2026 Formulary

Introduction

Health Partners Plans, Inc. is pleased to provide the 2026 Health Partners Plans CHIP Formulary. This formulary covers members under the Health Partners Plans CHIP (Children's Health Insurance Program) plan. The drugs listed in the Health Partners Plans CHIP Formulary are intended to provide sufficient options to treat the majority of patients who require drug therapy in an ambulatory setting. Excluded from coverage are drugs from specific manufacturers who have not contracted with the rebate program of the Federal government.

The drugs listed in the Health Partners Plans CHIP Formulary have been reviewed and approved by the Health Partners Plans Pharmacy and Therapeutics Committee. These drug products have been selected to **provide the most clinically appropriate and cost-effective medications** for Health Partners Plans CHIP members. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through Prior Authorization/ Medical Exception.

Preface

The Health Partners Plans CHIP Formulary is organized by sections, which refer to either a drug/ pharmacologic class or disease state. Each section contains a list of drugs selected to be on this formulary. Prescribing a drug product that is available generically is encouraged when appropriate. Unless exceptions are noted, all applicable dosage forms and strengths of the referenced product generally are covered.

Pharmacy and Therapeutics (P&T) Committee

The actions of the Health Partners Plans P&T Committee are communicated through the Provider Newsletter to all physicians and posted on our website. Pharmacy providers in the Health Partners Plans CHIP network will be notified through correspondence from the Health Partners Plans Pharmacy department when applicable.

Product Selection Criteria

The Health Partners Plans P&T Committee will consider all FDA approved drugs for inclusion in the formulary. The evaluation process includes a literature review, and expert opinion by respected medical professionals. Formal reviews are prepared which typically address the following information:

1. Safety
2. Effectiveness
3. Comparison studies
4. Approved indications
5. Adverse effects
6. Contraindications
7. Pharmacokinetics
8. Patient compliance considerations
9. Medical outcome and pharmacoeconomic studies

When a new drug is considered for formulary inclusion, an attempt will be made to examine the drug relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed. This review process may result in deletion of a drug(s) in a particular therapeutic class in an effort to continually promote the most clinically useful and cost-effective agents.

Plan Limits

A maximum of up to a 30-day supply of medication is eligible for coverage. The prescriber is urged to prescribe in amounts that adhere to accepted standards of care. The days' supply must be accurately determined by the dispensing pharmacist to assure compliance with plan parameters. Specific limits based on FDA guidelines, medication package inserts and accepted standards of care may apply to medication treatments under clinical review.

Prescription quantities cannot be altered unless approved by the physician, and must be within the limits of the plan's days' supply.

Prescribed medications or regimens that are non-formulary require prior authorization.

Immediate Need (5/15-day Emergency Supply)

If a member presents at a pharmacy with a prescription which requires prior authorization, whether for a non-formulary drug or otherwise, and if the prior authorization cannot be processed immediately, Health Partners Plans will allow the pharmacy to dispense an interim supply of the prescription under the following circumstances:

If the recipient is in immediate need of the medication in the professional judgment of the pharmacist and if the prescription is for a new medication (one that the recipient has not taken before or that is taken for an acute condition), Health Partners Plans will allow the pharmacy to dispense a 5-day supply of the medication to afford the recipient or pharmacy the opportunity to initiate the request for prior authorization.

If the prescription is for an ongoing medication (one that is continuously prescribed for the treatment of an illness or condition that is chronic in nature in which there has not been a break in treatment for greater than 30 Days), Health Partners Plans will allow the pharmacy to dispense a 15-day supply of the medication automatically, unless Health Partners Plans mailed to the member, with a copy to the prescriber, an advance written notice of the reduction or termination of the medication at least 10 days prior to the end of the period for which the medication was previously authorized.

Health Partners Plans will respond to the request for prior authorization within 24 hours from when the request was received. If the prior authorization is denied, the member is entitled to appeal the decision through several avenues. The 5-day or 15-day requirement does not apply when the pharmacist

determines that taking the medication, either alone or along with other medication that the recipient may be taking, would jeopardize the health and safety of the recipient.

Formulary Product Descriptions

This formulary lists all specific strengths and dosage forms that are covered. **When a strength or dosage form is specified, only the product identified will be covered. Other strengths/ dosage forms of the referenced product are not covered.**

For specific questions please contact the Health Partners Plans Pharmacy department at 215-991-4300.

Generic Substitution

Generic substitution is the process by which a generic equivalent is dispensed rather than the brand name product. The appropriate use of generic drugs is one method of providing cost conscious drug therapy. Health Partners Plans will not cover any drugs by companies that do not participate in the Federal Rebate Program or are DESI drugs. Generic drugs must be prescribed and dispensed when an A-rated generic drug is available. Brand necessary prescriptions for drugs with A-rated generics require prior authorization.

The MAC list sets a ceiling price for the reimbursement of certain multisource prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have usually gone through the FDA's review and approval process. This process assures the following requirements have been met:

The generic drug will contain the same active ingredient(s) and be the same strength and dosage form as the brand name counterpart.

The FDA has given the generic an "A" rating compared to the branded counterpart indicating bioequivalence and has determined the generic is therapeutically equivalent to the referenced brand. The ratings of generic drugs are available by referring to the FDA reference *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the brand name product.

State laws or regulation may indicate the ability to practice generic substitution for selected products or categories of drugs.

There are now many brand name products that are repackaged or distributed under a generic label. These generic versions should always be considered therapeutically equivalent and substitutable for the source branded product irrespective of rating.

Drugs Efficacy Study Implementation (DESI) Drugs

Health Partners Plans does not reimburse for DESI drugs. DESI drugs are those drugs first marketed between 1938 and 1962 which were approved as safe, but not required to show effectiveness for FDA product approval. The DESI program subsequently made a determination of fully effective for most of these products and they remain in the marketplace. A few DESI products remain classified as less than fully effective while awaiting final administrative disposition. Also classified as DESI are many products listed as identical, similar, or related to actual DESI products.

Examples of DESI Drugs include:
Midrin
Vytone
Anusol HC suppositories
Donnatal
Tigan
Naldecon

Prior Authorization (PA)

To ensure that select medications are utilized appropriately, Prior Authorization may be required for the dispensing of specific products. These medications may require Prior Authorization for the following reasons:

- Non-formulary medications, or benefit exceptions required by medical necessity
- All brand name medications when there is an A-rated generic equivalent available
- Medications and/or treatments under clinical investigation
- Medications used for non-FDA approved indications
- Prescription costs that exceed $1000 per claim
- Prescriptions that exceed set plan limits (days' supply, quantity, cost)
- Prescriptions processed by non-network pharmacies
- New-to-market products
- High-end oral and self-administered injectable medications
- Medications with Health Partners Plans P&T Committee approved treatment guidelines

To request a prior authorization the physician or a member of his/her staff should contact Health Partners Plans either by fax at 866-240-3712, or phone at 215-991-4300. All non-emergency requests can be faxed 24 hours per day; calls should be placed from 9:00 A.M. to 6:00 P.M., Monday through Friday.

In the event of an immediate need after business hours, the call should be made to Health Partners Plans CHIP Member Relations at **1-888-888-1212**. The call will be evaluated and routed to a pharmacist-on-call.

The physician may use the Health Partners Plans Prior Authorization/Medical Exception form or a letter of request, *but must include the following information* for quick and appropriate review to take place:

- Name and recipient number of member
- Date of birth of member
- Physician's name, license number, and specialty
- Physician's phone and fax numbers
- Name of primary care physician if different
- Drug name, strength, and quantity of medication
- Days supply (duration of therapy) and number of refills
- Route of administration
- Diagnosis
- Medical rationale for request
- Formulary medications used, duration and therapy result
- Additional clinical information that may contribute to the review decision (e.g., labs)

Upon receiving the Prior Authorization/ Medical Exception Request from the prescriber, Health

Partners Plans will render a decision within 24 hours. The Medical Director will review each prior authorization request and make the final decision. After Medical Director review, the clinical pharmacist will prepare the request for the denial/approval letter. A denial letter will be mailed to the member or parent/guardian. A copy of the member denial letter is also faxed to the prescribing physician.

If the Prior Authorization/Medical Exception Request is denied, the prescriber can submit a written appeal to Health Partners Plans' Complaint & Grievance Unit explaining the medical necessity of the medical treatment in question. At any time during normal business hours, the prescribing physician can discuss the denial with a clinical pharmacist or can have a peer to peer discussion with the medical director.

Health Partners Plans Specialty and Injectable Medication Program

Health Partners Plans supports appropriate use of injectables and has established procedures for prescribing and suppliers. Under the direction of the Health Partners Plans Pharmacy department, the physician provider has the primary responsibility for obtaining Prior Authorization for medications included in this program. Call the Health Partners Plans Pharmacy department at 215-991-4300 for authorization on specialty medications.

The following specialty and injectable medications, although not limited to, can be obtained through the retail pharmacy benefit without prior authorization.

GENERIC NAME	BRAND NAME
ceftriaxone	Rocephin®
cyanocobalamin	Vitamin B-12
epinephrine	Epipen®, Epipen ® Jr.
fluphenazine decanoate	Prolixin Decanoate
glucagon	Glucagon
haloperidol decanoate	Haldol Decanoate
heparin sodium	Heparin
Insulin	
medroxyprogesterone acetate 150 mg only	Depo-Provera
methylprednisolone acetate	Depo-Medrol
methylprednisolone sod. succ.	Solu-Medrol
penicillin g benzathine	Bicillin L.A.
penicillin g potassium	Pfizerpen
sumatriptan	Imitrex
triamcinolone acetonide	Kenalog-40
fondaparinux sodium	Arixtra
enoxaparin sodium	Lovenox

Managed Drug Limitations (MDL)

The United States Food and Drug Administration (FDA) publishes guidelines on the safest and most efficient ways to use certain drugs. Many drug products on the Health Partners Plans CHIP Formulary have quantity limits based upon the dosage described in product labeling.

Drugs subject to quantity limits may change. Contact Health Partners Plans' Pharmacy department at 215-991-4300 for more information.

Step Therapy

Step therapy is a process that encourages the use of medications preferred by Health Partners Plans as the first course of treatment. If the preferred medication is not clinically effective or if the member suffers side effects, another medication may be approved as the second course of treatment.

Editor

Your comments and suggestions regarding the Health Partners Plans CHIP 2026 Formulary are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

Attn: Pharmacy Director
Health Partners Plans
1101 Market Street, Suite 3000
Philadelphia, PA 19107
Phone: 215-991-4300
Internet: www.healthpartnersplans.com

Notice

The information contained in the Health Partners Plans CHIP Formulary and its appendices is provided by Health Partners Plans solely for the convenience of medical providers and our members. Health Partners Plans neither warrants nor assures accuracy of such information, nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his/her choice of prescription drugs. Health Partners Plans does not assume 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 product literature or standard references for more detailed information.

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Trade names are the intellectual property of the respective product owners.

