



February 2022

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



Your Extended Family

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Medicaid**

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Room 509F, HHH Building
Washington, D.C. 20201

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Molina Healthcare of Michigan Preferred Drug List (Formulary)

(02/01/2022)

INTRODUCTION

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

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

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

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

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., *atorvastatin*).
- Listed products on the document generally include all strengths and dosage forms of the cited product.
- This document may not contain all available dosage forms (including injectable dosage forms).
- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products are listed separately.
- Dosage forms on the document will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In this document, *lowercase italicized* type indicates generic availability. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. This document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

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

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

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

PLAN DESIGN

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

CATEGORIES OF CONSIDERATION

OPIOID ANALGESICS

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

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (888) 373-3059. The forms may be obtained by logging into the website www.molinahealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from Molina Healthcare of Michigan Pharmacy Department, please provide relevant information with the Prior Authorization request such as medication log, progress notes documenting previous use of Formulary medications, and/or lab reports.

LEGEND

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

REQUESTING FORMULARY CHANGES

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

Email: MDHHSCommonFormulary@michigan.gov

STATE OF MICHIGAN, MEDICAID CARVE-OUT

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

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

STATE OF MICHIGAN, MEDICAID CARVE-OUT LIST

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

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

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

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

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

NON-COVERED MEDICATIONS

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

- Drugs for Cosmetic Purposes
- Experimental or Investigational Medications
- Convenience Dosage Forms not listed in the Formulary
- Fertility Drugs
- Sexual Dysfunction Drugs
- OTC Medications not listed on the Formulary
- Medications used for non-FDA approved indications, unless approved by Medical Director
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related or similar drugs (frequently referred to as “DESI 5 and 6” drugs)

URGENT AND AFTER-HOURS MEDICATION POLICY

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

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Effective 02/01/2022**Drug Name Drug Tier Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS
TO TREAT NERVOUS SYSTEM DISORDERS****ANALEPTICS**

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

ADIPEX-P CAP 37.5MG	Pref	PA, AGE; Min age 18
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ADIPEX-P TAB 37.5MG	Pref	PA, AGE; Min age 18
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<i>benzphetamine hcl tab 50 mg</i>	Pref	PA, AGE; Min age 18
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<i>diethylpropion hcl tab 25 mg</i>	Pref	PA, AGE; Min age 18
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<i>diethylpropion hcl tab er 24hr 75 mg</i>	Pref	PA, AGE; Min age 18
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LOMAIRA TAB 8MG	Pref	PA, AGE; Min age 18
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PHENDIMETRAZ CAP 105MG ER	Pref	PA, AGE; Min age 18
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<i>phendimetrazine tartrate tab 35 mg</i>	Pref	PA, AGE; Min age 18
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<i>phentermine hcl cap 15 mg</i>	Pref	PA, AGE; Min age 18
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<i>phentermine hcl cap 30 mg</i>	Pref	PA, AGE; Min age 18
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<i>phentermine hcl cap 37.5 mg (generic of ADIPEX-P)</i>	Pref	PA, AGE; Min age 18
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<i>phentermine hcl tab 37.5 mg (generic of ADIPEX-P)</i>	Pref	PA, AGE; Min age 18
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QSYMIA CAP 3.75-23	Pref	PA, AGE; Min age 18
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QSYMIA CAP 7.5-46MG	Pref	PA, AGE; Min age 18
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QSYMIA CAP 11.25-69	Pref	PA, AGE; Min age 18
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QSYMIA CAP 15-92MG	Pref	PA, AGE; Min age 18
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ANTI-OBESITY AGENTS

CONTRAVE TAB 8-90MG	Pref	PA, AGE; Min age 18
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SAXENDA INJ 18MG/3ML	Pref	PA, AGE; Min age 18
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WEGOVY INJ 0.5MG	Pref	PA, AGE; Min age 18
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WEGOVY INJ 0.25MG	Pref	PA, AGE; Min age 18
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WEGOVY INJ 1.7MG	Pref	PA, AGE; Min age 18
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WEGOVY INJ 1MG	Pref	PA, AGE; Min age 18
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WEGOVY INJ 2.4MG	Pref	PA, AGE; Min age 18
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XENICAL CAP 120MG	Pref	PA, AGE; Min age 18
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ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES**ALLERGENIC EXTRACTS**

PALFORZIA CAP ESCALAT	Pref	SP, PA, AGE; Min age 4; Max age 17
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PALFORZIA CAP LEVEL 1	Pref	SP, PA, AGE; Min age 4; Max age 17
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PALFORZIA CAP LEVEL 2	Pref	SP, PA, AGE; Min age 4; Max age 17
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Drug Name	Drug Tier	Requirements/Limits
PALFORZIA CAP LEVEL 3	Pref	SP, PA, AGE; Min age 4; Max age 17
PALFORZIA CAP LEVEL 4	Pref	SP, PA, AGE; Min age 4; Max age 17
PALFORZIA CAP LEVEL 5	Pref	SP, PA, AGE; Min age 4; Max age 17
PALFORZIA CAP LEVEL 6	Pref	SP, PA, AGE; Min age 4; Max age 17
PALFORZIA CAP LEVEL 7	Pref	SP, PA, AGE; Min age 4; Max age 17
PALFORZIA CAP LEVEL 8	Pref	SP, PA, AGE; Min age 4; Max age 17
PALFORZIA CAP LEVEL 9	Pref	SP, PA, AGE; Min age 4; Max age 17
PALFORZIA CAP LEVEL 10	Pref	SP, PA, AGE; Min age 4; Max age 17
PALFORZIA POW LEVEL 11	Pref	SP, PA, AGE; Min age 4; Max age 17

ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

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

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

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

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10/0.1ML	Pref	SP; BIOLOGIC
HUMIRA INJ 20/0.2ML	Pref	SP; BIOLOGIC
HUMIRA INJ 40/0.4ML	Pref	SP; BIOLOGIC
HUMIRA KIT 40MG/0.8	Pref	SP; BIOLOGIC
HUMIRA PEDIA INJ CROHNS	Pref	SP; BIOLOGIC
HUMIRA PEN INJ 40/0.4ML	Pref	SP; BIOLOGIC
HUMIRA PEN INJ 40MG/0.8	Pref	SP; BIOLOGIC
HUMIRA PEN INJ 80/0.8ML	Pref	SP; BIOLOGIC
HUMIRA PEN INJ CD/UC/HS	Pref	SP; BIOLOGIC
HUMIRA PEN INJ PS/UV	Pref	SP; BIOLOGIC
HUMIRA PEN KIT CD/UC/HS	Pref	SP; BIOLOGIC
HUMIRA PEN KIT PED UC	Pref	SP; BIOLOGIC
HUMIRA PEN KIT PS/UV	Pref	SP; BIOLOGIC
SIMPONI ARIA SOL 50MG/4ML	Non-Pref	SP, PA; BIOLOGIC
SIMPONI INJ 50/0.5ML	Non-Pref	SP, PA; BIOLOGIC
SIMPONI INJ 100MG/ML	Non-Pref	SP, PA; BIOLOGIC
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB 1MG	Non-Pref	SP, PA; BIOLOGIC
OLUMIANT TAB 2MG	Non-Pref	SP, PA; BIOLOGIC
RINVOQ TAB 15MG ER	Non-Pref	SP, PA; BIOLOGIC
XELJANZ SOL 1MG/ML	Non-Pref	SP, PA; BIOLOGIC
XELJANZ TAB 5MG	Non-Pref	SP, PA; BIOLOGIC
XELJANZ TAB 10MG	Non-Pref	SP, PA; BIOLOGIC
XELJANZ XR TAB 11MG	Non-Pref	SP, PA; BIOLOGIC
XELJANZ XR TAB 22MG	Non-Pref	SP, PA; BIOLOGIC
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 162/0.9	Non-Pref	SP, PA; BIOLOGIC
ACTEMRA INJ ACTPEN	Non-Pref	SP, PA; BIOLOGIC
KEVZARA INJ 150/1.14	Non-Pref	SP, PA; BIOLOGIC
KEVZARA INJ 200/1.14	Non-Pref	SP, PA; BIOLOGIC
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ARTHROTEC 50 TAB	Non-Pref	PA
ARTHROTEC 75 TAB	Non-Pref	PA
CELEBREX CAP 50MG	Non-Pref	ST, PA, QL (2 caps / 1 day)
CELEBREX CAP 100MG	Non-Pref	ST, PA, QL (2 caps / 1 day)
CELEBREX CAP 200MG	Non-Pref	ST, PA, QL (2 caps / 1 day)

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen susp 40 mg/ml</i>	Pref	OTC
<i>ibuprofen susp 100 mg/5ml</i>	Pref	
<i>ibuprofen susp 100 mg/5ml</i>	Pref	OTC
<i>ibuprofen tab 100 mg</i>	Pref	OTC
<i>ibuprofen tab 200 mg</i>	Pref	OTC
<i>ibuprofen tab 400 mg</i>	Pref	
<i>ibuprofen tab 600 mg</i>	Pref	
<i>ibuprofen tab 800 mg</i>	Pref	
<i>ibuprofen-famotidine tab 800-26.6 mg</i> (generic of DUEXIS)	Non-Pref	PA
INDOCIN SUP 50MG	Non-Pref	PA
INDOCIN SUS 25MG/5ML	Non-Pref	PA
<i>indomethacin cap 25 mg</i>	Pref	
<i>indomethacin cap 50 mg</i>	Pref	
<i>indomethacin cap er 75 mg</i>	Non-Pref	PA
<i>ketoprofen cap 50 mg</i>	Pref	
<i>ketoprofen cap 75 mg</i>	Pref	
<i>ketoprofen cap er 24hr 200 mg</i>	Non-Pref	PA
KETOR TROMET SPR 15.75MG	Non-Pref	PA
<i>ketorolac tromethamine tab 10 mg</i>	Pref	QL (21 tabs / 30 days)
<i>lofena tab 25mg</i>	Non-Pref	PA
<i>meclofenamate sodium cap 50 mg</i>	Non-Pref	PA
<i>meclofenamate sodium cap 100 mg</i>	Non-Pref	PA
<i>mefenamic acid cap 250 mg</i>	Non-Pref	PA
<i>meloxicam cap 5 mg</i> (generic of VIVLODEX)	Non-Pref	PA
<i>meloxicam cap 10 mg</i> (generic of VIVLODEX)	Non-Pref	PA
<i>meloxicam tab 7.5 mg</i> (generic of MOBIC)	Pref	
<i>meloxicam tab 15 mg</i> (generic of MOBIC)	Pref	
MOBIC TAB 7.5MG	Non-Pref	PA
MOBIC TAB 15MG	Non-Pref	PA
<i>nabumetone tab 500 mg</i>	Pref	
<i>nabumetone tab 750 mg</i>	Pref	
NALFON CAP 400MG	Non-Pref	PA
NALFON TAB 600MG	Non-Pref	PA
NAPRELAN TAB 375MG CR	Non-Pref	PA
NAPRELAN TAB 500MG CR	Non-Pref	PA
NAPRELAN TAB 750MG CR	Non-Pref	PA
NAPROSYN SUS 125/5ML	Non-Pref	PA
<i>naproxen sodium cap 220 mg</i>	Pref	OTC
<i>naproxen sodium tab 220 mg</i>	Pref	OTC
<i>naproxen sodium tab 275 mg</i>	Non-Pref	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium tab 550 mg</i> (generic of ANAPROX DS)	Non-Pref	PA
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i> (generic of NAPRELAN)	Non-Pref	PA
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i> (generic of NAPRELAN)	Non-Pref	PA
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i> (generic of NAPRELAN)	Non-Pref	PA
<i>naproxen susp 125 mg/5ml</i> (generic of NAPROSYN)	Non-Pref	PA
<i>naproxen tab 250 mg</i>	Pref	
<i>naproxen tab 375 mg</i>	Pref	
<i>naproxen tab 500 mg</i> (generic of NAPROSYN)	Pref	
<i>naproxen tab ec 375 mg</i> (generic of EC-NAPROSYN)	Non-Pref	PA
<i>naproxen tab ec 500 mg</i> (generic of EC-NAPROSYN)	Non-Pref	PA
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> (generic of VIMOVO)	Non-Pref	PA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> (generic of VIMOVO)	Non-Pref	PA
<i>oxaprozin tab 600 mg</i> (generic of DAYPRO)	Non-Pref	PA
<i>piroxicam cap 10 mg</i> (generic of FELDENE)	Non-Pref	PA
<i>piroxicam cap 20 mg</i> (generic of FELDENE)	Non-Pref	PA
RELAFEN DS TAB 1000MG	Non-Pref	PA
SPRIX SPR 15.75MG	Non-Pref	PA
<i>sulindac tab 150 mg</i>	Pref	
<i>sulindac tab 200 mg</i>	Pref	
VIMOVO TAB 375-20MG	Non-Pref	PA
VIMOVO TAB 500-20MG	Non-Pref	PA
VIVLODEX CAP 5MG	Non-Pref	PA
VIVLODEX CAP 10MG	Non-Pref	PA
ZIPSOR CAP 25MG	Non-Pref	PA
ZORVOLEX CAP 18MG	Non-Pref	PA
ZORVOLEX CAP 35MG	Non-Pref	PA
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	Non-Pref	SP, PA; BIOLOGIC
OTEZLA TAB 30MG	Non-Pref	SP, PA; BIOLOGIC
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i> (generic of ARAVA)	Pref	QL (1 tab / 1 day)
<i>leflunomide tab 20 mg</i> (generic of ARAVA)	Pref	QL (1 tab / 1 day)
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	Non-Pref	SP, PA; BIOLOGIC

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

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 50/0.4ML	Non-Pref	SP, PA; BIOLOGIC
ORENCIA INJ 87.5/0.7	Non-Pref	SP, PA; BIOLOGIC
ORENCIA INJ 125MG/ML	Non-Pref	SP, PA; BIOLOGIC

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ 25/0.5ML	Pref	SP; BIOLOGIC
ENBREL INJ 25MG	Pref	SP; BIOLOGIC
ENBREL INJ 50MG/ML	Pref	SP; BIOLOGIC
ENBREL MINI INJ 50MG/ML	Pref	SP; BIOLOGIC
ENBREL SRCLK INJ 50MG/ML	Pref	SP; BIOLOGIC

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>bac tab</i> (generic of ESGIC)	Pref	AGE; Min age 10; Max age 64
<i>butalbital-acetaminophen tab 50-325 mg</i>	Pref	AGE; Min age 10; Max age 64
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (generic of ESGIC)	Pref	AGE; Min age 10; Max age 64
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Pref	AGE; Max age 64

ANALGESICS OTHER

<i>acetaminophen cap 500 mg</i>	Pref	OTC
<i>acetaminophen chew tab 80 mg</i>	Pref	OTC
<i>acetaminophen disintegrating tab 160 mg</i>	Pref	OTC
<i>acetaminophen elixir 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen soln 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen suppos 120 mg</i>	Pref	OTC
<i>acetaminophen suppos 650 mg</i>	Pref	OTC
<i>acetaminophen susp 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen tab 325 mg</i>	Pref	OTC
<i>acetaminophen tab 500 mg</i>	Pref	OTC
<i>acetaminophen tab er 650 mg</i>	Pref	OTC
FEVERALL SUP 325MG	Pref	OTC
TYLENOL CHLD SUS 160/5ML	Pref	OTC
TYLENOL TAB 325MG	Pref	OTC
TYLENOL TAB 500MG	Pref	OTC

SALICYLATES

<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	Pref	AGE, OTC; Min age 40; Max age 79
<i>aspirin chew tab 81 mg</i>	Pref	QL (1 tab / 1 day), OTC
ASPIRIN SUP 300MG	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>aspirin tab 325 mg</i>	Pref	QL (1 tab / 1 day), AGE, OTC; Min age 40; Max age 79
<i>aspirin tab delayed release 81 mg</i>	Pref	QL (1 tab / 1 day), OTC
<i>aspirin tab delayed release 325 mg</i>	Pref	QL (1 tab / 1 day), AGE, OTC; Min age 40; Max age 79
BUFFERIN TAB 325MG	Pref	AGE, OTC; Min age 40; Max age 79
<i>diflunisal tab 500 mg</i>	Non-Pref	PA

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

ACTIQ LOZ 200MCG	Non-Pref	PA, QL (120 lozenges / 27 days); MED
ACTIQ LOZ 400MCG	Non-Pref	PA, QL (120 lozenges / 27 days); MED
ACTIQ LOZ 600MCG	Non-Pref	PA, QL (120 lozenges / 27 days); MED
ACTIQ LOZ 800MCG	Non-Pref	PA, QL (120 lozenges / 27 days); MED
ACTIQ LOZ 1200MCG	Non-Pref	PA, QL (120 lozenges / 27 days); MED
ACTIQ LOZ 1600MCG	Non-Pref	PA, QL (120 lozenges / 27 days); MED
CODEINE SULF TAB 15MG	Pref	QL (180 tabs / 27 days); MED
CODEINE SULF TAB 60MG	Pref	QL (180 tabs / 27 days); MED
<i>codeine sulfate tab 30 mg</i>	Pref	QL (180 tabs / 27 days); MED
CONZIP CAP 100MG	Non-Pref	PA; MED
CONZIP CAP 200MG	Non-Pref	PA; MED
CONZIP CAP 300MG	Non-Pref	PA; MED
DILAUDID LIQ 1MG/ML	Non-Pref	PA, QL (120 mL / 27 days); MED
DILAUDID TAB 2MG	Non-Pref	PA, QL (180 tabs / 27 days); MED
DILAUDID TAB 4MG	Non-Pref	PA, QL (165 tabs / 27 days); MED
DILAUDID TAB 8MG	Non-Pref	PA, QL (84 tabs / 27 days); MED
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	Non-Pref	PA, QL (120 tabs / 27 days); MED
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	Non-Pref	PA, QL (120 tabs / 27 days); MED

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	Non-Pref	PA, QL (120 tabs / 27 days); MED
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	Non-Pref	PA, QL (120 tabs / 27 days); MED
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	Non-Pref	PA, QL (120 tabs / 27 days); MED
<i>fentanyl citrate lozenge on a handle 200 mcg (generic of ACTIQ)</i>	Non-Pref	PA, QL (120 lozenges / 27 days); MED
<i>fentanyl citrate lozenge on a handle 400 mcg (generic of ACTIQ)</i>	Non-Pref	PA, QL (120 lozenges / 27 days); MED
<i>fentanyl citrate lozenge on a handle 600 mcg (generic of ACTIQ)</i>	Non-Pref	PA, QL (120 lozenges / 27 days); MED
<i>fentanyl citrate lozenge on a handle 800 mcg (generic of ACTIQ)</i>	Non-Pref	PA, QL (120 lozenges / 27 days); MED
<i>fentanyl citrate lozenge on a handle 1200 mcg (generic of ACTIQ)</i>	Non-Pref	PA, QL (120 lozenges / 27 days); MED
<i>fentanyl citrate lozenge on a handle 1600 mcg (generic of ACTIQ)</i>	Non-Pref	PA, QL (120 lozenges / 27 days); MED
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Pref	10 per fill; MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Pref	10 per fill; MED
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Pref	10 per fill; MED
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Pref	10 per fill; MED
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Pref	10 per fill; MED
FENTORA TAB 100MCG	Non-Pref	PA, QL (120 tabs / 27 days); MED
FENTORA TAB 200MCG	Non-Pref	PA, QL (120 tabs / 27 days); MED
FENTORA TAB 400MCG	Non-Pref	PA, QL (120 tabs / 27 days); MED
FENTORA TAB 600MCG	Non-Pref	PA, QL (120 tabs / 27 days); MED
FENTORA TAB 800MCG	Non-Pref	PA, QL (120 tabs / 27 days); MED
<i>hydrocodone bitartrate tab er 24hr deter 20 mg (generic of HYSINGLA ER)</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 30 mg (generic of HYSINGLA ER)</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 40 mg (generic of HYSINGLA ER)</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 60 mg (generic of HYSINGLA ER)</i>	Non-Pref	PA; MED

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate tab er 24hr deter 80 mg (generic of HYSINGLA ER)</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 100 mg (generic of HYSINGLA ER)</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 120 mg (generic of HYSINGLA ER)</i>	Non-Pref	PA; MED
HYDROCODONE CAP 10MG ER	Non-Pref	PA; MED
HYDROCODONE CAP 15MG ER	Non-Pref	PA; MED
<i>hydrocodone cap 20mg er</i>	Non-Pref	PA; MED
HYDROCODONE CAP 30MG ER	Non-Pref	PA; MED
HYDROCODONE CAP 40MG ER	Non-Pref	PA; MED
HYDROCODONE CAP 50MG ER	Non-Pref	PA; MED
HYDROMORPHON SUP 3MG	Non-Pref	PA; MED
<i>hydromorphone hcl liqd 1 mg/ml (generic of DILAUDID)</i>	Pref	QL (120 mL / 27 days); MED
<i>hydromorphone hcl tab 2 mg (generic of DILAUDID)</i>	Pref	QL (180 tabs / 27 days); MED
<i>hydromorphone hcl tab 4 mg (generic of DILAUDID)</i>	Pref	QL (165 tabs / 27 days); MED
<i>hydromorphone hcl tab 8 mg (generic of DILAUDID)</i>	Pref	QL (84 tabs / 27 days); MED
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Non-Pref	PA; MED
HYSINGLA ER TAB 20 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 30 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 40 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 60 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 80 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 100 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 120 MG	Non-Pref	PA; MED
<i>levorphanol tartrate tab 2 mg</i>	Non-Pref	PA; MED
<i>levorphanol tartrate tab 3 mg</i>	Non-Pref	PA; MED
<i>meperidine hcl oral soln 50 mg/5ml</i>	Non-Pref	PA, QL (240 mL / 27 days); MED
<i>meperidine hcl tab 50 mg</i>	Non-Pref	PA, QL (120 tabs / 27 days); MED
<i>methadone hcl conc 10 mg/ml (generic of METHADOSE)</i>	Non-Pref	PA; MED
<i>methadone hcl soln 5 mg/5ml</i>	Non-Pref	PA; MED
<i>methadone hcl soln 10 mg/5ml</i>	Non-Pref	PA; MED
<i>methadone hcl tab 5 mg</i>	Non-Pref	PA; MED
<i>methadone hcl tab 10 mg</i>	Non-Pref	PA; MED

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

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tab for oral susp 40 mg</i>	Non-Pref	PA; MED
METHADOSE CON 10MG/ML	Non-Pref	PA; MED
METHADOSE SF CON 10MG/ML	Non-Pref	PA; MED
<i>methadose tab 40mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 10 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 20 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 30 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 50 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 60 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 80 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 100 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate oral soln 10 mg/5ml</i>	Pref	QL (240 mL / 27 days); MED
<i>morphine sulfate oral soln 20 mg/5ml</i>	Pref	QL (240 mL / 27 days); MED
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Pref	QL (120 mL / 27 days); MED
<i>morphine sulfate suppos 5 mg</i>	Pref	MED
<i>morphine sulfate suppos 10 mg</i>	Pref	MED
<i>morphine sulfate suppos 20 mg</i>	Pref	MED
<i>morphine sulfate suppos 30 mg</i>	Pref	MED
<i>morphine sulfate tab 15 mg</i>	Pref	QL (180 tabs / 27 days); MED
<i>morphine sulfate tab 30 mg</i>	Pref	QL (90 tabs / 27 days); MED
<i>morphine sulfate tab er 15 mg (generic of MS CONTIN)</i>	Pref	MED
<i>morphine sulfate tab er 30 mg (generic of MS CONTIN)</i>	Pref	MED
<i>morphine sulfate tab er 60 mg (generic of MS CONTIN)</i>	Pref	MED
<i>morphine sulfate tab er 100 mg (generic of MS CONTIN)</i>	Pref	MED
<i>morphine sulfate tab er 200 mg (generic of MS CONTIN)</i>	Pref	MED
MS CONTIN TAB 15MG ER	Non-Pref	PA; MED
MS CONTIN TAB 30MG ER	Non-Pref	PA; MED

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

Drug Name	Drug Tier	Requirements/Limits
MS CONTIN TAB 60MG ER	Non-Pref	PA; MED
MS CONTIN TAB 100MG ER	Non-Pref	PA; MED
MS CONTIN TAB 200MG ER	Non-Pref	PA; MED
NUCYNTA ER TAB 50MG	Non-Pref	PA; MED
NUCYNTA ER TAB 100MG	Non-Pref	PA; MED
NUCYNTA ER TAB 150MG	Non-Pref	PA; MED
NUCYNTA ER TAB 200MG	Non-Pref	PA; MED
NUCYNTA ER TAB 250MG	Non-Pref	PA; MED
NUCYNTA TAB 50MG	Non-Pref	PA; MED
NUCYNTA TAB 75MG	Non-Pref	PA; MED
NUCYNTA TAB 100MG	Non-Pref	PA; MED
OXAYDO TAB 5MG	Non-Pref	PA, QL (90 tabs / 27 days); MED
OXAYDO TAB 7.5MG	Non-Pref	PA, QL (90 tabs / 27 days); MED
<i>oxycodone hcl cap 5 mg</i>	Non-Pref	PA, QL (90 caps / 27 days); MED
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Non-Pref	PA, QL (90 mL / 27 days); MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Pref	QL (240 mL / 27 days); MED
<i>oxycodone hcl tab 5 mg (generic of ROXICODONE)</i>	Pref	QL (90 tabs / 27 days); MED
<i>oxycodone hcl tab 10 mg</i>	Pref	QL (90 tabs / 27 days); MED
<i>oxycodone hcl tab 15 mg (generic of ROXICODONE)</i>	Pref	QL (90 tabs / 27 days); MED
<i>oxycodone hcl tab 20 mg</i>	Non-Pref	PA, QL (90 tabs / 27 days); MED
<i>oxycodone hcl tab 30 mg (generic of ROXICODONE)</i>	Non-Pref	PA, QL (60 tabs / 27 days); MED
OXYCODONE HCL TAB ER 12HR DETER 10 MG	Non-Pref	PA, QL (180 tabs / 27 days); MED
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	Non-Pref	PA, QL (120 tabs / 27 days); MED
OXYCODONE HCL TAB ER 12HR DETER 20 MG	Non-Pref	PA, QL (90 tabs / 27 days); MED
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	Non-Pref	PA, QL (60 tabs / 27 days); MED
OXYCODONE HCL TAB ER 12HR DETER 40 MG	Non-Pref	PA, QL (45 tabs / 27 days); MED
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	Non-Pref	PA, QL (30 tabs / 27 days); MED
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Non-Pref	PA, QL (22 tabs / 27 days); MED

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

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TAB 10MG CR	Non-Pref	PA, QL (180 tabs / 27 days); MED
OXYCONTIN TAB 15MG CR	Non-Pref	PA, QL (120 tabs / 27 days); MED
OXYCONTIN TAB 20MG CR	Non-Pref	PA, QL (90 tabs / 27 days); MED
OXYCONTIN TAB 30MG CR	Non-Pref	PA, QL (60 tabs / 27 days); MED
OXYCONTIN TAB 40MG CR	Non-Pref	PA, QL (45 tabs / 27 days); MED
OXYCONTIN TAB 60MG CR	Non-Pref	PA, QL (30 tabs / 27 days); MED
OXYCONTIN TAB 80MG CR	Non-Pref	PA, QL (22 tabs / 27 days); MED
<i>oxymorphone hcl tab 5 mg</i>	Non-Pref	PA, QL (120 tabs / 27 days); MED
<i>oxymorphone hcl tab 10 mg</i>	Non-Pref	PA, QL (90 tabs / 27 days); MED
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Non-Pref	PA; MED
QDOLO SOL 5MG/ML	Non-Pref	PA, QL (80 mL / 1 day), AGE; Min age 12; MED
ROXICODONE TAB 5MG	Non-Pref	PA, QL (90 tabs / 27 days); MED
ROXICODONE TAB 15MG	Non-Pref	PA, QL (90 tabs / 27 days); MED
ROXICODONE TAB 30MG	Non-Pref	PA, QL (60 tabs / 27 days); MED
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	Non-Pref	PA; MED
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	Non-Pref	PA; MED
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	Non-Pref	PA; MED
<i>tramadol hcl tab 50 mg (generic of ULTRAM)</i>	Pref	MED
<i>tramadol hcl tab 100 mg</i>	Pref	MED
<i>tramadol hcl tab er 24hr 100 mg</i>	Pref	MED
<i>tramadol hcl tab er 24hr 200 mg</i>	Pref	MED
<i>tramadol hcl tab er 24hr 300 mg</i>	Pref	MED

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Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Pref	PA; MED
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Pref	PA; MED
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Pref	PA; MED
ULTRAM TAB 50MG	Non-Pref	PA; MED
XTAMPZA ER CAP 9MG	Non-Pref	PA, QL (60 caps / 27 days); MED
XTAMPZA ER CAP 13.5MG	Non-Pref	PA, QL (60 caps / 27 days); MED
XTAMPZA ER CAP 18MG	Non-Pref	PA, QL (60 caps / 27 days); MED
XTAMPZA ER CAP 27MG	Non-Pref	PA, QL (60 caps / 27 days); MED
XTAMPZA ER CAP 36MG	Non-Pref	PA, QL (45 caps / 27 days); MED

OPIOID COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
<i>endocet tab 10-325mg (generic of PERCOCET)</i>	Pref	MED
FIORICET CAP CODEINE	Non-Pref	PA; MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Pref	MED
<i>hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL)</i>	Pref	MED
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Pref	MED
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Pref	MED
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Pref	MED
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Pref	MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Pref	MED
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Non-Pref	PA; MED
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Non-Pref	PA; MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Non-Pref	PA; MED
LORTAB ELX 10-300MG	Non-Pref	PA; MED
<i>oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET)</i>	Pref	MED
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i>	Pref	MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i>	Pref	MED
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i>	Pref	MED
PERCOCET TAB 2.5-325	Non-Pref	PA; MED
PERCOCET TAB 5-325MG	Non-Pref	PA; MED
PERCOCET TAB 7.5-325	Non-Pref	PA; MED
PERCOCET TAB 10-325MG	Non-Pref	PA; MED
<i>tramadol-acetaminophen tab 37.5-325 mg (generic of ULTRACET)</i>	Pref	MED
ULTRACET TAB 37.5-325	Non-Pref	PA; MED
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	Non-Pref	PA, QL (60 films / 30 days); MED
BELBUCA MIS 150MCG	Non-Pref	PA, QL (60 films / 30 days); MED
BELBUCA MIS 300MCG	Non-Pref	PA, QL (60 films / 30 days); MED
BELBUCA MIS 450MCG	Non-Pref	PA, QL (60 films / 30 days); MED

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

Drug Name	Drug Tier	Requirements/Limits
BELBUCA MIS 600MCG	Non-Pref	PA, QL (60 films / 30 days); MED
BELBUCA MIS 750MCG	Non-Pref	PA, QL (60 films / 30 days); MED
BELBUCA MIS 900MCG	Non-Pref	PA, QL (60 films / 30 days); MED
<i>buprenorphine td patch weekly 5 mcg/hr (generic of BUTRANS)</i>	Non-Pref	PA, QL (6 patches / 25 days); MED
<i>buprenorphine td patch weekly 7.5 mcg/hr (generic of BUTRANS)</i>	Non-Pref	PA, QL (6 patches / 25 days); MED
<i>buprenorphine td patch weekly 10 mcg/hr (generic of BUTRANS)</i>	Non-Pref	PA, QL (6 patches / 25 days); MED
<i>buprenorphine td patch weekly 15 mcg/hr (generic of BUTRANS)</i>	Non-Pref	PA, QL (6 patches / 25 days); MED
<i>buprenorphine td patch weekly 20 mcg/hr (generic of BUTRANS)</i>	Non-Pref	PA, QL (6 patches / 25 days); MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Non-Pref	PA, QL (6 bottles / 27 days); MED
BUTRANS DIS 5MCG/HR	Pref	QL (6 patches / 25 days); MED
BUTRANS DIS 7.5/HR	Pref	QL (6 patches / 25 days); MED
BUTRANS DIS 10MCG/HR	Pref	QL (6 patches / 25 days); MED
BUTRANS DIS 15MCG/HR	Pref	QL (6 patches / 25 days); MED
BUTRANS DIS 20MCG/HR	Pref	QL (6 patches / 25 days); MED
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	Non-Pref	PA; MED

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

ANDRODERM DIS 2MG/24HR	Non-Pref	PA
ANDRODERM DIS 4MG/24HR	Non-Pref	PA
ANDROGEL GEL 1%(25MG)	Non-Pref	PA
ANDROGEL GEL 1.62%	Non-Pref	PA
<i>danazol cap 50 mg</i>	Pref	
<i>danazol cap 100 mg</i>	Pref	
<i>danazol cap 200 mg</i>	Pref	
FORTESTA GEL 10MG/ACT	Non-Pref	PA
TESTIM GEL 1%(50MG)	Non-Pref	PA
<i>testosterone cypionate im inj in oil 100 mg/ml (generic of DEPO-TESTOSTERONE)</i>	Pref	
<i>testosterone cypionate im inj in oil 200 mg/ml (generic of DEPO-TESTOSTERONE)</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone td gel 10mg/act (2%)</i> (generic of FORTESTA)	Non-Pref	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	Non-Pref	PA
<i>testosterone td gel 20.25 mg/1.25gm</i> (1.62%) (generic of ANDROGEL)	Non-Pref	PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i> (generic of ANDROGEL PUMP)	Pref	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i> (generic of ANDROGEL)	Non-Pref	PA
<i>testosterone td gel 40.5 mg/2.5gm</i> (1.62%) (generic of ANDROGEL)	Non-Pref	PA
<i>testosterone td gel 50 mg/5gm (1%)</i> (generic of TESTIM)	Non-Pref	PA
<i>testosterone td soln 30 mg/act</i>	Non-Pref	PA
VOGELXO GEL 1%(50MG)	Non-Pref	PA
VOGELXO GEL PUMP 1%	Non-Pref	PA

ANORECTAL AND RELATED PRODUCTS

RECTAL STEROIDS

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

ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID

ANTACID COMBINATIONS

ALKA SELTZER TAB HEARTBRN	Pref	OTC
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	Pref	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	Pref	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	Pref	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	Pref	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	Pref	OTC
<i>ant/anti-gas chw 1000-60</i>	Pref	OTC
<i>antacid chw 550-110</i>	Pref	OTC
<i>antacid extr chw 675-135</i>	Pref	OTC
<i>antacid mult chw symptom</i>	Pref	OTC
ANTACID ULTR CHW 1000-200	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i>	Pref	OTC
DEWEES CARMi LIQ	Pref	OTC
E-Z-GAS II GRA	Pref	OTC
<i>foam antacid chw 80-20mg</i>	Pref	OTC
GAVISCON SUS	Pref	OTC
<i>heartbrn rel sus cherry</i>	Pref	OTC
MAG-AL LIQ	Pref	OTC
ANTACIDS - ALUMINUM SALTS		
ALUM HYDROX SUS 320/5ML	Pref	OTC
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate tab 325 mg</i>	Pref	OTC
<i>sodium bicarbonate tab 650 mg</i>	Pref	OTC
ANTACIDS - CALCIUM SALTS		
<i>calcium carbonate (antacid) chew tab 400 mg</i>	Pref	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	Pref	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i>	Pref	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	Pref	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Pref	OTC
<i>titralac chw 420mg</i>	Pref	OTC
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide tab 420 mg</i>	Pref	OTC
<i>maox tab 420mg</i>	Pref	OTC
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
BENZNIDAZOLE TAB 12.5MG	Pref	PA
BENZNIDAZOLE TAB 100MG	Pref	PA
<i>ivermectin tab 3 mg (generic of STROMECTOL)</i>	Pref	QL (10 tabs / 22 days)
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
AEMCOLO TAB 194MG	Non-Pref	PA, QL (4 tabs / 1 day), AGE; Min age 18; Max 3 day supply per fill
FLAGYL CAP 375MG	Non-Pref	PA
<i>metronidazole cap 375 mg (generic of FLAGYL)</i>	Non-Pref	PA
<i>metronidazole tab 250 mg</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole tab 500 mg</i>	Pref	
<i>tinidazole tab 250 mg</i>	Pref	
<i>tinidazole tab 500 mg</i>	Pref	
<i>trimethoprim tab 100mg</i>	Pref	
XIFAXAN TAB 200MG	Non-Pref	PA, AGE; Min age 12
XIFAXAN TAB 550MG	Non-Pref	PA, AGE; Min age 18

ANTI-INFECTIVE MISC. - COMBINATIONS

<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Pref	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	Pref	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	Pref	
<i>sulfatrim pd sus 200-40/5</i>	Pref	

ANTIPROTOZOAL AGENTS

<i>atovaquone susp 750 mg/5ml (generic of MEPRON)</i>	Pref	PA
<i>nitazoxanide tab 500 mg (generic of ALINIA)</i>	Non-Pref	PA

GLYCOPEPTIDES

FIRVANQ SOL 25MG/ML	Pref	
FIRVANQ SOL 50MG/ML	Pref	
VANCOGIN CAP 250MG	Non-Pref	PA
VANCOGIN HCL CAP 125MG	Non-Pref	PA
<i>vancomycin hcl cap 125 mg (base equivalent) (generic of VANCOGIN HCL)</i>	Pref	
<i>vancomycin hcl cap 250 mg (base equivalent) (generic of VANCOGIN)</i>	Pref	
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	Pref	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	Pref	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	Pref	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	Pref	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	Pref	
<i>vancomycin inj 750mg</i>	Pref	
VANCOMYCIN SOL 250/5ML	Non-Pref	PA

LEPROSTATICS

<i>dapsone tab 25 mg</i>	Pref	
<i>dapsone tab 100 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
LINCOSAMIDES		
<i>clindamycin hcl cap 75 mg</i> (generic of CLEOCIN)	Pref	
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	Pref	
<i>clindamycin hcl cap 300 mg</i> (generic of CLEOCIN)	Pref	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Pref	AGE; Max age 12
MONOBACTAMS		
CAYSTON INH 75MG	Pref	SP
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i> (generic of ZYVOX)	Non-Pref	PA
<i>linezolid tab 600 mg</i> (generic of ZYVOX)	Pref	
SIVEXTRO TAB 200MG	Non-Pref	PA
ZYVOX SUS 100MG/5M	Non-Pref	PA
ZYVOX TAB 600MG	Non-Pref	PA
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
<i>methenamine hippurate tab 1 gm</i> (generic of HIPREX)	Pref	
<i>methenamine mandelate tab 0.5 gm</i>	Pref	
<i>methenamine mandelate tab 1 gm</i>	Pref	
<i>nitrofurantoin macrocrystalline cap 50 mg</i> (generic of MACRODANTIN)	Pref	QL (2 caps / 1 day), AGE; Max age 64
<i>nitrofurantoin macrocrystalline cap 100 mg</i> (generic of MACRODANTIN)	Pref	QL (2 caps / 1 day), AGE; Max age 64
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (generic of MACROBID)	Pref	QL (2 caps / 1 day), AGE; Max age 64
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i> (generic of RANEXA)	Pref	PA, QL (2 tabs / 1 day)
<i>ranolazine tab er 12hr 1000 mg</i> (generic of RANEXA)	Pref	PA, QL (2 tabs / 1 day)
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i> (generic of ISORDIL TITRADOSE)	Pref	
<i>isosorbide dinitrate tab 10 mg</i>	Pref	
<i>isosorbide dinitrate tab 20 mg</i>	Pref	

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

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tab 30 mg</i>	Pref	
<i>isosorbide mononitrate tab 10 mg</i>	Pref	
<i>isosorbide mononitrate tab 20 mg</i>	Pref	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Pref	QL (1 tab / 1 day)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Pref	QL (2 tabs / 1 day)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Pref	QL (2 tabs / 1 day)
NITRO-BID OIN 2%	Pref	
<i>nitroglycerin sl tab 0.3 mg</i> (generic of NITROSTAT)	Pref	
<i>nitroglycerin sl tab 0.4 mg</i> (generic of NITROSTAT)	Pref	
<i>nitroglycerin sl tab 0.6 mg</i> (generic of NITROSTAT)	Pref	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Pref	QL (1 patch / 1 day)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Pref	QL (1 patch / 1 day)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Pref	QL (1 patch / 1 day)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Pref	QL (1 patch / 1 day)
<i>nitroglycerin tl soln 0.4 mg/spray</i> (400 mcg/spray) (generic of NITROLINGUAL PUMPSPRAY)	Pref	ST

ANTI-ANXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTI-ANXIETY AGENTS - MISC.

