |
| 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

AMEBICIDES - DRUGS TO TREAT INFECTIONS

| | | |
|-----------------|---------------|----|
| SOLOSEC GRA 2GM | Non Preferred | PA |
|-----------------|---------------|----|

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

| | | |
|--------------|---------------|----|
| ARIKAYCE SUS | Non Preferred | PA |
|--------------|---------------|----|

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| BETHKIS NEB 300/4ML | Non Preferred | SP, PA |
| KITABIS PAK NEB 300/5ML | Preferred | SP |
| <i>neomycin sulfate tab 500 mg</i> | Preferred | |
| <i>paromomycin sulfate cap 250 mg (generic of HUMATIN)</i> | Preferred | |
| TOBI NEB 300/5ML | Non Preferred | SP, PA |
| TOBI PODHALR CAP 28MG | Non Preferred | SP, PA |
| <i>tobramycin nebu soln 300 mg/4ml (generic of BETHKIS)</i> | Non Preferred | SP, PA |
| <i>tobramycin nebu soln 300 mg/5ml (generic of KITABIS PAK)</i> | 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 PED UC | 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 | SP, PA |
| OLUMIANT TAB 2MG | Non Preferred | SP, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------|------------------|----------------------------|
| RINVOQ TAB 15MG ER | Non Preferred | SP, PA |
| XELJANZ SOL 1MG/ML | Preferred | SP, 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 | SP, PA |

ANTIRHEUMATIC ANTIMETABOLITES

| | | |
|-----------------------|---------------|----|
| OTREXUP INJ 10MG | Non Preferred | PA |
| OTREXUP INJ 12.5/0.4 | Non Preferred | PA |
| OTREXUP INJ 15MG | Non Preferred | PA |
| OTREXUP INJ 17.5/0.4 | Non Preferred | PA |
| OTREXUP INJ 20MG | Non Preferred | PA |
| OTREXUP INJ 22.5/0.4 | Non Preferred | PA |
| OTREXUP INJ 25MG | Non Preferred | PA |
| RASUVO INJ 7.5MG | Non Preferred | PA |
| RASUVO INJ 10MG | Non Preferred | PA |
| RASUVO INJ 12.5MG | Non Preferred | PA |
| RASUVO INJ 15MG | Non Preferred | PA |
| RASUVO INJ 17.5MG | Non Preferred | PA |
| RASUVO INJ 20MG | Non Preferred | PA |
| RASUVO INJ 22.5MG | Non Preferred | PA |
| RASUVO INJ 25MG | Non Preferred | PA |
| RASUVO INJ 30MG | Non Preferred | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------|------------------|----------------------------|
| 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 |
|-----------------|---------------|----|

INTERLEUKIN-1 BLOCKERS

| | | |
|--------------------|---------------|--------|
| ARCALYST INJ 220MG | Non Preferred | SP, PA |
|--------------------|---------------|--------|

INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)

| | | |
|-------------|---------------|--------|
| KINERET INJ | Non Preferred | SP, 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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) |
| 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</i> (generic of ARTHROTEC 50) | Non Preferred | PA |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (generic of ARTHROTEC 75) | 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</i> (generic of LODINE) | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| <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 |
| <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 (generic of VIVLODEX)</i> | Non Preferred | PA |
| <i>meloxicam cap 10 mg (generic of VIVLODEX)</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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 |
| NAPROSYN SUS 125/5ML | Non Preferred | PA, QL (100 mL per day) |
| <i>naproxen sodium tab 220 mg</i> | Preferred | OTC |
| <i>naproxen sodium tab 275 mg</i> | Preferred | |
| <i>naproxen sodium tab 550 mg</i> (generic of ANAPROX DS) | Preferred | |
| <i>naproxen sodium tab er 24hr 375 mg (base equiv)</i> (generic of NAPRELAN) | Non Preferred | PA |
| <i>naproxen sodium tab er 24hr 500 mg (base equiv)</i> (generic of NAPRELAN) | Non Preferred | PA |
| <i>naproxen sodium tab er 24hr 750 mg (base equiv)</i> (generic of NAPRELAN) | Non Preferred | PA |
| <i>naproxen susp 125 mg/5ml</i> (generic of NAPROSYN) | 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</i> (generic of NAPROSYN) | Preferred | QL (3 ea per day) |
| <i>naproxen tab ec 375 mg</i> (generic of EC-NAPROSYN) | Preferred | QL (3 ea per day) |
| <i>naproxen tab ec 500 mg</i> (generic of EC-NAPROSYN) | Preferred | QL (3 ea per day) |
| <i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> (generic of VIMOVO) | Non Preferred | PA |
| <i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> (generic of VIMOVO) | Non Preferred | PA |
| <i>oxaprozin tab 600 mg</i> (generic of DAYPRO) | Non Preferred | PA, QL (3 ea per day) |
| <i>piroxicam cap 10 mg</i> (generic of FELDENE) | Non Preferred | PA, QL (4 ea per day) |
| <i>piroxicam cap 20 mg</i> (generic of FELDENE) | Non Preferred | PA, QL (2 ea per day) |
| QMIIZ ODT TAB 7.5MG | Non Preferred | PA |
| QMIIZ ODT TAB 15 MG | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | | |
| ENBREL INJ 25/0.5ML | Preferred | SP, PA |
| ENBREL INJ 25MG | Preferred | SP, PA |
| ENBREL INJ 50MG/ML | Preferred | SP, PA |
| ENBREL MINI INJ 50MG/ML | Preferred | SP, PA |
| ENBREL SRCLK INJ 50MG/ML | Preferred | SP, PA |

**ANALGESICS - NONNARCOTIC
ANALGESIC COMBINATIONS**

| | | |
|---|---------------|-----------------------|
| ALLZITAL TAB 25-325MG | Non Preferred | PA |
| <i>bac tab</i> (generic of ESGIC) | Preferred | QL (6 ea per day) |
| <i>bupap tab 50-300mg</i> | Preferred | |
| <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</i> (generic of FIORICET) | 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</i> (generic of ESGIC) | 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>vto1 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------|------------------|----------------------------|
| 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) |

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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 |
| <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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |
| <i>meperidine hcl oral soln 50 mg/5ml</i> | Non Preferred | PA, QL (500 mL / 25 days) |
| <i>meperidine hcl tab 50 mg</i> | Non Preferred | PA, QL (10 ea per day) |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 |
| 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</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 |
| QDOLO SOL 5MG/ML | Non Preferred | PA; AGE (Min age 18 years) |
| ROXICODONE TAB 5MG | Non Preferred | PA |
| ROXICODONE TAB 15MG | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| ROXICODONE TAB 30MG | Non Preferred | PA |
| <i>tramadol hcl cap er 24hr biphasic release 100 mg</i> | Non Preferred | PA; AGE (Min age 18 years) |
| <i>tramadol hcl cap er 24hr biphasic release 200 mg</i> | Non Preferred | PA; AGE (Min age 18 years) |
| <i>tramadol hcl cap er 24hr biphasic release 300 mg</i> | Non Preferred | PA; AGE (Min age 18 years) |
| <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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| 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 soln 120-12 mg/5ml</i> | Preferred | PA, 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) |
| <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) |
| FIORICET CAP CODEINE | Non Preferred | PA; AGE (Min age 18 years) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <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 | PA |
| <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 |
| <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) |
| PERCOCET TAB 10-325MG | Non Preferred | PA, QL (6 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| BELBUCA MIS 750MCG | Non Preferred | PA |
| BELBUCA MIS 900MCG | Non Preferred | PA |
| 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)</i> (generic of SUBOXONE) | Preferred | QL (3 ea per day) |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) | Preferred | QL (3 ea per day) |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) | Preferred | QL (3 ea per day) |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) | 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) |
| <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 |
| SUBLOCADE INJ 100/0.5 | Preferred | SP |
| SUBLOCADE INJ 300/1.5 | Preferred | SP |

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

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

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

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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |
|---------------------------------------|-----------|-----|

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 |
|-----------------|---------------|----|

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 |

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 |
|-----------------------------------|-----------|-----|

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 (generic of BACTRIM)</i> | Preferred | QL (4 ea per day) |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i> | Preferred | QL (4 ea per day) |
| <i>sulfatrim pd sus 200-40/5</i> | Preferred | QL (40 mL per day) |
| <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</i> | Preferred | |
| GLYCOPEPTIDES | | |
| FIRVANQ SOL 25MG/ML | Non Preferred | PA, QL (40 mL per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 | |
| <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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| MONOBACTAMS | | |
| CAYSTON INH 75MG | Non Preferred | SP, PA |
| OXAZOLIDINONES | | |
| <i>linezolid for susp 100 mg/5ml</i> (generic of ZYVOX) | Non Preferred | PA |
| <i>linezolid tab 600 mg</i> (generic of ZYVOX) | Non Preferred | PA |
| SIVEXTRO TAB 200MG | Non Preferred | PA |
| ZYVOX SUS 100MG/5M | Non Preferred | PA |
| ZYVOX TAB 600MG | Non Preferred | PA |
| PLEUROMUTILINS | | |
| 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) |

Drug Name Drug Tier Requirements/Limits
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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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) |
| <i>nitroglycerin tl soln 0.4 mg/spray</i> (400 mcg/spray) (generic of NITROLINGUAL PUMPSPRAY) | 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) |

ANTI-ANXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTI-ANXIETY 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</i> (generic of VISTARIL) | Preferred | QL (8 ea per day) |
| <i>hydroxyzine pamoate cap 50 mg</i> (generic of VISTARIL) | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------|------------------|----------------------------|
| <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) |
| <i>alprazolam tab 0.5mg xr (generic of XANAX XR)</i> | Non Preferred | PA |
| <i>alprazolam tab 0.25 mg (generic of XANAX)</i> | Preferred | QL (3 ea per day) |
| <i>alprazolam tab 1 mg (generic of XANAX)</i> | Preferred | QL (3 ea per day) |
| <i>alprazolam tab 1mg xr (generic of XANAX XR)</i> | Non Preferred | PA |
| <i>alprazolam tab 2 mg (generic of XANAX)</i> | Preferred | QL (3 ea per day) |
| <i>alprazolam tab 2mg xr (generic of XANAX XR)</i> | Non Preferred | PA |
| <i>alprazolam tab 3mg xr (generic of XANAX XR)</i> | Non Preferred | PA |
| <i>alprazolam tab er 24hr 0.5 mg (generic of XANAX XR)</i> | Non Preferred | PA |
| <i>alprazolam tab er 24hr 1 mg (generic of XANAX XR)</i> | Non Preferred | PA |
| <i>alprazolam tab er 24hr 2 mg (generic of XANAX XR)</i> | Non Preferred | PA |
| <i>alprazolam tab er 24hr 3 mg (generic of XANAX XR)</i> | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 (generic of VALIUM)</i> | Preferred | QL (3 ea per day) |
| <i>diazepam tab 5 mg (generic of VALIUM)</i> | Preferred | QL (3 ea per day) |
| <i>diazepam tab 10 mg (generic of VALIUM)</i> | 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 (generic of ATIVAN)</i> | Preferred | QL (3 ea per day) |
| <i>lorazepam tab 1 mg (generic of ATIVAN)</i> | Preferred | QL (3 ea per day) |
| <i>lorazepam tab 2 mg (generic of ATIVAN)</i> | 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) |
| 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 (generic of NORPACE)</i> | Preferred | QL (8 ea per day) |
| <i>disopyramide phosphate cap 150 mg (generic of NORPACE)</i> | 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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) |
| <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 | |
| <i>dofetilide cap 250 mcg (0.25 mg)</i> (generic of TIKOSYN) | Preferred | |
| <i>dofetilide cap 500 mcg (0.5 mg)</i> (generic of TIKOSYN) | Preferred | |
| 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 | PA |
| TIKOSYN CAP 250MCG | Non Preferred | PA |
| TIKOSYN CAP 500MCG | Non Preferred | PA |

Drug Name Drug Tier Requirements/Limits
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT
ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ANTI-INFLAMMATORY AGENTS

cromolyn sodium soln nebu 20 mg/2ml Preferred QL (26 mL per day)

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

CINQAIR INJ Non SP, PA
Preferred

FASENRA INJ 30MG/ML Non SP, PA
Preferred

FASENRA PEN INJ 30MG/ML Non SP, PA
Preferred

NUCALA INJ 100MG Preferred SP, PA

NUCALA INJ 100MG/ML Non SP, PA
Preferred

XOLAIR INJ 75/0.5 Preferred SP, PA

XOLAIR INJ 150MG/ML Preferred SP, PA

XOLAIR SOL 150MG Preferred SP, PA

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AER 17MCG Preferred QL (12.9 gm / 25 days)

INCRUSE ELPT INH 62.5MCG Non PA, QL (1 ea per day)
Preferred

ipratropium bromide inhal soln 0.02% Preferred QL (10 mL per day)

LONHALA MAGN SOL 25MCG Non PA
Preferred

SEEBRI NEOHA CAP 15.6MCG Non PA
Preferred

SPIRIVA AER 1.25MCG Preferred AGE (Min age 6 years
and Max age 17 years)

SPIRIVA CAP HANDIHLR Preferred

SPIRIVA SPR 2.5MCG Non PA
Preferred

TUDORZA PRES AER 400/ACT Non PA
Preferred

YUPELRI SOL Non PA
Preferred

LEUKOTRIENE MODULATORS

ACCOLATE TAB 10MG Non PA
Preferred

ACCOLATE TAB 20MG Non PA
Preferred

montelukast sodium chew tab 4 mg (base equiv) (generic of SINGULAIR) Preferred QL (1 ea per day)

montelukast sodium chew tab 5 mg (base equiv) (generic of SINGULAIR) Preferred QL (1 ea per day)

montelukast sodium oral granules packet 4 mg (base equiv) (generic of SINGULAIR) Preferred

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 | |
| <i>zileuton tab er 12hr 600 mg</i> | Non Preferred | PA |
| ZYFLO TAB 600MG | Non Preferred | PA |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| DALIRESP TAB 250MCG | Non Preferred | PA |
| DALIRESP 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| ASMANEX HFA AER 100 MCG | Non Preferred | PA |
| ASMANEX HFA AER 200 MCG | Non Preferred | PA |
| <i>budesonide inhalation susp 0.5 mg/2ml</i> (generic of PULMICORT) | Preferred | QL (4 mL per day); AGE (Max age 7 years) |
| <i>budesonide inhalation susp 0.25 mg/2ml</i> (generic of PULMICORT) | Preferred | QL (4 mL per day); AGE (Max age 7 years) |
| <i>budesonide inhalation susp 1 mg/2ml</i> (generic of PULMICORT) | Preferred | AGE (Max age 7 years) |
| FLOVENT DISK AER 50MCG | Preferred | |
| FLOVENT DISK AER 100MCG | Preferred | |
| FLOVENT DISK AER 250MCG | Preferred | |
| FLOVENT HFA AER 44MCG | Preferred | QL (0.354 gm per day) |
| FLOVENT HFA AER 110MCG | Preferred | QL (0.4 gm per day) |
| FLOVENT HFA AER 220MCG | Preferred | |
| PULMICORT INH 90MCG | Non Preferred | PA |
| PULMICORT INH 180MCG | Non Preferred | PA |
| PULMICORT SUS 0.5MG/2 | Non Preferred | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 | |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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) |
| <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 | |
| PROVENTIL AER HFA | Preferred | QL (6.7 gm / 25 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------|------------------|----------------------------|
| <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 |
| 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</i> (generic of LOVENOX) | Preferred | QL (0.6 mL per day) |
| <i>enoxaparin sodium inj 40 mg/0.4ml</i> (generic of LOVENOX) | Preferred | QL (0.8 mL per day) |
| <i>enoxaparin sodium inj 60 mg/0.6ml</i> (generic of LOVENOX) | Preferred | QL (1.2 mL per day) |
| <i>enoxaparin sodium inj 80 mg/0.8ml</i> (generic of LOVENOX) | Preferred | QL (1.6 mL per day) |
| <i>enoxaparin sodium inj 100 mg/ml</i> (generic of LOVENOX) | Preferred | QL (2 mL per day) |
| <i>enoxaparin sodium inj 120 mg/0.8ml</i> (generic of LOVENOX) | Preferred | QL (1.6 mL per day) |
| <i>enoxaparin sodium inj 150 mg/ml</i> (generic of LOVENOX) | Preferred | QL (2 mL per day) |
| <i>enoxaparin sodium inj 300 mg/3ml</i> (generic of LOVENOX) | Preferred | |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> (generic of ARIXTRA) | Preferred | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 | |
| FRAGMIN INJ 5000/0.2 | Preferred | |
| FRAGMIN INJ 7500/0.3 | Preferred | |
| FRAGMIN INJ 10000/ML | Preferred | |
| FRAGMIN INJ 12500UNT | Preferred | |
| FRAGMIN INJ 15000UNT | Preferred | |
| FRAGMIN INJ 18000UNT | Preferred | |
| 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 | PA, QL (0.6 mL per day) |
| LOVENOX INJ 40/0.4ML | Non Preferred | PA, QL (0.8 mL per day) |
| LOVENOX INJ 60/0.6ML | Non Preferred | PA, QL (1.2 mL per day) |
| LOVENOX INJ 80/0.8ML | Non Preferred | PA, QL (1.6 mL per day) |
| LOVENOX INJ 100MG/ML | Non Preferred | PA, QL (2 mL per day) |
| LOVENOX INJ 120/0.8 | Non Preferred | PA, QL (1.6 mL per day) |
| LOVENOX INJ 150MG/ML | Non Preferred | PA, QL (2 mL per day) |
| LOVENOX INJ 300/3ML | Non Preferred | PA |
| THROMBIN INHIBITORS | | |
| PRADAXA CAP 75MG | Non Preferred | PA |
| PRADAXA CAP 110MG | Non Preferred | PA |
| PRADAXA CAP 150MG | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