LEGEND		
TIER		DESCRIPTION
1	Preferred	
2	Non-Preferred	
TYPE		DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
AL1	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
C	Custom	This drug has unique restrictions.
QLC	Quantity Limit (Custom)	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
ANALGESICS, OTHER		
HYALGAN 20 MG/2ML SOLUTION	Preferred	QL 20 / 180 days PA
TONMYA	Non-Preferred	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
advil 200 mg cap	Non-Preferred	
advil 200 mg tab	Non-Preferred	QL 360 / 30 days
advil liqui-gels minis	Non-Preferred	
aleve 220 mg cap	Non-Preferred	
aleve 220 mg tab	Non-Preferred	QL 90 / 30 days
aleve arthritis pain	Non-Preferred	QL 500 / 30 days
all day pain relief	Preferred	QL 90 / 30 days
all day relief	Preferred	QL 90 / 30 days
arthritis pain reliever 1 % gel	Preferred	QL 500 / 30 days
ARTHROTEC	Non-Preferred	
aspirin 81 mg tab dr	Preferred	
butalbital-aspirin-caffeine	Preferred	PA QLC Max 18 tabs/caps per month
CAMBIA	Non-Preferred	
CELEBREX 100 MG CAP	Non-Preferred	QL 60 / 30 days
CELEBREX 200 MG CAP	Non-Preferred	QL 60 / 30 days
CELEBREX 400 MG CAP	Non-Preferred	QL 30 / 30 days
CELEBREX 50 MG CAP	Non-Preferred	QL 60 / 30 days
celecoxib 100 mg cap	Preferred	QL 60 / 30 days
celecoxib 200 mg cap	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
celecoxib 400 mg cap	Preferred	QL 30 / 30 days
celecoxib 50 mg cap	Preferred	QL 60 / 30 days
childrens advil	Non-Preferred	QL 60 mL / day(s)
childrens ibuprofen	Preferred	QL 60 mL / day(s)
COXANTO	Non-Preferred	
cvs diclofenac sodium	Preferred	QL 500 / 30 days
cvs ibuprofen 200 mg cap	Preferred	
cvs ibuprofen childrens 100 mg chew tab	Preferred	
cvs ibuprofen childrens 100 mg/5ml suspension	Preferred	QL 60 mL / day(s)
cvs naproxen sodium 220 mg cap	Preferred	
cvs naproxen sodium 220 mg tab	Preferred	QL 90 / 30 days
DAYPRO	Non-Preferred	QL 90 / 30 days
DICLOFENAC	Non-Preferred	
DICLOFENAC EPOLAMINE	Non-Preferred	
diclofenac epolamine	Non-Preferred	
diclofenac potassium 25 mg cap	Non-Preferred	
diclofenac potassium 25 mg tab	Non-Preferred	
diclofenac potassium 50 mg tab	Non-Preferred	QL 4 / 1 days
diclofenac potassium(migraine)	Non-Preferred	
diclofenac sodium 1 % gel	Preferred	QL 500 / 30 days
diclofenac sodium 1.5 % solution	Preferred	
diclofenac sodium 2 % solution	Non-Preferred	
diclofenac sodium 25 mg tab dr	Preferred	QL 4 / 1 days
diclofenac sodium 50 mg tab dr	Preferred	QL 4 / 1 days
diclofenac sodium 75 mg tab dr	Preferred	QL 60 / 30 days
diclofenac sodium er	Non-Preferred	QL 60 / 30 days
diclofenac-misoprostol 50-0.2 mg tab dr	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diclofenac-misoprostol 75-0.2 mg tab dr	Preferred	
diflunisal 500 mg tab	Non-Preferred	QL 90 / 30 days
DOLOBID	Non-Preferred	
DUEXIS	Non-Preferred	
ec-naproxen	Preferred	QL 60 / 30 days
ELYXYB	Non-Preferred	
eq arthritis pain 1 % gel	Preferred	QL 500 / 30 days
eq arthritis pain reliever	Preferred	QL 500 / 30 days
eq ibuprofen childrens	Preferred	QL 60 mL / day(s)
etodolac 200 mg cap	Non-Preferred	QL 150 / 30 days
etodolac 300 mg cap	Non-Preferred	QL 90 / 30 days
etodolac 400 mg tab	Non-Preferred	QL 60 / 30 days
etodolac 500 mg tab	Non-Preferred	QL 60 / 30 days
etodolac er	Non-Preferred	
FELDENE	Non-Preferred	QL 30 / 30 days
FENOPROFEN CALCIUM 200 MG CAP	Non-Preferred	
fenoprofen calcium 400 mg cap	Non-Preferred	
FENOPROFEN CALCIUM 400 MG CAP	Non-Preferred	
fenoprofen calcium 600 mg tab	Non-Preferred	QL 150 / 30 days
FENOPRON	Non-Preferred	
flanax	Preferred	QL 90 / 30 days
FLECTOR	Non-Preferred	
flurbiprofen 100 mg tab	Preferred	QL 90 / 30 days
ft all day pain relief	Preferred	QL 90 / 30 days
ft arthritis pain	Preferred	QL 500 / 30 days
ft ibuprofen 200 mg cap	Preferred	
ft ibuprofen 200 mg tab	Preferred	QL 360 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft ibuprofen childrens	Preferred	QL 60 mL / day(s)
ft ibuprofen ib childrens	Preferred	
ft ibuprofen minis	Preferred	
ft naproxen sodium	Preferred	
ft pain relief 200 mg tab	Preferred	QL 360 / 30 days
gnp arthritis pain	Preferred	QL 500 / 30 days
gnp childrens ibuprofen	Preferred	QL 60 mL / day(s)
gnp diclofenac sodium	Preferred	QL 500 / 30 days
gnp ibuprofen 200 mg cap	Preferred	
gnp ibuprofen 200 mg tab	Preferred	QL 360 / 30 days
gnp ibuprofen childrens	Preferred	
gnp ibuprofen infants	Preferred	QL 15 / 7 days
gnp naproxen sodium 220 mg cap	Preferred	
gnp naproxen sodium 220 mg tab	Preferred	QL 90 / 30 days
goodsense arthritis pain 1 % gel	Preferred	QL 500 / 30 days
goodsense ibuprofen 200 mg cap	Preferred	
goodsense ibuprofen 200 mg tab	Preferred	QL 360 / 30 days
goodsense ibuprofen childrens	Preferred	QL 60 mL / day(s)
goodsense ibuprofen infants	Preferred	QL 15 / 7 days
goodsense naproxen sodium	Preferred	QL 90 / 30 days
hm ibuprofen 200 mg cap	Preferred	
hm ibuprofen 200 mg tab	Preferred	QL 360 / 30 days
hm ibuprofen childrens	Preferred	QL 60 mL / day(s)
hm ibuprofen ib	Preferred	QL 360 / 30 days
hm ibuprofen infants	Preferred	QL 15 / 7 days
hm naproxen sodium 220 mg cap	Preferred	
hm naproxen sodium 220 mg tab	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ibu 400 mg tab	Preferred	QL 180 / 30 days
ibu 600 mg tab	Preferred	QL 150 / 30 days
ibu 800 mg tab	Preferred	QL 4 / 1 days
ibuprofen 100 mg/5ml suspension	Preferred	QL 60 mL / day(s)
ibuprofen 200 mg cap	Preferred	
ibuprofen 200 mg tab	Preferred	QL 360 / 30 days
ibuprofen 200 mg/10ml suspension	Preferred	QL 60 mL / day(s)
IBUPROFEN 300 MG TAB	Non-Preferred	
ibuprofen 400 mg tab	Preferred	QL 180 / 30 days
ibuprofen 600 mg tab	Preferred	QL 150 / 30 days
ibuprofen 800 mg tab	Preferred	QL 4 / 1 days
ibuprofen childrens	Preferred	QL 60 mL / day(s)
ibuprofen infants	Preferred	QL 15 / 7 days
ibuprofen junior strength	Preferred	
ibuprofen-famotidine	Non-Preferred	
iclofenac cp	Non-Preferred	
INDOCIN 25 MG/5ML SUSPENSION	Non-Preferred	
indocin 50 mg suppos	Non-Preferred	
INDOMETHACIN 100 MG SUPPOS	Non-Preferred	
INDOMETHACIN 20 MG CAP	Non-Preferred	
indomethacin 25 mg cap	Preferred	QL 4 / 1 days
indomethacin 25 mg/5ml suspension	Non-Preferred	
indomethacin 50 mg cap	Preferred	QL 4 / 1 days
indomethacin 50 mg suppos	Non-Preferred	
indomethacin er	Preferred	QL 90 / 30 days
infants ibuprofen	Preferred	QL 15 / 7 days
KETOPROFEN 25 MG CAP	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ketoprofen 50 mg cap	Non-Preferred	
ketoprofen 75 mg cap	Non-Preferred	
ketoprofen er	Non-Preferred	QL 30 / 30 days
ketorolac tromethamine 10 mg tab	Preferred	QLC 20 tablets per 90 days
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	Non-Preferred	
KIPROFEN	Non-Preferred	
kls arthritis pain relief	Preferred	QL 500 / 30 days
kls diclofenac sodium	Preferred	QL 500 / 30 days
LICART	Non-Preferred	
lofena	Non-Preferred	
LURBIPR	Non-Preferred	QL 90 / 30 days
meclofenamate sodium 100 mg cap	Non-Preferred	QL 4 / 1 days
meclofenamate sodium 50 mg cap	Non-Preferred	QL 4 / 1 days
mefenamic acid 250 mg cap	Non-Preferred	
meloxicam 10 mg cap	Non-Preferred	
meloxicam 15 mg tab	Preferred	QL 30 / 30 days PA
meloxicam 5 mg cap	Non-Preferred	
meloxicam 7.5 mg tab	Preferred	QL 60 / 30 days
MELOXICAM 7.5 MG/5ML SUSPENSION	Non-Preferred	
MOBIC 15 MG TAB	Non-Preferred	QL 30 / 30 days
MOBIC 7.5 MG TAB	Non-Preferred	QL 60 / 30 days
nabumetone 500 mg tab	Preferred	QL 4 / 1 days
nabumetone 750 mg tab	Preferred	QL 60 / 30 days
NALFON	Non-Preferred	
NAPRELAN	Non-Preferred	
NAPROSYN 125 MG/5ML SUSPENSION	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
naproxen 125 mg/5ml suspension	Non-Preferred	QL 1800 / 30 days
naproxen 250 mg tab	Preferred	QL 90 / 30 days
naproxen 375 mg tab	Preferred	QL 4 / 1 days
naproxen 375 mg tab dr	Preferred	QL 60 / 30 days
naproxen 500 mg tab	Preferred	QL 90 / 30 days
naproxen 500 mg tab dr	Preferred	QL 60 / 30 days
naproxen dr	Preferred	QL 60 / 30 days
naproxen sodium 220 mg cap	Preferred	
naproxen sodium 220 mg tab	Preferred	QL 90 / 30 days
naproxen sodium 275 mg tab	Preferred	QL 90 / 30 days
naproxen sodium 550 mg tab	Preferred	QL 90 / 30 days
naproxen sodium er	Non-Preferred	
naproxen-esomeprazole mg	Non-Preferred	
OXAPROZIN 300 MG CAP	Non-Preferred	
oxaprozin 600 mg tab	Non-Preferred	QL 90 / 30 days
PENNSAID	Non-Preferred	
piroxicam 10 mg cap	Preferred	QL 30 / 30 days
piroxicam 20 mg cap	Preferred	QL 30 / 30 days
qc childrens ibuprofen	Preferred	QL 60 mL / day(s)
qc diclofenac sodium	Preferred	QL 500 / 30 days
qc ibuprofen 200 mg cap	Preferred	
qc ibuprofen 200 mg tab	Preferred	QL 360 / 30 days
qc naproxen sodium 220 mg tab	Preferred	QL 90 / 30 days
relafen 500 mg tab	Non-Preferred	QL 4 / 1 days
relafen 750 mg tab	Non-Preferred	QL 60 / 30 days
RELAFEN DS	Non-Preferred	
sm arthritis pain	Preferred	QL 500 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm childrens ibuprofen	Preferred	QL 60 mL / day(s)
sm ibuprofen 200 mg cap	Preferred	
sm ibuprofen 200 mg tab	Preferred	QL 360 / 30 days
sm ibuprofen ib 100 mg chew tab	Preferred	
sm ibuprofen ib 200 mg tab	Preferred	QL 360 / 30 days
sm ibuprofen ib childrens	Preferred	
sm infants ibuprofen	Preferred	QL 15 / 7 days
sm naproxen sodium	Preferred	QL 90 / 30 days
SPRIX	Non-Preferred	
sulindac 150 mg tab	Preferred	QL 60 / 30 days
sulindac 200 mg tab	Preferred	QL 60 / 30 days
TIVORBEX	Non-Preferred	
TOLECTIN 600	Non-Preferred	
TOLMETIN SODIUM	Non-Preferred	
VIMOVO	Non-Preferred	
voltaren arthritis pain	Non-Preferred	QL 500 / 30 days
VYSCOXA	Non-Preferred	
ziclopro	Non-Preferred	
ZIPSOR	Non-Preferred	
ZORVOLEX	Non-Preferred	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine	Preferred	QL 4 / 28 days PA
BUTRANS	Non-Preferred	QL 4 / 28 days PA
CONZIP	Non-Preferred	QL 30 / 30 days PA AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DSUVIA	Non-Preferred	C Opioid safety limits apply
fentanyl 100 mcg/hr patch 72hr	Preferred	QL 10 / 30 days PA
fentanyl 12 mcg/hr patch 72hr	Preferred	QL 10 / 30 days PA
fentanyl 25 mcg/hr patch 72hr	Preferred	QL 10 / 30 days PA
fentanyl 37.5 mcg/hr patch 72hr	Non-Preferred	QL 10 / 30 days PA
fentanyl 50 mcg/hr patch 72hr	Preferred	QL 10 / 30 days PA
fentanyl 62.5 mcg/hr patch 72hr	Non-Preferred	QL 10 / 30 days PA
fentanyl 75 mcg/hr patch 72hr	Preferred	QL 10 / 30 days PA
fentanyl 87.5 mcg/hr patch 72hr	Non-Preferred	QL 10 / 30 days PA
HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H	Non-Preferred	PA
hydrocodone bitartrate er 100 mg tb24 deter	Non-Preferred	PA
HYDROCODONE BITARTRATE ER 120 MG TB24 DETER	Non-Preferred	PA
HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H	Non-Preferred	PA
HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H	Non-Preferred	PA
hydrocodone bitartrate er 20 mg tb24 deter	Non-Preferred	PA
HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H	Non-Preferred	PA
hydrocodone bitartrate er 30 mg tb24 deter	Non-Preferred	PA
HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H	Non-Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydrocodone bitartrate er 40 mg tb24 deter	Non-Preferred	PA
HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H	Non-Preferred	PA
hydrocodone bitartrate er 60 mg tb24 deter	Non-Preferred	PA
hydrocodone bitartrate er 80 mg tb24 deter	Non-Preferred	PA
hydromorphone hcl er	Non-Preferred	QL 30 / 30 days PA
HYSINGLA ER	Non-Preferred	PA
levorphanol tartrate 2 mg tab	Non-Preferred	C Opioid safety limits apply
levorphanol tartrate 3 mg tab	Non-Preferred	C Opioid safety limits apply
methadone hcl 10 mg tab	Non-Preferred	PA
methadone hcl 10 mg/5ml solution	Non-Preferred	PA
methadone hcl 10 mg/ml conc	Non-Preferred	PA
methadone hcl 5 mg tab	Non-Preferred	PA
methadone hcl 5 mg/5ml solution	Non-Preferred	PA
methadone hcl intensol	Non-Preferred	PA
METHADOSE 10 MG/ML CONC	Non-Preferred	PA
METHADOSE SUGAR-FREE	Non-Preferred	PA
morphine sulfate er 10 mg cap er 24h	Preferred	QL 60 / 30 days PA
morphine sulfate er 100 mg cap er 24h	Preferred	QL 30 / 30 days PA
morphine sulfate er 100 mg tab er	Preferred	QL 3 / 1 days PA
morphine sulfate er 15 mg tab er	Preferred	QL 3 / 1 days PA
morphine sulfate er 20 mg cap er 24h	Preferred	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
morphine sulfate er 200 mg tab er	Preferred	QL 3 / 1 days PA
morphine sulfate er 30 mg cap er 24h	Preferred	QL 30 / 30 days PA
morphine sulfate er 30 mg tab er	Preferred	QL 3 / 1 days PA
morphine sulfate er 50 mg cap er 24h	Preferred	QL 30 / 30 days PA
morphine sulfate er 60 mg cap er 24h	Preferred	QL 30 / 30 days PA
morphine sulfate er 60 mg tab er	Preferred	QL 3 / 1 days PA
morphine sulfate er 80 mg cap er 24h	Preferred	QL 30 / 30 days PA
morphine sulfate er beads	Non-Preferred	QL 30 / 30 days PA
MS CONTIN	Non-Preferred	QL 3 / 1 days PA
NUCYNTA ER	Non-Preferred	QL 60 / 30 days PA
oxycodone hcl er	Preferred	QL 2 / 1 days PA
OXYCODONE HCL ER 10 MG TB12 DETER	Preferred	PA
OXYCODONE HCL ER 20 MG TB12 DETER	Preferred	PA
OXYCODONE HCL ER 40 MG TB12 DETER	Preferred	PA
OXYCONTIN 10 MG TB12 DETER	Preferred	PA
OXYCONTIN 15 MG TB12 DETER	Preferred	QL 2 / 1 days PA
OXYCONTIN 20 MG TB12 DETER	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OXYCONTIN 30 MG TB12 DETER	Preferred	QL 2 / 1 days PA
OXYCONTIN 40 MG TB12 DETER	Preferred	PA
OXYCONTIN 60 MG TB12 DETER	Preferred	QL 2 / 1 days PA
OXYCONTIN 80 MG TB12 DETER	Preferred	QL 2 / 1 days PA
oxymorphone hcl er	Non-Preferred	PA
tramadol hcl (er biphasic)	Non-Preferred	QL 30 / 30 days PA AL1 At least 18 yrs old
tramadol hcl er 100 mg cap er 24h	Non-Preferred	QL 30 / 30 days PA AL1 At least 18 yrs old
tramadol hcl er 100 mg tab er 24h	Preferred	QL 30 / 30 days PA AL1 At least 18 yrs old
tramadol hcl er 200 mg cap er 24h	Non-Preferred	QL 30 / 30 days PA AL1 At least 18 yrs old
tramadol hcl er 200 mg tab er 24h	Preferred	QL 30 / 30 days PA AL1 At least 18 yrs old
tramadol hcl er 300 mg cap er 24h	Non-Preferred	QL 30 / 30 days PA AL1 At least 18 yrs old
tramadol hcl er 300 mg tab er 24h	Preferred	QL 30 / 30 days PA AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine 120-12 mg/5ml solution	Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
acetaminophen-codeine 300-15 mg tab	Preferred	QL 13 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
acetaminophen-codeine 300-30 mg tab	Preferred	QL 12 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
acetaminophen-codeine 300-30 mg/12.5ml solution	Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
acetaminophen-codeine 300-60 mg tab	Preferred	QL 6 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
ACTIQ 1200 MCG LOZ HANDLE	Non-Preferred	C Opioid safety limits apply
ACTIQ 1600 MCG LOZ HANDLE	Non-Preferred	C Opioid safety limits apply
ACTIQ 200 MCG LOZ HANDLE	Non-Preferred	C Opioid safety limits apply
ACTIQ 400 MCG LOZ HANDLE	Non-Preferred	C Opioid safety limits apply
ACTIQ 600 MCG LOZ HANDLE	Non-Preferred	C Opioid safety limits apply
ACTIQ 800 MCG LOZ HANDLE	Non-Preferred	C Opioid safety limits apply
APADAZ	Non-Preferred	C Opioid safety limits apply
apap-caff-dihydrocodeine 320.5-30-16 mg cap	Non-Preferred	C Opioid safety limits apply
APAP-CAFF-DIHYDROCODEINE 325-30-16 MG TAB	Non-Preferred	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ascomp-codeine	Non-Preferred	AL1 At least 18 yrs old C Opioid safety limits apply QLC Max 18 tabs/caps per month
BENZHYDROCODONE-ACETAMINOPHEN	Preferred	C Opioid safety limits apply
butalbital-apap-caff-cod	Non-Preferred	AL1 At least 18 yrs old C Opioid safety limits apply QLC Max 18 tabs/caps per month
butalbital-asa-caff-codeine	Non-Preferred	AL1 At least 18 yrs old C Opioid safety limits apply QLC Max 18 tabs/caps per month
butorphanol tartrate 10 mg/ml solution	Non-Preferred	C Opioid safety limits apply
carisoprodol-aspirin-codeine	Non-Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply
CODEINE SULFATE 15 MG TAB	Non-Preferred	C Opioid safety limits apply
codeine sulfate 30 mg tab	Non-Preferred	C Opioid safety limits apply
CODEINE SULFATE 60 MG TAB	Non-Preferred	C Opioid safety limits apply
DILAUDID 1 MG/ML LIQUID	Non-Preferred	C Opioid safety limits apply
DILAUDID 2 MG TAB	Non-Preferred	C Opioid safety limits apply
DILAUDID 4 MG TAB	Non-Preferred	C Opioid safety limits apply
DILAUDID 8 MG TAB	Non-Preferred	C Opioid safety limits apply
endocet 10-325 mg tab	Preferred	C Opioid safety limits apply
endocet 5-325 mg tab	Preferred	QL 12 / 1 days C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
endocet 7.5-325 mg tab	Preferred	QL 12 / 1 days C Opioid safety limits apply
FENTANYL CITRATE 100 MCG TAB	Non-Preferred	C Opioid safety limits apply
fentanyl citrate 1200 mcg loz handle	Non-Preferred	C Opioid safety limits apply
FENTANYL CITRATE 1200 MCG LOZ HANDLE	Non-Preferred	C Opioid safety limits apply
FENTANYL CITRATE 1600 MCG LOZ HANDLE	Non-Preferred	C Opioid safety limits apply
fentanyl citrate 1600 mcg loz handle	Non-Preferred	C Opioid safety limits apply
FENTANYL CITRATE 200 MCG LOZ HANDLE	Non-Preferred	C Opioid safety limits apply
fentanyl citrate 200 mcg loz handle	Non-Preferred	C Opioid safety limits apply
FENTANYL CITRATE 200 MCG TAB	Non-Preferred	C Opioid safety limits apply
fentanyl citrate 400 mcg loz handle	Non-Preferred	C Opioid safety limits apply
FENTANYL CITRATE 400 MCG LOZ HANDLE	Non-Preferred	C Opioid safety limits apply
FENTANYL CITRATE 400 MCG TAB	Non-Preferred	C Opioid safety limits apply
fentanyl citrate 600 mcg loz handle	Non-Preferred	C Opioid safety limits apply
FENTANYL CITRATE 600 MCG LOZ HANDLE	Non-Preferred	C Opioid safety limits apply
FENTANYL CITRATE 600 MCG TAB	Non-Preferred	C Opioid safety limits apply
FENTANYL CITRATE 800 MCG LOZ HANDLE	Non-Preferred	C Opioid safety limits apply
fentanyl citrate 800 mcg loz handle	Non-Preferred	C Opioid safety limits apply
FENTANYL CITRATE 800 MCG TAB	Non-Preferred	C Opioid safety limits apply
FENTORA 100 MCG TAB	Non-Preferred	C Opioid safety limits apply
FENTORA 200 MCG TAB	Non-Preferred	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FENTORA 400 MCG TAB	Non-Preferred	C Opioid safety limits apply
FENTORA 600 MCG TAB	Non-Preferred	C Opioid safety limits apply
FENTORA 800 MCG TAB	Non-Preferred	C Opioid safety limits apply
hydrocodone-acetaminophen 10-300 mg tab	Preferred	C Opioid safety limits apply
HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION	Non-Preferred	C Opioid safety limits apply
hydrocodone-acetaminophen 10-325 mg tab	Preferred	QL 6 / 1 days C Opioid safety limits apply
hydrocodone-acetaminophen 2.5-108 mg/5ml solution	Preferred	C Opioid safety limits apply
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	Preferred	
hydrocodone-acetaminophen 5-217 mg/10ml solution	Preferred	C Opioid safety limits apply
hydrocodone-acetaminophen 5-300 mg tab	Preferred	C Opioid safety limits apply
hydrocodone-acetaminophen 5-325 mg tab	Preferred	QL 12 / 1 days C Opioid safety limits apply
hydrocodone-acetaminophen 7.5-300 mg tab	Preferred	C Opioid safety limits apply
hydrocodone-acetaminophen 7.5-325 mg tab	Preferred	QL 240 / 30 days C Opioid safety limits apply
hydrocodone-acetaminophen 7.5-325 mg/15ml solution	Preferred	C Opioid safety limits apply
hydrocodone-ibuprofen 10-200 mg tab	Non-Preferred	C Opioid safety limits apply
hydrocodone-ibuprofen 5-200 mg tab	Non-Preferred	C Opioid safety limits apply
hydrocodone-ibuprofen 7.5-200 mg tab	Non-Preferred	QL 5 / 1 days C Opioid safety limits apply
hydromorphone hcl 1 mg/ml liquid	Non-Preferred	C Opioid safety limits apply
hydromorphone hcl 2 mg tab	Non-Preferred	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYDROMORPHONE HCL 3 MG SUPPOS	Non-Preferred	C Opioid safety limits apply
hydromorphone hcl 4 mg tab	Non-Preferred	C Opioid safety limits apply
hydromorphone hcl 8 mg tab	Non-Preferred	C Opioid safety limits apply
LORTAB	Non-Preferred	C Opioid safety limits apply
meperidine hcl 50 mg tab	Non-Preferred	C Opioid safety limits apply
MEPERIDINE HCL 50 MG/5ML SOLUTION	Non-Preferred	C Opioid safety limits apply
morphine sulfate (concentrate)	Preferred	C Opioid safety limits apply
MORPHINE SULFATE 10 MG SUPPOS	Non-Preferred	C Opioid safety limits apply
morphine sulfate 10 mg/5ml solution	Preferred	C Opioid safety limits apply
morphine sulfate 15 mg tab	Preferred	C Opioid safety limits apply
MORPHINE SULFATE 20 MG SUPPOS	Non-Preferred	C Opioid safety limits apply
morphine sulfate 20 mg/5ml solution	Preferred	C Opioid safety limits apply
MORPHINE SULFATE 30 MG SUPPOS	Non-Preferred	C Opioid safety limits apply
morphine sulfate 30 mg tab	Preferred	C Opioid safety limits apply
MORPHINE SULFATE 5 MG SUPPOS	Non-Preferred	C Opioid safety limits apply
NALOCET	Non-Preferred	C Opioid safety limits apply
NUCYNTA	Non-Preferred	C Opioid safety limits apply
OXAYDO	Non-Preferred	C Opioid safety limits apply
oxycodone hcl 10 mg tab	Preferred	C Opioid safety limits apply
oxycodone hcl 100 mg/5ml conc	Non-Preferred	C Opioid safety limits apply
oxycodone hcl 15 mg tab	Preferred	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OXYCODONE HCL 15 MG TAB DETER	Preferred	
oxycodone hcl 20 mg tab	Preferred	C Opioid safety limits apply
oxycodone hcl 30 mg tab	Preferred	C Opioid safety limits apply
OXYCODONE HCL 30 MG TAB DETER	Preferred	
oxycodone hcl 5 mg cap	Non-Preferred	C Opioid safety limits apply
oxycodone hcl 5 mg tab	Preferred	C Opioid safety limits apply
OXYCODONE HCL 5 MG TAB DETER	Preferred	
oxycodone hcl 5 mg/5ml solution	Preferred	C Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN 10-300 MG TAB	Preferred	C Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN 10-300 MG/5ML SOLUTION	Non-Preferred	
oxycodone-acetaminophen 10-325 mg tab	Preferred	C Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN 2.5-300 MG TAB	Non-Preferred	C Opioid safety limits apply
oxycodone-acetaminophen 2.5-325 mg tab	Preferred	QL 12 / 1 days C Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN 5-300 MG TAB	Preferred	C Opioid safety limits apply
oxycodone-acetaminophen 5-325 mg tab	Preferred	QL 12 / 1 days C Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	Preferred	
OXYCODONE-ACETAMINOPHEN 7.5-300 MG TAB	Preferred	C Opioid safety limits apply
oxycodone-acetaminophen 7.5-325 mg tab	Preferred	QL 12 / 1 days C Opioid safety limits apply
oxymorphone hcl 10 mg tab	Non-Preferred	C Opioid safety limits apply
oxymorphone hcl 5 mg tab	Non-Preferred	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pentazocine-naloxone hcl	Non-Preferred	QL 360 / 30 days C Opioid safety limits apply
PERCOCET 10-325 MG TAB	Non-Preferred	C Opioid safety limits apply
PERCOCET 2.5-325 MG TAB	Non-Preferred	QL 12 / 1 days C Opioid safety limits apply
PERCOCET 5-325 MG TAB	Non-Preferred	QL 12 / 1 days C Opioid safety limits apply
PERCOCET 7.5-325 MG TAB	Non-Preferred	QL 12 / 1 days C Opioid safety limits apply
PROLATE 10-300 MG TAB	Non-Preferred	C Opioid safety limits apply
PROLATE 10-300 MG/5ML SOLUTION	Non-Preferred	
PROLATE 5-300 MG TAB	Non-Preferred	C Opioid safety limits apply
PROLATE 7.5-300 MG TAB	Non-Preferred	C Opioid safety limits apply
QDOLO	Non-Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
ROXICODONE	Non-Preferred	C Opioid safety limits apply
ROXYBOND	Non-Preferred	
SEGLENTIS	Non-Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
SUBSYS	Non-Preferred	C Opioid safety limits apply
tramadol hcl 100 mg tab	Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
tramadol hcl 25 mg tab	Non-Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
TRAMADOL HCL 5 MG/ML SOLUTION	Non-Preferred	AL1 At least 18 yrs old C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tramadol hcl 50 mg tab	Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
tramadol hcl 75 mg tab	Non-Preferred	
tramadol-acetaminophen	Preferred	QL 240 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply
ULTRACET	Non-Preferred	QL 240 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply
ULTRAM	Non-Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
ANESTHETICS LOCAL ANESTHETICS		
AGONEAZE	Non-Preferred	QL 150 / 30 days
anecream 4 % kit	Non-Preferred	
anlido 24	Non-Preferred	
anodyne lpt	Non-Preferred	QL 150 / 30 days
APRIZIO PAK	Non-Preferred	
APRIZIO PAK II	Non-Preferred	
aspercreme lidocaine 4 % cream	Non-Preferred	
aspercreme lidocaine 4 % liquid	Non-Preferred	
aspercreme lidocaine 4 % patch	Non-Preferred	
aspercreme lidocaine essential	Non-Preferred	
aspercreme w/lidocaine	Non-Preferred	
asperflex lidocaine 4 % cream	Preferred	
ASPERFLEX LIDOCAINE 4 % OINTMENT	Non-Preferred	
asperflex max st	Preferred	
asperflex pain relieving	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
blue tube/ aloe	Preferred	
blue-emu pain relief dry	Preferred	
cinthera	Non-Preferred	
cvs lidocaine maximum strength	Preferred	
cvs lidocaine pain relief 4 % cream	Preferred	
cvs lidocaine pain relief 4 % patch	Non-Preferred	
cvs lidocaine pain relief maxs 4 % cream	Preferred	
cvs lidocaine pain-relieving	Preferred	
cvs pain relief 4 % cream	Preferred	
cvs pain relief 4 % patch	Preferred	
DERMACINRX LIDOCAINE 3 % CREAM	Non-Preferred	
DERMACINRX LIDOGEL	Non-Preferred	
DERMALID	Non-Preferred	
dologesic pain relief roll-on	Preferred	
EMPRICAINE-II	Non-Preferred	
EMREAL	Non-Preferred	
eq lidocaine pain relieving	Preferred	
first care pain relief	Preferred	
ft pain relief max strength	Preferred	
GEN7T PLUS 3.5-7 % PATCH	Non-Preferred	
glydo	Preferred	AL1 At least 3 yrs old
gnp lidocaine pain relief	Preferred	
gnp lidocaine pain relieving	Preferred	
gold bond multi-symptom	Non-Preferred	
gold bond pain & itch relief	Non-Preferred	
hm lidocaine patch	Preferred	
jelcaine sterile	Non-Preferred	
LIDAFLEX	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lido king	Preferred	
LIDOCAINE 3 % CREAM	Preferred	
lidocaine 3.5 % patch	Non-Preferred	
lidocaine 4 % cream	Preferred	
lidocaine 4 % patch	Non-Preferred	
lidocaine 5 % ointment	Preferred	QL 90 / 30 days
lidocaine 5 % patch	Preferred	QL 90 / 30 days
lidocaine hcl (pf) 1 % solution	Preferred	
LIDOCAINE HCL 1 % SOLUTION	Non-Preferred	
lidocaine hcl 1 % solution	Preferred	
lidocaine hcl 3 % cream	Preferred	
LIDOCAINE HCL 3 % CREAM	Preferred	
lidocaine hcl 4 % cream	Preferred	
lidocaine hcl 4 % solution	Preferred	
lidocaine hcl urethral/mucosal	Preferred	AL1 At least 3 yrs old
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	Preferred	
lidocaine max st 24 hours	Preferred	
lidocaine pain relief	Preferred	
lidocaine pain relief max st 4 % cream	Preferred	
lidocaine pain relief max st 4 % liquid	Preferred	
lidocaine pain relief max st 4 % patch	Preferred	
lidocaine pain relieving	Preferred	
lidocaine plus	Preferred	
lidocaine viscous hcl	Preferred	AL1 At least 3 yrs old
lidocaine-prilocaine 2.5-2.5 % cream	Preferred	QL 150 / 30 days
lidocaine-prilocaine 2.5-2.5 % kit	Non-Preferred	QL 150 / 30 days
LIDOCAINE-TETRACAINE	Non-Preferred	
lidocaine-transparent dressing	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lidocan	Non-Preferred	QL 90 / 30 days
lidocare arm/neck/leg	Preferred	
lidocare back/shoulder	Preferred	
lidocore 4 % patch	Preferred	
LIDODERM	Non-Preferred	QL 90 / 30 days
lidofore flexipatch	Preferred	
lidoguard 4 % cream	Preferred	
lidoguard 4 % patch	Preferred	
lidoheal-90	Non-Preferred	
LIDOLITE	Non-Preferred	
lidopril	Non-Preferred	QL 150 / 30 days
lidopril xr	Non-Preferred	QL 150 / 30 days
LIDOREAL-30	Non-Preferred	
LIDOREX	Non-Preferred	
LIDOSOL	Non-Preferred	
LIDOSOL-50	Non-Preferred	
LIDOTOR	Non-Preferred	
LIDOTRAL 3.88 % CREAM	Non-Preferred	
lidozall	Non-Preferred	
lidozall plus	Non-Preferred	
LIDOZO	Preferred	
LIDTOPIC	Non-Preferred	
LIVIXIL PAK	Non-Preferred	QL 150 / 30 days
lmx 4 plus	Non-Preferred	
moxicaine	Non-Preferred	
pain relief maximum strength	Preferred	
pharmacist choice lidocaine	Preferred	
PLIAGLIS 7-7 % CREAM	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRILO PATCH II	Non-Preferred	
PRILOHEAL PLUS 30	Non-Preferred	
prilolid	Non-Preferred	QL 150 / 30 days
PRILOVIX	Non-Preferred	QL 150 / 30 days
prilovix lite	Non-Preferred	QL 150 / 30 days
prilovix lite plus	Non-Preferred	QL 150 / 30 days
PRILOVIX PLUS	Non-Preferred	QL 150 / 30 days
PRILOVIXIL	Non-Preferred	
PRIZOPAK II	Non-Preferred	
re-lieved maximum strength 4 % patch	Non-Preferred	
REAL HEAL-I	Non-Preferred	
relador pak	Non-Preferred	QL 150 / 30 days
relador pak plus	Non-Preferred	QL 150 / 30 days
salonpas pain relieving	Preferred	
SKYADERM-LP	Non-Preferred	
SYNERA	Non-Preferred	
TETRI-AG	Non-Preferred	
theraworx pm pain relf roll-on	Preferred	
tridacaine ii	Non-Preferred	QL 90 / 30 days
tridacaine iii	Non-Preferred	QL 90 / 30 days
TRILOGEL	Non-Preferred	
true lido	Preferred	
VALLADERM-90	Non-Preferred	
ziloval	Non-Preferred	
ZIONODIL	Non-Preferred	
ZIONODIL 100	Non-Preferred	
ZTLIDO	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calcium	Preferred	
disulfiram 250 mg tab	Preferred	
disulfiram 500 mg tab	Preferred	
naltrexone hcl 50 mg tab	Preferred	
VIVITROL	Preferred	QL 1 / 28 days
OPIOID DEPENDENCE		
BELBUCA	Preferred	QL 60 / 30 days PA
BRIXADI	Preferred	
BRIXADI (WEEKLY)	Preferred	
buprenorphine hcl 2 mg sl tab	Preferred	
buprenorphine hcl 8 mg sl tab	Preferred	
buprenorphine hcl-naloxone hcl 12-3 mg film	Preferred	
buprenorphine hcl-naloxone hcl 2-0.5 mg film	Preferred	QL 120 / 30 day(s)
buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab	Preferred	QL 120 / 30 day(s)
buprenorphine hcl-naloxone hcl 4-1 mg film	Preferred	QL 120 / 30 day(s)
buprenorphine hcl-naloxone hcl 8-2 mg film	Preferred	
buprenorphine hcl-naloxone hcl 8-2 mg sl tab	Preferred	
lofexidine hcl	Non-Preferred	
LUCEMYRA	Non-Preferred	QL 16 / 1 days
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	Preferred	QLC 0.02 mL/day
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	Preferred	QLC 0.06 mL/day
SUBOXONE 12-3 MG FILM	Non-Preferred	
SUBOXONE 2-0.5 MG FILM	Non-Preferred	QL 120 / 30 day(s)
SUBOXONE 4-1 MG FILM	Non-Preferred	QL 120 / 30 day(s)
SUBOXONE 8-2 MG FILM	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZUBSOLV 0.7-0.18 MG SL TAB	Non-Preferred	QL 90 / 30 day(s)
ZUBSOLV 1.4-0.36 MG SL TAB	Non-Preferred	QL 90 / 30 day(s)
ZUBSOLV 11.4-2.9 MG SL TAB	Non-Preferred	
ZUBSOLV 2.9-0.71 MG SL TAB	Non-Preferred	QL 30 / 30 day(s)
ZUBSOLV 5.7-1.4 MG SL TAB	Non-Preferred	QL 30 / 30 day(s)
ZUBSOLV 8.6-2.1 MG SL TAB	Non-Preferred	
OPIOID REVERSAL AGENTS		
ft naloxone hcl	Preferred	
KLOXXADO	Preferred	
LIFEMS NALOXONE	Preferred	
naloxone hcl 0.4 mg/ml soln cart	Preferred	
naloxone hcl 0.4 mg/ml soln prsyr	Preferred	
naloxone hcl 0.4 mg/ml solution	Preferred	
naloxone hcl 2 mg/2ml soln prsyr	Preferred	
naloxone hcl 4 mg/0.1ml liquid	Preferred	
naloxone hcl 4 mg/0.1ml nasal spray	Preferred	
naloxone hcl 4 mg/10ml solution	Preferred	
NARCAN	Preferred	
narcan	Preferred	
OPVEE	Preferred	
REXTOVY	Preferred	
ZIMHI	Preferred	
ZURNAI	Preferred	
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det)	Preferred	QL 60 / 30 days
CHANTIX 0.5 MG TAB	Preferred	
CHANTIX 1 MG TAB	Preferred	QL 2 / 1 day(s)
CHANTIX CONTINUING MONTH PAK	Preferred	QL 2 / 1 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CHANTIX STARTING MONTH PAK	Preferred	
cvs nicotine 2 mg gum	Preferred	QL 24 / 1 days
cvs nicotine 4 mg gum	Preferred	QL 24 / 1 days
cvs nicotine polacrilex	Preferred	QL 24 / 1 days
eq nicotine 4 mg gum	Preferred	QL 24 / 1 days
eq nicotine polacrilex	Preferred	QL 24 / 1 days
ft nicotine 14 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
ft nicotine 2 mg gum	Preferred	QL 24 / 1 days
ft nicotine 2 mg lozenge	Preferred	QL 24 / 1 days
ft nicotine 21 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
ft nicotine 4 mg gum	Preferred	QL 24 / 1 days
ft nicotine 4 mg lozenge	Preferred	QL 24 / 1 days
ft nicotine 7 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
ft nicotine mini	Preferred	QL 24 / 1 days
gnp nicotine 14 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
gnp nicotine 2 mg gum	Preferred	QL 24 / 1 days
gnp nicotine 21 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
gnp nicotine 4 mg gum	Preferred	QL 24 / 1 days
gnp nicotine 7 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
gnp nicotine mini	Preferred	QL 24 / 1 days
gnp nicotine polacrilex	Preferred	QL 24 / 1 days
goodsense nicotine	Preferred	QL 24 / 1 days
hm nicotine	Preferred	QL 1 / 1 days
hm nicotine polacrilex	Preferred	QL 24 / 1 days
kls quit2 2 mg lozenge	Preferred	QL 24 / 1 days
kls quit4 4 mg lozenge	Preferred	QL 24 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nicoderm cq	Non-Preferred	QL 1 / 1 days
nicorette	Non-Preferred	QL 24 / 1 days
NICORETTE 4 MG GUM	Non-Preferred	
nicorette mini	Non-Preferred	QL 24 / 1 days
NICORETTE MINI 4 MG LOZENGE	Non-Preferred	
nicorette starter kit	Non-Preferred	QL 24 / 1 days
nicotine 14 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
nicotine 21 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
NICOTINE 21-14-7 MG/24HR KIT	Non-Preferred	QL 1 / 1 days
nicotine 7 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
nicotine mini	Preferred	QL 24 / 1 days
nicotine polacrilex 2 mg gum	Preferred	QL 24 / 1 days
nicotine polacrilex 2 mg lozenge	Preferred	QL 24 / 1 days
nicotine polacrilex 4 mg gum	Preferred	QL 24 / 1 days
nicotine polacrilex 4 mg lozenge	Preferred	QL 24 / 1 days
nicotine polacrilex mini	Preferred	QL 24 / 1 days
nicotine step 1	Preferred	QL 1 / 1 days
nicotine step 2	Preferred	QL 1 / 1 days
nicotine step 3	Preferred	QL 1 / 1 days
NICOTROL	Non-Preferred	QL 168 / 30 days
NICOTROL NS	Non-Preferred	QL 60 / 30 days
qc nicotine transdermal system	Preferred	QL 1 / 1 days
sm nicotine 14 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
sm nicotine 2 mg lozenge	Preferred	QL 24 / 1 days
sm nicotine 21 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
sm nicotine 4 mg gum	Preferred	QL 24 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm nicotine 7 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
sm nicotine polacrilex	Preferred	QL 24 / 1 days
varenicline tartrate (starter)	Preferred	
varenicline tartrate 0.5 mg tab	Preferred	
varenicline tartrate 1 mg tab	Preferred	QL 2 / 1 day(s)
varenicline tartrate(continue)	Preferred	QL 2 / 1 day(s)
ANTIBACTERIALS AMINOGLYCOSIDES		
ARIKAYCE	Non-Preferred	QLC 8.4 mL/day
gentamicin sulfate 0.1 % cream	Preferred	
gentamicin sulfate 0.1 % ointment	Preferred	
HUMATIN	Non-Preferred	
neomycin sulfate 500 mg tab	Preferred	QL 8 / 1 days
ANTIBACTERIALS, OTHER		
bacitracin 500 unit/gm ointment	Preferred	QL 30 / 10 days QLC 7 grams per fill
bacitracin zinc 500 unit/gm ointment	Preferred	
bacitracin zinc-aloe	Preferred	
BLUJEPA	Non-Preferred	
CLEOCIN 100 MG SUPPOS	Preferred	
CLEOCIN 2 % CREAM	Non-Preferred	
clindamycin hcl 150 mg cap	Preferred	QL 12 / 1 days
clindamycin hcl 300 mg cap	Preferred	QL 6 / 1 days
clindamycin hcl 75 mg cap	Preferred	
clindamycin palmitate hcl	Preferred	QL 120 / 1 days
clindamycin phosphate 2 % cream	Preferred	
CLINDESSE	Preferred	
cvs bacitracin	Preferred	QL 30 / 10 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FIRVANQ	Non-Preferred	
FLAGYL	Non-Preferred	
fosfomycin tromethamine	Non-Preferred	
ft antibiotic	Preferred	
gnp bacitracin zinc	Preferred	
HIPREX	Non-Preferred	
hm bacitracin zinc	Preferred	
HYOPHEN	Non-Preferred	
linezolid 100 mg/5ml recon susp	Preferred	QL 60 / 1 day(s)
linezolid 600 mg tab	Preferred	QL 60 / 30 day(s)
MACROBID	Non-Preferred	QL 2 / 1 days
MACRODANTIN 100 MG CAP	Non-Preferred	
MACRODANTIN 25 MG CAP	Non-Preferred	QL 2 / 1 days
MACRODANTIN 50 MG CAP	Non-Preferred	
MB CAPS	Non-Preferred	
ME/NAPHOS/MB/HYO1	Non-Preferred	
methenamine hippurate	Preferred	
METHENAMINE MANDELATE 0.5 GM TAB	Non-Preferred	
methenamine mandelate 0.5 gm tab	Non-Preferred	
methenamine mandelate 1 gm tab	Non-Preferred	
METHENAMINE MANDELATE 1 GM TAB	Non-Preferred	
metronidazole 0.75 % cream	Preferred	QL 45 / 26 days
metronidazole 0.75 % gel	Preferred	QL 45 / 26 days
METRONIDAZOLE 125 MG TAB	Non-Preferred	
metronidazole 250 mg tab	Preferred	QL 120 / 30 days
metronidazole 375 mg cap	Non-Preferred	
metronidazole 500 mg tab	Preferred	QL 4 / 1 days
MONUROL	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nitrofurantoin 25 mg/5ml suspension	Non-Preferred	QL 2700 / 30 days
nitrofurantoin 50 mg/10ml suspension	Non-Preferred	QL 2700 / 30 days
NITROFURANTOIN 50 MG/5ML SUSPENSION	Non-Preferred	QL 40 / 1 days C No PA required for children under 9 years of age
nitrofurantoin macrocrystal 100 mg cap	Preferred	QL 4 / 1 days
nitrofurantoin macrocrystal 25 mg cap	Preferred	QL 2 / 1 days
nitrofurantoin macrocrystal 50 mg cap	Preferred	QL 4 / 1 days
nitrofurantoin monohyd macro	Preferred	QL 2 / 1 days
NUVESSA	Non-Preferred	
phosphasal	Non-Preferred	
rosadan 0.75 % cream	Preferred	QL 45 / 26 days
rosadan 0.75 % gel	Preferred	QL 45 / 26 days
sm antibiotic	Preferred	
SOLOSEC	Non-Preferred	
tinidazole 250 mg tab	Preferred	QL 4 / 1 days
tinidazole 500 mg tab	Preferred	QL 4 / 1 days
URELLE	Non-Preferred	
URETRON D/S	Non-Preferred	
URIBEL 81.6 MG TAB	Non-Preferred	
URIMAR-T	Non-Preferred	
urin ds	Non-Preferred	
URNEVA	Non-Preferred	
uro-458	Non-Preferred	
URO-MP	Non-Preferred	
uro-sp	Non-Preferred	
UROGESIC-BLUE	Non-Preferred	
ustell	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
utira-c	Non-Preferred	
VANCOCIN	Non-Preferred	
vancomycin hcl 125 mg cap	Preferred	
vancomycin hcl 25 mg/ml recon soln	Preferred	
vancomycin hcl 250 mg cap	Preferred	
vancomycin hcl 250 mg/5ml recon soln	Non-Preferred	
vancomycin hcl 50 mg/ml recon soln	Preferred	
VANDAZOLE	Non-Preferred	QL 70 / days
VILEVEV MB	Non-Preferred	
XACIATO	Non-Preferred	
XIFAXAN	Non-Preferred	PA
BETA-LACTAM, CEPHALOSPORINS		
cefaclor 125 mg/5ml recon susp	Non-Preferred	
cefaclor 250 mg cap	Non-Preferred	QL 4 / 1 days
cefaclor 250 mg/5ml recon susp	Non-Preferred	
cefaclor 375 mg/5ml recon susp	Non-Preferred	
cefaclor 500 mg cap	Non-Preferred	QL 4 / 1 days
CEFACLOR ER	Non-Preferred	QL 2 / 1 days
cefadroxil 1 gm tab	Non-Preferred	QL 2 / 1 days
cefadroxil 250 mg/5ml recon susp	Non-Preferred	QLC 10 mL/day
cefadroxil 500 mg cap	Preferred	QL 8 / 1 days
cefadroxil 500 mg/5ml recon susp	Non-Preferred	QLC 20 mL/day
cefdinir 125 mg/5ml recon susp	Preferred	QL 12 / 1 days
cefdinir 250 mg/5ml recon susp	Preferred	QL 12 / 1 days
cefdinir 300 mg cap	Preferred	QL 2 / 1 days
cefixime 100 mg/5ml recon susp	Non-Preferred	
cefixime 200 mg/5ml recon susp	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cefixime 400 mg cap	Preferred	
cefpodoxime proxetil 100 mg tab	Preferred	QL 3 / 1 days
cefpodoxime proxetil 100 mg/5ml recon susp	Non-Preferred	QL 40 / 1 days
cefpodoxime proxetil 200 mg tab	Preferred	QL 4 / 1 days
cefpodoxime proxetil 50 mg/5ml recon susp	Non-Preferred	QL 40 / 1 days
cefprozil 125 mg/5ml recon susp	Preferred	QL 10 / 1 days
cefprozil 250 mg tab	Preferred	QL 1 / 1 days
cefprozil 250 mg/5ml recon susp	Preferred	QL 10 / 1 days
cefprozil 500 mg tab	Preferred	QL 1 / 1 days
ceftriaxone sodium 1 gm recon soln	Preferred	QL 2 / 1 days
ceftriaxone sodium 10 gm recon soln	Preferred	QL 1 / 1 days
ceftriaxone sodium 2 gm recon soln	Preferred	QL 2 / 1 days
ceftriaxone sodium 250 mg recon soln	Preferred	QL 2 / 1 days
ceftriaxone sodium 500 mg recon soln	Preferred	QL 2 / 1 days
cefuroxime axetil	Preferred	QL 2 / 1 days
cephalexin 125 mg/5ml recon susp	Preferred	QL 80 / 1 days
cephalexin 250 mg cap	Preferred	QL 8 / 1 days
cephalexin 250 mg tab	Non-Preferred	
cephalexin 250 mg/5ml recon susp	Preferred	QL 80 / 1 days
cephalexin 500 mg cap	Preferred	QL 8 / 1 days
cephalexin 500 mg tab	Non-Preferred	
cephalexin 750 mg cap	Non-Preferred	
SUPRAX	Non-Preferred	
BETA-LACTAM, PENICILLINS		
amoxicillin	Preferred	
amoxicillin-pot clavulanate 200-28.5 mg chew tab	Non-Preferred	
amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
amoxicillin-pot clavulanate 250-125 mg tab	Preferred	
amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp	Non-Preferred	
amoxicillin-pot clavulanate 400-57 mg chew tab	Non-Preferred	
amoxicillin-pot clavulanate 400-57 mg/5ml recon susp	Preferred	
amoxicillin-pot clavulanate 500-125 mg tab	Preferred	
amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp	Preferred	
amoxicillin-pot clavulanate 875-125 mg tab	Preferred	
amoxicillin-pot clavulanate er	Non-Preferred	
ampicillin	Preferred	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	Non-Preferred	
BICILLIN L-A 1200000 UNIT/2ML SUSP PRSYR	Preferred	QL 4 / 365 days
BICILLIN L-A 2400000 UNIT/4ML SUSP PRSYR	Preferred	QL 12 / 365 days
BICILLIN L-A 600000 UNIT/ML SUSP PRSYR	Preferred	
dicloxacillin sodium	Preferred	
penicillin g potassium	Preferred	
penicillin g sodium	Preferred	
penicillin v potassium	Preferred	
pfizerpen	Preferred	
CARBAPENEMS		
ORLYNVAH	Non-Preferred	
MACROLIDES		
azithromycin 1 gm packet	Preferred	QL 1 / 1 days
azithromycin 100 mg/5ml recon susp	Preferred	
azithromycin 200 mg/5ml recon susp	Preferred	
azithromycin 250 mg tab	Preferred	
azithromycin 500 mg tab	Preferred	
azithromycin 600 mg tab	Preferred	
clarithromycin 125 mg/5ml recon susp	Preferred	QL 20 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clarithromycin 250 mg tab	Preferred	QL 2 / 1 days
clarithromycin 250 mg/5ml recon susp	Preferred	QL 20 / 1 days
clarithromycin 500 mg tab	Preferred	QL 3 / 1 days
clarithromycin er	Non-Preferred	QL 2 / 1 days
DIFICID	Non-Preferred	
e.e.s. 400	Non-Preferred	QL 10 / 1 days
E.E.S. GRANULES	Non-Preferred	
ery-tab	Non-Preferred	
ERYPED 200	Non-Preferred	
ERYPED 400	Non-Preferred	
ERYTHROCIN STEARATE	Non-Preferred	
erythromycin 250 mg tab dr	Non-Preferred	
erythromycin 333 mg tab dr	Non-Preferred	
erythromycin 500 mg tab dr	Non-Preferred	
erythromycin base 250 mg cp dr part	Non-Preferred	QL 8 / 1 days
erythromycin base 250 mg tab	Non-Preferred	QL 8 / 1 days
erythromycin base 250 mg tab dr	Non-Preferred	
erythromycin base 333 mg tab dr	Non-Preferred	
erythromycin base 500 mg tab	Non-Preferred	QL 8 / 1 days
erythromycin base 500 mg tab dr	Non-Preferred	
erythromycin ethylsuccinate 200 mg/5ml recon susp	Non-Preferred	
erythromycin ethylsuccinate 400 mg tab	Non-Preferred	QL 10 / 1 days
erythromycin ethylsuccinate 400 mg/5ml recon susp	Non-Preferred	
fidaxomicin	Non-Preferred	
ZITHROMAX 1 GM PACKET	Non-Preferred	
ZITHROMAX 100 MG/5ML RECON SUSP	Non-Preferred	
ZITHROMAX 200 MG/5ML RECON SUSP	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZITHROMAX 250 MG TAB	Non-Preferred	
ZITHROMAX 500 MG TAB	Non-Preferred	
ZITHROMAX TRI-PAK	Non-Preferred	
ZITHROMAX Z-PAK	Non-Preferred	
QUINOLONES		
BAXDELA 450 MG TAB	Non-Preferred	
BESIVANCE	Non-Preferred	
CILOXAN	Non-Preferred	
CIPRO 250 MG TAB	Non-Preferred	QL 2 / 1 days
CIPRO 250 MG/5ML (5%) RECON SUSP	Preferred	QL 15 / 1 days
CIPRO 500 MG TAB	Non-Preferred	QL 2 / 1 days
CIPRO 500 MG/5ML (10%) RECON SUSP	Preferred	QL 15 / 1 days
ciprofloxacin 250 mg/5ml (5%) recon susp	Non-Preferred	
ciprofloxacin 500 mg/5ml (10%) recon susp	Non-Preferred	QL 15 / 1 days
ciprofloxacin hcl 0.3 % solution	Preferred	QL 5 / 18 days
ciprofloxacin hcl 100 mg tab	Preferred	QL 2 / 1 days
ciprofloxacin hcl 250 mg tab	Preferred	QL 2 / 1 days
ciprofloxacin hcl 500 mg tab	Preferred	QL 2 / 1 days
ciprofloxacin hcl 750 mg tab	Preferred	QL 2 / 1 days
levofloxacin 25 mg/ml solution	Non-Preferred	QL 30 / 1 days AL1 Up to 12 yrs old
levofloxacin 250 mg tab	Preferred	
levofloxacin 500 mg tab	Preferred	
levofloxacin 750 mg tab	Preferred	
moxifloxacin hcl 400 mg tab	Preferred	QL 14 / 30 days
ofloxacin 300 mg tab	Non-Preferred	QL 28 / 26 days
OFLOXACIN 400 MG TAB	Non-Preferred	QL 28 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ofloxacin 400 mg tab	Non-Preferred	QL 28 / 26 days
SULFONAMIDES		
sulfadiazine 500 mg tab	Preferred	
sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension	Preferred	
sulfamethoxazole-trimethoprim 400-80 mg tab	Preferred	
sulfamethoxazole-trimethoprim 800-160 mg tab	Preferred	
sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension	Preferred	
sulfatrim pediatric	Preferred	
TETRACYCLINES		
demeclocycline hcl	Non-Preferred	
DORYX	Non-Preferred	
DORYX MPC	Non-Preferred	
doxycycline	Non-Preferred	
doxycycline hyclate 100 mg cap	Preferred	QL 60 / 30 days
doxycycline hyclate 100 mg tab	Preferred	QL 60 / 30 days
doxycycline hyclate 100 mg tab dr	Non-Preferred	
doxycycline hyclate 150 mg tab	Non-Preferred	
doxycycline hyclate 150 mg tab dr	Non-Preferred	
doxycycline hyclate 20 mg tab	Preferred	
doxycycline hyclate 200 mg tab dr	Non-Preferred	
doxycycline hyclate 50 mg cap	Preferred	QL 60 / 30 days
doxycycline hyclate 50 mg tab	Non-Preferred	
doxycycline hyclate 50 mg tab dr	Non-Preferred	
doxycycline hyclate 75 mg tab	Non-Preferred	
doxycycline hyclate 75 mg tab dr	Non-Preferred	
DOXYCYCLINE HYCLATE 80 MG TAB DR	Non-Preferred	
doxycycline monohydrate 100 mg cap	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
doxycycline monohydrate 100 mg tab	Preferred	QL 2 / 1 days
doxycycline monohydrate 150 mg cap	Non-Preferred	
doxycycline monohydrate 150 mg tab	Non-Preferred	QL 2 / 1 days
doxycycline monohydrate 25 mg/5ml recon susp	Preferred	
doxycycline monohydrate 50 mg cap	Preferred	
doxycycline monohydrate 50 mg tab	Preferred	QL 1 / 1 days
doxycycline monohydrate 75 mg cap	Non-Preferred	
doxycycline monohydrate 75 mg tab	Preferred	QL 2 / 1 days
EMROSI	Non-Preferred	
lymepak	Non-Preferred	QL 60 / 30 days
minocycline hcl 100 mg cap	Preferred	QL 2 / 1 days
minocycline hcl 100 mg tab	Non-Preferred	
minocycline hcl 50 mg cap	Preferred	
minocycline hcl 50 mg tab	Non-Preferred	
minocycline hcl 75 mg cap	Preferred	
minocycline hcl 75 mg tab	Non-Preferred	
minocycline hcl er 105 mg tab er 24h	Non-Preferred	
minocycline hcl er 115 mg tab er 24h	Non-Preferred	
MINOCYCLINE HCL ER 135 MG CAP ER 24H	Non-Preferred	
MINOCYCLINE HCL ER 135 MG TAB ER 24H	Non-Preferred	
minocycline hcl er 135 mg tab er 24h	Non-Preferred	
MINOCYCLINE HCL ER 45 MG CAP ER 24H	Non-Preferred	
MINOCYCLINE HCL ER 45 MG TAB ER 24H	Non-Preferred	
minocycline hcl er 45 mg tab er 24h	Non-Preferred	
minocycline hcl er 55 mg tab er 24h	Non-Preferred	
minocycline hcl er 65 mg tab er 24h	Non-Preferred	
minocycline hcl er 80 mg tab er 24h	Non-Preferred	
MINOCYCLINE HCL ER 90 MG CAP ER 24H	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MINOCYCLINE HCL ER 90 MG TAB ER 24H	Non-Preferred	
minocycline hcl er 90 mg tab er 24h	Non-Preferred	
MINOLIRA	Non-Preferred	
NUZYRA 150 MG TAB	Non-Preferred	
ORACEA	Non-Preferred	
SEYSARA	Non-Preferred	
SOLODYN	Non-Preferred	
targadox	Non-Preferred	
tetracycline hcl 250 mg cap	Preferred	QL 120 / 30 days
TETRACYCLINE HCL 250 MG TAB	Non-Preferred	
tetracycline hcl 500 mg cap	Preferred	QL 120 / 30 days
TETRACYCLINE HCL 500 MG TAB	Non-Preferred	
VIBRAMYCIN 100 MG CAP	Non-Preferred	QL 60 / 30 days
VIBRAMYCIN 25 MG/5ML RECON SUSP	Non-Preferred	
XIMINO	Non-Preferred	
ANTICONVULSANTS ANTICONVULSANTS, OTHER		
BRIVIACT 10 MG TAB	Preferred	QL 60 / 30 days
BRIVIACT 10 MG/ML SOLUTION	Non-Preferred	
BRIVIACT 100 MG TAB	Preferred	QL 60 / 30 days
BRIVIACT 25 MG TAB	Preferred	QL 60 / 30 days
BRIVIACT 50 MG TAB	Preferred	QL 60 / 30 days
BRIVIACT 75 MG TAB	Preferred	QL 60 / 30 days
DEPAKOTE	Non-Preferred	
DEPAKOTE ER	Non-Preferred	
DEPAKOTE SPRINKLES	Non-Preferred	
DIACOMIT	Non-Preferred	
divalproex sodium 125 mg cap dr	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
divalproex sodium 125 mg tab dr	Preferred	
divalproex sodium 250 mg tab dr	Preferred	
divalproex sodium 500 mg tab dr	Preferred	
divalproex sodium er	Preferred	
ELEPSIA XR	Non-Preferred	
EPIDIOLEX	Preferred	PA
EPRONTIA	Non-Preferred	
felbamate 400 mg tab	Non-Preferred	QL 270 / 30 days
felbamate 600 mg tab	Non-Preferred	QL 180 / 30 days
felbamate 600 mg/5ml suspension	Non-Preferred	QL 30 / 1 days
FELBATOL	Non-Preferred	
FINTEPLA	Non-Preferred	
FYCOMPA	Non-Preferred	
KEPPRA 100 MG/ML SOLUTION	Non-Preferred	QL 1200 / 30 days
KEPPRA 1000 MG TAB	Non-Preferred	
KEPPRA 250 MG TAB	Non-Preferred	QL 180 / 30 days
KEPPRA 500 MG TAB	Non-Preferred	QL 180 / 30 days
KEPPRA 750 MG TAB	Non-Preferred	
KEPPRA XR	Non-Preferred	
LAMICTAL 25 MG CHEW TAB	Non-Preferred	
LAMICTAL 5 MG CHEW TAB	Non-Preferred	
LAMICTAL ODT	Non-Preferred	
LAMICTAL XR	Non-Preferred	
lamotrigine 100 mg tab disp	Non-Preferred	
lamotrigine 200 mg tab disp	Non-Preferred	
lamotrigine 21 x 25 mg & 7 x 50 mg kit	Non-Preferred	
lamotrigine 25 & 50 & 100 mg kit	Non-Preferred	
lamotrigine 25 mg chew tab	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lamotrigine 25 mg tab disp	Non-Preferred	
lamotrigine 42 x 50 mg & 14x100 mg kit	Non-Preferred	
lamotrigine 5 mg chew tab	Non-Preferred	
lamotrigine 50 mg tab disp	Non-Preferred	
lamotrigine er 100 mg tab er 24h	Non-Preferred	
lamotrigine er 200 mg tab er 24h	Non-Preferred	
lamotrigine er 25 mg tab er 24h	Non-Preferred	
lamotrigine er 250 mg tab er 24h	Non-Preferred	
lamotrigine er 300 mg tab er 24h	Non-Preferred	
lamotrigine er 50 mg tab er 24h	Non-Preferred	
levetiracetam 100 mg/ml solution	Preferred	QL 1200 / 30 days
levetiracetam 1000 mg tab	Preferred	QL 4 / 1 days
LEVETIRACETAM 250 MG TAB	Non-Preferred	
levetiracetam 250 mg tab	Preferred	QL 180 / 30 days
levetiracetam 500 mg tab	Preferred	QL 180 / 30 days
levetiracetam 500 mg/5ml solution	Preferred	QL 1200 / 30 days
levetiracetam 750 mg tab	Preferred	QL 4 / 1 days
levetiracetam er 500 mg tab er 24h	Preferred	QL 180 / 30 days
levetiracetam er 750 mg tab er 24h	Preferred	QL 4 / 1 days
MOTPOLY XR	Non-Preferred	
perampanel 10 mg tab	Non-Preferred	
perampanel 12 mg tab	Non-Preferred	
perampanel 2 mg tab	Non-Preferred	
perampanel 4 mg tab	Non-Preferred	
perampanel 6 mg tab	Non-Preferred	
perampanel 8 mg tab	Non-Preferred	
QUDEXY XR	Non-Preferred	
roweepra	Preferred	QL 180 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SPRITAM	Non-Preferred	
SUBVENITE 10 MG/ML SUSPENSION	Non-Preferred	
TOPAMAX	Non-Preferred	QL 120 / 30 days
TOPAMAX SPRINKLE	Non-Preferred	QL 120 / 30 days
topiramate 100 mg tab	Preferred	QL 120 / 30 days
topiramate 15 mg cap sprink	Preferred	QL 120 / 30 days
topiramate 200 mg tab	Preferred	QL 120 / 30 days
topiramate 25 mg cap sprink	Preferred	QL 120 / 30 days
topiramate 25 mg tab	Preferred	QL 120 / 30 days
topiramate 25 mg/ml solution	Non-Preferred	
topiramate 50 mg cap sprink	Non-Preferred	
topiramate 50 mg tab	Preferred	QL 120 / 30 days
topiramate er 100 mg cap er 24h	Non-Preferred	
topiramate er 100 mg cp24 sprnk	Preferred	
topiramate er 150 mg cp24 sprnk	Preferred	
topiramate er 200 mg cap er 24h	Non-Preferred	
topiramate er 200 mg cp24 sprnk	Preferred	
topiramate er 25 mg cap er 24h	Non-Preferred	
topiramate er 25 mg cp24 sprnk	Preferred	
topiramate er 50 mg cap er 24h	Non-Preferred	
topiramate er 50 mg cp24 sprnk	Preferred	
TROKENDI XR 100 MG CAP ER 24H	Non-Preferred	QL 90 / 30 days
TROKENDI XR 200 MG CAP ER 24H	Non-Preferred	QL 60 / 30 days
TROKENDI XR 25 MG CAP ER 24H	Non-Preferred	QL 120 / 30 days
TROKENDI XR 50 MG CAP ER 24H	Non-Preferred	QL 60 / 30 days
valproic acid 250 mg cap	Preferred	
valproic acid 250 mg/5ml solution	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
valproic acid 500 mg/10ml solution	Preferred	
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	Non-Preferred	
ethosuximide 250 mg cap	Preferred	QL 180 / 30 days
ethosuximide 250 mg/5ml solution	Preferred	QL 30 / 1 days
methsuximide	Non-Preferred	
ZARONTIN	Non-Preferred	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
clobazam 10 mg tab	Preferred	
clobazam 2.5 mg/ml suspension	Preferred	
clobazam 20 mg tab	Preferred	
DIASTAT ACUDIAL	Preferred	
DIASTAT PEDIATRIC	Preferred	
diazepam 10 mg gel	Preferred	
diazepam 2.5 mg gel	Preferred	
diazepam 20 mg gel	Preferred	
gabapentin 100 mg cap	Preferred	QL 180 / 30 days
gabapentin 250 mg/5ml solution	Preferred	
gabapentin 300 mg cap	Preferred	QL 360 / 30 days
gabapentin 300 mg/6ml solution	Preferred	
gabapentin 400 mg cap	Preferred	QL 270 / 30 days
gabapentin 600 mg tab	Preferred	
gabapentin 800 mg tab	Preferred	
GABARONE	Non-Preferred	
GABITRIL 12 MG TAB	Non-Preferred	QL 4 / 1 days
GABITRIL 16 MG TAB	Non-Preferred	QL 90 / 30 days
GABITRIL 2 MG TAB	Non-Preferred	QL 420 / 30 days
GABITRIL 4 MG TAB	Non-Preferred	QL 420 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LIBERVANT	Non-Preferred	
MYSOLINE	Non-Preferred	
NAYZILAM	Preferred	QL 10 / 30 days
NEURONTIN 100 MG CAP	Non-Preferred	
NEURONTIN 250 MG/5ML SOLUTION	Non-Preferred	
NEURONTIN 300 MG CAP	Non-Preferred	QL 360 / 30 days
NEURONTIN 400 MG CAP	Non-Preferred	QL 270 / 30 days
NEURONTIN 600 MG TAB	Non-Preferred	QL 180 / 30 days
NEURONTIN 800 MG TAB	Non-Preferred	
ONFI	Non-Preferred	
PHENOBARBITAL 100 MG TAB	Preferred	
phenobarbital 100 mg tab	Preferred	
phenobarbital 15 mg tab	Preferred	
PHENOBARBITAL 15 MG TAB	Preferred	
PHENOBARBITAL 16.2 MG TAB	Preferred	
phenobarbital 16.2 mg tab	Preferred	
phenobarbital 20 mg/5ml elixir	Preferred	
PHENOBARBITAL 20 MG/5ML ELIXIR	Preferred	
phenobarbital 30 mg tab	Preferred	
PHENOBARBITAL 30 MG TAB	Preferred	
PHENOBARBITAL 30 MG/7.5ML ELIXIR	Preferred	
phenobarbital 32.4 mg tab	Preferred	
PHENOBARBITAL 32.4 MG TAB	Preferred	
PHENOBARBITAL 60 MG TAB	Preferred	
phenobarbital 60 mg tab	Preferred	
PHENOBARBITAL 60 MG/15ML ELIXIR	Preferred	
phenobarbital 64.8 mg tab	Preferred	
PHENOBARBITAL 64.8 MG TAB	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
phenobarbital 97.2 mg tab	Preferred	
PHENOBARBITAL 97.2 MG TAB	Preferred	
primidone 125 mg tab	Preferred	
primidone 250 mg tab	Preferred	QL 240 / 30 days
primidone 50 mg tab	Preferred	QL 240 / 30 days
SABRIL 500 MG PACKET	Non-Preferred	QL 120 / 30 days
SABRIL 500 MG TAB	Non-Preferred	
SYMPAZAN	Non-Preferred	
tiagabine hcl 12 mg tab	Non-Preferred	QL 4 / 1 days
tiagabine hcl 16 mg tab	Non-Preferred	QL 90 / 30 days
tiagabine hcl 2 mg tab	Non-Preferred	QL 420 / 30 days
tiagabine hcl 4 mg tab	Non-Preferred	QL 420 / 30 days
VALTOCO 10 MG DOSE	Preferred	QL 10 / 30 days
VALTOCO 15 MG DOSE	Preferred	QL 10 / 30 days
VALTOCO 20 MG DOSE	Preferred	QL 10 / 30 days
VALTOCO 5 MG DOSE	Preferred	QL 10 / 30 days
vigabatrin 500 mg packet	Non-Preferred	QL 120 / 30 days
vigabatrin 500 mg tab	Non-Preferred	
vigadrone 500 mg packet	Non-Preferred	QL 120 / 30 days
vigadrone 500 mg tab	Non-Preferred	
VIGAFYDE	Non-Preferred	
vigpoder	Non-Preferred	QL 120 / 30 days
ZTALMY	Non-Preferred	
SODIUM CHANNEL AGENTS		
APTIOM	Non-Preferred	
BANZEL	Non-Preferred	
carbamazepine 100 mg chew tab	Preferred	QL 240 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
carbamazepine 100 mg/5ml suspension	Preferred	QL 2400 / 30 days
carbamazepine 200 mg chew tab	Non-Preferred	
carbamazepine 200 mg tab	Preferred	QL 240 / 30 days
carbamazepine 200 mg/10ml suspension	Preferred	QL 2400 / 30 days
carbamazepine er 100 mg cap er 12h	Preferred	QL 4 / 1 days
carbamazepine er 100 mg tab er 12h	Preferred	QL 4 / 1 days
carbamazepine er 200 mg cap er 12h	Preferred	QL 4 / 1 days
carbamazepine er 200 mg tab er 12h	Preferred	QL 4 / 1 days
carbamazepine er 300 mg cap er 12h	Preferred	QL 4 / 1 days
carbamazepine er 400 mg tab er 12h	Preferred	QL 4 / 1 days
CARBATROL	Non-Preferred	
DILANTIN 100 MG CAP	Non-Preferred	QL 360 / 30 days
DILANTIN 125 MG/5ML SUSPENSION	Non-Preferred	QL 450 / 30 day(s)
DILANTIN 30 MG CAP	Preferred	QL 270 / 30 days
DILANTIN INFATABS	Non-Preferred	QL 240 / 30 days
DILANTIN-125	Non-Preferred	QL 450 / 30 day(s)
epitol	Preferred	QL 240 / 30 days
eslicarbazepine acetate	Non-Preferred	
lacosamide 10 mg/ml solution	Preferred	QL 1200 / 30 days
lacosamide 100 mg tab	Preferred	
lacosamide 100 mg/10ml solution	Preferred	QL 1200 / 30 days
lacosamide 150 mg tab	Preferred	
lacosamide 200 mg tab	Preferred	
lacosamide 50 mg tab	Preferred	
lacosamide 50 mg/5ml solution	Preferred	QL 1200 / 30 days
oxcarbazepine 150 mg tab	Preferred	QL 120 / 30 days
oxcarbazepine 300 mg tab	Preferred	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
oxcarbazepine 300 mg/5ml suspension	Preferred	QL 1200 / 30 days
oxcarbazepine 600 mg tab	Preferred	QL 120 / 30 days
oxcarbazepine er	Non-Preferred	
OXTELLAR XR	Non-Preferred	
phenytek 200 mg cap	Non-Preferred	QL 60 / 30 days
phenytek 300 mg cap	Non-Preferred	QL 30 / 30 days
phenytoin 100 mg/4ml suspension	Preferred	QL 450 / 30 day(s)
phenytoin 125 mg/5ml suspension	Preferred	QL 450 / 30 day(s)
phenytoin 50 mg chew tab	Preferred	QL 240 / 30 days
phenytoin infatabs	Preferred	QL 240 / 30 days
phenytoin sodium extended 100 mg cap	Preferred	QL 360 / 30 days
phenytoin sodium extended 200 mg cap	Preferred	QL 60 / 30 days
phenytoin sodium extended 300 mg cap	Preferred	QL 30 / 30 days
rufinamide	Non-Preferred	
TEGRETOL	Non-Preferred	
TEGRETOL-XR	Non-Preferred	
TRILEPTAL 150 MG TAB	Non-Preferred	QL 120 / 30 days
TRILEPTAL 300 MG TAB	Non-Preferred	QL 120 / 30 days
TRILEPTAL 300 MG/5ML SUSPENSION	Non-Preferred	QL 1200 / 30 days
TRILEPTAL 600 MG TAB	Non-Preferred	QL 120 / 30 days
VIMPAT 10 MG/ML SOLUTION	Non-Preferred	QL 1200 / 30 days
VIMPAT 100 MG TAB	Non-Preferred	QL 60 / 30 days
VIMPAT 150 MG TAB	Non-Preferred	QL 60 / 30 days
VIMPAT 200 MG TAB	Non-Preferred	QL 60 / 30 days
VIMPAT 50 MG TAB	Non-Preferred	QL 60 / 30 days
XCOPRI	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XCOPRI (250 MG DAILY DOSE)	Non-Preferred	
XCOPRI (350 MG DAILY DOSE)	Non-Preferred	
ZONISADE	Non-Preferred	
zonisamide 100 mg cap	Preferred	QL 180 / 30 days
zonisamide 25 mg cap	Preferred	QL 4 / 1 days
zonisamide 50 mg cap	Preferred	QL 4 / 1 days
ANTIDEMENTIA AGENTS ANTIDEMENTIA AGENTS, OTHER		
memantine hcl-donepezil hcl 14-10 mg cap er 24h	Non-Preferred	
memantine hcl-donepezil hcl 28-10 mg cap er 24h	Non-Preferred	
memantine hcl-donepezil hcl er	Non-Preferred	
NAMZARIC	Non-Preferred	
CHOLINESTERASE INHIBITORS		
ADLARITY	Non-Preferred	
ARICEPT	Non-Preferred	QL 30 / 30 days
donepezil hcl 10 mg tab	Preferred	QL 30 / 30 days PA
donepezil hcl 10 mg tab disp	Preferred	QL 30 / 30 days
donepezil hcl 23 mg tab	Non-Preferred	QL 30 / 30 days
donepezil hcl 5 mg tab	Preferred	QL 30 / 30 days PA
donepezil hcl 5 mg tab disp	Preferred	QL 60 / 30 days
EXELON	Non-Preferred	QL 30 / 30 days
galantamine hydrobromide 12 mg tab	Preferred	
galantamine hydrobromide 4 mg tab	Preferred	
galantamine hydrobromide 4 mg/ml solution	Non-Preferred	
galantamine hydrobromide 8 mg tab	Preferred	
galantamine hydrobromide er	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RAZADYNE ER	Non-Preferred	
rivastigmine	Non-Preferred	QL 30 / 30 days
rivastigmine tartrate 1.5 mg cap	Preferred	QL 60 / 30 days PA
rivastigmine tartrate 3 mg cap	Preferred	QL 60 / 30 days PA
rivastigmine tartrate 4.5 mg cap	Preferred	QL 60 / 30 days
rivastigmine tartrate 6 mg cap	Preferred	QL 60 / 30 days
ZUNVEYL	Non-Preferred	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl 10 mg tab	Preferred	QL 60 / 30 days PA
memantine hcl 10 mg/5ml solution	Non-Preferred	QL 300 / 30 days
memantine hcl 2 mg/ml solution	Non-Preferred	QL 300 / 30 days
MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	Preferred	QL 2 / 1 days
memantine hcl 5 mg tab	Preferred	QL 60 / 30 days PA
memantine hcl er	Preferred	
NAMENDA	Non-Preferred	QL 60 / 30 days
NAMENDA TITRATION PAK	Non-Preferred	QL 2 / 1 days
NAMENDA XR	Non-Preferred	
ANTIDEPRESSANTS ANTIDEPRESSANTS, OTHER		
APLENZIN	Non-Preferred	
AUVELITY	Non-Preferred	
bupropion hcl 100 mg tab	Preferred	QL 120 / 30 days
bupropion hcl 75 mg tab	Preferred	QL 120 / 30 days
bupropion hcl er (sr)	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
bupropion hcl er (xl) 150 mg tab er 24h	Preferred	QL 60 / 30 days
bupropion hcl er (xl) 300 mg tab er 24h	Preferred	QL 30 / 30 days
bupropion hcl er (xl) 450 mg tab er 24h	Preferred	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	Preferred	
chlordiazepoxide-amitriptyline	Preferred	QL 180 / 30 days
EXXUA	Non-Preferred	
EXXUA TITRATION PACK	Non-Preferred	
FORFIVO XL	Non-Preferred	
LYBALVI	Non-Preferred	QL 30 / 30 day(s)
mirtazapine 15 mg tab	Preferred	QL 30 / 30 days
mirtazapine 15 mg tab disp	Preferred	QL 30 / 30 days
mirtazapine 30 mg tab	Preferred	QL 30 / 30 days
mirtazapine 30 mg tab disp	Preferred	QL 30 / 30 days
mirtazapine 45 mg tab	Preferred	QL 30 / 30 days