<i>hydroxyzine hcl im soln 25 mg/ml</i>	Pref	
<i>hydroxyzine hcl im soln 50 mg/ml</i>	Pref	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Pref	AGE; Max age 12
<i>hydroxyzine hcl tab 10 mg</i>	Pref	
<i>hydroxyzine hcl tab 25 mg</i>	Pref	
<i>hydroxyzine hcl tab 50 mg</i>	Pref	
<i>hydroxyzine pamoate cap 25 mg</i>	Pref	
<i>hydroxyzine pamoate cap 50 mg</i> (generic of VISTARIL)	Pref	
<i>hydroxyzine pamoate cap 100 mg</i>	Pref	
VISTARIL CAP 25MG	Non-Pref	PA
VISTARIL CAP 50MG	Non-Pref	PA

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i> (generic of NORPACE)	Pref	AGE; Max age 64
<i>disopyramide phosphate cap 150 mg</i> (generic of NORPACE)	Pref	AGE; Max age 64
<i>quinidine sulfate tab 200 mg</i>	Pref	
<i>quinidine sulfate tab 300 mg</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl cap 150 mg</i>	Pref	
<i>mexiletine hcl cap 200 mg</i>	Pref	
<i>mexiletine hcl cap 250 mg</i>	Pref	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate tab 50 mg</i>	Pref	
<i>flecainide acetate tab 100 mg</i>	Pref	
<i>flecainide acetate tab 150 mg</i>	Pref	
<i>propafenone hcl tab 150 mg</i>	Pref	
<i>propafenone hcl tab 225 mg</i>	Pref	
<i>propafenone hcl tab 300 mg</i>	Pref	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tab 100 mg</i>	Pref	QL (1 tab / 1 day)
<i>amiodarone hcl tab 200 mg</i>	Pref	
<i>amiodarone hcl tab 400 mg</i>	Pref	
<i>pacerone tab 100mg</i>	Pref	QL (1 tab / 1 day)
<i>pacerone tab 200mg</i>	Pref	
<i>pacerone tab 400mg</i>	Pref	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Pref	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
XOLAIR SOL 150MG	Pref	SP, PA
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	Pref	QL (6 inhalers / 67 days); M
INCRUSE ELPT INH 62.5MCG	Pref	M
<i>ipratropium bromide inhal soln 0.02%</i>	Pref	(inh soln); M
LONHALA MAGN SOL 25MCG	Non-Pref	PA; M
SPIRIVA AER 1.25MCG	Pref	QL (3 inhalers / 67 days); M
SPIRIVA CAP HANDIHLR	Pref	QL (90 caps / 67 days); M
SPIRIVA SPR 2.5MCG	Pref	QL (3 inhalers / 67 days); M
TUDORZA PRES AER 400/ACT	Non-Pref	PA; M
YUPELRI SOL	Non-Pref	PA
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	Non-Pref	PA; M
ACCOLATE TAB 20MG	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium chew tab 4 mg (base equiv) (generic of SINGULAIR)</i>	Pref	M
<i>montelukast sodium chew tab 5 mg (base equiv) (generic of SINGULAIR)</i>	Pref	M
<i>montelukast sodium oral granules packet 4 mg (base equiv) (generic of SINGULAIR)</i>	Non-Pref	PA; M
<i>montelukast sodium tab 10 mg (base equiv) (generic of SINGULAIR)</i>	Pref	M
SINGULAIR CHW 4MG	Non-Pref	PA; M
SINGULAIR CHW 5MG	Non-Pref	PA; M
SINGULAIR GRA 4MG	Non-Pref	PA; M
SINGULAIR TAB 10MG	Non-Pref	PA; M
<i>zafirlukast tab 10 mg (generic of ACCOLATE)</i>	Non-Pref	PA; M
<i>zafirlukast tab 20 mg (generic of ACCOLATE)</i>	Non-Pref	PA; M
<i>zileuton tab er 12hr 600 mg</i>	Non-Pref	PA; M
ZYFLO TAB 600MG	Non-Pref	PA; M
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	Non-Pref	PA
DALIRESP TAB 500MCG	Non-Pref	PA
STEROID INHALANTS		
ALVESCO AER 80MCG	Non-Pref	PA
ALVESCO AER 160MCG	Non-Pref	PA
ARMONAIR DIG AER 55MCG	Non-Pref	PA
ARMONAIR DIG AER 113MCG	Non-Pref	PA
ARMONAIR DIG AER 232MCG	Non-Pref	PA
ARNUITY ELPT INH 50MCG	Non-Pref	PA
ARNUITY ELPT INH 100MCG	Non-Pref	PA
ARNUITY ELPT INH 200MCG	Non-Pref	PA
ASMANEX 7 AER 110MCG	Pref	QL (1 inhaler / 22 days), AGE; Max age 11
ASMANEX 14 AER 220MCG	Pref	QL (1 inhaler / 22 days)
ASMANEX 30 AER 110MCG	Pref	QL (1 inhaler / 22 days), AGE; Max age 11
ASMANEX 30 AER 220MCG	Pref	QL (1 inhaler / 22 days)
ASMANEX 60 AER 220MCG	Pref	QL (1 inhaler / 22 days)
ASMANEX 120 AER 220MCG	Pref	QL (1 inhaler / 22 days)
ASMANEX HFA AER 50MCG	Non-Pref	PA, QL (1 inhaler / 22 days)
ASMANEX HFA AER 100 MCG	Non-Pref	PA, QL (1 inhaler / 22 days)
ASMANEX HFA AER 200 MCG	Non-Pref	PA, QL (1 inhaler / 22 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation susp 0.5 mg/2ml</i> (generic of PULMICORT)	Pref	
<i>budesonide inhalation susp 0.25 mg/2ml</i> (generic of PULMICORT)	Pref	
<i>budesonide inhalation susp 1 mg/2ml</i> (generic of PULMICORT)	Pref	
FLOVENT DISK AER 50MCG	Non-Pref	PA
FLOVENT DISK AER 100MCG	Non-Pref	PA
FLOVENT DISK AER 250MCG	Non-Pref	PA
FLOVENT HFA AER 44MCG	Pref	QL (1 inhaler / 22 days)
FLOVENT HFA AER 110MCG	Pref	QL (1 inhaler / 22 days)
FLOVENT HFA AER 220MCG	Pref	QL (2 inhalers / 22 days)
PULMICORT INH 90MCG	Non-Pref	PA, QL (1 inhaler / 22 days)
PULMICORT INH 180MCG	Non-Pref	PA, QL (2 inhalers / 22 days)
PULMICORT SUS 0.5MG/2	Non-Pref	PA
PULMICORT SUS 0.25MG/2	Non-Pref	PA
PULMICORT SUS 1MG/2ML	Non-Pref	PA
QVAR REDIIHA AER 80MCG	Non-Pref	PA
QVAR REDIIHAL AER 40MCG	Non-Pref	PA

SYMPATHOMIMETICS

ADVAIR DISKU AER 100/50	Pref	M
ADVAIR DISKU AER 250/50	Pref	M
ADVAIR DISKU AER 500/50	Pref	M
ADVAIR HFA AER 45/21	Pref	QL (3 inhalers / 67 days); M
ADVAIR HFA AER 115/21	Pref	QL (3 inhalers / 67 days); M
ADVAIR HFA AER 230/21	Pref	QL (3 inhalers / 67 days); M
AIRDUO DGHLR INH 55-14	Non-Pref	PA, QL (3 inhalers / 67 days); M
AIRDUO DGHLR INH 113-14	Non-Pref	PA, QL (3 inhalers / 67 days); M
AIRDUO DGHLR INH 232-14	Non-Pref	PA, QL (3 inhalers / 67 days); M
AIRDUO RESPI INH 55-14	Non-Pref	PA, QL (3 inhalers / 67 days); M
AIRDUO RESPI INH 113-14	Non-Pref	PA, QL (3 inhalers / 67 days); M
AIRDUO RESPI INH 232-14	Non-Pref	PA, QL (3 inhalers / 67 days); M

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Non-Pref	PA, QL (2 inhalers / 22 days); (Albuterol HFA); M
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROAIR HFA)</i>	Non-Pref	PA, QL (2 inhalers / 22 days); (Albuterol HFA); M
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROVENTIL HFA)</i>	Non-Pref	PA, QL (2 inhalers / 22 days); (Albuterol HFA); M
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Pref	M
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Pref	M
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Pref	M
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Pref	M
ANORO ELLIPTA AER 62.5-25	Pref	M
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (generic of BROVANA)</i>	Non-Pref	PA; M
BEVESPI AER 9-4.8MCG	Pref	M
BREO ELLIPTA INH 100-25	Non-Pref	PA; M
BREO ELLIPTA INH 200-25	Non-Pref	PA; M
BREZTRI AERO AER SPHERE	Non-Pref	PA; M
BROVANA NEB 15MCG	Non-Pref	PA; M
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Non-Pref	PA, QL (6 inhalers / 67 days); M
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Non-Pref	PA, QL (6 inhalers / 67 days); M
COMBIVENT AER 20-100	Pref	M
DUAKLIR AER 400/12	Non-Pref	PA
DULERA AER 50-5MCG	Pref	
DULERA AER 100-5MCG	Pref	
DULERA AER 200-5MCG	Pref	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Non-Pref	PA, QL (3 inhalers / 67 days); M
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose (generic of ADVAIR DISKUS)</i>	Non-Pref	PA; M
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Non-Pref	PA, QL (3 inhalers / 67 days); M
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Non-Pref	PA, QL (3 inhalers / 67 days); M
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose (generic of ADVAIR DISKUS)</i>	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose (generic of ADVAIR DISKUS)</i>	Non-Pref	PA; M
<i>formoterol fumarate soln nebu 20 mcg/2ml (generic of PERFOROMIST)</i>	Non-Pref	PA; M
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Pref	(nebu soln); M
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (generic of XOPENEX)</i>	Non-Pref	PA; M
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (generic of XOPENEX)</i>	Non-Pref	PA; M
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (generic of XOPENEX)</i>	Non-Pref	PA; M
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (generic of XOPENEX CONCENTRATE)</i>	Non-Pref	PA; M
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Non-Pref	PA, QL (6 inhalers / 67 days); M
PERFOROMIST NEB 20MCG	Non-Pref	PA; M
PROAIR DIGIH AER	Non-Pref	PA, QL (3 inhalers / 67 days); M
PROAIR HFA AER	Pref	QL (6 inhalers / 67 days); M
PROAIR RESPI AER	Non-Pref	PA, QL (3 inhalers / 67 days); M
PROVENTIL AER HFA	Non-Pref	PA, QL (6 inhalers / 67 days); M
SEREVENT DIS AER 50MCG	Pref	M
STIOLTO AER 2.5-2.5	Pref	M
STRIVERDI AER 2.5MCG	Non-Pref	PA; M
SYMBICORT AER 80-4.5	Pref	QL (6 inhalers / 67 days); M
SYMBICORT AER 160-4.5	Pref	QL (6 inhalers / 67 days); M
<i>terbutaline sulfate tab 2.5 mg</i>	Pref	
<i>terbutaline sulfate tab 5 mg</i>	Pref	
TRELEGY AER ELLIPTA	Pref	M
VENTOLIN HFA AER	Pref	QL (6 inhalers / 67 days); M
<i>wixela inhub aer 100/50 (generic of ADVAIR DISKUS)</i>	Non-Pref	PA; M
<i>wixela inhub aer 250/50 (generic of ADVAIR DISKUS)</i>	Non-Pref	PA; M
<i>wixela inhub aer 500/50 (generic of ADVAIR DISKUS)</i>	Non-Pref	PA; M
XOPENEX CONC NEB 1.25/0.5	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
XOPENEX HFA AER	Non-Pref	PA, QL (6 inhalers / 67 days); M
XOPENEX NEB 0.31MG	Non-Pref	PA; M
XOPENEX NEB 0.63MG	Non-Pref	PA; M
XOPENEX NEB 1.25/3ML	Non-Pref	PA; M

XANTHINES

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

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tab 1 mg</i>	Pref	M
<i>warfarin sodium tab 2 mg</i>	Pref	M
<i>warfarin sodium tab 2.5 mg</i>	Pref	M
<i>warfarin sodium tab 3 mg</i>	Pref	M
<i>warfarin sodium tab 4 mg</i>	Pref	M
<i>warfarin sodium tab 5 mg</i>	Pref	M
<i>warfarin sodium tab 6 mg</i>	Pref	M
<i>warfarin sodium tab 7.5 mg</i>	Pref	M
<i>warfarin sodium tab 10 mg</i>	Pref	M

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG	Pref	M
ELIQUIS TAB 2.5MG	Pref	M
ELIQUIS TAB 5MG	Pref	M
SAVAYSA TAB 15MG	Non-Pref	PA; M
SAVAYSA TAB 30MG	Non-Pref	PA; M
SAVAYSA TAB 60MG	Non-Pref	PA; M
XARELTO STAR TAB 15/20MG	Pref	M
XARELTO TAB 2.5MG	Pref	M
XARELTO TAB 10MG	Pref	M
XARELTO TAB 15MG	Pref	M
XARELTO TAB 20MG	Pref	M

HEPARINS AND HEPARINOID-LIKE AGENTS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj 100 mg/ml (generic of LOVENOX)</i>	Pref	M
<i>enoxaparin sodium inj 120 mg/0.8ml (generic of LOVENOX)</i>	Pref	M
<i>enoxaparin sodium inj 150 mg/ml (generic of LOVENOX)</i>	Pref	M
<i>enoxaparin sodium inj 300 mg/3ml (generic of LOVENOX)</i>	Pref	M
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml (generic of LOVENOX)</i>	Pref	M
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml (generic of LOVENOX)</i>	Pref	M
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (generic of ARIXTRA)</i>	Non-Pref	PA; M
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml (generic of ARIXTRA)</i>	Non-Pref	PA; M
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (generic of ARIXTRA)</i>	Non-Pref	PA; M
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml (generic of ARIXTRA)</i>	Non-Pref	PA; M
FRAGMIN INJ 2500/0.2	Non-Pref	PA; M
FRAGMIN INJ 5000/0.2	Non-Pref	PA; M
FRAGMIN INJ 7500/0.3	Non-Pref	PA; M
FRAGMIN INJ 10000/ML	Non-Pref	PA; M
FRAGMIN INJ 12500UNT	Non-Pref	PA; M
FRAGMIN INJ 15000UNT	Non-Pref	PA; M
FRAGMIN INJ 18000UNT	Non-Pref	PA; M
FRAGMIN INJ 95000UNT	Non-Pref	PA; M
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	Pref	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Pref	
LOVENOX INJ 30/0.3ML	Non-Pref	PA; M
LOVENOX INJ 40/0.4ML	Non-Pref	PA; M
LOVENOX INJ 60/0.6ML	Non-Pref	PA; M
LOVENOX INJ 80/0.8ML	Non-Pref	PA; M
LOVENOX INJ 100MG/ML	Non-Pref	PA; M
LOVENOX INJ 120/0.8	Non-Pref	PA; M
LOVENOX INJ 150MG/ML	Non-Pref	PA; M
LOVENOX INJ 300/3ML	Non-Pref	PA; M
THROMBIN INHIBITORS		
PRADAXA CAP 75MG	Pref	M
PRADAXA CAP 110MG	Pref	M
PRADAXA CAP 150MG	Pref	M

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

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

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i> (generic of PRECOSE)	Pref	M
<i>acarbose tab 50 mg</i> (generic of PRECOSE)	Pref	M
<i>acarbose tab 100 mg</i> (generic of PRECOSE)	Pref	M
<i>miglitol tab 25 mg</i>	Pref	M
<i>miglitol tab 50 mg</i>	Pref	M
<i>miglitol tab 100 mg</i>	Pref	M
PRECOSE TAB 25MG	Non-Pref	PA; M
PRECOSE TAB 50MG	Non-Pref	PA; M
PRECOSE TAB 100MG	Non-Pref	PA; M

ANTIDIABETIC - AMYLIN ANALOGS

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

ANTIDIABETIC COMBINATIONS

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

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

Drug Name	Drug Tier	Requirements/Limits
INVOKAMET XR TAB 150-1000	Non-Pref	PA; M
JANUMET TAB 50-500MG	Pref	M
JANUMET TAB 50-1000	Pref	M
JANUMET XR TAB 50-500MG	Pref	M
JANUMET XR TAB 50-1000	Pref	M
JANUMET XR TAB 100-1000	Pref	M
JENTADUETO TAB 2.5-500	Pref	M
JENTADUETO TAB 2.5-850	Pref	M
JENTADUETO TAB 2.5-1000	Pref	M
JENTADUETO TAB XR	Non-Pref	PA; M
KAZANO 12.5- TAB 500MG	Non-Pref	PA; M
KAZANO 12.5- TAB 1000MG	Non-Pref	PA; M
KOMBIGLYZ XR TAB 2.5-1000	Non-Pref	PA; M
KOMBIGLYZ XR TAB 5-500MG	Non-Pref	PA; M
KOMBIGLYZ XR TAB 5-1000MG	Non-Pref	PA; M
OSENI TAB 12.5-15	Non-Pref	PA; M
OSENI TAB 12.5-30	Non-Pref	PA; M
OSENI TAB 12.5-45	Non-Pref	PA; M
OSENI TAB 25-15MG	Non-Pref	PA; M
OSENI TAB 25-30MG	Non-Pref	PA; M
OSENI TAB 25-45MG	Non-Pref	PA; M
<i>pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)</i>	Non-Pref	PA; M
<i>pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)</i>	Non-Pref	PA; M
<i>pioglitazone hcl-metformin hcl tab 15-500 mg (generic of ACTOPLUS MET)</i>	Non-Pref	PA; M
<i>pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)</i>	Non-Pref	PA; M
QTERN TAB 5-5MG	Non-Pref	PA; M
QTERN TAB 10-5MG	Non-Pref	PA; M
SEGLUROMET TAB 2.5-500	Non-Pref	PA; M
SEGLUROMET TAB 2.5-1000	Non-Pref	PA; M
SEGLUROMET TAB 7.5-500	Non-Pref	PA; M
SEGLUROMET TAB 7.5-1000	Non-Pref	PA; M
SOLIQUA INJ 100/33	Non-Pref	PA; M
STEGLUJAN TAB 5-100MG	Non-Pref	PA; M
STEGLUJAN TAB 15-100MG	Non-Pref	PA; M
SYNJARDY TAB	Pref	M
SYNJARDY TAB 5-500MG	Pref	M
SYNJARDY TAB 5-1000MG	Pref	M
SYNJARDY TAB 12.5-500	Pref	M
SYNJARDY XR TAB	Non-Pref	PA; M

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

BIGUANIDES

GLUMETZA TAB 500MG	Non-Pref	PA; M
GLUMETZA TAB 1000MG	Non-Pref	PA; M
<i>metformin hcl oral soln 500 mg/5ml</i> (generic of RIOMET)	Non-Pref	PA; M
<i>metformin hcl tab 500 mg</i>	Pref	M
<i>metformin hcl tab 850 mg</i>	Pref	M
<i>metformin hcl tab 1000 mg</i>	Pref	M
<i>metformin hcl tab er 24hr 500 mg</i>	Pref	M
<i>metformin hcl tab er 24hr 750 mg</i>	Pref	M
<i>metformin hcl tab er 24hr modified release</i> <i>500 mg (generic of GLUMETZA)</i>	Non-Pref	PA; M
<i>metformin hcl tab er 24hr modified release</i> <i>1000 mg (generic of GLUMETZA)</i>	Non-Pref	PA; M
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	Non-Pref	PA; M
<i>metformin hcl tab er 24hr osmotic 1000</i> <i>mg</i>	Non-Pref	PA; M
RIOMET SOL	Pref	M
RIOMET SOL 500/5ML	Pref	M

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE	Pref	QL (2 ea / 22 days)
BAQSIMI TWO POW 3MG/DOSE	Pref	QL (1 ea / 22 days)
<i>diazoxide susp 50 mg/ml</i> (generic of PROGLYCEM)	Non-Pref	PA
GLUCAGEN INJ HYPOKIT	Pref	
<i>glucagon (rdna) for inj kit 1 mg</i> (generic of GLUCAGON EMERGENCY KIT)	Pref	
GLUCAGON EMR SOL 1MG	Non-Pref	PA
GLUCAGON KIT 1MG	Pref	
GVOKE HYPO 1 INJ 1MG/.2ML	Non-Pref	PA, QL (2 injections / 22 days)
GVOKE HYPO 1 INJ .5/.1ML	Non-Pref	PA, QL (2 injections / 22 days)

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

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPO 2 INJ 1MG/.2ML	Non-Pref	PA, QL (2 injections / 22 days)
GVOKE HYPO 2 INJ .5/.1ML	Non-Pref	PA, QL (2 injections / 22 days)
GVOKE PFS INJ	Non-Pref	PA, QL (2 syringes / 22 days)
PROGLYCEM SUS 50MG/ML	Pref	PA
ZEGALOGUE INJ 0.6/0.6	Non-Pref	PA

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

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

INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

ADLYXIN INJ 10/20MCG	Non-Pref	PA; M
ADLYXIN INJ 20MCG	Non-Pref	PA; M
BYDUREON BC INJ 2/0.85ML	Non-Pref	PA; M
BYETTA INJ 5MCG	Pref	M
BYETTA INJ 10MCG	Pref	M
OZEMPIC INJ 2/1.5ML	Non-Pref	PA; M
OZEMPIC INJ 4MG/3ML	Non-Pref	PA; M
RYBELSUS TAB 3MG	Non-Pref	PA; M
RYBELSUS TAB 7MG	Non-Pref	PA; M
RYBELSUS TAB 14MG	Non-Pref	PA; M
TRULICITY INJ 0.75/0.5	Pref	M
TRULICITY INJ 1.5/0.5	Pref	M
TRULICITY INJ 3/0.5	Pref	M
TRULICITY INJ 4.5/0.5	Pref	M
VICTOZA INJ 18MG/3ML	Pref	M

INSULIN

ADMELOG INJ 100U/ML	Non-Pref	PA, QL (90 mL / 30 days); M
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Drug Name	Drug Tier	Requirements/Limits
ADMELOG SOLO INJ 100U/ML	Non-Pref	PA, QL (30 pens / 30 days); M
AFREZZA POW 4-8 UNIT	Non-Pref	PA; M
AFREZZA POW 4-8-12	Non-Pref	PA; M
AFREZZA POW 4UNIT	Non-Pref	PA; M
AFREZZA POW 8 UNIT	Non-Pref	PA; M
AFREZZA POW 8-12UNIT	Non-Pref	PA; M
AFREZZA POW 12 UNIT	Non-Pref	PA; M
APIDRA INJ SOLOSTAR	Pref	QL (30 pens / 30 days); M
APIDRA INJ U-100	Pref	QL (9 vials / 30 days); M
BASAGLAR INJ 100UNIT	Non-Pref	PA, QL (30 pens / 30 days); M
FIASP FLEX INJ TOUCH	Non-Pref	PA; M
FIASP INJ 100/ML	Non-Pref	PA; M
FIASP PENFIL INJ U-100	Non-Pref	PA; M
HUMALOG INJ 100/ML	Pref	QL (30 cartridges / 30 days); M
HUMALOG INJ 100/ML	Pref	QL (90 mL / 30 days); M
HUMALOG JR INJ 100/ML	Pref	QL (30 pens / 30 days); M
HUMALOG KWIK INJ 100/ML	Pref	QL (30 pens / 30 days); M
HUMALOG KWIK INJ 200/ML	Non-Pref	PA; M
HUMALOG MIX INJ 50/50	Pref	QL (90 mL / 30 days); M
HUMALOG MIX INJ 50/50KWP	Pref	QL (30 pens / 30 days); M
HUMALOG MIX INJ 75/25KWP	Pref	QL (30 pens / 30 days); M
HUMALOG MIX SUS 75/25	Pref	QL (90 mL / 30 days); M
HUMULIN INJ 70/30	Pref	QL (90 mL / 30 days), OTC; M
HUMULIN INJ 70/30KWP	Pref	QL (30 pens / 30 days), OTC; M
HUMULIN N INJ U-100	Pref	QL (90 mL / 30 days), OTC; M
HUMULIN N INJ U-100KWP	Non-Pref	PA, QL (30 pens / 30 days), OTC; M
HUMULIN R INJ U-100	Pref	QL (30 vials / 30 days), OTC; M
HUMULIN R INJ U-500	Pref	(Kwikpen); M
HUMULIN R INJ U-500	Pref	QL (4.5 vials / 30 days); M

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

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R INJ RELION	Pref	QL (9 vials / 30 days), OTC; M
NOVOLIN R INJ U-100	Pref	QL (9 vials / 30 days), OTC; M
NOVOLOG INJ 100/ML	Pref	QL (9 vials / 30 days); M
NOVOLOG INJ FLEXPEN	Pref	QL (30 pens / 30 days); M
NOVOLOG INJ PENFILL	Pref	QL (30 cartridges / 30 days); M
NOVOLOG MIX INJ 70/30	Pref	QL (90 mL / 30 days); M
NOVOLOG MIX INJ FLEXPEN	Pref	QL (30 pens / 30 days); M
SEMGLEE INJ 100U/ML	Non-Pref	PA
SEMGLEE INJ 100U/ML	Non-Pref	PA, QL (30 pens / 30 days); M
SEMGLEE SOL 100U/ML	Non-Pref	PA
SEMGLEE SOL 100U/ML	Non-Pref	PA, QL (9 vials / 30 days); M
TOUJEO MAX INJ 300IU/ML	Non-Pref	PA; M
TOUJEO SOLO INJ 300IU/ML	Non-Pref	PA; M
TRESIBA FLEX INJ 100UNIT	Non-Pref	PA; M
TRESIBA FLEX INJ 200UNIT	Non-Pref	PA; M
TRESIBA INJ 100UNIT	Non-Pref	PA; M

INSULIN SENSITIZING AGENTS

ACTOS TAB 15MG	Non-Pref	PA; M
ACTOS TAB 30MG	Non-Pref	PA; M
ACTOS TAB 45MG	Non-Pref	PA; M
<i>pioglitazone hcl tab 15 mg (base equiv)</i> (generic of ACTOS)	Pref	M
<i>pioglitazone hcl tab 30 mg (base equiv)</i> (generic of ACTOS)	Pref	M
<i>pioglitazone hcl tab 45 mg (base equiv)</i> (generic of ACTOS)	Pref	M

MEGLITINIDE ANALOGUES

<i>nateglinide tab 60 mg</i>	Pref	M
<i>nateglinide tab 120 mg</i>	Pref	M
<i>repaglinide tab 0.5 mg</i>	Pref	M
<i>repaglinide tab 1 mg</i>	Pref	M
<i>repaglinide tab 2 mg</i>	Pref	M

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA TAB 5MG	Pref	M
FARXIGA TAB 10MG	Pref	M
INVOKANA TAB 100MG	Pref	M

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Drug Name	Drug Tier	Requirements/Limits
INVOKANA TAB 300MG	Pref	M
JARDIANCE TAB 10MG	Pref	M
JARDIANCE TAB 25MG	Pref	M
STEGLATRO TAB 5MG	Non-Pref	PA; M
STEGLATRO TAB 15MG	Non-Pref	PA; M

SULFONYLUREAS

AMARYL TAB 1MG	Non-Pref	PA; M
AMARYL TAB 2MG	Non-Pref	PA; M
AMARYL TAB 4MG	Non-Pref	PA; M
<i>glimepiride tab 1 mg</i> (generic of AMARYL)	Pref	M
<i>glimepiride tab 2 mg</i> (generic of AMARYL)	Pref	M
<i>glimepiride tab 4 mg</i> (generic of AMARYL)	Pref	M
<i>glipizide tab 5 mg</i>	Pref	M
<i>glipizide tab 10 mg</i>	Pref	M
<i>glipizide tab er 24hr 2.5 mg</i> (generic of GLUCOTROL XL)	Pref	M
<i>glipizide tab er 24hr 5 mg</i> (generic of GLUCOTROL XL)	Pref	M
<i>glipizide tab er 24hr 10 mg</i> (generic of GLUCOTROL XL)	Pref	M
<i>glipizide xl tab 2.5mg</i> (generic of GLUCOTROL XL)	Pref	M
<i>glipizide xl tab 5mg</i> (generic of GLUCOTROL XL)	Pref	M
<i>glipizide xl tab 10mg</i> (generic of GLUCOTROL XL)	Pref	M
GLUCOTROL XL TAB 2.5MG	Non-Pref	PA; M
GLUCOTROL XL TAB 5MG	Non-Pref	PA; M
GLUCOTROL XL TAB 10MG	Non-Pref	PA; M
<i>glyburide micronized tab 1.5 mg</i> (generic of GLYNASE)	Pref	M
<i>glyburide micronized tab 3 mg</i> (generic of GLYNASE)	Pref	M
<i>glyburide micronized tab 6 mg</i> (generic of GLYNASE)	Pref	M
<i>glyburide tab 1.25 mg</i>	Pref	M
<i>glyburide tab 2.5 mg</i>	Pref	M
<i>glyburide tab 5 mg</i>	Pref	M
GLYNASE TAB 1.5MG	Non-Pref	PA; M
GLYNASE TAB 3MG	Non-Pref	PA; M
GLYNASE TAB 6MG	Non-Pref	PA; M

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

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

ANTIPERISTALTIC AGENTS

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

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG	Pref	
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OPIOID ANTAGONISTS

KLOXXADO LIQ	Pref	QL (6 sprays / 67 days)
<i>naloxone hcl inj 0.4 mg/ml</i>	Pref	QL (2 vials / 67 days)
<i>naloxone hcl inj 4 mg/10ml</i>	Pref	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Pref	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Pref	QL (1 syringe / 67 days)
NARCAN SPR	Pref	QL (6 sprays / 67 days)

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT₃ RECEPTOR ANTAGONISTS

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

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - ANTICHOLINERGIC		
<i>dimenhydrinate tab 50 mg</i>	Pref	OTC
<i>meclizine hcl chew tab 25 mg</i>	Pref	OTC
<i>meclizine hcl tab 12.5 mg</i>	Pref	
<i>meclizine hcl tab 12.5 mg</i>	Pref	OTC
<i>meclizine hcl tab 25 mg</i>	Pref	
<i>meclizine hcl tab 25 mg</i>	Pref	OTC
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	Non-Pref	PA
<i>dronabinol cap 2.5 mg (generic of MARINOL)</i>	Pref	PA
<i>dronabinol cap 5 mg (generic of MARINOL)</i>	Pref	PA
<i>dronabinol cap 10 mg (generic of MARINOL)</i>	Pref	PA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	Non-Pref	PA, QL (1 cap / 30 days), AGE; Min age 12
<i>aprepitant capsule 80 mg (generic of EMEND)</i>	Non-Pref	PA, AGE; Min age 12
<i>aprepitant capsule 125 mg</i>	Non-Pref	PA, AGE; Min age 12
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Non-Pref	PA, AGE; Min age 12
EMEND CAP 80MG	Pref	QL (2 caps / 30 days), AGE; Min age 12
EMEND SUS 125MG	Non-Pref	PA, AGE; Min age 12
EMEND TRIPAC PAK 80 & 125	Non-Pref	PA, AGE; Min age 12
VARUBI TAB 90MG	Non-Pref	PA, QL (2 tabs / 5 days)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME TAB 150MG	Non-Pref	PA; Max 4 tabs per claim
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANCOBON CAP 250MG	Non-Pref	PA, QL (2 caps / 30 days)
ANCOBON CAP 500MG	Non-Pref	PA, QL (21 caps / 30 days)
<i>flucytosine cap 250 mg (generic of ANCOBON)</i>	Non-Pref	PA, QL (4 caps / 30 days)
<i>flucytosine cap 500 mg (generic of ANCOBON)</i>	Non-Pref	PA, QL (12 caps / 30 days)
<i>griseofulvin microsize susp 125 mg/5ml</i>	Pref	QL (2 mL / 30 days)
<i>griseofulvin microsize tab 500 mg</i>	Non-Pref	PA, QL (12 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize tab 125 mg</i>	Non-Pref	PA, QL (2 tabs / 30 days)
<i>griseofulvin ultramicrosize tab 250 mg</i>	Non-Pref	PA, QL (2 tabs / 30 days)
<i>nystatin tab 500000 unit</i>	Pref	QL (4 tabs / 30 days)
<i>terbinafine hcl tab 250 mg</i>	Pref	QL (4 tabs / 30 days)

IMIDAZOLE-RELATED ANTIFUNGALS

CRESEMBA CAP 186 MG	Non-Pref	PA
DIFLUCAN SUS 10MG/ML	Non-Pref	PA
DIFLUCAN SUS 40MG/ML	Non-Pref	PA
DIFLUCAN TAB 50MG	Non-Pref	PA
DIFLUCAN TAB 100MG	Non-Pref	PA
DIFLUCAN TAB 150MG	Non-Pref	PA
DIFLUCAN TAB 200MG	Non-Pref	PA
<i>fluconazole for susp 10 mg/ml (generic of DIFLUCAN)</i>	Pref	
<i>fluconazole for susp 40 mg/ml (generic of DIFLUCAN)</i>	Pref	
<i>fluconazole tab 50 mg (generic of DIFLUCAN)</i>	Pref	
<i>fluconazole tab 100 mg (generic of DIFLUCAN)</i>	Pref	
<i>fluconazole tab 150 mg (generic of DIFLUCAN)</i>	Pref	
<i>fluconazole tab 200 mg (generic of DIFLUCAN)</i>	Pref	
<i>itraconazole cap 100 mg (generic of SPORANOX)</i>	Non-Pref	PA
<i>itraconazole oral soln 10 mg/ml (generic of SPORANOX)</i>	Non-Pref	PA
<i>ketoconazole tab 200 mg</i>	Pref	
NOXAFIL SUS 40MG/ML	Non-Pref	PA
NOXAFIL TAB 100MG	Non-Pref	PA
<i>posaconazole tab delayed release 100 mg (generic of NOXAFIL)</i>	Non-Pref	PA
SPORANOX CAP 100MG	Non-Pref	PA
SPORANOX CAP PULSEPAK	Non-Pref	PA
SPORANOX SOL 10MG/ML	Non-Pref	PA
TOLSURA CAP 65MG	Non-Pref	PA
VFEND SUS 40MG/ML	Non-Pref	PA
VFEND TAB 50MG	Non-Pref	PA
VFEND TAB 200MG	Non-Pref	PA
<i>voriconazole for susp 40 mg/ml (generic of VFEND)</i>	Non-Pref	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole tab 50 mg (generic of VFEND)</i>	Non-Pref	PA
<i>voriconazole tab 200 mg (generic of VFEND)</i>	Non-Pref	PA

ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHIISTAMINES - ALKYLAMINES

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

ANTIHIISTAMINES - ETHANOLAMINES

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

ANTIHIISTAMINES - NON-SEDATING

<i>all day allg cap 10mg</i>	Non-Pref	PA, OTC
<i>all day allg sol 1mg/ml</i>	Pref	OTC
<i>all day allg sol 5mg/5ml</i>	Pref	OTC
<i>all-day allg sol 5mg/5ml</i>	Pref	OTC
<i>allergy chld sol 1mg/ml</i>	Pref	OTC
<i>allergy rel cap 10mg</i>	Non-Pref	PA, OTC
<i>allergy relf sol 1mg/ml</i>	Pref	OTC
<i>allergy relf tab 5mg</i>	Pref	OTC
<i>cetirizine chw 5mg</i>	Non-Pref	PA, OTC
<i>cetirizine chw 10mg</i>	Non-Pref	PA, OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Pref	
<i>cetirizine hcl tab 5 mg</i>	Pref	OTC
<i>cetirizine hcl tab 10 mg</i>	Pref	OTC
<i>cetirizine sol 1mg/ml</i>	Pref	OTC
<i>cetirizine sol 1mg/ml</i>	Non-Pref	PA, OTC
<i>cetirizine sol 5mg/5ml</i>	Pref	OTC
<i>child allrgy sol 5mg/5ml</i>	Pref	OTC
CLARINEX TAB 5MG	Non-Pref	PA
<i>desloratadine tab 5 mg (generic of CLARINEX)</i>	Non-Pref	PA
<i>desloratadine tab orally disintegrating 2.5 mg</i>	Non-Pref	PA, AGE; Max age 11
<i>desloratadine tab orally disintegrating 5 mg</i>	Non-Pref	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>fexofenadine hcl tab 60 mg</i>	Non-Pref	PA, OTC
<i>fexofenadine hcl tab 180 mg</i>	Non-Pref	PA, OTC
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Non-Pref	PA
<i>levocetirizine dihydrochloride tab 5 mg</i>	Pref	
<i>levocetirizine dihydrochloride tab 5 mg</i>	Pref	OTC
<i>loratadine chw 5mg</i>	Pref	OTC
<i>loratadine rapidly-disintegrating tab 10 mg</i>	Pref	OTC
<i>loratadine syrup 5 mg/5ml</i>	Pref	OTC
<i>loratadine tab 10 mg</i>	Pref	OTC

ANTI-HISTAMINES - PHENOTHIAZINES

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

ANTI-HISTAMINES - PIPERIDINES

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

ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TAB 180MG	Non-Pref	PA, AGE; Min age 18
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ANTIHYPERLIPIDEMICS - COMBINATIONS

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

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Drug Name	Drug Tier	Requirements/Limits
VYTORIN TAB 10-10MG	Non-Pref	PA, QL (1 tab / 1 day)
VYTORIN TAB 10-20MG	Non-Pref	PA, QL (1 tab / 1 day)
VYTORIN TAB 10-40MG	Non-Pref	PA, QL (1 tab / 1 day)
VYTORIN TAB 10-80MG	Non-Pref	PA, QL (1 tab / 1 day)

ANTIHYPERLIPIDEMICS - MISC.