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 |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------|------------------|----------------------------|
| 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) |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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) |
| <i>carbamazepine cap er 12hr 300 mg (generic of CARBATROL)</i> | 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 (generic of TEGRETOL)</i> | Preferred | QL (60 mL per day) |
| <i>carbamazepine tab 200 mg (generic of TEGRETOL)</i> | Preferred | QL (8 ea per day) |
| <i>carbamazepine tab er 12hr 100 mg (generic of TEGRETOL-XR)</i> | Preferred | QL (8 ea per day) |
| <i>carbamazepine tab er 12hr 200 mg (generic of TEGRETOL-XR)</i> | Preferred | QL (8 ea per day) |
| <i>carbamazepine tab er 12hr 400 mg (generic of TEGRETOL-XR)</i> | 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 | SP, PA |
| DIACOMIT CAP 500MG | Non Preferred | SP, PA |
| DIACOMIT PAK 250MG | Non Preferred | SP, PA |
| DIACOMIT PAK 500MG | Non Preferred | SP, PA |
| ELEPSIA XR TAB 1000MG | Non Preferred | PA |
| ELEPSIA XR TAB 1500MG | Non Preferred | PA |
| EPIDIOLEX SOL 100MG/ML | Non Preferred | SP, PA |
| <i>epitol tab 200mg (generic of TEGRETOL)</i> | Preferred | QL (8 ea per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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) |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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 |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>lamotrigine tab chewable dispersible 5 mg</i> (generic of LAMICTAL CHEWABLE DISPERS) | Preferred | QL (8 ea per day) |
| <i>lamotrigine tab chewable dispersible 25 mg</i> (generic of LAMICTAL CHEWABLE DISPERS) | Preferred | QL (8 ea per day) |
| <i>lamotrigine tab disint 25 (14) & 50 mg</i> <i>(14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT) | Non Preferred | PA |
| <i>lamotrigine tab er 24hr 25 mg</i> (generic of LAMICTAL XR) | Non Preferred | PA |
| <i>lamotrigine tab er 24hr 50 mg</i> (generic of LAMICTAL XR) | Non Preferred | PA |
| <i>lamotrigine tab er 24hr 100 mg</i> (generic of LAMICTAL XR) | Non Preferred | PA |
| <i>lamotrigine tab er 24hr 200 mg</i> (generic of LAMICTAL XR) | Non Preferred | PA |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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 |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>primidone tab 50 mg</i> (generic of MYSOLINE) | Preferred | QL (4 ea per day) |
| <i>primidone tab 250 mg</i> (generic of MYSOLINE) | Preferred | QL (4 ea per day) |
| QUDEXY XR CAP 25/24HR | Non Preferred | PA |
| QUDEXY XR CAP 50/24HR | Non Preferred | PA |
| QUDEXY XR CAP 100/24HR | Non Preferred | PA |
| QUDEXY XR CAP 150/24HR | Non Preferred | PA |
| QUDEXY XR CAP 200/24HR | Non Preferred | PA |
| <i>roweepra tab 500mg</i> (generic of KEPPRA) | Preferred | QL (6 ea per day) |
| <i>rufinamide susp 40 mg/ml</i> (generic of BANZEL) | Non Preferred | PA, QL (80 mL per day) |
| SPRITAM TAB 250MG | Non Preferred | PA |
| SPRITAM TAB 500MG | Non Preferred | PA |
| SPRITAM TAB 750MG | Non Preferred | PA |
| SPRITAM TAB 1000MG | Non Preferred | PA |
| <i>subvenite kit start 35</i> (generic of LAMICTAL STARTER/TAKING V) | Non Preferred | PA |
| <i>subvenite kit start 49</i> (generic of LAMICTAL STARTER/NOT TAKI) | Non Preferred | PA |
| <i>subvenite kit start 98</i> (generic of LAMICTAL STARTER/TAKING C) | Non Preferred | PA |
| <i>subvenite tab 25mg</i> (generic of LAMICTAL) | Preferred | QL (10 ea per day) |
| <i>subvenite tab 100mg</i> (generic of LAMICTAL) | Preferred | QL (8 ea per day) |
| <i>subvenite tab 150mg</i> (generic of LAMICTAL) | Preferred | QL (4 ea per day) |
| <i>subvenite tab 200mg</i> (generic of LAMICTAL) | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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 |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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</i> (generic of ZONEGRAN) | Preferred | QL (2 ea per day) |
| <i>zonisamide cap 50 mg</i> | Preferred | QL (2 ea per day) |
| <i>zonisamide cap 100 mg</i> (generic of ZONEGRAN) | Preferred | QL (6 ea per day) |

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 50-200MG | Non Preferred | PA |
| XCOPRI PAK 150-200 | Non Preferred | PA |
| XCOPRI TAB 50MG | Non Preferred | PA |
| XCOPRI TAB 100MG | Non Preferred | PA |
| XCOPRI TAB 150MG | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------|------------------|----------------------------|
| 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 | PA, QL (6 ea per day) |
| SABRIL TAB 500MG | Non Preferred | PA, QL (6 ea per day) |
| <i>tiagabine hcl tab 2 mg (generic of GABITRIL)</i> | Non Preferred | PA, QL (28 ea per day) |
| <i>tiagabine hcl tab 4 mg (generic of GABITRIL)</i> | Non Preferred | PA, QL (14 ea per day) |
| <i>tiagabine hcl tab 12 mg (generic of GABITRIL)</i> | Non Preferred | PA |
| <i>tiagabine hcl tab 16 mg (generic of GABITRIL)</i> | Non Preferred | PA |
| <i>vigabatrin powd pack 500 mg (generic of SABRIL)</i> | Non Preferred | PA, QL (6 ea per day) |
| <i>vigabatrin tab 500 mg (generic of SABRIL)</i> | Non Preferred | PA, QL (6 ea per day) |
| <i>vigadrone pow 500mg (generic of SABRIL)</i> | Non Preferred | 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 (generic of DILANTIN INFATABS)</i> | Preferred | QL (5 ea per day) |
| <i>phenytoin sodium extended cap 100 mg (generic of DILANTIN)</i> | Preferred | QL (6 ea per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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) |
| 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) |

Drug Name **Drug Tier** **Requirements/Limits**
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 |
| 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) |

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

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

| | | |
|-----------------------|---------------|--------|
| SPRAVATO SOL 56MG DOS | Non Preferred | SP, PA |
| SPRAVATO SOL 84MG DOS | Non Preferred | SP, 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 (base equiv) (generic of CELEXA)</i> | Preferred | QL (1 ea per day) |
| <i>citalopram hydrobromide tab 20 mg (base equiv) (generic of CELEXA)</i> | Preferred | QL (2 ea per day) |
| <i>citalopram hydrobromide tab 40 mg (base equiv) (generic of CELEXA)</i> | Preferred | QL (2 ea per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> | Preferred | |
| <i>escitalopram oxalate tab 5 mg (base equiv) (generic of LEXAPRO)</i> | Preferred | QL (1 ea per day) |
| <i>escitalopram oxalate tab 10 mg (base equiv) (generic of LEXAPRO)</i> | Preferred | QL (1 ea per day) |
| <i>escitalopram oxalate tab 20 mg (base equiv) (generic of LEXAPRO)</i> | Preferred | QL (1 ea per day) |
| <i>fluoxetine hcl cap 10 mg (generic of PROZAC)</i> | Preferred | QL (3 ea per day) |
| <i>fluoxetine hcl cap 20 mg (generic of PROZAC)</i> | Preferred | QL (4 ea per day) |
| <i>fluoxetine hcl cap 40 mg (generic of PROZAC)</i> | 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 | |
| <i>fluoxetine hcl tab 60 mg (generic of FLUOXETINE HYDROCHLORIDE)</i> | 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 (generic of PAXIL)</i> | Preferred | QL (2 ea per day) |
| <i>paroxetine hcl tab 20 mg (generic of PAXIL)</i> | Preferred | QL (2 ea per day) |
| <i>paroxetine hcl tab 30 mg (generic of PAXIL)</i> | Preferred | QL (2 ea per day) |
| <i>paroxetine hcl tab 40 mg (generic of PAXIL)</i> | Preferred | QL (2 ea per day) |
| <i>paroxetine hcl tab er 24hr 12.5 mg (generic of PAXIL CR)</i> | Non Preferred | PA |
| <i>paroxetine hcl tab er 24hr 25 mg (generic of PAXIL CR)</i> | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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) |
| 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</i> <i>20 mg/ml</i> (generic of ZOLOFT) | Preferred | |
| <i>sertraline hcl tab 25 mg</i> (generic of ZOLOFT) | Preferred | QL (1 ea per day) |
| <i>sertraline hcl tab 50 mg</i> (generic of ZOLOFT) | Preferred | QL (2 ea per day) |
| <i>sertraline hcl tab 100 mg</i> (generic of ZOLOFT) | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>SEROTONIN MODULATORS</i> | | |
| <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 |
| 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 |
| <i>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</i> | | |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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) |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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) |
| 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 (generic of DUETACT)</i> | Non Preferred | PA |
| <i>pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)</i> | Non Preferred | PA |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg (generic of ACTOPLUS MET)</i> | Non Preferred | PA |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)</i> | Non Preferred | PA |
| QTERN TAB 5-5MG | Non Preferred | PA |
| QTERN TAB 10-5MG | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| SYNJARDY TAB | Non Preferred | PA |
| SYNJARDY TAB 5-500MG | Non Preferred | PA |
| SYNJARDY TAB 5-1000MG | Non Preferred | PA |
| SYNJARDY TAB 12.5-500 | Non Preferred | PA |
| SYNJARDY XR TAB | Non Preferred | PA |
| SYNJARDY XR TAB 5-1000MG | Non Preferred | PA |
| SYNJARDY XR TAB 10-1000 | Non Preferred | PA |
| SYNJARDY XR TAB 25-1000 | Non Preferred | PA |
| TRIJARDY XR TAB | Non Preferred | PA |
| XIGDUO XR TAB 2.5-1000 | Non Preferred | PA |
| XIGDUO XR TAB 5-500MG | Non Preferred | PA |
| XIGDUO XR TAB 5-1000MG | Non Preferred | PA |
| XIGDUO XR TAB 10-500MG | Non Preferred | PA |
| XIGDUO XR TAB 10-1000 | Non Preferred | PA |
| XULTOPHY INJ 100/3.6 | Non Preferred | PA |
| <i>BIGUANIDES</i> | | |
| 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 (generic of RIOMET)</i> | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>metformin hcl tab er 24hr modified release 500 mg (generic of GLUMETZA)</i> | Non Preferred | PA |
| <i>metformin hcl tab er 24hr modified release 500 mg (generic of GLUMETZA)</i> | Non Preferred | PA |
| <i>metformin hcl tab er 24hr modified release 1000 mg (generic of GLUMETZA)</i> | Non Preferred | PA |
| <i>metformin hcl tab er 24hr osmotic 500 mg (generic of FORTAMET)</i> | Non Preferred | PA |
| <i>metformin hcl tab er 24hr osmotic 500 mg (generic of FORTAMET)</i> | Non Preferred | PA |
| <i>metformin hcl tab er 24hr osmotic 1000 mg (generic of FORTAMET)</i> | Non Preferred | PA |
| RIOMET SOL | Non Preferred | PA |
| RIOMET SOL 500/5ML | Non Preferred | PA |

DIABETIC OTHER

| | | |
|---|---------------|---------------------|
| BAQSIMI ONE POW 3MG/DOSE | Preferred | QL (2 ea / 25 days) |
| BAQSIMI TWO POW 3MG/DOSE | Preferred | QL (2 ea / 25 days) |
| <i>diazoxide susp 50 mg/ml (generic of PROGLYCEM)</i> | Preferred | |
| GLUCAGEN INJ HYPOKIT | Preferred | QL (2 ea / 25 days) |
| <i>glucagon (rdna) for inj kit 1 mg (generic of GLUCAGON EMERGENCY KIT)</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 | SP, PA |
| PROGLYCEM SUS 50MG/ML | Preferred | |
| ZEGALOGUE INJ 0.6/0.6 | Non Preferred | PA |

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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 |
| 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 |
| OZEMPIC INJ 4MG/3ML | 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------|------------------|----------------------------|
| 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) |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|-------------------------------|
| 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 FLEXTUOC | Preferred | |
| LYUMJEV INJ 100UT/ML | Non Preferred | PA |
| LYUMJEV KWPN INJ 100UT/ML | Non Preferred | PA |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------|------------------|----------------------------|
| 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) |
| ACTOS TAB 30MG | Non Preferred | PA, QL (1 ea per day) |
| ACTOS TAB 45MG | Non Preferred | PA, QL (1 ea per day) |
| <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) |

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

| | | |
|------------------|---------------|----|
| FARXIGA TAB 5MG | Non Preferred | PA |
| FARXIGA TAB 10MG | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------|------------------|----------------------------|
| 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) |
| <i>glipizide tab 5 mg</i> | Preferred | QL (8 ea per day) |
| <i>glipizide tab 10 mg (generic of GLUCOTROL)</i> | Preferred | QL (4 ea per day) |
| <i>glipizide tab er 24hr 2.5 mg (generic of GLUCOTROL XL)</i> | Preferred | QL (2 ea per day) |
| <i>glipizide tab er 24hr 5 mg (generic of GLUCOTROL XL)</i> | Preferred | QL (2 ea per day) |
| <i>glipizide tab er 24hr 10 mg (generic of GLUCOTROL XL)</i> | Preferred | QL (2 ea per day) |
| <i>glipizide xl tab 2.5mg (generic of GLUCOTROL XL)</i> | Preferred | QL (2 ea per day) |
| <i>glipizide xl tab 5mg (generic of GLUCOTROL XL)</i> | Preferred | QL (2 ea per day) |
| <i>glipizide xl tab 10mg (generic of GLUCOTROL XL)</i> | 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 (generic of GLYNASE)</i> | Preferred | QL (4 ea per day) |
| <i>glyburide micronized tab 3 mg (generic of GLYNASE)</i> | Preferred | QL (4 ea per day) |
| <i>glyburide micronized tab 6 mg (generic of GLYNASE)</i> | Preferred | QL (4 ea per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------|------------------|----------------------------|
| <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 |

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 | PA |
| <i>deferasirox granules packet 180 mg (generic of JADENU SPRINKLE)</i> | Non Preferred | PA |
| <i>deferasirox granules packet 360 mg (generic of JADENU SPRINKLE)</i> | Non Preferred | PA |
| <i>deferasirox tab 90 mg (generic of JADENU)</i> | Non Preferred | PA |
| <i>deferasirox tab 180 mg (generic of JADENU)</i> | Non Preferred | PA |
| <i>deferasirox tab 360 mg (generic of JADENU)</i> | Non Preferred | PA |
| <i>deferasirox tab for oral susp 125 mg (generic of EXJADE)</i> | Non Preferred | PA |
| <i>deferasirox tab for oral susp 250 mg (generic of EXJADE)</i> | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>deferasirox tab for oral susp 500 mg (generic of EXJADE)</i> | Non Preferred | PA |
| <i>deferiprone tab 500 mg (generic of FERRIPROX)</i> | Non Preferred | PA |
| EXJADE TAB 125MG | Non Preferred | PA |
| EXJADE TAB 250MG | Non Preferred | PA |
| EXJADE TAB 500MG | Non Preferred | 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 |
| JADENU SPRKL GRA 90MG | Non Preferred | PA |
| JADENU SPRKL GRA 180MG | Non Preferred | PA |
| JADENU SPRKL GRA 360MG | Non Preferred | PA |
| JADENU TAB 90MG | Non Preferred | PA |
| JADENU TAB 180MG | Non Preferred | PA |
| JADENU TAB 360MG | Non Preferred | 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 | |