mirtazapine 45 mg tab disp	Preferred	QL 30 / 30 days
mirtazapine 7.5 mg tab	Preferred	QL 30 / 30 days
olanzapine-fluoxetine hcl	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
perphenazine-amitriptyline 2-10 mg tab	Non-Preferred	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
perphenazine-amitriptyline 2-25 mg tab	Non-Preferred	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
perphenazine-amitriptyline 4-10 mg tab	Non-Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
perphenazine-amitriptyline 4-25 mg tab	Non-Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
perphenazine-amitriptyline 4-50 mg tab	Non-Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REMERON	Non-Preferred	QL 30 / 30 days
REMERON SOLTAB	Non-Preferred	QL 30 / 30 days
SPRAVATO (56 MG DOSE)	Non-Preferred	QL 8 / 14 days
SPRAVATO (84 MG DOSE)	Non-Preferred	QL 12 / 14 days
SYMBYAX	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
WELLBUTRIN SR	Non-Preferred	QL 60 / 30 days
WELLBUTRIN XL 150 MG TAB ER 24H	Non-Preferred	QL 60 / 30 days
WELLBUTRIN XL 300 MG TAB ER 24H	Non-Preferred	QL 30 / 30 days
ZULRESSO	Non-Preferred	PA
ZURZUVAE 20 MG CAP	Non-Preferred	QL 60 / 30 day(s) PA
ZURZUVAE 25 MG CAP	Non-Preferred	QL 60 / 30 day(s) PA
ZURZUVAE 30 MG CAP	Non-Preferred	QL 30 / 30 day(s) PA
MONOAMINE OXIDASE INHIBITORS		
EMSAM	Non-Preferred	
MARPLAN	Non-Preferred	
NARDIL	Non-Preferred	
phenelzine sulfate 15 mg tab	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tranylcypromine sulfate	Non-Preferred	QL 180 / 30 days
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
BRISDELLE	Non-Preferred	
CELEXA	Non-Preferred	QL 45 / 30 days
citalopram hydrobromide 10 mg tab	Preferred	QL 45 / 30 days
citalopram hydrobromide 10 mg/5ml solution	Preferred	QL 600 / 30 days
citalopram hydrobromide 20 mg tab	Preferred	QL 45 / 30 days
citalopram hydrobromide 20 mg/10ml solution	Non-Preferred	QL 600 / 30 days
CITALOPRAM HYDROBROMIDE 30 MG CAP	Non-Preferred	QL 30 / 30 days
citalopram hydrobromide 40 mg tab	Preferred	QL 45 / 30 days
DESVENLAFAXINE ER	Non-Preferred	
desvenlafaxine succinate er	Preferred	
EFFEXOR XR 150 MG CAP ER 24H	Non-Preferred	QL 60 / 30 days
EFFEXOR XR 37.5 MG CAP ER 24H	Non-Preferred	QL 30 / 30 days
EFFEXOR XR 75 MG CAP ER 24H	Non-Preferred	QL 90 / 30 days
escitalopram oxalate 10 mg tab	Preferred	QL 90 / 30 days
escitalopram oxalate 10 mg/10ml solution	Non-Preferred	QL 600 / 30 days
ESCITALOPRAM OXALATE 15 MG CAP	Non-Preferred	
escitalopram oxalate 20 mg tab	Preferred	QL 60 / 30 days
escitalopram oxalate 5 mg tab	Preferred	QL 90 / 30 days
escitalopram oxalate 5 mg/5ml solution	Non-Preferred	QL 600 / 30 days
FETZIMA	Non-Preferred	
FETZIMA TITRATION	Non-Preferred	
fluoxetine hcl (pmdd) 10 mg tab	Preferred	QL 90 / 30 days
fluoxetine hcl (pmdd) 20 mg tab	Preferred	QL 4 / 1 days
fluoxetine hcl 10 mg cap	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluoxetine hcl 10 mg tab	Preferred	QL 90 / 30 days
fluoxetine hcl 20 mg cap	Preferred	QL 4 / 1 days
fluoxetine hcl 20 mg tab	Preferred	QL 120 / 30 days
fluoxetine hcl 20 mg/5ml solution	Preferred	QL 300 / 30 days
fluoxetine hcl 40 mg cap	Preferred	QL 60 / 30 days
fluoxetine hcl 60 mg tab	Preferred	
FLUOXETINE HCL 60 MG TAB	Preferred	
fluoxetine hcl 90 mg cap dr	Non-Preferred	
fluvoxamine maleate 100 mg tab	Preferred	QL 90 / 30 days
fluvoxamine maleate 25 mg tab	Preferred	QL 30 / 30 days
fluvoxamine maleate 50 mg tab	Preferred	QL 45 / 30 days
fluvoxamine maleate er 100 mg cap er 24h	Non-Preferred	
fluvoxamine maleate er 150 mg cap er 24h	Non-Preferred	
LEXAPRO 10 MG TAB	Non-Preferred	QL 90 / 30 days
LEXAPRO 20 MG TAB	Non-Preferred	QL 60 / 30 days
LEXAPRO 5 MG TAB	Non-Preferred	QL 90 / 30 days
nefazodone hcl 100 mg tab	Non-Preferred	QL 60 / 30 days
nefazodone hcl 150 mg tab	Non-Preferred	QL 120 / 30 days
nefazodone hcl 200 mg tab	Non-Preferred	QL 90 / 30 days
nefazodone hcl 250 mg tab	Non-Preferred	QL 60 / 30 days
nefazodone hcl 50 mg tab	Non-Preferred	QL 60 / 30 days
paroxetine hcl 10 mg tab	Preferred	QL 45 / 30 days
paroxetine hcl 10 mg/5ml suspension	Non-Preferred	
paroxetine hcl 20 mg tab	Preferred	QL 45 / 30 days
paroxetine hcl 30 mg tab	Preferred	QL 60 / 30 days
paroxetine hcl 40 mg tab	Preferred	QL 45 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
paroxetine hcl er	Non-Preferred	
paroxetine mesylate	Non-Preferred	
PAXIL 10 MG TAB	Non-Preferred	QL 45 / 30 days
PAXIL 10 MG/5ML SUSPENSION	Non-Preferred	
PAXIL 20 MG TAB	Non-Preferred	QL 45 / 30 days
PAXIL 30 MG TAB	Non-Preferred	QL 60 / 30 days
PAXIL 40 MG TAB	Non-Preferred	QL 45 / 30 days
PAXIL CR	Non-Preferred	
PEXEVA	Non-Preferred	
PRISTIQ	Non-Preferred	
PROZAC 10 MG CAP	Non-Preferred	QL 90 / 30 days
PROZAC 20 MG CAP	Non-Preferred	
PROZAC 40 MG CAP	Non-Preferred	QL 60 / 30 days
RALDESY	Non-Preferred	
sertraline hcl 100 mg tab	Preferred	QL 60 / 30 days
SERTRALINE HCL 150 MG CAP	Non-Preferred	
sertraline hcl 150 mg cap	Non-Preferred	
sertraline hcl 20 mg/ml conc	Preferred	QL 300 / 30 days
SERTRALINE HCL 200 MG CAP	Non-Preferred	
sertraline hcl 200 mg cap	Non-Preferred	
sertraline hcl 25 mg tab	Preferred	QL 90 / 30 days
sertraline hcl 50 mg tab	Preferred	QL 90 / 30 days
trazodone hcl 100 mg tab	Preferred	QL 90 / 30 days
trazodone hcl 150 mg tab	Preferred	QL 90 / 30 days
trazodone hcl 300 mg tab	Preferred	QL 60 / 30 days
trazodone hcl 50 mg tab	Preferred	QL 90 / 30 days
TRINTELLIX	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VENLAFAXINE BESYLATE ER	Non-Preferred	
venlafaxine hcl	Preferred	QL 90 / 30 days
venlafaxine hcl er 150 mg cap er 24h	Preferred	QL 60 / 30 days
venlafaxine hcl er 150 mg tab er 24h	Preferred	
venlafaxine hcl er 225 mg tab er 24h	Preferred	
venlafaxine hcl er 37.5 mg cap er 24h	Preferred	QL 30 / 30 days
venlafaxine hcl er 37.5 mg tab er 24h	Preferred	
venlafaxine hcl er 75 mg cap er 24h	Preferred	QL 90 / 30 days
venlafaxine hcl er 75 mg tab er 24h	Preferred	
VIIBRYD	Non-Preferred	
VIIBRYD STARTER PACK	Non-Preferred	
vilazodone hcl	Preferred	
ZOLOFT 100 MG TAB	Non-Preferred	QL 60 / 30 days
ZOLOFT 20 MG/ML CONC	Non-Preferred	QL 300 / 30 days
ZOLOFT 25 MG TAB	Non-Preferred	QL 90 / 30 days
ZOLOFT 50 MG TAB	Non-Preferred	QL 90 / 30 days
TRICYCLICS		
amitriptyline hcl 10 mg tab	Preferred	QL 90 / 30 days
amitriptyline hcl 100 mg tab	Preferred	QL 90 / 30 days
amitriptyline hcl 150 mg tab	Preferred	QL 90 / 30 days
amitriptyline hcl 25 mg tab	Preferred	QL 90 / 30 days
amitriptyline hcl 50 mg tab	Preferred	QL 90 / 30 days
amitriptyline hcl 75 mg tab	Preferred	QL 90 / 30 days
amoxapine	Preferred	QL 4 / 1 days
ANAFRANIL 25 MG CAP	Non-Preferred	QL 150 / 30 days
ANAFRANIL 50 MG CAP	Non-Preferred	QL 150 / 30 days
ANAFRANIL 75 MG CAP	Non-Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clomipramine hcl 25 mg cap	Non-Preferred	QL 150 / 30 days
clomipramine hcl 50 mg cap	Preferred	QL 150 / 30 days
clomipramine hcl 75 mg cap	Preferred	QL 90 / 30 days
desipramine hcl 10 mg tab	Non-Preferred	QL 60 / 30 days
desipramine hcl 100 mg tab	Non-Preferred	QL 60 / 30 days
desipramine hcl 150 mg tab	Non-Preferred	QL 60 / 30 days
desipramine hcl 25 mg tab	Non-Preferred	QL 60 / 30 days
desipramine hcl 50 mg tab	Non-Preferred	QL 60 / 30 days
desipramine hcl 75 mg tab	Non-Preferred	QL 60 / 30 days
doxepin hcl 10 mg cap	Preferred	QL 60 / 30 days
DOXEPIN HCL 10 MG/ML CONC	Preferred	QL 30 / 1 days
doxepin hcl 10 mg/ml conc	Preferred	QL 30 / 1 days
doxepin hcl 100 mg cap	Preferred	QL 90 / 30 days
doxepin hcl 150 mg cap	Preferred	QL 60 / 30 days
doxepin hcl 25 mg cap	Preferred	QL 60 / 30 days
doxepin hcl 50 mg cap	Preferred	QL 60 / 30 days
doxepin hcl 75 mg cap	Preferred	QL 60 / 30 days
imipramine hcl 10 mg tab	Preferred	QL 180 / 30 days
imipramine hcl 25 mg tab	Preferred	QL 180 / 30 days
imipramine hcl 50 mg tab	Preferred	QL 180 / 30 days
imipramine pamoate	Non-Preferred	
NORPRAMIN	Non-Preferred	QL 60 / 30 days
nortriptyline hcl 10 mg cap	Preferred	
nortriptyline hcl 10 mg/5ml solution	Non-Preferred	QL 2250 / 30 days
nortriptyline hcl 25 mg cap	Preferred	QL 90 / 30 days
nortriptyline hcl 50 mg cap	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nortriptyline hcl 75 mg cap	Preferred	QL 90 / 30 days
PAMELOR 10 MG CAP	Non-Preferred	
PAMELOR 25 MG CAP	Non-Preferred	QL 90 / 30 days
PAMELOR 50 MG CAP	Non-Preferred	QL 60 / 30 days
PAMELOR 75 MG CAP	Non-Preferred	QL 90 / 30 days
protriptyline hcl	Non-Preferred	QL 180 / 30 days
trimipramine maleate 100 mg cap	Non-Preferred	
trimipramine maleate 25 mg cap	Non-Preferred	
trimipramine maleate 50 mg cap	Non-Preferred	
ANTIEMETICS ANTIEMETICS, OTHER		
anti-nausea	Non-Preferred	
ANTIVERT	Non-Preferred	
bonine	Non-Preferred	QL 120 / 30 days
BONJESTA	Non-Preferred	QL 60 / 30 days
compro	Preferred	QL 12 / days
cvs motion sickness less drows	Preferred	QL 120 / 30 days
cvs motion sickness relief	Preferred	QL 120 / 30 days
cvs nausea relief	Preferred	
DICLEGIS	Non-Preferred	QL 120 / 30 day(s)
DIMENHYDRINATE 50 MG/ML SOLUTION	Non-Preferred	
doxylamine-pyridoxine	Preferred	QL 120 / 30 day(s)
dramamine 25 mg tab	Non-Preferred	QL 120 / 30 days
DRAMAMINE 50 MG CHEW TAB	Non-Preferred	
DRAMAMINE MOTION SICKNESS KIDS	Non-Preferred	
driminate	Preferred	QL 240 / 30 days
ft motion sickness 25 mg chew tab	Preferred	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft motion sickness 25 mg tab	Preferred	QL 120 / 30 days
ft motion sickness 50 mg tab	Preferred	QL 240 / 30 days
GIMOTI	Non-Preferred	
gnp anti-nausea relief	Preferred	
gnp motion sickness relief 25 mg tab	Preferred	QL 120 / 30 days
gnp motion sickness relief 50 mg tab	Preferred	QL 240 / 30 days
gnp nausea relief	Preferred	
goodsense motion sickness	Preferred	QL 240 / 30 days
goodsense nausea relief	Preferred	
hm motion sickness	Preferred	QL 240 / 30 days
hm motion sickness relief	Preferred	QL 120 / 30 days
meclizine hcl 12.5 mg tab	Preferred	QL 120 / 30 days
meclizine hcl 25 mg chew tab	Preferred	QL 120 / 30 days
meclizine hcl 25 mg tab	Preferred	QL 120 / 30 days
meclizine hcl 50 mg tab	Non-Preferred	
metoclopramide hcl +rfid	Preferred	
metoclopramide hcl 10 mg tab	Preferred	QL 4 / 1 days
METOCLOPRAMIDE HCL 10 MG TAB DISP	Non-Preferred	
metoclopramide hcl 10 mg/10ml solution	Preferred	QL 40 / 1 days
metoclopramide hcl 5 mg tab	Preferred	QL 4 / 1 days
metoclopramide hcl 5 mg tab disp	Non-Preferred	
metoclopramide hcl 5 mg/5ml solution	Preferred	QL 40 / 1 days
metoclopramide hcl 5 mg/ml solution	Preferred	
motion sickness relief 25 mg tab	Preferred	QL 120 / 30 days
motion sickness relief 50 mg tab	Preferred	QL 240 / 30 days
motion-time	Preferred	QL 120 / 30 days
nausea relief	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
perphenazine 16 mg tab	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
perphenazine 2 mg tab	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
perphenazine 4 mg tab	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
perphenazine 8 mg tab	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
PHENERGAN	Non-Preferred	AL1 At least 6 yrs old C Age restriction, clinical PA required
prochlorperazine	Preferred	QL 12 / days
prochlorperazine edisylate 10 mg/2ml solution	Preferred	
prochlorperazine maleate 10 mg tab	Preferred	QL 4 / 1 days
prochlorperazine maleate 5 mg tab	Preferred	QL 4 / 1 days
promethazine hcl 12.5 mg suppos	Preferred	AL1 At least 6 yrs old C Age restriction, clinical PA required
promethazine hcl 12.5 mg tab	Preferred	QL 4 / 1 days AL1 At least 6 yrs old C Age restriction, clinical PA required
promethazine hcl 25 mg suppos	Preferred	AL1 At least 6 yrs old C Age restriction, clinical PA required
promethazine hcl 25 mg tab	Preferred	QL 4 / 1 days AL1 At least 6 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
promethazine hcl 25 mg/ml solution	Preferred	AL1 At least 6 yrs old C Age restriction, clinical PA required
promethazine hcl 50 mg tab	Preferred	QL 4 / 1 days AL1 At least 6 yrs old C Age restriction, clinical PA required
promethazine hcl 50 mg/ml solution	Preferred	AL1 At least 6 yrs old C Age restriction, clinical PA required
promethegan	Preferred	AL1 At least 6 yrs old C Age restriction, clinical PA required
qc anti-nausea	Preferred	
REGLAN	Non-Preferred	
scopolamine	Preferred	
sm motion sickness 25 mg tab	Preferred	QL 120 / 30 days
sm motion sickness 50 mg tab	Preferred	QL 240 / 30 days
TIGAN	Non-Preferred	
TRANSDERM SCOP	Non-Preferred	
TRANSDERM-SCOP	Non-Preferred	
travel-ease	Preferred	QL 120 / 30 days
trimethobenzamide hcl 300 mg cap	Non-Preferred	QL 90 / 30 days
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO (READY-TO-USE)	Non-Preferred	QLC 2 vials/28 days
AKYNZEO 235-0.25 MG RECON SOLN	Non-Preferred	QLC 2 vials/28 days
AKYNZEO 235-0.25 MG/20ML SOLUTION	Non-Preferred	QLC 2 vials/28 days
AKYNZEO 300-0.5 MG CAP	Non-Preferred	QL 2 / 28 days
ANZEMET	Non-Preferred	
aprepitant 125 mg cap	Preferred	QL 2 / 28 days
aprepitant 40 mg cap	Preferred	QL 1 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
aprepitant 80 & 125 mg cap	Preferred	QL 6 / 28 days
aprepitant 80 mg cap	Preferred	QL 4 / 28 days
CINVANTI	Non-Preferred	QLC 36 mL/28 days
dronabinol 10 mg cap	Non-Preferred	QL 90 / 30 days
dronabinol 2.5 mg cap	Non-Preferred	QL 180 / 30 days
dronabinol 5 mg cap	Non-Preferred	QL 180 / 30 days
EMEND 125 MG/5ML RECON SUSP	Non-Preferred	
EMEND 150 MG RECON SOLN	Non-Preferred	QLC 2 vials/28 days
EMEND BIPACK	Non-Preferred	QL 4 / 28 days
EMEND TRI-PACK	Non-Preferred	QL 6 / 28 days
FOCINVEZ	Non-Preferred	
fosaprepitant dimeglumine	Preferred	
FOSAPREPITANT DIMEGLUMINE	Preferred	
granisetron hcl 1 mg tab	Non-Preferred	QLC 2 tablets/day
granisetron hcl 1 mg/ml solution	Preferred	
granisetron hcl 4 mg/4ml solution	Preferred	
MARINOL 2.5 MG CAP	Non-Preferred	QL 180 / 30 days
ONDANSETRON 16 MG TAB DISP	Non-Preferred	
ondansetron 4 mg tab disp	Preferred	QL 90 / 30 days
ondansetron 8 mg tab disp	Preferred	QL 90 / 30 days
ondansetron hcl +rfid	Preferred	
ondansetron hcl 4 mg tab	Preferred	QL 90 / 30 days
ondansetron hcl 4 mg/2ml soln prsyr	Preferred	
ondansetron hcl 4 mg/2ml solution	Preferred	
ondansetron hcl 4 mg/5ml solution	Preferred	QL 50 / 25 days
ondansetron hcl 40 mg/20ml solution	Preferred	
ondansetron hcl 8 mg tab	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PALONOSETRON HCL 0.25 MG/2ML SOLUTION	Preferred	
palonosetron hcl 0.25 mg/5ml soln prsyr	Preferred	QLC 10 mL/28 days
PALONOSETRON HCL 0.25 MG/5ML SOLN PRSYR	Preferred	QLC 10 mL/28 days
palonosetron hcl 0.25 mg/5ml solution	Preferred	QLC 10 mL/28 days
POSFREA	Non-Preferred	
SANCUSO	Non-Preferred	QL 4 / 28 days
SUSTOL	Non-Preferred	QLC 1.6 mL/28 days
SYNDROS	Non-Preferred	
VARUBI (180 MG DOSE)	Non-Preferred	
ZUPLENZ	Non-Preferred	
ANTIFUNGALS		
3 day vaginal	Preferred	
7 day vaginal	Preferred	QL 45 / 7 days
ALEVAZOL	Preferred	
ALOE VESTA CLEAR ANTIFUNGAL	Preferred	
ANCOBON	Non-Preferred	
antifungal (clotrimazole)	Preferred	QL 30 / 7 days
antifungal (tolnaftate)	Preferred	QL 15 / 7 days
antifungal 2 % cream	Preferred	QL 15 / 7 days
antifungal 2 % powder	Preferred	QL 71 / 15 days
antifungal clotrimazole	Preferred	QL 30 / 7 days
athletes foot (clotrimazole)	Preferred	QL 30 / 7 days
athletes foot (terbinafine)	Preferred	
athletes foot 1 % cream	Preferred	QL 30 / 7 days
athletes foot 1 % solution	Non-Preferred	QL 30 / 24 days
athletes foot powder spray 1 % aero powd	Preferred	QL 133 / 10 days
athletes foot powder spray 2 % aero powd	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
athletes foot spray	Preferred	
azolen anti-fungal wash	Non-Preferred	
BREXAFEMME	Non-Preferred	
butenafine hcl	Preferred	QL 30 / 24 days
clotrimazole 1 % cream	Preferred	QL 45 / 7 days
clotrimazole 1 % solution	Non-Preferred	QL 30 / 24 days
clotrimazole 1% cream (rx)	Preferred	QL 30 / 7 days
clotrimazole 10 mg troche	Preferred	QL 5 / 1 days
clotrimazole 3	Preferred	
clotrimazole anti-fungal	Preferred	QL 30 / 7 days
clotrimazole athletes foot	Preferred	QL 30 / 7 days
clotrimazole-7	Preferred	QL 45 / 7 days
CRESEMBA 186 MG CAP	Non-Preferred	
CRESEMBA 74.5 MG CAP	Non-Preferred	
cvs athletes foot (tolnaftate) 1 % aero powd	Preferred	QL 133 / 10 days
cvs athletes foot (tolnaftate) 1 % cream	Preferred	QL 15 / 7 days
cvs athletes foot 2 % aero powd	Preferred	
cvs athletes foot spray	Preferred	
cvs butenafine hcl	Preferred	QL 30 / 24 days
cvs miconazole 1 combo pack	Preferred	
CVS MICONAZOLE 1 COMBO-WIPES	Preferred	
cvs miconazole 3 combo pack	Preferred	
cvs miconazole 3 combo-supp	Preferred	QL 1 / 3 days
cvs miconazole 7	Preferred	QL 45 / 7 days
cvs ringworm	Preferred	QL 30 / 7 days
cvs tioconazole 1	Preferred	
cvs toe area treatment max str	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
desenex 2 % cream	Non-Preferred	QL 15 / 7 days
desenex 2 % powder	Preferred	QL 71 / 15 days
DIFLUCAN 10 MG/ML RECON SUSP	Non-Preferred	QL 1200 / 30 days
DIFLUCAN 100 MG TAB	Non-Preferred	QL 2 / 1 days
DIFLUCAN 150 MG TAB	Non-Preferred	QL 2 / 1 days
DIFLUCAN 200 MG TAB	Non-Preferred	QL 2 / 1 days
DIFLUCAN 40 MG/ML RECON SUSP	Non-Preferred	QL 300 / 30 days
DIFLUCAN 50 MG TAB	Non-Preferred	QL 2 / 1 days
econazole nitrate 1 % cream	Preferred	
ECOZA	Non-Preferred	
eq athletes foot (terbinafine)	Preferred	
eq miconazole 1	Preferred	
eq miconazole 7 day treatment	Preferred	QL 45 / 7 days
eql miconazole 7	Preferred	QL 45 / 7 days
ERTACZO	Non-Preferred	
EXTINA	Non-Preferred	
fluconazole 10 mg/ml recon susp	Preferred	QL 1200 / 30 days
fluconazole 100 mg tab	Preferred	QL 2 / 1 days
fluconazole 150 mg tab	Preferred	QL 2 / 1 days
fluconazole 200 mg tab	Preferred	QL 2 / 1 days
fluconazole 40 mg/ml recon susp	Preferred	QL 300 / 30 days
fluconazole 50 mg tab	Preferred	QL 2 / 1 days
flucytosine 250 mg cap	Non-Preferred	
flucytosine 500 mg cap	Non-Preferred	
ft antifungal 1 % cream	Preferred	QL 15 / 7 days
ft antifungal 2 % cream	Preferred	QL 15 / 7 days
ft athletes foot (clotrimaz)	Preferred	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft athletes foot (terbinafine)	Preferred	
ft miconazole 1	Preferred	
ft miconazole 3 comb pack-supp	Preferred	QL 1 / 3 days
ft tioconazole-1	Preferred	
FULVICIN P/G 165	Non-Preferred	
fungi nail maximum strength	Non-Preferred	
fungoid tincture	Non-Preferred	
gnp athletes foot	Preferred	QL 30 / 7 days
gnp clotrimazole 3	Preferred	
gnp miconazole 1	Preferred	
gnp miconazole 3	Preferred	QL 1 / 3 days
gnp miconazole 7	Preferred	QL 45 / 7 days
gnp miconazorb af	Preferred	QL 71 / 15 days
gnp terbinafine hydrochloride	Preferred	
gnp tolnaftate	Preferred	QL 15 / 7 days
goodsense athletes foot	Preferred	QL 30 / 7 days
griseofulvin microsize 125 mg/5ml suspension	Preferred	QL 40 / 1 days
griseofulvin microsize 500 mg tab	Non-Preferred	QL 60 / 30 days
griseofulvin ultramicrosize 125 mg tab	Non-Preferred	QL 3 / 1 days
GRISEOFULVIN ULTRAMICROSIZE 165 MG TAB	Non-Preferred	
griseofulvin ultramicrosize 250 mg tab	Non-Preferred	QL 3 / 1 days
GYNAZOLE-1	Non-Preferred	
itraconazole 10 mg/ml solution	Non-Preferred	
itraconazole 100 mg cap	Non-Preferred	
JUBLIA	Non-Preferred	
KERYDIN	Non-Preferred	
ketoconazole 2 % cream	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ketoconazole 2 % foam	Non-Preferred	
ketoconazole 2 % shampoo	Preferred	
ketoconazole 200 mg tab	Non-Preferred	QL 60 / 30 days
LAMISIL AT 1 % CREAM	Non-Preferred	
lamisil at athletes foot	Non-Preferred	
lamisil at jock itch	Non-Preferred	
lotrimin af 1 % cream	Non-Preferred	QL 30 / 7 days
lotrimin af 2 % aerosol	Preferred	
lotrimin ultra	Non-Preferred	QL 30 / 24 days
luliconazole	Non-Preferred	
LUZU	Non-Preferred	
medpura antifungal	Preferred	QL 15 / 7 days
MENTAX	Non-Preferred	
micomitin	Non-Preferred	
MICONATATE	Non-Preferred	
miconazole 1	Preferred	
miconazole 3	Non-Preferred	QL 30 / 30 days
miconazole 3 combo pack	Preferred	
miconazole 3 combo pack app	Preferred	
miconazole 3 combo-supp	Preferred	QL 1 / 3 days
miconazole 7 100 mg suppos	Preferred	QL 30 / 30 days
miconazole 7 2 % cream	Preferred	QL 45 / 7 days
miconazole nitrate 2 % cream	Preferred	QL 45 / 7 days
miconazole nitrate 2 % solution	Preferred	
miconazole nitrate combo pack	Preferred	QL 1 / 3 days
MICONAZOLE-ZINC OXIDE-PETROLAT	Non-Preferred	
micotrin ac	Non-Preferred	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
micotrin al	Non-Preferred	
micotrin ap	Preferred	QL 71 / 15 days
monistat 1 combo pack	Non-Preferred	
monistat 1 day or night	Non-Preferred	
monistat 1-day	Preferred	
MONISTAT 3	Non-Preferred	
monistat 3 combination pack 200 & 2 mg-% (9gm) kit	Non-Preferred	QL 1 / 3 days
MONISTAT 3 COMBINATION PACK 200-2 MG-% KIT	Non-Preferred	
monistat 3 combo pack app	Non-Preferred	
MONISTAT 7 COMBO PACK APP	Non-Preferred	
MONISTAT 7 COMPLETE THERAPY	Non-Preferred	
monistat 7 simply cure	Non-Preferred	QL 45 / 7 days
mycozyl ac	Non-Preferred	QL 30 / 7 days
mycozyl al	Preferred	
mycozyl ap	Preferred	QL 71 / 15 days
naftifine hcl	Non-Preferred	
NAFTIN	Non-Preferred	
NIZORAL	Non-Preferred	
NOXAFIL 100 MG TAB DR	Non-Preferred	
NOXAFIL 300 MG PACKET	Non-Preferred	
NOXAFIL 40 MG/ML SUSPENSION	Non-Preferred	
nyamyc	Preferred	
nystatin 100000 unit/gm cream	Preferred	
nystatin 100000 unit/gm ointment	Preferred	
nystatin 100000 unit/gm powder	Preferred	
nystatin 100000 unit/ml suspension	Preferred	
NYSTATIN 100000 UNIT/ML SUSPENSION	Preferred	
nystatin 500000 unit tab	Preferred	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nystop	Preferred	
ORAVIG	Non-Preferred	
oxiconazole nitrate	Non-Preferred	
OXISTAT	Non-Preferred	
posaconazole 100 mg tab dr	Preferred	
posaconazole 40 mg/ml suspension	Non-Preferred	
px miconazole 3-day combo	Preferred	QL 1 / 3 days
qc 3 day	Preferred	
qc antifungal (tolnaftate)	Preferred	QL 15 / 7 days
qc athletes foot 2 % aero powd	Preferred	
qc clotrimazole	Preferred	QL 45 / 7 days
qc miconazole 7	Preferred	QL 45 / 7 days
qc tolnaftate	Preferred	QL 15 / 7 days
ra atheletes foot	Preferred	
ra clotrimazole 7	Preferred	QL 45 / 7 days
ra miconazole 3 combo pack	Preferred	QL 1 / 3 days
ra miconazole 3 combo pack app	Preferred	
ra miconazole 7	Preferred	QL 45 / 7 days
ra tioconazole 1	Preferred	
sm 3-day vaginal	Preferred	
sm antifungal clotrimazole	Preferred	QL 30 / 7 days
sm antifungal miconazole	Preferred	QL 15 / 7 days
sm antifungal tolnaftate	Preferred	QL 15 / 7 days
sm athletes foot	Preferred	
sm clotrimazole vaginal	Preferred	QL 45 / 7 days
sm miconazole 3	Preferred	QL 1 / 3 days
sm miconazole 3 applicator	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm miconazole 7 100 mg suppos	Preferred	QL 30 / 30 days
sm miconazole 7 2 % cream	Preferred	QL 45 / 7 days
sm tioconazole-1	Preferred	
SPORANOX	Non-Preferred	
SPORANOX PULSEPAK	Non-Preferred	
sulconazole nitrate	Non-Preferred	
tavaborole	Non-Preferred	
terbinafine hcl 1 % cream	Preferred	
terbinafine hcl 250 mg tab	Preferred	QL 90 / 365 days
terconazole 0.4 % cream	Non-Preferred	QL 45 / 14 days
terconazole 0.8 % cream	Non-Preferred	QL 20 / 14 days
terconazole 80 mg suppos	Non-Preferred	QL 3 / 14 days
tinactin 1 % cream	Non-Preferred	QL 15 / 7 days
ting 1 % aerosol	Preferred	
ting 1 % cream	Preferred	QL 15 / 7 days
ting 2 % aero powd	Preferred	
tioconazole-1	Preferred	
tm-clotrimazole	Preferred	QL 30 / 7 days
tm-tolnaftate	Preferred	
tm-tolnaftate lr	Preferred	
tolnafi-al	Preferred	
tolnaftate 1 % cream	Preferred	QL 15 / 7 days
tolnaftate 1 % powder	Preferred	QL 45 / 7 days
tolnaftate antifungal	Preferred	QL 15 / 7 days
TOLSURA	Non-Preferred	
trimazole	Non-Preferred	QL 30 / 7 days
TRIPENICOL C	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
triple paste af	Preferred	
tritolnacide c	Non-Preferred	QL 15 / 7 days
tritolnacide s	Non-Preferred	
VFEND	Non-Preferred	
VIVJOA	Non-Preferred	
voriconazole 200 mg tab	Preferred	
voriconazole 40 mg/ml recon susp	Non-Preferred	
voriconazole 50 mg tab	Preferred	
VOTRIZA-AL	Non-Preferred	
VUSION	Non-Preferred	
zeasorb-af	Preferred	QL 71 / 15 days
ANTIGOUT AGENTS		
allopurinol 100 mg tab	Preferred	QL 240 / 30 days
allopurinol 200 mg tab	Non-Preferred	
allopurinol 300 mg tab	Preferred	QL 60 / 30 days
colchicine 0.6 mg cap	Non-Preferred	QL 90 / 30 days PA
colchicine 0.6 mg tab	Preferred	QL 90 / 30 days PA
colchicine-probenecid	Preferred	
COLCRYS	Non-Preferred	QL 90 / 30 days
febuxostat	Preferred	
KRYSTEXXA	Non-Preferred	
MITIGARE	Non-Preferred	QL 90 / 30 days
probenecid	Preferred	QL 4 / 1 days
ULORIC	Non-Preferred	
ZYLOPRIM 100 MG TAB	Non-Preferred	
ZYLOPRIM 300 MG TAB	Non-Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG	Preferred	QL 1 / 28 days PA
AJOVY	Preferred	QL 1.5 / 28 day(s) PA
EMGALITY	Preferred	QL 2 / 28 days PA
EMGALITY (300 MG DOSE)	Preferred	QL 3 / 30 days PA
NURTEC	Preferred	QL 16 / 30 days PA
QULIPTA	Non-Preferred	QL 30 / 30 days
UBRELVY	Preferred	QL 16 / 30 days PA
VYEPTI	Non-Preferred	
ZAVZPRET	Non-Preferred	QL 8 / 30 day(s)
ERGOT ALKALOIDS		
BREKIYA	Non-Preferred	
CAFERGOT	Non-Preferred	
D.H.E. 45	Non-Preferred	
dihydroergotamine mesylate 1 mg/ml solution	Non-Preferred	
dihydroergotamine mesylate 4 mg/ml solution	Non-Preferred	
ERGOMAR	Non-Preferred	
ergotamine-caffeine	Non-Preferred	
MIGRANAL	Non-Preferred	
TRUDHESA	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SEROTONIN (5-HT) RECEPTOR AGONIST		
almotriptan malate 12.5 mg tab	Non-Preferred	QL 9 / 30 day(s)
almotriptan malate 6.25 mg tab	Non-Preferred	QL 9 / 30 days
AMERGE	Non-Preferred	
eletriptan hydrobromide	Preferred	QL 9 / 30 days
FROVA	Non-Preferred	QL 12 / 30 days
frovatriptan succinate	Non-Preferred	QL 12 / 30 days
IMITREX 100 MG TAB	Non-Preferred	
IMITREX 20 MG/ACT SOLUTION	Non-Preferred	
IMITREX 25 MG TAB	Non-Preferred	
IMITREX 5 MG/ACT SOLUTION	Non-Preferred	
IMITREX 50 MG TAB	Non-Preferred	
IMITREX STATDOSE REFILL	Non-Preferred	
IMITREX STATDOSE SYSTEM	Non-Preferred	
MAXALT	Non-Preferred	
MAXALT-MLT	Non-Preferred	
naratriptan hcl	Preferred	QL 9 / 24 days
ONZETRA XSAIL	Non-Preferred	
RELPAX	Non-Preferred	QL 9 / 30 days
REYVOW 100 MG TAB	Non-Preferred	QL 8 / 30 days PA
REYVOW 50 MG TAB	Non-Preferred	QL 4 / 30 days PA
rizatriptan benzoate	Preferred	QL 9 / 30 days
sumatriptan 20 mg/act solution	Preferred	QL 6 / 24 days
sumatriptan 5 mg/act solution	Preferred	QL 6 / 24 days
sumatriptan succinate 100 mg tab	Preferred	QL 9 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sumatriptan succinate 25 mg tab	Preferred	QL 9 / 24 days
sumatriptan succinate 4 mg/0.5ml soln a-inj	Preferred	
sumatriptan succinate 50 mg tab	Preferred	QL 9 / 24 days
sumatriptan succinate 6 mg/0.5ml soln a-inj	Preferred	QL 2 / 24 days
sumatriptan succinate 6 mg/0.5ml solution	Preferred	QL 2 / 24 days
sumatriptan succinate refill 4 mg/0.5ml soln cart	Preferred	
sumatriptan succinate refill 6 mg/0.5ml soln cart	Preferred	QL 2 / 24 days
sumatriptan-naproxen sodium	Non-Preferred	
SYMBRAVO	Non-Preferred	
TOSYMRA	Non-Preferred	
TREXIMET	Non-Preferred	
ZEMBRACE SYMTOUCH	Non-Preferred	
zolmitriptan 2.5 mg solution	Non-Preferred	
zolmitriptan 2.5 mg tab	Preferred	QL 9 / 30 days
zolmitriptan 2.5 mg tab disp	Preferred	QL 9 / 30 days
zolmitriptan 5 mg solution	Non-Preferred	
zolmitriptan 5 mg tab	Preferred	QL 9 / 30 days
zolmitriptan 5 mg tab disp	Preferred	QL 9 / 30 days
ZOMIG 2.5 MG SOLUTION	Non-Preferred	
ZOMIG 2.5 MG TAB	Non-Preferred	QL 9 / 30 days
zomig 2.5 mg tab	Non-Preferred	QL 9 / 30 days
ZOMIG 5 MG SOLUTION	Non-Preferred	
zomig 5 mg tab	Non-Preferred	QL 9 / 30 days
ZOMIG 5 MG TAB	Non-Preferred	QL 9 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone 100 mg tab	Preferred	QL 1 / 1 days
dapsone 25 mg tab	Preferred	QL 3 / 1 days
rifabutin	Preferred	QL 60 / 30 days
ANTITUBERCULARS		
ethambutol hcl 100 mg tab	Preferred	QL 300 / 30 days
ethambutol hcl 400 mg tab	Preferred	QL 300 / 30 days
isoniazid 100 mg tab	Preferred	QL 90 / 30 days
isoniazid 300 mg tab	Preferred	QL 90 / 30 days
isoniazid 50 mg/5ml syrup	Preferred	QL 2700 / 30 days
pyrazinamide 500 mg tab	Preferred	QL 240 / 30 days
rifampin 150 mg cap	Preferred	
rifampin 300 mg cap	Preferred	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
cyclophosphamide 25 mg cap	Preferred	
cyclophosphamide 50 mg cap	Preferred	
LEUKERAN	Preferred	
melphalan	Preferred	
MYLERAN	Preferred	
TEMODAR 100 MG CAP	Non-Preferred	
TEMODAR 140 MG CAP	Non-Preferred	
TEMODAR 180 MG CAP	Non-Preferred	
TEMODAR 250 MG CAP	Non-Preferred	
temozolomide	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIANDROGENS		
abiraterone acetate 250 mg tab	Preferred	PA
abiraterone acetate 500 mg tab	Non-Preferred	PA
abirtega	Preferred	PA
bicalutamide	Preferred	QL 30 / 30 days PA
CASODEX	Non-Preferred	QL 30 / 30 days
ERLEADA	Preferred	PA
flutamide	Preferred	QL 180 / 30 days
NUBEQA	Preferred	PA
XTANDI	Preferred	PA
YONSA	Non-Preferred	PA
ZYTIGA	Non-Preferred	PA
ANTIANGIOGENIC AGENTS		
lenalidomide 10 mg cap	Non-Preferred	PA
lenalidomide 15 mg cap	Non-Preferred	PA
lenalidomide 2.5 mg cap	Non-Preferred	
lenalidomide 20 mg cap	Non-Preferred	
lenalidomide 25 mg cap	Non-Preferred	PA
lenalidomide 5 mg cap	Non-Preferred	PA
POMALYST	Non-Preferred	
REVLIMID	Preferred	PA
THALOMID 100 MG CAP	Preferred	PA
THALOMID 150 MG CAP	Preferred	
THALOMID 200 MG CAP	Preferred	PA
THALOMID 50 MG CAP	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIESTROGENS/MODIFIERS		
EMCYT	Preferred	
FARESTON	Non-Preferred	QL 30 / 30 days
INLURIYO	Non-Preferred	
ORSERDU	Non-Preferred	
SOLTAMOX	Non-Preferred	
tamoxifen citrate 10 mg tab	Preferred	QL 60 / 30 days
tamoxifen citrate 20 mg tab	Preferred	QL 60 / 30 days
toremifene citrate	Non-Preferred	QL 30 / 30 days
ANTIMETABOLITES		
capecitabine	Preferred	PA
mercaptopurine 50 mg tab	Preferred	
XELODA	Non-Preferred	
ANTINEOPLASTICS, OTHER		
AKEEGA	Preferred	PA
AUGTYRO	Preferred	PA
DROXIA	Preferred	
FRUZAQLA	Preferred	PA
HYDREA	Non-Preferred	
hydroxyurea 500 mg cap	Preferred	
IWILFIN	Preferred	PA
leucovorin calcium 10 mg tab	Preferred	QL 60 / 30 days
leucovorin calcium 15 mg tab	Preferred	QL 30 / 30 days
leucovorin calcium 25 mg tab	Preferred	QL 30 / 30 days
leucovorin calcium 5 mg tab	Preferred	QL 90 / 30 days
LONSURF	Preferred	PA
LYSODREN	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MODEYSO	Non-Preferred	
OJJAARA	Preferred	PA
ORGOVYX	Non-Preferred	QL 90 / 30 days
QINLOCK	Non-Preferred	QL 90 / 30 days
SIKLOS	Non-Preferred	
WELIREG	Preferred	PA
ZOLINZA	Preferred	PA
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole 1 mg tab	Preferred	QL 30 / 30 days
ARIMIDEX	Non-Preferred	QL 30 / 30 days
AROMASIN	Non-Preferred	QL 30 / 30 days
exemestane	Preferred	QL 30 / 30 days
FEMARA	Non-Preferred	
letrozole 2.5 mg tab	Preferred	PA
ENZYME INHIBITORS		
ENSACOVE	Non-Preferred	
etoposide 50 mg cap	Preferred	
MOLECULAR TARGET INHIBITORS		
AFINITOR	Non-Preferred	PA
AFINITOR DISPERZ	Preferred	PA
ALECENSA	Preferred	PA
ALUNBRIG 180 MG TAB	Preferred	QL 30 / 30 days PA
ALUNBRIG 30 MG TAB	Preferred	QL 60 / 30 days PA
ALUNBRIG 90 & 180 MG TAB THPK	Preferred	QL 30 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALUNBRIG 90 MG TAB	Preferred	QL 30 / 30 days PA
AVMAPKI FAKZYNJA CO-PACK	Preferred	PA
AYVAKIT	Preferred	QL 30 / 30 days PA
BALVERSA	Preferred	
BOSULIF	Preferred	PA
BRAFTOVI	Preferred	PA
BRUKINSA 160 MG TAB	Preferred	PA
BRUKINSA 80 MG CAP	Preferred	QL 120 / 30 days PA
CABOMETYX	Preferred	PA
CALQUENCE 100 MG CAP	Preferred	QL 60 / 30 days PA
CALQUENCE 100 MG TAB	Preferred	QL 60 / 30 days PA
CAPRELSA	Preferred	PA
COMETRIQ (100 MG DAILY DOSE)	Preferred	PA
COMETRIQ (140 MG DAILY DOSE)	Preferred	PA
COMETRIQ (60 MG DAILY DOSE)	Preferred	PA
COPIKTRA	Preferred	PA
COTELLIC	Preferred	PA
DANZITEN	Non-Preferred	
dasatinib	Preferred	
DAURISMO	Preferred	PA
ERIVEDGE	Preferred	PA
erlotinib hcl	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
everolimus 10 mg tab	Preferred	
everolimus 2 mg tab sol	Non-Preferred	
everolimus 2.5 mg tab	Preferred	PA
everolimus 3 mg tab sol	Non-Preferred	
everolimus 5 mg tab	Preferred	PA
everolimus 5 mg tab sol	Non-Preferred	
everolimus 7.5 mg tab	Preferred	PA
EXKIVITY	Preferred	QL 4 / 1 days PA
FARYDAK	Preferred	PA
FOTIVDA	Preferred	QL 21 / 28 days PA
GAVRETO	Preferred	QL 120 / 30 days PA
gefitinib	Non-Preferred	
GILOTRIF	Preferred	PA
GLEEVEC	Non-Preferred	PA
GOMEKLI	Preferred	PA
HERNEXEOS	Non-Preferred	
HYRNUO	Non-Preferred	
IBRANCE	Preferred	QL 30 / 30 days PA
IBTROZI	Non-Preferred	
ICLUSIG 10 MG TAB	Preferred	PA
ICLUSIG 15 MG TAB	Preferred	PA
ICLUSIG 30 MG TAB	Non-Preferred	PA
ICLUSIG 45 MG TAB	Preferred	PA
IDHIFA	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
imatinib mesylate 100 mg tab	Preferred	PA
imatinib mesylate 400 mg tab	Preferred	PA
IMBRUVICA 140 MG CAP	Preferred	PA
IMBRUVICA 140 MG TAB	Non-Preferred	PA
IMBRUVICA 280 MG TAB	Non-Preferred	PA
IMBRUVICA 420 MG TAB	Non-Preferred	PA
IMBRUVICA 560 MG TAB	Non-Preferred	PA
IMBRUVICA 70 MG CAP	Preferred	PA
IMBRUVICA 70 MG/ML SUSPENSION	Non-Preferred	PA
IMKELDI	Non-Preferred	
INLYTA	Preferred	PA
INREBIC	Preferred	PA
IRESSA	Preferred	PA
ITOVEBI	Preferred	PA
JAKAFI	Preferred	PA
JAYPIRCA	Preferred	PA
KISQALI (200 MG DOSE)	Preferred	PA
KISQALI (400 MG DOSE)	Preferred	PA
KISQALI (600 MG DOSE)	Preferred	PA
KISQALI FEMARA (400 MG DOSE)	Preferred	PA
KISQALI FEMARA (600 MG DOSE)	Preferred	PA
KOMZIFTI	Non-Preferred	
KOSELUGO 10 MG CAP	Preferred	PA
KOSELUGO 25 MG CAP	Preferred	PA
KOSELUGO 5 MG CAP SPRINK	Non-Preferred	
KOSELUGO 7.5 MG CAP SPRINK	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KRAZATI	Preferred	PA
lapatinib ditosylate	Non-Preferred	
LAZCLUZE 240 MG TAB	Preferred	
LAZCLUZE 80 MG TAB	Preferred	PA
LENVIMA (10 MG DAILY DOSE)	Preferred	PA
LENVIMA (12 MG DAILY DOSE)	Preferred	PA
LENVIMA (14 MG DAILY DOSE)	Preferred	PA
LENVIMA (18 MG DAILY DOSE)	Preferred	PA
LENVIMA (20 MG DAILY DOSE)	Preferred	PA
LENVIMA (24 MG DAILY DOSE)	Preferred	PA
LENVIMA (4 MG DAILY DOSE)	Preferred	PA
LENVIMA (8 MG DAILY DOSE)	Preferred	PA
LORBRENA	Preferred	PA
LUMAKRAS 120 MG TAB	Preferred	QL 240 / 30 days PA
LUMAKRAS 240 MG TAB	Preferred	
LUMAKRAS 320 MG TAB	Preferred	QL 90 / 30 days PA
LYNPARZA	Preferred	PA
LYTGOBI (12 MG DAILY DOSE)	Preferred	PA
LYTGOBI (16 MG DAILY DOSE)	Preferred	PA
LYTGOBI (20 MG DAILY DOSE)	Preferred	PA
MEKINIST	Preferred	PA
MEKTOVI	Preferred	PA
NERLYNX	Preferred	PA
NEXAVAR	Preferred	QL 4 / 1 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NILOTINIB D-TARTRATE	Non-Preferred	
nilotinib hcl	Preferred	
NINLARO	Preferred	PA
ODOMZO	Preferred	PA
OGSIVEO	Preferred	PA
OJEMDA	Preferred	PA
pazopanib hcl 200 mg tab	Non-Preferred	
PAZOPANIB HCL 400 MG TAB	Non-Preferred	
PEMAZYRE	Preferred	QL 14 / 21 days PA
PHYRAGO 100 MG TAB	Non-Preferred	PA
PHYRAGO 140 MG TAB	Non-Preferred	PA
PHYRAGO 20 MG TAB	Non-Preferred	PA
PHYRAGO 50 MG TAB	Non-Preferred	PA
PHYRAGO 70 MG TAB	Non-Preferred	PA
PIQRAY (200 MG DAILY DOSE)	Preferred	PA
PIQRAY (250 MG DAILY DOSE)	Preferred	PA
PIQRAY (300 MG DAILY DOSE)	Preferred	PA
RETEVMO 120 MG TAB	Preferred	QL 60 / 30 day(s) PA
RETEVMO 160 MG TAB	Preferred	QL 60 / 30 day(s) PA
RETEVMO 40 MG CAP	Preferred	QL 180 / 30 days PA
RETEVMO 40 MG TAB	Preferred	QL 90 / 30 day(s) PA
RETEVMO 80 MG CAP	Preferred	QL 120 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RETEVMO 80 MG TAB	Preferred	QL 60 / 30 day(s) PA
REVUFORJ	Preferred	PA
REZLIDHIA	Preferred	PA
ROMVIMZA	Preferred	PA
ROZLYTREK	Preferred	PA
RUBRACA	Preferred	PA
RYDAPT	Preferred	PA
SCEMBLIX	Preferred	PA
sorafenib tosylate	Non-Preferred	
SPRYCEL	Non-Preferred	PA
STIVARGA	Preferred	PA
sunitinib malate 12.5 mg cap	Non-Preferred	QL 3 / 1 day(s)
sunitinib malate 25 mg cap	Non-Preferred	QL 1 / 1 day(s)
sunitinib malate 37.5 mg cap	Non-Preferred	
sunitinib malate 50 mg cap	Non-Preferred	QL 1 / 1 day(s)
SUTENT 12.5 MG CAP	Preferred	QL 3 / 1 days PA
SUTENT 25 MG CAP	Preferred	QL 1 / 1 day(s) PA
SUTENT 37.5 MG CAP	Preferred	PA
SUTENT 50 MG CAP	Preferred	QL 1 / 1 day(s) PA
TABRECTA	Preferred	QL 120 / 30 days PA
TAFINLAR 10 MG TAB SOL	Non-Preferred	
TAFINLAR 50 MG CAP	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TAFINLAR 75 MG CAP	Preferred	PA
TAGRISSO	Preferred	PA
TALZENNA	Preferred	PA
TARCEVA	Non-Preferred	PA
TASIGNA	Non-Preferred	PA
TAZVERIK	Preferred	QL 240 / 30 days PA
TEPMETKO	Preferred	QL 60 / 30 days PA
TIBSOVO	Preferred	PA
torpenz 10 mg tab	Preferred	
torpenz 2.5 mg tab	Preferred	PA
torpenz 5 mg tab	Preferred	PA
torpenz 7.5 mg tab	Preferred	PA
TRUQAP	Preferred	PA
TRUSELTIQ (100MG DAILY DOSE)	Preferred	QL 21 / 28 days PA
TRUSELTIQ (125MG DAILY DOSE)	Preferred	QL 42 / 28 days PA
TRUSELTIQ (50MG DAILY DOSE)	Preferred	QL 42 / 28 days PA
TRUSELTIQ (75MG DAILY DOSE)	Preferred	QL 63 / 28 days PA
TUKYSA	Preferred	QL 120 / 30 days PA
TURALIO	Preferred	PA
TYKERB	Preferred	PA
UKONIQ	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VANFLYTA	Preferred	PA
VENCLEXTA	Preferred	PA
VENCLEXTA STARTING PACK	Preferred	PA
VERZENIO	Preferred	PA
VITRAKVI	Preferred	PA
VIZIMPRO	Preferred	PA
VONJO	Preferred	PA
VORANIGO 10 MG TAB	Preferred	PA
VORANIGO 40 MG TAB	Preferred	
VOTRIENT	Preferred	PA
XALKORI	Preferred	PA
XOSPATA	Preferred	PA
XPOVIO (100 MG ONCE WEEKLY)	Preferred	PA
XPOVIO (40 MG ONCE WEEKLY)	Preferred	PA
XPOVIO (40 MG TWICE WEEKLY)	Preferred	PA
XPOVIO (60 MG ONCE WEEKLY)	Preferred	PA
XPOVIO (60 MG TWICE WEEKLY)	Preferred	PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	Preferred	PA
XPOVIO (80 MG TWICE WEEKLY)	Preferred	PA
ZEJULA	Preferred	PA
ZELBORAF	Preferred	PA
ZYDELIG	Preferred	PA
ZYKADIA	Preferred	PA
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
BILPREVDA	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RETINOIDS		
tretinoin 10 mg cap	Preferred	
ANTIPARASITICS ANTHELMINTHICS		
ivermectin 3 mg tab	Preferred	
ANTIPROTOZOALS		
ARAKODA	Non-Preferred	
atovaquone-proguanil hcl 250-100 mg tab	Preferred	QL 1 / 1 days
atovaquone-proguanil hcl 62.5-25 mg tab	Preferred	QL 3 / 1 days
chloroquine phosphate 250 mg tab	Preferred	QL 60 / 30 days
chloroquine phosphate 500 mg tab	Preferred	QL 1 / 1 days
COARTEM	Preferred	
hydroxychloroquine sulfate 100 mg tab	Preferred	
hydroxychloroquine sulfate 200 mg tab	Preferred	QL 120 / 30 days
hydroxychloroquine sulfate 300 mg tab	Preferred	
hydroxychloroquine sulfate 400 mg tab	Preferred	
KRINTAFEL	Preferred	
LIKMEZ	Non-Preferred	
MALARONE 250-100 MG TAB	Non-Preferred	QL 1 / 1 days
MALARONE 62.5-25 MG TAB	Non-Preferred	QL 3 / 1 days
mefloquine hcl	Preferred	QL 5 / 26 days
nitazoxanide 500 mg tab	Non-Preferred	
PLAQUENIL	Non-Preferred	QL 120 / 30 days
PRIMAQUINE PHOSPHATE	Preferred	QL 60 / 30 days
primaquine phosphate	Preferred	QL 60 / 30 days
QUALAQUIN	Non-Preferred	
quinine sulfate 324 mg cap	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SOVUNA	Non-Preferred	
ANTIPARKINSON AGENTS ANTICHOLINERGICS		
benztropine mesylate 0.5 mg tab	Preferred	QL 4 / 1 days
benztropine mesylate 1 mg tab	Preferred	QL 4 / 1 days
benztropine mesylate 2 mg tab	Preferred	QL 4 / 1 days
trihexyphenidyl hcl 0.4 mg/ml solution	Preferred	QL 38 / 1 days
trihexyphenidyl hcl 2 mg tab	Preferred	QL 210 / 30 days
trihexyphenidyl hcl 5 mg tab	Preferred	QL 90 / 30 days
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl 100 mg cap	Preferred	QL 4 / 1 days
amantadine hcl 100 mg tab	Preferred	QL 4 / 1 days
amantadine hcl 50 mg/5ml solution	Preferred	QL 40 / 1 days
carbidopa-levodopa-entacapone	Non-Preferred	
COMTAN	Non-Preferred	
entacapone	Preferred	
GOCOVRI	Non-Preferred	
NOURIANZ	Non-Preferred	
ONGENTYS	Non-Preferred	
OSMOLEX ER	Non-Preferred	
STALEVO 100	Non-Preferred	
STALEVO 125	Non-Preferred	
STALEVO 150	Non-Preferred	
STALEVO 200	Non-Preferred	
STALEVO 50	Non-Preferred	
STALEVO 75	Non-Preferred	
TASMAR	Non-Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tolcapone	Non-Preferred	QL 90 / 30 days
DOPAMINE AGONISTS		
bromocriptine mesylate 2.5 mg tab	Preferred	QL 600 / 30 days
bromocriptine mesylate 5 mg cap	Preferred	QL 600 / 30 days
KYNMOBI	Non-Preferred	
MIRAPEX ER	Non-Preferred	QL 30 / 30 days
NEUPRO	Non-Preferred	
PARLODEL	Preferred	
pramipexole dihydrochloride	Preferred	QL 90 / 30 days
pramipexole dihydrochloride er	Non-Preferred	QL 30 / 30 days
ropinirole hcl 0.25 mg tab	Preferred	QL 90 / 30 days
ropinirole hcl 0.5 mg tab	Preferred	QL 90 / 30 days
ropinirole hcl 1 mg tab	Preferred	QL 90 / 30 days
ropinirole hcl 2 mg tab	Preferred	QL 90 / 30 days
ropinirole hcl 3 mg tab	Preferred	QL 90 / 30 days
ropinirole hcl 4 mg tab	Preferred	QL 90 / 30 days
ropinirole hcl 5 mg tab	Preferred	QL 90 / 30 days
ropinirole hcl er 12 mg tab er 24h	Non-Preferred	
ropinirole hcl er 2 mg tab er 24h	Non-Preferred	
ropinirole hcl er 4 mg tab er 24h	Non-Preferred	
ropinirole hcl er 6 mg tab er 24h	Non-Preferred	
ropinirole hcl er 8 mg tab er 24h	Non-Preferred	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa 25 mg tab	Non-Preferred	
carbidopa-levodopa 10-100 mg tab	Preferred	QL 600 / 30 days
carbidopa-levodopa 10-100 mg tab disp	Non-Preferred	
carbidopa-levodopa 25-100 mg tab	Preferred	QL 240 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
carbidopa-levodopa 25-100 mg tab disp	Non-Preferred	
carbidopa-levodopa 25-250 mg tab	Preferred	QL 240 / 30 days
carbidopa-levodopa 25-250 mg tab disp	Non-Preferred	
CARBIDOPA-LEVODOPA ER 23.75-95 MG CAP ER	Non-Preferred	
carbidopa-levodopa er 25-100 mg tab er	Preferred	QL 360 / 30 days
CARBIDOPA-LEVODOPA ER 36.25-145 MG CAP ER	Non-Preferred	
CARBIDOPA-LEVODOPA ER 48.75-195 MG CAP ER	Non-Preferred	
carbidopa-levodopa er 50-200 mg tab er	Preferred	QL 360 / 30 days
CARBIDOPA-LEVODOPA ER 61.25-245 MG CAP ER	Non-Preferred	
CREXONT	Non-Preferred	
DHIVY	Non-Preferred	
DUOPA	Non-Preferred	
INBRIJA	Non-Preferred	
LODOSYN	Non-Preferred	
RYTARY	Non-Preferred	
SINEMET	Non-Preferred	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
AZILECT	Non-Preferred	
rasagiline mesylate 0.5 mg tab	Preferred	
rasagiline mesylate 1 mg tab	Preferred	
selegiline hcl 5 mg cap	Preferred	QL 60 / 30 days
selegiline hcl 5 mg tab	Preferred	QL 60 / 30 days
XADAGO	Non-Preferred	
ZELAPAR	Non-Preferred	
ANTIPSYCHOTICS 1ST GENERATION/TYPICAL		
chlorpromazine hcl 10 mg tab	Non-Preferred	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
chlorpromazine hcl 100 mg tab	Non-Preferred	AL1 At least 18 yrs old
chlorpromazine hcl 100 mg/ml conc	Non-Preferred	
CHLORPROMAZINE HCL 100 MG/ML CONC	Non-Preferred	
chlorpromazine hcl 200 mg tab	Non-Preferred	AL1 At least 18 yrs old
chlorpromazine hcl 25 mg tab	Non-Preferred	AL1 At least 18 yrs old
chlorpromazine hcl 25 mg/ml solution	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
chlorpromazine hcl 30 mg/ml conc	Non-Preferred	
chlorpromazine hcl 50 mg tab	Non-Preferred	AL1 At least 18 yrs old
chlorpromazine hcl 50 mg/2ml solution	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine decanoate 25 mg/ml solution	Preferred	QL 10 / 26 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl 1 mg tab	Preferred	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl 10 mg tab	Preferred	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl 2.5 mg tab	Preferred	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl 2.5 mg/5ml elixir	Non-Preferred	QL 20 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl 2.5 mg/ml solution	Non-Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluphenazine hcl 5 mg tab	Preferred	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl 5 mg/ml conc	Preferred	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
HALDOL DECANOATE	Non-Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol 0.5 mg tab	Preferred	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol 1 mg tab	Preferred	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol 10 mg tab	Preferred	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol 2 mg tab	Preferred	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol 20 mg tab	Preferred	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol 5 mg tab	Preferred	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
haloperidol decanoate 50 mg/ml solution	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol lactate 2 mg/ml conc	Preferred	QL 50 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol lactate 5 mg/ml solution	Preferred	QL 600 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
loxapine succinate 10 mg cap	Preferred	QL 240 / 30 days AL1 At least 18 yrs old
loxapine succinate 25 mg cap	Preferred	QL 150 / 30 days AL1 At least 18 yrs old
loxapine succinate 5 mg cap	Preferred	QL 360 / 30 days AL1 At least 18 yrs old
loxapine succinate 50 mg cap	Preferred	QL 150 / 30 days AL1 At least 18 yrs old
molindone hcl	Non-Preferred	AL1 At least 18 yrs old
pimozide 1 mg tab	Non-Preferred	QL 300 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
pimozide 2 mg tab	Non-Preferred	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
thioridazine hcl 10 mg tab	Non-Preferred	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
thioridazine hcl 100 mg tab	Non-Preferred	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
thioridazine hcl 25 mg tab	Non-Preferred	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
thioridazine hcl 50 mg tab	Non-Preferred	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
thiothixene	Non-Preferred	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
trifluoperazine hcl	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
2ND GENERATION/ATYPICAL		
ABILIFY 10 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY 15 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY 2 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY 20 MG TAB	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY 30 MG TAB	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ABILIFY 5 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	Preferred	QL 2.4 mL / 56 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	Preferred	QL 3.2 mL / 56 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY MAINTENA	Preferred	QL 1 / 28 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY MYCITE	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY MYCITE MAINTENANCE KIT	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY MYCITE STARTER KIT	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
aripiprazole 1 mg/ml solution	Non-Preferred	QL 750 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
aripiprazole 10 mg tab	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
aripiprazole 10 mg tab disp	Non-Preferred	AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
aripiprazole 15 mg tab	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
aripiprazole 15 mg tab disp	Non-Preferred	AL1 At least 18 yrs old
aripiprazole 2 mg tab	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
aripiprazole 20 mg tab	Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
aripiprazole 30 mg tab	Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
aripiprazole 5 mg tab	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA 1064 MG/3.9ML PRSYR	Preferred	QL 3.9 / 56 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA 441 MG/1.6ML PRSYR	Preferred	QL 1.6 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA 662 MG/2.4ML PRSYR	Preferred	QL 2.4 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA 882 MG/3.2ML PRSYR	Preferred	QL 3.2 / 42 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ARISTADA INITIO	Preferred	QL 2.4 / 42 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
asenapine maleate	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CAPLYTA	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
COBENFY	Non-Preferred	QL 60 / 30 day(s)
COBENFY STARTER PACK	Non-Preferred	
ERZOFRI 117 MG/0.75ML SUSP PRSYR	Non-Preferred	QL 0.75 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 156 MG/ML SUSP PRSYR	Non-Preferred	QL 1 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 234 MG/1.5ML SUSP PRSYR	Non-Preferred	QL 1.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 351 MG/2.25ML SUSP PRSYR	Non-Preferred	QL 2.25 / 28 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 39 MG/0.25ML SUSP PRSYR	Non-Preferred	QL 0.25 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 78 MG/0.5ML SUSP PRSYR	Non-Preferred	QL 0.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FANAPT	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT TITRATION PACK A	Non-Preferred	QL 2 tablet(s) / 1 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT TITRATION PACK B	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT TITRATION PACK C	Non-Preferred	QL 2 tablet(s) / 1 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
GEODON 20 MG CAP	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
GEODON 20 MG RECON SOLN	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
GEODON 40 MG CAP	Non-Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
GEODON 60 MG CAP	Non-Preferred	
GEODON 80 MG CAP	Non-Preferred	
INVEGA 1.5 MG TAB ER 24H	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA 3 MG TAB ER 24H	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA 9 MG TAB ER 24H	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	Preferred	QL 3.5 / 180 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	Preferred	QL 5 / 180 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	Preferred	QL 0.75 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	Preferred	QL 1 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	Preferred	QL 1.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	Preferred	QL 0.25 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	Preferred	QL 0.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	Preferred	QL 0.88 / 84 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	Preferred	QL 1.75 / 84 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	Preferred	QL 2.63 / 84 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA 120 MG TAB	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA 20 MG TAB	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA 40 MG TAB	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA 60 MG TAB	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA 80 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
lurasidone hcl 120 mg tab	Preferred	QL 30 / 30 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
lurasidone hcl 20 mg tab	Preferred	QL 30 / 30 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lurasidone hcl 60 mg tab	Preferred	QL 30 / 30 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
lurasidone hcl 80 mg tab	Preferred	QL 60 / 30 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
NUPLAZID	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine 10 mg recon soln	Non-Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine 10 mg tab	Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine 10 mg tab disp	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine 15 mg tab	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine 15 mg tab disp	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine 2.5 mg tab	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine 20 mg tab	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
olanzapine 20 mg tab disp	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine 5 mg tab	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine 5 mg tab disp	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine 7.5 mg tab	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
OPIPZA	Non-Preferred	
paliperidone er 1.5 mg tab er 24h	Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
paliperidone er 3 mg tab er 24h	Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
paliperidone er 6 mg tab er 24h	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
paliperidone er 9 mg tab er 24h	Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
PERSERIS	Preferred	QL 1 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
quetiapine fumarate 100 mg tab	Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate 150 mg tab	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate 200 mg tab	Preferred	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate 25 mg tab	Preferred	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate 300 mg tab	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate 400 mg tab	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate 50 mg tab	Preferred	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate er 150 mg tab er 24h	Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate er 200 mg tab er 24h	Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate er 300 mg tab er 24h	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
quetiapine fumarate er 400 mg tab er 24h	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate er 50 mg tab er 24h	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI 0.25 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI 0.5 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI 1 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI 2 MG TAB	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI 3 MG TAB	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI 4 MG TAB	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 0.5 MG TAB	Non-Preferred	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RISPERDAL 1 MG/ML SOLUTION	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 2 MG TAB	Non-Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 3 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 4 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL CONSTA	Preferred	QL 2 / 28 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 0.25 mg tab	Preferred	QL 150 / 30 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 0.25 mg tab disp	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 0.5 mg tab	Preferred	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 0.5 mg tab disp	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 1 mg tab	Preferred	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
risperidone 1 mg tab disp	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 1 mg/ml solution	Preferred	QL 240 / 30 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 2 mg tab	Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 2 mg tab disp	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 3 mg tab	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 3 mg tab disp	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 4 mg tab	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 4 mg tab disp	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone microspheres er 12.5 mg srer	Preferred	QL 2 / 28 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
risperidone microspheres er 37.5 mg srer	Preferred	QL 2 / 28 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone microspheres er 50 mg srer	Preferred	QL 2 / 28 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
RYKINDO	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
SAPHRIS	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SECUADO	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 100 MG TAB	Non-Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 200 MG TAB	Non-Preferred	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 25 MG TAB	Non-Preferred	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 300 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 400 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SEROQUEL 50 MG TAB	Non-Preferred	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL XR 150 MG TAB ER 24H	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL XR 200 MG TAB ER 24H	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL XR 300 MG TAB ER 24H	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL XR 400 MG TAB ER 24H	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL XR 50 MG TAB ER 24H	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
UZEDY	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR 1.5 & 3 MG CAP THPK	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR 1.5 MG CAP	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR 3 MG CAP	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VRAYLAR 4.5 MG CAP	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR 6 MG CAP	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ziprasidone hcl	Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ziprasidone mesylate	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA 10 MG RECON SOLN	Non-Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA 10 MG TAB	Non-Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA 15 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA 2.5 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA 20 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZYPREXA 7.5 MG TAB	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA RELPREVV	Non-Preferred	
ZYPREXA ZYDIS	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
TREATMENT-RESISTANT		
clozapine 100 mg tab	Preferred	QL 270 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 100 mg tab disp	Non-Preferred	QL 270 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 12.5 mg tab disp	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 150 mg tab disp	Non-Preferred	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 200 mg tab	Preferred	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 200 mg tab disp	Non-Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 25 mg tab	Preferred	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clozapine 25 mg tab disp	Non-Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 50 mg tab	Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 100 MG TAB	Non-Preferred	QL 270 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 200 MG TAB	Non-Preferred	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 25 MG TAB	Non-Preferred	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 50 MG TAB	Non-Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
IGALMI	Non-Preferred	
VERSACLOZ	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
ANTISPASTICITY AGENTS		
baclofen 10 mg tab	Preferred	QL 150 / 30 days
baclofen 10 mg/5ml solution	Non-Preferred	
baclofen 15 mg tab	Non-Preferred	
baclofen 20 mg tab	Preferred	QL 4 / 1 days
baclofen 25 mg/5ml suspension	Non-Preferred	
baclofen 5 mg tab	Preferred	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
baclofen 5 mg/5ml solution	Non-Preferred	
BACLOFEN 5 MG/5ML SOLUTION	Non-Preferred	
DANTRIUM 25 MG CAP	Non-Preferred	
DANTRIUM 50 MG CAP	Non-Preferred	
dantrolene sodium 100 mg cap	Preferred	QL 4 / 1 days
dantrolene sodium 25 mg cap	Preferred	QL 4 / 1 days
dantrolene sodium 50 mg cap	Preferred	QL 4 / 1 days
FLEQSUVY	Non-Preferred	
LYVISPAH	Non-Preferred	
OZOBAX	Non-Preferred	
OZOBAX DS	Non-Preferred	
tizanidine hcl 2 mg cap	Non-Preferred	
tizanidine hcl 2 mg tab	Preferred	QL 180 / 30 days
tizanidine hcl 4 mg cap	Non-Preferred	
tizanidine hcl 4 mg tab	Preferred	QL 180 / 30 days
tizanidine hcl 6 mg cap	Non-Preferred	
ZANAFLEX	Non-Preferred	
ANTIVIRALS ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY	Non-Preferred	
PREVYMIS 120 MG PACKET	Non-Preferred	
PREVYMIS 20 MG PACKET	Non-Preferred	
PREVYMIS 240 MG TAB	Preferred	PA
PREVYMIS 480 MG TAB	Preferred	PA
VALCYTE	Non-Preferred	
valganciclovir hcl	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil	Preferred	
BARACLUDE 0.05 MG/ML SOLUTION	Preferred	QL 20 / 1 days
BARACLUDE 0.5 MG TAB	Non-Preferred	QL 30 / 30 days
BARACLUDE 1 MG TAB	Non-Preferred	QL 30 / 30 days
entecavir	Preferred	QL 30 / 30 days
EPIVIR HBV 100 MG TAB	Non-Preferred	
EPIVIR HBV 5 MG/ML SOLUTION	Preferred	
HEPSERA	Preferred	
lamivudine 100 mg tab	Preferred	
VEMLIDY	Non-Preferred	QL 30 / 30 days
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA 150-37.5 MG PACKET	Non-Preferred	QL 28 / 28 days
EPCLUSA 200-50 MG PACKET	Non-Preferred	QL 56 / 28 days
EPCLUSA 200-50 MG TAB	Non-Preferred	QL 28 / 28 days
EPCLUSA 400-100 MG TAB	Non-Preferred	QL 28 / 28 days C Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 12 week treatment duration
HARVONI	Non-Preferred	
LEDIPASVIR-SOFOSBUVIR	Non-Preferred	
MAVYRET 100-40 MG TAB	Preferred	QL 84 / 28 days C Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 8 week treatment duration