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

BILE ACID SEQUESTRANTS

<i>cholestyramine light powder 4 gm/dose</i> (generic of QUESTRAN LIGHT)	Pref	M
<i>cholestyramine light powder packets 4 gm</i>	Pref	M
<i>cholestyramine powder 4 gm/dose</i> (generic of QUESTRAN)	Pref	M
<i>cholestyramine powder packets 4 gm</i> (generic of QUESTRAN)	Pref	M
<i>colesevelam hcl packet for susp 3.75 gm</i> (generic of WELCHOL)	Non-Pref	PA; M
<i>colesevelam hcl tab 625 mg</i> (generic of WELCHOL)	Non-Pref	PA; M
COLESTID FLA GRA 5/7.5GM	Non-Pref	PA; M
COLESTID FLA GRA 5GM	Non-Pref	PA; M
COLESTID GRA 5GM	Non-Pref	PA; M
COLESTID POW 5GM	Non-Pref	PA; M
COLESTID TAB 1GM	Non-Pref	PA; M
<i>colestipol hcl granule packets 5 gm</i> (generic of COLESTID)	Non-Pref	PA; M
<i>colestipol hcl granules 5 gm</i> (generic of COLESTID)	Non-Pref	PA; M
<i>colestipol hcl tab 1 gm</i> (generic of COLESTID)	Pref	M
<i>prevalite pow 4gm</i> (generic of QUESTRAN LIGHT)	Pref	M
<i>prevalite pow 4gm pk</i>	Pref	M
QUESTRAN POW 4GM	Non-Pref	PA; M
QUESTRAN POW 4GM LITE	Non-Pref	PA; M
WELCHOL PAK 3.75GM	Non-Pref	PA; M
WELCHOL TAB 625MG	Non-Pref	PA; M

FIBRIC ACID DERIVATIVES

ANTARA CAP 30MG	Non-Pref	PA
ANTARA CAP 90MG	Non-Pref	PA

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tab 5 mg</i>	Pref	
<i>simvastatin tab 10 mg (generic of ZOCOR)</i>	Pref	
<i>simvastatin tab 20 mg (generic of ZOCOR)</i>	Pref	
<i>simvastatin tab 40 mg (generic of ZOCOR)</i>	Pref	
<i>simvastatin tab 80 mg (generic of ZOCOR)</i>	Pref	
ZOCOR TAB 10MG	Non-Pref	PA
ZOCOR TAB 20MG	Non-Pref	PA
ZOCOR TAB 40MG	Non-Pref	PA
ZOCOR TAB 80MG	Non-Pref	PA
ZYPITAMAG TAB 2MG	Non-Pref	PA, QL (1 tab / 1 day)
ZYPITAMAG TAB 4MG	Non-Pref	PA, QL (1 tab / 1 day)

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

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

NICOTINIC ACID DERIVATIVES

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

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

PRALUENT INJ 75MG/ML	Non-Pref	PA, QL (2 pens / 21 days)
PRALUENT INJ 150MG/ML	Non-Pref	PA, QL (2 pens / 21 days)
REPATHA INJ 140MG/ML	Pref	PA, QL (2 syringes / 21 days)
REPATHA PUSH INJ 420/3.5	Pref	PA, QL (1 cartridge / 21 days)
REPATHA SURE INJ 140MG/ML	Pref	PA, QL (2 pens / 21 days)

ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACE INHIBITORS

ACCUPRIL TAB 5MG	Non-Pref	PA; M
ACCUPRIL TAB 10MG	Non-Pref	PA; M
ACCUPRIL TAB 20MG	Non-Pref	PA; M
ACCUPRIL TAB 40MG	Non-Pref	PA; M
ALTACE CAP 1.25MG	Non-Pref	PA; M
ALTACE CAP 2.5MG	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
ALTACE CAP 5MG	Non-Pref	PA; M
ALTACE CAP 10MG	Non-Pref	PA; M
<i>benazepril hcl tab 5 mg</i>	Pref	M
<i>benazepril hcl tab 10 mg</i> (generic of LOTENSIN)	Pref	M
<i>benazepril hcl tab 20 mg</i> (generic of LOTENSIN)	Pref	M
<i>benazepril hcl tab 40 mg</i> (generic of LOTENSIN)	Pref	M
<i>captopril tab 12.5 mg</i>	Non-Pref	PA; M
<i>captopril tab 25 mg</i>	Non-Pref	PA; M
<i>captopril tab 50 mg</i>	Non-Pref	PA; M
<i>captopril tab 100 mg</i>	Non-Pref	PA; M
<i>enalapril maleate oral soln 1 mg/ml</i> (generic of EPANED)	Non-Pref	PA; M
<i>enalapril maleate tab 2.5 mg</i> (generic of VASOTEC)	Pref	M
<i>enalapril maleate tab 5 mg</i> (generic of VASOTEC)	Pref	M
<i>enalapril maleate tab 10 mg</i> (generic of VASOTEC)	Pref	M
<i>enalapril maleate tab 20 mg</i> (generic of VASOTEC)	Pref	M
EPANED SOL 1MG/ML	Non-Pref	PA; M
<i>fosinopril sodium tab 10 mg</i>	Non-Pref	PA; M
<i>fosinopril sodium tab 20 mg</i>	Non-Pref	PA; M
<i>fosinopril sodium tab 40 mg</i>	Non-Pref	PA; M
<i>lisinopril tab 2.5 mg</i> (generic of ZESTRIL)	Pref	M
<i>lisinopril tab 5 mg</i> (generic of ZESTRIL)	Pref	M
<i>lisinopril tab 10 mg</i> (generic of ZESTRIL)	Pref	M
<i>lisinopril tab 20 mg</i> (generic of ZESTRIL)	Pref	M
<i>lisinopril tab 30 mg</i> (generic of ZESTRIL)	Pref	M
<i>lisinopril tab 40 mg</i> (generic of ZESTRIL)	Pref	M
LOTENSIN TAB 10MG	Non-Pref	PA; M
LOTENSIN TAB 20MG	Non-Pref	PA; M
LOTENSIN TAB 40MG	Non-Pref	PA; M
<i>moexipril hcl tab 7.5 mg</i>	Non-Pref	PA; M
<i>moexipril hcl tab 15 mg</i>	Non-Pref	PA; M
<i>perindopril erbumine tab 2 mg</i>	Non-Pref	PA; M
<i>perindopril erbumine tab 4 mg</i>	Non-Pref	PA; M
<i>perindopril erbumine tab 8 mg</i>	Non-Pref	PA; M
QBRELIS SOL 1MG/ML	Non-Pref	PA; M
<i>quinapril hcl tab 5 mg</i> (generic of ACCUPRIL)	Non-Pref	PA; M

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

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl tab 10 mg</i> (generic of ACCUPRIL)	Non-Pref	PA; M
<i>quinapril hcl tab 20 mg</i> (generic of ACCUPRIL)	Non-Pref	PA; M
<i>quinapril hcl tab 40 mg</i> (generic of ACCUPRIL)	Non-Pref	PA; M
<i>ramipril cap 1.25 mg</i> (generic of ALTACE)	Non-Pref	PA; M
<i>ramipril cap 2.5 mg</i> (generic of ALTACE)	Non-Pref	PA; M
<i>ramipril cap 5 mg</i> (generic of ALTACE)	Non-Pref	PA; M
<i>ramipril cap 10 mg</i> (generic of ALTACE)	Non-Pref	PA; M
<i>trandolapril tab 1 mg</i>	Non-Pref	PA; M
<i>trandolapril tab 2 mg</i>	Non-Pref	PA; M
<i>trandolapril tab 4 mg</i> (generic of MAVIK)	Non-Pref	PA; M
VASOTEC TAB 2.5MG	Non-Pref	PA; M
VASOTEC TAB 5MG	Non-Pref	PA; M
VASOTEC TAB 10MG	Non-Pref	PA; M
VASOTEC TAB 20MG	Non-Pref	PA; M
ZESTRIL TAB 2.5MG	Non-Pref	PA; M
ZESTRIL TAB 5MG	Non-Pref	PA; M
ZESTRIL TAB 10MG	Non-Pref	PA; M
ZESTRIL TAB 20MG	Non-Pref	PA; M
ZESTRIL TAB 30MG	Non-Pref	PA; M
ZESTRIL TAB 40MG	Non-Pref	PA; M

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND TAB 4MG	Non-Pref	PA; M
ATACAND TAB 8MG	Non-Pref	PA; M
ATACAND TAB 16MG	Non-Pref	PA; M
ATACAND TAB 32MG	Non-Pref	PA; M
AVAPRO TAB 75MG	Non-Pref	PA; M
AVAPRO TAB 150MG	Non-Pref	PA; M
AVAPRO TAB 300MG	Non-Pref	PA; M
BENICAR TAB 5MG	Non-Pref	PA; M
BENICAR TAB 20MG	Non-Pref	PA; M
BENICAR TAB 40MG	Non-Pref	PA; M
<i>candesartan cilexetil tab 4 mg</i> (generic of ATACAND)	Non-Pref	PA; M
<i>candesartan cilexetil tab 8 mg</i> (generic of ATACAND)	Non-Pref	PA; M
<i>candesartan cilexetil tab 16 mg</i> (generic of ATACAND)	Non-Pref	PA; M
<i>candesartan cilexetil tab 32 mg</i> (generic of ATACAND)	Non-Pref	PA; M
COZAAR TAB 25MG	Non-Pref	PA; M
COZAAR TAB 50MG	Non-Pref	PA; M

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

Drug Name	Drug Tier	Requirements/Limits
COZAAR TAB 100MG	Non-Pref	PA; M
DIOVAN TAB 40MG	Non-Pref	PA; M
DIOVAN TAB 80MG	Non-Pref	PA; M
DIOVAN TAB 160MG	Non-Pref	PA; M
DIOVAN TAB 320MG	Non-Pref	PA; M
EDARBI TAB 40MG	Non-Pref	PA; M
EDARBI TAB 80MG	Non-Pref	PA; M
<i>irbesartan tab 75 mg (generic of AVAPRO)</i>	Non-Pref	PA; M
<i>irbesartan tab 150 mg (generic of AVAPRO)</i>	Non-Pref	PA; M
<i>irbesartan tab 300 mg (generic of AVAPRO)</i>	Non-Pref	PA; M
<i>losartan potassium tab 25 mg (generic of COZAAR)</i>	Pref	M
<i>losartan potassium tab 50 mg (generic of COZAAR)</i>	Pref	M
<i>losartan potassium tab 100 mg (generic of COZAAR)</i>	Pref	M
MICARDIS TAB 20MG	Non-Pref	PA; M
MICARDIS TAB 40MG	Non-Pref	PA; M
MICARDIS TAB 80MG	Non-Pref	PA; M
<i>olmesartan medoxomil tab 5 mg (generic of BENICAR)</i>	Pref	M
<i>olmesartan medoxomil tab 20 mg (generic of BENICAR)</i>	Pref	M
<i>olmesartan medoxomil tab 40 mg (generic of BENICAR)</i>	Pref	M
<i>telmisartan tab 20 mg (generic of MICARDIS)</i>	Non-Pref	PA; M
<i>telmisartan tab 40 mg (generic of MICARDIS)</i>	Non-Pref	PA; M
<i>telmisartan tab 80 mg (generic of MICARDIS)</i>	Non-Pref	PA; M
<i>valsartan tab 40 mg (generic of DIOVAN)</i>	Pref	M
<i>valsartan tab 80 mg (generic of DIOVAN)</i>	Pref	M
<i>valsartan tab 160 mg (generic of DIOVAN)</i>	Pref	M
<i>valsartan tab 320 mg (generic of DIOVAN)</i>	Pref	M

ANTIADRENERGIC ANTIHYPERTENSIVES

CARDURA TAB 1MG	Non-Pref	PA; M
CARDURA TAB 2MG	Non-Pref	PA; M
CARDURA TAB 4MG	Non-Pref	PA; M
CARDURA TAB 8MG	Non-Pref	PA; M
CATAPRES-TTS DIS 0.1/24HR	Pref	QL (14 patches / 76 days); M

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

Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS DIS 0.2/24HR	Pref	QL (14 patches / 76 days); M
CATAPRES-TTS DIS 0.3/24HR	Pref	QL (14 patches / 76 days); M
<i>clonidine hcl tab 0.1 mg</i>	Pref	M
<i>clonidine hcl tab 0.2 mg</i>	Pref	M
<i>clonidine hcl tab 0.3 mg</i>	Pref	M
<i>clonidine td patch weekly 0.1 mg/24hr (generic of CATAPRES-TTS-1)</i>	Non-Pref	PA, QL (14 patches / 76 days); M
<i>clonidine td patch weekly 0.2 mg/24hr (generic of CATAPRES-TTS-2)</i>	Non-Pref	PA, QL (14 patches / 76 days); M
<i>clonidine td patch weekly 0.3 mg/24hr (generic of CATAPRES-TTS-3)</i>	Non-Pref	PA, QL (14 patches / 76 days); M
<i>doxazosin mesylate tab 1 mg</i>	Pref	M
<i>doxazosin mesylate tab 2 mg</i>	Pref	M
<i>doxazosin mesylate tab 4 mg</i>	Pref	M
<i>doxazosin mesylate tab 8 mg</i>	Pref	M
<i>guanfacine hcl tab 1 mg</i>	Pref	M
<i>guanfacine hcl tab 2 mg</i>	Pref	M
<i>methyldopa tab 250mg</i>	Pref	M
<i>methyldopa tab 500mg</i>	Pref	M
MINIPRESS CAP 1MG	Non-Pref	PA; M
MINIPRESS CAP 2MG	Non-Pref	PA; M
MINIPRESS CAP 5MG	Non-Pref	PA; M
<i>prazosin hcl cap 1 mg (generic of MINIPRESS)</i>	Pref	M
<i>prazosin hcl cap 2 mg (generic of MINIPRESS)</i>	Pref	M
<i>prazosin hcl cap 5 mg (generic of MINIPRESS)</i>	Pref	M
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Pref	M
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Pref	M
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Pref	M
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Pref	M
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	Non-Pref	PA; M
ACCURETIC TAB 20-12.5	Non-Pref	PA; M
ACCURETIC TAB 20-25MG	Non-Pref	PA; M
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Pref	M
<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	Pref	M
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	Pref	M

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)</i>	Pref	M
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)</i>	Pref	M
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)</i>	Pref	M
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i>	Non-Pref	PA; M
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i>	Non-Pref	PA; M
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i>	Non-Pref	PA; M
DIOVAN HCT TAB 80/12.5	Non-Pref	PA; M
DIOVAN HCT TAB 160-12.5	Non-Pref	PA; M
DIOVAN HCT TAB 160-25MG	Non-Pref	PA; M
DIOVAN HCT TAB 320-12.5	Non-Pref	PA; M
DIOVAN HCT TAB 320-25MG	Non-Pref	PA; M
EDARBYCLOR TAB 40-12.5	Non-Pref	PA; M
EDARBYCLOR TAB 40-25MG	Non-Pref	PA; M
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Pref	M
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	Pref	M
EXFORGE TAB 5-160MG	Non-Pref	PA; M
EXFORGE TAB 5-320MG	Non-Pref	PA; M
EXFORGE TAB 10-160MG	Non-Pref	PA; M
EXFORGE TAB 10-320MG	Non-Pref	PA; M
EXFORGEH/5- TAB 160-12.5	Non-Pref	PA; M
EXFORGEH/5- TAB 160-25	Non-Pref	PA; M
EXFORGEH/10- TAB 160-12.5	Non-Pref	PA; M
EXFORGEH/10- TAB 160-25	Non-Pref	PA; M
EXFORGEH/10- TAB 320-25	Non-Pref	PA; M
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Non-Pref	PA; M
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Non-Pref	PA; M
HYZAAR TAB 50-12.5	Non-Pref	PA; M
HYZAAR TAB 100-12.5	Non-Pref	PA; M
HYZAAR TAB 100-25	Non-Pref	PA; M
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	Non-Pref	PA; M
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	Non-Pref	PA; M

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

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	Non-Pref	PA; M
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	Non-Pref	PA; M
<i>quinapril-hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)</i>	Non-Pref	PA; M
TEKTURNA HCT TAB 150-12.5	Non-Pref	PA; M
TEKTURNA HCT TAB 150-25MG	Non-Pref	PA; M
TEKTURNA HCT TAB 300-12.5	Non-Pref	PA; M
TEKTURNA HCT TAB 300-25MG	Non-Pref	PA; M
<i>telmisartan-amlodipine tab 40-5 mg</i>	Non-Pref	PA; M
<i>telmisartan-amlodipine tab 40-10 mg</i>	Non-Pref	PA; M
<i>telmisartan-amlodipine tab 80-5 mg</i>	Non-Pref	PA; M
<i>telmisartan-amlodipine tab 80-10 mg</i>	Non-Pref	PA; M
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i>	Non-Pref	PA; M
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i>	Non-Pref	PA; M
<i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>	Non-Pref	PA; M
TENORETIC TAB 50	Non-Pref	PA; M
TENORETIC TAB 100	Non-Pref	PA; M
<i>trando/verap tab 2-180 er</i>	Non-Pref	PA; M
<i>trando/verap tab 2-240 er</i>	Non-Pref	PA; M
<i>trando/verap tab 4-240 er</i>	Non-Pref	PA; M
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Non-Pref	PA
TRIBENZOR20- TAB 5-12.5MG	Non-Pref	PA; M
TRIBENZOR40- TAB 5-12.5MG	Non-Pref	PA; M
TRIBENZOR40- TAB 5-25MG	Non-Pref	PA; M
TRIBENZOR40- TAB 10-12.5	Non-Pref	PA; M
TRIBENZOR40- TAB 10-25MG	Non-Pref	PA; M
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	Pref	M
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	Pref	M
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	Pref	M
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	Pref	M
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	Pref	M
VASERETIC TAB 10-25MG	Non-Pref	PA; M
ZESTORETIC TAB 10-12.5	Non-Pref	PA; M
ZESTORETIC TAB 20-12.5	Non-Pref	PA; M

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

Drug Name	Drug Tier	Requirements/Limits
ZESTORETIC TAB 20-25MG	Non-Pref	PA; M
ZIAC TAB 2.5/6.25	Non-Pref	PA; M
ZIAC TAB 5-6.25MG	Non-Pref	PA; M
ZIAC TAB 10/6.25	Non-Pref	PA; M

DIRECT RENIN INHIBITORS

<i>aliskiren fumarate tab 150 mg (base equivalent)</i> (generic of TEKTRUNA)	Non-Pref	PA; M
<i>aliskiren fumarate tab 300 mg (base equivalent)</i> (generic of TEKTRUNA)	Non-Pref	PA; M
TEKTRUNA TAB 150MG	Non-Pref	PA; M
TEKTRUNA TAB 300MG	Non-Pref	PA; M

VASODILATORS

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

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>chloroquine phosphate tab 250 mg</i>	Pref	QL (1 tab / 1 day)
<i>chloroquine phosphate tab 500 mg</i>	Pref	QL (1 tab / 1 day)
<i>hydroxychloroquine sulfate tab 200 mg</i> (generic of PLAQUENIL)	Pref	
KRINTAFEL TAB 150MG	Pref	PA, QL (2 tabs / 273 days), AGE; Min age 16
<i>mefloquine hcl tab 250 mg</i>	Pref	PA, QL (5 tabs / 22 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i> (generic of PRIMAQUINE PHOSPHATE)	Pref	
<i>pyrimethamine tab 25 mg</i> (generic of DARAPRIM)	Pref	PA, QL (3 tabs / 1 day)

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

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

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

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

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	Pref	SP, QL (60 caps / 22 days)
<i>cyclophosphamide cap 50 mg</i>	Pref	SP, QL (60 caps / 22 days)
LEUKERAN TAB 2MG	Pref	PA
<i>melphalan tab 2 mg</i>	Pref	PA
MYLERAN TAB 2MG	Pref	PA
<i>temozolomide cap 5 mg</i>	Pref	SP, PA
<i>temozolomide cap 20 mg</i>	Pref	SP, PA
<i>temozolomide cap 100 mg</i> (generic of TEMODAR)	Pref	SP, PA
<i>temozolomide cap 140 mg</i> (generic of TEMODAR)	Pref	SP, PA
<i>temozolomide cap 180 mg</i> (generic of TEMODAR)	Pref	SP, PA
<i>temozolomide cap 250 mg</i> (generic of TEMODAR)	Pref	SP, PA

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i> (generic of XELODA)	Pref	SP, PA
<i>capecitabine tab 500 mg</i> (generic of XELODA)	Pref	SP, PA
<i>mercaptopurine tab 50 mg</i>	Pref	
<i>methotrexate sodium inj 50 mg/2ml</i> (25 mg/ml)	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Pref	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Pref	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Pref	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Pref	
METHOTREXATE TAB 2.5MG	Pref	
ONUREG TAB 200MG	Pref	SP, PA
ONUREG TAB 300MG	Pref	SP, PA
TABLOID TAB 40MG	Pref	PA
XATMEP SOL 2.5MG/ML	Pref	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	Pref	SP, PA
VENCLEXTA TAB 50MG	Pref	SP, PA
VENCLEXTA TAB 100MG	Pref	SP, PA
VENCLEXTA TAB START PK	Pref	SP, PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 25MG	Pref	SP, PA
DAURISMO TAB 100MG	Pref	SP, PA
ERIVEDGE CAP 150MG	Pref	SP, PA, QL (1 cap / 1 day)
ODOMZO CAP 200MG	Pref	SP, PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg (generic of ZYTIGA)</i>	Pref	SP, PA, QL (4 tabs / 1 day)
<i>anastrozole tab 1 mg (generic of ARIMIDEX)</i>	Pref	
<i>bicalutamide tab 50 mg (generic of CASODEX)</i>	Pref	QL (1 tab / 1 day)
DEPO-PROVERA INJ 400/ML	Non-Pref	PA; M
EMCYT CAP 140MG	Pref	PA
ERLEADA TAB 60MG	Pref	SP, PA, QL (4 tabs / 1 day)
<i>exemestane tab 25 mg (generic of AROMASIN)</i>	Pref	
<i>flutamide cap 125 mg</i>	Pref	PA
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Pref	PA
<i>letrozole tab 2.5 mg (generic of FEMARA)</i>	Pref	QL (1 tab / 1 day), AGE; Min age 18
<i>leuprolide acetate inj kit 5 mg/ml</i>	Pref	PA
LYSODREN TAB 500MG	Pref	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate susp 40 mg/ml</i>	Pref	
<i>megestrol acetate tab 20 mg</i>	Pref	
<i>megestrol acetate tab 40 mg</i>	Pref	
<i>nilutamide tab 150 mg (generic of NILANDRON)</i>	Pref	PA
NUBEQA TAB 300MG	Pref	SP, PA
ORGOVYX TAB 120MG	Pref	PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Pref	QL (2 tabs / 1 day)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Pref	QL (2 tabs / 1 day)
<i>toremifene citrate tab 60 mg (base equivalent) (generic of FARESTON)</i>	Pref	PA
XTANDI CAP 40MG	Pref	SP, PA, QL (4 caps / 1 day)
XTANDI TAB 40MG	Pref	PA, QL (4 tabs / 1 day)
XTANDI TAB 80MG	Pref	PA, QL (4 tabs / 1 day)
ZOLADEX IMP 3.6MG	Pref	SP, PA
ZOLADEX IMP 10.8MG	Pref	SP, PA

ANTINEOPLASTIC - IMMUNOMODULATORS

POMALYST CAP 1MG	Pref	SP, PA, QL (1 cap / 1 day)
POMALYST CAP 2MG	Pref	SP, PA, QL (1 cap / 1 day)
POMALYST CAP 3MG	Pref	SP, PA, QL (1 cap / 1 day)
POMALYST CAP 4MG	Pref	SP, PA, QL (1 cap / 1 day)

ANTINEOPLASTIC - XPO1 INHIBITORS

XPOVIO PAK 80MG	Pref	SP, PA
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ANTINEOPLASTIC COMBINATIONS

INQOVI TAB 35-100MG	Pref	SP, PA
LONSURF TAB 15-6.14	Pref	SP, PA
LONSURF TAB 20-8.19	Pref	SP, PA

ANTINEOPLASTIC ENZYME INHIBITORS

BRAFTOVI CAP 75MG	Pref	PA
<i>everolimus tab 2.5 mg (generic of AFINITOR)</i>	Pref	SP, PA, QL (1 tab / 1 day)
<i>everolimus tab 5 mg (generic of AFINITOR)</i>	Pref	SP, PA, QL (1 tab / 1 day)
<i>everolimus tab 7.5 mg (generic of AFINITOR)</i>	Pref	SP, PA, QL (1 tab / 1 day)
<i>everolimus tab 10 mg (generic of AFINITOR)</i>	Pref	SP, PA, QL (1 tab / 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tab for oral susp 2 mg</i> (generic of AFINITOR DISPERZ)	Pref	SP, PA, QL (2 tabs / 1 day)
<i>everolimus tab for oral susp 3 mg</i> (generic of AFINITOR DISPERZ)	Pref	SP, PA, QL (2 tabs / 1 day)
<i>everolimus tab for oral susp 5 mg</i> (generic of AFINITOR DISPERZ)	Pref	SP, PA, QL (2 tabs / 1 day)
FARYDAK CAP 10MG	Pref	SP, PA
FARYDAK CAP 15MG	Pref	SP, PA
FARYDAK CAP 20MG	Pref	SP, PA
IDHIFA TAB 50MG	Pref	SP, PA
IDHIFA TAB 100MG	Pref	SP, PA
JAKAFI TAB 5MG	Pref	SP, PA, QL (2 tabs / 1 day)
JAKAFI TAB 10MG	Pref	SP, PA, QL (2 tabs / 1 day)
JAKAFI TAB 15MG	Pref	SP, PA, QL (2 tabs / 1 day)
JAKAFI TAB 20MG	Pref	SP, PA, QL (2 tabs / 1 day)
JAKAFI TAB 25MG	Pref	SP, PA, QL (2 tabs / 1 day)
LUMAKRAS TAB 120MG	Pref	SP, PA
TAZVERIK TAB 200MG	Pref	SP, PA
TIBSOVO TAB 250MG	Pref	SP, PA, QL (2 tabs / 1 day)
ZOLINZA CAP 100MG	Pref	SP, PA
ANTINEOPLASTICS MISC.		
<i>bexarotene cap 75 mg</i> (generic of TARGRETIN)	Pref	SP, PA
<i>hydroxyurea cap 500 mg</i> (generic of HYDREA)	Pref	M
INTRON A INJ 10MU	Non-Pref	SP, PA
INTRON A INJ 18MU	Non-Pref	SP, PA
INTRON A INJ 50MU	Non-Pref	SP, PA
MATULANE CAP 50MG	Pref	SP, PA
<i>tretinoin cap 10 mg</i>	Pref	PA
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	Pref	
<i>leucovorin calcium tab 10 mg</i>	Pref	
<i>leucovorin calcium tab 15 mg</i>	Pref	
<i>leucovorin calcium tab 25 mg</i>	Pref	
MESNEX TAB 400MG	Pref	PA
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	Pref	SP, PA
HYCAMTIN CAP 1MG	Pref	SP, PA

ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

ANTIPARKINSON ADJUNCTIVE THERAPY

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

ANTIPARKINSON COMT INHIBITORS

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

ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl cap 100 mg</i>	Pref	M
<i>amantadine hcl soln 50 mg/5ml</i>	Pref	M
<i>amantadine hcl tab 100 mg</i>	Non-Pref	PA; M
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i> (generic of PARLODEL)	Non-Pref	PA; M
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> (generic of PARLODEL)	Non-Pref	PA; M
<i>carb/levo tab 10-100mg</i>	Non-Pref	PA; M
<i>carb/levo tab 25-100mg</i>	Non-Pref	PA; M
<i>carb/levo tab 25-250mg</i>	Non-Pref	PA; M
<i>carbidopa & levodopa tab 10-100 mg</i> (generic of SINEMET)	Pref	M
<i>carbidopa & levodopa tab 25-100 mg</i> (generic of SINEMET)	Pref	M
<i>carbidopa & levodopa tab 25-250 mg</i>	Pref	M
<i>carbidopa & levodopa tab er 25-100 mg</i>	Pref	M
<i>carbidopa & levodopa tab er 50-200 mg</i>	Pref	M
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Non-Pref	PA; M
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Non-Pref	PA; M
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> (generic of STALEVO 100)	Non-Pref	PA; M

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Non-Pref	PA; M
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)</i>	Non-Pref	PA; M
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Non-Pref	PA; M
DHIVY TAB 25-100MG	Non-Pref	PA
DUOPA SUS 4.63-20	Non-Pref	SP, PA; M
GOCOVRI CAP 68.5MG	Non-Pref	SP, PA; M
GOCOVRI CAP 137MG	Non-Pref	SP, PA; M
INBRIJA CAP 42MG	Non-Pref	SP, PA; M
KYNMOBI MIS 10MG	Non-Pref	SP, PA; M
KYNMOBI MIS 15MG	Non-Pref	SP, PA; M
KYNMOBI MIS 20MG	Non-Pref	SP, PA; M
KYNMOBI MIS 25MG	Non-Pref	SP, PA; M
KYNMOBI MIS 30MG	Non-Pref	SP, PA; M
MIRAPEX ER TAB 0.75MG	Non-Pref	PA; M
MIRAPEX ER TAB 0.375MG	Non-Pref	PA; M
MIRAPEX ER TAB 1.5MG	Non-Pref	PA; M
MIRAPEX ER TAB 2.25MG	Non-Pref	PA; M
MIRAPEX ER TAB 3.75MG	Non-Pref	PA; M
MIRAPEX ER TAB 3MG	Non-Pref	PA; M
MIRAPEX ER TAB 4.5MG	Non-Pref	PA; M
NEUPRO DIS 1MG/24HR	Non-Pref	PA, QL (102 patches / 76 days); M
NEUPRO DIS 2MG/24HR	Non-Pref	PA, QL (102 patches / 76 days); M
NEUPRO DIS 3MG/24HR	Non-Pref	PA, QL (102 patches / 76 days); M
NEUPRO DIS 4MG/24HR	Non-Pref	PA, QL (102 patches / 76 days); M
NEUPRO DIS 6MG/24HR	Non-Pref	PA, QL (102 patches / 76 days); M
NEUPRO DIS 8MG/24HR	Non-Pref	PA, QL (102 patches / 76 days); M
OSMOLEX ER TAB 129MG	Non-Pref	PA; M
OSMOLEX ER TAB 193MG	Non-Pref	PA; M
PARLODEL CAP 5MG	Non-Pref	PA; M
PARLODEL TAB 2.5MG	Non-Pref	PA; M
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Pref	M
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Pref	M
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Pref	M
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Pref	M
<i>pramipexole dihydrochloride tab 1 mg</i>	Pref	M

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Pref	M
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg (generic of MIRAPEX ER)</i>	Non-Pref	PA; M
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg (generic of MIRAPEX ER)</i>	Non-Pref	PA; M
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg (generic of MIRAPEX ER)</i>	Non-Pref	PA; M
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg (generic of MIRAPEX ER)</i>	Non-Pref	PA; M
<i>pramipexole dihydrochloride tab er 24hr 3 mg (generic of MIRAPEX ER)</i>	Non-Pref	PA; M
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg (generic of MIRAPEX ER)</i>	Non-Pref	PA; M
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg (generic of MIRAPEX ER)</i>	Non-Pref	PA; M
REQUIP XL TAB 6MG	Non-Pref	PA; M
REQUIP XL TAB 12MG	Non-Pref	PA; M
<i>ropinirole hydrochloride tab 0.5 mg</i>	Pref	M
<i>ropinirole hydrochloride tab 0.25 mg</i>	Pref	M
<i>ropinirole hydrochloride tab 1 mg</i>	Pref	M
<i>ropinirole hydrochloride tab 2 mg</i>	Pref	M
<i>ropinirole hydrochloride tab 3 mg</i>	Pref	M
<i>ropinirole hydrochloride tab 4 mg</i>	Pref	M
<i>ropinirole hydrochloride tab 5 mg</i>	Pref	M
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	Non-Pref	PA; M
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	Non-Pref	PA; M
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	Non-Pref	PA; M
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	Non-Pref	PA; M
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	Non-Pref	PA; M
RYTARY CAP 95MG	Non-Pref	PA; M
RYTARY CAP 145MG	Non-Pref	PA; M
RYTARY CAP 195MG	Non-Pref	PA; M
RYTARY CAP 245MG	Non-Pref	PA; M
SINEMET TAB 10-100MG	Non-Pref	PA; M
SINEMET TAB 25-100MG	Non-Pref	PA; M
STALEVO 50 TAB	Non-Pref	PA; M
STALEVO 75 TAB	Non-Pref	PA; M
STALEVO 100 TAB	Non-Pref	PA; M
STALEVO 100 TAB	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
STALEVO 125 TAB	Non-Pref	PA; M
STALEVO 150 TAB	Non-Pref	PA; M
STALEVO 200 TAB	Non-Pref	PA; M

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

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

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES

PHENOTHIAZINES

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

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

CMV AGENTS

<i>valganciclovir hcl tab 450 mg (base equivalent)</i> (generic of VALCYTE)	Pref	PA, QL (2 tabs / 1 day)
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HEPATITIS AGENTS

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

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	Pref	M
<i>acyclovir susp 200 mg/5ml</i> (generic of ZOVIRAX)	Pref	M
<i>acyclovir tab 400 mg</i>	Pref	M

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir tab 800 mg</i>	Pref	M
<i>famciclovir tab 125 mg</i>	Pref	M
<i>famciclovir tab 250 mg</i>	Pref	M
<i>famciclovir tab 500 mg</i>	Pref	M
SITAVIG TAB 50MG	Non-Pref	PA; M
<i>valacyclovir hcl tab 1 gm (generic of VALTREX)</i>	Pref	M
<i>valacyclovir hcl tab 500 mg (generic of VALTREX)</i>	Pref	M
VALTREX TAB 1GM	Non-Pref	PA; M
VALTREX TAB 500MG	Non-Pref	PA; M
ZOVIRAX SUS 200/5ML	Non-Pref	PA; M

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv) (generic of TAMIFLU)</i>	Pref	M
<i>oseltamivir phosphate cap 45 mg (base equiv) (generic of TAMIFLU)</i>	Pref	M
<i>oseltamivir phosphate cap 75 mg (base equiv) (generic of TAMIFLU)</i>	Pref	M
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv) (generic of TAMIFLU)</i>	Pref	M
RELENZA MIS DISKHALE	Pref	QL (1 inhaler / 30 days); M
<i>rimantadine hydrochloride tab 100 mg</i>	Pref	M
TAMIFLU CAP 30MG	Pref	QL (14 caps / 30 days); M
TAMIFLU CAP 45MG	Pref	QL (14 caps / 30 days); M
TAMIFLU CAP 75MG	Pref	QL (14 caps / 30 days); M
TAMIFLU SUS 6MG/ML	Pref	QL (120 mL / 30 days); M
XOFLUZA TAB 20MG	Pref	
XOFLUZA TAB 40MG	Pref	

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-Pref	PA; M
<i>carvedilol phosphate cap er 24hr 20 mg (generic of COREG CR)</i>	Non-Pref	PA; M
<i>carvedilol phosphate cap er 24hr 40 mg (generic of COREG CR)</i>	Non-Pref	PA; M

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Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol phosphate cap er 24hr 80 mg (generic of COREG CR)</i>	Non-Pref	PA; M
<i>carvedilol tab 3.125 mg (generic of COREG)</i>	Pref	M
<i>carvedilol tab 6.25 mg (generic of COREG)</i>	Pref	M
<i>carvedilol tab 12.5 mg (generic of COREG)</i>	Pref	M
<i>carvedilol tab 25 mg (generic of COREG)</i>	Pref	M
COREG CR CAP 10MG	Non-Pref	PA; M
COREG CR CAP 20MG	Non-Pref	PA; M
COREG CR CAP 40MG	Non-Pref	PA; M
COREG CR CAP 80MG	Non-Pref	PA; M
COREG TAB 3.125MG	Non-Pref	PA; M
COREG TAB 6.25MG	Non-Pref	PA; M
COREG TAB 12.5MG	Non-Pref	PA; M
COREG TAB 25MG	Non-Pref	PA; M
<i>labetalol hcl tab 100 mg</i>	Pref	M
<i>labetalol hcl tab 200 mg</i>	Pref	M
<i>labetalol hcl tab 300 mg</i>	Pref	M
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	Non-Pref	PA; M
<i>acebutolol hcl cap 400 mg</i>	Non-Pref	PA; M
<i>atenolol tab 25 mg (generic of TENORMIN)</i>	Pref	M
<i>atenolol tab 50 mg (generic of TENORMIN)</i>	Pref	M
<i>atenolol tab 100 mg (generic of TENORMIN)</i>	Pref	M
<i>betaxolol hcl tab 10 mg</i>	Non-Pref	PA; M
<i>betaxolol hcl tab 20 mg</i>	Non-Pref	PA; M
<i>bisoprolol fumarate tab 5 mg</i>	Non-Pref	PA; M
<i>bisoprolol fumarate tab 10 mg</i>	Non-Pref	PA; M
BYSTOLIC TAB 2.5MG	Pref	M
BYSTOLIC TAB 5MG	Pref	M
BYSTOLIC TAB 10MG	Pref	M
BYSTOLIC TAB 20MG	Pref	M
KAPSPARGO CAP 25MG	Non-Pref	PA; M
KAPSPARGO CAP 50MG	Non-Pref	PA; M
KAPSPARGO CAP 100MG	Non-Pref	PA; M
KAPSPARGO CAP 200MG	Non-Pref	PA; M
LOPRESSOR TAB 50MG	Non-Pref	PA; M
LOPRESSOR TAB 100MG	Non-Pref	PA; M
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)</i>	Pref	M
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)</i>	Pref	M

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)</i>	Pref	M
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)</i>	Pref	M
<i>metoprolol tartrate tab 25 mg</i>	Pref	M
<i>metoprolol tartrate tab 37.5 mg</i>	Pref	M
<i>metoprolol tartrate tab 50 mg (generic of LOPRESSOR)</i>	Pref	M
<i>metoprolol tartrate tab 75 mg</i>	Pref	M
<i>metoprolol tartrate tab 100 mg (generic of LOPRESSOR)</i>	Pref	M
<i>nebivolol hcl tab 2.5 mg (base equivalent) (generic of BYSTOLIC)</i>	Non-Pref	PA; M
<i>nebivolol hcl tab 5 mg (base equivalent) (generic of BYSTOLIC)</i>	Non-Pref	PA; M
<i>nebivolol hcl tab 10 mg (base equivalent) (generic of BYSTOLIC)</i>	Non-Pref	PA; M
<i>nebivolol hcl tab 20 mg (base equivalent) (generic of BYSTOLIC)</i>	Non-Pref	PA; M
TENORMIN TAB 25MG	Non-Pref	PA; M
TENORMIN TAB 50MG	Non-Pref	PA; M
TENORMIN TAB 100MG	Non-Pref	PA; M
TOPROL XL TAB 25MG	Non-Pref	PA; M
TOPROL XL TAB 50MG	Non-Pref	PA; M
TOPROL XL TAB 100MG	Non-Pref	PA; M
TOPROL XL TAB 200MG	Non-Pref	PA; M
BETA BLOCKERS NON-SELECTIVE		
BETAPACE AF TAB 80MG	Non-Pref	PA; M
BETAPACE AF TAB 120MG	Non-Pref	PA; M
BETAPACE AF TAB 160MG	Non-Pref	PA; M
BETAPACE TAB 80MG	Non-Pref	PA; M
BETAPACE TAB 120MG	Non-Pref	PA; M
BETAPACE TAB 160MG	Non-Pref	PA; M
CORGARD TAB 20MG	Non-Pref	PA; M
CORGARD TAB 40MG	Non-Pref	PA; M
CORGARD TAB 80MG	Non-Pref	PA; M
HEMANGEOL SOL 4.28/ML	Non-Pref	PA; M
INDERAL LA CAP 60MG	Non-Pref	PA; M
INDERAL LA CAP 80MG	Non-Pref	PA; M
INDERAL LA CAP 120MG	Non-Pref	PA; M
INDERAL LA CAP 160MG	Non-Pref	PA; M
INDERAL XL CAP 80MG	Non-Pref	PA; M
INDERAL XL CAP 120MG	Non-Pref	PA; M
INNOPRAN XL CAP 80MG	Non-Pref	PA; M