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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |
| <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 (generic of TRANSDERM SCOP)</i> | Preferred | |
| TIGAN CAP 300MG | Non Preferred | PA |
| TRANSDERM-SC DIS 1MG/3DAY | Preferred | |
| <i>trimethobenzamide hcl cap 300 mg (generic of TIGAN)</i> | 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 (generic of DICLEGIS)</i> | Non Preferred | PA |
| <i>dronabinol cap 2.5 mg (generic of MARINOL)</i> | Non Preferred | PA |
| <i>dronabinol cap 5 mg (generic of MARINOL)</i> | Non Preferred | PA |
| <i>dronabinol cap 10 mg (generic of MARINOL)</i> | Non Preferred | PA |
| MARINOL CAP 2.5MG | Non Preferred | PA |
| MARINOL CAP 5MG | Non Preferred | PA |
| MARINOL CAP 10MG | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

| | | |
|--|---------------|----|
| <i>aprepitant capsule 40 mg</i> | Preferred | |
| <i>aprepitant capsule 80 mg (generic of EMEND)</i> | 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 |

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 (generic of ANCOBON)</i> | Non Preferred | PA |
| <i>flucytosine cap 500 mg (generic of ANCOBON)</i> | 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 (generic of LAMISIL)</i> | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| DIFLUCAN TAB 200MG | Non Preferred | PA |
| <i>fluconazole for susp 10 mg/ml (generic of DIFLUCAN)</i> | Preferred | QL (3 mL per day) |
| <i>fluconazole for susp 40 mg/ml (generic of DIFLUCAN)</i> | Preferred | QL (5 mL per day) |
| <i>fluconazole tab 50 mg (generic of DIFLUCAN)</i> | Preferred | QL (2 ea per day) |
| <i>fluconazole tab 100 mg (generic of DIFLUCAN)</i> | Preferred | |
| <i>fluconazole tab 150 mg (generic of DIFLUCAN)</i> | Preferred | |
| <i>fluconazole tab 200 mg (generic of DIFLUCAN)</i> | Preferred | |
| <i>itraconazole cap 100 mg (generic of SPORANOX)</i> | Non Preferred | PA |
| <i>itraconazole oral soln 10 mg/ml (generic of SPORANOX)</i> | Non Preferred | PA |
| <i>ketoconazole tab 200 mg</i> | Preferred | QL (2 ea per day) |
| NOXAFIL SUS 40MG/ML | Non Preferred | PA |
| NOXAFIL TAB 100MG | Non Preferred | PA |
| <i>posaconazole tab delayed release 100 mg (generic of NOXAFIL)</i> | 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 (generic of VFEND)</i> | Non Preferred | PA |
| <i>voriconazole tab 50 mg (generic of VFEND)</i> | Non Preferred | PA |
| <i>voriconazole tab 200 mg (generic of VFEND)</i> | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

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) |
| <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) |

ANTIHIISTAMINES - 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 |

ANTIHIISTAMINES - 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) |
|---|-----------|---|

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

ANTI-HISTAMINES - 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 |
|--------------------|---------------|----|

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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------|------------------|----------------------------|
| VYTORIN TAB 10-80MG | Non Preferred | PA |

ANTIHYPERLIPIDEMICS - MISC.

| | | |
|---|---------------|----|
| <i>icosapent ethyl cap 1 gm</i> | 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 | |
| <i>cholestyramine powder 4 gm/dose (generic of QUESTRAN)</i> | Preferred | QL (48 gm per day) |
| <i>cholestyramine powder packets 4 gm (generic of QUESTRAN)</i> | Preferred | |
| <i>colesevelam hcl packet for susp 3.75 gm (generic of WELCHOL)</i> | Non Preferred | PA |
| <i>colesevelam hcl tab 625 mg (generic of WELCHOL)</i> | 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 (generic of COLESTID)</i> | Non Preferred | PA |
| <i>colestipol hcl granules 5 gm (generic of COLESTID)</i> | Non Preferred | PA |
| <i>colestipol hcl tab 1 gm (generic of COLESTID)</i> | Non Preferred | PA, QL (16 ea per day) |
| <i>prevalite pow 4gm (generic of QUESTRAN LIGHT)</i> | Preferred | QL (8 gm per day) |
| <i>prevalite pow 4gm pk</i> | Preferred | |
| QUESTRAN POW 4GM | Non Preferred | PA |
| QUESTRAN POW 4GM | Non Preferred | PA, QL (48 gm per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------|------------------|----------------------------|
| 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 (fenofibric acid equiv) (generic of TRILIPIX)</i> | Preferred | |
| <i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (generic of TRILIPIX)</i> | Preferred | |
| <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 (generic of FENOGLIDE)</i> | Preferred | |
| <i>fenofibrate tab 48 mg (generic of TRICOR)</i> | Preferred | QL (1 ea per day) |
| <i>fenofibrate tab 54 mg</i> | Preferred | QL (1 ea per day) |
| <i>fenofibrate tab 120 mg (generic of FENOGLIDE)</i> | Preferred | |
| <i>fenofibrate tab 145 mg (generic of TRICOR)</i> | 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 |
| FIBRICOR TAB 35MG | Non Preferred | PA |
| FIBRICOR TAB 105MG | Non Preferred | PA |
| <i>gemfibrozil tab 600 mg (generic of LOPID)</i> | Preferred | QL (4 ea per day) |
| LIPOFEN CAP 50MG | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------|------------------|----------------------------|
| 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 |
| <i>atorvastatin calcium tab 10 mg (base equivalent) (generic of LIPITOR)</i> | Preferred | QL (1 ea per day) |
| <i>atorvastatin calcium tab 20 mg (base equivalent) (generic of LIPITOR)</i> | Preferred | QL (1 ea per day) |
| <i>atorvastatin calcium tab 40 mg (base equivalent) (generic of LIPITOR)</i> | Preferred | QL (1 ea per day) |
| <i>atorvastatin calcium tab 80 mg (base equivalent) (generic of LIPITOR)</i> | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> (generic of LESCOL XL) | Non Preferred | PA |
| LESCOL 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) |
| <i>lovastatin tab 20 mg</i> | Preferred | QL (1 ea per day) |
| <i>lovastatin tab 40 mg</i> | Preferred | QL (1 ea per day) |
| <i>pravastatin sodium tab 10 mg</i> | Preferred | QL (1 ea per day) |
| <i>pravastatin sodium tab 20 mg</i> (generic of PRAVACHOL) | Preferred | QL (1 ea per day) |
| <i>pravastatin sodium tab 40 mg</i> (generic of PRAVACHOL) | 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</i> (generic of CRESTOR) | Preferred | QL (1 ea per day) |
| <i>rosuvastatin calcium tab 10 mg</i> (generic of CRESTOR) | Preferred | QL (1 ea per day) |
| <i>rosuvastatin calcium tab 20 mg</i> (generic of CRESTOR) | Preferred | QL (1 ea per day) |
| <i>rosuvastatin calcium tab 40 mg</i> (generic of CRESTOR) | Preferred | QL (1 ea per day) |
| <i>simvastatin tab 5 mg</i> | Preferred | QL (1 ea per day) |
| <i>simvastatin tab 10 mg</i> (generic of ZOCOR) | Preferred | QL (1 ea per day) |
| <i>simvastatin tab 20 mg</i> (generic of ZOCOR) | Preferred | QL (1 ea per day) |
| <i>simvastatin tab 40 mg</i> (generic of ZOCOR) | Preferred | QL (1 ea per day) |
| <i>simvastatin tab 80 mg</i> (generic of ZOCOR) | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------|------------------|----------------------------|
| 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 | SP, PA |
| JUXTAPID CAP 10MG | Non Preferred | SP, PA |
| JUXTAPID CAP 20MG | Non Preferred | SP, PA |
| JUXTAPID CAP 30MG | Non Preferred | SP, PA |

NICOTINIC ACID DERIVATIVES

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

Drug Name Drug Tier Requirements/Limits
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) |
| 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 (generic of LOTENSIN)</i> | Preferred | QL (1.5 ea per day) |
| <i>benazepril hcl tab 20 mg (generic of LOTENSIN)</i> | Preferred | QL (1.5 ea per day) |
| <i>benazepril hcl tab 40 mg (generic of LOTENSIN)</i> | 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 (generic of VASOTEC)</i> | Preferred | QL (1 ea per day) |
| <i>enalapril maleate tab 5 mg (generic of VASOTEC)</i> | Preferred | QL (1 ea per day) |
| <i>enalapril maleate tab 10 mg (generic of VASOTEC)</i> | Preferred | QL (1 ea per day) |
| <i>enalapril maleate tab 20 mg (generic of VASOTEC)</i> | 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 (generic of ZESTRIL)</i> | Preferred | QL (1 ea per day) |
| <i>lisinopril tab 5 mg (generic of ZESTRIL)</i> | Preferred | QL (1 ea per day) |
| <i>lisinopril tab 10 mg (generic of ZESTRIL)</i> | Preferred | QL (1 ea per day) |
| <i>lisinopril tab 20 mg (generic of PRINIVIL)</i> | Preferred | QL (1 ea per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------|------------------|----------------------------|
| 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

| | | |
|---|---------------|----|
| DEMSER CAP 250MG | Preferred | |
| <i>metyrosine cap 250 mg</i> (generic of DEMSER) | Preferred | |
| <i>phenoxybenzamine hcl cap 10 mg</i> (generic of DIBENZYLIN) | Non Preferred | PA |

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</i> (generic of ATACAND) | Non Preferred | PA |
| <i>candesartan cilexetil tab 8 mg</i> (generic of ATACAND) | Non Preferred | PA |
| <i>candesartan cilexetil tab 16 mg</i> (generic of ATACAND) | Non Preferred | PA |
| <i>candesartan cilexetil tab 32 mg</i> (generic of ATACAND) | 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|------------------|------------------|----------------------------|
|------------------|------------------|----------------------------|

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 |
| 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 (generic of CATAPRES-TTS-1)</i> | Preferred | |
| <i>clonidine td patch weekly 0.2 mg/24hr (generic of CATAPRES-TTS-2)</i> | Preferred | |
| <i>clonidine td patch weekly 0.3 mg/24hr (generic of CATAPRES-TTS-3)</i> | Preferred | |
| <i>doxazosin mesylate tab 1 mg (generic of CARDURA)</i> | Preferred | QL (1 ea per day) |
| <i>doxazosin mesylate tab 2 mg (generic of CARDURA)</i> | Preferred | QL (1 ea per day) |
| <i>doxazosin mesylate tab 4 mg (generic of CARDURA)</i> | Preferred | QL (1 ea per day) |
| <i>doxazosin mesylate tab 8 mg (generic of CARDURA)</i> | 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 (generic of MINIPRESS)</i> | Preferred | QL (6 ea per day) |
| <i>prazosin hcl cap 2 mg (generic of MINIPRESS)</i> | Preferred | QL (6 ea per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>prazosin hcl cap 5 mg (generic of MINIPRESS)</i> | 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) |
| <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</i> | Non Preferred | PA |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> | Non Preferred | PA |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> | Non Preferred | PA |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> | Non Preferred | PA |
| ATACAND HCT TAB 16-12.5 | Non Preferred | PA |
| ATACAND HCT TAB 32-12.5 | Non Preferred | PA |
| ATACAND HCT TAB 32-25MG | Non Preferred | PA |
| <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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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) |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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) |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 |
| <i>telmisartan-amlodipine tab 80-10 mg (generic of TWYNSTA)</i> | Non Preferred | PA |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i> | Non Preferred | PA |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i> | Non Preferred | PA |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i> | 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 (generic of TARKA)</i> | Preferred | |
| <i>trandolapril-verapamil hcl tab er 2-240 mg (generic of TARKA)</i> | Preferred | |
| <i>trandolapril-verapamil hcl tab er 4-240 mg (generic of TARKA)</i> | 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 (generic of DIOVAN HCT)</i> | Preferred | QL (1 ea per day) |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i> | Preferred | QL (1 ea per day) |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i> | Preferred | QL (1 ea per day) |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i> | Preferred | QL (1 ea per day) |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i> | Preferred | QL (1 ea per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------|------------------|----------------------------|
| 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) |
| 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 |
|-------------------|---------------|----|

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 | |
|--|-----------|--|

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

ANTIMALARIALS - DRUGS TO TREAT MALARIA

| | | |
|--|---------------|-------------------|
| <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</i> (generic of PLAQUENIL) | 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)</i> (generic of PRIMAQUINE PHOSPHATE) | Preferred | |
| PRIMAQUINE TAB 26.3MG | Preferred | |
| <i>pyrimethamine tab 25 mg</i> (generic of DARAPRIM) | Non Preferred | PA |
| QUALAQUIN CAP 324MG | Non Preferred | PA |
| <i>quinine sulfate cap 324 mg</i> (generic of QUALAQUIN) | Non Preferred | PA |

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

| | | |
|---|---------------|-----------------------|
| FIRDAPSE TAB 10MG | Non Preferred | SP, 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</i> (generic of MESTINON) | Preferred | |
| <i>pyridostigmine bromide tab 30 mg</i> | Preferred | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>pyridostigmine bromide tab 60 mg</i> (generic of MESTINON) | Preferred | QL (6 ea per day) |
| <i>pyridostigmine bromide tab er 180 mg</i> (generic of MESTINON TIMESPAN) | Preferred | |
| RUZURGI TAB 10MG | Non Preferred | SP, PA |

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

| | | |
|---|---------------|---------------------------|
| <i>cycloserine cap 250 mg</i> | Preferred | |
| <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 |
| CYCLOPHOSPH TAB 25MG | Preferred | |
| CYCLOPHOSPH TAB 50MG | Preferred | |
| <i>cyclophosphamide cap 25 mg</i> | Preferred | SP, QL (16 ea per day) |
| <i>cyclophosphamide cap 50 mg</i> | Preferred | SP, QL (16 ea per day) |
| GLEOSTINE CAP 10MG | Preferred | |
| GLEOSTINE CAP 40MG | Preferred | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 100MG | Non Preferred | SP, PA |
| TEMODAR CAP 140MG | Non Preferred | SP, PA |
| TEMODAR CAP 180MG | Non Preferred | SP, PA |
| TEMODAR CAP 250MG | Non Preferred | SP, PA |
| <i>temozolomide cap 5 mg</i> | Preferred | SP |
| <i>temozolomide cap 20 mg</i> | Preferred | SP |
| <i>temozolomide cap 100 mg</i> (generic of TEMODAR) | Preferred | SP |
| <i>temozolomide cap 140 mg</i> (generic of TEMODAR) | Preferred | SP |
| <i>temozolomide cap 180 mg</i> (generic of TEMODAR) | Preferred | SP |
| <i>temozolomide cap 250 mg</i> (generic of TEMODAR) | Preferred | SP |

ANTIMETABOLITES

| | | |
|---|---------------|---------------------|
| <i>capecitabine tab 150 mg</i> (generic of XELODA) | Non Preferred | SP, PA |
| <i>capecitabine tab 500 mg</i> (generic of XELODA) | Non Preferred | SP, PA |
| <i>mercaptopurine tab 50 mg</i> | Preferred | QL (4 ea per day) |
| <i>methotrexate sodium inj 50 mg/2ml</i> (25 mg/ml) | Preferred | QL (0.4 mL per day) |
| <i>methotrexate sodium inj 250 mg/10ml</i> (25 mg/ml) | Preferred | QL (0.4 mL per day) |
| <i>methotrexate sodium inj pf 50 mg/2ml</i> (25 mg/ml) | Preferred | QL (0.4 mL per day) |
| <i>methotrexate sodium inj pf 250 mg/10ml</i> (25 mg/ml) | Preferred | QL (0.4 mL per day) |
| <i>methotrexate sodium inj pf 1000 mg/40ml</i> (25 mg/ml) | Preferred | QL (0.4 mL per day) |
| <i>methotrexate sodium tab 2.5 mg</i> (base equiv) | Preferred | QL (24 ea per day) |
| ONUREG TAB 200MG | Non Preferred | SP, PA |
| ONUREG TAB 300MG | Non Preferred | SP, PA |
| PURIXAN SUS 20MG/ML | Non Preferred | PA |
| TABLOID TAB 40MG | Preferred | |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------|------------------|----------------------------|
| TREXALL TAB 5MG | Preferred | |
| TREXALL TAB 7.5MG | Preferred | |
| TREXALL TAB 10MG | Preferred | |
| TREXALL TAB 15MG | Preferred | |
| XATMEP SOL 2.5MG/ML | Non Preferred | PA |
| XELODA TAB 150MG | Non Preferred | SP, PA |
| XELODA TAB 500MG | Non Preferred | SP, PA |