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAVYRET 50-20 MG PACKET	Preferred	QL 140 / 28 days C Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 8 week treatment duration
ribavirin 200 mg cap	Preferred	QL 210 / 30 days
ribavirin 200 mg tab	Preferred	QL 210 / 30 days
SOFOSBUVIR-VELPATASVIR	Preferred	QL 28 / 28 days C Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 12 week treatment duration
SOVALDI	Non-Preferred	
VIEKIRA PAK	Non-Preferred	
VOSEVI	Non-Preferred	QL 30 / 30 days
ZEPATIER	Non-Preferred	QL 28 / 28 days
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
APRETUDE	Preferred	QLC 3ml/28 days
BIKTARVY	Preferred	QL 30 / 30 days
DOVATO	Preferred	
GENVOYA	Preferred	QL 30 / 30 days
ISENTRESS 100 MG CHEW TAB	Preferred	QL 180 / 30 days
ISENTRESS 100 MG PACKET	Preferred	
ISENTRESS 25 MG CHEW TAB	Preferred	QL 180 / 30 days
ISENTRESS 400 MG TAB	Preferred	QL 60 / 30 days
ISENTRESS HD	Non-Preferred	QL 60 / 30 days
JULUCA	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STRIBILD	Non-Preferred	QL 30 / 30 days
TIVICAY	Preferred	QL 60 / 30 days
TIVICAY PD	Preferred	QL 180 / 30 days
VOCABRIA	Non-Preferred	QL 30 / 30 days
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA	Preferred	QL 30 / 30 days
DELSTRIGO	Preferred	QL 30 / 30 days
EDURANT	Preferred	QL 30 / 30 days
EDURANT PED	Non-Preferred	
efavirenz 200 mg cap	Preferred	QL 90 / 30 days
efavirenz 50 mg cap	Preferred	QL 90 / 30 days
efavirenz 600 mg tab	Preferred	QL 30 / 30 days
efavirenz-emtricitab-tenofo df	Preferred	
efavirenz-lamivudine-tenofovir	Non-Preferred	
emtricitab-rilpivir-tenofov df	Non-Preferred	
etravirine	Non-Preferred	
INTELENCE 100 MG TAB	Non-Preferred	QL 120 / 30 days
INTELENCE 200 MG TAB	Non-Preferred	QL 60 / 30 days
INTELENCE 25 MG TAB	Non-Preferred	
nevirapine 200 mg tab	Preferred	QL 60 / 30 days
nevirapine 50 mg/5ml suspension	Non-Preferred	QL 1200 / 30 days
nevirapine er 100 mg tab er 24h	Non-Preferred	
nevirapine er 400 mg tab er 24h	Non-Preferred	QL 30 / 30 days
ODEFSEY	Preferred	QL 30 / 30 days
PIFELTRO	Non-Preferred	QL 60 / 30 days
SUSTIVA 200 MG CAP	Non-Preferred	QL 90 / 30 days
SUSTIVA 50 MG CAP	Non-Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SUSTIVA 600 MG TAB	Non-Preferred	QL 30 / 30 days
SYMFI	Preferred	QL 30 / 30 days
SYMFI LO	Preferred	QL 30 / 30 days
VIRAMUNE XR	Non-Preferred	QL 30 / 30 days
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate 20 mg/ml solution	Preferred	QL 900 / 30 days
abacavir sulfate 300 mg tab	Preferred	QL 60 / 30 days
abacavir sulfate-lamivudine	Preferred	QL 30 / 30 days
CIMDUO	Preferred	QL 30 / 30 days
COMBIVIR	Non-Preferred	QL 60 / 30 days
DESCOVY	Preferred	QL 30 / 30 days
emtricitabine	Preferred	
emtricitabine-tenofovir df	Preferred	QL 30 / 30 days
EMTRIVA 10 MG/ML SOLUTION	Preferred	QL 720 / 30 days
EMTRIVA 200 MG CAP	Non-Preferred	QL 30 / 30 days
EPIVIR 10 MG/ML SOLUTION	Non-Preferred	
EPIVIR 150 MG TAB	Non-Preferred	QL 60 / 30 days
EPIVIR 300 MG TAB	Non-Preferred	QL 30 / 30 days
EPZICOM	Non-Preferred	QL 30 / 30 days
lamivudine 10 mg/ml solution	Preferred	QL 900 / 30 days
lamivudine 150 mg tab	Preferred	QL 60 / 30 days
lamivudine 300 mg tab	Preferred	QL 30 / 30 days
lamivudine 300 mg/30ml solution	Preferred	QL 900 / 30 days
lamivudine-zidovudine	Preferred	QL 60 / 30 days
RETROVIR 100 MG CAP	Non-Preferred	
RETROVIR 50 MG/5ML SYRUP	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
stavudine 15 mg cap	Non-Preferred	QL 120 / 30 days
stavudine 20 mg cap	Non-Preferred	QL 120 / 30 days
stavudine 30 mg cap	Non-Preferred	QL 60 / 30 days
stavudine 40 mg cap	Non-Preferred	QL 60 / 30 days
tenofovir disoproxil fumarate	Preferred	QL 30 / 30 days
TRIUMEQ	Preferred	QL 30 / 30 days
TRIUMEQ PD	Non-Preferred	
TRIZIVIR	Non-Preferred	QL 60 / 30 days
TRUVADA	Non-Preferred	QL 30 / 30 days
VIDEX	Preferred	
VIREAD 150 MG TAB	Preferred	QL 60 / 30 days
VIREAD 200 MG TAB	Preferred	QL 30 / 30 days
VIREAD 250 MG TAB	Preferred	QL 30 / 30 days
VIREAD 300 MG TAB	Non-Preferred	QL 30 / 30 days
VIREAD 40 MG/GM POWDER	Preferred	
ZIAGEN 20 MG/ML SOLUTION	Non-Preferred	
ZIAGEN 300 MG TAB	Non-Preferred	QL 60 / 30 days
zidovudine 100 mg cap	Preferred	QL 180 / 30 days
zidovudine 300 mg tab	Preferred	QL 60 / 30 days
zidovudine 50 mg/5ml syrup	Preferred	QL 1800 / 30 days
ANTI-HIV AGENTS, OTHER		
CABENUVA 400 & 600 MG/2ML SUSP	Preferred	QLC 4 mL/28 days
CABENUVA 600 & 900 MG/3ML SUSP	Preferred	QLC 6 mL/28 days
FUZEON	Non-Preferred	QL 60 / 30 days
maraviroc	Non-Preferred	
RUKOBIA	Non-Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SELZENTRY 150 MG TAB	Non-Preferred	QL 60 / 30 days
SELZENTRY 20 MG/ML SOLUTION	Non-Preferred	
SELZENTRY 25 MG TAB	Non-Preferred	
SELZENTRY 300 MG TAB	Non-Preferred	QL 120 / 30 days
SELZENTRY 75 MG TAB	Non-Preferred	
SUNLENCA 4 X 300 MG TAB THPK	Non-Preferred	QL 4 / 365 days
SUNLENCA 5 X 300 MG TAB THPK	Non-Preferred	QL 5 / 365 days
TROGARZO	Non-Preferred	
TYBOST	Non-Preferred	QL 30 / 30 days
YEZTUGO	Preferred	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS	Non-Preferred	QL 120 / 30 days
atazanavir sulfate 150 mg cap	Preferred	QL 60 / 30 days
atazanavir sulfate 200 mg cap	Preferred	QL 60 / 30 days
atazanavir sulfate 300 mg cap	Preferred	QL 30 / 30 days
darunavir	Preferred	
EVOTAZ	Preferred	QL 30 / 30 days
fosamprenavir calcium	Non-Preferred	QL 120 / 30 days
KALETRA 100-25 MG TAB	Non-Preferred	QL 300 / 30 days
KALETRA 200-50 MG TAB	Non-Preferred	QL 120 / 30 days
KALETRA 400-100 MG/5ML SOLUTION	Preferred	QL 400 / 30 days
LEXIVA 50 MG/ML SUSPENSION	Non-Preferred	QL 1680 / 30 days
LEXIVA 700 MG TAB	Non-Preferred	
lopinavir-ritonavir 100-25 mg tab	Preferred	
lopinavir-ritonavir 200-50 mg tab	Preferred	
lopinavir-ritonavir 400-100 mg/5ml solution	Preferred	QL 400 / 30 days
NORVIR 100 MG PACKET	Preferred	QL 360 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NORVIR 100 MG TAB	Non-Preferred	
NORVIR 80 MG/ML SOLUTION	Preferred	QL 480 / 30 days
PREZCOBIX 675-150 MG TAB	Preferred	
PREZCOBIX 800-150 MG TAB	Preferred	QL 30 / 30 days
PREZISTA 100 MG/ML SUSPENSION	Preferred	QL 12 / 1 days
PREZISTA 150 MG TAB	Non-Preferred	QL 120 / 30 days
PREZISTA 600 MG TAB	Non-Preferred	QL 60 / 30 days
PREZISTA 75 MG TAB	Non-Preferred	QL 180 / 30 days
PREZISTA 800 MG TAB	Non-Preferred	QL 30 / 30 days
REYATAZ 200 MG CAP	Non-Preferred	QL 60 / 30 days
REYATAZ 300 MG CAP	Non-Preferred	QL 30 / 30 days
REYATAZ 50 MG PACKET	Preferred	
ritonavir	Preferred	QL 360 / 30 days
SYMTUZA	Non-Preferred	QL 30 / 30 days
VIRACEPT 250 MG TAB	Non-Preferred	QL 270 / 30 days
VIRACEPT 625 MG TAB	Non-Preferred	QL 120 / 30 days
ANTI-INFLUENZA AGENTS		
oseltamivir phosphate 30 mg cap	Preferred	QLC Max 21 day supply every 365 days
oseltamivir phosphate 45 mg cap	Preferred	QLC Max 21 day supply every 365 days
oseltamivir phosphate 6 mg/ml recon susp	Preferred	QLC Max 21 day supply every 365 days
oseltamivir phosphate 75 mg cap	Preferred	QLC Max 21 day supply every 365 days
RAPIVAB	Non-Preferred	
RELENZA DISKHALER	Non-Preferred	
rimantadine hcl	Non-Preferred	
TAMIFLU	Non-Preferred	QLC Max 21 day supply every 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	Non-Preferred	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	Non-Preferred	
ANTIHERPETIC AGENTS		
abreva	Preferred	
acyclovir 200 mg cap	Preferred	QL 150 / 30 days
acyclovir 200 mg/5ml suspension	Preferred	QL 1500 / 30 days
acyclovir 400 mg tab	Preferred	QL 150 / 30 days
acyclovir 800 mg tab	Preferred	QL 150 / 30 days
acyclovir 800 mg/20ml suspension	Preferred	QL 1500 / 30 days
docosanol 10 % cream	Preferred	
famciclovir 125 mg tab	Preferred	QL 3 / 1 days
famciclovir 250 mg tab	Preferred	QL 3 / 1 days
famciclovir 500 mg tab	Preferred	QL 1 / 1 days
ft docosanol	Preferred	
gnp docosanol	Preferred	
hm docosanol	Preferred	
SITAVIG	Non-Preferred	
valacyclovir hcl 1 gm tab	Preferred	QL 4 / 1 days
valacyclovir hcl 500 mg tab	Preferred	QL 4 / 1 days
VALTREX	Non-Preferred	
ZOVIRAX 200 MG/5ML SUSPENSION	Non-Preferred	
ANTIVIRAL, CORONAVIRUS AGENTS		
PAXLOVID (150/100)	Preferred	
PAXLOVID (300/100)	Preferred	
ANXIOLYTICS ANXIOLYTICS, OTHER		
BUCAPSOL	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
buspirone hcl 10 mg tab	Preferred	QL 180 / 30 days
buspirone hcl 15 mg tab	Preferred	QL 4 / 1 days
buspirone hcl 30 mg tab	Preferred	QL 90 / 30 days
buspirone hcl 5 mg tab	Preferred	QL 180 / 30 days
buspirone hcl 7.5 mg tab	Preferred	QL 4 / 1 days
hydroxyzine pamoate 100 mg cap	Preferred	QL 180 / 30 days
hydroxyzine pamoate 25 mg cap	Preferred	QL 180 / 30 days
hydroxyzine pamoate 50 mg cap	Preferred	QL 180 / 30 days
meprobamate	Non-Preferred	QL 180 / 30 days
VISTARIL	Non-Preferred	
BENZODIAZEPINES		
alprazolam 0.25 mg tab	Preferred	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam 0.25 mg tab disp	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam 0.5 mg tab	Preferred	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam 0.5 mg tab disp	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam 1 mg tab	Preferred	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam 1 mg tab disp	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
alprazolam 2 mg tab disp	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam er	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
ALPRAZOLAM INTENSOL	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam xr	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN 0.5 MG TAB	Non-Preferred	QL 180 / 30 day(s) AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN 1 MG TAB	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN 2 MG TAB	Non-Preferred	QL 120 / 30 day(s) AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN 2 MG/ML SOLUTION	Non-Preferred	
ATIVAN 4 MG/ML SOLUTION	Non-Preferred	
chlordiazepoxide hcl 10 mg cap	Preferred	QL 300 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
chlordiazepoxide hcl 25 mg cap	Preferred	QL 360 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
chlordiazepoxide hcl 5 mg cap	Preferred	QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clonazepam 0.125 mg tab disp	Preferred	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clonazepam 0.25 mg tab disp	Preferred	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clonazepam 0.5 mg tab	Preferred	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clonazepam 0.5 mg tab disp	Preferred	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clonazepam 1 mg tab	Preferred	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clonazepam 1 mg tab disp	Preferred	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clonazepam 2 mg tab	Preferred	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clonazepam 2 mg tab disp	Preferred	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clorazepate dipotassium 15 mg tab	Non-Preferred	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clorazepate dipotassium 7.5 mg tab	Non-Preferred	QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam 10 mg tab	Preferred	QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
DIAZEPAM 10 MG/2ML SOLN A-INJ	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam 10 mg/2ml solution	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam 2 mg tab	Preferred	QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam 5 mg tab	Preferred	QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam 5 mg/5ml solution	Preferred	QL 40 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam 5 mg/ml conc	Non-Preferred	QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
DIAZEPAM 5 MG/ML SOLUTION	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam 5 mg/ml solution	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam intensol	Non-Preferred	QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KLONOPIN 0.5 MG TAB	Non-Preferred	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
KLONOPIN 1 MG TAB	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
KLONOPIN 2 MG TAB	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam 0.5 mg tab	Preferred	QL 180 / 30 day(s) AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam 1 mg tab	Preferred	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam 2 mg tab	Preferred	QL 120 / 30 day(s) AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam 2 mg/ml conc	Non-Preferred	QL 150 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam 2 mg/ml solution	Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
LORAZEPAM 2 MG/ML SOLUTION	Preferred	
lorazepam 4 mg/ml solution	Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam intensol	Non-Preferred	QL 150 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
LOREEV XR 1 MG CP24 SPRNK	Non-Preferred	QL 30 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOREEV XR 1.5 MG CP24 SPRNK	Non-Preferred	QL 30 / 30 day(s)
LOREEV XR 2 MG CP24 SPRNK	Non-Preferred	QL 60 / 30 day(s)
LOREEV XR 3 MG CP24 SPRNK	Non-Preferred	QL 60 / 30 day(s)
oxazepam 10 mg cap	Non-Preferred	QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
oxazepam 15 mg cap	Non-Preferred	QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
oxazepam 30 mg cap	Non-Preferred	QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
TRANXENE-T	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
VALIUM 10 MG TAB	Non-Preferred	QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
VALIUM 2 MG TAB	Non-Preferred	QL 120 / 30 days
VALIUM 5 MG TAB	Non-Preferred	QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
XANAX 0.25 MG TAB	Non-Preferred	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
XANAX 0.5 MG TAB	Non-Preferred	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XANAX 2 MG TAB	Non-Preferred	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
XANAX XR	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
BIPOLAR AGENTS MOOD STABILIZERS		
EQUETRO	Preferred	
LAMICTAL 100 MG TAB	Non-Preferred	
LAMICTAL 150 MG TAB	Non-Preferred	QL 90 / 30 days
LAMICTAL 200 MG TAB	Non-Preferred	QL 90 / 30 days
LAMICTAL 25 MG TAB	Non-Preferred	
LAMICTAL STARTER	Non-Preferred	
lamotrigine 100 mg tab	Preferred	QL 150 / 30 days
lamotrigine 150 mg tab	Preferred	QL 90 / 30 days
lamotrigine 200 mg tab	Preferred	QL 90 / 30 days
lamotrigine 25 mg tab	Preferred	
lamotrigine starter kit-blue	Non-Preferred	
lamotrigine starter kit-green	Non-Preferred	
lamotrigine starter kit-orange	Non-Preferred	
lithium carbonate 150 mg cap	Preferred	QL 4 / 1 days
lithium carbonate 300 mg cap	Preferred	QL 4 / 1 days
lithium carbonate 300 mg tab	Preferred	QL 4 / 1 days
lithium carbonate 600 mg cap	Preferred	QL 4 / 1 days
lithium carbonate er	Preferred	QL 4 / 1 days
subvenite 100 mg tab	Preferred	QL 150 / 30 days
subvenite 150 mg tab	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
subvenite 200 mg tab	Preferred	QL 90 / 30 days
subvenite 25 mg tab	Preferred	
subvenite starter kit-blue	Non-Preferred	
subvenite starter kit-green	Non-Preferred	
subvenite starter kit-orange	Non-Preferred	
BLOOD GLUCOSE REGULATORS ANTIDIABETIC AGENTS		
acarbose 100 mg tab	Preferred	QL 90 / 30 days
acarbose 25 mg tab	Preferred	QL 90 / 30 days
acarbose 50 mg tab	Preferred	QL 90 / 30 days
ACTOPLUS MET	Non-Preferred	QL 90 / 30 days
ACTOS	Non-Preferred	QL 30 / 30 days
ADLYXIN	Non-Preferred	
ADLYXIN STARTER PACK	Non-Preferred	
alogliptin benzoate	Non-Preferred	
alogliptin-metformin hcl	Non-Preferred	
alogliptin-pioglitazone	Non-Preferred	
AMARYL 1 MG TAB	Non-Preferred	QL 60 / 30 days
AMARYL 2 MG TAB	Non-Preferred	QL 90 / 30 days
AMARYL 4 MG TAB	Non-Preferred	QL 60 / 30 days
BEXAGLIFLOZIN	Non-Preferred	
BRENZAVVY	Non-Preferred	
BYDUREON BCISE	Non-Preferred	QL 3.4 / 28 days
BYETTA 10 MCG PEN	Non-Preferred	QL 2.4 / 30 days
BYETTA 5 MCG PEN	Non-Preferred	QL 1.2 / 30 days
dapagliflozin pro-metformin er	Non-Preferred	
DUETACT	Non-Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
glimepiride 1 mg tab	Preferred	QL 60 / 30 days
glimepiride 2 mg tab	Preferred	QL 90 / 30 days
GLIMEPIRIDE 3 MG TAB	Non-Preferred	
glimepiride 4 mg tab	Preferred	QL 60 / 30 days
glipizide 10 mg tab	Preferred	QL 120 / 30 day(s)
glipizide 2.5 mg tab	Non-Preferred	
glipizide 5 mg tab	Preferred	QL 4 / 1 days
glipizide er 10 mg tab er 24h	Preferred	QL 60 / 30 days
glipizide er 2.5 mg tab er 24h	Preferred	QL 240 / 30 days
glipizide er 5 mg tab er 24h	Preferred	QL 4 / 1 days
glipizide xl 10 mg tab er 24h	Preferred	QL 60 / 30 days
glipizide xl 2.5 mg tab er 24h	Preferred	QL 240 / 30 days
glipizide xl 5 mg tab er 24h	Preferred	QL 4 / 1 days
glipizide-metformin hcl 2.5-250 mg tab	Preferred	QL 210 / 30 days
glipizide-metformin hcl 2.5-500 mg tab	Preferred	QL 150 / 30 days
glipizide-metformin hcl 5-500 mg tab	Preferred	QL 4 / 1 days
GLUCOTROL XL 10 MG TAB ER 24H	Non-Preferred	QL 60 / 30 days
GLUCOTROL XL 2.5 MG TAB ER 24H	Non-Preferred	
GLUCOTROL XL 5 MG TAB ER 24H	Non-Preferred	
GLUMETZA 1000 MG TAB ER 24H	Non-Preferred	QL 60 / 30 days
GLUMETZA 500 MG TAB ER 24H	Non-Preferred	QL 90 / 30 days
glyburide 1.25 mg tab	Preferred	QL 4 / 1 days
glyburide 2.5 mg tab	Preferred	QL 4 / 1 days
glyburide 5 mg tab	Preferred	QL 4 / 1 days
glyburide micronized	Preferred	QL 60 / 30 days
glyburide-metformin	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLYNASE	Non-Preferred	QL 60 / 30 days
GLYXAMBI	Non-Preferred	
INVOKAMET	Non-Preferred	
INVOKAMET XR	Non-Preferred	
JANUMET	Preferred	QL 60 / 30 days PA
JANUMET XR 100-1000 MG TAB ER 24H	Preferred	QL 30 / 30 days PA
JANUMET XR 50-1000 MG TAB ER 24H	Preferred	QL 60 / 30 days PA
JANUMET XR 50-500 MG TAB ER 24H	Preferred	QL 60 / 30 days PA
JANUVIA	Preferred	QL 30 / 30 days PA
JENTADUETO 2.5-1000 MG TAB	Preferred	QL 60 / 30 days PA
JENTADUETO 2.5-500 MG TAB	Preferred	QL 60 / 30 days
JENTADUETO 2.5-850 MG TAB	Preferred	QL 60 / 30 days PA
JENTADUETO XR 2.5-1000 MG TAB ER 24H	Preferred	QL 60 / 30 days PA
JENTADUETO XR 5-1000 MG TAB ER 24H	Preferred	QL 30 / 30 days PA
KAZANO	Non-Preferred	
KOMBIGLYZE XR	Non-Preferred	
liraglutide	Non-Preferred	QL 15 / 30 day(s)
metformin hcl 1000 mg tab	Preferred	QL 75 / 30 days
metformin hcl 500 mg tab	Preferred	QL 150 / 30 days
metformin hcl 500 mg/5ml solution	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METFORMIN HCL 625 MG TAB	Non-Preferred	
METFORMIN HCL 750 MG TAB	Non-Preferred	
metformin hcl 750 mg tab	Non-Preferred	
metformin hcl 850 mg tab	Preferred	QL 90 / 30 days
metformin hcl er (mod) 1000 mg tab er 24h	Non-Preferred	QL 60 / 30 days
metformin hcl er (mod) 500 mg tab er 24h	Non-Preferred	QL 90 / 30 days
metformin hcl er (osm) 1000 mg tab er 24h	Non-Preferred	QL 60 / 30 days
metformin hcl er (osm) 500 mg tab er 24h	Non-Preferred	QL 90 / 30 days
metformin hcl er 500 mg tab er 24h	Preferred	QL 150 / 30 days
metformin hcl er 750 mg tab er 24h	Preferred	QL 90 / 30 days
miglitol	Non-Preferred	
MOUNJARO	Non-Preferred	QL 2 mL / 28 day(s)
nateglinide	Preferred	QL 90 / 30 days
NESINA	Non-Preferred	
ONGLYZA	Non-Preferred	
OSENI	Non-Preferred	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	Preferred	QL 1.5 / 28 days PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	Preferred	QL 3 / 28 days PA
OZEMPIC (1 MG/DOSE)	Preferred	QL 3 / 28 days PA
OZEMPIC (2 MG/DOSE)	Preferred	QL 3 / 28 days PA
pioglitazone hcl	Preferred	QL 30 / 30 days
pioglitazone hcl-glimepiride	Non-Preferred	QL 30 / 30 days
pioglitazone hcl-metformin hcl	Non-Preferred	QL 90 / 30 days
PRECOSE	Non-Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QTERN	Non-Preferred	
repaglinide 0.5 mg tab	Preferred	QL 120 / 30 days
repaglinide 1 mg tab	Preferred	QL 120 / 30 days
repaglinide 2 mg tab	Preferred	QL 240 / 30 days
RIOMET	Non-Preferred	
RYBELSUS	Preferred	QL 30 / 30 days PA
saxagliptin hcl	Non-Preferred	
saxagliptin-metformin er	Non-Preferred	
SEGLUROMET	Non-Preferred	QL 60 / 30 days
SITAGLIPT BASE-METFORM HCL ER	Non-Preferred	
SITAGLIPTIN	Non-Preferred	
SITAGLIPTIN BASE-METFORMIN HCL	Non-Preferred	
SOLIQUA	Non-Preferred	QLC 18 mL/30 days
STEGLUJAN	Non-Preferred	
SYMLINPEN 120	Non-Preferred	
SYMLINPEN 60	Non-Preferred	
SYNJARDY	Preferred	
SYNJARDY XR	Preferred	
TRADJENTA	Preferred	PA
TRIJARDY XR 10-5-1000 MG TAB ER 24H	Non-Preferred	QL 30 / 30 days
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H	Non-Preferred	QL 60 / 30 days
TRIJARDY XR 25-5-1000 MG TAB ER 24H	Non-Preferred	QL 30 / 30 days
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H	Non-Preferred	QL 60 / 30 days
TRULICITY	Preferred	QL 2 / 28 days PA
VICTOZA	Preferred	QL 15 / 30 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XIGDUO XR 10-1000 MG TAB ER 24H	Preferred	
XIGDUO XR 10-500 MG TAB ER 24H	Preferred	
XIGDUO XR 2.5-1000 MG TAB ER 24H	Preferred	
XIGDUO XR 5-1000 MG TAB ER 24H	Preferred	
XIGDUO XR 5-500 MG TAB ER 24H	Preferred	
XULTOPHY	Non-Preferred	QLC 15 mL/30 days
ZITUVIMET	Non-Preferred	
ZITUVIMET XR	Non-Preferred	
ZITUVIO	Non-Preferred	
GLYCEMIC AGENTS		
BAQSIMI ONE PACK	Preferred	
BAQSIMI TWO PACK	Preferred	
cvs glucose 4 gm chew tab	Preferred	
CVS GLUCOSE 4 GM CHEW TAB	Preferred	
CVS GLUCOSE 4-6 GM-MG CHEW TAB	Preferred	
cvs glucose 4-6 gm-mg chew tab	Preferred	
cvs soft glucose	Preferred	
DEX4	Preferred	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	Preferred	
DEX4 NATURALS	Preferred	
DEX4 POUCH PACK	Preferred	
DEX4 QUICK DISSOLVE GLUCOSE	Preferred	
ft glucose	Preferred	
GLUCAGEN DIAGNOSTIC	Preferred	QL 2 / 22 days
GLUCAGEN HYPOKIT	Preferred	QL 1 / 22 day(s)
GLUCAGON EMERGENCY 1 MG RECON SOLN	Preferred	QL 1 / 26 day(s)
glucagon emergency 1 mg recon soln	Preferred	QL 1 / 26 day(s)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gluco to go	Preferred	
glucose 4 gm chew tab	Preferred	
glucose 4-6 gm-mg chew tab	Preferred	
GLUCOSE 4-6 GM-MG CHEW TAB	Preferred	
GLUCOSE INSTANT ENERGY	Preferred	
gnp glucose 4 gm chew tab	Preferred	
GNP GLUCOSE 4-6 GM-MG CHEW TAB	Preferred	
GNP QUICK DISSOLVE GLUCOSE	Preferred	
GOODSENSE GLUCOSE	Preferred	
GVOKE HYPOPEN 1-PACK	Preferred	QLC 0.4 mL/30 days
GVOKE HYPOPEN 2-PACK	Preferred	QLC 0.4 mL/30 days
GVOKE KIT	Preferred	
GVOKE PFS	Preferred	QLC 0.4 mL/30 days
hy-vee glucose	Preferred	
KROGER GLUCOSE	Preferred	
LEADER GLUCOSE	Preferred	
LEADER QUICK DISSOLVE GLUCOSE	Preferred	
LONGS GLUCOSE	Preferred	
meijer glucose	Preferred	
MEIJER GLUCOSE	Preferred	
PREFERRED PLUS GLUCOSE	Preferred	
PX GLUCOSE	Preferred	
RA GLUCOSE	Preferred	
relion glucose 4-6 gm-mg chew tab	Preferred	
RELION GLUCOSE 4-6 GM-MG CHEW TAB	Preferred	
SM GLUCOSE 4 GM CHEW TAB	Preferred	
SM GLUCOSE 4-6 GM-MG CHEW TAB	Preferred	
SMART SENSE GLUCOSE	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TGT GLUCOSE	Preferred	
trueplus glucose 4 gm chew tab	Preferred	
TRUEPLUS GLUCOSE 4 GM CHEW TAB	Preferred	
TRUEPLUS GLUCOSE ON THE GO	Preferred	
UP & UP GLUCOSE	Preferred	
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	Preferred	
walgreens glucose 4 gm chew tab	Preferred	
WALGREENS GLUCOSE 4-6 GM-MG CHEW TAB	Preferred	
ZEGALOGUE	Preferred	
INSULINS		
ADMELOG	Non-Preferred	QL 40 / 30 days
ADMELOG SOLOSTAR	Non-Preferred	QL 45 / 30 days
AFREZZA	Non-Preferred	
APIDRA	Preferred	QL 40 / 30 days
APIDRA SOLOSTAR	Preferred	QL 45 / 30 days
BASAGLAR KWIKPEN	Non-Preferred	QL 45 / 30 days
BASAGLAR TEMPO PEN	Non-Preferred	
FIASP	Non-Preferred	
FIASP FLEXTOUCH	Non-Preferred	
FIASP PENFILL	Non-Preferred	
FIASP PUMPCART	Non-Preferred	
HUMALOG	Non-Preferred	QL 40 / 30 days
HUMALOG JUNIOR KWIKPEN	Non-Preferred	QL 45 / 30 days
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	Non-Preferred	QL 45 / 30 days
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN	Non-Preferred	QL 18 / 23 days
HUMALOG MIX 50/50	Preferred	QL 40 / 30 days
HUMALOG MIX 50/50 KWIKPEN	Preferred	QL 45 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMALOG MIX 75/25	Preferred	QL 40 / 30 days
HUMALOG MIX 75/25 KWIKPEN	Non-Preferred	QL 45 / 30 days
HUMALOG TEMPO PEN	Non-Preferred	
HUMULIN 70/30	Preferred	QL 40 / 30 days
HUMULIN 70/30 KWIKPEN	Non-Preferred	QL 45 / 30 days
HUMULIN N	Preferred	QL 40 / 30 days
HUMULIN N KWIKPEN	Preferred	QL 45 / 30 days
HUMULIN R	Preferred	QL 40 / 30 days
HUMULIN R U-500 (CONCENTRATED)	Preferred	QL 20 / 30 days
HUMULIN R U-500 KWIKPEN	Preferred	QL 15 / 30 days
INSULIN ASP PROT & ASP FLEXPEN	Preferred	QL 45 / 30 days
INSULIN ASPART	Preferred	QL 40 / 30 days
INSULIN ASPART FLEXPEN	Preferred	QL 45 / 30 days
INSULIN ASPART PENFILL	Preferred	QL 45 / 30 days
INSULIN ASPART PROT & ASPART	Preferred	QL 40 / 30 days
INSULIN DEGLUDEC	Non-Preferred	
INSULIN DEGLUDEC FLEXTOUCH	Non-Preferred	
INSULIN GLARGINE	Preferred	QL 40 / 30 days
INSULIN GLARGINE MAX SOLOSTAR	Preferred	QL 12 / 30 days
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	Preferred	QL 45 / 30 days
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	Preferred	QL 13.5 / 30 days
INSULIN GLARGINE-YFGN	Non-Preferred	
INSULIN LISPRO	Preferred	QL 40 / 30 days
INSULIN LISPRO (1 UNIT DIAL)	Preferred	QL 45 / 30 days
INSULIN LISPRO JUNIOR KWIKPEN	Preferred	QL 45 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSULIN LISPRO PROT & LISPRO	Preferred	QL 45 / 30 days
KIRSTY	Non-Preferred	
LANTUS	Preferred	QL 40 / 30 days
LANTUS SOLOSTAR	Preferred	QL 45 / 30 days
LEVEMIR	Preferred	QL 40 / 30 days
LEVEMIR FLEXPEN	Preferred	QL 45 / 30 days
LEVEMIR FLEXTOUCH	Preferred	QL 45 / 30 days
LYUMJEV	Non-Preferred	
LYUMJEV KWIKPEN	Non-Preferred	
LYUMJEV TEMPO PEN	Non-Preferred	
MERILOG	Non-Preferred	
MERILOG SOLOSTAR	Non-Preferred	
NOVOLIN 70/30	Non-Preferred	QL 40 / 30 days
NOVOLIN 70/30 FLEXPEN	Non-Preferred	QL 45 / 30 days
NOVOLIN 70/30 FLEXPEN RELION	Non-Preferred	QL 45 / 30 days
NOVOLIN 70/30 RELION	Non-Preferred	QL 40 / 30 days
NOVOLIN N	Preferred	QL 40 / 30 days
NOVOLIN N FLEXPEN	Preferred	QL 45 / 30 days
NOVOLIN N FLEXPEN RELION	Preferred	QL 45 / 30 days
NOVOLIN N RELION	Preferred	QL 40 / 30 days
NOVOLIN R	Preferred	QL 40 / 30 days
NOVOLIN R FLEXPEN	Preferred	
NOVOLIN R FLEXPEN RELION	Preferred	
NOVOLIN R RELION	Preferred	QL 40 / 30 days
NOVOLOG	Non-Preferred	QL 40 / 30 days
NOVOLOG 70/30 FLEXPEN RELION	Non-Preferred	QL 45 / 30 days
NOVOLOG FLEXPEN	Non-Preferred	QL 45 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOVOLOG FLEXPEN RELION	Non-Preferred	QL 45 / 30 days
NOVOLOG MIX 70/30	Non-Preferred	QL 40 / 30 days
NOVOLOG MIX 70/30 FLEXPEN	Non-Preferred	QL 45 / 30 days
NOVOLOG MIX 70/30 RELION	Non-Preferred	QL 40 / 30 days
NOVOLOG PENFILL	Non-Preferred	QL 45 / 30 days
NOVOLOG RELION	Non-Preferred	QL 40 / 30 days
REZVOGLAR KWIKPEN	Non-Preferred	
SEMGLEE (YFGN)	Non-Preferred	
SEMGLEE 100 UNIT/ML SOLN PEN	Non-Preferred	QL 45 / 30 days
SEMGLEE 100 UNIT/ML SOLUTION	Non-Preferred	QL 40 / 30 days
TOUJEO MAX SOLOSTAR	Preferred	QL 12 / 30 days
TOUJEO SOLOSTAR	Preferred	QL 13.5 / 30 days
TRESIBA	Non-Preferred	
TRESIBA FLEXTOUCH	Non-Preferred	
BLOOD PRODUCTS AND MODIFIERS ANTICOAGULANTS		
ARIXTRA	Non-Preferred	C Limited to a 10 day supply
BD HEPARIN POSIFLUSH	Preferred	
dabigatran etexilate mesylate	Preferred	
ELIQUIS (1.5 MG PACK)	Non-Preferred	
ELIQUIS (2 MG PACK)	Non-Preferred	
ELIQUIS 0.15 MG CAP SPRINK	Non-Preferred	
ELIQUIS 0.5 MG TAB SOL	Non-Preferred	
ELIQUIS 2.5 MG TAB	Preferred	QL 60 / 30 days
ELIQUIS 5 MG TAB	Preferred	QL 4 / 1 days
ELIQUIS DVT/PE STARTER PACK	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
enoxaparin sodium 120 mg/0.8ml soln prsyr	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day
enoxaparin sodium 150 mg/ml soln prsyr	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
enoxaparin sodium 30 mg/0.3ml soln prsyr	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.6 mL/day
enoxaparin sodium 300 mg/3ml solution	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
enoxaparin sodium 40 mg/0.4ml soln prsyr	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.8 mL/day
enoxaparin sodium 60 mg/0.6ml soln prsyr	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.2 mL/day
enoxaparin sodium 80 mg/0.8ml soln prsyr	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day
ENOXILUV KIT	Non-Preferred	
fondaparinux sodium	Non-Preferred	C Limited to a 10 day supply
FRAGMIN	Non-Preferred	
HEPARIN NA (PORK) LOCK FLSH PF 10 UNIT/ML SOLUTION	Preferred	
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML SOLUTION	Preferred	
HEPARIN SOD (PORK) LOCK FLUSH	Preferred	
heparin sodium (porcine) +rfid	Preferred	
heparin sodium (porcine) 1000 unit/ml solution	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
heparin sodium (porcine) 10000 unit/ml solution	Preferred	
heparin sodium (porcine) 20000 unit/ml solution	Preferred	
heparin sodium (porcine) 5000 unit/ml solution	Preferred	
jantoven	Preferred	
LOVENOX 100 MG/ML SOLN PRSYR	Non-Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
LOVENOX 120 MG/0.8ML SOLN PRSYR	Non-Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day
LOVENOX 150 MG/ML SOLN PRSYR	Non-Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
LOVENOX 30 MG/0.3ML SOLN PRSYR	Non-Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.6 mL/day
LOVENOX 300 MG/3ML SOLUTION	Non-Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
LOVENOX 40 MG/0.4ML SOLN PRSYR	Non-Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.8 mL/day
LOVENOX 60 MG/0.6ML SOLN PRSYR	Non-Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.2 mL/day
LOVENOX 80 MG/0.8ML SOLN PRSYR	Non-Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day
PRADAXA	Non-Preferred	
rivaroxaban 1 mg/ml recon susp	Non-Preferred	
rivaroxaban 2.5 mg tab	Preferred	QL 60 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SAVAYSA	Non-Preferred	
warfarin sodium 1 mg tab	Preferred	
warfarin sodium 10 mg tab	Preferred	
warfarin sodium 2 mg tab	Preferred	
warfarin sodium 2.5 mg tab	Preferred	
warfarin sodium 3 mg tab	Preferred	
warfarin sodium 4 mg tab	Preferred	
warfarin sodium 5 mg tab	Preferred	
warfarin sodium 6 mg tab	Preferred	
warfarin sodium 7.5 mg tab	Preferred	
XARELTO 1 MG/ML RECON SUSP	Non-Preferred	
XARELTO 10 MG TAB	Preferred	QL 30 / 30 days
XARELTO 15 MG TAB	Preferred	QL 60 / 30 days
XARELTO 2.5 MG TAB	Preferred	QL 60 / 30 days
XARELTO 20 MG TAB	Preferred	QL 30 / 30 days
XARELTO STARTER PACK	Preferred	QL 51 / 1 years
ZONTIVITY	Non-Preferred	
BLOOD PRODUCTS AND MODIFIERS, OTHER		
ARANESP (ALBUMIN FREE)	Non-Preferred	
eltrombopag olamine	Non-Preferred	
EPOGEN	Preferred	PA
FULPHILA	Preferred	PA QLC 2.4 mL/28 days
FYLNETRA	Preferred	PA
GRANIX	Preferred	PA
LEUKINE	Non-Preferred	
MIRCERA	Non-Preferred	
MULPLETA	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NEULASTA	Non-Preferred	QLC 2.4 mL/28 days
NEULASTA ONPRO	Non-Preferred	QLC 2.4 mL/28 days
NEUPOGEN	Preferred	PA
NIVESTYM	Non-Preferred	
NPLATE	Preferred	PA
NYPOZI	Non-Preferred	
NYVEPRIA	Non-Preferred	
PROCRIT 10000 UNIT/ML SOLUTION	Non-Preferred	PA
PROCRIT 2000 UNIT/ML SOLUTION	Non-Preferred	PA
PROCRIT 20000 UNIT/ML SOLUTION	Non-Preferred	PA
PROCRIT 3000 UNIT/ML SOLUTION	Non-Preferred	PA
PROCRIT 4000 UNIT/ML SOLUTION	Non-Preferred	PA
PROCRIT 40000 UNIT/ML SOLUTION	Non-Preferred	
PROMACTA	Preferred	PA
RELEUKO	Preferred	PA
RETACRIT	Preferred	PA
ROLVEDON	Non-Preferred	
RYZNEUTA	Non-Preferred	
STIMUFEND	Non-Preferred	
UDENYCA 6 MG/0.6ML SOLN A-INJ	Non-Preferred	
UDENYCA 6 MG/0.6ML SOLN PRSYR	Non-Preferred	QLC 2.4 mL/28 days
UDENYCA ONBODY	Non-Preferred	
ZARXIO	Non-Preferred	
ZIEXTENZO	Non-Preferred	QL 2.4 mL / 28 day(s)
HEMOSTASIS AGENTS		
ADVATE	Preferred	PA
ADYNOVATE	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AFSTYLA	Preferred	PA
ALHEMO	Non-Preferred	
ALPHANATE	Preferred	PA
ALPHANINE SD	Preferred	PA
ALPROLIX	Preferred	PA
ALTUVIIIO	Preferred	PA
aminocaproic acid 0.25 gm/ml solution	Preferred	
aminocaproic acid 1000 mg tab	Preferred	
aminocaproic acid 500 mg tab	Preferred	
BENEFIX	Preferred	PA
ELOCTATE	Preferred	PA
ESPEROCT 1000 UNIT RECON SOLN	Non-Preferred	PA
ESPEROCT 1500 UNIT RECON SOLN	Non-Preferred	PA
ESPEROCT 2000 UNIT RECON SOLN	Non-Preferred	PA
ESPEROCT 3000 UNIT RECON SOLN	Non-Preferred	PA
ESPEROCT 4000 UNIT RECON SOLN	Non-Preferred	
ESPEROCT 500 UNIT RECON SOLN	Non-Preferred	
FEIBA	Preferred	PA
HEMLIBRA	Preferred	PA
HEMOFIL M	Preferred	PA
HUMATE-P	Preferred	PA
HYMPAVZI	Non-Preferred	
IDELVION	Non-Preferred	PA
IXINITY	Preferred	PA
JIVI 1000 UNIT RECON SOLN	Preferred	PA
JIVI 2000 UNIT RECON SOLN	Preferred	PA
JIVI 3000 UNIT RECON SOLN	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JIVI 4000 UNIT RECON SOLN	Preferred	
JIVI 500 UNIT RECON SOLN	Preferred	PA
KOATE	Preferred	PA
KOATE-DVI 1000 UNIT RECON SOLN	Preferred	PA
KOGENATE FS	Preferred	PA
KOVALTRY	Preferred	PA
MONONINE	Preferred	PA
NOVOEIGHT	Preferred	PA
NOVOSEVEN RT	Preferred	PA
NUWIQ 1000 UNIT KIT	Preferred	PA
NUWIQ 1000 UNIT RECON SOLN	Preferred	PA
NUWIQ 1500 UNIT KIT	Preferred	
NUWIQ 1500 UNIT RECON SOLN	Preferred	
NUWIQ 2000 UNIT KIT	Preferred	PA
NUWIQ 2000 UNIT RECON SOLN	Preferred	PA
NUWIQ 250 UNIT KIT	Preferred	PA
NUWIQ 250 UNIT RECON SOLN	Preferred	PA
NUWIQ 2500 UNIT KIT	Preferred	PA
NUWIQ 2500 UNIT RECON SOLN	Preferred	PA
NUWIQ 3000 UNIT KIT	Preferred	PA
NUWIQ 3000 UNIT RECON SOLN	Preferred	PA
NUWIQ 4000 UNIT KIT	Preferred	PA
NUWIQ 4000 UNIT RECON SOLN	Preferred	PA
NUWIQ 500 UNIT KIT	Preferred	PA
NUWIQ 500 UNIT RECON SOLN	Preferred	PA
OBIZUR	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
phytonadione 5 mg tab	Preferred	QL 150 / 30 days
PROFILNINE	Preferred	PA
QFITLIA	Non-Preferred	
REBINYN	Preferred	PA
RECOMBINATE	Preferred	PA
RIXUBIS	Preferred	PA
SEVENFACT	Preferred	PA
tranexamic acid 650 mg tab	Preferred	
VONVENDI	Non-Preferred	
WILATE	Preferred	PA
XYNTHA	Preferred	PA
XYNTHA SOLOFUSE	Preferred	PA
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er	Preferred	QL 60 / 30 days
ASPIRIN-OMEPRAZOLE 81-40 MG TAB DR	Non-Preferred	
BRILINTA	Preferred	QL 60 / 30 days
cilostazol	Preferred	QL 60 / 30 days
clopidogrel bisulfate 300 mg tab	Preferred	
clopidogrel bisulfate 75 mg tab	Preferred	QL 4 / 1 days
dipyridamole 25 mg tab	Preferred	QL 4 / 1 days
dipyridamole 50 mg tab	Preferred	QL 240 / 30 days
dipyridamole 75 mg tab	Preferred	QL 4 / 1 days
DOPTELET	Non-Preferred	
DOPTELET SPRINKLE	Non-Preferred	
EFFIENT	Non-Preferred	QL 30 / 30 days
PLAVIX	Non-Preferred	
prasugrel hcl	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TAVALISSE	Non-Preferred	
ticagrelor 60 mg tab	Non-Preferred	
ticagrelor 90 mg tab	Preferred	
YOSPRALA	Non-Preferred	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
CATAPRES-TTS-1	Non-Preferred	
CATAPRES-TTS-2	Non-Preferred	
CATAPRES-TTS-3	Non-Preferred	
clonidine	Preferred	QL 4 / 22 days
CLONIDINE ER	Non-Preferred	
clonidine hcl 0.1 mg tab	Preferred	QL 240 / 30 days
clonidine hcl 0.2 mg tab	Preferred	QL 240 / 30 days
clonidine hcl 0.3 mg tab	Preferred	QL 240 / 30 days
guanfacine hcl 1 mg tab	Preferred	QL 90 / 30 days
guanfacine hcl 2 mg tab	Preferred	QL 60 / 30 days
JAVADIN	Non-Preferred	
methyldopa	Preferred	QL 180 / 30 days
midodrine hcl 10 mg tab	Preferred	QL 120 / 30 day(s)
midodrine hcl 2.5 mg tab	Preferred	QL 90 / 30 days
midodrine hcl 5 mg tab	Preferred	QL 90 / 30 days
NEXICLON XR	Non-Preferred	
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA	Non-Preferred	
doxazosin mesylate 1 mg tab	Preferred	QL 30 / 30 days
doxazosin mesylate 2 mg tab	Preferred	QL 30 / 30 days
doxazosin mesylate 4 mg tab	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
doxazosin mesylate 8 mg tab	Preferred	QL 60 / 30 days
MINIPRESS	Non-Preferred	QL 120 / 30 days
prazosin hcl 1 mg cap	Preferred	QL 120 / 30 days
prazosin hcl 2 mg cap	Preferred	QL 120 / 30 days
prazosin hcl 5 mg cap	Preferred	QL 120 / 30 days
terazosin hcl	Preferred	QL 60 / 30 days
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	Non-Preferred	
AVAPRO 150 MG TAB	Non-Preferred	QL 60 / 30 days
AVAPRO 300 MG TAB	Non-Preferred	QL 30 / 30 days
AVAPRO 75 MG TAB	Non-Preferred	QL 30 / 30 days
BENICAR	Non-Preferred	QL 30 / 30 days
candesartan cilexetil	Preferred	
COZAAR 100 MG TAB	Non-Preferred	QL 30 / 30 days
COZAAR 25 MG TAB	Non-Preferred	QL 90 / 30 days
COZAAR 50 MG TAB	Non-Preferred	QL 90 / 30 days
DIOVAN 160 MG TAB	Non-Preferred	QL 60 / 30 days
DIOVAN 320 MG TAB	Non-Preferred	QL 30 / 30 days
DIOVAN 40 MG TAB	Non-Preferred	QL 60 / 30 days
DIOVAN 80 MG TAB	Non-Preferred	QL 60 / 30 days
EDARBI	Non-Preferred	
irbesartan 150 mg tab	Preferred	QL 60 / 30 days
irbesartan 300 mg tab	Preferred	QL 30 / 30 days
irbesartan 75 mg tab	Preferred	QL 30 / 30 days
losartan potassium 100 mg tab	Preferred	QL 30 / 30 days
losartan potassium 25 mg tab	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
losartan potassium 50 mg tab	Preferred	QL 90 / 30 days
MICARDIS 20 MG TAB	Non-Preferred	
MICARDIS 40 MG TAB	Non-Preferred	QL 60 / 30 days
MICARDIS 80 MG TAB	Non-Preferred	QL 30 / 30 days
olmesartan medoxomil 20 mg tab	Preferred	QL 30 / 30 days
olmesartan medoxomil 40 mg tab	Preferred	QL 30 / 30 days
olmesartan medoxomil 5 mg tab	Preferred	QL 30 / 30 days
telmisartan 20 mg tab	Preferred	QL 4 / 1 days
telmisartan 40 mg tab	Preferred	QL 60 / 30 days
telmisartan 80 mg tab	Preferred	QL 30 / 30 days
valsartan 160 mg tab	Preferred	QL 60 / 30 days
valsartan 320 mg tab	Preferred	QL 30 / 30 days
valsartan 4 mg/ml solution	Non-Preferred	
valsartan 40 mg tab	Preferred	QL 60 / 30 days
valsartan 80 mg tab	Preferred	QL 60 / 30 days
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
ACCUPRIL	Non-Preferred	QL 60 / 30 days
ALTACE	Non-Preferred	QL 60 / 30 days
benazepril hcl 10 mg tab	Preferred	QL 60 / 30 days
benazepril hcl 20 mg tab	Preferred	QL 60 / 30 days
benazepril hcl 40 mg tab	Preferred	QL 60 / 30 days
benazepril hcl 5 mg tab	Preferred	QL 60 / 30 days
captopril 100 mg tab	Preferred	QL 90 / 30 days
captopril 12.5 mg tab	Preferred	QL 90 / 30 days
captopril 25 mg tab	Preferred	QL 90 / 30 days
captopril 50 mg tab	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
enalapril maleate 1 mg/ml solution	Non-Preferred	C No PA required for children under 9 years old
enalapril maleate 10 mg tab	Preferred	QL 60 / 30 days
enalapril maleate 2.5 mg tab	Preferred	QL 60 / 30 days
enalapril maleate 20 mg tab	Preferred	QL 60 / 30 days
enalapril maleate 5 mg tab	Preferred	QL 60 / 30 days
EPANED	Non-Preferred	C No PA required for children under 9 years old
fosinopril sodium	Preferred	QL 60 / 30 days
lisinopril 10 mg tab	Preferred	QL 60 / 30 days
lisinopril 2.5 mg tab	Preferred	QL 60 / 30 days
lisinopril 20 mg tab	Preferred	QL 60 / 30 days
lisinopril 30 mg tab	Preferred	QL 60 / 30 days
lisinopril 40 mg tab	Preferred	QL 60 / 30 days
lisinopril 5 mg tab	Preferred	QL 60 / 30 days
LOTENSIN	Non-Preferred	QL 60 / 30 days
moexipril hcl	Non-Preferred	
perindopril erbumine	Non-Preferred	
PERINDOPRIL ERBUMINE 2 MG TAB	Non-Preferred	
QBRELIS	Non-Preferred	C No PA required for children under 9 years old
quinapril hcl	Preferred	QL 60 / 30 days
ramipril	Preferred	QL 60 / 30 days
trandolapril	Preferred	
VASOTEC	Non-Preferred	QL 60 / 30 days
ZESTRIL	Non-Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIARRHYTHMICS		
amiodarone hcl 200 mg tab	Preferred	QL 4 / 1 days
amiodarone hcl 400 mg tab	Preferred	QL 4 / 1 days
BETAPACE	Non-Preferred	QL 60 / 30 days
BETAPACE AF	Non-Preferred	QL 60 / 30 days
digitek	Preferred	
digoxin 0.05 mg/ml solution	Preferred	QL 150 / 30 days
digoxin 125 mcg tab	Preferred	
digoxin 250 mcg tab	Preferred	
disopyramide phosphate 100 mg cap	Preferred	QL 480 / 30 days
disopyramide phosphate 150 mg cap	Preferred	QL 300 / 30 days
flecainide acetate 100 mg tab	Preferred	QL 90 / 30 days
flecainide acetate 150 mg tab	Preferred	QL 60 / 30 days
flecainide acetate 50 mg tab	Preferred	QL 90 / 30 days
mexiletine hcl 150 mg cap	Preferred	QL 240 / 30 days
mexiletine hcl 200 mg cap	Preferred	QL 180 / 30 days
mexiletine hcl 250 mg cap	Preferred	QL 4 / 1 days
pacerone 200 mg tab	Preferred	QL 4 / 1 days
pacerone 400 mg tab	Preferred	QL 4 / 1 days
propafenone hcl	Preferred	QL 90 / 30 days
sorine	Preferred	QL 60 / 30 days
sotalol hcl (af)	Preferred	QL 60 / 30 days
sotalol hcl 120 mg tab	Preferred	QL 60 / 30 days
sotalol hcl 160 mg tab	Preferred	QL 60 / 30 days
sotalol hcl 240 mg tab	Preferred	QL 60 / 30 days
sotalol hcl 80 mg tab	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SOTYLIZE	Non-Preferred	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl 200 mg cap	Preferred	QL 90 / 30 days
acebutolol hcl 400 mg cap	Preferred	QL 90 / 30 days
atenolol 100 mg tab	Preferred	QL 60 / 30 days
atenolol 25 mg tab	Preferred	QL 60 / 30 days
atenolol 50 mg tab	Preferred	QL 60 / 30 days
betaxolol hcl 10 mg tab	Preferred	QL 60 / 30 days
betaxolol hcl 20 mg tab	Preferred	QL 60 / 30 days
bisoprolol fumarate 10 mg tab	Preferred	QL 60 / 30 days
BISOPROLOL FUMARATE 2.5 MG TAB	Non-Preferred	
bisoprolol fumarate 5 mg tab	Preferred	QL 4 / 1 days
BYSTOLIC	Non-Preferred	
carvedilol 12.5 mg tab	Preferred	QL 60 / 30 days
carvedilol 25 mg tab	Preferred	QL 120 / 30 days
carvedilol 3.125 mg tab	Preferred	QL 60 / 30 days
carvedilol 6.25 mg tab	Preferred	QL 60 / 30 days
carvedilol phosphate er	Non-Preferred	
COREG 12.5 MG TAB	Non-Preferred	QL 60 / 30 days
COREG 25 MG TAB	Non-Preferred	QL 120 / 30 days
COREG 3.125 MG TAB	Non-Preferred	QL 60 / 30 days
COREG 6.25 MG TAB	Non-Preferred	QL 60 / 30 days
COREG CR	Non-Preferred	
CORGARD	Non-Preferred	
HEMANGEOL	Preferred	PA
INDERAL LA	Non-Preferred	QL 30 / 30 days
INDERAL XL	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INNOPRAN XL	Non-Preferred	
KAPSPARGO SPRINKLE	Non-Preferred	
labetalol hcl 100 mg tab	Preferred	QL 420 / 30 days
labetalol hcl 200 mg tab	Preferred	QL 360 / 30 days
labetalol hcl 300 mg tab	Preferred	QL 240 / 30 days
LABETALOL HCL 400 MG TAB	Non-Preferred	
LOPRESSOR 10 MG/ML SOLUTION	Non-Preferred	
LOPRESSOR 100 MG TAB	Non-Preferred	QL 120 / 30 days
LOPRESSOR 50 MG TAB	Non-Preferred	QL 120 / 30 days
metoprolol succinate er	Preferred	QL 60 / 30 days
metoprolol tartrate 100 mg tab	Preferred	QL 120 / 30 days
metoprolol tartrate 25 mg tab	Preferred	QL 120 / 30 days
metoprolol tartrate 37.5 mg tab	Preferred	
metoprolol tartrate 50 mg tab	Preferred	QL 120 / 30 days
metoprolol tartrate 75 mg tab	Preferred	
nadolol 20 mg tab	Preferred	QL 4 / 1 days
nadolol 40 mg tab	Preferred	QL 4 / 1 days
nadolol 80 mg tab	Preferred	QL 4 / 1 days
nebivolol hcl	Preferred	
pindolol	Preferred	QL 180 / 30 days
propranolol hcl 10 mg tab	Preferred	QL 240 / 30 days
propranolol hcl 20 mg tab	Preferred	QL 240 / 30 days
propranolol hcl 20 mg/5ml solution	Preferred	QL 2400 / 30 days
propranolol hcl 40 mg tab	Preferred	QL 240 / 30 days
propranolol hcl 40 mg/5ml solution	Preferred	QL 2400 / 30 days
propranolol hcl 60 mg tab	Preferred	QL 240 / 30 days
propranolol hcl 80 mg tab	Preferred	QL 240 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
propranolol hcl er	Preferred	QL 30 / 30 days
TENORMIN	Non-Preferred	QL 60 / 30 days
timolol maleate 10 mg tab	Non-Preferred	QL 90 / 30 days
timolol maleate 20 mg tab	Non-Preferred	QL 90 / 30 days
timolol maleate 5 mg tab	Non-Preferred	QL 90 / 30 days
TOPROL XL	Non-Preferred	QL 60 / 30 days
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate 10 mg tab	Preferred	QL 60 / 30 days
amlodipine besylate 2.5 mg tab	Preferred	QL 60 / 30 days
amlodipine besylate 5 mg tab	Preferred	QL 60 / 30 days
CONJUPRI	Non-Preferred	
felodipine er	Preferred	QL 30 / 30 days
isradipine	Non-Preferred	
KATERZIA	Non-Preferred	
LEVAMLODIPINE MALEATE	Non-Preferred	
nicardipine hcl 20 mg cap	Non-Preferred	QL 180 / 30 days
nicardipine hcl 30 mg cap	Non-Preferred	QL 4 / 1 days
nifedipine 10 mg cap	Preferred	QL 4 / 1 days
nifedipine 20 mg cap	Preferred	QL 4 / 1 days
nifedipine er	Preferred	QL 60 / 30 days
nifedipine er osmotic release	Preferred	QL 60 / 30 days
nimodipine 30 mg cap	Preferred	
nisoldipine er 17 mg tab er 24h	Non-Preferred	QL 30 / 30 days
nisoldipine er 20 mg tab er 24h	Non-Preferred	QL 30 / 30 days
nisoldipine er 25.5 mg tab er 24h	Non-Preferred	QL 30 / 30 days
nisoldipine er 30 mg tab er 24h	Non-Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nisoldipine er 34 mg tab er 24h	Non-Preferred	QL 30 / 30 days
nisoldipine er 40 mg tab er 24h	Non-Preferred	QL 30 / 30 days
nisoldipine er 8.5 mg tab er 24h	Non-Preferred	QL 30 / 30 days
NORLIQVA	Non-Preferred	
NORVASC	Non-Preferred	QL 60 / 30 days
NYMALIZE	Non-Preferred	
PROCARDIA XL	Non-Preferred	QL 60 / 30 days
SULAR	Non-Preferred	QL 30 / 30 days
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CALAN SR 120 MG TAB ER	Non-Preferred	QL 30 / 30 days
CALAN SR 180 MG TAB ER	Non-Preferred	QL 60 / 30 days
CALAN SR 240 MG TAB ER	Non-Preferred	QL 60 / 30 days
CARDIZEM 120 MG TAB	Non-Preferred	QL 60 / 30 days
CARDIZEM 30 MG TAB	Non-Preferred	
CARDIZEM 60 MG TAB	Non-Preferred	
CARDIZEM CD 120 MG CAP ER 24H	Non-Preferred	QL 30 / 30 days
CARDIZEM CD 180 MG CAP ER 24H	Non-Preferred	QL 30 / 30 days
CARDIZEM CD 240 MG CAP ER 24H	Non-Preferred	QL 60 / 30 days
CARDIZEM CD 300 MG CAP ER 24H	Non-Preferred	QL 30 / 30 days
CARDIZEM CD 360 MG CAP ER 24H	Non-Preferred	QL 30 / 30 days
CARDIZEM LA	Non-Preferred	QL 30 / 30 days
cartia xt 120 mg cap er 24h	Preferred	QL 30 / 30 days
cartia xt 180 mg cap er 24h	Preferred	QL 30 / 30 days
cartia xt 240 mg cap er 24h	Preferred	QL 60 / 30 days
cartia xt 300 mg cap er 24h	Preferred	QL 30 / 30 days
dilt-xr 120 mg cap er 24h	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dilt-xr 180 mg cap er 24h	Preferred	QL 30 / 30 days
dilt-xr 240 mg cap er 24h	Preferred	QL 60 / 30 days
diltiazem hcl 120 mg tab	Preferred	QL 60 / 30 days
diltiazem hcl 30 mg tab	Preferred	QL 4 / 1 days
diltiazem hcl 60 mg tab	Preferred	QL 4 / 1 days
diltiazem hcl 90 mg tab	Preferred	QL 90 / 30 days
diltiazem hcl er 120 mg cap er 12h	Non-Preferred	QL 60 / 30 days
diltiazem hcl er 120 mg cap er 24h	Preferred	QL 30 / 30 days
diltiazem hcl er 120 mg tab er 24h	Non-Preferred	
diltiazem hcl er 180 mg cap er 24h	Preferred	QL 30 / 30 days
diltiazem hcl er 180 mg tab er 24h	Non-Preferred	QL 30 / 30 days
diltiazem hcl er 240 mg cap er 24h	Preferred	QL 60 / 30 days
diltiazem hcl er 240 mg tab er 24h	Non-Preferred	QL 30 / 30 days
diltiazem hcl er 300 mg tab er 24h	Non-Preferred	QL 30 / 30 days
diltiazem hcl er 360 mg tab er 24h	Non-Preferred	QL 30 / 30 days
diltiazem hcl er 420 mg tab er 24h	Non-Preferred	QL 30 / 30 days
diltiazem hcl er 60 mg cap er 12h	Non-Preferred	QL 60 / 30 days
diltiazem hcl er 90 mg cap er 12h	Non-Preferred	QL 60 / 30 days
diltiazem hcl er beads 120 mg cap er 24h	Preferred	QL 30 / 30 days
diltiazem hcl er beads 180 mg cap er 24h	Preferred	QL 30 / 30 days
diltiazem hcl er beads 240 mg cap er 24h	Preferred	QL 60 / 30 days
diltiazem hcl er beads 300 mg cap er 24h	Preferred	QL 30 / 30 days
diltiazem hcl er beads 360 mg cap er 24h	Preferred	QL 30 / 30 days
diltiazem hcl er beads 420 mg cap er 24h	Preferred	QL 30 / 30 days
diltiazem hcl er coated beads 120 mg cap er 24h	Preferred	QL 30 / 30 days
diltiazem hcl er coated beads 180 mg cap er 24h	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diltiazem hcl er coated beads 240 mg cap er 24h	Preferred	QL 60 / 30 days
diltiazem hcl er coated beads 300 mg cap er 24h	Preferred	QL 30 / 30 days
diltiazem hcl er coated beads 360 mg cap er 24h	Preferred	QL 30 / 30 days
matzim la	Non-Preferred	QL 30 / 30 days
taztia xt 120 mg cap er 24h	Preferred	QL 30 / 30 days
taztia xt 180 mg cap er 24h	Preferred	QL 30 / 30 days
taztia xt 240 mg cap er 24h	Preferred	QL 60 / 30 days
taztia xt 300 mg cap er 24h	Preferred	QL 30 / 30 days
taztia xt 360 mg cap er 24h	Preferred	QL 30 / 30 days
tiadylt er 120 mg cap er 24h	Preferred	QL 30 / 30 days
tiadylt er 180 mg cap er 24h	Preferred	QL 30 / 30 days
tiadylt er 240 mg cap er 24h	Preferred	QL 60 / 30 days
tiadylt er 300 mg cap er 24h	Preferred	QL 30 / 30 days
tiadylt er 360 mg cap er 24h	Preferred	QL 30 / 30 days
tiadylt er 420 mg cap er 24h	Preferred	QL 30 / 30 days
TIAZAC 120 MG CAP ER 24H	Non-Preferred	QL 30 / 30 days
TIAZAC 180 MG CAP ER 24H	Non-Preferred	QL 30 / 30 days
TIAZAC 240 MG CAP ER 24H	Non-Preferred	QL 60 / 30 days
TIAZAC 300 MG CAP ER 24H	Non-Preferred	QL 30 / 30 days
TIAZAC 360 MG CAP ER 24H	Non-Preferred	QL 30 / 30 days
TIAZAC 420 MG CAP ER 24H	Non-Preferred	QL 30 / 30 days
verapamil hcl 120 mg tab	Preferred	QL 4 / 1 days
verapamil hcl 40 mg tab	Preferred	QL 90 / 30 days
verapamil hcl 80 mg tab	Preferred	QL 4 / 1 days
verapamil hcl er 100 mg cap er 24h	Preferred	
VERAPAMIL HCL ER 100 MG CAP ER 24H	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
verapamil hcl er 120 mg cap er 24h	Preferred	QL 60 / 30 days
verapamil hcl er 120 mg tab er	Preferred	QL 30 / 30 days
verapamil hcl er 180 mg cap er 24h	Preferred	QL 60 / 30 days
verapamil hcl er 180 mg tab er	Preferred	QL 60 / 30 days
verapamil hcl er 200 mg cap er 24h	Preferred	
verapamil hcl er 240 mg cap er 24h	Preferred	QL 60 / 30 days
verapamil hcl er 240 mg tab er	Preferred	QL 60 / 30 days
verapamil hcl er 300 mg cap er 24h	Preferred	
verapamil hcl er 360 mg cap er 24h	Preferred	QL 30 / 30 days
VERELAN 120 MG CAP ER 24H	Non-Preferred	QL 60 / 30 days
VERELAN 180 MG CAP ER 24H	Non-Preferred	QL 60 / 30 days
VERELAN 240 MG CAP ER 24H	Non-Preferred	QL 60 / 30 days
VERELAN 360 MG CAP ER 24H	Non-Preferred	QL 30 / 30 days
VERELAN PM	Non-Preferred	
CARDIOVASCULAR AGENTS, OTHER		
ACCURETIC	Non-Preferred	
acetazolamide 125 mg tab	Preferred	QL 4 / 1 days
acetazolamide 250 mg tab	Preferred	QL 4 / 1 days
ALDACTAZIDE 50-50 MG TAB	Preferred	
aliskiren fumarate	Non-Preferred	
amiloride-hydrochlorothiazide	Preferred	QL 60 / 30 days
amlodipine besy-benazepril hcl	Preferred	QL 30 / 30 days
amlodipine besylate-valsartan 10-160 mg tab	Preferred	
amlodipine besylate-valsartan 10-320 mg tab	Preferred	
amlodipine besylate-valsartan 5-160 mg tab	Preferred	
amlodipine besylate-valsartan 5-320 mg tab	Preferred	
amlodipine-atorvastatin 10-10 mg tab	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
amlodipine-atorvastatin 10-20 mg tab	Non-Preferred	
amlodipine-atorvastatin 10-40 mg tab	Non-Preferred	
amlodipine-atorvastatin 10-80 mg tab	Non-Preferred	
amlodipine-atorvastatin 2.5-10 mg tab	Non-Preferred	
amlodipine-atorvastatin 2.5-20 mg tab	Non-Preferred	
amlodipine-atorvastatin 2.5-40 mg tab	Non-Preferred	
amlodipine-atorvastatin 5-10 mg tab	Non-Preferred	
amlodipine-atorvastatin 5-20 mg tab	Non-Preferred	
amlodipine-atorvastatin 5-40 mg tab	Non-Preferred	
amlodipine-atorvastatin 5-80 mg tab	Non-Preferred	
amlodipine-olmesartan 10-20 mg tab	Preferred	
amlodipine-olmesartan 10-40 mg tab	Preferred	
amlodipine-olmesartan 5-20 mg tab	Preferred	
amlodipine-olmesartan 5-40 mg tab	Preferred	
amlodipine-valsartan-hctz 10-160-12.5 mg tab	Preferred	
amlodipine-valsartan-hctz 10-160-25 mg tab	Preferred	
amlodipine-valsartan-hctz 10-320-25 mg tab	Preferred	
amlodipine-valsartan-hctz 5-160-12.5 mg tab	Preferred	
amlodipine-valsartan-hctz 5-160-25 mg tab	Preferred	
ASPRUZYO SPRINKLE	Non-Preferred	
ATACAND HCT	Non-Preferred	
atenolol-chlorthalidone 100-25 mg tab	Preferred	QL 30 / 30 days
atenolol-chlorthalidone 50-25 mg tab	Preferred	QL 60 / 30 days
AVALIDE	Non-Preferred	QL 30 / 30 days
AZOR	Non-Preferred	
benazepril-hydrochlorothiazide 10-12.5 mg tab	Preferred	
benazepril-hydrochlorothiazide 20-12.5 mg tab	Preferred	
benazepril-hydrochlorothiazide 20-25 mg tab	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
benazepril-hydrochlorothiazide 5-6.25 mg tab	Preferred	
BENICAR HCT	Non-Preferred	QL 30 / 30 days
BIDIL	Non-Preferred	
bisoprolol-hydrochlorothiazide 10-6.25 mg tab	Preferred	QL 60 / 30 day(s)
bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab	Preferred	QL 30 / 30 days
bisoprolol-hydrochlorothiazide 5-6.25 mg tab	Preferred	QL 30 / 30 days
CADUET	Non-Preferred	
candesartan cilexetil-hctz	Preferred	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	Non-Preferred	
DIOVAN HCT 160-12.5 MG TAB	Non-Preferred	QL 60 / 30 days
DIOVAN HCT 160-25 MG TAB	Non-Preferred	QL 60 / 30 days
DIOVAN HCT 320-12.5 MG TAB	Non-Preferred	QL 30 / 30 days
DIOVAN HCT 320-25 MG TAB	Non-Preferred	QL 30 / 30 days
DIOVAN HCT 80-12.5 MG TAB	Non-Preferred	QL 60 / 30 days
EDARBYCLOR	Non-Preferred	
enalapril-hydrochlorothiazide 10-25 mg tab	Preferred	QL 60 / 30 days
enalapril-hydrochlorothiazide 5-12.5 mg tab	Preferred	QL 30 / 30 days
ENTRESTO 15-16 MG CAP SPRINK	Non-Preferred	
ENTRESTO 24-26 MG TAB	Non-Preferred	QL 60 / 30 days
ENTRESTO 49-51 MG TAB	Non-Preferred	QL 60 / 30 days
ENTRESTO 6-6 MG CAP SPRINK	Non-Preferred	
ENTRESTO 97-103 MG TAB	Non-Preferred	QL 60 / 30 days
EXFORGE	Non-Preferred	
EXFORGE HCT	Non-Preferred	
fosinopril sodium-hctz	Preferred	
HYZAAR	Non-Preferred	QL 30 / 30 days
irbesartan-hydrochlorothiazide	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
isosorb dinitrate-hydralazine	Non-Preferred	
lisinopril-hydrochlorothiazide 10-12.5 mg tab	Preferred	QL 30 / 30 days
lisinopril-hydrochlorothiazide 20-12.5 mg tab	Preferred	QL 60 / 30 days
lisinopril-hydrochlorothiazide 20-25 mg tab	Preferred	QL 60 / 30 days
LODOCO	Non-Preferred	
losartan potassium-hctz	Preferred	QL 30 / 30 days
LOTENSIN HCT	Non-Preferred	
LOTREL	Non-Preferred	QL 30 / 30 days
metoprolol-hydrochlorothiazide 100-25 mg tab	Non-Preferred	QL 60 / 30 days
metoprolol-hydrochlorothiazide 100-50 mg tab	Non-Preferred	QL 30 / 30 days
metoprolol-hydrochlorothiazide 50-25 mg tab	Non-Preferred	QL 60 / 30 days
MICARDIS HCT	Non-Preferred	
NEXLETOL	Preferred	PA
olmesartan medoxomil-hctz	Preferred	QL 30 / 30 days
olmesartan-amlodipine-hctz 20-5-12.5 mg tab	Preferred	
olmesartan-amlodipine-hctz 40-10-12.5 mg tab	Preferred	
olmesartan-amlodipine-hctz 40-10-25 mg tab	Preferred	
olmesartan-amlodipine-hctz 40-5-12.5 mg tab	Preferred	
olmesartan-amlodipine-hctz 40-5-25 mg tab	Preferred	
pentoxifylline er	Preferred	QL 90 / 30 days
QUINAPRIL-HYDROCHLOROTHIAZIDE	Non-Preferred	
quinapril-hydrochlorothiazide 10-12.5 mg tab	Non-Preferred	
quinapril-hydrochlorothiazide 20-12.5 mg tab	Non-Preferred	
quinapril-hydrochlorothiazide 20-25 mg tab	Preferred	
RANEXA	Non-Preferred	
ranolazine er	Preferred	PA
REDEMPLO	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sacubitril-valsartan	Preferred	
spironolactone-hctz	Preferred	QL 240 / 30 days
TEKTURNA	Non-Preferred	
TEKTURNA HCT	Non-Preferred	
telmisartan-amlodipine	Preferred	
telmisartan-hctz	Non-Preferred	
TENORETIC 100	Non-Preferred	QL 30 / 30 days
TENORETIC 50	Non-Preferred	QL 60 / 30 days
trandolapril-verapamil hcl er	Preferred	
triamterene-hctz 37.5-25 mg cap	Preferred	QL 60 / 30 days
triamterene-hctz 37.5-25 mg tab	Preferred	QL 30 / 30 days
triamterene-hctz 75-50 mg tab	Preferred	QL 30 / 30 days
TRIBENZOR	Non-Preferred	
TRYNGOLZA	Non-Preferred	
valsartan-hydrochlorothiazide 160-12.5 mg tab	Preferred	QL 60 / 30 days
valsartan-hydrochlorothiazide 160-25 mg tab	Preferred	QL 60 / 30 days
valsartan-hydrochlorothiazide 320-12.5 mg tab	Preferred	QL 30 / 30 days
valsartan-hydrochlorothiazide 320-25 mg tab	Preferred	QL 30 / 30 days
valsartan-hydrochlorothiazide 80-12.5 mg tab	Preferred	QL 60 / 30 days
VASERETIC	Non-Preferred	QL 60 / 30 days
ZESTORETIC 10-12.5 MG TAB	Non-Preferred	QL 30 / 30 days
ZESTORETIC 20-12.5 MG TAB	Non-Preferred	QL 60 / 30 days
ZESTORETIC 20-25 MG TAB	Non-Preferred	QL 60 / 30 days
ZIAC 10-6.25 MG TAB	Non-Preferred	QL 60 / 30 day(s)
ZIAC 2.5-6.25 MG TAB	Non-Preferred	QL 30 / 30 days
ZIAC 5-6.25 MG TAB	Non-Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIURETICS, LOOP		
bumetanide 0.5 mg tab	Preferred	QL 150 / 30 days
bumetanide 1 mg tab	Preferred	QL 180 / 30 days
bumetanide 2 mg tab	Preferred	QL 150 / 30 days
FUROSEMIDE 10 MG/ML SOLUTION	Preferred	QL 1800 / 30 day(s)
furosemide 10 mg/ml solution	Preferred	QL 1800 / 30 day(s)
furosemide 20 mg tab	Preferred	QL 450 / 30 days
furosemide 40 mg tab	Preferred	QL 450 / 30 days
furosemide 8 mg/ml solution	Preferred	QL 2250 / 30 days
furosemide 80 mg tab	Preferred	QL 210 / 30 days
torsemide 10 mg tab	Preferred	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl 5 mg tab	Preferred	QL 4 / 1 days
DIURETICS, THIAZIDE		
chlorthalidone	Preferred	QL 4 / 1 days
DIURIL	Preferred	QL 40 / 1 days
hydrochlorothiazide 12.5 mg cap	Preferred	QL 120 / 30 days
hydrochlorothiazide 12.5 mg tab	Preferred	QL 4 / 1 days
hydrochlorothiazide 25 mg tab	Preferred	QL 4 / 1 days
hydrochlorothiazide 50 mg tab	Preferred	QL 120 / 30 days
indapamide 1.25 mg tab	Preferred	QL 4 / 1 days
indapamide 2.5 mg tab	Preferred	QL 60 / 30 days
metolazone	Preferred	QL 60 / 30 days
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
ANTARA	Non-Preferred	
fenofibrate 120 mg tab	Non-Preferred	
fenofibrate 134 mg cap	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fenofibrate 145 mg tab	Preferred	QL 30 / 30 days
fenofibrate 150 mg cap	Non-Preferred	
fenofibrate 160 mg tab	Preferred	QL 30 / 30 days
fenofibrate 200 mg cap	Preferred	QL 30 / 30 days
fenofibrate 40 mg tab	Non-Preferred	
fenofibrate 48 mg tab	Preferred	QL 30 / 30 days
fenofibrate 50 mg cap	Non-Preferred	
fenofibrate 54 mg tab	Preferred	QL 30 / 30 days
fenofibrate 67 mg cap	Preferred	QL 30 / 30 days
fenofibrate micronized 130 mg cap	Preferred	
fenofibrate micronized 134 mg cap	Preferred	QL 30 / 30 days
fenofibrate micronized 200 mg cap	Preferred	QL 30 / 30 days
FENOFIBRATE MICRONIZED 30 MG CAP	Non-Preferred	
fenofibrate micronized 43 mg cap	Preferred	
fenofibrate micronized 67 mg cap	Preferred	QL 30 / 30 days
FENOFIBRATE MICRONIZED 90 MG CAP	Non-Preferred	
FENOFIBRIC ACID 105 MG TAB	Non-Preferred	
fenofibric acid 135 mg cap dr	Preferred	
FENOFIBRIC ACID 35 MG TAB	Non-Preferred	
fenofibric acid 45 mg cap dr	Preferred	
FENOGLIDE	Non-Preferred	
gemfibrozil 600 mg tab	Preferred	QL 60 / 30 days
LIPOFEN	Non-Preferred	
LOPID	Non-Preferred	QL 60 / 30 days
TRICOR	Non-Preferred	QL 30 / 30 days
TRILIPIX	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
ALTOPREV	Non-Preferred	
ATORVALIQ	Non-Preferred	
atorvastatin calcium 10 mg tab	Preferred	QL 30 / 30 days
atorvastatin calcium 20 mg tab	Preferred	QL 30 / 30 days
atorvastatin calcium 40 mg tab	Preferred	QL 30 / 30 days
atorvastatin calcium 80 mg tab	Preferred	QL 30 / 30 days
CRESTOR	Non-Preferred	QL 30 / 30 days
EZALLOR SPRINKLE	Non-Preferred	
fluvastatin sodium	Non-Preferred	QL 30 / 30 days
fluvastatin sodium er	Non-Preferred	
LESCOL XL	Non-Preferred	
LIPITOR	Non-Preferred	QL 30 / 30 days
LIVALO	Non-Preferred	
lovastatin 10 mg tab	Preferred	QL 30 / 30 days
lovastatin 20 mg tab	Preferred	QL 30 / 30 days
lovastatin 40 mg tab	Preferred	QL 60 / 30 days
pitavastatin calcium	Non-Preferred	
pravastatin sodium	Preferred	QL 30 / 30 days
rosuvastatin calcium 10 mg tab	Preferred	QL 30 / 30 days
rosuvastatin calcium 20 mg tab	Preferred	QL 30 / 30 days
rosuvastatin calcium 40 mg tab	Preferred	QL 30 / 30 days
rosuvastatin calcium 5 mg tab	Preferred	QL 30 / 30 days
simvastatin 10 mg tab	Preferred	QL 30 / 30 days
simvastatin 20 mg tab	Preferred	QL 30 / 30 days
simvastatin 40 mg tab	Preferred	QL 30 / 30 days
simvastatin 5 mg tab	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
simvastatin 80 mg tab	Preferred	QL 30 / 30 days
ZOCOR	Non-Preferred	QL 30 / 30 days
ZYPITAMAG	Non-Preferred	
DYSLIPIDEMICS, OTHER		
cholestyramine 4 gm packet	Preferred	QL 180 / 30 days
cholestyramine 4 gm/dose powder	Preferred	QLC 54 grams/day
cholestyramine light 4 gm packet	Preferred	QL 180 / 30 days
cholestyramine light 4 gm/dose powder	Preferred	QLC 54 grams/day
colesevelam hcl	Non-Preferred	
COLESTID	Non-Preferred	
COLESTID FLAVORED	Non-Preferred	
colestipol hcl 1 gm tab	Preferred	
colestipol hcl 5 gm granules	Non-Preferred	
colestipol hcl 5 gm packet	Non-Preferred	
EVKEEZA	Non-Preferred	
ezetimibe	Preferred	QL 30 / 30 days
EZETIMIBE-ROSUVASTATIN	Non-Preferred	
ezetimibe-simvastatin	Non-Preferred	
icosapent ethyl 0.5 gm cap	Non-Preferred	
icosapent ethyl 1 gm cap	Non-Preferred	QL 120 / 30 days
JUXTAPID	Non-Preferred	
LEQVIO	Non-Preferred	
LOVAZA	Non-Preferred	
NEXLIZET	Preferred	PA
NIACIN (ANTIHYPERLIPIDEMIC)	Non-Preferred	
niacin er (antihyperlipidemic) 1000 mg tab er	Non-Preferred	
niacin er (antihyperlipidemic) 500 mg tab er	Non-Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
niacin er (antihyperlipidemic) 750 mg tab er	Non-Preferred	
NIACOR	Non-Preferred	
NIASPAN	Non-Preferred	
omega-3-acid ethyl esters	Preferred	QL 4 / 1 days
PRALUENT	Preferred	QL 2 / 28 days PA
prevalite 4 gm packet	Preferred	QL 180 / 30 days
prevalite 4 gm/dose powder	Preferred	QLC 54 grams/day
QUESTRAN	Non-Preferred	
QUESTRAN LIGHT	Non-Preferred	
REPATHA	Preferred	QL 3 / 28 days PA
REPATHA PUSHTRONEX SYSTEM	Preferred	PA
REPATHA SURECLICK	Preferred	QL 3 / 28 days PA
ROSZET	Non-Preferred	
VASCEPA 0.5 GM CAP	Non-Preferred	QL 240 / 30 days
VASCEPA 1 GM CAP	Non-Preferred	QL 120 / 30 days
vitamin d-3 25 mcg (1000 ut) tab	Preferred	
vitamin d3 25 mcg (1000 ut) tab	Preferred	
VYTORIN	Non-Preferred	
WELCHOL	Non-Preferred	
ZETIA	Non-Preferred	QL 30 / 30 days
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
spironolactone 100 mg tab	Preferred	QL 120 / 30 day(s)
spironolactone 25 mg tab	Preferred	QL 90 / 30 day(s)
spironolactone 50 mg tab	Preferred	QL 90 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
dapagliflozin propanediol	Non-Preferred	
FARXIGA	Preferred	
INPEFA	Non-Preferred	
INVOKANA	Non-Preferred	
JARDIANCE	Preferred	QL 30 / 30 days
STEGLATRO	Non-Preferred	QL 30 / 30 days
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl 10 mg tab	Preferred	QL 4 / 1 days
hydralazine hcl 100 mg tab	Preferred	QL 90 / 30 days
hydralazine hcl 25 mg tab	Preferred	QL 4 / 1 days
hydralazine hcl 50 mg tab	Preferred	QL 4 / 1 days
minoxidil 10 mg tab	Preferred	QL 300 / 30 days
minoxidil 2.5 mg tab	Preferred	QL 4 / 1 days
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
GONITRO	Non-Preferred	
ISORDIL TITRADOSE	Non-Preferred	
isosorbide dinitrate 10 mg tab	Non-Preferred	QL 240 / 30 days
isosorbide dinitrate 20 mg tab	Non-Preferred	QL 240 / 30 days
isosorbide dinitrate 30 mg tab	Non-Preferred	QL 240 / 30 days
isosorbide dinitrate 40 mg tab	Non-Preferred	
isosorbide dinitrate 5 mg tab	Non-Preferred	QL 240 / 30 days
ISOSORBIDE MONONITRATE	Preferred	
isosorbide mononitrate	Preferred	
isosorbide mononitrate er 120 mg tab er 24h	Preferred	QL 60 / 30 days
isosorbide mononitrate er 30 mg tab er 24h	Preferred	QL 90 / 30 days
isosorbide mononitrate er 60 mg tab er 24h	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NITRO-BID	Preferred	
NITRO-DUR 0.1 MG/HR PATCH 24HR	Non-Preferred	QL 30 / 30 days
NITRO-DUR 0.2 MG/HR PATCH 24HR	Non-Preferred	QL 30 / 30 days
NITRO-DUR 0.3 MG/HR PATCH 24HR	Non-Preferred	
NITRO-DUR 0.4 MG/HR PATCH 24HR	Non-Preferred	QL 30 / 30 days
NITRO-DUR 0.6 MG/HR PATCH 24HR	Non-Preferred	QL 30 / 30 days
NITRO-DUR 0.8 MG/HR PATCH 24HR	Non-Preferred	
nitroglycerin 0.1 mg/hr patch 24hr	Preferred	QL 30 / 30 days
nitroglycerin 0.2 mg/hr patch 24hr	Preferred	QL 30 / 30 days
nitroglycerin 0.3 mg sl tab	Preferred	
nitroglycerin 0.4 mg sl tab	Preferred	
nitroglycerin 0.4 mg/hr patch 24hr	Preferred	QL 30 / 30 days
nitroglycerin 0.4 mg/spray solution	Non-Preferred	
nitroglycerin 0.6 mg sl tab	Preferred	
nitroglycerin 0.6 mg/hr patch 24hr	Preferred	QL 30 / 30 days
NITROLINGUAL	Non-Preferred	
NITROMIST	Non-Preferred	
NITROSTAT	Non-Preferred	
CENTRAL NERVOUS SYSTEM AGENTS ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
ADDERALL 10 MG TAB	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL 12.5 MG TAB	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL 15 MG TAB	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADDERALL 20 MG TAB	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL 30 MG TAB	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL 5 MG TAB	Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL 7.5 MG TAB	Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL XR	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADZENYS XR-ODT	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphet-dextroamphet 3-bead er	Non-Preferred	
amphetamine er	Non-Preferred	
amphetamine sulfate	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphetamine-dextroamphet er	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphetamine-dextroamphetamine 10 mg tab	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
amphetamine-dextroamphetamine 15 mg tab	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphetamine-dextroamphetamine 20 mg tab	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphetamine-dextroamphetamine 30 mg tab	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphetamine-dextroamphetamine 5 mg tab	Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphetamine-dextroamphetamine 7.5 mg tab	Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
AZSTARYS	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
DESOXYN	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
DEXEDRINE	Non-Preferred	
dextroamphetamine sulfate 10 mg tab	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate 15 mg tab	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dextroamphetamine sulfate 20 mg tab	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate 30 mg tab	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate 5 mg tab	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate 5 mg/5ml solution	Non-Preferred	QL 60 mL / 1 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate 7.5 mg tab	Preferred	QL 90 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate er 10 mg cap er 24h	Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate er 15 mg cap er 24h	Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate er 5 mg cap er 24h	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
DYANAVEL XR 10 MG TAB ER	Non-Preferred	
DYANAVEL XR 15 MG TAB ER	Non-Preferred	
DYANAVEL XR 2.5 MG/ML SUSP	Preferred	QL 240 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DYANAVEL XR 20 MG TAB ER	Non-Preferred	
DYANAVEL XR 5 MG TAB ER	Non-Preferred	
EVEKEO	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
EVEKEO ODT	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate 10 mg cap	Preferred	QL 30 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate 10 mg chew tab	Non-Preferred	QL 30 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate 20 mg cap	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate 20 mg chew tab	Non-Preferred	QL 30 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate 30 mg cap	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate 30 mg chew tab	Non-Preferred	QL 30 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate 40 mg cap	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lisdexamfetamine dimesylate 50 mg cap	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate 50 mg chew tab	Non-Preferred	QL 30 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate 60 mg cap	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate 60 mg chew tab	Non-Preferred	QL 30 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate 70 mg cap	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methamphetamine hcl	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