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

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

Drug Name **Drug Tier** **Requirements/Limits**
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate tab 2.5 mg (base equivalent) (generic of NORVASC)</i>	Pref	M
<i>amlodipine besylate tab 5 mg (base equivalent) (generic of NORVASC)</i>	Pref	M
<i>amlodipine besylate tab 10 mg (base equivalent) (generic of NORVASC)</i>	Pref	M
CALAN SR TAB 120MG	Non-Pref	PA; M
CALAN SR TAB 180MG	Non-Pref	PA; M
CALAN SR TAB 240MG	Non-Pref	PA; M
CARDIZEM CD CAP 120MG/24	Non-Pref	PA; M
CARDIZEM CD CAP 180MG/24	Non-Pref	PA; M
CARDIZEM CD CAP 240MG/24	Non-Pref	PA; M
CARDIZEM CD CAP 300MG/24	Non-Pref	PA; M
CARDIZEM CD CAP 360MG/24	Non-Pref	PA; M
CARDIZEM LA TAB 120MG	Non-Pref	PA; M
CARDIZEM LA TAB 180MG	Non-Pref	PA; M
CARDIZEM LA TAB 240MG	Non-Pref	PA; M
CARDIZEM LA TAB 300MG/24	Non-Pref	PA; M
CARDIZEM LA TAB 360MG	Non-Pref	PA; M
CARDIZEM LA TAB 420MG/24	Non-Pref	PA; M
CARDIZEM TAB 30MG	Non-Pref	PA; M
CARDIZEM TAB 60MG	Non-Pref	PA; M
CARDIZEM TAB 120MG	Non-Pref	PA; M
<i>cartia xt cap 120/24hr (generic of CARDIZEM CD)</i>	Pref	M
<i>cartia xt cap 180/24hr (generic of CARDIZEM CD)</i>	Pref	M
<i>cartia xt cap 240/24hr (generic of CARDIZEM CD)</i>	Pref	M
<i>cartia xt cap 300/24hr (generic of CARDIZEM CD)</i>	Pref	M
<i>dilt-xr cap 120mg</i>	Pref	M
<i>dilt-xr cap 180mg</i>	Pref	M
<i>dilt-xr cap 240mg</i>	Pref	M
<i>diltiazem hcl cap er 12hr 60 mg</i>	Pref	M
<i>diltiazem hcl cap er 12hr 90 mg</i>	Pref	M
<i>diltiazem hcl cap er 12hr 120 mg</i>	Pref	M
<i>diltiazem hcl cap er 24hr 120 mg</i>	Pref	M
<i>diltiazem hcl cap er 24hr 180 mg</i>	Pref	M

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cap er 24hr 240 mg</i>	Pref	M
<i>diltiazem hcl coated beads cap er 24hr 120 mg (generic of CARDIZEM CD)</i>	Pref	M
<i>diltiazem hcl coated beads cap er 24hr 180 mg (generic of CARDIZEM CD)</i>	Pref	M
<i>diltiazem hcl coated beads cap er 24hr 240 mg (generic of CARDIZEM CD)</i>	Pref	M
<i>diltiazem hcl coated beads cap er 24hr 300 mg (generic of CARDIZEM CD)</i>	Pref	M
<i>diltiazem hcl coated beads cap er 24hr 360 mg (generic of CARDIZEM CD)</i>	Pref	M
<i>diltiazem hcl coated beads tab er 24hr 180 mg (generic of CARDIZEM LA)</i>	Non-Pref	PA; M
<i>diltiazem hcl coated beads tab er 24hr 240 mg (generic of CARDIZEM LA)</i>	Non-Pref	PA; M
<i>diltiazem hcl coated beads tab er 24hr 300 mg (generic of CARDIZEM LA)</i>	Non-Pref	PA; M
<i>diltiazem hcl coated beads tab er 24hr 360 mg (generic of CARDIZEM LA)</i>	Non-Pref	PA; M
<i>diltiazem hcl coated beads tab er 24hr 420 mg (generic of CARDIZEM LA)</i>	Non-Pref	PA; M
<i>diltiazem hcl extended release beads cap er 24hr 120 mg (generic of TIAZAC)</i>	Pref	M
<i>diltiazem hcl extended release beads cap er 24hr 180 mg (generic of TIAZAC)</i>	Pref	M
<i>diltiazem hcl extended release beads cap er 24hr 240 mg (generic of TIAZAC)</i>	Pref	M
<i>diltiazem hcl extended release beads cap er 24hr 300 mg (generic of TIAZAC)</i>	Pref	M
<i>diltiazem hcl extended release beads cap er 24hr 360 mg (generic of TIAZAC)</i>	Pref	M
<i>diltiazem hcl extended release beads cap er 24hr 420 mg (generic of TIAZAC)</i>	Pref	M
<i>diltiazem hcl tab 30 mg (generic of CARDIZEM)</i>	Pref	M
<i>diltiazem hcl tab 60 mg (generic of CARDIZEM)</i>	Pref	M
<i>diltiazem hcl tab 90 mg</i>	Pref	M
<i>diltiazem hcl tab 120 mg (generic of CARDIZEM)</i>	Pref	M
<i>felodipine tab er 24hr 2.5 mg</i>	Non-Pref	PA; M
<i>felodipine tab er 24hr 5 mg</i>	Non-Pref	PA; M
<i>felodipine tab er 24hr 10 mg</i>	Non-Pref	PA; M
<i>isradipine cap 2.5 mg</i>	Non-Pref	PA; M
<i>isradipine cap 5 mg</i>	Non-Pref	PA; M

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

Drug Name	Drug Tier	Requirements/Limits
KATERZIA SUS 1MG/ML	Non-Pref	PA; M
<i>matzim la tab 180mg/24</i> (generic of CARDIZEM LA)	Non-Pref	PA; M
<i>matzim la tab 240mg/24</i> (generic of CARDIZEM LA)	Non-Pref	PA; M
<i>matzim la tab 300mg/24</i> (generic of CARDIZEM LA)	Non-Pref	PA; M
<i>matzim la tab 360mg/24</i> (generic of CARDIZEM LA)	Non-Pref	PA; M
<i>matzim la tab 420mg/24</i> (generic of CARDIZEM LA)	Non-Pref	PA; M
<i>nicardipine hcl cap 20 mg</i>	Non-Pref	PA; M
<i>nicardipine hcl cap 30 mg</i>	Non-Pref	PA; M
<i>nifedipine cap 10 mg</i>	Pref	M
<i>nifedipine cap 20 mg</i>	Pref	M
<i>nifedipine tab er 24hr 30 mg</i>	Pref	M
<i>nifedipine tab er 24hr 60 mg</i>	Pref	M
<i>nifedipine tab er 24hr 90 mg</i>	Pref	M
<i>nifedipine tab er 24hr osmotic release 30 mg</i> (generic of PROCARDIA XL)	Pref	M
<i>nifedipine tab er 24hr osmotic release 60 mg</i> (generic of PROCARDIA XL)	Pref	M
<i>nifedipine tab er 24hr osmotic release 90 mg</i> (generic of PROCARDIA XL)	Pref	M
<i>nimodipine cap 30 mg</i>	Pref	QL (21 caps / 273 days)
<i>nisoldipine tab er 24hr 8.5 mg</i> (generic of SULAR)	Non-Pref	PA; M
<i>nisoldipine tab er 24hr 17 mg</i> (generic of SULAR)	Non-Pref	PA; M
<i>nisoldipine tab er 24hr 20 mg</i>	Non-Pref	PA; M
<i>nisoldipine tab er 24hr 25.5 mg</i>	Non-Pref	PA; M
<i>nisoldipine tab er 24hr 30 mg</i>	Non-Pref	PA; M
<i>nisoldipine tab er 24hr 34 mg</i> (generic of SULAR)	Non-Pref	PA; M
<i>nisoldipine tab er 24hr 40 mg</i>	Non-Pref	PA; M
NORVASC TAB 2.5MG	Non-Pref	PA; M
NORVASC TAB 5MG	Non-Pref	PA; M
NORVASC TAB 10MG	Non-Pref	PA; M
PROCARDIA XL TAB 30MG CR	Non-Pref	PA; M
PROCARDIA XL TAB 60MG CR	Non-Pref	PA; M
PROCARDIA XL TAB 90MG CR	Non-Pref	PA; M
SULAR TAB 8.5MG	Non-Pref	PA; M
SULAR TAB 17MG	Non-Pref	PA; M
SULAR TAB 34MG	Non-Pref	PA; M

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

Drug Name	Drug Tier	Requirements/Limits
<i>taztia xt cap 120mg/24 (generic of TIAZAC)</i>	Pref	M
<i>taztia xt cap 180mg/24 (generic of TIAZAC)</i>	Pref	M
<i>taztia xt cap 240mg/24 (generic of TIAZAC)</i>	Pref	M
<i>taztia xt cap 300mg er (generic of TIAZAC)</i>	Pref	M
<i>taztia xt cap 360mg/24 (generic of TIAZAC)</i>	Pref	M
<i>tiadylt cap 120mg/24 (generic of TIAZAC)</i>	Pref	M
<i>tiadylt cap 180mg/24 (generic of TIAZAC)</i>	Pref	M
<i>tiadylt cap 240mg/24 (generic of TIAZAC)</i>	Pref	M
<i>tiadylt cap 300mg/24 (generic of TIAZAC)</i>	Pref	M
<i>tiadylt cap 360mg/24 (generic of TIAZAC)</i>	Pref	M
<i>tiadylt cap 420mg/24 (generic of TIAZAC)</i>	Pref	M
TIAZAC CAP 120MG/24	Non-Pref	PA; M
TIAZAC CAP 180MG/24	Non-Pref	PA; M
TIAZAC CAP 240MG/24	Non-Pref	PA; M
TIAZAC CAP 300MG/24	Non-Pref	PA; M
TIAZAC CAP 360MG/24	Non-Pref	PA; M
TIAZAC CAP 420MG/24	Non-Pref	PA; M
<i>verapamil hcl cap er 24hr 100 mg</i>	Non-Pref	PA; M
<i>verapamil hcl cap er 24hr 120 mg (generic of VERELAN)</i>	Non-Pref	PA; M
<i>verapamil hcl cap er 24hr 180 mg (generic of VERELAN)</i>	Non-Pref	PA; M
<i>verapamil hcl cap er 24hr 200 mg</i>	Non-Pref	PA; M
<i>verapamil hcl cap er 24hr 240 mg (generic of VERELAN)</i>	Non-Pref	PA; M
<i>verapamil hcl cap er 24hr 300 mg</i>	Non-Pref	PA; M
<i>verapamil hcl cap er 24hr 360 mg</i>	Non-Pref	PA; M
<i>verapamil hcl tab 40 mg</i>	Pref	M
<i>verapamil hcl tab 80 mg</i>	Pref	M
<i>verapamil hcl tab 120 mg</i>	Pref	M
<i>verapamil hcl tab er 120 mg (generic of CALAN SR)</i>	Pref	M
<i>verapamil hcl tab er 180 mg</i>	Pref	M
<i>verapamil hcl tab er 240 mg (generic of CALAN SR)</i>	Pref	M
VERELAN CAP 120MG SR	Non-Pref	PA; M
VERELAN CAP 180MG SR	Non-Pref	PA; M
VERELAN CAP 240MG SR	Non-Pref	PA; M
VERELAN CAP 360MG SR	Non-Pref	PA; M
VERELAN PM CAP 100MG ER	Non-Pref	PA; M

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

Drug Name	Drug Tier	Requirements/Limits
VERELAN PM CAP 200MG ER	Non-Pref	PA; M
VERELAN PM CAP 300MG ER	Non-Pref	PA; M

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

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

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

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Non-Pref	PA; M
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Non-Pref	PA; M
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Non-Pref	PA; M
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)	Non-Pref	PA; M
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)	Non-Pref	PA; M
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)	Non-Pref	PA; M
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)	Non-Pref	PA; M
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET)	Non-Pref	PA; M
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET)	Non-Pref	PA; M
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET)	Non-Pref	PA; M
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET)	Non-Pref	PA; M
CADUET TAB 5-10MG	Non-Pref	PA; M
CADUET TAB 5-20MG	Non-Pref	PA; M
CADUET TAB 5-40MG	Non-Pref	PA; M
CADUET TAB 5-80MG	Non-Pref	PA; M
CADUET TAB 10-10MG	Non-Pref	PA; M
CADUET TAB 10-20MG	Non-Pref	PA; M
CADUET TAB 10-40MG	Non-Pref	PA; M
CADUET TAB 10-80MG	Non-Pref	PA; M
ENTRESTO TAB 24-26MG	Pref	M
ENTRESTO TAB 49-51MG	Pref	M
ENTRESTO TAB 97-103MG	Pref	M

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

Drug Name	Drug Tier	Requirements/Limits
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG	Non-Pref	SP, PA; M
ORENITRAM TAB 0.125MG	Non-Pref	SP, PA; M
ORENITRAM TAB 1MG	Non-Pref	SP, PA; M
ORENITRAM TAB 2.5MG	Non-Pref	SP, PA; M
ORENITRAM TAB 5MG	Non-Pref	SP, PA; M
TYVASO REFIL SOL 0.6MG/ML	Pref	SP, PA; M
TYVASO SOL 0.6MG/ML	Pref	SP, PA; M
TYVASO START SOL 0.6MG/ML	Pref	SP, PA; M
VENTAVIS SOL 10MCG/ML	Pref	SP, PA; M
VENTAVIS SOL 20MCG/ML	Pref	SP, PA; M
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i> (generic of LETAIRIS)	Pref	SP, PA; M
<i>ambrisentan tab 10 mg</i> (generic of LETAIRIS)	Pref	SP, PA; M
<i>bosentan tab 62.5 mg</i> (generic of TRACLEER)	Non-Pref	SP, PA; M
<i>bosentan tab 125 mg</i> (generic of TRACLEER)	Non-Pref	SP, PA; M
LETAIRIS TAB 5MG	Non-Pref	SP, PA; M
LETAIRIS TAB 10MG	Non-Pref	SP, PA; M
OPSUMIT TAB 10MG	Pref	SP, PA; M
TRACLEER TAB 32MG	Non-Pref	SP, PA; M
TRACLEER TAB 62.5MG	Pref	SP, PA; M
TRACLEER TAB 125MG	Pref	SP, PA; M
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TAB 20MG	Non-Pref	SP, PA; M
<i>alyq tab 20mg</i> (generic of ADCIRCA)	Non-Pref	SP, PA; M
REVATIO SUS 10MG/ML	Pref	SP, PA; M
REVATIO TAB 20MG	Non-Pref	SP, PA; M
<i>sildenafil citrate for suspension 10 mg/ml</i> (generic of REVATIO)	Non-Pref	SP, PA; M
<i>sildenafil citrate tab 20 mg</i> (generic of REVATIO)	Pref	SP, PA; M
<i>tadalafil tab 20 mg (pah)</i> (generic of ADCIRCA)	Pref	SP, PA; M
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB 200/800	Pref	SP, PA; M
UPTRAVI TAB 200MCG	Pref	SP, PA; M
UPTRAVI TAB 400MCG	Pref	SP, PA; M
UPTRAVI TAB 600MCG	Pref	SP, PA; M

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 800MCG	Pref	SP, PA; M
UPTRAVI TAB 1000MCG	Pref	SP, PA; M
UPTRAVI TAB 1200MCG	Pref	SP, PA; M
UPTRAVI TAB 1400MCG	Pref	SP, PA; M
UPTRAVI TAB 1600MCG	Pref	SP, PA; M

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TAB 0.5MG	Non-Pref	SP, PA; M
ADEMPAS TAB 1.5MG	Non-Pref	SP, PA; M
ADEMPAS TAB 1MG	Non-Pref	SP, PA; M
ADEMPAS TAB 2.5MG	Non-Pref	SP, PA; M
ADEMPAS TAB 2MG	Non-Pref	SP, PA; M

TRANSTHYRETIN STABILIZERS

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

VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)

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

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION

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

CEPHALOSPORINS - 2ND GENERATION

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

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Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor for susp 250 mg/5ml</i>	Non-Pref	PA
<i>cefaclor for susp 375 mg/5ml</i>	Non-Pref	PA
<i>cefprozil for susp 125 mg/5ml</i>	Pref	
<i>cefprozil for susp 250 mg/5ml</i>	Pref	
<i>cefprozil tab 250 mg</i>	Pref	
<i>cefprozil tab 500 mg</i>	Pref	
<i>cefuroxime axetil tab 250 mg</i>	Pref	
<i>cefuroxime axetil tab 500 mg</i>	Pref	

CEPHALOSPORINS - 3RD GENERATION

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

CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING

LIQUIDS

CASTOR OIL	Pref	OTC
HM CASTOR OIL	Pref	OTC
QC CASTOR OIL	Pref	OTC

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

COMBINATION CONTRACEPTIVES - ORAL

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

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Drug Name	Drug Tier	Requirements/Limits
<i>aurovela fe tab 1.5/30</i>	Pref	
<i>aurovela fe tab 1/20</i>	Pref	
<i>aurovela tab 1.5/30</i>	Pref	
<i>aurovela tab 1/20</i>	Pref	
<i>aviane tab</i>	Pref	
<i>ayuna tab</i>	Pref	
<i>azurette tab (generic of MIRCETTE)</i>	Pref	
<i>azurette tab 28 day (generic of MIRCETTE)</i>	Pref	
<i>balziva tab</i>	Pref	
<i>blisovi 24 tab fe 1/20</i>	Pref	
<i>blisovi fe tab 1.5/30</i>	Pref	
<i>blisovi fe tab 1/20</i>	Pref	
<i>briellyn tab</i>	Pref	
<i>caziant pak</i>	Pref	
<i>charlotte 24 chw fe 1/20 (generic of MINASTRIN 24 FE)</i>	Pref	
<i>chateal eq tab 0.15/30</i>	Pref	
<i>chateal tab 0.15/30</i>	Pref	
<i>cryselle-28 tab 28 tabs</i>	Pref	
<i>cyclafem tab 1/35</i>	Pref	
<i>cyclafem tab 7/7/7</i>	Pref	
<i>cyred eq tab</i>	Pref	
<i>cyred tab</i>	Pref	
<i>dasetta tab 1/35</i>	Pref	
<i>dasetta tab 7/7/7</i>	Pref	
<i>delyla tab 0.1-0.02</i>	Pref	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (generic of MIRCETTE)</i>	Pref	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Pref	
<i>dolishale tab 90-20mcg</i>	Pref	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	Pref	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	Pref	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	Pref	
<i>elinest tab</i>	Pref	
<i>emoquette tab</i>	Pref	
<i>enpresse-28 tab</i>	Pref	
<i>enskyce tab</i>	Pref	
<i>estarylla tab 0.25-35</i>	Pref	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Pref	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Pref	
<i>falmina tab</i>	Pref	
<i>femynor tab 0.25-35</i>	Pref	
<i>hailey 24 tab fe</i>	Pref	
<i>hailey fe tab 1.5/30</i>	Pref	
<i>hailey fe tab 1/20</i>	Pref	
<i>hailey tab 1.5/30</i>	Pref	
<i>iclevia tab</i>	Pref	
<i>introvale tab</i>	Pref	
<i>isibloom tab</i>	Pref	
<i>jasmiel tab 3-0.02mg (generic of YAZ)</i>	Pref	
<i>jolessa tab</i>	Pref	
<i>juleber tab</i>	Pref	
<i>junel 1.5/30 tab</i>	Pref	
<i>junel 1/20 tab</i>	Pref	
<i>junel fe 24 tab 1/20</i>	Pref	
<i>junel fe tab 1.5/30</i>	Pref	
<i>junel fe tab 1/20</i>	Pref	
<i>kaitlib fe chw (generic of GENERESS FE)</i>	Pref	
<i>kalliga tab</i>	Pref	
<i>kariva tab 28 day (generic of MIRCETTE)</i>	Pref	
<i>kelnor 1/50 tab</i>	Pref	
<i>kelnor tab 1/35</i>	Pref	
<i>kurvelo tab 0.15/30</i>	Pref	
<i>larin 24 tab fe 1/20</i>	Pref	
<i>larin fe tab 1.5/30</i>	Pref	
<i>larin fe tab 1/20</i>	Pref	
<i>larin tab 1.5/30</i>	Pref	
<i>larin tab 1/20</i>	Pref	
<i>larissia tab</i>	Pref	
<i>layolis fe chw (generic of GENERESS FE)</i>	Pref	
<i>leena tab</i>	Pref	
<i>lessina tab</i>	Pref	
<i>levonest tab</i>	Pref	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Pref	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Pref	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Pref	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Pref	
<i>levora-28 tab 0.15/30</i>	Pref	
<i>lillow tab 0.15/30</i>	Pref	
LO LOESTRIN TAB 1-10-10	Pref	
<i>lo-zumandimi tab 3-0.02mg (generic of YAZ)</i>	Pref	
<i>loestrin 21 tab 1.5/30</i>	Pref	
<i>loestrin fe tab 1.5/30</i>	Pref	
<i>loestrin fe tab 1/20</i>	Pref	
<i>loestrin tab 1/20-21</i>	Pref	
<i>loryna tab 3-0.02mg (generic of YAZ)</i>	Pref	
<i>low-ogestrel tab</i>	Pref	
<i>lutra tab</i>	Pref	
<i>marlissa tab 0.15/30</i>	Pref	
<i>micrgstin 24 tab fe 1/20</i>	Pref	
<i>microgestin tab 1.5/30</i>	Pref	
<i>microgestin tab 1/20</i>	Pref	
<i>microgestin tab fe1.5/30</i>	Pref	
<i>microgestin tab fe 1/20</i>	Pref	
<i>mili tab 0.25/35</i>	Pref	
<i>mono-linyah tab 0.25-35</i>	Pref	
<i>necon tab 0.5/35</i>	Pref	
<i>nikki tab 3-0.02mg (generic of YAZ)</i>	Pref	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Pref	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (generic of GENERESS FE)</i>	Pref	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Pref	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Pref	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Pref	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Pref	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)</i>	Pref	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Pref	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Pref	
<i>nortrel tab 0.5/35</i>	Pref	
<i>nortrel tab 1/35</i>	Pref	
<i>nortrel tab 7/7/7</i>	Pref	
<i>nylia tab 1/35</i>	Pref	
<i>nylia tab 7/7/7</i>	Pref	
<i>nymyo tab 0.25-35</i>	Pref	
<i>ocella tab 3-0.03mg (generic of YASMIN 28)</i>	Pref	
<i>orsythia tab</i>	Pref	
<i>philith tab 0.4-35</i>	Pref	
<i>pimtrea tab (generic of MIRCETTE)</i>	Pref	
<i>pirmella tab 1/35</i>	Pref	
<i>pirmella tab 7/7/7</i>	Pref	
<i>portia-28 tab</i>	Pref	
<i>previfem tab</i>	Pref	
<i>reclipsen tab</i>	Pref	
<i>setlakin tab</i>	Pref	
<i>simliya tab 28 day (generic of MIRCETTE)</i>	Pref	
<i>sprintec 28 tab 28 day</i>	Pref	
<i>sronyx tab</i>	Pref	
<i>syeda tab 3-0.03mg (generic of YASMIN 28)</i>	Pref	
<i>tarina 24 fe tab</i>	Pref	
<i>tarina fe tab 1/20</i>	Pref	
<i>tarina fe tab 1/20 eq</i>	Pref	
<i>tilia fe tab (generic of ESTROSTEP FE)</i>	Pref	
<i>tri femynor tab</i>	Pref	
<i>tri-estaryll tab</i>	Pref	
<i>tri-legest tab fe (generic of ESTROSTEP FE)</i>	Pref	
<i>tri-linyah tab</i>	Pref	
<i>tri-lo tab estaryll (generic of ORTHO TRI-CYCLEN LO)</i>	Pref	
<i>tri-lo- tab marzia (generic of ORTHO TRI-CYCLEN LO)</i>	Pref	
<i>tri-lo- tab sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	Pref	
<i>tri-lo-mili tab (generic of ORTHO TRI-CYCLEN LO)</i>	Pref	
<i>tri-mili tab</i>	Pref	
<i>tri-nymyo tab</i>	Pref	
<i>tri-previfem tab</i>	Pref	
<i>tri-sprintec tab</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-vylibra tab</i>	Pref	
<i>tri-vylibra tab lo</i> (generic of ORTHO TRI-CYCLEN LO)	Pref	
<i>trivora-28 tab</i>	Pref	
<i>tyblume chw 0.1-0.02</i>	Pref	
<i>tydemy tab</i> (generic of SAFYRAL)	Pref	
<i>velivet pak</i>	Pref	
<i>vestura tab 3-0.02mg</i> (generic of YAZ)	Pref	
<i>vienva tab 0.1-20</i>	Pref	
<i>viorele tab</i> (generic of MIRCETTE)	Pref	
<i>volnea tab</i> (generic of MIRCETTE)	Pref	
<i>vyfemla tab 0.4-35</i>	Pref	
<i>vylibra tab 0.25-35</i>	Pref	
<i>wera tab 0.5/35</i>	Pref	
<i>wymzya fe chw 0.4mg-35</i>	Pref	
<i>zarah tab 3-0.03mg</i> (generic of YASMIN 28)	Pref	
<i>zovia 1/35 tab</i>	Pref	
<i>zovia 1/35e tab</i>	Pref	
<i>zumandimine tab 3-0.03mg</i> (generic of YASMIN 28)	Pref	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>xulane dis 150-35</i>	Pref	QL (9 patches / 63 days)
<i>zafemy dis 150/35</i>	Pref	QL (9 patches / 63 days)
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>eluryng mis</i> (generic of NUVARING)	Pref	QL (3 rings / 63 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	Pref	QL (3 rings / 63 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	Pref	
<i>levonorgestrel tab 1.5 mg</i>	Pref	OTC
PLAN B TAB 1.5MG	Pref	OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
<i>medroxyprogesterone acetate im susp 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Pref	QL (1 injection / 56 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Pref	

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Drug Name	Drug Tier	Requirements/Limits
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PROGESTIN CONTRACEPTIVES - ORAL

<i>camila tab 0.35mg</i>	Pref	
<i>deblitane tab 0.35mg</i>	Pref	
<i>errin tab 0.35mg</i>	Pref	
<i>heather tab 0.35mg</i>	Pref	
<i>incassia tab 0.35mg</i>	Pref	
<i>jencycla tab 0.35mg</i>	Pref	
<i>lyleq tab 0.35mg</i>	Pref	
<i>lyza tab 0.35mg</i>	Pref	
<i>nora-be tab 0.35mg</i>	Pref	
<i>norethindrone tab 0.35 mg</i>	Pref	
<i>norlyda tab 0.35mg</i>	Pref	
<i>norlyroc tab 0.35mg</i>	Pref	
<i>sharobel tab 0.35mg</i>	Pref	
<i>tulana tab 0.35mg</i>	Pref	

CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

GLUCOCORTICOSTEROIDS

ALKINDI SPRI CAP 0.5MG	Pref	SP, PA, AGE; Max age 4
ALKINDI SPRI CAP 1MG	Pref	SP, PA, AGE; Max age 4
ALKINDI SPRI CAP 2MG	Pref	SP, PA, AGE; Max age 4
ALKINDI SPRI CAP 5MG	Pref	SP, PA, AGE; Max age 4
<i>budesonide delayed release particles cap 3 mg (generic of ENTOCORT EC)</i>	Pref	PA
<i>budesonide tab er 24hr 9 mg (generic of UCERIS)</i>	Non-Pref	PA
<i>decadron tab 0.5mg</i>	Pref	
<i>decadron tab 0.75mg</i>	Pref	
<i>decadron tab 4mg</i>	Pref	
<i>decadron tab 6mg</i>	Pref	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Pref	
<i>dexamethasone soln 0.5 mg/5ml</i>	Pref	
<i>dexamethasone tab 0.5 mg</i>	Pref	
<i>dexamethasone tab 0.75 mg</i>	Pref	
<i>dexamethasone tab 1 mg</i>	Pref	
<i>dexamethasone tab 1.5 mg</i>	Pref	
<i>dexamethasone tab 2 mg</i>	Pref	
<i>dexamethasone tab 4 mg</i>	Pref	
<i>dexamethasone tab 6 mg</i>	Pref	
EMFLAZA SUS 22.75/ML	Pref	SP, PA, AGE; Min age 2
EMFLAZA TAB 6MG	Pref	SP, PA, AGE; Min age 2
EMFLAZA TAB 18MG	Pref	SP, PA, AGE; Min age 2
EMFLAZA TAB 30MG	Pref	SP, PA, AGE; Min age 2
EMFLAZA TAB 36MG	Pref	SP, PA, AGE; Min age 2

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone tab 5 mg (generic of CORTEF)</i>	Pref	
<i>hydrocortisone tab 10 mg (generic of CORTEF)</i>	Pref	
<i>hydrocortisone tab 20 mg (generic of CORTEF)</i>	Pref	
<i>methylprednisolone tab 4 mg (generic of MEDROL)</i>	Pref	
<i>methylprednisolone tab 8 mg (generic of MEDROL)</i>	Pref	
<i>methylprednisolone tab 16 mg (generic of MEDROL)</i>	Pref	
<i>methylprednisolone tab 32 mg (generic of MEDROL)</i>	Pref	
<i>methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)</i>	Pref	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)</i>	Pref	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Pref	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Pref	
<i>prednisone oral soln 5 mg/5ml</i>	Pref	
<i>prednisone tab 1 mg</i>	Pref	
<i>prednisone tab 2.5 mg</i>	Pref	
<i>prednisone tab 5 mg</i>	Pref	
<i>prednisone tab 10 mg</i>	Pref	
<i>prednisone tab 20 mg</i>	Pref	
<i>prednisone tab 50 mg</i>	Pref	
<i>prednisone tab therapy pack 5 mg (21)</i>	Pref	
<i>prednisone tab therapy pack 5 mg (48)</i>	Pref	
<i>prednisone tab therapy pack 10 mg (21)</i>	Pref	
<i>prednisone tab therapy pack 10 mg (48)</i>	Pref	
UCERIS TAB 9MG	Non-Pref	PA

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	Pref
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COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES

<i>benzonatate cap 100 mg (generic of TESSALON PERLES)</i>	Pref	QL (6 caps / 1 day)
<i>benzonatate cap 200 mg</i>	Pref	QL (5 caps / 1 day)

Drug Name	Drug Tier	Requirements/Limits
COUGH/COLD/ALLERGY COMBINATIONS		
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	Pref	QL (360 mL / 25 days), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Pref	QL (2 tabs / 1 day), AGE, OTC; Min age 4
<i>cold/flu liq daytime</i>	Pref	OTC
<i>day cold/flu liq 10-5-325</i>	Pref	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Pref	QL (360 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	Pref	QL (360 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Pref	QL (360 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>diphenhydramine-phenylephrine tab 25-10 mg</i>	Pref	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Pref	QL (360 mL / 25 days), AGE, OTC; Min age 2
<i>hm daytime liq cold/flu</i>	Pref	OTC
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	Pref	OTC
<i>prometh vc syp 6.25-5/5</i>	Pref	QL (360 mL / 25 days), AGE; Max age 64
<i>prometh vc/ syp codeine</i>	Pref	QL (360 mL / 25 days), AGE; Min age 2; Max age 64
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	Pref	QL (360 mL / 25 days), AGE; Max age 64
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Pref	QL (240 mL / 25 days), AGE; Min age 2; Max age 64
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Pref	QL (360 mL / 25 days), AGE; Min age 4; Max age 64
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	Pref	QL (360 mL / 25 days), AGE; Min age 2; Max age 64
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Pref	QL (360 mL / 25 days)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Pref	AGE, OTC; Min age 4
<i>qc daytime liq cold/flu</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>sm day time liq cold/flu</i>	Pref	OTC
EXPECTORANTS		
<i>guaifenesin liquid 100 mg/5ml</i>	Pref	QL (360 mL / 25 days), AGE, OTC; Min age 4
<i>guaifenesin syrup 100 mg/5ml</i>	Pref	QL (360 mL / 25 days), AGE, OTC; Min age 4
<i>guaifenesin tab 200 mg</i>	Pref	AGE, OTC; Min age 4
<i>guaifenesin tab 400 mg</i>	Pref	AGE, OTC; Min age 4
<i>guaifenesin tab er 12hr 600 mg</i>	Pref	QL (2 tabs / 1 day), AGE, OTC; Min age 4
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride soln nebu 0.9%</i>	Pref	
<i>sodium chloride soln nebu 7%</i>	Pref	
MUCOLYTICS		
<i>acetylcysteine inhal soln 10%</i>	Pref	
<i>acetylcysteine inhal soln 20%</i>	Pref	
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS		
ACNE PRODUCTS		
<i>ACANYA GEL 1.2-2.5%</i>	Non-Pref	PA
<i>adapalene gel 0.1%</i>	Pref	QL (45 gm / 22 days), OTC
<i>avar cleanse liq 10-5%</i>	Pref	
<i>avita cre 0.025% (generic of RETIN-A)</i>	Pref	ST, QL (20 gm / 22 days), AGE; Max age 30
<i>BENZAACLIN GEL 1-5%</i>	Non-Pref	PA
<i>BENZAACLIN GEL 1-5%PUMP</i>	Non-Pref	PA
<i>benzoyl peroxide gel 5%</i>	Pref	OTC
<i>benzoyl peroxide gel 10%</i>	Pref	QL (3.78 gm / 1 day), OTC
<i>benzoyl peroxide liq 5%</i>	Pref	OTC
<i>benzoyl peroxide liq 10%</i>	Pref	OTC
<i>benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)</i>	Pref	
<i>clindacin mis etz 1%</i>	Pref	
<i>clindacin-p pad 1%</i>	Pref	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Pref	
<i>clindamycin phosphate soln 1%</i>	Pref	QL (180 mL / 22 days)
<i>clindamycin phosphate swab 1%</i>	Pref	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5% (generic of BENZAACLIN)</i>	Pref	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (generic of ACANYA)</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin soln 2%</i>	Pref	
<i>isotretinoin cap 10 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>isotretinoin cap 20 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>isotretinoin cap 30 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>isotretinoin cap 40 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>neuac gel 1.2-5%</i>	Pref	
NEUAC KIT 1.2-5%	Non-Pref	PA
ONEXTON GEL 1.2-3.75	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	Pref	
<i>tretinoin cream 0.025% (generic of RETIN-A)</i>	Pref	ST, QL (20 gm / 22 days), AGE; Max age 30

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>diclofenac epolamine patch 1.3%</i>	Non-Pref	PA, QL (2 patches / 1 day)
<i>diclofenac sodium gel 1%</i>	Pref	
<i>diclofenac sodium soln 1.5%</i>	Pref	
FLECTOR DIS 1.3%	Non-Pref	PA, QL (2 patches / 1 day)
LICART DIS 1.3%	Non-Pref	PA, QL (15 patches / 22 days)
PENNSAID SOL 2%	Non-Pref	PA

ANTIBIOTICS - TOPICAL

<i>bacitracin oint 500 unit/gm</i>	Pref	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Pref	OTC
CENTANY AT KIT 2%	Non-Pref	PA
CENTANY OIN 2%	Non-Pref	PA
<i>gentamicin sulfate cream 0.1%</i>	Pref	
<i>gentamicin sulfate oint 0.1%</i>	Pref	
<i>mupirocin calcium cream 2%</i>	Non-Pref	PA
<i>mupirocin oint 2%</i>	Pref	
<i>neomycin-bacitracin-polymyxin oint</i>	Pref	OTC
XEPI CRE 1%	Non-Pref	PA, QL (60 gm / 22 days)

ANTIFUNGALS - TOPICAL

<i>butenafine hcl cream 1%</i>	Non-Pref	PA, OTC
<i>cicloclodan sol 8%</i>	Pref	PA
<i>ciclopirox gel 0.77%</i>	Non-Pref	PA
<i>ciclopirox kit 8%</i>	Non-Pref	PA
<i>ciclopirox olamine cream 0.77% (base equiv) (generic of LOPROX)</i>	Pref	
<i>ciclopirox olamine susp 0.77% (base equiv) (generic of LOPROX)</i>	Non-Pref	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox shampoo 1% (generic of LOPROX SHAMPOO)</i>	Non-Pref	PA
<i>ciclopirox solution 8%</i>	Pref	PA
<i>clotrimazole cream 1%</i>	Pref	
<i>clotrimazole cream 1%</i>	Pref	OTC
<i>clotrimazole soln 1%</i>	Pref	
<i>clotrimazole soln 1%</i>	Pref	OTC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Pref	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Non-Pref	PA
<i>econazole nitrate cream 1%</i>	Non-Pref	PA
ERTACZO CRE 2%	Non-Pref	PA
EXELDERM CRE 1%	Non-Pref	PA
EXELDERM SOL 1%	Non-Pref	PA
EXTINA AER 2%	Non-Pref	PA
JUBLIA SOL 10%	Non-Pref	PA
KERYDIN SOL 5%	Non-Pref	PA
<i>ketoconazole cream 2%</i>	Pref	
<i>ketoconazole foam 2% (generic of EXTINA)</i>	Non-Pref	PA
<i>ketoconazole shampoo 2%</i>	Pref	
<i>ketodan aer 2% (generic of EXTINA)</i>	Non-Pref	PA
KETODAN KIT 2%	Non-Pref	PA
LOPROX CRE 0.77%	Non-Pref	PA
LOPROX KIT 0.77%	Non-Pref	PA
LOPROX SHA 1%	Non-Pref	PA
LOPROX SUS 0.77%	Non-Pref	PA
LOTRIMIN ULT CRE 1%	Non-Pref	PA, OTC
<i>luliconazole cream 1%</i>	Non-Pref	PA
LUZU CRE 1%	Non-Pref	PA
MENTAX CRE 1%	Non-Pref	PA
<i>miconazole nitrate cream 2%</i>	Pref	OTC
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	Non-Pref	PA
<i>naftifine hcl cream 1%</i>	Non-Pref	PA
<i>naftifine hcl cream 2%</i>	Non-Pref	PA
<i>naftifine hcl gel 1% (generic of NAFTIN)</i>	Non-Pref	PA
NAFTIN GEL 1%	Non-Pref	PA
NAFTIN GEL 2%	Non-Pref	PA
<i>nystatin cream 100000 unit/gm</i>	Pref	
<i>nystatin oint 100000 unit/gm</i>	Pref	
<i>nystatin topical powder 100000 unit/gm</i>	Pref	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Pref	
<i>oxiconazole nitrate cream 1% (generic of OXISTAT)</i>	Non-Pref	PA
OXISTAT CRE 1%	Non-Pref	PA
OXISTAT LOT 1%	Non-Pref	PA
<i>sulconazole nitrate cream 1%</i>	Non-Pref	PA
<i>sulconazole nitrate solution 1%</i>	Non-Pref	PA
<i>tavorole soln 5% (generic of KERYDIN)</i>	Non-Pref	PA
<i>terbinafine hcl cream 1%</i>	Pref	OTC
TINACTIN CRE 1%	Non-Pref	PA, OTC
<i>tolnaftate aerosol pow 1%</i>	Pref	OTC
<i>tolnaftate cream 1%</i>	Pref	OTC
<i>tolnaftate powder 1%</i>	Pref	OTC
VUSION OIN	Non-Pref	PA

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Pref	PA, QL (100 gm / 22 days)
<i>fluorouracil cream 0.5%</i>	Pref	PA, QL (30 gm / 22 days)
<i>fluorouracil cream 5% (generic of EFUDEX)</i>	Pref	PA, QL (40 gm / 22 days)

ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>acitretin cap 17.5 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>acitretin cap 25 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>calcipotriene oint 0.005%</i>	Pref	PA, QL (4 gm / 1 day)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Pref	PA, QL (2 mL / 1 day)
<i>calcitrene oin 0.005%</i>	Pref	PA, QL (4 gm / 1 day)
COSENTYX INJ 75MG/0.5	Pref	SP; BIOLOGIC
COSENTYX INJ 150MG/ML	Pref	SP; BIOLOGIC
COSENTYX INJ 300DOSE	Pref	SP; BIOLOGIC
COSENTYX PEN INJ 150MG/ML	Pref	SP; BIOLOGIC
COSENTYX PEN INJ 300DOSE	Pref	SP; BIOLOGIC
ILUMYA SOL 100MG/ML	Non-Pref	SP, PA; BIOLOGIC
SILIQ INJ 210/1.5	Non-Pref	SP, PA; BIOLOGIC
SKYRIZI INJ 150DOSE	Non-Pref	SP, PA; BIOLOGIC
SKYRIZI INJ 150MG/ML	Non-Pref	SP, PA; BIOLOGIC
SKYRIZI PEN INJ 150MG/ML	Non-Pref	SP, PA; BIOLOGIC
STELARA INJ 45MG/0.5	Non-Pref	SP, PA; BIOLOGIC
STELARA INJ 90MG/ML	Non-Pref	SP, PA; BIOLOGIC
TALTZ INJ 80MG/ML	Non-Pref	SP, PA; BIOLOGIC
TREMFYA INJ 100MG/ML	Non-Pref	SP, PA; BIOLOGIC