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

| | | |
|-------------------|---------------|---------------------------|
| INLYTA TAB 1MG | Non Preferred | SP, PA, QL (6 ea per day) |
| INLYTA TAB 5MG | Non Preferred | SP, PA, QL (4 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) |
| 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) |

ANTINEOPLASTIC - ANTI-HER2 AGENTS

| | | |
|------------------|---------------|--------|
| TUKYSA TAB 50MG | Non Preferred | SP, PA |
| TUKYSA TAB 150MG | Non Preferred | SP, PA |

ANTINEOPLASTIC - BCL-2 INHIBITORS

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| ANTINEOPLASTIC - EGFR INHIBITORS | | |
| <i>erlotinib hcl tab 25 mg (base equivalent)</i> (generic of TARCEVA) | Preferred | SP, QL (3 ea per day) |
| <i>erlotinib hcl tab 100 mg (base equivalent)</i> (generic of TARCEVA) | Preferred | SP, QL (1 ea per day) |
| <i>erlotinib hcl tab 150 mg (base equivalent)</i> (generic of TARCEVA) | Preferred | SP, QL (1 ea per day) |
| GILOTRIF TAB 20MG | Non Preferred | SP, PA, QL (1 ea per day) |
| GILOTRIF TAB 30MG | Non Preferred | SP, PA, QL (1 ea per day) |
| GILOTRIF TAB 40MG | Non Preferred | SP, PA, QL (1 ea per day) |
| IRESSA TAB 250MG | Preferred | SP, QL (1 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) |
| 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) |
| 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) |
| 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> (generic of ZYTIGA) | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| AROMASIN TAB 25MG | Non Preferred | PA; AGE (Min age 40 years) |
| <i>bicalutamide tab 50 mg (generic of CASODEX)</i> | 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 (generic of AROMASIN)</i> | 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 (generic of FEMARA)</i> | Preferred | QL (1 ea per day); AGE (Min age 40 years) |
| 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 (generic of NILANDRON)</i> | Preferred | |
| NUBEQA TAB 300MG | Non Preferred | SP, PA, QL (4 ea per day) |
| ORGOVYX TAB 120MG | Non Preferred | PA |
| SOLTAMOX SOL 10MG/5ML | Preferred | |
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i> | Preferred | QL (2 ea per day) |
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i> | Preferred | QL (2 ea per day) |
| <i>toremifene citrate tab 60 mg (base equivalent) (generic of FARESTON)</i> | Preferred | |
| XTANDI CAP 40MG | Non Preferred | SP, PA, QL (4 ea per day) |
| XTANDI TAB 40MG | Non Preferred | PA |
| XTANDI TAB 80MG | Non Preferred | PA |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| 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 - PDGFR-ALPHA INHIBITORS | | |
| AYVAKIT TAB 100MG | Non Preferred | SP, PA, QL (1 ea per day) |
| AYVAKIT TAB 200MG | Non Preferred | SP, PA, QL (1 ea per day) |
| AYVAKIT TAB 300MG | Non Preferred | SP, PA, QL (1 ea per day) |
| ANTINEOPLASTIC - XPO1 INHIBITORS | | |
| XPOVIO PAK 40MG | Non Preferred | SP, PA |
| XPOVIO PAK 60MG | Non Preferred | SP, PA; Twice Weekly |
| XPOVIO PAK 60MG | Non Preferred | SP, PA, QL (12 ea / 24 days); Once Weekly |
| XPOVIO PAK 80MG | Non Preferred | SP, PA, QL (16 ea / 24 days); Once Weekly |
| XPOVIO PAK 80MG | Non Preferred | SP, PA, QL (32 ea / 24 days); Twice Weekly |
| XPOVIO PAK 100MG | Non Preferred | SP, PA, QL (20 ea / 24 days) |
| XPOVIO TAB 40MG | Non Preferred | PA |
| XPOVIO TAB 50MG | Non Preferred | PA |
| XPOVIO TAB 60MG | Non Preferred | PA |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------|------------------|-------------------------------|
| 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) |
| BALVERSA TAB 3MG | Non Preferred | SP, PA, QL (3 ea per day) |
| BALVERSA TAB 4MG | Non Preferred | SP, PA, QL (2 ea per day) |
| BALVERSA TAB 5MG | Non Preferred | SP, 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 | SP, 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| CABOMETYX TAB 60MG | Non Preferred | SP, PA, QL (1 ea per day) |
| CALQUENCE CAP 100MG | Non Preferred | SP, PA, QL (2 ea per day) |
| CAPRELSA TAB 100MG | Preferred | SP, QL (2 ea per day) |
| CAPRELSA TAB 300MG | Preferred | SP, QL (1 ea per day) |
| COMETRIQ KIT 60MG | Non Preferred | SP, PA, QL (3 ea per day) |
| COMETRIQ KIT 100MG | Non Preferred | SP, PA, QL (2 ea per day) |
| COMETRIQ KIT 140MG | Non Preferred | SP, PA, QL (4 ea per day) |
| COPIKTRA CAP 15MG | Non Preferred | SP, PA, QL (2 ea per day) |
| COPIKTRA CAP 25MG | Non Preferred | SP, PA, QL (2 ea per day) |
| COTELLIC TAB 20MG | Non Preferred | SP, PA, QL (3 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) |
| <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) |
| FOTIVDA CAP 0.89MG | Non Preferred | PA |
| FOTIVDA CAP 1.34MG | Non Preferred | PA |
| GAVRETO CAP 100MG | Non Preferred | SP, PA |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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 | SP, PA, QL (2 ea per day) |
| ICLUSIG TAB 30MG | Non Preferred | PA |
| ICLUSIG TAB 45MG | Non Preferred | SP, 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) |
| IMBRUVICA CAP 70MG | Non Preferred | SP, PA, QL (1 ea per day) |
| IMBRUVICA CAP 140MG | Non Preferred | SP, PA, QL (3 ea per day) |
| IMBRUVICA TAB 140MG | Non Preferred | SP, PA, QL (1 ea per day) |
| IMBRUVICA TAB 280MG | Non Preferred | SP, PA, QL (1 ea per day) |
| IMBRUVICA TAB 420MG | Non Preferred | SP, PA, QL (1 ea per day) |
| IMBRUVICA TAB 560MG | Non Preferred | SP, PA, QL (1 ea per day) |
| INREBIC CAP 100MG | Non Preferred | SP, PA, QL (4 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| KOSELUGO CAP 10MG | Non Preferred | SP, PA |
| KOSELUGO CAP 25MG | Non Preferred | SP, PA |
| <i>lapatinib ditosylate tab 250 mg (base equiv)</i> (generic of TYKERB) | Non Preferred | SP, PA, QL (6 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 | SP, PA |
| PEMAZYRE TAB 9MG | Non Preferred | SP, PA |
| PEMAZYRE TAB 13.5MG | Non Preferred | SP, 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 | SP, 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 | SP, PA, QL (1 ea per day) |
| ROZLYTREK CAP 200MG | Non Preferred | SP, 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) |
| 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) |
| TASIGNA CAP 50MG | Non Preferred | SP, PA, QL (4 ea per day) |
| TASIGNA CAP 150MG | Non Preferred | SP, PA, QL (4 ea per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------|------------------|----------------------------|
| TASIGNA CAP 200MG | Non Preferred | SP, PA, QL (4 ea per day) |
| TAZVERIK TAB 200MG | Non Preferred | SP, PA, QL (8 ea per day) |
| TEPMETKO TAB 225MG | Non Preferred | SP, PA |
| TIBSOVO TAB 250MG | Non Preferred | SP, PA, QL (2 ea per day) |
| TURALIO CAP 200MG | Non Preferred | SP, PA, QL (4 ea per day) |
| TYKERB TAB 250MG | Non Preferred | SP, PA, QL (6 ea per day) |
| UKONIQ TAB 200MG | Non Preferred | SP, PA |
| 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) |
| VOTRIENT TAB 200MG | Preferred | SP, QL (4 ea per day) |
| XALKORI CAP 200MG | Non Preferred | SP, PA, QL (2 ea per day) |
| XALKORI CAP 250MG | Non Preferred | SP, PA, QL (2 ea per day) |
| XOSPATA TAB 40MG | Non Preferred | SP, PA, QL (3 ea per day) |
| ZEJULA CAP 100MG | Non Preferred | SP, 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 | SP |
| TARGRETIN CAP 75MG | Non Preferred | SP, PA |
| <i>tretinoin cap 10 mg</i> | Preferred | |
| CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE 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 | |
| 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 |
| 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</i> (generic of COMTAN) | Preferred | QL (8 ea per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ONGENTYS CAP 50MG | Non Preferred | PA |
| TASMAR TAB 100MG | Non Preferred | PA |
| <i>tolcapone tab 100 mg</i> (generic of TASMAR) | 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)</i> (generic of PARLODEL) | Preferred | QL (6 ea per day) |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> (generic of PARLODEL) | 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</i> (generic of SINEMET) | Preferred | QL (8 ea per day) |
| <i>carbidopa & levodopa tab 25-100 mg</i> (generic of SINEMET) | Preferred | QL (12 ea per day) |
| <i>carbidopa & levodopa tab 25-250 mg</i> | Preferred | QL (8 ea per day) |
| <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</i> (generic of STALEVO 75) | Non Preferred | PA, QL (8 ea per day) |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> (generic of STALEVO 100) | Non Preferred | PA, QL (8 ea per day) |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> (generic of STALEVO 125) | Non Preferred | PA, QL (8 ea per day) |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> (generic of STALEVO 150) | 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 | SP, PA |
| GOCOVRI CAP 137MG | Non Preferred | SP, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------|------------------|----------------------------|
| INBRIJA CAP 42MG | Non Preferred | SP, 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 |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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) |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------|------------------|----------------------------|
| 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) |
| 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 |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>ziprasidone hcl cap 20 mg</i> (generic of GEODON) | Preferred | QL (2 ea per day); AGE (Min age 8 years) |
| <i>ziprasidone hcl cap 40 mg</i> (generic of GEODON) | Preferred | QL (2 ea per day); AGE (Min age 8 years) |
| <i>ziprasidone hcl cap 60 mg</i> (generic of GEODON) | Preferred | QL (2 ea per day); AGE (Min age 8 years) |
| <i>ziprasidone hcl cap 80 mg</i> (generic of GEODON) | Preferred | QL (2 ea per day); AGE (Min age 8 years) |
| <i>ziprasidone mesylate for inj 20 mg</i> (base equivalent) (generic of GEODON) | 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) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| 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) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <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) |
| <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) (generic of SAPHRIS)</i> | Non Preferred | PA; AGE (Min age 8 years) |
| <i>asenapine maleate sl tab 5 mg (base equiv) (generic of SAPHRIS)</i> | Non Preferred | PA; AGE (Min age 8 years) |
| <i>asenapine maleate sl tab 10 mg (base equiv) (generic of SAPHRIS)</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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>clozapine tab 25 mg</i> (generic of CLOZARIL) | Preferred | AGE (Min age 8 years) |
| <i>clozapine tab 50 mg</i> (generic of CLOZARIL) | Preferred | QL (2 ea per day); AGE (Min age 8 years) |
| <i>clozapine tab 100 mg</i> (generic of CLOZARIL) | Preferred | AGE (Min age 8 years) |
| <i>clozapine tab 200 mg</i> (generic of CLOZARIL) | Preferred | AGE (Min age 8 years) |
| CLOZARIL TAB 25MG | Non Preferred | PA; AGE (Min age 8 years) |
| CLOZARIL TAB 50MG | Non Preferred | 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</i> (generic of ZYPREXA) | Non Preferred | PA; AGE (Min age 8 years) |
| <i>olanzapine orally disintegrating tab 5 mg</i> (generic of ZYPREXA ZYDIS) | Preferred | AGE (Min age 8 years) |
| <i>olanzapine orally disintegrating tab 10 mg</i> (generic of ZYPREXA ZYDIS) | Preferred | AGE (Min age 8 years) |
| <i>olanzapine orally disintegrating tab 15 mg</i> (generic of ZYPREXA ZYDIS) | Preferred | AGE (Min age 8 years) |
| <i>olanzapine orally disintegrating tab 20 mg</i> (generic of ZYPREXA ZYDIS) | Preferred | AGE (Min age 8 years) |
| <i>olanzapine tab 2.5 mg</i> (generic of ZYPREXA) | Preferred | QL (1 ea per day); AGE (Min age 8 years) |
| <i>olanzapine tab 5 mg</i> (generic of ZYPREXA) | Preferred | QL (1 ea per day); AGE (Min age 8 years) |
| <i>olanzapine tab 7.5 mg</i> (generic of ZYPREXA) | Preferred | QL (1 ea per day); AGE (Min age 8 years) |
| <i>olanzapine tab 10 mg</i> (generic of ZYPREXA) | Preferred | QL (1 ea per day); AGE (Min age 8 years) |
| <i>olanzapine tab 15 mg</i> (generic of ZYPREXA) | Preferred | QL (1 ea per day); AGE (Min age 8 years) |
| <i>olanzapine tab 20 mg</i> (generic of ZYPREXA) | Preferred | QL (1 ea per day); AGE (Min age 8 years) |
| <i>quetiapine fumarate tab 25 mg</i> (generic of SEROQUEL) | Preferred | QL (2 ea per day); AGE (Min age 8 years) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|------------------|---|
| 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) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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) |
| <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 2MG MANT | Non Preferred | PA; AGE (Min age 8 years) |
| ABILIFY MYCI TAB 2MG STRT | Non Preferred | PA; AGE (Min age 8 years) |
| ABILIFY MYCI TAB 5MG | Non Preferred | PA; AGE (Min age 8 years) |
| ABILIFY MYCI TAB 5MG MANT | Non Preferred | PA; AGE (Min age 8 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| ABILIFY MYCI TAB 5MG STRT | Non Preferred | PA; AGE (Min age 8 years) |
| ABILIFY MYCI TAB 10MG | Non Preferred | PA; AGE (Min age 8 years) |
| ABILIFY MYCI TAB 10MG MNT | Non Preferred | PA; AGE (Min age 8 years) |
| ABILIFY MYCI TAB 10MG STR | Non Preferred | PA; AGE (Min age 8 years) |
| ABILIFY MYCI TAB 15MG | Non Preferred | PA; AGE (Min age 8 years) |
| ABILIFY MYCI TAB 15MG MNT | Non Preferred | PA; AGE (Min age 8 years) |
| ABILIFY MYCI TAB 15MG STR | Non Preferred | PA; AGE (Min age 8 years) |
| ABILIFY MYCI TAB 20MG | Non Preferred | PA; AGE (Min age 8 years) |
| ABILIFY MYCI TAB 20MG MNT | Non Preferred | PA; AGE (Min age 8 years) |
| ABILIFY MYCI TAB 20MG STR | Non Preferred | PA; AGE (Min age 8 years) |
| ABILIFY MYCI TAB 30MG | Non Preferred | PA; AGE (Min age 8 years) |
| ABILIFY MYCI TAB 30MG MNT | Non Preferred | PA; AGE (Min age 8 years) |
| ABILIFY MYCI TAB 30MG STR | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>aripiprazole tab 10 mg</i> (generic of ABILIFY) | Preferred | QL (1 ea per day); AGE (Min age 8 years) |
| <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 |
|------------------------|-----------|-----|