MYDAYIS	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
procentra	Preferred	QL 60 mL / 1 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 10 MG CAP	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 10 MG CHEW TAB	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VYVANSE 20 MG CAP	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 20 MG CHEW TAB	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 30 MG CAP	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 30 MG CHEW TAB	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 40 MG CAP	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 40 MG CHEW TAB	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 50 MG CAP	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 50 MG CHEW TAB	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 60 MG CAP	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VYVANSE 70 MG CAP	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
XELSTRYM	Non-Preferred	
zenzedi 10 mg tab	Non-Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
zenzedi 15 mg tab	Non-Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
zenzedi 2.5 mg tab	Non-Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
zenzedi 20 mg tab	Non-Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
zenzedi 30 mg tab	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
zenzedi 5 mg tab	Non-Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
zenzedi 7.5 mg tab	Non-Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
ADHANSIA XR	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
APTENSIO XR	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl 10 mg cap	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl 100 mg cap	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl 18 mg cap	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl 25 mg cap	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl 40 mg cap	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl 60 mg cap	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl 80 mg cap	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
clonidine hcl er	Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
CONCERTA 18 MG TAB ER	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CONCERTA 27 MG TAB ER	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
CONCERTA 36 MG TAB ER	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
CONCERTA 54 MG TAB ER	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
COTEMPLA XR-ODT	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
DAYTRANA	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er 10 mg cap er 24h	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er 15 mg cap er 24h	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er 20 mg cap er 24h	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er 25 mg cap er 24h	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dexmethylphenidate hcl er 30 mg cap er 24h	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er 35 mg cap er 24h	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er 40 mg cap er 24h	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er 5 mg cap er 24h	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN XR 10 MG CAP ER 24H	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN XR 15 MG CAP ER 24H	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN XR 20 MG CAP ER 24H	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN XR 25 MG CAP ER 24H	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FOCALIN XR 35 MG CAP ER 24H	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN XR 40 MG CAP ER 24H	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN XR 5 MG CAP ER 24H	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
guanfacine hcl er 1 mg tab er 24h	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
guanfacine hcl er 2 mg tab er 24h	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
guanfacine hcl er 3 mg tab er 24h	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
guanfacine hcl er 4 mg tab er 24h	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
INTUNIV 1 MG TAB ER 24H	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
INTUNIV 2 MG TAB ER 24H	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INTUNIV 4 MG TAB ER 24H	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
JORNAY PM	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
KAPVAY	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
METADATE CD	Non-Preferred	
METHYLIN	Non-Preferred	QL 900 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl 10 mg chew tab	Non-Preferred	QL 180 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl 10 mg tab	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl 10 mg/5ml solution	Preferred	QL 900 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl 2.5 mg chew tab	Non-Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl 20 mg tab	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylphenidate hcl 5 mg chew tab	Non-Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl 5 mg tab	Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl 5 mg/5ml solution	Preferred	QL 900 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (cd) 10 mg cap er	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (cd) 20 mg cap er	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (cd) 30 mg cap er	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (cd) 40 mg cap er	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (cd) 50 mg cap er	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (cd) 60 mg cap er	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylphenidate hcl er (la) 20 mg cap er 24h	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (la) 30 mg cap er 24h	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (la) 40 mg cap er 24h	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (la) 60 mg cap er 24h	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (osm) 18 mg tab er	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (osm) 27 mg tab er	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (osm) 36 mg tab er	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
METHYLPHENIDATE HCL ER (OSM) 45 MG TAB ER	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (osm) 54 mg tab er	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
METHYLPHENIDATE HCL ER (OSM) 63 MG TAB ER	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylphenidate hcl er (osm) 72 mg tab er	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (xr)	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er 10 mg tab er	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er 18 mg tab er	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er 18 mg tab er 24h	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er 20 mg tab er	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er 27 mg tab er	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
METHYLPHENIDATE HCL ER 27 MG TAB ER 24H	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er 36 mg tab er	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
METHYLPHENIDATE HCL ER 36 MG TAB ER 24H	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylphenidate hcl er 54 mg tab er	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
METHYLPHENIDATE HCL ER 54 MG TAB ER 24H	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ONYDA XR	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
QELBREE 100 MG CAP ER 24H	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
QELBREE 150 MG CAP ER 24H	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
QELBREE 200 MG CAP ER 24H	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
QUILLICHEW ER 20 MG CHER	Preferred	QL 45 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
QUILLICHEW ER 30 MG CHER	Preferred	QL 60 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
QUILLICHEW ER 40 MG CHER	Preferred	QL 45 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
QUILLIVANT XR	Preferred	QL 360 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELEXXII 18 MG TAB ER	Non-Preferred	
RELEXXII 27 MG TAB ER	Non-Preferred	
RELEXXII 36 MG TAB ER	Non-Preferred	QL 60 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
RELEXXII 45 MG TAB ER	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
RELEXXII 54 MG TAB ER	Non-Preferred	
RELEXXII 63 MG TAB ER	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
RELEXXII 72 MG TAB ER	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN 10 MG TAB	Non-Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN 20 MG TAB	Non-Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN 5 MG TAB	Non-Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN LA 10 MG CAP ER 24H	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN LA 20 MG CAP ER 24H	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RITALIN LA 40 MG CAP ER 24H	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA 10 MG CAP	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA 100 MG CAP	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA 18 MG CAP	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA 25 MG CAP	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA 40 MG CAP	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA 60 MG CAP	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA 80 MG CAP	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
CENTRAL NERVOUS SYSTEM, OTHER		
8 hr arthritis pain relief	Preferred	
8hr muscle aches & pain relief	Preferred	
acetaminophen 120 mg suppos	Preferred	QL 5 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
acetaminophen 160 mg/5ml liquid	Preferred	QL 30 / 1 days
acetaminophen 160 mg/5ml solution	Preferred	QL 30 / 1 days
acetaminophen 160 mg/5ml suspension	Preferred	QL 30 / 1 days
acetaminophen 325 mg tab	Preferred	
acetaminophen 325 mg/10.15ml solution	Preferred	QL 30 / 1 days
acetaminophen 500 mg tab	Preferred	
acetaminophen 650 mg suppos	Preferred	QL 6 / 1 days
acetaminophen 650 mg/20.3ml solution	Preferred	QL 30 / 1 days
acetaminophen 650 mg/20.3ml suspension	Preferred	QL 30 / 1 days
acetaminophen childrens 160 mg/5ml liquid	Preferred	QL 30 / 1 days
acetaminophen childrens 160 mg/5ml solution	Preferred	QL 30 / 1 days
acetaminophen childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days
acetaminophen extra strength 500 mg tab	Preferred	
acetaminophen infants	Preferred	QL 30 / 1 days
ALLZITAL	Non-Preferred	
aminofen	Preferred	
aphen	Preferred	
aurophen childrens	Preferred	QL 30 / 1 days
AUSTEDO 12 MG TAB	Preferred	QL 120 / 30 day(s) PA
AUSTEDO 6 MG TAB	Preferred	QL 60 / 30 day(s) PA
AUSTEDO 9 MG TAB	Preferred	QL 120 / 30 day(s) PA
AUSTEDO XR 12 MG TAB ER 24H	Preferred	QL 30 / 30 day(s) PA
AUSTEDO XR 18 MG TAB ER 24H	Preferred	QL 30 / 30 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR 24 MG TAB ER 24H	Preferred	QL 60 / 30 day(s) PA
AUSTEDO XR 30 MG TAB ER 24H	Preferred	QL 30 / 30 day(s) PA
AUSTEDO XR 36 MG TAB ER 24H	Preferred	QL 30 / 30 day(s) PA
AUSTEDO XR 42 MG TAB ER 24H	Preferred	QL 30 / 30 day(s) PA
AUSTEDO XR 48 MG TAB ER 24H	Preferred	QL 30 / 30 day(s) PA
AUSTEDO XR 6 MG TAB ER 24H	Preferred	QL 90 / 30 day(s) PA
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	Preferred	QL 28 / 28 day(s) PA
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	Preferred	PA
bac (butalbital-acetamin-caff)	Preferred	PA QLC Max 18 tabs/caps per month
betatemp childrens	Preferred	QL 30 / 1 days
bupap	Non-Preferred	QLC Max 18 tabs/caps per month
butalbital-acetaminophen	Non-Preferred	QLC Max 18 tabs/caps per month
butalbital-apap-caffeine 50-300-40 mg cap	Non-Preferred	QLC Max 18 tabs/caps per month
butalbital-apap-caffeine 50-325-40 mg cap	Non-Preferred	QLC Max 18 tabs/caps per month
butalbital-apap-caffeine 50-325-40 mg tab	Preferred	PA QLC Max 18 tabs/caps per month
BUTALBITAL-APAP-CAFFEINE 50-325-40 MG/15ML SOLUTION	Non-Preferred	QLC 270 mL/30 days
childrens acetaminophen	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
childrens non-aspirin 160 mg/5ml suspension	Preferred	QL 30 / 1 days
childrens silapap	Preferred	QL 30 / 1 days
curanol	Preferred	QL 30 / 1 days
cvs acetaminophen 325 mg tab	Preferred	
cvs acetaminophen ex st 500 mg tab	Preferred	
cvs fever reducing childrens	Preferred	QL 5 / 1 days
cvs infants pain relief drops	Preferred	QL 30 / 1 days
cvs non-aspirin extra strength	Preferred	
cvs pain & fever childrens	Preferred	QL 30 / 1 days
cvs pain & fever infants	Preferred	QL 30 / 1 days
cvs pain relief 500 mg tab	Preferred	
cvs pain relief extra strength	Preferred	
cvs pain relief regular st	Preferred	
DIETHYLPROPION HCL ER	Non-Preferred	
ed-apap	Preferred	QL 30 / 1 days
eq 8hr arthritis pain relief	Preferred	
eq acetaminophen	Preferred	
eq pain & fever childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days
eq pain & fever infants	Preferred	QL 30 / 1 days
eq pain reliever 160 mg/5ml suspension	Preferred	QL 30 / 1 days
eq pain reliever 325 mg tab	Preferred	
eq pain reliever 500 mg tab	Preferred	
eq pain reliever ex st	Preferred	
eql acetaminophen	Preferred	
eql acetaminophen childrens	Preferred	QL 30 / 1 days
eql acetaminophen ex st	Preferred	
eql acetaminophen infants	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
esgic 50-325-40 mg cap	Non-Preferred	QLC Max 18 tabs/caps per month
ESGIC 50-325-40 MG TAB	Non-Preferred	QLC Max 18 tabs/caps per month
feverall adults	Preferred	QL 6 / 1 days
feverall childrens	Preferred	QL 5 / 1 days
FEVERALL INFANTS	Preferred	QL 5 / 1 days
FEVERALL JUNIOR STRENGTH	Preferred	QL 5 / 1 days
FIORICET	Non-Preferred	QLC Max 18 tabs/caps per month
ft pain & fever childrens	Preferred	QL 30 / 1 days
ft pain & fever infants	Preferred	QL 30 / 1 days
ft pain relief 325 mg tab	Preferred	
ft pain relief adult extra st	Preferred	
ft pain relief extra strength	Preferred	
ft pain reliever adults	Preferred	QL 6 / 1 days
ft pain reliever children	Preferred	QL 5 / 1 days
ft pain reliever ex str adult	Preferred	
ft pain reliver extra st adult	Preferred	
ft rapid release pain relief	Preferred	
gabapentin (once-daily) 300 mg tab	Non-Preferred	QL 30 / 30 day(s)
gabapentin (once-daily) 450 mg tab	Non-Preferred	
gabapentin (once-daily) 600 mg tab	Non-Preferred	QL 60 / 30 day(s)
gabapentin (once-daily) 750 mg tab	Non-Preferred	
gabapentin (once-daily) 900 mg tab	Non-Preferred	
gnp 8 hour pain relief	Preferred	
gnp acetaminophen 325 mg tab	Preferred	
gnp children's pain & fever	Preferred	QL 30 / 1 days
gnp infants pain/fever	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gnp pain & fever childrens	Preferred	QL 30 / 1 days
gnp pain & fever infants	Preferred	QL 30 / 1 days
gnp pain relief 325 mg tab	Preferred	
gnp pain relief extra strength	Preferred	
goodsense pain & fever child	Preferred	QL 30 / 1 days
goodsense pain & fever infants	Preferred	QL 30 / 1 days
goodsense pain relief 325 mg tab	Preferred	
goodsense pain relief extra st	Preferred	
GRALISE 300 MG TAB	Non-Preferred	QL 30 / 30 day(s)
GRALISE 450 MG TAB	Non-Preferred	QL 30 / 30 day(s)
GRALISE 600 MG TAB	Non-Preferred	QL 60 / 30 day(s)
GRALISE 750 MG TAB	Non-Preferred	QL 60 / 30 day(s)
GRALISE 900 MG TAB	Non-Preferred	QL 60 / 30 day(s)
healthy mama shake that ache	Preferred	
hm pain & fever childrens	Preferred	QL 30 / 1 days
hm pain & fever infants	Preferred	QL 30 / 1 days
hm pain relief extra strength	Preferred	
hm pain relieve child dye-free	Preferred	QL 30 / 1 days
hm pain reliever	Preferred	
hm pain reliever childrens	Preferred	QL 30 / 1 days
hm pain reliever infants	Preferred	QL 30 / 1 days
HORIZANT	Non-Preferred	QL 60 / 30 day(s)
infants pain & fever	Preferred	QL 30 / 1 days
INGREZZA 40 & 80 MG CAP THPK	Preferred	PA
INGREZZA 40 MG CAP	Preferred	QL 30 / 30 days PA
INGREZZA 40 MG CAP SPRINK	Preferred	QL 30 / 30 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INGREZZA 60 MG CAP	Preferred	QL 30 / 30 days PA
INGREZZA 60 MG CAP SPRINK	Preferred	QL 30 / 30 day(s) PA
INGREZZA 80 MG CAP	Preferred	QL 30 / 30 days PA
INGREZZA 80 MG CAP SPRINK	Preferred	QL 30 / 30 day(s) PA
JOURNAVX	Non-Preferred	PA QLC max 2.5 tablets per day; limited to a 14-day supply per 90 days
kls acetaminophen ex st	Preferred	
liquid acetaminophen	Preferred	QL 30 / 1 days
liquid pain relief	Preferred	QL 30 / 1 days
little remedies for fever	Preferred	QL 30 / 1 days
m-pap	Preferred	QL 30 / 1 days
max relief jr child pain/fever	Preferred	QL 30 / 1 days
max relief junior	Preferred	QL 30 / 1 days
medi-tabs extra strength	Preferred	
meijer aspirin free	Preferred	
midazolam hcl 2 mg/ml syrup	Non-Preferred	
mm acetaminophen ex str	Preferred	
non-aspirin	Preferred	
non-aspirin extra strength	Preferred	
non-aspirin pain relief	Preferred	
pain & fever childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days
pain & fever infants	Preferred	QL 30 / 1 days
pain & fever kids	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pain and fever relief kids	Preferred	QL 30 / 1 days
pain relief childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days
pain relief extra strength 500 mg tab	Preferred	
pain relief regular strength	Preferred	
pain reliever 325 mg tab	Preferred	
pain reliever extra strength 500 mg tab	Preferred	
pain reliever for adults	Preferred	
pain reliever/fever reducer	Preferred	QL 5 / 1 days
panadol childrens	Preferred	QL 30 / 1 days
panadol extra strength	Preferred	
panadol infants	Preferred	QL 30 / 1 days
pediacare children	Preferred	QL 30 / 1 days
pediacare infant fever/pain	Preferred	QL 30 / 1 days
pediacare infants	Preferred	QL 30 / 1 days
pharbetol	Preferred	
pharbetol extra strength	Preferred	
px childrens pain relief	Preferred	QL 30 / 1 days
px pain relief extra strength	Preferred	
qc 8 hour arthritis pain	Preferred	
qc 8 hour pain relief	Preferred	
qc acetaminophen infants	Preferred	QL 30 / 1 days
qc non-aspirin childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days
qc non-aspirin extra strength	Preferred	
qc pain relief 325 mg tab	Preferred	
qc pain relief childrens	Preferred	QL 30 / 1 days
qc pain relief extra strength 500 mg tab	Preferred	
qc pain relief infants	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ra acetaminophen	Preferred	
ra acetaminophen ex st	Preferred	
ra childrens fever/pain	Preferred	QL 30 / 1 days
ra fever reducer/pain reliever	Preferred	QL 30 / 1 days
ra pain relief acetaminophen	Preferred	
sb non-aspirin 325 mg tab	Preferred	
sb non-aspirin extra strength	Preferred	
sb pain reliever childrens	Preferred	QL 30 / 1 days
sb pain reliever ex st	Preferred	
sm pain & fever childrens	Preferred	QL 30 / 1 days
sm pain & fever infants	Preferred	QL 30 / 1 days
sm pain relief	Preferred	
sm pain relief extra strength	Preferred	
sm pain reliever	Preferred	
sm pain reliever childrens	Preferred	QL 30 / 1 days
sm pain reliever ex st 500 mg tab	Preferred	
tetrabenazine	Preferred	PA
tylenol 325 mg tab	Preferred	
tylenol 8 hour	Preferred	
tylenol 8 hour arthritis pain	Preferred	
tylenol childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days
tylenol childrens pain + fever 160 mg/5ml suspension	Preferred	QL 30 / 1 days
tylenol extra strength	Preferred	
tylenol for children + adults	Preferred	QL 30 / 1 days
tylenol infants pain+fever	Preferred	QL 30 / 1 days
VTOL LQ	Non-Preferred	QLC 270 mL/30 days
XENAZINE	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
zebutal	Non-Preferred	QLC Max 18 tabs/caps per month
FIBROMYALGIA AGENTS		
CYMBALTA 20 MG CP DR PART	Non-Preferred	QL 120 / 30 day(s)
CYMBALTA 30 MG CP DR PART	Non-Preferred	QL 60 / 30 days
CYMBALTA 60 MG CP DR PART	Non-Preferred	QL 60 / 30 days
DRIZALMA SPRINKLE	Non-Preferred	
duloxetine hcl 20 mg cp dr part	Preferred	QL 120 / 30 day(s)
duloxetine hcl 30 mg cp dr part	Preferred	QL 60 / 30 days
duloxetine hcl 40 mg cp dr part	Non-Preferred	QL 30 / 30 days
duloxetine hcl 60 mg cp dr part	Preferred	QL 60 / 30 days
LYRICA 100 MG CAP	Non-Preferred	QL 90 / 30 days
LYRICA 150 MG CAP	Non-Preferred	QL 90 / 30 days
LYRICA 20 MG/ML SOLUTION	Non-Preferred	QLC 30 mL/day
LYRICA 200 MG CAP	Non-Preferred	QL 90 / 30 days
LYRICA 225 MG CAP	Non-Preferred	QL 60 / 30 days
LYRICA 25 MG CAP	Non-Preferred	QL 90 / 30 days
LYRICA 300 MG CAP	Non-Preferred	QL 60 / 30 days
LYRICA 50 MG CAP	Non-Preferred	QL 90 / 30 days
LYRICA 75 MG CAP	Non-Preferred	QL 90 / 30 days
LYRICA CR 165 MG TAB ER 24H	Non-Preferred	QL 90 / 30 days
LYRICA CR 330 MG TAB ER 24H	Non-Preferred	QL 60 / 30 days
LYRICA CR 82.5 MG TAB ER 24H	Non-Preferred	QL 90 / 30 days
pregabalin 100 mg cap	Preferred	QL 90 / 30 days
pregabalin 150 mg cap	Preferred	QL 90 / 30 days
pregabalin 20 mg/ml solution	Preferred	QLC 30 mL/day
pregabalin 200 mg cap	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pregabalin 225 mg cap	Preferred	QL 60 / 30 days
pregabalin 25 mg cap	Preferred	QL 90 / 30 days
pregabalin 300 mg cap	Preferred	QL 60 / 30 days
pregabalin 50 mg cap	Preferred	QL 90 / 30 days
pregabalin 75 mg cap	Preferred	QL 90 / 30 days
pregabalin er	Non-Preferred	
SAVELLA	Non-Preferred	
SAVELLA TITRATION PACK	Non-Preferred	
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	Non-Preferred	QL 60 / 30 days
AUBAGIO	Non-Preferred	
AVONEX PEN	Preferred	
AVONEX PREFILLED	Preferred	
BAFIERTAM	Non-Preferred	QL 120 / 30 days
BETASERON	Preferred	
BRIUMVI	Preferred	PA
cladribine (10 tabs)	Non-Preferred	
cladribine (4 tabs)	Non-Preferred	
cladribine (5 tabs)	Non-Preferred	
cladribine (6 tabs)	Non-Preferred	
cladribine (7 tabs)	Non-Preferred	
cladribine (8 tabs)	Non-Preferred	
cladribine (9 tabs)	Non-Preferred	
COPAXONE 20 MG/ML SOLN PRSYR	Non-Preferred	QL 30 / 30 days
COPAXONE 40 MG/ML SOLN PRSYR	Non-Preferred	QL 12 / 28 days
dalfampridine er	Preferred	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dimethyl fumarate 120 mg cap dr	Preferred	PA
dimethyl fumarate 240 mg cap dr	Preferred	PA
dimethyl fumarate starter pack	Preferred	PA
EXTAVIA	Non-Preferred	
fingolimod hcl	Preferred	
GILENYA 0.25 MG CAP	Non-Preferred	
GILENYA 0.5 MG CAP	Non-Preferred	PA
glatiramer acetate 20 mg/ml soln prsyr	Preferred	QL 30 / 30 days
glatiramer acetate 40 mg/ml soln prsyr	Preferred	QL 12 / 28 days
glatopa 20 mg/ml soln prsyr	Preferred	QL 30 / 30 days
glatopa 40 mg/ml soln prsyr	Preferred	QL 12 / 28 days
KESIMPTA	Preferred	PA
LEMTRADA	Non-Preferred	
MAVENCLAD (10 TABS)	Non-Preferred	
MAVENCLAD (4 TABS)	Non-Preferred	
MAVENCLAD (5 TABS)	Non-Preferred	
MAVENCLAD (6 TABS)	Non-Preferred	
MAVENCLAD (7 TABS)	Non-Preferred	
MAVENCLAD (8 TABS)	Non-Preferred	
MAVENCLAD (9 TABS)	Non-Preferred	
MAYZENT 0.25 MG TAB	Non-Preferred	QL 120 / 30 days
MAYZENT 1 MG TAB	Non-Preferred	
MAYZENT 2 MG TAB	Non-Preferred	QL 30 / 30 days
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	Non-Preferred	QLC 1 fill per lifetime
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	Non-Preferred	
OCREVUS	Preferred	PA
OCREVUS ZUNOVO	Non-Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PLEGRIDY	Non-Preferred	
PLEGRIDY STARTER PACK	Non-Preferred	
PONVORY	Non-Preferred	QL 30 / 30 days
PONVORY STARTER PACK	Non-Preferred	QL 14 / 14 days
REBIF	Preferred	
REBIF REBIDOSE	Preferred	
REBIF REBIDOSE TITRATION PACK	Preferred	
REBIF TITRATION PACK	Preferred	
TASCENSO ODT	Non-Preferred	
TECFIDERA	Non-Preferred	
teriflunomide	Preferred	QL 30 / 30 days PA
TYRUKO	Non-Preferred	
TYSABRI	Preferred	PA
VUMERITY	Non-Preferred	QL 120 / 30 days
ZEPOSIA	Non-Preferred	QL 30 / 30 days
ZEPOSIA 7-DAY STARTER PACK	Non-Preferred	QLC 1 fill per lifetime
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	Non-Preferred	QLC 1 fill per lifetime
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	Non-Preferred	
DENTAL AND ORAL AGENTS		
chlorhexidine gluconate 0.12 % solution	Preferred	QL 946 mL / 30 day(s)
DENTAGEL	Preferred	
dentagel	Preferred	
FRAICHE 5000 DENTAL	Preferred	
just right 5000 1.1 % gel	Preferred	
kourzeq	Preferred	
oralone	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
periogard	Preferred	QL 946 mL / 30 day(s)
pilocarpine hcl 5 mg tab	Preferred	QL 4 / 1 days
pilocarpine hcl 7.5 mg tab	Preferred	QL 4 / 1 days
SF	Preferred	
SODIUM FLUORIDE 1.1 % GEL	Preferred	
sodium fluoride 1.1 % gel	Preferred	
SODIUM FLUORIDE 5000 PPM 1.1 % GEL	Preferred	
triamcinolone acetonide 0.1 % paste	Preferred	
DERMATOLOGICAL AGENTS ACNE AND ROSACEA AGENTS		
ABSORICA	Non-Preferred	PA
ABSORICA LD	Non-Preferred	
ACANYA	Non-Preferred	
accutane	Non-Preferred	PA
acitretin	Preferred	
acne medication 10	Preferred	
acne medication 2.5	Preferred	
acne medication 5	Preferred	
adapalene 0.1 % cream	Non-Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene 0.1 % gel	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
ADAPALENE 0.1 % SOLUTION	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene 0.3 % gel pump	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
adapalene 0.3 % gel tube	Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene treatment	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene-benzoyl peroxide 0.1-2.5 % gel	Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene-benzoyl peroxide 0.3-2.5 % gel	Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
AKLIEF	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
ALTRENO	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
amnesteem	Preferred	PA
AMZEEQ	Non-Preferred	
ARAZLO	Non-Preferred	
ATRALIN	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
avita 0.025 % cream	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
avita 0.025 % gel	Non-Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
azelaic acid 15 % gel	Preferred	QL 50 / 30 day(s)
AZELEX	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BENZACLIN	Non-Preferred	
BENZACLIN WITH PUMP	Non-Preferred	
BENZAMYCIN	Non-Preferred	
benzoyl peroxide 10 % gel	Preferred	
BENZOYL PEROXIDE 10 % LOTION	Preferred	
BENZOYL PEROXIDE 2.5 % GEL	Preferred	
benzoyl peroxide 5 % gel	Preferred	
BENZOYL PEROXIDE 5 % LOTION	Preferred	
benzoyl peroxide-erythromycin	Preferred	
BPO	Non-Preferred	
CABTREO	Non-Preferred	
claravis	Preferred	PA
CLINDACIN ETZ 1 % KIT	Non-Preferred	
CLINDACIN PAC	Non-Preferred	
clindamycin phos-benzoyl perox 1-5 % gel	Non-Preferred	
clindamycin phos-benzoyl perox 1-5 % gel pump	Non-Preferred	
clindamycin phos-benzoyl perox 1.2-2.5 % gel	Non-Preferred	
clindamycin phos-benzoyl perox 1.2-3.75 % gel	Non-Preferred	
clindamycin phos-benzoyl perox 1.2-5 % gel	Preferred	
clindamycin-tretinoin	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
CLINDAVIX	Non-Preferred	
cvs adapalene	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.1 % CREAM	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIFFERIN 0.1 % GEL	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
differin 0.1 % gel	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.1 % LOTION	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.3 % GEL	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
EPIDUO	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
EPIDUO FORTE	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
FABIOR	Non-Preferred	
isotretinoin 10 mg cap	Preferred	PA
isotretinoin 20 mg cap	Preferred	PA
isotretinoin 25 mg cap	Non-Preferred	PA
isotretinoin 30 mg cap	Preferred	PA
isotretinoin 35 mg cap	Non-Preferred	PA
isotretinoin 40 mg cap	Preferred	PA
KLARON	Non-Preferred	
medpura benzoyl peroxide 10 % gel	Preferred	
medpura benzoyl peroxide 5 % gel	Preferred	
neuac 1.2-5 % gel	Non-Preferred	
NEUAC 1.2-5 % KIT	Non-Preferred	
ONEXTON	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
panoxyl acne treatment	Preferred	
RETIN-A	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
RETIN-A MICRO	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
RETIN-A MICRO PUMP	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
sulfacetamide sodium (acne)	Non-Preferred	
tazarotene 0.05 % cream	Non-Preferred	
tazarotene 0.05 % gel	Non-Preferred	
tazarotene 0.1 % cream	Non-Preferred	QL 30 / 30 days
TAZAROTENE 0.1 % FOAM	Non-Preferred	
tazarotene 0.1 % gel	Non-Preferred	
tretinoin 0.01 % gel	Non-Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
tretinoin 0.025 % cream	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
tretinoin 0.025 % gel	Non-Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
tretinoin 0.05 % cream	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
tretinoin 0.05 % gel	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tretinoin 0.1 % cream	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
tretinoin microsphere 0.04 % gel	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
TRETINOIN MICROSPHERE 0.04 % GEL	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
tretinoin microsphere 0.08 % gel	Non-Preferred	
tretinoin microsphere 0.1 % gel	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
TRETINOIN MICROSPHERE 0.1 % GEL	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
TRETINOIN MICROSPHERE PUMP 0.04 % GEL	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
tretinoin microsphere pump 0.08 % gel	Non-Preferred	
TRETINOIN MICROSPHERE PUMP 0.1 % GEL	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
WINLEVI	Non-Preferred	
zenatane	Preferred	PA
ZIANA	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
DERMATITIS AND PRURITUS AGENTS		
ADBRY	Preferred	PA
al12	Preferred	
ALA SCALP	Non-Preferred	
ala-cort	Non-Preferred	QL 2 / 1 days
alclometasone dipropionate 0.05 % cream	Non-Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
alclometasone dipropionate 0.05 % ointment	Non-Preferred	QL 60 / 24 days
amcinonide	Non-Preferred	
AMCINONIDE 0.1 % CREAM	Non-Preferred	
amlactin daily	Preferred	
amlactin daily nourish	Preferred	
ammonium lactate 12 % cream	Preferred	
ammonium lactate 12 % lotion	Preferred	
anti-itch 2-0.1 % cream	Preferred	QL 30 / 7 days
anti-itch extra strength	Preferred	QL 30 / 7 days
anti-itch maximum strength	Preferred	QL 2 / 1 days
APEXICON E	Non-Preferred	
aquanil hc	Preferred	
aquaphor itch relief children	Non-Preferred	QL 30 / 7 days
aquaphor itch relief max str	Non-Preferred	QL 30 / 7 days
banophen 2-0.1 % cream	Preferred	QL 30 / 7 days
benadryl extra strength 2-0.1 % cream	Preferred	QL 30 / 7 days
betamethasone dipropionate 0.05 % cream	Preferred	QL 45 / 28 days
betamethasone dipropionate 0.05 % lotion	Preferred	
betamethasone dipropionate 0.05 % ointment	Non-Preferred	
betamethasone dipropionate aug 0.05 % cream	Preferred	QL 30 / 30 days
betamethasone dipropionate aug 0.05 % gel	Non-Preferred	
betamethasone dipropionate aug 0.05 % lotion	Non-Preferred	
betamethasone dipropionate aug 0.05 % ointment	Non-Preferred	QL 50 / 30 days
betamethasone valerate 0.1 % cream	Preferred	QL 45 / 24 days
betamethasone valerate 0.1 % lotion	Preferred	QL 60 / 27 days
BETAMETHASONE VALERATE 0.1 % LOTION	Preferred	QL 60 / 27 days
betamethasone valerate 0.1 % ointment	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
betamethasone valerate 0.12 % foam	Non-Preferred	
BRYHALI	Non-Preferred	
CAPEX	Non-Preferred	
clobetasol prop emollient base	Non-Preferred	QL 60 / 27 days
clobetasol prop emollient base 0.05 % cream	Non-Preferred	
CLOBETASOL PROPIONATE 0.025 % CREAM	Non-Preferred	
clobetasol propionate 0.05 % cream	Preferred	QL 60 / 27 days
clobetasol propionate 0.05 % foam	Non-Preferred	
clobetasol propionate 0.05 % gel	Non-Preferred	QL 60 / 24 days
clobetasol propionate 0.05 % liquid	Non-Preferred	
clobetasol propionate 0.05 % lotion	Non-Preferred	
clobetasol propionate 0.05 % ointment	Preferred	QL 60 / 30 day(s)
clobetasol propionate 0.05 % shampoo	Non-Preferred	
clobetasol propionate 0.05 % solution	Preferred	QL 50 / 30 days
clobetasol propionate e	Non-Preferred	
clobetasol propionate emulsion	Non-Preferred	
CLOBEX	Non-Preferred	
CLOBEX SPRAY	Non-Preferred	
clocortolone pivalate	Non-Preferred	
CLOCORTOLONE PIVALATE	Non-Preferred	
clodan 0.05 % shampoo	Preferred	
CLODERM	Non-Preferred	
CORDRAN 4 MCG/SQCM TAPE	Non-Preferred	
cortizone-10 feminine itch	Non-Preferred	QL 2 / 1 days
cortizone-10 intensve moisture	Non-Preferred	QL 2 / 1 days
cortizone-10 maximum strength	Non-Preferred	
cortizone-10 overnight itch	Non-Preferred	QL 2 / 1 days
cortizone-10 psoriasis	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cortizone-10 sensitive skin	Non-Preferred	QL 2 / 1 days
cortizone-10 soothing aloe	Non-Preferred	QL 2 / 1 days
cortizone-10 ultra soothing	Non-Preferred	QL 2 / 1 days
cortizone-10 water resistant	Non-Preferred	QL 30 / 7 days
cortizone-10/aloe 1 % liquid	Non-Preferred	
CUTIVATE	Non-Preferred	
cvs cortisone maximum strength 1 % ointment	Preferred	QL 30 / 7 days
cvs hydrating skin treatment	Preferred	
cvs hydrocortisone anti-itch 0.5 % cream	Preferred	QL 30 / 7 days
cvs itch relief extra strength	Preferred	QL 30 / 7 days
cvs skin treatment	Preferred	
DERMA-SMOOTHE/FS BODY	Non-Preferred	
DERMA-SMOOTHE/FS SCALP	Non-Preferred	
desonide 0.05 % cream	Non-Preferred	QL 120 / 24 days
DESONIDE 0.05 % GEL	Non-Preferred	
desonide 0.05 % lotion	Non-Preferred	QL 118 / 24 days
desonide 0.05 % ointment	Non-Preferred	QL 60 / 27 days
DESOWEN	Non-Preferred	
desoximetasone 0.05 % cream	Non-Preferred	
DESOXIMETASONE 0.05 % GEL	Non-Preferred	
desoximetasone 0.05 % ointment	Non-Preferred	
desoximetasone 0.25 % cream	Non-Preferred	
desoximetasone 0.25 % liquid	Non-Preferred	
desoximetasone 0.25 % ointment	Non-Preferred	
desrx	Non-Preferred	
diflorasone diacetate 0.05 % cream	Non-Preferred	
diflorasone diacetate 0.05 % ointment	Non-Preferred	QL 60 / 27 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diphenhydramine-zinc acetate	Preferred	QL 30 / 7 days
DIPROLENE	Non-Preferred	QL 50 / 30 days
EBGLYSS	Preferred	PA
ELIDEL	Preferred	
eq hydrocortisone max st	Preferred	QL 2 / 1 days
EUCRISA	Non-Preferred	PA
fluocinolone acetonide 0.01 % cream	Non-Preferred	
fluocinolone acetonide 0.01 % solution	Non-Preferred	
fluocinolone acetonide 0.025 % cream	Non-Preferred	
fluocinolone acetonide 0.025 % ointment	Non-Preferred	QL 60 / 30 days
fluocinolone acetonide body	Preferred	
fluocinolone acetonide scalp	Preferred	
fluocinonide 0.05 % cream	Preferred	QL 120 / 24 days
fluocinonide 0.05 % gel	Preferred	QL 60 / 24 days
fluocinonide 0.05 % ointment	Preferred	QL 60 / 24 days
fluocinonide 0.05 % solution	Preferred	QL 60 / 24 days
fluocinonide 0.1 % cream	Preferred	
fluocinonide emulsified base	Non-Preferred	QL 60 / 24 days
FLURANDRENOLIDE 0.05 % CREAM	Non-Preferred	
FLURANDRENOLIDE 0.05 % LOTION	Non-Preferred	
flurandrenolide 0.05 % lotion	Non-Preferred	
flurandrenolide 0.05 % ointment	Non-Preferred	
fluticasone propionate 0.005 % ointment	Preferred	
fluticasone propionate 0.05 % cream	Preferred	
fluticasone propionate 0.05 % lotion	Non-Preferred	
FLUTICASONE PROPIONATE 0.05 % LOTION	Non-Preferred	
ft ammonium lactate	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft anti-itch extra strength	Preferred	QL 30 / 7 days
ft itch relief max strength 1 % cream	Preferred	QL 2 / 1 days
ft itch relief max strength 1 % ointment	Preferred	QL 30 / 7 days
ft itch relief/aloe max str	Preferred	QL 2 / 1 days
gnp anti-itch 2-0.1 % cream	Preferred	QL 30 / 7 days
gnp hydrocortisone	Preferred	QL 30 / 7 days
gnp hydrocortisone max st	Preferred	QL 30 / 7 days
gnp hydrocortisone plus	Preferred	QL 2 / 1 days
gnp hydrocortisone/aloe	Preferred	QL 2 / 1 days
halcinonide	Non-Preferred	
halobetasol propionate 0.05 % cream	Preferred	QL 50 / 30 days
halobetasol propionate 0.05 % foam	Non-Preferred	
halobetasol propionate 0.05 % ointment	Preferred	QL 50 / 30 days
HALOG	Non-Preferred	
hm hydrocortisone plus	Preferred	QL 2 / 1 days
hm hydrocortisone-aloe max st	Preferred	QL 2 / 1 days
HYDROCORT LOTION COMPLETE KIT	Non-Preferred	
hydrocortisone (perianal)	Preferred	
hydrocortisone 0.5 % cream	Preferred	QL 30 / 7 days
hydrocortisone 1 % cream	Preferred	QL 2 / 1 days
hydrocortisone 1 % ointment	Preferred	QL 30 / 7 days
HYDROCORTISONE 2 % LOTION	Non-Preferred	
hydrocortisone 2.5 % cream	Preferred	
HYDROCORTISONE 2.5 % LOTION	Preferred	QL 118 / 24 days
hydrocortisone 2.5 % ointment	Preferred	
HYDROCORTISONE 2.5 % SOLUTION	Non-Preferred	
HYDROCORTISONE ACETATE 1 % CREAM	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydrocortisone acetate 1 % ointment	Preferred	
HYDROCORTISONE ACETATE 2.5 % CREAM	Non-Preferred	
hydrocortisone anti-itch	Preferred	QL 2 / 1 days
hydrocortisone butyr lipo base	Non-Preferred	
HYDROCORTISONE BUTYR LIPO BASE	Non-Preferred	
hydrocortisone butyrate	Non-Preferred	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	Non-Preferred	
hydrocortisone max st 1 % cream	Preferred	QL 2 / 1 days
hydrocortisone max st 1 % ointment	Preferred	QL 30 / 7 days
hydrocortisone max st/12 moist	Preferred	QL 2 / 1 days
hydrocortisone valerate	Non-Preferred	QL 60 / 24 days
hydrocortisone/aloe max str	Preferred	QL 2 / 1 days
HYDROXYM 2 % GEL	Non-Preferred	
IMPEKLO	Non-Preferred	
IMPOYZ	Non-Preferred	
itch relief extra strength 2-0.1 % cream	Preferred	QL 30 / 7 days
KENALOG	Non-Preferred	
LEXETTE	Non-Preferred	
lexette	Non-Preferred	
LOCOID	Non-Preferred	
LOCOID LIPOCREAM	Non-Preferred	
LUXIQ	Non-Preferred	
medpura hydrocortisone	Preferred	QL 2 / 1 days
MICORT HC	Non-Preferred	
mometasone furoate 0.1 % cream	Preferred	QL 45 / 30 days
mometasone furoate 0.1 % ointment	Preferred	QL 45 / 19 days
mometasone furoate 0.1 % solution	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OLUX	Non-Preferred	
OLUX-E	Non-Preferred	
PANDEL	Non-Preferred	
pimecrolimus 1% cream (ONLY OCEANSIDE [68682] PREFERRED)	Preferred	
prednicarbate	Non-Preferred	
procto-med hc	Preferred	
proctocort 1 % cream	Preferred	
proctosol hc	Preferred	
proctozone-hc	Preferred	
PROTOPIC	Preferred	
PSORCON	Non-Preferred	
qc anti-itch aloe	Preferred	QL 2 / 1 days
qc anti-itch extra strength	Preferred	QL 30 / 7 days
ra allergy 2-0.1 % cream	Preferred	QL 30 / 7 days
ra anti-itch skin protectant	Preferred	QL 30 / 7 days
scalpicin maximum strength	Preferred	
SELENIUM SULFIDE 2.5 % LOTION	Preferred	
selenium sulfide 2.5 % lotion	Preferred	
SERNIVO	Non-Preferred	
sm anti-itch extra strength	Preferred	QL 30 / 7 days
sm hydrocortisone 1 % cream	Preferred	QL 2 / 1 days
sm hydrocortisone max st	Preferred	QL 30 / 7 days
sm hydrocortisone plus	Preferred	QL 2 / 1 days
SYNALAR 0.01 % SOLUTION	Non-Preferred	
SYNALAR 0.025 % CREAM	Non-Preferred	
SYNALAR 0.025 % OINTMENT	Non-Preferred	QL 60 / 30 days
tacrolimus 0.03 % ointment	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tacrolimus 0.1 % ointment	Preferred	
TEMOVATE 0.05 % CREAM	Non-Preferred	
TEMOVATE 0.05 % OINTMENT	Non-Preferred	QL 60 / 30 day(s)
TEXACORT	Non-Preferred	
TOPICORT	Non-Preferred	
TOPICORT SPRAY	Non-Preferred	
tovet 0.05 % foam	Non-Preferred	
TOVET 0.05 % KIT	Non-Preferred	
triamcinolone acetonide 0.025 % cream	Preferred	QL 456 / 24 days
TRIAMCINOLONE ACETONIDE 0.025 % LOTION	Preferred	QL 120 / 24 days
triamcinolone acetonide 0.025 % lotion	Preferred	QL 120 / 24 days
triamcinolone acetonide 0.025 % ointment	Preferred	QL 456 / 24 days
triamcinolone acetonide 0.05 % ointment	Preferred	
triamcinolone acetonide 0.1 % cream	Preferred	QL 456 / 24 days
triamcinolone acetonide 0.1 % lotion	Preferred	
triamcinolone acetonide 0.1 % ointment	Preferred	QL 456 / 24 days
TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN	Non-Preferred	
triamcinolone acetonide 0.147 mg/gm aero soln	Non-Preferred	
triamcinolone acetonide 0.5 % cream	Preferred	QL 60 / 27 days
triamcinolone acetonide 0.5 % ointment	Preferred	QL 30 / 24 days
triamcinolone in absorbase	Preferred	
trianex	Non-Preferred	
triderm	Non-Preferred	QL 60 / 27 days
tritocin	Non-Preferred	
ULTRAVATE	Non-Preferred	
VANOS	Non-Preferred	
VTAMA	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
wal-dryl	Preferred	QL 30 / 7 days
CLOBETEX	Non-Preferred	
DERMATOLOGICAL AGENTS, OTHER		
a&d	Preferred	
a+d prevent ointment	Preferred	
ALDARA	Non-Preferred	
amlactin intensive healing	Preferred	
ANZUPGO	Non-Preferred	
aqua glycolic hand/body	Preferred	
arthritis pain relieving	Preferred	
AVAR CLEANSER	Non-Preferred	
AVAR-E EMOLLIENT	Non-Preferred	
avar-e green	Non-Preferred	
avedana hemorrhoid pain relief 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
aveeno daily moisturizing lotion	Preferred	
aveeno stress relief	Preferred	
baby vitamin a & d	Preferred	
balmbarr hand & body lotion	Preferred	
beauty 360 advanced skin care	Preferred	
beauty lotion	Preferred	
bengay ultra strength 4-10-30 % cream	Preferred	
BENSAL HP	Non-Preferred	
BENZEPRO 5.8 % MISC	Non-Preferred	
benzoyl peroxide 10 % liquid	Preferred	
benzoyl peroxide wash	Preferred	
beta care lotion	Preferred	
BP 10-1	Non-Preferred	
BP CLEANSING WASH	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BPO FOAMING CLOTHS	Non-Preferred	
calcipotriene 0.005 % cream	Preferred	QL 60 / 30 days
CALCIPOTRIENE 0.005 % FOAM	Non-Preferred	
calcipotriene 0.005 % ointment	Preferred	QL 60 / 30 days
calcipotriene 0.005 % solution	Preferred	
calcipotriene-betameth diprop	Preferred	
calcitrene	Non-Preferred	QL 60 / 30 days
calcitriol 3 mcg/gm ointment	Non-Preferred	
CALCITRIOL 3 MCG/GM OINTMENT	Non-Preferred	
calsodore 0.005 % kit	Non-Preferred	
CALSODORE 0.005-5 % THER PACK	Non-Preferred	
capsaicin 0.025 % cream	Preferred	QL 60 / 20 days
capsaicin 0.035 % cream	Non-Preferred	
CAPSAICIN 0.05 % CREAM	Non-Preferred	
capsaicin 0.075 % cream	Preferred	
capsaicin 0.1 % cream	Preferred	
capsaicin hp	Preferred	
capsaicin pain relief	Preferred	
CAPZASIN-HP	Non-Preferred	
capzasin-hp	Non-Preferred	
capzix	Non-Preferred	
cerave acne foaming cream	Non-Preferred	
cerave am spf 30	Preferred	
cerave daily moisturizing	Preferred	
cerave pm	Preferred	
cerave sa rough & bumpy skin lotion	Preferred	
cetaphil advanced relief	Preferred	
cetaphil daily advance	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cetaphil daily facial spf 15	Preferred	
cetaphil moisturizing lotion	Preferred	
cetaphil restoraderm lotion	Preferred	
CIBINQO	Preferred	PA
CLENIA PLUS	Non-Preferred	
cln facial moisturizer nourish	Preferred	
CLODAN 0.05 % KIT	Non-Preferred	
clotrimazole-betamethasone 1-0.05 % cream	Preferred	QL 45 / 28 days
clotrimazole-betamethasone 1-0.05 % lotion	Non-Preferred	
cocoa butter lotion	Preferred	
cocoa butter hand & body	Preferred	
complete moisture	Preferred	
compound w fast acting/conseal	Preferred	
compound w maximum strength	Preferred	
corn huskers	Preferred	
corti-sav	Non-Preferred	
cutemol lotion	Preferred	
cvs beauty 360 dry skin	Preferred	
cvs capsaicin hp	Preferred	
cvs daily ultra moisture	Preferred	
cvs dry skin therapy lotion	Preferred	
cvs extra moisturizing	Preferred	
cvs gentle skin cleanser	Preferred	
cvs hemorrhoidal 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
cvs intense dry skin therapy	Preferred	
cvs moisturizing lotion	Preferred	
cvs muscle rub ultra strength	Preferred	
cvs skin therapy	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cvs special care	Preferred	
cvs vitamin a&d	Preferred	
cvs wart remover pen	Preferred	
daily moisturizing lotion	Preferred	
dermacinrx capsaicin	Non-Preferred	
dermacinrx penetral	Non-Preferred	QL 60 / 20 days
dermal therapy extra strength	Preferred	
dermal therapy face care	Preferred	
dermal therapy foot massage	Preferred	
dermal therapy hand/elbow	Preferred	
dermal therapy heel care	Preferred	
diabetiderm lotion	Preferred	
dml	Preferred	
DOVONEX	Non-Preferred	QL 2 / 1 days
DRYSOL	Preferred	
DUOBRII	Non-Preferred	
emollia-lotion	Preferred	
ENSTILAR	Non-Preferred	
epilyt	Preferred	
eq pain relieving 4-10-30 % cream	Preferred	
eq vitamins a & d	Preferred	
eql absolute moisture dry skin	Preferred	
eql advanced recovery	Preferred	
eql advanced skin therapy	Preferred	
eql aloe after sun	Preferred	
eql hemorrhoidal 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
eql ultra moisturizing daily	Preferred	
eucerin baby	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
eucerin daily hydration lotion	Preferred	
eucerin daily hydration spf15	Preferred	
eucerin daily protection/spf30	Preferred	
eucerin intensive repair lotion	Preferred	
eucerin original healing lotion	Preferred	
eucerin roughness relief lotion	Preferred	
eucerin smoothing repair	Preferred	
flexitol sensitive skin	Preferred	
fluorouracil 2 % solution	Preferred	
fluorouracil 5 % cream	Preferred	
fluorouracil 5 % solution	Preferred	
ft hemorrhoidal 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
gnp hemorrhoidal 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
gnp muscle rub ultra strength	Preferred	
gold bond everyday moisture	Preferred	
gold bond healing lotion	Preferred	
gold bond medicated body	Preferred	
gold bond medicated body ex st	Preferred	
gold bond pure moisture	Preferred	
gold bond ult sheer ribbons	Preferred	
gold bond ultimate lotion	Preferred	
gold bond ultimate healing lotion	Preferred	
gold bond ultimate overnight	Preferred	
gold bond ultimate protection	Preferred	
gold bond ultimate restoring	Preferred	
gold bond ultimate softening	Preferred	
gold bond ultimate soothing lotion	Preferred	
goodsense hemorrhoidal 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
goodsense muscle rub 4-10-30 % cream	Preferred	
gordomatic lotion	Preferred	
hemorrhoidal 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
hm hemorrhoidal	Preferred	QL 114 / 30 days
HYDROCORTISONE-IODOQUINOL	Non-Preferred	
hydrocortisone-iodoquinol	Non-Preferred	
imiquimod 3.75 % cream	Non-Preferred	
imiquimod 5 % cream	Preferred	QL 48 / 365 days
imiquimod pump	Non-Preferred	
IODOQUINOL-HC-ALOE POLYSACCH	Non-Preferred	
johnsons skin nourish moist	Preferred	
keri nourishing shea butter	Preferred	
keri original daily moisture	Preferred	
LITFULO	Non-Preferred	
lubricating lotion	Preferred	
lubriderm	Preferred	
lubriderm advanced therapy lotion	Preferred	
lubriderm daily moisture	Preferred	
lubriderm intense skin repair	Preferred	
lubrisoft	Preferred	
mederma ag hand & body	Preferred	
medpura benzoyl peroxide 10 % liquid	Preferred	
medpura benzoyl peroxide 5 % liquid	Preferred	
medpura vitamin a & d	Preferred	
MINERAL OIL-HYDROPHIL PETROLAT	Preferred	
minerin	Preferred	
moisture	Preferred	
moisture recovery	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
moisture-all	Preferred	
moisturizing lotion	Preferred	
moisturizing sensitive skin	Preferred	
msm skin	Preferred	
muscle rub ultra strength	Preferred	
NEO-SYNALAR 0.5-0.025 % CREAM	Non-Preferred	
NEO-SYNALAR 0.5-0.025 % KIT	Non-Preferred	
neutrogena moisture sens skin	Preferred	
nivea lotion	Preferred	
nivea essentially enriched	Preferred	
nivea in-shower	Preferred	
nivea intense healing	Preferred	
nivea shea nourish	Preferred	
nutraderm lotion	Preferred	
nutraderm advanced formula	Preferred	
nystatin-triamcinolone	Preferred	
OPZELURA	Preferred	PA
OTEZLA 10 & 20 & 30 MG TAB THPK	Preferred	PA
OTEZLA 20 MG TAB	Preferred	QL 60 / 30 day(s) PA
OTEZLA 30 MG TAB	Preferred	QL 60 / 30 days PA
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	Preferred	PA
OTEZLA XR	Non-Preferred	
OTEZLA/OTEZLA XR INITIATION PK	Non-Preferred	
pain relieving ultra st 4-10-30 % cream	Preferred	
palmers cocoa butter formula lotion	Preferred	
palmers coconut oil body	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
palmers stretch marks lotion	Preferred	
panoxyl creamy wash	Preferred	
panoxyl foaming wash	Preferred	
PLEXION	Non-Preferred	
PLEXION CLEANSER	Non-Preferred	
PLEXION CLEANSING CLOTH	Non-Preferred	
podofilox 0.5 % solution	Preferred	
preparation h 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
PROCTOFOAM HC	Preferred	
qc hemorrhoidal 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
qc pain relieving	Preferred	
QUTENZA	Non-Preferred	
QUTENZA (2 PATCH)	Non-Preferred	
QUTENZA (4 PATCH)	Non-Preferred	
ra wart remover 17 % gel	Preferred	
radiaguard advanced lotion	Preferred	
refreshing aloe	Preferred	
SALICYLIC ACID 3 % OINTMENT	Non-Preferred	
sebasorb	Preferred	
silver sulfadiazine 1 % cream	Preferred	
skin repair	Preferred	
sm dry skin therapy	Preferred	
sm hemorrhoidal 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
SODIUM SULFACETAMIDE WASH	Non-Preferred	
SORILUX	Non-Preferred	
ssd	Preferred	
SSS 10-5 10-5 % CREAM	Preferred	
SSS 10-5 10-5 % FOAM	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
studio 35 extra moisturizing	Preferred	
SULFACETAMIDE SOD-SULFUR WASH 9-4 % LIQUID	Non-Preferred	
SULFACETAMIDE SOD-SULFUR WASH 9-4.5 % LIQUID	Preferred	
SULFACETAMIDE SODIUM (CLEANS)	Non-Preferred	
SULFACETAMIDE SODIUM 10 % LIQUID	Non-Preferred	
SULFACETAMIDE SODIUM-SULFUR 10-1 % EMULSION	Non-Preferred	
SULFACETAMIDE SODIUM-SULFUR 10-2 % CREAM	Non-Preferred	
SULFACETAMIDE SODIUM-SULFUR 10-2 % LIQUID	Non-Preferred	
sulfacetamide sodium-sulfur 10-2 % liquid	Non-Preferred	
sulfacetamide sodium-sulfur 10-4 % pad	Non-Preferred	
sulfacetamide sodium-sulfur 10-5 % cream	Non-Preferred	
SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM	Non-Preferred	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID	Preferred	
sulfacetamide sodium-sulfur 10-5 % liquid	Preferred	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION	Non-Preferred	
sulfacetamide sodium-sulfur 10-5 % lotion	Non-Preferred	
SULFACETAMIDE SODIUM-SULFUR 10-5 % SUSPENSION	Non-Preferred	
SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION	Preferred	
SULFACETAMIDE SODIUM-SULFUR 9-4 % LIQUID	Non-Preferred	
SULFACETAMIDE SODIUM-SULFUR 9-4.25 % SUSPENSION	Non-Preferred	
sulfacetamide sodium-sulfur 9-4.5 % liquid	Preferred	
SULFACETAMIDE SODIUM-SULFUR 9-4.5 % LIQUID	Preferred	
SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % CREAM	Non-Preferred	
sulfacetamide sodium-sulfur 9.8-4.8 % cream	Non-Preferred	
sulfacetamide sodium-sulfur 9.8-4.8 % liquid	Non-Preferred	
SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % LIQUID	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % LOTION	Non-Preferred	
SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % PAD	Non-Preferred	
SULFACETAMIDE-SULFUR IN UREA	Preferred	
SUMADAN	Non-Preferred	
SUMADAN WASH	Non-Preferred	
SUMADAN XLT	Non-Preferred	
SUMAXIN	Non-Preferred	
SUMAXIN CP	Non-Preferred	
SYNALAR (CREAM)	Non-Preferred	
SYNALAR (OINTMENT)	Non-Preferred	
SYNALAR TS	Non-Preferred	
sync relief pro	Preferred	
TACLONEX 0.005-0.064 % OINTMENT	Preferred	
TACLONEX 0.005-0.064 % SUSPENSION	Non-Preferred	
thera-derm	Preferred	
TRILOCICLO	Non-Preferred	
TWYNEO	Non-Preferred	QL 30 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
UREA 40 % CREAM	Preferred	QL 227 / 30 day(s)
urea 40 % cream	Preferred	QL 227 / 30 day(s)
UREMEZ-40	Preferred	QL 227 / 30 day(s)
vanicream lotion	Preferred	
VECTICAL	Non-Preferred	
vitamin a & d ointment	Preferred	
vitamin a & d skin protectant	Preferred	
vitamin a&d	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
vitamins a & d ointment	Preferred	
wart remover	Preferred	
wart remover maximum strength 17 % gel	Preferred	
wibi	Preferred	
WYNZORA	Non-Preferred	
XERESE	Non-Preferred	
ZORYVE 0.05 % CREAM	Non-Preferred	PA
ZORYVE 0.15 % CREAM	Non-Preferred	PA
ZORYVE 0.3 % CREAM	Preferred	PA
ZORYVE 0.3 % FOAM	Preferred	QL 60 / 30 day(s) PA
zostrix hp	Preferred	
ZYCLARA	Non-Preferred	
ZYCLARA PUMP	Non-Preferred	
PEDICULICIDES/SCABICIDES		
crotan	Non-Preferred	
cvs ivermectin lice treatment	Non-Preferred	
cvs lice killing	Preferred	
cvs lice solution 3-step	Preferred	
ELIMITE	Non-Preferred	
gnp lice treatment 0.33-4 % shampoo	Preferred	
gnp lice treatment 1 % liquid	Preferred	
goodsense lice killing	Preferred	
goodsense lice killing max str	Preferred	
hm lice killing max st	Preferred	
hm lice treatment	Preferred	
ivermectin 0.5 % lotion	Non-Preferred	
lice killing	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lice killing maximum strength	Preferred	
lice killing shampoo max str	Preferred	
lice treatment creme rinse	Preferred	
malathion	Non-Preferred	QL 118 / 30 days
NATROBA	Preferred	QL 240 / 30 days
OVIDE	Non-Preferred	
permethrin 5 % cream	Preferred	
pruradik	Non-Preferred	
sm lice killing max strength	Preferred	
sm lice solution kit 3-step	Preferred	
sm lice treatment	Preferred	
spinosad	Non-Preferred	QL 240 / 30 days
VANALICE	Non-Preferred	
TOPICAL ANTI-INFECTIVES		
acyclovir 5 % cream	Non-Preferred	
acyclovir 5 % ointment	Preferred	
ACZONE	Non-Preferred	
benzefoam	Non-Preferred	
BENZEPRO 5.2 % FOAM	Non-Preferred	
BENZOYL PEROXIDE 9.5 % PAD	Non-Preferred	
CENTANY	Non-Preferred	
CENTANY AT	Non-Preferred	
ciclodan	Non-Preferred	QL 6.6 / 30 days
ciclopirox 0.77 % gel	Non-Preferred	
ciclopirox 1 % shampoo	Non-Preferred	
ciclopirox 8 % solution	Preferred	QL 6.6 / 30 days
ciclopirox olamine 0.77 % cream	Preferred	
ciclopirox olamine 0.77 % suspension	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CICLOPIROX TREATMENT	Non-Preferred	
CLEOCIN-T	Non-Preferred	
clindacin	Non-Preferred	
clindacin etz 1 % swab	Non-Preferred	
clindacin-p	Non-Preferred	
CLINDAGEL	Non-Preferred	QL 120 / 30 days
clindamycin phos (once-daily)	Non-Preferred	QL 120 / 30 days
clindamycin phos (twice-daily)	Preferred	QL 120 / 30 days
clindamycin phosphate 1 % foam	Non-Preferred	
clindamycin phosphate 1 % lotion	Preferred	
clindamycin phosphate 1 % solution	Preferred	QL 120 / 30 days
clindamycin phosphate 1 % swab	Preferred	
cvs antibiotic	Preferred	QL 30 / 10 days
cvs antibiotic/pain relief	Preferred	
dapsone 5 % gel	Non-Preferred	
dapsone 7.5 % gel	Non-Preferred	
DENAVIR	Non-Preferred	
double antibiotic	Preferred	QL 30 / 10 days
ery	Preferred	
ERYGEL	Non-Preferred	
ERYTHROMYCIN 2 % GEL	Non-Preferred	
erythromycin 2 % gel	Non-Preferred	
erythromycin 2 % solution	Preferred	
EVOCLIN	Non-Preferred	
ft antibiotic + pain relief	Preferred	
ft double antibiotic	Preferred	QL 30 / 10 days
ft triple antibiotic	Preferred	QL 30 / 10 days
ft triple antibiotic + pain	Preferred	QL 30 / 10 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gnp antibiotic/pain relief	Preferred	
gnp triple antibiotic	Preferred	QL 30 / 10 days
gnp triple antibiotic plus	Preferred	QL 30 / 10 days
goodsense antibiotic/pain	Preferred	
goodsense first aid antibiotic	Preferred	QL 30 / 10 days
hm double antibiotic	Preferred	QL 30 / 10 days
hm triple antibiotic	Preferred	QL 30 / 10 days
hm triple antibiotic max st	Preferred	QL 30 / 10 days
lintera wash	Non-Preferred	
LOPROX 0.77 % (SUSP) KIT	Non-Preferred	
LOPROX 0.77 % CREAM	Non-Preferred	
LOPROX 0.77 % KIT	Non-Preferred	
LOPROX 0.77 % SUSPENSION	Non-Preferred	
LOPROX 1 % SHAMPOO	Non-Preferred	
multi antibiotic plus	Preferred	
mupirocin 2 % ointment	Preferred	
mupirocin calcium	Non-Preferred	
neosporin original 3.5-400-5000 ointment	Non-Preferred	QL 30 / 10 days
neosporin plus pain relief ms	Non-Preferred	
neosporin/burn relief	Non-Preferred	QL 30 / 10 days
penciclovir	Non-Preferred	
poly bacitracin	Preferred	QL 30 / 10 days
polysporin	Non-Preferred	QL 30 / 10 days
qc triple antibiotic max st	Preferred	QL 30 / 10 days
ra antibiotic plus	Preferred	
RIAX	Non-Preferred	
sm antibiotic plus pain relief	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm double antibiotic	Preferred	QL 30 / 10 days
sm triple antibiotic	Preferred	QL 30 / 10 days
sm triple antibiotic max st	Preferred	QL 30 / 10 days
sm triple antibiotic original	Preferred	QL 30 / 10 days
triple antibiotic	Preferred	QL 30 / 10 days
triple antibiotic pain relief	Preferred	QL 30 / 10 days
triple antibiotic plus	Preferred	QL 30 / 10 days
triple antibiotic+pain relief	Preferred	QL 30 / 10 days
XEPI	Non-Preferred	
ZOVIRAX 5 % CREAM	Non-Preferred	
ZOVIRAX 5 % OINTMENT	Non-Preferred	
ELECTROLYTES/MINERALS/METALS/VITAMINS ELECTROLYTE/MINERAL REPLACEMENT		
ACTIVE FE	Non-Preferred	
advantage care electrolyte ped	Preferred	QL 1014 / 1 days
AIRBORNE CHEW TAB	Preferred	QL 60 / 30 days
AIRBORNE ELDERBERRY	Preferred	QL 60 / 30 days
ALIVE DAILY ENERGY	Preferred	
ALIVE IMMUNE/ELDERBERRY	Preferred	QL 60 / 30 days
ALPHA BETIC TAB	Preferred	
BARIATRIC MULTIVITAMIN/IRON	Preferred	QL 60 / 30 days
BARIATRIC MULTIVITAMINS CHEW TAB	Preferred	QL 60 / 30 days
BARIATRIC MULTIVITAMINS/IRON CHEW TAB	Preferred	QL 60 / 30 days
BENTIVITE	Non-Preferred	
biolyte solution	Preferred	QL 1014 / 1 days
bprotected pedia iron	Preferred	
CENTRATEX	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CENTRUM ADULT 50+ MULTIGUMMIES	Preferred	QL 60 / 30 days
CENTRUM ADULTS MULTIGUMMIES	Preferred	QL 60 / 30 days
CENTRUM DUAL ACT MULTI+ BEAUTY	Preferred	QL 60 / 30 days
CENTRUM DUAL ACT MULTI+OMEGA-3	Preferred	QL 60 / 30 days
CENTRUM MEN 50+ MULTIGUMMIES	Preferred	QL 60 / 30 days
CENTRUM MEN MULTIGUMMIES	Preferred	QL 60 / 30 days
CENTRUM MULTI+ MENTAL FOCUS	Preferred	QL 60 / 30 days
CENTRUM POSTNATAL GUMMIES	Preferred	QL 60 / 30 days
CENTRUM WOMEN 50+ MULTIGUMMIES	Preferred	QL 60 / 30 days
CENTRUM WOMEN MULTIGUMMIES	Preferred	QL 60 / 30 days
ceralyte 70 solution	Preferred	QL 1014 / 1 days
cerasport solution	Preferred	QL 1014 / 1 days
cerasport ex1 solution	Preferred	QL 1014 / 1 days
CHROMAGEN	Non-Preferred	
CITRANATAL ASSURE	Non-Preferred	
CITRANATAL DHA	Non-Preferred	
COMPLETE NATAL DHA	Preferred	
CORVITA 150	Non-Preferred	
CORVITE 150 TAB	Non-Preferred	
CORVITE FE	Non-Preferred	
CVS ADULT MULTIVITAMIN	Preferred	QL 60 / 30 days
cvs electrolyte solution	Preferred	QL 1014 / 1 days
cvs iron 240 (27 fe) mg tab	Preferred	QL 30 / 30 days
cvs iron 325 (65 fe) mg tab	Preferred	
cvs ped electrolyte freeze pop	Preferred	QL 1014 / 1 days
cvs pediatric electrolyte	Preferred	QL 1014 / 1 days
CVS PRENATAL MULTIVITAMIN	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cvs slow release iron	Preferred	
EFFER-K 25 MEQ EFFER TAB	Preferred	QL 4 / 1 days
EMERGEN-C APPLE CIDER VINEGAR CHEW TAB	Preferred	QL 60 / 30 days
EMERGEN-C ASHWAGANDHA CHEW TAB	Preferred	QL 60 / 30 days
EMERGEN-C IMMUNE+ CHEW TAB	Preferred	QL 60 / 30 days
EMERGEN-C IMMUNE+ ELDERBERRY	Preferred	QL 60 / 30 days
EMERGEN-C TURMERIC & GINGER CHEW TAB	Preferred	QL 60 / 30 days
enfamil enfalyte	Preferred	QL 1014 / 1 days
eql iron supplement therapy	Preferred	
equalyte	Preferred	QL 1014 / 1 days
EYE HEALTH GUMMIES	Preferred	QL 60 / 30 days
fe c tab	Non-Preferred	
fe tabs	Preferred	
fe-vite iron	Preferred	
feosol	Preferred	
FEOSOL BIFERA	Non-Preferred	
fer-in-sol	Preferred	
FERAHEME	Non-Preferred	
ferate	Preferred	QL 30 / 30 days
fergon	Preferred	QL 30 / 30 days
FERIVA 21/7	Non-Preferred	
FERIVA 21/7 (WITH DOCUSATE)	Non-Preferred	
FERIVAFA	Non-Preferred	
ferocon	Non-Preferred	
ferosul	Preferred	
FERRALET 90	Non-Preferred	
FERRAPLUS 90	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FERREX 150 FORTE	Preferred	
FERRLECIT	Preferred	
FERRO-SEQUELS	Non-Preferred	
ferrocite plus	Non-Preferred	
ferrotabs	Preferred	QL 30 / 30 days
ferrous gluconate 240 (27 fe) mg tab	Preferred	QL 30 / 30 days
ferrous gluconate 324 (38 fe) mg tab	Preferred	QL 90 / 30 days
ferrous sulfate 220 (44 fe) mg/5ml solution	Preferred	QL 15 / 1 day(s)
ferrous sulfate 300 (60 fe) mg/5ml solution	Preferred	
ferrous sulfate 300 mg/6.8ml solution	Preferred	QL 15 / 1 day(s)
ferrous sulfate 324 mg tab dr	Preferred	
ferrous sulfate 325 (65 fe) mg tab	Preferred	
ferrous sulfate 325 (65 fe) mg tab dr	Preferred	
ferrous sulfate 75 (15 fe) mg/ml solution	Preferred	
ferumoxytol	Non-Preferred	
FOLITAB 500	Non-Preferred	
FOLIVANE-F	Preferred	
FOLIVANE-PLUS	Non-Preferred	
FT ADULT MULTI GUMMIES	Preferred	QL 60 / 30 days
ft electrolyte	Preferred	QL 1014 / 1 days
FT IMMUNE SUPPORT	Preferred	QL 60 / 30 days
ft iron	Preferred	
FT PRENATAL	Non-Preferred	QL 30 / 30 days
FUSION	Non-Preferred	
FUSION PLUS	Non-Preferred	
GNP ADULT MINI	Preferred	QL 60 / 30 days
GNP CENTURY ADULT	Preferred	QL 30 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GNP CENTURY ADULT FORMULA	Preferred	QL 30 / 30 days
GNP CENTURY MATURE MEN'S 50+	Preferred	QL 30 / 30 days
gnp electrolyte solution	Preferred	QL 1014 / 1 days
GNP HEALTHY EYES	Preferred	QL 30 / 30 days
GNP IMMUNE SUPPORT CHEW TAB	Preferred	QL 60 / 30 days
gnp iron 200 (65 fe) mg tab	Preferred	
GNP MEGA MULTI FOR MEN	Preferred	QL 30 / 30 days
GNP ONE DAILY MAXIMUM	Preferred	QL 30 / 30 days
GNP PRENATAL/FOLIC ACID	Non-Preferred	QL 30 / 30 days
goodsense electrolyte	Preferred	QL 1014 / 1 days
goodsense electrolyte adv care	Preferred	QL 1014 / 1 days
goodsense iron	Preferred	
h-e-b oral electrolyte	Preferred	QL 1014 / 1 days
HEMATINIC PLUS VIT/MINERALS	Preferred	
HEMATINIC/FOLIC ACID	Non-Preferred	
hematogen	Non-Preferred	
HEMATOGEN FA	Non-Preferred	
HEMATOGEN FORTE	Non-Preferred	
hemax ezy-dose	Non-Preferred	
HEMOCYTE PLUS	Non-Preferred	
hemocyte-f	Preferred	
hm pediatric electrolyte	Preferred	QL 1014 / 1 days
hydralyte solution	Preferred	QL 1014 / 1 days
hydralyte freezer pops	Preferred	QL 1014 / 1 days
icar-c	Non-Preferred	
iferex 150 forte	Preferred	
INFED	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INJECTAFER	Preferred	PA
INTEGRA	Preferred	
INTEGRA F	Non-Preferred	
INTEGRA PLUS	Non-Preferred	
iron (ferrous sulfate)	Preferred	
iron 100/c	Non-Preferred	
iron 240 (27 fe) mg tab	Preferred	QL 30 / 30 days
iron 27	Preferred	QL 30 / 30 days
iron 325 (65 fe) mg tab	Preferred	
IRON FOLATE PLUS	Non-Preferred	
IRON FOLATE-F	Preferred	
iron high-potency 325 mg tab	Preferred	
iron infant & toddler	Preferred	
iron infant/toddler	Preferred	
iron sucrose	Non-Preferred	
iron supplement 15 mg/ml solution	Preferred	
iron supplement 220 (44 fe) mg/5ml solution	Preferred	QL 15 / 1 day(s)
iron supplement childrens	Preferred	
iron-vitamin c 100-250 mg tab	Non-Preferred	
IROSPAN 24/6	Non-Preferred	
k-prime	Preferred	QL 4 / 1 days
kinderlyte solution	Preferred	QL 1014 / 1 days
kinderlyte premax solution	Preferred	QL 1014 / 1 days
klor-con	Preferred	QL 150 / 30 days
KLOR-CON 10	Preferred	QL 150 / 30 days
klor-con 10	Preferred	QL 150 / 30 days
klor-con m10	Preferred	QL 150 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
klor-con m20	Preferred	QL 150 / 30 days
klor-con/ef	Preferred	QL 4 / 1 days
kp ferrous sulfate	Preferred	
KP PRENATAL MULTIVITAMINS	Non-Preferred	
MASONATAL	Non-Preferred	
meijer ferrous sulfate	Preferred	
MENS MULTIVITAMIN GUMMIES	Preferred	QL 60 / 30 days
MONOFERRIC	Non-Preferred	
MULTI + OMEGA-3 GUMMIES	Preferred	QL 60 / 30 days
MULTI-MAC	Non-Preferred	
multi-vit/iron/fluoride	Preferred	
MULTI-VITAMIN/FLUORIDE/IRON	Preferred	
MULTIGEN	Non-Preferred	
MULTIGEN FOLIC	Non-Preferred	
MULTIGEN PLUS	Non-Preferred	
MULTIVITAMIN GUMMIES WOMENS	Preferred	QL 60 / 30 days
multivitamin w/fluoride	Preferred	QL 30 / 30 days
multivitamin/fluoride 0.25 mg chew tab	Preferred	QL 30 / 30 days
multivitamin/fluoride 0.5 mg chew tab	Preferred	QL 30 / 30 days
multivitamin/fluoride 1 mg chew tab	Preferred	QL 30 / 30 days
multivitamin/fluoride/iron	Preferred	
MVW ORANGE CHEWABLES	Preferred	QL 60 / 30 days
na ferric gluc cplx in sucrose	Preferred	
nafrinse	Preferred	QL 30 / 30 days
nat-rul iron	Preferred	
NATAL PNV	Non-Preferred	
NEONATAL + DHA	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NEPHRON FA	Non-Preferred	
NESTABS DHA	Non-Preferred	
NIFEREX	Non-Preferred	
NOVAFERRUM YAY	Non-Preferred	
NUFERA	Non-Preferred	
one vite ferrous sulfate	Preferred	QL 15 / 1 day(s)
ONE-A-DAY WOMENS PRENATAL 1	Non-Preferred	
ONE-A-DAY WOMENS VITACRAVES	Preferred	QL 60 / 30 days
oral electrolyte freezer pops	Preferred	QL 1014 / 1 days
oral electrolytes	Preferred	QL 1014 / 1 days
oralyte	Preferred	QL 1014 / 1 days
oralyte freezer pops	Preferred	QL 1014 / 1 days
P2I PRENATAL WITH CHOLINE	Non-Preferred	
pc pediatric iron drops	Preferred	
ped electrolyte freeze pops	Preferred	QL 1014 / 1 days
ped electrolyte freezer pops	Preferred	QL 1014 / 1 days
pedia vance	Preferred	QL 1014 / 1 days
pedialyte solution	Preferred	QL 1014 / 1 days
pedialyte advanced care	Preferred	QL 1014 / 1 days
pedialyte freezer pops	Preferred	QL 1014 / 1 days
pedialyte immune support	Preferred	QL 1014 / 1 days
pedialyte singles	Preferred	QL 1014 / 1 days
pediatric electrolyte solution	Preferred	QL 1014 / 1 days
PNV PRENATAL PLUS MULTIVIT+DHA	Non-Preferred	
PNV TABS 20-1	Non-Preferred	
PNV TABS 29-1	Preferred	QL 30 / 30 days
POLY-IRON 150 FORTE	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
potassium chloride 10 % solution	Preferred	QL 1800 / 30 day(s)
potassium chloride 20 meq packet	Preferred	QL 150 / 30 days
potassium chloride 20 meq/15ml (10%) solution	Preferred	QL 1800 / 30 day(s)
potassium chloride 40 meq/15ml (20%) solution	Preferred	QL 1800 / 30 day(s)
potassium chloride crys er 10 meq tab er	Preferred	QL 150 / 30 days
potassium chloride crys er 20 meq tab er	Preferred	QL 150 / 30 days
potassium chloride er 10 meq cap er	Preferred	QL 150 / 30 days
potassium chloride er 10 meq tab er	Preferred	QL 150 / 30 days
potassium chloride er 20 meq tab er	Preferred	QL 150 / 30 days
potassium chloride er 8 meq cap er	Preferred	
potassium chloride er 8 meq tab er	Preferred	QL 150 / 30 days
potassium citrate er 10 meq (1080 mg) tab er	Preferred	QL 300 / 30 days
potassium citrate er 15 meq (1620 mg) tab er	Preferred	
potassium citrate er 5 meq (540 mg) tab er	Preferred	QL 300 / 30 days
PREGEN DHA	Non-Preferred	
PRENATAL (W/IRON & FA)	Non-Preferred	
PRENATAL 19 CHEW TAB	Non-Preferred	
PRENATAL 27-0.8 MG TAB	Non-Preferred	
PRENATAL 28-0.8 MG TAB	Non-Preferred	
PRENATAL ESSENTIALS	Non-Preferred	
PRENATAL MULTI +DHA 27-0.8-228 MG CAP	Non-Preferred	
PRENATAL-U	Preferred	
PRENATAL/FOLIC ACID+DHA	Non-Preferred	
PRETAB	Preferred	
PUREVIT DUALFE PLUS	Non-Preferred	
px iron 200 (65 fe) mg tab	Preferred	
qc ferrous sulfate	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ra iron 325 (65 fe) mg tab	Preferred	
ra pediatric electrolyte	Preferred	QL 1014 / 1 days
ra slow release iron	Preferred	
rehydralyte	Preferred	QL 1014 / 1 days
sb pediatric electrolyte	Preferred	QL 1014 / 1 days
SE-TAN PLUS	Non-Preferred	
SELECT-OB+DHA	Non-Preferred	
slow release iron 45 mg tab er	Preferred	
sm iron	Preferred	
sm pediatric electrolyte	Preferred	QL 1014 / 1 days
sodium fluoride 0.5 mg/ml solution	Preferred	QL 50 / 30 days
SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB	Preferred	QL 4 / 1 days
sodium fluoride 0.55 (0.25 f) mg chew tab	Preferred	QL 4 / 1 days
SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB	Preferred	QL 60 / 30 days