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Drug Name	Drug Tier	Requirements/Limits
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 2.5%</i>	Pref	
ANTIVIRALS - TOPICAL		
<i>acyclovir cream 5% (generic of ZOVIRAX)</i>	Non-Pref	PA; M
<i>acyclovir oint 5% (generic of ZOVIRAX)</i>	Non-Pref	PA; M
DENAVIR CRE 1%	Pref	M
<i>docosanol cream 10%</i>	Pref	OTC
<i>hm docosan cre 10%</i>	Pref	OTC
XERESE CRE 5-1%	Non-Pref	PA; M
ZOVIRAX CRE 5%	Pref	M
ZOVIRAX OIN 5%	Pref	M
BURN PRODUCTS		
<i>silver sulfadiazine cream 1% (generic of SILVADENE)</i>	Pref	
<i>ssd cre 1% (generic of SILVADENE)</i>	Pref	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	Non-Pref	PA
<i>alclometasone dipropionate oint 0.05%</i>	Non-Pref	PA
<i>amcinonide cream 0.1%</i>	Non-Pref	PA
<i>amcinonide lotion 0.1%</i>	Non-Pref	PA
APEXICON E CRE 0.05%	Non-Pref	PA
<i>betamethasone dipropionate augmented cream 0.05% (generic of DIPROLENE AF)</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented gel 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented oint 0.05% (generic of DIPROLENE)</i>	Non-Pref	PA
<i>betamethasone dipropionate cream 0.05%</i>	Pref	
<i>betamethasone dipropionate lotion 0.05%</i>	Pref	
<i>betamethasone dipropionate oint 0.05%</i>	Pref	
<i>betamethasone valerate aerosol foam 0.12% (generic of LUXIQ)</i>	Non-Pref	PA
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Pref	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Pref	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Pref	
BRYHALI LOT 0.01%	Non-Pref	PA
CAPEX SHA 0.01%	Non-Pref	PA
<i>clobetasol propionate cream 0.05% (generic of TEMOVATE)</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate emollient base cream 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate emulsion foam 0.05% (generic of OLUX-E)</i>	Non-Pref	PA
<i>clobetasol propionate foam 0.05% (generic of OLUX)</i>	Non-Pref	PA
<i>clobetasol propionate gel 0.05%</i>	Pref	
<i>clobetasol propionate lotion 0.05% (generic of CLOBEX)</i>	Non-Pref	PA
<i>clobetasol propionate oint 0.05% (generic of TEMOVATE)</i>	Pref	
<i>clobetasol propionate shampoo 0.05% (generic of CLOBEX)</i>	Non-Pref	PA
<i>clobetasol propionate soln 0.05%</i>	Pref	
<i>clobetasol propionate spray 0.05% (generic of CLOBEX)</i>	Non-Pref	PA
CLOBEX LOT 0.05%	Non-Pref	PA
CLOBEX SHA 0.05%	Non-Pref	PA
CLOBEX SPR 0.05%	Non-Pref	PA
<i>clocortolone pivalate cream 0.1%</i>	Non-Pref	PA
CLODAN KIT 0.05%	Non-Pref	PA
<i>clodan sha 0.05% (generic of CLOBEX)</i>	Non-Pref	PA
CLODERM CRE 0.1%	Non-Pref	PA
CUTIVATE LOT 0.05%	Non-Pref	PA
DERMA-SMOOTH OIL /FS BODY	Non-Pref	PA
DERMA-SMOOTH OIL /FS SCLP	Non-Pref	PA
<i>desonide cream 0.05% (generic of DESOWEN)</i>	Non-Pref	PA
<i>desonide gel 0.05%</i>	Non-Pref	PA
<i>desonide lotion 0.05%</i>	Non-Pref	PA
<i>desonide oint 0.05%</i>	Non-Pref	PA
DESOWEN CRE 0.05%	Non-Pref	PA
<i>desoximetasone cream 0.05% (generic of TOPICORT)</i>	Non-Pref	PA
<i>desoximetasone cream 0.25% (generic of TOPICORT)</i>	Non-Pref	PA
<i>desoximetasone gel 0.05% (generic of TOPICORT)</i>	Non-Pref	PA
<i>desoximetasone oint 0.05% (generic of TOPICORT)</i>	Non-Pref	PA
<i>desoximetasone oint 0.25% (generic of TOPICORT)</i>	Non-Pref	PA
<i>desoximetasone spray 0.25% (generic of TOPICORT)</i>	Non-Pref	PA
<i>diflorasone diacetate cream 0.05%</i>	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>diflorasone diacetate oint 0.05%</i>	Non-Pref	PA
DIPROLENE AF CRE 0.05%	Non-Pref	PA
DIPROLENE OIN 0.05%	Non-Pref	PA
<i>fluocinolone acetonide cream 0.01%</i>	Non-Pref	PA
<i>fluocinolone acetonide cream 0.025%</i> (generic of SYNALAR)	Non-Pref	PA
<i>fluocinolone acetonide oil 0.01% (body oil)</i> (generic of DERMA-SMOOTH/FS BODY)	Non-Pref	PA
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> (generic of DERMA-SMOOTH/FS SCALP)	Non-Pref	PA
<i>fluocinolone acetonide oint 0.025%</i> (generic of SYNALAR)	Non-Pref	PA
<i>fluocinolone acetonide soln 0.01%</i> (generic of SYNALAR)	Non-Pref	PA
<i>fluocinonide cream 0.1%</i> (generic of VANOS)	Non-Pref	PA
<i>fluocinonide cream 0.05%</i>	Non-Pref	PA
<i>fluocinonide emulsified base cream 0.05%</i>	Non-Pref	PA
<i>fluocinonide gel 0.05%</i>	Non-Pref	PA
<i>fluocinonide oint 0.05%</i>	Non-Pref	PA
<i>fluocinonide soln 0.05%</i>	Non-Pref	PA
<i>flurandrenolide cream 0.05%</i> (generic of CORDRAN)	Non-Pref	PA
<i>flurandrenolide lotion 0.05%</i> (generic of CORDRAN)	Non-Pref	PA
<i>flurandrenolide oint 0.05%</i> (generic of CORDRAN)	Non-Pref	PA
<i>fluticasone propionate cream 0.05%</i>	Pref	
<i>fluticasone propionate lotion 0.05%</i> (generic of CUTIVATE)	Non-Pref	PA
<i>fluticasone propionate oint 0.005%</i>	Pref	
<i>halcinonide cream 0.1%</i> (generic of HALOG)	Non-Pref	PA
HALOBETASOL AER 0.05%	Non-Pref	PA
<i>halobetasol propionate cream 0.05%</i>	Pref	
<i>halobetasol propionate oint 0.05%</i>	Pref	
HALOG CRE 0.1%	Non-Pref	PA
HALOG OIN 0.1%	Non-Pref	PA
<i>hc/aloe cre 0.5%</i>	Pref	OTC
<i>hm hydrocort cre 1% plus</i>	Pref	OTC
<i>hydrocort cre 1% aloe</i>	Pref	OTC
<i>hydrocort cre 1% aloe</i>	Non-Pref	PA, OTC
HYDROCORT OIN 1%	Pref	OTC
<i>hydrocort/ cre aloe 1%</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate cream 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i> (generic of LOCOID LIPOCREAM)	Non-Pref	PA
<i>hydrocortisone butyrate lotion 0.1%</i> (generic of LOCOID)	Non-Pref	PA
<i>hydrocortisone butyrate oint 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate soln 0.1%</i>	Non-Pref	PA
<i>hydrocortisone cream 0.5%</i>	Pref	OTC
<i>hydrocortisone cream 1%</i>	Pref	OTC
<i>hydrocortisone cream 1%- rx</i>	Pref	
<i>hydrocortisone cream 2.5%</i>	Pref	
<i>hydrocortisone lotion 2.5%</i>	Pref	
<i>hydrocortisone oint 1%</i>	Pref	OTC
<i>hydrocortisone oint 1%- rx</i>	Pref	
<i>hydrocortisone oint 2.5%</i>	Pref	
<i>hydrocortisone valerate cream 0.2%</i>	Non-Pref	PA
<i>hydrocortisone valerate oint 0.2%</i>	Non-Pref	PA
<i>hydrocortisone-aloe vera cream 1%</i>	Non-Pref	PA, OTC
IMPEKLO LOT 0.05%	Non-Pref	PA
KENALOG AER SPRAY	Non-Pref	PA
LEXETTE AER 0.05%	Non-Pref	PA
LOCOID LIPO CRE 0.1%	Non-Pref	PA
LOCOID LOT 0.1%	Non-Pref	PA
LUXIQ AER 0.12%	Non-Pref	PA
<i>mometasone furoate cream 0.1%</i>	Pref	
<i>mometasone furoate oint 0.1%</i>	Pref	
<i>mometasone furoate solution 0.1% (lotion)</i>	Pref	
OLUX AER 0.05%	Non-Pref	PA
OLUX-E AER 0.05%	Non-Pref	PA
PANDEL CRE 0.1%	Non-Pref	PA
<i>prednicarbate oint 0.1%</i>	Non-Pref	PA
PSORCON CRE 0.05%	Non-Pref	PA
<i>scalpicin sol 1%</i>	Non-Pref	PA, OTC
SERNIVO SPR	Non-Pref	PA
<i>sm hydrocort cre 1% plus</i>	Non-Pref	PA, OTC
SYNALAR CRE 0.025%	Non-Pref	PA
SYNALAR KIT 0.025%	Non-Pref	PA
SYNALAR OIN 0.025%	Non-Pref	PA
SYNALAR SOL 0.01%	Non-Pref	PA
SYNALAR TS KIT 0.01%	Non-Pref	PA
TEMOVATE CRE 0.05%	Non-Pref	PA
TEMOVATE OIN 0.05%	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
TEXACORT SOL 2.5%	Non-Pref	PA
TOPICORT CRE 0.05%	Non-Pref	PA
TOPICORT CRE 0.25%	Non-Pref	PA
TOPICORT GEL 0.05%	Non-Pref	PA
TOPICORT OIN 0.05%	Non-Pref	PA
TOPICORT OIN 0.25%	Non-Pref	PA
TOPICORT SPR 0.25%	Non-Pref	PA
<i>tovet aer 0.05%</i> (generic of OLUX-E)	Non-Pref	PA
TOVET KIT KIT 0.05%	Non-Pref	PA
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i> (generic of KENALOG)	Non-Pref	PA
<i>triamcinolone acetonide cream 0.1%</i>	Pref	
<i>triamcinolone acetonide cream 0.5%</i>	Pref	
<i>triamcinolone acetonide cream 0.025%</i>	Pref	
<i>triamcinolone acetonide lotion 0.1%</i>	Pref	
<i>triamcinolone acetonide lotion 0.025%</i>	Pref	
<i>triamcinolone acetonide oint 0.1%</i>	Pref	
<i>triamcinolone acetonide oint 0.5%</i>	Pref	
<i>triamcinolone acetonide oint 0.05%</i>	Pref	
<i>triamcinolone acetonide oint 0.025%</i>	Pref	
<i>trianex oin 0.05%</i>	Pref	
ULTRAVATE LOT 0.05%	Non-Pref	PA
VANOS CRE 0.1%	Non-Pref	PA
ECZEMA AGENTS		
DUPIXENT INJ 100/0.67	Pref	SP, PA
DUPIXENT INJ 200/1.14	Pref	SP, PA
DUPIXENT INJ 200MG	Pref	SP, PA
DUPIXENT INJ 300/2ML	Pref	SP, PA
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	Pref	QL (140 gm / 22 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	Pref	QL (140 gm / 22 days), OTC
<i>lactic acid (ammonium lactate) lotion 12%</i>	Pref	QL (225 gm / 22 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	Pref	QL (225 gm / 22 days), OTC
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5%</i> (generic of ALDARA)	Pref	QL (0.43 packets / 1 day)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CRE 1%	Pref	PA, QL (30 gm / 22 days), AGE; Min age 2
<i>pimecrolimus cream 1%</i> (generic of ELIDEL)	Non-Pref	PA, QL (30 gm / 22 days), AGE; Min age 2

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Drug Name	Drug Tier	Requirements/Limits
PROTOPIC OIN 0.1%	Non-Pref	PA, QL (30 gm / 22 days), AGE; Min age 16
PROTOPIC OIN 0.03%	Non-Pref	PA, QL (30 gm / 22 days), AGE; Min age 2
<i>tacrolimus oint 0.1%</i> (generic of PROTOPIC)	Non-Pref	PA, QL (30 gm / 22 days), AGE; Min age 16
<i>tacrolimus oint 0.03%</i> (generic of PROTOPIC)	Non-Pref	PA, QL (30 gm / 22 days), AGE; Min age 2

KERATOLYTIC/ANTIMITOTIC AGENTS

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

<i>glydo gel 2%</i>	Pref	
<i>lidocaine cre pain 4%</i>	Pref	OTC
<i>lidocaine hcl cream 3%</i>	Pref	QL (85 gm / 22 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Pref	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Pref	
<i>lidocaine oint 5%</i>	Pref	QL (100 gm / 22 days)
<i>lidocaine patch 4%</i>	Pref	QL (30 patches / 22 days), OTC
<i>lidocaine patch 5%</i> (generic of LIDODERM)	Pref	PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Pref	QL (1 gm / 1 day)

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL

EUCRISA OIN 2%	Pref	PA, QL (100 gm / 22 days), AGE; Min age 3
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ROSACEA AGENTS

<i>metronidazole cream 0.75%</i> (generic of METROCREAM)	Pref	
<i>metronidazole gel 0.75%</i>	Pref	
<i>rosadan cre 0.75%</i> (generic of METROCREAM)	Pref	
<i>rosadan gel 0.75%</i>	Pref	

SCABICIDES & PEDICULICIDES

<i>lice treatmt liq 1%</i>	Pref	QL (59 mL / 22 days), OTC
<i>lice trtmnt liq 1%</i>	Pref	QL (59 mL / 22 days), OTC
<i>lindane shampoo 1%</i>	Pref	QL (2 mL / 1 day)
<i>malathion lotion 0.5%</i>	Pref	ST, QL (1.97 mL / 1 day)
NIX CREM RIN LIQ 1%	Pref	QL (59 mL / 22 days), OTC
<i>permethrin cream 5%</i>	Pref	QL (2 gm / 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>permethrin lotion 1%</i>	Pref	QL (59 mL / 22 days), OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	Pref	QL (59 mL / 22 days), OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	Pref	QL (59 mL / 22 days), OTC
RID LIQ	Pref	QL (59 mL / 22 days), OTC
<i>spinosad susp 0.9%</i>	Pref	ST, QL (240 mL / 135 days)

DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS

DIAGNOSTIC TESTS

BD VERITOR KIT COV/FLU	Pref	QL (1 kit / 1 day)
BD VERITOR KIT SARSCOV2	Pref	QL (1 kit / 1 day)
BINAXNOW COV KIT HOME TES	Pref	QL (1 kit / 1 day)
BINAXNOW COV KIT HOME TES	Pref	QL (1 kit / 1 day), OTC
BINAXNOW KIT COVID-19	Pref	QL (1 kit / 1 day)
CHEMSTRIP TES UGK	Pref	OTC
CVS KETONE TES CARE	Pref	OTC
ELLUME COV19 KIT HOME TES	Pref	QL (1 kit / 1 day), OTC
ID NOW KIT COVID-19	Pref	
KETO-DIASTIX TES	Pref	OTC
QUICKVUE HOM KIT COVID-19	Pref	QL (1 kit / 1 day), OTC
QUICKVUE KIT SARS ANT	Pref	QL (1 kit / 1 day)
RELION TRUE TES METRIX	Pref	OTC
SOFIA2 FLU/ KIT SARS FIA	Pref	QL (1 kit / 1 day)
SOFIA 2 SARS KIT ANTIGEN	Pref	QL (1 kit / 1 day)
TRUE METRIX TES GLUCOSE	Pref	OTC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION

DIETARY MANAGEMENT PRODUCTS

L-METHYL-MC TAB NAC	Pref	
METAFOLBIC TAB PLUS	Pref	
METAFOLBIC TAB PLUS RF	Pref	
METHYLFOL/CA TAB ME-CBL	Pref	
<i>westab max tab 2.5-25-2</i>	Pref	

NUTRITIONAL SUPPLEMENTS

BLADDER 2.2 TAB	Pref	OTC
<i>fiber weight chw manageme</i>	Pref	OTC
FIBER-STAT LIQ	Pref	OTC
<i>sm estroplus tab ex st</i>	Pref	OTC
TYR COOLER LIQ	Pref	OTC

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

Drug Name **Drug Tier** **Requirements/Limits**
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	Pref	PA; M
CREON CAP 6000UNIT	Pref	PA; M
CREON CAP 12000UNT	Pref	PA; M
CREON CAP 24000UNT	Pref	PA; M
CREON CAP 36000UNT	Pref	PA; M
PANCREAZE CAP 2600UNIT	Non-Pref	PA
PANCREAZE CAP 4200UNIT	Non-Pref	PA; M
PANCREAZE CAP 10500UNT	Non-Pref	PA; M
PANCREAZE CAP 16800UNT	Non-Pref	PA; M
PANCREAZE CAP 21000UNT	Non-Pref	PA; M
PANCREAZE CAP 37000	Non-Pref	PA; M
PERTZYE CAP 4000UNIT	Non-Pref	PA; M
PERTZYE CAP 8000UNIT	Non-Pref	PA; M
PERTZYE CAP 16000U	Non-Pref	PA; M
PERTZYE CAP 24000U	Non-Pref	PA; M
VIOKACE TAB 10440	Non-Pref	PA; M
VIOKACE TAB 20880	Non-Pref	PA; M
ZENPEP CAP 3000UNIT	Pref	PA
ZENPEP CAP 5000UNIT	Pref	PA; M
ZENPEP CAP 10000UNT	Pref	PA; M
ZENPEP CAP 15000UNT	Pref	PA, QL (16 caps / 1 day)
ZENPEP CAP 20000UNT	Pref	PA; M
ZENPEP CAP 25000	Pref	PA; M
ZENPEP CAP 40000	Pref	PA; M

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

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

DIURETIC COMBINATIONS

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

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

Drug Name	Drug Tier	Requirements/Limits
LOOP DIURETICS		
<i>bumetanide tab 0.5 mg (generic of BUMEX)</i>	Pref	
<i>bumetanide tab 1 mg</i>	Pref	
<i>bumetanide tab 2 mg</i>	Pref	
<i>furosemide oral soln 8 mg/ml</i>	Pref	
<i>furosemide oral soln 10 mg/ml</i>	Pref	
<i>furosemide tab 20 mg (generic of LASIX)</i>	Pref	
<i>furosemide tab 40 mg (generic of LASIX)</i>	Pref	
<i>furosemide tab 80 mg (generic of LASIX)</i>	Pref	
<i>toremide tab 5 mg</i>	Pref	QL (2 tabs / 1 day)
<i>toremide tab 10 mg</i>	Pref	QL (4 tabs / 1 day)
<i>toremide tab 20 mg</i>	Pref	QL (4 tabs / 1 day)
<i>toremide tab 100 mg</i>	Pref	QL (2 tabs / 1 day)
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	Pref	QL (1 tab / 1 day)
<i>spironolactone tab 25 mg (generic of ALDACTONE)</i>	Pref	
<i>spironolactone tab 50 mg (generic of ALDACTONE)</i>	Pref	
<i>spironolactone tab 100 mg (generic of ALDACTONE)</i>	Pref	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tab 25 mg</i>	Pref	
<i>chlorthalidone tab 50 mg</i>	Pref	
DIURIL SUS 250/5ML	Pref	AGE; Max age 12
<i>hydrochlorothiazide cap 12.5 mg</i>	Pref	
<i>hydrochlorothiazide tab 12.5 mg</i>	Pref	
<i>hydrochlorothiazide tab 25 mg</i>	Pref	
<i>hydrochlorothiazide tab 50 mg</i>	Pref	
<i>indapamide tab 1.25 mg</i>	Pref	QL (1 tab / 1 day)
<i>indapamide tab 2.5 mg</i>	Pref	QL (1 tab / 1 day)
<i>metolazone tab 2.5 mg</i>	Pref	QL (1 tab / 1 day)
<i>metolazone tab 5 mg</i>	Pref	QL (1 tab / 1 day)
<i>metolazone tab 10 mg</i>	Pref	QL (1 tab / 1 day)
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES		
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	Non-Pref	PA, QL (4 tabs / 21 days)
ACTONEL TAB 150MG	Non-Pref	PA
<i>alendronate sodium oral soln 70 mg/75ml</i>	Non-Pref	PA
<i>alendronate sodium tab 5 mg</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tab 10 mg</i>	Pref	
<i>alendronate sodium tab 35 mg</i>	Pref	QL (0.15 tabs / 1 day)
<i>alendronate sodium tab 70 mg</i> (generic of FOSAMAX)	Pref	QL (0.15 tabs / 1 day)
AELVIA TAB	Non-Pref	PA, QL (4 tabs / 22 days)
BINOSTO TAB 70MG	Non-Pref	PA
BONIVA TAB 150MG	Non-Pref	PA, QL (0.04 tabs / 1 day)
<i>calcitonin (salmon) inj 200 unit/ml</i> (generic of MIACALCIN)	Non-Pref	PA
<i>calcitonin (salmon) nasal soln 200 unit/act</i> (generic of MIACALCIN)	Pref	
FORTEO INJ 620/2.48	Non-Pref	SP, PA
FOSAMAX + D TAB 70-2800	Non-Pref	PA, QL (0.15 tabs / 1 day)
FOSAMAX + D TAB 70-5600	Non-Pref	PA, QL (0.15 tabs / 1 day)
FOSAMAX TAB 70MG	Non-Pref	PA, QL (0.15 tabs / 1 day)
<i>ibandronate sodium iv soln 3 mg/3ml</i> (base equivalent)	Non-Pref	PA
<i>ibandronate sodium tab 150 mg</i> (base equivalent) (generic of BONIVA)	Non-Pref	PA, QL (0.04 tabs / 1 day)
MIACALCIN INJ 200/ML	Non-Pref	PA
<i>risedronate sodium tab 5 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 30 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 35 mg</i> (generic of ACTONEL)	Non-Pref	PA, QL (4 tabs / 21 days)
<i>risedronate sodium tab 150 mg</i> (generic of ACTONEL)	Non-Pref	PA
<i>risedronate sodium tab delayed release 35 mg</i> (generic of ATELVIA)	Non-Pref	PA, QL (4 tabs / 22 days)
TERIPARATIDE INJ	Non-Pref	SP, PA
TYMLOS INJ	Non-Pref	SP, PA
GNRH/LHRH ANTAGONISTS		
ORLISSA TAB 150MG	Pref	PA, AGE; Min age 18
ORLISSA TAB 200MG	Pref	PA, AGE; Min age 18
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	Pref	SP, PA
GENOTROPIN INJ 0.4MG	Pref	SP, PA
GENOTROPIN INJ 0.6MG	Pref	SP, PA
GENOTROPIN INJ 0.8MG	Pref	SP, PA
GENOTROPIN INJ 1.2MG	Pref	SP, PA

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

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

HORMONE RECEPTOR MODULATORS

EVISTA TAB 60MG	Non-Pref	PA
<i>raloxifene hcl tab 60 mg</i> (generic of EVISTA)	Pref	

INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)

INCRELEX INJ 40MG/4ML	Pref	SP, PA
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METABOLIC MODIFIERS

<i>calcitriol cap 0.5 mcg</i> (generic of ROCALTROL)	Pref	QL (4 caps / 1 day)
<i>calcitriol cap 0.25 mcg</i> (generic of ROCALTROL)	Pref	QL (4 caps / 1 day)
<i>calcitriol oral soln 1 mcg/ml</i> (generic of ROCALTROL)	Pref	AGE; Max age 12

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

Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hcl tab 30 mg (base equiv)</i> (generic of SENSIPAR)	Pref	PA, QL (2 tabs / 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i> (generic of SENSIPAR)	Pref	PA, QL (2 tabs / 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i> (generic of SENSIPAR)	Pref	PA, QL (4 tabs / 1 day)

MINERALOCORTICOID RECEPTOR ANTAGONISTS

KERENDIA TAB 10MG	Pref	PA, QL (1 tab / 1 day), AGE; Min age 18
KERENDIA TAB 20MG	Pref	PA, QL (1 tab / 1 day), AGE; Min age 18

POSTERIOR PITUITARY HORMONES

<i>desmopressin acetate nasal spray soln</i> 0.01%	Pref	PA
<i>desmopressin acetate nasal spray soln</i> 0.01% (refrigerated)	Pref	PA
<i>desmopressin acetate tab 0.1 mg</i> (generic of DDAVP)	Pref	QL (6 tabs / 1 day)
<i>desmopressin acetate tab 0.2 mg</i> (generic of DDAVP)	Pref	QL (6 tabs / 1 day)

PROLACTIN INHIBITORS

<i>cabergoline tab 0.5 mg</i>	Pref	
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SOMATOSTATIC AGENTS

<i>octreotide acetate inj 50 mcg/ml (0.05</i> <i>mg/ml)</i> (generic of SANDOSTATIN)	Pref	SP, PA
<i>octreotide acetate inj 100 mcg/ml (0.1</i> <i>mg/ml)</i> (generic of SANDOSTATIN)	Pref	SP, PA
<i>octreotide acetate inj 200 mcg/ml (0.2</i> <i>mg/ml)</i>	Pref	SP, PA
<i>octreotide acetate inj 1000 mcg/ml (1</i> <i>mg/ml)</i>	Pref	SP, PA
<i>octreotide inj 50mcg/ml</i>	Pref	SP, PA
<i>octreotide inj 100mcg</i>	Pref	SP, PA

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

ESTROGEN COMBINATIONS

<i>amabelz tab 0.5-0.1</i>	Pref	AGE; Max age 64
<i>amabelz tab 1-0.5mg</i>	Pref	AGE; Max age 64
<i>estradiol & norethindrone acetate tab 0.5-</i> <i>0.1 mg</i>	Pref	AGE; Max age 64
<i>estradiol & norethindrone acetate tab 1-0.5</i> <i>mg</i> (generic of ACTIVELLA)	Pref	AGE; Max age 64
<i>fyavolv tab 0.5-2.5</i> (generic of FEMHRT)	Pref	QL (1 tab / 1 day), AGE; Max age 64
<i>fyavolv tab 1-5</i>	Pref	AGE; Max age 64

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Drug Name	Drug Tier	Requirements/Limits
<i>jinteli tab 1mg-5mcg</i>	Pref	AGE; Max age 64
<i>mimvey tab 1-0.5mg</i> (generic of ACTIVELLA)	Pref	AGE; Max age 64
MYFEMBREE TAB	Non-Pref	PA, AGE; Min age 18
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (generic of FEMHRT)	Pref	QL (1 tab / 1 day), AGE; Max age 64
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Pref	AGE; Max age 64
ORIAHNN CAP	Pref	PA, AGE; Min age 18
PREMPHASE TAB	Pref	QL (1 tab / 1 day), AGE; Max age 64
PREMPRO TAB	Pref	QL (1 tab / 1 day), AGE; Max age 64
PREMPRO TAB 0.3-1.5	Pref	QL (1 tab / 1 day), AGE; Max age 64
PREMPRO TAB 0.45-1.5	Pref	QL (1 tab / 1 day), AGE; Max age 64
PREMPRO TAB 0.625-5	Pref	QL (1 tab / 1 day), AGE; Max age 64

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

ALORA DIS 0.1MG	Pref	QL (8 patches / 21 days), AGE; Max age 64
ALORA DIS 0.05MG	Pref	QL (8 patches / 21 days), AGE; Max age 64
ALORA DIS 0.025MG	Pref	QL (8 patches / 21 days), AGE; Max age 64
ALORA DIS 0.075MG	Pref	QL (8 patches / 21 days), AGE; Max age 64
<i>dotti dis 0.1mg</i>	Pref	QL (8 patches / 21 days), AGE; Max age 64
<i>dotti dis 0.05mg</i>	Pref	QL (8 patches / 21 days), AGE; Max age 64
<i>dotti dis 0.025mg</i>	Pref	QL (8 patches / 21 days), AGE; Max age 64
<i>dotti dis 0.075mg</i>	Pref	QL (8 patches / 21 days), AGE; Max age 64
<i>dotti dis 0.0375mg</i>	Pref	QL (8 patches / 21 days), AGE; Max age 64
<i>estradiol tab 0.5 mg</i> (generic of ESTRACE)	Pref	AGE; Max age 64
<i>estradiol tab 1 mg</i> (generic of ESTRACE)	Pref	AGE; Max age 64
<i>estradiol tab 2 mg</i> (generic of ESTRACE)	Pref	AGE; Max age 64
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> (generic of MINIVELLE)	Pref	QL (8 patches / 21 days), AGE; Max age 64
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> (generic of MINIVELLE)	Pref	QL (8 patches / 21 days), AGE; Max age 64

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> (generic of MINIVELLE)	Pref	QL (8 patches / 21 days), AGE; Max age 64
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (generic of MINIVELLE)	Pref	QL (8 patches / 21 days), AGE; Max age 64
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (generic of MINIVELLE)	Pref	QL (8 patches / 21 days), AGE; Max age 64
<i>estradiol td patch weekly 0.1 mg/24hr</i> (generic of CLIMARA)	Pref	QL (4 patches / 21 days), AGE; Max age 64
<i>estradiol td patch weekly 0.05 mg/24hr</i> (generic of CLIMARA)	Pref	QL (4 patches / 21 days), AGE; Max age 64
<i>estradiol td patch weekly 0.06 mg/24hr</i> (generic of CLIMARA)	Pref	QL (4 patches / 21 days), AGE; Max age 64
<i>estradiol td patch weekly 0.025 mg/24hr</i> (generic of CLIMARA)	Pref	QL (4 patches / 21 days), AGE; Max age 64
<i>estradiol td patch weekly 0.075 mg/24hr</i> (generic of CLIMARA)	Pref	QL (4 patches / 21 days), AGE; Max age 64
<i>estradiol td patch weekly 0.0375 mg/24hr</i> (37.5 mcg/24hr) (generic of CLIMARA)	Pref	QL (4 patches / 21 days), AGE; Max age 64
<i>lyllana dis 0.1mg</i> (generic of MINIVELLE)	Pref	QL (8 patches / 21 days), AGE; Max age 64
<i>lyllana dis 0.05mg</i> (generic of MINIVELLE)	Pref	QL (8 patches / 21 days), AGE; Max age 64
<i>lyllana dis 0.025mg</i> (generic of MINIVELLE)	Pref	QL (8 patches / 21 days), AGE; Max age 64
<i>lyllana dis 0.075mg</i> (generic of MINIVELLE)	Pref	QL (8 patches / 21 days), AGE; Max age 64
<i>lyllana dis 0.0375mg</i> (generic of MINIVELLE)	Pref	QL (8 patches / 21 days), AGE; Max age 64
MENEST TAB 0.3MG	Pref	AGE; Max age 64
MENEST TAB 0.625MG	Pref	AGE; Max age 64
MENEST TAB 1.25MG	Pref	AGE; Max age 64
PREMARIN TAB 0.3MG	Pref	QL (1 tab / 1 day), AGE; Max age 64
PREMARIN TAB 0.9MG	Pref	QL (1 tab / 1 day), AGE; Max age 64
PREMARIN TAB 0.45MG	Pref	QL (1 tab / 1 day), AGE; Max age 64
PREMARIN TAB 0.625MG	Pref	QL (1 tab / 1 day), AGE; Max age 64
PREMARIN TAB 1.25MG	Pref	QL (1 tab / 1 day), AGE; Max age 64

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

BAXDELA TAB 450MG	Non-Pref	PA, QL (42 tabs / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
CIPRO (5%) SUS 250MG/5	Pref	QL (90 mL / 30 days)
CIPRO (10%) SUS 500MG/5	Pref	QL (90 mL / 30 days)
CIPRO TAB 250MG	Non-Pref	PA, QL (42 tabs / 30 days)
CIPRO TAB 500MG	Non-Pref	PA, QL (90 tabs / 30 days)
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	Pref	QL (42 tabs / 30 days)
<i>ciprofloxacin hcl tab 250 mg (base equiv) (generic of CIPRO)</i>	Pref	QL (42 tabs / 30 days)
<i>ciprofloxacin hcl tab 500 mg (base equiv) (generic of CIPRO)</i>	Pref	QL (90 tabs / 30 days)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Pref	QL (42 tabs / 30 days)
<i>levofloxacin oral soln 25 mg/ml</i>	Pref	QL (90 mL / 30 days)
<i>levofloxacin tab 250 mg (generic of LEVAQUIN)</i>	Pref	QL (42 tabs / 30 days)
<i>levofloxacin tab 500 mg (generic of LEVAQUIN)</i>	Pref	QL (90 tabs / 30 days)
<i>levofloxacin tab 750 mg (generic of LEVAQUIN)</i>	Pref	QL (90 tabs / 30 days)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Non-Pref	PA, QL (90 tabs / 30 days)
<i>ofloxacin tab 300 mg</i>	Non-Pref	PA, QL (90 tabs / 30 days)
<i>ofloxacin tab 400 mg</i>	Non-Pref	PA, QL (90 tabs / 30 days)

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

5-HT4 RECEPTOR AGONISTS

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

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB 3MG	Non-Pref	PA
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ANTIFLATULENTS

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

GALLSTONE SOLUBILIZING AGENTS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol tab 250 mg (generic of URSO 250)</i>	Pref	M
<i>ursodiol tab 500 mg (generic of URSO FORTE)</i>	Pref	M

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

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

GASTROINTESTINAL STIMULANTS

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

INFLAMMATORY BOWEL AGENTS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tab 500 mg (generic of AZULFIDINE)</i>	Pref	
<i>sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)</i>	Pref	

IRRITABLE BOWEL SYNDROME (IBS) AGENTS

<i>alose tron hcl tab 0.5 mg (base equiv) (generic of LOTRONEX)</i>	Non-Pref	PA
<i>alose tron hcl tab 1 mg (base equiv) (generic of LOTRONEX)</i>	Non-Pref	PA
LINZESS CAP 72MCG	Pref	
LINZESS CAP 145MCG	Pref	
LINZESS CAP 290MCG	Pref	
LOTRO NEX TAB 0.5MG	Non-Pref	PA
LOTRO NEX TAB 1MG	Non-Pref	PA
VIBERZI TAB 75MG	Non-Pref	PA, QL (2 tabs / 1 day)
VIBERZI TAB 100MG	Non-Pref	PA, QL (2 tabs / 1 day)
ZELNORM TAB 6MG	Non-Pref	PA

PERIPHERAL OPIOID RECEPTOR ANTAGONISTS

MOVANTI K TAB 12.5MG	Pref	
MOVANTI K TAB 25MG	Pref	
RELISTI R INJ 8/0.4ML	Non-Pref	PA
RELISTI R INJ 12/0.6ML	Non-Pref	PA
RELISTI R TAB 150MG	Non-Pref	PA
SYMPROI C TAB 0.2MG	Non-Pref	PA

PHOSPHATE BINDER AGENTS

AURYXIA TAB 210MG	Non-Pref	PA; M
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (generic of PHOSLO)</i>	Pref	PA; M
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Pref	M
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Pref	OTC
<i>calphron tab 667mg</i>	Pref	OTC; M
FOSRENO L CHW 500MG	Non-Pref	PA; M
FOSRENO L CHW 750MG	Non-Pref	PA; M
FOSRENO L CHW 1000MG	Non-Pref	PA; M
FOSRENO L POW 750MG	Non-Pref	PA; M
FOSRENO L POW 1000MG	Non-Pref	PA; M
<i>lanthanum carbonate chew tab 500 mg (elemental) (generic of FOSRENO L)</i>	Non-Pref	PA; M
<i>lanthanum carbonate chew tab 750 mg (elemental) (generic of FOSRENO L)</i>	Non-Pref	PA; M
<i>lanthanum carbonate chew tab 1000 mg (elemental) (generic of FOSRENO L)</i>	Non-Pref	PA; M

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

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

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

ACIDIFIERS

K-PHOS TAB NO 2	Pref	
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ALKALINIZERS

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

INTERSTITIAL CYSTITIS AGENTS

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

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

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

URINARY ANALGESICS

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

GOUT AGENTS - DRUGS TO TREAT GOUT

GOUT AGENT COMBINATIONS

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

<i>allopurinol tab 100 mg (generic of ZYLOPRIM)</i>	Pref	
<i>allopurinol tab 300 mg (generic of ZYLOPRIM)</i>	Pref	
<i>colchicine cap 0.6 mg</i>	Non-Pref	PA
<i>colchicine tab 0.6 mg (generic of COLCRYS)</i>	Pref	
COLCRYS TAB 0.6MG	Non-Pref	PA
<i>febuxostat tab 40 mg (generic of ULORIC)</i>	Non-Pref	PA
<i>febuxostat tab 80 mg (generic of ULORIC)</i>	Non-Pref	PA
GLOPERBA SOL 0.6/5ML	Non-Pref	PA
MITIGARE CAP 0.6MG	Non-Pref	PA
ULORIC TAB 40MG	Non-Pref	PA
ULORIC TAB 80MG	Non-Pref	PA
ZYLOPRIM TAB 100MG	Non-Pref	PA
ZYLOPRIM TAB 300MG	Non-Pref	PA

URICOSURICS

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

HEMATORHEOLOGIC AGENTS

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

AGGRENOX CAP 25-200MG	Non-Pref	PA; M
<i>anagrelide hcl cap 0.5 mg (generic of AGRYLIN)</i>	Pref	
<i>anagrelide hcl cap 1 mg</i>	Pref	

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

HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS

AGENTS FOR SICKLE CELL DISEASE

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

COBALAMINS

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

FOLIC ACID/FOLATES

<i>folic acid tab 1 mg</i>	Pref	
<i>folic acid tab 400 mcg</i>	Pref	QL (1 tab / 1 day), OTC
<i>folic acid tab 800 mcg</i>	Pref	OTC

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG	Pref	PA
ARANESP INJ 25MCG	Pref	PA
ARANESP INJ 40MCG	Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 60MCG	Pref	PA
ARANESP INJ 100MCG	Pref	PA
ARANESP INJ 150MCG	Pref	PA
ARANESP INJ 200MCG	Pref	PA
ARANESP INJ 300MCG	Pref	PA
ARANESP INJ 500MCG	Pref	PA
EPOGEN INJ 2000/ML	Pref	PA
EPOGEN INJ 3000/ML	Pref	PA
EPOGEN INJ 4000/ML	Pref	PA
EPOGEN INJ 10000/ML	Pref	PA
EPOGEN INJ 20000/ML	Pref	PA
FULPHILA INJ 6/0.6ML	Non-Pref	PA, QL (1 syringe / 11 days)
GRANIX INJ 300/0.5	Non-Pref	PA
GRANIX INJ 300/1ML	Non-Pref	PA
GRANIX INJ 480/0.8	Non-Pref	PA
GRANIX INJ 480/1.6	Non-Pref	PA
LEUKINE INJ 250MCG	Non-Pref	PA
NEULASTA INJ 6MG/0.6M	Non-Pref	PA, QL (1 syringe / 11 days)
NEULASTA KIT 6MG/0.6M	Non-Pref	PA, QL (0.6 mL / 11 days)
NEUPOGEN INJ 300/0.5	Pref	
NEUPOGEN INJ 300MCG	Pref	
NEUPOGEN INJ 480/0.8	Pref	
NEUPOGEN INJ 480MCG	Pref	
NIVESTYM INJ 300/0.5	Non-Pref	PA
NIVESTYM INJ 300MCG	Non-Pref	PA
NIVESTYM INJ 480/0.8	Non-Pref	PA
NIVESTYM INJ 480MCG	Non-Pref	PA
NYVEPRIA INJ 6/0.6ML	Pref	QL (0.6 mL / 10 days)
PROCRIT INJ 2000/ML	Non-Pref	PA
PROCRIT INJ 3000/ML	Non-Pref	PA
PROCRIT INJ 4000/ML	Non-Pref	PA
PROCRIT INJ 10000/ML	Non-Pref	PA
PROCRIT INJ 20000/ML	Non-Pref	PA
PROCRIT INJ 40000/ML	Non-Pref	PA
RETACRIT INJ 2000UNIT	Pref	PA
RETACRIT INJ 3000UNIT	Pref	PA
RETACRIT INJ 4000UNIT	Pref	PA
RETACRIT INJ 10000UNT	Pref	PA
RETACRIT INJ 20000UNI	Pref	
RETACRIT INJ 40000UNT	Pref	PA