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 400MG | Preferred | |
| DELSTRIGO TAB | Preferred | |
| DESCOVY TAB 200/25MG | 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 (generic of TRUVADA)</i> | Preferred | QL (1 ea per day) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)</i> | Preferred | QL (1 ea per day) |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)</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) |
| EPIVIR SOL 10MG/ML | Non Preferred | PA, QL (30 mL per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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) (generic of LEXIVA)</i> | Preferred | QL (4 ea per day) |
| FUZEON INJ 90MG | Non Preferred | 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 (generic of EPIVIR)</i> | Preferred | QL (30 mL per day) |
| <i>lamivudine tab 150 mg (generic of EPIVIR)</i> | Preferred | QL (2 ea per day) |
| <i>lamivudine tab 300 mg (generic of EPIVIR)</i> | Preferred | QL (1 ea per day) |
| <i>lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)</i> | 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) (generic of KALETRA)</i> | Preferred | QL (16 mL per day) |
| <i>nevirapine susp 50 mg/5ml (generic of VIRAMUNE)</i> | 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 (generic of VIRAMUNE XR)</i> | Preferred | QL (1 ea per day) |
| NORVIR POW 100MG | Preferred | |
| NORVIR SOL 80MG/ML | Preferred | QL (15 mL per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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) |
| SYMTUZA TAB | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 |
| VALCYTE TAB 450MG | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 | SP, 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 | SP, PA |
| HARVONI PAK 45-200MG | Non Preferred | SP, PA |
| HARVONI TAB 45-200MG | Non Preferred | SP, 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 |
| <i>ribavirin cap 200 mg</i> | Preferred | SP |
| <i>ribavirin tab 200 mg</i> | Preferred | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------|------------------|----------------------------|
| SOFOS/VELPAT TAB 400-100 | Preferred | SP, PA, QL (1 ea per day) |
| SOVALDI PAK 150MG | Non Preferred | SP, PA |
| SOVALDI PAK 200MG | Non Preferred | SP, PA |
| SOVALDI TAB 200MG | Non Preferred | SP, 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 | |
| <i>oseltamivir phosphate cap 45 mg (base equiv) (generic of TAMIFLU)</i> | Preferred | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |
| COREG CR CAP 40MG | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 |
| KAPSPARGO CAP 25MG | Non Preferred | PA |
| KAPSPARGO CAP 50MG | Non Preferred | PA |
| KAPSPARGO CAP 100MG | Non Preferred | PA |
| KAPSPARGO CAP 200MG | Non Preferred | PA |
| LOPRESSOR TAB 50MG | Non Preferred | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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) |
| BETA BLOCKERS NON-SELECTIVE | | |
| 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) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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) |
| <i>sorine tab 120mg (generic of BETAPACE)</i> | Preferred | QL (2 ea per day) |
| <i>sorine tab 160mg (generic of BETAPACE)</i> | 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 (generic of BETAPACE AF)</i> | Non Preferred | PA, QL (2 ea per day) |
| <i>sotalol hcl (afib/afl) tab 120 mg (generic of BETAPACE AF)</i> | Non Preferred | PA, QL (2 ea per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|----------------------------|----------------------------|
| <i>sotalol hcl (afib/af) 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> SOTYLIZE SOL 5MG/ML | Preferred Non Preferred | QL (2 ea per day) 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</i> (base equivalent) (generic of NORVASC) | Preferred | QL (1 ea per day) |
| <i>amlodipine besylate tab 5 mg</i> (base equivalent) (generic of NORVASC) | Preferred | QL (1 ea per day) |
| <i>amlodipine besylate tab 10 mg</i> (base equivalent) (generic of NORVASC) | Preferred | QL (1 ea per day) |
| CALAN SR TAB 120MG | Non Preferred | PA, QL (3 ea per day) |
| CALAN SR TAB 180MG | Non Preferred | PA, QL (2 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 |
| CARDIZEM LA TAB 120MG | Non Preferred | PA |
| CARDIZEM LA TAB 180MG | Non Preferred | PA |
| CARDIZEM LA TAB 240MG | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 | |
| <i>diltiazem hcl coated beads tab er 24hr 240 mg</i> (generic of CARDIZEM LA) | Preferred | |
| <i>diltiazem hcl coated beads tab er 24hr 300 mg</i> (generic of CARDIZEM LA) | Preferred | |
| <i>diltiazem hcl coated beads tab er 24hr 360 mg</i> (generic of CARDIZEM LA) | Preferred | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 | |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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) |
| SULAR TAB 8.5MG | Non Preferred | PA |
| SULAR TAB 17MG | Non Preferred | PA |
| SULAR TAB 34MG | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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) |
| <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) |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 |
| 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 |
|------------------|-----------|--------|

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

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------|---------------|---------------------|
| 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 | SP, 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 | |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <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 | |
| CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING | | |
| LIQUIDS | | |
| BENZYL BENZO LIQ | Preferred | AGE (Min age 16 years and Max age 60 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------|------------------|--|
| 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 tab (generic of SEASONIQUE)</i> | 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 (generic of SEASONIQUE)</i> | 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) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <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) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <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 (generic of SEASONIQUE)</i> | 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) (generic of MIRCETTE)</i> | 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>dolishale tab 90-20mcg</i> | Preferred | AGE (Min age 10 years and Max age 55 years) |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i> | Preferred | AGE (Min age 10 years and Max age 55 years) |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i> | Preferred | AGE (Min age 10 years and Max age 55 years) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>elimest 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>hailey 24 tab fe</i> | Preferred | AGE (Min age 10 years and Max age 55 years) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <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) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <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) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <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) |
| <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>merzee cap 1/20 (generic of TAYTULLA)</i> | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <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) |
| NEXTSTELLIS TAB 3-14.2MG | Preferred | AGE (Min age 10 years and Max age 55 years) |
| <i>nikki 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>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | Preferred | AGE (Min age 10 years and Max age 55 years) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <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) |
| <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>pimtrea 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <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</i> (generic of QUARTETTE) | 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</i> (generic of MIRCETTE) | Preferred | QL (1 ea per day); AGE (Min age 10 years and Max age 55 years) |
| <i>simpesse tab</i> (generic of SEASONIQUE) | 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) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <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) |
| <i>trivora-28 tab</i> | Preferred | AGE (Min age 10 years and Max age 55 years) |
| TYBLUME CHW 0.1-0.02 | Preferred | QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years) |
| <i>tydemy tab</i> (generic of SAFYRAL) | Preferred | 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>vestura 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <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) |
| 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) |
| <i>zafemy dis 150/35</i> | Preferred | AGE (Min age 10 years and Max age 55 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| 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 | |
| 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 | |
| LILETTA IUD 52MG | Preferred | |
| MIRENA IUD SYSTEM | Preferred | |
| SKYLA IUD 13.5MG | Preferred | |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| <i>camila tab 0.35mg</i> | Preferred | AGE (Min age 10 years and Max age 55 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------|------------------|---|
| <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) |
| <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 |
| 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) |
| DEXAMETHASON CON 1MG/ML | Preferred | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 | SP, PA |
| EMFLAZA TAB 6MG | Non Preferred | SP, PA |
| EMFLAZA TAB 18MG | Non Preferred | SP, PA |
| EMFLAZA TAB 30MG | Non Preferred | SP, PA |
| EMFLAZA TAB 36MG | Non Preferred | SP, 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 |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>methylprednisolone tab 8 mg</i> (generic of MEDROL) | Preferred | QL (6 ea per day) |
| <i>methylprednisolone tab 16 mg</i> (generic of MEDROL) | Preferred | QL (4 ea per day) |
| <i>methylprednisolone tab 32 mg</i> (generic of MEDROL) | Preferred | QL (2 ea per day) |
| <i>methylprednisolone tab therapy pack 4 mg (21)</i> (generic of MEDROL DOSEPAK) | 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)</i> (generic of ORAPRED ODT) | Non Preferred | PA |
| <i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i> (generic of ORAPRED ODT) | Non Preferred | PA |
| <i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i> (generic of ORAPRED ODT) | Non Preferred | PA |
| <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> (generic of PEDIAPRED) | 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) |
| <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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------|------------------|----------------------------|
| 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) |
|---|-----------|-------------------|

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 |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <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>prometh vc syp 6.25-5/5</i> | Preferred | QL (60 mL per day); AGE (Max age 64 years) |
| <i>prometh vc/ syp codeine</i> | Preferred | QL (60 mL per day); AGE (Min age 2 years and Max age 64 years) |
| <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) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <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) |
|--------------------------------------|-----------|---------------------|

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) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| 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) |
| ATRALIN GEL 0.05% | 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 |
|---|------------------|--|
| <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) |
| <i>clindamycin phosphate gel 1%</i> | Preferred | QL (2 mL per day); AGE (Min age 10 years) |
| <i>clindamycin phosphate lotion 1%</i> (generic of CLEOCIN-T) | Preferred | QL (10 mL per day); AGE (Min age 10 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <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) |
| <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) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>isotretinoin cap 10 mg</i> (generic of ISOTRETINOIN CAP 10 MG) | 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 20 mg</i> (generic of ISOTRETINOIN CAP 20 MG) | Non Preferred | PA; AGE (Min age 12 years) |
| <i>isotretinoin cap 25 mg</i> (generic of ABSORICA) | 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 30 mg</i> (generic of ISOTRETINOIN CAP 30 MG) | Non Preferred | PA; AGE (Min age 12 years) |
| <i>isotretinoin cap 35 mg</i> (generic of ABSORICA) | Non Preferred | PA; AGE (Min age 12 years) |
| <i>isotretinoin cap 40 mg</i> | Non Preferred | PA; AGE (Min age 12 years) |
| <i>isotretinoin cap 40 mg</i> (generic of ISOTRETINOIN CAP 40 MG) | 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>sulfacetamide sodium w/ sulfur cream 10-5%</i> | Non Preferred | PA; AGE (Min age 10 years and Max age 20 years) |
| <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) |
| TAZAROTENE AER 0.1% | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>tretinoin gel 0.05%</i> (generic of ATRALIN) | Preferred | QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years) |
| <i>tretinoin gel 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>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 |
|-----------------|------------------|----|

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 DIS 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 |

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 |
| <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 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 |
| <i>oxiconazole nitrate cream 1% (generic of OXISTAT)</i> | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------|
| OXISTAT CRE 1% | Non Preferred | PA |
| OXISTAT LOT 1% | Non Preferred | PA |
| <i>tavaborole soln 5% (generic of KERYDIN)</i> | 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% (generic of CARAC)</i> | Non Preferred | PA |
| <i>fluorouracil cream 5% (generic of EFUDEX)</i> | 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 | |
| TARGRETIN GEL 1% | Preferred | SP |
| VALCHLOR GEL 0.016% | Non Preferred | PA |

ANTIPRURITICS - TOPICAL

| | | |
|-----------------------------|---------------|----|
| <i>doxepin hcl cream 5%</i> | Non Preferred | PA |
| PRUDOXIN CRE 5% | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| ZONALON CRE 5% | Non Preferred | PA |
| ANTIPSORIATICS | | |
| <i>acitretin cap 10 mg</i> (generic of SORIATANE) | Non Preferred | PA |
| <i>acitretin cap 17.5 mg</i> | Non Preferred | PA |
| <i>acitretin cap 25 mg</i> (generic of SORIATANE) | Non Preferred | PA |
| <i>calcipotriene cream 0.005%</i> (generic of DOVONEX) | Preferred | |
| <i>calcipotriene foam 0.005%</i> | Non Preferred | PA |
| <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</i> | Non Preferred | PA |
| SILIQ INJ 210/1.5 | Non Preferred | SP, PA |
| SKYRIZI INJ 150DOSE | Non Preferred | SP, PA |
| SORIATANE CAP 10MG | Non Preferred | PA |
| SORIATANE CAP 25MG | Non Preferred | PA |
| SORILUX AER 0.005% | Non Preferred | PA |
| STELARA INJ 45MG/0.5 | Non Preferred | SP, PA |
| STELARA INJ 90MG/ML | Non Preferred | SP, PA |
| TALTZ INJ 80MG/ML | Non Preferred | SP, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |

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) |
|---|-----------|-------------------|

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |
| <i>clobetasol propionate cream 0.05%</i> | Preferred | |
| <i>clobetasol propionate cream 0.05%</i> (generic of TEMOVATE) | Preferred | |
| <i>clobetasol propionate emollient base cream 0.05%</i> | Preferred | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 |
| <i>desoximetasone gel 0.05%</i> (generic of TOPICORT) | Non Preferred | PA |
| <i>desoximetasone oint 0.05%</i> (generic of TOPICORT) | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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-SMOOTHIE/FS BODY) | Preferred | QL (4 mL per day) |
| <i>fluocinolone acetonide oil 0.01% (scalp oil)</i> (generic of DERMA-SMOOTHIE/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 |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 |
| TOPICORT OIN 0.25% | Non Preferred | PA |
| TOPICORT SPR 0.25% | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <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 |
| TRILOCICLO 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 | Preferred | SP, PA; Pen-Injector |
| DUPIXENT INJ 300/2ML | 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 | | |
| <i>emollient - ointment</i> | 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) |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| ALDARA CRE 5% | Non Preferred | PA, QL (1 ea per day); AGE (Min age 10 years) |

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

IMMUNOSUPPRESSIVE AGENTS - TOPICAL

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 | SP, PA |
| QUTENZA KIT 8% 2-PCH | Non Preferred | SP, PA |
| SYNERA DIS 70-70MG | Non Preferred | PA |
| ZTLIDO PAD 1.8% | Non Preferred | PA |
| MISC. DERMATOLOGICAL PRODUCTS | | |
| HYLATOPIC CRE PLUS | Non Preferred | PA |
| HYLATOPIC LOT PLUS | Non Preferred | PA |
| NUVAIL SOL 16% | Non Preferred | PA |
| TETRIX CRE | Non Preferred | PA |
| MISC. TOPICAL | | |
| <i>americerin cre</i> | Preferred | OTC |
| <i>dermacerin cre</i> | Preferred | OTC |
| HYCLODEX SOL 0.012% | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| HYPOCYN SPR | 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 |
| 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 | |
| MIRVASO GEL 0.33% | Non Preferred | PA |
| NORITATE CRE 1% | Non Preferred | PA |
| ORACEA CAP 40MG | Non Preferred | PA |
| RHOFADE CRE 1% | Non Preferred | PA |
| <i>rosadan cre 0.75%</i> (generic of METROCREAM) | Preferred | |
| <i>rosadan gel 0.75%</i> | Preferred | |
| ROSADAN KIT 0.75% | Non Preferred | PA |
| SOOLANTRA CRE 1% | Non Preferred | PA |
| ZILXI AER 1.5% | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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 treatmt liq 1%</i> | Preferred | OTC |
| <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 |
| <i>spinosad susp 0.9%</i> | Non Preferred | PA |