sodium fluoride 1.1 (0.5 f) mg chew tab	Preferred	QL 60 / 30 days
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	Preferred	QL 50 / 30 days
SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB	Preferred	QL 30 / 30 days
sodium fluoride 2.2 (1 f) mg chew tab	Preferred	QL 30 / 30 days
sv iron	Preferred	
TANDEM	Preferred	
TANDEM PLUS	Non-Preferred	
TARON FORTE	Non-Preferred	
TARON-PREX	Non-Preferred	
THERA-VITE MAX-M	Preferred	QL 30 / 30 day(s)
tl-hem 150	Non-Preferred	
TRICON	Non-Preferred	
TRIGELS-F FORTE	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
truelyte	Preferred	QL 1014 / 1 days
TULIVITE	Non-Preferred	
ULTRA PRENATAL VIT/MIN + DHA	Non-Preferred	
VENOFER	Preferred	
VINATE DHA RF	Non-Preferred	
VIRT-FEFA PLUS	Non-Preferred	
VIRT-PN PLUS	Non-Preferred	
VITABEX IRON	Non-Preferred	
vitafol	Non-Preferred	
VITAFOL FE+	Non-Preferred	
VITAFOL-OB+DHA	Non-Preferred	
VITAFUSION MULTI WOMENS	Preferred	QL 60 / 30 days
VITAMEDMD ONE RX/QUATREFOLIC	Non-Preferred	
VITAPEARL	Non-Preferred	
vitron-c	Non-Preferred	
VP-PNV-DHA	Preferred	
WESNATAL DHA COMPLETE	Preferred	
WOMENS MULTIVITAMIN + COLLAGEN	Preferred	QL 60 / 30 days
WOMENS MULTIVITAMIN GUMMIES	Preferred	QL 60 / 30 days
YUM-VS COMPLETE MULTIVITAMIN	Preferred	QL 60 / 30 days
ZATEAN-PN DHA	Non-Preferred	
ZATEAN-PN PLUS	Non-Preferred	
ZIPHEX	Non-Preferred	
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	Preferred	
deferasirox	Preferred	PA
deferasirox granules	Preferred	PA
deferiprone	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EXJADE	Non-Preferred	
FERRIPROX	Non-Preferred	
FERRIPROX TWICE-A-DAY	Non-Preferred	
JADENU	Non-Preferred	
JADENU SPRINKLE	Non-Preferred	
PHOSPHATE BINDERS		
AURYXIA	Non-Preferred	
calcium acetate (phos binder)	Preferred	QL 360 / 30 days
calcium acetate 667 mg tab	Preferred	QL 360 / 30 days
calphron	Preferred	QL 360 / 30 days
FERRIC CITRATE	Non-Preferred	
FOSRENOL	Non-Preferred	
lanthanum carbonate	Non-Preferred	
PHOSLYRA	Preferred	
RENAGEL	Non-Preferred	QL 480 / 30 days
RENVELA 0.8 GM PACKET	Non-Preferred	
RENVELA 2.4 GM PACKET	Non-Preferred	
RENVELA 800 MG TAB	Non-Preferred	QL 510 / 30 days
sevelamer carbonate 0.8 gm packet	Non-Preferred	
sevelamer carbonate 2.4 gm packet	Non-Preferred	
sevelamer carbonate 800 mg tab	Preferred	QL 510 / 30 days
sevelamer hcl	Non-Preferred	
VELPHORO	Non-Preferred	
POTASSIUM BINDERS		
kionex	Preferred	QL 240 / 1 days
LOKELMA 10 GM PACKET (NDCS 00310-1110-30, 00310-1110-39 ONLY)	Preferred	PA
LOKELMA 5 GM PACKET (NDCS 00310-1105-30, 00310-1105-39 ONLY)	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sodium polystyrene sulfonate powder	Preferred	QL 1800 / 30 day(s)
sps (sodium polystyrene sulf)	Preferred	QL 240 / 1 days
VELTASSA 1 GM PACKET	Preferred	
VELTASSA 16.8 GM PACKET	Preferred	PA
VELTASSA 25.2 GM PACKET	Non-Preferred	PA
VELTASSA 8.4 GM PACKET (NDCS 53436-0084-30, 53436-0084-01 ONLY)	Preferred	PA
VITAMINS		
A THRU Z ADVANCED	Preferred	QL 30 / 30 days
A THRU Z ADVANCED ADULT	Preferred	QL 30 / 30 days
A THRU Z HIGH POTENCY	Preferred	QL 30 / 30 days
A THRU Z SELECT CHEW TAB	Preferred	QL 60 / 30 days
A THRU Z SELECT TAB	Preferred	QL 30 / 30 days
A THRU Z SELECT 50+ ADVANCED	Preferred	QL 30 / 30 days
A THRU Z SELECT 50+ MENS	Preferred	QL 30 / 30 days
A THRU Z SELECT ADVANCED	Preferred	QL 30 / 30 days
A THRU Z SELECT ULTIMATE WOMEN	Preferred	QL 30 / 30 days
A THRU Z ULTIMATE MENS	Preferred	QL 30 / 30 days
actiflovit ear health	Preferred	
ACTIVITE	Preferred	
ADEK GUMMIES PLUS ZN	Preferred	QL 60 / 30 days
ADULT ONE DAILY GUMMIES	Preferred	QL 60 / 30 days
ADVANCED MULTI EA	Preferred	QL 60 / 30 days
airborne chew tab	Preferred	QL 60 / 30 days
AIRBORNE GUMMIES	Preferred	QL 60 / 30 days
AIRBORNE KIDS	Preferred	QL 60 / 30 days
AIRBORNE+GOOD REST CHEW TAB	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AIRBORNE+PROBIOTIC	Preferred	QL 60 / 30 days
ALIVE GUMMIES FOR CHILDREN	Preferred	
ALIVE HAIR, SKIN & NAILS CHEW TAB	Preferred	QL 60 / 30 days
ALIVE MULTI-VITAMIN CHEW TAB	Preferred	QL 60 / 30 days
ALIVE MULTI-VITAMIN CHILDRENS	Preferred	
ALIVE PRENATAL	Non-Preferred	
ALIVE WOMENS 50+	Preferred	QL 60 / 30 days
ALIVE WOMENS 50+ GUMMY	Preferred	QL 60 / 30 days
ALIVE WOMENS GUMMY	Preferred	QL 60 / 30 days
ALTRIXA OB	Non-Preferred	
ANTI-OXIDANT	Preferred	QL 30 / 30 days
ANTIOXIDANT A/C/E/SELENIUM	Preferred	QL 30 / 30 days
antioxidant protection formula	Preferred	QL 30 / 30 days
ANTIOXIDANT VITAMINS	Preferred	QL 30 / 30 days
b complex	Preferred	
b complex (folic acid)	Preferred	
b complex (lipotropics)	Preferred	
b complex formula 1 (lipotrop)	Preferred	
b complex formula 1 (w/ fa)	Preferred	
b complex vitamins	Preferred	
b complex-b12	Preferred	
b-12 1000 mcg tab er	Preferred	
b-12 slow release	Preferred	
b-12 tr 1000 mcg tab er	Preferred	
b-complex (folic acid)	Preferred	
b-complex plus b-12	Preferred	
b-complex/b-12 tab	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
b-complex/electrolytes	Preferred	
B-PLEX PLUS	Preferred	QL 30 / 30 days
balance b-100	Preferred	
balanced b-50 complex tab	Preferred	
BARIATRIC FUSION	Preferred	QL 60 / 30 days
big 100	Preferred	
BIOCEL	Preferred	QL 30 / 30 days
C-NATE DHA	Non-Preferred	
caffeine citrate 60 mg/3ml solution	Preferred	
CELEBRATE MULTI-COMPLETE 18 CHEW TAB	Preferred	QL 60 / 30 days
CELEBRATE MULTI-COMPLETE 36 CHEW TAB	Preferred	QL 60 / 30 days
CELEBRATE MULTI-COMPLETE 45 CHEW TAB	Preferred	QL 60 / 30 days
CELEBRATE MULTI-COMPLETE 60 CHEW TAB	Preferred	QL 60 / 30 days
CENTAVITE A-Z COMPLETE-MINERAL	Preferred	QL 30 / 30 days
CENTRAVITES	Preferred	QL 30 / 30 days
CENTRAVITES 50 PLUS	Preferred	QL 30 / 30 days
CENTRUM FLAVOR BURST	Preferred	QL 60 / 30 days
CENTRUM FLAVOR BURST ADULT	Preferred	QL 60 / 30 days
CENTRUM FRESH/FRUITY 50+	Preferred	QL 60 / 30 days
CENTRUM FRESH/FRUITY ADULT	Preferred	QL 60 / 30 days
CENTRUM MULTI + OMEGA 3	Preferred	QL 60 / 30 days
CENTRUM SILVER CHEW TAB	Preferred	QL 60 / 30 days
CENTRUM VITAMINTS	Preferred	QL 60 / 30 days
CENTURY	Preferred	QL 30 / 30 days
CENTURY MATURE	Preferred	QL 30 / 30 days
CEROVITE JR	Preferred	
CEROVITE SENIOR	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
certa plus	Preferred	QL 30 / 30 days
CERTAVITE/ANTIOXIDANTS	Preferred	QL 30 / 30 days
CHILDRENS ANIMAL SHAPES	Preferred	
CHILDRENS GUMMIES	Preferred	
CHOICEFUL MULTIVITAMIN CHEW TAB	Preferred	QL 60 / 30 days
CITRANATAL 90 DHA	Non-Preferred	
CITRANATAL B-CALM	Non-Preferred	
CITRANATAL BLOOM	Non-Preferred	
CITRANATAL HARMONY	Non-Preferred	
COMPANION	Preferred	QL 30 / 30 days
COMPETE	Preferred	QL 30 / 30 days
COMPLETENATE	Non-Preferred	
CONCEPT DHA	Non-Preferred	
CONCEPT OB	Non-Preferred	
CULTURELLE PROBIOTICS + MULTIV	Preferred	QL 60 / 30 days
CVS AIRSHIELD	Preferred	QL 60 / 30 days
CVS AIRSHIELD IMMUNITY SUPPORT	Preferred	QL 60 / 30 days
cvs balanced b50	Preferred	
CVS CHEWABLE CHILDRENS VITAMIN	Preferred	
CVS CHILDRENS COMPLETE	Preferred	
CVS DAILY GUMMIES	Preferred	QL 60 / 30 days
CVS DAILY GUMMIES ADULT	Preferred	QL 60 / 30 days
CVS DAILY MULTIPLE FOR MEN	Preferred	QL 30 / 30 days
CVS DAILY MULTIPLE WOMEN 50+	Preferred	QL 30 / 30 days
CVS EYE HEALTH & LUTEIN	Preferred	QL 30 / 30 days
CVS GUMMY DINOS	Preferred	
CVS GUMMY MULTIVITAMIN KIDS	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cvs inner ear plus	Preferred	
CVS MENS DAILY GUMMIES	Preferred	QL 60 / 30 days
CVS ONE DAILY ESSENTIAL	Preferred	QL 30 / 30 days
CVS ONE DAILY MENS FORMULA	Preferred	QL 30 / 30 days
CVS ONE DAILY WOMENS FORMULA	Preferred	QL 30 / 30 days
CVS PRENATAL GUMMY 0.18-25 MG CHEW TAB	Non-Preferred	
CVS SPECTRAVITE ADULT 50+ CHEW TAB	Preferred	QL 60 / 30 days
CVS SPECTRAVITE ADVANCED	Preferred	QL 30 / 30 days
CVS SPECTRAVITE MEN	Preferred	QL 30 / 30 days
CVS SPECTRAVITE MEN 50+	Preferred	QL 30 / 30 days
CVS SPECTRAVITE SENIOR	Preferred	QL 30 / 30 days
CVS SPECTRAVITE ULTRA MENS	Preferred	QL 30 / 30 days
CVS SPECTRAVITE WOMEN CHEW TAB	Preferred	QL 60 / 30 days
CVS SPECTRAVITE WOMEN TAB	Preferred	QL 30 / 30 days
CVS SPECTRAVITE WOMEN 50+	Preferred	QL 30 / 30 days
CVS SPECTRAVITE WOMENS SENIOR	Preferred	QL 30 / 30 days
cvs vitamin b12 1000 mcg tab er	Preferred	
CVS WOMENS ACTIVE DAILY	Preferred	QL 30 / 30 days
CVS WOMENS DAILY GUMMIES	Preferred	QL 60 / 30 days
cyanocobalamin 1000 mcg/ml solution	Preferred	
DAILY BETIC	Preferred	QL 30 / 30 days
DAILY COMBO MULTI VITAMINS	Preferred	QL 30 / 30 days
daily mens health formula	Preferred	QL 30 / 30 days
DAILY MULTIPLE VITAMINS	Preferred	QL 30 / 30 days
daily multiple vitamins	Preferred	QL 30 / 30 days
DAILY MULTIPLE VITAMINS/MIN	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DAILY VALUE MULTIVITAMIN	Preferred	QL 30 / 30 days
daily vitamin	Preferred	QL 30 / 30 days
daily vitamin formula+minerals	Preferred	QL 30 / 30 days
DAILY VITAMINS	Preferred	QL 30 / 30 days
DAILY VITE	Preferred	QL 30 / 30 days
DAILY VITES	Preferred	QL 30 / 30 days
daily womens health formula	Preferred	QL 30 / 30 days
daily-vitamin	Preferred	QL 30 / 30 days
daily-vitamin maximum formula	Preferred	QL 30 / 30 days
DAILY-VITE	Preferred	QL 30 / 30 days
DAILY-VITE MULTIVITAMIN	Preferred	QL 30 / 30 days
DEKAS BARIATRIC	Preferred	QL 60 / 30 days
DEKAS PLUS CHEW TAB	Preferred	QL 60 / 30 days
DERMACINRX PRETRATE	Non-Preferred	
DERMACINRX RIBOTIN-E	Non-Preferred	
DERMACINRX ZINTREXYL-C	Non-Preferred	
DIABETES HEALTH FORMULA	Preferred	QL 30 / 30 days
DIALYVITE	Preferred	
DIALYVITE 800/ULTRA D	Preferred	QL 30 / 30 days
dodex	Preferred	
ear health formula	Preferred	
ear health plus	Preferred	
elite-ob	Non-Preferred	
EMBRIVA	Non-Preferred	
EMERGEN-C IMMUNE PLUS/VIT D	Preferred	QL 60 / 30 days
EMERGEN-C VITAMIN C CHEW TAB	Preferred	QL 60 / 30 days
ENBRACE HR	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EQ COMPLETE MULTIVIT ADULT 50+	Preferred	QL 30 / 30 days
EQ COMPLETE MULTIVITAMIN CHILD	Preferred	
EQ MULTIVITAMIN GUMMIES	Preferred	
EQ MULTIVITAMINS ADULT GUMMY	Preferred	QL 60 / 30 days
EQ MULTIVITAMINS GUMMY CHILD	Preferred	
EQ ONE DAILY WOMENS HEALTH	Preferred	QL 30 / 30 days
EQL CENTURY	Preferred	QL 30 / 30 days
EQL CENTURY MATURE	Preferred	QL 30 / 30 days
EQL CENTURY MATURE MEN 50+	Preferred	QL 30 / 30 days
EQL CENTURY MATURE WOMEN 50+	Preferred	QL 30 / 30 days
EQL CHILD MULTIVIT/MINERALS	Preferred	
EQL GUMMIES CHILDRENS	Preferred	
EQL ONE DAILY ADULT GUMMIES	Preferred	QL 60 / 30 days
EQL ONE DAILY MENS 50+ ADVANCE	Preferred	QL 30 / 30 days
EQL ONE DAILY MENS HEALTH	Preferred	QL 30 / 30 days
EQL ONE DAILY WOMENS 50+ ADV	Preferred	QL 30 / 30 days
EQL VISION FORMULA	Preferred	QL 30 / 30 days
eql vitamin b-12 tr	Preferred	
ESSENTIA	Preferred	QL 30 / 30 days
ESSENTIAL BALANCE	Preferred	QL 30 / 30 days
EYE-VITES	Preferred	QL 30 / 30 days
eyeprotect	Preferred	QL 30 / 30 days
fa-vitamin b-6-vitamin b-12	Preferred	
fabb	Non-Preferred	
flavovit ear health	Preferred	
flintstones complete chew tab	Preferred	
flintstones complete 18 mg chew tab	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
flintstones gummies bone build	Preferred	
FLINTSTONES PLUS EXTRA IRON	Preferred	
flintstones w/iron	Preferred	
folbic	Preferred	
folic acid 1 mg tab	Preferred	QL 4 / 1 days
FOLIFLEX	Non-Preferred	
folika-bc	Preferred	
FOLITIN-Z	Non-Preferred	
FOLIVANE-OB	Non-Preferred	
FOLPLEX 2.2	Preferred	
ft vitamin b-12 pr	Preferred	
genicin vita-s	Preferred	
GERIVITE COMPLETE	Preferred	QL 30 / 30 days
GNP CENTURY MATURE WOMEN'S 50+	Preferred	QL 30 / 30 days
GNP ESSENTIAL ONE DAILY	Preferred	QL 30 / 30 days
GNP HAIR/SKIN/NAILS	Preferred	QL 30 / 30 days
GNP MEGA MULTI FOR WOMEN	Preferred	QL 30 / 30 days
GNP ONE DAILY MENS HEALTH 50+	Preferred	QL 30 / 30 days
GNP ONE DAILY MENS/LYCOPENE	Preferred	QL 30 / 30 days
GNP ONE DAILY WOMENS	Preferred	QL 30 / 30 days
GNP ONE DAILY WOMENS 50+	Preferred	QL 30 / 30 days
GNP THERAPEUTIC-M	Preferred	QL 30 / 30 days
gnp vitamin b-12 1000 mcg tab er	Preferred	
GOOD START PRENATAL NOURISH	Non-Preferred	
GUMMI BEAR MULTIVITAMIN/MIN	Preferred	
hair formula extra strength	Preferred	QL 30 / 30 days
HAIR SKIN AND NAILS FORMULA	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HAIR/SKIN/NAILS TAB	Preferred	QL 30 / 30 days
HEALTHY EYES	Preferred	QL 30 / 30 days
HEALTHY HAIR/SKIN/NAILS	Preferred	QL 30 / 30 days
healthy kids overall health	Preferred	
HI-KOVITE 2-PART FORMULA	Preferred	QL 30 / 30 days
hi-potency multi-vitamin	Preferred	QL 30 / 30 days
hm complete women	Preferred	QL 30 / 30 days
hm womens 50+ advanced daily	Preferred	QL 30 / 30 days
I-VITE	Preferred	QL 30 / 30 days
ICAPS MV	Preferred	QL 30 / 30 days
IMMUNE SUPPORT	Preferred	QL 60 / 30 days
kobee	Preferred	
KP ADULTS 50+ DAILY FORMULA	Preferred	QL 30 / 30 days
KP ADULTS DAILY FORMULA	Preferred	QL 30 / 30 days
kp folic acid 1 mg tab	Preferred	QL 4 / 1 days
KP MENS 50+ DAILY FORMULA	Preferred	QL 30 / 30 days
KP MENS DAILY FORMULA	Preferred	QL 30 / 30 days
KP VISION FORMULA	Preferred	QL 30 / 30 days
KP VISION FORMULA/LUTEIN	Preferred	QL 30 / 30 days
KP WOMENS 50+ DAILY FORMULA	Preferred	QL 30 / 30 days
KP WOMENS DAILY FORMULA	Preferred	QL 30 / 30 days
levocarnitine 1 gm/10ml solution	Preferred	
levocarnitine sf	Preferred	
lipo flavonoid advanced balanc	Preferred	
lipo flavonoid plus	Preferred	
lipoflavovit	Preferred	
lipotriad	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LYSIPLEX PLUS TAB	Preferred	QL 30 / 30 days
M-NATAL PLUS	Preferred	QL 30 / 30 days
MACUVITE	Preferred	QL 30 / 30 days
MACUVITE EYE CARE	Preferred	QL 30 / 30 days
macuvite/lutein	Preferred	QL 30 / 30 days
MATERNACEL	Non-Preferred	
MATERVIA	Non-Preferred	
MAXIMUM DAILY GREEN	Preferred	QL 30 / 30 days
mega multiple/chelated mineral	Preferred	
MEIJER ADVANCED FORMULA	Preferred	QL 30 / 30 days
MENS LIFE PACK	Preferred	QL 30 / 30 days
MENS MULTIVITAMIN CHEW TAB	Preferred	QL 60 / 30 days
MI-VITE RX	Preferred	
milltrium advanced formula	Preferred	QL 30 / 30 days
milltrium cardio	Preferred	QL 30 / 30 days
milltrium senior	Preferred	QL 30 / 30 days
MULTI + OMEGA-3 ADULT GUMMIES	Preferred	QL 60 / 30 days
MULTI ADULT GUMMIES	Preferred	QL 60 / 30 days
MULTI COMPLETE/IRON	Preferred	QL 30 / 30 days
MULTI FOR HER TAB	Preferred	QL 30 / 30 days
MULTI FOR HER 50+ TAB	Preferred	QL 30 / 30 days
MULTI FOR HIM TAB	Preferred	QL 30 / 30 days
MULTI FOR HIM 50+	Preferred	QL 30 / 30 days
MULTI VITAMIN	Preferred	QL 30 / 30 days
multi vitamin daily	Preferred	QL 30 / 30 days
MULTI VITAMIN/MINERALS	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
multi-lean	Preferred	QL 30 / 30 days
MULTI-VITAMIN	Preferred	QL 30 / 30 days
multi-vitamin daily	Preferred	QL 30 / 30 days
MULTI-VITAMIN GUMMIES	Preferred	QL 60 / 30 days
multi-vitamin menopausal	Preferred	QL 30 / 30 days
MULTI-VITAMIN/MINERALS	Preferred	QL 30 / 30 days
MULTIPLE VIT/MINERALS/NO IRON	Preferred	QL 30 / 30 days
MULTIPLE VITAMIN-FOLIC ACID	Preferred	QL 30 / 30 days
MULTIPLE VITAMINS	Preferred	QL 30 / 30 days
MULTIPLE VITAMINS ESSENTIAL	Preferred	QL 30 / 30 days
MULTIPLE VITAMINS/WOMENS	Preferred	QL 30 / 30 days
MULTIVIT-MIN GUMMIES CHILDRENS	Preferred	
MULTIVITAMIN ADULT	Preferred	QL 30 / 30 days
MULTIVITAMIN ADULTS	Preferred	QL 30 / 30 days
MULTIVITAMIN ADULTS 50+	Preferred	QL 30 / 30 days
MULTIVITAMIN GUMMIES ADULT	Preferred	QL 60 / 30 days
MULTIVITAMIN GUMMIES MENS	Preferred	QL 60 / 30 days
MULTIVITAMIN IRON-FREE	Preferred	QL 30 / 30 days
MULTIVITAMIN MEN 50+	Preferred	QL 30 / 30 days
MULTIVITAMIN WOMEN	Preferred	QL 30 / 30 days
MULTIVITAMIN WOMEN 50+	Preferred	QL 30 / 30 days
MULTIVITAMIN WOMENS 50+ ADV	Preferred	QL 30 / 30 days
MVW COMPLETE FORMULATION CHEW TAB	Preferred	
MVW COMPLETE FORMULATION SOLUTION	Preferred	QL 60 / 30 days
MVW COMPLETE FORMULATION D3000 CHEW TAB	Preferred	
MVW COMPLETE FORMULATION D5000 CHEW TAB	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MYAMULTI	Preferred	QL 30 / 30 days
MYNEPHRON	Preferred	QL 30 / 30 days
nat-rul b-50	Preferred	
NEO-VITAL RX	Non-Preferred	
NEOMATERNA	Non-Preferred	
NEONATAL COMPLETE 29-1 MG TAB	Non-Preferred	
NEONATAL FE	Non-Preferred	
NEONATAL PLUS	Non-Preferred	QL 30 / 30 days
nephronex tab	Preferred	
NESTABS	Non-Preferred	
NESTABS ONE	Non-Preferred	
niva-fol	Preferred	
NIVA-PLUS	Preferred	QL 30 / 30 days
NUTRIFAC ZX	Preferred	QL 30 / 30 days
OB COMPLETE	Non-Preferred	
OB COMPLETE ONE	Non-Preferred	
OB COMPLETE PETITE	Non-Preferred	
OB COMPLETE PREMIER	Non-Preferred	
OB COMPLETE/DHA	Non-Preferred	
OCUTABS	Preferred	QL 30 / 30 days
OCUTABS-LUTEIN	Preferred	QL 30 / 30 days
OCUVITE EXTRA	Preferred	QL 30 / 30 days
OCUVITE EYE + MULTI	Preferred	QL 30 / 30 days
OCUVITE EYE HEALTH GUMMIES	Preferred	QL 60 / 30 days
OCUVITE-LUTEIN TAB	Preferred	QL 30 / 30 days
ONCE DAILY	Preferred	QL 30 / 30 days
ONE A DAY IMMUNITY DEFENSE	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONE A DAY MENS VITACRAVES	Preferred	QL 60 / 30 days
ONE A DAY WOMEN 50 PLUS CHEW TAB	Preferred	QL 60 / 30 days
ONE DAILY	Preferred	QL 30 / 30 days
ONE DAILY 50 PLUS	Preferred	QL 30 / 30 days
ONE DAILY CALCIUM/IRON	Preferred	QL 30 / 30 days
ONE DAILY COMPLETE	Preferred	QL 30 / 30 days
ONE DAILY COMPLETE FOR MEN	Preferred	QL 30 / 30 days
ONE DAILY ESSENTIAL	Preferred	QL 30 / 30 days
ONE DAILY FOR MEN 50+ ADVANCED	Preferred	QL 30 / 30 days
ONE DAILY FOR MEN/LYCOPENE	Preferred	QL 30 / 30 days
ONE DAILY FOR WOMEN	Preferred	QL 30 / 30 days
ONE DAILY FOR WOMEN 50+ ADV	Preferred	QL 30 / 30 days
ONE DAILY HEALTHY WEIGHT	Preferred	QL 30 / 30 days
ONE DAILY HEALTHY WEIGHT ADV	Preferred	QL 30 / 30 days
ONE DAILY MAXIMUM	Preferred	QL 30 / 30 days
ONE DAILY MENS	Preferred	QL 30 / 30 days
ONE DAILY MENS 50+ MULTIVIT	Preferred	QL 30 / 30 days
ONE DAILY MENS 50+/LYCOPENE	Preferred	QL 30 / 30 days
ONE DAILY MENS HEALTH	Preferred	QL 30 / 30 days
ONE DAILY MULTIVIT/IRON-FREE	Preferred	QL 30 / 30 days
ONE DAILY MULTIVITAMIN ADULT	Preferred	QL 30 / 30 days
ONE DAILY MULTIVITAMIN MEN	Preferred	QL 30 / 30 days
ONE DAILY MULTIVITAMIN WOMEN	Preferred	QL 30 / 30 days
ONE DAILY WOMENS	Preferred	QL 30 / 30 days
ONE DAILY WOMENS 50 PLUS	Preferred	QL 30 / 30 days
ONE DAILY WOMENS 50+	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONE DAILY/MINERALS	Preferred	QL 30 / 30 days
ONE-A-DAY FOR HER VITACRAVES	Preferred	QL 60 / 30 days
ONE-A-DAY FOR HIM VITACRAVES	Preferred	QL 60 / 30 days
ONE-A-DAY MENS VITACRAVES	Preferred	QL 60 / 30 days
one-a-day teen advantage/her	Preferred	QL 30 / 30 days
ONE-A-DAY VITACRAVES	Preferred	QL 60 / 30 days
ONE-A-DAY VITACRAVES ADULT	Preferred	QL 60 / 30 days
ONE-A-DAY VITACRAVES IMMUNITY	Preferred	QL 60 / 30 days
ONE-A-DAY VITACRAVES SOUR	Preferred	QL 60 / 30 days
ONE-DAILY MULTI VITAMINS	Preferred	QL 30 / 30 days
one-daily multi vitamins	Preferred	QL 30 / 30 days
ONE-DAILY MULTI-VIT/MINERAL	Preferred	QL 30 / 30 days
ONE-DAILY MULTI-VITAMIN	Preferred	QL 30 / 30 days
ONENATAL RX	Non-Preferred	
OPTIC-VITES	Preferred	QL 30 / 30 days
OPTIC-VITES WITH LUTEIN	Preferred	QL 30 / 30 days
OPTIFAST POST BARIATRIC	Preferred	QL 60 / 30 days
OPTIMUM AIRVITES	Preferred	QL 60 / 30 days
OPTIMUM PMS	Preferred	QL 30 / 30 days
OPTISOURCE POST BARIATRIC SURG	Preferred	QL 60 / 30 days
OPURITY BYPASS OPTIMIZED	Preferred	QL 60 / 30 days
OSTEOPRIME ULTRA	Preferred	QL 30 / 30 days
pnv-dha	Non-Preferred	
PNV-DHA+DOCUSATE	Non-Preferred	
PNV-OMEGA	Non-Preferred	
pnv-select	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
POLY-VI-SOL	Preferred	
PRENAISSANCE	Non-Preferred	
PRENAISSANCE PLUS	Non-Preferred	
PRENATAL 27-1 MG TAB	Preferred	QL 30 / 30 days
PRENATAL PLUS VITAMIN/MINERAL	Preferred	QL 30 / 30 days
PRENATAL VITAMIN PLUS LOW IRON	Preferred	QL 30 / 30 days
PRENATE	Non-Preferred	
PRENATE AM	Non-Preferred	
PRENATE DHA	Non-Preferred	
PRENATE ELITE	Non-Preferred	
PRENATE ENHANCE	Non-Preferred	
PRENATE ESSENTIAL	Non-Preferred	
PRENATE MINI	Non-Preferred	
PRENATE PIXIE	Non-Preferred	
PRENATE RESTORE	Non-Preferred	
PRENATRIX	Non-Preferred	QL 30 / 30 days
PRENATRYL	Non-Preferred	QL 30 / 30 days
PREPLUS	Preferred	QL 30 / 30 days
PRESERVISION AREDS 2 CHEW TAB	Preferred	QL 60 / 30 days
PRIMACARE	Non-Preferred	
PROSIGHT	Preferred	QL 30 / 30 days
PROVIDA OB	Non-Preferred	
px advanced formula multivits	Preferred	QL 30 / 30 days
px b-50	Preferred	
px childrens vitamin	Preferred	
px complete senior multivits	Preferred	QL 30 / 30 days
px mens multivitamins	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QC CHILDRENS COMPLETE	Preferred	
QC DAILY MULTIVIT/MULTIMINERAL	Preferred	QL 30 / 30 days
QC ESSENTIALS	Preferred	QL 30 / 30 days
QC HAIR SKIN & NAILS	Preferred	QL 30 / 30 days
QC MENS DAILY MULTIVITAMIN	Preferred	QL 30 / 30 days
QC MULTI-VITE	Preferred	QL 30 / 30 days
QC MULTI-VITE 50 & OVER	Preferred	QL 30 / 30 days
QC THERIN-M	Preferred	QL 30 / 30 days
qc vitamin b12 1000 mcg tab er	Preferred	
QC WOMENS DAILY MULTIVITAMIN	Preferred	QL 30 / 30 days
QUINTABS-M	Preferred	QL 30 / 30 days
ra b-complex	Preferred	
ra b-complex with b-12	Preferred	
ra central-vite mens mature	Preferred	QL 30 / 30 days
ra central-vite womens mature	Preferred	QL 30 / 30 days
ra one daily maximum	Preferred	QL 30 / 30 days
ra one daily mens 50+ w/vit d3	Preferred	QL 30 / 30 days
ra one daily mens multi	Preferred	QL 30 / 30 days
ra one daily mens/vit d-3	Preferred	QL 30 / 30 days
ra vitamin b-12 tr	Preferred	
ra vitamins complete childrens	Preferred	
rena-vite rx	Preferred	
RENAL	Preferred	QL 30 / 30 days
RENAPLEX	Preferred	QL 30 / 30 days
RENO CAPS	Preferred	QL 30 / 30 days
risanoid plus	Preferred	
SE-NATAL 19 29-1 MG CHEW TAB	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SE-NATAL 19 29-1 MG TAB	Preferred	
SELECT-OB 29-0.6-0.4 MG CHEW TAB	Non-Preferred	
SELECT-OB 29-1 MG CHEW TAB	Non-Preferred	
SENIOR TABS	Preferred	QL 30 / 30 days
SENTRY	Preferred	QL 30 / 30 days
SENTRY SENIOR	Preferred	QL 30 / 30 days
sm animal shapes complete	Preferred	
sm antioxidant vitamins	Preferred	QL 30 / 30 days
sm balanced b-100	Preferred	
sm balanced b-50	Preferred	
sm complete	Preferred	QL 30 / 30 days
sm complete 50+	Preferred	QL 30 / 30 days
sm complete 50+ ultimate mens	Preferred	QL 30 / 30 days
sm complete 50+ ultimate women	Preferred	QL 30 / 30 days
sm complete advanced formula	Preferred	QL 30 / 30 days
sm complete senior formula	Preferred	QL 30 / 30 days
sm daily diet support	Preferred	QL 30 / 30 days
sm hair/skin/nails	Preferred	QL 30 / 30 days
sm multiple vitamins essential	Preferred	QL 30 / 30 days
sm opti-vitamins	Preferred	QL 30 / 30 days
sm vitamin b12 tr 1000 mcg tab er	Preferred	
SMARTY PANTS KIDS COMPLETE	Preferred	
SPONGEBOB SQUAREPANTS GUMMIES	Preferred	
STRESS B COMPLEX/ANTIOXID/ZINC	Preferred	QL 30 / 30 days
STRESS FORMULA	Preferred	QL 30 / 30 days
stress formula	Preferred	QL 30 / 30 days
stress formula/zinc	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STRESSTABS ADVANCED	Preferred	QL 30 / 30 days
STRESSTABS ENERGY	Preferred	QL 30 / 30 days
SUPER AYTINAL	Preferred	QL 30 / 30 days
SUPER AYTINAL 50 PLUS	Preferred	QL 30 / 30 days
super multiple	Preferred	QL 30 / 30 days
super nu-thera tab	Preferred	QL 30 / 30 days
SUPER THERA VITE M	Preferred	QL 30 / 30 days
SUPER VITA-MINS	Preferred	QL 30 / 30 days
sv vitamin b-12 er	Preferred	
SYSTANE ICAPS AREDS2 CHEW TAB	Preferred	QL 60 / 30 days
TAB-A-VITE	Preferred	QL 30 / 30 days
TAB-A-VITE/BETA CAROTENE	Preferred	QL 30 / 30 days
TARON-C DHA	Non-Preferred	
THERA VITAL M	Preferred	QL 30 / 30 days
THERA VITAL-M	Preferred	QL 30 / 30 days
thera-m	Preferred	QL 30 / 30 days
thera-mill	Preferred	QL 30 / 30 days
thera-mill m	Preferred	QL 30 / 30 days
THERA-TABS	Preferred	QL 30 / 30 days
THERABASIC-M	Preferred	QL 30 / 30 days
theradex m	Preferred	QL 30 / 30 days
theradex m/beta carotene	Preferred	QL 30 / 30 days
THERAPEUTIC FORMULA/HEMATINICS	Preferred	QL 30 / 30 days
THERAPEUTIC-M	Preferred	QL 30 / 30 days
theratrum complete	Preferred	QL 30 / 30 days
THERATRUM COMPLETE	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
theratrum complete 50 plus	Preferred	QL 30 / 30 days
THERATRUM COMPLETE 50 PLUS	Preferred	QL 30 / 30 days
THRIVE FOR LIFE WOMENS	Preferred	QL 30 / 30 days
THRIVITE 19	Non-Preferred	
THRIVITE RX	Preferred	QL 30 / 30 days
tinnitus relief	Preferred	
TM-VITE RX	Preferred	
TRI-VI-SOL A/C/D	Preferred	
TRICARE	Non-Preferred	QL 30 / 30 days
TRINATAL RX 1	Preferred	QL 30 / 30 days
TRIPHROCAPS	Preferred	QL 30 / 30 days
TRISTART DHA	Non-Preferred	
TRONVITE	Preferred	
TRUE DAILY VITE	Preferred	QL 30 / 30 days
true folic acid 1 mg tab	Preferred	QL 4 / 1 days
ultra b-100 complex	Preferred	
ULTRA CHOICE MULTIVITAMIN KIDS	Preferred	
ULTRA FREEDA	Preferred	QL 30 / 30 days
ULTRA FREEDA/IRON	Preferred	QL 30 / 30 days
ULTRACHOICE ADV FORMULA MATURE	Preferred	QL 30 / 30 days
ULTRACHOICE ADVANCED FORMULA	Preferred	QL 30 / 30 days
VENEXA FE	Non-Preferred	
VENTRIXYL FE	Non-Preferred	
VIRT-C DHA	Preferred	
virt-caps	Preferred	QL 30 / 30 days
virt-gard	Preferred	
VIRT-NATE DHA	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIRT-PN DHA	Non-Preferred	
VISION FORMULA/LUTEIN	Preferred	QL 30 / 30 days
VISION VITAMINS	Preferred	QL 30 / 30 days
visivites	Preferred	QL 30 / 30 days
visivites/lutein	Preferred	QL 30 / 30 days
VIT E-VIT C-BETA CAROTENE	Preferred	QL 30 / 30 days
VITA HAIR	Preferred	QL 30 / 30 days
VITA S FORTE	Preferred	QL 30 / 30 days
VITABASIC COMPLETE	Preferred	QL 30 / 30 days
VITABASIC SENIOR	Preferred	QL 30 / 30 days
VITACEL	Preferred	QL 30 / 30 days
VITACHEW ADULT MULTI VITAMIN	Preferred	QL 60 / 30 days
VITACHEW MULTIPLE VITAMIN	Preferred	
VITAFOL GUMMIES	Non-Preferred	
VITAFOL ULTRA	Non-Preferred	
VITAFOL-OB	Non-Preferred	
VITAFOL-ONE	Non-Preferred	
VITAFUSION PRENATAL	Non-Preferred	
VITALARA	Non-Preferred	
VITALEE	Preferred	QL 30 / 30 days
VITAMIN A-C-D INFANT	Preferred	
VITAMIN A/C/D/ INFANT/TODDLER	Preferred	
vitamin b complex	Preferred	
vitamin b complex w/b-12	Preferred	
vitamin b-12 er 1000 mcg tab er	Preferred	
vitamin b-complex	Preferred	
vitamin b1 100 mg tab	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
vitamin b12 1000 mcg tab er	Preferred	
vitamin-b complex	Preferred	
VITAMINS A-D-E/SELENIUM	Preferred	QL 30 / 30 days
VITASURE	Preferred	
vitatrum chew tab	Preferred	QL 60 / 30 days
vitatrum complete	Preferred	QL 30 / 30 days
VITRANOL FE	Non-Preferred	
VITREXATE FE	Non-Preferred	
VITREXYL + IRON	Non-Preferred	
vitrum senior	Preferred	QL 30 / 30 days
vp-vite rx	Preferred	
WAL-BORN VITAMIN C	Preferred	QL 60 / 30 days
WESCAP-C DHA	Non-Preferred	
WESCAP-PN DHA	Non-Preferred	
WESCAPS	Preferred	QL 30 / 30 days
WESNATE DHA	Non-Preferred	
westab max	Preferred	
westab mini	Non-Preferred	
WESTAB PLUS	Preferred	QL 30 / 30 days
WESTGEL DHA	Non-Preferred	
womens daily form/fa/ca/fe	Preferred	QL 30 / 30 days
WOMENS DAILY FORMULA	Preferred	QL 30 / 30 days
WOMENS LIFE PACK	Preferred	QL 30 / 30 days
WOMENS MULTI GUMMIES	Preferred	QL 60 / 30 days
WOMENS MULTIVITAMIN	Preferred	QL 30 / 30 days
xvite	Preferred	
YOUR LIFE MULTI ADULT GUMMIES	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
YUMVS MULTI ZERO	Preferred	QL 60 / 30 days
YUMVS ZERO DIABETIC MULTIVITAM	Preferred	QL 60 / 30 days
ZOO FRIENDS MULTI GUMMIES	Preferred	
GASTROINTESTINAL AGENTS ANTI-CONSTIPATION AGENTS		
AMITIZA	Non-Preferred	QL 60 / 30 days PA
avedana glycerin (adult)	Preferred	QL 12 / 22 days
clearlax	Preferred	
colace	Preferred	QL 4 / 1 days
colace 2-in-1	Preferred	QL 4 / 1 days
constulose	Preferred	QL 120 / 1 days
cvs glycerin adult 2 gm suppos	Preferred	QL 12 / 22 days
cvs mineral oil	Preferred	QL 45 / 1 days
cvs natural daily fiber 51.7 % powder	Preferred	
cvs natural daily fiber 58.6 % powder	Preferred	
cvs purelax 17 gm packet	Preferred	QL 60 / 30 days
cvs senna plus	Preferred	QL 4 / 1 days
cvs stool softener 100 mg cap	Preferred	QL 4 / 1 days
cvs stool softener/laxative	Preferred	QL 4 / 1 days
docusate sodium 100 mg cap	Preferred	QL 4 / 1 days
docuzen	Preferred	QL 4 / 1 days
dss 100 mg cap	Preferred	QL 4 / 1 days
dulcolax 5 mg tab dr	Preferred	
dulcolax pink laxative	Preferred	
dulcolax pink stool softener	Preferred	QL 4 / 1 days
dulcolax stool softener	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
easy-lax	Preferred	QL 4 / 1 days
easy-lax plus	Preferred	QL 4 / 1 days
enemeez mini	Preferred	
enulose	Preferred	QL 120 / 1 days
eq laxative	Preferred	QL 60 / 30 days
eq mineral oil	Preferred	QL 45 / 1 days
eq senna-s	Preferred	QL 4 / 1 days
eq stool softener 100 mg cap	Preferred	QL 4 / 1 days
eq stool softener/laxative	Preferred	QL 4 / 1 days
eql fiber therapy 28.3 % powder	Preferred	
eql natural fiber	Preferred	
eql senna-s	Preferred	QL 4 / 1 days
eql stool softener	Preferred	QL 4 / 1 days
eql stool softener/stimulant	Preferred	QL 4 / 1 days
fiber 28.3 % powder	Preferred	
fiber laxative	Preferred	
fleet laxative mineral oil	Preferred	QL 45 / 1 days
fleet oil	Preferred	
fleet stimulant	Preferred	
fleet stool softener	Preferred	QL 4 / 1 days
freskaro magnesium citrate	Preferred	
ft enema mineral oil	Preferred	
ft mineral oil	Preferred	QL 45 / 1 days
ft senna-s	Preferred	QL 4 / 1 days
ft stool softener 100 mg cap	Preferred	QL 4 / 1 days
ft stool softener 50-8.6 mg tab	Preferred	QL 4 / 1 days
gavilax	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
generlac	Preferred	QL 120 / 1 days
glycerin (adult) 2 gm suppos	Preferred	QL 12 / 22 days
glycerin adult	Preferred	QL 12 / 22 days
glycolax	Preferred	
gnp clearlax 17 gm packet	Preferred	QL 60 / 30 days
gnp clearlax 17 gm/scoop powder	Preferred	
gnp gentle laxative 5 mg tab dr	Preferred	
gnp mineral oil	Preferred	QL 45 / 1 days
gnp natural fiber 28.3 % powder	Preferred	
gnp senna plus	Preferred	QL 4 / 1 days
gnp stool softener 100 mg cap	Preferred	QL 4 / 1 days
gnp stool softener/laxative	Preferred	QL 4 / 1 days
goodsense clearlax	Preferred	
goodsense fiber laxative	Preferred	
goodsense mineral oil	Preferred	QL 45 / 1 days
goodsense stimulant lax plus	Preferred	QL 4 / 1 days
goodsense stimulant laxative	Preferred	QL 4 / 1 days
goodsense stool softener	Preferred	QL 4 / 1 days
healthylax	Preferred	QL 60 / 30 days
hm clearlax 17 gm packet	Preferred	QL 60 / 30 days
hm clearlax 17 gm/scoop powder	Preferred	
hm mineral oil	Preferred	QL 45 / 1 days
hm senna-s	Preferred	QL 4 / 1 days
hm stool softener 100 mg cap	Preferred	QL 4 / 1 days
hm stool softener/laxative	Preferred	QL 4 / 1 days
hydrocil 95 % powder	Preferred	
IBSRELA	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
kls stool softener	Preferred	QL 4 / 1 days
konsyl daily fiber 28.3 % powder	Preferred	
KONSYL DAILY FIBER 60.3 % PACKET	Preferred	
lactulose 10 gm/15ml solution	Preferred	QL 120 / 1 days
lactulose 20 gm/30ml solution	Preferred	QL 120 / 1 days
lactulose encephalopathy	Preferred	QL 120 / 1 days
laxacin	Preferred	QL 4 / 1 days
LINZESS	Preferred	QL 30 / 30 days PA
lubiprostone	Preferred	QL 60 / 30 days PA
magnesium citrate 1.745 gm/30ml solution	Preferred	
medi-natural plus	Preferred	QL 4 / 1 days
metamucil smooth texture	Preferred	
mineral oil	Preferred	QL 45 / 1 days
MINERAL OIL HEAVY	Preferred	QL 45 / 1 days
mineral oil lubricant laxative	Preferred	QL 45 / 1 days
miralax mix-in pax	Preferred	QL 60 / 30 days
mm stool softener	Preferred	QL 4 / 1 days
mm stool softener laxative	Preferred	QL 4 / 1 days
MOTEGRITY	Non-Preferred	QL 30 / 30 days
MOVANTIK	Preferred	QL 30 / 30 days PA
natural fiber	Preferred	
natural fiber laxative 28.3 % powder	Preferred	
natural fiber laxative 58.6 % powder	Preferred	
onelax magnesium citrate	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
peg 3350 17 gm packet	Preferred	QL 60 / 30 days
peg 3350 17 gm/scoop powder	Preferred	
phillips stool softener	Preferred	QL 4 / 1 days
polyethylene glycol 3350 17 gm packet	Preferred	QL 60 / 30 days
polyethylene glycol 3350 17 gm/scoop powder	Preferred	
proctozone-gmax adult	Preferred	QL 12 / 22 days
prucalopride succinate	Non-Preferred	
px docusate sodium	Preferred	QL 4 / 1 days
qc gentle laxative 5 mg tab dr	Preferred	
qc laxative	Preferred	
qc magnesium citrate	Preferred	
qc mineral oil heavy	Preferred	QL 45 / 1 days
qc natura-lax	Preferred	
qc natural vegetable	Preferred	
qc senna-s	Preferred	QL 4 / 1 days
qc stool softener 100 mg cap	Preferred	QL 4 / 1 days
qc stool softener pls laxative	Preferred	QL 4 / 1 days
ra 2-in-1 lax/stool softener	Preferred	QL 4 / 1 days
ra col-rite 100 mg cap	Preferred	QL 4 / 1 days
ra mineral oil	Preferred	QL 45 / 1 days
ra multihealth fiber 58.6 % powder	Preferred	
ra p col-rite	Preferred	QL 4 / 1 days
ra stool softener	Preferred	QL 4 / 1 days
reguloid 28.3 % powder	Preferred	
RELISTOR 12 MG/0.6ML SOLN PRSYR	Non-Preferred	
RELISTOR 12 MG/0.6ML SOLUTION	Non-Preferred	
RELISTOR 150 MG TAB	Non-Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELISTOR 8 MG/0.4ML SOLN PRSYR	Non-Preferred	
sb docusate sodium	Preferred	QL 4 / 1 days
sb docusate sodium/senna	Preferred	QL 4 / 1 days
sb polyethylene glycol 3350	Preferred	
senexon-s	Preferred	QL 4 / 1 days
senna plus 8.6-50 mg tab	Preferred	QL 4 / 1 days
senna s	Preferred	QL 4 / 1 days
senna-docusate sodium	Preferred	QL 4 / 1 days
senna-plus	Preferred	QL 4 / 1 days
senna-s 8.6-50 mg tab	Preferred	QL 4 / 1 days
senna-time s	Preferred	QL 4 / 1 days
sennosides-docusate sodium	Preferred	QL 4 / 1 days
senokot s	Preferred	QL 4 / 1 days
sm clearlax	Preferred	
sm fiber 28.3 % powder	Preferred	
sm fiber 58.6 % powder	Preferred	
sm mineral oil oil	Preferred	QL 45 / 1 days
sm senna-s	Preferred	QL 4 / 1 days
sm stool softener 100 mg cap	Preferred	QL 4 / 1 days
sm stool softener/laxative	Preferred	QL 4 / 1 days
smooth lax 17 gm packet	Preferred	QL 60 / 30 days
stimulant laxative	Preferred	QL 4 / 1 days
stool softener 100 mg cap	Preferred	QL 4 / 1 days
stool softener laxative 100 mg cap	Preferred	QL 4 / 1 days
stool softener laxative 8.6-50 mg tab	Preferred	QL 4 / 1 days
stool softener plus laxative	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
stool softener/laxative 50-8.6 mg tab	Preferred	QL 4 / 1 days
SYMPROIC	Non-Preferred	QL 30 / 30 days
true laxative	Preferred	
TRULANCE	Non-Preferred	QL 30 / 30 days
vegetable lax+stool softener	Preferred	QL 4 / 1 days
wal-mucil 28.3 % powder	Preferred	
wal-mucil 58.6 % powder	Preferred	
ZELNORM	Non-Preferred	
ANTI-DIARRHEAL AGENTS		
AEMCOLO	Non-Preferred	
alosetron hcl	Non-Preferred	
diphenoxylate-atropine 2.5-0.025 mg tab	Preferred	QL 8 / 1 days
diphenoxylate-atropine 2.5-0.025 mg/5ml liquid	Preferred	QL 40 / 1 days
LOTRONEX	Non-Preferred	
VIBERZI	Non-Preferred	QL 60 / 30 days
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl 10 mg cap	Preferred	QL 240 / 30 days
dicyclomine hcl 20 mg tab	Preferred	QL 240 / 30 days
glycopyrrolate 1 mg tab	Preferred	QL 180 / 30 days
glycopyrrolate 2 mg tab	Preferred	QL 4 / 1 days
GASTROINTESTINAL AGENTS, OTHER		
amoxicill-clarithro-lansopraz	Non-Preferred	
bis subcit-metronid-tetracyc	Non-Preferred	
bismuth/metronidaz/tetracyclin	Non-Preferred	
CHENODAL	Non-Preferred	
CTEXLI	Non-Preferred	
eq stomach relief 262 mg tab	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft stomach relief 262 mg tab	Preferred	
gas-x extra strength 125 mg chew tab	Preferred	
gavilyte-c	Preferred	QL 4000 / 30 days
gavilyte-g	Preferred	QL 4000 / 30 days
gavilyte-n with flavor pack	Preferred	QL 4000 / 30 days
gelusil	Preferred	
gnp gas relief extra strength 125 mg chew tab	Preferred	
HELIDAC THERAPY	Non-Preferred	
kaopectate 262 mg tab	Preferred	
mintox plus	Preferred	
mylicon infants gas relief	Preferred	
OCALIVA	Non-Preferred	
OMECLAMOX-PAK	Non-Preferred	
OMVOH (300 MG DOSE)	Non-Preferred	
OMVOH 100 MG/ML SOLN A-INJ	Non-Preferred	
OMVOH 100 MG/ML SOLN PRSYR	Non-Preferred	
OMVOH 300 MG/15ML SOLUTION	Non-Preferred	
peg 3350-kcl-na bicarb-nacl	Preferred	QL 4000 / 30 days
peg-3350/electrolytes	Preferred	QL 4000 / 30 days
peg-3350/electrolytes/ascorbat	Preferred	
peg-kcl-nacl-nasulf-na asc-c	Preferred	
pepto-bismol 262 mg tab	Preferred	
PYLERA	Non-Preferred	
qc stomach relief 262 mg tab	Preferred	
RELTONE	Non-Preferred	
simethicone 20 mg/0.3ml suspension	Preferred	
sodium bicarbonate 325 mg tab	Preferred	
sodium bicarbonate 650 mg tab	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
soothe 262 mg tab	Preferred	
TALICIA	Non-Preferred	
URSO 250	Non-Preferred	
URSO FORTE	Non-Preferred	
URSODIOL 200 MG CAP	Preferred	
ursodiol 250 mg tab	Preferred	
ursodiol 300 mg cap	Preferred	QL 90 / 30 days
URSODIOL 400 MG CAP	Preferred	
ursodiol 500 mg tab	Preferred	
VOQUEZNA	Non-Preferred	
VOQUEZNA DUAL PAK	Non-Preferred	
VOQUEZNA TRIPLE PAK	Non-Preferred	
ZINPLAVA	Non-Preferred	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
acid reducer 10 mg tab	Preferred	
acid reducer complete	Preferred	
acid reducer maximum strength	Preferred	QL 120 / 30 days
cimetidine 200 mg tab	Preferred	QL 120 / 30 days
cimetidine 300 mg tab	Preferred	QL 240 / 30 days
cimetidine 400 mg tab	Preferred	QL 180 / 30 days
cimetidine 800 mg tab	Preferred	QL 90 / 30 days
cimetidine hcl	Non-Preferred	
cvs acid controller	Preferred	
cvs dual action complete	Preferred	
cvs heartburn relief 200 mg tab	Preferred	QL 120 / 30 days
eq acid reducer complete	Preferred	
eq famotidine max st	Preferred	QL 120 / 30 days
eql dual action complete	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
famotidine (pf)	Preferred	
famotidine 10 mg tab	Preferred	
famotidine 20 mg tab	Preferred	QL 120 / 30 days
FAMOTIDINE 20 MG/5ML SOLUTION	Preferred	
famotidine 200 mg/20ml solution	Preferred	
FAMOTIDINE 200 MG/50ML SOLUTION	Preferred	
famotidine 40 mg tab	Preferred	QL 60 / 30 days
FAMOTIDINE 40 MG/10ML SOLUTION	Preferred	
famotidine 40 mg/4ml solution	Preferred	
famotidine 40 mg/5ml recon susp	Preferred	
famotidine maximum strength	Preferred	QL 120 / 30 days
famotidine orig st	Preferred	
famotidine premixed	Preferred	
ft acid reducer + antacid	Preferred	
ft acid reducer 10 mg tab	Preferred	
ft acid reducer max strength	Preferred	QL 120 / 30 days
gnp acid reducer	Preferred	
gnp acid reducer max st	Preferred	QL 120 / 30 days
heartburn relief	Preferred	
heartburn relief max st	Preferred	QL 120 / 30 days
hm dual action complete	Preferred	
hm famotidine 10 mg tab	Preferred	
hm famotidine 20 mg tab	Preferred	QL 120 / 30 days
mm acid-pep maximum strength	Preferred	QL 120 / 30 days
NIZATIDINE 15 MG/ML SOLUTION	Preferred	
nizatidine 150 mg cap	Non-Preferred	
nizatidine 300 mg cap	Non-Preferred	
PEPCID 20 MG TAB	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PEPCID 40 MG TAB	Non-Preferred	QL 60 / 30 days
pepcid ac	Non-Preferred	
px dual action	Preferred	
qc acid controller	Preferred	
qc acid controller max st	Preferred	QL 120 / 30 days
qc famotidine acid reducer 20 mg tab	Preferred	QL 120 / 30 days
ra dual action complete	Preferred	
sm acid reducer 10 mg tab	Preferred	
sm acid reducer 200 mg tab	Preferred	QL 120 / 30 days
sm acid reducer max st	Preferred	QL 120 / 30 days
tagamet hb	Non-Preferred	QL 120 / 30 days
zantac 360 10 mg tab	Non-Preferred	
zantac 360 20 mg tab	Non-Preferred	QL 120 / 30 days
zantac 360 max st	Non-Preferred	QL 120 / 30 days
PROTECTANTS		
misoprostol 100 mcg tab	Preferred	QL 240 / 30 days
misoprostol 200 mcg tab	Preferred	QL 4 / 1 days
sucralfate 1 gm tab	Preferred	QL 4 / 1 days
sucralfate 1 gm/10ml suspension	Preferred	QL 40 / 1 days
PROTON PUMP INHIBITORS		
acid reducer 20.6 (20 base) mg cap dr	Non-Preferred	QL 60 / 30 days
ACIPHEX	Non-Preferred	QL 60 / 30 days
ACIPHEX SPRINKLE	Non-Preferred	
cvs esomeprazole magnesium	Preferred	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cvs omeprazole 20 mg tab dr disp	Non-Preferred	
cvs omeprazole magnesium	Non-Preferred	QL 60 / 30 days
DEXILANT	Non-Preferred	
dexlansoprazole	Non-Preferred	
eq omeprazole 20 mg tab dr	Non-Preferred	QL 60 / 30 days
eq omeprazole 20 mg tab dr disp	Non-Preferred	
eql lansoprazole	Preferred	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
esomeprazole magnesium 10 mg packet	Preferred	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
esomeprazole magnesium 2.5 mg packet	Preferred	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
esomeprazole magnesium 20 mg cap dr	Preferred	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
esomeprazole magnesium 20 mg packet	Preferred	
esomeprazole magnesium 20 mg tab dr	Non-Preferred	
esomeprazole magnesium 40 mg cap dr	Preferred	AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
esomeprazole magnesium 40 mg packet	Preferred	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
esomeprazole magnesium 5 mg packet	Preferred	C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
ESOMEPRAZOLE STRONTIUM	Non-Preferred	
ft acid reducer 15 mg cap dr	Preferred	QL: 60 / 30 days AL1: At least 6 yrs old C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
ft acid reducer 20 mg cap dr	Preferred	C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
ft omeprazole	Non-Preferred	QL: 60 / 30 days
gnp esomeprazole magnesium	Preferred	C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
gnp lansoprazole	Preferred	QL: 60 / 30 days AL1: At least 6 yrs old C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
gnp omeprazole 20 mg tab dr	Non-Preferred	QL: 60 / 30 days
gnp omeprazole 20 mg tab dr disp	Non-Preferred	
gnp omeprazole 20.6 (20 base) mg cap dr	Non-Preferred	QL: 60 / 30 days
goodsense esomeprazole	Preferred	C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
goodsense lansoprazole 15 mg tab dr disp	Preferred	QL 30 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
goodsense omep/sod bicarb	Non-Preferred	
hm esomeprazole magnesium dr	Preferred	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
hm lansoprazole	Preferred	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
hm omeprazole	Non-Preferred	QL 60 / 30 days
kls lansoprazole	Preferred	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
KONVOMEP	Non-Preferred	
lansoprazole 15 mg cap dr	Preferred	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lansoprazole 30 mg cap dr	Preferred	QL 60 / 30 days C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
lansoprazole 30 mg tab dr disp	Preferred	QL 30 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
NEXIUM 10 MG PACKET	Preferred	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
NEXIUM 2.5 MG PACKET	Preferred	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
NEXIUM 20 MG CAP DR	Non-Preferred	
NEXIUM 20 MG PACKET	Preferred	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
NEXIUM 40 MG CAP DR	Non-Preferred	
NEXIUM 40 MG PACKET	Preferred	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
NEXIUM 5 MG PACKET	Preferred	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
omeprazole 20 mg cap dr	Preferred	QL 60 / 30 days C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
omeprazole 20 mg tab dr	Non-Preferred	QL 60 / 30 days
omeprazole 20 mg tab dr disp	Non-Preferred	
omeprazole 40 mg cap dr	Preferred	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
omeprazole magnesium 20 mg tab dr	Non-Preferred	
omeprazole magnesium 20.6 (20 base) mg cap dr	Non-Preferred	QL 60 / 30 days
omeprazole-sodium bicarbonate	Non-Preferred	
pantoprazole sodium 20 mg tab dr	Preferred	QL 60 / 30 days C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
pantoprazole sodium 40 mg packet	Preferred	
pantoprazole sodium 40 mg tab dr	Preferred	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
PREVACID	Non-Preferred	QL 60 / 30 days
PREVACID 24HR	Non-Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREVACID SOLUTAB	Non-Preferred	QL 30 / 30 days
PRILOSEC	Non-Preferred	QL 60 / 30 days
PROTONIX 20 MG TAB DR	Non-Preferred	QL 60 / 30 days
PROTONIX 40 MG PACKET	Non-Preferred	
PROTONIX 40 MG TAB DR	Non-Preferred	QL 60 / 30 days
qc esomeprazole magnesium	Preferred	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
qc lansoprazole	Preferred	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
qc omeprazole magnesium	Non-Preferred	QL 60 / 30 days
rabeprazole sodium 20 mg tab dr	Preferred	QL 60 / 30 days C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
sm esomeprazole magnesium	Preferred	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
sm lansoprazole	Preferred	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
sm omeprazole	Non-Preferred	QL 60 / 30 days
ZEGERID	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
zegerid otc	Non-Preferred	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ADAKVEO	Non-Preferred	
AGAMREE	Non-Preferred	
BUPHENYL	Preferred	
CERDELGA	Preferred	PA
CEREZYME	Preferred	PA
CHOLBAM	Preferred	PA
CREON	Preferred	
dairy relief 3000 unit tab	Preferred	
ELELYSO	Preferred	PA
ENDARI	Non-Preferred	QL 180 / 30 days
glycerol phenylbutyrate	Non-Preferred	
l-glutamine 5 gm packet	Non-Preferred	
lactaid	Preferred	
miglustat	Preferred	PA
OLPRUVA (2 GM DOSE)	Non-Preferred	
OLPRUVA (3 GM DOSE)	Non-Preferred	
OLPRUVA (4 GM DOSE)	Non-Preferred	
OLPRUVA (5 GM DOSE)	Non-Preferred	
OLPRUVA (6 GM DOSE)	Non-Preferred	
OLPRUVA (6.67 GM DOSE)	Non-Preferred	
OXBRYTA 300 MG TAB	Non-Preferred	QL 90 / 30 days
OXBRYTA 300 MG TAB SOL	Non-Preferred	QL 150 / 30 days
OXBRYTA 500 MG TAB	Non-Preferred	QL 90 / 30 days
PANCREAZE	Non-Preferred	
PERTZYE 16000 UNIT CP DR PART	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PERTZYE 24000-86250 UNIT CP DR PART	Non-Preferred	
PERTZYE 4000 UNIT CP DR PART	Non-Preferred	
PERTZYE 8000 UNIT CP DR PART	Non-Preferred	
PHEBURANE	Non-Preferred	
RAVICTI	Non-Preferred	
sodium phenylbutyrate 3 gm/tsp powder	Preferred	
sodium phenylbutyrate 500 mg tab	Preferred	
VIOKACE	Non-Preferred	
VPRIV	Preferred	PA
XROMI	Preferred	
yargesa	Preferred	PA
ZAVESCA	Preferred	PA
ZENPEP	Preferred	
GENITOURINARY AGENTS ANTISPASMODICS, URINARY		
darifenacin hydrobromide er	Preferred	
DETROL	Non-Preferred	QL 60 / 30 days
DETROL LA	Non-Preferred	QL 30 / 30 days
DITROPAN XL	Non-Preferred	QL 30 / 30 days
fesoterodine fumarate er	Non-Preferred	
flavoxate hcl	Non-Preferred	
GELNIQUE	Non-Preferred	
GEMTESA	Non-Preferred	QL 30 / 30 days
mirabegron er	Non-Preferred	
MYRBETRIQ 25 MG TAB ER 24H	Preferred	
MYRBETRIQ 50 MG TAB ER 24H	Preferred	
MYRBETRIQ 8 MG/ML SRER	Non-Preferred	
OXYBUTYNIN CHLORIDE 2.5 MG TAB	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
oxybutynin chloride 5 mg tab	Preferred	QL 4 / 1 days
oxybutynin chloride 5 mg/5ml solution	Preferred	QL 600 / 30 days
oxybutynin chloride er 10 mg tab er 24h	Preferred	QL 30 / 30 days
oxybutynin chloride er 15 mg tab er 24h	Preferred	QL 30 / 30 days
oxybutynin chloride er 5 mg tab er 24h	Preferred	QL 30 / 30 days
OXYTROL	Non-Preferred	
OXYTROL FOR WOMEN	Preferred	
solifenacin succinate	Preferred	
tolterodine tartrate	Preferred	QL 60 / 30 days
tolterodine tartrate er	Preferred	QL 30 / 30 days
TOVIAZ	Non-Preferred	
trospium chloride	Preferred	QL 60 / 30 days
trospium chloride er	Non-Preferred	QL 30 / 30 days
VESICARE	Non-Preferred	
VESICARE LS	Non-Preferred	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er	Preferred	QL 30 / 30 days
AVODART	Non-Preferred	QL 30 / 30 days
CARDURA XL	Non-Preferred	
CIALIS 10 MG TAB	Non-Preferred	
CIALIS 2.5 MG TAB	Non-Preferred	QL 30 / 30 days
CIALIS 20 MG TAB	Non-Preferred	
CIALIS 5 MG TAB	Non-Preferred	QL 30 / 30 days
dutasteride 0.5 mg cap	Preferred	QL 30 / 30 days
dutasteride-tamsulosin hcl	Non-Preferred	
ENTADFI	Non-Preferred	
finasteride 5 mg tab	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLOMAX	Non-Preferred	QL 60 / 30 days
JALYN	Non-Preferred	
PROSCAR	Non-Preferred	
RAPAFLO	Non-Preferred	
silodosin	Non-Preferred	
tadalafil 10 mg tab	Non-Preferred	
tadalafil 2.5 mg tab	Non-Preferred	QL 30 / 30 days
tadalafil 20 mg tab	Non-Preferred	
tadalafil 5 mg tab	Non-Preferred	QL 30 / 30 days
tamsulosin hcl	Preferred	QL 60 / 30 days
TEZRULY	Non-Preferred	
GENITOURINARY AGENTS, OTHER		
ARGYLE STERILE SALINE	Preferred	
bethanechol chloride 10 mg tab	Preferred	QL 4 / 1 days
bethanechol chloride 25 mg tab	Preferred	QL 4 / 1 days
bethanechol chloride 5 mg tab	Preferred	QL 4 / 1 days
bethanechol chloride 50 mg tab	Preferred	QL 4 / 1 days
CURITY STERILE SALINE	Preferred	
cytra-2	Preferred	QL 120 / 1 days
ELMIRON	Preferred	QL 90 / 30 days
ORACIT	Preferred	QL 120 / 1 days
ORAL CITRATE	Preferred	QL 120 / 1 days
PHOSPHA 250 NEUTRAL	Preferred	
PHOSPHO-TRIN 250 NEUTRAL	Preferred	
PHOSPHOROUS	Preferred	
SOD CITRATE-CITRIC ACID	Preferred	QL 120 / 1 days
sod citrate-citric acid	Preferred	QL 120 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sodium chloride 0.9 % solution	Preferred	
SODIUM CITRATE-CITRIC ACID	Preferred	QL 120 / 1 days
virt-phos 250 neutral	Preferred	
WES-PHOS 250 NEUTRAL	Preferred	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
CORTISONE ACETATE 25 MG TAB	Non-Preferred	
decadron	Non-Preferred	
deflazacort	Non-Preferred	
DEPO-MEDROL 20 MG/ML SUSPENSION	Preferred	QL 8 / 1 days
DEXABLISS	Non-Preferred	
dexamethasone 0.5 mg tab	Preferred	
dexamethasone 0.5 mg/5ml elixir	Preferred	
dexamethasone 0.5 mg/5ml solution	Preferred	
dexamethasone 0.75 mg tab	Preferred	
dexamethasone 1 mg tab	Preferred	
dexamethasone 1.5 mg (21) tab thpk	Non-Preferred	
DEXAMETHASONE 1.5 MG (35) TAB THPK	Non-Preferred	
DEXAMETHASONE 1.5 MG (51) TAB THPK	Non-Preferred	
dexamethasone 1.5 mg tab	Preferred	
dexamethasone 2 mg tab	Preferred	
dexamethasone 4 mg tab	Preferred	
dexamethasone 6 mg tab	Preferred	
DEXAMETHASONE INTENSOL	Preferred	
DXEVO 11-DAY	Non-Preferred	
EMFLAZA	Non-Preferred	
fludrocortisone acetate 0.1 mg tab	Preferred	QL 2 / 1 days
HEMADY	Non-Preferred	
hydrocortisone sod suc (pf)	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
jaythari 18 mg tab	Non-Preferred	
jaythari 30 mg tab	Non-Preferred	
jaythari 36 mg tab	Non-Preferred	
jaythari 6 mg tab	Non-Preferred	
KENALOG-10	Preferred	
KENALOG-40	Preferred	
kymbee	Non-Preferred	
MEDROL 16 MG TAB	Non-Preferred	
MEDROL 2 MG TAB	Non-Preferred	QL 4 / 1 days
MEDROL 32 MG TAB	Non-Preferred	QL 2 / 1 days
MEDROL 4 MG TAB	Non-Preferred	
MEDROL 4 MG TAB THPK	Non-Preferred	
MEDROL 8 MG TAB	Non-Preferred	
methylprednisolone 16 mg tab	Preferred	QL 4 / 1 days
methylprednisolone 32 mg tab	Preferred	QL 2 / 1 days
methylprednisolone 4 mg tab	Preferred	QL 4 / 1 days
methylprednisolone 4 mg tab thpk	Preferred	
methylprednisolone 8 mg tab	Preferred	QL 4 / 1 days
methylprednisolone acetate 40 mg/ml suspension	Preferred	QL 4 / 1 days
methylprednisolone acetate 80 mg/ml suspension	Preferred	QL 2 / 1 days
methylprednisolone sodium succ 1000 mg recon soln	Preferred	
methylprednisolone sodium succ 40 mg recon soln	Preferred	
methylprednisolone sodium succ 500 mg recon soln	Preferred	
MILLIPRED	Non-Preferred	QL 12 / 1 days
millipred	Non-Preferred	
ORAPRED ODT	Non-Preferred	
PEDIAPRED	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
prednisolone 15 mg/5ml solution	Preferred	QL 20 / 1 days
prednisolone 5 mg tab	Non-Preferred	
PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP	Non-Preferred	
prednisolone sodium phosphate 10 mg tab disp	Non-Preferred	
prednisolone sodium phosphate 10 mg/5ml solution	Preferred	
PREDNISOLONE SODIUM PHOSPHATE 15 MG TAB DISP	Non-Preferred	
prednisolone sodium phosphate 15 mg tab disp	Non-Preferred	
prednisolone sodium phosphate 15 mg/5ml solution	Preferred	QL 20 / 1 days
prednisolone sodium phosphate 20 mg/5ml solution	Preferred	
prednisolone sodium phosphate 25 mg/5ml solution	Preferred	
prednisolone sodium phosphate 30 mg tab disp	Non-Preferred	
PREDNISOLONE SODIUM PHOSPHATE 30 MG TAB DISP	Non-Preferred	
prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution	Preferred	
prednisone 1 mg tab	Preferred	QL 8 / 1 days
prednisone 10 mg (21) tab thpk	Preferred	
prednisone 10 mg (48) tab thpk	Preferred	
prednisone 10 mg tab	Preferred	QL 6 / 1 days
prednisone 2.5 mg tab	Preferred	QL 8 / 1 days
prednisone 20 mg tab	Preferred	QL 3 / 1 days
prednisone 5 mg (21) tab thpk	Preferred	QL 8 / 1 days
prednisone 5 mg (48) tab thpk	Preferred	QL 8 / 1 days
prednisone 5 mg tab	Preferred	QL 8 / 1 days
prednisone 5 mg/5ml solution	Preferred	QL 60 / 1 day(s)
prednisone 50 mg tab	Preferred	QL 1 / 1 days
PREDNISONE INTENSOL	Preferred	QL 12 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pyqui	Non-Preferred	
RAYOS	Non-Preferred	
SOLU-CORTEF 100 MG RECON SOLN	Preferred	
TAPERDEX 12-DAY	Non-Preferred	
taperdex 6-day	Non-Preferred	
TAPERDEX 7-DAY	Non-Preferred	
TARPEYO	Non-Preferred	QL 120 / 30 days
triamcinolone acetonide 40 mg/ml suspension	Preferred	
ZCORT 7-DAY	Non-Preferred	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin ace spray refrig	Preferred	QL 15 / 26 days
desmopressin acetate 0.1 mg tab	Preferred	QL 180 / 30 days
desmopressin acetate 0.2 mg tab	Preferred	QL 180 / 30 days
desmopressin acetate spray	Preferred	QL 15 / 26 days
GENOTROPIN	Preferred	PA
GENOTROPIN MINIQUICK	Preferred	PA
HUMATROPE	Non-Preferred	
MYFEMBREE	Preferred	QL 30 / 30 days PA
NGENLA	Non-Preferred	
NORDITROPIN FLEXPRO	Preferred	PA
NUTROPIN AQ NUSPIN 10	Non-Preferred	
NUTROPIN AQ NUSPIN 20	Non-Preferred	
NUTROPIN AQ NUSPIN 5	Non-Preferred	
OMNITROPE	Non-Preferred	PA
SAIZEN	Non-Preferred	
SAIZENPREP	Non-Preferred	
SEROSTIM	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SKYTROFA	Preferred	PA
SOGROYA	Preferred	PA
ZOMACTON	Non-Preferred	
ZOMACTON (FOR ZOMA-JET 10)	Non-Preferred	
ZORBTIVE	Non-Preferred	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
oxandrolone 10 mg tab	Non-Preferred	QL 60 / 30 days
oxandrolone 2.5 mg tab	Non-Preferred	QL 240 / 30 days
ANDROGENS		
ANDRODERM	Non-Preferred	
ANDROGEL 20.25 MG/1.25GM (1.62%) GEL	Non-Preferred	QL 150 / 30 days
ANDROGEL 25 MG/2.5GM (1%) GEL	Non-Preferred	QL 300 / 30 days
ANDROGEL 40.5 MG/2.5GM (1.62%) GEL	Non-Preferred	QL 150 / 30 days
ANDROGEL 50 MG/5GM (1%) GEL	Non-Preferred	QL 300 / 30 days
ANDROGEL PUMP	Non-Preferred	QL 150 / 30 days
AVEED	Non-Preferred	
AZMIRO	Non-Preferred	
depo-testosterone	Preferred	QL 10 / 30 days PA
FORTESTA	Non-Preferred	QLC 3.51 grams/day
JATENZO	Non-Preferred	
KYZATREX	Non-Preferred	
METHITEST	Non-Preferred	
methyltestosterone 10 mg cap	Non-Preferred	QL 150 / 30 days
NATESTO	Non-Preferred	
TESTIM	Non-Preferred	QL 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TESTOPEL	Preferred	QL 6 / 180 day(s) PA
testosterone 1.62 % gel	Preferred	QL 150 / 30 days PA
testosterone 10 mg/act (2%) gel	Non-Preferred	QLC 3.51 grams/day
TESTOSTERONE 10 MG/ACT (2%) GEL	Non-Preferred	QLC 3.51 grams/day
TESTOSTERONE 100 MG PELLET	Non-Preferred	
testosterone 12.5 mg/act (1%) gel	Non-Preferred	QL 150 / 30 days
TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL	Non-Preferred	QL 150 / 30 days
testosterone 20.25 mg/1.25gm (1.62%) gel	Non-Preferred	QL 150 / 30 days
testosterone 20.25 mg/act (1.62%) gel	Preferred	QL 150 / 30 days PA
TESTOSTERONE 200 MG PELLET	Non-Preferred	
testosterone 25 mg/2.5gm (1%) gel	Non-Preferred	QL 300 / 30 days
testosterone 30 mg/act solution	Non-Preferred	QLC 6 mL/day
testosterone 40.5 mg/2.5gm (1.62%) gel	Non-Preferred	QL 150 / 30 days
testosterone 50 mg/5gm (1%) gel	Non-Preferred	QL 300 / 30 days
testosterone cypionate 100 mg/ml solution	Preferred	QL 10 / 30 days PA
testosterone cypionate 200 mg/ml solution	Preferred	QL 10 / 30 days PA
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	Preferred	PA
testosterone enanthate 200 mg/ml solution	Non-Preferred	QL 5 / 30 days
TLANDO	Non-Preferred	
UNDECATREX	Non-Preferred	
VOGELXO	Non-Preferred	QL 300 / 30 days
VOGELXO PUMP	Non-Preferred	QL 150 / 30 days
XYOSTED	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ESTROGENS		
abigale	Non-Preferred	
abigale lo	Non-Preferred	
ACTIVELLA	Non-Preferred	
afirmelle	Preferred	QL 1 / 1 days
ALORA 0.025 MG/24HR PATCH TW	Preferred	
ALORA 0.05 MG/24HR PATCH TW	Preferred	
altavera	Preferred	QL 1 / 1 days
alyacen 1/35	Preferred	QL 1 / 1 days
alyacen 7/7/7	Preferred	QL 28 / 28 days
amabelz	Non-Preferred	
amethia	Preferred	
amethyst	Preferred	QL 1 / 1 days
ANGELIQ	Preferred	
ANNOVERA	Non-Preferred	
apri	Preferred	QL 1 / 1 days
ARANELLE	Preferred	QL 1 / 1 days
ashlyna	Preferred	
aubra	Preferred	QL 1 / 1 days
aubra eq	Preferred	QL 1 / 1 days
aurovela 1.5/30	Preferred	QL 1 / 1 days
aurovela 1/20	Preferred	QL 1 / 1 days
aurovela 24 fe	Preferred	
aurovela fe 1.5/30	Preferred	QL 1 / 1 days
aurovela fe 1/20	Preferred	QL 1 / 1 days
AVERI	Non-Preferred	
aviane	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ayuna	Preferred	QL 1 / 1 days
azurette	Preferred	QL 1 / 1 days
BALCOLTRA	Non-Preferred	
balziva	Preferred	QL 1 / 1 days
BEYAZ	Non-Preferred	
BIJUVA 1-100 MG CAP	Non-Preferred	
blisovi 24 fe	Preferred	
blisovi fe 1.5/30	Preferred	QL 1 / 1 days
blisovi fe 1/20	Preferred	QL 1 / 1 days
briellyn	Preferred	QL 1 / 1 days
camrese	Preferred	
camrese lo	Preferred	
caziant	Preferred	QL 1 / 1 days
charlotte 24 fe	Preferred	
chateal	Preferred	QL 1 / 1 days
chateal eq	Preferred	QL 1 / 1 days
CLIMARA	Non-Preferred	
CLIMARA PRO	Preferred	
COMBIPATCH	Preferred	
COVARYX	Non-Preferred	
COVARYX HS	Non-Preferred	
cryselle-28	Preferred	QL 1 / 1 days
cyclafem 1/35	Preferred	QL 1 / 1 days
cyclafem 7/7/7	Preferred	QL 28 / 28 days
cyred	Preferred	QL 1 / 1 days
cyred eq	Preferred	QL 1 / 1 days
dasetta 1/35	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dasetta 7/7/7	Preferred	QL 28 / 28 days
daysee	Preferred	
DELESTROGEN	Preferred	
DEPO-ESTRADIOL	Preferred	
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	Preferred	QL 1 / 1 days
desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab	Preferred	QL 1 / 1 days
DIVIGEL	Non-Preferred	
dolishale	Preferred	QL 1 / 1 days
dotti	Non-Preferred	QL 8 / 28 days
drospiren-eth estrad-levomefol	Non-Preferred	
drospirenone-ethinyl estradiol	Preferred	QL 1 / 1 days
EEMT	Non-Preferred	
EEMT HS	Non-Preferred	
ELESTRIN	Preferred	
elinest	Preferred	QL 1 / 1 days
eluryng	Preferred	QL 1 / 28 days
enilloring	Preferred	QL 1 / 28 days
enpresse-28	Preferred	QL 1 / 1 days
enskyce	Preferred	QL 1 / 1 days
est estrogens-methyltest	Non-Preferred	
EST ESTROGENS-METHYLTEST 1.25-2.5 MG TAB	Non-Preferred	
EST ESTROGENS-METHYLTEST DS	Non-Preferred	
est estrogens-methyltest ds	Non-Preferred	
EST ESTROGENS-METHYLTEST HS	Non-Preferred	
est estrogens-methyltest hs	Non-Preferred	
estarylla	Preferred	QL 1 / 1 days
ESTRACE 0.01 % CREAM	Non-Preferred	QLC 42.5 grams/30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ESTRACE 0.5 MG TAB	Non-Preferred	
ESTRACE 1 MG TAB	Non-Preferred	QL 90 / 30 days
ESTRACE 2 MG TAB	Non-Preferred	QL 90 / 30 days
estradiol 0.01 % cream	Preferred	QLC 42.5 grams/30 days
estradiol 0.025 mg/24hr patch tw	Preferred	QL 8 / 28 days
estradiol 0.025 mg/24hr patch wk	Preferred	QL 4 / 28 days
estradiol 0.0375 mg/24hr patch tw	Preferred	QL 8 / 28 days
estradiol 0.0375 mg/24hr patch wk	Preferred	QL 4 / 28 days
estradiol 0.05 mg/24hr patch tw	Preferred	QL 8 / 28 days
estradiol 0.05 mg/24hr patch wk	Preferred	QL 4 / 28 days
estradiol 0.06 mg/24hr patch wk	Preferred	QL 4 / 28 days
estradiol 0.075 mg/24hr patch tw	Preferred	QL 8 / 28 days
estradiol 0.075 mg/24hr patch wk	Preferred	QL 4 / 28 days
estradiol 0.1 mg/24hr patch tw	Preferred	QL 8 / 28 days
estradiol 0.1 mg/24hr patch wk	Preferred	QL 4 / 28 days
estradiol 0.25 mg/0.25gm gel	Non-Preferred	
estradiol 0.5 mg tab	Preferred	
estradiol 0.5 mg/0.5gm gel	Non-Preferred	
estradiol 0.75 mg/0.75gm gel	Non-Preferred	
estradiol 0.75 mg/1.25 gm (0.06%) gel	Non-Preferred	
estradiol 1 mg tab	Preferred	QL 90 / 30 days
estradiol 1 mg/gm gel	Non-Preferred	
estradiol 1.25 mg/1.25gm gel	Non-Preferred	
estradiol 10 mcg tab	Preferred	
estradiol 2 mg tab	Preferred	QL 90 / 30 days
estradiol valerate 10 mg/ml oil	Preferred	
estradiol valerate 20 mg/ml oil	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
estradiol valerate 40 mg/ml oil	Preferred	
estradiol-norethindrone acet	Non-Preferred	
estratest f.s.	Non-Preferred	
ESTRATEST H.S.	Non-Preferred	
ESTRING	Preferred	
ESTROGEL	Non-Preferred	
estrogens conjugated	Non-Preferred	
ESTROSTEP FE	Non-Preferred	QL 1 / 1 days
ethynodiol diac-eth estradiol	Preferred	QL 1 / 1 days
etonogestrel-ethinyl estradiol	Preferred	QL 1 / 28 days
EVAMIST	Non-Preferred	
falmina	Preferred	QL 1 / 1 days
fayosim	Non-Preferred	
feirza 1.5/30	Preferred	QL 1 / 1 days
feirza 1/20	Preferred	QL 1 / 1 days
FEMHRT	Non-Preferred	
FEMLYV	Non-Preferred	
FEMRING	Preferred	
femynor	Preferred	QL 1 / 1 days
finzala	Preferred	
fyavolv	Preferred	
galbriela	Non-Preferred	
gemmily	Non-Preferred	
GENERESS FE	Non-Preferred	
hailey 1.5/30	Preferred	QL 1 / 1 days
hailey 24 fe	Preferred	
hailey fe 1.5/30	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hailey fe 1/20	Preferred	QL 1 / 1 days
haloette	Preferred	QL 1 / 28 days
iclevia	Preferred	
introvale	Preferred	
isibloom	Preferred	QL 1 / 1 days
jaimiess	Preferred	
jasmiel	Preferred	QL 1 / 1 days
jinteli	Preferred	
jolessa	Preferred	
joyeaux	Non-Preferred	
juleber	Preferred	QL 1 / 1 days
junel 1.5/30	Preferred	QL 1 / 1 days
junel 1/20	Preferred	QL 1 / 1 days
junel fe 1.5/30	Preferred	QL 1 / 1 days
junel fe 1/20	Preferred	QL 1 / 1 days
junel fe 24	Preferred	
kaitlib fe	Non-Preferred	
kalliga	Preferred	QL 1 / 1 days
kariva	Preferred	QL 1 / 1 days
kelnor 1/35	Preferred	QL 1 / 1 days
kelnor 1/50	Preferred	QL 1 / 1 days
kurvelo	Preferred	QL 1 / 1 days
larin 1.5/30	Preferred	QL 1 / 1 days
larin 1/20	Preferred	QL 1 / 1 days
larin 24 fe	Preferred	
larin fe 1.5/30	Preferred	QL 1 / 1 days
larin fe 1/20	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
larissia	Preferred	QL 1 / 1 days
layolis fe	Non-Preferred	
leena	Preferred	QL 1 / 1 days
lessina	Preferred	QL 1 / 1 days
levonest	Preferred	QL 1 / 1 days
levonorg-eth estrad triphasic	Preferred	QL 1 / 1 days
levonorgest-eth est & eth est	Non-Preferred	
levonorgest-eth estrad 91-day	Preferred	
levonorgest-eth estradiol-iron	Non-Preferred	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab	Preferred	QL 1 / 1 days
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	Preferred	QL 1 / 1 days
levonorgestrel-ethinyl estrad 90-20 mcg tab	Preferred	QL 1 / 1 days
levora 0.15/30 (28)	Preferred	QL 1 / 1 days
lillow	Preferred	QL 1 / 1 days
LO LOESTRIN FE	Preferred	
lo-zumandimine	Preferred	QL 1 / 1 days
loestrin 1.5/30 (21)	Non-Preferred	QL 1 / 1 days
loestrin 1/20 (21)	Non-Preferred	QL 1 / 1 days
loestrin fe 1.5/30	Non-Preferred	QL 1 / 1 days
loestrin fe 1/20	Non-Preferred	QL 1 / 1 days
lojaimiess	Preferred	
loryna	Preferred	QL 1 / 1 days
LOSEASONIQUE	Non-Preferred	
low-ogestrel	Preferred	QL 1 / 1 days
luizza 1.5/30	Preferred	QL 1 / 1 days
luizza 1/20	Preferred	QL 1 / 1 days
lutera	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lyllana	Non-Preferred	QL 8 / 28 days
marlissa	Preferred	QL 1 / 1 days
MENEST 0.3 MG TAB	Non-Preferred	QL 30 / 30 days
MENEST 0.625 MG TAB	Non-Preferred	QL 30 / 30 days
MENEST 1.25 MG TAB	Non-Preferred	QL 30 / 30 days
MENEST 2.5 MG TAB	Non-Preferred	
MENOSTAR	Non-Preferred	
merzee	Non-Preferred	
mibelas 24 fe	Non-Preferred	
microgestin 1.5/30	Preferred	QL 1 / 1 days
microgestin 1/20	Preferred	QL 1 / 1 days
microgestin 24 fe	Preferred	
microgestin fe 1.5/30	Preferred	QL 1 / 1 days
microgestin fe 1/20	Preferred	QL 1 / 1 days
mili	Preferred	QL 1 / 1 days
mimvey	Non-Preferred	
MINASTRIN 24 FE	Non-Preferred	
MINIVELLE	Non-Preferred	QL 8 / 28 days
minzoya	Non-Preferred	
MIRCETTE	Non-Preferred	QL 1 / 1 days
mono-linyah	Preferred	QL 1 / 1 days
NATAZIA	Non-Preferred	
necon 0.5/35 (28)	Preferred	QL 1 / 1 days
NEXTSTELLIS	Non-Preferred	
nikki	Preferred	QL 1 / 1 days
norelgestromin-eth estradiol	Non-Preferred	QL 3 / 28 days
norethin ace-eth estrad-fe 1-20 mg-mcg tab	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap	Non-Preferred	
norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab	Preferred	
norethin ace-eth estrad-fe 1.5-30 mg-mcg tab	Preferred	QL 1 / 1 days
norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab	Preferred	QL 1 / 1 days
norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab	Non-Preferred	
norethindron-ethinyl estrad-fe	Non-Preferred	QL 1 / 1 days
norethindrone acet-ethinyl est	Preferred	QL 1 / 1 days
norethindrone-eth estradiol	Preferred	
norgestim-eth estrad triphasic	Preferred	QL 1 / 1 days
norgestimate-eth estradiol	Preferred	QL 1 / 1 days
nortrel 0.5/35 (28)	Preferred	QL 1 / 1 days
nortrel 1/35 (21)	Preferred	QL 1 / 1 days
nortrel 1/35 (28)	Preferred	QL 1 / 1 days
nortrel 7/7/7	Preferred	QL 28 / 28 days
NUVARING	Preferred	QL 1 / 28 days
nylia 1/35	Preferred	QL 1 / 1 days
nylia 7/7/7	Preferred	QL 28 / 28 days
nymyo	Preferred	QL 1 / 1 days
ocella	Preferred	QL 1 / 1 days
orsythia	Preferred	QL 1 / 1 days
philith	Preferred	QL 1 / 1 days
pimtrea	Preferred	QL 1 / 1 days
pirmella 1/35	Preferred	QL 1 / 1 days
pirmella 7/7/7	Preferred	QL 28 / 28 days
portia-28	Preferred	QL 1 / 1 days
PREFEST	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREMARIN 0.3 MG TAB	Preferred	QL 30 / 30 days
PREMARIN 0.45 MG TAB	Preferred	QL 30 / 30 days
PREMARIN 0.625 MG TAB	Preferred	QL 30 / 30 days
PREMARIN 0.625 MG/GM CREAM	Preferred	
PREMARIN 0.9 MG TAB	Preferred	QL 30 / 30 days
PREMARIN 1.25 MG TAB	Preferred	
PREMARIN 25 MG RECON SOLN	Non-Preferred	
PREMPHASE	Preferred	QL 1 / 1 days
PREMPRO	Preferred	QL 1 / 1 days
previfem	Preferred	QL 1 / 1 days
QUARTETTE	Non-Preferred	
reclipsen	Preferred	QL 1 / 1 days
rivelsa	Non-Preferred	
rosyrah	Non-Preferred	
SAFYRAL	Non-Preferred	
SEASONIQUE	Non-Preferred	
setlakin	Preferred	
simliya	Preferred	QL 1 / 1 days
simpesse	Preferred	
sprintec 28	Preferred	QL 1 / 1 days
sronyx	Preferred	QL 1 / 1 days
syeda	Preferred	QL 1 / 1 days
tarina 24 fe	Preferred	
tarina fe 1/20	Preferred	QL 1 / 1 days
tarina fe 1/20 eq	Preferred	QL 1 / 1 days
taysofy	Non-Preferred	
TAYTULLA	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tilia fe	Non-Preferred	QL 1 / 1 days
tri femynor	Preferred	QL 1 / 1 days
tri-estarylla	Preferred	QL 1 / 1 days
tri-legest fe	Non-Preferred	QL 1 / 1 days
tri-linyah	Preferred	QL 1 / 1 days
tri-lo-estarylla	Preferred	QL 1 / 1 days
tri-lo-marzia	Preferred	QL 1 / 1 days
tri-lo-mili	Preferred	QL 1 / 1 days
tri-lo-sprintec	Preferred	QL 1 / 1 days
tri-mili	Preferred	QL 1 / 1 days
tri-nymyo	Preferred	QL 1 / 1 days
tri-previfem	Preferred	QL 1 / 1 days
tri-sprintec	Preferred	QL 1 / 1 days
tri-vylibra	Preferred	QL 1 / 1 days
tri-vylibra lo	Preferred	QL 1 / 1 days
trivora (28)	Preferred	QL 1 / 1 days
turqoz	Preferred	QL 1 / 1 days
TWIRLA	Non-Preferred	
TYBLUME	Preferred	
tydemy	Non-Preferred	
VAGIFEM	Preferred	
valtya 1/35	Preferred	QL 1 / 1 days
valtya 1/50	Preferred	QL 1 / 1 days
velivet	Preferred	QL 1 / 1 days
vestura	Preferred	QL 1 / 1 days
vienva	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
viorele	Preferred	QL 1 / 1 days
VIVELLE-DOT	Non-Preferred	QL 8 / 28 days