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

Drug Name	Drug Tier	Requirements/Limits
UDENYCA INJ 6MG/.6ML	Pref	QL (1 syringe / 11 days)
ZARXIO INJ 300/0.5	Non-Pref	PA, QL (90 syringes / 22 days)
ZARXIO INJ 480/0.8	Non-Pref	PA, QL (56.25 syringes / 22 days)
ZIEXTENZO INJ 6/0.6ML	Non-Pref	PA, QL (1 syringe / 11 days)

HEMATOPOIETIC MIXTURES

ACTIVE FE TAB 75-1.25	Pref	
<i>airavite tab</i>	Pref	
BIFERA TAB 28MG	Pref	OTC
CENTRATEX CAP	Pref	
<i>chromagen cap</i>	Pref	QL (2 caps / 1 day)
<i>corvita 150 tab</i>	Pref	
CORVITE 150 TAB	Pref	
CORVITE FE TAB	Pref	
<i>fabb tab 2.2-25-1</i>	Pref	
FEOSOL BIFER TAB 28MG	Pref	OTC
FERIVA TAB 21/7	Pref	
FERIVAFA CAP 110-1MG	Pref	
<i>ferocon cap</i>	Pref	QL (2 caps / 1 day)
FERRALET 90 TAB	Pref	
FERRAPLUS 90 TAB	Pref	
<i>ferrocite tab plus</i>	Pref	
<i>folbee tab</i>	Pref	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	Pref	
FOLITAB 500 TAB	Pref	OTC
FOLIVANE-F CAP	Pref	
FOLIVANE-PLS CAP	Pref	
<i>folplex 2.2 tab</i>	Pref	
<i>foltabs 800 tab</i>	Pref	OTC
<i>foltrin cap</i>	Pref	QL (2 caps / 1 day)
<i>hematinic pl tab vit/min</i>	Pref	
<i>hematinic/fa tab</i>	Pref	
<i>hematogen cap</i>	Pref	QL (2 caps / 1 day), OTC
<i>hematogen cap forte</i>	Pref	OTC
HEMATOGEN FA CAP	Pref	
<i>iferex 150 cap forte</i>	Pref	QL (2 caps / 1 day)
IRO-PLEX LIQ	Pref	OTC
IRON 21/7 MIS	Pref	OTC
<i>iron 100 tab plus</i>	Pref	AGE, OTC; Max age 12

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Drug Name	Drug Tier	Requirements/Limits
<i>iron 100/c tab 100-250</i>	Pref	OTC
IROSPAN 24/6 MIS	Pref	
MULTIGEN PLS TAB	Pref	
MULTIGEN TAB	Pref	
MULTIGEN TAB FOLIC	Pref	
NEPHRON FA TAB	Pref	
NIFEREX TAB	Pref	
NUFERA TAB	Pref	
<i>nufol tab</i>	Pref	
<i>poly-iron cap 150 fort</i>	Pref	QL (2 caps / 1 day)
<i>purevit dual cap fe plus</i>	Pref	
RX SUPPORT TAB HEARTBUR	Pref	OTC
<i>se-tan plus cap</i>	Pref	
TARON FORTE CAP	Pref	
<i>tl-hem 150 tab</i>	Pref	
<i>tricon cap</i>	Pref	QL (2 caps / 1 day)
<i>trigels-f cap forte</i>	Pref	
VIRT-FEFA CAP PLUS	Pref	
<i>virt-gard tab 2.2-25-1</i>	Pref	
VITRON-C TAB 65-125	Pref	OTC
<i>westab mini tab 2.2-25-1</i>	Pref	
<i>westab one tab 2.5-25-1</i>	Pref	

IRON

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

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)</i>	Pref	AGE, OTC; Max age 12
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Pref	OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Pref	OTC
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Pref	OTC
<i>ferumoxytol inj 510 mg/17ml (30 mg/ml) (elemental fe) (generic of FERAHEME)</i>	Pref	
<i>iferex 150 cap</i>	Pref	QL (2 caps / 1 day), OTC
IRON CHW PEDIATRI	Pref	OTC
IRON UP LIQ	Pref	OTC
NOVAFERRUM LIQ 125	Pref	OTC
<i>nu-iron 150 cap 150mg</i>	Pref	QL (2 caps / 1 day), OTC
<i>poly-iron cap 150mg</i>	Pref	QL (2 caps / 1 day), OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	Pref	QL (2 caps / 1 day), OTC
PROFERRIN ES TAB 12 MG	Pref	OTC
<i>px iron tab 27mg</i>	Pref	OTC
SLOW REL FE TAB 143MG CR	Pref	OTC
<i>wee care sus 15/1.25</i>	Pref	OTC

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

NON-BARBITURATE HYPNOTICS

<i>midazolam hcl inj 5 mg/ml (base equivalent)</i>	Pref	QL (4 vials / 22 days)
<i>midazolam hcl inj 10 mg/2ml (base equivalent)</i>	Pref	QL (2 vials / 22 days)
<i>midazolam hcl inj 25 mg/5ml (base equivalent)</i>	Pref	QL (0.8 vials / 22 days)
<i>midazolam hcl inj 50 mg/10ml (base equivalent)</i>	Pref	QL (0.4 vials / 22 days)
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>	Pref	QL (4 mL / 25 days)
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>	Pref	QL (4 vials / 25 days)
<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
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LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg</i>	Pref	OTC
<i>corn dextrin oral powder</i>	Pref	OTC
EQUALACTIN CHW 625MG	Pref	OTC
FIBER CHOICE CHW 1.5GM	Pref	OTC
HYDROCIL INS POW 95%	Pref	OTC
HYDROCIL POW 95%	Pref	OTC
KONSYL DAILY POW 28.3%	Pref	OTC
KONSYL DAILY POW 60.3%	Pref	OTC
KONSYL DAILY POW 100%	Pref	OTC
KONSYL ORIG POW 100%	Pref	OTC
KONSYL-D POW 52.3%	Pref	OTC
METAMUCIL WAF	Pref	OTC
<i>methylcellulose tab 500 mg</i>	Pref	OTC
NAT FIBER POW 58.6%	Pref	OTC
NUTRISOURCE PAK FIBER	Pref	OTC
NUTRISOURCE POW FIBER	Pref	OTC
<i>pedialax fbr chw gummies</i>	Pref	OTC
<i>psyllium cap 0.52 gm</i>	Pref	OTC
<i>psyllium powder 28.3%</i>	Pref	OTC
<i>psyllium powder 48.57%</i>	Pref	OTC
<i>psyllium powder 58.6%</i>	Pref	OTC
<i>qc natural pow vegetabl</i>	Pref	OTC
<i>soluble fib pow therapy</i>	Pref	OTC
UNIFIBER POW	Pref	OTC
<i>wheat dextrin oral powder</i>	Pref	OTC
WHEAT DEXTRIN PACKET	Pref	OTC

LAXATIVE COMBINATIONS

<i>easy fiber/ chw calcium</i>	Pref	OTC
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	Pref	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (generic of PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM)</i>	Pref	
SENNAPLUS CAP 8.6-50MG	Pref	OTC
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Pref	OTC
SENNAPLUS S TAB 8.6-50MG	Pref	OTC
STL SOFT/LAX CAP 8.5-50MG	Pref	OTC
SUTAB TAB	Pref	
<i>wal-mucil cap plus ca</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES - MISCELLANEOUS		
CEO-TWO SUP	Pref	OTC
<i>constulose sol 10gm/15</i>	Pref	
FLEET LIQUID ENE GLYCERIN	Pref	OTC
<i>glycerin sup 1gm</i>	Pref	OTC
<i>glycerin sup 2gm</i>	Pref	OTC
<i>glycerin suppos 1.2 gm</i>	Pref	OTC
<i>glycerin suppos 2.1 gm</i>	Pref	OTC
<i>glycerin suppos 80.7%</i>	Pref	OTC
<i>lactulose solution 10 gm/15ml</i>	Pref	
PEDIA-LAX SUP 2.8GM	Pref	OTC
<i>polyethylene glycol 3350 oral powder</i>	Pref	OTC
LUBRICANT LAXATIVES		
FLEET OIL ENE	Pref	OTC
KONDREMUL EMU 50%	Pref	OTC
<i>mineral oil</i>	Pref	OTC
<i>mineral oil enema</i>	Pref	OTC
SALINE LAXATIVES		
<i>epsom salt gra</i>	Pref	OTC
EPSOM SALT GRA	Pref	OTC
EPSOM SALT GRA LAVENDER	Pref	OTC
FLEET ENE	Pref	OTC
FLEET ENE ENEMA	Pref	OTC
<i>gnp epsom gra salt</i>	Pref	OTC
<i>lax diet sup tab 500mg</i>	Pref	OTC
<i>magnesium citrate soln</i>	Pref	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	Pref	OTC
MILK OF MAGN CHW 311MG	Pref	OTC
<i>milk of magn sus 2400mg</i>	Pref	OTC
PEDIA-LAX CHW 400MG	Pref	OTC
PHILLIPS TAB 500MG	Pref	OTC
<i>qc epsom gra salt</i>	Pref	OTC
RA EPSOM GRA SALT	Pref	OTC
RA EPSOM GRA SALT/LVN	Pref	OTC
<i>sm epsom gra salt</i>	Pref	OTC
<i>sodium phosphates - enema</i>	Pref	OTC
STIMULANT LAXATIVES		
<i>bisacodyl suppos 10 mg</i>	Pref	OTC
<i>bisacodyl tab delayed release 5 mg</i>	Pref	OTC
<i>castor oil 100%</i>	Pref	OTC
DULCOLAX TAB 5MG EC	Pref	OTC
FLEET BISACO ENE 10/30ML	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>gnp castor oil 100%</i>	Pref	OTC
<i>laxative reg tab 15mg</i>	Pref	OTC
<i>laxative tab 15mg</i>	Pref	OTC
<i>medi-lax tab 15mg</i>	Pref	OTC
<i>perdiem tab 15mg</i>	Pref	OTC
<i>senna smooth tab 15mg</i>	Pref	OTC
SENNA SYP	Pref	OTC
<i>sennosides cap 8.6 mg</i>	Pref	OTC
<i>sennosides chew tab 15 mg</i>	Pref	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	Pref	OTC
<i>sennosides tab 8.6 mg</i>	Pref	OTC
<i>sennosides tab 25 mg</i>	Pref	OTC
<i>senokot extr tab 17.2mg</i>	Pref	OTC
SEKOKOT TAB 8.6MG	Pref	OTC
<i>sm castor oil 100%</i>	Pref	OTC

SURFACTANT LAXATIVES

BENZOCAINE-DOCUSATE SODIUM RECTAL ENEMA 20-283 MG	Pref	OTC
COLACE CLEAR CAP 50MG	Pref	OTC
<i>docusate calcium cap 240 mg</i>	Pref	OTC
<i>docusate min ene 283mg</i>	Pref	OTC
<i>docusate sodium cap 50 mg</i>	Pref	OTC
<i>docusate sodium cap 100 mg</i>	Pref	OTC
<i>docusate sodium cap 250 mg</i>	Pref	OTC
<i>docusate sodium liquid 150 mg/15ml</i>	Pref	OTC
<i>docusate sodium syrup 60 mg/15ml</i>	Pref	QL (30 mL / 1 day), OTC
<i>docusate sodium tab 100 mg</i>	Pref	OTC
<i>docusol mini ene</i>	Pref	OTC
<i>enemeez mini ene</i>	Pref	OTC
<i>mini enema ene 100/5ml</i>	Pref	OTC
PEDIA-LAX LIQ 50MG	Pref	QL (30 mL / 1 day), OTC

MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml (generic of ZITHROMAX)</i>	Pref	
<i>azithromycin for susp 200 mg/5ml (generic of ZITHROMAX)</i>	Pref	
<i>azithromycin powd pack for susp 1 gm</i>	Pref	QL (2 packets / 30 days)
<i>azithromycin tab 250 mg (generic of ZITHROMAX)</i>	Pref	
<i>azithromycin tab 500 mg (generic of ZITHROMAX)</i>	Pref	
<i>azithromycin tab 600 mg</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX POW 1GM PAK	Non-Pref	PA, QL (42 packets / 30 days)
ZITHROMAX SUS 100/5ML	Non-Pref	PA
ZITHROMAX SUS 200/5ML	Non-Pref	PA
ZITHROMAX TAB 250MG	Non-Pref	PA
ZITHROMAX TAB 500MG	Non-Pref	PA
ZITHROMAX TAB TRI-PAK	Non-Pref	PA
ZITHROMAX TAB Z-PAK	Non-Pref	PA

CLARITHROMYCIN

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

ERYTHROMYCINS

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

FIDAXOMICIN

DIFICID SUS	Non-Pref	PA
DIFICID TAB 200MG	Non-Pref	PA, QL (20 tabs / 30 days)

Drug Name Drug Tier Requirements/Limits
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES
FOR DIAGNOSIS, TREATMENT, OR MONITORING

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CAYA DPR	Pref	
CONDOMS - FEMALE	Pref	QL (36 boxes / 22 days), OTC
CONDOMS LATEX LUBRICATED	Pref	QL (36 boxes / 22 days), OTC
CONDOMS LATEX NON-LUBRICATED	Pref	QL (36 boxes / 22 days), OTC
FEMCAP MIS 22MM	Pref	
FEMCAP MIS 26MM	Pref	
FEMCAP MIS 30MM	Pref	
WIDE-SEAL DPR KIT 60	Pref	
WIDE-SEAL DPR KIT 65	Pref	
WIDE-SEAL DPR KIT 70	Pref	
WIDE-SEAL DPR KIT 75	Pref	
WIDE-SEAL DPR KIT 80	Pref	
WIDE-SEAL DPR KIT 85	Pref	
WIDE-SEAL DPR KIT 90	Pref	
WIDE-SEAL DPR KIT 95	Pref	

DIABETIC SUPPLIES

DEXCOM G5 MIS RECEIVER	Pref	PA, QL (1 box / 310 days)
DEXCOM G5 MIS TRANSMIT	Pref	PA, QL (1 box / 76 days)
DEXCOM G6 MIS RECEIVER	Pref	PA, QL (1 box / 310 days)
DEXCOM G6 MIS SENSOR	Pref	PA, QL (3 boxes / 25 days)
DEXCOM G6 MIS TRANSMIT	Pref	PA, QL (1 box / 76 days)
FREESTY LIBR KIT 2 SENSOR	Pref	PA, QL (2 boxes / 25 days)
FREESTY LIBR MIS 2 READER	Pref	PA, QL (1 box / 310 days)
FREESTYLE KIT SENSOR	Pref	PA, QL (2 boxes / 25 days)
FREESTYLE MIS READER	Pref	PA, QL (1 box / 310 days)
G5/G4 MIS SENSOR	Pref	PA, QL (4 boxes / 23 days)
LANCETS	Pref	OTC

MISC. DEVICES

ALCOHOL SWABS	Pref	QL (200 pads / 25 days), OTC
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Drug Name	Drug Tier	Requirements/Limits
ESSENTRA MIS 9X9"	Pref	QL (200 sheets / 25 days)

PARENTERAL THERAPY SUPPLIES

BD U-500 MIS 31GX6MM	Pref	M
INSULIN SYRINGE/NEEDLE	Pref	QL (5 syringes / 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 29GX10MM	Pref	QL (8 needles / 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 29GX12.7	Pref	QL (8 needles / 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 29GX12MM	Pref	QL (8 needles / 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 31GX5MM	Pref	QL (8 needles / 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 31GX6MM	Pref	QL (8 needles / 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 31GX8MM	Pref	QL (8 pen needles / 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 32GX4MM	Pref	QL (8 needles / 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 32GX6MM	Pref	QL (8 needles / 1 day), OTC; TECHLITE/TRUEPLUS
PEN NEEDLES MIS 32GX8MM	Pref	QL (8 needles / 1 day), OTC; TECHLITE/TRUEPLUS

RESPIRATORY AIDS

PEDIATRIC MD MIS MASK	Pref	QL (4 packs / year), OTC
PEDIATRIC SM MIS MASK	Pref	QL (4 packs / year), OTC

RESPIRATORY THERAPY SUPPLIES

ACE AERO CLD MIS ENHANCER	Pref	QL (4 boxes / 273 days)
ACTIVITY PCH MIS	Pref	QL (4 packs / 273 days)
ADULT DISPOS MIS MOUTHPIE	Pref	QL (4 boxes / 273 days), OTC
ADULT MASK MIS	Pref	QL (4 boxes / 273 days)

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Drug Name	Drug Tier	Requirements/Limits
ADULT MASK MIS LARGE	Pref	QL (4 boxes / 273 days)
AEROBIKA MIS	Pref	QL (4 boxes / 273 days)
AEROSOL MASK MIS ADULT	Pref	QL (4 boxes / 273 days)
AEROTRC PLUS MIS	Pref	QL (4 boxes / 273 days)
AIR TUBE MIS /PLUGS	Pref	QL (4 boxes / 273 days)
AIRS PEDIATR MIS MASK	Pref	QL (4 boxes / 273 days)
ALTERA NEB MIS HANDSET	Pref	QL (4 boxes / 273 days)
BREATHERITE MIS MDI CHMB	Pref	QL (4 boxes / 273 days)
CARETOUCH MIS CPAP	Pref	QL (4 boxes / 273 days)
CO MONITOR MIS T PIECES	Pref	QL (4 boxes / 273 days)
CONVERSION MIS BABY SZ1	Pref	QL (4 boxes / 273 days)
CONVERSION MIS BABY SZ2	Pref	QL (4 boxes / 273 days)
CONVERSION MIS BABY SZ3	Pref	QL (4 boxes / 273 days)
CPAP & BIPAP MIS HOSE	Pref	QL (4 boxes / 273 days)
2 CPAP HOSE MIS HANGER	Pref	QL (4 boxes / 273 days)
CPAP MASK MIS WIPES	Pref	QL (4 boxes / 273 days)
CPAP NEURAL MIS PRE-WASH	Pref	QL (4 boxes / 273 days)
DISPOSABLE MIS MTHPIECE	Pref	QL (4 boxes / 273 days), OTC
ERAPID NEB MIS HANDSET	Pref	QL (4 boxes / 273 days)
EXPIRATORY MIS MTHPIECE	Pref	QL (4 boxes / 273 days), OTC
FILTER AIR MIS PP	Pref	QL (4 boxes / 273 days)
FULL KIT NEB MIS SET	Pref	QL (4 boxes / 273 days)
IN-CHK FLOW MIS METER	Pref	QL (4 boxes / 273 days)
INSPIRATORY MIS MTHPIECE	Pref	QL (4 boxes / 273 days), OTC
KOKO PEAK PR MIS MOUTHPIE	Pref	QL (4 boxes / 273 days), OTC
LITETOUCH MIS MASK LG	Pref	QL (4 boxes / 273 days)
LITETOUCH MIS MASK MD	Pref	QL (4 boxes / 273 days)
LITETOUCH MIS MASK SM	Pref	QL (4 boxes / 273 days)
MASK VORTEX/ MIS FROG	Pref	QL (4 boxes / 273 days), OTC
MASK VORTEX/ MIS LADY BUG	Pref	QL (4 boxes / 273 days), OTC
MOUTHPIECE MIS DISP/PPR	Pref	QL (4 boxes / 273 days), OTC
MOUTHPIECE MIS PED ADAP	Pref	QL (4 boxes / 273 days), OTC
NEBULIZER MIS MASK CHD	Pref	QL (4 boxes / 273 days)
NEBULIZER MIS MASK INF	Pref	QL (4 boxes / 273 days)
ONE FLOW MIS MTHPIECE	Pref	QL (4 boxes / 273 days), OTC

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Drug Name	Drug Tier	Requirements/Limits
PANDA MASK MIS LARGE	Pref	QL (4 boxes / 273 days), OTC
PANDA MASK MIS MEDIUM	Pref	QL (4 boxes / 273 days), OTC
PANDA MASK MIS PEDIATRI	Pref	QL (4 boxes / 273 days), OTC
PANDA MASK MIS SMALL	Pref	QL (4 boxes / 273 days), OTC
PARI EXPIRAT MIS FILTER	Pref	QL (4 boxes / 273 days)
PARI MANUAL MIS INTERRUPT	Pref	QL (4 boxes / 273 days)
PARI MASK MIS SIZE 3	Pref	QL (4 boxes / 273 days)
PARI PLASTIC MIS MASK	Pref	QL (4 boxes / 273 days)
PARI PLASTIC MIS MASK PED	Pref	QL (4 boxes / 273 days)
PARI TREK S KIT COMBO	Pref	QL (4 boxes / 273 days)
PEAK FLOW METER	Pref	QL (4 boxes / 273 days), OTC
PEAK FLOW METER- RX	Pref	QL (4 boxes / 273 days)
PFLEX MIS	Pref	QL (4 packs / 273 days)
PFT FILTER MIS 1000	Pref	QL (4 boxes / 273 days)
PFT FILTER MIS 2000	Pref	QL (4 boxes / 273 days)
PFT FILTER MIS 3000	Pref	QL (4 boxes / 273 days)
PFT FILTER MIS 4000	Pref	QL (4 boxes / 273 days)
PFT FILTER MIS 5000	Pref	QL (4 boxes / 273 days)
PFT FILTER MIS 6000	Pref	QL (4 boxes / 273 days)
PFT FILTER MIS 7000	Pref	QL (4 boxes / 273 days)
PILLOW MASK MIS ADULT	Pref	QL (4 boxes / 273 days)
PILLOW MASK MIS CHILD	Pref	QL (4 boxes / 273 days)
PILLOW MASK MIS PEDIATRI	Pref	QL (4 boxes / 273 days)
REPLACEMENT MIS FILTER	Pref	QL (4 boxes / 273 days)
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	Pref	QL (4 boxes / 273 days), OTC
SIDESTREAM MIS MASK	Pref	QL (4 boxes / 273 days)
SIDESTREAM MIS PED MASK	Pref	QL (4 boxes / 273 days)
SILICONE MSK MIS ADULT	Pref	QL (4 boxes / 273 days)
SILICONE MSK MIS INFANT	Pref	QL (4 boxes / 273 days)
SILICONE MSK MIS PED	Pref	QL (4 boxes / 273 days)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Pref	QL (4 spacers / 273 days), OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	Pref	QL (4 spacers / 273 days)
THRESHOLD MIS IMT	Pref	QL (4 boxes / 273 days)
THRESHOLD MIS PEP	Pref	QL (4 boxes / 273 days)
TUBE CLEANIN MIS BRUSH	Pref	QL (4 boxes / 273 days)
VORTEX/MASK MIS CHILDS	Pref	QL (4 boxes / 273 days)

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Drug Name	Drug Tier	Requirements/Limits
VORTEX/MASK MIS TODDLER	Pref	QL (4 boxes / 273 days)
WINDMILL MIS TRAINER	Pref	QL (4 boxes / 273 days)

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	Pref	PA, QL (6 pens / 67 days); M
AIMOVIG INJ 140MG/ML	Pref	PA, QL (3 pens / 67 days); M
AJOVY INJ 225/1.5	Non-Pref	PA, QL (3 pens / 67 days); M
AJOVY INJ 225/1.5	Non-Pref	PA, QL (4.5 syringes / 67 days); M
EMGALITY INJ 100MG/ML	Pref	PA, QL (9 syringes / 67 days); M
EMGALITY INJ 120MG/ML	Pref	PA, QL (3 pens / 67 days); M
EMGALITY INJ 120MG/ML	Pref	PA, QL (3 syringes / 67 days); M
NURTEC TAB 75MG ODT	Pref	PA, QL (16 tabs / 24 days), AGE; Min age 18
UBRELVY TAB 50MG	Non-Pref	PA, QL (16 tabs / 22 days)
UBRELVY TAB 100MG	Non-Pref	PA, QL (16 tabs / 22 days)

MIGRAINE COMBINATIONS

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

SEROTONIN AGONISTS

<i>almotriptan malate tab 6.25 mg</i>	Non-Pref	PA
<i>almotriptan malate tab 12.5 mg</i>	Non-Pref	PA
AMERGE TAB 1MG	Non-Pref	PA
AMERGE TAB 2.5MG	Non-Pref	PA
<i>eletriptan hydrobromide tab 20 mg (base equivalent) (generic of RELPAX)</i>	Non-Pref	PA, QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent) (generic of RELPAX)</i>	Non-Pref	PA, QL (12 tabs / 30 days)
FROVA TAB 2.5MG	Non-Pref	PA
<i>frovatriptan succinate tab 2.5 mg (base equivalent) (generic of FROVA)</i>	Non-Pref	PA
IMITREX INJ 4MG/0.5	Non-Pref	PA
IMITREX INJ 6MG/0.5	Non-Pref	PA
IMITREX SPR 5MG/ACT	Pref	QL (6 inhalers / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMITREX SPR 20MG/ACT	Pref	QL (6 inhalers / 30 days)
IMITREX TAB 25MG	Non-Pref	PA
IMITREX TAB 50MG	Non-Pref	PA
IMITREX TAB 100MG	Non-Pref	PA
MAXALT TAB 10MG	Non-Pref	PA, QL (18 per claim)
MAXALT-MLT TAB 10MG	Non-Pref	PA, QL (18 per claim)
<i>naratriptan hcl tab 1 mg (base equiv)</i> (generic of AMERGE)	Non-Pref	PA
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> (generic of AMERGE)	Non-Pref	PA
ONZETRA XSAI MIS 11MG	Non-Pref	PA
RELPAK TAB 20MG	Non-Pref	PA, QL (12 tabs / 30 days)
RELPAK TAB 40MG	Non-Pref	PA, QL (12 tabs / 30 days)
REYVOW TAB 50MG	Non-Pref	PA, QL (8 tabs / 22 days), AGE; Min age 18
REYVOW TAB 100MG	Non-Pref	PA, QL (8 tabs / 22 days), AGE; Min age 18
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Pref	QL (18 per claim)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> (generic of MAXALT-MLT)	Pref	QL (18 per claim)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Pref	QL (18 per claim)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i> (generic of MAXALT)	Pref	QL (18 per claim)
<i>sumatriptan nasal spray 5 mg/act</i> (generic of IMITREX)	Non-Pref	PA, QL (6 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i> (generic of IMITREX)	Non-Pref	PA, QL (6 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Pref	QL (4 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM)	Pref	
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM)	Pref	
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL)	Pref	

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

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

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

BONE DENSITY TAB	Pref	OTC
CAL-QUICK LIQ 500-400	Pref	OTC
<i>calcium 600 chw +d/miner</i>	Pref	OTC
<i>calcium + d chw</i>	Pref	OTC
CALCIUM CARB CHW 500MG	Pref	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</i>	Pref	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol chew tab 600 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-800 unit</i>	Pref	OTC
<i>calcium carbonate-vitamin d cap 600 mg-200 unit</i>	Pref	OTC
<i>calcium chloride inj 10%</i>	Pref	
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	Pref	OTC
<i>calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)</i>	Pref	OTC
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	Pref	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	Pref	OTC
CALCIUM GLUC INJ 10%	Pref	
<i>calcium soft chw mlk choc</i>	Pref	OTC
<i>calcium w/ magnesium tab 500-250 mg</i>	Pref	OTC
<i>calcium+d3 tab grad rel</i>	Pref	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	Pref	OTC
<i>calcium/d3 tab</i>	Pref	OTC
<i>calcium/d3 tab 600-800</i>	Pref	OTC
CALMAG THINS TAB 200-50MG	Pref	OTC
CALTRATE 600 CHW 600-800	Pref	OTC
CALTRATE +D3 TAB 600-800	Pref	OTC
CITRACAL+D3 CHW 250-500	Pref	OTC
CITRACAL+D3 TAB MAXIMUM	Pref	OTC
LOCALNESIUM TAB	Pref	OTC
LOCALNESIUM TAB -C	Pref	OTC
<i>os-cal extra tab d3</i>	Pref	OTC
OSTEO-PORETI TAB	Pref	OTC
<i>oys shell+d tab 250-125</i>	Pref	OTC
<i>oyster shell calcium tab 500 mg</i>	Pref	OTC
PARVA-CAL TAB 250-100	Pref	OTC
PARVA-CAL TAB 500MG	Pref	OTC
<i>qc calcium tab 600mg</i>	Pref	OTC
<i>sm calcium chw</i>	Pref	OTC
SM CORAL CAL TAB 1000MG	Pref	OTC
<i>super cal/ tab mag</i>	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
UPCAL D POW	Pref	OTC
ELECTROLYTE MIXTURES		
ENFAMIL SOL ENFALYTE	Pref	OTC
<i>oral electrolyte solution</i>	Pref	OTC
PEDIALYTE SOL BUBL GUM	Pref	OTC
PEDIALYTE SOL FREEZE	Pref	OTC
PEDIALYTE SOL FRUIT	Pref	OTC
PEDIALYTE SOL SINGLES	Pref	OTC
PEDIALYTE SOL UNFLAVOR	Pref	OTC
FLUORIDE		
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Pref	QL (1 tab / 1 day), AGE; Max age 16
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Pref	QL (1 tab / 1 day), AGE; Max age 16
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Pref	QL (1 tab / 1 day), AGE; Max age 16
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Pref	QL (4 mL / 1 day), AGE; Max age 16
MAGNESIUM		
BEELITH TAB	Pref	OTC
<i>mag-g tab 500mg</i>	Pref	OTC
<i>magnesium chloride inj 200 mg/ml</i>	Pref	
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Pref	OTC
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	Pref	OTC
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	Pref	
<i>magnesium sulfate inj 50%</i>	Pref	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml) (generic of MAGNESIUM SULFATE)</i>	Pref	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml) (generic of MAGNESIUM SULFATE)</i>	Pref	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml) (generic of MAGNESIUM SULFATE)</i>	Pref	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml) (generic of MAGNESIUM SULFATE)</i>	Pref	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml) (generic of MAGNESIUM SULFATE)</i>	Pref	
<i>magnesium tab 250 mg</i>	Pref	OTC
<i>magnesium tab 500mg</i>	Pref	OTC

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

Drug Name	Drug Tier	Requirements/Limits
MAGONATE LIQ 1000/5ML	Pref	OTC
MAGOX 400 TAB 400MG	Pref	OTC
NU-MAG TAB 71.5-119	Pref	OTC
SLOW-MAG TAB	Pref	OTC
SLOW-MAG TAB 71.5-119	Pref	OTC
SLOWMAG MG TAB MUS/HRT	Pref	OTC

MINERAL COMBINATIONS

<i>cal-mag-zinc tab +d3</i>	Pref	OTC
CITRACAL PLS TAB	Pref	OTC
NUTRA-SUPPRT CAP BONE	Pref	OTC

PHOSPHATE

GLYCOPHOS SOL 1MM/ML	Pref	
K-PHOS TAB	Pref	
PHOS-NAK POW CONCENTR	Pref	OTC
<i>potassium & sodium phosphates powder pack 280-160-250 mg</i>	Pref	OTC
<i>potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)</i>	Pref	
<i>sodium phosphates inj 15 mm/5ml (phos) 20 meq/5ml (na)</i>	Pref	
<i>sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na)</i>	Pref	

POTASSIUM

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

Drug Name	Drug Tier	Requirements/Limits
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MISCELLANEOUS THERAPEUTIC CLASSES

IMMUNOMODULATORS

REVLIMID CAP 2.5MG	Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 5MG	Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 10MG	Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 15MG	Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 20MG	Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 25MG	Pref	SP, PA, QL (1 cap / 1 day)
THALOMID CAP 50MG	Pref	SP, PA
THALOMID CAP 100MG	Pref	SP, PA
THALOMID CAP 150MG	Pref	SP, PA
THALOMID CAP 200MG	Pref	SP, PA

IMMUNOSUPPRESSIVE AGENTS

<i>azathioprine tab 50 mg (generic of IMURAN)</i>	Pref	QL (8 tabs / 1 day)
<i>cyclosporine cap 25 mg (generic of SANDIMMUNE)</i>	Pref	
<i>cyclosporine cap 100 mg (generic of SANDIMMUNE)</i>	Pref	
<i>cyclosporine modified cap 25 mg (generic of NEORAL)</i>	Pref	
<i>cyclosporine modified cap 50 mg</i>	Pref	
<i>cyclosporine modified cap 100 mg (generic of NEORAL)</i>	Pref	
<i>cyclosporine modified oral soln 100 mg/ml (generic of NEORAL)</i>	Pref	AGE; Max age 12
ENSPRYNG INJ	Pref	SP, PA, QL (1 syringe / 21 days), AGE; Min age 18
<i>engraf cap 25mg (generic of NEORAL)</i>	Pref	
<i>engraf cap 100mg (generic of NEORAL)</i>	Pref	
<i>engraf sol 100mg/ml (generic of NEORAL)</i>	Pref	AGE; Max age 12
<i>mycophenolate mofetil cap 250 mg (generic of CELLCEPT)</i>	Pref	
<i>mycophenolate mofetil for oral susp 200 mg/ml (generic of CELLCEPT)</i>	Pref	AGE; Max age 12
<i>mycophenolate mofetil tab 500 mg (generic of CELLCEPT)</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (generic of MYFORTIC)</i>	Pref	ST
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (generic of MYFORTIC)</i>	Pref	ST
<i>sirolimus tab 0.5 mg (generic of RAPAMUNE)</i>	Pref	
<i>sirolimus tab 1 mg (generic of RAPAMUNE)</i>	Pref	
<i>sirolimus tab 2 mg (generic of RAPAMUNE)</i>	Pref	
<i>tacrolimus cap 0.5 mg (generic of PROGRAF)</i>	Pref	
<i>tacrolimus cap 1 mg (generic of PROGRAF)</i>	Pref	
<i>tacrolimus cap 5 mg (generic of PROGRAF)</i>	Pref	

POTASSIUM REMOVING AGENTS

<i>sodium polystyrene sulfonate powder</i>	Pref	
<i>sps sus 15gm/60</i>	Pref	

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

ANESTHETICS TOPICAL ORAL

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

<i>clotrimazole troche 10 mg</i>	Pref	
<i>nystatin susp 100000 unit/ml</i>	Pref	
ORAVIG TAB 50MG	Non-Pref	PA

ANTISEPTICS - MOUTH/THROAT

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

<i>denta 5000 cre plus</i>	Pref	
<i>denta 5000 cre plus 2pk</i>	Pref	
<i>dentagel gel 1.1%</i>	Pref	
<i>sf 5000 plus cre 1.1%</i>	Pref	
<i>sf gel 1.1%</i>	Pref	
<i>sod fluoride gel 1.1%</i>	Pref	
<i>sodium fluor cre 5000 pls</i>	Pref	
<i>sodium fluor cre 5000 ppm</i>	Pref	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	Pref	

STEROIDS - MOUTH/THROAT/DENTAL

<i>oralone dent pst 0.1%</i>	Pref	QL (0.167 gm / 1 day)
<i>triamcinolone acetonide dental paste 0.1%</i>	Pref	QL (0.167 gm / 1 day)

Drug Name	Drug Tier	Requirements/Limits
THROAT PRODUCTS - MISC.		
<i>pilocarpine hcl tab 5 mg</i> (generic of SALAGEN)	Pref	
<i>pilocarpine hcl tab 7.5 mg</i> (generic of SALAGEN)	Pref	
MULTIVITAMINS - DRUGS FOR NUTRITION		
B-COMPLEX VITAMINS		
B-COMPLEX INJ	Pref	
<i>b-complex inj 100</i>	Pref	
B-COMPLEX INJ HYDRXCB	Pref	
<i>b-complex vitamin cap</i>	Pref	OTC
<i>b-complex vitamin tab</i>	Pref	OTC
B-COMPLEX W/ C		
<i>stress b com tab vit c/zn</i>	Pref	OTC
<i>super b comp tab vit c</i>	Pref	OTC
B-COMPLEX W/ FOLIC ACID		
<i>b-complex w/ c & folic acid cap 1 mg</i>	Pref	OTC
<i>b-complex w/ c & folic acid cap 1 mg- rx</i>	Pref	
<i>b-complex w/ c & folic acid tab</i>	Pref	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	Pref	OTC
<i>b-complex w/ c & folic acid tab 1 mg</i>	Pref	OTC
<i>b-complex w/ c & folic acid tab 1 mg- rx</i>	Pref	
<i>b-complex w/ c & folic acid tab 5 mg- rx</i>	Pref	
DIALYVIT 800 TAB ZINC 15	Pref	OTC
DIALYVITE TAB 800/IRON	Pref	OTC
DIALYVITE TAB 800/ZINC	Pref	OTC
DIALYVITE TAB 3000	Pref	
DIALYVITE TAB 5000	Pref	
DIALYVITE WAF PLUS D	Pref	OTC
DIALYVITE/ TAB ZINC	Pref	
<i>folbee plus tab cz</i>	Pref	
NEPHPLEX RX TAB	Pref	
NEPHRO-VITE TAB	Pref	OTC
NEPHROCAPS CAP	Pref	
NEPHRONEX LIQ 0.9/5ML	Pref	OTC
NUTRIVIT LIQ 800-15-1	Pref	
SM B-COMPLEX TAB /VIT C	Pref	OTC
<i>sm balanced tab b-50</i>	Pref	OTC
<i>sm balanced tab b-100</i>	Pref	OTC
VITAL-D RX TAB	Pref	
B-COMPLEX W/ MINERALS		
GLYCO-TECH TAB	Pref	OTC