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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------|------------------|-------------------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|-------------------------------|
| 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 |
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|-------------------------------|
| 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 |
| 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 |
| FORA 6 MIS CONNECT | Non Preferred | PA, QL (4 ea per day), OTC |
| FORA ADVANCE TES PRO | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------|------------------|-------------------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|----------------------------|
| 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 |
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------|------------------|-------------------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------|------------------|-------------------------------|
| 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 |
| TRUETRACK TES | Non Preferred | PA, QL (4 ea per day), OTC |
| TRUETRACK TES BLD GLUC | 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------|------------------|----------------------------|
| 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) |
| <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 | SP, 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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) |
| EDECRIN TAB 25MG | Non Preferred | PA |
| <i>ethacrynic acid tab 25 mg (generic of EDECRIN)</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) |
| LASIX TAB 80MG | Non Preferred | PA, QL (6 ea per day) |
| <i>torseamide tab 5 mg</i> | Preferred | QL (2 ea per day) |
| <i>torseamide tab 10 mg</i> | Preferred | QL (4 ea per day) |
| <i>torseamide tab 20 mg</i> | Preferred | QL (4 ea per day) |
| <i>torseamide 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>triamterene cap 100 mg</i> (generic of DYRENIUM) | 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 | SP, PA |
| ISTURISA TAB 5MG | Non Preferred | SP, PA |
| ISTURISA TAB 10MG | Non Preferred | SP, 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</i> (generic of FOSAMAX) | 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</i> (generic of MIACALCIN) | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 ATELVIA)</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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| NORDITROPIN INJ 30/3ML | Non Preferred | SP, PA |
| NUTROPIN AQ INJ 10MG/2ML | Non Preferred | SP, PA |
| NUTROPIN AQ INJ 20MG/2ML | Non Preferred | SP, PA |
| NUTROPIN AQ INJ NUSPIN 5 | Non Preferred | SP, PA |
| OMNITROPE INJ 5.8MG | Non Preferred | SP, PA |
| OMNITROPE INJ 5/1.5ML | Non Preferred | SP, PA |
| OMNITROPE INJ 10/1.5ML | Non Preferred | SP, PA |
| SAIZEN INJ 5MG | Non Preferred | SP, PA |
| SAIZEN INJ 8.8MG | Non Preferred | SP, PA |
| SAIZENPREP INJ 8.8MG | Non Preferred | SP, PA |
| SEROSTIM INJ 4MG | Non Preferred | SP, PA |
| SEROSTIM INJ 5MG | Non Preferred | SP, PA |
| SEROSTIM INJ 6MG | Non Preferred | SP, PA |
| ZOMACTON INJ 5MG | Non Preferred | SP, PA |
| ZOMACTON INJ 10MG | Non Preferred | SP, PA |
| ZORBTIVE INJ 8.8MG | Non Preferred | SP, PA |
| HORMONE RECEPTOR MODULATORS | | |
| 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 |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| SYNAREL SOL 2MG/ML | Non Preferred | SP, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| METABOLIC MODIFIERS | | |
| BUPHENYL POW | Non Preferred | SP, PA |
| BUPHENYL TAB 500MG | Non Preferred | SP, PA |
| <i>calcitriol cap 0.5 mcg</i> (generic of ROCALTROL) | Preferred | QL (4 ea per day) |
| <i>calcitriol cap 0.25 mcg</i> (generic of ROCALTROL) | Preferred | QL (4 ea per day) |
| <i>calcitriol oral soln 1 mcg/ml</i> (generic of ROCALTROL) | Preferred | |
| CARBAGLU TAB 200MG | Non Preferred | SP, 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</i> (base equiv) (generic of SENSIPAR) | Non Preferred | PA |
| <i>cinacalcet hcl tab 60 mg</i> (base equiv) (generic of SENSIPAR) | Non Preferred | PA |
| <i>cinacalcet hcl tab 90 mg</i> (base equiv) (generic of SENSIPAR) | Non Preferred | PA |
| CITRULLINE TAB EASY 1GM | Non Preferred | PA |
| CYSTADANE POW | Non Preferred | SP, 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 | SP, 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 | SP |
| <i>nitisinone cap 5 mg</i> (generic of ORFADIN) | Preferred | SP |
| <i>nitisinone cap 10 mg</i> (generic of ORFADIN) | Preferred | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| NITYR TAB 2MG | Non Preferred | SP, PA |
| NITYR TAB 5MG | Non Preferred | SP, PA |
| NITYR TAB 10MG | Non Preferred | SP, PA |
| ORFADIN CAP 2MG | Preferred | SP |
| ORFADIN CAP 5MG | Preferred | SP |
| ORFADIN CAP 10MG | Preferred | SP |
| ORFADIN CAP 20MG | Preferred | SP |
| ORFADIN SUS 4MG/ML | Non Preferred | SP, PA |
| <i>paricalcitol cap 1 mcg (generic of ZEMPLAR)</i> | Non Preferred | PA |
| <i>paricalcitol cap 2 mcg (generic of ZEMPLAR)</i> | 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) |
| 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 tab 100 mg (generic of KUVAN)</i> | Non Preferred | SP, PA |
| SENSIPAR TAB 30MG | Non Preferred | PA |
| SENSIPAR TAB 60MG | Non Preferred | PA |
| SENSIPAR TAB 90MG | Non Preferred | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ZEMPLAR CAP 2MCG | Non Preferred | PA |
| POSTERIOR PITUITARY HORMONES | | |
| DDAVP SOL 0.01% | Non Preferred | PA |
| DDAVP TAB 0.1MG | Non Preferred | PA, QL (4 ea per day) |
| DDAVP TAB 0.2MG | Non Preferred | PA, QL (5 ea per day) |
| <i>desmopressin acetate nasal spray soln 0.01%</i> | Preferred | |
| <i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> | Preferred | |
| <i>desmopressin acetate tab 0.1 mg (generic of DDAVP)</i> | Preferred | QL (4 ea per day) |
| <i>desmopressin acetate tab 0.2 mg (generic of DDAVP)</i> | Preferred | 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 | SP, PA |
| SIGNIFOR INJ 0.6MG/ML | Non Preferred | SP, PA |
| SIGNIFOR INJ 0.9MG/ML | Non Preferred | SP, PA |
| SIGNIFOR LAR INJ 10MG | Non Preferred | SP, PA |
| SIGNIFOR LAR INJ 20MG | Non Preferred | SP, PA |
| SIGNIFOR LAR INJ 30MG | Non Preferred | SP, PA |
| SIGNIFOR LAR INJ 40MG | Non Preferred | SP, PA |
| SIGNIFOR LAR INJ 60MG | Non Preferred | SP, PA |
| SOMATULINE INJ 60/0.2ML | Non Preferred | SP, PA |
| SOMATULINE INJ 90/0.3ML | Non Preferred | SP, PA |
| SOMATULINE INJ 120/.5ML | Non Preferred | SP, PA |
| VASOPRESSIN RECEPTOR ANTAGONISTS | | |
| JYNARQUE PAK 30-15MG | Non Preferred | SP, PA |
| JYNARQUE PAK 45-15MG | Non Preferred | SP, PA |
| JYNARQUE PAK 60-30MG | Non Preferred | SP, PA |
| JYNARQUE PAK 90-30MG | Non Preferred | SP, PA |
| JYNARQUE TAB 15MG | Non Preferred | SP, PA |
| JYNARQUE TAB 30MG | Non Preferred | SP, PA |
| SAMSCA TAB 15MG | Non Preferred | SP, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|---------------|---------------------|
| SAMSCA TAB 30MG | Non Preferred | SP, PA |
| <i>tolvaptan tab 15 mg</i> | Non Preferred | SP, PA |
| <i>tolvaptan tab 30 mg</i> (generic of SAMSCA) | 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</i> (generic of ACTIVELLA) | Preferred | |
| ANGELIQ TAB 0.5-1MG | Non Preferred | PA |
| ANGELIQ TAB 0.25-0.5 | Non Preferred | PA |
| BIJUVA CAP 1-100MG | Non Preferred | PA |
| CLIMARA PRO DIS WEEKLY | Non Preferred | PA |
| COMBIPATCH DIS | Preferred | |
| DUAVEE TAB 0.45-20 | Non Preferred | PA |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | Preferred | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA) | Preferred | |
| FEMHRT TAB 0.5-2.5 | Non Preferred | PA, QL (1 ea per day) |
| <i>fyavolv tab 0.5-2.5</i> (generic of FEMHRT) | 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</i> (generic of ACTIVELLA) | Preferred | |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (generic of FEMHRT) | Non Preferred | PA, QL (1 ea per day) |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> | Non Preferred | PA |
| ORIAHNN CAP | Preferred | PA |
| PREFEST TAB | Non Preferred | PA |
| PREMPHASE TAB | Preferred | |
| PREMPRO TAB | Preferred | |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------|------------------|----------------------------|
| 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 |
| 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 (generic of VIVELLE-DOT)</i> | Preferred | |
| <i>dotti dis 0.05mg (generic of VIVELLE-DOT)</i> | Preferred | |
| <i>dotti dis 0.025mg (generic of VIVELLE-DOT)</i> | Preferred | |
| <i>dotti dis 0.075mg (generic of VIVELLE-DOT)</i> | Preferred | |
| <i>dotti dis 0.0375mg (generic of VIVELLE-DOT)</i> | Preferred | |
| ELESTRIN GEL 0.06% | Non Preferred | PA |
| ESTRACE TAB 0.5MG | Non Preferred | PA, QL (1 ea per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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 | |
| <i>estradiol td patch weekly 0.075 mg/24hr</i> (generic of CLIMARA) | Preferred | |
| <i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> (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 |

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

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

| | | |
|---|---------------|---|
| BAXDELA TAB 450MG | Non Preferred | PA; AGE (Min age 16 years) |
| CIPRO (5%) SUS 250MG/5 | Non Preferred | PA; AGE (Min age 16 years) |
| CIPRO (10%) SUS 500MG/5 | Non Preferred | PA; AGE (Min age 16 years) |
| CIPRO TAB 250MG | Non Preferred | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |
|------------------|---------------|----|

ANTIPLATULENTS

| | | |
|-------------------------------------|-----------|-----|
| <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 |

BILE ACID SYNTHESIS DISORDER AGENTS

| | | |
|-------------------|---------------|--------|
| CHOLBAM CAP 50MG | Non Preferred | SP, PA |
| CHOLBAM CAP 250MG | Non Preferred | SP, 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 | SP, PA |
| RELTONE CAP 200MG | Non Preferred | PA |
| RELTONE CAP 400MG | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>ursodiol tab 500 mg</i> (generic of URSO FORTE) | Non Preferred | PA, QL (2 ea per day) |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| <i>cromolyn sodium oral conc 100 mg/5ml</i> (generic of GASTROCROM) | 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) |
| <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</i> (generic of COLAZAL) | Preferred | |
| CANASA SUP 1000MG | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 | |
| <i>mesalamine tab delayed release 1.2 gm (generic of LIALDA)</i> | Non Preferred | PA |
| <i>mesalamine tab delayed release 800 mg (generic of ASACOL HD)</i> | Non Preferred | PA |
| PENTASA CAP 250MG CR | Preferred | |
| PENTASA CAP 500MG CR | Preferred | |
| REMICADE INJ 100MG | Non Preferred | SP, PA |
| RENFLEXIS INJ 100MG | Non Preferred | SP, PA |
| ROWASA KIT 4GM | Non Preferred | PA |
| SFROWASA ENE 4GM | Preferred | |
| STELARA INJ 5MG/ML | Non Preferred | SP, PA |
| <i>sulfasalazine tab 500 mg (generic of AZULFIDINE)</i> | Preferred | QL (10 ea per day) |
| <i>sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)</i> | Preferred | QL (8 ea per day) |
| INTESTINAL ACIDIFIERS | | |
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i> | Preferred | QL (180 mL per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| <i>alosetron hcl tab 0.5 mg (base equiv)</i> (generic of LOTRONEX) | Non 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 |
| LOTRONEX TAB 0.5MG | Non Preferred | PA |
| LOTRONEX TAB 1MG | Non Preferred | PA |
| VIBERZI TAB 75MG | Non Preferred | PA |
| VIBERZI TAB 100MG | Non Preferred | PA |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| <i>alvimopan cap 12 mg (generic of ENTEREG)</i> | Non Preferred | PA |
| ENTEREG CAP 12MG | Non Preferred | PA |
| MOVANTIK TAB 12.5MG | Non Preferred | PA |
| MOVANTIK TAB 25MG | Non Preferred | PA |
| RELISTOR INJ 8/0.4ML | Non Preferred | PA |
| RELISTOR INJ 12/0.6ML | Non Preferred | PA |
| RELISTOR TAB 150MG | Non Preferred | PA |
| 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)</i> (generic of PHOSLO) | Preferred | |
| <i>calcium acetate (phosphate binder) tab 667 mg</i> | Preferred | |
| FOSRENOL CHW 500MG | Non Preferred | PA |
| FOSRENOL CHW 750MG | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| FOSRENOL CHW 1000MG | Non Preferred | PA |
| FOSRENOL POW 750MG | Preferred | |
| FOSRENOL POW 1000MG | Preferred | |
| <i>lanthanum carbonate chew tab 500 mg (elemental)</i> (generic of FOSRENOL) | Preferred | |
| <i>lanthanum carbonate chew tab 750 mg (elemental)</i> (generic of FOSRENOL) | Preferred | |
| <i>lanthanum carbonate chew tab 1000 mg (elemental)</i> (generic of FOSRENOL) | Preferred | |
| PHOSLYRA SOL | Non Preferred | PA |
| RENAGEL TAB 800MG | Non Preferred | PA |
| REVELA POW 0.8GM | Non Preferred | PA |
| REVELA POW 2.4GM | Non Preferred | PA |
| REVELA TAB 800MG | Non Preferred | PA |
| <i>sevelamer carbonate packet 0.8 gm</i> (generic of REVELA) | Non Preferred | PA |
| <i>sevelamer carbonate packet 2.4 gm</i> (generic of REVELA) | Non Preferred | PA |
| <i>sevelamer carbonate tab 800 mg</i> (generic of REVELA) | Preferred | |
| <i>sevelamer hcl tab 400 mg</i> | Preferred | |
| <i>sevelamer hcl tab 800 mg</i> (generic of RENAGEL) | Preferred | |
| VELPHORO CHW 500MG | Non Preferred | PA |
| SHORT BOWEL SYNDROME (SBS) AGENTS | | |
| GATTEX KIT 5MG | Non Preferred | SP, PA |
| TRYPTOPHAN HYDROXYLASE INHIBITORS | | |
| XERMELO TAB 250MG | Non Preferred | SP, PA |
| GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS | | |
| ACIDIFIERS | | |
| K-PHOS TAB NO 2 | Non Preferred | PA |
| ALKALINIZERS | | |
| <i>cytra k gra crystals</i> | Non Preferred | PA |
| ORACIT SOL | Preferred | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |
| PROCYSBI CAP 25MG | Non Preferred | SP, PA |
| PROCYSBI CAP 75MG | Non Preferred | SP, PA |
| PROCYSBI GRA 75MG | Non Preferred | SP, PA |
| PROCYSBI GRA 300MG | Non Preferred | SP, PA |

INTERSTITIAL CYSTITIS AGENTS

| | | |
|-------------------|---------------|----|
| ELMIRON CAP 100MG | Non Preferred | PA |
|-------------------|---------------|----|

PROSTATIC HYPERTROPHY AGENTS

| | | |
|---|---------------|-------------------|
| <i>alfuzosin hcl tab er 24hr 10 mg (generic of UROXATRAL)</i> | 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 (generic of AVODART)</i> | Non Preferred | PA |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg (generic of JALYN)</i> | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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) |
| PYRIDIDIUM 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 |
| THIOLA TAB 100MG | 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) |
|--|-----------|-------------------|

GOUT AGENTS - DRUGS TO TREAT GOUT

| | | |
|---|---------------|-----------------------|
| <i>allopurinol tab 100 mg</i> (generic of ZYLOPRIM) | Preferred | QL (6 ea per day) |
| <i>allopurinol tab 300 mg</i> (generic of ZYLOPRIM) | Preferred | QL (4 ea per day) |
| <i>colchicine cap 0.6 mg</i> | Non Preferred | PA |
| <i>colchicine tab 0.6 mg</i> (generic of COLCRYS) | Non Preferred | PA, QL (2 ea per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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) |
|------------------------------|-----------|-------------------|