volnea	Preferred	QL 1 / 1 days
vyfemla	Preferred	QL 1 / 1 days
vylibra	Preferred	QL 1 / 1 days
wera	Preferred	QL 1 / 1 days
wymzya fe	Non-Preferred	QL 1 / 1 days
xarah fe	Non-Preferred	QL 1 / 1 days
xelria fe	Preferred	QL 1 / 1 days
xulane	Preferred	QL 3 / 28 days
YASMIN 28	Preferred	QL 1 / 1 days
YAZ	Non-Preferred	QL 1 / 1 days
yuvafem	Preferred	
zafemy	Non-Preferred	QL 3 / 28 days
zovia 1/35 (28)	Preferred	QL 1 / 1 days
zovia 1/35e (28)	Preferred	QL 1 / 1 days
zumandimine	Preferred	QL 1 / 1 days
PROGESTINS		
aftera	Preferred	QL 1 / 1 fill
afterpill	Preferred	QL 1 / 1 fill
AYGESTIN	Non-Preferred	QL 90 / 30 days
camila	Preferred	QL 1 / 1 days
CRINONE	Non-Preferred	
curae	Preferred	QL 1 / 1 fill
deblitane	Preferred	QL 1 / 1 days
DEPO-PROVERA 150 MG/ML SUSP PRSYR	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEPO-PROVERA 150 MG/ML SUSPENSION	Preferred	
DEPO-SUBQ PROVERA 104	Preferred	QL 1 / 84 days
econtra ez	Preferred	QL 1 / 1 fill
econtra one-step	Preferred	QL 1 / 1 fill
ELLA	Preferred	QL 1 / 1 fill
emzahh	Preferred	QL 1 / 1 days
errin	Preferred	QL 1 / 1 days
gallifrey	Preferred	QL 90 / 30 days
heather	Preferred	QL 1 / 1 days
her style	Preferred	QL 1 / 1 fill
hydroxyprogesterone caproate 250 mg/ml oil	Preferred	
incassia	Preferred	QL 1 / 1 days
jencycla	Preferred	QL 1 / 1 days
KYLEENA	Preferred	
levonorgestrel	Preferred	QL 1 / 1 fill
LILETTA (52 MG)	Preferred	
lyleq	Preferred	QL 1 / 1 days
lyza	Preferred	QL 1 / 1 days
medroxyprogesterone acetate 10 mg tab	Preferred	QL 90 / 30 days
medroxyprogesterone acetate 150 mg/ml susp prsyr	Preferred	QL 1 / 84 days
medroxyprogesterone acetate 150 mg/ml suspension	Preferred	QL 1 / 84 days
medroxyprogesterone acetate 2.5 mg tab	Preferred	QL 1 / 1 days
medroxyprogesterone acetate 5 mg tab	Preferred	QL 90 / 30 days
megestrol acetate 20 mg tab	Preferred	QL 240 / 30 days
megestrol acetate 40 mg tab	Preferred	QL 240 / 30 days
megestrol acetate 40 mg/ml suspension	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
megestrol acetate 400 mg/10ml suspension	Preferred	
megestrol acetate 800 mg/20ml suspension	Preferred	
meleya	Preferred	QL 1 / 1 days
MIRENA (52 MG)	Preferred	
my choice	Preferred	QL 1 / 1 fill
my way	Preferred	QL 1 / 1 fill
new day	Preferred	QL 1 / 1 fill
NEXPLANON	Preferred	
nora-be	Preferred	QL 1 / 1 days
norethindrone 0.35 mg tab	Preferred	QL 1 / 1 days
norethindrone acetate 5 mg tab	Preferred	QL 90 / 30 days
norlyda	Preferred	QL 1 / 1 days
opcicon one-step	Preferred	QL 1 / 1 fill
OPILL	Preferred	
option 2	Preferred	QL 1 / 1 fill
orquidea	Preferred	QL 1 / 1 days
plan b one-step	Preferred	QL 1 / 1 fill
progesterone 100 mg cap	Preferred	QL 60 / 30 days
progesterone 200 mg cap	Preferred	QL 60 / 30 days
progesterone 50 mg/ml oil	Preferred	
PROMETRIUM	Non-Preferred	QL 60 / 30 days
PROVERA 10 MG TAB	Non-Preferred	QL 90 / 30 days
PROVERA 2.5 MG TAB	Non-Preferred	
PROVERA 5 MG TAB	Non-Preferred	QL 90 / 30 days
react	Preferred	QL 1 / 1 fill
sharobel	Preferred	QL 1 / 1 days
shewise	Preferred	QL 1 / 1 fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SKYLA	Preferred	
SLYND	Non-Preferred	
take action	Preferred	QL 1 / 1 fill
tulana	Preferred	QL 1 / 1 days
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	Non-Preferred	
EVISTA	Non-Preferred	
raloxifene hcl	Non-Preferred	QL 30 / 30 days
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA	Non-Preferred	
ARMOUR THYROID	Preferred	
CYTOMEL 25 MCG TAB	Preferred	QL 90 / 30 days
CYTOMEL 5 MCG TAB	Preferred	QL 4 / 1 days
CYTOMEL 50 MCG TAB	Preferred	QL 60 / 30 days
ERMEZA	Preferred	
euthyrox	Non-Preferred	
levo-t	Preferred	
levothyroxine sodium 100 mcg cap	Non-Preferred	
LEVOTHYROXINE SODIUM 100 MCG CAP	Non-Preferred	
levothyroxine sodium 100 mcg recon soln	Non-Preferred	
levothyroxine sodium 100 mcg tab	Preferred	
LEVOTHYROXINE SODIUM 100 MCG/5ML SOLUTION	Non-Preferred	
LEVOTHYROXINE SODIUM 100 MCG/ML SOLUTION	Non-Preferred	
LEVOTHYROXINE SODIUM 112 MCG CAP	Non-Preferred	
levothyroxine sodium 112 mcg cap	Non-Preferred	
levothyroxine sodium 112 mcg tab	Preferred	
LEVOTHYROXINE SODIUM 125 MCG CAP	Non-Preferred	
levothyroxine sodium 125 mcg cap	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
levothyroxine sodium 125 mcg tab	Preferred	
LEVOTHYROXINE SODIUM 13 MCG CAP	Non-Preferred	
levothyroxine sodium 13 mcg cap	Non-Preferred	
LEVOTHYROXINE SODIUM 137 MCG CAP	Non-Preferred	
levothyroxine sodium 137 mcg cap	Non-Preferred	
levothyroxine sodium 137 mcg tab	Preferred	
LEVOTHYROXINE SODIUM 150 MCG CAP	Non-Preferred	
levothyroxine sodium 150 mcg cap	Non-Preferred	
levothyroxine sodium 150 mcg tab	Preferred	
LEVOTHYROXINE SODIUM 175 MCG CAP	Non-Preferred	
levothyroxine sodium 175 mcg cap	Non-Preferred	
levothyroxine sodium 175 mcg tab	Preferred	
levothyroxine sodium 200 mcg cap	Non-Preferred	
LEVOTHYROXINE SODIUM 200 MCG CAP	Non-Preferred	
LEVOTHYROXINE SODIUM 200 MCG RECON SOLN	Non-Preferred	
levothyroxine sodium 200 mcg recon soln	Non-Preferred	
levothyroxine sodium 200 mcg tab	Preferred	
levothyroxine sodium 25 mcg cap	Non-Preferred	
LEVOTHYROXINE SODIUM 25 MCG CAP	Non-Preferred	
levothyroxine sodium 25 mcg tab	Preferred	
levothyroxine sodium 300 mcg tab	Preferred	
levothyroxine sodium 50 mcg cap	Non-Preferred	
LEVOTHYROXINE SODIUM 50 MCG CAP	Non-Preferred	
levothyroxine sodium 50 mcg tab	Preferred	
levothyroxine sodium 500 mcg recon soln	Non-Preferred	
levothyroxine sodium 75 mcg cap	Non-Preferred	
LEVOTHYROXINE SODIUM 75 MCG CAP	Non-Preferred	
levothyroxine sodium 75 mcg tab	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEVOTHYROXINE SODIUM 88 MCG CAP	Non-Preferred	
levothyroxine sodium 88 mcg cap	Non-Preferred	
levothyroxine sodium 88 mcg tab	Preferred	
levoxyl	Preferred	
liomny 25 mcg tab	Preferred	QL 90 / 30 days
liomny 5 mcg tab	Preferred	QL 4 / 1 days
liomny 50 mcg tab	Preferred	QL 60 / 30 days
LIOTHYRONINE SODIUM 10 MCG/ML SOLUTION	Non-Preferred	
liothyronine sodium 25 mcg tab	Preferred	QL 90 / 30 days
liothyronine sodium 5 mcg tab	Preferred	QL 4 / 1 days
liothyronine sodium 50 mcg tab	Preferred	QL 60 / 30 days
NIVA THYROID	Preferred	
NP THYROID	Preferred	
RENTHYROID	Preferred	
SYNTHROID	Non-Preferred	
THYQUIDITY	Non-Preferred	
THYROID 120 MG TAB	Preferred	
THYROID 15 MG TAB	Preferred	
THYROID 30 MG TAB	Preferred	
THYROID 60 MG TAB	Preferred	
THYROID 90 MG TAB	Preferred	
TIROSINT	Non-Preferred	
TIROSINT-SOL	Non-Preferred	
TRIOSTAT	Non-Preferred	
unithroid	Non-Preferred	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline	Preferred	QL 16 / 30 days
CAMCEVI	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELIGARD 22.5 MG KIT	Preferred	QL 1 / 90 days PA
ELIGARD 30 MG KIT	Preferred	QL 1 / 120 days PA
ELIGARD 45 MG KIT	Preferred	QL 1 / 180 days PA
ELIGARD 7.5 MG KIT	Preferred	QL 1 / 30 days PA
FENSOLVI (6 MONTH)	Preferred	QL 1 / 180 days PA
FIRMAGON	Preferred	PA
FIRMAGON (240 MG DOSE)	Preferred	PA
leuprolide acetate (3 month)	Preferred	PA
leuprolide acetate 1 mg/0.2ml kit	Preferred	QL 2 / 28 days PA
LUPRON DEPOT (1-MONTH)	Preferred	QL 1 / 30 days PA
LUPRON DEPOT (3-MONTH)	Preferred	QL 1 / 90 days PA
LUPRON DEPOT (4-MONTH)	Preferred	QL 1 / 120 days PA
LUPRON DEPOT (6-MONTH)	Preferred	QL 1 / 180 days PA
LUPRON DEPOT-PED (1-MONTH)	Preferred	QL 1 / 30 days PA
LUPRON DEPOT-PED (3-MONTH)	Preferred	QL 1 / 90 days PA
LUPRON DEPOT-PED (6-MONTH)	Preferred	PA
LUTRATE DEPOT	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ORIAHNN	Non-Preferred	QL 56 / 28 days PA
ORILISSA 150 MG TAB	Preferred	QL 30 / 30 days PA
ORILISSA 200 MG TAB	Preferred	QL 60 / 30 days PA
SUPPRELIN LA	Non-Preferred	
SYNAREL	Non-Preferred	PA
TRELSTAR MIXJECT 11.25 MG RECON SUSP	Non-Preferred	QL 1 / 84 days
TRELSTAR MIXJECT 22.5 MG RECON SUSP	Non-Preferred	QL 1 / 168 days
TRELSTAR MIXJECT 3.75 MG RECON SUSP	Non-Preferred	QL 1 / 28 days
TRIPTODUR	Preferred	QL 1 / 168 days PA
VABRINTY 22.5 MG KIT	Non-Preferred	QL 1 / 90 days PA
VABRINTY 30 MG KIT	Non-Preferred	QL 1 / 120 days PA
VABRINTY 45 MG KIT	Non-Preferred	QL 1 / 180 days PA
ZOLADEX 10.8 MG IMPLANT	Preferred	QL 1 / 84 days PA
ZOLADEX 3.6 MG IMPLANT	Preferred	QL 1 / 28 days PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) ANTITHYROID AGENTS		
methimazole 10 mg tab	Preferred	QL 180 / 30 days
methimazole 5 mg tab	Preferred	QL 270 / 30 days
propylthiouracil 50 mg tab	Preferred	QL 270 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
ANDEMBRY	Non-Preferred	
BERINERT	Preferred	PA
CINRYZE	Preferred	PA
DAWNZERA	Non-Preferred	
EKTERLY	Non-Preferred	
FIRAZYR	Non-Preferred	
HAEGARDA	Preferred	PA
icatibant acetate	Preferred	PA
KALBITOR	Preferred	PA
ORLADEYO	Preferred	PA
RUCONEST	Preferred	PA
sajazir	Non-Preferred	PA
TAKHZYRO	Preferred	PA
IMMUNOGLOBULINS		
HYPERRHO	Preferred	
RHOGAM ULTRA-FILTERED PLUS	Preferred	
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA	Non-Preferred	
ACTEMRA ACTPEN	Non-Preferred	
ARCALYST	Non-Preferred	QLC 8 vials/28 days
BIMZELX	Non-Preferred	
COSENTYX (300 MG DOSE)	Non-Preferred	
COSENTYX 125 MG/5ML SOLUTION	Non-Preferred	
COSENTYX 150 MG/ML SOLN PRSYR	Non-Preferred	
COSENTYX 75 MG/0.5ML SOLN PRSYR	Non-Preferred	QLC 2 mL/28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COSENTYX SENSOREADY (300 MG)	Non-Preferred	
COSENTYX SENSOREADY PEN	Non-Preferred	
COSENTYX UNOREADY	Non-Preferred	
DUPIXENT 100 MG/0.67ML SOLN PRSYR	Preferred	QL 1.34 / 28 days PA
DUPIXENT 200 MG/1.14ML SOLN A-INJ	Preferred	QL 4.56 / 28 days PA
DUPIXENT 200 MG/1.14ML SOLN PRSYR	Preferred	QL 4.56 / 28 days PA
DUPIXENT 300 MG/2ML SOLN A-INJ	Preferred	QL 8 / 28 days PA
DUPIXENT 300 MG/2ML SOLN PRSYR	Preferred	QL 8 / 28 days PA
ENTYVIO	Non-Preferred	
ENTYVIO PEN	Non-Preferred	
ILARIS	Non-Preferred	
ILUMYA	Non-Preferred	
IMULDOSA 130 MG/26ML SOLUTION	Non-Preferred	
IMULDOSA 45 MG/0.5ML SOLN PRSYR	Non-Preferred	
IMULDOSA 90 MG/ML SOLN PRSYR	Non-Preferred	
KEVZARA	Non-Preferred	
KINERET	Preferred	PA
NEMLUVIO	Non-Preferred	
OLUMIANT	Non-Preferred	
ORENCIA 125 MG/ML SOLN PRSYR	Non-Preferred	QL 4 / 28 days
ORENCIA 50 MG/0.4ML SOLN PRSYR	Non-Preferred	QL 1.6 / 28 days
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	Non-Preferred	QL 2.8 / 28 days
ORENCIA CLICKJECT	Preferred	QL 4 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OTULFI 130 MG/26ML SOLUTION	Non-Preferred	QL 104 mL / 56 day(s)
OTULFI 45 MG/0.5ML SOLN PRSYR	Non-Preferred	QL 0.5 mL / 28 day(s)
OTULFI 45 MG/0.5ML SOLUTION	Non-Preferred	QL 0.5 mL / 28 day(s)
OTULFI 90 MG/ML SOLN PRSYR	Non-Preferred	QL 1 mL / 28 day(s)
PYZCHIVA 130 MG/26ML SOLUTION	Preferred	QL 104 mL / 56 day(s)
PYZCHIVA 45 MG/0.5ML SOLN A-INJ	Non-Preferred	
PYZCHIVA 45 MG/0.5ML SOLN PRSYR	Preferred	QL 0.5 mL / 28 day(s)
PYZCHIVA 45 MG/0.5ML SOLUTION	Preferred	QL 0.5 mL / 28 day(s)
PYZCHIVA 90 MG/ML SOLN A-INJ	Non-Preferred	
PYZCHIVA 90 MG/ML SOLN PRSYR	Preferred	QL 1 mL / 28 day(s)
RINVOQ 15 MG TAB ER 24H	Non-Preferred	QL 30 / 30 days
RINVOQ 30 MG TAB ER 24H	Non-Preferred	
RINVOQ 45 MG TAB ER 24H	Non-Preferred	
RINVOQ LQ	Non-Preferred	
SELARSDI 130 MG/26ML SOLUTION	Non-Preferred	QL 104 mL / 56 day(s)
SELARSDI 45 MG/0.5ML SOLN PRSYR	Non-Preferred	QL 0.5 mL / 28 day(s)
SELARSDI 45 MG/0.5ML SOLUTION	Non-Preferred	
SELARSDI 90 MG/ML SOLN PRSYR	Non-Preferred	QL 1 mL / 28 day(s)
SILIQ	Non-Preferred	
SKYRIZI (150 MG DOSE)	Preferred	QL 1 mL / 28 day(s) PA
SKYRIZI 150 MG/ML SOLN PRSYR	Preferred	QL 1 mL / 28 day(s) PA
SKYRIZI 180 MG/1.2ML SOLN CART	Preferred	QL 1.2 mL / 56 day(s) PA
SKYRIZI 360 MG/2.4ML SOLN CART	Preferred	QL 2.4 mL / 56 day(s) PA
SKYRIZI 600 MG/10ML SOLUTION	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SKYRIZI PEN	Preferred	QL 1 mL / 28 day(s) PA
SOTYKTU	Non-Preferred	
STARJEMZA 130 MG/26ML SOLUTION	Non-Preferred	
STARJEMZA 45 MG/0.5ML SOLN PRSYR	Non-Preferred	
STARJEMZA 45 MG/0.5ML SOLUTION	Non-Preferred	
STARJEMZA 90 MG/ML SOLN PRSYR	Non-Preferred	
STELARA 130 MG/26ML SOLUTION	Non-Preferred	QL 104 Ml / 56 day(s)
STELARA 45 MG/0.5ML SOLN PRSYR	Non-Preferred	QL 0.5 mL / 28 day(s)
STELARA 45 MG/0.5ML SOLUTION	Non-Preferred	QL 0.5 mL / 28 day(s)
STELARA 90 MG/ML SOLN PRSYR	Non-Preferred	QL 1 mL / 28 day(s)
STEQEYMA 130 MG/26ML SOLUTION	Non-Preferred	QL 104 mL / 56 day(s)
STEQEYMA 45 MG/0.5ML SOLN PRSYR	Non-Preferred	QL 0.5 mL / 28 day(s)
STEQEYMA 90 MG/ML SOLN PRSYR	Non-Preferred	QL 1 mL / 28 day(s)
TALTZ 20 MG/0.25ML SOLN PRSYR	Preferred	QL 0.25 / 28 day(s) PA
TALTZ 40 MG/0.5ML SOLN PRSYR	Preferred	QL 0.5 / 28 day(s) PA
TALTZ 80 MG/ML SOLN A-INJ	Preferred	QL 4 / 28 day(s) PA
TALTZ 80 MG/ML SOLN PRSYR	Preferred	QL 4 / 28 day(s) PA
TOFIDENCE	Non-Preferred	
TREMFYA	Non-Preferred	
TREMFYA ONE-PRESS	Non-Preferred	
TREMFYA PEN 100 MG/ML SOLN A-INJ	Non-Preferred	
TREMFYA PEN 200 MG/2ML SOLN A-INJ	Non-Preferred	
TREMFYA-CD/UC INDUCTION	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TYENNE 162 MG/0.9ML SOLN A-INJ	Preferred	QL 3.6 mL / 28 day(s) PA
TYENNE 162 MG/0.9ML SOLN PRSYR	Preferred	QL 3.6 mL / 28 day(s) PA
TYENNE 200 MG/10ML SOLUTION	Preferred	PA
TYENNE 400 MG/20ML SOLUTION	Preferred	PA
TYENNE 80 MG/4ML SOLUTION	Preferred	PA
USTEKINUMAB 130 MG/26ML SOLUTION	Non-Preferred	QL 104 Ml / 56 day(s)
USTEKINUMAB 45 MG/0.5ML SOLN PRSYR	Non-Preferred	QL 0.5 mL / 28 day(s)
USTEKINUMAB 45 MG/0.5ML SOLUTION	Non-Preferred	QL 0.5 mL / 28 day(s)
USTEKINUMAB 90 MG/ML SOLN PRSYR	Non-Preferred	QL 1 mL / 28 day(s)
USTEKINUMAB-AAUZ 45 MG/0.5ML SOLN PRSYR	Non-Preferred	QL 0.5 mL / 28 day(s)
USTEKINUMAB-AAUZ 90 MG/ML SOLN PRSYR	Non-Preferred	QL 1 mL / 28 day(s)
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	Non-Preferred	QL 0.5 mL / 28 day(s)
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	Non-Preferred	QL 1 mL / 28 day(s)
VELSIPITY	Non-Preferred	
WAYRILZ	Non-Preferred	
WEZLANA 130 MG/26ML SOLUTION	Non-Preferred	
WEZLANA 45 MG/0.5ML SOLN PRSYR	Non-Preferred	
WEZLANA 45 MG/0.5ML SOLUTION	Non-Preferred	
WEZLANA 90 MG/ML SOLN PRSYR	Non-Preferred	
XELJANZ 1 MG/ML SOLUTION	Preferred	PA QLC 10 mL/day
XELJANZ 10 MG TAB	Preferred	QL 60 / 30 days PA
XELJANZ 5 MG TAB	Preferred	QL 60 / 30 days PA
XELJANZ XR	Preferred	QL 30 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XOLAIR	Preferred	PA
YESINTEK 130 MG/26ML SOLUTION	Non-Preferred	QL 104 mL / 56 day(s)
YESINTEK 45 MG/0.5ML SOLN PRSYR	Non-Preferred	QL 0.5 mL / 28 day(s)
YESINTEK 45 MG/0.5ML SOLUTION	Non-Preferred	QL 0.5 mL / 28 day(s)
YESINTEK 90 MG/ML SOLN PRSYR	Non-Preferred	QL 1 mL / 28 day(s)
IMMUNOSTIMULANTS		
PEGASYS	Non-Preferred	
IMMUNOSUPPRESSANTS		
ABRILADA (1 PEN)	Non-Preferred	
ABRILADA (2 PEN)	Non-Preferred	
ABRILADA (2 SYRINGE)	Non-Preferred	
ADALIMUMAB-AACF (2 PEN)	Non-Preferred	QL 6 / 28 day(s)
ADALIMUMAB-AACF (2 SYRINGE)	Non-Preferred	QL 3 / 28 day(s)
ADALIMUMAB-AACF(CD/UC/HS STRT)	Non-Preferred	QL 6 / 28 day(s)
ADALIMUMAB-AACF(PS/UV STARTER)	Non-Preferred	QL 6 / 28 day(s)
ADALIMUMAB-AATY (1 PEN)	Preferred	PA
ADALIMUMAB-AATY (2 PEN)	Preferred	PA
ADALIMUMAB-AATY (2 SYRINGE)	Preferred	PA
ADALIMUMAB-AATY CD/UC/HS START	Preferred	PA
ADALIMUMAB-ADAZ 10 MG/0.1ML SOLN PRSYR	Non-Preferred	
ADALIMUMAB-ADAZ 20 MG/0.2ML SOLN PRSYR	Non-Preferred	QL 3 / 28 day(s)
ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN A-INJ	Non-Preferred	QL 6 / 28 day(s)
ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN PRSYR	Non-Preferred	QL 6 / 28 day(s)
ADALIMUMAB-ADAZ 80 MG/0.8ML SOLN A-INJ	Non-Preferred	QL 6 / 28 day(s)
ADALIMUMAB-ADBM (2 PEN)	Non-Preferred	QL 6 / 28 day(s)
ADALIMUMAB-ADBM (2 SYRINGE) 10 MG/0.2ML PREF SY KT	Non-Preferred	QL 12 / 28 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADALIMUMAB-ADBM (2 SYRINGE) 20 MG/0.4ML PREF SY KT	Non-Preferred	QL 6 / 28 day(s)
ADALIMUMAB-ADBM (2 SYRINGE) 40 MG/0.4ML PREF SY KT	Non-Preferred	QL 6 / 28 day(s)
ADALIMUMAB-ADBM (2 SYRINGE) 40 MG/0.8ML PREF SY KT	Non-Preferred	QL 6 / 28 day(s)
ADALIMUMAB-ADBM(CD/UC/HS STRT)	Non-Preferred	QL 6 / 28 day(s)
ADALIMUMAB-ADBM(PS/UV STARTER)	Non-Preferred	QL 6 / 28 day(s)
ADALIMUMAB-FKJP (2 PEN)	Preferred	QL 6 / 28 day(s)
ADALIMUMAB-FKJP (2 SYRINGE) 20 MG/0.4ML PREF SY KT	Preferred	QL 2 / 28 day(s)
ADALIMUMAB-FKJP (2 SYRINGE) 40 MG/0.8ML PREF SY KT	Preferred	QL 6 / 28 day(s)
ADALIMUMAB-RYVK (1 PEN)	Non-Preferred	QL 3 / 28 day(s)
ADALIMUMAB-RYVK (2 PEN)	Non-Preferred	QL 6 / 28 day(s)
ADALIMUMAB-RYVK (2 SYRINGE)	Non-Preferred	QL 6 / 28 day(s)
AMJEVITA 10 MG/0.2ML SOLN PRSYR	Non-Preferred	
AMJEVITA 20 MG/0.2ML SOLN PRSYR	Non-Preferred	QL 3 / 28 day(s)
AMJEVITA 40 MG/0.4ML SOLN A-INJ	Non-Preferred	QL 6 / 28 day(s)
AMJEVITA 40 MG/0.4ML SOLN PRSYR	Non-Preferred	QL 6 / 28 day(s)
AMJEVITA 40 MG/0.8ML SOLN A-INJ	Non-Preferred	
AMJEVITA 40 MG/0.8ML SOLN PRSYR	Non-Preferred	
AMJEVITA 80 MG/0.8ML SOLN A-INJ	Non-Preferred	QL 3 / 28 day(s)
AMJEVITA-PED 15KG TO <30KG 20 MG/0.2ML SOLN PRSYR	Non-Preferred	QL 3 / 28 day(s)
AMJEVITA-PED 15KG TO <30KG 20 MG/0.4ML SOLN PRSYR	Non-Preferred	
ASTAGRAF XL	Non-Preferred	
AVSOLA	Preferred	PA
azasan	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
azathioprine 100 mg tab	Non-Preferred	
azathioprine 50 mg tab	Preferred	
azathioprine 75 mg tab	Non-Preferred	
CELLCEPT	Non-Preferred	
CIMZIA	Non-Preferred	
CIMZIA (2 SYRINGE)	Non-Preferred	
CIMZIA-STARTER	Non-Preferred	QLC 1 starter pack/lifetime
cyclosporine 100 mg cap	Preferred	
cyclosporine 25 mg cap	Preferred	
cyclosporine modified 100 mg cap	Preferred	
cyclosporine modified 100 mg/ml solution	Preferred	
cyclosporine modified 25 mg cap	Preferred	
cyclosporine modified 50 mg cap	Preferred	
CYLTEZO (2 PEN)	Non-Preferred	
CYLTEZO (2 SYRINGE)	Non-Preferred	
CYLTEZO-CD/UC/HS STARTER	Non-Preferred	
CYLTEZO-PSORIASIS/UV STARTER	Non-Preferred	
ENBREL	Preferred	PA
ENBREL MINI	Preferred	QL 8 / 28 days PA
ENBREL SURECLICK	Preferred	PA
ENVARSUS XR	Non-Preferred	
everolimus 0.25 mg tab	Non-Preferred	
everolimus 0.5 mg tab	Non-Preferred	
everolimus 0.75 mg tab	Non-Preferred	
everolimus 1 mg tab	Non-Preferred	
gengraf	Non-Preferred	
HADLIMA 40 MG/0.4ML SOLN PRSYR	Non-Preferred	QL 6 / 28 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HADLIMA 40 MG/0.8ML SOLN PRSYR	Preferred	QL 6 / 28 day(s)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	Non-Preferred	QL 6 / 28 day(s)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	Preferred	QL 6 / 28 day(s)
HULIO (2 PEN)	Non-Preferred	
HULIO (2 SYRINGE)	Non-Preferred	
HUMIRA	Non-Preferred	QL 2 / 28 days
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT	Non-Preferred	QL 6 / 28 day(s)
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	Non-Preferred	QL 6 / 28 day(s)
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	Non-Preferred	QL 3 / 28 days
HUMIRA (2 SYRINGE)	Non-Preferred	QL 2 / 28 days
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	Non-Preferred	QL 6 / 28 day(s)
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	Non-Preferred	QL 3 / 28 days
HUMIRA-PED<40KG CROHNS STARTER	Non-Preferred	QL 2 / 28 days
HUMIRA-PED>/=40KG CROHNS START	Non-Preferred	QL 3 / 28 days
HUMIRA-PS/UV/ADOL HS STARTER	Non-Preferred	QL 6 / 28 day(s)
HUMIRA-PSORIASIS/UVEIT STARTER	Non-Preferred	QL 3 / 28 days
HYRIMOZ	Non-Preferred	
HYRIMOZ-CROHNS/UC STARTER	Non-Preferred	
HYRIMOZ-CROHNS/UC STARTER PACK	Non-Preferred	
HYRIMOZ-PED CROHNS STARTER	Non-Preferred	
HYRIMOZ-PLAQ PSOR/UVEIT START	Non-Preferred	
HYRIMOZ-PLAQUE PSORIASIS START	Non-Preferred	
IDACIO (2 PEN)	Non-Preferred	
IDACIO (2 SYRINGE)	Non-Preferred	QL 3 / 28 day(s)
IDACIO-CROHNS/UC STARTER	Non-Preferred	
IDACIO-PSORIASIS STARTER	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMURAN	Non-Preferred	
INFLECTRA	Non-Preferred	
INFLIXIMAB	Preferred	PA
JYLAMVO	Non-Preferred	
leflunomide 10 mg tab	Preferred	QL 30 / 30 days
leflunomide 20 mg tab	Preferred	QL 150 / 30 days
LUPKYNIS	Non-Preferred	QL 180 / 30 days
METHOTREXATE 1000 MG/40ML SOLUTION	Preferred	
methotrexate sodium	Preferred	
methotrexate sodium (pf) 1 gm/40ml solution	Preferred	
METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION	Preferred	
METHOTREXATE SODIUM (PF) 1000 MG/40ML SOLUTION	Preferred	
methotrexate sodium (pf) 250 mg/10ml solution	Preferred	
methotrexate sodium (pf) 50 mg/2ml solution	Preferred	
mycophenolate mofetil 200 mg/ml recon susp	Preferred	
mycophenolate mofetil 250 mg cap	Preferred	
mycophenolate mofetil 500 mg tab	Preferred	
mycophenolate sodium 180 mg tab dr	Preferred	QL 240 / 30 days
mycophenolate sodium 360 mg tab dr	Preferred	QL 120 / 30 days
mycophenolic acid 180 mg tab dr	Preferred	QL 240 / 30 days
mycophenolic acid 360 mg tab dr	Preferred	QL 120 / 30 days
MYFORTIC 180 MG TAB DR	Non-Preferred	QL 240 / 30 days
MYFORTIC 360 MG TAB DR	Non-Preferred	QL 120 / 30 days
MYHIBBIN	Non-Preferred	
NEORAL	Non-Preferred	
ORENCIA 250 MG RECON SOLN	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OTREXUP	Non-Preferred	QLC 1.6 mL/28 days
PROGRAF 0.2 MG PACKET	Non-Preferred	
PROGRAF 0.5 MG CAP	Non-Preferred	
PROGRAF 1 MG CAP	Non-Preferred	
PROGRAF 1 MG PACKET	Non-Preferred	
PROGRAF 5 MG CAP	Non-Preferred	
RAPAMUNE	Preferred	
RASUVO 10 MG/0.2ML SOLN A-INJ	Non-Preferred	QLC 0.8 mL/28 days
RASUVO 12.5 MG/0.25ML SOLN A-INJ	Non-Preferred	QLC 1 mL/28 days
RASUVO 15 MG/0.3ML SOLN A-INJ	Non-Preferred	QLC 1.2 mL/28 days
RASUVO 17.5 MG/0.35ML SOLN A-INJ	Non-Preferred	QLC 1.4 mL/28 days
RASUVO 20 MG/0.4ML SOLN A-INJ	Non-Preferred	QLC 1.6 mL/28 days
RASUVO 22.5 MG/0.45ML SOLN A-INJ	Non-Preferred	QLC 1.8 mL/28 days
RASUVO 25 MG/0.5ML SOLN A-INJ	Non-Preferred	QLC 2 mL/28 days
RASUVO 30 MG/0.6ML SOLN A-INJ	Non-Preferred	QLC 2.4 mL/28 days
RASUVO 7.5 MG/0.15ML SOLN A-INJ	Non-Preferred	QLC 0.6 mL/28 days
REDITREX	Non-Preferred	
REMICADE	Non-Preferred	PA
RENFLEXIS	Non-Preferred	
REZUROCK	Non-Preferred	QL 30 / 30 days
SANDIMMUNE 100 MG CAP	Non-Preferred	
SANDIMMUNE 100 MG/ML SOLUTION	Preferred	
SANDIMMUNE 25 MG CAP	Non-Preferred	
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	Preferred	QL 6 / 28 day(s)
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	Preferred	QL 3 / 28 day(s)
SIMLANDI (1 SYRINGE)	Preferred	
SIMLANDI (2 PEN)	Preferred	QL 6 / 28 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	Preferred	
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	Preferred	QL 6 / 28 day(s)
SIMPONI	Preferred	PA
SIMPONI ARIA	Non-Preferred	
sirolimus 0.5 mg tab	Preferred	
sirolimus 1 mg tab	Preferred	
sirolimus 1 mg/ml solution	Preferred	
sirolimus 2 mg tab	Preferred	
SPEVIGO	Non-Preferred	
tacrolimus 0.5 mg cap	Preferred	
tacrolimus 1 mg cap	Preferred	
tacrolimus 5 mg cap	Preferred	
TREXALL	Non-Preferred	
XATMEP	Non-Preferred	
YUFLYMA (1 PEN)	Non-Preferred	PA
YUFLYMA (2 PEN)	Non-Preferred	PA
YUFLYMA (2 SYRINGE)	Non-Preferred	PA
YUFLYMA-CD/UC/HS STARTER	Non-Preferred	PA
YUSIMRY	Non-Preferred	QL 6 / 28 day(s)
ZORTRESS	Non-Preferred	
VACCINES		
ADACEL	Preferred	
AFLURIA QUADRIVALENT	Preferred	
BOOSTRIX	Preferred	
ENGERIX-B	Preferred	
FLUAD	Preferred	
FLUARIX QUADRIVALENT	Preferred	
FLUBLOK QUADRIVALENT	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLUCELVAX QUADRIVALENT	Preferred	
FLULAVAL QUADRIVALENT	Preferred	
FLUZONE HIGH-DOSE	Preferred	
FLUZONE QUADRIVALENT	Preferred	
HAVRIX	Preferred	
PNEUMOVAX 23	Preferred	
PREVNAR 13	Preferred	QL 1 / lifetime
RECOMBIVAX HB	Preferred	
SHINGRIX	Preferred	QL 2 / lifetime
TWINRIX	Preferred	
VAQTA	Preferred	
INFLAMMATORY BOWEL DISEASE AGENTS AMINOSALICYLATES		
APRISO	Preferred	QL 120 / 30 days
ASACOL HD	Non-Preferred	QL 180 / 30 days
AZULFIDINE	Non-Preferred	
AZULFIDINE EN-TABS	Non-Preferred	
balsalazide disodium	Preferred	QL 270 / 30 days
CANASA	Non-Preferred	QL 30 / 30 days
COLAZAL	Non-Preferred	
DELZICOL	Preferred	QL 180 / 30 days
DIPENTUM	Non-Preferred	
LIALDA	Non-Preferred	QL 4 / 1 days
mesalamine 1.2 gm tab dr	Preferred	QL 4 / 1 days
mesalamine 1000 mg suppos	Preferred	QL 30 / 30 days
mesalamine 4 gm enema	Preferred	QL 1800 / 30 day(s)
mesalamine 400 mg cap dr	Preferred	QL 180 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mesalamine 800 mg tab dr	Non-Preferred	QL 180 / 30 days
mesalamine er 0.375 gm cap er 24h	Preferred	QL 120 / 30 days
mesalamine er 500 mg cap er	Non-Preferred	
mesalamine-cleanser	Non-Preferred	
PENTASA	Preferred	QL 240 / 30 days
ROWASA	Non-Preferred	
SFROWASA	Non-Preferred	
sulfasalazine 500 mg tab	Preferred	QL 360 / 30 days
sulfasalazine 500 mg tab dr	Preferred	QL 360 / 30 days
GLUCOCORTICOIDS		
ALKINDI SPRINKLE	Non-Preferred	
budesonide 2 mg foam	Non-Preferred	
budesonide 2 mg/act foam	Non-Preferred	
budesonide 3 mg cp dr part	Preferred	QL 90 / 30 day(s)
budesonide er	Preferred	QL 30 / 30 day(s)
CORTEF	Non-Preferred	
ENTOCORT EC	Non-Preferred	QL 90 / 30 day(s)
EOHILIA	Non-Preferred	
hydrocortisone 10 mg tab	Preferred	QL 12 / 1 days
hydrocortisone 100 mg/60ml enema	Preferred	QL 240 / 1 days
hydrocortisone 20 mg tab	Preferred	QL 12 / 1 days
hydrocortisone 5 mg tab	Preferred	QL 12 / 1 days
KHINDIVI	Non-Preferred	
ORTIKOS	Non-Preferred	
UCERIS 2 MG/ACT FOAM	Non-Preferred	
UCERIS 9 MG TAB ER 24H	Non-Preferred	QL 30 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METABOLIC BONE DISEASE AGENTS		
ACTONEL 150 MG TAB	Non-Preferred	QL 1 / 28 days
ACTONEL 35 MG TAB	Non-Preferred	QL 4 / 28 days
alendronate sodium 10 mg tab	Preferred	QL 30 / 30 days
alendronate sodium 35 mg tab	Preferred	QL 4 / 28 days
alendronate sodium 70 mg tab	Preferred	QL 4 / 28 days
alendronate sodium 70 mg/75ml solution	Non-Preferred	QL 10.7 / 1 days
aqueous vitamin d	Preferred	QL 150 / 30 days
ATELVIA	Non-Preferred	
BILDYOS	Non-Preferred	
BINOSTO	Non-Preferred	
BOMYNTRA	Non-Preferred	
BONIVA	Non-Preferred	
BONSITY	Non-Preferred	
bprotected pedia d-vite	Preferred	QL 150 / 30 days
calcitonin (salmon)	Non-Preferred	
calcitriol 0.25 mcg cap	Preferred	
calcitriol 0.5 mcg cap	Preferred	
calcitriol 1 mcg/ml solution	Non-Preferred	QL 60 / 30 days
CALCITRIOL INJ 1 MCG/ML	Non-Preferred	
calcitriol oral soln 1 mcg/ml	Non-Preferred	QL 60 / 30 days
cinacalcet hcl	Preferred	QL 60 / 30 days
CONEXXENCE	Non-Preferred	
d-1000	Preferred	
d-1000 extra strength	Preferred	
d-vi-sol	Preferred	QL 150 / 30 days
d-vite pediatric	Preferred	QL 150 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
d3-1000 25 mcg (1000 ut) tab	Preferred	
dialyvite vitamin d 5000	Preferred	
doxercalciferol 0.5 mcg cap	Non-Preferred	
doxercalciferol 1 mcg cap	Non-Preferred	
doxercalciferol 2.5 mcg cap	Non-Preferred	
doxercalciferol 4 mcg/2ml solution	Preferred	
ergocalciferol 1.25 mg (50000 ut) cap	Preferred	QL 8 / 30 days
EVENITY	Non-Preferred	
FORTEO	Non-Preferred	
FOSAMAX	Non-Preferred	
FOSAMAX PLUS D	Non-Preferred	
ft vitamin d3 25 mcg (1000 ut) tab	Preferred	
gnp vitamin d 25 mcg (1000 ut) tab	Preferred	
gnp vitamin d3 extra strength	Preferred	
HECTOROL	Preferred	
hm vitamin d3	Preferred	
ibandronate sodium 150 mg tab	Preferred	QL 1 / 30 days
ibandronate sodium 3 mg/3ml solution	Non-Preferred	
JUBBONTI	Preferred	PA
MIACALCIN	Non-Preferred	
nat-rul vitamin d 25 mcg (1000 ut) tab	Preferred	
OSENVELT	Non-Preferred	
OSPOMYV	Non-Preferred	
pamidronate disodium 30 mg/10ml solution	Preferred	QLC 30 mL/fill
PAMIDRONATE DISODIUM 6 MG/ML SOLUTION	Preferred	QLC 10 mL/fill
pamidronate disodium 90 mg/10ml solution	Preferred	QLC 10 mL/fill
paricalcitol 1 mcg cap	Non-Preferred	
paricalcitol 2 mcg cap	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
paricalcitol 2 mcg/ml solution	Preferred	
paricalcitol 4 mcg cap	Non-Preferred	
paricalcitol 5 mcg/ml solution	Preferred	
pharmacist choice d-vitamin	Preferred	QL 150 / 30 days
PROLIA	Non-Preferred	QL 1 / 180 days
qc vitamin d3 25 mcg (1000 ut) tab	Preferred	
ra vitamin d-3 25 mcg (1000 ut) tab	Preferred	
RAYALDEE	Non-Preferred	
RECLAST	Non-Preferred	QL 100 mL / 365 day(s)
risedronate sodium 150 mg tab	Non-Preferred	QL 1 / 28 days
risedronate sodium 30 mg tab	Non-Preferred	QL 30 / 30 days
risedronate sodium 35 mg tab	Non-Preferred	QL 4 / 28 days
risedronate sodium 35 mg tab dr	Non-Preferred	
risedronate sodium 5 mg tab	Non-Preferred	QL 30 / 30 days
ROCALTROL 0.25 MCG CAP	Non-Preferred	
ROCALTROL 0.5 MCG CAP	Non-Preferred	
ROCALTROL 1 MCG/ML SOLUTION	Non-Preferred	QL 60 / 30 days
sm vitamin d3 25 mcg (1000 ut) tab	Preferred	
STOBOCLO	Non-Preferred	
TERIPARATIDE	Non-Preferred	
teriparatide	Non-Preferred	
true vitamin d3 125 mcg (5000 ut) cap	Preferred	
true vitamin d3 25 mcg (1000 ut) tab	Preferred	
TYMLOS	Non-Preferred	
vitamin d (cholecalciferol) 25 mcg (1000 ut) tab	Preferred	
vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap	Preferred	QL 8 / 30 days
vitamin d (ergocalciferol) 50000 unit cap	Preferred	QL 8 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
vitamin d 10 mcg/ml liquid	Preferred	QL 150 / 30 days
vitamin d 25 mcg (1000 ut) tab	Preferred	
vitamin d infant	Preferred	QL 150 / 30 days
vitamin d-1000 max st	Preferred	
vitamin d3 10 mcg/ml liquid	Preferred	QL 150 / 30 days
vitamin d3 125 mcg (5000 ut) cap	Preferred	
vitamin d3 25 mcg tab	Preferred	
well vitamin d3 125 mcg (5000 ut) cap	Preferred	
WYOST	Preferred	PA
XGEVA	Non-Preferred	QLC 5.1 mL/28 days
ZEMPLAR	Non-Preferred	
ZOLEDRONIC ACID 4 MG/100ML SOLUTION	Preferred	QL 400 Ml / 28 day(s)
zoledronic acid 4 mg/5ml conc	Preferred	QL 20 mL / 28 day(s)
zoledronic acid 5 mg/100ml solution	Preferred	QL 100 mL / 365 day(s)
MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNILET COMFORTOUCH	Preferred	QL 200 / 30 days
ACCU-CHEK AVIVA PLUS STRIP	Non-Preferred	
ACCU-CHEK AVIVA PLUS W/DEVICE KIT	Non-Preferred	QL 1 / 365 days
ACCU-CHEK FASTCLIX LANCETS	Preferred	QL 200 / 30 days
ACCU-CHEK GUIDE	Preferred	QL 1 / 365 days
ACCU-CHEK GUIDE ME	Preferred	QL 1 / 365 days
ACCU-CHEK GUIDE TEST	Preferred	QL 150 / 30 DAYS
ACCU-CHEK SAFE-T PRO LANCETS	Preferred	QL 200 / 30 days
ACCU-CHEK SMARTVIEW	Non-Preferred	
ACCU-CHEK SOFTCLIX LANCETS	Preferred	QL 200 / 30 days
ACCUTREND GLUCOSE	Non-Preferred	
ACTI-LANCE 28G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACTI-LANCE LITE LANCETS 28G	Preferred	QL 200 / 30 days
ACTI-LANCE SPECIAL LANCETS 17G	Preferred	QL 200 / 30 days
ACTI-LANCE UNIVERSAL 23G	Preferred	QL 200 / 30 days
ADVANCED MOBILE LANCET	Preferred	QL 200 / 30 days
ADVANTAGE SAFETY LANCETS 28G	Preferred	QL 200 / 30 days
ADVOCATE ALCOHOL PREP PADS	Preferred	
ADVOCATE BLOOD GLUCOSE MONITOR	Non-Preferred	QL 1 / 365 days
ADVOCATE BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
ADVOCATE LANCETS	Preferred	QL 200 / 30 days
ADVOCATE LANCETS 30G	Preferred	QL 200 / 30 days
ADVOCATE REDI-CODE DEVICE	Non-Preferred	QL 1 / 365 days
ADVOCATE REDI-CODE STRIP	Non-Preferred	
ADVOCATE REDI-CODE W/DEVICE KIT	Non-Preferred	QL 1 / 365 days
ADVOCATE REDI-CODE+	Non-Preferred	QL 1 / 365 days
ADVOCATE REDI-CODE+ TEST	Non-Preferred	
ADVOCATE SAFETY LANCETS	Preferred	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 21G	Preferred	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 23G	Preferred	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 26G	Preferred	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 28G	Preferred	QL 200 / 30 days
ADVOCATE TEST	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AEROCHAMBER MV	Preferred	
AEROCHAMBER PLUS FLO-VU	Preferred	
AEROCHAMBER PLUS FLO-VU INTERM	Preferred	
AEROCHAMBER PLUS FLO-VU LARGE	Preferred	
AEROCHAMBER PLUS FLO-VU MEDIUM	Preferred	
AEROCHAMBER PLUS FLO-VU SMALL	Preferred	
AEROCHAMBER PLUS FLO-VU W/MASK	Preferred	
AEROCHAMBER PLUS FLOW VU	Preferred	
AEROCHAMBER W/FLOWSIGNAL	Preferred	
AEROCHAMBER Z-STAT PLUS CHAMBR	Preferred	
AEROCHAMBER Z-STAT PLUS/LARGE	Preferred	
AEROCHAMBER Z-STAT PLUS/MEDIUM	Preferred	
AEROCHAMBER2GO ANTI-STATIC	Preferred	
AEROECLIPSE II NEBULIZER	Preferred	
AGAMATRIX AMP	Non-Preferred	QL 1 / 365 days
AGAMATRIX AMP TEST	Non-Preferred	
AGAMATRIX JAZZ TEST	Non-Preferred	
AGAMATRIX JAZZ WIRELESS 2	Non-Preferred	QL 1 / 365 days
AGAMATRIX PRESTO	Non-Preferred	QL 1 / 365 days
AGAMATRIX PRESTO PRO METER	Non-Preferred	QL 1 / 365 days
AGAMATRIX PRESTO TEST	Non-Preferred	
AGAMATRIX ULTRA-THIN LANCETS	Preferred	QL 200 / 30 days
AIMSCO TWIST LANCETS 32G	Preferred	QL 200 / 30 days
AIMSCO TWIST LANCETS 33G	Preferred	QL 200 / 30 days
ALCOH-GLOVE CONTOURED WIPE	Preferred	
ALCOHOL PADS	Preferred	
ALCOHOL PREP	Preferred	
ALCOHOL PREP PADS	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALCOHOL SWABS	Preferred	
ALCOHOL SWABSTICK	Preferred	
alcohol wipes	Preferred	
AQ INSULIN SYRINGE	Preferred	
AQUALANCE LANCETS 30G	Preferred	QL 200 / 30 days
ARGYLE STERILE WATER	Preferred	
ASSURE 4 TEST	Non-Preferred	
ASSURE COMFORT LANCETS 28G	Preferred	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS HIGH	Preferred	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS LOW	Preferred	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS MICRO	Preferred	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS NORMAL	Preferred	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS PED	Preferred	QL 200 / 30 days
ASSURE LANCE LANCETS	Preferred	QL 200 / 30 days
ASSURE LANCE LANCETS 21G	Preferred	QL 200 / 30 days
ASSURE LANCE PLUS SAFETY 25G	Preferred	QL 200 / 30 days
ASSURE LANCE PLUS SAFETY 30G	Preferred	QL 200 / 30 days
ASSURE LANCE SAFETY LANCET 28G	Preferred	QL 200 / 30 days
ASSURE PLATINUM	Non-Preferred	
ASSURE PLATINUM METER	Non-Preferred	QL 1 / 365 days
ASSURE PRISM MULTI METER	Non-Preferred	QL 1 / 365 days
ASSURE PRISM MULTI TEST	Non-Preferred	
ASSURE TITANIUM	Non-Preferred	
ASSURE TITANIUM BLOOD GLUCOSE	Non-Preferred	
AUM ALCOHOL PREP PADS	Preferred	
AURORA LANCET SUPER THIN 30G	Preferred	QL 200 / 30 days
AURORA LANCET THIN 23G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BD BLUNT FILL NEEDLE 18G X 1" MISC	Preferred	
BD ECLIPSE SYRINGE/NEEDLE 23G X 1" 3 ML MISC	Preferred	
BD HYPODERMIC NEEDLE 18G X 1" MISC	Preferred	
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
BD INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML MISC	Preferred	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML MISC	Preferred	
BD INTEGRA SYRINGE 23G X 1" 3 ML MISC	Preferred	
BD LUER-LOK SYRINGE 23G X 1" 3 ML MISC	Preferred	
BD MICROTAINER LANCETS	Preferred	QL 200 / 30 days
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
BD SWAB SINGLE USE REGULAR	Preferred	
BD SWABS SINGLE USE BUTTERFLY	Preferred	
BD SYRINGE/NEEDLE 23G X 1" 3 ML MISC	Preferred	
BIOTEL CARE BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
BIOTEL CARE TEST STRIPS	Non-Preferred	
BLOOD GLUCOSE MONITOR SYSTEM	Non-Preferred	QL 1 / 365 days
BLOOD GLUCOSE MONITORING 333	Non-Preferred	QL 1 / 365 days
BLOOD GLUCOSE TEST	Non-Preferred	
BLOOD GLUCOSE TEST STRIPS 333	Non-Preferred	
BLULINK GLUCOSE MONITORING SYS	Non-Preferred	QL 1 / 365 days
BLULINK GLUCOSE TEST	Non-Preferred	
CAREONE BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
CAREONE BLOOD GLUCOSE TEST	Non-Preferred	
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CAREONE LANCET SUPER THIN 30G	Preferred	QL 200 / 30 days
CAREONE LANCET THIN 23G	Preferred	QL 200 / 30 days
CAREPOINT POLY HUB NEEDLE 18G X 1" MISC	Preferred	
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML MISC	Preferred	
CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML MISC	Preferred	
CARESENS LANCETS	Preferred	QL 200 / 30 days
CARESENS LANCETS 30G	Preferred	QL 200 / 30 days
CARESENS N FELIZ	Non-Preferred	QL 1 / 365 days
CARESENS N FELIZ BT	Non-Preferred	QL 1 / 365 days
CARESENS N GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
CARESENS N GLUCOSE TEST	Non-Preferred	
CARESENS S FIT BLOOD GLUC MON	Non-Preferred	QL 1 / 365 days
CARESENS S FIT BT BLOOD GLUC	Non-Preferred	QL 1 / 365 days
CARESENS S GLUCOSE TEST	Non-Preferred	
CARETOUCH ALCOHOL PREP	Preferred	
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
CARETOUCH LUER LOCK 23G X 1" 3 ML MISC	Preferred	
CARETOUCH MONITOR SYSTEM	Non-Preferred	QL 1 / 365 days
CARETOUCH SAFETY LANCETS	Preferred	QL 200 / 30 days
CARETOUCH SAFETY LANCETS 26G	Preferred	QL 200 / 30 days
CARETOUCH TEST	Non-Preferred	
CARETOUCH TWIST LANCETS 28G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARETOUCH TWIST LANCETS 30G	Preferred	QL 200 / 30 days
CARETOUCH TWIST LANCETS 33G	Preferred	QL 200 / 30 days
CARETOUCH TWIST MC LANCETS 30G	Preferred	QL 200 / 30 days
CEQUR SIMPLICITY 2U	Preferred	
CEQUR SIMPLICITY INSERTER	Preferred	
CHOSEN LANCETS 30G	Preferred	QL 200 / 30 days
CHOSEN SAFETY LANCETS 28G	Preferred	QL 200 / 30 days
CLEANLET LANCETS 28G	Preferred	QL 200 / 30 days
CLEVER CHEK AUTO-CODE	Non-Preferred	
CLEVER CHEK AUTO-CODE SYSTEM	Non-Preferred	QL 1 / 365 days
CLEVER CHEK AUTO-CODE TEST	Non-Preferred	
CLEVER CHEK AUTO-CODE VOICE DEVICE	Non-Preferred	QL 1 / 365 days
CLEVER CHEK AUTO-CODE VOICE STRIP	Non-Preferred	
CLEVER CHEK LANCETS	Preferred	QL 200 / 30 days
CLEVER CHEK SYSTEM	Non-Preferred	QL 1 / 365 days
CLEVER CHEK TEST	Non-Preferred	
CLEVER CHOICE AUTO-CODE SYSTEM	Non-Preferred	QL 1 / 365 days
CLEVER CHOICE AUTO-CODE TEST	Non-Preferred	
CLEVER CHOICE COMFORT EZ MISC	Preferred	QL 200 / 30 days
CLEVER CHOICE LANCETS 21G	Preferred	QL 200 / 30 days
CLEVER CHOICE LANCETS 23G	Preferred	QL 200 / 30 days
CLEVER CHOICE LANCETS 28G	Preferred	QL 200 / 30 days
CLEVER CHOICE MICRO SYSTEM	Non-Preferred	QL 1 / 365 days
CLEVER CHOICE MICRO TEST	Non-Preferred	
CLEVER CHOICE MINI SYSTEM	Non-Preferred	QL 1 / 365 days
CLEVER CHOICE NO CODING	Non-Preferred	
CLEVER CHOICE TALK SYSTEM DEVICE	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLEVER CHOICE TALK SYSTEM STRIP	Non-Preferred	
COAGUCHEK LANCETS	Preferred	QL 200 / 30 days
COMFORT ASSURED LANCETS 28G	Preferred	QL 200 / 30 days
COMFORT ASSURED LANCETS 33G	Preferred	QL 200 / 30 days
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
COMFORT LANCETS	Preferred	QL 200 / 30 days
COMFORT TOUCH ALCOHOL PREP	Preferred	
COMFORT TOUCH LANCETS 31G	Preferred	QL 200 / 30 days
COMFORT TOUCH PLUS LANCETS 28G	Preferred	QL 200 / 30 days
COMFORT TOUCH PLUS LANCETS 30G	Preferred	QL 200 / 30 days
COMFORT TOUCH TWIST LANCET 30G	Preferred	QL 200 / 30 days
COMP AIR COMPRESSOR NEBULIZER	Preferred	
COMPACT SPACE CHAMBER	Preferred	
COMPACT SPACE CHAMBER/LG MASK	Preferred	
COMPACT SPACE CHAMBER/MED MASK	Preferred	
COMPACT SPACE CHAMBER/SM MASK	Preferred	
CONTOUR BLOOD GLUCOSE SYSTEM	Preferred	QL 1 / 365 days
CONTOUR MONITOR	Preferred	QL 1 / 365 days
CONTOUR NEXT EZ	Preferred	QL 1 / 365 days
CONTOUR NEXT GEN MONITOR	Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CONTOUR NEXT LINK	Non-Preferred	QL 1 / 365 days
CONTOUR NEXT MONITOR	Preferred	QL 1 / 365 days
CONTOUR NEXT ONE	Preferred	QL 1 / 365 days
CONTOUR NEXT TEST	Preferred	QL 150 / 30 DAYS
CONTOUR PLUS BLUE	Preferred	QL 1 / 365 days
CONTOUR PLUS TEST	Preferred	
CONTOUR TEST	Preferred	QL 150 / 30 DAYS
COOL BLOOD GLUCOSE TEST STRIPS	Non-Preferred	
COOL MIST HUMIDIFIER 1 GALLON	Preferred	
COOL MIST HUMIDIFIER 1.2 GAL	Preferred	
COOL MONITOR	Non-Preferred	QL 1 / 365 days
COOL MONITOR KIT	Non-Preferred	QL 1 / 365 days
CURITY ALCOHOL PREPS	Preferred	
CVS ADVANCED GLUCOSE TEST	Non-Preferred	
CVS ALCOHOL PREP PADS	Preferred	
CVS BLOOD GLUCOSE METER	Non-Preferred	QL 1 / 365 days
CVS GLUCOSE METER TEST STRIPS	Non-Preferred	
cvs isopropyl alcohol wipes	Preferred	
CVS LANCETS 21G	Preferred	QL 200 / 30 days
CVS LANCETS MICRO THIN 33G	Preferred	QL 200 / 30 days
CVS LANCETS ORIGINAL	Preferred	QL 200 / 30 days
CVS LANCETS THIN 26G	Preferred	QL 200 / 30 days
CVS LANCETS ULTRA THIN 30G	Preferred	QL 200 / 30 days
CVS LANCETS ULTRA-THIN 30G	Preferred	QL 200 / 30 days
CVS PREP	Preferred	
CVS TRUE METRIX GLUCOSE TEST	Non-Preferred	
CVS ULTRA THIN LANCETS	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEXCOM G6 RECEIVER	Preferred	QL 1 / 365 day(s) PA
DEXCOM G6 TRANSMITTER	Preferred	QL 1 / 90 day(s) PA
DEXCOM G7 RECEIVER	Preferred	QL 1 / 365 day(s) PA
DIATHRIVE LANCET ULTRA THIN 30	Preferred	QL 200 / 30 days
DIATHRIVE LANCETS	Preferred	QL 200 / 30 days
DIATRUE PLUS BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
DIATRUE PLUS TEST	Non-Preferred	
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
DROPLET LANCETS ULTRA THIN 30G	Preferred	QL 200 / 30 days
DROPLET PERSONAL LANCETS 30G	Preferred	QL 200 / 30 days
DROPSAFE ACTI-LANCE 23G	Preferred	QL 200 / 30 days
DROPSAFE ALCOHOL PREP	Preferred	
DROPSAFE MEDLANCE LANCET 30G	Preferred	QL 200 / 30 days
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC	Preferred	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC	Preferred	
DRUG MART LANCETS THIN 26G	Preferred	QL 200 / 30 days
DRUG MART ON-THE-GO LANCET 30G	Preferred	QL 200 / 30 days
DRUG MART UNILET LANCETS 28G	Preferred	QL 200 / 30 days
DRUG MART UNILET LANCETS 30G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DRUG MART UNILET LANCETS 33G	Preferred	QL 200 / 30 days
DUROLANE	Preferred	QL 6 / 180 days PA
E-Z JECT LANCET MICRO-THIN 33G	Preferred	QL 200 / 30 days
E-Z JECT LANCET SUPER THIN 30G	Preferred	QL 200 / 30 days
E-Z JECT LANCETS	Preferred	QL 200 / 30 days
E-Z JECT LANCETS 21G	Preferred	QL 200 / 30 days
E-Z JECT LANCETS THIN 26G	Preferred	QL 200 / 30 days
EASIVENT	Preferred	
EASIVENT MASK LARGE	Preferred	
EASIVENT MASK MEDIUM	Preferred	
EASIVENT MASK SMALL	Preferred	
EASY COMFORT ALCOHOL PADS	Preferred	
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
EASY COMFORT LANCETS	Preferred	QL 200 / 30 days
EASY COMFORT LANCETS TWIST TOP	Preferred	QL 200 / 30 days
EASY PLUS II GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
EASY PLUS II GLUCOSE TEST	Non-Preferred	
EASY STEP GLUCOSE MONITOR	Non-Preferred	QL 1 / 365 days
EASY STEP TEST	Non-Preferred	
EASY TALK BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
EASY TALK BLOOD GLUCOSE TEST	Non-Preferred	
EASY TALK PLUS II TEST STRIPS	Non-Preferred	
EASY TOUCH ALCOHOL PREP MEDIUM	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML MISC	Preferred	
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML MISC	Preferred	
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML MISC	Preferred	
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" MISC	Preferred	
EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1" 3 ML MISC	Preferred	
EASY TOUCH GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
EASY TOUCH HYPODERMIC NEEDLE 18G X 1" MISC	Preferred	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	Preferred	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC	Preferred	
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC	Preferred	
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
EASY TOUCH LANCETS 21G	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 23G	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 26G	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 28G	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 28G/TWIST	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 30G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TOUCH LANCETS 30G/TWIST	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 32G	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 32G/TWIST	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 33G/TWIST	Preferred	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 21G	Preferred	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 23G	Preferred	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 26G	Preferred	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 28G	Preferred	QL 200 / 30 days
EASY TOUCH SAFETY SYRINGE 23G X 1" 3 ML MISC	Preferred	
EASY TOUCH SHEATHLOCK SYRINGE 23G X 1" 3 ML MISC	Preferred	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
EASY TOUCH TEST	Non-Preferred	
EASY TRAK BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
EASY TRAK BLOOD GLUCOSE TEST	Non-Preferred	
EASY TRAK II BLOOD GLUCOSE SYS	Non-Preferred	QL 1 / 365 days
EASY TRAK II GLUCOSE TEST	Non-Preferred	
EASYGLUCO KIT	Non-Preferred	QL 1 / 365 days
EASYGLUCO STRIP	Non-Preferred	
EASYMAX 15 TEST	Non-Preferred	
EASYMAX NG BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
EASYMAX TEST	Non-Preferred	
EASYMAX V BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
EASYPOINT NEEDLE 18G X 1" MISC	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASYPOINT NEEDLE/SYRINGE 23G X 1" 3 ML MISC	Preferred	
ELEMENT COMPACT GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
ELEMENT COMPACT TEST	Non-Preferred	
ELEMENT COMPACT V GLUCOSE SYS	Non-Preferred	QL 1 / 365 days
ELEMENT PLUS	Non-Preferred	QL 1 / 365 days
ELEMENT TEST	Non-Preferred	
EMBECTA AUTOSHIELD DUO	Preferred	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC	Preferred	
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML MISC	Preferred	
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC	Preferred	
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 1 ML MISC	Preferred	
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC	Preferred	
EMBECTA PEN NEEDLE NANO	Preferred	
EMBECTA PEN NEEDLE NANO 2 GEN	Preferred	
EMBECTA PEN NEEDLE U/F	Preferred	
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM MISC	Preferred	
EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM MISC	Preferred	
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM MISC	Preferred	
EMBRACE BLOOD GLUCOSE MONITOR	Non-Preferred	QL 1 / 365 days
EMBRACE BLOOD GLUCOSE TEST	Non-Preferred	
EMBRACE EVO BLOOD GLUCOSE TEST	Non-Preferred	
EMBRACE EVO GLUCOSE MONITOR	Non-Preferred	QL 1 / 365 days
EMBRACE EVO GLUCOSE MONITORING	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMBRACE LANCETS ULTRA THIN 30G	Preferred	QL 200 / 30 days
EMBRACE PRESSURE ACTIVATED 21G	Preferred	QL 200 / 30 days
EMBRACE PRESSURE ACTIVATED 28G	Preferred	QL 200 / 30 days
EMBRACE PRO GLUCOSE METER	Non-Preferred	QL 1 / 365 days
EMBRACE PRO GLUCOSE TEST	Non-Preferred	
EMBRACE TALK BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
EMBRACE TALK GLUCOSE TEST	Non-Preferred	
EMBRACE TALK MONITORING SYSTEM	Non-Preferred	QL 1 / 365 days
EMBRACE WAVE GLUCOSE METER	Non-Preferred	QL 1 / 365 days
EQ BLOOD GLUCOSE TEST	Non-Preferred	
EQL ALCOHOL SWABS	Preferred	
EQL COLOR LANCETS 21G	Preferred	QL 200 / 30 days
EQL COLOR LANCETS MICRO 33G	Preferred	QL 200 / 30 days
EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
EQL INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
EQL INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
EQL INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
EQL SUPER THIN LANCETS 30G	Preferred	QL 200 / 30 days
EQL THIN LANCETS 26G	Preferred	QL 200 / 30 days
EUFLEXXA	Preferred	QL 12 / 180 days PA
EVERSENSE 365 SMART TRANSMIT	Non-Preferred	
EVERSENSE E3 SMART TRANSMITTER	Non-Preferred	
EVERSENSE SMART TRANSMITTER	Non-Preferred	
EVOLUTION AUTOCODE DEVICE	Non-Preferred	QL 1 / 365 days
EVOLUTION AUTOCODE STRIP	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.5 ML MISC	Preferred	
EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 1 ML MISC	Preferred	
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.5 ML MISC	Preferred	
EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 1 ML MISC	Preferred	
EZ-LETS LANCETS 21G	Preferred	QL 200 / 30 days
EZ-LETS LANCETS 26G	Preferred	QL 200 / 30 days
EZ-LETS LANCETS 28G	Preferred	QL 200 / 30 days
EZ-LETS LANCETS 30G	Preferred	QL 200 / 30 days
FIFTY50 ALCOHOL PREP	Preferred	
FIFTY50 GLUCOSE METER 2.0	Non-Preferred	QL 1 / 365 days
FIFTY50 GLUCOSE TEST 2.0	Non-Preferred	
FIFTY50 SAFETY SEAL LANCETS	Preferred	QL 200 / 30 days
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML MISC	Preferred	
FIFTY50 UNILET LANCETS 33G	Preferred	QL 200 / 30 days
FINE 30	Preferred	QL 200 / 30 days
FINGERSTIX LANCETS	Preferred	QL 200 / 30 days
FLAVOR PLUS	Preferred	
FLAVOR SWEET	Preferred	
FLAVOR SWEET DYE FREE	Preferred	
FLAVOR SWEET SF DYE FREE	Preferred	
FLAVOR SWEET-SF	Preferred	
FONDCIRCLE BLOOD GLUCOSE MONIT	Non-Preferred	QL 1 / 365 days
FONDCIRCLE BLOOD GLUCOSE TEST	Non-Preferred	
FONDCIRCLE SINGLE USE LANCETS	Preferred	QL 200 / 30 days
FORA 6 CONNECT	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA 6 CONNECT/GTEL TEST	Non-Preferred	
FORA BLOOD GLUCOSE TEST	Non-Preferred	
FORA D15G BLOOD GLUCOSE TEST	Non-Preferred	
FORA D20 2-IN-1 MONITOR	Non-Preferred	
FORA D20 BLOOD GLUCOSE TEST	Non-Preferred	
FORA D40/G31 BLOOD GLUCOSE	Non-Preferred	
FORA G20 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA G20 BLOOD GLUCOSE TEST	Non-Preferred	
FORA G30/PREM V10 GLUCOSE TEST	Non-Preferred	
FORA G30A BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA GD20 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA GD20 TEST	Non-Preferred	
FORA GD50 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA GD50 BLOOD GLUCOSE TEST	Non-Preferred	
FORA GTEL BLOOD GLUCOSE TEST	Non-Preferred	
FORA LANCETS	Preferred	QL 200 / 30 days
FORA PREMIUM V10 BLE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA TEST N' GO MONITOR	Non-Preferred	QL 1 / 365 days
FORA TN'G ADVANCE PRO STRIP	Non-Preferred	
FORA TN'G VOICE	Non-Preferred	QL 1 / 365 days
FORA TN'G/TN'G VOICE	Non-Preferred	
FORA V10 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA V10 BLOOD GLUCOSE TEST	Non-Preferred	
FORA V12 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA V12 BLOOD GLUCOSE TEST	Non-Preferred	
FORA V20 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA V20 BLOOD GLUCOSE TEST	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA V30A BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA V30A BLOOD GLUCOSE TEST	Non-Preferred	
FORACARE GD40 MONITOR	Non-Preferred	QL 1 / 365 days
FORACARE GD40 TEST	Non-Preferred	
FORACARE PREMIUM V10	Non-Preferred	QL 1 / 365 days
FORACARE PREMIUM V10 TEST	Non-Preferred	
FORACARE TEST N GO MONITOR	Non-Preferred	QL 1 / 365 days
FORACARE TEST N GO TEST	Non-Preferred	
FORTISCARE G1 TEST STRIP	Non-Preferred	
FORTISCARE T1 GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORTISCARE TEST	Non-Preferred	
FREDS PHARMACY UNILET LANC 28G	Preferred	QL 200 / 30 days
FREDS PHARMACY UNILET LANC 30G	Preferred	QL 200 / 30 days
FREESTYLE FREEDOM LITE	Non-Preferred	QL 1 / 365 days
FREESTYLE INSULINX TEST	Non-Preferred	
FREESTYLE LANCETS	Preferred	QL 200 / 30 days
FREESTYLE LIBRE 14 DAY READER	Preferred	PA
FREESTYLE LIBRE 2 READER	Preferred	PA
FREESTYLE LIBRE 3 READER	Preferred	PA
FREESTYLE LIBRE READER	Preferred	PA
FREESTYLE LITE	Non-Preferred	QL 1 / 365 days
FREESTYLE LITE TEST	Non-Preferred	
FREESTYLE PRECISION NEO SYSTEM	Non-Preferred	QL 1 / 365 days
FREESTYLE PRECISION NEO TEST	Non-Preferred	
FREESTYLE TEST	Non-Preferred	
FREESTYLE UNISTICK II LANCETS	Preferred	QL 200 / 30 days
GE100 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GE100 BLOOD GLUCOSE TEST	Non-Preferred	
GEL-ONE	Non-Preferred	
GELSYN-3	Preferred	QL 12 / 180 days PA
GENTEEL BUTTERFLY TOUCH LANCET	Preferred	QL 200 / 30 days
GENTLE-LET GP LANCETS	Preferred	QL 200 / 30 days
GENTLE-LET LANCETS	Preferred	QL 200 / 30 days
GENVISC 850	Non-Preferred	QL 15 / 180 days PA
GHT BLOOD GLUCOSE MONITOR	Non-Preferred	QL 1 / 365 days
GHT TEST	Non-Preferred	
GLOBAL ALCOHOL PREP EASE	Preferred	
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML MISC	Preferred	
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML MISC	Preferred	
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML MISC	Preferred	
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML MISC	Preferred	
GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML MISC	Preferred	
GLOBAL INJECT EASE LANCETS 28G	Preferred	QL 200 / 30 days
GLOBAL INJECT EASE LANCETS 30G	Preferred	QL 200 / 30 days
GLUCOCARD 01 BLOOD GLUCOSE W/DEVICE KIT	Non-Preferred	QL 1 / 365 days
GLUCOCARD 01 SENSOR PLUS	Non-Preferred	
GLUCOCARD EXPRESSION MONITOR	Non-Preferred	QL 1 / 365 days
GLUCOCARD EXPRESSION TEST	Non-Preferred	
GLUCOCARD SHINE	Non-Preferred	QL 1 / 365 days
GLUCOCARD SHINE CONNEX	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCOCARD SHINE EXPRESS	Non-Preferred	QL 1 / 365 days
GLUCOCARD SHINE TEST	Non-Preferred	
GLUCOCARD SHINE XL	Non-Preferred	QL 1 / 365 days
GLUCOCARD VITAL MONITOR	Non-Preferred	QL 1 / 365 days
GLUCOCARD VITAL TEST	Non-Preferred	
GLUCOCOM BLOOD GLUCOSE MONITOR	Non-Preferred	QL 1 / 365 days
GLUCOCOM LANCETS 28G	Preferred	QL 200 / 30 days
GLUCOCOM LANCETS 30G	Preferred	QL 200 / 30 days
GLUCOCOM LANCETS 33G	Preferred	QL 200 / 30 days
GLUCOCOM MONITOR	Non-Preferred	QL 1 / 365 days
GLUCOCOM TEST	Non-Preferred	
GLUCONAVII BLOOD GLUCOSE TEST	Non-Preferred	
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
GLUCOSE METER TEST	Non-Preferred	
GNP ALCOHOL SWABS	Preferred	
GNP EASY TOUCH GLUCOSE METER	Non-Preferred	QL 1 / 365 days
GNP EASY TOUCH GLUCOSE TEST	Non-Preferred	
GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
GNP INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
GNP INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
GNP INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
GNP INSULIN SYRINGES	Preferred	
GNP INSULIN SYRINGES 29GX1/2"	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GNP LANCETS 21G	Preferred	QL 200 / 30 days
GNP LANCETS THIN 26G	Preferred	QL 200 / 30 days
GNP STERILE LANCETS 28G	Preferred	QL 200 / 30 days
GNP STERILE LANCETS 30G	Preferred	QL 200 / 30 days
GNP STERILE LANCETS 33G	Preferred	QL 200 / 30 days
GNP TRUE METRIX AIR METER	Non-Preferred	QL 1 / 365 days
GNP TRUE METRIX GLUCOSE METER	Non-Preferred	QL 1 / 365 days
GNP TRUETRACK TEST STRIPS	Non-Preferred	
GOJJI BLOOD GLUCOSE TEST	Non-Preferred	
GOJJI BLOOD TEST STRIP/LANCETS	Non-Preferred	
GOJJI STERILE LANCETS	Preferred	QL 200 / 30 days
GOODSENSE ALCOHOL SWABS	Preferred	
GOODSENSE BLOOD GLUCOSE STRIP	Non-Preferred	
GOODSENSE BLOOD GLUCOSE W/DEVICE KIT	Non-Preferred	QL 1 / 365 days
GOODSENSE COLOR LANCETS 33G	Preferred	QL 200 / 30 days
GOODSENSE LANCETS 26G UNIV	Preferred	QL 200 / 30 days
GOODSENSE LANCETS 30G	Preferred	QL 200 / 30 days
GOODSENSE LANCETS 30G UNIV	Preferred	QL 200 / 30 days
GOODSENSE LANCETS 33G	Preferred	QL 200 / 30 days
GOODSENSE LANCETS 33G UNIV	Preferred	QL 200 / 30 days
GRAPE SYRUP	Preferred	
GUARDIAN 4 TRANSMITTER	Non-Preferred	
GUARDIAN CONNECT TRANSMITTER	Non-Preferred	
GUARDIAN LINK 3 TRANSMITTER	Non-Preferred	
GUARDIAN REAL-TIME REPLACE PED	Preferred	PA
H-E-B INCONTROL ALCOHOL	Preferred	
H-E-B INCONTROL LANCETS 28G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
H-E-B INCONTROL LANCETS 30G	Preferred	QL 200 / 30 days
H-E-B INCONTROL LANCETS 33G	Preferred	QL 200 / 30 days
HAEMOLANCE	Preferred	QL 200 / 30 days
HAEMOLANCE LOW FLOW LANCETS	Preferred	QL 200 / 30 days
HAEMOLANCE PLUS	Preferred	QL 200 / 30 days
HAEMOLANCE PLUS HIGH FLOW	Preferred	QL 200 / 30 days
HAEMOLANCE PLUS LOW FLOW	Preferred	QL 200 / 30 days
HAEMOLANCE PLUS MAX FLOW	Preferred	QL 200 / 30 days
HAEMOLANCE PLUS PEDIATRIC FLOW	Preferred	QL 200 / 30 days
HEALTHPRO BLOOD GLUCOSE MONITO	Non-Preferred	QL 1 / 365 days
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML MISC	Preferred	
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML MISC	Preferred	
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML MISC	Preferred	
HEALTHY ACCENTS UNILET LANCETS	Preferred	QL 200 / 30 days
HM EMBRACE TALK SYSTEM	Non-Preferred	QL 1 / 365 days
HM STERILE ALCOHOL PREP	Preferred	
HOMENEB WITH SIDESTREAM	Preferred	
HUMIDIFIER	Preferred	
HW EMBRACE PRO GLUCOSE METER	Non-Preferred	QL 1 / 365 days
HW EMBRACE PRO GLUCOSE TEST	Non-Preferred	
HW EMBRACE TALK BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
HW EMBRACE TALK GLUCOSE TEST	Non-Preferred	
HY-VEE LANCETS	Preferred	QL 200 / 30 days
HY-VEE THIN LANCETS	Preferred	QL 200 / 30 days
HYALGAN 20 MG/2ML SOLN PRSYR	Preferred	QL 12 / 180 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYDROCORTISONE COMPLETE KIT	Non-Preferred	
HYMOVIS	Non-Preferred	
HYMOVIS ONE	Non-Preferred	
HYPODERMIC NEEDLE 18G X 1" MISC	Preferred	
IGLUCOSE MONITORING SYSTEM	Non-Preferred	QL 1 / 365 days
IGLUCOSE TEST STRIPS	Non-Preferred	
IHEALTH BLOOD GLUCOSE TEST STR	Non-Preferred	
IHEALTH GLUCO+ KIT 10	Non-Preferred	
IN TOUCH STERILE LANCETS 30G	Preferred	QL 200 / 30 days
INFINITY BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
INFINITY BLOOD GLUCOSE TEST	Non-Preferred	
INFINITY VOICE STRIP	Non-Preferred	
INFINITY VOICE W/DEVICE KIT	Non-Preferred	QL 1 / 365 days
INNOSPIRE ESSENCE NEBULIZER	Preferred	
INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML MISC	Preferred	
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML MISC	Preferred	
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML MISC	Preferred	
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC	Preferred	
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC	Preferred	
IQIRVO	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
isopropyl alcohol 70 % misc	Preferred	
isopropyl alcohol wipes	Preferred	
KAZ HEALTHMIST HUMIDIFIER	Preferred	
KETO-DIASTIX	Preferred	
KINNEY LANCETS	Preferred	QL 200 / 30 days
KINNEY THIN LANCETS	Preferred	QL 200 / 30 days
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
KROGER BLOOD GLUCOSE TEST	Non-Preferred	
KROGER HEALTHPRO GLUCOSE TEST	Non-Preferred	
KROGER HEALTHPRO LANCET 26G	Preferred	QL 200 / 30 days
KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
KROGER INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
KROGER INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
KROGER INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
KROGER LANCETS	Preferred	QL 200 / 30 days
KROGER LANCETS 21G	Preferred	QL 200 / 30 days
KROGER LANCETS MICRO THIN 33G	Preferred	QL 200 / 30 days
KROGER LANCETS SUPER THIN	Preferred	QL 200 / 30 days
KROGER LANCETS THIN	Preferred	QL 200 / 30 days
KROGER LANCETS THIN 26G	Preferred	QL 200 / 30 days
KROGER LANCETS ULTRATHIN 30G	Preferred	QL 200 / 30 days
KROGER PREMIUM BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
KROGER PREMIUM GLUCOSE TEST	Non-Preferred	
LANCETS	Preferred	QL 200 / 30 days
LANCETS 28G THIN	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LANCETS 30G	Preferred	QL 200 / 30 days
LANCETS 33G	Preferred	QL 200 / 30 days
LANCETS MICRO THIN 33G	Preferred	QL 200 / 30 days
LANCETS SUPER THIN	Preferred	QL 200 / 30 days
LANCETS SUPER THIN 28G	Preferred	QL 200 / 30 days
LANCETS THIN	Preferred	QL 200 / 30 days
LANCETS ULTRA THIN	Preferred	QL 200 / 30 days
LANCETS ULTRA THIN 30G	Preferred	QL 200 / 30 days
LEADER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
LEADER INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
LEADER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
LEADER INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
LEADER INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
LEQSELVI	Non-Preferred	
LIBERTY MEDICAL LANCETS	Preferred	QL 200 / 30 days
LITE TOUCH LANCETS	Preferred	QL 200 / 30 days
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
LITETOUCH LANCETS	Preferred	QL 200 / 30 days
LIVDELZI	Non-Preferred	
LIVE BETTER LANCET SUPER THIN	Preferred	QL 200 / 30 days
LIVE BETTER LANCET ULTRA THIN	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LONGS LANCETS STANDARD	Preferred	QL 200 / 30 days
LONGS LANCETS THIN	Preferred	QL 200 / 30 days
LONGS LANCETS ULTRA THIN	Preferred	QL 200 / 30 days
LUER LOCK SAFETY SYRINGES 23G X 1" 3 ML MISC	Preferred	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC	Preferred	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC	Preferred	
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC	Preferred	
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML MISC	Preferred	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
MEDICHOICE SAFETY LANCET	Preferred	QL 200 / 30 days
MEDICHOICE SAFETY LANCET EXTRA	Preferred	QL 200 / 30 days
MEDICHOICE SAFETY LANCET NORM	Preferred	QL 200 / 30 days
MEDLANCE EXTRA 21G	Preferred	QL 200 / 30 days
MEDLANCE LITE 25G	Preferred	QL 200 / 30 days
MEDLANCE PLUS EXTRA 21G	Preferred	QL 200 / 30 days
MEDLANCE PLUS LANCETS	Preferred	QL 200 / 30 days
MEDLANCE PLUS LITE 25G	Preferred	QL 200 / 30 days
MEDLANCE PLUS SPECIAL 0.8MM	Preferred	QL 200 / 30 days
MEDLANCE PLUS SUPERLITE 30G	Preferred	QL 200 / 30 days
MEDLANCE PLUS UNIVERSAL 21G	Preferred	QL 200 / 30 days
MEDLANCE UNIVERSAL 21G	Preferred	QL 200 / 30 days
medpura alcohol pads	Preferred	
MEIJER ALCOHOL SWABS	Preferred	
MEIJER BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
MEIJER BLOOD GLUCOSE TEST	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MEIJER LANCETS	Preferred	QL 200 / 30 days
MEIJER LANCETS THIN	Preferred	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 21G	Preferred	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 30G	Preferred	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 33G	Preferred	QL 200 / 30 days
MEIJER PREMIUM BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
MEIJER SUPER THIN LANCETS	Preferred	QL 200 / 30 days
MICRODOT BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
MICRODOT TEST	Non-Preferred	
MICROLET LANCETS	Preferred	QL 200 / 30 days
MIUDELLA INTRAUTERINE COPPER	Non-Preferred	
MM BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
MM BLOOD GLUCOSE SYSTEM REFILL	Non-Preferred	QL 1 / 365 days
MM BLULINK GLUCOSE MONIT SYS	Non-Preferred	QL 1 / 365 days
MM BLULINK GLUCOSE TEST	Non-Preferred	
MM EASY TOUCH GLUCOSE	Non-Preferred	
MM EASY TOUCH GLUCOSE METER	Non-Preferred	QL 1 / 365 days
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.5 ML MISC	Preferred	
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 1 ML MISC	Preferred	
MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC	Preferred	
MM TWIST LANCETS	Preferred	QL 200 / 30 days
MOBILE LANCETS 30G	Preferred	QL 200 / 30 days
MOMETACURE	Non-Preferred	
MONOJECT HYPODERMIC NEEDLE 18G X 1" MISC	Preferred	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
MONOJECT MAGELLAN SAFETY NDL 18G X 1" MISC	Preferred	
MONOJECT MAGELLAN SYRINGE 23G X 1" 3 ML MISC	Preferred	
MONOJECT SYRINGE 23G X 1" 3 ML MISC	Preferred	
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
MONOLET LANCETS	Preferred	QL 200 / 30 days
MONOLET OPD LANCETS	Preferred	QL 200 / 30 days
MONOLETTOR SAFETY LANCETS	Preferred	QL 200 / 30 days
MONOVISC	Non-Preferred	
MPD SAFETY LANCET 21G	Preferred	QL 200 / 30 days
MPD SAFETY LANCET 23G	Preferred	QL 200 / 30 days
MPD SAFETY LANCET 28G	Preferred	QL 200 / 30 days
MPD SAFETY LANCET 30G	Preferred	QL 200 / 30 days
MS INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
MX-SOL	Preferred	
MX-SOL SF	Preferred	
MYGLUCOHEALTH BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MYGLUCOHEALTH LANCETS 30G	Preferred	QL 200 / 30 days
MYGLUCOHEALTH TEST	Non-Preferred	
NEB 200 COMPRESSOR NEBULIZER	Preferred	
NEUTEK 2TEK TEST	Non-Preferred	
NOKOR VENTED NEEDLE	Preferred	
NOVA MAX BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
NOVA MAX GLUCOSE TEST	Non-Preferred	
NOVA SAFETY LANCETS 23G	Preferred	QL 200 / 30 days
NOVA SAFETY LANCETS 28G	Preferred	QL 200 / 30 days
NOVA SUREFLEX LANCETS	Preferred	QL 200 / 30 days
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	Preferred	
OMNIPOD 5 DEXG7G6 PODS GEN 5	Preferred	
OMNIPOD 5 G6 PODS (GEN 5)	Preferred	
OMNIPOD 5 G7 INTRO (GEN 5)	Preferred	
OMNIPOD 5 G7 PODS (GEN 5)	Preferred	
OMNIPOD 5 LIBRE2 G6 INTRO G5	Preferred	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	Preferred	
OMNIPOD CLASSIC PODS (GEN 3)	Preferred	
OMNIPOD DASH INTRO (GEN 4)	Preferred	
OMNIPOD DASH PDM (GEN 4)	Preferred	
OMNIPOD DASH PODS (GEN 4)	Preferred	
OMNIPOD GO	Preferred	
ON CALL EXPRESS BLOOD GLUCOSE	Non-Preferred	
ON CALL EXPRESS MONITORING SYS	Non-Preferred	QL 1 / 365 days
ONETOUCH DELICA PLUS LANCET30G	Preferred	QL 200 / 30 days
ONETOUCH DELICA PLUS LANCET33G	Preferred	QL 200 / 30 days
ONETOUCH DELICA SAFETY LANCING	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONETOUCH SOLUTIONS STARTER KIT	Non-Preferred	
ONETOUCH ULTRA	Preferred	QL 150 / 30 DAYS
ONETOUCH ULTRA 2	Preferred	QL 1 / 365 days
ONETOUCH ULTRA BLUE TEST	Preferred	QL 150 / 30 DAYS
ONETOUCH ULTRA TEST	Preferred	QL 150 / 30 DAYS
ONETOUCH ULTRASOFT 2 LANCETS	Preferred	QL 200 / 30 days
ONETOUCH ULTRASOFT LANCETS	Preferred	QL 200 / 30 days
ONETOUCH VERIO STRIP	Preferred	QL 150 / 30 DAYS
ONETOUCH VERIO FLEX METER	Preferred	QL 1 / 365 days
ONETOUCH VERIO FLEX STARTR KIT	Non-Preferred	QL 1 / 365 days
ONETOUCH VERIO REFLECT METER	Preferred	QL 1 / 365 days
ONETOUCH VERIO REFLECT STR KIT	Non-Preferred	QL 1 / 365 days
OPTICHAMBER DIAMOND MISC	Preferred	
OPTICHAMBER DIAMOND-LG MASK	Preferred	
OPTICHAMBER DIAMOND-MD MASK	Preferred	
OPTICHAMBER DIAMOND-SM MASK	Preferred	
OPTIUMEZ TEST	Non-Preferred	
ORA-PLUS	Preferred	
ORA-SWEET	Preferred	
ORA-SWEET SF	Preferred	
ORAL SUSPEND	Preferred	
ORAL SYRUP	Preferred	
ORAL SYRUP SF	Preferred	
ORAPENN SD ANHYD SWEETENED	Preferred	
ORAPENN SD ANYHYD UNSWEETEN	Preferred	
ORTHOVISC	Non-Preferred	
PARAGARD INTRAUTERINE COPPER	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PARI LC PLUS NEBULIZER	Preferred	
PC LANCETS SUPER THIN 30G	Preferred	QL 200 / 30 days
PCCA SWEET-SF	Preferred	
PCCA SYRUP VEHICLE	Preferred	
PERFECT LANCETS 28G	Preferred	QL 200 / 30 days
PERFECT LANCETS 30G	Preferred	QL 200 / 30 days
PERFECT POINT SAFETY LANCETS	Preferred	QL 200 / 30 days
PHARMACIST CHOICE ALCOHOL	Preferred	
PHARMACIST CHOICE AUTOCODE	Non-Preferred	
PHARMACIST CHOICE AUTOCODE SYS	Non-Preferred	QL 1 / 365 days
PHARMACIST CHOICE LANCETS	Preferred	QL 200 / 30 days
PHARMACIST CHOICE MINI SYSTEM	Non-Preferred	QL 1 / 365 days
PHARMACIST CHOICE NO CODING	Non-Preferred	
PHARMACY COUNTER LANCETS	Preferred	QL 200 / 30 days
PIP BLOOD GLUCOSE MONITORING	Non-Preferred	QL 1 / 365 days
PIP BLOOD GLUCOSE TEST STRIP	Non-Preferred	
PIP LANCETS 28G	Preferred	QL 200 / 30 days
PIP LANCETS 30G	Preferred	QL 200 / 30 days
POGO AUTOMATIC BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
POGO AUTOMATIC TEST CARTRIDGES	Non-Preferred	
POLY HUB NEEDLE 18G X 1" MISC	Preferred	
PRECISION THINS GP LANCETS	Preferred	QL 200 / 30 days
PRECISION XTRA BLOOD GLUCOSE	Non-Preferred	
PRECISION XTRA-GLUCOSE/KETONE	Non-Preferred	QL 1 / 365 days
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
PREFERRED PLUS LANCETS COLORED	Preferred	QL 200 / 30 days
PREFERRED PLUS LANCETS THIN	Preferred	QL 200 / 30 days
PREMIUM BLOOD GLUCOSE TEST	Non-Preferred	
PRO COMFORT ALCOHOL	Preferred	
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
PRO COMFORT LANCETS 30G	Preferred	QL 200 / 30 days
PRO COMFORT LANCETS 31G	Preferred	QL 200 / 30 days
PRO COMFORT SAFETY LANCETS 30G	Preferred	QL 200 / 30 days
PRO VOICE V8 GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
PRO VOICE V8/V9 GLUCOSE	Non-Preferred	
PRO VOICE V9 GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
PROCHAMBER VHC	Preferred	
PRODIGY AUTOCODE BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
PRODIGY LANCETS 28G	Preferred	QL 200 / 30 days