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

Drug Name	Drug Tier	Requirements/Limits
IRON W/ VITAMINS		
<i>geritol tab complete</i>	Pref	OTC
<i>s.s.s. tonic tab</i>	Pref	OTC
<i>vitafof tab</i>	Pref	
MULTIPLE VITAMINS W/ CALCIUM		
HM ONE DAILY TAB ESSENTIA	Pref	OTC
<i>one daily tab womens</i>	Pref	OTC
MULTIPLE VITAMINS W/ IRON		
<i>multiple vitamins w/ iron tab</i>	Pref	OTC
MULTIPLE VITAMINS W/ MINERALS		
<i>a thru z chw select</i>	Pref	OTC
ACTIVE 55 LIQ PLUS	Pref	QL (1 mL / 1 day), OTC
ACTIVNUTRIEN CAP	Pref	OTC
ADEK CHW PLUS ZN	Pref	OTC
<i>adlt multivi chw gummies</i>	Pref	OTC
ADLT ONE DLY CHW GUMMIES	Pref	OTC
ADULT 50+ CAP EYE HLTH	Pref	OTC
ADULT 50+ CAP OCUVITE	Pref	OTC
<i>adult gummy chw</i>	Pref	OTC
<i>advanced chw multi ea</i>	Pref	OTC
<i>airborne chw</i>	Pref	OTC
AIRBORNE CHW	Pref	OTC
<i>airborne chw gummies</i>	Pref	OTC
<i>airborne chw immune</i>	Pref	OTC
<i>airborne chw kids</i>	Pref	OTC
AIRBORNE CHW KIDS	Pref	OTC
AIRBORNE+ CHW PROBIOTI	Pref	OTC
AIRBORNE+ CHW REST	Pref	OTC
<i>airshield chw</i>	Pref	OTC
AIRSHIELD CHW IMMUNITY	Pref	OTC
ALGAE BASED TAB CALCIUM	Pref	OTC
ALIVE MULTI CHW VITAMIN	Pref	OTC
ALIVE WOMENS CHW 50+	Pref	OTC
ALIVE WOMENS CHW GUMMY	Pref	OTC
AQUADEKS CHW	Pref	OTC
BACMIN TAB	Pref	
BARIATRIC CAP MULTIVIT	Pref	OTC
BARIATRIC CHW FUSION	Pref	OTC
<i>berocca tab</i>	Pref	OTC
BIO-35 GLUTE CAP FREE	Pref	OTC
BIO-35 IRON CAP FREE	Pref	OTC
BIOCAL CAP	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
CELEBRATE CAP 18	Pref	OTC
CELEBRATE CAP 36	Pref	OTC
CELEBRATE CAP 45	Pref	OTC
CELEBRATE CAP 60	Pref	OTC
CELEBRATE CHW 18	Pref	OTC
CELEBRATE CHW 36	Pref	OTC
CELEBRATE CHW 45	Pref	OTC
CELEBRATE CHW 60	Pref	OTC
CENTRUM 50+ CHW FRSH/FRU	Pref	OTC
CENTRUM CHW	Pref	OTC
CENTRUM CHW ADULTS	Pref	OTC
CENTRUM CHW FLAV BST	Pref	OTC
CENTRUM CHW SILVER	Pref	OTC
CENTRUM CHW VITAMINT	Pref	OTC
CENTRUM MULT CHW OMEGA 3	Pref	OTC
CERTAVITE TAB SENIOR	Pref	OTC
CHOICEFUL CAP MULTIVIT	Pref	OTC
CHOICEFUL CHW MULTIVIT	Pref	OTC
<i>corvita tab</i>	Pref	
CULTURELLE CHW MULTIVIT	Pref	OTC
<i>cvs daily chw gummies</i>	Pref	OTC
CVS VISION CAP HEALTH	Pref	OTC
DECUBI-VITE CAP	Pref	OTC
DEKAS CHW BARIATRI	Pref	OTC
DEKAS PLUS CAP	Pref	OTC
DEKAS PLUS CAP OCEAN	Pref	OTC
DEKAS PLUS CHW	Pref	OTC
DERMACINRX TAB RIBOT-E	Pref	
DERMAVITE TAB	Pref	OTC
DIALYVITE TAB SUPREM D	Pref	
EMERGEN-C CHW IMMUNE/D	Pref	OTC
EMERGEN-C CHW VITA C	Pref	OTC
ENDUR-VM TAB	Pref	OTC
EVOLUTION60 POW	Pref	OTC
EYE HEALTH CAP	Pref	OTC
EYE HEALTH CAP ADLT 50+	Pref	OTC
FOLIFLEX TAB	Pref	
FOSFREE TAB	Pref	OTC
GENADEK CAP STEP 1	Pref	OTC
GENADEK CAP STEP 2	Pref	OTC
HAIR/SKIN/ CAP NAILS	Pref	OTC
ICAPS AREDS TAB FORMULA	Pref	OTC
IMMUNE CHW SUPPORT	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
MEGA MULTIVI TAB MEN	Pref	OTC
MEGA MULTIVI TAB WOMEN	Pref	OTC
MENS 50+ CAP ADVANCED	Pref	OTC
<i>mens daily chw gummies</i>	Pref	OTC
MENS MULTI CHW	Pref	OTC
MULTI ADULT CHW EXTRA C	Pref	OTC
<i>multi adult chw gummies</i>	Pref	OTC
<i>multi gummie chw mens</i>	Pref	OTC
<i>multi gummie chw womens</i>	Pref	OTC
<i>multi+omega3 chw adult</i>	Pref	OTC
<i>multi-vitami chw gummies</i>	Pref	OTC
<i>multiple vitamins w/ minerals cap</i>	Pref	OTC
<i>multiple vitamins w/ minerals cap- rx</i>	Pref	
<i>multiple vitamins w/ minerals tab</i>	Pref	OTC
<i>multiple vitamins w/ minerals tab- rx</i>	Pref	
<i>multivi adlt chw gummies</i>	Pref	OTC
MULTIVITAMIN CHW ADLT GUM	Pref	OTC
<i>multivitamin chw vita d3</i>	Pref	OTC
MVW COMPLETE CAP D3000	Pref	OTC
MVW COMPLETE CAP D5000	Pref	OTC
MVW COMPLETE CAP FORMULAT	Pref	OTC
MVW COMPLETE CAP MINIS	Pref	OTC
NUTRICAP TAB	Pref	
NUTRIENTS CAP ANTIOXID	Pref	OTC
OCUHEALTH CAP VISION 2	Pref	OTC
OCUVITE CAP ADULT	Pref	OTC
<i>ocuvite eye chw health</i>	Pref	OTC
OCUVITE LUTE CAP	Pref	OTC
ONCOVITE TAB	Pref	OTC
ONE DAILY CHW ADLT GUM	Pref	OTC
ONE-A-DAY CHW IMMUNITY	Pref	OTC
ONE-A-DAY CHW VITACRAV	Pref	OTC
ONE-DAILY CAP MULTI	Pref	OTC
OPTIFAST POS CHW BARIATRI	Pref	OTC
OPTIMUM CHW AIRVITES	Pref	OTC
OPTISOURCE CHW BARIATRC	Pref	OTC
OPURITY CHW BYPASS	Pref	OTC
PA WOMENS PAK VITAPAK	Pref	OTC
PORENAL+D CAP OMEGA 3	Pref	OTC
PRESERVISION CAP AREDS	Pref	OTC
PRESERVISION CAP AREDS 2	Pref	OTC
PRESERVISION CAP LUTEIN	Pref	OTC
PRESERVISION CHW AREDS 2	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
PRESERVISION TAB AREDS	Pref	OTC
PRORENAL +D TAB	Pref	OTC
PRORENAL+D CAP OMEGA-3	Pref	OTC
PRORENAL+D TAB	Pref	OTC
PROTECT CAP CARDIO	Pref	OTC
PROTECT CAP PLUS SO	Pref	OTC
PROTEGRA CAP	Pref	OTC
RENAPLEX-D TAB	Pref	OTC
SPECTRAVITE CHW ADLT 50+	Pref	OTC
SPECTRAVITE CHW WOMEN	Pref	OTC
SUPER ANTIOX CAP	Pref	OTC
SUPPORT LIQ	Pref	QL (1 mL / 1 day)
SYSTANE ICAP CHW AREDS2	Pref	OTC
SYSTANE ICAP TAB AREDS2	Pref	OTC
THERA M PLUS TAB	Pref	OTC
THERA-M TAB	Pref	OTC
THERAMILL CAP FORTE	Pref	OTC
THERANATAL CAP LACTATIO	Pref	OTC
THEREMS-M TAB	Pref	OTC
<i>ultra-mega tab cr</i>	Pref	OTC
VENEXA FE TAB	Pref	
VENTRIXYL FE TAB	Pref	
VISTA ADVAN CAP AREDS2	Pref	OTC
VISTA ADVAN CAP DRY EYE	Pref	OTC
VITABEX CAP	Pref	OTC
VITABEX PLUS CAP	Pref	OTC
VITACRAVES CHW GUMMIES	Pref	OTC
VITACRAVES CHW IMMUNITY	Pref	OTC
VITACRAVES CHW MENS	Pref	OTC
VITACRAVES CHW SOUR GUM	Pref	OTC
VITACRAVES CHW WOMENS	Pref	OTC
VITAROCA PLU TAB	Pref	
<i>vitatrum chw</i>	Pref	OTC
VITEYES CAP CLASSIC	Pref	OTC
VITEYES CLAS CAP ADV	Pref	OTC
<i>viteyes clas cap advanced</i>	Pref	OTC
VITEYES CLAS CAP MAC SUPP	Pref	OTC
VITEYES CLAS CAP OMEGA-3	Pref	OTC
VITRAMYN TAB	Pref	
WAL-BORN CHW VIT C	Pref	OTC
WMNS MULTIVI CHW +COLLAGE	Pref	OTC
<i>womens daily chw gummies</i>	Pref	OTC
WOMENS MULT CHW GUMMIES	Pref	OTC

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

Drug Name	Drug Tier	Requirements/Limits
YOUR LIFE CHW GUMMIES	Pref	OTC
YOUR LIFE CHW MULTIVIT	Pref	OTC
ZINTREXYL-C TAB	Pref	
MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID		
FOLGARD OS TAB	Pref	
MULTIVITAMINS - DRUGS FOR NUTRITION		
<i>multiple vitamin tab</i>	Pref	OTC
ONE-A-DAY TAB ESSENT	Pref	OTC
THERA TAB	Pref	OTC
PED MULTI VITAMINS W/FL & FE		
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	Pref	QL (2 mL / 1 day), AGE; Max age 12
PED MULTIPLE VITAMINS W/ MINERALS		
<i>aquadeks dro</i>	Pref	OTC
CENTRUM KIDS CHW	Pref	OTC
CENTRUM KIDS CHW FLAV BST	Pref	OTC
FLINTSTONES CHW TODDLER	Pref	OTC
HEALTHY KIDS CHW GUMMIES	Pref	OTC
KIDZ MULTVIT CHW PROBIOTI	Pref	OTC
MVW COMPLETE CHW GRAPE	Pref	OTC
MVW COMPLETE DRO PEDIATRI	Pref	OTC
NF FORMULAS CHW CHILDREN	Pref	OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i>	Pref	OTC
VITALETS CHW CHILD	Pref	OTC
ZOO FRIENDS CHW COMPLETE	Pref	OTC
PED MV W/ FLUORIDE		
FLORIVA DRO PLUS	Pref	QL (2 mL / 1 day), AGE; Max age 12
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	Pref	QL (1 tab / 1 day), AGE; Max age 12
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	Pref	QL (1 tab / 1 day), AGE; Max age 12
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	Pref	QL (1 tab / 1 day), AGE; Max age 12
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	Pref	QL (2 mL / 1 day), AGE; Max age 12
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	Pref	QL (2 mL / 1 day), AGE; Max age 12
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	Pref	QL (2 mL / 1 day), AGE; Max age 12
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	Pref	QL (2 mL / 1 day), AGE; Max age 12

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

Drug Name	Drug Tier	Requirements/Limits
QUFLORA PED CHW 0.5MG	Pref	QL (1 tab / 1 day), AGE; Max age 12
QUFLORA PED CHW 0.25MG	Pref	QL (1 tab / 1 day), AGE; Max age 12
QUFLORA PED CHW 1MG	Pref	QL (1 tab / 1 day), AGE; Max age 12
QUFLORA PED DRO 0.5MG/ML	Pref	QL (2 mL / 1 day), AGE; Max age 12
QUFLORA PED DRO 0.25MG	Pref	QL (2 mL / 1 day), AGE; Max age 12
TRI-VI-FLOR SUS 0.5MG/ML	Pref	
TRI-VI-FLOR SUS 0.25/ML	Pref	
PED MV W/ IRON		
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	Pref	QL (1 tab / 1 day), OTC
PEDIATRIC MULTIPLE VITAMINS		
CULTURELLE CHW	Pref	OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i>	Pref	OTC
<i>pediatric multiple vitamin w/ extra c & fa chew tab</i>	Pref	QL (1 tab / 1 day), OTC
POLY-VI-SOL SOL 50MG/ML	Pref	OTC
<i>poly-vite dro</i>	Pref	OTC
VITACRAVES CHW +OMEGA-3	Pref	OTC
PEDIATRIC VITAMINS		
TRI-VI-SOL SOL A/C/D	Pref	OTC
PRENATAL VITAMINS		
COMPLETENATE CHW	Pref	QL (1 tab / 1 day), AGE; Min age 12; Max age 55
MYNATAL-Z TAB	Pref	QL (1 tab / 1 day), AGE; Min age 12; Max age 55
NESTABS DHA PAK	Pref	QL (2 boxes / 1 day), AGE; Min age 12; Max age 55
NESTABS TAB	Pref	QL (1 tab / 1 day), AGE; Min age 12; Max age 55
PNV TABS TAB 29-1MG	Pref	QL (1 tab / 1 day), AGE; Min age 12; Max age 55
PRENATABS FA TAB 29-1MG	Pref	QL (1 tab / 1 day), AGE, OTC; Min age 12; Max age 55
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx</i>	Pref	QL (1 tab / 1 day), AGE; Min age 12; Max age 55

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

Drug Name	Drug Tier	Requirements/Limits
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	Pref	QL (1 tab / 1 day), AGE, OTC; Min age 12; Max age 55
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	Pref	QL (1 tab / 1 day), AGE; Min age 12; Max age 55
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	Pref	QL (1 tab / 1 day), AGE, OTC; Min age 12; Max age 55
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	Pref	QL (1 tab / 1 day), AGE; Min age 12; Max age 55
PRENATAL-U CAP 106.5-1	Pref	QL (1 cap / 1 day), AGE; Min age 12; Max age 55
PRETAB TAB 29-1MG	Pref	QL (1 tab / 1 day), AGE; Min age 12; Max age 55
SE-NATAL 19 CHW	Pref	QL (1 tab / 1 day), AGE; Min age 12; Max age 55
SE-NATAL 19 TAB	Pref	QL (1 tab / 1 day), AGE; Min age 12; Max age 55
THRIVITE RX TAB 29-1MG	Pref	QL (1 tab / 1 day), AGE; Min age 12; Max age 55
TRINATAL RX TAB 1	Pref	QL (1 tab / 1 day), AGE; Min age 12; Max age 55
<i>trinate tab</i>	Pref	QL (1 tab / 1 day), AGE; Min age 12; Max age 55
VINATE ONE TAB	Pref	QL (1 tab / 1 day), AGE; Min age 12; Max age 55

SPECIALTY VITAMINS PRODUCTS

GNP CENTURY TAB ENERGY	Pref	OTC
SUPPORT-500 CAP	Pref	
ULTRA MAN TAB	Pref	OTC
<i>urosex tab</i>	Pref	

VITAMIN MIXTURES

<i>niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg</i>	Pref	
NICOMIDE TAB	Pref	

VITAMINS W/ LIPOTROPICS

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

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

AMRIX CAP 15MG	Non-Pref	PA
AMRIX CAP 30MG	Non-Pref	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tab 5 mg</i>	Pref	
<i>baclofen tab 10 mg</i>	Pref	
<i>baclofen tab 20 mg</i>	Pref	
CHLORZOXAZONE TAB 250 MG	Pref	
<i>chlorzoxazone tab 375 mg</i>	Pref	
<i>chlorzoxazone tab 500 mg</i>	Pref	
<i>chlorzoxazone tab 750 mg</i>	Pref	
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i> (generic of AMRIX)	Non-Pref	PA
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i> (generic of AMRIX)	Non-Pref	PA
<i>cyclobenzaprine hcl tab 5 mg</i>	Pref	
<i>cyclobenzaprine hcl tab 7.5 mg</i>	Pref	
<i>cyclobenzaprine hcl tab 10 mg</i>	Pref	
<i>fexmid tab 7.5mg</i>	Non-Pref	PA
<i>lorzone tab 375mg</i>	Pref	
<i>lorzone tab 750mg</i>	Pref	
<i>metaxalone tab 400 mg</i>	Non-Pref	PA
<i>metaxalone tab 800 mg</i> (generic of SKELAXIN)	Non-Pref	PA
<i>methocarbamol tab 500 mg</i>	Pref	
<i>methocarbamol tab 750 mg</i>	Pref	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Pref	
SKELAXIN TAB 800MG	Non-Pref	PA
<i>tizanidine hcl cap 2 mg (base equivalent)</i> (generic of ZANAFLEX)	Non-Pref	PA
<i>tizanidine hcl cap 4 mg (base equivalent)</i> (generic of ZANAFLEX)	Non-Pref	PA
<i>tizanidine hcl cap 6 mg (base equivalent)</i> (generic of ZANAFLEX)	Non-Pref	PA
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Pref	
<i>tizanidine hcl tab 4 mg (base equivalent)</i> (generic of ZANAFLEX)	Pref	
ZANAFLEX CAP 2MG	Non-Pref	PA
ZANAFLEX CAP 4MG	Non-Pref	PA
ZANAFLEX CAP 6MG	Non-Pref	PA
ZANAFLEX TAB 4MG	Non-Pref	PA
<i>DIRECT MUSCLE RELAXANTS</i>		
DANTRIUM CAP 25MG	Non-Pref	PA
DANTRIUM CAP 50MG	Non-Pref	PA
<i>dantrolene sodium cap 25 mg</i> (generic of DANTRIUM)	Non-Pref	PA
<i>dantrolene sodium cap 50 mg</i> (generic of DANTRIUM)	Non-Pref	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium cap 100 mg</i>	Non-Pref	PA
MUSCLE RELAXANT COMBINATIONS		
NORGESIC TAB FORTE	Non-Pref	PA
<i>orphengesic tab forte</i>	Non-Pref	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic of DYMISTA)</i>	Non-Pref	PA
DYMISTA SPR 137-50	Non-Pref	PA
NASAL AGENTS - MISC.		
OCEAN NASAL SPR 0.65%	Pref	OTC
<i>saline nasal spray 0.65%</i>	Pref	OTC
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Pref	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Pref	
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Pref	OTC
NASALCROM SPR 5.2/ACT	Pref	OTC
<i>olopatadine hcl nasal soln 0.6% (generic of PATANASE)</i>	Non-Pref	PA
PATANASE SPR 0.6%	Non-Pref	PA
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Pref	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Pref	
NASAL STEROIDS		
BECONASE AQ SUS 0.042%	Non-Pref	PA
<i>budesonide sus 32mcg</i>	Non-Pref	PA, OTC
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Non-Pref	PA
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Pref	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Non-Pref	PA, OTC
<i>mometasone furoate nasal susp 50 mcg/act</i>	Non-Pref	PA
OMNARIS SPR	Non-Pref	PA
QNASL AER 80MCG	Non-Pref	PA
QNASL CHILD SPR 40MCG	Non-Pref	PA
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Non-Pref	PA, OTC

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Drug Name	Drug Tier	Requirements/Limits
XHANCE MIS 93MCG	Non-Pref	PA
ZETONNA AER 37MCG	Non-Pref	PA

NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES

ALS AGENTS

EXSERVAN MIS 50MG	Pref	PA, AGE; Min age 18
<i>riluzole tab 50 mg</i> (generic of RILUTEK)	Pref	
TIGLUTIK SUS 50/10ML	Pref	PA, AGE; Min age 18

NUTRIENTS - DRUGS FOR NUTRITION

MISC. NUTRITIONAL SUBSTANCES

<i>docosahexaenoic acid cap 200 mg</i>	Pref	OTC
FISH OIL CAP 150MG	Pref	OTC
FISH OIL CAP 180MG	Pref	OTC
<i>fish oil cap 300mg</i>	Pref	OTC
KELP/LEC/B6 CAP	Pref	OTC
OMEGA-3 CAP 1400MG	Pref	OTC
<i>omega-3 conc cap 600mg</i>	Pref	OTC
<i>omega-3 fatty acids cap 500 mg</i>	Pref	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Pref	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	Pref	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	Pref	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i>	Pref	OTC
SUPER TWIN CAP EPA/DHA	Pref	OTC

OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS

ARTIFICIAL TEARS AND LUBRICANTS

<i>artificial tear ophth solution</i>	Pref	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	Pref	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	Pref	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	Pref	OTC
GENTEAL TEAR GEL SEV D/N	Pref	OTC
<i>lubricnt gel dro 1%</i>	Pref	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	Pref	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	Pref	OTC
<i>refresh cell gel 1% op</i>	Pref	OTC
REFRESH TEAR DRO 0.5% OP	Pref	OTC
SYSTANE GEL DRO 0.4-0.3%	Pref	OTC
SYSTANE SOL	Pref	OTC
SYSTANE ULTR SOL	Pref	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>white petrolatum-mineral oil ophth ointment</i>	Pref	OTC

BETA-BLOCKERS - OPHTHALMIC

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

CYCLOPLEGIC MYDRIATICS

ATROPINE SULFATE OPHTH OINT 1%	Pref	
<i>atropine sulfate ophth soln 1% (generic of ATROPINE SULFATE)</i>	Pref	
<i>cyclopentolate hcl ophth soln 1% (generic of CYCLOGYL)</i>	Pref	
<i>cyclopentolate hcl ophth soln 2% (generic of CYCLOGYL)</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
ISOPTO ATROP SOL 1% OP	Pref	
<i>phenylephrine hcl ophth soln 2.5%</i>	Pref	
<i>tropicamide ophth soln 0.5%</i>	Pref	
<i>tropicamide ophth soln 1% (generic of MYDRIACYL)</i>	Pref	

MIOTICS

<i>pilocarpine hcl ophth soln 1% (generic of ISOPTO CARPINE)</i>	Pref	
<i>pilocarpine hcl ophth soln 2% (generic of ISOPTO CARPINE)</i>	Pref	
<i>pilocarpine hcl ophth soln 4%</i>	Pref	

OPHTHALMIC ADRENERGIC AGENTS

ALPHAGAN P SOL 0.1%	Non-Pref	PA
ALPHAGAN P SOL 0.15%	Non-Pref	PA
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Pref	
<i>brimonidine tartrate ophth soln 0.2%</i>	Pref	
<i>brimonidine tartrate ophth soln 0.15% (generic of ALPHAGAN P)</i>	Non-Pref	PA
IOPIDINE SOL 1% OP	Non-Pref	PA
SIMBRINZA SUS 1-0.2%	Pref	

OPHTHALMIC ANTI-INFECTIVES

AZASITE SOL 1%	Non-Pref	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Pref	
<i>bacitracin-polymyxin b ophth oint</i>	Pref	
BESIVANCE SUS 0.6%	Non-Pref	PA
CILOXAN OIN 0.3% OP	Non-Pref	PA
CILOXAN SOL 0.3% OP	Non-Pref	PA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (generic of CILOXAN)</i>	Pref	
<i>erythromycin ophth oint 5 mg/gm</i>	Pref	
<i>gatifloxacin ophth soln 0.5% (generic of ZYMAXID)</i>	Non-Pref	PA
<i>gentak oin 0.3% op</i>	Pref	
<i>gentamicin sulfate ophth soln 0.3%</i>	Pref	
<i>levofloxacin ophth soln 0.5%</i>	Non-Pref	PA
MOXEZA SOL 0.5%	Non-Pref	PA
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic of MOXEZA)</i>	Non-Pref	PA
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)</i>	Pref	
<i>neo-polycin oin op</i>	Pref	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Pref	
OCUFLOX DRO 0.3% OP	Non-Pref	PA
<i>ofloxacin ophth soln 0.3% (generic of OCUFLOX)</i>	Pref	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	Pref	
<i>sulfacetamide sodium ophth oint 10%</i>	Pref	
<i>sulfacetamide sodium ophth soln 10% (generic of BLEPH-10)</i>	Pref	
<i>tobramycin ophth soln 0.3% (generic of TOBREX)</i>	Pref	
<i>trifluridine ophth soln 1%</i>	Pref	QL (7.5 mL / 22 days)
VIGAMOX DRO 0.5%	Non-Pref	PA
ZYMAXID SOL 0.5%	Non-Pref	PA
OPHTHALMIC DECONGESTANTS		
<i>allergy eye dro</i>	Pref	OTC; (Generic of Naphcon-A)
NAPHCN-A SOL OP	Pref	OTC
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05%	Pref	PA, QL (2 single use vials / 1 day), AGE; Min age 16
RESTASIS MUL EMU 0.05%	Pref	PA, QL (2 mL / 1 day), AGE; Min age 16
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	Pref	
ROCKLATAN DRO	Pref	
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5% (generic of ALCAINE)</i>	Pref	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	Pref	SP, PA, QL (112 mL in lifetime), AGE; Min age 2
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	Non-Pref	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Pref	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Pref	
EYSUVIS DRO 0.25%	Pref	PA, QL (8.3 mL / 10 days), AGE; Min age 18

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone ophth susp 0.1%</i>	Pref	QL (15 mL / 22 days)
<i>neo-polycin oin hc 1%op</i>	Pref	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	Pref	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	Pref	
PRED SOD PHO SOL 1% OP	Pref	
<i>prednisolone acetate ophth susp 1% (generic of PRED FORTE)</i>	Pref	
PREDNISOLONE SUS 1%	Pref	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Pref	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	Pref	

OPHTHALMICS - MISC.

ACULAR SOL 0.5% OP	Non-Pref	PA
ACUVAIL SOL 0.45%	Non-Pref	PA
ALOCRI SOL 2%	Non-Pref	PA
ALOMIDE SOL 0.1% OP	Non-Pref	PA
<i>azelastine hcl ophth soln 0.05%</i>	Pref	
AZOPT SUS 1% OP	Pref	
<i>bepotastine besilate ophth soln 1.5% (generic of BEPREVE)</i>	Non-Pref	PA
BEPREVE DRO 1.5%	Non-Pref	PA
<i>brinzolamide ophth susp 1% (generic of AZOPT)</i>	Non-Pref	PA
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Non-Pref	PA
BROMSITE DRO 0.075%	Non-Pref	PA
<i>cromolyn sodium ophth soln 4%</i>	Pref	
<i>diclofenac sodium ophth soln 0.1%</i>	Pref	
<i>dorzolamide hcl ophth soln 2% (generic of TRUSOPT)</i>	Pref	
<i>epinastine hcl ophth soln 0.05%</i>	Non-Pref	PA
<i>flurbiprofen sodium ophth soln 0.03%</i>	Pref	
ILEVRO DRO 0.3% OP	Non-Pref	PA
<i>ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)</i>	Pref	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Pref	OTC
LASTACFT SOL 0.25%	Non-Pref	PA
NEVANAC SUS 0.1%	Non-Pref	PA
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Pref	
PATADAY SOL 0.1%	Non-Pref	PA, OTC
PATADAY SOL 0.2%	Non-Pref	PA, OTC
PATADAY SOL 0.7%	Non-Pref	PA, OTC
PROLENSA SOL 0.07%	Non-Pref	PA
<i>sod chloride oin 5% op</i>	Pref	OTC
<i>sodium chloride hypertonic ophth soln 5%</i>	Pref	OTC
TRUSOPT SOL 2% OP	Non-Pref	PA
ZADITOR DRO 0.025%OP	Pref	OTC
ZERVIAE DRO 0.24%	Non-Pref	PA

PROSTAGLANDINS - OPHTHALMIC

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

OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS - MISCELLANEOUS

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

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

OTIC COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
OTIC STEROIDS		
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Pref	
OXYTOCICS - DRUGS FOR PREGNANCY		
OXYTOCICS - DRUGS FOR PREGNANCY		
<i>methergine tab 0.2mg</i>	Pref	QL (28 tabs / 135 days), AGE; Min age 12
<i>methylergonovine maleate tab 0.2 mg</i>	Pref	QL (28 tabs / 135 days), AGE; Min age 12
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS		
MONOCLONAL ANTIBODIES		
<i>SYNAGIS INJ 50/0.5ML</i>	Pref	PA
<i>SYNAGIS INJ 50MG</i>	Pref	SP, PA
<i>SYNAGIS INJ 100MG/ML</i>	Pref	SP, PA
PENICILLINS - DRUGS TO TREAT INFECTIONS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	Pref	
<i>amoxicillin (trihydrate) cap 500 mg</i>	Pref	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Pref	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Pref	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Pref	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Pref	
<i>ampicillin cap 500 mg</i>	Pref	
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	Pref	
<i>penicillin v potassium for soln 250 mg/5ml</i>	Pref	
<i>penicillin v potassium tab 250 mg</i>	Pref	
<i>penicillin v potassium tab 500 mg</i>	Pref	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Pref	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Pref	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Pref	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Pref	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Pref	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	Pref	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Pref	
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	Pref	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Pref	

PENICILLINASE-RESISTANT PENICILLINS

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

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

AYGESTIN TAB 5MG	Non-Pref	PA; M
<i>hydroxyprogesterone caproate im in oil 250 mg/ml (generic of MAKENA)</i>	Pref	SP, PA; Max approval 21 weeks
MAKENA INJ 275MG	Non-Pref	SP, PA; Max approval 21 weeks
<i>medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA)</i>	Pref	M
<i>medroxyprogesterone acetate tab 5 mg (generic of PROVERA)</i>	Pref	M
<i>medroxyprogesterone acetate tab 10 mg (generic of PROVERA)</i>	Pref	M
<i>megestrol acetate susp 625 mg/5ml</i>	Non-Pref	PA
<i>norethindrone acetate tab 5 mg (generic of AYGESTIN)</i>	Pref	M
<i>progesterone cap 100 mg (generic of PROMETRIUM)</i>	Pref	
<i>progesterone cap 200 mg (generic of PROMETRIUM)</i>	Pref	
<i>progesterone im in oil 50 mg/ml</i>	Non-Pref	PA; M
PROMETRIUM CAP 100MG	Non-Pref	PA
PROMETRIUM CAP 200MG	Non-Pref	PA
PROVERA TAB 2.5MG	Non-Pref	PA; M
PROVERA TAB 5MG	Non-Pref	PA; M
PROVERA TAB 10MG	Non-Pref	PA; M

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

Drug Name Drug Tier Requirements/Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS
TO TREAT NERVOUS SYSTEM DISORDERS
AGENTS FOR CHEMICAL DEPENDENCY

LUCEMYRA TAB 0.18MG	Non-Pref	PA, QL (16 tabs / 1 day; Max 14 days), AGE; Min age 18
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ANTI-CATAPLECTIC AGENTS

XYREM SOL 500MG/ML	Pref	SP, PA, QL (18 mL / 1 day), AGE; Min age 7
XYWAV SOL 0.5GM/ML	Pref	SP, PA, AGE; Min age 7; Max age 18

ANTIDEMENTIA AGENTS

ARICEPT TAB 5MG	Non-Pref	PA
ARICEPT TAB 10MG	Non-Pref	PA
ARICEPT TAB 23MG	Non-Pref	PA
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Pref	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Pref	
<i>donepezil hydrochloride tab 5 mg (generic of ARICEPT)</i>	Pref	
<i>donepezil hydrochloride tab 10 mg (generic of ARICEPT)</i>	Pref	
<i>donepezil hydrochloride tab 23 mg (generic of ARICEPT)</i>	Non-Pref	PA
EXELON DIS 4.6MG/24	Pref	
EXELON DIS 9.5MG/24	Pref	
EXELON DIS 13.3/24	Pref	
<i>galantamine hydrobromide cap er 24hr 8 mg (generic of RAZADYNE ER)</i>	Non-Pref	PA
<i>galantamine hydrobromide cap er 24hr 16 mg (generic of RAZADYNE ER)</i>	Non-Pref	PA
<i>galantamine hydrobromide cap er 24hr 24 mg (generic of RAZADYNE ER)</i>	Non-Pref	PA
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Non-Pref	PA
<i>galantamine hydrobromide tab 4 mg</i>	Pref	
<i>galantamine hydrobromide tab 8 mg</i>	Pref	
<i>galantamine hydrobromide tab 12 mg</i>	Pref	
<i>memantine hcl cap er 24hr 7 mg (generic of NAMENDA XR)</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 14 mg (generic of NAMENDA XR)</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl cap er 24hr 21 mg (generic of NAMENDA XR)</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 28 mg (generic of NAMENDA XR)</i>	Non-Pref	PA
<i>memantine hcl oral solution 2 mg/ml</i>	Pref	
<i>memantine hcl tab 5 mg</i>	Pref	
<i>memantine hcl tab 10 mg</i>	Pref	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)</i>	Pref	
NAMENDA TAB 5-10MG	Non-Pref	PA
NAMENDA XR CAP 7MG	Non-Pref	PA
NAMENDA XR CAP 14MG	Non-Pref	PA
NAMENDA XR CAP 21MG	Non-Pref	PA
NAMENDA XR CAP 28MG	Non-Pref	PA
NAMZARIC CAP	Non-Pref	PA
NAMZARIC CAP 7-10MG	Non-Pref	PA
NAMZARIC CAP 14-10MG	Non-Pref	PA
NAMZARIC CAP 21-10MG	Non-Pref	PA
NAMZARIC CAP 28-10MG	Non-Pref	PA
RAZADYNE ER CAP 8MG	Non-Pref	PA
RAZADYNE ER CAP 16MG	Non-Pref	PA
RAZADYNE ER CAP 24MG	Non-Pref	PA
RAZADYNE TAB 4MG	Non-Pref	PA
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Pref	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Pref	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Pref	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Pref	
<i>rivastigmine td patch 24hr 4.6 mg/24hr (generic of EXELON)</i>	Non-Pref	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr (generic of EXELON)</i>	Non-Pref	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr (generic of EXELON)</i>	Non-Pref	PA
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	Pref	QL (60 tabs / 22 days)
SAVELLA TAB 12.5MG	Pref	QL (60 tabs / 22 days)
SAVELLA TAB 25MG	Pref	QL (60 tabs / 22 days)
SAVELLA TAB 50MG	Pref	QL (60 tabs / 22 days)
SAVELLA TAB 100MG	Pref	QL (60 tabs / 22 days)

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

Drug Name	Drug Tier	Requirements/Limits
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	Pref	SP, PA, AGE; Min age 18
AUSTEDO TAB 9MG	Pref	SP, PA, AGE; Min age 18
AUSTEDO TAB 12MG	Pref	SP, PA, AGE; Min age 18
INGREZZA CAP 40-80MG	Pref	SP, PA, AGE; Min age 18
INGREZZA CAP 40MG	Pref	SP, PA, AGE; Min age 18
INGREZZA CAP 60MG	Pref	SP, PA, AGE; Min age 18
INGREZZA CAP 80MG	Pref	SP, PA, AGE; Min age 18

MULTIPLE SCLEROSIS AGENTS

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

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

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD PAK 10MG(8)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(9)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(10)	Non-Pref	SP, PA
MAYZENT PAK STARTER	Non-Pref	PA
MAYZENT TAB 0.25MG	Non-Pref	SP, PA
MAYZENT TAB 2MG	Non-Pref	SP, PA
PLEGRIDY INJ	Non-Pref	SP, PA
PLEGRIDY INJ PEN	Non-Pref	SP, PA
PLEGRIDY INJ STARTER	Non-Pref	SP, PA
PLEGRIDY PEN INJ STARTER	Non-Pref	SP, PA
PONVORY TAB 20MG	Non-Pref	SP, PA, AGE; Min age 18; Max age 55
PONVORY TAB STARTER	Non-Pref	SP, PA, AGE; Min age 18; Max age 55
REBIF INJ 22/0.5	Non-Pref	SP, PA
REBIF INJ 44/0.5	Non-Pref	SP, PA, QL (0.5 injections / 1 day)
REBIF REBIDO INJ 22/0.5	Non-Pref	SP, PA
REBIF REBIDO INJ 44/0.5	Non-Pref	SP, PA
REBIF REBIDO INJ TITRATN	Non-Pref	SP, PA
REBIF TITRTN INJ PACK	Non-Pref	SP, PA
TECFIDERA CAP 120MG	Pref	SP
TECFIDERA CAP 240MG	Pref	SP
TECFIDERA MIS STARTER	Pref	SP
VUMERITY CAP 231MG	Non-Pref	SP, PA
ZEPOSIA 7DAY CAP STR PACK	Non-Pref	SP, PA
ZEPOSIA CAP .92MG	Non-Pref	SP, PA
ZEPOSIA CAP STR KIT	Non-Pref	SP, PA
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE TAB 300MG	Non-Pref	PA, QL (3 tabs / 1 day)
GRALISE TAB 600MG	Non-Pref	PA, QL (3 tabs / 1 day)
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB 300MG ER	Non-Pref	PA, QL (2 tabs / 1 day)
HORIZANT TAB 600MG ER	Non-Pref	PA, QL (2 tabs / 1 day)
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Pref	QL (2 tabs / 1 day)
<i>nicotine polacrilex gum 2 mg</i>	Pref	QL (30 pieces / 1 day), OTC
<i>nicotine polacrilex gum 4 mg</i>	Pref	QL (24 pieces / 1 day), OTC
<i>nicotine polacrilex lozenge 2 mg</i>	Pref	QL (20 lozenges / 1 day), OTC

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

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine polacrilex lozenge 4 mg</i>	Pref	QL (20 lozenges / 1 day), OTC
NICOTINE SYS KIT TRANSDER	Pref	QL (1 kit / 42 days), OTC
<i>nicotine td patch 24hr 7 mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
NICOTROL INH	Pref	QL (168 cartridges / 22 days)
NICOTROL NS SPR 10MG/ML	Pref	QL (4 bottles / 22 days)
<i>varenicline tab 0.5mg</i>	Pref	max 168 days supply / 365 days
<i>varenicline tab 1mg</i>	Pref	max 168 days supply / 365 days

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

CYSTIC FIBROSIS AGENTS

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

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

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

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	Pref	
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AGE - Age Limit **Biologic** - MI Biologic Class **M** - Maintenance Medication **MED** - Max 90 mg Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 168

Drug Name	Drug Tier	Requirements/Limits
<i>methimazole tab 10 mg</i>	Pref	
<i>propylthiouracil tab 50 mg</i>	Pref	
THYROID HORMONES		
ARMOUR THYRO TAB 15MG	Pref	AGE; Max age 64
ARMOUR THYRO TAB 30MG	Pref	AGE; Max age 64
ARMOUR THYRO TAB 60MG	Pref	AGE; Max age 64
ARMOUR THYRO TAB 90MG	Pref	AGE; Max age 64
ARMOUR THYRO TAB 120MG	Pref	AGE; Max age 64
ARMOUR THYRO TAB 180MG	Pref	AGE; Max age 64
ARMOUR THYRO TAB 240MG	Pref	AGE; Max age 64
ARMOUR THYRO TAB 300MG	Pref	AGE; Max age 64
<i>levothyroxine sodium tab 25 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 25 MCG)	Pref	
<i>levothyroxine sodium tab 50 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 50 MCG)	Pref	
<i>levothyroxine sodium tab 75 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 75 MCG)	Pref	
<i>levothyroxine sodium tab 88 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 88 MCG)	Pref	
<i>levothyroxine sodium tab 100 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 100 MCG)	Pref	
<i>levothyroxine sodium tab 112 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 112 MCG)	Pref	
<i>levothyroxine sodium tab 125 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 125 MCG)	Pref	
<i>levothyroxine sodium tab 137 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 137 MCG)	Pref	
<i>levothyroxine sodium tab 150 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 150 MCG)	Pref	
<i>levothyroxine sodium tab 175 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 175 MCG)	Pref	
<i>levothyroxine sodium tab 200 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 200 MCG)	Pref	
<i>levothyroxine sodium tab 300 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 300 MCG)	Pref	
<i>liothyronine sodium tab 5 mcg</i> (generic of CYTOMEL)	Pref	

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

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium tab 25 mcg (generic of CYTOMEL)</i>	Pref	
<i>liothyronine sodium tab 50 mcg (generic of CYTOMEL)</i>	Pref	
<i>np thyroid tab 15mg</i>	Pref	AGE; Max age 64
<i>np thyroid tab 30mg</i>	Pref	AGE; Max age 64
<i>np thyroid tab 60mg</i>	Pref	AGE; Max age 64
<i>np thyroid tab 90mg</i>	Pref	AGE; Max age 64
<i>np thyroid tab 120mg</i>	Pref	AGE; Max age 64

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

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

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

ANTISPASMODICS

CUVPOSA SOL 1MG/5ML	Pref	AGE; Max age 12
<i>dicyclomine hcl cap 10 mg</i>	Pref	AGE; Max age 64
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Pref	AGE; Max age 64
<i>dicyclomine hcl tab 20 mg</i>	Pref	AGE; Max age 64
<i>glycopyrrolate tab 1 mg</i>	Pref	
<i>glycopyrrolate tab 2 mg</i>	Pref	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	Pref	AGE; Max age 64
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Pref	AGE; Max age 64
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Pref	AGE; Max age 64
<i>hyoscyamine sulfate tab 0.125 mg</i>	Pref	AGE; Max age 64
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Pref	AGE; Max age 64
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Pref	AGE; Max age 64
<i>oscimin tab 0.125mg</i>	Pref	AGE; Max age 64