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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|----------------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------|------------------|----------------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 | SP, PA |
| TAVALISSE TAB 150MG | Non Preferred | SP, 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 | |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| PLAVIX TAB 75MG | Non Preferred | PA, QL (1 ea per day) |
| <i>prasugrel hcl tab 5 mg (base equiv)</i> (generic of EFFIENT) | Non Preferred | PA |
| <i>prasugrel hcl tab 10 mg (base equiv)</i> (generic of EFFIENT) | 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 | PA |
| ARANESP INJ 25MCG | Non Preferred | PA |
| ARANESP INJ 40MCG | Non Preferred | PA |
| ARANESP INJ 60MCG | Non Preferred | PA |
| ARANESP INJ 100MCG | Non Preferred | PA |
| ARANESP INJ 150MCG | Non Preferred | PA |
| ARANESP INJ 200MCG | Non Preferred | PA |
| ARANESP INJ 300MCG | Non Preferred | PA |
| ARANESP INJ 500MCG | Non Preferred | PA |
| DOPTELET TAB 20MG | Non Preferred | SP, PA |
| EPOGEN INJ 2000/ML | Preferred | PA |
| EPOGEN INJ 3000/ML | Preferred | PA |
| EPOGEN INJ 4000/ML | Preferred | PA |
| EPOGEN INJ 10000/ML | Preferred | PA |
| EPOGEN INJ 20000/ML | Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------|------------------|----------------------------|
| FULPHILA INJ 6/0.6ML | Non Preferred | PA, QL (0.6 mL / 11 days) |
| GRANIX INJ 300/0.5 | Non Preferred | PA |
| GRANIX INJ 300/1ML | Non Preferred | PA |
| GRANIX INJ 480/0.8 | Non Preferred | PA |
| GRANIX INJ 480/1.6 | Non Preferred | PA |
| LEUKINE INJ 250MCG | Preferred | |
| 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 | PA, QL (0.6 mL / 11 days) |
| NEULASTA KIT 6MG/0.6M | Non Preferred | PA, QL (0.6 mL / 11 days) |
| NEUPOGEN INJ 300/0.5 | Preferred | |
| NEUPOGEN INJ 300MCG | Preferred | |
| NEUPOGEN INJ 480/0.8 | Preferred | |
| NEUPOGEN INJ 480MCG | Preferred | |
| NIVESTYM INJ 300/0.5 | Non Preferred | PA |
| NIVESTYM INJ 300MCG | Non Preferred | PA |
| NIVESTYM INJ 480/0.8 | Non Preferred | PA |
| NIVESTYM INJ 480MCG | Non Preferred | PA |
| NPLATE INJ 125MCG | Non Preferred | SP, PA |
| NPLATE INJ 250MCG | Non Preferred | SP, PA |
| NPLATE INJ 500MCG | Non Preferred | SP, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------|------------------|----------------------------|
| NYVEPRIA INJ 6/0.6ML | Non Preferred | PA |
| PROCRIT INJ 2000/ML | Preferred | PA |
| PROCRIT INJ 3000/ML | Preferred | PA |
| PROCRIT INJ 4000/ML | Preferred | PA |
| PROCRIT INJ 10000/ML | Preferred | PA |
| PROCRIT INJ 20000/ML | Preferred | PA |
| PROCRIT INJ 40000/ML | Preferred | PA |
| PROMACTA PAK 25MG | Non Preferred | SP, 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 | SP, PA |
| REBLOZYL INJ 75MG | Non Preferred | SP, PA |
| RETACRIT INJ 2000UNIT | Non Preferred | PA |
| RETACRIT INJ 3000UNIT | Non Preferred | PA |
| RETACRIT INJ 4000UNIT | Non Preferred | PA |
| RETACRIT INJ 10000UNT | Non Preferred | PA |
| RETACRIT INJ 20000UNI | Non Preferred | PA |
| RETACRIT INJ 40000UNT | Non Preferred | PA |
| UDENYCA INJ 6MG/.6ML | Non Preferred | PA, QL (0.6 mL / 11 days) |
| ZARXIO INJ 300/0.5 | Non Preferred | PA |
| ZARXIO INJ 480/0.8 | Non Preferred | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |
| 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|------------------|------------------|----------------------------|
| 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 |
| <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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>temazepam cap 15 mg</i> (generic of RESTORIL) | Preferred | QL (1 ea per day) |
| <i>temazepam cap 22.5 mg</i> (generic of RESTORIL) | Preferred | |
| <i>temazepam cap 30 mg</i> (generic of RESTORIL) | Preferred | QL (1 ea per day) |
| <i>triazolam tab 0.25 mg</i> (generic of HALCION) | 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</i> (generic of AMBIEN) | Preferred | QL (2 ea per day) |
| <i>zolpidem tartrate tab 10 mg</i> (generic of AMBIEN) | Preferred | QL (1 ea per day) |
| <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 | SP, PA |
| HETLIOZ LQ SUS 4MG/ML | Non Preferred | PA |
| <i>ramelteon tab 8 mg</i> (generic of ROZEREM) | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------|---------------|---------------------|
| 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 |

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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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 | | |
| BENZOCAINE-DOCUSATE SODIUM RECTAL ENEMA 20-283 MG | 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 |
| <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 (generic of ZITHROMAX)</i> | Preferred | QL (20 mL per day) |
| <i>azithromycin for susp 200 mg/5ml (generic of ZITHROMAX)</i> | 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 (generic of ZITHROMAX)</i> | Preferred | |
| <i>azithromycin tab 500 mg (generic of ZITHROMAX)</i> | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------|------------------|----------------------------|
| 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 (generic of BIAxin XL)</i> | 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 | |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------|------------------|------------------------------------|
| 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 FASTCLIX | Preferred | OTC |
| ACCU-CHEK KIT GUIDE | 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 |
| 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 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|------------------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|------------------------------|
| 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 |
| 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 |
| COMFORT TCH MIS LANC 30G | Preferred | OTC |
| COMFORT TCH MIS LANC 31G | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|----------------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------|------------------|----------------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|----------------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|----------------------------|
| 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 |
| 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 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------|------------------|----------------------------|
| 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 |
| 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 21G | Preferred | OTC |
| GNP LANCETS MIS THIN | Preferred | OTC |
| GNP LANCETS MIS THIN 26G | Preferred | OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|------------------------------|
| GOJJI LANCET MIS 30G | Preferred | OTC |
| GOODSENSE MIS LANC 26G | Preferred | OTC |
| GOODSENSE MIS LANC 30G | Preferred | OTC |
| 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 |
| IGLUOSE 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|----------------------------|
| KROGER BGM KIT PREMIUM | Non Preferred | PA, QL (1 ea / year), OTC |
| KROGER BGM KIT SYSTEM | Non Preferred | PA, QL (1 ea / year), OTC |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|------------------------------|
| MEDLANCE PLS MIS EXTR 21G | Preferred | OTC |
| MEDLANCE PLS MIS LITE 25G | Preferred | OTC |
| MEDLANCE PLS MIS UNIV 21G | Preferred | OTC |
| 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 |
| MINILINK RT MIS TRANSMIT | Non Preferred | PA |
| MINIMED 630G MIS TRANSMIT | Non Preferred | PA |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|----------------------------|
| 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 |
| 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 |
| PARADIGM REA MIS TRANSMIT | Non Preferred | PA |
| 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 |
| POGO AUTOMAT MIS MONITOR | Non Preferred | PA, 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|----------------------------|
| 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 |
| PRO VOICE V8 MIS SYSTEM | Non Preferred | PA, OTC |
| PRO VOICE V9 MIS SYSTEM | Non Preferred | PA, OTC |
| 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 |
| PURE COMFORT MIS 30G LAN | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|------------------------------|
| REALITY MIS LANCETS | Preferred | OTC |
| REALITY TRIG MIS LANCETS | Preferred | 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 |
| 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 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 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|------------------------------|
| SMART SENSE MIS LANC 33G | Preferred | OTC |
| SMARTEST KIT EJECT | Non Preferred | PA, QL (1 ea / year), OTC |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|----------------------------|
| TRUE FOCUS MIS METER | Non Preferred | PA, OTC |
| 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 |
| TRUE METRIX MIS AIR | 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 28G | 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 33G | Preferred | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|----------------------------|
| 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 |
| 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 |
| ESSENTRA MIS 9X9" | Preferred | QL (8 ea per day) |

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 |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------|------------------|----------------------------------|
| 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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| 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 |
| 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 | |
| EASY FLOW MIS BLCK/BLU | Preferred | OTC |
| EASY FLOW MIS BLCK/ORG | Preferred | OTC |
| EASY FLOW MIS BLCK/RED | Preferred | OTC |
| EASY FLOW MIS BLCK/WHT | Preferred | OTC |
| EASY FLOW MIS BLCK/YEL | Preferred | OTC |
| EASY FLOW MIS WHT/BLUE | Preferred | OTC |
| EASY FLOW MIS WHT/GREE | Preferred | OTC |
| EASY FLOW MIS WHT/PINK | Preferred | OTC |
| EASY FLOW MIS WHT/WHT | Preferred | OTC |
| EASY FLOW MIS WHT/YELL | Preferred | OTC |
| 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 INTERRUPT | 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 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| MIGRAINE PRODUCTS - NSAIDS | | |
| CAMBIA POW 50MG | Non Preferred | PA |
| 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 |
| 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 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| RELPAK 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) |
| <i>sumatriptan nasal spray 20 mg/act (generic of IMITREX)</i> | Preferred | QL (6 ea / 20 days) |
| <i>sumatriptan succinate inj 6 mg/0.5ml (generic of IMITREX)</i> | Preferred | QL (4 mL / 25 days) |
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml (generic of IMITREX STATDOSE SYSTEM)</i> | Preferred | |
| <i>sumatriptan succinate solution auto-injector 6 mg/0.5ml (generic of IMITREX STATDOSE SYSTEM)</i> | Preferred | |
| <i>sumatriptan succinate solution cartridge 4 mg/0.5ml (generic of IMITREX STATDOSE REFILL)</i> | Preferred | |
| <i>sumatriptan succinate solution cartridge 6 mg/0.5ml (generic of IMITREX STATDOSE REFILL)</i> | Preferred | |
| <i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i> | Preferred | |
| <i>sumatriptan succinate tab 25 mg (generic of IMITREX)</i> | Preferred | QL (9 ea / 25 days) |
| <i>sumatriptan succinate tab 50 mg (generic of IMITREX)</i> | Preferred | QL (9 ea / 25 days) |
| <i>sumatriptan succinate tab 100 mg (generic of IMITREX)</i> | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>zolmitriptan orally disintegrating tab 2.5 mg (generic of ZOMIG ZMT)</i> | Non Preferred | PA |
| <i>zolmitriptan orally disintegrating tab 5 mg (generic of ZOMIG ZMT)</i> | Non Preferred | PA |
| <i>zolmitriptan tab 2.5 mg (generic of ZOMIG)</i> | Non Preferred | PA |
| <i>zolmitriptan tab 5 mg (generic of ZOMIG)</i> | 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 |
| ZOMIG ZMT TAB 2.5 MG | Non Preferred | PA |
| ZOMIG ZMT TAB 5MG ODT | Non Preferred | PA |

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

| | | |
|---|-----------|-----|
| <i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i> | Preferred | OTC |
| <i>calcium carbonate tab 1500 mg (600 mg elemental ca)</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 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| calcium carbonate-vitamin d tab 600 mg-400 unit | Preferred | OTC |
| calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca) | Preferred | OTC |
| calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca) | Preferred | OTC |
| calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) | Preferred | OTC |
| calcium-magnesium-zinc tab 333-133-5 mg | Preferred | OTC |
| oys shell+d tab 250-125 | Preferred | OTC |
| oyster shell calcium tab 500 mg | Preferred | OTC |
| RISACAL-D TAB | Preferred | OTC |

ELECTROLYTE MIXTURES

| | | |
|---------------------------|-----------|-----|
| oral electrolyte solution | Preferred | OTC |
|---------------------------|-----------|-----|

FLUORIDE

| | | |
|---|-----------|----------------------|
| sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) | Preferred | QL (1 ea per day) |
| sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) | Preferred | QL (1 ea per day) |
| sodium fluoride chew tab 1 mg f (from 2.2 mg naf) | Preferred | QL (1 ea per day) |
| sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) | Preferred | QL (1.67 mL per day) |

MAGNESIUM

| | | |
|--|-----------|-----|
| magnesium gluconate tab 27.5 mg (elemental mg) | Preferred | OTC |
| magnesium oxide tab 400 mg (240 mg elemental mg) | Preferred | OTC |
| magnesium oxide tab 400 mg (241.3 mg elemental mg) | Preferred | OTC |
| magnesium oxide tab 500 mg (mg supplement) | Preferred | OTC |
| magnesium tab 250 mg | Preferred | OTC |

PHOSPHATE

| | | |
|--|-----------|-------------------|
| pot phos monobasic w/sod phos di & monobas tab 155-852-130mg | Preferred | QL (4 ea per day) |
|--|-----------|-------------------|

POTASSIUM

| | | |
|---|-----------|-------------------|
| klor-con 8 tab 8meq er | Preferred | QL (4 ea per day) |
| klor-con 10 tab 10meq er | Preferred | QL (4 ea per day) |
| potassium bicarbonate effer tab 25 meq | Preferred | QL (2 ea per day) |
| potassium chloride cap er 8 meq | Preferred | QL (4 ea per day) |
| potassium chloride cap er 10 meq | Preferred | QL (4 ea per day) |
| potassium chloride microencapsulated crys er tab 10 meq | Preferred | QL (4 ea per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>potassium chloride microencapsulated cycler 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 |
|---------------------------------|-----------|-----|

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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------|------------------|----------------------------|
| 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 |
| 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>gengraf cap 25mg</i> (generic of NEORAL) | Preferred | QL (15 ea per day) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>gengraf cap 100mg</i> (generic of NEORAL) | Preferred | QL (10 ea per day) |
| <i>gengraf sol 100mg/ml</i> (generic of NEORAL) | Preferred | QL (10 mL per day) |
| IMURAN TAB 50MG | Non Preferred | PA, QL (8 ea per day) |
| LUPKYNIS CAP 7.9MG | Non Preferred | PA |
| <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) |
| <i>mycophenolate sodium tab dr 180 mg</i> (mycophenolic acid equiv) (generic of MYFORTIC) | Preferred | |
| <i>mycophenolate sodium tab dr 360 mg</i> (mycophenolic acid equiv) (generic of MYFORTIC) | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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</i> (generic of RAPAMUNE) | Preferred | |
| <i>sirolimus tab 0.5 mg</i> (generic of RAPAMUNE) | Preferred | |
| <i>sirolimus tab 1 mg</i> (generic of RAPAMUNE) | Preferred | |
| <i>sirolimus tab 2 mg</i> (generic of RAPAMUNE) | Preferred | |
| <i>tacrolimus cap 0.5 mg</i> (generic of PROGRAF) | Preferred | QL (2 ea per day) |
| <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 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 |
|-----------------------|---------------|--------|

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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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 | |
| DENTAL PRODUCTS | | |
| <i>denta 5000 cre plus</i> | Non Preferred | PA |
| <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. | | |
| AQUORAL SPR | Non Preferred | PA |
| <i>cevimeline hcl cap 30 mg</i> (generic of EVOXAC) | Non Preferred | PA |
| EVOXAC CAP 30MG | Non Preferred | PA |
| GELX GEL | Non Preferred | PA |
| <i>pilocarpine hcl tab 5 mg</i> (generic of SALAGEN) | Preferred | |
| <i>pilocarpine hcl tab 7.5 mg</i> (generic of SALAGEN) | Preferred | |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

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 |
| WEST-VITE TAB W/FA | Preferred | OTC |

MULTIPLE VITAMINS W/ IRON

| | | |
|--------------------------------------|-----------|------------------------|
| <i>multiple vitamins w/ iron tab</i> | Preferred | QL (1 ea per day), OTC |
|--------------------------------------|-----------|------------------------|

MULTIPLE VITAMINS W/ MINERALS

| | | |
|--|-----------|--|
| ADULT 50+ CAP OCUVITE | Preferred | QL (1 ea per day), OTC; AGE (Min age 4 years) |
| AQUADEKS CHW | Preferred | QL (2 ea per day), OTC; AGE (Min age 4 years) |
| CENTRUM 50+ CHW FRSH/FRU | Preferred | QL (2 ea per day), OTC; AGE (Min age 4 years) |
| 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) |
| ONE-DAILY CAP MULTI | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------|------------------|--|
| 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 | |

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>novamv ped dro 10mg/ml</i> | Preferred | OTC |
|-------------------------------|-----------|-----|