PRODIGY NO CODING BLOOD GLUC STRIP	Non-Preferred	
PRODIGY POCKET BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
PRODIGY SAFETY LANCETS 26G	Preferred	QL 200 / 30 days
PRODIGY TWIST TOP LANCETS 28G	Preferred	QL 200 / 30 days
PRODIGY VOICE BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
PSS SELECT GP LANCETS	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PSS SELECT SAFETY LANCETS	Preferred	QL 200 / 30 days
PULMONEB LT	Preferred	
PURE COMFORT ALCOHOL PREP	Preferred	
PURE COMFORT LANCETS 30G	Preferred	QL 200 / 30 days
PX LANCETS MICROTHIN 33G	Preferred	QL 200 / 30 days
PX LANCETS ULTRA THIN	Preferred	QL 200 / 30 days
PX LANCETS ULTRA THIN 28G	Preferred	QL 200 / 30 days
qc alcohol	Preferred	
QC ALCOHOL SWABS	Preferred	
QC LANCETS SUPER THIN 30G	Preferred	QL 200 / 30 days
QC LANCETS ULTRA THIN	Preferred	QL 200 / 30 days
QC UNILET LANCETS 28G	Preferred	QL 200 / 30 days
QC UNILET LANCETS MICRO THIN	Preferred	QL 200 / 30 days
QUINTET AC BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
QUINTET AC BLOOD GLUCOSE TEST	Non-Preferred	
QUINTET BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
QUINTET BLOOD GLUCOSE TEST	Non-Preferred	
RA ALCOHOL SWABS	Preferred	
RA E-ZJECT LANCETS 28G	Preferred	QL 200 / 30 days
RA E-ZJECT LANCETS THIN 26G	Preferred	QL 200 / 30 days
RA E-ZJECT LANCETS THIN 28G	Preferred	QL 200 / 30 days
RA E-ZJECT LANCETS ULTRA THIN	Preferred	QL 200 / 30 days
RA INSULIN SYRINGE	Preferred	
ra isopropyl alcohol wipes	Preferred	
READYLANCE SAFETY LANCETS	Preferred	QL 200 / 30 days
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REALITY LANCETS	Preferred	QL 200 / 30 days
REALITY SWABS	Preferred	
REALITY TRIGGER LANCETS	Preferred	QL 200 / 30 days
REFUAH PLUS BLOOD GLUCOSE TEST	Non-Preferred	
REFUAH PLUS MONITORING SYSTEM	Non-Preferred	QL 1 / 365 days
RELION ALCOHOL SWABS	Preferred	
RELION ALL-IN-ONE	Non-Preferred	
RELION BLOOD GLUCOSE TEST	Non-Preferred	
RELION CONFIRM GLUCOSE MONITOR	Non-Preferred	QL 1 / 365 days
RELION CONFIRM/MICRO TEST	Non-Preferred	
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
RELION INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
RELION LANCET DEVICES 30G	Preferred	QL 200 / 30 days
RELION LANCETS	Preferred	QL 200 / 30 days
RELION LANCETS MICRO-THIN 33G	Preferred	QL 200 / 30 days
RELION LANCETS THIN 26G	Preferred	QL 200 / 30 days
RELION LANCETS ULTRA-THIN 30G	Preferred	QL 200 / 30 days
RELION MICRO	Non-Preferred	QL 1 / 365 days
RELION PREMIER BLU MONITOR	Non-Preferred	QL 1 / 365 days
RELION PREMIER CLASSIC	Non-Preferred	QL 1 / 365 days
RELION PREMIER TEST	Non-Preferred	
RELION PREMIER VOICE MONITOR	Non-Preferred	QL 1 / 365 days
RELION PRIME MONITOR	Non-Preferred	QL 1 / 365 days
RELION PRIME TEST	Non-Preferred	
RELION TRUE MET AIR GLUC METER	Preferred	QL 1 / 365 days
RELION TRUE METRIX TEST STRIPS	Preferred	QL 150 / 30 DAYS
RELION ULTIMA GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELION ULTIMA TEST	Non-Preferred	
RELION ULTRA THIN LANCETS 30G	Preferred	QL 200 / 30 days
RELION ULTRA THIN PLUS LANCETS	Preferred	QL 200 / 30 days
REXALL BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
REXALL BLOOD GLUCOSE TEST	Non-Preferred	
REXALL LANCETS ULTRA THIN 30G	Preferred	QL 200 / 30 days
RIGHTEST GL300 LANCETS	Preferred	QL 200 / 30 days
RIGHTEST GM100 BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
RIGHTEST GM300 BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
RIGHTEST GM550 BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
RIGHTEST GS100 BLOOD GLUCOSE	Non-Preferred	
RIGHTEST GS300 BLOOD GLUCOSE	Non-Preferred	
RIGHTEST GS550 BLOOD GLUCOSE	Non-Preferred	
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	Non-Preferred	QL 1 / 365 days
RIGHTEST GT333 BLOOD GLUCOSE STRIP	Non-Preferred	
RIGHTEST GT333 GLUCOSE TEST	Non-Preferred	
SAFE-T-LANCE	Preferred	QL 200 / 30 days
SAFE-T-LANCE PLUS	Preferred	QL 200 / 30 days
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML MISC	Preferred	
SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML MISC	Preferred	
SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML MISC	Preferred	
SAFETY LANCET 30G/PRESSURE ACT	Preferred	QL 200 / 30 days
SAFETY LANCETS	Preferred	QL 200 / 30 days
SAFETY LANCETS 21G	Preferred	QL 200 / 30 days
SAFETY LANCETS 23G	Preferred	QL 200 / 30 days
SAFETY LANCETS 28G	Preferred	QL 200 / 30 days
SAFETY SYRINGE/NEEDLE 23G X 1" 3 ML MISC	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SAPS CARE ALCOHOL PREP	Preferred	
SAPS HEALTH ALCOHOL PREP PAD	Preferred	
SAPS HEALTH ALCOHOL PREP 70 % PAD	Preferred	
SAPS HEALTH CARE ALCOHOL PREP	Preferred	
SAPS HEALTH PLUS LANCETS	Preferred	QL 200 / 30 days
SAPS HEALTH TWIST TOP LANCETS	Preferred	QL 200 / 30 days
SAPS TWIST TOP LANCETS	Preferred	QL 200 / 30 days
SAPSCARE TWIST TOP LANCETS	Preferred	QL 200 / 30 days
SB ALCOHOL PREP	Preferred	
SB INSULIN SYRINGE	Preferred	
SB LANCETS THIN	Preferred	QL 200 / 30 days
SB LANCETS ULTRA THIN	Preferred	QL 200 / 30 days
SECURESAFE INSULIN SYRINGE	Preferred	
SENSILANCE SAFETY LANCETS 21G	Preferred	QL 200 / 30 days
SENSILANCE SAFETY LANCETS 26G	Preferred	QL 200 / 30 days
SENSILANCE SAFETY LANCETS 28G	Preferred	QL 200 / 30 days
SHOPKO ON-THE-GO LANCETS 30G	Preferred	QL 200 / 30 days
SHOPKO UNILET LANCETS 28G	Preferred	QL 200 / 30 days
SHOPKO UNILET LANCETS 30G	Preferred	QL 200 / 30 days
SILA III	Non-Preferred	
SINGLE-LET	Preferred	QL 200 / 30 days
SM ALCOHOL PREP PAD	Preferred	
SM ALCOHOL PREP 70 % PAD	Preferred	
SM LANCETS 33G	Preferred	QL 200 / 30 days
SMART SENSE COLOR LANCETS 33G	Preferred	QL 200 / 30 days
SMART SENSE PREMIUM SYSTEM	Non-Preferred	QL 1 / 365 days
SMART SENSE PREMIUM TEST	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SMART SENSE STANDARD LANCETS	Preferred	QL 200 / 30 days
SMART SENSE SUPER THIN LANCETS	Preferred	QL 200 / 30 days
SMART SENSE THIN LANCETS 26G	Preferred	QL 200 / 30 days
SMART SENSE VALUE GLUCOSE SYS	Non-Preferred	QL 1 / 365 days
SMART SENSE VALUE TEST	Non-Preferred	
SMARTEST BLOOD GLUCOSE TEST	Non-Preferred	
SMARTEST EJECT	Non-Preferred	QL 1 / 365 days
SMARTEST EJECT STARTER	Non-Preferred	QL 1 / 365 days
SMARTEST LANCETS 28G	Preferred	QL 200 / 30 days
SMARTEST PERSONA STARTER	Non-Preferred	QL 1 / 365 days
SMARTEST PRONTO STARTER	Non-Preferred	QL 1 / 365 days
SMARTEST PROTEGE	Non-Preferred	QL 1 / 365 days
SMARTEST PROTEGE STARTER	Non-Preferred	QL 1 / 365 days
sodium bicarbonate 8.4 % solution	Preferred	
SOLUS V2 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
SOLUS V2 LANCETS 28G	Preferred	QL 200 / 30 days
SOLUS V2 TEST	Non-Preferred	
SOLUS V2 TWIST LANCETS 30G	Preferred	QL 200 / 30 days
SORBITOL SOLUTION	Preferred	QL 480 / 30 days
SORBITOL 70 % SOLUTION	Preferred	QL 480 / 30 days
SOSWEET	Preferred	
STERILANCE TL	Preferred	QL 200 / 30 days
sterile water for irrigation	Preferred	
STERILE WATER FOR IRRIGATION	Preferred	
SUPARTZ FX	Non-Preferred	QL 15 / 180 days PA
SUPER THIN LANCETS	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SURE COMFORT ALCOHOL PREP	Preferred	
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
SURE COMFORT LANCETS 18G	Preferred	QL 200 / 30 days
SURE COMFORT LANCETS 21G	Preferred	QL 200 / 30 days
SURE COMFORT LANCETS 23G	Preferred	QL 200 / 30 days
SURE COMFORT LANCETS 28G	Preferred	QL 200 / 30 days
SURE COMFORT LANCETS 30G	Preferred	QL 200 / 30 days
SURE-JECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
SURE-JECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
SURE-JECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
SURE-JECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
SURE-JECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
SURE-LANCE FLAT LANCETS	Preferred	QL 200 / 30 days
SURE-LANCE LANCETS 26G	Preferred	QL 200 / 30 days
SURE-LANCE THIN LANCETS 28G	Preferred	QL 200 / 30 days
SURE-LANCE ULTRA THIN LANCETS	Preferred	QL 200 / 30 days
SURE-PREP ALCOHOL PREP	Preferred	
SURE-TEST EASYPLUS MINI METER	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SURE-TEST EASYPLUS MINI TEST	Non-Preferred	
SURE-TOUCH LANCETS UNIVERSAL	Preferred	QL 200 / 30 days
SURELITE LANCETS	Preferred	QL 200 / 30 days
SYNOJOYNT	Non-Preferred	QL 12 / 180 days PA
SYNVISC	Non-Preferred	
SYNVISC ONE	Non-Preferred	
SYRINGE 23G X 1" 3 ML MISC	Preferred	
SYRINGE LUER LOCK 23G X 1" 3 ML MISC	Preferred	
SYRPALTA SYRUP	Preferred	
SYRPALTA (RED)	Preferred	
SYRSPEND SF LIQUID	Preferred	
SYRUP VEHICLE	Preferred	
SYRUP VEHICLE SF	Preferred	
TECHLITE AST LANCETS	Preferred	QL 200 / 30 days
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
TECHLITE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
TECHLITE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
TECHLITE LANCETS	Preferred	QL 200 / 30 days
TECHLITE LANCETS 26G	Preferred	QL 200 / 30 days
TECHLITE LANCETS 30G	Preferred	QL 200 / 30 days
TGT BLOOD GLUCOSE MONITORING	Non-Preferred	QL 1 / 365 days
TGT BLOOD GLUCOSE TEST	Non-Preferred	
TGT LANCET MICRO THIN 33G	Preferred	QL 200 / 30 days
TGT LANCET THIN 26G	Preferred	QL 200 / 30 days
TGT LANCET ULTRA THIN 30G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
THINLETS GP LANCETS	Preferred	QL 200 / 30 days
TODAYS HEALTH THIN LANCETS 28G	Preferred	QL 200 / 30 days
TODAYS HEALTH THIN LANCETS 30G	Preferred	QL 200 / 30 days
TOPCARE LANCETS MICRO-THIN 33G	Preferred	QL 200 / 30 days
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML MISC	Preferred	
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML MISC	Preferred	
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML MISC	Preferred	
TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML MISC	Preferred	
TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML MISC	Preferred	
TRAVEL LANCETS	Preferred	QL 200 / 30 days
TRAVEL LANCETS ADVANCED 28G	Preferred	QL 200 / 30 days
TRIAMVEX (CREAM)	Non-Preferred	
TRIASIL	Non-Preferred	
TRILURON	Non-Preferred	QL 12 / 180 days PA
TRIVISC	Non-Preferred	QL 15 / 180 days PA
TRUE COMFORT ALCOHOL PREP PADS	Preferred	
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
TRUE COMFORT PRO ALCOHOL PREP	Preferred	
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML MISC	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML MISC	Preferred	
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML MISC	Preferred	
TRUE COMFORT SAFETY LANCETS	Preferred	QL 200 / 30 days
TRUE COMFORT TWIST TOP LANCETS	Preferred	QL 200 / 30 days
TRUE METRIX AIR GLUCOSE METER DEVICE(NDC: 56151-1494-01)	Non-Preferred	QL 1 / 365 days
TRUE METRIX AIR GLUCOSE METER W/DEVICE KIT(NDC: 11917-0173-89)	Non-Preferred	QL 1 / 365 days
TRUE METRIX AIR GLUCOSE METER W/DEVICE KIT(NDC: 56151-1490-02)	Preferred	QL 1 / 365 days
TRUE METRIX BLOOD GLUCOSE TEST STRIP (NDC: 08528-1464-04, 11917-0166-90, 56151-1460-03, 56151-1463-04, 56151-1464-01, 96295-0142-04)	Non-Preferred	
TRUE METRIX BLOOD GLUCOSE TEST STRIP (NDC: 56151-1460-01, 56151-1460-04)	Preferred	QL 150 / 30 DAYS
TRUE METRIX GO GLUCOSE METER	Non-Preferred	QL 1 / 365 days
TRUE METRIX METER DEVICE	Non-Preferred	QL 1 / 365 days
TRUE METRIX METER W/DEVICE KIT	Preferred	QL 1 / 365 days
TRUE METRIX PRO BLOOD GLUCOSE	Non-Preferred	
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
TRUEPLUS LANCETS 26G	Preferred	QL 200 / 30 days
TRUEPLUS LANCETS 28G	Preferred	QL 200 / 30 days
TRUEPLUS LANCETS 30G	Preferred	QL 200 / 30 days
TRUEPLUS LANCETS 33G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUEPLUS SAFETY LANCETS 28G	Preferred	QL 200 / 30 days
TRUERESULT BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
TRUETEST TEST	Non-Preferred	
TRUETRACK BLOOD GLUCOSE W/DEVICE KIT	Non-Preferred	QL 1 / 365 days
TRUETRACK SMART SYSTEM	Non-Preferred	QL 1 / 365 days
TRUETRACK TEST	Non-Preferred	
TWIST TOP LANCETS 30G	Preferred	QL 200 / 30 days
ULTICARE ALCOHOL SWABS	Preferred	
ULTICARE INSULIN SAFETY SYR	Preferred	
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML MISC	Preferred	
ULTILET ALCOHOL SWABS	Preferred	
ULTILET CLASSIC LANCETS	Preferred	QL 200 / 30 days
ULTILET LANCETS	Preferred	QL 200 / 30 days
ULTILET SAFETY LANCETS	Preferred	QL 200 / 30 days
ULTILET SAFETY LANCETS 23G	Preferred	QL 200 / 30 days
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULTRA THIN LANCETS 31G	Preferred	QL 200 / 30 days
ULTRA-CARE ALCOHOL PREP PADS	Preferred	
ULTRA-CARE LANCETS 30G	Preferred	QL 200 / 30 days
ULTRA-THIN II AUTO LANCET	Preferred	QL 200 / 30 days
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML MISC	Preferred	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML MISC	Preferred	
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML MISC	Preferred	
ULTRA-THIN II INSULIN SYRINGE	Preferred	
ULTRA-THIN II LANCETS	Preferred	QL 200 / 30 days
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
UNILET COMFORTOUCH LANCET	Preferred	QL 200 / 30 days
UNILET EXCELITE	Preferred	QL 200 / 30 days
UNILET EXCELITE II	Preferred	QL 200 / 30 days
UNILET G.P. LANCET	Preferred	QL 200 / 30 days
UNILET G.P. SUPERLITE LANCET	Preferred	QL 200 / 30 days
UNILET GP 28 ULTRA THIN	Preferred	QL 200 / 30 days
UNILET LANCET	Preferred	QL 200 / 30 days
UNILET MICRO-THIN 33G	Preferred	QL 200 / 30 days
UNILET SUPER-THIN 30G	Preferred	QL 200 / 30 days
UNILET SUPERLITE LANCET	Preferred	QL 200 / 30 days
UNILET ULTRA-THIN 28G	Preferred	QL 200 / 30 days
UNISTIK 1	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UNISTIK 2	Preferred	QL 200 / 30 days
UNISTIK 2 COMFORT	Preferred	QL 200 / 30 days
UNISTIK 2 EXTRA	Preferred	QL 200 / 30 days
UNISTIK 2 NEONATAL	Preferred	QL 200 / 30 days
UNISTIK 2 NORMAL	Preferred	QL 200 / 30 days
UNISTIK 2 SUPER	Preferred	QL 200 / 30 days
UNISTIK 3	Preferred	QL 200 / 30 days
UNISTIK 3 COMFORT	Preferred	QL 200 / 30 days
UNISTIK 3 EXTRA	Preferred	QL 200 / 30 days
UNISTIK 3 GENTLE	Preferred	QL 200 / 30 days
UNISTIK 3 NEONATAL	Preferred	QL 200 / 30 days
UNISTIK 3 NORMAL	Preferred	QL 200 / 30 days
UNISTIK CZT COMFORT	Preferred	QL 200 / 30 days
UNISTIK CZT NORMAL	Preferred	QL 200 / 30 days
UNISTIK NORMAL	Preferred	QL 200 / 30 days
UNISTIK PRO SAFETY LANCET	Preferred	QL 200 / 30 days
UNISTIK SAFETY LANCETS 28G	Preferred	QL 200 / 30 days
UNISTIK SAFETY LANCETS 30G	Preferred	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 21G	Preferred	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 23G	Preferred	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 28G	Preferred	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 30G	Preferred	QL 200 / 30 days
UNISTRIP1 GENERIC	Non-Preferred	
UNIVERSAL 1 LANCETS THIN 26G	Preferred	QL 200 / 30 days
UNIVERSAL 1 LANCETS THIN 33G	Preferred	QL 200 / 30 days
UNIVERSAL 1 LANCETS ULTRA THIN	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
V-GO 20	Preferred	
V-GO 30	Preferred	
V-GO 40	Preferred	
VALUE HEALTH INSULIN SYRINGE	Preferred	
VALUE PLUS LANCET STANDARD 21G	Preferred	QL 200 / 30 days
VALUE PLUS LANCETS SUPER THIN	Preferred	QL 200 / 30 days
VALUE PLUS LANCETS THIN 26G	Preferred	QL 200 / 30 days
VALUMARK LANCET SUPER THIN 30G	Preferred	QL 200 / 30 days
VALUMARK LANCET ULTRA THIN 28G	Preferred	QL 200 / 30 days
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
VANISHPOINT SAFETY SYRINGE 23G X 1" 3 ML MISC	Preferred	
VANISHPOINT SYRINGE 23G X 1" 3 ML MISC	Preferred	
VERASENS BLOOD GLUCOSE METER	Non-Preferred	QL 1 / 365 days
VERASENS BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
VERASENS BLOOD GLUCOSE TEST	Non-Preferred	
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML MISC	Preferred	
VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
VERIFINE INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
VERIFINE SAFE LANCET MINI 21G	Preferred	QL 200 / 30 days
VERIFINE SAFE LANCET MINI 23G	Preferred	QL 200 / 30 days
VERIFINE SAFE LANCET MINI 28G	Preferred	QL 200 / 30 days
VERIFINE SAFE LANCET MINI 30G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VERIFINE UNIVERSAL LANCETS 28G	Preferred	QL 200 / 30 days
VERIFINE UNIVERSAL LANCETS 30G	Preferred	QL 200 / 30 days
VERIFINE UNIVERSAL LANCETS 33G	Preferred	QL 200 / 30 days
VERSAFREE	Preferred	
VERSAPLUS	Preferred	
VIDA MIA UNILET LANCETS 28G	Preferred	QL 200 / 30 days
VIDA MIA UNILET LANCETS 30G	Preferred	QL 200 / 30 days
VIOS AEROSOL DELIVERY SYSTEM	Preferred	
VIOS LC PLUS	Preferred	
VIOS LC SPRINT	Preferred	
VISCO-3	Preferred	QL 15 / 180 days PA
VIVAGUARD INO GLUCOSE METER	Non-Preferred	QL 1 / 365 days
VIVAGUARD INO SMART GLUC METER	Non-Preferred	QL 1 / 365 days
VIVAGUARD INO TEST STRIPS	Non-Preferred	
VIVAGUARD LANCETS	Preferred	QL 200 / 30 days
VIVAGUARD LANCETS 30G	Preferred	QL 200 / 30 days
VIVAGUARD SAFETY LANCETS 28G	Preferred	QL 200 / 30 days
VORTEX VALVE CHAMBER-PEDI MASK	Preferred	
VORTEX VALVED HOLDING CHAMBER	Preferred	
WALGREENS ADV TRAVEL LANCETS	Preferred	QL 200 / 30 days
WALGREENS LANCETS	Preferred	QL 200 / 30 days
WALGREENS LANCETS MICRO THIN	Preferred	QL 200 / 30 days
WALGREENS LANCETS SUPER THIN	Preferred	QL 200 / 30 days
WALGREENS THIN LANCETS	Preferred	QL 200 / 30 days
WALGREENS ULTRA THIN LANCETS	Preferred	QL 200 / 30 days
water for irrigation, sterile	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
WAVESENSE AMP	Non-Preferred	QL 1 / 365 days
WEBCOL ALCOHOL PREP LARGE	Preferred	
WEBCOL ALCOHOL PREP MEDIUM	Preferred	
XPHOZAH	Non-Preferred	
ZEVRX INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
ZEVRX INSULIN SYRINGE 30G X 5/16" 1 ML MISC	Preferred	
ZEVRX STERILE ALCOHOL PREP PAD	Preferred	
ZEVRX TWIST TOP LANCETS 30G	Preferred	QL 200 / 30 days
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
ak-poly-bac	Preferred	QL 7 / 18 days
ALTAFRIN 2.5 % SOLUTION	Preferred	
artificial tears 0.1-0.3 % solution	Preferred	QL 15 / 15 days
artificial tears pf	Preferred	
ATROPINE SULFATE 1 % SOLUTION	Preferred	QL 5 / 18 days
bacitra-neomycin-polymyxin-hc	Preferred	
BACITRA-NEOMYCIN-POLYMYXIN-HC	Preferred	
BACITRACIN-POLYMYXIN B	Preferred	QL 7 / 18 days
BEOVU	Non-Preferred	
bion tears pf	Preferred	
BLEPHAMIDE	Non-Preferred	QL 30 / 30 days
BLEPHAMIDE S.O.P.	Non-Preferred	QL 7 / 18 days
brimonidine tartrate-timolol	Non-Preferred	
BYOOVIZ	Non-Preferred	PA
CEQUA	Non-Preferred	
CIMERLI	Preferred	PA
COMBIGAN	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COSOPT	Non-Preferred	
COSOPT PF	Non-Preferred	
cyclopentolate hcl 0.5 % solution	Preferred	QL 15 / 30 days
cyclopentolate hcl 1 % solution	Preferred	QL 5 / 25 days
cyclopentolate hcl 2 % solution	Preferred	QL 15 / 30 days
cyclosporine 0.05 % emulsion	Non-Preferred	QL 60 / 30 days
dorzolamide hcl-timolol mal	Preferred	QL 10 / 18 days
dorzolamide hcl-timolol mal pf	Non-Preferred	
EYLEA	Preferred	PA
EYLEA HD	Non-Preferred	
ISOPTO ATROPINE	Preferred	QL 5 / 18 days
IZERVAY	Non-Preferred	
LACRISERT	Non-Preferred	
lubricating tears eye drops 0.1-0.3 % solution	Preferred	QL 15 / 15 days
LUCENTIS 0.3 MG/0.05ML SOLN PRSYR	Preferred	PA
LUCENTIS 0.5 MG/0.05ML SOLN PRSYR	Preferred	PA
LUCENTIS 0.5 MG/0.05ML SOLUTION	Preferred	PA
MAXITROL	Non-Preferred	
MIEBO	Non-Preferred	QL 3 / 30 day(s)
naphcon-a	Preferred	QL 15 / 18 days
neo-polycin	Non-Preferred	
neo-polycin hc	Preferred	
neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment	Non-Preferred	
NEOMYCIN-BACITRACIN ZN-POLYMYX 5-400-10000 OINTMENT	Non-Preferred	
neomycin-polymyxin-dexameth 0.1 % suspension	Preferred	QL 5 / 18 days
neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension	Preferred	QL 5 / 18 days
neomycin-polymyxin-gramicidin	Non-Preferred	QL 10 / 15 days
neomycin-polymyxin-hc 3.5-10000-1 ophth suspension	Non-Preferred	QL 10 / 15 days
PAVBLU	Non-Preferred	
phenylephrine hcl 2.5 % solution	Preferred	
polycin	Preferred	QL 7 / 18 days
polyvinyl alcohol 1.4 % solution	Preferred	
PRED-G	Preferred	
PRED-G S.O.P.	Preferred	
RESTASIS	Preferred	QL 60 / 30 days
RESTASIS MULTIDOSE	Non-Preferred	QL 5.5 / 28 days
ROCKLATAN	Non-Preferred	
sulfacetamide-prednisolone	Preferred	QL 30 / 30 days
SUSVIMO (IMPLANT 1ST FILL)	Non-Preferred	
SUSVIMO (IMPLANT REFILL)	Non-Preferred	
SYFOVRE	Preferred	PA
TOBRADEX 0.3-0.1 % OINTMENT	Preferred	QL 3.5 / 18 days
TOBRADEX 0.3-0.1 % SUSPENSION	Preferred	QL 5 / 18 days
TOBRADEX ST	Non-Preferred	
tobramycin-dexamethasone	Non-Preferred	QL 5 / 18 days
tropicamide 0.5 % solution	Preferred	QL 15 / 18 days
tropicamide 1 % solution	Preferred	QL 15 / 18 days
TRYPTYR	Non-Preferred	
TYRVAYA	Non-Preferred	
VABYSMO	Preferred	PA
VISUDYNE	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XIIDRA	Preferred	QL 60 / 30 day(s)
ZYLET	Non-Preferred	
OPHTHALMIC ANTI-ALLERGY AGENTS		
alaway	Preferred	QL 10 / 18 days
alaway childrens allergy	Preferred	QL 10 / 18 days
ALOCRIL	Non-Preferred	QL 5 / 18 days
ALOMIDE	Non-Preferred	QL 10 / 18 days
azelastine hcl 0.05 % solution	Preferred	
bepotastine besilate	Non-Preferred	
BEPREVE	Non-Preferred	
cromolyn sodium 4 % solution	Preferred	QL 10 / 18 days
cvs eye itch relief	Preferred	QL 10 / 18 days
cvs olopatadine hcl	Preferred	
epinastine hcl	Non-Preferred	
eye allergy itch relief	Preferred	
eye allergy itch/redness rel	Preferred	
eye itch relief	Preferred	QL 10 / 18 days
ft eye allergy itch & redness	Preferred	
ft eye allergy itch relief	Preferred	
gnp olopatadine hcl	Preferred	
goodsense eye itch relief	Preferred	QL 10 / 18 days
hm eye allergy itch relief	Preferred	
hm eye allergy itch/red relief	Preferred	
ketotifen fumarate 0.035 % solution	Preferred	QL 10 / 18 days
LASTACAFT	Non-Preferred	
olopatadine hcl 0.1 % solution	Preferred	QL 5 / 25 days
olopatadine hcl 0.2 % solution	Preferred	QL 2.5 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pataday 0.1 % solution	Non-Preferred	
pataday 0.2 % solution	Non-Preferred	
PATADAY 0.7 % SOLUTION	Non-Preferred	
qc olopatadine hcl	Preferred	
retaine allergy	Preferred	
sm eye itch relief	Preferred	QL 10 / 18 days
sm olopatadine hcl	Preferred	
zaditor	Preferred	QL 10 / 18 days
ZERVIATE	Non-Preferred	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	Non-Preferred	
BLEPH-10	Non-Preferred	QL 15 / 18 days
erythromycin 5 mg/gm ointment	Preferred	QL 7 / 18 days
ERYTHROMYCIN 5 MG/GM OINTMENT	Preferred	
gatifloxacin 0.5 % solution	Preferred	
gentak	Preferred	QL 7 / 18 days
gentamicin sulfate 0.3 % solution	Preferred	QL 15 / 18 days
levofloxacin 0.5 % solution	Non-Preferred	
LEVOFLOXACIN 1.5 % SOLUTION	Non-Preferred	
MOXEZA	Non-Preferred	
moxifloxacin hcl (2x day)	Non-Preferred	
moxifloxacin hcl 0.5 % solution	Preferred	
OCUFLOX	Non-Preferred	
ofloxacin 0.3 % solution	Preferred	QL 10 / 7 days
polymyxin b-trimethoprim	Preferred	QL 10 / 15 days
POLYTRIM	Non-Preferred	
sulfacetamide sodium 10 % ointment	Non-Preferred	
sulfacetamide sodium 10 % solution	Non-Preferred	QL 15 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SULFACETAMIDE SODIUM 10 % SOLUTION	Non-Preferred	QL 15 / 18 days
tobramycin 0.3 % solution	Preferred	QL 5 / 18 days
TOBREX 0.3 % OINTMENT	Non-Preferred	QL 3.5 / 18 days
TOBREX 0.3 % SOLUTION	Non-Preferred	
trifluridine	Preferred	QL 7.5 / 18 days
VIGAMOX	Non-Preferred	
ZYMAXID	Non-Preferred	
OPHTHALMIC ANTI-INFLAMMATORIES		
ACULAR	Non-Preferred	
ACULAR LS	Non-Preferred	
ACUVAIL	Non-Preferred	
ALREX	Non-Preferred	QL 5 / 18 days
bromfenac sodium (once-daily)	Preferred	
bromfenac sodium 0.07 % solution	Non-Preferred	
bromfenac sodium 0.075 % solution	Non-Preferred	
BROMSITE	Non-Preferred	
CLOBETASOL PROPIONATE 0.05 % SUSPENSION	Non-Preferred	
dexamethasone sodium phosphate 0.1 % solution	Preferred	QL 5 / 10 days
DEXTENZA	Non-Preferred	
DEXYCU	Non-Preferred	
diclofenac sodium 0.1 % solution	Non-Preferred	
difluprednate	Preferred	
DUREZOL	Preferred	
EYSUVIS	Preferred	
FLAREX	Preferred	QL 5 / 18 days
fluorometholone	Preferred	QL 5 / 18 days
flurbiprofen sodium	Preferred	QL 5 / 10 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FML	Preferred	QL 3.5 / 18 days
FML FORTE	Preferred	QL 10 / 30 days
FML LIQUIFILM	Non-Preferred	
ILEVRO	Non-Preferred	
ILUVIEN	Non-Preferred	
INVELTYS	Non-Preferred	
ketorolac tromethamine 0.4 % solution	Preferred	
ketorolac tromethamine 0.5 % solution	Preferred	QL 5 / 18 days
LOTEMAX 0.5 % GEL	Non-Preferred	
LOTEMAX 0.5 % OINTMENT	Preferred	
LOTEMAX 0.5 % SUSPENSION	Non-Preferred	
LOTEMAX SM	Non-Preferred	
loteprednol etabonate	Non-Preferred	
MAXIDEX	Preferred	
NEVANAC	Non-Preferred	
OZURDEX	Non-Preferred	
PRED FORTE	Non-Preferred	
PRED MILD	Preferred	QL 5 / 18 days
prednisolone acetate 1 % suspension	Preferred	QL 10 / 18 days
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	Preferred	QL 10 / 18 days
PROLENSA	Non-Preferred	
RETISERT	Non-Preferred	
TRIESENCE	Non-Preferred	
XIPERE	Non-Preferred	
YUTIQ	Non-Preferred	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl 0.5 % solution	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BETIMOL	Non-Preferred	
BETOPTIC-S	Non-Preferred	
carteolol hcl	Preferred	
ISTALOL	Non-Preferred	
levobunolol hcl	Preferred	QL 5 / 18 days
timolol hemihydrate	Non-Preferred	
timolol maleate (once-daily)	Non-Preferred	QL 5 / 18 days
timolol maleate 0.25 % gel f soln	Non-Preferred	QL 5 / 18 days
timolol maleate 0.25 % solution	Preferred	QL 5 / 18 days
timolol maleate 0.5 % gel f soln	Non-Preferred	QL 5 / 18 days
timolol maleate 0.5 % solution	Preferred	QL 5 / 18 days
timolol maleate ocudose	Non-Preferred	
timolol maleate pf	Non-Preferred	
TIMOPTIC	Non-Preferred	
TIMOPTIC OCUDOSE	Non-Preferred	
TIMOPTIC-XE	Non-Preferred	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide er	Preferred	QL 60 / 30 days
ALPHAGAN P 0.1 % SOLUTION	Preferred	QL 15 / 26 days
ALPHAGAN P 0.15 % SOLUTION	Preferred	
apraclonidine hcl	Non-Preferred	
AZOPT	Non-Preferred	QL 10 / 24 days
brimonidine tartrate 0.1 % solution	Non-Preferred	
brimonidine tartrate 0.15 % solution	Non-Preferred	QL 15 / 26 days
brimonidine tartrate 0.2 % solution	Preferred	QL 5 / 18 days
brinzolamide	Non-Preferred	
dorzolamide hcl 2 % solution	Preferred	QL 10 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IDOSE TR	Non-Preferred	
IOPIDINE	Non-Preferred	
ISOPTO CARPINE	Non-Preferred	
methazolamide 25 mg tab	Preferred	QL 4 / 1 days
methazolamide 50 mg tab	Preferred	QL 4 / 1 days
OMLONTI	Non-Preferred	
PHOSPHOLINE IODIDE	Non-Preferred	
pilocarpine hcl 1 % solution	Non-Preferred	QL 15 / 18 days
pilocarpine hcl 2 % solution	Non-Preferred	QL 15 / 18 days
pilocarpine hcl 4 % solution	Non-Preferred	QL 15 / 18 days
RHOPRESSA	Non-Preferred	
SIMBRINZA	Preferred	QL 8 / 25 days
TRUSOPT	Non-Preferred	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost 0.03 % solution	Non-Preferred	
DURYSTA	Non-Preferred	
IYUZEH	Non-Preferred	
latanoprost 0.005 % solution	Preferred	QL 2.5 / 18 days
LUMIGAN	Non-Preferred	
tafluprost (pf)	Non-Preferred	
TRAVATAN Z	Non-Preferred	QL 5 / 18 days
travoprost (bak free)	Non-Preferred	
VYZULTA	Non-Preferred	
XALATAN	Non-Preferred	
XELPROS	Non-Preferred	
ZIOPTAN	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OTIC AGENTS		
acetic acid 2 % solution	Preferred	
CIPRO HC	Preferred	
CIPRODEX	Preferred	
ciprofloxacin hcl 0.2 % solution	Non-Preferred	
ciprofloxacin-dexamethasone	Non-Preferred	
ciprofloxacin-fluocinolone pf	Non-Preferred	
ciprofloxacin-hydrocortisone	Non-Preferred	
CORTISPORIN-TC	Non-Preferred	
debrox	Preferred	
earwax removal	Preferred	
earwax removal kit	Preferred	
goodsense ear wax kit	Preferred	
hydrocortisone-acetic acid	Preferred	
neomycin-polymyxin-hc 1 % solution	Preferred	
neomycin-polymyxin-hc 3.5-10000-1 solution	Preferred	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Preferred	
OTIPRIO	Non-Preferred	
OTOVEL	Non-Preferred	
RESPIRATORY TRACT/PULMONARY AGENTS ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ALVESCO	Non-Preferred	
ARMONAIR DIGIHALER	Non-Preferred	
ARNUITY ELLIPTA	Preferred	QL 30 / 30 days
ASMANEX (120 METERED DOSES)	Preferred	
ASMANEX (14 METERED DOSES)	Preferred	
ASMANEX (30 METERED DOSES)	Preferred	
ASMANEX (60 METERED DOSES)	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ASMANEX HFA	Preferred	
BECONASE AQ	Non-Preferred	
budesonide 0.25 mg/2ml suspension	Preferred	QL 240 / 30 days
budesonide 0.5 mg/2ml suspension	Preferred	QL 4 / 1 days
budesonide 1 mg/2ml suspension	Non-Preferred	QL 60 / 30 days
budesonide 32 mcg/act suspension	Non-Preferred	QL 8.43 / 30 days
eq budesonide nasal	Non-Preferred	QL 8.43 / 30 days
flonase allergy relief	Non-Preferred	QL 16 / 20 days
FLONASE SENSIMIST	Non-Preferred	
FLONASE SENSIMIST CHILDRENS	Non-Preferred	
FLOVENT DISKUS	Non-Preferred	QL 60 / 30 days
FLOVENT HFA 110 MCG/ACT AEROSOL	Non-Preferred	
FLOVENT HFA 220 MCG/ACT AEROSOL	Non-Preferred	QL 24 / 30 day(s)
FLOVENT HFA 44 MCG/ACT AEROSOL	Non-Preferred	
flunisolide 25 mcg/act (0.025%) solution	Non-Preferred	QL 0.84 / 1 days
fluticasone furoate ellipta	Non-Preferred	
fluticasone propionate 50 mcg/act suspension	Preferred	QL 16 / 20 days
fluticasone propionate 50 mcg/act suspension (rx)	Preferred	QL 16 / 20 days
fluticasone propionate diskus	Preferred	QL 60 / 30 day(s)
fluticasone propionate hfa 110 mcg/act aerosol	Preferred	QL 12 / 30 day(s)
fluticasone propionate hfa 220 mcg/act aerosol	Preferred	QL 24 / 30 day(s)
fluticasone propionate hfa 44 mcg/act aerosol	Preferred	QL 10.6 / 30 day(s)
ft 24 hour nasal allergy	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old
gnp 24 hour nasal allergy	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gnp budesonide nasal spray	Non-Preferred	QL 8.43 / 30 days
goodsense nasal allergy spray	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old
hm 24 hour nasal allergy	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old
kls aller-cort	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old
mometasone furoate 50 mcg/act suspension	Non-Preferred	
nasal allergy 24 hour	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old
nasonex 24hr	Non-Preferred	
OMNARIS	Non-Preferred	
PULMICORT 0.25 MG/2ML SUSPENSION	Non-Preferred	
PULMICORT 0.5 MG/2ML SUSPENSION	Non-Preferred	
PULMICORT 1 MG/2ML SUSPENSION	Non-Preferred	QL 60 / 30 days
PULMICORT FLEXHALER	Preferred	QL 1 / 30 days
QNASL	Non-Preferred	
QNASL CHILDRENS	Non-Preferred	
QVAR REDIHALER 40 MCG/ACT AERO BA	Preferred	QL 10.6 / 30 days
QVAR REDIHALER 80 MCG/ACT AERO BA	Preferred	QL 2 inhalers / 30 day(s)
triamcinolone acetonide 55 mcg/act aerosol	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old
XHANCE	Non-Preferred	
ZETONNA	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIHISTAMINES		
12hr allergy relief	Preferred	QL 60 / 30 days
24hr allergy relief	Preferred	QL 30 / 30 days
alavert	Non-Preferred	
aler-cap	Preferred	QL 6 / 1 days
alertab	Preferred	QL 6 / 1 days
alka-seltzer plus allergy	Preferred	QL 6 / 1 days
all day allergy	Preferred	QL 120 / 30 days
all day allergy childrens	Preferred	QL 300 / 30 days
all-day allergy childrens	Preferred	QL 300 / 30 days
allegra allergy 180 mg tab	Non-Preferred	QL 30 / 30 days
allegra allergy childrens 30 mg/5ml suspension	Non-Preferred	
allegra hives 24hr	Non-Preferred	QL 30 / 30 days
aller-ease	Preferred	QL 60 / 30 days
allergy (cetirizine)	Preferred	QL 120 / 30 days
allergy 24-hr	Preferred	QL 30 / 30 days
allergy 25 mg cap	Preferred	QL 6 / 1 days
allergy childrens 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
allergy childrens 30 mg/5ml suspension	Preferred	
allergy childrens 5 mg/5ml solution	Preferred	QL 300 / 30 days
allergy rel child (loratadine)	Preferred	QL 300 / 30 days
allergy relief (cetirizine) 10 mg cap	Preferred	
allergy relief (cetirizine) 10 mg tab	Preferred	QL 120 / 30 days
allergy relief (loratadine) 10 mg tab	Preferred	QL 30 / 30 days
allergy relief 10 mg tab	Preferred	QL 30 / 30 days
allergy relief 180 mg tab	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
allergy relief 25 mg cap	Preferred	QL 6 / 1 days
allergy relief 25 mg tab	Preferred	QL 6 / 1 days
allergy relief 25 mg/10ml liquid	Preferred	QL 30 / 1 days
allergy relief 5 mg tab	Preferred	QL 30 / 30 days
allergy relief 60 mg tab	Preferred	QL 60 / 30 days
allergy relief ceterizine	Preferred	QL 30 / 30 days
allergy relief cetirizine	Preferred	QL 120 / 30 days
allergy relief childrens 1 mg/ml solution	Preferred	QL 300 / 30 days
allergy relief childrens 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
anti-hist allergy	Preferred	QL 6 / 1 days
aurodryl allergy childrens	Preferred	QL 30 / 1 days
azelastine hcl 0.1 % solution	Preferred	QL 30 / 24 days
azelastine hcl 0.15 % solution	Non-Preferred	
azelastine hcl 137 mcg/spray solution	Preferred	QL 30 / 24 days
banophen 25 mg cap	Preferred	QL 6 / 1 days
banophen 25 mg tab	Preferred	QL 6 / 1 days
banophen 50 mg cap	Preferred	QL 6 / 1 days
benadryl allergy	Preferred	QL 6 / 1 days
benadryl allergy childrens 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
benadryl allergy ultratabs	Preferred	QL 6 / 1 days
cetirizine hcl 1 mg/ml solution	Preferred	QL 300 / 30 days
cetirizine hcl 10 mg chew tab	Non-Preferred	QL 30 / 30 days
cetirizine hcl 10 mg tab	Preferred	QL 120 / 30 days
cetirizine hcl 5 mg chew tab	Non-Preferred	QL 30 / 30 days
cetirizine hcl 5 mg tab	Preferred	QL 30 / 30 days
cetirizine hcl 5 mg/5ml solution	Preferred	QL 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cetirizine hcl allergy child	Preferred	QL 300 / 30 days
cetirizine hcl childrens alrgy	Preferred	QL 300 / 30 days
childrens 24 hour allergy	Preferred	QL 300 / 30 days
childrens loratadine	Preferred	QL 300 / 30 days
CLARINEX	Non-Preferred	
CLARITIN 10 MG CHEW TAB	Non-Preferred	
claritin 10 mg tab	Non-Preferred	QL 30 / 30 days
CLARITIN ALLERGY CHILDRENS	Non-Preferred	
CLARITIN CHILDRENS	Non-Preferred	
claritin childrens	Non-Preferred	
CLARITIN REDITABS 10 MG TAB DISP	Non-Preferred	
complete allergy medicine	Preferred	QL 6 / 1 days
complete allergy relief	Preferred	QL 6 / 1 days
curelief	Preferred	QL 30 / 1 days
cvs allergy	Preferred	QL 6 / 1 days
cvs allergy & hives relief	Preferred	QL 30 / 30 days
cvs allergy childrens	Preferred	QL 300 / 30 days
cvs allergy relief 10 mg tab disp	Preferred	
cvs allergy relief 180 mg tab	Preferred	QL 30 / 30 days
cvs allergy relief 25 mg cap	Preferred	QL 6 / 1 days
cvs allergy relief 25 mg tab	Preferred	QL 6 / 1 days
cvs allergy relief 25 mg/10ml liquid	Preferred	QL 30 / 1 days
cvs allergy relief 60 mg tab	Preferred	QL 60 / 30 days
cvs allergy relief adult	Preferred	QL 30 / 1 days
cvs allergy relief childrens 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
cvs allergy relief childrens 30 mg/5ml suspension	Preferred	
cvs allergy relief childrens 5 mg chew tab	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cvs allergy relief childrens 5 mg/5ml solution	Preferred	QL 300 / 30 days
cvs allergy relief(cetirizine)	Preferred	QL 120 / 30 days
cvs childrens allergy	Preferred	QL 30 / 1 days
cyproheptadine hcl 2 mg/5ml syrup	Preferred	QL 30 / 1 days
cyproheptadine hcl 4 mg tab	Preferred	QL 240 / 30 days
DESLORATADINE 0.5 MG/ML SOLUTION	Non-Preferred	
desloratadine 2.5 mg tab disp	Non-Preferred	
desloratadine 5 mg tab	Preferred	
desloratadine 5 mg tab disp	Non-Preferred	
diphen	Preferred	QL 6 / 1 days
diphenhist	Preferred	QL 6 / 1 days
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	Preferred	QL 30 / 1 days
diphenhydramine hcl 12.5 mg/5ml elixir	Preferred	QL 30 / 1 days
diphenhydramine hcl 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
diphenhydramine hcl 25 mg cap	Preferred	QL 6 / 1 days
diphenhydramine hcl 25 mg tab	Preferred	QL 6 / 1 days
diphenhydramine hcl 25 mg/10ml liquid	Preferred	QL 30 / 1 days
diphenhydramine hcl 50 mg cap	Preferred	QL 6 / 1 days
diphenhydramine hcl 50 mg/ml solution	Preferred	
diphenhydramine hcl childrens	Preferred	QL 30 / 1 days
eq allergy relief (cetirizine) 10 mg tab	Preferred	QL 120 / 30 days
eq allergy relief 25 mg cap	Preferred	QL 6 / 1 days
eq allergy relief 25 mg tab	Preferred	QL 6 / 1 days
eq allergy relief childrens 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
eq loratadine childrens 10 mg tab disp	Preferred	
eql allergy 25 mg tab	Preferred	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
eql allergy relief 180 mg tab	Preferred	QL 30 / 30 days
eql allergy relief 25 mg tab	Preferred	QL 6 / 1 days
eql childrens allergy	Preferred	QL 30 / 1 days
fexofenadine hcl 180 mg tab	Preferred	QL 30 / 30 days
fexofenadine hcl 60 mg tab	Preferred	QL 60 / 30 days
ft all day allergy 10 mg tab	Preferred	QL 120 / 30 days
ft all day allergy 24 hour	Preferred	QL 120 / 30 days
ft all day allergy relief	Preferred	QL 30 / 30 days
ft allergy childrens	Preferred	QL 300 / 30 days
ft allergy relief 12 hour	Preferred	QL 60 / 30 days
ft allergy relief 180 mg tab	Preferred	QL 30 / 30 days
ft allergy relief 24 hour	Preferred	QL 30 / 30 days
ft allergy relief 25 mg cap	Preferred	QL 6 / 1 days
ft allergy relief 25 mg tab	Preferred	QL 6 / 1 days
ft allergy relief cetirizine	Preferred	QL 120 / 30 days
ft allergy relief childrens 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
ft allergy relief childrens 5 mg chew tab	Preferred	
ft allergy relief childrens 5 mg/5ml solution	Preferred	QL 300 / 30 days
ft allergy relief loratadine	Preferred	QL 30 / 30 days
geri-dryl 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
geri-dryl 25 mg tab	Preferred	QL 6 / 1 days
gnp all day allergy	Preferred	QL 120 / 30 days
gnp all day allergy childrens	Preferred	QL 300 / 30 days
gnp all day allergy relief	Preferred	
gnp allergy	Preferred	QL 6 / 1 days
gnp allergy childrens	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gnp allergy relief 180 mg tab	Preferred	QL 30 / 30 days
gnp allergy relief 24 hr	Preferred	QL 30 / 30 days
gnp allergy relief 25 mg cap	Preferred	QL 6 / 1 days
gnp allergy relief 25 mg tab	Preferred	QL 6 / 1 days
gnp allergy relief childrens	Preferred	QL 30 / 1 days
gnp allergy relief max st	Preferred	QL 30 / 1 days
gnp childrens allergy	Preferred	QL 30 / 1 days
gnp loratadine 10 mg tab	Preferred	QL 30 / 30 days
gnp loratadine 10 mg tab disp	Preferred	
gnp loratadine 5 mg/5ml solution	Preferred	QL 300 / 30 days
gnp loratadine childrens	Preferred	QL 300 / 30 days
goodsense all day allergy 10 mg tab	Preferred	QL 120 / 30 days
goodsense all day allergy 5 mg/5ml solution	Preferred	QL 300 / 30 days
goodsense aller-ease	Preferred	QL 30 / 30 days
goodsense allergy relief 10 mg cap	Non-Preferred	
goodsense allergy relief 10 mg tab	Preferred	QL 30 / 30 days
goodsense allergy relief 25 mg cap	Preferred	QL 6 / 1 days
goodsense allergy relief 25 mg tab	Preferred	QL 6 / 1 days
goodsense allergy relief child	Preferred	QL 300 / 30 days
h-e-b childrens allergy	Preferred	QL 30 / 1 days
hm all day allergy 5 mg/5ml solution	Preferred	QL 300 / 30 days
hm all day allergy childrens	Preferred	QL 300 / 30 days
hm allergy relief (cetirizine)	Preferred	QL 120 / 30 days
hm allergy relief 180 mg tab	Preferred	QL 30 / 30 days
hm allergy relief 25 mg cap	Preferred	QL 6 / 1 days
hm allergy relief 25 mg tab	Preferred	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hm allergy relief 60 mg tab	Preferred	QL 60 / 30 days
hm allergy relief childrens	Preferred	QL 30 / 1 days
hm cetirizine hcl	Preferred	QL 120 / 30 days
hm fexofenadine hcl 180 mg tab	Preferred	QL 30 / 30 days
hm fexofenadine hcl 60 mg tab	Preferred	QL 60 / 30 days
hm loratadine	Preferred	QL 30 / 30 days
hm loratadine childrens	Preferred	QL 300 / 30 days
hydroxyzine hcl 10 mg tab	Preferred	QL 180 / 30 days
hydroxyzine hcl 10 mg/5ml syrup	Preferred	QL 30 / 1 days
hydroxyzine hcl 25 mg tab	Preferred	QL 180 / 30 days
hydroxyzine hcl 50 mg tab	Preferred	QL 180 / 30 days
kindermed kids allergy	Preferred	QL 30 / 1 days
kls aller-fex	Preferred	QL 30 / 30 days
kls aller-tec childrens	Preferred	QL 300 / 30 days
kls allergy medicine	Preferred	QL 6 / 1 days
kp diphenhydramine hcl	Preferred	QL 6 / 1 days
levocetirizine dihydrochloride 2.5 mg/5ml solution	Preferred	
levocetirizine dihydrochloride 5 mg tab	Preferred	QL 30 / 30 days
liquid allergy relief	Preferred	QL 30 / 1 days
loratadine 10 mg tab	Preferred	QL 30 / 30 days
loratadine 10 mg tab disp	Preferred	
loratadine 5 mg/5ml solution	Preferred	QL 300 / 30 days
loratadine childrens 5 mg chew tab	Preferred	
loratadine childrens 5 mg/5ml solution	Preferred	QL 300 / 30 days
m-dryl	Preferred	QL 30 / 1 days
maxallergy kids	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
medi-phedryl	Preferred	QL 6 / 1 days
meijer antihistamine allergy	Preferred	QL 6 / 1 days
mm aller-ben	Preferred	QL 6 / 1 days
mm fexofenadine hcl	Preferred	QL 30 / 30 days
naramin	Preferred	QL 30 / 1 days
olopatadine hcl 0.6 % solution	Non-Preferred	
PATANASE	Non-Preferred	
pediacare childrens allergy	Preferred	QL 30 / 1 days
pharbedryl	Preferred	QL 6 / 1 days
promethazine hcl 12.5 mg/10ml solution	Preferred	QL 30 mL / 1 day(s) AL1 At least 6 yrs old C Age restriction, clinical PA required
promethazine hcl 6.25 mg/5ml solution	Preferred	QL 30 mL / 1 day(s) AL1 At least 6 yrs old C Age restriction, clinical PA required
px allergy 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
px allergy 25 mg cap	Preferred	QL 6 / 1 days
px allergy 25 mg tab	Preferred	QL 6 / 1 days
qc all day allergy	Preferred	QL 120 / 30 days
qc allergy childrens	Preferred	QL 30 / 1 days
qc allergy relief 180 mg tab	Preferred	QL 30 / 30 days
qc allergy relief 25 mg cap	Preferred	QL 6 / 1 days
qc allergy relief 25 mg tab	Preferred	QL 6 / 1 days
qc childrens allergy	Preferred	QL 300 / 30 days
qc complete allergy medicine	Preferred	QL 6 / 1 days
qc fexofenadine hydrochloride	Preferred	QL 30 / 30 days
qc loratadine allergy relief	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ra allergy 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
ra allergy 25 mg tab	Preferred	QL 6 / 1 days
ra allergy medication 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
ra allergy medication 25 mg cap	Preferred	QL 6 / 1 days
ra allergy medication 25 mg tab	Preferred	QL 6 / 1 days
ra allergy relief 10 mg cap	Preferred	
ra allergy relief 25 mg cap	Preferred	QL 6 / 1 days
ra allergy relief childrens 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
ra allergy relief childrens 5 mg chew tab	Preferred	
ra complete allergy	Preferred	QL 6 / 1 days
ra diphedryl allergy	Preferred	QL 30 / 1 days
sb allergy 25 mg cap	Preferred	QL 6 / 1 days
sb allergy medicine 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
sb allergy medicine 25 mg tab	Preferred	QL 6 / 1 days
siladryl allergy	Preferred	QL 30 / 1 days
sm all day allergy	Preferred	QL 120 / 30 days
sm all day allergy childrens	Preferred	QL 300 / 30 days
sm all day allergy relief	Preferred	QL 30 / 30 days
sm allergy childrens	Preferred	QL 300 / 30 days
sm allergy relief 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
sm allergy relief 25 mg cap	Preferred	QL 6 / 1 days
sm allergy relief 25 mg tab	Preferred	QL 6 / 1 days
sm allergy relief 60 mg tab	Preferred	QL 60 / 30 days
sm allergy relief childrens	Preferred	QL 30 / 1 days
sm childrens loratadine	Preferred	QL 300 / 30 days
sm fexofenadine hcl 180 mg tab	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm fexofenadine hcl 60 mg tab	Preferred	QL 60 / 30 days
sm loratadine 10 mg tab	Preferred	QL 30 / 30 days
sm loratadine 5 mg/5ml solution	Preferred	QL 300 / 30 days
total allergy	Preferred	QL 6 / 1 days
total allergy medicine	Preferred	QL 30 / 1 days
wal-dryl allergy 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
wal-dryl allergy 25 mg cap	Preferred	QL 6 / 1 days
wal-dryl allergy 25 mg tab	Preferred	QL 6 / 1 days
wal-dryl allergy childrens	Preferred	QL 30 / 1 days
wal-zyr 10 mg cap	Preferred	
ZYRTEC ALLERGY 10 MG CAP	Non-Preferred	
zyrtec allergy 10 mg tab	Non-Preferred	QL 120 / 30 days
ANTILEUKOTRIENES		
ACCOLATE	Non-Preferred	
montelukast sodium 10 mg tab	Preferred	QL 30 / 30 days
montelukast sodium 4 mg chew tab	Preferred	QL 30 / 30 days
montelukast sodium 4 mg packet	Preferred	QL 30 / 30 days
montelukast sodium 5 mg chew tab	Preferred	QL 30 / 30 days
SINGULAIR	Non-Preferred	QL 30 / 30 days
zafirlukast 10 mg tab	Non-Preferred	QL 4 / 1 days
zafirlukast 20 mg tab	Non-Preferred	QL 60 / 30 days
zileuton er	Non-Preferred	
ZYFLO	Non-Preferred	
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	Preferred	QL 12.9 / 26 days
INCRUSE ELLIPTA	Preferred	QL 30 / 30 days
ipratropium bromide 0.02 % solution	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ipratropium bromide 0.03 % solution	Preferred	
ipratropium bromide 0.06 % solution	Preferred	
LONHALA MAGNAIR REFILL KIT	Non-Preferred	QL 60 / 30 days
LONHALA MAGNAIR STARTER KIT	Non-Preferred	QL 60 / 30 days
SPIRIVA HANDIHALER	Preferred	QL 30 / 30 days
SPIRIVA RESPIMAT	Preferred	QL 4 / 30 days
tiotropium bromide	Non-Preferred	
TUDORZA PRESSAIR	Non-Preferred	
YUPELRI	Non-Preferred	
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln	Preferred	
albuterol sulfate (5 mg/ml) 0.5% nebu soln	Preferred	
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	Preferred	
albuterol sulfate 0.63 mg/3ml nebu soln	Preferred	
albuterol sulfate 1.25 mg/3ml nebu soln	Preferred	
albuterol sulfate 2 mg tab	Non-Preferred	QL 4 / 1 days
albuterol sulfate 2 mg/5ml syrup	Preferred	QL 40 / 1 days
albuterol sulfate 2.5 mg/0.5ml nebu soln	Preferred	
albuterol sulfate 4 mg tab	Non-Preferred	QL 4 / 1 days
albuterol sulfate 8 mg/20ml syrup	Preferred	QL 40 / 1 days
albuterol sulfate hfa	Preferred	QLC 2 inhalers/month
arformoterol tartrate	Non-Preferred	QL 120 / 30 days
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	Preferred	
AUVI-Q 0.15 MG/0.15ML SOLN A-INJ	Non-Preferred	
AUVI-Q 0.3 MG/0.3ML SOLN A-INJ	Non-Preferred	
BROVANA	Non-Preferred	QL 120 / 30 days
epinephrine 0.15 mg/0.15ml soln a-inj	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
epinephrine 0.15 mg/0.3ml soln a-inj	Non-Preferred	
epinephrine 0.15 mg/0.3ml soln a-inj (only mylan preferred)	Preferred	
epinephrine 0.3 mg/0.3ml soln a-inj	Non-Preferred	
epinephrine 0.3 mg/0.3ml soln a-inj (only mylan preferred)	Preferred	
EPINEPHRINE 0.3 MG/0.3ML SOLN PRSYR	Non-Preferred	
EPIPEN 2-PAK	Non-Preferred	
EPIPEN JR 2-PAK	Non-Preferred	
eq sinus & congestion max str	Preferred	
formoterol fumarate 20 mcg/2ml nebu soln	Non-Preferred	QL 120 / 30 days
gnp nasal decongestant 30 mg tab	Preferred	
levalbuterol hcl 0.31 mg/3ml nebu soln	Preferred	
levalbuterol hcl 0.63 mg/3ml nebu soln	Preferred	
levalbuterol hcl 1.25 mg/0.5ml nebu soln	Non-Preferred	
levalbuterol hcl 1.25 mg/3ml nebu soln	Preferred	
levalbuterol tartrate	Preferred	QL 30 / 30 days
NEFFY 2 MG/0.1ML SOLUTION	Non-Preferred	
PERFOROMIST	Non-Preferred	QL 120 / 30 days
PROAIR DIGIHALER	Non-Preferred	
PROAIR HFA	Preferred	QLC 2 inhalers/month
PROAIR RESPICLICK	Preferred	
PROVENTIL HFA	Preferred	QLC 2 inhalers/month
SEREVENT DISKUS	Preferred	QL 60 / 30 days
STRIVERDI RESPIMAT	Preferred	QL 4 / 30 days
sudafed	Preferred	
sudafed sinus congestion	Preferred	
SYMJEPI	Non-Preferred	
terbutaline sulfate 2.5 mg tab	Non-Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
terbutaline sulfate 5 mg tab	Non-Preferred	QL 90 / 30 days
VENTOLIN HFA	Preferred	QLC 2 inhalers/month
XOPENEX	Non-Preferred	
XOPENEX CONCENTRATE	Non-Preferred	
XOPENEX HFA	Preferred	QL 30 / 30 days
CYSTIC FIBROSIS AGENTS		
BETHKIS	Non-Preferred	
CAYSTON	Non-Preferred	
KITABIS PAK	Non-Preferred	
TOBI	Non-Preferred	
TOBI PODHALER	Non-Preferred	
tobramycin 300 mg/4ml nebu soln	Non-Preferred	
tobramycin 300 mg/5ml nebu soln	Non-Preferred	
MAST CELL STABILIZERS		
cromolyn sodium 20 mg/2ml nebu soln	Preferred	QL 240 / 30 days
cromolyn sodium 5.2 mg/act aero soln	Preferred	QL 30 / 30 days
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
caffeine citrate 20 mg/ml solution	Preferred	
DALIRESP	Non-Preferred	
elixophyllin	Preferred	QL 2250 / 30 days
JASCAYD	Non-Preferred	
OHTUVAYRE	Non-Preferred	
roflumilast	Non-Preferred	
THEO-24 200 MG CAP ER 24H	Preferred	
THEO-24 300 MG CAP ER 24H	Preferred	
THEO-24 400 MG CAP ER 24H	Preferred	
theophylline 80 mg/15ml elixir	Preferred	QL 2250 / 30 days
theophylline 80 mg/15ml solution	Preferred	QL 2250 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
theophylline er 300 mg tab er 12h	Preferred	QL 60 / 30 days
theophylline er 400 mg tab er 24h	Preferred	QL 30 / 30 days
theophylline er 450 mg tab er 12h	Preferred	QL 30 / 30 days
theophylline er 600 mg tab er 24h	Preferred	QL 30 / 30 days
PULMONARY ANTIHYPERTENSIVES		
ADCIRCA	Non-Preferred	QL 60 / 30 days PA
ADEMPAS	Non-Preferred	
alyq	Non-Preferred	QL 60 / 30 days PA
ambrisentan	Preferred	PA
bosentan 125 mg tab	Preferred	PA
bosentan 62.5 mg tab	Preferred	PA
LETAIRIS	Non-Preferred	
LIQREV	Non-Preferred	
OPSUMIT	Non-Preferred	
OPSYNVI	Non-Preferred	
ORENITRAM	Non-Preferred	
ORENITRAM MONTH 1	Non-Preferred	
ORENITRAM MONTH 2	Non-Preferred	
ORENITRAM MONTH 3	Non-Preferred	
REVATIO 10 MG/ML RECON SUSP	Preferred	PA
REVATIO 20 MG TAB	Non-Preferred	QL 90 / 30 days
sildenafil citrate 10 mg/ml recon susp	Preferred	
sildenafil citrate 20 mg tab	Preferred	QL 90 / 30 days PA
tadalafil (pah)	Preferred	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TADLIQ	Non-Preferred	
TRACLEER	Non-Preferred	
TYVASO	Preferred	PA
TYVASO DPI INSTITUTIONAL KIT 16 MCG POWDER	Preferred	
TYVASO DPI INSTITUTIONAL KIT 32 MCG POWDER	Preferred	
TYVASO DPI INSTITUTIONAL KIT 48 MCG POWDER	Preferred	
TYVASO DPI INSTITUTIONAL KIT 64 MCG POWDER	Preferred	
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	Non-Preferred	
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER	Preferred	PA
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X64MCG POWDER	Non-Preferred	PA
TYVASO DPI MAINTENANCE KIT 112 X 48MCG & 112 X64MCG POWDER	Preferred	PA
TYVASO DPI MAINTENANCE KIT 16 MCG POWDER	Preferred	
TYVASO DPI MAINTENANCE KIT 32 MCG POWDER	Preferred	
TYVASO DPI MAINTENANCE KIT 48 MCG POWDER	Preferred	
TYVASO DPI MAINTENANCE KIT 64 MCG POWDER	Preferred	
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	Non-Preferred	
TYVASO DPI TITRATION KIT	Preferred	PA
TYVASO REFILL	Preferred	PA
TYVASO STARTER	Preferred	PA
UPTRAVI 1000 MCG TAB	Non-Preferred	
UPTRAVI 1200 MCG TAB	Non-Preferred	
UPTRAVI 1400 MCG TAB	Non-Preferred	
UPTRAVI 1600 MCG TAB	Non-Preferred	
UPTRAVI 200 & 800 MCG TAB THPK	Non-Preferred	
UPTRAVI 200 MCG TAB	Non-Preferred	
UPTRAVI 400 MCG TAB	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UPTRAVI 600 MCG TAB	Non-Preferred	
UPTRAVI 800 MCG TAB	Non-Preferred	
VENTAVIS	Preferred	PA
YUTREPIA	Non-Preferred	
PULMONARY FIBROSIS AGENTS		
ESBRIET	Non-Preferred	
OFEV	Preferred	PA
pirfenidone	Preferred	PA
RESPIRATORY TRACT AGENTS, OTHER		
12 hour allergy-d	Preferred	
12hr allergy & congestion	Preferred	
24hr allergy & congestion reli	Preferred	
acetylcysteine 10 % solution	Preferred	
acetylcysteine 20 % solution	Preferred	
ADVAIR DISKUS	Preferred	QL 60 / 30 days
ADVAIR HFA	Preferred	QL 12 / 30 days
afrin 12 hour	Preferred	
afrin nodrip childrens	Preferred	
afrin nodrip extra moisture	Preferred	
afrin nodrip night	Preferred	
afrin nodrip original	Preferred	
afrin nodrip severe congest	Preferred	
afrin nodrip sinus	Preferred	
afrin original	Preferred	
afrin severe congestion	Preferred	
AIRDUO DIGIHALER	Non-Preferred	
AIRDUO RESPICLICK 113/14	Non-Preferred	
AIRDUO RESPICLICK 232/14	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AIRDUO RESPICLICK 55/14	Non-Preferred	
AIRSUPRA	Non-Preferred	
alavert d-12 hour allergy/cong	Non-Preferred	
all day allergy d	Preferred	
all day allergy-d	Preferred	
allergy nasal spray (momet)	Non-Preferred	
allergy relief 50 mcg/act suspension	Non-Preferred	QL 16 / 20 days
allergy relief d 5-120 mg tab er 12h	Preferred	
allergy relief d-12	Preferred	
allergy relief d-24	Preferred	
allergy relief d12 5-120 mg tab er 12h	Preferred	
allergy relief-d 10-240 mg tab er 24h	Preferred	
allergy relief/nasal decongest 10-240 mg tab er 24h	Preferred	
allergy relief/nasal decongest 5-120 mg tab er 12h	Preferred	
allergy/congestion relief	Preferred	
altarussin dm	Preferred	QL 240 / 14 days
altituss	Preferred	QL 240 / 14 days
ANORO ELLIPTA	Preferred	QL 60 / 30 days
antihistamine & nasal deconges	Preferred	
azelastine-fluticasone	Non-Preferred	
benzonatate 100 mg cap	Preferred	
benzonatate 200 mg cap	Preferred	QL 90 / 30 days
BEVESPI AEROSPHERE	Preferred	
biocotron	Preferred	QL 240 / 14 days
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	Non-Preferred	QL 60 / 30 days
BREO ELLIPTA 200-25 MCG/ACT AER POW BA	Non-Preferred	QL 60 / 30 days
BREO ELLIPTA 50-25 MCG/INH AER POW BA	Non-Preferred	
breyna	Non-Preferred	QLC 4 inhalers/90 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BREZTRI AEROSPHERE	Non-Preferred	QL 10.7 / 30 days
bromfed dm	Preferred	
budesonide-formoterol fumarate	Non-Preferred	QLC 4 inhalers/90 days
cetirizine-pseudoephedrine er	Preferred	
chest congestion relief dm 10-100 mg/5ml syrup	Preferred	QL 240 / 14 days
CINQAIR	Non-Preferred	
CLARINEX-D 12 HOUR	Non-Preferred	
CLARITIN-D 24 HOUR	Non-Preferred	
COMBIVENT RESPIMAT	Preferred	QL 4 / 20 days
cough/chest congestion dm	Preferred	QL 240 / 14 days
cvs allergy relief d 5-120 mg tab er 12h	Preferred	
cvs allergy relief d 60-120 mg tab er 12h	Preferred	
cvs allergy relief d24	Preferred	
cvs allergy relief-d 5-120 mg tab er 12h	Preferred	
cvs allergy relief-d12	Preferred	
cvs fluticasone propionate	Non-Preferred	QL 16 / 20 days
cvs mucus extended release 600 mg tab er 12h	Preferred	QL 120 / 30 day(s)
cvs tussin dm 10-100 mg/5ml liquid	Preferred	QL 240 / 14 days
cvs tussin dm 20-200 mg/10ml liquid	Preferred	QL 240 / 14 days
cvs tussin dm 200-20 mg/10ml liquid	Preferred	QL 240 / 14 days
dextromethorphan-guaifenesin 10-100 mg/5ml liquid	Preferred	QL 240 / 14 days
dextromethorphan-guaifenesin 10-100 mg/5ml syrup	Preferred	QL 240 / 14 days
dextromethorphan-guaifenesin 20-200 mg/10ml liquid	Preferred	QL 240 / 14 days
dextromethorphan-guaifenesin 20-200 mg/10ml syrup	Preferred	QL 240 / 14 days
diabetic tussin dm	Preferred	QL 240 / 14 days
DUAKLIR PRESSAIR	Non-Preferred	
DULERA	Preferred	QLC 4 inhalers/90 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DYMISTA	Non-Preferred	
eq 12 hour mucus relief	Preferred	QL 120 / 30 day(s)
eq mucus er 600 mg tab er 12h	Preferred	QL 120 / 30 day(s)
eq mucus relief	Preferred	QL 120 / 30 day(s)
eq tussin dm cough/chest	Preferred	QL 240 / 14 days
eql tussin dm cough/chest cong	Preferred	QL 240 / 14 days
FASENRA	Preferred	PA
FASENRA PEN	Preferred	PA
fexofenadine-pseudoephed er	Preferred	
flonase allergy rel childrens	Non-Preferred	QL 16 / 20 days
fluticasone furoate-vilanterol	Non-Preferred	
fluticasone-salmeterol 100-50 mcg/act aer pow ba	Preferred	QL 60 / 30 days
fluticasone-salmeterol 113-14 mcg/act aer pow ba	Preferred	QL 1 / 30 days
fluticasone-salmeterol 115-21 mcg/act aerosol	Non-Preferred	
fluticasone-salmeterol 230-21 mcg/act aerosol	Non-Preferred	
fluticasone-salmeterol 232-14 mcg/act aer pow ba	Preferred	QL 1 / 30 days
fluticasone-salmeterol 250-50 mcg/act aer pow ba	Preferred	QL 60 / 30 days
fluticasone-salmeterol 45-21 mcg/act aerosol	Non-Preferred	
fluticasone-salmeterol 500-50 mcg/act aer pow ba	Preferred	QL 60 / 30 days
fluticasone-salmeterol 55-14 mcg/act aer pow ba	Preferred	QL 1 / 30 days
ft all day allergy-d	Preferred	
ft allergy & congestion-d 12hr	Preferred	
ft allergy d-12 hour	Preferred	
ft allergy relief 24 hr	Non-Preferred	QL 16 / 20 days
ft allergy relief-d	Preferred	
ft mucus relief 12hr	Preferred	QL 120 / 30 day(s)
ft mucus relief 12hr max str	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft mucus relief dm 30-600 mg tab er 12h	Preferred	QL 120 / 30 days
ft nasal spray	Preferred	
geri-tussin 100 mg/5ml liquid	Preferred	
geri-tussin dm	Preferred	QL 240 / 14 days
giltuss cough & chest	Preferred	QL 240 / 14 days
giltuss cough & chest children	Preferred	QL 240 / 14 days
giltuss diabetic cough & cold	Preferred	QL 240 / 14 days
giltuss honey cgh/chest conges	Preferred	QL 240 / 14 days
giltuss honey cgh/chst child	Preferred	QL 240 / 14 days
gnp all day allergy-d	Preferred	
gnp allergy & congestion	Preferred	
gnp allergy/congestion relief	Preferred	
gnp fexofenadine/pse er	Preferred	
gnp fluticasone propionate	Non-Preferred	QL 16 / 20 days
gnp loratadine-d 12hr	Preferred	
gnp mucus er 1200 mg tab er 12h	Preferred	
gnp mucus er 600 mg tab er 12h	Preferred	QL 120 / 30 day(s)
gnp nasal mist extra moisturiz	Preferred	
gnp tussin adult	Preferred	
gnp tussin dm 20-200 mg/10ml liquid	Preferred	QL 240 / 14 days
gnp tussin dm cough	Preferred	QL 240 / 14 days
goodsense 24-hr allergy nasal	Non-Preferred	QL 16 / 20 days
goodsense all day allergy-d	Preferred	
goodsense mucus er	Preferred	QL 120 / 30 day(s)
goodsense mucus er maximum str	Preferred	
guaiasorb dm	Preferred	QL 240 / 14 days
guaicon dms	Preferred	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
guaifed	Preferred	
guaifed-dm	Preferred	QL 240 / 14 days
guaifenesin 100 mg/5ml liquid	Preferred	
guaifenesin 200 mg/10ml liquid	Preferred	
guaifenesin 300 mg/15ml liquid	Preferred	
guaifenesin dm	Preferred	QL 240 / 14 days
guaifenesin er 1200 mg tab er 12h	Preferred	
guaifenesin er 600 mg tab er 12h	Preferred	QL 120 / 30 day(s)
guaifenesin-dm 100-10 mg/5ml syrup	Preferred	QL 240 / 14 days
hm allergy & congestion	Preferred	
hm allergy complete-d	Preferred	
hm allergy relief 50 mcg/act suspension	Non-Preferred	QL 16 / 20 days
hm allergy relief/nasal decong	Preferred	
hm mucus relief	Preferred	QL 120 / 30 day(s)
hm mucus relief er max st	Preferred	
hm tussin adult dm	Preferred	QL 240 / 14 days
ipratropium-albuterol	Preferred	
kls aller-flo	Non-Preferred	QL 16 / 20 days
kls aller-tec d	Preferred	
kls allerclear d-12hr	Preferred	
kls allerclear d-24hr	Preferred	
loratadine-d 12hr	Preferred	
loratadine-d 24hr	Preferred	
max tussin dm cough&chest cong	Preferred	QL 240 / 14 days
maxi-tuss g	Preferred	QL 240 / 14 days
medi-tussin dm	Preferred	QL 240 / 14 days
meijer allergy relief-d	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mucinex	Preferred	QL 120 / 30 days
mucinex dm	Preferred	QL 120 / 30 days
mucinex maximum strength	Preferred	
mucolyte	Preferred	
mucolyte-dm	Preferred	QL 240 / 14 days
mucus & chest congestion 200 mg/10ml liquid	Preferred	
mucus dm	Preferred	QL 120 / 30 days
mucus relief 600 mg tab er 12h	Preferred	QL 120 / 30 day(s)
mucus relief dm 30-600 mg tab er 12h	Preferred	QL 120 / 30 days
mucus relief er 1200 mg tab er 12h	Preferred	
mucus relief er 600 mg tab er 12h	Preferred	QL 120 / 30 day(s)
mucus relief max st	Preferred	
mucus-dm	Preferred	QL 120 / 30 days
nasal decongestant spray	Preferred	
nasal moisturizing spray	Preferred	
NEBUSAL 3 % NEBU SOLN	Preferred	
NUCALA	Preferred	PA
ocean nasal spray	Preferred	
PROMETHAZINE VC	Preferred	QL 6 / 1 days
promethazine-dm	Preferred	
promethazine-phenylephrine	Preferred	QL 6 / 1 days
PROMETHAZINE-PHENYLEPHRINE	Preferred	QL 6 / 1 days
pseudoeph-bromphen-dm	Preferred	
PULMOSAL	Preferred	QL 480 / 30 days
px allergy relief d (loratid)	Preferred	
px tussin dm	Preferred	QL 240 / 14 days
qc allergy relief 50 mcg/act suspension	Non-Preferred	QL 16 / 20 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
qc loratadine-d	Preferred	
qc mucus relief	Preferred	QL 120 / 30 day(s)
qc mucus relief max st	Preferred	
qc tussin dm cough/congestion	Preferred	QL 240 / 14 days
ra allergy/congestion	Preferred	
ra allergy/congestion relief	Preferred	
ra mucus relief	Preferred	QL 120 / 30 day(s)
ra tussin cgh/chest congest dm	Preferred	QL 240 / 14 days
ra tussin cough	Preferred	QL 240 / 14 days
ra tussin cough dm sugar free	Preferred	QL 240 / 14 days
ra tussin dm	Preferred	QL 240 / 14 days
robafen dm cgh/chest congest	Preferred	QL 240 / 14 days
robafen dm cough 10-100 mg/5ml liquid	Preferred	QL 240 / 14 days
RYALTRIS	Non-Preferred	
safe tussin dm	Preferred	QL 240 / 14 days
safetussin dm cough/chest cong	Preferred	QL 240 / 14 days
siltussin dm das	Preferred	QL 240 / 14 days
siltussin-dm alcohol free	Preferred	QL 240 / 14 days
SINUVA	Non-Preferred	
sm all day allergy-d	Preferred	
sm allergy relief 50 mcg/act suspension	Non-Preferred	QL 16 / 20 days
sm lorata-dine d	Preferred	
sm loratadine d 12hr	Preferred	
sm mucus relief	Preferred	QL 120 / 30 day(s)
sm tussin cough/chest congest 100-10 mg/5ml syrup	Preferred	QL 240 / 14 days
sm tussin cough/chest congest 20-200 mg/10ml liquid	Preferred	QL 240 / 14 days
sm tussin dm	Preferred	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SODIUM CHLORIDE 3 % NEBU SOLN	Preferred	
SODIUM CHLORIDE 7 % NEBU SOLN	Preferred	QL 480 / 30 days
sorbugen nr	Preferred	QL 240 / 14 days
sorbutuss nr	Preferred	QL 240 / 14 days
STIOLTO RESPIMAT	Preferred	QL 4 / 30 days
SYMBICORT	Preferred	QLC 4 inhalers/90 days
TEZSPIRE	Preferred	QL 1.91 mL / 28 day(s) PA
theraflu severe congestion rel	Preferred	
TRELEGY ELLIPTA	Preferred	QL 60 / 30 days
true nasal moisturizing	Preferred	
tusnel diabetic	Preferred	QL 240 / 14 days
tussin	Preferred	
tussin cough+chest cong dm sf	Preferred	QL 240 / 14 days
tussin cough+chest congest dm	Preferred	QL 240 / 14 days
tussin dm	Preferred	QL 240 / 14 days
tussin dm cough & chest conges	Preferred	QL 240 / 14 days
tussin dm cough + chest 200-20 mg/10ml liquid	Preferred	QL 240 / 14 days
tussin mucus+chest congest sf	Preferred	
tussin mucus+chest congestion	Preferred	
umeclidinium-vilanterol	Non-Preferred	
vicks sinex 12 hour decongest	Preferred	
vicks sinex moisturizing	Preferred	
vicks sinex severe 0.05 % solution	Preferred	
vicks sinex severe decongest	Preferred	
wal-fex d allergy & congestion 180-240 mg tab er 24h	Preferred	
wal-itin d	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
wal-tussin cough/chest dm	Preferred	QL 240 / 14 days
wal-tussin dm cgh/chest cong	Preferred	QL 240 / 14 days
wixela inhub	Non-Preferred	QL 60 / 30 days
zyrtec-d allergy & sinus	Non-Preferred	
SKELETAL MUSCLE RELAXANTS		
AMRIX	Non-Preferred	
BOTOX	Preferred	PA
carisoprodol 250 mg tab	Non-Preferred	
carisoprodol 350 mg tab	Non-Preferred	QL 4 / 1 days
chlorzoxazone 250 mg tab	Non-Preferred	
chlorzoxazone 375 mg tab	Non-Preferred	
chlorzoxazone 500 mg tab	Non-Preferred	QL 180 / 30 days
chlorzoxazone 750 mg tab	Non-Preferred	
cyclobenzaprine hcl 10 mg tab	Preferred	QL 90 / 30 days
cyclobenzaprine hcl 5 mg tab	Preferred	QL 180 / 30 days
cyclobenzaprine hcl 7.5 mg tab	Preferred	
cyclobenzaprine hcl er	Non-Preferred	
DYSPORT	Preferred	PA
fexmid	Non-Preferred	
lorzone	Non-Preferred	
metaxalone 400 mg tab	Non-Preferred	
METAXALONE 640 MG TAB	Non-Preferred	
metaxalone 800 mg tab	Non-Preferred	
methocarbamol 1000 mg tab	Preferred	
methocarbamol 500 mg tab	Preferred	QL 480 / 30 day(s)
methocarbamol 750 mg tab	Preferred	QL 300 / 30 days
MYOBLOC	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NORGESIC	Non-Preferred	
NORGESIC FORTE	Non-Preferred	
orphenadrine citrate er	Non-Preferred	QL 60 / 30 days
ORPHENADRINE-ASPIRIN-CAFFEINE	Non-Preferred	
ORPHENGESIC FORTE	Non-Preferred	
SKELAXIN	Non-Preferred	
SOMA	Non-Preferred	
tanlor	Non-Preferred	
vanadom	Non-Preferred	QL 4 / 1 days
XEOMIN	Non-Preferred	
SLEEP DISORDER AGENTS SLEEP PROMOTING AGENTS		
AMBIEN	Non-Preferred	QL 30 / 30 days
AMBIEN CR	Non-Preferred	QL 30 / 30 days
BELSOMRA	Non-Preferred	QL 30 / 30 days
cvs sleep aid	Preferred	QL 4 / 1 days
cvs sleep aid nighttime 25 mg tab	Preferred	QL 4 / 1 days
cvs sleep-aid (doxylamine)	Preferred	QL 4 / 1 days
cvs sleepaid (diphenhydramine)	Preferred	QL 4 / 1 days
cvs ultra sleep	Preferred	QL 4 / 1 days
DAYVIGO	Non-Preferred	
DORAL	Non-Preferred	
doxepin hcl 3 mg tab	Non-Preferred	
doxepin hcl 6 mg tab	Non-Preferred	
EDLUAR	Non-Preferred	QL 30 / 30 days
eq sleep-aid	Preferred	QL 4 / 1 days
eql nighttime sleep aid 25 mg tab	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
eql sleep aid 25 mg tab	Preferred	QL 4 / 1 days
estazolam	Non-Preferred	QL 30 / 30 days
eszopiclone	Preferred	QL 30 / 30 days
FLURAZEPAM HCL	Non-Preferred	QL 30 / 30 days
ft nighttime sleep aid	Preferred	QL 4 / 1 days
ft sleep aid (doxylamine)	Preferred	QL 4 / 1 days
gnp nighttime sleep (doxylam)	Preferred	QL 4 / 1 days
gnp sleep aid 25 mg tab	Preferred	QL 4 / 1 days
gnp sleep aid nighttime	Preferred	QL 4 / 1 days
goodsense sleep aid ultra	Preferred	QL 4 / 1 days
HALCION	Non-Preferred	
HETLIOZ	Non-Preferred	QL 30 / 30 days
HETLIOZ LQ	Non-Preferred	QL 158 mL / 30 day(s)
hm nighttime sleep aid	Preferred	QL 4 / 1 days
hm sleep aid	Preferred	QL 4 / 1 days
kls sleep aid	Preferred	QL 4 / 1 days
LUNESTA	Non-Preferred	QL 30 / 30 days
night time sleep aid	Preferred	QL 4 / 1 days
nighttime sleep aid	Preferred	QL 4 / 1 days
nytol quickcaps	Preferred	QL 4 / 1 days
qc rest simply	Preferred	QL 4 / 1 days
QUAZEPAM	Non-Preferred	
QUVIVIQ	Non-Preferred	
ra night sleep aid	Preferred	QL 4 / 1 days
ra nighttime sleep aid	Preferred	QL 4 / 1 days
ra sleep aid (diphenhydramine)	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ra sleep aid 25 mg tab	Preferred	QL 4 / 1 days
ramelteon	Non-Preferred	
RESTORIL	Non-Preferred	QL 30 / 30 days
ROZEREM	Non-Preferred	
sb sleep	Preferred	QL 4 / 1 days
SILENOR	Non-Preferred	
simply sleep	Preferred	QL 4 / 1 days
sleep aid (diphenhydramine)	Preferred	QL 4 / 1 days
sleep aid (doxylamine)	Preferred	QL 4 / 1 days
sleep aid 25 mg tab	Preferred	QL 4 / 1 days
sleep ii	Preferred	QL 4 / 1 days
sleep tabs	Preferred	QL 4 / 1 days
sleep-aid 25 mg tab	Preferred	QL 4 / 1 days
sleep-tabs	Preferred	QL 4 / 1 days
sm nighttime sleep aid	Preferred	QL 4 / 1 days
sm sleep aid	Preferred	QL 4 / 1 days
sominex nighttime sleep-aid	Preferred	QL 4 / 1 days
tasimelteon	Non-Preferred	QL 30 / 30 day(s)
temazepam 15 mg cap	Preferred	QL 30 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
temazepam 22.5 mg cap	Non-Preferred	QL 30 / 30 days
temazepam 30 mg cap	Preferred	QL 30 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
temazepam 7.5 mg cap	Non-Preferred	QL 30 / 30 days
triazolam 0.125 mg tab	Non-Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
triazolam 0.25 mg tab	Non-Preferred	QL 30 / 30 days
unisom sleeptabs	Preferred	QL 4 / 1 days
wal-som 25 mg tab	Preferred	QL 4 / 1 days
zaleplon	Preferred	QL 60 / 30 days
ZOLPIDEM TARTRATE 1.75 MG SL TAB	Non-Preferred	QL 30 / 30 days
zolpidem tartrate 10 mg tab	Preferred	QL 30 / 30 days
ZOLPIDEM TARTRATE 3.5 MG SL TAB	Non-Preferred	QL 30 / 30 days
zolpidem tartrate 5 mg tab	Preferred	QL 30 / 30 days
ZOLPIDEM TARTRATE 7.5 MG CAP	Non-Preferred	
zolpidem tartrate er	Non-Preferred	QL 30 / 30 days
ZOLPIMIST	Non-Preferred	
WAKEFULNESS PROMOTING AGENTS		
armodafinil	Preferred	PA
modafinil 100 mg tab	Preferred	PA
modafinil 200 mg tab	Preferred	PA
NUVIGIL	Non-Preferred	
PROVIGIL	Non-Preferred	
SUNOSI	Non-Preferred	
WAKIX	Non-Preferred	

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