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	Pref	
<i>cimetidine tab 200 mg</i>	Pref	
<i>cimetidine tab 200 mg</i>	Pref	OTC
<i>cimetidine tab 300 mg</i>	Pref	
<i>cimetidine tab 400 mg</i>	Pref	
<i>cimetidine tab 800 mg</i>	Pref	
<i>famotidine for susp 40 mg/5ml</i>	Pref	QL (5 mL / 1 day), AGE; Max age 6
<i>famotidine tab 10 mg</i>	Pref	OTC

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

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine tab 20 mg</i>	Pref	OTC
<i>famotidine tab 20 mg (generic of PEPCID)</i>	Pref	
<i>famotidine tab 40 mg (generic of PEPCID)</i>	Pref	

MISC. ANTI-ULCER

<i>sucralfate tab 1 gm (generic of CARAFATE)</i>	Pref	QL (4 tabs / 1 day)
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PROTON PUMP INHIBITORS

<i>acid reducer cap 20.6mgdr</i>	Non-Pref	PA, OTC
ACIPHEX SPR CAP 5MG	Non-Pref	PA
ACIPHEX SPR CAP 10MG	Non-Pref	PA
ACIPHEX TAB 20MG	Non-Pref	PA
DEXILANT CAP 30MG DR	Non-Pref	PA
DEXILANT CAP 60MG DR	Non-Pref	PA
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Non-Pref	PA, OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq) (generic of NEXIUM)</i>	Non-Pref	PA
<i>esomeprazole magnesium cap delayed release 40 mg (base eq) (generic of NEXIUM)</i>	Non-Pref	PA
<i>esomeprazole magnesium for delayed release susp packet 10 mg (generic of NEXIUM)</i>	Non-Pref	PA
<i>esomeprazole magnesium for delayed release susp packet 20 mg (generic of NEXIUM)</i>	Non-Pref	PA
<i>esomeprazole magnesium for delayed release susp packet 40 mg (generic of NEXIUM)</i>	Non-Pref	PA
<i>gnp omeprazo cap 20mg</i>	Non-Pref	PA, OTC
<i>lansoprazole cap delayed release 15 mg</i>	Non-Pref	PA
<i>lansoprazole cap delayed release 15 mg</i>	Non-Pref	PA, OTC
<i>lansoprazole cap delayed release 30 mg (generic of PREVACID)</i>	Non-Pref	PA
<i>lansoprazole tab delayed release orally disintegrating 15 mg (generic of PREVACID SOLUTAB)</i>	Non-Pref	PA
<i>lansoprazole tab delayed release orally disintegrating 30 mg (generic of PREVACID SOLUTAB)</i>	Non-Pref	PA
NEXIUM CAP 20MG	Non-Pref	PA
NEXIUM CAP 40MG	Non-Pref	PA
NEXIUM GRA 2.5MG DR	Pref	
NEXIUM GRA 5MG DR	Pref	

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

Drug Name	Drug Tier	Requirements/Limits
NEXIUM GRA 10MG DR	Pref	
NEXIUM GRA 20MG DR	Pref	
NEXIUM GRA 40MG DR	Pref	
<i>omeprazole cap delayed release 10 mg</i>	Pref	
<i>omeprazole cap delayed release 20 mg</i>	Pref	
<i>omeprazole cap delayed release 40 mg</i>	Pref	
<i>omeprazole delayed release tab 20 mg</i>	Non-Pref	PA, OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	Non-Pref	PA, OTC
<i>omeprazole tab 20mg</i>	Non-Pref	PA, OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)</i>	Pref	
<i>pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)</i>	Pref	
<i>pantoprazole sodium for delayed release susp packet 40 mg (generic of PROTONIX)</i>	Non-Pref	PA
PREVACID 24H CAP 15MG DR	Non-Pref	PA, OTC
PREVACID CAP 30MG DR	Non-Pref	PA
PREVACID TAB 15MG STB	Non-Pref	PA
PREVACID TAB 30MG STB	Non-Pref	PA
PRILOSEC POW 2.5MG	Non-Pref	PA
PRILOSEC POW 10MG	Non-Pref	PA
PROTONIX PAK 40MG	Non-Pref	PA
PROTONIX TAB 20MG	Non-Pref	PA
PROTONIX TAB 40MG	Non-Pref	PA
<i>rabeprazole sodium ec tab 20 mg (generic of ACIPHEX)</i>	Non-Pref	PA
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	Pref	QL (4 tabs / 1 day)
<i>misoprostol tab 200 mcg</i>	Pref	QL (4 tabs / 1 day)
ULCER THERAPY COMBINATIONS		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Non-Pref	PA
OMECLAMOX- MIS PAK	Non-Pref	PA
<i>omeprazole-sodium bicarbonate cap 20-1100 mg (generic of ZEGERID)</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg (generic of ZEGERID)</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (generic of ZEGERID)</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (generic of ZEGERID)</i>	Non-Pref	PA
PYLERA CAP	Pref	
TALICIA CAP	Non-Pref	PA

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

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

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Non-Pref	PA
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (generic of ENABLEX)</i>	Non-Pref	PA
DETROL LA CAP 2MG	Non-Pref	PA
DETROL LA CAP 4MG	Non-Pref	PA
DETROL TAB 1MG	Non-Pref	PA
DETROL TAB 2MG	Non-Pref	PA
DITROPAN XL TAB 5MG	Non-Pref	PA
DITROPAN XL TAB 10MG	Non-Pref	PA
GELNIQUE GEL 10%	Non-Pref	PA
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Pref	
<i>oxybutynin chloride tab 5 mg</i>	Pref	
<i>oxybutynin chloride tab er 24hr 5 mg (generic of DITROPAN XL)</i>	Pref	
<i>oxybutynin chloride tab er 24hr 10 mg (generic of DITROPAN XL)</i>	Pref	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Pref	
OXYTROL DIS 3.9MG/24	Non-Pref	PA
OXYTROL/WOMN DIS 3.9MG/24	Pref	OTC
<i>solifenacin succinate tab 5 mg (generic of VESICARE)</i>	Pref	
<i>solifenacin succinate tab 10 mg (generic of VESICARE)</i>	Pref	
<i>tolterodine tartrate cap er 24hr 2 mg (generic of DETROL LA)</i>	Non-Pref	PA
<i>tolterodine tartrate cap er 24hr 4 mg (generic of DETROL LA)</i>	Non-Pref	PA
<i>tolterodine tartrate tab 1 mg (generic of DETROL)</i>	Non-Pref	PA
<i>tolterodine tartrate tab 2 mg (generic of DETROL)</i>	Non-Pref	PA
TOVIAZ TAB 4MG	Pref	
TOVIAZ TAB 8MG	Pref	
<i>trosipium chloride cap er 24hr 60 mg</i>	Non-Pref	PA
<i>trosipium chloride tab 20 mg</i>	Non-Pref	PA

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

Drug Name	Drug Tier	Requirements/Limits
VESICARE LS SUS 5MG/5ML	Non-Pref	PA
VESICARE TAB 5MG	Non-Pref	PA
VESICARE TAB 10MG	Non-Pref	PA

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

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

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

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

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

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

BACTERIAL VACCINES

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

VIRAL VACCINES

AFLURIA QUAD INJ 2020-21	Pref	QL (1 injection / 180 days)
ENGERIX-B INJ 10/0.5ML	Pref	QL (6 injections in lifetime), AGE; Max age 19
ENGERIX-B INJ 20MCG/ML	Pref	QL (3 injections in lifetime), AGE; Max age 19
FLUCLVX QUAD INJ 2020-21	Pref	QL (1 mL / 180 days)
FLUMIST QUAD SUS 2020-21	Pref	QL (1 mL / year)
FLUZONE QUAD INJ 2020-21	Pref	QL (1 mL / 180 days)
HAVRIX INJ 720UNIT	Pref	QL (2 injections in lifetime), AGE; Max age 19
HAVRIX INJ 1440UNIT	Pref	QL (2 injections in lifetime), AGE; Max age 19
RECOMBIVA HB INJ 5MCG/0.5	Pref	QL (6 injections in lifetime), AGE; Max age 19

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Drug Name	Drug Tier	Requirements/Limits
RECOMBIVA HB INJ 10MCG/ML	Pref	QL (3 injections in lifetime), AGE; Max age 19
SHINGRIX INJ 50/0.5ML	Pref	QL (2 injections in lifetime), AGE; Max age 50
VAQTA INJ 25/0.5ML	Pref	QL (2 injections in lifetime), AGE; Max age 19
VAQTA INJ 50UNT/ML	Pref	QL (2 injections in lifetime), AGE; Max age 19

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

VAGINAL ANTI-INFECTIVES

CLEOCIN CRE 2% VAG	Non-Pref	PA
CLEOCIN SUP 100MG	Pref	
<i>clindamycin phosphate vaginal cream 2%</i> (generic of CLEOCIN)	Pref	
CLINDESSE CRE 2%	Non-Pref	PA
<i>clotrimazole vaginal cream 1%</i>	Pref	OTC
<i>clotrimazole vaginal cream 2%</i>	Pref	OTC
GYNE-LOTRIMI CRE 3	Pref	OTC
<i>metronidazole vaginal gel 0.75%</i>	Pref	
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	Pref	OTC
<i>miconazole nitrate vaginal cream 2%</i>	Pref	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	Pref	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i>	Pref	OTC
MONISTAT 3 KIT 200MG/2%	Pref	OTC
MONISTAT 7 CRE 2%	Pref	OTC
NUVESSA GEL 1.3%	Pref	
<i>terconazole vaginal cream 0.4%</i>	Pref	
<i>terconazole vaginal cream 0.8%</i>	Pref	
<i>vandazole gel 0.75%</i>	Pref	

VAGINAL ESTROGENS

<i>estradiol vaginal cream 0.1 mg/gm</i> (generic of ESTRACE)	Pref	QL (42.5 gm / 22 days)
<i>estradiol vaginal tab 10 mcg</i> (generic of ESTRADIOL VAGINAL TAB 10 MCG)	Pref	

VAGINAL PROGESTINS

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

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Drug Name Drug Tier Requirements/Limits
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION
CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic of EPIPEN 2-PAK)</i>	Pref	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (generic of EPIPEN-JR 2-PAK)</i>	Pref	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Non-Pref	PA
EPIPEN 2-PAK INJ 0.3MG	Non-Pref	PA
EPIPEN-JR INJ 0.15MG	Non-Pref	PA
SYMJEPI INJ 0.3MG	Non-Pref	PA
SYMJEPI INJ 0.15MG	Non-Pref	PA

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION
CONDITIONS

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

VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

<i>aqueous e dro 50unt/ml</i>	Pref	AGE, OTC; Max age 12
<i>calcidol dro 8000/ml</i>	Pref	QL (2 mL / 1 day), OTC
<i>cholecalciferol cap 1000 unit</i>	Pref	OTC
<i>cholecalciferol cap 2000 unit</i>	Pref	OTC
<i>cholecalciferol cap 5000 unit</i>	Pref	OTC
<i>cholecalciferol cap 50000 unit</i>	Pref	OTC
<i>cholecalciferol oral liquid 400 unit/ml</i>	Pref	OTC
<i>cholecalciferol tab 400 unit</i>	Pref	OTC
<i>cholecalciferol tab 1000 unit</i>	Pref	OTC
<i>cholecalciferol tab 2000 unit</i>	Pref	OTC
<i>cholecalciferol tab 5000 unit</i>	Pref	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit) (generic of DRISDOL)</i>	Pref	
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	Pref	QL (2 mL / 1 day), OTC
<i>phytonadione tab 5 mg (generic of MEPHYTON)</i>	Pref	QL (3 tabs / 22 days)
REPLESTA WAF 50000UNT	Pref	OTC
<i>soluvita e sol 50unt/ml</i>	Pref	AGE, OTC; Max age 12
<i>vitamin d3 tab 50000unt</i>	Pref	OTC
<i>vitamin e cap 450mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
WATER SOLUBLE VITAMINS		
<i>biotin tab 5 mg</i>	Pref	OTC
<i>niacin cap er 250 mg</i>	Pref	OTC
<i>niacin tab 500 mg</i>	Non-Pref	PA, OTC; M
<i>niacin tab er 750 mg</i>	Pref	OTC
NIACIN TR TAB 1000MG	Pref	OTC
<i>niacinamide tab 500 mg</i>	Pref	OTC
<i>pyridoxine hcl tab 25 mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>pyridoxine hcl tab 50 mg</i>	Pref	QL (4 tabs / 1 day), OTC
<i>pyridoxine hcl tab 100 mg</i>	Pref	QL (4 tabs / 1 day), OTC
SLO-NIACIN TAB 750MG ER	Pref	OTC
<i>thiamine mononitrate tab 100 mg</i>	Pref	QL (1 tab / 1 day), OTC

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BENICAR TAB 40MG	66	<i>0.05%</i>	106
BENICAR TAB 5MG	66	<i>betamethasone valerate aerosol foam</i>	
BENZACLIN		<i>0.12%</i>	106
<i>see clindamycin phosphate-benzoyl</i>		<i>betamethasone valerate cream 0.1%</i>	
<i>peroxide gel 1-5%</i>	102	<i>(base equivalent)</i>	106

<i>betamethasone valerate lotion 0.1%</i> (base equivalent)	106	BINAXNOW KIT COVID-19	112
<i>betamethasone valerate oint 0.1%</i> (base equivalent)	106	BINOSTO TAB 70MG	115
BETAPACE		BIO-35 GLUTE CAP FREE	147
see <i>sorine tab 120mg</i>	85	BIO-35 IRON CAP FREE	147
see <i>sorine tab 160mg</i>	85	BIOCAL CAP	147
see <i>sorine tab 80mg</i>	85	<i>biotin tab 5 mg</i>	177
see <i>sotalol hcl tab 120 mg</i>	85	<i>bisacodyl suppos 10 mg</i>	131
see <i>sotalol hcl tab 160 mg</i>	85	<i>bisacodyl tab delayed release 5 mg</i>	131
see <i>sotalol hcl tab 80 mg</i>	85	<i>bismuth subsalicylate chew tab 262 mg</i>	55
BETAPACE AF		<i>bismuth subsalicylate susp 262</i> <i>mg/15ml</i>	56
see <i>sotalol hcl (afib/afl) tab 120 mg</i>	85	<i>bismuth subsalicylate susp 525</i> <i>mg/15ml</i>	56
see <i>sotalol hcl (afib/afl) tab 160 mg</i>	85	<i>bismuth subsalicylate tab 262 mg</i> ...	56
see <i>sotalol hcl (afib/afl) tab 80 mg</i>	85	<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	70
BETAPACE AF TAB 120MG	84	<i>bisoprolol & hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i>	70
BETAPACE AF TAB 160MG	84	<i>bisoprolol & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i>	70
BETAPACE AF TAB 80MG	84	<i>bisoprolol fumarate tab 10 mg</i>	83
BETAPACE TAB 120MG	84	<i>bisoprolol fumarate tab 5 mg</i>	83
BETAPACE TAB 160MG	84	BLADDER 2.2 TAB	112
BETAPACE TAB 80MG	84	BLEPH-10	
BETASERON INJ 0.3MG	166	see <i>sulfacetamide sodium ophth soln</i> <i>10%</i>	159
<i>betaxolol hcl ophth soln 0.5%</i>	157	<i>blisovi 24 tab fe 1/20</i>	94
<i>betaxolol hcl tab 10 mg</i>	83	<i>blisovi fe tab 1/20</i>	94
<i>betaxolol hcl tab 20 mg</i>	83	<i>blisovi fe tab 1.5/30</i>	94
<i>bethanechol chloride tab 10 mg</i>	174	BONE DENSITY TAB	140
<i>bethanechol chloride tab 25 mg</i>	174	BONIVA	
<i>bethanechol chloride tab 50 mg</i>	174	see <i>ibandronate sodium tab 150 mg</i> (base equivalent)	115
<i>bethanechol chloride tab 5 mg</i>	174	BONIVA TAB 150MG	115
BETHKIS		BOOSTRIX INJ	170
see <i>tobramycin nebu soln 300</i> <i>mg/4ml</i>	21	<i>bosentan tab 125 mg</i>	91
BETHKIS NEB 300/4ML	21	<i>bosentan tab 62.5 mg</i>	91
BETIMOL SOL 0.25%	157	BRAFTOVI CAP 75MG	76
BETIMOL SOL 0.5%	157	BREATHERITE MIS MDI CHMB	136
BETOPTIC-S SUS 0.25% OP	157	BREO ELLIPTA INH 100-25	44
BEVESPI AER 9-4.8MCG	44	BREO ELLIPTA INH 200-25	44
<i>bexarotene cap 75 mg</i>	77	BREXAFEMME TAB 150MG	57
BIAXIN XL		BREZTRI AERO AER SPHERE	44
see <i>clarithromycin tab er 24hr 500</i> <i>mg</i>	133	<i>briellyn tab</i>	94
<i>bicalutamide tab 50 mg</i>	75	BRILINTA TAB 60MG	125
BIFERA TAB 28MG	127	BRILINTA TAB 90MG	125
<i>bimatoprost ophth soln 0.03%</i>	161		
BINAXNOW COV KIT HOME TES	112		

<i>brimonidine tartrate ophth soln 0.15%</i>	158	<i>buprenorphine td patch weekly 5</i> <i>mcg/hr</i>	35
<i>brimonidine tartrate ophth soln 0.2%</i>	158	<i>buprenorphine td patch weekly 7.5</i> <i>mcg/hr</i>	35
<i>brinzolamide ophth susp 1%</i>	160	<i>bupropion hcl (smoking deterrent) tab</i> <i>er 12hr 150 mg</i>	167
<i>bromfenac sodium ophth soln 0.09%</i> <i>(base equiv) (once-daily)</i>	160	<i>butalbital-acetaminophen-caffeine tab</i> <i>50-325-40 mg</i>	26
<i>bromocriptine mesylate cap 5 mg (base</i> <i>equivalent)</i>	78	<i>butalbital-acetaminophen-caff w/ cod</i> <i>cap 50-300-40-30 mg</i>	33
<i>bromocriptine mesylate tab 2.5 mg</i> <i>(base equivalent)</i>	78	<i>butalbital-acetaminophen-caff w/ cod</i> <i>cap 50-325-40-30 mg</i>	33
<i>brompheniramine & pseudoephedrine</i> <i>elixir 1-15 mg/5ml</i>	101	<i>butalbital-acetaminophen tab 50-325</i> <i>mg</i>	26
BROMSITE DRO 0.075%.....	160	<i>butalbital-aspirin-caffeine cap 50-325-</i> <i>40 mg</i>	26
BRONCHITOL CAP 40MG	168	<i>butalbital-aspirin-caff w/ codeine cap</i> <i>50-325-40-30 mg</i>	33
BRONCHITOL CAP TOL TEST	168	<i>butenafine hcl cream 1%</i>	103
BROVANA <i>see arformoterol tartrate soln nebu</i> <i>15 mcg/2ml (base equiv)</i>	44	<i>butorphanol tartrate nasal soln 10</i> <i>mg/ml</i>	35
BROVANA NEB 15MCG	44	BUTRANS <i>see buprenorphine td patch weekly</i> <i>10 mcg/hr</i>	35
BRYHALI LOT 0.01%.....	106	<i>see buprenorphine td patch weekly</i> <i>15 mcg/hr</i>	35
<i>budesonide delayed release particles</i> <i>cap 3 mg</i>	99	<i>see buprenorphine td patch weekly</i> <i>20 mcg/hr</i>	35
<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 160-4.5 mcg/act</i>	44	<i>see buprenorphine td patch weekly 5</i> <i>mcg/hr</i>	35
<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol 80-4.5 mcg/act</i>	44	<i>see buprenorphine td patch weekly</i> <i>7.5 mcg/hr</i>	35
<i>budesonide inhalation susp 0.25</i> <i>mg/2ml</i>	43	BUTRANS DIS 10MCG/HR.....	35
<i>budesonide inhalation susp 0.5 mg/2ml</i>	43	BUTRANS DIS 15MCG/HR.....	35
<i>budesonide inhalation susp 1 mg/2ml</i>	43	BUTRANS DIS 20MCG/HR.....	35
<i>budesonide sus 32mcg</i>	155	BUTRANS DIS 5MCG/HR	35
<i>budesonide tab er 24hr 9 mg</i>	99	BUTRANS DIS 7.5/HR	35
BUFFERIN TAB 325MG	27	BYDUREON BC INJ 2/0.85ML	51
<i>bumetanide tab 0.5 mg</i>	114	BYETTA INJ 10MCG	51
<i>bumetanide tab 1 mg</i>	114	BYETTA INJ 5MCG	51
<i>bumetanide tab 2 mg</i>	114	BYSTOLIC <i>see nebivolol hcl tab 10 mg (base</i> <i>equivalent)</i>	84
BUMEX <i>see bumetanide tab 0.5 mg</i>	114	<i>see nebivolol hcl tab 2.5 mg (base</i> <i>equivalent)</i>	84
<i>buprenorphine td patch weekly 10</i> <i>mcg/hr</i>	35	<i>see nebivolol hcl tab 20 mg (base</i> <i>equivalent)</i>	84
<i>buprenorphine td patch weekly 15</i> <i>mcg/hr</i>	35		
<i>buprenorphine td patch weekly 20</i> <i>mcg/hr</i>	35		

see <i>nebivolol hcl tab 5 mg (base equivalent)</i>	84
BYSTOLIC TAB 10MG	83
BYSTOLIC TAB 2.5MG	83
BYSTOLIC TAB 20MG	83
BYSTOLIC TAB 5MG	83

C

<i>cabergoline tab 0.5 mg</i>	117
CADUET	

see <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	90
see <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	90
see <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	90
see <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	90
see <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	90
see <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	90
see <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	90
see <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	90
CADUET TAB 10-10MG	90
CADUET TAB 10-20MG	90
CADUET TAB 10-40MG	90
CADUET TAB 10-80MG	90
CADUET TAB 5-10MG	90
CADUET TAB 5-20MG	90
CADUET TAB 5-40MG	90
CADUET TAB 5-80MG	90
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	20
CALAN SR	
see <i>verapamil hcl tab er 120 mg</i> ...	89
see <i>verapamil hcl tab er 240 mg</i> ...	89
CALAN SR TAB 120MG	86
CALAN SR TAB 180MG	86
CALAN SR TAB 240MG	86
<i>calcidol dro 8000/ml</i>	176
<i>calcipotriene oint 0.005%</i>	105
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	105
<i>calcitonin (salmon) inj 200 unit/ml</i>	115

<i>calcitonin (salmon) nasal soln 200 unit/act</i>	115
<i>calcitrene oin 0.005%</i>	105
<i>calcitriol cap 0.25 mcg</i>	116
<i>calcitriol cap 0.5 mcg</i>	116
<i>calcitriol oral soln 1 mcg/ml</i>	116
<i>calcium/d3 tab</i>	141
<i>calcium/d3 tab 600-800</i>	141
<i>calcium+d3 tab grad rel</i>	141
<i>calcium + d chw</i>	140
<i>calcium 600 chw +d/miner</i>	140
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	122
<i>calcium acetate (phosphate binder) tab 667 mg</i>	122
CALCIUM CARB CHW 500MG	140
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	37
<i>calcium carbonate (antacid) chew tab 400 mg</i>	37
<i>calcium carbonate (antacid) chew tab 500 mg</i>	37
<i>calcium carbonate (antacid) chew tab 750 mg</i>	37
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	37
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	140
<i>calcium carbonate-cholecalciferol chew tab 600 mg-400 unit</i>	140
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	140
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	140
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	141
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	141
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	141
<i>calcium carbonate-cholecalciferol tab 600 mg-800 unit</i>	141
<i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i>	37
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	140

<i>calcium carbonate-vitamin d cap 600 mg-200 unit</i>	141	<i>see sucralfate tab 1 gm</i>	171
<i>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</i>	140	<i>carb/levo tab 10-100mg</i>	78
<i>calcium chloride inj 10%</i>	141	<i>carb/levo tab 25-100mg</i>	78
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	141	<i>carb/levo tab 25-250mg</i>	78
<i>calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)</i>	141	<i>carbidopa & levodopa tab 10-100 mg</i>	78
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	141	<i>carbidopa & levodopa tab 25-100 mg</i>	78
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	141	<i>carbidopa & levodopa tab 25-250 mg</i>	78
CALCIUM GLUC INJ 10%	141	<i>carbidopa & levodopa tab er 25-100 mg</i>	78
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	141	<i>carbidopa & levodopa tab er 50-200 mg</i>	78
<i>calcium polycarbophil tab 625 mg</i> ...130		<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	78
<i>calcium soft chw mlk choc</i>	141	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	78
<i>calcium w/ magnesium tab 500-250 mg</i>	141	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	78
CALMAG THINS TAB 200-50MG	141	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	79
<i>cal-mag-zinc tab +d3</i>	143	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	79
<i>calphron tab 667mg</i>	122	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	79
CAL-QUICK LIQ 500-400	140	<i>carbidopa tab 25 mg</i>	78
CALTRATE +D3 TAB 600-800	141	<i>carbinoxamine maleate soln 4 mg/5ml</i>	59
CALTRATE 600 CHW 600-800.....	141	<i>carbinoxamine maleate tab 4 mg</i>	59
<i>camila tab 0.35mg</i>	99	<i>carbonyl tab fe 45mg</i>	128
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	70	<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	156
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	70	<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	156
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> .70		CARDIZEM	
<i>candesartan cilexetil tab 16 mg</i>	66	<i>see diltiazem hcl tab 120 mg</i>	87
<i>candesartan cilexetil tab 32 mg</i>	66	<i>see diltiazem hcl tab 30 mg</i>	87
<i>candesartan cilexetil tab 4 mg</i>	66	<i>see diltiazem hcl tab 60 mg</i>	87
<i>candesartan cilexetil tab 8 mg</i>	66	CARDIZEM CD	
<i>capecitabine tab 150 mg</i>	74	<i>see cartia xt cap 120/24hr</i>	86
<i>capecitabine tab 500 mg</i>	74	<i>see cartia xt cap 180/24hr</i>	86
CAPEX SHA 0.01%	106	<i>see cartia xt cap 240/24hr</i>	86
<i>captopril tab 100 mg</i>	65	<i>see cartia xt cap 300/24hr</i>	86
<i>captopril tab 12.5 mg</i>	65	<i>see diltiazem hcl coated beads cap er 24hr 120 mg</i>	87
<i>captopril tab 25 mg</i>	65	<i>see diltiazem hcl coated beads cap er 24hr 180 mg</i>	87
<i>captopril tab 50 mg</i>	65	<i>see diltiazem hcl coated beads cap er 24hr 240 mg</i>	87
CARAFATE			

see <i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	87	<i>carvedilol phosphate cap er 24hr 10 mg</i>	82
see <i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	87	<i>carvedilol phosphate cap er 24hr 20 mg</i>	82
CARDIZEM CD CAP 120MG/24	86	<i>carvedilol phosphate cap er 24hr 40 mg</i>	82
CARDIZEM CD CAP 180MG/24	86	<i>carvedilol phosphate cap er 24hr 80 mg</i>	83
CARDIZEM CD CAP 240MG/24	86	<i>carvedilol tab 12.5 mg</i>	83
CARDIZEM CD CAP 300MG/24	86	<i>carvedilol tab 25 mg</i>	83
CARDIZEM CD CAP 360MG/24	86	<i>carvedilol tab 3.125 mg</i>	83
CARDIZEM LA		<i>carvedilol tab 6.25 mg</i>	83
see <i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	87	CASODEX	
see <i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	87	see <i>bicalutamide tab 50 mg</i>	75
see <i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	87	CASTOR OIL.....	93
see <i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	87	<i>castor oil 100%</i>	131
see <i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	87	CATAPRES-TTS-1	
see <i>matzim la tab 180mg/24</i>	88	see <i>clonidine td patch weekly 0.1 mg/24hr</i>	68
see <i>matzim la tab 240mg/24</i>	88	CATAPRES-TTS-2	
see <i>matzim la tab 300mg/24</i>	88	see <i>clonidine td patch weekly 0.2 mg/24hr</i>	68
see <i>matzim la tab 360mg/24</i>	88	CATAPRES-TTS-3	
see <i>matzim la tab 420mg/24</i>	88	see <i>clonidine td patch weekly 0.3 mg/24hr</i>	68
CARDIZEM LA TAB 120MG.....	86	CATAPRES-TTS DIS 0.1/24HR.....	67
CARDIZEM LA TAB 180MG.....	86	CATAPRES-TTS DIS 0.2/24HR.....	68
CARDIZEM LA TAB 240MG.....	86	CATAPRES-TTS DIS 0.3/24HR.....	68
CARDIZEM LA TAB 300MG/24	86	CAYA DPR	134
CARDIZEM LA TAB 360MG.....	86	CAYSTON INH 75MG.....	39
CARDIZEM LA TAB 420MG/24	86	<i>caziant pak</i>	94
CARDIZEM TAB 120MG	86	<i>cefaclor cap 250 mg</i>	92
CARDIZEM TAB 30MG.....	86	<i>cefaclor cap 500 mg</i>	92
CARDIZEM TAB 60MG.....	86	CEFACLOR ER TAB 500MG.....	92
CARDURA TAB 1MG.....	67	<i>cefaclor for susp 125 mg/5ml</i>	92
CARDURA TAB 2MG.....	67	<i>cefaclor for susp 250 mg/5ml</i>	93
CARDURA TAB 4MG.....	67	<i>cefaclor for susp 375 mg/5ml</i>	93
CARDURA TAB 8MG.....	67	<i>cefadroxil cap 500 mg</i>	92
CARDURA XL TAB 4MG.....	123	<i>cefadroxil for susp 250 mg/5ml</i>	92
CARDURA XL TAB 8MG.....	123	<i>cefadroxil for susp 500 mg/5ml</i>	92
CARETOUCH MIS CPAP.....	136	<i>cefadroxil tab 1 gm</i>	92
<i>carteolol hcl ophth soln 1%</i>	157	<i>cefdinir cap 300 mg</i>	93
<i>cartia xt cap 120/24hr</i>	86	<i>cefdinir for susp 125 mg/5ml</i>	93
<i>cartia xt cap 180/24hr</i>	86	<i>cefdinir for susp 250 mg/5ml</i>	93
<i>cartia xt cap 240/24hr</i>	86	<i>cefixime cap 400 mg</i>	93
<i>cartia xt cap 300/24hr</i>	86	<i>cefixime for susp 100 mg/5ml</i>	93
		<i>cefixime for susp 200 mg/5ml</i>	93

<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	93	CENTRUM CHW SILVER	148
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	93	CENTRUM CHW VITAMINT	148
<i>cefpodoxime proxetil tab 100 mg</i>	93	CENTRUM KIDS CHW	151
<i>cefpodoxime proxetil tab 200 mg</i>	93	CENTRUM KIDS CHW FLAV BST	151
<i>cefprozil for susp 125 mg/5ml</i>	93	CENTRUM MULT CHW OMEGA 3.....	148
<i>cefprozil for susp 250 mg/5ml</i>	93	CEO-TWO SUP	131
<i>cefprozil tab 250 mg</i>	93	<i>cephalexin cap 250 mg</i>	92
<i>cefprozil tab 500 mg</i>	93	<i>cephalexin cap 500 mg</i>	92
<i>cefuroxime axetil tab 250 mg</i>	93	<i>cephalexin cap 750 mg</i>	92
<i>cefuroxime axetil tab 500 mg</i>	93	<i>cephalexin for susp 125 mg/5ml</i>	92
CELEBRATE CAP 18	148	<i>cephalexin for susp 250 mg/5ml</i>	92
CELEBRATE CAP 36	148	<i>cephalexin tab 250 mg</i>	92
CELEBRATE CAP 45	148	<i>cephalexin tab 500 mg</i>	92
CELEBRATE CAP 60	148	CERTAVITE TAB SENIOR	148
CELEBRATE CHW 18	148	<i>cetirizine chw 10mg</i>	59
CELEBRATE CHW 36	148	<i>cetirizine chw 5mg</i>	59
CELEBRATE CHW 45	148	<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	59
CELEBRATE CHW 60	148	<i>cetirizine hcl tab 10 mg</i>	59
CELEBEX		<i>cetirizine hcl tab 5 mg</i>	59
see <i>celecoxib cap 100 mg</i>	23	<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	101
see <i>celecoxib cap 200 mg</i>	23	<i>cetirizine sol 1mg/ml</i>	59
see <i>celecoxib cap 400 mg</i>	23	<i>cetirizine sol 5mg/5ml</i>	59
see <i>celecoxib cap 50 mg</i>	23	<i>charlotte 24 chw fe 1/20</i>	94
CELEBEX CAP 100MG.....	22	<i>chateal eq tab 0.15/30</i>	94
CELEBEX CAP 200MG.....	22	<i>chateal tab 0.15/30</i>	94
CELEBEX CAP 400MG.....	23	CHEMET CAP 100MG.....	56
CELEBEX CAP 50MG	22	CHEMSTRIP TES UGK.....	112
<i>celecoxib cap 100 mg</i>	23	<i>child allrgy sol 5mg/5ml</i>	59
<i>celecoxib cap 200 mg</i>	23	<i>chlorhexidine gluconate soln 0.12%</i> 145	
<i>celecoxib cap 400 mg</i>	23	CHLORHEXIDINE GLUCONATE SOLN 0.12%	
<i>celecoxib cap 50 mg</i>	23	see <i>chlorhexidine gluconate soln 0.12%</i>	145
CELLCEPT		<i>chloroquine phosphate tab 250 mg</i> ...73	
see <i>mycophenolate mofetil cap 250 mg</i>	144	<i>chloroquine phosphate tab 500 mg</i> ...73	
see <i>mycophenolate mofetil for oral susp 200 mg/ml</i>	144	<i>chlorpheniramine tab 4 mg</i>	59
see <i>mycophenolate mofetil tab 500 mg</i>	144	<i>chlorthalidone tab 25 mg</i>	114
CENTANY AT KIT 2%	103	<i>chlorthalidone tab 50 mg</i>	114
CENTANY OIN 2%	103	CHLOR-TRIMET TAB 4MG	59
CENTRATEX CAP	127	CHLORZOXAZONE TAB 250 MG	154
CENTRUM 50+ CHW FRSH/FRU	148	<i>chlorzoxazone tab 375 mg</i>	154
CENTRUM CHW	148	<i>chlorzoxazone tab 500 mg</i>	154
CENTRUM CHW ADULTS	148	<i>chlorzoxazone tab 750 mg</i>	154
CENTRUM CHW FLAV BST.....	148	CHOICEFUL CAP MULTIVIT	148
		CHOICEFUL CHW MULTIVIT	148

<i>cholecalciferol cap 1000 unit</i>	176	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	117
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<i>mg (elemental)</i>	122	<i>(base equiv)</i>	45
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<i>laxative tab 15mg</i>	132	<i>levofloxacin tab 250 mg</i>	120
<i>lax diet sup tab 500mg</i>	131	<i>levofloxacin tab 500 mg</i>	120
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<i>pioglitazone hcl-metformin hcl tab 15-</i>	<i>potassium chloride microencapsulated</i>	
<i>500 mg</i>	<i>crys er tab 20 meq</i>	143
49	<i>potassium chloride oral soln 10% (20</i>	
<i>pioglitazone hcl-metformin hcl tab 15-</i>	<i>meq/15ml)</i>	143
<i>850 mg</i>	<i>potassium chloride oral soln 20% (40</i>	
49	<i>meq/15ml)</i>	143
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.....	<i>potassium chloride tab er 8 meq (600</i>	
54	<i>mg)</i>	143
<i>pioglitazone hcl tab 30 mg (base equiv)</i>		
.....		
54		
<i>pioglitazone hcl tab 45 mg (base equiv)</i>		
.....		
54		
<i>pirmella tab 1/35</i>		
97		
<i>pirmella tab 7/7/7</i>		
97		
<i>piroxicam cap 10 mg</i>		
25		
<i>piroxicam cap 20 mg</i>		
25		
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98		
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see <i>hydroxychloroquine sulfate tab</i>		
<i>200 mg</i>		
73		
PLAVIX		
see <i>clopidogrel bisulfate tab 75 mg</i>		
<i>(base equiv)</i>		
125		
PLAVIX TAB 75MG		
125		
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167		
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167		
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<i>potassium citrate tab er 10 meq (1080 mg)</i>	123
<i>potassium citrate tab er 15 meq (1620 mg)</i>	123
<i>potassium citrate tab er 5 meq (540 mg)</i>	123
<i>potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)</i>	143
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PRADAXA CAP 150MG	47
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PRALUENT INJ 75MG/ML	64
<i>pramipexole dihydrochloride tab 0.125 mg</i>	79
<i>pramipexole dihydrochloride tab 0.25 mg</i>	79
<i>pramipexole dihydrochloride tab 0.5 mg</i>	79
<i>pramipexole dihydrochloride tab 0.75 mg</i>	79
<i>pramipexole dihydrochloride tab 1.5 mg</i>	80
<i>pramipexole dihydrochloride tab 1 mg</i>	79
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	80
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	80
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	80
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	80
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	80
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	80
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	80
<i>prasugrel hcl tab 10 mg (base equiv)</i>	125
<i>prasugrel hcl tab 5 mg (base equiv)</i>	125
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<i>pravastatin sodium tab 20 mg</i>	63
<i>pravastatin sodium tab 40 mg</i>	63
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PRECOSE TAB 25MG	48
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<i>prednicarbate oint 0.1%</i>	109
<i>prednisolone acetate ophth susp 1%</i>	160
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	100
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	100
PREDNISOLONE SUS 1%	160
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	100
<i>prednisone oral soln 5 mg/5ml</i>	100
<i>prednisone tab 10 mg</i>	100
<i>prednisone tab 1 mg</i>	100
<i>prednisone tab 2.5 mg</i>	100
<i>prednisone tab 20 mg</i>	100
<i>prednisone tab 50 mg</i>	100
<i>prednisone tab 5 mg</i>	100
<i>prednisone tab therapy pack 10 mg (21)</i>	100
<i>prednisone tab therapy pack 10 mg (48)</i>	100
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<i>prednisone tab therapy pack 5 mg (48)</i>	100
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<i>see colesevelam hcl tab 625 mg</i>	61	<i>see capecitabine tab 500 mg</i>	74
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WELCHOL TAB 625MG	61	XENICAL CAP 120MG.....	20
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<i>westab max tab 2.5-25-2</i>	112	XERESE CRE 5-1%	106
<i>westab mini tab 2.2-25-1</i>	128	XHANCE MIS 93MCG.....	156
<i>westab one tab 2.5-25-1</i>	128	XIFAXAN TAB 200MG.....	38
<i>wheat dextrin oral powder</i>	130	XIFAXAN TAB 550MG.....	38
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<i>white petrolatum-mineral oil ophth</i>		XIGDUO XR TAB 10-500MG	50
<i>ointment</i>	157	XIGDUO XR TAB 2.5-1000.....	50
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<i>wixela inhub aer 250/50</i>	45	<i>mg/3ml (base equiv)</i>	45
<i>wixela inhub aer 500/50</i>	45	<i>see levalbuterol hcl soln nebu 0.63</i>	
WMNS MULTIVI CHW +COLLAGE	150	<i>mg/3ml (base equiv)</i>	45
<i>womens daily chw gummies</i>	150	<i>see levalbuterol hcl soln nebu 1.25</i>	
WOMENS MULT CHW GUMMIES.....	150	<i>mg/3ml (base equiv)</i>	45
<i>wymzya fe chw 0.4mg-35</i>	98	XOPENEX CONCENTRATE	
X		<i>see levalbuterol hcl soln nebu conc</i>	
XADAGO TAB 100MG	81	<i>1.25 mg/0.5ml (base equiv)</i>	45
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<i>xulane dis 150-35</i>	98	<i>cap 20-1100 mg</i>	172
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<i>equivalent)</i>	154	<i>see lisinopril & hydrochlorothiazide</i>	
<i>see tizanidine hcl cap 6 mg (base</i>		<i>tab 20-25 mg</i>	71
<i>equivalent)</i>	154	ZESTORETIC TAB 10-12.5	72
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<i>zileuton tab er 12hr 600 mg</i>	42	<i>mg/spray unit</i>	140
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