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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) |
| 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 PAK ESSENCE | 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 |
| M-NATAL PLUS TAB | Preferred | QL (1 ea per day); AGE (Min age 10 years and Max age 55 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------|------------------|--|
| 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) |
| NIVA-PLUS TAB | Preferred | QL (1 ea per day); AGE (Min age 10 years and Max age 55 years) |
| OB COMPLETE CAP ONE | Non Preferred | PA; AGE (Min age 10 years and Max age 55 years) |
| OB COMPLETE CAP PETITE | Non Preferred | PA; AGE (Min age 10 years and Max age 55 years) |
| OB COMPLETE TAB | Preferred | AGE (Min age 10 years and Max age 55 years) |
| OB COMPLETE TAB PREMIER | Non Preferred | PA; AGE (Min age 10 years and Max age 55 years) |
| OB COMPLETE/ CAP DHA | Non Preferred | PA; AGE (Min age 10 years and Max age 55 years) |
| PNV TABS TAB 29-1MG | Preferred | QL (1 ea per day); AGE (Min age 10 years and Max age 55 years) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| PRENAISSANCE CAP PLUS | Non Preferred | PA; AGE (Min age 10 years and Max age 55 years) |
| PRENATAL FRM TAB A-FREE | Preferred | OTC |
| PRENATAL TAB | Preferred | OTC |
| PRENATAL TAB 27-1MG | Preferred | QL (1 ea per day); AGE (Min age 10 years and Max age 55 years) |
| PRENATAL VIT TAB LOW IRON | Preferred | QL (1 ea per day); AGE (Min age 10 years and Max age 55 years) |
| PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG | Preferred | OTC |
| PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG | Preferred | OTC |
| PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK | Preferred | OTC |
| PRENATE AM TAB 1MG | Non Preferred | PA; AGE (Min age 10 years and Max age 55 years) |
| PRENATE CAP ENHANCE | Non Preferred | PA; AGE (Min age 10 years and Max age 55 years) |
| PRENATE CAP ESSENT | Non Preferred | PA; AGE (Min age 10 years and Max age 55 years) |
| PRENATE CAP PIXIE | Non Preferred | PA; AGE (Min age 10 years and Max age 55 years) |
| PRENATE CAP RESTORE | Non Preferred | PA; AGE (Min age 10 years and Max age 55 years) |
| PRENATE CHW 0.6-0.4 | Non Preferred | PA; AGE (Min age 10 years and Max age 55 years) |
| PRENATE DHA CAP | Non Preferred | PA; AGE (Min age 10 years and Max age 55 years) |
| 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) |
| PRENATRIX TAB | Non Preferred | PA, QL (1 ea per day); AGE (Min age 10 years and Max age 55 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------|------------------|--|
| PRENATRYL TAB | Non Preferred | PA, QL (1 ea per day); AGE (Min age 10 years and Max age 55 years) |
| PREPLUS TAB 27-1MG | Preferred | QL (1 ea per day); 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) |
| TRICARE PRE CAP 27-1-500 | Non Preferred | PA; AGE (Min age 10 years and Max age 55 years) |
| TRICARE TAB PRENATAL | Preferred | QL (1 ea per day); AGE (Min age 10 years and Max age 55 years) |
| TRISTART CAP FREE | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|--|
| 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) |
| VP-PNV-DHA CAP | Non Preferred | PA; AGE (Min age 10 years and Max age 55 years) |
| WESTAB PLUS TAB 27-1MG | Preferred | QL (1 ea per day); AGE (Min age 10 years and Max age 55 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------|---------------|---|
| 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</i> | Preferred | QL (10 ea per day) |
| <i>orphenadrine citrate tab er 12hr 100 mg</i> | Preferred | QL (2 ea per day) |
| OZOBAX SOL 5MG/5ML | Non Preferred | PA |
| SKELAXIN TAB 800MG | Non Preferred | PA |
| SOMA TAB 250MG | Non Preferred | PA |

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

NASAL ANTIALLERGY

| | | |
|--|-----------|----------------------|
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> | Preferred | QL (30 mL / 25 days) |
|--|-----------|----------------------|

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 (generic of COSOPT PF)</i> | Non Preferred | PA |
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)</i> | 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% (generic of TIMOPTIC-XE)</i> | Preferred | |
| <i>timolol maleate ophth gel forming soln 0.25% (generic of TIMOPTIC-XE)</i> | Preferred | |
| <i>timolol maleate ophth soln 0.5% (generic of TIMOPTIC)</i> | Preferred | |
| <i>timolol maleate ophth soln 0.5% (once-daily) (generic of ISTALOL)</i> | Preferred | |
| <i>timolol maleate ophth soln 0.25% (generic of TIMOPTIC)</i> | Preferred | |
| <i>timolol maleate preservative free ophth soln 0.5% (generic of TIMOPTIC OCUDOSE)</i> | 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 |
|---------------|---------------|----|

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 | SP, PA |
|-----------------------|---------------|--------|

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 gel 0.5%</i> (generic of LOTE MAX) | 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | Non Preferred | PA |
| TOBRADEX OIN 0.3-0.1% | Non Preferred | PA |
| TOBRADEX ST SUS 0.3-0.05 | Non Preferred | PA |
| TOBRADEX SUS 0.3-0.1% | Non Preferred | PA |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i> | 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>brinzolamide ophth susp 1% (generic of AZOPT)</i> | Non Preferred | PA |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> | Non Preferred | PA |
| BROMSITE DRO 0.075% | Non Preferred | PA |
| <i>cromolyn sodium ophth soln 4%</i> | Preferred | |
| CYSTADROPS SOL 0.37% | Non Preferred | SP, PA |
| CYSTARAN SOL 0.44% | Non Preferred | SP, PA |
| <i>diclofenac sodium ophth soln 0.1%</i> | Preferred | |
| <i>dorzolamide hcl ophth soln 2% (generic of TRUSOPT)</i> | Preferred | |
| <i>epinastine hcl ophth soln 0.05%</i> | Non Preferred | PA |
| FLUORE/BENOX SOL 0.3-0.4% | Non Preferred | PA |
| <i>flurbiprofen sodium ophth soln 0.03%</i> | Preferred | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>glostrips mis 1mg op</i> | Non Preferred | PA |
| ILEVRO DRO 0.3% OP | Non Preferred | PA |
| <i>ketorolac tromethamine ophth soln 0.4% (generic of ACULAR LS)</i> | Preferred | |
| <i>ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)</i> | Preferred | QL (10 mL / 25 days) |
| <i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> | 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) |
| PAREMYD SOL 1-0.25% | Non Preferred | PA |
| 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% (generic of XALATAN)</i> | 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% (benzalkonium free) (bak free) (generic of TRAVATAN Z)</i> | 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------|---------------|---------------------|
| 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 |

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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 | |
| <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 |

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

| | | |
|---|---------------|-----------------------|
| <i>AYGESTIN TAB 5MG</i> | 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 |
| <i>MAKENA INJ 250MG/ML</i> | Preferred | SP, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| MAKENA INJ 275MG | Preferred | SP, PA |
| <i>medroxyprogesterone acetate tab 2.5 mg</i> (generic of PROVERA) | Preferred | QL (2 ea per day) |
| <i>medroxyprogesterone acetate tab 5 mg</i> (generic of PROVERA) | Preferred | QL (2 ea per day) |
| <i>medroxyprogesterone acetate tab 10 mg</i> (generic of PROVERA) | Preferred | QL (2 ea per day) |
| <i>megestrol acetate susp 625 mg/5ml</i> | Non Preferred | PA |
| <i>norethindrone acetate tab 5 mg</i> (generic of AYGESTIN) | Non Preferred | PA, QL (1 ea per day) |
| <i>progesterone cap 100 mg</i> (generic of PROMETRIUM) | Preferred | QL (1 ea per day) |
| <i>progesterone cap 200 mg</i> (generic of PROMETRIUM) | Preferred | QL (2 ea per day) |
| <i>progesterone im in oil 50 mg/ml</i> | Preferred | |
| 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) |
| <i>disulfiram tab 500 mg</i> | Preferred | QL (1 ea per day) |
| LUCEMYRA TAB 0.18MG | Preferred | |

ANTI-CATAPLECTIC AGENTS

| | | |
|--------------------|---------------|--------|
| XYREM SOL 500MG/ML | Non Preferred | SP, PA |
| XYWAV SOL 0.5GM/ML | Non Preferred | SP, 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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) |
| <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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>rivastigmine td patch 24hr 13.3 mg/24hr</i> (generic of EXELON) | Non Preferred | PA |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| <i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i> | Preferred | |
| <i>chlordiazepoxide-amitriptyline tab 10-25 mg</i> | Preferred | |
| <i>olanzapine-fluoxetine hcl cap 3-25 mg</i> (generic of SYMBYAX) | Non Preferred | PA |
| <i>olanzapine-fluoxetine hcl cap 6-25 mg</i> (generic of SYMBYAX) | Non Preferred | PA |
| <i>olanzapine-fluoxetine hcl cap 6-50 mg</i> | Non Preferred | PA |
| <i>olanzapine-fluoxetine hcl cap 12-25 mg</i> | Non Preferred | PA |
| <i>olanzapine-fluoxetine hcl cap 12-50 mg</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 |
| 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 | SP, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| INGREZZA CAP 40MG | Non Preferred | SP, PA |
| INGREZZA CAP 80MG | Non Preferred | SP, 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 | SP, 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>glatopa inj 20mg/ml</i> (generic of COPAXONE) | Non Preferred | SP, PA |
| <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 | Non Preferred | PA |
| PLEGRIDY INJ PEN | Non Preferred | SP, PA |
| PLEGRIDY INJ STARTER | Non Preferred | SP, PA |
| PLEGRIDY PEN INJ STARTER | Non Preferred | SP, PA |
| PONVORY TAB 20MG | Non Preferred | PA |
| PONVORY TAB STARTER | Non Preferred | PA |
| REBIF INJ 22/0.5 | Preferred | SP |
| REBIF INJ 44/0.5 | Preferred | SP |
| REBIF REBIDO INJ 22/0.5 | Preferred | SP |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|----------------------------|
| 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 |
| 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

| | | |
|--|---------------|----|
| GRALISE TAB 300MG | Non Preferred | PA |
| GRALISE TAB 600MG | Non Preferred | PA |
| LYRICA CR TAB 82.5MG | Non Preferred | PA |
| LYRICA CR TAB 165MG | Non Preferred | PA |
| LYRICA CR TAB 330MG | Non Preferred | PA |
| <i>pregabalin tab er 24hr 82.5 mg (generic of LYRICA CR)</i> | Non Preferred | PA |
| <i>pregabalin tab er 24hr 165 mg (generic of LYRICA CR)</i> | Non Preferred | PA |
| <i>pregabalin tab er 24hr 330 mg (generic of LYRICA CR)</i> | 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 |
|----------------------|---------------|----|

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

| | | |
|------------------------------------|-----------|--|
| <i>ergoloid mesylates tab 1 mg</i> | Preferred | |
|------------------------------------|-----------|--|

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 |
| <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 | SP, PA |
| VASOMOTOR SYMPTOM AGENTS | | |
| BRISDELLE CAP 7.5MG | Non Preferred | PA |
| <i>paroxetine mesylate cap 7.5 mg (base equiv) (generic of BRISDELLE)</i> | Non Preferred | PA |
| RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS | | |
| CYSTIC FIBROSIS AGENTS | | |
| BRONCHITOL CAP 40MG | Non Preferred | SP, PA |
| BRONCHITOL CAP TOL TEST | Non Preferred | SP, PA |
| KALYDECO PAK 25MG | Non Preferred | SP, PA |
| KALYDECO PAK 50MG | Non Preferred | SP, PA |
| KALYDECO PAK 75MG | Non Preferred | SP, PA |

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

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

AMINOMETHYLCYCLINES

| | | |
|------------------|---------------|--------|
| NUZYRA TAB 150MG | Non Preferred | SP, PA |
|------------------|---------------|--------|

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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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) |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>minocycline hcl tab er 24hr 90 mg</i> | Non Preferred | PA |
| <i>minocycline hcl tab er 24hr 105 mg</i> (generic of SOLODYN) | Non Preferred | PA |
| <i>minocycline hcl tab er 24hr 115 mg</i> (generic of SOLODYN) | 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</i> (generic of VIBRAMYCIN) | Preferred | |
| <i>morgidox cap 2x100mg</i> (generic of VIBRAMYCIN) | Preferred | |
| MORGIDOX KIT 1X100MG | Non Preferred | PA |
| MORGIDOX KIT 2X100MG | Non Preferred | PA |
| SOLODYN TAB 55MG | Non Preferred | PA |
| SOLODYN TAB 65MG | Non Preferred | PA |
| SOLODYN TAB 80MG | Non Preferred | PA |
| SOLODYN TAB 105MG | Non Preferred | PA |
| SOLODYN TAB 115MG | Non Preferred | PA |
| <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) |
|---|-----------|-------------------|

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 |
| 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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) |
| <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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|----------------------------|
| 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 |
| 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 |

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

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

| | | |
|------------------------|-----------|---|
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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) |
| 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) |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 |
| <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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| 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 |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>misoprostol tab 200 mcg</i> (generic of CYTOTEC) | 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</i> (generic of ZEGERID) | Non Preferred | PA |
| <i>omeprazole-sodium bicarbonate cap 40-1100 mg</i> (generic of ZEGERID) | Non Preferred | PA |
| <i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i> (generic of ZEGERID) | Non Preferred | PA |
| <i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i> (generic of ZEGERID) | Non Preferred | PA |
| PYLERA CAP | Non Preferred | PA |
| TALICIA CAP | Non Preferred | PA |
| ZEGERID CAP 20-1100 | Non Preferred | PA |
| ZEGERID CAP 40-1100 | Non Preferred | PA |
| 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</i> (base equiv) (generic of ENABLEX) | Non Preferred | PA |
| <i>darifenacin hydrobromide tab er 24hr 15 mg</i> (base equiv) (generic of ENABLEX) | Non Preferred | PA |
| DETROL LA CAP 2MG | Non Preferred | PA |
| DETROL LA CAP 4MG | Non Preferred | PA |
| DETROL TAB 1MG | Non Preferred | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 |
| <i>tolterodine tartrate cap er 24hr 4 mg (generic of DETROL LA)</i> | Non Preferred | PA |
| <i>tolterodine tartrate tab 1 mg (generic of DETROL)</i> | Non Preferred | PA, QL (2 ea per day) |
| <i>tolterodine tartrate tab 2 mg (generic of DETROL)</i> | 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 LS SUS 5MG/5ML | Non Preferred | PA |
| VESICARE TAB 5MG | Non Preferred | PA |
| VESICARE TAB 10MG | Non Preferred | PA |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS | | |
| GEMTESA TAB 75MG | Non Preferred | PA |
| MYRBETRIQ TAB 25MG | Non Preferred | PA |
| MYRBETRIQ TAB 50MG | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

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) |
|---------------------------------|---------------|-----------------------|

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

| | | |
|---------------------------|-----------|--|
| ENGERIX-B INJ 10/0.5ML | Preferred | QL (Max 3 injections per lifetime); AGE (Min age 19 years) |
| ENGERIX-B INJ 20MCG/ML | Preferred | QL (Max 3 injections per lifetime); AGE (Min age 19 years) |
| HAVRIX INJ 720UNIT | Preferred | QL (Max 2 injections per lifetime); AGE (Min age 19 years) |
| HAVRIX INJ 1440UNIT | Preferred | QL (Max 2 injections per lifetime); AGE (Min age 19 years) |
| HEPLISAV-B INJ 20/0.5ML | Preferred | QL (Max 3 injections per lifetime); AGE (Min age 19 years) |
| RECOMBIVA HB INJ 5MCG/0.5 | Preferred | QL (Max 3 injections per lifetime); AGE (Min age 19 years) |
| RECOMBIVA HB INJ 10MCG/ML | Preferred | QL (Max 3 injections per lifetime); AGE (Min age 19 years) |
| SHINGRIX INJ 50/0.5ML | Preferred | QL (Max 2 injections per lifetime); AGE (Min age 50 years) |
| TWINRIX INJ | Preferred | QL (Max 3 injections per lifetime); AGE (Min age 19 years) |
| VAQTA INJ 25/0.5ML | Preferred | QL (Max 2 injections per lifetime); AGE (Min age 19 years) |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------|------------------|--|
| 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 |
| 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>estradiol vaginal tab 10 mcg</i> (generic of ESTRADIOL VAGINAL TAB 10 MCG) | Non Preferred | PA |
| ESTRING MIS 2MG | Non Preferred | PA |
| FEMRING MIS 0.1MG/24 | Non Preferred | PA |
| FEMRING MIS 0.05/24H | Non Preferred | PA |
| IMVEXXY MAIN SUP 4MCG | Non Preferred | PA |
| IMVEXXY MAIN SUP 10MCG | Non Preferred | PA |
| IMVEXXY STRT SUP 4MCG | Non Preferred | PA |
| IMVEXXY STRT SUP 10MCG | Non Preferred | PA |
| PREMARIN VAG CRE 0.625MG | Preferred | |
| VAGIFEM TAB 10MCG | Non Preferred | PA |

VAGINAL PROGESTINS

| | | |
|----------------------|---------------|----|
| 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) |
| SYMJEPI INJ 0.3MG | Non Preferred | PA |
| SYMJEPI INJ 0.15MG | Non Preferred | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------|------------------|----------------------------|
|------------------|------------------|----------------------------|

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

| | | |
|---|---------------|--------|
| <i>droxidopa cap 100 mg</i> (generic of NORTHERA) | Non Preferred | SP, PA |
| <i>droxidopa cap 200 mg</i> (generic of NORTHERA) | Non Preferred | SP, PA |
| <i>droxidopa cap 300 mg</i> (generic of NORTHERA) | Non Preferred | SP, PA |
| 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 |
| <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 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| <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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1.5 ML SYRNG MIS 22X1-1/2..... 275
10ML LL SYRN MIS 22GX1 274
10ML SYRINGE MIS 22GX1 275
- 3**
3ML LL SYRNG MIS 25GX5/8 274
3ML LUER LOC MIS 25GX5/8 274
3ML SYRINGE MIS 25GX5/8 275
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